



Physician Connection

July/August 2010

Bronson Expands Cardiothoracic Surgery Program

Bronson Cardiothoracic Surgery is pleased to welcome Alphonse DeLucia III, MD, and Michael Halpin, MD. Dr. DeLucia is now the medical director of cardiothoracic surgery and specializes in adult cardiac and thoracic surgery with focus on complex and minimally invasive valve surgery, aortic surgery, valve repair, arrhythmia surgery and thoracic surgery. Dr. Halpin specializes in aortic valve surgery, coronary artery bypass surgery, surgery for arrhythmia, minimally invasive thoracic surgery, thoracic oncology and esophageal surgery. Openings available for new patient consults. The practice is located in Suite M-406 of the Medical Office Pavilion at Bronson Methodist Hospital, (269) 341-7333.



Alphonse DeLucia III, MD, (left) and Michael Halpin, MD, have joined Bronson Cardiothoracic Surgery.

Bronson Ranks in Nation's Top 5% for Emergency Care

A recent HealthGrades study names Bronson Methodist Hospital among the nation's best in emergency medicine. Of 4,907 hospitals reviewed, 255 made the grade; Bronson is the only one in southwest Michigan. The analysis of outcomes 2006-08 found survival rates are nearly 40 percent higher for Medicare patients admitted through the Emergency Department at a top performing hospital such as Bronson.



Alzheimer's Research Study

Nadeem Mirza, MD, of Bronson LakeView Psychiatry, is a member of The Alzheimer's Disease Cooperative Study (ADCS), and is involved in a new research study with Cornell University piloting a new treatment for Alzheimer's.



Nadeem Mirza, MD

An investigational intervention using naturally occurring antibodies in human blood has preserved the thinking abilities of a group of mild-to moderate-stage Alzheimer's patients over 18 months and significantly reduced the rate of atrophy (shrinkage) of their brains, according to a study performed at the New York-Presbyterian Hospital/ Weill Cornell Medical Center. These and other findings from the Phase II clinical trial of Gammagard Liquid and Gammagard S/D Immune Globulin Intravenous (Human) (IGIV) for Alzheimer's disease were presented at the American Academy of Neurology meeting in April. Patients receiving IGIV once or twice a

month for 18 months had significantly lower rates of ventricular enlargement (6.7% vs 12.7% per year) and less whole-brain atrophy (1.6% vs. 2.2% per year) than control subjects who initially received placebo. These findings were based on two independent analyses of brain-imaging data from 20 patients who underwent serial MRI scans during the Phase II study of IGIV and AD.

Dr. Mirza is currently enrolling subjects for the study. Questions can be referred to Dr. Mirza at (269) 657-1595.

i-Optimization Update

More than 150 Bronson employees and providers were actively engaged in recommending Epic as the preferred vendor for the Bronson system. Bronson will now complete the vendor due diligence process and review by the Board of Directors at its August meeting. Ken Buechele and Nancee Hofmeister have been named co-directors and will have shared responsibility for the staffing and implementation of this strategic initiative. Deployment is expected to span three years.

Discharge Module Replaces Med Recon Discharge Tool

On Tuesday, June 22, the Medication Reconciliation Discharge Tool on the Meds tab of Clinical Portal was replaced with the Bronson Discharge Module. To access this new module from Portal, you will be required to enter your Network username and password, not your Clinical Portal username and password. If you do not remember your password, please call the IT Support Center at (269) 341-6330 to have it reset. For more information about the new features of Med Recon, please review the Med Recon Online Simulation or the Med Recon Quick Reference Guide on the Physicians' intranet tab at <http://inside.bronsonhg.org>.

What is the HITECH Act?

The Health Information Technology for Economic and Clinical Health (HITECH) Act facilitates the adoption of a nationwide health information network and creates safeguards to protect personal information (PHI). HITECH includes stricter penalties for breaching patient privacy, and higher fines to covered providers (CP) and business associates (BA). CPs and BAs must now notify individuals when their unsecured PHI is breached and must investigate all incidents of inappropriate PHI disclosure. For questions, contact Chip Falahee, (269) 341-8907 or Chris Sangalli, (269) 341-8590.

Prediabetes Classes Offered for Adult Patients

Bronson Diabetes Education Center is offering a class for patients with pre-diabetes (a fasting blood glucose between 100-125). The class is designed to help patients make healthy lifestyle changes that will aid in the prevention of Type 2 Diabetes. Cost for the two-hour class is \$30. For information or to register call (269) 341-8585.

