

100,000 LIVES CAMPAIGN

Jim Nathan

Lee Memorial Health System was one of the first 200 health systems that now number 2,200, to join a national campaign to make health care safer and more effective. This campaign, called the "100,000 Lives Campaign," is intended to ensure that hospitals achieve the best possible outcomes for all patients.

While the US health care system has most of the finest physicians, caregivers, facilities and technology in the world, we continue to have what the Institute of Medicine (IOM) declared in 2001, "Between the health care we have and the care we could have lies not just a gap, but a chasm." We have massive opportunities to more reliably transfer best-known science into action. We have many processes and systems that are uncoordinated and frequently fail despite the best intentions of a dedicated and highly skilled workforce. Our system focused on healing all too often does just the opposite — leading to unintended harm and unnecessary deaths at alarming rates.

100,000 Lives Campaign

The Institute for Healthcare Improvement (IHI) and other organizations that share our mission are convinced that a remarkably few proven interventions, implemented on a wide enough scale, can avoid 100,000 deaths over the next 18 months, and every year thereafter.

LMHS was an early participant in what now numbers in the hundreds of health care organizations that have been making changes through IHI Collaboratives to improve care and reduce patient harm. Learnings within LMHS and among the many other participants are being shared and implemented to assure the best methods and improved reliability are implemented within our system 100% of the time.

The Campaign

In partnership with IHI, LMHS is joining hands with other leading American health care organizations in launching an unprecedented 100,000 Lives Campaign, designed to disseminate powerful clinical improvement tools, with supporting expertise, throughout the American health care system.

This campaign enlists thousands of hospitals across the country in a commitment to implement clinical and operational changes that have been proven to prevent avoidable deaths. LMHS is starting with six well proven changes:

- Deploy Rapid Response Teams...at the first sign of patient decline
- Deliver Reliable, Evidence-Based Care for Acute Myocardial Infarction...to prevent deaths from heart attack
- Prevent Adverse Drug Events (ADEs)...by implementing medication reconciliation
- Prevent Central Line Infections...by implementing a series of interdependent, scientifically grounded steps called the "Central Line Bundle"
- Prevent Surgical Site Infections...by reliably delivering the correct perioperative antibiotics at the proper time
- Prevent Ventilator-Associated Pneumonia...by implementing a series of interdependent, scientifically grounded steps called the "Ventilator Bundle"

LMHS has been involved in all of these endeavors over the past few years. We need the help of the active medical staff in achieving this goal. LMHS will begin reporting to Medical Staff leadership our progress toward these goals in June. Thank you for your understanding and cooperation.

I N • T H I S • I S S U E

100,000 Lives Campaign • Mandatory Corrective Action Plans to Address JCAHO Survey
 Net Access • Update Physician Consult • Documentation/Coding • Medical Library Reminder
 Cell and Pager Update • LMHS Celebrates the End of Construction at HealthPark
 HealthPark Nursing Units Scheduled to Move • Medical Staff Hotline • Continuing Medical Education

ALL LMHS MEDICAL STAFF

Mandatory Corrective Action Plans to address JCAHO Survey Requirements for Improvement

Lee Memorial Health System received nine Requirements for Improvement (non-compliant standards) during the JCAHO survey in March 2005.

Summaries of the Medical Staff issues and the appropriate form revisions are listed below.

All Medical Staff:

- Standard: IM.6.30 – History and Physical Examination (H&P) and Immediate Post-Procedure documentation
 - Admission / Pre-Procedure History and Physical (**Form # 0553**)
 - Post-Procedure Note (**Form # 0890**)

Anesthesiology, Gastroenterology, Cardiology, Emergency Medicine, Radiology:

- Standard: PC.13.20 - Pre-Sedation Evaluation
 - Pre-Anesthesia Evaluation form (**Form # 2442**)
 - Anesthesia Record (**Form # 0002**)
 - Sedation for Procedure Documentation (**Form # 1294**)
 - Admission / Pre-Procedure History and Physical (**Form # 0553**)
 - Policy: Pre-Sedation / Pre-Anesthesia Assessment

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Corporate Medical Director
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Anesthesiology:

- Standard: MM.2.20 – Security of Anesthesia Carts
 - Policy: Medication Security – Anesthesia Services

Emergency Medicine:

- Standard: IM.4.10 – Emergency Physician documentation
 - Emergency Service Record (**Form # 0059**)

The appropriate Medical Staff members have received educational memos regarding the RFI corrective actions that have been approved by the appropriate PI Committees.

It is necessary that all Medical Staff members complete all relevant forms as LMHS is mandated to monitor and demonstrate 90% compliance with the action plans.

