New telemetry protocols aim to improve patient safety

Because of a series of nationwide safety issues that have been identified with the clinical monitoring of patients, The Joint Commission has recently asked all of its member organizations to scrutinize the safety of hospital-based monitoring devices. While telemetry monitoring is not in and of itself a lifesaving intervention, it has been demonstrated to improve mortality in certain conditions where cardiac dysrhythmia is possible or likely.

A systemwide initiative has been approved by the board quality committee to improve the safety of cardiac monitoring for patients at Methodist Health System. The following action steps have been implemented:

- Updated hospital-specific Standard Operating Procedures to include escalation, team empowerment, alarm management, etc., for daily operations
- Standardized Methodist training course mandatory for all telemetry techs and telemetry unit nurses
- Standardized dysrhythmia test (to include definitive rhythm recognition — no multiple choice) administered in proctored setting
- Successful completion of the dysrhythmia test with a grade of 90 percent or higher
- Four-week preceptor-supervised unit orientation mandatory for all new telemetry techs with skills checklist completion
- Quarterly lethal arrhythmia drills on all shifts facilitated by regulatory affairs
- Maximum ratio of monitored patients to telemetry techs not to exceed 1-to-40
- Telemetry policy to emphasize medically indicated telemetry use.

Several concerted initiatives will help to ensure the safety of telemetry monitoring for patients at Methodist:

1. Judicious use of telemetry only for patients for whom it is absolutely needed is essential to creating valuable monitoring for those patients who need it most.
2. A telemetry Initiation, Continued Use, and Discontinuation Policy was approved by the hospital and medical staff policy and guidelines committees earlier this year.
3. Telemetry orders: Indications for telemetry monitoring should be included as part of the telemetry ordering process. Methodist policy PC 068 was updated in February of this year, and this policy includes the following elements:
   - Indications for telemetry monitoring
     - These indications will be embedded into the computerized provider order entry (CPOE) telemetry order for the convenience of CPOE users.
     - Addition of the indication for telemetry will allow clinicians following up on the patient to quickly determine the original indication for telemetry and ongoing need for telemetry monitoring.
Michael Truitt, MD, medical director trauma and assistant program director general surgery at Methodist Dallas Medical Center (shown above, left with Charles Tandy, MD), presented at Methodist Health System’s quarterly Physicians Emeritus Luncheon in April. Dr. Truitt discussed the hospital’s journey to become a level I trauma center and elaborated on the features of the new Charles A. Sammons Tower, opening in July, which will better equip trauma specialists to meet the needs of the most critically injured patients.

New hospital celebrates many firsts in opening days

With the opening of the new Methodist Richardson Medical Center on April 14 came a flood of firsts for the hospital to celebrate:
- Nhan Nguyen, MD, interventional cardiologist, performed the first cardiac catheterization and angioplasty with stent placement at 9 a.m. Monday, April 14.
- Diane Litke, MD, orthopedic surgeon, inaugurated the operating rooms with the first surgical case at 8:30 a.m. Monday, April 14.
- Charles Downey, MD, OB-GYN, performed the first da Vinci® Surgical System robot–assisted total hysterectomy at 8:30 a.m. on Monday, April 14.
- Carol Norton, MD, OB-GYN, delivered the first baby at 9:17 a.m. on Wednesday, April 16.
- Thomas Hoang, MD, thoracic surgeon, performed the first open heart surgery as an emergency case on Saturday, April 19.

Telemetry protocols’ continued from cover

- Telemetry removal algorithm
  - “Telemetry discontinuation per protocol” can be used by physicians who want to facilitate discontinuation of telemetry in low-risk patients who have been in normal sinus rhythm for 48 hours. This algorithm is described in Policy 068.

