JULY 2006

Medical Staff NEWS

TORT REFORM – JOINT AND SEVERAL LIABILITY REPEAL

This year the Florida legislature repealed a longstanding and inappropriate concept of Joint and Several Liability which historically allowed a plaintiff to recover all economic damages awarded from a defendant with "deep pockets" no matter what percentage of responsibility the jury found for that defendant. Under the new law, defendants are now only responsible for their own portion of fault in economic awards. This repeal addresses concerns often expressed by members of the Medical Staff for many years that because of the sovereign immunity status of LMHS, physicians could become the "deep pockets" in any joint litigation. Years ago the LMHS Board of Directors developed a policy to protect physicians from becoming the "deep pockets" in such suits. This repeal fully clarifies and assures that physicians will not be "deep pockets" in suits with multiple defendants.

JCAHO NATIONAL PATIENT SAFETY GOAL: CRITICAL TEST RESULTS

- JCAHO has established a new safety goal that requires health care organizations to ensure they have a process well defined to communicate critical test results in a timely manner, preventing any delay in treatment for the patient.

LMHS Action:

An interdisciplinary team consisting of members from the Cardiology, Laboratory, Radiology and Respiratory Services, in collaboration with the Medical Staff, defined the following:

- Test Results that LMHS Determines Critical
- Critical Test Reporting Process
- Reporting Time Frames

All Critical Test Results will be reported in the following designated time frames to the responsible provider.

- Cardiology - as soon as possible and not to exceed 60 minutes after being read
- Laboratory - as soon as possible and not to exceed 60 minutes after being read
- Radiology - as soon as possible and not to exceed 30 minutes after being read
- Respiratory Services - as soon as possible and not to exceed 30 minutes after being read

Exceptions:

- A physician may elect (by writing a specific order to that effect) not to be called in the event a Critical Test Result is expected or has provided orders to direct caregivers.

Important Tips:

- As the responsible provider, you will be ***notified*** of critical results.
- You will be asked to ***read back*** the critical result.
- For compliance, LMHS is required to ***monitor and report*** Critical Test Result timeframes.

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THE TABLE BELOW DESCRIBES THE CRITICAL TEST, THE REPORTING FLOW PROCESS, AND THE REPORTING TIME FRAMES.

Department	Defined Critical Test Results	Reporting Flow Process	Reporting Timeframes
Cardiology	Values as defined in the LMHS *Critical Test Results – Cardiology* **Echo Studies** • Acute or New Aortic Aneurysm • Cardiac Tamponade • Large Intracardiac Thrombus • Large Pericardial Effusion	Cardiovascular Nurse / Sonographer/ Technologist ↓ Responsible Provider	**As soon as possible and not to exceed 60 minutes of being read**
	Vascular Studies • Acute Arterial Obstruction • Carotid Stenosis – 80% or Greater • Deep Vein Thrombosis	Cardiovascular Nurse / Sonographer/ Technologist ↓ Responsible Provider	
	ECG • Ventricular Tachycardia (4 or more consecutive PVC's) • Long Pauses in Heart Rhythm(greater than 3.0 seconds)	Cardiovascular Nurse / Sonographer/ Technologist ↓ Responsible Provider	
Laboratory	Values as defined in the LMHS *Critical Test Results – Laboratory* Policy - **S02-02-134**	Medical Technologist ↓ Licensed Care Giver ↓ Responsible Provider	**As soon as possible and not to exceed 60 minutes of being read**
Radiology	Values as defined in the LMHS *Critical Test Results – Radiology* Free Intraperitoneal Air 1. Pulmonary Embolus 2. Acute or new Aortic Dissection 3. Cerebral Hemorrhage 4. Acute or new Pneumothorax **Ultrasound** 1. Deep Vein Thrombosis 2. Fetal Demise 3. Testicular Torsion 4. Ectopic Pregnancy	Radiologist ↓ Responsible Provider Ultrasound Technologist ↓ Responsible Provider	**As soon as possible and not to exceed 30 minutes after being read**
Respiratory Services	Values as defined in the LMHS *Critical Test Results* –Blood Gas Analysis	Respiratory Therapist ↓ Responsible Provider	**As soon as possible and not to exceed 30 minutes after being read**

