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COVENANT HealthCare

COVENANT MEDICAL STAFF NEWSLETTER | JUNE 2021

Stopping Burnout by Building Resiliency

Dr. Kathleen Cowling
Covenant HealthCare Chief of Staff

As I write this letter, we have passed the one-year anniversary of the pandemic. We have grown weary of the masks and never-ending (often worsening) COVID-19 statistics. We also remain concerned about recurring surges, especially as those restless with lockdown restrictions seek escape and throw caution to the wind.

How do we navigate this environment? First by acknowledging our challenges and fears, and second by flipping our perspective in a way that fosters growth and positivity.

Flipping Our Perspective

As physicians, we have angst about the increase in mental health problems as everyone – patients and providers alike – suffers from ongoing pandemic stress. We feel the psychological burden of caring for COVID-19 patients, while also caring for ourselves and our families. We hear mental health experts talk about the increase in post-traumatic stress disorder (PTSD), which also translates to fears about employee attrition and potential gaps in our workforce.

Such issues could impact our ability to provide extraordinary care all the time, so what should we do? Take vacations? Work less? Exercise more? Yes, all of that helps, but how do we STOP long-term burnout? I challenge you to flip the perspective and choose to BUILD resiliency instead. Instead of developing depression and PTSD, what if you choose **post traumatic growth transformation** (PTG) instead?

Adopting a PTG Mindset

According to the American Psychological Association, the PTG theory, developed in the mid-1990s, describes individuals who turn living through adversity into a growth opportunity. PTG, however, is much more than resilience. Instead of just "bouncing back," we **intentionally** aim to "bounce forward." I propose that you consider this approach; don't just try to return to "normal" but rather focus on managing the adversity by evolving to a better, healthier state.

I believe we can actually come out of this pandemic improved, but success requires an intentional culture which comes from within each of us in the deliberate choice to be positive.

The PTG inventory includes five areas in which choosing positivity encourages building resilience.

- Appreciation for life
- Relationships with others
- New opportunities
- Personal strength
- Spiritual change

The Reality of Positivity

The patient experience depends on how we frame our perspective, which the Disney Corporation calls being "proactively friendly." While our work is far from fantasy, the reality is this: with every interaction, if we intentionally choose to engage in a positive manner with patients and colleagues, it can improve the wellness of everyone, including ourselves.

There is much hope ahead with vaccine distribution, a recovering economy, more effective pandemic response models and the personal will to emerge better and stronger. Taking a PTG approach further inspires optimism. While it can take time for PTG to become second nature, it's a long-term solution that benefits everyone.

Going forward, let's work hard to support and enrich each other, to leave every encounter on a good note (even when there is difficult news to share) and to feel good about our choices and the future. Let's look at the cup half full.

K Cowling

Dr. Kathleen Cowling

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New WATCHMAN FLX™ Offers One-Time Alternative to Blood Thinners

Dr. Bashar Al Jayyousi, Cardiology

Built on WATCHMAN technology, the next-generation WATCHMAN FLX left atrial appendage closure (LAAC) device offers patients suffering from non-valvular atrial fibrillation (NVAF) the option to permanently stop using blood thinners and instead take 81 mg aspirin daily to reduce their risk of stroke. The advanced device not only offers improved procedural performance and safety, but also expands the treatable patient population, opening the door to many people previously excluded from the LAAC procedure due to anatomical considerations.

Innovative Design

More than 90% of heart-related, stroke-causing clots in NVAF patients are formed in the LAA. Such patients are often put on blood thinners to reduce the risk of stroke, but this puts them at a higher risk for dangerous, heavy bleeding which often requires diet restrictions and lifestyle changes. Furthermore, many patients do not comply with these restrictions and/or the prescription.

Using minimally invasive technology, the original WATCHMAN offered a life-changing way to reduce stroke risk and get off blood thinners, but had some procedural and eligibility limitations. The WATCHMAN FLX overcomes those issues, thanks to a more innovative, flexible design. Key benefits include:

- **Safer:** The new frame – which has less metal and more membrane – enables the device to better engage with the tissue, improving long-term stability and enabling a faster, more complete seal of the LAA. This, in turn, further reduces the chance of blood clots.
- **Easier:** Due to a rounder design, physicians can enter the LAA with less difficulty. They have greater capability to safely enter, place, maneuver and anchor the device to the optimal position.
- **Wider eligibility:** The device has less depth, more volume and a broader range of sizes, allowing it to accommodate the variable shapes and sizes of LAA anatomies. Consequently, more patients are eligible.

