

# Medical Staff **NEWS**

## UPDATE: MEDICAL STAFF PERFORMANCE ON MEDICARE QUALITY INDICATORS

*By Mark Greenberg, MD  
Corporate Medical Director, Medical Management*

As most Medical Staff Members are aware, LMHS is required by Medicare to perform quarterly chart audits to assess compliance with a number of quality indicators for the DRG's of myocardial infarction, congestive heart failure, community acquired pneumonia, stroke, and atrial fibrillation. Since beginning the tracking process, and implementation of a performance improvement plan that includes the development of order sets, checklists (the "orange sheets") and physician notification of non-compliance, a steady trend of improving compliance has been documented.

Performance continues to be exemplary for the category of stroke, with almost 100% compliance since the establishment of the Stroke Unit. It is also worth noting that 100% of the admits to the Stroke Unit make use of

the stroke order set. In the categories of acute MI and atrial fibrillation, compliance has now reached our System goal of 90%.

While performance is excellent for most of the CHF indicators, documentation regarding the use of ACE inhibitors continues to be an episodic problem. At the request of the Quality Management Council (QMC), "**reminder stickers**" specific for ACE inhibitor use have been developed and will soon be appearing on charts. Vaccine screening compliance has dramatically improved, but remains below the System goal of 90%. Please be reminded that Medicare and the Center for Disease Control view every hospital admission as an opportunity to screen for influenza and pneumococcal vaccine status.

A major area of concern has been the relatively poor compliance of administering antibiotics to pneumonia patients within four hours of diagnosis. As a System, the goal is only being achieved 65 to 75% of the time. Rapid antibiotic administration to patients with pneumonitis has been well documented to reduce mortality, average length of stay and cost of care. At the request of the Quality Management Council and the LMHS Medical Executive Committee, a multidisciplinary committee was organized to address the barriers involved in rapid antibiotic administration. These barriers included orders reflecting only routine antibiotic delivery and insufficient administration of antibiotics in the ED. Barriers specific to the ED included an inadequate supply of antibiotics "on shelf", a decreased awareness of the urgency for antibiotic administration among ED personnel,

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Update: Medical Staff Performance on Medicare Quality Indicators

Treatment of Pneumonia in Emergency Department at HPMC and LMH  
Lead Physician in MICU

Coding: Medicare and the Definition of "Urosepsis"

Patient Safety and the Use of Medications  
[www.LeeMemorial.org](http://www.LeeMemorial.org)

Congratulations to Our LMH Emergency Department Team

Geriatric Oncology Symposium for Clinicians  
Continuing Medical Education

*continued on page 2*

and ED physician reluctance to order initial antibiotics without approval from the attending physician. Most of these barriers have been addressed and a policy of administering the first antibiotic dose to patients in the ED prior to admission will be considered the standard of care. Finally, physicians admitting patients with community acquired pneumonias are encouraged to make use of the pneumonia

order set which stipulates that the first dose of antibiotics be given within four hours.

In summary, the Medical Staff is to be commended for a very significant improvement in performance on the Medicare quality indicators. We look forward to continued performance improvement and thank you for your support in these important initiatives.

## TREATMENT OF PNEUMONIA IN EMERGENCY DEPARTMENT AT HEALTHPARK MEDICAL CENTER AND LEE MEMORIAL HOSPITAL

*By George C. Kalemeris, MD*

After reviewing the FMQAI indicators for pneumonia, an Ad Hoc committee consisting of Emergency Department Physicians, Internal Medicine Physicians, Pharmacists and Nurses met to review antibiotic usage for patients with pneumonia in the Emergency Department. This Ad Hoc group determined that the only feasible way for patients to be appropriately treated for pneumonia within a 4 hour standard was to give the first antibiotic dose within the emergency department prior to admission to the hospital.

A resolution was written and approved by the LMHS Executive Committee as follows:

Whereas the treatment of pneumonia with

antibiotics within four hours of diagnosis of pneumonia improves patient care; and whereas the Emergency Department physicians are willing to order the antibiotic after an attempt of sputum culture collection in the Emergency Department; and whereas the nursing staff and pharmacy are willing to give the antibiotic;

Be it resolved that the Executive Committee support the Emergency Department physicians and the staff in treating Emergency Department patients with a diagnosis of pneumonia with antibiotics after consulting with the admitting physician.

Please support the Emergency Department physicians in this standard of care for patients in our community.

## LEAD PHYSICIAN IN MICU

*By Patrick S. Bowman, M.D.*

A recommendation from the Critical Care Committee was presented and approved by the Medicine Council to establish a "Lead Physician" to improve the quality of care and coordinate care between nurses, pharmacy, nutrition and respiratory in the care of the ICU patient.

The admitting physician of record to the ICU will become the "lead" physician for that

patient's care. He/she will be responsible for coordinating and directly communicating all aspects of care on a daily basis in addition to following established protocols.

