Continuing Medical Education Program Reaccredited

The Munson Medical Center Continuing Medical Education (CME) Program was recently reaccredited by both the Michigan State Medical Society and the American Osteopathic Association. This reaccreditation allows Munson Medical Center to continue providing and sponsoring quality educational activities that award valuable CME credit to physician learners.

Dan Webster, MD, Munson Medical Center’s Director of Academic Affairs, said the re-accreditation “is a testament to the great CME offerings we have through Munson Medical Center.”

“The CME Committee does a wonderful job of offering quality programs for the medical staff. Kara Classens spent a large amount of time putting the accreditation application material together in a very organized format,” he said. “She deserves a huge amount of credit for the success of this process.”

Re-accreditation by both the MSMS and AOA allows the Munson program to offer specialized credits to both our allopathic (MD) and osteopathic (DO) physicians. The reaccreditation process offers the CME program to reflect on successes, prove compliance with strict CME guidelines, and look ahead at where the program might be able to grow.

Classens, CME Coordinator, is excited about the future of CME offerings at Munson.

“We are looking to grow our CME program to encompass a system-based approach and plan to use CME to as a strategic resource to connect all of our regional providers. We are also excited to be look

see CME, page 3

New Handwashing Campaign is Underway at Hospital

Washing in and out between patient encounters continues to be the best and most effective way to reign in hospital acquired infections.

Munson Medical Center recently renewed its hand hygiene campaign to reinforce the importance of appropriate hand hygiene.

“We know that proper adherence to infection control practices result in a decrease in the spread of organisms, a decrease in infections, and a decrease in deaths,” said Karen Speirs, DO, medical director for Infection Prevention. “In fact, across the United States hospital acquired infections cause more deaths than drunken driving accidents. The good news is we can have a part in reducing those numbers.”

Munson Medical Center’s Hand Hygiene Committee wants to emphasize the importance of hand hygiene as a means to preventing hospital acquired infections.

Over the past several months, the committee has assessed hand-hygiene product availability, as well as the locations

see Munson, page 3
Understanding IS Scheduled Downtimes

Editor’s note: Information Systems Medical Director Pete Springsteen, MD; and IS Infrastructure Manager Luke Otten provide this insight about Information Systems downtimes in this Q & A.

Why do we have scheduled downtime?
The primary reason for downtime is for system maintenance and upgrades. Most system maintenance is performed by IS staff daily in a live environment – with all systems up, running and servicing system users across seven regional hospitals – but upgrades sometimes need to be done with the system down. During a planned downtime, IS strives to do as much maintenance within these outage windows as fast and efficiently as safely possible. A recent planned downtime had the system down for one hour and 20 minutes of a planned four-hour window.

IS appreciates the significant hardship for clinicians to have the system down for even a very short pre-scheduled period of time, and therefore only schedules them at times when the hospital system has the least number of planned procedures and events. During the summer scheduled downtime moratorium, IS staff seek input from hospital staff to improve scheduling and its impact.

We take these outages and their impact very seriously.

Many of these windows are for preventive maintenance where the mantra is “we take scheduled downtimes, in order to reduce the number of unscheduled downtimes.”

A question asked by clinicians is: “I thought we had a complete backup system – why do we need to be down at all, why can’t we just switch to the back up while we upgrade each part of the redundant system?”

Good question, which requires a technical answer. The recent September downtime offers an example for an explanation. Munson Healthcare has two identical databases holding all Cerner information. The active database – the one we are using – updates the standby database in real-time. It is a continuous identical copy. This is called synchronization. For synchronization to occur, the database structures must be identical.

In the September scheduled downtime, there were Cerner upgrades specifically for ICD-10 support. In this case, new tables needed to be added to the database by Cerner to support ICD-10 requirements for Oct 1. These tables didn’t exist prior to the upgrade.

If the databases have different structures, they cannot synchronize. So when something called a scheme change is required, both the active and standby systems need to have their basic database changed at the same time. Therefore they must be down at the same time.

Redundancy is typically designed to mitigate hardware or other failures, which would create an unplanned downtime, or during routine maintenance, the standby database takes control immediately. This has prevented several unplanned downtimes in the last year, and when it works, is “invisible” to the clinical staff.

A second scenario occurs during some, but not all, Cerner Millenium package installations. Think of Cerner Millenium packages like Windows Security Updates on your home computer. Just like your Windows computer may sometimes require you to reboot after installing an update, a Cerner Millenium update may require that patient data remain static throughout. To accomplish this, the database must be made unavailable for change —IS cannot allow users to enter data into either database, and read-only access is the only availability.

How often do backup systems prevent downtime? There have been several instances where our backup systems have taken over.

The most recent substantial incident where redundant systems designed and maintained by IS did their job was Sept. 25 when excavation at the former MRI Building site severed half the fiber optics between the two Munson Datacenters. Clinical users were completely unaware. The system was restored to full redundancy within 24 hours with no impact to users.

