

Winter 2024



Progress Notes

METHODIST HEALTH SYSTEM MEDICAL STAFF NEWS



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Press Ganey names Methodist its inaugural Health System of the Year



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

Methodist Health System made headlines this month when we were named the national HX24 Health System of the Year by Press Ganey, our industry-leading partner in improving the patient experience and staff resilience.

The first-of-its-kind accolade honors Methodist employees and members of the medical staff who are "setting the standard" for transforming the Human Experience (HX). Awards like this may not be why we do what we do, but please join us in celebrating a job well done. It's your efforts that make Methodist shine.

Speaking of exceeding expectations, our Medication Therapy Management (MTM) initiative continues to be a big success for the health system and Methodist Medical Group. And we want every provider to be rewarded.

Led by the Pharmacy team and Vice President/Chief Pharmacy Officer **Jon Albrecht**, RPh, MHA, FASHP, this program seeks to encourage better coordination of care among MMG practices and Methodist hospitals and efficient use of resources across MHS as a whole rather than independent of one another.

Patient referral to the MTM program promotes the continual review and optimization of a patient's medication therapy to achieve better quality, lower costs, and enhanced overall care to not only patients served at Methodist hospitals, but across MHS.

Now, in an effort to give the program a boost, Methodist is encouraging participation using incentives for employees and providers. It's truly a win-win-win for patients, providers, and Methodist.



**Click HERE to read
the RISE newsletter**

Lastly, I want to encourage all employees and members of the medical staff to continue reporting all safety events using our Verge platform. As you know, there is a positive association between voluntary safety event reporting rates and a strong culture of safety. Setting a high standard begins with the quality of our care and making harm visible through our RISE High Reliability initiative.

All events may be reported anonymously using the links below (or by clicking on the [Verge Event Reporting](#) button on Pulse).

1. [Patient Safety Event](#)
2. [Patient Relations Complaint](#)
3. [Non-Patient Event](#)
4. [Workplace Violence](#)

[Using Duo to access Physician Portal](#)

Starting in March, a two-factor authentication called Duo will be required when accessing the Physician portal via webdoc.mhd.com. This is the same two-factor authentication we use for e-prescribing. If you have not already registered for Duo, you can do so by filling out [this form](#). When you log on to the Physician Portal, you will receive a push notification to your phone and will no longer be required to answer a security question. The purpose of using a two-factor authentication is to provide Methodist Health System with an additional layer of security and reduce the risk of an unauthorized party gaining access to PHI.

[Universal Skills training for Providers](#)

We're asking our providers to join us on our RISE High Reliability journey with training tailored to your needs. To access the video, please click the button below and enter the password **MD-RISE**, or visit the [Physician Portal](#). You must scan the QR code at the conclusion of the video to receive 1 CME credit for the training.

[WATCH THE VIDEO](#)

Speaking Up for Safety

Care Commitment Message:

Taking care of each other with CLEAR universal skill

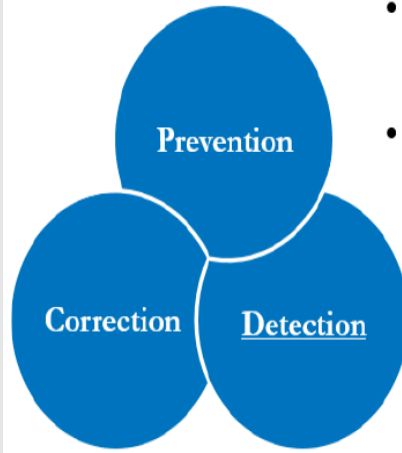
Following a facility safety huddle, the quality director observed a respected physician leader mentoring and teaching RISE principles.

A new nurse leader appeared overwhelmed after reporting a series of potential errors from their unit. An experienced physician leader took the time to connect with the nurse leader out of concern. The nurse expressed frustration over staff actions that may have led to the errors.

The physician listened to the concerns and assured them that he understood what was being expressed. He then proceeded to explain the principles of high reliability in investigating human errors and how to take a deeper dive into the reasons behind the mistake in a blame-free manner to truly identify the root cause of the event and correct the issues identified.

As the discussion continued, they identified processes rather than behavior issues that could be potential gaps and the nurse leader appeared more calm and relaxed. The physician responded by reminding the leader to look at mistakes from this perspective.

