

QuickTAKES**Coral Tree Medical Supply Store**

The Cape Coral Hospital Auxiliary recently opened the Coral Tree Medical Supply Store. The store is located on the first floor just inside the entrance to the Center for Women and Children (the old Baby Gift Shop). Featured items for patients, staff and visitors include: wound care products, bathroom equipment, rehab. supplies, incontinent supplies, nursing equipment, support hose, braces, blood pressure equipment, special pillows and lift chairs. Many other items are available by special order. Sales are retail only. If an item is Medicare approved the customer is responsible for submitting a claim. Store hours are Monday-Friday from 9 a.m. – 5 p.m.

New Assistant Director of Trauma And Surgical Critical Care

Drew Mikulaschek, Director of the Department of Trauma and Surgical Critical Care, is pleased to announce the acceptance of the position of Assistant Director by Dr. Nelayda Fonte. Dr. Fonte has been an integral part of the department since July 1996, and will be an invaluable resource for assistance to Dr. Drew in the day-to-day activities of the Director.

Dr. Fonte also recently obtained approval for and was awarded her Surgical Critical Care Fellowship in the College of Osteopathic Surgeons... an extraordinary accomplishment for a busy Trauma Surgeon.

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.

Increasing Community Prevalence Of Methicillin Resistant Staphylococcus Aureus



Part 1 of a 4 part series on MRSA
Stephen Streed, MS, CIC, System Director of Infection Control

Methicillin resistant Staphylococcus aureus (MRSA) has historically moved either within healthcare facilities or from healthcare facilities into the community at large. Individuals at highest risk of MRSA infection or colonization were those who had frequent contact with healthcare systems: multiple inpatient stays, chronic illnesses, nursing home residents, etc. However, an increased prevalence of MRSA infection or colonization among persons without the traditional risk factors – so-called “community-acquired MRSA” – has been observed recently. Some of these community cases probably do have subtle connections to healthcare, but others appear to be truly community-acquired. These individuals, especially those who are “just” colonized, are more challenging to manage when they do seek medical care because they present to us as an unrecognized reservoir of infectious agents – MRSA in this case. It is known that MRSA transmission can readily occur both from colonized and overtly infected patients. Thus, with an infusion of unrecognized community-acquired MRSA patients into acute care facilities, the usual directionality of MRSA transmission from

healthcare provider setting to the community is effectively reversed. Paradoxically, we now have the community bringing their MRSA with them into the healthcare setting.

This can be especially troublesome for patients being admitted into intensive care units, where other, more urgent care needs must be addressed. In most instances, the MRSA carriage status of patients being admitted to an ICU is unknown. Unfortunately, it is known from the literature that the likelihood of an ICU patient developing a healthcare-associated MRSA infection is directly related to the number of MRSA-colonized patients in the unit. With more reservoirs comes the likelihood of more MRSA transmission.

Watch for these future articles about MRSA:

- Part 2: Search and Contain Strategies
- Part 3: What are we doing to control the Spread
- Part 4: The Future

Welcome New Physicians

Provisional Staff – CCH and LMHS

Dimitrios M. Kalomiris, MD – Pathology
Susan E. Mann-Sweeney, MD – Pediatrics
Raymond M. Montecalvo, MD – Teleradiology
James A. Stith, MD – Pathology

Provisional Staff – CCH

Louis J. Scala, MD – Cardiology
Woodrow W. Yeaney, MD – General and
Vascular Surgery

Provisional Staff – LMHS

Stefanie A. Colavito, MD – Internal Medicine
Madelaine J. Vilme, MD – Internal Medicine
Hussein Wafapoor, MD – Ophthalmology

Affiliate Staff – LMHS

Robert B. Balbis, DO – Family Practice



EMERGENCY DEPARTMENT TO EMERGENCY DEPARTMENT PATIENT TRANSFERS

If there is inadequate coverage at a facility and a patient transfer is necessary, the physician on call for their specialty will be required to accept the patient. A courtesy call will be made to the physician on call to alert them of the patient transfer.

Best Practice In The Use Of Compression Stockings For DVT Prophylaxis

A nursing research project led by Donna Lewandowski, RN, BS, MS and staff nurses led to the recommendation that knee-high graduated compression stockings should be the choice for DVT prophylaxis when compression stockings are ordered. Research concluded that the “widespread failure to use thigh-high stockings properly could cause complications and prevent

prophylaxis. Knee-length stockings were as efficacious as thigh-length in preventing DVT and are more likely to be applied correctly with a better fit, less wrinkling, improved patient comfort and compliance in wearing.” In addition, knee-highs are latex-free and are less costly. Patients, who are comfortable wearing the stockings in the hospital, are more likely to continue

their use at home during their rehabilitation, when SCD’s and anticoagulants are no longer being used.