Does Munson Healthcare’s system have more downtime than other health care systems?
Downtimes are becoming shorter and less frequent. Every year, new and better systems are installed which require less downtime than their predecessor. Redundancy and the ability to do in-service maintenance are always at the forefront during vendor selection. Most users are unaware that there are many little upgrades daily that do not bring the system down. Munson IS networks with colleagues at other regional health systems and is in line with systems like Spectrum Health in its frequency and duration of planned downtimes.
Munson Medical Center Stroke Program Recognized

Munson Medical Center’s stroke program recently was recognized by the American Heart Association and American Stroke Association’s Get With The Guidelines® program for its high quality of care.

The hospital received Gold Plus Achievement recognition for two or more consecutive years of 85 percent or higher adherence on all applicable achievement measures for stroke patients, and 75 percent or higher adherence with five or more select quality measures in stroke care.

The program also received Honor Roll Elite recognition. This means the hospital accomplished at least 75 percent or higher achievement of door-to-needle times in providing Alteplase (tPA) within 60 minutes for stroke patients.

“We’re pleased to know that your hospital is committed to our Get With the Guidelines quality improvement program,” said Kathie Thomas, AHA/ASA quality and systems improvement director for Michigan. “It’s a commitment your hospital has demonstrated by achieving award-level adherence to up-to-date research-based treatment guidelines for heart failure and stroke patients.”

Munson Medical Center Chief Medical Services Officer Don Caraccio, MD, congratulated stroke and hospital care teams.

“This recognition speaks to the continued high level of care our stroke patients receive every day at the hospital,” he said. “Our staff and multidisciplinary teams are providing timely evidence-based medicine and care that lead to quality outcomes for stroke patients in the region.”

Cardiac Rehab Program Recertified

Munson Medical Center’s Cardiac Prevention and Rehabilitation Program was recently recertified by the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) for its commitment to improving the quality of life by enhancing standards of care.

The recertification process involved extensive documentation of the program’s practices. The AACVPR program certification is the only peer-review accreditation process designed to review individual programs for adherence to standards and guidelines developed and published by the AACVPR and other professional societies. Munson Medical Center’s program was reviewed by the AACVPR Program Certification Committee and certification was awarded by the AACVPR Board of Directors.

The recertification is valid for three years.

continued from page 1 CME

Cybersecurity Tip of the Month

Allowing a former employee to access Protected Health Information is a reportable data breach. Protect yourself and your practice by ensuring that you have a comprehensive terminated user checklist that is promptly and consistently followed.

Dr. Speirs said.

continued from page 1, Hand Hygiene

of sinks and soap. Deficiencies in availability of product have been addressed within the constraints of the fire code and facility capabilities.

Over the past few months, the committee also has established a baseline of hand hygiene compliance in each unit through monitoring. That information will be shared with units.

The committee is following World Health Organization recommendations for when to perform hand hygiene:

• Before touching a patient (wash in)
• Before an aseptic procedure
• After body fluid exposure risk
• After touching a patient
• After touching patient surroundings (wash out)

Accountability for appropriate hand hygiene will be provided via peer coaching. Staff members are asked to respectfully remind each other if they see a colleague forget to wash between patient interactions.

“It is important for our patients that hand hygiene becomes a habit,” Dr. Speirs said.

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EBUS Saves Lung Patients Visit to Operating Room

A new outpatient procedure at Munson Medical Center allows pulmonologists to obtain tissue and fluid samples from the lungs and surrounding lymph nodes that previously required surgery.

The procedure uses an endoscope fitted with an ultrasound processor and fine-gauge needle to obtain real time imaging of blood vessels, lung tissue, and lymph nodes surrounding the airways.

Endoscopic Bronchial Ultrasound (EBUS) involves physicians using transbronchial needle aspiration to capture the samples which can be used for diagnosis and staging of lung cancer, detecting infection, and identifying inflammatory diseases that affect the lungs such as sarcoidosis and lymphoma.

“This procedure has been FDA approved since 2006 and most academic centers already have it,” said Joseph Will, MD, who along with colleagues Timothy Vollbrecht, MD, and Hillary Loomis-King, MD, has been trained in the procedure.

“With this, patients no longer have to go to the OR. They can have an outpatient scope. It’s considered the standard of care for cancer centers.”

The procedure uses an endoscope fitted with an ultrasound processor and fine-gauge needle to obtain real time imaging of blood vessels, lung tissue, and lymph nodes surrounding the airways. It also allows for sampling in difficult-to-reach areas.

“We are able to sample lymph nodes that couldn’t be reached with a scope before,” Dr. Will said. “While we take the samples, a cytologist is in the room and prepares the slides, which can be processed in 15 to 20 minutes.”

Research shows samples obtained with EBUS are up to 85 percent effective in diagnosing abnormal lymph nodes.

Patients are under moderate sedation for the EBUS procedure which typically takes about an hour to perform. Following the procedure patients are monitored for a half-hour and then allowed to go home.

Dr. Will said the hospital anticipates more than 100 patients a year for the procedure, which replaces mediastinoscopy or thoracoscopic surgical biopsies.