



in this issue:

CPOE coming nov. 30
consortium on CHF care
new cancer pre-treatment staging policy

news for you

new position will optimize patient flow

In a continued effort to improve patient flow and enhance patient care, Northwest Community Hospital is broadening the scope of responsibilities for its Admissions nurses. “For 10 years, these nurses, who work as part of our Patient Services team, have helped expedite the admission of patients from the Emergency Department,” says Kathy Ferket, RN, MSN, APN, executive director, Patient Care Services. “Now, having looked at the literature for evidence-based results, we are remodeling this role and expanding the responsibilities to include admitting and discharge of patients throughout the Hospital.”



Kathy Ferket

Ferket explains that the Admission-Discharge-Transfer (ADT) nurse position, as it will be called, will include responsibility for expediting discharges from all patient care units, working to facilitate smooth, timely discharges home or, as appropriate, to extended care facilities. This in turn makes rooms available more quickly, which expedites admission from the ED. The ADT nurse’s responsibilities will also include patient teaching—making sure that, from admission through discharge—the patient and family understand their roles in the healing process. “This new position will be an important part of our efforts to optimize patient flow in and out of the Hospital while maintaining a sharp focus on patient safety and good outcomes,” she says.

For more information on patient flow efforts, please contact Kathy Ferket at 847.618.7943, or Jean Altizer, at 847.618.7932.

“finding dr. right™” a hit with consumers

NCH’s new “Finding Dr. Right™” program, which makes it easier than ever for healthcare consumers to find a doctor, hit the ground running and has been a fast success. The first two public events were held October 19 and October 26, attracting nearly 70 consumers who were searching for a primary care physician.

From the two events, at least 16 people said they found “Dr. Right” and have made appointments with their new physician. More events will be planned as the program grows, including a focus on both primary care and specialty physicians.

Conducted in speed-dating style, the event gives community members the unique opportunity to sit down and briefly interview 10 internal medicine and family medicine physicians to determine who is right for them. The mix of participating doctors has included several from the Hospital’s newly employed physician group as well as independent practices in the northwest suburbs.

“Finding Dr. Right” has received significant press coverage, including an ABC7 News live in-studio television interview with Laurice Knox, a marketing manager at NCH who heads the program, as well as positive news stories in the *Daily Herald* and *TribLocal*.

Interested in participating in future programs? Contact Laurice Knox at 847.618.5565

CPOE – no doctor left behind

It wasn’t that long ago – 2005 to be exact – that Northwest Community Hospital and its medical staff began making the gradual shift from a paper-based chart environment to one that is electronic with the launch of the CareLink system.

Five years later, NCH physicians are taking another giant leap forward with the adoption of CareLink Computerized Provider Order Entry (CPOE), which goes live on November 30. The key purpose of CPOE is to improve patient safety by promoting direct communication of orders from the provider to the unit/department.

According to medical director John McGillen, MD, the launch of CPOE is a much more significant hurdle for physicians to conquer than other CareLink changes in the past. “CPOE is going to be a much bigger adjustment and a bigger culture shift for the medical staff. Physicians are going to become more active by entering patient orders into the computer themselves,” he says.

Dr. McGillen explains that whether or not a physician is computer savvy, there’s going to be a learning curve for everyone. “Our physicians are smart and have the capacity to learn this new system,” Dr. McGillen stresses. “No doctor will ever be left behind. We have infinite patience to teach physicians how to do this. Once you conquer your fear and learn the system, you’ll experience a huge boost in self-esteem.”

Using a phased approach, physicians will be trained in pre-determined groups starting with a pilot group on November 30. Phases 2 through 5 will be trained during January and February 2011. A few weeks before the start of each training



phase, physicians will receive information with training session dates and times, how to register, and how to access the recommended computer-based pre-training.

Once trained, physicians will be responsible for entering all of their orders into CareLink. “Eventually the process will evolve into a time-neutral undertaking,” explains Dr. McGillen. “At first, it will take more time and you may get frustrated, but know that each time you touch the system it will get easier.”

There are many benefits associated with CPOE, including:

- Improved quality of care
- Improved resource efficiency
- Decreased length of stay
- Decreased medication errors
- Decreased variation in practice

Most importantly, it provides the missing link by completing the “closed loop” for medication safety, which is a key benefit to patients. “By using CPOE, there’s a reduction in potential errors because orders are delivered directly to the source – which speeds the ordering process,” explains Dr. McGillen. “It eliminates the need to decipher handwriting and there’s no need to wait for the order to be placed.”

Features of CPOE include Pre-Structured Order Sets available for all major diagnoses that are accessible with a few simple clicks, and Individual Orders where the physician types in a few letters for the medication or item needed and a search engine within the system finds it for you.

