“The best interest of the patient is the only interest to be considered, and in order that the sick may have the benefit of advancing knowledge, union of forces is necessary.”

– WILLIAM J. MAYO, M.D.

Those working in health care today understand the dynamic nature of the practice of medicine. One person is not making all of the discoveries. A single organization does not have all of the answers.

In a 1910 commencement address, William J. Mayo called for a team approach to medicine and complex surgical care and, in doing so, inspired an unprecedented, modern-day method for sharing medical knowledge and expertise: the Mayo Clinic Care Network.

More than 150 years of collected and cultivated knowledge has propelled Mayo Clinic specialists and researchers to the forefront of their disciplines. The care network—together, with its nearly 50 members—continues the tradition of medical collaboration to improve care for more than 11,000,000 patients around the world.

We’ve asked you, our members, and you’ve told us: the value of the care network is demonstrated in three key ways. First, it’s a way to amplify your expertise. It’s a way to give your patients the care they need while keeping them close to home. And lastly, it’s a way to increase your competitive edge.

In this booklet, we have sought to capture a collection of examples demonstrating how members have harnessed the power of the care network for their organizations and their patients.

Together, we have inspired one another to push the boundaries of health care—one patient, one project, one phone call, one educational event at a time. We are moving. Together. Forward.
INSIDE

Mayo Clinic Care Network Successes

9  Altru Health System
10  ASU Health Services
11  Baptist Health Care
12  Beacon Health System
13  Billings Clinic
14  CHRISTUS St. Vincent
15  Foundation Health Partners
16  Hospitales Puerta de Hierro
17  INTEGRIS Health
18  Kootenai Health
19  Lakeland Regional Health
20  Médica Sur
21  Methodist Health System
22  Middlesex Health
23  Mosaic Life Care
24  NCH Healthcare System
25  Palomar Health
26  Parrish Medical Center
27  Sir Run Run Shaw Hospital
28  Sparrow Health System
29  St. Clair Hospital
30  St. Elizabeth Healthcare
31  Stormont Vail Health
32  Summit Healthcare
33  Trinity Health
34  TMC Healthcare
35  Unity Health
36  Virginia Hospital Center
37  Wellstar Health System
38  Yuma Regional Medical Center
INDEX BY TOPIC

Mayo Clinic Care Network Successes

Amplified Expertise
9  Altru Health System (Patient Referral)
12  Beacon Health System (Improved Patient Care)
13  Billings Clinic (Improved Patient Outcomes)
15  Foundation Health Partners (Physician Training)
22  Middlesex Health (Enhanced Research Program)
23  Mosaic Life Care (Encouraging Innovation)
24  NCH Healthcare System (Physician Wellness Program)
29  St. Clair Hospital (Leadership Development)
30  St. Elizabeth Healthcare (Leadership Development)
38  Yuma Regional Medical Center (Leadership Development)

Patients Stay Local
11  Baptist Health Care (Patient Referral)
14  CHRISTUS St. Vincent (eConsult)
21  Methodist Health System (eConsult)
26  Parrish Medical Center (Improved eConsult Utilization)
27  Sir Run Run Shaw Hospital (eConsult)
33  Trinity Health (Service to Patient)
35  Unity Health (Opioid Collaborative)
37  Wellstar Health System (eConsult)

Increased Competitive Edge
10  ASU Health Services (Market Positioning)
16  Hospitales Puerta de Hierro (Strategic Planning)
17  INTEGRIS Health (Service Line Improvement)
18  Kootenai Health (Patient Service Improvement)
19  Lakeland Regional Health (Networking for Service Improvement)
20  Médica Sur (Market Positioning and Physician Training)
25  Palomar Health (Brand Enhancement)
28  Sparrow Health System (Hospital Program Improvement)
31  Stormont Vail Health (Service Line Improvement)
32  Summit Healthcare (Improved Nurse Recruiting)
34  TMC Healthcare (Quality Culture Shift)
36  Virginia Hospital Center (Enhancing Research Agenda)
Emergency Transfer and Expert Care Avert Tragedy

When Matt Cameron's wife Tabetha was whisked away by a Mayo Clinic air ambulance, he wasn’t sure if he’d see her alive again.

In the preceding hours, his wife of 12 years had suffered a complete physical breakdown, going from feeling flu-like symptoms to developing sepsis — a life-threatening condition that causes multiorgan failure. “I honestly didn’t think she was going to make it,” Matt says. “They told me that she was as sick as she could possibly get.”

The care team at Mayo Clinic Care Network member Altru Health System, determined that Tabetha’s lungs had stopped oxygenating her blood causing her liver and heart to stop working. The only way to keep Tabetha alive was through a process called extracorporeal membrane oxygenation, or ECMO, which was a challenge for her care team. A surgeon could start the treatment, but the hospital did not have the resources to sustain the therapy, which involves shuttling blood from the body via large tubes into a machine that adds oxygen to the blood and then returns it to the body.

When Altru administrators contacted Mayo Clinic for assistance, the collaborative nature of the care network became evident immediately. Within minutes, the two care teams conducted a phone conference that ended in the consensus that transferring Tabetha to Mayo Clinic via air ambulance was her greatest chance at healing and recovery.

Through many weeks in Mayo Clinic’s ICU, Matt kept vigil at Tabetha’s side. “I just couldn’t leave,” he says. As awful as the experience was, Matt found reassurance in the constant presence of Tabetha’s care team, who worked around the clock to manage his wife’s many complications.

It might never be known what triggered the infection that led to sepsis and nearly cost Tabetha her life. But, several weeks after her initial admission, Tabetha was discharged and able to return home.

Events that used to be routine or familiar for Matt and Tabetha have greater meaning. “I feel very lucky that I had the care I did,” Tabetha says. “They say not many people recover from this, and I feel like I got a second chance.”
ASU and Mayo Clinic Join Forces for Good

Together, Mayo Clinic and Arizona State University are reimagining the physician of the future. For more than 16 years, they have been working together to build better solutions, outcomes and learning environments for global health care.

In 2012, ASU further solidified this relationship by joining the Mayo Clinic Care Network. Through this collaboration, ASU Health Services gains access to the latest Mayo Clinic expertise to help care for their patients and improve health. Meanwhile, internal medicine residents from Mayo Clinic spend one month during their first year of training at ASU Health Services in Tempe—expanding their health-care skills for younger adults. Some return to do electives in other areas, like sports medicine.

Another example of the care network collaboration is demonstrated through the Mayo Clinic sponsored CME speaker series at ASU. Mayo Clinic experts and specialists spend time on campus educating and speaking to ASU providers about topics relevant to college students.

The goal of this collaboration is to be a disruptive force in health care. Together, they aim to transform medical education by providing students a depth of experience that prepares them to address the evolving needs of health care.

“By greatly enhancing their training and education, our hope is these graduates will be disrupters and change health care outcomes on a large scale,” says Arizona State University President Michael Crow, Ph.D. “That includes changing the cost of health care at the national scale so we can all afford medical care.”
Care Network Relationship Paves the Way for Critical Patient Intervention

It was a parent’s worst nightmare. During basketball practice in March 2018, high school junior Jaylen Clausell suddenly collapsed. At only 16 years old, he was in cardiac arrest.

Thanks to quick action by his coaches, Jaylen survived and was taken to Baptist Hospital’s Heart & Vascular Institute (BHVI) where heart-failure specialist Brent Videau, M.D., determined that he would need specialized treatment. Because of the Mayo Clinic Care Network, physicians at Mayo Clinic and Baptist Health have spent the last six years networking and building a professional relationship.

“This is a good example of how the care network can support physicians and work for the direct benefit of our patients,” Dr. Videau says. “Using eConsults allows us to get to know Mayo’s specialists. Because I talk to them all of the time and because we have a relationship, I can pick up the phone and run a case by them when I need to.”

