TRIPLE TREAT

September is your last opportunity to attend a General Staff meeting this staff year. You can attend one meeting at any of the hospital campuses. Methodist Mansfield is offering CME prior to its business meeting. Meetings will be held:

- Methodist Mansfield – Wed, Sept 3, 5:30 pm CME, 6:30 pm Business Meeting
- Methodist Dallas – Mon, Sept 8, 6 pm
- Methodist Charlton–Mon, Sept 15, 6:00 pm

Here are a couple of agenda items you might be interested in:

1. Active status members will be asked to vote on a Bylaws proposal to reduce the required number of General Medical Staff meetings held from four per year to at least two (the 50% meeting attendance requirement will not change). If this proposal passes, on an annual basis, each facility Medical Staff President and Executive Committee will determine how many General Staff meetings will be held each year.

2. At the Methodist Charlton and Methodist Dallas meetings, Pam McNutt, Senior Vice-President, is scheduled to make a brief presentation on how recent CMS regulations will affect your office computer systems.

PASSING THE BATON

You won’t see any dropped batons in the Methodist zone. The Succession & Leadership Committee and your medical staff officers have been practicing for this handoff. Beginning October 1, a new slate of officers picks up the baton and will bring their own vision to their roles.

We’d like to express our appreciation to the officers and department chairs who led the Methodist Charlton medical staff this year. It takes considerable effort and time to serve in these positions.

Thank you –

Medical Staff Officers
President—Nicholaos Bellos, MD
President-Elect—Allan Van Horn, MD
Past President–Janardhan Konda, MD
Secretary—Calvin Dixon, MD

Congratulations to the following physicians who received GREAT nominations recently:

Dr. D. Kirk Brown  Dr. F. Thomas Dean  Dr. Ronald Dotson
Dr. Deshawndranique Gray  Dr. Ashmead Ali  All the Doctors in the ER

Department Chairs
Anesthesiology—Randy Walker, MD
Emergency Med - Robert Simonson, DO
Family Medicine - Laquita Shepherd, MD
Medicine — Tammie Rogers, MD
Ob/Gyn — Lisa King, MD
Pathology — Randy Lester, MD
Pediatrics — Ashmead Ali, MD
Radiology - J. Leber Beall, MD
Surgery — Kevin Niblett, MD

Methodist Charlton Doctors in the News:

- Dr. Augustine Attia: Interviewed on Fox 4 Insights show August 17, 2008 show raising the awareness of sarcoidosis after the recent death of Bernie Mac.
- Dr. Nicholas Bellos: Interviewed by Fox 4 News July 31, 2008 for a story on the rise of HIV cases in the Hispanic community.
- Dr. Lewis Pincus: Interviewed on weight loss management issues by NBC5 Today Show Aug. 2, 2008.
THE PIPELINE…PART III
Survey Ready Every Day

The Pipeline is essential information you need to be familiar with should you talk with a Joint Commission surveyor. We expect an unannounced survey this fall.

You’ve just finished rounding on your last patient, you’ve finished charting and you’re headed back to the office. Suddenly you see a group of people walking your way down the hall. All of them look VERY SERIOUS. Then you remember, “We’re having a Joint Commission survey.” You start to go for your cell phone, thinking that will get you off the hook, but it’s no good. The stranger introduces himself as the surveyor and asks if you have time for a few questions. You say, “Certainly!” He says,

“How is peer review done in your hospital?” Wrong answer: “Do they still do that?” Right answer: “The medical staff has certain indicators. Some of these are specified by groups such as CMS and Joint Commission, but some indicators are picked by each department. Indicators can change from time to time. Cases are screened against these indicators and then reviewed by unbiased physicians in the department. Outside reviews can also be performed. Information is summarized and tracked over time, including whether any points are assigned. If 8 points are accumulated during a reappointment cycle or any one case is assigned 3 points, a focused review (FPPE) or a QI plan can be requested.” The surveyor nods his head, and you notice that the QA Director relaxes a little. The surveyor is impressed and comes back at you with another question:

“What’s the reason for prohibited abbreviations?” Wrong answer: “To slow me down.” Right answer: “To improve patient safety by avoiding misunderstandings from similar appearing or incorrectly written abbreviations.” The surveyor nods again, makes a note on his clipboard, and says:

“Doctor, you’re a surgeon. Tell me how you do time-outs in the OR.” Wrong answer: “We don’t usually do that, we just say we do.” Right answer: “We always stop before the procedure begins, verify we have the right patient; that the site has been marked, and we’re performing the correct procedure, with the right equipment.”

“Can you tell me something you’ve done to improve patient safety here?” Wrong answer: “That’s not my job; the Safety Committee is in charge of that.” Right answer: “Oh, we’ve done a lot – time-outs, prohibited abbreviations, readback on phone orders, and handwashing as a red rule – I could go on…” But the surveyor checks his watch and says, “You know, I think we’re due for another tracer review, thanks for your time!” Everyone smiles and you’re on your way again.