



midland memorial hospital

Newsletter
Medical Staff

Medical Staff Services are the foundation of a solid, well governed medical staff that prides themselves in providing Midland Memorial Hospital and its customers with the highest quality of patient care possible.

Have You Taken The Pickle Pledge?

"I will turn every complaint into either a blessing or a constructive suggestion."

By taking the pickle pledge, I am promising myself that I will no longer waste my time and energy on blaming, complaining, and gossiping, nor will I commiserate with those who steal my energy with their blaming, complaining, and gossiping.

www.joetye.com



Introducing Our New Practitioners

October 2014

Brandey Ackerman, MD—Pediatrics
Terri Parks-Cannon, MD—Internal Medicine/Hospitalist
Stephanie Dyer, MD—Anesthesia/Heart Institute
Brinton Ross, CRNA—Nurse Anesthetist

Scott Julian, MD—Obstetrics & Gynecology
Leela Lella, MD—Internal Medicine/Cardiology
Katherine Kleinstauber, ACNP—Hospitalist

Volume 2, Number 10

**October
2014**

Continuing Medical Education

October 8th — 'Radiation Safety Awareness Training' by Travis Van Meter, MD—Interventional Radiologist

New CME guidelines require CME programs represent needs assessments either in the hospital or your clinical settings. The CME Committee is requesting your input on future programs that would benefit your clinical needs and/or challenges. Please submit all your requests directly to Rebecca Pontaski.

Preparing for ICD-10—Physician Education Opportunity

Please go to the MMH website—www.midland-memorial.com, under 'For Physicians', Preparing for ICD-10, for information on ICD-10 training through 3M. Notify Rebecca Pontaski, Medical Staff Manager if you would like a login.

An addition of four new Physician Resource Videos with Physician Document Tip Cards are available for immediate use. The new Physician Resource Videos discuss ICD-10 documentation in Dermatology, Family Medicine, Oral Maxillofacial, and Radiology.

Medical Staff Services Reminders

- On the new Midland Memorial Hospital webpage, under 'Find a Physician' is a listing of all physicians on staff. Please review your information for accuracy and notify the medical staff office of any changes.
- Texas Electronic Registrar (TER) Death Registration System—Since 2007, state law requires that all cause-of-death information and medical certifications to the DSHS be submitted electronically. Physicians who do not sign death certificates in a timely fashion face a \$500 fine per violation from the TMB.
- It is peak season for students and others who want to come in and observe practitioner work. Anyone who will be observing a practitioner needs to complete and provide some information before they are able to do so. Please contact the medical staff office at 432-221-4629 for this information and process.

In Addition

If you would like to submit information for future newsletters, please email the information to Rebecca Pontaski at rebecca.pontaski@midland-memorial.com.

Medical Staff Leadership

Chief of Staff
John Dorman, MD

Chief of Staff Elect
Sari Nabulsi, MD

Past Chief of Staff
Larry Wilson, MD

Department Chairs
Hospital-Based Services
Steven Rea, MD

Medical Services
Larry Oliver, MD

Surgical Services
Jeffrey Durgin, MD

Rebecca Pontaski, MHA, CPMSM, CPCS, RHIT
Medical Staff Services Manager
432-221-1625

Alma K. Martinez, RHIT
Medical Staff Services Coordinator
432-221-1510

Esther Griego
Medical Staff Assistant
432-221-4629

Medical Staff Office Fax 432-221-4253

CME Hotline 432-221-1635



New Information

EMR Standardized Documentation

¹Rimmerman, CM, Colbert, A; *Physician Executive Journal*, July/August 2014 pp.44-48

Have you ever gone to the Electronic Medical Record (EMR) to look up information about a patient and struggled to find the notes or more importantly, the notes you find do not include what you consider to be relevant or important information? Wouldn't it be nice to have all notes structured as you would like and to know where in the note a past history or medication list is to be found, or where the assessment and plan are to be found? Or to be relatively certain an assessment and plan will be found? There has been increasing interest in developing a standardized H&P, procedural notes and progress notes. Part of the reason is that we have ever changing oversight of required elements to assure patient care meets CMS requirements and other required fields justifying care. More importantly, as the referenced article demonstrates, there can be real opportunity in having standardized electronic medical record documentation¹.



A brief summary of some of the benefits discussed includes:

- Uniform note structure provides predictable data elements found in predictable locations allowing ease of internal and external review.
- Enhanced content—agreed upon ROS and exam elements assure a uniform comprehensive note.
- Documentation of risk-based decision-making allow ease of evaluating the impression and plan section to convey the patient assessment and management plan clearly for other physicians to review.
- Documentation of patient complexity and acuity—clear and structured documentation of co-morbidities and risk-based decision-making viewed as essential to support evaluation and management (E&M) coding.
- Documentation of study reviews—many patients arrive to the hospital with a CD-ROM or paper records from another site. A dedicated section for recording salient information to the record serves to support level of care and allows for decision making to be recorded without redundant testing or procedures.
- Neutral impact on provider time documenting in the EMR—with provider input in the development of standardized documentation, the goal is to develop pathways to allow time efficient documentation.

