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Letter from CEO, Rick Napper

The heat of summer is upon us and the kids are out for vacation. As the weather heats up so do the issues related to healthcare on the hill. The "Doc fix" has been extended through November with a 2.2% increase and the gossip is that there will be at least a 5 year fix on the horizon. The check is in the mail. The MRHC medical community has been very busy and we have not seen our typical summer slump of inpatients and the outpatient volumes have remained steady as well.

I guess the best words to describe the immediate future would be, "here we grow again" as we begin the planning process to start phase II of the construction project, which will include moving the ER and Radiology to a new location which will move the main entrance of the hospital to the South side of the building. This project will take 24 – 36 months. As we continue the process we will be asking several physicians to assist us in plan development.

As we move towards the fall and the changing of leaves on the trees we will be preparing to roll out the long awaited Physician Order Entry module of Meditech. In anticipation of this project we will be making some major improvements for the medical staff and their utilization of the computer system. This process will take a long period

of time and will be frustrating at times, however I would ask everyone to remember how frustrating medical school was and now look at how much your patients and others have benefited from your endurance.

As always, I want to thank you for all that you do to make my job as rewarding as it is. The physicians at MRHC are truly a blessing and it is a privilege to work beside you as we face the challenges of healthcare. As we establish a front for the upcoming battle let us set aside any differences we may have and remain focused on providing the citizens of this community the healthcare they need. May God be with us in this endeavor and may each of you receive additional blessings for the work you do on behalf of others.

Respectfully,

Rick Napper, CEO



Vice-President, Medical Affairs
Gene Combest, MD

On behalf of MRHC, I would like to welcome our new 3rd and 4th year osteopathic medical students, as well as our new 1st and 2nd year osteopathic internal medicine residents. May you all have a wonderful year. Physicians please take the time to introduce yourselves to our new residents and students and extend the Southern hospitality that our region is so famous for.

I would also like to congratulate Drs. Marissa Cruz and David Pizzimenti on the birth of their beautiful daughter, Isabella on June 20th.



Vice-President of Physician Operations, Don Lloyd

What is PECOS? And how important is it?

What is PECOS? And how important is it?

Provider Enrollment Chain and Ownership System (PECOS). On June 30, 2010, CMS released an interim final rule that implements several Patient Protection and Affordable Care provisions that will impact Medicare and Medicaid enrollment and claim processing. The final rule requires all providers to include their National Provider Identifier (NPI) on all claims submitted to Medicare and Medicaid. The rule also requires all providers to have an approved enrollment record in the Provider Enrollment Chain and Ownership System (PECOS). Medicare announced that claims that do not meet these requirements will be rejected by Medicare contractors starting July 6, 2010. The deadline

proposed by CMS for providers to meet these requirements was initially scheduled for January 3, 2011.

The TSPO has verified with CMS that while the regulation will be effective July 6, 2010, CMS will not implement automatic rejections of claims submitted by providers that have attempted to enroll in PECOS. If you are not certain of your status regarding PECOS, please contact the TSPO office at 662.287.6913.



Drug Shortages

1. Scopolamine Injection – Not available. No product in stock. Alternatives provided to anesthesia.
2. Heparin Flushes - Limited supplies are available. 10 ml vials are not available, but we have been able to get 5 ml prefilled syringes.
3. Heparin Premixed Drips - Hard to get due to changes in USP specifications for heparin. We have been able to keep adequate stock. If necessary we are also able to compound heparin drips.
4. Fosphenytoin (Cerebyx) - We are able to obtain a limited supply of this. The shortage

is due to manufacturing issues in some facilities that led to increased demand of product from the remaining manufacturers. This seems to be slowly resolving.

5. Propofol (Diprivan) – Ongoing supply problems due to nation wide recall of product at the end 2009. We are able to obtain limited quantities of this product. We have been able to keep an adequate supply so far.
6. Intravenous Fat Emulsion - Supply problems due to manufacturing issues at one manufacturer. We are able to get a limited supply of 20 % lipids.

The remaining manufacturer is increasing production to help meet demand for product.

