



From the President

Dear Colleagues,

It is hard to believe that we are at the end of year already. As we reflect back on the past year, it is time to look ahead to great things in 2020!

Please join me in welcoming Dr. Brandon Bruns to UM PGHC as the new Medical Director of Trauma-

tology. Dr. Bruns has been at the University of Maryland Medical School since 2012, when he was appointed as an Assistant Professor of Surgery. He was promoted to Associate Professor of Surgery in July 2016. We are very fortunate to have him at UM Prince George's Hospital Center, as he will bring a fresh perspective to our Trauma Service and help us to continue on our path to excellence.

The Medical Staff wishes a happy Medical Staff Services Awareness Week to our Medical Staff Services Professionals! Please see the article, in this edition, recognizing these valuable members of our healthcare team, and be sure to stop by the Medical Affairs Department to wish them well during their special recognition week.

Work continues to progress, according to the established timeline, on the new Regional Medical Center. Dr. Joseph Wright provides an update in his article in this edition. We hope to begin tours of the new building very soon. Stay tuned for more updates.

As we move into the new year, please be mindful that the most menial of tasks can make the biggest impact on patient care: Hand Hygiene. Provider compliance with hand hygiene has slipped recently. Please be sure to foam in and out! Strive for 100% compliance for patient safety!

In closing, at UM Prince George's Hospital Center, we recognize and celebrate the Holidays of all of our staff from every type of background. Happy Hanukah, Christmas, Kwanzaa, Bodhi Day, Santa Lucia Day, Las Posadas, and Boxing Day to all. As we move into 2020, there is a lot to look forward to and much hard work ahead of us. We all need to come together to accomplish our main goal of providing the highest quality of care to our patients. HAPPY NEW YEAR!

Bijan Bahmanyar, MD, FACS, FICS
President, Medical Staff

New Members of the Medical Staff

Please join us in welcoming the following new Members to the Medical Staff of University of Maryland Prince George's Hospital Center:

| | | |
|--------------------------------|-------|------------------------------------|
| Brandon Bruns, MD | ..... | Surgery/Traumatology |
| Christian Cain, MD | ..... | Surgery/Traumatology |
| Chern Chao, MD | ..... | Medical Imaging |
| Suzan Ebrahimi, MD | .. | Internal Medicine/Gastroenterology |
| Bryan Ego-Osuala, MD | ..... | Surgery/Otolaryngology |
| Olga Gonzalez, DPM | ..... | Surgery/Podiatry |
| Rupal Jain, MD | ..... | Emergency Medicine |
| Aaron Johnson, MD | ..... | Orthopedics |
| Shams Jubouri, MD | ..... | Medical Imaging |
| Sintayehu Kenea, MD | .. | Internal Medicine/General Medicine |
| Easton Manderson, MD | ..... | Orthopedics |
| Lucas Marchand, MD | ..... | Orthopedics |
| Sean Meredith, MD | ..... | Orthopedics |
| Paul Newman, MD | ..... | Family Medicine |
| Howard Richard, III, MD | ..... | Medical Imaging |
| Kristin Schreiber, MD | ..... | Emergency Medicine |
| Monique Stevens, CNM | ..... | OB/Gyn |
| Carl Swanson, MD | ..... | Medical Imaging |
| Nikki Tirada, MD | ..... | Medical Imaging |
| Brett Walters, MD | ..... | Emergency Medicine |
| Warren Yu, MD | ..... | Surgery/Otolaryngology |

Welcome Aboard!

CERNER Automatic Account Deactivation – 90 Days

Please note that all Cerner User Accounts will be automatically deactivated if there is no activity in a 90 day period. If your account is deactivated, please call the MIS HelpDesk at (301) 618-2149 for assistance in getting your account reactivated.



