

JCAHO SURVEY DATES: SEPTEMBER 13-17

JCAHO CORE PERFORMANCE INDICATORS

Since JCAHO implemented Core performance measures, LMHS has put in place a compliance plan that consists of order sets, Medical Record Orange indicator alert sheets and retrospective Medical Record reviews.

Care Management also does concurrent Medical Record reviews for compliance and contacts physicians as appropriate

During the September survey, JCAHO will be looking for the following compliance:

ACUTE MYOCARDIAL INFARCTION

Aspirin:

1. Use of Aspirin within 24 hours of admit
2. Prescribed at discharge
3. Documentation of contraindication.

Beta Blocker:

1. Administration within 24 hours of admit
2. Prescribed at discharge
3. Documentation of contraindication

ACE inhibitor for LVEF <40%:

1. Prescribed at discharge
2. Documentation of contraindication

Timely Reperfusion:

1. Percutaneous Coronary Intervention (PCI) within 90 minutes of arrival for AMI
2. Thrombolytic agent within 30 minutes of arrival for AMI.

Smoking Cessation Counseling:

1. Document one of the following:
 - a) Brochures/handouts on smoking cessation
 - b) Smoking cessation aid such as Zyban or Nicoderm
 - c) Viewing of smoking cessation video
 - d) Advise to stop smoking whether or not a smoker

DISCHARGE INSTRUCTIONS MUST ADDRESS:

1. Medication Education
2. Smoking cessation counseling
3. Diet
4. Activity
5. Weight Monitoring
6. Worsening Symptoms
7. Follow-up appointment
8. BP maintenance & education
9. Cardiac Rehab Program

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Pneumococcal & Influenza Vaccines:

1. Documentation of assessment &/or administration.

CONGESTIVE HEART FAILURE

ACE Inhibitors:

1. Document if patient is on ACE on admission
2. Document appropriate use at discharge
3. Document rationale for non-use at discharge

Left Ventricular Ejection Fraction:

1. Document know LVEF

OR

2. Document intent to assess post discharge

Weight monitoring during hospitalization.

Smoking Cessation Counseling:

1. Document one of the following:
 - a) Brochures/handouts on smoking cessation
 - b) Smoking cessation aid such as Zyban or Nicoderm
 - c) Viewing of smoking cessation video
 - d) Advise to stop smoking whether or not a smoker

Discharge Instructions must address:

1. Medication Education
2. Smoking cessation counseling
3. Diet
4. Activity
5. Weight Monitoring
6. Worsening Symptoms

7. Follow-up appointment
8. BP maintenance & education
9. Cardiac Rehab Program

Pneumococcal & Influenza Vaccines:

1. Documentation of assessment &/or administration.

COMMUNITY ACQUIRED PNEUMONIA

Oxygen Assessment:

1. ABG or
2. Pulse Oximetry

Blood Cultures:

Times 2 prior to administration of initial antibiotic

Initial Antibiotic:

1. 1st dose within 4 hours of diagnosis (**pre-printed orders available**)
2. Initial dose in ED for emergency room patients
3. For handwritten orders: Write **STAT** or **NOW** for initial antibiotic

Smoking Cessation Counseling:

Document one of the following:

- a) Brochures/handouts on smoking cessation
- b) Smoking cessation aid such as Zyban or Nicoderm
- c) Viewing of smoking cessation video
- d) Advise to stop smoking whether or not a smoker

Pneumococcal & Influenza Vaccines:

Documentation of assessment/or administration.

LMHS GOAL: 100% compliance with core performance indicators by the time JCAHO surveys.

REMINDER: JCAHO is requiring that if an indicator was ***NOT MET***, to document specific contraindications.

MAXIMUM STERILE BARRIERS FOR CENTRAL-LINE INSERTION

By Mary Beth Saunders D. O.

The CDC Guidelines for the Prevention of Intravascular Device Infections 2001 apply a Category 1A “strongly recommended” for the use of maximum sterile barriers during central-line insertion.

Category 1A is defined as strongly recommended for implementation and strongly supported by well-designed experimental, clinical, or epidemiological studies.

Maximum sterile barriers include gown, gloves, mask, and head cover, which are included in the central-line carts kept on each intensive care unit.

LMHS supports the use of maximum sterile barriers during the central-line insertion procedure.

MEDICATION RENEWAL UPDATE

At LMHS the following medication classes have automatic expiration dates.

Anticoagulants = 7 days

Antibiotics = 7 days

Narcotics = 7 days

Narcotic PCA with basal rate = 24 hrs

Narcotic PCA with no basal rate = 72 hrs

- The medications can be renewed to extend therapy, or prescribed for a specific duration of therapy.

- Renewal notices print on the nursing units at 11 PM and are placed in the physician order section of the patient chart for physician attention. Renewal notices are printed the day before expiration and the day of expiration. The date printed will appear on the form.
- To renew a medication, sign the renewal form in the space provided.
- Write date and time in the space provided next to signature.
- Circle the desired option on the form; either “dc”, “renew” or “let expire”.

