



Forward Thinking.....

Lawrence Wilson, MD, MBA, FACEP
Vice President, Medical Affairs/CMO

Becker Hospital Review Conference

At a recent Becker Hospital Review meeting, one keynote speaker was **Dr. Delos (Toby) Cosgrove, a cardiac surgeon and CEO of the Cleveland Clinic.** The following is taken from my notes along with excerpts from an article in Becker's Hospital Review.

He started with a story about having met a friend of his father, a college professor, when he was a high school student. Speaking of success in college the professor said GQ is more important than IQ. By GQ he meant Gut Quotient; guts or grit when faced with setbacks and to prepare for challenges. Despite the uncertainties with healthcare reform, Cosgrove said the rest of the healthcare industry must cultivate a higher GQ to not only survive but to thrive in a changing healthcare landscape.

He went on to give five thoughts on how to succeed in the future of healthcare:

1. Teach clinicians to be team players. Traditional medical training has not prepared clinicians to be team players. Yet the time when an individual doctor provided care to patients, perhaps with house calls, has been supplanted with an expectation of complex care through the continuum of the healthcare system. Cosgrove said it had occurred to him that every staff member of the healthcare system is a caregiver. "Everyone from the bus driver and cafeteria worker to the chief of staff and neurosurgeons are care givers". It takes physician leadership to be part of this. We must learn to participate as leaders of a healthcare team for successful healthcare delivery.

2. Invest in IT.

3. Make population health management a strategic priority – for patients and staff. Population health management's role in mitigating the cost of chronic disease management is surging. It is important to embrace this for our staff as well as for our patients.

4. Deliver care in the most cost-effective setting. To help control the cost of health care we must be more conscious of assuring that the right patient is cared for in the right setting, with the right tests; care must be provided in the most cost effective fashion possible. That is not the way we have historically done things.

5. Do not underestimate the devastation of the opioid epidemic. Dr. Cosgrove recalled, from his service in Vietnam and a more recent visit to the Vietnam War memorial in Washington DC, that there were 53,000 names on the memorial. Last year in the US there were 53,000 deaths from drug overdose. "We have a Vietnam War going on in this country every day," Cosgrove said. "But not everyone understands the magnitude of the issue now and it is getting worse." Increasing public awareness of the issue combined with improving the approach to combat it by medical professionals and law enforcement are the first steps the US must take to control the epidemic of opioid abuse.

If you would like the full article about Dr. Cosgrove's talk, contact medical Affairs and we will get you the link.





Forward Thinking (continued)

Becker Hospital Review Conference

Another keynote speaker was Arnold Schwarzenegger. It seemed to me a little light entertainment at a conference about strategies and best practices in health care delivery. It was entertaining but pretty insightful as well. He gave the pearls to achieve success interwoven with vignettes from his life as a boy on a farm in Austria to a world champion body builder, famous actor and finally Governor of California.

Pearls to achieve success according to Arnold Schwarzenegger:

1. Get a vision and strive to achieve it; stay on course and focused. More than 60% of Americans are unhappy with what they do. If you get a vision and achieve your own goals, you won't be part of that unhappy statistic. He asked how many of you awaken excited and happy about your upcoming day? Smile throughout your work day? No? Get a vision!
2. Never think small; if you're going to achieve your vision, go for it; go all out.
3. Ignore the nay-sayers. If he had listened to them he would still be living on a small farm in Austria.
4. Do not have a plan B; failing is not an option; the minute you think of a backup plan you plant the seeds for failing.
5. Work your ass off; no one ever made it with their hands in their pockets or watching from the sidelines. Go after it.
6. Don't just take. Give something back. In the end we are not judged by what we have, but by what we have given

I had not expected that kind of talk from him. Humorous, many life anecdotes and with purpose and meaning; he would be a great person to inspire our youths.

Welcome Population Health Advisors (PHA)

We are developing a new relationship with PHA- a team that has successfully developed a population health program for Baylor Scott & White. A successful program for us will have us better prepared for each of you to meet the expectations of MACRA and be positioned to thrive in the future value based health care market. We will begin with a kickoff in late May and you will hear more of the program in the coming weeks. If you would like to know more, please reach out to the medical affairs office and we will connect you with resources. Or you can speak to me when we cross paths.

