

Medical Staff Update, April 2011

Special points of interest:

- Memorial Epworth Center

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Memorial Hospital of South Bend has purchased three buildings that accommodate approximately 90 inpatient beds and will start a new inpatient behavioral health program as a department of Memorial Hospital. The inpatient behavioral health program will be named Memorial EPWORTH CENTER.

The three buildings on the Madison Campus near Hill and Niles Avenue in South Bend are: the Madison Geropsychiatry building, the Madison Hospital building and the Riverside Hospital building. Current Madison Center employees can apply for positions through Memorial.

Memorial Hospital Chief Operating Officer, Kreg Gruber said, "There are certainly not many groups raising their hand to protect this crucial community resource. Our Board of Directors and our Leadership team are proud to have Memorial, once again, step forward to protect the health of our community."

Memorial Board Member, Tom Cassady added, "The need for behavioral health support for a wide range of illnesses is growing, our region needs high quality care and we look forward to strengthening mental health support for those in need."

To contact us, please call: 574-234-0061

The Care We Provide:

- Multi-disciplinary psychiatric treatment for adults age 18 and older. Inpatient is required when a patient is dangerous to themselves or others, when they are gravely disabled with an acute psychiatric condition and when treatment in a lower level of care is not safe.
 - 24-hour care and assessment
 - Diagnosis and treatment of psychiatric conditions such as Depression, Anxiety Disorders, Bipolar Disorders, Schizophrenia and Substance Abuse
 - Individual and Family therapy
 - Care directed by board certified psychiatrists (M.D)
 - Additional support from other disciplines including psychiatric nurses, mental health technicians, social workers and certified recreational and occupational therapists
 - Care offered in a beautiful setting along the banks of the Saint Joseph River
- Clinical program accredited by the Joint Commission on the Accreditation of Health Organizations

A Byte of IT ... From Your CMIO, Dr. Ken Elek

Some things that will help us navigate the system a little better...

Patient lists. I've seen some that really aren't much help when you're trying to find your patients. I've gotten a history on why some of the ones set up early on, look the way that they do. It's the old "we didn't know what we didn't know" when they were set up. Only you can change your patient lists, the help desk cannot do it for you. So I'll try and give you some guidance. The list most people want on a day-to-day basis shows the patients for which they are the attending, admitting or consulting. To set a list like this up:

Click on the Patient List option just to the right of In-Box.

Click on the wrench all the way to the left under Patient List. This will open a box that says "Modify Patient Lists".

In the lower right hand corner there are 3 buttons; the one on the left says "New". Click on "New".

This opens a box called "Patient List Type"; choose Visit Relationship.

Choose the relationships you would like to have displayed in your list such as Attending, Admitting, Consulting, Covering, Primary Care Physician, etc.

These relationship names will collect in the name box.

When you're done choosing your relationships, delete all the characters in the name box and type in the name you've chosen for this list. The next box has 2 categories. First is the status of patients you want to see. I have mine set to Not Discharged but you can pick whichever one you want.

The next category is the type. This is a list of all the patient types present in our system. Choose the ones you want like OOS – Outpatient in a Bed, IP – Inpatient, etc.

Once you're finished with that Click "Finish" and you've just made a new patient list.

This now shows up as an "Available List" in the "Modify Patient Lists" box.

In order to see it as a tab in PowerChart, click on it once and then click on the arrow pointing to the right.

This moves it into the "Active List" box and it shows up as a tab.

This is the easiest list to create of the available options. Let me know if you have questions.

Please remember there are only 2 options when something is being sent to you for signature, either sign or refuse. I know there's a forward option but that option does not allow the person receiving the request to do anything with it. If it's not yours to sign, please refuse it and indicate the reason why. This process stays the same when we go from In Box to Message Center so please try and remember.

When ordering an echocardiogram in CPOE, you will be required to put in a reason for requesting an echocardiogram. This helps the echocardiographer know where to focus their efforts when recording the tracing. So, in preparation for that, please indicate the reason you're getting the study when you order now so you'll be ready for November!

I'm really close to having some admission order templates ready to use on paper so we can all get used to the content prior to using them electronically. More to come soon!

Please feel free to send me your feedback either by email at kelek@memorialsb.org or telephone at 574-647-3070. Remember that I'm here to serve you in doing whatever I can to make our workflows optimal and help make your day-to-day hospital life easier. Let me know if there's anything else I can do. Thanks!

