



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: Core Action Values 7-12

Core Action Values 7 through 12 give you a roadmap for getting things done in the world. High achievers are always driven by a sense of Purpose that is greater than simply trying to make a living, and they have a Vision for the future; they Focus their time, money, and energy on what it takes to bring about that ideal future, and they do it with Enthusiasm, and a commitment to Service; and in doing all these things they become the sort of person that other people want to follow—they become Leaders.

Core Action Value #9—Focus

The One Big Yes requires lots of little No's. Focus is an essential ingredient for effectiveness, whether in your career or hobbies, your financial situation, or your personal happiness.

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November

2015

Introducing Our New Practitioners

October 2015

- David F. Ferguson, MD—Orthopedic Surgery
- Beverly Yee, MD—Obstetrics & Gynecology
- Augustine Attiah, MD—Internal Medicine, Critical Care and Pulmonary Disease
- Curtis B. Beauvais, PA-C—Physician Assistant, Midland Emergency Management
- Melissa Hicks, PA-C—Physician Assistant, Midland Emergency Management
- Maribel Perkins, DA—Dental Assistant, Dr. McCarver and Dr. Youngblood

Continuing Medical Education—See Page 6

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

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

- Physician referrals should all be emailed to the mmhcredentialing@midland-memorial.com inbox. In addition this inbox is also used for appointment and reappointment applications.
- 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

L. Michael Pallan
Credentialing Specialist
432-221-2165

Amber Campos
Credentialing Specialist
432-221-2261

Jennifer Bryant
Credentialing Specialist
432-221-2262

Missy Taylor
Medical Staff Office Assistant
432-221-4629



New Information



Forward Thinking

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

Courtesy and Respect leads to a Triple Aim in Healthcare.

How far you go in life depends upon you being...Tender to the young, compassionate with the aged, sympathetic with the striving and tolerant of the weak and the strong. Because someday in your life you will have been all of these things.

-George Washington Carver

This past week I attended the American College of Emergency Physicians (ACEP) annual conference. Not surprisingly many of the topics discussed revolved around the changing face of healthcare delivery. Amongst the conversations two stood out as areas we recognize as important. One is the need for physicians to lead in developing the strategies in our health care communities. The other is the importance of keeping the consumer, our patients, at the center of our purpose.

On the latter topic I was impressed that many speakers recognize the importance of providing healthcare (what we are trained well to do) while exhibiting courtesy and respect for our patients and those we work with to deliver the health care (not part of our training). How many of you recall lectures on how to introduce ourselves to patients and families? How about how to deliver the results of complicated work ups so that the information is easy to understand by a patient or her mother? Importantly, do you knock when entering a patient's room? Do you ask if this is a good time to go over results or to have a progress assessment? It is unlikely a patient will say, "No, come back later", but it will show them you are courteous and respectful. Much of this, if we think about it, is how we would like to be treated ourselves and would like our loved ones to be treated, but do we offer that consideration to our patients? All the time?

We also rely on others to help provide the care our patients receive. Whether assuring a patient is properly prepped for a procedure, collecting information for medication reconciliation, or any number of other tasks, we rely on nurses, respiratory techs, dieticians, physical therapist, house cleaning, etc. everyday. When did you last thank them for a job well done or provide some education about a procedure or lab result that might help them in the future?

Ultimately our number one job is not just providing excellent health care, but providing that care with courtesy and respect, and assuring our patients understand what is being done and what is needed in the future (providing explanations). Do you finish conversations with patients and their families by asking, "What questions do you have?" Our second most important job is doing job number one in such a way that makes those we work with feel respected and that we could not do our job without them. And the reason that jobs one and two are important is not because of surveys or oversight. The real reason they are important is that when we practice that way, we enjoy our work and feel like we are accomplishing something valuable.

Good for our patients, good for those we work with and good for ourselves. Please, let me sit down while I ask you, "What questions do you have?"



Did You Know...

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

Increasing importance is placed on accurate problems lists. Similar to medication reconciliation, the problem list is a go-to sight to rapidly identify ongoing medical problems, and those medical conditions that have occurred in the past. Patients may have chronic conditions that are requiring ongoing treatment but are not the reason for an acute care episode such as diabetes or hypertension. They may have had past problems that are no longer active but do give some insight into the overall medical condition (COPD exacerbation, past MI, etc.) And then of course the active condition that is being treated during this episode of care- pneumonia, a hip fracture, a foreign body in the throat, etc.

