

HMC Med Staff

NEWSLETTER

HAWAII MEDICAL CENTER

SEPTEMBER 2007

HAWAII MEDICAL CENTER HOSTS CHINESE MEDICAL DELEGATION



Hawaii Medical Center East hosted a special medical delegation from Beijing and Shanghai on Monday, July 23, 2007. After enjoying a classic Hawaiian luau lunch, the 23 hospital administrators toured the hospital and learned about healthcare and hospital administration in Hawaii, as well as Hawaii Medical Center's various services and programs. The Chinese delegation also shared the changes in their hospitals and clinics and the future of the healthcare industry in China. The event was supported by the U.S. Foreign and Commercial Service, State Department of Business, Economic Development & Tourism, and State Department of Health. Hawaii Medical Center East was the only medical facility visited by the group.

LASER LITHOTRIPSY OFFERED AT HMC WEST

A Holmium Laser System was installed at Hawaii Medical Center West, which allows the urologist to use laser technology to remove kidney or bladder stones. The procedure is usually performed under moderate sedation/general anesthesia and is considered minimally invasive.

Using a cystoscope or ureteroscope, the urologist proceeds visually up the urinary tract to locate the kidney stone, ureteral stone or bladder stone. Light from a holmium laser is then directed through the fiberoptic and the stone disintegrates or fragments. The fragments can then be removed with a basket tool or left to flush out with normal urinary function.

Reviewing four (4) months of cases, HMC West OR Nurse Manager Patty Cabana commented, "Bleeding has been minimized, and patients report lower levels of pain or no problems at all with the new laser lithotripsy equipment."



IMPORTANT NOTICE TO PHYSICIANS REGARDING PARKING AT HMC EAST

AMPCO has notified Hawaii Medical Center East that parking lot attendants will no longer allow physicians to exit the parking garage without paying a fee by signing the back of their parking tickets. Physicians must have validation stickers or utilize a parking card. Parking stickers are available through the Medical Staff Office and Continuing Medical Education Coordinators. If you would like to be mailed parking stickers, please call 547-6290 or 547-6892.

There are approximately 20 physician-only complimentary stalls outside the Emergency Department which do not require a parking card or validation stickers.

NURSES GIVE FEEDBACK ON STAFFING RATIOS

Five months into Hawaii Medical Center implementing the new 4:1 nurse staffing ratios, RNs were asked how the ratios have impacted their work. Here are some of the responses:

"(The) new model gives me the opportunity to spend more time interacting with each patient. The assistance we get from Patient Support Aides (is) immediate... Since we have a lesser number of patients, we are able to extend help to our colleagues."

– Ya-ting Hardbarger, RN 4MA

"Since we transitioned to this new model, (I have) more time to know my patients. Building rapport with them is easier..."

– Lydia Callo, RN 4MA

"Primary care should be the standard for all nursing practice. Having sole responsibility is what makes nursing special. It shows all patients that they are priority one, and all our focus, efforts, and attention will be theirs."

– Les Saito, RN, Oncology

"You can spend more time with your patients." – Kelly Ishiyama, RN

"I like this new model of care. Taking a smaller patient load helps me to spend more time with my patients without feeling rushed. I get to know my patients better. Therefore, I can communicate well with the multidisciplinary team to ensure that patients' needs are met during their hospital stay and when they go home."

– Angelyn Lucio, RN, Oncology

Chief Nursing Officers Ka'imi Maka (HMC East) and Rebecca Klungresteter (HMC West) are leading the recruitment initiatives for their respective medical centers. Instructors and administrators affiliated with nursing programs in Hawaii were invited to hear about patient care delivery system being utilized by HMC.

From the Coder's Corner

ANEMIA

HAS A CODER EVER ASKED YOU...

“What is the etiology of the patient's anemia?”

There are many manifestations of anemia. Coding guidelines prevent coders from assigning codes based on lab values. If a patient is admitted with a diagnosis of anemia and a cause for the anemia is not specified, the coder must query the physician about the underlying cause.

Blood transfusions should not be used as the definitive variable in coding anemia. The physician must state a diagnosis of anemia for an anemia code to be assigned.

Anemia qualifies as an additional diagnosis when it impacts length-of-stay, treatment and/or monitoring. As there is an expected amount of blood loss with surgeries and/or delivery, physician documentation of extraordinary blood loss or hemorrhage is crucial.

285.1, Anemia due to acute blood loss is used for patient that develop anemia as a result of an unexpected amount of blood loss at the time of surgery or blood loss that is stated to be acute and sudden in nature, such as gastrointestinal hemorrhage, epistaxis, hemoptysis or due to trauma.

280.0, Anemia due to chronic blood loss is used for patients with blood loss of a chronic nature that occurs at a slower rate or if the physician does not specify the blood loss is acute

285.2x, Anemia in Chronic Illness

- **285.21, Anemia in Chronic Kidney Disease**
(specify etiology and stage of CKD)
- **285.22, Anemia in neoplastic disease**
(specify underlying cause)
- **285.29, Anemia of other chronic illness**
(specify underlying cause)

DOCUMENTATION IS CRITICAL TO ACCURATE CODING

Example 1: If surgery results in an expected blood loss and the physician does not document anemia postoperatively, do not assign a code for the blood loss.

Example 2: If a physician documents postoperative anemia but does not label the condition as a complication, assign code 285.1, Acute post-hemorrhagic anemia.

Example 3: If the physician documents that a complication arose during or resulting from the procedure, such as an abnormal amount of blood loss, code 998.11, Postoperative hemorrhage complicating a procedures, should be assigned.

