

Medical Staff Update, April 2010

Special points of interest:

- Hospital Organization Structure Changes

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Hospital Organization Structure Changes

I am making some changes to the organizational reporting structure of the hospital. These changes are intended to address some priorities that we are working on and some outcomes that we hope to achieve.

The first priority is Safety. Last year we added Safety as an Organizational Value and this year as a Hospital WIG. Therefore, I have asked Connie McCahill to take on the Chief Safety Officer role in addition to her continued responsibility as our Chief Nursing Officer. Connie will be leading our efforts in making sure we not only continue to be a national leader in safety, but are improving all the time.

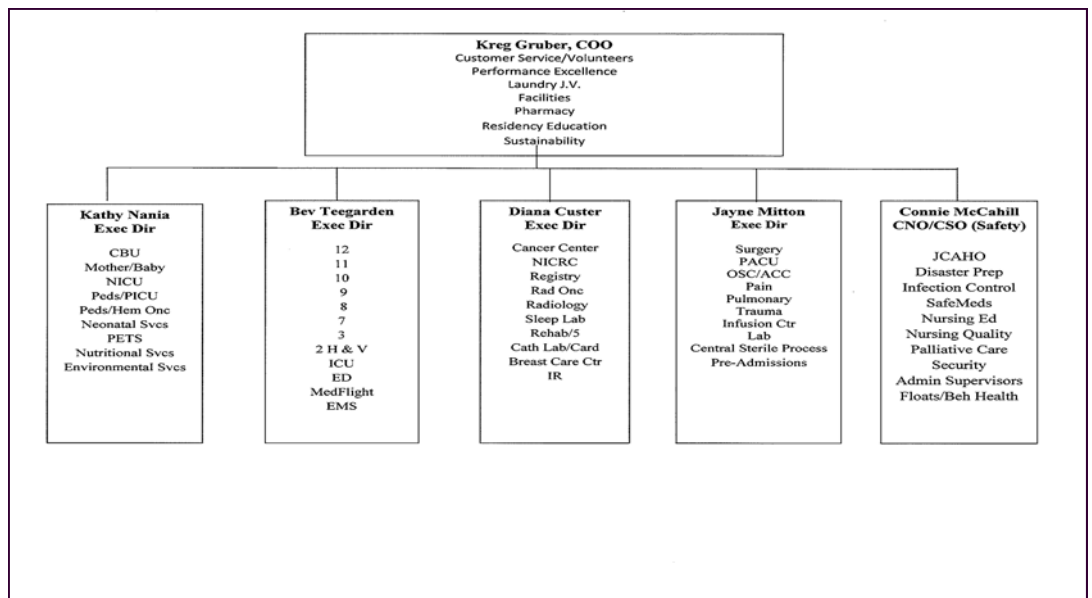
The second priority is standardization in our clinical nursing units. With the approach of a total electronic patient record and the importance of documentation and clinical outcomes, it was my desire to have all the nursing inpatient units report to one individual for operations. I have asked Bev Teegarden to take on the Executive Director responsibilities for all inpatient units. Nursing is the core of what we do and to focus our time and energy on this group in a unified direction will be a key to our future success.

The third priority was to some of my time and energy in three key areas: Facility Planning/Renewal, Customer Service, and Lean Management. Therefore, moving some of the Director reporting relationships to the Executive Directors was necessary to create some capacity.

Finally, I wanted to continue to develop and strengthen our management capabilities and capacity. We have very strong Executive Directors. With new relationships come new opportunities. New opportunities to assess, challenge, grow and prosper. We are a great organization with talented management. I know these changes will make us even better in the future.

If you have any questions about the changes, please let me know.

Kreg Gruber, Executive Vice President, & COO, Memorial Hospital



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

Well, it's been an interesting 2 weeks. First of all, soon there will be a link when you're in the patient chart that will allow you to see all that patient's x-rays and any reports that are completed. While in the patient chart, click on the PACS Web link to the right of the patient search box. Click on the PACS Web link and a login box will open that should already have your username inserted so you just have to enter your password. A list of studies will open; choose the one you want to view. To choose from a list of all the studies available on this patient, click on the bar just above the thumbnails for the current study and pick the one you want. To see a report, click on the icon that looks like a piece of paper on the thumbnail line and pick the report you want. I will post some screen shots to help you understand this process and let you know when it goes live.

I hope you've been using the Inpatient Summary and will let me know if there's a particular lab you would like added to the list. In the past 2 weeks I've added the FiO₂, oxygen flow rate and blood gases.

There have been several calls to the help desk from physicians whose patient lists were incorrect even though they had previously been correct. If your list doesn't reflect the patients you are caring or covering for, please call the help desk during regular business hours at 574-647-7254 and Tawnn Hoover will be notified and come help you with your lists at a scheduled agreed upon time. If you need immediate assistance, call the help desk at 574-647-7254 and they will page the analyst responsible for this issue and they will help you right away.

