



Medical Staff News

Office of the Medical Director

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Note from Dr. Belzer

Gratitude and Optimism

The Joint Commission visited HCMC for the triennial survey November 14th – November 18th. We learned much from the survey preparation and from the survey itself. Although we have a truly excellent healthcare system, we have many system processes that need redesign and improvement to allow us to heighten overall quality, safety and patient satisfaction on our campus. HCMC had an excellent survey outcome with only one major finding. I have participated in many Joint Commission surveys over the past three decades, and, for certain, this was far and away the best survey I have experienced. Other senior leaders have expressed exactly the same sentiment. A major reason and contributing factor for that observation is how well the medical staff and residents engaged and participated in the week long survey. Our medical staff was simply outstanding and was verbally acknowledged by the surveyors, nursing management and the senior administrative team on a number of occasions during the week for their passion and commitment to our patients, institution and our mission. Especially notable were the ambulatory, inpatient and specialty unit medical directors who demonstrated loyal, collaborative teamwork with their nurse managers' and the surveyors picked up on that that from day one. This demonstrated teamwork at virtually all of our clinical sites provides us with a solid foundation that leads me to be very optimistic for the New Year as we move forward with our integration strategy. In next month's Medical Staff News, I will report in detail the results of the survey findings.

Two Residency Review Committee (RRC) Accreditation Visits

Since our last newsletter in October, both Psychiatry and Emergency Medicine underwent successful RRC visits by the Accreditation Council for Graduate Medical Education (ACGME). The surveyors always meet with me in my role as DIO (Designated Institution Official). They typically question me regarding institutional resource support for the program, my assessment of the department and residency leadership and any issues I see with the department residency program or overall GME programs at HCMC. Although the formal report will not be available to me or the program leadership for several months, I usually get a feeling from the surveyor assessment, since during my interview with them they outline to me any serious adverse findings from the survey document or from confidential meetings with the residents and select teaching staff. Both surveyors were very praising of the training programs in general and Program Directors, Coordinators and Department Chief leadership specifically. I want to thank Dr. Christine Stanson and Sandy Robinson in Psychiatry and Dr. Marc Martel and Mary Hirschboeck in Emergency Medicine for their hard work in preparing the Program Information Form (PIF) documents and for the fine work they do all year with these two training programs.

HCMC Medical Staff in the News

Drs. Paul Johnson, Steve Sterner, Anne Lambert, George Peltier, Ryan Fey, Doug Brunette, Eduardo Colon, Mustafa Tiewala and Jon Cole are some of the physicians who recently shared their expertise in television and radio programs and newspaper articles. Thank you for answering the call to feature [HCMC in the News!](#) Click on either link to read about HCMC Medical Staff in the News.

<http://hcmcnews.org/news/>



Michael Belzer, M.D.
Chief Medical Officer

Medical Staff Member Update

New Medical Staff:

- Elizabeth Goelz, MD, Faculty , Internal Medicine
- Andrew Grande, MD, Courtesy, Surgery & Radiology
- Awil Hirsi, MD, Faculty, Internal Medicine
- Ann L. Isaksen, MD, Faculty, Internal Medicine
- Erin E. King, MD, Courtesy, Pediatrics
- Sebastian Ksionski, MD, Faculty, Internal Medicine & Anesthesiology
- Mukesh Kumar, MD, Courtesy, Psychiatry
- Catherine Larson-Nath, MD, Courtesy, Pediatrics
- Asha Madar, MD, Faculty, Internal Medicine
- Sarah Peden, PhD, LP, AHP, Psychiatry
- Johannah Scheurer, MD, Courtesy, Pediatrics
- Bibhas Singla, MD, Courtesy, Psychiatry

Resigning Medical Staff:

- Monisha Gidvani, MD, Courtesy, Ob/Gyn
- Yazmin Fuentes, MD, Courtesy, Psychiatry
- Hyder M. Khan, MD, Active, Pediatrics
- Charles Oberg, MD, Courtesy, Pediatrics
- Sarah Schwarzenberg, MD, Courtesy, Pediatrics
- Carl E. Vaurio, MD, Courtesy, Internal Medicine

