

Winter 2022-23

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METHODIST HEALTH SYSTEM MEDICAL STAFF NEWS



How providers can RISE with us on High Reliability journey



Martin L. Koonsman,
MD, FACS, CPE
Chief Medical Officer

As many of you are aware, we have embarked on our journey to become a High Reliability Organization (HRO) and have partnered with Press Ganey to help lead us in this endeavor.

At Methodist, we call this journey to **zero preventable patient harm RISE**.

Research shows that medical staff leaders who consistently follow the **five principles of High Reliability** have shown an unequaled impact on hospital morale through their considerable influence on all hospital staff.

The Five Characteristics of High Reliability set forth by Karl Weick and Kathleen Sutcliff are so well known that many HRO practitioners perceive them as the only characteristics of high reliability organizations.

The first three of these characteristics allow systems to anticipate failures and thus avoid their attendant harms. The final two characteristics help organizations contain failures once they occur.

The Five Characteristics of High Reliability are explained below.



Your engagement in pursuing High Reliability also has a profound impact on long-term hospital culture and how we sustain improvements requires your physician support.

We will soon be communicating with the Medical Staff about the training in Relationships and Reliability that you will be receiving in the form of an online module, taught by Dr. Michael Finch, Chief Medical Officer of Methodist Charlton and Chair of the Quality Review Committee of the Board.

This module will be available in the **Physician Portal** and will grant you 1 CME Hour upon completion. Please be on the lookout for additional communication soon regarding the availability of this training module and CME opportunity.

Pre-occupation with Failure	HRO's are preoccupied with failure and constantly looking for its early signs.
Reluctance to Simplify Operations	HRO's are resistant to simple, easy, or noncritical interpretations of failure.
Sensitivity to Operations	HRO's are sensitive to operational reality—that is, these organizations maintain dynamic, nonlinear systems so that leaders can provide direct oversight and adjust to unpredicted interactions.
Commitment to Resilience	HRO's are committed to resilience, focused on preserving function even during high-demand periods and after failures have occurred, and on learning and growing after harm or injury events and near misses
Deference to Expertise	HRO's are deferential to expertise, seeking experts with knowledge and experience, regardless of rank or status.



Clapper, C., Merlino, J., & Carole, S. (2019). *Zero Harm: How to Achieve Patient and Workforce Safety in Healthcare*. New York: McGraw-Hill Education.

Built for Success



Methodist Charlton

New ED will offer high-quality care to 70,000 a year

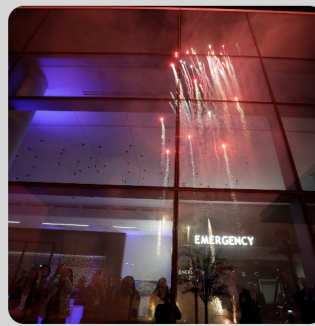
February 6 marked a momentous occasion for Methodist Charlton Medical Center and the larger health system. The hospital's new Emergency Department held its grand opening, and Methodist Health System leaders joined hospital administrators and staff for a celebration.

Community members and local leaders also got their first look at the newly expanded Emergency Department, a 40,000-square-foot facility that represents a \$71 million investment in the city's southern sector and surrounding Best Southwest cities of Cedar Hill, DeSoto, Duncanville, and Lancaster.

A ribbon-cutting ceremony was punctuated by a fireworks show that lit up the sky above the Level III Trauma Center on Wheatland Road, one of only two full-service Dallas hospitals serving patients south of the Trinity River.

"Methodist Health System continues to grow in every direction," said James C. Scoggin, Jr., Chief Executive Officer, Methodist Health System, which has begun work on a new hospital 50 miles north in Celina. "But our roots remain here in southern Dallas County."

The 19-month construction project would not have been possible without the efforts of minority- and women-owned contractors, whose employees represented 48% of the 1,400-member workforce.



"Fifteen minority business enterprises, and 11 women business enterprises helped create this phenomenal Emergency Department," said Pam Stoyanoff, President and Chief Operating Officer, Methodist Health System. "I don't think they could have created a more beautiful space to improve and save lives."

Methodist's board approved the new Emergency Department in the summer of 2020, at the height of the pandemic, and its grand opening coincides with Methodist Charlton's 50th year serving the community.

