

Special points of interest:

- Hey Doc, You Rock!
- Christie Vein Viewers

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## Medical Staff Update February 2014

### "Hey Doc, You Rock!" Recipient Chosen for February

Rockin Doc: **Michelle A. Thompson, M.D.**  
 Office: **Memorial Adult Hospitalist Program**  
 Nominating Staff: **Memorial Family Medicine Residency**  
 Medical Education: **Indiana University School of Medicine**  
 Date on Staff: **08/29/2002**  
**Participation:**  
 Committees: **Air-Medical Transport & Quality Assessment**  
 Department: **Vice-Chief of Hospitalists**

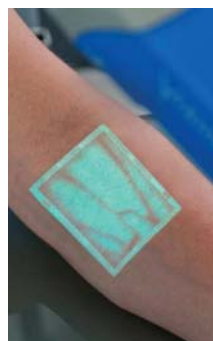


Education is at the core of patient care. Communicating information to patients can be challenging, particularly when they speak a different language. Michelle Thompson, M.D., a hospitalist, overcomes this barrier by working closely with Memorial's medical interpreters to educate Spanish-speaking patients about their specific medical needs. A physician who is sensitive to social and cultural concerns within the Latino population, Dr. Thompson is viewed by patients and nursing staff alike as compassionate, professional and patient.

Her ability to communicate effectively extends beyond the patient population. "Dr. Thompson has great communication with nursing staff and coordinating care with other physicians. She has been a wonderful mentor and teacher," says a resident in training, "and has given encouragement to me."

Dr. Thompson said the following about the role teamwork plays at Memorial: *"Teamwork is essential to me to be able to provide quality patient care. I rely on the whole team of care providers to help me on a daily basis. This includes other physicians, nurses, therapists, interpreters, nutritional workers, environmental workers; everyone is an important component on the team. With all of those pieces working together, patients can receive the excellent care we are happy to deliver at Memorial."*

### Administration and Staff Team up to Improve Patient Satisfaction



In response to staff requesting additional equipment to provide better and safer patient care for intravenous starts, four additional Christie Vein Viewers have been ordered and will be used throughout Memorial Hospital.

The Vein Viewer uses near-infrared light to detect subcutaneous blood and create a digital image of the patient's superficial vein pattern projected directly onto the skin's surface. It is the only direct projection vascular imaging device clinically proven to improve peripheral vascular access by reducing the number of sticks and improving patient satisfaction.

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

## The Power of Document Viewing

One of the biggest challenges we all face is giving up something we know very well for something we need to learn. This is especially true when it feels like the effort may not be worth the final result. In Cerner PowerChart I've found that switching from the Documents tab to Document Viewing may be one of these situations. The biggest advantage of the documents tab, from my perspective, is that it is familiar; we've all been using it since day one of PowerChart use. So, when I talk about using something different I get a lot of negative comments until the advantages of Document Viewing are seen.

The biggest advantage of Document Viewing is that every document ever placed in a patient's electronic chart lives in one place. The key to using it efficiently and effectively is learning how to properly set your filters. Unlike the Documents tab, I don't need to set a particular number of documents to see or a particular date range; all the documents are already there. In the documents tab, you can only see a certain number of documents or only the ones created over a certain date range but you can only be sure all of the documents on that patient are available if you set the dates back to the first one entered on that patient; I don't know how anyone can know that on an individual patient. So, even though I may be used to the organization of the documents on the documents tab and feel comfortable with it, I have a greater chance of missing something because I may not have made it available to see since I set the range, be it number or date. This may not be a big issue for patients who don't come to the hospital often but it can be a big deal for patients who have thousands of documents and may be the most ill.

There are three basic types of filters in Document Viewing. The first one is ALL. When you choose this filter every document is available for you to see. Here you can either have the newest or the oldest document display first; this is toggled by clicking on the column titled "Newest on Top" which then switches to "Oldest at Top".

The second filter is "Only..." and this one is the most powerful. Once this option is chosen a second pull down menu appears next to it which allows you to filter by author, date, encounter type, note type or status. When you choose one of these options, a third menu appears which allows you to narrow things down even more. Choosing Author opens the provider search window with the binoculars next to it; it does not, however, show you a list of those who have contributed to the patient's chart. Date gives you a choice of between, where you enter the dates to display between or last, which has options of 15,30,60 or 90 days. Encounter Type lets you choose Inpatient, Observation, Outpatient, etc. Note Type lets you choose H&P's, Progress Notes, etc. but only displays choices for which there is an entry in the patient's chart. So, if you choose H&P's you see all the H&P's this patient has ever had entered without choosing any other filter. This is where the real power of this tool comes in when trying to find a specific document like an echo since every one the patient's had will show up here. Lastly is the Status filter which lets you choose statuses like Verified; I would see this filter having the least utility. Once you've chosen your filter, you can save it by clicking on the ellipsis (three dots) in the box next to the last filter option, putting in a name on the line at the top of the box that opens and clicking save at the bottom. This will save a personal filter that will always display underneath All, Only... and All PowerNotes.

