Memorial
Hospital of South Bend
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Quality of Life™

Medical Staff Update July 2014

"Hey Doc, You Rock!" Recipient Chosen for July

Rockin Doc: **Ryan R. Sorrell, MD**
Nominating Staff: **PACU, PICU and PHO Clinic**
Medical Education: **Indiana University School of Medicine**
Date on Staff: **05/28/2009**

We heard from more than 50 associates that from PACU to PICU to PHO, Dr. Ryan Sorrell is consistently observed giving his all to his patients. Very caring and compassionate, he listens to patients and in turn explains in detail what he will be doing for them in surgery so they understand before the procedure begins. He ensures that his patients are comfortable with positioning and are well medicated so they are not in any unnecessary pain. If they need an epidural, he talks them through it step by step, which the patients greatly appreciate!   After surgery, Dr. Sorrell remains at cartside to ensure his patient is stable and always gives a complete report to nursing staff before he leaves to check on the next patient. When interacting with pediatric patients and the Child Life Specialist at Memorial Children's Hospital, Dr. Sorrell's child-friendly manner and playful demeanor greatly reduces the anxiety of the children and their families.

Besides displaying genuine care and compassion for his patients, Dr. Sorrell is great to work with. He is talkative and friendly with coworkers, easygoing and extremely approachable yet very professional at all times. He has a great sense of humor…when a family wanted to bake him some cookies for the great patient care he provided them, they asked him what type of cookie he liked. He replied, "Does it look like I would care what kind of cookie?!?"   During a busy day, Dr. Sorrell says thank you for what coworkers do and will sometimes buy pizza for nurses or take the time to go to Front Door Fridays to buy goodies for all the staff working on that busy shift.

It is reassuring for staff to know they can always depend on Dr. Sorrell's assistance. When he delivers his patients to PACU, he helps the nurses with placing cuffs and leads on the patients. He is an essential part of the care team - whatever needs to be done, no matter if the patient is directly under his care or not, staff can always count on him to advise and assist.

Every patient deserves a great anesthesia experience, and Dr. Ryan Sorrell really delivers for his patients. A shining asset to Memorial Hospital, everyone he encounters knows that they can always count on him to go above and beyond!

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

Here are a couple topics on the inpatient side which will be addressed at the next MEC meeting on August 4. We continue to work out the workflow bugs in getting the admitting orders to flow properly and be put into place expediently. To help alleviate some of the inconsistency and ambiguity about whether the admitting orders are signed or put in a planned state, a proposal will come before the MEC to make all of the admitting plans default to being in a planned state. I met with nursing education leaders and they agreed that this consistency of workflow would make it less likely that planned state orders would be missed. Making this change will require all favorite admission plans to be resaved; because of that I will also plan to take this opportunity to revamp the contents of the plan to help it start up quicker. Please let me know if there are things in the plan that shouldn't be there or won't be missed along with things that need to be there. I don't expect admission plans to be all inclusive but if something is used 80% of the time at admission it should be in the plan. So, no matter where you are when you place admission orders, place them in the planned state after you've done the admission medication reconciliation and put it in planned state.

Second is the issue of antibiotic reasons. CMS will soon require every antibiotic order in the hospital, not just IV antibiotics, to have a reason associated with the order. This can be accomplished in PowerChart in a couple different ways. The cleanest way is to go to the Diagnosis tab on the antibiotic order and use the diagnosis tool to either select a new diagnosis if the one you want isn't there or select one of the patient's existing diagnoses. Doing the former puts it there to use for any subsequent antibiotic orders plus making it available for PowerNotes if you use those to document your visits. You can also choose not to do that but to pick from a list of about 25 reasons in a pull down menu with "See Diagnosis" being at the top; if you choose the top selection and don't put in a diagnosis, expect to be called on it. I would strongly encourage you to start using the diagnosis tab as this will likely be the eventual requirement, not only for antibiotic orders but for all medication orders.

On another note, please remember the purpose of admission medication reconciliation is to decide which home medications to continue in the hospital and which not to continue at the time of admission. It shouldn't be used to document missed home medications which, when discovered, should be added to the document medication by hx section. I have seen examples where the physician has gone back in to the admission medication reconciliation multiple times on multiple days after admission to add these medications. When added in the document medication by hx section, the medication can then be right clicked and an option to convert to inpatient med or prescription can be chosen. This is done through the add window in the medication list using the document medication by hx type when choosing the medication.

