MEDICAL STAFF

Huntington Hospital NEWSLETTER

VOLUME 49, NUMBER 11 November, 2011

From *The President*

He that will not apply new remedies must expect new evils, for time is the greatest innovator.
– Francis Bacon

A word to the wise ain't necessary - It's the stupid ones that need the advice.
– Bill Cosby

The Joint Commission (TJC), formally the Joint Commission on Accreditation of Healthcare Organizations (JACHO), is soon due to visit Huntington Memorial Hospital. Until eight years ago, TJC visits were predictable; hospitals were given up to one or more year's notice of the week for the next visit. Consequently, preparations for an upcoming visit could be put off, then followed by a flurry of work, polishing the silverware, dusting off the manuals, and taking out the trash. Inspectors spent most of their time in offices and conference rooms meeting with administration and medical staff leadership. This has been called an "ineffectual Kabuki dance." Currently, there is no advance notice beyond fifteen minutes, when a designated hospital employee looks on TJC's website, which announces the hospitals to be visited that Monday, and the imminent arrival of the survey team in the front lobby.

Now, inspectors spend more time visiting clinical areas of the hospital, speaking to physicians, nurses, and any and all employees; patients are also met and questioned. They still look at policies and procedures,

continued on page 4

Summary of the ***Minutes for MEC***

Executive Committee Meeting

As provided by the Bylaws of the Governing Body and as the designated sub-committee of the Governing Board the following items were presented and approved by the Medical Executive Committee of October 3, 2011 and by the Governing Board on October 27, 2011.

PRESIDENT'S REPORT

Event Report:

Dr. James Buese presented the September 2011 event report. There were seven events reported during this period. Four cases have been referred to the Section Chair. Disposition of the remaining three cases is pending.

Medical Staff Resolution – Trauma Program
The Medical Executive Committee approved a resolution supporting the Trauma program.

Patient Care Facilitation Process
The Medical Executive Committee has recommended approval of the Patient Care Facilitation Process.

ADMINISTRATIVE REPORT

Report from Vice President of Quality/CMO

Dr. Paula Verrette, Vice President, Quality and Performance Improvement/CMO, reported on the following items:

continued on page 2

Inside:

Summary of the ***Minutes***

Executive Committee Meeting

continued from page 1

- The hospital is working with a Consulting Group to craft a vision with the physicians for how to meet the challenges going forward. Further information will be discussed at the General Staff Meeting.

- The navigators are now in place for the Congestive Heart Failure (CHF) project to work with patients during the hospitalization and to follow-up with patients post-discharge to obtain follow-up physician appointments within the seven day time period. She reported that the navigators have encountered difficulty in arranging the follow-up visits with the physician offices within the required seven day period.

Report from the Chief Nursing Officer (CNO)

Due to the absence of Ms. Kass, Dr. Buese presented the list of contracts due for renewal. There are eight Vendor contracts due for renewal, as follows:

- Cross Country – Staffing agency
- HRN – Staffing agency
- PHS – Staffing agency
- Professional Staffing – Staffing agency
- Rehab Abilities – Staffing agency
- Secure Nursing – Staffing agency
- Social Services Professionals – Staffing agency
- Westways Staffing – Staffing agency

Report from Director of Healthcare Services:

Ms. Gloria Gomez reported on the following items:

- Meeting Attendance Rewards
  Ms. Gomez suggested a reward program for physicians attending medical staff meetings. She noted that each time a physician attends a medical staff meeting their name will be entered into a monthly drawing for a $100 gift certificate at a local restaurant, such as the Parkway Grill. She suggested that two gift certificates be awarded each month. The Medical Executive Committee approved the proposed attendance rewards beginning in October 2011.

