



Newsletter
Medical Staff

Medical Staff Services are the foundation of a solid, well governed medical staff that prides themselves in providing Midland Memorial Hospital and its customers with the highest quality of patient care possible.

Culture of Ownership: Core Action Value #10—
Enthusiasm

Cornerstone #1: Attitude

Positive attitudes can create self-fulfilling expectations for success and happiness; negative attitudes more typically create self-fulfilling prophecies of failure and misery.

Cornerstone #2: Energy

Energy is life, and more than many of us will admit, whether or not we have energy in any circumstance is a matter of choice, not physical state.

Cornerstone #4: Curiosity

Enthusiastic people are curious, and their quest for knowledge and understanding helps to fuel their vision for the future.

Cornerstone #4: Humor

It's true that humor is good medicine, but people with a sense of humor are also happier and more successful. Fortunately, you can cultivate a funny bone.

Introducing Our New Practitioners
January 2016

- Rachna Bharti, MD—Family Medicine/Hospitalist
- Joseph Heath, MD—Psychiatry
- Mohsin Syed, MD—Internal Medicine
- Amarnath Chamkur, MD—Pediatrics/Hospitalist
- Clayton McCuan, DO—Internal Medicine/Hospitalist
- Uchenna Onyia, MD—Pediatrics/Hospitalist
- Itxia Acevedo-Santiago, PA-C—Physician Assistant, Emergency Department
- Janice Bullock-Moore, CRNA—Certified Registered Nurse Anesthetist

Medical Staff Affairs/Medical Staff Services

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Vice President Medical Affairs/CMO

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Volume 5, Number 1

January
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Welcome 2017 Medical Staff Leadership

Chief of Staff
Michael Dragun, MD

Chief of Staff Elect
Larry Edwards, MD

Past Chief of Staff
Sari Nabulsi, MD

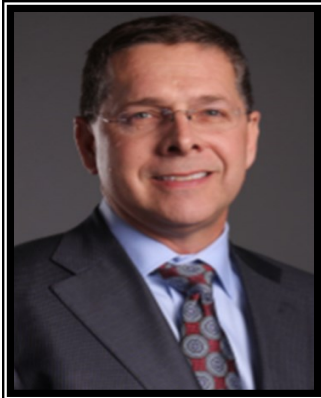
Department Chairs
Hospital-Based Services
Steven Rea, MD

Medical Services
Gerardo Catalasan, MD

Surgical Services
Daniel Copeland, MD



New Information



Forward Thinking

Lawrence Wilson, MD, MBA, FACEP
Vice President, Medical Affairs/CMO

Cerner launch: Our much anticipated on boarding of the Cerner EHR platform is set to start in February. Despite what I know feels like a very long time from the decision to go with Cerner to beginning this process once it starts things will move pretty quickly. On February 7, there will be all day planning for the EHR. The morning will include Value planning and the afternoon governance planning. Any physicians or IT leaders from your offices are welcome to attend. It would be wise to participate as much as you can. We will set this up once and the value we expect and our governance of the process are critical to our success and we anticipate a concerted effort and corporation. Ms. Pontaski in Medical Affairs, and Ms. Carter in IT can give you more information.

Maldi-Toff spectrometer: Our laboratory will be utilizing a new tool in February. Every bacterial species has unique protein structures. Once a culture begins to grow the Maldi-Toff spectrometer can look at the protein profile and compare it to a large data bank of profiles. It then can “finger print” the bacteria a day or two faster than when culture and sensitivity data is available. Once the identification takes place, the species can be treated based on our local antibiogram data. The Antibiogram can be found posted at work sites in the hospital, at a link in Carevue, or by calling the pharmacy.

We hope the tool will speed de-escalation of broad spectrum antibiotics, thus improving the care to our patients and helping decrease the development of resistance to antibiotics. Please see the attached information from Taylor Johnson MLS(ASCP)^{CM}SM^{CM}, Microbiology Manager. Dr. Klingensmith will be presenting a CME in February or March on the same topic. Further details about the Maldi-Toff are on page 5 of this newsletter.