We've continued to try very hard to track down issues and I want to remind you that giving the PC/notebook number you're working on, the date and time is all I need to look at what happened. I still see some perceived delays and "freezing" due to the Windows workflow attributed to a malfunction of PowerChart when they're not. Perceived freezing due to Windows navigation is the most common thing that happens to me and sometimes it isn't blatantly apparent. The good thing about Windows 7 is the ability to see all the open windows on the toolbar by hovering over the PowerChart icon and seeing all that is there. Sometimes it's a notification window that slipped behind the chart or message center. Other times it's another window that inexplicably slips behind so the active window isn't on top. So, if your screen looks frozen for no apparent reason, sometimes even with an hourglass on the screen, check to make sure you're working in the active window. Using alt and tab keys together to scroll through the open windows is the easiest way to do this.

We recently started our patient portal for the hospital called My Beacon where patients can access their own labs, education from discharge, medications, allergies, etc.; no sensitive information will be posted. There will be a delay of up to 36 hours before their information is posted. This sometimes scares us as physicians thinking patients will find out about things way before we do but most places that already have it in place have found it to be a tool to help keep the patient informed and engaged in their care.

I'm continuing to try really hard to find ways to improve the performance of the system and your help is crucial. I'm excited to now have a group of physicians on the EMR Physician Advisory Committee to help make some of the decisions on how things are built. I'm also working with our CIO Mark Warlick, Inpatient Director CJ Wachs, and the entire IS team to make our system perform the best it can. We will soon have a consulting firm come in and evaluate our system to identify the areas to improve and how to enact that improvement. More to come as this enfolds over the next couple months.

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

Coding Tidbits

- ♦ Coders are not allowed to interpret a diagnosis for the physician.
- ♦ Coders can code for diagnosis listed in progress notes, H&P, discharge summaries & operative notes.
- ♦ Diagnosis listed in non-treating physicians report e.g. a radiology report or pathology <u>cannot</u> be coded unless it is included in the treating physicians list of diagnosis. Copy & pasted reports cannot be coded.
- ♦ A diagnosis must be provided for every lab value that is monitored and/or treated. (Low potassium is a lab value but hypokalemia is a diagnosis. Bacteremia is a lab value too.)
- ♦ In the inpatient setting, coding guidelines allow coders to pick up diagnoses that are listed as "<u>rule out</u>", "possible", "probable", or "likely".
- ♦ Discharge summaries need to have diagnosis listed as "<u>ruled out</u>", probable or "treated" in order for coders to include them.
- ♦ If a probable or definite diagnosis is not listed it prompts a coding clarification which you will see in your inbox such as below
- ♦ It is very important to respond to these, as to whether you agree or disagree with the clarification.
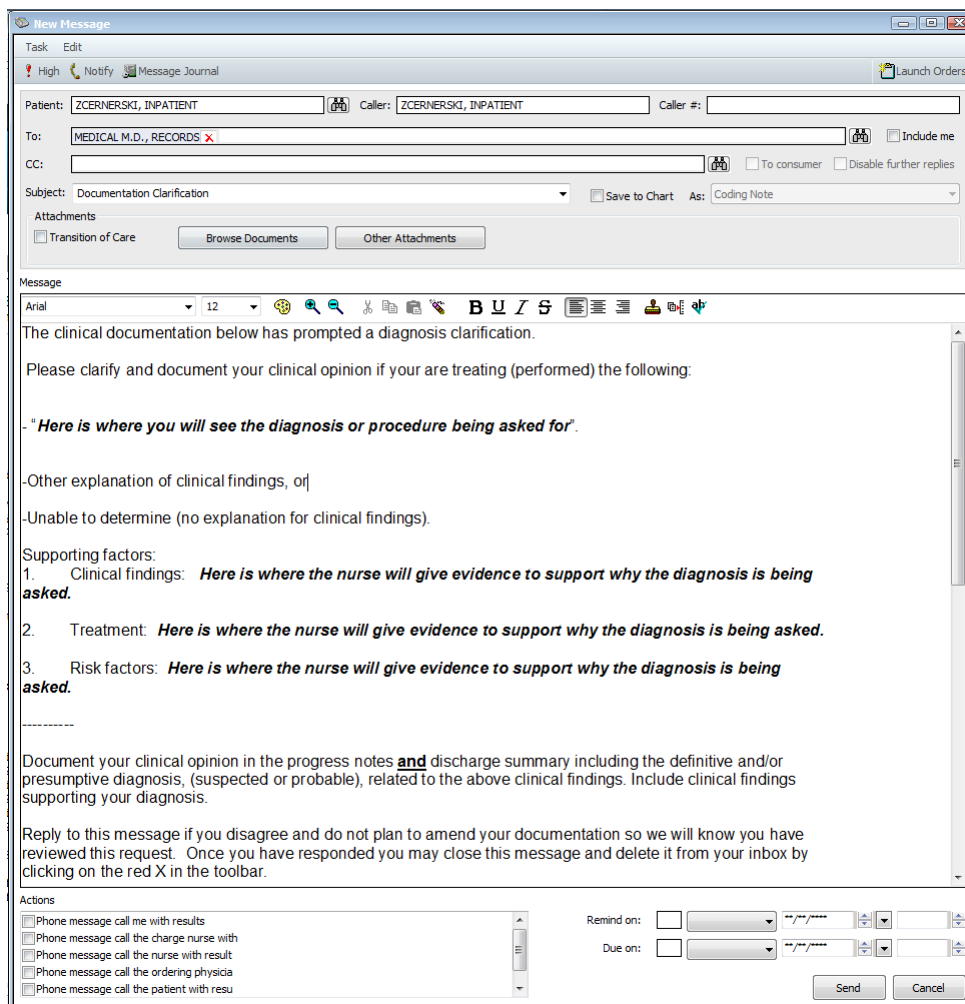
Maliha Iqbal, M.D., MHSB, Medical Director, CDI Program

