

QuickTAKES

LMHS Opens Satellite Memory Care office at Bonita Community Health Care

Lee Memory Care (LMC), a service of Lee Memorial Health System, will now see patients at the Bonita Community Health Center, 3501 Health Center Blvd, Suite 2100A in Bonita Springs. The Center is located at the corner of Coconut Road and U.S. 41, at the entrance to the Brooks.

Initially this satellite office will see patients by appointment, one day per week, from 8 a.m. until 4:30 p.m. on Fridays. LMC staff will provide neuropsychological evaluations to test long and short-term memory-related functions, as well as depression. The appointment begins with the doctor's interview (a half-hour to one hour) of the patient and family member(s), companion or caregiver. The patient then undergoes individual testing with the doctor for approximately two hours. Medicare covers this evaluation. Lee Memory Care is one of only fourteen designated memory clinics in Florida. Memory loss can be puzzling and often leaves families feeling helpless and unsure where to turn. Since 1989, LMC has provided evaluation, treatment, as well as family counseling and community outreach for persons affected by memory loss. To schedule an appointment or to learn more call 334-5634.

Save the Date - 2007 March of Dimes WalkAmerica

This year's annual March of Dimes WalkAmerica will be held on April 28, beginning at 8 a.m. in Centennial Park in downtown Fort Myers. Money raised by WalkAmerica supports research and programs to help prevent premature birth, birth defects and infant death, both across the country and in our local community. By walking and raising money, you can show you care too, and give hope that the March of Dimes will defeat premature birth and other threats to babies' health. Register to walk online at www.walkamerica.org. And if you want to participate as a member of the Children's Hospital team please put "LMHS" on the registration form. If you would like a t-shirt for the day of the walk, contact Kim Vincent at kim.vincent@leememorial.org or call 432-3158.



Core Privileging

Sandra Wharton, CPMSM, CPCS
System Director, Medical Staff Services

DEFINITION: The process using predefined criteria in conjunction with clinically realistic, well-defined core privileges. The term "core privileges" refers to those clinical activities within a specialty or subspecialty that any appropriately trained practitioner with good references would be competent to perform.

One of the most difficult jobs of section chiefs, department chairmen and other medical staff leaders is developing criteria for delineation of clinical privileges. Once the criteria are developed, it is a rather easy task to determine if an applicant does or does not meet the requirements.

CCH and LMHS Medical Staffs have historically delineated clinical privileges using a laundry list or a modified laundry list. This process of delineating privileges arose in the 1950s with the recommendation from the American College of Surgeons and has remained in use up to the present time. They recommended the laundry list due to the fact that some physicians had not completed approved residency programs in specialty areas—many were general practitioners. Today, nearly all physicians applying for appointment and clinical privileges have completed an approved medical training program such as ABMS or AOA approved programs.

Laundry lists of procedures or conditions have become unwieldy. Maintenance of laundry lists is an administrative and clinical nightmare. Legal issues arising with the use of laundry lists are quite complex.

An alternative approach is to use predefined criteria in conjunction with clinically realistic well-defined description of "core" privileges, which recognizes the completeness of a physician's training, and the fact that physicians having completed approved postgraduate residency training can be "assumed" to possess competence in a certain core area of medicine or surgery.

This approach is recommended for the following reasons:

- Simplicity—predefined core privileges, coupled with threshold criteria, ensure simplicity.
- Consistency—consistency is maintained because all physicians in a clinical area are required to meet the same minimum threshold criteria covering education, training, experience and current clinical competence.
- Clarity—this clearly defines minimum threshold criteria. Physicians must meet the criteria to be eligible to apply. There will be no denials, no fair hearings and no reports to the state or National Practitioner Data Bank.

Consultants from The Greeley Company met with CCH and LMHS section chiefs, department chairmen and other specialty representatives to perform the first review of each specialty core privileges. Following a review of the second draft, all physicians will receive a copy of their respective specialty core privilege form draft and may submit input to their physician leader. Forms will then be finalized for approval and implementation.

Methicillin Resistant Staphylococcus Aureus: The Future

Part 4 of a 4 part series on MRSA
Stephen Streed, MS, CIC, System Director of Infection Control

While it is impossible to predict how long we will need to have measures in place to control the spread of community acquired MRSA, there are at least two initiatives that may help us make the process more bearable. The first is the accelerated acquisition of state-of-the-art molecular testing instrumentation for rapid detection of MRSA. This has allowed us to reach a decision point regarding the need for continued Contact Isolation for new admissions in a matter of hours instead of one to two days. Secondly, stakeholders in the process are continuously monitoring the impact of these control measures, the rate of discovery of community MRSA, and the demographics of the community carriers to determine if changes in the screening and containment protocols are feasible. Either way, MRSA carriage in the community at large will remain a very real concern to our patients unless we continue our efforts to proactively identify carriers and curtail transmission from all possible sources.

