



DSHS GRAND ROUNDS

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Past Presentations – Spring 2012

- April 4 - The Impaired Health Professional
- April 11 - Health Informatics: Case Studies from the Digital World
- April 18 - A Perfect Storm: How Resistant Gonorrhea Will Exploit Our Patient Care Practices and the STD System
- April 25 - Violence in Texas Schools
- May 2 - Reducing Non-Medically Necessary Deliveries before 39 Weeks
- May 9 - Sexual Predators: Implications for State Hospital Services
- May 16 - Patient Safety: Reducing Danger in Healthcare

April 4

The Impaired Health Professional

Presenters:
William Nemeth, MD, Medical and Executive Director, Texas Physician Health Program; Michael Van Doren, MSN, RN, CARN, Program Director, Texas Peer Assistance Program for Nurses; Tanya Shan, PhD, SAP, Licensed Psychologist and EAP Clinical Manager, Deer Oaks EAP Services

The Impaired Health Professional

TRAIN Course ID: 1032155

Presenters: William Nemeth, MD, Medical and Executive Director, Texas Physician Health Program; Michael Van Doren, MSN, RN, CARN, Program Director, Texas Peer Assistance Program for Nurses; Tanya Shan, PhD, SAP, Licensed Psychologist and EAP Clinical Manager, Deer Oaks EAP Services

Description: An estimated 20% of healthcare professionals will misuse drugs/alcohol or suffer from untreated mental illness at some time during their career. Although the rates are similar to those of the general population, the prevalence is disturbing given that healthcare professionals are the caregivers responsible for the general health and well-being of their patients and clients. Please join Bill Nemeth, MD, Director, Texas Physicians Health Program; Mr. Michael Van Doren, MSN, RN, CARN, Director, Texas Peer Assistance Program for Nurses; and Tanya Shan, MD, Deer Oaks Employee Assistance Program for an intriguing discussion of the prevalence of impaired health professionals, the impact on patients and clients, tools to recognize impairment, evidence-based practices for intervention, and programs available to assist health professionals.

Continuing Education Credit Hours Type: 1.5 contact hours for Continuing Medical Education (CME); Continuing Nursing Education (CNE); Social Workers; Certified Health Education Specialists and/or Master Certified Health Education Specialists (MCHES); Registered Sanitarians; LCDC, LPC and Licensed Marriage and Family Therapists, and certificate of attendance. ***ETHICS credit to be awarded***

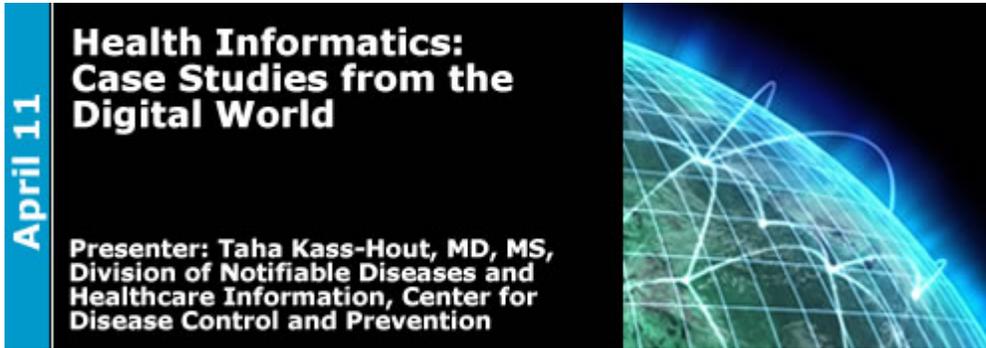
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Suggested resources:

To request a full-text copy of any of the articles below, please e-mail library@dshs.state.tx.us.

- 1) [Alcoholics anonymous effectiveness: faith meets science](#). Kaskutas LA. J Addict Dis. 2009;28(2):145-57.
- 2) A piece of my mind. The patient's patients. Redig AJ. JAMA. 2011 Jul 20;306(3):247-8.

