New Medical Staff Members

Ashley Goodnight Hall, M.D. – Allergy & Immunology
1233 N. 18th Street, Abilene, TX 79601
Phone: (325) 437-3687  Fax: (325) 437-3618
NPI 1790957587

Katherine Rinard, M.D. – Urology
1924 Pine Street, Suite 505, Abilene, TX 79601
Phone: 670-6180  Fax: 670-6185
NPI 1225299795

David J. Ross, D.O. – Emergency Medicine
Texas Midwest Emergency Medicine, 1900 Pine Street, Abilene, TX 79601
Phone: 670-2151  Fax: 670-2577
NPI 1250580757

A few “Hot Topics” for the Joint Commission:

1. Completed post op notes CANNOT be placed in medical record until AFTER the procedure is completed. CMS considers this falsification of documentation and can result in serious consequences for the practitioner as well as the facility.

2. Medications that require titration based on patient conditions can only be carried out with a complete order. A complete order is one that has a drug name, dosage, route, frequency and concentration when applicable. Nursing can no longer accept or pharmacy fill an incomplete order. Example of incomplete order: “start propofol drip.”

3. H & Ps must be written or dictated no more than 30 days prior and no later than 24 hours after admission. An H & P created within 30 days prior to admission may be utilized provided an update is recorded at the time of or within 24 hours after admission/ readmission. For patients going to surgery or a procedural area the H&P requirements must be completed prior to the start of the procedure.

4. All medical record entries must be legible, complete, dated and timed in written or electronic form by the person responsible for providing or evaluating the service provided.

Telemedicine – Neurology

An agreement has been signed and five neurologists are close to completing the credentialing process in order to be able to provide telemedicine neurology services for inpatients and patients in the Emergency Department. Training and equipment should be completed in August, in preparation for an anticipated start date of September 1, 2013. If necessary, patients may be transferred to the Texas Stroke Institute or other institution of choice.
Medical Executive Committee News

Amendments to Bylaws documents
Proposed new and amended bylaws documents were posted on the Hendrick website in June for comment by Active Staff members. The following were recommended to the Board of Trustees at the 07/26/13 MEC meeting:

Amendments
1. Article I – Definitions: additions related to terms in new corrective action, hearing and appellate review documents;
2. Proposed new Hearing Manual containing hearing and appellate procedures with corrective action removed;
3. MS1-1 - updated to correlate language between State Operations Manual and federal EMTALA guidelines;

New
1. Article VII – Corrective Action: moved from Hearing Manual to Articles of the Bylaws;
2. MS3-7 – proposed new policy on Telemedicine. ECG for Tip Location in PICC Lines – Bard 3CG tip location technology has been utilized in PICC line placement since February and has been approved for use instead of x-rays.

UTI Screening – the following patients will be routinely screened on admission
1. All patients with an indwelling catheter;
2. All patients with fever greater than or equal to 100.4;
3. All patients with altered mental status (physicians will be able to exclude for certain things such as suspected drug use, etc.);
4. All females age 65 or older;
5. All patients from nursing homes;
6. All patients readmitted within 7 days from a bedded stay;
7. All patients prior to placement of a Foley. Policy to be developed and presented to the MEC prior to implementation.

<table>
<thead>
<tr>
<th>DATE</th>
<th>UNIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 August</td>
<td>C-5 (Orthopedics)</td>
</tr>
<tr>
<td>15 August</td>
<td>ICU</td>
</tr>
<tr>
<td>1 September</td>
<td>C-4, LDR (OB/GYN)</td>
</tr>
<tr>
<td>15 September</td>
<td>PEDI/NSY (Pediatrics)</td>
</tr>
<tr>
<td>1 October</td>
<td>P-7 (Hematology/Oncology)</td>
</tr>
<tr>
<td>15 October</td>
<td>P-3, C-3 (Telemetry, CVSurgey, Cardiology)</td>
</tr>
<tr>
<td>1 November</td>
<td>C-7 (Neurology, Neurosurgery)</td>
</tr>
<tr>
<td>15 November</td>
<td>C-6 (Telemetry)</td>
</tr>
<tr>
<td>1 December</td>
<td>A-3, A-4, P-5 (Internal medicine, Family practice)</td>
</tr>
<tr>
<td>15 December</td>
<td>OR (Anesthesiology, remaining surgical specialties)</td>
</tr>
</tbody>
</table>

Physician Pictures

Hendrick has arranged for photographer Steve Butman to be available at the next Grand Rounds presentation on 08/21/13 at 12 p.m., in the Tom Roberts Conference Center to take pictures of physicians for the new physician directory, as well as the website. In addition, Steve will take appointments for physicians who would like to be scheduled for a different time.

