

medical staff update

March, 2009

Medical Staff Officers

President

Thomas Hauch, M.D.

Vice-President

Etta Nevel, M.D.

Secretary-Treasurer

John Mathis, M.D.

WELCOME NEW MEDICAL STAFF MEMBERS

David Hornback, MD / Radiation Oncology
John Horvath, MD / Radiation Oncology
Thomas Mango, MD / Orthopaedic Surgery
Asima Rashid, MD / Internal Medicine
Benjamin Troy, MD / Child & Adolescent Psychiatry

PLEASE REMEMBER: Sign, Date, Time

Joint Commission and CMS/Medicare require "times" on all medical record Orders. On a recent chart audit, 50% of the charts had at least one physician Order that was not timed. The requirement is as follows:

CMS- Medicare- Conditions of Participation: Medical Record Services: 482.24© (1) and (i)

"All patient medical record entries must be legible, complete, dated, **timed**, and authenticated in written or electronic form by the person responsible for providing or evaluating the service provided, consistent with hospital policies and procedures... All orders, including verbal orders, must be dated, **timed**, and authenticated promptly by the ordering practitioner."

LANGUAGE RESOURCE SERVICES DEPARTMENT

The Language Services Department provides professional medical interpreters to Limited English Proficient and deaf or hard-of-hearing patients.

- Staff Doula/interpreter services 24 hours/day for Spanish speaking patients
- Staff Medical interpreters 24 hours/day for Spanish speaking patients
- Language Line interpretation available for 132 languages not common to Memorial Hospital's population
- Certified American Sign Language interpretation thru remote, face-to-face sign language interpreters 24 hours/day

Call 647-6796 or 647-7799 when you have a patient in the hospital to verify they are receiving language services as needed. When making appointments for procedures; please request an interpreter for your limited English proficient and deaf or hard of hearing patients.

ARE YOU READY FOR RACS?

Medicare, through the use of Recovery Audit Contractors (RACs), will soon begin to review all Medicare claims paid after October 1, 2007, for medical necessity. RACs will audit claims for medical necessity of inpatient status and deny those claims that, in their opinion, should have been outpatient observation status (OOS). RACs work on a contingency basis to recover overpayments and identify underpayments. This has caused a great deal of problems for providers in the RAC demonstration states of Florida, California and New York. CMS identified approximately \$1 Billion in improper Medicare payments collected from or repaid to healthcare providers and suppliers in the three demonstration states.

A large portion of the overpayments that RAC auditors identified was for medically unnecessary services, such as patients who were admitted to the hospital for treatment when an outpatient level of care was more appropriate. Items high on the RAC's radar screen include:

- one day inpatient stays,
- inpatient admissions for chest pain instead of outpatient observation,
- one-day stays for procedures that could be performed on an outpatient basis, such as pacemaker defibrillator implantation.

Rules regarding outpatient observation status can be very confusing. The general rule of thumb is that OOS is appropriate if the physician thinks that the patient's condition can be evaluated or treated within 24 to 48 hours **and/or** that rapid improvement is anticipated within 24 to 48 hours. In these cases, the physician needs to write specific orders for OOS and not generate an inpatient admission for the patient.

If you have questions regarding the proper admission type of your Medicare patients at MHSB, page a nurse from the Utilization Review Department or call Susan Koski, Director at 647-1050.

WARFARIN DOSING:

The Pharmacy Dosing Service is available to dose Warfarin for your patients based on P&T approved protocols that comply with the Joint Commission's National Patient Safety Goals. Just write an order, "Warfarin - Pharmacy to Dose." In addition, later this Spring Memorial will have in place an Anticoagulation Clinic to help manage these patients as outpatients. Stay tuned for further information regarding this service.



SAFETY IS A PROMISE: SAFEMEDS PROJECT

Memorial recently established a project team whose goal is to improve patient safety using methodology proven by our safety consultants, Behavioral Science Technology, Inc. (BST).