Proven Performance

A pivotal clinical trial[1] evaluated the procedural safety and closure efficacy of the WATCHMAN FLX, stating that it meets safety and efficacy endpoints with a low major complication rate and high effective LAA closure rate.

The procedure is completed in less than an hour, requiring just one night in the hospital. More than 96% of NVAF patients can stop blood thinners indefinitely 45 days after the implant. See the sidebar for details.

WATCHMAN FLX Success Overview

- 0.5% event rate (primary safety endpoint)
- 100% effective LAA closure (primary efficacy endpoint)
- 98.8% patients successfully implanted
- 96.2% of patients discontinued blood thinner at 45-day follow-up
- ZERO hemorrhagic strokes through 12 months of follow-up

Case in Point

After performing hundreds of WATCHMAN procedures since 2016, Covenant HealthCare switched to WATCHMAN FLX in January, bringing hope to many who qualify.

One NVAF patient, for example, could not take blood thinners due to anemia and gastrointestinal bleeding. An attempt to place the original WATCHMAN was aborted because the patient's appendage was too shallow and wide. However, when the WATCHMAN FLX became available, the patient was re-evaluated. In just one implant attempt, the appendage was successfully closed. This success will have a great impact on her outcomes, protecting her from stroke.

Summary

The new WATCHMAN FLX device offers significant advantages in safety and procedural success that significantly changes the risk-benefit balance to mostly benefits and minimal risk. The threshold of acceptance is now much lower for patients with NVAF who cannot tolerate blood thinners. If you have patients with this condition, this device should be considered as an important step in preventing stroke.

For more information, contact Dr. Al Jayyousi at 989.583.4700 or bashar.aljayyousi@chs-mi.com.

[1]*Doshi S., Primary Outcome Evaluation of a Next Generation LAAC Device: The PINNACLE FLX Trial. Presented at HRS 2020 Science.*

How You Can Help Stop Human Trafficking

Jessica Behmlander, RN, Patient Experience Specialist/Human Trafficking Advocate

Human trafficking is a buzzword that is often recognized as modern-day slavery. Millions of people worldwide are being trapped into situations that often leave them victimized and helpless. Healthcare providers can help turn the tide by educating themselves about the problem, and taking steps to spot and report potential human trafficking.

What Is Human Trafficking?

The United Nations defines human trafficking as the recruitment, transportation, transfer, harboring or receipt of persons by improper means (such as force, abduction, fraud or coercion) for an improper purpose, including forced labor or sexual exploitation. Human trafficking does not discriminate against race, gender or economic status. Estimates vary, but human trafficking in the United States likely involves hundreds of thousands of American victims and foreign nationals each year, mostly woman and children.

Human trafficking occurs everywhere, even in local communities. In Saginaw, common cases involve sexual exploitation of women and children, however labor trafficking occurs too. In a recent case, two 12-year-old girls were found to be trafficked in an abandoned house in Saginaw County. They were coerced by a pimp* to leave their homes in Bay County and were being sold for sex to support the pimp's drug habit. The pimp was related to the victim, which is often the situation for local victims.

Human trafficking typically involves violence. The most pervasive myth is that it involves kidnapping or physically forcing someone into a situation. In reality, most traffickers use psychological means such as tricking, defrauding, manipulating or threatening victims into exploitative sex or labor.

