THE COVENANT Chart

COVENANT HealthCare

COVENANT MEDICAL STAFF NEWSLETTER | MARCH 2019

# Treating Patients as Human Beings

*Dr. Sarosh Anwar*
*Covenant HealthCare Chief of Staff*

Most physicians agree that spending one-on-one time with patients is the most rewarding part of their day. It's becoming more difficult, however, to carve out that time. Higher patient loads, increasing documentation and more complex cases are just a few time-crunchers, but there's also the plain fact that today's go-fast, information technology mindset can make it easier to "forget" the human component of care.

That's unfortunate because it's proven time and again that face-to-face patient visits actually deliver the highest value care of all! Spending time with patients will:

- Show compassion and build trust
- Increase positive perceptions and satisfaction
- Boost compliance to treatment plans
- Improve healing and positive outcomes
- Encourage honest communication between physicians, patients and caregivers

There are a number of time management strategies available online to maximize the time you do have with your patient – from prepping before the visit to empowering your assistants to handle other work before you enter the patient's room.

Many inpatients have no clue about what is happening with their care while admitted to the hospital. This generates a lot of stress and anxiety. In my experience, having a focused conversation with a patient for even five minutes – without interruption and computers – to explain what has transpired for the past 24 hours, discuss the plan for the next 24 hours and answer their questions makes them feel like a human being who truly matters. It shows that we have their best interests at heart.

Patients are relying on us to help them make life-changing and life-saving decisions. It's imperative that we have their trust, so make a point to sit down, make eye contact and give them your full attention. This will increase their comfort level and make a big difference in the patient-physician relationship. Even when the medical outcomes are not favorable, they and their family know you care.

- One example is a dilated cardiomyopathy patient I started treating when he was 45 years old. When he died at 57, his mom sent me a two-page, hand-written letter thanking me for the care of her son. That meant a lot to me and only reinforced how the personal touch eased their stress during his illness in ways I could not know.
- Another example is a 92-year-old patient who was clearly nearing the end. Her son shared how she wanted to hug me but was too shy to ask. So I bent over and she gave me a big hug full of love and appreciation. That this reserved person even wanted to do that was extremely rewarding.

Those kind gestures from our patients tend to stick with us, underscoring the value of giving patients the personal time and attention they deserve. It reminds me of why we went into medicine in the first place, and it helps prevent physician burnout. It not only fulfills you as a doctor, but of course can also reinforce the reputation of Covenant HealthCare.

Extraordinary care is more than the leading technologies we offer. It is also the extraordinary people who provide a warm, personal touch to the people entrusted to our care. I am proud to serve as your new Chief of Staff and look forward to working with all of you in this capacity.

Sincerely,

Sarosh Anwar

Sarosh Anwar, MD

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# TransCarotid Artery Revascularization:

## *A New Treatment Option for Symptomatic and Asymptomatic Carotid Artery Disease*

*GUEST AUTHOR*
*Dr. Ryan Kim, Vascular Surgeon, Mid Michigan Vascular Surgery*

Carotid artery disease is estimated to be the source of stroke in up to one-third of cases, and there are 400,000 new diagnoses made every year in the United States. Some patients can manage carotid artery disease with medications and lifestyle changes, however, more severe cases may require surgery to repair the blockage in the carotid artery.

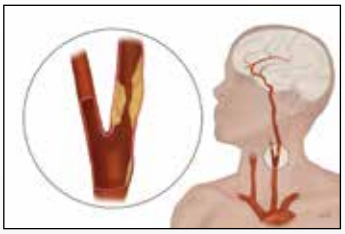
Carotid endarterectomy (CEA), an open surgery, remains a gold standard. Recently, the transfemoral approach of carotid artery stent placement (CAS) has been offered as a replacement treatment option for the high-risk surgical patient. Multiple large trials (such as CREST and SAPPHIRE) have been performed to compare the outcomes and have shown to effectively treat the blockage. However, both options have limitations and carry a risk of stroke during the procedures themselves.