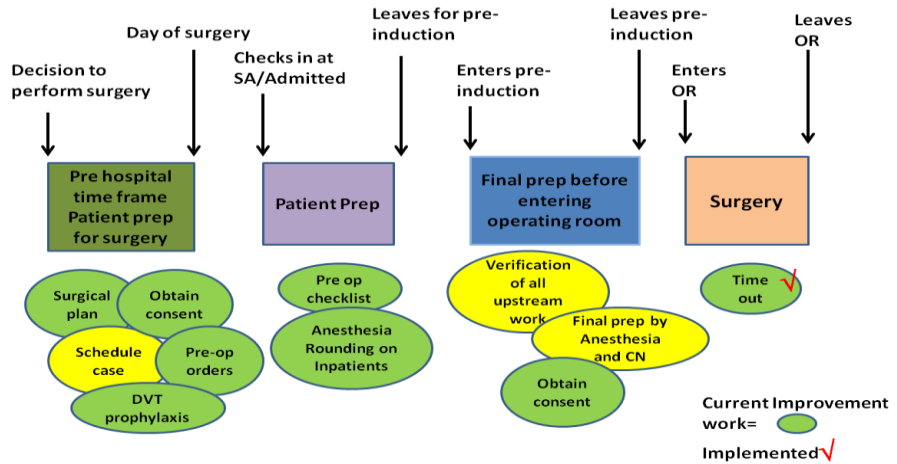
Credentialing Tip

Did you know...?

Professional peer references are a required and important component of the initial appointment and reappointment application processes. When completing the peer reference sections of these applications, please keep the following in mind:

- Professional peers are defined as:
 - Individuals in the same professional discipline [as yourself] with essentially equal qualifications. (MD/DO for MD/DO; DDS/DMD for DDS/DMD; DPM for DPM; CRNA for CRNA; CNP for CNP, etc).
- Peers must be current (within 12 months) and have personal knowledge of your clinical skills, abilities, judgment, clinical competence and professional performance.
- Do not use the following as peer references:
 - Department chiefs
 - Relatives
 - Residency/fellowship directors
 - Pending partners
- Please be sure to contact your peers to inform them that you will be using them as a reference. Remind them that their input is important, and encourage them to respond to the reference request as soon as possible.
- Accurate contact information for your peers is essential; an old address or fax number can hold up processing of your paperwork in the OMD.
- Dependent Allied Health Providers are required to submit two (2) peer references and one (1) physician reference.

Medical Staff Quality Update – THOR



The Scheduled Surgical Process and THOR Projects

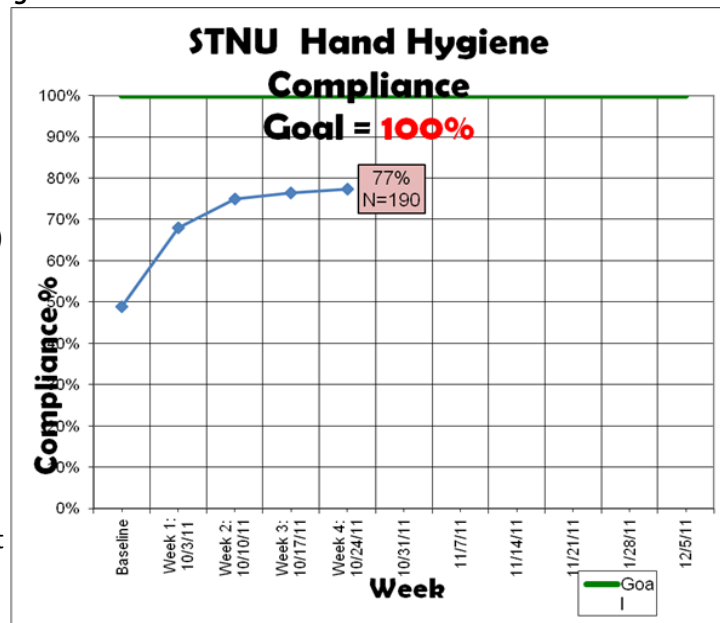
Transformation of the hospital operating room, more commonly known as THOR, is a collection of improvement projects that span all aspects of surgical services. The diagram above illustrates how THOR improvement work has expanded since the initial project started with the “Time Out” checklist. The objective of the THOR work is to improve quality, safety, operations, human factors and financial aspects of Surgical Services.

The next change to be implemented will be Anesthesia Rounding on scheduled inpatients. The MDA staff will visit, write a note or review the record of all inpatients the night before scheduled surgery. As you can see, much of the improvement work is focused activity prior to the patient entering the operating room. Adequate evaluation and preparation of the patient makes the day of surgery go more smoothly for the patient and staff. This requires examination of many of the current practices that have evolved over time; many are complex and cumbersome.

