

A Lab Value Doesn't Equal Systolic Failure

From "A Minute for the Medical Staff"

Patients with left ventricular dysfunction fall into two major categories that reflect severity of illness, morbidity and mortality: diastolic dysfunction and systolic dysfunction. These types of dysfunction mean that part of the left ventricular cycle doesn't work well. However, it does not indicate the extreme degree of severity. Using the terms "systolic" or "diastolic failure" means just that.

The advent of ACE inhibitors and angiotensin receptor blockers (ARB) led to better results for systolic failure patients. These also helped physicians recognize that they might be able to influence patient morbidity and mortality in a measurable way.

Quality organizations such as JCAHO produced core standards by which they could measure performance.

Quality staff check whether physicians do ultrasounds or other procedures that can measure left ventricular ejection fraction of acute myocardial infarction and CHF patients. They want to know whether these patients have an ejection fraction under 40%. That information tells them whether the patient has systolic dysfunction and is a candidate for ACE inhibitors or ARBs.

Aggregate data about the performance of a hospital, an individual physician or physician group comes from one source: ICD codes collectively gathered and stored in Medicare Provider Analysis and review data files.

However, nobody assigns ICD codes for patients who have low left ventricular ejection fractions. This means that there is no record that physicians followed the appropriate

course of action. It is not documented, for example, that a certain portion of a physician's MI or CHF patients have systolic dysfunction and that the physician deserves a higher potential mortality rate. Coding only comes from the diagnostic terms that are put in the chart. Coders cannot assign codes for a lab value.

For the proper morbidity and mortality rates and proper utilization profiles document:

- Whether the patient has left ventricular systolic or diastolic dysfunction by using the words "systolic" or "diastolic" dysfunction. If the dysfunction surpasses the standard values or the patient has clinical CHF, write "failure."
- Whether the baseline status is chronic systolic failure, purely an acute event or both.
- The cause of the patient's baseline left ventricular dysfunction (i.e. ischemic cardiomyopathy, hypertensive cardiomyopathy, valvular, viral) if there is baseline dysfunction. Don't concentrate on the shape of the left ventricle.
- Links of disease process and result. For example, "CHF patient with chronic diastolic dysfunction due to hypertensive heart disease with acute systolic failure from subendocardial infarction. Patient is not a candidate for ACE inhibitors or ARB due to chronic renal failure."

Documenting the value of a patient's systolic dysfunction does not describe that the patient is sick, but documenting systolic failure does.

The term "systolic failure" indicates that the patient is sick and that the cardiomyopathy has exceeded a certain level of severity.

I N • T H I S • I S S U E

A Lab Value Doesn't Equal Systolic Failure • HIPAA Security Mandates
 Women & Heart Disease • Net Access • Annual TB Testing • May is Older American's Month
 Sanibel Cares Raises Money for The Children's Hospital • Medical Staff Hotline
www.LeeMemorial.org • Continuing Medical Education

HIPAA Security Mandates

HIPAA requirements include unique logon IDs and passwords for all computer Users with access to patient information. In addition, we will all be required to routinely change our passwords. The IS Security team will be releasing more information in the coming weeks to assist everyone in changing their LMHS Network Passwords.

Remember, your **logon ID and Passwords SHOULD NOT BE SHARED** with anyone. LMHS computer applications log User activity. If someone has your password and logs onto the LMHS network, your name is in the audit trail. If you think someone knows your password, change it immediately. If you need assistance, please feel free to contact the LMHS Help Desk at 334-5226 for assistance.

WOMEN AND HEART DISEASE (Circulation Feb 2005)

Cardiovascular disease is the leading cause of mortality for women in the United States. Women, especially women <55 have a worse prognosis from acute MI than their male counterparts, with a greater recurrence of MI and higher mortality. Also, women have less favorable near-term outcomes after CABG than men. For symptomatic women, the goal is to identify those at risk for developing CAD. Diabetes and peripheral arterial disease are considered CAD risk equivalents. These patients should have imaging studies and be subject to secondary prevention goals. For symptomatic women, imaging is recommended for those at intermediate risk of having CAD. Women with diabetes, multiple risk factors or metabolic syndrome are at increased risk for CAD and should be considered for testing. An abundance of

evidence suggests that women at risk for CAD are less often referred for appropriate diagnostic testing than are men. A recent survey showed that 46% of women realized that heart disease is the leading killer of women. However, only 13% of women surveyed identified heart disease as their greatest health problem indicating a disconnect between actual risk and a perceived health threat that they might act upon. The symptoms women present with are often different than men's symptoms. Often they don't have "heavy" chest pain but rather jaw, neck, shoulder or arm pain; shortness of breath; nausea; sweating; dizziness; discomfort between their shoulder blades, a sense of impending doom or unexplained weakness and an overwhelming sense of fatigue.

