midland memorial hospital

Medical Staff Newsletter

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.

Volume 5, Number 2

February 2017

Culture of Ownership: Core Action Value #11—Service

Cornerstone #1: Helpfulness

It's important that you reach out to help others, but even more important is the spirit in which you provide that help.

Cornerstone #2: Charity

It is a good thing to donate money to worthwhile causes, and even better to donate your time and energy.

Cornerstone #4: Compassion

Look beneath external appearances and circumstances to perceive the reality of the human being beneath those superficialities.

Cornerstone #4: Renewal

Take care of yourself and ask for help when you need it, because you cannot pour out of an empty pitcher.

www.joetye.com

Introducing Our New Practitioners

Febuary 2017

Jeffery Butterfield, MD—Emergency Medicine
Hong Chai, MD—Tele-Psychiatry
Ripal Patel, MD—Emergency Medicine
Manish Shroff, MD—Internal Medicine
Muhammad Zafar, MD—Psychiatry

Upcoming Medical Staff Meetings:

Medical Executive Committee (MEC) Meeting for March has been moved to Thursday, March 9, 2017. The meeting will start at 5 p.m. in the Conference Center—Rooms C&D.

Quarterly Medical Staff Meeting is also on March 9, 2017. This meeting will start at 6 p.m. in the Conference Center—Rooms C&D. (See page 8 for more information)

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

Medical Staff Affairs/Medical Staff Services

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

Alma K. Martinez, BAT-OM, RHIT
Medical Staff Coordinator
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Manager, Medical Staff Affairs/Medical Staff Services
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L. Michael Pallan
Credentialing Specialist
432-221-2165

Thelma Webb
Credentialing Specialist
432-221-2262

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Executive Assistant to the VP of Medical Affairs/Medical Staff Services
432-221-4629

Medical Staff Office Fax 432-221-4253 CME Hotline 432-221-1635

New Information

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

Cerner: Cerner onboarding begins in March! Please keep your eyes and ears open to opportunities for training and input into the product we will have for CPOE and our EHR. Most communication about events and opportunities will come through email so please pay attention.

Social Media and You: I suspect some of you have seen or heard about the social media campaign that has suggested the quality of the Midland Memorial pediatric care through the emergency room and the pediatric service is poor.

The index case was managed appropriately medically. Communication with the mother and family should have been managed better. There were certainly useful ideas raised through the criticisms of the mother. We can improve by listening to those points. The social media campaign, however, has proven to be a forum for a wide range of persons dating back many years. Some complain of quality of care issues that we have not been able to identify. Many seem upset about unfortunate health problems of a loved one that they have not processed well and are targeting our hospital to blame.

Our pediatric service and our emergency department have rallied to review concerns and implement constructive changes. Pediatric friendly ED rooms are being developed with an emphasis on improved pediatric services, Pediatric crash carts have been reviewed and their completeness verified. Meetings to discuss quality care and patient advocacy are being coordinated with patients, family members, our physician and nursing staff invited. Further investment in Team STEPPS for onboarding employees is being enhanced to help assure anyone working for Midland Health feels comfortable speaking up in any situation with concern for patient safety and quality of care. Finally we are investing in an outside resource to roll out a customer service and empathy training program. The Baird Group will bring the training to all our employees to improve basic service and communication skills.

We can all be proud to respond constructively to what feels, in some respects, like invalid Midland Health bashing. At the end of the day, however, lay persons perceive the health care world differently than we do. If we can improve our communication and ability to help them understand our services and limitations, it is better for all.

Forward Thinking

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

Physician Burn Out: I recently attended a physician executive program put on by the THA. By request of many present we had three hours of discussion about physician burnout programs a number of Health Systems have developed. It is all about life/work balance and maintaining our physical, emotional and spiritual health in the face of health care delivery and the changes taking place. Please take the time to read the article that follows; I shortened it a little, but found that a challenge since it is pithy. Let me know what you think.

Excerpts from: Burnout is everywhere, but you can't fight an enemy unless you recognize it.
Dike Drummond, MD; *Fam Pract Manag.* 2015 Sep-Oct; 22(5):42-47.

It is common today to find articles in our professional journals raising awareness about physician burnout. "Numerous global studies involving nearly every medical and surgical specialty indicate that one in every three physicians is experiencing burnout at any given time."Shanafelt TD. Enhancing meaning in work: a prescription for preventing burnout and promoting patient-centered care. JAMA 2009: 302 (12) 1338-1340. The 2015 Medscape Physician Lifestyle Survey reported an even higher burnout rate—46 percent of physicians, up from 39.8 percent in the 2013 survey (According to a Medscape lifestyle survey— http://www.medscape.com/feature/lifestyle/2015/public/overview#2.

Lower patient satisfaction and care quality, higher medical error rates and malpractice risk, higher physician and staff turnover, physician alcohol and drug abuse and addiction and physician suicide have all been linked to burnout.

