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NEWS FROM HEALTH INFORMATION MANAGEMENT

Clinical Documentation and Authentication of Medical Record Entries

This past summer, Lehigh Valley Hospital and Lehigh Valley Hospital–Muhlenberg participated in both Department of Health and The Joint Commission surveys. Overall, the surveyors were extremely impressed with LVHN, commending the organization on our network practices and procedures. However, upon medical record review, the surveyors compared guidelines from the Center for Medicare and Medicaid Services, The Joint Commission, Medical Staff Rules and Regulations, as well as other hospital policies and procedures, and identified the following medical record documentation as requiring improvement. The following RFIs (requirements for improvement) were issued to the hospital to develop action plans for improvement in these areas.

TIMING IS EVERYTHING



All Entries in the
Medical Record
MUST be
Signed, Dated
and TIMED!

Timing of ALL Entries in the Medical Record

All handwritten entries in the medical record must be signed, dated and **TIMED**. The current compliance rate of timed handwritten entries in the medical record is at about 50%. Over the next four months, the goal is to increase compliance to at least 90%. To assist physicians in remembering to time their handwritten entries, reminders have been posted throughout each hospital campus and pop-up reminders are appearing on the hospital's Intranet as well as on individual Life Books.

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Histories and Physicals Reviewed and Updated within 24 Hours of Admission and Prior to Operative Procedures

Histories and physicals (H&P) for elective admissions may be performed up to 30 days prior to the admission/ date of procedure. H&Ps performed within 30 days prior to admission/procedure must be updated within 24 hours of admission and prior to operative procedures. If, upon examination, the credentialed practitioner finds no change in the patient's condition since the H&P was completed, he/she must indicate in the patient's medical record that:

- a) the H&P was reviewed,
- b) the patient was examined, and
- c) "no change" has occurred in the patient's condition since the H&P was completed.

Inpatient (MRD-03) and Ambulatory/Outpatient (MRD-60) H&P template(s) will be updated in November to comply with this requirement. You are encouraged to order and utilize the new forms. If your clinicians/practitioners dictate or write pre-admission histories and physicals, it is recommended that you add the following information to the bottom of your reports to facilitate the update at the time of admission/procedure:

____ H&P Reviewed
____ Patient was examined
____ "no change" has occurred in the patient's condition since the H&P was completed

Credentialed Practitioner:

Date: _____ Time : _____

Outpatient Diagnostic and Therapeutic Physician Orders

The physician's order is a communication tool to make sure that everyone is on the same page, for every patient, every time. If physician orders are not documented or delivered properly, patients may not receive the correct treatments or tests, endangering their health and their safety.

Incomplete or inaccurate orders may cause delays in service. Whether orders for services are generated via an electronic medical record or by paper, the order must be clear and signed by the physician or practitioner requesting the service. The document signed by the treating physician/practitioner may be hand-delivered, mailed or faxed to the hospital.

All handwritten documentation should be legible and meet hospital guidelines since the document is part of the LVHN medical record. There are two modes of requesting outpatient services at LVHN:

Diagnostic Orders (scripts) – Utilized for diagnostic tests and prescriptions (lab, x-rays, EKG's, etc.)

When ordering outpatient diagnostic medical studies, the reason for the test must be specified to show medical necessity. It can be a known diagnosis, a suspected condition or a symptom. Incomplete or inaccurate scripts (missing diagnoses, missing 5th digit from a diagnosis code, incorrect diagnoses) may cause delays in service and proper reimbursement.

Please avoid reasons such as **follow-up to surgery, follow-up, post-op, pre-admission testing, post-trauma, family history of, to check medication, auto accident, patient on oxygen, or Baseline for therapy.** These diagnoses are unacceptable to insurance companies and Medicare and result in denial of reimbursement.

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Written Orders – Utilized for outpatient hospital services (ambulatory services, multi-purpose areas, chemotherapy, wound care, etc.) and must be placed on the LVHN Physician Order Sheet.

