



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 #3—Courage

Cornerstone #1: Confrontation

Distinguish between anxiety, fear and worry. Give fear a name and it becomes just a problem; it's easier to solve problems than to conquer fear.

Cornerstone #2: Transformation

The symptoms of terror and exhilaration are identical; it's the interpretation that makes the difference: does fear paralyze you or catalyze you?

Cornerstone #3: Action

Fear is a cowardly emotion; it retreats in the face of determined action. Action transforms fear from emotional molasses to emotional jet fuel.

Cornerstone #4: Connection

Fears shrink when confronted by friends.



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Introducing Our New Practitioners

June 2016

Asha Freeman, MD—Pediatrics/Hospitalist

Matthew Sanchez, FNP—Family Nurse Practitioner, Gina Stubbs, DO

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

Medical Staff Services Reminder—Observing Students

It is peak season for students and others who want to come in and observe our practitioners at work. Anyone who will be observing a practitioner needs to complete and provide some required information before they are able to do so. Please have them contact the medical staff office at 432-221-4629 for this information and process.



New Information



Forward Thinking

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

Let's Discourage Patients from Smoking

Have you occasionally walked onto campus and seen a patient, with or without a family member, sitting either on or off campus and smoking? In a brief informal survey I have not found any physician's that have agreed to allow their patients to practice this behavior. I suspect most, if not all, of you would agree that we should discourage it.

I am going to bring this to Surgical and Medical Control Committees and to MEC as well.

Please discuss this with medical staff leadership if you have an opinion and they can bring it to our committees. In the meantime, Dr. Bob Dent sits on AHA board policy committee; he is going to see if we can adopt a behavioral contract utilized by other hospitals within the AHA. I think we can develop a policy to bend the behavioral curve in a positive fashion.

PQRS, VBPM and MACRA Are Here!

This is the first year that the more complex Physician Quality Reporting System (PQRS) and Value Based Payment Modifier (VBPM) are going to impact payment for Medicare patients. At least nine (9) measures covering at least three (3) of the National Quality Strategy (NQS) domains must be reported upon for at least 50% of eligible Medicare part B patients. Providers and groups must also include at least one "cross cutting" measure, or a measure applicable to multiple providers or specialties (representing care coordination).

The VBPM provides (simplified description) a differential payment for improved value of care; practitioners or groups with improved quality of care at lower cost are paid a differential.

A recent sample of 13,813 groups with ten or more providers subject to the 2016 VBPM based upon 2014 metrics:

- 128 met the metrics and exceeded benchmarks and were paid a bonus
- 59 developed the metrics but did not meet benchmarks and had a decreased payment
- 5418 failed to report properly and had a decreased payment
- 8208 remained neutral (participated but did not make or lose)

The measured data related to 2016 reimbursement is from 2014. One and a half percent (1.5%) of eligible Medicare pay is at risk. Next year it is 2%. In 2019, the Medicare Access and CHIPS Reauthorization Act (MACRA), Merit Based Incentive Payment System (MIPS) and Alternative Payment Models (APMs) go into effect. The MACRA system will absorb the PQRS and VBPM penalties and rewards and expand upon them. By 2020, over 12% of Medicare reimbursement is at risk. Perhaps 2% is not relevant, but 12% is undoubtedly going to get everyone's attention.

For each of us and our groups to be successful we have to pay attention to these changes and adapt quality metrics within our individual practices and across our individual and group practices. It will be necessary that we develop a Clinically Integrated Network. As you have heard previously, we are starting upon this road to success. We have a few multidisciplinary Performance Improvement (PI) projects working now, These PI projects are developing higher quality care delivery and each builds our skills at working as a team to improve care. We will spend a few minutes at the next quarterly medical staff meeting on this topic. Feel free to stop by and discuss with me, or call/email. It is important for all of us. Everyone's input is valued.



New Information Continued

Multimodal Pain Management

So the pendulum has swung back on its arc. After years of being told, "Pain is underdiagnosed and under treated" or "Patient satisfaction demands we be more aggressive with pain management", the unintended consequence of increased narcotic abuse and deaths has come home to roost.

It turns out what we have known all along is closer to the truth: Pain is natural response to many of life's insults. We should keep it in perspective and let it help guide our patient's behavior. We should help manage pain but not try to eliminate it. And by all means, Hydrocodone and Dilaudid are not the answer to patient satisfaction scores.

A recent excellent presentation by Dr. Joe Brooks has raised the bar at MMH with regard to appropriate pain management for our patients. Dr. Brooks was prescient. Shortly after his talk at MMH, Dr. Steve Berkowitz has been in town for two dinner meetings on multimodal pain management.

