

THE ROUNDS

at Round Rock Medical Center



A BI-MONTHLY PUBLICATION FOR THE MEDICAL STAFF OF ROUND ROCK MEDICAL CENTER

JUNE 2003

Message from our CEO

As our 20th anniversary draws near, excitement is growing. Plans are being finalized and dates are set. The first week of September is going to be an eventful week, so mark your calendars now for all the anniversary festivities.

Mayor Maxwell has arranged to declare the first week in September "Round Rock Medical Center Week". We will kick off the week on Tuesday, September 2, with a hospital-wide birthday celebration. The festivities will continue throughout the week culminating Saturday, September 6 with a huge community-wide carnival and birthday celebration. Bring your family and all your friends to help us celebrate 20 years of RRMCC success.

If you would like to promote your practice at the community-wide celebration on Saturday, September 6, you may offer free screenings to the public and/or provide information about your practice. We would love to have a strong Medical Staff representation at the carnival.

In an effort to highlight our Medical Staff throughout our anniversary celebration week, we will be sending you a short survey. The survey is a way for us to compile all your community involvement and volunteer work so we can recognize your efforts. You will be receiving the survey soon! We look forward to receiving your responses.

Sincerely,
Deborah Ryle

Med/Surg Changes

On June 2, 2003 twenty additional rooms on the third floor were opened. This milestone was celebrated with a ribbon cutting ceremony and dedication of the rooms by Deborah Ryle, CEO. The new rooms are another way Round Rock Medical Center is continuing to provide excellent care to our growing community. In addition to the twenty new rooms, additional third floor changes include:

Stepdown

- will move to the East wing with twelve dedicated beds
- ability to flex beds on the South and West wings to Stepdown beds when needed for a higher Stepdown census
- dedicated Telemetry Review station in the physician dictation area for the physician's convenience

Telemetry

- The West wing, former Stepdown unit, will now be a dedicated fifteen-bed Telemetry unit
- ability to flex for Medical/Surgical overflow or Stepdown overflow patients
- ability to monitor up to forty-eight patients
- To ensure patient confidentiality and allow adequate workspace for our Monitor Techs, the monitor area will move from the main desk to the office area immediately behind the main desk and med room.

South Hall

- Additional rooms allow for flexibility needed during high census periods.
- New rooms will accommodate pediatric admissions (Medical pediatric patients 4 and over; Surgical pediatric patients 3 and over).
- New rooms will also accommodate outpatient blood transfusions.
- New rooms will also accommodate Medical/Surgical, Telemetry and Stepdown overflow.



CEO, Deborah Ryle, cuts the ribbon to the expanded third floor.

The Rounds is a bi-monthly publication, produced by Round Rock Medical Center's Marketing Department. If you wish to submit an article or have questions about an issue, please contact:

Elizabeth Muenzler 341-5157.



Information Technology Update

Meditech 4.9.1.

The Partnership facilities will undergo a major upgrade to our Meditech system on June 22. Our system will go down the evening before at 11:30pm and will be available to users mid afternoon on June 22nd. We have over 14,000 changes to the system. Some of these changes are enhancements and some are fixes. Each facility has core teams that have been working very hard since the beginning of the year at testing the new software and preparing training plans, where applicable.

Some of the new features that affect all physicians in PCI are:

Searching for patients has been enhanced:

- ID Patient (Self Assign) option available in more places
 - on main Identify patient screen
 - by Provider's Patients
 - by Provider Group's Patients
 - by Location
- ID Patient (Self Assign) option is now more user-friendly. From blue identify patient box, press right arrow key and highlight your search criteria – by name, unit or account number, Social Security number, location, room, date, or scheduled appointment, right arrow and enter the information
- For physicians following patients at multiple facilities, patient lookup can be restricted to a facility

New Self Assign reasons have been added - Interpretation and Research. Follow-up reason has been removed and Office visit can be used instead.

Office staff will now be linked to the physician when the physician self-assigns to a patient.

Physicians using self-assign function will no longer receive a warning flag if association exists through provider/group association.

