

Special points of interest:

- Hey Doc, You Rock!

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Medical Staff Update November 2015

“Hey Doc, You Rock!” Recipients

Rockin Doc: **Thomas Seiffert, MD, Diagnostic Radiology**
 Medical Education: **Bowman Gray School of Medicine**
 Date on Staff: **07/21/1981**



Whether it's a patient or a staff member, one thing is for sure – they both appreciate the presence of Dr. Seiffert. A highly respected radiologist, he knows the needs of his patients and is thorough in explaining information in ways they can understand. “Dr. Seiffert takes the time to talk to diagnostic mammography patients and brings them into his office to review their images,” explains a staff member. In fact, he is known as a patient advocate. “He makes decisions confidently and quickly communicates the results to the patient’s physician so there is no delay in treatment.” Dr. Seiffert understands the challenges an illness can bring to a family and goes above and beyond to be supportive of not only the patient, but everyone involved in the care. Staff members are equally enamored with the pleasant and humorous nature of Dr. Seiffert. “He communicates with all of the staff. He genuinely cares about our staff not just as employees, but he also cares about our personal lives,” says a staff member. “He is always available when you need him.” And he expresses this thoughtfulness beyond mere words; he brings treats to share with the staff. A confident and congenial physician leader, Dr. Seiffert is truly a Rockin’ Doc.

Rockin Doc: **Etta Nevel, MD, Obstetrics & Gynecology**
 Medical Education: **Indiana University School of Medicine**
 Date on Staff: **03/03/1981**



For more than 30 years, Etta Nevel, M.D., has been a calming and confident presence inside the halls of Memorial Hospital. As a highly capable and compassionate obstetrician and gynecologist, Dr. Nevel is well respected by her peers for her dedication to serving her patients.

“Dr. Nevel is one of the most incredible obstetricians we have on our unit. She has the patience of a saint,” says a staff member on Memorial’s Childbirth Unit.

When she’s not delivering babies, Dr. Nevel is busy in surgery. An expert da Vinci surgeon, Dr. Nevel has been a strong supporter of Memorial’s surgical division. She was one of the first adopters of da Vinci technology to treat her patients and is one of the major factors in the huge success of Memorial’s surgical program.

“Her willingness to not only try new technology but to also teach others to use such equipment was a leading reason behind our ability to upgrade our systems and add an additional da Vinci surgical platform,” explains a surgical staff member. “Dr. Nevel is always a joy to work with, teaching new staff and making everyone’s day pleasant.”

Much of what makes Dr. Nevel so effective beyond the practice of her own medical capabilities is her commitment and passion to teaching.

“She would bend over backwards to teach us not just the tips of OB, but the tips on how to relate to patients during what will usually be a joyous occasion,” says a former family medicine resident. “She is always willing to volunteer her time with residents and medical students, and I have never heard anyone say a bad thing about her or the way she practices medicine.”

Below is a story that sums up why staff looks up to Dr. Nevel.

“I remember working with Dr. Nevel and my (pregnant) patient was stuck between 9 and 10 cm. It had been a very long night and Dr. Nevel said it was time to go to the OR for a C-section. Suddenly the baby rotated and the patient was ready to deliver. I quickly got Dr. Nevel to the room who then delivered the baby on the floor of the birthing suite. That's what I love about Dr. Nevel. She just goes with the flow and doesn't let anything alarm her. She is the best!”

“Hey Doc, You Rock!” Recipients cont...

Rockin Doc: **Matthew Koscielski, MD, Pulmonary/Critical Care**
Medical Education: **Indiana University School of Medicine**
Date on Staff: **07/27/1995**



Time is something we all wish we had more of. It's a precious commodity that Matt Koscielski, M.D., takes seriously – especially when it comes to his patients.

“Dr. Koscielski takes time to talk with families of critically ill patients and is willing to have those really hard conversations. He is always willing to talk with families after rounds – he always has time,” says a staff member.

His compassion, understanding and honesty are a place of comfort and strength to family members.

He is sensitive to the needs of the Intensive Care Unit staff as well.

“Dr. Koscielski buys lunch for the staff when we are particularly busy, which is a real morale booster! He is very approachable and makes great chocolate chip cookies.”

In addition to making staff feel at home, Dr. Koscielski also takes time to teach new associates and review scenarios.

“Because he is always willing to teach, he helps the staff deliver better patient care.”

Spending extra time with patients and supporting staff like he does makes Dr. Koscielski a favorite in the ICU.

Rockin Doc: **Kate Dutkiewicz, MD, Pediatric Hospitalist**
Medical Education: **Indiana University School of Medicine**
Date on Staff: **10/23/2007**



It takes a special person to provide daily care to sick children. That's exactly what Dr. Kate Dutkiewicz does as an outstanding pediatric hospitalist at Memorial Children's Hospital.

She leads the Pediatric Hospitalist team as their Director and helps to ensure that best practice is instilled within the team.

This past year, she worked toward creating a clinical approach for the evaluation and treatment of bronchiolitis, streamlining the practice in caring for those experiencing major breathing problems.

“Not only has this improved the care for our littlest patients, but it coordinated how we act and move forward with the plan of care, improving communication between the medical team and families,” explains a staff member.

A huge supporter of family-centered care, Dr. Dutkiewicz is popular with the families and children and makes every effort to answer questions in ways that all ages can understand.

“Her genuine, ‘down to earth’ nature makes her great to work with,” says a staff member. “We love how cheerful and helpful she is toward all, and we cannot imagine her not being a part of our team!”

“Hey Doc, You Rock!” Recipients cont...

