

# MEDICAL STAFF NEWS

Missouri Baptist Medical Center

JAN/FEB/MARCH 2005

BJC HealthCare<sup>SM</sup>



John Krettek, MD

## Message from the CMO — INFECTION CONTROL (Federal, State, JCAHO and BJC HealthCare Recommendations)

One of the Core Objectives at Missouri Baptist Medical Center is to "Improve Clinical Quality and Safety." A recent national survey of patient perceptions about the quality and safety of medical care in the United States indicates that:

- 55% are dissatisfied with the current quality of healthcare
- 40% feel that quality has deteriorated over the past five (5) years
- 48% are worried about the safety of their care
- 34% report that they or their families have been affected by a preventable medical error and 21% of those suffered serious consequences
- 72% faulted their physician and
- 11% of those filed malpractice lawsuits.

These are depressing statistics when you consider how much more difficult it has become to practice medicine in the past few years; declining reimbursements, increasing expenses – particularly professional liability premiums, greater regulatory and governmental requirements, more paperwork and heightened patient expectations.

Currently, physicians and hospitals are being monitored for compliance with national indicators of quality for Acute Myocardial Infarction, Congestive Heart Failure and Community-Acquired Pneumonia. Additional measures for CABG, Hip and Knee Replacements and other conditions are being monitored in 277 hospitals throughout the country in the Premier project.

The next iteration of this compilation of data will be "Pay for Performance," in which hospitals and individual providers will be reimbursed based on demonstration of their quality of care as indicated by compliance with multiple indicators across multiple disease states. Physicians in our own local market have experienced this "selection" process based on compliance with quality indicators and cost per case parameters with the recent introduction of the UHC Performance Physician profiling.

To address these issues, change is necessary. We must change in the way that we work and deliver care. We must strive to ensure the quality and improve the safety of the care that we deliver. Change is not easy, but we must improve the systems in which we work.

It has been 14 years since the publication of the Harvard Medical Practice Study in which Lucian Leape, MD, identified the alarming frequency of medical errors and the consequent mortality in hospitals. It has been more than five years since the publication of the Institute of Medicine's study: *To Err is Human*, in which the yearly deaths from medical errors were likened to the crash of a jumbo jet every day for a year. Progress has been made, ever so slowly, in the intervening period.

At MBMC, we have established a "culture of safety" in which it is everyone's responsibility to participate in the process of identifying errors that can lead to improved systems of care. Physicians are not used to thinking in terms of improving systems to improve care, since we were trained at a time when intellect, skill and long, hard hours were the currency of quality. This is reinforced by the current legal system, in which individual culpability is the touchstone of malpractice law.

Nevertheless, in a "just" culture, blame is not focused on individual action unless it is intentional or reckless. When errors occur, the system and its processes must be redesigned to reduce the likelihood of recurrence. Error is defined as the failure of a planned action to be completed as intended (error of execution) or the use of a wrong plan to achieve an aim (error of planning).

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## MESSAGE FROM THE CMO (cont.)

Many opportunities exist on a daily basis. We can't fix what we don't know about, so all are encouraged to report. The easiest mechanism to report is the Safety Hotline at 996-5350. This is an answering machine that allows anonymous reporting. The reports are analyzed daily and action plans defined.

Missouri Baptist Medical Center is committed to improving the quality and safety of care that will distinguish us in the market. The benefit to physicians who practice at MBMC will be that patients will come to recognize that their care is the best possible -- extraordinary care from exceptional people.

In the next few months, I will address each of the Indicator Initiatives and the National Patient Safety Goals to outline a framework for our improvement efforts. An overarching theme is COMMUNICATION, since in most error and adverse event situations there was a failure of communication.

During the last few weeks, there have been some major changes initiated in which we request your participation:

**Feb. 22** -- The Go-live of housewide electronic documentation of Vital signs, I&O, as well as lab results. The future of healthcare documentation is a paperless record, and I will cover the rationale in the next issue. This is a necessary change to improve access and patient safety. Providing access to electronic medical records, including digitized medical images and lab results can improve patient safety by ensuring that the latest diagnostic test results and patient medical and medication history are available to authorized caregivers.

**Feb. 22** -- Implementation of a new Fall Reduction program to reduce patient falls, and falls with serious injury at MBMC. There are currently 500 falls per year. Assessment and reassessment by nursing staff and implementation of patient specific interventions should allow us to decrease this risk. A fall in the hospital is truly an adverse event, which is defined as: an injury resulting from medical occurrence that is not due to the underlying condition of the patient. The new visual element will be a stoplight (to stop falls) rather than the leaf that you have come to know and love.

**March** -- Implementation of the PACS (Picture Archiving and Communication System) in Radiology. This is the first step to be able to view radiographic images in Clinical Desktop from any location with access.

Finally, I would like to congratulate all of the medical staff on their compliance with the JCAHO's "Do Not Use Abbreviation" list. With the exception of the < and >, which are to be replaced this month with TIW and QN, most are down near the 10% level.

