

LEE CHF CARE DEMONSTRATES IMPRESSIVE DECREASE IN READMISSION RATES

Michael Danzig, M.D.

Congestive Heart Failure is the most common reason for hospital admissions among individuals over the age of 65. Approximately five million Americans suffer from CHF with over 550,000 new cases diagnosed annually. Historically, 29%-47% of CHF patients are readmitted to the hospital within three to six months after their initial diagnosis.

Established in 2003, Lee CHF Care, a department of Lee Health Solutions, is a telephonic case management program designed to enhance compliance, provide patient education, and monitor the patient's health status. Periodic patient reports are sent to the referring physician. In FY'04, patients enrolled in the program showed a readmission rate of 0.5% compared to a 3.6% readmission rate for CHF patients who were not enrolled in the program.

Studies have demonstrated that elderly patients with CHF show improvement in outcomes when enrolled in home health upon discharge from the hospital. CHF patients can benefit from Registered Nurse Home Health visits and also the assistance of a nurse's aide. Physical therapy and occupational therapy can increase activity levels, improve quality of life, and prevent readmissions. Lee CHF Care works closely with Lee Home Health in providing a comprehensive continuum of care. If patients are followed by Lee Home Health, the referring physician has the opportunity to enroll their patient in the Lee CHF Care telephonic program upon discharge from this service.

Inpatients are referred to Lee CHF Care by physician order, "Lee CHF Care outpatient program". For more information, please contact Leslie Foskett, RN, CHF Coordinator at 573-5725.

EXCITING NEW DIABETES PERIOPERATIVE IV INSULIN INITIATIVE

Lee Health Solutions is pleased to announce to you a FY'05 Lee Diabetes Care quality-based initiative designed to improve the blood glucose control of Diabetes patients undergoing surgery. For several years, medical research has stressed the importance of optimal blood sugar control to decrease the infection rate and improve the health outcomes for the diabetes patient. From our own experience at LMHS, we have been able to decrease our CABG infection rate for patients with Diabetes from 5% to 2.7% by using perioperative IV insulin and other

measures implemented by the Thoracic Surgeons for this patient population.

With approval and strategic guidance from the LMHS Medical Leadership, Joint Anesthesia Operating Committee and LMH Surgical Council, Lee Health Solutions has implemented the following Perioperative IV insulin initiative:

- General Vascular, Neurosurgery and Orthopedic Surgical cases are targeted.

I N • T H I S • I S S U E

Lee CHF Care Demonstrates Impressive Decrease in Readmission Rates
 New Diabetes Perioperative IV Insulin Initiative • Documentation/Coding • Net Access
 Ova and Parasite Testing on Stool Specimens
 Community-Acquired Methicillin-Resistant Staph Aureus in the Emergency Departments
 Why Should You Maintain Your CME Records for 4 Years?
 New Phone Numbers for Nursing Units at HealthPark • Medical Staff Hotline
 2nd Annual Celebrity Chef Night • CME: Learn More & Earn Credit • Continuing Medical Education

- Initially, this initiative is piloted only at Lee Memorial Hospital.
- A Diabetes OR nurse from Lee Diabetes Care will be responsible for the IV insulin during the surgical period and through the transition to a bed on a surgical unit.
- The hours worked by the Diabetes OR Nurse will be determined based on peak operating volume with the understanding that some diabetes patients will not receive the benefit of the IV insulin on hours/days the nurse is not available.
- The IV insulin drip will be continued until the patient's first post-operative day.

Please contact Lucille Rosso, RN, MSN, CDE, Lee Health Solutions Program Manager at 573-5720 with any questions or concerns.

DOCUMENTATION/CODING

By Janelle I. Wissler, RHIA, CCS, CMT

Abnormal Findings Documentation

In January 2005, CMS (Medicare) published new coding guidelines, which include the following rule when coding INPATIENT encounters, with abnormal findings noted on results of laboratory or radiological studies.

“Abnormal findings (laboratory, x-ray, pathologic, and other diagnostic results) are not coded and reported unless the provider indicates their clinical significance. If the findings are outside the normal range and the attending provider has ordered other tests to evaluate the condition or prescribed treatment, it is appropriate to ask the provider whether the abnormal finding should be added to final coding.” (Coding Clinic First Quarter 2005)

- The abnormal results must be documented by the physician/provider.
- The clinical significance of the finding must be documented by the physician/provider.
- If further testing is ordered/completed, the results of these tests must be documented as well as whether the results confirm or deny the suspected condition.

Therefore, if only the abnormal results are recorded in the chart, and sufficient documentation by the physician is lacking (as per Official Coding Guidelines), then it is the coder's responsibility to query the physician as to whether the abnormal finding/suspected condition should be coded. Through this process, the coding staff receives further education from the provider/physician as far as what constitutes clinical significance; and the physician learns, in advance, what may be necessary to clarify through his/her documentation the next time similar abnormal findings are reported by the ancillary departments.

