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Letter from CEO, Rick Napper

The weather has finally begun to change and we can see the light at the end of the tunnel, hopefully sunshine. As for healthcare, the forecast remains cloudy. We are looking at an Executive Branch that wants to press forward with Healthcare Reform, a Legislative Branch that is likely not to fund the changes and pending litigation which will more than likely end up in the Supreme Court. So, with that in mind, it is time to begin our process for strategic planning. This plan will cover the next five years and we intend to involve the community, Board of Trustees, Medical Staff and hospital leadership.

With spring approaching we will begin to grow again. The Board of Trustees approved another expansion project at their regular meeting on February 3, 2011, that will relocate the Emergency Department and Radiology Department along with other small departments. The actual moving of dirt will begin in July and it will take approximately 18 months to complete. This project will cause significant parking issues. However, we will be providing a transition plan to all physicians and staff. Please bear with us during this process. Thank you for your service and commitment to your profession.

Respectfully,

A handwritten signature in black ink that reads "Rick D. Napper". The signature is fluid and cursive.

Rick Napper, CEO



Vice-President of Physician Operations, Don Lloyd

The objective for taking this initiative is to promote a healthier lifestyle for our employees, our patients and the communities that we serve.

TOBACCO FREE CAMPUS

In January 2011, MRHC began planning for a "Tobacco Free Campus" prohibiting the use of all tobacco products on all MRHC properties. This includes the main hospital campus, all offsite facilities, all MRHC owned clinics, all MRHC owned vehicles, and all MRHC parking lots including all personal owned vehicles. The objective for taking this initiative is to promote a healthier lifestyle for our employees, our patients and the communities that we serve. MRHC also has been informed by BlueCross BlueShield of MS that we must become a Tobacco Free Campus in order to maintain our contracting status with their PPO.

In order to complete this initiative, MRHC will provide each employee, at no charge, nicotine replacement therapies, i.e., patches, gum, lozenges, Zyban/Chantix for a 90 day period. MRHC will also provide education and smoking cessation classes.

The implementation date for MRHC to become a Tobacco Free Campus is June 1, 2011. If you have questions please do not hesitate to give me a call. I can be reached at 662-287-6913.



E-Safety First

Clinical Decision Support

As we roll out Computerized Physician Order Entry (CPOE), we are doing so with Physician Care Manager (PCM). Physician Care Manager is a suite of applications within MEDITECH. You are already working in an application of PCM when you go into Clinical Review and Physician Workload Manager (PWM). When we go live with CPOE, the clinician will use Provider Order Management (POM) to enter orders for his or her patients. (Lots of acronyms, I know.)

Within the PCM module and POM, the clinician is provided with Clinical Decision Support (CDS) rules. Dr. Robert Hayward of the Centre for Health Evidence states that, "Clinical Decision Support systems link health observations with health knowledge to influence health choices by clinicians for improved health care."

According to MEDITECH, the order management process is integrated with the Pharmacy to instantly

compare formulary data against a patient's record during the clinical decision making process. Patient and drug information is presented to the physician at the time of ordering, thereby assisting with safety and efficiency.

The Physician Care Manager's CPOE component includes:

- Order sets based on physician preferences
- Integration with Zynx Health Inc. for importing evidence-based order sets
- Drug information from hospital formulary services
- Dose checking, dose calculator, conflict checking
- Duplicate order checks
- Patient's allergies, adverse reactions, medication checks
- Relevant clinical information such as vitals and test results
- Historical patient information
- Support for organization's standards of care and safety initiatives

- Direct link to MAR to update the patient's record.

For example, when a patient is admitted to the hospital, his or her allergies are recorded and verified. The physician orders the patient's medications. If the patient is allergic to one of these medications the physician will be alerted before he places the order. Another instance of CDS, is when a physician orders a medication, a lab result can be linked to that medication. Say a physician orders Coumadin. The patient's INR can be linked to that medication and the physician will be alerted to that patient's latest INR when he orders that medication. Adjustments can be made regarding the dose at the time of entry. Queries that nursing answers regarding pregnancy, will alert the physician when ordering medications not appropriate for pregnant women.

As mentioned above, we are using Zynx Standardized Order Sets with ZynxEvidence incorporated into the set. According to the



E-Safety First

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Zynx, “ZynxEvidence is an online resource that provides evidence-based clinical content and best practice guidance for physicians, nurses, and allied health professionals in the hospital setting.”

Clinicians using ZynxEvidence efficiently incorporate emerging research findings and guidelines into practice. Content is developed by a team of physicians, nurses, and pharmacists who review and summarize peer-reviewed literature and best practice guidelines using a methodology that ensures unbiased coverage of the most trustworthy research and quality measures.