Runners at Midland Memorial Hospital

Ina Miller (Ables): Ran the Boston Marathon for the second time; she ran an impressive 7:18 per mile or about 3 hours and 11 minutes.

Dr. Satish Mocherla ran the Austin Marathon in January.

Congratulation to both of them; it is no small sacrifice of time and effort to train for a successful 26.2 mile run.





Forward Thinking

Benchmarking MRI utilization:

A periodical from the American College of Emergency Physicians, "ACEP Now", May 2017, published an article about testing in emergency departments and benchmarking data to assess utilization. There was telling information for Midland Memorial Hospital regarding ordering of MRIs by the ED. They demonstrated that the volume of ED patients correlates to number of ED ordered MRIs. Bigger and busier EDs tend to be higher acuity with more complex patients. Therefore more studies are ordered. Our ED is a moderate sized ED with an annual ED volume of about 60k patients. If you subtract roughly 13.5 % of that volume (the percent admitted and therefore considered inpatients) our ED volume is about 52,000. Based upon that volume, benchmarked to like-sized EDs we should be performing about 1.5 MRIs per 100 patients. Our ED performs 3 MRIs per 100 patients based on data collected by our stacionian, Reagan Twum-Barimah. We are performing twice the national average MRIs compared to like-sized EDs.

Table 1: ECG and Imaging Procedure Utilization per 100 Patients in 2016 by EDBA Data Cohort

ED TYPE	ECGS	MRI PROCEDURES	ULTRASOUND PROCEDURES	CT PROCEDURES	SIMPLE X-RAY PROCEDURES
All EDs (N=1,400)	27	1.6	7	20	42
Under 20K volume	20	0.6	3	17	40
20-40K	22	1.0	6	19	41
40-60K	27	1.5	7	22	44
60-80K	29	1.7	7	22	45
80-100K	29	1.9	8	24	48
Over 100K volume	32	1.9	8	24	46
Pediatric EDs	3	0.8	4	4	25
Adult EDs	34	1.8	7	26	49
Freestanding EDs	20		5	16	41

Our Radiologists have noticed this trend of excessive MRIs. The impact of emergent MRIs bumping scheduled cases and delaying service to other patients is felt by many. Our neurologist notice the trend as well. Dr. Beltran, Chief of Neurology, has noted that if time were taken to review records and collect background information carefully we would find that a portion of currently ordered studies are not needed.

How do we reset the ordering of MRIs? A good place to start is by having the benchmarked national data on utilization posted and reviewed. Once this is reviewed and we see we are an outlier facility, we can set a plan in place. The radiologist have provided a list of the indications for emergent MRIs. It has been reviewed by our ED doctors and our neurologists. Utilizing these guidelines to guide utilization and collecting data on ordering by physician, we can evaluate utilization, provide feedback and realign ordering practices with best practices. Follow up reviews of utilization with feedback to the providers should begin to see results. The following is the list of indications as agreed to by our radiologists, ED providers and Neurologists. Thank you to each of these services for working on an opportunity to improve our performance!

Continued on page 5.



Forward Thinking

Indications for Emergent MRI:

MRI—Brain

- Stroke—If emergent MRI shall immediately impact treatment
- Vertebral/Carotid artery dissection—If contraindication to CTA
- Intracranial complications of infection, requiring URGENT treatment (abscess, empyema, herpes)
- Tumor/Metastasis, with acute decline, requiring URGENT treatment when CT is inadequate

MRI—Spine

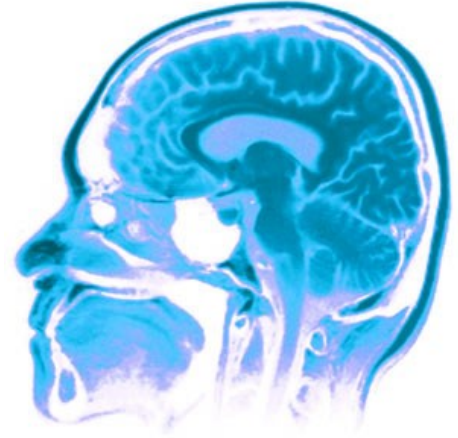
- Acute spinal cord injury
- Acute spinal cord compression
- Acute cauda equine syndrome
- Major trauma, with neurologic deficit or requiring MRI before URGENT treatment
- SIGNIFICANT concern for epidural hematoma
- Acute neurologic deficit, unexplained
- Acute spinal infection

