UChicago Medicine, Ingalls Health System join forces

FOREFRONT STAFF

It’s official. After more than 10 months of negotiations, the University of Chicago Medicine and Ingalls Health System have finalized a merger that combines a top community hospital in Chicago’s Southland with one of the country’s leading academic medical institutions.

The new alliance, announced in early October, promises to bring a wider variety of services to South Side and south suburban communities to create more choices for patients and access to a larger pool of physicians at various locations.

“This partnership underscores our shared values in quality, innovation, superior outcomes and commitment to the communities we serve,” said Kurt E. Johnson, President and Chief Executive of Harvey-based Ingalls. “It will enable Ingalls to continue to reinvest in our existing clinical facilities, expand our outpatient services and bring innovative new technologies to patients at a much faster pace.”

The University of Chicago Medical Center becomes Ingalls’ corporate parent, and Ingalls will remain under Johnson’s direction. Both organizations will retain their names and operating license, and Ingalls will maintain a local board of directors and have representation on the Medical Center’s Board. The merged health systems will improve access across the spectrum of care — be it for a routine, preventative checkup or a complex, life-sustaining treatment such as organ transplantation. Locations will include Ingalls’ five outpatient centers in the southern suburbs, as well as UChicago Medicine’s soon-to-open outpatient facilities in Orland Park and the South Loop.

“We have vast expertise in highly complex care and research studies such as clinical trials, and Ingalls has expertise in quality care in the community hospital setting,” said Kenneth S. Polonsky, MD, executive vice president of medical affairs and dean of the Biological Sciences Division at the University of Chicago. “While the integration will take some time, we will make sure all our patients have access to the physicians, services and treatments they need and that they continue to get the same high level of care they’ve come to expect at both Ingalls and UChicago Medicine.”

UChicago Medicine earns 10th straight ‘A’ for hospital safety

TRACEY ROBINSON-ENGLISH

EDITOR

The University of Chicago Medicine is in elite company, earning the 10th top score in a row for hospital safety recently from a prestigious watchdog group.

“For patients and for their families, hospital safety can be a matter of life and death,” said Sharon O’Keefe, president of the University of Chicago Medical Center. “We work with our employees — everyone from support staff to front-line clinicians — to build and sustain a culture where safety is paramount, which ensures we provide the best possible care for our patients.”

The Medical Center is one of only 72 hospitals nationwide to score top marks from The Leapfrog Group, which began issuing its semi-annual report card in 2012. The Fall 2016 Hospital Safety Grade survey reviewed more than 2,600 U.S. hospitals and assigned them a letter grade of A, B, C, D or F. Hospitals earned their grade based on how well they fared on 30 different publicly available safety measures.

“Earning Straight ‘A’s in the Leapfrog Hospital Safety Grade is a remarkable achievement and testament to a hospital’s ongoing vigilance and commitment to patient safety,” said Leah Binder, president and CEO of The Leapfrog Group.

“Results like this don’t occur without incredible hard work, skill and dedication,” added Kenneth S. Polonsky, MD, Dean and EVP for Medical Affairs. “We all should take great pride in saying that we work at one of the safest hospitals in the country.”

To see UChicago Medicine’s scores as they compare locally and nationally, visit www.hospitalsafetygrade.org.

New Community Advisory Council moves forward

FOREFRONT STAFF

The University of Chicago Medicine (UCM) is proud to announce the creation of its inaugural Community Advisory Council (CAC) to guide the Medical Center on issues of interest to the surrounding communities that we serve.

“We know our communities’ interests and concerns span many issues and needs, and we wanted our advisory council to have the expertise and varied perspectives to help us respond to those needs,” said Brenda Bardele, Vice President of Care Delivery Innovation and Chief Diversity Officer.

The CAC will be charged with developing and staffing subcommittees intended to address and drive, maternal and child health, and trauma care and violence prevention challenges. It will be an essential partner in achieving UChicago Medicine’s goals related to access to care, broader community interests, community benefit and community engagement.

