

VHA LEADERSHIP AWARD FOR OPERATIONAL EXCELLENCE

Lee Memorial Health System is the winner of the *2006 VHA Leadership Award for Operational Excellence*. This award honors organizations that have differentiated themselves around national performance standards by achieving exceptionally high levels of performance. LMHS met this high standard through its Employer of Choice designation in 2005. This award evidences to others outside of LMHS that we are committed to excellence.

HEART READY AWARD

Lee Memorial Health System was recognized by the American Heart Association with a *Heart Ready Award*, honoring the health system's efforts to save lives from sudden cardiac arrest.

The American Heart Association presents Heart Ready Awards to counties, cities and community partners who are leading the way to save lives through Automated External Defibrillator (AED) programs.

Lee Memorial Health System is the first health system to receive the "Heart Ready" designation in Southwest Florida.

WELCOME NEW PHYSICIANS

(Approved 03-30-06)

Affiliate Staff (LMHS only):

- Janet F. Cheng, M.D. – Dermatology
- Sudha M. Meraney, M.D. – Internal Medicine
- Michele L. Ramirez, M.D. – Oncology/Hematology

Provisional Staff (CCH & LMHS):

- Douglas G. Brust, M.D. – Infectious Disease
- Walter B. Flesner III, D.O. – Family Practice
- Xiomara M. Morillo-Azcuy, M.D. – Internal Medicine

Provisional Staff (CCH only):

- George Kovacevic, M.D. – Obstetrics & Gynecology

Provisional Staff (LMHS only):

- Dennis A. Cardone, D.O. – Family Practice
- Marguerite Crawford, M.D. – Pediatric Cardiology
- Timothy E. Hughes, M.D. – Obstetrics & Gynecology

Intrasystem Appointment to CCH Active Staff:

- Tanzeen Ahmed, M.D. – Internal Medicine

I N • T H I S • I S S U E

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- Insulin Management and Adult Parenteral Nutrition • CMS Expands Coverage for Cardiac Rehabilitation
 - Immune Globulin Shortage and Outpatient Treatment • Suncoast Surgical Associates Have Moved
 - Physical Therapy • Continuing Medical Education

P & T COMMITTEE MEETING BRIEF

Highlights from the March 2006 P & T Committee Meeting include:

- ❖ Automatic substitution for Fenofibrates
 - Our current formulary fenofibrate is Tricor tablets. P & T approved the automatic substitution of ALL fenofibrates to Tricor tablets.
- ❖ Pulmicort Inhaler added to Formulary

❖ Shortage of Humibid/Mucinex

- There is currently a manufactured shortage of Humibid/Mucinex. If the shortage continues and Humibid/Mucinex can no longer be obtained Guaifenesin will be the automatic therapeutic substitution.

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

PHYSICIAN RAVES & RECOGNITIONS EXCELLENCE IN DOCUMENTATION

*Janelle Wissler
Manager, Health Information Management*

I want to recognize Dr. Kupsaw for his excellence in DOCUMENTATION (and care).

When I came to LMHS in April 2005 as the data quality manager, the first task given to me was to work with our coders and physicians regarding proper documentation/coding of excisional vs nonexcisional debridement in wound care. In some cases we were under-reporting and in some cases we were over-reporting. Dr. Kupsaw is one of our main surgeons performing this procedure. While

his documentation was "good;" we gave him the tools to make it "great," and he is doing a wonderful job for us.

In my 22 years in the medical record/documentation field, Dr. Kupsaw has been the very most responsive physician, when asked to make a change in documentation style, that I have ever had the pleasure of working with. He has made the work of the LMHS coders a little bit easier.

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

LMHS CORPORATE MEDICAL DIRECTOR TRANSITIONS

Dr. Pat Fitzgerald will no longer be serving as the Corporate Medical Director for Medical Staff Services. He will continue to serve his patients in his private office and remain active on the Medical Staff via the CME and Ethics Committees.

Dr. Fitzgerald wishes to extend his appreciation to all the members of the Medical Staff with whom he has had the pleasure of working with over the past five years.

Drs. Krivenko, Greenberg and Kole will cover the Corporate Medical Director responsibilities.

DOCUMENTATION/CODING

Janelle I. Wissler, RHIA, CCS, CMT

Documentation Issue: Anemia.

