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Calendar Highlights:

MAY 28

Trauma QI, 7 a.m., Surgery Conference Room

JUNE 5

Psychiatric Grand Rounds, noon, Trinity Springs Pavilion

JULY 17

Research Roundtable, noon, Family Health Center

AUGUST 26

Orthopedic Grand Rounds, 7 a.m., Skills Lab

Complete calendar on page 6.

For more information on calendar items, contact Leslie Herman at 817-927-3940. Calendar items are subject to change.

Lichtman's Delayed Diploma

He's been named one of the best doctors in America. He's been a U.S. Navy admiral and served as the commanding officer of the National Naval Medical Center in Bethesda, Md. His textbook has been published twice, and his work has appeared in far too many journals to count. However, on May 16, 2009, David Lichtman, MD, was awarded the one thing that had been missing from his 42-page curriculum vitae (CV) – his bachelor's degree.

Fifty years ago, Lichtman graduated from high school and made his way to Tufts College in Medford, Mass. Through a special program at the college, his plan was to complete three years at Tufts and then start medical school, after which he would be awarded his bachelor's degree from Tufts.

According to Lichtman, that plan changed when he became engaged to his future wife, Frankie, and instead went to State University of New York, Downstate Medical Center, where he graduated with his medical degree in 1966. Yet due to the change in medical schools, Lichtman still had not received a bachelor's degree.

After medical school, Lichtman interned in surgery at the University of Minnesota Hospitals in Minneapolis. He then attended the Naval School of Aerospace Medicine in Pensacola, Fla., where he earned his wings as a Navy flight surgeon.

After completing his orthopaedic residency at the U.S. Naval Hospital in Oakland, Calif., and a fellowship in hand surgery in San Diego, Lichtman served in orthopedic and administrative leadership roles at several naval institutions. Following his retirement from the Navy, he served a term as president of the American Society for Surgery of the Hand.

However, for every job along the way, Lichtman always had an asterisk listed next to his undergraduate education, he said. "I always had to explain it," Lichtman said. "It's a very unique circumstance to be in."

In 1998, Lichtman was appointed to his current

position as chairman of the Department of Orthopaedic Surgery at JPS. He was also named chairman and professor of the Department of Orthopaedic Surgery at the University of North Texas Health Science Center in 2005.

Lichtman said he always wondered what would have happened had he stayed the extra year at Tufts. Since then, he has had dreams about going back to Tufts and working on his undergraduate degree, he said. "Honestly, I thought I would do it as a project when I retired," Lichtman said.



Lichtman, MD, holds his newly awarded bachelor's degree.

Earlier this year, a good friend on the board at Tufts College heard Lichtman's story and passed it along to the college administration. Lichtman then received a letter from the college asking for his CV and resume, which was reviewed by a special committee and eventually the board of trustees. A few months later, he received a letter congratulating him on being a part of the 2009 graduating class, 50 years after his high school graduation.

"People think its funny, but as of May 16, 2009, I am officially a college graduate," Lichtman said. "My kids are very proud of me – I'm actually the last person in my family to graduate from college!"

After a career speckled with bright accomplishments, Lichtman said this ranks near the top. "I've hit some high marks in my career," he said. "This is a huge, much-welcomed check-mark on my list of to-dos."

Lichtman's high level of dedication to everything he is involved in rings true in the work being done in the JPS Department of Orthopaedic Surgery.

"I am very dedicated to this department," he said. "We are doing great things here. The orthopaedics department is very strong, and we're becoming a major part of the Tarrant County medical community."

Lichtman's new bachelor's degree will soon join the array of diplomas and certificates that cover his office wall, and it will serve as an incentive for whatever he deems his next big goal.

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To view *The Catalyst* online, visit <http://www.jpshealthnet.org/Academic-Affairs/Physician-Newsletter.aspx>

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Letter from the Chief Executive Officer

A Cultural Change at JPS

With patient, physician and employee satisfaction scores too low to even consider being proud, any new administration would be foolish not to dedicate effort time and talent to initiatives and proposals to significantly raise those scores. Easier said than done!

Improving all categories of satisfaction will mean system change. We must institutionalize good practices and quality improvement, monitor positive measurable outcomes, and create high levels of accountability. So whose job is it to improve satisfaction scores? That answer is easy – all of us. The harder question is, how do we do it?

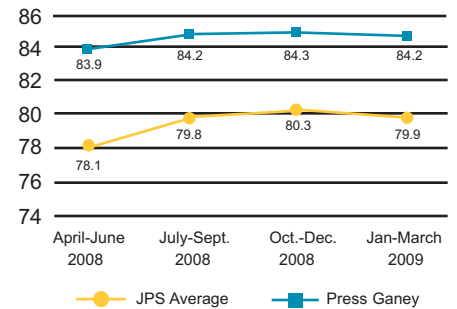
The “how” portion of this equation may well be found in a coach and in a book. JPS has recently enlisted the help of the Studer Group to provide a blueprint for change. Quint Studer, the man behind the ideas, has already spent a weekend with the JPS Board of Managers and will soon be spending a weekend with the executive team. The discussion is focused on putting procedures in place that will change the culture of JPS and enable patient satisfaction scores to improve, with the ultimate goal of making JPS a better place to work and better health care delivery for our patients and the community.

It should be noted that this cultural change can not just be a few key administrators making a few rounds through the hospital and smiling. This is a major commitment from all who are a

part of JPS. Hardwiring Excellence, an easy read and helpful guide by Studer, is a must read. The books are available to anyone who wishes to read one. The only catch is you have to read it and practice its principles. We must take the suggestions and tailor them to JPS. You can contact John Hayes, Guest Services, at 817-920-6186 for a copy of the book.

Cultural change is essential, cultural change is needed and cultural change will make a huge difference to the future success of JPS.

JPS Inpatient Satisfaction Scores



Robert Earley
Chief Executive Officer

Faxing Prescriptions

By Elice Ortega, Pharm D, RPh

If a patient requests that a prescription be faxed to a pharmacy, please do not give the patient the hard copy. If faxed, the hard copy should be placed in the patient's medical record. JPS pharmacies have had a number of instances where the patient tried to pick up the faxed prescription as well as fill the hard copy. We even have had a number of instances

where one prescription was filled at JPS and another was filled at an outside pharmacy, which is very hard to prevent. This is a patient safety issue as well as a possible provider issue, especially if the prescription is for a controlled substance. All pharmacies in Texas must turn in all filled controlled substance prescriptions to the Department of Public Safety each month. It could seem as if the provider wrote two prescriptions for the same patient on the same day. Please help ensure that the hard copy is placed in the patient's medical record, not in their hands.