COMMUNITY CORNER

New Community Advisory Council moves forward

Introducing the Inaugural Community Advisory Council (CAC)

Salam Al Nurradin: Chief Executive Officer, Healthcare Consortium of Illinois
Susan Allitto: Board Member/Founding President, Chicago Hyde Park Village
Damon Arnold: Medical Director II, Blue Cross Blue Shield of Illinois (HCSC)
Torrey Barrett: Pastor/Executive Director, Life Center COGIC/K.L.E. Center
Julian DeShazer: Senior Pastor, University Church
Alex Goldenberg: Executive Director, Southside Together Organizing for Power (STOP)
Judith Haasis: Executive Director, CommunityHealth
Christopher Harris: Pastor/CEO, Bright Star COGIC/Bright Star Community Outreach
Candace Henley: Founder/Director, The Blue Hat Foundation, Inc.
Jennifer Herd: Senior Health Policy Analyst, Chicago Department of Public Health (CDPH)
J. Brian Malone: Executive Director, Kenwood Oakland Community Organization
Sherida Morrison: Founder/CEO, Demoiselle 2 Femme, NFP
Ayoka Mota Samuels: Center Director, Gary Comer Youth Center, Amalia Nieto Gomez: Executive Director, Alliance of the SouthEast (ASE)
Burrell Poe: Director, Compassion It Chicago
Shari Runner: President and CEO, The Chicago Urban League
L. Anton Seals: Neighborhood and Community Specialist/Founder, DePaul University/Seals360Group
LeVon Stone: Program Director, ChicagoCeaseFire
Richard Tolliver: Rector/President/CEO, St. Edmund’s Episcopal Church
St. Edmond’s Redevelopment Corporation
Susana Vasquez: Vice President, Strategic Initiatives & Resource Development, IPF

Next Up

NOTEWORTHY EVENTS

NOVEMBER 9: “MARRYING OPERATIONS, QUALITY, & RESEARCH: BUILDING A CAREER IN HEALTH CARE DELIVERY SCIENCE,” by Leora Horwitz, MD, MHS, from 4 to 5 p.m. in P-117. Horwitz is Director of the Center for Healthcare Innovation & Delivery Science and Associate Professor for the Departments of Medicine and Population Health at New York University.

NOVEMBER 11: TIE THE SEASON TO ADOPT-A-FAMILY. This is the last day for UCMC departments to sign up for our annual Adopt-A-Family program to help 50 families with special needs patients during the holiday season. For more information, please contact Kristin Riffner at extension 2-4314 or email kristin.riffner@uchospitals.edu.

NOVEMBER 12: THE SOUTH SIDE DIABETES PROJECT WILL HOST ITS 5TH ANNUAL DIABETES COOK OFF CONTEST from 12:30 to 2 p.m. at the Washburne Culinary Institute, 740 W. 63rd Street. The grand prize is $1,000.

NOVEMBER 14: THE 2016 STAFF ART EXHIBIT will be on display thru February 13, 2017 in the DCAM Skybridge. For more information contact Monica Hork at 847-446-5006.

NOW THROUGH NOVEMBER 21: THANKSGIVING FOOD DRIVE FOR FEEDSTOCK. Donations benefit our UCM patients and families. Drop off food items to Comer Children’s Hospital, 1111 W. 26th and the Center for Care & Discovery, 1-349. Questions? Contact Melanie Francia at 773-702-5013.

NOVEMBER 17: DIVERSITY DIALOGUES’ “REINVENTING YOUR ALLYSHIP” with Tobias Spears, Director of LGBTQ Student Life at THE CENTER FOR IDENTITY AND ALLIANCE, from noon to 1 p.m. in Room 1105. Tobias will discuss his experiences working to support social groups.

Wedding in ICU see Page 3
Comer Children’s to support kids affected by violence
ASHLEY HEHER STAFF WRITER

More than one-quarter of the trauma patients who arrive at Comer Children’s Hospital emergency department in 2015 had injuries related to violence, such as shootings and stabings — a rate five times higher than what’s seen at children’s trauma centers nationally.

“The day-to-day lives of so many of our children are shaped by community violence,” said Bradley Stolbach, PhD, Pediatric trauma psychologist.

Now, thanks to a $2 million, five-year federal grant from the U.S. Substance Abuse and Mental Health Services Administration, Comer Children’s will provide screening and mental health care for hundreds of children and families who have been affected by violence in many of Chicago’s South and West side neighborhoods.

“Chicago’s struggles with gun violence mean the day-to-day lives of so many of our children are shaped by community violence,” said pediatric trauma psychologist Bradley Stolbach, PhD, who will direct the new effort called UC-REACT (Recovery and Empowerment After Community Trauma). “That has major ripple effects, not just for those who’ve been injured, but for the families. It’s very difficult to live when you know people who’ve been killed or hurt, or who have to walk to school on streets where shootings take place. Youth who may be physically unscathed wind up coping with chronic stress from worrying about something as basic as their own safety.”

