

JCAHO PATIENT SAFETY GOAL: RECONCILIATION OF MEDICATIONS ACROSS THE CONTINUUM OF CARE

Mark A. Greenberg, MD, Corporate Medical Director

With the help of significant physician input, the Medication Reconciliation Process has been revised and simplified. The processes are as follows and will go into effect on March 1, 2006:

Admission: Upon admission, nursing will complete the Home Medication Reconciliation Form. Physicians will reconcile the listed home medications with the admit medication orders and sign the Home Medication Reconciliation Form within 24 hours of admission. All orders need to be written on the physician order sheet as usual.

Transfer to Another Level of Care: Nursing will print the Transfer Level of Care Medication Order Form, which is a complete and current listing of the patient's medications. Physicians will reconcile the current medication list, with the new transfer medication orders and sign the Transfer Medication Order Form.

Discharge to a SNF: Nursing or Care Management will print the Continuation of 3008 SNF Transfer Form, which is a current listing of the patient's medications with "prn" and IV medications deleted. Physicians will review the form and indicate medications to be added, deleted or continued and sign the form.

Discharge to Home: Nursing will provide the Home Medication Reconciliation Form for review. Physicians will reconcile the discharge medications with the home medications and sign the Home Medication Reconciliation Form.

Should you have any questions or comments please contact me at either 334-5969 or 939-7555.

*Thank you in advance, for your collaboration
with this important safety initiative.*

I N • T H I S • I S S U E

JCAHO Patient Safety Goal: Reconciliation of Medications Across the Continuum of Care
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Rehab for Orthopedic Patients • Continuing Medical Education

IT UPDATE – NET ACCESS ENHANCEMENTS

CliniComp information now available thru Net Access!

Great New Features

- **Remote access to CliniComp** information!
- **Summary screens** that pull together the most commonly needed clinical information in one screen... Vital Signs, I&O, IV Drugs, ABG's, Vent.
- Accessible through Net Access – no need to sign on separately to CliniComp and select your patient.
- For our Obstetricians, **Fetal Monitor Strips** can now be viewed on-line through Net Access

Key Points

These new features supplement our existing capabilities:

- **Direct CliniComp access does not go away:** while you are in our facilities you will still be able to access CliniComp as you do today.
- **Direct access to Net Access from any Internet ready device does not go away.**
- The **new features require** a small piece of software called a VPN client to be loaded on your PC. This provides a more secure “tunnel” through your Internet Services Provider to LMHS.
- The amount of information that can be displayed is constrained due to the presentation through Net Access.
- To maximize the amount of data displayed, set your PC resolution to 1280x1024
- The computing devices on the nursing units display at lower resolution, so not as much information can be displayed on one screen.

Physician Reference Tools –

New links to online Reference Materials, Journals, and Databases have been added to the Net Access navigation bar. No subscription, log-on ID or passwords are required. Just click on the option you wish to view. (some options require VPN access)

New enhancements include:

- ACR - American College of Radiology
- AHRQ – Agency for Healthcare Research and Quality
- CDC – Centers for Disease Control and Prevention
- Drug Formulary
- Medical Library with links to:
 - OVID
 - PubMed
 - MD Consult
 - Medical Letter on Drugs and Therapeutics
 - ProQuest
 - Journals (links to full-text articles in any LMHS database)
 - National Cancer Institute
 - Library Catalog
- MicroMedex -
 - Drug Reference, Drug-to-Drug Interaction, Patient Education
- NGC – National Guideline Clearinghouse

ABG Results -

Effective February/March 2006, Arterial Blood Gas results will be available through Net Access under the Patients Results – Respiratory Care Services selection. In addition, Non Cath Lab co-oximetry, Cath Lab co-oximetry (CCH only) and Cord pH results will also be available. The hard copy lab summary sheets in the patient's Medical Record will include these results as well. The mounting sheets that are currently used to report ABG results will be eliminated. ABG results will remain in CliniComp as they are today on the RT Flowsheet. Many physicians have requested this feature, and we are pleased to announce this new Net Access enhancement.