Infection Prevention Update

The Hand Hygiene Campaign Continues on STNU and 5 Medicine

- Compliance on STNU for the week of 10/24/11 was 77% overall (65% physician compliance)
- Compliance on 5 Medicine for the week of 10/24/11 was 83%
- Please remember Hand Hygiene is required:
 - When entering a patient’s room (even if you aren’t touching anything and/or putting on gloves)
 - When exiting a patient’s room (even if you had gloves on or didn’t touch anything)
 - After removing gloves (worn for any purpose)
- Patients and co workers appreciate when others perform Hand Hygiene.
- Help protect your patients, yourself and co workers from the transmission of infections - always perform hand hygiene.
- Coming Soon: The Hand Hygiene Campaign will roll out on CARE and CMIC in December.



Graduate Medical Education Update – Resident Duty Hours

Resident Duty Hours in the Learning and Working Environment

Most faculty are aware that in July 2011 new duty hour requirements were put in place.. Equally important are new expectations about faculty roles in supervising and being role models for residents. Some of the new expectations might be obvious, and many faculty do this in their day to day work, but it is now much more explicitly stated. For example, there are now specific rules stating that:

Faculty as well as residents appear for duty appropriately rested and fit to provide the services required by their patients.

Both residents and faculty members must demonstrate an understanding and acceptance of their personal role in the following:

- assurance of the safety and welfare of patients entrusted to their care;
- provision of patient- and family-centered care;
- assurance of their fitness for duty;
- management of their time before, during, and after clinical assignments;
- recognition of impairment, including illness and fatigue, in themselves and in their peers;
- attention to lifelong learning;
- the monitoring of their patient care performance improvement indicators; and,
- honest and accurate reporting of duty hours, patient outcomes and clinical experience data.

In addition to specific duty hour changes, it is important to recognize that residents still may get fatigued and not able to function safely at times. It is critical that fellow residents, faculty and other staff intervene to assure that patient safety is not compromised. As part of this, **residents and faculty must:**

- recognize the signs of fatigue and sleep deprivation;
- learn alertness management and fatigue mitigation processes; and,
- adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, such as naps or back-up call schedules.

The expectations have changed since many of us were residents. It is no longer acceptable for residents to “tough it out”, but, instead, they need to recognize the limits of human physiology. It is no longer acceptable for faculty to just be smart and good at teaching. Modern faculty need to recognize their own limitations, as well as those of our residents. We need to do our part to educate and model these basic professional expectations.

****Bolded wording is excerpted from ACGME common program requirements 2011.**



HCMC Chief Information Officer Named CHIME Fellow

Congratulations to Joanne Sunquist, HCMC Chief Information Officer, for recently earning fellowship status from the College of Healthcare Information Management Executives (CHIME) along with three other chief information officers from healthcare systems across the nation. CHIME’s Fellow program recognizes members who have made significant contributions to the healthcare information technology field and to the success of CHIME (an executive organization dedicated to serving chief information officers and other senior healthcare IT leaders).

Ms. Sunquist joined HCMC in 2004 and is responsible for Information Technology, Bioelectronics, Telecommunications, Health Information Management and the Electronic Health Record. She has been an active part of CHIME since becoming a member in 2002, and has been involved in a number of their committees, including the Advocacy Leadership Committee, the Awards Committee, the Membership Committee and the Scholarship Committee. She also served on the CHIME Board of Trustees from 2007 through 2010, where she was the 2009 Board Chair and 2010 Foundation Board Chair.

Pharmacy Update

Worldwide Voluntary Market Withdrawal of Xigris [drotrecogin alfa (activated)]:

In a recent study, Xigris failed to show a survival benefit for patients with severe sepsis and septic shock. **Xigris has been removed from HCMC pharmacy and EPIC orders.**

High Alert Medications Ordered Only by Order Set:

Insulin aspart, Insulin glargine, insulin infusion, heparin infusion and IV bolus doses, argatroban infusion and lepirudin infusion must be ordered on order sets. These medications will be dropped from the Facility List and the Adult IP preference list. Doses of these meds when ordered without order sets are frequently without the necessary monitoring required to use the medications safely. Using the order set increases safe and appropriate use.

Executive Order to Address Medication Shortages:

An Obama administration analysis concluded a big part of medication shortage is rising demand, and pharmaceutical companies haven't been able to boost production. On November 1, 2011, the President signed an executive order to force pharmaceutical companies to take action when there's a shortage on the horizon. Chemotherapy drugs, antibiotics, heart medications and crash cart drugs will be among medications affected. This may allow government, industry, providers and the public to more systematically analyze and understand the causes of specific drug shortages as they occur, and to develop real-time solutions that are also needed to address the acute problems.