Under the program, the hospital will screen emergency department and intensive care unit patients for trauma exposure, regardless of whether they’re being treated for violent injuries. Patients and families will be offered support, counseling and intervention. UCM REACT, which will be a community treatment and services center in the National Child Trauma Stress Network, will also create a weekly “trauma-informed” clinic. It will be co-directed by a psychiatrist and a psychologist and designed to care for the psychological, psychiatric, social and behavioral effects of being exposed to community violence.

The grant money also will be used to provide training and for partnerships with community-based organizations.

“African-American children and youth are among the most likely members of our society to be exposed to trauma, because we are just as much at risk to receive the services that could help them cope with it,” Stolbach said. “But in the emergency room, we have an opportunity to acknowledge what is happening in the communities we serve and offer interventions that can support trauma recovery.

Robotic arm helps paralyzed man regain sense of touch
MATT WOOD STAFF WRITER

For the first time ever, a human patient experienced the sense of touch through a robotic arm that he controlled with his brain.

A team of University of Pittsburgh researchers, working together withSliman Bensmaia, PhD, associate professor of organismal biology and anatomy at the University of Chicago, developed a brain computer interface (BCI) that was surgically implanted in 28-year-old Nathan Copeland. The interface is connected to a robotic arm that transmits sensory feed-forward through electrodes implanted in areas of the brain responsible for hand movement and touch.

“The system incorporates years of research by Bensmaia describing how the nervous system interprets sensory feedback as we touch or grasp objects, move our limbs and run our fingers along textured surfaces. In a series of experiments with animal models, whose sensory systems closely resemble those of humans, Bensmaia identified patterns of neural activity that occur naturally as the animals manipulate objects, and successfully recreated those patterns by directly stimulating the nervous system with electrical signals. If you want to create a dexterous hand for use in an amputee or a tetraplegic, you need to not only be able to move it, but have sensory feedback from it,” Bensmaia said. “To do this, we first need to look at how the intact hand and the intact nervous system encode this information, and then, to the extent that we can, try to mimic that in a neuroprosthetic.”

The research team kept the COST questionnaire, which quantifies a patient’s risk for financial stress.

“Expected, we found a strong association between a patient’s use of health care resources and his or her sense of financial toxicity,” said the study’s lead author Jonas de Souza, MD, MBA, a head-and-neck cancer specialist and health services researcher. “This is something we need to look for, to recognize early and make sure it does not become a barrier to care.”

More than two admissions to the hospital, for example, had a significant impact on a patient’s perception of financial toxicity. “This is reasonable,” de Souza said. “Hospital care is much more expensive than outside of hospital care. We now know that it also impacts a patient’s self-reported financial well-being.”

The research team kept the COST questionnaire. It includes 11 brief statements about costs, resources and concerns. For each question, patients were asked to circle one of five possible responses that help determine their level of concern.

The questionnaire revealed several factors that were closely tied to financial toxicity. Employment status was at the top of the list, followed by household income, psychological distress, the number of hospital admissions, and race. African-American individuals tended to have more financial toxicity, on average, than Caucasians.

“The next step is to go back to our patients and understand the factors that drive financial toxicity for each kind of cancer,” said de Souza. “Then we need to learn how to intervene. How can we help these patients and families with financial counselors? And how can we decrease the costs of what we do to treat cancer overall and, at the same time, lessen the financial burdens.”

Read the full story: science.f指标ivc.uchospitals.edu

Measuring the financial stress of cancer treatment
JOHN EASTON STAFF WRITER

For many patients, the uncertainty that can come with cancer treatment is compounded by what is known as “financial toxicity,” the anxiety and distress that follow health care and medication expenses, often compounded by reduced ability to work. In the October 5, 2016, issue of the journal Cancer, a team of specialists demonstrates how a survey can measure a patient’s risk for, and ability to tolerate, financial stress.

With data from 233 patients going through treatment for advanced cancers, the researchers showed that the COST (Comprehensive Score for financial Toxicity) questionnaire identified patients at financial distress, which was found to be clinically relevant patient-centered measure.

New leader pushes transplant forward
MATT WOOD STAFF WRITER

John Fung, MD, PhD, recently joined the University of Chicago Medicine as the section chief of Transplantation Surgery and director of the new University of Chicago Medicine Transplantation Institute.

