



Medical Staff News

Office of the Medical Director

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Note from Dr. Belzer

With mixed feelings, I want to inform you that Dr. Louis Ling will be leaving HCMC on March 1, 2012 after over 25 years of distinguished service at HCMC. He has accepted the position of Senior Vice President for Hospital Based Accreditation for the Accreditation Council for Graduate Medical Education (ACGME). Dr. Ling has been a personal friend and valued colleague of mine for many decades. This new opportunity is ideally suited for Louie's many talents in medical education administration.

Louis graduated from the University of Minnesota Medical School in 1980. He did a rotating flexible internship at HCMC, followed by an Emergency Medicine residency at the University of Chicago, returning in 1984 as a faculty physician in the HCMC Emergency Medicine Department. Because of his expertise and experience in medical education, Louie was appointed as the HCMC Associate Medical Director for Medical Education in 1992. In 2004 he became the designated Institution Official (DIO) and Associate Dean for Graduate Medical Education at the University of Minnesota. Louis was promoted to Professor of Emergency Medicine at the University of Minnesota Medical School in 1995.

Louis's many Academic achievements are too numerous to list, but a few of the most notable include: Chair of the ACGME's Emergency Medicine Residency Review Council (RRC), member of the ACGME Board of Directors, President of the Society of Academic Emergency Medicine, Board of Directors of the American Board of Emergency Medicine (ABEM), Chair of the Society of Teachers of Emergency Medicine, Chair of the Certification Committee of the American Association of Poison Control Centers, University of Maryland Leadership Award and the University of Minnesota Distinguished Alumni Award.

Louis has authored more than 42 peer reviewed publications, 31 textbook chapters, 22 published scientific abstracts, and is a member of nine Textbook editorial Boards.

Dr. Meghan Walsh has been selected to follow Dr. Ling in his role as Associate Medical Director and the Chief Medical Education Officer beginning February 1, 2011. Dr. Walsh is presently the Program Director for the HCMC Transitional Year Residency and an Associate Program Director for the Internal Medicine residency. We hope the transition will be seamless as Louie and Meghan have worked closely together in the Office of the Medical Director for the past several years and have collaborated on many resident related projects for the institution.

We wish Louis well in his new position and move to Chicago. Join me in welcoming Meghan in her newly expanded role as Chief Medical Education officer.

HCMC Medical Staff in the News

Thanks to Drs. Anne Lambert, Steve Sterner, Paul Johnson, Emiro Caicedo-Granados, Jim Miner, Guilford Hartley, Hernando Gonzalez, Abigail Holley, Charlie Reznikoff, George Peltier, Cher Adkinson and others for doing TV, radio and newsprint interviews in November. By sharing your expertise with reporters in November, HCMC was widely recognized by our community as a medical resource for Emergency/Trauma, Burn, ENT, Weight Loss, Senior Care, GI, Addiction and Hyperbaric services. When available online, these stories/programs can be found at www.hcmcnews.org. If you have any questions about HCMC in the news call Christine Hill, Media Relations Specialist, at 612-873-5719.



Michael Belzer, M.D.
Chief Medical Officer

Medical Staff Member Update

New Medical Staff:

- Paul Lim, MD, Courtesy, Surgery
- Brian R. Yablon, MD, Courtesy, Pediatrics

Resigning Medical Staff:

- Michael D. Ekern, MD, Courtesy, Family & Community Medicine
- Dallas Erdmann, MD, Courtesy, Psychiatry
- Fredric C. Hall, MD, Courtesy, Psychiatry
- Charles Krenzel, MD, Courtesy, Radiology
- Ann McIntosh, MD, Courtesy, Emergency Medicine
- Daniel B. Peterson, MD, Courtesy, Family & Community Medicine
- Udayalakshmi Rao, MD, Courtesy, Anesthesiology
- Gilbert Shin, MD, Courtesy, Anesthesiology

Credentialing Tip

Did you know...?

Faculty and Active Medical Staff members are required to maintain current Basic Life Support certification (BLS).

The Office of the Medical Director offers monthly classes at no cost to Faculty and Active members.