How To Identify Victims

The top signs of human trafficking include:

- **Poor eye contact:** Pimps/traffickers tell their victims to never give eye contact because it shows disloyalty and disrespect to the trafficker. It is also used as a tactic to belittle and degrade victims.
- **Defensive attitudes:** This is a natural coping mechanism.
- **Physical findings:** Signs of force, such as bruising, fractures, burns and cuts often occur during assaults.
- **Repeated sexually transmitted infections or diseases:** This is a natural consequence of multiple partners and the inability to control condom use.
- **Malnourishment:** Victims may have poor eating habits and irregular meals, or may suffer from the effects of appetite-suppressing drugs and/or over-work.
- **Substance addiction:** Traffickers, especially pimps, often force victims to use drugs like heroin or cocaine to control them. Addicted victims become dependent on their trafficker, making it harder for the victim to leave and easier for the trafficker to increase control.
- **Third-party present and dominant:** The third party does not allow the victim to speak for themself and will not leave the victim during their hospital stay. Often, this third party is the patient's trafficker or someone who works for the trafficker known as the "auntie, uncle, boyfriend" or other similar relationship.
- **Tattoos of trafficker's name or strange symbol:** Names and symbols (crown, bar code, letter) further "brand" the trafficker's ownership of the victim.

**Individual traffickers are commonly known as pimps.*

How To Respond to Victims

If signs of potential human trafficking are present, take steps to:

- **Separate** the patient from the "third-party". Explain the healthcare team's concerns about their situation and safety.
- **Trust** is key. Advocate for your patient and protect their identity.
- **Inform** the patient about mandatory reporting laws and confidentiality. If the victim is a minor, report concerns to child and protective services and local law enforcement.
- **Ask** the patient if they would like the police involved.
- **Avoid** a "savior" mentality which can make things worse. Just provide the resources for help and safety.

Human trafficking is a growing domestic and international issue that warrants our full attention; it is the second largest criminal industry worldwide that preys on the vulnerable. Because healthcare providers are often the only "professional" to interact with trafficking victims in captivity, they are in a unique position to put them on a path to freedom.

For more information, contact Jessica Behmlander at 989.583.5417 or jessicabehmlander@chs-mi.com.

Human Trafficking Resources

In 2019, the National Human Trafficking Hotline received more than 300 reports of human trafficking incidents (labor and sex) in Michigan alone. These numbers, however, are under-reported due to lack of awareness, fear and the covert nature of the crime.

Provider Education

- **https://www.doc-path.org/**
- **polarisproject.org**
- **humantraffickinghotline.org**
- **Aha.org/fight-against-human-trafficking**
- **acf.hhs.gov/otip**

Victim Hotline Numbers

- **National Human Trafficking Hotline: 888.373.7888**
- **Text "BeFree" to 233733**
- **Bay Area Women's Center: 989.686.4551**
- **Saginaw Underground Railroad: 989.755.0411**
- **Shelterhouse of Midland and Gladwin: 877.216.6383**

The Hidden Signs of Stroke You Don't Want To Miss

Dr. David Gill, Neurologist

Did you know that one in every 10 stroke admissions is misdiagnosed at first contact, or overlooked as being related to stroke? These missed-stroke cases often end with a discharge diagnosis of headache or dizziness within the 30 days preceding admission for obvious stroke.

Stroke affects more than one million Americans each year, is the fifth leading cause of death and a leading cause of disability. The following overview may help you diagnose and treat strokes faster, thus improving outcomes and quality of life.

Under-Recognized Stroke Symptoms

The typical symptoms of ischemic stroke usually occur suddenly and include dysarthria, facial drooping, weakness/paralysis to the limbs (or drift) on one side of the body, loss of consciousness, headache and trouble walking. Ischemic strokes are usually caused by atherosclerosis in patients over 60.

Stroke, however, can also present with atypical, vague findings that are easier to miss. In addition to the symptoms above, these may include facial weakness (droopy eyelid/lip), unsteadiness, vertigo, nausea, vomiting, malaise, an altered mental state (confusion), falls and fainting.

Such "hidden" symptoms should also be considered seriously to ensure accurate diagnosis, immediate treatment and the avoidance of permanent disability.

Strokes Happen in the Young, Too

Strokes can and do occur in younger people too, with most attributed to arterial dissection. About 10-15% of strokes occur in children and adults under age 45 who, along with women and minorities, are most likely to be misdiagnosed.

