

Physicians Bulletin

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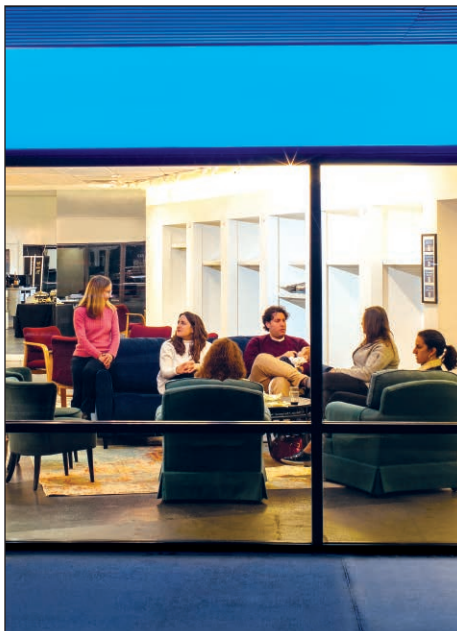
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Metro Omaha
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COMING EVENTS

Visit omahamedical.com/events for information and registration.

MOMS MEMBER PICNIC

Sunday, Aug. 7 | Noon | Danish Vennelyst Park - 9100 N. 31st St., Omaha, NE 68112
Lunch, activities - bring your whole family. Indoor and outdoor space, join us rain or shine.

MOMS RETIRED PHYSICIANS MEETINGS

Wednesdays, Aug. 10, Sept. 21 | 10 a.m. | UNO Community Engagement Center
6400 University Drive South

NMA ANNUAL MEETING

Friday, Aug. 19 | Kimpton Cottonwood Hotel | 302 S. 36th St., Omaha, NE 68131
To register visit www.nebmed.org

MEDICAL LEGAL DINNER: COMPASSION FATIGUE

Tuesday, Aug. 23 | 5:30 p.m. Reception; 6:30 p.m. Dinner; 7 p.m. Presentation
The Field Club of Omaha Ballroom - 3615 Woolworth Ave., Omaha, NE 68105

PHYSICIAN & POLICYMAKER MEET & GREET

Friday, Sept. 23 | 6 - 8:30 p.m. | MidTown Crossing Club Room - 200 S. 31st ave., Omaha, NE 68131

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TAKING VIOLENT ACTS AGAINST HEALTH CARE ARE PERSONAL



AUDREY PAULMAN, M.D.

Editor

Physicians Bulletin

The first time I was assaulted as a physician was in the emergency room when, as a first-year resident, I was forcibly and violently shoved against the wall. I finished the shift and worked the next day. At the time, I didn't realize I would still remember that event years later. The next year, a high school friend of mine was shot and killed while a second-year resident in Kansas City. Hospital shootings are not new, they have been happening for years.

The stories about violence in health care are personal, impacting not only those assaulted, but professional colleagues as well. According to the U.S. Bureau of Labor statistics, violence against medical professionals grew by 67% between 2011 and 2018, with health care workers five times more likely to experience workplace violence than workers in other industries.

We work in an unsafe environment.

The World Health Organization (WHO) issued framework guidelines for addressing health care violence 20 years ago. The WHO categorizes workplace violence into two types: (1) physical violence (e.g., beating, kicking, slapping, stabbing, shooting, pushing, biting, and pinching) and (2) psychological violence (e.g., threat of physical force against another person or group that can result in harm to physical, mental, spiritual, moral or social development).

Over my years of practice, the history of assaults accumulated, adding scars to the psyche. The incidents are too numerous to individually list, so I will give examples. In separate incidents, I personally had to disarm patients, was barricaded in an exam room, had a photo of me mutilated in a threatening way, had police escort me to my car due to a credible threat, arrived at home to meet a hostile patient waiting for me on my front yard, had direct violent threats from colleagues, and endured threats of harm upon my children and grandchildren.

For years, I thought assaults happened because I am female, victim-shaming myself for incidents that occurred.

Then, over lunch in the doctor's lounge, a physician showed me the two knives he carries on his person every day to protect himself—one in his pocket, and a larger one in a leg sheath. He was preparing to protect himself as he came into work late at night. Following this revelation, other physicians shared what self-defense modalities they carried, including alarms, pepper sprays, and tasers.

I realized that feeling unsafe at work might not be gender related, but a universal problem. The other physicians talked as if feeling unsafe was an accepted hazard of the job.

In 2016, a man with a knife threatened hospital staff in York, Nebraska. Attempts to stop the man included using verbal commands, a stun gun, and pepper spray. The police then shot the assailant. The hospital staff then provided medical care to try and save the assailant, who had been attacking them moments before.

And then two physicians were shot and killed in Tulsa.

Assaults are no longer being quietly, personally endured. They have escalated to news-worthy status.

Workplace assaults are changing, from individual events to hate-based violence and intimidation.

Recently, brave physician members testified at the hearings about masking and vaccinations. As a result, they were identified by social media, along with their home addresses. Threats and harassment followed. This included sharing of home addresses, identifying names of the physicians' children, and posting fake negative reviews online.


I don't think the individual physician can defend himself or herself against the assaults of 2022 and beyond. Over the years, the assaults have gotten more widespread and much more public.

The AMA recognizes the increase in violence. I would like to personally support and reprint here their call to action.

"Health care organizations, including hospitals, health systems, and independent practices, should work collaboratively to share best practices for effective violence prevention strategies in and out of health care settings. Examples of where further work is needed to develop best practices and widespread adoption include:

- The development of robust surveillance and data collection systems, technologies, and standards to track hate-based violence directed at physicians and health care workers by patients or community members.
- Security and safety response protocols to protect physicians and other health care workers to ensure their freedom from hate-based violence and intimidation.
- Solidarity-based strategies to mobilize individuals and organizations, across the health care ecosystem, to name, confront, and effectively resist hate-based violence and intimidation."

In this edition, I have included an interview with Dr. Gina Ligon, from NCITE, a counter-terrorism organization housed at UNO. She offers her thoughts.

I personally hope that Omaha metropolitan area community and healthcare leaders proactively review their safety protocols, evaluate current best practices, and implement systems to protect physicians and health care workers. 

THE BENEFITS OF MEMBERSHIP IN MOMS: LET'S COUNT THE WAYS



COURTNEY HELLMAN, M.D.
Membership Committee Chair
Metro Omaha Medical Society

COVID caused many physicians, first responders and care providers to hit the reset button. Health care providers across the globe paused and re-assessed their priorities after their worklife equilibrium was hijacked by the pandemic. Is it still business as usual or do you value more of a work-life balance?

