

Medical Staff NEWS

JCAHO SURVEY MARCH 14TH TO 18TH, 2005 COMPLIANCE ISSUES

WHO: All members of LMHS and CCH Medical Staffs

WHAT: Urgent Medical Staff JCAHO Requirements for Improvement Compliance

WHERE: All Lee Memorial Health System facilities

LMHS & CCH Medical Executive Committee Action Plans for Compliance

Lee Memorial Health System received (9) Requirements for Improvement on the recent Joint Commission Survey. The Evidence for Compliance must be submitted to Joint Commission on July 19, 2005

The Requirements for improvement are listed on the attached table

Your compliance will be monitored

- Closed chart reviews will identify non-compliance
- Providers who are found non-compliant on three indicators will receive a letter.
- Individuals who are issued three letters will be referred to the appropriate PI Committee for review.

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2005 JCAHO SURVEY RESULTS

Requirement for Improvement	Evidence of Compliance
PC.13.20 Pre Moderate or Deep Sedation Pre Anesthesia Assessment	Pre Moderate or Deep Sedation Pre Anesthesia Assessment The Pre-Sedation or Pre Anesthesia assessment must be conducted before the operative or other procedures or the administration of moderate or deep anesthesia or anesthesia to include: <ul style="list-style-type: none"> <input type="checkbox"/> Airway assessment <input type="checkbox"/> Pre-procedure vital signs <input type="checkbox"/> Review of systems <input type="checkbox"/> Review of pertinent diagnostic studies

continued

I N • T H I S • I S S U E

JCAHO Survey Compliance Issues & 2005 Survey Results • Documentation/Coding
 Lee Health Solutions Programs Receive Distinguished Certificates • Pulmonary Requisitions • Net Access
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 Baker Act Update • Continuing Medical Education

Requirement for Improvement	Evidence of Compliance
PC.13.20 Moderate or Deep Sedation Anesthesia Evaluation	Moderate or Deep Sedation /Anesthesia Evaluation The Patient must be reevaluated immediately before moderate or deep sedation and before induction to include (at minimum): <ul style="list-style-type: none"> <input type="checkbox"/> Vital signs (BP, temperature, pulse, respirations, and O₂ saturation) <input type="checkbox"/> Airway assessment <input type="checkbox"/> Effect of pre-procedure medications (if administered)
MM.2.20 Medication Security	Anesthesia Cart Security The Centers for Medicare and Medicaid Services (CMS) definition of secured states that all medications including non prescription medications are in locked containers in a room or are under constant surveillance
IM.3.10 Unsafe abbreviations Illegibility	Unsafe abbreviations Physician / provider must comply with Unsafe Abbreviation policy (P10 02 020.01) No unsafe abbreviations to be used (List attached)
IM.6.50 Telephone / verbal orders “read-back”	Telephone / verbal orders “read-back” Physician / provider must comply with the “read-back” process for verbal and telephone orders, as RBVO or RBTO per policy (P03 03 043).
Universal Protocol 1B Surgical Site Marking	Surgical Site Marking Site marking is performed by the surgeon / physician, or registered or <u>licensed</u> member of the surgical / procedural team who is fully informed about the patient, and procedure per policy (P03 05 005).
MM.4.10 PRN medication orders	PRN medication orders All PRN Medication orders must have indication Per policy (P03 03 028 and Medical Staff Rules & Regulations).
MM.4.10 Range Orders	Range Orders Physician / provider range orders are not greater than “three-fold” (i.e. 2 to 6 mg., rather than 2 to 10 mg.) per policy (P03 03 028).
MM.4.10 Pre-printed Physician Order Sets	Pre-printed Physician Order Sets: Pre-printed order sets must be revised as follows: <ul style="list-style-type: none"> • Decrease multiple medication orders giving nurses prescriptive latitude • Decrease use of range and frequency orders • Indication documented for all PRN medications
IM.4.10 Emergency department physician note	Emergency department physician note The Emergency Department physician Record (FM # 120134041-0059 4/05) must have handwritten note for admitted / transferred patients, which includes the following elements: <ul style="list-style-type: none"> <input type="checkbox"/> Complaint <input type="checkbox"/> Pertinent clinical and ancillary findings <input type="checkbox"/> Admission plan