*John E. Krettek, MD, PhD*

## Doctors' Day Celebration —

In recognition of the deep appreciation for and support of the medical staff at MBMC, the medical staff is invited to enjoy a special chef-prepared luncheon on Wednesday, March 30. The special luncheon will be served 10 a.m.-1:30 p.m. in the Doctors' Dining Room and Doctors' Lounge. For more information, please call Physician Services, 314-996-5544. We hope to see you there, and thank you for all that you do every day!

## Happy Anniversary, Heart Program —

A happy 20th anniversary of service to the cardiologists, cardiovascular surgeons, electrophysiologists, anesthesiologists, nurses, perfusionists, techs and staff who comprise the MBMC Cardiac & Vascular Center, which is celebrating its 20th year of providing the highest quality care for patients with cardiovascular disease.

## Quarterly Staff Meetings —

The remaining 2005 quarterly medical staff meetings will take place at 7:30 a.m. on April 11, July 11 and Oct. 10 in the MBMC auditorium. Mark your calendars now!

## Endovascular Surgery Suite Opens —

Thanks to diligence of a number of dedicated people, including **Brent Allen, MD; Mark Ludwig, MD, and Ricardo Rao, MD**, MBMC now has a state-of-the-art suite in which the newest endovascular procedures, as well as EndoLuminal Abdominal Aortic Aneurysm repairs, can be performed.

The suite features a floor-mounted, fully radiographic operating room bed, a ceiling-mounted C-arm, and custom-made cabinets for storage of angiographic wires, balloons, stents, etc. It also has a control area located behind lead glass, which is where the radiology technologists monitor and process the images during and after surgery. The images are then transferred onto discs, which can be sent to the surgeon's offices for review.

For more information, please contact, **Linda Burgdorf, RN**, the MBMC vascular surgery coordinator, 996-5133 or [lab4783@bjc.org](mailto:lab4783@bjc.org).

## Campus Plan Update —

The final hurdle to the strategic campus plan was cleared on Feb. 28, when the Town & Country Board of Aldermen approved the project. Preparations are being made to break ground later this month for the Phase 1 building (near the East Entrance of the hospital), which will be commemorated with a ground-breaking ceremony in late April. A communications board outside Mayfield's Café on the hospital ground floor will provide continual progress updates.

## A Great Place to Work —

As you may have heard, MBMC was chosen by St. Louis Magazine as one of the great places to work in St. Louis. The selections, which were published in the magazine's March 2005 edition, were based on information provided by a survey and comments submitted by employees. To see the MBMC profile, turn to page 50... and congratulations for being part of a great team at one of the greatest places to work in St. Louis!

**Welcome to the Team! —** The following practitioners joined the MBMC medical staff in October 2004 - January 2005:

**Banke Agarwal, MD - gastroenterology**  
**Irfan Agha, MD - nephrology**  
**Michael Andritsos, MD - anesthesia/OB**  
**Michael Boedefeld, MD - cardiac anesthesia**  
**Jaime Boero, MD - neurology**  
**John Bomalaski, MD - gynecologic oncology**  
**Lukasz Curylo, MD - orthopedic surgery**  
**Max David, MD - infectious disease**  
**Kush Dholakia, MD - critical care medicine**  
**Carter Fenton, DO - emergency medicine**  
**Susan Foerster, MD - pediatric cardiology/WU**  
**Shanon Forseter, MD - OB/GYN (house staff)**  
**Denish Gangasingh, MD - anesthesia**  
**Daniel Gillen, MD - anesthesia/OB**  
**Matthew Gimpert, MD - internal medicine**  
**Omar Guerra, MD - general surgery**  
**Robert Hagan, MD - plastic surgery**  
**Rajiv Handa, MD - cardiovascular disease**  
**Omokhaye Higo, MD - critical care medicine**  
**Kimberly LeMoine, MD - OB/GYN**  
**Jennifer McDonald, DO - OB/GYN**  
**Martynn Nunez, MD - OB/GYN**  
**John Park, MD - otolaryngology**  
**Christopher Pinderski, MD - emergency medicine**  
**Hany Salama, MD - internet medicine**  
**Stacie Stanfield, DO - internal medicine**  
**Frank Thomas, MD - orthopedic surgery**

## News From the Lab —

Please note that the MBMC core lab is now performing the following five new tests:

• **Ionized Calcium** - the unit of measure for this test is mmol/L. (When the test was a send-out test, the units of measure were mg/dL.)

*Normal range: 0D-999Y = 1.10-1.32 mmol/L*

*Critical/alert value = < 0.8 mmol/L or > 1.62mmol/L*

Specimens can be drawn by calling the respiratory department beeper at 490-9511. W/B arterial or venous blood gas lithium heparin syringe or red top tube (serum). The specimen is to be kept on ice after it's been collected.

• **Rheumatoid Factor Quantitative**

*Specimen: Serum*

*Available: 7 days/week on DAY SHIFT ONLY*

*Reference range: <20 IU/mL*

This test provides better sensitivity than current latex agglutination testing and semi-quantification using titer interpretation.

