

# Progress Notes

Medical Staff Newsletter

MEMORIAL  
HERMANN  
Northeast

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## A Job Well Done

Susan G. Curling, MD, MBA

Past Chief of Staff

The healthcare environment is changing worldwide, just as Humble has watched it change. From Dr. Haden McKay's one house office/hospital, to a major system-run medical center.



Memorial

Hermann Northeast Hospital, by numerous objective measurements, has improved dramatically and is being transformed into a flagship hospital in the Memorial Hermann system. Patient satisfaction has elevated from single digit to the 94th percentile. We are over the 75th percentile in patient satisfaction in 4 different categories. Invasive cardiology is a success and our response times are impressive, in spite of the knowledge that most of these cases occur at night and on the weekends.

Nursing retention has improved and we are using less temporary help. We received recognition for improving quality and for our degree of improvement in patient satisfaction. Serious safety events are down and the physical plant has never looked better. The hospital revenue is increasing and the hospital has one of the most efficient in management of resources.

Last month, the Medical Executive Committee of Memorial Hermann, recognized that the driving force behind this transformation is our CEO, Mr. Louis Smith and his team. We unanimously approved universal appreciation for their sacrifices and work on behalf of our patients and our physicians.

The efforts of the administrative team have saved lives and continue to set the bar higher for our local medical community and ourselves which will continue to improve the lives and safety in our community. As medicine changes and financial pressures continue, leaders who understand that the patient comes first, like Louis Smith and the Memorial Hermann Northeast team are essential.

## The Core of Healthcare

Anil Dara, MD

Chief of Staff

I am truly thankful for the opportunity to lead the medical staff of MHNE hospital. As I start the two year term I feel a sense of excitement to be able to work as a team with the members of the medical staff, nursing staff, administration and all other team members to reach our common goal of delivering the highest quality healthcare to the community we serve.

These are uncertain times for medicine and the winds of change are blowing harder than ever before. The one thing that will not change is the one on one patient physician relationship. That is the core of healthcare. Without this element there is no healthcare or healthcare industry.

Currently rules and regulations, protocols and pathways, and cookie cutter medicine are threatening to completely usurp the practice of medicine. While these advances have their important place, we the medical staff should regain the respect and dignity of our profession and uphold the trust of our patients. This can only be achieved by practicing evidence based medicine of the highest quality in every situation, everyday.

We the medical staff should be the drivers not the followers of quality initiatives. We should initiate rather than respond. That is the best way to assure the best outcomes for our patients.

Over the next two years my focus will be to work with the medical staff to achieve the above goals and everything else will fall into place.



## Clinical Integration News

Shawn Griffin, MD

MHMD

Chief Quality & Informatics Officer

### MHMD - the Memorial Hermann Physician Network First MHealth Bonus Checks Distributed

Eligible MHMD physicians should have received their first MHealth bonus checks. Once bonus qualifying ended on March 31, 2010, the "bonus calculation" continued.

Many physicians believed that as soon as the deadline for qualifying for the bonus passed, we would be handing out the checks the next day. Qualifying for the bonus this year had a deadline set by the board of March 31, 2010. The MHealth



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## Become our “Facebook” Friend

Next time you're at a computer:

- Log onto your Facebook account
- Look for the “search box” at the top of the page
- Type in “Memorial Hermann Northeast”
- You'll go right to our new Memorial Hermann Northeast Facebook page.

Most important: “Like” us so you can get information about upcoming events as well as photos from previous events. And thanks for being our Facebook friend.

## Medical Staff Officers and Chairs

**D**r. Anil Dara has been installed as 2011-12 chief of staff at Memorial Hermann

Northeast. Dr. Howard Hamat is chief of staff-elect and will assume his position on January 1, 2013. Officers and chairs of the 2011 Memorial Hermann Northeast



Medical Staff include:

- Anthony Hanson, MD, Medicine Department chair
- Richard Baltz, MD, Member at Large
- Malcolm Bremer, Secretary/Treasurer
- Turuvekere Jayaram, Member at Large
- Christopher Langan, MD, Emergency Medicine
- Jesus Saenz/Walid Adham, MD, Radiology Department chair
- Paul Sims, MD, Anesthesiology Department chair
- Miles Mahan, MD, Ob/Gyn/Pedi Department chair
- Masha Mossadegh, MD, Surgery Department chair

## Clinical Integration News . . . continued from p. 1

contract that provided the bonus ran until the end of June.

That contract requires several months to finish paying out all the claims from the fiscal year so that the overall savings pool can be finalized.

