

# Medical Staff **NEWS**

## BUILDING A STRONG MEDICAL STAFF CULTURE

*Sandra L. Wharton, CMSC, CPCS  
System Director, Medical Staff Services*

The end of another fiscal year... October 1 begins the new year. Our very special thanks to Thomas E. Kowalsky, M.D. – LMHS Medical Staff President, for his leadership the past two years. If you attended the Annual Medical Staff Meeting (held September 8, 2003), you'll recall the very powerful presentations from that evening. If you missed this meeting, I'd urge you to mark your calendar early for next year, as this is the one meeting each year that every member of the Medical Staff should attend. For 2004, the **LMHS Annual Medical Staff meeting** will be held the second Monday in September (**September 13, 2004**).

Dr. Kowalsky began the meeting with recognition of several special guests: Deputy Chief of Staff – Alan Levine; Representatives Carol Green and Bruce Kyle; and Keith Arnold. Keith presented an update on the trauma funding initiative. The Medical Staff expressed appreciation for the legislative support in obtaining funding for our trauma service.

In his annual report to the Medical Staff, Dr. Kowalsky outlined the increased involvement and participation of physicians contributing to many successes over the past two years. He explained that the primary function of a

medical staff is to improve the quality of patient care. This was accomplished by many physicians who work diligently every day to make a difference in the way our patients receive quality health care. He challenged the Medical Staff to take a proactive position by participating in the planning of health care initiatives within our healthcare system; to focus on improving the quality of care; practice evidenced-based medicine; and monitor and document the excellent care provided to patients.

Two other important messages were delivered that evening: 1) Dr. Ralph Gregg, LCMS President, just returned from the FMA meeting and gave an update on tort reform; and 2) Jim Nathan, LMHS President, presented his "State of the System" address.

A strong medical staff culture is an essential element of an effective medical staff. The four aspects of a medical staff's culture are:

- Collegiality and excellence
- Freedom and commitment
- Appropriate independence and mutual accountability
- Continuous performance improvement

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The foundation has been established... one of the best ways to strengthen the medical staff culture is to continue to develop a network of relationships and connections that people build based on trust, respect, commitment, communication, collaboration, shared values, and a sense of belonging.

**Patrick Bowman, M.D.** is our incoming LMHS Medical Staff President. He has participated in many Medical Staff leadership

positions since joining the Medical Staff in 1990. He has served as Chairman of the Credentials Committee; Chairman of the Department of Medicine; and this year chaired and help organize the Physician Performance Improvement Committee. We are pleased to welcome him to this position for 2003 – 2005.

Members of our Medical Staffs work very hard providing quality health care for our community. I am very proud to work with excellent physicians on both CCH and LMHS Medical Staffs.

## NATIONAL QUALITY FORUM PUBLISHES "SAFE PRACTICES FOR BETTER HEALTHCARE"

*Mark Greenberg, MD*

The National Quality Forum (NQF) has released its recommendations for thirty safe practices that all healthcare organizations should have in place. NQF is a unique public/private alliance with an extraordinarily broad membership, including Medicare, Medicaid, and JCAHO, which has as its goal to establish consensus recommendations on quality and safety practices. "Consensus" is defined by the National Technology and Transfer Act of 1995 and, when the criteria are met, allows Medicare and Medicaid to adopt practices without legislative approval. In addition, NQF has a clearly stated mission of providing public access to safety and quality information on healthcare providers (Kizer: JAMA, Volume 286(10). Sept. 12, 2001. 1213-1217.) As a result, we anticipate that JCAHO and other regulatory agencies will be adopting these practices as standards of care in the very near future.

The NQF Safety Report focuses on practices that are supported by evidenced based medical reviews, will have significant impact on safety if fully implemented, and can be generalized. The practices address five broad categories for improving patient safety:

1. Creating a culture of safety.
2. Matching healthcare needs with service delivery capability.
3. Facilitating information transfer and clear communication.
4. Adopting safe practices in specific care settings or for specific processes of care.
5. Increasing safe medication use.