Phase I was the completion of the Organization Culture Diagnostic Instrument (OCDI) last year. We achieved an impressive 83% response rate with over 1,800 surveys returned! The OCDI measures an organizations culture in support of employee and patient safety. It is research-based diagnostic and its dimensions are predicative of safety outcomes.

Phase II was officially launched in January with the "SafeMeds" project. The primary focus of Phase II is medication error reduction. The project is focused on five areas which include Pharmacy, ECC, 10 South (Oncology), PICU and PACU.

We are now asking for you to participate in an assessment of the current state of safety at Memorial through a physician OCDI. This survey is designed to assess the culture of our Physician Community relative to employee and patient safety.

Physicians play a critical role in creating a short-term climate for safety which over time -- influences the organizations culture for sustainable safety outcomes. The results could be very revealing and help us target safety interventions that are meaning to you as our clinical leaders.

MEDICARE INPATIENT ONLY PROCEDURES

Medicare has designated certain procedures as inpatient only procedures when performed on a Medicare patient. **If a patient has a procedure that is considered an "inpatient only" procedure but is registered as an Outpatient, the hospital will not receive any reimbursement from Medicare.** The patient may still be discharged on the same day of the procedure, should the physician desire to do so, but they must remain in inpatient status.

After tracking the inpatient only procedures for the last year, **the following procedures have been identified as the most likely procedures to have a problem with the admission type.** These are not the only inpatient only procedures, just the common problematic inpatient only procedures.

| Common Problematic Medicare Inpatient Only Procedures | |
|---|--|
| Spinal fusion - any level | Decompression, laminectomy, and discectomy can all be outpatients but a fusion must be inpatient. |
| AAA Endograft Repair | |
| Radical Vulvectomy | All radical vulvectomies must be inpatients <u>even if they are "partial radical"</u> . Radical indicates the depth of the tissue removed. Partial indicates surface area. |
| Carotid & Femoral Endarterectomy | All endarterectomies are inpatient only procedures. |
| Colectomy: Open or Laparoscopic | Even if done laparoscopically, a colectomy is inpatient only. |
| Open Cholecystectomy | Must watch for Lap Choles that convert to Open Chole and change the status to inpatient. Laparoscopic can be outpatient. |
| Carotid Stenting | |
| Total Shoulder Arthroplasty | All joint replacements are inpatient only but the shoulder is the only site that has been a problem in the past year. |
| DaVinci Hysterectomy | Total abdominal hysterectomy with or without BSO is also inpatient only. Vaginal can be outpatient. |
| DaVinci Prostatectomy | Transurethral can be outpatient. |
| Open Appendectomy | Laparoscopic appendectomy can be outpatient. |
| Modified Radical Neck Dissection | Also known as cervical lymphadenectomy |

You can access the survey via the internet at:

<http://bstsolutions.inquisiteasp.com/cgi-bin/qwebcorporate.dll?idx=BCORNR&rk=UD2RXY>

PHYSICIAN FILM SERIES II

This film series will concentrate on the diversity of films nominated for the Academy Awards this year. Screenings are Sundays at noon with discussion sessions the following Tuesdays at 7pm in the Browning Theater at the DeBartolo Performing Arts Center. Films in parentheses are to be seen outside of class.

| Screening | Discussion | Film |
|------------------------|------------|---|
| 3/1/2009 | 3/5/2009 | Vicki Cristina Barcelona |
| 3/13/2009 & *3/14/2009 | 3/17/2009 | Waltz with Bashir (WALL-E) |
| 3/22/2009 | 3/24/2009 | Rachel Getting Married (Happy Go Lucky) |
| 4/5/2009 | 4/7/2009 | Slumdog Millionaire (Monsoon Wedding) |
| 4/19/2009 | 4/21/2009 | Doubt (The Reader) |
| 5/3/2009 | 5/5/2009 | Milk (Frost/Nixon) |

Spouses and guests are welcome.

REMINDER: Nursing staff are not allowed to call in prescriptions for patients *even at discharge*. They can Fax written prescriptions left with the chart but cannot call in prescriptions. This is done for Risk Management and Patient Safety reasons.

Memorial
Hospital of South Bend

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