

Medical Staff Update, February 2011

Special points of interest:

- Quiet Time
- Memorial Makes Top 100
- Crimson Alert

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Quiet Time Important to Patient Care

The response among Team Members to the new Quiet Time at Memorial Hospital has been outstanding. In order to improve patient care, a new initiative was undertaken this week to change the noise level on in-patient units as well as changing perceptions around how we value quiet in the healing process for our patients.

Effective Monday, every in-patient unit began observing Quiet Time between the hours of 1 and 3 p.m. Caregivers are informing patients of the observance, offering to close their door when appropriate, turning down lighting levels on the units, putting their portable phones on vibrate, and most importantly, lowering their voices and eliminating any unnecessary conversation. Visitors are encouraged to help us in our efforts for the wellbeing of their loved ones.

Each unit will have large poster displays explaining 'Quiet Time is Healing Time' that will be in view for persons getting off the elevators on units. All service lines are encouraged to discuss what behaviors they might change to contribute our efforts to maintain a period of quiet.



Memorial Makes Top 100 Again

Memorial Hospital & Health System is once again ranked in SDI's 2011 Top 100 of Integrated Delivery Systems. Memorial was 92nd on the list last year and has climbed to 61st on this year's list. Among the categories that were reviewed as part of SDI's analysis: financial stability, outpatient utilization, integrated technology, physician participation and services & access.



Crimson Alert!

Memorial Hospital has partnered with the Advisory Board Company to implement **Crimson**, a web-based business intelligence platform designed for use by physicians. It integrates physician specific quality and utilization data to afford a severity-adjusted view of each physician's practice at Memorial. Common data that will be accessible includes mortality, complications, length of stay, readmissions, and cost utilization. It provides the capability to compare yourself within and across specialties, and nationally.

Our goal is to assist you in creating your own personal password so you can track your processes of care. As more physician and hospital specific data becomes mandatory to report from governing agencies, we hope using **Crimson** will be beneficial for you in understanding your outcomes.

During this initial implementation, we welcome any physicians who are interested in learning to navigate **Crimson** to stop in and explore the product with us. Please call 574-647-7920 and we will be happy to assist you.

We will be providing updates summarizing our progress with utilizing **Crimson**, and ask for your continued support in making Memorial a top hospital.

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

Just so we're all on the same page...

The CPOE project belongs to everyone on the medical staff. I am the physician vehicle through which it is being coordinated but it belongs to all the physicians who need to use it.

Therefore, I need your help to make sure it meets your needs. We've been both converting the paper order sets already in place to PowerPlans and adding diagnosis/disease specific sets using Zynx, Cerner and even some AAFP resources. Soon, some will be ready for department chiefs to review and comment on so the first step in the approval process can be completed. Once they're approved they'll be made available to print so you can get used to the format before you need to use them electronically. We also plan to have access to the PowerChart BUILD environment, a copy of what we work in every day, available in the doctor's lounge so you can go in and use some test patient's to see what things look like electronically. Hopefully this will make us all more comfortable when we're expected to do it all electronically.

We are still looking at all the options for documenting notes electronically and have made no final decisions except that eventually there will be no paper notes. The goal is to minimize the amount of typing necessary to do documentation so the worst typists are as efficient as the best.

We are also looking at the best devices to use. I have been using the iPad for PowerChart and Allscripts and have found that improvements to the Citrix Receiver and the upgrading of our access points in the hospital have made it much more user friendly. Please let me know if you have one you would like to have set up to try out.

I'm looking at having more "positions" created in PowerChart for different types of physicians so the look can be customized to make more sense for certain specialties. For example, the pediatricians would like to have their charts open to the mom/baby tab and would like the pregnancy tab to disappear. Currently, that change would have to be made for all physicians and those who take care of pregnant women need the pregnancy tab; those who only care for adults probably don't use the mom/baby tab and would be annoyed to have all their charts open to that tab. So, be prepared for your department chiefs to ask you about your preferences.

The game of "Post Office" I was referring to in my last edition is probably known to a lot of you as "Telephone". We all know how that game turns out and fortunately or unfortunately has nothing to do with kissing but everything to do with miscommunication.

I appreciate those who've given feedback so far but for those who haven't, 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 help make your day-to-day hospital life eas-

Dr. Hornback Honored



The American Cancer Society recently recognized **David Hornback, M.D.**, radiation oncologist at Memorial's Regional Cancer Center as its 2011 Hope award winner. The Hope Award honorees are individuals who have demon-

strated significant leadership in their field. The American Cancer Society recognizes the talents, achievements and passion of those who have distinguished themselves in the fight against cancer

New CADD Solis Patient Controlled Analgesia (PCA) Pumps:

The PCA pumps have safety software and a library. A few details of the library to be aware of:

1. The library limits the frequency of PCA (bolus) Dose for morphine and hydromorphone to every 8 min. This decision is based on the pharmacokinetics of these drugs in an effort to decrease the incidence of sedation.
2. The hourly limit is based on 1 hour rather than 4 hour limits.
3. The PCA library can be viewed online from the hospital intranet page under:

A) Clinical Resources	B) Drug Pump Libraries
C) CADD Solis Pumps	D) PCA Library
4. As a general rule, when ordering a Continuous (basal) Rate along with a PCA (bolus) Dose for an adult patient, consider making the Continuous Rate lower than the PCA Dose.

If you have questions contact:: Mary Bell RN-BC BSN, Pain Management Coordinator,
 Phone: 647-3186 Email: mbell@memorialsb.org

Face-to-Face Encounter for Home Health Care Services

The Patient Protection and Affordable Care Act of 2010 requires a “face-to-face encounter” and attestation signed by a physician to qualify a patient for home health care services under Medicare and many Medicare Replacement Policies. The roll-out for this requirement began on January 1, and the encounter and attestation will be required for all patients as of April 1, 2011.