MRI—Bone & Joints

- Infection, acute and life/limb threatening

MRI—Abdomen

- Acute appendicitis—pregnant women only
- MRCP for acute biliary obstruction, with endoscopy to follow IMMEDIATELY



Transition of Care Management translates into a \$2.5 M savings!:

With the introduction of a care transition managing RN on hospitalist teams there has been enhanced efficiencies, improved patient satisfaction and quicker throughput. The hospitalist love the model. With a case manager rounding with them every day, they reinforce messaging to the patient about subsequent care needs after discharge, arrange for DME and coordinate the post-acute care disposition. Everybody wins.

Since the introduction of the TCT model we have seen a measurable reduction in LOS on the teams. Currently with TCT across the hospitalist service we will have reduction of avoidable hospital bed days of 600 per month. That translates into a \$2.5 M revenue savings, higher quality care, improved patient experience and reduced cost. And the end-users (providers) find the work more pleasurable. That's a win at every level. This is the kind of success that will keep Midland Health viable through the changes in health care delivery. Congratulations hospitalists and Transitional Care Team!

Queries:

For those that admit patients to the hospital there are two support services to assure thoroughness in documenting the medical complexity of observation and inpatients. The first is real-time and performed by the CDIS (Clinical Documentation Improvement Specialist) and the second is from coding after discharge. When the CDIS or coders reach out they are providing information that is found in a number of resources to assure capturing relevant data on patient care. They can assure you get credit for the medical complexity that you are managing and assure that the hospital and you are recognized for the true complexity of your patients. Most of the time the information provided will assist you if you review it and document accordingly. Occasionally the information can help clarify for everyone involved so that the level of care remains consistent with your plan.

The request here is that when queried, please respond promptly so that we can assure the loop is closed.



From the Desk of your Chief of Staff
Michael Dragun, MD

Burnout: You Can't Give What You Ain't Got

In the February 2017 issue of Midland Memorial Hospital's Medical Staff newsletter, Larry Wilson, M.D., Chief Medical Officer, provided excerpts on physician burnout from a paper he received by Dike Drummond, M.D., at a Texas Hospital Association program that he recently attended. I found the information relevant and telling of multiple problems encountered not only in our medical/hospital experience, but also in our daily lives. Passages described causes of burnout and personality traits and circumstances which increase its likelihood. As is often the case, I then received multiple references to physician burnout, including articles in the *Urology Practice Journal* and the *TMLT Reporter*, and an AMA CME presentation.

Dr. Drummond's review utilized a metaphor for burnout of an energy account which can have a positive or negative balance. The account he describes is composed of physical, emotional and spiritual energy. Burnout occurs when there is a negative balance over time. Physician burnout is an important public health issue, with multiple negative implications on the quality of patient care and the physicians' who provide it. Detrimental impacts include disruptive behavior, decreased patient satisfaction, increased medical errors and malpractice risk, increased physician turnover or abandoning the medical practice, increase in physician alcohol and drug abuse/addiction and physician suicide.

Given its broad negative implications, I have dedicated our next quarterly Medical Staff meeting to this subject, including mitigating burnout by awareness, behavioral adjustments and changes in the hospital/practice environment. Please plan to attend the Medical Staff meeting on Thursday, June 8 beginning at 5:45 p.m. in Midland Memorial Hospital Conference Center. Dinner will be served. Contact Rebecca Pontaski, Manager, Medical Affairs, Medical Staff Services & Continuing Medical Education, at rebecca.pontaski@midland-memorial.com or (432) 221-1625 for more information on the meeting or to RSVP. I look forward to seeing you on the 8th.