As the nation rebuilds, many organizations that once existed have disappeared. I want to applaud MOMS and our members. Instead of closing, as many organizations have, MOMS became involved and helped distribute masks and kept our community motivated despite the restrictions faced during the pandemic. By staying open and helping doctors and patients, MOMS and our members and staff proved our organization really cares about Omaha, its physicians, and the surrounding community.

I, along with many, took a look at what was keeping me busy before COVID and re-evaluated if it was something worthy of continuing. For me, MOMS checked many of my valued boxes. When I think about MOMS, I feel inspired. By participating in MOMS, I have met great physicians from many spe-

cialties that I otherwise would not have met. I have joined Women in Medicine and have enjoyed my attempts at painting (my flowers were not very floral, but the wine and jokes were great). I have attended early morning CME (Continuing Medical Education) meetings. The list of MOMS-sponsored opportunities is robust and diverse.

What attracts you and draws you to an organization? Is it the amazing Board of Directors that inspire you, the learning experiences offered, the volunteering opportunities, political engagement, a reference from another physician or after reading a copy of the Physicians Bulletin? Back when I joined MOMS, I joined because my practice supported this group, but it was also because MOMS had fun events, and it was an easy way to network with doctors who were interested in getting to know one another. It also proved to be a great way to put referring physicians' names to faces and personalities. I feel it is important to support MOMS because it is a physician-led organization created to support physicians. By joining MOMS and growing our membership, you provide resources to support programming and membership benefits that support our community of physicians.

MOMS is not a one-size-fits-all organization. There is support for both "rookies" and "veterans" and all physicians in between. There are opportunities for the physicians at the top of their game, for example advocating and lobbying politicians to improve medical policy. MOMS membership also includes access to a group of strategic partners who can provide advice on multiple issues like financial planning and retirement. MOMS also has a group for retired physicians who can catch up with their friends from yesteryear and stay connected to changing medical practices and scientific advancements by learning through MOMS educational presentations.

"By joining MOMS and growing our membership, you provide resources to support MOMS programming and membership benefits that support our community of physicians."

— COURTNEY HELLMAN, M.D.

MOMS also supports social events. There is the amazing R&R Wellness Center where you can kick back with a book, or join a yoga class.

For those interested in politics, MOMS is always looking for physicians to become involved in local and state levels and meet the politicians who work for us all. Another popular event is the Medical Legal dinner with the Omaha Bar Association—it is always well attended. MOMS also has an annual DocBuild event with Habitat for Humanity. Additionally, there is a 20% premium reduction in COPIC insurance, \$10 off Orange Theory classes, discounts on AAA, and even more available to view on the MOMS website.

Now is the time to join MOMS and, if your membership has lapsed, to re-join and re-engage. There are so many activities and people to meet. MOMS members and amazing administrative staff know how to make member investment and engagement impactful. [🔗](#)

ADVOCACY. ACTION. IMPACT.



AMY REYNOLDSON

Executive Vice President
Nebraska Medical Association

The Nebraska Medical Association (NMA) Annual Membership Meeting will be held Aug. 19, 2022, at the historic Cottonwood Hotel in the Blackstone District in Omaha. This meeting has a full agenda that provides multiple opportunities to engage with your peers as you learn how the NMA is advocating and taking action to make an impact on the practice of medicine in Nebraska. We can't wait for you to experience what we have lined up for you, not to mention the trendy new location.

CHAMPIONING PHYSICIAN-LED HEALTH CARE:

We are fortunate to have Kelly Kenney, CEO, Physicians Advocacy Institute (PAI), present a CME session on how PAI is Championing Physician-Led Healthcare. PAI is engaging with state medical associations on healthcare consolidation and practice acquisitions, providing meaningful resources and supporting specific efforts on value-based arrangements and the Medicare Quality Payment Program. Kenney will also share how PAI is involved in ongoing efforts to champion fair and transparent payment policies through direct federal-level advocacy, health care marketplace research and litigation. PAI also supports physicians through a robust online resource hub that helps practices successfully navigate complex payment programs that add administrative burden and physician burnout.

In addition, it is important to know that PAI has been a leader in the lawsuit challenging the No Surprises Act Interim Final Rule where recently the Department of Justice filed a motion with the Fifth Circuit Court of Appeals in Tyler, Texas, to hold

their appeal "in abeyance," which means no appeal, pending further rulemaking. This is an incredible win for physicians and demonstrates the strong influence collaborative efforts between PAI and state medical associations have on policy decisions.

NMA BUSINESS MEETING AND RESOLUTIONS:

The NMA Business Meeting will have a little different feel and flare this year. With the passing of the new bylaws in December 2021, the NMA Business Meeting is open to all members for engagement—including voting. You got it, you all have a vote on all business-related items, elections and resolutions.

The NMA will be launching an electronic voting platform as we elect new members to the Board of Directors. The slate of candidates will be distributed to members at least 14 days prior to the Annual Membership Meeting to allow those members who cannot attend the meeting an opportunity to cast their vote. Electronic voting will be the only mechanism used to vote prior to and during the business meeting.

Resolutions will be discussed during the business meeting and voted on by members attending in-person. Resolutions will be made available online and distributed via email communications at least 14 days prior to the meeting to allow members an opportunity to review and provide input to be considered at the business meeting.

Additional business items that will be included in this portion of the meeting include the State of the NMA, committee reports, officer and special reports, and the NMPAC report.

PHYSICIAN APPRECIATION LUNCHEON AND INAUGURATION:

The celebratory luncheon will feature the recognition of the NMA annual award winners, 50-year practitioners and the inauguration of the 2022-2023 NMA president, Daniel Rosenquist, M.D, family physician from Columbus, Nebraska. Dr. Rosenquist has been a member of the NMA since 1987 and is currently serving on the Board of Directors, Commission on Legislation and the Nominations Committee. Dr. Rosenquist is also a long-standing NMPAC contributor and has served on several other committees throughout his career. Dr. Rosenquist is a strong advocate and supporter of physician wellness, medical student engagement and patient safety.

AWARDS THAT WILL BE PRESENTED DURING THE LUNCHEON INCLUDE:

Physician of the Year, Distinguished Service to Medicine, Physician Advocate of the Year, Young Physician of the Year, Resident Advocate of the Year, Student Advocate of the Year and Friend of Medicine, as well as the COPIC Humanitarian Award.