3) Personal consequences of malpractice lawsuits on American surgeons. Balch CM, Oreskovich MR, Dyrbye LN, Colaiano JM, Satele DV, Sloan JA, Shanafelt TD. J Am Coll Surg. 2011 Nov;213(5):657-67.



Health Informatics: Case Studies from the Digital World

TRAIN Course ID: 1032078

Presenter: Taha Kass-Hout, MD, MS, Division of Notifiable Diseases and Healthcare Information, Centers for Disease Control and Prevention

Description: Through the use of intriguing case studies, Taha Kass-Hout, MD, MS, Director of the Division of Informatics Solutions and Operations at the Centers for Disease Control and Prevention (CDC) will present an overview of best practices in health informatics including historical highlights, terminology, social media applications, privacy and security issues, emerging technologies, references, and evaluation strategies. Dr. Kass-Hout has over 15 years of experience in health, public health, and informatics, and has led research and development initiatives, critical assessment of new and emerging health IT technologies, and development of new capabilities and solutions in health and public health for federal, state, commercial, and international health organizations. During the response to the 2003 SARS outbreak, Taha led the U.S. informatics and information task force at the US National Center for Infectious Diseases at the CDC.

Continuing Education Credit Hours Type: 1.5 contact hours for Continuing Medical Education (CME); Continuing Nursing Education (CNE); Social Workers; Certified Health Education Specialists and/or Master Certified Health Education Specialists (MCHES); Registered Sanitarians; and certificate of attendance.

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To request a full-text copy of any of the articles below, please e-mail library@dshs.state.tx.us.

- 1) [Administrative record linkage as a tool for public health research](#). Jutte DP, Roos LL, Brownell MD. Annu Rev Public Health. 2011 Apr 21;32:91-108.
- 2) A comparison of the completeness and timeliness of automated electronic laboratory reporting and spontaneous reporting of notifiable conditions. Overhage JM, Grannis S, McDonald CJ. AJP 2008;98:344-350.
- 3) Challenges to global surveillance and response to infectious disease outbreaks of international importance. Hitchcock P, et al. Biosecur Bioterror. 2007 Sep;5(3):206-27.
- 4) HealthMap: global infectious disease monitoring through automated classification and visualization of Internet media reports. Freifeld CC et.al. J Am Med Inform Assoc. 2008 Mar-Apr;15(2):150-7.
- 5) Information technology and global surveillance of cases of 2009 H1N1 influenza. Brownstein JS, et al. New England Journal of Medicine 2010;362(18):1731-1735.

April 18

A Perfect Storm: How Resistant Gonorrhea Will Exploit Our Patient Care Practices and the STD System

Presenters: Mark Thrun, MD, Denver Prevention Training Center; Mark Pandori, PhD, San Francisco Public Health Dept.; Ann Robbins, PhD, Texas Dept. of State Health Services



A Perfect Storm: How Resistant Gonorrhea Will Exploit Our Patient Care Practices and the STD System

TRAIN Course ID: 1032159

Presenters: Mark Thrun, MD, Denver Prevention Training Center; Mark Pandori, PhD, San Francisco Public Health Department; Ann Robbins, PhD, Texas Department of State Health Services

Description: The widespread use of antibiotics is playing a significant role in the emergence of resistant bacteria. A new editorial published in the *New England Journal of Medicine* highlights the considerable global public health threat of antibiotic-resistant gonorrhea in the United States, especially in the western part of the U.S. Additionally, the interaction between systems of care and new technologies can create a perfect storm of unintended consequences that only accelerate the problem. April is STD Awareness Month. This presentation will look at trends in gonorrhea antimicrobial resistance and the potential consequences of untreatable gonorrhea infection. Solutions to address the coming crisis will be presented within a socio-ecological context by examining implications for individuals, providers, communities and the larger health care system.

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Suggested resources:

To request a full-text copy of any of the articles below, please e-mail library@dshs.state.tx.us.

