Memorial
Hospital of South Bend
✳ BEACON HEALTH SYSTEM® Care Partner

Quality of Life™

Special points of interest:

- Hey Doc, You Rock!
- Happy Doctors Day!

Medical Staff Update March 2014

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

Rockin Doc:	**Charbel Maskiny, M.D.**
Office:	**Pulmonary & Critical Care Assoc., PC**
Nominating Staff:	**Critical Care Nursing Staff**
Medical Education:	**Medical University of Ohio**
Date on Staff:	08/23/2012

A sense of humor is sometimes just what the doctor orders, at least it's what Charbel Maskiny, M.D., prescribes on a regular basis inside Memorial's Intensive Care Unit. After all, a smile or a laugh can aid in the healing process.
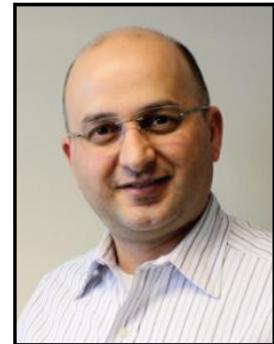
Telling a joke to lighten the mood in the ICU is just one of the many talents of Dr. Maskiny, who is described as a true patient advocate. He always takes extra time with his patients to make sure they understand their diagnosis, explains all treatment, and follows up with each of his patients to ensure the best possible care.

Dr. Maskiny's qualities of compassion, professionalism, caring and empathy go far in the ICU. His quiet voice and gentle smile put patients at ease, as he listens to every patient and family concern. He doesn't discount even the smallest of problems, and he is compassion-ate, yet direct with patients and families regarding options and outcomes.

His impact doesn't stop with patients, but extends to Associates as well. Dr. Maskiny is a great resource and teacher by sharing his research findings that support his clinical deci-sions. He's also a team player and highly approachable to the nursing staff, valuing their pa-tient-care input.

"The addition of such a fabulous critical care doctor has strengthened our unit," says one staff member. *"He is so patient and honest with patients and their families. He cares very much about people."*

To the Doctors Who Make our Team a Success...
Thank you for always giving your best.
Happy Doctor's Day!

March 30th
National Doctors' Day

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

The Summit...

As a hospital, Memorial is in the midst of a project called Summit. It is being facilitated by a group called Navigant and is looking at our processes in an effort to help us become more effective and efficient. They have identified some things which PowerChart can facilitate and I will start by addressing these things first.

An area of emphasis for this project is following the patient from presentation to our ER through being admitted on the floor. We plan on putting some things in place to facilitate the workflow. One thing identified as a key process is the placing of admission orders while the patient is still in the ER. For the admission orders to route properly, all but the level of care order need to be placed in the planned state. This also needs to be the case for the admission medication reconciliation. This is easily accomplished by using an admission PowerPlan, right clicking on the plan once all the orders have been added and then clicking on "Plan for Later". When the patient gets to the floor the nurse will initiate the plan using the reason "PowerPlan Initiated" so the orders which you personally placed do not come back to you for co-signature. The admission medication reconciliation will also have an option at the bottom to "Reconcile and Plan" with the nurse on the floor following the same workflow as with the planned PowerPlan to initiate them. The admission medication reconciliation process works best if it's used as intended; decide whether or not the home medications should be continued using the reconciliation but place new orders through the PowerPlan. One thing to avoid is trying to add the PowerPlan through the admission medication reconciliation page since that puts the PowerPlan in place immediately and eliminates the option of placing it in a planned state. One thing you can do, however, is click on the manage plans button to see which medication orders you have put in the plan and then cancel so the orders are kept in the planned state.

Another addition to the admission process will be the placement of anticipated discharge date. This will help in the long range planning of the patient's stay and will most likely be a requirement. It will not, however, be something the physician will be "held to". It will be used by discharge planning and other resources to be ready when the time comes so as to not hold up a discharge with a need that could easily have been anticipated.

Whenever you open a PowerPlan to "look" at its contents, PowerChart assumes you want to order it. If you don't remove it by right clicking on it and clicking on remove, it gets ordered as a planned PowerPlan. It happens easily if you have added any orders after "looking" at the PowerPlan; when you go to sign the other orders, nothing shows up from the plan since you didn't check anything and the "empty" plan goes into a planned state. This will become an issue when nursing sees the plan and is left to wonder what you had intended. Since it's not obvious from opening the empty plan, a phone call will likely follow. So, please, if you open a PowerPlan but don't order anything in it, remove it as soon as you're done "looking".

