

WHAT'S UP?

FMC PHYSICIAN NEWSLETTER
SEPTEMBER 2010



**Flagstaff
Medical Center**

Northern Arizona Healthcare

Radiology reading room coordinator hired

In response to the increasingly overwhelming number of phone calls to the Radiology Reading Room, a Radiology Reading Room Coordinator position was hired in July to expedite workflow.

Maryann McMillan can determine whether or not a study has been read. If it hasn't, she will be able to prioritize it to be read next. If it has, she will be able to expedite transcription and have the report faxed to you, ideally within a few minutes.

For questions that require the expertise of a radiologist, please provide Maryann with the requested information. This will allow her to route your call to the appropriate radiologist.

Maryann also will be assisting the radiologists in contacting referring physicians to communicate important findings in a timely manner. We ask that you share your best contact number with her when you call. This number will be used only for the purpose of physician-to-physician communication.

To reach Maryann call ext. 13090 or from outside the hospital, call 214-3553.

Kudos to the Emergency department

A recent review of ED patient visit trends revealed some interesting information. July 2010 saw the highest number of ED patient admits to the hospital in a year, meaning patients coming to the ED are a higher acuity. Of 3,660 patients, 768 (21 percent) were admitted. Five percent (170) were trauma patients.

At the same time we are seeing a more acutely ill patient population, patient satisfaction with their care is increasing. Based on PRC

data, overall quality of care in the ED has been perceived as high and our ED ranks in the 80th and 90th percentile excellent rankings since the beginning of 2010. Since fall 2009, there has been a steady increase in patient satisfaction with physician's instructions and explanation of treatments and tests. Overall teamwork between nurses and physicians also has been trending in a positive direction overall. Way to go.

State budget cuts impact AHCCCS benefits

Due to the state's budget crisis, AHCCCS is changing its member benefits effective Oct. 1, 2010.

AHCCCS no longer will pay for the following benefits: most dental services, services by a podiatrist, insulin pumps, percussive vests, bone anchored hearing aids, cochlear implants, orthotics, certain transplants, well exams, microprocessor-controlled lower limbs or microprocessor-controlled joints of the lower limbs, and non-emergency medical transportation for limited populations (upon CMS approval). Outpatient physical therapy also will be limited to 15 visits per contract year (Oct. 1-Sept. 30).

All adults (age 21 and older) including Native Americans and members receiving services through the Arizona Long Term Care System will be impacted by the changes. The changes do not affect children's benefits. AHCCCS eligibility will not be affected by changes to the benefits.

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New VP of Professional Services

As you may know, Alice Gagnaire has been in an interim role as Vice President for Professional Services while FMC conducted a search for a qualified replacement.

Kai McSwain, M.D., will join FMC Sept. 15 to fill that role. The selection committee included physicians, directors and senior staff. Kai has a medical degree but chose to pursue a master's in hospital administration instead of a medical residency.

Kai has a young family of three, is an avid bow hunter and loves Flagstaff. His most recent professional experience was at Asante Health, a premier system in Oregon. He served in several roles over nine years including Director of Perioperative Services, Orthopedics, Bariatric, Oncology, Clinical Business and Physician Informatics. In addition, he has extensive experience in working closely with hospital medical staffs. Kai will be responsible for Lab, Surgery, Imaging and likely other services.

Tips for improving dictations

The Transcription department has provided some tips to help improve quality of transcriptions and ultimately improve patient safety.

Please do not use abbreviations. So many letters sound the same, especially when someone speaks them quickly. Consider “B” and “V”, “S” and “F”, and many others.

Also, please enunciate very clearly the words “hyper” and “hypo” so the transcriptionists can clearly hear the difference.

Some numbers also can sound the same, so be sure to speak clearly when giving doses, etc. For example, 50 mg or 15 mg can sound the same.

Welcome new physicians

The following new physicians have joined active medical staff in recent months. Please join me in welcoming them to FMC.

- Michael Papez, M.D., Pathology
- Dena Wilson, M.D., Cardiovascular Disease
- Stephen Gale, M.D., General Surgery
- Willy Singh, D.O., Nephrology
- Duane Lambert, M.D., Internal Medicine, Hospitalist
- Mark Lindstrom, M.D., Anesthesiology
- Maura Mahoney, M.D., Emergency Medicine
- John Flint, M.D., Orthopaedic Surgery
- Andrew Overhiser, M.D., Gastroenterology
- Wayne Watson, M.D., Internal Medicine, Hospitalist

Want to be an on-air guest?

FMC is in its third year of a weekly radio show on KAZM radio in Sedona. The show airs Wednesdays at 8:15 a.m. and is called the 45-Minute Health Hour. We are always looking for guests to speak on a variety of medical topics. This is an interview format show and you have the option to pre-record or do the show live. If you have a topic to suggest and are interested in being on air, call Alisha Kuyper in the FMC Marketing and PR department at 773-2091 or e-mail her at Alisha.Kuyper@nahealth.com.

New CMS process for admission protocol

As you are probably aware, FMC has employed an “admission status protocol” in the last few years to ensure that patients are appropriately placed in either “inpatient” or “observation” status. UR nurses review each patient’s record and made a recommendation for admission status and physicians are asked to sign the correct protocol order. Unfortunately, our Medicare Financial Intermediary, Noridian, recently informed us that we may no longer use a protocol for the admission status order.

Beginning in early August, UR nurses began calling or speaking to physicians directly to recommend an admission status, either “inpatient” or “observation” and requesting a verbal or telephone order to that effect. The UR staff has made and will continue to make every effort to accomplish this task in the least disruptive fashion possible. Because parameters that determine the appropriate admission status change frequently, the UR staff provides essential expertise in determining the correct status.

The recommendations of the UR staff are the final result of matching the patient’s clinical information against Interqual criteria to determine the intensity of service and severity of illness that determine the correct admission status. Their input to the ordering physician will help get the patient in the right admission status.

We understand even one extra phone call or conversation is an imposition on busy clinicians, however this process is mandated by CMS, not by FMC or the UR department. Thank you in advance.