Join us for the Physician Appreciation Luncheon as we celebrate medicine in Nebraska.

WORTH MORE THAN GOLD:


We are delighted to bring Dima Ghawi to share her insight on diversity and inclusion. Ghawi's CME session will share personal stories to demonstrate the many different types of diversity beyond race and gender. Attendees will be provided with tools to enable themselves to increase diversity in their teams and focus on attracting, engaging and retaining diverse talent. Ghawi will share how a new understanding of managing resistance to workplace diversity will assist in creating a climate that celebrates diversity in your work to enhance creativity and elevate employee engagement.

INSPIRE MEDICINE SPEAKERS SERIES:

Back by popular demand, the Inspire Medicine Speakers Series will feature your peers speaking about important matters in their lives. Speakers will deliver five-minute speeches over one hour using a presentation style designed to energize, engage, and inspire fellow members, while cultivating new relationships and connectivity. Come and support your peers as they share their personal stories during this CME session.

NMA PRESIDENT NETWORKING RECEPTION:

The NMA Annual Membership Meeting will be capped off with the President Networking Reception. This is a great opportunity to support Dr. Rosenquist as he begins his term as NMA president, celebrate all of the great successes with organized medicine throughout the last year, and network with your peers at the cocktail reception.

If you plan to attend the NMA Annual Membership Meeting but have not yet registered, please do so at www.nebmed.org/annual-membership-meeting. You can also make hotel accommodations when registering, so come spend the day with us and enjoy an evening in the Blackstone District in Omaha. 

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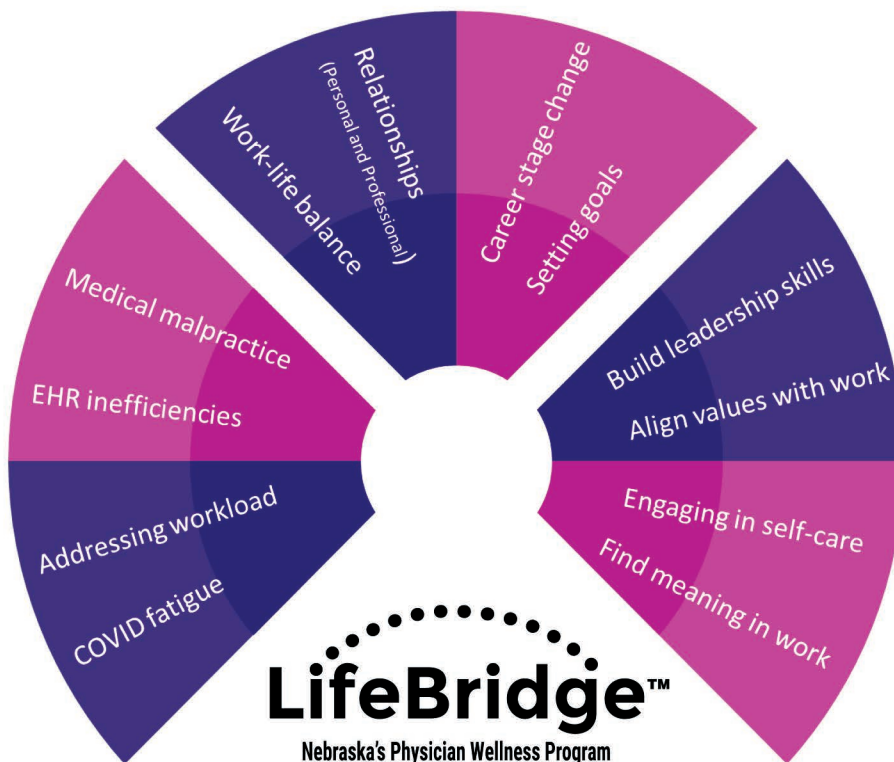
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DOCUMENTATION OF PATIENT COMMUNICATION



ERIC ZACHARIAS, M.D.

COPIC Department of Patient Safety and Risk Management

Proper documentation continues to be an area of focus in risk management as it is vital for communication between medical providers and staff and serves an important role from a patient communication perspective. Comprehensive and concise documentation in the medical record of telephone and electronic communication (e.g., voice-mail, email, telehealth, texting, portal) with patients provides for safe continuity of patient care, reflects clinical decision-making and supports why certain actions were taken.

Failure to properly document patient communications can adversely affect care and lead to potential liability exposure for physicians. In a medical liability trial, poor documentation can cause jurors to question the physician's actions. This can include failure to document key instructions, noncompliance, significant signs/symptoms, as well as raise concerns when there is altering of past records.

When communication occurs outside the office, especially outside scheduled hours or not in-person, it is important to have a process to record it in the clinical record in a timely fashion. Electronic applications for provider-patient communications (e.g., voicemail, email, telehealth, secure messaging, portals) can be implemented that have the capability of transmitting their content to EHRs.

The following are several considerations/guidelines that highlight important areas in documentation.

THOROUGHLY DOCUMENT PATIENT COMMUNICATION IN THE MEDICAL RECORD – ALL COMMUNICATION WITH PATIENTS SHOULD BE DOCUMENTED WHEN ONE OF THE FOLLOWING OCCURS:

- Prescribing or changing medication.
- Making a diagnosis.
- Directing treatment.
- Directing patients to another provider or facility.

DOCUMENTATION OF COMMUNICATION SHOULD INCLUDE THE FOLLOWING

- Patient's name.
- Names of people accompanying the patient during a visit or calling regarding a patient's care, and their relationship to the patient.
- Date and time.
- Date of birth.
- Reason for the visit/call, including a description of the complaint or symptoms.
- Medical advice or information provided.
- An assessment of allergies and other adverse drug reactions if a medication is prescribed.

ENSURE DOCUMENTATION IS ACCURATE AND READABLE

- Providers should authenticate that what is written in a progress note is accurate, noncontradictory, and meaningful for that patient's visit, prior to sign off. This includes: Clear identification of the patient and authorship in all documentation.
- A thoughtful review and analysis of the patient's progress; include differential impressions as well as a narrative of the next steps in the plan of care.
- Clearly mark and date amendments and record corrections.

PATIENT DETAILS THAT SHOULD BE INCLUDED IN THE MEDICAL RECORD

- An up-to-date list of allergies and adverse drug reactions.
- A current, standardized problem list or similar summary device to help avoid overlooking important information about a patient's medical issues.

- A current list of medications the patient is taking.
- Accurate, documented vital signs, particularly in acute illnesses.

