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ORLANDO  
HEALTH®

Health Central  
Hospital

3rd Quarter, 2017

# OFF the CHARTS

## Physician Expectations for Ordering Medications Requiring Titration at Health Central Hospital

A titration order is a medication order in which the medication dose is either progressively increased or decreased in response to the patient's status.

### All medication titration orders are required to include these six elements:

- Medication name and route
- Initial or starting rate of infusion (dose/min)
- Incremental units the rate can be increased or decreased
- Frequency for incremental doses (how often dose (rate) can be increased or decreased)
- Maximum rate (dose) of infusion
- Objective clinical endpoint (RASS score, blood pressure, heart rate, CAM score, etc.)

### Example medication titration order:

*[Date/time] Start [medication name] IV drip at 10 mcg/kg/min. Increase by 5 mcg/kg/min every 5 minutes until [objective clinical endpoint (example: RASS =3)] is achieved. Maximum rate of 60 mcg/kg/min. [Physician name, dictation #].*

### DO NOT USE: "Restart/resume/previously ordered titration instructions"

### What steps are we putting into place to correct this issue?

We are working with informatics to include these titration parameters as mandatory fields in the appropriate electronic medication orders. Until this is established, please ensure that all medication orders for medications requiring titration include all six titration elements. If all six elements are not present, the ordering physician will be contacted to clarify the order.

## Why does Joint Commission require hospitals to include these six elements in all medication titration orders?

- To ensure hospitals are following manufacturers' Instructions For Use (IFU) for safe administration
- To ensure consistent administration practices among nurses and other practitioners
- To ensure the patient response is achieved and sustained
- To ensure nurses are not placed in a position of making dosing and/or administration decisions that may conflict with their scope of practice
- To ensure documentation accurately reflects order changes, patient assessments, etc.

# Surgical Complications: Determining whether certain diagnoses are expected, inherent or truly a complication

*Contributed by Christine Beu with permission from Brundage Medical Group*

## **Acute Respiratory Failure:**

- Do not document “acute respiratory failure” on post-operative patients unless it takes more than 24 (possibly 48h) hours to liberate them from the vent pending your medical staff’s definition
  - Post-Operative Respiratory Failure is a Patient Safety Indicator (PSI) and is a tracked quality metric

## **Atrial Fibrillation:**

- Atrial fibrillation occurs frequently in CABG patients. It should be coded as it almost always meets the criteria to be considered a valid secondary diagnosis
  - Usually receives some form of treatment
- Documenting “expected Afib post CABG” will allow coding it without a complication code

## **Acute Blood Loss Anemia:**

- Anemia when due to acute loss of blood is not a complication unless specified as such by the surgeon

## **Hematomas:**

- Hematomas are very subjective
- Document them if they are clinically significant
  - If they are large and require treatment or medication changes, document them in the record and code them
- Minor skin bruising and areas of discoloration around fresh incisions are expected and inherent to surgical manipulation

## **Hypotension:**

- Hypotension is a subjective diagnosis. It is not unexpected after a CABG and it may even require pressors but many CT surgeons believe it is inherent to the surgery
- If documented, it should be documented as expected in most cases unless otherwise specified

Inquire about the origin of the metric. Many Performance Improvement programs report anything that occurs after admission as a complication because the indicator is “Not Present On Admission (POA)” even if the problem is expected and inherent to the procedure. There is a difference between a true medical complication and what many Performance Improvement (PI) data analytic programs consider a complication.

## New CMS Reporting Requirement Went into Effect July 1

As of July 1, 2017, a change in Medicare policy requires additional reporting on follow-up, post-surgical visits for nearly 300 specific procedure codes. The reporting applies to follow-up care delivered at the bedside and in outpatient settings. Providers will need to record follow-up visits in patients’ charts using CPT code 99024 OR include in the narrative of the post-procedure notes.

This change affects providers in Florida and eight other randomly selected states, and applies to TINs with 10 or more providers.

For Medicare patients, it helps ensure that the necessary follow-up visit occurs. For physicians, the additional reporting can establish the amount of time a provider spends on post-procedure care. Although Medicare currently does not reimburse for these visits, there is some thought that a value could be added in the future, which would then affect billing amounts.

For these reasons, it is imperative that all providers consistently and accurately capture post-surgical visits using CPT code 99024 or by mentioning in the post-procedure notes.

Review the procedural codes associated with the policy change in the **attached document** or on your **Physician Portal**.

