

Special points of interest:

- Hey Doc, You Rock!
- From the Desk of Kreg Gruber...

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## Medical Staff Update April 2014

### “Hey Doc, You Rock!” Recipient Chosen for April

Rockin Doc: **Daniel M. Cooke, M.D.**  
 Office: **Memorial Pain Control Center**  
 Nominating Staff: **Pain Control Center Staff**  
 Medical Education: **Michigan State University**  
 Date on Staff: **05/08/1992**



Helping patients with long-term pain can be a difficult and thankless job at times ... but Dr. Daniel Cooke’s heart is in his work. He always comes in with a smile, ready to tackle the day. He goes out of his way to make patients feel welcome and comfortable at the Pain Center. Skilled and knowledgeable about pain injection procedures, he explains things in terms patients can understand. Dr. Cooke puts the patients at ease with his corny jokes, allowing them to instantly connect with and trust him. If there is a patient on the floor who needs an injection done the same day, you can always count on him to willingly accommodate the patient.

Dr. Cooke is a great team player--very approachable and listens to nursing concerns regarding each patient.  
 “He cares about people, not positions ... he never once made me feel like I was ‘just office staff’,” says an Associate. “He is one of the best people I know!”  
 “Dr. Cooke jumps in to help any way he can, from changing the bottle on the water cooler, to transferring patients from procedure to bed cart. A joy to work with, he always has a smile on his face, never gets upset and makes the workday great!”  
 “If you think a great sense of humor is good medicine, then Dr. Cooke is your man!”  
*“Teamwork is optimized when staff that I work with, whether it be in the Pain Control Center or the Neuroscience Center, feel comfortable in the environment to make suggestions on patient care. I hope that I provide that type of environment. I believe it’s also important to welcome different patient-care perspectives.” –Dr. Daniel Cooke*

#### From the desk of Kreg Gruber:

##### “Trading Places” – A Leadership Exchange

Recently, my colleague at Elkhart General Hospital, Greg Lossaso, and I, have ‘Traded Places’. During the months of February and March we exchanged roles with a desire to better understand how each other’s organization is structured and operates. Hopefully you might have had the chance to meet Greg as he has attended meetings or been roaming the hallway.

My experience at Elkhart was outstanding. The associates and medical staff have been very welcoming and receptive.

What struck me was how similar we were in the work we do. I think we would like to think that we are different or unique. Of course there are differences – however they are very specific to a service or a department. What I believe is that there are significant opportunities to share more information and begin conversations about how we can align our efforts to have a bigger and broader impact in our region.

Memorial and Elkhart are not competitors – we are part of ONE healthcare system – Beacon. One of the changes I will be making as part of my experience, is to make sure that at any chance I have or see – to engage our counterparts at Elkhart to see how we can solve problems together, bring new services to the market or most importantly improve the quality of our care and services.

## A Byte of IT ... From Your CMIO, Dr. Ken Elek

### MOVING FORWARD WITH IMPROVING POWERCHART...

Moving forward with improving PowerChart often feels to me like a gargantuan task because the changes involved are workflow changes which have become our habits over the last almost decade. The challenges are not just affecting the workflow change but moving slowly enough and communicating in an effective manner so, as Dr. Rob Riley has often said, “the wheels don’t fall off the bus”. We also have to make sure we’re not moving so slowly that the engine on the bus stalls. So, here are a few of the things I have been working with our team to improve how PowerChart functions.

I’ve already addressed using the Document Viewer instead of the Documents tab several times so I’ll just mention the changes made in the last couple weeks to make the Document Viewer more user friendly. For those who haven’t played with it yet, you wouldn’t have noticed that when filtering by note type there were multiple duplicate folders. All of the duplicates have now been eliminated so when you search by note type you only see one folder per note type. When you click on the History & Physical folder, you will see displayed on the left every H&P this patient has had put into PowerChart without date or document number restrictions. It takes some getting used to but I’ve found the time savings to be well worth the time I took to learn how to use it effectively. At some point I would like to remove the Documents tab since Cerner has told me it slows down the entire system. Hopefully you’ll take some time to reread the document viewing Byte of IT and try using the Document Viewer.

