

NEW CCH MEDICAL STAFF LEADERSHIP

May 2006 – April 2007



Thomas Presbrey, M.D. is the 2006 - 2007 CCH Medical Staff President. Since joining the Medical Staff in 1989, Dr. Presbrey has participated in many leadership roles. He has also served on the Executive Committee since 2003.

Antony Mathew, M.D. will continue to serve on the Executive Committee as Past President. Dr. Mathew is to be congratulated for his excellent leadership for the Medical Staff during the past year.

Other Executive Committee members for 2006-2007:

Thomas Carrasquillo, M.D. – President-Elect

Donn Fuller, M.D. – Secretary

Timothy Dougherty, M.D. – Medicine Chairman

Laszlo Csury, M.D. – Medicine Member-at-Large

Brian Hanlon, M.D. – Medicine Member-at-Large

Thomas Teufel, M.D. – Medicine Member-at-Large

Alexander Lozano, M.D. – Surgery Chairman

William Gezzar, M.D. – Surgery Member-at-Large

Pedro Marcucci, M.D. – Surgery Member-at-Large

Donald Moyer, M.D. – Surgery Member-at-Large

Blaise Kovaz, M.D. – OB/GYN Chairman

Piedade Oliveira-Silva, M.D. – Pediatric Member-at-Large

WELCOME NEW PHYSICIANS

(Approved 04-27-06)

Provisional Staff (CCH and LMHS):

- Kevin R. Free, M.D. – Pain Management

Provisional Staff (LMHS only):

- Noal R. Shurak, Psy.D. – Psychology
- Gerald R. Swiacki, D.O. – General Surgery

I N • T H I S • I S S U E

- New CCH Medical Staff Leadership • Welcome New Physicians
- Physician Specific Performance Reports For The JCAHO Core Measures
- Surgical Care Improvement Project (SCIP) • Employee Health Fairs • Documentation/Coding
- Physician Raves And Recognitions • Medical Library News • Net Access
- Centralized Scheduling Moves To Santa Barbara Building • Continuing Medical Education

PHYSICIAN SPECIFIC PERFORMANCE REPORT FOR THE JCAHO CORE MEASURES

Mark A. Greenberg, MD, Corporate Medical Director

The JCAHO Hospital Core Measures for acute MI, CHF, pneumonia and surgical infection prevention are quality indicators that have a substantial evidentiary basis. It has been clinically demonstrated that patients benefit from these interventions in the appropriate clinical setting. For several years, LMHS has been submitting performance data on the core measures to JCAHO. Now, as a service to the Medical Staff, the data is being made available in May to individual physicians with at least ten referenced cases over a 24-month rolling time frame.

All data is audit derived, using software provided by Solucient, an approved JCAHO vendor utilized by LMHS. The software provides a standardized template for data collection. In addition, random audits are performed using an "Inter Rater Tool" to assure consistency of data abstraction between auditors. Finally, at the request of CMS (Medicare), and in conjunction with public reporting of the measures, the Florida Quality Improvement Organization (FMQAI) performs additional reliability audits. While no audit process is perfect, every attempt is made to be as accurate as possible. Details regarding the audit process can be made

available, but please note that the files are large and complex.

System and JCAHO benchmark compliance rates can be accessed through Net Access (in-house and VPN only): 1. Click on "Reference Tools." 2. Click on "Quality Indicators." 3. Click on "Core Measures." 4. Navigate to the specific measures and the JCAHO benchmarks (found in "System Indicators") as well as the system averages (found under "System and Campus Spider Diagrams").

No attempt has been made to ascertain the statistical significance of the sample size presented in this report. Indeed, we are not trying to draw any conclusions from the data. Instead, we simply want you to be aware that physician level data exists and to alert you to the importance being attributed to these measures by regulatory agencies. It is our belief that many of these measures will eventually be used in physician specific pay for performance and public reporting programs.

Should you have any questions, please feel free to phone me at 939-7555 or 334-5969.

SURGICAL CARE IMPROVEMENT PROJECT (SCIP)

Mark A. Greenberg, MD, Corporate Medical Director

"SCIP" is a national initiative endorsed by numerous medical organizations and has as its goal a 20 percent reduction in operative complications through the implementation of process indicators. The measures are organized into four prevention modules: **cardiac, infection, VTE prophylaxis and respiratory (ICU)**. Please see the attachment for a listing of the measures.