Dr. Videau contacted Mayo Clinic’s advanced heart failure and cardiac transplant team so Jaylen could receive the highly specialized care he needed. He was diagnosed with arrhythmogenic right ventricular cardiomyopathy (ARVC), a rare heart disease that often results in sudden death. He had survived the original cardiac arrest, but the road to recovery was just beginning.

After being transferred to Mayo Clinic, he received an implantable cardioverter defibrillator (AICD) to monitor his heart rates and, if necessary, shock his heart back into a regular rhythm. “Within 24 hours of transferring him, Jaylen got a catheter and biopsy. Most hospitals can’t do things that fast, but Mayo did. It was impressive,” Dr. Videau adds.

Three months later, the device showed an irregular reading and Jaylen had to be admitted to Baptist Hospital for monitoring. The defibrillator was replaced with a second dual-chamber device, but one month later, he went into cardiac arrest again. He spent more than three weeks in Baptist Hospital, moving from intensive care to the cardiac unit.

Later that same month, Jaylen traveled back to Mayo when it was determined that he would need a heart transplant. Two months later, he received a new heart and a new lease on life.

““What I love about the care network relationship is that it has allowed us to step up the level of our care in this part of the state,” Dr. Videau says. I can call whoever I need, when I need to, and they stop what they are doing and have the conversation. The relationship with Mayo certainly helped in this unique situation involving Jaylen.”
eConsults Improve Care for Unusual Diagnoses, Collaboration Saves Lives

When Beacon Health System Memorial Regional Cancer Center Medical Director Thomas J. Reid III, M.D., encounters a difficult question regarding one of his oncology patients, he uses the collaborative consulting tools available to Mayo Clinic Care Network members. Consulting tools available to care network members include eConsults and eBoards, which Dr. Reid found particularly helpful. “Most of the eConsults have to do with the most challenging patients with unusual diagnoses, with patients who have very difficult to treat malignancies, or patients who have exhausted all approved treatments for a condition and are looking for clinical trials,” says Dr. Reid.

He explains the eConsult process as simple. He fills out an online form that usually takes no more than five minutes to complete and details the patient’s diagnosis and situation. On this form, physicians can request opinions from experts in multiple specialties. The eConsult, along with any relevant patient documents, are sent to Mayo Clinic. The turnaround is quick. Within about four days to a week, he receives expert care recommendations for challenging patients. Dr. Reid particularly appreciates the eTumor board, where he has received immediate feedback through video teleconference.

“What I appreciate from Mayo’s eConsults is that you get cutting edge discussions. The questions we ask them are the tough ones.” Questions, he says, that are not answered in national guidelines or other literature.

“Patients love it,” he says. “It doesn’t cost them anything additional and they get expert opinions from Mayo Clinic. It helps patients know they are getting the best therapy that can possibly be given in their situation,” Dr. Reid adds.

For Dr. Reid, the value of the relationship between Beacon and Mayo Clinic extends beyond just resources. He recalls one of his cancer patients, who was doing well and had returned to work, came into the clinic with a neck ache, perhaps, she thought, from hunching over a computer all day. Knowing her history of metastatic breast cancer, he ordered an MRI of her cervical spine, which revealed she had a life-threatening tumor in her third cervical vertebrae.

After contacting Mayo, the patient was placed in a collar to stabilize her and air-evacuated to Mayo Clinic. “If it would have collapsed, she would have died because it was right there on the spinal cord. It was such a complex case that it could not be handled in the local region,” says Dr. Reid. “Within 36 hours of making a diagnosis, she was in surgery. And that saved her life.”
Innovative Road Show Increases Physician Utilization of Care Network Tools, Improves Patient Outcomes

When Billings Clinic joined the Mayo Clinic Care Network in 2012, many providers were quick to embrace the tools and services. According to Erik Wood, vice president, Ancillary Services and Regional Branch Clinics, Billings Clinic, “We had good utilization of the care network tools on our main campus, particularly AskMayoExpert (AME) and eConsults. However, we have regional clinics and critical access hospitals that were not part of the initial orientation. As a result, they were missing out on the benefits.”

To ensure that the benefits of care network membership extended throughout its entire system, Wood decided to take the care network “on the road” in two phases: sites west of Billings first, and east of Billings in phase two. “Our goal was to expand the value of the care network by bringing education of the tools to our own regional network.”

In August 2019, the team — comprised of Wood, Nicole Hobbs and Amanda Hannah, who oversee affiliate operations and their Mayo Clinic Care Network relationship team including Midwest Region Medical Director Mark Larson, M.D., Operations Administrator Rich Larsen, and Operations Manager Corey Knauss, drove hundreds of miles across western Montana to tackle the first phase.

“Over four days, we visited five facilities—a branch clinic and four critical access hospitals—telling physicians and leadership about the care network,” Wood says. “Our goal was to empower our regional and more rural providers to access these tools.

We want them to really leverage our membership in the care network.”

According to Wood, the vast majority of time was spent educating providers using prepared key messages, presentations and handouts. “The immediate effect was deep appreciation for access to tools and eagerness on the part of our physicians to get out there and start using them,” he says. “We have seen an uptick in utilization in every bucket of opportunity — from AME and eConsults to Grand Rounds.”

One specific outcome tracked before and after the road show included an increased use of AME with page views per month increasing by 279 percent after the trek across western Montana.

Additionally, positive word-of-mouth spread to a physician in one of the Wyoming-based facilities, leading to an eConsult that significantly and positively impacted the clinical outcome of a patient with an endocrinology condition.

“All in all, the road show made a huge difference for us,” Wood says. “Our plan is to do the same thing in the eastern part of the state and northern Wyoming. The bottom line is that we know patients benefit when our physicians use the tools offered through the Mayo Clinic Care Network. The road show was a great way to get more of them on board.”
With the Help of Mayo Clinic, Five-year-old’s Health is Back on Track

A day in the life of an average five-year-old probably includes a kindergarten morning meeting, strawberry fruit snacks at lunch and an episode of Puppy Dog Pals after school. What’s not included? Urinary tract infections. But, for five-year-old Miana Ortiz, those infections were part of her daily life. For more than two years, her primary care providers at CHRISTUS St. Vincent struggled to find the root cause of her discomfort and provide her some relief.

Determined to find a permanent solution for the young Santa Fe resident, provider Crystal Romeo, a pediatric nurse practitioner at CHRISTUS St. Vincent Arroyo Chamiso Pediatrics, sent Ortiz to a specialist at Mayo Clinic. This process was streamlined because CHRISTUS St. Vincent is a member of the Mayo Clinic Care Network.

A Mayo Clinic pediatric nephrologist reviewed Ortiz’s medical history and suggested a possible cause to her symptoms: a rare kidney disease called IgA nephropathy (Berger’s disease).

Miana’s mother, Liz Ortiz, was relieved. “As a parent, it was comforting for my child to receive the specialty care she needed while remaining in the care of her CHRISTUS St. Vincent primary care provider who knows her best.”

With this new medical diagnosis, Ortiz can go back to doing what five year olds do best: starting the day right with kindergarten morning meeting and eating strawberry fruit snacks at lunch.

“The care network is like having an expert for our experts,” CHRISTUS St. Vincent Marketing, Communications and Public Relations Director Arturo Delgado. “Mayo Clinic providers and specialists draw on their immense level of experience and knowledge. Mayo is like this mountain of information. These experts are just a phone call or email away which gives our providers a boost of confidence.”

Five-year-old Miana Ortiz checks in with primary care provider, Crystal Romeo, PNP, CHRISTUS St. Vincent Arroyo Chamiso Pediatrics.
Mayo Clinic’s Mentorship Imparts Knowledge, Hands-On Experience

When patients make the trek to see Michael Strum, M.D., at Tanana Valley Clinic, he does all he can to make the visit both comprehensive and efficient. He knows that many of his patients might not be able to step foot in another medical facility for months. In fact, he can recall a number of patients who charter bush planes to fly them in from remote locations — just for their appointment.

