



Taking Pride in Our Accomplishments

Dr. Michael Fiore
Covenant HealthCare Chief of Staff

Looking back on the past two years as Chief of Staff, I am delighted to have been entrusted the opportunity to serve the excellent medical staff at Covenant HealthCare. We are part of a highly respected institution with a reputation for talented and dedicated physicians and nurses.

There are many shared accomplishments for which we should be proud. A few highlights that stand out to me include:

- **Stronger Alignment.** The past several years have seen the development of *Our Covenant*. This shared vision between the medical staff and the hospital administration has evolved from a concept to a culture change. Strengthening the alignment between these two groups is essential to achieve a common goal of delivering extraordinary care to our patients and our communities.
- **Greater Accountability.** Physician engagement has been essential to ensuring patient quality and safety. We are increasingly holding our colleagues and ourselves accountable to high care standards through peer review efforts and transparency of data. Disruptive behavior or attitudes are much less tolerated.
- **Commitment to Patient-Centric Care.** More physicians are recognizing that extraordinary care extends beyond medical or surgical proficiency. Collectively, we are working with hospital leaders to deliver family and patient-centric care and improve patient care experiences. Physicians are voluntarily participating in physician coaching opportunities, as well as PULSE 360° peer evaluations, working to incorporate best-practice behaviors to positively impact patient experiences.
- **Better Collaboration.** Medical staff members have been actively involved in helping the advancement of Covenant HealthCare’s goals. Participation in rapid improvement events and value-based purchasing decisions further exemplify the benefit of working with a shared common vision.

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HDR Skin Brachytherapy: Newer Treatment for Skin Cancer

GUEST AUTHOR

Dr. James Fugazzi, Radiation Oncologist, Covenant Medical Group

When it comes to skin cancer, traditional treatment options include standard surgical excision, Mohs micrographic surgery, cryotherapy, photodynamic therapy, standard external beam radiation and topical chemotherapy such as fluorouracil (Efudex®) or immune modulation such as imiquimod (Aldara).

High dose-rate (HDR) skin brachytherapy is a newer treatment option for non-melanomatous skin cancer, such as squamous cell carcinoma or basal cell carcinoma. Pain-free and non-invasive, HDR has a fast recovery time and is ideal for patients:

- Presenting with small (≤ 2 cm), flat lesions.
- Having lesions in cosmetically-sensitive areas, especially the face, eyelids and ears.
- Who are elderly with conditions precluding them from surgery (e.g., diabetes, blood thinners, peripheral vascular disease and a history of poor wound healing).



Nose lesion before HDR treatment



HDR applied to the nose



Nose after HDR treatment

Precise and Tailored

HDR skin brachytherapy, or simply “HDR,” is the direct application of a radioactive source at the tumor site. It typically uses Iridium-192 which has a half-life of 74 days, allowing for very high doses of radiation to be delivered in a short time frame. The advantage of HDR is that it can reduce dose to the normal surrounding tissue by focusing precisely on the tumor. All treatments are provided on an outpatient basis in a shielded room with no exposure to the treating staff.

Covenant HealthCare has offered this procedure since 2017.

Patients can expect:

- Treatments twice a week over four weeks, for a total of eight treatments.
- Visits lasting about 20 minutes, which includes a set-up procedure and the actual radiation administration. The time to deliver the dose is only about five to six minutes.
- One additional “simulation” appointment to plan and tailor the radiation to the patient.

During HDR, surface applicators are placed directly on the affected skin. Most of the applicators (Leipzig or Valencia) are conical shaped to fit small lesions. Customized silicone molds (Freiburg Flaps) are created for patients with larger, complex or multiple skin cancers and lesions. The applicators are then attached to the HDR treatment unit with a transfer tube, through which the radioactive source travels into the applicator to treat the lesion.

Patients may experience a mild level of fatigue, skin reaction and pruritus during the radiation and for a few weeks afterward. Long-term side effects may include skin fibrosis and a blanching of the skin within the treatment field, although both are rare. There is very little recovery needed and no major restrictions.



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Proven

HDR is a non-surgical alternative that is effectively used to treat a variety of cancers, including gynecologic (cervical and endometrial), prostate, sarcoma and most recently, skin cancer. Available for the past 10 years, disease control rates for HDR are greater than 90% and the treatment is extremely well tolerated.

Patients with skin cancer should, of course, be counseled on all available treatment options for their condition, including HDR. In particular, patients with skin cancers in cosmetically-sensitive areas should be told about HDR as it can help preserve their natural body parts. Many patients who qualify for HDR often appreciate a non-surgical option when available.

For more information, contact Dr. Fugazzi at 989.583.5250 or james.fugazzi@chs-mi.com.

Key Advantages of HDR Brachytherapy

- Non-invasive, pain free and proven
- Convenient and quick, with just eight outpatient treatments
- Customized to specific patient needs
- Faster recovery time than standard radiation and surgery
- Minimal side effects and no exposure to treating staff
- Great for treating cosmetically-sensitive / visible natural body parts
- Important option for the elderly and patients with comorbid conditions

- **Superb Education.** The Medical Staff at Covenant HealthCare has a long history of supporting and promoting excellence in medical education, and in teaching the next generation of physicians. Our strong partnership with Central Michigan University College of Medicine affords medical staff the opportunity to contribute to the education of students and residents, establishing a strong medical community for generations to come.