7. Tobramycin Injection – Has been hard to get. We currently have adequate supplies of this product. Supply issues seem to be resolving.
8. Trimethoprim/sulfamethoxazole (Septra) Injection – Shortage created because of recent product recall of some vial sizes. There is a limited supply of this product. Our current inventory is low. Manufacturer anticipates availability of some vial sizes in July 2010.

Cardiac Rehab celebrated 25 years!

MRHC's cardiac rehab program recently celebrated its 25th anniversary!

John Prather, PhD, M.D., F. A.C.C. was instrumental in getting the program started in 1985. The program began in a small room located near Echo. The next location was on the 4th floor and occupied space where a semi-private room was. As time went on the program expanded and now also

has a maintenance facility on Harper Rd. where the 25th anniversary celebration took place.



Medical Trivia

A Mississippi First

The Central Mississippi Medical Center (CMMC) in Jackson flipped the calendar year to 2009 with a new high-tech amenity: It's the first hospital in the state to unveil the revolutionary intra-operative O-ARM® Multidimensional Imaging System for the treatment of spinal disorders.

The O-ARM® System produces the high-resolution imaging needed to achieve minimally invasive procedures and consistently improve patient outcomes. It accomplishes this mission by combining the best features of a traditional c-arm with an intra-operative 3-D scanner. It provides surgeons with real-time, 3-D images, and also multi-plane, 2-D and fluoroscopic imaging.



E-Safety First

NAVIGATING A COURSE TO EXCELLENCE WITH EVIDENCE-BASED MEDICINE

Those of you who attended the Physician Strategic Initiatives meeting held at Pickwick Landing State Park Inn in June were treated to a couple of nationally acclaimed speakers who discussed the future of health care from a physician's perspective. Both speakers addressed issues to improve quality in preparation for the coming wave of pay for performance indicators mandated by the government. Peggy Tighe, a managing partner of Strategic Healthcare in Washington, D.C., provided an overview of how the national healthcare bill will affect physicians' practices as well as their work within acute care hospitals. Dr. Robert Marder of the Greely Company focused on how physicians could improve the quality of patient care in order to meet the coming governmental requirements.

One thing both speakers stressed was that the use of evidence-based medicine (EBM) will be imperative to meeting future healthcare regulations for improving patient outcomes and reducing length of stay. So, how is EBM different from what physicians have always done? For years, physicians have been using literature to guide their decisions. The new focus on EBM "formalizes" this process

and filters the literature so that decisions are made based on "strong" evidence. Some suggest that EBM is "cook-book" medicine, mindless application of population studies to the treatment of the individual, while still others argue that EBM suggests that decisions are based solely on the evidence, downplaying sound clinical judgment. Proponents stress that EBM should only be one part of the ordering process. Decisions must be blended with individual clinical expertise, patient preferences and when available, good evidence. The last step in the EBM process is to decide whether or not the information and results of EBM are applicable to your patient and to discuss the results with the patient.

One of the most extensive arguments of opposition to employing current EBM is the difficulty in getting access to the evidence, conducting effective searches to identify the best evidence, and keeping that information current. This is where the use of MEDITECH CPOE (Computerized Physician Order Entry) interfaced with Zynx Health can be of assistance to the provider.

MRHC contracted with Zynx Health (a subsidiary of Hearst Corporation) in January of 2010 to provide MRHC physicians with clinical decision support utilizing continuous literature surveillance updated at

regular intervals for current evidence at the point of care to measurably improve the quality, safety, and efficiency of patient care. Zynx Health provides examples of evidence-based order sets built on diagnosis – orders written by clinicians for clinicians that can be customized to the physician and organization.

What happens when the evidence changes? Zynx Health's continuous surveillance of the literature is updated at least every 6 month, all performance measures are updated every 3 months, and urgent changes are addressed immediately. The changes to the evidence links in MEDITECH when using CPOE will be immediate. The MRHC Order Set Development and Governance committee is in the process of formulating a policy for the maintenance of order sets to incorporate these changes as necessary.