All three are important. Co-morbidities (CC or MCC) may influence the recognized severity of an illness and therefore the predictable length of a hospitalization. And the increased complexity may lead to higher reimbursement for care. For example pneumonia vs. aspiration pneumonia or respiratory failure secondary to pneumonia are reimbursed differently.

What you may not be aware is that in the next couple of years CMS, and likely other payers, will begin paying treating the professional fees the same as the hospitals fees. So staying up on charting, and assuring accurate problem lists are in your patients, the hospitals and your own best interest.

As we prepare to on board with a new EMR, please remember, it may be a state of the art documentation and data archiving platform, but it is only as good as the information put into the structure. And the only person that really knows the right place for a problem or chronic condition is you or your AHP. I know we did not choose our profession to become data entry persons, but if you want to have access to great data in a truly state of the art EMR, we all have to develop new habits and help in some areas. Problem list maintenance is one that I believe we must be the stewards of if we want to assure useful information.

Our Information Technology Service (IT) is assuring only authorized persons have access to the EMR. In your office you no doubt have persons that access CareVue. You may have persons no longer working for you that had access when they were in your office. Please be on the lookout for a letter from IT asking you to sign recognizing the responsibility of alerting IT when you need to grant access to persons, or when they no longer need access. Once this is completed, IT will be shutting off access to the unauthorized. If you do not want to have staff or yourself lose access, please sign the letter and let IT know your active access staff. Any questions, please call IT for answers.

For More Information

H.I.S. 432-221-4040



Did You Know...

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

Last week was Medical Staff Services recognition week! If you have a chance, please let Rebecca, and Alma and their team know you appreciate their tireless work. Credentialing and credentialing our medical Staff and Allied Health Professional is a non-stop operation that requires meticulous attention to detail. A tough job for anyone, but our office staff seems to make it work effortlessly—Kudos to Medical Staff Office!

If you are observant you may have noticed the Human Resources area is being renovated. Some reshuffling of office space is occurring to allow expansion of some areas. The Medical Staff Office/Affairs offices will be moving up to the newly renovated area in the next few weeks. I will be officed there as will be Rebecca and her team. We are also making space for a lounge, food, etc. A conference room for up to ten medical staff is included. We hope to hold most medical staff managed meetings in the space. The goal is to have an area for medical staff to meet or lounge that is more accessible than the current location. The downstairs conference rooms will be soon cannibalized by and expanded CMS area and will see less traffic in general.

The Holiday Season is upon us. The Medicals Staff Office has taken on the challenge of allowing the medical staff to be the biggest givers in the hospital. Please bring non-perishable food donations, toys, clothing or whatever gifts you would like to Rebecca in the Medical Staff Office. You may also drop them off in or near the box in the Physician Lounge. The way the giving is being compared is by weight so if you are competitive, can goods make sense. In the spirit of the season, however, anything is welcome!

See page 8 for additional details.





From the Desk of your Chief of Staff

Sari Nabulsi, MD, MBA, FAAP

Healthy Eating

I hope many of you attended the seminar put on by Dr. Stanton Awtrey, featuring "Ending the Cardiovascular Disease Epidemic with Whole Food Plant-Based Nutrition" by Dr. Caldwell Esselstyn from the Cleveland Clinic foundation. It sounded a little bit extreme and too restrictive; but if you think about it, you will realize that we are living in a true crisis. More than 70 million American are hypertensive, 100 million Americans are either Diabetic or Pre-diabetic. We spend more than \$44 billion dollars treating Diabetes and more than \$444 billion dollars treating cardiovascular diseases. That is truly extreme. We are living in a country with the most advanced technology in the world, but still struggling with diseases that can be prevented with primary intervention.

Dr. Esselstyn showed a drop of 82% in mortality of coronary heart diseases over a period of 36 years, from the Karelia project in Finland, just by following plant-based diet. He also showed many studies that a "whole food plant-based diet" can lead to less incidence of stroke, less cancer, less heart diseases, less Alzheimer disease and less obesity. The results of Whole food plant-based diet will start to show results as early as 3 weeks. So why don't we even start.

I firmly believe as physicians we need to take the lead on advocating best eating habits for our patients. We also need to do what we preach for. Advising patients to eat less processed food, exercise regularly, avoid smoking, decrease stress and better sleeping habits also applies to us as physicians, as much as it applies to our patients. Patients tend to notice us if we are overweight, smoke and able to realize if we follow our own advice or not.

