



Physician Connection

December 2011

Epic Go-Live Update

A big thank you and congratulations goes out to the providers and staff who have made the transition to Epic, Bronson's new electronic health record (EHR). Eight Bronson primary care practices and the professional billing department went LIVE on Epic, November 1, 2011.

A change of this scope requires teamwork and support from many sources. At-the-elbow support was provided by members of the Physician Advisory Team (PAT) as well as the Bronson i-Optimization department and Epic, our vendor partner from Verona, Wisconsin.

As we continue the schedule of going live in stages, there are many work flows and processes that will not change until all of Bronson is on Epic. For example, the process for ordering diagnostics such as lab and X-ray still requires a paper and/or faxed order. That process won't change until Go-Live 3, May 1, 2012, when Bronson Methodist Hospital and Bronson Vicksburg Outpatient Center start using Epic.

For more information, go online to inside.bronsonhg.org and click on the i-Optimization link on the left side.



Super User and trauma surgeon Jon Walsh, MD, works with Cheryl Sopala, MA, Amy Meert, LPN, and Bart Lewis, DO, at Bronson Family Practice Oshtemo during Go-Live 1.

Bronson Methodist Hospital Re-verified as Level I Trauma Center

Bronson Methodist Hospital has been re-verified as a Level I Trauma Center by the Committee on Trauma of the American College of Surgeons (ACS). Bronson has provided the highest level of care for critically injured patients since 1989, longer than any other hospital in southwest Michigan.



Physician Book Club Monday, January 23, 5:30-7 p.m., Park Club

The Immortal Life of Henrietta Lacks by Rebecca Skloot

Her name was Henrietta Lacks, but scientists know her as HeLa. She was a poor Southern tobacco farmer who worked the same land as her slave ancestors, yet her cells — taken without her knowledge — became one of the most important tools in medicine. HeLa cells were vital for developing the polio vaccine; uncovered secrets of cancer, viruses, and the atom bomb's effects; helped lead to important advances like in-vitro fertilization, cloning, and gene mapping.

Melissa Davidson, MD will lead the discussion. For more information, e-mail doctthought@bronsonhg.org.

Quarterly Medical Staff Meeting

**Wednesday, December 7, 7-8:30 a.m.
Bronson Gilmore Center Auditorium**

The WMU School of Medicine and the Future of Medical Education

Presented by **Hal B. Jenson, MD, MBA**
Founding Dean, WMU School of Medicine

Proposed Medical Staff Bylaw changes

will be recommended for vote at this meeting. The final draft is on the Physician intranet at <https://inside.bronsonhg.org> for your review. Please e-mail doctthought@bronsonhg.org with questions.

Tornado Warnings To Have Two Levels

Starting Sunday, January 1, Bronson Methodist Hospital will use two levels during a tornado warning.

Level 1: Doppler issued tornado warning
Level 2: Significant threat to Bronson

The different levels allow the hospital to clarify when to move critical patients, stop surgery and diagnostic procedures, and evacuate staff. Contact Lisa Hardesty at 341-6374 or hardestl@bronsonhg.org with questions.

Hepatitis B Immunization Now Recommended for Adults with Diabetes

On October 25, the CDC's Advisory Committee on Immunization Practices recommended that all adults under the age of 60 with clinical diabetes receive the three-dose hepatitis B vaccine series. Adults with diabetes have twice the risk of acquiring Hepatitis B as the non-diabetic population, and only about 17 percent of diabetic adults in the US have been immunized. Contact Richard Van Enk, PhD at vanenkr@bronsonhg.org or (269) 341-6317 or with questions.



Moves Planned for Ortho Surgical Unit and Neurovascular Units

Starting Monday, December 5, the Orthopedic Surgical Unit (OSU) and Neurovascular Unit (NVU) at BMH will be switching locations. The move provides an opportunity to expand and centralize care for the neuroscience team while allowing the OSU team to focus more specifically on the orthopedic patient population.

Logistics & Services

- NVU will move up to the third floor of the West Pavilion – rooms W350-W393. This includes the Neuro Monitoring Unit (NMU) and will include 12 rooms for neuro critical care, which will be completed in January. An opening date for this area has not yet been determined. Bronson is seeing more patients with head injury, stroke, spine and back issues. To accommodate this increasing demand and complexity, Bronson's neuroscience team will be able to provide care across the continuum in one location.
- The NMU, previously called the Epilepsy Monitoring Unit, will double in size from two rooms to four. As the only unit of its kind in southwest Michigan, there is a growing need to expand capacity for diagnostic monitoring for neurological conditions, especially epilepsy. Once the new unit opens, patients as young as age five through older adults will be evaluated.
- The OSU will move down to the first floor of the East Pavilion – rooms E102-E125. Previously, about 60 percent of OSU patients were orthopedic surgeries and 40 percent were medical. After the move, the majority of patients will be orthopedic. This will provide staff more opportunity to concentrate on this patient demographic.

