

Medical Staff Update September 2009

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September 2009

Special points of interest:

- Sleep Problems in Children and Adolescents—
Dr. Asad Ansari
- Hypoglycemia Protocol
- Outpatient Anticoagulation Clinic

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Dr. Asad Ansari—Sleep Problems in Children & Adolescents



Sleep problems in children and adolescent are quite common. Approximately, one in four children experience some type of sleep problem at during childhood, ranging from short-term difficulties in falling asleep and night awakenings, to more serious such as obstructive sleep apnea or narcolepsy. Epidemiologist studies have suggested that sleep problems in children are becoming more common;

for example, the percentage of adolescents experiencing chronic insufficient sleep has risen significantly in the past decade. Although many sleep problems in infants and children are transient and self limited, the common wisdom that children "grow out of" sleep problems is not an accurate perception. Intrinsic and extrinsic risk factors may predispose a given child to develop a more chronic sleep disturbance.

Many highly effective medical and behavioral interventions for sleep disorders are available. Furthermore, children successfully treated for sleep problems (e.g. adenotonsillectomy for obstructive sleep apnea) show marked improvements in mood, behavior, attention and academic performance. Not only are sleep problems treatable, but many of them are highly preventable, like sleep onset association disorder. Parents can avoid or minimize some sleep problems by paying attention to sound sleep practices, such as regular bedtimes and bedtime routines, from the first days of life. Putting a 3- to 6-month-old to bed "drowsy but awake" fosters the child's ability to self-soothe, for example. The importance of regular bedtime, waketime, bedtime routines and using one's bedroom as a sleeping place at all ages cannot be over empha-

sized. Sleep problems in children have a major impact on the family, resulting in direct effect on parents sleep, resulting in daytime fatigue, mood disturbances and a decreased level of effective parenting. Poor sleep has even been implicated as a risk factor for child physical abuse. Adequate sleep is necessary for a child's optimal functioning. There is ample evidence to suggest that significant daytime sleepiness as a result of inadequate or disturbed sleep, results in performance impairments and mood dysfunction. Lastly, the underlying cause of sleep disorder may be behavioral, social or medical; or in many cases a combination. Successful intervention is predicated on identifying these factors. Your child's primary physician can help you manage most of these problems. For difficult problems, referral to a pediatric sleep physician may be appropriate.

Memorial Pediatric Specialties
100 Navarre Place, Ste. 4475
South Bend, IN 46601
Phone: 574-647-2550

Hypoglycemia Protocol - Outpatient Anticoagulation Clinic

A new and improved hypoglycemia protocol has passed Pharmacy and Therapeutics (P&T) committee and is awaiting MEC approval. The new protocol allows nurses to immediately treat hypoglycemia without an order and without waiting for laboratory confirmation. In addition, the protocol will be integrated into a Cerner care set for ease of use. A Basal-Bolus physician order set has been created and passed by P&T. This order set was created by the clinical pharmacists in conjunction with Dr. Cavanaugh, nursing, and dieticians. Basal bolus insulin coverage mimics physiological insulin secretion and provides better glycemic control than traditional sliding scale insulin. The new order set will be available in the units once education is completed in December.

Memorial Hospital Outpatient Anticoagulation Clinic is open, running and accepting new patients. The clinic is housed in the Discovery Center in the Navarre Building. Physicians wishing to refer their warfarin patients to the clinic may contact one of our certified anticoagulation pharmacists Gary Hudson 574-647-3119 or Eli Opacich 574-647-3127 for more information.

As a reminder, pharmacy is also available for dosing inpatient warfarin patients. Simple write an order "Warfarin – pharmacy to dose" and a clinical pharmacist will provide warfarin dosing for your patient based on P&T approved guidelines.

Our initial timeline for CPOE and PowerNotes is:

Q4 2009

- Recruit CMIO position to lead CPOE effort. Our goal is to hire a practicing physician to lead the CPOE project.
- Inventory current order sets
- E-Scripting go-live: Quicker turnaround time on physician dictation
- Memorial Board approval

Q1 & Q2 2010

- Formalize CPOE & PowerNotes physician advisory structure
- Order set review with physicians

Q3 / Q4 2010

- Build and test CPOE & PowerNotes and ancillary software
- Continued order set review with physicians

Q1 2011

- Equipment placed for CPOE & PowerNotes
- Physician Training starts
- Physician favorites and preferences built

