



## Medical Staff Update

KEEPING EHC PHYSICIANS INFORMED

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**February/March 2012**

This issue contains brief announcements about actions relevant to medical staff, including an update on The Joint Commission, IS announcements and more.

### Revised CMS-TJC physician documentation requirements

The Centers for Medicare & Medicaid Services (CMS) and The Joint Commission (TJC) have introduced new requirements for physician assessment and documentation on the H & P Interval Note/Update form. The revised standard requires documentation that a review of the previous H & P and patient examination has been performed, and the resulting change (or lack of change) noted. Revised H & P Interval Note/Update forms have retained the familiar checklist format, and may only be used with an H & P within 30 days of admission and/or prior to surgery. If you have a supply of the old forms used for faxing the information to the hospitals/surgical sites in your office, please pick up a copy of one of the revised forms from the procedural areas for future use.

#### Top five priorities for medical staff survey focus

Ongoing internal monitoring continues to show our medical staffs have the greatest opportunity for improvement in the following survey topic areas:

1. **Date & time all handwritten medical record documentation**, including consents and co-signatures. (RC.01.01.01). **Entries are signed and include contact information such as PIC or telephone number.** (RC.01.02.01)
2. **Complete medication reconciliation** for all patients. (National Patient Safety Goal – Maintain accurate patient medication information)
3. **Perform & document Time Out/Call to Order** prior to all operative and/or invasive procedures. (National Patient Safety Goal – Universal Protocol)
4. **Label all medications and medication syringes/containers** with drug name, strength, diluents or quantity, and expiration date. (National Patient Safety Goal – Improve Medication Safety)
5. **Completion of History & Physicals, H & P Updates, pre-operative/pre-procedural and post-operative/post-procedural notes** for all patients.

#### Joint Commission surveys set for 2012

The Joint Commission (TJC) season for EHC hospital, laboratory, ambulatory care and certification programs began in September 2011 and will likely continue through December 2012. Although exact dates are unannounced, the following surveys are anticipated during the first and second quarters of 2012:

- **Wesley Woods Hospital (WW)** (Hospital Accreditation): Survey to occur **by mid-January 2012**.
- **Emory Hospital Stroke Program** (Disease-Specific Certification Survey): Survey likely **March 2012**.
- **The Emory Clinic (TEC)** (Ambulatory Care Survey): Survey to occur by **mid-April 2012**.
- **EHC Laboratories** (Laboratory Program Surveys): **WW, EUH, EUHM**: All surveys likely **by June 2012**.

For questions or further information about TJC issues, please contact **Amy Nally, RN, MS, CIC, CPHQ**, Director, Clinical Performance Improvement – Accreditation Support Services, Office of Quality and Risk at **404-712-4545** or [amy.nally@emoryhealthcare.org](mailto:amy.nally@emoryhealthcare.org).

### Anesthesiology set to go live with electronic documentation

This spring, Anesthesiology will start a phased go-live of electronic documentation through Cerner's SurgiNet Anesthesia Management. Currently, anesthesiology documentation is completed on paper. In addition to the fact that this new process will seamlessly integrate a patient's anesthesiology care into his or her electronic medical record – a benefit that is imperative to quality care and collaboration among colleagues – SurgiNet Anesthesia Management has several attributes helpful to those documenting anesthesia care, such as:

- Access to review past medical history and current medications while documenting the anesthesia plan
- Remote monitoring to view multiple cases simultaneously in graphical or numerical displays
- Direct, real-time data feeds that ensure physicians receive the latest patient information

Emory University Hospital cardiac operating rooms will be the first to go live, followed by cardiothoracic surgery, the remaining ORs, Cath Lab and Interventional Radiology. Go-lives will then take place throughout EHC.

For more information, contact **Chris Cook**, Information Services, at **404-712-5587** or [chris.cook@emoryhealthcare.org](mailto:chris.cook@emoryhealthcare.org).