Examples of safe practices that will have a significant impact on physicians:

- All patients in general intensive care units (both adult and pediatrics) should be managed by physicians having specific training and certification in critical care medicine ("critical care certified").
- Use only standardized abbreviations and dose designations when writing orders.
- Implement standardized protocols to prevent the occurrence of wrong-site procedures or wrong-patient procedures.
- Evaluate each patient undergoing elective surgery for risk of an acute ischemic cardiac event during surgery, and provide prophylactic treatment of high-risk patients with beta-blockers.
- Evaluate each patient upon admission for the risk of pressure ulcers and implement

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- appropriate preventive measures.
- Evaluate each patient upon admission, and regularly thereafter, for the risk of developing deep vein thrombosis/venous thrombo-embolism and implement appropriate preventative measures.
  - Evaluate each patient for the risk of aspiration.
  - Evaluate each patient for the risk of malnutrition.
  - Hand washing protocols prior to and after direct contact with patients.

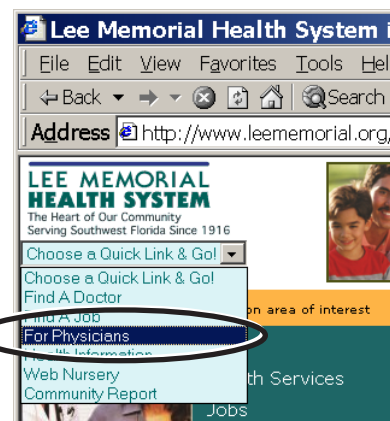
LMHS has already addressed many of the safe practices and has protocols in place (e.g. wrong-site surgery, pressure ulcers). A number of protocols that address these practices are in the process of development (e.g. perioperative beta-blockers and DVT prophylaxis). We will keep you informed as new programs are developed and implemented to not only comply with these regulatory mandates but also to improve the safety of healthcare at LMHS.

## WWW.LEEMEMORIAL.ORG

In mid-August, we introduced a new design philosophy to our web site. Physicians can benefit by having a link to physician-oriented information from any page on the site. Simply click on the "Choose a Quick Link." From there, the following information is available:

- Continuing Medical Education
- Medical Staff News
- Order Sets
- Medical Staff Bylaws
- Medical Library
- A link to Physician NetAccess
- Printable Medical Staff List

The Medical library link offers online content, including free databases as well as subscription services. For more information on the Lee Memorial Health System web site, please contact the web team at [webinfo@LeeMemorial.org](mailto:webinfo@LeeMemorial.org).



## LMHS REVISES PAIN POLICY

LMHS has recently revised the Pain Management Policy and Procedure. The purpose of this policy is to define the process for assuring that each patient's right to pain and symptom management is respected and supported. Some of the key elements of the policy are listed below.

- Patients will be asked to provide a Pain Goal, either a desired level of pain based on a 0-10 scale or a desired level of function such as the ability to sleep or ambulate without significant interference from pain.

- The frequency of pain assessment will be based on the individual patient but will be done with each nursing shift change. All inpatient assessments are documented in Clinicomp.
- The physician will be contacted if the nurse is unable to control the pain at a level that is acceptable to the patient with the available orders.
- A physician must write an order for non-pharmacological pain measures such as an ice or heat pack.

## FLORIDA MEDICAL LICENSE RENEWAL UPDATE

The Florida Department of Health, Division of Medical Quality Assurance will be mailing renewal notices to practitioners starting October 6, 2003. The renewal notice will be mailed to the practitioner's last known mailing address. If you have moved and not updated your address, you will not receive your renewal.

This is an update to notify practitioners of new

services available to you online. This year, temporary licenses will be offered to practitioners that renew online at [www.MQA-onlineservices.com](http://www.MQA-onlineservices.com). Other services available will be to update your mailing address, practice address and practitioner profile. If you do not receive your renewal notice with your user ID and password by October 20, 2003, please contact the call center at (850) 488-0595, Ext. 3.

## JCAHO'S NEW ACCREDITATION PROCESS FOR 2004

The new survey process, which becomes effective January 1, 2004, uses new terminology. This initiative called Shared Visions/New Pathways is Joint Commission's mission to continuously improve the safety and quality of care provided to the public.

Some terms and phrases used to describe JCAHO's future accreditation process may be new to you or may be used in a new way. The following is a list of some of these terms and their definitions for your quick reference.

**Self-assessment:** A process through which organizations assess and attest to their own compliance with JCAHO standards using an assessment tool on JCAHO's secure extranet site and plan the organization's corrective actions to compliance issues.

