

MEDICAL STAFF SERVICES NEWSLETTER



March 2018

COMINGS AND GOINGS

WELCOME OUR NEW PROVIDERS:

Sanjay Adhia, MD
Rozha Azmar, PA-C
Kyle S. Dunaway, CRNA
Michael Hester, AGACNP-BC

Tele-Psychiatry
Emergency Medicine
Certified Registered Nurse Anesthetist
Adult Gerontology Acute Care Nurse
Practitioner Board Certified
Pediatric Hospitalist
Internal Medicine/Hospitalist
Family Nurse Practitioner
Internal Medicine

Virtual Med Staff
MEM
Anesthesia

MIMA
CompHealth
MIMA
WTO
Midland Internal Medicine

Kingsley Okonkwo, MD
Silpa Ramireddy, MD
Chelsea Sandridge, FNP-BC
Vikram R. Vadyala, MD

IN THIS ISSUE

FEATURE

Comings and Goings

FORWARD THINKING

From the Chief Medical Officer

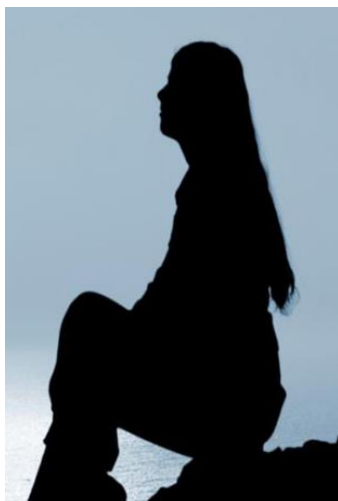
DID YOU KNOW...

Upcoming events and information

MIDLAND QUALITY ALLIANCE

Introductions and Information

Core Action Value #3
AWARENESS



If you're not enjoying the journey, the destination will be a disappointment. Awareness is the ultimate essence of emotional intelligence.



GOOD BYE AND WELL WISHES TO:

Dhruv Balkundi, MD
Warren Bartley, CRNA
W. Paul Bowman, MD
Bernard Cartaya, MD
Hong Chai, MD
Asgar A. Dudhjbhai, MD
Daniel Gebhard, MD
Jacquelyn LaGrone, MD
Barbara Rila, PhD
Elena Sammons, MD

Pediatric Hospitalist
CRNA/Anesthesia
Pediatric Hematology
Pediatrics
Tele-Psychiatry
Pediatric Hospitalist
Pediatrics
Tele-Psychiatry
Psychology
Anesthesia

Happy St Patrick's Day





forward thinking

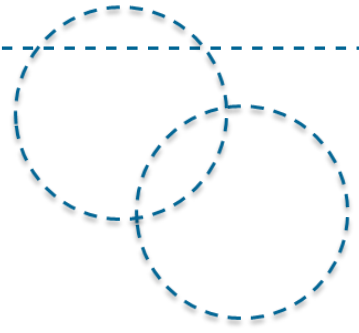
LAWRENCE WILSON, MD, MBA, FACEP

Chief Medical Officer | Vice President, Medical Affairs

432-221-4976 office

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lawrence.wilson@midlandhealth.org



Managing a difficult patient when on-call

This past month a difficult patient requiring specialty care was in our hospital. The patient had been in another hospital and left AMA. Upon admission here, the patient was under the care of a specialist that she “fired”. The on-call for the specialty declined seeing the patient when it was recognized that the patient had a track record of not following advice and refusing to work with doctors.

This case illustrates some points that all medical staff who take call should know.

The patient required an intervention that needed orders from a specialist. If no specialist would see the patient, it left the hospitalist in a terribly difficult situation. What are is obligation of the medical staff in situations like this?

Let’s start with the doctor that was fired. Since the patients problems and psychosocial challenges are best known by the fired doctor, he or she should make every effort to arrange for continuity of care; including reaching out to a colleague and trying to arrange continued care. Dr. Dragun, Chief of Staff, has brought this scenario up several times. The firing by a patient can be a convenient way of abrogating responsibility in uncomfortable situations, but it should not be used as a means of washing ones hands of an unpleasant relationship. One should work diligently to try to mend the disagreement, or to find another provider that might be able to work with the patient. Even the most reasonable two people can disagree. For physicians it is not a free pass to ignore the doctor patient relationship.

