Message from the Chief Medical Officer

Clinical Excellence

There are four areas of clinical medicine where we are focused on quality improvement. What makes this effort unique is that it is physician driven evidenced based and patient focused. It has been exciting to see these clinical excellence initiatives progress from physician round table discussions to implementation. This is further evidence that we have a medical staff that is committed to quality and optimum patient care.

PCI Mortality

We have a goal to be below the WFD average of 1.44% or less. The source of measurement will be the HCA NCDR Cath PCI Summary distribution. This information is reviewed by CV Surgeons and Cardiologists in our interdisciplinary Cardio Vascular Quality Meeting that occurs monthly. Outlier chart reviews are conducted at this meeting.

ICU Utilization

We have several goals in this initiative including % of patients discharged from ICU of our entire patient population, LOS, Mortality, Vent Cases

Leverage collaborative program effort with 4 Staff Intensivists

Establish a Critical Care Committee

Establish Triage Rounding, Collaborative Rounding, and Family Rounding

(Continued on page 4)
Regional Medical Center Bayonet Point Earns “Top Performer on Key Quality Measures”™ Recognition from The Joint Commission

Hudson, Florida (September 19, 2012) – Regional Medical Center Bayonet Point today was named one of the nation’s Top Performers on Key Quality Measures by The Joint Commission, the leading accreditor of healthcare organizations in America. Regional Medical Center Bayonet Point was recognized by The Joint Commission for exemplary performance in using evidence-based clinical processes that are shown to improve care for certain conditions, including heart attack, heart failure, pneumonia, surgical care, children’s asthma, stroke and venous thromboembolism, as well as inpatient psychiatric services.

Regional Medical Center Bayonet Point is one of 620 hospitals in the U.S. earning the distinction “Top Performer on Key Quality Measures”™ for attaining and sustaining excellence in accountability measure performance. RMCBP was recognized for its achievement on the following measure sets: Heart Attack, Heart Failure, Pneumonia and Surgical Care. The ratings are based on an aggregation of accountability measure data reported to The Joint Commission during the 2011 calendar year. The list of Top Performers increased by 50 percent from its debut last year and represents 18 percent of more than 3,400 eligible accredited hospitals reporting data.

This is the second year in a row that Regional Medical Center Bayonet Point is being recognized as a Top Performer. RMCBP is one of only 244 hospitals that achieved the distinction two years in a row. Last year, RMCBP was recognized by The Joint Commission for its achievement on the following measure sets: Heart Attack, Heart Failure, Pneumonia & Surgical Care. Each of the hospitals that were named a Top Performer on Key Quality Measures met two 95 percent (95/95) performance thresholds on 2011 accountability measure data. First, each hospital achieved performance of 95 percent or above on a single, composite score that includes all the accountability measures for which it reports data to The Joint Commission, including measures that had fewer than 30 eligible cases or patients. Second, each hospital met or exceeded 95 percent performance on every accountability measure for which it reports data to The Joint Commission, including measures with fewer than 30 eligible cases or patients.

“We understand that what matters most to patients at Regional Medical Center Bayonet Point is safe, effective care. That’s why RMCBP has made a commitment to accreditation and to positive patient outcomes through evidence-based care processes. RMCBP is proud to be named to the list of The Joint Commission’s Top Performers on Key Quality Measures,” says Shayne George, CEO of Regional Medical Center Bayonet Point. In addition to being included in today’s release of The Joint Commission’s “Improving America’s Hospitals” annual report, Regional Medical Center Bayonet Point will be recognized on The Joint Commission’s Quality Check website (www.qualitycheck.org). The Top Performer program will be featured in the October issues of The Joint Commission Perspectives and The Joint Commission: The Source.
TRAVANA UPDATE

On October 16, 2012, the Florida Department of Health, Office of Trauma, was at Regional Medical Center Bayonet Point to conduct the trauma site survey. There were 5 out of state trauma experts (Trauma Surgeon, Neurosurgeon, Orthopedic Surgeon, ED Physician and Trauma Nurse) and 5 officials from the Office of Trauma conducting the survey. The survey consisted of an opening conference, hospital tour, medical record review, performance improvement program review and a final exit conference. The survey occurred from 7:45am until 5:30pm.

