



Ring In the New Year with Positivity!

Dr. Kathleen Cowling
Covenant HealthCare Chief of Staff

The holidays are usually a time for celebration, gathering with family and enjoying traditions passed down from generations past. Boxes of stored ornaments make their way out of the basement or attic and gently get placed amongst glitter and sparkling lights that make the room feel magical, like anything could be possible.

As always, we all carry the hope that the holidays and New Year will be full of health, happiness and blessings. For some of us, this means surviving cancer or seeing a grandchild for the first time. But this year, I bet most of us simply want COVID-19 to go away. We've endured this menace for far too long and have grown weary of its tenacity and relentlessness.

So, I am proposing that we spend every ounce of energy this holiday season celebrating what is great about our lives. Share favorite recipes from family cookbooks, find and gift lost photos buried in boxes, and revive all sorts of activities that make you happy – from caroling to sledding. Listen to jubilant music and clanging bells that bring joy to the moment, lifting spirits and brightening smiles. Give to charities that support your passion, or simply visit a friend who might be feeling lonely. Most importantly, generously share your smile and all the love and light that shines behind it – it's incredibly catching!

This needs to be a season of supreme positivity, abundance and gratitude – one that we carry into the months and year ahead. Last year, we knew that 2021 would be another tough year with COVID-19, despite the hope of vaccines. This year, however, the worst is behind us.

Together, we can welcome 2022 with heightened optimism and confidence. Together, we can bring enthusiasm back to our lives and workplace – including fresh inspiration for novel projects, new endeavors to help others, and a revitalized strength and passion for our work.

Let's make 2022 the year of new beginnings with as much eagerly anticipated excitement as opening a new gift with all the possibilities inside. Because every day is a gift of life, so why not make the most of it and expect the best?

May all that you cherish and hold dear be yours throughout the holidays and New Year! Health and happiness to all.

Sincerely,



Dr. Kathleen Cowling



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Pediatric Orthopaedics: Getting the Best Outcomes for Young Patients

Dr. Allison Tenfelde, Pediatric Orthopaedic Surgeon

Orthopaedic trauma is a leading cause of disability in pediatric patients. Pediatric orthopaedic trauma can occur from a motor vehicle accident, sports injury, recreational activity, fall or non-accidental trauma due to child abuse.

This article covers a few considerations to ensure the best recovery for your younger patients.



Pediatric Orthopaedics Is Becoming More Specialized

The modern term “orthopaedics” was coined in the 1741 by a French physician treating conditions like scoliosis and polio; it combines orthos (straight) with paidios (child). Today, orthopaedic surgeons diagnose and treat a variety of musculoskeletal conditions ranging from fractures, osteoarthritis and bursitis to tears, sprains and tendonitis in both adults and children.

About 45 years ago, pediatric orthopaedics became a recognized sub-specialty dedicated to the unique orthopaedic issues that affect children. Over the years, technological advances have driven increasingly specialized care for all orthopaedic patients. This is demonstrated by many trends, including:

- The rise of Orthopaedic Centers of Excellence focused on delivering high-quality care.
- The recognition that higher quality care occurs at high-volume centers.
- The increase in transfers of supracondylar humerus fractures to centers with pediatric orthopaedic surgeons (high-volume centers).

After completing a residency in orthopaedic surgery, an additional year of fellowship training is required for pediatric orthopaedic surgeons. Pediatric orthopaedic surgery fellowships train surgeons to evaluate, diagnose, communicate with and treat pediatric and adolescent patients.

Children Are Not Small Adults

Children and adults respond to and recover differently from injuries. Treatment of pediatric and adolescent trauma therefore requires an approach that includes an understanding of:

- Current and projected bone growth and development, growth plates, remodeling potential, physeal and cartilage injury, and special considerations with respect to grafts and implants used in surgery.
- The developing brain and neurological system’s unique response to trauma and surgery.
- The impacts of anesthesia/sedation and pain medication on youth, including concerns regarding pain management and opioid exposure.
- Genetic and metabolic bone disease, bone accretion during growth and the determinants of long-term bone health.