The process used to develop standardized notes involves establishing a committee from departments and sections that will use the documentation or will need to access it. The committee included those with a range of skills and perspectives: Physicians from areas that will use the standardized notes, key non-physician administrators, nurse leadership, business managers and a clinical operations analyst were suggested.

The development and implementation of standardized EMR documentation requires work. The end result, however, is records that are relatively easy to create, have predictable fields to find useful information and assures essential data elements are included. Done correctly it provides functionality to producing a high quality, easy to read medical record.

Quick Guide to H&P Guidelines Per CMS 2014 Requirements

- Must be on chart before surgery.
- H&P has to be written within 30 days of procedure.
- H&P Update is needed if H&P was started at any time before patient was admitted to hospital. Update is still needed even if the H&P is signed the morning of surgery.
- NP and PA can do H&P and Update, but both have to be signed by MD before procedure.
- Any and all H&Ps, and Updates, must be dated, timed, and signed.
- Updates may be under the title of Progress Notes.
- For emergencies, no H&P required preop, however a short description of planned procedure must be in ProgressNote prior to procedure.
- If the patient comes from the ER, the ER MDs assessment can be used as the H&P.
- For inpatients, there must be an initial H&P within 24 hours of admission, with daily progress notes, and with a note that indicates the patient is having surgery. No update is needed.
- The initial H&P can be written by a medical doctor.
- Dentists cannot write the H&P. It must be written by a medical doctor.
- H&P must be written by MD/DO/NP/PA that has privileges to work in the hospital.



CareVue Updates—DME Order

This DME order has been created and placed on all the Orders By Specialty menus to be used by Physicians/Case Managers when ordering equipment when a patient is discharged. This is under Discharge Orders.

RADIOLOGY

COMMON RADIOLOGY ORDERS...

OTHER Imaging...

PCXR in RR(Line Placement)

PROTOCOLS

O2 per protocol

Heparin Protocol

Subcutaneous Insulin(Basal Bolus)

DISCHARGE ORDERS

DME Order

Diabetes Discharge Orders

School/Work Release order

Discharge Patient

D/C ORDERS

D/C pt instructions

DISCHARGE HOME

DISCHARGE FOLLOW UP

No Heavy Lifting over 10 lbs

Reason for Request:

>>> DURABLE MEDICAL EQUIPMENT <<<

Date: [REDACTED] Patient Name: TESTPATIENT, STEVE E
 DOB: JAN 1, 1980
 Estimated Length of Need: 99 Months (Lifetime) Other

Height: 72 in [182.9 cm] (09/04/2014 08:53) Weight: 185 lb [84.1 kg] (09/04/2014 08:53)

RESPIRATORY EQUIPMENT

Nebulizer
 (For oxygen orders, please place the amount of Liters/Minute, delivery device, and Hours/day patient is to use oxygen)

Oxygen Concentrator. [REDACTED]

Portable Oxygen System [REDACTED]

AMBULATORY AIDE

Walker (Folding)

Walker (Folding) with Wheels

Bedside Commode

WHEELCHAIR & ACCESSORIES

Lightweight Manual Wheelchair (up to 250 lbs)

Heavy Duty Wheelchair

Extra Heavy Duty Wheelchair (greater than 301 lbs)

Pair-Elevating Leg Rests

HOSPITAL BED & ACCESSORIES

Semi-electrioc Hospital Bed (head and foot adjustment)with mattress, side rails

OTHER EQUIPMENT

[REDACTED]

* Indicates a Required Field Preview OK Cancel

For More Information
Barbara Cobos, RN, CCM—Director of Case Management

432-221-5204



New Policy Changes for Patient Access

Services requiring authorization or precertification will be affected after October 1, 2014

Medical offices will now be required to obtain authorization or precertification before the services will be scheduled at the hospital. The medical office will be requested to provide the pre-cert or authorization number when scheduling the patient services.

Patient deposits required for non-emergency services

Midland Memorial has also updated our point of service collection policy for non-emergency room services. We will require payments in advance to satisfy co-pays, deductibles and out-of-pocket expenses prior to service(s). These amounts are determined by adjudicated claims from the patient's payer source at the time of scheduling or service. Requiring patient's to pay their estimated liability prior to service is not new to Midland Memorial. However, the minimum payment requirements have changed which may affect some of your patients.

For More Information
Shawn Edmiston—Director, Patient Financial Services

432-221-4968

Bylaws Updates

Utilize <http://www.midland-memorial.com/for-physicians/default.aspx> for the most updated information on your Bylaws and Rules and Regulations. Changes include the addition of a new staff status, Affiliate Staff under section 4.7 and changes to the Locum Tenens privileges in section 7.5.2. Changes went into effect October 1st. All updates for the Bylaws and Rules and Regulations can be found under the above link.

Save the Date!

December 11, 2014—Annual Medical Staff Meeting—More information to follow.



National Medical Staff Services Awareness Week is coming up!

In 1992, President George Bush signed Congressional House Joint Resolution #399 proclaiming the first week in November as National Medical Staff Services Awareness Week. Join us as we celebrate November 2-8, 2014.

Your Medical Staff Services Professionals at Midland Memorial Hospital.

Rebecca Pontaski, Manager
Alma Martinez, Medical Staff Coordinator
Esther Griego, Medical Staff Assistant
Elizabeth Ruiz, Temporary Medical Staff Assistant