Unfortunately, physician burnout remains a taboo subject in the workplace. Stress management and burnout prevention are not covered in detail in medical school or residency training.

In this article, Dr. Drummond explored burnout's origin, cardinal symptoms, and five main causes. In two additional articles, he explored multiple, field-tested burnout prevention tools to help you lower your stress level and build more life balance and a more ideal practice.

A metaphor for burn-out is an energy account. Like a bank account, it can have a positive or negative balance. You withdraw energy from this account for the activities of your life and medical practice. You deposit energy into this account during times of rest and rebalance. When you dip into a negative balance, the account does not get closed. You keep spending (or working) despite the fact that your energy account is depleted.

YOUR ENERGY ACCOUNT: FULL OR EMPTY?

We withdraw energy from this account for the activities of our life and work. We deposit energy to this account during times of rest and rebalance. Burnout occurs when there is a negative balance over time.

Burnout is the constellation of symptoms that occur when your energy account has a negative balance over time. You can continue to function in this depleted state; however, you are a shadow of the doctor you are when your account has a positive balance.

Physician Burn Out Continued:

There are actually three types of energy accounts inside each of us:

1. Your physical energy account. You make energy deposits here by taking care of your physical body with rest, exercise, nutrition – all the things we learned not to do in our training.

2. Your emotional energy account. You make energy deposits here by maintaining healthy relationships with the people you love – your friends and immediate family. Recharge here is essential if you are to have the energy necessary to be emotionally available for your patients, staff, family, and friends.

3. Your spiritual energy account. You make deposits here by regularly connecting with your personal sense of purpose. In your practice, this occurs when you have an ideal patient interaction. This is the visit where you say to yourself afterwards, "Oh yeah, that is why I became a doctor." You can connect with purpose outside of work as well. One example for me is when I coach my children's youth soccer teams. If you go long periods without connecting with purpose, this account is drained and you may have a lot of trouble seeing a reason to carry on.

As physicians, we each have a moral imperative to keep our energy accounts in a positive balance because of a physical reality I consider to be the first law of physician burnout: **"You can't give what you ain't got."** If you remember nothing else from this article, please remember this law.

Your best work and your best life depend on your ability to manage these energy levels. Your leadership skills, quality patient care, empathy, your skills as a spouse and parent – all of these rely on a positive energy balance. And yet we are not trained to notice or care for our energy levels. Instead, we are conditioned to ignore our physical, emotional, and spiritual energy levels and carry on despite complete exhaustion of our energy reserves, placing us at very high risk for burnout.

Burnout's three cardinal symptoms

The accepted standard for burnout diagnosis is the Maslach Burnout Inventory, developed by Christina Maslach and her colleagues at the University of San Francisco in the 1970s. She later described burnout as "an erosion of the soul caused by a deterioration of one's values, dignity, spirit, and will." **10.** Maslach C, Leiter MP. The Truth About Burnout: How Organizations Cause Personal Stress and What to Do About It. San Francisco: Jossey-Bass; 1997.

Here are the three main symptoms (which correspond with the three energy accounts we just discussed):

1. Exhaustion. The physician's physical and emotional energy levels are extremely low and in a downward spiral. A common thought process at this point is, "I'm not sure how much longer I can keep going like this."

2. Depersonalization. This is signaled by cynicism, sarcasm, and the need to vent about your patients or your job. This is also known as "compassion fatigue." At this stage, you are not emotionally available for your patients, or anyone else for that matter. Your emotional energy is tapped dry.

3. Lack of efficacy. You begin to doubt the meaning and quality of your work and think, "What's the use? My work doesn't really serve a purpose anyway." You may worry that you will make a mistake if things don't get better soon. Recent research shows that men and women suffer from exhaustion and compassion fatigue equally. However, symptom three, "lack of efficacy," is much less common in men. Male physicians are far less likely than female physicians to doubt the meaning and quality of their work, no matter how burned out they are.

Houkes I, Winants Y, Twellaar M, Verdonk P. Development of burn-out over time and the causal order of the three dimensions of burnout among male and female GPs. A three-wave panel study. *BMC Public Health*. 2011;11:240.

Physician Burn Out Continued:

Burnout can happen slowly over time in a chronic grinding fashion – the classic "death by 1,000 paper cuts." It can also crash down on you in a matter of minutes when it is triggered by a traumatic outcome, lawsuit, devastating medical error, or equally tragic circumstance in your personal life.

The five main causes of burnout

1. The practice of clinical medicine. Being a physician has been and always will be a stressful job. This is a fundamental feature of our profession for a simple reason. We are dealing with hurt, sick, scared, dying people, and their families. Our work takes energy even on the best of days. Our practice is the classic high-stress combination of great responsibility and little control. This stress is inescapable as long as you are seeing patients, no matter what your specialty. As you read on, note that this is the only one of the five causes of burnout we actually learn to cope with in our training.