BEST PRACTICES FOR DOCUMENTATION

- Confirm that items generated from lists, checkboxes, etc. are what was intended. Be familiar with the content of any templates you use.
- Double check results of drop-downs, templates, auto-complete, etc.
- Be judicious when using "copy" and/or "paste" and carefully edit and remove irrelevant or unintended content.
- Have a way to incorporate relevant email and text messages into the HER.
- Record facts in an objective manner; avoid needless commentary.
- Minimize use of abbreviations and have an approved list of abbreviations.
- Correct errors in the record in a way that makes evident who made the change and when.
- Read all providers' progress notes and all staff notes.
- Recheck decimal points.
- Document discharge instructions.

THINGS TO AVOID WITH DOCUMENTATION CLONE NOTES

- Import content without reviewing it.
- Let automatic "copy/paste" become a regular component of your system.
- Select "something close to the right choice" from a list, if the correct choice is not available
- Chart non-medical information (e.g. call to COPIC, attorney, peer review activity, incidents).
- Criticize other medical personnel.
- Edit, delete or modify documents if you receive a record request or subpoena. ⓘ



MEDICAL MISSIONS ARE 'FILL-YOUR-CUP' EXPERIENCES

It's that moment when their patches are removed and they slowly realize that their eyesight has been restored. "I see them cry tears of joy," Michael Feilmeier, M.D., explained. "They're moments that are difficult to understand until you've been a part of one."

Those moments, he said, are why he and his wife, Jessica, make medical mission trips to such countries as Nepal, Dominican Republic, Haiti, Ghana and Ethiopia to treat people who face blindness because they can't get care for their cataracts and other ailments that have stolen their eyesight. It's those moments that prompted the Feilmeiers to partner with other non-government organizations to bring sight-saving treatment to these Third World countries. And it's those moments that motivated them to found Gift of Sight, a non-profit organization that works to eradicate cataract blindness.

"A simple procedure to cure cataract blindness can change the entire existence of a human being," Dr. Feilmeier said. "It's not just sight, it means life. A way of life."

Dr. Feilmeier explained that in some Third World countries, those with no or limited sight are shunned—they can't marry, can't find work and must beg for their sustenance.

The power behind Gift of Sight, Dr. Feilmeier said, is that a \$25 donation means restored eyesight for someone destined for a life of destitution and isolation. And to date, Gift of Sight has raised and received donations that have paid for consumables used in 14,757+ sight-restoring surgeries.

“A simple procedure to cure cataract blindness can change the entire existence of a human being. It’s not just sight, it means life. A way of life.”

— MICHAEL FEILMEIER, M.D.

Cataract blindness is easily cured, Dr. Feilmeier said, and is considered the most cost-effective medical intervention in the world. The life-changing, manual, suture-less surgery can be completed in less than 10 minutes at the consumable cost of \$25. Over 18 Million patients still wait for care and are living needlessly blind, he said.

While the procedure is relatively simple to perform, Dr. Feilmeier said, the need for eye specialists to perform them in Third World countries is the challenge. He estimated that in countries like the United States, there is one ophthalmologist for every 20,000 people. In Third World countries, that ratio is about 1 for every 1 million people and in remote areas of these countries the number rises to 1 in every 7 to 8 million people.

CONT. PAGE 16





The Feilmeier File

Hometown
Omaha

Undergraduate Degree
Nebraska Wesleyan University in Lincoln in biochemistry and molecular biology

Medical Degree
University of Nebraska College of Medicine

Residency
Bascom Palmer Eye Institute at the University of Miami in ophthalmology

Fellowship
John A. Moran Eye Center at the University of Utah in Salt Lake City in corneal transplant, refractive surgery and prevention of global blindness

Title
Medical Director

Institution
Gift of Sight

Hobbies
Fishing and spending time outdoors

Family
Wife, Jessica; three sons, Jacob, Nicholas and William

Why He Joined MOMS
"I joined because it's part of my commitment to community and being a steward of medicine."

FROM PAGE 15

Dr. Feilmeier's passion for eradicating blindness is tied to his days as a medical student at UNMC when he was invited to participate in a medical mission trip in Nepal. The conditions he encountered—no electricity, no running water—caused him to pause. But when he saw the expressions of those whose eyesight had been restored as their patches were removed post-surgery, he was hooked.

"Seeing the pure joy on their faces as the patches were removed was a lightning strike moment."

More mission trips followed during his medical residency at Bascom Palmer Eye Institute, and then later at Midwest Eye Care.

The next Gift of Sight medical mission is scheduled for October or November to Ethiopia, which, per capita, has the largest percentage of blindness in the world. The trip will look something like this:

Catch a Friday morning flight to Washington and, after a layover, catch two more flights before ending up in Ethiopia. A bus ride or flight on a small plane follows to the site. Volunteers must adjust to the time changes along the way.

Because of those time changes, volunteers arrive on Sunday and immediately begin performing cataract surgeries throughout day one. Back to the hotel, sleep and repeat the following day. However, this day begins with post-operative checks—the removal of the bandages and those memorable patient reactions—followed by another full day of surgeries. The third day begins with the post-operative checks followed by heading for home.

"You're so tired, so exhausted in the most beautiful way," Jessica Feilmeier explained. "You're exhausted but, because of the good you just did, you're considering your next trip."


The Feilmeiers explained how Gift of Sight makes full use of every donated dollar:

- One-hundred percent of all donations is used solely to fund cataract surgeries, meaning no funds are used for administrative costs. Volunteers who accompany the Feilmeiers on medical missions cover their own expenses. "Every dollar we receive, every dollar given to Gift of Sight goes directly and entirely to help restore eyesight."
- You don't have to be an ophthalmologist, or even a physician, to join a Gift of Sight medical mission. Jessica Feilmeier explained that she has no medical training but joins the missions when she can. She assists with post-surgical care and trip logistics. "Come with us—there is always someone you can train with." Nurses, anesthesiologists, dentists, gynecologists and anyone who speaks multiple languages are especially needed.

Gift of Sight and other similar nonprofit organizations are making a difference, Dr. Feilmeier said. Cataract blindness has all been eliminated in Nepal, he said, with Ethiopia the next target. "It may not happen in our lifetimes," he said, "but it should in our children's."

Organizing and participating in medical missions are not easy, Dr. Feilmeier said, but consider this:

"In five minutes and for a mere \$25, we can change someone's life forever through cataract surgery. It is one of the true miracles in modern medicine. I can't think of a more impactful way to spend my time and I feel truly blessed and lucky to have both the skill and passion to give this gift of sight."