Sheri Chernetsky Tejedor, MD

## Sheri Chernetsky Tejedor, MD, fully transitioned to medical director for data resource management

**Sheri Chernetsky Tejedor, MD**, has now fully transitioned to medical director for data resource management at EHC. In her role, Dr. Tejedor is focused on how to increase access to meaningful, accurate and reliable data, as well as how to use those data to improve quality care. This is not only imperative to enhancing patient care, but it is also increasingly important as different health care organizations continue to be compared against one another based on publicly reported metrics. Dr. Tejedor and the Clinical Data Warehouse team are working to expand training and education opportunities for users of the Clinical Data Warehouse, ensure responsible use of data and initiate projects that continue to expand data available through the Clinical Data Warehouse.

Dr. Tejedor is a hospitalist at Emory University Hospital. She has an extensive background in quality improvement, having focused early in her career on process improvement while studying mechanical engineering at Georgia Institute of Technology, later in biomechanics research and in internal medicine while at Johns Hopkins.

Dr. Tejedor also studied quality improvement at Intermountain Healthcare's Institute for Health Care Delivery Research. Her particular personal interest in quality improvement research is on leveraging data to change provider behavior and decrease central-line-associated infections.

## Winship Cancer Institute Survivorship Program provides support, evidence-based follow-up for cancer survivors

The Winship Cancer Institute of Emory University has announced an expanded model of care for cancer survivors and their caregivers. The Survivorship Program evaluates and coordinates patients along the cancer trajectory.

Disease specific survivorship clinics, led by experienced, specialized nurse practitioners (NP) and physician assistants, provide patients and caregivers access to their integrated care teams at regular intervals as they transition to survivorship following acute cancer treatment. Educational programs are being offered to survivors and caregivers and their families by members of the multidisciplinary Winship care team in formal and informal sessions. A comprehensive calendar of events can be found at <http://winshipcancer.emory.edu/survivor>

At the first survivorship clinic visit, the patient receives a treatment summary, which includes all information about surgery performed, and chemotherapy and radiation received during treatment. The patient also receives an evidence-based follow-up care plan which outlines future visits with their survivorship NP, medical, surgical or radiation oncologist.

Patients will also be screened for psychosocial distress at regular intervals, using a brief symptom assessment tool. This tool will guide referrals to other specialty providers, such as rehabilitation or psychiatry. In the future, this and similar tools may be used in Emory research projects dealing with common psychosocial survivorship issues such as fatigue and depression.

"Patients love this model because it provides coordination of care as they transition from the fast-paced treatment phase to long-term survivorship," says **Joan Giblin, NP**, the Winship Cancer Institute's director of survivorship. "This is a time of high anxiety for patients and caregivers. Having a plan in place to address both short- and long-term effects of treatment, monitoring for recurrence and planning for lifelong wellness seems to help during this phase of cancer care." Patients still have access to the specialized care team that treated them, but in a different clinic setting, dedicated to their unique needs.

"The survivor nurse practitioner is subspecialized in one area," adds Giblin. "The breast survivorship NP works with the breast team or the head and neck team and so on to assure the continuity of care for the patient." This integrated care model is also reassuring for the primary oncologist who still wishes to follow the survivor – but, according to Giblin, it also helps free up slots on oncologists' schedules to serve new cancer patients.

The Winship Cancer Institute's Survivorship Program has already implemented breast and head and neck survivorship clinics with multiple additional clinics to start in early 2012. It also has rolled out a one-of-a-kind electronic PowerNotes application in EeMR, designed in-house with Cerner Oncology experts. "It is point-and-click as much as possible," says Giblin, "which allows the provider to focus on what is important – the patient." These notes can be found under a distinct Survivorship tab in EeMR. Inquiries about scheduling appointments for patients can be directed to Joan Giblin and the survivorship team at [winshipsurvivorship@emoryhealthcare.org](mailto:winshipsurvivorship@emoryhealthcare.org).