Calendar of Meetings / Conferences / Educational Opportunities

NOVEMBER 2019

| | | |
|-----|----|---|
| Tue | 5 | 8:00 a.m. Surgery Grand Rounds .....AUD 12:00 p.m. OB/Gyn Grand Rounds* .....AUD 12:00 p.m. Credentials Committee .....MSO |
| Wed | 6 | 7:30 a.m. Med/CCC* Peer Review Lounge 9:00 a.m. Utilization Review Case Man Conf Committee..... Case Man Conf 12:00 p.m. Wednesday Lecture* .....AUD "Retina 101 for the Non-Ophthalmologist: What You Wish You Learned in Medical School" – Albert Li, MD, Assistant Professor, Vitreoretinal Diseases & Surgery, Department of Ophthalmology and Visual Sciences University of Maryland School of Medicine |
| Thu | 7 | 7:30 a.m. Anesthesia Peer Review Surg Conf 7:30 a.m. Operating Room Committee Lounge 8:00 a.m. Cath Lab Stemi Case Man Conf |
| Fri | 8 | 12:30 p.m. Ortho Grand Rounds..... Lounge |
| Tue | 12 | 7:30 a.m. Medical Executive Committee.....MSO 8:00 a.m. Surgery Journal Club Med Student Conf 12:00 p.m. Research..... Lounge 12:00 p.m. OB/GYN Grand Round* .....AUD |
| Wed | 13 | 11:30 a.m. Safety Event Report..... TBD 12:00 p.m. Wednesday Lecture* .....AUD "Neurologic Side Effects of Immunotherapy" Haroon Ahmad, MD University of Maryland Medical Center 1:30 p.m. P&T Committee Meeting Spellman |
| Thu | 14 | 7:30 a.m. Emergency Dept Staff Meeting ED 7:30 a.m. OR Committee Lounge 9:00 a.m. ED Peer Review* ED 12:00 p.m. Ortho Peer Review..... Lounge |
| Fri | 15 | 7:30 a.m. MSQOC Admin |
| Tue | 19 | 7:30 a.m. OB/Gyn Peer Review K200 8:00 a.m. Trauma/Surgery/Vascular .....AUD 12:00 p.m. OB/GYN /Grand Rounds* .....AUD |
| Wed | 20 | 11:30 a.m. Safety Event Report..... TBD 12:00 p.m. Wednesday Lecture* .....AUD "Hepatology, Nash and Fatty Liver Epidemic" Amol S. Rangnekar, M.D., M.S. MedStar Georgetown University Hospital Transplant Institute 2:00 p.m. General Surgery Peer Review Lounge |
| Thu | 21 | 7:30 a.m. Cath Lab Peer Review Lounge 8:00 a.m. Trauma Multidisciplinary Peer Review..... HR |
| Tue | 26 | 7:00 a.m. OB CQI K200 7:30 a.m. Tumor Board Meeting E500 8:00 a.m. Trauma/Surgery/Vascular M&M .....AUD 9:00 a.m. Sepsis Management Meeting Lounge 12:00 p.m. OB/GYN Grand Rounds* .....AUD 1:00 p.m. Maternal Child Health K200 3:00 p.m. Medication Management meeting..... MSO |
| Wed | 27 | 11:30 a.m. Safety Event Report..... TBD 12:00 p.m. Wednesday Lecture* .....AUD "Neuroengineering and NeuroVentures: Neurosensing Innovations and a War Story on the Launching of a Venture to Treat Epilepsy" Dr. Daniel DiLorenzo, MD, PhD, MBA Assistant Professor, Loma Linda University Medical Center, Department of Neurosurgery 1:00 p.m. Infection Control meeting Spellman |
| Thu | 28 | THANKSGIVING DAY HOLIDAY |