The third and last filter is the All PowerNotes which displays all the PowerNotes created for this patient. Lastly, you can also just click on the ellipsis, build a filter by choosing any combination of the options in the filter box and saving it with whatever you wish to call it. As time goes on, shared filters will be created such as All H&P's; these will show up just under the Personal Filters.

So, I would encourage you to get familiar with this tool since it will improve your efficiency in the long run even if it takes some learning in the short run. As always, let me know if I can provide you with any personal assistance.

Remember : *"CPOE and EMR should enhance communication with others, not replace it!"*

Please 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).

### Communication to Physician Notes in Power Chart (aka Sticky Notes)

"Communication to Physician Notes" provide one-way communication to the physician and can decrease the number of unnecessary pages / interruptions you receive.

The notes can be found and viewed on the :

- A. Inpatient Summary.
- B. Through the View Sticky Notes option on the tool bar at the top of PowerChart.

The following areas will use these notes to communicate to physicians the following information:

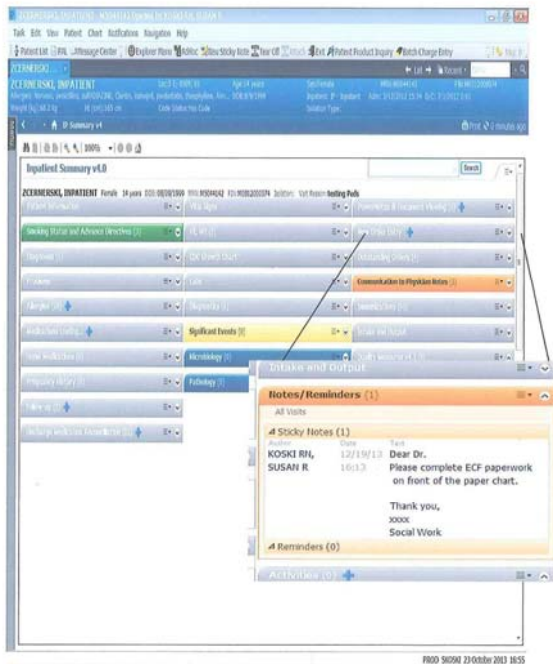
- Social Work** – home care needs, referral needs, signatures needed
- Utilization Management** – diagnosis and appropriate admission status information needs
- Documentation Management** – documentation needs for appropriate coding purposes
- Nurse to Physician** – specific information regarding a patient that is non urgent and doesn't require 2-way communication.

Anything requiring 2-way communication should not be sent by method.

The notes can and should be deleted when they are no longer pertinent or necessary. They Do Not become part of the permanent chart.

### Viewing with Sticky Notes from the Inpatient Summary

\*\*\* **Physicians**, please look for communication notes on the Inpatient Summary on the right side, orange tab.  
\*\* Use the drop down arrow to open the notes



### Viewing with Sticky Notes from your Patient Census

Example: One patient from this census has a sticky note

See the little sticky note icon

|                  |                         |                        |
|------------------|-------------------------|------------------------|
| WS 16319 02      | TEST, BABY 1 GIRL       | M1322300002 148600903  |
| 12 South 1222 01 | TEST, FEMALE            | M0620000018 146100006  |
| 11 South         | TEST, TEST              | M0620000009 146100016  |
|                  | TEST, TEST              | M0600000001 146000911  |
| ICC              | WREST, FIFTEENING       | M0720000406 147200002  |
| 15 0-402 02      | UCTEST, MISCCHARGES     | M0720000480 147200006  |
| 11 South         | UCTEST, MISCCHARGES     | M0720000480 147200006  |
| 12 South 1211 01 | UCTEST, MISCCHARGES     | M0720000480 147200006  |
| SE 0503 01       | ZCERNER, PHARMACY A     | M0313000173 145044887  |
| SE 0515 01       | ZCERNER, POWERSHOE CHIE | M0620000000 146044831  |
| radiology        | ZCERNER, TEST           | M1109900004 1000000022 |
| SE 0509 01       | ZCERNER, TRAIN1         | M0313000109 145044826  |
| SE 0511 01       | ZCERNER, TRAINIS        | M0620000004 146044830  |
| SE 0503 01       | ZCERNERSKI, DEMO        | M0620000082 146044801  |
| SE 0509 02       | ZCERNERSKI, TREV        | M0313000180 145044827  |

There are 3 ways to view a Sticky Note from your patient census.

Click on "**View Sticky Note**" icon from:

- a. your tool bar at the top of the screen
- b. the dropdown box (at the end of your toolbar)
- c. Top of patient list after highlighting a patient

## ACETAMINOPHEN DOSAGE DECREASE

A few years ago the FDA strongly encouraged manufacturers of prescription products containing greater than 325mg of acetaminophen per dose unit to decrease the dosage to no more than 325mg. In this request, the FDA indicated they would seek to formally require this after January 14, 2014 for all manufacturers who did not voluntarily comply with their request. See the attachment for the original FDA communication template.