Once that amount was determined, we contacted the qualifying physicians to verify how they would like to receive their shares. The qualifications for future bonuses will be determined by the MHMD board based upon future contract deadlines.

### Why do we report our Quality Performance Measures (QPMs)?

One of the core principles of Clinical Integration is measuring and improving the quality of care our physicians deliver.

Sometimes it is simply a matter of educating office or billing staff on how to document the quality care being delivered but sometimes our field teams need to work with your office staff to implement new checklists or forms to address medical conditions or screenings that were not being done.

For our eClinicalWorks physicians, we worked to build the reminder screens that appear as part of the care workflow to remind the caregivers to document their quality in a way that seamlessly passes to our data repository.

### 2011 bonus requirements

Each year the bonus requirements for CI participants are determined by the MHMD board of directors.

One expected component again this year will be the completion of required CME courses.

As part of MHMD's efforts to provide meaningful CME programs, MHMD is producing CMEs on these topics:

- Accountable Care Organizations
- Patient-Centered Medical Homes
- Observation Services
- Physician Compacts
- Ambulatory Meaningful Use

The CMEs will be available online at PhysicianLINK.org before the end of the year. Watch for further communication regarding updated bonus requirements for 2011.

### Establishing meaningful use to qualify for ARRA dollars

The American Recovery and Reinvestment Act (ARRA) incentive program enables physicians who deploy EMRs to recover part or all of their investment up to \$44,000 if they meet the requirements of establishing and documenting “Meaningful Use.”

MHMD can assist physicians in understanding and meeting the meaningful use incentive requirements when they deploy MHMD's EMR solution using eClinicalWorks.

Based on the Electronic Health Record Incentive Program Final Rule, released on July 13, 2010, meeting Meaningful Use (MU) Stage 1 Criteria involves the following:

- Having an MU Quality Reporting module that will be certified to support the core set objective of reporting clinical quality measures.
- Implementing one clinical decision support rule related to a high-priority condition along with the ability to track compliance with that rule.
- Generating lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach.
- Providing clinical summaries for patients for each office visit and providing patients with an electronic copy of their health information upon request.
- Using certified EMR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.

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# MHMD Board Announces 2011 CI Bonus Requirements

**A**s MHMD continues building on the success of the first year of its Clinical Integration (CI) Program, MHMD leaders are delighted that so many CI physicians met the full 2010 eligibility requirements and received bonus checks in excess of \$5,500. All MHMD CI physicians are encouraged to review the new 2011 requirements so they can become eligible for the 2011 MHMD CI Bonus.

The bonus requirements for 2011 were determined by the MHMD board. Each MHMD Clinical Integration physician was mailed a letter outlining the new requirements along with his/her specialty specific (PQRI) quality measures. In addition to being presented at various campus physician meetings, this information was also faxed to CI physicians and is posted in the CI section on PhysicianLINK.org. To qualify for 100 percent of the 2011 bonus, all requirements must be met.

- **The first 2011 bonus requirement pertains to self-reporting of quality measures.** Each specialty CPC has approved nationally recognized quality measures that were adopted by the MHMD board. These measures are reported by submitting claims data from your practice to Crimson, the MHMD physician reporting data repository. For 2011, ALL claims data must be submitted from your practice to MHMD. The appropriate quality measures must be reported for 50 percent or more of your eligible patients.
- **The second requirement is completion of all of the online CME modules designated by the MHMD Board.** “Completion of the modules ensures our physicians will have a keen understanding of what’s expected of each practice as we continue to advance in our journey to becoming an Accountable Care Organization, as well as how to comply with evolving government regulations and changes in reimbursement,” says Chris Lloyd, MHMD CEO. “Completing the online courses qualifies physicians for both CME and ethics credit.”
- **The third requirement involves the use of MHMD-approved Admission Order Sets.** The requirement stipulates that MHMD-approved Admission Order Sets be used at least 60 percent of the time by the CI physicians at your designated Memorial Hermann hospital when the admitting diagnosis is one of these seven conditions: Community-acquired Pneumonia, COPD, Chest Pain, Heart Failure, Upper GI Bleeding, Lower GI Bleeding or Sepsis.

“Regular reports will be sent to each campus, documenting the percentage of Admission Order Sets being used by CI physicians,” says Shawn Griffin, M.D., MHMD chief quality & informatics officer. “CI physicians can view the monthly Order Set usage report and see the scores for your hospital on PhysicianLINK.”