## Rollout of Emory Healthcare Pledge

Last September, EHC announced to all staff and physicians the pilot rollout of the Pledge – a commitment that specifies the actions and behaviors necessary to create a teamwork environment at EHC. The Pledge serves as a tangible means by which physicians and staff can hold each other accountable. It is currently being piloted across the system, as a first step in EHC’s system-wide launch of this important initiative.

### Pledge pilot

- The Pledge was created by a multidisciplinary team of physicians and staff.
- The organization has identified more than 30 pairs of Pledge Partners who began to pilot the Pledge last fall.
- The pilot will include dialogue with colleagues on how physicians and staff can live the vision in the Pledge.
- After the pilot, the Pledge Partners will recommend next steps.

### What physicians can do now

While the Pledge Partners are helping the organization with this focused pilot in their areas, leadership and staff in all areas across EHC are being asked to participate in this initiative by:

1. Reading the Pledge
2. Dedicating some time during one of their staff/department meetings to engage in dialogue about what the commitment to the Pledge might mean for their unit/department
3. Being open to participating on a Pledge Partner interdisciplinary team, if asked, and exploring how the Pledge can impact their area

Once the Pledge Partners complete the work in their areas and offer their recommendations, physicians will be informed about the next steps in this exciting process. For complete details on the Pledge, visit the Care Transformation section of the Intranet. To do so, log in to the Virtual Desktop. Go to [www.ourehc.org](http://www.ourehc.org) via Internet Explorer. Click on Departments & Groups, Care Transformation and then Pledge Partner Initiative.

## Cloning of provider documentation

“Cloning” medical record documentation, sometimes called “carry forward,” means cutting-and-pasting the information entered in the Electronic Medical Record (EMR) from one date of service to another. Documentation is considered cloned when each entry in the medical record for a beneficiary is worded exactly alike or similar to the previous entries. Cloning also occurs when medical documentation is exactly the same from beneficiary to beneficiary.

The 2011 Office of Inspector General (OIG) Work Plan states that Medicare contractors have identified an “increased frequency of medical records with identical documentation.” Inappropriate or excessive cloning of documentation is considered a misrepresentation of the medical necessity requirement for coverage of services. The OIG will review E&M services to identify potentially improper payments, which will lead to denial of services and recoupment of all overpayments made.

In order for physicians to receive appropriate payment for the services provided to patients, the Georgia Medicare Carrier, Cahaba, expects to see documentation that supports the medical necessity of the service, any changes or updates and/or differences in the documentation of the history of present illness, review of system and physical examination.

With each patient encounter, the documentation in the medical record should be specific to the patient and her/his situation at the time of the encounter. The physician’s documentation should reflect the unique characteristics for each encounter and support the medical necessity independently. There may be a time where cutting and pasting existing patient information is relevant and appropriate for the specific encounter at hand. However, it is the responsibility of the physician to determine the appropriateness and relevance of what is being copied, and must make sure anything that can be or needs to be is appropriately updated.

For further information, please contact **Tom Koss, CPC**, director, Compliance Education and Communications, EHC and Emory Medical Care Foundation at **404-778-2756** or [Tom.koss@emoryhealthcare.org](mailto:Tom.koss@emoryhealthcare.org).



## Removal of daily/repeat labs ordering for high-volume tests planned for March 7

To improve utilization of resources, reduce phlebotomy and improve patient satisfaction, EHC intends to follow in the direction of a number of other leading health care organizations in carefully limiting standing orders for repetitive laboratory orders. Restricting the ability to order daily laboratory tests, which are often ordered at time of admission and sometimes forgotten, will ensure that lab orders are intentional and appropriate, while simultaneously freeing up laboratory resources to better meet the highest priority needs. This direction has been supported by the Emory University Hospital and Emory University Hospital Midtown Medical Practice Committees.

The plan is for the repeat lab function in EeMR to order multiple days of certain lab tests for inpatients to be removed March 7. Based on discussion with clinical leaders, order sets for certain conditions have been deemed exceptions and a finite number of daily repeats will be allowed on those order sets.

