



The Gift of Compassion and Forgiveness, and a Friend’s Perspective of Living Through PTSD

*Dr. Kathleen Cowling
Covenant HealthCare Chief of Staff*

As we look toward 2023 and everything joyous about the holiday season, I hope all of you are feeling optimistic despite tough fiscal times, and that every day is a little brighter. Together, we survived the pandemic and can now take a deep breath.

Unfortunately, for a good number of people, moving on isn’t that easy – which is what I want to discuss in this edition of *The Covenant Chart*. I want to compliment everyone for their dedication as healthcare providers while recognizing the sometimes-hidden emotional cost too. This is best captured in the words of a friend¹, who has kindly shared their struggle with mental health below.

Even though the viral pandemic may be ending, society’s battle with mental health is still surging – and has been for quite a while as the world gets more complex. For some it is always lurking underneath a brave face, while for others it is manifested in a nightly news report – from horrific mass casualty incidents to controversial political topics to ongoing pandemic fears. Regardless, it is on all of us to help anyone, anytime and anywhere get the support that they need.

It is imperative that we show compassion and understanding to those around us, as we may not know the struggles they are experiencing personally. So be extra forgiving to yourself and others as a big gift to us all. By doing so, you will make the world a kinder, better place.

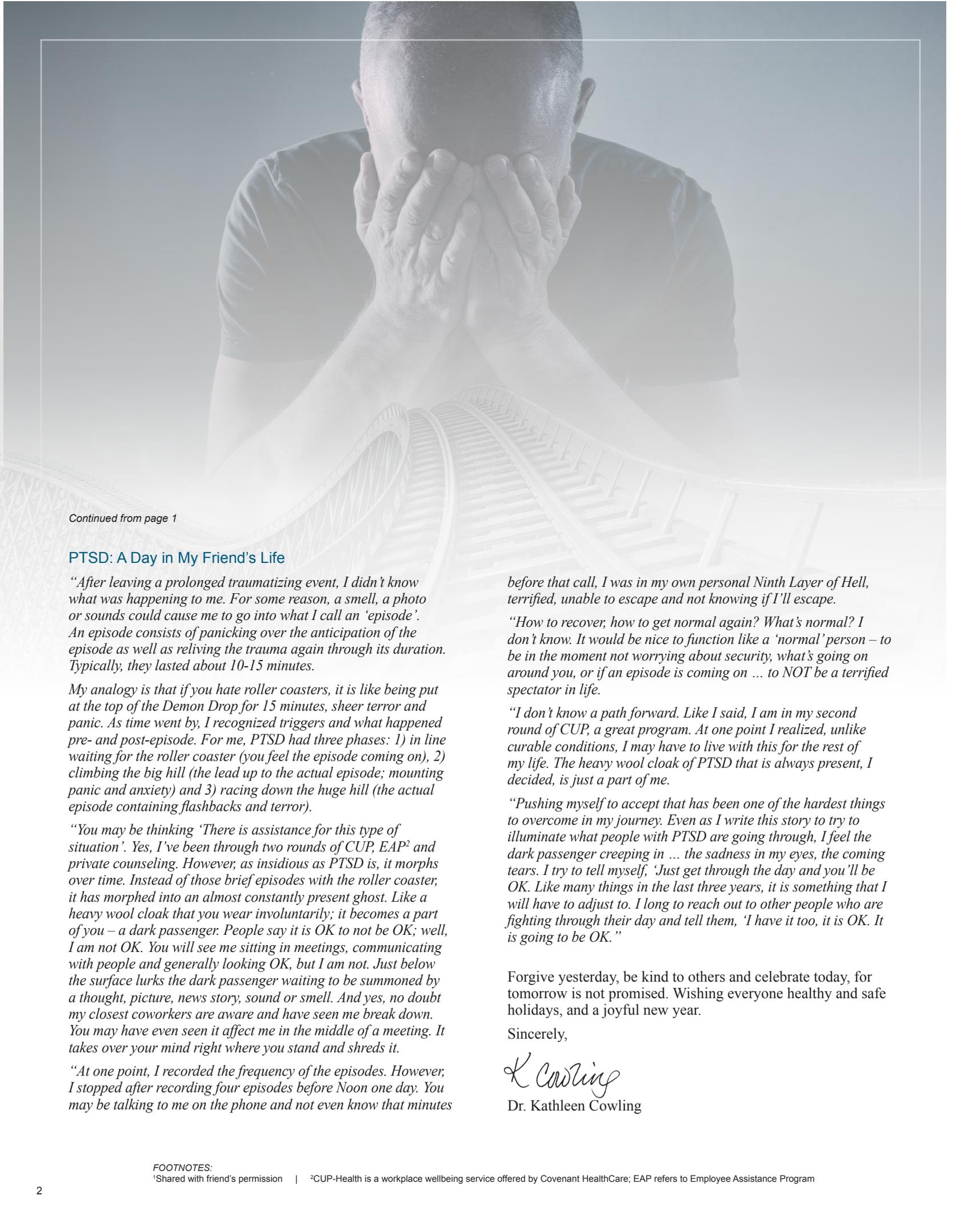
Friend’s Perspective continued on page 2