Example 4: A patient with severe anemia is admitted for a blood transfusion and has a known inoperable malignant neoplasm of the pancreas. Unless the physician documents that the anemia is chronic in nature and due to the neoplasm, the coder must ask about the manifestation of the anemia.

PHARMACY UPDATE

NEW CMS National Coverage Determination on Use of ESAs in Cancer and Related Neoplastic Conditions

On July 30, 2007, the Center for Medicare and Medicaid Services (CMS) announced changes in coverage of erythropoiesis stimulating agents (ESAs) such as epoetin Alfa (Epogen®, Procrit®) and darbepoetin alfa (Aranesp®) due to emerging safety concerns (thrombosis, cardiovascular events, tumor progression, and reduced survival) seen in clinical trials. This determination outlines specific oncologic conditions, ESA initiation and maintenance dosing, and hemoglobin values for which use of ESAs will be reimbursed by CMS. *Of note, CMS will no longer reimburse for epoetin therapy initiated for anemia secondary to myelosuppressive chemotherapy when hemoglobin is >10 g/dL or for starting doses > 150 U/kg/ three times weekly.* More information regarding safety of ESAs in the treatment of chronic renal failure associated anemia is expected following the FDA Cardiovascular and Renal Drugs Advisory Committee Meeting on September 11, 2007.

In order for Hawaii Medical Center to comply with these guidelines, an ESA order set is currently in development (and will be presented to the department chiefs and Medical Executive Board for approval) that maximizes therapeutic efficacy as well as reimbursement.

If you have any questions about this ruling, please contact Katie Speidel, Pharm.D. at 547-6607 or kspeidel@hawaiiimedcen.com or Patricia Blanchette, MD at 547-6020 or pblanch944@aol.com.

OBSERVATION CRITERIA FOR MEDICARE PATIENTS

Clarification was received from Centers for Medicare and Medicaid Services (CMS) that Medicare **will pay** for observation for **all appropriate** diagnoses. Using the **Interqual Criteria for OBV** will assist physicians in making decisions regarding billing for observation diagnoses.

The three (3) diagnoses (chest pain, congestive heart failure, asthma) continue to meet qualifications for observation and Medicare has deemed these diagnoses to have a separate payment system.

“This is good news because we are not limited to just those three (CP, CHF, Asthma). I emphasize to physicians to think in terms of observation being appropriately ordered when a serious condition can be ruled out in **less than 24 hours** or if a medical condition can be diagnosed, treated, and stabilized in 24 hours,” said April Wong-Warling, Manager of Utilization Management – HMC West.

NOW AVAILABLE ON THE WEB

Access the Hawaii Medical Center Medstaff Newsletter on-line at

www.hawaiiimedcen.com

“Physicians” tab

LIVER CONFERENCE WELL ATTENDED

Approximately 75 physicians, nurses, other healthcare professionals, and caregivers attended Hawaii Medical Center's Continuing Medical Education (CME) program "Liver Update: Drug Induced Liver Injury" on Saturday, July 21, 2007 at the Queen's Medical Center. Naoky Tsai, Medical Director of the HMC Liver Center, played a key role in organizing the program.

Bringing home the message of how liver disease affects lives, the conference opened with a presentation by patient Aaron Okubo who began to suffer the effects of end stage liver disease two years ago. He recounted how close he was to death as his liver and kidneys began to shut down. Aaron explained how fortunate he felt to have been matched with a liver and kidney. Having the support of HMC Liver Transplant Coordinator Janie Lee both before and after his surgery helped him through the recovery process. He expressed his heart-felt thanks to Dr. Linda Wong who was his transplant surgeon.

Aaron described the joy he felt at being able to "watch my two sons play baseball again." In order to give back for the blessings he has received, Aaron, his wife, and two sons are active participants in the Liver Buddies Program, which provides support to individuals with liver disease and their families. The HMC Transplant Center and Liver Center, working with the American Liver Foundation, provide training and resources for the Liver Buddies Program. There are currently approximately 25 Liver Buddies.

RELOCATION OF PHARMACEUTICAL COMPANY DISPLAYS AT HMC EAST

Effective August 2007, pharmaceutical product displays were relocated to the Medical Board Room next to the cafeteria at Hawaii Medical Center East. Displays times are Monday mornings from 7-9 am and on Fridays from 11 a.m. to 1 p.m. The Mother Marianne Building lobby will no longer be utilized for pharmaceutical displays.

Notices are posted outside the Medical Board Room and, additionally, the Medical Staff Office will maintain an updated calendar in the Doctors' Lounge showing upcoming display dates.

As Hawaii Medical Center fulfills its Mission to provide superior healthcare, in a compassionate and patient-centered environment where inherent dignity of the human being is emphasized, we focus the importance of

The Customer

"Our customers (the patient, visitor) are the most important people on the premises. They are not dependent on us... we are dependent on them.

They are not an outsider in our business... they are part of it.

We are not doing them a favor by serving them... they are doing us a favor by giving us the opportunity to do so."

What's New?

The MedStaff Newsletter is a great way to communicate information, make announcements and let other physicians know about activities of interest. If you have suggestions for topics, would like to contribute an article, or want to share comments on the MedStaff Newsletter, please call Susan Hashimoto at 547-6290.

Address Changed?
Please help us keep our mailing list current and accurate by informing us of address changes.
Call 547-6290 or e-mail susanh@hawaiiimedcen.com

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