Pharmacy, Nutrition and Therapeutics Update (January through April 2010)

The following formulary changes were approved at the Medical Executive Committee meeting through April of 2010.

New Formulary Medications

Banzel (Rufinamide) — Lennox-Gastaut syndrome, common side effects include nausea, vomiting, dizziness, somnolence and headache.

Recombinant Thrombin — replaces bovine thrombin to achieve hemostasis during surgical cases.

Non Formulary Medications

(removed, or reviewed and not approved)

Victoza (Liraglutinide)

Savella (Milnaciprin)

Humalog 3ml vial (rapid acting insulin)

Bovine Thrombin (Thrombin JMI)

Brovana (formoterol) nebulized solution

Chlorpropamide (sulfonylurea)

Entereg (alvimopam)- removed after trial period showing no decreased length of stay in bowel resection patients

Formulary/Therapeutic Substitutions

- Renagel to Renvela (phosphate binding agent)
- Phenytoin to Fosphenytoin (when fosphenytoin is available)
- Pevnar 7 to Pevnar 13 (pediatric pneumococcal vaccine)
- Menactra to Menveo (meningococcal vaccine)
- Onglyzia to Januvia (dipeptidyl peptidase IV inhibitor, antidiabetic agent)
- Buffered aspirin to regular aspirin 325mg

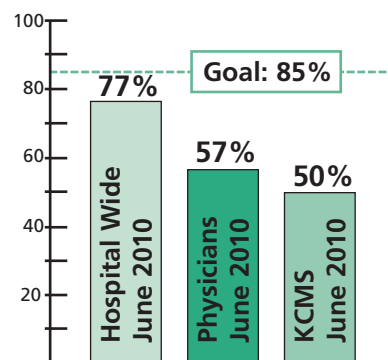
New Pharmacy/Nursing policy:

IVIg (IV Immune Globulin) administration (adult). This policy defines who gets a 10g test dose and how the IVIg rates are adjusted to more efficiently deliver this product to the patient.

Patient Safety

PNT took action first quarter of this year to minimize the use of Promethazine via IV route due to the risk of necrosis when the drug is extravasated. The risk of serious tissue damage increases when the drug is not properly diluted. Order sets from all departments were reviewed and prochlorperazine (Compazine) or ondansetron (Zofran) were substituted where appropriate. Promethazine is now the last choice for use on order sets where physician staff have voiced a desire to continue to offer it as a choice.

BMH June Hand Hygiene Compliance Short of Goal



CDC Campaign to Prevent Antimicrobial Resistance in Healthcare Settings: 12 Steps for Hospitalized Adults

Prevent infection:

1. Vaccinate (Influenza and pneumococcal vaccines)
2. Get the catheters out (Use urinary catheters only when essential, use proper insertion and care protocol, remove as soon as possible)

Diagnose and treat infection effectively:

3. Target the pathogen (Culture before treatment, target local pathogens, adjust therapy with susceptibility data)
4. Access the experts

Use antimicrobials wisely:

5. Practice antimicrobial control
6. Use local data (Know your local antibiogram)

7. Treat infection, not contamination (Important for blood cultures)
8. Treat infection, not colonization (Important for respiratory, IV line and urine cultures)
9. Know when to "say no to vanco"
10. Stop antimicrobial treatment (Use current recommended treatment course, stop when the infection is cured, stop if cultures are negative)

Prevent transmission:

11. Isolate the pathogen (Standard precautions for all patients, special precautions when necessary)
12. Break the chain of contagion (Wash your hands, stay home if you are sick)

http://www.cdc.gov/drugresistance/healthcare/ha/12steps_HA.htm

Five Moments for Hand Hygiene

1. Before touching a patient
2. Before performing a clean or aseptic procedure
3. After a blood or body fluid exposure
4. After touching a patient
5. After touching patient surroundings

World Health Organization

http://whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf

The Joint Commission's 2010 National Patient Safety Goal 7: Reducing the Risk of Healthcare-Associated Infections

The Joint Commission grades and accredits healthcare organizations using a set of performance standards. They also establish annual national patient safety goals (NPSG). In 2010 there are 15 goals that apply to hospitals. The seventh goal is to reduce the risk of healthcare-associated infections. A healthcare-associated infection is one that a patient acquires during treatment for another condition in a healthcare setting. This definition expands the definition of healthcare settings beyond the acute care hospital to include offices, clinics, ambulatory medicine centers, and long term care settings. Healthcare-associated infections are increasingly being recognized as unacceptable risks of being a patient, and The Joint Commission joins many other groups working to reduce their incidence. There are four strategies within this goal for 2010.