Dr. Steve Hannan, DVT Prophylaxis Physician Champion, agreed with the practice change to revise physician order sets to reflect knee-high compression stockings when stockings are ordered.



Present On Admission Diagnosis Indicator Reporting: Documentation And Coding

Effective January 1, 2007, Florida hospitals have to report a new diagnoses indicator requirement. All claims involving inpatient admission to acute care hospitals are required to have an additional data field completed for all reported diagnoses, as to whether each was Present on Admission (POA). The medical record must document whether or not the condition was pre-existing at the time of the inpatient admission. The hospital coder must choose one of the following for each diagnosis:

- (Y)** Yes it was present at the time of the admission to inpatient status,
- (N)** No it was not present at the time of inpatient admission,
- (U)** Documentation is insufficient to determine if the condition is POA or,
- (W)** Provider is unable to clinically determine whether condition was POA.

HIM Staff are mandated to query the attending physician as to the POA status for each assigned diagnosis in the absence of adequate documentation in the medical record. Please keep this in mind at the time of admission, throughout the patient’s stay, and when dictating the final discharge summary. Please e-mail Janelle.Wissler@leememorial.org for further clarification on this topic, or any other documentation topics related to coding and reimbursement.

P & T Committee Meeting Brief Change In Standard Heparin Pre-Printed Order Set

Review of the LMHS heparin therapeutic range Anti Xa levels indicated that a change was needed in the APTT guidelines. The standard Dose Heparin Order set needs to be revised based on current values obtained from lab correlating APTT to Anti Xa levels. The below chart indicates the changes that were approved at P&T

APTT Guidelines (OLD) For Standard Therapy	APTT Guidelines (NEW) For Standard Therapy
Less than 50	Less than 50
50 - 69	50 - 59
70 - 110	60-100
111 - 130	101-120
131-150	121-150
Greater 150	Greater 150

LMHS Medical Staff Leadership

Diana DeVall, MD,
is LMHS Medical Staff President for 2005 – 2007. She has served one year and will continue another year in her two-year term of office.



F. Brett Shannon, DO,
is LMHS Medical Staff President Elect for 2006 – 2007; then will assume the duties of President for 2007 – 2009.

LMHS Bed Allocations

HOSPITAL	BEDS
Lee Memorial Hospital	427
Southwest Florida Regional Medical Center	400
Cape Coral Hospital	291
Gulf Coast Hospital	120
HealthPark Medical Center	362
TOTAL BEDS	1,600
<hr/>	
NURSING HOME BEDS	
HealthPark Care Center	112

The consolidation of Southwest Florida Regional Medical Center and Gulf Coast Hospital at Metro and Daniels will reduce their total licensed beds to 349; a system reduction of 171 beds. The total bed allocation for the System will be reduced to 1,429 beds.

LMHS Executive Committee Members 2006 - 2007

Mary Magno, MD – Medicine Chairperson
Razak Dosani, MD – Member-at-Large
Ralph Gregg, MD – Surgery Chairman
Marilyn Kole, MD – Member-at-Large
William O'Brien, MD – OB/GYN Chairman
Kenneth Towe, MD – Member-at-Large
George Kalemeris, MD – Pathology Chairman
Michael H. Weiss, MD – Member-at-Large
Anantha Krishnan, MD – Pediatrics Chairperson
Nelayda Fonte, DO – Member-at-Large
Donald Gerson, MD – Radiology Chairman
Amber Jandik, MD – Member-at-Large
Jason Wilson, MD – Emergency Medicine Chairman
John Mehalik, MD – Member-at-Large

Future Major Facility Projects

Lee Memorial Hospital

First Floor Corridor Upgrades
Pre Operative/PACU Renovations (Second Floor)
Expanded Visitor Parking (Garden Council Building)
ICU Room Upgrades
Emergency Generator Power Connection

Cape Coral Hospital

Expand Emergency Department: 24 to 42 Treatment Bays
Add two new Operating Rooms on Second Floor
Replace fourth floor Nurse Call
Radiology PACS Reading Center
4 West Clinical Unit Refurbishment

HealthPark Medical Center

Pharmacy Expansion
Renovation/Expansion of Level III NICU
Dining Area/Meeting Room Refurbishment
OB Nurse Call Replacement
Histology Expansion
5 West Clinical Unit Refurbishment