- The Classes are tailored specifically for the Medical Staff and are quick and easy.
- Renewal reminders along with the current BLS schedule, are sent to providers approximately 4 ½ months prior to expiration.
- Advanced Life Support (ALS) is accepted in place of BLS. ALS classes are offered through EMS education. For more information regarding ALS classes, please call 612-873-5681.

Also, if taking a BLS/ALS course outside of HCMC, please remember to forward a copy of your certificate to the Medical Staff & Provider Services office prior to expiration of your current certification.

Questions regarding HCMC BLS registration should be directed to Christy Stark in the Office of the Medical Director, Medical Staff & Provider Services @ 612-873-6058.

Infection Prevention Update – Hand Hygiene Campaign

After seeing a significant increase in compliance with hand hygiene during the week of November 14, 2011 on 5 Medicine and STNU, there has since seen a decrease. For the week of November 21, 2011, compliance on 5 Medicine was 67% for physicians (83% disciplines) . It was 94% the week of November 14, 2011. STNU compliance was 63% for physicians (73% all disciplines) . It was 90% the week of November 14, 2011.

Remember, hand hygiene is required when entering a patient's room, when exiting a patient's room, and whenever removing gloves (worn for any reason). These areas will continue to be audited these and the expectation is to see an improvement.

The hand hygiene campaign was rolled out on December 6, 2011 to the CARE and CMIC units.

Medical Staff Quality Update – Joint Commission Survey Findings

Although collaborative teamwork on the part of medical directors and nurse managers has already begun to address the single “direct” finding and a number of “indirect” findings, this article will outline the details of our recent Joint Commission (JC) survey findings.

There were no findings for Ambulatory and Behavioral Health (Day Treatment and Partial Hospitalization) or for any of the group interviews: Competency Assessment, Credentialing, Data Management, Environment of Care & Emergency Management Data Review, Infection Prevention, Leadership, Medication Management, and Performance Improvement.

The surveyor did note several examples of clinical best practices and recommended that HCMC submit them to Joint Commission – they are: Label used in specialty clinic for sample meds, provider competencies for bedside cardiac echo ultrasound, and Transplant Service’s confirmation process. It was also noted by the surveyor that there is a movement to have a national burn emergency network, and they thought HCMC should be part of that.

Although we do many things well, there are always things we can do better. Read on to learn of HCMC’s survey findings by Joint Commission Chapter. NOTE: HCMC must respond to direct findings within 45 days and indirect findings within 60 days of survey.

- Medication Management – Direct
 - Several PRN medication orders, such as postoperative pain medications and antiemetics, are without instructions regarding whether they could be used simultaneously or how to choose between them. This practice allows therapeutic duplication, potential for diversion and scope of practice issues.
- Medication Management – Indirect
 - Although HCMC has a written self-administrated medication policy to assure medications are administered safely and accurately for inpatients, we need a version useful to ambulatory staff and patients.
- Provision of Care – Indirect (1)
 - History and Physical Examinations: An H&P is to be completed within 30 days before admission or registration (this includes observation status, operative procedures, or invasive procedures with sedation or anesthesia). An updated note that includes any changes in the patients’ condition must be placed in the medical record when the medical history and physical examination are completed within 30 days before admission or registration **and** prior to a surgery or procedure requiring anesthesia or sedation. HCMC needs to review who is currently providing the updates for H&Ps and if a process is in place to check the medical record, prior to performing surgery or a procedure, to verify all required documentation is in place.
 - Functional Screening: Hospitals must develop functional screening criteria to identify patients for whom more in-depth assessments are indicated (e.g. PT, OT and Speech Therapy).
- Provision of Care – Not Scored
 - Although not yet scored, hospitals must effectively communicate with patients and use an interpreter who speaks the patient’s preferred language rather than use English speaking staff or staff not deemed competent to interpret for a language other than English. HCMC did not consistently use interpreters, nor did we document the language used during informed consent on the consent form.
- Record of Care – Indirect
 - Informed consents: were found lacking the date, time, and language used by interpreter.