Q2 2011

- First physician group live with CPOE & PowerNotes

Q3 2011 through 2012

- Scheduled physician go-lives

Q3 2012

Computerized Provider Order Entry

Memorial has been on a journey, over the last eight years, implementing our Electronic Medical Record (EMR). This long-term approach has helped slowly and successfully build the core foundation for our EMR efforts in preparation for Computerized Provider Order Entry (CPOE). Memorial is now committed to advancing our EMR and implementing CPOE through 2011 and 2012. While much has been written about the pitfalls with CPOE, there has been just as much written about the opportunity for improving patient safety and improving physician workflow. Our goal at Memorial with our SAFE Orders / CPOE initiative is:

"To help support the mission for patient safety, Memorial will successfully implement Computerized Provider Order Entry which will have a positive measurable impact on patient safety goals and physician workflow."

The implementation will cover physician orders, progress and discharge notes (PowerNotes), and also address the final stages of nursing documentation that is not currently in the chart.

Our initial timeline for CPOE and PowerNotes is:

Q4 2009

- Recruit CMIO position to lead CPOE effort. Our goal is to hire a practicing physician to lead the CPOE project. Memorial is recruiting a CMIO (Chief Medical Information Officer) to help lead the effort for CPOE.

The CPOE (Computerize Provider Order Entry) project at Memorial will be kicking off in 2010 and to assist in building, training and implementing CPOE we are looking for a practicing physician that is interested in this role. If you are interested in finding out more about this position, or know someone who would be an excellent fit, please contact Steve Huffman at 647-3636 or shuffman@memorialsb.org

eScript Go Live—September 29, 2009

- New voice and transcription software "eScript" which is a back end speech recognition system.
- Transcriptionists will "edit" your voice recognized report.
- Same system that is currently used at SJRMC.
- Benefit: better turn around times for reports (after the initial 4 weeks)
- **ONLY CHANGE**— you will need **to enter the patient's account number or FIN number when prompted.** (Not the medical record number) This is the same as the process at SJRMC.
- **The FIN number is found on the Face Sheet in the upper right hand corner. The number is 9 digits, for example 923000348.**
- **You will hear a different voice prompt, but other than the prompt for the FIN number it will be the same as before. You can use the gray Dictaphone or a regular telephone. The phone number is the same. 574-647-3300.**

Any question:

Call Kathy LaPierre, Director, Medical Records 574-647-3413 or Roberta Krawczyk, Transcription Manager 574-647-3535

New Service Available at Memorial!

Discharge Follow-Up

Phone Calls:

The **Health Professionals** have recently started doing "discharge follow-up phone calls" for I1S and I2S. The goal is to contact the patient within 48 hours of discharge, during the hours of 10:00am - 5:00pm. RN's make the calls, and they consist mostly of medical follow-up questions related to their recent hospitalization and discharge teaching, when necessary. If an urgent medical issue is discovered, the patient will be re-

ferred to their physician or surgeon, or if absolutely necessary, the patient may be directed to our ER. For any issues related to adverse post-discharge symptoms, reactions to prescribed medication or any concerns the RN is not able to assist with, the **Health Professionals** will fax a "feedback notice" to the appropriate physician office. In addition, "feedback notices" are also faxed to appropriate department directors, based on information (good and/or less than desirable) shared by the patient. We hope to be able to

extend this valuable service to other units in the coming months.

Should you have any questions, please call Jane Schaefer at 574-647-7296 or the **Health Professionals** at 574-647-6800



Coming September 1, 2009

EHR is a physician advisor company that provides hospitals with 7-day a week teams of specially trained, technology-supported Physician Advisors dedicated to ensuring medical necessity compliance and revenue integrity



What is EHR's Method?

EHR Physician Advisors work in the trenches each day with the hospital Utilization Management Department, attending physician, and staff to address problems while patients are still in the hospital, assuring that there is compliance with payors' terms and guidelines and that care is reimbursed appropriately.

EHR helps hospitals ensure medical necessity compliance by assigning appropriate patient status (Observation vs. Inpatient), decreasing clinical denials and ensuring appropriate medical necessity documentation.

RAC's and MEDICAL NECESSITY

The Recovery Audit Contractor (RAC) program became law in December 2006 with required implementation in all 50 states by 2010. The CMS contracts with the RAC to audit hospitals & doctors and looks for incorrect payments for Medicare Services. Medicare believes that billions of dollars in past Medicare payments to hospitals & doctors were incorrect because claims lacked medical necessity.