Another enhancement I plan to put into place soon is called mCDS or Medication Clinical Decision Support. It’s currently on trial in the pharmacy and if all goes well I plan to roll it out to everybody else by the beginning of May. This enhancement takes all the alerts for a particular drug into account at the time it’s being chosen as an order, not when it’s being signed as the alerts currently work, and displays them all on one page, allowing you to discontinue either the medication being ordered or the medication that interferes with it at the time the alerts display. Allergy, drug-drug interaction and duplicate alerts all display on this one page. Hopefully this will help relieve some potential alert fatigue since you won’t have all the alerts for all the drugs popping up one after the other at the time you sign them as occurs now. It will also eliminate the “duplicate alerts”; tramadol and fluoxetine firing first and then fluoxetine and tramadol which currently occurs. Unfortunately the system doesn’t know that just because you said tramadol and fluoxetine are okay together that you also mean fluoxetine and tramadol are okay together since the alerts are created separately. This happens because the alerts are created at the time of signing and the system doesn’t know at the time of alert creation that you were going to say the combination is okay. I tried to make that make sense but realize it may not. If you want further explanation, call me and I’ll do my best. I expect mCDS to make our lives easier when it comes to drug alerts.

There are also teams working on the integration of the inpatient with the ambulatory part of PowerChart. Beacon Medical Group will be using PowerChart in the office so the patient will have one chart whether they’re in a Beacon physician’s office or in the hospital. This presents particular problems with the design we currently use in the hospital and will require some change as time goes on. The good news is that the changes are being done in waves so not everyone will be affected at once. The bad news, if you consider this bad, is that everyone will need to change some. When this happens to a particular group of physicians, the tools they will be given will be specialty specific and tailored to that specialty’s workflow. This should help all of us be more efficient and effective in our workflows and help improve patient care.

Also remember that when you open a PowerPlan to look at its contents, don’t check anything and add any other order, you need to right click on the plan name in the view column on the left of the orders tab and remove it. Otherwise it is placed in a planned state and will be confusing to nursing. If you don’t add any other order and just refresh, it will go away without any other action.

If your screen is frozen but there’s no hourglass or spinning circle, please check and see that you are on the active window. There are some glitches that occur to make it look like your screen is frozen when you’re actually just not on the active window.

If you have any questions about this information or want to know more about why these things are being or have been put into place, please contact me. I start evaluating every request for a change with the question “why” so I can be as clear as possible about the goal of the change and whether or not that change will meet the goal.

Let me know what I can do to help make your experience with our electronic record better. My office number is 647-3070, my pager is 472-4639 and my email address is [kelek@beaconhealthsystem.org](mailto:kelek@beaconhealthsystem.org).



## Medical Staff Update

Over the past several weeks, many physicians have participated in meetings for the Summit Initiative. Summit is a hospital-wide initiative, with multiple stakeholders aligning to implement a fully-integrated Patient Care Model that is designed to:

- Build the infrastructure to deliver predictable, reliable, and efficient service to patients, their families, physicians and hospital staff
  - We will be working with you to set up routine times to discuss discharge needs and to meet with families
- Bring clarity and consistency to work processes focused on patient care and timely disposition
  - We will introduce technology that communicates the flow of patient needs in order to be discharged
- Ensure that all clinical and non-clinical hospital care providers are aligned towards a common goal
  - Many departments (lab, nursing, ED, radiology, Environmental Services, PT/OT/St and others) have clearly defined goals to work together
- Improved sustainability through standardized operational pathways, metrics and IT support
  - The technology will support our new processes on an on-going basis

### Key Medical Staff Benefits:

- Improve multi-disciplinary/interdepartmental communication
  - Ability to find and talk to a nurse upon arrival on patient care units
- Increased and scheduled access to patients and families
- Improved ancillary response times with information to make decisions
- Optimized patient aggregation by service line and physicians
- Formalized communication and hand-offs between ECC Physicians, admitting Physicians, consultants and other disciplines
- Create an organization that supports 7 days/week discharge
  - Patients will receive necessary services on the weekend to ensure necessary services on the weekend to ensure timely discharge and outcomes
- Enabling technologies, tools, processes and metrics to drive sustainable change

Physicians are an invaluable partner in caring for Memorial Hospital patients and your involvement in Summit is vital to the initiative's success. The Summit team recognizes you have many competing demands for your time and we want to help you be as efficient and effective as possible.