Nursing will then fax or tube a copy of the renewal to Pharmacy.

CCH MEDICAL STAFF BYLAWS

The CCH Medical Staff Bylaws were completed, revised and approved by the Medical Staff and adopted by the Board of Directors on May 27, 2004.

Copies are available in CCH Physician Lounge for anyone interested in obtaining a copy.

LEE CAMPUS WIRELESS REMOTE TELEMETRY SYSTEM COMPLETE

Lee Campus now has the capability to provide cardiac monitoring on all units.

Patients with cardiac diagnosis and intent to treat will still be directed to PCU or Neuro Stepdown. Patients that physicians wish to monitor as an adjunct to the patient assessment may receive cardiac monitoring in their appropriate areas of diagnosis.

To support the care of monitored patients to these new units a new Medical/Surgical Cardiac Monitoring Order Set is approved and recommended for use. Please request this order set when admitting a patient to Ortho, Neuro, 3West, 4West, or 6North.

LMHS ANNUAL MEDICAL STAFF MEETING

Monday, September 27, 2004

6:00 p.m.

Harborside Convention Center

Please mark your calendars – the meeting is generally held the second Monday of September, but has been moved to the fourth Monday this year because of the JCAHO survey occurring September 13 – 17, 2004.

PHYSICIAN RECOGNITION

Congratulations to the following physicians who have successfully passed their specialty board examinations for recertification:

American Board of Internal Medicine

Sal Lacagnina, D.O.

Leah Lynch, M.D.

Bruce Lipschultz, D.O.

American Board of Family Practice

Rick Waks, D.O.

NEW ERGONOMIC PATIENT HANDLING EQUIPMENT COMING

As part of our efforts to protect our staff and our patients, we are initiating a new minimal lift program at Cape Coral Hospital, The Rehab Hospital and HealthPark Care Center. Many units will soon be receiving a variety of new patient lifts and other equipment. Unlike patient lifts of the past with their chains and ratcheting, swinging movements, the new equipment is sleek, colorful, quiet, extremely stable and moves patients smoothly and gently. The various pieces of equipment accommodate a variety of mobility and activity levels, from the patient who may just be a little weak after a procedure to the patient who is immobile and totally unable to assist with their care.

Some of the equipment is designed to move patients from one place to another, bed to chair, etc. Other equipment is designed to allow patients to achieve a standing position without fear of falling. Some of the equipment allows patients to walk safely as they progress through their rehabilitation continuum. There is a lift that enables a single caregiver to get a patient who has fallen off the floor without risk of injury to the patient or the staff. There is even a special lift that will be going to the CCH Emergency Department that is designed to get

patients out of a vehicle without injury. Some of the equipment can accommodate patients weighing up to 440 pounds.

In addition to the mechanized lifts, staff will also be employing a new variety of bed mobility aids. These special sheets and tubes are manufactured of a parachute type cloth, whose coefficient of friction is so low that it reduces the force required to move a patient to approximately 17 to 19 percent of the patient's body weight.

As with all new equipment, there will be a learning curve until everyone is proficient in its use. Eventually, however, it will increase productivity, as one person will now be able to perform patient handling tasks that used to require several staff members. We also anticipate a reduction in patient injuries including skin tears, bruises, sprains and strains and even fractures. And as a financial bonus, we anticipate that we will be able to significantly reduce the half million dollars spent annually on workers compensation costs related to patient handling injuries to our staff. For more information, contact Sandra Perrin, System Safety Officer at 772-6383.

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 or you may page Karen at 930-6635.

ORDERING ECHOCARDIOGRAPHY, STRESS TESTS, AND NON-INVASIVE VASCULAR PROCEDURES

When ordering Cardiovascular diagnostic procedures, it is important to indicate which specialist or specific specialty group that you desire to perform the interpretation. Without indicating whom you wish to interpret, it is difficult for the nursing units to enter the orders correctly. A physician must be entered for the ward secretaries to be able to generate the actual order. When the interpreting physician is left off of the order, the nursing unit must enter any interpreting physician in order to get

the order to print. The nursing units are not always able to telephone a referring physician in a timely manner. If a Consult is then assigned and is not the physician for whom the procedure was ordered, the consulting physician did not have the opportunity to review the diagnostic study to provide consistent and cohesive care.

Thank you for helping to avoid confusion in these matters by indicating the interpreting physician of your choice.

MANDATORY REQUIREMENTS FOR RELICENSURE OF PHYSICIANS IN FLORIDA

MD

HIV/AIDS
Domestic Violence
Prevention of Medical Errors 2 hours

DO

HIV/AIDS
Domestic Violence
Prevention of Medical Errors 2 hours
Risk Management
Florida Laws and Rules
Uses and Abuses of Controlled Substances

NEW DO LICENSURE REQUIREMENT

For the licensure period beginning April 1, 2004 through March 31, 2006, DOs will be required to complete a course in "Uses and Abuses of Controlled Substances."

Lee Memorial Health System will offer this course during this relicensure period.

