

Medical Staff **NEWS**

NEW POLICY AND PROCEDURE FOR LEGIBILITY OF ENTRIES IN THE MEDICAL RECORD

2004 JCAHO PATIENT SAFETY INITIATIVES TO COVER LEGIBILITY OF MEDICAL RECORD ENTRIES

March 16, 2004:

The Standards and Compliance PMT worked in conjunction with the Physician Improvement Committees to develop a process of improving the legibility of the medical record entries and signatures.

Lee Memorial Health System (LMHS) is committed to providing a safe environment for our patients and understands the importance of legible, clear, safe unambiguous medical record entries to support patient care, patient safety and enhance written communication between healthcare providers and staff members.

Handwritten Entries in the medical record should be, complete, clear, safe, unambiguous and legible to others. Entries shall be completely readable (not merely recognizable through familiarity). Entries shall be written with black ballpoint (rather than felt tip) pen. All entries shall be dated and include the name and title of the author.

Signing with just initials, marks or other "scribble" is strongly discouraged. If the initials or marks are written **ONE** of the following conditions must be utilized to properly identify the author. 1. Signature stamp that clearly identifies the author. 2. Legible Printed full name. 3. Initials or signature mark must include the authors identification number (Employee or Physician ID number). 4. Medical Record contains a completed signature legend to identify the authors.

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NEW CHART DIVIDERS TO BE IMPLEMENTED

TWO NEW CHART DIVIDER TABS WILL BE IMPLEMENTED IN APRIL 5, 2004
TO IMPROVE COMMUNICATION WITH PHYSICIANS

March 16, 2004:

Health Information Management, Care Management and Nursing collaborated to develop two new chart divider tabs to assist physicians and staff in routine communications, reduce phone calls and provide a standardized location for physician office notes/documentation brought in to be filed in the medical record.

Physician Message Center tab (lime green) will be located behind the Advanced Directive tab along the bottom of the medical record. This section shall remain for communications to physician and staff and will not be a permanent part of the legal medical record upon discharge.

Prior Office/Reports tab (tan) will be located behind the History and Physical tab along the side of the medical records. This tab will hold physician office patient records, copies of prior reports from previous stays that are to be considered relevant to current treatment of the patient. The old charts sent to Nursing Units shall remain intact and should not be taken apart and put in this section.

Please contact either Health Information Management or Care Management with any questions regarding the two new chart divider tabs to our medical records.

UNSAFE ABBREVIATION LIST UPDATED

THE UPDATED LIST OF UNSAFE ABBREVIATIONS IDENTIFIED AS PART OF THE 2004
JCAHO PATIENT SAFETY INITIATIVE PLACED IN THE MEDICAL RECORD

March 16, 2004:

An unsafe abbreviation is a potentially dangerous abbreviation or dose expression that does not clearly communicate the intended meaning and has been documented in the medical literature as contributing to medical errors.

The unsafe, unacceptable abbreviations and dose expressions listed within the medical records are not allowed to be written anywhere within Lee Memorial Health System.

If an unsafe, unacceptable abbreviation is written or verbally given by a prescriber, the abbreviation must be clarified with the

prescriber prior to the order being carried out.

Lee Memorial Health System's first concern is for the overall safety of our patients, this philosophy should always be considered first when applying this policy.

If, in the professional judgment of the healthcare clinician providing the care, the order is clear and complete and the delay to obtain confirmation prior to the execution of the order would place the patient at greater risk, the healthcare clinician should carry out the order. Confirmation shall be obtained as soon as possible thereafter.

INFORMATION SYSTEMS UPDATE

PREVENTING UNAUTHORIZED ACCESS TO ON-LINE PATIENT INFORMATION

Protecting access to confidential patient information is a responsibility taken very seriously by LMHS, as well as a mandated HIPAA regulation. All of our clinical computer systems are designed to automatically timeout after a pre-defined period of inactivity or when the user is logged on, but not using the application or when there is idle time.

These timeouts are defined to protect patient information from unauthorized access when a device is left unattended. Our systems also record all access of patient information by user logon. This means if a physician walks away from a device but does not log off of the system, another "unauthorized" user could access patient information and all of that activity would be logged/recorded under the physicians sign on.

The timeout settings were determined to balance the needs of the clinicians providing patient care, yet remain within reasonable scope of the HIPAA requirements. Please note the following time-outs for Net Access and CliniComp.

Net Access: Net Access will automatically timeout after 20 minutes of inactivity. This time-out is a global setting for all devices, regardless of the device location.

