



this issue

Letter from CEO	P.1
Welcome	P.2
IT Physician Services	P.3
Joint Commission Corner	P.4
Patient Financial Services	P.5
Health Information Management	P.6
E-Safety First	P.7

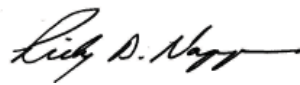
Letter from CEO, Rick Napper

Welcome to the first edition of the Magnolia Regional Health Center Physician Newsletter. This newsletter has been created to provide a communication avenue to our physicians that relates specifically to physician issues such as electronic technology updates and information from the MRHC Medical Service Organization. We will also cover political topics such as the status of healthcare reform.

I look forward to hearing your comments regarding the contents of this newsletter. If you have a topic that you would like to see more information about in the publication, please contact us.

As always, I appreciate the work you do and your dedication to Magnolia Regional Health Center.

Respectfully,



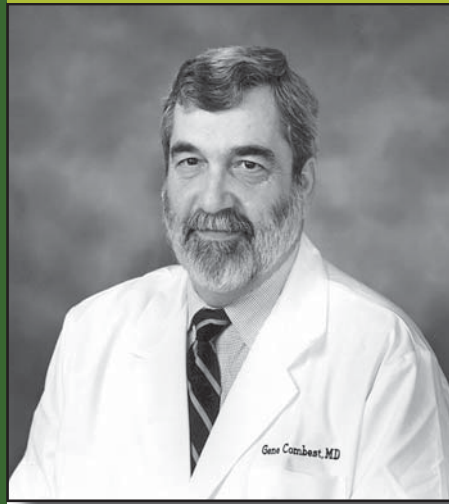
Rick Napper, CEO

Welcome From
Chief of Staff,
Randall P. Frazier,
M.D.

Welcome to the first edition of Magnolia MedLink. The goal of this publication is to link physicians to MRHC on a wide spectrum of topics ranging from Information Technology to Health Information Management. The topics presented each month in Magnolia MedLink will provide you with pertinent information regarding MRHC's practices and services that will enable you to better serve both yourself and your patients. Be on the lookout for a new edition each month.

Regards,

Randall P. Frazier, M.D.



Letter From CMO, Gene Combest, M.D.

The electronic medical record
is the wave of the future,
and MRHC is beginning to
get its feet wet.

Colleagues:

The electronic medical record is the wave of the future, and Magnolia Regional Health Center is beginning to get its feet wet. Physician Care Manager or PCM is our version of the new Electronic Medical Record or EMR. Phase I is currently being initiated (starting in 2009) to some of our physicians and case managers. Gradually, all physicians will be introduced to Physician Desktop and Clinical Review (Phase I). Phase II, which includes Provider Order Entry, Ambulatory Prescription Order Management, and Physician Documentation are slated for 2010-2011. Ultimately, all physicians will be exposed to Phase I and Phase II. If you are interested in seeing the set-up now, call IT at 293-1723 and speak with Christi Rousseau (at your convenience) for an appointment. The future is now at Magnolia Regional Health Center.

E-Safety First – “Taking patient safety to the next level with technology.”

Have you heard about the new phy-

sician led patient safety campaign, E-Safety First? Do you have a minute for me to tell you about it?

What we're trying to do with this campaign is to implement Meditech's exclusive physician module for documentation, order entry, and prescription management similar to the program they successfully implemented in the ER. By entering orders and documenting on line, we hope to reduce adverse drug events, standardize care, improve efficiency of the care we deliver, and meet the ARRA guidelines for “meaningful use” by end of fiscal year 2011. I know you've heard about that!

I believe all of us are going to benefit from the ability to access our patients' information while we're away from the hospital – at the office and at home. With these mobile devices we're looking at, we'll be able to pull up patient information on our way to the hospital, in the elevators between rounding floors, or between surgery cases before we hit the floor for rounds. We'll even be able to enter orders from anywhere!

I've been on the committee that is implementing the first phase and planning the second phase of this safety campaign, and I really feel this is the right thing to do and the best way to go about it.