“Consolidating questions and issues into one visit is necessary,” Dr. Strum says.

Fairbanks, the largest city in the interior region of Alaska, boasts a population of 31,000. But, the surrounding Fairbanks North Star Borough — where many of Dr. Strum’s patients live — includes a population of 97,000.

Because of its remote location and relatively small population, there are no board-certified gastroenterologists practicing within 350 miles of the city. Those needs have traditionally been met by general internists, like Dr. Strum. But, as training programs become harder to find, so have those specialists and that expertise.

“The ability to be proficient in endoscopy and gastroenterology is vital to provide the best possible care for my patients,” says Dr. Strum.

That’s why he’s grateful to Mayo Clinic for a jumpstart in training. Foundation Health Partners, which encompasses Tanana Valley Clinic, is a member of Mayo Clinic Care Network. Through this collaboration Dr. Strum and three other providers were able to travel to Mayo Clinic for basic endoscopic education.

During this time, providers gained hands-on experience with colonoscopy and EGD (Esophago-Gastro-Duodenoscopy) simulators, and learned about safety precautions and sedation administration. After returning to Fairbanks, providers practiced and improved their skills through outpatient colonoscopies and elective EGDs under the guidance of Foundation Health Partners’ medical director. They’re now providing these services independently.

“I love practicing here in Fairbanks and can’t imagine working anywhere else,” says Dr. Strum.

“Through Mayo Clinic’s resources, mentorship and world-class specialists, I’ve been afforded invaluable exposure and experience so I can continue practicing here and providing excellent care.”

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Strategic planning for many hospital CEOs is critical to operational and market success. Hospitales Puerta de Hierro CEO Alejandro Gil Luna believes that while the organization’s bi-annual planning is imperative, the process used makes a world of difference.

“We have been conducting our own strategic planning exercises for a while,” Gil Luna says. “As a new member in the Mayo Clinic Care Network, I saw the opportunity to use Health Care Consulting hours to improve our process further. So I touched base with our relationship team and made them aware that it would be beneficial for us to understand Mayo Clinic’s planning process.”

Initially, some of Mayo’s strategic planning process documents were shared and discussed. “We had a couple of telephone calls. That was the first step, and we have made significant adjustments to our process,” he says.

According to Gil Luna, the next step will require a bit more of a hands-on approach. “I, along with a couple of colleagues, am going to Mayo Clinic in Arizona to observe their strategy planning process. We will get to see how the strategy process is implemented there. I think this will be quite valuable,” he says.

While much of the effort is still ahead of them, Gil Luna claims that the early stages of this engagement have resulted in measurable change. “The consulting work has already helped us,” he says. “We had issues with setting priorities and resource allocation. The methodology shared really helped us scale down priorities and get clear about resource allocation. We have already benefitted from the initial sharing of information.”

Gil Luna said that the benefits of refining the organization’s strategic planning will have a greater effect on his team. “Time is a limited resource for every hospital,” he says. “My hope is that we better synchronize our organization goals with the day-to-day projects and operations. I believe this work is giving us tools for setting priorities for strategic, tactical and operational efforts.”
Focused Teamwork Improves Heart Failure Care for All

For Douglas Horstmanshof, M.D., co-director of INTEGRIS Advanced Cardiac Care and the program director of the Heart Failure Institute at INTEGRIS Baptist Medical Center in Oklahoma City, the timing of his institution’s participation in the Mayo Clinic Care Network Congestive Heart Failure Collaborative was key.

“We were working to enhance partnership and empower care team leaders, and had just formed multiple care transformation teams focused around specific diseases,” he says. “The heart failure initiative was the perfect catalyst for our team to take on that work.”

A team of five individuals, including doctors, nurses and administrative leaders, attended the one and a half day project kick-off at Mayo Clinic. What they learned trickled through their entire institution, helping to improve heart failure care at INTEGRIS’s seven hospitals.

“It was helpful in multiple domains,” Dr. Horstmanshof says. “First, we learned about Mayo’s Get With The Guidelines scoring system, used as a predictor for heart failure outcomes.” Over the next few months, INTEGRIS built the Get With The Guidelines score into their medical records so that they could start collecting data from patients. “Knowing these scores will help us immensely,” he adds. “We work with a lot of rural hospitals that don’t have much cardiology support. These scores can work as a potential stratifier for us to determine who needs to move to a higher level of cardiology care—we’re helping those patients identify a clearer pathway to health.”

The INTEGRIS team also remodeled their diuretic regimen around Mayo protocols. Since participating in the collaborative, they have reviewed, built and delivered order sets that include evidence-based protocols to ensure patients receive guideline-directed medical therapy with the ability to collect additional data. “If you don’t put a patient on the medication, you have to tell us why,” says Dr. Horstmanshof. “This was rolled out very recently, and we’re in the early phases of assessment.”

An additional benefit was the simple fact that five colleagues were able to take time out of their day-to-day routines to focus on the task of improving heart failure care. “We ate, talked and contemplated together. This sense of teamwork has been sustained for more than 18 months. We’re committed to the same mission and we transmit that enthusiasm to others in the system,” recounts Dr. Horstmanshof. “That’s invaluable.”

“We ate, talked and contemplated together. This sense of teamwork has been sustained for more than 18 months. We’re committed to the same mission and we transmit that enthusiasm to others in the system.”
With slow progress in the ongoing effort to stem sepsis infections in their hospital and community, Kootenai Health Medical Director of Intensive Care and Pulmonologist, Robert Scoggins, M.D., decided it was time to get an outside perspective.

“We had been doing sepsis work for some time and had not really defined our program, so I wanted to bring in some new ideas with the goal to improve our care and mortality rates,” says Dr. Scoggins.

In 2017, he attended a readmissions reduction program offered by Mayo Clinic. While there, he visited with Mayo Clinic’s ICU team located at St. Marys Hospital in Rochester, Minnesota.

“We had a great discussion,” he recalls. “We talked about sepsis and challenges, and found Mayo faced some of the same challenges we have in northern Idaho. I knew we had to find a way to have them come to our hospital.”

As a member of the Mayo Clinic Care Network, Kootenai Health — through Dr. Scoggin’s recommendation — decided to apply some of their annual allotment of Health Care Consulting hours to bring Mayo experts in to evaluate their sepsis program. Within a few months, a new collaboration was born.

“They brought in a team of physicians and nurse specialists who looked at everything,” he says. “They provided a very thorough recommendation, and we have since piloted a new program. We started training our rapid response team, changed order sets for the emergency room (ER), and started providing constructive feedback to our physicians who had treated sepsis patients so they could continue to improve. Basically, we’ve revamped how our ER approaches sepsis from start to finish.”

Dr. Scoggins says that Kootenai Health staff is excited by their progress. “The biggest thing we noted fairly quickly was a reduction in septic mortality,” he said. “We’re still working on it, but we’ve seen a change and it’s been a positive development for us.” The results have been impressive with Kootenai’s medical team having realized a 5.8 percent reduction in septic shock mortality — saving 12 lives over a nine-month period.

“It’s been fantastic to interact and collaborate with Mayo’s physicians. They gave us a path that we probably wouldn’t have taken before.”
Lakeland Regional Health was once the only health care system in their area. As other players began entering the market, leadership knew they needed an overall competitive strategy, and they looked to Mayo Clinic for help.

The core of the Mayo Clinic Care Network is collaboration, and the Mayo Clinic relationship team that supports Lakeland Regional Health knew that this was the perfect moment to connect like-minded organizations. Even though they’re surrounded by competition, patients consistently choose Mayo Clinic Care Network member Wellstar in Atlanta, Georgia. By connecting Wellstar with Lakeland, their leaders were able to discuss strategic topics such as processes, quality, safety and operations.

When Lakeland Regional Health Associate Vice President for Surgical and Procedural Services Sheena Butts, and a team of administrators went to visit the Wellstar Health System campus, they were in awe of the patient and employee experience. A concierge service for employees, a restaurant and multiple specialty gift shops elevated the health care experience to that of a charming hotel.