We will keep you updated on additional developments. The CDC website <http://www.cdc.gov> can be accessed for additional information on multi drug-resistant pathogens. For further questions please call MB Saunders, DO, at 343-9710.

P&T Committee Meeting Brief

Highlights from the November 2006 and January 2007 P&T Committee Meeting include:

Removal Of Benzocaine Non-Metered Sprays

- Benzocaine Non-Metered Sprays will be removed from formulary at LMHS
- Areas utilizing benzocaine should switch from benzocaine to viscous or aerosolized lidocaine
- Excatacaine – metered dose spray will be available for use in approved areas only

FDA Advances Effort Against Marketed Unapproved Drugs – FDA Orders Unapproved Quinine Drugs From The Market And Cautions Consumers About “Off-Label” Use Of Quinine To Treat Leg Cramps

- On December 11, 2006, the Food and Drug Administration (FDA) ordered firms to stop marketing unapproved drug products containing Quinine effective February 9, 2007. Quinine is mainly used off-label to treat Leg Cramps and has serious safety concerns, including 96 reported deaths since 1969. As part of its action, the FDA is also cautioning consumers about off-label use of quinine. “Because of the drug’s risks, the FDA believes it should not be used to prevent or treat leg cramps.”
- The P&T Committee decided that all orders for Quinine will be held while the patient is in house, except for those patients that are being treated for malaria.

Platelet Monitoring For Patients Receiving Low Molecular Weight Heparin And Sub Q Heparin

- The Pharmacy will order CBC with platelets twice weekly (if not already ordered by physician) for those patients receiving LMWH or Sub Q heparin. A notice will be placed on the MAR for all LMWH and SQ heparin products that state to notify the physician if Platelet count < 100K.

CPK Monitoring For Patients On Cubicin

- Pharmacy will order a CPK at baseline and then weekly for patients receiving Cubicin. If CPK is greater than 1000 the physician will be notified.

Welcome New Physicians

Provisional Staff (LMHS only):

Douglas S. Lee, MD – Emergency Medicine
Yasin Zada, MD – Internal Medicine
Mahnee L. Dinsmore, MD – OB/GYN

Provisional Staff (CCH only):

Gary N. Wright, MD – Emergency Medicine

Provisional Staff (LMHS and CCH):

May L. Foo, MD – Radiation Oncology
Richard D. Rossin, MD – Diagnostic Radiology (Telemedicine)

Changes To LMHS Formulary

Additions: The following medications have been added to the LMHS In-Patient Formulary:

- Eraxis (Anidulafungin) – Indicated for the treatment of esophageal candidiasis, candidemia and other forms of Candida infections (intra-abdominal abscess and peritonitis) caused by susceptible strains for patients 18 and older
- This medication has been restricted and can be utilized only with ID approval.

Automatic Substitutions: The following medications have been approved for automatic substitutions:

- Levemir® (Detemir) to Lantus® (Glargine) one to one
- Exubera® (inhaled insulin in mg) to Regular insulin 1mg = 3 units and 3mg = 8 units
- Apidra® (Glulisine) to Novolog® (Aspart) or Humalog® (Lispro) one to one conversion
- Primaxin to Merrem – per approved conversion

Approved IV To PO Conversions:

- Azithromycin
- Metronidazole
- Zyvox
- Ciprofloxacin
- Reglan
- Keppra

Automatic Hold While In The Hospital: The following medications are non-formulary and will be held while the patient is hospitalized:

- Byetta (Exenatide)
- Symlin (Pramlintide) – If a hold is placed on this medication, the ordering physician will be notified for additional orders, if necessary.

Revision To LMHS Enteral Formulary:

- Stress formula (perative) and pulmonary formula (pulmocare) were removed from formulary. An automatic substitution was approved for pulmocare to osmolite 1.2.

The Children's Hospital of Southwest Florida Memorial Service

The Children's Hospital of Southwest Florida will hold its semi-annual memorial service on Sunday April 15, 2007 at 2:00 p.m. in the Children's Memory Garden. The Garden is located on the campus of HealthPark Medical Center. This event honors the memory of all children (from pregnancy through 18 years of age) who have passed away within the Lee Memorial Health System. All medical staff involved with the care of children are invited to attend. This event is very meaningful to the families as they deeply appreciate knowing that their children are remembered by their physicians as well.

For more information, please contact Pathway to Healing Pediatric/Pregnancy Bereavement Program at 432-3672, or Spiritual Services at 432-3199.

Common Documentation Issues: Discharge Diagnosis

Janelle I. Wissler, RHIA, CCS, CMT

To a medical coder, the most important part of the patient's record is the discharge summary, and more specifically, the discharge diagnosis listing. 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." 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. I can be reached at janelle.wissler@leememorial.org for any further clarification on this topic, or any other topics you would like addressed from a coding/reimbursement standpoint.