Rockin Doc: **Thomas J. Fischbach, MD, Interventional Radiology**
Medical Education: **University of California Los Angeles**
Date on Staff: **06/22/1995**



Dr. Fischbach, a Beacon Medical Group interventional radiologist, exudes a patient first approach to health care. What’s most important to him is to always do what’s best for each and every patient.

“He is focused on results that will give the patients under his care every possible advantage,” says a staff member.

No aspect of patient care is too small or unimportant to Dr. Fischbach.

“He clearly explains everything to patients and family members and follows up with them. He is always willing to help out, even transporting a patient,” says a staff member.

Because he is empathetic-minded, the staff at Beacon Medical Group Vascular Interventional Radiology trusts in his judgment and looks up to him. The medical team also enjoys being around him because of his personable nature, his sense of humor and his gratitude for the work they do.

“He takes time to ask how you are doing and if you need any assistance with anything,” explains a staff member. “He shows appreciation for the complexity of jobs his staff has to do.”

And Dr. Fischbach expresses his thanks in part by making coffee and breakfast for staff, as well as performing other gestures of kindness.

This Rockin’ Doc can be summed up by the sentiments of a staff member: “He truly cares for his patients and staff more than anyone I have ever worked with.”

Rockin Doc: **Patricia Jordan, MD, Family Medicine**
Medical Education: **Indiana University School of Medicine**
Date on Staff: **09/01/1986**



Putting patients at the center is a Beacon Health System value, and it’s something Dr. Jordan exemplifies with every patient interaction in her work in Memorial’s Emergency Care Center.

Through communication and collaboration on the plan of care, she ensures the medical and nursing teams are working in unison for the patient’s best interests.

Dr. Jordan goes above and beyond to ensure her patients understand their medical condition. When they leave the hospital, she oversees that they have the necessary medical equipment at home to meet their health care needs – even when it means she has to talk to insurance companies and home care services on a Saturday morning.

And when it comes to rounding, Dr. Jordan talks with nurses to make sure they understand the plan of care for her patients and she asks for their input.

Her knowledge, compassion and team-focused approach to patient care make Dr. Jordan a Rockin’ Doc.

“Hey Doc, You Rock!” Recipients cont...

Rockin Doc: **Brandon Zabukovic, MD, Family Medicine**
 Medical Education: **New York Medical College**
 Date on Staff: **06/22/2006**

A list of the most beloved and trusted physicians in our region includes Dr. Brandon Zabukovic. A 2006 graduate of Memorial's Family Medicine Residency Program, Dr. Zabukovic provides exceptional health care to underserved members of our community at Memorial Hospital and Beacon Medical Group Neighborhood Health Centers. Patients embrace the family medicine physician affectionately known as Dr. Z for his authenticity, genuine love for helping others and his vast medical knowledge.



“Many patients have shared with me they feel their visits with Dr. Zabukovic leave them with reassurance that he has truly listened to them. This constant compassion for all of his patients is wondrous,” explains a staff member.

The nursing staffs at the Centennial and Central Neighborhood Health Centers admire the compassion and attention Dr. Z shows toward each patient.

“After working with Dr. Zabukovic for my first year, I watched him display such honesty, trust and compassion to his patients that I switched my whole family's care over to him. Now I have worked with him for four years and I am still watching him display the same professional care to his patients.”

Among the many qualities that make Dr. Z a Rockin' Doc are his focus on collaboration and mutual respect for his staff.

“Not only does he provide fantastic patient care, he treats all nursing staff with the most heartwarming respect. We all love, respect and appreciate Dr. Z. Because Dr. Z instills confidence in both coworkers and patients, we are top-notch with providing the best care for the most vulnerable people in our community.”

Rockin Doc: **Leslie Schmitz, DO, Nephrology**
 Medical Education: **Midwestern University**
 Date on Staff: **07/23/2009**

Connecting with those you work with is pivotal to creating a great work environment. And when it happens that you feel a connection to your leader, this brings about a spirit of teamwork and cooperation that translates into a high level of care.



That is exactly the case with the atmosphere surrounding Dr. Leslie Schmitz at Memorial Hospital. The staff around her respect the physician they describe as professional, patient and compassionate.

Dr. Schmitz views everyone as her equal and is always willing to ask for input from nurses.

“She talks to everyone regardless of their position,” says a staff member. “She doesn't seem rushed and enjoys spending time with her patients. She takes time to listen and explain things.”

Her focus on patient care is remarkable.

“She truly cares about her patients and she will go above and beyond to make sure a patient is doing well.”

And even when she leaves for home, Dr. Schmitz doesn't forget about her patients. “She is more than willing to give her cell phone to get patient updates.”

And, in the end, because of her collaboration with her team and outstanding work ethic, staff members can't help but admire this Rockin' Doc.

“Her patients really like her, and our staff loves her.”

“Hey Doc, You Rock!” Recipients cont...

Rockin Doc: **Aisha Shareef, MD, Neurology**
Medical Education: **Indiana University School of Medicine**
Date on Staff: **02/18/2015**



While still fairly new to Memorial Hospital, Dr. Shareef has quickly made a resoundingly positive impression on staff because of her medical knowledge, accessibility, strong work ethic and willingness to go beyond what is required for the betterment of patients.

“Dr. Shareef has been a great addition to the neurology team. She has hit the ground running with some great ideas to grow the neurology program and is such an easy person to work with,” says a staff member.

Dr. Shareef, who serves as Director of the Neurology and Stroke Program, doesn’t mind the minutia of reviewing policies, as she understands the importance of the details in every aspect of patient care.