MEDICATION ERROR RISK REDUCTION STRATEGIES

The presence of "sound-alike" and "look-alike" drug names is frequently cited as a cause of medication errors. As an example, the Institute for Safe Medication Practices (ISMP) reports of an error where a handwritten order for "**Cardura 1 mg PO daily**" was misinterpreted and **Coumadin 1 mg** was dispensed. Both Cardura and Coumadin are available in 1 mg, 2mg, and 4 mg strengths.

A simple approach to prevent these types of errors is to also include the indication or medication's intended purpose when writing the order. To accentuate the above example, the likelihood of misinterpretation could have been reduced had the order been written as: "Cardura 1 mg PO daily for hypertension"

Prescribe safely! Include the indication for use when handwriting or verbally transmitting medication orders. Some other common examples of "sound-alike" and "look alike" drug names with distinct indications include:

Cardene.......................... Codeine
Prilosec .... Prozac
Hydralazine .... Hydroxyzine
Darvon .... Diovan
Covera..............................Provera

P & T COMMITTEE MEETING HIGHLIGHTS - MAY 2006

Arixtra

Arixtra has been restricted to Orthopedics and Oncology. The P & T and Medical Executive Committees approved the automatic substitution to Lovenox 40mg for Arixtra 2.5 SQ DAILY, when Arixtra is ordered for DVT prophylaxis outside the Orthopedic or Oncology setting. If you are prescribing Arixtra outside of these settings and your patient has/or has had a known or suspected case of HIT, please order the Arixtra as a "do not substitute due to HIT."

Change in Vancomycin Monitoring Levels

Current LMHS Lab trough value is 5-10mcg/ml.

The new level will be 10-20 with a critical value >25mcg/ml.

This change is being implemented county wide to provide consistent vancomycin monitoring levels.

FDA ALERT Benzocaine Sprays and Methemoglobinemia

(Hurricane, Topex, Cetacaine)

The FDA has issued a safety alert due to the incorrect use of benzocaine sprays (for use in the throat and mouth) and the development of methemoglobinemia. The VA system has already removed benzocaine sprays from their formulary in favor of products less likely to cause methemoglobinemia. The Lee Memorial Health System P & T Committee is reviewing this information and will be looking for alternatives that can provide a measured dose of anesthetic in place of the benzocaine sprays. LMHS is currently stocking a mucosal atomization device that can administer a measured dose of anesthetic

Reminder of NOVO 7 Policy

NOVO 7 remains NON FORMULARY and can be used only for its FDA approved indications. Approval by Lee Memorial Health System Medical Directors is required before ANY dose of NOVO 7 will be dispensed by pharmacy.

2005 Antibiogram Information

The 2005 antibiogram information will be published in the May 2006 P & T newsletters and will be available on the Pharmacy Web page. This information will also be available on all nursing units, however it has been decided that the antibiogram will no longer be placed in all patient charts. Pharmacy will try and publish an updated pocket card with antibiotic cost information, vancomycin guidelines and the antibiogram.

The complete P & T newsletter can be accessed on the Lee Memorial Health System Intranet under the Pharmacy Department.

DOCUMENTATION/CODING

Janelle I. Wissler, RHIA, CCS, CMT

Common Documentation Issues: The Query Process

Medical coders are bound by strict guidelines in ICD-9 diagnosis coding. Certain terms, while descriptive and clear in their intent for communication between physicians and nurses in the progress notes and/or dictated report, are not "codeable" per CMS guidelines. When coders encounter conditions they "believe" exist and were treated, but a codeable term is nowhere to be found in the record, the query process begins.