While we have much to be proud of, many challenges remain. Unfortunately, between the daily stress of a medical practice, unexpected emergencies and the demands of family life, physicians often reach stress levels that can wreak havoc with their physical and emotional well-being. Promoting physician wellness, including addressing and preventing burnout, will need to be a top priority for our medical community. I'm confident we will see effective solutions as a result.

Thank you for the opportunity I've been given to serve as the chief of this fine medical staff for the past two years. It has been a very enriching experience. I am certain you will provide the same support for Dr. Sarosh Anwar, as he assumes the role of Chief of Staff in 2019.

Sincerely,

Dr. Michael Fiore
Chief of Staff



LSVT LOUD® and BIG® Therapies Make HUGE Impact

GUEST AUTHOR

Dr. David Gill, Neurologist, Covenant Medical Group

The sooner that patients with Parkinson's Disease (PD) and other neurological conditions are referred to Lee Silverman Voice Therapy (LSVT) for assistance, the better their health and quality of life. Two standardized therapies, LSVT LOUD® and LSVT BIG®, are designed to help patients move better and talk more "normal," and can potentially help slow symptom progression.

PD patients physically present with a specific set of symptoms, experiencing, for example, bradykinesia, resting tremors, muscle stiffness, postural instability, reduced sensory processing and hyponia. Moreover, PD-related dementia can negatively affect cognitive function, reducing the patient's personal awareness of their deficits.

Therefore, it is crucial for healthcare professionals to observe the signs and symptoms of PD. Early intervention is vital not only for medication management, but also for keeping the patient engaged in vocational, avocational and social activities.

LSVT Programs

LSVT is recognized globally with more than 35,000 certified speech-language pathologists and physical and occupational therapists. It receives funding from the National Institutes of Health and other organizations, and is recognized in numerous peer-reviewed journals.

Two innovative therapy programs form the core of LSVT:

- **LSVT LOUD** is an effective speech therapy focused on improving communication. The primary goal is to strengthen the respiratory and laryngeal muscles by targeting "loud" speech within the acceptable norms. The therapy helps improve muscle strength, articulation and understanding.
- **LSVT BIG** focuses on mobility and the activities of daily living, such as tying shoes, buttoning clothing, walking and maintaining balance. The primary goal is to increase the amplitude of movement to improve functional mobility, self-care and safety by targeting "big" movements.

Both programs are based on established principles for motor, speech, voice, coordination and gait and are shown to promote neuroplasticity.

Proven Outcomes

LSVT exercises are intense, repetitive and proven to deliver results, improving verbal communication and decreasing both falls and fall risk. The concept began in 1987, when Dr. Lorraine Ramig worked with a PD patient, Mrs. Lee Silverman, to improve her communications skills and ultimately introduce an effective speech treatment to the world.

After much research, Ramig subsequently created the LSVT LOUD program for speech and later, the BIG program for physical and occupational therapy. As an evidenced-based intervention, LOUD has been scientifically studied and validated for 25 years, while BIG trials show notable

improvements on the Unified Parkinson's Disease Rating Scale and other motor functioning tests for PD patients.

Because LSVT is standardized and proven, PD patients have been able to benefit from the program worldwide. The combination of consistency and reliability gives patients a high level of confidence and success.

Treatment Highlights

Traditional therapy treatments for PD patients have typically focused on low-intensity activities with multiple targets over an extended period of time. LSVT, however, focuses on a singular target of amplitude (speech and movement) and delivers intense treatment requiring a high degree of patient effort. It is delivered one-on-one by an LSVT-certified clinician, and tailored to patient needs and goals.

LSVT uses three strategies to drive success:

- **Target:** Amplitude (speech and movement). Therapies use the most effective strategies for learning and neuroplasticity (the brain's ability to change).
- **Mode:** Intensive dosage and high effort. Therapies encourage people to work harder, longer and louder.
- **Calibration:** Generalization. "Recalibrating" sensory feedback is used to help patients recognize that their trained behaviors (e.g. louder voices or bigger movements) are within normal limits. This increases acceptance, retention and implementation.

Participating in BIG and LOUD requires the patient to attend four weeks of individual therapy with 60-minute sessions four times per week for a total of 16 treatment sessions. Tune-up sessions are scheduled every few months to ensure patient compliance with the home program and as necessary, to further refine their skills.

What You Can Do

Globally, LSVT is considered a "gold standard" therapy for PD patients. If patients are presenting with signs and symptoms associated with PD, physicians are encouraged to include a referral to an LSVT-certified clinician as part of the early treatment program. This will ensure the best outcomes, before significant brain changes have occurred. That said, starting LSVT in the moderate stages of PD delivers results too.

