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**Hurley Medical Center**

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**Hurley Foundation**

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**Please Share Your Stories**

Please send your stories and photos by the 15th of each month to [rwaller1@hurleymc.com](mailto:rwaller1@hurleymc.com), or contact Regina Waller, Director (Physician Services, Continuing Medical Education (CME) and Medical Staff) at **810-262-7302**.

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Hurley IN THE NEWS

**Pink Night Palooza**

THANK YOU to all who came out to Pink Night Palooza on October 6<sup>th</sup> at the Holiday Inn Gateway Center. Your support will help countless local women battling Breast Cancer. Our Breast Health Navigator Fund helps women fill financial gaps while undergoing treatment. NBC 25 went live from the event, interviewing Marsha Schmit, RN, BSN, CBCN, Hurley's Breast Health Nurse Navigator and Breast Cancer survivor. ABC 12, WNEM-TV 5, the Flint Journal and the View Newspapers also covered the event.

**Cure Kids Cancer Radiothon**

Nash FM 95.1 presented their eighth annual "Cure Kids Cancer" Radiothon at Hurley Children's Hospital on September 29 and 30. Listeners heard stories of courage from our youngest cancer patients and their families. The result? \$54,251.31—a 30% increase over 2015! Thank you to the amazing staff of Nash FM 95.1, their sponsors and loyal listeners, Radiothon volunteers and especially the children and families who shared their stories. ABC 12 covered the event.

**Teen Heart Checks**

Hurley Children's Hospital and the Thomas Smith Foundation hosted Free Teen Heart Checks on October 8<sup>th</sup> at the Flint Farmers' Market. Sudden Cardiac death is the leading cause of death in young athletes. These screenings can detect numerous serious heart conditions. NBC 25 and CARS 108 FM covered the event.

**New Grant for Cooking Demos**

The Flint Child Health and Development Fund of the Community Foundation of Flint has awarded a \$22,000 grant to the Hurley Foundation to teach Flint families how to mitigate some of the effects of lead absorption through better nutrition. WDIV TV in Detroit, ABC 12 and NBC 25 covered the story by attending a cooking demo led by Hurley Dietitian Joanna Sheill at the Flint Farmers' Market. Alisa Craig, Hurley Administrator, Wellness & Population Health Management, was also interviewed. A list of upcoming cooking demos at the Flint Farmer's Market can be found at: <http://www.hurleymc.com/wellness/lead-resources/>.

**Pregnancy & Infant Loss Remembrance Day**

Hurley Medical Center provided a way for families to remember babies who were lost too soon and those lost during pregnancy. Local families came to Hurley on October 15<sup>th</sup> for a memorial service, followed by a balloon release. Information on infant loss support groups was provided. NBC 25 covered the event and interviewed Amy Helal, Clinical Nurse Specialist.

**Hurley's Senior Care Giver Event**

Cathy Metz, Hurley's Musculoskeletal & Senior Center of Excellence Service Line Administrator along with Kathy Boles from the Valley Area Agency on Aging spoke live on ABC 12 News First at Four about the Senior & Care Giver Event, held on October 18<sup>th</sup> at the Holiday Inn Gateway Centre at US 23/Hill Rd. From finances to daily needs, those who attended received information from numerous area groups about caring for an aging loved one.

**Hurley Medical Center Recognizes**

*National Medical Staff Services Awareness Week*

Join our staff in observing National Medical Staff Services Awareness Week on November 6-12, 2016.

In 1992, President George Bush issued a proclamation designating the first week of November as "National Medical Staff Services Awareness Week," to

acknowledge and thank medical services professionals (MSPs) for playing "an important role in our nation's healthcare system."

What role do these professionals play? They are the people behind the scenes who make certain the credentials of all practitioners who are caring for patients are correct and have been verified. MSPs are experts in provider credentialing and privileging, medical staff organization, accreditation and regulatory compliance, and provider relations in the diverse healthcare industry. They credential and monitor ongoing competence of the physicians and other practitioners who provide patient care services in hospitals, managed care organizations, and other healthcare settings.

The American Medical Association-Organized Medical Staff Section also recognizes the medical services profession in a resolution that formally acknowledges "the importance and value of medical services professionals to the healthcare organization and its physician members, and recognizes their contribution and dedication in preserving quality patient care."