Documented Length of Stay

Please remember to document the expected length of stay in your initial Progress Notes or H&P. The Level of Care orders no longer include the expected length of stay in the order since insurance companies currently do not require at least a 2 midnight stay for Inpatient admissions.

CMS audits Medicare Inpatient records for medical necessity and physician documentation stating the expectation the patient requires hospitalization for at least 2 midnights. When in doubt whether the patient meets medical necessity, order Outpatient Observation.

Background: CMS published the 2014 IPPS Final Rule on 8/19/13 stating it was attempting to clarify the guidelines around when a patient should be admitted as **Inpatient** to the hospital. CMS finalized a change to inpatient status making it clear that is expected to cross two midnights. The physician should order Inpatient if the patient **meets medical necessity and** if he or she expects that the beneficiary's **length of stay will exceed a 2-midnight benchmark** or if the beneficiary requires a procedure specified as "inpatient-only" under § 419.22."
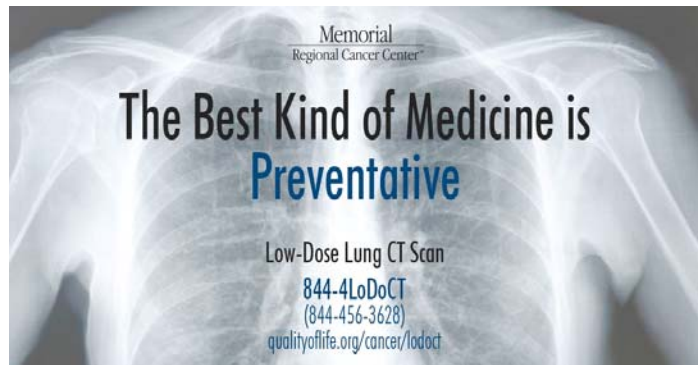
CMS went on to say, "the decision to admit the beneficiary should be based on the **cumulative time spent at the hospital beginning with the initial outpatient service**. In other words, if the physician makes the decision to admit after the beneficiary arrived at the hospital and began receiving services, **he or she should consider the time already spent receiving those services in estimating the beneficiary's total expected length of stay**."
Page 50946, IPPS

Low-Dose Lung CT Scan Program

Memorial Regional Cancer Center and the Thoracic Oncology Clinic have initiated the **Low-Dose Lung CT Scan Program** to help people *at risk* of having lung cancer gain access to lifesaving treatment. The use of a low-dose CT scan can be an effective screening tool for early-stage lung cancer in patients meeting the following criteria:

• **Individuals with no signs or symptoms connected with underlying cancer**
• **Individuals between the ages of 55 and 74 with a lengthy smoking history or a former smoker**

Memorial Regional Cancer Center

The Best Kind of Medicine is Preventative

Low-Dose Lung CT Scan
844-4LoDoCT
(844-456-3628)
qualityoflife.org/cancer/lodoct

KEPRO Contact Information

Effective August 1, 2014, KEPRO will be the Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO) in the Centers for Medicare & Medicaid Services (CMS) Areas 2, 3 and 4. (Replacing Health Care Excel). Healthcare providers and Medicare beneficiaries should use the contact information below, or visit www.keproqio.com for additional information.

