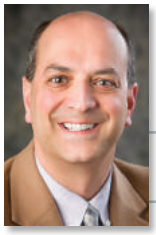
THE COVENANT Chart

COVENANT HealthCare

COVENANT MEDICAL STAFF NEWSLETTER | MARCH 2018



"The Times They Are A-Changin'" – Bob Dylan

Dr. Michael Fiore
Covenant HealthCare Chief of Staff

It is difficult to find an article related to healthcare that doesn't discuss change. Whether it is imposed upon us, or we advocate for it, it is inevitable. Equally important to change in science and healthcare delivery is the change we must make to our physician organization and governance as we grow and evolve.

The current Covenant Medical Staff Bylaws, Rules, and Policies have been in place without significant revision since 2008. A Task Force was charged with putting together the first major coordinated revision of these bylaws. In accordance with "Our Covenant" compact, this was a true collaborative process between Covenant HealthCare administration, medical staff leaders, and legal counsel.

The focus of the process was to bring the Covenant Medical Staff Bylaws up to date, taking into account innovations that other medical staffs have adopted and addressing some of the issues that have arisen over the past decade. This process involved developing language that would help Covenant efficiently and effectively work through recurrent challenges and, of course, put our Medical Staff Bylaws in full compliance with the requirements of our accrediting body, Healthcare Facilities Accreditation Program (HFAP), as well as other state and federal laws.

In the process, separate from actual wording changes, a decision was made to restructure the Bylaws, Rules, and Policies, what we refer to as the "Medical Staff Documents," to make them more functional and useable. The revised guidelines should offer clarification regarding medical staff committees, advanced practice professionals (APPs) governance, and other evolving issues.

Once the new revision has gained support from elected medical staff leaders on the Medical Executive Committee, the proposed changes to the bylaws will be distributed to the entire medical staff. Open forums will be scheduled, offering an opportunity to review the document, provide feedback, and revise if needed before incorporation.

Meanwhile, please do not hesitate to forward any concerns or questions to Leigh Ann Gabriel in the Medical Staff Office at 989.583.4133.

Sincerely,

Dr. Michael Fiore
Chief of Staff

Whether it is imposed upon us, or we advocate for it, change is inevitable.

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Watchman™ LAAC Continues To Reduce Stroke Risk in Patients with Atrial Fibrillation

GUEST AUTHOR
Dr. Firas Alani, Interventional Cardiologist and Medical Director of Structural Heart Program

Introduced in 2015, the Watchman™ left atrial appendage closure (LAAC) device was heralded as the next wave of heart implant technology, helping patients with non-valvular atrial fibrillation (NVAF) significantly reduce the risk of stroke without the lifelong use of blood thinners like warfarin and other novel oral anticoagulants.

This is critical because NVAF patients are at five times greater risk of stroke than patients with a normal sinus rhythm, and more than 90% of stroke-causing clots occur in the LAA. Watchman is the only FDA-approved percutaneous implant that can close off the LAA, reducing the risk of stroke for patients wanting to avoid long-term use of blood thinners, who simply can't tolerate them or have already experienced serious bleeding events.

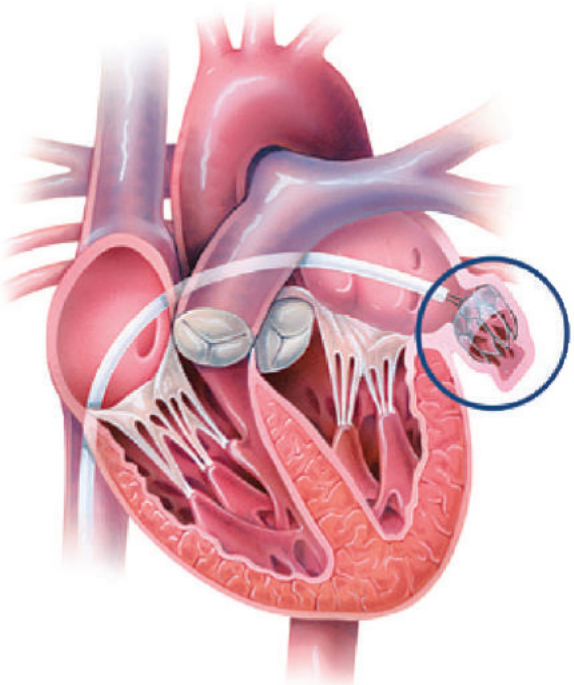
In addition, the Watchman is proven to work. To date, it has been successfully implanted in over 40,000 patients worldwide, underscoring the safety and efficacy of this technology as a valid and safe alternative therapy for stroke risk reduction to oral anticoagulatants amongst patients who are at risk of bleeding complications from long-term use of these powerful medications.

