

# Medical Staff Minute

VOLUME 2, ISSUE 10 – MAY 2011



## PHYSICIAN TO PHYSICIAN

**A message from David Johnson, M.D., Chief of Staff and Trauma Director**

As physicians we are all familiar with clinical and hospital jargon — our patients are not. It is our responsibility to explain our role to patients; many times patients will see several physicians during their stay and they deserve to know who each of them are and how they are involved in their care. For example, patients may not understand who a hospitalist is and why they're not going to be seen by his/her regular physician when they're an inpatient. I encourage you to bring your business cards with you when you are doing rounds, explain your role in their plan of care and utilize the white boards that are in patient rooms. More communication with our patients will emphasize our commitment to delivering high quality patient care in a warm and friendly environment. If you have any questions or concerns, please give me a call at (480) 219-0013.

## A NOTE FROM TONY MARINELLO, CEO

In the past few issues of *Medical Staff Minute*, I've stressed the importance of communication between physicians and also with patients. With more than 500 physicians on the medical staff, physician communication is key in a patient's plan of care. Our patients come from a variety of different backgrounds and range in age — communicating with our patients is the key to getting them involved and informed regarding their treatment. As our hospital and medical staff grows, it is important to set the stage for the physicians on the medical staff regarding the expectations for patient communication. Remember, communication is key and perception is reality — we will continue to position Mountain Vista as the health care provider of choice in the communities that we serve and it is with the involvement of our dedicated medical staff that we are able to do this. Thank you for your continued hard work on behalf of the patients at Mountain Vista — if you have any questions or concerns, please give me a call at (480) 358-6154.

## MAY MEETING CALENDAR

- May 3 OB/GYN, noon, Classroom 1
- May 5 Surgery, 7 a.m., Classroom 1
- May 5 Medicine, noon, Classroom 1
- May 9 Credentials, noon, Physicians' Lounge Conference Room
- May 17 Quality Council, noon, Classrooms 1 & 2
- May 18 Cardiology Committee, 12:30 p.m., Classroom 1
- May 26 P&T/IC Committee, noon, Classroom 1
- May 23 Professional Practice Review Committee (PPRC), 5 p.m., Board Room
- May 24 Medical Executive Committee, 5:30 p.m., Board Room

## COMMUNITY OUTREACH

Physicians on the medical staff are invited to participate in Mountain Vista's physician seminar series. This is an informal opportunity for the community to learn more about a variety of health topics and meet physicians on the medical staff. If you are interested in participating, please contact Carolyn Kady at (480) 358-6504 or [CAKady@iasishealthcare.com](mailto:CAKady@iasishealthcare.com). All seminars are held in Classrooms 3 & 4 and are free for anyone to attend.

May topics include:

### Living with Fibromyalgia

Tuesday, May 3, noon – 1 p.m.

Richard Dinsdale, M.D.

### A-Fib & Stroke: What You Need to Know

Wednesday, May 18, 11:30 a.m. – 12:30 p.m.

Himanshu Shukla, M.D.

### Endometriosis: What You Need to Know

Tuesday, May 24, 6 – 7 p.m.

Namita Kothari, M.D.

### Sandal Season: How to Keep Your Feet Healthy this Summer

Wednesday, May 25, 6 – 7 p.m.

Luke Cicchinelli, D.P.M.

## PHYSICIAN FUN FACT

Do you have an interesting hobby or fun fact to share? E-mail Jamie Randall at [Jamie\\_Randall@iasishealthcare.com](mailto:Jamie_Randall@iasishealthcare.com).

If you have story ideas for future issues of *Mountain Vista Medical Staff Minute*, please contact Jamie Randall at (480) 358-6145 or e-mail at [Jamie\\_Randall@iasishealthcare.com](mailto:Jamie_Randall@iasishealthcare.com).

## PATIENT SATISFACTION UPDATE — GRADUATION DAY

Over the next month or so, thoughts will turn to graduations, as students move to the next stage of their journey. Likewise, when our patients “graduate” from our care, they reflect on how sufficiently we prepared them for the next phase in their care and treatment. In every patient encounter, are we planning for and setting expectations around discharge, starting from the moment the patient arrives?