Physician News

Awards/Appointments:

David Mendelsen, MD, was recently elected president of the Texas College of Emergency Physicians (TCEP). TCEP has a diverse group of committees that bring members together to address the full range of issues facing emergency physicians.

Linda Siy, MD, was appointed to serve as one of the Alternate Delegates for the 2009 Interim Session in Austin by the Texas Academy of Family Physicians Board of Directors.

Siy will represent the Texas Chapter at the AAFP Congress of Delegates, which is the

Academy's policy-making body. She will attend the next meeting in October in Boston.

Linda Siy, MD, was also recognized as the “Volunteer of the Year” for the E.R. Van Zandt Southwest Family YMCA at the YMCA of Metropolitan Fort Worth's 119th Annual Meeting on April 6. Siy was influential in implementing the availability of online donations last year and was chair of the 2009 Step Up For Kids Campaign.

Recent Publishers:

Gopalakrishnan, Prabhakaran: Gender Differences in Coronary Artery Disease: Review of Diagnostic Challenges and Current Treatment – Postgraduate Medicine, 2009; 121(2):60-68.

Physician Satisfaction Team Update

By Richard Young, MD

I am writing to you as the Physician Champion for the JPS Physician Satisfaction Team (PST). I was deeply honored by Robert Earley when he asked me to take on this challenge. I wanted to give you an update on our progress so far.

The PST has approximately 50 members. I was very gratified to watch as many non-physicians in the Network volunteered their time and energy to this cause because of their desire to help improve the work lives of JPS physicians.

The leadership team for the PST includes Jay Haynes, MD, Terri Barton, Jackie Meeks, DrPH, and me. Haynes is our administrative sponsor.

After a comprehensive brainstorming session where some of the major issues were brought to light, the PST was divided into five subteams:

- Rounding/focus group – The purpose of this team is to reach out to the major departments and health centers to be sure that the PST develops a catalog of all the pertinent issues that have led to the low satisfaction scores among JPS physicians. The team has completed about two-thirds of the planned focus group sessions. They will take the concerns raised and analyze them to develop a master list of all the irritants that drive physician dissatisfaction. Special efforts will be made to identify as many measurable irritants as possible.
- Facilities – This team will study and make recommendations on barriers to physician satisfaction related to facilities and work space issues. Their initial focus is on the main campus, especially the Patient Care Pavilion. All facility and work space issues will be addressed eventually.
- Communications – This team will study and make recommendations on how to improve all manner of communications with physicians. One of the early findings was that JPS had no comprehensive e-mail list of all physicians who have privileges here. A comprehensive list is nearly complete.
- OR – This team will study and make recommendations on how to improve processes and satisfaction around OR issues. It has become very clear that a large driver of dissatisfaction at JPS is the OR. There are many complicated issues surrounding the OR. We have had several talks with Dr. Massingill and others, including Bill Whitman, the JPS COO. It has not been fully decided how this team will interact with existing committees, particularly OR Operations. I would say at this point that the subteam has spent a lot of time and energy trying to learn what has been done in the past so we don't just reinvent the wheel. The subteam has also sent out a survey that will attempt to drill down to more of the specifics on why the physicians who use the OR are dissatisfied.
- Patient registration/pre-anesthesia testing – This team will study and make recommendations on issues surrounding patient registration, both prior to surgery and in other areas at JPS. It has become clear that this is also a complex area. Our early findings indicate that not all of the barriers to efficient care that are attributed to patient registration are caused by patient registration. The team is reviewing all current registration/payment policies of the district and will make recommendations for potential changes to those policies and processes.

As you can see, we have a very full plate. We are hopeful that some easy fixes will be identified to help improve physician satisfaction at JPS in the short term – the so-called low hanging fruit. Other improvements will be more complex and will impact multiple departments. They will take a little longer.

Please don't hesitate to e-mail me with any questions or concerns at ryoung01@jpshealth.org. As your physician champion, I am in this for the long haul. I will do whatever I can to improve your professional life at JPS.

Board Notes

The JPS Board of Managers meets monthly. In an effort to keep physicians informed, updates are printed in *The Catalyst*.

- President and CEO Robert Earley announced the Network has formed various committees comprising nearly 200 employees to make improvements and change the way we do business. Among examples of the committees are patient satisfaction, rewards and recognition, communication, and standards. They are made up of new and tenured employees who are creating action plans for improvements.
- The board approved a couple of strategic IT initiatives, including the overall IT Strategic Plan concept and e-Prescribing. The IT Strategic Plan includes electronic medical records for physician offices, the emergency department, hospital and pharmacy information. It was also approved to spend \$1.9 million to clean up current medical records and find a company that can help implement a \$150 million plan to convert all patient records to an electronic format.
- David McReynolds, MD, surgical chair, provided an update on JPS becoming a Level I Trauma Center. Trauma Services hosted the American College of Surgeons (ACS) in March, the group responsible for granting JPS Level I status. After a thorough look into the department's current practices, the ACS determined that JPS is currently practicing as a Level I center. Out of the 216 areas of review only four deficiencies were identified. McReynolds said JPS is the largest health system in Texas not designated as a Level I center.
- Bill Whitman, chief operating officer, provided information on an inmate relocation concept for the IPA acute care unit. Potential locations are the psychiatric evaluation unit on Tower 10, or Tower 4, which is currently vacant, and could be developed on the North side of the floor. The cost of an alternative location is estimated to be between \$40,000 and \$75,000. The board approved moving forward with the concept.
- Earley provided an update on the H1N1 Flu, praising Joane Baumer, MD, Scott Norville, MD, Robert Richard, DO, Jay Haynes, MD, and Gary Floyd, MD, for their efforts made to meet daily and provide staff with updated information. Earley offered his compliments and accolades for the group's professionalism.
- Whitman provided an update on patient satisfaction. The emergency department reported waiting times of six hours compared to nearly 14 on average. Whitman said the new discharge holding area for patients waiting to leave the facility is helping waiting times. He also reported left-without-being-seen rates are currently at 5.9 percent, which is a significant drop from last year's high of nearly 21 percent.