MSPs are a vital part of the community's healthcare team. They are dedicated to making certain that all patients receive care from practitioners who are properly educated, licensed, and trained in their specialty.

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

*F. Michael Jaggi, DO*  
Chief Medical Office/Vice President

*E. Saeed, MD*  
Chief of Staff



**Clinical Documentation Improvement**

**The Return of Urgency and Emergency**

With the implementation of ICD-10, terms such as hypertensive emergency and hypertensive urgency disappeared. Instead, all hypertensive codes were categorized under simple hypertension. After one year of being nothing more than hypertension, the October 2016 coding update has once again made emergency and urgency valid codes.

**When to chart emergency or urgency...**

**\*Hypertensive emergency** is a severe elevation of blood pressure with impending organ failure (coronary ischemia, cerebral dysfunctions, cerebral events, pulmonary edema, encephalopathy, and renal failure). Emergency occurs when BP-180/120 or lower levels in patients whose blood pressure had not been previously. Treatment usually includes parenteral drugs and admission to ICU.

**Hypertensive urgency** is a severe elevation of BP(180/110) without progressive target organ dysfunction. Treatment usually includes oral drugs and admission to medical floor/outpatient.

**Hypertensive crises** is an unspecified diagnosis that can refer to either emergency or urgency. The physician needs to distinguish which diagnosis is correct for their patient.

References: <http://www.heart.org>

For questions/comments contact the clinical documentation improvement department at extensions: **26477, 22407, 22408, 26298, and 26287.**

**Save the Date**

**Hurley Medical Center, Annual Medical Staff Meeting**  
**Wednesday, December 14, 2016**

5:30 pm – Cocktails & Hor'D'Oeuvres  
6:30 pm – Dinner

**LOCATION**

Flint Golf Club, 3100 Lakewood Drive, Flint, Michigan 48507

**CME** Calendar  
CONTINUING MEDICAL EDUCATION

**Coming in 2017**

- Infectious Disease Symposium
- Medical Marijuana
- 2017 Pediatric Conference
- Oncology, and many more!

**CME on Demand is also available!**

Please visit: [www.education.hurleymc.com/cme/calendar](http://www.education.hurleymc.com/cme/calendar)

# WELCOME NEW PROVIDERS

It is our pleasure to welcome you to Hurley Medical Center (HMC) and thank you for partnering with us to provide quality healthcare to our patients. We value your commitment and appreciate your service.

## Medicine

### Cardiology

**Heather Baron, PA-C**  
Premier Medical Clinics, PC  
1165 Linden Road  
Flint, MI 48532

### Interventional Cardiology

**Stephen Mattichak, MD**  
Flint Cardiovascular Consultants  
4455 Town Center Parkway,  
Suite A  
Flint, MI 48532

## Pediatrics

### Neonatology

**Abdellatif Abdelwahab, MD**  
**Patrick Ethington, DO**  
**David Sciamanna, DO**  
Neonatal Care Specialists  
1 Hurley Plaza, 2N NICU  
Flint, MI 48503

# CDC Guidelines for Prescribing Opioids for Chronic Pain-United States 2016

Opioids are frequently prescribed for pain. It is estimated that 20% of patients presenting to physician offices with non-cancer pain receive an opioid prescription. Opioid prescription prescribing increased more for family practice and internal medicine than for specialties. The patients presenting with chronic pain issues can be very challenging. Chronic opioid pain medication use can result in serious risks, including overdose and opioid use disorder. Due to the increasing number of opioid deaths related to opioid use and abuse, the CDC has provided recommended guidelines for clinicians to assist with meeting the goal of safe and effective treatment as well as reducing pain and improving patient function. (US Department of Health and Human Services/CDC March 2016 vol 65)

The 12 recommendations are grouped into 3 areas of consideration:

- Determine when to initiate or continue opioids for chronic pain
- Opioid selection, dosage, duration, follow up and discontinuation
- Assessing risk and addressing harms of opioid use

A brief summary of the recommendations include:

1. Non pharmacologic and non opioid pharmacologic are preferred for chronic pain. Opioids should only be considered if expected benefits for pain and function outweigh risks
2. Before starting opioids, establish treatment goals, and when they will be discontinued
3. Before starting opioids and ongoing treatment, discuss known risks and realistic benefits
4. When starting opioids for chronic pain, prescribe immediate release instead of long acting
5. When opioids are started, prescribe the lowest effective dosage, use caution when increasing doses >50morphine mg equivalents(MME)/day. Justify >90mg MME /day
6. When prescribing for acute pain, prescribe for lowest effective dose of immediate release opioids for short duration ( 3-7days)
7. Clinicians should evaluate benefits and harms with patients within 1-4 weeks of treatment escalation or dose escalation.

