



midland memorial hospital

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 Value #8—Focus

Cornerstone #1: Target

Be clear about what you really want, and don't waste time, energy, and money chasing things you really don't want.

Cornerstone #2: Concentration

When you are clear about what you want, concentrate all of your resources—time, money, and energy—on that goal.

Cornerstone #3: Speed

Cultivate a sense of urgency for achieving your key goals.

Cornerstone #4: Momentum

It is much easier and more productive to keep yourself moving, in a desired direction than it is to bog down and have to restart your engine.

www.joetye.com



Volume 4, Number 11

December 2016

Introducing Our New Practitioners

December 2016

- Jennifer Moss, MD—Obstetrics & Gynecology
- Ravi P. Patel, DO—Internal Medicine/Hospitalist
- Hariprasad S. Trivedi, MD—Internal Medicine/Hospitalist
- Khalid A. Ghazy, MD—Family Medicine/Hospitalist
- Chelliah Pandian, MD—Internal Medicine/Hospitalist
- Rachel Cozart, MSN, FNP-C—Nurse Practitioner, “PJ” Patel, MD
- Emily D. Gully, MSN, FNP-C—Nurse Practitioner, John Dorman, MD
- Martha Ramos, RN, FNP-C—Melissa Alworth, DO and Jeffrey Durgin, MD

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
Gerardo Catalasan, MD

Surgical Services
T.M. Hughes, MD



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

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

L. Michael Pallan
Credentialing Specialist
432-221-2165

Thelma Garza
Credentialing Specialist
432-221-2262

Missy Taylor
Executive Assistant
Medical Affairs/Medical Staff Services
432-221-4629



New Information



Forward Thinking

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

2017 is Here!

As we appreciate the challenges and accomplishments in 2016, I for one am looking forward to the opportunities coming in 2017. In 2016, we have nearly completed our inaugural Lifestyle Medicine course. This is the signature start of a wellness program and a focus on lifestyle choices that influence obesity, hypertension, diabetes and dyslipidemia; all areas that, if controlled, can reduce the cost of healthcare and improve the wellbeing of many in our community. Look for the Wellness Program to continue to grow in 2017.

We have also established a committee to be led by Dr. Juan Gil and others, including the Hospitalist physician group, to improve our transitions of care. Transitions of care are nationally recognized as the time when at risk patients can either have well-coordinated care that improves the chances of achieving optimum outcomes or can lead to complications as the result of poor communication and follow up coordination. A first step has been the introduction of a Transition Care Coordinator on one of the hospitalist teams. It is early in the development but it already looks like the model can reduce the length of stay for medical patients by coordinating service needs early during the admission and identifying potential obstacles to discharge. There are great opportunities, through care transition improvement, to impact the outcomes of our patients by reducing unnecessary days in the hospital and by assuring medications, home care service needs and follow up are well communicated and coordinated.

In the last months of 2016, the OR Committee (ORC) has been established (or resurrected). This multidisciplinary team will work on the opportunities to improve the quality of care provided to our patients in the perioperative and surgical service lines. For years; surgeons, anesthesiologists, anesthesia staff and many perioperative staff have complained about inefficiencies. Some argue that it is because of surgeons who are not being held accountable. Others say that the culture within the area allows many to get away with behaviors that are contrary to best practice. The truth is likely multifactorial. Unless we measure and observe, it is just opinion. The ORC, under the chairmanship of Dr. Dan Copeland, has established a compact that it will focus on improvement with the following guiding principles:

1. Quality care and safety for our patients is paramount
2. Remain attentive to the cost of care and being good stewards of our resources.
3. Changes recommended and adopted must account for how they will impact the end users- we cannot sustain change that is onerous to maintain.
4. Professionalism in behavior is not an option but rather an expectation, and will be supported at all times. Good citizenship leads to improved communication, team work and safe high quality care.

The first areas to be tackled are timeliness of morning starts and efficiency of room turnovers. Defining terms and measuring outcomes are the first steps. With data we can hold each other accountable with consequences for behavior. With high quality, safe care and stewardship of resources as guiding principles we must hold each other accountable. We can and must change. I promise you we cannot afford to continue without changing. We will either succeed or our hospital will fail.