To effectively communicate, we must realize that we are all different in the way we perceive the world and use this understanding as a guide to our communication with others.

**Tony Robbins,
Life Coach**

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PTSD: A Day in My Friend's Life

"After leaving a prolonged traumatizing event, I didn't know what was happening to me. For some reason, a smell, a photo or sounds could cause me to go into what I call an 'episode'. An episode consists of panicking over the anticipation of the episode as well as reliving the trauma again through its duration. Typically, they lasted about 10-15 minutes.

My analogy is that if you hate roller coasters, it is like being put at the top of the Demon Drop for 15 minutes, sheer terror and panic. As time went by, I recognized triggers and what happened pre- and post-episode. For me, PTSD had three phases: 1) in line waiting for the roller coaster (you feel the episode coming on), 2) climbing the big hill (the lead up to the actual episode; mounting panic and anxiety) and 3) racing down the huge hill (the actual episode containing flashbacks and terror).

"You may be thinking 'There is assistance for this type of situation'. Yes, I've been through two rounds of CUP, EAP² and private counseling. However, as insidious as PTSD is, it morphs over time. Instead of those brief episodes with the roller coaster, it has morphed into an almost constantly present ghost. Like a heavy wool cloak that you wear involuntarily; it becomes a part of you – a dark passenger. People say it is OK to not be OK; well, I am not OK. You will see me sitting in meetings, communicating with people and generally looking OK, but I am not. Just below the surface lurks the dark passenger waiting to be summoned by a thought, picture, news story, sound or smell. And yes, no doubt my closest coworkers are aware and have seen me break down. You may have even seen it affect me in the middle of a meeting. It takes over your mind right where you stand and shreds it.

"At one point, I recorded the frequency of the episodes. However, I stopped after recording four episodes before Noon one day. You may be talking to me on the phone and not even know that minutes

before that call, I was in my own personal Ninth Layer of Hell, terrified, unable to escape and not knowing if I'll escape.

"How to recover, how to get normal again? What's normal? I don't know. It would be nice to function like a 'normal' person – to be in the moment not worrying about security, what's going on around you, or if an episode is coming on ... to NOT be a terrified spectator in life.

"I don't know a path forward. Like I said, I am in my second round of CUP, a great program. At one point I realized, unlike curable conditions, I may have to live with this for the rest of my life. The heavy wool cloak of PTSD that is always present, I decided, is just a part of me.

"Pushing myself to accept that has been one of the hardest things to overcome in my journey. Even as I write this story to try to illuminate what people with PTSD are going through, I feel the dark passenger creeping in ... the sadness in my eyes, the coming tears. I try to tell myself, 'Just get through the day and you'll be OK. Like many things in the last three years, it is something that I will have to adjust to. I long to reach out to other people who are fighting through their day and tell them, 'I have it too, it is OK. It is going to be OK.'"

Forgive yesterday, be kind to others and celebrate today, for tomorrow is not promised. Wishing everyone healthy and safe holidays, and a joyful new year.

