

QuickTAKES

LMH Receives AHCA Primary Stroke Center Certification

Lee Memorial Hospital became an AHCA certified Primary Stroke Center early this past summer. The criteria for AHCA certification are substantially similar to the criteria for Primary Stroke Center certification established by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). LMH is also in progress to obtain JCAHO stroke center certification.

All-Star Joint Center In A League Of Its Own

The Lee Memorial Hospital All-Star Joint Center makes its debut in Southwest Florida this month. Along with the new Center comes a new baseball theme and a new attitude focusing on wellness and getting patients back to work, back to golfing, back to whatever it is they want to get back to doing. Patient "gowns" are a thing of the past as patients bring in shorts and t-shirts. The rooms are equipped with a comfortable reclining chair for sitting up; and we're promoting a new mantra - "get up and get moving."

Partnering with some of the finest orthopedic surgeons in the area, the All-Star Joint Center at Lee Memorial Hospital will cover all of the bases for patients, beginning with a pre-operative class about the procedure, where all patients will receive a Total Joint Replacement Guidebook with information about their surgery. After discharge, each patient will receive a follow-up phone call to check on his or her progress. Six to eight weeks after discharge patients and their family members will be invited to a "reunion" lunch where they will have the opportunity to talk about their experience. As a result, the All-Star Joint Center strengthens LMHS' complete continuum of care for patients, and their families, having total joint replacement.

ENVISIONING THE FUTURE OF HEALTHCARE IN LEE COUNTY

By Jim Nathan, LMHS President



There have been many questions from physicians, patients and staff members now that Southwest Florida Regional Medical Center (SWFRMC) and Gulf Coast Hospital (GCH) are a part of Lee Memorial Health System.

There seems to be two main questions: "What does this mean for the community?" "What changes are being made as a result of this purchase?"

While we may not know the answers to everything, we do know that it will be "business as usual" over the next several months.

We have no plans for any immediate change in services or programs that are offered at any of the hospitals. The transition to convert information systems, accounting systems, and facility operations will be done over a period of time so that services to the community will not be disrupted. We want to collaborate with the team at SWFRMC and GCH and learn from each other so that we can give the best level of care to our patients.

In another few months we are considering establishing a process where physicians, staff, community leaders and the community in general, can participate in "visioning exercises." These exercises will help us to collectively envision a great healthcare system for our community's future and what it will take to get us there.

We hope many of you will want to participate in some way. This is a wonderful opportunity to work together to create a vision of what healthcare will look like in Lee County in the future.

Peace. *Jim*

Linking Terminology, Documentation And Coding

Janelle I. Wissler, RHIA, CCS, CMT

Due to the overwhelming positive response received from the article in September it was decided to continue with more examples on the same topic.

Remember, medical coders are bound by strict guidelines in ICD-9 diagnosis coding. Certain terms, while descriptive and clear in their intent for communication between physicians and nurses in the progress notes and/or dictated report, are not “codeable” per CMS guidelines. What is codeable in the office setting or in the outpatient setting, may not match that which is acceptable in the inpatient setting. One area that is confusing for physicians is that long run-on diagnostic sentences are actually better for the hospital inpatient coder rather than a list of simple two-phrase terms.

One example that has come to mind would be “decubitus ulcer, present on admission, treated with excisional debridement while here.” Another example is “acute gastrointestinal bleed due to chronic gastric ulcer, with resultant acute blood loss anemia, treated with heater probe application, and two units of blood transfusion.” And “urinary tract infection due to chronic Foley catheter usage for neurogenic bladder, addressed by placement of a new suprapubic cystostomy catheter.” And finally “total hip replacement, two weeks ago, now presenting with postoperative wound infection from the prosthesis, treated with antibiotic bead placement and placement of temporary components.” Note that each of these phrases indicate the acute diagnosis, the underlying reason or contributing factors, the extenuating circumstances and resultant condition, the treatment rendered and the significant nature of each element. The more words you give the inpatient coder to work with, the more useful the coded data will be for reimbursement as well as for validity of statistical data. This data feeds into the severity of illness and the intensity of service ratings that are kept for each hospital.

So remember, if you don't link the terms in your documentation, and the coder believes the linkage may lead to “better” coding, or a higher level of quality data, it is necessary to Query the physician to obtain the clarification. Queries are only sent in cases where it is absolutely necessary to lead to proper coding and reimbursement for LMHS for the conditions that were treated.

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. Remember, good documentation always makes a coder's day go better. Please e-mail Janelle.Wissler@LeeMemorial.org for more information on this topic or any other coding and reimbursement topics you would like addressed.