Working groups: Several process improvement programs are working at Midland Memorial and within Midland Health. To name a few: The Continuum of Care Committee, ITPACC, Life Style Medicine, OB section, OR Committee and Transition of Care working group. The Life Style Medicine Clinic is nearing readiness. A first cohort of hospital employees have been through a nine week program educating them on life style choices and the impact on health. Eliminating unhealthy behaviors, improved diet, increased spiritual and physical focus were discussed with impressive benefits. Data to be present in the not too distant future. Thank you to: Drs. Padmaja Patel, Staton Awtrey, Ms. Cindy Brock, RN, Jessica Theimer and Megan Casselman from the DNLC, Ms. Marcy Madrid and others for the impressive work on getting this program started. This a truly an exciting start to a cost effective population health initiative.

Dr. Copeland, Dr. Huffman and members of the perioperative hospital staff are meeting to improve OR efficiencies. Dr. Eliseo Rivera has set an agenda to standardized OB order sets as well as review OB and L&D policy and procedures to improve consistency and improve quality and safety of care delivery. Drs. Gil, Rivera, Diaz-Cotelo are reviewing current practices and setting objectives of improving communication from acute care to post-acute care. As we begin to raise the bar in communication across the continuum of care for our patients, standardization of processes is critical. On behalf of Midland Health, I thank all these busy physicians for taking the time to work on these processes.

Every system is perfectly designed to produce its outcomes. When system failures are identified, we can either embrace fixing the system or expect the same results going forward. It takes all of us to make the changes needed. Thanks again to those mentioned above and others embracing finding solutions.



Forward Thinking

Lawrence Wilson, MD, MBA, FACEP
Vice President, Medical Affairs/CMO

MIMA nearly fully staffed with local physicians and providers: Dr. Damian Diaz-Cotelo joined our hospitalist group in January. The hospitalist group is now over 80% local full time physicians. Please welcome Dr. Diaz Cotelo, if you have a chance to meet him. He will be the medical director going forward. We look forward to the rapid establishment of a consistent group and excellent communication with consultants and with PCPs there can be five hospitalist teams rounding daily. Along with an admitting physician, a swing and nocturnal coverages, there are eight or nine providers covering the service per day. Their daily census average over ninety patients.

Trauma Survey in March: Dr. Shelton Viney has taken over the role of Trauma Service Medical Director. He is working on righting the ship along with the nurse manager, Kim Malloy. Our next site survey is anticipated in March of 2017.

Texas Tech News: Dr. Chemitiganti reported that the Texas Tech Internal Medicine foot print is increasing from twelve residents to sixteen in July of 2017. The additional residents will have a presence here at MMH, in Odessa, as well as rotations at the VA hospital in Big Spring. The Texas Tech Psychiatry Residency continues to enlarge its role in our community. As well as a much needed presence in behavioral health. Congratulations to the Diabetes Center; with the help of the Endocrinology fellowship it has earned a Center of Excellence designation.

Proper Assignment Means Efficient, Cost Effective Care

Admit the patient? Observation? How does one decide? It is not always clear. Yet a couple of simple principles will keep it (mostly) straight.

1. The Two Midnight Rule: When bringing a patient into the hospital, no matter what time of day or night, if you anticipate they will leave before two midnights have passed they should be made observation status. That is not always true since by criteria some diagnoses (DRGs) allow or mandate admission as an inpatient, but by and large if you start them as observation, the case managers will be able to alert you to change to admission if appropriate.
2. If you have a patient that is being discharged on the first or second day after admission please check the status BEFORE WRITING THE DISCHARGE ORDER. If the patient is discharged while in an admission status and the stay is brief and, therefore, does not meet admission criteria we cannot bill as an observation case after discharge.

We average 4-5 cases monthly that our case managers don't catch. These become "no pay bills" that translates into a loss of over \$100k per year.

So please consider your admission or observation orders:

~ Anticipated brief stays please place as observation status. It can always be converted to admission if required.

~ Please consider changing the admission order to observation if discharged the same day as admitted or the next day. When in doubt, ask or listen to your case managers.

Thank you!