To make it simpler for CI physicians to meet the 2011 bonus requirements, all the information, PQRI measures, Order Sets and CME courses physicians need to qualify for the 2011 bonus are available online at PhysicianLINK in the Clinical Integration section of the upper left corner. “The MHMD Provider Representatives and CI Specialists also are available to provide any assistance you may need in understanding or meeting your requirements,” adds Dr. Griffin.

**In addition, MHMD CI physicians will be expected to attend at least one MHMD meeting during the year.** “We have already scheduled these meetings that will be held at or nearby the hospitals beginning April 7,” says Robert Blakely, M.D., MHMD CMO. “The meetings will provide an excellent opportunity to learn more about the 2011 CI Bonus Eligibility Requirements as well as MHMD’s CI strategy and vision for our organization in response to healthcare reform and beyond. Meeting invitations will be distributed soon.”

## Clinical Integration News

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Because it is a certified solution, eClinicalWorks offers all of the MU capabilities described above with features that are built in. eClinicalWorks is committed to ensuring that physicians who implement their solution have the capabilities they need to establish Meaningful Use and qualify for government EMR reimbursement, and MHMD is committed to helping you get there!

To learn more, contact physicianEMRsolutions@memorialhermann.org or call 713.448.6428.

### Good News!

- 64 bonus checks were distributed at Memorial Hermann Northeast totaling \$247,215.
- System-wide, 2,026 CI physicians qualified for the bonus.
- Total physician bonus: Nearly \$5 million

### Our MHMD Provider Relations

Representative is Lauren Sodolak  
713.448.4043

lauren.sodolak@memorialhermann.org

### The Northeast Campus Mandatory Meeting

Monday, April 18,  
12:30 pm

Doctors Dining Room

We invite you to attend  
**2011 State of the System and  
Strategic Vision CME**  
Featuring Memorial Hermann President  
& CEO Dan Wolterman  
**Tuesday, May 10, 2011**  
Amedeo's Restaurant  
Loop 494 in Kingwood

5 pm Networking and hors d'oeuvres  
6 pm Quarterly Meeting  
and Presentation with Memorial Hermann  
President & CEO Dan Wolterman followed  
by Q&A

R.S.V.P. by May 6 · 281.913-3476  
Attendance entitles attendees to a  
maximum of 1 AMA PRA Category 1 Credit.



## Mock “Code Heart” Drills

Now that our application for re-accreditation as a Chest Pain Center has been submitted, we continue to hold “Mock Code Heart” drills on the patient units. Staff will be asked questions based on the information printed last week in “Daily Huddle.” We expect an accreditation visit April 18-19. We are asking for continued recognition as a chest pain center and for recognition of our Cardiac Cath Lab as a center for immediate cardiac intervention.

## Congratulations are in order for . . .

- **Our Facilities Team.** Thanks to their efforts, Memorial Hermann Northeast Hospital has earned the US Environmental Protection Agency’s prestigious Energy Star, the national symbol for protecting the environment through superior energy efficiency. This award signifies that the Northeast complex performs in the top 25 percent of similar facilities nationwide for energy efficiency. Way to go Deric Hebert and Facilities Team!
- **Team Lab.** Our Memorial Hermann Northeast Laboratory, as part of Memorial Hermann Laboratory Services, successfully passed an on-site inspection and, once again, is accredited by the College of American Pathologists. A total of 18 inspectors scrutinized Memorial Hermann’s 11 labs. The accreditation includes 3,319 checklist questions. Northeast had minimal deficiencies. Way to go Roseann Carlsen and Team Lab!
- **Dr. Guru Reddy.** Dr. Reddy was named president of the Harris County Medical Society. Dr. Reddy is a member of our medical staff, past chief-of-staff at Memorial Hermann Northeast Hospital, and assistant professor at Baylor College of Medicine.

## Did you see the Shell PGA ad Featuring our Campus?

Memorial Hermann Northeast and our Southwest Tower entrance was featured briefly on a 30-second commercial featuring Shell Oil that appeared during the Shell Houston Open on the Golf Channel and on NBC television.

# Our Quarterly General Medical Staff Meeting

February 8

Guest Speaker – Dr Shawn Griffin,  
Chief Quality and Informatics Officer, MHMD



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## Medical Staff Meeting

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## Medicare News

### Medical Review Probe Findings

Pat Metzger

Memorial Hermann System Executive-Care Management

**T**exas has a 90 percent error rate for E/M codes because documentation in the physician record did not support medical necessity and service did not seem medically reasonable or necessary. In addition, when additional documentation was requested from the physician office, the requested documentation was not received.