This track record also reinforces the results of various clinical trials, including the PROTECT AF trial and PREVAIL trial, and ongoing data in the Continued Access to PREVAIL (CAP2) registry – all of which endorse the advantages of the Watchman procedure.

Avoiding Blood Thinners

Long-term use of blood thinners, including the newer varieties known as novel oral anticoagulant drugs (NOACs) can:

- Lead to life-threatening complications like hemorrhagic stroke and internal bleeding.
- Be affected by diet, requiring dietary restrictions.
- Require constant blood tests to ensure the patient stays within the normal blood clotting range as measured by the international normalized ratio (INR).
- Require lifestyle changes to prevent injury and related bleeding events.
- Interfere with the ability to safely perform high-profile, high-risk occupations such as airline pilots and heavy machinery operators.
- Have non-compliance issues, with about 60% of patients not taking their medication for various reasons.



For many NVAF patients, the Watchman procedure represents a life-changing alternative, allowing their heart to function without the risk of serious bleeding. This, in turn, can help them avoid repeat visits to the laboratory or hospital, and enjoy a higher quality of life doing the things they enjoy.

A Permanent Procedure

The Watchman is a permanent heart implant requiring a one-time, minimally-invasive procedure performed by an experienced heart team. The procedure is performed under general anesthesia using a standard trans-septal technique through which the Watchman device is delivered to the LAA via a catheter through the right common femoral vein in the groin. Fluoroscopic and intraprocedural transesophageal guidance are used to ensure accurate positioning.

The procedure is typically completed in less than one hour, requiring only one night in the hospital. Patients take warfarin for 45 days until a barrier is formed and the LAA is permanently closed off. About 95% of people are able to stop anticoagulation medications *indefinitely* 45 days after the implant.

Who Qualifies

The Watchman implant may be the ideal, lifetime solution for people with NVAF who are on blood thinners but want an alternative treatment due to a history of serious bleeding, lifestyle limitations, clotting issues or compliance issues.

Watchman is **not recommended** for patients who are:

- Already doing well on blood thinners.
- Cannot take blood thinners.
- Cannot tolerate the implant procedure due to other conditions.
- Are allergic or sensitive to nitinol or other materials in the implant.
- Have an abnormally sized LAA or other heart issues.
- Are taking blood thinners for reasons other than atrial fibrillation.

Covenant HealthCare has implanted the Watchman in about 50 patients since 2016 (see testimonial), with many more procedures anticipated for the future. Due to its proven track record of safety and efficacy, a growing number of physicians are recommending Watchman over blood thinners for NVAF patients who qualify, viewing it as an important step in stroke prevention. Importantly, the Watchman is covered by the Centers for Medicare and Medicaid Services and by many private health insurance plans.

For more information, contact Dr. Alani at 989.583.4700 or falani@chs-mi.com.

Watchman is the only FDA-approved percutaneous implant that can close off the left atrial appendage, reducing the risk of stroke for patients wanting to avoid long-term use of blood thinners, who simply can't tolerate them, or have already experienced serious bleeding events.

More Resources:

- Watchman Website Home Page: http://www.watchman.com/home
- Watchman Clinical Program: http://www.watchman.com/hcp/efficacy-safety/clinical-trials.html
- Watchman Procedure: http://www.watchman.com/hcp/laac-nvaf-patients/watchman-laac-device-procedure.html

PULSE 360° Feedback Available for Physicians

Dr. Michael Sullivan, Vice President of Performance Improvement / Chief Medical Officer and Christin Tenbusch, Patient Experience Administrator

Hospitals across the nation are focused on providing the best patient-centered care to the communities they serve, and are investing in various programs to help physicians improve teamwork and drive success – programs such as physician feedback and coaching.