New Warning in the Labeling of Dasatinib (a kinase inhibitor that treats certain types of leukemia in adults):

The labeling now states the drug may increase patients' risk of developing pulmonary hypertension at any time after starting therapy. Clinicians are advised to stop therapy if pulmonary hypertension develops, as it may be "reversible" if exposure to the drug stops. Clinicians should also evaluate patients for signs and symptoms of underlying cardiopulmonary disease before starting the treatment and afterward.

Methylene Blue: Serious CNS Reactions Possible When Given to Patients Taking Certain Psychiatric Medications:

There is a potential drug interaction between methylene blue and serotonergic psychiatric medications. Methylene blue should, generally, not be given to patients taking serotonergic drugs. However, there are some conditions that may be life-threatening or require urgent treatment with methylene blue, such as when it is used in the emergency treatment of methemoglobinemia, ifosfamide-induced encephalopathy or cyanide poisoning.

Zyvox (linezolid): Serious CNS Reactions Possible When Given to Patients Taking Certain Psychiatric Medications:

Most cases of serotonin syndrome with linezolid occurred in patients taking specific serotonergic psychiatric drugs, namely a selective serotonin reuptake inhibitor (SSRI) or a serotonin norepinephrine reuptake inhibitor (SNRI). Linezolid should, generally, not be given to patients taking serotonergic drugs. However, there are some conditions that may be life-threatening or require urgent treatment with linezolid, such as vancomycin-resistant *Enterococcus faecium* (VRE) infections, nosocomial pneumonia, and complicated skin and skin structure infections.

Lean Update – Women’s & Children’s Services (RPIW 50)

During the week of October 24, 2011, Sue Mitlyng, Practice Manager in Ob/Gyn Clinic and Sylvia Lotz, Administrator of the Ob/Gyn Service Office, led a Lean team on “Women’s and Children’s Services.” The team focused on development of patient satisfaction, prenatal patient education, and financial vitality.

Current State: Patients currently require three (3) separate visits to establish prenatal care.

- **Future State:** We will offer a variety of initial visit types to suit our patients’ needs. They can choose either a pregnancy confirmation visit only, or confirmation visit combined with the initial intake and new OB provider visit.

Current State: Patients cannot schedule an initial visit prior to their 10th week of pregnancy.

- **Future State:** Patients will be able to schedule an initial prenatal intake visit at 6+ weeks. This will impact patient satisfaction and allow more patients to undergo 1st trimester screening, which must be completed by 13+6 weeks gestation (10 weeks often prohibits this visit).

Current State: Patient Education. Currently prenatal education is offered at the initial intake visit only, unless a provider requests specific education on a per patient basis.

- **Future State:** The team determined appropriate time for education at four visits: Initial intake, 14, 28 and 36 weeks.

Work is expected with the Contact Center to develop new visit types and scripting. Trials of prenatal education visits will begin soon. FTE determinations will need to be finalized and approved.

ANTICIPATED COMPLETION: Summer 2012

“JUST DO ITs” might include a *welcome letter* to our patients, as well as a *passport to prenatal care*. These represent a warm, welcoming and nurturing introduction to Women’s and Children’s Services. After all, don’t our patients deserve it?

For more information contact: Sylvia Lotz (sylvia.lotz@hcmcd.org) or Susan Mitlyng (susan.mitlyng@hcmcd.org).

New Hyperbaric Chamber Delivered

Weighing in at 60 tons, HCMC’s new 48-foot-long hyperbaric chamber arrived on Wednesday, November 16, 2011. It was unloaded from the truck and placed inside the 10,278-square foot addition to the Purple Building (west of the 716 S. 7th St. entrance, near Park Ave.). Dr. Cher Adkinson, Medical Director of Hyperbaric Medicine, and Dr. Ernie Ruiz, former Chief of Emergency Medicine, were on hand to see the new chamber and take a behind-the-scenes tour of the new construction. Dr. Ruiz was an early advocate of hyperbaric medicine, and he reminisced about the early days of the current chamber, and how he and Dr. John Haglin, Assistant Chief of Surgery, participated in its first test dive back in 1964.

Dr. Ruiz is excited about the new chamber and gives accolades to Dr. Adkinson and her staff, including retired nurse manager Jan DeRoche, for championing hyperbaric medicine at HCMC. “The chamber is a huge asset for the entire state. It saves lives and is an invaluable resource.”

The current hyperbaric chamber is 48 years old and located two blocks away from hospital campus, so having the new chamber on-site will be a huge benefit to patients and staff. The new hyperbaric chamber and wound healing center will open in the Spring of 2012. Fox 9 and KARE 11 News crews covered the arrival and installation of the chamber on their news programs throughout the day. Go to www.hcmcnews.org to see some of the coverage.