Covenant HealthCare started offering LSVT treatments in January 2018. Since then, the Covenant Neurological Rehabilitation Center has seen a number of patients treated by various BIG- and LOUD-certified clinicians. More certifications are underway to meet growing demand.

For more information, contact Dr. Gill at 989.583.7090 (option 2) or dgill@chs-mi.com.



Real People, Real Results

"I'm going to continue this after I'm done here, I feel like I can do more at home. I have more energy."

– Patient Comment

"My back already feels a little better (after one day); maybe it's working already."

– Patient Comment

"One patient demonstrated improved form and increased amplitude during functional mobility to ambulate 1,089 feet in six minutes, an increase of 536 feet since the baseline. This patient demonstrated improved fine motor coordination while completing the 9-hole peg test in 34 seconds with her right hand, an improvement of 44 seconds since baseline."

– Clinician Comment

"My patient was very excited to report she was able to clip her own toenails over the weekend and that she was able to pull her leg up and wash her right foot for the first time in a long time. She said, 'I also feel more comfortable in the shower now.'"

– Clinician Comment

"He (the patient) has really benefited from interventions with LSVT LOUD. Initially, he did not appreciate the extra effort required to keep up with the home exercises, but now is doing them independently. He gets positive feedback from his friends and family on his speech loudness and is able to have great cell phone communication with his children that live out of the area."

– Family Comment



Probiotics: An Art and Not a Science

GUEST AUTHOR

Dr. Nicholas Haddad, Associate Professor of Infectious Diseases, CMU College of Medicine

Probiotics are all the rage in contemporary and alternative medicines, and are being advertised in a wide variety of products, from natural foods and non-dietary supplements to processed foods. Probiotics, however, can also be confusing to patients and physicians in terms of when, how or if to use since the landscape of opinions and options seems to be ever-changing. This article is designed to provide some clarity.



How Do Probiotics Work, Anyway?

Probiotics are live microorganisms derived mostly from cultured milk products with potential health benefits to their user. Some of the more common probiotics are lactic acid bacilli (*Lactobacillus* and *Bifidobacterium*), non-pathogenic strains of *E. coli*, *Clostridia*, *Streptococci* and the non-pathogenic yeast *Saccharomyces boulardii*.

Probiotics exist in many natural food items, such as yogurt with live cultures, fermented pickles, sauerkraut, kimchi, sourdough bread, tempeh and miso. Hence, in populations where probiotic-rich natural foods are part of the daily diet, additional probiotic supplements are not needed.

Medical research has recently uncovered the general health benefits of probiotics. Proposed mechanisms of action include:

- Modification of microbiome
- Secretion of antimicrobial, antitoxin and anti-oxidative substances
- Competition with pathogens in adhesion to intestinal epithelium and for nutrients
- Reversal of neutrophil migration in the GI tract
- Modulation of the immune system by regulating cellular allergic immune response

Moreover, studies of probiotics in animal models have demonstrated an anti-obesity effect, primarily through anti-inflammatory pathways which improve oxidative stress and modulation of energy homeostasis.

Are They Harmful or Helpful?

While probiotics in general do have health benefits, it is not proven which form is more clinically effective – natural probiotic-rich foods or probiotic supplements – as there is a dearth of research comparing the two. Non-dietary, over-the-counter probiotics are largely uncontrolled by regulatory authorities though, since they are considered supplements and not drugs. Hence, a wide spectrum of formulations are marketed by pharmaceutical and other companies with very little supportive clinical data to validate the claims and outcomes.

This lack of regulatory scrutiny could allow the potential harm associated with probiotic supplements to go unrecognized and unreported. It is also why many experts instead recommend getting probiotics from a natural food diet, which also promotes healthier choices from a public health approach.

That said, evidence shows that probiotics in general are mostly beneficial to some **gastrointestinal (GI)** conditions and non-GI diseases, such as:

- **Infectious gastroenteritis:** For treatment of acute infectious diarrhea, they impart a marginal shortening in the duration of diarrhea. In prevention of traveler's diarrhea, a small effect was observed in research studies but that has not yet been clinically translated.
- **Antibiotic-associated diarrhea:** Effect on prevention and in treatment
- ***Clostridium difficile*:** Particularly useful in cutting risk of *C. diff* when started concomitantly with systemic antibiotics
- **Necrotizing enterocolitis**
- **Inflammatory bowel disease:** Some effect on ulcerative colitis, especially pouchitis, but not in Crohn's Disease
- **Irritable bowel syndrome (IBS):** Emerging evidence of some effect on IBS and infantile colic

Probiotics have been studied in several other GI conditions, but there is yet no proven positive efficacy in the improvement of constipation, celiac disease, Crohn's disease and small bowel bacterial overgrowth.

Extra-intestinal conditions where probiotics have shown some beneficial effects include:

- **Allergic type disorders:** Food allergies, allergic rhino conjunctivitis, asthma and atopic dermatitis
- **Urinary tract infections**
- **Types 1 and 2 diabetes mellitus**

What Are the Common Brands and Dosing?

