



Medical Staff News

Office of the Medical Director

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Medical Staff Member Update

New Medical Staff:

- Anushree Bora, MBBS, Faculty, Internal Medicine
- Kevin N. Brown, DO, Faculty, Neurology
- Michael C. Harlow, MD, Courtesy, Psychiatry
- Juan P. James, MD, Courtesy, Dermatology
- Roxanne E. Pierre, MD, Faculty, Family Medicine
- Mustafa A. Tiewala, MBBS, Faculty, Internal Medicine
- Lisa M. Vollmer, MD, Faculty, Family Medicine

Credentialing Tip

Remember to inform the Credentialing office (612-873-2341 or pat.kilgore@hcmed.org) anytime the following information changes:

- Name
- Home Address
- Practice Location
- Primary Mailing Address
- Primary Hospital
- Privileges (add/delete)
- Medical Staff Category (Faculty, Courtesy, Active, Honorary)
- Membership status/resignation (must submit a copy of your resignation letter)



It is important that the credentialing office has your most current information on file so that they can process your reappointments/annual reviews in a timely manner and keep the hospital in compliance with all regulatory requirements pertaining to your privileges and practice.

Strategies for Answering a Question by a JC Surveyor

1. Remember the 3 second rule: within 3 seconds someone needs to say something.
 - If you need time, ask to have the question repeated .
 - Ask to have the question clarified.
 - Redirect the question to a more knowledgeable co-worker.
2. Encourage staff to help each other.
3. Know resources to refer to.
4. Be honest.
5. Know where/how to find HCMC Policies and Procedures online.
6. Only answer the question asked. Don't expand on information until asked.
7. The JC surveyors are observing your practice habits.
8. The JC surveyors may make repeat visits to your unit/department.
9. Remain calm and perform your job demonstrating best practice.
10. The JC surveyors will talk to patients and their families. Let the patient/family answer the questions asked. Don't speak for them.

Amion Update

Did you know?

Your personal Amion schedule can be linked to iPhone, iCal, Google calendar, or Outlook? Click the icon for the full schedule  and click the My Schedule icon  . Choose your name from the dropdown list and click "Create Schedule". At the bottom, choose the application you want your schedule to link to. Copy the URL and click the application name at the bottom for instructions on how to complete the subscription. Once completed, your calendar will be updated automatically as the scheduler makes changes to the schedule. If you have any questions or need help with this feature, please contact Kim Tavernia at 612-873-2296.



Michael Belzer, M.D.
Chief Medical Officer

Medical Staff Quality Update

Hospital Acquired Venous Thromboembolism

Hospital acquired venous thromboembolism (including DVT and PE) is a preventable condition with significant associated morbidity, mortality and cost. In order to unite the efforts of the many groups at HCMC who have been working on VTE prophylaxis, the **Deep Vein Thrombosis Prevention Collaborative** was started this fall. Building off the momentum of THOR, the team will initially be focusing on VTE prophylaxis on the surgical services. The intent is to roll out a house-wide program over time.

To guide us in this process, we have joined the University Healthcare Consortium (UHC) DVT Prevention Collaborative. UHC is providing project management and educational resources. Our multidisciplinary team has representatives from Nursing, Pharmacy, Anesthesia and PM&I as well as strong physician leadership from General Surgery, Surgical subspecialties and Internal Medicine. There is consensus and momentum to move forward with a standardized process for VTE prophylaxis at HCMC. Stay tuned for more updates on our progress.

Recent Lean Event Summaries

Lean is a process improvement philosophy that engages staff across all areas and levels of an organization to use a standard set of tools to identify and remove waste and deliver the best customer service. Below are summaries of the most recent Rapid Process Improvement Workshops (RPIWs):

- **CaRe Unit:** The CaRe team took on the huge task of creating standardized work for each job class on the CaRe Unit. Through direct observation, staff feedback, and incorporating best practices, the team created standardized work for the PSC, HCA, Staff RN, new ADT RN, and Charge RN roles.
- **Customer Service:** The Customer Service team assists patients with billing questions. They recently created a visual management system so the staff can monitor their performance with key metrics for patient experience, quality, employee engagement, and financial vitality.
- **Credentialing:** The Office of Medical Director sponsored the Credentialing event to improve up-front communication with all involved parties in the hiring and credentialing process for providers.