Covenant HealthCare, for example, is investing in a PULSE 360° survey program to help improve patient- and staff-physician relationships. This initiative began in April 2017 with a letter sent to physicians and physician leaders on the Covenant Medical Staff explaining the program, which is designed to provide candid feedback to help improve their performance – enhancing teamwork, safety and quality of care.

History of Proven Value

PULSE 360° is focused on obtaining quality, credible feedback from a physician's peers, staff and administrators to help the physician understand how to go from "good" to "great" or "greater." A similar program called Executive A Plus was introduced at Covenant in 2015, proving its value to more than 200 Covenant leaders. Based on that success, it was natural to offer the PULSE 360° opportunity to Covenant physicians as part of "Our Covenant" compact and our Shared Vision.

PULSE 360° is utilized in many medical facilities across the nation and Michigan, including University of Michigan, Spectrum Health, Trinity Health and Munson Healthcare.

"I had an idea of what PULSE 360° was, but wasn't sure if the evaluators would be honest. After experiencing it though, I was impressed and humbled by the evaluations – in terms of the approach, critique and learnings. The feedback sessions with the physician explaining the results were also great as they provided constructive techniques to help me improve both professionally and personally. I am certainly glad Covenant offered me an opportunity to partake, and I recommend this to others as well."

– Dr. Sujal Patel, Medical Director, Trauma Services

PULSE 360° In Action

Once any institution adopts PULSE 360°, a third-party PULSE 360° survey company manages the entire program. It starts by asking the physician being evaluated to select at least 10 physicians among hospital staff and leaders to rate him or her. This list is then approved or added to by a "validator" on the Covenant Leadership Team.

Next, the PULSE 360° company sends an email and simple online feedback form to:

- The selected peer physicians, staff and administrators asking them to provide feedback on the physician about their communication/technical style and patient interactions.
- The physician being evaluated to score him/herself.

Specific categories of feedback questions include:

- Leadership and motivating behaviors (such as respect, openness, solutions-oriented).
- Quality and practice style (including technical/clinical skills and patient satisfaction).
- Intensive, open-ended comments (two to three comments on behaviors to start, stop or continue).

Feedback and Coaching

The physician being evaluated, along with the validator, will receive a Confidential Peer Review document from a PULSE 360° coach that contains anonymous feedback along with the physician's self-rating. Again, individual responses always remain completely confidential.

The following options are available for debriefing and coaching:

- A feedback debriefing by email
- Analysis of the report
- Setting excellence goals
- Telephone coaching
- Educational modules
- Reinforcement follow-ups

It's important to understand that PULSE 360° is not a disciplinary program. Instead, it is a tool designed to increase self-awareness of behaviors, correct those behaviors through professional development and continuously improve. It helps physicians understand what they are doing right and what they could do better.

Key benefits include:

- Enhanced leadership, communication and teamwork skills.
- Improved practice skills and morale.
- Improved patient safety and quality of care.
- Fewer medical errors and complaints.
- Better patient experiences.

360 PULSE PROGRAM

Quality at Work

It's important to understand that PULSE 360° is not a disciplinary program. Instead, it is a tool designed to increase self-awareness of behaviors, correct those behaviors through professional development, and continuously improve. It helps physicians understand what they are doing right and what they could do better.

Get Engaged

As of February 2018, 24 physicians at Covenant have participated in the survey, with a plan to have 38 physicians surveyed by the end of June. The first year is focused on Medical Executive Committee members and other medical staff leaders, with plans to expand the program to the rest of the medical staff in the coming years.

When you receive a PULSE 360° survey request, please take the time to engage and participate. Your feedback is crucial to success since you have a unique view of your colleague's behaviors in many clinical settings.

Consider it an opportunity to help your peers improve while nurturing a culture that provides extraordinary care for every generation in the Great Lakes Bay Region and beyond.