Brands of probiotic supplements from pharmaceutical, vitamin, herbal and other companies are far too numerous to list. Some of the more common commercially available brands include:

- VSL#3 (Bifidobacterium breve, B. longum, B. infantis, Lactobacillus acidophilus, L. plantarum, L. paracasei, L. bulgaricus, Streptococcus thermophilus)
- Align® (B. infantis)
- Culturelle® (L. rhamnosus GG)
- DanActive® drinks (L. casei)
- Mutaflor® (E. coli Nissle 1917)
- Florastor® (S. boulardii)

There are no standard dosing regimens as different preparations contain different bacterial species (as shown above) and concentrations, hence varied biologic activity. Results from one product cannot be generalized to another. Also, none of the GI and extra-intestinal conditions listed earlier feature probiotics as a standard treatment in their therapeutic armamentaria.

When Should Probiotics Be Avoided?

It is important to avoid recommending probiotics in certain conditions and populations, including acute pancreatitis where adverse outcomes have been noted. In 2008, the PROPATRIA trial demonstrated a higher mortality rate in patients with acute pancreatitis treated with probiotics as compared to placebo.

Additionally, recommending probiotics to vulnerable patients such as those who are immunocompromised, those at the extremes of age, critically ill patients and in patients post-operatively is not advised due to the uncertainty of benefit and could do more harm than good.

In a recently published meta-analysis of 384 placebo-controlled trials on probiotics, researchers found out that only 2% of trials

adequately reported all standard safety parameters and just 6% adequately reported some of the standard safety findings.

Adverse effects can be as benign as transient bloating and flatulence (which resolve with dose adjustment), constipation and increased thirst, to more severe conditions such as bacteremia/fungemia, sepsis and endocarditis. These latter adverse effects are very rare but have been described (primarily in immunocompromised hosts).

Communicating To Patients

When the utility of probiotic supplements is entertained on wards or in clinics, the right answer is that we are not yet sure how effective they are. Probiotics may be beneficial to certain GI conditions, but our knowledge is still immature. Additionally, because supplements are non-FDA regulated products, cost is not reimbursed by insurers and hence could be a burden to many patients.

Those factors make the use of probiotic supplements in clinical practice an art and not a science; the clinician needs to weigh the meager evidence of benefits against the potential side effects to tip the balance for their use in one patient versus another.

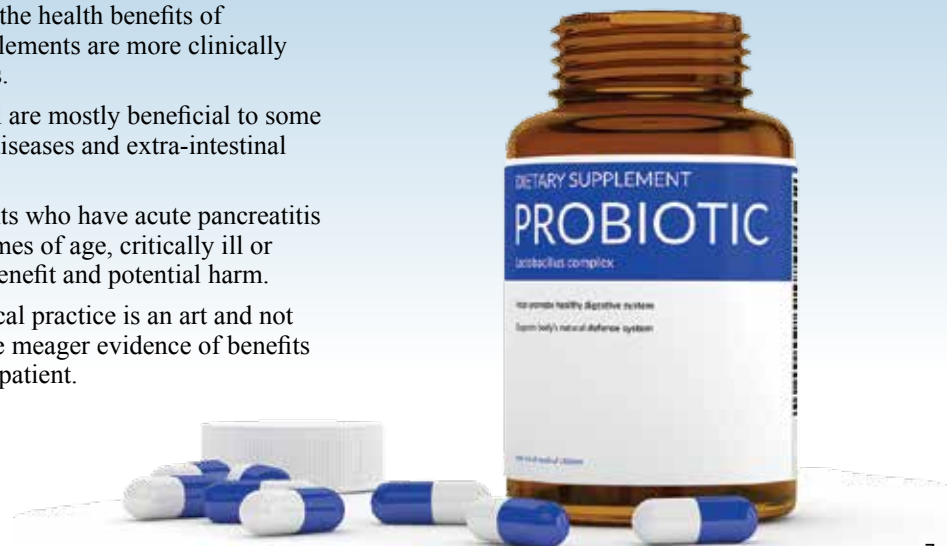
If the scales tip in favor of your patient, then starting with a very low-dose probiotic targeted to the specific situation could be a place to begin. A reasonable alternative, however, would be the integration of some dietary components rich in natural probiotics, such as yogurt. In either case, patients should be monitored to ensure positive outcomes.

Most importantly is that physicians cannot confirm to patients that supplemental, non-dietary probiotics are completely safe and effective – a fact that should be clearly communicated during treatment conversations.

For more information, contact Dr. Haddad at 989.746.7681 or hadda1ne@cmich.edu.

Probiotics At-a-Glance

- Medical research has recently uncovered the health benefits of probiotics, but it is not yet proven if supplements are more clinically effective than natural probiotic-rich foods.
- Evidence shows that probiotics in general are mostly beneficial to some gastrointestinal (GI) conditions, non-GI diseases and extra-intestinal conditions.
- Avoid recommending probiotics in patients who have acute pancreatitis or are immunocompromised, at the extremes of age, critically ill or post-operative due to the uncertainty of benefit and potential harm.
- The use of probiotic supplements in clinical practice is an art and not a science; the clinician needs to weigh the meager evidence of benefits against the potential side effects for each patient.