ADMINISTRATIVE POLICIES AND PROCEDURES

Please go to SharePoint -> Medical Staff Services -> Board Approved Items -> 2011 and select October

ORDER SETS

- Titratable Medications Order Sheet
- L&D Admission Order Sheet
- Sedation Order Sheet

OTHER MISCELLANEOUS ITEMS

- Study: The efficacy of low molecular weight heparin in preventing venous Thromboembolism in critically ill and obese populations
- Patient Education Material (a) Enoxaparin Injection; (b) Blood Thinner Pills: Your Guide to Using Them Safely
- IV Compounding Quality Assurance Report

STANDARDIZED PROCEDURES

- Admission of Newborn
- Use of Drugs without the Direct Physician orders in Emergency Situations

DEPARTMENTAL POLICIES AND PROCEDURES AND ORDER SETS

Obstetrics and Gynecology Department:

- Visiting Policy, Postpartum and Nursery
- Identification of Mother/Significant Other and Newborn
- Admission criteria, Postpartum and PHRU

Pediatric Department:

- Neonatal:
  - ➢ Provision for Family-Centered Care in Maternal Child Services
  - ➢ Holding in NICU

continued on page 3

Summary of the ***Minutes***

Executive Committee Meeting

continued from page 2

- ➢ Relationships with other departments in the hospital
- ➢ Car Seat Monitoring

- PICU/Pediatrics:
  - ➢ Parenteral Nutrition in Pediatrics and PICU
  - ➢ Oropharyngeal Airway Insertion and Care
  - ➢ Respiratory Monitors (Pediatric)
  - ➢ Transcutaneous Monitor (Pediatrics)
  - ➢ End Tidal C02 Monitoring (Pediatric Patients)
  - ➢ Tracheostomy Care in Pediatrics and PICU – New
  - ➢ Administration of Continuous Infusion Medications in the PICU
  - ➢ Discharge Planning
  - ➢ IV Tray Cleaning and Restocking
  - ➢ Pediatric Patient Assessment and Reassessment
  - ➢ Pediatric Patient Safety
  - ➢ Pediatric Staff Orientation and Training

Surgery Department:

- Sedation/Analgesia Practice Guidelines

IDOC FORMS AND ORDER SHEETS

- Trauma Procedure Notes:
  - ➢ Endotracheal Intubation
  - ➢ Chest Tube Placement
  - ➢ Laceration Repair
- Pulmonary/Critical Care Procedure Notes:
  - ➢ Arterial Line Placement
  - ➢ Bronchoscopy
  - ➢ Chest Tube Placement
  - ➢ Endotracheal Intubation
  - ➢ Lumbar Puncture
  - ➢ Paracentesis
  - ➢ Thoracentesis
- Obstetrics and Gynecology order sheets:
  - ➢ LD/PHRU Cesarean Section: Pre Op
  - ➢ LD Triage Outpatient Discharge
  - ➢ LD/PHRU Magnesium Sulfate for Hypertensive Disorders in Pregnancy
  - ➢ PHRU Admission

IRB STUDIES

New Study Approvals:

- HMH 2011-015: Use of Minocycline, MR Imaging and Spectroscopy Diagnosis and Treatment, Monitoring of Alzheimer's Disease with Novel Therapy (PI: Brian Ross)
- HMH 2011-017: Ethnic/Racial Variations of Intracerebral Hemorrhage (ERICH) (PI: Gene Sung)
- HMH 2011-016: Validation of the Indicator RN Concern as a Predictor of Patient Decline (PI: Linda Leach)

MEDICAL STAFF APPOINTMENTS

- Sophoclis Alexopoulos, MD – General Surgery
- Wei Chen, DO – Internal Medicine
- Mabelle Cohen, MD – Thoracic Surgery
- Emily Cook, DO – Ophthalmology
- Melanie Goldfarb, MD – Surgical Oncology
- Ernest Han, MD – Gynecologic Oncology
- Shelly Jain, MD – Diagnostic Radiology
- Molly Keegan, MD – Emergency Medicine
- Quin Liu, MD – Pediatric Gastroenterology
- Lea Matsuoka, MD – General Surgery
- Christy Russell, MD – Medical Oncology
- Joana Tamayo, MD – Obstetrics & Gynecology
- Dan-Yu Wang, DO – Internal Medicine
- Tina Wong, MD – Anesthesiology

ALLIED HEALTH PROFESSIONAL APPOINTMENTS

- Stephanie Blodgett, Physician Assistant *(Supervising Physician: Dr. Kalter)*
- Melinda Drury, Nurse Practitioner *(Supervising Physician: Dr. Dimen)*

continued on page 4

From *The President*

continued from page 1

which at times can be aggravating. But, there is a new focus on National Patient Safety Goals that TJC began issuing in 2003; these include such items as the Surgical Care Improvement Project (SCIP), which was promulgated in conjunction with others, including Medicare and the American Hospital Association.

