

News & Updates



Insurance:

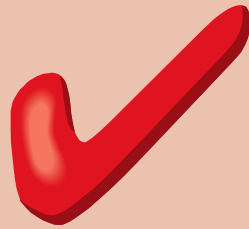
Waterstone's Mammography Policy

The Waterstone policy states \$400 for wellness excludes mammograms. They are to be paid at 100% no deductible or copay. Women from 35-39 are allowed one during that age range, and women 40 & over are allowed one annually. Mammograms need to be ordered as a yearly screening not wellness visits.

Outpatient Certifications

Many physicians have expressed interest in having MRHC handle the precertification process for outpatient procedures.

At this time, MRHC is in the process of testing this process. We hope to roll out this service to all physician offices that wish to participate before the end of the year.



Physician Survey Results, continued

Action Plan:

Lab supplies have been delivered and pick up scheduled. Hospital courier is now running daily.

Concern:

A physician expressed concern that ID badge would not open the Medical Record room needed to complete records.

Action Plan & Follow Up:

New ID badge created and delivered. No further problems noted.

Concern:

When Cancer Center orders labs on patient – the PCP and the Cancer Center should get results.

Action Plan:

Plan developed to better capture PCP information in admission process. MIS has changed

Meditech so it automatically forwards the PCP listed in the orders a copy of the lab results.

Concern:

Pharmacy re-order sheets need to be streamlined.

Action Plan:

Pharmacy re-order sheets now available on all nursing units and surgery.

Physician Satisfaction Team Members

- | | | | |
|-----------------|----------|----------------|----------|
| • Chuck Boss | 421-8096 | • Dana Hugle | 421-8626 |
| • Gary Nunley | 421-8123 | • Georgia Cain | 429-2867 |
| • Angela Smith | 429-5775 | • Stacia Coats | 421-6856 |
| • John Johnston | 421-6723 | • Paul Olson | 421-6948 |

MRHC Physician News

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Metformin Use Related to Possible B12 Deficiency

Endocrinologists are beginning to check B12 levels on their diabetes patients who are taking metformin. According to John Muchmore, MD, endocrinologist at Baptist Integris Hospital in Oklahoma City, the body can store B12 for about two years. So if a patient has been on metformin for two years or longer, there may be B12 deficiency. He now routinely starts his patients on B12 when they begin a metformin regimen.

A study showing the link between metformin use and B12 deficiency was first published in June 2009, in the British Medical Journal. B12 deficiency has also been linked to neuropathy, depression and fatigue. Dr. Muchmore states that if he has a patient who is taking metformin and is also complaining of tiredness or worsening neuropathy, he checks a B12 level. Adding B12 daily is simple and may give diabetes patients suffering from neuropathy some much-

needed relief.

Researchers at the American Diabetes Association say it is still not clear whether vitamin B12 deficiency may contribute to or cause peripheral neuropathy. But they recommend screening metformin users for B12 deficiency and supplementing, when necessary, to reduce the risk of nerve damage.

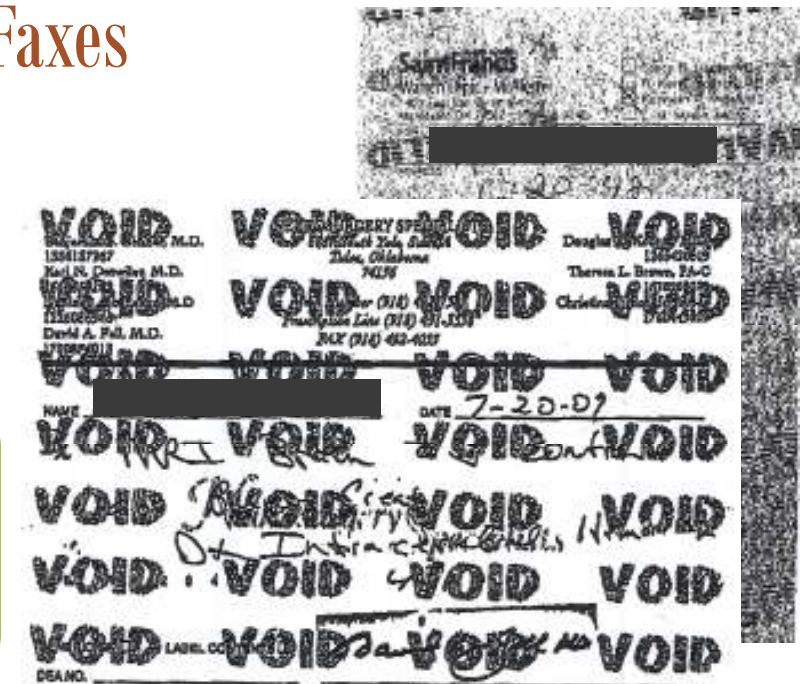
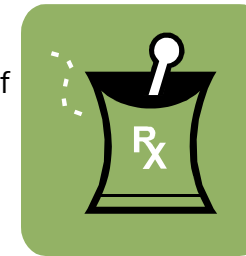
Hollye Beaver, RN, BSN, CDE
Diabetes Education Coordinator