New Board Members

JPS recently added two new faces to its Board of Managers. Bruce Capehart joined the board in March and replaced Martha Walker, who served nearly nine years and was instrumental in the addition of many of JPS' school-based health centers.



Capehart

Capehart was a director of software engineering and manager of proposal operations for Lockheed Martin prior to becoming a math teacher for seventh- and eighth-grade students in the Arlington Independent School District. In addition to serving on JPS' board, he also serves on the Tarrant County Child Protective Services board.

In April, Rex Hyer, MD, replaced Gary Floyd, MD, on the board. Floyd served on the board for three

years and also played a vital role in many Network changes.

Hyer, who was appointed by Tarrant County Commissioner J.D. Johnson, served as director of anesthesia for JPS in the 1970s and 1980s. He was an assistant professor of anesthesiology at the University of Texas Southwestern Medical Center at Dallas. He has been on staff at Huguley Memorial Medical Center, St. Joseph Hospital and Plaza Medical Center. Hyer also served as a lieutenant commander in the Medical Corps for the United States Navy Reserve.



Hyer, MD

Hyer is president of the Tarrant County Medical Society and is a member of the Texas Medical Association and the American Medical Association.

Medicare Recovery Audit Contractors

By Erma Lee

Initially established as a demonstration project in three states in 2005, the Medicare Recovery Audit Contractor (RAC) program is charged with identifying improper Medicare fee-for-service payments – both overpayments and underpayments, such as duplicate payments, claims processing contractors' mistakes and coding errors. RACs are paid on a contingency fee basis at a fixed rate for the entire 60 months of the contract. The contractor with the lowest percentage contingency fee was allowed to pick the region of the country in which it wished to operate. The number of Medicare patients in a particular region was likely a key factor in the decision-making process. The Texas RAC, Connolly, has the lowest fee at nine percent.

In October 2008, the Centers for Medicare & Medicaid Services (CMS) named four permanent RACs. In March 2008, CMS noted that \$992 million dollars had been identified in improper payments during the demonstration period of the program. Texas was not a part of the demonstration project, so providers have no experience with the RACs. They don't know what to expect, but they expect to be hit hard at least initially. One question that has not been answered fully is how the RACs will effect physicians, although it is clear that individual physician and physician groups are part of the project as CMS has posted medical record limits for each.

Currently, the RACs and CMS are conducting educational sessions. Connolly is expected to start doing audits sometime after May 16, when the last of the scheduled CMS Outreach Conferences for Texas providers will be held.

In accordance with the Statement of Work, a

RAC may attempt to identify improper payments on claims paid by carriers and other primary claims processing contractors in its jurisdiction. RACs are required to identify Medicare claims that contain improper payments for which payment was made, or should have been made, under Medicare Parts A or B. All Medicare fee-for-service providers, including hospital inpatient and outpatient, long-term care hospitals, inpatient psychiatric, inpatient rehabilitation, skilled nursing, home health, hospice, physician services, and durable medical equipment suppliers, are subject to RAC review.

JPS has six teams consisting of management and physician leadership preparing for the RACs. One of the goals of the teams is to identify improper payments and report them to Medicare so they can be adjusted and excluded from RAC review. The teams will continue to operate through the RAC process to ensure the validity of hospital payments.

ED Workforce Seminar

By Richard Young, MD

JPS had a special visitor recently. On April 3, Carlos Camargo, MD, DrPH, who has dual appointments in Harvard Medical School's emergency medicine department and the Harvard School of Public Health, spoke on the future ED physician workforce to JPS executives and physicians.

Camargo is the medical director of an emergency medicine research network called EMNet. They recently published a study in Academic Emergency Medicine that found that even under the most extreme assumptions, there will not be enough emergency medicine residency-trained physicians to staff all the nations' emergency departments for several decades. Under more realistic assumptions, there will never be enough emergency physicians. The EMNet Web site has more information and an interactive tool that allows for different projections with different workforce assumptions (www.emnet-usa.org).

His group found that no organization has an accurate count of the United States' emergency departments, even the emergency medicine associations. He feels EMNet has the most accurate ED registry. EM-boarded physicians

tend to practice in urban areas in higher volume EDs. In EDs without a full complement of ED-boarded physicians, family physicians are the most likely to fill that role, followed by internists.

The American College of Emergency Physicians currently does not allow non-EM-boarded physicians to join its organization or receive its publications. Camargo has proposed an associate membership within ACEP for non-EM-boarded physicians, and he will meet with the boards of ACEP and ABEM in the near future.

In our last alumni survey, 12 percent of the graduates of the JPS family medicine residency reported that they worked as full-time emergency physicians. The vast majority of those completed no formal training beyond the JPS family medicine residency. Anecdotally, we know of many area hospitals where JPS family medicine graduates are crucial members of the emergency physician workforce.

We hope that our introduction to Camargo will lead to years of collaboration to work towards a sustainable emergency physician workforce that will meet the emergency medical needs of all Americans.



by Janet Neff

The Sense-Sational: Wow Your Senses gala at the Omni Fort Worth Hotel on May 16 put everyone's senses on alert, from the icy hors d'oeuvres during the cocktail reception to the sounds of Good Question, the dance band that got the bodies moving and grooving after dinner.

About 275 partygoers marveled at the ice curtain, the salmon cones that looked like miniature ice cream cones, the interactive computers and the Blue Ice signature drink. Then they had a chance to experience the starter course of beignets atop dips in a totally unique manner – blindfolded.

This event, sponsored by Partners Together For Health, the foundation for JPS Health Network, brought in approximately \$125,000 through ticket sales and auction items. All of the proceeds benefit Partners Priorities, a co-pay assistance program that helps JPS patients unable to afford basic co-pays for prescriptions and other health care needs during emergency situations. The goal is to keep JPS patients well and out of the emergency room in spite of any personal financial crises.

If you are interested in donating to Partners Priorities, please send donations to Partners Together For Health, 2500 Circle Drive, Suite 300, Fort Worth, Texas 76119. Please note "Partners Prescription Program" on the check or envelope.

Linda and Daniel Ziegler, MD



Research and Scholarly Activity at JPS

The 2009 Research Day is quickly approaching, and all abstracts have been accepted. This year's event will be held on Friday, June 5, from 8 a.m. to 2 p.m. in the Outpatient Auditoriums. The Office of Research and Scholarly Activity invites all physicians and employees to join them as they present a brief look at the research and scholarly activity currently underway at JPS.

