

Medical Staff Update, January 2011

Special points of interest:

- 11th Annual Trauma Symposium

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11th Annual Trauma Symposium

March 12, 2011

University of Notre Dame, Jordan Hall of Science
Presented by: Memorial Leighton Trauma Center

Our 11th Annual Trauma Symposium examines the building blocks for a successful trauma system.

Join us in welcoming recognized trauma experts who will discuss advances in diagnosis and management of this special population. The symposium is designed for trauma/general surgeons, orthopedic surgeons, neurosurgeons, emergency physicians, anesthesiologists, intensivists, nurses, therapists, allied health and EMS personnel involved in the care of the trauma patient.

COURSE Objectives

- Explore the impact of trauma systems on outcomes after injury
- Discuss evidence-based recommendations for the management of post-traumatic coagulopathy
- Debate the positive and adverse effects of traditional fluid resuscitation
- Explore the usefulness of thromboelastography in trauma
- Discuss evidence-based programs for reducing recidivism following violence
- Identify implications for prehospital care following methamphetamine explosion
- Select appropriate interventions in given case scenarios
- Discuss the rationale for altered trauma triage for the geriatric population
- Explore how multidisciplinary collaboration contributes to positive outcomes in multisystem trauma
- Identify the pediatric intensivist's contribution to the immediate and long-term outcomes in pediatric trauma.

Accreditation

The Department of Medical Education of Memorial Hospital of South Bend designates this educational activity for a maximum of 6.0 credit AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Award from organizations are accredited by Indiana State Medical Association.

Symposium planning committee

Candace Andresen, R.N., BSN, CEN; Greg Bingaman, R.N., MPA, CCRN, CFRN; Alice Blakesley, R.N., BSN; Bryan A. Boyer, M.D.; Donna Dickens, R.N., B.S.; Janet Howard, R.N., MSN; Paula Kresca, CTRS, CAISS; Cindy Lemp, MSW; Joan Madsen, R.N., BSN; John McMillen, CCEMTP; Jayne Mitton, R.N., MHA; Ken Nemes; Diane Robaska, R.N., CNOR; Rachel Robinson; Theresa Taylor, R.N., BSN; Jill Thompson; Scott G. Thomas, M.D., FACS

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

Let me take some time to review the timeline for moving toward a paperless medical record. I've heard I need to clarify some things so no uproar occurs based on incomplete or incorrect information.

Firstly, I am not acting alone in developing order sets, which in Cerner language are called PowerPlans: The current strategy is to transform all of the order sets we have on paper, which have already been reviewed, approved, and used by multiple physicians, into PowerPlans. The disease-oriented PowerPlans for which there is no corresponding paper are being developed using Zynx, which is an evidence-based order set database. These are then sent out to a multi-specialty group of physicians for review and comment. The comments will be taken into consideration, implemented when appropriate and the plans will be re-reviewed until they come to the department chief(s) of the involved department(s) for final approval. Currently we are in the building phase and 54 PowerPlans have been preliminarily designed and sent out for review as of 1-7-2011 with more being built nearly daily. If you have questions about this process please feel free to call me, page me or stop me in the hall to talk.

Secondly, is the issue of progress notes: As I've said before, and still haven't been persuaded otherwise, progress notes have always been and should always be real time. Other documents such as H&P's, operative summaries, discharge summaries, consultations, etc., which is currently dictated, will continue to be dictated unless the individual physician finds templating, typing or some other method more efficient. We will not be going paperless on day one (1) so no one will have to stop doing anything they're doing now until the best way to proceed has been determined. Multiple options for progress note documentation will be looked at since we know no one method will work best for everyone. Again, if you have questions or would like to discuss this please call me or page me.

Thirdly, I am your CMIO and am committed to doing my best to help everyone understand and adjust to the important transition to making critical information available to everyone who needs it at the time it's needed. If done correctly this will make our hospital safer for our patients and help us all work in a more efficient environment. It's tough to remember the inefficiencies of our paper system once we get used to immediate information. It's also tough to learn new things while maintaining our current load. One thing that encourages me is knowing the good things that happen once the initial pain is over. The initial pain is still pain; there's no getting around it. The biggest challenge is staying focused on the good goal while experiencing the pain.

I hope this was helpful and would encourage any of you who have questions or concerns to bring them to me and not play "Post Office". We all know how that game turns out.

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 easier. Let me know if there's anything else I can do. Thanks!

New Physician at Ireland Road



Memorial's Ireland Road Medical Group welcomes **Jamie Kazmierzak, M.D.**, to its expanding list of physicians and providers. Dr. Kazmierzak received her medical degree from Chicago Medical School in

North Chicago and completed her residency in family medicine at Adventist Hinsdale Hospital in Hinsdale, IL. She is a member of the American Medical Association and American Academy of Family Medicine.

Update from Memorial's Outpatient Nutritional Counseling:

Our office has been moved from the Navarre Building, Suite 6670 to the 1st Floor in the main hospital. Patients are encouraged to use valet parking or they can use one of the garages and have their parking validated.

Registration is in the Main Lobby and the dietitian will meet the client and escort them to the office right down the hall.

As before, a signed physicians' order is required with any pertinent lab results. An order form is located on Memorial's website under Physicians/Outpatient Order Forms

www.qualityoflife.org/outpatientorderforms/.

Thank you for your support of this important aspect of patient care!

STROKE CARE PROGRAM

Stroke is the 3rd leading cause of death in the United States and the 4th leading cause of death in Indiana. Few conditions can occur as rapidly and with the level of severe consequences as stroke. According to the American Heart Association, 795,000 Americans suffer a new or recurrent stroke each year, which means on average, a stroke occurs every 40 seconds.