Prescription Pad Faxes

The admissions and scheduling departments have started receiving faxed prescription pads for orders once again.

Please refrain from using prescription pads to fax orders to MRHC. When the order is faxed the "void" area interferes with the ability to read the order.

Examples of these unreadable orders are shown at the right.



Physician Survey Results

The Physician Satisfaction Oasis Team would like to thank all the physicians and office staff that shared concerns and ideas.

We discovered a number of opportunities for improvement. Some of these opportunities have already been put into place while others are in process. We will continue to update you with the progress.

The following is a summary of the suggestion or concern and the action plan that has been developed.

Also, if you have additional suggestions or concerns, please feel free to contact one of the team members.

RISK MANAGEMENT

Concern:

We need to deal with complaints from families and/or staff in a timely manner-not every six months.

Action Plan & Follow Up:

A peer review flow sheet has been developed and will go through the approval committee. Physicians will get more timely feedback on issues monthly. Also, a report will be given to the executive team and board QI monthly of the transactions for the month. Additionally, the patient/family who files the complaint is sent a written acknowledgment with seven days from the RM department, then the complaint is forwarded to the department involved and that manager is instructed to follow up with the complaint within 30 days. If we are aware of physician involvement or if the physician made the complaint, we will follow up with them as well.

MEDICAL RECORDS

Concern:

Physician is not receiving medical records in a timely manner when physician offices call with a request.

Also, physicians want discharge summaries and H & P's automatically faxed to their offices.

Action Plan:

A new work type was created and

posted. Now these requests are distributed daily.

Concern:

Physicians are not receiving H & P and discharge summaries in a timely manner.

Action Plan:

Capture accurate and complete information on primary care physician at admission.

This is still a work in progress so please continue to let us know of ongoing problems.

Concern:

Physicians expressed concern with continued problem with medical records batching reports instead of sending them on the fly.

Action Plan:

New protocol to distribute daily.

Concern:

Not enough feed back when patient is hospitalized and discharged.

Action Plan:

New work type created and posted. This information is now distributed daily. Medical records are being mailed to offices.

Concern:

A select group of physicians expressed that, "Most of my old records just need signatures. Can someone send them or bring them to me for me to sign?"

Action Plan:

Once a month charts are taken to these physicians to sign.

NURSING

Concern:

Assess nurses on all units for the ability to take physician orders accurately.

Action Plan:

1. The Education Department will work with Nurse Managers to review, assess and update the unit specific competencies for nurses, clerks and aides this summer.
2. An addition will be made to nurse competency check list for the ability to take accurate physician orders. Educational flyers will be developed and



reviewed at staff meetings. This is an ongoing educational process.

Concern:

Some physicians would like a competent nurse to round with them when seeing patients.

Action Plan:

1. The importance of rounding with the physician will be emphasized during charge nurse classes.
2. Nurse Managers will work to support nursing staff to consistently round with physicians. This is the action plan which will be put in process in the coming months.

Concern:

Ensure that the nurses calls are appropriate and that nurses have all pertinent information when asked. Nurses need education on how to give report to physicians.

