



midland memorial hospital

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.

Have You Taken The Pickle Pledge?

"I will turn every complaint into either a blessing or a constructive suggestion."

By taking the pickle pledge, I am promising myself that I will no longer waste my time and energy on blaming, complaining, and gossiping, nor will I commiserate with those who steal my energy with their blaming, complaining, and gossiping.

www.joetye.com



Introducing Our New Practitioners

September 2014

David Banh, MD—Obstetrics & Gynecology
Kalyan Chakrala, DO—Internal Medicine/Gastroenterology
Shiv Goel, MD—Internal Medicine

Scotty Ortega, MD—Family Medicine
Carol Peters, MD—Obstetrics & Gynecology
John Petersen, MD—Emergency Medicine

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2014

Continuing Medical Education

September 17th — 'Y 90 and Beyond' by William Thompson, MD—Interventional Radiologist

September 8th to September 10th — '12 Core Action Values' by Joe Tye *Ethics Credit

New CME guidelines require CME programs represent needs assessments either in the hospital or your clinical settings. The CME Committee is requesting your input on future programs that would benefit your clinical needs and/or challenges.

Please submit all your requests directly to Rebecca Pontaski.

The new ACCME requirements represent a sea of change in how CME providers must plan, develop, implement, and document CME activities. Therefore, you will be held accountable for your pre/post knowledge of the subject by completion of a pre and post test.

Medical Staff Leadership

Chief of Staff
John Dorman, MD

Chief of Staff Elect
Sari Nabulsi, MD

Past Chief of Staff
Larry Wilson, MD

**Department Chairs
Hospital-Based Services**
Steven Rea, MD

Medical Services
Larry Oliver, MD

Surgical Services
Jeffrey Durgin, MD

Preparing for ICD-10—Physician Education Opportunity

Please go to the MMH website—www.midland-memorial.com, under 'For Physicians', Preparing for ICD-10, for information on ICD-10 training through 3M. Notify Rebecca Pontaski, Medical Staff Manager if you would like a login.

An addition of four new Physician Resource Videos with Physician Document Tip Cards are available for immediate use. The new Physician Resource Videos discuss ICD-10 documentation in Dermatology, Family Medicine, Oral Maxillofacial, and Radiology.

Medical Staff Services Reminders

- On the new Midland Memorial Hospital webpage, under 'Find a Physician' is a listing of all physicians on staff. Please review your information for accuracy and notify the medical staff office of any changes.
- Texas Electronic Registrar (TER) Death Registration System—Since 2007, state law requires that all cause-of-death information and medical certifications to the DSHS be submitted electronically. Physicians who do not sign death certificates in a timely fashion face a \$500 fine per violation from the TMB.
- The credentialing information for new applicants to MMH is now updated on the MMH webpage under 'For Physicians'. This includes information for both physicians and AHP's.

In Addition

If you would like to submit information for future newsletters, please email the information to Rebecca Pontaski at rebecca.pontaski@midland-memorial.com.

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Medical Staff Services Coordinator
432-221-1510

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Medical Staff Assistant
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Medical Staff Office Fax 432-221-4253

CME Hotline 432-221-1635



New Information

Timely Completion of Medical Records and Quality Care

The single most common reason for quality of care problems is poor communication. I am sure you all know that. I have heard multiple physicians comment about the difficulty when consulted or attempting to make decisions about a patient and finding missing progress notes, incomplete problem lists or a missing discharge summary from the most recent past admission. We all have experienced the gaps in records. We all recognize it adversely impacts the ability to provide care for our patients. We owe it the patients we care for to assure the records are completed in a timely fashion.

Within the past few months the Medical Executive Committee (MEC) unanimously agreed to tighten expectations for completion of charts:

- History & Physical completed in less than 24 hours. That means completed, not a template with incomplete information.
- Immediate Post-operative report prior to a patient being moved from the recovery room or any other part of the hospital.
- Operative report within 24 hours of a procedure.
- Progress note with all elements every day by the physician of record.
- Completion of discharge summary on all admitted patients.

These rules are not changed. However, the accountability for them is being tightened:

- Physician will be notified of any incomplete records beginning at day five.
- Suspension of clinical privileges will occur at day 10 post discharge.
- Mandatory meeting with the Medical Staff Quality Council (MSQC) for any records remaining incomplete at day 20 post discharge.

The reason for tightening the accountability of these rules is quality patient care. Incomplete medical records is a reflection of incomplete care. I know we all understand this, but clinical work, priorities, life sometimes interferes with getting these done. The goal of the medical staff leadership is to elevate the prioritization of medical record keeping to assist in assuring communication about our patients and their care is safe and timely.

