

Special points of interest:

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

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Medical Staff Update June 2014

“Hey Doc, You Rock!” Recipient Chosen for June

Rockin Doc: **Steven F. Mitros, MD**
 Nominating Staff: **Ortho Surgery Team, 8South, Social Services, Physical and Occupational Therapy**
 Medical Education: **University of Michigan Medical School**
 Date on Staff: **07/01/1981**



The quality that defines Dr. Stephen Mitros is his ability to share his knowledge with others. He loves to teach, and will take any opportunity to help expand staff knowledge about orthopedics. Whether the meetings are planned or impromptu, Dr. Mitros can be found leading the “team” (R.N., OT, PT, Social Services) in discussions regarding patient care. Capitalizing on opportunities to educate and suggest, he sets an example to the care team of inclusion and cooperation.

He is consistent in providing support and feedback to all those he works with. “He treats the Ortho Unit as his team. There has always been mutual trust and respect between the staff and Dr. Mitros.”

Another aspect is evident about Dr. Mitros: he strives to provide superior patient care. In addition to his amazingly open and collaborative approach with the care team, he listens to questions from patients and their families and takes the time to answer and educate. “Dr. Mitros is amazing! He always exhibits mutual respect to everyone he encounters. His patients adore him and trust in him to provide them with excellent care, which he does daily!”

Dr. Mitros greets everyone with a smile, openly welcoming all staff and addressing each by name when he arrives on the unit. When problems arise, he knows just who to voice his concerns to, and demonstrates his willingness to be part of the solution. “I have never heard him raise his voice, even when it may have been understandable had he done so,” says one longtime team member. “He enjoys sharing stories about family and activities, and he truly has a great sense of humor, sharing funny—and mostly clean jokes!”

All agree that Dr. Mitros is an intelligent, caring and insightful individual who shares his expertise with others to ensure patients are provided the very best care.

From the desk of Kreg Gruber:

President’s Report:

In-Patient Units: Hospital Patient Care Unit upgrades-completing the new flooring on 12-South Surgical Unit. Unit painting and room furniture is also in progress.

Facilities/Engineering Update: Facilities Engineering has been very involved in the development of design for the new Children’s Hospital project. Long range strategic planning for MEP infrastructure for the entire hospital has been a major emphasis. Centralized chiller plant and centralized power for the MHSB campus is in the planning stages.

Radiology Engineering Update: Beginning in July, we will begin phasing in four (4) new CT scanners across Beacon. Project will start at EHG and also include Memorial Hospital, Lighthouse imaging center and LaPorte medical group.

**Please see page 3 for the letter sent to the Medical Staff regarding:
Transition to Interim Roles**

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

As we get ready to have just one chart for patients who see Beacon Medical Group physicians in their offices, there will be some needed changes in the content and maintenance of inpatient charts.

One of the very important categories that needs to be addressed is the difference between a diagnosis and a problem. Traditionally we've said that problems are for nursing and diagnoses are for physicians. In the new world of one chart, problems are ongoing diagnoses and diagnoses are the reasons for today's visit. The responsibility for maintaining these lists should reside with the physician seeing the patient. In the office, the problem list will contain SNOMED coded problems which convert to ICD-9, for the time being, coded diagnoses when they are converted from problems to diagnoses. Once the office visit is over, ongoing diagnoses will be converted to problems and are used to track the patient's chronic medical problems. In the hospital, diagnoses added during the hospitalization will need to be converted to problems if they are ongoing issues that will continue to be addressed. PowerChart automatically converts the SNOMED codes to ICD-9 codes because they are mapped to match up. So, please be careful not to "edit" the outpatient problem list inappropriately and add what needs to be added appropriately. This will make everyone's life and the patient's care much easier.

Medication lists will be easier to maintain since medications continued at discharge will automatically populate the documented medication by history category; this is the ongoing medication list. In order to facilitate proper workflow, medications given for a set time period, such as antibiotics or pain medications, will need to be classified as acute and have a stop date. Otherwise, the ongoing medication list gets cluttered with medications the patient is no longer taking. This will be addressed more in depth as we get closer to the August go live date.

On the inpatient side, we continue to work out the workflow bugs in getting the admitting orders to flow properly and be put into place at the right place and time. There are many challenges to doing this correctly so the right orders get done at the right time. On paper there were often times, so I'm told, when there were delays and errors in getting the right orders done at the right time but physicians were often insulated and unaware. In the electronic world there is a sort of built in accountability which exposes the areas where these things happen. This is a double edged sword since now we're aware of all that happens which can be both upsetting and provide an opportunity for improvement. This work will continue until we arrive at the best workflow for patients, physicians, nurses and staff.