Action Plan:

Work with Nurse Managers and nursing staff to utilize SBAR and other reporting techniques, in order to have pertinent information readily available when calling physicians.

Concern:

Get sputum/urine cultures collected correctly the first time.

Action Plan:

Susie Northern is working on educational activities for nursing and utilizing the lab procedures for materials. This action plan is in process.

Concern:

Get the PICC team moving.

Action Plan:

US to ICU in April for PICC team. This has been completed.

Concern:

Triage levels have been a constant concern.

Action Plan:

As of July 1st there will be no mid-levels in the Emergency Department. All senior nurses have been reoriented to triage and now rotate through triage.

Concern:

Nurses need to understand lab reports.

Action Plan:

- A) Schedule lab class quarterly to offer to staff.
- B) Work with unit nurse experts to provide educational activities to nursing staff on specific patient population lab values.

Concern:

Non-physicians taking snacks and "hanging out" in the Physician Lounge.

Action Plan:

Work through medical staff to determine feasibility of making the Physician Lounge badge accessible.

IT DEPT

Concern:

Better computer and printer in the Physician's Lounge. Also, better chairs would be nice.

Action Plan:

Three new computers with new monitors and chairs ordered. Lounge scheduled to be repainted and the flooring will be replaced.

Concern:

Request to view x-rays from the office

Action Plan:

The physician requesting this now has DR capabilities in office.

Concern:

Problems in getting radiology reports in a timely manner now that MIS is involved.

Action Plan:

Increase the number of times the system will attempt to resend the reports. X-ray pulls a list daily and resends any failed attempts.

Concern:

Not getting reports with transition to new system. Told that after a certain number of tries the fax server stops trying.

Action Plan:

On-going. DR corrected the configuration of the fax engine. All reports seem to be faxing now.

HOSPITALIST

Concern:

Lack of continuity of care. Patients regularly complain about not knowing the physician as well as the constant change of physicians.

Action Plan:

Meet with HCC regarding the schedules and frequent changes. Conference call scheduled with Alan Himmelstein of HCC.

Concern:

Facilitate better communication practice between physicians. Hospitalists would like surgeons to call if a consult is needed. Reason should be given for all consults.

Action Plan:

All communications for consults should occur directly (phone or in person) from one medical staff member to another.

Concern:

Radiologist should call with abnormal results.

Action Plan:

Radiologist will call with CRITICAL results only.

Concern:

Hospitalist refuse to accept transfers and to admit patients.

Action Plan:

Transfer log is being reviewed for problems.

Concern:

Physicians would like more interaction with the Hospitalists.

Action Plan & Follow Up:

Require attendance at medical staff and committee meetings. Planning meet and greet activities so that hospitalists and primary care physicians can interact.

Concern:

Hospitalist request to work with admitting to get their patient lists correct.

Action Plan:

Working to create two admitting groups: HCC and MRHC.

Concern:

Physicians would like hospitalists

to dictate consult requests.

Action Plan & Follow Up:

Two hospitalists are currently dictating consults. General information has been passed on regarding the need for clear handwriting on consults and orders.

Concern:

Hospitalists need to write at least two progress notes per week for Rehab patients.

Action Plan:

Discussed at April Hospitalist meeting. Charts will be reviewed for compliance.

MISCELLANEOUS

Concern:

Constant problem with getting our radiologic reports faxed to us, there seems to be a problem with the system.

Action Plan and Follow Up:

Issue has been addressed and is completely resolved.

Concern:

Improve equipment (ventilators) and more frequent education seminars for staff.

Action Plan:

New vents are in the requested budget. Development of a ventilator education class for the ICU staff is scheduled. Competency check lists will be required for individuals who can make changes to vents.

Concern:

Need new T-sheet forms for ER.

Action Plan:

Vendor has been onsite and met with ER physicians.

Concern:

Physicians would like automatic faxing of the patient records or summaries from ER and Urgent Care visits.

Action Plan:

Emergency Department has developed and is testing a color coded system with a small pilot group of physicians to send the requested information.

Concern:

One physician requested different tubes to draw labs that auto separate and would like consistent delivery of meds and supplies.