



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 #7—Purpose**

**Cornerstone #1: Aspiration**

Purposeful people aspire to work that gives them a personal sense of meaning, and to making their corner of the world a better place.

**Cornerstone #2: Intentionality**

Positive thinking is planning and working to make it happen; wishful thinking is hoping and waiting for someone else to make it happen.

**Cornerstone #3: Selflessness**

People inspired with a sense of purpose rise above 'what's in it for me?' thinking and commit themselves to a larger good.

**Cornerstone #4: Balance**

Purpose as a value mean being purposeful in every dimension of life, not just in the work you do—also family, community, and personal growth.



Volume 4, Number 9

**September 2016**

[www.joetye.com](http://www.joetye.com)

**Introducing Our New Practitioners**

**September 2016**

- Rebecca James, MD—Female Pelvic Medicine and Reconstructive Surgery
- Lani Ackerman, MD—Family Medicine/Hospitalist
- Phillip Chae, MD—Hematology/Oncology
- Stephanie Villarreal, MD— Pediatric/Hospitalist
- Alaaedin Alhomosh, MD—Family Medicine/Hospitalist
- Nancy Asamo, MD—Internal Medicine/Hospitalist
- Cara Bonawitz, MD—Interventional Radiology
- Francine Cheng, DO—Pediatric/Hospitalist
- Alex Gilman, DO—Internal Medicine/Hospitalist
- Luis Hernandez, DO—Internal Medicine/Hospitalist
- Chimkama Ibe, MD—Internal Medicine/Hospitalist
- Caxton Opere, MD—Internal Medicine/ Hospitalist
- Reuben Alimbuyao, CRNA— Sponsoring/Supervising: AMGPB Anesthesiologists
- Luis Juarez, Jr., PA-C—Sponsoring/Supervising: MEM Physicians

**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

**Continuing Medical Education—See Page 5**

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.

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### New Information



#### Forward Thinking

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

#### **AMGA Fellowship—Moving toward a Clinically Integrated Network**

I have mentioned we are engaged with an AMGA fellowship. The purpose is to provide us insights and tools to increase our clinical integration. It turns out we have been developing some of the best practice principles already but we have opportunities to improve. We have a sense of the importance of change; a sense of urgency. MACRA (MIPS or an APM) are on everyone's radar. For some it's clearer than for others but most clinical providers recognize that we will be judged and paid differently starting in 2019 (based on work in 2017- that's next quarter!). Importantly, to be successful will require not only that we personally manage our patients well, but we will be ever more interdependent; our bonuses or lost revenue will be dependent on

services of other clinicians and support services. We must be collaborative. It will require effort but at the end of the day, the time spent developing a collaborative network or a Clinically Integrated Network (CIN) will prove invaluable.

Another reason this is so urgent is to make our work easier. The expectations of the Triple Aim (High Quality care, Reduced Cost of care and improved Patient Experience) seem at odds with each other. Two can be fixed but the third will balloon. Additionally to achieve the goals of the triple aim and track these improvements increases our work load. The solution is again found within a CIN. The infrastructure provided and the governance structure will be of our design. We have the control to assure that improved performance cannot come at the expense of those of us performing the work. We can meet the Triple Aim goals AND assure our work is not more burdensome by developing a collaborative network such as a CIN.

So we have a sense of urgency and the importance of moving along this path. Next step is developing a clear vision; a sense of what the path is and that we are all moving in the same direction. We have made progress on this shared vision but there are opportunities. A shared vision is important. It's tough when everyone so busy. Best practices suggest that one or two key stakeholders can develop some guiding principles and share them with a working group looking to improve a service line or a process. After a review by the larger group, a refined set of principles can be used to guide the process improvement efforts. In this way a process, understood by all, can affect needed changes.

We have several process improvement groups already doing good work. For example: ED Throughput, Medical Services Efficiency and Transition of Care Committee, Lifestyle Medicine Committee, Advanced Planning Committee, and Surgical/OR Efficiency Committee.. The important thing is to have a structured program to approach solving the demonstrated areas needing improvement. Measuring performances and having outcome metrics are important, but a structured approach with guiding principles is equally important.

We have had some short term wins. We certainly do not have all problems solved, but our ALOS has decreased by nearly a day from a year ago. Also on the ED throughput side we have whittled away at the door to doctor, door to discharge and door to admit times. In all the working committees, there are many opportunities to improve and realizing some progress helps.

Having a sense of needed change, developing a shared vision and working committees to improve health care delivery are steps in the right direction. We look forward to furthering our progress toward a Collaborative Network of physicians and other healthcare providers (a CIN). It is essential to be successful in the changing health care delivery and health care reimbursement environments. With the changes coming there will be both winners and losers. Winners will be successful at developing a program like the one we are working towards.