8. Clinicians should incorporate treatment strategies to mitigate risk, including offering or prescribing naloxalone when factors that increase risk for opioid overdose such as history of OD, history of SUD, higher opioid dosages (>50 MME/day) or concurrent benzodiazepine use are present.
9. Use prescription monitoring program (MAPS) to assist with determining if patient is receiving opioids from other clinicians or other meds that may put him or her at risk for overdose. Repeat monitoring periodically or at least every 3 months.
10. When prescribing opioids for chronic pain, perform urine drug testing upon initiation and at least annually to confirm prescription medications are being taken and to determine if other meds or illicit drugs are being taken
11. Avoid prescribing opioids with benzodiazepines concurrently whenever possible
12. Clinicians should offer or arrange evidence based treatment for patients with opioid disorder(s) (usually medication –assisted treatment with buprenorphine or methadone in combination of behavioral therapies) for patients with opioid use disorder

These guidelines are not for patients receiving palliative care, experience cancer pain, or other end of life pain.

Please visit <http://www.cdc.gov/drugoverdose/prescribingresources.html> for additional tools to guide clinicians in implementing the recommendations.

## Hurley smart phone app

We have a great cell phone APP available for dictation. It is a convenient way to get your dictation done quickly.

If you are interested in getting this set up, please call Sue Johnson at **810-262-9456**.



## NOVEMBER Birthdays

- Nazem Abdelfattah MD  
Mostafa Abuzeid MD  
Sanjeev Aggarwal MD  
Badar Ahmed MD  
Abdelmohdi Alajaj MD  
Gerald Berner MD  
Michael Bork DO  
Mark Braniecki DO  
Mark Burnstein MD  
Terence Chan DDS  
Darlene Daly DO  
A George Dass MD  
Myriam Edwards-Miller MD  
Gurkan Ege MD  
Jamal Farhan MD  
Basil Fathalla MD  
Alan Goldberg MD  
Chad Green MD  
Pooja Gupta MD  
Puneet Gupta MD  
Elizabeth Hale MD  
Mona Hardas MD  
Richard Humes MD  
Brian Hunter MD  
Navin Kumar MD  
Monik Lala MD  
Cecilia Lopez MD  
Michael Macksood DO  
Sabry Mansour MD  
K V Mathew MD  
John McIlduff MD  
Aram Minasian MD  
Ali Mohammed MD  
Ahmad Munir MD  
Owolabi Ogunneye MD  
Chintanbhai Patel MD  
Katelin Ratliff DDS  
Brenda Rogers-Grays DO  
Robert Ross MD  
Rebecca Schein MD  
Punam Sharman MD  
Khaled Shukairy MD  
Paula Silva MD  
Paul Stockmann MD  
Peter Stoyanoff MD  
Vishwas Vaniawala MD  
Nikhil Vora MD  
Lynn Walker MD  
Stephen Wang MD  
Kenneth Wilson MD  
Sania Zainuddin MD
- OCTOBER – Missed Birthday**  
Hemant Thawani, MD

# Outpatient Center Pharmacy

Located in Hurley Medical Center



Search for us on E-Precribe!

One Hurley Plaza Suite 100  
Flint, MI 48503

Phone: 810-262-6370  
Fax: 810-262-6379

At the outpatient center pharmacy, patients will benefit from our services:

- ✓ Free pharmacists consultations and disease state education
- ✓ Free home delivery services for all medications
- ✓ Low-cost generic medications and refill reminder calls
- ✓ Formulary review to ensure the most cost-effective therapy
- ✓ Medication therapy management (MTM) and full reviews of all medications
- ✓ Customized packaging solutions
- ✓ Compounded medications
- ✓ Medication education and health coaching

Outpatient Center Pharmacy Hours:

Monday thru Friday: 10 a.m. to 6 p.m.  
Saturday and Sunday: Closed



**PATIENTS ENJOY NO ADDITIONAL COST FOR HOME DELIVERY OF ALL MEDICATIONS!!**

Taking care of our patients is our priority. As a valued patient, we are committed to providing you with fast, accurate, and friendly service for all of your prescription needs.