Lakeland’s team spent the day shadowing Wellstar administrators and learning why and how they made improvements across the entire care continuum, including medically optimizing patients prior to elective surgery, sterile processing operations and minimizing supply costs.

“We wanted to learn how to be good stewards of our resources and how to reduce supply costs when possible,” explains Butts. “One key takeaway from our visit was the review of their impressive supply cost and utilization dashboards.”

These dashboards provide insight into supply cost by procedure and surgeon. The data is trended over time so that surgeons and administrators can take a deep dive into what constitutes an efficient procedure. From this effort, Wellstar has seen significant savings in their surgical supplies, which encouraged the team from Lakeland Regional Health to emulate the dashboard. “We’ve done this process with our top ten surgical procedures,” Butts says. “And we’ve had an estimated savings of $400,000.”

Butts shares that their team continues to make improvements. For example, they’ve begun implementing a financial interface into the Electronic Medical Record system so teams can easily track supply utilization over time for all procedures.

“We need to look to companies and organizations like Wellstar that are disrupting the status quo. They’re changing the paradigm to provide higher quality care at a lower cost,” Butts says. “We need to think differently about how we deliver care, where we deliver care and how we define care.”
Médica Sur Finds Competitive Edge with Leading Symposia Program

In a competitive health care market like Mexico City, hospitals must find ways to stand apart and be noticed. For Médica Sur, one way they excel is in providing medical education through their Mayo Clinic Care Network membership.

“It’s common for medical providers to use symposia to gain medical knowledge as part of our continuing education requirements,” says Chief Medical Officer Octavio Chon, M.D. “We want to share knowledge with other physicians and hear experiences and learn practices from experts in other parts of the world. In Mexico, Mayo Clinic is considered to be the top in terms of knowledge and expertise.”

It started with one cardiologist speaking at the first symposium. Five years and nine symposia later, the program has set new expectations among physicians throughout the country. “We started small. Now we offer symposia to physicians within Médica Sur, around Mexico City, and from all over Mexico in many specialties, including neurology, internal medicine, pharmacology and even quality topics,” Dr. Chon explains.

Working with the Mayo Clinic team, Dr. Chon says the program grew beyond initial expectations of providing high-quality educational programming for physicians. “Today our symposia bring in about 500 physicians and nurses for each event. We often do workshops to enhance the experience. In Mexico, other hospitals and physicians know that Médica Sur works only with Mayo Clinic on clinical education. Our hospital and our doctors get special recognition for that. People like that our two large institutions are working together to bring them the top medical knowledge.”

Médica Sur Chief of Staff Sandra Garcia, M.D., adds, “We are very happy with this program. It benefits physicians who want to learn from a respected international organization. It also benefits our patients. They know we have a strong relationship with Mayo Clinic and that our membership works for them, too. They like to know we can take care of them here or they have the opportunity to go to Mayo Clinic for additional specialties and then come back home to their doctor.”

As one of the largest hospitals in Mexico and a major academic medical center, Médica Sur sees collaboration as a big part of their future. And, Dr. Chon wants to forge the way by continuing the symposia program. “Doctors want knowledge. Now they look to us to provide more courses — one or two each year. So we are always planning and looking for new topics. Some are simple; some are complex. For us, it’s good to know that we have access to more with Mayo Clinic.”

Médica Sur and Mayo Clinic experts deliver remarks at one of the medical symposia.
IBD eBoard Confirms New Diagnosis, Successful Treatment Results in Collaboration and ROI

When Parvez Mantry, M.D., AGAF, FAASLD, attended a social engagement during the summer of 2019, he had no way of knowing that the encounter would transform a life. Dr. Mantry is a veteran gastroenterologist and transplant hepatologist with The Liver Institute at Methodist Dallas Medical Center, the flagship hospital affiliated with Methodist Health System.

“I ran into a friend at a social event and observed that he’d lost significant weight and was quite pale,” Dr. Mantry recounts. The two visited a bit and, concerned, Dr. Mantry suggested a second opinion. A new series of diagnostics, including a colonoscopy, revealed convincingly that his friend was suffering from severe ulcerative colitis.

“In all that he’d been through, it had never come up as a diagnosis in the last year and half,” Dr. Mantry says. “But, because this is not my normal area of expertise, I decided to present his case during Mayo Clinic’s Inflammatory Bowel Disorder eBoard.”

Dr. Mantry became aware of eBoards as one of several consultative tools shortly after Methodist Health System joined the Mayo Clinic Care Network in 2014. His chief medical officer invited him to participate in a joint meeting with care network and hospital leadership. “As part of the meeting, I felt like our organizations had a strong common agenda with similar missions and values. It was clear that we would benefit from their expertise and the collaboration,” Dr. Mantry says. And, the collaborative nature of membership became evident as he recently presented his friend’s case via teleconference before Mayo Clinic’s team and physicians from other care network member sites.

“The eBoard was very helpful to me,” Dr. Mantry says. “Mayo Clinic reviewed the CT scan and pathology findings that I shared. I found the team to be approachable and focused on offering me useful input. They shared their opinion in a structured format, confirmed my diagnosis, and put me at ease.”

Dr. Mantry shared the news with his patient. “He was delighted to hear the confirmed diagnosis by Mayo Clinic and appreciated the extra step I took on his behalf.” And, the subsequent treatment was very successful. “I saw him recently, and he’s looking better and feeling good. He’s very grateful because before he thought he had cancer and was dying. Now, he’s back living a normal life without symptoms.”

With one successful eBoard presentation to his credit, Dr. Mantry plans to keep the forum top of mind. “eBoards offer a valuable teaching and learning experience. They are effective, organized, easy to use, and helpful. I will definitely present more cases.”

“Mayo Clinic reviewed the CT scan and pathology findings that I shared. I found the team to be approachable and focused on offering me useful input. They shared their opinion in a structured format, confirmed my diagnosis, and put me at ease.”

Dr. Parvez Mantry, M.D. used eBoards to confirm his diagnosis and get his patient on the road to better health.
What began as an inquiry sparked during a research brainstorming session, evolved into meaningful collaboration for a community cancer center in Connecticut. Through the Mayo Clinic Care Network relationship, Middlesex Health and Mayo Clinic are working together to improve the lives of cancer patients and their families through impactful research.

Approximately one in five cancer patients have a genetic, or inherited, cancer. Understanding if a cancer is inherited is important because it can lead to the personalization of ongoing care. Genetics research is essential for developing methods of prevention, tailored treatments and discussion of surgical options for reducing risk.

Understanding the impact of research in this area, Middlesex Health was interested in developing their own genetics research program within their community. As a member of the care network, Middlesex Health connected with Mayo Clinic’s Center for Individualized Medicine for consultation on how best to move forward.

“Mayo Clinic shared their resources, protocols and lessons learned, which was really beneficial for our team as we built our research study,” says Justin Drew, director, Middlesex Health Cancer Center. “We’re working toward setting new standards of care for cancer and genetics as a community cancer center, which we wouldn’t have the resources to do without Mayo Clinic.”

Working together, both organizations have been able to further their collective mission of putting the patient first.

“Our vision is to transform medicine by connecting and curing,” says Cindy Azevedo, clinical operations program manager, Center for Individualized Medicine, Mayo Clinic. “Collaborations with organizations like Middlesex Health allow us the opportunity to make that vision a reality.”

The impact this research can bring toward improvements in prevention and screening for patients makes this collaboration especially meaningful. “It’s really about bringing a ‘state of the art’ research study to our patients and to our community,” says Betty Molle, nurse scientist, Middlesex Health. “Mayo gave us the guidance, support and confidence to tailor our study to what is most important for our patients.”
Hospital “Shark Tank” Program Feeds New Ideas, Innovations

Mosaic Life Care wanted to improve operations. The key? Getting their employees — those closest to the opportunities — to share their ideas. For fans of the reality television show “Shark Tank,” it’s a familiar concept: Excited entrepreneurs pitch their ideas to a panel of investors in hopes of attracting investments to make their dream a reality. Only in this case, the ideas are not intended to bring personal fame and fortune, but to improve patient safety and satisfaction at Mosaic Life Care.