The encounter must occur within the timeframe 90 days prior or 30 days after the start of care for home health services. The encounter must be related to primary reason the patient requires home health services. The face-to-face encounter may be performed by a certifying physician, hospital based or attending physician, select non-physician practitioner (NPP) working for or in collaboration with the physician – such as a nurse practitioner, clinical nurse specialist or physician’s assistant.

The attestation must be completed by the physician. It must include all of the following items in order to be accepted by Medicare:

- Date of the encounter
- Medical condition which is the primary reason for health care
- Clinical findings of the encounter that support home health services
- Clinical findings of the encounter that support the patient is homebound
- Physician signature and date of signature

For more information about the face-to-face requirement, you can visit Medicare’s website at www.cms.gov/center/hha.asp

For further information please contact Stacy McDowell, Clinical Nurse Specialist, at 574-647-1396.

Memorial Hospital of South Bend



Calling all trauma-related professionals of Northern Indiana and Southwestern Michigan! We have an exciting announcement from the Memorial Hospital of South Bend Trauma Center.

The inaugural edition of the **TraumaDispatch** is now available. To read it, click on the following link:

[TraumaDispatch Winter 2011](#)

If you are having difficulties opening the above link, please visit www.qualityoflife.org/trauma and click on “TraumaDispatch”.

Please take the opportunity to read through the quarterly e-newsletter that includes something for everyone in our trauma field. We encourage you to share the newsletter with your staff.

TraumaDispatch features stories related to trauma, EMS, Memorial’s MedFlight, injury prevention issues, social service topics as well as educational offerings.

Thank you for your consideration.

Clarification: **Physician Orders for Outpatient Testing:**

On 1/4/2011 Memorial mailed out a letter to all physicians outlining the general guidelines for Outpatient Services/Testing. I received several phone calls from physicians questioning why they cannot continue to order Outpatient Services/Tests on their prescription pads. Our goal is to make it easier for you to order the tests you need for your patients. After further review, it was determined that physicians may use a prescription pad to order Outpatient Services/Tests . (Excluding Infusion Therapy)

Guidelines for Outpatient Services or Testing:

»Orders for Outpatient services **may be written on a prescription pad**, a pre-printed order sheet, electronically generated order sheet, or handwritten on a blank Memorial Hospital order sheet.

»Infusion Therapy: Physicians who are members of the Medical Staff of Memorial Hospital of South Bend are authorized to write orders for Outpatient Services/Tests. Please note: The Infusion Center will not accept any orders for medications on prescription pads.

If you have questions, please contact me directly.

Tawnn Hoover, Physician Liaison-Administration

Th Hoover@memorialsb.org

574-647-7677

Medical Staff Officers

President
Etta Nevel, M.D.
Vice President
John Mathis, M.D.
Secretary-Treasurer
Philip Kavanagh, D.O.

Medical Staff Office

Vice President Medical Affairs
Cheryl A. Wibbens, M.D.
 Medical Staff Coordinator
Pamela Hall, CPMSM, 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*

**CME Opportunities:**

Mini Medical Series 7:00 – 8:30 p.m. Indiana University School of Medicine – South Bend
March 2nd –“Cholera in Haiti: Earthquakes and Hurricanes Weren’t Enough? A Physicians Perspective” Mark Walsh, MD, Clinical Asst. Professor IU School of Medicine–SB

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

Also Held 7:00—8:30pm Indiana University School of Medicine – South Bend

March 9th – “Sudden Infant Death Syndrome”

Joseph A Prahlow, MD, South Bend Medical Foundation

Mini Medical Series 7:00 – 8:30 p.m. Indiana University School of Medicine – South Bend

March 16th –“11th Annual Otis R. Bowen M.D., Lecture: Health Care Reform”

Rudolph M. Navari, Asst. Dean and Director IU School of Medicine–South Bend

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

Also Held 7:00—8:30pm Indiana University School of Medicine – South Bend

March 23rd – “Platelet Rich Plasma Injections for Musculoskeletal In”

Mark Lavallee, MD, CSCS, FACSM Memorial Sports Medicine Institute, South Bend

Stephen Simons, MD, FACSM Sport Medicine Institute, Mishawaka

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

Lead Testing in Our County: NOT NEARLY ENOUGH

Among the many things that I have learned as your new County Health Officer is that we as a health care community are not doing nearly enough lead testing of our Pediatric population. For several years now, we at the Department of Health have seen a testing rate under 30% of children age 24 months, or less.

While neither of our national organizations still recommends routine lead testing, continued lead testing is still recommended for Lead High Risk Counties. What I did not know

until I have been in this role is that St. Joseph County is a high-risk county for lead exposure and its consequences. 70% of our homes were built before 1978 which is a time marker for high lead risk. Children who should still be tested in our county:

- All Medicaid enrolled children at age 1 year AND 2 years old
- Minorities
- Living in a house built before 1978
- Lower Socio-economic status

I understand that parent compliance is also an issue with any testing protocol. Please consider you and/or your staff giving parents a lead testing pep talk. Due to our County’s high lead risk, I would encourage you to consider testing yearly up to age 6, in your known high risk patients.

Thank you in advance for your time and efforts at screening for a real, but, preventable public health problem. Thomas A. Felger, M.D.

Welcome New Medical Staff Members:

Peggy Su Choo Chang, MD

Pediatrics

Indiana Health Center

1901 W. Western Ave, Ste B

South Bend, IN 46619

Nana Korsah, MD

Nephrology

Nephrology Physicians, LLC

710 Park Place

Mishawaka, IN 46545

Grace Suh, MD

Hematology/Oncology

Goshen Center for Cancer Care

200 High Park Avenue

Goshen, IN 46526