Unrelated to the Summit project, we recently put in place a process that only allows one active diet order at a time. The main thing to remember is that NPO after midnight is a communication order and can be ordered at the same time as a diet.

The Daily Restraint Order needs to be reordered daily as required by regulation but not the entire restraint plan. The easiest way to do this is to right click on the daily restraint order, choose cancel/reorder and then sign. This will create the required new order with minimal hassle.

I've also been working with pharmacy to refine the pharmacy to dose consult so the process meets everyone's needs and nothing falls through the cracks. There will be more to come on that when it's finished.

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.

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

SAINT JOSEPH
Regional Medical Center

BEACON HEALTH SYSTEM
Lighting the Way to Wellness

Elkhart General Hospital
Memorial Hospital of South Bend

Save the Date

June 10, 2014

Training
for Providers

Presented by: RON HUGHES, MD

J.A. Thomas Physician Education
J.A. Thomas & Associates

ICD-10 Education Sessions

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

Choose one session from the 3 sessions offered

Date	Time	Location
June 10, 2014	12:30-2:30 PM	TBD
June 10, 2014	3:00-5:00 PM	TBD
June 10, 2014	6:00-8:00 PM	TBD

FREE EDUCATIONAL CLASS WITH POSSIBLE CME CREDITS

MORE INFORMATION WILL FOLLOW AT A LATER DATE

TECHNICAL NOTICE
THE MEDICAL FOUNDATION

Rapid Blood Pathogen Identification Panel by Nucleic Acid Amplification (NAAT)

Effective Date: March 1, 2014   **Performing Department:** Microbiology

Clinical Significance: The Medical Foundation has introduced a new FDA cleared test, FilmArray Blood Culture Identification (BCID) Panel developed by BioFire Diagnostics, Inc. This test allows rapid identification of pathogens. Previous studies have shown that rapid pathogen identification can result in early transition to the most appropriate therapy, shorter hospital stay, and improved clinical outcomes.

This panel tests 27 targets: 8 Gram-positive bacteria, 11 Gram-negative bacteria, 5 Candida species and 3 antibiotics resistance genes (mecA, van A/B and KPC). On the reverse side, please refer to Table 1 for a detailed list of pathogens detected and Table 2 for performance in identification of each target. The results will typically be available within two hours of a positive signal from a blood culture bottle. The detection rate of blood pathogens in reports varies from 81% to 96%, including pathogens not included in the panel targets, when compared to final blood cultures. The sensitivity and specificity for targeted organisms and resistance genes are mostly greater than 95%. **Final susceptibilities will be available in 24-72 hours and should always be reviewed to determine whether therapy adjustments need to be made.**

Bacteremia can be caused by organisms not included in this panel and certain infections are polymicrobial in nature. Therefore therapy should be monitored and adjusted with other clinical conditions, including the source of potential primary infection, until definitive cultures and susceptibilities of all sites of infection have returned.

Method: This test uses a multiplex PCR-based nucleic acid amplification of DNA targets directly from positive blood culture samples identified by a continuous monitoring automated blood culture system that demonstrates the presence of organisms as determined by Gram stain.

Use: Rapid blood pathogen identification in positive blood cultures

Reference Range: Not detected.

Testing Schedule: Daily, within two hours of detection of the patient's first positive blood culture and/or new organism in subsequent blood cultures. Results of the Gram stain examination will be phoned as well as the results of the Rapid Blood Pathogen Identification Panel by NAAT.
Order: This test is ordered by the Microbiology Department as performed
Test #: 21240   **CPT:** 87150x27

For additional information contact C. Kurtis Kim M.D. (ckkim@sbmf.org), Kristen Jacobs, M.D. (kjacobs@sbmf.org), Nan Boston (nboston@sbmf.org), or Mary G Stepney (mstepney@sbmf.org) or contact The Medical Foundation at (574) 234-4176 or (800) 544-0925.

Table 1: List of Pathogens Detected

Gram-positive Bacteria	Gram-Negative Bacteria	Yeast	Resistance Gene
Enterococcus genus Listeria monocytogenes Staphylococcus genus Staphylococcus aureus Streptococcus genus Streptococcus agalactiae Streptococcus pneumoniae Streptococcus pyogenes	Acinetobacter baumannii Enterobacteriaceae family Enterobacter cloacae complex Escherichia coli Klebsiella oxytoca Klebsiella pneumonia Proteus spp Serratia marcescens Haemophilus influenzae Neisseria meningitidis Pseudomonas aeruginosa	Candida albicans C. glabrata C. krusei C. parapsilosis C. tropicalis	mecA = methicillin (oxacillin) resistance vanA/B = vancomycin resistance kpc = carbapenem resistance

