

Medical Staff Update, August 2011

Special points of interest:

- RAC
- International Brain Expert to Speak

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Inpatient or Outpatient??

Every 45 days, the Revenue Audit Contractors (RAC) select inpatient medical records to retrospectively review for medical necessity and the presence of an inpatient order. The RAC is specifically looking for the word "Inpatient" for claims billed as an inpatient.

Without an "appropriate" admission order, reimbursement previously paid to Memorial will be taken back.

The Center for Medicare and Medicaid Services (CMS) requires that the admission order be specific. The terms "Full Admit" or "Admit to xx unit" do NOT meet the CMS requirements.

When writing your admission orders please document the Admission Type by specifically writing:

- "Inpatient" or
- "Outpatient Observation" or
- "Outpatient" (for outpatient surgeries, procedures, or diagnostics)

If an improperly worded admission order is used, Utilization Management nurses will place a sticker on the physician order page seeking order clarification.

For your convenience, preprinted Admission Order sheets are available at all of the patient care areas, with check boxes that meet the CMS requirements. The admission order **must** make the distinction between Inpatient and Outpatient.

Your documentation is vital for compliance with CMS rules and regulations. If you have any questions, please contact Susan Koski, Director of Care Coordination @ 647-1050 or skoski@memorialsb.org

Medical Education: International Brain Expert to Speak

Norman Doidge, M.D., will present "The Brain That Changes Itself™: Neuroplasticity Principles for Physicians" at 12:10 p.m. on Oct. 5 in the Memorial Hospital Auditorium. Doidge, author of "The Brain That Changes Itself," is a psychiatrist, psychoanalyst, researcher, author, essayist and poet. He is on the Research Faculty at Columbia University's Center for Psychoanalytic Training and Research in New York, and the University of Toronto's Department of Psychiatry. You will hear the discoveries of the scientists and physicians working on the frontier of brain health, and see film clips of case studies in which the principles of neuroplasticity were applied in ways that can revolutionize how we think about the brain. Lunch is provided at 11:30 a.m. Registration is not required. Questions may be directed to **Linda Magnuson** at 647-7381 or lmagnuson@memorialsb.org.

Learning Objectives:

- The participants will define neuroplasticity, review the current understanding of it and the history of the concept.
- The participants will learn the ways in which the human brain is not "hardwired" and the clinical implications of this for sensory problems, motor problems, pain problems, and learning disorders.
- The participants will learn why, if the brain has always been plastic, it wasn't detected and early manifestations of it were dismissed.
- Core innovations, using sensory substitution as an example, will be described using film clips.

A Byte of IT ... From Your CMIO, Dr. Ken Elek

I want to cover a couple more process issues to help us get ready for CPOE. As I've said before, electronic records bring a new paradigm to the process of taking care of our patients; if we're not in tune with that paradigm we'll tend to get frustrated and dissatisfied.

In the paper world, we put in a radiology order and if it was an incorrect order it was corrected. Sometimes it was corrected by a tech for things like the wrong side being ordered for an arm x-ray and sometimes by a radiologist when it was just the wrong study but usually without the corrected order coming back to the ordering physician to sign. In the electronic world, something else will need to be done. One option that other facilities have used is to add a phrase like "I defer the choice of the correct radiologic study to the radiologist" as one of the options to check when ordering a study. That way you don't necessarily need to be found if a change is in order. If you don't check the box, they will need to call you if clarification is needed or things aren't straightforward. Another option is that you get called whenever there's a question. Let me know what thoughts or preference you might have regarding these options. Traditionally, our admitting orders have had certain prn medications like laxatives, sleepers, antacids, etc. Do you feel there will be enough of a consensus that those meds should be added up front or should they be left to each individual physician to add to their "favorite" admitting orders? My personal feeling is that adding them just adds to the length of the orders without enhancing the convenience.

I will be adding evidence links in those areas where it makes sense to add them. I will also be flagging those things added to meet certain quality requirements such as timing of antibiotics and choice of appropriate therapies. One of the things CPOE should help with is facilitating some level of standardization which, as I've said in the past, helps make our health care team more efficient and less likely to make a mistake. Individuality is a great thing in the proper context; for some therapeutic situations it can spell disaster. Since the main reason for implementing CPOE is patient safety, let's work together to standardize those things that should be standardized. I'm almost ready to release the admitting orders PowerPlan in print. We will be working daily on the PowerPlans to get them ready to use on paper as quickly as we can. Hopefully this will help us all become familiar with the content to make them easier to use when we go live with CPOE.