A child’s injuries and pathologies also need to be treated differently than those of an adult. For example:

- Certain conditions that are treated surgically in adults can be successfully treated nonoperatively in pediatric patients. For example, wrist and forearm fractures are often repaired with plates and screws in adults, but often can be managed with casts in pediatric patients.
- Surgical repair choices may vary too. For instance, flexible intramedullary nails are often the best technique for stabilizing pediatric forearm and femur fractures as opposed to the more rigid implant choices used when treating adults.
- Most healthy children have stronger bones than adults, and this can affect rehabilitation activities like weight-bearing limitations, casting, bracing and more.
- Children’s bones typically heal faster than adult bones, making diagnosis more urgent. A prompt evaluation is critical to ensuring the fracture heals properly. Faster healing also means shorter casting times.
- Children and adolescents typically have better healing potential than adult patients. This means that injuries to ligaments, articular cartilage and meniscus can often be repaired instead of excised or replaced.

What You Can Do

If you are presented with an injury to a pediatric or adolescent patient, please give it prompt attention and tell parents to do the same. The unique needs of children with orthopaedic conditions, combined with an evolving knowledge of treatment options and technologies, may warrant the attention of a pediatric orthopaedic surgeon to ensure the best possible outcomes.

For more information, contact Dr. Tenfelde at 989.583.7450 or allison.tenfelde@chs-mi.com.



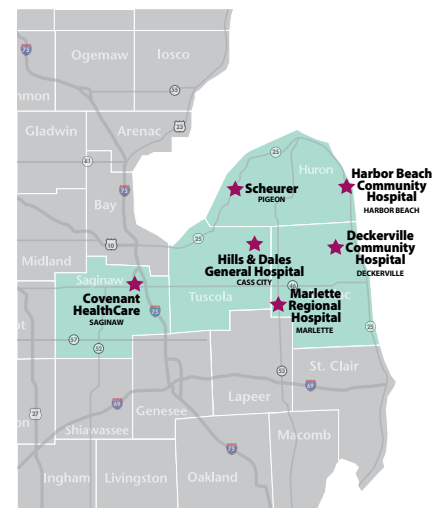
Covenant Regional Thumb Network: Delivering Extraordinary Care Close to Home

David Nall, Covenant HealthCare Vice President of Strategic Development

Most people enjoy the security of having a local, hometown hospital that can deliver quality medical care for various emergencies and procedures. Thanks to the Covenant Regional Thumb Network (CRTN), people across the Michigan Thumb will continue to receive that care locally.

CRTN is a network of six independent hospitals across the Thumb, five of which are critical access hospitals (see map). In addition to Covenant HealthCare in Saginaw, these include: Deckerville Community Hospital, Harbor Beach Community Hospital, Hills & Dales General Hospital, Marlette Regional Hospital and Scheurer Health.

Although CRTN officially formed in 2018 to meet patient needs while retaining a “safety net” of rural hospitals, members have been collaborating for more than a decade to protect access to independent, home-town hospitals while providing even easier access to the advanced resources of Covenant. In this way, CRTN helps deliver extraordinary care close to home.



Stronger Together

The rising cost of medical care has been putting smaller, rural hospitals across the United States at risk for being acquired by outside hospital conglomerates – leading to shut-downs in many cases that can dramatically impact these populations.

CRTN helps avoid that by making each hospital stronger through collaboration and resource sharing, allowing them to remain independent with their own Boards and leadership teams. This allows Thumb communities to get affordable quality care at their trusted hospital close to home, while tapping into Covenant when they need it – either in their local community or in Saginaw.