The ORC also discussed the next areas to improve upon, such as standardized preference cards and eliminating waste when opening tools and/or materials.

For those that say, "These have been issues for years and will never change", please get on board. Attitude can be a game changer for the success of a program like this.

In November, Russell Meyers and I met with several key stakeholder physicians to discuss the development of an integrated network of physicians. The various programs listed above are performance improvement working groups. Ultimately, many such projects, developed by and governed by physicians, are the underpinning of a Clinically Integrated Network (CIN). To achieve the needed goals and meet the requirements of MACRA and ultimately to develop an Alternative Payment Model (APM) we must develop a CIN. I am very much looking forward to the continued work with the Physician Advisory Committee on moving us toward a CIN, or West Texas Integrated Healthcare Network (WTIHN).

So Happy New Year! May we all have a successful 2017!



New Information

Forward Thinking Continued

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

Resource Stewardship—Medication Choices

There has been prior discussion in the newsletter about the consequences of ordering tests as an inpatient that might be safely ordered as an outpatient. The impact on the hospital bottom line can be millions of dollars annually if we are thoughtful about necessity vs. convenience as one example.

Another area of cost control we can consider is the choice of medications. An example is the recent introduction of “change to PO”. When we allow previously unfed patients to begin taking things by mouth and we don’t change the medication from parenteral to oral there is an unnecessary cost associated with the order. Similarly, we often prescribe medications with efficacy equivalent but cheaper alternatives. We will soon be providing examples of choices like this in the newsletter and will post them throughout the hospital in visible spots.

Please be as thoughtful about healthcare costs as you are with your own budget. There are limited resources and we must do our part to control controllable expenses. When in doubt, feel free to call the pharmacy about medication costs and alternatives for expensive medications.

Cerner Onboarding

In February we will kick off the Cerner onboarding process. The impact will be more noticeable at sometimes than others. From a medical staff perspective a couple of things to keep in mind now.

We will need subject matter experts (SMEs) for most specialties. The role will take up a few hours over the course of the onboarding process and amounts largely to assuring order sets, progress notes, H&P’s etc. are set up in a way to make the workflow efficient and are evidence based. If you have an interest in helping on this project for your specialty, please contact me.

The IT resources needed to make the change from Carevue to Cerner will be immense. They are hiring additional staff but also will need to stop work on updates and modifications to Carevue unless absolutely necessary. Please be understanding. If you think you have an issue that must be fixed in the next year, please run it through appropriate committees, and if the project seems important it will be reviewed by the Clinical Informatics Executive Committee.



I want to wish a Merry Christmas and Happy New Year to each and everyone of you. I hope this year brought many blessings to you and your family. We are grateful for your services and dedication at Midland Memorial Hospital.

Our Annual Medical Staff Meeting, held before Thanksgiving, was well-attended. We had a mixture of senior staff and new staff members who were eager to meet each other during this special time of the year. The meeting began with a Power Point presentation by Russell Meyers, President/CEO of Midland Health. He pointed out many of the challenges that are facing us for the next few years. These challenges are basically due to the Affordable Care Act changes. For example, the change from volume-based to value-based reimbursement is starting to affect the hospital. We are starting to see the negative aspect of these changes. Effective January 2017, all physicians will be paid relative to performance. This will be based on quality metric measures, including customer satisfaction.

It was also noted that eliminating waste and providing the proper care in the right setting will be vital to the hospital. Additionally, we should avoid high cost antibiotics for a less expensive and comparable option. We should also avoid doing unnecessary tests during inpatient and insure proper documentation for coding accuracy. These suggestions will boost our income and that of the hospital. This is an ideal time for us as physicians and the hospital to come together to decrease costs.

The keynote speaker, Dr. Padmaja Patel, who presented solid data about our Wellness Program. This program is founded on a Plant-Based Lifestyle which will assist patients in our community to decrease their reliance on medications and to lead a healthier life. The presentation was very informative and I wish to thank Dr. Patel for expertise.