The second part of this scenario is the responsibility of the on-call physician. In this case, the on-call physician was called by the hospitalist. While on call, the responsibility remains with the provider to assure that acute conditions are cared for to avoid life or limb threat. In this case, since a procedure was needed that required specialty management, the on-call specialist was obligated to see the patient and provide the acute care services within his or her domain. Once the acute care need is met, the on-call physician is not obligated to follow the patient. n subsequent visits or requests for care, if the patient still has no doctor, it is the next on-call person that will have to manage the issues.

This patient remains a challenge. The seemingly irrational refusal of care and firing of providers led to the question of competency. Does the patient have the capacity for making decisions? A Psychiatry consult was obtained. The patient did have the ability to make decisions. It is a challenging case but in the end we have obligations to our patients.

The Beacon Project

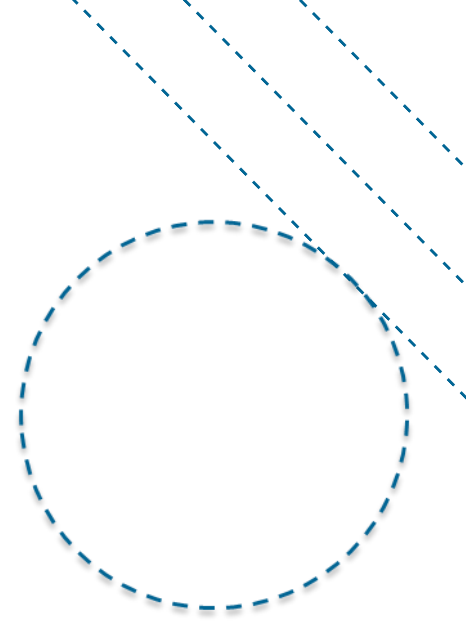
We are closing in on the dates for training on our new platform. As early as **March 12th** the **training of the trainers** will begin. Some of you have already been asked to schedule “**a day in the life**” dates with Brittney. The goal of these is to get the system in your hands to work through a daily care plan for a patient.

Those of you that have been heavily engaged in the Beacon project already, look for dates after **9 April** for **super-user training**. There are several days planned so try to fit one of the dates in when the schedule is posted. We are currently asking for a weekend date or two so that those of you that cannot commit a weekday might be able to participate. The **super-users** are intended to have extra training so they can assist others if questions arise. **End user training**, for all physicians and providers, will **begin April 23**. Schedule to follow.

Yet to be scheduled are **Favorites Fairs**. Opportunities for us to learn how to build our own favorites into the platform to make our day to day work faster, and more efficient. Look of **Favorites Fair** coming up in the near future as well.



BEACON NEWS



Beacon Physician Demonstrations

“Navigating Beacon” – March 21, Meeting Room 6 (11:30a -1p)
“Provider Day-in-the Life” – March 26, Meeting Room 4 (11:30a-1p)
Topic TBD – April 11, Physician Lounge (11:30a-1p)
Topic TBD – April 18, Physician’s Lounge (11:30a-1p)

Beacon Training

Beacon training registration is now open. All Midland Health employees have been automatically enrolled into **Beacon Basics**. Department directors and clinical managers must log into NetLearning and register their Super Users and End Users into role-specific training courses. Please consult your department directors and/or clinical managers for role-specific training requirements and refer to NetLearning for **Beacon Basics** and all course descriptions and schedules.

Super User Training (*Additional Super User Training dates to be added)

Super Users are departmental resources who receive advanced training to set context during critical End User training and provide peer to peer support during June 1 go-live. They assist with coaching their colleagues in adopting the most efficient practices and workflow.

Hospital-based Physicians

- Monday, April 9 – (8a-5p)
- Wednesday, April 11 (8a-5p)
- Tuesday, April 17 (8a-5p)
- Wednesday, April 18 (8a-5p)

501a Physicians

- Wednesday, April 11 (8a-5p)
- Monday, April 16 (8a-5p)

End User Training

Refer to NetLearning for all course descriptions and schedules
Training dates April 23 – June 1

Favorites Fair

Events for all providers to create and customize various types lists (e.g. patient list), personalize texts and set-up Message Center proxies and pools if needed. The Favorites Fair also allows providers to validate Beacon access and security. Favorites Fair will be held two weeks prior to June 1 go-live.

