

# Medical Staff NEWS

## TRAUMA SERVICES UPDATE

*By Jim Nathan*

Following the Nov. 5 defeat of Lee County's 1/2-penny sales tax referendum, LMHS physicians, along with LMHS staff members, patients, family and friends, have many legitimate questions and concerns as to what will happen to our trauma center and the entire emergency network.

While we certainly don't have the answers today and there are many not-very-pleasant possible ramifications, LMHS' leadership team and board of directors remain committed to helping find a solution that our community will support — and that our medical staff will find fair. We are also committed to keeping LMHS medical staff members informed of new developments as they unfold. Please don't hesitate to share with me your questions and/or concerns regarding this situation. I will work closely with Dr. Kowalsky to keep information flowing to medical staff.

While voters defeated the referendum, it is important to recognize that six months ago, most Lee Countians did not even know we had a trauma center. Today, most everyone not only knows about the trauma center, but also does not wish to see it close. Many who voted

against the tax were not opposed to the trauma center and would have supported a request that was more focused on trauma only and not the larger network. Thus, our leadership team, in concert with physician leaders, is now pursuing two directions:

- Identifying recommendations to the LMHS Board of Directors and ultimately to the County Commission, Legislative Delegation and the community in general, as to the best way to keep the center open; and
- Identifying and preparing for actions that may need to be taken in the event we lose trauma designation and the center closes.

### HERE ARE SOME OF THE ACTIONS CURRENTLY BEING PURSUED:

- Dr. Chuck Krivenko, LMHS Chief Medical Officer, Clinical & Quality Services, is working with LMHS Chief Trauma Surgeon Dr. Drew Mikulaschek and the other trauma surgeons to try and identify ways to increase their comfort to stay with us with or without the trauma designation. As Dr. Drew mentioned, the two newest trauma surgeons, who took us over two years each to recruit, are presently looking at other opportunities. Another trauma surgeon is retiring in February and another is on maternity leave until February. This only leaves Dr. Drew, and recruiting trauma surgeons is tough enough when there is broad based community support; it is virtually impossible given the current circumstances.
- Dr. Krivenko and Dr. CB Rebsamen, LMHS Chief Medical Officer, Ambulatory &

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Strategic Services are working with physicians of various specialties to begin modeling out the scenarios of a closure of the trauma center on January 1. This sadly is a contingency plan that has more reality each day. We must look at this from the entire system's perspective and from each service line perspective with the intent of protecting market share and minimizing disruption.

- Jeff Doucette, LMHS Director of Emergency Services, has begun a dialogue with the director of Lee County's EMS regarding emergency transport protocols in anticipation that we may no longer have trauma center designation on January 1.
- Dr. Drew has begun discussions with the trauma leadership in Tallahassee as well as notifying trauma centers in Tampa, Miami, Broward County, etc. of the possible closure

on January 1. It is our belief that those centers are now concerned about capacity issues and what their obligations are regarding transfers from Lee County.

- A group of LMHS physician leaders met with the News-Press in mid November. The physicians requested this meeting to explain to the editorial board why our trauma and emergency services situation is a crisis that has implications on the entire delivery of medicine in our community for years to come. The physicians asked for the support of The News-Press in our effort to keep the trauma center open.
- As a result of this meeting, the News-Press editorial leadership has requested time on the December 10 County Commission agenda to voice support for finding local solutions to keep the Trauma Center open and to support the physicians.

#### RECAP OF KEY EVENTS REGARDING LEE COUNTY'S EMERGENCY AND TRAUMA SERVICES NETWORK:

- On Nov. 5, Lee County voters defeated the 1/2-penny sales tax referendum to support local and emergency and trauma services. Forty-three percent of voters supported the referendum.
- On Nov. 7, the LMHS Board of Directors adopted a resolution that reinforced the LMHS Board of Director's intent to continue its efforts to find public support to save emergency and trauma services in Lee County. The resolution called for an emergency meeting of the LMHS Board of Directors, the Lee County Board of Commissioners, and our Local Legislative Delegation (State Senators and Representatives from Southwest Florida) to be held prior to the Legislative Delegation Hearings on Dec. 16. Our Board office is working to find a date and time that will work for all involved.
- On Nov. 8, LMHS Medical Staff notified LMHS Administration and Board of Directors that "the Medical Staff will do its best to support the Trauma Center until Jan. 1, 2003. This should allow time for some long-term solution and funding to be proposed and acted upon by the community leaders. If no solution is developed, the Trauma Center will ultimately close Jan. 1, 2003."