Medical Staff Quality Update – Joint Commission Survey Findings

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- Rights and Responsibilities – Indirect (2)
 - Informed consents: were found lacking witness and/or interpreter signatures. HCMC needs to review our current policy for how we have defined the role of a “witness” signature.
 - Advance Directives: Although advance directives were scanned into the medical record and available for staff to view, directives “formulated in the past” lacked evidence the patient was given the opportunity to review, revise, or verify the currency of the document.

NOTE: Although a number of HCMC’s pre-surgical/procedural practices did not result in deficiencies, HCMC will take this opportunity to tighten up additional and related practices such as consistency and standardization, where possible (examples: We use different checklists for the same things; ensuring we are accomplishing what we want to with our hand-off documentation, etc).
- Leadership – Indirect
 - Non-employee/contracted services: Contracted employees must adhere to the policies and procedures of the hospital and agreed upon clinical indicators of performance. HCMC did not have documented evidence that meaningful interventions were taken when clinical indicators did not meet the thresholds that were set.
- Life Safety – Indirect (2)
 - Two fire penetration issues observed during the building inspection were corrected during the survey.
 - Egress illumination: A single light source could leave exit(s) in darkness and negatively impact emergency egress. HCMC approved the additional light sources and necessary work during the survey.

Continuous readiness is now standard work. In addition to responding to our direct and indirect findings, HCMC intends to close the gaps on self-identified items in our JC periodic performance review (not identified as findings) and review new 2012 JC and Centers for Medicare and Medicaid Services (CMS) standards. Please assist your medical directors and unit nurse managers in these efforts, and thanks for your ongoing commitment to improving the care and services provided to our patients.

Graduate Medical Education Update – Residency Interview Season

Residency programs across the country are currently interviewing applicants to fill positions in their programs for June 2012. Hennepin County Medical Center sponsors residency and fellowship programs in:

- Cardiovascular Medicine
- Critical Care Medicine
- Dentistry
- Emergency Medicine
- Combined Emergency Medicine/Internal Medicine
- Family & Community Medicine
- Geriatric Medicine
- Undersea & Hyperbaric Medicine
- Internal Medicine
- Podiatric Surgery & Medicine
- Psychiatry
- Sleep Medicine
- Surgery
- Transitional Year

Each of these programs will take anywhere from 2-18 new residents each year. You may see them in the hallways during interview days as they tour the campus.

Pharmacy Update

Reminder: High Alert medications such as insulin, therapeutic heparin and other anticoagulants can now only be ordered for Inpatients in EPIC by using the appropriate Order Set. HCMC Endocrinologists have asked that mixed insulins (70/30, 75/25) be removed from inpatient provider preference lists. In rare cases, when they may be used for inpatients, a pharmacist will need to assist the provider in ordering.

New EPIC User Defined Frequencies: “Frequency On The Fly”

Epic has made it easier to enter unusual medication frequencies. For example, warfarin dosing on only 5 days a week. These individualized frequencies show on the medication order and the MAR as “User Defined Frequency”. We now have two “User Defined Frequency” options: one for warfarin, and a blank template for other products. The provider chooses a medication and dose, then scrolls in the frequency field to “user defined”. Days and times are chosen. These appear in a summary sentence on both the medication order and the MAR, as in the sample: “Once per day on Sun Tue Wed Fri Sat”.

From the FDA:

Strattera and increased blood and heart rate: Strattera (atomoxetine HCl) can affect heart rate and blood pressure. The following recommendations have been issued:

- Strattera should not be used in patients with severe cardiovascular disorders whose condition would be expected to deteriorate if they experience clinically significant increases in blood pressure or in heart rate.
- Strattera should be used with caution in patients whose underlying medical conditions could be worsened by increases in blood pressure or heart rate, such as patients with hypertension, tachycardia, or cardiovascular or cerebrovascular disease.
- It is recommended that heart rate and blood pressure be measured in all patients before treatment with Strattera is started and periodically during treatment.

Humira important drug warning: A black box warning was recently issued to Humira (adalimumab). The addition of Legionellosis and Listeriosis to the reported serious infection in patients treated with TNF-blockers, including Humira. Patient treated with Humira are at increased risk of developing serious infections that may lead to hospitalization or death. Also, post marketing reports of hepato splenic T-cell lymphoma (HSTCL) have been seen with TNF-blockers, including Humira. The majority of reported TNF-blocker cases have occurred in patients with Crohn’s disease or ulcerative colitis and the majority was in adolescent and young adult males.