## New TCAR Procedure

With the newly opened Hybrid Operating Room at Covenant HealthCare, it is among the first hospitals in the country to offer a new procedure called TransCarotid Artery Revascularization (TCAR) to treat patients with carotid artery disease. Similar to CEA, the TCAR procedure involves direct access to the carotid artery, but through a much smaller incision just above the clavicle instead of a longer incision along the neck. TCAR provides a best-in-class neuroprotection in a more efficient and less invasive approach than traditional CEA or transfemoral approach CAS.

TCAR is unique in that blood flow is temporarily reversed during the procedure so that any small bits of plaque that may break off are diverted away from the brain, preventing a stroke from happening. A stent is then placed inside the artery to stabilize the plaque, minimizing the risk of a future stroke.

The entire procedure is performed in less than one-half the time of CEA, limiting the stress on the heart and reducing the risk of the patient having a stroke or heart attack.



*Anatomy of the carotid artery and internal carotid artery stenosis*

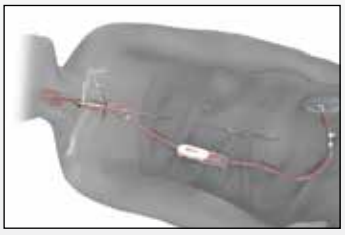
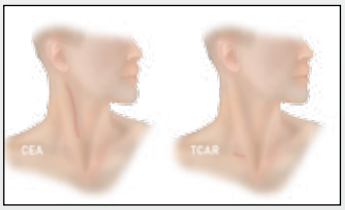
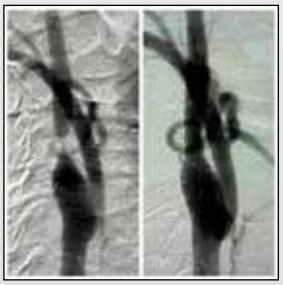


*Diagram of the TCAR stent and retrograde filter*




*Postoperative scars CEA (left) and TCAR*



*Before and after TCAR*

## TCAR Advantages

TCAR has been studied extensively and is an FDA-approved procedure. Based on published clinical trials, the procedure offers several advantages:

- **Better outcomes:** TCAR results in a low peri-procedural stroke rate of 1.4% in high-surgical-risk patients. This compares favorably to a 2.3% stroke rate of CEA and a 4.1% stroke rate of transfemoral approach CAS in standard-risk patients. TCAR's low stroke rate is the lowest reported to date for any prospective, multi-center trial of carotid stenting.
- **Less invasive:** The TCAR approach has very low rates of cranial nerve injury and myocardial infarction due to a minimal incision near the clavicle and the transcarotid approach.
- **Patient friendly:** Local anesthesia is favored and hospital stays are typically overnight for observation. TCAR patients recover quickly and almost always go home the next day to return to full and productive lives with less pain and smaller scars.

## TCAR Eligibility

TCAR procedures for symptomatic and asymptomatic patients at high risk for surgery are eligible for Medicare reimbursement through the Society of Vascular Surgery-sponsored TCAR Surveillance Project. This program is part of the Vascular Quality Initiative, an open registry that tracks long-term clinical outcomes to promote best practices and evidence-based medicine.

Based on experience in performing the TCAR procedure and results thus far, TCAR has the potential to become the standard of care. Along with the modernization of vascular surgery, TCAR represents the new generation of carotid repair.

*For more information, contact Dr. Kim at 989.790.2600 or rkim@mmvs.org.*

*Images supplied courtesy of Silk Road Medical.*

# Preparing for the 21st Century

*GUEST AUTHOR*
*Brian D. Molitor, CEO, Molitor International*

As hospitals nationwide focus on improving efficiency, quality and safety, physicians are increasingly being asked to help drive change and prepare their organizations for the 21st century. This requires two key elements: collaboration and leadership.

## A Shared Vision

In 2015, a group of Covenant HealthCare administrators and members of the Medical Executive Committee came together to create a path toward better relationships, enhanced patient experiences and less stress at all levels of the healthcare continuum.