Outpatient Services - Planned Construction for 2007

LPG Building - Pine Island Road
Lee Cancer Center - Colonial Boulevard
East Diagnostic Center/MOB - Colonial Boulevard
HealthPark Ambulatory Surgery Center/Diagnostic Center

Section Chiefs 2006 – 2008

MEDICINE

Cardiology – K. Towe, MD
Cardiology – R. Grohowski, MD
Endocrinology – A. Drimoussis, MD
Gastroenterology – M. Weiss, MD
Nephrology – R. Libbey, MD
Neurology – C. Marino, MD
Oncology/Hematology – S. Dunbar, MD
Radiation Therapy – C. Mantz, MD
Physiatry – R. Mehrberg, MD
Primary Care – J. Burdzy, DO
Psychiatry and Psychology – R. Bernas, Psy.D
Pulmonary Medicine – R. Dosani, MD
Rehabilitation – H. Bonnette, MD

SURGERY

Anesthesia – C. Brown, MD
Oral and Maxillofacial Surg. – T. Tejera, DMD, MD
General Surgery – M. Novotney, MD
Neurosurgery – B. Bakhtian, MD
Ophthalmology – S. Laquis, MD
Orthopedic Surgery – E. Humbert, DO
Otolaryngology – R. Lane, MD
Pediatric Surgery – B. Shannon, DO
Plastic Surgery – W. Wittenborn, MD
Podiatry – M. Nathanson, DPM
Thoracic Surgery – R. Buss, MD
Trauma Surgery – A. Mikulaschek, MD
Urology – O. Benitez, MD

CCH Medical Staff Leadership

Thomas Presbrey, MD
President

Thomas Carrasquillo, MD
President-Elect

Antony Mathew, MD
Past President

Donn Fuller, MD
Secretary

Timothy Dougherty, MD
Medicine Chairman

Alexander Lozano, MD
Surgery Chairman

William O'Brien, MD
OB/GYN Chairman

Anantha Krishnan, MD
TCH (Pediatric) Chairperson

LMHS Medical Staff Leadership

Diana DeVall, MD
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F. Brett Shannon, DO
President-Elect

Mary Magno, MD
Medicine Chairperson

Ralph Gregg, MD
Surgery Chairman

William O'Brien, MD
OB/GYN Chairman

Anantha Krishnan, MD
TCH (Pediatric) Chairperson

George Kalemeris, MD
Pathology Chairman

Donald Gerson, MD
Radiology Chairman

Jason Wilson, MD
Emergency Medicine Chairman

Continuing Medical Education

"Seasonal and Pandemic Influenza"

Marshall D'Souza, MD
Wednesday, January 3, 2007
6:30 p.m. – 7:30 p.m.
Lee Memorial Hospital Auditorium
RSVP for Dinner – 573-5680

"Heart Failure 2007: Evidence-Based Optimal Care"

Michael Danzig, MD
Wednesday, January 24, 2007
6:30 p.m. – 7:30 p.m.
HealthPark Medical Center, Room HP1B
RSVP for Dinner – 573-5680

"Mandatory Education for Florida Osteopathic Physicians"

Saturday, January 27, 2007
Risk Management, Florida Laws and Rules, Uses and Abuses of Controlled Substances
8:00 – 8:30 a.m. Registration and Breakfast
8:30 – 9:30 a.m. Risk Management, Robert McCurdy, MS, JD
9:30 – 10:30 a.m. Use and Abuse of Controlled Substances, Walter Flesner, III, DO
10:45 – 11:45 a.m. Florida Laws and Rules, Kathy Tayon, JD
Breakfast and 3 CME Credits
The Hilton Garden Inn
RSVP – 573-5680

"Hypertensive Emergencies in Acute Ischemic Stroke"

Elias A. Giraldo, MD
Assistant Professor of Neurology & Neurosurgery
Chief, Neurology Service, and Director, Stroke Center, Regional Medical Center at Memphis
University of Tennessee Health Science Center
Monday, January 29, 2007
6:30 p.m. – 7:30 p.m.
Southwest Florida Regional Medical Center, Evans Avenue, Private Dining Room
RSVP – 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

January 2007 Issue

Chief Medical Officer
Chuck Krivenko, MD

Corporate Medical Director
Mark Greenberg, MD

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Medical Staff Services
Sandra Wharton, CPMSM,
CPCS

Continuing Medical
Education Coordinator
Joanne Gorgone, RN, BSN

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

Please send all story ideas
and comments via e-mail to:
MedStaffNews@LeeMemorial.org.
Or mail them to: Med Staff News,
c/o Medical Staff Services,
Cape Coral Hospital,
636 Del Prado Blvd., Cape Coral,
FL 33990. Or call: 239-574-0397.

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