For more information, contact Dr. Sullivan at 989.583.7351 (msullivan@chs-mi.com) or Christin Tenbusch, Patient Experience Administrator, at 989.583.7491 (ctenbusch@chs-mi.com).

THE CHART SPOTLIGHTS

Congratulations Physicians of the Month!

Your patients are saying extraordinary things…

JANUARY

Dr. Arno Weiss, Jr.

PLASTIC SURGERY

"I would go back to Covenant HealthCare again in a heartbeat and I always recommend Dr. Weiss to everyone. He does an amazing job."

"Dr. Weiss is awesome; that's why this is the second time I had him do my surgery."

FEBRUARY

Dr. Robert Hutchins

FAMILY MEDICINE

"I am very happy with my provider, Dr. Hutchins, who is personable and friendly, shows genuine concern for my well-being, and is easy to talk with."

"I like the doctor and feel he keeps me informed and aware of my health."

MARCH

Dr. Veronica Lorenzo

FAMILY MEDICINE

"Dr. Lorenzo is absolutely the best of the best as far as doctors are concerned. She is a doctor interested in the patients' health and overall well-being."

"I love my Dr. Veronica Lorenzo and all that help her out, and am never disappointed when I go in to see her. She shows her concerns about all that I might be facing; she is wonderful!"

APRIL

Dr. Binu Malhotra

HEMATOLOGY/ONCOLOGY

"Dr. Malhotra and all her staff were exceptional, courteous, professional and very thorough. On a scale of 1 to 10, with 10 being exceptional, they should be given a 20 if possible."

"Dr. Malhotra orders my tests, treatments, etc., with sincere kindness and explains everything so we understand all the options."

Spyglass™ Speeds Up Treatment of Biliary and Pancreatic Conditions

GUEST AUTHOR
Dr. Menelito Lilagan, Gastroenterologist, Covenant Digestive Care Center

SpyGlass™ technology, which is designed to provide more detailed diagnostics and faster treatment for patients with biliary and pancreatic issues, is providing important benefits to patients and healthcare systems alike. Used in conjunction with traditional endoscopic cholangiopancreatography (ERCP), it takes minimally invasive treatment of these conditions to a whole new level.

SpyGlass™ technology is providing important benefits to patients and healthcare systems alike.

History

Introduced in the 1970s, ERCP provided physicians with the first minimally invasive access to the biliary and pancreatic ductile systems. Today, it is a common procedure used for about one million people worldwide each year.

However, because ERCPs use fluoroscopic x-ray visualization technology, they are limited in diagnosing and treating more complex conditions such as large stones and indeterminate strictures. Treatment for those conditions – which represent about 10-15% of cases – typically requires additional procedures that utilize more advanced, fiber-optic direct visualization for further diagnosis and treatment, such as a cholangioscopy or pancreatoscopy.

The advent of SpyGlass™ technology in 2007 overcame all of those issues by enabling both direct visualization **and** treatment during a single-session ERCP. It is minimally invasive and requires only a single operator. In 2015, a next-generation Spyglass DS System with digital imaging was launched to further optimize efficiency, image quality, ease of use and productivity.

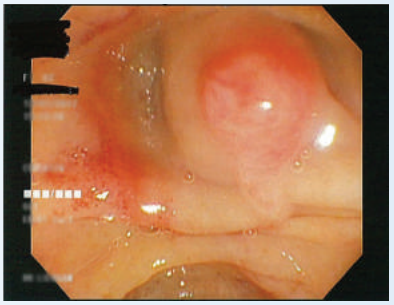
Benefits

Key benefits of SpyGlass DS include:

- Direct visualization allows for immediate and better biopsy specimens, more detailed diagnostics and faster treatment – all of which can improve patient outcomes.
- Diagnostics and treatment, such as stone removal, can be performed in a single session during an ERCP, avoiding multiple procedures. This, in turn, can help improve patient safety, and reduce complications and related costs.
- More diagnostic and treatment options are available to patients, including Spyglass-specific instruments to break stones apart more efficiently. Future advances include snares to better remove debris in the bile duct.
- Patients can be kept in house, avoiding referrals of difficult cases to other facilities.
- Fast set-up times allow SpyGlass to be set up quickly during an ERCP procedure, resulting in reduced anesthesia time and less fluoroscopy exposure.
- Single-use catheters save time and eliminate contamination through reuse.

