

QuickTAKES

Net Access

is the browser-based application that allows physicians and staff secure access to patient (including Inpatient, Outpatient 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 Jan Villwok, Information Systems Physician Liaison at 343-7841, e-mail jan.villwok@leememorial.org or page 930-6635.

Medical Library Resources

For a complete listing of library resources visit www.leememorial.org, under 'Services' select 'General', then click on 'Medical Library'.

"Bunnies for Babies"

The LMHS Foundation would like to thank the Medical Staff for supporting the Norman Love Bunnies for Babies event.



Thomas Carrasquillo, MD CCH Medical Staff President. 2007 - 2008

Dr. Carrasquillo served as President of the CCH Medical Staff in 1988 and is the first Medical Staff member to serve a second term. He has participated in many Medical Staff Leadership positions since joining the Medical Staff in 1980. Dr. Carrasquillo has served on the CCH Medical Executive Committee since 1982 and has participated as Chairman or a member of the Department of Surgery, CCH Physician Performance Improvement Committee, Credentials Committee, CCH Tumor Board, Pharmacy & Therapeutics Committee, Bylaws Committee and the Infection Control Committee.

Dr. Carrasquillo is passionate about his missionary work in the Dominican Republic. He is part of a team of physicians and nurses who provide medical care to the indigent each year. Dr. Carrasquillo has made four trips to the Dominican Republic and plans to return in September and November of this year.

Cape Coral Hospital Executive Committee Members 2007 - 2008

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Wesley Faunce, MD
Surgery Member-at-Large

Medical Staff Integration Update

Chuck Krivenko, MD, MHA
Chief Medical Officer, Clinical & Quality Services

The Physician Leadership Council met with the LMHS Board of Directors on March 15, 2007 as part of the Medical Staff integration process. Representatives from each of the three Medical Staffs and The Children's Hospital were present. Dr. Rick Sheff of The Greeley Company facilitated the discussion that focused on determining the joint goals/needs of the LMHS Board from the Medical Staff(s) and the goals/needs of the Medical Staff(s) from the LMHS Board.

The LMHS Board identified the following goals/needs from the organized medical leadership that were mutually agreed upon:

- Communicate with the Board honestly and in good faith.
- Design and implement a clear, effective conflict of interest policy.
- Design and implement an effective Medical Staff leadership development and succession planning program.
- Implement the Pyramid effectively. (This is a Greeley management process that is used by Medical Staff leadership to create physician accountability.)
- Improved, ongoing collaboration among physicians, the Board and management.
- The Medical Staffs establish and work towards a common vision and goals.
- Achieve a single standard of care across the system that is characterized by excellence.
- A consistent format and content for reporting Medical Staff recommendations to the Board, including the rationale for the recommendation and the process utilized to develop the recommendation.
- When variation of physician opinions exist on issues considered by the Board, Medical Staff leaders will communicate the range of opinions to the Board, including the rationale for each opinion.
- Rapid adoption of evidence-based medicine and best practices across the system.

The Physician Leadership Council identified the following goals/needs from the LMHS Board that were mutually agreed upon:

- Assist the Physician Leadership Council with its goals and with communicating with the Board.
- Assist in overseeing management to implement the commitments memorialized in the February 6, 2007, communication from administration to the Medical Staffs.
- Prepare more physician advocacy dialogues with the Physician Leadership Council.

In addition, representatives of the CCH Medical Executive Committee who serve on the Physician Leadership Council expressed some concerns regarding the scope of service consensus for 2009/2010 that was developed with physician input and will be going before the LMHS Board's Planning Committee. Concerns specifically centered on future planning for the placement of Cardiac Surgery.

A team of cardiologists and cardiac surgeons will be formed as a subgroup of the CCH leadership to review this specific concern and to develop a minority report to be submitted to the LMHS Board, along with the consensus opinion that recommends for 2009/2010 that cardiac surgery be performed in two locations: the new facility at Metro and Daniels and at HealthPark Medical Center. During the summer and fall of this year, a longer-term view and recommendation, with input from physician leadership, will be developed that is related to scope of services for 2015 and beyond.

All three Medical Staffs are participating in a self-assessment that will identify opportunities for each Medical Staff to strengthen its service to patients, as well as to physicians who serve on the Medical Staffs. The Greeley Company will review these assessments.

I would again like to thank the physicians for their time and leadership, as it is crucial to the success of LMHS. If you have any questions, please feel free to contact me at 985-3572.

Board of Directors Medical Staff Executive Committees Liaisons



Linda Brown, ARNP – LMHS



Jason Yost – CCH



James Green – SWFRMC/GCH

RAC Attack

Mark A. Greenberg, MD
System Medical Director

Since April 2005, Medicare RACs (Recovery Auditor Contractors) have been reviewing medical records in NY, CA and FL. The purpose is to perform audits, identify payment errors and return overpayments to the Medicare trust fund.

- RACs look not only at coding and DRG assignment but medical necessity and whether or not a physician order for the appropriate setting is documented.
- A RAC review can go back 4 years.

What does this mean to LMHS from a medical necessity perspective?