We've continued to try very hard to track down issues and I want to remind you that giving the PC/notebook number you're working on, the date and time is all I need to look at what happened. I still see some perceived delays and "freezing" that are due to the way things are being done and not as a malfunction of PowerChart. Perceived freezing due to Windows navigation is the most common thing that happens to me and it sometimes isn't blatantly apparent. The good news with Windows 7 is the ability to see all the open windows on the toolbar by hovering over the PowerChart icon and seeing what else is there. Sometimes it's a notification window that slipped behind the chart or message center. Other times it's another window that inexplicably slips behind so the active window isn't on top. So, if your screen looks frozen for no apparent reason, sometimes even with an hourglass on the screen, check to make sure you're working in the active window.

We recently started our patient portal for the hospital where patients can access their own labs, education from discharge, medications, allergies, etc.; no sensitive information will be posted. There will be a delay of up to 36 hours before their information is posted. This sometimes scares us as physicians but most places that already have it in place have found it to be a tool to help keep the patient informed and engaged in their care.

I know that's a fair bit of stuff but I'm trying to pass on information to both get everybody prepared for changes and to ask appropriate questions. I'm also trying really hard to find ways to improve the performance of the system and your help is crucial. I really appreciate all those who've pointed out things they've just been putting up with that were broken; some for almost a year. In particular, Dr. Jody Wiseman has been very helpful in this regard.

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.



Date: June 30, 2014
TO: Memorial Hospital Medical Staff
FROM: Kreg Gruber
Re: Transition to Interim Roles

Many of you received a memo from Phil Newbold, CEO of Beacon Health System, about new interim assignments for members of the Beacon leadership team. These interim roles will allow us to maintain continuity and stability among senior leadership, while infusing key areas with refreshed perspectives that will help Beacon prepare for the future of care.

Regarding my transition to the interim role of President of Beacon Medical Group, I am looking forward to this new assignment. The future of providing healthcare will be shaped significantly by physicians and I am looking forward to meeting with our talented physicians, listening, and preparing Beacon to move gracefully into the new future of healthcare. We are all interconnected, the medical group, hospitals, homecare, etc. This assignment provides a great opportunity to understand and synchronize those connections even better.

One of my most important duties in this new role will be to support an executive search process to identify the permanent President of Beacon Medical Group. We will engage an external firm to perform a national search that will likely take six to nine months to complete.

Specific to my role with Beacon Medical Group, I will be working with our team to improve the administrative functioning of the group. We are fortunate to have so many high functioning practices and support services. However, as you know, with a medical practice that has almost 900 employees and 250 practitioners, there are systems and processes that can be improved.

To ensure continuity in administrative leadership, Steve Huffman, Beacon's current Chief Information Officer is stepping into the role of Interim Memorial Hospital President. Steve has been with Memorial, and now Beacon for eighteen years. I am 100% confident in his abilities to effectively manage open issues, as well as to continue to improve upon existing operations. You will find that Steve has the highest degree of integrity and work ethic. He is approachable and straightforward in his communication and you will enjoy the opportunity to work with him.

The team of administrative personnel at Memorial, including Cheryl Wibbens, Chief Medical Officer, Diana Custer, Vice President of Operations, Jayne Mitton, Executive Director of Surgical Services, and, Bev Teegarden, Chief Nursing Officer, each provide an incredible amount of operational expertise for Memorial Hospital. This team will continue to support Memorial, as well as Steve in his new role. Steve will be located in my office in Administration at the Hospital. His Assistant is Tara Hunsberger and her phone number is 647-6795.

If you have questions or would like to discuss any elements of the transition that may affect you, I am wholly transparent on this topic and would enjoy the conversation. My email will remain the same but I will have a new phone number, which is 647-1652. My current assistant, Sue Ferraro, will remain working with me. We have moved to the BMG offices located at One Michiana Square.

Thank you for your support over the coming months.



Cerner Know As You Go

for using your Beacon Cerner system

Process Change: Ordering of Antibiotics

A new mandatory field is being added to all antibiotic orders called Antibiotic Reason. This is being employed Beacon wide to put us in compliance with CMS regulations and meet Core Measures. This is also an important step for new antibiotic stewardship mandates.

