



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 #3—Awareness

Cornerstone #1: Mindfulness

Inner awareness underlies “the miracle of mindfulness” and “the peace of God that passes all understanding” in the world’s scriptural literature.

Cornerstone #2: Objectivity

See the world as it really is, not as it used to be, as you wish it were, or as you fear it might be.

Cornerstone #3: Empathy

The ability to read another person’s emotions, and to put yourself into their shoes rather than simply reacting out of your own emotions, is the highest form of emotional intelligence.

Cornerstone #4: Reflection

Make sure to make time for yourself— for asking yourself the important questions, and for observing the dominating patterns in your life.

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May

2016

Introducing Our New Practitioners

May 2016

Vivekanand Dasari, MD—Pediatrics
Jessie Dickens, MD—Orthopedic Surgery
Amy Juraszek, MD—Pediatric Cardiology
Eric Kinn, MD—Diagnostic Radiology
Sadia Malik, MD—Pediatric Cardiology
Karen Perl, DO—Physical Medicine and Rehabilitation
Johnny White, MD—Pain Medicine

Monica Mann, MD— Pediatrics/Hospitalist
Michelle Awbrey, RN, CA/CP-SANE—SANE Nurse
Jason Hestand, RN—Surgical Assistant, West Texas
Orthopedics

**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.

The Advisory Board Company

Survey Solutions Physician Engage-
ment—See Page 5



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New Information



Forward Thinking

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

Advanced Care Planning in Midland

In January of 2016 we, at Midland Health, started our own Advanced Care Planning (ACP) program. We are proud to have Sarah Meinzer on our team as the ACP coordinator, and Collette Underwood as the Assistant ACP.

The mission of the ACP program is to raise awareness about the importance of completing an Advanced Directive and to get more adults to establish a directive to clarify their wishes. The plan is to partner with the "natural community" including faith communities, employment settings and senior living communities to help them learn about and complete an Advanced Directive.

We all recognize the right to self-determination, including making our health care choices. An Advanced Directive assures each of our health wishes are known even if trauma or other emergent medical conditions render us unable to communicate our wishes. The four leading causes of adult deaths in our country are heart attacks, cancer, strokes and accidents. Three of the four can acutely leave us unable to communicate our medical treatment wishes.

A national poll, called "Conversation Stopper", was released recently that highlights the views of doctors on advance care planning and end-of-life conversations. A striking 99% of physicians surveyed feel it is important for health care providers to have these conversations. Yet only 29% of those same physicians reported any formal training on end-of-life discussions with patients and families-and more than half said they had not discussed end-of-life care with their own physicians!

A new Medicare benefit took effect on January 1, 2016, that reimburses physicians and other clinicians for having these conversations. Currently it is underutilized but it is a strong incentive (75% of those polled said it would make them more likely to have these conversations with patients). Still, having these conversations remains difficult, both for healthcare providers and patients.

Our ACP can serve as a vital educational resource in our community.

Hospice Foundation of America (HFA) is coordinating a nationwide public awareness campaign on the importance of talking about end-of-life preferences and goals with loved ones and medical professionals. Underwritten by the John and Wauna Harman Foundation, the project uses PBS's FRONTLINE film "Being Mortal" "based on the book of the same name by Atul Gawande, MD", to educate audiences and encourage people to take concrete steps to identify and communicate their wishes for end-of-life care.

Another valuable resource is www.MyDirectives.com. This on line resource can walk you or your patient's through the process of completing the Advanced Directive.

Please pay attention to the resources available and begin having the conversation with your patients. It can be a valuable and fulfilling use of your time.

Flow Sheets Return to Carevue

After a discussion at ITPAC in April, we are going to reintroduce the EMR flow sheets recording I's and O's and other patient data. The flow sheets will be used for general floor patients. It was the opinion of some at the meeting that the presentation of the flow sheets does not lend the data to easy review and for that reason we are holding off on their use in the Critical Care Unit.



New Information Continued

Safety Begins with Empathy, Ridley Barron

This past weekend in Dallas Dr. Sari Nabulsi, Russell Meyers, several board members and I attended the Board of Trustees, CEO and Physicians summit. Several healthcare economists and futurists provided state of the industry perspectives. Much of the conversation centered upon improving healthcare delivery communication throughout the system of outpatient services, acute care and post-acute care, as well as changing the focus from treating illness to keeping our communities well.

