

QuickTAKES

Net Access

Net Access is the browser-based application that allows physicians and staff secure access to patient (including Inpatient, Outpatient and ER Visits) Lab, Rad, Micro Results, Dictated Reports, and Demographic information over the Internet. If you haven't logged on, or have any questions, please contact Jan Villwok, Information Systems Physician Liaison at 343-7841, e-mail jan.villwok@leememorial.org or page 930-6635.

Do Not Crush List

An updated list of medications that should not be crushed is available at www.ismp.org/Tools/DoNotCrush.pdf

"Go Red" On February 2

Mark your calendars for Friday, February 2 – National Wear Red Day. And even though it originally started to remind women of their number one health risk, it's now a great chance to remind everyone about the importance of heart health. So on Friday, February 2, wear a red tie, shirt or ribbon to show your support.

LMHS Board Of Directors Hold Annual Organization Meeting



On Tuesday, January 2, the LMHS Board of Directors held its annual organization meeting and swearing-in ceremony. LMHS welcomed three new Board members to the System: Richard Akin, Kerry Babb and Jason Yost. Additionally, two returning Board members were sworn in by Judge John Carlin: Frank LaRosa and Nancy McGovern. (The remaining five members were not up for re-election in 2006.)

Outgoing Board members, Bill Martin and Reverend James English, were previously recognized at the December Board meeting for their years of service to the System, their dedication, enthusiasm and contributions.

After the official swearing-in ceremony, the Board members elected officers for calendar year 2007:

Chairman: John Donaldson, MD
Vice Chair: Nancy McGovern, RN
Treasurer: Marilyn Stout
Secretary: Lois Barrett

The Board also thanked Linda Brown, ARNP, for four great years of leadership as Chairman of the LMHS Board. I would like to echo those thoughts. Linda was always available, responsive, action-oriented, professional, courageous and caring in her efforts. She along with her husband, Bob, devoted significant personal time to make sure the Board was well represented at virtually every occasion. Fortunately, Linda continues as a key member of our Board of Directors.

Some physicians, employees and volunteers new to LMHS may wonder what role the Board of Directors plays within the System.

Since we are a public organization, the citizens of Lee County own and operate LMHS through a publicly elected Board of Directors. The Board's primary function is to carry out the mission of LMHS.

Among the Board's duties are:

- Setting goals and objectives for the System
- Hiring a System President for implementing these goals and objectives
- Monitoring the work of the administration to ensure the goals and objectives are being achieved
- Oversee the quality, financial operations, and planning of the System
- Oversee and delegate clinical responsibilities to the organized medical staff

The Board holds regularly scheduled monthly meetings and convenes committee meetings to hear goals, objectives and recommendations from the System's administrative and medical staffs.

A full board meeting takes place on the last Thursday of each month and they rotate among the hospitals. All meetings are open to the public and the media.

The next full Board meeting will take place in the Auxiliary Meeting Room in Cape Coral Hospital on Thursday, February 22 at 2:00 p.m.

Please join me in welcoming our new members, congratulating the new officers and thanking Linda Brown for a job well done.

Peace,

Jim

Jim

Welcome New Physicians

Provisional Staff (CCH and LMHS):
Eric Eskioglu, MD – Neurosurgery
David Martin, MD – Diagnostic Radiology

Provisional Staff (LMHS only):
Ashraf M. Anani, MD – Internal Medicine
Yanet Rios, MD – Pediatrics

Provisional Staff (CCH only):
Herman A. Gleicher, MD – Internal Medicine

AN ACT OF KINDNESS

Recently, a patient's wife contacted Jim Nathan's office with regard to the care that she and her husband received in the Emergency Department at HealthPark Medical Center. She said all the staff members were wonderful but she especially wanted him to know about the kindness Dr. Ed Salko extended to her. Her husband had to be admitted and she was about to call a cab to go home. (At 83 years old she no longer drives.) A cab ride to Southwest Cape Coral would have cost her \$50. When Dr. Salko overheard her plans, he said it was time for him to leave anyway and that he would take her home. She said, 'Oh, no, I couldn't put you out like that' but he insisted. Keep in mind that Dr. Salko lives in South Fort Myers so this was certainly out of his way both in miles and time.

This story is just one of many that shows how a small act of kindness can forever touch the lives of our patients and their families.

Part 2 of a 4 part series on MRSA Increasing Community Prevalence Of Methicillin Resistant Staphylococcus Aureus



Stephen Streed, MS, CIC, System Director of Infection Control

Search and Contain Strategies

Search: To be effective, strategies to control MRSA transmission in Intensive Care Units must take into account both the known sources of MRSA (patient identified and cultured as a part of their work-up) as well as the MRSA colonized or infected patients being admitted from the community. To do this, all new admissions to the unit must be screened for MRSA at the time of admission. Specifically, swabs of the external nares and any skin lesions present should be sent to the microbiology lab for the MRSA screen. This is commonly referred to as "active surveillance cultures" (ASC) and historically this screen can take anywhere from 24 to 48 hours. Thus raising the question of patient management in the interim. We have recently added a more rapid MRSA test that is currently being tested.

Contain: Patients known to have MRSA have traditionally been placed in Contact Isolation, but with ASC programs comes the question of what to do with those patients whose status is "pending." Should

we wait until the results are returned and initiate Contact Isolation only for those who are found to have MRSA? This leaves a 24 to 48 hour window of transmissibility during which an unrecognized MRSA carrier could serve as a source of infection to others. Alternatively, all patients whose status is either unknown or pending could be placed in Contact Isolation until the results are returned. Isolation could then be discontinued for patients with a negative screen and continued for those who are positive. This approach isolates many patients who ultimately need not have been isolated and is burdensome for caregivers and visitors alike. There is no easy answer to this dilemma, and both approaches have been used at one time or another by other hospitals around the country. Both strategies involve ASC (Search); the only difference is when Contact Isolation (Containment) is initiated.

