

Medical Staff Update, March 2011

Special points of interest:

- Healthful News for the Michiana Region

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Announcing Healthful News for the Michiana Region



are uniting for enhanced
Sharing, Preparing & Caring

March 17, 2011

The Governing Boards of Elkhart General Healthcare System and Memorial Hospital & Health System today announced the signing of a Memorandum of Understanding to fully align the two organizations. It is expected that the required steps to unite these two successful medical organizations will be complete during 2011. Both hospitals will continue to provide traditional acute care services while pursuing even more specialized medical care operated under a newly formed parent organization. This alliance will preserve local governance and management with an equal number of board members from each organization.

Sharing- Elkhart and Memorial have achieved national recognition in clinical operations and by aligning, leaders in each organization will have opportunities to share their knowledge, experience and technology for the benefit of patients, physicians and the community. We will also have new abilities to share in efforts to attract and recruit quality physicians to join the larger organization.

Preparing- the healthcare industry is on the verge of being reinvented to improve access and better align patient needs with economic incentives. In order to thoughtfully and comprehensively prepare for historic healthcare reform, these two health care systems will combine perspectives and resources to proactively respond to industry changes.

Caring- by uniting two high performing systems, the level of care quality, safety and compassionate care will continually improve and new opportunities to prevent disease will develop. Care will continue to be locally governed by those who live in and care about our communities.

For ongoing updates about the alliance, visit www.qualityoflife.org

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

I'd like to spend some time-sharing with all of you our timeline and strategy for CPOE as they currently stand.

As you may have heard, we plan to go live with CPOE in the ER on June 1st. This only impacts ER physicians, not those physicians who are just seeing a patient who happens to be in the ER. This will not affect inpatient processes; they will all still be on paper. The main reason for starting the ER earlier than everyone else is to help us meet meaningful use of our electronic record in 2011. A secondary reason is it gets us started on our transition to electronic orders. The rest of us are still scheduled to go live with CPOE in November.

We are still working on our strategy for educating the physicians. We haven't made any final decisions yet but are considering options. The goal is to start early enough to get everyone trained but not so early that you forget what you've learned before we actually go live. We will also have several different methods of learning and being tested on what you've retained. Further information will be made available when final decisions are made.

Our team has been working on building our PowerPlans, which is the name in PowerChart for the order sets. About half of them have been built preliminarily at this time. I'm hoping to have some of the content available on paper soon so you can get used to what's in it and how it's organized. It also gives you an opportunity to give me feedback on it before we're electronic.

We are also continuing to work on our device strategy because we know that we need more and also more variety. If you have an iPad you would like to try it out, contact me and I will get you in touch with tech support to get your network connection set up. One thing you can do on your own is download the Citrix app through your iTunes account; that way you can get the updates without going through tech support and can connect to PowerChart (and Allscripts if you're an MMG physician) as soon as you get your network connection. I can also share with you some pointers to maximize your ability to troubleshoot on your own.

One of the biggest challenges of an electronic record is helping each individual get to the point where their workflow is as efficient as it can be. This means identifying something you may have started doing because it seemed to make sense but in reality there's a much more efficient way to do it. I've been impressed over my years of working with those learning how to use an electronic record how much of the original training is forgotten. So, if you can think of a topic that needs a refresher, let me know and I can address it in this space. This could also be used to address things you find particularly difficult; there may be a better way you don't know about or had been told about at one time but have now forgotten.

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!

Memorial Physician



Receives Award

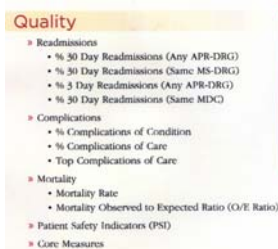
Emergency Physician **Mark Walsh, M.D., FACEP**, was honored this past weekend with the Alpha Omega Alpha's Volunteer Clinical Faculty Award by the Indiana University Chapter of Alpha Omega Alpha. Alpha Omega Alpha is the national medical honor society. The award is presented annually to recognize a community physician who contributes to the education and training of clinical students. Nomination forms were distributed to the entire junior and senior medical student classes with final voting by the 64 student Alpha Omega Alpha's members. Dr. Walsh is the 12th recipient of this award.