We realize that some have asked Administration to intervene when privileges have been suspended. The MEC has asked Administration to allow us to maintain governance over our record keeping and to allow the suspension to occur. We sincerely hope this will help improve communication between providers and ultimately improve our patient care.

Tremendous resources are spent within MMH to assist the medical staff in keeping records and providing access to the records. Medical Records, Quality, Compliance, and other services spend unbelievable hours reviewing records and developing metrics for our benefit. Within the next year or two we hope to have an improved EMR with the goal of more seamlessly allowing access from home or office in a secure fashion. The least we, on the medical staff, can do is make sure the information sought is in the record, on time.

Quick Guide to H&P Guidelines Per CMS 2014 Requirements

- Must be on chart before surgery.
- H&P has to be written within 30 days of procedure.
- H&P Update is needed if H&P was started at any time before patient was admitted to hospital. Update is still needed even if the H&P is signed the morning of surgery.
- NP and PA can do H&P and Update, but both have to be signed by MD before procedure.
- Any and all H&Ps, and Updates, must be dated, timed, and signed.
- Updates may be under the title of Progress Notes.
- For emergencies, no H&P required preop, however a short description of planned procedure must be in ProgressNote prior to procedure.
- If the patient comes from the ER, the ER MDs assessment can be used as the H&P.
- For inpatients, there must be an initial H&P within 24 hours of admission, with daily progress notes, and with a note that indicates the patient is having surgery. No update is needed.
- The initial H&P can be written by a medical doctor.
- Dentists cannot write the H&P. It must be written by a medical doctor.
- H&P must be written by MD/DO/NP/PA that has privileges to work in the hospital.






CareVue to replace EDITH

* Official Announcement * Physicians & Physician Offices

The current version of our Electronic Medical Record "EDITH" will be discontinued on **July 1st (2014)**

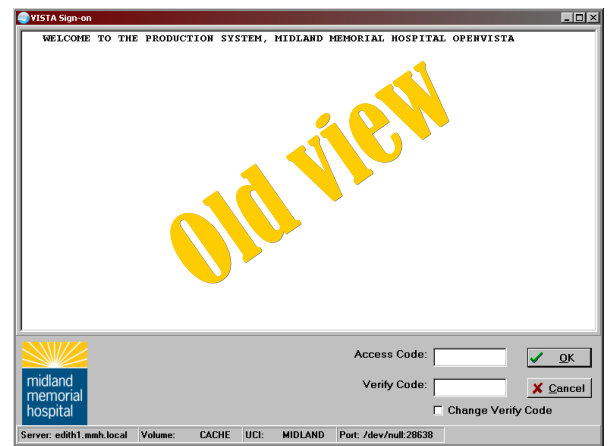
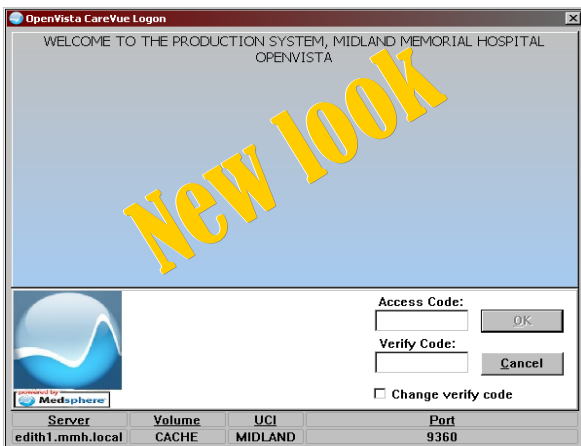
Starting today, all physician and office PC's that are currently using EDITH should upgrade to CareVue with these steps.

- Launch your VPN connection to Midland Memorial Hospital
- Type this link address in your Internet Explorer address bar: "\\Mmhupdate\CareVue\CareVue_Icon"
- Copy the CareVue icon  to your pc desktop: (1) double click the icon to start the upgrade (2) log in to CareVue to complete the update. *Normally, this will take from 20 –30 minutes to complete.* Please note that your current "verify" and "access" codes will remain the same. *Don't hesitate to contact our Help Desk if you experience any issues with your update.*

CareVue Training Tutorial is available at this

link: "\\Mmhup-

If your office does not have VPN connectivity, please contact the HIS Help Desk (432) 221-4040



date\CareVue\CareVue_Icon\VistaCareVue.ppsx "

Help Desk
Hospital Information Systems
432-221-4040