TRUST YOUR PATIENTS WITH OUR PHARMACY

## Poor antibiotic prescribing Problem – harms patients

**Antibiotic prescribing practices vary widely and errors are common.**

- ◇ About half of patients receive an antibiotic for at least one day during the course of an average hospital stay.
- ◇ The most common types of infections for which hospital clinicians wrote antibiotic prescriptions were lung infections (22%), urinary tract infections (14%), and suspected infections caused by drug-resistant *Staphylococcus* bacteria, such as MRSA (17%).
- ◇ About 1 out of 3 times, prescribing practices to treat urinary tract infections and prescriptions for the critical and common drug vancomycin included a potential error – given without proper testing or evaluation, or given for too long.
- ◇ Doctors in some hospitals prescribed up to 3 times as many antibiotics as doctors in similar areas of other hospitals. This difference suggests the need to improve prescribing practices.

**Poor prescribing puts patients at risk.**

- ◇ Although antibiotics save lives (for example, in the prompt treatment of sepsis, a life-threatening infection throughout the body), they can also put patients at risk for a *Clostridium difficile* infection, deadly diarrhea that causes at least 250,000 infections and 14,000 deaths each year in hospitalized patients.
- ◇ Decreasing the use of antibiotics that most often lead to *C. difficile* infection by 30% (this is 5% of overall antibiotic use) could lead to 26% fewer of these deadly diarrheal infections. These antibiotics include fluoroquinolones, β-lactams with β-lactamase inhibitors, and extended-spectrum cephalosporins.
- ◇ Patients getting powerful antibiotics that treat a broad range of infections are up to 3 times more likely to get another infection from an even more resistant germ.

**GET SMART**  
About Antibiotics Week  
[www.getsmartaboutantibiotics.com](http://www.getsmartaboutantibiotics.com)  
November 14-20, 2016

### Every time antibiotics are prescribed:

1. Order recommended cultures before antibiotics are given and start drugs promptly.
2. Make sure indication, dose, and expected duration are specified in the patient record.
3. Reassess within 48 hours and adjust Rx if necessary or stop Rx if indicated.

### Specific recommendations for common prescribing situations:

- Rx for urinary tract infections**
  - Make sure that culture results represent true infection and not just colonization.
  - Assess patient for signs and symptoms of UTI.
  - Make sure that urinalysis is obtained with every urine culture.
  - Treat for recommended length of time and ensure that planned post-discharge treatment takes into account the antibiotics given in the hospital.
- Rx for pneumonia**
  - Make sure that symptoms truly represent pneumonia and not an alternate, non-infectious diagnosis.
  - Treat for the recommended length of time and ensure that planned post-discharge treatment takes into account the antibiotics given in the hospital.
- Rx for MRSA infections**
  - Verify that MRSA is growing in clinically relevant cultures. Do not use vancomycin to treat infections caused by methicillin-susceptible staph (and not MRSA).

SOURCE: CDC Vital Signs, 2014

# Hurley Professional Staff Anniversaries:

Hurley congratulates the following providers who reached milestone Hurley Professional Staff Anniversaries during the month of November:

- 5 Years** Nael Tarakji MD  
Nada Abdelbasit MD William  
Thompson MD
- 25 Years** Douglas Congdon DO  
Edilberto Moreno MD Tarik Wasfie MD
- 30 Years** Anup Sud MD

Hurley recognizes the dedication and commitment of all doctors. As a feature of the Physician Connection, Hurley will acknowledge five (5) year anniversaries each month.

# Voice OF THE PATIENT

Physician, YOU are the Patient's Experience!



“Dr. Eustace is the “BEST”!”

“I had the best doctors in Hurley (Dr. Dabideen and his crew).”

“Dr. L. Cherukuri was excellent.”

“Dr. Weber in emergency room was wonderful. He listened and worked with family.”

“I saw Patrick Hawley in the emergency room. I thought my EKG was fine, but he explained to me that it was not and that I would need further testing and was glad I chose to stay. He was excellent, attentive, got in contact with my PCP and did an excellent job relaying medical information to me. I was very thankful he was there that day. Kudos to Dr. Hawley!!”

“Dr. Andre Porchia was great.”