**Priority focus process (PFP):** A process that consistently uses pre-survey information about health care organizations to focus the accreditation survey on areas that are significant to that organization's patient safety and quality processes.

**Priority focus tool (PFT):** An automated tool that supports the priority focus process through the use of algorithms, or sets of rules, to convert data about health care organizations into information that shapes

the survey process.

**Critical focus areas:** Areas of an organization's systems, structures, and processes that are most relevant to that organization's patient safety and quality of care.

**Tracer methodology:** A process surveyors use during the onsite survey to analyze an organization's systems, with particular attention to identified critical focus areas, by following a number of active patients, through the organization's health care process in the sequence experienced by the patients.

**System analysis:** Is a connect-the-dots approach that translates standards compliance issues into potential vulnerabilities of underlying, associated systems of care and safety.

The new survey agenda has six basic components:

- an opening conference
- a leadership interview
- the validation of the self-assessment results
- the focus on actual patients as the framework for assessing compliance with selected standards
- discussion and education on key issues
- a closing conference.

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Lee Memorial Health System will be surveyed by JCAHO in September 2004.

The new survey process will require a new mindset.

LMHS is ready for the challenge. ***“Leaders Motivate Healthcare Success”- Doing the Right Thing*** was launched at the September 2003 Leadership meetings.

The system strategies for JCAHO Readiness will be centered on

- Education
  - JCAHO Standards Review
  - Potential Surveyor Questions review
- Leadership Gap Analysis (compliance assessment)
- Tracer Visits (Walking rounds)

More Information will be forthcoming.

## WINCIS (WINDOWS CLINICOMP) DEPLOYED AT LMH CAMPUS

The WinCIS pilot began September 15, 2003 on 4 West at LMH. Physicians, nurses and clinical staff are utilizing this Windows, mouse driven system with great success on this pilot unit. Dr. Beatriz Martin, Cogent Physician Group said, “This is much better, it is very easy to use.” The ***charting content remains unchanged*** in this Windows version of CliniComp – only the navigation changes. In addition, ***current logon/passwords to CliniComp remain unchanged*** with the new version.

**Windows CliniComp is also being deployed in the Emergency Departments.**

Information Systems and nursing staff will be available to assist physicians during the transition. Training sessions will be offered in the Physician Lounge prior to the GO LIVE date and during the transition period at each campus.

### WinCIS Rollout schedule:

LMH Campus – October 14<sup>th</sup>  
HP Campus – November  
CCH Campus – December

### ED Rollout schedule

LMH ED – September 30<sup>th</sup>  
HP ED – November  
CCH ED - December

For more information, please contact Karen Mueller, IS Physician Liaison at 335-7753 or 334-5226 or [karen.mueller@leememorial.org](mailto:karen.mueller@leememorial.org)

Old method of CliniComp signon:

doctor # (space) password

**New method of WinCIS signon:**

You are connecting to leet at port 15000.  
WinCIS Version 1.3.0042.

User Name:

Password:

Full Name:

OK Finger Print Change Password Clear Cancel Screen Lock

## PHYSICIAN NOTES

Congratulations to **Dr. Irwin Kash** and **Dr. Martin Sherman** for practicing together for 25 years.

## TEE IT UP FOR THE TRAUMA CENTER

Do you like golf, great food, meeting other people, a chance to win wonderful prizes AND helping a worthy cause at the same time? Then, by all means, please take part in the Special Angel Fundraiser to benefit Lee Memorial Health System's Trauma Center.

As part of the fundraiser, you're invited to join others for golf on October 27<sup>th</sup> at Pine Lakes Country Club or on November 3<sup>rd</sup> at Lake Fairways Country Club. The fun begins at 11 a.m. each day. Both clubs are located in North Fort Myers.

Your \$55.00 entry fee (your choice of date and course) entitles you to 1 round of golf, cart fee, snack, beverages on course, a chance to win fabulous prizes and entry to the dinner/awards ceremony. Best of all, you'll be helping people who receive care from Southwest Florida's ONLY Trauma Center.

For more information and a registration form, contact the Lee Memorial Health System Foundation at (239) 437-1840. Sponsorship opportunities are still available.

