

# Medical Staff NEWS

## NEW LMHS MEDICAL STAFF LEADERSHIP

Diana DeVall, MD, is the 2005 – 2007 LMHS Medical Staff President. She has participated in many M.S. leadership positions since joining the Medical Staff in 1990, including serving on the Credentials Committee and as Chairman of the Dept. of OB/GYN.

At the LMHS annual Medical Staff meeting, Dr. DeVall emphasized that a strong medical staff culture is an essential element of an effective medical staff.



*Diana DeVall, MD*

Important aspects of a medical staff's culture include collegiality, commitment to excellence, accountability and continuous performance improvement of patient care. She urged all members of the Medical Staff to participate in building a strong medical staff culture by continuing to develop a network of relationships that physicians build based on trust, respect, commitment, communication, collaboration, shared values and a sense of belonging.

## WELCOME NEW PHYSICIANS

*(Approved 08-25-05)*

### **Affiliate Staff:**

Reena Kaul, MD – Pediatrics

Jorge Quinonez, MD – Pediatrics

John Oliva, MD – Obstetrics & Gynecology

Terese Taylor, MD – Family Practice

### **Provisional Staff:**

Daniel Kennedy, MD – Emergency Medicine

Sarah Krauss, MD – Obstetrics & Gynecology

Hope McDowell, D.MD – Pediatric Dentistry

Noel Rongo, MD – Internal Medicine

Daniel Saurborn, MD – Teleradiology

Anissa Ahmadi, D.MD – Pediatric Dentistry

Oluwatoyin Ajose, MD – Pediatrics

Moutaa BenMaamer, MD – General & Vascular Surgery

Elizabeth Cosmai-Cintron, MD – Cardiology

Serge Geffrard, MD – Internal Medicine

Shannon Greer, DO – Family Practice

Douglas Hughes, DO – Family Practice

Samuel Morgos, MD – Anesthesiology

Wendy Robinson, MD – Neurology

Silvia Romero, MD – Oncology & Hematology

Brian Taschner, MD - Cardiology

I N • T H I S • I S S U E

New LMHS Medical Staff Leadership • Welcome New Physicians • Documentation/Coding  
 Medical Staff Services Team • Demerol PCA Removed from LMHS Formulary  
 Alien Funding for Emergency Care • New Supervisor for Lee Memorial Home Health Rehab Services  
 LMHS Rehabilitation Services • Cardiac Rehab at HP receives AACVPR Program Re-certification  
 The Children's Hospital of SW Florida Memorial Service  
 LMHS Foundation Events • Continuing Medical Education

# DOCUMENTATION/CODING

*By Janelle I. Wissler, RHIA, CCS, CMT*

## **Common Documentation Issues: Medical.**

This will be part I of II in a series regarding common terminology used by physicians that just does not translate well into an acceptable diagnostic code according to national guidelines.

Medical coders are bound by these 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 “unable to void, cathed for 600 cc.” Most healthcare professionals reading this would “know” the patient had urinary retention. However, the coder is only allowed to code what is clearly documented as a condition, sign, symptom or diagnosis by the physician. Therefore, the phrase “urinary retention” must

be documented by the physician in order to code this condition that has required nursing/medical intervention, attention and care.

When coders encounter such phrases, it is necessary to query the physician to obtain the precise wording 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.

E-mail Janelle for any further clarification on this topic, or any other topics physicians would like addressed from a coding/reimbursement standpoint. [Janelle.Wissler@leememorial.org](mailto:Janelle.Wissler@leememorial.org)

## **Some examples of unclear documentation that has been recently reported include:**

<b>Unclear Documentation</b>	<b>Possible Translation Into Reportable Code</b>
“cardiac enzymes elevated, EKG positive”	“acute MI”
No overt CHF, will continue Lasix and Lanoxin	“compensated CHF, continue Lasix” allows the coder to assign diagnosis code
sputum gram stain with large amount gram-negative rod, will cover with Rocephin	Without the word, “pneumonia,” this condition can not be coded
Will hydrate the patient	Without term “dehydration,” coder can not capture treatment for the condition
emaciated, total protein/albumin low, nutrition supplements started	does not translate to “malnutrition”
Hgb 5.2, transfused	Without “Acute Blood Loss Anemia” the condition requiring transfusion can not be coded
ABG 7.22/68/44	Could be translated to “Respiratory Failure,” which can be coded

## **MARK YOUR CALENDARS AND SAVE THE DATES - LMHS FOUNDATION EVENTS**

Jazz on the Green - October 15 • Sak’s Fifth Avenue Key for the Cure - October 27-29  
95.3 OLZ “Helping Kids with Cancer Radiothon” - October 28  
For more information, call the Foundation office at **985-3550**.