For more information about Dr. Feilmeier's medical mission trips visit gift-of-sight.org. 



COUNTERING TERRORISM REQUIRES THE ENTIRE HEALTH CARE TEAM

The threat to U.S. health care professionals by extremist groups is real, an Omaha-based national counterterrorism expert says. And to mitigate that threat, everyone on the health care team can see that they have a role in the safety and security of their colleagues, patients and families.

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FROM PAGE 17

Prevention and protection are key, and both are not just the responsibility of the security team at a clinic, treatment center or hospital, said Gina Ligon, Ph.D., the director of the National Counterterrorism Innovation, Technology, and Education Center, a Department of Homeland Security Center of Excellence (NCITE) based at the University of Nebraska Omaha.

NCITE is a federally funded academic counterterrorism research consortium that, among other things, studies prevention strategies and builds a workforce pipeline in STEM and Homeland Security fields.

Dr. Ligon said integrating security and safety into a clinic or hospital's regular training cadence is a strong initial step. "Adding another type of training may seem daunting," she said, "but we have found that health care professionals are hungry for something they can do to keep each other safe."

"This may be a lofty goal, but strive to have everyone—from nurses to lab technicians—to perceive security and safety as part of their jobs. The question is, do they have the knowledge and efficacy to recognize threats and what to do about them?"

That can come through training, she added.

Bottom line: Bringing safety and security measures to the forefront shows health care workers that their administrators take their well-being seriously, Dr. Ligon said.

"Adding another type of training may seem daunting, but we have found that health care professionals are hungry for something they can do to keep each other safe." — GINA LIGON, PH.D.

Another measure is to safeguard employees' personal information from becoming public through social media, she said. Doxing is publicly revealing previously private personal information about an individual or organization, usually via the Internet, and is a growing tactic used by all types of violent extremists. Health care workers must realize they can be targets as they are increasingly seen as symbols of the "authority" figures that multiple extremist groups are against, she said, and should protect their personal information. The institutions where they work must also take safeguards, especially educating how to scrub employees' personally identifiable information from social media searches.

Health care institutions are viewed as soft targets, she said, because they often lack the same level of governmental hardening or security of other terrorist targets, such as schools or events with large audiences. And health care employees typically are so focused on helping their patients—basically carrying out the Hippocratic Oath—that they fail to notice they could be targets of attacks, she said.

So how did we get to this point where health care workers may be in harm's way?

Originally, attacks by extremist groups, such as ISIS and the Al-Qaeda, targeted clinics abroad that they inaccurately suspected were covers for the U.S. government, such as fronts for the intelligence community. Those attacks now occur in the United States by a different type of extremist.

"What we're seeing in the United States is the same narrative taking hold of ideological extremists," Ligon said.

She explained that people who are anti-government/anti-authority extremists are against all forms of authority figures, including health care workers. "They want to enact violence against those both left and right (politically). They don't trust anyone in a position of power. They want to upset the current power structure so they can be in power. Their propaganda is now identifying health care professionals as viable targets or symbols of the current power structure."

The pandemic and discontent about vaccines and mask mandates have drawn further scrutiny of the government and health care, she said.

She also noted that protests and acts of violence are crossing traditional lines when it comes to social issues. For example, abortion-related violent extremism used to be dominated by attacks on abortion clinics and providers. The May leak of what would become the U.S. Supreme Court's decision overturning the 50-year precedent that *Roe v. Wade* established resulted in attacks on anti-abortion pregnancy crisis centers. And

"This may be a lofty goal, but strive to have everyone—from nurses to lab technicians—to perceive security and safety as part of their jobs. The question is, do they have the knowledge and efficacy to recognize threats and what to do about them?" — GINA LIGON, PH.D.

health care institutions staffed by people of color or those that treat people of color can be targets by white supremacist organizations.

Other medical organizations are raising alarms:

The AMA reported earlier this year: “Research confirms what our personal experiences have long told us. The World Health Organization (WHO) estimates that as many as 38% of those in our field suffer physical violence at some point in their careers, and many more are threatened with verbal aggression. Here in the U.S., injuries caused by violent attacks against medical professionals grew by 67% from 2011 to 2018—with health care workers five times more likely to experience workplace violence than workers in all other industries, according to figures from the U.S. Bureau of Labor Statistics. Yet another global study from 2020 found that health professionals were roughly 50% more likely than other community members to have been harassed, bullied or hurt as a result of the COVID-19 pandemic.”

Reported by the American Hospital Association: Examples of violence against health care workers, as well as research published in 2021, indicated that 44.4 percent of surveyed nurses reported experiencing physical violence and 67.8 percent reported experiencing verbal abuse during the pandemic.


The National Institute for Occupational Safety and Health reported that from 2016 to 2020 there were 207 deaths due to violence in the workplace in the health care and social assistance industry within the

private sector. In 2020, health care and social assistance workers overall had an incidence rate of 10.3 (out of 10,000 full-time workers) for injuries resulting from assaults and violent acts by other persons. The rate for nursing and personal care facility workers was 21.8.

Dr. Ligon called on health care professionals to be vigilant in their watch for changes in a patient’s behavior. Listen to what patients are saying. Talk can lead to violent behavior. “Treat this like any other type of illness,” she said. “We’re counting on people in positions to observe changes in behavior. Then, say something.”

She noted that in almost every violent plot—someone involved talked about the plans: But this talk wasn’t taken seriously. “Always keep security in the loop. Report anything suspicious. The DHS Power of Hello campaign has some great starting points on how to observe and report concerning behaviors.”

Use resources provided by the federal government, including the CDC and FBI, which provide guidance for creating security and safety measures. Her organization—NCITE—stands ready to assist health care organizations in Nebraska regarding their security protocols.

“Terrorist attacks don’t just occur on the coasts. This is not just the government’s responsibility. We all have a role in stopping terrorism.” 