A Successful Best of Hennepin CME Conference

Kudos to the following Guest Faculty, Staff and Alumni

Robert Andersen, MD, Planning
John Anderson, MD
Patricia Anderson, RN
Mariela Ardemagni-Tollin
Patricia Barland, RD, LD
Mary Bensman, Planning
Deborah Boehm, RN, CNP, MPH
Allyson Brotherson, MD, Planning
Gail Brottman, MD
Hoinu Bunce, PsyD, LP
Darrell Carter, MD
Eduardo Colón, MD
Jeffrey Connaire, MD
John Crosson, MD, Course Chair
John Cumming, MD
Morris Davidman, MD
Scott Davies, MD
Carmen Divertie, MD
Iesha Galloway-Gilliam, MD
Laxmana Godishala, MD
Brita Hansen, MD
Guilford Hartley, MD
Molly Jacques, MPH
Paul Johnson, MD
Sidney Jones, MD
Kari Lappe, Planning
Howard Lederer, MD
Mark Linzer, MD
Virginia Lupo, MD
Marie Maes-Voreis, MA, BSN, RN
Rondine Mehling, Planning
Melody Mendiola, MD
Sheila Moroney, Planning
Rachel Newby
Nancy Newman, MD
Arthur Ney, MD
Monica Nilsson
Carol Oeltjenbruns, Planning
David Plummer, MD
Douglas Pryce, MD
Kathy Reimer, MS, RD, LD, CDE
Ernest Ruiz, MD, Planning
Aaron Rutzick, MD
Tseganesh Selameab, MD, Planning
Gautam Shroff, MBBS, MD, FACC

Laraine Steel, RN, CDE
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Maria Veronica Svetaz, MD, MPH
John Tobin, Jr., MD, MPH, Planning and CME
Advisory Committee Chair
Sarah Torres
Dean Tsukayama, MD
Valerie Ulstad, MD, MPH, MPA, FACC
Pamela Vaughn, RN, CNP
Meghan Walsh, MD, MPH, Planning
Michael Wilcox, MD

Special thanks to the following department staff who worked very hard to facilitate all the details and many also worked at the conference site:

Reade Adams, OMD
Joy Christiansen, Internal Medicine
Megan Foy, Internal Medicine
Michelle Herbers, Internal Medicine
Christine Hill, Public Relations
Timothy Murphy, EMS Education
Jessica Norles, Internal Medicine
Ed Peterson, Media Services
Kim Tavernia, OMD

LifeDiagnostics Imaging becomes Whittier Imaging ***Offering MRI, Interventional Radiology and Vein Care***

On December 14, 2011, the services of LifeDiagnostics Imaging will move to Whittier Clinic, 2810 Nicollet Avenue in South Minneapolis. The new Whittier Imaging will provide patients the latest in diagnostic imaging technology, interventional radiology and vein care.

The new center will offer a wide range of scans, including routine head, neck, spine, pelvic, fetal and musculoskeletal imaging. Minor interventional radiology procedures may also be scheduled. A state-of-the-art Philips MRI will provide the most advanced imaging equipment and techniques to screen for underlying disease and assist in the diagnosis and treatment of known or suspected illness. The 70 cm bore MRI can accommodate larger patients, and is quieter and more comfortable. The scanner is fully accredited through the [American College of Radiology](#).

Vein care offered in the new center includes varicose and spider vein repair, as well as treatment of other vascular conditions. After a comprehensive venous evaluation, treatment planning is individualized to achieve the best possible outcome. We combine the latest minimally invasive technologies to make patients look and feel their best.

Whittier Imaging is less than 10 minutes south of downtown Minneapolis in the Whittier Clinic and free parking is convenient to the front door. The highly trained and experienced staff includes registered radiologic technologists with advance certifications in CT or MRI, and the radiologists are on the staff of Hennepin County Medical Center and are faculty of the University of Minnesota.

Same day or next day appointments are available. Most insurance plans are accepted. Call 612-347-7226 to refer a patient to Whittier Imaging.

Orthopedics Department Launches Mobile Website

Gocomplexjoint.com is an easy-to-use mobile website created by HCMC's own nationally recognized orthopedic surgeons and the HCMC Public Relations and Marketing Department. Physicians can download the site to get quick access to information and medical advice for total joint replacement cases and to get in direct contact with a specialist. The mobile site includes information for hip, shoulder and knee replacements and revisions. The site also provides key advice, articles, photos, videos and case studies illustrating each procedure and is viewable on all smart phones and tablets. Bookmark GoComplexJoint.com to download the mobile site.

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.