Repeat orders within a 24-hour period will still be allowed, but other than with the designated order set exceptions, new orders after 24 hours must be written daily. Initially, this change will affect five lab tests as follows:

- Basic metabolic panel
- Comprehensive metabolic panel
- Complete blood count
- Magnesium
- Phosphorous

We understand that any change of this sort has the potential for unintended consequences and, as a countermeasure, we are tracking the number of critical test results. However, we have studied such implementations at other organizations, discussed them with EHC physician leaders and have concluded that these changes can be accomplished safely. That said, we do want to hear your feedback before implementing these changes. For more information or to provide feedback, please email the Lab Utilization Working Group at [utilization@emoryhealthcare.org](mailto:utilization@emoryhealthcare.org). Thank you for your support of this change, one that has our patients, their families and our system in mind.

## EMORY INNOVATIONS

*In each issue, we will update you on innovations at Emory.*

### New islet transplant protocol at Emory

For more than a year, **Nicole Turgeon, MD**, director of the clinical islet transplant program of the Emory Transplant Center, has been collaborating with **Kevin Kim, MD**, director of interventional radiology and image guided medicine, to develop a protocol involving an interventional radiology procedure as a minimally invasive islet transplant solution for patients with “brittle” or unstable type 1 diabetes. She also conferred with other centers that had substantial experience with the procedure. Finally, in late July, she and Dr. Kim performed the first such procedure at Emory in the interventional radiology suite at Emory University Hospital, not the operating room. The 42-year-old patient had struggled with type 1 diabetes since she was age 10.

“Our protocol is designed to treat patients who have had type 1 diabetes for at least five years and have experienced severe hypoglycemic unawareness, which unpredictably causes unconsciousness,” says Dr. Turgeon, who is the study’s principal investigator. “We’re able to perform this type of transplant because of Dr. Kim’s expertise in image guided treatment of liver tumors in the interventional radiology suite and Emory’s experience in islet transplantation and the development of new treatment regimens to protect transplant grafts from rejection.”

Performed under moderate sedation, the procedure requires less than a quarter-inch incision in the patient’s right side rather than the two-to-three-inch incision in the abdomen used for the conventional, open method of islet transplant. Guidewires, catheters and a central line are then threaded through the incision into the portal vein, which leads into the liver. Under image guidance, the fragile islet cells are selectively and accurately infused directly into the liver for implantation and to begin making insulin. Rather than stitches, a bandage suffices for the incision area.

The patient experienced no side effects and took only one pain pill following the transplant. An insulin pump is still necessary to protect the islet cells during the recuperation period, although the patient gradually tapered her insulin from about 50 units per day pre-transplant to eight-to-11 units per day four weeks post-transplant. Like any other transplant recipient, she must take immunosuppressant medications to prevent rejection.



## The role of autologous stem cells in myocardial repair: A phase II trial

Despite the broad use of cholesterol-lowering medications and better control of risk factors for heart disease, heart attacks remain common, with a reported annual incidence of 1.1 million cases in the United States alone. Even with appropriate revascularization and medical management to minimize the stresses on the heart walls, a significant percentage of patients suffer permanent cardiac dysfunction and consequently remain at an increased lifetime risk of experiencing adverse cardiac events, including death.

It is believed that endothelial progenitor cells (EPCs) assist in angiogenesis to support the repair of damaged myocardium. In light of this, researchers designed a study to examine the effects of injecting EPCs harvested from a patient's bone marrow into his or her heart via the affected coronary circulation following stent placement to treat myocardial infarction. As has been demonstrated in similar studies in Europe, it is hoped that the introduction of EPCs into the damaged portion of the heart muscle will enable more complete recovery of heart function.