## MEDICAL STAFF SERVICES TEAM

*by Sandra L. Wharton, CPMSM, CPCS  
System Director, Medical Staff Services*

Lee Memorial Health System provides excellent support to CCH & LMHS Medical Staffs through our Medical Staff Services Department. This team brings many diverse talents and years of experience to serve you. I am proud to introduce our Medical Staff Services (MSS) team:

### **Cape Coral Hospital**

#### **Medical Staff/CME Office:**

- **Cathy Hassen, CPMSM, Medical Staff Coordinator/CME Assistant**

Cathy has been with CCH twenty-five years and continues to provide support for CCH Medical Staff and assist Joanne with our CME activities. Cathy also works with Dr. Fitzgerald on medical record delinquencies and the complaint process.

- **Joanne Gorgone, RN, BSN, Continuing Medical Education Coordinator**

Joanne works diligently for CCH & LMHS Medical Staffs in providing continuing medical education opportunities throughout the year. Her work includes identifying CME needs; obtaining speakers and grants; and maintaining FMA accreditation.

- **Judith Abler, Continuing Medical Education Secretary**

Judy just returned to CCH as part-time CME Secretary. She worked in CCH Surgery Services from 1989 to 1996; since then she has been employed by the Department of Children and Families. Judy brings many skills to support our CME activities for our Medical Staffs and we are pleased to welcome her back to our LMHS family.

### **Lee Memorial Health System**

#### **Medical Staff Office:**

- **Christine Shaw, Manager, Medical Staff Services**

Christy obtained her degree in Healthcare Administration from Florida Gulf Coast University. She has been an ambulatory operations manager for Lee Physician Group. In addition, Christy was the recipient of the 2004 President's Circle award. We are thrilled

to welcome Christy as she begins her new role in managing operations for our department and providing support to our medical staff leaders and management staff of LMHS.

- **Marjean Avera, Medical Staff Coordinator**

Although Marjean has been with LMHS for twenty-five years (originally joining our department in 1980), she returned to M.S.S. as Credentialing Assistant in March 2004. She has been a valued employee of LMHS and her performance of her credentialing responsibilities has been exemplary. Please congratulate Marjean on her promotion as LMHS Medical Staff Coordinator.

- **Linda Suskie, Credentialing Assistant**

Linda is transferring from LMHS Clinical Learning where she has worked since December 2004. She relocated from Philadelphia, PA. She was Residency Program Coordinator in the Chestnut Hill Family Practice Residency Program. We are excited to have Linda join our Medical Staff Services team to work with our other credentialing staff.

- **Kimberly Prospect, Medical Staff Specialist**

Kim is another loyal LMHS employee who is transferring from the Board of Directors' Office to our team in M.S.S. Kim has many years of healthcare experience in hospitals in Detroit, MI; Toronto, Canada; Cleveland Clinic in Westin, FL, as well as LMHS. Her past experience will serve as an asset in supporting our Medical Staffs.

- **Kim Coombs, Administrative Secretary**

Kim joined our department earlier this year, transferring from Human Resources. She wears many hats, serving as secretary for Drs. Fitzgerald, Greenberg and Kole, as well as supporting many office functions.

## DEMEROL PCA REMOVED FROM LMHS FORMULARY

As of November 7, 2005 Demerol (meperidine) PCA will no longer be on the LMHS formulary. Demerol PCA will be removed from the Standard PCA IV Order Set (FM#3183) and Demerol PCAs will be removed from floor stock in all areas. The Pharmacy and Therapeutics Committee approved the removal of Demerol PCA in order to improve patient care and increase medication safety. Demerol for IV/IM use will remain on formulary at this time.

The removal of the PCA formulation of Demerol is in line with the current recommendations from the Agency for Health Care Policy and Research (AHCPR) and the American Pain Society (APS). In addition, many health systems across the country have already removed Demerol from their formularies.

