Memorial Hospital of South Bend

BEACON HEALTH SYSTEM Care Partner

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Medical Staff Update, January 2014

Special points of interest:

- **Hey Doc, You Rock!**
- **Academic Hospitalist**

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"Hey Doc, You Rock!" Recipient Chosen for January

Rockin Doc:	**Joseph D'haenens, M.D.**
Office:	**Memorial Emergency Care Center**
Nominating Staff:	**Too Many to List**
Medical Education:	**Indiana University School of Medicine**
Date on Staff:	**06/23/2011**

Working in the Emergency Department requires a delicate combination of poise, expertise and compassion—a blend of qualities that Joseph D'haenens, M.D. holds in vast supply.

The highly respected ED physician, always calm and reassuring, is as approachable as any doctor you'll meet. *"He shows great cultural expertise in dealing with a varied patient population and takes the time to educate patients regarding their diagnoses,"* says a fellow Associate.

He's the kind of physician who speaks to you, not at you. *"He doesn't make me fell like my job is any less important than his."* says another Associate. *"It's easy to forget that you're speaking with a physician rather than an old friend or family member. He is able to smile and maintain a sense of calm even in the most stressful situations, and this helps all patient care to flow more smoothly."*

Beyond his medical proficiency, Dr. D'haenens radiates a sense of humanity that makes him a physician favorite with patients and Associates alike.

"He has taken time to get patients blankets and drinks. He even brings homemade cookies to the night shift!"

New Academic Hospitalist Group

The Memorial Family Medicine Residency has launched a new inpatient service called the "Academic Hospitalist Group." The new hospitalists will be involved in teaching residents in the hospital and caring for inpatients. While the Academic Hospitalist Group is part of the residency and will partially staff the resident medicine service, they will also function as the hospitalists for a group of community physicians and care for patients separate from the resident service.

This new endeavor is intended to improve the teaching of inpatient medicine to the residents, expand the availability of hospitalist coverage to the medical staff, and to decrease the volume (and eventually eliminate) the rolling call list for community physicians. The Academic Hospitalist Group functions independently of the Memorial Hospitalist Group, but will collaborate closely with them to achieve these goals.

The Academic Hospitalist Group began seeing patients on January 1. Currently, the group has one full-time hospitalist, Chia Chun "Kelvin" Hsu, MD. Dr. Hsu recently relocated to South Bend from North Dakota where he led a hospitalist fellowship program. He is board certified in Internal Medicine and will be joined by several full-time hospitalists over the next few months. The group plans to expand their service as new members come on board. In the meantime, the residency faculty, several medical staff members, and the residency senior residents and fellows will be moonlighting to cover the Academic Hospitalist inpatient service.

The Academic Hospitalist Group is under the direction of Family Medicine Residency Program Director, Dale Patterson, MD, who can be contacted for further information about the group.

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

Level of Care Orders

As previously reviewed here, October 1 new guidelines went into place regarding the wording and handling of orders for inpatient versus outpatient observation. This resulted in the changing of the admitting orders. To try and keep it as simple as possible, we landed on Level of Care orders that would have multiple options which would limit the number of places to look for an order and minimize the number of clicks to place it. We also decided to take the Level of Care orders out of most of the PowerPlans since we will need to continue refining those orders to meet CMS standards; not taking them out would result in multiple resaving of favorites. If you're admitting a patient and placing the orders electronically, use the Level of Care from ECC order if you're in the ER and Initial Level of Care MH if you're anywhere else. When the patient's Level of Care status needs to be changed, please use the Level of Care order Change MH, also called Change in Level of Care order MH, to place it. If the order is placed by anyone other than the certifying physician described below, it must be signed/ cosigned by the certifying physician. To facilitate this, a new communication type called Level of Care Needs Signature was created to make it clear what needs to be done. You will see these orders in your orders to approve folder in the Message Center. Please make sure to sign these as soon as you see them; neglecting them until discharge will cause a problem since they need to be signed prior to discharge to be valid. If there is no valid inpatient order at the time of discharge, payment for the care, both from the hospital and physician side will be in jeopardy.

CMS also clarified the acceptable procedure for certifying the need for a patient's level of care. The order for the Level of Care has to be signed or cosigned by a physician who can certify it. This is true for a level of care order placed by a resident, PA, NP or ER physician since none of those are considered by CMS as qualified certifying physicians.