Watch for these future articles about MRSA:

- Part 3 What Are We Doing To Control The Spread?
- Part 4 The Future

Patients Can Benefit From Cardiac Education

The Heart And Vascular Institute Is Offering These February Programs On Heart Health:

February 1	... 6:00 p.m.	... HealthPark Medical Center	... Early Heart Attack Care
February 6	... 2:00 p.m.	... Cape Coral Hospital	... Congestive Heart Failure
February 13	... 6:00 p.m.	... Southwest Florida Regional Medical Center	... Curing Irregular Heart Beats
February 20	... 2:00 p.m.	... HealthPark Medical Center	... Eating SMART for Your Heart
February 27	... 6:00 p.m.	... Gulf Coast Hospital	... Diabetes and Heart Disease

Please have patients call 239-432-4786 to reserve a spot.

Sepsis In The Presence Of A Medical Device



Janelle I. Wissler, RHIA, CCS, CMT

Effective October 1, 2006, the guidelines for coding and reporting cases of septicemia have been rewritten. Now it is even more important for clear documentation of the conditions of sepsis, septicemia, and bacteremia. On inpatient accounts, it is also necessary to clearly document whether the sepsis was present at the time of admission, or developed during the hospitalization. Another area of confusion, for both physicians and coders, involving sepsis, is the presence of a medical device—such as a chronic Foley catheter, a VAD, or an artificial joint prosthesis. If there is the presence of an artificial device within the patient, the physician must clarify if this could be the source of the sepsis. The source of the

sepsis should always be stated, whether it be thought to be due to pneumonia or UTI or cholecystitis, but if a device is present in the patient, it must also be delineated if the device is contributing to or causing the sepsis. In the absence of adequate documentation being found in the chart, the coders will be mandated to query the attending physician, as to the exact suspected source of the septicemia. Please keep this in mind at the time of admission, throughout the patient's stay, and at the time of dictation of the discharge summary. I can be reached at Janelle.Wissler@leememorial.org for further clarification on this topic, or any other topics physicians would like addressed from a coding/reimbursement standpoint.

ALAN SIEGEL, MD, RESIDENTS AND FELLOWS AWARD

It has been over a year since Dr. Alan Siegel's death and many of you still ask if there is a memorial established in his name. The University of Florida Department of Internal Medicine has agreed to name one of their Chief Residency positions after Alan, with a goal of reaching \$100,000. At that point, the state will match with another, \$50,000 and the fund will be endowed for \$6,000 a year for the Chief Resident's use. This is an excellent and meaningful tribute to this wonderful man. If you would like to contribute to this fund in his honor, please make your check payable to the University of Florida Foundation – Siegel Residents/Fellows Award and send your contribution to the following address:

University of Florida College of Medicine
Office of Development and Alumni Affairs
Siegel Residents and Fellows Award
P.O. Box 100243
Gainesville, FL 32610-0243



Lifeline: Connections To People Who Care

This year 25 percent of geriatric patients will have a disabling fall in their homes. It's not a matter of if... it's a matter of when. Just one fall can mean the end of independence.

Lifeline provides improved quality of life by providing peace of mind for the subscriber, their family and their caregivers. It also allows them to live independently in their homes for as long as possible. Lifeline also provides early intervention. If there is an incident, help is on the way immediately. The Lifeline service also provides reassurance, knowing that help is just a button push away.

For more than 30 years, Lifeline has helped more than five million elders and their families enjoy worry-free lives, knowing they can get immediate assistance from a highly-trained, caring Lifeline monitor 24 hours a day, seven days a week.

With Lifeline you can rest assured that your patients are safe, secure and happy in their own home.

For more information call:

Lee Memorial Hospital Lifeline
239-418-2925

Cape Coral Hospital Lifeline
239-574-0207

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Continuing Medical Education

"Medical Ethics and Food & Nutrition"

Mary Stegman, MD
Monday, February 5, 2007

6:30 – 7:30 p.m.
Lee Memorial Hospital Auditorium

RSVP for Dinner by February 2 – 573-5680

"Imaging Coronary Atherosclerosis: CT Calcium Scoring & CT Coronary Angiography"

Edward Danehy, MD
Tuesday, February 13, 2007

6:30 – 7:30 p.m.
Southwest Florida Regional Medical Center, Private Dining Room

RSVP for Dinner by February 9 – 573-5680

"Childhood Obesity"

Frank Diamond, Jr., MD
Professor of Pediatrics
University of South Florida College of Medicine
Thursday, February 22, 2007

7:30 – 8:30 p.m.
Following the Clinical Department of The Children's Hospital Meeting
HealthPark Medical Center, Room 202

RSVP for Dinner by February 20 – 573-5680

"Identifying Women at Risk for Postpartum Depression"

Carl S. Burak, MD, JD
Psychiatrist, Jacksonville, Florida
Author of The Cradle Will Fall
Monday, February 26, 2007

6:30 – 7:30 p.m.
HealthPark Medical Center, Room HP1B

RSVP for Dinner by February 23 – 573-5680

For a complete CME listing, Medical Staff News and more check the Web site at www.LeeMemorial.org and click on 'For Physicians'.

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MEDICAL STAFF News

February 2007 Issue

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