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 coding Index. One such example would be "H/H low, will transfuse". Most healthcare professionals reading this would "know" the patient had anemia. However, the coder is only allowed to code what is documented in the chart. "H/H low" cannot be coded. Therefore, the physician must document the term "anemia" in order to assign a code for this condition that has required nursing/medical attention, monitoring and care.

The more specific the physician can be with the diagnosis of anemia, the better. The first step is to give the reason for the transfusion or treatment, and the next step is to tell whether the anemia is acute or chronic. If chronic, the coder needs to know if it is due to kidney disease, malignancy, iron-deficiency, dietary, or other chronic factors. If the anemia is due to blood loss, again, documentation of acute or chronic is required. If this is chronic blood loss anemia, the further specification is needed, i.e. gastrointestinal blood loss. If it is GI bleeding, documentation of both the cause and the site of the bleeding is warranted (i.e. polyp in

the colon or ulcer in the esophagus), as well as whether this is felt to be an acute bleed or a chronic bleed. If the anemia is related to a surgical condition (acute blood loss), further delineation should be given, such as perioperative, intraoperative or postoperative, as well as whether this amount of blood loss was expected or if it was a complication of the procedure. If the blood loss is due to injury, such as fracture, laceration, or hematoma, this should be clearly stated.

When coders encounter transfusions with no documentation of the word anemia, or if they encounter the term anemia, but no clarification as to the specific type, it is necessary to Query the physician to obtain the precise wording necessary to lead to proper coding and 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.

INSULIN MANAGEMENT RELATED TO CHANGES TO ADULT PARENTERAL NUTRITION ORDERS (FM# 3092)

In an effort to further improve glucose management during hospitalization, **effective May 30, 2006** the following changes will be reflected in the insulin management section of the revised Adult Parenteral Nutrition Orders (FM #3092). Below is a brief summary of the revisions. The actual Order Set contains the specific insulin administration orders:

- Page 3 of the order set now contains all of the insulin management orders
- Page 2 of the order set now has added statement “Insulin Management Orders for Parenteral Nutrition Patients on Page 3”
- Insulin Management for **Non-Diabetic Patients**:
 - Initial subcutaneous sliding scale coverage with Novolog insulin - **remains the same**
 - Discontinuation of the subcutaneous sliding scale coverage and an automatic initiation of an insulin infusion for blood glucose level of 200 mg/dl or greater x 2 consecutive readings - **remains the same**
 - Discontinuation of the subcutaneous sliding scale coverage and an automatic initiation of an insulin infusion for one blood glucose level greater than 400 mg/dl - **revision**
- Insulin Management for **Known Diabetics**:
 - Insulin Infusion to be initiated at the start of Parenteral Nutrition - **revision**
 - Due to the lower glucose concentration, the physician will be notified for specific insulin management orders for those patients receiving peripheral parenteral nutrition - **revision**

Please contact Lee Health Solutions – Lee Diabetes Care for any questions regarding these changes: 573-5720

CMS EXPANDS COVERAGE FOR CARDIAC REHABILITATION

As of March 22, 2006, CMS has expanded coverage for cardiac rehabilitation services to include additional cardiac diagnoses. This action is a result of local, state, and national efforts of the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR), along with the American College of Cardiology (ACC) and the American Hospital Association (AHA).

Effective for services performed on or after that date, Medicare coverage of cardiac rehabilitation programs is considered reasonable and necessary for patients who;

- have a documented diagnosis of acute myocardial infarction within the preceding 12 months, or
- have had coronary artery bypass surgery, or
- have stable angina pectoris, or
- have had heart valve repair or replacement, or
- have had percutaneous transluminal coronary angioplasty (PTCA), or coronary stenting, or

- have had heart or heart/lung transplantation.
- CMS has determined that the evidence is not adequate to include coverage for congestive heart failure (CHF), and therefore will not cover this indication. They may reconsider that decision when the Heart Failure ACTION trial results are published.

Phase II Cardiac Rehabilitation, as described by the U.S. Public Health Service, is a comprehensive, long-term program including medical evaluation, prescribed exercise, cardiac risk factor modification, education, and counseling. These outpatient, medically supervised programs are recommended to be initiated within 3 weeks after hospital discharge and provide appropriate ECG monitoring. A physician referral and entry exercise tolerance test are required. Cardiac Rehabilitation is provided at HealthPark Medical Center and Cape Coral Hospital.