I am not advocating switching to completely to plant-based diet. Physicians are smart enough to sort out all these studies to make their own decision about how they need to start. Taking small steps to plan to eat healthier, avoid processed food, not eating red meats every day and exercise may be a first step. I strongly urge each and every one of you to look at these studies with the expert eyes that it may be the answer we need to help both ourselves and our patients. I know many physician are usually skeptical about anything different from mainstream way of thinking, but this is something that is intriguing and could provide many answers that are missing.



**Continuing Medical Education
November 2015**

“Screening & Treatment: Breast Cancer in the Elderly”

Speaker: Sandeepa Musunuru, MD

Date: November 12, 2015

Dinner Presentation Time: 12:15 p.m.

Location: Conference Rooms B & C

December 2015

“How to Survive Sepsis: Update on ‘CRUSHING’, the current Sepsis Recommendations”

Speakers: Geraldo Catalasan, MD, Rachel Campbell, Pharm.D., Brenda Evans, MSN, RN, CCRN, CNML

Date: December 2, 2015

Dinner Presentation Time: 12:15 p.m.

Location: Conference Rooms C & D

“Intraoperative Ventilation in the Operating Room: A Practice Update”

Speaker: Steven G. Venticinque, MD

Date: December 7, 2015

Dinner Presentation Time: 5:30 p.m.

Location: Surgical Conference Room—3rd Floor

Save the Date!

**2015 Annual Medical Staff Meeting and
Holiday Party**
(Only for the Medical Staff)

Thursday, December 3, 2015

More Information to Follow!





Newsletter **Medical Staff**

Medical Staff Office News

Introducing Medical Staff Services



Michael, Amber, Jennifer, Missy, Rebecca, Alma

Our three new Credentialing Specialists, L. Michael Pallan, Amber Campos (Machado), and Jennifer Bryant are each assigned to a medical staff department. Michael will be primarily responsible for Medical Services, Amber will be responsible for Surgical Services, and Jennifer will be assisting with Hospital-Based Services, LTACH, and other outside entities.

Missy Taylor is the new Medical Staff Services Assistant and will be your primary contact for the Medical Staff Office.

Rebecca Pontaski, manager of medical staff services is your primary contact for Dr. Wilson and crucial medical staff concerns. Alma Martinez, medical staff coordinator will be your primary contact for all credentialing needs and available to assist in Rebecca's absence.

The office contact numbers are as follows:

Missy Taylor—432-221-4629
Amber Campos—432-221-2261
Michael Pallan—432-221-2165
Jennifer Bryant—432-221-2262
Alma Martinez—432-221-1510
Rebecca Pontaski—432-221-1625

Medical Staff Office Fax Number is 432-221-4253

We celebrated National Medical Staff Services Awareness last week!

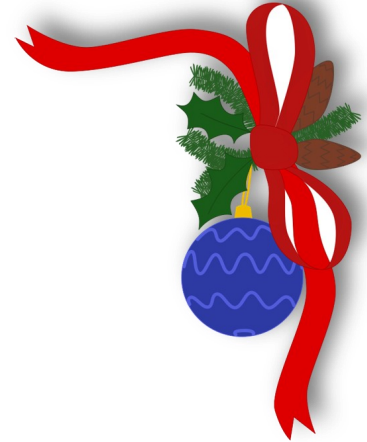
Thank you to everyone that stopped by to see us and for the gifts.

Special thanks to Dr. Sari Nabulsi, Dr. Rea, Lila and MEM, HNI Medical Services—Deb, Ellen, and Linda and Dr. Larry Wilson.



Newsletter **Medical Staff**

Help Contribute this Holiday Season



Medical Staff Services is taking part in Midland Memorial Hospital's Food Drive, Dress an Angel, and Toy Drive & is calling on all Physicians and Practitioners to help.

Please consider giving to the organization of your choice below.

Food Drive for the Midland Soup Kitchen—Non-perishable items are being collected until Friday, Nov. 20. **NO flour or sugar will be accepted.** A box is available in the physician lounge and in the medical staff office.

Dress An Angel for Helping Hands Dress An Angel Program—The Medical Staff Office has already picked up information for a family of six and many more are available. Please contact Amber Campos at 432-221-2261 for additional information on this family or other children. Dr. T. M. Hughes has already chosen one of the six children. Thank you Dr. Hughes!

Toy Drive for Helping Hands— One of the biggest needs this time of year is toys for kids. Please drop off your toys also in the boxes located in both the physician lounge and the medical staff office.

Don't have time to shop? No worries...

The medical staff office is here to help! Monetary donations will be accepted and we will shop for you.

All donations are due in by November 20th at 10 a.m.