- 1) Antibiotic resistance in *Neisseria gonorrhoeae*: origin, evolution, and lessons learned for the future. Unemo M, Shafer WM. *Ann N Y Acad Sci*. 2011 Aug;1230:E19-28.
- 2) [Antibiotic-Resistant Gonorrhea](#). Centers for Disease Control and Prevention.
- 3) Antimicrobial resistance in sexually transmitted infections in the developed world: implications for rational treatment. Ison CA. *Curr Opin Infect Dis*. 2012 Feb;25(1):73-8.
- 4) The Emerging Threat of Untreatable Gonococcal Infection. Bolan GA, Sparling PF, Wasserheit JN. *N Engl J Med*. 2012 Feb 9;366(6):485-7
- 5) [Expedited Partner Therapy Fact Sheet](#). DSHS Publication No. E13-13176. Revised 7/2013.
- 6) [HIV/STD Partner Services: The Health Provider's Role](#). DSHS Stock No. 4-215. Revised 6/2011.
- 7) [Sexually Transmitted Diseases Treatment Guidelines](#), 2010. *MMWR Recomm Rep*. 2010 Dec 17;59(RR-12):1-110.

April 25

Violence in Texas Schools

Presenter: Curtis Marcel Clay, Associate Director, Texas School Safety Center, Texas State University



Violence in Texas Schools

TRAIN Course ID: 1032158

Presenter: Curtis Marcel Clay, Associate Director, Texas School Safety Center, Texas State University

Description: Attacks on individuals, gang activity, suicide, dating violence, and bullying are all types of violence in Texas schools. We are fortunate that Texas schools have not experienced tragedies like those at Columbine and Virginia Tech, but these horrific incidents are a warning that we need to be prepared. In collaboration with the Center for Elimination of Disproportionality and Disparities, this presentation will look at school violence in all its forms, the incidence, demographics, consequences and evidence-based practices for successful intervention.

Continuing Education Credit Hours Type: 1.5 contact hours for Continuing Medical Education (CME); Continuing Nursing Education (CNE); Social Workers; Certified Health Education Specialists and/or Master Certified Health Education Specialists (MCHES); Registered Sanitarians; LCDC, LPC, LMFT, and certificate of attendance

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To request a full-text copy of any of the articles below, please e-mail library@dshs.state.tx.us.

- 1) Elements for successful collaboration between K-8 school, community agency, and university partners: the lead peace partnership. Bosma LM, Sieving RE, Ericson A, Russ P, Cavender L, Bonine M. J Sch Health. 2010 Oct;80(10):501-7.
- 2) Examining the link between neighborhood context and parental messages to their adolescent children about violence. Lindstrom Johnson SR, Finigan NM, Bradshaw CP, Haynie DL, Cheng TL. J Adolesc Health. 2011 Jul;49(1):58-63.
- 3) Improving the school environment to reduce school violence: a review of the literature. Johnson SL. J Sch Health. 2009 Oct;79(10):451-65.
- 4) Influence of school-level variables on aggression and associated attitudes of middle school students. Henry DB, Farrell AD, Schoeny ME, Tolan PH, Dymnicki AB. J Sch Psychol. 2011 Oct;49(5):481-503.
- 5) Low-level violence in schools: is there an association between school safety measures and peer victimization? Blosnich J, Bossarte R. J Sch Health. 2011 Feb;81(2):107-13.
- 6) Risk and protective factors distinguishing profiles of adolescent peer and dating violence perpetration. Foshee VA, Reyes HL, Ennett ST, Suchindran C, Mathias JP, Karriker-Jaffe KJ, Bauman KE, Benefield TS. J Adolesc Health. 2011 Apr;48(4):344-50.