Dr. Brooks has built an order set available for all surgical patients utilizing multimodal pain management. Similar sets can and will be built for medical patients as well as for use in the emergency room and outpatient centers.

The concept is simple. There are multiple pain receptor sites that can be blocked. Only some are blocked by opioids. If we block the other sites, often the opioids are not needed, or if needed, the dose and duration are substantially reduced. Learning on Acetaminophen, NSAIDS and gabapentanoids has eliminated the need for any opioids in some patients.

Of course a critical piece to the success of this and any patient care endeavor is to set the patient's expectation in advance. Have the conversation with them about the reason- improved pain management with reduced risks of complications. There is enough news about Prince and others that most patients will quickly grasp that you are advocating on their behalf and they will be pleased.

Dr. Brooks has a few articles that highlight the benefits of the multimodal pain management approach. Let him or me know if you would like any of the articles.

Oral Hydration Until Three Hours Pre-Surgery

One of many positive outcomes from our involvement in NSQIP has been the improved practice of oral hydration therapy for surgical patients. It turns out hydration and outcomes are much better when we allow surgery patients to continue oral hydration with approved liquids (water, sports drinks and other non-dairy, non-proteinaceous and non-lipid products) up until 2-3 hours prior to surgery.

At our recent NSQIP data review, Drs. Shelton Viney and Joe Brooks suggested that oral hydration until three hours prior to surgery should be expanded to hospital-wide care. For our surgeons, please review the recent data on this and, if you agree, make the changes to your preoperative instructions. We at MMH are going to begin a community wide education. It turns out patients have heard for so long "NPO after midnight" that they are reluctant to continue oral hydration even when told it is advised. Also some of our own staff members have not "digested" the new approach and will create confusion with patients by telling them nothing after midnight.

Please spread the word: **Oral hydration is recommended up until three hours prior to surgery!**

New Encryption Process

Our IT and Compliance services have been working overtime to try and right-size our information technology protection of privacy. We have multiple potential leaking points when it comes to our own and patient's protected information. Recently you may have received emails from the medical staff office or other sites at MMH that have arrived encrypted. They require a password be established. The reason for this is to protect patient PHI. The system is fairly sophisticated and looks for any language that might suggest medical or personal information and, when it is detected, it encrypts the message. Pardon the inconvenience, but it is the age we live in. Actually it's the age we have been living in for some time and we are catching up.



Continuing Medical Education
June 2016

GRAND ROUNDS: "Opioid Abuse"
*CME/CNE Credit

Speaker: Dean Cook, from the Drug Enforcement Administration

Date: June 15, 2016
Lunch Time: 12:00 p.m.
Presentation Time: 12:15 p.m.
Location: Conference Center—Rooms C&D

Date: June 22, 2016
Dinner Time: 5:45 p.m.
Presentation Time: 6:00 p.m.
Location: Conference Center—Rooms C&D

Announcements

ContinueCare Hospital of Midland
Cordially invites you to our

Open House

TUESDAY, JUNE 14, 2016
∞ 4PM-8PM ∞

Refreshments Provided
West Campus
3rd Floor

 **ContinueCARE Hospital**
at Midland Memorial



Physicians Speak on Robotic Surgery



with Midland Health

DATE:

FRIDAY, JUNE 17

TIME:

6:30 - 8 PM

LOCATION:

**MIDLAND COLLEGE
DAVIDSON
LECTURE HALL
3600 N GARFIELD ST.
MIDLAND, TX**

Physicians and referring providers are invited to test drive and learn about the newest robotic platform for minimally invasive surgery: da Vinci Xi Robot with integrated table motion

Drs. Ben Doke and Shelton Viney will speak and demonstrate this integrated table motion and why we choose these specific technologies to help us improve patient outcomes at Midland Memorial Hospital. Drinks and hors d'oeuvres will be served. You won't want to miss this great event!

To RSVP, please call **(432) 221-4063** or email jessica.hawkins@midland-memorial.com.



MIDLAND HEALTH

LIGHTING THE WAY FOR HEALTH





Russell Van Husen, MD

The patient said that Dr. Van Husen is the #1 greatest guy in the world. He said Dr. Van Husen was so kind to give him his cell number in case he needed him.

Anand Cholia, MD

"I really like Dr. Cholia, he is a wonderful cardiologist."