“She has a calming presence and is able to seek out the necessary information to make informed decisions, whether it’s a process or patient care.”

Her team-first attitude is exemplified in her willingness to pick up extra shifts to ensure appropriate physician coverage.

Just like with any Rockin’ Doc, patients come first to Dr. Shareef.

“Dr. Shareef is a huge patient advocate. She is always willing to spend as much time as needed to help both the patient and family understand what is going on and what should be expected.”

To all Physicians:

Reminder - we are due for a Joint Commission Survey at any time before mid-December.

Please note the following requirements:

Post Op Note: a complete note is required after each procedure both inpatient and outpatient.

Use the pre-printed Post-Operative Note form, complete all elements - sign, date and time.

Or, directly enter a Power Note Post-Operative Note after each procedure per the requirements. There is a Post-Operative Note template available in Power Chart. If you need further information on Power Note set up, please contact Pam Maxwell at 574-647-2116.

Pre-Sedation Evaluation and ASA Risk Classification:

The Sedation Record Form needs to be completed for the ASA Category, Plan, Re-evaluation, sign, date and time.

H&P: at admission and prior to any surgical procedure the following content is required per Medical Staff Bylaws, Rules and Regulations.

Content of the H&P: chief complaint, present illness, assessment of the patient’s past medical, social and family histories, review of systems, physical exam, impression and plan for treatment.

Thank you for your attention to these requirements.

Kathy LaPierre, RHIA, CCS, Director Medical Records, Memorial Hospital of South Bend

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

Physician Transition Early

This is a set of tools available in PowerChart to help prepare for using ICD-10 CM starting officially October 1, 2015.

The first is the ability to display the ICD-9 code next to the coinciding ICD-10 code. I have been doing this in Allscripts Professional in the office for many months now and have found it helpful in getting familiar with the degree of specificity available in ICD-10.

Next is a tool called Diagnosis Assistant. If you have chosen a specific enough ICD-10 code, a bullseye displays next to the code. But, if it's an unspecified code it displays an exclamation point. Clicking on the exclamation point opens the assistant which displays the more specific codes that most closely match the entered unspecified code. No one is forced to choose a more specific code but it gives you the option of exploring those ICD-10 codes you will be expected to enter after October 1.

When using these tools, the codes entered will remain once ICD-10 goes live so your patient's chart can get a head start on proper coding. These options will become more meaningful as you go through your ICD-10 physician training and October 1 gets closer.

Specialty Specific Content

Cerner has been focusing on customizing PowerChart so the content and flow match the workflow of physicians, right down to what a particular specialty needs. The current local focus is on the physicians who work for Beacon and have both ambulatory (office) and inpatient (hospital) practices. As time goes on, this customization will be implemented for the inpatient only and nonemployed physicians so everyone can benefit from these workflow friendly changes. Educational materials will be sent out prior to any go live for these changes. This is currently on hold and won't likely be available until 2016.

EPrescribe

Just a reminder that nursing is collecting preferred pharmacy information on each patient as they are admitted. So, if you see a pharmacy there, please use ePrescribe to send in their prescriptions. I have been doing this for years now and find it much easier than printing and signing, which is what still needs to be done for scheduled medications like narcotics. I know that some don't trust that the prescription actually makes it to the pharmacy but there's a reporting mechanism in place that lets us know about any malfunctions. And, in reality, it's more likely that the prescription will make it to the pharmacy. The pharmacy, in turn, calls the patient to let them know it's ready which reinforces the need to pick it up, which hopefully will make it more likely that the patient will take it as intended. We also have a meaningful use measure that requires 10% of all discharge medications be ePrescribed. You also have the ability to print some prescriptions and ePrescribe others. So please help us out and ePrescribe when possible; I do know it's not always possible but that should be the exception rather than the rule.

Performance Issues

Our team and Cerner continue to work together to improve performance. Hopefully many more will use the mPages as they load much faster than previous versions. There is more ability to make the mPage your own by removing (not displaying) components you never use and placing them in the order you prefer. The workflow mPages which will be coming in the future will give you the ability to document as you review, use Quick Orders to streamline ordering and help you be more efficient with each patient encounter. We also continue to try and solve the slowness when opening the orders tab or modifying a medication the first time.

Please watch for emails each week announcing changes to the Cerner system and Know As You Go's (KAYG's) to help explain them. Our team is working on improving this schedule so changes are made less frequently unless they need to be made immediately for patient safety.

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.

Beacon - Ornish Reversal Program

Beacon Health System graduated our first eleven participants with Dr. Ornish's program for Reversing Heart Disease™ (Ornish Reversal Program) at both Elkhart General Hospital and Memorial Hospital on October 1st. Eleven participants experienced the Ornish Reversal Program as a consistent group - all of which had the common goal of reversing their heart disease and improving their well-being. 13 cohorts started the second round of programs in September/October. The participants experienced weight loss, improved BMI, lowered blood sugar, reduced medications, improved strength, increased breathing capacity and improved well-being.



This 72-hour outpatient program provides participants with support from an expert team that focuses on four elements of a patient's life. Dr. Luisito Gonzales and Dr. Andrew Fiedler are the program's medical directors.

The proven, non-invasive program consists of 18, four-hour sessions focused on comprehensive lifestyle changes in four equally weighted elements: nutrition, exercise, group support and stress management.

This nationally recognized program has been so effective in undoing years of damage to the heart that Medicare and other insurers made the decision to cover it under a new benefit category—intensive cardiac rehabilitation—making it the first integrative medicine of its kind to receive this level of support.