- All orders must be written for the patient upon each course of treatment.
- All written orders must be signed by a licensed physician, dentist, advanced practice nurse, or physician assistant.
 - ◇ Multipage documents should include a signature on the bottom of each page
 - ◇ Patient ID must be included on all pages (name and date of birth)
 - ◇ Rubber stamp signatures are unacceptable.
- All orders must include the time of day, month, day, and year that the orders are written.
- The medication dose must be expressed in metric (not apothecary) units of weight (g, mg, mcg) if possible.
- Orders must be clear and concise. Medication orders must include the name of the medication, the dose expressed in metric), the route, and the frequency.
- When a time-limited written order has expired, a new order is to be written.
 - ◇ Original orders cannot be altered, amended or photocopied to be used for subsequent treatment
- The physician must indicate the patient's diagnosis and allergies/sensitivities on all orders.
- Orders must not include "unapproved" or inappropriate abbreviations.
- Orders may be faxed to the appropriate service area by 3 p.m. the day prior to the appointment.

Transcription Services

LVHN's Transcription Department employs skilled Medical Transcriptionists (MT's) who are held to high standards for productivity, report turnaround times, and report quality. The quality of reports is highly dependent on the quality of dictation. Please encourage dictators to utilize good dictation techniques.

Three important dictation habits to ensure a quality document as the end result include:

1. Do not rush through a dictation. The Medical Transcriptionist can easily misinterpret what is being said when words run together. Dictate at an even pace throughout the report so the Medical Transcriptionist can hear every nuance of a vowel or a consonant in a word.
2. Do not dictate on a cell phone. Cell phones cut out and words are dropped. The Medical Transcriptionist cannot tell when words are dropped, resulting in inaccuracies.
3. Eliminate background noise whenever possible...it can override the dictated voice.

Dictation is an effective and efficient way to tell the patient's story. However, poor dictation habits can pose safety risks for patients. Some of these risks include:

- Reports may be transcribed for the wrong patient
- Incorrect medications may be listed.
- Incorrect dosages may be noted.
- Incorrect lab values may be documented.
- Incorrect diagnoses and procedures may be listed.
- Delays in patient treatment when the report cannot be uploaded due to resolution of dictation quality issues.

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Following are some common dictation habits that increase risk:

- Dictating numbers in a string creates errors. For example, the lab value “133.6” could be a single value, but it could also represent two separate values when a dictator fails to indicate a new lab test. Thus, sodium of 130 and potassium of 3.6 can sound like “133.6” if the dictator merely provides back-to-back values by dictating “130, 3.6...” and so on.
- Many drugs sound alike – it is important to be very clear when dictating sound-alike drugs. Examples: Endal, Inderal, MiraSept, Mircette.
- Give hints in areas that could be misunderstood, such as hyPER and hyPO tension, ABduction or ADuction, NO cancer, versus KNOWN cancer.

The Transcription Department staff is committed to providing accurate and timely dictated reports for you and your patients. The clarity of dictation is a crucial factor in achieving our patient safety goals.

Transcription Corrections/Edits to Dictated Reports

The HIM Department continues to receive many transcribed reports from physician offices requiring edits or corrections. It is believed that these are due to “new” billing requirements as well as credentialed practitioners not providing accurate information at the time of dictation.

The following internal guidelines are utilized for edits and corrections.

Edit – Changing the wording, clarifying or enhancing the already dictated/transcribed report. Reports in need of edits prior to signing may be printed from the LastWord system, corrections made, signature/date affixed and returned to the HIM Department. Edited reports will be scanned into the imaging system as modified.

Correction – Includes “blank spaces” or transcription quality issues. Reports containing more than two blank spaces prior to releasing to LastWord. Providers will be contacted individually for 1) excessive “blanks” in reports, 2) partial dictations and 3) inaudible dictations. Reports requiring additional corrections should be printed from the LastWord system, corrections made, signature/date affixed and returned to the HIM Department.

- If the original report *has not* been electronically signed in the EHMR system, the corrections will be made in LastWord and the report sent to EHMR for electronic signature. The incorrect reports will be removed from LastWord and a new version created in the EHMR system.
- If the original report *has* been electronically signed in the EHMR system, the corrections will be made in the LastWord system and the report sent to EHMR for electronic signature. There will be two reports in the system, the original electronically signed and the corrected report.

Please encourage the practitioners in your practice to provide accurate information at the time of dictation as well as utilizing the protocol for submission of edits and corrections.

Authentication

Authentication guidelines remain the same for paper and electronic documentation. Approved types of authentication include:

- Signature
- Countersignature
- Fax signature
- Electronic signature

All signatures should include date and **time**.

Rubber stamps are unacceptable methods of authentication.