*Have questions or need VPN access for you or your staff?
Call Karen Mueller, IS Physician Liaison, at 239-343-7841
karen.mueller@leememorial.org*

LMHS AMONG NATION'S TOP HEALTHCARE NETWORKS

Verispan names LMHS a 2006 "Top 100 Integrated Healthcare Network"

(The South Region Top 20 integrated healthcare networks ranks LMHS as #6. The South Region includes VA, NC, TX, VA, GA, SC, TN, MD, MS, KY and FL.)

LMHS ranks among the "Top 100 Integrated Healthcare Networks" (IHNs) in the country. Verispan's report--regarded as the nation's premier rating system-- evaluates IHNs on performance and degree of integration. LMHS is currently 29th on the list.

Hospitals making the "Top 100" list possess critical success factors and have the ability to operate as a unified organization in eight categories. The categories are integration, integrated technology, contractual capabilities, outpatient utilization, financial stability, services and access, hospital utilization and physicians.

You can find a complete list of the "Top 100" IHNs in the February 6 issue of Modern Healthcare magazine or at http://www.verispan.com/products/data_sheet.asp?c=11&p=82

DOCUMENTATION/CODING

Janelle I. Wissler, RHIA, CCS, CMT

Common Documentation Issues: Discharge Summaries.

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, are not included in the final discharge summary.

A clear, complete and concise discharge summary includes the following information: the reason for hospitalization, significant findings from examinations and tests, all operative procedures performed, therapies provided, the condition of the patient at discharge, the instructions given at discharge and the level of care the patient was released to (i.e. SNF, home health). The discharge summary should be dictated immediately after the discharge of the patient.

The final piece of the discharge summary is the final/discharge diagnoses list. This list should include the principal diagnosis (the condition, after study, that led to the inpatient admission) as well as ALL complications and all comorbidities (any condition that was treated, evaluated, monitored during the stay, or any condition that prolonged the length of stay). Another purpose of the discharge summary is to detail conditions/diagnoses that were considered during the stay, but then were ruled out. Whether a condition was left as "rule out" at the time of discharge, or was determined to be "ruled out" at the time of discharge, can greatly influence the final coding.

Signs or symptoms that are not true diagnoses should not be used as the final diagnosis. Examples would include "altered mental status" or "confusion" or "abdominal pain." The only time these terms should be documented as the final diagnosis is with the qualifier, "cause undetermined." Instead, if the underlying reason for the symptom is found during the stay, this should be the final diagnosis, such as "hepatic encephalopathy," or "liver cirrhosis," or "cholecystitis;" rather than the symptom of the disease.

One final note is the use of run-on sentences in the final diagnostic statements. Inpatient coding professionals love a final diagnosis that reads like a book, such as, "Community acquired pneumonia, with hypoxia and cough, secondary to the pneumonia, which is of probable mycoplasma etiology."

When coders encounter incomplete discharge summaries, 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.

CCH RECEIVES HEALTHGRADES' 2006 SPECIALTY EXCELLENCE AWARD FOR GENERAL SURGERY

This distinguished award recognizes Cape Coral Hospital for clinical excellence according to HealthGrades' rigorous analysis and places CCH within the top ten percent of hospitals nationwide for general surgery. The General Surgeons at CCH include Dr. Belcastro, Dr. Borock, Dr. Carrasquillo, Dr. Kammerlocher, and Dr. Penukonda. Congratulations to them and the entire surgery team.

PEER RAVES AND RECOGNITIONS

Laura Wilson, an RN on 4North, recently participated as a family member in the ICU multidisciplinary rounds when her younger sister was a patient in the ICU at Lee Memorial Hospital. "I have knowledge as a nurse but as a family member it was scary looking out there at the doctors and nurses when they were caring for my sister," Laura stated. "As a family member in the multidisciplinary team, the participation helps to put you at ease. The team provided education and communication and encouraged me to be involved in my sister's care. Dr. Friedrich, a physician with Q Life, was very supportive." Laura stated that the ICU staff provided a "warm feeling." Families are

welcome to participate in the ICU rounds. Laura's sister is doing fine, thanks to the great care that she received.