Potential participants will have experienced one or more of the following:

- Heart Attack within the last 12 months
- Coronary Artery Bypass Surgery
- Angina (Chest Pain)
- Heart Valve Repair or Replacement
- Coronary Angioplasty (Balloon) or Coronary Stenting
- Heart or Lung Transplant

For more information contact Cardiac Rehab at **Memorial: 647-7620** or **Elkhart: 296-6496**.

Karen K. Sommers, MS
Ornish Reversal Program
Program Coordinator

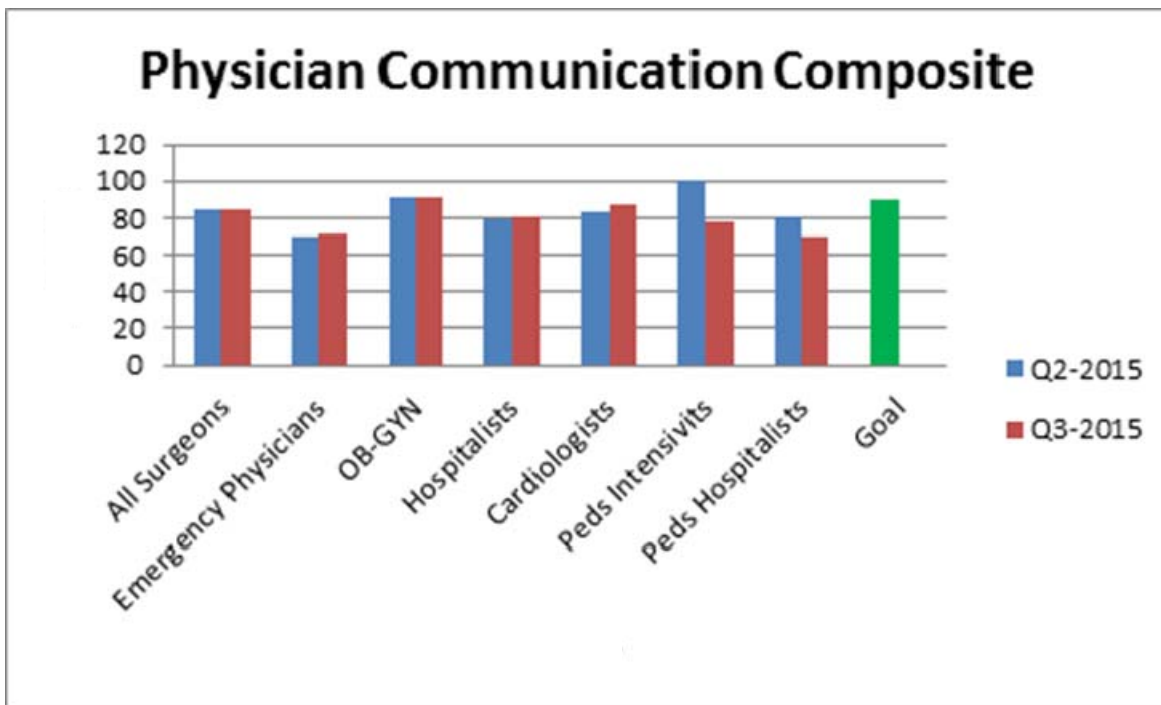
Patient Satisfaction and Physician Communication

During the hospital stay, how often did doctors listen carefully to you?

Essential Behaviors:

- Communicate at the patient’s level by sitting on a chair or stool
- Use body language that demonstrates careful listening, such as nodding and eye contact
- Confirm that you understand what a patient is saying by using verbal cues as they speak, such as “I see” or “Okay” and by summarizing what the patient has said once he or she is finished
- Avoid interrupting; don’t jump to a solution before the patient has finished expressing him or herself. Give the patient time to finish talking.
- Ask the patient questions about their health, what caused the hospitalization, and how they feel about being in the hospital.
- Inquire about appropriate aspects of the patient’s personal lives
- Stating your observations about the way a patient may be feeling

By establishing rapport, a patient will be more likely to open up with questions and concerns during the visit. Therefore, physicians will have a greater opportunity to listen to the concerns and questions at the heart of the patient’s medical issues.





Cerner Know As You Go

ePrescribe ... Helpful Hints



Mail Order Meds for VA-TriCare

The mail order distribution center is called "MEDS BY MAIL CHAMPVA" Even if your patient says their prescriptions come from Indiana, the eRx must be sent to the national distribution center in Cheyenne, WY.

The default pharmacy is displayed in the Patient Preferred tab with bold text.

