

# the Pulse

April 2019

News for Munson Medical Center Medical Staff

## HEALTH CARE TEAM

### Informed Consent for Diagnostic or Therapeutic Procedures and Treatments

Kevin Omilusik, MD; Chief Medical Officer, Munson Medical Center

#### Policy ID 019.040

Recently the topic of Informed Consent has surfaced and, in particular, what the physician responsibilities are in regard to this. Following are some excerpts from Munson Healthcare Informed Consent Policy 019.040.

**Health care personnel have a legal duty to refrain from treating the patient unless the treatment has been authorized by the patient. Similarly, the patient has a right to refuse to authorize treatment.** Consent is obtained from the patient in order to effectuate the patient's right of self-determination and to avoid unlawful touching of the patient. Any treatment or procedure that poses a risk to the patient should be authorized in writing after the general purpose, potential benefits, possible risks, and alternatives have been explained to the patient by the Treating Physician. Consent given by the patient after such an explanation is commonly referred to as "informed consent."

**Informed consent is a process (not a form) whereby a patient (or in the case where a patient lacks capacity or competency, the patient's authorized representative) makes an informed decision about a procedure, care, treatment, and services based on direct communication with the physician ("Treating Physician") regarding the proposed course of treatment that includes a clear, concise, and factual explanation of proposed procedure, care, treatment and services, possible outcomes, and alternatives to therapy.**

The patient's right to informed consent for invasive procedures, high-risk therapies/drugs, and experimental treatments will be supported by the physicians/providers and staff of Munson Healthcare (MHC). Except in the case of certain emergencies, confirmation of informed consent must be signed by the patient for therapeutic and diagnostic procedures where

disclosure of significant medical information, including major risks involved, would assist the patient in making an educated decision about whether or not to undergo the proposed procedure.

**The Treating Physician is responsible for ensuring that informed consent is obtained and documented** in the H&P or the consent form prior to performance of the procedure. In appropriate circumstances, and within the physician's discretion, a Treating Physician may delegate his or her responsibilities to obtain informed consent to an APP or resident/fellow but only where the APP or resident/fellow is the treating provider for the procedure, care, treatment, or service for which informed consent is being obtained (in which case the APP or resident/fellow shall be considered the "Treating Physician" for purposes of the following requirements).

Following the completion of the informed consent process by the Treating Physician, MHC staff shall then secure the patient's signature on the Confirmation of Informed Consent

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(CIC) form for the hospital medical record; however, the Treating Physician may obtain the patient's signature him or herself if he or she so chooses.

**Physician Responsibility – The Treating Physician shall:**

1. Provide sufficient information to the patient or patient's authorized representative for an informed decision to consent to the procedure, care, treatment, and services.
2. Discuss in lay terminology the planned procedure or treatment with the patient, guardian, advocate, or other surrogate decision-maker including:
  - General purpose and nature of the procedure or treatment – include the responsible practitioner who is performing the procedure or administering the medical treatment and other personnel who are likely to assist and/or perform important aspects of the procedure with the primary Treating Physician (including students, residents, fellows, etc.).
  - Anticipated benefits, expected outcome, and likelihood of success.
  - Possible material risks, complications, serious side effects, and inconveniences (if there is likelihood of bleeding and transfusion, the risks/benefits/alternatives of transfusion should also be reviewed). Material risks could include risks with a high degree of likelihood but a low degree of severity, as well as those with a very low degree of likelihood but high degree of severity.
  - Expected course of recuperation.
  - Possible consequences of not having the procedure or treatment.
  - Significant alternatives therapies.
3. Offer educational material as applicable and available, and facilitate translation or interpretation if needed.

4. Document the discussion (including the education or instruction given, and the patient's indication of understanding and agreement, or refusal, to undergo the procedure or treatment) in the H&P, a hospital or office Progress Note, or on a specific consent form. Include names of family members, and/or translator/interpreter, present for the discussion. Quotes are encouraged, particularly if the patient indicates refusal or refuses to listen to any portion of the review of risks, benefits, and alternatives.
5. Provide accurate procedure orders (and office notes or History & Physical if appropriate) for the hospital medical record.
6. Respond to MHC staff requests for intervention if any questions arise during the process of securing the patient's signature on the CIC form, and appropriately document intervention and/or decisions. Signature on the form can be obtained by the Treating Physician or office/support staff if desired.
7. If the Treating Physician chooses to present the CIC form to the patient and/or to document the informed consent process on the CIC form, he or she should follow the sections for MHC Staff Responsibility and Form Completion Guidelines.

The complete policy can be found on the MMC Intranet, or contact the Medical Staff Office for a copy ([MMCMedStaffOffice@mhc.net](mailto:MMCMedStaffOffice@mhc.net); 231-935-5892).

**“The Treating Physician is responsible for ensuring that informed consent is obtained and documented.”**

HEALTH CARE TEAM

## Re: Great Place to Practice Survey

Kevin Omilusik, MD, Chief Medical Officer

One of the messages we received through comments and discussions from the Great Place to Practice survey was medical staff's concern that clinical administration had a lack of understanding of what it is like on the clinical units for those actively and directly involved in patient care.

