Message from the CEO

CHIEF MEDICAL OFFICER POSITION

I am very pleased to announce that Dr. Joseph Pino who most of you all know, has accepted the newly created facility position of Chief Medical Officer for Regional Medical Center Bayonet Point. Dr. Joe Pino has practiced Family Medicine and Geriatrics in our community for thirty years. Originally from New York City, he is a graduate of The Lutheran Medical Center's Family Medicine Residency, the first Family Medicine training program in New York City.

In his role as Chief Medical Officer, Dr. Pino will have responsibilities of proactively and collaboratively working with our medical staff on all quality initiatives and measures of success. Dr. Pino will be a part of the Senior Leadership Team and will be working closely with the Quality and Clinical Departments, Risk Management, and Case Management. The Chief Medical Officer position will increasingly become a more critical role in the future as the Affordable Care Act impacts the delivery of healthcare in our country.

He will also be involved in graduate medical education and has recently been appointed Assistant

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The Board of Trustees is a voluntary board comprised of physicians and business leaders from Pasco County and hospital administration. They play a significant role in shaping the hospital’s future making recommendations for improvement for patient care and ensuring the healthcare needs of the community are being met.
POST GRADUATE MEDICAL EDUCATION, AN OPPORTUNITY FOR EXCELLENCE

Not so very long from now some eager, somewhat apprehensive young women and men with clean white coats and brand new stethoscopes will be seen on our medical floors, intensive care units and the emergency department. Our first group of interns in our new Osteopathic Internal Medicine program will have worked hard to have the very new privilege of being called, “Doctor.” Their expectation will be that we collectively, as a medical staff, educate and support them as they rotate thru one of the most challenging years of their lives.

Regional Medical Center Bayonet Point will become a teaching facility. Along with the opportunity to build on this “teaching” experience with other residency programs, we should use this landmark change for our medical center to improve patient care at our facility. Practicing evidenced based medicine which is patient centered and outcome driven is our new standard of care. Reducing morbidity and mortality will benefit our patients and enrich the experience of our residents.

Sharing our expertise with fledging new physicians is giving the gift of knowledge and from what I remember it will be well received. Please take this rewarding opportunity to become involved in the Graduate Medical Education programs. Physicians willing to give lectures or supervise a resident thru a rotation will likely be needed. Hardly a week goes by that I do not recall the physician who was my mentor, a family physician whose career spanned more than four decades. How strange, or maybe not so, that his career parallels my own as the last decade he worked was spent in administration and teaching. Sometimes, one does not realize the impact one life may have on another.

In our technologically advanced medical world we must never forget the C word: COMPASSION! The most knowledgeable physician in the universe is ineffective in the eyes of their patient if they lack compassion. Presumably we are in this profession because we all possess compassion, even though at times it seems to take a holiday. Compassion toward our patients, their families, our co-workers, our new Residents and each other along with a strong commitment to patient centered care and medical education will surely continue to elevate Regional Medical Center as a center of excellence!

Sincerely,
Dr. Joseph Pino,
Chief Medical Officer
Clinical Professor, Department of Family Medicine Nova Southeastern University School of Osteopathic Medicine.

Please join me in congratulating Dr. Pino as Chief Medical Officer.

Sincerely,
Shayne George, CEO

Graduate Medical Education
– Where are we?

As Dr. Pino alluded to in his message, our Graduate Medical Education program will be underway in six short months. To ensure we are primed, initiatives are underway to prepare our facility and our faculty for the inception of our first Graduate Medical Education (GME) program. Monthly GME Committee meetings are underway and are developing Institutional policies to govern the programs. The committee is comprised of medical staff members, hospital leadership, and the GME administrative team. A monthly operations committee is also in progress. This committee is comprised of hospital department directors and staff, hospital leadership, and the GME administrative team. The committee focuses on the facility and organization processes to ensure a smooth insertion of residents into the day to day activity of the facility.

We will begin holding monthly faculty development sessions to provide faculty members the resources needed to educate and lead our residents. Yvonne Braver, MD, the Internal Medicine Program Director for Brandon Regional Hospital has graciously agreed to give a series of Faculty Development Lectures here at Bayonet Point. She is an experienced Internal Medicine Program Director who is willing to share her GME knowledge with us.