Emergency Physician **Mark Walsh, M.D., FACEP**, was honored this past weekend with the Alpha Omega Alpha's Volunteer Clinical Faculty Award by the Indiana University Chapter of Alpha Omega Alpha. Alpha Omega Alpha is the national medical honor society. The award is presented annually to recognize a community physician who contributes to the education and training of clinical students. Nomination forms were distributed to the entire junior and senior medical student classes with final voting by the 64 student Alpha Omega Alpha's members. Dr. Walsh is the 12th recipient of this award.

CRIMSON ALERT

Physicians are reviewing their own quality profiles.

Have you scheduled your Crimson training yet? We have started seeing an interest from physicians and have completed the initial log in and training with a few. 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.



From the P & T Committee

Beginning April 1st, the pharmacy department will begin collecting data for a Medication Use Evaluation (MUE) on Vitamin K administration. The pharmacy will be evaluating Vitamin K usage compared to the recommendations delineated in the American College of Chest Physicians (ACCP) 2008 Guidelines. The recommendations are as follows:

INR \geq 5 but \leq 9 No significant bleeding	3 options: 1) Omit next one or two warfarin doses, monitor INR more frequently, and resume warfarin at an adjusted dose when INR is therapeutic 2) Omit warfarin dose and administer 1 to 2.5 mg vitamin K orally (particularly if at increased risk of bleeding). 3) If more rapid reversal is required (i.e. the patient requires urgent surgery), administer vitamin K 5 mg or less by mouth. If the INR is still high, an additional 1 to 2 mg vitamin K can be given by mouth.
INR 9 or greater No significant bleeding	Hold warfarin therapy. Give 2.5 to 5 mg vitamin K orally. Additional vitamin K may be given if necessary.
Serious bleeding, at any elevation of INR	Hold warfarin therapy. Give vitamin K 10 mg by slow IV infusion, supplemented with fresh frozen plasma (FFP), prothrombin complex concentrate (PCC), or recombinant factor VIIa (rVIIa) depending on the urgency of the situation; Vitamin K may be repeated every 12 hours for persistent INR elevation.
Life-threatening bleeding (eg, intracranial hemorrhage) and elevated INR	Hold warfarin therapy. Administer FFP, PCC, or rVIIa supplemented with Vitamin K 10 mg by slow IV infusion. Repeat vitamin K if necessary.

NOTE: In patients with mild or moderately elevated INRs without major bleeding, we recommend that when vitamin K is to be given, it be administered orally rather than subcutaneously (Grade IA Recommendation)

Reference:

ACCP Guidelines: Antithrombotic and Thrombolytic Therapy, 8th edition, 2008

From the St. Joseph County Health Department

Clinic Hours

Tuesday, Wednesday, Thursday: 8:30 am - 11:30pm and 1-3:30pm (closed for lunch from 12-1pm)
Walk -in Wednesday: 1-3:30pm

Appointment needed for regular clinic days

Please call 574-235-9781 to schedule an appointment

No appointment needed for walk-in

Testing

*Trichomoniasis, Chlamydia, Gonorrhea, **Syphilis, ** Hepatitis B and C, HIV

*** Only treat for Trichomoniasis, no testing**

****Questionnaire Screening for Syphilis, Hepatitis B & C**

will need to be completed before testing of Patient

Clinic Fees

Testing- \$20

Treatment-\$5

*If a patient and partner cannot afford treatment, please refer patients and partners to the Health Department. Patients and Partners can be assisted due to financial hardship.

Any questions regarding STD Clinic can be directed to 574-235-9740.

Thank You,

SJCHD STD Staff

Theresa Mondovics, RN, BSN, FACCE

Assistant Director of Nursing

Racheal Noble, B.A.

