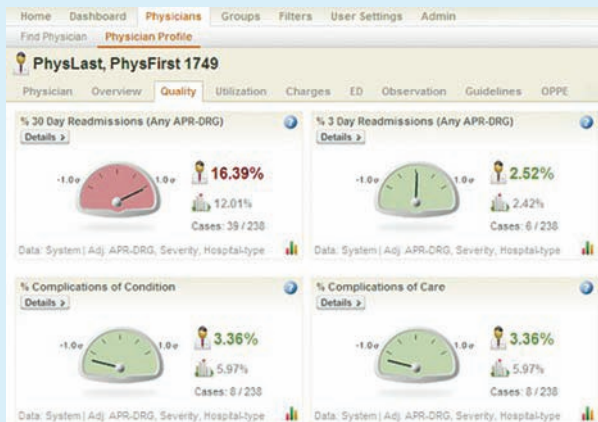




Vitals



News, Ideas and Viewpoints for the St. Mary's Physician | 1st Quarter 2010



This will be a dynamic focus for interaction with a true ability to assist your hospital practice.

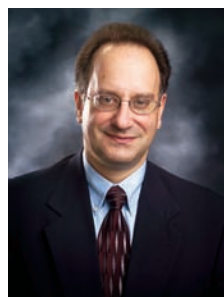
CRIMSON :: St. Mary's and HSHS has partnered with Crimson and the Advisory Board Company in an effort to provide you with physician and specialty specific data.

Crimson is a proprietary, web-based business intelligence platform that has the unique capability of integrating physician quality and utilization data to afford a severity-adjusted view of your practice at our facilities.

This single, integrated source, which is currently in the process of being implemented across the HSHS System, will contain hospital data extracted from many disparate sources of information for use in education in key focus areas, improving the quality, efficiency and outcome of care. Understanding your own individual data, which is often accessible to outside sources such as insurance payers and Medicare, helps you to understand potential interpretation by these outside sources and avenues for improvement.

Availability is for any physician by request. Common data elements include mortality, complications, core measure compliance, length of stay and readmission rates. Starting with a pilot group, we will see how the data flows and how opportunities for improvement are demonstrated. This will be a dynamic focus for interaction with a true ability to assist your hospital practice.

NEW PHYSICIAN NEWSLETTER :: This physician newsletter is meant to be a tool for communication and generation of dialogue within our physicians. With the ever increasing demands and expectations of the medical community, my hope is to inform, inspire, respect, and open avenues of discussion. We are all better with our variety of skills, knowledge, and countless experiences together. Being blessed with our gifts of charisma and the abilities to impact so many lives, I hope that you can appreciate the key roles each and every one of you plays in our healthcare ministry. — Dr. Maria Granzotti



INFORMATION :: Dr. Jeff Glezer has assumed the position of Director of Medical Informatics for the Central IL Division including St. Mary's. He will be the liaison between physicians and Information Services including their office settings to help assure work flow processes and efficiency. His email: JGlezer@smd.hshs.org. He would be happy to talk with you and assist with concerns.

BYLAWS PROJECT :: Sincere thanks go out to our physicians who have been deeply engaged and involved in our Bylaws Revision project. As members of the Governance and Credentials task forces, they have devoted many hours over the last several months for the transformation of our current Bylaws

**MEDICAL STAFF BYLAWS
TOWN HALL MEETING
SEPTEMBER 20TH
FORUM AT 6:45PM.**

into contemporary documents that reflect national best practices, while meeting accreditation standards. Legal counsel is currently reviewing the proposed revisions. The hope is to have a vote and approval at the October General Medical Staff meeting, then Board of Directors vote and approval in November, for use by January 2011. Open discussion and opportunity for questions is at the Town Hall meeting scheduled for September 20th in the Forum at 6:45 pm.

PATIENT CARE :: Several projects are underway, focusing on exceptional patient care and outcomes. We are definitely striving to make innovative and accessible treatment options to our patients a reality. Just in the past few months we have initiated Aquapheresis for our CHF patients, PCI provided through our Prairie Cardiovascular support, and in addition we received recognition of being COPD certified.

Aquapheresis-For use in selected CHF patients based on consideration of criteria including needing large doses of furosemide such as over 80 mg a day, frequent hospitalizations, being 10 pounds over dry weight and less than optimal diuresis, or creatinine rising over 0.3 on standard care. Goals are to effectively and safely remove large volumes of excess fluid, with significant improvements in symptoms and function, to reduce neurohormonal activation, and to reduce length of stay and CHF readmission rates. Dr. Addai has kindly been our physician champion and proponent not only for the Aquapheresis, but also for the development of the CHF order sets.

EBM :: Evidence based medicine is to be used as a collaborative tool, not a replacement for physician expertise and experience. The evidence based sets are trying to get evidence wedged into the process to support clinical practice. Using ZYNX as our EBM resource, we stay that much more current as every 6 months updates are made to the information in the resource tool for our access. Using proven guidelines to assist in making medical decisions, we drive value and efficiency. Below is a current list of the evidence based order sets available which several members of our medical staff have helped to develop.