Sincerely,



Dr. Kathleen Cowling

FOOTNOTES:

¹Shared with friend's permission | ²CUP-Health is a workplace wellbeing service offered by Covenant HealthCare; EAP refers to Employee Assistance Program



New Report on Preterm Viability Shows Improved Survival at 22-26 Weeks

Dr. Martin Nwankwo, Neonatology

The limits of viability have been evolving constantly in the United States, decreasing by 1-2 weeks every decade since 1964. Advances in perinatal medicine have increased survival after preterm birth, resulting in almost universal improvements in survival rates by 2019. However, management of the most extremely preterm births, those occurring before 25 weeks, remains controversial yet encouraging for many cases.

Preterm Birth Guidelines and Studies

To facilitate decision-making among clinicians, many countries have issued national guidelines for the care of preterm births in the perivable age. In 2019, the British Association of Perinatal Medicine (BAPM) defined a framework for management based on the risk of infant death and/or survival with severe impairment. Such a framework requires actual knowledge of local rates of survival and adverse long-term outcomes. These rates vary between and within the countries and change over time.

In a JAMA article (January 2022) Bell et al. reported outcomes for infants born at 22-26 weeks gestation in 19 academic centers within the National Institute of Child Health and Human Development Neonatal Research Network. Key findings include:

- Survival among extremely preterm infants (between 22-26 weeks) increased significantly over time, reaching 78% in 2018, but of those who survived to their two-year follow-up assessment, 21% experienced severe neurodevelopmental impairment (NDI) and nearly 50% had been rehospitalized.
- Survival without NDI varied from 17.8% at 22 weeks to 70% at 26 weeks for infants who were actively treated.
- Importantly at 22 weeks gestation, only 10.9% survived to discharge overall, whereas for those who were actively treated 30% survived.

Preterm Care Recommendations

In the risk-based framework proposed by the BAPM, it was recommended that for extremely high-risk infants (>90% risk of death or severe impairment if actively treated) palliative care is appropriate. For infants at high risk of poor outcome (50-90% risk) the decision to proceed with palliative care or active management should be based on the wishes of the parents.

Specialized capabilities may improve outcomes too. For example, at the University of Iowa where a small-baby protocol was developed with a dedicated small-baby unit, survival at 22 weeks gestation reached 64% for babies admitted to the NICU.

In the above-mentioned report by Bell et al., of 29 infants born at 22 weeks gestation and evaluated for NDI at 2 years of age, 48% had no or mild NDI. Moreover, among infants born at 22, 23 and 24 weeks gestation, statistically significant differences were not found for mean cognitive, language and motor scores at 2 years. Bottom line: While less likely to survive at 22 weeks, for those who survive, the outcome is not much different than those who survive at 24 weeks.

Active Management Protocols

These results have encouraged various hospitals, including Covenant HealthCare, to offer active management to infants born at 22-24 weeks gestation usually considered the perivable age. The decision to proceed with active management is based on many factors and made in conjunction with the family, the obstetrician team, maternal fetal medicine and neonatology.

Since there are no prognostic indicators at birth that can accurately predict severe impairment later in life, a recommendation to proceed with active management is reasonable unless treatment can be considered futile with a high degree of certainty (>90%). Parents are always informed that should the infant's condition deteriorate, they have the option to withdraw life support and redirect to palliative care.

The Covenant experience has been encouraging. From 2018-2020, it admitted 25 infants at less than 24 weeks gestation with overall survival to discharge of about 45%.

We firmly believe that over time and given better resources and continued medical advances, outcomes will only get better.

For more information, contact Dr. Nwankwo at martin.nwankwo@pediatrix.com or 989.583.0000.

From 2018-2020, Covenant admitted
25 infants at less than 24 weeks
gestation with overall survival
to discharge of about 45%.





e-Tools Update Part 2: Driving Up Quality and Satisfaction

Dr. Aaron Smith, Chief Medical Informatics Officer and Frank Fear, Vice President and Chief Information Officer

The September edition of The Covenant Chart included Part 1 of an e-tools update covering improvements in efficiency and communications. Below is Part 2 of that update, highlighting e-tools that are focused on improving quality and information accuracy. You will find a summary of the e-Smart Problem List Clean-up app, Best Practice Advisory (BPA) optimization, Drug/Disease alerts and a prescription benefits tool.

e-Smart Problem List Clean-up App

As discussed in Part 1, a concise, accurate patient problem list enables healthcare providers to efficiently review patient charts and direct appropriate clinical decision support. When providers enter a patient's medical record, the IMO Problem List application analyzes the electronic medical record (EMR) to identify potentially duplicative items or those that have likely resolved (see Image 1). Once identified, a BPA will alert providers of the opportunity to update and improve the existing problem list.

