In this issue of our Newsletter, Dr. Larry Feinman has contributed an excellent article. I urge each of you to read it because the future is now.

For those of you interested in graduate medical education we have our continuing faculty development lecture series given by the IM program director at Brandon Medical Center, Dr. Yvonne Braver. A list of future meetings is posted in the physicians lounge.

We have a program director for the AGME Internal Medicine program beginning in July of 2015. Dr. Thomas Genese. He is presently an assistant program director in Illinois and will be joining us around July to structure our IM program and prepare us for our future teaching roles and responsibilities. Those of you whom are interested in participating please forward your CV’s in confidence to either myself or Mindy Trawle our Director of GME.

Our Osteopathic IM program starts this July 1st and the residents will be here on June 23rd for their orientation.

Lastly, please continue to pay attention to your quarries and answer them as accurately as possible. Remember that coding reflects severity and that this information impacts your LOS, morbidity and mortality data. This information is public.

Let us continue to be committed to the patients who entrust their lives to us and to this institution.

Sincerely,

Joe
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.

Frist Award Winners Announced

The Frist Humanitarian Award is intended to recognize individuals who serve their community and neighbors in need, those who go above and beyond, exhibiting remarkable concern for the welfare and happiness of patients in addition to remarkably performing their work duties.

Created in 1971, the Frist Humanitarian Award is HCA’s highest honor bestowed to a physician. In 2009, the physician category was added to recognize outstanding physicians who consistently go beyond the call of duty in serving patients and their local communities.

The 2013 Frist Award Ceremony took place on Wed. April 30th.

Congratulations to this year’s winner, Annie Dorasingh, MD for exemplifying the spirit of the award and to the other physician nominees which included Scott Norwood, MD, Maria Soto-Aguilar, MD, Victor Randolph, MD, Joseph Staffetti, MD, Krishna Ravi, MD, and Dominick Sorresso, MD.

Thank you to all the winners and nominees for all you do for Regional Medical Center Bayonet Point and our community. Your compassion, dedication and spirit inspire all of us to be better people.
Clinical Connection

Treating the Whole Person - Drop a PEARL"

As healthcare professionals we treat patients with the utmost of care and compassion each day. We pride ourselves on being able to provide our patients with high quality evidenced based care. We are moving forward, taking that relationship to the next level and focusing on making that important personal connection.

You may have seen posters on your unit that discuss the continuum of treating the whole person, that is to say treating the person’s biomedical functions as well as the relationship functions of the patient/family and the healthcare team using the GUEST acronym. Classes are being held now to enhance our understanding of the patient experience and relationship centered communication. In fact, you may have already earned a ‘Pearl’ for your team. When you are caught ‘dropping a pearl’ you will be given one to put in your unit’s bucket. The unit with the most pearls at the end of each month will win a fabulous prize! The first collection will be May 30, 2014 in the cafeteria.

How do you earn a pearl? See below for the meaning and importance of a PEARL!

G – Greeting – Acknowledge the person by their preferred name, acknowledge personal privacy
  Introduce yourself, your role and orient them to routines and expectations, hospitals are a strange place and patients may be frightened of the unknown

U – Understand the patient/family perspective – Ask with curiosity
  – get their full story; learn about them as a person, invite them to elaborate
  listen with intentional presence and reflection, Respond using the ARTS of Communication:
    Ask - about their perspective and illness experience, about their concerns, questions and priorities for the day
    Respond with empathy – drop a PEARL
      P – partnership with the healthcare team
      E – emotion – recognize and value their emotions
      A – apology/appreciation – realize there may be delays and painful procedures
      R – respect – their decisions and choices
      L – legitimatize – their feelings are normal and valid
    Teach about your perspective – answer their unspoken questions
    Share in decision making – collaborate as partners in care planning.

E – Educate about their diagnosis and treatment care plan
S – Shared Decision making about their continued treatment plan
T – Thank - Thank them for trusting us with their care.
INFORMATION TECHNOLOGY

Remote Access - Allows access to patient records from your office or home 24/7 via a desktop computer, laptop, or an iPad/tablet.
  o Meditech  o PACS  o CVPACS
  o hCare Portal  o MUSE

Patient Keeper (hCare Mobility) – An app installed on a cell phone and/or iPad that allows access to patient information anywhere you have a cell signal or Wi-Fi

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

Up to Date - You can 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

PCP Patient Admission Alerts – Notification will be sent via text, e-mail, and/or fax, if one your patient visits an ER at any of your credentialed facilities.