American Osteopathic Association (AOA) GME Status

In July, our accredited American Osteopathic Association (AOA) Internal Medicine Residency Program will welcome the first class of six residents. The program is accredited for six residents per year, reaching a total of eighteen residents at the program’s capacity. The AOA match is scheduled for February and we will announce our new resident members after that date. Michael Strobbe, DO has been appointed as the Program Director for the AOA Internal Medicine Program and is responsible for the program’s administration.

Accreditation Council for Graduate Medical Education (ACGME) GME Status

Bayonet Point recently received accreditation by the Accreditation Council for Graduate Medical Education (ACGME) as a Sponsoring Institution for MD residency programs, giving us the authority to educate and train allopathic physicians. Our division GME Vice President and DIO, Ava Fulbright is currently seeking program directors for ACGME General Surgery and Internal Medicine Programs. Program Directors must meet the qualifications set forth in the respective Common and Specialty Program Requirements. Once program directors have been identified, the programs will begin the process of applying for specific program accreditation.

If you have questions regarding the Bayonet Point GME program please contact Mindy Trawle @ (727) 819-2965 or mindy.trawle@hcahealthcare.com.
The above 5 areas define quality for the medical record. Thorough and timely documentation accurately reflects the severity of illness and expected mortality when your publicly reported data is compared to your peers. Delays in operative reports or queries leads to other providers missing the whole picture when making decisions regarding the care of the patient. Physicians on Medical Records Suspension impacts the delivery and who is available to care for patients and can lead to delays. It is imperative that we not only provide Quality Care, but are able to demonstrate that through proper and timely documentation.

Welcome New Human Resources VP

Please join us in welcoming Geoff Washburn to Regional Medical Center Bayonet Point. Geoff comes to us with over 30 years of experience in healthcare human resources, with specialization in employee relations, benefit & compensation, and organizational development. Geoff has achieved the designation as a Senior Professional in Human Resources (SPHR) through the Society of Human Resources Management. He pursued a healthcare human resources career because he wanted to help employees succeed by creating a “fair and consistent” environment in which they could develop. He views his strength as an effective problem-solver.

Professionally, he most recently served as President for the Michigan Healthcare Human Resources Association (MHHRA). He is also a member of the Society of Human Resources Management (SHRM) and American Society of Healthcare Human Resources Administration (ASHHRA). Please congratulate Geoff on his new position.

Welcome New Surgical Services Director

Please join in congratulating Kelley Imbimbo, RN, on her promotion to the position of Surgical Services Director at Bayonet Point.

Kelley is no stranger to Bayonet Point as she has been our Clinical Resource Manager since 2001. What some of you may not know is that Kelley served as our OR director from 1993-2001. Prior to that she worked in the PACU, Endo, General, and CVOR. Her experiences in the OR and supply chain will be a huge asset to Bayonet as we continue to grow all of our surgical specialties.

Welcome New 2 Central Director

Welcome Lisa Payne, RN, BSN, new Director of the Medical Telemetry Unit. Lisa has been with RMCBP for almost 3 years. For the previous eighteen months she had been the Clinical Educator on the unit. She was instrumental in hiring and onboarding new nurses and assisting the staff with educational needs. Prior to her time here she was at a sister HCA facility, Trident Health Care System in Charleston, SC, where she was a resource nurse and involved with staff education. She also worked at Baylor University Medical Center in Dallas, TX, where she served as an assistant manager on a cardiovascular surgery step down unit. Developing strong teamwork among the staff and delivering top quality patient care are several of her goals. She is looking forward to working with the entire staff here at RMCBP. Please join us in congratulating her in her new role.

Origin of “National Doctor’s Day”:

Doctors’ Day observances date back to March 30, 1933. It was started by Eudora Brown Almond of Winder, Ga. The day marks the anniversary of the first use of general anesthesia in surgery. The first National Doctor’s Day was celebrated in 1991.

On March 30, 1958, the United States House of Representatives adopted a resolution commemorating Doctors’ Day. In 1990, the congress and the senate approved legislation establishing National Doctors Day. The resolution designating March 30 as National Doctors’ Day was signed by President George Bush.