CRTN Advantages

Aristotle coined the phrase: “The whole is greater than the sum of its parts,” which is a great way to describe CRTN. It enables each member of the network to deliver more healthcare value to their communities than they could achieve alone. For example, CRTN:

- Strengthens high-quality healthcare provided by community hospitals with improved access to more resources whenever additional specialized, tertiary support is needed.
- Provides more board-certified specialist coverage and access to specialty clinics right in Thumb communities, which also facilitates physician recruitment and retention.
- Enhances hospital alignment with processes in place to expedite patient transfers when needed.
- Offers hospital leadership development and staff education.
- Delivers clinical and administrative support.
- Increases local access to care, while improving affordability of quality healthcare in the region – partly through greater purchasing power which can reduce overall supply costs.
- Ensures preservation of complete independence of local community hospitals, retaining local control and decision-making.
- Ensures that providers who refer patients to Covenant for specialized procedures can still retain their patients post-procedure.

Summary

CRTN is an important resource to rural hospitals in the Thumb, one that enables them to maintain their independence while tapping into each other’s strengths. Their connection with each other and Covenant will only get stronger through a collective, team environment of resource-sharing and a deep, shared commitment to delivering extraordinary care for every generation.

For more information, contact David Nall at: 989.583.4101 or dnall@chs-mi.com.

COVENANT REGIONAL THUMB NETWORK (CRTN)





CMU College of Medicine and Medical Education Partners Update

Dr. George E. Kikano, CMU Vice President, Health Affairs and Dean, CMU College of Medicine, and Dr. Samuel Shaheen, Executive Director, CMU Medical Education Partners

During the past few years, Central Michigan University has placed an emphasis on strengthening and expanding the CMU College of Medicine undergraduate and graduate medical education programs. Covenant HealthCare has been its primary partner, and we are grateful to all the physicians and staff who have contributed to its success by sharing their knowledge with our students and residents.

The College of Medicine’s mission is clear and focused – to prepare culturally competent physicians to provide comprehensive care to underserved populations in Michigan and beyond. It accomplishes this mission through exceptional teaching, innovative research, quality patient care and collaborations within the communities we serve.



A Hub for Medical Education

Saginaw has become a hub for medical education in central and northern Michigan. In 2020, building on a 50-year legacy of educational excellence, Covenant HealthCare and Ascension St. Mary’s confirmed with CMU a joint commitment to graduate medical education by signing a 25-year educational affiliation agreement. This agreement provides a sustainable framework for education and improves access to healthcare in the region.

Together, as CMU Medical Education Partners, we proudly offer residencies in emergency medicine, family medicine, general surgery, internal medicine, obstetrics and gynecology, podiatric medicine and surgery, and psychiatry, plus fellowships in child and adolescent psychiatry and emergency medical services. In early October, the Accreditation Council for Graduate Medical Education approved a new pediatrics residency program with learners slated to arrive in July 2022.

Continued Expansion and Learning

As the number of programs expanded, so has the number of learners. Today, the CMU College of Medicine has approximately 140 medical students based in the Great Lakes Bay Region. In July 2021, it welcomed 45 new residents, the largest incoming class in the program’s history.

Never before have we witnessed the benefits of this synergistic relationship in as significant a way than during the COVID-19 pandemic. From the beginning, medical students and residents joined physicians and public health staff on the front lines, treating, testing and vaccinating. They shared your initial fear of the unknown and relief when vaccines were developed; your joy at a recovered patient and your sorrow at one who was lost; your frustration with an inequitable healthcare system. The lessons they learned working alongside you will stay with them for their entire careers. They will be better physicians because of their time with you.

Returning to our mission – to educate physicians to care for the underserved, both rural and urban, we are now seeing the fruits of our labor. Our medical school and residency graduates are choosing to remain or return to the region to serve our communities.

Thank you for your trust in us, in our students and residents, and in our shared goals. We know we cannot do this work alone. We look forward to continuing to improve healthcare in our region, and to more collaborations in the years to come.

For more information, contact Dr. Shaheen at 989.558.6421 or samuel.shaheen@cmich.edu.

Serving Our Local Region

CMU College of Medicine 2021 Graduates

- 47% remained in Michigan for their residencies

CMU Medical Education Partners 2021 Graduates

- 60% remained in Michigan
- 33% stayed in mid-Michigan



Insights Into Hernia Repair Techniques

Dr. Andrew Vasylyuk, General/Trauma Surgery

Techniques in hernia surgery have undergone a significant evolution over the last several decades. This article discusses current repair options that can help you and your patients make informed decisions.