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.

2005 LMHS MANDATORY ANNUAL TB TESTING

ALL "PATIENT CONTACT" EMPLOYEES / VOLUNTEERS MUST PARTICIPATE

NOTE: FOR YOUR CONFIDENTIALITY, ANYONE WHO CAN NOT TAKE THE TB TEST MAY FILL OUT A WRITTEN FORM AT ANY OF THE EMPLOYEE HEALTH DEPARTMENTS, OR ASK YOUR SUPERVISOR (AVAILABLE FROM E-MAIL) COMPLETION OF THIS FORM IS ANNUAL.

THERE WILL BE A \$5.00 RE-PLACEMENT FEE, IF ORIGINAL PPD IS NOT READ.

CAPE CORAL HOSPITAL: ROOM C, BACK CAFETERIA

FRIDAY, MAY 6 • PLACE → 6:30 am-12:00 pm / 1:00pm- 3:30 pm →
TO BE READ: MONDAY, MAY 9

SATURDAY, MAY 7 • PLACE → 6:30 am- 9:30 am
TO BE READ: MONDAY, MAY 9

MONDAY, MAY 9 • PLACE / READ → 6:30 am-12:00 pm / 1:00pm- 3:30 pm →
TO BE READ: WEDNESDAY

HEALTHPARK MEDICAL CENTER: HP1B (NEXT TO CAFETERIA)

FRIDAY, MAY 13 • PLACE → 6:30 am-12:00 pm / 1:00pm-3:30 pm →
TO BE READ: MONDAY, MAY 16

SATURDAY, MAY 14 • PLACE → 6:30 am- 9:30 am →
TO BE READ: MONDAY, MAY 16

MONDAY, MAY 16 • PLACE/READ → 6:30 am-12:00 pm / 1:00pm- 3:30 pm →
TO BE READ: WEDNESDAY, MAY 18

WEDNESDAY, MAY 18 • READ → 6:30 am-12:00 pm / 1:00pm- 3:30 pm →
READ ONLY

LEE MEMORIAL HOSPITAL: CAFETERIA (BY ATM MACHINE)

FRIDAY, May 20 • PLACE → 6:30 am-12:00pm / 1:00pm- 3:30 pm →
TO BE READ: MONDAY, MAY 23

SATURDAY, MAY 21 • PLACE → 6:30 am- 9:30 am →
TO BE READ: MONDAY, MAY 23

MONDAY, MAY 23 • PLACE/READ → 6:30 am-12:00 pm / 1:00pm- 3:30 pm →
TO BE READ: WEDNESDAY, MAY 25

WEDNESDAY, MAY 25 • READ → 6:30 am-12:00 pm / 1:00pm- 3:30 pm →
READ ONLY

ANY QUESTIONS, PLEASE CALL LMH EMPLOYEE HEALTH @ 334-5220

May is Older American's Month

*In recognition of Older American's Month,
we wanted to remind you of two healthcare services
available for your senior patients through
Lee Memorial Health System.*

Lee Memory Care

Lee Memory care is one of 14 state-designated memory disorder clinics in Florida. The program uses a multi-disciplinary team approach to treating dementia problems like Alzheimer's disease. The team includes a neurologist, neuropsychologist, geriatrician, a nurse practitioner, social workers, and case managers. For more information, please call 334-5634.

Lee Parkinson's Care

Lee Parkinson's Care is one of only eight nationally-certified Parkinson's outreach programs in Florida. This group uses a team approach, and the treatment is multi-disciplinary, with seminars, support groups, symposiums and activities, such as exercise groups, yoga and t'ai chi. For more information, please call 334-5883.

