

# Medical Staff Update, August 2010

## Special points of interest:

- Changes Affecting Medication Ordering
- Memorial Hospital Selected for National Institutional Impact

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## Important Changes Affecting Medication Ordering

### 1. Medication Orders for Administration

Nursing staff cannot administer medication to an inpatient or outpatient without a written order on the patient's chart. Physicians are required to write complete and appropriate orders on an appropriate physician order sheet. A prescription for the patient to have filled at a retail pharmacy can not be used as a hospital order for administration in the hospital.

### 2. Use of Home Medications from Retail Pharmacies

Home Medications (e.g. ophthalmic and otic medications) cannot be brought into the hospital to be used in conjunction with surgical procedures. The hospital must use medications that have been dispensed by our inpatient pharmacy via a written physician order. The existing patient's home medication policy will be revised.

### 3. Retail Prescriptions for after Surgery

Medications that are dispensed by the hospital inpatient pharmacy may not be given to the patient to take home. Memorial hospital's pharmacy is not licensed as an outpatient retail pharmacy. Pharmacy recommends that physicians provide prescriptions to patients prior to admission (at the last office visit) for post op medications. This would enable patients to fill the prescriptions at their convenience.

## **Memorial Hospital Selected for National Institutional Impact VTE Mentored Quality Initiative**

South Bend, IN – Memorial Hospital has been selected by ASHP *Advantage* as one of five health-systems to participate in a national Institutional Impact VTE Mentored Quality Initiative. Eli Opacich, PharmD will lead the multidisciplinary team focused on preventing venous thromboembolism (VTE).

Despite the existence of evidence-based guidelines for thromboprophylaxis, VTE in at-risk patients continues to be a significant cause of patient morbidity and mortality. VTE is considered to be the most preventable cause of mortality in hospitalized patients. Experts recommend integrated, system-wide, interprofessional approaches that include interventions along the continuum of care, extensive education of health care providers, measuring performance, and providing feedback.

The five participating health-systems were selected through a competitive application process. As a part of the initiative, nationally recognized experts in VTE prevention and quality improvement will visit participating health-systems to evaluate VTE prevention practices and provide specific recommendations toward attaining the health-systems' quality improvement goals. Participation in this initiative is one component of our health-system's commitment to our patients and continuous quality improvement.

ASHP *Advantage* is a division of the American Society of Health-System Pharmacists (ASHP). For more than 60 years, ASHP has helped pharmacists who practice in hospitals and health systems improve medication use and enhance patient safety. The Society's 35,000 members include pharmacists and pharmacy technicians who practice in inpatient, outpatient, home-care, and long-term-care settings, as well as pharmacy students.

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

### Order Tabs

Results Review  
 Inpatient Summary  
 Labs  
 IandO  
 Documents  
 Orders  
 Meds List  
 MAR Summary  
 Overview  
 Chart Views  
 Forms  
 MAR  
 Allergies  
 Reference  
 Immunization  
 Growth Chart  
 Patient Info  
 Nsg Narrative Notes  
 72hr Rounds

Physician workflow continues to be at the top of my considerations as I try to help us all get ready for CPOE/PowerNotes. On Monday August 23<sup>rd</sup> the tabs on the menu and in the results review and the order of the tabs in the menu were changed. To the left is a screen shot the new order of the menu tabs. The paper chart should be used for orders and progress notes by physicians and those few ancillary services not yet on the electronic record. The only place we have yet to get rid of the paper is the surgical area. We are working on the workflow there to get ready for the time when there is no paper chart and I would encourage everyone to start thinking in those terms. It will be here before we know it.

Since we've moved the Inpatient Summary tab to the top part of the menu I hope you're using it more. Please let me know if there's a particular lab you would like added to the list. I'd really like to know how it's working for you.

Remember to use the PACS Web link when you're in a patient's chart and want to look at their films. You can get to it either by having your links tool bar visible which will then give you 2 options; clicking on Links at the top of the page or on the PACS Web link itself. To make the links tool bar visible click on View at the top of the page then Toolbar then Navigation Toolbar then Links Toolbar. Please call me or the help desk if you're having trouble with this.