Roadshows/Demonstrations

Application specific (e.g. Anesthesia Provider) and ambulatory provider roadshows and demonstrations coming soon!

Stay tuned for more information about upcoming events. For all questions or additional information about Beacon, please email

Beacon.Project.Communications@midlandhealth.org

or visit

midlandhealth/beacon.org



DID YOU KNOW ...



Cerner solutions are contracted at more than 27,000 provider facilities in over 35 countries.



“ And As We Let Our Own Light Shine, We Unconsciously Give Other People Permission To Do The Same ”

PROVIDER TRACKS

PROVIDER TRACK

Training Track	Target Audience	Course Name		Course Name
Inpatient Provider	All Acute Care Providers, PA, NP, DO, etc.	PowerChart Inpatient Provider Fundamentals [4 hours] <i>Prerequisite</i>	and	PowerChart Inpatient Provider Documentation [4 hours]
Anesthesia Provider	Anesthesia Providers - MD, CRNA, etc.	PowerChart Inpatient Provider Fundamentals [4 hours] <i>Prerequisite</i>	and	SurgiNet Anesthesia [4 hours]



PROVIDER TRACK

Training Track	Target Audience	Course Name		Course Name
Emergency Provider	ED Physician, PA, NP, Scribe, etc.	FirstNet ED Provider Fundamentals [4 hours] <i>Prerequisite</i>	and	FirstNet ED Provider Documentation [4 hours]



BRAVO

1/11/18 – Dr. Ravi Patel – MIMA
Comfort (PCA) was very kind, courteous and respectful. Dr. Patel was also great. He showed me how to stop coughing by lateral pounding on my lower back. Staff was great. I came in suffering with the flu and COPD. I thought I was going to die, but they immediately started working on me.

1/23/18 – Rachna Bharti, MD – MIMA
Dr. Bharti was always checking in on my daughter who had pneumonia and was so very sick from January eleventh to January seventeenth. She started getting better from then on. Thanks to our Lord and thanks to Dr. Bharti. You are a loving, compassionate, very tender person. We love you and thanks for your advice!

1/4/18 – Dr. Sandeepa Musunuru – MSA
Thank you ma'am for operating on me and making me feel better, I really appreciate what you have done for me. You really changed my life from this hernia. Thank you and God bless you.

1/20/18 – Dr. PK Patel – Pulmonology
He was always watching her progress; two and three times a day while She was critically ill. Sometimes he would increase certain meds or change them; whatever it took to make her well again! Thank you Dr. PK for your God given wisdom of medicine. You used it effectively and gave me back my daughter! We love you!

1/18/18 – Dr. Vikram Patel – ENT
Thank you everyone that I met during my stay at MMH. From the lady who cleaned my room to Dr. Patel. The entire staff has gone above and beyond any normal hospital has. The hospitality makes a tremendous difference here. I was never afraid and never alone. Thank you for everything you do, you are all treasures.

12/7/17 – Dr. Mariam Khan – MIMA
She took time to listen to my pain & worries. She is so good to explain to me everything I asked in laymen terms.

You can submit ideas, announcements and important information to be published in the newsletter to

