



# Medical Staff News

Office of the Medical Director

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## **GME Update – OMD Welcomes Howard Schur**

The Office of the Medical Director welcomes Howard Schur, Graduate Medical Education Operations Manager. Howard previously worked in GME and private practice at the University of Minnesota prior to managing the Continuing Medical Education Program at the Mayo Clinic, serving as the administrative director at the CUHC Clinic, and overseeing policy and operations at Capella University. He considers one of his strengths to be the ability to combine big picture strategic direction with the day to day operational requirements. His skills and experiences also include strategic planning, operations, resource management, accreditation/regulation, and program/project management. He has served as member/chair of many physician/leadership committees, boards, and work groups.

As the GME environment continues to increase in complexity, Howard will work with Dr. Meghan Walsh to prepare for the new accreditation requirements, increased emphasis on quality, and closer cooperation with other institutions and GME programs.



Michael Belzer, M.D.  
Chief Medical Officer

## **Credentialing Tip**

Some of the most commonly asked questions regarding credentialing/privileging relate to the following:

- New provider credentialing/privileging application process
- Reappointment process
- Privilege modification process
- BLS certification scheduling/process for Faculty and Active providers
- Where to find a current list of privileges

The Credentialing staff is available to assist you any time Monday through Friday. Please call us and let us know how we can help you.

We can be reached by calling 612-873-4401 or by visiting the Office of the Medical Director located in G2.246.

## **Medical Staff Member Update**

### **New Medical Staff:**

- Zuzan Cayci, Courtesy, Radiology
- Susan S. Haddow, MD, Faculty, Family & Community Medicine

### **Resigning Medical Staff:**

- Silvia P. Fernandez, MD, Courtesy, Psychiatry
- David J. Ries, MD, Courtesy, Family & Community Medicine

## **Medical Staff Quality Update** **Hospital Acquired Venous Thromboembolism**

Hospital acquired venous thromboembolism (VTE) is a preventable condition with significant associated morbidity, mortality and cost. In fall 2011, the Deep Vein Thrombosis Prevention Collaborative was started with the goal of creating a standardized VTE prophylaxis program for our surgical patients. Our multidisciplinary team has representatives from nursing, pharmacy, anesthesiology, PM&I and the OMD, as well as strong physician leadership from general surgery, surgical subspecialties and medicine.

The VTE Collaborative set the following goals for our surgical VTE prophylaxis program:

- Increase the number of surgical patients receiving evidence-based, guideline-directed VTE prophylaxis.
- Improve compliance with SCIP-VTE measures.
- Implement standardized risk assessment model to assess all patients' VTE risk.
- Implement standardized order set(s) linked to the risk assessment model.
- Implement a mechanism to reassess VTE vs. bleeding risk over time.

We are pleased to report that we have successfully reached consensus on these goals, and the planned "Go Live" for the new VTE prophylaxis program is February 14, 2012.

Here's what you may need to know as the "Go Live" date approaches:

- All surgical admission and post-operative order sets will have a new VTE prophylaxis section with hard stops. Providers must choose an appropriate risk level for their patient. Selection of the risk level will open a standardized list from which providers may either select an appropriate prophylaxis order or contraindication.
- The PharmD assigned to each surgical team will receive a daily report of the prophylaxis ordered for each patient on the service. The PharmD will contact the responsible provider/team daily to review all patients not on pharmacologic prophylaxis.
- Alternately, the provider may choose to order or renew an order for "No VTE prophylaxis dose today," which will preempt the need for a phone call from the PharmD.

Additional informational sessions will be held before the upcoming implementation of the program on February 14, 2012.

## **CME Update**

The CME Advisory Committee welcomes new member Laura Nezworski, MD, OB/GYN Department.

You may view CME Program information at [www.hcmc.org/cme](http://www.hcmc.org/cme) or Info OnCall; <http://infooncall/>.

We would like to hear from you about your learning needs! Please contact:

- CME Advisory Committee Chair: John Tobin, MD, Pediatrics, [John.Tobin@hcmcd.org](mailto:John.Tobin@hcmcd.org), 612-873-2684
- CME Program Manager: Robin Hoppenrath, Office of the Medical Director, [Robin.Hoppenrath@hcmcd.org](mailto:Robin.Hoppenrath@hcmcd.org), 612-873-7128

## **HCMC in The News**

Hennepin County Medical Center continued to have a strong presence in the news in January 2012. Please visit [hcmcnews.org](http://hcmcnews.org) for the latest stories that included HCMC physicians and other experts. If you have any questions or have a story idea to share, please contact Christine Hill, Sr. Media Relations Specialist, at 612-873-5719 or e-mail [christine.hill@hcmcd.org](mailto:christine.hill@hcmcd.org).