ICU CORNER

A NOTE FROM INFECTION CONTROL

SEPSIS

If you think sepsis, think:

1. Lactate
2. Two sets of blood cultures - the “positive predictive value” of a single positive blood culture growing coagulase negative staphylococci (CNS) is estimated to range only from 4.1 to 26.4 percent. Multiple positive blood cultures or quantitative catheter and peripheral blood cultures yielding the same results are more meaningful.
3. Early antibiotics

CENTRAL LINE INFECTIONS

At their best, catheter tip cultures are “semi-quantitative”, and may be of limited value. Studies have indicated that the roll-plate semi-quantitative technique has a sensitivity of only 45 percent, and can yield misleading results since it fails to take into account intra-luminal microorganisms or microorganisms that are embedded in the biofilm on the catheter surface. Because of these limitations, using a catheter tip semi-quantitative culture as a measure of infection is not a recommended practice, unless specific culture techniques are followed. Try to avoid it.

VENTILATOR ASSOCIATED PNEUMONIA

If you suspect one, please order a “quantitative” specimen through bal-cath or bronch. This will help separate colonization from infection.

HAND WASHING/HAND HYGIENE

Please do not underestimate the importance this fundamental act will have on the outcome of your patient. Sometimes the simplest techniques are the most effective in improving patient outcome. And sometimes, they are the most overlooked.

AMERICA'S TOP DOCTORS

LEE MEMORIAL HEALTH SYSTEM congratulates the following physicians on our medical staff for their recognition as a "Top Doctor" in national research conducted by Castle-Connolly Medical Ltd.



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MARK GREENBERG, MD

CARDIOLOGY
STEVEN R. WEST, MD

DERMATOLOGY
BRIAN HARRIS, MD

FAMILY PRACTICE
(SPECIALIZES IN GERIATRIC
MEDICINE)
GREGORY KRILL, MD

GASTROENTEROLOGY
H. SCOTT HARRIS, MD

INFECTIOUS DISEASE
RONICA M. KLUGE, MD

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JEFFERY W. LEWIS, MD

THORACIC SURGERY
MICHAEL METKE, MD

UROLOGY
JAMES BORDEN, MD

CCH NEUROSCIENCE INTERMEDIATE CARE UNIT OPENING

The Cape Coral Hospital Neuroscience Intermediate Care Unit opened on Monday, October 2, 2006. The addition of this brand new, state of the art unit to the Lee Memorial Health System will provide an additional 10 Intermediate Care Beds for the advanced treatment of neurosurgical and stroke patients. This new unit is a critical piece of the expanding Neuroscience program at Lee Memorial Health System. The Neuroscience program will include JCAHO stroke certification and a comprehensive minimally-invasive Neuro-intravascular program. A team of renowned Neurosurgeons and Neurologists, combined with excellent nursing care, will continue to provide the Cape Coral community with one of the most comprehensive Neuroscience programs in Southwest Florida.

The System Director for Neuroscience services for the Lee Memorial Health System is Robert Nelson, RN, BSN, MBA, MHA, CNRN. Robert joined LMHS in April 2005. He was most recently the Director of the Neurosurgical ICU at the Methodist Hospital in Houston, Texas.

Janice McGraw, RN, MS, CNS, CNRN, ONC, joined the Neuroscience team as System Clinical Nurse Specialist for Neuroscience Services. Janice brings with her 26 years of Neuroscience experience.

The main contact number for the new Cape Coral Hospital Neuroscience Intermediate Care Unit is 772-6400.

CCH Medical Staff Leadership

Thomas Presbrey, MD
President

Thomas Carrasquillo, MD
President-Elect

Antony Mathew, MD
Past President

Donn Fuller, MD
Secretary

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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

"Treatment of Staphylococcus Aureus Infections in Children in the Era of Community Acquired MRSA"

Blanca Gonzalez, MD, Pediatric Infectious Disease

Wednesday, November 8, 2006

7:30 p.m. – 8:30 p.m.

HealthPark Medical Center, Room HP1B

Following the Clinical Department of The Children's Hospital meeting

RSVP by November 6 – 573-5680

"Management of Septic Shock"

Razak Dosani, MD, Pulmonary Medicine

Thursday, November 30, 2006

6:30 p.m. – 7:30 p.m.

Lee Memorial Hospital Auditorium.

RSVP by November 28 – 573-5680

"Prevention of Medical Errors" (2 hours) and "Domestic Violence" (2 hours)

4 CME Credits

Saturday, November 4, 2006

7:30 a.m. – 8:00 a.m. Breakfast and Registration

8:00 a.m. – 12:15 p.m. Lectures

Lee Memorial Hospital Auditorium

or

Saturday, December 2, 2006

7:30 a.m. – 8:00 a.m. Breakfast and Registration

8:00 a.m. – 12:15 p.m. Lectures

Cape Coral Hospital Auxiliary Meeting Room (New Café)

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'.

10-06 6008

MEDICAL STAFF NEWS

November 2006 Issue

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CPCS

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Joanne Gorgone, RN, BSN

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for members of Cape Coral
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System's medical staffs.

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