Eighty five percent of strokes are Acute Ischemic Strokes (AIS). In 1996, the FDA approved the use of intravenous tissue plasminogen activator (tPA) in the treatment of AIS. However, very few stroke patients actually receive intravenous tPA because of the narrow timeframe for treatment. Intra-arterial tPA has been shown to be effective in re-establishing flow in cerebral artery occlusions. Memorial Hospital has offered these therapies for some time but recently has introduced mechanical embolectomy for patients suffering from AIS. The FDA cleared mechanical embolectomy for the treatment of AIS in August 2004. Intra-arterial tPA and mechanical embolectomy expands the treatment timeframe to 6 hours for stroke patients who are not candidates for IV tPA.

Memorial Hospital has recognized the need in northern Indiana for a comprehensive stroke care program. In 2012, Memorial will expand our program to include a neuro-endovascular treatment program for patients suffering from cerebral aneurysm rupture. Endovascular treatment of cerebral aneurysm is an alternative therapy for patients who are not candidates for surgical intervention. During this procedure coils are deployed into the aneurysm for embolization preventing blood from filling the aneurysm sac decreasing the risk of rupture.

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

The Physician's Role During a Code Yellow Event (Emergency Incident Response Program)

General:

- Make care decisions for patients already in the organization and for those who arrive as a result of the emergency.
- Support the medical response as directed.
- Complete present duty in a timely manner.
- Instruct visitors to remain in the appropriate patient room or area.
- Maintain patient confidentiality.
- Do not discuss disaster information with anyone other than appropriate staff.
- Use telephones only when necessary and leave at least one line open at all times. Direct all questions and information to the appropriate department.
- **Do NOT** respond to the scene of an emergency or disaster as a medical care provider unless properly trained, equipped, and part of the community's organized emergency response.

Code Yellow Activation Level 3 or 4:

- Expedite patient discharge or transfer orders as appropriate.
- Suspend all non-essential functions and procedures as appropriate.
- Report to the Medical Staff Pool Area in the Medical Staff Office as directed for further instructions by the Labor Pool & Credentialing Unit Leader.
- Trained specialty physicians may be asked to advise the Incident Commander in their respective Medical Technical Specialty.
- If additional care providers are needed to support to response, the Medical Staff Office will be responsible for issuing disaster privileging. All volunteers considered eligible to act as licensed independent practitioners should be directed to the Medical Staff Office for processing of disaster privileges. Volunteer practitioners will be paired with a current member of the medical staff to oversee the professional performance and practice and with whom to collaborate in the care of patients.

Medical Staff Officers

President
Thomas Hauch, M.D.
 Vice President
Etta Nevel, M.D.
 Secretary-Treasurer
John Mathis, M.D.

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.cfm



CME Opportunities:

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

February 9th –“Minimally Invasive Hip & Knee Prosthetic Surgery”

Jeffrey D. Yergler, MD, South Bend Orthopedic Associates, Inc.

Also Held February 23rd at Mini Medical Series 7:00 – 8:30 p.m. Indiana University School of Medicine – South Bend

Held 12:00—1:00pm Indiana University School of Medicine – South Bend

February 23rd – “Medical Jeopardy”

George Drew, D.O., Valley Emergency Physicians, Saint Joseph Regional Med. Ctr.

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

**716 - Pertussis Cases in Indiana
 38 - Pertussis Cases in St. Joseph County**

Pertussis usually starts with cold symptoms (runny nose, sneezing, mild fever, and cough). This is called **stage 1** and lasts for about two weeks.

In **stage 2**, the coughing becomes more severe and frequent, and the “whooping” sound is heard. People with pertussis may have 15-24 coughing attacks a day. After an episode, the person often vomits and feels very tired. Between episodes, there may be no signs of illness. This stage can last for weeks or months, which is why pertussis is sometimes called the “100-day cough.”

Stage 3 lasts about 2-3 weeks, as the person gradually gets better with less and less coughing.

Hospital Quality Measures at a Glance...

SCIP

(CMS-Surgical Care Improvement Project) Core Measure

Prophylactic Antibiotic Selection for Surgical Patients (outpatient/inpatient)

CMS requires:

*That surgical procedures require **appropriate selection** of prophylactic antibiotics.

*That there must be a **documented reason** for use of Vancomycin prior to surgical incision.

Posters about antibiotic selection are posted in the Major Surgery Physician Lounge and the OSC Physician Dictation Room. If you any questions please feel free to contact Julie, Quality Management, at 574-647-7042 or at jgumm@memorialsb.org.

Welcome New Medical Staff Members:

Brian Kim, MD
 Teleradiology
 Vision Radiology
 449 Lucerne Dr.
 Spartanburg, SC 29302

Wen Sum Lum, MD
 Hospitalist
 Memorial Hospital of South Bend
 615 N. Michigan Street
 South Bend, IN 46601

Barry Crevey, MD
 Cardiology
 The South Bend Clinic
 211 N. Eddy Street
 South Bend, IN 46617

Leonard Henry, MD
 General Surgery - Affiliate
 Goshen Center for Cancer Care
 200 High Park Avenue
 Goshen, IN 46526

Richard Hostetter, MD
 General Surgery - Affiliate
 Goshen Center for Cancer Care
 200 High Park Avenue
 Goshen, IN 46526

Email Address Request:

The Medical Staff Office utilizes several forms of communication in order to provide you with needed/required information. Please assist us by providing your current email address to: mweaver@memorialsb.org or call 574-647-7920.