## Pharmacy Update

### Top Drug Items in the News 2011:

- *Xigris removed from market.*
- *Primatine Mist removed from the market.*
- *Tylenol Drops removed from the market.*
- *Massive recall of 8 types of **oral contraceptives** manufactured by Qualitest due to miss-packaging.*
- *FDA warns of QT interval prolongation with **Zofran**.*
- *FDA revokes approval of **Avastin** for treatment of Breast Cancer.*
- ***Allegra and Allegra-D** become over-the counter meds.*
- *FDA changes maximum recommended dose of **Celexa** to 40mg due to QT interval prolongation.*
- *FDA changes maximum recommended dose of **simvastatin** to 40mg due to increased risk of myopathy.*
- ***Drug Shortage:** Obama Executive order Oct 2011 to allow the FDA to require drug manufacturers to provide adequate advance notice of manufacturing discontinuances that could lead to shortages of drugs that are life supporting, life sustaining, or that prevent debilitating disease, and to expedite review of new drug suppliers, manufacturing sites and manufacturing changes that will help mitigate drug shortage.*
- **Mixed Insulins for Inpatients:** HCMC has added **Mixed insulins** to the Gen IP Adult Insulin SQ order set under the Basal insulin section. Mixed insulins can only be ordered for inpatients by using this order set. Mixed insulins available on formulary include: HumuLIN 70/30, HumaLOG Mix 75/25, and NovoLOG MIX 70/30.

### FDA News in December:

FDA announced it had completed its review of clinical trial data on **Dronedarone** from the PALLAS study and ATHENA trial regarding the use of dronedarone by patients with permanent atrial fibrillation. According to FDA, recent data confirm that patients with permanent atrial fibrillation are at increased risk for sometimes deadly cardiovascular events when treated with dronedarone. The agency repeated its recommendation that the drug not be used in this patient population.

#### FDA adds Black Box warning for **fosphenytoin**:

WARNING: CARDIOVASCULAR RISK ASSOCIATED WITH RAPID INFUSION RATES. The rate of intravenous CEREBYX administration should not exceed 150 mg phenytoin sodium equivalents (PE) per minute because of the risk of severe hypotension and cardiac arrhythmias. Careful cardiac monitoring is needed during and after administering intravenous CEREBYX. Although the risk of cardiovascular toxicity increases with infusion rates above the recommended infusion rate, these events have also been reported at or below the recommended infusion rate. Reduction in rate of administration or discontinuation of dosing may be needed

The FDA has revised the dose limitation for the cholesterol-lowering drug **simvastatin** from **10 mg to 20 mg, when it is co-administered with the cardiac drug amiodarone**. In June 2011, FDA previously recommended that the dose limitation for simvastatin be decreased from 20 mg to 10 mg and has now reconsidered that recommendation.

## Infection Prevention Update – 2011 Hospital Acquired Infections

There were significant decreases in our hospital acquired infections for MRSA and VAP in 2011. HCMC had 368 total hospital acquired infections in 2011 (down from 418 in 2010). Great Job! You can help continue to decrease HCMC's rates of hospital acquired infections by practicing good hand hygiene whenever entering or exiting a patient's room and whenever removing gloves (worn for any reason). Keep up the good work!

<b>HCMC Outcomes</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
<b>CAUTI</b> Catheter Associated Urinary Tract Infection	No data available		96*	91*
<b>CLABSI</b> Central Line Associated Blood Stream Infection	46	16	20	23
<b>Blood Stream Infection</b> (not CLABSI)	No data available		9	3
<b>VAP</b> Ventilator Associated Pneumonia	99	76	72	44
<b>HO-CDI</b> Hospital Onset Clostridium difficile infection	74	72	43	65
<b>Hospital Acquired MDRO</b> (multiple drug resistant organism)	No data available		42	53
<b>Hospital Acquired MRSA</b>	137	92	107	64
<b>Hospital Acquired VRE</b>	33	53	29	25
<b>TOTAL</b>			418	368

\*2010 CAUTI was ICU only; 2011 CAUTI reflects whole house

## Schwartz Center Rounds at HCMC

**A new program at HCMC championed by Drs. Scott Davies and Eduardo Colón**

The flagship program of the Schwartz Center for Compassionate Healthcare, Schwartz Center Rounds are multidisciplinary forums where clinical caregivers discuss social and emotional issues that arise in caring for patients. These hour-long sessions are open to all caregivers and will occur bimonthly. A case, specifically one that generates strong emotions, is selected for discussion. The process is guided by a trained facilitator. The goal is straightforward – to share the intense experiences, both positive and difficult, that accompany our work every day. The medical facts are kept brief; it is not a grand rounds. For more information, please contact Reade Adams at [reade.adams@hcmcd.org](mailto:reade.adams@hcmcd.org) or 612-873-3624.

## How to Request After Hours Nuclear Medicine Studies

The Nuclear Medicine Department is open Monday through Friday, 7:00 am – 4:30 pm. Emergent cases during evenings, nights, weekends, and holidays should be discussed with the Radiology Resident on call. Please check AMION for the radiologist schedule.

If approved, the Radiology Resident will page the Nuclear Medicine Technologist on call. Please note that it takes at least one hour to receive the study dose from the radiopharmaceutical pharmacy. If you have any questions about this process, please call Sharon Watson, Radiology Manager at 873-7566.

**Mark Your Calendar – Farewell Tea for Dr. Louis Ling, MD**



# Farewell Tea

## Louis Ling, MD

### Office of the Medical Director

**Friday, February 17, 2012**  
**2 - 4 pm**  
**RL.110, Red Building Lower Level**



PLEASE POST

**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.*