MEDICAL STAFF SUMMARY FOR DECEMBER 2010, JANUARY AND FEBRUARY 2011

Information from Medical Staff Meetings

Medical Staff Leadership for 2011

Chief of Staff
Gordon Reed, M.D.

Vice Chief of Staff/ Chair Physician Relations
Michael Flood, M.D.

Secretary/Treasurer
Barry Freeman, M.D.

Ancillary P&T Committee
Jeremy Kirk, M.D.

Medicine and Intensive Care Committee
Narsing Damera, M.D.

OB/Peds Committee
D. Michelle Fenoughty, M.D.

Chief of Surgery
Mark Gentry, M.D.

Emergency Medicine/Urgent Care Services
Thomas Richardson, M.D.

New Additions to the Medical Staff

1. Anton Cabellon, D.O. – Nephrology – Courtesy (Prov)
2. Michele Cabellon, M.D. – Nephrology – Courtesy (Prov)
4. Babar Khan, M.D. – Internal Medicine – Active 2 (Prov)

Sleep Apnea Screening

A multi-departmental sleep apnea task force is leading an effort to begin screening all inpatients and outpatients for obstructive sleep apnea. Patients going through though PREP would be screened and if not screened there, patients would be assessed at the time of admission. The screening tool will be STOP/BANG since using both the STOP and the BANG tool together gives 99% specificity and validity to the results. A total of 8 questions will be asked and a patient identified with three or more positive responses would place them in a high risk category. The intent is to provide interventions if patients have been diagnosed with sleep apnea or if they fall into the positive range on screening. A standard of care for sleep apnea will be implemented to keep patients to enhance patient safety. The plan is to provide results of the screening to primary care physicians at the time of discharge so they can determine follow-up if appropriate.

NEW PHYSICIAN IDENTIFICATION CARDS – Available in the Medical Staff Office

The new identification card is an all in one Proxy Card and ID. The card is programmed to allow you entry to all areas that physicians currently have access to with the old hard shelled proxy card. Please do not punch any additional holes in the new card as it will destroy the transmitting loop contained in the card. The old proxy card will continue to work if you want to retain it as a spare. After March 1, physicians will need the new card. Should you lose your card or desire a different photograph, contact the security office at 745-3443 during the day shift to make arrangements.
Disclosure Policy
The HRH Disclosure policy has been revised to provide more formal guidelines and support for associates and physicians for their communication with patients/families when a Significant Event may have occurred.

Events that require disclosure
Any unanticipated event that:

Causes Death
• Causes Disability
• Causes significant cognitive impairment
• Increased length of stay greater than 1 day
• Causes a major change in diagnosis or treatment
• Causes a life threatening situation
• Potential to cause congenital abnormality
• Has the likelihood to cause any of the above

For complete details see the Communication of Significant Events to Patients (Disclosure) policy that will soon be posted on the HUB under Administrative Policies and Procedures.

Drug Shortages
1. Amikacin Injection (currently have about 20 vials from secondary market)
2. Amino Acids Solution (OK with the conversion to Clinimix® solutions)
3. Bactrim® IV
4. Lipid (Fat) Emulsion (currently on allocation)
5. Nitroglycerin in Dextrose (Pre-mixed solutions only)
6. Norepinephrine Injection

There are a couple drugs that are used commonly throughout the hospital that are now unavailable or hard to get and this is causing concern. Levophed is no longer available. There is also concern for unavailability of Epinephrine and alternatives are being discussed.

A therapeutic interchange for proton pump inhibitor Dexlansoprazole (Dexilant®/ KapiDex has been approved with Pantoprazole (Protonix®) as the interchange agent.

An Automatic Therapeutic Interchange has also been approved for Onglyza with Januvia as the interchange agent

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<tr>
<th>PHYSICIAN PRESCRIBES</th>
<th>PHARMACY DISPENSES</th>
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<tr>
<td>Onglyza® (Saxagliptin) 2.5 mg PO Daily</td>
<td>Januvia® (Sitagliptin) 50 mg PO Daily</td>
</tr>
<tr>
<td>Onglyza® (Saxagliptin) 5 mg PO Daily</td>
<td>Januvia® (Sitagliptin) 100 mg PO Daily</td>
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Changes to the Hospital Formulary:

Addition –
1. Dabigatran (Pradaxa®) received FDA approval in October 2010 to reduce the risk of stroke and systemic embolism in patients with non-valvular atrial fibrillation. While adding Pradaxa to the formulary, the drug will not be available for several months.
2. Tranexamic acid (Lysteda®) to the HRH medication formulary for use in gynecological surgery and potential hemorrhagic bleeding.