**Arshed Quyyumi, MD**, co-director of the Emory Clinical Cardiovascular Research Institute (ECCRI), is the phase II study's principal investigator, and **Edmund Waller, MD, PhD, FACP**, director of the Bone Marrow and Stem Cell Transplant Center at the Winship Cancer Institute of Emory University, is responsible for harvesting patients' bone marrow. In the study, CD34+ selected stem cells will be harvested from randomized participants' bone marrow and reintroduced into their infarct-related coronary arteries six to nine days following successful stent placement. To be eligible, patients must:

- Have electrocardiographic evidence of acute ST-elevation myocardial infarction (STEMI)
- Experience chest pain symptoms within three days of stent placement
- Undergo successful stent placement and medical management
- Be able to safely undergo magnetic resonance imaging (MRI)

The primary objective of the study is to determine the safety and efficacy of intracoronary CD34+ cell product infusion on myocardial perfusion in subjects with STEMI as measured by gated single photon emission computed tomography myocardial perfusion imaging (SPECT MPI). The secondary objectives are to assess the effects of the therapy on infarct size and cardiac function, including left ventricular ejection fraction (LVEF), end-systolic and end-diastolic volumes, regional myocardial strain and regional wall motion.

The study will include a control group of eligible patients who will receive placebo infusions to assess the rate of significant spontaneous improvement in cardiac function without the study treatment. Both groups will be followed for three years with regular physical exams, blood tests, electrocardiograms (EKGs), stress echocardiography, nuclear stress testing and MRI studies to evaluate the function of the myocardium.

For more information on this study, please visit <http://www.medicine.emory.edu/divisions/cardiology/research/ECCRI/index.cfm>.

If you have a patient you believe would benefit from participation, please call **Karen Armstrong, PhD**, at **404-712-7847**.

### Medical Research Team

- Stephen Clements, Jr., MD – Cardiology
- Chandan Devireddy, MD – Cardiology
- Fabio Esteves, MD – Radiology
- Christopher Flowers, MD – Hematology & Medical Oncology
- James R. Galt, PhD – Radiology
- Stamatios Lerakis, MD – Cardiology
- Henry Liberman, MD – Cardiology
- Kreton Mavromatis, MD – Cardiology
- Michael McDaniel, MD – Cardiology
- John Oshinski, PhD – Radiology
- Arshed Quyyumi, MD – Cardiology
- Habib Samady, MD – Cardiology
- Edmund Waller, MD, PhD, FACP – Hematology & Medical Oncology

### Sub-Investigators

- Robert Neuman, MD – RTP
- Joseph Poole, MD – RTP



## NEWS BRIEFS

### MinuteClinic and EMORY HEALTHCARE announce clinical affiliation

MinuteClinic, the retail health care division of CVS Caremark (NYSE: CVS), and EHC announced a clinical affiliation to enhance access to high quality, affordable health care services in communities throughout the Atlanta metropolitan area.

MinuteClinic has 31 walk-in medical clinics open seven days a week inside select CVS/pharmacy stores in metro Atlanta. The clinics are staffed by nurse practitioners who provide treatment for common family illnesses and administer wellness and prevention services, including health condition monitoring.

"We share a common goal with EHC to make medical care more accessible and convenient in the Atlanta metro area, where we opened our first Georgia clinic in 2007 and continue to grow with six new clinics in 2011," said **Andrew Sussman, MD**, president, MinuteClinic and senior vice president/associate chief medical officer, CVS Caremark. "As we have experienced with our 11 other clinical affiliations around the country, this relationship with Emory will enhance our ability to bring high quality care to patients in MinuteClinic locations in 13 Georgia counties."

"Emory Healthcare is expanding our presence to ensure we can offer our patients in the community ready access to outstanding care," said **John Fox**, CEO of EHC. "As a well-established part of the Metro Atlanta community, Emory Healthcare is well positioned to offer innovative care models as evidenced by this affiliation with CVS that will help extend our services to even more neighborhoods. We are excited about this new opportunity to better serve our patients."

**Full media release:** <http://bit.ly/cvsminuteclinicemory>

### Emory boards approve next steps in hospital bed tower project

The Emory Healthcare, Woodruff Health Sciences and Emory University Boards have each approved the next tier of funding toward a planned Emory University Hospital tower expansion project, currently slated for completion in 2016.