Chart Party – Every Wednesday from 12p.m. – 2p.m., we are available in the physician lounge to assist and/or answer any of your questions.

hCare HUB – Allows patient information, such as lab results, radiology reports, dictated reports, progress notes, and microbiology and pathology results to flow directly into your office’s electronic medical record from the hospital

If you have any questions or concerns, please contact:
Ashley Pettitt, RN Physician Support Coordinator
Office 727-869-5496 | Cell 727-364-8346

BAYONET POINT TAKES THE LEAD IN

Emergency PREPAREDNESS for Radiation Incidents

2014 West Central Florida Medical Reserve Corps and Regional Medical Center Bayonet Point conducted an Exercise designed to test the hospital and health department communications, hospital triage, decontamination, and injury assessment operations response. Bayonet Point’s manpower team was to request assistance from appropriate response team and or agency, which, in turn, is expected to request the assistance of the Medical Reserve Corps (MRC) volunteers.

Pasco Florida Department of Health was expected to deploy credentialed Medical Reserve Corps (MRC) volunteers, following disaster response protocols. FDOH – Pasco is expected to provide a Radiological Response Reception Center Incident Action Plan and just in time training to deployed MRC volunteers.

Bayonet Point is expected to show proficiency in the ability to triage a surge of patients that require decontamination, decontamination and treatment or radiation exposure education.

The exercises where conducted on two separate days February 18, 2014 and March 26, 2014, so as to show improvements in proficiency. Bayonet Point along with the Department of Health were both successful in their ability to interact with each other in order to show that in the event of a real life emergency they would be able to save life’s. Thanks go out to Deborah Hensley of the Department of Health and Glen Baker and his committee of Emergency Management for coordinating this effort.
MEET THE ADMINISTRATION TEAM MEMBERS

Shayne George, MBA, MHA, FACHE
Chief Executive Officer

Shayne George serves as Chief Executive Officer for Regional Medical Center Bayonet Point. Shayne’s experience includes over 20 years of leadership in the healthcare industry in complex hospitals and competitive markets including bed sizes ranging from 120 beds to 374 beds. Shayne has served in markets throughout the Southeast including Florida, Georgia, North Carolina, and Louisiana. Prior to Shayne’s current CEO role, he served 6 years as CEO of Doctors Hospital in Augusta, Georgia with the nation’s largest burn trauma center.

Over the course of Shayne’s career he has also served in numerous community leadership and board roles including American Heart Association, American Cancer Society, United Way, Family Y, Boy Scouts of America, and Chambers of Commerce Leadership Classes and Boards.

Shayne earned a Bachelor of Science Degree in Marketing from Auburn University and a Master of Business Administration Degree and a Master of Health Administration Degree from Georgia State University. Shayne is also a Fellow of the American College of Healthcare Executives.

Joseph Pino M.D., MBA, FAAFP
Chief Medical Officer

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.

Prior to starting his career in medicine, Dr. Pino served in The United States Navy as a Hospital Corpsman. He then attended Hunter College of the City University of New York where he received his degree in Health Sciences. He is a graduate of Ross University School of Medicine and he is a Diplomat of the American Board of Family Medicine with a dual certification in Geriatrics. He is a Fellow of the American Academy of Family Physicians. He received his MBA from The University of Phoenix.

He has been the Chief Medical Officer at Regional Medical Center Bayonet Point since 2006. Over the course of his career he has served as Medical Director, Medical Advisor and Board Member for many community organizations and institutions. He is a past Chairman of the Board of Regional Medical Center and a Past President of the Pasco County Medical Society.

Shalin Shah, MBA
Chief Operating Officer

Shalin Shah holds the position of Chief Operating Officer at Regional Medical Center Bayonet Point since September 2011. Prior to that Shalin had been serving as the facility’s Chief Financial Officer since March 2007.

Shalin is a passionate advocate for patients, physicians, and employees with over 20 years of experience in the healthcare industry. He is a strong ethical leader with a constant focus on quality and process improvements with excellent analytical skills.

He started his career in 1989 with a hospital in Orlando, FL. Since then he has held many leadership roles at 7 different facilities throughout the state of Florida.

