

## JCAHO'S COMING SEPTEMBER 13-17 2004 UNDERSTANDING NEW JCAHO TERMINOLOGY

JCAHO SURVEY'S ARE NO LONGER LIMITED TO CHART REVIEWS.

### Tracer Methodology:

Is the evaluation method in which surveyors select several patients:

1. Typically those who received multiple or complex services. Surveyor's will use their records to measure the Organization's standard compliance with care and services.
2. Surveyors examine the care that each department provides and how different departments work together. Surveyors retrace the specific care processes that the patient experienced by observation **and talking with the staff.**
3. Surveyors will choose records from our top DRG's and follow a patient from admission to discharge. In certain instances this can include physician office visits, i.e. OB/GYN, or if a patient entered through the ED the tracer visit will begin there. During the tracer process, the Surveyors will continuously look at the Seven Patient Safety Goals:
  - Patient Identification
  - Communication
  - High Alert Medications
  - Correct Site Surgery
  - Infusion Pumps
  - Alarm Systems
  - Infection Control

**The JCAHO has said that on average surveyors will trace 11 patients per survey.**

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### **Priority Focus Process (PFP):**

These are the methods, systems or structure that significantly affect the quality and safety of care. Surveyors will use our top five priority focus areas to plan the on-site survey and tracer focus.

A top priority focus can include the following:

- Assessment and care/services
- Communication
- Credentialed and privileged practitioners
- Equipment use
- Infection control
- Information management
- Medication management
- Organization structure
- Orienting and training
- Rights and ethics
- Physical environment
- Quality improvement activity
- Patient safety
- Staffing

### **Evidence of Standards of Compliance:**

Is a report sent to JCAHO within 90 days (45 days beginning 2005) after the triennial survey for any standard scored as “not compliant.” The report must detail the actions taken to comply with the standard since the survey. If an Organization feels that they complied with a standard that was scored as “not compliant”, they can at this time clarify their reasoning.

*The evidence of standards compliance report must look at how the organization complied with the elements of performance and include a measure of success for each element involved.*

### **Measures of Success:**

A measure of success is a component of both the evidence of standards compliance and

the periodic performance review processes. When a surveyor determines that you don't meet a standard, you must develop a measure of success for each element of performance scored as partial or insufficient compliance.

*JCAHO defines a measure of success specifically as “a numerical or quantifiable measure, usually related to an audit, that determines if an action was effective and sustained.” The term “quantifiable” refers to an amount or number. This must be provided four months after the accreditor approves the evidence of standards compliance.*

### **Periodic Performance Review:**

Formally called self-assessment, used to assess compliance with JCAHO standards via an electronic tool on the JCAHO's secure extranet site. *Corrective plans are then formulated if the organization falls short.*

### **Quick Tips for Physicians:**

1. Get ready for more contact with surveyors. *That means preparing to answer questions about the care you're providing to your patients.*
2. Review survey essentials, such as policies and procedures the hospital has developed in response to the National Patient Safety Goals. *Surveyors may ask about them.*
3. Take extra care with documentation. *Remember, surveyors will use data from your hospital to help guide surveys.*
4. Practice helping the surveyor through the patient record and tracking process.
5. Take time to understand all of the standards rather than just those that fall under your scope of care.
6. Prepare now, don't wait until survey time.

## LEE MEMORIAL HEALTH SYSTEM IMPORTANT PATIENT SAFETY NOTICE

- WHO:** Medical Staff, Physician Assistants, Nurse Practitioners, Midwives, Nursing, Pharmacy, Therapists, Case Managers, Technicians and all Others Authorized to Make Medical Record Entries
- WHAT:** Lee Memorial Health System's Legibility Policy
- WHERE:** All Lee Memorial Health System's Facilities
- WHY:** To improve patient care and patient safety through legible communications
- HOW:** Medical Staff illegibility issues shall be reported to the Corporate Medical Director  
Other health care clinician illegibility issues shall be reported to their respective Department Director/Manager

### **The LMHS Legibility Policy (P10-02-017) effective January, 2004 required in part:**

- all handwritten entries in the medical record shall be complete, clear, safe, unambiguous and legible to others
- medical record entries signed with just initials, marks or other illegible "scribble" must also use one of the following:
  - 1) signature stamp that clearly identifies the author
  - 2) your full name, legibly printed
  - 3) your identification number (physician or employee identification number)
  - 4) medical record contains a completed signature legend