A particularly poignant speaker was Ridley Barron. A pastor from the Southeastern United States; whose family suffered a horrible health care complication. After a tragic motor vehicle accident, in which his wife and the mother of their three children was killed, their 17 month old infant son died from a medication error at a pediatric facility in which he was being treated. Mr. Barron has been spreading the word about health care safety ever since. He had seven points that he makes in his talk and I bring them to you here:

Create a consumer and user friendly environment for patients. Take a moment to convey empathy and compassion for your patients and their families- it has been scientifically shown to enhance healing, which is our ultimate goal.

Take time for patients and their families. Our culture of ownership has helped here, but in our busy environments we can get so task focused we forget to spend time with the personal side of health care delivery.

Be open and honest about your patient's condition and prognosis. He recollected how his son's doctor had said his son's prognosis was optimistic, only to be told he had little chance for quality of life or an economically useful future. Once he had died from the hospital error- which of the comments was correct? He thought it likely both had reasons, but neither was being completely honest. It is not easy to say or hear but honesty is the best policy.

Speak English. Be aware of your patient's situational awareness and ability to understand what you are communicating. The average comprehension in the US is at the 7th grade level. Even highly intelligent persons are less cognitively aware in our world when they're in a distressed state.

Develop a greater awareness of the safety issues in our hospital. Please be part of the solution; accepting poor care or poor services because, "it has always been that way", is being part of the failure. We physicians bring a uniquely focused perspective about care delivery- it is important we learn to help keep the complex system safe.

Don't grow weary of doing good (Galatians 6:9). No matter what season in life, attitude makes all the difference. If you can no longer muster a good attitude and caring heart, take a break until you can. That is in everyone's best interest-including your own.

Foster an environment where people (everyone) can speak up without fear of recrimination. Successful businesses, whether applying the Toyota production model in the auto industry or at Virginia Mason Health System, listen to anyone with ideas and empowers everyone to speak up. Doctors, cleaning services, nurses, facility services and everyone else working in our hospital has a unique perspective and it all matters when applied to providing high quality, safe care.

Mr. Barron's presentation was an hour. It was quite moving yet practical. If you have interested in hearing more you can go to: www.ridleybarron.com

Opioid Use Reduction Strategy

Dr. Joseph Brooks is spearheading the development of standard orders for opioid sparing protocols for hospital wide use. Based on the principles of channel enzyme receptor-targeted analgesia (CERTA) the goal is the use of Acetaminophen, NSAIDS, other anti-inflammatories and gabapentanoids to reduce or eliminate the need for opioid pain relief. Reducing or eliminating the need for opioids has been shown to reduce hospital length of stay as well as a number of complications for hospitalized patients. Drs. Rea and Petersen will be introducing a parallel program for reduced opioid use in the Emergency Department in the near future. The standard order sets will be rolled out in the near future.



Continuing Medical Education May 2016

Update on Zika and Other Arboviruses

Speaker: Kenneth Waldrup, DVD, PhD

Date: May 9, 2016

Lunch Time: 12:00 p.m.

Presentation Time: 12:15 p.m.

Location: Conference Center—Rooms B&C

***CME/CNE Credit**

OSHA Training/Blood Borne Pathogens

Speaker: Val Sparks, MSN, RN, CIC

Date: May 18, 2016

Lunch Time: 12:00 p.m.

Presentation Time: 12:15 p.m.

Location: Conference Center—Rooms B&C

Reminder: Direct Admission Process

We have implemented a patient-centric, and we believe user-friendly, direct admission process. If you have a patient in your office, or that you are working with, that requires an admission, a single phone call should start the process. By calling 221-5150, the necessary information will be gathered, the orders collected and a bed assignment started. Our hope is the process will save you time, hassle AND will make the process simpler for you patients as well. Please review the policy below:

Purpose: Physicians admitting to Midland Memorial Hospital will be able to call the transfer center to directly admit patients.

Process:

1. Call the transfer center at (432)-221-5150.
2. Inform them that you need to have a patient directly admitted.
3. The transfer center will collect all pertinent patient information including Name, Date of Birth, Social Security Number, gender, diagnosis, and, if possible, will get a faxed face sheet to (432)-221-4008.
4. The transfer center will ask who will be the admitting physician (The Hospitalist, another physician or the calling physician)
5. If the hospitalist, or someone other than the calling physician will be admitting, a physician to physician contact will be coordinated with the admitting physician to give a patient report. This will allow the admitting physician to receive notification of the direct admission.
6. The transfer center will then arrange bed placement in coordination with the House Supervisor and notify bedboard of the direct admission.
7. Once bedboard receives the facesheet, they will pre-admit the patient.
8. The admitting physician is responsible for entering orders. This will not be done by the transfer center.
9. Patients will be instructed by the sending physician to check in at the front desk with patient registration to receive the bed assignment and further instructions.



