

Special points of interest:

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

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Medical Staff Update May 2014

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

Rockin Doc: **Robert S. Austgen, DDS**
 Office: **The Dental Staff**
 Nominating Staff: **8South Staff**
 Medical Education: **Indiana University School of Medicine**
 Date on Staff: **05/01/1975**



Dr. Robert Austgen does not have the easiest of jobs: He performs a wide range of dental procedures for children and special needs adults under anesthesia in the Outpatient Surgery Center. On staff at Memorial for over 35 years, he received 36 nominations from coworkers stating that he is first and foremost an excellent dentist! Each day, Dr. Austgen welcomes special needs adults and children from diverse backgrounds, yet he treats everyone the same - like they are family. He works closely with medical interpreters to inform and educate a good proportion of Spanish-speaking patients and their parents. Always joking, he makes the children laugh and is often seen playing with them in pre-op. Dr. Austgen works well with special needs adult patients; ever aware of their fears, he makes them feel safe. He never gets upset with cancellations or patients who are late, but is accepting of life's circumstances. He has an easy way about him that puts people at ease.

When asked about special qualities, associates comment that Dr. Austgen is a “true professional gentleman” and a “true saint caring for handicapped patients.” “He has the demeanor of a loving grandfather with the kids...providing T-shirts and ‘treasure chests’ for their extracted teeth.” When interacting with coworkers, one associate wrote, “Team player is an understatement...Dr. Austgen is AWESOME!” Very approachable and gentle, he is also highly professional, following protocols and interacting with staff to ensure that the day flows seamlessly. He knows every associate in the department by name. When communicating with them, he knows how to have a conversation (not a lecture) about what needs to be done. “Dr. Austgen is caring, loving, and tender-hearted with patients and staff...he is always willing to listen and allow you to be heard...always.”

From the desk of Kreg Gruber:

President's Report:

Summit Update (Patient Flow Processes) - Final review/approval of telemetry utilization and room turnover is complete. TryStorming efforts continue at the bedside report in ICU, 7S and 8S, and with Jump Start. Confirmation of high risk discharge assessment content and processes. Reviewed final planned discharge needs list. Implemented ED Intake initiatives including UA Greeter 24/7, quick registration on all patients, rapid triage and immediate bedding. Completed plans for TryStorms for 16 hour zone C and 5 hour zone B and D.

A 63 year-old gentleman was an unrestrained passenger in the back seat of a jeep hit from behind by a speeding vehicle. He had a dissection of the lower curvature of the arch of his aorta. He had multiple other serious injuries from the accident. Given the increased risk of cardiopulmonary bypass from the other multiple injuries sustained, the tear was repaired off bypass in the hybrid OR. Drs. Dixon and Duprat performed the operation successfully with the assistance of the IR and OR team in a multidisciplinary approach.

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

The Year of the Physician...

Cerner has called 2014 the year of the physician and has dedicated a lot of their effort into making PowerChart fit the physician workflow as opposed to the workflow fitting PowerChart. They have created what are called Physician Specialty Playbooks which spell out the optimal settings and way things should look to make a particular specialty's time in PowerChart most efficient. Over the next year these changes will be introduced and should make it easier for hospital work to be done.

One of the biggest changes is moving away from using the menu on the left side of the screen we've all become very accustomed to using and moving toward the use of a workflow Mpage. Our current examples of Mpage are the Inpatient Summary, Discharge Process, etc. These are traditional Mpages and not workflow Mpages. Workflow Mpages have their own "menu" on the left side of the page rather than the current "bars" which link to individual sections. They are also more individual user customizable so the order is up to you. These should be available sometime in July or August.

Another addition is a quick orders page where the most common orders used by a specialty are displayed on a single page that looks like an old fashioned superbill. This should make it easier for a particular specialty to find what they need and order with one click.

I've already added the Medication Clinical Decision Support window and hopefully it's showing you the appropriate alerts at a time when you can act on them and not see multiples of the same alert. I'm still working on turning off the setting which asks the system to do interaction checking on all medications up to 24 hours after they've been discontinued.