2014 Doctors Day Events- Mark Your Calendar and Save the Dates

Tuesday, March 25  Lunch in the Physicians Lounge  11:30AM- 2:00 PM
Wednesday, March 26  Breakfast in the Physicians Lounge  7:00 AM- 9:30 AM
2013 Frist Humanitarian Award Nominations Requested

We at Regional Medical Center Bayonet Point want you to nominate one physician, one employee, and one volunteer for the 2013 Frist Humanitarian Awards, the highest honor HCA bestows. Nominees should be people who go above and beyond, exhibiting remarkable concern for the welfare and happiness of patients (not necessarily in the area of direct patient care) and perform extraordinary acts of kindness throughout the community.

WHO’S ELIGIBLE

- All HCA-affiliated physicians, defined as an employee physician or any physician with medical staff privileges at a HCA hospital
- All employees (excluding CEO, COO, CFO, CNO, CMO, and CIO) who work 32 hours or more weekly are eligible for the employee nomination.
- Any person volunteering eight hours or more each month is eligible for the volunteer nomination.
- Past local recipients and previous national finalists are eligible for the national award. We encourage you to resubmit your strong candidates for national consideration.

NOMINEE QUALITIES

- Who demonstrates a level of commitment to community service beyond the daily operation of the facility that parallels their involvement to quality patient care.
- Who demonstrates remarkable concern for the welfare and happiness of patients and has performed extraordinary acts of kindness (not necessarily in the area of direct patient care).
- Whose contributions may be overshadowed due to personal modesty and genuine humility.
- Who makes this world a better place and inspires others to get involved by caring for the community and others in need.

KEEP IN MIND

The Frist Humanitarian Award is intended to recognize individuals who serve their community and neighbors in need in addition to remarkably performing their work duties. It’s easy to nominate someone, just complete the nomination form located on the drop box in the Physician Lounge or Human Resources Departments.

The Ever Changing Core Measures

By Mark Galvin, RN, BSN

In a world of ever changes, so goes the world of Quality in Healthcare. With 2014 here, there have been some changes to Core Measures. The Joint Commission and other regulatory bodies use Core Measures, which are a unique grouping of performance measures with evidence based practices by physicians and other healthcare professionals, as a way to measure if patients are receiving excellent clinical care. Although there is a financial incentive to healthcare professionals and to the healthcare organization, the overall goal for implementing core measures is to improve patient care and outcomes.

Some of the changes include; Acute Myocardial Infarction: Eliquis has been added to the list for antithrombotic. If a patient is on this medication or Coumadin, Pradaxa, or Xarelto at home, the patient does not require an ASA within the first 24 hours of arrival. Heart Failure: ACEI/ARB; if this isn’t ordered an explicit reason must be documented in the H&P or progress note. Pneumonia: As a reminder, if the patient is a pneumonia patient and is going to any of the ICUs, blood cultures must be ordered and drawn prior to any antibiotics given. Surgical Care Improvement Project, better known as SCIPs, the major change here is for Cardiac Surgeries patients. Postoperative blood glucose levels must be equal to or less than 180 mg/dl in the time frame of 18 to 24 hours after anesthesia end time. Stroke: With Stroke patients, LDLs that were drawn 30 days prior to 48 hours after arrival maybe used. If a patient has a statin as a home medication, the patient does not need a LDL ordered.

The Core Measure Booklet pocket guide is going through revision and will be redistributed once the Quality Department receives them back from the print shop. The new checklist is also going through revision, and it too, will be redistributed once the Quality Department receives them.
Clinical Documentation Improvement Tips

Congestive Heart Failure (CHF)
Need to Document: Acute v. Chronic, Systolic v. Diastolic v. Both
“ACUTE” v. “CHRONIC” v. “ACUTE on CHRONIC”
“SYSTOLIC” (EF <40%) v. “DIASTOLIC” (Normal EF) v. BOTH?

• Is this ACUTE CHF? What is the mechanism causing it?
• Is this CHRONIC heart failure? What is the causative cardiomyopathy?
  → Example: hypertensive heart disease, ischemic heart disease, valvular and which valve(s), viral, alcoholic etc.
• Is this RIGHT sided or LEFT sided ventricular dysfunction?
• With LEFT heart failure, clarify ACUTE/CHRONIC state or BOTH (provide BNP level).

For core measures; need to document EF at least once in the chart

ALWAYS LINK the organism from the culture to the infection I.E. UTI, PN, Sepsis. Although it is obvious to clinicians that the linkage exists, it cannot be coded until the physician says the diagnosis “E Coli UTI”, “Pseudomonas PN” etc

Chronic Kidney Disease must always be staged AND renal insufficiency will be clarified.