As a Mayo Clinic Care Network member, Mosaic Life Care has access to Mayo Clinic’s resources and expertise in innovation. “Our relationship team put us in touch with the Mayo Innovation Lab founders who provided invaluable guidance on defining innovation, measuring and implementing it over time,” says Marketing and Communications Vice President Kim Verhoeven. “Their guidance is another terrific value of being part of the care network.”

Mosaic’s Shark Tank Committee meets bi-weekly and includes a multidisciplinary team from across the system. They review submissions and make recommendations for consideration and implementation. To date, more than 180 ideas have been submitted to the program.

“We are overwhelmed by the response,” says Mosaic Life Care Chief Information Officer Brennan Lehman. “The program had a ‘soft launch,’ but even with that, there was an avalanche of employee ideas coming in.”

The committee sorts submissions into two categories. When an idea can be put into practice with relatively little cost to the organization, it’s considered a “baby shark” idea. If an idea shows promise but will require more time and money for implementation, it goes in the Shark Tank.

The final submissions in the Shark Tank category will be featured in a filmed episode on Connected, Mosaic’s internal news center, with the committee members providing feedback and final buy-in for the innovation, just like in the television show. The winner of the episode will be eligible for a $5,000 prize. Beginning in 2020, Mosaic plans to produce two recorded episodes each year.

On the set of Mosaic’s first Shark Tank filming, the sharks—a panel of administrators and executives—await the next presenter. The top five contestants and their ideas will be promoted to employees for voting with the selected winner claiming the $5,000 prize.

“We are overwhelmed by the response. The program had a ‘soft launch,’ but even with that, there was an avalanche of employee ideas coming in.”
As a member of the Mayo Clinic Care Network, the NCH Healthcare System has embraced the Professional Leadership Development program and other educational offerings as a means to strengthen leadership performance, support future leaders and enhance patient care in their organization.

More than 100 NCH physicians and administrators have participated in the Professional Leadership Development program and the experience has been transforming. Thanks to the care network, NCH continues to increase staff engagement and introduce exciting medical and employee initiatives. One successful leadership strategy involves a powerful approach to encourage communication and prevent physician burnout.

“We started a well-being program,” says Chief Strategy Officer Michael Riley. “I think it’s made a tremendous impact on our physicians. I give credit to our leadership graduates for bringing the information back from Mayo Clinic, advocating for and reinforcing the learnings in our hospitals.”

The World Health Organization describes workplace burnout as “feelings of intense fatigue, loss of control and inability to produce concrete results at work.” Ignoring the signs can take a toll on physical, behavioral and mental health. Inspired by Mayo Clinic’s Physician Well-Being Collaborative, the initiative began as a result of a dedicated dyad team who showed interest in designing a similar plan.

To start, NCH formed a wellness and burnout committee. Modeled after Mayo Clinic’s tool, they introduced a questionnaire which measures a physician’s level of burnout. The committee also established monthly talking sessions with designated wellness leaders. The concept is simple — anytime a doctor wants to meet and receive confidential coaching or guidance on any issue affecting them, the door is open. Individuals have the opportunity to express their concerns in an anonymous and safe space to reduce the effects of burnout and encourage healthy habits.

NCH’s wellness campaign is just one of many projects that demonstrate the impact the care network has had on leaders, staff and patients. “It’s a halo effect,” says Riley. “We are seeing the value of the educational opportunities available through the Mayo Clinic relationship. Two of the most intrinsic benefits are the camaraderie and the relationship-building that resulted between our physicians and staff. It also really reinforces why they became physicians, and how everything revolves around meeting the needs of the patient.”
Leveraging Care Network Brand Materials Reduces Costs, Delivers Results

Being a member of the Mayo Clinic Care Network is a differentiator in the market, yet it can be a complex message to deliver to patients, consumers and the community. Using the online Brand Tool Kit available to members, Palomar Health discovered a simple way to leverage communication and marketing materials for their unique audiences while reducing costs and delivering results.

Palomar Health’s marketing team was in the midst of planning their next advertising campaign around their relationship with Mayo Clinic when they decided to take a look at the materials available in the Brand Tool Kit on the Mayo Clinic Care Network Member Website. Seeing what was available, they realized the messaging and customizable templates created an easy way to repurpose the materials for their own style and needs.

“We created our entire campaign using assets from the tool kit in half the time and almost no design costs,” says Bobette Brown, director, Marketing and Communications, Palomar Health. “The library had everything we needed for a full campaign from messaging to social media and print ads to video scripts. We didn’t have to look anywhere else for materials. Plus, the diversity of photos made it easy to choose something that fit best with our market.”

In addition to the variety of assets available, the reliability of the messaging was important to the Palomar Health team. “What I loved the most was that the content had been researched and vetted — so we knew it was the message that would resonate most with the consumers,” says Brown. “That took all the guess work out and created an extremely useful catalog of materials to choose from.”

After implementing the campaign, website visits more than tripled, there was a significant increase in web conversions and their social media posts from the campaign continue to receive some of the highest engagement.

“The Brand Tool Kit is an example of how the care network relationship is not only a benefit to our patients, but also to our team,” says Brown. “Aside from campaign materials, we continue to access the tool kit for social media posts, physician relation materials and internal communication messages. Truly, everything you need from a marketing, communication or business development perspective can be found there!”

This ad is just one example of how Palomar Health leveraged the templates and messaging available in the Brand Tool Kit on the member website. More than 100 marketing and communications resources are available for member use.
Parrish Medical Center, which sits just across the river from Kennedy Space Center on Florida’s space coast, is 40 miles from Orlando—home to a host of medical centers and hospitals. But leaders at Parrish Medical Center have made the intentional decision to forge a relationship with Mayo Clinic, which has a location in Jacksonville, Florida—150 miles north.

As a member of the Mayo Clinic Care Network, Parrish Medical Center provides patients with resources to help navigate the health care system with more confidence. Leadership wanted that hands-on, personalized care to continue, especially when patients were referred elsewhere. For this reason, every new physician hired at Parrish Medical Center spends two full days at Mayo Clinic in Jacksonville. During that time, new recruits learn about eConsults and meet Mayo Clinic doctors in their specialties, ask questions and put a face to the name.

“Because of this foundation, when our doctors at Parrish Medical Center have a need for an eConsult or are referring a patient to Mayo, there’s a sense of comfort—for both the patient and the referring physician,” says Chris McAlpine, senior vice president and chief transformation officer at Parrish Medical Center.

This ensures providers at Parrish Medical Center share the same philosophy of care as providers at Mayo Clinic, which also streamlines the patient’s care. In addition to learning about eConsults during their two days at Mayo Clinic, physicians are also trained on AskMayoExpert and various tools they have access to through the Mayo Clinic Care Network.

“Patients are becoming better educated consumers. They’re asking more thoughtful, intentional questions,” says McAlpine. “When a primary care provider can look at their patient and confidently say, ‘Yes, I’ve met this doctor and we share the same philosophy of care,’ that puts the patient at ease.”
Grateful Patient Sees Value of Collaboration Firsthand

Distinguished hospital leaders and all colleagues at Mayo Clinic:

I am an ordinary hospital employee working as a medical doctor-patient relationship mediator. In addition, I am also the husband of a beautiful lady and the father of two lovely babies. I have a happy family and a job that makes me feel fulfilled.

Unfortunately, on February 17, 2019, the hospital found that there might be a bad thing on my liver. All of a sudden, I changed from a hospital staff member to a patient. Fortunately, with the care of hospital leaders and colleagues, I was quickly arranged for admission in Sir Run Run Shaw Hospital (SSRSH). President Cai Xiujun spent time to personally complete the laparoscopic right hepatectomy, cholecystectomy, and hilar lymph nodes dissection. The superior medical skills and minimally invasive advantages allowed me to get out of bed on the afternoon of the operation.