Accreditation and regulation are seen as blunt tools; great for compelling adherence to a limited set of processes, but, less useful for other types of complex activities. The National Patient Safety Goals likely represent the most important improvement that TJC has been involved with in many years. Early goals included avoidance of prohibited/ high risk abbreviations, and timely completion of OP reports. More recent goals have included improvement in hand-off communications, better leadership (yikes!), and dealing with disruptive staff. As you can see, the earlier goals were more amenable to quantitative measurement, while the latter are more challenging for prescriptive solutions and measurements.

TJC, well-meaning though they may be, in their drive to move their safety goal agenda forward, encountered several instances of poorly thought-out consequences. The medication reconciliation mandate was significantly flawed due to a lack of evidence-based best practice. The rules issued by TJC were unwieldy, resulting in several years of "Brownian motion." The four-hour "door-to-antibiotic" rule placed undue pressure on ED physicians to treat before the diagnosis of pneumonia could be confirmed. You may recall the impossible task of signing telephonic orders in twenty-four hours, especially as a weekend covering physician.

The Joint Commission historically has postured itself as "grim safety police." They inspect thousands of organizations. They look under the hood, kick the tires, and take the facility for a spin around the block, using Tracer Methodology. Thus, they have the opportunity to accumulate knowledge and wisdom to not only evaluate, but to improve these organizations.

continued on page 5

Summary of the ***Minutes***

Executive Committee Meeting

continued from page 3

MEDICAL STAFF RESIGNATIONS

- Richard Biebuyck, MD – Psychiatry
- Barry Blum, MD – Internal Medicine
- Tinny Dinh, MD – Pediatric Ophthalmology
- Walter Fierson, MD – Pediatric Ophthalmology
- David Gu, MD – Internal Medicine
- Kurt Hong, MD – Internal Medicine
- Marcio Malogolowkin, MD – Pediatric Hematology/Oncology
- Martin Ross, PhD – Psychology
- Theodore Shu, MD – Internal Medicine

ALLIED HEALTH PROFESSIONAL RESIGNATIONS

- Nelli Akopyan
- Evelyn Beja
- Miranda Gordon, RN
- Carol Maskin, MFT
- Jaime Price, Physician Assistant

James Shankwiler, MD
Secretary/Treasurer, Medical Staff

From *The President* *continued from page 4*

In 2008, TJC's new president, Mark Chassin, increased the odds that TJC would change cultures. Dr. Chassin's previous job was head of quality and safety at Mt. Sinai Hospital; that is, he knew the providers' point-of-view. Chassin established TJC's Center for Transforming Healthcare, whose goal is to discover and disseminate best practices in safety and quality. TJC's mission statement changed; "accreditation" was dropped. Currently, the mission is stated thusly, "to continuously improve healthcare for the public, in collaboration with other stake holders, by evaluating health care organizations and inspiring then to excel in providing safe and effective care of the highest quality and value." This Center for Transforming Healthcare has several projects, such as hand hygiene and prevention of surgical site infections. The common denominator of these projects is creating effective communication. In fact, a breakdown in communication was the most common cause of sentinel events between 1995-2006.

The National Patient Safety Goals (NPSG) are designed to promote and enforce major changes in patient safety. The criteria used for determining the value of the goals, and the required revisions to them, are based on the merit of their impact, cost, and effectiveness. Recent changes to NPSG highlight the importance of hospital-acquired infections (HAI), and refining the requirement for med reconciliation. The 2012 version adds a new element to implement evidence-based practices to prevent catheter-associated UTI's (CAUTI), and a major modification of med reconciliation, that promotes practical application in everyday practice.