Addendum: Criteria for telemetry monitoring

<table>
<thead>
<tr>
<th>Patient problems</th>
<th>Initiation of telemetry monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac dysfunction</td>
<td>1. Acute ischemic coronary syndromes; acute or suspected myocardial infarction or unstable angina</td>
</tr>
<tr>
<td></td>
<td>2. Patients with chest pain until coronary disease is ruled out</td>
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<tr>
<td></td>
<td>3. Congestive heart failure/pulmonary edema</td>
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<tr>
<td></td>
<td>4. Patient resuscitated from cardiac arrest</td>
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<tr>
<td></td>
<td>5. Before and after cardiac and surgical cardiac interventions (CABG, PTCA, stent, ICD insertion, pacemaker insertion)</td>
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<td></td>
<td>6. Acute change in a chronic dysrhythmia requiring treatment</td>
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<td>7. After an electrophysiology study or ablation</td>
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<td></td>
<td>8. Syncope</td>
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<td></td>
<td>9. Pericardial effusion</td>
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<tr>
<td></td>
<td>10. New onset of dysrhythmia</td>
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<tr>
<td></td>
<td>11. Cardiac contusion</td>
</tr>
<tr>
<td></td>
<td>12. Valvular heart disease</td>
</tr>
<tr>
<td></td>
<td>13. Patients with cardiomyopathies.</td>
</tr>
<tr>
<td>Respiratory</td>
<td>1. Pulmonary embolism</td>
</tr>
<tr>
<td>Medications</td>
<td>1. To detect cardiac rhythm changes in patients who are receiving medications that are associated with dysrhythmias</td>
</tr>
<tr>
<td></td>
<td>2. Patient receiving antidysrhythmic therapy.</td>
</tr>
<tr>
<td>Other</td>
<td>1. Medical or surgical conditions associated with complication of dysrhythmias (electrolyte imbalances, drug overdose, and myocarditis)</td>
</tr>
<tr>
<td></td>
<td>2. New onset neurologic changes possibly related to dysrhythmias</td>
</tr>
<tr>
<td></td>
<td>3. Research studies in which the research criteria require the patient to have continuous telemetry monitoring.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient problems</th>
<th>Discontinuation of telemetry monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac</td>
<td>1. Suspected myocardial infarction has been ruled out (absence of unstable angina or absence of chest pain for 24 hours, stable EKG, negative enzymes)</td>
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<td></td>
<td>2. Absence of life-threatening dysrhythmias for 24 hours</td>
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<td>3. No recurrence of syncope</td>
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<td></td>
<td>4. Stable vital signs.</td>
</tr>
<tr>
<td>Respiratory</td>
<td>1. Ruled out pulmonary embolism.</td>
</tr>
<tr>
<td>Medications</td>
<td>1. Vital signs stable, renal status stable, and absence of dysrhythmias for 24 hours</td>
</tr>
<tr>
<td></td>
<td>2. Medication regulated and absence of dysrhythmias for 48 hours.</td>
</tr>
<tr>
<td>Other</td>
<td>1. More than 24 hours after a surgical procedure with no other evidence of need.</td>
</tr>
</tbody>
</table>
Breaking ground on the new Patient Care Tower Two at Methodist Mansfield are (from left) Ken Pritchett; Jim Swafford; the Rev. Michael Evans, DMin; Clayton Chandler; Jim Vaszauskas, EdD; Jenny Conrad; Mayor David Cook; Randall Canedy; Methodist Mansfield President John Phillips, FACHE; Methodist President and CEO Stephen L. Mansfield, PhD, FACHE; U.S. Congressman Joe Barton; and Methodist Board Chairman Levi Davis.

Tower Two expansion coming in fall 2015

Methodist Health System recently broke ground on a $118 million patient care tower expansion. Scheduled to open in fall 2015, the 110,000-square-foot Patient Care Tower Two will be located at the northwest corner of the existing hospital building.

The expansion will feature 34,000 square feet of additional operating rooms and cardiology and gastroenterology services, as well as 64,000 square feet of additional support services, including laboratory, pharmacy, materials management, biomedical, and sterile processing.

