

QuickTAKES

Osteoporosis Exercise Program

The Lee Center for Rehab and Wellness Center in Fort Myers is offering an Osteoporosis Exercise Program that will focus on strength stability and posture to help maintain bone density and prevent falls for patients who have been diagnosed with either osteoporosis or osteopenia. For more information about the class that will start on April 3, please call 418-2014.

LPG offers new GYN office in Bonita Springs

Lee Physician Group, Bonita GYN Associates has recently opened in the Bonita Community Health Center specializing in gynecological wellness. The address is 3501 Health Center Blvd., Suite 2220. Please call 239-992-0558 for more information.

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.



Methicillin Resistant Staphylococcus Aureus: Search and Contain Strategies

Part 3 of a 4 part series on MRSA

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

What we are doing to control the spread of community-acquired MRSA at LMH.

In October of 2006, a "tipping point" of sorts was reached in the intensive care units at Lee Memorial Hospital. At that time, there were several patients with community-acquired MRSA, and it was felt that those patients, combined with the continued introduction of unrecognized (and hence uncontained community MRSA), presented an ongoing concern to other patients in the units. Accordingly, Epidemiology/Infection Control, the Medical Director of Epidemiology/Infection Control, ICU Medical and Administrative leadership, and the Corporate Medical Director of System Intensive Care Services initiated an active search and contain

protocol. This protocol included active surveillance cultures for all new admissions, weekly re-culturing of patients with a negative screen, and the implementation of Contact Isolation on all patients until the culture results are known. In order to avoid confusion some of the discretionary practices that are normally a part of Contact Isolation were simplified: gowns, masks and gloves were specified for all persons entering the room, irrespective of their reason for entry. This is an onerous burden for the ICU staff to bear, and all staff members are to be commended for continuing to provide quality care despite the inconvenience these measures caused.

Watch for the final article about MRSA:

- Part 4: The Future

ACINETOBACTER INFECTIONS

Mary Beth Saunders, DO
Medical Director of Epidemiology/Infection Control

In addition to the challenges of managing community acquired MRSA and other multidrug resistant pathogens, we have had a number of cases of Acinetobacter baumannii in the Lee Memorial Hospital Intensive Care Unit.

The organism is an opportunistic gram-negative bacteria, which is naturally resistant to many antibiotics. It principally affects patients who are critically ill or immunocompromised. It is not a threat to healthy individuals. The index case at the LMH campus may have been a result of a transfer from another hospital. This is consistent with the literature regarding this organism that is affecting hospitals on a global basis.

It is imperative that all members of the Medical Staff observe strict isolation procedures including meticulous attention to hand-washing along with usage of gloves and gowns if we are to prevent the spread of this organism to other critically ill, susceptible patients. The MEC's have been informed and strongly support total compliance with isolation procedures by members of the Medical Staff. Patients known to have this organism will remain in isolation throughout their hospitalization, as do other patients with multidrug resistant pathogens, i.e. MRSA, VRE, Stenotrophomonas.

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

48-hour Countersignature Rule for Verbal Orders

Medicare has finalized a new condition of participation (COP) that requires "a practitioner responsible for the care of the patient" to countersign all verbal orders within 48 hours. The COP requiring countersignature for restraints within 24 hours remains unchanged.

The Joint Commission recently issued a notice of non-compliance with this rule during a recent survey. As a result, the Executive Committees of CCH, LMHS and SWFRMC/GCH have revised the rule to comply with the 48-hour requirement.

This is an important initiative and your cooperation is requested. Please sign all verbal orders within 48 hours. Thank you.

Welcome New Physicians

Provisional Staff (LMHS only):
Dennis Wang, MD – Trauma Surgery

Intrasystem to CCH:

Gerardo Gamez, MD – Neurology
Eileen Schwartz, MD – Neurology
Valerie Dyke, MD – Colorectal Surgery
Janette Gaw, MD – Colorectal Surgery
Cesar Santiago, MD – Colorectal Surgery

CMS Publishes Revised Hospital CoPs

The Centers for Medicare and Medicaid Services (CMS) published a final rule in the November 27th Federal Register that affects medical record documentation. The revisions to the Conditions of Participation (CoP) will take effect January 26, 2007.

The changes to Section 482.24 Medical Record Services include:

History and Physical examination

- A medical H&P must be completed no more than 30 days before or 24 hours after admission. The H&P examination must be placed in the patient's medical record within 24 hours after admission.
- An updated medical record entry documenting an examination for any changes in the patient's condition when the H&P is completed within 30 days before admission. This updated examination must be completed and documented in the patient's medical record within 24 hours after admission.

Authentication of verbal orders

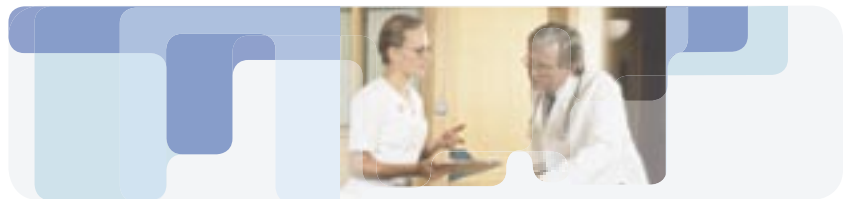
- All orders, including verbal orders, must be dated, timed, and authenticated by the ordering practitioner or another practitioner who is responsible for the care of the patient and authorized to write orders by hospital policy in accordance with State law.
- All verbal orders must be authenticated based upon Federal and State law. If there is no State law that designates a specific timeframe for the authentication of verbal orders, verbal orders must be authenticated within 48 hours.