The 2011 National Patient Safety Goals are:

1) Identify Patient Correctly – two forms of ID.
2) Improve Staff Communication – test results to right person on time.
3) Use Medicine Safely-label, med reconciliation, patient education, beware anticoagulants.
4) Prevent Infection-hand washing, central line technique, SCIP, guidelines for difficult infections.
5) Identify Patient Safety Risks-falls, suicide potential.
6) Prevent Surgical Mistakes-SCIP, surgical pause, mark surgical site.
7) Prohibited Abbreviations/Sound Alike Meds/ Look Alike Meds.
8) Laboratory Services-results to right person on time, two forms of ID.

TJC visit uses Tracer Methodology, an evaluation technique, by which surveyors select a patient and use that individual's record as a roadmap to move through the organization to assess and evaluate compliance with selected standards and the organization's systems of providing care and services. This includes observing and talking to staff and patients throughout the hospital. The surveyor will look for compliance trends that point to system level issues. This process also provides an opportunity for the surveyors to offer education to staff, and share best practices from other health care organizations. Typically, an average three-day inspection with three surveyors will include eleven tracers, and usually complex patient care individuals are selected.

When a surveyor discovers a problem trend, a Requirement for Improvement is issued. The organization has forty-five days to submit Evidence of Standards Compliance and identify Measures of Success that will be used to assess "sustained compliance over time." Four months after approval of the Evidence of Standards Compliance, the organization will submit data of its Measure of Success to demonstrate a track record.

TJC survey now provides an open dialogue at the end of the visit about what the hospital is doing well, along with areas for improvement. The surveyors will

continued on page 6

From *The President*

continued from page 5

ask for feedback of how TJC is doing. Recent feedback recommendations have included:

1) De-emphasize the continue focus on small, annoying stuff, which is distracting. An example is signed verbal orders in twenty-four hours. There is no evidence this adversely impacts patient safety, and the only study existing shows verbal orders improve outcomes.
2) Require hospitals to send discharge summaries to follow-up physicians within twenty-four hours. Data has shown two thirds of these providers lack a discharge summary.
3) Enforcement of hand hygiene via observer audit; the honor system is ineffectual.

In summary, TJC will come to HMH soon, and unannounced. Though Huntington Hospital has done well in the past, there has historically been a number of Requirement for Improvements issued. There is always the risk of a more serious lapse being identified, which could cause a conditional, limited approval from TJC. The most important goal for the individual physician, who may be approached by a surveyor, is to be engaged, knowledgeable about the process, with patient safety and best practice outcomes in mind.

Jim Buese, MD
President Medical Staff

Physician Informatics

How will Medicare know I am ePrescribing?

For 2011, providers need a single billing G-code (G8553) for prescriptions transmitted electronically for Medicare patients. A G-code can be reported for a Medicare patient office visit where electronic prescribing occurred. Additionally, CMS introduced new changes to the coding of orders for the ePrescribe incentive program.

G8553 – At least one prescription created during the patient encounter was generated and transmitted electronically using a qualified ePrescribe system.

NOTE: Eligible providers who do not adequately report under the ePrescribe program will be subject to a 1% penalty beginning 2012. The penalty will increase to 1.5% in 2013 and 2% in 2014. There is a ruling offering hardship codes under consideration – as soon as they are finalized, HMH will provide those codes and exemptions in the next newsletter.

For more information, please visit: http://www.ama-assn.org/resources/doc/hit/faq-cms-incentive-program.pdf

How can I ensure my G-codes are reaching Medicare successfully?

If you are submitting zero $ G-codes on your Medicare claims and not receiving the N365 Denial Remark Codes on your EOMBs then your codes are not reaching Medicare and you should take immediate action.

The most important thing you can do to be sure that Medicare is receiving and recognizing your G-codes is to regularly review your Remittance Advice Notices. Currently G-codes are returned on a Remittance Advice with a Denial Code of N365 which indicates "This procedure code is not payable. It is for reporting/information purposes only." This is a denial you want to see because it means that Medicare has processed your G-codes – not seeing this N365 Denial means that Medicare is not receiving your G-codes. If you are not seeing the N365 Denial, please first check that your data entry representative(s) are not manually suppressing the $0.00 (zero dollar) line items. You will want to make sure the $0.00 (zero dollars) line items are present on your Medicare claims.

continued on page 7

Physician Informatics *continued from page 6*

If you are unsure about your Practice Management G-code setup and are not receiving the N365 Remark Codes on your Explanation of Medicare Benefits (EOMB) contact Client Support for your Practice Management system immediately for assistance with your G-code setup.