Patients flagged as a "C"onsult on your list of patients will only display for the current inpatient admission. After discharge, this designation will change to a "D" (Courtesy Notification)

Users will be able to print patient lists by Discharge date/Admit date

Printed output of Your Lists will include patient's birth date

Electronic Signature enhancements:

- When multiple reports are checked to be signed, the highlight bar will scroll to the report being reviewed for signing. A box will appear above the "Electronically Sign Report?" box with information about the report currently being signed.
- For reports you have marked "N" at the "Electronically Sign Report?" box, an "N" will display in a new "S" column on the screen. This "N" will display in the sign ("S") column until you sign the report or the report is edited through order entry.

Need further assistance with Meditech 4.9.1?
Call the HELP DESK
901-HELP

Patient Satisfaction

Out of 170 HCA facilities, St. David's Medical Center (SDMC), Round Rock Medical Center (RRMC), and North Austin Medical Center (NAMC) were ranked 30th, 32nd and 37th respectively in overall inpatient satisfaction for the first quarter 2003. RRMC, SDMC and NAMC also ranked in the first quartile for overall emergency department satisfaction, with rankings of 9th, 15th and 30th among 168 facilities.

Round Rock Medical Center ranked in the first quartile for first quarter overall same day surgery satisfaction with a ranking of 9th, out of 166 facilities.

For overall test & treatment satisfaction, Round Rock Medical Center ranked 7th and St. David's Medical Center ranked 10th out of 169 facilities. Congratulations to all!



Services / Programs

Women's Services

Dawn Kime, RN, Supervisor of Post Partum has decided to leave RRMC to go on an "Adventure". All of us in Women's Services wish her well.

Michelle Decker, RN in Labor and Delivery has been promoted to Manager of Labor and Delivery and Post Partum. Please join all of us in Women's Services in congratulating her on her promotion.

Work has begun on the second Cesarean Section room in Labor and Delivery and we are all looking forward to its completion.

Pastoral Care

Congratulations Rev. Amy Donohue-Adams, Chaplain!

Father Amy was cited in Last Acts' newest publication, "On the Road from Theory to Practice: A Resource Guide to Promising Practices in Palliative Care Near the End of Life." Her contribution to the resource guide discussed our hospital's shift from DNR terminology to A-N-D (Allow Natural Death).

Physician Referral Service

Do you need to update your information on the physician referral service? Contact Kellie Grier at 341-6116 or kellie.grier@stdavids.com for more details about the referral service.

Marketing

PROMOTE YOUR PRACTICE

Plans are underway to celebrate RRMC's 20th Anniversary the week of September 1, 2003. We are looking for physicians who would like to be interviewed by the media regarding their service with the hospital over the years. Any physicians interested in participating, please contact Elizabeth Muenzler at 341.5157. We will specifically be contacting those physicians who were here in 1983 or shortly thereafter.

Many plans are being made for multiple celebrations that week, culminating in a huge community carnival in front of the hospital on Saturday, September 6. Any physician interested in participating in the carnival, either by providing screenings, or having staff members man a table with your information on it, are welcome to contact Kellie Grier at 341.6116. The more representation we have from the Medical Staff, the better! We will pass more information along to the Medical Staff as plans become more solidified.

Community Events

The Rotary Club of Round Rock – Sunrise, Round Rock Medical Center, as well as other co-sponsors kicked off National Men's Health Week, with the first annual "Run Robert Run" Men's Health Fair on June 7.

The purpose of the health fair was to raise awareness of men's health issues, provide free screenings, educate our community about men's health, have some fun, and raise money for the rotary club's scholarships and other community programs.

Bob McIntyre and Mayor Maxwell kicked off the event by completing a ten-mile run, starting and ending at the Round Rock Wal-Mart where the event was held. Thanks to all our volunteers for making this event a great success!



Sharon Jackson takes a blood pressure reading.



Interpretation Services

To better assist you with language communications and interpretation, RRMC uses the AT&T Language Line. Please use the Language Line rather than ask hospital staff to interpret for patient and family communications.

It is easy to use and takes less than 30 seconds to secure an interpreter, once the call is placed. Interpretation of a wide variety of languages is readily available.

