



# Medical Staff Office Update

## Beebe welcomes Steve Rhone, RN, BSN, MS, NE-BC: VP of Patient Care

Please welcome Steve Rhone, RN, BSN, MS, NE-BC, VP of Patient Care Services. He joins Beebe Medical Center from Christiana Care Health System (CCHS).

Steve will be responsible for the hospital's nursing units and for developing and implementing nursing strategy and system policies to ensure quality patient care. He is a member of the Executive Staff and reports to Paul Minnick, RN, MSN, NEA-BC, Executive VP and COO. "We are proud to welcome Steve to our team at Beebe Medical Center," says Paul. "He is a proven leader in the healthcare community. He is committed to delivering quality patient care and services and will be a true asset to our organiza-

tion and to the communities that we serve."

Steve has nearly 15 years of nursing leadership experience. As Administrative Director of Patient Access and Capacity Management at CCHS, he oversaw patient access and placement services, including the transportation of critically ill patients by ambulance as well as by air, for both Christiana and Wilmington Hospitals. As part of his role, he served as the Nursing Executive for the system wide Quality and Safety Council. Previously, he served as Director of Patient Care Services at CCHS where he had oversight for many systems including the seven inpatient surgical units.

Steve holds a BS degree in Health

Policy and Administration from Pennsylvania State University, State College, a BS in Nursing from College Misericordia in Dallas, PA, and a Master of Science in Management, Health Care Administration, from University of Maryland University College (UMUC). He also completed the Wharton Nursing Leaders Program at University of Pennsylvania and The Advisory Board Executive Fellowship in Washington, DC.



## CERNER UPDATE—July 2013

### The rubber has hit the road!

We are well underway with the Cerner EMR build. Over the past two months, much of the work has been behind the scenes: contract review/approval, project scoping, planning, resource identification/acquisition/engagement, and the logistics and details of where to put all of the temporary staff and subject matter experts!

During this time, the EMR team was also busy getting a leg up on the first pass of the pharmacy formulary which was completed well ahead of schedule, reviewing the orders catalog, and assessing the network infrastructure.

In the past week, we've achieved another milestone... our Cerner Domain was made available to the team. This is the system environment where we are

building our EMR. We've transitioned from planning to actual building of our EMR, hence "the rubber has hit the road!"

**Thank you to our EMR Physician Advisors! Stephen Rualo, MD (Champion); Mouhanad Freih, MD; Ercilia Arias, MD; Erik Stancofski, MD; and Kelli Walker, NP. Also welcome to Maxime Moise, MD who is our newest member of the advisory team.**

The purpose of the EMR Physician Advisors is to participate and represent the Medical Staff in their participation in multiple project meetings (leadership meetings, governance meetings, EMR team meetings, work groups, demonstrations, etc), assisting IS and Nursing Informatics with concerns relating to physician work-

flows, process change, and policies and procedures.

Recently, this team had a most memorable flight to Cerner's headquarters in Kansas City, MO where they participated in many planning and review sessions. The feedback was very positive and their enthusiasm was recognized and well received by the entire EMR team.

The team will be going back to Kansas City two more times and now is meeting on a weekly basis. Thanks again for all their hard work!



## Beebe Medical Center's Medical Staff Services Update

### Upcoming Events!

- > **Quality & Safety Awards Application Due August 30th.** Email Dr. Hawtof for more info.
- > **Med Staff Awards & New Physician Reception coming in September.** Date and Time TBA
- > **ENJOY YOUR SUMMER!**

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**Meet our Newest Members — Please help us make these newest additions to our Beebe Team feel welcome!**



**Jose Barriocanal, MD** is a Radiologist joining Southern Delaware Imaging Assoc.



**Steven Ginder, MD** is in Emergency Medicine joining SEA

**Muhammad Khan, MD** is a locums joining BPNI to work inpatient peds & newborns

**Amira Khokar, MD** is a locums joining BPNI to work inpatient peds & newborns

**Trauma Doctor Parking—Please keep it clear!**

I have been asked by our trauma team to make sure that physicians DO NOT PARK in the trauma spot. There are doctors who come in on weekends and nights who park in that spot and round or work in the ED. We have had a few times that a trauma was called and the spot was not available for the **trauma surgeon**.