The Physician Care Manager Implementation team is seeking physicians with an active interest in participating in the electronic build of this system. If you are interested in becoming involved in the project, please contact Dr. Gene Combest @ ext. 7625. Your participation in this project will lead to an electronic medical record that is physician friendly and based exclusively upon your specific requirements.



Welcome Dr. Gregory Hale



Gregory Hale, M.D., a board certified physician in Internal Medicine and Nephrology, joined Magnolia Regional Health Center's Courtesy Medical Staff in June 2010. Dr. Hale received his medical degree from the University of Mississippi School of Medicine and completed his Internal Medicine residency at Baptist Medical Center in Birmingham, Alabama followed by a fellowship in Nephrology completed at the University of Alabama at Birmingham. Dr. Hale initially practiced in Tupelo for 13 years with a local Nephrology group. For the past two years, he has devoted his time to an out-patient practice, Gumtree Medical Clinic.

Dr. Hale is a member of numerous medical organizations including the American Board of Internal Medicine (Diplomate), American College of Physicians/American Society of Internal Medicine, American Medical Association, Mississippi State Medical Association, National Kidney Foundation, International Society of Nephrology, American Society of Nephrology, Mississippi Nephrologic Society and more.

Dr. Hale is currently seeing patients in his Corinth Clinic, recently relocated to 207 Alcorn Drive, on Tuesday morning and afternoons and Thursday morning, with plans to increase these office hours with demand. Dr. Hale is also available for hospital consults. To schedule an appointment, please call 1-877-690-5675.

P & T Committee

Vancomycin Levels¹

Reporting therapeutic vancomycin levels will be updated based on the most current recommendations. It is currently recognized, that to reduce the development of resistance, minimum vancomycin trough levels should be maintained above 10 mcg/ml. Optimal trough concentrations in complicated infections such as meningitis, osteomyelitis, and endocarditis of 15 to 20 mcg/ml are recommended to improve penetration of drug and improve clinical outcomes. With more aggressive dosing and in patients with changing renal function (significantly improving or declining), frequent monitoring is required. These recommendations are the result of reviews of expert panels made up of physicians and pharmacists. Lab will be changing reports to reflect a therapeutic trough when levels are between 10 – 15 mcg/ml. A level will be reported as a panic value if it is ≥ 30 mcg/ml. A copy of the article containing the Summary of Expert Panel Recommendations is available and may be obtained from the pharmacy department.

1.Rybak M, Lomaestro B, Rotschafer JC et al. Therapeutic monitoring of vancomycin in adult patients: a consensus review of the American Society of Health-System Pharmacists, the Infectious Diseases Society of America, and the Society of Infections Diseases Pharmacists. Am J Health-Syst Pharm. 2009; 66: 82-94

Pseudoephedrine Products Placed in Schedule III

Below is a statement from the Mississippi Board of Pharmacy as a result of new legislative action:

Effective July 1, 2010, any material, compound, mixture or preparation which contains any quantity of ephedrine or pseudoephedrine will be included in Schedule III of the Uniform Controlled Substance Act. These products will no longer be available over the counter in Mississippi.

To obtain these products in Mississippi, a patient must have a prescription from their physician. At this time only Mississippi has made these products Schedule III con-

trolled status.

Review of Look Alike/Sound Alike List

The Look Alike/Sound Alike list has been reviewed and updated. The P and T Committee updated as follows:

Additions: Requip/Risperdal

Deletions: Serzone/Seroquel

Physician's Strategic Initiatives Meeting

On Friday, June 18, 2010, MRHC held a physician's strategic initiatives meeting at Pickwick Landing State Park Inn regarding pending healthcare reform and its effects on the medical community. The meeting was a success with attendees ranging from physicians to MRHC administrative staff. Guest speakers Peggy Tighe, J.D. and Robert Marder, M.D. provided helpful information to everyone.



Clinical Documentation Improvement

This month's article focuses on providing some "nuggets" of information. Below are a few important points of documentation useful in providing a clear, detailed, and specific record of the patient's visit. Thorough documentation also helps reduce the need for retrospective queries!

