

PHYSICIAN NEWSLETTER

INTERQUAL

CMS (Medicare) requires that hospitals and physicians ensure the appropriate bed placement of their patients; **meaning whether they are inpatient, outpatient or observation status, as well as the level of nursing care they are receiving.** Like many hospitals and insurance companies across the country, Lakewood Regional utilizes the McKesson software InterQual. Based upon the diagnosis, symptoms and plan of care, InterQual provides guidelines and medical criteria to distinguish inpatient vs. observation status and the appropriate level of care.

The Case Management staff is

required to perform InterQual reviews on all patients prior to them being placed in a bed. This process necessitates a complete set of MD orders, including an order for either inpatient admission or observation; the level of care (med/surg, tele, icu); and the plan of care. InterQual will then process this information and determine if the patient meets inpatient criteria and if the level of care is appropriate. Should there be a discrepancy between the MD orders and InterQual determination, the case managers will be in contact with you to discuss. In some cases, the Physician Advisor will be consulted.

UROSEPSIS

Only a physician can diagnose a condition and each patient case is reviewed based upon its own circumstances to avoid inaccurate collection of medical data. The term "**urosepsis**" is a **vague, nonspecific** term and must be further qualified. When the diagnosis of "**urosepsis**" is documented, a clarification will be

requested from the attending physician as to whether the diagnosis of **Urosepsis**, for that particular patient, is intended to mean either:

(1) Bacteria/pyuria in the urine, complicated urinary tract infection, or catheter-associated UTI - all *without* evidence of sepsis (without systemic inflam-

CMS will only reimburse hospitals and physicians for patients that are placed in the appropriate status; and working together, we can ensure compliance. There will continue to be physician education at Medical Staff meetings and the case managers are a valuable resource to assist you with this process.

Please feel free to contact me or any of the case managers if you have any questions about InterQual, level of care, or inpatient vs. observation status. Thank you for assisting us in complying with CMS requirements.

Cindy Reid, Director of Case Management

matory response syndrome); **DR**

(2) Generalized sepsis from a urinary source, caused by leakage of urine or toxic urine by-products into the general vascular circulation.

With this effort, you will be clearly documenting the severity of your patient's 'uroseptic' illness.

MEDICATION SAFETY

It has been several weeks since we completed a very successful JC survey and as we move forward, we are focusing on sustainability. As such, I'd like to take this opportunity to provide you with a view JC updates, ongoing education and ways in which we can continue our team approach in providing quality patient care. One of the areas of

focus this month is 'Drug Distribution' and "Patient Safety" under the medication management chapter. Currently, our medication management policy prohibits the use of "Resume/Continue home meds" orders. The JC requires that medications must be clearly prescribed using a format that does not leave room for errors, is clear and

complete with drug, dose, frequency, and route. The JC, in a recent publication acknowledges the many challenges throughout the healthcare systems to develop a Medication Reconciliation process that is 100% effective in providing patient safety this standard is in the process of being reviewed and the requirements revised. More to come.....



INFORMATIONAL:

Sincere thanks to all physicians who continue to trust LRMC with patient care needs. On behalf of the hospital staff and administration, we thank you for your support.

Please let us know how we are doing by giving us your feedback.

- **Nursing/Quality:**
Jodi Hein, CNO
(562) 602-6781
- **Ancillary/Support/Operational:**
Steve Cornejo, COO
(562) 602-6739
- **Admitting/Finance/Medical Records:**
Mary Beth Formby, CFO
(562) 272-6420
- **Business Development/Marketing:**
Dianne Pfau, DBD
(562) 602-6709
- **MD Relations/General & Other Concerns:**
Joe Badalian, CEO
(562) 602-5055

WRAP IT ALL UP!

- List in your patient's Discharge Summary (DS) **any diagnoses that were ruled out as well as diagnoses that have NOT been ruled out** by time of discharge.
- List diagnoses worked up, confirmed, and/or ruled out by consultants, surgeons, hospitalists.
- Bring forward any and all diagnoses that were worked up or resolved during stay.
- **State underlying cause** of symptomatology, when known.
- **Link sign/symptom** to definitive etiology/disease.
- **Indicate cause** of sign/symptom as "unknown" if cause remains unknown at discharge.