On Nov. 21, 2011, the boards approved releasing \$30 million dedicated to:

- The expansion and improvement of Emory's Clinic A drop-off/valet parking lot off Lowergate Drive
- Funding to begin moving utility work in the proposed construction area, including relocation of the chillers, cooling towers and the emergency generators to sites outside of the construction zone
- Necessary funding to enter into a formal contract with a design team, including architect, civil and structural engineers, interior designer, and other necessary specialty design services

"Thanks to the generous support of the Robert W. Woodruff Foundation, these expansions and improvements will enable Emory to create a modern center of healing in which our physicians, nurses, and scientists will provide an ideal patient-centered experience supported by the power of translational research," said **S. Wright Caughman, MD**, executive vice president for Health Affairs, and CEO of the Woodruff Health Sciences Center.

**Full media release:** <http://bit.ly/emorybedtower>

### Emory Hospitals named to Georgia Hospital Association Honor Rolls

Five Emory hospitals have been named to the Georgia Hospital Association's (GHA) Partnership for Health and Accountability (PHA) Core Measures Honor Roll.

Emory University Hospital and Emory University Hospital Midtown have placed on GHA's updated Core Measures Honor Roll as two of only 20 hospitals in Georgia to be placed in the "Presidential" category. Emory Johns Creek Hospital and Emory's Wesley Woods Geriatric Hospital were named to the Honor Roll in the "Trustees" category. Further, Emory Adventist Hospital, jointly owned with Adventist Health System, was named to the "Chairman's" category.

**Full media release:** <http://bit.ly/GHAHonorRoll>



## EVENTS

### 2012 Emory University Hospital Midtown Quarterly Medical Staff meetings

Please save the dates for the Emory University Hospital Midtown Quarterly Medical Staff Meetings:

2nd Quarter –Tuesday, April 10, 2012

3rd Quarter – Tuesday, July 10, 2012

4th Quarter – Tuesday, October 9, 2012

*(Note: The scheduled meeting dates are subject to change)*

**Time:** Registration begins at 5:45 p.m.; dinner/meeting starts promptly at 6 p.m. and concludes at 7:30 p.m.

**Location:** Classroom 1, Agnes Raoul Glenn Building, EUHM, 2nd Floor.

To suggest items for the agenda, please contact **James Steinberg, MD**, at [jstei02@emory.edu](mailto:jstei02@emory.edu), **Dane Peterson** at [Dane.Peterson@emoryhealthcare.org](mailto:Dane.Peterson@emoryhealthcare.org) or **Lasharn Street-Gholston** at [Lasharn.Street.Gholston@emoryhealthcare.org](mailto:Lasharn.Street.Gholston@emoryhealthcare.org).

## Listing of new physicians

As a part of the Referral Management improvement activities within the Four Pillars operational framework at The Emory Clinic (TEC), Emory Healthcare (EHC) has implemented a standard monthly process to announce new credentialed faculty and community providers at TEC. The goals of the new provider announcement are to increase awareness of new physicians and their specialty areas, increase opportunities for internal and external referrals, and improve and standardize the information available through Emory HealthConnection<sup>SM</sup> and on the "Find a Physician" section of the EHC Web site. The monthly New Provider Announcements can be found on the Referral Management Intranet site:

<http://www.ourehc.org/departments/tec-administration/fourpillars/referralmanagement/newproviderannouncement.html>

**Credentialing's roster of new staff is also available on our department Intranet site** at

<http://www.ourehc.org/departments/credentialing/reports/Current/index.html>. From a single roster, select the facility (EUH, EUHM, TEC, WWGH, WWLTC, WWLTH, ESA, ECC, EMCF, etc.) you want to query for a list of providers credentialed for that facility. To view the new staff at a particular facility, use the filters that are set up on each spreadsheet to filter down to the appointment date, department, expertise, etc., to view.



If you have an item to contribute, please send it to [physician.news@emoryhealthcare.org](mailto:physician.news@emoryhealthcare.org).

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