Shalin has a Bachelor Degree in Finance and an MBA both from the University of Florida. Shalin and his wife, Tuya, have twin daughters and a son.

Tanya Simpson, BSN, MHA
Chief Nursing Officer

Tanya Simpson joined the team at Regional Medical Center Bayonet Point in August 2013.

Prior to joining Regional Medical Center Bayonet Point, Tanya served as Associate Chief Nursing Officer at Northwest Medical Center, a 223 bed HCA facility in Margate, Florida. Tanya has also served as the Assistant Vice President of the Burn Center at Doctors Hospital in Augusta, Georgia and other leadership roles throughout her nursing career.

Tanya earned a Bachelor Degree in Nursing from Webster University in St. Louis, Missouri and a Master of Science in Healthcare Management from Lindenwood University in St. Charles, Missouri.

Tom Lawhorne
Chief Financial Officer

Tom Lawhorne was named Chief Financial Officer of Regional Medical Center Bayonet Point in December 2011. Tom has more than 20 years of financial management and leadership experience in the healthcare industry.

Since 1993 Tom has served in Financial and Operational leadership roles in HCA Hospitals in Virginia, Kentucky, North Carolina, and now Florida. Tom’s diverse experience lends itself to both the financial and operational aspects of hospital leadership. Tom has developed and implemented strategic objectives related to healthcare legislation, payer reimbursement, capital deployment, medical staff development, service line development, volume growth, and operational efficiencies.

Before joining Regional Medical Center Bayonet Point, Tom served as the Chief Financial Officer and Chief Operating Officer for HCA’s Lewis-Gale Hospital Pulaski, a 147-bed facility in Pulaski, VA. Tom served HCA in Virginia for 14 years. Tom also served as CFO for an HCA facility in Kentucky, and as a Controller for an HCA facility in North Carolina.

Tom earned a Bachelor of Arts degree in Accounting graduating Magna Cum Laude from Lenoir-Rhyne College in Hickory, North Carolina.

Dajana Yoakley, MHA
Associate Administrator, Ethics and Compliance Officer

Dajana Yoakley joined the team at Regional Medical Center Bayonet Point in February 2010. In June 2011, she was accepted into HCA’s Chief Operating Officer Development Program in which she oversees clinical and non-clinical departments. Additionally, Dajana serves as the Facility Ethics and Compliance Officer.

Before joining Regional Medical Center Bayonet Point, Dajana was in the role of an Administrative Resident at HCA’s Oak Hill Hospital, a 234-bed facility in Brooksville, FL. She served in this role for one and a half years.

Dajana’s experience in the Executive Development program includes Leadership, Project Management, Service Line Development, and Process Improvement. She earned a Bachelor of Science Degree in Integrative Biology and a Masters in Health Administration, both from the University of Florida. Dajana and her husband, Charlie, have one son.

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April was National Occupational Therapy Month. The Occupational Therapy (OT) Department here at Regional Medical Center Bayonet Point (RMCBP) would like to extend sincere gratitude for your support. As OT’s, we treat individuals of all ages who are limited by physical injury, psychological dysfunction and/or developmental delay in order to maximize independence in daily living. We are very proud of our role here at RMCBP.

ACUTE IN-PATIENT OT:

Orthopedic (joint replacement, fractures, back surgeries): Activity of daily living (ADL) re-training, adaptive equipment training, function mobility training, safety precaution training and splint fabrication.

Neurological (stroke, TBI, MS): Activity of daily living re-training, cognitive remediation, visual/perceptual training, adapted/compensatory techniques, neuromuscular re-education and splint fabrication.

Cardiac (valve replacements, CABG, AICD placement): Promote independence in self-care with regards to cardiac precautions. Main focus is energy conservation and safety while building endurance/activity tolerance for ADLs.

Respiratory (COPD, pneumonia): Promote independence in self-care with emphasis on energy conservation, work simplification and deep breathing exercises.

General Medical: Any patient who suffers from generalized weakness or decrease in cognition causing loss of independence is a candidate for Occupational Therapy treatment.

Out-Patient Treatment: We provide a continuity of care in the outpatient setting. There are a variety of diagnoses treated including orthopedics, neurological and pediatric.

The above programs and resultant benefits to patients would not be possible without the collaboration and efforts of you and your staff.

The entire rehabilitative staff looks forward to continuing to provide excellent health care and rehab for our patients.