The e-Smart app will present opportunities to edit the list based on duplicative diagnosis or those that have likely resolved (see Image 2). The provider has ability to accept the recommendations all at once, or individually at your preference. This curated list will improve future efficiency and drive quality clinical decision support.

BPA Optimization

As a result of intense dives into Epic's new data models, and incredible collaboration from end users, leadership and IT, Covenant HealthCare is making significant strides in reducing time spent on ineffective BPAs. It has optimized dozens of BPAs and removed several BPAs that were no longer needed or effective – saving healthcare providers time and frustration. See Image 3.

Furthermore, by reducing unnecessary BPA interruptions, Covenant is seeing a steady increase in BPA alert responses. This puts Covenant in the top 25% for BPA response across Epic globally, and in the top 10% in its response to interruptive BPAs (see Image 4).

The ultimate goal is to deliver timely, accurate clinical decision support that better equips providers to care for patients. Provider feedback on BPAs allows this continual improvement. The next time you encounter a BPA that does not help you improve care, please send feedback. This can be easily accomplished by using the thumbs up/thumbs down icon in the upper right corner of the alert (see Image 5).

e-Tools Update continued on pages 6 and 7

IMAGE 1: Responding to Problem List Alerts

BestPractice Advisory - [REDACTED]

⚠ Possible duplicate or outdated problems identified
Click hyperlink below to review and reconcile the problem list.

[IMO Core eSmart](#)