WHERE TO TURN FOR RESOURCES

NTAS bulletin from DHS that lists threats to health care professionals, likely to increase after Roe vs Wade decision at dhs.gov/ntas/advisory/national-terrorism-advisory-system-bulletin-june-7-2022

Resources for Prevention

- Request a Community Awareness Briefing from DHS at dhs.gov/sites/default/files/publications/2019_host_a_cab_flyer.pdf
- Protect Healthcare CISA primer at cisa.gov/publication/nipp-ssp-healthcare-public-health-2015
- Active Shooter training resources at cisa.gov/publications-library/Preventing%20Terrorism?page=0
- Get involved with NCITE at unomaha.edu/ncite/index.php
- Apply for a terrorism and targeted violence prevention grant at dhs.gov/tvtpgrants
- Apply for a FEMA preparedness grant at fema.gov/grants/preparedness/homeland-security

Resources to Report Someone Mobilized to Violence

- Your local police and/or security team are first point of contact
- Get your team educated about types of suspicious activity to be aware of <https://www.dhs.gov/see-something-say-something>
- Anonymously Report suspicious activity in Nebraska at sars.nebraska.gov/ or call Nebraska Information Analysis Center at (402) 479-4049.

BYLAWS CHANGES: IMPACT FOR MEMBERS

If you were wondering about the Metro Omaha Medical Society (MOMS) bylaws vote that is closing in August, it's related to changes to Nebraska Medical Association's bylaws. The NMA recently adopted changes to its bylaws after months of review and discussion aimed at streamlining membership categories, simplifying how its leadership is selected, and opening participation in the association's annual meeting.

"The ultimate goal for these revisions is to make membership in the Nebraska Medical Association more accessible, efficient and meaningful," said Travis Teetor, M.D., MOMS secretary-treasurer and one of its delegates to the NMA Board of Directors. "When our medical societies—at the state level and the local level—are strong, everyone benefits." (Full dues-paying members in the Metro Omaha Medical Society are automatically members in the Nebraska Medical Association.)

Dr. Teetor and Tina Scott-Mordhorst, M.D., MOMS president, represent MOMS on the current NMA Board of Directors. They discussed several of the bylaw revisions of significance to MOMS membership:

Of note, is the elimination of the part-time, non-practicing physician membership category. "The purpose behind this change is to get our membership categories aligned. This shouldn't impact the majority of our membership," Dr. Scott said. "It's important that our membership categories parallel each other. It's important that we work together." The change is also mirrored in the bylaws

changes MOMS members are voting on to make the two sets of bylaws consistent with each other.

Currently, those in this MOMS membership category are retired physicians or those who are in entirely administrative roles and no longer treat patients. Those who are retired may transition to a category solely for retired physicians. Those in administrative roles can move into a larger membership category for practicing physicians.

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"The purpose behind this change is to get our membership categories aligned. This shouldn't impact the majority of our membership. It's important that our membership categories parallel each other. It's important that we work together."

— TINA SCOTT-MORDHORST, M.D.



The Scott- Mordhorst File

Hometown
Omaha

Undergraduate Degree
University of Nebraska
Omaha in biology

Medical Degree
University of Nebraska
Medical Center

Residency
UNMC/Creighton
University Joint Pediatrics
Program in pediatrics

Specialty
Pediatrics

Institution
Children's Physicians
Clinic - Plattsmouth

Hobbies
Travel, reading, cooking

Family
Husband, Ron Mordhorst;
two adult children

Why She Joined MOMS
"I would say an interest
in staying connected
with, and better serving,
my physician colleagues
across specialties."



The Teetor File

Hometown

Lexington, Nebraska

Undergraduate Degree

University of Nebraska-Lincoln in exercise science and athletic training

Medical Degree

University of Nebraska Medical Center

Residency

UNMC in pediatrics and in anesthesiology

Specialty

Anesthesiology and pediatric anesthesiology

Institution

Boys Town National Research Hospital

Hobbies

Coaching, golfing, and barbecuing

Family

Wife, Wendy Teetor; three children

“The ultimate goal for these revisions is to make membership in the Nebraska Medical Association more accessible, efficient and meaningful. When our medical societies—at the state level and the local level—are strong, everyone benefits.”

— TRAVIS TEETOR, M.D.

FROM PAGE 20

Dr. Teetor said about two dozen MOMS members are affected by this bylaw change. “We hope they’ll find their way into one of the other membership categories.”

A second bylaw change of note is the way the NMA constitutes its leadership. Previously, MOMS and the Lancaster County Medical Society each provided representative members to the NMA Board of Directors. Physicians representing other specialty societies and clubs or leadership positions in health care organizations filled the remaining slots.

The challenge, Dr. Teetor said, was that serving in a leadership role typically meant one had to already be serving in a leadership role in a local society. The new format calls for an enlarged Board of Directors, with several members serving in an at-large capacity. Two MOMS representatives to the Board will remain, but the new structure allows more MOMS members to serve if they wish.

“The purpose is to increase member engagement across the state,” Dr. Teetor said.

Which leads to a revamp of NMA’s annual meeting, slated for August 19 this year and in August going forward. All of these new bylaw changes are due to take effect starting at the meeting and that’s what prompted the MOMS bylaw changes to mirror the practice going into effect.

Things will also look a little different when it comes to adopting resolutions. Starting with the August NMA meeting, there will no longer be a House of Delegates. Instead, anyone who attends the meeting can vote on issues before the association, including election of officers and board members. On the MOMS side, delegates will convert to legislative committee members who will adopt and forward resolutions during pre-caucus and caucus meetings in the summer. The bylaw revisions also allow for electronic voting.

Another bylaw change of note: The Council of Grievances and Professional Ethics, which traditionally has heard grievances issued by or against members, is being eliminated. Moving forward, the NMA Executive Committee will handle this responsibility or can assemble an ad hoc committee to do so. Dr. Teetor said filed grievances have been minimal in the past.

“This measure was to eliminate a council that is rarely called to action. Making NMA more efficient was the key in this revision.”

VOTING

Members may vote on the proposed MOMS Bylaws changes online at www.omahamedical.com or at the MOMS Member Picnic through August 7th.



COVER FEATURE

LEADERSHIP SUCCESSION:

Turning Over the Reins
in a Thoughtful Way

David Ingvaldstad, M.D., already is thinking ahead. He's thinking about what the process should look like when it's time for Midwest Eye Care to find his replacement.

Not anytime soon, he said, because he's only three years in the leadership role as managing shareholder at Midwest Eye Care. But, he said, he benefited from the plan the clinic's shareholders—under the direction of his predecessor, Michael Halsted, M.D.—mapped out for his transition into the leadership role. And when the time comes, he said, he'll want to do the same for the colleague who succeeds him.

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“It’s important to ask for help. You may feel an obligation to fix every problem that comes across your desk. Avoid that feeling.”

— DAVID INGOLDSTAD, M.D.



FROM PAGE 23

"I have thought about the process," he said. "I started thinking that it's important to plan ahead. I am a long way from retirement, but the idea of creating a timeline has crossed my mind."