When you have a need for interpretive services, you can use the service directly or ask a RRMC staff member to access the Language Line for you.

For Emergency Interpretations:
1.800.523.1786

For Routine Interpretations:
1.800.874.9426

When the Language Line Operator answers, you will be asked to provide the following information:

- Language needed
- Client ID #: 204274
- Organization:
Round Rock Medical Center
- Department name from which you are calling (such as ED, 2nd Floor Nursing Unit, Radiology, etc.)
- Brief the interpreter on what you wish to accomplish and any special instructions
- State "End of call" when the call is completed

Once the interpretation has occurred, document in the patient's medical record

that interpretive services were used, the language used, the service provider (AT&T Language Line), the interpreter's identification, and context of interpreted conversation.

Patient Satisfaction Results

Congratulations and thanks to everyone for your hard work and commitment to our patients at RRMC, as we are in the top Quartile of all HCA facilities, in all four survey areas for 1st Quarter 2003.

As a reminder, the rankings below are based on one survey question, "Overall, how satisfied were you."

<p>Inpatient Satisfaction <u>1st Quartile</u></p> <p>SDMC 30th RRMC 32nd NAMC 37th</p> <p><u>2nd Quartile</u></p> <p>SAH 60th</p> <p>Emergency <u>1st Quartile</u></p> <p>RRMC 9th SDMC 15th NAMC 30th</p> <p><u>2nd Quartile</u></p> <p>SAH 75th</p>	<p>Same Day Surgery <u>1st Quartile</u></p> <p>RRMC 9th</p> <p><u>2nd Quartile</u></p> <p>SAH 52nd NAMC 60th SDMC 80th</p> <p>Test and Treatment <u>1st Quartile</u></p> <p>RRMC 7th SDMC 10th</p> <p><u>3rd Quartile</u></p> <p>NAMC 93rd</p> <p><u>4th Quartile</u></p> <p>SAH 155th</p>
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Pharmaceutical Shortage Updates

In an effort to keep our physicians aware of pharmaceutical shortages we have compiled the following list of drugs which our hospital pharmacy has had trouble locating or can not obtain at all. Please keep this list in mind when you prescribe.

UNAVAILABLE

Amphotericin B
Cefoxitin
Celestone Suspension Inj.
Chlordiazepoxide (Librium) Inj.
Enoxaparin (Lovenox)- 40mg vials
Erythromycin Inj.
Ethacrynic Acid (oral form)
Fluor-I-Strips
Furosemide 100mg/10ml Inj. only
Ganciclovir Powder for inj.
Heparin 10u/ml pres.
Medroxyprogesterone Acet. Susp.
(Depo Prevera)
Mefloquine (Lariam)
Povidone Iodine Ointment
Prochlorperazine (Compazine) inj.
Secobarbital Oral
Tobramycin 1.2gm inj. Powder
Tubocurarine

AVAILABLE IN LIMITED QUANTITIES

Amitriptyline Oral
Ampicillin/Sulbactam (Unasyn)
Carboprost (Hemabate)
Cefotetan
Glucagon Inj.
Hepatitis B Immune Globulin
HCTZ (oral form)
Hydrocortisone Inj.
Isoproterenol Inj.
Kinevac
Lidocaine 1% Inj.
Meningococcal Vaccine
Meropenem Inj.
Methylprednisolone Na Succ.
MMR Vaccines
Pantoprazole Inj.
Pneumococcal Vaccine
Trimacinolone Inj. Products
Vancomycin Inj.

DISCONTINUED

Amitriptyline Inj.
Crotalidae Antivenin
Hyaluronidase Wydase
Priscoline HCl Inj.
Rapacuronium
Tocainide (Tonocard)
Triple Sulfa Vaginal Creams



Unacceptable Abbreviations

To minimize the potential for error and to maximize patient safety, a list of unacceptable abbreviations is presented below.

Considerations for the use of abbreviations:

- The Nurse or Pharmacist must call the ordering Physician if one of the listed unacceptable abbreviations is used. The order must be clarified, and the clarification written.
- No abbreviations may be used for investigational or Chemotherapeutic agents.
- The use of Greek abbreviations, except Delta, should be avoided.