One case in point is the John Michael Night[1] story, a 17-year-old champion lacrosse player who went to the emergency room immediately after developing several of the more-subtle symptoms described above. However, instead of considering a potential stroke, he was misdiagnosed for three days by which time, the use of clot-busting drugs or blood thinners could not stop permanent harm. He now suffers from permanent disability due to a posterior circulation stroke caused by a mid-basal artery occlusion.

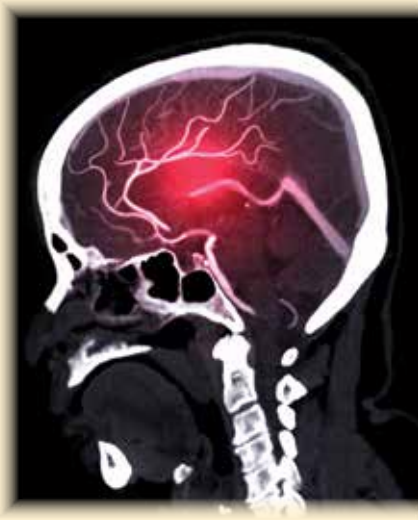
Diagnosing "Hidden" Strokes

The following tests should all be performed to rule out any hidden stroke:

- A thorough physical exam, including simply walking the patient to observe gait issue.
- Use of the NIH Stroke Scale (NIHSS).[2]
- Head Impulse-Nystagmus-Test of Skew (HINTS) exam, which includes nystagmus, test of vertical skew and head impulse test.[3] HINTS should be performed on patients complaining about hours/days of ongoing vertigo, nausea or difficulty walking which worsens when changing position and in whom you can observe spontaneous nystagmus. This test helps rule out vestibular neuritis, which in turn points to a stroke. Worrisome HINTS results that imply stroke include indications of bidirectional nystagmus, an abnormal test of skew, or a normal head impulse test.

Other diagnostics include:

- Electrocardiogram (EKG) to check for heart conditions.
- Blood tests to determine platelet and electrolyte levels, and clotting time.
- Contrast computerized tomography (CT) and CT angiography (CTA) to check blood vessels in the head and neck.
- Magnetic resonance imaging (MRI) if needed for more detail.
- Carotid ultrasound as necessary.



The Window of Recovery

An early consult with a neurologist can help get the best care for patients during the small window of time when immediate treatment can make a big difference between recovery and disability. For example:

- In the physician's office, urgent care or emergency rooms, careful evaluations can drive earlier treatments that prevent major strokes in the first place.
- At the hospital, because blood flow to the brain must be restored quickly, therapy with clot-breaking drugs must be given within 4.5 hours from the start of symptoms.

Time is of the essence, so don't automatically assume that symptoms are caused by conditions like heart disease, diabetes, migraine, epilepsy or even recreational drug/alcohol use. Stay attuned to people in any age, gender and minority group who presents with the sudden onset of stroke symptoms (typical and hidden).

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

Footnotes:

[1]https://www.improvediagnosis.org/stories_posts/missed-stroke-diagnosis/
[2]https://www.stroke.nih.gov/documents/nih_stroke_scale_508c.pdf
[3]https://www.youtube.com/watch?v=1q-vtkpweuk

New Resident Learners Coming to Town

Dr. Mary Jo Wagner, Chief Academic Officer/Designated Institutional Officer, Central Michigan University Medical Education Partners

The transition time from medical school to residency is always filled with a mix of emotions for the learner, from excitement to sheer terror. This year is no exception for the 44 new residents from across the United States and other countries arriving in Saginaw to start their physician trainee experience on June 24. Because this is the largest entering class of new residents in history, you will see and hear new voices on nearly every service line.

As physicians who take pride in patient care and a strong enthusiasm to teach, the CMU College of Medicine is always careful to put patient safety first as we transition students to their physician trainee role. Delivering safe, high-quality patient care also requires the support, guidance and experience of new professional colleagues – including you.