“There’s no escaping the computer no matter which hospital you go to,” stresses Dr. McGillen. “The majority of hospitals use this technology, and if they don’t, they will very soon. Instead embrace your fear and come get trained.”

Questions? Contact John McGillen, MD, at 847.618.4384 or jmcgillen@nch.org.

Things to Remember

Starting November 30, nurses, pharmacists, and licensed therapists will begin entering all telephone and verbal orders into the system real-time. During this transition, be sure to check CareLink Meds Viewer and Orders Viewer for orders, along with the hard paper chart, even if you’re not yet trained in CPOE. This will be a significant change for staff too, so please be patient.

consortium fosters dialogue on CHF care

In November, Northwest Community Hospital hosted a Transitions of Care Consortium focused on improving care for patients with congestive heart failure. Specifically, the Consortium aimed to enhance partnerships with local extended care facilities (ECFs). “We were delighted with the results of this effort,” says Bonnie DeGrande, director of Cardiovascular and Diabetes Services. She says approximately 40 people, representing about 15 local ECFs, were in attendance. “This included physician medical directors, nursing directors, nurses and case managers, all of whom joined us in a productive dialogue about how we can improve communication and planning in an effort to provide CHF patients the best care possible,” DeGrande says.



Bonnie DeGrande

Representatives from NCH included Paul Ruzumna, MD, vice chair of Cardiology, Karolee Fill, RN, APN, an advanced practice nurse who coordinates care for NCH’s CHF program, and Lisa Macholl, director of Clinical Resource Management. “Together, we engaged our guests in a very good discussion of how we can work together to smooth the transition from NCH to an ECF and make sure the care continuum is meeting the patients’ needs,” DeGrande says. “We are now looking at current evidence-based practices to develop standardized protocols for CHF patients who are discharged from the hospital to an ECF.” DeGrande says the attendees requested to meet quarterly. “This was a great first step in our efforts to enhance communication for the benefit of our patients,” she says.

For more information, please contact Bonnie DeGrande at 847.618.7663.

new cancer staging documentation guidelines

The American College of Surgeons Commission on Cancer Standards has revised the AJCC staging documentation requirements. To ensure compliance with these requirements, NCH's medical staff committee and Cancer Committee, in collaboration with the HIM department, have implemented a new pre-treatment clinical staging documentation policy. The policy is as follows: staging should be done on the newly developed condensed form based on 7th edition of AJCC staging manual. A notation must be made by the physician performing the first definitive treatment that, "clinical stage, site specific prognostic indicators and national guidelines were considered in the treatment planning."

A new form has been created and will be part of the preoperative surgical packet. This change was effective on November 1.

According to the Oncology leadership team, the new policy reflects a significant change. The objective is to have managing physicians document the stage and then indicate the guidelines they're using to care for a patient. According to the Commission on Cancer, "Clinical classification is based on evidence acquired before primary treatment. Clinical assessment uses

information available prior to first treatment, including but not limited to physical examination, imaging, endoscopy, biopsy, and surgical exploration. Clinical stage is assigned prior to any cancer directed treatment and is not changed on the basis of subsequent information. Clinical stage ends if a decision is made not to treat the patient. The clinical stage is essential to selecting and evaluating primary therapy."

The working stage includes *all available information*, at the time that treatment decisions must be made.

Guides to the generally accepted standards for diagnostic evaluations of individual cancer types include the American College of Radiology Appropriateness Standards and the NCCN Practice guideline. To assist our physicians, valuable tools are provided on the CareLink Website in "My Web Links," including the original AJCC staging forms, printable from any access point, and a link to the **National Comprehensive Cancer Network**.

NCH physicians with questions about the new cancer staging documentation policy can call the Cancer Registry at 847.618.4345.

advanced venous procedures at NCH

Physicians at Northwest Community Hospital are using innovative venous procedures to treat a range of conditions. According to interventional radiologist Jonathan Barker, MD, patients at NCH have access to the latest, most effective and minimally invasive options for treating vein disease, including:

Deep vein thrombosis (DVT): Advances in pharmacomechanical thrombolysis have made treatment of DVT faster, safer and more effective. Historically, DVT has been treated with a catheter placed across the clot and TPA (tissue plasminogen activator) dripped for up to 72 hours, with patient immobilized in the ICU. "The new TRELIS device allows us to treat an entire extremity or bilateral extremities in about 90 minutes," Dr. Barker says. "The device traps TPA in the clot between two balloons and an oscillating motor fractures the clot and increases the surface area contacted by the TPA. The lack of

systemic circulation of the TPA allows us to treat patients with recent surgery or hemorrhage who would otherwise not have been candidates."

