

# HMC Med Staff

## NEWSLETTER

### HAWAII MEDICAL CENTER

AUGUST 2007



The Transplant Center Staff with kidney recipient Ursula Ishikawa. (left to right, back row) Edwina Santa Monica, Jane Lee, Ursula, and Michelle Emerson. (left to right, front row) Kim Bollman, Kinga Harth, and Cherie Nakamoto.

## ONE THOUSAND AND COUNTING...

**Hawaii Medical Center East achieved a landmark one thousand kidney transplants in a surgery performed by Dr. Alan Cheung on April 15, 2007.**

How did having a new kidney change recipient Ursula Ishikawa's life? "It was an incredible experience, overpowering, and believable," she said. "On Mondays, Wednesdays, and Fridays sometimes I think I should be going to dialysis, then I remember. Now I can garden, read, write my memoirs, do whatever I want." Ursula Ishikawa had been on dialysis for six (6) years, and although the dialysis procedure itself took 4 hours, there was at least an extra hour of travel time involved. "I used to call it my part-time job," she laughed. "Dr. Cheung is a very skillful surgeon," she added. "He did warn me that if my kidney didn't work, they might have to take it out." But two (2) days after that consultation, it worked. "It was a miracle!" she exclaimed.

The first kidney transplant was performed here in 1969 by Dr. Livingston Wong. Dr. Wong finds gratification in seeing many of his former transplant patients in restaurants and

stores many years post-surgery. Recently he met a young physician whose father had been a successful transplant recipient over a decade ago. She told him her father was still doing well and his transplant is what inspired her to become a doctor. "That really made me feel good," said Dr. Wong.

HMC is one of 36 programs out of 258 nationwide where trade (paired exchange) transplants are performed. In 2006, HMC ranked second in the nation behind Johns Hopkins Hospital for paired exchanges. Patients undergoing transplant surgery at HMC have come from all parts of the United States as well as Japan, Saipan, the Marshall Island, Samoa, and Fiji.

Kelly Kindle, Transplant Coordinator, is enthusiastic about educating the public about kidney transplants. "We've done a thousand, and the second thousand should come even faster!" she said. She's undoubtedly right because HMC East has done 1016 kidney transplants as of the date this article was written.



### Message From Badir Idbeis, MD Chairman of the Board

HMC is your hospital, the employees are part of our collective family, and when we, as physicians and caregivers, attend to our patients, we function under our covenant to our

patients' welfare; notwithstanding whether you are an investor or not.

Rectifying the financial woes of HMC is important for several reasons. High on the list is the ability to renovate our equipment and facilities so that you are able to deliver the best care available on the island.

To that end, we must make decisions that will achieve these objectives. While we cannot afford inaction, we will endeavor to work on consensus building. To that end, your representatives are working hard on your behalf to make these decisions.

HMC is making progress. New improvements will be forthcoming soon, in the mean time, I ask for your patience and your support while, together, we transform HMC into a healthcare facility of which you can be proud.

### DEPARTMENT RELOCATIONS

In preparation for the major renovation and construction projects that will begin at Hawaii Medical Center East, the following departments have relocated to the 5th Floor of the Weinberg Outpatient Building: Human Resources, Quality Services, Purchasing, Oncology Data Management, Risk Management, Corporate Compliance, HIPAA, Safety and Security, and Infection Control.

### HAWAII MEDICAL CENTER WEST EXECUTIVE BOARD

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## From the Coder's Corner

### RESPIRATORY FAILURE CODING GUIDELINES HAVE CHANGED

When respiratory failure is present on admission and the patient has another acute condition, selecting the principal diagnosis is dependant on the circumstances of admission. If both respiratory failure and another acute condition are responsible for occasioning the admission, the guideline that states two diagnoses present on admission that equally meet the definition for principal diagnosis may be applied.

Chapter-specific coding guidelines (obstetric, poisoning, HIV, newborn, severe sepsis) that provide sequencing direction take precedence over this guideline. For example, if a patient is admitted in respiratory failure and has severe sepsis on admission, the principal diagnosis is sepsis.

Intubation is not necessary to assign a code for respiratory failure if documentation and clinical indicators are present.

#### THESE FINDINGS...

- PaO<sub>2</sub> below 60 mm Hg
- PaCO<sub>2</sub> above 50 mm Hg
- PH < 7.3

A drop in PaO<sub>2</sub> equal to or greater than 10-15 mm Hg from the usual parameters of a COPD/chronic respiratory disease patient.