The theme is "Catalyst for Change: Transforming Health Care Through Research and Scholarly Activity."

Mark DeHaven, PhD, from the department of Family and Community Medicine at University of Texas Southwestern will provide the keynote presentation. Below is a schedule of events for the 2009 Research Day:

Check in and Continental Breakfast: 8-8:30 a.m.
Keynote Presentation: 8:30-9:30 a.m.
Poster Viewing Session: 9:30-10 a.m.
Oral Abstract Presentations: 10 a.m. to noon
Break for Lunch, Poster Judging: 1-1:40 p.m.
Recognition and Award Ceremony: 1:40-2 p.m.

2009 Top Docs

Eighty-nine physicians from JPS were named Top Docs for 2008 in the April issue of *Fort Worth, Texas Magazine*. For the survey, the magazine polled 3,000 area physicians who voted on their picks for the top doctors in the area.

Cardio Thoracic Surgery

Reza Khalafi
Richard Vigness

Cardiology

Rim Bannout
Susan Hess
Giri Mundluru
Jennifer Naiser
Syed Shah
Martin Weiss

Colon/Rectal Surgery

Eduardo Castillo
Glen Hooker
Britton West

Cosmetic Surgery

Jonathan Heistein
Larry Reaves

Dermatology

D. Scott Miller
Victoria Serralta
Patrick Walsh

Endocrinology

Franklin Gluck

Family Practice

Joseph W. Cappel, III
Dan Casey

Gastroenterology

Eugene Troutman

General Surgery

Michael Green, Jr.
David McReynolds

Geriatrics

Janice Knebl
Amy Moss

Gynecological Oncology

Ralph Anderson

Hematology

Mary Ann Skiba
Kathleen Crowley

Infectious Diseases

Barbara Atkinson

Internal Medicine

Giti Azmabalani
N. Alan Davenport

Nephrology

Oladapo Afolabi
Lee Anderson
Ira Epstein
Richard Mauk
Peter Nguyen
Sandeep Shori

Neurology

Lincoln Chin

Neurosurgery

Kevin Kaufmann
Gregory Smith

OB/GYN

Khoi Chu
Lynn Speaks

Oncology

Shadan Mansoor
Mary Milam
Vinaya Pottluri
Michael Ross
Henry Xiong
Robyn Young

Ophthalmology

Alan Norman

Oral/Maxillofacial Surgery

Yadranko Ducic
John P. Stella
Michael R. Warner
Michael F. Zide

Orthopedic Surgery

James Bothwell
Stephen Brotherton
Cory Collinge
John Conway
Theodore Crofford
Russell Wagner
Keith Watson
Bobby Wroten

Otolaryngology

Yadranko Ducic
John Fewins, Jr.
Michelle Marcincuk
Jesse Smith

Palliative Care

David Capper
Alvin Mathe, II

Plastic/Reconstructive Surgery

Jonathan Heistein
Larry Reaves

Podiatry

Brian Carpenter
Alan Garrett
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Psychiatry

Marija Djokovic
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Carol Nati
Alan Podawiltz
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Radiology Oncology

Jerry Barker, Jr.
Matthew Cavey
Peter LaNasa
Kathleen Shide
Travis Thompson

Rheumatology

Bernard Rubin

Sports Medicine

James Barbee

Urology

David Gould
John Johnson, III
J. Andrew Pumphrey

Vascular Surgery

Harshal Broker
David Stroman

Osteoporosis Awareness Survey

By Elwyn Grimes, MD

The JPS Department of Obstetrics and Gynecology is conducting a national survey on osteoporosis awareness in health care and non-health care providers. Elwyn Grimes, MD, the principle investigator (PI), began the project along with researchers at the former Cook County Hospital of Chicago and the Co-PI, Barbara Soltes, MD, a reproductive endocrinologist at Rush University Medical Center, where Grimes was formerly a member of the OB/GYN department.

The project attempts to determine whether there is a significant awareness deficit among healthcare and non-healthcare workers that could potentially impact early recognition and treatment or prevention of osteoporosis. Since joining the staff at JPS and the University of North Texas Health Science Center (UNTHSC), Grimes, along with Paul Singh, MD, and Sejong Bae, PhD, have obtained approval by the IRBs at both UNTHSC and JPS and have activated a second phase of the research.

Preliminary data strongly suggest that educational activities are not achieving what is desirable. Final results are expected by July.

For more information about the study, please contact Grimes or Singh at 817-927-1065.

Stress Testing for Patients

By Kim Beeler, RN, and Cindy Winsett, RN

What is stress testing? Stress testing is an attempt to see what the heart does under "stress" in the best of circumstances. There are several options:

- 1) Treadmill stress testing if patients are able to walk long enough to raise their heart rate to the goal heart rate
- 2) Nuclear testing, including exercise or pharmacological
- 3) Stress echocardiograms with exercise or dobutamine

Since stress testing is an attempt to see how the heart responds to exercise (i.e. stress) under the best of circumstances, patient lab results need to be near normal limits for testing to be considered valid and diagnostic. Additionally, stimulants (amphetamines, methamphetamines, cocaine) can skew results, which may alter LV function and may potentiate complications, placing the patient in a potentially dangerous situation. Therefore, stress testing is contraindicated within 72 hours of stimulant drug use.

For every stress test patients need to be NPO at midnight the night before, and Beta Blockers

should be held for at least 12 hours before stress testing. There are, however, specific circumstances in which beta blockers can be given. Peripheral IV access should be adequate, non-leaking and patent because some of the medications used during stress testing are caustic outside of the vein. In order for consent to be valid for stress testing, the patient cannot receive any narcotics within four hours. Additionally, your patient should be fairly stable and not have uncontrolled hypertension as stressing them could potentiate instability and increase the risk for complications, especially during dobutamine stress testing.

Optimally, a patient needs to be able to communicate and comprehend direction and be appropriate to give consent. If a patient is unable to sign consent and no one is available at the hospital, we may be able to obtain telephone consent if a phone number and availability of the next of kin is provided. This would be done once the patient is brought to cardiovascular services.

Other factors to consider when deciding which test is appropriate for your patient include weight, body habitus, physical conditioning, history of asthma/COPD, atrial fibrillation and defibrillator/pacemaker placement. Patients with LBBB are not appropriate for dobutamine stress echo procedures or exercise stress tests because the interpretation is quite difficult and unreliable. Abnormal EKGs (ie Abnormal ST segments) are often considered non-diagnostic without images, whether it be nuclear or with

echocardiogram. It is important to know Adenosine stress test can not be given to COPD patients or asthma patients with active wheezing because it has a potential for bronchospasms. We also need to know if the patient has glaucoma since Atropine is contraindicated in its presence.