UTI & Foley, patients with a foley and UTI, please specify if the UTI is related to the foley

Your Clinical Documentation Specialist are:
Pam Long 727-819-2981
Debby Long 727-819-2982
Louise Deluca 727-819-2983

Please call for any assistance with your queries. They will dedicate time to provide any needed assistance.
Jeanie Bellamy RN, BSN, CPHQ
Director Case Management & Clinical Documentation Integrity
Regional Medical Center Bayonet Point
727-869-5580
Remote Access: Allows access to patient records from your office or home 24/7 via a desktop computer, laptop or an iPad

- **Meditech** – Allows users to review patient information, place orders and enter progress notes electronically.
- **hCare Portal** – Allows user to view patient information and sign off on incomplete charts.
- **PACS** - Allows users to view x-rays and print reports.
- **MUSE** - Allows users to view, print, edit, and sign EKGs.
- **CVPACS** - Allows users to view and read full motion pictures of cardiac caths, vascular studies, and echo’s.

**Patient Keeper (hCare Mobility)** - Installed on a compatible smart phone this program allows access to patient information anywhere you have a cell signal and/or Wi-Fi.

**VIP Wi-Fi** – Available to all Providers to allow for a faster browsing experience.

**Up to Date:** We are glad to announce that you may earn CME credit every time you research a clinical question using UpToDate® through an HCA access point.

There are no fees when accessing through the HCA network.

Contact Ashley to register to start earning your CME credit’s now.

**PCP Patient Admission Alerts** – Notification will be sent if one of your patients visits an ER at any facility that you are credentialed at. Alerts can be sent via text, e-mail, and/or fax.

**Ashley Pettitt, RN Physician Support Coordinator**
Office - 727-869-5496
Cell - 727-364-8346
The Heart Valve Clinic is now open and accepting patients. The Heart Valve Clinic at Regional Medical Center Bayonet Point is here to serve you and your patients with severe aortic stenosis. The clinic offers a collaborative approach to treating patients with a valve disorder. Our team of experts who are interventional cardiologists and cardiovascular surgeons provide referring physicians and their patients with focused prompt assessment and treatment options. Some of which may include conventional surgical valve replacement or repair, medical therapy or transfemoral aortic valve replacement or implementation (TAVR or TAVI).

What you can expect when you refer patients to the Heart Valve Clinic:

- The opportunity to collaborate with a team of cardiac experts to establish a diagnosis and treatment strategy for your patient
- The invitation to attend our valve conference, during which our team reviews your patient’s imaging data to recommend diagnostic strategies, treatment options and if needed surgical recommendations.
- A letter summarizing our team’s findings and treatment recommendations for your patients
- A valve clinic nurse navigator who serves as resource for patients and helps coordinate care while being seen at the Heart Valve Clinic

If you would like to refer a patient to Heart Valve Clinic (or if you have questions about the clinic) please call the nurse navigator at 727-819-2969 or by cell 727-244-9434.

Rehab Resolutions 2014

Activity Levels – How active should your patient be today?

Please consider Activity Levels throughout your patients’ admission. Many patients are admitted through our ED with BED REST (BR) orders. Some are increased to BR with bathroom privileges (BRP) and a small percentage remains on BR until discharge. As you know, early mobility is critical to improve outcomes, customer satisfaction and decrease length of stay. Once your patient is medically stable, please change the Activity Order from Bed Rest to the next appropriate level.

Nursing orders may be appropriate if the patient only requires supervision, verbal cues for safety and/or minimal assistance. However, if the patient requires the skills of a therapist for strengthening exercise, transfer and/or gait training, please order physical therapy.

Here are some facts you may already know:

- Patients lose 1.5 - 3% of muscle strength every day they are immobile (3-5% > age 70)
- After 3 - 4 days orthostatic intolerance begins
- 10% reduction in postural strength may occur after just 1 week of BR
- 50% of intensive care patients show signs of Critical Illness Myopathy > 7 days on vent
- Up to 1% of vertebral column bone density may be lost per week
- 3-4 weeks of BR may reduce stroke volume by 30%
- 4-6 weeks of BR 6-40% overall bone density is lost

So in short, please consider the appropriate activity level throughout your patients’ stay.