# Wound Care Center Medical Director Appointed

**Walter A. Conlan III, MD, CWSP** was appointed to Medical Director of the Wound Care & Hyperbaric Medicine Center at Health Central Hospital. Dr. Conlan earned his undergraduate degree from Emory University and his Medical Degree from Thomas Jefferson Medical College. He completed his residency in Physical Medicine and Rehabilitation at Northwestern University Medical Center. Dr. Conlan is one of a prestigious group of physicians designated as a Certified Wound Specialist Physician (CWSP). There are only around 500 physicians in the U.S. today who hold this designation.



## New Physician Appointments

**Tanya O.L. Agard, MD**  
**Mid Florida Hospital Specialists**  
175 West Pine Ave.  
Longwood, FL 32750

**Charles J. Cassady, MD**  
**Medical Center Radiology Group**  
20 West Kaley Street  
Orlando, FL 32806

**Deepinder Goyal, MD**  
**Internal Medicine Specialists**  
11140 West Colonial Dr., Suite 2  
Ocoee, FL 34761

**Larry L. Hurst, MD**  
**Medical Center Radiology Group**  
20 West Kaley Street  
Orlando, FL 32806

**Mukul K. Khanna, MD**  
**Mid Florida Hospital Specialists**  
5703 Red Bug Lake Rd., Suite 341  
Winter Springs, FL 32708

**Bradford T. March, MD**  
**Medical Center Radiology Group**  
20 West Kaley Street  
Orlando, FL 32806

**Lourdes M. Martinez, MD**  
**Central Florida Inpatient Medicine**  
917 Rinehart Road, Suite 1051  
Lake Mary, FL 32746

**George Muthalakuzhy**  
**Mid Florida Hospital Specialists**  
175 West Pine Ave.  
Longwood, FL 32750

**Brian M. Parnes, MD**  
5151 Winter Garden Vineland Blvd.  
Windermere, FL 34761

**Nishith Patel, MD**  
**Medical Center Radiology Group**  
20 West Kaley Street  
Orlando, FL 32806

**Venkata M. Purimelta, MD**  
1002 S. Dillard St., Suite 122  
Winter Garden, FL 34787

**Andrew C. Stevens, MD**  
**Mid Florida Hospital Specialists**  
175 West Pine Ave.  
Longwood, FL 32750

**Richard R. Teed, Jr., MD**  
**Vascular Specialists of Central Florida**  
80 West Michigan Street  
Orlando, FL 32806

**Brooke A. Thermidor, DO**  
54 E. Plant St.  
Winter Garden, FL 34787

**Christopher D. Thomas, DO**  
**Medical Center Radiology Group**  
20 West Kaley Street  
Orlando, FL 32806

**Christian C. Zuver, MD**  
1720 South Cook Street  
Orlando, FL 32806

## New Allied Health Professionals

**Jason M. Combs, CRNA**  
**Orlando Anesthesia Consultants**  
10000 W. Colonial Dr.  
Ocoee, FL 34761

**Natila E. Elkins, RN**  
**Orlando Health Heart Institute**  
Cardiology Group  
1222 South Orange Ave., MP 804  
Orlando, FL 32806

**Elizabeth A. Fitzgerald, R.N.**  
**Orlando Health Heart Institute**  
Cardiology Group  
1222 South Orange Ave., MP 804  
Orlando, FL 32806

**Rita V. Mansukhani - Shaibu, ANRP**  
175 West Pine Ave.  
Longwood, FL 32750

**Moses S. Chelliah, ARNP**  
175 West Pine Ave.  
Longwood, FL 32750



## Congratulations Top Cutters

Congratulations to the most recent Top Cutter and Cut Above titleholders. The Top Cutter title is given to the physician with the most cases in the Main OR and Surgery Center during a given month. The Cut Above title is given to the physician with the most cases in the Main OR during a given month.

**Health Central Hospital's Physician Portal**  
 Health Central Hospital's website is integrated with Orlando Health's website. The address is: [www.healthcentralmedicalstaff.org/](http://www.healthcentralmedicalstaff.org/). There, you can find medical staff and leadership information and bylaws. Be sure to bookmark this address for future reference.

2017	TOP CUTTER	CUT ABOVE
JAN	W. KEVIN COX, MD	ROBERT MASSON, MD
FEB	JOSEPH ARMOTRADING, MD	ROBERT MASSON, MD
MAR	JOSEPH ARMOTRADING, MD	WILJON BELTRE, MD
APR	JOSEPH ARMOTRADING, MD	CARLOS TRILLO, MD
MAY	JOSEPH ARMOTRADING, MD	ROBERT MASSON, MD