CliniComp: The CliniComp system timeout settings can be device specific based on the device location. For example, physician dictation and physician lounge devices are set for 15 minutes. Nursing Station devices are set for 10 minutes. All other "public" area devices (rolling carts, affixed to the wall and in patient rooms) are set to automatically log off after 5 minutes of inactivity. Users will be returned to the note or flow sheet they were using prior to the time-out once they log back into the system.

Hint: Always log off the application when you have completed your work to prevent unauthorized access under your signon.

Hint: To avoid the automatic logoff, periodically click or hit a key, which will reset the timeout clock.

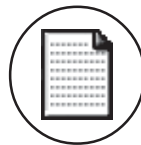
Please feel free to contact Karen Mueller, Physician Liaison at 335-7753 or karen.mueller@leememorial.org with questions.

REFERENCE LAB RESULTS NOW AVAILABLE ONLINE IN NET ACCESS

LMHS Laboratory Services and Information Systems have worked together to develop an orders and results interface with our main reference lab. Effective March 15, 2004 test results from our main reference lab were available for physicians to view on line in Net Access. These results will not be available in Clinicomp, only in Net Access.

Previously in the reference lab section of patient results, physicians would see the following statement for any reference lab results - "SEE SEPARATE REPORT". With the arrival of the new interface, results may be viewed online. From the Net Access

Navigation Bar, select the patient you wish to review. Then, select Patient Results, and then Reference Lab Results. Some results will have a small paper icon next to the results; if you click on this icon, more detail will be available:



Under Reference Lab Results, you will notice that the various tests have been further separated into the following groups for ease of use:

- Ref Chemistry
- Ref Drugs/Toxicology

continued from page 3

- Ref Immunology/Serology
- Ref Urine Tests
- Ref Acylcarnitine, Quant Plasma
- Ref Amino Acids
- Ref Lymph Subsets
- Ref MS Panel/IGG Synthesis CSF
- Ref Organic Acids
- Ref Triple Markers
- Ref Microbiology

If any of the group headers are highlighted in white, test results are available if you click on that section. Another exciting feature is that out of range results will show in red text and can also be found with a quick reference key like "H" high, "L" low, "A" abnormal, etc.

As the reference lab adds or changes tests, a paper report may still need to be referenced until the test changes can be placed in the system. In these cases, results availability will still be in paper format and be indicated in Net Access by "SEE SEPARATE REPORT". Please also note that "SEE SEPARATE REPORT" will still display on Reference Lab results prior to March 15, 2004. Going forward, the reference lab paper reports will be included with the Laboratory Reports.

MEDICATION RENEWAL PROCESS

Medication renewal notice sheets are now being printed on each unit and placed in the patient chart for the physician's signature. This renewal sheet takes the place of our old medication label sticker renewal process. The medication renewal sheets are placed in the physician order section of the chart by staff on the night shift. The renewal sheets will be flagged for physician review. The physician should then indicate by circling whether to Discontinue, Renew or Let Expire for each medication and then sign the renewal sheet. A physician signature alone is not acceptable. Once the physician completes the sheet, it will require that a copy be sent to pharmacy for order processing.

MEDICATION ERRORS WITH STERILE WATER FOR INJECTION

Nationally, there have been several recent reports of medication errors involving the intravenous administration of sterile water for injection to correct hypernatremia.

Recommendations to avoid medication errors involving sterile water for injection:

- 1. Sterile water for injection should only be used in the pharmacy for compounding.**
- 2. Treatment of severe hypernatremia generally consists of infusions that contain small amounts of sodium to reduce blood levels slowly. This is to prevent cerebral edema, seizures and possible death that may result from rapid correction of hypernatremia.**
- 3. If the patient's fluid volume is restricted, diuretics can be used in addition to an appropriate solution. If the development of hyperglycemia with dextrose solutions is a concern, insulin may be given.**

INFUSION PUMPS

When patients are admitted with medication pumps from home such as insulin pumps or implantable pain pumps these must be documented in the same manner as other patient medications. If these medications are to be continued while the patient is in-house a complete medication order should be written in the order section of the chart that specifies the medication, dose, route and frequency when applicable. Although the pharmacy will not be dispensing the medication this will allow the medication to be included on the patient's medication list in the chart.

LMHS: AN EMPLOYER OF CHOICE

Lee Memorial Health System has recently been designated as an "Employer of Choice". The Lee Memorial Health System Recruitment Team has been recognized and spotlighted as a "Best Practice" example by The VHA. In the last year LMHS has hired 14 Pharmacists/ Pharmacist Interns and made tremendous progress in keeping vacancies in Radiology and Allied Health to a minimum. Currently, The LMHS Recruitment Team is conducting a "100 Nurses 100 Days" campaign and offering an enhanced Employee Referral Bonus for the referral of Registered Nurses that are hired into the System.