– Mike Imbimbo, Director of Rehabilitation Services

Welcome New IT Director

Please join us in welcoming new IT Director Michael Willms, PMP to Regional Medical Center Bayonet Point. Michael started his career with HCA 4 years ago as the West Florida Division IT Project Manager based out of the Clearwater Division IT office. Michael managed many large projects including the construction of Medical Center of Trinity and the Plant City Free Standing ED. He then transitioned to the Associate IT Director at South Bay Hospital where he managed the daily IT operations and also coordinated the recent One Voice project for the facility. Prior to HCA, Michael worked as a Senior Associate with the Accounting and Advisory firm KPMG specializing in IT project management and IT audit. Please join us in congratulating Michael on this opportunity and welcoming him to RMCBP.

Welcome New HIM Director

Please join us in announcing Julie Sivyer joined our Management Team as our HIM Director. Julie is an HIM Professional with 25 years experience and is a member of the AHIMA and FAHIMA which are the National and Florida HIM Professionals Associations. Please join us in welcoming Julie to our team and also in thanking Jessyca Dew who has done an outstanding job as our Interim HIM Director. Jessyca has been in an internship program in the West Florida Division HIM Department and stepped into the Interim Director role seamlessly. Thank you Jessyca.

Welcome New Director of Advanced Clinicals

We are very pleased to announce that Michael Spitrey has accepted the position of Director Of Advanced Clinicals. Michael comes with many years of experience as a nurse having worked over ten years in CSU, PRN in Dialysis and as relief supervisor. In 2005 he held the position as interim Director of CCU and for the last two years held the position of Clinical Coordinator of CCU. Michael is looking forward to working with everyone in meeting the requirements of CPOE and Meaningful Use. Please join us in congratulating Michael on his new position.
Attention all surgeons and physicians that perform invasive procedures! The HCA Surgical Safety Checklist was updated in January 2014. With this revision, HCA has adopted the World Health Organization's (WHO) timeout protocol. The majority of the timeout process remains the same except for some key factors. Instead of the circulating nurse, the SURGEON will INITIATE the timeout which means as you're standing there waiting for the timeout, looking at the circulator; he/she is looking back at you because it is your duty to start the timeout. Along with this, all team members in the room are to introduce themselves by name and role. They want to know, who are you? Lastly, safety concerns are to be addressed such as, correct prophylactic antibiotic administration, fire risk, correct implants and equipment present, anticipated blood loss, patient normothermia (body warmers), and any risks for DVT’s. If the timeouts are not done in this manner, we will be dinged by the Joint Commission when they are here observing in the OR. The OR staff is also continually being observed and monitored for proper timeout procedures through the use of a safe procedural and surgical verification audit tool. Lastly, the OR staff would like to thank Dr. Mendonca for being our continual and fully compliant surgeon. Keep up the good work!

Surgical Safety Checklist

<table>
<thead>
<tr>
<th>Briefing</th>
<th>Time Out</th>
<th>Debriefing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before Induction of Anesthesia (Circulator Initiates)</td>
<td>Before Skin Incision (Surgeon Initiates)</td>
<td>Before Surgeon and Patient Leave the Room (Circulator Initiates)</td>
</tr>
</tbody>
</table>

*Team Members should stop activity and respond to each question of the briefing, time out, and debriefing.

**STEP 1**

1. Has the patient been identified using two unique identifiers?
2. Who is the proceduralist/surgeon and what is the procedure (including side/site)?
3. Does this patient have any allergies? (drug, food, or latex)
4. Has the anesthesia safety check been completed? (Machine and medication check)
5. Does the patient have a difficult airway or aspiration risk?
6. Are there any other procedures needed prior to scheduled procedure?

**STEP 2**

1. Have all team members introduced themselves by name and role?
2. Is this the correct patient, correct procedure, and correct side?
   - Images are displayed and are verified as correct by surgeon
   - Procedure is verified with consent
   - Side/site is verified with markings and reports
   - Position is correct
3. Are additional time outs needed for multiple procedures?
4. What are the safety concerns for this patient?
   - Appropriate pre-op antibiotic selected and started
   - DVT risk
   - Normothermia assured
   - Anticipated blood loss
   - Patient history or medication - use precautions
   - Implants and equipment needed present
   - Fire risk
   - Expected length of procedure
   - Any other concerns?