Memorial Receives National Award for Quality, Service and Finance

Memorial Hospital & Health System was recently named one of the nation's 100 Top Hospitals® by Thomson Reuters, a leading provider of information and solutions to improve the cost and

quality of healthcare.

Unlike many other medical

awards that rely on organizations applying for an award or popularity playing a factor in the selection process, the Thomson Reuters 100 Top Hospitals award is the most respected honor. This is because hospitals can't apply for this award, and it's based solely on our performance in areas of quality, service and finance. With the complexity of healthcare, it's an outstanding accomplishment to excel in all three areas. The study has been conducted annually since 1993. This is the first time Memorial Hospital & Health System has been recognized with this honor. Out of more than 5,000 hospitals in this country, Memorial Hospital of South Bend made it as a top performer in the U.S. Share this great news with your referral sources, co-workers, friends and family. This is different than all the other awards and a tribute to the great work done here every single day!



CRIMSON ALERT

Physicians can view their own quality profiles!

Are you having trouble signing on or understanding your data?

Have you scheduled your Crimson training yet?

Please call Sheryl Brown RN: 574-647-2052 or email: sbrown@memorialsb.org, to schedule a short training session. This will get you on your way to navigating and viewing your own specific outcome data at your convenience.

Quality

- Readmissions
 - % 30 Day Readmissions (Any APR-DRG)
 - % 30 Day Readmissions (Same MS-DRG)
 - % 3 Day Readmissions (Any APR-DRG)
 - % 30 Day Readmissions (Same MDC)
- Complications
 - % Complications of Condition
 - % Complications of Care
 - Top Complications of Care
- Mortality
 - Mortality Rate
 - Mortality Observed to Expected Ratio (O/E Ratio)
- Patient Safety Indicators (PSI)
- Core Measures



From the P & T Committee

There have been some concerns regarding patient safety at Memorial Hospital in relation to hypoglycemic episodes with sliding scale insulin. In particular, there have been some events with aggressive sliding scale insulin leading to nocturnal hypoglycemia. The issue revolves around sliding scale insulin doses overcorrecting bedtime hyperglycemia when there is no concurrent meal.

The Pharmacy and Therapeutics (P&T) committee, in conjunction with the American Association of Clinical Endocrinologists (AACE) and the American Diabetes Association (ADA) Consensus Guidelines, would like to issue a recommendation discouraging the use of prolonged therapy with sliding scale insulin as the sole regimen.

If sliding scale insulin is used, caution should be exercised when patients are receiving the same dose of insulin with meals and at bedtime. This practice may lead to nocturnal hypoglycemia following the bedtime dose.

Once CPOE is initiated, sliding scale orders will be provided with an option for selecting different doses at meals and bedtime.

A preferred alternative to sliding scale is basal bolus insulin dosing, which offers a more physiological approach to hyperglycemia. The P&T Committee has been an advocate of this approach and has created a basal bolus physician order set to aid physicians with basal bolus insulin prescribing. These forms are available on all the units.

If there are any questions, please do not hesitate to contact a clinical pharmacist representative for more information.

Anton Crepinsek, M.D.
Chairman, P&T Committee

John Cavanaugh, M.D.
Endocrinologist, P&T Committee

Gary Hudson, RPh
Clinical Pharmacy Manager
647-3119
Pager: 472-2677

Eli Opacich, PharmD
Clinical Pharmacist
647-3127
pager: 236-0602

References:

American Association of Clinical Endocrinologists and American Diabetes Association Consensus Statement on Inpatient Glycemic Control. *Endocrine Practice* Vol. 15 No. 4 May/June 2009


Attention! Do you place orders for Adult Echo's, TEE's or Stress Echo's?

Beginning in May, in order to conform with the Intersocietal Commission for the Accreditation of Echo Laboratories (ICAEL) we will need a indication for all Adult Echo orders.

When ordering an echocardiogram in CPOE, you will be required to put in a reason for requesting an echocardiogram. This helps the echocardiographer know where to focus their efforts when recording the tracing. So, in preparation for that, please indicate the reason you're getting the study when you order now, so you'll be ready for November!


If you have any questions please call Rachel Kartman, Echo Lab Coordinator at 574-647-6140.