What I need you to do for me is get with your case manager and let them review the first phase of the system with you. If you don't use a case manager, call the IT department at 293-1723 and set up an appointment with Christi Rousseau to review it. She will schedule at YOUR convenience – before rounds in the morning, at lunch time, after clinic – you just let them know, and she'll help you out. You'll have a distinct advantage over everyone else when we move to Computerized Physician Order Entry or CPOE if you already know how to navigate through the first phase of this project. Besides, I think you're really going to like the Clinical Review screens – it's going to make getting patient information so much easier for you.



Joint Commission Corner

(09-11) 04:00 PST Washington - --

The president of a leading medical standards organization announced a new program Thursday that is designed to improve health care safety practices, starting with a rigorous approach toward hand-washing by hospital staffers.

“Hand-washing failures contribute to infections linked to healthcare that kill almost 100,000

Americans a year and cost U.S. hospitals \$4 billion to \$29 billion a year to combat,” said Dr. Mark Chassin, who leads the Joint Commission, which sets standards and accredits hospitals and healthcare organizations.

Chassin’s announcement came after Hearst Newspapers published the results of an investigation, “Dead by Mistake,” which reported that 247 people die every day in the United States from infections contracted in hospitals.

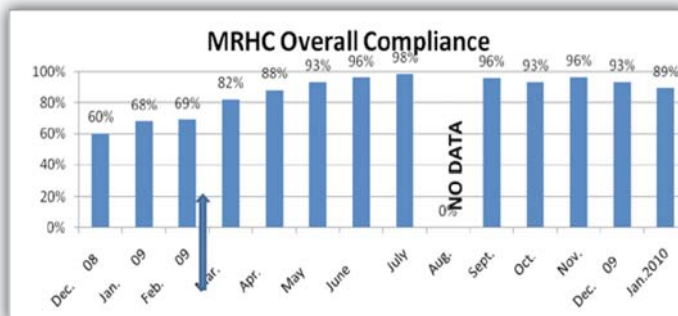
The Joint Commission’s new pro-

gram, the Center for Transforming Health Care, is funded by hospitals and other large healthcare providers.

Eight leading hospitals and health systems, including Cedars-Sinai

washed their hands less than 50 percent of the time when they should, according to the center.

Solutions being tested include holding everyone accountable and responsible - doctors, nurses, food service staff, housekeepers, chaplains, technicians and therapists.



<http://www.sfgate.com/cgi-bin/article.cgi?f=/c/a/2009/09/11/MND F 1 9 L 7 V T . DTL#ixzz0gN2Fe3Na>

Health System in Los Angeles, have volunteered to address hand-washing failures as a critical patient safety problem, according to Chassin’s announcement.

Hand-washing problems include soaps or alcohol-based hand rubs that are not convenient for caregivers to use and faulty data that lull facilities into thinking hand-washing is occurring more often than it is.

The hospitals using the center’s measurement methods consistently found on average that caregivers

Hand Hygiene is the foundation of infection control and is the single most important means for preventing the spread of organisms/infection. Hand-washing facilities and hand sanitizer are available throughout the facility to facilitate and encourage compliance with this guideline. (Policy IC_033)

Proper Hand Hygiene is everyone’s responsibility to protect both our patients and yourself.

E-safety first
"taking patient
safety to the next
level with technology"

PHYSICIAN MOBILE DEVICE
PRODUCT FAIR

LEARN ABOUT WHAT'S
COMING! BE A PART OF THE
SOLUTION!

- Open to all MRHC physicians
- Contrasting mobile devices will be set up for hands-on evaluations and comparisons.
- Be a part of the decision for physician mobile documentation devices!

Thursday and
Friday
March 4 & 5, 2010
0730 - 1400
Physician Lounge
1st floor

IT representatives will be on hand starting at 5:30PM in the hallway outside the Conference Center and following the Medical Staff meeting on Tuesday, March 2, 2010.