CMS Area 4:	Address	Phone Number	Toll-free Phone Number	Fax Number
IA, IL, IN, KS MI, MN, MO, NE, OH, WI	KEPRO 5201 W. Kennedy Blvd., Suite 900 Tampa, FL 33609	813-280-8256	855-408-8557	844-834-7130

ᵐʸBEACON™

A New, Easy Way to Manage Your Health

What if you could manage your health from your home computer or smartphone? What if you could see a list of your medications with just a few clicks? Now you can with Beacon Health System's new online health record, MyBeacon.

You shop online. You bank online. Now, manage your health online. MyBeacon makes it easy and convenient.

Forget about digging through files or having to call your doctor every time your have a question about your medical history. You can find your information in one place—convenient to view, easy to manage and it's secure. And yes, it's free!

It's about staying connected to your health—any time, anywhere. Like never before, this puts your health in your hands.

MyBeacon allows you to

- Check selected lab results from hospital visits
- View current medications
- See immunization history, known allergies and ongoing health issues
- Download and share a summary of your medical record

Here's how patients 18 years or older* can sign up:

1. **Ask one of our helpful Associates about signing up for MyBeacon when you're admitted to the hospital or when you're discharged.**

2. **Provide your email address to the Associate signing you up.** You will receive an invitation email that will help you login to MyBeacon. Please be sure your email address is correct so you receive the email.

3. **Follow the instructions in your email invitation and in MyBeacon to setup your account.** You will be asked to provide your zip code, birth date and other information so we may identify you and keep your information safe. Please don't share your login information with anyone.

4. **You're finished! Welcome to MyBeacon!** Login often to check test results, view medications and more, any time.

MyBeacon Account Information for:

_____

Website: **MyHealthMyBeacon.com**

Username: _____

Password: _____

Need help using MyBeacon?

Call Support 24 hours a day at 800.324.8163.

*MyBeacon content and sign up will be open to more patients over time. To setup access for patients aged 0 to 17 years old, contact the hospital Medical Records Department for an application. Memorial Hospital Medical Records: 574.647.7261

CME Opportunities:
2014 Fall CME Schedule Held 12:10—1:15pm in the Auditorium at MHSB

September 10, 2014-The Mary Morris Leighton Lecture
Presented by: Kelly McGoningal, PhD, Health Psychologist and Lecturer, Stanford University
"The New Science of Willpower and Change"
September 24, 2014—The Otis Bowen Lecture
Presented by: Benjamin Walter, M.D., Medical Director, Deep Brain Stimulation Program, University Hospitals Case Medical Center, Assistant Professor, Neurology, CWRU School of Medicine
"Comprehensive Care for Parkinson's Disease"

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

NEW DOC'S WEB PAGE - physician remote access portal
Same web address, new look and functionality
https://docs.beaconhealthsystem.org
A new web page that has combined both MHSB and EGH applications into one login.

Appearing Thursday 7/23 at 2pm

Citrix **Receiver**

Please log on

User name:
Password:

Log On

Welcome New Medical Staff Member(s):

Jessica Choe, MD
Tele-Neurology
Specialists on Call, Inc.
1768 Business Center Drive
Reston, VA 20190

Ok kyung Kim, MD
Tele-Neurology
Specialists on Call, Inc.
1768 Business Center Drive
Reston, VA 20190

Cassandra Papak, DPM
Reconstructive Rearfoot-Ankle Surgery
Foot and Ankle Clinic of Michiana
3015 Mishawaka Avenue
South Bend, IN 46615

Matthew Reed, MD
Academic Hospitalist
Memorial Family Medicine Residency
714 N. Michigan Street
South Bend, IN 46601

Rakesh Jaitly, MD
Neurology
North Central Neurosurgery
100 Navarre Place, Suite 6600
South Bend, IN 46601

Michael Knipp, MD
Occupational Medicine
Center for Occupational Health
2301 N. Bendix Dr., Suite 500
South Bend, IN 46628

Megan Pence, DO
Family Medicine
Centennial Memorial Drive
621 N. Michigan, Suite 402
South Bend, IN 46601