missy.taylor@midlandhealth.org

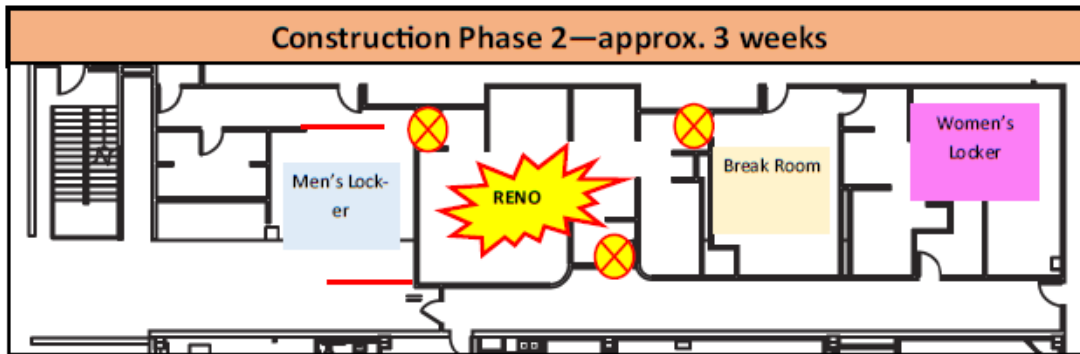
§ CONGRATULATIONS - Dr. Anand Reddy §



DaVita Kidney Care held their annual Physician Leadership Meeting in Washington, DC last month, where over 700 physicians attended from across the country and 9 other nations. During the conference, outstanding achievements are awarded based on DaVita's 7 Core Values. Dr. Reddy received the award for Service Excellence for his continued outstanding patient care for patients in large area of West Texas

ATTENTION!!

Phase II begins on Friday, March 2nd!



On Friday, March 2nd, beginning at NOON, the following changes to the temporary plan will occur:

1. The men's and women's locker rooms will be open and available to all staff.
2. The temporary locker room (formerly the MD lounge) will be opened to all staff to facilitate the movement of belongings in and out of the room.
3. At this time, All occupants of the Men's locker room are expected to transition to the temporary locker room (formerly the MD lounge).
4. The doors will be relabeled as to their new assignment as depicted above.

On Monday, March 5th, beginning at start of business, the following changes will occur:

1. The men's locker room will be closed to all traffic.
2. Any items left in lockers will be relocated to the temporary locker room.
3. All rooms will function in the capacities listed above.
4. The construction could last up to 3 weeks.

OR UPDATE

OR Questions?

**Contact Chris Bejil, MSN, RN, NE-BC
Director, Perioperative Services
Midland Memorial Hospital**

Off: (432) 221-1170

Cell: (432)-254-9776

christopher.bejil@midlandhealth.org



Colon Cancer... You Can Prevent It

America's #2 Cancer Killer

- Colorectal cancer is the number 2 cancer killer in the United States, yet it is one of the most preventable types of cancer. Colorectal cancer is often curable when detected early.

Risk Factors

- Lifetime risk of colorectal cancer is roughly equal in men and women.
- Colorectal cancer is most common after age 50, but it can strike at younger ages. The risk of developing colorectal cancer increases with age.



Symptoms

Most early colorectal cancers produce no symptoms. This is why screening for colorectal cancer is so important. Some possible symptoms, listed below, do not always indicate the presence of colorectal cancer, but should prompt a visit with your physician and a check-up:

- New onset of abdominal pain
- Blood in or on the stool
- A change in stool caliber or shape
- A change in typical bowel habits, constipation, diarrhea

Who is Considered High Risk?

Colonoscopy is recommended for individuals of any age who are at higher than average risk for developing colorectal cancer by virtue of:

- Personal history of colorectal cancer or colorectal polyps
- A strong family history of the disease
- Inherited forms of colorectal polyps or cancer
- Predisposing chronic digestive condition such as inflammatory bowel disease (Crohn's disease or ulcerative colitis)

Recommendations for how often colonoscopy should be performed vary for different subsets of high risk individuals, and they should consult with their physician.



Colonoscopy: Preferred Screening Strategy

Colonoscopy is the preferred method of screening for colorectal cancer. The American College of Gastroenterology considers colonoscopy the "gold standard" for colorectal screening because colonoscopy allows physicians to look directly at the entire colon and to identify suspicious growths. Colonoscopy is the only test that allows a biopsy or removal of a polyp at the very same time it is first identified.



Colorectal Screening for African Americans

African Americans are diagnosed with colorectal cancer at a younger age than other ethnic groups, and African Americans with colorectal cancer have decreased survival compared with other ethnic groups.

Physician experts from the American College of Gastroenterology in 2005 issued new recommendations to healthcare providers to begin colorectal cancer screening in African Americans at age 45 rather than 50 years.



Data support the recommendation that African Americans should begin screening at a younger age because of the higher incidence of colorectal cancer and a greater prevalence of proximal or right-sided polyps and cancer in this population. The recommendations were published in the March 2005 issue of the *American Journal of Gastroenterology*.