Prior to December 2005, physicians only were aware of queries done on the "back end;" that is, after the patient was discharged. The coder would write the question on a physician progress note which would be faxed to his or her office, with appropriate documentation, and the additional diagnostic terminology would be attested to by the physician and faxed back, for completion of the coding process. However, in December, the Utilization Management team at LMHS started a "concurrent" query process while the patient is still in house.

An audit was performed on the back-end queries that were written in September 2005, and the most repeatedly questioned conditions were chosen for the initial focus. The six areas were identified as: congestive heart failure, respiratory failure, chronic obstructive pulmonary disease, septicemia, cerebrovascular accident and pneumonia. Coding and clinical criteria were established, printed and given to the case managers to investigate/follow the documentation on patients admitted with these conditions. If incomplete documentation was encountered, a query was written or verbalized to the attending physician within the first three days of the patient's stay. The efforts of the case managers are relayed to the coders, who note, at the time of final coding, whether their added documentation was helpful. In March, it was decided that three of the areas no longer needed focused review, and so the case managers dropped the diagnoses of CHF, COPD and CVA from their review. In May, the obtaining documentation of the suspected condition of "anemia" was added to their responsibilities. In May another back-end query audit was performed, which showed the number of coder-written queries had decreased by 50 percent. It is anticipated that a follow-up audit in August will show yet another reduction in time spent by staff writing queries, and time spent by physicians answering queries.

Remember, when either a case manager, or a coder, encounter vaguely documented conditions, it is necessary to Query the physician to obtain the clarification necessary to lead to proper coding and reimbursement for LMHS for the conditions that were treated.

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. I can be reached at janelle.wissler@leememorial.org for any further clarification on this topic, or any other topics physicians would like addressed from a coding/ reimbursement standpoint.

MEDICAL LIBRARY NEWS

"**Up-To-Date**", the database that provides comprehensive answers to clinical questions is now available in the Lee Memorial Hospital and HealthPark Medical Center libraries. In the HP library, it is installed on the computer facing the front desk. No passwords are necessary.

Receive the current issue of The New England Journal of Medicine in your inbox every Thursday - compliments of the Medical Library at LMHS. If you would like to receive the journal, please send your name, e-mail address and a phone number to: MedLibrary@leememorial.org

EMERGENCY/TRAUMA DOCTORS WORK WITH INJURY PREVENTION PROGRAM

Physicians from Lee Memorial Emergency/Trauma services have been active in the injury prevention education role for the community. When asked to assist with different educational programs they readily agreed.

Dr. Jason Wilson participated in the 2006 Drug House Odyssey held March 21-23 at Cape Christian Fellowship Church. Drug House Odyssey consists of a series of skits that dramatize to area youth the consequences of their choices. They begin viewing a party scene and the choices made by students at the party, followed by a drunk driver being stopped and arrested. From there, they view what occurs in the courtroom and how the choices they made affect their future. They then view a crash scene and EMS removing the victims and transporting them to the Emergency Department, where they see the victim being worked on and the family reaction. Dr. Jason Wilson handled the emergency scene for all tours during the three days and evenings it was held. The realistic scene used members from the emergency/trauma department. During the three days 3600 young people and their parents were educated with this program. Plans are already in the making for next year.

Dr. Michael Dunn has been an active participant in the Buckle Up Campaign sponsored by our local law enforcement. He was the keynote speaker for the Buckle Up Campaign which started over the Memorial Day weekend. Law enforcement agencies from Collier, Charlotte, and Lee County Sheriffs Department, Florida Highway Patrol, and Fort Myers City Police were present at the event, as well as MADD and local citizens.

Dr. Dean Goldberg, Trauma Surgeon, was a speaker at the 5th Annual Drug Abuse Prevention Regional Conference, held May 22, 2006 at Harborside Convention Center. Dr. Goldberg spoke from a trauma surgeon's perspective about the tragic consequences of drug and alcohol abuse that occurs daily. He discussed patterns in time of day, day of week, precipitating events, types of injuries, patient characteristics and prevention initiatives.