The use of SpyGlass DS technology continues to grow around the world as the first minimally-invasive, single-use, single-operator cholangioscope. Covenant HealthCare has been utilizing the SpyGlass DS System since fall of 2017, and has successfully performed at least a dozen procedures to date.

For more information, contact Dr. Lilagan at 989.583.7460 or menelito.lilagan@chs-mi.com.



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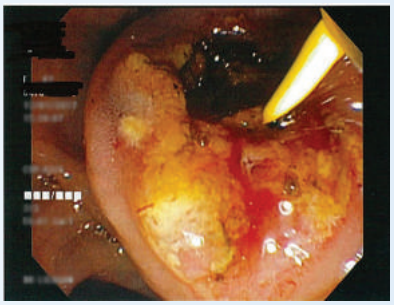

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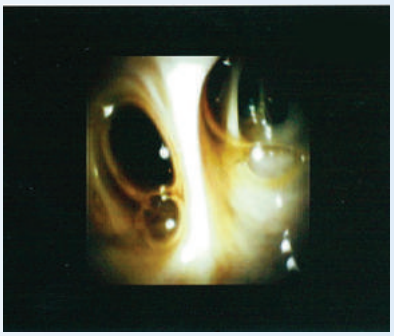
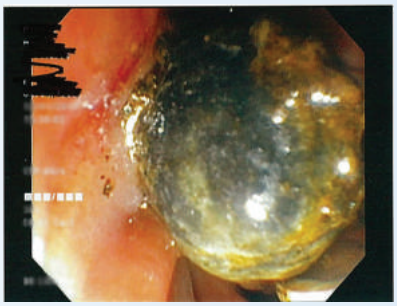
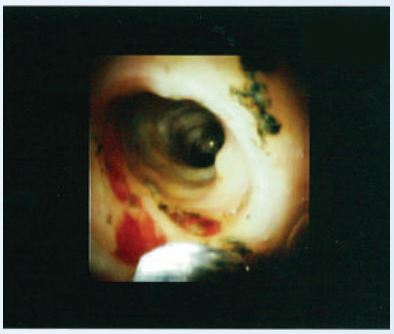


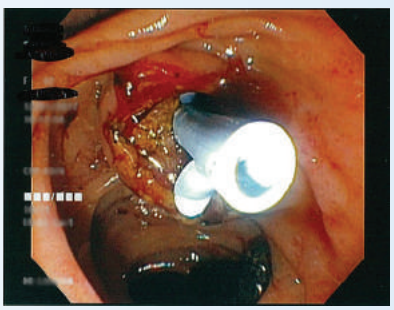
BIFURCATION AT HILUM



LARGE CBD STONE



DISTAL CBD



STENT

Case Study

An 80-year-old female patient presented with severe right upper quadrant pain and was found to have gallstone pancreatitis. In the emergency department, a magnetic resonance cholangiopancreatography showed a very large common bile duct (CBD) stone, hence gastroenterology was consulted for evaluation and treatment.

As shown in the photos, the patient had an inflamed ampulla. Upon cannulation of the bile duct, a sphincterotomy was performed. Using the SpyScope, the biliary tree was examined up to the CBD bifurcation. No further stones were seen higher up except for the distal CBD stone. Using a balloon extractor, the large stone was removed.

Finally, the distal CBD was re-examined with the SpyScope and inflammation was noted secondary to the impacted stone. However, no strictures or abnormalities were observed. Lastly, a temporary biliary plastic stent was placed due to the inflamed distal bile duct to facilitate drainage of bile.

The Benefits of Low-Dose CT Screening: Treating Lung Cancer Sooner

GUEST AUTHOR
Dr. Scott Cheney, Diagnostic and Interventional Radiologist

Lung Cancer is the third most common cancer in the United States, yet more importantly it is the leading cause of cancer-related deaths. Many patients do not show symptoms of the disease until they are at stage III or IV, and this late stage at diagnosis severely limits the chance for long-term survival. The average one-year survival for all stages of lung cancer is 44% and the survival rate at five years drops to just 17%.