Demerol is metabolized in humans to the toxic metabolite, normeperidine, which is a cerebral

irritant and prolonged accumulation results in dysphoria, tremors, myoclonic jerks, convulsions and seizures. Demerol is especially risky for use in the older patient population as the toxic metabolite is renally cleared and can build up in patients with poor renal function. Patients at risk also include nursing mothers as studies have shown that normeperidine can lead to neurobehavioral effects in the neonate and can have a negative impact on breastfeeding success. Demerol should never be used for chronic pain, and dosages should be limited to 600 mg IV or PO within a 24-hour period.

The table below has the usual starting doses of common PCA formulations. This table will be placed on the back of the pre-printed PCA Order Form. This information should be useful for those physicians who are not as familiar with the dosing of morphine or hydromorphone PCAs.

<b>Equianalgesic Dosing Table For Converting Demerol (meperidine) PCA To Morphine Or Hydromorphone PCAs</b>				
	Usual Starting PCA Dose	Usual PCA Dose Range	Usual Starting Delay (minutes)	Usual Delay Range (minutes)
Meperidine (10 mg/ml)	10 mg	5- 25 mg	8	5-10
Drug	Usual Starting PCA Dose	Usual PCA Dose Range	Usual Starting Delay (minutes)	Usual Delay Range (minutes)
Morphine (1 mg/ml)	1 mg	0.5- 2.5 mg	8	5-10
Hydromorphone (0.2 mg/ml)	0.2 mg	0.05 - 0.4 mg	8	5-10

American Pain Society Guidelines for PCA IV Opioid Administration for Adults in Acute Pain  
Other References Upon Request

## NEW SUPERVISOR FOR LEE MEMORIAL HOME HEALTH REHAB SERVICES

The Rehabilitation Services of Lee Memorial Health System is pleased to announce the appointment of Jacobus ("Jaap") Bogaards, PT, as supervisor for the Rehab Services component of Lee Memorial Home Health. He will be responsible for the PT, OT, and Speech therapy departments of the Lee Memorial Home Health Agency.

E-mail Jaap at [Jacobus.Bogaards@LeeMemorial.org](mailto:Jacobus.Bogaards@LeeMemorial.org) or call him at the Home Health office at **418-2900**.

## SECTION 1011: UNDOCUMENTED ALIEN FUNDING FOR EMERGENCY CARE

This legislation provides approximately \$8.7 million to hospitals, physicians and ambulance providers in the state of Florida who provide emergency health care to undocumented aliens. The regulations were finalized in May 2005. To read an overview of the program please go to the web address below. <http://www.cms.hhs.gov/media/press/release.asp?Counter=1452>.

Lee Memorial Health System has elected to enroll in this program and bill for hospital services only. This will require each physician or practice that is interested in participating to enroll and bill separately for his or her services. Physicians who provide emergency care to hospital patients

until the point of stabilization may be eligible for reimbursement, so all physicians are encouraged to enroll. The hospital will attempt to identify any patient we feel meets the eligibility criteria and will code the account with an insurance plan code of A08. This will assist the physician billing staff in determining which accounts to bill to this fund.

CMS has awarded the contract of administering this program to Trailblazer Health Enterprises, LLC. Please go to their website to enroll and obtain additional information regarding this program. <http://www.trailblazerhealth.com/Section1011>

## THE REHABILITATION HOSPITAL

The Rehabilitation Hospital of Lee Memorial Health System is the only comprehensive medical rehabilitation program in Lee County. It has as its mission the restoration of an individual's function and adaptation to disability so that they may return, with a degree of independence, to the community.

### Patient Criteria to include 1 of the following:

- Medical/Surgical conditions that result in significant loss of function to **two or more extremities**,
- A central nervous system condition that results in loss of higher functions such as speech and language, balance, coordination **and** loss of function to **one** extremity;
- One extremity loss of function **accompanied by medical complications** that require continuous skilled nursing and/or physician supervision and which is not part of the normal acute inpatient recovery process.

The Rehabilitation Hospital serves a mix of impairment groups, including but not limited to stroke, traumatic and non traumatic brain injury, traumatic and non traumatic spinal cord injury, neurological conditions, fracture of lower extremity, replacement of lower extremity, other orthopedic conditions, amputation of lower and non lower extremities, cardiac, major multiple traumas, Guillain-Barré and medically complex.