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Release of Health Information

Requests for pertinent medical record information from physicians' offices and other health care facilities will be honored upon **written** documentation from the requestor. In addition, **special authorizations** are required when the records include sensitive information, such as possible alcohol or substance abuse, AIDS, psychiatric history, etc. Records for scheduled patient visits should be requested **prior** to the day of the visit.

Physician offices may call the HIM Release of Information Manager at (610) 402-8049 to request an electronic template for requesting patient records. This template can be customized to the individual physician office.

New Physicians

Do you have a new physician joining your practice? If so, please remember that they will need to visit the HIM (Medical Record) Department at either LVH-CC or LVH-M, Monday through Friday, from 7:30 a.m. to 4 p.m., for a brief orientation to the department and the assignment of their Personal Identification Number (PIN) for signing deficiencies in EHMR.

General Reminders

- Due to security requirements, if a physician forgets his/her PIN, they will need to contact the I/S Help Desk at (610) 402-8303 to have it reset.
- If a physician will be on vacation, please remember to contact the HIM Department at (610) 402-8345 to place charts on hold until the physician's return.
- Electronic Historical Medical Record (EHMR) has an ongoing maintenance downtime on Mondays at 5 p.m. for approximately 30 minutes.
- LVHN dictated reports can be autofaxed to your LastWord printer or fax machine when the report is transcribed. This can be set up by contacting the Transcription Department Director at (610) 969-3863.

Key HIM Staff Members

Chart Deficiency and Suspension

Karen Haley, Manager – (610) 402-8049

Clinical Outcomes

Lesley Zakos, Manager – (610) 969-2418

Coding (Outpatient)

Lilit Margolin, Manager – (610) 969-2867

Coding (Inpatient)

Lori Dachowich, Manager – (610) 969-2835

Operations

Ulanda Davis, Manager – (610) 969-3861

Release of Information

Karen Haley, Manager – (610) 402-8049

Transcription

Francine Gaines, Team Specialist
– (610) 969-3869



MANAGING HOLIDAY STRESS

Though the winter holidays are happy in nature, and merry tunes may be playing everywhere, the holiday season may nonetheless bring on significant stress and distress. During the holiday and pre-holiday season, there are many competing demands for your time. Shopping in crowded stores, cleaning and decorating your home, cooking special meals and snacks, planning a family vacation, and attending holiday parties make for a very hectic, albeit exciting, schedule.

These tasks, when added to the usual demands of work and family, combine to place stress and strain not only on you, but on your pocketbook as well. No matter what your income level, there never appears to be enough. Even with unlimited income, one must balance generosity with the potential problems of spoiling and excess.

Unfortunately, these holiday stresses and demands come on top of the usual sources of stress such as job pressures (commuting, decision making, relationships with superiors, subordinates, and co-workers), demands of children, parents and spouses, academic pressures, general financial stress and the overall problem of needing to do more things than you have time for.

Yet, although stress has gotten a bad name, it is not necessarily bad. Stress is really just the body's response to change. Requiring our minds or bodies to accept challenges is not, in and of itself, negative.

It is distress that occurs when the needs for change and adaptation are required too frequently, and for long periods of time, that stress becomes a problem.

How do you know if you are under too much stress? Look for these symptoms:

- **Emotional Symptoms:** anxiety, depression, moodiness, phobias, major personality changes, trouble getting along with others
- **Behavioral Symptoms:** restlessness, withdrawal, lessened productivity, overeating, excessive alcohol consumption, problems on the job
- **Cognitive Symptoms:** increased distractibility, negativism, poor concentration, worrying, memory problems, obsessive thoughts, trouble sleeping
- **Somatic Symptoms:** high blood pressure, muscle tension, rapid heartbeat, headaches, gastrointestinal problems, decreased immunity

What should you do if you find you are frequently experiencing these symptoms? First, recognize it as a problem and be willing to change. Second, try some of these suggestions:



- **Help your body cope with stress** – Through relaxation, good health care, a nutritious diet and physical exercise, your body will become more adept at handling stress. Try walking more frequently. Develop an exercise program and stick to it. And take time to sit occasionally.
- **Learn to set priorities** – You can't possibly respond to all demands. Decide what is important to you and take care of that first. Choosing to let go of unnecessary obligations frees up your time and your mind.
- **Learn to manage time better** – Establish long and short-term goals. Do the most difficult tasks when you feel most energetic. Make a schedule for yourself and stick to it.
- **Set limits for yourself and others** – Know when enough is enough. Don't overload yourself. Learn to say "No" when it is appropriate and to take time for yourself.
- **Enlist the support of others** – Don't isolate yourself when pressures begin to mount.