Unacceptable Abbreviations	Intended Meaning	Misinterpretation	Expected Action
U	Units	O	Write the word "units"
IU	International units	Misread as IV	Use the word "units"
mg	Micrograms	Mistaken for "mg"	Use "mcg"
Levo	Unclear: could be Levophed, Levofloxacin, Levothyroxine	Levo could be misinterpreted for any drug names that begin with "levo"	Write out the complete drug name
PIT	Unclear: could be Pitocin or Pitressin	Pitocin mistaken for Pitressin and vice versa	Write the complete name Write the complete name
HCT	Hydrocortisone	Hydrochlorothiazide	Write out complete name
gr	Unclear: could be grains or grams	Grains confused for grams and vice versa	Write out complete word
Trailing zero (i.e. 1.0 mg)	1 mg	Misread as 10	Do NOT use trailing zero's after a decimal point
Lack of a leading zero (i.e. .1mg)	0.1mg	Misread as 1 or 11 mg	ALWAYS use a zero before a decimal point
D or d (i.e.X3d)	Three days/Three doses	Confused as days or doses	Write out "for 3 days" or "for 3 doses"



Medical Staff Appointments

Initial Appointments

MEDICINE

- Harish K. Gaguja, M.D. - Courtesy - Gastro
- Kimberly J. Gambarin, M.D. - Courtesy - Infectious Disease
- Narenda Punjabi, M.D. - Courtesy - Internal Med

SURGERY

- Stanley H. Kim, M.D. - Active - Neurosurgery

Reappointments

MEDICINE

- Frank Adams, DO - Active - Gastro
- Shanawar S. Alam, M.D - Courtesy - Psychiatry
- Thomas L. Aung, M.D. - Active - Internal Medicine
- John F. Bangston, M.D. - Active - Family Practice
- William T. Banks, M.D. - Courtesy - Diagnostic Radiology
- John R. Boyd, M.D. - Active - Family Medicine
- Franklin Chen, M.D. - Active - Internal Medicine
- Craig Couch, M.D. - Active - Neurology
- Stephen H. Garland, M.D. - Courtesy - Internal Medicine
- Ann E. Hathcock, D.O. - Courtesy - Family Practice
- J. Russell Hoverman, M.D. - Courtesy - Internal Medicine
- Teresa K. Lyson, M.D. - Active - Internal Med
- Mubashar Munir, M.D. - Active - Gastro
- Maya Powers, M.D. - Active - Internal Medicine
- Murray A. Snook, M.D. - Active - Family Practice
- Mary Z. Winsett, M.D. - Courtesy - Radiology
- Philip M. Woodall, M.D. - Courtesy - Family Practice

SURGERY

- Michael Albrecht, M.D. - Active - Orthopedics
- Patrick H. Beckham, M.D. - Courtesy - Plastic Surgery
- Patricia Dearman, M.D. - Active - Oph
- Hien X. Duong, D.O. - Active - Internal Medicine
- Carla Emery, D.P.M. - Courtesy - Podiatry
- William Hart, M.D. - Courtesy - General Surgery
- Mark C. Felger, M.D. - Courtesy - Thoracic Surgery
- Jack Jacobson, M.D. - Active - Urology
- Edward S. Lewis, M.D. - Courtesy - Orthopedics
- Harvey M. Lisch, D.P.M. - Courtesy - Podiatry-
- Sergio Maggi, M.D. - Active - Plastic Surgery
- Ronald E. Manicom, M.D. - Active - Neurosurgery
- David W. Martin, M.D. - Active - General Surgery
- Frosty Moore, M.D. - Courtesy - Orthopedics
- Maureen A. Riopel, M.D. - Courtesy - Pathology
- Mark A. Silberman, M.D. - Courtesy - Pathology

PEDIATRICS

- Bernadette Brown, M.D. - Active
- Mrudula A. Despande, M.D. - Active
- William B. Glomb, M.D. - Active



Food and Nutrition Services

Taking Hospital Food to a Whole New Level

Beginning in September, we will be implementing **AT YOUR REQUEST** room service dining; the next generation in hospital food service, designed with the **PATIENT** in mind.