From a nuclear medicine standpoint there are weight and circumference limits. Doses are ordered from an outside pharmacy that handles radioactive isotopes located in Dallas and must be ordered daily by 9 a.m. It is also important to understand that each nuclear dose has a time limit or expiration. Each dose is timed and calibrated for a specific time and the isotope begins degrading almost immediately. Pregnancy tests are required for all women age 50 or under if they have not had a hysterectomy, tubal ligation or negative pregnancy test within 24 hours. Patients will also need to be able to hold both arms above their head and be able to lay flat and still for 20 minutes two separate times for the nuclear camera.

Cardiac stress testing can provide important information regarding the cardiovascular health of your patient. It is important, however, to consider your patient's overall health when deciding which test is most appropriate. The stress testing nurses are always available to answer questions at 817-927-1223. We welcome your inquiries and look forward to assisting you with the care of your patients.

For more information on locations or calendar items, contact Leslie Herman at 817-927-3940.

May

Physician Calendar

Calendar is subject to change.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1 Psychiatric Grand Rounds, noon - 1 p.m., TSP	2
3	4	5 Oncology Multidisciplinary Treatment, 7 - 8 a.m., Executive Conference Room	6	7 Trauma QI, 7 - 8 a.m., Surgery Conference Room	8 Psychiatric Grand Rounds, noon - 1 p.m., TSP	9
10	11	12 Oncology Multidisciplinary Treatment, 7 - 8 a.m., Executive Conference Room	13	14 Trauma QI, 7 - 8 a.m., Surgery Conference Room	15	16
17	18	19 Oncology Multidisciplinary Treatment, 7 - 8 a.m., Executive Conference Room	20	21 Trauma QI, 7 - 8 a.m., Surgery Conference Room	22 Research Roundtable, noon - 1 p.m., FHC Psychiatric Grand Rounds, noon - 1 p.m., TSP	23
24	25 Memorial Day	26 Oncology Multidisciplinary Treatment, 7 - 8 a.m., Skills Lab	27 Orthopedic Grand Rounds, 7 - 8 a.m., Skills Lab	28 Trauma QI, 7 - 8 a.m., Surgery Conference Room	29	30
31						

For more information on locations or calendar items, contact Leslie Herman at 817-927-3940.

June

Physician Calendar

Calendar is subject to change.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1	2 Oncology Multidisciplinary Treatment, 7 - 8 a.m., Executive Conference Room	3	4 Trauma QI, 7 - 8 a.m., Surgery Conference Room	5 Psychiatric Grand Rounds, noon - 1 p.m., TSP Research Day, 8 a.m. - 2 p.m., OPC	6 Resident Graduation
7	8	9 Oncology Multidisciplinary Treatment, 7 - 8 a.m., Executive Conference Room	10 ER Grand Rounds, Noon - 1 p.m., FHC	11 Trauma QI, 7 - 8 a.m., Surgery Conference Room	12 Psychiatric Grand Rounds, noon - 1 p.m., TSP	13
14	15	16 Oncology Multidisciplinary Treatment, 7 - 8 a.m.	17	18 Trauma QI, 7 - 8 a.m., Surgery Conference Room	19 Research Roundtable, noon - 1 p.m., FHC	20
21	22	23 Oncology Multidisciplinary Treatment, 7 - 8 a.m. Trauma Talk, noon - 1 p.m., OPC	24 Orthopaedic Grand Rounds, 7 - 8 a.m., Skills Lab	25 Trauma QI, 7 - 8 a.m., Surgery Conference Room	26 Psychiatric Grand Rounds, noon - 1 p.m., TSP	27
28	29	30				

For more information on locations or calendar items, contact Leslie Herman at 817-927-3940.

July

Calendar is subject to change.

Physician Calendar

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1	2 Trauma QI, 7 - 8 a.m., Surgery Conference Room	3 Psychiatric Grand Rounds, noon - 1 p.m., TSP	4 Independence Day
5	6	7 Oncology Multidisciplinary Treatment, 7 - 8 a.m., Executive Conference Room	8 ER Grand Rounds, noon - 1 p.m., FHC	9 Ethics in Medicine, noon - 1 p.m., FHC Trauma QI, 7 - 8 a.m., Surgery Conference Room	10 Psychiatric Grand Rounds, noon - 1 p.m., TSP	11
12	13	14 Oncology Multidisciplinary Treatment, 7 - 8 a.m., Executive Conference Room	15	16 Trauma QI, 7 - 8 a.m., Surgery Conference Room	17 Research Roundtable, noon - 1 p.m., FHC JPS Night at the Ballpark, 7:05 p.m.	18
19	20	21 Oncology Multidisciplinary Treatment, 7 - 8 a.m. Trauma Talk, noon - 1 p.m., OPC	22 Orthopedic Grand Rounds, 7 - 8 a.m., Skills Lab	23 Trauma QI, 7 - 8 a.m., Surgery Conference Room	24 Psychiatric Grand Rounds, noon - 1 p.m., TSP	25
26	27	28 Oncology Multidisciplinary Treatment, 7 - 8 a.m., Skills Lab	29	30 Trauma QI, 7 - 8 a.m., Surgery Conference Room	31	

For more information on locations or calendar items, contact Leslie Herman at 817-927-3940.

August

Calendar is subject to change.

Physician Calendar

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						1
2	3	4 Oncology Multidisciplinary Treatment, 7 - 8 a.m., Executive Conference Room	5	6 Trauma QI, 7 - 8 a.m., Surgery Conference Room	7 Psychiatric Grand Rounds, noon - 1 p.m., TSP	8
9	10	11 Oncology Multidisciplinary Treatment, 7 - 8 a.m., Executive Conference Room	12 ER Grand Rounds, noon - 1 p.m., FHC	13 Trauma QI, 7 - 8 a.m., Surgery Conference Room	14 Psychiatric Grand Rounds, noon - 1 p.m., TSP	15
16	17	18 Oncology Multidisciplinary Treatment, 7 - 8 a.m. Trauma Talk, noon - 1 p.m., OPC	19	20 Trauma QI, 7 - 8 a.m., Surgery Conference Room	21 Research Roundtable, noon - 1 p.m., FHC	22
23	24	25 Oncology Multidisciplinary Treatment, 7 - 8 a.m., Skills Lab	26 Orthopaedic Grand Rounds, 7 - 8 a.m., Skills Lab	27 Trauma QI, 7 - 8 a.m., Surgery Conference Room	28 Psychiatric Grand Rounds, noon - 1 p.m., TSP	29
30	31					

Match Day 2009

By Josephine Fowler, MD MSc FAAFP

Congratulations to the programs at JPS for a successful match season! The house staff, program directors, program coordinators, department chairs and Office of Academic Affairs have been very busy recruiting for the 2009-2010 academic year. JPS successfully matched 100 percent of its positions. We are proud to announce this year's new entrants represent a lot of Texans. Of the 51 new trainees entering our programs, 33 are from Texas schools.

