

Medical Staff NEWS

REPORTING TO JOINT COMMISSION ON HOSPITAL CORE MEASURES BEGINS JULY 1, 2002

By Mark A. Greenberg, MD

Monitoring performance on key quality indicators for Acute Myocardial Infarction, Congestive Heart Failure, Community Acquired Pneumonia, and Pregnancy and related conditions has become a hospital credentialing requirement effective July 1, 2002. The American College of Cardiology and the American Heart Association have also established guidelines and an expanded list of key quality indicators for Acute Myocardial Infarction.

As you are already aware, Lee Memorial Health System has been reporting on compliance with Medicare's quality indicators (6th Scope of Work) on a quarterly basis. As a result of the new regulatory requirements, we have updated and expanded our reporting system as well as modified the appropriate order sets and chart prompts.

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The following changes have been made in order to attain compliance with JCAHO standards:

1. For Acute Myocardial Infarction and Congestive Heart Failure, order sets now include orders for LDL and cholesterol measurements as well as options for ordering statins if appropriate. The orange prompt sheets have also been adjusted accordingly.
2. For Acute Myocardial Infarction and Congestive Heart Failure, prompt sheets, order sets and care pathways have been adjusted to address blood pressure evaluation and, if hypertension is documented, education and maintenance medication.
3. Discharge instructions now must address medication education, smoking cessation counseling, diet, activity, wt. monitoring, blood pressure education, follow-up appointment and cardiac rehabilitation, if appropriate. Care pathways have been adjusted to address these quality indicators.
4. For Community Acquired Pneumonia, order sets and prompt sheets have been changed to address oxygen assessment by either ABG and/or pulse oximetry.

Thank you in advance for cooperating with this initiative to improve compliance with these important JCAHO quality indicators.

PHYSICIANS RAVE ABOUT NEW NET ACCESS COMPUTER SYSTEM

Net Access is the new; easy to use computer system that allows access to physician rounds lists, lab results, transcribed documents, and demographic information. Physicians may access the system from within the hospitals or remotely from home or office through their Internet Service Provider. Since the system was recently offered to the Physician community, we've had terrific, positive responses. Here are some comments from physicians who are using the product first hand:

- Dr. Stephen Liftig (Pediatrics) says, "This is a terrific system. Net Access makes it a pleasure now to logon."
- Dr. Sal Lacagnina (Internal Medicine) says, "I have used this system in the office and it has been helpful to quickly access test results when patients are in the office. It is easy to use and definitely helps to improve patient satisfaction."
- Dr. Tom Schiller, (Pediatrics) says, "Net Access is a giant step forward in communications with the hospital. The information you need is now only a few clicks away. I use Net Access twice a day to check census information (before rounds and

at night), and also in the office to look up labs and reports during patient visits. The format is user friendly and intuitive. Once you use it, you will want it bookmarked on all your computers. Thanks for the upgrade!!"

- Dr. Carl Schultz (CCH Emergency Department) says, "We have been using Net Access in the Emergency Department for several weeks. It is much quicker to access old records in a couple of mouse clicks rather than waiting several minutes or longer for them to arrive by tube system. It is also helpful to have all lab data available on one screen, rather than on a dozen pieces of paper scattered over the entire department."

Net Access is currently available only to Physicians, Physician Assistants and ARNPs. Demonstrations are conducted from 11:30 – 1:00 in the Physician Lounges as follows: Tuesdays at HealthPark, Wednesdays at Cape Coral and Thursdays at Lee Memorial through the month of August. If you are unable to attend during the lunch hour, have questions or need training on Net Access, CliniComp, Micromedex, accessing the Internet or Intranet please contact Karen Mueller at 335-7753 or by email to karen.mueller@leememorial.org.

PHYSICIANS ONLY

Physicians Only is the name of the physician web page on LMHS' website on the Internet. Go to www.leememorial.org and click on Physicians Only (left column) to bring up this page. Currently you can view CME offerings, Bylaws and past issues of the Medical Staff Newsletters. Future plans include physician order sets and Medical Staff Meetings. Send ideas to joanne.gorgone@leememorial.org.

MEDICAL STAFF HOTLINE

334-5700

Call the medical staff hotline anytime, 24 hours a day, for any issues or concerns that you have for hospital management. Calls will be retrieved each morning and directed to the appropriate individual for a prompt response. For urgent patient care issues, call the Administrator-On-Call.

PROFESSIONAL COURTESY DISCOUNTS

New Federal Regulations governing business courtesies given to potential referral sources went into effect this year. HCA and LMHS reviewed these regulations and came to the same conclusion. It is regrettable that the Federal Government would view courtesy

discounts as an inducement to refer patients, but unfortunately, this is the case. Therefore, effective August 1, 2002, LMHS will no longer offer courtesy discounts to physicians and their immediate family members.