LMHS will begin submitting to JCAHO performance data on the SCIP Measures in July

2006. In order to address compliance, four "work groups" with physician champions dedicated to each module have been organized. Physicians will be notified as processes to improve the performance on the measures are implemented.

Should you have any questions or if you wish to participate with one or more of the work groups, please contact me at 939-7555 or 334-5969.

SCIP SURGICAL CARE IMPROVEMENT PROJECT

A National Quality Partnership

SCIP PROCESS AND OUTCOME MEASURES

INFECTION:

SCIP INF 1: Prophylactic antibiotic received within one hour prior to surgical incision

SCIP INF 2: Prophylactic antibiotic selection for surgical patients

SCIP INF 3: Prophylactic antibiotics discontinued within 24 hours after surgery end time (48 hours for cardiac patient)

SCIP INF 4: Cardiac surgery patients with controlled 6 a.m. postoperative serum glucose

SCIP INF 5: Postoperative wound infection diagnosed during index hospitalization (OUTCOME)

SCIP INF 6: Surgery patients with appropriate hair removal

SCIP INF 7: Colorectal surgery patients with immediate postoperative normothermia

CARDIAC:

SCIP Card 1: Non-cardiac vascular surgery patients with evidence of coronary artery disease who received beta-blockers during the perioperative period

SCIP Card 2: Surgery patients on a beta-blocker prior to arrival that received a beta-blocker during the perioperative period

SCIP Card 3: Intra-or postoperative acute myocardial infarction (AMI) diagnosed during index hospitalization and within 30 days of surgery (OUTCOME)

VTE:

SCIP VTE 1: Surgery patients with recommended venous thromboembolism prophylaxis ordered

SCIP VTE 2: Surgery patients who received appropriate venous thromboembolism prophylaxis within 24 hours prior to surgery to 24 hours after surgery

SCIP VTE 3: Intra-or postoperative pulmonary embolism (PE) diagnosed during index hospitalization and within 30 days of surgery (OUTCOME)

SCIP VTE 4: Intra-or postoperative deep vein thrombosis (DVT) diagnosed during index hospitalization and within 30 days of surgery (OUTCOME)

RESPIRATORY:

SCIP Resp 1: Number of days ventilated surgery patients had documentation of the Head of the Bed (HOB) being elevated from recovery end date (day zero) through postoperative day seven.

SCIP Resp 2: Patients diagnosed with postoperative ventilator-associated pneumonia (VAP) during Index hospitalization (OUTCOME)

SCIP Resp 3: Number of days ventilated surgery patients had documentation of stress ulcer disease (SUD) prophylaxis from recovery end date (day zero) through postoperative day seven.

SCIP Resp 4: Surgery patients whose medical record contained an order for a ventilator-weaning program (protocol or clinical pathway)

SCIP Global 1: Mortality within 30 days of surgery

SCIP Global 2: Readmission within 30 days of surgery

VA 1: Proportion of permanent hospital ESRD vascular access procedures that are autogenous AV fistulas

EMPLOYEE HEALTH FAIRS

LMHS is sponsoring Employee Health Fairs at all three hospitals in June to help employees identify health risks. Your patients may bring you copies of their free Health Risk Assessment and/ or results from blood sugar and cholesterol testing. We hope to encourage employees to work with their PCP to reduce their risk factors. If employees want to join a HealthCare Makeover, and you provide a plan of care, many programs such as weight loss and dietary counseling will be covered by the Health Plan. Call Joan Carroll RN, BA, CDMS, Director of Health Advocacy at 466-9554 if you have any questions.

DOCUMENTATION/CODING

Janelle I. Wissler, RHIA, CCS, CMT

Documentation Issue: Physician confirmation of pathologist's findings.

Medical coders are bound by strict guidelines in ICD-9 diagnosis coding. Certain types of documentation, while descriptive and clear in their intent for communication between physicians, is not available to use for diagnostic coding without obtaining confirmation by the attending physician. One such example would be a pathologist noting "6/15 lymph nodes positive for metastasis." The coder is only allowed to code from documentation detailed by a physician, or other caregiver, who has "face-to-face" contact with the patient. Therefore, documentation by a radiologist or pathologist can only be used for "clarification or specification" of a diagnosis already mentioned by the attending physician/surgeon. The best example of this is a physician noting a "forearm fracture" and the radiologist specifying a "transverse ulna styloid fracture."