Lee CHF Care Expands Services

Effective February 1, 2007 the Congestive Heart Failure (CHF) Case Managers will begin to see all inpatients admitted with heart failure. This work redesign will ensure that the JCAHO Core Measures are being met. Core measures include utilization of ACE inhibitors, documentation of ejection fraction, smoking cessation, medication reconciliation and discharge instruction. The CHF Case Managers will supplement nursing education and assist with facilitating the discharge needs for the patient. This review will be provided to all patients admitted with the diagnosis of CHF but can be declined by physician order.

Since 2003, Lee CHF Care has provided patients with telephonic case management, encouraging adherence to the treatment plan prescribed by their physician and educating the patient regarding lifestyle considerations important to the management of their condition and improvement of their quality of life. Physicians may order outpatient follow-up which will consist of telephonic follow-up at one week, three weeks, 45 days and 75 days post discharge. Patient who participate in the telephonic program have an average 30-day readmission rate of 1.81 percent as compared to non-program patients with an average 30-day readmission rate of 5.38 percent.

Call Leslie Payton, RN, CHF Coordinator at 573-5725 with any questions or concerns.



Common Documentation Issues: The Right Code For The Right Procedure

By Janelle I. Wissler, RHIA, CCS, CMT

Hospital-based medical coders are bound by strict guidelines in ICD-9 diagnosis coding, ICD-9 procedural coding and CPT coding. The physician's offices, on the other hand, have only to focus on CPT coding (very often completed by the physician himself) and ICD-9 diagnosis assignment.

ICD-9-CM procedural coding is rapidly becoming out of date while we anxiously await the debut of ICD-10-CM, which promises to have limitless ability to keep up with technology. In the meantime, hospital-based coders struggle with correct ICD-9 procedural coding. On the outpatient surgery side, but also on the inpatient side, coders find it helpful when the surgeon dictates his CPT coding into his operative report. This can be "cross-walked" through computer software, to help the coder arrive at the correct corresponding ICD-9-CM procedure code.

Remember then, when a coder encounters new or unusual operative descriptions, it may be necessary to Query the physician to obtain the clarification necessary to lead to proper coding and reimbursement for LMHS for the surgical technique. Dictating the CPT procedure codes that the surgeon intends to use to bill for his services can help to decrease the queries and time spent by the coder.

Many of our physicians are already doing a great job with their operative dictations, 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. I can be contacted at Janelle.Wissler@leememorial.org for any further clarification on this topic, or any other topics physicians would like addressed from a coding/reimbursement standpoint.

Continuing Medical Education Opportunities In The Medical Library

In addition to attending the live CME presentations, the physicians may obtain CME credit using the resources of the Medical Library. The copies of mandatory programs on DVD "Prevention Of Medical Errors" and "Domestic Violence Across The Generations" are available for check-out at all four libraries (Lee Memorial Hospital, Cape Coral Hospital, HealthPark Medical Center and Southwest Florida Regional Medical Center).

The LMHS library subscribes to the Network of Continuing Medical Education (NCME) and receives a new CME on DVD every three to five weeks. These DVDs offer up to two CME credits each and are available for circulation from the Medical Library at HealthPark Medical Center. There is no charge for these CMEs to LMHS physicians and credits are offered for DVDs from the last 3 years. If you would like to check one out, please call the library at 432-4367. NCME CMEs on VHS for the years 2004-2006 are also available at the LMH library (334-5410).

Additional continuing medical education opportunities are available online via IntraLee, the LMHS internal web site, at <http://intranet1/medlibrary/continuingeducation.asp>, or through the Medical Library pages of the LMHS web site, www.LeeMemorial.org. MD Consult and MedScape both offer online CME modules to LMHS physicians (first five credits are free of charge and there is a nominal charge for additional credits). Links to these sites are posted on the library pages. Please note that both companies require initial registration. For instructions on how to register with MD Consult, please call Narges Ahmadi, the Medical Librarian, at 334-5410.

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Continuing Medical Education

"Fungal Infections in the ICU"

Daniel Kett, MD
Associate Professor of Clinical Medicine
University of Miami School of Medicine
Director, Medical ICU
Jackson Memorial Hospital

Wednesday, March 14, 2007

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

RSVP for Dinner by March 12 – 573-5680

"Chronic Obstructive Pulmonary Disease & Asthma Awareness"

Javier Perez Fernandez, MD
Pulmonary Physicians of South Florida, Miami, Florida

Thursday, March 22, 2007

7:00 – 8:00 p.m.
Sam Seltzer's Steakhouse

RSVP for Dinner by March 20 – 573-5680

"Multi Drug Resistant Organisms"

Mary Beth Saunders, DO
Wednesday, March 28, 2007
6:30 – 7:30 p.m.
HealthPark Medical Center, Room 1B

RSVP for Dinner by March 26 – 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

March 2007 Issue

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