Acknowledge Reason _____
Cleanup Completed

IMAGE 2: Cleaning Up Problem Lists

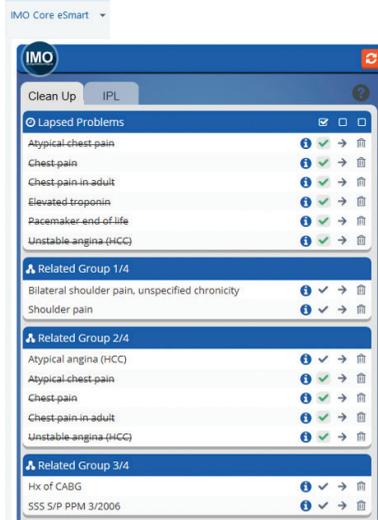


IMAGE 3: Optimizing BPA Alerts

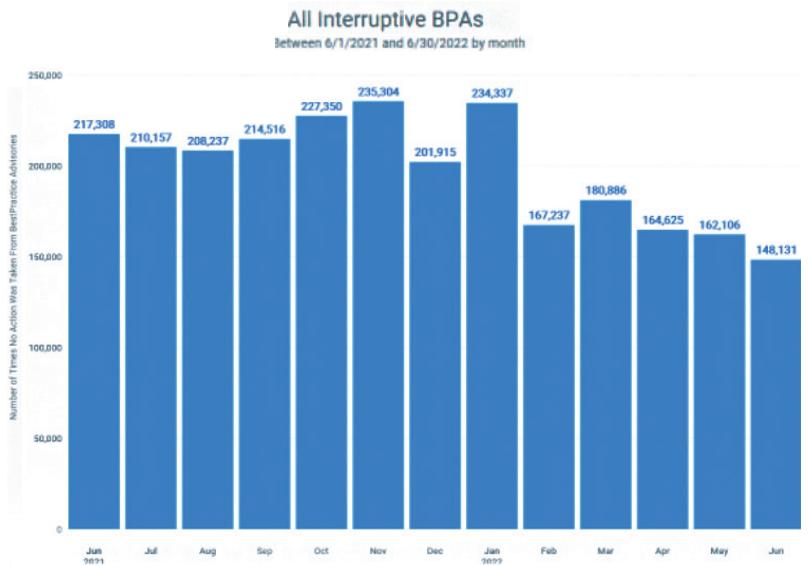


IMAGE 4: Achieving Top Quartile BPA Performance

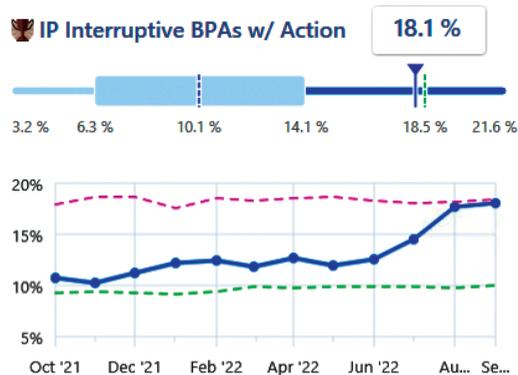
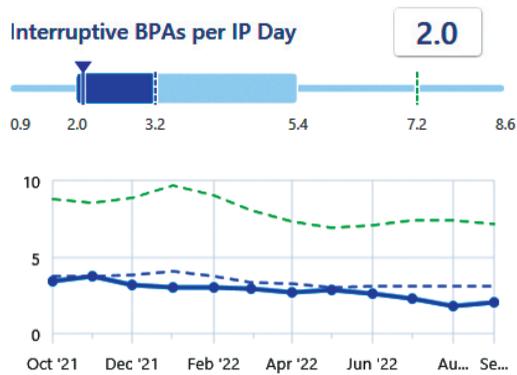


IMAGE 5: Providing BPA Feedback

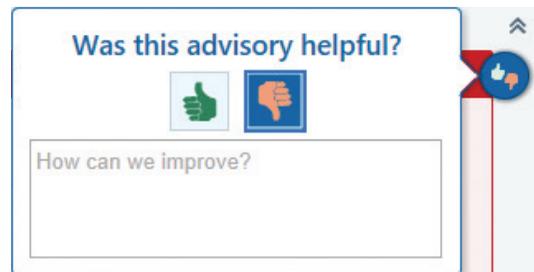
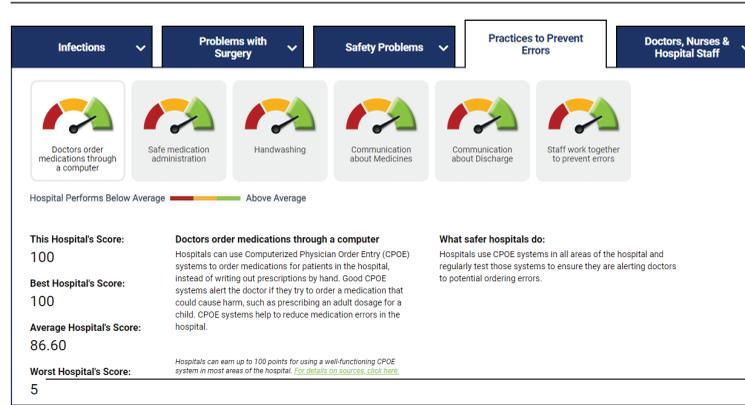


IMAGE 6: Leapfrog Performance Scores on Clinical Decision Support



Drug-Disease Alerts

Drug-Disease alerts are decision support tools that call attention to potential issues with a patient’s medications before those medications are administered. They can warn clinicians when a medication might interact with other information documented in a patient’s chart, such as other medications, allergies, diagnoses, pregnancy or lactation status, or potential food and alcohol intake.

These alerts total in the millions across institutions per year, firing in the background of Epic but with filtering options to feature the most critical alerts. Consequently, at Covenant, the system displays only about 10,000 per year for Drug/Disease alerts and about 500 per year for Age/Sex alerts.

The goal is to continue to decrease alert fatigue along while increasing alert effectiveness. Using these tools support the Covenant goal to provide high-quality healthcare and maintain Leapfrog A ratings (see Image 6 for Covenant Leapfrog performance scores on clinical decision support).

Prescription Benefits Tool

The Real-Time Prescription Benefit Inquiry and Response queries a Pharmacy Benefit Manager (PBM) for a patient’s expected costs for a prescription based on their current pharmacy benefits when a clinician creates an order during an encounter. The Incoming Response files expected prescription costs, allowing clinicians to share and discuss this information with patients share before finalizing the order (see Image 7).