The more specific the attending physician/surgeon can be with the diagnosis of neoplasm, and whether or not there was discovery of metastasis (and the specific sites), the better. The first step for the coder is to start with what the attending physician/surgeon has stated in the final diagnosis of the discharge summary, as compared with the pathologist's findings. Then, the coder must read the findings detailed in the operative report and

the post-op progress notes. If there is nothing to confirm what the pathologist has noted in his findings, then the coder is obligated to contact the attending physician/surgeon asking him/her to acknowledge the pathologist's findings. The same is true for radiologists' interpretations. It is important to have documentation demonstrating that the attending physician has received and reviewed the results of the specimen examination and other diagnostic tests performed.

When coders encounter pathology reports or radiology reports with documentation of a condition, which is not physician to obtain the precise wording necessary to code the overall condition of the patient; thus resulting in complete confirmed elsewhere in the chart by a face-to-face clinician, it is necessary to **query** the coding and accurate reimbursement for our patients.

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.

PHYSICIAN RAVES AND RECOGNITIONS

Comptroller Announces Appointment of Ronald D. Castellanos, M.D. To the Medicare Payment Advisory Commission

Comptroller General of the United States David M. Walker has appointed **Ronald Castellanos, M.D.** to the Medicare Payment Advisory Commission (MedPac). While many qualified applicants applied, Dr. Castellanos was chosen as one of the four new members.

MedPac is an independent federal body that was established in 1997 to analyze access to care, quality of care and other issues affecting Medicare. MedPac also advises Congress on payments to health plans participating in the

Medicare Advantage program and to providers in Medicare's traditional fee-for-service programs.

Dr. Castellanos has practiced urology for more than 30 years in Fort Myers. For the past four years Dr. Castellanos has been a member, and for the last year the chair of the Practicing Physicians Advisory Council, which advises the Secretary of Health and Human Services and the Administrator of the Centers for Medicare and Medicaid Services on proposed changes to Medicare rules and regulations on physician services. Dr. Castellanos was president of the Florida Urologic Society and has worked with several other organizations on health policy, including the American Urologic Association and the American Lithotripsy Society.

State Advisory Council Appoints Drew Mikulaschek, M.D. as a Medical Consultant

The State Advisory Council recently appointed **Drew Mikulaschek, M.D.**, Director of Trauma and Surgical Critical Care as a Medical Consultant. This role is critical in implementing the State Trauma Strategic Plan goals, objectives, strategies and activities in providing Florida with a road map to future statewide collaborative efforts within the continuum of care.

“Prevent the Second Fall”

Michael Raab, M.D. designed and presented the “Prevent the Second Fall” poster at the Transforming Fall Prevention Practices conference in Clearwater on April 24, 2006.

Over 1000 physicians, nurses, risk managers, physical therapists and occupational therapists from all over the country attended this conference that was sponsored by the Veteran Affairs and the University of Florida.

Dr. Raab’s presentation was one of the few presentations relating to community prevention. Many people supported the idea and are anxiously awaiting the results of Lee Memorial Hospital’s ED project to identify patients who are at risk.

Marilyn Kole, M.D. Recognized by ICU Director

Lori A. Lupe RN,C, CCRN, MSN, Director of Intensive Care, HPMC

“I would like to recognize **Dr. Marilyn Kole** - she is very energetic, enthusiastic, and committed to improving the care of the critically ill patients in our system. Dr. Kole’s passion has ignited the efforts to implement evidence-based practice to optimize patient outcomes. Every time I think we are getting to a place where we can rest she storms in with another set of initiatives. She is a visionary leader and she excites those around her to stretch and make the changes necessary for our patients and families.”

Velimir Micovic, M.D. Recognized by Radiology Employee

Emily Pomeroy, Radiology Administrative Secretary

“One morning I woke up in extreme pain and immediately called my doctor, **Dr. Velimir Micovic**, Pain Management Consultants, PA. He called in my medication and also scheduled me for the very next day. I was his first patient and I know he had to arrive earlier than his usual and customary schedule dictated. Dr. Micovic is a good, kind, gentle, and compassionate physician and person. He is a ‘stellar’ asset to our medical community. Can we clone him?”