Sometime in the next few months, the ambulatory part of PowerChart will go live. What this means is that patients who are part of Beacon Medical Group in the outpatient realm will have all of their inpatient and outpatient information in one chart. This presents possible efficiencies and also unique challenges when it comes to maintaining parts of the chart such as the medication list. A policy is being developed to spell out who is responsible for what. I hope we're all ready to do our part in keeping things in order so we can all realize the benefit of up to date and accurate Medication Lists – as well as other parts of the inpatient chart.

Historically, we've taught that problems belong to nursing and diagnoses belong to doctors. With the ambulatory project comes the opportunity to redefine these sections of PowerChart. The official Cerner definition is that diagnoses pertain to the current visit/encounter and problems are the diagnoses that the patient carries on an ongoing basis. There is also a nursing category in problems which will likely be the current problems category. More to come as this is finalized over the next few weeks.

I would again encourage everyone to get used to the document viewer since it is much more robust and not limited by the same number and date restraints as the documents tab. Let me know if you'd like me to send you the directions on how to use this.

On an unrelated to the above note, I would discourage communication orders being used instead of lab, medication or xray orders. When this is done, it significantly delays the patient's care since nursing not only has to find the order but decipher it and then place it. This may take several hours and, in some instances, may be missed altogether. I would encourage you to put orders you use all the time but type in as communication orders in your favorites and in the long run it will save you a lot of typing time. Communication orders are intended as a way to pass along information that does not exist as a current order or to give specific instructions about a specific patient situation. Please use this principle when placing your orders. If something is really hard to find, let me know and I'll do whatever I can to make it easy and intuitive.

If you find something that just doesn't seem right or you think is missing, please send me an email or a voicemail so I at least know about it and have the opportunity to respond. I definitely can't help with something I don't know anything about.

We've been trying very hard to track down issues and I just 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" as workflow issues and not as a malfunction of PowerChart.

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 questions in advance if appropriate. I'm also trying really hard to find ways to improve the performance of the system and your help is crucial.

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.

Downtown Power Outage, May 17, 2014

It was lights out for downtown South Bend May 16-18th during a power outage caused by an underground electrical fire that affected many businesses and organizations throughout the downtown area including Memorial Hospital.

At about 12:30 AM on 5/16, the emergency generators at Memorial Hospital kicked on after about a 10 second total blackout. The Memorial Hospital Emergency Plan (Code Yellow) was activated. At about 4:10 AM on 5/16, a power surge occurred at the data center and both the primary and failover hardware lost power. This caused all Memorial Hospital phones and Information Systems Beacon Wide to go down. All ambulances were diverted until 8:00 AM when phone and other key systems were in place to be able to accept Trauma patients. The Hospital was able to lift the remaining ambulance diversion at 8:00 AM on 5/17. All power and systems were restored by 4:30 PM on 5/18.

The Hospital Incident Command Center was staffed 24 hours a day throughout this 3 day event and provided coordination of services and resources, staffing management, and communications to internal staff and our local community about our progress. Communication with our partners at St. Joseph Regional Medical Center and Elkhart General took place throughout the event to ensure to availability of resources and coordination to care for our community. We are very grateful for their support during this event.

Through the leadership of many throughout our entire system, we were able to provide continuous safe care to patients and families throughout the entire outage. Thank you to everyone who provided that care and support for our patients during this event and especially to our wonderful physicians.

Kelly Jolliff, BA, CIC, CHEC

Coordinator of Epidemiology & Emergency Preparedness
Memorial Hospital of South Bend