Requirement for Improvement	Evidence of Compliance
<p>IM.4.10 Lee Convenient Care Transfers</p>	<p>Lee Convenient Care Transfers Emergency Department patients referred / transferred from Lee Convenient Care (LCC) / Lee Physician Group (LPG), must have a comprehensive transfer note of the encounter documented by the LCC / LPG physician immediately available on the medical record.</p>
<p>IM.6.30 The Inpatient History & Physical (H&P)</p>	<p>The Inpatient History & Physical (H&P) The Inpatient History & Physical (H&P) must include documentation of a provisional diagnosis prior to operative or other high-risk procedures.</p>
<p>IM.6.30 Inpatient History and Physicals (H&P's):</p>	<p>Inpatient History and Physicals (H&P's) The Inpatient History & Physical (H&P) must be completed and on the medical record within established time frames upon inpatient admission, and prior to operative or high risk procedures as evidenced by meeting <u>one</u> of the following criteria:</p> <ul style="list-style-type: none"> <input type="checkbox"/> On the chart within 24 hours of admission, <u>or</u> prior to inpatient surgery / invasive procedure within the first 24 hours of admission. <p style="text-align: center;">Or</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not older than 30 days prior to admission with a documented update of the patient's condition within 24 hours of admission, <u>or</u> prior to inpatient surgery / invasive procedure within the first 24 hours of admission (P10 02 01601).
<p>IM.6.30 Immediate Post procedure Note</p>	<p>Immediate Post procedure Note Operative or other high-risk procedures must be documented on the post-procedure note (FM # 0890 6/04)) immediately upon completion of the operation or procedure, before the patient is transferred to the next level of care. All of the following elements must be included:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Name of surgeon <input type="checkbox"/> Name of assistants <input type="checkbox"/> Procedure(s) performed <input type="checkbox"/> Description of each procedure <input type="checkbox"/> Findings <input type="checkbox"/> Estimated blood loss <input type="checkbox"/> Specimens removed <input type="checkbox"/> Disposition of each specimen <input type="checkbox"/> Post-operative diagnosis

DOCUMENTATION/CODING

By: Janelle Wissler, RHIA, Data Quality Manager, LMHS

The following is the first of what will be a monthly column that will address physician documentation issues that affect coding and ultimately improve reimbursement for the facility. Janelle comes to LMHS with a diverse background and 22 years experience in the health information field—in coding, transcription, supervision and

reimbursement consulting activities. Janelle's role will include educating and improving the productivity in the coding area, working with the revenue cycle specialists and coordinating communication between the coders and the physicians. The first topic will cover wound debridement documentation.

WOUND DEBRIDEMENT

In the summer of 2004, CMS (Medicare) published new guidelines, which required additional documentation for the coding and reimbursement for excisional versus nonexcisional wound debridements performed on hospital inpatients. Since then, FMQAI has notified us of their intentions to monitor compliance with the guidelines. In order for us to properly code excisional debridements, it is important to document the following routinely in the operative note:

- a description of the type of wound (i.e. decubitus, laceration),
- the appearance of the wound (dirty, yellow, crusted),
- the size of the wound (such as 2 x 3 cm or dime-sized),
- the instruments used in the debridement (scalpel, knife, curet),
- the types of tissue removed (skin, subcutaneous tissue, necrotic fat, fascia, muscle),

- the depth of healthy tissue reached (i.e. carried down to, but not through, the fascia),
- the fact that healthy or bleeding tissues were reached,
- the types of tissue removed
- a description of the appearance and the size of the final wound.
- also, please clearly note any time an “eschar” is excised in total.

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 excisional debridements. Good documentation always makes a coder’s day go better.

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

LEE HEALTH SOLUTIONS PROGRAMS RECEIVE DISTINGUISHED CERTIFICATIONS

Lee Health Solutions is pleased to announce that Lee Diabetes Care and Lee Congestive Heart Failure Care have earned the Gold Seal of Approval for health care quality. The Joint Commission on Accreditation of Healthcare Organizations awarded Disease Specific Certification to these programs.

The certification is indicative of the programs’ compliance with consensus-based national standards; effective use of established clinical practice guidelines to manage and optimize care; and performance measurement and improvement activities.

Lee Diabetes Care is a comprehensive outpatient diabetes education program, which consists of 10 hours of initial education and quarterly follow-up with Certified Diabetes Educators. Lee CHF Care is a telephonic outpatient case management program whose primary objectives are to educate and promote treatment compliance for this patient population. Patients are referred to Lee CHF Care while a patient is hospitalized; simply write an order for the “Outpatient CHF Program”.

For more information regarding the Lee Health Solutions Programs call 573-5720.

PULMONARY REQUISITIONS ARE NOW AVAILABLE FOR MED STAFF.