Read more about the events [here](#). Visit the [Lean Process Improvement](#) website on Info Oncall to learn more about Lean and sign up to participate on a future team.

http://infooncall/stellent/groups/public/documents/webcontent/hcmc_p_029819.pdf

<http://infooncall/Departments/PerformanceMeasurementImprovement/LeanProcessImprovement/index.htm>

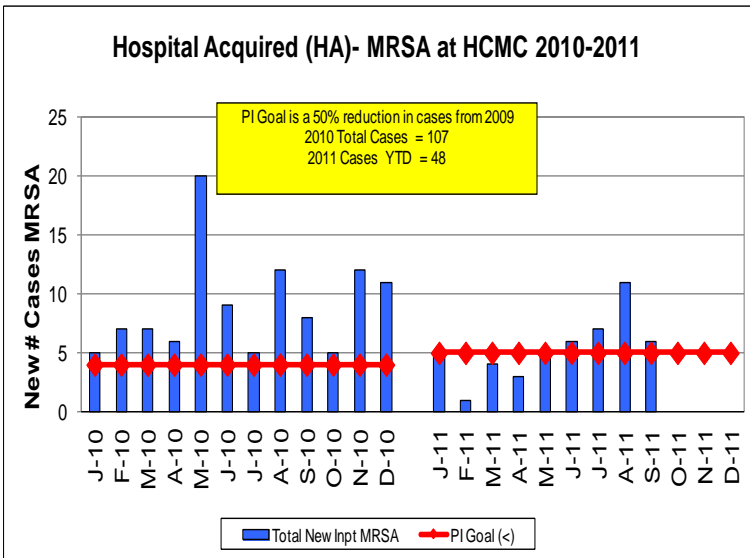
Graduate Medical Education Update – “Trigger Cards”

HCMC is developing Faculty Notification Guidelines which would define the types of situations that would “trigger” a call from a resident physician to a faculty physician. The intent is to improve faculty and resident communications by easing the anxiety of trainees who may not want to bother faculty off hours. These criteria were initially developed by the University of Minnesota faculty for their own residents based on previous work done by surgeons at Mass General Hospital.

The University of Minnesota departments were enticed by the possibility of reducing their malpractice risk. The faculty developed their own department specific criteria and then, printed them on plastic cards to wear with ID badges. These U of M trigger cards were presented to the HCMC Graduate Medical Education and Medical Executive Committees, where they were discussed and the concept was adopted.

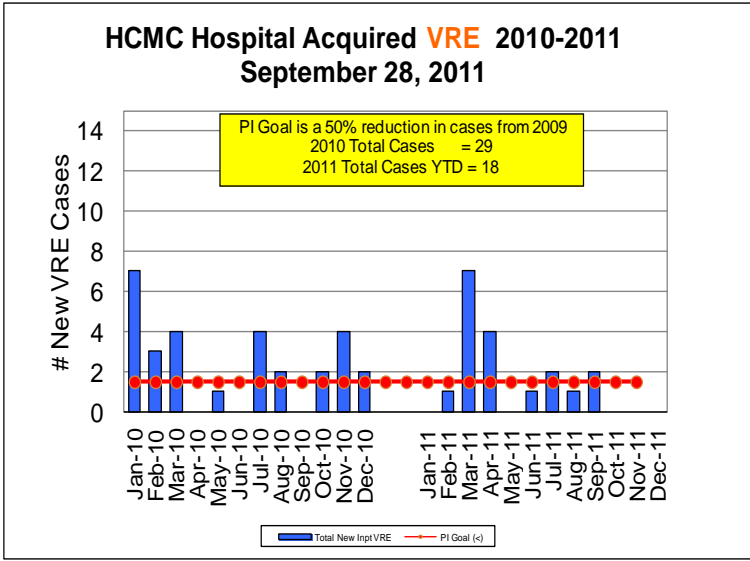
Some HCMC departments felt that the criteria made perfect sense and needed no change while other departments felt that our practice is different from the medical school and required different triggers. Probably the most valuable outcome is to have the discussion. It was recognized that the cards themselves are only a tool to reinforce a culture change and that once it became a standard practice, they may no longer be needed at all. In the meantime, the discussion continues and soon, HCMC plans to have our very own “trigger” cards.

Infection Prevention Update



-We have had 48 cases of hospital acquired MRSA this year so far.

-We are on track to have fewer cases this year versus 2010 (107 cases for 2010)!



-We have had 18 cases of hospital acquired VRE this year (compared to 29 in 2010)

You can help prevent hospital acquired infections by:

- Performing Hand Hygiene
- Cleaning equipment between patients
- Cleaning the environment

Hand Hygiene

The hand hygiene pilot campaign has ended on 5 medicine with an average compliance rate of 90%. We continue to audit and reinforce hand hygiene standards on 5 medicine.

