

NOVEMBER/DECEMBER 2008

For Medical Staff members  
at CCH, HRMC, and PBH

## In this Issue (article lead-ins and links at right)

<b>Quality Leads:</b> .....	2
Facilitating critical physician documentation By Jim Palermo, MD, HF Chief Quality Officer	
<b>e-Physician:</b> .....	3-4
Our new "For Physicians" web page By David P. Hurwitz, MD, HF Medical Director of Clinical Informatics	
<b>Patient Safety:</b> .....	5
2009 changes to the National Patient Safety Goals By Jim Palermo, MD, HF Chief Quality Officer	
<b>CMS Update:</b> .....	6
Hospital-acquired conditions (HACs) By Jim Palermo, MD, HF Chief Quality Officer	
<b>NEW Medical Transcription Services contact numbers: Phone: 434-1922 / Fax: 434-1967</b> .....	7
<b>Calendar Checkup:</b> .....	8
December 2008/January 2009 CME offerings and medical staff meetings, etc.	

*Physician e-Xcellence* is published by Health First  
for physicians on the Medical Staffs at Cape Canaveral Hospital (CCH),  
Holmes Regional Medical Center (HRMC), and Palm Bay Hospital (PBH).

### Editorial Staff

Editor-in-Chief—James V. Palermo, MD  
Vice President—Quality Management/Chief Quality Officer, Health First  
e-Physician and IT Contributing Editor—David P. Hurwitz, MD  
HF Medical Director of Clinical Informatics

Editorial Administrator—Linda Waits-Kamau

We welcome your feedback, suggestions, article submissions and other input.  
Please contact the Editorial Administrator, Linda Waits-Kamau,  
at Health First Administrative Offices, 6450 US Highway 1, Rockledge, Florida 32955.  
Tel 321.434.4330 or linda.waits-kamau@health-first.org

Contributing departments include Risk Management, Corporate Compliance, HIPAA,  
Clinical Informatics, Physician Informatics, Health Information Technology  
(e-Health Strategy), Continuing Medical Education, and the Medical Staff Offices.

*Your vital source of information for  
Health First medical quality initiatives*



### **Quality Leads:** Facilitating critical physician documentation

By Jim Palermo, MD, HF Chief Quality Officer

The goal of the **Clinical Documentation  
Improvement Specialists Program** at all  
three HF hospitals is to clarify ambiguous,  
partial, or omitted information through a

**query process** designed to positively impact the quality and  
quantity of physician documentation in the medical record  
at the point of service. [Read complete article](#)



### **e-Physician:** Our new "For Physicians" web page

By David P. Hurwitz, MD, HF Medical  
Director of Clinical Informatics

The new "For Physicians" web page is a  
physician-centric, centralized access point for

use by clinicians across the Health First system.  
[Read complete article](#)

### **Patient Safety:** 2009 changes to the National Patient Safety Goals

By Jim Palermo, MD, HF Chief Quality Officer

In July, **The Joint Commission** announced the **2009  
National Patient Safety Goals (NPSGs)** and related patient  
safety practice requirements. [Read complete article](#)

### **CMS Update:** Hospital-acquired conditions (HACs)

By Jim Palermo, MD, HF Chief Quality Officer

The already busy 2008 Atlantic Hurricane Season reminds  
us of the critical need to prepare *before* a storm threatens.  
[Read complete article](#)

### **NEW Medical Transcription Services contact numbers: Phone: 434-1922 / Fax: 434-1967**

[Read complete article](#)

### **Calendar Checkup:**

December 2008/January 2009 CME offerings and medical  
staff meetings, etc. [Read complete article](#)

## Quality Leads:

### Facilitating critical physician documentation



By Jim Palermo, MD, HF Chief Quality Officer

The goal of the **Clinical Documentation Improvement Specialists Program** at all three HF hospitals is to clarify ambiguous, partial, or omitted information through a **query process** designed to positively impact the quality and quantity of physician documentation in the medical record at the point of service. Yellow queries are posted in the patient's chart and physicians are asked and expected to respond concurrently in physician Progress Notes.

One of the primary incentives for physicians to collaborate on accurate, timely documentation is to ensure that the severity of illness reflected by the MS-DRG is compatible with the level of service reflected in submitted CPT codes for professional reimbursement. The Federal Government has targeted identifying Medicare and Medicaid fraud as a priority strategy to cut healthcare spending.

Other important objectives are to:

- Capture information at the point of care accurately and compliantly
- Reduce patient risks from incomplete, unclear, or illegible charting
- Provide accurate data for compliance with Medicare Conditions of Participation
- Meet Joint Commission standards for clinical documentation
- Provide optimal clarity and accuracy of code designation at time of discharge
- Improve and reflect on "Best Practices"
- Reflect core measure compliance
- Reflect acuity of illness balanced with intensity of service for accurate Case Mix Index (CMI)
- Ensure that all co-morbidities and complications are apparent

Key words and phrases that often require more specific clarification to be considered as appropriate documentation for accurate coding include:

- **Insufficiencies**—Renal, respiratory, etc., will be targeted for concise diagnoses, staging of disease, or explanation. (If  $p\text{CO}_2 > 50$ , profound hypoxia, with  $\text{pH} < 7.35$  query for **respiratory failure** will be posted.)
- **Treating "empirically"**—Physicians will be asked to state WHAT is being treated empirically. Without more detail

*Your vital source of information for  
Health First medical quality initiatives*

related to empiric treatment and why it's indicated, the level of care cannot be determined.

