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OnCall

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A Newsletter for the Physicians and Office Managers of the Lourdes Health System

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Prevent “Fumbled Handoffs” at Discharge

Clear communication with the patient, family and outpatient medical provider at discharge can help prevent adverse events at home and readmission to the hospital. Yet a study in the *New England Journal of Medicine* this spring found that 20 percent of Medicare patients are readmitted within 30 days of discharge, and half of those patients failed to visit a physician for follow-up after their initial discharge.



One reason for the disconnect, according to research in the September *Journal of General Internal Medicine*, is the “fumbled handoff” at discharge. The study of nearly 700 discharge summaries from two tertiary care centers found “grossly inadequate” documentation regarding tests pending at discharge and information about which healthcare

provider should receive the post-discharge results. Many patients are unaware that these tests are pending. According to the data:

- Only 16 percent of the 3,000 tests ordered for patients were mentioned in the discharge summary.
- Although all patients in the study had test results pending, only 25 percent of discharge summaries mentioned this, with just 13 percent documenting all pending tests.
- Only 67 percent of discharge summaries indicated which provider was responsible for following up with the patient after discharge.

The authors stated the documentation rate for pending tests was not associated with level of experience of the provider, the patient’s age or race, length of hospital stay or duration it took for the results to return.

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Gainsharing Project Underway

As you may be aware, Our Lady of Lourdes Medical Center is one of 12 hospitals statewide participating in Medicare’s gainsharing pilot project. This test could provide some answers for healthcare reform, providing financial incentives for physicians while saving the hospital money and improving efficiency of care.

The hospital and Medicare should save money through reduced patient stays, decreased re-admission rates and the avoidance of expensive technology where cheaper modalities will produce equivalent results. According to **Alan Pope, MD**, vice president of medical affairs, physicians should:

- Start surgeries on time.
- Facilitate timely discharges.
- Consider cost when selecting clinically equivalent pacemakers and joint replacement prostheses.
- Lead efforts to prevent infections that can lengthen hospital stays.

Participating doctors who achieve strong outcomes and reduce costs may qualify for semi-annual financial incentives from the hospital, expected to range from \$90 to \$300 per patient.

For more information about the gainsharing project, contact Dr. Pope at popea@lourdesnet.org.

PI: Quality Data Collection Explained

A key function of the Performance Improvement (PI) departments at both Lourdes Medical Center of Burlington County and Our Lady of Lourdes Medical Center is the abstraction of data about the management of your patients' care. The Centers for Medicare and Medicaid Services (CMS), The Joint Commission and the New Jersey Department of Health and Senior Services are just three of the multiple parties who receive results of data abstraction. Measurement information is collected by nurses in the PI department and also obtained through claims-based data.

Often referred to as "core measures" by The Joint Commission, inpatient quality data and its collection have been mandated since 2003. CMS aligned quality data collection to hospital reimbursement via the Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) initiative in 2005. Quality reporting has expanded under RHQDAPU, currently including outpatient Measurement, mortality and readmission rates, patient satisfaction and safety measures.

The reports generated by this information help us to identify best practices as well as areas for improvement when compared to national and state benchmarks. Following is a listing of some of the data collected:

INPATIENT

- Acute myocardial infarction
- Heart failure
- Pneumonia
- Surgical care
- Children's asthma care*
- Pregnancy & related conditions*
- Hospital Consumer Assessment of Healthcare Providers and System Survey (HCAHPS)
- 30-day risk-standardized mortality rates for AMI, heart failure and pneumonia
- 30-day Risk-standardized readmission rates for AMI, heart failure and pneumonia
- Agency for Healthcare Research & Quality (AHRQ) Measures**
 1. Death among surgical patients with treatable serious complications
 2. Iatrogenic pneumothorax, adult
 3. Postoperative wound dehiscence
 4. Accidental puncture or laceration
 5. Abdominal aortic aneurysm mortality rate
 6. Hip fracture mortality rate
 7. Composite mortality rate for facility-selected surgical procedures
 8. Composite mortality rate for facility-selected medical conditions
 9. Composite complication/patient safety for facility-selected indicators

OUTPATIENT

- ED care of AMI/Chest Pain patients who are then transferred to another acute facility
- Perioperative surgical care
- Outpatient imaging

The State of New Jersey mandates participation in several registries and data bases in addition to the above quality measures. Some results are analyzed and available for public consumption. Information is currently abstracted for:

- Open heart surgery
- Cardiac catheterization
- Central nervous system
- Bariatric surgery
- Carotid stents
- Implantable cardiac defibrillators

For more information, contact PI at 856-668-8853 (Lourdes Camden) or 609-835-3077 (Lourdes Burlington).

