

Medical Staff Update, October 2010

Special points of interest:

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- Memorial Cancer Care Center

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Medical Staff Town Hall Meeting Summary:

On Wednesday, October 6 at 6 p.m., Memorial Administrative staff Kreg Gruber, COO – Jeff Costello, CFO – and Cheryl Wibbens, MD, VP Medical Affairs, presented the Hospital and Health Systems current financial results through 2010 and reviewed the issues related to why there is a negative income variance year-to-date. Primarily the variance is being driven by a change in payor mix. The commercial volumes have seen a minor decrease, however, Medicare, Medicaid and Self Pay volumes are up on a year-to-year basis. These payor types are putting a strain on our revenues. Expenses have been well controlled, but not enough to offset the lower revenues. Some potential courses of action were reviewed including expense reduction and revenue opportunities. Two important points that the medical staff needs to know.

First, our nursing to patient ratios will not be changing. This is always one of the first concerns the medical staff expresses. Likewise, hospital leadership agrees that it is of utmost importance to keep nurses at the patients bedside.

Second, the hospital will be starting a documentation improvement project, and will need the medical staff's support and willingness to help us document as accurately as we can in order to be able to get all the reimbursement for the care we give.

If you have any questions you can call Kreg Gruber at 647-6795, Jeff Costello at 647-3460 or Cheryl Wibbens at 647-6525.

"If we don't have the answer immediately, we will get you one."

Memorial Cancer Care Center

In 2011, Memorial will complete construction on its new Cancer Center, which will be located just inside the main entrance of the hospital. This almost 50,000 sq ft project will be home to:

- Michiana Hematology-Oncology
- Radiation Oncology
- Oncology Nurse Navigators
- An out patient infusion center (relocating from 10 South)
- Multispecialty clinics
- Complementary services (including exercise rehab for cancer pts, massage, yoga, pilates, nutrition, consultation, and support groups)
- Memorial Home Care services including MarMain Pharmacy access
- Cancer Registry
- Northern Indiana Cancer Research Consortium
- RiverBend Cancer Services and the American Cancer Society
- A multiuse conference room, which will be the new home of the Cancer Forums.

The goal is to provide a facility that will be user friendly and comprehensive for patients and referring physicians from near and far. Patients will have the option to valet park, and will be within a few steps of most services that cancer patients will need. Memorial continues to treat more cancer patients than any other institution in our region; this will complete the long awaited consolidation of many vital Memorial cancer care services.



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

As I've started taking our current paper order sets and converting them to PowerPlans and thinking about PowerNotes, physician workflow continues to be one of my main concerns. This week I talked with Dr. Jankowski about the evolution of patient records and decided that the reasons we write what we do for our orders (and notes) differ depending on our attitude about why we're doing it. Some of us do it for ourselves; some of us do it for what others will need to see. Some of us base it on evidence; some of us base it on tradition.

Some of us do it just so we can get paid a certain way or paid at all; some of us don't consider payment as a factor.

What I would like to see is that we all do it in a way that makes everyone's lives safer, both from a medical and a medicolegal perspective, because we're sharing our thoughts and plans about a particular patient's condition. I also realize that what each individual does is up to them and as long as they're following the rules they can continue doing what they're doing now. I sometimes get the impression my colleagues feel that because it's automated on the computer they need to do more than they do now. If a postop note says "Looks great!" (and I've seen those) and that's acceptable now, it should be acceptable in the world of computerized notes. Let's not feel we have to add complexity if it's not necessary.

That being said, I also realize that templates are good from an efficiency perspective but must contain the correct and important information about that individual in order for them to serve any useful purpose. The important information should also be easy to find. I will try and keep all these things in mind as I continue to work on the CPOE/PowerNotes projects.

If you have frequently used PowerPlans from elsewhere you would like to see used here, please print them out and get them to me. I will take everything given to me into consideration.