Pharmacy Name	Address	Cross-Street	City	State	Zip Code	Phone	Pharmacy Type
MEDS BY MAIL CHAMPVA	3350 YELLOWSTONE RD		CHEYENNE	WY	82089	Tel: (307) 383-0250	Mail Order
ALAMEDA PHARMACY	1955 DOUGLITTLE DRIVE ...		SAN LEANL	CA	94577	Tel: (925) 684-3644	Mail Order
All American Med Pharm...	23247 PINWOOD STRE...		WARREN	MI	48081	Tel: (866) 576-5048	Mail Order
Alliance Med	Box 222		Barryville	PA	18214	Tel: (610) 929-8508	Mail Order
Ariva Medical, LLC	500 Eagles Landing Driv...		Lakeland	FL	33800	Tel: (800) 339-4101	Mail Order
Caribbe Medical Inc.	301 Boulevard Park East		Mobile	AL	36689	Tel: (251) 244-7988	Mail Order
FutureScripts Secure-ME	7441 Warrenville Rd/5th ...		Lisle	IL	60532	Tel: (888) 678-2011	Mail Order
Mail My Meds LLC	24049 Sperry Dr Ste C		Westlake	OH	44154	Tel: (440) 249-5222	Mail Order
Med-Care Diabetics & M...	933 Clint Moore Rd		Boca Raton	FL	33487	Tel: (800) 487-0109	Mail Order
MedImpact Direct LLC (...)	8156 S Kyrine Road/2nd ...		Tampa	AZ	85284	Tel: (520) 873-8759	Mail Order
MedKents	2501 E 54th St N		Sioux Falls	SD	57134	Tel: (605) 744-0625	Mail Order
MidMichigan Medical Co...	300 East Warwick Drive		Alma	MI	48881	Tel: (800) 480-3252	Mail Order
QuikMeds	40 General Warren Blvd		Malvern	PA	19353	Tel: (484) 528-3048	Mail Order
STAR MEDICAL RX (Apris)	2611 NW Industrial Drive		Kansas City	MO	64117	Tel: (800) 867-6167	Mail Order

Looking for a 24 Hour Pharmacy?

There are only two 24 hour Pharmacy locations in our immediate area ... one in South Bend, another in Elkhart ... none in Mishawaka!

Pharmacy Name	Address	Cross-Street	City	State	Zip Code	Phone	Pharmacy Type	Pharmacy Attributes
Walgreens Drug Store 03...	1010 E IRELAND RD	Ireland Road ...	SOUTH BE...	IN	466142...	Tel: (574) 299-0154	Retail	24-hour
Walgreens Drug Store 10...	1400 CASSOPOLIS ST	SEC of Casso...	ELKHART	IN	465143...	Tel: (574) 262-2756	Retail	24-hour

Looking for Merrill Pharmacy in Mishawaka?

Surprise! They changed their name/ownership but kept the signs on the storefront. They are now called Hometown Pharmacy #48 in Mishawaka.

The default pharmacy is displayed in the Patient Preferred tab with bold text.

Pharmacy Name	Address	Cross-Street	City	State	Zip Code	Phone	Pharmacy Type
HOMETOWN PHARMACY #48	600 N. Main Street		Mishawaka	IN	46545	Tel: (574) 255-2985	Retail
CPJ.com home delivery (CJ3 MED)	2800 ENTERPRISE STE 3		INDIANAPOLIS	IN	46225	Tel: (888) 436-2267	Retail
HOMETOWN PHARMACY	600 TECHNOLOGY CE...		INDIANAPOLIS	IN	46228	Tel: (866) 496-3613	Retail
Hometown Pharmacy #48	1775 S Custer Dr		Warsaw	IN	46580	Tel: (574) 307-1396	Retail
Parview Home Infusion Services	2800 Carow Street, Suite 4		Fort Wayne	IN	46825	Tel: (260) 373-8775	Retail

Documentation Improvement Tidbits

As it is important to make sure Physicians are not under coding it is equally important to make sure that physicians are not over coding. The goal of the Clinical documentation team at Memorial Hospital is to help physicians code accurately.

I would request physicians to pay special attention to criteria for each diagnosis, in order to prevent, coding errors and risk of auditing.

I thought it might be useful to mention the criteria for acute respiratory failure and sepsis once again.

Acute respiratory failure

Acute respiratory failure is defined as one of the following:

- ⇒ $pO_2 < 60$ mm Hg or SpO_2 (pulse oximetry) $< 91\%$ breathing room air
- ⇒ $pCO_2 > 50$ and $pH < 7.35$
- ⇒ P/F ratio (pO_2 / FIO_2) < 300
- ⇒ pO_2 decrease or pCO_2 increase by 10 mm Hg from baseline (if known)
 - ⇒ A pO_2 less than 60 mm Hg measured by arterial blood gas (ABG) on room air is the “gold standard” for the diagnosis of acute hypoxemic respiratory failure (excluding patients with chronic respiratory failure whose baseline pO_2 is often less than 60 mm Hg).

Treatment of Acute Respiratory Failure using the above criteria normally includes:

- ⇒ Management requiring endotracheal intubation and mechanical ventilation or initiation of bi-level positive airway pressure nearly always means the patient has acute respiratory failure, but this is obviously not required for the diagnosis.

OR

- ⇒ Similarly, providing 40% or more supplemental oxygen implies that the physician is treating acute respiratory failure since only a patient with that disorder would need that much oxygen.

There must be some indication in the record that a patient with acute respiratory failure has, for example, respiratory distress (even if mild), tachypnea (normal respiratory rate is generally 8-16), dyspnea, shortness of breath, wheezing, talking in short sentences etc.

Be cautious that your (template) exam notes do not indicate that the patient is in “no apparent distress.”

Bacteremia/Sepsis/SIRS

Bacteremia. The presence of bacteria in the blood. No signs, symptoms. An abnormal lab finding only.

Septicemia. Septicemia is defined by CDC/NCHS as a systemic disease associated with the presence of micro-organisms or toxins in the blood. This, however, is not a diagnosis used widely in the clinical setting and frequently physicians are not familiar with this terminology.¹

SIRS. The systemic response to infection or trauma, with symptoms including fever, tachycardia, tachypnea, and leukocytosis.

Sepsis. SIRS due to infection. The CDC/NCHS definition of sepsis is systemic inflammatory response syndrome (SIRS) due to an infection. Essentially, it refers to an infection-induced syndrome in the presence of two or more manifestations of SIRS without organ dysfunction.¹

Severe Sepsis. Sepsis with organ dysfunction.