Venous insufficiency: Symptomatic venous insufficiency can range from cosmetic varices to areas of frank ulceration. Most cases are due to incompetence of the saphenous venous system. Vein stripping or ligation have been the historical treatment. Now, endovenous laser therapy (EVLT) allows for coagulation necrosis of the entire length of the insufficient vein through a tiny needle puncture. This is an outpatient procedure, takes less than one hour to perform and results in occlusion of the affected vein in greater than 95 percent of cases in one setting.

For more information on venous procedures performed at NCH, please call Dr. Barker at 847.618.5891.

SCAN goes electronic in 2011

This is the final printed issue of SCAN. Starting in 2011, SCAN will move from your mailbox to your "inbox" as part of a green initiative to help protect the environment by using less paper. All NCH medical staff members will receive the new SCAN e-newsletter via their preferred email address for convenient viewing at home or at the office via your PC or smart phone. It will remain a monthly publication.



events

schwartz center rounds

December topic: When Faith is Enough

Thursday, December 2 • 12-1 pm • Hospital Auditorium

The Schwartz Center Rounds is a multidisciplinary forum where caregivers discuss important emotional and social issues that arise in caring for patients. Meetings are held the first Thursday of each month and include a complimentary lunch. For more information, contact Chonnie DiCicco at 847.618.6660.

Do you have any content suggestions or comments regarding SCAN?

Contact Dr. Leighton Smith, executive vice president of Medical Affairs and chief medical officer, 847.618.5014, lbsmith@nch.org; Kelly Raffel, executive director, Physician Outreach and Engagement, 847.618.5283, kraffel@nch.org; or Pat Reynolds, manager, Medical Staff Office, 847.618.5663, preynolds@nch.org.



notes

don't risk claims rejection: register in PECOS

Starting January 3, 2011, practitioners who are not actively enrolled in PECOS (Provider Enrollment, Chain and Ownership System) will risk having their Medicare claims rejected. The Centers for Medicare and Medicaid (CMS) is requiring all providers to maintain an active enrollment record with PECOS.

- If you enrolled in Medicare before 2004 (prior to PECOS) and have not submitted any updates to your Medicare enrollment information in the past six or more years, you will not have an enrollment record in PECOS.
- You can verify your enrollment in PECOS at <https://pecos.cms.hhs.gov/pecos/login.do> using the same user ID and password established with NPPES (the NPI contractor).
- If you are not currently enrolled, it's important to enroll today as it may take 45-60 days for your application to be processed.

Two Ways to Enroll

- Internet:** Go to www.cms.hhs.gov/MedicareProviderSupEnroll. Make certain you have a National Provider Identifier (NPI) and have created a User ID and password in NIPPES. Call 1.800.465.3203 for assistance.
- Paper Form:** Download CMS-855I form (and a CMS-855R form if you reassign benefits to a clinic or group other than your own) from www.cms.hhs.gov/cmsforms, or by requesting from your MAC.

review of therapy results and recommendations

To locate your patient's therapy results and recommendations via CareLink, click on the Document Viewer tab and select your desired report. You may select reviews of Physical Therapy, Occupational Therapy or Speech Language Therapy. To view only discharge and/or diet recommendations, select the Ancillary Recommendations report. If you select the Ancillary Recommendations report, use your navigational screen on the far left to pull the desired category of documentation to the top of your screen, for example Video Swallow. For further assistance in viewing therapy results and recommendations, please call 847.618.7750.

swing unit to address seasonal census

In anticipation of an increased census for the upcoming winter season, Northwest Community Hospital will open a 15-bed "swing" unit in the East Pavilion, on 2E/NW, just beside the MOU. It will include a combination of private and semi-private rooms to accommodate patients with medical diagnoses. The swing unit provides a number of benefits, including:

- NCH will be able to better accommodate patients needing isolation with private rooms without cohorting or blocking.
- The unit will help to relieve congestion in the medical and cardiac units in the East Pavilion, including 6E and CSU, which currently have very few private room accommodations.
- This unit will expedite patient placement into target units based on diagnosis, thereby promoting efficiencies in overall patient flow and ensuring appropriate length of stay.

"This unit will assist us in assuring safe and responsive care and will help to enhance satisfaction among patients, staff and physicians," says Kathy Ferket, RN, MSN, APN, executive director, Patient Care Services. The unit is expected to open in early January 2011.

seeking medical staff secretary/ treasurer candidates

The Medical Staff Nominating Committee is currently seeking candidates for the role of Medical Staff Secretary/Treasurer for 2011. Anyone interested in this opportunity should contact Daniel Crane, MD, at 847.618.5850 or the Medical Staff Services Office at 847.618.5663.