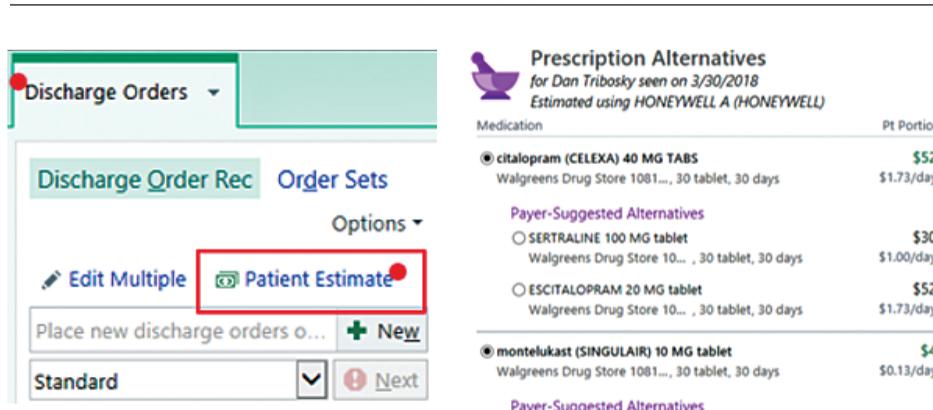
Summary

Having the right tools to improve information accuracy and deliver high-quality care in a more efficient and effective manner not only improves patient outcomes and satisfaction, but also the satisfaction of healthcare providers too. Please engage with all the e-Tools that are being made available to you now and in the future – and if you need more training, please call 989.583.6014 to place a ticket for training request.

The power of these e-tools is truly greater when everyone participates, allowing you and your colleagues to make the most of your time and effort, while delivering extraordinary care for every generation.

For more information, please contact Dr. Smith at 989.583.6256 or aaron.smith@chs-mi.com.

IMAGE 7: Proactively Managing Prescription Costs





More Than a Decade of Knowledge-Sharing Drives Extraordinary Care

Larry Daly, Director of Planning & Business Development

Thank You Authors and Readers!

The Covenant Chart, a physician-to-physician clinical publication, made its debut in early 2010 in response to provider feedback. Since then, nearly 470 articles from approximately 230 authors have been published in 52 editions over 13 full years. Now, however, we have decided to pause the publication and determine if a printed publication is the appropriate vehicle to share information among our medical staff, or if there are more efficient and effective methods.

The success of this publication is owed to the many talented authors who took the time to educate us all about a variety of critical and interesting topics – from new healthcare technologies, guidelines and protocols to disease updates and alerts. We thank you for sharing your knowledge and experience to keep colleagues informed. We also thank the entire editorial team behind this publication, including production, graphics, physician liaisons and writing support services.

We are very interested in your thoughts about the printed version of *The Covenant Chart* and your ideas on other ways you would like to receive informational and educational materials. Your feedback for future improvements is very important to us. When you can, please send your thoughts to Marcus Atkins at marcus.atkins@chs-mi.com, or give him a call at 989.583.4051.

Thank you again for taking precious moments to author and read articles that continue to drive extraordinary care for every generation.



The *Covenant Chart* is published four times a year. Send submissions to: Marcus Atkins, Physician Liaison, at marcus.atkins@chs-mi.com or call 989.284.2555 (cell) or 989.583.4051 (office).

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The Chart Spotlights

Congratulations Providers of the Month!

Your patients and colleagues are saying extraordinary things...



OCTOBER 2022

Ryan Murtha, Physician Assistant, Pulmonary & Critical Care

"Ryan always puts his patients first. He gets involved to make Covenant HealthCare even better."

"Ryan has been a great asset to our Pulmonary team. He's kind, caring and is always willing to help."

"I couldn't have asked for a better mentor than Ryan. Year later, I still consider him once of the finest Advance Practice Providers I have ever worked with."



NOVEMBER 2022

Christopher Murray, DO, Family Medicine

"Dr. Murray is an excellent doctor. He is thorough, knowledgeable and helpful. He has my complete trust."

"I appreciate being a patient of Dr. Murray. He is always thorough and understanding as he reviews my chart."

"Dr. Murray is the BEST doctor. He is a great asset to the entire community! His reputation is top notch."



DECEMBER 2022

Julie Ringley, MD, Family Medicine

"I was grateful for the help and service I received. God bless the staff and doctors for their care."

"Dr. Julie Ringley is the best kept secret at Mary Free Bed. She's one of the best doctors I ever had."

"The customer service, friendliness and professionalism of the doctor was great."