Please respect the need for NO DELAY in trauma care! Help us take better care of our patients. There is a doctors parking lot, use it please!

Thanks!



**The Medical Staff office needs your help!**

**PLEASE** help keep your information up-to-date in the medical staff office. Items that many doctors forget to let us know are changes in the following:

- \* Cell phone number
- \* Office phone number / address
- \* E-mail address

This is how you will get notified for fines or other important information, so we

need an active e-mail address that you monitor.

- \* Updated licensures, DEA certificates, State CSR certificates
- \* Malpractice Insurance, ACLS and other certificates
- \* Board Certifications

Most staff members forget that they need to get us a copy of all their info that gets renewed every few years.

**Keep your info updated!**

DEA, CSR, State licenses, Malpractice Ins, and even every 10 years when they renew their board certifications. **WE NEED A COPY!**

Please email the info to: [vcard@bbmc.org](mailto:vcard@bbmc.org) or fax it to 644-4830 or just stop by!

THANK YOU!



**Don't get a fine for your records! JUST DO IT!**

The Medical Staff by-laws, The Joint Commission (TJC), and CMS all define that medical records **MUST** be COMPLETE within 30 days after discharge.

Some of our providers wait 60 plus days to complete their medical records, putting the rest of the medical staff and the hospital out of compliance with TJC and CMS and at risk for audits. The number of providers doing this is slowly increasing.

It's also bad patient care! If operative notes, procedure notes, and discharge summaries are not dictated within a few days post discharge, how are these patients' primary care doctors supposed to know what is going on? How

likely are you to forget to put something in these notes 2 months down the road?

The Medical Staff has started the fines process again. Luckily, we have only had one physician fined in the past 6 months, but lately we are getting many more people doing their records "JUST IN TIME". **Please help us remain compliant, avoid fines, and do right by the patient and our fellow providers caring for these patients.**

With the Beebe Access Portal or BAP, providers can remotely access records and finish dictations, signatures and other items from their office or home.

Forget how to use BAP? Having prob-

lems or got new equipment and need help setting it up? We can help! Just contact the **Physician Rescue Line at 645-3145**

**Also you can access our online guide on BBNET**

Medical Staff Services -> EMR -> Remote Access -> Bemr Access Portal Installation Guide.pdf



"If operative notes and discharge summaries are not out in a few days post discharge, how are these patients' primary care doctors supposed to know what is going on?"



## Department of Medicine & Department of Surgery—Meeting Schedules!



### Medicine:

All providers on staff as either Active, Consulting, Ambulatory, or Allied Health who are in the Department of Medicine should attend the department's quarterly meetings. They are held in Classrooms 1-3 at 5:30pm the months of July, October, January and April. Join us on July 23rd for the next meeting.

### Surgery:

All providers on staff as either Active, consulting or Allied Health who are in the Dept of Surgery should come to the monthly meetings. **The department just changed the meeting schedule!**

### Business Meeting:

is held on odd months (just had July's) on the 2nd Monday from 5-6pm in the South Conf. Room

### OR Committee:

is held on odd months (just had July's) on the 2nd Monday from 6-7pm in the South Conf. Room

### MSM:

is held on even months (next in August) on the 2nd Monday from 5-6pm in the South Conf. Room.

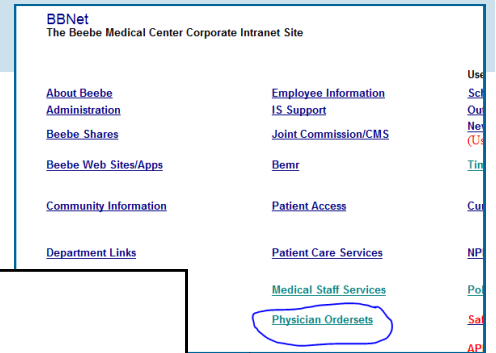
This allows OR Committee to follow the Dept of Surgery Business meeting and GYN & Anesthesia can also attend!

## Order Sets—How are they updated? How can I get the updated version? What does the future hold for Order Sets given that we are going to CPOE?

### Newest Version:

It is easiest to start with the second question. The most up-to-date order sets are on BBNET for everyone to print off and use at any time. This is available on any computer in the hospital (just go to BBNET or Internet Explorer), or remotely using BAP (Beebe Access Portal) that all providers have access to.