“Methodist Mansfield began as a community hospital in 2006 and has nearly doubled its capacity in seven years to meet the needs of area residents,” said Levi Davis, chairman, Methodist board of directors, at the event. “We look forward to expanding our presence and capabilities of providing high-quality health care to the communities we serve.”

Construction of the new patient care tower will take place concurrently with normal day-to-day hospital operations and will be integrated with the existing infrastructure.

CPOE gets strong start at two Methodist campuses

Members of the computerized provider order entry (CPOE) implementation team at Methodist Charlton, led by Methodist Director Clinical Informatics Rabin Pant, meet for a daily huddle to discuss the implementation on March 18. Hospital Chief Medical Officer Frank Vittimberga, MD, said the process was smooth and successful. “The feedback I received from physicians has really been overall very positive,” he says. “The support staff has been awesome.”

Celebrating the success of CPOE go live at Methodist Mansfield in late January are (from left) Paula McMahan, RN; Vikas Hegde, senior clinical informatics; and Michelle McGahan, RN. McMahan says, “We love CPOE because it is safer for our patients and provides quicker provider order entries for prompt patient care.”

METHODOUST RICHARDSON

Wound Center hits 18-month mark, achieves outstanding clinical outcomes

The Methodist Richardson Wound Care and Hyperbaric Center, providing comprehensive outpatient wound care and hyperbaric oxygen therapy, finished its 18th month of operations in March. In that time, the center has healed 269 out of 279 outcomed wounds for a 96.4 percent heal rate — at least five percentage points higher than comparable national averages. These wounds healed within an average of five weeks.

Key to these excellent outcomes is a physician-driven clinical model utilizing Clinical Practice Guidelines”. Patients are seen weekly by their designated wound care physician specialist, enabling rapid adjustments to treatment plans based on direct observation of week-to-week wound status.

Among the wound etiologies treated are diabetic and neuropathic ulcers, venous stasis ulcers, postsurgical wound dehiscence, soft tissue radionecrosis, pressure ulcers, chronic refractory osteomyelitis, ischemic and arterial insufficiency ulcers, failed flaps and grafts, osteoradionecrosis, and necrotizing infections.

HOW TO FIND US. The wound care center remains located at 403 W. Campbell Road, Suite 311, in Richardson. Referrals should be considered for any wound failing to heal properly within three to four weeks of treatment. The center can be reached at 972-498-HEAL (972-498-4325).
Hospital celebrates first year with Life Shines Bright Pregnancy Program

Smiling moms and bouncing babies gathered recently to celebrate the first anniversary of the Life Shines Bright Pregnancy Program at Methodist Charlton Medical Center. Included in the group was the first patient, Sarah Santibañez.

Recognized as the first significant innovation in prenatal care in more than a century, this preterm-birth prevention program is setting a new gold standard for prenatal care and group education. The program is the only one of its kind in the Best Southwest area of southern Dallas County.

Through group prenatal classes, the program offers young mothers opportunities for education, support, and networking with other moms-to-be. Prenatal care is provided by certified nurse midwives.

HELP US HELP BABIES. For more information about the Life Shines Bright Pregnancy Program, call 214-947-5999 or visit MethodistHealthSystem.org/CharltonWomens.

There’s a QuickER solution for emergency patients at Methodist Dallas, Methodist Mansfield

Patients at Methodist Dallas and Methodist Mansfield Medical Centers now have added convenience at their fingertips when it comes to minor emergencies and urgent care needs. They can check in online at QuickER.org and then come to the hospital at a scheduled time.

Patients are able to wait in their own homes, rather than in the emergency department (ED) waiting room, which offers them more comfort and an overall better patient experience with Methodist Health System.