Mary Free Bed + Covenant HealthCare = More Extraordinary Rehabilitation

GUEST AUTHOR

Juli Martin, Rehabilitation Program Director, Covenant HealthCare

Did you know that Mary Free Bed originated in 1891 in Grand Rapids as a philanthropic call to anyone named Mary – or who knew a Mary – to help buy a “free bed” at a local hospital? The goal was to help those with limited financial resources and who needed treatment for their children.

Over the past 125 years, that small beginning has grown to provide a variety of nationally recognized services and programs to children **and** adults through:

- The flagship Mary Free Bed Rehabilitation hospital – one of the largest rehabilitation hospitals in the United States.
- A collaborative Mary Free Bed Rehabilitation Network with more than 30 leading hospitals across Michigan, including Covenant HealthCare.

Collaboration Advantages

Key advantages of the Mary Free Bed Rehabilitation Network include:

- Impressive coordination of care after a serious injury or illness
- Tremendous addition of advanced rehabilitation resources and expertise
- Improved access to specialty doctors, staff and education
- Greater access to the latest in research, technology and social services
- Sharing of best practices for higher quality patient care

Covenant, already known for its excellent rehabilitation programs, formed a partnership with Mary Free Bed in March 2018 to further expand and enhance its capabilities. Highlights include:

- The 41-bed inpatient program is now called “Mary Free Bed at Covenant HealthCare” and serves patients age 12 and older in a homelike, family-friendly environment.
- The program is focused on neurological rehabilitation, especially for those experiencing problems with cognitive functioning, communication, mobility and self-care activities.
- The program treats patients with a variety of diagnoses and conditions, including amputation, brain injury, stroke, spinal cord injury, multiple trauma, neurological conditions, orthopedic conditions and patients who are debilitated or deconditioned.
- An interdisciplinary team of physical medicine physicians, therapists, neuropsychologists, rehabilitation nurses, speech-language pathologists and social workers care for more than 800 patients annually.
- Treatment plans are customized to the patients and include the latest in specialized equipment and technology. Plans typically require three hours of therapy for five or more days a week.

Mary Free Bed at Covenant HealthCare is located on the third and fourth floors of the Michigan Avenue campus, is certified by the Healthcare Facilities Accreditation program and is accredited by the Commission on Accreditation of Rehabilitation Facilities.





Covenant, already known for its excellent rehabilitation programs, formed a partnership with Mary Free Bed in March 2018.

Requesting a Patient Consult

If you have patients in need of rehabilitation, you can request a “physiatry consult” within the first 24 hours of the patient’s admission to an acute care unit if the patient has an illness or injury that has resulted in significant loss of function and the likelihood of needing substantial follow-up care.

The earlier the consult, the sooner the Mary Free Bed at Covenant HealthCare team can help determine the most appropriate level of treatment and care required to improve the patient’s strength, safety and quality of life.

More details are available at www.covenanthealthcare.com/ch/maryfreebedatcovenant, including a video overview.

For more information, contact Juli Martin at jmartin@chs-mi.com or 989.583.2816. To request a rehabilitation consult, call 989.583.2817.





Transarterial Radioembolization: A Promising Treatment for Liver Cancer

GUEST AUTHORS

Dr. Kristi Murphy and Dr. Michael Warren, Interventional Radiologists, Advanced Diagnostic Imaging

Liver cancer is the fifth most frequently diagnosed cancer in men and the seventh in women worldwide, with hepatocellular (HCC) carcinoma being the most common. Currently, the only curative treatment is surgical resection or transplant, however, patients with underlying poor liver function may not be a surgical candidate. These patients can now benefit from new locoregional therapies such as transarterial radioembolization (TARE), which can be used to treat both primary HCC and colorectal metastasis to the liver.

TARE offers another option in the fight against HCC, especially as incidence rates increase across the globe due to intravenous drug abuse, hepatitis C virus infection and nonalcoholic steatohepatitis. Approximately 22,000 new cases and 18,000 deaths occur in the United States annually from HCC, with 75-85% linked to underlying cirrhosis.



TARE Procedure

TARE is a transcatheter intra-arterial procedure performed by an interventional radiologist. In simple terms:

- Microspheres impregnated with the radioisotope yttrium-90 (^{90}Y) are selectively delivered through the hepatic vasculature to the target tumor(s).
- Selective intra-arterial injection of these microspheres allows for the safe administration of high radiation doses to the tumor, while sparing surrounding healthy tissues from the effects of radiation.

While transarterial chemoembolization (TACE) is the standard treatment paradigm for patients with unresectable intermediate stage (Barcelona Clinic Liver Cancer/BCLC stage B) HCC, evidence supports an increasing role for TARE as follows:

- While imaging response rates and median overall survival from day of treatment appear comparable between TACE and TARE, most patients treated with TARE have more advanced disease than those with TACE, and the treatment is less selective. Despite this, TARE exceeds TACE in terms of time-to-progression of disease, toxicity profile and post-treatment quality of life.
- TARE also has demonstrated utility in patients with portal vein thrombosis, a relative contraindication to TACE. TARE is also useful as an alternative to ablation and in facilitating resection of BCLC stage A tumors.
- TARE has been shown to downstage over 50% of patients outside of transplant criteria from United Network of Organ Sharing stage T3 to T2, thus allowing them to undergo a later transplant.

