



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 #5—Perseverance

Cornerstone #1: Preparation

Adversity can be anticipated in general but not in specific, so prepare the way a fire department trains—getting ready for whatever might happen.

Cornerstone #2: Perspective

Whether it is the best of times or the worst of times depends upon what you choose to see. Choose a positive perspective.

Cornerstone #3: Toughness

Internalize a spirit of contrarian toughness by internalizing the TGAoT (Thank God Ahead of Time) philosophy for dealing with adversity.

Cornerstone #4: Learning

Life's most important lessons, greatest opportunities, and most cherished friendships are most often formed during times of adversity.

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**July
2016**

Introducing Our New Practitioners

July 2016

Leela Pillarisetty, MD—Obstetrics & Gynecology
Shahid Badar, MD—Internal Medicine/Hospitalist
Haley Finch, PA-C—Physician Assistant, Manohar Gurru, MD

Medical Staff Leadership
Chief of Staff
Sari Nabulsi, MD

Chief of Staff Elect
Michael Dragon, 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

Continuing Medical Education—See Page 3

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 2016. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Hospital Information Systems Announcement

After additional reviews it has been determined that current system issues prevent the implementation of nursing staff entering I&O data into the current EMR due to inaccurate/incomplete data being displayed. This is a patient safety issue and as such the current process of using paper I&O forms scanned into the EMR will continue on all units until a complete and vetted solution to the system issue has been determined.



New Information



Forward Thinking

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

June 2016 Medical Executive Committee (MEC) Meeting Highlights

- Problem List in the EMR – As a requirement of Meaningful Use, the Problem List in the EMR, which is kept to document the reason a patient is in the hospital, should be maintained. Dr. Wilson reminded the physicians, it needs to be updated at the point of admission, during admission and prior to discharge should any changes occur.
- Discouraging Patients from Smoking – Dr. Wilson advised occasionally there have been reports of patients seen smoking outside of the hospital. Bob Dent with the help of the

American Hospital Association board policy committee hopes to adopt a behavioral contract, already in use at other hospitals, to discourage patients from leaving the hospital to go outside and smoke.

- PQRS, VBPM and MACRA – Dr. Wilson discussed the Physician Quality Reporting System (PQRS) and Value Based Payment Modifier (VBPM) and how they are going to impact payment for Medicare patients. In 2019, the Medicare Access and CHIPS Reauthorization Act (MACRA) will go into effect. The MACRA system will absorb the PQRS and VBPM penalties and rewards and expand upon them.
- Multimodal Pain Management – Recently Dr. Joe Brooks has built an order set for all surgical patients utilizing multimodal pain management. Similar sets can and will be developed for medical patients as well as for use in the emergency room and outpatient centers.
- Oral Hydration Until Three Hours Pre-Surgery – In our recent NSQIP data review, Drs. Shelton Viney and Joe Brooks suggested that oral hydration until 3 hours prior to surgery should be expanded to hospital-wide care. Hydration outcomes are much better when we allow surgery patients to continue oral hydration with approved liquids up until 2-3 hours prior to surgery.
- Encryption Process – There is a new encryption process IT and Compliance Services has been working on for protection of privacy. The new system is fairly sophisticated and looks for any language that might suggest medical or personal information, and when detected, it encrypts the message.
- HCAHPS Scorecard for June 2016 – Dr. Wilson reviewed the information and pointed out the low score in communications of the treatment plan to the patient. He reminded all physicians to take time to speak to their patients about their treatment and address any questions and concerns.
- Malnutrition Data Results for March and April 2016 – Dr. Wilson reminded all attending physicians to acknowledge nutritional issues identified by Dietary Services in their own notes to clarify the health status of the patient and possibly indicate a co-morbidity which alters the DRG and reimbursement for the care of the patient.

Bylaws Changes

Several changes to the Bylaws were approved this month. These changes are effective July 1st.

- 5.3 Duration of Appointment and Reappointment—Initial appointments shall be provisional for a period of one (1) year.
- 5.4.1 Application Form—Only one peer reference shall be allowed from his or her group practice.
- 13.3.1 Composition—Adds the Chief Medical Officer (CMO) to the *ex officio* attendees.



Continuing Medical Education
July 2016

GRAND ROUNDS

Evidence Based Update: Neuro-Endovascular Stroke Intervention for Large Vessel Occlusion Acute Ischemic Stroke

***CME/CNE Credit**

Date: July 22, 2016

Lunch Time: 12:00 p.m.

Presentation Time: 12:15 p.m.

Location: Conference Center—Rooms C&D

Speaker: Yazan J. Alderazi, MD



Methodology: Didactic lecture with case presentation and self-assessment, followed by questions and answers.

Objective: At the conclusion of this course, the participant should be able to:
Diagnose large vessel occlusion ischemic stroke.
Identify the common candidates for stroke interventional therapy.

Physicians

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Advance Practice Nurses and Registered Nurses

Earn 1.0 contact hour

Midland Memorial Hospital is an approved provider of continuing nursing education by the Texas Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

The CME and CNE Committee has deemed this presentation free from conflict of interest, financial relationships, or commercial support. Midland Memorial Hospital reserves the right to cancel this activity in the event of unforeseen or extenuating circumstances. Questions regarding this activity may be directed to Rebecca Pontaski at 221-1625.



Thank You!



Sandeepa Musunuru, MD

"I just love Dr. Musunuru, she is wonderful!"

Nancy Asamo, MD

"Thanks for making an old rooster feel like a spring chicken again."



The 2016 Texas Tech University Residents attended orientation at MMH on June 24th. Dr. Gerardo Catalasan welcomed and addressed the group.

Thank you Dr. Catalasan!

The 2016 Texas Tech University Medical Students attended orientation at MMH on June 30th. Dr. Larry Wilson welcomed and addressed the group.

Thank you Dr. Wilson!