To the Medical Staff of Midland Memorial Hospital,

It is an honor to assume the responsibilities of Chief of Staff for the next two years. We should actively seek out Dr. Sari Nabulsi to thank him for his contributions in this capacity for the last four years. In addition to fulfilling his duties without fail as Chief of Staff, he actively embraced Midland Memorial Hospital's efforts to improve physician and employee attitudes, interactions, job satisfaction and patient care. He sought to educate the public about making healthy lifestyle and nutrition choices and he also conducted a self-evaluation of his medical office to align with best practice measures in pediatrics while providing feedback to the Hospital about his findings.

Early on as Chief of Staff Elect I was skeptical and resistant in embracing the methods of accomplishing the above initiatives. I now fully support those methods due largely to Dr. Nabulsi's sincere efforts and active investment of his time to transform ideas into reality. Great job Sari. If we can maintain and advance these accomplishments over the next two years, we will have succeeded. Their bounty will improve medical outcomes and the health of Midlanders.

Though some may see the business of medicine in a discouraging state right now, we have in Midland and Odessa unique opportunities and the privilege to profoundly affect our neighbor's health through our professional conduct and public outreach. The administrations at Midland Memorial Hospital and Medical Center Hospital need our input and participation to achieve the level of quality healthcare our community expects. Our nation and state are experiencing a political and financial environment where the funding models for medical services has been dramatically changed. There are no more delays in the implementation of measurements to assess our ability to provide quality, low cost medical care as individual doctors and as a healthcare system. The information gathered, or lack of it, in 2017 and 2018 will impact our own and the Hospital's reimbursement in 2019. We must work together, practitioner and hospital, toward the common goal of achieving high scores on the Quality Payment Program mandated under MACRA. Our performance now will affect the Hospital's future Medicare payments, and the Hospital's ability to efficiently and cost-effectively carry out our patient care plans and orders will directly impact how we score as a practitioner and our future reimbursement. The Hospital's success not only impacts our performance score, but the majority of practitioners receive some form of compensation from the Hospital. We may think we are islands, but we are landlocked. There is no "I" in team.

My immediate recommendations are as follows:

1. Stay informed. Attend and actively participate in Hospital meetings. Review information put out by MMH on what the Hospital is doing.
2. Review your own practice and office performance. Review your specialty Board's recommendations on best practice measures.
3. Follow the Golden Rule in your actions with colleagues and especially subordinates. Review and abide by the Hospital's bylaws, especially as they pertain to Emergency Department responsibilities, maintenance of medical records, and most importantly code of conduct, anywhere and anytime in the Hospital setting. There will be not tolerance or partiality for deviation from the bylaws. Unprofessional conduct is seen as a selfish action and distraction of the staff leadership from more important issues.
4. If you have a complaint, articulate it in the form of a letter so it can be effectively addressed.

Best wishes in the New Year to all of you and to our community and our special commitment to care for it.

Yours truly,
Michael J. Dragun, M.D.
Chief of Staff



Maldi-Toff Spectrometer

*****Important Alert for Physicians*****

Midland Memorial Hospital has purchased a new piece of equipment in the lab called MALDI_TOF BioTyper (Matrix Assisted Laser Desorption Ionization – Time Of Flight).

Beginning Monday, March 6th 2017, this cutting edge technology will change the way you order antibiotics for your patients, by providing a more accurate organism identity, faster.

MALDI Biotyper identifies microorganisms using MALDI-TOF Mass Spectrometry to measure highly abundant proteins found in all microorganisms to create a unique molecular fingerprint of an organism.

The pattern is then compared to an extensive database to determine the identity of the organism.

- ◆ Nothing changes on the front end – nothing new needs to be ordered
- ◆ Definitive Organism Identification will be available as soon as growth is detected on plated media (24-72 hours sooner than current methods)
- ◆ Definitive Identification can be used along with the Antibigram to switch to more targeted antimicrobial therapy, leading to lower antimicrobial costs and less exposure of organism to broad spectrum antibiotics
- ◆ In conjunction with the Antimicrobial Stewardship Committee, Pharmacy will be making more Real-Time Recommendations

This purchase and the resulting changes requested from physicians is part of the growing Antimicrobial Stewardship initiative, seeking to achieve optimal clinical outcomes related to antimicrobial use, minimize toxicity and other adverse events, reduce the costs of health care for infections, and limit the selection for antimicrobial resistant strains.

The Antimicrobial Stewardship Committee will be presenting a CME regarding the MALDI on Friday, February 17th.