Along with the order is the requirement for a certifying statement which currently can be contained in a progress note. This statement must certify the initial level of care and any change in the level of care, spelling out the reason for the choice of level of care or change. So, please make sure to start getting in the habit of specifically saying why you chose a certain level of care. To assist with the documentation of the certifying statement a shortcut called autoreplace text was created for those who use PowerNotes. To access it, start a free text progress note and type a period in the free text space. A list of shortcuts will appear with the top one being ".CertifyAdmissionLOC". Clicking on it will place this statement in the note: **I certify that in accordance with this patient's admitting order, hospital inpatient services are reasonable, necessary and are estimated to cross two midnights. I have documented the reasons for this hospital stay in the patient's History & Physical and elsewhere in the medical record.**

We also included statements in the order which help clarify what the order means and they look like this:

T;N, Admit as Inpatient, Expect stay 2 Midnights or longer
T;N, Admit as Inpatient, (Medicare Inpatient Only Procedure) with Expected stay less than 2 Midnights
T;N, Place in Outpatient Observation, - Medical, Expect stay less than 2 Midnights
T;N, Outpatient, Surgery/Procedure - extended recovery, Expect stay less than 2 midnights
T;N, Outpatient

Communication to Physician Notes
Please remember to pay attention to these which can be viewed on the Inpatient Summary or by clicking on Add/View Sticky notes. Multiple disciplines are using these to communicate with us but I'm told we're not paying attention to them.

We are also in the process of refining the alerts for the Level of Care orders to help us all make sure there is only one order in place at a time and that the Level of Care is ordered prior to any other orders. We now have a report that tells us which Level of Care orders have not been signed. Please bear with us as we continue to work to make this right.

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

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.

Physician Face to Face Assessment for Violent/Self-Destructive Restraint use

As required by JCAHO and CMS, a new PowerNote template has been created for Physician use. It must be completed by the physician or appropriately trained nurse (Nursing Administrative Supervisor) within 1 hour of restraint placement.

Beacon Health System

Patient: ZCERNER, POWERNOTE ONE MRN: M5044831 FIN: M0313000456
Age: 52 years Sex: Male DOB: 1/1/1961
Associated Diagnoses: None
Author: MAXWELL CIE, PAMELA K

Physician Assessment - Violent, Self-Destructive Restraints
(complete within 1 hour by physician in a face-to-face evaluation)

(Instructions: Use F3 key to advance to the next placeholder "[_]")

Medications Reviewed [ ] YES

Restraint/seclusion is warranted for the following reasons (immediate situation):

- [ ] Increased aggression
- [ ] Less restrictive methods attempted but unsuccessful
- [ ] Self-destructive behavior(s)
- [ ] Suicide attempt
- [ ] Other _

Patient's Medical and Behavioral condition - patient factors that may trigger behavior that requires use of a restraint or seclusion:

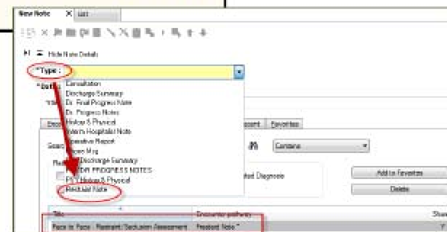
- [ ] Delirium (acute confused state)
- [ ] Dementia
- [ ] Psychiatric/Mental health disorder
- [ ] Other _

Patient's reaction to seclusion/restraint intervention (check all that apply):

- [ ] Calming
- [ ] Processing
- [ ] Refusing to process
- [ ] Aggression continues
- [ ] Ready for release
- [ ] Other _

Medical/Behavioral condition evaluation completed - Patient's condition warrants the continuation of restraint/seclusion after assessment
[ ] YES [ ] NO
Comments, if any _

"Face to Face Restraint/Seclusion Assessment " template can be found on the Precompleted Note tab, Please use the PowerNote document Type "Restraint Note"

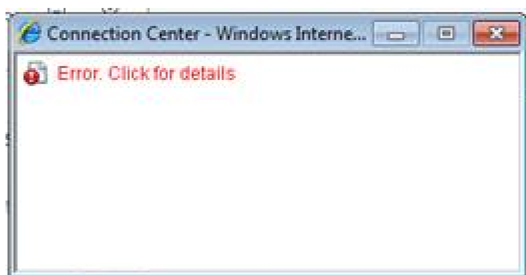


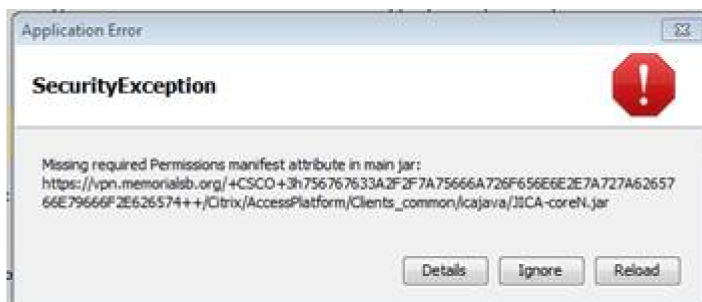
Important Notice for WINDOWS users / www.qualityoflife.org/DOCS page users at Home or Office

Similar to Java updates for Mac last fall which caused issues, Sun has released its quarterly updates for Java for Windows 7-14-14 that changes the security model to one that is incompatible with the www.qualityoflife/DOCS page. Microsoft Windows external users with systems who have updated Java 7 to the update 51 level will no longer be able to use the DOCS page. An example of the error you may see is shown below.