Here’s how QuickER.org works:
- Patients check in at QuickER.org.
- The first available treatment time is noted for each campus.
- Patients click on their preferred treatment time at the campus they desire.
- QuickER.org sends notification to the ED. Patients’ information is reviewed to determine if they are able to wait at home. If the symptoms identify a more emergent condition, patients are notified to call 911.
- In nonemergent situations, patients plan to arrive at the hospital at their scheduled time to be seen by a health care professional within 15 minutes of their projected treatment time.

Move YOUR Office Here. Lease rates and tenant allowance are available upon request. For more information, please contact Bridget Flaherty at 682-622-2056 or email bridgetflaherty@mhd.com.
OB-GYN Paul Lansdowne, MD, discusses women’s health with attendees of the Methodist Mansfield MeTime event.

Neck and back pain were a hot topic at MeTime – Dallas. Here women learn about treatment options from neurosurgeon Michael Oh, MD, PhD.

Thank you, physicians for giving local women some ‘me time’!

MeTime events hosted this spring by Methodist Dallas and Methodist Mansfield Medical Centers were huge successes. More than 500 women attended the body, mind, and spirit health events at the Hotel Palomar and Mansfield ISD Performing Arts Center, respectively.

We would like to thank all of the physicians who helped with the events.

Methodist Dallas
Kim Johnson, DO
Patricia LaRue, MD
Jason Lowry, MD
Michael Oh, MD, PhD
Theresa Patton, MD

Methodist Mansfield
Jeannine Hoang, MD
Paul Lansdowne, MD
Kim Misamore, MD
Bryan Molen, DPM
Nimesh Patel, MD
Sneha Patel, MD
Ketan Trivedi, MD
Sarju Waghela, DO

Methodist Richardson
Outpatient testing at Campus for Continuing Care

Below is a map for you to share with patients if they are having any outpatient testing at the Methodist Richardson Medical Center – Campus for Continuing Care on Campbell Road.

The patients will enter where indicated on the map for the following services:

- Radiology: X-ray, MRI, CT, ultrasound (not mammography)
- EKG
- Lab draws
- Arterial blood gas.

Entering through the Front Lobby is not the most efficient place to enter when obtaining these services. We hope this map will assist in directing patients so they don’t have a long walk.

After patients park on the sloped, gated lot, they will enter through the outpatient imaging doors and follow the signs to the first doorway on the right. The doorway is also labeled “Outpatient Imaging.” The services other than radiology (listed above) will come to that area to assist the patient with the testing need.

Methodist creates dedicated Wi-Fi network

In order to enhance physician communication and improve Wi-Fi access for physicians, Methodist Health System has created a dedicated physician-only Wi-Fi network. Physicians who desire to access the Internet with their personal devices can now do so with this dedicated wireless network. For more information and to obtain the password for access, call the Help Desk at 214-947-1999.
Intensivists providing care to Methodist Charlton patients include (front row, from left) Nokie Vongphakdy, RN-ACNP; Monee Carter, RN-ACNP; Tung Tran, MD; and Shibu Thomas, MD; (back row) Melissa Stewart, RN-ACNP; Stephen Mueller, MD; Scott Wood, MD; and Amit Mann, MD.

Intensivists bring more specialized care for ICU patients

Methodist Charlton’s ICU recently adopted an intensivist model of care. Patients benefit from intensivists, who are critical care physicians and nurse practitioners, providing 24/7 coverage.

Intensivists co-manage or consult on all critical care patients and are available at the request of their physicians. Multiple studies during the past 20 years support this model of care, showing patient benefits of significantly lower mortality rates and reduced length of stay. Daily rounding, both by the intensivists and the interdisciplinary team, addresses patients’ progression toward goals, plans of care for the day, greatest risks, monitoring and mitigation of the risks for health care–acquired conditions, and any additional concerns.

A grand opening for a brand-new hospital

It’s awe-inspiring to see a vision become a reality. Such was the experience for those attending the official ribbon-cutting and grand opening of the new Methodist Richardson Medical Center at the southeast corner of President George Bush Turnpike and Renner Road.