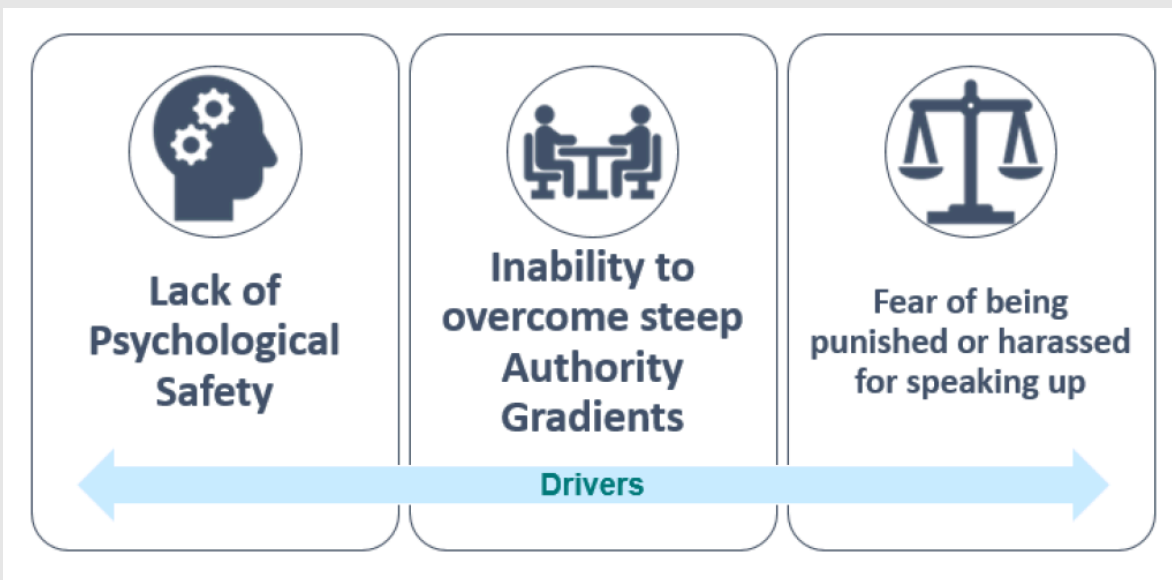
The quality director stated that the physician communication was “flawless” and modeled the RISE principles we are working to embed and sustain throughout Methodist.



Safety Culture Components

- Healthcare workers detect and report only **one out of every seven** errors, accidents, or events of harm.
- In safety culture survey results from over 300,000 respondents:
 - **50%** reported that they did NOT feel free to question the decisions or actions of those with more authority.
 - **32%** expressed a fear of asking questions when something didn't seem right.

Why do you think so many errors go unreported?



STEP 1: Understand that we are all human and make mistakes regardless of our experience or authority levels. The individual who made the mistake was often well intended.

STEP 2: Work with the individual who made the error in a blame-free manner to discover how they experienced the error and to ensure the safest possible environment for the patient.

STEP 3: Discuss the error in HUDDLE and place a Verge Report so no other well-intended individual experiences the same error.

Methodist Mansfield

32-bed Neuro Critical Care Unit elevates patient care to 'top tier'

Methodist Mansfield Medical Center opened its new Neuro Critical Care Unit on January 18. Representing a significant leap toward advancing exceptional care, the unit allows the team at Mansfield to treat a wide range of neurological issues, from strokes and seizures to brain tumors and severe spinal injuries.

"This unit represents a significant milestone in our dedication to providing unparalleled care to patients in a timely manner," said Methodist Mansfield President Juan Fresquez, MBA. "Our goal is to deliver top-tier expertise and compassionate care to every individual who arrives through our doors."

This 32-bed unit is equipped with artificial intelligence technology that can rapidly diagnose and analyze scans to allow physicians to administer immediate treatments. It also boasts the newest renal replacement therapies, ultrasound, and bedside EKG and Echo machines. It is staffed by a specialized team of neurologists, neurosurgeons, critical care nurses, and rehabilitation specialists, who are poised to treat a range of life-threatening neurological conditions.



The unit is headed by neurosurgeons on the hospital's medical staff: **Richard Meyrat, MD**, Medical Director of Neurosurgery; **Stephen Katzen, MD**; **Nimesh Patel, MD**; and **Randall Graham, MD**.