Entering the Antibiotic Reason also:

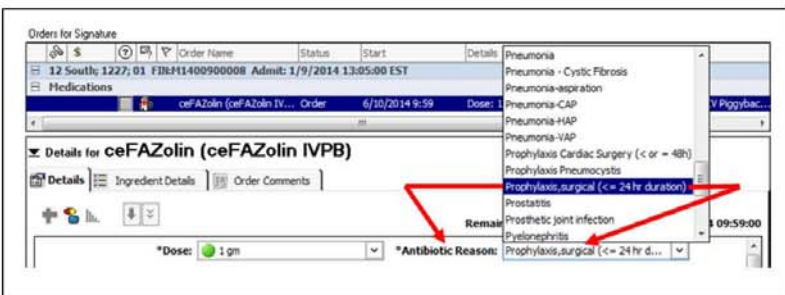
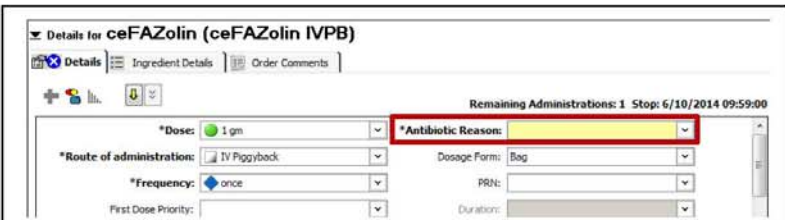
- will be beneficial to pharmacists to look and verify that the antibiotic dose is appropriate
- will be helpful to chart auditors. No more guessing why an antibiotic is ordered
- will provide better understanding of the nurse caring for the patient as to what disease specific education is needed for the patient

The changes are being made alphabetically by drug name and classification and will be rolled out in phases.

Antibiotics (oral and IV) now contain a required field to select for the **Antibiotic Reason**.

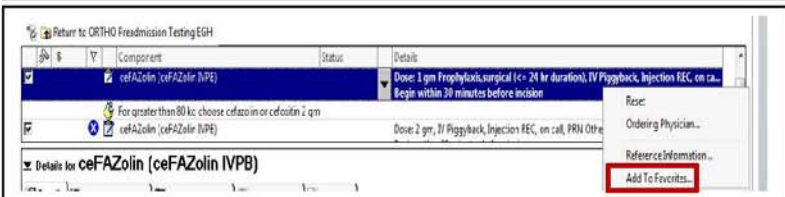
Antibiotic Reason:

- is alphabetical
- can be easily scrolled by typing a few characters of the reason
- save the order sentence including the reason as a "Favorite"
- select "Other Infection" to free text a reason via the Order Comments tab.



PowerPlans will be updated as well. Please note that you can re-save your plan after you add the Antibiotic Reason to 'lock-in' the changes.

Save as My Favorite









To "Save as a Favorite" once the Antibiotic Reason has been selected, right click on the navy blue order sentence to access the pop up and select **Add to Favorites**.

Questions? Contact:
 Dr. Tom Mellin, CMIO EGH
dmellin@beaconhealthsystem.org
 524-7455

Questions? Contact:
 Dr. Ken Elek, CMIO MHSB
kelek@beaconhealthsystem.org
 647-3070

Beginning 6/16/14 a new required field will be added to all Antibiotic order details requesting the reason an antibiotic is given. A picklist will assist providers in making the appropriate selection, however there is also a freetext alternative. Full details are in the KAYG (Know as you Go) document. Please note, this is a rollout change is by drug name and classification and may take several days to complete

tips & tricks **Cerner Know As You Go**
 ePrescribe (eRx) – non controlled meds only
 MHSB (only): Effective immediately 

-  • The process begins with documentation of the patient's Preferred Pharmacy. This may be completed by ED staff, on initial nursing assessment or at discharge by the provider.
-  • When entering meds at discharge, the prescribing provider must select "Send to Pharmacy"
-  • Only non-controlled substances can be sent via ePrescribe
-  • The message in red will advise you if there are prescriptions that cannot be ePrescribed.
-  • Controlled substances will default ALL prescriptions to the Printer, so the patient doesn't need to remember which were eRx and which are on paper.

See next page for additional benefits of
Rx Plan (eligibility)
 &
External Rx History

Release Date: 6/16/14 Effective Date: 6/16/14 Contact: Pam Maxwell 647-2116 HelpDesk 647-7254 

ePrescribe (eRx):
 After a required upgrade, ePrescribe is once again live at MHSB. A review of how to send non-controlled prescriptions directly to the retail/mail order pharmacy are attached. Nursing and ancillary staff are now gathering the Patient's Preferred Pharmacy upon admission to facilitate this process.







Please note, if a patient is to receive a combination of meds (controlled and non-controlled), you must print/sign all prescriptions.

Additionally, the use of *Rx Plan*

As always, if you have any questions, please contact the HelpDesk 574-647-7254 Pam Maxwell 574-647-2116 Ken Elek MD, CMIO 574-647-

tips & tricks **Cerner Know As You Go**
 Rx Plan Eligibility & Prescription History

Please note the two new tool bar options at the top of the Orders Profile:


- First verify the Rx Plans ... This will pull from the patient's Insurance data and be compared to Sure Scripts participation .