WE WILL BE ENTERING
ALL PHYSICIANS' NAMES
WHO COMPLETE OUR
EVALUATIONS INTO A
DRAWING FOR A FREE
APPLE IPOD TOUCH
TO BE GIVEN AWAY ON
MONDAY, MARCH 8TH !!



Information Technology Physician Services

The Information Technology (IT) Department is dedicated to providing both Physician's and their office staff with the tools and support needed to effectively and efficiently provide services to patients. We offer services to both Employed and Non-Employed Physicians. To employed physicians, we offer hardware, network, and telecom services. To non-employed physicians, we offer remote access and program support. The current services offered by IT include:

Physician Orientation

For physicians new to MRHC, the IT department offers a physician orientation. During this orientation, the physician is provided account information as well as overviews of important services and technology. The topics discussed include the intranet, email, help desk services, pagers, the phone system, cell phones, and remote access. An introduction to Meditech (Clinical Review and PWM) will be provided by our Clinical Analyst. If access to PACS is requested, an introduction will also be included.

Net Access

For Physician Offices outside the hospital, this software enables authorized remote system users to access the hospital information system (Meditech) securely through the internet.

Meditech

For those who require access to Meditech, the IT Department creates user accounts, coordinates training support as needed, and provides technical services should problems arise.

Clinical Review

Clinical Review provides physicians with a real-time, dynamic view of patient's clinical information. Data is displayed based on predefined, standardized data mappings which format the data into easy-to-read panels organized by type. Clinical Review has a similar layout to the EMR application with interactive panels.

OB Link

OB Link is a service provided to OBGYNs that allows remote access to the fetal monitoring system. The fetal monitoring strips, vital signs, and exam results can be viewed.

Physician Desktop

The Physician Desktop is considered the "portal" for physician access to the Meditech system. It offers a single sign-on routine that will allow for notifications and workload management to be presented to the physicians based on personal preference settings. From the Desktop, the physician can process these tasks and notifications related to results, consults, nursing notes, and Admission, Discharge

and Transfer messages.

Picture Archiving & Communications System (PACS)

PACS is a computer system that stores digital copies of all x-rays, CT scans, and heart catheterization images. Access to this system is provided through the IT Department.

VPN

An encrypted connection to the hospital for the private transfer of data is offered for those outside the hospital who need access to PACS, IMPAC, Remote Desktop, or the Varian Dosimetry System.

With the "E-Safety First" campaign, we are looking to take patient safety to the next level with technology. Beginning in 2010, E-signature will allow physicians to enter a pin number electronically to sign all reports. To improve patient outcomes and reduce patient length of stay, standardized order development with the assistance of Zynx Health clinical decision support tools to support evidence-based best practices will be available. In 2011, we will offer Physician Documentation in an effort to reduce adverse drug events, standardize care, and improve efficiency of healthcare delivery. MRHC medical staff will implement electronic physician documentation, order entry, and ambulatory prescription management.



E-Safety First

Taking Patient Safety to the Next Level with Technology

If you haven't already seen the new Meditech Physician Workload Manager (PWM) Desktop portal, now's the time! Phase I of Physician Care Manager (PCM), the Desktop portal and patient management module designed specifically for physicians, is LIVE and physician utilization is increasing each week. There are several options for physicians to schedule an orientation to the system. Physicians who utilize case managers will receive 1:1 review with their case managers. Physicians who do not utilize case managers may request a 1:1 session by contacting the IT department, ext. 1723, to set up an appointment. The physician then has the option to review the system with an IT representative at a time and place of his/her choice. PCM core team members will also be in contact with physicians to schedule appointments. Expertise in Phase I will give physicians a distinct advantage as we move into Phase II.

The current implementation phase of PCM, Phase I, consists of accessing the Physician Desktop, where individually defined notifications appear for physician review. These notifications may include information such as consult requests, abnormal and/or critical patient results,

and ADTs (admissions, discharges, transfers). From here, the physician can access the specifics of these notifications in Clinical Review. Clinical Review is a new way of looking at information in PCI. Clinical Review has more of a Windows look and feel and mouse navigation functionality. This allows for fewer provider keystrokes and visual representation (i.e., charts, graphs) of patient results over a period of time without having to navigate through multiple screens. The physician is also able to manage his rounding list for inpatients and access patient information for ER and Outpatients.