Reducing Non-Medically Necessary Deliveries before 39 Weeks

TRAIN Course ID: 1032161

Presenters: Eugene C. Toy, MD, Vice Chairman of Academic Affairs, Dept. of Ob/Gyn, Methodist Hospital, Houston and John S. Dunn, Sr. Academic Chief of Ob/Gyn, St. Joseph Medical Center, Houston; Paula J. Efirid RNC-OB, BSN, Director of Maternal Fetal Services, St. Joseph Medical Center, Houston

Description: The goal of this Grand Rounds is to educate providers and others who care for women of child-bearing age about the medical rationale and logistics of the Texas Medicaid reimbursement policy for delivery of infants at less than 39 weeks of gestation that was implemented October 1, 2011. This module is designed to increase provider understanding of the reasons that the policy was implemented. Participants will be able to recognize the clinical implications of non-medically necessary delivery by induction or cesarean section at less than 39 weeks gestation. Participants will also learn skills to be able to negotiate with and educate patients who request non-medically necessary delivery at less than 39 weeks gestation.

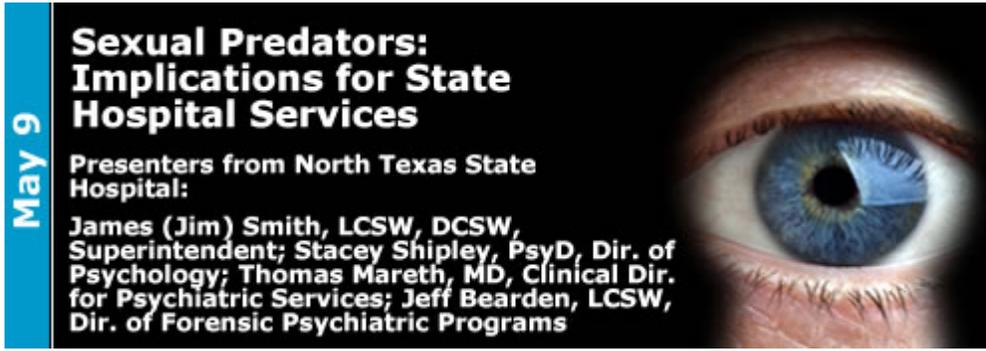
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To request a full-text copy of any of the articles below, please e-mail library@dshs.state.tx.us.

- * Decreasing elective deliveries before 39 weeks of gestation in an integrated health care system. Oshiro BT, et al. *Obstet Gynecol.* 2009 Apr;113(4):804-11.
- * Quality improvement opportunities to prevent preterm births. Oshiro BT, Berns SD. *Clin Perinatol.* 2011 Sep;38(3):565-78.
- * [Timing of elective repeat cesarean delivery at term and neonatal outcomes](#). Tita AT et al., *N Engl J Med.* 2009 Jan 8;360(2):111-20.
- * Women's perceptions regarding the safety of births at various gestational ages. Goldenberg RL, et al. *Obstet Gynecol.* 2009 Dec;114(6):1254-8.



Sexual Predators: Implications for State Hospital Services

TRAIN Course ID: 1032162

Presenters: James E. (Jim) Smith, LCSW, DCSW, Superintendent of North Texas State Hospital (NTSH); Stacey L. Shipley, PsyD, Director of Psychology at NTSH; Thomas R. Mareth, MD, Clinical Director for Psychiatric Services at NTSH; Jeff Bearden, LCSW, Director of Forensic Psychiatric Programs at NTSH

Description: This program presents an overview of issues associated with care and treatment and management of persons identified as "sexual predators." The type of sex offender or alleged sex offender, and whether or not they have had prior convictions and/or pretrial status are considered. Building upon the recent history and current status of public policy regarding sexual predators, the presentation uses actual case studies and practical clinical management strategies to describe approaches to care of these persons when they present themselves at DSHS state psychiatric hospitals.

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- 1) The management of sex offenders: perspectives for psychiatry. Saleh FM, Grudzinskas AJ Jr, Malin HM, Dwyer RG. *Harv Rev Psychiatry.* 2010 Nov-Dec;18(6):359-68.
- 2) Mental disorder, predisposition, prediction, and ability to control: evaluating sex offenders for civil commitment. Elwood RW. *Sex Abuse.* 2009 Dec;21(4):395-411.
- 3) "Preventative corrections": psychiatric representation and the classification of sexually violent predators. Cipolla C. *J Med Humanit.* 2011 Jun;32(2):103-13.
- 4) Sexual offenders in prison psychiatric treatment: a biopsychosocial description. Young MH, Justice JV, Edberg P. *Int J Offender Ther Comp Criminol.* 2010 Feb;54(1):92-112.
- 5) Sexually violent predator evaluations: empirical evidence, strategies for professionals, and research directions. Miller HA, Amenta AE, Conroy MA. *Law Hum Behav.* 2005 Feb;29(1):29-54.