Move Week

Patients admitted before December 5 will remain in the same room until discharge. Patients admitted after December 5 will be sent to OSU or NVU according to principal diagnosis. There will be some crossover initially. Nurses on both units have been cross trained to provide care for both patient types during the interim.

Contact Marla Atkinson (OSU), Josh Ruhrup (NVU), or Stephanie Bayma (NMU) with questions.

Ethical Issues with Confidentiality & Access to Clinical Information — Who Wants to Know?

Thursday, December 15, Noon-1 p.m. Gilmore Center Auditorium Lunch will be provided. RSVP to Nora Chaus at (269) 341-8599 or e-mail chausn@bronsonhg.org.

Improving Physician Communication with Patients

There are many actions physicians can take to increase the effectiveness of communication with patients. Consider the following:

Effectively manage first impressions

First impressions are made in the initial seconds of interaction and can last forever. In order to ensure that your first interaction with your patient and their loved ones is a positive one, you should knock before entering a room, make eye contact and smile, acknowledge the patient by name and wear professional attire including a name badge.

When talking to your patients, please sit down with them as this improves the efficiency of communication and increases the perceived length and quality of the interaction. By sitting with your patients you are bringing yourself down to their level which improves their overall perception of you and the care they are receiving.

Engage patients in two-way conversation

Two-way conversation is essential when it comes to successful communication with your patients. If patients feel engaged they will be more satisfied with their experience. Some ways you can initiate two-way conversations are:

- Start and finish with open ended questions. Begin sentences with "What/How" rather than "Do/Did."

The Extraordinary Exception

"My mother...was recently a patient on the orthopedic service. It was the common story — a fall and broken hip in an elderly patient, ensuing surgery, and then failure to thrive. I wanted you to know...about a doctor who made a powerful difference for not only Mom but for the entire family during those days.

We keep hearing that the world of healthcare is becoming less human — and perhaps that's true. Certainly, policies and protocols have made it more difficult for doctors to connect with patients in ways that were once common. Often, it's the "parts" which get treated — not the whole person....Dr. Manish Sharma was the extraordinary exception.

From the time Dr. Sharma entered the scene as a hospitalist, he was candid, kind, and patient. His compassion for Mom was clear — and it extended to the family as we navigated the difficult decision to place Mom in hospice. One moment will forever be with me. My father is also in

- Utilize teach-back methodology. This helps you to ensure that patients understand what you are saying about their care and increases reciprocity.
- Listen actively without interrupting. Silence can be engaging and doesn't generally harm the experience.
- Draw family members into the conversation. Family engagement will simultaneously improve quality of post-discharge compliance and overall satisfaction.
- Tie everything back into the plan of care. Use paper or the whiteboards in the room as well as treatment goals to keep patients engaged in the bigger picture of their care.

Foster an environment of team collaboration

Work collaboratively with the nursing staff and others on your care team as they are there to help! Simple ways to improve collaboration include notifying the nursing staff when you arrive on the unit and encouraging nurses to ask you questions. You may consider inviting the nurse to round on patients with you. Communication is the one component that really allows us to connect with our patients and families to ensure we are providing the best care possible.



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failing health, and Dr. Sharma had actually been involved at the time Dad underwent surgery for a brain tumor almost a year ago. Dr. Sharma was able to comfort Dad following the hospice decision in a way we couldn't. His hand on Dad's arm, he spoke solely to Dad, telling him that Mom would be able to rest, and that Dad had made the loving choice. It was a very human and precious moment, one from which we drew comfort in a painful time.

I know that Dr. Sharma isn't alone in that kind of humanity. It's just that we so seldom get to experience it so closely, and when it's needed so badly. His patients and their families are fortunate to be in his care."

Physician Connection is published monthly by Bronson Healthcare Group. To submit a topic or news about a Bronson medical staff member or his or her practice, e-mail bullardm@bronsonhg.org or call Maggie Bullard-Marshall at (269) 341-6614.