**STEP 3**

1. Has circulator announced the results of the counts (instrument, sponge, needle as applicable)?
2. Has circulator confirmed exact procedure and diagnosis with surgeon?
3. Has circulator confirmed all specimens are accurately labeled prior to the patient leaving the room? (Staff should read aloud and confirm correct patient sticker on specimen.)
4. Were there any delays for this case? (Assign delay codes)
5. Are there any permanent changes to the preference card?
   - Were there any equipment or instrument malfunctions or issues to report?
6. What are the key concerns for recovery and management of the patient?
7. Are medications secured and pharmaceutical waste disposed of properly?
Now that we are well into 2014, I’d like to take the opportunity to review the progress we’ve made as a division through 2013.

**Physician leadership:** Over the past year, HCA West Florida Division has made a real commitment to giving physicians voice in their hospitals. We now have Chief Medical Officers in all but three of our hospitals, and they are making a tremendous impact by partnering with our physician leaders and hospital administration to drive positive change in patient care and safety.

**Sepsis management:** We began our journey in 2012 and continue it to this day. Since the initiative began, we have been able to decrease the mortality for sepsis with shock by 7 percentage points, and the mortality for severe sepsis without shock by 4 percentage points. We are proud of this, and can extrapolate this improvement to recognize more than 100 additional lives saved in 2013. It goes without saying that we will continue to focus on these gravely ill patients over the coming months and years.

**Blood utilization:** Recent data has begun to show improved survival and outcomes for patients (not meeting certain important exceptions) who don’t receive blood transfusions when their Hgb values are greater than 7 gms, as compared to evenly matched peers who did receive transfusions. Changing our transfusion practices is hard, but we have begun to do just that; in 2013, we were able to decrease our red cell transfusions by about 7%, in keeping with best clinical practices. This will result in improved clinical outcomes and reduction in complications. We have asked our hospitals to begin forming or re-forming transfusion committees to help with oversight of this initiative, and have begun providing literature to these committees to support their efforts.

**PCI Excellence:** Nine of our West Florida Division facilities perform PCI (Percutaneous Coronary Intervention). About 18 months ago, the West Florida Division embarked on a Clinical Excellence initiative to improve and hard-wire our patient outcomes, working with the Cardiology committees and departments at each of these facilities. These facilities have driven improvements in the care of STEMI patients (faster door-to-balloon times), in the post-procedure medication management of PCI patients and in decreasing radiation exposure of patients and staff during the procedures. Additionally, the acceptance and utilization of pre-procedure checklists have helped to assure both patient safety and compliance with payer mandates; use of these checklists have protected our physicians from denials and refund demands and our patients from the consequences of unexplained clinical variation.

**Antibiotic Management Program:** It is not surprising to any of us that we are seeing a global increase in the incidence of resistant microorganisms and a rise in the incidence of C. difficile and MRSA infections. The underlying cause of this is the over-usage of antibiotics in general, as well as the use of later generation antibiotics when a narrower spectrum drug or a lower generation antibiotic would suffice. We are actively encouraging antibiotic stewardship, both through education and our Advanced Clinicals CPOE order sets. Our AMP efforts have resulted in a significant reduction in the use of unnecessary antibiotics and will continue in 2014.
Geriatric Fracture Programs: In studies of elderly hip fracture patients, it has been shown that when a program revolving around expeditious surgery is developed, both the mortality and complication rates are decreased. Delays can result in a higher incidence of pressure sores, DVT and pulmonary complications. We have set an aggressive goal – we would like to decrease the average time from arrival in the ED to surgery to 24 hours or less. While we have not yet achieved that goal, we have made remarkable progress; in 2013 we were able to decrease the time delay by 24% over 2012, and aim to further decrease it in 2014.

Graduate Medical Education: The United States in general, and Florida in particular, are facing a looming shortage of physicians. It is estimated that by 2025, there will be a national shortfall of 130,000 physicians. The state of Florida has responded by increasing the number of medical school graduates, but has not seen a commensurate increase in the number of residency slots. This leads to a migration of medical school graduates out of Florida to complete their training; sadly the majority of those new doctors do not return to Florida after their training. HCA West Florida Division has responded to this problem; at this point we have postgraduate training programs at three facilities (Northside Hospital, St. Petersburg General and Largo Medical Center) and will be adding programs at two more (Oak Hill and Regional Medical Center Bayonet Point) in the upcoming academic year (2014). Further, two additional facilities (Brandon Regional and Blake) are working towards instituting programs in 2015. Our hope is that upon maturation of our programs we will have over 600 postgraduate trainees.

