



Newsletter
Medical Staff

Medical Staff Services are the foundation of a solid, well governed medical staff that prides themselves in providing Midland Memorial Hospital and its customers with the highest quality of patient care possible.

Culture of Ownership: First 6 Core Action Values

The first six Core Action Values will help you lay a solid foundation of character strength. Character is substantially defined by Authenticity and Integrity; it is refined through Awareness, Courage, and Perseverance; and it is reflected in Faith. Character is destiny, and the work that you put into laying this solid foundation will help to assure that your path in life leads to a bright destiny.

Core Action Value #5—Perseverance

Perseverance follows naturally upon courage—it takes courage to start something, it takes perseverance to not quit when the inevitable obstacles and setbacks arise. In the modules for Core Action Value #4, Courage, I said that fear is a reaction, while courage is a decision. Given that, here’s a pretty good definition for perseverance: Perseverance is making the decision to act with courage day after day, despite the obstacles and setbacks along the way.

Core Action Value #6—Faith

In the truest and original sense of the word, to have faith does not mean that you accept without question a certain religious dogma. Rather, it means that you act with fidelity (as in being faithful to another person or to a cause), and that you have trust in something that is beyond your own power to control (as in trusting in God, or trusting in the future, during times of difficulty).

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2015

Introducing Our New Practitioners

July 2015 & August 2015

Ikemefuna C. Okwuwa, MD—Hospitalist/Family Medicine Benjamin Parker, CRNA—Nurse Anesthetist
Haritha Bellam, MD—Rheumatology Christopher Vela, PA-C—Physician Assistant, Dr. Barnett

Continuing Medical Education—See Page 4

Midland Memorial Hospital is accredited by the Texas Medical Association to provide Continuing Medical Education for physicians. Midland Memorial Hospital designates this live educational activity for a maximum of 1.0 *AMA PRA Category 1 Credit(s)*™ for each teaching program throughout 2015. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Physician Education for Improving Documentation

Physician Education Modules are available through 3M and are available by specialty. Notify Rebecca Pontaski, Medical Staff Manager if you would like a login.

Medical Staff Services Reminders

- Texas Electronic Registrar (TER) Death Registration System—Since 2007, state law requires that all cause-of-death information and medical certifications to the DSHS be submitted electronically. Physicians who do not sign death certificates in a timely fashion face a \$500 fine per violation from the TMB.
- It is peak season for students and others who want to come in and observe practitioner work. Anyone who will be observing a practitioner needs to complete and provide some information before they are able to do so. Please contact the medical staff office at 432-221-4629 for this information and process.
- Contact Rebecca Pontaski or Alma Martinez for additions to future newsletters.

Medical Staff Leadership

Chief of Staff
Sari Nabulsi, MD

Chief of Staff Elect
Michael Dragun, MD

Past Chief of Staff
John Dorman, MD

**Department Chairs
Hospital-Based Services**
Larry Edwards, MD

Medical Services
Larry Oliver, MD

Surgical Services
T.M. Hughes, MD

Rebecca Pontaski, MHA, CPMSM, CPCS, RHIT
Medical Staff Manager
432-221-1625

Alma K. Martinez, RHIT
Medical Staff Coordinator
432-221-1510

Betsy Martinez
Credentialing Specialist
432-221-2165

Esther Griego
Medical Staff Assistant
432-221-4629



New Information



Forward Thinking

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

The neglected skill—Communication!

While delivering and managing health care throughout our community, we daily experience circumstances where care is delayed, or otherwise delivered less efficiently than possible. Think about your last week. Can you recall situations where your ability to deliver optimal care was thwarted by poor information exchange?

A patient brought to the hospital from home by EMS. Medications were not brought from home and the patient does not have up to date medication reconciliation at the Hospital nor do the patient or family recall conditions or medications. How about a patient that is discharged from the hospital after a week-long hospitalization and not only were you unaware the patient had been hospitalized, but now that they are calling for follow-up, you still have not seen a discharge summary. Even in day to day care at the hospital I have heard various physicians lament not having very good communication between consultants and admitting physicians or vice versa.

It amplifies when considering the information that we should share from nutritionists, Pharm D's, PT/OT, nursing care, case managers and social workers and now the CDI's. There are many different professionals touching on our patients with valuable information that is not always readily available. How do we improve the quality of care we deliver and not add excess minutes to our days?

When done well, multi-professional huddles allow rapid sharing of valuable information and thereby decrease time spent seeking out information. Importantly it improves the quality of care delivery and enables the messaging of the care plan to the patient and the patient's family to be consistent amongst all the providers of care that communicate with them. Sounds like a win-win-win, but it does require we plan specific times to meet. That can be tough to do with everyone's priorities slightly different.

Ideally our EMR likewise will allow charting of the primary physician, consultants and allied health professionals to be readily found in the EMR. We are not there today but our new system will make that much easier. In our current EMR we are putting together a note that will encompass valuable information about an admission that we hope will be a one-stop view of information from key members of the team regarding the diagnosis, treatment plan, anticipated length of admission, medication, nutrition, PT/OT and disposition planning concerns among other information. The goal is in one place, multiple providers document their piece and that it doesn't duplicate work. It is a work in progress and if it works it will allow the EMR to help communicate without a burden of increased user work of documenting.