American College of Gastroenterology

Digestive Disease Specialists Committed to Quality in Patient Care

www.acg.gi.org

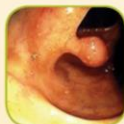
The Anatomy of Colorectal Cancer Progression from Polyp to Cancer

Screening tests can find polyps so they can be removed before they turn into cancer

- Most colorectal cancers develop from polyps, which are abnormal growths in the colon. If polyps grow unnoticed and are not removed, they may become cancerous.
- Screening tests can find precancerous polyps so they can be removed before they turn into cancer.
- The development of more than 75-90 percent of colorectal cancer can be avoided through early detection and removal of pre-cancerous polyps.*



Small Polyps



Medium Polyp



Polyp on Stalk



Colon Cancer

What are the Screening Options?

Talk to your doctor about what screening tests are right for you.

Colonoscopy

For normal risk individuals, the American College of Gastroenterology recommends colonoscopy screening every 10 years beginning at age 50 (see new recommendations for African Americans).

Flexible Sigmoidoscopy & Fecal Occult Blood Test

An alternative strategy for average risk individuals is an annual stool test for blood, and a flexible sigmoidoscopy exam every 5 years. Unlike colonoscopy, this approach does not allow identification and removal of polyps in the entire colon.



**Thank you
Dr's Govind and Mrunal Patel
for providing this information
www.acg.gi.org**

[*] Winawer SJ, et al. Prevention of colorectal cancer by colonoscopic polypectomy. The National Polyp Study Workgroup. *N Engl J Med*. 1993 Dec 30;329(27):1977-81]

QUIET AT NIGHT



MARCH POWER MOVE

WE WILL REDUCE NOISE AND PROVIDE A RESTFUL, HEALING ENVIRONMENT FOR OUR PATIENTS FROM 10 PM TO 6 AM.

MIDLAND HEALTH

Medical Staff Service Department Employee Spotlight



Christina Rendon
Medical Staff Services
Credentialing Specialist
Meeting Management
432-221-2261

Christina has been with Midland Memorial Hospital for 3 years, becoming a vital member of the Medical Staff Services Department several months ago. She enjoys the opportunity of being a Culture of Ownership Values Coach. She says her experience with MMH has been filled with knowledge, friendship and gratitude and is honored to have the pleasure to share with others.

Christina loves spending time with her kids and family. She is currently attending Midland College pursuing a BSN-RN.

MISD St. Patty's Day 5K/10K Dash

St. Patty's Day 5K/10K Dash, 8 a.m. Saturday, March 17th. MISD Central Office, 615 W. Missouri Ave. Registration starts at 8 a.m. at MISD Central Office, located at 615 W. Missouri. The race begins at 8:45 a.m. Contact Mary Thompson at mary.higby@midlandisd.net for more information

PHARMACY UPDATES



We only have 25 vials of injectable thiamine 200 mg in the pharmacy due to a national shortage.

Please advocate for use of thiamine POP whenever possible to conserve stock. The projected release date for more vials to the market is early March.

Please let us know if there are any questions or concerns.

Michalea Daggett, PharmD., BCPS
Pharmacy Clinical Manager
432-221-1685
michalea.Daggett@midlandhealth.org



Apple Jack Smoothie (serves 1):

Ingredients:

- 1 cup nondairy milk
- 1 whole banana (frozen)
- 1 whole date
- ½ apple, diced
- ¼ tsp cinnamon
- 1 cup fresh spinach

Directions:

Combine all ingredients, except cinnamon, into a blender and blend until smooth (adding more plant-based milk as necessary). Add a few dashes of cinnamon, mix and serve



<https://happyherbivore.com/recipe/apple-jack-smoothie/>

CME

Upcoming opportunity

CME ideas or suggestions?
Questions regarding CME?
Contact Leigh Milefsky
Leigh.Milefsky@midlandhealth.org
Or 432-221-1533



FOOD IS MEDICINE

April 14, 2018

CME & CNE
Credits Available

Hosted by:
healthy  city

For tickets: www.ourhealthycity.com
or www.wagnernoel.com



Dr. Scott Stoll will be joined by three new presenters, Dr. Kim Williams, Dr. Michael Klaper, and plant-based dietician Julieanna Hever—all of whom are leading healthcare professionals in the world of plant-based nutrition.