Please continue to encourage your patients to keep their medication list current. Then they can present it to the hospital staff or send it ahead when they have a scheduled procedure or test. This way there is an accurate list to start from which helps in the rest of the medication reconciliation steps. This is a huge safety issue and some of the burden rightly belongs to us.

Please send me your feedback either by email at [kelek@memorialsb.org](mailto:kelek@memorialsb.org) or telephone at 574-647-3070.

Remember that I'm here to serve you in doing whatever I can to make our workflows optimal and I

hope that the changes so far have been positive. I'm still looking for feedback on the patient lists and the place the chart opens. Thanks!

## The Heat Is On!

### The Joint Commission (TJC) Updates/Reminders

#### Physician Orders:

#### ALL PHYSICIANS ORDERS

#### MUST BE:

1. DATED
2. TIMED
3. SIGNED

This is a Joint Commission standard that Memorial Hospital must comply with. A compliance rate is tracked and submitted to TJC quarterly.

#### UNACCEPTABLE ABBREVIATIONS

Qd QOD are unacceptable abbreviations from TJC. Please remember to write

**Daily** or **Every Other Day** .

The Revenue Audit Contractors (RAC) are currently reviewing our medical records. They are conducting medical necessity reviews which include a focus on admission orders. The RAC is looking specifically for the word(s) "Inpatient" or "Outpatient Observation". Reimbursement previously paid to Memorial will be taken back for those records without "appropriate" admission orders.

Center for Medicare and Medicaid Services (CMS) requires that the admission order be specific. Three options are available: "Inpatient," "Outpatient Observation" or simply "Outpatient" for procedures, diagnostics or outpatient surgery. Orders such as "Admit to 13 South" or "Admit to Dr. Jones" only specify the bed location or attending physician, not the admission type. According to CMS, these examples of orders do not qualify as an "Inpatient" admission order.

Utilization Management (UM) nurses have been calling (and/or leaving notes for) physicians asking for admission order clarification - specifically a designation of either Inpatient or Outpatient Observation Status. Please know it is not the UM nurses intent to annoy you!

**When writing your admission orders please specifically write the word(s):**

**"Inpatient"**

**"Outpatient Observation" or**

**"Outpatient" (for outpatient surgeries, procedures, or diagnostics)**

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

Your cooperation is appreciated and vital to compliance with CMS rules and regulations. If you have any questions, contact Susan Koski, Director of Care Coordination @ 647-1050 or [skoski@memorialsb.org](mailto:skoski@memorialsb.org)

## Nutrition Services to Introduce Room Service...

Nutritional services will be implementing a new menu ordering and tray delivery system the first week of October. This system will be a clinical type Room Service that is rapidly becoming the standard service method in healthcare facilities across the nation.

Room Service gives a truly unique experience and enhances the overall patient experience with their hospital stay. Computer software interfaces with our Cerner system that enables powerful clinical tools, and ensures safety and compliance with prescribed diets and food allergies, while increasing patient satisfaction. Benefits of implementing a clinical room service system are:

- Keeping patients healthy and safe
- Providing great service to increase patient satisfaction
- Reducing overall food costs
- Enhancing the philosophy of patient focused care

In addition, the meal tracking feature provides a history of all food items that were served to each patient. Room Service gives your patient's choice while still complying with their special dietary restrictions. Patients receive their meals based on preferences at the time they want— providing better nutrition when they need it most.

### But there's more...

Maverick Cuisine, a new precision temperature cooking methodology, which is sustainable, integrated and energy efficient will enhance the room service system as we "go live" the week of October 4. This new state of the art system will ensure consistent food quality and safety via a perfected process. There will be two cooking suites here in our kitchen, one for our patient service and one for the Café. Foods will be prepared at precision temperatures which results in higher quality, more nutritious and tastier foods.