Windows users who need access to the DOCS page **and** who have updated Java 7 to update 51 (released 1/14/2014) will need to uninstall that version and install either the previous Java 7 version or install Java 6.

Links to older versions of Java:
Java 7 update 45: http://www.oracle.com/technetwork/java/javase/downloads/java-archive-downloads-javase7-521261.html#jre-7u45-oth-JPR
Java 6: https://www.java.com/en/download/faq/java_6.xml





From the desk of… Infection Control Practitioner

The Indiana State Department of Health (ISDH) is investigating pertussis activity in St. Joseph County. **Since the beginning of 2013, 34 cases** of pertussis have been confirmed in St. Joseph County. Additional suspected cases of pertussis are currently being investigated. **There were 26 cases of pertussis in St. Joseph County in 2012 and 28 cases in 2011.** Many of the cases have been identified in school aged children (22 of the 37 confirmed or suspected cases are in children between the ages of 5 and 18). Health care providers are encouraged to consider a diagnosis of pertussis in patients with cough illness meeting the clinical case definition **regardless** of pertussis immunization status, and institute droplet precautions (surgical mask on the patient or if cannot tolerate place mask on staff) to prevent potential exposures.

If you suspect a pertussis case, do not wait for laboratory confirmation to initiate antibiotic therapy. Prophylactic antibiotic therapy should also be prescribed for all household contacts regardless of whether or not they are symptomatic and regardless of immunization status. For a chart depicting appropriate antibiotic therapy for both cases and contacts, visit http://www.in.gov/isdh/files/Recommended_Pertussis_Control_Measures-April_2013.pdf.

Note that antibiotics will shorten the infectious period of pertussis, but they will not shorten the duration of symptoms unless provided very early in the course of illness.

Pertussis Clinical Case Definition

Health care providers are encouraged to consider a diagnosis of pertussis in patients with cough illness. Pertussis is defined as a cough illness lasting at least two weeks with one of the following: paroxysmal cough, inspiratory "whoop," or post-tussive vomiting, without other apparent cause. Fever may or may not be present.

MARK YOUR CALENDAR

14TH ANNUAL TRAUMA SYMPOSIUM

Our 14th Annual Trauma Symposium continues the tradition of exploring successful and innovative trauma care. Our dynamic speakers will present recommendations for multidisciplinary care within the larger context of the trauma system. The symposium is designed for trauma/general surgeons, orthopedic surgeons, neurosurgeons, emergency physicians, anesthesiologists, intensivists, nurses, therapists, allied health and EMS personnel involved in providing trauma care.

EVENT INFO:

March 15th, 2014
Jordan Hall of Science
University of Notre Dame

Detailed brochure and registration information to follow.
For further information visit qualityoflife.org/traumasymposium.

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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

CME Opportunities:

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

February 12, 2014
Presented by:
Thomas Reid III, MD, PhD, FACP and Mark Walsh, MD, FACEP
"Reversal of Anticoagulation: Coumadin and New Oral Anticoagulants"

February 26, 2014
Presented by: Heidi Collins, MD
"Autonomic Dysfunction: More Common Than Expected. Guidelines for Diagnosis and Treatment"

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

New Memorial Regional Cancer Center Outpatient Services Location

Effective January 2014, the Memorial Regional Cancer Center (MRCC) moved its primary location to 301 E. Day Road in Mishawaka, the "Day Road Campus". The original location within Memorial Hospital of South Bend remains open and fully operational.

The new Day Road location accommodate the rapidly growing program, to include a more spacious infusion area, and offers easier access for Mishawaka and Granger patients. Both the new location and the main campus will continue to offer the highest quality patient care that is synonymous with MRCC.
For more information, please call 574-647-1100.

Memorial Regional Cancer Center's 2013 Annual Report is now available. To review, please go to www.qualityoflife.org/cancer

Welcome New Medical Staff Member(s):

Ivan Bedoya Apraez, MD
Hematology/Oncology
Memorial Regional Cancer Center
615 N. Michigan Street
South Bend, IN 46601

Chia Chun (Kelvin) Hsu, MD
Academic Hospitalist/FM Residency
Memorial Family Medicine Residency
714 N. Michigan Street
South Bend, IN 46601

Justin Smith, MD
Academic Hospital/FM Residency
Memorial Family Medicine Residency
714 N. Michigan Street
South Bend, IN 46601

Mitchell Goldstein, MD
Child/Adolescent Psychiatry
Goldstein & Associates
107 N. Eddy Street
South Bend, IN 46617

Nancy Pudlo, MD
Pediatrics
Navarre Pediatrics Granger
6913 N. Main Street, Suite 200
Granger, IN 46530