For many years, attempts at developing a satisfactory screening tool have fallen short. Recently, however, a new method of screening has proven successful at detecting lung cancers early enough to make a difference. Building upon numerous preliminary trials, the National Lung Cancer Screening Trial, a very large trial sponsored by the National Cancer Institute, showed that screening a targeted at-risk population with low-dose computed tomography (LDCT) was not only effective at reducing the death rate from lung cancer, but was also cost-effective.

Consequently, the U.S. Centers for Medicare and Medicaid (CMS) approved LDCT scans for at-risk individuals in February 2015, following the recommendation of the U.S. Preventative Services Task Force. Patients in general good health who do not exhibit symptoms of the disease must also meet strict CMS eligibility guidelines to be approved for LDCT coverage through Medicare and Medicaid programs. Most private insurance programs also have adopted these guidelines. Criteria include:

- Age 55- 77 years
- Current cigarette smoker or a cigarette smoker who has quit in the last 15 years
- Patients must have a 30-pack year history of cigarette smoking (1 pack per day x 30 years = 30 pack years or 2 packs per day for 15 years)
- A written order is required from a physician or qualified practitioner who has completed a shared decision-making and counseling visit with the patient

These patients must also be fit enough for curative treatment, which in most cases involves surgery, should lung cancer be detected.

Earlier Detection = Better Overall Survival

Hospitals who implement a lung cancer screening program must ensure that key data points for each LDCT are submitted to a national registry. All data must be accurate and consistent to ensure reimbursement and to allow for monitoring of results at the national level.

LDCT screenings locally are achieving the goal of early detection. Covenant HealthCare, for example, has diagnosed 20 lung cancers over the past three years in addition to five other cancers found during the diagnostic process for the originally reported lung lesion. Finding these cancers before the patient is symptomatic better positions them for long-term survival. Although not the target of screening, significant cardiovascular disease has also been discovered with LDCT, leading to earlier treatment.

Such successes, however, are not unique to Covenant. They are common at facilities nationwide, leading to life-saving interventions and overall reduction in healthcare costs. Equally important, the screenings – which are coupled with smoking cessation programs – build awareness about the dangers of smoking to overall health.

Useful EMR Upgrades

Recent upgrades to electronic medical record (EMR) systems such as Epic are making identifying patients for LDCT screenings easier and improving accessibility to testing. For example:

- After the patient history, including a detailed smoking history, is entered in the EMR, a Best Practice Alert (BPA) will trigger an online screening recommendation.
- A link to the screening order is also provided, improving the process even further.
- The physician or mid-level professional can then verify the eligibility criteria in a series of questions in the order set, thus confirming appropriateness for testing.

Testing does not require any special preparation, diet or IV access. LDCT is a quick, painless test and delivers a minimal dose of radiation comparable to the dose received during a screening mammogram.

The EMR also automatically sends the patient a results letter via MyChart or conventional mail depending on the patient's preference. Reminder letters for annual follow-up or accelerated follow-up are also generated by the EMR, relieving the ordering physician of this burden.

There is no question that LDCT screenings provide the opportunity to positively impact the statistics on lung cancer. By coupling early detection with improved treatment strategies, the mortality rate from lung cancer should continue to improve. Primary physicians will continue to play a key role by recognizing eligible patients and guiding them into an effective LDCT screening program.

For more information, contact Ann Werle, RN, Thoracic Nurse Navigator, Covenant Cancer Care Center at 989.583.5014 or awerle@chs-mi.com.

What You Should Know About Diabetes Education

GUEST AUTHOR
Kelly Weiss, Certified Diabetes Educator
Covenant HealthCare Outpatient Diabetes Center Coordinator

Diabetes affects approximately **30 million** Americans, with about 84 million having pre-diabetes.