DECEMBER 2019

| | | |
|-----|----|--|
| Tue | 3 | 8:00 a.m. Surgery Grand Rounds .....AUD 12:00 p.m. OB/Gyn Grand Rounds* .....AUD 12:00 p.m. Credentials Committee MSO |
| Wed | 4 | 7:30 a.m. Med/CCC Peer Review* Lounge 9:00 a.m. Utilization Review Committee Case Man Conf 12:00 p.m. Wednesday Lectures* .....AUD "Pancreatic Cancer Diagnosis and Treatment" Nader Hanna, MD, Professor of Surgery, Medical Director, UM St. Joseph Medical Center Cancer Institute |
| Thu | 5 | 7:30 a.m. Anesthesia Peer Review Surg Conf 7:30 a.m. Operating Room Committee Lounge 8:00 a.m. Cath Lab Stemi* Case Man Conf |
| Tue | 10 | 7:30 a.m. Medical Executive Committee..... MSO 8:00 a.m. Surgery Journal Club Med Student Conf 12:00 p.m. OB/GYN Grand Rounds* .....AUD 8:00 a.m. Orthopedic Peer Review Lounge |
| Wed | 11 | 11:30 a.m. Safety Event Report..... TBD 12:00 p.m. Wednesday Lectures* .....AUD "Common Eye Conditions Encountered by the Internist/Generalist" – Ramaya Swamy, MD, Assistant Professor of Ophthalmology University of Maryland Medical Center 1:30 p.m. P&T Committee..... Spellman |
| Thu | 12 | 7:30 a.m. Emergency Department Staff meeting ED 7:30 a.m. Operating Room Committee Lounge 9:00 a.m. Emergency Department Peer Review..... ED 12:00 p.m. Ortho Peer Review..... Lounge |
| Fri | 13 | 7:30 a.m. Cardiac Lab Peer Review Lounge 12:30 p.m. Ortho Grand Rounds* Lounge |
| Tue | 17 | 7:30 a.m. OB/Gyn Peer Review K200 8:00 a.m. Trauma/Surgery/Vascular .....AUD 12:00 p.m. OB/Gyn Grand Rounds* .....AUD Lauren Osborne, MD, Assistant professor of Psychiatry & Behavioral Sciences and Gynecology & Obstetrics, Assistant Director, Women's Mood Disorders Center, The Johns Hopkins University School of Medicine |
| Wed | 18 | 11:00 a.m. NICU Peer Review K200 11:30 a.m. Safety Event Report TBD 12:00 p.m. Wednesday Lectures* .....AUD 2:00 p.m. General Surgery Peer Review Lounge |
| Thu | 19 | 7:30 a.m. Cath Lab Peer Review Lounge 8:00 a.m. Trauma Multidisciplinary Peer Review HR |
| Fri | 20 | 7:30 a.m. MSQOC Admin |
| Tue | 24 | 7:00 a.m. OB CQI K200 7:30 a.m. Tumor Board E500 8:00 a.m. Trauma/Surgery/Vascular .....AUD 9:00 a.m. Sepsis Management Meeting Lounge 12:00 p.m. OB/Gyn Grand Rounds* .....AUD 1:00 p.m. Maternal Child Health meeting..... K200 3:00 p.m. Medication Management meeting..... MSO |
| Wed | 25 | CHRISTMAS HOLIDAY |
| Tue | 31 | 12:00 p.m. OB/GYN Grand Round* .....AUD |

*Prince George's Hospital Center is accredited by Med Chi, the Maryland State Medical Society to sponsor continuing education for physicians. Prince George's Hospital Center designates this live educational activity for a maximum of 1 AMA PRA Category I Credit(s). Physicians should claim only the credit commensurate with the extent of their participation in the activity.



Interim President and Chief Executive Officer – Joseph Wright, MD, MPH

First Hundred Days

It's been just over 100 days since I was asked over the summer to fill the President and Chief Executive Officer role, on an interim basis, for the University of Maryland Capital Region Health. In that time, I have had a chance to regularly interface with the external environment in ways I'd not previously experienced. I've definitely come to appreciate that for our organization community engagement and leadership visibility is vital for the success of our project. Allow me to highlight a few of the most relevant experiences:

The Largo Campus – We are little more than 18 months from the opening of the flagship facility, the University of Maryland Capital Region Medical Center, aka, the Regional Medical Center. The 26-acre campus around the new hospital site has been all but leveled and, with the exterior of the hospital virtually complete, it is starkly evident just how pivotal the Regional Medical Center is to the growth and development of central county. With the recent relocation to Largo of the County Administration Building and the seat of local government, literally down the street from the hospital, the area is being transformed before our eyes and newly branded as Downtown Prince George's. Please visit the on-line video highlighting the planned development of the mixed-use campus around the Regional Medical Center which will be known as Carillon:

<https://experiencecarillon.com>

External Stakeholders – With the organization's long history under the previous operator as a County-based entity with heavy dependence on public subsidy, FY20 marks a significant milestone in the evolution of UM Capital Region Health. The elimination of 22M dollars in County and State funding in this fiscal year alone represents a very significant subsidy cliff for our organization. As such, the challenge to achieve fiscal viability and, operationally, to be able to stand on our own bottom looms large. This reality and many of the other operating challenges that we face has put me in regular contact with virtually all of our local stakeholders, including elected officials at the State and County-levels in both the executive and legislative branches. This engagement is critical because, even though County government, in particular, may perceive itself extricating from the business of hospital operations, it certainly cannot unwind from the health business. The disease burden and unacceptable

disparities that plague the residents of Prince George's County require continued collaborative effort on the part of all stakeholders, especially those who represent the communities and residents that we care for. As we prepare for a November Board of Health public hearing and the upcoming legislative session in Annapolis, it is imperative that all parties are fully aware and educated about the heavy lift required to move the needle on some of the most critical health status challenges we face. As I have admonished repeatedly with our external partners, the new Regional Medical Center alone will not a healthy community make. I stand committed to be the relentless voice drilling that point home on behalf our institution and the citizens of Prince George's County.

Hyperlocal – I was recently invited to sit down for a fireside chat conducted by the editor-in-chief of the Washington Business Journal at their annual State of Health Care in the Region event. The published coverage of the interview termed my perspective on what we are trying to accomplish at Capital Region Health as "hyperlocal". At first, I was uncertain what to make of the characterization, especially since it was not a word I'd used during the interview. However, as I read the full transcript of the 45-minute interview, I realized, that "yes" — as a County resident and long-time health and wellness advocate, my perspective is authentically 'hyperlocal' and laser-focused on the needs of our community. My leadership talk, and walk, is not pretentious or rhetorical, but rather framed by what I experience on a daily basis as a father, husband, colleague and neighbor trying to help us all live our best life in the County, or wherever we may reside. This is constantly made clear to me as I interface with friends, neighbors, and even strangers, while standing in checkout line at the grocery store, attending local sporting events, or on Sunday morning at my house of worship. Folks in the community are very interested and excited about the prospects of what our organization can, and will, bring to this community. There is a great sense of optimism, sprinkled with a healthy dose of understandable curiosity and skepticism, that all of us at Capital Region Health must leverage and embrace as our professional, if not personal, destiny upon which to deliver.

Joseph Wright, MD, MPH

Interim President and Chief Executive Officer
UM Capital Region Health



Mandatory Flu Vaccinations

University of Maryland Capital Region Health is implementing its Mandatory Influenza Immunization Policy (230-722), as adopted by the Medical Staff. Vaccinations will be provided at UM PGHC in the Employee Health Department (ACF 4th Floor) during normal business hours, as well as nights and weekends. If you choose to receive a flu vaccination from your personal healthcare provider, you must submit proof of the vaccination in person or via fax to us at **FAX: (301) 618-2060**, or email it to **CRHMedicalStaff@umm.edu**. Please note that policy states that acceptable proof must contain your name, date of vaccination, location and facility where the vaccination was administered, and name of the healthcare provider who administered the vaccination.

Any individual seeking to be exempted from the mandatory flu shot, due to a medical contraindication or a religious restriction as described in the policy, must submit their request in writing along with documentation supporting the need for the exemption. Please contact the Medical Staff Office to obtain the appropriate form for this purpose.