Dr. Marilyn Kole, Medical Director for Intensive Care Services, would like to recognize our Intensivists who are doing a superb job coordinating care within the ICU and providing leadership to the ICU multidisciplinary team. Their tireless efforts and the expertise they bring to the team are invaluable. We are privileged to have them.

Many thanks to: Dr. Dosani and Dr. Feroz at LMH, Dr. Hannan and Dr. Tolep at HP & Dr. Daley at CCH.

WITHDRAWN AND SPECIAL EDITIONS OF MEDICAL, NURSING & ALLIED HEALTH BOOKS FOR SALE

The LMHS medical library is selling both withdrawn texts and donated books. Money will be used to purchase additional library books. Included is the Classics of Surgery Limited Edition series in

leather with gold gilt page edging. Please bookmark this link so you can check back regularly! <http://intranet1/medlibrary/default.asp> or <http://www.leememorial.org/medlibrary>

LEE HEALTH SOLUTIONS LAUNCHES "FREEDOM FROM SMOKING" PROGRAM

In keeping with Lee Health Solutions' mission to address the chronic health conditions of the community and our employees, the department has added the American Lung Association "Freedom From Smoking" program to our current program offerings. The first eight-week session for 2006 will be offered in April. **For additional information, call 573-5720.**

PRE-DIABETES

March is Diabetes Awareness Month. During this month, and always, it is important to assure that those patients at risk for diabetes are appropriately screened. There are 41 million people in the United States, ages 40 to 74, who have pre-diabetes. Pre-diabetes occurs when blood glucose levels reach higher than normal but are not yet high enough to be diagnosed as diabetes. Recent research has shown that long-term damage to the body, especially the heart and circulatory system, may already be occurring during pre-diabetes. Research has also shown that if action is taken to manage blood glucose levels during pre-diabetes, the onset of type 2 diabetes can be delayed or prevented.

The following are categories of hyperglycemia levels that are not sufficient to meet the diagnostic criteria for diabetes but are termed “pre-diabetes.” Both of these categories are risk factors for the development of diabetes in the future:

- Impaired Fasting Glucose (IFG) = Fasting Plasma Glucose (FPG) of 100 mg/dl to 125 mg/dl.

- Impaired Glucose Tolerance (IGT) = 2-hour plasma glucose of 140 mg/dl to 199 mg/dl.

According to the 2006 Standards of Medical Care in Diabetes (American Diabetes Association) the following are recommendations for patients that benefit from screening for diabetes/pre-diabetes:

- 45 years of age or greater and BMI 25 or greater.
- Less than 45 years of age and overweight if another risk factor for diabetes is present.
- High-risk, asymptomatic, undiagnosed adults and children while within a health care setting.

To screen for diabetes/pre-diabetes, either an FPG test or 75-g glucose load 2-h oral glucose tolerance test (OGTT), or both, are appropriate. An OGTT may be considered in patients with IFG to better define the risk of diabetes.

Lee Health Solutions offers outpatient classes for both pre-diabetes and diabetes patients. For more information, call 573-5720.

NEW SLEEP LAB FACILITIES AT HEALTHPARK

Another beneficiary of the HealthPark expansion is the Sleep Disorders Center. Now re-located to new space on the first floor next to the Cardiac Decision Unit (CDU), the Center can accommodate more patients seeking answers for their sleeping problems.

If you have patients complaining of sleep difficulties, the Center can help you identify an existing sleep disorder or simply age-related changes that occur in the sleep cycle of healthy individuals. Spending a night in a sleep disorder center can help to determine if your patient suffers

from psycho physiological or “learned” insomnia, idiopathic insomnia caused by a neuro-chemical imbalance or if they have other physiological disorders that are interfering with their sleep such as chronic pain disorders, Obstructive Sleep Apnea (OSA), or Periodic Limb Movement Syndrome (PLMS).