Please 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 I hope that the changes so far have been positive. I'm still looking for feedback on the patient lists and the place the chart opens. Thanks!

Memorial Receives Accreditation

Memorial Hospital of South Bend recently received accreditation with PCI from the Society of Chest Pain Center's (SCPC) Accreditation Review Committee. This marks the third 3-year cycle in a row the SCPC has honored Memorial with this distinction. Memorial was just one of 22 Indiana hospitals to receive this sought-after recognition; and the only hospital in St. Joseph County.



"We first became accredited in 2004 and have been "fine tuning" our initiatives ever since. Our integrated approach includes the EMS community, dispatch (911), our emergency and cardiology departments with dedicated support of physicians and staff," says **Cathy Bringedahl, R.N.**, Director of Memorial's Cardiac Catheterization Lab. "Our process includes breaking down the protocol for treating patients having a heart attack, and every patient is reviewed to make sure all components are met." **Bev Teegarden, R.N.**, Memorial's Executive Director of Cardiovascular and Critical Care Services, added that the accreditation is based on the entire process of addressing heart disease, from community education on prevention to pre-hospital care, diagnosis, treatment and recovery.

The Chest Pain Center's protocol driven and systematic approach to patient management allows physicians to reduce time to treatment during the critical early stages of a heart attack, when treatments are most effective, and to better monitor patients when it is not clear whether they are having a coronary event. Such observation helps ensure that a patient is neither sent home too early nor needlessly admitted.

With the rise of Chest Pain Centers came the need to establish standards designed to improve the consistency and quality of care provided to patients. The Society's accreditation process ensures centers meet or exceed quality-of-care measures in acute cardiac medicine. The Chest Pain Center at Memorial Hospital of South Bend has demonstrated its expertise and commitment to quality patient care by meeting or exceeding a wide set of stringent criteria and completing on-site evaluations by a review team from the Society of Chest Pain Centers.

Approved by the MSQA - Blood/Component Usage Criteria

Adults (18 years >)

PRBC (One unit Of PRBC will increase Hgb 1gm/dl and Hct 3%)

1. Hypovolemia and decreased O₂ carrying capacity due to surgery, trauma, GI bleeding or other blood loss documented by one of the following:
 - (a) Fall in B/P >20%
 - (b) Fall in SBP to 100mg Hg
 - (c) EBL of 1000cc or greater
 - (d) Orthostatic hypotension and tachycardia
2. Hgb < 7gms/dl if there are documented symptoms related to anemia, leukemia, lymphoma, Hodgkin's, aplastic anemia, thalassemia, renal failure treated by dialysis, documented CHD, COPD, or vascular disease
3. Hgb <8gm/dl before a procedure with a high bleeding risk
4. Hgb <9gm/dl AND acute coronary artery disease, congestive heart failure or shock.
5. In subarachnoid hemorrhage to increase blood volume and oxygen carrying capacity to counteract cerebral vasospasm and ischemia

FRESH FROZEN PLASMA

1. Clinical course suggestive of coagulopathy documented by one of following:
 - (a) PT>17 sec or INR> 1.5 or aPTT>54 sec with bleeding/significant risk of bleeding.
 - (b) PT>17 sec or INR>1.5 or aPTT>54 sec prior to an invasive procedure.
2. Massive blood transfusion (see protocol)
3. Urgent Coumadin/Warfarin reversal before major surgery or sustained major injury with bleeding.
4. Documented congenital deficiencies of isolated clotting factors (for which no concentrate is available) for invasive procedure or bleeding.
5. Treatment of Thrombotic Thrombocytopenia Purpura (TTP)

PLATELET CONCENTRATES

1. Platelet count < 10,000 with failed Platelet production.
2. Platelet count < 20,000 with petechia or mucosal bleeding.
3. Platelet count <50,000 before procedure with significant bleeding risk.
4. Platelet count <50,000 with active hemorrhage.
5. Documented Platelet dysfunction.

CRYOPRECIPITATE (Need one unit/10kg)

1. Fibrinogen <125mg/dl with evidence of diffuse microvascular bleeding
2. Fibrinogen <100mg/dl
3. Dysfibrinogenemia
4. Cryo-glue

Pediatric (18years)

PRBC

Neonatal infants less than 4 months old

1. Venous hemoglobin level <130g/l in infants < 24 hours old
2. Hemoglobin level <130 g/l and severe pulmonary disease, cyanotic heart disease, or heart failure
3. Acute blood loss > 10% of total blood volume
4. Phlebotomy losses > 5%-10% of total blood volume
5. Hemoglobin level <80 g/l in stable newborns with clinical manifestations of anemia

Infant 4 months or older

1. Significant preoperative anemia, intraoperative blood loss > 15% of total volume, post operative Hemoglobin level < 80g/l, and signs and symptoms of anemia
2. Acute blood loss with hypovolemia unresponsive to crystalloids or colloids
3. Hemoglobin level <130g/l with severe pulmonary disease requiring ventilation
4. Chronic congenital anemia or acquired anemia without satisfactory response to medical therapy
5. Chronic transfusions to suppress endogenous hemoglobin production in patients with sickle cell or thalassemia syndromes
6. Induction of immune tolerance before renal transplant