Progressive diabetes self-management and training education programs are not only helping healthcare workers across the nation improve patient outcomes, but can also enhance office efficiency and insurance reimbursement.

This is critical because diabetes affects approximately 30 million Americans, with one in three Americans having pre-diabetes – or about 84 million. Specifically, Michigan ranks 22nd in the incidence of diabetes at age 18 and older, with more than 12% of Michiganders having diabetes and 37% having pre-diabetes. In 2013, diabetes was the seventh leading cause of death in the state and is still a major health concern.

Clearly, the impact on patients, families and medical costs is huge. One proven and highly effective way to reverse this trend is through diabetes education.

Four Critical Education Junctures

Diabetes education is a valuable element of care for those at risk of diabetes and already diagnosed, according to the American Diabetes Association (ADA) and the American Association of Diabetes Educators (AADE).

A key goal of education is to empower persons living with diabetes to manage their condition through diabetes self-management and training (DSMT). To ensure education success, national diabetes education standards target a curriculum of several self-care behaviors, including diet, exercise, monitoring, medication, problem-solving, healthy coping and risk reduction.

Despite this, many persons living with diabetes are still not being reached, partly due to lack of DSMT education awareness. In Michigan, for example, it is estimated that only about 60% of patients have been educated – a distressing statistic that is mirrored in other states too.

As a result, the ADA and AADE released a Joint Position Statement in 2016 that announced four critical junctures in the life of a diabetes patient in which they should get diabetes education:

1. **Upon diagnosis**
2. **At annual patient check-ins,** where various factors would be reviewed again, such as medication management, psychological concerns and social issues
3. **When new factors affect self-management,** such as financial, emotional, self-care or medication issues
4. **Whenever there is a transition or change in care,** such as physicians, insurance, relocation or age-related issues

Key Benefits of Education

It is shown that physicians who refer diabetic patients to a DSMT curriculum can help patients:

- Delay the onset of diabetes.
- Decrease blood glucose levels and the A1C test (three-month average blood sugar).
- Lessen related complications, such as circulation, vision, kidney failure, heart disease and stroke.
- Prevent life-threatening situations.

These referrals can also help:

- Increase practice efficiency by providing an outside educational resource.
- Meet guidelines set by insurance for pay-for-performance requirements.
- Save an estimated $900 per person in insurance costs if the person living with diabetes has attended formal diabetes education.

The DSMT education program at Covenant HealthCare, for example, has shown to reduce:

- Average weight by seven pounds.
- A1C levels by 2%.
- Systolic blood pressure by 13.8.
- Total cholesterol by 35.8.
- LDL cholesterol by 32.6.

Take Action

As a physician at the front lines of treatment, you have the power to make a big difference in the lives of persons living with diabetes. Aside from assisting them with medication management, take a moment to:

- Ask if they are being educated at each critical juncture of treatment.
- Refer them to a DSME program, such as the Covenant Diabetes Center, which is staffed with certified diabetes educators and recognized by the AADE. They can register by calling 989.583.5190.

Your actions will not only help stem the rising tide of diabetes and related issues, but can also put your office at the forefront of quickly connecting patients to the right information at the right time.

For more information, contact Kelly Weiss at 989.583.5153 or kelly.weiss@chs-mi.com.

superDimension™ System Allows for Incision-Less Lung Biopsies

GUEST AUTHOR
Dr. Victor Gordon, Pulmonologist, Covenant Pulmonology

Using traditional bronchoscopy technology, needle biopsy or surgery to diagnose abnormalities in hard-to-reach areas of the lung is now a thing of the past for many patients, thanks to a new and safer superDimension™ navigation system operated with LungGPS™ technology – also known as "Super D."

Key Benefits

As part of a larger drive toward minimally invasive technologies, many hospitals are turning to Super D to overcome the limitations of bronchoscopies that can only reach central and proximally located tumors and that previously required surgical biopsy or CT-guided transthoracic needle aspiration (TTNA), which also had associated risks.