Once we are using CPOE and no longer taking paper order sets, this will not be an issue. Until that time (March 10th), you can always have the most recent set by going to BBNET.



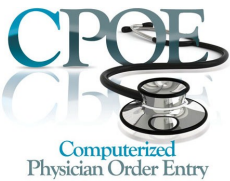
### Printable Physician Ordersets

Click **Expand All** and hit **Ctrl+F** to search for an orderset

[Collapse all](#) | [Expand all](#) | [Reload and open all](#)

- Medical
- Cardiovascular
- Critical Care
- OB
- Surgery
- Procedures
- Medication Protocols/Calculators
- Other
- Discharge

If you print off order sets for your office staff to use, only print off a weeks worth at a time to avoid using old order sets.



### How are they Updated?

Order sets are updated when providers request changes or regulations require changes. Multiple medical staff committees are involved in the process. Changes have to be approved by the department, Medical Records Committee and MEC. They might have to be reviewed by P&T Committee, Nursing and other hospital committees.

### COPE and CERNER:

When we go live with CERNER in about 8 months, we want the system to be as physician friendly and user friendly as we can.

Order Sets Workgroup before it is computerized. New order sets will be approved through a department and then go up to the MRC and then approved by the MEC.

To make it easier for physicians, over the next 7-8 months we are going to have to take 150+ order sets and computerize them into CERNER. Some of the order sets need to be updated a bit. We are also going to be adding some order sets as it is easier in the CPOE world to have them.

If you have any interest in helping our physician champions, they will be coming to you to help work on order sets that may pertain to your field of expertise or a procedure that you do. Please help them through this process as we want to have as many order sets done before March as we can to make CPOE easier for us all!

Your Physician Champions, MEC, MRC, and Medical Staff Departments will all play a role in helping to computerize all these order sets in such a short time.

Any changes will go through your department first and then through the

### Champions:

- Stephen Rualo, MD
- Ercilia Arias, MD
- Mouhanad Freih, MD
- Kelli Walker, NP
- Maxime Moise, MD
- Jeffrey Hawtof, MD

**"When we go live with CERNER in about 8 months we want the system to be as physician friendly and user friendly as we can."**

The Medical Records Committee (MRC) set up a sub-committee to expedite requests for changes, or new order sets; the Order Sets Workgroup. The MRC will not approve an order set that has not first gone through a Department. If you attend your department meetings or MEC then you will always know about any updated order sets. We currently use over 150 order sets at Beebe.

## BEEBE FOCUSES ON PREVENTING SURF INJURIES

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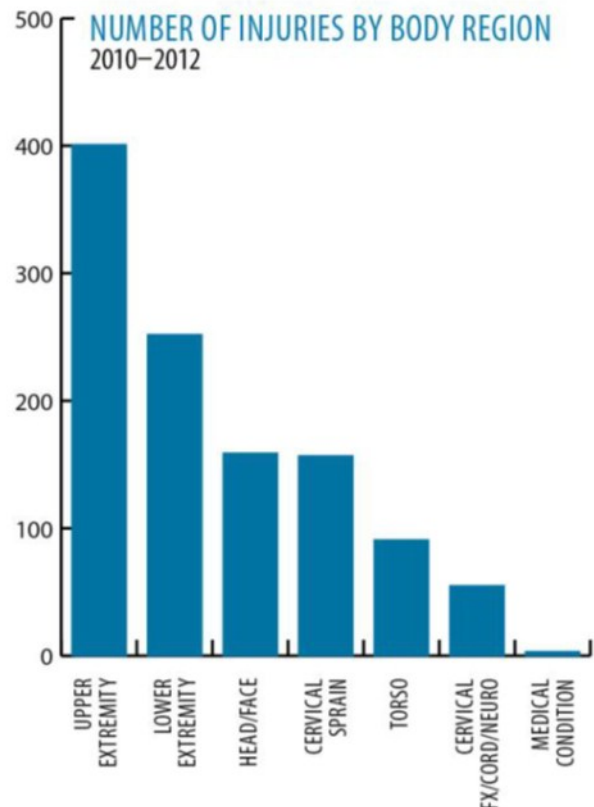
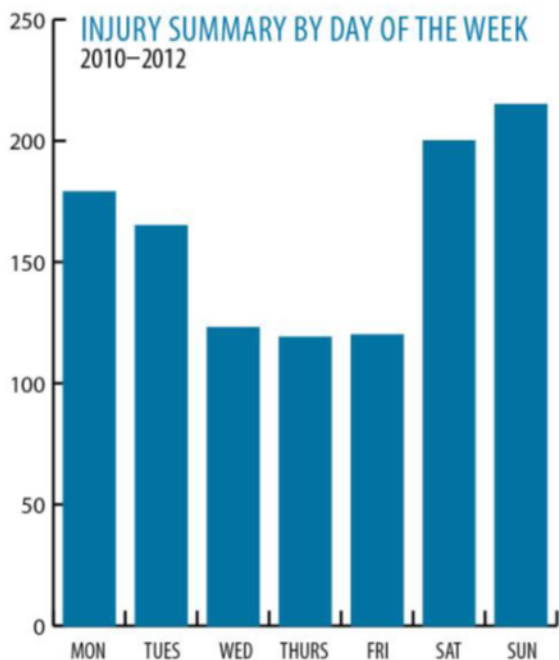
Paul Cowan, DO, Emergency Medicine Physician and Michelle Arford, Injury Prevention Coordinator, are active participants in the Delaware Surf Zone Injury Project, a collaborative effort to better understand why injuries occur so future accidents can be avoided.