"With the launch of our new Neuro Critical Care Unit, we've fortified our commitment to serving the complex needs of patients who require specialized care for critical conditions," Fresquez said.

Methodist Midlothian

Expanding care in Ellis County

Methodist Midlothian has begun a \$20 million project to add 30 more in-patient beds so that it can continue to meet the growing healthcare needs of the rapidly expanding community in Ellis County. The hospital's fifth floor — previously shell space — will include intermediate-care suites for patients and office space for staff. The facilities are scheduled to open in fall 2024.

"When the hospital opened in 2020, we pledged to the community that we will deliver quality, compassionate healthcare close to where residents live and work. With the continued expansion, we are fulfilling that promise," Methodist Midlothian President **Jary Ganske** said.

This expansion aligns with the health system's long-term goal to provide more patients with access to its award-winning care by addressing the medical needs of the growing populations it serves.



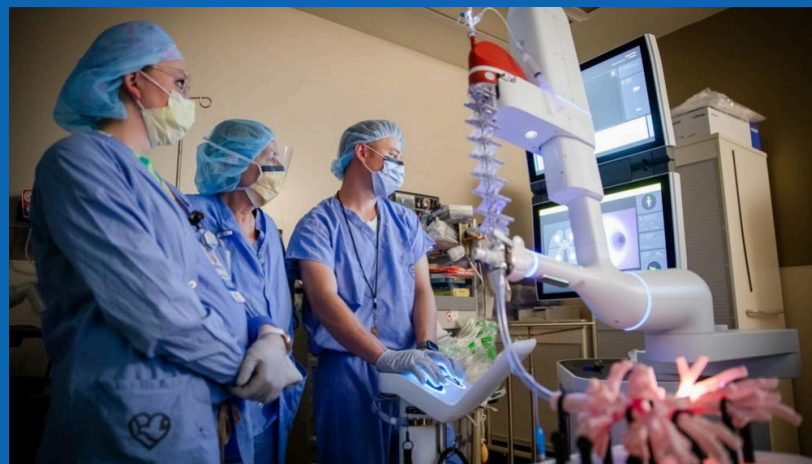
"The need to expand, less than four years since our opening, demonstrates that we have exceeded the community's expectations. We look forward to enhancing our team and expanding our services," Ganske said.

Methodist Richardson

New robot performs lung biopsies

Methodist Richardson has added Intuitive's ion robotic-assisted bronchoscopy platform for performing minimally invasive peripheral lung biopsies. The Ion endoluminal system has an ultra-maneuverable catheter that allows clinicians to reach small lesions in all 18 segments of the lung.

"The robot provides a GPS-like path to the nodules using CT," said **Anthony Boyer, MD**, Director of Critical Care and intensivist on the medical staff at Methodist Richardson. "The robot also allows the physician to be hands-free to biopsy the nodule, which improves accuracy."



Medical Milestones



Methodist Dallas

Surgical teams break record

Methodist Dallas performed a record number of surgeries in fiscal year 2023. Surgeons on the hospital's medical staff performed a total of 9,951 surgeries from September 2022 through September 2023.

"I am so proud of our surgical teams at Methodist Dallas," said President **John Phillips**, FACHE. "The physicians and surgical services staff at Methodist Dallas are committed to working together to provide our patients with quality, efficient, and compassionate care."

Last May alone, surgical teams performed 920 surgeries, the hospital's highest number of surgeries for a single month.

"Because of our incredible support and medical staff, the best days for Methodist Dallas are ahead of us."

Methodist Southlake

Cath lab notches 300th procedure

The team at Methodist Southlake reached a major milestone recently when hospital staff performed their 300th catheterization procedure.

In January, Robert Bazant suffered a heart attack 1,300 miles from his Montana home. Realizing he was experiencing an emergency, he ended up in the Emergency Department at Methodist Southlake where **Anas Alomar**, MD, medical director of cardiology on the hospital's medical staff, found multiple blockages in the arteries supplying his heart. Less than 50 minutes after the patient walked through the door, Dr. Alomar completed a coronary angiogram and restored all blood flow to Robert's heart.

"The pain went away immediately," said the Montana man, who called his experience at Methodist Southlake "second to none."