The Super D navigation system:

- Enables easier and safer access to the whole lung, including distal airways and difficult-to-reach areas of the lung. In just one procedure, physicians can obtain a biopsy or tissue sample, stage the lymph nodes and determine a personalized treatment plan.
- Supports earlier diagnosis and treatment, improving lung cancer survival rates and potentially saving lives. Survival rates for treating early-stage lung cancer, for example, are 88% versus 15% for late-stage cancer patients.
- Helps patients – including those with benign conditions – potentially avoid surgery and related issues, such as a large incision, higher risk of infection, broken ribs and longer recovery times.
- Helps patients avoid multiple procedures to diagnose and treat lung cancer.

How It Works

Super D is a minimally-invasive electromagnetic navigation bronchoscopy (ENB) procedure, created to help diagnose lung cancer early and to reach tumors deep in the peripheral regions.

First, CT scan images are used to create a highly detailed roadmap of the complicated pathways inside the patient's lungs, and then Super D with LungGPS™ is used to actually guide physicians through the pathways to the potential tumor. Tiny tools are used to access the location, take tissue samples from the entire lung and place markers – all in just one to two hours.

Proven

Super D is a proven technology used in more than 800 leading medical facilities around the world, including Covenant HealthCare. Since introducing the procedure in mid-2017, Covenant has performed numerous procedures with Super D, which has helped reveal early-stage lung cancers and early lung cancer recurrence, and has even ruled out several non-cancerous tumors – thus avoiding unnecessary surgery.

Call to Physicians

The U.S. Preventive Services Task Force (USPSTF) recommends annual screening for lung cancer with low-dose CT in adults aged 55 to 80 years who have a 30 pack-per-year smoking history and currently smoke, or have not smoked for less than 15 years. This has increased the discovery of lung nodules, prompting the need for a safe evaluation of these nodules. While CT-guided TTNA remains the most specific and sensitive modality of choice, Super D now offers a safe, minimally-invasive alternative that physicians should be considering when evaluating patients with lung nodules.

For more information, contact Dr. Gordon at 989.583.7380 or victor.gordon@chs-mi.com.

Covenant VNA Now On Epic

GUEST AUTHOR
Diane Glasgow, Director, Covenant Visiting Nurse Association

In the drive to improve quality, safety and efficiency, migrating to a single electronic medical record (EMR) system like Epic has become the norm at healthcare facilities across the country. However, implementation is a monumental task, which is why it usually occurs in stages to ensure a seamless transition and positive patient experience.

Covenant HealthCare, for example, first went "live" with Epic in 2007 and continues to steadfastly execute Epic across its service model – most recently with the Covenant Visiting Nurse Association (VNA) in December. As a result, Covenant VNA – which provides hospice and home care services, is now fully integrated with Covenant, sharing the same EMR system.

Key benefits of a single Epic platform include:

- Patients are better monitored and tracked throughout the continuum of care, improving efficiency, quality of care and patient safety while promoting patient-centric care.
- Communications are enriched between healthcare providers, patients and caregivers, enhancing patient outcomes and satisfaction.
- Greater information sharing gives providers the "big picture" of patient health, which can promote faster treatment and potentially decrease readmissions.

More specifically:

- Healthcare providers have the flexibility to view a patient's clinical records, medications and appointments anywhere they have access to Epic.
- Home care and hospice notes are fully documented in Epic and accessible by everyone involved in the patient's care.
- Documents requiring signatures can be sent via in-basket, saving valuable time and reducing delays.
- Referrals for homecare and hospice can be entered into Epic, allowing immediate access to the referral and timely processing.

Epic is not only enabling Covenant VNA to fulfill its mission to provide quality, home-based care, but also to collaborate more closely with physicians and other healthcare providers to determine the best treatment for specific patient needs.

For more information, contact Diane Glasgow at 989.583.3090 or dglasgow@chs-mi.com.

"In Epic, I can view each patient's appointments as to when VNA is seeing the patient, and I can also view patient notes – it's awesome! Plus, I can put in orders or referrals and VNA can see them in Epic, whereas for other agencies, I have to print the orders or referral and then fax it to them."

– Carolynn Leuenberger, RN
Covenant Orthopaedics

COVENANT HealthCare

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The Covenant Chart is published four times a year. Send submissions to
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