Septic Shock. Sepsis with hypotension.

SCCM/ESICM/ACCP/ATS/SIS International Sepsis Definitions Conference; Intensive Care Med (2003) 29; 530-538, 2001, Levy, M. et al.

Maliha Iqbal, MD, Medical Director, CDI Program

ANTIMICROBIAL STEWARDSHIP ANNOUNCEMENT 11/3/2015

The Antimicrobial Stewardship Committee announces that beginning on **NOVEMBER 15, 2015** the automatic 10 day stop order default on antibiotics will begin to change to 7 days.

You will still be able to:

- Let the antibiotic order expire at 7 days
- Modify the order duration as needed
- Indicate you are not the ordering physician

Approved at: Medical Executive Committee, Pharmacy and Therapeutics Committee, Infection Prevention and Control Committee, Antimicrobial Stewardship Committee

Questions? Contact Kaitlyn Priniski at kpriniski@beaconhealthsystem.org

Formulary Interchange Alert

11/19/2015

For cost and safety reasons, Memorial Hospital is transitioning away from insulin pens toward the use of insulin vials for all insulin products starting 12/1/2015.

This change has been approved by the Pharmacy and Therapeutics Committee.

Our formulary insulins will include:

- Insulin lispro (Humalog®)
- Insulin lispro protamine/insulin lispro (Humalog 75/25®)
- Insulin R (Humulin R®)
- Insulin N (Humulin N®)
- Insulin glargine (Lantus®)

Starting on this date and with the exception of patients admitted to Epworth, Pharmacy will be dispensing insulin glargine (Lantus®) in patient-specific doses. Insulin glargine doses will be given at 0900 and 2100 unless otherwise clinically appropriate.

Please be aware of this change when prescribing insulin; contact Kaitlyn Priniski at x3120 or kpriniski@beaconhealthsystem.org for further questions.

Medical Staff and referring physicians,

I am writing to inform you of the recent changes to the *Contrast Administration, Pre-Medication, and Reaction Protocols for Diagnostic Radiology* that will affect patient screening and standard hydration protocol for patients undergoing contrasted CTs at Memorial Hospital, Navarre radiology, and Lighthouse Imaging Center. The policy has been updated to align with American College of Radiology guidelines and is similar to that already in place at Elkhart General Hospital.

Ideally we would like to have an up-to-date creatinine/GFR available at the time of scheduling the CT so that hydration can be set up at that time. If a patient does not have an acceptable creatinine available, I-stat analyzers will be utilized in radiology for those requiring screening. If a patient's GFR is found to be within the range requiring hydration after arrival, attempts will be made to provide hydration through the infusion center if capacity allows.

The screening and hydration portions of the policy are summarized below:

SCREENING:

- A creatinine level should be drawn prior to any radiological procedure requiring intravenous or intra-arterial contrast for any of the following risk factors:
 - Patients age 60 or older.
 - History of renal disease, including tumor, transplant, single kidney, renal surgery
 - History of diabetes mellitus.
 - History of hypertension requiring medical therapy
 - Metformin or metformin containing drug combinations
 - Collagen vascular disease (Rheumatoid Arthritis, Lupus, and Scleroderma)
 - All adult inpatients
- Creatinine levels may be omitted in an emergent situation at the discretion of the physician or radiologist.
- Creatinine results within the last 30 days will be accepted for outpatients.
- Inpatients should have a serum creatinine measurement within 2 days of examination
- Outpatients with a known history of a previous creatinine result greater than 1.5 mg/dl or GFR < 40, it is recommended to have another creatinine level drawn within one week of the radiological procedure.

HYDRATION:

- Generally patients with eGFR \geq 40 mL/min will not require hydration.
 - Patients with eGFR 30-39 mL/min:
 - 0.9% normal saline infusion 3 mL/kg/hour x 1 hour prior to examination, and 1 mL/kg saline bolus after the CT is complete.
 - Protocol may be bypassed for PE or trauma exams but post hydration should typically still be implemented as normal (1mL/kg saline bolus)
 - Patients with eGFR < 30 mL/min:
 - The technologist is required to discuss the examination with radiologist with options to include: alternative imaging examination, Nephrology consultation, hydration, and performing study without contrast.
 - For inpatients, the supervising radiologist may consider approving a hydration protocol of 0.9% normal saline infusion @ 100mL/hour x 12 hours prior to contrast enhanced CT examination (maximum 100 mL of contrast) and 100mL/hour x 12 hours after study with creatinine measurement 24 hours and 48 hours after study, after discussion with referring clinician
- ⇒ Hydration protocol applies to adult patients assuming there is no given history of CHF or Acute kidney injury.

Thanks,
Mike Dye, MD

CME Opportunities

2015 Fall CME Schedule Held 12:10–1:15pm in the Auditorium at MHSB

“Patient-Directed Resuscitation: Beyond CPR and Epinephrine”

December 9, 2015

Presented by: Luke White, D.O.

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

CMS is now requiring that ALL ischemic stroke patients are discharged on a Statin drug, regardless of the patient's LDL. Therefore, all ischemic stroke patients should have a Statin on discharge or a reason documented as to why one was not prescribed.

Thank you, Tiffany Hischke, RN, Neuroscience Program Liaison



FOR PROVIDERS






CS20090EA2

PRESERVE THE POWER OF ANTIBIOTICS

Antibiotic-resistant bacteria cause more than **2 million illnesses** and at least **23,000 deaths each year** in the United States. Antibiotic resistance occurs when germs no longer respond to the drugs designed to kill them. Inappropriate prescribing of antibiotics contributes to antibiotic resistance and is a threat to patient safety.