In our time compressed worlds and with our varying priorities it can seem challenging to take the time to gather all the pieces to the patient's care plan. The ever increasing emphasis on comprehensive care delivery, the truth is we cannot afford not to spend the time and realigning our priorities to communicate in a comprehensive fashion across the care continuum. For the best quality care, delivered as safely as possible, communication is key.



From the Desk of your Chief of Staff will return next month.
Sari Nabulsi, MD, MBA, FAAP

Comprehensive Operative Reports 100% Compliance—June 2015

	Compliance by Chart
	% Compliance
Adams	100%
Belizaire	100%
Crockett	100%
Deme	100%
Dragun	100%
Floyd	100%
Glass	100%
McBrayer	100%
Olowookere	100%
Power	100%
Rhodes	100%
Rivera	100%
Staub	100%
Venegas	100%

At Surgical Control and among the surgeons at Midland Memorial there has been buzz around assuring operative reports are meeting DNV/CMS requirements for complete documentation of required elements. It is not only important to document what you did and what you used but also what you did not do or use. Part of the challenge is some surgeons use templates in the EMR, others dictate.

Templates can be built with required fields to complete. As long the fields are filled in and not deleted, the EMR can help assure compliance. Dictations are a little tougher. No prompts are there to remind you to say “no hardware used”. If doing a procedure that does not requiring any hardware, that would be easy to overlook, yet it needs to be documented.

I am told by Medical Records that the following surgeons found a way to be 100% complaint with their operative reports. If you’re finding it tough to capture all the elements, take time to ask one of surgeons listed below.

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

Keep Up to Date on ICD-10

Visit the CMS [ICD-10 website](#) for the latest news and resources to help you prepare. Sign up for [CMS ICD-10 Industry Email Updates](#) and [follow us](#) on Twitter.



Newsletter
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Continuing Medical Education
August 2015

Radiology Exams: What to Order and When to Order it with Contrast

Speaker: Larry Edwards, MD

Date: August 13, 2015

Location: Venezia's Restaurant, 2101 W. Wadley, Suite 20, Midland, Texas

Time: 6:30p.m.—7:30p.m.

Midland Memorial Hospital
Grand Rounds

Inpatient Diabetes Management: Common Pitfalls and How to Avoid Them

Speaker: Rama Chemitiganti, MD

Date: August 19, 2015

Time: 12:15 p.m. (lunch will be served)

Location: Midland Memorial Hospital, Conference Rooms C&D

"Best Practice for the Care of Malnutrition: From Diagnosis to Discharge:"

Speaker: Michelle Hoppman, RDN, LRD, CDE—Director, Nutrition Division, Executive Success Coach, Chula Vista, California

Date: August 25, 2015

Lunch Presentation Time: 12:15 p.m.

Location: Midland Memorial Hospital, Conference Room D

Dinner Presentation Time: 5:30 p.m.

Location: Midland Memorial Hospital, Conference Room C



Newsletter Medical Staff

Date 4-11-15 Dept. Ortho/Neuro

I applaud Chris Bodily
First Name Last Name

Chris Bodily, PA-C
CONGRATULATIONS!

You made a difference and it shows

Went Above & Beyond Because: He was
Just flat out Awesome!!!

He went above and beyond with
Every aspect of my Mothers Care.
In fact the entire staff was
GREAT! Thank You All
So VERY MUCH!

PS: Also LISA, Lisa & Britney were super!

Helen Larson
(Patient name)

We appreciate your feedback.
Please leave card in room when completed.

Dr. Kirit Patel
and Dr. Michael Jones
CONGRATULATIONS!

You made a difference and it shows



Date 2/3/15 Dept. (cath) Heart Lab
3rd floor

I applaud My dr (K Patel) Dr Jones
First Name Last Name

Went Above & Beyond Because: Chris +

Guillermo, all 4 the girls
in the Heart Lab (Cait
remember your names) The
Lab girls who got my hip
started. Veronica + Misty
for concern + every one for
show concern + efforts to
see you again in Malibu + H&B
I should again
Jesus + Guillermo

Lab girls got the blood the
nurse from Heart Lab got the
We appreciate your feedback. Thank
Please leave card in room when completed.

Dr. Guillermo Brachetta
CONGRATULATIONS!

You made a difference and it shows



Date 5-2015 Dept. Post Surgical Unit
7th Floor

I applaud Charrel Garza (RN)
Mariana Leon (PCA)
First Name Last Name

Went Above & Beyond Because: Dr. Guillermo Brachetta MD

Thank you so much for
taking care of my mother.
I am very impressed
how they put my mother
first priority taking
care of her. There hard
working nice kind
and very helpful.
They all went above and
beyond their work.

Irene Vega
(Patient name)

Thank you so much
(Evelyn Dominguez) daughter
We appreciate your feedback. 432
Please leave card in room when completed. 57 52
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