Other members of the collaborative are the University of Delaware Sea Grant College Program; the University of Delaware College of Earth, Ocean and Environment; Delaware Department of Natural Resources and Environmental Control; and five separate Ocean Beach Patrols.

The collaboration has been collecting and analyzing data from both medical records of those injured and daily environmental data from Delaware’s beaches. After three summers, the study showed 1,124 injuries, including three deaths, and variations in ocean currents and wind patterns. Researchers suspect many injuries go unreported. A few details regarding the injuries stood out from the others:

- ◆ Those getting injured were usually wading and had turned around to face the beach.
- ◆ The injuries occurred on days when the ocean was free of stormy conditions.
- ◆ Generally, those injured were between the ages of 25 and 60, an age group that does not fit into a typical age profile for traumatic injuries.
- ◆ Those injured were everyday people getting caught off guard by wave action they neither expected nor understood.

The study is expected to take place for another three years, with a goal of using the results to initiate future public safety programs.



## New Laboratory Test Available at Beebe Labs!



### Free PSA & Total Vitamin D:

Effective 6/13/13, the lab is now performing Free PSA and Total Vitamin D testing on the Roche cobas 6000 chemistry analyzers.

Both tests require serum from a Serum Separator Tube or Red Top tube. Testing is performed 7 days a week, 24 hours a day.

Questions-contact Marissa Cappo, Lead Tech at 302-645-3562.

### Immature Platelet Fraction (IPF):

Effective 6/19/13, the lab is now per-

forming Immature Platelet Fraction (IPF) testing on the Sysmex Hematology analyzer. IPF is the ratio of immature platelets to the total number of platelets. It is utilized in assessing the mechanism of Thrombocytopenia (i.e. increased destruction and decreased production).

The IPF uses EDTA whole blood from a lavender top tube. Testing is performed 7 days a week, 24 hours a day.

Questions-contact Shuna Harmon, Lead Tech at 302-645-3561.

### AFB/Mycobacteria Blood Cultures:

Effective June 2013, the lab is now performing Blood Culture for AFB/Mycobacteria.

This test requires a special culture bottle and can only be collected by a phlebotomist at the main campus.

Questions-contact Jennifer Blakeney, Lead Tech at 302-645-3563.

## ATTENTION ALL Mid-Level Providers and Doctors who work with them!

“Mid-levels need to write an order on the medical record for each patient for which they are providing care. Please write the following order: “Add provider: [print name]”

**Background:** The Centers for Medicare & Medicaid Services (CMS) and The Joint Commission (TJC) require accredited hospitals to evaluate all providers with clinical privileges for competency every 6-9 months through Ongoing Professional Practice Evaluations (OPPE).