Open Hernia Repair

Open surgical techniques are the standard to which current, minimally-invasive techniques are compared. Open techniques involve making an incision over the hernia defect and tailoring the repair option to the patient’s health and hernia size. Aside from small, non-incisional hernias (< 2 cm), these techniques involve placing mesh on an anatomical plane.

- For **large primary or recurrent ventral and incisional hernias**, Rives-Stoppa retro-muscular repairs are the gold standard. This technique is highly durable (<4% at 5 years) with the advantage of keeping mesh outside the abdominal cavity, minimizing complications such as adhesions and bowel fistula. This technique also minimizes dissection of the skin and subcutaneous tissue, reducing wound morbidity compared to other techniques.
- For **inguinal hernias**, the Lichtenstein tension-free mesh repair is the gold standard. This involves mesh placement over the inguinal floor through an inguinal incision. It is useful for both small and large hernias and can be performed under local anesthesia or conscious sedation. This technique also avoids pneumoperitoneum which can be poorly tolerated in patients with cardiac and pulmonary issues; it is a good option for recurrent inguinal hernias after a laparoscopic repair.

Open operations are associated, generally, with increased post-operative pain and wound morbidity compared with minimally-invasive techniques, especially for large ventral hernias which have an average length of stay (LOS) of 6-7 days.

Laparoscopic Repair

With this minimally-invasive technique, the surgeon makes small incisions in the abdomen to insert a camera, which guides surgical work. It is widely applied to various ventral and inguinal hernias, and is associated with less post-operative pain and quicker recovery than open techniques.

- For **ventral hernias**, the intra-peritoneal onlay mesh (IPOM) technique is used. The surgeon places mesh inside the abdominal cavity beneath the peritoneum. Despite some limitations, it is a simple and durable technique in smaller (<6 cm) ventral hernias, especially in patients at high risk for wound morbidity. IPOM may be performed in the outpatient setting.
- For **inguinal hernias**, the surgeon dissects the abdominal wall lining and places a mesh beneath the peritoneum. Advantages include complete visualization and dissection of all possible groin hernias, less initial post-operative pain and comparable long-term recurrence rates.

Robotic Hernia Repairs

Robotic surgery is an advanced form of laparoscopy that can replace or augment open surgery for a range of hernias – even very large ventral hernias (12+ cm). Patients benefit from less post-operative pain, a shorter LOS by half or more, and decreased wound morbidity compared with open techniques – even when an open incision is required for part of the operation. Robotics also obviate the need for more painful penetrating fixation techniques used in laparoscopic repairs.

For inguinal disease, robotic techniques also provide a shorter surgeon learning curve, plus facilitate the minimally-invasive repair of large inguinal-scrotal hernias, which are tougher to tackle laparoscopically.

Summary

About 5 million people suffer from hernias in the United States, and about 1 million repairs are performed annually. Because hernias can be life-threatening, patients should be encouraged to see a specialist to ensure the best possible outcomes using today’s advanced technologies.

For more information, contact Dr. Vasylyuk at 586.863.6752 or andrew.vasylyuk@chs-mi.com.

FEATURES AND BENEFITS OF HERNIA REPAIR TECHNIQUES

	OPEN SURGERY	LAPAROSCOPIC	ROBOTIC
WHEN TO SELECT	Small primary hernias, large ventral hernias, patients not able to tolerate pneumoperitoneum	Inguinal disease – especially bilateral, younger/active patients; modest-sized ventral hernias	Inguinal disease – especially bilateral, younger/active patients, most ventral hernias
TYPES OF HERNIAS BEST SUITED FOR THIS REPAIR	Small primary ventral hernias, large ventral hernias with loss of abdominal wall domain, recurrent inguinal hernias after laparoscopic repair	Small- to modest- sized ventral hernias, most non-recurrent inguinal hernias, recurrent inguinal hernias after open repair	Small and large ventral hernias, most non-recurrent inguinal hernias, recurrent inguinal hernias after open repair
SURGICAL DIFFERENCES	No camera assist	2D images	3D images, high dexterity
PATIENT RECOVERY	Longer	Shorter	Shorter
INFECTION RISK	Higher	Lower	Lower