Community Service in the month of June—Sign up in May for these June activities

Midland Health has organized various dates with local non-profits in need of volunteers.

What a great opportunity to give back to the community along with spending time with your family. If you are interested in helping out with the following non-profit locations please contact the Medical Affairs department by call 432-221-4629 and we will register you and the family. Needing additional information, refer to the fax that was provided to your office and the email that was sent to your email address.

West Texas Food Bank

Breaking Bread Soup Kitchen

Midland Soup Kitchen Ministry

Helping Hands

Habitat for Humanity

Then, join us on Friday, June 30th for a Midland Health Family Night at Butler Park located at 4001 Bluebird lane. Bubble soccer will start at 7 PM, followed by movie in the park at dusk. Be sure to bring chairs, blankets and cash for food vendors.



Cerner Project Milestones

Project Milestones

1. Workgroups will begin meeting in the late Feb/Mar time frame and meet weekly or more often as applicable for work in process
2. Training Development begins at start of project and goes through January/February when training actually is delivered
3. Orderset and Interdisciplinary Plans of Care will be ongoing work throughout the entire Spring and some of Summer.

February 2017 –

- Project Kick-Off with Executive Group and Cerner
- Final project planning and prep
- Project Readiness Event

March –

- Current State Review
- Data Collection Begins

April –

- Interdisciplinary plans of Care education/planning begins
- Orderset development
- Data Collection
- Hardware walkthroughs and planning
- Revenue Cycle Planning event (3 days)

May –

- Continued work on items in process

June / July -

- Future State Review
- Continued work on items in process
- Physician "Roadshows" begins
- Testing preparation

August -

- Future State Validation
- Continued work on items in process

September -

- Continued work on items in process
- Beginning of some department build such as pharmacy shelf medication scanning
- Physician Roadshows are completed

October / November -

- Testing (Integration)

December –

- Clean-up, final build corrections and final testing and validation

January / February –

- End User Training

March 2018 – GO LIVE

Quarterly Medical Staff Meeting June 8, 2017

Networking and Dinner: 5:45 p.m.

Call to Order: 6:00 p.m.

Location: Midland Memorial Conference Center, Rooms C & D

Topics:

- Physician/Provider Burn Out
- State of the Medical Community
- Family, Wellness and the Community

Open Forum

- Communication
- Department and Section Reports



To ensure adequate space and food please notify Rebecca Pontaski by email at rebecca.pontaski@midland-memorial.com or by calling Medical Affairs at 432-221-4629 to let them know you will be attending.



Did you Know.....

When a patient comes into ER with a stroke diagnosis (CVA, TIA), a consult order should be placed for all three rehab disciplines (PT, OT, ST). Even in the case of a mild TIA where the patient easily passes the nurses simple swallow screen, per DNV, all three rehab disciplines need to go and assess the patient within 24 hours of admission.

Better Hearing and Speech Month continues. Your Speech Therapists, Nichole Mathis MS, CCC-SLP and Kelli Barnes MS, CCC-SLP, have some more tidbits they feel everyone should know. Speech therapists, as the name implies, do indeed treat a patient's voice and articulation, but they also are skilled at assessing and treating cognition, swallowing, and language fluency (to name a few).



“Mental Munchies”

Why do some patients require thickened liquids? Nectar thick, honey thick, and spoon thick liquids are sometimes recommended to patients who have difficulty swallowing in order to prevent liquids from going to the lungs. Thin liquid consistencies separate easier than thicker, stickier liquids, thus thin liquids are easier to aspirate. Thickness varies depending on the severity of the swallowing impairment. To learn more, visit <http://www.upmc.com/patients-visitors/education/nutrition/Pages/thickened-liquids-nectar-thick.aspx>.



Speech-Language Pathologists will document every evaluation and treatment session in CareVue for medical professionals to find information about plan of care. Bedside swallow evaluations and dysphagia treatments will always list diet texture recommendations and compensatory strategies during PO intake toward the bottom of the note in a branch called “Recommended Diet” and “Swallowing Precautions.” Diet texture orders may be found under the order tab in CareVue under “Diet.”