What has been different for this new set of residents, however, is how they were trained for the past 14 months during the COVID-19 pandemic. Just as the pandemic has disrupted medicine and medical practices, so has it dramatically impacted medical education. Across the world, medical students were initially removed from training centers to help preserve limited resources of personal protective equipment and to limit their contact with this virulent, infectious disease. Every student had some disruption to their learning, and no experiences were the same. Some students, for example:

- Learned to perform surgery by watching cases via Zoom and being quizzed by the surgeon via remote learning.
- Reviewed patient cases in on-line textbooks, since normal illnesses like influenza nearly vanished and with it, the students' ability to directly care for patients and learn first-hand about diseases.
- Had their rotations interrupted or cancelled entirely.
- Become very ill with COVID-19 or had to care for sick family members, preventing them from completing some of their medical education needs. Others lost loved ones too.

Furthermore, most of our incoming residents have never been to Saginaw or walked the halls of our hospitals, even just for a tour, as all out-of-town elective rotations were halted during the pandemic.

Given these obstacles, CMU program directors and academic core faculty have been preparing for this year's transition more than ever before. They understand the unique learning experiences required by COVID-19, and are committed to providing even more support, education, simulation training and supervision to residents than normally required.

It is everyone's hope that the dedication, resilience and support the physician community has shown for each other over the past year will spill over to these students too, embracing this next-generation of colleagues as they jump in, stumble through and shine during "real" patient care experiences over the next few months. They are ready, excited and eager to begin!

If you have been educating or interacting with our residents and students, or find yourself in that position, thank you for your dedication and effort. We know the Saginaw physician community will be supportive, welcoming and most of all, have patience with the new CMU residents as together, we continue the nearly 75-year tradition of improving health through education.

For more information, contact Dr. Wagner at 989.746.7672 or mj.wagner@cmich.edu.

CMU Fast Facts

The CMU College of Medicine mission is proud to train and retain skilled physicians for the Central and Northern Michigan communities. Among the upcoming class of residents:

- 13 students are from Michigan medical schools including five from the CMU College of Medicine
- 13 are Michigan natives and several were raised in the Great Lakes Bay Region
- One student is engaged in military service and nine have Masters' degrees

Great News!
Expanded Criteria for Lung Cancer Screening Utilizing LDCT

Dr. Scott Cheney, Radiology

Lung cancer is the leading cause of cancer deaths in the United States, with the majority caused by smoking. On March 9, 2021, the United States Preventative Services Task Force expanded its recommendation for the use of low-dose computed tomography (LDCT) to screen lung cancer in high-risk populations. This will help healthcare providers detect cases of lung cancer at earlier, more treatable stages.

New Recommendations

The new recommendation revises the recommended ages and (cigarette) pack years for lung cancer screening. In particular, it:

- Expands the age range to 50-80 years (from 55-80 years)
- Reduces the pack year history to 20 pack-years of smoking (from 30 pack-years)

All other previous screening requirements are unchanged. Patients are still required to have a shared decision-making and counseling session regarding the risks and benefits of screening and to undergo smoking cessation counseling if applicable. As before, patients who have quit smoking for more than 15 years are no longer considered to be at significantly increased risk and are therefore not eligible for screening. Also, patients who would not be candidates for curative resection due to their underlying health status are not candidates for screening.

For the first time ever, the American Academy of Family Practice Physicians is also endorsing this position and its expanded criteria.

Impact on Patients

The changes are expected to double the number of patients eligible for lung cancer screening with LDCT. This will specifically impact women and those of African-American descent who previously met a smaller percentage of the criteria, had lower pack-year histories and had an early-age of onset of disease with higher mortality rates.

Impact on Insurance

As with any change in screening guidelines, a lag period can be expected in which insurance providers may not pay for LDCT ordered with the new criteria.

Current laws cite a 12-month period from recommendation to mandating payment by private insurance providers. Since insurance providers traditionally make changes at the start of each calendar year, January 2023 is the most likely time that changes will be in effect. Hopefully, government coverage providers such as the Veterans Administration, Medicare and state Medicaid programs will fully embrace the expanded criteria in a faster, or at least similar, timeline and also expand the age range from 50-80 as recommended.

The challenge is newly qualified patients may assume that, if their physician orders a screening test for them, insurance will cover it. They may become surprised and upset if they receive an "out-of-pocket" bill. It is important, therefore, to mention this possibility to them.

Staying Apprised

Updating providers and the public will be a priority as the expanded LDCT screening guidelines are approved by insurance. The current Epic ordering system and criteria at Covenant HealthCare will not change until insurance carriers have formally agreed to cover expanded screenings.