The Advisory Board Company

Survey Solutions Physician Engagement



Survey Solutions
Physician Engagement



It Only Takes 5 Minutes

Physician Needs Assessment Survey

Midland Health is conducting the 2016 Physician Needs Assessment survey, which is updated every three years. The online-only survey will be available beginning Monday, April 24. It is vital that we have the input of physicians to assess our community's needs for specialties and access to medical care..

All physicians will receive a link to their survey in their email from physicianengagement@advisory.com. The link can be accessed and the survey completed from a smart phone, a tablet, or a computer. The Advisory Board is a third-party vendor who compiles the information received and ensures that responses are anonymous and confidential. All results are reports in aggregate, and no physician name is linked to a response.

Please take 5 minutes to complete the survey and share your opinion with us. If you have any questions about the survey, please feel free to contact The Advisory Board contact, Randy Gott, at gotr@advisory.com.



Tara Deaver, DPM

The patient said he was very impressed the minute he saw Dr. Deaver. He said he knew he was going to be taken care of. He said Dr. Deaver has been amazing.

Daniel Copeland, MD

"The doctor is considerate and really listens."

David Power, MD

Patient said her husband told her just to go to Lubbock for this procedure and she him "no", "I know how good Dr. Power is and I am going to him." "Dr. Power's procedures with the knees are exceptional."

Richard Sevcik, CRNA

The patient stated she loved his sense of humor, it made her feel very safe.

Zeeba Mathews, MD

Daniel Gebhard, MD

Date 1/25/16 Dept. Palliative Care Services
I applaud Zeeba Mathews, MD
First Name Last Name

Date 3-6-2016 Dept. Pediatrics
I applaud Dr. Danny Gebhardt
First Name Last Name

Went Above & Beyond Because: I was alone and my mother was suddenly & unexpectedly deteriorating. I cannot even begin to express how alone & in shock I felt. My mother was interdicted I was anxious because of that as well. Suddenly Dr. Mathews appeared her honesty & kindness helped to center me & get me on w/ caring for my mom.

Went Above & Beyond Because: Dr. Danny is an amazing doctor. He is a unique talent, skilled, professional, engaging, kind, patient, humorous and extremely empathetic. One of the best doctors we've experienced in our lives.

Donna Merrill Steven talked to my brother
for Mary Burger on the phone when she saw me struggle.
(Patient name) What an asset to MMH.

(Thatcher Gist)
(Patient name)

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

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Please leave card in room when completed.



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John Petersen, MD and Alex Gilman, MD

The patient was overly gracious about the time and communication that was spent with him explaining the condition of his wife. He had an experience upstairs that caused him fear and anxiety but it was alleviated when he was met by these individuals.

Jeff Murphres, CRNA

Date 1-30-16 Dept. OR
I applaud Jeff Murphres CRNA
First Name Last Name

Went Above & Beyond Because: he came to Endo for our Code Blue. He made multiple trips to the OR for necessary meds, equipment + supplies. He also assist Drs Huffman + Brooks during the code.

Gwen Burns, RN (Patient name)
Shank's Jeff
Tracy Shalop Endo

Shane Huffman, MD

Date 1-30-16 Dept. OR ST
I applaud Shane Dr. Huffman
First Name Last Name

Went Above & Beyond Because: he went with us to get patient from ICU who was in critical condition. He helped acquire blood for transfusion. And, he was very calm + supportive during our Code Blue situation in the Endo Dept. Our patient would not have survived without his rapid response

Gwen Burns, RN (Patient name)
Shank's
Tracy Shalop Endo
We appreciate your feedback.
Please leave card in room when completed.

Joseph Brooks, MD

Date 1-30-16 Dept. OR
I applaud Joseph Dr. Brooks
First Name Last Name

Went Above & Beyond Because: he helped out in a Code Blue situation in Endoscopy. He was calm + reassuring to the team. He recognized that the patient had become intubated during the code + was quick to correct this serious problem, while directing the team + helping to save our patient.

Gwen Burns, RN (Patient name) Endoscopy