What's New In The Medical Library?

Narges Ahmadi, Medical Librarian

With IntraLee being accessible from Southwest Florida Regional Medical Center and from Gulf Coast Hospital, Medical Library resources are now available to the entire staff in these hospitals without passwords. To find it, please go to IntraLee – Departments – Medical Library or www.LeeMemorial.org – General Services – Medical Library.

The collection of electronic books at StatRef database has been changed at the end of February. Among new titles, are:

- Current Critical Care Diagnosis and Treatment
- Current Medical Diagnosis and Treatment
- Diagnostic and Statistical Manual (DSM-IV-TR)
- Hurst's the Heart
- Schwartz's Principles of Surgery
- Williams' Obstetrics

These and 14 other books have been incorporated into the electronic book collection, which is available at the Medical Library site under "E-Books" on the menu.

StatRef also provides links to other resources, among them, to the National Guideline Clearing House. It is a comprehensive database of evidence-based clinical practice guidelines and related documents. It is accessible from the StatRef's home page, behind "Resources" Tab:

IntraLee – Departments – Medical Library – Databases – StatRef – Resources (tab)

New in the electronic journals collection is Infection Control and Hospital Epidemiology, available since 1995. On the Library menu, this and other journals may be found under "Journals – with links to full-text".

The print book collection has been augmented by several titles lately, among them:

- Atrial Fibrillation
- Legal Issues in Alternative Medicine
- Mosby's Dental Drug Consult
- Palliative and End-of-Life Care
- Kelley's Textbook of Rheumatology

The full list of additions can be accessed from "Recent Additions" on the library menu.

To accommodate the need for up-to-date education and information on preventing and controlling the spread of drug resistant infectious agents in the hospitals, Stephen Streed, System Director of Epidemiology/ Infection Control at Lee Memorial Health System, provides a bibliography of pertinent articles and other resources. The link to these articles is available from the "Physician's Page" under "Resources". It is also accessible from the "Continuing Education" page on the Medical Library WEB site.

Physicians who need access to these and other library resources from their home computers, may request passwords to library databases at: medlibrary@leememorial.org

Physicians, who use NetAccess, will find a link to the Medical Library under "Resources" on the "physicians' page". This method of accessing the library doesn't require a password.

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Lee Cancer Care Presents Mastering The Challenges Of Cancer

Lee Cancer Care, a part of Lee Memorial Health System, presents Mastering the Challenges of Cancer a free three-week educational program designed to address the special needs of cancer patients and their families. This program offers interactive sessions with health care experts from a variety of disciplines and will discuss a wide range of topics including medical, physical, social, spiritual and psychological aspects of cancer. The purpose of this program is to have an opportunity to share problems and concerns as well as to provide the practical information needed to cope with day-to-day living. Classes will meet on Wednesdays in May in the Volunteer Resources Conference Room at Lee Memorial Hospital. To register, call 335-7595. Space is limited, so please register early.

Session I

Wednesday, May 2

5:30 p.m. – 7:00 p.m.

“Learning About Cancer and Managing Side Effects of Cancer and Cancer Treatment”

Session II

Wednesday, May 9

5:30 p.m. – 7:00 p.m.

“Nutrition and Cancer and Community Resources”

Session III

Wednesday, May 16

5:30 p.m. – 7:00 p.m.

“Spiritual Aspect of Dealing with Cancer”

Continuing Medical Education

“Adult Immunizations”

Judith Hartner, MD, MPH

Director, Lee County Health Department

Wednesday, April 11, 2007

6:30 – 7:30 p.m.

Lee Memorial Hospital Auditorium

RSVP for Dinner by April 9 – 573-5680

“Allergies and Medication Administration”

Brett Stanaland, MD, FAAAAI

Allergy & Asthma Specialists of Naples

Wednesday, April 18, 2007

6:30 – 7:30 p.m.

Lee Memorial Hospital Auditorium

RSVP for Dinner by April 16 – 573-5680

“Alternative Treatment Options for the Management of Mixed Dyslipidemia”

Richard Torricelli, MD

Lee County Internal Medicine Associates

Thursday, April 19, 2007

6:30 – 7:30 p.m.

McKinley's House of Prime

For LMHS Physicians

RSVP for Dinner by April 17 – 574-0397

“The Children's Hospital Of Southwest Florida 5th Annual Pediatric Conference”

April 21–22, 2007

Sanibel Harbour Resort & Spa

Call 574-0397 or 574-0374 to request a brochure.

11 CME Credits

MEDICAL STAFF NEWS

April 2007 Issue

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Medical Staff News is published for members of Cape Coral Hospital and Lee Memorial Health System's medical staffs.

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