As of August 31, 2012 the Trauma Service at Regional Medical Center Bayonet Point has treated 1138 injured patients. Of the 1138 patients seen, 409 (36%) are 65 years of age and older followed by 301 (26%) ages 45 through 64. The three leading mechanisms of injury are ground level falls, motor vehicle crashes, and motorcycle crashes, 88% of injured patients treated by the trauma service have come from Pasco, Hernando and Citrus County. The Trauma Service would like to thank the Medical Staff for their support of the trauma program.

Mark Anderson, RN
Trauma Program Director
Extension 5171

Facts:

Half of hospitalized patients were reported to have moderate to severe pain over 50% of the time the last 30 days of life (JAMA 1995; 274 (20); 1591-1596).

19.3% of families who had loved ones die in hospitals stated they did not receive enough help with pain. (JAMA 2004; 291(1)88-91)

Sepsis

We have the goals to achieve better than National and HCA Division standards. Severe Sepsis with Shock. Already have sepsis order sets, sepsis screening at every shift, iSTAT for lactate levels, vigiloo monitor in-service with staff.

Pain Prevention Optimization

We have the goals of Top Box Percentile rankings in Gallup and HCAHPS scores.

LAB ALERT

P2Y12 Assay Change (used to monitor Plavix, Effient, and other P2Y12 Platelet Inhibitors):

Due to a recommendation from the manufacturer, there will be a change in the way the P2Y12 Inhibitor Assay is reported. There will no longer be a “Baseline” nor a “% Inhibition” result. Only the PRU (P2Y12 Reaction Units) will be reported.

To evaluate drug effectiveness by Plavix, Effient, or other P2Y12 Inhibitor, a baseline specimen (pre-treatment) as well as a current specimen (post-treatment) would need to be drawn with the following formula applied:

\[
\text{[Baseline PRU} \quad \text{– Current PRU]} \\
\text{Baseline PRU}\]

\(\times \quad 100 \quad = \quad \% \quad \text{Inhibition} \)

Please contact our Hematology Supervisor, Jacque Loveall at extension *35608, if you have any questions. Note: new phone system

CASE MANAGEMENT AND CLINICAL DOCUMENTATION INTEGRITY DIRECTOR

Welcome New Case Management and Clinical Documentation Integrity Director

Please welcome Jeanie Bellamy, our new Case Management and Clinical Documentation Integrity Director. Jeanie comes to Bayonet Point with a wealth of experience including 19 years of HCA Hospital Director experience in Case Management, Quality, Revenue Integrity, and Clinical Documentation Improvement. She relocated from Nashville, TN, but is not a stranger to this area as she has worked at HCAs South Bay Hospital in the past. This is a great opportunity for Jeanie to move back to this area while furthering her highly decorated career with HCA. Please join us in congratulating Jeanie and welcoming her as a member of our Management Team. Thank you.

NEW SUPPLY CHAIN DIRECTOR

Welcome New Supply Chain Director

Please welcome Joann Gnau who joined our management team as Supply Chain Director at Regional Medical Center Bayonet Point effective November 5th. Joann has been with HCA since March 1999 starting at Community Hospital, then West Florida Division Supply Chain, and most recently Northside Hospital as the Supply Chain Director for the last four and a half years. Joann has used her willingness to work hard and her exceptional Customer Service skills to grow with West Florida Supply Chain in many roles. This represents a great opportunity for Joann to advance her already successful career with HCA and work much closer to home. We are sure Joann will be greatly missed at Northside and we are fortunate that she will be joining us. Please join us in congratulating and welcoming Joann to our management team. Thank you.

2013 Directory of Physicians

We are developing a 2013 Regional Medical Center Bayonet Point Directory of Physicians. In the next few weeks, you will receive a proof of your individual profile. We need you to review it, make any changes, and sign off on approving it, and sending it back to the Marketing Department as soon as possible so we can go to print and delivery. More detailed instructions will arrive with the proof. The end product will be a wonderful tool for your office staff to reference, as well as patients. Thank you for your input and cooperation.

We Haved Moved...

Brooks Rehabilitation Bayonet Point Clinic has moved October 1st and will be known as the Brooks Rehabilitation Hudson clinic. Located adjacent to the hospital in the Scott Medical Building at 13910 Fivay Rd, Suite 6, Hudson FL 34667 (727) 869 – 9479 Fax (727) 861 – 7135

Services offered:

- Physical Therapy
- Occupational Therapy
- Speech-Language Pathology
- Functional Capacity Evaluations
- Independent Exercise
- VitalStim Therapy

Benefits of the new location:

- One story building
- Easier access
- Improved Parking
- Stay tuned for an invitation to our Open House

Welcome New Supply Chain Director

Joann Gnau
Supply Chain Director

Welcome New Case Management and Clinical Documentation Integrity Director

Jeanie Bellamy
Case Management and Clinical Documentation Integrity Director
Emergency Department Check-In Kiosk is here!