In that time, southern Dallas County and the Best Southwest communities have grown tremendously — and so, too, have the healthcare needs of the 70,000 patients who pass through the ED's doors each year.

"Patients are not just numbers to us. They are mothers and fathers and sisters and brothers," said Fran Laukaitis, President, Methodist Charlton. "Our patients are the reason we all come to work every day."



Methodist Celina

Work begins in Collin County on Methodist's 13th hospital

Methodist Health System has begun construction on its newest hospital, a five-story, 200,000-square-foot hospital that will rise from the prairie in northern Collin County to serve the growing town of Celina and its surrounding communities.

Methodist Celina Medical Center will open in 2025 on 46 acres beside the Dallas North Tollway and FM428, three miles from Main Street Celina and about 40 miles north of Methodist's flagship campus in Dallas.

"Though our deepest roots are in the city of Dallas' southern sector, we are committed to growth — when it is for the right reasons," said **James C. Scoggin, Jr.**, Chief Executive Officer, Methodist Health System. "And as we look at the Boomtown of Celina and the need for a major medical facility, these are just two of many reasons we are so excited."

The hospital represents a \$200 million investment in Celina, whose population has nearly tripled since 2010.

"I know that we're surrounded by fields right now, but just wait," said Pam Stoyanoff, President and Chief Operating Officer, Methodist Health System. "In two years' time, that will change and a new, beautiful, technologically efficient hospital will open, with a stellar and dedicated team of physicians, nurses, and support staff."

Nicknamed Roller Town at the turn of the 20th century, Celina remains on a roll over a century later. It's been named the fastest-growing city in North Texas, and its population has been projected to zoom past 150,000 within the next decade.

Methodist Southlake

Fully expanded ED makes its debut

The final phase of Methodist Southlake's fully expanded Emergency Department opened this winter, giving the community a close-to-home option for critical care.

The upgraded space features 12 beds and gives patients access to new capabilities, including nuclear medicine, a resuscitation bay, and enhanced cardiac monitoring.

"The emergency department acts as our front door," says Methodist Southlake President Benson Chacko, FACHE, "and we are excited to serve our community with these new services."



Tried and Trusted

Methodist Richardson

Methodist Richardson earns top marks as stroke center

DNV Healthcare, a hospital accreditation organization, certified Methodist Richardson as a comprehensive stroke center, recognizing that the hospital is able to care for the most complex stroke cases.

Since achieving this designation in September 2022, Methodist Richardson has accepted a number of complex cases, including five thrombectomies, four coilings, four procedures involving liquid embolic agents (Onyx), two spinal embolizations, one carotid angioplasty with stent, and three procedures using aneurysm flow diverters (Pipeline).



Transplant program reaches 'impressive' new heights

In 2022, Methodist Dallas' transplant program performed the most kidney transplants since the late 1980s.

A total of 153 kidney transplants were performed last year, including 16 living donor transplants. The overall number of kidney transplants is up by 28 compared to the previous year.

"Our 2022 numbers are extremely impressive. Our continued improvement is a direct reflection of the effort and passion the transplant team puts forth every single day," says **Alejandro Mejia, MD, FACS**, Executive Director of Organ Transplantation at the hospital.



Methodist Charlton

Hospital earns high scores for patient experience

Methodist Charlton leaders held an award ceremony on January 19 to recognize multiple hospital units for their high patient experience scores.

Chief Operating Officer and President Pam Stoyanoff, MBA, CPA, FACHE; SVP and Chief Human Resources Officer Cheryl Flynn, SPHR; and VP of Organization Effectiveness and Patient Experience Steve Maffei joined Methodist Charlton President Fran Laukaitis, RN, BSN, MHA, FACHE, present awards to staff.

Top decile scorers:

- **Cath Lab** - 98th percentile | **Mammography** - 97th
- **Outpatient CT Scan** - 97th | **Oncology** - 96th
- **Outpatient Lab** - 95th percentile

Top quartile scorers:

- **Cardiology** - 85th percentile | **Pulmonology** - 81st
- **Nuclear Medicine** - 79th percentile | **ICU** - 78th percentile
- **A6** - 77th percentile



Methodist Richardson

Nursing team maintains standard of excellence

Methodist Richardson is proud to announce that it has once again been honored for nursing excellence. The hospital earned redesignation as a Magnet® organization from the American Nurses Credentialing Center (ANCC). Methodist Richardson first achieved Magnet status in 2016 — an honor held by fewer than 9% of U.S. hospitals, according to the ANCC.