## CDC Health Advisory

### Issued in Late July

### Increased Potential for Dengue Infection in Travelers Returning from International and Selected Domestic Areas

**Summary:** Dengue virus transmission has been increasing to epidemic levels in many parts of the tropics and subtropics. Travelers to these areas are at risk of acquiring dengue virus and developing dengue fever (DF) or the severe form of the disease, dengue hemorrhagic fever (DHF).

The Centers for Disease Control and Prevention (CDC) strongly advises that health care providers in the United States should: 1) consider DF and DHF when evaluating patients returning from dengue-affected areas --both domestic and abroad--who present with an acute febrile illness within two weeks of their return from areas that include Asia, the Americas, Puerto Rico, and Key West, Florida.

## Hanging Tag vs. Parking Sticker

Recently the Medical Staff Office distributed hanging parking tags to our Medical Staff in order to assist security in identifying physicians parking in physician restricted parking areas. Security has made available a parking sticker that should be placed on rear window as an option to identify a physician vehicle. If you are in need of a hanging tag or would like a parking sticker, please do not hesitate to contact Mariellan Weaver at 574-647-7920 or Tawnn Hoover at 574-647-7677.

## Surgical Services Update

As you are aware, recent changes in surgical services patient flow were implemented in March 2010 and have been monitored and evaluated on an ongoing basis. Our priority is to ensure the utmost in patient safety and to provide the best experience for your patients and their loved ones.

The surgery expansion project will be complete in mid-to-late October 2010 with the opening of the new pre-operative area adjacent to the existing PACU. At that time, the surgical services patient will be revised as follows:

- All patients going to major surgery after being admitted will go through the new pre-operative area.

- OSC will return to the patient flow as it was prior to construction starting.

We ask for your continued patience and cooperation during this transition.

**Medical Staff Officers**

President  
**Thomas Hauch, M.D.**  
 Vice President  
**Etta Nevel, M.D.**  
 Secretary-Treasurer  
**John Mathis, M.D.**

**Medical Staff Office**

Vice President Medical Affairs  
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**Tawnn Hoover**  
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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.cfm](http://www.qualityoflife.org/docs/hospital/newsletter.cfm)*

**CME Opportunities:**

Held 12:10—1:15pm in the Auditorium at MHSB  
**September 8th**—Dan Waxman, MD,  
 Adverse Effects of Blood Component Therapy  
**September 22nd**—Cyprian Gardine, MD,  
 “Update on Common Endocrinologic Disorders”  
**October 13th**—Philip Bonomi, MD  
 “Treatment Advances in Lung Cancer”

**Upcoming Special Presentations:**  
**October 6th, Epworth Room, 4-5 p.m.**  
 “Update on Cardiac Auscultation”,  
 John Kobayashi, MD, Cardiology Assoc.

**October 8th, Hilton Garden Inn, 8am-12pm**  
 Northern Indiana Oncology Symposium

Please call 574-647-7381 for more information and CME opportunities.

**Welcome New Medical Staff Members:**

**M. Shakil Aslam, MD**  
*Cardiovascular Disease*  
 Memorial Advanced Cardiovascular Inst.  
 610 N. Michigan St., Suite 400  
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**Hai Dong Bao, MD**  
*Internal Medicine*  
 Hospitalists  
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**Nusrat Chaudhary, MD**  
*Hematology/Oncology*  
 The South Bend Clinic  
 211 N. Eddy Street  
 South Bend, IN 46617

**Justin Chow, MD**  
*Internal Medicine*  
 Hospitalists  
 615 N. Michigan Street  
 South Bend, IN 46601

**Sylvan Clarke, MD**  
*Orthopaedic and Hand Surgery*  
 The South Bend Clinic  
 211 N. Eddy Street  
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**Carolyn Cole, DPM**  
*Surgical Reconstructive Rearfoot & Ankle Podiatry*  
 Family Foot Care Clinic  
 727 E. Jefferson Blvd.  
 South Bend, IN 46617

**Samira El-Zind, MD**  
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