This ultimately resulted in a shared vision known as the Covenant Compact: *"Together, the Medical Staff and Covenant HealthCare are driving extraordinary care and value for our patients and communities."*

This vision statement accomplished two objectives. First, it established a clear direction and second, it established a standard by which behaviors can be measured.

This was a great start, however, the Compact was simply a declaration of what was hoped for, so now the hard work began. Soon, the interactions between physicians, administration, nurse leaders and staff were evaluated based on the guidelines in the Compact. Initially, there was some anxiety on all sides. Some people felt that the Compact might be used as a "hammer" to punish even minor infractions. Others saw it as a nice gesture but without much hope that it would bring about any real change in historically strained relationships.

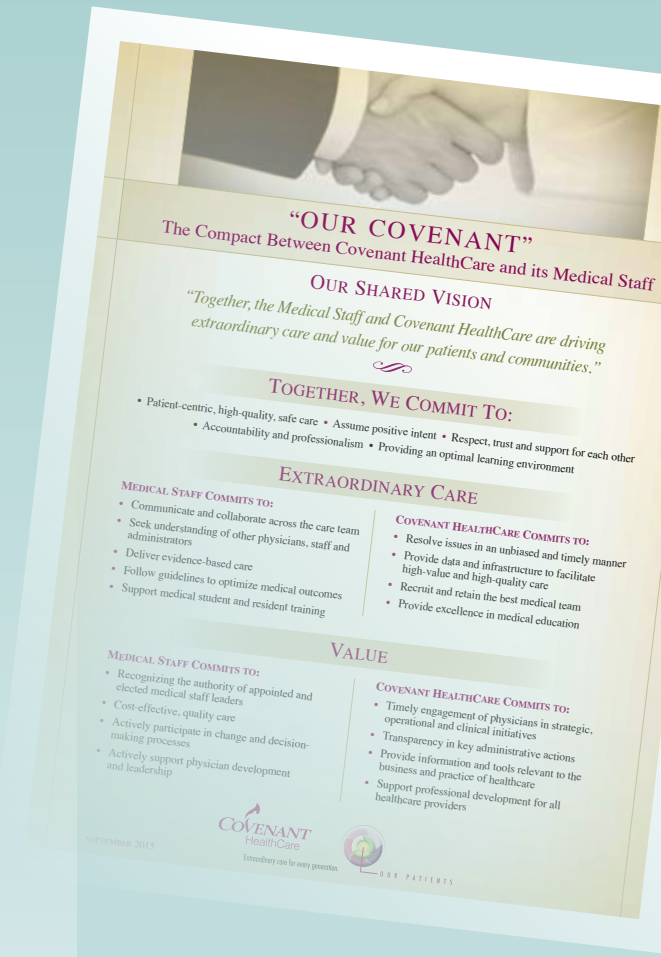
Fortunately, the doubters soon learned that the Compact was not punitive, but rather became a plumb line by which performance was measured, conversations held and adjustments made.

## Leadership Development

For many years, Covenant has invested heavily in the development of its leaders, whether in administration, human resources, nursing, information technology or other areas. Top executives realized that the organization had approximately 250 leaders who provided direction to approximately 4,300 staff responsible for about 1 million patients each year. They reasoned that the success of the organization was tied to the effectiveness of its leaders and prepared them accordingly.

The Compact opened the door for physicians to join in leadership development activities and to explore innovative ways to build stronger relations. To this end, a two-pronged strategy was created:

- **Dinner diplomacy.** Each quarter, Covenant administration members, nurse leaders and physicians meet for dinner and brainstorming ways to more effectively implement the Compact. Not only do great ideas come from these interactions, but also, when complications arise within the workplace, the parties approach them together as problems to be solved constructively.
- **A series of Physician Leadership Development training sessions.** To date, two evening training sessions have been held, with each attended by more than 30 physicians. The topic was Conflict Resolution and Reconciliation. During the training, physicians worked through situations of actual conflict in the workplace and created strategies to address them. They also learned how to reconcile relationships with other physicians, administrators, nurse leaders and/or staff that have been damaged in the past. The plan is to hold these interactive training sessions quarterly in the future.