If you have many of the symptoms of stress listed, try the suggestions given. But if they don't seem to work or if you have trouble implementing them, you should consider seeking professional help.

Preferred EAP's professionals have extensive experience helping individuals cope with the pressures of daily living. And with early intervention, you can prevent a problem from becoming a serious emotional, and possibly physical, crisis. And that will mean many more happy and healthy holiday seasons for years to come.

This information is brought to you by the Preferred EAP. For more information or to schedule an appointment, please call the EAP at (610) 433-8550.

FOR THE CALENDAR

Physician Recognition Dinner

The date and place for the next **Physician Recognition Dinner** have been set – **Saturday, March 27, 2010, at Bear Creek Mountain Resort & Conference Center in Macungie**. All members of the Medical Staff will be invited to the event to celebrate with their colleagues and to recognize those who will be celebrating 25 and 50 years of service on the hospital's Medical Staff. Invitations will be mailed to the doctors' homes in February. If any of the doctors in your practice have a new home address, please contact Janet Seifert in Medical Staff Services at (610) 402-8590 with the updated information.

Combined GMS/APC Meeting

For the first time in history, the quarterly **General Medical Staff** meeting will be combined with the **Advanced Practice Clinicians (APC)** on **Monday, December 14**, beginning at **6 p.m.** The meeting will be held in Kasych ECC Rooms 6, 7 and 8 at LVH-Cedar Crest, and teleconferenced to ECC B, C, and D at LVH-Muhlenberg.

All members of the Medical Staff and Advanced Practice Clinicians are encouraged to attend. Refreshments will be served.

2010 General Medical Staff Meetings

Please mark your calendars – the dates for the 2010 General Medical Staff meetings are as follows:

- Monday, March 8
- Monday, June 14
- Monday September 13
- Monday, December 13

Meetings will begin at 6 p.m., and will be held in Kasych ECC Rooms 7 and 8 at LVH-Cedar Crest & I-78, and videoconferenced to Rooms C and D of the Educational Conference Center located on the first floor of the LVH-Muhlenberg Tower.

If you have any questions regarding General Medical Staff meetings, please contact Ruth Davis, Director, Medical Staff Services, at (610) 402-8975.

2010 GLVIPA General Membership Meetings

The dates for the 2010 Greater Lehigh Valley Independent Practice Association (GLVIPA) General Membership meetings are as follows:

- Tuesday, March 23
- Monday, June 28
- Tuesday, September 28

All meetings will be held at 6 p.m., in the hospital's Auditorium at Cedar Crest & I-78, and teleconferenced to Rooms C and D of the Educational Conference Center located on the first floor at LVH-Muhlenberg.

The **GLVIPA Annual Membership** meeting will be held on **Monday, January 25, 2010**, at **6 p.m.**, in the Auditorium at Cedar Crest & I-78, and teleconferenced to Rooms C and D of the Educational Conference Center at LVH-Muhlenberg.

If you have any questions regarding the GLVIPA, please contact Eileen Hildenbrandt, Coordinator, GLVIPA, at (610) 969-0423.



Cedar Crest Campus Maps

Fold-out pocket maps of the Cedar Crest campus (both interior and exterior views) are now available for your office. If you would like to order a supply of the maps for your practice, please call (610) 402-CARE (2273).

FOCUS

Matthew M. McCambridge, MD
President, Medical Staff

John W. Hart
Vice President, Medical Staff Services

Editorial Staff:

Janet M. Seifert
Coordinator, Communications & Special Events
Managing Editor

Happy Holidays!

From the Editor:

Please help us keep our records accurate. If your office manager has changed, please call Janet Seifert in Medical Staff Services at (610) 402-8590.

FOCUS is published for the office staffs of physicians on the Medical Staff of Lehigh Valley Health Network. Articles for publication should be submitted to Janet M. Seifert, Medical Staff Services, Lehigh Valley Hospital, Cedar Crest & I-78, P.O. Box 689, Allentown, PA 18105-1556 or emailed to janet.seifert@lvh.com. For more information, please call Janet at (610) 402-8590.

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