A Magnet designation affirms our organization's dedication to a culture of excellence that improves processes and patient outcomes. ANCC continually raises the bar, so the hospital is pleased that its standards meet their expectations.

Equipped to Care

Methodist Mansfield

Joint replacement patients gain new OrthoCare option

A new VOX program at Methodist Mansfield will help orthopedic patients with their recovery by allowing them to engage more fully with their care plan through the VOX website.

VOX OrthoCare coordinates the physician's care instructions with an easy-to-navigate online program that guides and tracks patients from diagnosis to recovery, explains **Shane Seroyer, MD**, orthopedic surgeon on the hospital's medical staff.

Patients undergoing major joint replacement surgery will receive information and videos in advance of their scheduled appointment to gain a better understanding of the procedure.

They will be able to log in to VOX OrthoCare through an online portal 30 days before their surgery, and it will provide task checklists and reminders. The care team is alerted when patient compliance and readiness for surgery are in question or when post-surgery complications are a concern.

Methodist Richardson

\$400K investment boosts GI services

Methodist Richardson's gastrointestinal program recently expanded to include complex specialty procedures. The GI team spent a day training on the Apollo endosurgery truck with **Abdul El Chafic, MD, FASGE, FACG**, a new gastroenterologist on staff at Methodist Richardson.

The service line expansion included an almost \$400,000 capital investment. These new procedures include:

- Endoscopic ultrasound (EUS) for
 - Endoscopic pancreatic necrosectomy
 - EUS guided choledochoduodenostomy (EUS-CD)
 - EUS guided gastrojejunostomy (EUS-GJ)
 - Endoscopic Ultrasound Directed transGastric ERCP (EDGE)
- Endoscopic full-thickness resection (EFTR)
- Endoscopic submucosal dissection (ESD)
- Endoscopic suturing for
 - GI fistulas and leak repair
 - GI perforation repair
 - Transoral outlet reduction (TORe)
 - Stents fixation
- Endoscopic Retrograde Cholangiopancreatography (ERCP) for
 - Rendezvous
 - Altered anatomy
 - Cholangioscopy



Following surgery, patients and their families will receive instructions to help their recovery, alerts to ensure compliance, and progress reports to keep them on track. Patients can also message their providers to ask questions and confidentially receive answers about their care.

"The OrthoCare program builds on our established best practices and strengthens communication to ensure our patients truly have the highest quality of care before, during, and after the procedure," Dr. Seroyer says.



Medical Milestones



Methodist Charlton

Minimally invasive spinal fusion is a first for hospital

Spine surgery is traditionally performed from the back, but a new technique recently added to Methodist Charlton's neurological service line requires smaller incisions, takes less time, and carries a lower risk of damaging nerves.

Last summer, Erin Sutton became the first patient to undergo extreme lateral interbody fusion (XLIF) at Methodist Charlton. She was up and walking the very same day and went home just 18 hours later. And after six to 12 weeks of recovery, Erin returned to her daily routine with a renewed appreciation.

With XLIF, patients are positioned on their side, so surgeons can access the spine laterally. It requires smaller incisions, takes less time, and carries a lower risk of damaging nerves.

"The only posterior access needed are two very small incisions to place anchoring screws for the fused disks," said **Randall Graham**, MD, neurosurgeon on the medical staff at Methodist Charlton.

Read more about this patient's experience at [Shine Online](#).



Methodist Southlake

New thoracic procedure advances patient care

In late December, James Anderson, MD, cardiothoracic surgeon on the medical staff at Methodist Southlake, performed the hospital's first video-assisted thoracoscopic surgery (VATS) on Colleyville patient John Jackson.

John had unknowingly been suffering from pneumonia for weeks before his condition escalated and he was brought to Methodist Southlake on Christmas Eve.

Unlike traditional thoracic surgery, which necessitates a big incision along the chest and spreading the ribcage, VATS is a minimally invasive procedure that only requires two to three half-inch incisions. Using a scope and monitor, Dr. Anderson was able to guide his instruments between the ribs to drain the fluid.

"With this kind of approach, there is a lot less discomfort, a shorter hospital stay, and a faster return to work," Dr. Anderson explains. "John left the hospital after two days."