1. Comply with current hand hygiene guidelines
2. Prevent infections due to multi-drug-resistant organisms
3. Prevent central line-associated bloodstream infections
4. Prevent surgical site infections

The Joint Commission requires that we assess our risk and measure our performance for each of these types of risk. Bronson measures all these elements and has shown outstanding performance and outcomes in all of these measures for many years. Bronson does not need to collect new data or implement new programs because of low performance. The Joint Commission requires that physicians be educated about NPSG 7 during 2010 so we can all work toward the same goal. The Joint Commission also recommends that the patient and their family be educated about hand washing and about each type of infection if they have the infection or are at risk because of a procedure. There are national patient education materials for this (<http://www.shea-online.org/about/patientguides.cfm>) and we sometimes use Bronson-specific patient education materials.

1. Hand Hygiene

The most common way that infections are transmitted between patients is on the hands of healthcare personnel. Washing hands between patients is the single most effective way to prevent transmission. Bronson's hand hygiene program began in 2003 and has been developed to a high level. We meet The Joint

Commission standard by using the CDC (<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5116a1.htm>) and WHO (http://whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf) guidelines for our program. We measure hand hygiene compliance across our organization in a highly accurate way, we feed performance data back to the organization monthly, and we implement best practices to improve performance. We have worked hard at improving hand hygiene at Bronson, our performance is among the best of hospitals that measure it, and we have a low incidence of outbreaks or patient to patient transmission of infections as a result.

2. Multidrug-resistant organisms

Today's challenge in infectious diseases is not the emergence of new pathogens, but old pathogens acquiring resistance to the antibiotics we use to treat them. This problem is compounded by the lack of new antibiotics in the pharmaceutical development pipeline.

The term multidrug is somewhat misleading and includes several types of bad bugs. Microbiologists define multidrug resistance as resistance to three or more classes of antibiotics. It is not unusual to see pathogens like *Pseudomonas aeruginosa* that are resistant to all the antibiotics we normally test. Some organisms called multidrug resistant are resistant to only one class, but a very important class of antibiotics. Examples might be Vancomycin-resistant *Enterococcus faecium* (VRE) or Methicillin-resistant *Staphylococcus aureus* (MRSA). New strains of *Clostridium difficile* are put into the MDRO group not because they are antibiotic resistant but because they are more virulent and dangerous.

The CDC describes seven parts of a successful program to control MDROs in a hospital.

1. Administrative support
2. Education
3. Judicious use of antibiotics
4. Surveillance for MDRO infections
5. Infection control measures
6. Environmental measures
7. Decolonization of patients where appropriate

Bronson supports all these components. It is possible to prevent antibiotic resistance from occurring before it emerges. The CDC gives 12 tactics hospitals can use to prevent antibiotic resistance.

3. Central line-associated bloodstream infections

A central line is a vascular infusion device that terminates at or close to the heart or in one of the great vessels. Central lines can be portals of entry for infection directly into the bloodstream. Bronson hospital has always had a very low incidence of central line infections. We credit this to our use of a Vascular Access Specialist Team of specialized nurses who manage these patients. Reducing the risk of central line infections is possible by using a set of five best practices, called a bundle.

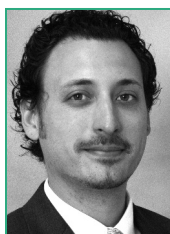
1. Educate all personnel involved in inserting and managing lines
2. Use a central line supply cart to ensure that you have everything you need during the procedure
3. Ask daily whether each catheter can be removed
4. Use an insertion checklist so you don't miss any steps (example; www.ahrq.gov/qual/clicklist.htm)
5. Empower staff to stop the procedure if guidelines are not followed

Additional recommendations include vein selection (avoid the femoral vein if possible), use of chlorhexidine as a skin antiseptic, and protocols for disinfecting the ports and hubs prior to access. We follow all these recommendations.

4. Surgical Site Infections

A surgical incision can also be a way for microorganisms to enter the body and cause an infection. We can reduce the risk of infection by using some simple steps before, during and after the procedure. We track our surgical infections and update our procedures to include best practices. We participate in three major programs to reduce the risk of infection and other complications; Keystone, SCIP and NSQIP, all of which look at our processes and outcomes. Examples of best practices include pre-operative glucose control and smoking cessation, proper antibiotic prophylaxis, skin disinfection and hair removal with clippers, and postoperative wound care, early ambulation, and pulmonary care.