#### ...ALONG WITH THE FOLLOWING RELEVANT SIGNS AND SYMPTOMS SUPPORT A DIAGNOSIS OF RESPIRATORY FAILURE:

- Anxiety
- Confusion
- Cyanosis
- Restlessness
- Dyspnea
- Tachycardia
- Depressed consciousness
- Impaired motor function
- Increased accessory muscle respiration

**Documentation specificity is critical to accurate coding.**

#### EXAMPLE:

A 75-year-old male patient arrived at the hospital in acute respiratory failure and congestive heart failure. The patient was intubated, started on intravenous lasix, and admitted to the hospital. Selection of the principal diagnosis is governed by the circumstances of the admission. Because the physician did not document the reason for admission, the coder will have to query the physician.

## NOW AVAILABLE ON THE WEB

Access the Hawaii Medical Center Medstaff Newsletter on-line at [www.hawaiiimedcen.com](http://www.hawaiiimedcen.com) "Physicians" tab

## Pharmacy Update:

### MEDICATION RECONCILIATION PROCESS INITIATED AT HMC EAST

On All Inpatient Units (Excluding SNF)

A Medication Reconciliation process was initiated on July 16 at Hawaii Medical Center East to assure that patients continue to take the medications their physicians intend, despite their movement to and from the hospital and between hospital units. The process starts by comparing the medications a patient used at home immediately *prior to admission* with those ordered within *24 hours of admission*. This list of medications is, in turn, matched (reconciled) against those ordered when a patient transfers and changes his/her level of care. And finally, a patient's medications ordered *on discharge* are reconciled against what the patient used at home prior to admission and immediately prior to discharge. JCAHO contends that by following a medication reconciliation process, 30% of reported Sentinel Events could be avoided. It is one of JCAHO's National Patient Safety Goals for this Year.

#### The Three Phases are:

- **ADMISSION** – Medications ordered within 24 hours of admission will be matched with those taken by the patient at home prior to admission. Medications include prescription drugs, over-the-counter products, and dietary supplements. This reconciliation is documented on the HOME MEDICATION RECONCILIATION FORM, which an RN will complete at time of admission/assessment of patient, and have available for the MD to review.
- **TRANSFER INVOLVING CHANGE IN LEVEL OF CARE** – medication orders written prior to and after transfer will be compared. This reconciliation is facilitated using the TRANSFER MEDICATION ORDER FORM, which can be requested from an RN, in conjunction with the HOME MEDICATION RECONCILIATION FORM. The TRANSFER MEDICATION ORDER FORM is a complete listing of a patient's current meds. The Physician will check off YES/NO and it will serve as the transfer order.
- **DISCHARGE** – Medication discharge orders will be written after each medication listed on the MAR and the HOME MEDICATION RECONCILIATION FORM is reviewed. Special attention is given to reconcile medications ordered on discharge with those the patient used prior to admission. To streamline this process, a MEDICATION RECONCILIATION DISCHARGE FORM was created, which is also available from an RN.

**PHYSICIANS WILL DOCUMENT THEIR REVIEW OF THE RECONCILIATION PROCESS BY SIGNING THE "HMR" FORM AND INITIALING THE BOTTOM OF THE TRANSFER AND DISCHARGE FORM AS APPROPRIATE.**

Home Medication Reconciliation (HMR) Form Reviewed \_\_\_\_\_ MD Initials

On transfer and discharge forms, this line on the last page must be initialed, signifying that medications were reconciled.

### NEW WARNING ISSUED BY THE FDA: Rocephin (ceftriaxone sodium) for Injection

**"Calcium-containing solutions or products must not be administered within 48 hours of last administration of ceftriaxone." Roche maintains that this applies to ALL patients, not just neonates. Subsequent calls to the manufacturer confirmed that the 48 hour window applies to all patients."**

Rocephin. The drug must not be mixed or administered simultaneously with calcium-containing solutions or products, even via different infusion lines. Additionally, calcium-containing solutions or products must not be administered within 48-hours of the last administration of ceftriaxone.