He returns to UChicago — where he earned his PhD in immunology in 1980 and medical degree in 1982 — after a 30-year career in kidney, liver, pancreas, islet and intestinal transplantation. Fung plans to revitalize the transplantation program at UChicago, which has a long and storied history. He talks about coming back and looking forward:

“What’s it like to return to UChicago? I look at coming back to the University of Chicago as a great opportunity to give back to the things I got from here. When I left in 1982, transplantation was still a relatively underdeveloped field. There were a lot of problems and challenges that resulted in suboptimal outcomes. This was seen across the country, not just here. I’m really excited about bringing experiences and knowledge that I have learned since 1982.

Do you have a vision for transplantation at UChicago? The University of Chicago has always had a great tradition of innovation and understanding the basic science of discovery; so there are a lot of opportunities for me to be able to utilize in the positions I’ve been in before. There are both clinical as well as basic science opportunities that I think UChicago can provide in the scheme of advancing my knowledge, to provide important services for patients from all walks of life.

As a long-time surgeon, why do you want to be part of UChicago again? Part of the excitement about coming back is the reputation of the University of Chicago as one of leading medical schools in the country. The other factor is the recognition of the importance of transplantation to the academic mission of this institution by the Departments of Surgery and Medicine, as well as UChicago Medicine, and prioritizing transplantation as one of its major service lines.

I think their desire to accomplish this — along with understanding what it’s going to take to get there, combined with the experience and energy of many of the transplant physicians who are here or are going to be recruited here — can launch this program as one of the leading programs in the country.

See a video interview with John Fung, MD, PhD: sciencefile.uchospitals.edu

NOVEMBER 2016

ADVANCING OUR MISSIONS
5K race raises $315,000 for research at Comer Children's Hospital

TRACEY ROBINSON-ENGLISH
EDITOR

The 14th annual Comer Children’s-RBC Race for Kids on October 16 tapped the competitive spirit of more than 1,500 runners and walkers who crossed the finish line to help the hospital provide the best possible care for young patients.

“We were thrilled to take part in this year’s RBC Race for the Kids Chicago for the first time,” said John Thurlow, RBC managing director and Chief Operating Officer of U.S. Capital Markets. “We are proud to support the RBC Race for the Kids Chicago and come together as a firm to help raise funds to develop treatments and preventions for childhood diseases.”

The 5K race is one of the main fundraisers for the 172-bed children’s hospital. Contributions help UChicago Medicine physicians conduct research into childhood illnesses and diseases.

“We’re so profoundly grateful to all the families and organizations that come together each year for this very special event, which has become a mainstay for the Hyde Park neighborhood and the Chicago running community,” said John Cunningham, MD, chairman of the department of pediatrics. Here’s a snapshot capturing some of the excitement.

Caring in abundance
MOLLY WOULFE
STAFF WRITER

It’s a tall order when medications run short. Clinical pharmacist Natasha Pettit, PharmD, teamed with pharmacy leadership and CBS last year to map out a plan for conserving antibiotics during national shortages. When a physician prescribes a scarce antibiotic, an Antimicrobial Steward reviews requests on a daily basis to discuss alternative drugs. As a result, the Medical Center was prepared when Cefepime—a go-to drug for severe infections—began running low in June. Yet Pettit and colleague Zhe Han, PharmD, volunteered for additional night and weekend pager duty to relieve medical residents and fellows of stewardship tasks. “Our physician-colleagues are busy enough managing services,” Pettit said. “We wanted to ensure a smooth transition and optimal patient care.” Pettit “sacrificed her summer,” praised supervisor Randall Knoebel, PharmD. “This tireless commitment is a great example of her dedication.”

Read more stories and nominate a colleague at home.uchospitals.edu/difference. View our Making a Difference Every Day photo album on the University of Chicago Medicine Facebook page: www.facebook.com/UCHicagoMed/?fref=ts.

Making a Difference Every Day

A heart-touching love story

IT WAS A WEDDING TO REMEMBER FOREVER FOR KRISTIN ROBERTS, A HEART FAILURE PATIENT, AND HER BOYFRIEND OF 17 YEARS, CHRIS ROUSHSELANG. THEY HAD DECIDED TO GET ENGAGED WHILE SHE WAS WAITING FOR A NEW HEART THEN LOVE TOOK ITS COURSE. ON SEPTEMBER 18, THE COUPLE MARRIED IN THE DONALD W. BENSON CHAPEL IN MITCHELL, WITH ABOUT 20 WELL-WISHERS ATTENDING INCLUDING FAMILY MEMBERS, FRIENDS AND HOSPITAL STAFF. REV. POLLY TONER, THE HOSPITAL’S CHAPLAIN OFFICIATED THE CEREMONY. UCHICAGO STAFF HELPED TO DECORATE TN208 FOR A RECEPTION AND WORKED BEHIND THE SCENES TO MAKE THE CEREMONY COME TRUE FOR KRISTIN AND CHRIS. TWO DAYS LATER, KRISTIN GOT A NEW HEART. SHE HAS SINCE BEEN DISCHARGED AND IS DOING WELL. PHOTO BY ASHLEY HEHER.