*Both services work on a referral basis and make a point to work closely
with the patient's primary care physician to make sure to give the patient
the best care possible.*

Sanibel Cares Raises Money For The Children's Hospital

Sanibel artist Myra Roberts created a special poster entitled, "Category 4 Hits Coast Today," for Sanibel Cares. All proceeds from the sale benefit The Children's Hospital of Southwest Florida. The cost of the poster is \$40. All posters signed by the artist sell for \$100. Posters can be purchased in any one of the LMHS gift shops or by contacting the Foundation office at 239-985-3550.

A group of Sanibel Island mothers joined to form Sanibel Cares to raise funds and awareness for the medical needs of children in Southwest Florida.

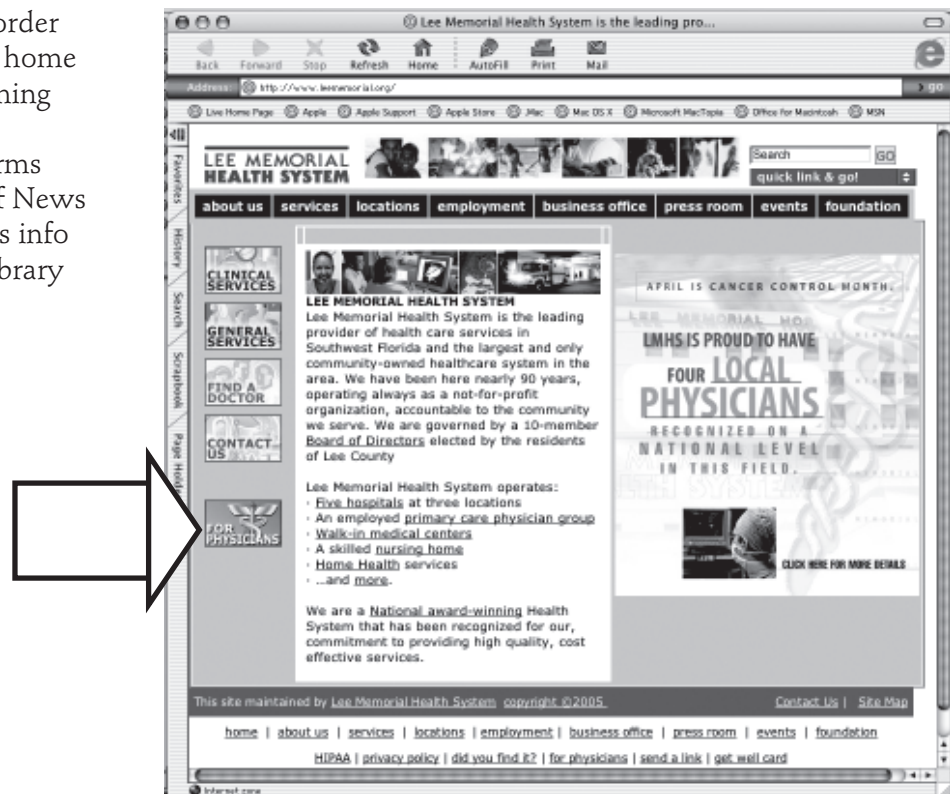
Medical Staff Hotline

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

www.LeeMemorial.org

Go to Lee Memorial Health System's website www.LeeMemorial.org and click on For Physicians to view that part of the website that is dedicated to physicians.

- Obtain physician order sets from office or home
- Learn about upcoming CME events
- Obtain consent forms
- Read Medical Staff News
- Receive Net Access info
- Link to Medical Library



Continuing Medical Education – CME

“Q Life: Palliative Care With a New Name and a New Focus”

Mary Stegman, MD

Monday, May 9, 2005

HealthPark Medical Center Room 202

6:30 – 7:30 PM

RSVP for Dinner by May 6th – 573-5680

“PREVENTION OF SECONDARY ISCHEMIC STROKE”

Galo Constante, MD

Tuesday, May 24, 2005

Lee Memorial Hospital Auditorium

6:30 – 7:30 PM

RSVP for Dinner by May 20th – 573-5680

“UPDATE OF TICK-BORNE DISEASES”

Robin Churchill, MD

Thursday, May 26, 2005

HealthPark Medical Center Room 1A

7:15 – 8:15 PM

Following the Clinical Department of The Children’s Hospital Meeting

RSVP for Dinner by May 24th – 573-5680

If you have questions or would like to submit an article to Medical Staff News, please contact Joanne Gorgone, RN, BSN, CME Coordinator, Lee Memorial Health System, 636 Del Prado Boulevard, Cape Coral, Florida 33990

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