MEDICAL LIBRARY NEWS

Narges Ahmadi, Medical Librarian

PubMed LinkOut

Library patrons now have access to full-text articles directly from PubMed.

When conducting a literature search on PubMed and retrieving citations of the articles, a user must display them in “abstract” format (change “summary” to “abstract” in Display window or click on a title of each individual citation). For abstracts that we have online or print holdings, an icon “Lee Memorial Health System – Print Collection” or “Lee Memorial Health System – Online Collection” will be posted. By clicking on the former one, a user will see what years of print holdings of this journal that we keep in the LMHS collection. With a click on the later, a user will link to a full-text article

online. Sometimes, the icon, which says “Free Full-Text”, is posted above citation, so it is safe to use this link. If an icon lists a publisher’s name without the word “free,” it means that the user will be required to purchase a copy of this article from a publisher. Prices are usually \$15-\$25 per article.

Please note: A patron needs to get to PubMed through the Library Web site in order to be able to tap into the library’s full-text collection.

Patrons accessing PubMed through the library Web site on the Internet from their home computers will need to enter their password to the individual database when the article is located in a database that requires a password unless they use Net Access to link to IntraLee.

NATURAL STANDARD

The "Natural Standard" database of evidence-based information about alternative therapies, supplements and herbs is the most recent addition to the collection of the Library's databases on IntraLee (accessible from distant locations via Net Access).

The editors use a grading system based on the strength of the scientific evidence. Interactions between herbs/ supplements and drugs are also provided. The references are linked to Medline (PubMed) abstracts and/or full-text articles, if available.

The monographs (for professionals) are provided in English and in Spanish. The database also contains handouts for patients.

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 karen.mueller@leememorial.org.

CENTRALIZED SCHEDULING MOVES TO SANTA BARBARA BUILDING

Centralized Scheduling has moved to the Santa Barbara Building in Cape Coral. Over the past couple of years, we have worked with representatives from your offices to improve our Outpatient Scheduling. Your offices continue to want easier access with one number to call for Outpatient Scheduling. The move to a new, larger location will bring us closer to this goal.

New Phone Number: 424-1499

New Fax Number: 424-1439

The Outpatient Test Requisition forms are being updated to reflect the new phone and fax numbers. Please contact Whitney Andreu, Physician Sales Coordinator at 466-4236 or whitney.andreu@leememorial.org, to request the new test requisitions.

CONTINUING MEDICAL EDUCATION

"FEMALE SEXUAL DYSFUNCTION"

James E. Clark, M.D., FACOG
Medical Director, Central Florida Female Sexual Dysfunction Clinic

Tuesday, June 13, 2006

HealthPark Medical Center Room 202
7:15 – 8:15 p.m.

Following the OB GYN Department Meeting
RSVP for Dinner by June 9th – 573-5680

"AVIAN FLU"

Judith Hartner, M.D., MPH
Director, Lee County Health Department

Thursday, June 15, 2006

Lee Memorial Hospital Auditorium
6:30 – 7:30 p.m.

RSVP for Dinner by June 13th – 573-5680

"DOMESTIC VIOLENCE: ABUSE ACROSS THE GENERATIONS"

Colleen Henderson
Abuse Counseling and Treatment, Inc.

Wednesday, June 21, 2006

HealthPark Medical Center Room 1B
RSVP for Dinner by June 19th – 573-5680

"BLOOD MANAGEMENT ISSUES AND OPPORTUNITIES"

Timothy Hannon, M.D., MBA
Anesthesiologist
Medical Director, Blood Management Program
St. Vincent Hospital
Indianapolis, Indiana

Monday, June 26, 2006

Gulf Harbour
6:30 – 7:30 p.m.

For LMHS Physicians and Pharmacists
RSVP – 574-0397

"CLINICAL ADVANCES IN CARDIOLOGY"

June 24 and 25, 2006

The Ritz-Carlton Beach Resort
Earn up to 8 CME Credits
Call 574-0397 for a brochure

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