2011 ePrescribing could qualify you for 1% bonus and protects you from 2013 CMS Penalties

Beginning January 1, 2011, CMS offers ePrescribers an opportunity to earn an incentive payment of 1% (based on claims submitted no later than February 28, 2012) for all covered professional services furnished from January 1, 2011 – December 31, 2011 by reporting at least 25 unique Medicare encounters between January – December 2011.

DON'T STOP ePRESCRIBING this YEAR – To avoid penalties in 2013 (**1.5% of Medicare revenue in 2013**), physicians must report at least 25 unique Medicare encounters between **January – December 2011**. *Due to the volume of public comments from AMA, medical societies and other organizations – CMS may change these penalty requirements – but they currently stand as listed.* Interested in HuntingtonRx? Please contact **Joe Limmer at 626-397-3348** or email Joe.Limmer@huntingtonhospital.com

Huntington Rx and Huntington Health eConnect initiatives are designed to assist you in meeting incentive requirements as well as improve patient safety and practice efficiencies around care collaboration. If you are interested in these programs, future seminars, or have questions, please contact **Rebecca Armato at 626-397-5090** or email Rebecca.armato@huntingtonhospital.com. Other resources that provide information on the federal incentive programs and certified electronic health records are listed below:

Complete list of ONC-ATCB Certified Electronic Health Records

- http://onc-chpl.force.com/ehrcert

Complete list of ONC-Authorized Testing and Certification Bodies ATCB)

- http://healthit.hhs.gov/portal/server.pt?open=512&mode=2&objID=3120

Follow the latest information about the EHR Incentive Programs on Twitter

- http://www.Twitter.com/CMSGov

Official web Site to register for Medicare/ Medicaid EHR Incentive Programs (Registration opened January 3, 2011)

- https://www.cms.gov/EHRIncentivePrograms/

HHeC (*Huntington Healthy Connect*) Update:

Coming Soon! We are currently in the Pilot Testing Phase. If you are interested in participating as a Pilot Tester and providing feedback, please contact **Rebecca Armato at 626-397-5090.**

NEW Electronic Physician Documentation Procedure Notes in the EMR:

- Trauma Procedure Notes
- Critical Care Procedure Notes

To view the report within a patient's visit in the EMR, click on "Other Reports."

MCH CPOE Update:

The Maternal Child Health area has been utilizing Computerized Provider Order Entry (CPOE) for approximately 3 months now. We are continuing to assess and improve processes for both nursing and physicians through focus groups. Future implementations are still being discussed however no dates have been set.

Call, email or stop by the Physician Informatics office

Physician Informatics Office:
626-397-2500 or email:

Becky Pangburn:
becky.pangburn@huntingtonhospital.com;
Vera Ma:
vera.ma@huntingtonhospital.com;
Joe Limmer:
joe.limmer@huntingtonhospital.com

From the Health Sciences Library

Health Sciences Library Receives Express Outreach Award for Teen Health Outreach

The Huntington Hospital Health Sciences Library is celebrating an award of $4,000 from the National Network of Medical Libraries. The library was selected for the award based on a proposal to create teen-targeted health programs at a local high school and at branches of the Pasadena Public Library. The goal of the program will be to address common teen health and lifestyle issues and foster awareness of community support resources for teens and their parents.

Teens are generally thought to be one of the healthiest segments of society; however, the increasing availability of addictive substances and the prevalence of unhealthy lifestyles can lead to disastrous health consequences in later life. The hospital's most recent Community Needs Assessment found that health education outreach to teens and their parents to provide them with enough information to make better decisions is currently one of the unmet needs of our community.

The library's pilot program is aimed at increasing teen awareness of the necessity of "whole health." The award will allow the library to forge partnerships on community-focused activities between the Huntington Hospital's Community Outreach program, the Pasadena Unified School District and Pasadena Public Library. The partnership will promote awareness and use of teen/parental health resources through speakers and displays at the high school and public libraries. It will also create promotional items such as hand-outs, posters, and announcements in the media and at presentation sites. The award will also fund the creation of a website for easy access to health information for teenagers and their parents, emphasizing Pasadena area resources.