The institution is excited about its continued tradition of educating the next generation of physician leaders. As we accept new trainees into the program, each year JPS graduates more than 50 new doctors who serve mainly Texas and the surrounding states. The success of home growing your own doctors holds true for this institution. We look forward to a year of new ideas, new research projects and innovative training at JPS. The new trainees for 2009-2010 are:

Family Medicine

Antonio Barksdale, UT Houston
Kent Brantly, Indiana University

Matthew Brimberry, UT San Antonio
Lori Cahill, University of Tennessee
Timothy Cahill, University of Tennessee
Thy Dang, Texas Tech
Georgia Hay, UT Southwestern
David Ko, Loma Linda University
Charles Majka, UT Houston
Clark Meador, UNTHSC
Daniel Milmo, UT Southwestern
Ana Nguyen, Texas Tech
Rachel Rackler, UT Southwestern
Olvia Revelo, UTMB Galveston
Michael Richardson, UTMB Galveston
John Rodney, Weill Cornell Medical Center
Kristen Stegemoller, UT Houston
Charles Sutton, University of Tennessee
Michael Swartwood, Kansas City University
Elizabeth Tucker, UT Southwestern
Ginger Watson, UTMB Galveston
Dwight Willett, East Tennessee State University

OB/GYN

Kimberly Carpenter, University of Oklahoma
Casey Devine, UT San Antonio
Sarah Jordan, Texas A&M
Miguel Tovar, UNTHSC

Oral & Maxillofacial Surgery

David Lillian, University of Michigan

Andrew Ray, UT San Antonio
Michael Wasson, Baylor

Orthopaedic Surgery

Michael Elliott, UNTHSC
Kurt Icenogle, Baylor
Kevin Luttrell, University of Tennessee
Bryan Ming, UT San Antonio

Podiatry

John Clyde, Scholl's College of Podiatry
Dallas Patterson, Midwestern University

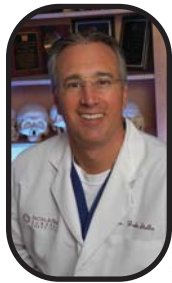
Psychiatry

Aaron Brown, UNTHSC
Jacob Mays, UNTHSC
Holly Olivier, Touro University
Christian Ortiz, University of Puerto Rico

Transitional

Justin Combs, UT Houston
Heath Crawford, UT Houston
Theodore Gupton, UT San Antonio
Joseph Hodges, Baylor
Ranjit Kapil, Touro University
Patrick Lertdilok, UT San Antonio
Erfan Nadji, UT Southwestern
Sean Paul, UT San Antonio
Jason Savikko, Kirksville College
Shahed Shakouri, UT Southwestern
Anthony Sparks, University of Oklahoma
Stephen Wilkins, UTMB Galveston

February Physician of the Month



Oral and Maxillofacial Surgeon John Stella, DDS, was named JPS Physician of the Month for February. Stella currently serves as chairman of the Oral/Maxillofacial Surgery department at JPS. He attended Columbia University School of Dental and Oral Surgery before completing his

internship at John Peter Smith Hospital and his residency at Parkland Memorial Hospital.

Stella decided to enter the medical field after growing up working with his hands in his dad's steel mill. However, he chose to enter Oral and

Maxillofacial surgery because of the impact it has on patients' lives. "The physical transformations as well as emotional transformations seen in patients are beyond rewarding," Stella said.

Twenty years serving the Tarrant County community at JPS comes with great reward, including numerous patients healed and many accomplishments met. Stella is author of a four-volume, 3,000-page text on orthognathic surgery. He has also performed more than 1,000 surgeries to correct skeletal facial deformities. But, if you ask Stella of what he is most proud, he will tell you the integrity of his four children. When he is not working at John Peter Smith Hospital, Stella enjoys being with his family, teaching Bible studies, golfing and racing cars.

New Physician Recognition Program

Nominations are now being accepted for a new physician recognition, the JPS Physician of the Quarter. Previously, JPS had recognized a physician every month and received suggestions from department chairs. In an effort to be more inclusive and highlight physicians that continue to make a difference in the lives of our patients, nominations will now be accepted quarterly from physicians, employees and nurses. The Rewards & Recognition Committee will provide three candidates to the Medical Staff Officers, who will make the final selection. At the end of the year, the Physician of the Year will be selected from the four quarterly physicians.

If you know a physician who deserves to be recognized for the third quarter, please answer the questions below and e-mail to

medstaffpres@jpshealth.org by Wednesday, June 3.

- How has this physician demonstrated compassion in his/her work?
- How does this physician encourage colleagues and staff to deliver high-quality care to patients?
- Why do you believe this physician deserves recognition as Physician of the Quarter?
- How does this physician exemplify our mission?

Russell Wagner, MD, was named the 2008 Physician of the Year.



New House Staff Leadership

House Staff Officers:

President:
Eddy Furniss, MD

Vice President:
Matt Higgs, MD



Secretary
Jared Brinker, MD



Treasurer
Gregory Bratton, MD



Chiefs:

Family Medicine
Tony Gerk, MD
Shelley Martin, MD

OB/GYN:
Dena White, MD

Podiatry
Danier Anderson, DPM

Psychiatry
Bettina Walker, MD
Melissa Pennington, DO

Radiology:
Sridhar Naidu, DO

Orthopaedic
Nathan Lesley, MD
Neil Shah, MD

Sports Medicine
Brian Lindenmayer, MD

Sara Simmons, MD
Patrick Wright, MD

Transitional information will be available July 1.

