

Medical Staff NEWS

JOINT COMMISSION ESTABLISHES HOSPITAL CORE MEASURES

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 will become a hospital credentialing requirement effective July 1, 2002. In addition to monitoring and reporting performance, hospitals are also expected to make use of the data in hospital performance improvement efforts. The American College of Cardiology and 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 these new regulatory requirements, we will update and expand our reporting system as well as modify the appropriate order sets and chart prompts. Additional details on the specific indicators will be posted in the July Medical Staff Newsletter as part of the implementation plan.

NATIONAL QUALITY FORUM PUBLISHES PERFORMANCE INDICATORS

by Mark A. Greenberg, MD

The National Quality Form (NQF) has published extensive lists of Core Safety Processes, Reportable Adverse Events, and Nursing Home Performance Indicators. The NQF has also indicated that a list of Hospital Performance Indicators will be released in the summer of 2002. It is anticipated that these processes and quality indicators will be widely adopted by State, Federal and credentialing agencies in the near future. As a result, Lee Memorial Health System is preparing a broad-based response guided by principles of collaboration with physicians and patients with a goal of maintaining transparent information flow.

The following general processes will be implemented:

- Develop a culture of safety and continued process improvement.
- Establish safety and quality score cards utilizing NQF reports as templates.
- Shift to concurrent recording of compliance with safety and quality indicators by making use of the Clinicomp report features.

Additional details on the LMHS response to the rapidly changing regulatory environment will be provided in future issues of this newsletter.

I N • T H I S • I S S U E

Joint Commission Establishes Hospital Core Measures • National Quality Forum Publishes Performance Indicators
 Cogent Inpatient Management Service Planning • Medicare Observation Services • Internet Access Available
 Introducing Net Access • PCA Pumps • Medical Library • Continuing Medical Education June

COGENT INPATIENT MANAGEMENT SERVICE PLANNING STARTED

by Chuck Krivenko, MD

On Monday, May 13th, members of the Cogent Healthcare team met with Medical Staff and hospital representatives to review the program and commence with its planning, development and implementation.

The Inpatient Management Service model, which has been successful at a number of Florida health systems relies upon using physicians who are already established and known in the community and furnishes them with sophisticated data management and administrative support to provide inpatient care to patients of community physicians who elected to use the hospitalist program.

The program will provide an opportunity for primary care physicians who prefer not to take unassigned call or do inpatient care to assign those responsibilities to the inpatient management

service without compromising quality or relationships.

The Inpatient Management team will provide inpatient care where appropriate and communicate with the primary care physician during the hospitalization and refer the patient back upon discharge.

The program was presented to both Medical Executive Committees and ongoing input from them is being solicited as the planning and implementation continue. More information regarding the program will be forthcoming in this newsletter. If you require additional information or are interested in participating in the program, please contact Richard Welch, Regional VP of Florida Operations for Cogent HealthCare at (954) 771-2110 or Chuck Krivenko at 335-7813.

MEDICARE OBSERVATION SERVICES

by Mark A. Greenberg, MD

The Outpatient Prospective Payment System (OPPS), implemented in August 2000, changed the traditional Medicare payment methodology of hospital outpatient services. As an example, it stipulated that hospitals would only be reimbursed for ancillary services on patients placed in outpatient observation. However, the Medicare definition of observation services has not changed.

For Medicare patients, observation services are defined as "those services furnished by a hospital on the hospital's premises, including use of a bed and periodic monitoring by a hospital's nursing or other staff, which are reasonable and necessary to evaluate an outpatient's condition or determine the need for a possible admission to the hospital as an inpatient. Most observation services do not exceed one day. Some patients, however, may require a second day of outpatient observation services....." (230.6 HCFA 10, Medicare Hospital Manual).

Observation services are not routine services prior to or after a diagnostic or outpatient procedure, including surgery, unless there is an acute

complication documented by the attending physician. There are disease specific criteria listed in the InterQual ISD Manual that can be used as a guide to establish the need for observation services. Of course, the clinical criteria does not replace the clinical judgement of the physician. Outpatient observation services are not a substitute for an appropriate inpatient admission if inpatient services are required for the care of the patient. Medicare beneficiaries should be informed of their outpatient observation status. Once the decision has been made to use observation services, please write a specific order stating, "*Place the patient in outpatient observation.*" Finally, the physician can change the patient's status from observation to inpatient when acute care need is established. However, Medicare does not allow changing patient status from inpatient back to observation.

Should you have questions, your case manager can assist or you may phone Ann Friel at 334-5972. (The source for this article was the Second Quarter 2002 Florida Medicare A Bulletin).

INTERNET ACCESS AVAILABLE FOR PHYSICIANS!