The Sleep Disorders Center has a Sleep Lab at Cape Coral Hospital as well. For more information or to make a referral, **call the Sleep Disorders Center at Cape Coral Hospital at 573-5450 or HealthPark Medical Center at 985-8685.**

CARDIO MAINTENANCE PROGRAM

The Wellness Center of Cape Coral

The Wellness Center of Cape Coral offers a Cardio Maintenance program for any individual who has specific cardiovascular or pulmonary conditions and has completed cardiac or pulmonary rehabilitation. The program is an eight week program offered on Monday, Wednesday, and Friday from 1:00 p.m.-2:00 p.m. or 2:00 p.m.-3:00 p.m. The fee is \$150 for the eight weeks and is available to non-members of The Wellness Center of Cape Coral. Our instructors will

work very closely with the individual’s physician and therapists to ensure that a proper program is designed and progression is continued. Each class will be conducted in small groups of no more than eight participants per instructor.

For more information, please contact Scott Wills at 573-4516 or email him at scott.wills@leememorial.org.

REHABILITATION FOR ORTHOPEDIC PATIENTS

HealthPark Care Center

Do you have a patient that has just received a new hip or new knee and needs some short-term rehabilitation? If so, the Rehabilitation team at HealthPark Care Center can help. Your patient will receive excellent care by our proficient physical and occupational therapists. Our staff will tailor a program to meet your patient's needs and provide a

bridge between surgery and home health.

Our short-term rehabilitation program generally takes 2 to 3 weeks depending on the patient's progress and is covered by Medicare. **Please call HealthPark Care Center at 433-4647 for more information.**

CONTINUING MEDICAL EDUCATION

"HOW FETAL FIBRONECTIN CAN PREDICT PRETERM LABOR"

Andrew Helfgott, MD
Professor & Section Chief, Dept. of OB/GYN
Section of Maternal Fetal Medicine
Medical College of Georgia

Tuesday, March 14, 2006

HealthPark Medical Center Room 204
7:15 – 8:15 PM
RSVP for Dinner by March 12th – 573-5680

"THE QUALITY OF HEALTHCARE AT LEE MEMORIAL HEALTH SYSTEM:

Where We Were, Where We Are and Where We Could (Should) Be"

Mark Michelman, MD, MBA
Clinical Director, FMQAI

Wednesday, March 22, 2006

Lexington Country Club
6:30 – 8:30 PM

Learning Objectives:

- Describe hospital specific data for AMI, heart failure, pneumonia and surgical infection prevention
- Compare Lee Memorial Health System's data with nations top 10%
- Describe the new national Surgical Care Improvement Project
- Discuss liability and financial implications related to the core measure indicators
- Discuss pay for performance initiatives

For LMHS Physicians & Pharmacists
RSVP for Dinner by March 20th – 574-0397
2 CME Credits

"PEDIATRIC PALLIATIVE CARE"

Craig MacArthur, MD, PhD

Wednesday, March 29, 2006

HealthPark Medical Center Rooms 203 & 204
12:30 – 1:30 PM

"HYPOTHYROIDISM"

Todd Brodie, MD, FACP, FACE

Wednesday, March 29, 2006

HealthPark Medical Center, Room HP1B
6:30 – 7:30 PM

RSVP for Dinner by March 27th – 573-5680

"PARKINSON'S DISEASE UPDATE"

Edward Steinmetz, MD

Thursday, March 30, 2006

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

RSVP for Dinner by March 28th – 573-5680

COMING SOON...

THE CHILDREN'S HOSPITAL OF SOUTHWEST FLORIDA ANNUAL PEDIATRIC CONFERENCE

April 22 & 23, 2006

The Pink Shell Beach Resort & Spa

Earn 12 CME credits and hear talks on new

vaccines 2006, top 10 infectious disease articles, GERD, sinusitis, UTI's, sleep apnea, the relationship between autism and epilepsy, evidence-based strategies in well children and dermatology.

This years speakers include: Dr. Michael Pichichero (Peds ID, NY), Dr. Michael Radetsky (Peds ID, U of NM) and Dr. Benjamin Gold (Peds GI Emory).

For a complete list of faculty and topics visit the conference website:

<http://internet2-dev/childrenhospital/pedconf2006.asp>

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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