Regional Medical Center Bayonet Point is advancing the patient check-in process in the Emergency Department by implementing the self-service ED KIOSK (Emergency Department Check-In Kiosk). We are excited to offer this new technology to the ED patient population. The ED KIOSK will be available for use in the Emergency Department.

HOW DOES THE ED KIOSK WORK?
The process is simple and takes just a few easy steps:
- Patients will select their preferred language, either English or Spanish
- Patients will check-in by swiping a credit card or driver’s license
- Patients who wish to check-in without scanning a card will manually type in their information
- Patients will then enter their reason for visiting the Emergency Department
- Check-ins will be kept in sequential order on an electronic log, ensuring that the arrival date and time are accurately reflected in the patient record
- Patients will be taken in order of their arrival—unless their reason for visit warrants accelerated processing

WHAT ARE THE BENEFITS?
With billions of self-service transactions taking place each year, today’s patients expect healthcare providers to deliver the same level of convenience they receive from leading retailers, airlines, and hotels. The self-service ED KIOSK makes the check-in process more convenient and offers several benefits:
- Improved patient satisfaction by eliminating the paper ED check-in process
- Two language options available: English or Spanish
- More efficient check-in process
- Better managed information
- Accurate and automated capture of patient arrival time

WHEN WILL THE ED KIOSK BE AVAILABLE?
The ED KIOSK became available in the Regional Medical Center Bayonet Point Emergency Department on Tuesday, October 23, 2012

QUESTIONS?
If you have any questions about the ED Kiosk, please contact Pam Schlicher.

We are very enthusiastic about this important initiative and look forward to everyone’s support in making this a success!

“No patient information is stored in the ED KIOSK at any time.”

Emergency Department Documentation

We are pleased to announce a change to our Emergency Department physician documentation. We have heard your complaints about the T-system documentation, and are making a positive change!

On Nov 13th, 2012, we transitioned to an electronic Emergency Department documentation system for the ED providers. From that day forward, you will be able to access the ED physician documentation in HCare Portal and in Meditech.

This new format will provide narrative-style documentation, allowing for better documentation of medical decision-making and physician thought processes.

We look forward to this improvement, and hope that we continue to exceed your expectations!

Should you like more information about the change, please feel free to contact Pam Schlicher, Director of Emergency Services, or Dr Ken Steinberg.

Information Technology available to our physicians

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.
- iCVPACS – Allows users to view and read full motion pictures of cardiac caths, vascular studies, and echos.

Accurate and automated capture of patient arrival time

Up to Date:
- Patient information anywhere you have a cell phone
- Installed on a compatible smart phone
- UP2DATE

Note: new phone system

More info to follow...

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.

Chart Party - Every week you can find us in the Physician Lounge. We are there to assist you with any questions and/or concerns that you might have. We can provide support for all things IT i.e. remote access, Wi-Fi, Patient Keeper app. Also, we are available to help with all questions regarding any clinical application including CPOE and hCare Portal. This includes helping with all deficiencies and queries that are found in hCare Portal and in your Workload queue.

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 credits now

OneVoice – Our hospital is getting a new phone system! OneVoice is IP Telephony Technology. It ensures continuity of telephony services by standardizing infrastructure providing centralized and consolidated services.

We will have training opportunities for all physicians to learn our new phone equipment within the physicians lounge the last week in October. The new phone system will be going live on November 5th.

Ashley Pettit, RN Physician Support Coordinator
727-819-2929 X *31159
727-364-8346
Ashley.Pettit@hcahealthcare.com
There are only a few processes that remain on paper. These processes are TPN orders, chemotherapy orders, and restraint orders. All other orders can be placed via CPOE (including medication reconciliation).

**Ordering NPO after MN** - The NPO after MN order has been revised. Simply order the “set” when you want a patient to be NPO after MN. Choose either the basic NPO after MN, or NPO after MN Except Meds. You no longer have to pick the meal you want the NPO to begin, we will default it in for you. IMPORTANT- ONLY NPO after MN orders should be ordered via the “set.” Add them to your favorite orders.