After getting the diagnosis of adenocarcinoma by pathological examination and in order to make my treatment plan more detailed and intensive, SSRSH’s diagnosis and treatment team actively initiated an eConsult. As the top medical organization ranking No. 1 in the United States for many years, I was so looking forward to get Mayo expert’s advice. Mayo experts gave a reply soon after discussion and suggested that I receive adjuvant chemotherapy. Now I am receiving GP regimen adjuvant chemotherapy in our hospital’s oncology department, which can let me tolerate chemotherapy side effects and recover well.

Thanks to the warmth and care from the hospital, and thanks to Mayo Clinic for building such a convenient, effective and high-quality global cooperation platform, I am able to get the advice of the world’s top medical experts team simply at “home.” Thanks to this innovative network of global healthcare organizations, it provides patients with exceptional medical care and an unparalleled medical experience. I firmly believe that with the continuous development of information technology, this meaningful innovation will surely benefit more patients around the world, and this kind of cooperation can help more medical institutions to improve the quality and management of medical services. The service concept of “patient needs come first” will also be further spread. I am deeply proud and fortunate that I can work at SSRSH that has a good cooperation with Mayo Clinic.

I am now recovering well. I look forward to returning to my favorite job as soon as possible. I am also looking forward to the opportunity to go to Mayo Clinic – the medical sanctuary – to learn and understand the core values and innovative ideas of “patient needs come first”.

Thank you very much!

Yours Sincerely,

Shi Qiang
Sir Run Run Shaw employee and patient
Collaboration Improves Hospice in Hospital Project, Reduces Mortality

Sparrow Health System’s Hospice and Palliative Care Services Medical Director Kristin Bredin, D.O., knows the benefit of collaboration, and so she was hopeful when she joined a collaborative conference opportunity between Sparrow Health System and Mayo Clinic.

Dr. Bredin began participating in the collaborative conference calls in January of 2019. Her first goal for Sparrow was to gather expertise from other providers across Mayo Clinic. “The most helpful information was how they implemented doing hospice in the hospital, because the regulations are different for hospice patients and we need to ensure that we are compliant,” says Dr. Bredin. Hailing from places as widespread as Rochester, Minnesota, to Jacksonville, Florida, doctors gathered through teleconference to share their experiences and procedures.

At the time, Sparrow hospitals were experiencing high mortality rates caused by patients with symptoms severe enough to prevent them moving into hospice, where their care should have been taking place.

From the conference calls, Dr. Bredin learned how she might help this issue. The change is through regulatory procedures. “Patients are discharged and readmitted into hospice,” Dr. Bredin explains. “We’re able to take care of those patients when they’re not able to move from the hospital. Patients remains in the same bed with the same care team and attending physician.” But, instead of being admitted to the hospital, they are now admitted to hospice care. When they pass, as is expected in hospice, these patients don’t add to hospital mortality.

Sparrow rolled out these pilot procedures slowly, first on a single floor at Sparrow Hospital, and also at Sparrow Specialty Hospital, both in Lansing. Then they tried it at Sparrow Clinton Hospital in St. Johns, Michigan. Their pilot was a success, with the Sparrow Clinton Hospital mortality index reducing since March 2019.

With the success of hospice in the hospitals reducing hospital mortality, Dr. Bredin has high hopes for future collaborations. The most recent calls she’s taken part in include representatives from 16 different hospitals from across the country, each with different palliative care programs and varied goals for continued improvement. Providing earlier palliative care and outpatient palliative care are at the forefront of her plans. “Currently, most of our palliative care is delivered on an inpatient basis. So often, by the time we’re having conversations with patients and families, the patient is already very sick. The goal is to have these conversations further upstream,” Dr. Bredin says, “to meet the needs of patients and get the patients at the right level of care at the right time.”
ST. CLAIR HOSPITAL Pittsburgh, Pennsylvania

Mayo’s Leadership Program Sparks Improvements in one of Pittsburgh’s Largest Medical Centers

At St. Clair Hospital, Emergency Medicine Chair Jason Biggs, M.D., has a saying that the sickest patient is the one that hasn’t yet arrived. He knows that when that sick patient comes through the door, the Emergency Department (ED) is fully dependent on other areas of the hospital—labs, radiology and inpatient units—to function. That’s one of the reasons why he and his team from St. Clair Hospital, a member of Mayo Clinic Care Network, attended Mayo Clinic’s Professional Leadership Development Program in September 2019.

“When we are diagnosing a critically ill patient, it’s vital to have integration between all areas of care,” says Dr. Biggs. “We need to be as efficient as possible when admitting the patient, undergoing a CT scan and reading the radiology results. Plus, when there are 20 people in the waiting room, we need to make sure we’re working as effectively as possible to evaluate and treat them.”

While attending the Professional Leadership Program at Mayo Clinic, Dr. Biggs as well as two other St. Clair Hospital leaders—Emergency Department Manager Jacob Meitlzer and Medical Imaging Manager Maurica Moore—discussed ways they could reduce the length of stay for patients in the ED, especially for those needing a CT scan.

The trio started with a few basic facts: St. Clair’s ED sees 175 patients resulting in 60 CT scans daily. They identified that if their teams could save just a few minutes per patient that would ensure lots of downstream positive effects, including better outcomes for patients, less critically ill people in the waiting room and faster door-to-provider time.

“At the conference, we were allotted lots of breakout time to work together,” Dr. Biggs says. “We were able to talk at length, create ideas, and then benchmark them against other leaders from institutions who were also at the conference.”

When Dr. Biggs and his team returned to St. Clair Hospital, they hit the ground running, identifying ways to better integrate the ED with surrounding and supporting departments. As a result, providers in the ED saw a noticeable reduction in patient wait times—in some cases, a 15-minute improvement.

Dr. Biggs says, “The leadership course empowered us to take action and then provided us the necessary steps to make improvements.”

“The leadership course empowered us to take action and then provided us the necessary steps to make improvements.”

St. Clair Hospital Chair of Emergency Medicine Jason Biggs, MD found new levels of teamwork with his allied health and physician teams.
Professional leadership development isn’t just a strategic priority for St. Elizabeth Healthcare — it’s a commitment to improving staff engagement and patient experience. Thanks to the Mayo Clinic Care Network relationship, St. Elizabeth has not only enriched leadership development within their organization, but the changes resulted in improvements to patient care services and greater alignment between administration and physicians.

“We’re investing in our physicians by prioritizing their role as leaders and co-collaborators,” says Assistant VP of Physician Services and Engagement Michele Kenner. “Participation in the care network’s Leadership Development Program is a great way to recognize our medical staff and show our established leaders, as well as our new leaders, that St. Elizabeth really cares about giving them the tools they need to succeed.”

In 2019, St. Elizabeth leveraged 200 Health Care Consulting hours aimed at developing a customized provider leadership program. As part of the project, St. Elizabeth also involved Mayo Clinic Planning Services to conduct research into their own training structures and physician leadership development needs. Interviews and provider focus groups uncovered important data needed to identify opportunities to improve leadership training initiatives for their physicians and advanced practice providers.

St. Elizabeth also expanded upon Mayo’s unique dyad model across their health care system to include a triad. The dyad/triad leadership design includes a team of two or three — a physician, administrator and nurse to lead a department or service line. “When you’ve got different disciplines represented on a team sharing all sides of the patient care experience, it leads to better care,” says Kenner.

The team approach has bolstered several successful clinical and organizational initiatives including: implementation of a physician well-being strategy; development of a dedicated lung cancer screening program, which resulted in a significant increase in low-dose CT screenings and earlier stage diagnosis of lung cancer; and, formation of a dynamic perioperative services executive committee aimed at improving surgical protocols.