Dr. Ingvoldstad was determining that he aspired to serve in a leadership role at Midwest Eye, while Dr. Halsted was contemplating how and when to step away—until their plans intersected during a conversation about this topic. Dr. Halsted broached the subject with Dr. Ingvoldstad, which set a variety of actions in motion.

Dr. Halsted, who is now serving as a staff ophthalmologist for the VA in Dallas, said he thought it was important to alert his practice partners in advance of his time to step away from Midwest Eye Care so they could create a deliberate plan for his replacement.

"It's important to be upfront with your partners," Dr. Halsted said. "To give people a heads up of the plan to step away and provide as honest of a timeline as possible. If your plans change, give as much notice as possible. This takes the shock value out of your decision."

CONT. PAGE 26



The Ingvaldstad File

Hometown

Sioux Falls, South Dakota

Undergraduate Degree

University of New Hampshire in ecology and evolutionary biology

Master's Degree

University of Colorado in Denver in health care management

Medical Degree

Medical College of Georgia

Residency

University of Kansas City-Missouri in Ophthalmology

Fellowship

University of Nebraska Medical College in vitreoretinal disease and surgery

Specialty

Medical and surgical treatment of the vitreous and retina, diabetic eye disease, and cataracts

Title

Managing Shareholder

Institution

Midwest Eye Care

Hobbies

Running and playing the cello

Family

Wife, Ashley; a son and two daughters

Why He Joined MOMS

"I joined MOMS as an outlet to allow me to advocate for my patients and my profession."

FROM PAGE 24

Drs. Halsted and Ingvaldstad discussed the importance for a medical practice to have a succession plan in place for its leadership. They shared their timeline and suggested that communication is key throughout the process. Dr. Ingvaldstad also offered advice for physicians who are interested in assuming a leadership role in their practice.

First, the timeline:

Dr. Halsted, who joined Midwest Eye Care in 1989 and became a shareholder two years later, served as managing shareholder and medical director simultaneously, beginning in 2001 (The medical director at Midwest Eye Care addresses physician concerns, physician-staff relations and coordinates medical policies and compliance; the managing shareholder directs the practice's strategic plan and operations, and serves as the physician liaison with senior management.)

About five years ago, Dr. Halsted said, he realized he should begin planning for his successor. He and his wife decided to move their home in 2019 to Dallas to be closer to her mother, who is in her 90s. Their daughter had also moved to Dallas for her career. Dr. Halsted commuted between Dallas and Omaha until his departure from Midwest Eye Care.

In the meantime, Dr. Ingvaldstad, who joined Midwest Eye Care in 2006 after serving a fellowship there, had decided he aspired to take on a leadership role and was taking steps to develop his management skills. In 2015, Dr. Halsted suggested that the duties of managing shareholder and medical director be split. The clinic's shareholders agreed, and Dr. Ingvaldstad was named medical director in 2016. He and Dr. Halsted swapped roles in 2019. Dr. Ingvaldstad continues as managing shareholder, and with Dr. Halsted's anticipated relocation to Dallas, Matt Appenzeller, M.D., assumed the medical director responsibilities in 2021.

Dr. Ingvaldstad said his gradual transition into the leadership role proved to be the right approach. "To have Dr. Halsted's experience and institutional knowledge at arm's length while I was taking over the wheel of the ship was beneficial." Serving as medical director prior to becoming managing shareholder allowed him to work with clinic managers and better understand the operations side.

Dr. Halsted said he appreciated the collegiality among shareholders during his tenure in leadership at Midwest Eye Care. Many decisions were made unanimously, but shareholders almost always managed to reach consensus even about difficult issues including practice expansion, addition on new providers among others, which confront larger private practices. During his practice at Midwest Eye Care, the practice grew from six physicians to 19, and recently restructured its management, formally designating roles for CEO, COO and a CFO.

"Be sure you know the reasons you want this path. Be sure you're doing it for the right reason. Not something you feel obligated to do, but something you want to do."

— DAVID INGVALDSTAD, M.D.

“What’s best for the practice in the long run means not everyone gets what they want. If the practice gets what it needs, everyone benefits.”

— MICHAEL HALSTED, M.D.

Dr. Halsted said he also appreciated how his partners took an approach of what was best for the practice rather than what was best for themselves. “What’s best for the practice in the long run means not everyone gets what they want. If the practice gets what it needs, everyone benefits.”

For Dr. Ingvaldstad, Midwest Eye Care provided him an opportunity to work toward a leadership role. Back in his early years at the clinic, his first step toward this goal was to watch the senior leadership and how they each led.

Then, he got busy honing his own skills by becoming involved in leadership roles outside his practice, including serving as president of MOMS and the Nebraska Academy of Eye Physicians and Surgeons. “If someone asked me to serve on a board or committee, I would say ‘yes.’”

Dr. Ingvaldstad also suggested to others looking to serve in leadership roles—based on what he experienced:

- Talk with those in leadership roles in your clinic and those serving other institutions. Ask them frank questions that must come into play when making your decision to pursue—or take—a leadership role in your clinic.
- Do some soul-searching early on. “Be sure you know the reasons you want this path. Be sure you’re doing it for the right reason. Not something you feel obligated to do, but something you want to do.”
- Take courses or enroll in a leadership program. The Nebraska Medical Association’s Leadership Academy is one option.
- Consider pursuing an advanced degree in business administration or management. Emphasis on consider, and Dr. Ingvaldstad said it may not be necessary, although he earned a master’s degree in health care management. “The environment in which we practice medicine is complicated. We are prepared to do a lot of things. Managing a business isn’t one of them.”
- Now three years into his role, Dr. Ingvaldstad can look back and provide perspective on the challenges he’s faced with additional suggestions:
- Be prepared to be busy and have to give up some other outside pursuits. But protect your family time. Be sure to set aside the time needed from your practice to handle the administrative duties. It may be a day a week, a day per month, or something in between.
- Remain humble, which means asking for help. “Identify those people who can do what you can’t do. It’s important to ask for help. You may feel an obligation to fix every problem that comes across your desk. Avoid that feeling.”

Finally, Dr. Ingvaldstad emphasized the importance of communication. The pandemic forced medical clinics to pivot their communication processes, he added. “The No. 1 thing I have learned is that the importance of communication can’t be overstated and can’t be underestimated.”