* not selected by LHS at this time **beginning 4Q 2009

Prevent "Fumbled Handoffs" at Discharge

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"Clear concise patient discharge instructions and coordination of followup plans with a patient's outpatient providers are paramount to preventing readmissions and providing seamless quality care," said **Alan Pope, MD**, vice president of medical affairs at Our Lady of Lourdes Medical Center.

"Probably the most important thing we can do for our patients is to communicate effectively. A clear understanding by the patient and all caregivers of the treatment plan and coordination of care are the keystone of patient safety and prevention of medical errors," said **Joseph Reichman, MD**, vice president of medical affairs at Lourdes Medical Center of Burlington County

Improving Documentation
According to Dr. Pope and Dr. Reichman, physicians should do the following to prevent fumbled handoffs:

- Provide a comprehensive summary of the patient's hospital stay to all providers.
- Communicate discharge medications, tests, therapies and follow-up needs to all providers.
- Ensure the patient understands his discharge plan and medications.
- Arrange or confirm timely follow-up visits as needed.
- Provide the patient/family a contact phone number for any questions. ◆

Documentation Tip: Did you know documenting “urosepsis” defaults to a simple UTI by Coding Guidelines?

Documenting Urosepsis/UTI = DRG 690 with geometric mean LOS 3.5 days

VERSUS

Documenting SIRS/Sepsis secondary to UTI or Sepsis of Urinary origin = DRG 872 with geometric mean LOS 4.7 days

Note: Always specify if a patient’s sepsis/SIRS or septicemia is secondary to a device (e.g., foley cath, cardiac device, joint prosthesis, IV line, peritoneal catheter). Documenting SIRS or sepsis will result in an increase in Medicare reimbursement of \$2,500 to \$4,100.

Coding Definitions:

- **Bacteremia:** A nonspecific laboratory finding of bacteria in the blood without signs of acute illness.
- **Septicemia:** A systemic disease associated with the presence and persistence of pathogenic microorganisms in the blood; may simply involve a positive blood culture and a fever.
- **Sepsis:** An infection-induced syndrome in the presence of two or more manifestations of systemic inflammatory response syndrome (SIRS) without organ dysfunction. Sepsis is synonymous with SIRS due to an infectious process without organ dysfunction.
- **Severe Sepsis:** Involves two or more manifestations of SIRS with organ dysfunction.
- **Septic Shock:** Severe sepsis in which the cardiovascular system begins to fail, blood pressure drops and vital organs are deprived of adequate blood supply.

Clinical Criteria of SIRS (systemic inflammatory response syndrome due to an infectious process without organ dysfunction) per coding guidelines:

- **Fever** of T>100.4 F or **hypothermia** T<96.8 F
- **Leukocytosis** WBC > 12 or **Leukopenia** WBC <4 ; or **>10% bands**
- **Tachycardia** with HR >90
- **Tachypnea** with RR >20 or pCO2 <32

For more information, contact clinical documentation specialists **Martha Padolina, RN, BSN**, at 856-757-3160 or **Judith Bates, RN, BSN**, at 856-757-3161.

Increase Your Community Visibility

The Lourdes Speakers Bureau offers affiliated physicians and clinicians the opportunity to present on various health topics at community events around the area. The events are excellent ways to attract potential referrals.

Lourdes also offers physicians the opportunity to participate in its consumer publications, HealthTalk, which is mailed to more than 160,000 homes three times a year, and e-HealthTalk, which lands in 4,500 e-mail boxes each month.