Other initiatives: In addition to the progress we’ve made on the programs outlined, individual hospitals have designed other initiatives, partnering with their physicians, to improve performance and enhance patient care. Across the West Florida Division, we are seeing physician teams coming together around improvement in outcomes in cardiovascular surgery, joint replacement, ventilator management, spine surgery and stroke care.

Recognition: We are pleased to report that 14 of our hospitals earned national recognition as Top Performers in Key Quality Measures by The Joint Commission. Further, nine were recognized by the Leapfrog Group as A or B facilities for patient safety. We finished the year with a Hospital Quality Alliance composite score of 99.49%, above the 90th percentile nationally. I would like to encourage you to work closely with the Quality department at your hospital to continue to drive improvement throughout the facility – something that becomes more important to our physicians every day, as individual physician quality metrics take on a greater transparency.

None of this progress would have been realized without the guidance and hard work of our physicians. I would like to take this opportunity to thank each of you for your participation in our performance improvement initiatives and look forward to great things in 2014 and beyond. Thank you!

Larry J. Feinman, D.O., FACOS
Chief Medical Officer
HCA – West Florida Division
How is ICD-10 Different?

ICD-10 was designed to support ever-changing and advancing healthcare delivery and technology. It offers far greater granularity, specificity, and the ability to expand as healthcare advances.

The changes in ICD-10 compared to ICD-9 do not require a change in the way we provide clinical care. They allow us to capture a more complete clinical story.

- Axis of Classification
- Up to 7 digit codes
- Laterality
- Expansion of Drug & Alcohol Codes
- Complication Codes
- Combination Codes
- Increased Specificity

Education opportunities and training will be made available to all physicians and staff over the next several months. Stay tuned for additional updates!

Kids at the Point

Did you know that HCA Regional Medical Center Bayonet Point supports an early learning years education center on the campus named Kids at the Point? The center serves children ages Infant to Five. Our learning center has been operating since 1997. While you are working and caring for others who need you most while at your office or in the hospital your children or staff’s children are learning the essential life skills and academic pre-kindergarten concepts. Every teacher at Kids at the Point has pediatric CPR and first aid as well as a CDA (Childhood Development Accreditation) degree with many years experience teaching young minds and hearts. Kids at the Point has the privilege of preparing our young four year olds for Kindergarten in a state sponsored Voluntary Pre-Kindergarten program for the past seven years. The Department of Education has scored each pre-kindergarten program for achievements in successful concepts learned called a Readiness Rate. Kids at the Point consistently achieve the top one percent Readiness Rate in both Hernando and Pasco Counties.

Our hours of operation are 6:30am to 6:00pm. If you or someone you know is interested in our program, call us for tour information at (727) 819-2420.
The Clinical Documentation Specialist are working with an ICD-10 transition team to provide education for the Medical Staff and their office staff on the upcoming changes with the ICD-10 coding in the Inpatient arena. We know the office billing will remain CPT BUT the hospital Inpatient billing will certainly create education requirements and challenges. Please ask the CDI Specialist for ICD-10 information.

Additionally the CDI are planning a quarterly breakfast for Physician Office Staff/Managers that will be a collaborative meeting with the CPOE, Registration, Bed Board, and Case Management to meet, discuss, share information and hopefully bridge some gaps.
The Pharmacy and Therapeutics and the Medical Executive Committees have reviewed and approved the following changes:

2013 Antibiogram is now posted on facility intranet and pocket cards will be supplied by pharmacy in April.

Policies and Procedures – Following policy revision has been approved and will be posted on hospital intranet.

- High Risk Meds Policy Revision – NMB agents and hypertonic saline were added to this policy and nursing co-signatures are required for administration of these meds.

Order Sets - Following order sets were reviewed and approved by the committee
- Sedation/Agitation Protocol
- Myelogram Procedure Order set
- Hemodialysis Nurse Protocol
- ESWL Procedure Order Set Revision

Formulary Management:
- Interchange all the following as approved:
  - spiran to Ipratropium nebs
  - SCIP guidelines and Order sets
    - Dosing based on weight.

Thank you for your attention and consideration in these matters.