I want to thank everyone for their patience with the Message Center issues and hopefully our current solution is satisfactory. Let me know if you continue to have issues and remember, the Gold Key is the Key to what you have out there to do. You should now have access to functionality called Chart Search. It's the last tab on the menu when you're in a patient's chart. Type in a word in the search box and it will find every occurrence of that word in every transcribed document in the patient's chart. Since we still write orders, it won't find them there or any other handwritten documentation. Clicking on the link opens the document with the searched word highlighted every place it occurs. We'll let everyone know when it's ready.

As always, let me know what I can do to help your experience with our electronic record better. My office number is 647-3070, my pager is 472-4639 and my email address is kelek@memorialsb.org.

Discharge Home Medication List Change

The **Discharge Home Medication List** has been changed to only list the medications the patient is to take at home after discharge.

The section that was present : **Discontinued Medications Stop Taking the Following Meds** has been deleted.

This was done because of confusion voiced by discharged patients to their physicians.

This is a temporary step as the entire Medication Reconciliation process will change to an all electronic process with the Nov Go Live of CPOE

Retired Doctor to be Honored at McDazzle



Robert Sweeney, M.D.'s commitment to our community has never wavered. And Ronald McDonald House Charities of Michiana shares this commitment. That's why they are honored to recognize and celebrate the career of Dr. Sweeney on September 22nd. His values are reflective of the spirit of the organization and the services they provide through the Ronald McDonald Family Room at Memorial Children's Hospital. Much like Dr. Sweeney, their aim is to provide empathy, comfort and care when it's needed most.

Invitations are available at the Ronald McDonald Family Room (on the third floor of the hospital) or RMHC Charity office. McDazzle will feature cocktails and a silent auction at 6pm, with the dinner and program at 7pm at Hill-ton Garden Inn on SR 933.

CRIMSON ALERT

Physicians can view their own quality profiles!
Are you having trouble signing on or understanding your data?

Have you scheduled your Crimson training yet?

Please call Mariellan Weaver: 574-647-7920

or email: mweaver@memorialsb.org, to schedule a short training session. This will get you on your way to navigating and viewing your own specific outcome data at your convenience.



ICD-10 - It's Coming, It's Not Going to be Delayed, and It Will Impact All of Us

If you have attended any physician seminars or meetings and/or reviewed some physician publications lately, you have probably heard of the switch from ICD-9 to ICD-10 for coding. The Department of Health and Human Services has adopted the final rule mandating the adoption of ICD-10-CM (the Internal Classifications of Diseases, 10th edition, Clinically Modified) for reporting of patient diagnoses and ICD-10-PCS for reporting of hospital procedures. This change will replace the current ICD-9-CM and ICD-9-PCS. Note: the ICD-10-PCS codes are strictly used by hospitals to report inpatient procedures. Outpatient hospital procedure coding and physician procedure billing will continue to use CPT codes.

The compliance date for ICD-10 coding is October 1, 2013. There is a single implementation date for all users based on the date of service for ambulatory and physician reporting, and the date of discharge for inpatient hospital settings.

ICD-9-CM has been in use for almost 30 years and because of its structural limitations has not been able to be effective in assigning new codes for rapidly changing medical treatments and technological changes. Clinical codes must be capable of accurately describing diagnoses, illnesses and medical procedures to improve the quality of healthcare and design more equitable reimbursement models. The adoption of the ICD-10-CM and ICD-10-PCS is proposed as a better system to enable providers and others to give greater specificity in clinical coding. This will improve the translation to diagnoses and treatments and should enable system designers to create new and better information systems.

The failure to successfully implement ICD-10 could create coding and billing backlogs, be the cause of cash flow delays, increase claims rejections/denials and lead to unintended shifts in payor contracts. Because of these risks, Memorial is meeting with senior leadership and the medical staff to plan for this transition. A Steering Committee has been formed to plan for communication, education, training and system upgrades to be ready for the switch over.

Physician practices will also want to start this planning phase with their own office managers/coordinators to examine what planning and implementations will be needed.

We plan to present more information on ICD-10 in this newsletter in the coming months. Two years away is not too soon to start examining what work needs to be done as this will be creating a challenge for all of us.

If you have any questions, please contact me Kathy LaPierre, Medical Records Director, at klapierre@memorialsb.org or at 574-647-3413.

Indigent Care Program

Memorial Hospital is putting in place an Indigent Care Program that will recover medications from manufacturers for our under and non-insured inpatients and outpatients, using software called "*M&D Cares*."

The Indigent Care Program will be used to assist Memorial Hospital in capturing replacement medication for non-funded, self-pay and Medicaid pending patients. Currently most of these patients receive expensive medications from the hospital stock. Many of these medications can be replaced through the drug manufacturers who offer patient assistance programs to replace medications directly to the hospital. Implementing this program will not only increase patient continuity of care, it will also ease concerns for your patients regarding financial hardships created by inpatient costs.