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

We want to hear from you by JUNE 18!

Your Feedback Needed in Provider Engagement Survey

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

Enhanced provider engagement leads to safer, more effective patient care and a stronger healthcare culture. Providers connect better with patients, feel less stressed and experience a greater sense of purpose and joy in their work. This is why Covenant HealthCare routinely assesses all stakeholders (patients, employees and providers) to understand what we do well and how we can improve.

On June 1, Covenant HealthCare launched the 2021 Provider Engagement Survey, which includes all active, employed, community, referring and advanced practice providers (APPs). Open June 1-18, it gives providers ample opportunity to complete it. By now, all providers should have received an email link from Press Ganey to provide confidential feedback from noreply@surveys.pressganey.com. The survey should take no more than 5-10 minutes of your time, well worth the opportunity to shape change in ways that strengthen the patient and provider experience.

A new feature to this survey is a QR code (see image) for easy access to the quick survey. In either option (email link or QR code), simply enter your provider number to access survey questions and provide ANONYMOUS responses.

Make a Difference

Hearing from providers through this confidential engagement survey is an effective way to communicate your thoughts and ideas to Covenant HealthCare leaders. In the 2019 survey, for example, providers shared these themes as Covenant strengths:

- Effective electronic medical record (EHR) strategy
- Open and responsive to input
- Good working relationships amongst peers

Importantly, they also shared these themes as Covenant opportunities:

- Provide growth opportunities to APPs
- Show intolerance of disruptive behavior amongst physicians
- Take steps to reduce burnout

After receiving these results, leadership created action plans to tackle these opportunities, including:

- Addition of APPs to organizational steering teams, such as the Network Operating Council, and the creation of the Covenant Medical Group APP Council
- Implementation of strategies to mitigate disruptive behaviors
- Formation of a Provider Committee focused on your wellbeing along with work/balance initiatives and Epic optimization

Take the Time

The more providers who respond to this survey, the better Covenant can understand and respond to what it is doing right across the organization, and what it can improve. Your engagement is a strategic necessity to drive higher performance on all healthcare delivery measures.

Again, please take 5-10 minutes to complete the survey and help forge a better future. Results will start to be shared later this summer, followed by realistic, meaningful and sustainable actions.

For more information, contact Christin Tenbusch at 989.583.7421 or ctenbusch@chs-mi.com.

COVENANT HealthCare

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The Covenant Chart is published four times a year. Send submissions to: Amy Quackenbush, Marketing/Graphic Design Specialist, aquackenbush@chs-mi.com, 989.583.7652 Tel

The Chart Spotlights

Congratulations Providers of the Month!

Your patients and colleagues are saying extraordinary things…

APRIL

Dr. Suneesh Anand

PULMONARY/CRITICAL CARE MEDICINE

"Dr. Anand is great to work with. He always has a smile on his face. He is caring, an easy conversationalist, and always willing to discuss cases in detail when we have questions."

"My doctor (Anand) was very patient; he explained my condition in full detail. He took his time which made me feel like he truly cared about me."

"This was my first time meeting Dr. Anand; he was absolutely wonderful. I appreciate his care and knowledge!"

MAY

Neil Stokes

PHYSICIAN ASSISTANT EMERGENCY MEDICINE

"The provider (Neil Stokes) was OUTSTANDING. My daughter is so young that this type of doctor appointment was very new and different for her. The doctor caught her attention by talking directly to her, asking questions that she could answer and building a rapport with her quickly. He made a new and scary situation much easier and child-friendly."

"This was the BEST experience I've ever had with virtual appointments."

"As the voice of the Covenant COVID hotline, we could not have asked for a better provider (in Neil) to help thousands navigate this pandemic. God bless him."

JUNE

Dr. James Fugazzi

RADIATION ONCOLOGY

"You are very lucky to have Dr. Fugazzi on staff. He is the most caring and get-things-done doctor."

"Dr. Fugazzi spent much time getting details of my situation and needs – excellent!"

"Dr. Fugazzi is a tremendous asset to Covenant. Outstanding, compassionate, professional. He is a 10."