Healthcare Providers Can:

- **Prescribe correctly**
 - **Avoid treating viral syndromes** with antibiotics, even when patients ask for them.
 - **Pay attention to dose and duration:** The right antibiotic needs to be prescribed at the right dose for the right duration.
 - **Be aware of antibiotic-resistance patterns** in your area so that you can always choose the right antibiotic.
 - Hospital and nursing home providers should **reassess within 48 hours of starting** the antibiotic, when the patient's culture results come back. Adjust the prescription, if necessary. Stop the prescription, if indicated.
- **Collaborate with each other and with patients**
 - **Talk to your patients** about appropriate use of antibiotics.
 - **Include microbiology cultures**, when possible, when ordering antibiotics.
 - **Work with pharmacists** to ensure appropriate antibiotic use and prevent resistance and adverse events.
 - **Use patient and provider resources** offered by the Centers for Disease Control and Prevention (CDC) and professional organizations such as Society for Healthcare Epidemiology.
 - ◆ Provider Resources: <http://www.cdc.gov/getsmart/>
 - ◆ Patient Resources: <http://www.cdc.gov/getsmart/community/for-patients/index.html>
 - ◆ General Information: http://www.cdc.gov/drugresistance/protecting_yourself_family.html
- **Stop the spread**
 - **Follow hand hygiene and other infection control measures** with every patient.
- **Embrace antibiotic stewardship**
 - **Improve antibiotic use** in all facilities—regardless of size—through stewardship interventions and programs, which will improve individual patient outcomes, reduce the overall burden of antibiotic resistance, and save healthcare dollars.
 - **Recognize and participate** in CDC's Get Smart About Antibiotics Week initiatives.

Memorial Children's Hospital is Growing

Lori Allen, R.N., former pediatric outreach coordinator of Memorial Children's Hospital, summed it up best when discussing the children's hospital three-story expansion: "This will not be just another building."

She couldn't be more right.

The new children's hospital will help expand innovative ways of caring for our area's most critically ill and injured infants and children. From couplet care for even the most critically ill NICU babies, patient rooms with private bathrooms and showers, acuity adaptable general pediatric and Pediatric Intensive Care Unit rooms and many more important features, it will be the perfect blend of form, function and beauty. Plus, we'll also be welcoming a growing number of pediatric specialists and subspecialists.

More than 200 people came out on Sept. 17 to celebrate the start of construction, including physicians, pediatric specialists, nurses, support staff and volunteers, as well as families, donors and our closest friends. The event included a blessing by John Warren, Pokagon Band Chairman, South Bend Mayor Pete Buttigieg, Carmi and Chris Murphy and 1st Source Bank CEO Jim Seitz. The decked-out Honorary Construction Crew (our current and former pediatric patients) nearly stole the show with their smiles and tiny tool belts! The new Memorial Children's Hospital is becoming a reality! To learn about giving opportunities, contact Memorial Health Foundation at 574.647.6613 or visit <https://qualityoflife.org/childrenshospital/shine-for-kids/>. Watch the construction in real time by visiting QualityOfLife.org/ChildrensHospital/Construction-Camera/

Welcome New Medical Staff Member(s):

Talaat Abdelmoniem, MD
Pediatric Critical Care
Memorial Children's Hospital

Irfan Ahmad, MD
Diagnostic Radiology
Radiology Inc.

Sylvana Atallah, MD
Internal Medicine
Heart to Heart Hospice

Husam Baki, MD
Allergy & Immunology
Internal Medicine Associates

Marlon Brathwaithe, MD
Pediatric Hospitalist
Memorial Children's Hospital

Erin Clark, MD
Emergency Medicine
SB Emergency Physicians, Inc.

Joel N. Cohen, MD
Hospice & Palliative Care
The Center for Hospice Care

Carmela Cowdrey, DO
Psychiatry
Behavioral Health Elkhart

Andreas Deymann, MD
Pediatric Critical Care
Memorial Children's Hospital

Michael Ferguson, MD
Pediatric Hematology Oncology
Memorial Children's Hospital

Corey Groh, DPM
Podiatry
The South Bend Clinic

Elizabeth Hay, MD
Psychiatry-Child & Adolescence
Memorial Epworth Center

Despina Hoffman, DO
Nephrology
Kidney Care of Michiana, LLC

Rashid Khan, MD
Hematology/Oncology
Michiana Hematology Oncology

Abraham Kuruvilla, MD
Neurohospitalist
Memorial Hospital of South Bend

A. Majid Malik, MD
Psychiatry
Behavioral Health Elkhart

Erica Martin, MD
Anatomic & Clinical Pathology
South Bend Medical Foundation

Christiane Mbianda, MD
Nephrology
Nephrology Physicians, LLC

Continued...

Simon Abramson, MD
Tele-Radiology
Vision Radiology

Shadia Alam, MD
Anatomic & Clinical Pathology
South Bend Medical Foundation

Mark Ayers, MD
Pediatric Cardiology
Pediatric Cardiology Indianapolis

Kevin Baxter, DO
Ophthalmology
Michiana Eye Ctr & Facial Plastic Surgery

Kyle Brock, MD
Diagnostic Radiology
Radiology Inc.

Robert Clemency III, DPM
Podiatric Surgery
South Bend Orthopaedic Assoc., Inc.

Joel S. Cohen, MD
Tele-Neurology
Specialists On Call, Inc.