2. Your specific job. On top of the generic stress of caring for patients, noted above, your specific job has a set of unique stresses. They include the hassles of your personal call rotation, your compensation formula, the local health care politics associated with the hospital(s) and provider group(s), the personality clashes in your department or clinic, your leadership, your personal work team, and many, many more.

You could change jobs to escape your current stress matrix, but your next position would have all the same stressors at different levels of intensity. It is tempting to believe a different practice model would be less stressful. However, moving from an insurance-based practice model to concierge or direct pay, or from an independent setting to an employed setting, simply switches one set of stressors for another.

3. Having a life. In an ideal world, your personal life is the place where you recharge from the energy drain at work. Two major factors can prevent this vital activity:

- We are not taught life balance skills in our medical education. In fact, our residency training teaches us just the opposite. We learn and practice ignoring our physical, emotional, and spiritual needs to unhealthy levels and then carry these negative habits into our career. You work until you can't go any longer, and then you keep going. To do otherwise could be seen as a sign of weakness. (See cause No. 4 below.)
- Multiple situations could arise at home that eliminate the opportunity to recharge your energy account. Your life outside your practice then switches from a place of recharge and recuperation to an additional source of stress. The causes range widely from simple conflicts with your spouse to illness in a child, spouse, or parent to financial pressures and many more. You may have seen this in a colleague who suffered the downward spiral of burnout at work in the absence of any new work stress. If you reach out to a colleague who appears to be burned out, you must ask, "How are things at home?" to reveal this burnout cause. Dyrbye LN, Sotile W, Boone S, et al. A survey of U.S. physicians and their partners regarding the impact of work-home conflict.

J Gen Intern Med. 2014;29(1):155–161.

4. The conditioning of our medical education. Several important character traits essential to graduating from medical school and residency emerge during the premed years. Over the seven-plus years of our medical education, they become hard wired into our day-to-day physician persona, creating a double-edged sword. The same traits responsible for our success as physicians simultaneously set us up for burnout down the road. Here are the top four character traits:

Physician Burn Out Continued:

- Workaholic – Your only response to challenges or problems is to work harder,
- Superhero – You feel like every challenge or problem sits on your shoulders and you must be the one with all the answers,
- Perfectionist – You can't stand the thought of making a mistake – ever – and hold everyone around you to the same standard,
- Lone ranger – You must do everything yourself and end up micromanaging everyone around you.

In addition, we physicians absorb two prime directives. One is conscious and quite visible: "The patient comes first." This is a natural, healthy, and necessary truth when we are with patients. However, we are never shown the off switch. If you do not build the habit of putting yourself first when you are not with patients, burnout is inevitable.

The second prime directive is never stated, deeply unconscious, and much more powerful: "Never show weakness." To understand this programming, try this thought experiment. Imagine you are back in your residency. A faculty member walks up to you and says, "You look really tired. Is everything OK?" How would you respond – and how quickly would that response come out of your mouth? Most of us would immediately answer that we are "fine." This knee-jerk defense makes it difficult to help physician colleagues even when their burnout is clear to everyone on the team.

Put the five personality traits together with the two prime directives, and you have the complete conditioning of a well-trained physician. Combine this with a training process that is very much like a gladiator-style survival contest, and doctors become hard wired for self-denial and burnout.

5. The leadership skills of your immediate supervisors. Outside of health care, there is a management saying, "People don't quit companies; they quit their boss." There is wide acceptance that your work satisfaction and stress levels are powerfully affected by the leadership skills of your immediate supervisor.

We know this is true for physicians too. A recent study shows a direct relationship between the quality of your boss and your burnout and job satisfaction levels.

Shanafelt T, Gorringe G, Menaker R, et al. Impact of organizational leadership on physician burnout and satisfaction. Mayo Clin Proc. 2015;90(4):432–440.

In this era in which physician groups are forming much more quickly than they can find trained doctors for their leadership positions, having either an unskilled or, worse, an absent boss to report to is common. This fifth cause of burnout has only recently joined the classic four above. It is a significant source of stress for many employed physicians.

How can you recognize when you are burning out?

When our energy accounts drop into negative balance, most physicians react by going into "survival mode" at work. Instead of finding adventure, challenge, and enjoyment in your practice, you find yourself putting your head down and simply churning through the patients and paperwork, focused on simply making it through the day and getting back home. A common thought at this point is, "I am not sure how much longer I can go on like this." Survival mode and this voice in your head are signs that you are well into burnout's downward spiral. It is time to take different actions to lower stress and get some meaningful energy deposits ASAP.

