

Medical Staff

Medical Staff Services are the foundation of a solid, well governed medical staff that prides themselves in providing

Midland Memorial Hospital and its customers with the highest quality of patient care possible.

Culture of Ownership: Core Action Value #2—Integrity

Cornerstone #1: Honesty

Be absolutely honest-especially with yourself. Genuine honesty is more than just not telling lies-it is living the truth.

Cornerstone #2: Reliability

Do what you say you're going to do, when you say you're going to do it, and do it to the best of your ability.

Cornerstone #3: Humility

Virtually every failure of integrity begins with arrogance on the part of those responsible; humility is an essential ingredient of effective leadership.

Cornerstone #4: Stewardship

Honor the obligation to be a good steward of your own resources, the resources of your organization, and of the fragile world in which we live.

Stool Lind

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Introducing Our New Practitioners

April 2016

Dinesh Vyas, MD—General Surgery/Texas Tech
Audrey Mangwiro, MD—Internal Medicine/Hospitalist
Janet Carter, PhD—Psychology
Julie England, PA—Physician Assistant, Hospitalist Group
Jennifer Grimes, ACNP—Nurse Practitioner, Dr. John Dorman
Diana Culp-Martin, NP—Nurse Practitioner, Midland Pediatric Associates

Amber White, PA—Physician Assistant, Hospitalist Group

2016

Medical Staff Leadership Chief of Staff Sari Nabulsi, MD

Continuing Medical Education—See Page 4

Midland Memorial Hospital is accredited by the Texas Medical Association to provide Continuing Medical Education for physicians. Midland Memorial Hospital designates this live educational activity for a maximum of 1.0 *AMA PRA Category 1 Credit(s)*TM for each teaching program throughout 2016. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Hospital Update

Beginning April 1, 2016, the laboratory will no longer be offering the following tests:

- 1. Giardia/Cryptosporidium Antigen Assay
- 2. Rotavirus Antigen Assay
- 3. Adenovirus Antigen Assay

PCR testing on stool specimens for Giardia, Cryptosporidium, Rotavirus and Adenovirus 40/41 is still available, and is included in the Gastrointestinal Pathogen Panel. PCR testing on nasopharyngeal swabs for Adenovirus is still available, and is included in the Respiratory Pathogen Panel.

For More Information

Taylor Johnson Microbiology Laboratory 432-221-1761 Chief of Staff Elect Michael Dragun, MD

Past Chief of Staff John Dorman, MD

Department Chairs Hospital-Based Services Larry Edwards, MD

Medical Services Gerardo Catalasan, MD

Surgical Services T.M. Hughes, MD

Rebecca Pontaski, MHA, CPMSM, CPCS, RHIT Medical Staff Manager 432-221-1625 Alma K. Martinez, RHIT Medical Staff Coordinator 432-221-1510 L. Michael Pallan Credentialing Specialist 432-221-2165 Amber Campos Credentialing Specialist 432-221-2261 Jennifer Bryant Credentialing Specialist 432-221-2262 Missy Taylor Executive Assistant Medical Affairs/Medical Staff Services 432-221-4629



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New Information



Forward Thinking Lawrence Wilson, MD, MBA, FACEP Vice President, Medical Affairs/CMO

National Surgery Quality Improvement Program (NSQIP)

The National Surgery Quality Improvement Program (NSQIP) data for 20 15 was reported by Dr. Shelton Viney and Mike Kahler, RN, in early March. Overall the data suggest Midland Memorial provides high quality surgical care. We under performing in only five areas compared to like facilities across the country. Importantly, by benchmarking and measuring data, we have raised the bar for surgical care. Improved patient experience is illustrated by the patients being able to continue to ingest carbs and hydrate orally well past midnight the day of surgery. Early removal of NG tubes, urinary catheters and early mobilization of patients have also improved care reflected in reduced

complications and earlier discharges.

Many data points and highlights were provided. If you have interest and missed the presentation contact Mike Kahler and he can provide you a copy of the presentation. The value of measuring, reviewing, making a plan to improve, implementing the plan and re-measuring was evident. One example of an area that we have opportunity to improve is reflected by a greater than average length of stay for post-nephrectomy patients. During the discussion, one of the urologists ask if he could get the data on the cases from Kahler. "Sure", said Kahler. I am projecting that we are on the way toward developing an enhanced recovery after surgery (ERAS) program for urology!

Multi-Modal Pain Management (MMPM)

At the same meeting, Dr. Joe brooks presented a compelling lecture on Multi-Modal Pain Management (MMPM). He set the stage by pointing out an unintended consequence of efforts to aggressively manage pain for all patients which has led to an overuse and abuse of opioids. He illustrated data that, in the fifteen years between 2000 and 2015, the number of opioid prescriptions in the US has quadrupled. Importantly and tragically in the same window of time, the number of deaths from opioid overdoses has likewise quadrupled. Evidenced based information about a paradoxical opioid induced hyperalgesia leading to accelerated dosing of narcotics was presented among other points.

Finally, a discussion of MMPM illustrated a standardized means of controlling pain with no or reduced dosing of opioids. Utilizing Acetaminophen, NSAIDs, Gabapentanoids before opioids can reduce or eliminate the need for opioids. Pretty compelling stuff! MMH will be rolling out a standard MMPM program soon. It will eventually be available for the emergency room and ambulatory care settings as well.

