



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 #12— Leadership

Cornerstone #1: Expectations

Values-based leaders are committed to creating better organizations and contributing to a better world, and thus they have high expectations for themselves and for the people they lead.

Cornerstone #2: Example

Leaders are judicious in their works, enthusiastic in their actions, and committed to their missions because they know that they speak more forcefully by who they are than by what they say.

Cornerstone #4: Encouragement

Leaders encourage us to do our best and to be our best, to persevere through the inevitable obstacles and set backs, and to work together in a spirit of fellowship toward the realization of a shared vision.

Cornerstone #4: Celebration

Leaders help us celebrate our victories, and our defeats; they celebrate with us the important passages of work and life; and they use celebrations as the platform from which to launch renewed efforts toward ever-larger goals.

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Introducing Our New Providers and Practitioners

March 2017

Medical Services

Tele-Psychiatry

Bashir Ahmed, MD Holly M. Kinget, MD Jacquelyn M. LaGrone, MD

Neonatology

Arun K. Amaram, MD Dhruv R. Balkundi, MD Bernard E. Cartaya, MD
Asgar A. Dudhbhai, MD Marco T. Gonzales, MD Agha Z. Haider, MD
Andrew Kairalla, MD Liaqat H. Khan, MD

Family Medicine/Hospitalist

Anju B. Varanasi, MD

Hospital Based Services

Emergency Medicine

Kyungho "Scott" Choi, MD James W. Jenson, MD
Dean E. Schanen, MD Brian M. Zimmer, DO

Surgical Services

Anesthesia

Joshua K. Jones, CRNA

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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

Midland Health Seeks Inclusion in a Clinically Integrated Network

Seven Elements of a CIN

Legal Options

Physician leadership

Participation Criteria

Performance Improvement

Information Technology

Contracting Options

Flow of Funds

The Midland Health future healthcare delivery model is taking on a conceptual form. There is one consistent thing in healthcare today and that is uncertainty. While we remain in a climate of uncertainty in Midland, there are some fundamentals that I hope we can all keep in mind.

A few years ago Russell Meyers invested time and energy on resetting our hospital's compass. Our mission, vision and values were aligned with the position our hospital was going to be in as healthcare changed in the coming years.

Today it seems prescient that he drove the change. The mission and vision are aligned with a population health program, and by improving the overall health of our community we are on a path of consistent with the Triple Aim. How can any of us not get behind those goals? But that is not the Mission and Vision of an acute care hospital, but rather of a healthcare delivery system.

We are making dramatic changes from solely Midland Memorial Hospital to Midland Health a health care delivery system.

There are implications of the changes; they include engaging more closely and sharing goals with primary and specialty care practitioners both hospital based and in outpatient settings; additionally we are forming partnerships with a number post-acute care facilities. All of these programs, and others, are intended to help Midland Health manage the continuum of care for our community.

Those that see this as a positive pathway toward meeting the care needs of our community and working toward keeping people well and not just managing their illnesses, are engaging with Midland Health's mission and vision. Unfortunately the steps taken by Midland Health are perceived by some as competing with independent practitioners. With that lens Midland Health is looked upon skeptically or even as a threat. I have spoken to both camps and suspect the majority are somewhere in between.

Our Mission

Leading healthcare for greater Midland.

Our Vision

Midland will be the healthiest community in Texas

Our Values

Pioneer Spirit

Caring Heart

Healing Mission

Midland Health Seeks Inclusion in a Clinically Integrated Network Continued

At the beginning of this message there are seven elements of a clinically integrated network listed from an article in the Becker Hospital Review. Prominently mentioned is physician leadership. There is no mention in any articles I have read on the subject that advocate competing with private practitioners as a successful business model. Universally they speak of collaboration and synergy between the physicians leading the quality, performance improvement, flow of funds and contracting elements and the healthcare delivery administration and executives that provide the infrastructure and tools to achieve the shared vision.

A shared vision is fundamental to developing a successful CIN. Communication is paramount to developing a shared vision and trusting relationships. I can promise you that Russell and our executive team want each member of our medical staff to be successful. We are interested in inclusion; we are looking for your engagement and input as we move forward. Whether an independent practitioner or employed by one of the groups within the Midland Health's organization we are seeking your leadership and participation as we continue to move toward a network of providers and service lines that enable us to meet our mission and vision.