Currently, the core team of physicians has been testing and evaluating mobile devices for use during rounding and in the future, for documentation and order entry. This allows the physician and case managers to pull up patient information for review before entering the patient room – even on the elevators between floors! IT department personnel are planning an electronics hardware fair for the physicians to audit and evaluate available mobile devices and determine which models work best to accommodate their workflow practices. Dates and times of the product fair will be announced.

Phase II of PCM is now in the planning stages. The project charter has been completed, accepted, and signed

by MRHC administration officials, the CMO, and the Chief of Staff. Phase II will consist of a Meditech upgrade to support a single sign-on (badge swipe), Order set standardization (Zynx Health supported) and CPOE (computerized provider order entry), physician documentation, and ambulatory prescription management. This planning and analysis stage is expected to continue until September 2010 when the Meditech software will be loaded to begin the build process. In the meantime, Core team members will be working with physicians to incorporate Zynx Health clinical support to standardize order sets and assure patient safety measures and regulating and accrediting organizations' requirements are met.

Once Meditech software is delivered in September 2010, the core team will begin the system build process that is expected to take approximately 6 months. A pilot team of physicians will be selected for training and LIVE implementation in April 2011. After post GO-LIVE issues have been resolved with the pilot teams, roll out to all physicians will begin. The project's goals are to provide quality patient care, reduce adverse drug events, standardize care, improve efficiency of care delivery, and meet the American Recovery and Reinvestment Act guidelines for "meaningful use" by the end of fiscal year 2011.



Announcements

THE DATE OF OUR NEXT MEDICAL OFFICE MANAGER'S MEETING AND LUNCHEON IS APRIL 1, 2009, FROM 11:30-1:00, IN THE MRHC CONFERENCE CENTER.

Patient Financial Services

MEDICAL OFFICE MANAGER'S QUARTERLY MEETING

MRHC understands the importance of maintaining and strengthening the relationship between our hospital employees and the physicians' medical office staff. Our quarterly medical office manager's meeting provides us with an open forum to proactively identify areas of concern.

In our December meeting, the following topics were on the agenda:

- 1.UHC-Chips program and training session
- 2.Changes in pet scan orders
- 3.Identity Theft Protection
- 4.MRHC Chief Information Officer Segment:
 - Electronic Health Record
 - Computerized Physician Order Entry
 - Clinical Review
 - Physician Desktop
 - Electronic Medical Record

The topics each provided valuable informa-

tion to all of those involved.

Each person in MRHC's organization and the medical offices play vital roles in a healthcare delivery team. Our joint meeting allows an open line of communication that will ultimately have a positive impact on everyone; most importantly, our patients. A financially sound hospital and medical office can also be achieved if we share information and training.

Please encourage your medical office staff to take part in these quarterly meetings.

For information on future meetings or to suggest topics of interest, please

Contact: Gina Brown, MRHC Patient Financial Services, 293-1070 or GBrown@mrhc.org

Patient Access Update:

In order to increase the efficiency of the Patient Access scheduling department, and

reduce the number of orders that are not received. The department implemented a fax server system. The system has worked well in its four months of use. The number of unreceived orders has decreased, and our ability to help patients that present for out-patient testing without orders has been enhanced with the fact that we are being able to store orders in a place and fashion that makes them accessible to all registrars when needed. This has not changed anything from the sender end. It has only changed how the patient access department handles the faxes. We would encourage offices to fax your orders for out-patient testing to 662-293-4337, as we strive to improve what we do to better serve our physicians and our patient.

- Chris Turner, MRHC Patient Access Manager

IT Free Upgrade

As the medical staff moves forward with electronic documentation and order entry, it will be necessary to upgrade the Meditech software that physicians currently use on their office or personal computers.