### **New Information**

#### **Forward Thinking Continued**

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

#### **Patients Confused and Apprehensive about Hospitalists**

Midland Inpatient Medical Associates (MIMA) is looking for some help from their primary care colleagues. The concept of hospitalists services are still difficult for some of our patients to grasp. MIMA providers endeavor to spend a few minutes educating patients about the role of the hospitalist when they admit them. However, due to the circumstances of a hospital admission, their situational awareness and perceptiveness is not as good as in other circumstances. Many are apprehensive with the unfamiliar faces and expect their own (outpatient) doctor. They have a difficult time grasping the benefits of inpatient specialists.

To our Primary Care colleagues: it would be helpful to provide information to your patients before an acute hospitalization is eminent, let them know you will not be seeing them during the acute hospital stay, that you (the PCP) will be kept informed of admissions and discharges, and that you will see them after discharge within an appropriate time frame. If you would like pamphlets about the hospitalists to provide your patients, MIMA can supply those to you. Providing awareness of hospitalist services and answering questions before an acute need arises will improve the patient and families experience.

Thank you!

#### **Lifestyle Medicine Clinic Ready to Start**

We are a couple of weeks away from our Lifestyle Medicine pilot program. A targeted cohort of at risk patients (HTN, high BMI, DM, hyperlipidemic) will enter a nine week comprehensive program. The goal is to demonstrate, through healthy choices such as increased activity and Whole Foods- Plant Based Nutrition, that our cohort can enjoy improved biometrics and a reduction in the cost of care. There have been several similar studies done in the US and throughout the world that have demonstrated the expected benefits. At Lee Memorial in Ft. Meyers, FL, they did a similar study which showed remarkable improvement in the mentioned biometrics. Importantly, they have demonstrated sustained improvement over four years. Economic evaluation showed a 2:1 ROI! We are very excited about the program.

When we are ready to expand the program to others in the community we will let you know and we will be happy to accept at risk patients or any others that have interest in taking charge of their health and living well.

Our Food Service is moving forward with plans to improve healthy choices in the Market. There will be an increase in the choices of fresh fruits and vegetables and a decrease in the availability of unhealthy serving sizes and sugar and fat heavy foods. These changes will be phased in over the next several months. For instance healthy pizza options and a turkey burger, with roughly half the calories of the traditional beef burger, will soon be available. Look for the changes beginning in October with three phases planned over several months.

#### **Effective September 1, 2016—Texas Controlled Substances Registration (DPS) are no longer required.**

The Texas Prescription Program will be transferred to the Texas State Board of Pharmacy. Texas Controlled Substances Registrations are no longer required. DEA registrations are still required and must remain active. Contact your licensing board for more information.



### New Information

#### Ready-Set Low Basal Bolus Insulin Order Set

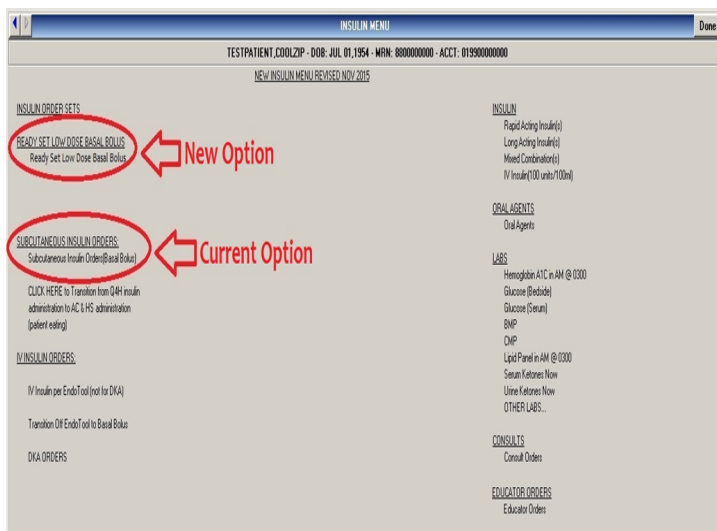
Since 2008, the Glycemic Control Team has been working to improve glycemic control at Midland Memorial Hospital. The hospital has implemented the Ready-Set Low Basal Bolus Insulin order set due to continually not meeting national glycemic benchmarks for the past two years. This new order set will replace sliding scale insulin orders which were identified as a key contributor to our continued poor performance. These advances have been approved by medical and surgical control and were also approved by the Medical Executive Committee.

Scheduled subcutaneous insulin with basal, bolus and correctional components is the preferred method for achieving and maintaining glucose control (ADA Clinical Practice Guidelines, 2012). Prolonged use of sliding scale insulin should be avoided as the sole method for glycemic control with a history of diabetes during hospitalization (Management of Hyperglycemia in Hospitalized Patients, 2012).

The new Ready-Set Low Basal Bolus order set was created by the Glycemic Control Team under the guidance of Dr. Chemitiganti helps physicians initiate basal bolus insulin using Lantus and Humalog at a safe, low dose. The order set has easy to order tabs for patients who are eating and those who are NPO. These orders can be easily adjusted by practitioners and diabetes educators.