The new Pulmonary Requisition form speeds up the ordering of Outpatient Pulmonary Function Tests and Sleep Studies. The 2-sided Pulmonary Requisition form have complete test lists along with a facility location map and a listing of the top referral diagnosis along with the ICD-9 code for each. For a supply of this new form or for staff education, please contact Whitney Andreu at 239.466.4236 or Ed Castner at 239.415.4820.

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.

PHYSICIAN NOTES

We are pleased to announce that Timothy Dougherty, MD is the new Medical Director for the Cape Coral Emergency Physicians. Fred Kuhn MD will continue as president of the Cape Coral Emergency Physicians.

LIBRARY NEWS

The Medical Library at HealthPark Medical Center is open again - bigger than ever, and will soon have four more computers for use by library patrons. The library is open to all LMHS staff, patients and families.

Free trial of WebMD Professional Library (ACP Medicine Online, publication of the American College of Physicians) is available to LMHS staff until June 10th.

The user ID is: fortmyers
Password: sharks

A link to this trial is provided at the home page of the Medical Library Site on IntraLee and on the Internet.

HPMC NURSING UNITS SCHEDULED TO MOVE

Renovation continues to progress at HPMC and several changes are scheduled to occur beginning in June.

MED/SURG/TELE

5/27/05: The 2 West Staff at LMH will relocate to 2 South and/or 5 West at HPMC

On Friday, May 27th the 2 West staff at LMH will temporarily relocate to 2 South and/or 5 West at HealthPark.

6/27/05: The Med/Surg/Tele Management Team will move to 6, 7, & 8 at HPMC

On Monday, June 27th, the Med/Surg/Tele Management Team will move to their designated office space on 6 West, 7 West, and 8 West at HealthPark.

6/28/05: Grand Opening Celebration

On Tuesday, June 28th there will be a Grand Opening celebrating the completion of the 6th, 7th, and 8th floors at HealthPark. The celebration will take place on 8 West.

6/29/05: Med/Surg/Tele Patients' Move to the New Floors Begins

On Wednesday, June 29th the following will occur:

- Med/Surg admissions will be stopped on 2 South and 5 West

- The 7 West staff will occupy and accept all Med/Surg/Tele admits

- Patients on 5 West will be moved to 8 West

6/30/05: Med/Surg/Tele Patients' Move Continues

On Thursday, June 30th:

- Patients on 2 South will be moved to 6 West

The transfer of all patients to 6 West, 7 West, and 8 West is scheduled to be complete by Thursday, June 30th. The main phone numbers for those new floors will be published when available.

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
Phone: 432-3666
Pager: 930-6296

MEDICAL STAFF HOTLINE

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

BAKER ACT UPDATE

Date: Wednesday, June 22, 2005

Time: 11:45 AM, 12:15 PM & 1:00 PM

Place: Cape Coral Hospital Physician's Lounge

Please join Jackie Wendorf, MSW, LCSW, CCH Medical Social Work Supervisor and a member of the Risk Management team for a 15-minute inservice on the Baker Act.

CONTINUING MEDICAL EDUCATION – CME

“LYMPHEDEMA”

John MacDonald, MD
Department of Dermatology & Cutaneous
Surgery
University of Miami School of Medicine

Monday, June 13, 2005

Gulf Coast Hospital Auditorium
13681 Doctor's Way, Ft. Myers
7:00 – 8:00 PM

Cosponsored with Southwest Florida Regional
Medical Center

RSVP by June 10th for Dinner – 939-8550

“HURRICANE PREPAREDNESS: WHEN IS THE REAL DANGER?”

Timothy Dougherty, MD

Wednesday, June 15, 2005

Lee Memorial Hospital Auditorium
6:30 – 7:30 PM

RSVP by June 13th for Dinner – 573-5680

“CHF TREATMENT: THE TRIED AND TRUE AND THE NEW”

Michael Danzig, MD
Wednesday, June 22, 2005
Gulf Harbour Golf & Country Club
6:30 – 7:30 PM

**For LMHS Physicians & Pharmacists
RSVP for Dinner by June 20th – 574-0397**

“OPHTHALMIC MANIFESTATIONS OF UNUSUAL SYSTEMIC DISEASES”

Saurabh Patel, MD

Thursday, June 23, 2005

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

RSVP for lunch by June 21st – 573-5680

“FEMALE SEXUAL DYSFUNCTION”

Ronald Castellanos, MD

Wednesday, June 29, 2005

Lee Memorial Hospital Auditorium
6:30 – 7:30 PM

RSVP for Dinner by June 27th – 573-5680

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