- 87 cases (2002, 2003) not meeting medical necessity criteria for inpatient admission have been denied:
 - 1 and 2 days length of stay -- Many are chest pain, r/o MI.
 - With your help, this type admission is currently being managed in OBS

- 3 day non-acute services prior to SNF placement – To date, a smaller volume but still a concern.

What does this mean to the physician?

- LMHS needs your help to ensure patients are placed in the appropriate status, IP vs. OP Observation and that the order reflects your intention.
- Patients without acute care needs (social admissions for SNF placement) can be given notices of Medicare non-coverage, making them financially responsible.
 - This is a hospital decision; physicians need not agree with the notice.
 - Patients can appeal the decision to FMQAI, Medicare's Quality Improvement Organization.

Recommendations and Information:

- Work with the Care Management staff when you need a recommendation concerning status
- Clearly state the level of services you're ordering

- Use OP Observation status when your patient requires limited (24 to 48 hours) evaluation and/or treatment and the need for IP admission is unclear
- Start stable elective procedural patients as OP
 - Make the decision for Observation vs. inpatient status following the procedure
 - OP Observation status is appropriate to manage complications, instability and/or when you need further time to evaluate the patient's condition.
 - OP OBS isn't covered for routine stays following surgery, patient or family convenience.

The recommendations are the best advice I can currently give to keep your patients out of the denial cycle. If anything changes, you'll be informed.

If you have questions, please call Ann Friel, UM Director, at 573-5516, or me at 334-5969. As always, thank you for your support of LMHS. The quality care you provide to our patients is appreciated.

Documentation/Coding

Janelle I. Wissler, RHIA, CCS, CMT

A light-hearted review of the topics we have covered so far this year in this column. Otherwise known as, The Ten Commandments of Physician Documentation:

1. If it isn't documented, it cannot be coded.
2. Thou shalt document interrelated conditions using "linking words" such as "peripheral vascular disease secondary to diabetes."
3. Thou shalt use words instead of symbols, such as "hyperkalemia" rather than $^{\wedge}K^{+}$.
4. Thou shalt document the type and etiology of anemia the patient had, such as "acute-on-chronic blood loss anemia" or "anemia due to renal failure."
5. Thou shalt clearly identify the principal diagnosis (the reason established, after study, for the admission of the patient to the hospital).
6. Thou shalt identify all conditions that were monitored, evaluated, extended the length of stay, or were treated.
7. Thou shalt use only hospital-approved abbreviations.
8. Thou shalt read the chart before dictating the discharge summary.
9. Thou shalt respond to queries for documentation clarification.
10. Thou shalt never use the term "urosepsis."

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 these or any other topics physicians would like to be addressed from a coding/reimbursement standpoint. Reference: Heather Wilson, RHIA.

Multi Drug Resistant Organisms

To view Dr. Mary Beth Saunders' slides on Multi Drug Resistant Organisms, go to www.LeeMemorial.org:

- Click on 'For Physicians'
- Click on 'Presentation'
- Click on 'review' button to indicate that you have viewed the slides.

Please note in the comment section if you want the quiz and evaluation via fax or e-mail to receive the CME credit. If you have any questions, call the CME office at 574-0397.

Physician Recognition

Congratulations to Roberto Monge, MD, a pediatric intensivist at HealthPark Medical Center, for being recognized by The Research Council of America as one of the top pediatricians for 2007.

CCH Medical Staff Leadership

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Medical Staff President

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President-Elect

Thomas Presbrey, MD
Past President

Donn Fuller, MD
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Clinical Dept. of TCH Rep.

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Anantha Krishnan, MD
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George Kalemeris, MD
Pathology Chairman

Donald Gerson, MD
Radiology Chairman

Jason Wilson, MD
Emergency Medicine Chairman

Continuing Medical Education

"Heparin Induced Thrombocytopenia"

Bruce McIntosh, PharmD
Assistant Professor, UK College of Pharmacy

Wednesday, June 6, 2007

6:30 – 7:30 p.m.
McKinley's House of Prime
For LMHS Physicians & Pharmacists

RSVP for Dinner by June 4 – 574-0397

"64 Slice CT Coronary Angiography"

Edward Danehy, MD
Thursday, June 7, 2007

6:30 – 7:30 p.m.
Lee Memorial Hospital Auditorium
RSVP for Dinner by June 5 – 573-5680

"Drug Allergies & Treatment of Anaphylaxis"

Brett Stanaland, MD, FAACAI

Wednesday, June 20, 2007

6:30 – 7:30 p.m.
Lee Memorial Hospital Auditorium
RSVP for Dinner by June 18 – 573-5680

"Clinical Advances in Cardiology"

June 22- 24, 2007
Sanibel Harbour Resort & Spa
Earn up to 16 CME Credits
No charge for physicians on staff at LMHS
Call 574-0397 to request a brochure

For a complete CME listing, Medical Staff News and more check the Web site at www.LeeMemorial.org and click on 'For Physicians'.

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MEDICAL STAFF NEWS

June 2007 Issue

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for members of Cape Coral
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Or mail them to: Med Staff News,
c/o Medical Staff Services,
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