August 16 we stopped routinely printing anything that can be found in the electronic chart in most areas of the hospital. Your office staff should have access to any printable portion of PowerChart using PowerChart Outreach. Please don't write an order for the staff to fax things to your office that you can get directly.

I have a group of physicians who are willing to review the PowerPlans as I build them but would be happy to have anyone else who wants to join that group. We use a tool called Viewspace that allows you to comment on any portion of the orders. Just let me know by sending me an email since I send the invitation to review out by email.

We also continue to discuss our "device strategy" and I welcome any feedback about this you might have.

Please send me your feedback either by email at kek@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!

Extended Hours for Ultrasound Services! 9:00 p.m.

1. Have your staff call 647-7241 when you have a patient that is needing an ultrasound.
 2. Have your patient go to the main entrance of the hospital and utilize the valet parking services.
 3. Your patient should go to elevator "B" and take it to the 2nd floor, Radiology department
 4. Our Radiology staff will register your patient by phone.
 5. **Your patient must have the physician order for the ultrasound in hand in order to give it to the staff member registering them for the test.**
 6. (Will have the ABN signed if needed) while in Radiology
 7. No pre-cert is needed for an ultrasound.
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Out-of-Stock Medications

This summer has proven to be a much more challenging experience with medication shortages than in years past. The overwhelming majority of medications not being available are due to manufacturing issues. There have been many questions regarding our (MSB Pharmacy) ability to get these items so I felt it might be helpful, and informative, to identify some of the items we are having difficulty obtaining due to manufacturing issues. Most of my information has come from the FDA website that list "Current Drug Shortages".

Recent but not inclusive back ordered or out of stock items:

Amino Acid Injection	Commodity Shortage
Atracurium Injection	Manufacturer Delays
Calcium Chloride Injection	Unanticipated Increased Demand
Cisplatin Injection 1 mg/mL solution	Increased Demand
Epinephrine 0.1mg/ml Emergency Syringes 10ml	Unanticipated increased demand
Furosemide Injection 10mg/ml	Manufacturer Delays
Haloperidol Decanoate Injection	Manufacturer Delays
Intravenous Fat Emulsion	Manufacturing Issues
Morphine 2mg/ml, 4mg/ml, 8mg/ml & 10mg Inj	Manufacturer Delays
Naloxone Inj	Manufacturer Delays

This is just a small sample of the ongoing issue we have faced with these nationally backordered medications. On any given day 20 to 25% of the medications we order come back as "not available" from our wholesaler. We continue to address these issues daily and are working to obtain medications from any source possible.

TEG

Recently Memorial was notified that its TEG manuscript, “An accompanying genetic severe deficiency of Tissue Factor protect mice with a Protein C deficiency from lethal endotoxemia” has been accepted for publication in “Blood”, one of the most prestigious hematology journal in the world. This is a high level translational research done by three institutions: Memorial, IU School of Medicine South Bend, and Notre Dame, which contributes to the care of patients and to the field of hematology. This is a tremendous achievement for all three institutions with lots more work ahead.

Newbolds Honored for Community Leadership



Memorial Hospital & Health System President and CEO **Phil Newbold** and his wife Mary were honored as part of the 2010 Center for History Annual Dinner on Sept. 9. Mary

and Phil were honored for their long-standing commitment to nourish, protect and advance health and well-being throughout the community. The couple has openly and willingly shared their talents and resources with dozens of local organizations that provide lifechanging support to those who need it most – while encouraging others to do the same. Opening their home to new community leaders, Mary and Phil also serve as community ambassadors, welcoming and instilling pride and confidence in others who lead and serve the people of Michiana.

Congratulations to Home Care

Memorial Home Care has been named to the 2010 HomeCare Elite™, a compilation of the top-performing home health agencies in the United States. Memorial Home Care has achieved this recognition twice, and is honored to be the only agency in their primary service area to appear on the list. Now in its fifth year, the HomeCare Elite identifies the top 25 percent of agencies based on an analysis of more than 10,000 agencies nationwide. Winners are ranked based upon performance measures in quality outcomes, quality improvement and financial performance.