"We were able to fix all the blockages in one setting," Dr. Alomar added. "Seeing the 180-degree difference in a patient before the procedure and afterward ... it's an amazing feeling. He's going to have a normal heart function and a normal life expectancy."

Visit [Shine Online](#) to read the full story.



Methodist Mansfield New thrombectomy procedure offered



Large vessel occlusion strokes can be the most deadly because standard clot-busting drugs often prove to be too ineffective for this type of stroke. Instead, the most effective treatment is a thrombectomy, which requires removing the clot to restore blood flow to the brain and help prevent disability in patients with acute ischemic strokes.

Alvin Anene, MD, interventional radiologist on the medical staff at Methodist Mansfield performed the first such thrombectomy at Methodist Mansfield on December 31, 2023. During the procedure, the doctor threads a catheter through an artery in the groin or wrist and guides it to the patient's brain and uses suction and/or a stent to remove the clot.

"When it comes to stroke care, time is brain. Every minute that blood flow to the brain is blocked, millions of neurons are lost and nearby tissue can be damaged," Dr. Anene said. "By reducing the time between a patient's arrival in the emergency room and the restoration of blood flow in the brain, we can help save their lives."



Methodist Dallas Celebrating Magnet achievement

For the first time within Methodist Health System, the Magnet Recognition Program® allowed Methodist Dallas to skip directly to the site visit phase of the recertification process after finding minimal deficiencies in the hospital's application.

The American Nurses Credentialing Center (ANCC), which grants Magnet designations, personally called Methodist Dallas leaders to congratulate them on advancing so quickly and bypassing an extra survey step.

"This achievement illustrates our commitment to high quality care and validates every person who works so hard at Methodist Dallas," said **Barbara Madden**, MSN, BSN, Vice President and Chief Nursing Officer of Methodist Dallas.

Appraisers visited Methodist Dallas in January and received a warm welcome reception.

Methodist Charlton Team performs its first kidney cancer surgery



Methodist Charlton completed its very first robotic partial nephrectomy on January 9.

Srinath Kotamarti, MD, urologist on the hospital's medical staff, performed the procedure. It's a minimally invasive surgery used to treat kidney cancer.

"Kidney surgery has radically changed over the past several years, and now we are able to provide patients with effective minimally invasive surgeries that allow them to recover faster and get back to their lives," Dr. Kotamarti said. "While prevalent in other areas, this type of surgery was previously unavailable for our community. I'm proud to bring this surgery to Methodist Charlton Medical Center to offer our patients the type of care they deserve."

Using advanced technology, Dr. Kotamarti was able to remove the diseased section of the kidney while leaving healthy tissue intact.

Methodist Southlake

New minimally invasive procedure offered to treat venous disease

Methodist Southlake is now treating venous disease with the VenaSeal system, a new procedure that provides relief for patients who struggle with the painful symptoms of varicose veins.

Anas Alomar, MD, medical director of cardiology on the medical staff at Methodist Southlake, performed the hospital's first such procedure, which delivers a small amount of a specially formulated medical adhesive to close the diseased vein and reroute blood to nearby healthy veins. Dr. Alomar's patient presented with leg swelling and an ulcer-like wound above the ankle that showed limited improvement despite antibiotic treatment. Dr. Alomar examined the patient, and his assessment revealed severe venous insufficiency.

"The patient underwent a successful endovenous treatment using VenaSeal for the affected vein in her leg," he explained. "Following the procedure, her symptoms resolved, and the wound exhibited significant healing. The patient experienced a notable improvement in her overall well-being and expressed gratitude for the successful resolution of her health issues at Methodist Southlake."



Setting the Standard

Methodist Midlothian

Surgical team receives Go Clear safety recognition

The Association of periOperative Registered Nurses (AORN) has named Methodist Midlothian a Center of Excellence in Surgical Safety: Smoke Evacuation. AORN's Go Clear Award recognizes the hospital for its successful commitment to patient and workplace safety by taking a comprehensive and evidence-based approach to ensuring a smoke-free environment wherever surgical smoke is generated.

"Surgical smoke occurs every day in operating rooms, and repeated exposure can cause potential risks for those around it. Methodist Midlothian took the necessary steps to protect our patients, nurses, doctors, providers, and support staff," said **Cotessa Henry**, DNP, RN, Director of Surgical/Peri-Op Services.