Beginning October 3rd, the HH campaign started on STNU. Look for hand hygiene promotional materials and activities such as black light hand washing demonstrations, pledges, and hand cultures.

Remember to perform Hand Hygiene:

1. Entering a patient's room
2. Exiting a patient's room
3. After removing gloves (worn for any purpose)

Protect yourself, patients, and coworkers from transmission of infection by performing Hand Hygiene 100% of the time!.

Disaster Drill – Epic Downtime Possible

Computer Systems will be going down in November – Epic downtime possible

Why: This test will assist in determining staff readiness to operate in a real disaster scenario, improve recovery time following real incidents, and meet Joint Commission requirements.

When is the test: In November, but the exact date and time of this test cannot be disclosed.

What will happen during the test: During this test, selected business and clinical applications (**possibly Epic**) will be made unavailable. A number of departments will be tested in their ability to locate and follow their downtime procedures.

Are you ready for this test: Do you know where to locate your downtime procedures and are you familiar with them? Please take time to locate and check your department's downtime procedures. Work with your department manager to ensure you are ready for the test.

For more information, contact Rafko Mekic at rafko.mekic@hcmcd.org or Dr. Kevin Larsen in the Office of the Medical Director 612-873-4401

Health Care Homes

Six HCMC primary care clinics are now certified as Health Care Homes: East Lake Clinic, the downtown Pediatric Clinic, Richfield Clinic, Positive Care Clinic, Aqui Para Ti, and the Coordinated Care Clinic. A Health Care Home or a medical home is a patient- and family-centered way of providing coordinated primary care for all patients, especially those with chronic and complex conditions. Locally, the concept of Health Care Homes was introduced as part of Minnesota's health reform legislation in 2008 and they are also part of a national initiative to ultimately improve the health of the population, the patient/consumer experience, and the affordability of health care. HCMC is committed to certifying all of its primary care clinics as Health Care Homes.

Care coordinators are essential to Health Care Homes. At HCMC, this role is performed by both community health workers and registered nurses, depending on the complexity of care coordination needs. These care coordinators work closely with patients and families to manage all aspects of care, and are key partners on the patient's health team. Health Care Home patients are invited to actively participate in their care, specifically, in care planning and goal setting with their primary care provider and care coordinator.

Oxygen Tank Security

It is a Joint Commission requirement that an oxygen tank **always** be placed in a secure holder when used during the transport of a patient. This includes all transports via wheelchair, cart **and** bed. It is not acceptable to place a tank in the bed with the patient. For all bed transports, the oxygen tank needs to either be secured in a holder attached to the bed or a portable holder on wheels must be used. All the Stryker beds in SICU and MICU have a holder either attached to the bed or stored in a drawer by the window. Please remember to use these holders and secure the tank when moving your patients.

Chaska Clinic Amion Schedule

The new Amion schedule for Chaska Clinic is now available under the Neurology Clinic in the Clinical Schedules & On Call page of InfoOnCall. You can also access it at www.amion.com - password henn Neuroclin.

Outreach and Referrals

HCMC's tertiary/referral programs are vitally important to the region, to HCMC/HFA from a business/margin perspective, and certainly to the patients we serve.

HCMC has been working on developing infrastructure to support our referral business and we've now been able to recruit talented staff to develop that infrastructure and coordinate our work among and between our operations, clinical, and, supporting department functional areas. I'd like to introduce you to three recent additions to our staff.

Libby Jensen is our Outreach Program Coordinator. Libby joined us in June. Her work in education includes public health, and previous positions include stints at MDH and with Vital Images. Libby has been working closely with our outreach specialists and Information Services to bring up Hennepin Care Link, which is the Epic function that enables referral sources to view the electronic health record of patients they refer to HCMC/HFA and secure real-time awareness of the status of their patients while here at HCMC. In addition, Libby is leading the process to determine potential applications of telemedicine as a means to extend our expertise to other sites of service delivery, locally and in Greater Minnesota. She will also play a pivotal role in the coordination of our Referral Center and Outreach Services activities.

Melissa Gatten joined us in September as the Manager of our Referral Communications Center. Melissa comes to us from Portico and worked with us extensively in her previous role on the Primary Care Access Initiative project; a collaboration between HCMC, HFA, DHS, HealthEast, and several FQHCs. Her major accountability is to develop the Referral Center, including facilitation of the embedding of standard work processes into the ways by which we accommodate communications among and between referral sources and HCMC and our physician/provider staff. The work requires a leader, a diplomat, a collaborator, and familiarity with health care service delivery and the tools we use (e.g. Epic). Eventually, there will be a small staff operating the Center (at this time, 3 FTEs are approved) and teaming with our operations and staff departments.