From Admission through Discharge, we are taking big steps toward this goal, and as we roll out new processes, members of the Summit team will continue working closely with you to ensure you have the information necessary to benefit from these improvements. Overall, this Summit Initiative will enhance communication and transparency. When the right people have the right information at the right time, we can all take appropriate action to keep our patients' care on the right track! In addition to continued meeting participation, we will provide more information in future editions of this newsletter about the Summit team, the processes designed to improve the efficiency of patient flow and essential role of you have in this initiative.

If you have any questions, please contact Cheryl Wibbens, Kreg Gruber, Bev Teegarden, Sandy Kowalski, Summit Liaison or Linda Kosnik, Navigant Summit Director at [Linda.Kosnik@navigant.com](mailto:Linda.Kosnik@navigant.com)

You may already know that ICD-10 WAS going to be implemented this October but is now delayed. A law was recently passed that delays ICD-10 for at least 1 year. The specific language states that the Secretary of HHS cannot adopt ICD10 prior to October 1, 2015. Beacon is continuing work at the corporate level to prepare and update technology and perform testing. We will complete our software upgrades and plan for training into 2015. We are waiting for guidance from the Secretary of Health and Human Services, which we anticipate will be within the next 120 days. You may wish to attend the joint meeting with SJRMC on June 10th with the presentation from Dr. Ron Hughes from JA Thomas & Associates. You may choose from one of three different times offered on that date. See additional information below of how to RSVP, etc.



## ICD-10 Training for Providers

Presented by: Ron Hughes, MD • J.A. Thomas Physician Education • J.A. Thomas & Associates

**Please attend one of the three sessions below.**

*(Food and refreshments will be provided.)*

**Tuesday, June 10, 2014**      Session 1 . . . . . 12:30 – 2:30 pm  
 Session 2 . . . . . 3 – 5 pm  
 Session 3 . . . . . 6 – 8 pm

**Location**                      Hilton Garden Inn  
 53995 Indiana State Route 933  
 South Bend, IN

**ICD-10 education session topics include.:**

- Why ICD-10 is being implemented
- Benefit and potential opportunities
- Review of the depth, challenges and cost
- Review of documentation for ICD-Compliance

You will receive CE credit for attending one of the training sessions listed above, either via in-person presentation or live web stream.

**Registration is required. Please RSVP by Monday, June 2 to: Mary Futa at 574.335.4680 or futaml@sjrhc.com.**



Elkhart General Hospital  
 Memorial Hospital of South Ben

Mishawaka  
 Plymouth  
 South Bend  
 sjmed.com

## From Infection Prevention Office:

Every hospital throughout the nation is required to **publicly report** on the following Healthcare Associated Infections (HAI's):

**Central Line Associated Blood Stream Infections (CLABSI)** (All ICU locations)

**Catheter Associated Urinary Tract Infections (CAUTI)** (ICU, PICU, Inpatient Rehab)

**Surgical Site Infections (SSI)** (Colon and Abdominal Hysterectomy Procedures)

**Clostridium Difficile** (all inpatient positive C-diff toxin labs)

**MRSA Bacteremia** (all inpatient positive MRSA blood cultures)

**Additional HAI's and patient care areas and procedures are added each year in an effort to reduce HAI's nationally.**

The table below outlines the numbers reported for Memorial for 2013:

Indicator	# of Infections	# Expected Infections	Interpretation
CLABSI (ICU, NICU, PICU)	6	9.5	Lower than expected
CAUTI (ICU, PICU, Rehab)	9	6.864	Higher than expected
SSI (Colo)	5	10.335	Lower than expected
SSI (HYST)	2	2.527	Lower than expected

You can improve outcomes for your patients by making sure foley catheters, central lines, and ventilators are **inserted** based on scientific guidelines, **maintained** using best practices, and **removed** as soon as no longer needed.