With these high error rates, it would not be surprising to see a number of physician offices placed on 100 percent review.

This could produce a huge financial burden for physicians. Here is an excerpt from the probe audit findings. In the meantime, we will keep close watch on this.

#### Medical Review Probe Findings

The following issues were identified when evaluating medical documentation submitted for these review:

- ▲ Documentation did not support Medicare's requirements for the Evaluation and Management (E/M) service to be considered medically reasonable and necessary:
  - Inappropriate billing of an E/M service when only providing a non-covered service (e.g., acupuncture).
  - The chief complaint was absent, ambiguous or not addressed in the history, exam or Medical Decision-Making (MDM).
  - The chief complaint indicated the reason for the encounter was for administration of a medication, to have labs drawn or to receive the results for labs. None of these situations requires an E/M service.
  - In the absence of an acute problem, the frequency of E/M services billed per beneficiary for CPT codes 99212-99215 exceeded documented needs for management of stable, chronic conditions.
  - Documentation for the patient encounter did not provide a complete picture of the patient evaluation and management over time or the nature of the presenting problem.
  - Documentation of an exam was absent from the patient's medical record.
  - Documentation of MDM was absent from the patient's medical record.
  - The requested documentation was not received.
- ▲ The documentation did not support the use of the 25 modifier (no significant, separately identifiable E/M service was documented):
  - Documentation did not support a separate or any E/M services rendered.
  - Inappropriate billing of E/M services with physician attendance and supervision of hyperbaric therapy, intravenous infusions and various physical therapy services.

Services were recoded for one of the following reasons:

- ▲ The documentation did not support the level of E/M service billed:
  - The level of service exceeded the patient's documented needs.
  - History and examination components were excessive for the patient's presenting problem.
  - The History of Present Illness (HPI) was absent, insufficient (e.g., no Review of Systems (ROS) (or no Past, Family and Social History (PFSH)) or did not clearly define the patient's presenting problem.
  - The frequency of E/M services provided, considering the beneficiary claims history, made the utilization of CPT codes 99214 and 99215 inappropriate for the documented needs of the patient.
  - Documentation did not include the performance of a physical exam.

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## Chief Medical Officer Salutes Safety Coaches



**M**ichael Shabot (center), chief medical officer at Memorial Hermann, is surrounded by Memorial Hermann Northeast's patient safety coaches. Dr. Shabot recently recognized Memorial Hermann Northeast Hospital's patient safety coaches at a special breakfast during Patient Safety Week. Dr. Shabot paid tribute to the safety coaches for helping their co-workers on safety issues and taking the lead in preventing errors. "They are role models who inspire their co-workers to create a culture of safety for our patients," he said. With Dr. Shabot in honoring the safety coaches was Memorial Hermann Northeast CEO Louis Smith (far left).

## Medicare News . . . continued from p. 5

### Guidelines Available

Understanding and adhering to Medicare guidelines regarding coverage and documentation requirements associated with billing established office visits will ensure accurate payment. Several of these guidelines are listed below.

Coverage and documentation requirements as well as links to CMS Web site are available on the Evaluation and Management Services Web page.

In conclusion, Medicare expects providers who bill these services to:

- ▲ Bill an E/M service only when the service meets medical necessity requirements and document sufficiently to support the medical necessity of the E/M service billed. Medicare determines "medically reasonable and necessary" separately from determining the work described by a reported CPT code performed. The patient's condition (severity, acuity, number of problems, etc.) is the key factor in determining medical necessity for Medicare payment for services.
- ▲ Bill the level of E/M service appropriate to treat the patient's presenting problems. Documentation of E/M services billed for Medicare payment must ensure the patient's clinical condition and reason for the service are documented in enough detail for a reasonable observer to understand the patient's need and the practitioner's thought process. The E/M code billed must reflect patient's needs, work performed and medical necessity. Though an E/M service may code to a high level based on the documentation of key component work, it is inappropriate to request Medicare payment when the patient's effective management does not require the code's work.
- ▲ Medicare generally expects to see E/M services billed every three months for patients with chronic stable conditions.
- ▲ Comply with the requirements for use of the 25 modifier. Modifier 25 is used when a significant, separately identifiable E/M service is performed by the same physician on the same day as a procedure or other service. The E/M service must meet the following criteria:

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## Susan Curling MD, Deandrea Hawkins Named Memorial Hermann Northeast Hospital Physician & Employee of the Year

**S**usan Curling, M.D. and Deandrea Hawkins have been honored by Memorial Hermann Northeast Hospital.

Susan Curling, M.D. was selected as Memorial Hermann Northeast Hospital's 2010 Physician of the Year. Deandrea Hawkins was named Memorial Hermann Northeast Hospital's 2010 Employee of the Year.