On the HCAHPS survey, patients are asked, “Did doctors and nurses talk about whether you had the help you needed when leaving the hospital?” Boosting patient confidence by talking through realistic possibilities for aftercare needs goes a long way in enhancing the patient experience.

After our patients are discharged, they grade us on their perception of our care, whether they receive a formal survey or not. How can you receive an “A+” from patients and their families? Set the stage in each patient encounter every time through constant, comprehensive communication. This will help your patients get ready to graduate, confident that they made the right choice for their care.

If you have further questions about the HCAHPS survey, contact Caroline Costello, manager, Customer Service, at (480) 358-6614 or via e-mail at [CCostello@iasishealthcare.com](mailto:CCostello@iasishealthcare.com).

## PHYSICIAN DOCUMENTATION UPDATE

### Wound Care

Specificity is the key to accurate wound care coding. Always explain the **underlying disease process** when describing wounds. “Complex open wound” is not specific enough to code.

#### Examples:

- Ulcer due to diabetic peripheral vascular disease.
- Open wound due to previous postoperative wound infection.
- Open wound due to laceration last month.
- Varicose veins with ulcer, stage IV, heel.
- Non-healing surgical wound.

### SIRS, Sepsis, Urosepsis and Bacteremia

When documenting systemic infections, it is important to not only document the specific site of infection, but the systemic response. The words bacteremia and urosepsis are not synonymous with a systemic infection. Urosepsis simply codes to UTI and bacteremia simply codes to an abnormal lab value. If there is a systemic infection, use the term “sepsis secondary to... whatever the underlying infection may be”.

#### Examples:

- Sepsis secondary to UTI.
- Sepsis secondary to cellulites.

### Discharge Summaries

- Include **all conditions** present and treated during the **entire** hospital stay in your discharge summaries, even conditions that may have resolved quickly from treatment in the ER.
- Conditions such as hyponatremia may be transient, but are important factors in determining the severity of illness and necessity of treatment.
- Document if major suspected conditions such as PNA, sepsis, MI, etc., were ruled out, if not already documented in the progress notes.

### Reminder

Please remember to sign, date and time all telephone orders within 48 hours.

## MAY BIRTHDAYS

May 1	Faisal Qazi, D.O.
May 3	Collins Appiah, M.D.
May 4	Jyothi Punnam, M.D.
May 5	Todd Gunzy, D.P.M. Tanja Gunsberger, D.O.
May 7	William Lester, M.D. James Schlichting, D.O. Ashwin Ramadhar, M.D.
May 8	David Beauchamp, M.D. Valerie Sheridan, D.O.
May 9	Donn Hogan, M.D. Gbadebo Adebayo, M.D. Kristen Osiecki, D.O.
May 11	Marian Fleming, M.D. Krishna Mallik, M.D.
May 12	Arun Kolli, M.D. Randy Odero, M.D.
May 15	Makonnen Habtemariam, M.D.
May 16	Lewis Freed, D.P.M. Mark Ono, M.D. Manu Bhakoo, M.D.
May 17	David Mendelson, D.O. Arman Talle, M.D. Gregory Marchand, M.D.
May 18	Rajdeep Gaitonde, D.O. Voichita Ianas, M.D.
May 20	Chikwendu Nwosu, M.D.
May 21	Grayson Guzman, M.D.
May 22	Lee Yosowitz, M.D. James Cerneka, D.O. Dean Clement, D.P.M.
May 23	Charles Breed, M.D. Jamie Coffey, D.P.M. Oyoyo Onuoho, M.D.
May 24	Thomas Wall, M.D.
May 27	Ryk Linden, M.D. Michael Kralik, M.D.
May 28	Jess Price, D.P.M. R. Ryan Rawlings, D.O.
May 29	G. Andrew Sulit, M.D.
May 31	Steven Maxfield, M.D.

## NEW PHYSICIANS ON STAFF

Nathan Beget, M.D., Anesthesia  
Scott Marks, D.O., Pulmonary