## CCH AUXILIARY TO FUND NEW CAFÉ MEETING ROOM RENOVATION

The CCH-Auxiliary just recently voted to fund the renovation of the room currently being used as the cafeteria sit down eating area, better known to all as the New Café Meeting Room. The renovation of this space will include audio/visual equipment, increased capacity, storage for equipment which will ultimately result in a professional meeting room that will benefit all who utilize it.

The Auxiliary had the insight to improve this area and most importantly provided the donation of \$82,080 to complete the project. We will all be proud and grateful to the Auxiliary when we are able to conduct important business meetings, luncheons/dinners and recognition events in a room that not only exudes professionalism but will increase our ability to be efficient and productive.

## NEW TELEMETRY MONITORING AT CCH

Cape Coral Hospital will implement the Philips Telemetry System on Oct. 27, 2003. The transmitter is powered by a 9 volt battery and enclosed in a molded plastic case that is water resistant and suitable for ambulatory patients. Philips custom designed antenna system ensures uniform performance throughout the coverage area which has been expanded to include all hallways surrounding Radiology and GI lab. In line amplifiers minimize signal to noise degradation and dual-band capability (operating in the 406-480 MHZ and the 590-632 MHZ frequency) ensures a sharp clear ECG waveform. The system solves the problem of channel crosstalk by programming every transmitter with a unique ID code. Each receiver is designed to accept signals exclusively from its unique transmitter. Displays, settings, recordings and alarms are controlled from an Information Center to be called "Heart Central". The Database Server utilizes RAID 5 (Redundant Array of Independent Disks) technology to

assure fault tolerant data collection as well as hot swap disks. Patient data review applications include full disclosure waveforms for up to 48 hours, 30 compressed alarm reviews, 10 configurable event reviews, and a graphical presentation trend review. Four waves may be viewed per patient.

Web applications permit viewing stored or recording patient data from browser equipped PCs via the hospital IS intra/internet. With access protected by a password, this will enable physicians quick easy access to patients ECG for review.

Once the Philips Monitoring System is implemented at Lee Memorial Hospital in the Spring and HealthPark Medical Center next Fall, the Information Centers will be connected. This access will create a state-of-the art system.

Please contact Sheryl Purnell RN for additional info or questions @ 573-5649.

## MEDICAL STAFF HOTLINE

FOR MEDICAL STAFF ISSUES OR CONCERNS,  
CALL THE MEDICAL STAFF HOTLINE AT 334-5700.

## CONTINUING MEDICAL EDUCATION – CME

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### TREATMENT OF DYSLIPIDEMIA FOR FAMILY PRACTICE”

H. James Brownlee, Jr., MD  
Chairman & Professor University of South  
Florida College of Medicine

**Wednesday, October 8, 2003**

12:15 – 1:15 PM  
HealthPark Medical Center Room 4B  
**RSVP by October 6<sup>th</sup> – Lunch 573-5680**

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### DYSPHAGIA: SWALLOWING EVALUATION AND TREATMENT”

Denise Luna, M.S.C.C.C., SLP,  
Paula Gallivan, M.S.C.C.C., SLP  
Cherie Peters, M.S.C.C.C., SLP

**Tuesday, October 14, 2003**

12:30 – 1:30 PM  
Lee Memorial Hospital Auditorium

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### “DEPRESSION IN THE ELDERLY”

Noel Delgadillo, MD  
Psychiatrist, Miami, FL

**Wednesday, October 22, 2003**

7:00 – 8:00 PM  
Lee Memorial Hospital Auditorium  
**RSVP by October 20<sup>th</sup> –Dinner 573-5680**

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### “PALLIATIVE CARE ESSENTIALS:

Pain Management and Beyond”  
Washington Baquero, MD, Mary Stegman,  
MD, Mary McGillicuddy, Esq., Suzanne  
Turner, Pharm.D., Barbara Hardwick, ARNP,  
MSN, Cynthia Brasher, W.B.C.C.

**Saturday, November 1, 2003**

7:45 AM – 12:15 PM  
The Hilton Garden Inn, Ft. Myers  
**RSVP by October 30 –Breakfast 573-5680**  
4 CME Credits

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FUTURE COPIES OF THE MEDICAL STAFF NEWSLETTER VIA EMAIL.

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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  
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