1. CHF: specify (acute or chronic) plus systolic or diastolic; if needed, document unknown or NOS (not otherwise specified)
2. Respiratory Insufficiency or Failure: specify (acute or chronic), secondary to (specify condition)

3. Pneumonia: Is it aspiration, bacterial (specify organism if possible), community acquired.
4. Wounds: specify type (ulcer, diabetic, etc.) also (complicated, infected, non-healing)
5. Lesions, Masses, and Lacerations: describe size (measurement) of the lesion or mass and/or the laceration being repaired

Remember, documentation should be specific, clearly written, and repeated throughout the medical record. This insures the "story" of the patient is understood by all caregivers. Additionally, it

helps the coders who depend on this documentation to provide the information needed to accurately "transform" the visit into codes. These codes ultimately reflect the severity of illness, which reflects on the time and resources utilized in the care of the patient.

"Rule of Thumb for Documentation" - If it isn't documented, it didn't happen.

Erik Hamilton, RN

MRHC Performs 500th Open Heart

On June 19, 2010 MRHC performed its 500th open heart surgery. C. Max Hutchinson, M.D., F.A.C.C. performed the 500th procedure and was also the physician who performed MRHC's first open heart surgery on October 31, 2007.

"We are pleased to be able to continue to provide care to patients in Alcorn County and the surrounding communities," stated Dr. Hutchinson. "[Heart patients] no longer have to travel great distances to receive the highest quality healthcare. The

convenience for patients' families is certainly a tremendous added benefit as well."





Osteopathic Medical Education

OSTEOPATHIC MEDICAL STUDENT ~ FOURTH YEAR

Valerie Dye, OMS IV



Student Doctor Dye is from Cleveland, Ms. She obtained a BS degree in Biology from Delta State University and is currently a fourth year osteopathic medical student with KCUMB (Kansas City University of Medicine & Biosciences).

Valerie enjoys interior decorating, cooking traveling, shopping, reading books of all kinds, being outdoors in general and activities such as camping, canoeing, biking, and the lake. She has a twin sister and is a Tennessee Volunteers fan.

Andrew Westmoreland, OMS IV



Student Doctor Westmoreland is a fourth year osteopathic medical student with KCUMB (Kansas City University of Medicine & Biosciences). His hometown is Oxford, Ms. He obtained his undergraduate degree from the University of Mississippi.

Andrew's interests include pick-up basketball, working out, running ESPN, spending time with his son and the study of medicine.

Laviesta Ferrell, OMS IV



Student Doctor Ferrell is from Clinton, Ms. She is the daughter of Willie Mae and O.C. George Ferrell.

Laviesta is a third year osteopathic medical student with PCSOM (Pikeville College School of Osteopathic Medicine). She received a BS degree in Chemistry from Tougaloo College; Tougaloo, Ms.

Her hobbies include reading, continual advancement of her learning and understanding in the art medicine

OSTEOPATHIC MEDICAL STUDENT ~ Third Year

Tyrone (Alex) Kyle, OMS III



Student Doctor Kyle is a third year osteopathic medical student with KCUMB (Kansas City University of Medicine & Biosciences). He is a native of DeRidder Louisiana.

He obtained BS degrees in Psychology and Biochemistry from Louisiana State University, Baton Rouge.

Alex's interests include golf, baseball, football (LSU & New Orleans Saints), Jazz, playing trumpet, singing and politics.

Patrick (Ross) Thurmond, OMS III

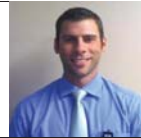


Student Doctor Thurmond is a third year osteopathic medical student with KCUMB (Kansas City University of Medicine & Biosciences). He is a native of Ripley, Ms.

He obtained a Bachelor's Degree in Biological Engineering from Mississippi State University.

Ross enjoys spending time at the lake, biking and working out.

Justin Duke, OMS III



Student Doctor Duke is a third year osteopathic medical student with Nova Southeastern University. He is a native of Amory, Mississippi.

He obtained a Bachelor's Degree in Biology from the University of Mississippi.

Justin enjoys family and playing golf in his spare time.