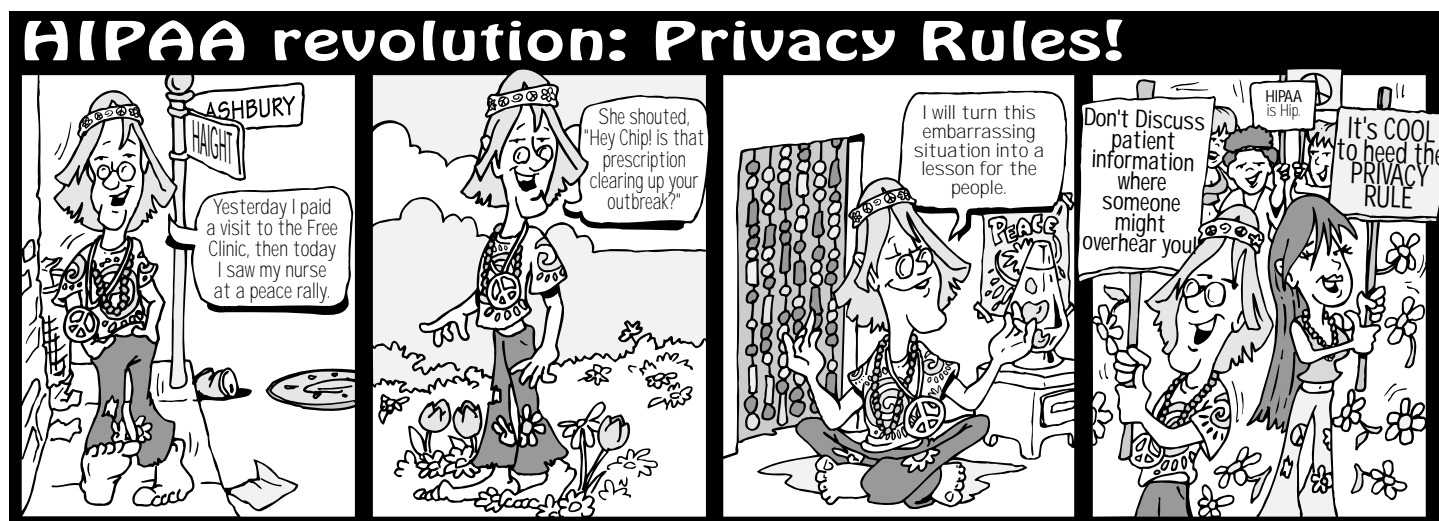
FEDERAL LAW REQUIRES MEDICAL STAFF TO KEEP PATIENT INFORMATION CONFIDENTIAL

Physicians and nurses are privy to more confidential health information than the patients whose care they are committed to. The office staff, a pivotal component of a physician practice, has access to volumes of patient identifiable health information. A new federal law regulates how you, the practitioners and staff members handle it.

The Health Insurance Portability and Accountability Act (HIPAA), a law Congress enacted in 1996 to streamline the performance of healthcare transactions, calls on providers to protect the flow of medical information. Under HIPAA, practices might have to reconfigure office reception areas. The traditional sign-in sheet, although not outlawed by HIPAA, may

need to be further secured to protect patient privacy. There are cultural, common sense and policy changes you'll have to make — and probably revisions to vendor contracts and forms. LMHS' practices should already have confidentiality protection measures in place. The difference is now you'll be federally regulated to protect patient information. (Source: HIPAA Training Handbook for Physician Practices, Opus Communications)

LMHS will be providing HIPAA training specifically for medical staff later this year, so physicians and their staff can get hip on HIPAA. For more information on HIPAA, call LMHS' new HIPAA Help-line, hosted by Chip the Hippie, at 43-CHIP-H (432-4474).



NEW TOTAL PARENTERAL NUTRITION ORDER SETS ARE BEING PILOTED IN THE LMH ICU'S

By Sharon Krispinsky, Program Manager Lee Diabetes Care

There is a growing body of research, which advocates intensive IV insulin for critically ill patients. This compelling research demonstrates significant reductions in mortality and morbidity for acute hyperglycemic patients who receive intensive IV insulin. A recent article published by Van den Berghe et al in the November issue of the New England Journal of Medicine outlines significant positive patient outcomes when using intensive IV insulin. Their research demonstrated the following outcomes:

- An adjusted reduction in mortality by 32%
- Reduced ICU LOS
- 46% reduction in the incidence of septicemia
- 50% reduction in transfusions
- 41% reduction in acute renal failure/dialysis
- Decreased incidence of prolonged mechanical ventilation

In light of this research, Lee Diabetes Care under the direction of their Medical Directors have embarked on several initiatives to improve the care for any patient experiencing acute hyperglycemia. During this fiscal year, a glucommander has been placed in each ICU at all three acute care facilities so that this technology is readily accessible to you and the nursing staff should a patient have elevated

blood sugars necessitating intravenous IV insulin. As a reminder, the glucommander is not indicated for TPN patients.