University of Maryland Capital Region Health is dedicated to the safety, health and overall well-being of its patients, as well as the staff within its facilities. A deadline of **December 2, 2019** has been established for compliance. Suspensions will be enacted for anyone who chooses not to comply with this policy. For more information, please call the Medical Staff Office at (301) 618-3550.

Infection Prevention News

Candida auris

There has been an ongoing investigation by the Maryland Health Department (MDH) on the first case of *Candida auris* (*C. auris*) in a Maryland resident not known to have been imported from another jurisdiction.

Candida auris is an emerging fungus that is hard for laboratories to identify, is often resistant to many types of anti-fungal drugs making it hard to treat, and can spread easily in healthcare settings. Patients may be asymptotically colonized, can develop active infections, or both. Both colonized and those with active infections are capable of transmitting *C. auris* to other patients.

What MDH is doing?

- The primary goal of the current investigation by MDH is to identify additional cases and to stop transmission.
- MDH traces all possible healthcare contacts of patients colonized with *C. auris* include persons who overlapped in time on the same hospital unit or in the same operating room as a known case, and persons who received wound care from the same team as a known case.
- MDH reviews and notifies the hospital or high-risk post-acute care facilities when a patient requiring a screening has been admitted to those facilities.

What to do when a contact of C. auris patients present to UM PGHC?

- Promptly initiate Contact Isolation precautions with bleach cleaning only upon notification by MDH.
- Screening for *C. auris*. Infection Preventionist will collect a skin swab from the patient and send it to the state Lab.

- Contact precautions can be removed when patient is confirmed negative for *C. auris* (usually ~ 5 - 7 days post screening).
- If a patient confirmed positive for *C. auris*, strict Contact Isolation precautions will maintain through the hospital stay. Should the patient discharges to another healthcare facility, the patient's *C. auris* status must be informed with the receiving facility.
- Patient notification letter from MDH is to be sent via mail if patient has been discharged.

What if your patient is C. auris positive?

- Patient is placed on strict Contact Isolation precautions in a private room.
- Clean environment and patient care equipment with bleach only.
- Dedicate all patient care equipment and devices to that patient only.
- Surveillance screening may be performed on all patients in the unit where the patient is located based on MDH recommendation
- Inform patient of *C. auris* condition and document in patient's record.
- Communicate with the provider or other healthcare facility if patient is discharged to another facility.

For additional information, visit MDH or CDC website on *C. auris*:

<https://phpa.health.maryland.gov/Pages/c.auris.aspx>

<https://www.cdc.gov/fungal/candida-auris/health-professionals.html>

Source: MDH Letter to Maryland Department of Health to Maryland Healthcare providers on August 26, 2019

DENIALS MANAGEMENT FY20 — Back to Basics

When first talking about clinical denials with many providers and healthcare workers, there are a variety of responses:

- Puzzled looks about what denials has to do clinical care delivery.
- Statements about the problems with health insurance reimbursement.
- Statements about how the finance people who are responsible for denials have no clue about the quality of care that is provided to our patients.
- Jokes about a river in Egypt.

Very few healthcare workers and providers on the front lines stop and think about the impact that one extra day in the hospital, one extra test, or one extra visit “while you are here” from the specialist costs both the patient, the hospital, and the community. Despite the extra time and attention given to our patients, many of the healthcare services are not reimbursed. When the prescribed care is deemed medically unnecessary or does not meet quality standards, insurance companies “deny” the claim and do not reimburse for services rendered. Insurance denials of hospital based services greatly impacts the financial bottom line of the organization. In FY19, University of Maryland Capital Region lost \$21 million dollars for care that was denied for lack of medical necessity, incorrect level of care, or lack of insurance approval for services.