Read more about this patient's experience at [Shine Online](#).

Names in the News

Methodist Midlothian

New quality director joins Midlothian's team

Elizabeth "Pepe" Greenlee, DHA, MSD, BSN, RN, CPHQ, LSSGB, recently joined Methodist Midlothian as its new director of quality. Greenlee fills an important role in developing strategic plans and processes for improved quality.

Greenlee has more than 38 years of healthcare experience and previously worked as the director of clinical effectiveness at Memorial Hermann. She covered three hospitals, focusing on patient safety initiatives, quality, infection prevention, regulatory compliance, and survey readiness. She has also served as a disease-specific reviewer for The Joint Commission for the past 19 years.

"It is my pleasure to join the Methodist Midlothian team. I am looking forward to the RISE journey and to help ensure we provide safe quality care to the patients in our community," Greenlee says.

Greenlee brings a wealth of knowledge as Methodist Health System rolls out the RISE universal skills training.



Research and Education

Methodist Dallas

Teaching and learning from other specialists in Argentina



Pig models were used for medical training, and a live procedure was performed by physician educators and projected to the student audience.

Physicians from South America were given a unique chance to learn from a gastroenterologist on the medical staff at Methodist Dallas.

Prashant Kedia, MD, Medical Director of Interventional Endoscopy at Methodist Dallas, visited Argentina to lead and teach other gastroenterologists about advancements in endoscopic treatments. Many of the discussions focused on achalasia, a swallowing disorder, and the minimally invasive treatment, peroral endoscopic myotomy (POEM).

This was Dr. Kedia's second trip to Argentina. He says that while bilingual educators helped him through potential language barriers, this type of hands-on learning goes beyond words.

"The best part about this trip is the connection with colleagues from around the globe. We all learn from each other and are able to share experiences from our own unique skill sets," says Dr. Kedia.



Paul Lansdowne, MD
Executive Medical
Director
Physician Service
Excellence

Bedside Manners

Helping patients find hope when it matters most

The miserable have no other medicine but only hope.

- William Shakespeare, from *Measure for Measure*

Did you know there is a “Hope Checklist”? I didn’t. In “Giving Hope as a High Reliability Function of Health Care,” Deirdre Mylod, PhD, and Thomas Lee, MD, recommend that physicians use a structured approach to give hope to every patient. Patients want confidence that their chances of success have been maximized, according to the authors, both senior leaders at Press Ganey.

The authors suggest that real hope blends attributes of desired outcomes, expectations, and confidence. They recommend that physicians take three steps to create a shared vision of what can realistically be hoped for:

- **Step One** is to understand the patient’s current goals. It is also important to help them understand their probable future (current trajectory) while helping them explore possible futures (possible outcomes) – helping them to identify what a good future could look like.
- **Step Two** involves demonstrating agency – demonstrate your will (your intentions) and skill (your ability) to help the patient. Explicitly commit to partnering with the patient to achieve this.
- **Step Three** is making sure that the plan is clear – to the patient, other caregivers, and to the patient’s family. Consider discussing time frames.

Even in dire circumstances there can be positive things to hope for. In her book *Only 10 Seconds to Care*, Wendy Harpham, MD, suggests that patients may find peace by letting go of the hope for recovery, and replace it with hope for comfort and kindness.

If we take a second look at Shakespeare’s fictitious Claudio (quoted above), he actually says that he has hope to live, but is prepared to die. Maybe hope is something we can offer to every patient.

Epic Strides

Epic Upgrade went live February 6: What providers should know

It's that time again! Please take a few minutes to see what's coming with [our newest upgrade](#).

Click the links below to explore information specific to your specialty.

- [Inpatient](#)
- [Emergency](#)
- [OB-GYN](#)
- [Radiologist/Cardiologist](#)
- [Haiku](#)

Featured Upgrades



Bolus from bag: Prior to rate increases and loading doses

Starting on **January 30th**, orders for the following continuous drips will include new **bolus from bag instructions** and **bolus from bag linked medication orders**. Please review the updated orders and associated medication administration instructions.