**Ordering Electrolyte Protocols** - You no longer have to use the Electrolyte Replacement order set in CPOE. You can simply order “Initiate Electrolyte Protocol” (either MedSurg or ICU). We’ll take it from there! No more pop ups!! Add them to your favorite orders.

**Reduce late night phone calls!** New order set developed by physicians for physicians- Use this set to order anti-emetics, anxiolytics, antipyretic/analgesic, laxatives, electrolyte protocols, etc. Add it to your favorites.

There are only a few processes that remain on paper. These processes are TPN orders, chemotherapy orders, and restraint orders. All other orders can be placed via CPOE (including medication reconciliation).

**Inpatient Workload**

1. Click “Sign.” It may take several minutes to load depending on the volume in your Workload.
2. Click “Orders.”
3. Click the top √ box
4. Click “Next Page”
5. Click the top √ box again
6. Repeat until you are through all pages
7. Click “Submit” and PIN (it will take time for the screen to refresh…please be patient)

We currently have over 8,000 unsigned orders/reports in Meditech Workload queues. Here are the steps to signing your Workload:

1. Click “Workload.”
2. Note: You can sign ALL orders at once without viewing the detail. Reports must be viewed before you can Submit/PIN.
3. Repeat until you are through all pages
4. Click “Submit” and PIN (it will take time for the screen to refresh…please be patient)

For questions contact: Pam Jordan, Director Advanced Clinicals at pamela.jordan2@hcahealthcare.com, 819-2947 (office) or 810-0741 (mobile).
Clinical Documentation Integrity
“A complete and accurate medical record tells the story of your patient”

1. Q: Why did CDI issue a query for “Diagnosis Occasioning the Admission”?
A: There can only be one Principal Diagnosis. All the other diagnoses become secondary diagnoses.

- The principal diagnosis is defined as the condition, after study, which occasioned the admission to the hospital (Source: ICD-9-CM Official Guidelines for Coding and Reporting, effective October 1, 2007, pp. 84–86)

- The principal diagnosis is not necessarily what brought the patient to the ER, but rather, what occasioned the admission. For example, a patient might present to the ER because he is dizzy and is admitted for anemia. Anemia or the source of the anemia (depending on the documentation) would be the principal diagnosis in this example.

2. Q: Why am I getting all these queries about skin, redness etc. when it is documented in the nursing notes and/or wound care nursing notes? e.g. The Nursing Admission Assessment notes ulcer on left heal stage 3.
A: Coding regulations state that the skin alteration-lesion, blister, decubitus, etc. is only coded for diagnoses.

- Only the physician can determine if a condition is Present on Admission.

- A Query for each condition/site must be on its own unique query.

- The Stage may be documented from nursing, wound care or other provider notes.

CDI will meet with you at your convenience, at the hospital or at your office to assist with E-queries, go over documentation requirements and give you tips to avoid queries.

To Contact CDI: Please call 727-819-2929
X *32264 Pamela Long, RN, BS
X *32252 Charlie Morell, RN, CCDS Lead CDI
Note: new phone system

SUMMARY

Physician Documentation in the Emergency Department (ED PDoc) is a clinically-driven, emergency department electronic provider documentation tool that is part of HCA’s Electronic Health Records (EHR) initiative called hCare. EHR constitutes a significant change in the way healthcare is delivered and is critical for meeting future Meaningful Use requirements. ED PDoc will provide an electronic physician documentation tool incorporating evidence-based templates developed by providers and containing risk mitigation information.

BENEFITS:

- Legible orders – reduction in order clarifications.
- Workflow efficiency.
- Evidence-based templates.
- Better patient outcomes.
- Improved turnaround and decreased LOS.
- Improved communication between consults (legible progress notes).
- Patient-centric models.

ED PDoc contains risk mitigation information.

Challenges that come with a change of this magnitude serve to remind us that we are indeed, facing a clinical transformation that will affect the way healthcare is delivered. The need to provide quality patient care while learning a new system and process may be challenging for physicians and clinicians. We are committed to making this transition beneficial to both physicians and patients while minimizing disruption; and we will share information as we move through this process.

Patient Safety
- Up to date risk mitigation and evidence is available on ED PDoc templates, providing current best practices.
- Importing data into PDoc from existing patient data reduces errors and builds a more robust medical record.
- Enables patient-centric clinical models.