Bronson Welcomes New Physicians



Bryan Corpus, MD

Bryan Corpus, MD, joins Bronson Referral Service (Peds Hospitalist) on July 19. He can be reached at 341-8986.



David Ding, MD

David Ding, MD, PhD joined Bronson Maternal-Fetal Medicine on July 1. He can be reached at 341-7887.



Zebi Naz, MD

Zebi Naz, MD, joins Bronson LakeView Family Care (Paw Paw) on August 2. She can be reached at 657-2550.



Saad Shebrain, MD

Saad Shebrain, MD joined MSU/KCMS General Surgery. He can be reached at 337-6230.



Sharon Skaletzky, MD

Sharon Skaletzky, MD, joins Bronson Referral Service on August 2. She can be reached at 341-8986.



Marilyn Terranella, MD

Marilyn Terranella, MD, joined Bronson Internal Medicine on July 5. She can be reached at 341-8400.



Matthew Zaccheo, DO

Matthew Zaccheo, DO, joins Bronson Adult Critical Care on August 2. He can be reached at 341-7762.

Dr. DeTolve Joins Bronson's Pediatric Referral Service



Geoffrey DeTolve, MD

Geoffrey DeTolve, MD, physician informaticist, has accepted a position with Bronson's Pediatric Referral Service (PRS). In this new role, Dr. DeTolve will lead the expansion of the PRS to provide hospitalist coverage for Bronson's Nursery. The Mother Baby Unit and Newborn nurseries care for more than 3,300 newborns annually. Given the growing number of babies born at Bronson from out of the county or who have no local pediatrician, the timing of this expanded coverage is welcomed. He assumes this new role beginning August 1.

Physician Connection is published monthly by Bronson Healthcare Group. If you have a topic you would like addressed in this publication, or would like to submit news about a Bronson medical staff member or his or her practice, please e-mail gowenj@bronsonhg.org or call Jodi Gowen at (269) 341-8603 or send your request to Practice Administration, 601 John Street, Box 57, Kalamazoo, Michigan 49007.

Joint Commission Mock Survey Opportunities

If You Sign It, Date and Time It

All entries into the medical record must be signed, dated and timed. This includes any clinical documentation, co-signatures, orders, discharge plans or post discharge follow-up. Timing establishes when an order was given, when an activity happened, or when an activity is to take place. Timing and dating entries are necessary for patient safety and quality of care. It establishes a baseline for future actions or assessments and establishes a timeline of events.

Labeling of Medications On and Off the Sterile Field

- Medications, medication containers (for example, syringes, medicine cups, basins,) or other solutions both on and off a sterile field are labeled even if there is only one medication being used.
- Labeling occurs when any medication or solution is transferred from the original packaging to another container to be used throughout the procedure.
- Labels include the drug name, strength, amount (if not apparent from the container,) expiration date when not used within 24 hours, and expiration time when expiration occurs in less than 24 hours.
- Prelabeling of the syringes or containers is not an acceptable practice. It is a practice that neglects basic safety principles and puts patients in harm's way.

Cashier Office Closing

The Bronson Cashier Office, located on the first floor of the BMH south campus, will close effective Friday, July 9 at 2 p.m. Patients may pay bills at any registration point or via the patient financial counselors. All other services, including deposits, Wesley Club, and small change can be handled directly with Finance. Contact Ronda Coats at (269) 341-8944 with questions.

Surgical Care Improvement Project Measures to reduce the risk of complications during surgery

1. Appropriate antibiotic prophylaxis
 - a. Received less than one hour prior to incision
 - b. Correct antibiotic
 - c. Discontinued within 24 hours after surgery
2. Glucose control
3. Appropriate hair removal
 - a. No shaving; use clipper or no hair removal
4. Normothermia
5. Appropriate beta blocker therapy
6. Venous thromboembolism prophylaxis

Mark Your Calendar

Medical Staff Meeting

Wednesday, September 2

Diabetes Seminar — "Weight Management Options to Prevent or Treat Type 2 Diabetes"

Wednesday, Nov. 3, 8 a.m. to 1:15 p.m.
FOUR FREE CONTACT HOURS. Call (269) 341-8585 for more information.