The meeting went on to introduce the new medical staff who came onboard in 2016. It was refreshing to meet many new faces with the impressive expertise that is needed in our community. We had recognition awards for 5, 10, 15, 20, 30 and 35 years of service. It was a moving and wonderful experience.

If you missed this annual meeting, please make plans to attend next year. We all had a great deal of fun, we met new colleagues and developed a referral source starting us off on which appears to be a tremendous upcoming year.

Sari Nabulsi, MD, MBA, FAAP
Chief of Staff



Medical Staff



YEARS OF SERVICE

5 YEARS—

Melissa Alworth, DO
 Suthep Arora, MD
 Rachel Chandler, MD
 Laurence Cunningham, MD
 Nabil Ghabrial, MD
 Stephan Haas, MD
 Weston Jones, DDS
 Alim Ladha, MD
 Randolph Leone, MD
 Arun Mathews, MD
 Sandeepa Musunuru, MD
 Sanjay Patel, DO
 Eliseo Rivera, MD
 Aaron Stike, MD
 Reagan Viney, MD

10 YEARS—

Gerardo Catalasan, MD
 Rama Chemitiganti, MD
 Manish Dimri, MD
 Ronald Gibbons, MD
 Allen Gibson, MD
 R. Moss Hampton, MD
 Premila Johnson, MD
 Frank McGehee, IV, MD
 Brian Middlebrook, DPM
 Satish Mocherla, MD
 Charles Sponsel, DO

15 YEARS—

Bhuvana Balasekaran, MD
 Srikanth Deme, MD
 Norman Harris, MD
 E. Brady Locke, MD
 Robert Lynch, MD
 Christopher Maguire, DO
 Eric Venegas, MD

20 YEARS-

Steve Brown, MD
 Donald Crockett, MD
 Julie Ohlman, MD
 Pankaj "PK" Patel, MD

25 YEARS—

A. Benton Hankins, MD
 Rama Kolluru, MD
 Susan Van De Water, MD

35 YEARS—

W.C. Watson, III, MD
 Mourad Mansour, MD

HONARY STAFF MEMBERS-

Ronald Boren, MD
 Edward "Pete" Carter, MD

SERVICE RECOGNITIONS

MEDICAL STAFF OFFICERS—

Sari Nabulsi, MD
 Michael Dragun, MD
 John Dorman, MD
 Clyde Watson, III, MD
 Shelton Viney, MD

Chief of Staff
 Chief of Staff Elect
 Past Chief of Staff
 BOT Representative
 BOT Representative

COMMITTEE CHAIRS—

Michael Dragun, MD

Allied Health Professional
 Med. Staff Quality Council
 Medical Staff Bylaws
 Cancer & Radiation Safety
 Credentials
 Medical Education
 Point of Care Testing

DEPARTMENT CHAIRS—

Larry Edwards, MD
 Geraldo Catalasan, MD
 TM Hughes, MD

Hospital-Based Services
 Medical Services
 Surgical Services

SECTION CHIEFS—

Steven Rea, MD
 John Petersen, MD
 Josiah Tilton, MD
 Juan Gil, MD
 Dario Beltran, MD
 Eric Venegas, MD
 William Klingensmith, IV, MD
 Barbara Wood, MD
 Scott Sheward, MD
 Staton Awtrey, MD

Amb./Emerg Svcs
 Amb./Emerg Svcs
 Anesthesia Services
 Medicine Services
 Neurology/Psychiatry
 Obstetrics
 Pathology
 Pediatrics
 Radiology
 Surgery

Annual Medical Staff Meeting
Service Recognition and
Change of Officers
November 17, 2016

LIFESTYLE MEDICINE-

Staton Awtrey, MD
 Padmaja Patel, MD



DEA Renewal Applications Online

Starting January 1, 2017, the DEA will only send out one renewal notification in accordance with Title 21, Code of Federal Regulations, Section 1301.13(e)(3). The renewal notification will be sent to the “mail to” address for each DEA registrant approximately 65 days prior to the expiration date. No other reminders to renew the DEA registration will be mailed.