This role includes daily review of all physician orders, antibiotic usage and duration, documentation, medication review, ventilator care, nutrition needs, establishment of DNR and communication with families.

## CODING: MEDICARE AND THE DEFINITION OF "UROSEPSIS"

By Mark Greenberg, MD

To most clinicians, "urosepsis" means septicemia that originated in the urinary tract. However, in the coding world of Medicare, "urosepsis" has a very different meaning:

*"The term **urosepsis** refers to pyuria or bacteria in the urine (not the blood) and is coded to urinary tract infection, site not specified."*

The difference in coding has an enormous

financial impact. "Sepsis", billed as DRG 416, pays \$6,264 while "urosepsis", billed as DRG 320, pays only \$3,535, a difference of \$2,729! If your intent is to document that the patient has a blood borne infection, please avoid the term "urosepsis", even if the infection originated in the urinary tract, and clearly state that the clinical picture supports the diagnosis of "septicemia".

## PATIENT SAFETY AND THE USE OF MEDICATIONS

The Pharmacy and Therapeutics Committee is requiring that the use of some medications be restricted to certain physician specialties or hospital units. These medications fall into the high risk/high cost categories. Two examples are Xigris and Natrecor.

The physician pre-printed order sheets indicate the approved physicians, indications for use and exclusion criteria.

Education modules will be developed and a process will be in place to monitor these restricted medications.

## WWW.LEEMEMORIAL.ORG

Last year, Lee Memorial Health System launched a new web site. Features include a searchable physician database that is updated every month, system announcements, and maps to LMHS facilities.

This year we have begun to add content specifically for the Medical Staff. The link to the physician area is located on the lower left-hand corner of every page of the site. Currently, there is a calendar of CME opportunities, Medical Staff Bylaws for Lee Memorial Health System, as well as an electronic version of this newsletter.

We have recently sent out a survey to our

medical staff, asking what other content they would like to see through the web site. The majority of responses concerned CME offerings, pharmacy updates, and physician contact information.

- The CME calendar is available through the physician portion of the web site.
- Pharmacy update pages are being developed.
- Physician contact information is already available on the site, under the tab "physician listing."

For more information or comments on the site, you may contact Joanne Gorgone, R.N. at 574-0397, or through email at [joanne.gorgone@leememorial.org](mailto:joanne.gorgone@leememorial.org)

## CONGRATULATIONS TO OUR LMH EMERGENCY DEPARTMENT TEAM

**Advance for Nurses** magazine picked our hard-working, close knit team in the LMH Emergency Department as a winner in its "Best Nursing Team of 2002" contest. They were selected from more than 100 entrants statewide, placing third in a "very close" race. The entrants were judged on initiative in the areas of performance improvement, patient satisfaction, medical staff relations and clinical outcomes; adaptability; teamwork; community

outreach; recruitment and retention; continuing education; awards and recognition received by the team and how they celebrate each other. This is a great honor and the effort behind it is the sort of performance that will enable us to become the best patient-centered Health care System in Florida. The winning teams will be featured in the April 29 issue of **Advance for Nurses**, Florida edition.

## GERIATRIC ONCOLOGY SYMPOSIUM FOR CLINICIANS

The Senior Adult Oncology Program of H. Lee Moffitt Cancer Center and Research Institute will offer a four-hour CME Conference at Lee Memorial Hospital in the Auditorium on **May 2, 2002**, in the afternoon. Topics include

Biological and Pharmacological Changes of Age, Assessment of the Older Person with Cancer and Advances in Geriatric Oncology. Please call **336-6137** for registration information.

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## CONTINUING MEDICAL EDUCATION – CME APRIL 2002

### Wednesday, April 3, 2002

HealthPark Medical Center 1B  
7:00-8:00 AM – Breakfast  
Lee Memorial Hospital Auditorium  
12:30-1:30 PM – Lunch  
"Standards of Conduct Compliance Training"  
Charles Swain, CCO, George Lane, Esq., & Cindy DeVries, RN, CPC  
**RSVP: 335-7154**

### Thursday, April 4, 2002

Lee Memorial Hospital Auditorium  
12:30-1:30 PM  
"Trauma Resuscitation: Past, Present and Future"  
Drew Mikulaschek, MD

### Thursday, April 18, 2002

Lee Memorial Hospital Auditorium  
12:30-1:30 PM  
"Podiatry Update: Management of Common Foot Conditions"  
Jerold S. Goldstein, DPM

### Wednesday, April 24, 2002

Cape Coral Hospital Meeting Room A  
12:30-1:30 PM  
"Reach out and Read: Early Literacy Promotion for Pediatrics"  
Eleanor Blitzer, MD

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If you have questions or would like to submit an article to *Medical Staff News*, please contact Joanne Gorgone, RN, BSN, CME Coordinator, Lee Memorial Health System Medical Staff Services, 636 Del Prado Boulevard, Cape Coral, Florida 33990  
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