## Key Takeaways

Together, the Compact and the Physician Leadership Development sessions are essential to accomplish three goals:

1. Let all parties understand that they need one another to succeed.
2. Understand that conflict is normal and results in growth and innovation IF it is addressed properly.
3. Realize that broken relationships can be mended. Former adversaries can become valued allies.

The next round of Physician Leadership Development sessions will focus on communication and listening skills to help physicians enhance their interactions with others, and will be led by Brian Molitor. Any physicians employed or affiliated with Covenant are welcome to sign up by contacting Dr. Michael Sullivan at msullivan@chs-mi.com.

*For more information in general, contact Brian Molitor at 1.989.583.4471 or brian@briandmolitor.com.*

# Straight Talk about Paps, HPV and Pelvic Exams

*GUEST AUTHOR:*
*Dr. Olivia Phifer-Combs, Obstetrician and Gynecologist, Valley OB-GYN Clinic*

Cervical cancer diagnoses have decreased by more than 50% in the past 30-plus years. This is largely due to the growing use of cervical cancer screening to detect abnormal cervical cells, including precancerous lesions.

In March 2012, the American Society for Colposcopy and Cervical Pathology (ASCCP) changed guidelines on when women should begin cytology-based screening (Pap smears) and human papillomavirus (HPV) testing. This change, however, is causing some confusion among patients and physicians alike about when to perform pelvic exams. This article seeks to clarify some common misconceptions.

## Pap Smears and HPV Testing

Current recommendations from the American College of Obstetricians and Gynecologists (ACOG) for Pap smears are as follows:

- Paps should begin at age 21 and be repeated every three years from age 21-29.
- Pap cytology and HPV cotesting should be performed every five years from age 30-65 or every three years with cytology alone.
- After age 65, women can stop having cervical cancer screening if they:
  - Do not have a history of moderate or severe cervical dysplasia or cervical cancer.
  - Have had either three negative Pap test results in a row or two negative cotest results (HPV and cytology) in a row within the past 10 years, with the most recent test performed within the last five years.
- Women with certain risk factors, such as HIV, diethylstilbestrol (DES) exposure, or precancerous/cancerous lesions may have more frequent screenings prior to age 65 and may extend screening beyond that age.
- Women who have had a hysterectomy can stop cervical screening unless it was performed to address precancerous lesions or cancer.

So, a healthy woman would begin Paps at age 21 and repeat them every three years. At age 30, she would extend that to every five years and include the HPV test until age 65. After age 65, she would follow the above guidelines unless there were abnormal tests or cancer-related issues.

## What About Pelvic Exams?

A pelvic exam is an internal, physical exam of the vagina, cervix, uterus, adnexal structures, bladder and rectum to detect pelvic floor or anatomy concerns. Due to the new ACOG guidelines for Paps and HPV testing, physicians and patients often believe they no longer need annual pelvic screenings once pap smears are discontinued.

That belief is a misconception because there is still the need to rule out any type of evolving cancers such as vaginal or vulvar lesions, along with any type of physical abnormalities that can occur such as pelvic support problems.

It is therefore recommended by the ACOG that women have annual pelvic exams, commencing with their first Pap at age 21 and continuing even after pap smears are no longer recommended. This is especially important when there is a medical history of, for example, abnormal bleeding, dyspareunia, pelvic pain, sexual dysfunction or pain, incontinence, vaginal dryness or a vaginal bulge.

## Physician Actions

Routine women's healthcare visits are important at every age. They should include an annual pelvic exam to help diagnose problems as early as possible. Physicians should:

- Ask patients about their histories and symptoms, looking for red flags.
- Consult with or refer patients to an OB/GYN to perform pelvics (including Pap and HPV cotesting) as necessary.
- Stay educated about healthcare issues for women, including age-related issues. See www.ACOG.org or www.uptodate.com for more information.