Our Mission: To provide superior health care in a compassionate manner, ever mindful of each patient’s dignity and individuality. To accomplish our mission, we call upon the skills and expertise of all who work together to advance medical innovation, serve the health needs of the community, and further the knowledge of those dedicated to caring.
Discovering how, not just what
MOLLY WOULFE
STAFF WRITER

The birthplace of chemotherapy, organ transplants and nuclear medicine is pioneering a new vision in the field of healthcare delivery.

UChicago Medicine has launched the Center for Healthcare Delivery Science and Innovation (HD3S), the first funded center at UChicago that brings healthcare operations and research together in pursuit of a common goal: improving care for patients today and tomorrow by turning healthcare delivery into healthcare discovery.

“There are plenty of things where we know what to do,” said Chief Quality Officer and HD3S director Michael Howell, MD, MPH. “The hard work is discovering how to do them, and in knowing whether they really work.”

UChicago Medicine is taking a national leadership role in the field of healthcare delivery science (HD3S), convening the first-ever national consensus conference on HD3S, on November 9. This roundtable brings together national HD3S leaders to create the first consensus definition of WDS and lay out a five-year research agenda for this new field.

The day will end with a keynote lecture open to the greater University of Chicago community. (see NextUp Calendar)

“The Center brings together UCM ‘innovators’ — a core team of faculty and staff interested in this area of research … to collaborate on ways to improve how we deliver care and provide resources to educate and support change,” HD3S Administrative Director Sharon Markman said.

The Center for HD3S works closely with centers across campus, including the Center for Quality and the Center for Research Informatics. Monthly education forums and journal clubs were launched recently to bring research faculty and UCM staff together on an array of topics.

The first in October, “UCM Data: What’s Available & How Can I Get it?” was standing room only.

Understanding that the healthcare system itself — independent of what a provider chooses to do — can determine the benefits or the harm brought to patients is the foundation of HD3S. Early hospitals were thought of as just a workshop for physician-directed healthcare.

Today, nothing could be further from the truth. Modern healthcare is almost overwhelmingly complex, and routine care generates almost genomic-scale data.

Healthcare delivery science uses research-quality data at real-world speed to evaluate the entire treatment process from disease prevention, through diagnosis and treatment and ongoing surveillance to determine the best course of action for the patient at every step in the process.

For more information, visit hd3s.uchicago.edu

Faculty and staff are welcome to attend a special lecture by Leora Horwitz, MD, MHS from NYU School of Medicine on “Marrying Operations, Quality and Research: Building a Career in Healthcare Delivery Science”, at 4 p.m. November 9 in P-117 (see NextUp calendar).

Resources Group to promote diversity

UChicago Medicine, the Biological Sciences Division and the Pritzker School of Medicine are establishing the first-ever Resources Group to create a safer, more welcoming multi-cultural environment.

“These groups will foster diversity, inclusion and peer support by connecting like-minded people,” said Kenneth J. Polonsky, MD, Dean and EVP for Medical Affairs, in a memo to faculty and staff.

“Our voluntary Resource Groups will be open to all members of our UCM and BSD community including faculty, staff residents and students. They will be formed and led by you.”

Sponsored by the Diversity and Inclusion Steering Committee, the groups will:

• Hold candid discussions and programs that could lead to initiatives and recommendations on matters dealing with race, ethnicity, religion, gender, sexual orientation/identity and more;
• Provide forums for better connections and support among colleagues, as well as more recognition of achievements;
• Act as key collaborators in helping us to meet our goals to provide quality, equitable care and conduct impactful research,” she said. On November, 16, an information session will be held from 2 to 3 p.m. in 14-103.