If you are on the skeptical side of the balance, please give me a call and let's meet and talk. I recognize we need to get your input and communicate clearly with interested medical staff when actions planned or decisions made. I know we all want the same thing for healthcare in our community. We must work together on what that successful healthcare delivery model will ultimately look like.

Reference: Becker's Hospital Review; October 19, 2012; The 7 Components of a Clinically Integrated Network; Dennis Butts, MBA, Michael Strilesky, Manager, Matthew Fadel, MBA, MSM, Senior Associate, Dixon Hughes Goodman

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).

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.

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





Continuing Medical Education

Tranexamic Acid in Surgery—What is it and Why don't we use it?

April 25, 2017

Presentation Time: 6:45 a.m.—7:45 a.m.

**Location: Surgical Conference Room
(Third Floor by OR)**

**Speakers: Rachel Campbell, Pharm. D.
Rebecca Koch, Pharm. D.**



Prevention and Management of Primary Headache Disorders

April 27, 2017

Networking and Dinner: 6:00 p.m.

Presentation Time: 6:30 p.m.—7:30 p.m.

Location: Conference Center—Rooms C&D

Speaker: Manohar L. Gurru, MD





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

Cerner Order set Workshop April 24-27th.

For more information and how you can start getting involved please contact the Medical Affairs office at 432-221-4629

Schedule:

April 24th: Kickoff, Overview
**Dinner provided.

April 25th-27th:
Physician specialty breakout sessions.

Kickoff, Overview Agenda:

- All participants and specialties attend
- Introductions
- Order set governance
- Physician Practice – Acute Consultant
- General order set workflow demonstration
- Order set design review
- Gap analysis (prioritizing) update



Surgical Services Update

From the Desk of Daniel Copeland, MD—Chief of Surgical Services

The OR committee has recently finished a review and modification of the Surgical Services Rules and Regulations. This was a multidisciplinary effort with input from surgeons, anesthesia and OR staff. The OR committee acknowledges current practices are inefficient and there is opportunity to improve the quality of care and decrease waste in our day to day practice. The focus is on continual quality improvement and patient safety first.

These changes will improve our patients' experience and will improve our work place satisfaction as well. Please read through the rules and regulations as approved by the Medical Executive Committee. The changes are meant to more specifically define timing of procedures as well as care delivery expectations. The intent is to better define accountability along with improved governance of ongoing improvement projects. Our goal is for our first case patients to be in the room by 7:30 am. With regard to turnover time the goal for average cases is wheels out to wheels in within 20 minutes. These times will be tracked and there will be accountability throughout. The OR committee with the assistance of Surgical Control will review the measured outcomes so that outliers may be identified and corrective action taken.

Thank you for your understanding and cooperation in advance as we strive to do better.

Medical Staff Meetings

April 2017

Pediatric Section

Tuesday, April 18, 2017 @ 12:15 p.m.

Location: Midland Memorial Conference Center, Room B

Medical Staff Quality Council

Wednesday, April 19, 2017 @ 5:30 p.m.

Location: Medical Affairs Conference Room

Physician Advisory Council

Tuesday, April 25, 2017 @ 6:00 p.m.

Location: Midland Memorial Conference Center, Room C

Quality Improvement Committee of the Board

Wednesday, April 19, 2017 @ 11:30 a.m.

Location: Administration Board Room

CME Committee

Tuesday, April 25, 2017 @ 12:00 noon

Location: Midland Memorial Conference Center, Room B

Board of Trustees

Wednesday, April 26, 2017 @ 11:30 a.m.

Location: Midland Memorial Conference Center, Rooms C & D



Raja B. Naidu, MD

The patient stated that Dr. Naidu was very courteous.
The nurses were very nice. Everything went well.
Thank you and God bless you all

Joseph T. Young, MD

Patients family wanted to thank Dr. Young for what he did for her son.
He was amazing, gave her answers.
She really appreciated everything he did.

Medical Affairs/Medical Staff Services

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