IMMUNE GLOBULIN (IVIG) SHORTAGE – OUTPATIENT TREATMENT

LMHS is dealing with the nationwide IVIG and Albumin shortage by aggressively attempting to purchase any product available. There is not enough supply of either product for consistent treatment of all outpatients.

If you feel that your patient is in urgent need of treatment, listed below are phone numbers for the companies that produce IVIG. The companies require the patient's physician to make the call to request the patient's supply of IVIG. If arrangements have been made to have the patient treated in an LMHS outpatient center, the medication will need to be shipped to the treating facility. Please contact Tina Gegeckas (334-5636) in the pharmacy department for shipping and billing arrangements and questions.

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TALECIS BIOTHERAPEUTICS

Gamunex®

800-243-4153

ZLB BEHRING

Carimune®

Gammar®

800-504-5434

Brian Kilmartin

SUNCOAST SURGICAL ASSOCIATES HAVE MOVED

*SunCoast Surgical Associates
8380 Riverwalk Park Boulevard, Suite 100
(Riverwalk-Whitman Building)
Fort Myers, FL 33919-8758*

*William Kokal, MD, FACS, Moutaa BenMaamer, MD,
Darren Miter, DO, John A. Moss, DO, FACOS*

239-343-9960

PHYSICAL THERAPY IN THE ACUTE CARE SETTING

As with many healthcare professionals, physical therapy services are experiencing challenges with a shortage of therapists, combined with rapid growth of patient demand creating difficulty meeting the demand for services. This causes us to re-evaluate how we allocate our scarce resources in order to meet the needs of the community.

Physical Therapists are trained at the university level and licensed by the state of Florida. In the hospital-based environment they work under the referral of an independent licensed practitioner. Once a referral is received, the licensed therapist will perform a comprehensive systems review and examination. They evaluate the data to determine a therapy diagnosis and prognosis and set up a plan of care of appropriate interventions.

In the acute care setting certain interventions require the specialized skill of a licensed therapist such as evaluating patients to determine whether skilled therapy will be needed once the patient is

discharged from the acute setting and in what care setting. The licensed therapist is the best person to perform skilled interventions for gait training, transfer training and teaching of exercises. Patients with a new onset of orthopedic or neurological deficits would also be appropriate for skilled interventions. The patients need to have the ability to learn the new skills.

Tasks such as routine ambulation, routine transfers and range of motion can and should be carried out by the patient care staff under nursing supervision. Patients with chronic conditions, long standing deficits or the inability to learn are not appropriate for skilled therapy interventions.

When in doubt, refer the patient for a therapy evaluation. The licensed therapist will determine the need for skilled intervention or set up a plan of care for the mobility tasks to be completed under the most appropriate caregiver.

CONTINUING MEDICAL EDUCATION

“MACULAR DEGENERATION AND VITAMIN USE”

Tom Ghuman, MD, FACS
Retina Consultants of Southwest Florida
Bruce H. Senior, OD
Image Eyewear

Monday, May 22, 2006

Lee Memorial Hospital Auditorium
6:30 – 7:30 PM
RSVP for Dinner by May 19th – 573-5680

“EATING DISORDERS IN CHILDREN”

Patricia Santucci, MD
Associate Clinical Professor of Psychiatry
Loyola University Stritch School of Medicine
Vice President, National Association for Anorexia Nervosa and Associated Disorders

Wednesday, May 24, 2006

HealthPark Medical Center Room 202
7:30 – 8:30 PM
RSVP for Dinner by May 22nd – 573-5680

“IS IT TIME TO REIMBURSE EMBRYO DONORS?”

Craig R. Sweet, MD, Reproductive Endocrinologist

Wednesday, May 31, 2006

HealthPark Pediatric Ethics Committee
HealthPark Medical Center Rooms 203 & 204
12:30 – 1:30 PM
RSVP to Spiritual Services – 432-3199

“UNDERSTANDING ECHOCARDIOGRAPHY”

Steven L. Longobardi, MD
Florida Heart Associates

Wednesday, May 31, 2006

HealthPark Medical Center Room HP1B
6:30 – 7:30 PM
RSVP for Dinner by May 29th – 573-5680

“CLINICAL ADVANCES IN CARDIOLOGY”

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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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