New Foradil Aerolizer prescribing guidelines for asthma: Foradil Aerolizer (formoterol fumarate inhalation powder) should only be used as concomitant therapy with a long term asthma control medication, such as an inhaled corticosteroid, in patients aged 5 years and older with reversible obstructive airway disease. Once asthma control is achieved and maintained, assess the patient at regular intervals and step down therapy if possible without loss of asthma control, and maintain the patient on a long-term asthma control medication, such as an inhaled corticosteroid.

The New IV Team Has Arrived!

The new IV Team began providing peripheral IV insertion services on 12/19. The initial go-live phase includes peripheral IV insertion and site rotation 24hrs a day Monday thru Thursday and on Fridays until 3:30 p.m. The PICC service will remain just as it is now. As more IV nurses are hired we will be expanding the hours of operation and broadening the services we provide, such as adding weekend coverage on all shifts, expanding the hours for PICC service, etc.

Below is a screen print the "CONSULT TO IV NURSE" order. If you have any questions, please contact Irita King at Irita.King@hcmcd.org. 612-873-3171.

CONSULT TO IV NURSE Accept Cancel Link Order Remove

Routine, .

Reference Links: 1. [PageGate](#)

Priority: Routine Timed STAT

Questions:

Prompt	Answer	Comments
1. Preferred Size:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Any Gauge	
2. Is PIV for a Diagnostic Test?	Yes No	
Multiple response		

Comments (F6): [Click to add text](#)

Frequency:

Starting: Today Tomorrow At:

First Occurrence: **Today 0740**

Scheduled Times: [Hide Schedule](#)

Sched Inst: .

[Additional Order Details](#)

Accept Cancel Link Order Remove

Renovation of P4 Surgical Services Area

A committee consisting of surgery leaders, architects, and representatives from Infection Prevention, Pharmacy, Facilities Management, and a number of other departments, have created and finalized a plan for the renovation of the Purple 4 (P4) surgical services area.

This renovation will be done in three phases.

- Phase I: December 12, 2011 to January 3, 2012. This phase will primarily affect the offices on P4 and will not interrupt patient flow or operations. Barriers will be constructed to keep the renovation area contained.
- Phase II: January 4, 2012 to March 23, 2012. This phase will affect the control desk area and the pre-induction area.
- Phase III: March 26, 2012 to May 29, 2012. This phase will include the renovation of the PACU.

Patient flow and operations will change at the beginning of phase II and will continue through phase III. During phases II and III, one or two surgical suites will be used for pre-induction, limiting the number of available suites on P4. Due to these limitations, it will be necessary to assign an additional nine (9) procedures per day to Green 1 (G1). This change will necessitate the utilization of all six suites on G1. The schedulers and surgery leaders are available to assist with scheduling to accommodate these changes. Minor procedures will be limited to the afternoon on G1.

A review of the surgery schedule will be conducted 72 hours prior to the day of surgery. Should a scheduled surgery require a location change, your office will be contacted 48 hours prior to the day of surgery.

In planning for the renovation of P4 and patient flow, the surgery leaders and schedulers will adhere to the following guiding principles:

- The safety and care of the patient is our first priority
- Maximize the use of G1
- Keep physician movement between the ORs to a minimum
- Decrease patient movement between the ORs
- Minimize movement of instruments and equipment between the ORs
- Communicate any changes to the schedule in a timely manner
- Keep staff, physicians, and the organization up to date on the patient flow plans

Please do not hesitate to contact Mark Odland, MD, Department Chief, Surgery Department (Mark.Odland@hcmcd.org, 612-873-2810) or Debra Friend, RN, Interim Patient Care Director, Surgical Services (Debra.Friend@hcmcd.org, 612-873-3857).

Office of the Medical Director Mission

The mission of the Office of the Medical Director is to provide principled leadership and support to HCMC providers.

We work collaboratively with HCMC providers, hospital administration, HCMC employees and health care trainees to promote excellence in health care quality, safety, patient-and family-centered care, and medical education.