Cheryl A. Wibbens MD, MBA

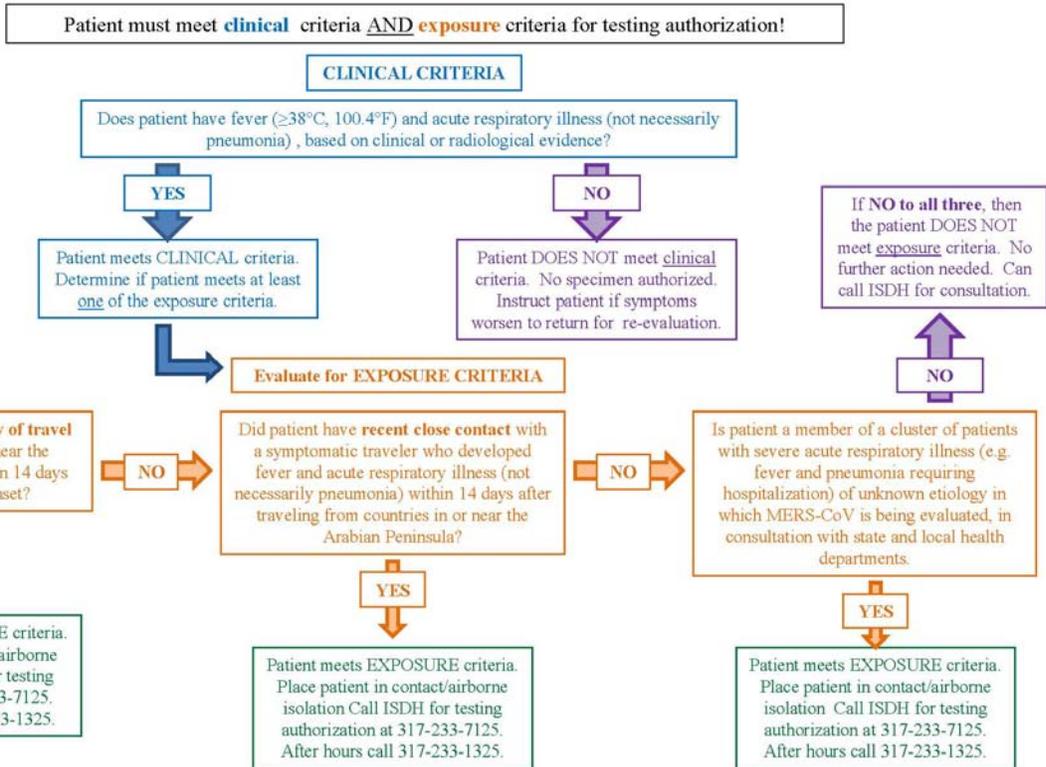
Vice-President of Medical Staff Affairs
Memorial Hospital of South Bend





Laboratory Testing Algorithm for Patients with MERS-CoV

Document last updated: 5/9/2014



Countries considered in or near the Arabian Peninsula: Bahrain, Iraq, Iran, Israel, Jordan, Kuwait, Lebanon, Oman, Palestinian territories, Qatar, Saudi Arabia, Syria, the United Arab Emirates (UAE), and Yemen.

Close contact is defined as a) any person who provided care for the patient, including a healthcare worker or family member, or had similarly close physical contact; or b) any person who stayed at the same place (e.g. lived with, visited) as the patient while the patient was ill. Consult CDC website at www.cdc.gov for more information.



TeleTracking Go-Live July 8th

We are delighted to announce our upcoming partnership with the leading expert in patient flow automation, TeleTracking Technologies. TeleTracking specializes in delivering real-time control of patient flow and emphasizing effective patient throughput with transparent communications to ensure that our patients receive the best care. The solution will further support the processes being designed in our on-going Summit project.

Advantages we will see include:

- Increased transparency of your patient's current location
- Improved access to patient caregivers' names and phone extensions
- Expedited patient bed placement
- Accelerated bed turnover rates
- Timely patient transports

As we anticipate our Go-Live the week of July 7th, at which time we will fully transition to our new applications and be on our way toward better patient flow and better care.

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, CPCPS
 Physician Liaison-Administration
 Tawnn Hoover
 Executive Assistant
 Mariellan Weaver
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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

CME Opportunities:

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

June 11, 2014

Presented by: Dr. Ken Elek, MD, CMO

“Using PowerChart Most Effectively”

Please call Linda Magnuson at 574-647-7381 or email lmagnuson@beaconhealthsystem.org for more information and CME opportunities



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 • Review of the depth, challenges and cost
 • Benefit and potential opportunities • 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 futami@sjr.mc.com.



Welcome New Medical Staff Member(s):

James T. Cornwell, MD
 General Suregery
 BMG LaPorte
 900 I. Street
 LaPorte, IN 46350

Justin J. Lightburn, MD
 Diagnostic Radiology
 Radiology Inc.
 620 W. Edison Rd., Suite 110
 Mishawaka, IN 46545