TARE Candidates

All patients considered for TARE must be evaluated for disease burden, biochemical profile and ability to tolerate the treatment. This requires:

- A complete patient history and physical examination, including an Eastern Cooperative Oncology Group (ECOG) performance status assessment. Patients with an ECOG score greater than 2 are excluded; these are people unable to ambulate for more than half a day.
- Clinical laboratory tests include a hepatic panel and serum α -fetoprotein. Patients should have a bilirubin less than or equal to 2 mg/dL, although the treating physician can consider selective therapy.
- Imaging, including a chest computed tomography (CT), either a CT or magnetic resonance scan of the abdomen, and a bone scan.

Ideal candidates have HCC confined to the liver with the tumor comprising less than 70% of the liver volume.

Liver cancer is the fifth most frequently diagnosed cancer in men and the seventh in women worldwide, with HCC being the most common. TARE offers another option in the fight against HCC and will soon be available locally.

Typical Treatment Steps

Below is the typical process for a patient undergoing TARE:

- Upon referral to interventional radiology (IR) for locoregional therapy, the patient meets with the IR team in an outpatient clinic to discuss their candidacy for locoregional therapy. If TARE is deemed the most appropriate therapy, the procedure and its side effects are also discussed.
- Once the decision is made to go ahead with TARE treatment, the patient is scheduled for a “mapping” angiogram procedure in IR under moderate sedation.
- Mapping day, which can last nine to 10 hours, typically involves:
 - The patient checks in two hours prior to the procedure.
 - The patient is taken to the IR suite where detailed catheter-directed angiograms are performed to delineate the patient’s hepatic arterial anatomy and determine the feeding artery/arteries for the tumor(s). An approach for delivery of the Y90 treatment is determined and the patient is injected with a low-dose radionuclide (Tc99m-MAA), which serves as a “test” injection to simulate the anticipated coverage by the Y90 microspheres.
 - The patient is immediately taken to nuclear medicine for a macro-aggregated albumin (MAA) scan, which will confirm that the radiotracer was delivered to the expected portion of the liver and calculate any lung shunting.
 - After about four hours of bed rest following arterial puncture at the groin, the patient will be discharged home that same day.
 - If the MAA scan is deemed appropriate and the lung shunt volume is within acceptable limits, an appropriate dose will be calculated, the Y90 dose ordered and the treatment delivery procedure scheduled.
- Treatment day, which can last seven to eight hours, is scheduled one to two weeks after mapping day. IR will

regain catheter transarterial access identical to what was performed on mapping day. When the catheter is in the appropriate position, the Y90 treatment is delivered and the catheter removed. The patient will then spend about four hours in recovery and be discharged home the same day. There are no restrictions on the patient in regards to isolation from the radiotherapy, as the dose to surrounding people is negligible.

- Treatment may be repeated as necessary to include a segment, an entire lobe or the contralateral lobe. Any future treatment sequence will proceed as above, with a mapping angiogram day required to plan the specific treatment.

A Promising Option, Coming Locally

TARE is a promising option for locoregional treatment of HCC and colorectal metastasis to the liver, and has been successfully used at larger institutions for many years with excellent results. At Northwestern in Chicago, they have achieved such success with TARE that it has recently replaced TACE as their gold standard locoregional treatment for HCC.

Soon, eligible patients will not need to be referred to Henry Ford, Beaumont or the University of Michigan for TARE treatment, as a new TARE Program is in its final stages of start-up at Covenant HealthCare and is expected to be treating patients by January. Multidisciplinary discussion regarding each HCC or metastatic colorectal liver disease case can be carried out at the newly formed Liver Tumor Board at Covenant, which meets bi-monthly, and appropriate treatment plans can be made with regards to systemic chemotherapy versus locoregional treatment versus surgery.

Your presence is welcomed at Liver Tumor Board as well, if possible, to help increase knowledge of your patient’s functional status and history. Early referral of your patient to Liver Tumor Board will help them have a wider option for treatment and greater chances of success in prolonging advancement of their disease, bridging them to transplant or downstaging their disease.

For more information, contact Dr. Murphy at 989.583.6285 or kmurphy@adirads.com.



LGBTQI: Closing the Healthcare Gap with Respect

GUEST AUTHOR

Dr. Brian Tesler, Obstetrician and Gynecologist, Central Michigan University

When treating patients, we all understand the need to approach them equally regardless of race, religion, gender, age, culture and other differences. What healthcare providers sometimes forget, however, is that respecting diversity, extends to sexual identity too – whether that person is lesbian, gay, bisexual, transgender queer/questioning, or intersex (LGBTQI).



Treating LGBTQI Patients

Treating LGBTQI patients is a situation that makes many physicians feel awkward and unsure about how to communicate, usually due to a lack of awareness, knowledge and experience with this population. Questions abound: What questions should I ask them, and how? What if I inadvertently offend them? How do I handle minors struggling with their sexuality? How do I make referrals and to whom?