This is to also advise you that the online capability to renew a **DEA registration after the expiration date will no longer be available. You will have to complete an application for a new DEA registration if you do not renew by midnight Eastern Time of the expiration date. The original DEA registration will not be reinstated.**

Paper renewal applications will not be accepted the day after the expiration date. If DEA has not received the paper renewal application by the day of the expiration date, mailed in renewal applications will be returned and the registrant will have to apply for a new DEA registration.

DEA Form 224a – Retail Pharmacy, Hospital/Clinic, Practitioner, Teaching Institution, or Mid-Level Practitioner

DEA Form 225a – Manufacturer, Distributor, Researcher, Analytical Laboratory, Importer, Exporter

DEA Form 363a – Narcotic Treatment Programs

DEA Form 510a – Domestic Chemical

New Applications Online

DEA Form 224 – Retail Pharmacy, Hospital/Clinic, Practitioner, Teaching Institution, or Mid-Level Practitioner

DEA Form 225 – Manufacturer, Distributor, Researcher, Canine Handler, Analytical Laboratory, Importer, Exporter

DEA Form 363 – Narcotic Treatment Programs

DEA Form 510 – Domestic Chemical

Please visit the website for more details.


<https://www.deadiversion.usdoj.gov/drugreg/index.html>



MyDirectives.com

How to access your unique URL for MyDirectives.com



- Go to www.midland-memorial.com
- Click on 'Patients & Visitors'
- In the left hand column, click on 'Advance Directives'
- Scroll down until you see 'MyDirectives.com' just above the photo and click on the hyperlink www.mydirectives.com/midland-memorial
- On the MyDirectives home page you will click on the blue button 'Sign Up Today' 
- You will need a valid email address and you are on your way to creating your Universal Advance Digital Directive (uADD™)



Palliative and Geriatric Care Services
Betsy Repman, BSN, RN, CMSRN
Palliative and Geriatric Care (NICHE) Coordinator
Midland Memorial Hospital
400 Rosalind Redfern Grover Pkwy.
Midland, Texas 79701
office (432) 221-4212
betsy.repman@midland-memorial.com



Newsletter Medical Staff



Sandeepa Musunuru, MD



Date: 10-27-16

I'm giving a High5 to:

Sandeepa Musunuru, MD

You deserve a High5! Thank you for living our values and being an inspiration to our team. Here's how you displayed the value(s):

words cannot describe how much you are appreciated for taking over the care of my sister after her wreck!! I am so proud and honored to have you take care of my family! She is better because of you!



PolicyTech Ref#: 10704 Date Approved: 04/18/2016 Last Review: 04/18/2016

Robert Chisholm, MD, Thomas Cook, MD, and Jessie Dickens, MD



Date: 10-27-16

I'm giving a High5 to:

Dr Chisholm + Dr Cook + Dr Dickens

You deserve a High5! Thank you for living our values and being an inspiration to our team. Here's how you displayed the value(s):

Thank you so much for the fantastic job you do on a daily basis! My sister is healing from the car wreck due to the awesome care you all have given her!



PolicyTech Ref#: 10704 Date Approved: 04/18/2016 Last Review: 04/18/2016

High 5

Date 10-12-16 Dept. Endoscopy

I applaud Dr. Mrunal Patel
First Name Last Name

Went Above & Beyond Because: We recognize that Dr. Patel is lightening his patient schedule to allow his nurses to have a lunch break. Your effort is much appreciated!

Mrunal Patel, MD

Thank you so much, Kristen!
Amazing! You are appreciated!
Thank you!
Thank you!
Much Appreciated!
The staff are really enjoying lunch.
We appreciate your feedback.
Please leave card in room when completed.
Kristen
Date



Thank you Midland Memorial Hospital Medical Staff!

Medical Staff Charitable Donations



766 pounds of food donated to
Midland Soup Kitchen



Gifts purchased for 2 families, a total of 7 children.

\$500.00 of unwrapped toys donated to
Hope Chest
a MMH and March of Dimes program

Thank you all for your generous donations!