RAC's are looking closely at admission status and medical necessity of Medicare inpatient admissions. In order to bill Medicare, the hospital must do a utilization review of the patient case and determine the medical necessity of the stay (whether the patient status is Inpatient or Outpatient Observation). This review is done by hospital Utilization Management nurses and physician advisors. The review must be done before the patient is discharged. The doctor's admit order must match the hospital's utilization review determination and the physician E&M billing codes must match the admit order and hospital claim.

Medical necessity describes not only what is done to a patient and the objective findings, but also takes into account the complexity of care and the need for ongoing medical decision-making.

Medical necessity compliance is one of the many reasons why Memorial has contracted with EHR. [EHR will review and document the correct admission status for these Medicare patients, assuring compliance with CMS rules.](#)

For more information please contact:

Cheryl Wibbens, MD
Chief Medical Officer
647-6525

Ken Elek, MD
UM Medical Director
647-7737

ADMISSION STATUS

All patients must have a physician order designating the patient admission type in the initial order set. The term "admit", "admit to xx unit", and "admit to Dr. X" are not acceptable orders according to Medicare rules. The physician order must designate either Inpatient or Outpatient. Preprinted order sheets with check boxes are available on each unit to make things easier for you.

Admission Type

- Outpatient (Type)
 - Outpatient Observation, Medical
 - Outpatient Surgery
 - Outpatient IV Infusion
 - Outpatient Blood Transfusion
- Inpatient

Why Focus on MEDICAL NECESSITY Compliance?

Medical necessity is a determining factor in physician and hospital payment. Medical necessity is used to determine the patient's appropriate admission status. The decision to admit a patient requires complex medical judgment that can only be made after the physician has considered a number of factors. Making an incorrect determination presents clear compliance risk due to overpayment errors and potential fraud exposure.

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
Cheryl A. Wibbens, M.D.
 Medical Staff Coordinator
Pamela Hall, CMSC, CPCS
 Executive Assistant
Mariellan Weaver

Phone: 574-647-7920

Fax: 574-647-6691

E-mail: mweaver@memorialsb.org

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

**Upcoming Medical Education Opportunities:****“An Update on Spondyls”**

Pediatric Education Meeting

Thursday, September 17th

12:15-1:15pm in the Auditorium, MHSB.

Speaker: Stephen M. Simons, M.D.

CME Credit: 1.0

“Acute and Chronic Sinusitis”

Wednesday, September 23rd,

12:10-1:315pm in the Auditorium, MHSB.

Speakers: Drs. Robert Brooks and Daniel

Kletzing

CME Credit: 1.0

A Note from Infection Control:

Susan Kraska, RN, Infection Control Nurse states:

A useful website for H1N1 updates from the State Health Department :

www.nd.edu/~pandflu/

And remember...

- > Clean—properly wash your hands frequently.
- > Cover—cover your cough and sneeze.
- > Contain—contain your germs by staying home when you are sick.

To: All Medical Staff Members and Allied Health Professionals

TB Vaccinations and Seasonal Flu Vaccines Schedule

September 23, 2009—October 14, 2009

Employee Health Services Office

Monday-Friday

Saturday-Sunday

6:00a.m-6:00p.m.

12:00p.m.-6:00p.m.

Welcome New Medical Staff Members:

Omar Ali, MD

Interventional Cardiology

Memorial Advanced Cardiovascular Institute

610 N. Michigan Street - Suite 400

South Bend, IN 46601

Mousab Almusaddy, MD

Pulmonary and Critical Care Medicine

Pulmonary & Critical Care Associates, PC

720 E. Cedar St., Ste 420

South Bend, IN 46617

Victoria Costello, MD

Internal Medicine

Hospitalists

615 N. Michigan Street

South Bend, IN 46601

Breno Pessanha, MD

Cardiovascular Disease

Memorial Advanced

Cardiovascular Institute

610 N. Michigan Street-Ste 400

South Bend, IN 46601

Tu Thao Pham, MD

Teleradiology

Vision Radiology

112 Washington Place, Ste. 17A

Pittsburgh, PA 15219

Brion Shin, MD

Radiation Oncology

Affiliate Membership

Michiana Hematology-Oncology, PC

707 E. Cedar St., Ste 200

South Bend, IN 46617

Jill Veselik, MD-Pediatrics

Pediatric Hospitalists

615 N. Michigan St., 6th Floor

South Bend, IN 46601