Dr. Chemitiganti will be the CME Speaker on September 12 on Inpatient Glycemic Control and the new Ready-Set Low Basal Bolus order set.

**ATTENTION! AS OF September 26, 2016, SLIDING SCALE INSULIN WILL NO LONGER BE AVAILABLE.**



**Current Option** will allow practitioners to order a *custom* basal bolus insulin regimen, as it has been done in the past.

**New Option** will order a *pre-determined* low dose basal bolus insulin regimen. This new option will facilitate the initiation of basal bolus, helping to transition away from sliding scale.

For questions or concerns, please contact:  
MMH Diabetes Educators at Ext. 2130 or Ext. 3045  
Glycemic Chair Dr. Chemitiganti at 973-819-3940

### Reminder

#### Remote Access (VPN) for Midland Memorial Hospital

Physician packets with security agreement documents for remote access were emailed on August 10, 2016. This information must be completed and returned by October 15th to the Medical Staff Services office. Please feel free to contact Rebecca Pontaski at 432-221-1625 or Dr. Lawrence Wilson at 432-221-4976 with any questions you may have.



**Continuing Medical Education  
September 2016**

**Inpatient Glycemic Control & the New Ready Set Insulin Orders**

**Date:** September 12, 2016  
**Lunch Time:** 12:00 p.m.  
**Presentation Time:** 12:15 p.m.  
**Location:** Conference Center—Rooms C&D  
**\*CME/CNE Credit**

**Speaker:** Rama Chemitiganti, MD

**Part 1: How to Implement and Maintain a Maximum Surgical Blood Ordering Schedule (MSBOS) Within the Hospital**  
**Part 2: ROTEM Cardiovascular Surgery**

**Date:** September 22, 2016  
**Dinner Time:** 5:30 p.m.  
**Presentation Time:** 6:00 p.m.  
**Location:** Conference Center—Rooms C&D  
**\*CME**

**Speaker:** Lizabeth Rosenbaum, MD

**Update on Antimicrobial Stewardship at Midland Memorial Hospital**

**Date:** September 23, 2016  
**Lunch Time:** 12:00 p.m.  
**Presentation Time:** 12:15 p.m.  
**Location:** Conference Center—Rooms C&D  
**\*CME/CNE Credit**

**Speakers:** Satish Mocherla, MD  
Taylor Johnson, MLS(ASCP)<sup>CM</sup> SM<sup>CM</sup>  
Michalea Daggett, Pharm.D., BCPS

**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—approver, 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.*





**Michael Dragun, MD**

"Best explanation I have had come from the doctor, Dr. Dragun was great!"

**Parker Bassett, DO**

"Dr. Bassett is very nice and took the time to sit and talk to me about my concerns. Dr. Bassett has a great bedside manner."

**Monica Mann, MD**

The patient was very pleased with Dr. Mann and said she was great.



The new Primary Care Pathway Program students attended orientation on August 26th. The program is a new partnership between Midland Health, University of North Texas Health Science Center, Midland College and the University of North Texas in Denton.

Dr. Michael Dragun welcomed the students to Midland Memorial Hospital.  
**Thank you Dr. Dragun!**



**Physician Involvement**

**Walk for Hearts Fundraiser**

**Top candidate for PIE in the FACE was...  
Dr. Michael Jones**

**Dr. Barnett had the privilege of throwing the pie!**







### In Memoriam Dr. Edward (Pete) Carter 1954-2016



Many within the Midland Health family joined Dr. Pete Carter's family and closest friends to celebrate his life and share our regrets for his premature departure from this earth. One of the things I most respect about our chosen field is that we are frequently sobered to the tenuousness of life. Tomorrow is promised to no man. It seems so much more poignant when it's a friend, a colleague and a genuinely well-liked and respected human being like Pete. Dr. Viney shared some personal remembrances of Pete from a more than thirty year history they shared in health care and apparently in Taos, NM as well (Dr. Viney didn't share the details). The service was warm, compassionate and very well done—fitting for a man who lived his life the same way. Rest in Peace!

*Midland Memorial Foundation has been honored to receive memorial donations by the family of Dr. Edward "Pete" Carter, a beloved member of the Midland Memorial Hospital Anesthesia and Peril-operative Services. A memorial fund has been established for Dr. Carter, and will provide support for Midland Memorial Hospital to continue the mission of providing the best possible healthcare for our patients. In support of this fund and to honor the life of Dr. Carter, please send all donations to Midland Memorial Foundation, 400 Rosalind Redfern Grover Parkway, Midland, Texas 79705. If you have any questions, please contact Nancy Woodman, Midland Memorial Foundation Executive Director at (432) 221-1569 or by email at [nancy.woodman@midland-memorial.com](mailto:nancy.woodman@midland-memorial.com).*

*Our thoughts and prayers are with the Carter family.*