[Posted 07/05/2007] Roche and FDA informed healthcare professionals of revisions to the CONTRAINDICATIONS, WARNINGS, PRECAUTIONS, ADVERSE REACTIONS and DOSAGE AND ADMINISTRATION sections of the prescribing information for Rocephin for Injection. The revisions are based on new information that describes the potential risk associated with concomitant use of Rocephin with calcium or calcium containing solutions or products. Cases of fatal reactions with calcium-ceftriaxone precipitates in the lungs and kidneys in both term and premature neonates were reported. Hyperbilirubinemic neonates, especially prematures, should not be treated with

#### links to the MedWatch notice on ceftriaxone:

(<http://www.fda.gov/medwatch/safety/2007/safety07.htm#Rocephin>)  
([http://www.fda.gov/MedWatch/safety/2007/rocephin\\_DHCP\\_june2007.pdf](http://www.fda.gov/MedWatch/safety/2007/rocephin_DHCP_june2007.pdf))

#### From the updated PI:

[http://www.fda.gov/medwatch/safety/2007/rocephin\\_PI\\_may2007.pdf](http://www.fda.gov/medwatch/safety/2007/rocephin_PI_may2007.pdf)

## WELCOME HMC EAST NEW MEDICAL STAFF MEMBERS

JANUARY 2007 – JUNE 2007

Emad Almusa, D.O. <b>Radiology</b>	Badr Idbeis, M.D. <b>Cardiovascular/Thoracic Surgery</b>	Lavonda Nakamoto, M.D. <b>Geriatrics</b>	Marianne K. Tanabe, M.D. <b>Geriatrics</b>
Bernard Robinson, M.D. <b>Neurosurgery</b>	Vivian Ishimaru-Tseng, M.D. <b>Psychiatry</b>	Oxana Ormonova, M.D. <b>Internal Medicine</b>	Roland Ter, M.D. <b>Gastroenterology</b>
Steven W. Dang, M.D. <b>Internal Medicine</b>	James L. Joyner, M.D. <b>Infectious Diseases</b>	Scott T. Padavan, M.D. <b>Emergency Medicine</b>	Jason Tokunaga, M.D. <b>Ophthalmology</b>
Carolina D. Davide, M.D. <b>Family Practice</b>	Daniel C. Kidani, M.D. <b>Anesthesiology</b>	Robert F. Pangilinan, M.D. <b>Internal Medicine</b>	Kent S. Yamamoto, M.D. <b>Physical Medicine &amp; Rehab</b>
Michael H. Dukelow, M.D. <b>Family Practice</b>	Patricia R. Laurel, M.D. <b>Internal Medicine</b>	Oleksandr Pishchalenko, M.D. <b>Geriatrics</b>	Blake Yoshida, M.D. <b>Anesthesiology</b>
Dalia M. Elsemary, M.D. <b>Geriatrics</b>	Albert T. Leung, M.D. <b>Geriatrics</b>	Mary L. Ricardo-Dukelow, M.D. <b>Internal Medicine</b>	Jeffrey L. Young, M.D. <b>Physical Medicine &amp; Rehab</b>
Robert E. Gries, M.D. <b>Geriatrics</b>	Kamal Homi Masaki, M.D. <b>Geriatrics</b>	Tarun Sharma, M.D. <b>Internal Medicine</b>	
Anthony C. Hernandez, M.D. <b>Internal Medicine</b>	Rachel L. Murkofsky, M.D. <b>Geriatrics</b>	Emese Somogyi-Zalud, M.D. <b>Geriatrics</b>	



## WELCOME TO OUR CHIEF MEDICAL RESIDENT

Chief Medical Resident Aaron Choy is a graduate of the John A. Burns School of Medicine. Dr. Choy will be at Hawaii Medical Center through June 2008.

To give balance to his hectic work schedule, Dr. Choy enjoys surfing and playing basketball. His other hobbies include playing the cello and ukulele.

## CONGRATULATIONS TO HMC GOLF TOURNAMENT WINNERS

Hawaii Medical Center sponsored its First Annual Invitational Golf Tournament on July 11, 2007 at Pearl Country Club.

Winners were:

**Eddie Lim, MD – First Place**  
**Jose Madamba, MD – Second Place**  
**Paul Lin, MD – Third Place**

Closest to the pin winners:

**Jose Madamba, MD – First Place**  
**Albert Honda, MD – Second Place**  
**Quintin Uy – Third Place**  
**Paul Lin, MD – Fourth Place**

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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](mailto:susanh@hawaiiimedcen.com)