Laith Mahdi, OMS III



Student Doctor Mahdi is a third year osteopathic medical student with Nova Southeastern University. He is a native of Toronto, Ontario

He obtained a BS degree from York University, Toronto, Ontario.

Laith's interests include basketball, football, sociology and sports medicine.



Osteopathic Internal Medicine Residency

OGME R1



Amanda Finley, D.O.

Dr. Finley attended University of Tennessee at Chattanooga studying Biochemistry. She completed her Medical Training at West Virginia School of Osteopathic Medicine, Lewisburg, WV. She is a current member of the AOA and ACOI. Dr. Finley enjoys music, outdoors and scrapbooking.



Kortni Gillman, D.O.

Dr. Gillman graduated from University of North Carolina at Greensboro with a Bachelor's Degree in Biology. She completed her Medical Training at West Virginia College of Osteopathic Medicine in Lewisburg, West Virginia. She is a current member of the AOA and ACOI. Dr. Gillman enjoys piano, reading and learning.



Raymond Seay, D.O.

Dr. Seay obtained his degree in Biological Sciences from Florida State University, Tallahassee, Florida and completed his Medical Training at Nova Southeastern University College of Osteopathic Medicine, Fort Lauderdale, Florida. He is a current member of the AOA and ACOI. Dr. Seay enjoys reading, martial arts and playing guitar.



Richard McNeilly, Jr. D.O.

Dr. McNeilly graduated from University of North Carolina, Chapel Hill with a Bachelor's Degree in Biology. He completed his Medical Training at West Virginia School of Osteopathic Medicine, Lewisburg, WV. He is a current member of the AOA and ACOI. Dr. McNeilly enjoys pipe collecting, reading and watching movies.



Karla Celleri-Reyes, D.O.

Dr. Celleri-Reyes obtained an AA degree in Biology from Miami Dade College, Miami, Florida and a Bachelors degree in Biology-Pre Med from Florida International University, Miami, Florida. She completed her Medical Training at Lake Erie College of Osteopathic Medicine Florida Campus. She is a current member of the AOA and

ACOI. Dr Celleri-Reyes enjoys decorative home improvement projects, reading, movies and playing with her dogs.



Andrew Thibodeaux, D.O.

Dr. Thibodeaux graduated from Bellhaven University, Jackson, Mississippi with a Bachelor's Degree in Biology. He completed his Medical Training at Kansas City University of Medicine and Biosciences, Kansas City, Missouri. He is a current member of the AOA and ACOI. Dr. Thibodeaux enjoys all sports, movies and gadgets.



Pandora Wilson, D.O.

Dr. Wilson graduated from California State University, Los Angeles with a Bachelors Degree. She completed her Medical Training at Western University Health Sciences, Pomona, California. Dr. Wilson completed an Emergency Medicine Internship at St. John Hospital-Oakland, Madison Heights, Michigan. She is a current member of the AOA and ACOI. Dr Wilson enjoys tennis and mountain bike riding.



Osteopathic Internal Medicine Residency

OGME R2



Darren Ramoutar, D.O.

Dr. Ramoutar obtained his BS degree in Microbiology and Molecular Biology from the University of Central Florida, Orlando, Florida. He completed his Medical Training at Kansas City University of Medicine and Biosciences, Kansas City, Missouri. Dr. Ramoutar completed a traditional internship year at St.

Petersburg General Hospital, St. Petersburg, Florida and his first year of Residency at New York Hospital Queens, Flushing, New York. He is a current member of the AOA and ACOI. Dr Ramoutar enjoys music, cooking and fitness.



Michael Hawley, D.O.

Dr. Hawley graduated Theta Alpha Kappa from Westminster College in Fulton, Missouri with a Bachelor's Degree in Biology and a Minor in Chemistry. He completed his Medical Training at Pikeville School of Osteopathic Medicine in Pikeville, Kentucky. Dr. Hawley completed an OMT Fellowship at PCSOM. He is a current

member of the AOA and ACOI and enjoys music, family and -----.



Charles Swanson, D.O.

Dr. Swanson graduated from Marshall University with a Regents Bachelor's Degree. He completed his Medical Training at Pikeville School of Osteopathic Medicine in Pikeville, Kentucky. He is a current member of the AOA and ACOI. Dr. Swanson enjoys, hunting fishing and reading.