Patients will have a restaurant-style menu in their room, from which to make selections. The patients may order their meals anytime between 7:00 am-7:00 pm. They simply place an order by dialing "MENU" and an Operator will take their order. Each meal is prepared and delivered to the patient within 45 minutes.

Patients' family members can also use the service to assist the patient in ordering their meals. Patients on modified diets will be assisted by the Operators to make appropriate selections, that meet their dietary modifications.

Depending on the calorie level the physician orders, the patient will be allowed to order a specific number of carbohydrates at each meal. This provides the patient maximum flexibility and education, while offering foods that they want to eat. Systems are put in place to ensure that nursing is aware of when the patient is eating, so the patient's medications and or insulin is given at the appropriate time. This system helps the patient follow a schedule like they would at home.

The Cafeteria has also undergone many changes over the last several months. Among those changes are a pizza station, Orville & Wilbur's Chicken (a branded Tyson chicken program), and now the Grill is open in the evenings from 5:00-7:00pm.

An Employee Advisory Committee will help provide employee input into future menu offerings and service changes. We also welcome your input and feedback regarding service in Doctors' Dining Room. Please come by to see me or call with your comments and suggestions. **Sondra Mechaley 341.6597**

General Medical Staff Meeting

The Bi-Annual General Medical Staff Meeting was held on Wednesday, April 23, 2003.

Dr. Robert Peters introduced Shirley Bayles, Representation of the National Auxilliary to the American Osteopathic Association and Pamela Adams, President of the Texas Osteopathic Medical Center. Ms. Bayles and Ms. Adams gave a brief presentation on the "Yellow Ribbon Suicide Prevention Program"

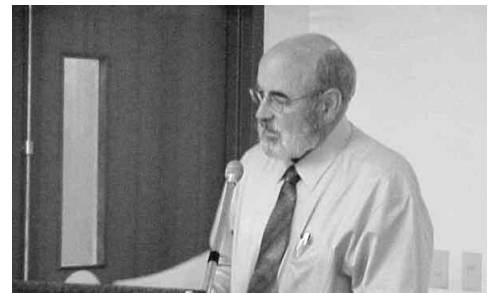
Dr. Trevor Turner, introduced Richard Tallman, M.D. who gave a presentation on "Healthcare Economics and the Ethics of Distributive Justice: In Sickness and In Health; For Richer or Poorer"-for 1 hour of approved Ethics CME.



Dr. Michele Irvin, Dr. Richard Strawser, and Dr. Karin Southmayd enjoy a meal at the General Medical Staff meeting.



Dr. Kambiz Jahadi and Dr. Chad Hartmann enjoy conversing over dinner.



Medical Executive Committee Officer, Dr. Robert Peters gives a report to the Medical Staff



News From the Partnership

Quality Updates

SAH Named 100 Top Hospital

In April, SAH learned that they had been designated a 100 Top Hospital by Solucient, a health information company. Solucient publishes an annual list of the 100 Top Hospitals in the nation based upon quality of care (clinical outcomes), efficiency of operations, and sustainability of overall performance. *Congratulations to the SAH staff and physicians!*

Digital Mammography at SDMC

SDMC recently purchased the region's only American College of Radiology-approved digital mammography unit, bringing greater sophistication to breast screening through computer-assisted detection (CAD).

Research shows that CAD increases detection of early-stage breast cancer by 19.5 percent. For more details, visit www.hersource.com.

What is a QRS?

QRS stands for Quality Review System, and is a process developed by HCA to assure that its hospitals meet defined quality standards. Every 18 months, each HCA hospital will be surveyed by the company's Quality Standards Department. The review will include measures related to compliance with standards and regulations, patient safety, risk management, satisfaction, and outcome. Objectives include:

1. To provide an ongoing management review of HCA hospital clinical performance.
2. To identify and quantify elements of clinical care that need improvement
3. To provide an "early warning system" that identifies issues in individual hospitals that may result in problems with external review agencies. Every 18 months, a survey of quality standards will be conducted each HCA hospital.