Thanks and Happy New Year!

Mike Imbimbo, Director of Rehab
The Pharmacy and Therapeutics and the Medical Executive Committees have reviewed and approved the following changes:

Policies and Procedures – Following policy revision has been approved and will be posted on hospital intranet.
- **Pharmacy to Dose TPN policy** – Policy revisions were presented, reviewed, and approved by the committee. Physicians will have an option to request a “TPN consult by pharmacy” using consults in CPOE.
- **Recommended Standard Diagnostic Doses for Adult Patients:** An annual review was presented and approved by P&T
- **Pharmacy Pain Management Review Policy:** Policy revisions were presented, reviewed, and approved by the committee. In an effort to improve pain management HCAPS scores, nurses can request pain management review by pharmacy using message function in CPOE. Pharmacy will evaluate and recommend changes based on established criteria.

Formulary Management:
- Following medications are approved to be added to the formulary:
  - Delzicol (Mesalamine)
  - Verapamil 120mg SR, 180mg SR, 240mg SR.
- Following medications are approved to be removed from the formulary:
  - Felodipine and Verapamil ER tabs
- Interchange all the following as approved:
  - Asacol, Aprisol, Asacol HD, Lialda, and Pentasa to Delzicol
  - Zegerid to Sodium Bicarbonate + Pantoprazole
  - All other antacid combinations to Magnesium/Aluminum/Simethicone combination
  - Sucralfate liquid to Sucralfate tablet
  - Felodipine to Amlodipine
  - Verapamil ER to Verapamil SR
  - Edarbi to Losartan

**Thank you for your attention and consideration in these matters.**

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**Thank You Medical Executive Committee**

Dear Dr. Behan and Medical Staff,

I want to thank you for the generous gift to the Holiday Basket Program. Success in such an enterprise is measured in smiles, joy and relief. The smiles you brought to so many children and young people are unseen by us, but we know they are there. The joy and relief of parents and families made this season a time of hope and reassurance in the goodness of friends and strangers. In their own words they say thank you. “We will never forget your generosity in our time of need.”

A family with three children, financial problems from being unemployed, and health issues, wrote, “You have made this time so special for us, our English is not good enough to tell you how much this means.” Another wrote, “We all will have happy memories in these hard times.” You helped eighteen families with real needs, provided them with gifts, food and a gift card for perishable food items. How special this is. Our “shoppers” personalized the gifts and suited them to the individual child or teen. Their shopping savvy showed a savings of over $1700 by purchasing sale items and coupons, so your gift was multiplied. Of course a letter to the parents was included in each basket to let them know of your provision.

Thank you for being such a big part in this wonderful program to share in the community and ease the burden for so many. May you know continued success and satisfaction in your lives.

Yours for Others,
Rev. Dr. Jack Long, Chaplain
What is Patient Portal?
Patient Portal enables patients to manage their healthcare by securely accessing their personal health information online, 24 hours a day, seven days a week. With data supplied by their electronic health record, patients are assured that the data they receive is accurate, private and secure.

Since patients access their own Continuity of Care Document, Discharge Summaries and Discharge Instructions, all parties involved experience better coordinated care. Patient Portal encourages connectedness outside of typically illness-focused events, as care documentation is available even in times of health.

Available anywhere with internet access, Patient Portal is convenient for managing the health of oneself and loved ones online. It is an innovation that patients appreciate as HCA continues to transform from a hospital company to a healthcare system.

What are the goals of Patient Portal?
The goal of Patient Portal is to improve the patient experience while creating the technology foundation for meeting Meaningful Use, Stage Two requirements.

What data does Patient Portal deliver to the patient?
The data available in Patient Portal includes:

- Allergies
- Conditions
- Discharge Instructions
- Health Summaries
- Hospital Visit Histories
- Laboratory Results
- Medications and Instructions
- Radiology Reports
- Upcoming Appointments

How does Patient Portal impact physicians?
Patient Portal is a convenient way for your patients to obtain their medical record electronically instead of requesting from Medical Records Department. We encourage any efforts you make to get patients to utilize and log into their Portal account.

Questions
For Patient Portal support please call 1-855-870-5350.

Explore Patient Portal NOW by scanning this code with your smartphone.