Alcohol Withdrawal
Narcotic Withdrawal
Adult Behavioral Health
Adolescent Behavioral Health
COPD 23 Hour Admission
COPD Acute Exacerbation
Chest Pain
Level I Nursery
Level II Nursery
Hemorrhagic Stroke
Heparin for Stroke
TPA for Stroke
Ischemic Stroke
Unspecified Neurological Event

Bronchoscope Pre and Post
Insulin Sliding Scale
Basal/Bolus Insulin (Carb Counting)
Cesarean Section Pre OP
Cesarean Section Post OP
Hysterectomy Post OP
OB Epidural
Routine Labor and Delivery
Vaginal Delivery Post Partum
Congestive Heart Failure (limited)
Total Knee Replacement Pre-OP
Total Knee Replacement Post-OP
Total Hip Replacement Pre-OP
Total Hip Replacement Post-OP

Pneumonia (CAP) Adult
Pneumonia (CAP) Peds
Angiogram Post-OP
Angiogram Lysis Pre-OP
Angiogram Lysis Post-OP
AV Fistula/graft Pre & Post OP
AV Fistula/gram Pre & Post OP
Carotid Endarterectomy
Pre & Post OP
Endovascular AAA Pre & Post OP
Femoral Bypass Pre & Post OP
Open AAA Pre & Post OP
Infusaport insertion

Using ZYNX as our EBM resource, we stay ahead as updates are made every 6 months to the information in the resource tool for our access.



PCI :: Dr. Gregory Mishkel, a senior interventional cardiologist with Prairie Cardiovascular, is already performing Percutaneous Coronary Interventions at St. Mary's. Dr. Mishkel received his MD and Residency at the University of Toronto, Toronto Canada and his post-graduate training at McMaster University, University of Toronto and the Ottawa Heart Institute, Canada. He has been with Prairie Cardiovascular since 1992 and has authored many articles in the area of interventional cardiology. Dr. Mishkel is also an active clinical researcher with the Prairie Education and Research Cooperative. Dr. Mishkel specializes in Interventional Cardiology and Peripheral Vascular Disease. He has worked closely with the clinical and administrative leadership of St. Mary's to insure the high standards of care for this procedure mirror those at the Prairie Heart Institute at St. John's in Springfield.



COPD :: Congratulations to MaryLou Duron and Dr. Arnold for their truly coordinated efforts with the COPD team in achieving the Joint Commission's Advanced COPD Disease-Specific Certification-the first hospital-wide certification in the United States and "a hybrid program providing exceptional care" (Tim Byrum, reviewer, Joint Commission) in June. St. Mary's is also a Patient Organization Member of the US COPD Coalition.



PHYSICIAN LIVING OUR VALUES AWARD :: Congratulations again to Dr. Steve Arnold for his gracious acceptance of this recognition. The award is to recognize the physicians who demonstrate the mission and values of St. Mary's Hospital. Our values of Respect, Care, Competence, and Joy permeated thru the letter of nomination provided for Dr. Arnold. Referring to the letter-"His sense of hope for better outcomes, for better care, is transferred to those of us blessed to work with him and in turn provides the impetus for joy in our work." What a wonderful statement!

JATA :: Here are key elements the RACs are looking for when they see excision debridement (code 86.22) coded:

1. Specific instrument used (it's not enough to state "sharp instrument." Did they use scalpel, scissors, water jet, etc.)
2. Depth of debridement (was debridement done beyond the dead tissue to healthy viable tissue? What was the deepest layer?)
3. Description of procedure beyond the title of "excisional debridement" (clearly describe the procedure using words such as "cutting away," or "removed.")
4. Description of the wound (wound size/dimensions, what it looked like before and after the debridement). Excisional debridement does not have to be done in the OR-can be done at the bedside and can be performed by physician, nurse, or therapist.

SIGNATURE REQUIREMENTS :: CMS has recently published revised instructions to contractors regarding signature requirements. Medicare requires that all orders and physician progress notes be signed by the physician. Method must be a legible handwritten, full signature with credentials, handwritten initials, or electronic signature.

- Documentation with initial or illegible signatures must include a signature log with a typed or printed name, credentials, and a sample of the signature and initials.
- Documentation with an electronic signature must include a protocol explaining that the medical doctor must enter the ordering system with a unique ID and password.
- Stamped signatures are not acceptable.

SMD NOW OFFERS ERCP AND EUS ::

Dr. Tawhid Gazi, Gastroenterologist, provides a full range of GI services with a focus on senior colonoscopies screenings, as well as upper endoscopies. He is skilled in ERCP and Endoscopic Ultrasound (EUS) for cases of a more complicated nature which may have been previously shipped out. He also provides complete hepatology care from management of chronic liver diseases to liver transplants patients.