THE MOVIE DOC IS BACK IN THE HOUSE!

After a many years sabbatical, I am returning to the task of giving our ever growing medical staff something else to read other than by-law changes or informatics updates or coping with health care reform. Hope you get out to the movies and not rely on DVD's, no matter how big your TV's. 

LIMITLESS: Very entertaining concept and the cinematography was great. Good performance by Bradley Cooper [who should stop doing goofy MAN FLICS]. Plenty of action and Robert De Nero adds a certain gravitas to the movie.

RIO: Another Fox animation effort [ICE AGE 1,2,3], but without the adult inside humor their others provided. Good triumphs over evil and fade to happily ever after.  Adult  Kid

CONSPIRATOR: Thought provoking look at our country's handling of the Lincoln assassination and the aftermath. It focuses on the trial of Mary Surratt, owner of the boarding house where John Wilkes Booth may have planned the assassinations of Lincoln, Seward and Andrew Johnson. James McAvoy and Robin Wright give solid performances. Has Tom Wilkinson ever given a bad acting job, no matter how large or small? Robert Redford directs. 

SCREAM 4: I guess Neve Campbell and Wes Craven still need jobs. 

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Please send any information you would like to see included in future newsletters to

*Mariellan Weaver,
 mweaver@memorialsb.org or
 contact her at 574-647-7920*

*You may view current and previous Medical Staff Updates at
 www.qualityoflife.org/docs/hospital/
 newsletter*

**CME Opportunities:**

2011 CME Schedule Held 12:10—1:15pm in the Auditorium at MHSB

May 11th –“CPOE and Other Things of the Medical Record” Ken E. Elek, MD, Chief Medical Information Officer/Director Memorial Hospital & Health System

May 25th –“Non Invasive Cardiology” Breno Pessanha, MD, Memorial Advanced Cardiovascular Institute

Process/Guidelines for Offering/Creating CME Credit

Accredited CME providers must ensure that activities that are certified for AMA PRA Category I Credit meet all AMA requirements which include the core and format specific requirements.

Core Requirements - Every activity that is certified for AMA PRA Category I Credit must:

1. Conform to the AMA's definition of CME.
2. Address demonstrated educational needs.
3. Communicate to prospective participants a clearly identified educational purpose and/or objective in advance of participation in the activity.
4. Be designed using AMA approved learning formats and learning methodologies appropriate to the activity's educational purpose and/or objectives; credit must be based on AMA guidelines for the type of learning format used.
5. Present content appropriate in depth and scope for the intended physician audience.
6. Be planned in accordance with the relevant CEJA opinions and the ACCME Standards for Commercial Support, and be non-promotional in nature.
7. Evaluate the effectiveness in achieving its educational purpose and/or objectives.
8. Be certified for AMA PRA Category I Credit in advance of the activity; i.e. an activity may not be retroactively approved for credit.
9. Include the AMA Credit Designation Statement in any activity materials that reference CME credit with the exception of "save the date" or similar notices.

Programs which include Family Medicine physicians must also register and apply for prescribed credits with the American Academy of Family Physicians (AAFP).

Please call 574-647-7381 for more information and CME opportunities

Conversion from Cerner "In Box" to "Message Center":

Beginning May 10, 2011, your Cerner "In Box", where you currently sign transcribed reports and receive notices to dictate, will change over to "Message Center". Any current chart deficiencies will automatically move to your "Message Center" on that date.

We ask that you pay close attention to your "Documents to Dictate" folder as this is now a separate folder and doesn't open automatically. Also, any transcribed report where you are designated for a "cc copy" will populate in your "Documents to Review" folder in Message Center.

Another change is the "refusal section". You will need to click a drop down menu and select the reason for the refusal. However, there is also a "comments" section to enter the reason. Please enter a comment to explain the reason and who the deficiency should be assigned to.

If you have any questions concerning this change, please contact:

Kathy LaPierre in Medical Records (574) 647-3413 or

Dr. Ken Elek, CMIO (574) 647-3410.

Welcome New Medical Staff Member(s):

Andrew J. Losiniecki, MD

Neurosurgery

North Central Neurosurgery, Inc.

100 Navarre Place., Suite 6600

Linda A. Mansfield, MD

Family / Sports Medicine

Memorial Sports Medicine Institute

111 W. Jefferson Blvd., Suite 100