Facts:

- Opioid prescriptions have quadrupled from 2001-2015
- Overdose DEATHS involving prescription opioids have quadrupled in the U.S.
- Admissions to drug abuse programs up 400%
- Prescription opioids #2 most prevalent type of abused drug in the U.S.
- CDC blames prescription opioids for the rapid rise in heroin use and deaths in the U.S.

Reference: Center for Disease Control and Prevention. (2012). CX. Grand Notings: Prescription Drug Overdoses — a U.S. Epidemi Retrieved from: http://www.cdc.com/mmy/frenc/size/immy/frenc/siz



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New Information

Forward Thinking Continued

Lawrence Wilson, MD, MBA, FACEP Vice President, Medical Affairs/CMO

Blood Product Therapy—helpful or harmful?

Dr. Craig Rhyne, CMO of Covenant Health in Lubbock presented an argument for careful use of blood products. It appears that there is a linear relationship between units of blood given and complications and death. Similar risk patients, with the same severity of illness score, did better with less blood that was transfused. Video of capillary blood flow pre and post transfusion illustrated the sludging effect induced by the blood transfusion. If the goal is increased delivery of oxygen and glucose through more RBCs, the video illustrates the fallacy of that argument.

No question blood products have a role in our therapeutic interventions, but the over utilization does more harm. The take home message- when it comes to blood products, less is more. Please remember to use ROTEM to determine which product is needed. And when deciding blood products are needed, use the least possible. Your patient's life depends on it.

Transfusion Dose Response

Surgical Outcomes and Transfusion of Minimal Amounts of Blood in the Operating Room³



¹Bernard et al, J Am Coll Surg 2009;208:931 ²Ferraris et al, Ann Thorac Surg 2011; 91:1674 ³Ferraris et al, Arch Surg 2012;147:49

Medication Formulary Management

Keep your ears and eyes open for intentional efforts to improve our formulary use. Our pharmacy service recognizes the potential for substantial savings by deploying some simple best practices. Examples include utilization of generics when possible. Having key stakeholder physicians indicate the top couple of drugs in a given class; with an open discussion of the efficacy of the drugs, the pros and cons to each product and the cost, developing a short list of preferred products and encouraging the use of those products. Another opportunity is to have the P & T committee work with specialties to oversee the latest, greatest and most expensive products as they come to us and set parameters around their use. We are also considering tightening the freedom of pharmaceutical vendors. More to come on this important opportunity.



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Continuing Medical Education <u>April 2016</u>

The Challenges of Making Health Dietary Changes—"The Pleasure Trap"

Speakers: Douglas J. Lisle, PhD

Date: April 11, 2016 Lunch Time: 12:00 p.m.

Presentation Time: 12:15 p.m.

Location: Conference Center—Rooms C&D

"Neurosonology: Transcranial Doppler (TCD) Ultrasound Studies Ischemic and Cryptogenic Stroke"

Speaker: Zsolt Garami, MD

Date: April 25, 2016 Lunch Time: 12:00 p.m.

Presentation Time: 12:15 p.m.

Location: Conference Center—Rooms B&C

*CME/CNE Credit

FOOD IS MEDICINE

Come join us for a day of health! Learn about the many significant benefits of a plant-based diet from nutrition experts in the field, as well as people who have experienced the radical benefits of the lifestyle. See how a plant-based diet can prevent and reverse chronic disease, how exercise plays an important part of a healthy lifestyle, how to shop and cook on the plant -based diet, join a Q&A session, and much more.

Lunch will be provided!

Speakers: Dr. Scott Stoll, Dr. William C. Roberts, Dr. Michael Greger,

and Dr. Nelson Campbell

Date: April 2, 2016

Location: Wagner Noel Performing Arts Center

*Seating is limited, so buy your tickets today at wagnernoel.com, ETIX: 1.800.514.3849, or at the box office at 1310 N. FM 1788 from 12:00-5:00 P.M., Monday-Friday.



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Medical Affairs and Medical Staff Services are excited to announce the opening of the upstairs

Physicians Lounge

located on the 1st floor Medical Affairs/Medical Staff Services area

Join us for this exciting time Monday, April 11, 2016

10 am – 2 pm

refreshments will be served

After this date the lounge will be open by badge access 24 hours a day



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Dr. Alok Bhattarai

His stated everyone has done a good job of taking care of her husband. "I really appreciate Dr. Bhattarai; he asked if we had any questions and it showed he really cared."

Dr. Michael Dragun

His patient stated this is a very good hospital. "I am so impressed with Dr. Dragun. He came to the ER to see me and he ordered some blood tests and stayed to see those results before he went home."

Dr. Nancy Asamoa

"Dr. Asamoa explains things well in terms I can understand and asked if I had any questions before she left."

Dr. Robert Chisholm

The patient stated that Dr. Chisholm had very good bedside manner and that he did a good job of providing information updates.

Dr. Alex Gilman

"Dr. Gilman was wonderful, explained to me and sat with me about my care. Gave me a lot of information in 20 minutes."

Dr. Mrunal Patel

A patient called to let us know how nice all staff was in the Endoscopy Department. She appreciates all the great care.