TAKE TIME

TAKE ACTION

TAKE PART

BE RESPONSIBLE

BE ACCOUNTABLE

THINK PATIENT SAFETY

**G. P. Fitzgerald, III, M.D.**  
Corporate Medical Director  
Medical Staff Services – LMH  
Telephone 334-5643

**Chuck A. Krivenko, M.D.**  
Chief Medical Officer  
Medical Clinical Services

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## THE MESSAGE CENTER

*Mark Greenberg, MD*  
*Corporate Medical Director of Medical Management*

One of the “Priority Areas for National Action in Transforming Health Care Quality” targeted by the Institute of Medicine and endorsed by The National Quality Forum is coordination of care. A key element of care coordination is adequate, accurate and timely communication between health care providers. Currently, the system relies on an inefficient and somewhat haphazard blend of phone calls, faxes, and “sticky notes” for communication. In addition, the need for messaging is increasing as the age and medical complexity of our patients increases. The benefit of a standardized chart location and format for non-urgent messaging is intuitively obvious. In response, a “Message Center” for charts has been developed and successfully piloted with favorable feed back from staff and physicians on the 3-North unit at the Lee Memorial Hospital site.

The “Message Center” is simply a standardized form set-up in a modified “telephone log” format with space for the message and a reply. The purpose is to provide a site to communicate non-urgent but

clinically important issues that need to be addressed in a timely fashion, generally within 24 hours. Of note, the Message Center is only a communication tool and, as a result, is not part of the permanent medical record. A few examples of its use would be nursing risk assessment alerts, general nursing questions and requests for action, regulatory alerts, case management and social work issues, and pharmacy requests and alerts. It is also planned that DVT risk alerts would be placed in this section of the chart. In our trials, the Message Center was even used for physician-to-physician communication.

The benefits of the Message Center have been numerous. Phone calls, faxes, and pages to physicians are reduced resulting in improved workflow for physicians and the hospital staff. By providing a standardized site for messaging, accuracy and reliability of communication is also improved. The Message Center tab (lime green) is located behind the Advanced Directive tab along the bottom of the medical record.

## MEDICAL STAFF HOTLINE

*For Medical Staff Issues or Concerns, Call the Medical Staff Hotline at 334-5700.*

## PRECAUTIONS WITH THE USE OF COLCHICINE

Colchicine is an anti-inflammatory agent used primarily in the treatment of acute gouty arthritis. While colchicine can be useful, it is prudent that it be used properly in order to avoid potentially toxic effects such as bone marrow suppression and subsequent pancytopenia, thrombocytopenia, leukopenia, neutropenia or agranulocytosis. Toxicity associated with colchicine is more predominant with the intravenous dosage form. When using the oral dosage form, there are early warning signs of toxicity such as nausea, vomiting and diarrhea. With the intravenous dosage

form, however, gastrointestinal symptoms may not be a reliable indicator of impending overdose. Because of the extreme risks of toxicity associated with the use of intravenous colchicine, oral administration is preferred and the intravenous dosage form must be used with caution. Both routes have maximum cumulative dosages per attack, 4 mg intravenous or 8 mg oral. A minimum colchicine free interval of seven days for intravenous regimens and 3 days for oral regimens must follow each course of treatment with colchicine.

## LMHS MEDICAL NUTRITION THERAPY

Food and Nutrition Services is now providing medical nutrition therapy as an outpatient service. Appropriate referrals include but are not limited to patients with GI disorders, pre-dialysis renal patients, low sodium and/or low cholesterol diet instructions and monitoring for patients receiving enteral nutrition support.

Appointments are available at all three LMHS hospital campuses. Call Central Scheduling at 772-6200 to make appointments. A script with the related diagnosis is required. Please fax a copy to Central Scheduling at 772-6294.

Initial consultations will last 1 hour; 30-minute follow-up and 15-minute monitoring visits are also available. Patients will be required to pay for the visit at the time of the service and can seek insurance reimbursement independently.

To refer patients to the weight management program or to diabetes education classes, please call Lee Health Solutions, 573-5720.

Food and Nutrition Services is pleased to offer this service to improve outcomes for your patients. For more information contact Tonya Krueger RD, LD/N, LMHS Outpatient Dietitian, phone number 574-0355.

## MULTI-CENTER OB NURSING CLINICAL TRIAL AT CCH & HP

The Institutional Review Committee at LMHS has approved the first multi-center nursing clinical trial to take place at Lee Memorial Health System at Cape Coral Hospital and Health Park Medical Center. The clinical trial is called SELAN, **Structured Early Labor Assessment and Care by Nurses**. It is a multi-center randomized control trial originating from the University of Toronto, funded by the Canadian Institutes of Health Research. We will be one of 11 North American hospitals participating in the trial.

The trial will be comparing two styles of nursing care in the early latent phase, usual care

or structured care and how the care affects the progress of labor and the method of delivery.