If you have any questions about this new technology or changes in your ordering protocols, please call or email Taylor Johnson MLS(ASCP)^{CM}SM^{CM}, Microbiology Manager: 221-1785; taylor.johnson@midland-memorial.com



CAREVUE Update: **Fasting NPO Orders**

Update to: Fasting Policy order

Effective Date: 01/17/2017

Positions Impacted: Clinical users placing Preoperative delayed orders.

Key Point:

Current Pre-Operative order sets did not include the fasting NPO guidelines.
Important for user to understand policy guidelines

Summary of Change:

Applicable to Pre-Operative Admit order sets, Delayed order menu.

View of Change: (Production)

Menu: Path is as follows; Delayed orders -> Select Physician/MSA Preop Admit Order set

View from Orders Tab once Physician has signed/released order:

Service	Order	Start/Stop	Provider	Nurse	Clerk	D.	Status
Inpt ...	CEFAZOLIN 1GM/ISOTONIC 50ML INJ 1GM/1BAG IVPB PRN Administer 30-60 minutes prior to incision.	Start: 01/11/17 13:38	Porter,S				pending
Infusion	LACTATED RINGER'S INJ,SOLN 1000 ml IV 42 ml/hr@0	Start: 01/11/17 13:38	Porter,S				pending
Inpt ...	CEFAZOLIN 2 GM INJ 1GM/VIAL 2 GRAMS IVPB ONCE PREOP Give in Holding	Start: 01/11/17 13:38	Porter,S				pending
Inpt ...	CLINDAMYCIN 600MG/ISOTONIC INJ,SOLN 12MG/ML 600MG IVPB PREOP ASAP Administer if patient IS allergic to PCN To be given in HOLDING.	Start: 01/11/17 13:38	Porter,S				pending
Diet	FASTING PRE OPERATIVE FASTING PER POLICY	Start: 01/11/17 23:59	Porter,S				schedu...



CAREVUE Update: **Fasting NPO Orders Continued**

Order detail:

Notes:

- Fasting order is the second component in the order set sequence (Above image-highlighted in red)
- Order is a quick order
- Service Type: Diet
- Policy can be found via policy tech using the Carevue 'Internet Links' tab

Search: PREOPERATIVE FASTING

Departments	Documents	Type	Title	Ver #	Status
[*Unfiled*] (1)	Preoperative Fasting			2	Approved



Disaster Preparedness - Plain Language Emergency Codes

Event	Former Color Code	New Plain Language Announcement
FACILITY ALERT		
Fire	Code Red	Facility Alert, Fire Alarm activation, (Location)
Disaster Operations Plan Alert*	Code 1000	Facility Alert, Disaster Operations Plan Activation
Evacuation Plan	Code Black	Facility Alert, Evacuation Plan, Level ____, (Location)
Hazardous Spill	Code Orange	Facility Alert, Hazardous Spill, (Location)
WEATHER ALERT		
Tornado	Tornado Plan	Facility Alert, Tornado Imminent
SECURITY ALERT		
Missing Infant/Child	Code Pink	Security Alert, Missing Infant, (Location)
Combative Person	Code Indigo	Security Alert, Combative Person, (Location)
Active Shooter**	Code Silver	Security Alert, Armed Intruder, (Location)
Bomb Threat***	Code Yellow	Security Alert, Bomb Threat, (Location)
Hostage	Hostage Plan	Security Alert, Hostage Plan Activation, (Location)
MEDICAL ALERT		
Adult Resuscitation	Code Blue	Medical Alert, Adult resuscitation, (Location)
Neonatal Resuscitation	Code Neo	Medical Alert, Neonatal Resuscitation, (Location)
Medical Resuscitation	CAT Code	Medical Alert, Clinical Assessment Team, (Location)

*Disaster Operations Plan, Levels 3 and 4 are NOT called overhead, IMT Command Staff ONLY notified by phone. AOC will specify level.

**Active Shooter calls, will be dispatched to MCHPD first for validation. Upon Validation, PBX will be notified by PD then PBX will announce overhead as written.

***Bomb threats may be called in threat OR suspicious package. All threats will be routed to MCHDPD for validation. Once verified by PD, PBX will announce as written.