Early diagnosis of women's issues can make them easier to treat while reducing serious long-term risk to your patient's health.

*For more information, contact Dr. Phifer-Combs at 989.753.8453 or oliviap@valley-obgyn.com.*

# Using SBRT to Treat Early-Stage, Non-Small Cell Lung Cancer

*GUEST AUTHOR*
*Dr. Mark Zaki, Radiation Oncologist, Covenant HealthCare*

Non-small cell lung cancer (NSCLC) is the leading cause of cancer death for men and women in the United States. Approximately one in six NSCLC patients will present with early-stage (T1-2 N0 M0) disease, though this number is expected to rise with the adoption of low-dose CT screening programs that may detect cancers at earlier stages.

In patients who are medically operable, early-stage NSCLC is generally treated surgically. However, many patients diagnosed with lung cancer have other cardiopulmonary comorbidities which may preclude surgery. Historically, conventionally fractionated radiation therapy was used for these patients, but with limited success. Yet with the implementation of **stereotactic body radiation therapy (SBRT)**, an excellent non-operative option exists and it is proving to deliver better results for these patients.

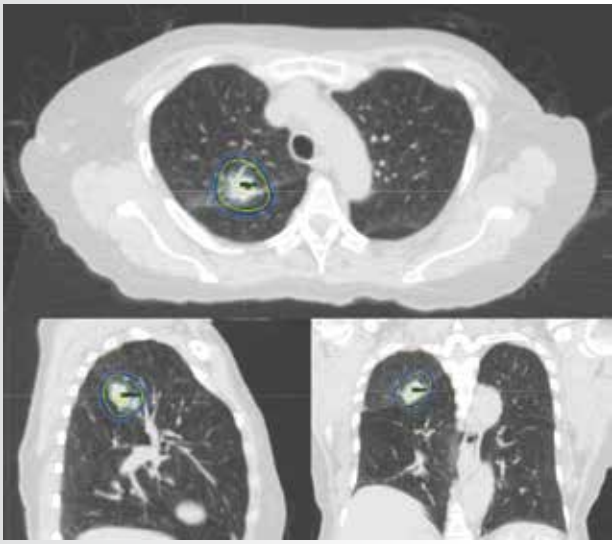
## SBRT Overview

SBRT uses very high biologic doses of radiation given in three to five non-invasive treatments using highly precise techniques, allowing for a sharp fall-off of radiation dose so that healthy tissues surrounding the tumor can be spared. A growing body of literature has demonstrated excellent local control rates of 80-90%, minimal toxicity, and no detrimental effect on quality of life with this treatment approach.

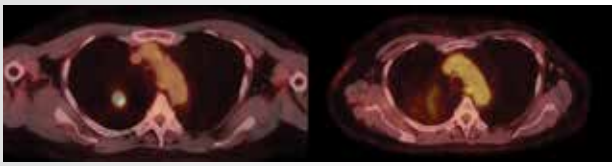
Consequently, SBRT is the primary treatment recommendation for early-stage NSCLC in patients who are medically inoperable or who refuse surgery. SBRT is also an appropriate option for patients who are at high risk for surgery.

There has been a strong interest in comparing SBRT to surgery in operable patients, but trials have been limited by the difficulty of multi-modality randomization. Three randomized trials were terminated prematurely due to the inability to meet accrual goals. However, a pooled analysis of two of these trials suggested that SBRT had equal local control, better survival, and was better tolerated than surgery.

These results must be interpreted cautiously as they were gathered from trials with a small patient sample size and relatively short-term follow-up. Meanwhile, eight randomized clinical trials comparing SBRT to surgery have recently been opened and will provide crucial information to help direct future decisions.



*Axial, sagittal and coronal views of an SBRT treatment plan. Isodose lines show highly conformal coverage of the tumor with a sharp dose fall-off.*



*Pre-treatment and six-month post-treatment PET-CT scans. Post-radiation changes are seen but the FDG avid nodule is no longer apparent after treatment.*

## SBRT Treatment Plan

SBRT requires accurate and custom planning for each patient's anatomy and organ motion so that the tumor can be targeted while simultaneously sparing surrounding organs.