PLATELET CONCENTRATES

Premature infants (gestational age < 37 weeks)

1. Blood platelets <50x10⁹/l in a stable infant
2. Blood platelets < 100 x10⁹/l in a sick infant

All other infants and children

1. Blood platelets < 20x 10⁹/l and marrow failure
2. Blood platelets < 50x 10⁹/l with active bleeding or invasive procedure with bone marrow failure
3. Blood platelets <100x 10⁹/l with active bleeding, plus disseminated intravascular coagulation
4. Bleeding with qualitative platelet defect and marked prolongation of bleeding time
5. Platelet count < 100,000 undergoing surgery

GRANULOCYTE CONCENTRATES

1. Bacterial sepsis in neonatal infants < 2 weeks of age with neutrophil plus band count <3x10⁹/l
2. Bacteria sepsis unresponsive to antibiotics in infants <2 weeks of age with neutrophil plus band cell counts < 0.5 x 10⁹/l
3. Documented infection unresponsive to antibiotic plus a qualitative neutrophil defect

PLASMA COMPONENTS

Fresh Frozen Plasma

1. Bleeding or invasive procedure in patient with factor deficiency or prolonged prothrombin and/or thromboplastin time
2. Replacement therapy in antithrombin III, protein C or S deficiency
3. Replacement therapy during therapeutic plasma exchange for disorders in which FFP is beneficial

Cryoprecipitate

1. Bleeding or invasive procedure in hemophilia A or Von Willebrands disease
2. Bleeding or invasive procedure in hypofibrinogenemia or dysfibrinogenemia
3. Replacement therapy in factor XIII deficiency

Clotting Factor Concentrates

1. Bleeding, active or anticipated, with documented coagulation factor deficiencies (hemophilia)
2. Severe or variant forms of Von Willebrands disease

Albumen

1. Acute correction of hypoalbuminemia when clinically indicated
2. Correction of hypovolemia when colloid infusion is indicated
3. Replacement therapy in therapeutic plasma exchange procedures

Guidelines for use of IRRADIATED BLOOD COMPONENTS (please contact the Medical Staff Office at 574-647-7920 for a complete copy of the criteria policy.)

New Outpatient Diagnostic Order Forms

Are now available for the following service lines:

Radiology, Interventional Radiology, and Cardiology. Order forms come in packets of 50. Forms that include Map and Prep information can be re-ordered online by going to:

- www.Qualityoflife.org
- Outpatient Order Forms (left hand side)
- Click on: [Request more Radiology or Vascular/Interventional Radiology order forms.](#)
- Fill out form accordingly

Or contact Tawnn Hoover at thoover@memorialsb.org or at 574-229-2929

Also....

As mentioned in a previous newsletter, our radiology department within the hospital has extended hours for CT scans and Ultrasounds. Patients must arrive in department by 5:00 pm. Previous cut off was 3:30.

Any questions, contact Tawnn Hoover.

From the Pharmacy Department...

TPN

Administration and Discontinuation

- Standard hang times for TPNs are 1700 daily
- Requests for the Department of Pharmacy Services to dose TPNs must be written for, dated, timed and sent to Pharmacy before 1400 to be completed and delivered for infusion the same day at 1700
- Orders after 1400 will be provided with Clinimix (4.25% amino acids in 5% dextrose) until a custom TPN can be created for the next day
- If the TPN is interrupted, the nurse will provide D10W at the same rate as the TPN
- At discontinuation, the nurse will decrease the TPN infusion rate by half for one hour and then stop the infusion is accepting referrals for outpatient management of patients on warfarin.

Please call 574-647-3127 for further details.

Medical Staff Officers

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Medical Staff Office

Vice President Medical Affairs
Cheryl A. Wibbens, M.D.
Medical Staff Coordinator
Pamela Hall, CMSC, CPCS
Physician Liaison-Administration
Tawnn Hoover
Executive Assistant
Mariellan Weaver

Phone: 574-647-7920

Fax: 574-647-6691

E-mail: mweaver@memorialsb.org

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.cfm



A Date to Remember...



June 6, 2010

The first race begins at 6:00 a.m. Please plan for extra traveling time in and around Memorial Hospital's campus.

**Highway 933 tentative blocking:
7:20 a.m.—7:45 a.m.
9:15 a.m.—9:30 a.m.**

CME Opportunities:

Held 12:10—1:15pm

in the Auditorium at MHSB

May 12th – Has been **cancelled**

May 19th – A special Brainworks presentation featuring: Bruce D. Perry, MD, PhD world renowned child psychiatrist and author of

The Boy Who Was Raised as a Dog

May 28th – Robert Hopkin, MD

“Orphan Diseases: Not so Rare but Still Orphans. Diagnosis and Treatments”

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