Physician Burn Out Continued:
How can we stop or prevent physician burnout?
There are two fundamental mechanisms to drive a positive balance in your energy accounts and avoid burnout:
1. Lower your stress levels and the drain they produce,
2. Improve your ability to recharge your energy accounts.
Most physicians will use a combination of both methods to treat and prevent burnout. We will discuss multiple tools in both categories in two upcoming articles. (See "Series overview.")

SERIES OVERVIEW
In this three-part article series, we will explore the following:
Part 1: Burnout's symptoms and causes (this article),
Part 2: Proven methods to lower physician stress levels,
Part 3: Proven methods to recharge and create more life balance.

But before we end this introductory article, let me remind you of two things that stop many physicians from preventing burnout:

1. The comprehension trap: The tendency to study a concept until you understand it, and then fail to put it into action. Because of our long history in the educational system, most physicians will study until we feel confident we could answer a multiple-choice question like the ones on our board exam. Then we often fail to translate this new knowledge into new actions. Do not let this happen to you. As you read the articles in this series, pick an action step that makes sense and take it. The only way to tell what will work for you is to take new actions and notice your results. Expecting a different result from new comprehension alone is insanity; see below.

2. Einstein's definition of insanity: "Doing the same things over and over and expecting a different result." Although Einstein is widely quoted as saying this, there is no evidence that he actually did. That does not make it any less powerful, however. Free yourself from your workaholic conditioning. If you notice your own burnout and simply double down on the things you are already doing to get more done in the office or hospital, your workaholic conditioning has trapped you here in Einstein's insanity definition. Once again, the only way to get different results is to take action – different actions than you are taking right now. You don't necessarily need to take more actions, just different ones.

This is article one in a three-part series on preventing physician burnout. The first step in prevention is to recognize burnout as it arises. You now know burnout's causes, effects, prevalence, and pathophysiology. In future articles, I will show you multiple tools to lower stress and create life balance. Each of these techniques has been tested in the real world by physicians just like you.

You can see your programming now. You are awake and able to recognize the burnout all around you. Your best next step is to pick a new tool from this article series and try it out. Remember, you can't give what you ain't got. It is time to start managing your energy accounts intentionally and on purpose. Your patients, staff, and family are counting on you.

About the Author
Dr. Drummond is a family physician, CEO of TheHappyMD.com (www.TheHappyMD.com), author of Stop Physician Burnout: What to Do When Working Harder Isn't Working, and developer of the "Burnout Proof" mobile app for physicians. He was a general session speaker at the 2014 AAFP Scientific Assembly.

Author disclosure: Dr. Drummond is an author, speaker, and consultant on the subject of physician burnout.

Cerner Project Milestones

Project Milestones

1. Workgroups will begin meeting in the late Feb/Mar time frame and meet weekly or more often as applicable for work in process

2. Training Development begins at start of project and goes through January/February when training actually is delivered

3. Orderset and Interdisciplinary Plans of Care will be ongoing work throughout the entire Spring and some of Summer.

February 2017 –
- Project Kick-Off with Executive Group and Cerner
- Final project planning and prep
- Project Readiness Event

March –
- Current State Review
- Data Collection Begins

April –
- Interdisciplinary plans of Care education/planning begins
- Orderset development
- Data Collection
- Hardware walkthroughs and planning
- Revenue Cycle Planning event (3 days)

May –
- Continued work on items in process

June / July -
- Future State Review
- Continued work on items in process
- Physician "Roadshows" begins
- Testing preparation

August -
- Future State Validation
- Continued work on items in process

September -
- Continued work on items in process
- Beginning of some department build such as pharmacy shelf medication scanning
- Physician Roadshows are completed

October / November -
- Testing (Integration)

December –
- Clean-up, final build corrections and final testing and validation

January / February –
- End User Training

March 2018 – GO LIVE

Quarterly Medical Staff Meeting
March 9, 2017

Networking and Dinner: 6:00 p.m.
Call to Order: 6:30 p.m.
Location: Midland Memorial Conference Center, Rooms C & D

Topics:

- Texas Healthcare Alliance
- Thoughtful Cost Effective Care
- Community Health Outreach
  - Food Is Medicine Resources
- Cerner – Update on implementation
  - Time line for implementation
  - Physician Champions
  - Service Experts
- MALDI-TOF Biotype
- Open Forum
  - Communication
  - Department and Section Reports
  - State of the Medical Community

To ensure adequate space and food please notify Rebecca Pontaski by email at rebecca.pontaski@midland-memorial.com or by calling Medical Affairs at 432-221-4629 to let them know you will be attending.

Randal Morgan, PA-C

The patient stated that PA, Randal Morgan is so nice and helpful. She said "he even got my baby's bottle ready before he left the room."

Govind Patel, MD

The patient stated "I had Stephanie Wooten and Kyle Graham as my nurses yesterday in Endoscopy. Dr. G Patel was my doctor. I could not have asked for better care. They are awesome."