CAREFUL LEGIBLE DOCUMENTATION - KEY TO A SUCCESSFUL DEFENSE IN A MALPRACTICE CASE

- The idea that illegible notes reduce risk because they obscure evidence is a **common misconception.**
- Legible notes detailing **thoughtful logical care provide the best malpractice defense.** Handwritten progress notes should be organized so that others can easily read them.
- **Sign, date, and time every entry.** There should be no doubt as to who wrote the note and when it was completed.
- Not only do **illegible notes** provide no protection, plaintiff's attorneys and juries view them as **evidence of sloppy care.**
- Even with the best technology, every aspect of a patient's visit cannot be documented. However, your **notes should be clear, concise, and when necessary, precise.**
- Documentation can make or break a malpractice case. **Write every progress note like it's eventually going to be read by the patient, patient's spouse and/or attorney, and a 12-member jury panel.**

WWW.LRMCMD.COM

We are proud to announce that starting September 1st, Lakewood Regional Medical Center will be launching the new Medical Staff website. We have tailored a website to accommodate the needs of our current physicians and other practitioners who are interested in joining our staff. The new Medical Staff Website will also provide direct links to the resources doctors access most, including the online physicians' library, all hospital phone numbers, and a calendar of medical staff meetings and events. Here is a brief overview of the resources that will be offered online when the website debuts September 1st:

Continuing Medical Education - Physicians will be able to view the calendar of upcoming CME lectures, and submit their units

for CME credit. Speaking request forms will also be available online and can be downloaded, completed, and submitted electronically.

Medical Staff Bylaws - Physicians can view and print the bylaws in sections or in their entirety, including rules and regulations. The page also provides links to Delineations of Privileges for the departments of Surgery, Medicine, Anesthesia, Radiology, Family Practice and Emergency Medicine.

Physician Calendar and Events - Doctors can quickly access a yearlong calendar of medical staff committee meetings, important hospital events, and conferences.

Physicians e-Library - Physi-

cians and clinicians can search for articles and find a list of access links to a variety of journals available electronically, some free and others for a fee. Over 1,300 titles are listed alphabetically as well as by specialty. PubMed Central (PMC) is the U.S. National Library of Medicine's digital archive of life sciences journal literature. Access to PMC is free and unrestricted. Users will be taken to each journals own website to view full text journals.

Printable Documents - Physicians will be able to print the phone list for hospital personnel by department and a variety of forms. These include documents for Imaging Services/Radiology and Surgical Services, Anesthesia Questionnaire and Information, and the Day of Surgery

Packet.

In addition, the Physician Application to join the Medical Staff will be available online, along with information on topics that touch on physician relations and recruitment issues. Doctors will continue to have access to the Patient Horizon Folder, where they can electronically view and sign off on patient charts.

This is an exciting time to be on staff at Lakewood Regional Medical Center, as we are moving from a period of transition and stabilization to one of growth and (innovation?) new health care opportunities. We welcome your feedback once the new Medical Staff Website goes live September 1st.

TRANSCRIPTION UPDATE

It has been a month since we implemented our new transcription contract. We wanted to share a few of the concerns that have been brought to our attention, and also inform you of a new service we have implemented with this new system.

DICTATING FROM OUTSIDE OF THE HOSPITAL

We know there have been instances when dictating from outside the hospital on 602.6866 that your dictations were disconnected, or you could not complete your dictations when in the pause mode. On September 1, we installed 10 new phone lines that can be accessed by dialing this same number (602.6866). We sincerely apologize for any inconvenience. We hope that our intervention will bring resolution to this problem.

ENTERING THE PATIENT'S 7 DIGIT ACCOUNT NUMBER WHEN DICTATING

Please help us identify the correct patient when dictating into our system. In the event you do not have the 7 digit account number when you are dictating your reports in the transcription system, please follow these steps:

- ✓ Enter any 7 digits, provided they are not all the same digit.

For example:

- 1234567 would be accepted
- 9999999 would not be accepted

- ✓ Please spell the patient's name in order to help identify the account to place the patient's report.

Please note that when you do not enter the correct account number, there may be a delay in getting the report to the medical record as it will need to be manually reviewed and edited. If you have any questions, please contact Tina English, HIM Director at (602.6789) or Dawn Musser (272.6554).

ENHANCED TURNAROUND TIME FOR DISTRIBUTING REPORTS EDITED IN HPF

For those of you who like to edit your reports in HPF prior to authentication, we have good news! Prior to September 1, when you edited your report, the HIM Department had to print the report, make copies, and redistribute the reports via mail to you and the physicians you requested receive copies. Starting September 1, we are able to fax your edited report through the new dictation system. You can identify the edited reports as they have a footnote that reads

Authenticated and edited by (physician name and date)

We appreciate the feedback you have provided during this dictation/transcription change. Your concerns are very important to us, and we will continue to work to enhance this dictation/transcription transition.