Now, the FDA is asking prescribers to stop prescribing and pharmacies to stop filling prescriptions for medications that have greater than 325mg per dose unit of acetaminophen in them. Many manufacturers have already complied with the FDA request and many pharmacies will stop dispensing them as well in the near future. See the below link to the most recent FDA communication.

<http://www.fda.gov/drugs/drugsafety/ucm381644.htm>

We want prescribers and other healthcare providers to simply be aware of this issue particularly when considering discharge medication prescriptions.

Mark Herriman  
Director of Pharmacy Services  
574-647-7816

### Have You Seen the New Home Care Website Lately?



A new landing page recently launched that makes accessing information about Home Care services so much faster and easier!

Go to **HomeCareBeacon.com** and quickly choose the desired Home Care service, such as skilled nursing care, home medical equipment or therapy. One click and you are given the location(s) of that service and a phone number!

Be sure to check out **HomeCareBeacon.com** and tell family and friends as well.

Home Care makes health services available inside a person's home by working with the client and the doctor to develop an individual care plan that ensures a person's comfort and welfare.

Whether it's medical equipment that is delivered to the home, private nursing care or personal care services, Home Care is here to help people rest, heal and live well.

Learn more by visiting **HomeCareBeacon.com**.



## New Chemistry Analyzers

From: Joyce L. Simpson, MD  
Medical Director  
Core Laboratory, Memorial Hospital

We are pleased to announce that Memorial Laboratory has two new chemistry analyzers. This improvement will impact our cardiac testing menu - we will now be offering Troponin T and NT-proBNP assays. We are slated to go live with the new analyzers the week of February 25, 2014.

**NT-proBNP** is highly sensitive for the detection of acute congestive heart failure (CHF). In addition, an NT-proBNP level within the normal range effectively rules out CHF with a 98% negative predictive value. The half-life of NT-proBNP is longer than BNP, therefore the new reference ranges will be approximately 8-10 times higher than the current ranges. The reference range will also be age-stratified:

<50 years: 0-450 pg/nL  
50-75 years: 0-900 pg/nL  
>75 years: 0-1800 pg/nL

**Troponin T (TnT)** will replace Troponin I as a marker of myocardial ischemia. This Roche assay has a shorter on-board instrument time of only 9 minutes. The cut-off points will be:

<0.030 ng/mL                      No measurable cardiac damage  
0.030-0.099 ng/mL      Possible myocardial damage; repeat in 4-6 hrs  
≥ 0.100 ng/mL              Indicative of myocardial damage.

Serial Troponins should be used in conjunction with clinical parameters including patient history and ECG.

These changes have been discussed at the Cardiology and Emergency Room department meetings and the medical executive committee.

In addition, the **lipase** reference range will be lower (16-63 IU/L), due to differences in methodology.

If you have any questions or concerns, please do not hesitate to contact me (574) 236-1397.

Medical Staff Officers

President

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Vice President Medical Affairs

Cheryl A. Wibbens, M.D.

Medical Staff Coordinator

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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](http://www.qualityoflife.org/docs/hospital/newsletter)

**CME Opportunities:**

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

**March 12, 2014**

Presented by: Dale Patterson, M.D., Director Memorial Family Medicine Residency

*“VD-STD-STI: What Else has Changed?”*

*“An Update on Sexually Transmitted Infections”*

**March 19, 2014**

Presented by: James Norman, M.D., Family Medicine, Timothy Noveroske, M.D, General & Vascular Surgery, Donald Zimmer, M.D. Emergency Medicine

*“Dégagé: Flexibility and High-Quality Care in Haiti”*

**March 20, 2014**

Presented by: Savita Collins, M.D., Otolaryngology

*“Pediatric Sinusitis: Treatment Update”*

**March 26, 2014**

Presented by: Rattandeeep V. Juneja, M.D., Endocrinologist, IU Health

*“Pathophysiological Approaches in the Treatment of Diabetes Mellitus”*

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

**Doctor’s Day March 30<sup>th</sup> !**

**Please help us celebrate on Monday, March 24 with a:**

**Gourmet Breakfast: 6-9 am Epworth Conference Room  
6:30-9 am OB Physician Lounge**

**Gourmet Lunch: 11-2 pm Epworth Conference Room**

**Please note: The Council Oak Room will be closed for the lunch hour.**

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

**Jose Lopez, MD**  
*Neurology-Inpatients Only*  
Memorial Hospital of South Bend  
615 N. Michigan Street  
South Bend, IN 46601

**Marion Mahone, MD**  
*Academic Hospital/FM Residency*  
Memorial Family Medicine Residency  
714 N. Michigan Street  
South Bend, IN 46601

**Monika Niemiec, MD**  
*Hospitalist*  
Memorial Hospital of South Bend  
615 N. Michigan Street  
South Bend, IN 46601

**David Taser, MD**  
*Neurology-Inpatients Only*  
Memorial Hospital of South Bend  
615 N. Michigan Street  
South Bend, IN 46601

**Sophie Toya, MD**  
*Academic Hospital/FM Residency*  
Memorial Family Medicine Residency  
714 N. Michigan Street  
South Bend, IN 46601