Marking a milestone

WITH 45 YEARS OF EMPLOYMENT AT UNIVERSITY OF CHICAGO MEDICINE, NEAL SCHERBERG, PHD, WAS THE LONGEST SERVING EMPLOYEE HONORED AT THE 2016 EMPLOYEE SERVICE AWARD RECEPTION ON OCTOBER 18. KENNETH POLONSKY, MD, DEAN AND EVP FOR MEDICAL AFFAIRS; CELEBRATED SCHERBERG AND OTHER DEDICATED EMPLOYEES AT THE EVENT HELD AT THE MUSEUM OF SCIENCE AND INDUSTRY.

BRENDA BATTLE, VICE PRESIDENT OF CARE DELIVERY INNOVATION AND CHIEF DIVERSITY OFFICER AT UCM, ENCOURAGED EVERYONE TO GET INVOLVED WITH RESOURCE GROUPS TO IMPROVE UPON EMPLOYEE ENGAGEMENT, PATIENT SATISFACTION, MEDICAL EDUCATION AND RESEARCH LEADERSHIP. “THESE GROUPS WILL PLAY A VITAL ROLE IN HELPING US TO MEET OUR ORGANIZATIONAL GOALS TO PROVIDE QUALITY, EQUITABLE CARE AND CONDUCT IMPACTFUL RESEARCH.”

SCHERBERG AND OTHER DEDICATED EMPLOYEES HAD AT LEAST 40 YEARS OF SERVICE.

Ready, set, RCTP

DAVID DODD
STAFF WRITER

The University of Chicago Medicine is excited to roll-out the Revenue Cycle Transformation Program (RCTP) on November 1. The main goals of this two-year project are:

• To enhance the efficiency of hospital operations; and
• Improve the patient experience.

Achieving these goals required a comprehensive examination of UChicago Medicine operations to develop procedures combining administrative, clinical and financial business practices that would make it easier to coordinate care and communicate with our patients.

A key element of RCTP was the optimization of Epic, the hospital’s electronic health records system, to integrate seamlessly with the new hospital and professional billing processes.

“This is a very important milestone for our organization,” stated Charlie Brown, Vice President of Revenue Cycle. “This initiative will assist the Medical Center in its continued efforts to adopt more LEAN approaches to patient care. Additionally, it will help to better financially position us in an ever-changing health care landscape.”

Some of the benefits that patients will experience as a result of RCTP:

• Consistent and streamlined process for collection of patient information before and during their visit
• New electronic signature pads for ease of signing HIPAA and other registration documents
• New credit card devices to handle patient credit card payments
• A new combined patient billing statement that will include both hospital and physician charges
• Enhancements for self-service access to view statements online, make payments and receive billing support
• Go-live support for the organization is planned for the week following November 1.

For more information regarding the Revenue Cycle Transformation Program, go to the Revenue Cycle page on the intranet or home.uchospitals.edu/what-happens-in-rctp.

Employee Retirement Income Plan Changes

Effective January 1, 2017, UChicago Medicine is increasing its contribution to the Employee Retirement Income Plan (ERIP). At the same time, the Medical Center is freezing the Staff Employee Retirement Income Plan (SEPP). When it is frozen, you will no longer earn new benefits under SEPP after December 31, 2016. You will not lose the benefit you have earned, however. These changes also will provide a seamless transition for some employees represented by a labor union may be subject to negotiation.

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EMPLOYEE EXPRESS
NEWS IN BRIEF

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Onsite Retirement Program Meetings

The benefits team will be hosting the following five meetings to educate employees about retirement program changes:

November 9, 3:30 p.m. in CCD 7710

One-on-one financial counseling available through TIAA and Vanguard

It’s never too early or late to review your retirement savings plan and discuss your financial sessions with the experts who are here to help. Go to the Benefits and Wellness site to schedule an appointment. For more information, call Human Resources at 773-702-2555.

2016 STEP IT UP!

We are in week 6 of the challenge, so keep logging your steps and tracking your progress at the bottom of your dashboard. You should be 50 percent or more to your goal. If not, you still have time to Step It Up!

Giving to cancer research

Now through year’s end, employees can give while shopping at Lori’s Gifts to support the Janice D. Rowley Discovery Fund for Cancer Research. Customers may add on $0.25, $0.50 or $1.00 as a donation to cancer research and support at the CDC and Mitchell locations. The donations collected in each gift shop will be directed to the hospital’s preferred cancer research and/or support facility.

UChicago Medicine wins top honor in Heart Walk

For the fourth year in a row, the Medical Center beat out other hospitals in raising funds in the annual Heart Walk on September 30, raising $123,636.55 to fight against heart disease. There’s already excitement about the 2017 walk.

Ready, set, RCTP

DAVID DODD
STAFF WRITER

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