The library would like to acknowledge Carla Houser Patma, Kathleen Eastwood and Ruth Pichaj of Huntington's Community Outreach program, who provided invaluable advice and suggestions in creating the proposal. The program will also involve Bobbie Fielding of the emergency department and her SADD (Students Against Destructive Decisions) program at Blair High School, and Debbie Curtain, the Coordinator of Pasadena's Health Careers Academy. Both ladies are enthusiastic participants.

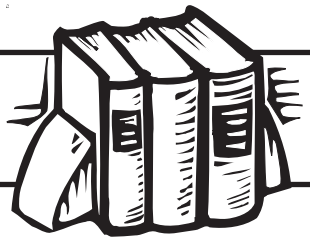
The project will be implemented this year and fully operational by March 2012. Congratulations to all involved in creating this important program.

For Your Information

Titratable Drips Order Set

This order set was developed in response to an issue found during our Medication Error Reduction Plan survey by the Department of Health earlier this year. When the surveyors reviewed a medication order for Levophed in the Intensive Care Unit, it was found to be incorrect. The order read "Levophed, tritrate to keep SBP>100." A complete medication order would also include instructions on how many mcg/kg to titrate and the frequency of titration. The order set needs to be used whenever ordering these types of drips and are available on all units. A copy of the order set has been included for review; please note that it is double-sided.

CME *Corner*



UPCOMING FIRST THURSDAY:

Topic: **Winter Infections**
Date: November 3, 2011
Time: 8 a.m.
Place: Research Conference Hall
Gap Analysis: TBD
Methods: Lecture
Evaluation: Post-activity evaluation form
Speaker(s): Kim Shriner, MD and Kevin Lake, MD
Credit: 1 *AMA PRA Category 1 Credit*™

UPCOMING MEDICAL GRAND ROUNDS:

Topic: **Addressing Challenges in End-of-Life Treatment**
Date: November 4, 2011
Time: Noon
Place: Research Conference Hall
Gap Analysis: It is very important for MDs to understand what the different conservatorships mean and how they can best be approached with end-of-life treatment decisions.
Objectives:
1. Describe three reasons for patient/decision-maker requests for medically non-beneficial treatment.
2. Describe three ways the physician can improve communication and responses to patient/decision-maker requests for medically non-beneficial treatment.
3. Describe at least two legal rights and obligations physicians have in responding to pt/decision-maker requests for medically non-beneficial treatment.
4. Describe at least two ways that culture and religion influence patient/decision-maker requests for medically non-beneficial treatment.
5. Outline the various components of cultural/linguistic diversities that relate to patient demographics, diagnosis, and treatment.

Methods: Lecture
Evaluation: Post-activity evaluation form
Speaker(s): Nathan Lewis, MD, Wendy Kohlhase, PhD, Terri Keville, and Farnaz Datomi
Credit: 1 *AMA PRA Category 1 Credit*™

OB/GYN DEPARTMENT MEETING:

Topic: **HIV in Pregnancy**
Date: November 2, 2011
Time: 12:15 – 1:30 p.m.
Place: North/South Room
Gap Analysis: To provide OB/GYN's with a better understanding of how to treat and manage patients with HIV. In addition, it will introduce the new therapies, the potential outcomes of those therapies, and the effect it will have on the newborn.
Objectives:
1. Know the incidence of HIV in pregnancy.
2. Explain the different drugs of choice in treating a pregnant patient with HIV.
3. Understand the outcomes of treated versus untreated patients with HIV.
4. Outline the various components of cultural/linguistic diversities that relate to patient demographics, diagnosis, and treatment.

Methods: Lecture
Evaluation: Post-activity evaluation form
Speaker(s): Alice M. Stek, MD – Assistant Professor of OB/GYN, USC
Credit: 1 *AMA PRA Category 1 Credit*™

Huntington Hospital
Huntington Memorial Hospital
100 W. California Boulevard
Pasadena, California 91105

ADDRESS SERVICE REQUESTED

MEDICAL STAFF
NEWSLETTER

November, 2011