Dr. Curling is a board-certified anesthesiologist who has practiced on the Memorial Hermann Northeast Hospital campus since 1998. Ms. Hawkins is a coordinator in the Patient Access Department at Memorial Hermann Northeast Hospital. She coordinates her department's education and training as well as assisting with staffing coverage, payroll and management support.

Dr. Curling and Ms. Hawkins were both nominated by Memorial Hermann Northeast employees and selected by a committee of their peers. To qualify, both Dr. Curling and Hawkins must be exemplary and personify the Memorial Hermann culture. They must go above and beyond to create exceptional experiences for patients. They must exemplify the Memorial Hermann behaviors – accountability, innovation, collaboration, compassion, competency and respect, and the Memorial Hermann Operating principles – patient-centered, evidence driven, measurable excellence, operational discipline and systemness.

Dr. Curling was nominated for the leadership she has shown as a leader in the anesthesiology department at Memorial Hermann Northeast as well as for her leadership as the Hospital's Chief of Staff for the last two years.



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## Physician & Employee of the Year . . . continued from p. 6

“Her term as Chief of Staff included many advances,” according to her nomination form. “Under her leadership, the Hospital was named the Quality Gold Circle award winner in 2009 and the Press Ganey Top Improver winner in 2010, and her leadership contributed significantly to advances in the Hospital’s quality, customer satisfaction and growth.”



Ms. Hawkins has “...displayed many innovative ideas in scheduling patients, setting up timely pre-registration and making patient access to Hospital services a seamless process,” according to her nomination form. “She interacts with her patients and staff with natural charm and charisma and conveys a willingness to help others.”

## Medicare News

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- Must have been performed and documented according to CPT code requirements and statutes concerning coverage and payment/
- Must be coded according to its medical necessity and documented CPOT physician work.
- Must be a separately identifiable service provided on the same day, on the same patient and by the same practitioner as a therapeutic medical/surgical and /or diagnostic medical/service procedure with either a zero- or 10-day global period. The E/M service may result in the decision to perform a zero- or 10-day global procedure when the need to perform the procedure was not planned, was not foreseeable and the condition for which the procedure was necessary could not have been determined to exist without having performed the E/M service (ie, new problem or new, previously undisclosed event related to a known problem).
- Must not have resulted in a decision to perform a major operative procedure (surgery).
- Must be a significant service above and beyond the usual preoperative and postoperative work/care required by the therapeutic or diagnostic service also performed.



*Celebrating Memorial Hermann Northeast’s three-year re-approval from the Commission on Cancer are (from left) - Gayle Bratsakis of the Cancer Program; Surgeon Jose Ortega, MD; Raelynn Munsinger, RN of Breast Services; Lynn Whitehair, Cancer Services administrator; Lisa Daniel, Breast Services manager; Jennifer Webb-Goetz and Toni Shau, RN of the Cancer Program; Linda Stephens, RN, chief nursing officer; Linda Wuest, RN of the Cancer Program; Radiation Oncologist Neelofur Ahmad, MD; Glenda Scott, RN, clinical coordinator; Radiologist David Moeller, MD; Pathologist Kathy Lamprecht, MD; Otolaryngologist Sally Shu, MD; and Medical Oncologist Richard Baltz, MD. The Cancer Program has been accredited continuously since it was first eligible in 1993.*

## Memorial Hermann Northeast Cancer Program Re-Accredited by Commission on Cancer

**M**emorial Hermann Northeast Hospital has been granted accreditation with three-year commendation by the Commission on Cancer (CoC) of the American College of Surgeons.

The Memorial Hermann Cancer Center Northeast was established in 1989 and has been accredited continuously by the CoC since it was first eligible in 1992 making it the premier cancer facility in the area.

In order to receive accreditation, the Memorial Hermann Northeast’s Cancer Program must meet standards for quality, multidisciplinary cancer patient care and complying with 36 Commission on Cancer standards.

The Cancer Program received the re-accreditation following an on-site evaluation.

The Commission on Cancer was established by the American College of Surgeons in 1922 and is a consortium of professional organizations dedicated to improving survival rates and quality of life for cancer patients. Currently, only one in four hospitals has earned accreditation and accreditation is given only to those facilities who commit to providing the highest level of quality cancer care and are willing to undergo a rigorous evaluation process and review of their performance. Cancer programs must undergo an on-site review every three years.