Table 2: Performance in identification of each target

Analyte	Data in package insert			Altun, O, et. al	
	Sensitivity	Specificity		Sensitivity	Specificity
Antimicrobial Resistance Genes					
mecA (reported with Staphylococcus)	98.4%	98.3%		96%	98.9%
vanA/B (reported with Enterococcus)	100%	100%			
KPC (reported with Enterobacteriaceae, A.baumannii, and P.aeruginosa)	100%	100%			
Gram-Positive				96.7%	93.7%
Enterococcus	97.7%	99.8%		88.9%	97.3%
Listeria monocytogenes	100%	100%		100%	100%
Staphylococcus	96.5%	99.1%			
Staphylococcus aureus	98.4%	99.8%		100%	100%
Streptococcus	97.5%	99.8%			
Streptococcus agalactiae (Group B)	100%	100%		100%	100%
Streptococcus pneumoniae	97.3%	99.9%		100%	100%
Streptococcus pyogenes (Group A)	100%	99.9%		100%	100%
Gram-Negative				98.5%	100%
Acinetobacter baumannii	100%	99.8%			
Enterobacteriaceaea	98.4%	99.8%			
Enterobacter cloacae complex	97.4%	99.9%		100%	100%
Escherichia coli	98.0%	99.8%		97.5%	100%
Klebsiella oxytoca	92.2%	99.9%		100%	100%
Klebsiella pneumoniae	97.1%	99.6%		100%	100%
Proteus	100%	100%		100%	100%
Serratia marcescens	98.7%	99.9%		100%	100%
Haemophilus influenzae	100%	100%		100%	100%
Neisseria meningitidis	100%	100%		100%	100%
Pseudomonas aeruginosa	98.1%	99.9%		100%	100%
Yeast				100%	99.5%
Candida albicans	100%	99.8%		100%	99.5%
Candida glabrata	100%	99.9%		100%	100%
Candida krusei	100%	100%			
Candida parapsilosis	96.7%	99.9%			
Candida tropicalis	100%	100%			

Altun, O, et. al. 2013. Clinical evaluation of the FilmArray blood culture identification panel in identification of bacteria and yeasts for positive blood culture bottles. J. Clin. Microbiol. 51:4130-4136.

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

April 16, 2014
Presented by: R. Jeffery Snell, M.D., FACC, Cardiologist
"New Approaches to the Evaluation and Management of Critical Limb Ischemia"
April 23, 2014
Presented by: Luis Benavente, M.D., General and Vascular Surgery
Mamoon Raza, M.D., Gastroenterology
"Treatment of Gastroesophogeal Reflux: Endoscopic or Surgical? An Inside or an Outside Job: A Debate"

Please call Linda Magnuson at 574-647-7381 or email lmagnuson@beaconhealthsystem.org

Remembrance Service to Honor Children

Sunday, May 4 at 1 p.m.
Memorial Hospital Auditorium

Parents and families of children who have passed away, are gathering together to remember their child and say thank you to the staff who cared for them. Your presence at this service is so important, and will let these families know that their children will never be forgotten. This hour-long service will include a reading of the names of children, poems, a distribution of flowers, music by the Civic Children's Choir, and a chance for each family to make a special keepsake of their loved one and catch up with the medical staff who made such an impact on their lives. For more information, please call 574-647-7365.

CMS Rescinds Transmittal 505

On February 5th, CMS released Transmittal 505 (Change Request 8425). The stated purpose of this update to the Medicare Program Integrity Manual was "to allow the contractors to make a decision or take action on claims that are not currently under review." The effective date for the Manual change was March 6, 2014.

Yesterday, March 19, 2014, CMS released the following notice under the same Transmittal 505 (Change Request 8425) heading:

"NOTE: Effective March 19, 2014, Transmittal 505, dated February 5, 2014, is being rescinded due to the need to clarify CMS's policy and will not be replaced at this time."

It seems that by rescinding its original Transmittal 505, CMS and its contractors will continue to operate under to the original Program Integrity language which "*does not limit the ability of contractors to deny claims*" but only re-instates the prior prohibition on denial "*without specific review of the claim.*"

Executive Health Resources remains committed to keeping you informed with regard to the rapidly changing regulatory landscape. We will continue to share our insights as we evaluate new CMS guidance and its potential impact.

Welcome New Medical Staff Member(s):

Hillard Sharf, MD
Tele-Neurology
Specialists On Call, Inc.
1768 Business Center Dr., Ste. 100
Reston, VA 20190-5359