*The following updates **DO NOT** include **prn bolus from bag orders**. For prn orders, continue to utilize the existing prn medication orders.*

Bolus from bag: Prior to rate increases

The following medications will include a new **bolus from bag linked medication order** to administer **prior to any rate increase**:

- fentanyl (SUBMLIMAZE) infusion
- HYDROMorphone (DILAUDID) infusion
- midazolam (VERSED) infusion
- morphine infusion

Example:

Critical Care Drips		
fentaNYL citrate (PF)-0.9%NaCl (SUBLIMAZE) 10 mcg/mL premix infusion	0-200 mcg/hr (0-20 mL/hr), contin. intravenous infusion, Titrated, Starting on Tue 1/17/23 at 1215 Initiate infusion at 25 mcg/hr. <u>Bolus prior to any rate increase</u> , per bolus from bag order. Increase or decrease by 25 mcg/hr every 15 minutes to maintain CPOT 0 to 2. Do not exceed 200 mcg/hr.	Modify Discontinue
And fentaNYL (SUBLIMAZE) bolus from bag 25 mcg	25 mcg, contin. intravenous infusion, See admin instructions, Starting on Tue 1/17/23 at 1201 Bolus prior to any rate increase to maintain CPOT 0 to 2.	Modify Discontinue

New infusion order instructions

New bolus from bag order

Expansion of Indication of Use to Antimicrobials

Indications of use will now be required when ordering antibiotics, antivirals, and antifungals. The most common indications will be shown, while additional indications can be searched. Antimicrobials in order sets will have preselected indications where appropriate (i.e. antibiotics in pre-op order sets have a preselected indication of "prevention of perioperative infection").

azithromycin (ZITHROMAX) 500 mg in dextrose 5 % (D5W) 250 mL IVPB

[✓ Accept](#) [✗ Cancel](#)

Dose: 500 mg 500 mg

Route: IV Piggyback

Frequency: Every 24 hours Once q24h

Starting

1/4/2023



Today

Tomorrow

For

3



Doses

Hours

Days

First Dose

1300



First Dose: Today 1300

Final Dose: Fri 1/6 1300

Number of doses: 3



Indications:


☐ acute lower genitourinary gonorrhea☐ chronic bronchitis with bacterial exacerbation☐ mycobacterium avium complex infection☐ atypical mycobacterial infection☐ community acquired bacterial pneumonia☐ prevention of Mycobacterium avium complex disease☐ Atypical Pneumonia☐ inflammatory disease of female pelvic organs☐ chlamydial infections☐ Legionella pneumophila pneumonia

Indications (Free Text):



MRCC Chemotherapy Supportive Care Orders - SmartSet

There is now a SmartSet available to nursing staff to place orders. This SmartSet is **restricted to only the MRCC Chemotherapy department**. When logging in, clinic nurses will need to **choose** the job role of **Clinic Nurse**, and the **MRCC Chemotherapy department**.

- Navigate to your patient's chart and go to the **PLAN activity**  > **SmartSets** section.
- Search for **MRCC Supportive Care Orders**.

SmartSets

Search for new SmartSet

+ Add

Search Results

☒ MRCC Supportive Care Orders

Hover over this icon for a Preview of the SmartSet

Suggestions

☐ Coronary artery disease☐ ED Chest Pain

Open SmartSet preview

Right-click to Add as a Favorite!

☒ Open SmartSets☐ Clear Selection

MRCC Supportive Care Orders

Authorization to Treat

▶ Okay To Treat With Current Labs

Click for more

Mediport Standing Orders

▶ Mediport Care

Click for more

▼ IV Fluids

▶ IV Fluids [Click for more](#)

▼ Medications

▶ Pain [Click for more](#)

▶ Antiemetics [Click for more](#)

▶ GI [Click for more](#)

▶ Electrolyte Replacement [Click for more](#)

▶ Miscellaneous [Click for more](#)

▼ Oxygen

▶ Oxygen Therapy [Click for more](#)

▼ Additional SmartSet Orders

 Search



CIWA Order Set Updates

Effective **Monday, January 30th**

Orders: CIWA Order Set Updates *(All Inpatient Units)*

Effective Monday, January 30th, the CIWA Order Set will be updated to improve care for Alcohol withdrawal patients. The summary of major changes/additions include:

NEW: Nursing-Specific Additions	Medication Changes
Vital signs per Unit Standards	Symptom-driven Ativan has been simplified and PO/IM options removed.
Vital signs q 2 hours for phenobarbital	Fixed dose taper Benzodiazepine removed
CIWA – Ar process instructions updated	Addition of phenobarbital as an option: <ul style="list-style-type: none">Initial dosing not allowed on med/surg unitRequired vital signs every 2 hours on IMC/PCU x 24 hours after a doseMore than 1 dose requires transfer to ICU
Telemetry panel	Precedex added for adjunct treatment in ICU and IMC/PCU
Notify Physician parameters: <ul style="list-style-type: none">Respiratory Rates less than 8Seizure activityCIWA – Ar greater than or equal to 20	Improved electrolyte repletion
12-lead EKG Once	Banana bag replaced by thiamine/folate IVPB
Labs: <ul style="list-style-type: none">CMP/Mag/Phosphorous Daily x2 days and Include NowBlood Ethanol OnceUrine Drug Screen Once	Additional PRN meds removed

Please review the new order set carefully to familiarize yourself with the new interventions and medications.

SWAAT scores determine
complex discharge needs

A new Patient Risk Scoring Tool called Social Work Admission Assessment Tool (SWAAT) will help providers identify patients needing advanced discharge planning.

SWAAT will help clinicians identify patients with complex discharge needs and eventually prevent longer-than-necessary hospital stays.

ed	Patient Name	New Orders: Provider	Age/Gender	Code Status	SWAAT Score
A	<div> <div>8</div> <div> SWAAT Score Crrt, Test 3 — Score calculated: 1/20/2023 09:33 </div> </div>				8
A	<div> <div>4</div> <div>Ability to Walk</div> </div>				4
A	<div> <div>2</div> <div>Patient in Post-Acute Care</div> </div>				
A	<div> <div>0</div> <div>Patient Confused on Admission or Lives Alone</div> </div>				1
	<div> <div>2</div> <div>Patient needs discharge transportation</div> </div>				

The assessment tool focus on four main areas: patients' ability to walk, neurological assessment, their pre-admission, and need for discharge transportation.

Epic Trainers are here, whenever there's a question — or suggestion

The Epic Training team is always available to answer your questions and provide guidance on how to use Epic more efficiently. We have a trainer posted at each campus to help with anything you may want to know about Epic, including taking your suggestions about how to improve clinical workflows in Epic for all physicians.

MDMC: 214-933-3742 (3-EPIC)
or EpicMDMC@mhd.com

MRMC: 469-204-3742 (4-EPIC)
or EpicMRMC@mhd.com

MCMC: 214-947-3742 (7-EPIC)
or EpicMCMC@mhd.com

MMMC: 682-242-3742 (2-EPIC)
or EpicMMMC@mhd.com

MLMC: 469-846-3742 (6-EPIC)
or EpicMLMC@mhd.com

MSMC: 682-335-3742
or EpicMSMC@mhd.com

Mayo Corner

MAYO CLINIC
CARE NETWORK



Member

The Mayo Clinic Care Network is a unique collaboration that grants physicians on the medical staff at Methodist Health System special access to Mayo Clinic knowledge, expertise, and resources. Patients experience the confidence and convenience of being able to access world-leading medical expertise through their trusted local physician, close to home.

The Mayo Clinic Care Network Education Team continues to develop programming for 2023. Watch the [Care Network Exclusive Educational Opportunities](#) page for the most current listing of opportunities to virtually connect with colleagues throughout the network. Here's a look at upcoming webinars:

- **11 a.m. February 8** | [Nurse Webinar: Supporting Patients from Hospital to Home](#)
- **1 p.m. February 9** | [How to Sell Your Ideas Up the Chain of Command](#)
- **9 a.m. March 9** | [Fostering Resilience in the Workplace](#)

Mayo Clinic also hosts a variety of educational conferences and events throughout the year:

- **February 14-16** | [You're the Leader. Now What? Phoenix 2023](#) | Scottsdale, Arizona
- **February 15-18** | [Acute Care of the Complex Hospitalized Patient for NPs & PAs 2023](#) | Scottsdale, Arizona
- **March 9-10** | [Elements, Essentials & Excellence in Healthcare Simulation](#) | Rochester, Minnesota

If you have any questions, contact
MCCNBrandAdmin@mayo.edu or
email **Angela Vincent Michael**,
System Director of Performance
Improvement.