In order to receive accreditation, the cancer program at Memorial Hermann Northeast must provide:

- Comprehensive care including a range of state-of-the-art services and equipment
- Multi-specialty team approach to coordinate the best treatment options
- Information about ongoing clinical trials and new treatment options
- Access to cancer-related information, education and support
- Cancer registry that collects data on type and stage of cancers and treatment results and offers lifelong patient follow-up
- Ongoing monitoring and improvement of care
- Quality care close to home

Memorial Hermann Cancer Center Northeast offers a comprehensive program of radiation therapy customized to each patient’s diagnosis and health. Lynn Whitehair is Regional Director and Cancer Services Administrator. Radiation Oncologists Neelofur Ahmad, MD and Majid Mohiuddin, MD provide medical direction.

# Memorial Hermann Northeast Hospital Designated Texas Ten Step Facility

*Celebrating their official designation as a Texas Ten Step Hospital are these nurses from Memorial Hermann Northeast's Women's Center (from left) Paula Nabors, R.N., Jody Roberts, R.N., Eva Nebrida, R.N., Kina Wright, R.N., Kerry Pennington, R.N., Dawn Gaare, R.N., and Eva Nebrida, R.N.*



**M**emorial Hermann Northeast Hospital has been designated a 2011 Texas Ten Step Facility by the Department of State Health Services and the Texas Hospital Association. This annual designation is awarded to birthing facilities that provide evidence-based care to improve breastfeeding outcomes.

“We have worked very hard to earn the Texas Ten Step designation,” said Kina Wright, R.N., director of Women’s Services at the hospital. “We are proud to be a member of these select Texas facilities that promote healthy outcomes for our newest Texans.”

The Texas Medical Association officially endorsed the Texas Ten Step Program in 2009 to encourage hospitals to create an environment that supports the breastfeeding mother. Health professionals agree that breastfeeding is the first step toward a healthy life. Memorial Hermann Northeast Hospital is

providing an environment that creates positive outcomes for breastfeeding families.

Memorial Hermann Northeast Hospital has implemented policies to support new mothers before, during and after delivery. These practices will help the facility increase the percentage of mothers that reach their breastfeeding goals and are an essential step toward meeting the Healthy People 2020 Breastfeeding Objectives.

Among the policies that a facility must maintain to acquire the Texas Ten Step designation are:

- Having trained staff available to assist breastfeeding mothers.
- Keeping mom and baby together during the hospital stay.
- Providing resources for continued care after discharge.

## Employees Complete “Basic Training” for Medical Interpreters

Patient Relations Coordinator, Orlando Reyes, is proud to announce the following Memorial Hermann Northeast English/Spanish speakers have successfully completed basic training for medical interpreters.

- Oneyda Argueta, MS3
- Alma Bredeson, Patient Access
- Luis Escudero, Cardiopulmonary
- Margarita Esquivel, Telemetry
- Marisol Garcia, Endoscopy
- Antonio Godinez, Food and Nutrition
- Elissa Guardiania, Education MS4
- Rebecca Harper, Health Care Improvement
- Karla Lopez-Juarez, MS4
- Lissette Munoz, Patient Access
- Erika Madariaga, EVS
- Melba Nelson, MS4
- Margina Orta, Patient Access
- Kenia Perez, Radiology
- Dinorah Porratadoria, OR
- Rebecca Pradhan, Surgery
- Marisol Rivas, IMCU
- Lisa Sanchez, Radiology
- Vanessa Tay, SCU
- Maria L. Valencia, Cardiopulmonary
- Gregg Wong, Radiology

## We now have a Complete Education Team

Here is the list of educators and their areas of concentration:

Educator	Areas of Concentration
Charisse Adams	SCU & Oncology
Josilyn Himes	ICU & IMCU
Karla Juarez-Lopez	MS2 & MS4 (Stroke Certification Education)
Steve Kolar - PRN	ACLS & BLS Instructor
Michelle Peck - Central Education	Pathways to Excellence Team Lead; PBDS Coordinator; Orientation Programs; Unlicensed Staff & Support Department Education
Keri Pennington	Women’s Services
Carmel Pound	Surgical Services, Cath Lab, Endoscopy, Student Placement and TNA Provider Program
Jennifer Ramirez	Emergency Department
Derek Williamson	Wound Care, Ostomy & Diabetes Education