Last year, 15 St. Elizabeth physician, nurse and administrative leaders graduated from the program. Their achievements speak to the strong relationships formed as a result of skills and knowledge gained through the care network.

“The classes allow leaders to spend quality time learning together, having conversations and building trust,” says Kenner. “They bring that knowledge back to St. Elizabeth, but I think getting to know colleagues in an external environment further builds that relationship. Teams work closer together after having that experience. That’s been a big win.”
When the team at Stormont Vail Health expressed interest in evaluating their hospital’s cardiothoracic surgery program, the Mayo Clinic Care Network team stood ready to collaborate on a comprehensive service line assessment. The goal was to discover performance and operational efficiencies to strengthen Stormont Vail’s heart care practices.

As part of the project, a two-day onsite observation took place at the hospital in Topeka, Kansas, in May 2019. Four Mayo Clinic surgical subject matter experts performed a thorough analysis of the cardiothoracic surgical services, with a specific focus on clinical quality, scheduling, teamwork, communication, culture and growth opportunities. At the request of leaders at Stormont Vail, Mayo Clinic also explored the possibility of developing additional specialty practices such as hypertrophic cardiomyopathy and robotic cardiac surgery.

Research for the project included touring the hospital, observing the core surgical teams in action, conducting focus groups as well as interviews with various service line members and staff including nursing management, surgical techs, marketing and clinicians. Feedback from the study provided valuable insight on key surgical unit priority areas. The information allowed Mayo researchers to identify root causes and then target their recommendations for improvement.

At the end of the study, Mayo Clinic delivered a formal written report which included expert observations and next steps. One proposed idea was the formation of a Surgical Operations Committee. The purpose of the council is to focus on decision-making initiatives that require multi-disciplinary input from across the practice. The group can also give a voice to each team, improve communication and strengthen relationships between each cardiac care specialty.

“The tone, and the deep understanding demonstrated by Mayo’s team has set the stage for a successful transformation,” says Dr. Kevin Dishman, senior vice president and chief medical officer at Stormont Vail Health. “We are moving forward with the majority of the recommendations put forth and have already accomplished unification of the cardiovascular and cardio thoracic surgery service lines.”

Mayo Clinic’s cardiothoracic service line assessment observed common challenges within surgical practices across the country. Thanks to the care network relationship, the benefit of the in-depth study is that it offers objective and targeted findings tailored to the unique needs of Stormont Vail Health. Without a doubt, awareness of the findings as well as the feedback positions them well for future success as a growing and patient-focused hospital.
When Jonathan Fish interviewed for his current position as a nursing recruitment and retention specialist at Summit Healthcare, he was surprised a job of this nature was being created. But soon, he understood. Summit is a 101-bed hospital with 35 open full- or part-time nursing positions. On top of that, the hospital was adding two more departments which would add approximately 25 more nursing positions. Summit was in dire need of more nurses and a better system to hire them.

Chief Nursing Officer (CNO) Carolyn Jacobs took action. After coming into her position in November 2018, she researched best practices to improve their nursing situation. She appealed to the hospital’s board, which then approved three supporting initiatives. Jacobs’ first move was to shorten and double the nurse residency programs at the hospital. Before, the hospital hosted a single nine-month residency. Now, Summit hosts two six-month residencies. She also began a nurse extern program at the hospital for final-year nursing students. “They work part time while still in school and work side-by-side with a nurse,” Jacobs explains. The residency and extern programs both provide new nurses with excellent experience and help Summit gain nurses—sixteen so far and another twelve by August 2020.

Her next step was to hire a nurse recruiter—the position that Fish eventually filled. To learn about the job responsibilities and qualifications required for this position, Jacobs participated in a Health Care Consulting (HCC) call with Mayo nurse recruiters. She also attended the CNO Fly-In Meeting in Minneapolis, Minnesota, where nurse recruiting was a primary focus. With knowledge from these events, she created a robust job description and started interviewing. Jacobs hired Fish in November 2019. In the months since, he’s brought in eleven new nurses. “In my new role, I have a deeper appreciation of the value of having a nurse recruiting nurses. With my nursing background, I can understand the recruit side, but also the director side, administration and budgeting,” says Fish.

With a growing hospital, Jacobs and Fish see more opportunities ahead. To improve the screening and interview processes, Fish participated in another HCC call with Mayo Clinic Care Network and has since started a pilot project that is ultimately streamlining things and getting new hires into the hospital faster. According to Jacobs, the Mayo Clinic Care Network collaboration has been valuable to Summit’s staffing goals. “We’re excited about what we’ve learned and what we’re doing,” she says.
As part of Mayo Clinic Care Network member Trinity Health’s Lean initiative, leadership was conducting a standard Gemba walk — a process that allows leaders and managers to observe work processes and engage with employees. During this routine walk-through, staff identified that they were missing a vital piece of equipment.

“During our Gemba walks we ask staff if they have everything they need to do their job successfully,” explains Director of Imaging Services Jim Coffin. “It was during this conversation that a nurse discovered a nephrostomy tube needed for a catheter replacement procedure was backordered and unavailable.” This 24-inch tube, a long-dwelling catheter, is typically re-placed six times a year.

To prevent infection and scar tissue build-up, the patient required a catheter change as soon as possible.

If the tube was not available in Minot, then it would be necessary to travel to Mayo Clinic in Rochester where he had his initial surgery — an added and unexpected expense of time, money and energy.

To try to avoid that, leadership at Trinity Health, reached out to investigate other solutions. That’s when staff from Mayo Clinic jumped into action. Mayo Clinic Care Network’s Mark Larson, M.D., director, Midwest region, reviewed the patient’s chart and consulted with the patient’s Mayo Clinic provider.

Meanwhile, Mayo Clinic’s Materials Management Department searched their inventory and acquired not one, but two nephrostomy tubes. Team members from Mayo Clinic facilitated a transfer to Trinity Health, expediting the tubes to Minot and preventing an inconvenient trip for the patient.

“The collaboration between Mayo Clinic and Trinity is an asset to our staff and patients,” says Coffin. “This is a great example of how we can come together, as medical professionals, to produce great results for our patients.”
Turning the Culture Tide Made Easier Through Collaboration

Transferring from the quality and lean team to the Quality and Accreditation Department was the impetus for TMC Healthcare leveraging Health Care Consulting, a core component of the Mayo Clinic Care Network. It’s never easy to pause, refocus and reform an entire department, but the team at TMC Healthcare is always ready for an important challenge. “We wanted to move toward becoming a high-reliability organization by focusing on quality and process improvement,” says Quality and Accreditation Director Diandra Andrews.

The goal of the consultation was to increase quality metrics, determine how departments work together and define the accountability structure. “We wanted to solidify and standardize quality processes and learn how Mayo captures and communicates data,” says Andrews.

To consult and share best practices, Mayo Clinic facilitated a two-day intensive to learn about TMC Healthcare’s strengths and identify opportunities for improvement.

“The best part was being able to connect directly with team members from Mayo to ask questions. We could learn by reading literature but it is not the same thing. We received tangible resources that could be implemented quickly,” says Andrews. “For example, Mayo shared their five safe behaviors. We had a mission and vision statement but we didn’t have behavior expectations. So we hosted town hall meetings with our entire staff to get their input on which behaviors were needed to create a culture of safety. All five of our safe behaviors came from our employees.”

What started as consultation on structuring the new department, quickly turned into a culture-changing transformation.

“We originally just had a culture matrix — an algorithm to help us deal with employee issues. Through our engagement with Mayo Clinic, we realized that was just a piece of paper. We were able to look through a different lens on how to create a safe culture for reporting near misses and harms. We’ve also focused on breaking down silos to improve communication throughout our entire organization. I can proudly state that after implementing what we learned from Mayo Clinic, the amount of incident reports went up, while the amount of harm events went down,” says Andrews.