Jeremy Berndt also joined us in September as our Trauma/Critical Care Business Development Manager. Jeremy most recently has been the Medical Operations Officer for the Civil Support Team of the Minnesota National Guard. His formal education includes masters degrees in nursing and in business administration. The three major accountabilities for the position will be to: create the framework and business plans to guide the growth of our trauma/critical care programs; staff the work in aligning and coordinating efforts across the programs that provide critical care at HCMC; and to coordinate and engage in outreach/business development activities for our specialized/referral-driven programs. This position is a staff role, complementary to the formal operations program structure. In essence, it is a new position dedicated to bringing together the work that many of us have been doing part-time. All of the folks who have played a role (including Kelly Spratt, Paula Chambers, Karie Pearce, and other clinical and administrative program leaders) will be engaged in our work to increase volume and referral relationships, and we are looking forward to Jeremy's bringing capability and capacity to our efforts.

Given the importance of referrals to our organization and our specialty programs, we will be engaging many of you in developing and maturing the functions that Libby, Melissa and Jeremy will be guiding. The 'outcomes' we will deliver will be an increase in our connections to referral sources, enhanced satisfaction of, and, loyalty from those sources, and ultimately increases in the number of patients referred to our system.

Thank you for your support to develop this infrastructure. Contact Mike Harristhal, Vice President, Public Policy and Strategy (michael.harristhal@hcmcd.org) with questions.

Physical Therapy Department News

Did you know the Physical Therapy Department employs 42 therapists, comprising approximately 32 FTEs? We have therapists ranging from new graduates to those with 38 years of experience. In the past year we have had over 39,000 patient visits - 60% inpatients and 40% outpatients. We practice out of three sites on the HCMC campus – the PT Gym (B3), the outpatient PT Clinic (B3) and the Therapy Satellite (P5). Last year we also opened a PT clinic at Whittier.

The Physical Therapy Department provides a continuum of services from pediatric through geriatric. We provide evaluation and treatment of conditions with mobility and activity limitations that result from congenital or developmental disability, aging, a medical illness, trauma, surgery or pain. Some of the common diagnostic groups served are: traumatic brain injury, musculoskeletal dysfunction, stroke, post orthopedic surgeries, sports injuries, and neurological diseases. Treatments include but are not limited to:

- ❖ Therapeutic exercises
- ❖ Gait and transfer training
- ❖ Wheelchair mobility
- ❖ Orthotic and prosthetic training
- ❖ Soft tissue and joint mobilization
- ❖ Application of heat/cold/electrical modalities
- ❖ Education to caregivers and family members

We are growing our staff to better meet both inpatient and outpatient needs. On the inpatient side more staff is being added to the weekends in order to provide the same level of care seven days a week. We have also added staff to our outpatient sites to decrease the wait time for an appointment. This month we began offering quick access (appointments within two weeks or sooner for clinic visits) to employees and covered dependents.

If you or your family requires outpatient physical therapy, please call our scheduling line at 873-4377. We are ready to meet your needs.

Capital Budget

In last month's newsletter, a portion of the final approved 2012 capital retreat list was inadvertently omitted. Below is the complete list. Please contact the executive whose name is associated with the specific project if you have any questions.

			<u>Cumulative</u>
Wilde	Ambulance Fleet	\$ 844,140	\$ 844,140
Wilde	Remote Telemetry	\$ 711,722	\$ 1,555,862
Taylor-Jones	Nutrition and Meal Delivery Software	\$ 233,400	\$ 1,789,262
Taylor-Jones	ER X-ray Room 4	\$ 769,000	\$ 2,558,262
Sunquist	Retail Pharmacy-EPIC Module (Willow)	\$ 955,740	\$ 3,514,002
Taylor-Jones	ID AST Test System for Microbiology	\$ 146,813	\$ 3,660,815
Belzer	Simulation Center FFE	\$ 800,000	\$ 4,460,815
Wilde	Vocera Integration	\$ 196,465	\$ 4,657,280
Kryzaniak	KANBAN Inventory Control System	\$ 250,000	\$ 4,907,280
Cintron	Vocera Expansion	\$ 135,025	\$ 5,042,305
Taylor-Jones	Thin Prep Testing and Imaging System	\$ 302,000	\$ 5,344,305
Taylor-Jones	Pharmacy Remodel	\$ 450,000	\$ 5,794,305
Taylor-Jones	O-Arm for Neuro Cases	\$ 717,000	\$ 6,511,305
Taylor-Jones	Handheld Barcoded Specimen Collection Devices	\$ 307,688	\$ 6,818,993
Belzer	Med Staff Credentialing Software	\$ 295,475	\$ 7,114,468
Wilde	Birth Center Telemetry Monitoring Antenna	\$ 148,279	\$ 7,262,747
Wilde	Cath Lab Imaging	\$ 1,624,000	\$ 8,886,747
Taylor-Jones	Nuc Med SPECT/CT (Replacing Diacam)	\$ 890,500	\$ 9,777,247
Wilde	Safe Patient Handling	\$ 750,000	\$ 10,527,247
Sunquist	Document Imaging Phase 3-6	\$ 367,875	\$ 10,895,122
Kryzaniak	Instrument Tracking for Central Processing	\$ 125,000	\$ 11,020,122