CONGRATULATIONS TO LEE CANCER CARE

Lee Cancer Care received a 3-year accreditation from the Commission on Cancer of the American College of Surgeons and a score of "1" with NO recommendations or contingencies. This is the highest survey result a comprehensive cancer program can get! In fact, only 27% of hospitals surveyed achieve this status. When the surveyors were here in December they told physicians and clinicians that this was among the finest community cancer centers they had ever surveyed!

CAPE CORAL HOSPITAL RECEIVES NATIONAL AWARD

Solucient's 100 Top Hospitals® has named Cape Coral Hospital among the nation's top performance improvement leaders. Winners were recognized in the March 15, 2004 edition of *Modern Healthcare* magazine. Quality of care, operational efficiency, and financial performance were all factors reviewed by Solucient in selecting Cape Coral Hospital among only 20 large non-teaching hospitals nationwide for this recognition.

LMHS PATIENT CARE SERVICES MAGNET APPLICATION MANUALS ON PUBLIC DISPLAY

Lee Memorial Health System Division of Patient Care Services has been on a two year journey to receive Magnet designation from the American Nurses Credentialing Center (ANCC) in Washington DC. Magnet designation is the highest level of national recognition that can be awarded to a Nursing Service.

This prestigious Magnet award recognizes excellence in patient care and nursing practice and has been awarded to only 102 of the 6,000 hospitals in the United States. Currently, Florida leads the nation with 12 hospitals having received Magnet designation.

LMHS is proud of the competent and compassionate care our nurses provide to our patients everyday. We believe that we are in compliance with all of the Magnet standards and that we deserve Magnet designation. We are also proud of the outstanding teamwork that all members of the LMHS staff demonstrate in supporting our nurses in providing excellent patient care throughout the System.

In January 2004, the Division of Patient Care Services submitted seven volumes of written evidence to the ANCC to demonstrate our compliance with all fourteen stringent Magnet standards. These manuals represent the work of our staff over the last two years, as we worked to gather all of the necessary documentation to ensure that we meet the Magnet Recognition program standards.

Currently, appraisers from the ANCC are reviewing our written documentation and we look forward to a site visit once their review is completed.

We are proud of our written Magnet manuals and we invite you to review these manuals that are on public display at each of the libraries at our hospitals!

MEDICAL LIBRARY NEWS

The Medical Library arranged for a six-month free trial of the **Medical Letter on Drugs and Therapeutics** online for LMHS staff. The **Medical Letter's** articles summarize the vital drug facts you need to know, focusing on such elements as mechanism of action, pharmacology, clinical studies, adverse effects, drug interactions, dosing and product pricing. The **Medical Letter** accepts no advertising or funding from any outside source depending solely on the revenues generated by subscriptions. It enables them to remain the reliable source for unbiased, peer-reviewed, critical evaluations of new medicines.

The online product includes:

- **The Medical Letter on Drugs and Therapeutics** – searchable articles from 1988 to the present. Updated biweekly.
- **Treatment Guidelines from the Medical Letter** – Searchable past & current issues (first issue September 2002). Updated monthly.

- **Adverse Drug Reactions Program** – An evidence-based, proprietary database of adverse drug interactions. Searches for interactions between 2 and up to 50 drugs; also includes management recommendations and references to the original literature. Updated every six months.
- **Drug of Choice and Handbook of Antimicrobial Therapy** – These handbooks contain articles that list the drugs of choice, as well as possible alternatives, for treatment of frequently encountered illnesses, such as arthritis, asthma and hypertension, and infectious diseases. Much of the information is presented in easy-to-read charts and tables.

To access **Medical Letter on Drug and Therapeutics** online, go to:

<http://medicalletter.org/institutions/inst.html>

When prompted for a user name & password, please enter the following:

User name: leememorial

Password: leememorial (all lower case)

LEE HEALTH SOLUTIONS LAUNCHES AN INNOVATIVE, NEW WEIGHT MANAGEMENT PROGRAM

Lee Health Solutions at Lee Memorial Health System is pleased to announce the opening of the Lee Center for Weight Management. This affordable community program consists of the following dietitian facilitated program components:

- Individual nutritional consultation
- Weekly brief “weigh in” sessions
- Monthly follow-up appointments
- Support Groups

In addition to lifestyle therapy, Lee Center for Weight Management is also able to offer you the optional convenience of our center managing the weight management pharmacology for appropriate individuals participating in the program. The medication therapy will be prescribed by Dr. Sal Lacagnina D.O., Weight Management Medical Director

and only with your prior approval. If you choose to have the pharmacology prescribed by our center, documentation will be sent to your office regularly updating you on the progress of your patient. All primary care issues will be referred back to the patient's PCP.