To survive and thrive in this increasingly competitive healthcare market, hospitals and their healthcare teams must find ways to provide high quality care quickly, efficiently, and with a focus on providing care safely in alternative settings. Much of the care provided years ago in a hospital setting can now be provided in an outpatient center. This is especially true in Maryland where each day of a hospital inpatient stay has to meet a clear medical necessity standard. As the last state standing in the Medicare Waiver program, Maryland hospitals must be especially judicious in the use of hospital resources and budgeted dollars. Under recent CMS cost and utilization strategies Global Budget Revenue and Total Cost of Care, Maryland hospitals have been allotted a fixed dollar amount to manage the total healthcare needs of their assigned Medicare communities. Commercial Insurance companies also incorporate strategies to keep the total cost of healthcare under control. With decreasing hospital operating margins, each healthcare dollar wasted due to denial of services can directly impact the future resources that are available to care for patients.

To preserve the financial health and the well-being of Capital Region, our hospital must look closely at its processes, its practices, and find ways to create care efficiencies. Last year, greater than 5% of our revenue was lost to denials. This speaks to hospital practice inefficiencies and opportunity for improvement. Denials are usually a result of process failures, communication and

coordination failures, insufficient documentation, and delays in delivery of care. University of Maryland Capital Region is no different. To help create better care delivery processes and reduce our risk of denials, our clinical teams need to go back to basics and re-learn our Denials Prevention A’s, B’s, C’s, and D’s.

ABCD Quick Strategies for Denial Prevention and Reduction

A: Avoidance of Unnecessary Hospital Services —

The use of community resources should be considered before placing patients in observation or inpatient hospital settings. Also consider whether the battery of tests ordered are necessary to clinically manage the urgent/emergent diagnosis and care. One of the best questions we can ask ourselves is: what are we doing for our patients that can only be done in the hospital? We should work closely with our community partners and healthcare providers to connect our patients and families to timely services in the right setting for the healthcare need. This will help lower the cost of care to patients and help avoid denials for medical necessity or wrong level of care.

B: Best Practice Approach —

Care delivery should be consistently based on nationwide best practices and pathways. The insurance industry uses practice guidelines to outline the care that they are willing to pay for. We need to be one step ahead, anticipate the need, and provide care driven by clinical pathways. Standardization of care increases efficiency, improves patient satisfaction, better manages throughput, and saves healthcare dollars. This strategy also can help reduce denials for lack of medical necessity.

C: Communication/Collaboration/Coordination/Commitment to Change —

Communication of the plan for the day and the plan for the stay allows us to set clear expectations with our patients, their families, and the healthcare team. Effective daily communication, coordination of services and multi-disciplinary collaboration with the healthcare team will also improve throughput and help eliminate barriers to discharge.

D: Documentation —

Clear problem focused documentation helps support the medical necessity of the care provided and helps the insurer more clearly understand the barriers to care that keep patients in the hospital. As a denial mitigation strategy, consider that the person reading your note has limited understanding of nursing and medicine and needs to know specifically about what you see, what you are worried about, and what care milestones/progress in condition need to be achieved each day. Documentation best practice also recommends limited use of cut and paste from previous notes so that the reader can be clear on what the daily plan is, what tests have been ordered and resulted, what goals have been achieved and what barriers to safe discharge from the hospital exist.

National Medical Staff Services Awareness Week

Medical Staff Services Professionals: Gatekeepers of Patient Safety

How do you know that when you seek medical, the practitioners you see are properly educated, licensed, and trained in their specialty?

During **National Medical Staff Services Awareness Week**, we recognize medical staff services professionals – important members of the healthcare team who are dedicated to thoroughly investigating and verifying the credentials of healthcare practitioners. These women and men also have expertise in areas such as medical staff organization, accreditation, regulatory compliance, and provider relations.

The UM CRH MSPs are:

UM PGHC Medical Staff Office:

Jennifer Bell, CPMSM, CPCS and Larissa Neils.

UM CRH Cooperative Credentialing Service:

Tamara Reid, CPCS, Tonya Fletcher, CPCS, Dionne Hutchinson and Crystal Johnson.

For more information about MSPs and the National Association Medical Staff Services (NAMSS), visit www.namss.org.

The Leader is published bi-monthly by the Medical Staff of Prince George's Hospital Center. Please submit news, comments, and inquiries to:

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The
Leader

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