Drew Davis, MD
Ophthalmology
Cataract & Laser Institute

Ziad Fayad, MD
General & Vascular Surgery
General & Vascular Surgery, PC

Matthew Folstein, MD
General & Vascular Surgery
General & Vascular Surgery, PC

Donna Hart, MD
Dermatology
The South Bend Clinic

Robert Hays, MD
Family Medicine
University Park Family Medicine

Brian Huber, MD
Urgent Care
South Bend Clinic

Michael Kozak, MD
Hospitalist
E.B. Warner Family Medicine Center

Thomas Larsen, MD
Family Medicine
The South Bend Clinic

Carol Mann, MD
Family Medicine
MedPoint-Ireland Road Medical Group

Stephanie Martin, MD
Hospitalist
Memorial Hospitalist Group

Mark Mandelbaum, MD
Teleneurology
Specialists on Call, Inc.

Medical Staff Officers

President
Philip Kavanagh, D.O.
Vice President
John Jacobs, M.D.
Secretary-Treasurer
Alan Engel, M.D.

Medical Staff Office

Vice President Medical Affairs
Cheryl A. Wibbens, M.D.
Medical Staff Coordinator
Pamela Hall, CPMSM, CPCS
Physician Relations-Administration
Tawnn Hoover
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

Welcome New Medical Staff Member(s) cont:

Adelbert Mencias, MD
Orthopaedics
South Bend Orthopaedics, Inc.

Kelly Mortell, MD
Interventional Radiology
Vascular Interventional Radiology

Muhammad Munir, MD
Teleneurology
Specialists On Call, Inc.

Nonyem Onujiogu, MD
Obstetrics & Gynecology
Gynecologic Oncology

Luiz Pantalena, MD, PhD
Dermatology
Ireland Road Medical

Jay Patel, MD
Cardiothoracic Surgery
Cardiothoracic Surgery of South Bend

Bridget Patterson-Marshall, MD
Neurohospitalist
Memorial Hospital of South Bend

Jenna Ruple, MD
Hospitalist
E.B. Warner Family Medicine Center

Kari Sears, MD
Family Medicine
Family Medicine of South Bend, P.C.

Puja Whitlow, MD
Pediatrics
The South Bend Clinic

Katherine Millen, MD
Maternal & Fetal Medicine
Maternal Fetal Medicine of South Bend

Lauren Mummert, DDS
Pediatric Dentistry
The Dental Center

James Norman, MD
Hospitalist
E.B. Warner Family Medicine Center

Alexander Oshmyansky, DO
Teleradiology
Vision Radiology

Amrita De Patel, MD
Physical Medicine & Rehab
North Central Neurosurgery

Neal Patel, MD
Neurological Surgery
North Central Neurosurgery

Deepak Reddy, MD
Spinal Surgery
South Bend Orthopaedic Assoc.

Priya Sabharwal, MD
Obstetrics & Gynecology
The South Bend Clinic

Paul Smucker, MD
Physical Medicine & Rehab
South Bend Orthopaedic, Assoc.

Zhiquan Zhao, MD
Obstetrics & Gynecology
OB/GYN Assoc. of South Bend

*Please join us for the Memorial
Medical Staff Holiday Gala*

December 2, 2015

6 to 9 p.m.

Doubletree Hilton Ballroom


123 N. St. Joseph Street

South Bend, IN 46601

HOSPITAL EMERGENCY CODE SYSTEM (STARTING OCTOBER 2015)
Call "44" for Emergencies from any Memorial Phone or 647-1000 from any phone

Emergency Code	What it Means	What You Should do
CODE RED	Fire or Smoke	Follow RACE (Rescue, Alarm, Confine, Extinguish/Evacuate) procedures, clear hallways. Report by dialing "44".
CODE BLUE	Cardiac or Respiratory Arrest	Call "44" to report, begin CPR and ACLS procedures. Keep halls clear for code team.
HAZARDOUS MATERIAL Incident (Formerly Code Orange)	Hazardous Material Incident	Call "44" to report, contain spill if possible, evacuate area and prevent access. Re-direct any contaminated individuals outside to the ECC Ambulance entrance.
SECURITY ASSISTANCE NEEDED (Formerly Code Violet)	Violent/Combative Patient, Visitor or staff member	Call "44" to report. Team will respond to site. Stay back unless specifically trained.
SECURITY ALERT-ACTIVE SHOOTER/ARMED INTRUDER (Formerly Code Silver)	Person with Weapon/Hostage	Call "44" to report. Shelter in place until all clear. Do not go to location of danger.
MISSING INFANT/CHILD OR ADULT (Formerly Amber Alert)	Missing infant, child, or adult.	Call "44" to report. Provide description of missing person. Search your immediate area for children or items which could contain children, monitor hospital exits, call "44" to report suspicious or uncooperative people
SECURITY ALERT-BOMB THREAT (Formerly Code Black)	Bomb Threat	Remain calm, get as much info as possible. Call "44" to report. Report any suspicious packages/devices to security. Avoid Cell phone use.
WATER RESCUE EMERGENCY (EPWORTH) (Formerly Code White)	Person entering the river	Immediately Call 911 to report then call "44". Obtain Water Safety Equipment and proceed to area where accident occurred.
EMERGENCY PLAN ACTIVATION (Formerly Code Yellow)	Emergency Incident Response program startup. Levels 1, 2, 3, 4	Report to supervisor, activate any department specific protocols, submit staffing/bed info for level 3 or higher.

Additional events not listed (Information system/network failures - Downtime and weather events (i.e. Tornado) will be announced in plain language.

 **MEMORIAL**
HOSPITAL