Clinical decision support systems link health observations and proven evidence with health knowledge to influence health choices by clinicians for improved health care.

This is not a system that makes decisions for you. Its main purpose is to assist clinicians at the point of care. The clinician must interact

with the CDS system, utilizing the clinician’s knowledge and the CDS system to make a better analysis of the patient’s data than either the human or the CDS system could make on their own.



Course Outline:

Day 1

- Registration (8-9 a.m.)
- Welcome & introduction
- A Clinical Consultants Perspective
- LBP -- The "Big Picture" Is an accurate diagnosis necessary?
- Lumbar Anatomy & Pathophysiology
 - Does asymmetry really matter?
 - Can a low back really heal?
- Mechanical vs. Chemical Pain Centralization
- Lumbar Examination Form
- 1st Patient -- Examination
- Questions

Day 2

- Intro. to the 10 "Lumbar Strategies"
 - 1) Patient Self-monitoring
 - 2) Healing Environment
- Your Clinical Demeanor -- is it conducive to success or failure?
- Lumbar Re-examination Form
- 1st Patient -- Visit #2
- Patient Independence
- 2nd Patient -- Examination
- Intro. to Pain Relieving Exercise
- Programs (P.R.E.P.).
- Postural Exercises
- Questions

Spine Course

MRHC Outpatient Rehabilitation Services will co-sponsor a continued education spine course provided by the American BackPain Center on April 1-4, 2011 in the conference center. The title of the course is Strategic Orthopedics – How to "Out-Think" and "Out-Maneuver" Low Back Pain –Course I, the first in a series of 3 courses of the Strategic Orthopedics Spine System. The course instructor will be Adam Johnson, PT, Cert. MDT. Eligible participants include MD, DO, PA, PT, PTA, OTR, ATC. CEU: 27. Deadline for discounted rate is 2 weeks prior to course date. You can find out more information about the course & register online by visiting www.americanbackpain-center.com ; click on seminars tab on left, click on "Lumbar S.O. I." MRHC contact person for course is Katie Reeves, PT, DPT, Director of Outpatient Rehab, kreeves@mrhc.org, 287-1400. Thank you for your interest and participation.

Information about Course Designer and Strategic Orthopedics Spine System:

For more than 25 years, Angelo DiMaggio, PT, Dip MDT, has been employed as a spine consultant by medical centers throughout North America for the purpose of resolving their most complex and unresponsive cases. The combined results show that 52% of these cases experienced a significant or complete alleviation of symptoms (as determined by the attending clinician). These impressive results provide both the motivation and basis for this course and the entire course series while the successful treatment methods employed provide the framework. You will learn the highly organized examination and documentation system, as well as new "Lumbar Strategies" which are the key to resolving complex cases. You will be given clear, concise clinical guidelines regarding ADL and workplace modifications, Work Hardening and Functional Reconditioning program enhancement, the "essentials" of the McKenzie evaluation and treatment approach, how to motivate patients toward self-reliance, and many other important topics. This course will not

rely on the theoretical discussion of hypothetical patients. Instead, you will get the same first-hand look (as in the Consultation Format) at real patients being examined and treated daily by the instructor.

Mr. DiMaggio is an internationally known clinician and lecturer who has specialized in conservative care of the spine for more than 25 years. He has presented at national and international conferences on such spine-related topics as Conservative Mechanical Treatment, E.R. Care for Physicians, Manual Therapy, The McKenzie Approach, Research Analysis, and The Treatment of Cervicogenic Headache. Mr. DiMaggio's specialization in the spine has placed him in the role of author, editor, course developer, research consultant, and clinical consultant. He is past chairman of the board and course instructor for the McKenzie Institute.

Through major medical centers and universities, he has taught more than 500 seminars and workshops for more than 10,000 therapists and



Spine Course

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physicians. As a clinical consultant, Mr. DiMaggio has spent more than 25 years working one-on-one with therapists and physicians throughout the US and Canada, refining their use of mechanical therapy and resolving each clinic's most challenging patients. Included are such notable spine centers as the Texas Back Institute, P.R.I.D.E. (Productive Rehabilitation Institute of Dallas for Ergonomics), the Cleveland Clinic, the Fort Worth Back Institute, and the Canadian Back Institute. This highly intensive training format has led to a compilation of the most common misunderstandings and the most frequently committed clinical errors. His extensive work in this field combined with his experience as lecturer / seminar instructor, is the cornerstone on which the seminar series is built. He is currently President of the American BackPain Center.