Informatics Update

Scott Loss, MD

Electronic Prescribing (e-Rx)

Definition: the computer-to-computer transfer of prescription data between pharmacies, prescribers and payers. Supports messages regarding new prescriptions, prescription changes, refill requests, fill status notification, cancellations and medication history.

This initiative has received approval from the JPS Board of Managers, and the product we will be using is called RxNT. RxNT is certified by Sure Scripts-Rx Hub, an infrastructure and technology standard that specifies electronic data exchange for medications. The implementation model used provides the same interface for all medication/prescription transactions, whether or not the prescription is filled at a JPS pharmacy or elsewhere. Integration with JPS' pharmacy system already exists.

Electronic prescribing will be implemented in selected JPS outpatient clinics on a pilot basis by mid-July 2009; subsequent implementation at all outpatient centers should occur by November 2009. As yet, e-Rx is not being considered for inpatient use (discharge medications).

The main goal of e-Rx is to eliminate the legibility issues of written prescriptions and allow for accurate and safe drug selection and dosing.

There are federal financial incentives for migrating to e-Rx that JPS will take advantage of. Workflow issues will need to be addressed and will be done so prior to or concurrent with site implementation. The steps involved include signing on, identifying the patient and reviewing current patient data, drug and parameter selection, review of alerts/advisories, electronic signature, and pharmacy selection.

Information Technology Strategic Plan (ITSP)

The Board of Managers has approved the ITSP in concept. Estimated costs are around \$150 million over the next four to five years. The core concept of the ITSP is the implementation of a full scale electronic medical record (EMR). JPS is in the early planning stages for this, with the initial focus being the ambulatory practice component, and it will likely not be ready for use until 2012. Dr. Judi Binderman, the consulting physician principal with Computer Sciences Corporation, the agency that JPS has contacted with to develop and implement the ITSP, has been named interim chief medical informatics officer for the purposes of the ITSP.

While there may be a sense of delay in terms of getting an EMR, JPS is actually moving forward quite aggressively to bring this to fruition. This will require a considerable analysis and modification of clinical workflow processes as well as what is called change management in order to prepare for a successful implementation. In this context, physician engagement during this period of preparation is critical to its success.

Diabetes Resources at JPS

By Lesa Watley, RN

The Community Case Management Department continues to provide diabetes case management services in nine health centers: JPS Health Center – Viola M. Pitts/Como, JPS Health Center – Stop Six/Walter B. Barbour, JPS Health Center – South Campus, JPS Health Center – Polytechnic, JPS Health Center – Northeast, JPS Health Center – Diamond Hill, JPS Health Center – Arlington/Kathryn Wilemon, JPS Health Center – Northwest/Iona Reed and the JPS Family Health Center.

The comprehensive program is designed to provide intensive case management to diabetic patients with a Hgb A1C 7.0 or greater. The focus is on self-management (compliance with glucose monitoring, medications, nutrition and exercise) coupled with medication adjustments as indicated by the physician or certified diabetic educator (CDE). The CDE works closely with the patient's primary care provider. Patients can be referred to community case management via the intranet referral process. All referred patients are contacted within 14 days.



Omayra Quijano, MD

Additionally, we are entering our third year of the Texas Department of State Health Service Community Diabetes Program. This is a grant-funded program designed to provide education regarding diabetes, prevention and reduction of complications for the residents of Tarrant County. Currently, there are ongoing free exercises, employee wellness, nutrition and self-management activities occurring in Fort Worth and White Settlement.

For more information regarding Diabetes Case Management or the community diabetes grant please contact Lesa Watley, RN, Diabetes Program Coordinator, at 817-920-7366.

Chartmaxx Implementation

By Jill McCracken, RHIA

We have had two major implementation phases with ChartMaxx. Phase I included patients discharged on Nov. 18, 2008, from the Emergency Department (ED), OB Triage, Psychiatric ED and the JPS Diagnostic & Surgery Hospital of Arlington (DSHA) ED. Phase II included inpatient, psychiatry, all observations and day surgeries, including DSHA, that were discharged on Feb. 23, 2009.

Health Information Management staff is scanning all the handwritten documentation into ChartMaxx. All dictated reports, radiology, labs, pathology, critical care nursing notes, EMSTAT and Net Access Nursing Notes are interfaced into ChartMaxx, making ChartMaxx the legal medical record. Physicians are able to complete all deficiencies in one location using ChartMaxx, including dictating and signing reports.

We will soon be looking at each of the clinic processes and implementing in ChartMaxx.

ChartMaxx Frequently Asked Questions

1. *If I forget my password to ChartMaxx who can reset it for me?* You can call Transcription Processing at 817-927-1016 or the help desk at 817-927-6222.



Ryan Reardon, MD, and Wade Krause, MD

2. *Can I access ChartMaxx from Home?* Yes, you can access ChartMaxx through Citrix, but you must have a Network login.

3. *How often do I have to reset my password in ChartMaxx?* Your password must be reset every 75 days.

4. *When I am accessing ChartMaxx Completion, how often do I have to enter my signature password?* The first time you enter Completion.

5. *What if I receive a deficiency that is not mine?* If this happens, please click on 'reject' and type a reason. Then click 'ok'.

6. *After editing my reports, why can't I sign them?* In order to do this, you must click the edit pin button to save and sign the report.

FormFast FYI

By Maria Asprilla, DO

By June 1, 2009, FormFast will be the only source for inpatient order forms and other materials that have previously been available on the Guidelines site, Outlook or miscellaneous desktop shortcuts. These previous sources will be removed from the intranet by our IT department. This is being done for consistency, patient safety and to meet Joint Commission requirements. Those interested can request that IT add FormFast to their computers by contacting Jill McCracken at jill.mccracken@jpshealth.org.

Around the Network

CBS 11 Ask the Experts - February, March and April



Rim Bannout, MD - Topic: Women's Heart Health



Rohan Clarke, MD - Topic: Colon Cancer



Raj Gandhi, MD - Topic: Trauma

Girl Scouts Visit JPS - April 10



Sharon Daniels, DO, and local Girl Scout Brownies

JPS Night at the Ballpark Singing Contest - May 7



Bret Beavers, MD



Bradley Saunders, MD, and Neil Shah, MD

Doctors' Day - March 30



Mae Pasquet, John Meehan, DO, and Richard Gasser, MD



Anatoliy Nekoz, DO, Michael Higginbotham, DO, and George Zgourides, MD

CEO Walk and Talk - April 15



Robert Earley and Daniel Lum, MD

National Start! Walking Day - April 8



Nadeem Patel, MD, and JPS employees

Electronic Nutrition Manual Available

By Eileen Mauk PhD, RD

An electronic version of the Nutrition Care Manual is available for nurses, physicians, and other staff. It can be found on the JPS intranet under computer applications and does not require a password.