On Wednesday, April 9, medical staff joined local leaders, Methodist Health System employees, board members, contractors and architects, and media for the cutting of the 250-foot ribbon that wrapped across the hospital’s S-curved façade. Carol Norton, MD, chief of medical staff, Methodist Richardson, represented her fellow physicians for the ribbon-cutting.

Special announcements

The afternoon reception included speakers Ken Hutchenerider Jr., FACHE, president, Methodist Richardson; Levi H. Davis, chairman, Methodist Health System board of directors; Richardson Mayor Laura Maczka; Dr. Norton; and Joe Snyd, chairman, Methodist Richardson advisory board and capital campaign committee.

Hutchenerider announced the renaming of the Campbell Road campus as the Methodist Richardson Medical Center – Campus for Continuing Care, which will offer a variety of services to meet the health care needs of the Richardson community.

Our doors are open

Following the ribbon-cutting, the more than 500 guests were invited to take hospital tours and enjoy refreshments in the hospital’s Bistro. The da Vinci® Surgical System was also on site for robot test drives.

Grand opening festivities continued Thursday with a luncheon for local religious leaders. On Saturday, April 12, Methodist Richardson hosted a community open house, with more than 2,200 attendees enjoying a variety of family activities and hospital tours.

Lakshmi Kannan, MD, oncologist at Methodist Charlton Medical Center, discusses a recent study about the value of mammograms with KERA Radio host Sam Baker. Dr. Kannan explained during Baker’s radio program why mammograms and early detection are still key in fighting breast cancer.

TOP LEFT: Cutting the 250-foot ribbon to officially open the doors of the new Methodist Richardson are (from left) Methodist Board Chairman Levi H. Davis; Richardson Mayor Laura Maczka; Capital Campaign Committee Chairman Joe Snyd; Methodist Richardson President Ken Hutchinson Jr., FACHE; Methodist President and CEO Stephen L. Mansfield, PhD, FACHE; the Rev. Clayton Oliphint, DMin; and Chief of Medical Staff Carol Norton, MD.

TOP RIGHT: Methodist Richardson Chief of Medical Staff Carol Norton, MD, shares her excitement over the new facility where she and her peers will practice.

LEFT: Medical staff and community leaders tour the new Methodist Richardson where the atrium features easy access to admissions and the Center for Women’s Health, high-tech touches such as HDMI ports and Wi-Fi, and custom artwork.
Physician Communications

SURVEY: Help us connect with you better

Physician communication is integral to achieving Methodist Health System’s mission. To determine if we’re conveying information as effectively as possible, we’d like to invite you to take this quick survey. It will help direct us in our communication efforts.

Electronic versions of the survey were sent to physicians in June. Hard-copy surveys may be completed here and mailed to Methodist Health System, Public Relations and Marketing, c/o Sarah Cohen, 1441 N. Beckley Ave., Dallas, TX 75203. You may also email your responses to sarahcohen@mhd.com. All responses must be received by Aug. 1, 2014.

Thank you for your time and cooperation!

GENERAL COMMUNICATIONS QUESTIONS

1. How do you prefer to receive communications from Methodist Health System? Select all that apply.
   - □ Email
   - □ Hard-copy notices and publications
   - □ An enhanced physician web portal
   - □ Text message
   - □ Blog
   - □ Fax
   - □ Other. Please specify: _____________________________  ______________________________________________

2. If we were to create a comprehensive physician portal, what would draw you to it? Select all that apply.
   - □ Information regarding operational changes
   - □ Information regarding new services
   - □ Credentialing information and electronic applications
   - □ Electronic access to continuing medical education (UpToDate)
   - □ Coverage of physician involvement at community and hospital events
   - □ PAX access
   - □ Meditech access
   - □ Electronic medical records
   - □ ACO communications
   - □ On-call schedules
   - □ MedHealth communications
   - □ Clinical Research Institute information
   - □ Other. Please specify: _____________________________  ______________________________________________

3. How frequently would you like to receive communication from Methodist?
   - □ As often as needed
   - □ Daily
   - □ Weekly
   - □ Monthly
   - □ Other. Please specify: __________________________________________________________________________________

4. How important is it to you to receive regular communication from the president or chief medical officer on the campus where you practice regularly?
   - □ Not at all important. I don’t read the communication anyway.
   - □ Somewhat important. I occasionally find the information valuable.
   - □ Important. I appreciate the consistent communication.
   - □ Very important. This regular communication is essential to my ability to do my job effectively.