These presenters will discuss how to take the “DIE” out of your diet by using plant-based nutrition to prevent and reverse cardiovascular disease and Type II diabetes. Plus, learn how to stock your kitchen, plan your meals, and prepare healthy and delicious meals for your family. This all-day seminar includes sessions from the speakers, a delicious plant-based lunch, book signings and a Q&A session with the experts.

More information to follow



MQA Board of Directors

Lawrence Wilson, MD	President
Sari Nabulsi, MD	Vice President, Chief Medical Officer
Juan Gil, MD	Secretary
Michael Miller, MD	Member
Zachary Castle, DO	Member
Terry Beck, MD	Member
Padmaja Patel, MD	Member
Johnny Flitton, PA-C	Ex-Officio Member
Rebecca Pontaski, MHA	Ex-Officio Member



Lawrence Wilson, MD, MBA, FACEP

Dr. Lawrence A. Wilson, MD, MBA, FACEP is the Vice President for Medical Affairs at Midland Memorial Hospital (MMH), a 300 licensed bed community hospital in Midland, TX. He has primary responsibility for MMH’s Quality Management, Case Management and Utilization Management; additionally he serves as primary liaison between the Hospital executive team and the members of the medical staff.

Prior to moving to Midland, TX in 1997, Dr. Wilson received his medical training and worked in emergency medicine with the US Army for fourteen years; he served as the residency director for emergency medicine from 1994 to 1997 at Madigan Army Medical Center, Tacoma WA. At Midland Memorial Dr. Wilson was one of the owners and the medical director of Midland Emergency Management. He also developed and was the medical director of the Hospitalist Service at MMH prior to assuming the role of VPMA in January 2015. Through these endeavors he has recognized team work and team building are important tools for improving systems operations which in turn helps provide safe, high quality medical care.

Dr. Wilson completed an MBA at UT Dallas in 2014. He continues medical leadership programs through membership with the American Association of Physician Leaders, formerly the American College of Physician Executives.

Dr. Wilson’s passion is to apply his experience and training to help change our health care delivery to support patient engagement in their health. He hopes to develop a sustainable alliance to connect healthcare providers, and all healthcare professionals, to produce high value care. To that end, he is the President of the Midland Quality Alliance.

Attribution:

Our analytics team, led by Jim Jeffcoat, has determined that of the 2800 covered lives within Midland Health, 1755 have seen their Primary Care Provider (PCP) in the past year. Over 1000, or 35%, have not seen a PCP in the past year. We are currently making the attributions of the participating members to the PCPs. We will provide each provider with a list of their MQA covered lives and who has or has not had a wellness check in in 2018. We will also identify the 1000 lives with no PCP and help them establish a relationship with a PCP.

If you are a PCP and have room for new patients, please let Heather Garza, RN, MQACM 432-221-3456 or Ms. Rebecca Pontaski, MQA Administrator, 432-221-2315, at MQA know.

We have about a thousand patients that need a provider!

The best part of life is not just surviving, but THRIVING with passion and compassion and humor and style and generosity and kindness. – Maya Angelou

Jim Jeffcoat, CSSBB --- MQA Analytical Lead

Jim has been with Midland Health for over three years where he successfully developed the current framework for the HIS project management program. He's recognized in both clinical and non-clinical areas as a proven leader in analytics and process improvement. This month he was chosen to be the Program Manager for the newly chartered Analytics Department. Jim also serves a leading role in analytics for the Midland Quality Alliance and Beacon EMR project.

"It's rewarding to take a mountain of data and turn it into something meaningful. This equips our professionals with not just numbers, but timely and actionable information to support our mission, patients, and community."

Jim is an Air Force Veteran and served in the Gulf War. He enjoys taking things apart and eating nachos with his wife Machele. He has three grown sons who live in Iowa and Illinois. Interesting fact, over 53 years ago he was born just two floors above his current office.

THANK YOU!



Midland Quality
Alliance