SDHP facilities have been scheduled for their surveys as follows:

NAMC	June 23 – 27
RRMC	August 18-22
SDMC	September 29 – October 3
SAH	not scheduled yet

The Quality Initiative

On December 12, 2002, the AHA, the Federation of American Hospitals (FAH), and the Association of American Medical Colleges (AAMC) launched The Quality Initiative: A Public Resource on Hospital Performance, to make information about hospital performance accessible to the public. All HCA hospitals have been requested to participate in this initiative.

The initiative includes 10 measures related to AMI, CHF and pneumonia. Each SDHP hospital will collect data on these medical conditions. The data, which relates to various aspects of the hospitals' treatment of pneumonia and cardiac illness, will first be analyzed and explanatory materials will be developed. To assure that the data is clear and helpful to the public, it will be initially displayed on a government Web site designed for health care professionals. It will appear later on a Web site designed for the general public.

Public Data Release

On May 29, 2003, The Texas Health Care Information Council released Indicators of Inpatient Care in Texas Hospitals, 1999-2001, a report on Texas hospital performance regarding 25 measures of quality. The report provides health care consumers with data on hospitals throughout the state. For further information, please contact your Quality Director.



News From the Partnership cont.

Round Rock Medical Center's Sister Hospital, South Austin Hospital, First in Austin to Treat Coronary Artery Disease With Newly-Approved Drug-Eluting Stent

The FDA recently approved the use of drug eluting stents to treat patients with coronary artery disease. South Austin Hospital cardiologists were the first in the Austin area to use the stents, designed to reduce patient recovery time, medical expenses and the need for further surgeries.

Stents are tiny metal devices used to prop open blocked arteries after angioplasty, a common procedure in which a balloon-tipped catheter is used to clear fatty plaque from diseased heart arteries. Patients treated with traditional stents are much more likely to develop restenosis, a narrowing of the blood vessels due to the formation of scar tissue.

The new CYPHER stent is coated with the drug sirolimus, which is slowly released into the vessel lining to prevent scar tissue growth. Clinical trial results indicate that approximately 22 percent of all patients treated with the traditional stent required a new stenting procedure after six months, compared with only 4 percent of patients treated with the coated stent.

According to Matt Anderson, director of South Austin Hospital's Cath Lab, the impact of this new device cannot be underestimated. "This technology is the biggest thing in the treating coronary artery disease since the introduction of the first stents in 1992."

Nearly 700,000 people in the U.S. are treated with angioplasty annually, and this year more than 1.1 million will have a first or recurrent coronary attack. Those at greatest risk include men over age 50, women over age 60, individuals with a family history of heart disease, smokers, and those suffering from diabetes, high cholesterol and high blood pressure.

As with most new technology, the cost for the drug eluting stents is significantly more than the current stents in use. While Medicare and most private insurers are making incremental adjustments to reimbursement based on the increased cost, it is important to understand that new technology often increases the cost of providing care. As new technology comes on board, it is important that HCA and our facilities develop guidelines that are based on clinical research, or evidence base medicine to determine the best way to utilize these new products in an efficient and appropriate manner.

Quality: Monitoring from Within

Annually, the Partnership selects quality priorities that align with our goals of exceptional care and customer loyalty. Based on an analysis of internal and external data, clinical and operational quality priorities are selected for all facilities. Actions for improvements are developed and results are monitored quarterly to evaluate our progress towards achieving our goals. The ultimate objective is, of course, to improve quality on an ongoing basis.

For 2003, SDHP has chosen the following priorities:

CLINICAL

- Partnership-wide
 - C-Section Complications
 - DVT Awareness
 - Hyperglycemia Management
- RRMC-specific
 - Total Joint Replacement LOS

OPERATIONAL

- (Partnership-wide and RRMC specific)
 - Patient Satisfaction Survey Questions
 - Discharge Planning (RRMC)
 - OPS Wait Time (RRMC)
 - Physician Satisfaction Survey
 - Scheduling Inpatient Surgery (RRMC)
 - Employee Satisfaction Survey
 - Last 6 Months Talked About Progress (RRMC)

Information on our progress on meeting our quality priorities will be communicated in future articles.