Disease Intervention Specialist

Heart Care Celebration April 6

Team Members are invited to attend a celebration of Memorial Leighton Heart & Vascular Center, Emergency Care Center and Cardiology/Cardiac Catheterization staffs for their highly regarded achievement in heart care. The celebration will take place from 11 a.m. to 2 p.m. on Wednesday, April 6 in the dolphin area just outside the 'B' Elevator on the second floor. Cake and punch will be available.

Studies have shown that STEMI heart attack patients should be treated within 90 minutes of arriving at the hospital emergency room, or the risk of dying increases dramatically. A "STEMI" heart attack is a severe heart attack caused by prolonged period of blocked blood supply that affects a large area of the heart. The American Heart Association (AHA) and the American College of Cardiology (ACC) set guidelines for hospitals to improve Door to Balloon (D2B) time for patients who have their blocked artery opened with an angioplasty balloon (PCI treatment). "D2B" is the time it takes from when patients arrive at the ER to the time they undergo PCI treatment. The ACC and the AHA have set the D2B interval of no more than 90 minutes. In 2010, of the 60 cases that involved PCI treatment at Memorial, 100 percent of them had D2B times of 90 minutes or less.

We are very proud of our dedicated Memorial Leighton Heart & Vascular Center, Emergency Care Center and Cardiology/Cardiac Catheterization staff. This is truly a team effort and with their hard work and efforts, we have been able to save and improve the quality of lives for many—not only in our community, but in outlying regions as well. It is comforting to know that if we or our loved ones are faced with this life-threatening condition, we will be in very capable hands here at Memorial.

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
April 6th –“Gene Therapy and Cancer” Philip D. Bonomi, MD, Director Division of Hematology–Oncology, Rush University Medical Center

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

April 13th –“Platelet Rich Plasma Injections for Joint, Ligament and Tendon Injuries”




Mark LaValle, MD, Director Sports Medicine, Memorial Hospital of South Bend

April 27th –“Pediatric Anemia” Colleen Morrison, MD, Pediatric Hematology–Oncology, Memorial Hospital of South Bend

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

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

ONCOLOGY UPDATE FOR PRIMARY CARE, 2011

<p>Walter Halloran, MD Management of Lung Cancer</p> <p style="text-align: center;">§</p> <p>Jonathan Weiss, MD Use of PET in Cancer Diagnosis and Management</p>	<p>Edward DelleDonne, MD Management of Rectal Cancer</p> <p style="text-align: center;">§</p> <p>Jose Bufill, MD The Future of Oncology: Genetics and Targeted Therapy</p>
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Wednesday April 20, 2011, 12:00 noon – 2:00 pm
Saint Joseph Regional Medical Center
5215 Holy Cross Parkway, Mishawaka, Education Center AB
(Garden level near cafeteria)

Objectives: After attending this lecture you should be able to:

Discuss with your patients the diagnosis, treatment strategies and side effects, and use of the state of the art technologies/therapies available in 2011

Lunch will be provided.

Please contact medical education with any questions at 574-335-1052

This lecture is sponsored by Saint Joseph Regional Medical Center, Elkhart General Hospital and Memorial Hospital, and planned by the Northern Indiana Oncology Symposium.

Saint Joseph Regional medical Center is accredited by the Indiana State Medical Association to provide continuing medical education for physicians. Saint Joseph Regional Medical Center designates this live activity for a maximum of 2.0 AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity. This program has been reviewed and is acceptable for up to 2.0 prescribed hours by the American Academy of Family Physicians. Application for CME credit has been filed with the American Academy of Family Physicians. **Determination of credit is pending.**

Welcome New Medical Staff Member(s):

Michael J. Disher, MD
 Otolaryngology
 Ear Clinic of Indiana
 621 Memorial Dr., Ste. 402

A Little Known Fact...

February 23, 1971: Dr. Keim Houser performed the first laparoscopic tubal ligation at MHSB 40 years later...

February 23, 2011: Dr. Keim House assisting with Drs. Etta Nevel and R. Shah on the daVinci