The current version of Meditech will not support the graphics of Clinical Review, physician documentation and order entry, and prescription management. This new version of Meditech will allow physicians to enter

orders and document from remote locations. The IT department will be distributing CDs and instructions for upgrading to the new version. Be looking for your "upgrade kit" in your hospital mailbox.



Health Information Management

PHYSICIAN ORIENTATION TO THE HIM DEPARTMENT

The Health Information Management (HIM) Department is the central collection, assembly, storage and retention area for health information at MRHC. It is located across from Surgery on the first floor and contains the physician incomplete medical record area where charts can be dictated and completed. The incomplete records are filed by patient medical record number thus making the records more available to those with deficiencies. Please notify the HIM department by calling ahead, to EXT. 1257 or EXT. 1272, so that we can have your records pulled and ready for your completion. Walk-ins are also welcome. The department is open Monday thru Friday, for physicians from 7:00 am until 11:00 pm and on Saturday from 7:00 am to 11:00 am. Physician's can also access the physician incomplete record area after hours with an electronic key, which can be obtained by contacting Joy Joyce, HIM Director @ Ext. 1261. Department personnel are on call weekends and for any after hour emergency situations.

Medical transcription is performed by the HIM department and includes

all types of medical reports, (history and physicals, operative reports, consultations, discharge summaries, special procedure reports and other tests which may be performed at the facility). The facility wide dictation system is the Lanier VoiceWriter and it includes voice prompts to make it user friendly. Dictation units are available on all patient care units, surgery and HIM. A pre-surgical H&P line (#7) is also available to insure H&P's are on the medical record prior to surgery or procedures. This line is given priority by the first available transcriptionist. Dictation instruction cards and dictator numbers are available in the health information management department. Dictation from outside the facility can also be performed by dialing the direct access number (662) 293-1606. Reports can be made STAT by contacting the transcription office at EXT. 1281.

Incomplete medical records are counted once per week by HIM employees and reminder letters are issued for charts 15 and 30 days post discharge. Records are considered delinquent 30 days post discharge for any reason. The Medical Staff Bylaws are followed regarding physician notices and if necessary,

suspension of admitting privileges. Three suspensions within a 12 month period require a physician to reapply for staff privileges after waiting for a 30 day suspension period. History and physical reports are required to be dictated within 24 hours of patient admission to the facility and must be on the medical record prior to surgery. Operative reports must be dictated immediately following surgery. Progress notes are required at a minimum every three days for patients on regular floors and every day for patients in the critical care unit. Discharge summaries are required on all patients hospitalized over 48 hours, excluding OB deliveries, Newborn and Observation patients. These latter exceptions must have at least a written discharge note.

Electronic signature of transcribed reports is now available to physicians on the hospital information system, Meditech. You must have your individual Meditech user SIGN-On and Password in order to access this system. In addition, an e-sign agreement and PIN # are required for electronic signature capability. Please see HIM Director, Joy Joyce for details. Ext. 1261.

Call today to schedule your preview!

Ext. 1723. Or contact one of our proficient physician users for more information:

- Dr. Randall Frazier
- Dr. Mat Johnson
- Dr. James Edmonson
- Dr. David Pizzimenti
- Dr. Eugene Combest
- Dr. Patrick Hsu
- Dr. Baron Herford
- Dr. Michael Hawley
- Dr. Zina Lee

For more information:

American Recovery and Reinvestment Act of 2009 -

- http://www.recovery.gov/About/Pages/The_Act.aspx
- <http://search0.ama-assn.org/search?url=http%3A%2F%2Fwww.ama-assn.org%2Fama1%2Fpub%2Fupload%2Fmm%2F472%2Ffoa-hit-extension-program.doc&t=url&i=1>

Zynx Health – www.zynxhealth.com

CPOE: Costs, Benefits, and Challenges (A Case Study Approach) 2003

- http://www.leapfroggroup.org/media/file/Leapfrog-AHA_FAH_CPOE_Report.pdf