Deletion
1. Warfarin Injection (Coumadin)
2. Paliperidone (Invega®); Fioricet with Codeine; Propoxyphene containing products – per FDA recommendation to stop prescribing and dispensing the drug will also be removed from order sets; Vicoprofen (Hydrocodone 7.5 mg + Ibuprofen 200 mg). Procainamide (Procanbid/Pronestyl injectable) has been removed from the code carts but will continue to be available through the pharmacy.

ISMP Medication Safety Alerts for Acute Care

APAP Still Number One. Acetaminophen holds the dubious honor of the “Most frequent primary suspect drug in overdose deaths”. Number 2? APAP with hydrocodone.

“TALL man” lettering update. ISMP has expanded its list of Drug Name Pairs with Tall Man lettering. Distinctions are made with the uppercase letters, bold font, and color font.

An on-line survey regarding the use of syringes, needles, multiple-dose vials, single-use vials and flush solutions showed some healthcare practitioners violate basic infection control practices by reusing, syringe and single dose vials, or using a common bag/bottle as a source of flushes and diluents for multiple patients.

Super glue isn’t forever. Fortunately, the effects of Super Glue to body parts (even eyelids) can be reversed with acetone, acetone-based nail polish remover or by just waiting 1-4 days.

Quarterly Action Agenda is not available for 4th Quarter 2010

Accredited chest pain center: There is a team meeting on a monthly basis who reports to a cardiovascular council that is working towards having a chest pain center at Hendricks Regional Health that is accredited by the Society for Chest Pain Centers. Quality is being reviewed monthly and the team is looking at processes to see how to improve and achieve 100% compliance with the CMS standards. Primary PCI is the goal for STEMI and to get the vessel open within 90 minutes or less. The clock starts when the patient arrives at HRH to balloon no matter where the procedure occurs. The team is working towards providing the best care we can provide without adding time or delays. An order set has been developed so that the least amount of time is used in preparing the patient for transport. The plan was to delete any steps that are not absolutely necessary. Things are to be done in order on the order set and the team is not to delay transfer for any part of it; While this process has been developed for the Emergency Department this could be implemented anywhere in the house if a STEMI develops. Training for the nursing staff will begin in February for Acute Coronary Syndrome so that everyone will know how to activate the process.

Time frame for a site survey for accreditation for the program has been set and the goal is to be ready for submission by March 1. From there it could be up to 90 days before they come on site. If accreditation is obtained, it would be good for three years.
Acute Coronary Syndrome – Best Practice Guidelines LINK
As part of the requirements for having an accredited Chest Pain Center at Hendricks Regional Health, we would like to offer all physicians a link to the latest guidelines from the American College of Cardiology/American Heart Association. The link will provide you with information related to Acute Coronary syndromes and other current releases for best practice and evidence-based medicine.

The link for the practice guidelines is http://my.americanheart.org/professionals/guidelines.jsp

If you would prefer printed copies of these guidelines, please contact Lori Shannon at 317-718-2434 or lshannon@caregroupcardiovascular.com

$49 Heart Scan Program Available

The hospital began offering a $49 heart scan program to the community on February 1, in conjunction with American Heart Month. The test takes about 15-20 minutes and is performed in a CT scanner; patients can expect their entire appointment to take about an hour. The test may be useful for patients that are male and over 35, or female over 40 with one or more of the following risk factors: borderline or high cholesterol, high blood pressure, smoker, family history of heart disease, have diabetes or are overweight. Patients can request a Heart Scan online or call (317) 718-8500.

ARE YOU PART OF THE PROBLEM????

ATTENTION ANYONE WHO DOCUMENTS IN THE MEDICAL RECORD

THE MEDICAL STAFF RULES AND REGULATIONS REQUIRE THAT ALL CHART ENTRIES (INCLUDING PROGRESS NOTES) HAVE TO BE DATED AND TIMED

AFTER MARCH 9, ANY UNTIMED ORDERS AND NOTES WILL BE FLAGGED FOR SIGNATURE AS A REMINDER OF THE IMPORTANCE OF THIS STEP.

AFTER MARCH 22, UNTIMED CHART ENTRIES WILL BECOME CHART DEFICIENCIES FOR COMPLETION EVEN AFTER DISCHARGE

HRH received a TYPE IV (the highest level) citation from HFAP during the surveyors’ visit because of noncompliance with Standard 10.01.05. We need your help to correct.

Next General Medical Staff Meeting - Tuesday, May 24