## **DR. ALAN SIEGEL SHARES HIS EXPERIENCE WITH NET ACCESS: SAVING TIME, COSTS AND PROVIDING BETTER MEDICAL CARE**

“The new Net Access system on the Lee Memorial Hospital computer is a great success. I just had the weekend on-call and I can say without exaggeration that it changed the way I practiced medicine. The ability to quickly access all of the patient’s old medical records and previous testing cannot be underestimated. I am going to save you the details but, on almost every patient, I was able to provide better medical care in a more efficient manner. I do believe that this will save money in the long run as well. Instead of repeating tests that have already been done, one can simply find the previous results. It made me realize that at

least half of the problems I get consulted on are actually chronic problems that have already been previously evaluated. I think this should cut down greatly on unnecessary diagnostic tests and imaging studies. The only impediment will be that not every physician is using it. I think as more physicians get on-line with this system, you will find better medical care and significant costs savings. It also provides a good reason to do testing within the hospital so that this information is easily accessible.”

*Excerpt of letter written to Jim Nathan from Dr. Alan D. Siegel, August 13, 2002*

### **PRE-PRINTED ORDER SETS**

*By Mark A. Greenberg, MD, Corporate Medical Director*

The Physician Order-set Committee has initiated a comprehensive review of all pre-printed order sets. In preparation for establishing Internet / Intranet availability of these forms, the following process has been developed:

Order sets that are unique to a single physician or group will no longer receive routine review by any LMHS entity. Responsibility for clarity of directions, correct dosing and clinical relevance will reside solely with the physician or group. As a courtesy, LMHS will continue to provide free printing services but will not make these order sets available by Internet or LMHS Intranet.

Order sets that have not been ordered from Forms Management for a period of 12 months

will be placed on an inactive list. These order sets will also not be made available by Internet or LMHS Intranet.

Order sets that have been approved for use by a physician section, department or recognized standing committee, will be made available by Internet or LMHS Intranet. These order sets will also be subjected to at least a once yearly review by the relevant section, committee or department in order to ensure clarity of directions, correct dosing, and clinical accuracy. Documentation of completion of the review will be maintained by Forms Management and Quality & Patient Safety Standards.

Please feel free to direct any questions or comments to Mark A. Greenberg, MD at 334-5969 or 939-7555

## LMHS IN 100 TOP CARDIOVASCULAR

A recently released study named Lee Memorial Health System as one of the *Solucient 100 Top Cardiovascular Hospitals*. This strictly fact-based analysis identifies those hospitals that have achieved excellence in care, efficiency of operations and sustainability of cardiovascular performance. This is the second year in a row that LMHS has been recognized as a Solucient 100 Top Cardiovascular Hospital.

The study uses detailed clinical and patient management information, including Solucient's DRG (Diagnostic Related Group) and hospital database, as well as publicly available MedPAR data (Medicare Provider Analysis and Review). Focusing on hospitals that treat a broad spectrum of cardiology patients, the study included all hospitals that had at least 30

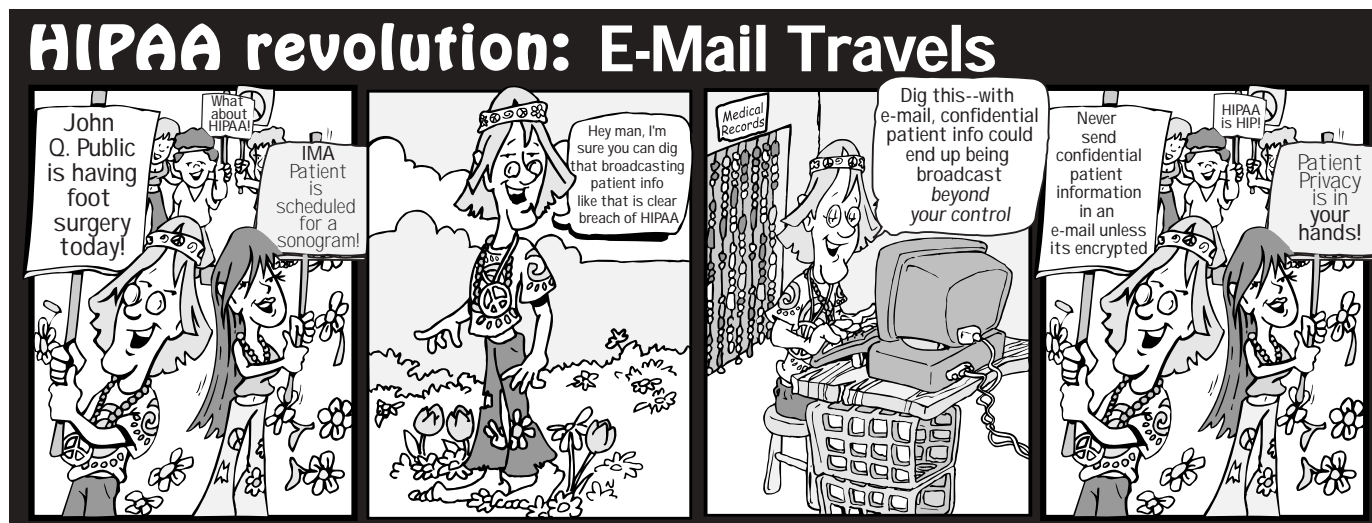
unique cases in each of the following groups for 1999 and 2000:

- Acute myocardial infarction (AMI)
- Congestive heart failure (CHF)
- Percutaneous transluminal coronary angioplasty (PTCA)
- Coronary artery bypass graft (CABG)

The Solucient 100 Top Cardiovascular Hospitals includes 30 teaching hospitals with cardiovascular residency programs, 40 teaching hospitals without cardiovascular residency programs, and 30 community hospitals. **Lee Memorial Health System was one of only 30 community hospitals in the nation recognized for this honor and the only one in Lee and Collier Counties.**

## PHYSICIAN NOTES

Congratulations to Dr. William Liu for his recent journal article publication *Delivery Room Risk Factors for Meconium Aspiration Syndrome* in the American Journal of Perinatology. October 2002; 19(7): 367-377.



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## LMHS GETS WIRED WITH HEARTLAB

Lee Memorial Health System (LMHS) has selected the HeartLab Encompass™ Cardiac Network to meet the institution's cardiovascular ("cineless") imaging and data management needs enterprise wide.

Heartlab's Encompass System will connect to all cardiac x-ray and cardio-vascular ultrasound systems creating a central repository of digital images from all sites, as well as associated physician findings reports. This critical patient information will be available to physicians 24 hours a day.

According to Kathy Shierling, Executive Director of Lee Cardiac Care, "The LMHS multi-disciplinary selection team chose the system after an extensive selection process." The team, which included physicians and clinicians, focused on improving patient flow and physician efficiency to meet both current

system demands as well as planned growth of the product line. The selection was based in part on Heartlab's demonstrated functionality and ease-of-use, which is key to the cardiologists, surgeons, technologists, sonographers, and nurses, and is a critical factor in enhancing clinical decision-making.

Using Heartlab's network-connected diagnostic review stations, clinicians at all three LMHS sites will have instantaneous access to several thousand cases stored on the Encompass Enterprise Server, with less than 30 seconds access time to cases stored on the Encompass DVD Image Archive. Secure LAN, WAN and Internet access will also be made available so clinicians can reference patient data from any PC with a Web browser or complete reports remotely. Installation for the cath lab portion will begin in December and go live in mid January.

## DOCUMENTATION TIPS

### *Info from Medical Records Briefing*

Use of terminology can act as a roadblock in determining what's wrong with your patient. Since many diagnostic entities in medicine have multiple etiologies, generic terms are often associated with a lack of understanding of the pathogenesis of the patients problems, thus influencing both billing and coding.

When you first find it, you may not know what is causing it –yet. In such cases, you should document what you do know about the patient and explain how you're going to follow the work-up in a plan.

As an example, when you have determined

that the patient has angina, you probably know what caused it and can state whether it was typical angina or atypical angina. You can state whether it was new onset angina or accelerated angina. You can state, if you know, whether it is due to coronary disease, aortic stenosis, hypertropic cardiomyopathy or coronary artery spasm. You can probably state whether this episode was due to stress, exercise, anemia, thyrotoxicosis or another factor.

The more you document your familiarity with the case, the more you can justify your further work-up, treatment and your own billing.

## MEDICAL STAFF HOTLINE

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**For Medical Staff issues or concerns, Call the Medical Staff Hotline @ 334-5700.**

### FROM THE CME COORDINATOR - JOANNE GORGONE

*No CME lectures scheduled in December*

*“Happy Holidays”*

Thank you LMHS physicians for supporting our CME program. We appreciate your time and initiative in providing lectures, your attendance at CME and all of your suggestions for CME offerings.

If you would like to present a CME or have any suggestions for CME, please call me at 574-0397.

I look forward to continuing to meet physician education needs in 2003.

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If you have questions or would like to submit an article to *Medical Staff News*, please contact

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