For more information please contact Nichole Mathis, MS, CCC-SLP, Speech-Language Pathologist or Kevin Crutchfield PT, MPT, OCS, Director of Inpatient Rehab Services.



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For more information contact:

Kevin Crutchfield, PT, MPT, OCS

Director of Inpatient Rehab Services

Midland Memorial Hospital

432-221-4702



New Wallet Size Dictation Cards

Health Information Management will be mailing out the new wallet size dictation cards for your ease of use. With new things on the horizon with Cerner and the addition of several new Transcriptionists to our team, we ask that you use your cards for reference in picking the right job type when dictating. Every time that a wrong job type is selected it moves that dictation job into an improper queue resulting in the dictation job not being transcribed in a timely manner. Be mindful of using the correct provider number.

They also have wallet size dictation cards available for your Advanced Practice Providers, Texas Tech Residents, and ContinuedCare Hospital dictators.

If you need more cards please contact our Transcription Section @221-1884.

Sincerely,

Cheryl Craig, RHIA

Director, Health Information Management

Cards will also be available at the computer stations in both physician lounges at Midland Memorial Hospital.



OSHA Training/Blood Borne Pathogens

Attendees Must Register!!

Wednesday, June 14, 2017—Conference Rooms B/C

Presented by:

Val Sparks, MSN, RN, CIC

Midland Memorial Hospital Infection Control Department

Program will begin at 12:15 p.m.

Lunch will be provided at noon

To register please call the Medical Staff Services

221-1625 or 221-4629

All interested Physicians and Office Staff.

This program has not been designated for credit.

Medical Affairs/Medical Staff Services

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Vice President Medical Affairs/CMO
432-221-4976

Rebecca Pontaski, MHA, CPMSM, CPCS, RHIT
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Credentialing Specialist

Thelma Webb 432-221-2262
Medical Staff Services
Credentialing Specialist

Medical Staff Office Fax 432-221-4253 CME Hotline 432-221-1635



Rebecca James, MD

Patient's daughter expressed appreciation to Dr. James for her taking such great care of her mom.

PK Patel, MD

Patient's daughter expressed "Top Notch Care", and loved Dr. Patel.

David Ferguson, MD

Patient expressed: He held my hand before surgery and prayed with me. I thought that was so special. When my pain was hard to control, he called back on his own to make sure I was doing better. was elevated he even called me back to see that I was doing better.

Venus M. Skeen, DNP, ACAGNP

Patient commented that she just loved Venus in the emergency room.
She is what you want as a provider.

Positive feedback on Face Book

The post below is powerful!

Our teams need to know how they continue to create a positive environment in tough situations. This families message is another opportunity to thank our staff and providers!

- * All of the staff
- * Critical Care nurses fantastic
- * Doctors were great
- * Cleaning crew on point
- * **Every person we came in contact with was helpful, polite, and willing to help** and
- * Positive environment all

Lani Ackerman, MD

Her persistence and the help of the rest of the doctors and staff, my mom's outcome could have been different. She said my mom was her "mystery patient". Under her direction, my mom is back to herself on the way to rehab.



Kirit Patel, MD and Leela Lella, MD

We all knew that my sister was a very high risk and when we were unable to say out final good bye to her, it was very upsetting to us. It meant a lot to our family, when you took the time prior to surgery to come and visit with us. The organization should be proud to have you and the others who have provided my sister with the best care possible during her stay in Midland Memorial. Thank you.

Thank you to our entire team of professionals who served this patient's every need!

The purpose of this letter is to call attention to the exemplary professionalism; the compassionate, and the unprecedented facilitation to the "Spirt" of the Hippocratic Oath: all of which attend each and every member of the medical staff of this hospital to whom I have been fortunate enough to be a patient of during my visit at Midland Memorial Hospital. BRAVO!!!

The doctors, nurses, aids and technicians who have managed my medical needs have consistently emanated a contagious warmth and sense of well being that is essential in the positive psychology necessary for "holistic healing" that they give to the patients as our own.

I am therefore grateful and humbled before my Lord Jesus Christ for providing me and the Great State of Texas with such fine and dedicated professionals.