If you have questions, please call Janera Naron, at 670-4524 or e-mail jnaron@hendrickhealth.org.
The Week in Healthcare
Still a work in progress . . . Providers skeptical of accuracy of CMS’ Physician Compare website
Excerpted from Modern Healthcare by Andis Robeznicks

“CMS has the unenviable job of implementing what’s been put out there legislatively.”
Patrick Mills, Missouri State Medical Association

Physician Compare’s listings are based on the CMS-run Provider Enrollment, Chair and Ownership System (PECOS). Any troubles with the website start there. Providers should check and re-check PECOS because that is the database that is populating the content of the website.

One of the upgrades to Physician Compare provides an overhaul of the underlying database which now cross-references information in PECOS with Medicare claims data from the previous 12 months. It also includes a feature for physicians labeled “How to Keep Your Information Current,” where updates can be made.

While Physician Compare’s development is driven by the Affordable Care Act, Hospital Compare started as a voluntary effort by the American Hospital Association, Federation of American Hospitals and Association of American Medical Colleges because the institutions feared a deluge of different data requests from competing quality websites. In response, they began a unified, voluntary data collection program in late 2003. Eventually, CMS took over the enterprise as it gradually linked incentive payments to quality reporting.

Physician Compare’s importance will be determined by how well it helps patients make a choice between doctors. According to Karen Zupko, president of a Chicago-based practice management consulting and training firm, “Practices used to be built on word of mouth, now it’s word of mouse.” Physician practices need someone in their office who regularly monitors sites such as Angie’s List, HealthGrades, Vitals.com, WebMD and Yelp to see what is being posted.

----------------------------------------

Vacation Notification
Please notify Medical Records, ext 3402 or 2901, when you are going to be on vacation. Or go to the Medical Records department and fill in a vacation notice form. Complete all of your available medical records in chartview, signatures and dictation.

If we do not know that you are on vacation you might get delinquent record notifications.
Farad Mostashari, MD, the U.S Department of Health and Human Services national coordinator of health information technology states: “No more delays. No more postponements. The compliance date for ICD-10 is set, and it will not change.”

**The effective date is 10/01/14**

---

**VTE Prophylaxis Must Be Addressed on ALL Patients Over Age 18!!**

The Executive Quality Council of Hendrick Health System approved a policy on April 15, 2013, for VTE prophylaxis designed to meet the January, 2013, CMS requirement. All patients over 18 will now be automatically screened as part of the nursing admission assessment.

If a VTE Prophylaxis/Omission Order has not been completed, an order will be entered on behalf of the attending physician and a pneumatic compression device or foot pumps will be applied.

The presence of this policy, subsequent patient screening, and placement of SCDs, does not replace physician responsibility. If a pneumatic compression device cannot be applied, the nurse will call the physician for a Chemical Prophylaxis Order or an Omission Order.

---

**Save the Dates**

**August 21, 2013, 12 – 1 p.m.**  
Tom Roberts Conference Center

“Hyponatremia: Strategies for the Identification, Assessment, and Logical Treatment of Hyponatremia in the Hospital Setting” and **September 20 & 21, 2013**  
Auxiliary Conference Center

The 18th Annual Physician CME Symposium

Call Dana Hardegree at 325-670-4330 or e-mail dhardegree@hendrickhealth.org.

---

**To Anyone Interested in Coding . . .**

There is a monthly meeting at Hendrick in the Board Room on the 3rd Saturday of every month from 12-1. Most meetings are free and offer 1 CEU credit. Meetings are open to coders, office managers, or anyone interested in coding. In preparing for testing and seminars, the following are offered for the price listed:

- **08/17 CPC:** exam review; $35.00; 3 CEU credits. Catered.
- **09/07 EXAM** for certification; $300 or if AAPC student $260
- **09/21 Seminar:** Speakers - PT/A&P/Medical Terminology/ ICD-10-CM/PCS; $89.95 7 CEU Credits; catered; material provided.

Contact Tammy McLemore at 325-733-2531. Chapter information can be found at coding4art@yahoo.com

---

**WTxHITREC Offers New Service Model**

As of July 2013, the West Texas HIT Regional Extension Center implemented a new service model offered to all health care providers and hospitals in the 108 most-western counties of Texas. In addition to the current EHR consulting services offered, the WTxHITREC now has the ability to offer additional services in a fee structure with improved flexibility. With the new service model, providers and hospitals now have the opportunity to receive additional support in service areas to meet stage 2 meaningful use requirements as well as Patient-Centered Medical Home and Accountable Care Organization education and support.

806.743.7960 I www.wtxhitrec.org I info@wtxhitrec.org