The Halsted File

Hometown
Omaha

Undergraduate Degree
St. Olaf College in Northfield, Minnesota, in chemistry

Medical Degree
Nebraska of Nebraska College of Medicine

Residency
Flexible internship and residency in Ophthalmology at the University of Texas Southwestern Medical Center and Affiliated Hospitals in Dallas

Fellowship
UT Southwestern Medical Center in Cornea and External diseases

Specialty
Cornea and External disease

Title
Staff ophthalmologist

Institution
VA Medical Center in Dallas

Hobby
Cooking

Family
Wife, Mendy Halsted; and a grown daughter and son

Why He Joined MOMS
“I joined initially at the encouragement of my partner and mentor in private practice.”

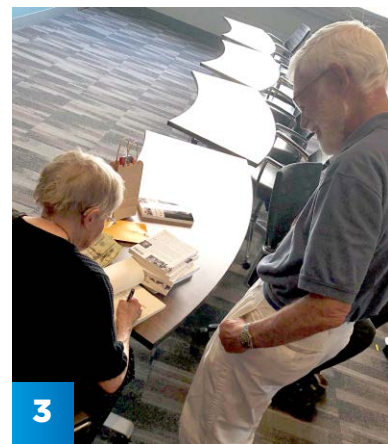
MOMS EVENT RECAP



1



2



3

RETIRED PHYSICIANS GROUP LEARNS ABOUT WOMEN IN MEDICINE

MOMS Retired Physicians group held its second meeting of the year on June 8 at the UNO Community Engagement Center. Eileen Wirth, Ph.D., led a presentation on "Omaha's Female Medical Groundbreakers" and signed copies of her new book, "The Women Who Built Omaha: A Bold and Remarkable History."

1. MOMS Retired Physicians chair, Dr. Robert Cochran, and author, Eileen Wirth.
2. MOMS Retired Physicians members gather to listen to Eileen Wirth discuss a history of women in medicine.
3. Eileen Wirth signs copies of her new book.

IN MEMORIAM

EDWARD M. MALASHOCK, M.D.

March 27, 1923 - May 10, 2022

BARRY L. MUNYON, M.D.

June 14, 1953 - April 10, 2022

BYRON B. OBERST, M.D.

March 5, 1923 - June 7, 2022

RICHARD L. O'BRIEN, M.D.

Aug. 30, 1934 - May 21, 2022

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**COMMITTED TO THE HEALTH
OF MOTHERS AND BABIES**


CHI Health, along with three Medicaid managed care groups, has committed \$1 million to a partnership with Pathways Community HUB Institute. It's a nonprofit program that will help at-risk moms and moms-to-be deliver and raise healthy babies. The PCHI uses a proven model that brings together hospitals, clinics, health plans, nonprofits and community health workers to connect families with services like prenatal classes, jobs, housing, and transportation.

"If we improve the health of expectant moms and their babies, we improve the health of our community as a whole," said E.J. Kuiper, CHI Health president and CEO.

CHI Health, United Healthcare, Healthy Blue Nebraska and Nebraska Total Care each contributed \$250,000 toward this program, which will be awarded to a community partner who will help bridge economic and social gaps for at-risk pregnant women and their babies in the Omaha Metro.

"A core mission of CHI Health is to improve the health of the people we serve, especially those who are most vulnerable, while advancing social justice for all. And we know we can't fix everything inside the walls of our hospitals and clinics. We have to help remove the barriers to health in our community," Kuiper said.

It's all part of a national effort through CHI Health's parent company, CommonSpirit Health to bring the PCHI program to six communities they serve around the country, including the Omaha Metro.

In May, agencies who work with at-risk populations and connect them to social and medical services began applying for consideration of the \$1 million grant. The awardee will be chosen in July and PCHI will help it develop the infrastructure for proven outcomes. 



METHODIST


**DEDICATION TO
BREASTFEEDING SUPPORT
RECOGNIZED**

The International Board of Lactation Consultant Examiners® (IBLCE®) and International Lactation Consultant Association® (ILCA®) have recognized Methodist Jennie Edmundson Hospital and Methodist Fremont Health for excellence in lactation care.

Jennie Edmundson and Methodist Fremont Health have each received the IBCLC Care Award, which recognizes facilities that hire International Board Certified Lactation Consultant® (IBCLC®) staff and provide a lactation program for breastfeeding families. In addition, the award signifies that the hospitals have completed activities that help protect, promote and support breastfeeding.

Jennie Edmundson was the only hospital in Iowa to receive the IBCLC award this year after first being honored in 2020. Methodist Fremont Health was the only hospital in Nebraska to be honored in 2022; it was also recognized in 2020. Methodist Women's Hospital is also an IBCLC award winner and will be up for consideration again in 2023.

The Methodist campuses are each breastfeeding-friendly locations that promote the benefits of breastfeeding for mother and baby. Certified lactation consultants offer inpatient and outpatient lactation support by phone, by email or via one-on-one meetings. Support groups are also available, as well as information for breastfeeding moms returning to work.

As allied health care professionals with the leading internationally recognized certification for professional lactation services, IBCLC professionals work in hospitals, birthing centers, clinics, public health agencies, private practice, community settings and government agencies. 



APPLICATION FOR MEMBERSHIP



This application serves as my request for membership in the Metro Omaha Medical Society (MOMS) and the Nebraska Medical Association (NMA). I understand that my membership will not be activated until this application is approved by the MOMS Membership Committee and I have submitted my membership dues.

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____
Birthdate: _____ Gender: ☐ Male ☐ Female
Clinic/Group: _____
Office Address: _____ Zip: _____
Office Phone: _____ Office Fax: _____ Email: _____
Office Manager: _____ Office Mgr. Email: _____
Home Address: _____ Zip: _____
Home Phone: _____ Name of Spouse: _____
Preferred Mailing Address: _____
Annual Dues Invoice: ☐ Office ☐ Home ☐ Other: _____
Event Notices & Bulletin Magazine: ☐ Office ☐ Home ☐ Other: _____

EDUCATIONAL AND PROFESSIONAL INFORMATION

Medical School Graduated From: _____
Medical School Graduation Date: _____ Official Medical Degree: (M.D., D.O., M.B.B.S, etc.) _____
Residency Location: _____ Inclusive Dates: _____
Fellowship Location: _____ Inclusive Dates: _____
Primary Specialty: _____

I certify that the information provided in this application is accurate and complete to the best of my knowledge.

Signature

Date

FAX APPLICATION TO:
402-393-3216

MAIL APPLICATION TO:
Metro Omaha Medical Society
7906 Davenport Street
Omaha, NE 68114

APPLY ONLINE:
www.omahamedical.com

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