May 16

Patient Safety: Reducing Danger in Healthcare

Presenters:
 Eric J. Thomas, MD, MPH, Professor of Medicine at the Univ. of Texas Houston Medical School and Director of the UT Houston-Memorial Hermann Center for Healthcare Quality and Safety; Jeff Taylor, MPH, DSHS Emerging and Acute Infectious Disease Branch



Patient Safety: Reducing Danger in Healthcare

TRAIN Course ID: 1032156

Presenters: Eric J. Thomas, MD, MPH, Professor of Medicine at the Univ. of Texas Houston Medical School and Director of the UT Houston-Memorial Hermann Center for Healthcare Quality and Safety; Jeff Taylor, MPH, Emerging and Acute Infectious Disease Branch, Texas Department of State Health Services

Description: Patient safety is one of the nation's most pressing health care challenges. An Institute of Medicine report estimates that as many as 44,000 to 98,000 people die in U.S. hospitals each year as the result of lapses in patient safety. Medical errors, lack of safety culture, and healthcare associated infections (HAI) are major threats to patient safety. Some healthcare organizations have succeeded in managing infections and the risks to patients much better than others, which suggest a patient safety improvement gap between what is possible and what is currently widely implemented. Medical error and HAI-related data is critical in identifying trends, patterns, and potential process or system failures to aid in efforts to improve safety. Please join Eric Thomas and Jeff Taylor to learn more about efforts to improve patient safety in Texas.

Continuing Education Credit Hours Type: 1.5 contact hours for Continuing Medical Education (CME); Continuing Nursing Education (CNE); Social Workers; Certified Health Education Specialists and/or Master Certified Health Education Specialists (MCHES); Registered Sanitarians; and certificate of attendance. ***ETHICS credit to be awarded***

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- 1) A culture of safety: a business strategy for medical practices. Saxton JW, Finkelstein MM, Marles AF. J Med Pract Manage. 2012 Jan-Feb;27(4):237-43.
- 2) [Estimating health care-associated infections and deaths in U.S. hospitals, 2002](#). Klevens RM, et al. Public Health Rep. 2007 Mar-Apr;122(2):160-6.
- 3) Financial incentives to promote health care quality: the hospital acquired conditions nonpayment policy. Kavanagh KT. Soc Work Public Health. 2011 Aug 31;26(5):524-41.
- 4) 'Global trigger tool' shows that adverse events in hospitals may be ten times greater than previously measured. Classen DC, et al. Health Aff. 2011 Apr;30(4):581-9.
- 5) Laws pertaining to healthcare-associated infections: a review of 3 legal requirements. Reagan J, Hacker C. Infect Control Hosp Epidemiol. 2012 Jan;33(1):75-80.
- 6) Overview of medical errors and adverse events. Garrouste-Orgeas M, Philippart F, Bruel C, Max A, Lau N, Misset B. Ann Intensive Care. 2012 Feb 16;2(1):2.
- 7) Professionalism: a necessary ingredient in a culture of safety. Dupree E, Anderson R, McEvoy MD, Brodman M. Jt Comm J Qual Patient Saf. 2011 Oct;37(10):447-55.
- 8) Quality improvement interventions to prevent healthcare-associated infections in neonates and children. Huskins WC. Curr Opin Pediatr. 2012 Feb;24(1):103-12.
- 9) Strategic planning to reduce medical errors: Part I--diagnosis. Waldman JD, Smith HL. J Med Pract Manage. 2012 Jan-Feb;27(4):230-6.
- 10) Why patient safety is such a tough nut to crack. Leistikow IP, Kalkman CJ, de Bruijn H. BMJ. 2011 Jun 21;342:d3447.



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