Another area of concern is the hyperglycemia associated with patients receiving Total Parenteral Nutrition. More recent research indicates that we should keep a patient's blood sugar < 200 mg/dl with a range of 100-150 mg/dl desirable to ensure adequate nutritional support, avoidance of infection, and other co-morbidity's associated with poor glycemic control. The current methodology of placing insulin in the TPN bag including a supplemental SQ sliding scale insulin coverage is not adequately controlling a patient's blood sugars.

With that in mind, new TPN order sets have been developed and are currently being piloted in the ICU's at Lee Memorial Hospital before system wide rollout. The revised order set eliminates insulin as a TPN additive and asks the physician to order either an IV insulin drip (preferred treatment modality) or SQ sliding scale insulin.

The Lee Diabetes Care Medical Directors believe this protocol will be a tremendous asset for your care of the TPN patient with hyperglycemia. Please do not hesitate to contact Lee Diabetes Care with any questions/concerns.

CASES AND DOCUMENTATION OFTEN START IN THE ED IMPROVE YOUR RISK STRATIFICATION CONTRIBUTION

Info from Medical Records Briefing

Since a good number of patients start out at a hospital in the Emergency Department (ED), the opportunity to get the big picture documented properly is in the hands of the physician in the ED. With the outpatient payment prospective payment system and

ambulatory payment classifications, there is an emphasis on observation status, Medicare's criteria for certain tests, length of time, etc. to warrant billing an observation code. The ED physician's contribution of risk stratification

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plays a major role. With forms or checklists, there is often decreased emphasis on free-text documentation and most stratification for chest pain, asthma and CHF cases depend on that documentation.

The thought process of risk stratification is part of a physician's daily routine. After taking a history of present illness, past medical history, family history, review of systems, examining the patient and evaluating lab tests, a determination is made as to whether the patient has a problem, needs to be observed, should be admitted or can be discharged. The way a physician documents all of these steps determines whether the hospital gets paid what it's due. Proper documentation should include the thought processes that led to the physician's conclusion that one of these four paths was appropriate. For example:

"With the chest pain character and duration suggestive of angina, the family history of heart disease, the mild sinus tachycardia segment abnormality, despite normal enzymes on the

first sample, I will bring the patient in for observation to follow vital signs and two more sets of enzymes on a monitor."

Notice the absence of the word "admit" – that's most important.

Another area of documentation is whether to chart acute or not acute. If a patient has COPD and, due to an allergan, upper respiratory tract infection, bronchitis, or pneumonia, has an acute exacerbation, you must use the term "acute" to validate the need for admission. For asthma, pharyngitis, cholecystitis, renal failure, pancreatitis, hepatitis or any condition where there can be an acute state or a chronic stable state, without the proper use of "acute", there can be a legitimate question as to the need for hospitalization at all.

The more physicians use thought processes to be more specific and avoid global terms, the more we can justify evaluation and management performance and the associated billing.

CONTINUING MEDICAL EDUCATION – CME AUGUST 2002

Wednesday, August 14, 2002 • 6 – 7 pm

Lee Memorial Hospital Auditorium
"New Trends in Knee Replacement Surgery"

Fletcher Reynolds, MD

RSVP Dinner 574-0374

Thurs., August 15, 2002 • 12:30 – 1:30 pm

Lee Memorial Hospital Auditorium
"Macular Degeneration: Age Related Eye Disease Study"

A. Tom Ghuman, MD

Thursday, August 15, 2002 • 7 – 8 pm

HealthPark Medical Center 1A
(Following the 6 PM Department of Pediatrics Meeting)

"CPT Coding Pearls for Pediatrics"

Jerry Williamson, MD

RSVP Dinner 574-0374

Fri., August 23, 2002 • 8:30 am – 3:30 pm

Victoria Estates, Port Charlotte
"Clinical Ethics: Honoring Patient Autonomy"

A Joint Sponsorship CME – LMHS & Hospice of Southwest Florida

For registration info & fees call Spiritual Services at 335-7150

Thurs., August 29, 2002 • 12:30 – 1:30 pm

Lee Memorial Hospital Auditorium
"HIV/AIDS Update"

Marshall D'Souza, MD

This course will meet mandated requirement for re-licensure

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
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