Course Objectives

Upon completion of this course, participants will be able to;

1. Immediately apply 10 new clinical Lumbar Strategies designed to "Out-Think" low back pain.
2. Strengthen the Lumbar Examination process using current, scientific

ally supported methods.

3. Initiate use of a new Documentation System which turns patient visits into organized data collection sessions. Clear, concise, objective data will enable you to make quicker, more effective clinical decisions.
4. Turn established lumbar exercise programs into Pain Relieving Exercise Programs (P.R.E.P.).
5. Promote patient independence and self-reliance using the 12 keys to Motivation & Compliance.
6. Individually assess and prescribe ADL & Workplace restrictions
7. Enhance the effectiveness of Work Hardening & Functional Reconditioning programs using more carefully constructed entrance criteria.
8. Improve Manual Therapy results through a clearer understanding of patient and technique selection.
9. Create Reinjury Prevention Programs specifically developed in accordance with each patient's proven effective P.R.E.P. (Pain Relieving Exercise Program).
10. Recognize the Cost-effective advantages to third party payers with the American BackPain Center approach.

General Information:

Upon registration, a letter of confirmation including hotel information and a map of the conference area will be sent. Course includes continental breakfast, a.m. & p.m. snack breaks, course manual, and a 4 form Documentation Packet (Examination, ReExamination, Physician Progress Report, and Discharge forms).

Certificates of attendance will be given to all participants at the conclusion of the course ONLY and may be used for those who need CEU verification. This course is intended for medical professionals holding the following degrees: MD, DO, PA, PT, PTA, OTR, and ATC.

Refunds will be given, less a \$75 administrative fee, if written notice is received by the Co-Sponsor no later than 14 days prior to the start of the course. The American BackPain Center reserves the right to cancel any course at any time up to 7 days prior to the course starting date. We are not responsible for airline ticket purchases or any other expenses incurred as a result of a course cancellation.

Course Fee: \$595 (\$650 if received less than 14 days prior to course)

CEU: 27

Course Outline (cont.):

Day 3

- 3rd Patient -- Examination
- 4th Patient -- Examination
- The 10 "Lumbar Strategies" (con't)
- 3) Perception Time
- 4) Reaction Time
- 5) Awakening with Symptoms
- 6) Loading vs. Unloading
- 7) ADL Reduction
- 8) Workplace Modification
- 9) Symptoms Rising (in a.m.)
- 2nd Patient -- Visit #2
- 1st Patient -- Visit #3
- Questions

Day 4

- The 10 "Lumbar Strategies" (con't)
- 10) Patient Motivation & Compliance
- Manual Therapy
- Strengthening Exercises
- Work Hardening & Functional Reconditioning
- Reinjury Prevention Programs: Lumbar Discharge Form
- 3rd Patient -- Visit #2
- Third Party Payer Advantages: The "essentials" of the McKenzie approach.
- The 10 most common "Problems & Pitfalls" of the McKenzie approach
- Complex Patient Profiles
- 2nd Patient -- Visit #3
- 1st Patient -- Visit #4
- Conclusion

*Each day's session begins a 9 a.m. and ends at 5:45 p.m., except day 4 which ends at 4:30 p.m



Corporate Compliance

PATIENT RECORD AUDITS

MRHC is receiving weekly requests from our fiscal intermediary (FI), Pinnacle, for copies of patients' medical records so that they can be audited before they pay us for services. There have been requests for in-patient and out-patient charts but the majority have been requests for out-patient ancillary services (e.g. the ordering of CT's or MRI's).

For the majority of the requests, the auditor for the FI is requesting a copy of the Order for the test, a History and Physical (H&P) from the physician's office medical record which contains documentation that demonstrates medical necessity for ordering such test, and any results of similar tests performed within 6 days prior to the record request. We have already or will in the future contact some of your offices to request a copy of the H&P from your patient's medical record. I cannot emphasize the importance of

making sure there is legible and sufficient documentation to support medical necessity for the tests ordered. Additionally, if it is a follow-up test such as a MRI being ordered after you get the results of a CT, the auditors will be looking for documentation to support the additional test being ordered.

The main issue I am seeing with the H&P received from physician office records is illegible documentation or insufficient documentation to meet medical necessity requirements for the test being ordered. For example, if you are performing lab in your office and the results from the lab warrant you ordering a test here at the hospital, please document that in your office notes. I believe if the auditors are seeing insufficiencies in physician documentation, it could target your office to be audited in the future.

Please let me know if you need any additional information regarding

documentation requirements. Also, we would be glad to provide you with the NCD's or LCD's that specify the medical necessity requirements for ancillary testing or the websites that can be accessed by your office staff to get this information.

Renee Bullard, 293-7673
Compliance Officer/Risk
Management