



## A Big Success in Salt Lake City

**M**ore than 500 physicians, pharmacists, administrators, and oncology nurses attended the Association of Community Cancer Centers' 21<sup>st</sup> National Oncology Economics Conference in Salt Lake City, Utah, Oct. 6-9, 2004. The focus was on helping attendees develop practical strategies for their cancer programs and practices to survive the reimbursement changes coming in 2005.

The opening session examined ways that both hospitals and physician practices could improve patient satisfaction and staff morale.

Imagine this. In just seven months, Baptist Hospital in Pensacola, Fla., went from 3 percent patient satisfaction to 99 percent. After just seven months, medication errors were reduced, staff turnover dropped dramatically, operating income improved, revenue increased, and physician activity increased. And in just a few years Baptist Hospital was recognized by *Fortune Magazine* as one of the top ten places in the U.S. to work.

How? By changing staff culture. "You must have high staff satisfaction before you can have high patient satisfaction," said presenter Gail Boylan, RN, vice president, patient care services, with the Studer Group, LLC, in Gulf Breeze, Fla. She helped lead Baptist Hospital to greater heights through a program that stressed reward and recognition and presented clear standards of conduct. Among the changes she initiated:

- Visiting hours were no longer limited.
- Potential new employees were interviewed by their peers.
- Clear standards of conduct, such as telephone and elevator etiquette, were developed and rolled out by the employees.
- Pre-visit phone calls were instituted. These included appointment

confirmation and a brief discussion about the test or procedure, directions to the hospital given, and an opportunity to answer patient questions.

- Discharge phone calls were instituted to learn about the patient's perception of service and to harvest reward and recognition of the staff.
- Employees receive (from their supervisors) thank-you notes mailed to their homes.
- New hires receive different color name tags, so all employees could help them through their first 90 days.
- Meetings with new hires at 30 and 90 days were instituted. The supervisor asks new hires what is working well, what needs improvement, and if there is any reason they feel this is not the right place for them to work.
- Leaders ask staff: "Can you give me one thing I can work on next quarter to be a better leader?"

Perhaps most important, everyone learns key words for key times. At the top of the list is: "Is there anything else you need? I have time."

ACCC's four-day conference offered both a hospital and practice track, featuring experts in the field of program management, reimbursement, and regulatory and legislative issues.

## Fall 2004 Regional Oncology Reimbursement Symposia Begin

**M**ake plans to attend ACCC's Fall 2004 series of Regional Oncology Reimbursement Symposia.

The Louisville, Ky., meeting will be held on November 10, 2004 and is co-hosted by the Kentucky Association of Medical Oncologists.

A panel of experts discussed bridging the chasm between hospitals and physician practices, and looked at ways to control expenses and enhance revenues. From left are Greg B. DeAtkine, MBA, executive director, US Oncology, Inc., Houston, Tex.; John E. Hennessy, executive director, Kansas City Cancer Center, Lenexa, Kans.; panel moderator Mary Lou Bowers, vice president, Consulting, ELM Services, Inc., Rockville, Md.; and Thomas A. Gallo, MS, executive director, Virginia Cancer Institute, Richmond, Va.

The Minneapolis, Minn., meeting will be held on November 17, 2004 and is co-hosted by the Minnesota Society of Clinical Oncology.

The Phoenix, Ariz., meeting will be held on December 14, 2004, and is co-hosted by the Arizona Clinical Oncology Society.

The Austin, Tex., meeting will be held on December 16, 2004, and is co-hosted by the Texas Society of Medical Oncology.

Please register online at ACCC's web site, [www.accc-cancer.org/meetings](http://www.accc-cancer.org/meetings).

These free meetings are open to cancer care professionals. ACCC's Regional Oncology Reimbursement Symposia are designed to provide attendees with the latest regulatory and legislative updates that apply to cancer delivery. They help cancer program administrators understand the ambulatory payment classification (APC) billing process and assist physician offices with billing and coding questions. Attendees will learn the latest details about the challenges of drug reimbursement. These are half-day meetings.

## Clinical Researcher Carl G. Kardinal, MD, FACP, Honored

Carl G. Kardinal, MD, FACP, received ACCC's Annual Clinical Research Award for his extensive contributions to developing new cancer treatments, particularly for breast cancer, and his long commitment to promoting community involvement in clinical research.

"It is indeed an honor to be recognized by your friends and peers for doing the work that you love to do," said Dr. Kardinal, who received the award at ACCC's 21<sup>st</sup> National Oncology Economics Conference in Salt Lake City, on Oct. 8, 2004. He is director of clinical cancer research at the Ochsner Clinic Foundation in New Orleans, La. Dr. Kardinal is also clinical associate professor of medicine at Louisiana State University School of Medicine in New Orleans, La., and clinical associate professor of medicine at Tulane University.

"I have always considered med-



**Carl G. Kardinal, MD, FACP, is presented ACCC's Annual Clinical Research Award by ACCC President Patti A. Jamieson-Baker, MSSW, MBA.**

ical oncology as one gigantic clinical research project," he told meeting attendees. "The standard treatments of today evolved from the clinical trials we participated in yesterday. And the clinical trials we are doing today will evolve into the standard treatments of tomorrow."

In the early 1980s, Dr. Kardinal worked with the National Cancer

Institute to develop the concept of community involvement in clinical research. In 1983 when the Community Clinical Oncology Program (CCOP) was first becoming a reality, he became a CCOP principal investigator, served on the CCOP Advisory Committee, and has worked ever since to ensure the viability of the CCOP program nationwide.

Today he serves on the Executive Committee of the North Central Cancer Treatment Group and the Board of Directors of the National Surgical Adjuvant Breast and Bowel Project, and is chairman of the Greater New Orleans Area Cancer Prevention Study of the American Cancer Society.

Dr. Kardinal cautioned meeting attendees about an "ever-increasing regulatory fortress that surrounds clinical cancer research." He noted that many of these rules and regulations "often defy common sense" and may not enhance patient safety.

Only a "responsible, well-trained, caring clinical investigator" can protect the patient, he concluded. 