We currently utilize a vendor, Crimson, who is able to extract patient outcomes and quality data (such as Core Measure compliance, Complications of Care, Hospital Acquired injuries, etc.) based on patient coding information received from Beebe. Crimson detects providers based on the 3 following roles: 1) if a provider discharges patients, 2) if they are a consultant for the patient, and/or 3) if they are performing a coded procedure. Some categories of Mid-levels at Beebe have remained “undetected” within Crimson as 1) there is no coding attributed to the work that they do, or 2) the coding is being assigned to their overseeing MD.

**The Quick Fix:** In order to achieve compliance, many of these Mid-level providers were classified recently as “Low/No Volume” providers **and despite their robust clinical activity**, had to facilitate the completion of 2 peer reference forms twice yearly. This, of course, was **NOT** an ideal practice but met regulatory compliance “in a pinch.”

**The Long Term Goal:** Dr. Hawtof, the

informatics team, and the Medical Staff Quality Coordinator were trying to reach a solution which would create “visibility” of the Mid-level providers electronically, while keeping costs low (i.e. not having to add additional hospital personnel to manually extract data from medical records, etc.)

The benefit of this would accomplish two things: 1) the high-volume Mid-level providers would no longer be labeled as “Low/No Volume” providers (which would exclude them from the requirement of doing the peer reference forms twice yearly), and 2) they would be associated with the patients that they care for daily and would be “linked” to the patient outcomes (which would, in turn, generate meaningful quality information).

**The Solution:** Invision is the software program utilized by the unit secretaries and others to enter orders on a patient such as lab, radiology studies, etc. A new order was created to electronically link Mid-level providers to their patients. Each Mid-level writes in every patient’s chart they are following: **“Add provider: [your name].”** This will allow Mid-levels to be manually put into the electronic order system and to be associated with their patients by the unit secretaries. The information becomes electronically extractable.

**What Mid-level providers need to do to make this process possible:** **Mid-levels need to write an order on the medical record for each patient for which they are providing care.** Please write the following order: **“Add provider: [print name]”**... of course this order would be signed, timed and dated as usual. We only need the order to be written one time for each patient, for each provider. **Multiple Mid-level providers can be associated with the same patient.** So, for example, if they are seen by a Cardiac NP, undergo open heart surgery (with a surgical PA and CRNA)-all 3 Mid-level providers will be linked to the same patient. Once the order is written, unit clerks/nurses, etc. can enter the information into the computer. This “Add Mid-level Provider” order information can then be fed to our Quality software program, Crimson, which already has patient outcome data available through prior coding extraction. When Crimson merges the patient outcome data with the Mid-level provider/patient attribution data, that is when meaningful quality data will become available for our Mid-level providers. **Providers who have adequate inpatient volume will no longer need to have 2 peer reference forms filled out!**

Questions: Call Rochelle 1-520-820-3257





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Need to contact us?

Just call or e-mail

BBMC

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## **“Whatcha gonna do?” - By Michael Salvatore, MD**

In parts of the US an old worrisome song is being sung anew by Medicare auditors:

**“Bad boy, bad boy, whatcha gonna do....Whatcha gonna do when they come for you?”**

Medicare and secondary providers (private insurance) are beginning what they call **“Physician Recoupment”**. “Recoupment” means that they intend to recoup fees paid to physicians for a service that is denied. The recoupment process can begin when the denial is issued! This is potentially quite serious and very damaging to your practice.

Worse yet, Medicare is allowing providers to extrapolate from a small sample of records to the entire universe of your records. Think about this for a moment. One chart out of 20 charts gives you an error rate of 5%, two charts and you are up to 10%.

The best way to avoid recoupment is to avoid denials in the first place by careful documentation of why you are providing a service. The next best way is to get every denial overturned. Only you can do the former; I can attempt the latter, but I need your help.

If you want to read about this, please paste this link into your browser's address line: <http://aishealth.com/archive/rmc070113-01>

Beebe physicians are not bad boys but even so, you need to consider **“whatcha gonna do when they come for you?”** The best way to keep them from coming is to rigorously review your documentation and plug any holes in it. However, if they do come, you need to beat them at their own game and help get every denial overturned.

This may not be fair but it is a

fact. This may not be happening here but it is happening elsewhere. This may be painful to prevent but it is more painful to experience. Do not be a “bad boy” – improve your documentation and fight to overturn denials. **So, whatcha gonna do?**

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