One research question that will be addressed is the effect of pre and latent phase labor nursing support on the rate of spontaneous vaginal delivery.

Cape Coral will begin enrolling patients April 20 and Health Park May 15. For questions about the trial, please contact Carol Lawrence RN,C, BSN, Research Nurse at 772-6523 or Nancy Travis, RN,C, BS, Principal Investigator for SELAN Trial at LMHS sites at 574-0308

## DOCUMENTATION FOR THE MEDICAL RECORD

What you write in the medical record affects your personal billing, financial security and profiling.

Over the past 15 years, physician personal-service billing for nonprocedural interventions has been conducted through E/M codes. Specific elements change how you determine your level of service.

One thing that has remained relatively stable is the complexity of medical decision making. That's the one part of medical coding that isn't counted as the elements of history and physical examination. It's based on soft concepts with one exception.

If a patient has no diagnoses, you have no complexity of medical decision making. The most you can bill is a midlevel for symptoms. If no diseases, presentations or lab findings are translatable into codeable diseases, you don't stand a chance of billing for high complexity.

In October 2003, Medicare announced that physician billing will be checked to compare with the severity of illness of the patient.

### **TIPS for Physicians:**

- Content is more important than length
- Every note has to stand on its own
- If the patient still has it, it's not "history of"
- If there's something new, name the new condition and what caused it
- If a situation that you have been treating has resolved or is improving, name it and what it was due to if you know
- Don't think that "doing well" is worth a cent in billings.

*Info from A Minute for the Medical Staff, a supplement to Medical Records Briefing*

## THE PHYSICIAN'S ROLE IN HAND HYGIENE

*Mary Beth Saunders, D.O.*

The Hippocratic Oath, as our ethical conduct code for physicians, states, "First, do no harm..."

Basic Infection Prevention and Control principles have proven that hand hygiene is the single most important means of preventing the spread of infection to yourself or patients.

LMHS embraces the CDC Recommendations of Hand Hygiene 2002 initiatives by implementing the no artificial nail policy, installing the waterless alcohol hand rinses, monitoring handwashing, and promoting the empowerment of everyone to ask, "Did you wash your hands?"

As a surgeon would not perform surgery without an appropriate surgical hand scrub, nor should a practitioner examine a patient without a hand wash or alcohol hand rinse.

The New England Journal of Medicine article, "Notes of a Surgeon: On Washing Hands" (Volume 350(13) 25 March 2004 pp1283-1286), concludes with this statement: "Until that moment, when I stood there looking at the sign (isolation) on his door, it had not occurred to me that I might have given him that infection. But the truth is I may have. One of us certainly did."

## NET ACCESS

Net Access is the browser-based application that allows Physicians, Physician Extenders and Physician Office Staff secure access to patient Lab, Rad, Micro Results, Dictated Reports, and Demographic information over the Internet. If you haven't logged on, or have any questions, please contact Karen Mueller, IS Physician Liaison at 335-7753 or [karen.mueller@leememorial.org](mailto:karen.mueller@leememorial.org) or you may page Karen at 930-6635.

## NEW OFFICE FOR ASSOCIATES IN PEDIATRICS

Associates in Pediatrics is opening a new office. Starting August 2nd the 4th location will be in the Breckenridge building at 19910 South Tamiami Trail, Suite B, Ft. Myers, FL 33928. The phone number will still be 939-1000.

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## CONTINUING MEDICAL EDUCATION JULY 2004

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### **“OBESITY PHARMACOLOGY: FROM RESEARCH TO PRACTICE”**

Salvatore Lacagnina, D.O.  
HealthPark Medical Center Room HP1A

**Tuesday, July 6, 2004**

12:30 – 1:30 PM

**RSVP for lunch – 573-5680**

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### **“THE DIABETIC FOOT: NAVIGATING THROUGH THE DAILY CHALLENGES”**

Sandra Desai, D.P.M., P.A.  
Lee Memorial Hospital Auditorium

**Wednesday, July 7, 2004**

6:30 – 7:30 PM

**RSVP for dinner – 573-5680**

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### **“FIRST AID FOR THE EYE”**

John Snead, MD  
Lee Memorial Hospital Auditorium

**Tuesday, July 27, 2004**

6:30 – 7:30 PM

**RSVP for dinner – 573-5680**

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### **“DOMESTIC VIOLENCE AND ABUSE ASSESSMENT”**

Colleen Henderson, ACT  
Lee Memorial Hospital Auditorium

**Thursday, July 29, 2004**

6:30 – 7:30 PM

**RSVP for dinner – 573-5680**

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

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