• **Haptoglobin**

*Specimen: Serum*

*Available: 7 days/week on DAY SHIFT ONLY*

*Reference range: 36-195 mg/dL*

• **Prealbumin**

*Specimen: Lithium hep. Plasma (Serum is acceptable)*

*Available: 24/7 -- STAT eligible*

*Reference range: 18-38 mg/dL*

• **CRPH (high-sensitive C-reactive protein)**

*Specimen: Lithium hep. Plasma (Serum is acceptable)*

*Available: 24/7 -- STAT eligible*

*\*Reference range:*

<b>CRPH result</b>	<b>Interpretation</b>
< 1.0 mg/L	low risk
1.0 - 3.0 mg/L	average risk
3.1 - 10.0 mg/L	high risk
> 10.0 mg/L	persistent elevations may represent non-cardiovascular inflammation

*\*Cardiovascular risk according to AHA/CDC guidelines*

For more information, contact **Keith Langford**, supervisor, MBMC core lab, 996-4767 or [kxl6966@bjc.org](mailto:kxl6966@bjc.org).

## PACS Is on Its Way —

The Radiology department currently is conducting training and testing in preparation for implementing PACS (Picture Archival and Communication System), a new way to store and distribute digital radiographic images to radiologists and other selected areas of the hospital for interpretation, diagnosis and treatment. The system includes diagnostic stations that are identified by a dual-monitor set-up and will allow for diagnosis as well as viewing - these stations will be located in Radiology, ED, CVR and ICU. MBMC Images will also be available, only for viewing, via Clinical Desktop (ClinDesk) on any of the many computers located throughout the hospital and remotely in physician offices. For more information, please contact Tina Adler at 996-5832 or e-mail [mbdoc@bjc.org](mailto:mbdoc@bjc.org).

## MBMC Meet the Docs —

*This continuing feature highlights some of the MBMC employed physicians and private physicians whose offices are located on the MBMC campus.*

### Denish Gangasingh, MD



Dr. Gangasingh, an anesthesiologist, joins MBMC after working as a staff anesthesiologist at DePaul Hospital in St. Louis. He earned his medical degree from the University of Michigan Medical School in Ann Arbor. Dr. Gangasingh completed an internship at Montefiore Medical Center in New York, and a residency in anesthesiology at Loyola University Medical Center outside Chicago.

### Omar Guerra, MD



Dr. Guerra, a general surgeon, joins the MBMC medical staff after completing a general surgery residency at Saint Louis University Health Sciences Center, where he was serving as chief administrative resident. He also completed a surgery internship and earned his medical degree from Universidad Central del Caribe, Bayamon, Puerto Rico. Dr. Guerra is a member of the Alpha Omega Alpha Honor Medical Society.

### Teresa Knight, MD



Dr. Knight, a board-certified OB/GYN in solo practice, joins the MBMC medical staff after completing a residency at St. John's Mercy Medical Center. She earned her medical degree from Saint Louis University School of Medicine, as well as a Master's degree in Anatomy and Neurobiology. Dr. Knight is a member of the American College of Obstetricians and Gynecologists, the St. Louis Metropolitan Medical Society and the American Medical Association.

### John Park, MD



Dr. Park, an otolaryngologist, joins the MBMC medical staff from his previous practice in Alton, Ill. He earned his medical degree from Washington University School of Medicine, as well as an internship in general surgery and a residency in the department of otolaryngology/head and neck surgery. Dr. Park, who treats pediatric and adult patients with special interests in allergy, sinus disorders and sleep apnea, is a member of the American Academy of Otolaryngology/Head & Neck Surgery, the American Academy of Otolaryngic Allergy, and the American Rhinological Association.

### Matthew Spellman, MD



Dr. Spellman, a urologist, joins the MBMC medical staff after completing the second of two urology residencies at the University of Nebraska Medical Center in Omaha. He earned his medical degree from the University of Iowa College of Medicine in Iowa City after completing his undergraduate degree from the University of Notre Dame.

### Maria "Gigi" Maminta-Streiff, MD



Dr. Streiff, an Ob/Gyn, recently moved to the MBMC campus from her practice at Clayton Heights Ob-Gyn, Inc. Dr. Streiff received her medical degree at Cebu Doctors College of Medicine in Cebu City, Philippines. She completed an internship at Deaconess Hospital and a residency at St. Louis University Hospital. She is board-certified by the American Board of Obstetrics and Gynecology.

### Documentation Tips from HIM —

The Health Information Management department continues to share documentation tips in Medical Staff News.

- When possible, state if any conditions are manifestations of existing conditions - e.g., CRF secondary to DM or CRF due to HTN. It is understood that this is not always possible and the etiology of some conditions can be unknown.

**Submissions Encouraged!** — If you have any suggestions or submissions for Medical Staff News, please call **Jeff Waldman**, communications/media relations manager, 314-996-7572, FAX the information to 314-996-7577, or e-mail the information to [JRW1712@bjc.org](mailto:JRW1712@bjc.org).