2021 Provider Engagement Survey Results

Dr. Matthew Deibel, Medical Director, Covenant Emergency Care Center, and Christin Tenbusch, Patient Experience Administrator

The results for the 2021 Provider Engagement Survey for Covenant HealthCare are in. This year, Covenant HealthCare utilized a new survey vendor, Press Ganey, LLC, who also serves as our vendor for both employee engagement and patient experience.

All employed, self-employed and contracted providers, including advanced practice providers (APPs), were invited to participate. Covenant touted a 46% response rate, which is above the national average – thanks to all who took the time to weigh in.

Survey Context

- Level of **Engagement**, which measures providers’ emotional attachment and commitment to the organization.
- Level of **Alignment**, which is the extent to which physicians feel a strong connection with leadership and a shared vision to execute our mission and vision.
- Well-being and resilience questions were also asked.
- The survey is completely anonymous with thresholds to protect anonymity.

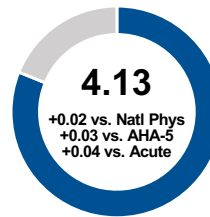
Key Findings

- Survey results for physicians and APPs were nearly identical which is why only the combined data is being shared here.
- Covenant was around the national average on engagement, with an overall score of 4.13 on a 5-point scale (48th percentile) and received good scores on managing well-being and burnout. (Note that physician responses alone placed Covenant in the 49th percentile).
- Covenant was slightly below the national average for alignment (42nd percentile).
- Covenant performed favorably on managing well-being and burnout with 97% of responses favorable.
- High-performing themes include:
 - Providing high-quality care and service.
 - Confidence Covenant will be successful in the coming years.
 - Satisfaction with the performance of hospital administration.
- Areas of focus include:
 - Improving communication and feedback between providers and administration.
 - Ensuring the organization delivers safe, error-free care.
 - Ensuring the hospital treats physicians with respect.
- There were many positive comments about the level of organizational communication throughout the pandemic.
- There were several suggestions for improving the organization by listening to providers more and engaging them in decisions about how they practice medicine.

Highlights: 2021 Engagement Survey Results (All Respondents)*

Engagement

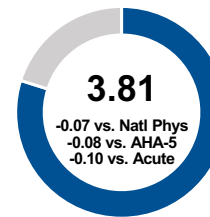
Physicians’ emotional attachment and commitment to organization.



	2021
National Physicians Average	48 th
AHA-5 (Five-State Region) Average	51 st
National Acute Care Average	51 st

Alignment

The extent to which physicians feel a strong connection with leadership and a shared vision to execute the mission and vision.



	2021
National Physicians Average	42 nd
AHA-5 (Five-State Region) Average	43 rd
National Acute Care Average	40 th

**This data, along with references to “National Physicians,” reflects responses from all physicians and APPs who participated in the survey. Responses are based on a 5-point scale where “1” is strongly disagree and “5” is strongly agree.*

Action Plan

Results for the 2021 survey have been shared with the Executive Team and Medical Executive Committee. Section chiefs have received their section’s results and comments. Results should continue to be discussed in section meetings to determine ways each group can enhance the level of collegiality and engagement across the team.

Administration is continuing to promote provider engagement in the current executive rounds throughout the hospital, add APPs to physician-led committees and find new ways to better collaborate and recognize providers.

Your feedback truly makes a difference in the ability of Covenant HealthCare to deliver extraordinary care in amazing ways through dedicated, team-oriented healthcare professionals.

For more information about survey results, contact Dr. Matthew Deibel at 989.583.6022 (mdeibel@chs-mi.com) or Christin Tenbusch 989.583.7491 (ctenbusch@chs-mi.com).