LMHS must resolve all Requirements for Improvement (RFI) or we will be placed in Provisional Accreditation status. Standards determined to be *Not Compliant* will be disclosed on JCAHO's Quality Report, which can be accessed by the general public.

We look forward to your collaboration in maintaining our full accreditation with JCAHO.

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.

UPDATE PHYSICIAN CONSULT

Need to remove a patient from your Census List? **Update Physician Consult** function allows you to remove patients from your Individual, Group or Coverage Group List. It's easy to use and can save you time when making Rounds.

Follow these steps: Log on to Net Access. When the In-patient Census List displays, single Click on the Patient's name you wish to remove. Click on Update Physician Consult in the navigation bar on the left. When the list of Physician Consult names display, find your name or the name of one of the physicians in your Group and click Remove Consult. Then click Update at the bottom of the

page. The physician name no longer appears in the list of consults and if you refresh your In-patient Census List, you will no longer see that patient.

Please note: you must be in the hospital or connected to Net Access through the Virtual Private Network, (VPN) from your home or office to access Update Physician Consult.

If you have any questions or would like to learn more about Net Access or VPN access (some PC or System Requirements apply) from your home or office, please call Karen Mueller, IS Physician Liaison at 343-7841 or karen.mueller@leememorial.org

DOCUMENTATION/CODING

Janelle Wissler, RHIA, Data Quality Manager, LMHS

Diabetes Mellitus Documentation

In October 2004, CMS (Medicare) published new guidelines, which required additional documentation for the coding and reimbursement for diabetes mellitus, type I, with and without additional manifestations as well as controlled versus uncontrolled diabetes.

- The first issue is in proper documentation of whether the patient is type I or type II. Insulin dependent is no longer an acceptable term from a coding/reimbursement standpoint. Coders must use type II if neither type is stated.
- The second issue is in whether the patient's diabetes is under control or uncontrolled. This can be in terms of the current situation, or in terms of the ongoing pattern over time. "In poor control" is not currently acceptable terminology for coding purposes.
- The third issue is in the complications/manifestations for this patient. Please specify any time there are renal, ophthalmic, neurological, peripheral circulatory or other manifestations. The specific condition also needs to be mentioned, i.e. diabetic glaucoma.

- The fourth issue is regarding the presence of ketoacidosis or hyperosmolarity and then the presence or absence of an associated coma.

If manifestations are noted that might be related to diabetes, such as renal failure, but there is no statement linking the diagnosis to diabetes, the complicated diabetes code cannot be assigned.

Other terms that are not appropriate from a coding position are: abnormal glucose tolerance and borderline diabetes. No codes for these terms currently exist.

Many of our physicians are already doing a wonderful job with these new guidelines and we look forward to reading many more detailed descriptions of diabetes mellitus and its myriad of manifestations, complications, and the challenges of keeping it under control. 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

MEDICAL LIBRARY REMINDER

Physicians may access full-text medical journals, textbooks and databases from their HOME or OFFICE computers at:

<http://www.leememorial.org/medlibrary>

From the menu, a physician may select “databases” to link to:

- OVID
- MD Consult
- ProQuest
- Advisory Board Company
- StatRef!
- PubMed
- Medline Plus
- National Cancer Institute

To retrieve a full text article, a user should select “journals” from the menu, and in the window provided, type the name of the journal. The software will find the journal. Since the journal might be located in more than one database, please pay attention to the date of holdings. Once the right journal is identified, a simple click on its title will link the user to the list of issues in full-text.

The proprietary databases require using passwords. Please contact the library 334-5410 or e-mail: medlibrary@leememorial.org to request a password.

CELL AND PAGER UPDATE PARTICULARLY HEALTHPARK

Cell phone reliability within the hospitals had become more problematic, particularly as physicians have been moving away from use of pagers. The cell phone reliability has been especially bad at HealthPark, exacerbated by the construction. Unfortunately, the cell phone carriers have not produced a satisfactory solution to date. For this reason, LMHS Information Services is currently evaluating alternatives for installation of vendor-neutral cellular repeaters within the hospitals.

This type of solution would benefit every physician, regardless of his or her wireless service provider. And the repeaters would relay signals from one area of the hospital to another until the device has received the call or page.

In the meantime, the most reliable means of wireless contact within the hospital is the Verizon pager. LMHS and Verizon have worked diligently

to strengthen the paging signals. Approximately a year ago, we offered to exchange existing pagers for the new one that is compatible with the stronger frequency. This exchange is still in effect.

The pager exchange is offered at no charge to the physician. The only requirement is to turn in the old pager at the time you receive the new one. This exchange is a very quick process.