“Rebuilding a department has its own set of challenges,” she exclaims, “but rebuilding a culture takes time, trust, knowledge and resources. We couldn’t have done it without support from Mayo Clinic.”
The state of Arkansas is known for its beautiful lakes, rivers and hot springs. However, there is an underlying issue that is jeopardizing this great state — opioid misuse and overdose deaths. Unity Health, is leading an initiative to solve this problem, but they are not going at it alone.

“The opioid epidemic requires a 360 degree approach,” says Unity Health Internal Medicine Residency Program Director Stacy Zimmerman, M.D., FACP, FAAP. “In order to tackle such a complex program with so many layers, we needed to collaborate at the highest level.” That is why Unity Health opted in to the Mayo Clinic Care Network Acute Opioid Reduction Collaborative.

“Participating in this collaborative meant that we didn’t have to start from scratch,” says Unity Health Pharmacy Clinical Coordinator Justin Piker, Pharm. D., BCPS, BCIDP. “Mayo Clinic sharing their data, research, successes and failures was invaluable and allowed us to set forth on a path for success.”

The collaborative learnings allowed the team from Unity Health to quickly operationalize and implement the evidence-based guidelines throughout their health system. “Creating guidelines on our own without the research behind it would have been extremely challenging — it would not have been adopted seamlessly like it was,” says Dr. Zimmerman. “Having the research to back it up eased our physicians’ minds. Without participating in the collaborative, we would not have ended up with a standardized process that people could have put their confidence and trust in.”

For an organization like Unity Health, solving this issue for their service area is just the start. “Not only have we benefited from the collaborative, now we are teaching providers across the state — working together for the state of Arkansas,” says Unity Health Graduate Medical Education Director of Research Suporn Sukpraprat-Braaten, MSC, MA, Ph. D.

Unity Health is participating in a state-wide initiative with the Arkansas Foundation for Medical Care (AFMC), a nonprofit organization dedicated to improving overall health. Through the Rural Arkansas Planning Taskforce for Opioid Response (RAPTOR) grant, AFMC, the University of Arkansas for Medical Sciences’ Center for Distance Health and Unity Health have formed a consortium to approach opioid abuse prevention, treatment and recovery for the state of Arkansas. “What started as participation in Mayo Clinic’s collaborative, has mushroomed into a movement,” says Dr. Zimmerman. “And this is just the beginning.”
Health Care Consulting Benefits Both Physicians and Community

Molly Sebastian, M.D., a breast surgeon at Virginia Health Centers’s (VHC) Reinsch Pierce Family Center for Breast Health, knew that when she heard the key note address from Mayo Clinic physician Sandhya Pruthis, M.D., at VHC’s breast cancer conference in 2019, she was witnessing something transformational.

“Our annual conference draws a hybrid of community members and breast cancer survivors,” she recounts. “I’d say almost a 50/50 mix, with around 100-150 people total. And that’s where things get tricky — it’s difficult to keep the interest of both of those groups during a talk.”

However, Dr. Pruthi’s address, “Updates in Breast Cancer: Prevention, Early Detection and Survivorship,” did just that. “Dr. Pruthi discussed things that are always on the minds of our patients and the general public — things like how to have a better sex life after cancer, reducing your risk of lymphedema, optimal nutrition for prevention,” says Dr. Sebastian.

The successful keynote address was the result of a close collaboration between VHC and Mayo Clinic. Knowing they had access through their Mayo Clinic Care Network membership, VHC tapped their relationship team to provide an expert who could strike a balance between physician education and community education.

Inspired by Dr. Pruthi’s talk, Dr. Sebastian and three colleagues approached her to discuss providing access to a larger sample size for future studies. “We have a lot of patients at VHC who are looking to help other people who are facing this disease,” Dr. Sebastian adds. “One thing we can offer is participation in this kind of investigative work.”

The four doctors are currently meeting through conference calls to develop a research agenda that will provide Dr. Pruthi with a larger sample size for her trials and will help Dr. Sebastian offer opportunities to VHC patients to make an impact on the future.

“This might not necessarily be a study that’s in the limelight at a national meeting,” says Dr. Sebastian. “But it’s extremely topical stuff. There’s a lot of media coverage around breast cancer right now and it’s not always accurate when it comes to medical standards of care. My hope is that these kinds of projects — very practical, collaborative and of interest to our patients — are a way of meeting the needs that are out there with good, evidence-based information.”
Second opinions can bring peace of mind to patients and their loved ones following a serious or complex medical diagnosis. Wellstar Health System is committed to offering this valuable service to their Atlanta-area communities. A big user of Mayo Clinic Care Network’s medical eConsulting resources, Wellstar developed a personalized and high-functioning process making the tool accessible and time-saving for busy providers and staff.

“The personal connection has been the game changer,” says Kelley Young, assistant vice president, Physician Relations. “eConsult outreach efforts include one-on-one visits with providers telling the Mayo story, personalizing the service and answering their specific questions. The magic of the approach is learning what matters most to the physician, and then making the experience meaningful for them, their patients and families.”

An eConsult is an electronic consultation with a Mayo Clinic specialist. The knowledge-sharing service is available to physicians seeking additional input on a patient’s medical situation, diagnosis or treatment plan. This fully documented interaction eliminates travel and cost for patients looking for another medical assessment without leaving their home or doctor.

Wellstar’s successful eConsult method consists of a strong team and a three-fold outreach plan: a face-to-face visit with the physician, continuous communication and follow-up, and evaluation. As part of the plan, a Physician Relations team member explains the benefits of the tool followed by training on making and tracking requests with the eConsult program administrator. As a result of the individualized process, team members can quickly package and send eConsult requests including clinic notes, labs, imaging, pathology and other information to Mayo Clinic within one or two days.

“eConsults are quite impactful,” says Young. “For physicians, it’s a validation of a diagnosis or treatment goal. For those who are solo specialists in their practices, it’s a resource that can really be an extension of their practice, especially in smaller communities. It’s all about bringing value to our patients.”

Wellstar’s method goes one step further. Following every eConsult, the team evaluates the experience by asking providers to complete a short survey. Valuable feedback and suggestions help to identify trends aimed at future process improvements.

“Our commitment to deliver tailored care led Wellstar to our relationship with Mayo Clinic,” says Young. “At the end of the day, it’s really about people. Whether it’s our patients, families, physicians or staff, we strive for world-class healthcare for every patient, every time.”
Leading the Way toward a Cultural Evolution

Change is never easy. Having expert colleagues to consult with and valuable resources to rely on, however, can help alleviate some of the pressure and uncertainty.

Mayo Clinic Care Network members have access to Mayo Clinic knowledge, experience and expertise shared through a variety of unique, tailored platforms. In an effort to proactively build a foundation for leadership and organizational evolution, Yuma Regional Medical Center (YRMC) began sending their leaders to Mayo Clinic Care Network’s leadership development programs.

Mayo Clinic Care Network leadership programs provide an opportunity to share and discuss Mayo Clinic’s best practices in leadership, and are designed to prepare emerging and established leaders for the competitive, ever-changing health care environment. As a unique physician-led organization, Mayo Clinic developed these programs to advance clinical and administrative leadership dyads and triads.

The program provides each participating physician leader and operational leader an opportunity to learn organizational concepts, get exposure to a variety of leadership topics, and access to resources, tools and templates to leverage back at home. “It really helped refine a sense of purpose for each leadership position moving forward and encouraged a culture of support,” says Pam Orendorff, administrative director, Provider and Support Services, Yuma Regional Medical Center.

After engaging in the leadership programs, YRMC established quality goals and metrics to measure their success moving forward. Overall, participation in the program has helped begin an organizational cultural shift, increase buy-in, promote vulnerability and encourage transparency. YRMC leaders continue to draw from their experiences and engage with Mayo as efforts are implemented.

“Sometimes we get in our own way and create barriers that don’t really exist,” says Orendorff. “The program has helped us visualize what’s possible and understand what the future of YRMC can be.”