Methodist Midlothian

Raising awareness for breast cancer and need for screenings

The Midlothian High School Student Council partnered with Methodist Midlothian to sell pink Breast Cancer Awareness Month T-shirts in October, and they raised \$10,000 to support Women's Imaging Services. The annual event highlights the importance of regular health screenings.

"With mammograms and patient self-exams, breast cancer can be diagnosed so much sooner. After treatment, patients are able to get back to full and active lives," said **Katrina Birdwell**, MD, FACS, breast surgeon on the medical staff at Methodist Midlothian.

Several physicians on the medical staff and members of the radiology team at Methodist Midlothian also honored Sissy Franklin, a breast cancer survivor and local community icon. Read more about Sissy's journey over the past year on [Shine Online](#).

Methodist Richardson

Physician named to national committee on trauma care

Usha Mani, MD, FACS, orthopedic surgeon on the medical staff at Methodist Richardson, has been appointed to serve on the American College of Surgeons' National Central Committee on Trauma.

Dr. Mani is one of eight orthopedic surgeons to sit on this governing committee that oversees and creates new guidelines for all trauma centers to improve care. The group also oversees the designation requirements for certification. Dr. Mani is a board-certified orthopedic surgeon and has subspecialty training in trauma and sports medicine.





Bedside Manners

Before you knock, consider how to connect with patients

What's in your wallet? Just kidding – I don't really need to know. I'm more curious about what's in your bag of tricks for connecting with patients.

Think before you knock: We all probably know we should knock on the door before entering a patient's room and then introduce ourselves and our role. But before you knock, take a moment to collect your thoughts and consider the human patient on the other side. That may help you to have a more healthy, patient-centered interaction – which turns out to be good for a doctor's mental well-being, too.

Listen longer: Try to learn something about the patient as a person, and ask what is really important to them. These are useful, in-the-moment strategies for forging connections. Without a connection, it's difficult to build rapport, and eventually, trust. That bond, in turn, may also improve patient compliance, enhance the patient's experience, and reduce the risk of litigation.

What's your why? Some self-reflection may be helpful, too. What gets you up in the morning and brings you back to work? What do you enjoy most about what you do? If you are curious about these things, too, and would like to discuss, or just listen, join the conversation during a Zoom meeting of the physician peer-group at **noon Thursdays (link here)** and share what is in your bag of tricks. Contact the peer group at MHSCARES4DR@mhd.com.

And just a reminder that Methodist's Medical Directors for Physician Service Excellence are also trained coaches. They can interpret stats like HCAHPS and Top Box or help you work toward a professional goal like improving your communications skills. Get in touch with your hospital's Medical Director for PSE (listed below), or Chief Medical Officer, or **email me directly**.

- **MHS and MMMC:** Paul Lansdowne, MD, PaulLansdowne@mhd.com
- **MDMC:** Lauren Hoffman, MD, LaurenHoffman@mhd.com
- **MMG:** Denise Johnson, MD, DeniseJohnson@mhd.com
- **MRMC:** Carol Norton, MD, CarolNorton@mhd.com
- **MCMC:** Manuel Tellez III, MD, ManuelTellez@mhd.com

Epic Strides

Paul Lansdowne, MD
Executive Medical Director
Physician Service
Excellence

Featured Epic Upgrade

Epic has been upgraded to a web-based platform, with more support for healthcare-specific needs like increased security and third-party integrations. When users launch the new Epic icon for the first time, they'll immediately notice an improved and more attractive user interface. What are some key changes?

- Workflows will be faster
- The Epic menu has a more open look that's easier to skim and now includes a search field.
- My Settings menu has moved from the Epic menu to the top-right corner for easier access. In Basket, Secure Chat, and notifications (like printing or new features) are also visible at the top-right.

Triennial Order Set review

We're performing our 2024 Triennial Clinical Content order set review to ensure MHS Order Sets meet Best Practices. Previously, Triennial Order Sets would be reviewed during the last quarter and all changes would be made at once. The 2024 Triennial Order Set review is split up into specialties this year, with Critical Care, Transplant, and Surgery/OR going live during the April quarterly update. The 10 order sets being reviewed are listed below. More information to come during the quarterly update.