LMHS and Verizon are extending the Pager Exchange program at this time. If you would like to obtain a pager or learn more about the Zone Phone (for hospital based physicians), please contact the **LMHS Help Desk at 334-5226 or Karen Mueller, Physician Liaison at 343-7841 or Pager 930-6635 or karen.mueller@leememorial.org**

LMHS CELEBRATES THE END OF CONSTRUCTION AT HEALTHPARK

LMHS “unveiled” the newly expanded HealthPark Medical Center on June 28 with a special event at which staff enjoyed presentations, food and beverages. The event celebrated the end of three years of construction at the hospital.

“This is our opportunity to really say ‘thank you and we made it’ to all the employees, physicians, volunteers and others who lived through the day-to-day realities of this construction project,” says Francine Gomberg, vice president, Patient Care

Services at HealthPark. “We wanted to celebrate the completion of construction, and the fact that we maintained patient satisfaction throughout the project,” says Francine.

LMHS inserted a “special issue” newsletter in local newspapers detailing the HealthPark Medical Center expansion project for the public. Additional copies of the newsletter are available at our hospital locations.

HPMC NURSING UNITS SCHEDULED TO MOVE

MPCU-3RD FLOOR

7/5/05: MPCU-3rd Floor Temporarily Moves to 5 West

On Tuesday, July 5th, MPCU-3rd floor at HPMC will temporarily move to 5 West so renovation of the 3rd floor can begin. The transfer of all patients should be complete by July 6th. The phone numbers for MPCU will remain the same and will not change when they move to 5 West.

Renovation is estimated to take 6 weeks, and should be complete by August 15th, at which time MPCU will return to the 3rd floor. Shortly thereafter, SPCU-4th floor will temporarily relocate to 5 West while the 4th floor is renovated. More information on that move will be forthcoming.

MPCU Patients to be Monitored by Heart Central

During the 6-week period that MPCU will be located on 5 West, those patients will be monitored by Heart Central, which is also housed on 5 West. Heart Central is staffed 24/7 by two trained monitor technicians on each shift who continuously monitor the patients’ heart rhythms, and are able to immediately contact the nursing staff when there is a cardiac issue via the nursing zone phones. The

nursing staff will be able to pull up cardiac rhythms as needed under the Phillip Browser Icon on the computer. Instructions for the use of the Phillips browser icon are located on each computer.

Cardiac Cath Patients With Sheaths

Also during this time, the interventional cardiac cath patients with femoral sheaths will be held in the Cardiac Observation Unit (COU)/Cath Holding area until their sheaths are pulled, then they will be transferred to 5 West. The MPCU staff will assist the COU staff as needed with sheaths. There will be no change in the staff caring for the MPCU patients.

As all of these changes take place, the computer system will be simultaneously updated to accurately reflect the room numbers assigned to the transferred patients. Physicians may also check at the Nurse’s Station on each floor if they are unsure of a patient’s location.

Questions should be directed to:

Mary Koskinas, Director, Med/Surg/Tele
Phone: 432-3666 Pager: 930-6296

Vickie Hettenbaugh, Director, MPCU
Phone: 432-3589 Pager: 930-4980

MEDICAL STAFF HOTLINE

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

CONTINUING MEDICAL EDUCATION

"WEST NILE VIRUS"

Judith Hartner, MD, MPH

Wednesday, July 6, 2005

6:30 – 7:30 PM

Lee Memorial Hospital Auditorium

RSVP for Dinner by July 5th – 573-5680

"DOMESTIC VIOLENCE"

Colleen Henderson

Abuse Counseling & Treatment, Inc.

Thursday, July 14, 2005

12:30 – 1:30 PM

Lee Memorial Hospital Auditorium

RSVP for Lunch by July 12th – 573-5680

"BREAST TUMOR BOARD"

Led by Thomas Carrasquillo, MD

Wednesday, July 20, 2005

12:00 – 1:00 PM

Cape Coral Hospital Room A

"MODERN ADVANCES IN SPINAL SURGERY"

Jeffrey Henn, MD

Lee Neurosurgery

Wednesday, July 20, 2005

6:30 – 7:30 PM

Lee Memorial Hospital Auditorium

RSVP for Dinner by July 18th – 573-5680

"PREIMPLANTATION GENETIC DIAGNOSIS: THE ETHICS OF SCREENING EMBRYOS FOR GENETIC DISEASE AND GENDER PREFERENCE"

Craig Sweet, MD

Reproductive Endocrinology

Wednesday, July 27, 2005

12:00 – 1:00 PM

HealthPark Medical Center Rooms 201 & 203

RSVP – 335-7150

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

"Prevention of Medical Errors"

"HIV/AIDS"

"Domestic Violence"

- September 24, 2005 - SWFRMC
- November 12, 2005 - CCH
- December 3, 2005 – LMH

All 3 courses will be offered on each date.

Watch for the flyer.

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