The manual provides useful information on calculation of formula needs, nutrition content of specific formulas and some mathematical formulas frequently used in nutrition care. It also contains the most current information on diet and disease and is updated annually based on new research.

JPS to Sponsor Wilderness Training

The JPS Family Medicine Department is sponsoring an Advanced Wilderness Life Support (AWLS) course June 11-13 at the Fort Worth Nature Center and Refuge. According to the AWLS Web site, a combination of lectures and practical skills sessions will be held at the Nature Center, where you will "learn the skills to prevent medical problems, reduce suffering and save lives in non-traditional medical settings." Attendees will study emergency procedures such as hyper- and hypothermia, bites and envenomation, submersion, and other common wilderness medical injuries. Registration and more information can be found at www.awls.org.

Online Database Combines Multiple Resources in One

By Wendy Spagnuolo

Ovid's Evidence-Based Medicine Reviews (EBMR) help integrate evidence-based medicine into clinical practice. Evidence-based medicine uses the best current evidence to make decisions about the care of individual patients. The evidence can help support patient care by answering clinical questions. Evidence-based medicine begins and ends with the patient.

Ovid's EBMR includes seven of the most trusted resources in a single database. Resources may be searched separately or concurrently. One of the resources is the Cochrane Database of Systematic Reviews, which includes links to PDFs of topic reviews. Other resources link to full text articles or articles available at the JPS Library or through interlibrary loan. EBMR can be accessed by going to the JPS Library Department page on the intranet and clicking OvidSP on the right. The ID is "jps007" and the password is "heavy9". Please call the JPS Library at ext. 5088 if you have any questions.

Tumor Treatments in Interventional Radiology

By Ramadass Satya, MD

The Interventional Radiology department has been treating patients with metastatic deposits to the liver from gastrointestinal malignancies, and some lung metastasis can now be treated safely with RadioFrequency Ablation (RFA) without additional risk of surgery and anesthesia. These are some of the patients who are not a candidate for surgical intervention, but who now have a glimmer of hope to prolong their quality of life.

In RFA, the tumor is accessed percutaneously (similar to doing a biopsy) using an RFA probe, and radiofrequency is applied. Under local anesthesia and moderate sedation, the tumor nodule or mass is destroyed by generating a temperature of about 60-100 degrees Celsius which literally burns or cooks the tumor. A tumor ranging from 1-5 centimeters can be treated effectively. The procedure lasts about an hour. After that, the patient is kept in the hospital for an overnight observation for any pain control, and the patient goes home the next day. A follow-up is scheduled with the patient every month for tumor recurrence.

In chemoembolization, the goal is to deliver the chemotherapeutic agent directly into the artery supplying the tumor, followed by cutting off the blood supply to the tumors by using embospheres/PVA (100-500 microns size). This procedure is also performed under moderate sedation. Access to the hepatic artery supplying the tumor is obtained via common femoral artery groin puncture (similar to an IV stick). The abdominal aorta, celiac trunk followed by hepatic artery is accessed. The artery supplying the liver tumor is catheterized. Then a chemoembolic mixture is infused into the tumor and arterial supply is blocked by embospheres/PVA particles. This procedure lasts about one to two hours. After that, the patient is kept in the hospital for overnight observation for any pain control and is discharged the next day. Then the patient is followed up with every month for tumor recurrence.

Similarly, uterine artery embolization (UAE) is performed for symptomatic uterine fibroids in those patients who are not candidates for surgery or who do not wish to have surgical interventions.

Physician Recruiting, Satisfaction and Retention: Planning for the Future

By Terri Barton



There are three important recruiting and retention areas to address in this issue of *The Catalyst*. First, we have successfully recruited our new Medical Director of Oncology, Elie Choufani, MD. For those of you who are unaware, it has taken the Network more than two years to find the right candidate for this position, but we know we found the right match. Choufani comes to us from Lowell, Mass., where he serves as the medical director at Saints Cancer Center. Choufani will be on board this summer, and we look forward to his leadership, as well as the continued leadership from the other providers and staff at the JPS Center for Cancer Care.

Second, we have experienced explosive growth within our hospitalist program at JPS Health Network. The hospitalist program has more than doubled in a little over a year. This tremendous growth has caused some growing pains, but Andrey Manov, MD, Nadeem Patel, MD, and all of the hospitalists have managed to work through process and communication issues and solidify the program within the Network and the community.

Finally, both recruitment efforts point to the need for long-term strategic manpower planning, as well as a comprehensive retention plan for the Network. As hard as we are working at recruiting, we need to work just as hard at retaining the outstanding providers we currently have on staff. In order to retain our excellent physicians, we must address the low physician satisfaction scores across the Network. The physician team, a part of JPS' Service Excellence Committee, is committed to uncovering and resolving the problems that are most dissatisfying for our providers. By addressing physician satisfaction issues, and creating a carefully crafted retention plan for the Network, we will be able to recruit and retain the best medical staff possible to care for our patients.

I continue to point out that current providers are the very best sources for recruiting new physicians into the Network.

If you know of anyone interested in joining our team, please contact me at 817-852-8545 or at Tbarton@jpshealth.org.

Call for Submissions

Got an idea for a story? Has your work been published recently? If you have an idea for a story or would like to submit an article for an upcoming issue of *The Catalyst*, e-mail submissions or comments to thecatalyst@jpshealth.org.

JPS HEALTH NETWORK

1500 S. Main Street
Fort Worth, Texas 76104

a creation of the JPS

Public Relations
department

the third annual

JPS Night at the Ballpark

friday, july 17
7:05 p.m.

texas rangers vs. minnesota twins
the rangers ballpark in arlington

tickets are on sale now!

www.texasrangers.com/jpshealth

password: rangers

As part of pre-game festivities, a JPS employee will sing the National Anthem, a patient will throw out the first pitch, and JPS Physician of the Year Russell Wagner, MD, will be recognized on the field. For a free JPS visor, fax a copy of your ticket confirmation, with your name and phone number, to 817-927-1664 or e-mail it to thecatalyst@jpshealth.org.