RESTRAINTS

Licensed Independent Practitioners are responsible for signing all restraint orders.

Medical Surgical restraint:

- Licensed Independent Practitioners must exam and determine need for continuation of restraint every day.
- Licensed Independent Practitioners must clearly document a renewal of order every calendar day.

Behavioral restraint

- Licensed Independent Practitioners must conduct a face-to-face evaluation within 1 hour of initiation of restraints.
- Restraint is time limited according to age
  - 4 hours for all individuals age 18 and older
  - 2 hours for children and adolescents ages 9-17
  - 1 hour for children under the age of 9

A new order must be obtained from the LIP if restraint needs exceed the time limit. System Policy Number S03-01-107

BREAST HEALTH CENTERS TEAM UP WITH CENTRALIZED SCHEDULING

Breast Health Centers have teamed up with Centralized Scheduling. This partnership moves us closer to providing you with one phone number to call for Outpatient Test Scheduling. **The New Scheduling phone number is 424-1499 and the fax number is 424-1439**.

Along with the scheduling change, Breast Health Centers has made many other important changes designed with you and your patients in mind. A letter detailing many of these important changes will be forthcoming.

The redesigned Mammography/Bone Densitometry Test Requisition forms are now available. Please contact Whitney Andreu, Physician Sales Coordinator, at 466-4236 or whitney.andreu@leememorial.org, to ensure receipt of the new test requisitions.

NET ACCESS

Recent enhancements include remote access to CliniComp data online along with Physician Reference Tools with access to several Research Databases, Journals, Medical Library and more. Standard features include: Patient Lab, Rad, Micro Results and Dictated Reports along with Demographics and Insurance information for all (Inpatient, Out-Patient and ER) patients. Our records include data as far back as August 1999. Some of the new features require a Virtual Private Network or VPN connection to access from outside the hospital.

If you would like to know more about Net Access and how you can take advantage of all the features while making Rounds or from your office or home, please contact: Karen Mueller at 239-343-7841 or pager 239-930-6635 or karen.mueller@leememorial.org.

CONTINUING MEDICAL EDUCATION

"WRONG SITE SURGERY"
Larry Eisenfeld, M.D.
Orthopedic Surgeon
Orthopedic Center of Florida
Wednesday, July 12, 2006
Lee Memorial Hospital Auditorium
6:30 – 7:30 p.m.
RSVP for Dinner by July 10 – 573-5680

"OSTEOPOROSIS"
Lawrence Antonucci, M.D.
PPC OB/GYN Physicians
Monday, July 24, 2006
HealthPark Medical Center, Room HP1B
6:30 – 7:30 p.m.
RSVP for Dinner by July 20 – 573-5680

"EMBRYONIC STEM CELLS AND THE POTENTIAL FOR DERIVATION/ DIFFERENTIATION: DO THE ENDS JUSTIFY THE MEANS?"
Craig Sweet, M.D.
Reproductive Endocrinologist
Wednesday, July 26, 2006
HealthPark Pediatric Ethics Consultation Group
HealthPark Medical Center Room 203 & 204
12:30 – 1:30 p.m.
RSVP to Spiritual Services – 432-3199

"SKIN INFECTIONS"
Douglas Brust, M.D.
IMA – Infectious Diseases
Wednesday, July 26, 2006
Lee Memorial Hospital Auditorium
6:30 – 7:30 p.m.
RSVP for Dinner by July 24 – 573-5680

If you have questions about Medical Staff News,
please contact Joanne Gorgone, RN, BSN, CME Coordinator, Lee Memorial Health System,
636 Del Prado Boulevard, Cape Coral, Florida 33990
Phone: 239-574-0397 Fax: 239-772-6564
E-Mail: joanne.gorgone@leememorial.org