Lee Center for Weight Management was created in response to the major public health challenge of overweight and obese individuals in America. It is estimated that approximately 60% of the adult population and 20% of children are considered overweight. Initially, the target population for this program will be adults with the goal to expand to children and adolescents in the near future.

Your patients can access this program by calling Lee Health Solutions at 573-5720.

WIRELESS TELEMETRY MONITORING

PCU (3North), Ortho (2nd floor), and Neuro (4North) will implement the first stage of the new Wireless Medical Telemetry remote monitoring system at the Lee Memorial campus.

Expected go-live is the end of March 04. (Cape Coral Hospital went live in October 03.)

For the first time monitoring of Medical/Surgical beds will also be available: on 4West by the end of April, on 5North by the end of May, and on 6North by the end of June. This will increase the available monitored beds at LMH to 84.

- This will allow patients to remain with staff skilled in his/her disease process and still have cardiac monitoring as an adjunct to patient assessment.
- All areas will be remotely monitored by 2 Monitor Techs 24 hours/day to assure quality of coverage. Heart Central located on PCU will accomplish this.

- They will provide q6 hour laser printouts, 72hours of full wave disclosure, e-caliper measurements, and 150-event/alarm storage for improved documentation.
- Expanded antennae coverage allows the patient to be monitored during transportation and testing, increasing data collection.
- Admission/Discharge criteria has been developed directing higher intensity patients with intent to treat to PCU/Telemetry units.
- Medical/Surgical patients that need cardiac observation due to a history or surgery, but cardiac treatment is not anticipated may be monitored on their respective units.

New pre-printed order sets will be available for Medical/Surgical monitored patients.

Monitoring will be discontinued after 48 hours on Medical/Surgical units if no significant cardiac event has occurred and the physician **does not** reorder.

MEDICAL STAFF HOTLINE

FOR MEDICAL STAFF ISSUES OR CONCERNS,
CALL THE MEDICAL STAFF HOTLINE @ 334-5700.

CME STATS

Lee Memorial Health System offered over 70 CME activities in 2003 with a total of 1,931 physician participants and 337 hours of education.

CONTINUING MEDICAL EDUCATION – CME

“THE DIAMOND JUBILEE OF THE DISCOVERY OF THE HERNIATED LUMBAR DISC: WHAT HAVE WE LEARNED”

John Frymoyer, MD
Formerly Professor and Chairman, Department of
Orthopedics and Rehabilitation
University of Vermont College of Medicine

Thursday, April 1, 2004

Lee Memorial Hospital Auditorium
12:30 – 1:30 PM

Objectives: Participants will be able to identify the symptoms and signs of a typical and atypical lumbar disc herniation including cauda equina syndrome, distinguish clinically relevant from irrelevant imaging studies and describe contemporary non-operative and operative treatment options

“ADVANCES IN NEURO INTERVENTIONAL RADIOLOGY: CAROTID STENTING, STROKE, VERTEBROPLASTY & KYPHOPLASTY”

Avery J. Evans, MD
Tampa Bay Radiology Consultants and University of
Florida Assistant Clinical Professor of Radiology and
Neurosurgery

Saturday, April 3, 2004

The Hilton Garden Inn, Ft. Myers
8:00 – 8:30 AM Registration & Breakfast
8:30 – 9:30 Carotid Artery Stenting
9:30 – 10:30 Advances in Acute Stroke Therapies
10:30 – 10:45 Break
10:45 – 11:45 Vertebroplasty & Kyphoplasty

Target Audience: Physicians

Physicians can attend 1, 2 or all 3 CME lectures
Objectives: Participants will be able to describe basic anatomy of the carotid and cerebral circulation, identify various stents and distal protection devices, describe clinical management of pre and post carotid stenting, describe new strategies for endovascular stroke intervention, identify appropriate patients for carotid artery stenting and acute endovascular stroke intervention, discuss pros and cons of vertebroplasty vs kyphoplasty and patient selection.

3 CME Credits, RSVP by 4/1/04 574-0397

Supported by an Educational Grant – Boston Scientific and Cordis

“EARLY DIAGNOSIS OF DEMENTIA”

Michael Raab, MD

Tuesday, April 27, 2004

Lee Memorial Hospital
Auditorium

12:30 – 1:30 PM

Objectives: Participants will be able to describe how to diagnose dementia, various types of mental status tests and screening procedures for dementia illnesses.

If you have questions or would like to submit an article to *Medical Staff News*, please contact

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