- Display the Eligibility Details.

- Select External Rx History and Consent Granted to view the patient's recent ...

- Prescription History from all SureScripts participating pharmacies (retail and mail order)

- To filter by date click down arrow

- Additionally, providers may see participating Plan Formulary details on the patient's Order/Medication profile.


Medical Staff Officers

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 John Mathis, M.D.
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 Secretary-Treasurer
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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

Memorial
 Hospital of South Bend
BEACON HEALTH SYSTEM Care Partner

Coding Tidbits

Sepsis

The current definition of sepsis is not well known by most physicians. Many think a sepsis diagnosis requires positive blood cultures and is associated with an extremely grim prognosis. This may have been true a few decades ago, but is no longer so.

Sepsis is now defined as SIRS (systemic inflammatory response syndrome) due to an infection.

The condition does not represent the infection itself, but rather the body's systemic reaction to it. It can be caused by infectious organisms including bacteria, viruses and fungi, but may just as well be due to toxins. *As such, positive cultures—particularly blood cultures—are not required and are not even one of the diagnostic criteria for sepsis.*

The diagnosis of sepsis was determined by the International Sepsis Definition Conference (ISDC) in 2001.

➤ **SIRS (Systemic Inflammatory Response Syndrome) criteria:**


2 or more of the following:
 Core T >=38 or <= 36
 HR >=90
 RR >=20 or PaCO2 <=32
 WBC >=12,000 or <=4,000

➤ **Sepsis:** SIRS + known or suspected infection
 ➤ **Severe sepsis:** Sepsis with hypoperfusion or organ dysfunction
 ➤ **Septic shock:** ongoing tissue hypoperfusion = hypotension despite adequate fluid resuscitation or lactate >= 4

Two important coding quirks to remember are:

- "Urosepsis" codes as a simple urinary tract infection and does not capture either the severity of illness or the risk of mortality as **Sepsis due to UTI**.
- "Bacteremia" means only a positive blood culture, does not constitute sepsis and would normally not even be coded.

Malha Iqbal, MD
 Medical Director, CDI Program


BEACON
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Advancing Health Continues as Top Priority

Since July of 2013, Beacon Health System and The South Bend Clinic have provided information to regulatory agencies as part of required regulatory approvals for a proposed merger. It has become evident that dramatic changes in health care, along with a challenging regulatory environment, would extend the review for at least another 12 to 18 months and with no assurance of regulatory approval.

Together, Beacon and The South Bend Clinic have determined that this unplanned extension would be too large a burden of cost, time and uncertainty for both organizations. Because of this, the parties have both decided to suspend further merger efforts.

"Beacon Health System and The South Bend Clinic care for thousands of people on a daily basis. We enjoyed a very close relationship long before this process began and will continue to do so," says Phil Newbold, CEO of Beacon Health System. "This is not a step back, but rather an opportunity to innovate and lead the discussion on health care reform, and develop new problem-solving initiatives that will influence improved care for years to come."

Most recently, Beacon Health System's Memorial Regional Cancer Center and The South Bend Clinic have collaborated together on a comprehensive cancer treatment center on Day Road. The treatment center provides easy access for patients who are surrounded by a team of physicians and treatment specialists who are focused on their individual care.

"Physicians who practice in this community are aligned, clinically talented and quite dedicated to delivering excellence in care. Our community is in a good position to design and influence the future of care," says Vince Henderson, M.D., Chairman of the Physician's Governance Council for Beacon Medical Group.

Welcome New Medical Staff Member(s):

Hilary Dye, MD
Internal Medicine
 South Bend Clinic Granger
 52500 Fir Road
 Granger, IN 46350

Freeman Farrow, MD
Family Medicine
 BMG LaPorte
 900 I. Street
 LaPorte, IN 46350

Elon Granader, MD
Tele-Radiology
 Vision Radiology
 449 Lucerne Drive
 Spartanburg, SC 29302

Lindsay Kramer, MD
Pediatric Hospitalist
 BMG Memorial Children's Hosp
 615 N. Michigan Street
 South Bend, IN 46601

Emily-Rae Singh, MD
Family Medicine
 E.B. Warner Family Medicine Ctr.
 714 N. Michigan
 South Bend, IN 46601

Kristine Smith, MD
Family Medicine
 E.B. Warner Family Med. Ctr.
 714 N. Michigan
 South Bend, IN 46601

Adeel Yousaf, MD
Pediatric Hospitalist
 BMG Memorial Children's Hospital
 615 N. Michigan Street
 South Bend, IN 46601

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 LOCKED OUT OF YOUR ACCOUNT?**

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REGISTRATION BEGINS JULY 8, 2014.

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