Beginning June 3, 2002 all of the computers (Neoware workstations) in the clinical nursing areas as well as the physician lounges in all three campuses will be set up to allow open access to the Internet. The goal of providing this capability is to allow easy access to the vast clinical resources available through the Internet. In order to insure workstations are also available for other intended purposes, Physicians are asked to use the tool in accordance with the LMHS Internet Policy and Procedure. This policy as well as instructions on how to access the Internet will be posted in the physician lounges for your review.

Introducing Net Access - Easy Access to Patient Clinical Information from Hospitals, Home or Office

This summer LMHS will offer a new computer application to provide all physicians and their office staff with dramatically improved access to physician rounds lists, lab results, transcribed documents, and demographic information. The system is called Net Access from Siemens Medical Systems and will ultimately replace our current Physician Access product. The system will be accessible within the hospitals through any device located in the clinical nursing areas and physician lounges. Remotely, the system will be accessible through your Internet service provider. The solution is designed to be compatible with most Internet service providers, Windows operating systems, and connectivity methods (phone line, cable modem, DSL, etc.).

Other health systems utilizing this tool have reported great success and significantly improved physician satisfaction. We are optimistic that our physician community will experience the same positive results. A diverse group of physicians are currently using the product in a test/pilot mode and providing feed back to the Information Systems staff. Once we complete our pilot phase, Net Access will be available to all physicians. Please watch for future announcements on how you can take advantage of this great new tool.

PCA PUMPS

By Yvonne Bokrand-Donatelli, PharmD, MPAS

PCA pumps, patient-controlled analgesia, is a safe and effective way to manage pain when used for the **right patient**, ordered by someone **knowledgeable** in its use, and with **competent staff** to monitor the patient. The patient knows his pain the best! PCAs allow for individualized titration, thus providing superior pain management and improved patient satisfaction. The patient cannot administer an overdose. A fraction of the dose needed to cause toxicity and respiratory depression would sedate the patient, resulting in no further doses being administered. Additionally, it is important to remember that improved pain control also means improved medical outcomes. It encourages increased early mobilization, allows participation in physical therapy, and decreases chances of complications such as atelectasis, pneumonia, DVT, and PE.

It is very important to differentiate between an opiate naïve and a tolerant patient, in determining the doses used and whether to start a basal rate. A tolerant patient is one who has been taking around the clock opioids for greater than one week (i.e. cancer or chronic pain patient). It is appropriate to initiate a basal rate in these patients, covering a portion of their chronic opioid needs. A naïve patient is initiated at much lower doses, and often without a basal rate. A basal rate may only be started after patient response is determined. A basal rate is especially helpful in a patient who is not able to rest at night because the pain is continuous and quickly gets out of control when he falls asleep. Tolerant patients can be titrated much more rapidly than naïve patients can.

QUICK TIPS TO USING A PCA:

- When using morphine for the average patient, initiate at 1 mg (range 0.5-2.5 mg) at a dosing interval of 8 minutes (range 5-10 minutes).
- Set the hourly limit at 3-5 times the expected hourly requirement to allow flexibility for times of increased pain (i.e. PT).
- Titrate according to patient response.
- Always monitor O₂ saturation and sedation.
- Actively manage side effects.

NEWS FROM THE MEDICAL LIBRARY

Free Trial of full-text medical and nursing books via the Internet is now available to physicians on staff at LMHS until June 30, 2002.

Physicians, who signed up for the OVID subscription, may access major textbooks from their home computers the same way they access full-text journals. The Ovid menu offers full-text medical books under "Lippincott's Clinical Choice" and nursing textbooks under Books@Ovid.

Physicians who have not signed up for this service yet, may obtain their passwords from the librarian: 334-5410. Feedback from the users of these new databases will help the

library staff to evaluate the need of adding them to the library electronic collection. Please share your impressions with the librarian:

Medlibrary@leememorial.org or Fax: 332-6422

Spring Medical Book Fair will take place on June 3 (MOC lobby at Lee Memorial Hospital), June 4 (Atrium of HealthPark Medical Center), and June 5 (Main lobby of Cape Coral Hospital).

Representatives of medical book publishers will display the most recent editions of textbooks, CDs, etc. from 7 AM to 3 PM each day. They will accept book orders at that time.

CONTINUING MEDICAL EDUCATION – CME JUNE 2002

Friday, June 14, 2002

Lee Memorial Hospital Auditorium
12:00 – 1:00 PM
"CNS Complications of HIV/AIDS in the era of Highly Active Antiretroviral Therapy"
Corklin Steinhart, MD, Ph.D.
Medical Director of the Florida AIDS Education and Training Center
RSVP LUNCH

Thursday, June 20, 2002

Lee Memorial Hospital Auditorium
6:00 – 7:00 PM
"Control of the Psychotic Patient"
Frederick Schaerf, MD, Ph.D.
RSVP DINNER

Friday, June 21, 2002

Lee Memorial Hospital Auditorium
12:30 – 1:30 PM
"Ophthalmology: Age Related Problems"
Stephen Smith, MD

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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