Unfortunately, this uncertainty is creating health disparities in a population that already faces unique medical situations and cultural stigmas. Higher than average amounts of disease and poor outcomes, for example, are directly related to the inability of healthcare providers to provide an environment of trust and understanding. This, in turn, can lead to other LGBTQI issues ranging from anxiety and depression to substance abuse, risky sex and suicide. It can also result in the avoidance of healthcare visits altogether.

Starting the Conversation

The inability to gain the trust of LGBTQI patients is not a criticism of healthcare providers, merely a reality about an important healthcare gap that must be addressed in this and other marginalized groups. Physicians often have not been taught how to bring up LGBTQI-related topics or ask the right questions in an inclusive, respectful manner.

To correct that issue, LGBTQI medical education is on the rise as healthcare providers, institutions and medical colleges understand the need to improve healthcare equality in this population.

Starting the conversation often begins with a deeper understanding of LGBTQI terminology, social stressors, healthcare disparities and health challenges. Success not only requires providers to put aside assumptions and stereotypes, but also to create a welcoming, safe practice environment.

Below are a few general tips to get started, including a few from the American Medical Association:

- Proactively educate yourself and your staff through educational sessions about LGBTQI care, some of which offer continuing education credits, and by performing your own online research (see the sidebar for a few good resources).
- Create office policies that prevent discrimination toward LGBTQI patients.
- Include visual clues that you run a “safe” practice, such as displaying LGBTQI brochures, nondiscrimination statements and posters.
- Update medical intake forms to ensure they are inclusive, such as adding “transgender” or “prefer not to specify” options to gender boxes or “partners” to marital status.
- Don’t make assumptions about a patient’s sexuality – for example, asking a teenage boy if he has a girlfriend. Instead, ask if he has a romantic partner.
- If patients say they are in the LGBTQI group, don’t change your attitude but do ask related non-judgmental questions. To ensure clear communication, feel free to ask the patient to clarify the pronouns and terms they use.

Driving Effective Change

Healthcare providers like you are at the front lines of making life healthier and happier for the LGBTQI population. By learning about their needs and how to engage in a sensitive, empathetic and nurturing manner, you can help drive positive change for the individual and the larger community too.

Covenant HealthCare – along with many other medical institutions – is taking decisive action to make a difference while gaining Health Equality Index Hospital accreditation through the National Institutes of Health. For example, Covenant, in collaboration with the CMU College of Medicine and CMU Partners, is exploring a potential LGBTQI lecture series and fully supports adding LGBTQI topics to residency curriculums and ongoing medical education.

For more information, contact Dr. Tesler at 989.746.7677 or brian.tesler@cmich.edu, an expert in building LGBTQI awareness among hospitals and providers alike.



TRUE STORY

My Teen Is Transgender

When “Sarah’s” daughter started having gender identity conflicts at a very young age, Sarah attributed it to being a tomboy. But when she struggled significantly as a teenager, Sarah went to her pediatrician for help.

According to Sarah, “When we were first looking for a doctor, our own pediatrician was as open and supportive as she could be, but did not have a referral to specific care. As a result, I spent nearly an entire day on the phone, trying to find someone who would see a minor, even with a parent in attendance. Finally, we found one at a clinic and now there are three part-time doctors there who understand, and can medically support, transgender needs.

“Since then, and with a lot of professional counseling, my daughter made the transition to my son, but it was not an easy road to travel for anyone. What I hear from other parents and guardians of trans kids is the care is more progressive in the cities, as the suburbs and rural areas tend to be ‘behind’ in terms of accepting and addressing this situation. I know of families who travel three-plus hours to get appropriate and respectful healthcare in the city.

“I urge physicians everywhere to get the education they need to better understand patients like my son and their families, so that a difficult situation is made a little easier.”

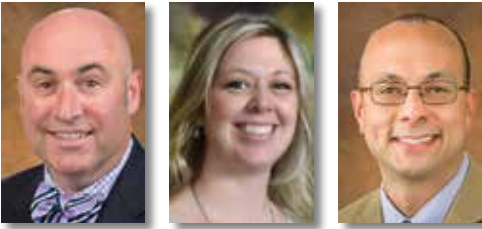
– Mother of a transgender teen,
Minneapolis area

Did You Know?

- More than 22 scientific societies think of gender on a continuum, not just male and female.
- About 6% of the population feels their body does not reflect their true sexuality.
- The number of same sex couples has more than tripled since 1996 and continues to grow.
- 30-40% of LGB individuals hide their orientation when obtaining healthcare.
- In excess of 40% of the homeless youth population identifies as LGBT.
- Current estimates state that 9 million Americans identify as LGBT, which is roughly 1 in 33 people.