Many of our physicians are already doing a great job with these guidelines, and we look forward to our continued interactions with the physicians through our query process. Remember, good documentation always makes a coder's day go better.

Email Janelle for any further clarification on this topic, or any other topics physicians would like addressed from a coding/reimbursement standpoint.
Janelle.Wissler@leememorial.org

NET ACCESS

Net Access is the browser-based application that allows Physicians and Staff secure access to patient (including In-Patient, Out-Patient and ER Visits) 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, Information Systems Physician Liaison at 343-7841 or karen.mueller@leememorial.org or pager 930-6635.

OVA AND PARASITE TESTING ON STOOL SPECIMENS

Fran Cioffi MT(ASCP) Microbiology Supervisor

Effective July 11th, Lee Memorial Health System Clinical Laboratory will change its protocol for performing Ova and Parasite (O&P) testing on stool specimens. The Laboratory will offer an O&P Screen. This is an antigen test for *Giardia lamblia* and *Cryptosporidium parvum*. This test will be performed 7 days a week in our Microbiology Lab. In most cases, this screen would be the preferred test over the traditional comprehensive O&P exam that is currently referred to another laboratory. This screen was recently approved by the LMHS Infection Control Committee as a suitable alternative although it is recommended that a comprehensive exam still be performed for patients in the following risk categories:

- AIDS/immunocompromised /immunosuppressed
- Residence or a recent immigration from a developing country
- Travel to a developing country
- Persistent diarrhea: O&P screen negative.

Unless a Comprehensive O&P exam is specifically requested, an O&P Screen will be performed on all O&P orders.

Please note that specimens for patients who have been hospitalized for over 3 days are not acceptable for O&P or stool culture testing unless symptoms were present at the time of admission.

Please contact Fran Cioffi, Microbiology Supervisor, at 573-5636 for additional information.

COMMUNITY-ACQUIRED METHICILLIN-RESISTANT STAPH AUREUS IN THE EMERGENCY DEPARTMENTS

Denise Mitchell RN BS CIC & Fran Cioffi MT(ASCP)

Community-acquired Methicillin-Resistant Staph Aureus (MRSA) is becoming more prevalent in today's population. LMHS Emergency Departments (ED's) are also experiencing an increase in community-acquired MRSA within their patient population.

The ED physicians requested surveillance on cases of community-acquired MRSA and the susceptibility patterns. The following is a summary for six months at each ED:

CCH 47 MRSA cultures from the ED		HP 29 MRSA cultures from the ED		LMH 17 MRSA cultures from the ED	
Antibiotic	Percent Susceptible	Antibiotic	Percent Susceptible	Antibiotic	Percent Susceptible
Cefazolin	2.12%	Cefazolin	0.00%	Cefazolin	0.00%
Clindamycin	42.85%	Clindamycin	0.00%	Clindamycin	50.0%
Erythromycin	6.38%	Erythromycin	0.00%	Erythromycin	5.4%
Oxacillin	2.12%	Oxacillin	0.00%	Linezolid	100.0%
Pcn	0.00%	Pcn	0.00%	Oxacillin	0.00%
Tetracycline	93.61%	Tetracycline	100.0%	Pcn	0.00%
Tri/Sulf	100.0%	Tri/Sulf	100.0%	Rifampin	100.0%
Vanco	100.0%	Vanco	100.0%	Tetracycline	91.89%
				Tri/Sulf	97.22%
				Vanco	100.0%

LMHS has an overall MRSA rate of 40%.

The documentation to show a history of a patient with a Multi-drug Resistant Organism (MDRO) is now available on the Net Access Physician screen.

For questions or concerns, please call Denise Mitchell at 573-5458 or Fran Cioffi at 573-5636.

WHY SHOULD YOU MAINTAIN YOUR CME RECORDS FOR 4 YEARS?

The Florida Department of Health recently announced that following the 2006 licensure renewals, it will greatly increase the number of CME audits it performs.

- The current percentage of licensees audited is 3%.
The Department plans to increase the number to 25%
- The department has up to 2 years to audit the previous licensure biennium so you need to maintain your CME records for 4 years.

- If you fail to demonstrate compliance with the CME requirements, you can be issued a citation and fined up to \$50 per hour.
- If you fail to demonstrate compliance with the mandatory requirements (HIV/AIDS, Domestic Violence and Medical Errors), you can be fined up to \$500 per course.

Protect yourself from unnecessary action by the Board of Medicine. Keep your CME records up-to-date.