5. What information, if any, are we currently not providing that you would like to see provided?
   ____________________________________________________

PROGRESS NOTES QUESTIONS

1. Are you aware that you receive Methodist Health System’s bimonthly Progress Notes publication?
   - □ Yes
   - □ No

2. If yes, how often do you read Progress Notes?
   - □ Always
   - □ Often
   - □ Sometimes
   - □ Rarely
   - □ Never

3. What would influence you to read Progress Notes more often?
   ____________________________________________________

4. What information in Progress Notes do you find valuable or enjoy? Select all that apply:
   - □ Updates from the CMIO
   - □ Updates from medical staff
   - □ Campus-specific information, including growth, media appearances, and community events
   - □ New members of medical staff
   - □ IRB information
   - □ IT information
   - □ MedHealth information
   - □ Other. Please specify: __________________________________________________________________________________
Physicians' service celebrated at spring social

Methodist Charlton Medical Center held a spring social for medical staff physicians on Friday, April 4, on the plaza dining patio of the Iron Cactus Grill in downtown Dallas. Over 100 physicians and guests attended.

“The administrative team and our medical staff president always enjoy hosting this event for our physician community,” says Methodist Charlton President Jonathan S. Davis, FACHE. “It’s a great opportunity for our team and physicians to network and build relationships and to recognize our physicians for all they do for our patients.”

Stephen L. Mansfield, PhD, FACHE, president and CEO, Methodist Health System, also attended the social this year along with his wife, Marilyn Mansfield.

2 new ORs accommodate heart, robotics procedures

Methodist Mansfield Medical Center opened two additional operating rooms (ORs) recently. The ORs were originally shelled space that had not been finished out.

With this addition, surgical services can accommodate more surgeons and their procedures. In addition to the hospital’s original four general surgery rooms, one of the new ORs is dedicated to cardiology procedures while the other is dedicated to robotics.

Physicians help with Midlothian ISD sports physicals

Thank you to all the awesome physician volunteers who helped with the Midlothian ISD sports physicals on May 3: Clint Bell, MD; Mark Kazewych, MD; Paul Lansdowne, MD; Jeff McDaniel, MD; Donna Shannon, MD; Donald Stewart, MD; and Mary Welp, MD.

We appreciate your time and dedication to volunteering in our community.

Hospital garners praise from Project Accessibility for ease of access to mammograms

Following an on-site visit from Project Accessibility USA, Methodist Charlton Medical Center’s women’s imaging was found to function at a high level in regards to the ability of people with disabilities to access mammography services.

Project Accessibility USA: Removing Barriers for Women with Disabilities is an innovative community collaboration between the American Association on Health and Disability and Susan G. Komen® for the Cure to help Susan G. Komen affiliates and grantees continue their efforts to be community leaders in providing quality services to women with disabilities and addressing their breast health needs.

Get ready to Run with Heart!

Join Methodist Mansfield for its second Run with Heart event on Saturday, Oct. 11. Choose from a chip-timed half-marathon or 5K or a one-mile family fun run/walk. We’ll also be educating the community about living with better heart and joint health.

Event proceeds will support cardiology services at the hospital. Awards will be granted to the fastest emergency responder team, school team, church team, and overall team, as well as the largest team.

RSVP: Register today at MethodistHealthSystem.org/RunWithHeart. And if you’d like to volunteer at the event, contact Angel Biasatti at angelbiasatti@mhd.com or 682-622-2063.