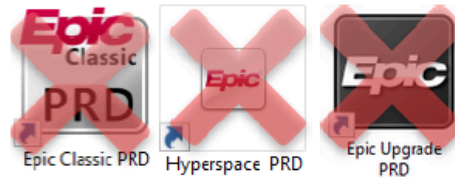
- MHS IP ROTOPRONE ORDER SET
- MHS IP ICU ADMISSION
- MHS IP PREADMISSION TESTING ORDERSET
- MHS IP CARDIAC POST EXTUBATION
- MHS IP POST PARATHYROIDECTOMY CALCIUM
- MHS IP KIDNEY-PANCREAS STEPDOWN
- MHS IP TRANSPLANT PRE / POST TESTS
- MHS IP TRANSPLANT TEAM THYMOGLOBULIN
- MHS IP KIDNEY-PANCREAS POST OP
- MHS IP REJECTION ORDERS

New **Epic** Hyperspace PRD icon is now LIVE!



DO NOT USE

Removing 2/14 at MLMC, MMMC, & MSMC



Don't see the new icon?
Enter a Cherwell ticket!

Epic EDUCATION



Tenecteplase (TNKase®) replaces alteplase for acute ischemic stroke

Methodist has instituted a systemwide rollout to replace alteplase with tenecteplase, for acute ischemic stroke. Please review the explanation for this change, in addition to ordering information:

Background

Tenecteplase has potential advantages to alteplase such as greater fibrin specificity and greater resistance to PAI-1 inhibition. In clinical trials, tenecteplase had similar safety and efficacy when compared with alteplase for the treatment of acute ischemic stroke with superiority on outcomes including early neurologic recovery and recanalization.

Ordering

Tenecteplase will be built into Epic order sets and order panels with the appropriate defaulted dosing and administration instructions. These orders will exist in the same places that alteplase did before (ED stroke meds order set and individual panel) so as to not unnecessarily change your workflow.

Dosing

- Weight based at 0.25 mg/kg (max of 25 mg). Note: Dose will be calculated in Epic order.
- Use ACTUAL body weight with dose rounded to nearest 1 mg (max of 25 mg)

TENECTEPLASE FOR STROKE

Dosing for Stroke: 0.25 mg/kg IV push over 5 seconds

Weight (kg)*	Dose	Volume	Weight (kg)	Dose	Volume
38 – 40.9	10 mg	2 mL	69 – 72.9	18 mg	3.6 mL
41 – 44.9	11 mg	2.2 mL	73 – 76.9	19 mg	3.8 mL
45 – 48.9	12 mg	2.4 mL	77 – 80.9	20 mg	4 mL
49 – 52.9	13 mg	2.6 mL	81 – 84.9	21 mg	4.2 mL
53 – 56.9	14 mg	2.8 mL	85 – 88.9	22 mg	4.4 mL
57 – 60.9	15 mg	3 mL	89 – 92.9	23 mg	4.6 mL
61 – 64.9	16 mg	3.2 mL	93 – 96.9	24 mg	4.8 mL
65 – 68.9	17 mg	3.4 mL	97 or greater	25 mg	5 mL

*Dose calculation needed if weight < 38 kg (no minimum dose)

- Use ACTUAL body weight with dose rounded to nearest 1 mg (max of 25 mg)
- Flush with 10 mL NS *before* and *after* dose

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. Below you will find a few new ways that Epic can make your job easier.

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 (5-EPIC)
or EpicMSMC@mhd.com

Quality Corner

Quality and Safety: RISE to the Occasion



Reliability, Innovation, Safety, Excellence

Measure	FY18	FY23	% Change FY18 vs FY23
Overall Mortality (Observed/Expected Ratio)	0.95	0.78	18% ↓
Sepsis Mortality (Observed/Expected Ratio)	1.26	0.83	34% ↓
Patient Falls with Injury per 1000 Patient Days	0.34	0.27	21% ↓
CAUTI	0.789	0.504	36% ↓

★ 427 lives saved in Overall Mortality in FY23

★ 124 lives saved in Sepsis Mortality in FY23

★ 47% Falls with Injury reduction from FY22

★ 34% CAUTI reduction from FY22

MHS FY23 Sepsis Mortality O/E (0.83) exceeds Premier top decile performance in sepsis mortality (0.85).

Lower is better
↓ Favorable improvement
↑ Unfavorable increase