NEW PHONE NUMBERS FOR NURSING UNITS AT HEATHPARK

Following are the new main phone numbers for the Nursing Units at HealthPark that recently located to the new floors:

- 4 North/Tower - OHICU.....343-5400, internal extension 35400
- 5 North/Tower - MICU & SICU343-5500, internal extension 35500
- 5 West - MPCU432-3144, internal extension 23144 (no change)
- 6 West - Med/Surg343-5600, internal extension 35600
- 7 West - Med/Surg343-5700, internal extension 35700
- 8 West - Med/Surg343-5800, internal extension 35800

MEDICAL STAFF HOTLINE

For Medical Staff issues or concerns, call the Medical Staff Hotline @ 334-5700.

2ND ANNUAL CELEBRITY CHEF NIGHT

Swap your scrubs and stethoscope for resort wear and island delights at the Second Annual Celebrity Chef Night on Wednesday, August 24, 6:00pm-9:00pm at Rumrunners Restaurant in Cape Harbour.

Chefs will offer demonstrations infused with trade secrets as they prepare their signature dishes. The

evening promises to be one of the biggest culinary events in Lee County and is the kickoff for the "Helping Kids with Cancer" Radiothon being held in October. The cost is \$125 per person and tickets can be reserved by calling the Lee Memorial Health System Foundation office at 985-3550.

CME: LEARN MORE & EARN CREDIT

TO: Lee Memorial Health System Physicians

FROM: G. P. Fitzgerald, III, MD, CME Committee Chairman

Date: July/August 2005

The CME Committee would like your input to plan CME offerings.

Please check topics that interest you:

- | | |
|---|--|
| <input type="checkbox"/> Behavioral Topics | <input type="checkbox"/> Obstetrics/Gynecology |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Oncology |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Ophthalmology |
| <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Orthopedics |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Pathology |
| <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> Pulmonary |
| <input type="checkbox"/> Nephrology | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Neurology/Neurosurgery | <input type="checkbox"/> Urology |

Please note: Mandatory CME requirements for relicensure will be offered

Specific Topics for CME:

Suggested local speakers: (name & phone number)

Suggested national speakers: (name & phone number or hospital affiliation)

Are you interested in presenting a CME lecture? Yes No

If Yes, what topic(s): _____

Full Name: _____ Phone: _____

MANDATORY REQUIREMENTS FOR RELICENSURE OF PHYSICIANS IN FLORIDA

MD ‡ DO *

‡ * HIV/AIDS

* Risk Management

‡ * Domestic Violence

* Florida Laws & Rules

‡ * Prevention of Medical Errors 2 hrs

* Uses/Abuses of Controlled Substances

FAX TO 772-6564

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CONTINUING MEDICAL EDUCATION

“INTEGRATING THE MEDICAL MODEL AND WELLNESS MODEL IN THE CARE CONTINUUM”

Dean Manton, MS, Exercise Physiologist, Lee Center for Rehab & Wellness

Wednesday, August 10, 2005

12:30 – 1:30 PM

Lee Memorial Hospital Auditorium

RSVP for Lunch by August 8th – 573-5680

“WEIGHT MANAGEMENT: THE ROLE OF THE PRACTICING PHYSICIAN”

Salvatore Lacagnina, DO

Thursday, August 11, 2005

12:30 – 1:30 PM

HealthPark Medical Center Room 1A & 1B

RSVP for Lunch by August 9th – 573-5680

“BLOOD MANAGEMENT STRATEGIES”

Timothy Hannon, MD

Medical Director, Blood Management Program

St. Vincent Hospital

Indianapolis, Indiana

Tuesday, August 23, 2005

Gulf Harbour Golf & Country Club

7:00 – 8:00 PM

For LMHS Physicians

RSVP – 574-0397

“CONTEMPORARY MANAGEMENT OF CLEFT LIP & PALATE”

Ramon Ruiz, DMD, MD

Thursday, August 25, 2005

7:15 – 8:15 PM

HealthPark Medical Center Room 1A & 1B

Following the Clinical Department of The Children's Hospital Meeting

RSVP for Dinner by August 23rd – 573-5680

“HIV & WOMEN'S ISSUES”

Marshall D'Souza, MD

Medical Director, McGregor Clinic for HIV

Tuesday, August 30, 2005

7:15 – 8:15 PM

HealthPark Medical Center Room 1A & 1B

Following the OB GYN Department Meeting

RSVP for Dinner by August 26th – 573-5680

MARK YOUR CALENDAR... DATES FOR FMA MANDATORY EDUCATION IN 05

“Prevention of Medical Errors”

“HIV/AIDS”

“Domestic Violence”

Saturday, September 24, 2005 - SWFRMC

Saturday, November 12, 2005 - CCH

Saturday, December 3, 2005 – LMH

**ALL 3 COURSES ARE OFFERED ON ALL 3 DATES: 7:45 AM – 12:15 PM
BREAKFAST & 4 CME CREDITS • RSVP – 573-5680**

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

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