

#### PHYSICIAN NEWSLETTER

VOL. 8, ISSUE 4 JULY 2022

# Let's Do Well Together

#### In this issue:

- New Medical Staff Director
- DOC ACO Gulf Coast
- CareAware Connect Messaging App
- P&T Committee Update
- CDI Tip: Sepsis Linking Terms

- Medical Staff Policy Updates
- Laboratory Update
- Dobutamine Drip: National Shortage
- Physician Recruitment
- Physicians' Patient Experience Scores

## **New Medical Staff Services Director**

LWRMC is pleased to introduce our new Medical Staff Services Director, Amanda Malone. Amanda comes to us with nearly 20 years of healthcare experience and is quickly getting to know our hospital and medical staff. You can reach Amanda at (941) 782-2115 or Amanda.Malone2@lwrmc.com.



## **Medical Staff Policy Updates**

**NEW: Parenteral Nutrition** 

#### **REVISED:**

- Departmental References for Standards of Practice
- Notification of Suspension Due to Delinquent Records
- Pain Assessment & Management
- Ventilator Management Protocol (Adult)

- Exposure Control Plan
- Infection Prevention & Control Plan
- Medication Order & Clarification
- MRSA Decolonization Protocol

For questions or a copy of any Medical Staff Policy, contact Carla.Anzalone@lwrmc.com or call (941) 782-2182.

# **DOC ACO Gulf Coast: A Physician Owned Accountable Care Organization**

Now accepting applications for new members for 2023! Why join?

- Reduce unnecessary inpatient admissions
- Increase patient base
- In-office, personalized support
- Exclusions from MIPS
- Super App for fast, efficient, secure communication with all facilities
- Free call center to assist with calling and scheduling patients



- Strong hospital partners committed to achieving shared savings
- Medicare, Blue Cross Blue Shield, and Cigna Commercial ACO's offer more opportunities for shared savings

For more information, contact Kimberly.borsheim@lwrmc.com / (941) 782-2174 or visit www.docaco.org

#### **Laboratory Update**

As of June 10, 2022, urine antigen testing for Streptococcus pneumoniae and Legionella pneumophila is being sent to the Manatee Memorial Hospital Laboratory for in-house testing, rather than to LabCorp. This will improve turn-around-time for these tests.

For questions, please contact Laboratory Administrative Director, Nicole.Humenick@lwrmc.com / (941) 782-2332 or Core Laboratory Supervisor, Nathan.Kolody@lwrmc.com / (941) 782--2357.

## **CareAware Connect Messaging App**

As a reminder, the Tiger Text app for HIPAA-compliant secure text messaging was replaced in 2020 with the CareAware Connect Messaging mobile app. The CareAware Connect app delivers secure messaging, voice, and contacts directory via your personal smartphone. The technology allows easy phone access directly to the nurse caring for your patient.

Download the Cerner CareAware Connect Messenger app from your phone's app store. Then call the Physician Support Desk (941-745-7575) for your one-time access code and to schedule a brief training appointment.



## **Physician Recruitment**

We are actively recruiting for Ob/Gyn and Family Medicine physicians. There are both UHS employed and community practice opportunities available.

If you or a colleague are interested in a new Lakewood Ranch opportunity, please contact Karen.DeSimone@uhsinc.com or (941) 961-3107.

## **P&T Committee Update**

A Medication Usage Evaluation for Meropenem was conducted, reviewing a randomized sample of 50 patients that received Meropenem in 2021. Data collected indicated that Meropenem was appropriately initiated and/or continued 75% of the time and the correct dosing regimen was achieved 80% of the time. It was concluded that providers and pharmacists need to optimize appropriate Meropenem indication, dosing, duration of therapy and de-escalation. LWRMC will now implement the following specific criteria for use of meropenem:

- History of drug-resistant gram-negative infection
- Documented Multidrug Resistant Organisms (MDRO)
- Clinical deterioration with current antibiotic regimen
- True penicillin allergy after documented allergy assessment
- HAP/VAP
- Febrile neutropenia
- Culture driven data

For questions, contact LWRMC Pharmacy Clinical Coordinator Jeff.Cunningham@lwrmc.com or (941) 782-2329.

#### **Dobutamine Drip: National Shortage**

The nation is experiencing a severe shortage of Dobutamine drip. Minimal product is left in stock at LWRMC and we do not anticipate another shipment until later this summer. We ask that you consider alternative options and reserve this drug for only those who cannot use an alternative.

Please contact Pharmacy Clinical Coordinator, Jeff Cunningham, with questions at 941-782-2329.

#### CDI Tip: Sepsis Due to Device, Implant or Graft & Coding Approved Linking Terms

Patients with devices, implants or grafts often develop sepsis due to the presence of the device. If this link is not made by the physician, or there is conflicting documentation, a query is necessary to clarify the cause-and-effect relationship. The most common graft/device/implant infections are found in hemodialysis, vascular, and urinary patients. Skin organisms are often, but not always, the cause. The coder must read the documentation carefully to help determine the type of device, implant, or graft that is infected.

Example: Patient presents to the ED with fever and not feeling well. Workup in the ED showed the patient had tachycardia of 112, high fever, and was not speaking coherently. Patient was admitted with suspected sepsis due to central venous catheter that was being used for hemodialysis and also to rule out stroke. Workup ruled out the diagnosis of stroke, but the patient was found to have positive blood cultures for Streptococcal pneumoniae. The plan was long term antibiotics and change of hemodialysis catheter. The patient was discharged with the diagnosis of "sepsis due to infected hemodialysis central venous catheter".

Documentation of "sepsis due to UTI, patient with Foley" will prompt a query. Was the UTI due to the Foley? We can't assume; we need you to tell us. This is true of any infections that may be related to a procedure or other medical care. Please remember that coding a complication isn't an assignment of blame or admission of fault. Additional codes can be added to indicate if misadventure was involved, and we rarely need to. Please document directly if you suspect that the infection was or may have been related to recent surgery or the presence of a device, and it's important to indicate if that infection was likely present on admission.

To avoid nuisance queries please use coding approved linking terms such as "due to" or "associated with". Examples of queries sent recently:

- "Sepsis and urinary tract infection secondary to the suprapubic catheter" was documented
  Coding approved documentation: "Sepsis due to suprapubic catheter"
- "Severe sepsis and was found to have aortic and mitral valve endocarditis secondary to a recent TAVR procedure" was documented

Coding approved documentation: "Sepsis due to recent TAVR procedure"

https://acdis.org/articles/coding-corner-10-things-every-coder-wishes-providers-knew-about-sepsis-documentation-and

https://hiacode.com/blog/education/sepsis-series-sequencing-the-diagnosis-of-sepsis

## **Physicians' Patient Experience Scores**

Physicians will soon be receiving personalized HCAHPS survey emails from our Patient Experience Manager, Stephen Arnold. The email will explain patient satisfaction surveys, your personal ID # and your scores. The anonymous scores will continue to be posted in the Physician Lounge.

For questions, contact Stephen.Arnold@lwrmc.com or (941) 782-2317, or visit his cubicle on the other side of the Physician Lounge Dictation Room.