If you would like to participate in the Lourdes Speakers Bureau or have story ideas for either publications, contact Wendy Marano, Lourdes public relations director, at 856-382-1793 or maranow@lourdesnet.org.

Award Nominations Sought

The Lourdes Health Foundation is seeking nominations for the third annual Healing Spirit Award. The award, which will be presented at The Dance on March 27, 2010 at the Ritz Carlton in Philadelphia, is Lourdes’ way of demonstrating how much it values its physicians. The award is given to an individual who exemplifies the Lourdes mission and core values of Compassion, Commitment, Integrity, Excellence and Stewardship. **Gerald “Fuzzy” Fendrick, MD**, and **Louis Ruvolo, MD**, were the 2009 recipients.

Nomination forms can be found at www.lourdesnet.org/physicians and may be faxed to **Felicia DiMattia**, foundation special events director, at 856-382-1782. Nominations are due Nov. 30.

On Call Goes Green

In an attempt to be more environmentally friendly, *On Call* will become a primarily electronic publication in 2010, available via e-mail and on the Lourdes Web site. Limited hard copies will be available.

To ensure that the new *On Call* lands in your e-mail box with vital health system and practice information, visit www.lourdesnet.org/physicians and register your e-mail address. Our lists are for our sole use and are not shared in any way.

Lourdes Center for Public Health Fosters Healthcare Improvement

Would you like to learn more about the community where you practice, better manage your patients' health and prevent chronic disease?

The Lourdes Center for Public Health, led by surgeon **Stanton Miller, MD, MPH**, can help. The Center works collaboratively with academic and community partners to identify critical public health challenges, design and implement research and then develop intervention strategies for the populations around Camden, Willingboro, Newark and Trenton. The Center's focus is to utilize research findings to provide tangible benefits to communities, reduce healthcare disparities and foster public health care quality improvement.

The Center works to match undergraduate and graduate students from colleges and universities including Princeton, University of Pennsylvania, Drexel, Haverford, Swarthmore, Temple, Lehigh, College of New Jersey and Georgetown to help conduct the community-based participatory research under the guidance of Lourdes physicians and administrators. Students can participate during the school year in conjunction with curriculum requirements, as a volunteer, or as a full-time intern through the Public Health Summer Institute.

"I did not want this to be a polite, academic think tank," Dr. Miller said. "We benefit vulnerable populations, the person on the street."

One early success of the Center has been working with transplant hepatologist **Hisham ElGenaidi, MD**, who sought to engage southern New Jersey's Asian population, which has a high incidence of Hepatitis B. The Center formed an alliance with The Boat People SOS, a national Vietnamese advocacy group, the Hepatitis B Foundation of Doylestown, PA and Bristol-Myers Squibb Co., and is working to establish local screening events. This initiative was born out of the findings of a 2008 needs assessment of the Camden Vietnamese population, conducted by a Haverford College student, who found that the Vietnamese, as one of the fastest growing ethnic groups in the city, are being largely overlooked in their healthcare needs.

Past projects include:

- The use of telemedicine to manage gestational diabetes;
- Increasing patient usage of the "Prepare for Surgery, Heal Faster" program;
- Community needs assessment of Burlington County riverfront towns;
- Measuring and reducing noise in hospitals;
- Food access and insecurity in Camden, Trenton, Newark and New Brunswick.

The Center for Public Health continues to have the invested interest of students eager to work through the health system to help improve the health needs of the communities it serves. A list of active and potential projects is maintained by the Center to help students match with the project of their interest.

"Patients are not being brought to us. In order to survive, we need to move into the communities and get to know them in a very detailed manner," Dr. Miller said.

Physicians with a potential project and interest to work with the Center may contact Dr. Miller at millers@lourdesnet.org or 856-580-6378 or the Center's coordinators at lcph@lourdesnet.org or 856-869-3038.

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On Call is intended to provide physicians and their office staffs with news and information that will assist them in their daily practice.

Please direct any comments or suggestions to our Writer/Editor at bernsteinj@lourdesnet.org

Membership on the medical staff of Lourdes Health System

hospitals does not suggest an employment or agency relationship.

A ministry of the Franciscan Sisters of Allegany, New York and a member of Catholic Health East.