Radiation planning begins with a CT simulation including four-dimensional imaging to map the tumor as it moves during a patient's respiratory cycle. The radiation oncologist, in conjunction with the dosimetrist and medical physicist, works to create a radiation treatment plan which provides an ablative dose of radiation to the target, properly protects the surrounding organs, and is safe to deliver.

Real-time imaging with cone beam CT scans are performed just prior to each treatment to ensure the treatment setup is accurate. Each treatment lasts approximately 30-45 minutes and the patient does not experience any pain or sensation during treatment. Follow-up imaging, including serial CT scans, is performed to assess the treatment response.

## Future Role

There has been a dramatic increase in the use of SBRT for early-stage lung cancer over the past 10-15 years. As screening programs potentially identify patients with NSCLC at an earlier stage, SBRT will continue to play a critical role in the management of this disease. All patients should be evaluated by a multidisciplinary team to prioritize shared decision making between patients and providers.

*For more information, contact Dr. Zaki at 989.583.5250 or mark.zaki@chs-mi.com.*

# Congratulations, Team!

## Covenant HealthCare Achieves Leapfrog Hospital Safety Grade of "A"

*Dr. Michael Sullivan, Chief Medical Officer, Covenant HealthCare*
*Alan Spencer, Director of Patient Safety and Quality, Covenant HealthCare*

Last November, Covenant HealthCare achieved a Leapfrog Hospital Safety Grade of "A", the highest grade given. The Hospital Safety Grade is becoming the gold-standard, publicly-reported measure of patient safety. The Leapfrog Hospital Safety Grade indicates how safe general acute care hospitals are for patients. Receiving such a high grade is a clear reflection of the commitment among everyone at Covenant HealthCare to deliver extraordinary care to patients.

### Performance Measures

The Leapfrog Hospital Safety Grade uses national performance measures from the Centers for Medicaid and Medicare Services, the Leapfrog Hospital Survey, the Agency for Healthcare Research and Quality, the Centers for Disease Control and Prevention, and the American Hospital Association annual survey.

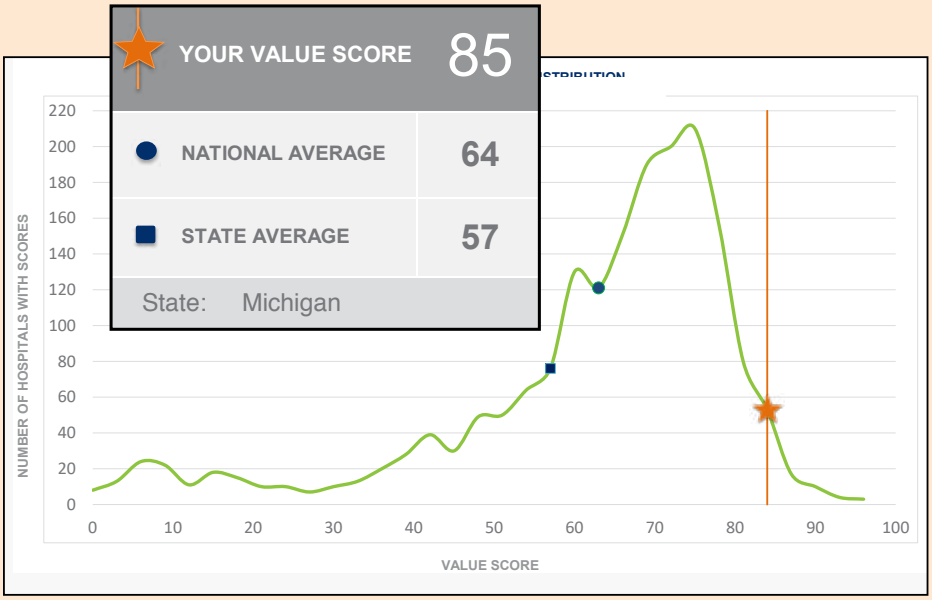
The Leapfrog Group was formed in 2000 by a passionate group of Fortune 500 companies following the release of the Institute of Medicine's report, *To Err is Human*. Their core principles are:

- Transparency
- Standard Measurement and Practices
- Incentives and Recognition

In 2018, over 2,600 general acute-care hospitals across the nation were evaluated, ranging in size from <25 to >1,000 inpatient beds. There are over 400,000 total inpatient beds in this database. The Safety Grade ranges from A to F.

The following Leapfrog distribution chart shows Covenant HealthCare (orange star) in comparison to other hospitals in Michigan and the United States.

**NATIONAL VALUE SCORE DISTRIBUTION**




### Improving Safety

The Leapfrog Hospital Survey has six areas of focus: 1) medication safety, 2) inpatient care management, 3) infections, 4) maternity care, 5) inpatient surgery and 6) pediatric care.

This helped Covenant focus efforts to improve the quality of patient care. These efforts included promoting the use of barcode medication administration (BCMA) and computerized physician order entry (CPOE); reducing overall cesarean section and episiotomy rates; improving management of patients in the intensive care units (ICUs) and improvements to the Hand Hygiene program. The hospital focused on reducing central line associated blood stream infections, catheter associated urinary tract infections, surgical site infections and injuries from patient falls.

Achieving the Leapfrog Hospital Safety Grade of A is great news for our patients as it shows the commitment to patient safety that is exhibited every day at Covenant. This would not be possible without the extraordinary care and efforts of its medical staff, clinical care providers and support staff. Feel proud of all you have accomplished!

### Future Plans

Plans for completing the 2019 Leapfrog Hospital Survey are already underway. For example:

- Newly created chapters for surgical appropriateness and volume standards require some changes to our policies.
- A new chapter for outpatient surgery and procedures will be released this year, but is not scored or publicly reported.
- The new pediatric measures for exposure from CT scans are expected to be expanded.

The survey is expected to be released in April 2019, with plans for submission to be completed by June 28, 2019.

Covenant will continue to work on improvements with BCMA, CPOE, Hand Hygiene, ICU physician staffing and promoting a culture of safety. It will also focus on reducing patient safety events, infections and patient falls.

Leapfrog Safety Grades are publicly reported and available at the Leapfrog web page at Leapfrog.org. Patients, families and physicians can access this site to see the performance of Covenant HealthCare and how it compares to other hospitals in the region.

*For more information, contact Dr. Sullivan at 989.583.7351 or msullivan@chs-mi.com.*

# Advancing Pediatrics through Altruism

*GUEST AUTHOR*
*Carol Cottrell, Director, Covenant HealthCare Foundation*

Imagine if your child was born prematurely or suffered a significant life-threatening event. Now imagine a pediatric unit in your hospital staffed with pediatric experts, programs and the latest in technologies to help your child survive and even thrive. What a relief and sense of security knowing that your child will receive the best, most advanced care possible!

That is the pediatric goal for many hospitals across the nation, including Covenant HealthCare, but achieving that goal often requires them to seek additional funding from various sources. At Covenant, one such source is the Covenant Kids fund, which helps raise money across the community to drive extraordinary care for kids under age 18 and their families.

## How Covenant Kids Makes an Impact

This year marks the 10th anniversary of the Covenant Kids fund which has raised over $1 million for pediatrics through events like the annual Covenant Kids Telethon. The impact is absolutely enormous, enabling the purchase of vitally important equipment. Just a few key examples include:

- RetCam, a shuttle-wide field digital imaging system for the Regional Neonatal Intensive Care Unit (RNICU), to assess retinopathy of prematurity in infants to prevent blindness
- Phototherapy blankets for the RNICU to treat jaundice
- Continuous EEG monitoring for the RNICU to help detect seizures in premature infants
- Otoscopes and ophthalmoscopes for the Birth Center to determine hearing and eye health
- MRI-compatible entertainment system to help children stay occupied and still during imaging
- ImPACT concussion assessment software, a proven 20-minute test to establish baselines, monitor changes and determine safe return to activity
- Infant warming unit for the Pediatric ECC to keep newborns healthy
- Bedside ultrasound for the Pediatric Intensive Care Unit (PICU) to get real-time diagnoses
- Bladder scanner for Pediatrics and PICU for quick, easy and non-invasive scans
- Augmentative communication devices for Physical Medicine & Rehabilitation (PM&R) to help those with impairments
- Pediatric gait trainer for PM&R to facilitate mobility
- iPads for the Autism Center to facilitate communication

Equipment purchased through Covenant Kids helps keep care under one roof, avoiding the need to travel for special services. See the sidebar for details.

## How Physicians Can Submit Requests

In the past, most purchasing decisions have been influenced by department leaders requesting funds for equipment to improve the pediatric experience at Covenant. Physician requests, however, are also welcomed! Physicians who see a gap in pediatric care at Covenant can submit a funding request form to the Covenant HealthCare Foundation.

Requests must demonstrate how Covenant pediatric patients will be positively impacted. The Covenant Kids Fund Distribution committee reviews the requests, and the Foundation Board votes on their recommendations at the October Foundation Board meeting.

## What's Next?

The Covenant Kids fund, managed by the Covenant Healthcare Foundation, is enriched throughout the year through activities organized by Covenant employees, local organizations and individuals. The Foundation also hosts the Covenant Kids Telethon, which will be held this year on April 27 from 12-5 p.m. on WNEM-TV5.

*For more information or to request a funding request form, contact Carol Cottrell, Director, Covenant HealthCare Foundation at 989.583.7601 or ccotrell@chs-mi.com.*

## How New Equipment Helps Kids

- At the time Covenant purchased the first RetCam, there were only five hospitals in Michigan that had this technology. Having this equipment allows children suspected of retinopathy of prematurity (ROP) to stay at Covenant rather than being transferred to another hospital. This provides both convenience and comfort to them and their families.

- With the installation of an MRI-compatible entertainment system, the number of children requiring sedation for an MRI has been considerably reduced, adding an important element of safety, security and efficiency for everyone involved.
- A new pediatric gait trainer is enhancing therapy techniques for children with physical disabilities or who need to relearn how to walk after an accident.

COVENANT HealthCare

Extraordinary care for every generation.

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# The Chart Spotlights

## Congratulations Physicians of the Month!

*Your patients and colleagues are saying extraordinary things…*

DECEMBER

### Dr. Anu Gollapudi

**HOSPITAL MEDICINE**

*"Dr. Gollapudi was excellent in taking charge of diagnosing my condition and promoting the necessary steps to resolve the problem. I'm so very grateful."*

*"Dr. Gollapudi explained everything I was so concerned about. She put me at ease and was friendly. Her smile and happiness lifted me. Joy and commitment are her strengths. Thank you, thank you, thank you."*

*"Dr. Gollapudi is such a caring physician and really takes time to make sure she connects with her patients. She even called me at home after I was discharged just to check on me! Wow!"*

JANUARY

### Dr. Cheryl Canfield

**FAMILY MEDICINE**

*"Dr. Canfield is a very professional physician. I respect her opinion and she is always very respectful and courteous."*

*"I am always pleased with my visits to Dr. Canfield's office. I find her and her staff to be most courteous and knowledgeable."*

*"Dr. Canfield is one of the most caring health professionals I know. I feel comfortable and confident in her care of my health."*

FEBRUARY

### Dr. Joseph Contino

**BREAST SURGERY**

*"Dr. Contino made me feel comfortable and I felt I could ask questions. He took time to answer them and I am very satisfied."*

*"Dr. Contino was very helpful and accommodating, as well as his nurse. I was pleased with all of my care."*

*"I found Dr. Contino and staff very caring, friendly and consider them like family."*