LGBTQI RESOURCES

WHAT	LINK
American Medical Association	https://www.ama-assn.org/delivering-care/creating-lgbtq-friendly-practice
Fenway Health	https://fenwayhealth.org/the-fenway-institute/
Guidelines for LGBT Patients	http://www.glma.org/_data/n_0001/resources/live/Welcoming%20Environment.pdf
Paging Dr. Rainbow	https://pagingdrainbow.com/
Transgender 101 Lecture	Lecture by speaker Brian Tesler, January 7, 2018, Mary Free Bed, Grand Rapids, MI



How PULSE 360° Is Improving Performance

Dr. Michael Sullivan, Chief Medical Officer, Covenant HealthCare
Christin Tenbusch, Patient Experience Administrator, Covenant HealthCare
Jamie Furbush, Director of Inpatient Physician Practices, Covenant HealthCare

The PULSE 360° Survey program, introduced to Covenant HealthCare providers in March 2018, has been getting positive reviews from participants looking to improve their patient-staff relationships and enrich their career performance. Consequently, it will be expanded to reach even more providers in the 2019 fiscal year and will also provide personal in-person coaching.

Highlights

PULSE 360° is a tool designed to give participants insights on how they can perform at the highest level possible while also finding professional enrichment. This, in turn, helps nourish a culture of teamwork, safety and high-quality, patient-centered care.

Covenant successfully completed 38 PULSE surveys in fiscal year 2018 with the first cohort predominantly comprised of physician leadership, including members of the Medical Executive Committee, the Physician Patient Experience Committee and other randomly selected physicians. The surveys:

- Are confidential, non-judgmental and non-disciplinary.
- Assess physicians' motivating and discouraging behaviors, as well as how they interact with patients and coworkers.
- Helps providers improve their individual style while giving Covenant valuable high-level, agglomerated feedback regarding the type of teamwork and clinical styles applied within Covenant.

A third-party PULSE 360° survey company manages the entire survey process, which includes:

- Collecting evaluations from at least 10 physicians and leaders selected by the participating provider.
- A self-evaluation from the provider.
- A one-hour debriefing session with a PULSE 360 expert who provides constructive feedback and helps identify self-improvement goals.

Physicians themselves are asked to hold themselves accountable to improvement goals.

“The PULSE 360 survey is a very useful tool that helped me understand how I am perceived by everyone at work. The positive comments boosted my confidence and the feedback helps me to become a better physician and individual.”

– Dr. Pramod Kalagara
Hospitalist, Covenant HealthCare



Key Benefits of PULSE 360

- 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

Coming Up

Due to its proven value, PULSE 360° will be continued in 2019 with the plan to expand it to reach nearly 100 additional providers. This expansion will not only benefit a larger provider audience with constructive insights into their performance, but gives existing participants the opportunity to be re-surveyed to see where they have made progress. Re-surveying helps the program stand up to its name as taking a “pulse” on performance.

In addition, physicians are encouraged to participate with in-person coaching, which the Patient Experience Administrator provides personally, after the PULSE 360° debriefing session. This allows for an even more robust approach to physician development and improvement practices. Participation in both the PULSE 360° and in-person coaching is encouraged on a voluntary basis.

Making a Difference

If you receive a PULSE 360° survey request asking you to evaluate a colleague, please take the time to complete the survey. Your engagement is crucial to success since you have a unique view of your colleague’s behaviors in many clinical settings.

PULSE 360° helps increase self-awareness of behaviors and continuous improvement through constructive professional development. Importantly, it supports *Our Covenant* compact and our *Shared Vision*, and is utilized in many medical facilities across the nation and Michigan.

For more information, contact *Christin Tenbusch* at 989.583.7491 (ctenbusch@chs-mi.com) or *Jamie Furbush* at 989.583.4016 (jfurbush@chs-mi.com).

The Chart Spotlights

Congratulations Physicians of the Month!

Your patients and colleagues are saying extraordinary things...



SEPTEMBER

Dr. Gregg McLean
INTERNAL MEDICINE

“I am very satisfied with Dr. McLean who has been my primary care physician now for many years – as long as he has been in practice.”

“Dr. McLean allows me to be involved with my care. He listens to what I have to say and does his best to answer all my concerns and questions.”

“I went to Dr. McLean after Dr. Guarnes retired. I believe I made the best choice. He’s very thorough and answers all my questions. I have relatives that go to him and they all think he’s great.”



OCTOBER

Dr. Ali Hamade
FAMILY MEDICINE

“Dr. Hamade and his staff are excellent. I would recommend them to anyone.”

“I just started going to Dr Hamade; I feel very confident in him as my healthcare provider. The whole office staff is great; all my questions easily get answered. I love their use of the MyChart app.”

“Dr. Hamade took time to listen to my concerns and helped keep my health in check.”



NOVEMBER

Dr. Asad Mehboob
GASTROENTEROLOGY

“Dr. Mehboob very nice and explained everything; he made me feel calm. I will request him for my next colonoscopy.”

“Dr. Mehboob listened to my concerns and truly made me feel at ease about having the procedure done.”

“Dr. Mehboob was the best and I have already highly recommended him to others.”



Extraordinary care for every generation.

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Together, we have a shared vision –
to provide extraordinary care to every patient.



Extraordinary care for every generation.



OUR PATIENTS