Workflow Efficiency
- Replaces paper systems with PDoc electronic documentation tools to provide immediate access to patient information across all MEDITECH modules and to all care providers and eliminates need to search paper records.
- ED physicians can easily pull patient data into physician documentation, such as labs, vitals, nursing notes, and other important information.
- Evidence-based provider documentation templates provide risk mitigation benefits by offering proven strategies for emergency care.

© HCA – ED PDocTalkingPoints-123711
FAQ:

Q - PICCs are longer catheters than the CVC catheters I currently use for CVP monitoring. How will this affect the CVP signal?
A - Our extensive testing has shown that there is not a significant reduction in signal due to the longer catheter length.

Q - PICCs are narrower catheters than the CVC catheters I currently use. Will this result in reduced CVP signal?
A - No, The Bard Access Systems PICCs give strong CVP signals that are not reduced by the narrower catheter size.

Q - Kicks in the catheter can reduce the CVP signal. How prone to kinking are Bard Access Systems catheters?
A - Bard Access Systems PICCs are kink resistant. This is due to the reverse taper design.

Q - I have been trained to use a CVC catheter for CVP monitoring. Is using a PICC for CVP any different?
A - No, the procedure for CVP monitoring will be exactly the same. You will just hook the CVP monitoring equipment to a PICC instead of a CVC.

Q - How will the valve on the PowerPICC SOLO* catheter affect CVP monitoring?
A - After thorough benchtop testing, the Power PICC SOLO* catheter has been shown to provide general CVP trends. It must be noted that some dampening of the CVP waveform may occur; however CVP monitoring captures trends of the CVP waveform. The general trends of the CP waveform, when used with other cardiac function and fluid state diagnostics, allows the clinician to determine appropriate medical treatment.

Central Venous Pressure (CVP) Monitoring.

The benefits of using PICCs over central venous catheters (CVCs) include:

- Longer dwell times
- Cost savings to hospital
- Improved patient comfort

An important study¹ completed in 2000 examined “whether CVP measurements taken from a PICC correlate with those from a centrally inserted central catheter (CICC).”

Details of the two-part study:
- A detailed laboratory test
- A comparison of PICC and CICC pressures in ICU patients (each patient had both an indwelling CICC and a PICC)

Results: “PICCs can measure central venous pressure as reliably as CICCs.”


NOTICE TO AFFILIATED PHYSICIANS

As a physician affiliated with an HCA facility, HCA wanted to outline some key principles to consider when making referrals. The purpose of this notice is to remind you, as an employee, independent contractor, or staff physician of the Hospital or its affiliates, that patient care needs, and not business considerations, should dictate any referrals of a patient to a particular ambulatory surgery center or other facility. As you may know, an affiliate of REGIONAL MEDICAL CENTER OF PAYONET POINT (the “Hospital”) has an ownership interest in BAYONET POINT SURGERY & ENDOSCOPY CENTER (the “Center”). However, you are under no obligation to refer to the Center. Instead, any referrals should be made based upon the following considerations:

- Your exercise of independent professional judgment,
- The specific medical needs of your patient,
- The capabilities of any particular facility to satisfy the medical needs of your patient,
- Preferences expressed by your patient, and
- Any payor restrictions.

Further, we want to confirm and assure you of the following:

- Any compensation paid to you by the Hospital or its affiliates will not be related, directly or indirectly, to the volume or value of referrals or other business generated by you to, or for, the Center or to any physicians or physician groups who invest in the Center. All compensation paid for services will be consistent with the fair market value of those services.

- The Hospital and its affiliates will take no actions requiring or influencing you to refer patients to the Center or to any physician or group holding on ownership interest in the Center except as may be required as a condition of ownership in the Center under the terms of the Center’s partnership agreement(s) in order to conform to certain requirements of the ASC safe harbor to the Federal Anti-kickback Statute, or otherwise to guard against inappropriate referrals to the Center.

- Any decisions that you make regarding your patients’ medical care should be made in accordance with the guidelines detailed above, although the Center, the Hospital or one of its affiliates may periodically contact you to obtain your thoughts and suggestions about the services available at the Hospital and any of its affiliates, including the Center, or the ways in which the Center can improve its services.

If you have any questions regarding this notice, please contact the Hospital medical staff coordinator.