The Covenant Chart 5-Minute Survey: Make Your Newsletter Better

In 2022, *The Covenant Chart* will be entering its 12th year of publication and has evolved over time to meet your needs, thanks to your suggestions for improvement. Now, we'd like to ask for your feedback once again so we can continue to provide you with the news and information you seek. Please tell us how to make *The Covenant Chart* a better tool by completing a short survey. Please complete and return your survey by January 5, 2022.

- **Paper version:** after completing the below, scan and email it to marcus.atkins@chs-mi.com.
- **Online:** Take the survey online at <https://www.covenanthealthcare.com/ch/thechartfeedback> or scan this QR code:



1. Do you read *The Covenant Chart*?

- Yes
- No
- Occasionally

If no, please explain why: _____

2. *The Covenant Chart* provides information of value:

- Yes
- No

If no, please explain why: _____

3. Please indicate your top five topics of interest (check those that apply):

- | | |
|--|---|
| <input type="checkbox"/> Disease updates, trends and alerts | <input type="checkbox"/> Electronic medical records/tools updates |
| <input type="checkbox"/> New medical technologies and treatments | <input type="checkbox"/> HIPPA and other regulatory updates |
| <input type="checkbox"/> Quality and safety initiatives | <input type="checkbox"/> Insurance coverage news/trends |
| <input type="checkbox"/> Improving physician leadership skills | <input type="checkbox"/> CMU residency program |
| <input type="checkbox"/> Improving physician clinical skills | <input type="checkbox"/> Improving patient satisfaction/outcomes |
| <input type="checkbox"/> Healthcare reform/public health | <input type="checkbox"/> New Covenant HealthCare services/initiatives |
| <input type="checkbox"/> Nursing staff updates | <input type="checkbox"/> Covenant HealthCare certifications/awards |
| <input type="checkbox"/> Other: _____ | |

4. I prefer receiving *The Covenant Chart* newsletter in the following format:

- Printed format sent by U.S. mail
- Electronic pdf sent by email (your email address: _____)
- Both

5. I prefer the following frequency and length:

- Quarterly with 8 single-page articles per issue (the current approach)
- Bi-monthly (every other month) with 3-4 single-page articles per issue (more frequent but fewer articles in each issue)

6. Do you have other ideas or suggestions for *The Covenant Chart*? _____

The Covenant Chart is published four times a year. Send submissions to: Marcus Atkins, Physician Liaison, at marcus.atkins@chs-mi.com or call 989.284.2555 (cell) or 989.583.4051 (office).

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The Chart Spotlights

Congratulations Providers of the Month!

Your patients and colleagues are saying extraordinary things...



OCTOBER

Dr. Jeffrey Osborne, Orthopedic Surgery

"Dr. Osborne is very easy to talk to and explains things if I don't understand. I highly recommend him!"

"Dr. Osborne is always very thorough. He explains everything in layman's terms."

"Dr. Osborne is a caring and compassionate physician. He walked from Cooper Surgery to Harrison pre-op to transport me when no one was available to do so. He didn't want me to have to wait; he is amazing!"



NOVEMBER

Dr. Syed Alam, Anesthesiology

"Dr. Alam is amazingly thoughtful in his education and care delivery! His patients love him and staff appreciate having him as a part of the care team."

"He is so easy to work with, he puts the patient first and will do whatever we need for him to do. I would love to clone him."

"Dr. Alam is a not only a highly skilled anesthesiologist, he is a wonderful coworker. Dr. Alam remains calm and professional during trying times and situations; he is a wonderful asset to our team."



DECEMBER

Terese Cook, Nurse Practitioner, Internal Medicine/Hematology/Oncology

"Terese is very patient and talks about everything you are worried about. She is very thorough and is concerned about you."

"Terese has been so wonderful over the years. I have seen her after my breast cancer surgery and treatment. She was so caring and encouraging."

"Terese explains things to you in a way that you understand. She is very caring about her patients and we need more people just like her."