Palliative Care, Hospice Care: Close but not the same

All hospice care is palliative care but not all palliative care is hospice. World Health Organization defines palliative care as an approach that improves the quality of life of patients and their families that are facing a problem associated with life-threatening illness. Center to advance Palliative Care states palliative care is appropriate for anyone with a serious, complex illness, whether they are expected to recover fully, to live with chronic illness for an extended time, or to experience disease progression.

One way to differentiate palliative care from hospice is that patients are still able to receive treatment that is meant to cure. It is appropriate at any point in a serious illness. The goals are:

- Close, clear communication for decision making
- Management of pain and other symptoms
- Coordination of care
- Help navigating the healthcare system
- Guidance with difficult and complex treatment choices
- Emotional and spiritual support

The service offers patients and families a support structure to address extreme stress that comes from serious illness. Palliative care helps them better understand their choices for care so they can make medical decisions that are in line with their goals.

Memorial Hospital's palliative care structure utilizes a team approach in collaboration with the physician. The palliative care nurse practitioner assesses and coordinates the care of the patient and family with the entire health care team. Different members of the health care team are consulted depending on the needs of the patient and family. Once the needs are determined, the team can consist of physicians, nurses, social services, spiritual care, PT, OT, SLT, pulmonary services, dieticians, pharmacy, massage therapy, etc.

Memorial Hospital's palliative care services can also provide end of life support for patients and families while in the hospital. Studies indicate patients at the end of life fear pain, not enough support for their family, and dying in the hospital. At end of life palliative care services will focus on symptom management, comfort care, communication about the dying process, and options for care outside the hospital. Any questions, please contact Tina Kocher, NP, at 574-647-2088 or at tkocher@memorialsb.org.

Medical Staff Officers

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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.cfm

**CME Opportunities:**

Held 12:10—1:15pm in the Auditorium at MHSB
October 13th—“Treatment Advances in Lung Cancer”
 Philip Bonomi, MD, Clarian Health Partners, Inc.
 Indiana University Hospital, Indianapolis, IN

October 27th—“Lifestyle Medicine: The Power of Partnerships”
 Mary Morris – Leighton Lecture
 James M. Rippe, M.D., Lifestyle Medicine Initiative,
 Rippe Lifestyle Institute, Shrewsbury, MA

November 10th—“TIAs, Strokes and Patent Foro Ovale:
 The Controversy and the Evidence”
 Ronald D. Nelson, M.D., Cardiology Associates, Inc.
 South Bend, IN

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

Flu Vaccine for Medical Staff Members

Our Employee Health
 Office has Flu Vaccine
 available to our Medical
 Staff Members
by appointment only.

Please call 574-647-6786
 to schedule your free flu
 vaccination.

Welcome New Medical Staff Members:

Colleen Morrison, MD
Pediatric Hematology/Oncology
 Memorial Hospital of South Bend
 615 N. Michigan St., 6th Floor
 South Bend, IN 46601

Desiderio Pina, MD
Psychiatry
 Madison Center, Inc.
 403 E. Madison Street
 South Bend, IN 46617

HIV Testing

Many physicians refer patients to the health department for free confidential or anonymous HIV testing, but instead of the St. Joseph County Health Department they will need to be referred to AIDS Ministries on William Street 574-234-2870. Walk-ins are welcome M-Th 9-4, Friday 9-1, or they can make an appointment.

2010-2011 Influenza Information

- CDC has listed the composition for this year's vaccine which includes:
 - an A/California/7/09 (H1N1)-like virus;
 - an A/Perth /16/2009 (H3N2)-like virus;
 - a B/Brisbane/60/2008-like virus.
- CDC recommends Universal administration of influenza vaccine this year beginning at 6 months and up along with those already recognized "high risk" patients and as soon as vaccine is available, it is not necessary to wait until later in the year.

c. <http://www.cdc.gov/flu/professionals/>