Meticulous adherence to good hand hygiene has also been instrumental in reducing HAI's nationally.

# National Nurses Week

## May 6-12

Thank you to our nurses at Memorial Hospital for all that you do for patients and their families. The amazing work of our nurses is the lifeblood that helps promote and sustain the healing process.

National Nurses Week is May 6 -12.

*In the words of one nurse, "Every day we come to work, we make a difference in the lives of those we touch. Nurses who take the time to hold and love the child whose parents can't visit. Nurses who throw parties for patients on their birthdays or a patient's last day of chemotherapy. Nurses who help a mother crawl into a bed so she can hold her child as he takes his last breath. What we do isn't easy, but I don't think there is one of us who question why it is we choose to be nurses."*

Medical Staff Officers

President  
 John Mathis, M.D.  
 Vice President  
 Philip Kavanagh, D.O.  
 Secretary-Treasurer  
 John Jacobs, M.D.

Medical Staff Office

Vice President Medical Affairs  
 Cheryl A. Wibbens, M.D.  
 Medical Staff Coordinator  
 Pamela Hall, CPMSM, CPCS  
 Physician Liaison-Administration  
 Tawnn Hoover  
 Executive Assistant  
 Mariellan Weaver  
 Phone: 574-647-7920  
 Fax: 574-647-6691  
 E-mail:  
 mweaver@beaconhealthsystem.org

Please send any information you would like to see included in future newsletters to

Mariellan Weaver,  
 mweaver@beaconhealthsystem.org  
 or contact her at 574-647-7920

You may view current and previous Medical Staff Updates at  
[www.qualityoflife.org/docs/hospital/newsletter](http://www.qualityoflife.org/docs/hospital/newsletter)

**CME Opportunities:**

2014 CME Schedule Held 12:10–1:15pm in the Auditorium at MHSB

**May 14, 2014**

Presented by: Drs. Andy Shull, Ed DelleDonne, James Kelly, Ismail Al-Ani, Charles Lamb, and Sam McGrath

*“Oncology Update from Primary Care”*

**May 28, 2014—The Otis Bowen Lecture**

Presented by: Jason Fromm, M.D.

*“Things We Do In The Hospital for No Good Reason”*

Please call Linda Magnuson at 574-647-7381 or email [lmagnuson@beaconhealthsystem.org](mailto:lmagnuson@beaconhealthsystem.org) for more information and CME opportunities

**Patient Safety Issue**

Leaving a patient’s room without placing the patient’s call light and phone within the patient’s reach. By not placing the call light within the patient’s reach we risk a patient fall and injury. Your cooperation and assistance in this important safety issue is greatly appreciated!



**Safety Alert**

April 25, 2014

**Lessons Learned From A Recent Surgical Event!**

All associates and physicians working in the surgical arena need to be aware of the patient’s supplemental oxygen status, whether it is off or on.

Please ask if oxygen is turned on during the fire safety assessment. If oxygen is on please take precautions.

Coming Soon!  
 Lab Conversion  
 Cerner Millennium



**Welcome New Medical Staff Member(s):**

Frances R. Baccus, MD  
*Anesthesiology*  
 Michiana Anesthesia Care PC  
 416 E. Monroe Street, Suite 200  
 South Bend, IN 46601

George E. DePhillips, MD  
*Neurological Surgery*  
 North Central Neurosurgery-Elkhart  
 500 Arcade Avenue, Suite 200  
 Elkhart, IN 46514

Carter M. McCrea, DO  
*Pediatric Dentistry*  
 North Point Pediatric Dentistry  
 3434 Douglas Road  
 South Bend, IN 46635