DOs are no longer required to take a course in Managed Care.

CAPE CORAL HOSPITAL AUXILIARY

On Thursday, June 24th, 2004 the Cape Coral Hospital Auxiliary President, Rita Hotchkiss, presented a check for \$30,000 to Lee Memorial Health System for the grant program. Accepting the check were Jon Cecil, V.P. Human Resources and Mike Polito, Strategic Workforce Planner.

The grant program will allow those pursuing a

specific type of medical career the opportunity to receive financial assistance for college. Guidelines to the grants will bring those successful back to LMHS as an employee for a specified amount of time. The grants will focus on promoting careers in nursing and other specific healthcare professions to assist with the identified staffing needs of LMHS.

LEE MEMORIAL AUXILIARY

The Lee Memorial Auxiliary is proud to announce the projects it will fund in 2004:

- \$52,800. Automated External Defibrillators for enhanced treatment and diagnosis of heart patients at HPMC
- \$50,000. Annual LMHS Educational Grant Program to help fill critical System staffing needs
- \$38,838. Two Argon Plasma Coagulators for Endoscopy procedures to reduce risk of bleeding (LMH and HPMC)
- \$25,000. File of Life for Older Adult Services
- \$7,500. Three cardiac/respiratory monitors for HPMC Obstetrics for car seat testing of infants prior to discharge
- \$6,550. Solostep for Outpatient Physical Therapy to help disabled patients walk sooner and safer (plus installation)
- \$5,000. Laptop Computer, LCD Projector and Projection Screen for HPMC 5W and 2S to educate staff in a time-effective manner
- \$4,236. Wheelchair Cushions to prevent pressure ulcers in wheelchair bound patients of HealthPark Care Center
- \$2,400. Tono-Pen XL Tonometer to improve the quality of EGR exam and measure eye pressure for the HPMC Emergency Department

LEE PAIN SERVICES

Minnie Jackson, RN, MS, CPAN

Lee Memorial Health System has integrated its chronic pain management practice to include acute pain. In 1997 LMHS opened its doors to address chronic pain in conjunction with Medical Anesthesia and Pain Consultants. This physician referral based program has grown from treating 100 patients a month to 400 plus patients a month. As the inpatient referrals continue to grow, the need to improve the quality of care provided to you and our patients has become more apparent.

Lee Pain Services would like to introduce Michele Tedesco, RN and Linda Mayer, RN as the new Acute Pain Service nurses. Both Michele and Linda will be working at Lee Memorial Hospital under the leadership of Dr. Gene Mahaney, Medical Director of Pain Services. Job responsibilities will include regular rounds on post-operative patients, assessment/reassessment of patient's status, coordinating the patient's plan of care with nurses and providing formal/informal education to staff, patients and families.

MEDICAL STAFF HOTLINE

For Medical Staff Issues or Concerns, Call, the Medical Staff Hotline @ 334-5700

CONTINUING MEDICAL EDUCATION – AUGUST 04

“OUR AGING SOCIETY: CONTINUING CARE AND PRACTICE”

Lee Memory Care will be holding its third annual geriatric conference entitled “**Our Aging Society: Continuing Care and Practice**”. The event will be held at the Hyatt Regency Coconut Point Bonita Springs beginning Friday afternoon August 27th and continuing all day on Saturday August 28th

Mandatory education on Medical Errors, Domestic Violence and HIV/AIDS will be presented on Friday afternoon. Saturday includes an entire day of events with the topic focused on Alzheimer’s and other related dementias, current research, treatments and practical care management.

Several national speakers will comprise the faculty, including Gary Small, M.D. Director of UCLA’s Center on Aging and founder of the UCLA Memory Disorders Clinic. Dr. Small has recently authored two books, which are now receiving national acclaim. His most recent publication, *The Memory Prescription* and previous *The Memory Bible* have been discussed with Dr. Small on NBC’s The Today Show, CNN and PBS.

Please contact Roberta Montgomery -Lee Memory Care at 334-5884 for further information or to receive a registration brochure. Typing in this web address may also access the registration: <http://www.leememorial.org/oas/memoryconference.lmc2004.asp>

The program will offer up to 10 CME credits. Deadline for registration is August 19, however to receive the best registration prices - **register early!**

“PROSTATE LASER THERAPY”

Barry Blitz, MD

Monday, August 9, 2004

6:30 – 7:30 PM

Lee Memorial Hospital Auditorium

RSVP Dinner – 573-5680

“HERPES & HIV”

Marshall D’Souza, MD

Wednesday, August 25, 2004

6:30 – 7:30 PM

Lee Memorial Hospital Auditorium

RSVP Dinner – 573-5680

“RECENT TRENDS IN NEONATAL CARE FOR THE GENERAL PEDIATRICIAN”

William Liu, MD

Thursday, August 26, 2004

7:15 – 8:15 PM

HealthPark Medical Center Room 1A

Following the Clinical Department of The Children’s Hospital Meeting

RSVP Dinner – 573-5680

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

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