- **The phrase "Process"**—such as "*Pneumonic Process*" will be queried for definitive diagnosis.
- **Arrows up and down**—are not recognized as acceptable documentation, and clarification will be requested. ( $\downarrow$  NA will be queried for hyponatremia). Please spell out.
- Diagnoses for "**present on admission**" (POA) or "not apparent on admission" that later becomes apparent. Physicians will be asked to comment on POA.
- "**Urosepsis**" terminology means UTI to CMS. If a patient has more than a UTI, such as UTI with associated sepsis, it must be documented as "*UTI with Sepsis*."
- **Post-operative bleeding** or **GI bleed** resulting in anemia with receipt of blood products is an "acute" situation in the hospital setting and should be reflected in the medical record either as "Acute Blood Loss Anemia" or "Precipitous Drop in Hematocrit."
- **Pathogens**—If the patient has an infection or sepsis, include the pathogen with the diagnosis, if known. (e.g., *Pseudomonas pneumonia*, *E. Coli UTI*, Gram-negative wound infection, etc.)
- "**Troponin leaks**"— If there's a changing pattern of troponin levels in the face of increased demand, as in sepsis or tachyarrhythmia, a query will be made for non-ST elevation MI due to whatever the inciting factor is.
- **Heart failure**—All patients with an EF below 40 percent will be queried for ACE/ARB per core measure parameters. Per criteria established by CMS, anyone with a history of heart failure is considered to need evaluation and management to include documentation of the type/etiology of the heart failure and EF%. Therefore, EF% and type of failure will be queried.
- **Surgical debridement (done in the OR or at the bedside)**—Document if excisional and if done sharply, and the depth of debridement.
- **Specificity of malnutrition**—clarify *mild*, *moderate*, or *severe protein caloric* malnutrition.

These are just a few of the queries you may see in your patients' charts. Please thoughtfully consider the requests made by our Clinical Documentation and Core Measure Specialists, and constructively collaborate to ensure clear, explicit, timely documentation that best reflects each of your patients' conditions and affords accurate and comprehensive coding.

[Return to main menu](#)

WWW.HEALTH-FIRST.ORG

## e-Physician

What IT can do for YOU, and what YOU can do with IT

### Our new “For Physicians” web page

By David P. Hurwitz, MD,  
HF Medical Director of  
Clinical Informatics



The new **For Physicians** web page is a physician-centric, centralized access point for use by clinicians across the HF system. It was designed to replace the “For Our Physicians and Associates” web access link, which contains certain information and a number of links that are not all pertinent to physicians. This new web page serves as a gateway to HF’s core clinical IT applications, such as Sunrise Clinical Manager (SCM) and also includes announcements, medical news, medical information source links, as well as links of general interest to our medical community (e.g., medical group electronic medical record [EMR] links). The clinical news content will be updated approximately once a week. Announcements and other dynamic information will be updated periodically, but also urgently (same-day updates) if needed.

The new **For Physicians** web page basic features will include:

1. Single sign-on access to core clinical applications
  - After your initial standard log on, no additional authentication is needed for certain clinical IT applications, including SCM and First Access.
2. General links
  - Links to physician group EMRs
  - Physician Toolbox
  - IT training tutorials
3. Medical news
  - Clinical content, including links to Physician’s First Watch (from publishers of the *New England Journal of Medicine*), a free, high-quality, timely, concise information source
  - Patient safety and care quality information links
  - Regulatory information links (e.g., CMS initiatives, core measures, “never events”)

# Physician e-Xcellence

Your vital source of information for  
Health First medical quality initiatives

4. Health First (HF) announcements
  - General HF-centric announcements, including CME schedules, hospital quarterly meeting announcements, and hurricane updates
5. *Physician e-Xcellence* online newsletter
6. Clinical information physician links
  - Links to clinical information resources such as Ovid, *The Source*, HF antibiograms
7. Feedback
  - Input forwarded to Drs. Palermo and Hurwitz

(See screen shot of **For Physicians**  
web page on next page)

The **For Physicians** web page can be accessed at <https://icinetranet.health-first.org/physicians/index.cfm>. This will bring up a log-in screen that requires the user to enter his or her user name and password.

The **For Physicians** web page is an evolving work that has tremendous potential to simplify information access and will serve as a vehicle for updating and informing physicians about issues relevant to the medical community. Future additions under consideration include links to department and hospital meeting minutes, real-time hospital bed status updates, discussion boards, etc. Physician feedback is critical to optimize the appearance, content, and functionality of **For Physicians**, so you’ll find a simple feedback form online to facilitate your input. I look forward to hearing from you about this new benefit for medical staff colleagues at HF hospitals.

[Return to main menu](#)