The unique benefit of this program is that *M&D Cares* has created a database specifically for Memorial to help capture devices such as pacemakers, stents, guide wires, and potentially implants such as hips and knees. An Authorization of Release form must be signed by each patient and physician signatures may be requested as well, as this is the requirement of most drug companies.

In advance, thank you for supporting your patient and Memorial in this project.

Medication Shortages - Due to National Shortages

Levaquin- please use Levaquin tabs po or Cipro IV/po as much as possible to avoid running out of Levaquin IV.

Levofloxacin-pharmacy has run out, please switch from IV to PO if patient is taking other oral meds, switch to Cipro if for a UTI.

Also:

Acetylcysteine 20% 4ml

Aquasol A SDV

Atropine 0.4mg vial

Bactrim IV

Copper trace mineral 4mg

Famotidine (Pepcid) IV

Flumazenil

Haloperidol

Please make note:

Cell Phone Number Change:

Tawnn Hoover,
Physician Liaison-Administration

574-229-9809

August 2011

CME Opportunities:

2011 Fall CME Schedule Held 12:10—1:15pm in the Auditorium at MHSB

September 14

Dr. John Mahon: "Jack is Back: Common Indications for a Referral to a Hand Surgeon"

September 28

Dr. Ken Elek: "CPOE: The Journey Continues"

October 5

Dr. Norman Doidge: "The Brain that Changes Itself™: Neuroplasticity Principles for Physicians"

October 12

Dr. George Drew: "Medical Jeopardy"

October 21* see below for additional information

Northern Indiana Oncology Symposium at the Hilton Garden Inn from 7:00 a.m. - 1:30 p.m.

October 26

Dr. Nusrat Chaudry: "Lymphoma for Dummies: Keeping the Classification & Treatment Simple"

November 9

Dr. Sean Halleran: "Causes of Sudden Cardiac Death in Younger Population"

December 14

Dr. Bobbie Sutton: "Myeloproliferative Neoplasia and its Molecular Basis"

Please call Linda Magnuson at 574-647-7381 or email lmagnuson@memorialsb.org for more information and CME opportunities

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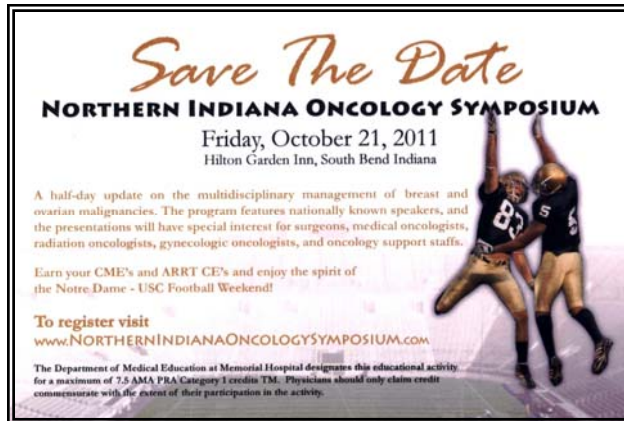
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Please send any information you would like to see included in future newsletters to

Mariellan Weaver,
mweaver@memorialsb.org
or contact her at 574-647-7920

You may view current and previous Medical Staff Updates at www.qualityoflife.org/docs/hospital/newsletter



Physician and Nurse Collaborators Wanted!

The Emotion and Stress Physiology Laboratory at Notre Dame (Dept. of Psychology) is seeking physician and nurse collaborators for research projects investigating the roles of endocrine systems in stress, cognition, and well-being. We are seeking:

- A medical professional to be on call during intranasal administration of the neuropeptide oxytocin to healthy, non-pregnant college students, in studies of effects of oxytocin on cognition and emotion.
- Nurse or phlebotomist to place IV lines for repeated collection of blood samples in studies of stress hormones and emotional function.
- Physicians interested in collaborating on a study of HPA axis function in depression vulnerability, involving administration of cortisol to measure HPA negative feedback.

Initial studies will take place on the Notre Dame campus with approval of the Notre Dame IRB. Compensation or co-authorship will be discussed. If interested, please contact Michelle Wirth Ph.D. at 574-631-1635 or mwirth@nd.edu.

Welcome New Medical Staff Member(s):

Kirk Bodach, MD
Family Medicine
Hospitalists
615 N. Michigan Street
South Bend, IN 46601

Jennifer Gray, MD
Internal Medicine
Hospitalists
615 N. Michigan Street
South Bend, IN 46601

Thomas Gast, MD
Interventional Radiology
Radiology Inc.
620 W. Edison Rd., Suite 110
Mishawaka, IN 46545

John Mahon, MD
Orthopaedic Surgery
Northern Indiana Hand & Wrist Center
6301 University Commons, Suite 420
South Bend, IN 46635