Srikanth Deme, MD

①

Date 4-21-16 Dept. 802 - ONN
 (M.D.) Dr. Deme - very good -
 I applaud Sandra Pendergrass
First Name Last Name
celia Morales

Went Above & Beyond Because: they respond quickly to my calls and checked on me at other times.. Very pleasant and patient with me.

RECEIVED
MAY 24 2016

C. Nail Street
 (Patient name)

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

Allen Gibson, MD and Manohar Gurru, MD

①

Date 5/6/16 Dept. ONN
 I applaud Dr. Gibson, Dr. Gurru, Carly & team
(Hospitalist) (M.D.) Last Name

Went Above & Beyond Because: I wrote this to my management team; Midland Memorial has been impressive for their size, hit every nail on the head in true team and technical science fashion! I aspire that our Company could be so good to demonstrate and operate as they do here in this Facility and aspire to put a team together the likes of Midland Memorial!

Don B. Cobb
 (Patient name)

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



Ben Parker, CRNA

Date 5-8-16 Dept. Labor & Delivery
I applaud EVERYONE IN DELIVERY & MATERNITY
First Name Last Name

Went Above & Beyond Because: Parker
Ben, Anesthesia, for educating me on epidurals, and keep track of mine and my baby's health.
Dr. Butle for saving my baby's life and reassuring my husband and I over our son's condition. Waller
Elaine, RN, for being there for me throughout my delivery.
Grady
Kocher, RN for coaching me through my delivery. Dr. Olwehere for delivering my baby and reassuring me while my son was being cared for due to RECEIVED normal delivery.
Nellee Maddox
(Patient name)

MAY 2 6 2016 We appreciate your feedback.
Please leave card in room when completed.

Pamela Moore, MD

Date 5/8/16 - Dept. Emergency Room.
Date 5/10/16 Dept. Pediatrics
ER - Jordan + April Conner (ER)
I applaud Aminda, Donna, Aretha, Lia, Lyle
Dr. Moore - Pamela Moore MD (Hospitalist)
First Name Last Name

Went Above & Beyond Because: Absolutely great staff. They made our stay @ the hospital much more pleasant. They went above and beyond to make us feel more comfortable + welcome. Keep it up ladies! Not just in case nobody has told you lately. You are doing a fantabulous job! Well you R! Thank you for all you do and did! Thank you a million + much more!
Maribel Gomez
(Patient name)

RECEIVED
MAY 2 6 2016 We appreciate your feedback.
Please leave card in room when completed.

Edgardo Valle, MD

Date 5-19-16 Dept. ER
I applaud Cary & Dr. Valle
Br. Hill
First Name Last Name

Went Above & Beyond Because: First we were treated quickly - Our nurse, Cary, greeted us, introduced himself and made us feel welcome. Dr Valle was very thorough and actively listened to Cookie's issues. We are very pleased and will highly recommend this ER AND the people that work here! Thank you so much
Nan (Cookie) Elliott
(Patient name)
Cookie & Joie

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



Newsletter Medical Staff

Marc Whitaker, MD

①
 Date 5-11-16 Dept. E.R.
 I applaud Carey + Dr. Whitaker Marc (ER Dr.)
First Name Last Name
 Went Above & Beyond Because: _____
good sense of humor and made
waiting more fun than normal!
Great job! It can't be easy treating
sick people day after day so good attitudes
are great to see!

RECEIVED
 ROBERT PHILLIPS
 MAY 24 2016
 (Patient name)

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

Govind Patel, MD

Date: 5-6-16
 MIDLAND HEALTH
 I'm giving a High5 to:
Dr. G. Patel
 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):
He bought pizza for Endo Dept. on a very busy day to celebrate Mother's Day + Nurses Day! We appreciate you Dr. G!
 AUTHENTICITY INTEGRITY SWAGNESS COURAGE PERSEVERANCE FAITH
 PURPOSE VISION FOCUS RESILIENCE SERVICE LEADERSHIP

David S. RN
 Thank you Zenit & Shelia
 Kelly Langstaff
 Carol
 Thanks "G" Kyle
 Wilson
 Reason Valenzuela
 Sylvia
 Chris Miller
 Kristi Pulver
 Guss Duran
 Jennifer
 Amy

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

Russell Van Husen, MD

①
 Date 5/6/16 Dept. Physician
 I applaud Dr. Van Husen
First Name Last Name
 Went Above & Beyond Because: _____
I had surgery on
3/30/16 his bedside
manner is fantastic!
Thank you for All that
you continue to do!

RECEIVED
 JESSICA SEABRA
 MAY 24 2016
 (Patient name)

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