With this in mind, and to help build that relationship with physicians and staff, **some of the clinically-related administration: myself, Walt Noble, Don Caraccio, Loraine Frank-Lightfoot, and Jeremy Cannon will be present and rounding in the hospital daily Monday through Friday.** This will include dedicated time for attending rounds on those units that have them in place at 0845, and, more informal rounding on those units that don't or they occur at a different time.

Please feel free to stop us and let us know how things

are going, the good and the not as good. Our goal is to understand and help remove barriers to patient care.

**I would also like to visit ambulatory providers' offices to learn more about your day-to-day processes and work flows.** Please contact me ([komilusik@mhc.net](mailto:komilusik@mhc.net), 231-935-6516) to schedule a time when you wouldn't mind a visitor.

By working together and understanding, we will continue to make this a Great Place to Practice and a Great Place to Work.

### Tell Us What You Think

Please check your email for the next Great Place to Practice survey link from Culture Amp on May 7, and complete the survey by May 20.

## Getting to Know: Paula Colombo, MD

Psychiatry Department Chair



Paula Colombo, MD

### How do you see your role as MMC Psychiatry Department Chair?

Our department is working to establish a community of practice with evidence-based medicine to improve the quality of care for our patients.

### Advice on building positive relationships?

Be respectful and always consider the impact of your words and actions on others.

### Looking forward, what will be the most significant challenge for our health care community?

While it is difficult to predict the future, I believe it will be important to find meaningful ways to unburden health care providers from non-clinical tasks.

### What would people be surprised to learn about you?

I have eaten a plant-based diet for more than 30 years, and yes, I get enough protein.

### What would you like providers to know about you and your hospital's leadership?

I aim to be direct, organized, and thoughtful.

### In Brief

**Hospital:** Munson Medical Center (1999)

**Practices at:** Northern Lakes Community Mental Health; Munson Medical Center Inpatient Behavioral Health Services

**Psychiatry Department Chair Since:** June 2016

**Specialty:** Psychiatry

**Education:** University of Michigan Medical School

**Residency:** University of Wisconsin Hospitals and Clinics

**Married to:** Psychiatrist Curtis Cummins, MD (we met in Gross Anatomy and have been together more than 20 years)

**Children:** Drew (14), Reese (12)

**Favorite pastimes:** Spending time with family and friends, outdoor activities including hiking, cycling, skiing, and swimming

**Contact:** pcolombo@mhc.net

### Closing Advice

"Have realistic expectations, life is short, and time is your most important resource."

## Doctors Day Celebration - Thank You to Our Physicians

Munson Medical Center celebrated Doctors' Day on March 19 with physicians attending a special luncheon.

Medical Staff President Joe Will, MD, presented the medical staff organization's annual report.

Thank you to all physicians for your dedicated service to our community!



## Provider News

### Welcome New Providers

- **Amanda Eickholt, PA-C**; iNDIGO Health Partners
- **Marissa Ingersoll, PA-C**; Traverse City Orthopedics & Sports Medicine
- **Mark Israel, MD**; Pediatrics; Kids Creek Children's Clinic
- **Savannah Micunek, PA-C**; Cardiothoracic Surgeons of G.T.
- **Natalie Rudoni, DDS**; Dental Surgery; Dental Clinics North
- **Eugene Zolotarevsky, MD**; Gastroenterology; Munson Medical Center Medical Procedure Room

### Retired

- **J. David Faichney, MD, FACP**; Endocrinology, Diabetes, & Metabolism; Munson Medical Center Endocrinology and Metabolism

### No Longer on Staff or Practicing at MMC

- **Kenneth Louis, MD**; Neurosurgery; Munson Neurosurgery

### Practices Moving

- **Munson Healthcare Traverse General Surgery & Trauma Care** is moving to its newly renovated office in MPB effective 4.29.19. Phone and fax numbers remain the same.

1221 Sixth St., Ste. 300, Traverse City, MI 49684 | P: 231-935-2400, F: 231-935-2424

- **Munson Neurosurgery** is moving to its newly renovated office in MPB effective 4.29.19. Phone and fax numbers remain the same.

1221 Sixth St., Ste. 300, Traverse City, MI 49684 | P: 231-392-0640, F: 231-392-0643

### Other

- **Milliken Medical** has partnered with Munson Medical Center.
- **Haley McLeod, NP**, has changed her name to **Haley Owen, NP**
- **Jami Rodes, PA-C**, has changed her name to **Jami Lahey, PA-C**

[munsonhealthcare.org/physician](http://munsonhealthcare.org/physician)

**SAVE**  
the  
**DATE**

### Munson Advanced Practice Providers (MAPP) Committee

Wednesdays, 5 - 8 pm

- May 8, 2019; Cowell Family Cancer Center
- August 14, 2019; Cowell Family Cancer Center
- November 13, 2019; Hagerty Center

### Munson Medical Center Contacts

The Pulse is published six times a year. We welcome your feedback and topic suggestions: [pulse@mhc.net](mailto:pulse@mhc.net)

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