Pharmacy Update

Changes

Allergy documentation in Epic changed on October 17th, 2011 to require the documentation of the allergy status prior to placing medication orders. Entries will be limited to:

- No Known Drug Allergy,
- A list of the specific medication allergies and the patient's reaction
- Unknown

Once the allergy status is documented, there will be no further alerts. This documentation requirement exists for both inpatient and ambulatory. It will only occur on the first medication order of a patient with no allergy documentation in EPIC. This is a patient safety initiative and is a standard procedure in electronic medical records systems throughout the Twin Cities.

Therapeutic heparin monitoring changed from activated thromboplastin time (aPTT) to anti-factor Xa levels for all patients on October 18th, 2011. Protocols attached to the Order Sets will be changed appropriately. Nursing education needs will be minimal as an anti-Xa monitoring option has been in place for several months for therapeutic heparin infusions. The process for nursing response to measured antiXa levels will remain the same as currently in place for aPTT measurements, and they will continue to follow dose adjustment protocols. For further information, please contact Martin Schmidt, Coagulation Lab martin.schmidt@hcmcd.org or Jon Jancik, PharmD jon.jancik@hcmcd.org.

News from the FDA

Fosrenol: CONTRAINDICATED in bowel obstruction, ileus, fecal impaction. Must chew or crush tablets.

Dronedarone: The Permanent Atrial fibrillation outcome Study (PALLAS) using Dronedarone has been prematurely discontinued due to an excess of cardiovascular death, stroke and cardiovascular hospitalization, primarily heart failure hospitalization, in those patients receiving dronedarone (Multaq). Dronedarone should not be prescribed for patients with permanent AF. Healthcare professionals are advised to monitor patients regularly (at least every six months) in order to ensure that they remain within the approved indication and do not progress to permanent atrial fibrillation or new or worsening heart failure.

Ondansetron: Labeling for ondansetron (Zofran) is changing to recommend electrocardiogram monitoring for patients with electrolyte abnormalities, congestive heart failure, or bradyarrhythmias, and patients who are taking other medications that can lead to prolongation of the Q-T interval. The new labeling for ondansetron products will also warn clinicians to avoid using the serotonin type 3-receptor (5-HT₃) antagonist in patients with congenital long Q-T syndrome, the agency said. These are stronger warnings than previous "precaution" statements due to increasing reports of patient harm.

Fluconazole: in utero exposure to high doses of fluconazole during the first trimester of pregnancy may cause birth defects. Five published case reports describe "rare and distinct congenital abnormalities" in infants whose mothers underwent chronic daily treatment with 400–800 mg of fluconazole during early pregnancy to treat serious fungal infections. The abnormalities included short, broad head and an abnormal-looking face; cleft lip or palate; bowing of the thigh bones; thin ribs and long bones; muscle weakness and joint deformities; and congenital heart disease.

Citalopram : should no longer be used at doses greater than 40 mg per day because it can cause QT interval prolongation. Studies did not show a benefit in the treatment of depression at doses higher than 40 mg per day. Patients at particular risk for developing prolongation of the QT interval include those with underlying heart conditions and those who are predisposed to low levels of potassium and magnesium in the blood. 20 mg per day is the maximum recommended dose for patients with hepatic impairment, who are greater than 60 years of age, who are CYP 2C19 poor metabolizers, or who are taking concomitant cimetidine (Tagamet®). Providers continuing to use doses greater than 40 mg for select patients, are strongly encouraged to check periodic EKG and monitoring magnesium and potassium levels.

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.

Medical Staff News Editor Contact: Theresa McCabe, Office of the Medical Director,
theresa.mccabe@hcmcd.org or 612-873-3629.