James Delgadillo, D.O.

Dr. Delgadillo graduated Magna Cum Laude from University of Wisconsin-Eau Claire with a Bachelor's Degree in Biology. He completed his Medical Training at Kansas City University of Medicine and Biosciences. He is a current member of the AOA and ACOI. Dr. Delgadillo enjoys

Taekwondo in his free time.

OGME R3



Aaron Earles, D.O.

Dr. Earles graduated from Marshall University with a Bachelor's Degree in Biology and a MS in Exercise Science. He completed his Medical Training at Pikeville School of Osteopathic Medicine in Pikeville, Kentucky. He is a current member of the AOA and ACOI. Dr. Earles enjoys golf in his free time.



Christina Brown, D.O.

Dr. Brown graduated from Murray State University with a Bachelor's Degree in Business Administration. She completed her Medical Training at Pikeville School of Osteopathic Medicine in Pikeville, Kentucky. She is a current member of the AOA and ACOI. Dr. Brown enjoys

family, church activities and physical fitness.



Baron Herford, D.O.

Dr. Herford graduated from Georgia State University, Atlanta, with a Bachelor's Degree in Biology and obtained an AAS degree in Respiratory Therapy at Lamar University, Beaumont Texas. He completed his Medical Training at Pikeville School of Osteopathic Medicine in Pikeville, Kentucky. He is a current member of the AOA and ACOI.

Dr. Herford enjoys family, reading, church activities and golf.



Risk Management

Malpractice Preventative

Maintenance: Record Protocols and Happy Lawyers

Malpractice cases are a guaranteed side effect of practicing medicine or working in the healthcare field. It's not if you get sued, it's when you get sued. The "medical record" creates a legal document which reflects the care provided to a patient and, in a courtroom setting, it may be likened to a witness whose memory is never lost.

The Plaintiff's attorney, the legal teams, the claims analyst at the insurance company, the expert witnesses and other witnesses and deponents will go through the records carefully so you can see how these records play a significant role in any malpractice case. Plaintiff's attorneys are looking for anything unusual and hopefully dead outside of the standard of care. Below is a list of things to remember and go over with your staff so that when you have that case pop up, you have a very happy lawyer:

*Keep contemporaneous records and be able to testify under oath that they were contemporaneous. Don't play catch up on your charting; it is extremely important to chart each patient as you go. You need to get all the details down while they are fresh on your mind. You must be able to testify under oath that

you charted this while, or almost while, it was happening. Get dictation done quickly, review it, and place it in the file immediately.

*Legibility. – Make sure that others can read what you've written. Lawyers can't dispute it or defend it if they have no idea what it says. A Plaintiff's attorney will jump all over a document that you may not be able to read months or years after you wrote it. Juries don't like this as well. A good practice is to "print" everything if medical training has ruined your handwriting. Make sure signatures and initials are clear. Years later, the signature or initials we cannot identify might be the one person your entire case rests upon.

*Accuracy. – Be very accurate in everything you write. Say what you mean and mean what you say. You may have to defend what is written.

*No late additions, deletions, or amendments without detailed notation as to why. – Changing a record without notation as to "who, what, when, why, where and how" can be the kiss of death in a malpractice defense case because it creates a virtually un rebuttable presumption that the person making the change was doing something underhanded or illegal. These are exactly the type of issues a Plaintiff's attorney

salivates over.

*Noting patient demeanor and avoiding libelous statements. – It is very important to note patient demeanor and attitude in charts, but a fine line exists between noting these characteristics and behaviors and making libelous statements. Be careful about letting your own emotions dictate what you write. If a particularly belligerent and abusive patient irritates you, be sure not to note any inappropriate or unprofessional statements in the chart. It creates the presumption that the patient might not have received the care he deserved because he had a bad attitude.

These are just a few TIPS to make a defense lawyer happy when reviewing your medical charts and hopefully aid in an excellent outcome for you.

Submitted by:

Renee Bullard, Risk Management
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