### Criteria for Admission to Inpatient Rehabilitation:

- Need for continued close medical supervision by a physician with specialized training or experience in rehabilitation. The intensity may not be as great as acute care, but 24-hour availability of a physician with special training or experience in the field of rehabilitation is required.
- Twenty-four hour rehabilitation nursing
- The patient has the ability to benefit from a relatively intense level of rehabilitation services that is based on an individual's assessed needs and stamina. At least two therapy disciplines will be involved: physical and occupational therapy, but may also include speech language pathology, therapeutic recreation and other skilled rehabilitation modalities as needed.
- A multidisciplinary team is needed to provide a coordinated program of care with a goal of facilitating significant practical and functional improvements.

For more information on The Rehabilitation Hospital, please contact admissions at **334-5115** or write an order for a Rehabilitation Hospital assessment.

## CARDIAC REHAB AT HEALTHPARK RECEIVES AACVPR PROGRAM RE-CERTIFICATION

The Cardiac Rehabilitation program at HealthPark Medical Center has been awarded re-certification through the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR). The certification process compared the Cardiac Rehab program at HealthPark to an essential standard of care based on AACVPR Guidelines for Cardiac Rehabilitation, AHCPR Clinical Practice Guidelines for Cardiac Rehabilitation, AACVPR Core Competencies for Cardiac Rehabilitation Professionals and AACVPR Outcomes Measurement in Cardiac and Pulmonary Rehabilitation. The re-certification is valid for three years through August 31, 2008.

## THE CHILDREN'S HOSPITAL OF SW FLORIDA MEMORIAL SERVICE

The Children's Hospital of SW Florida will be holding its semi-annual memorial service on Sunday October 16 at 2:00 p.m. in the Children's Memory Garden. The Garden is located on the grounds of HealthPark Medical Center. This event honors the memory of any children (from pregnancy through 18 years) who have passed away in the Lee Memorial Health System. All medical staff that are involved with the care of children are cordially invited to attend. This event is very meaningful to the families, and they deeply appreciate knowing that their physicians remember their children as well. For more information, please contact Spiritual Services at **335-7150**, or Pathway to Healing Pediatric/Pregnancy Bereavement Program at **432-3672**.

## CONTINUING MEDICAL EDUCATION

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### "ENDOCRINE UPDATE"

The Hilton Garden Inn

**Saturday, October 8, 2005**

8:00 a.m. – 11:45 a.m.

8:00 – 8:30 a.m. Registration and Breakfast

8:30 – 9:30 a.m. Osteoporosis

Roberto Pacifici, MD, Emory University School of Medicine

9:30 – 10:30 a.m. Diabetes and Kidney Disease

John Conrey, MD, Associates in Nephrology

10:30 – 10:45 a.m. Break

10:45 – 11:45 a.m. New Treatment Options for Type 1 Diabetes

Sergio Mather, MD, IMA - Endocrinology

**RSVP by October 6 – 573-5680 or 574-0397**

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### "BREAST TUMOR BOARD"

Led by Thomas Carrasquillo, MD

**Wednesday, October 19, 2005**

12:00 – 1:00 p.m.

Cape Coral Hospital Room A

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### "PAIN MANAGEMENT UPDATE"

Mary Stegman, MD

**Monday, October 24, 2005**

6:30 – 7:30 p.m.

HealthPark Medical Center Room 202 and 204

**RSVP by October 21 – 573-5680**

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### "OSTEOPOROSIS & CANCER: MINIMALLY INVASIVE TREATMENT FOR SPINE FRACTURES"

Saman Javedan, MD

**Tuesday, November 1, 2005**

6:30 – 7:30 p.m.

Lee Memorial Hospital Auditorium

**RSVP by October 28 – 573-5680**

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### MARK YOUR CALENDAR... DATES FOR FMA MANDATORY EDUCATION IN 05

"Prevention of Medical Errors"

"HIV/AIDS"

"Domestic Violence"

- Saturday, November 12, 2005 - CCH

- Saturday, December 3, 2005 – LMH

ALL 3 COURSES ARE OFFERED ON BOTH

DATES: 7:45 a.m.– 12:15 p.m.

**BREAKFAST and 4 CME CREDITS**

**RSVP – 573-5680**

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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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