

medical staff news

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NEWS

Medicare Denial of Payment Practice is Here by Deena G. Hannen, RN, MSN, ACM, corporate administrative director, Care Management

Two years ago we warned the medical staff of CMS rules changes (CMS Transmittal 541) to deny physician professional fees when the hospitals bills were denied. Unfortunately, denial of physician fees has occurred. We were just made aware of a breast surgery performed at Swedish in August 2016 where the surgeon was denied payment by Medicare because patient class (inpatient vs. ambulatory) was wrong. The procedure was considered outpatient but an inpatient order was placed. [Continue reading.](#)

Consent Compliance: Where We Were, Where We Are, What's Next by Kat Porath, BSN, JD, CPHRM, senior risk manager, consent advisory committee chair

The consent process requirements at Swedish may have felt like a moving target over the past few years, but it's a challenge we're up to! Here's how we know - nine months following the April 2015 revisions to The Consent for Surgery or Other Invasive Procedural Treatment standard and consent form, a compliance audit was completed. Unfortunately, the findings demonstrated a 10 percent noncompliance rate (three missing consent forms out of 30 charts). [Continue reading.](#)

Five Tips to Securely Use Your Mobile Apps



We use mobile devices (tablets, smartphones and smartwatches) in both our professional and personal lives. Mobile applications help us to be more productive, to communicate and collaborate with others, to learn, or to just have fun.

Just like protecting your data and applications on your computer, it is critical to guard against cyber-infections on mobile apps. [Continue reading.](#)

Pharmacy & Therapeutics Committee

The P&T Consensus newsletter details the committee's decision and timely implementation of endorsed, system-wide therapeutic initiatives to promote appropriate, and safe and effective prescribing practices. The [March issue](#) includes revisions to the Infliximab Infusion policy, a report of a proposal to standardize IV admixture concentrations, and a summary of the committee's overall performance in 2016. Visit [Pharmacy & Therapeutics Committee](#) at Swedish Online for more information.

Transfusion News You Can Use

Read the March edition of the [transfusion newsletter](#) online.

Swedish Scientific Showcase

In addition to their clinical excellence, Swedish medical professionals conduct groundbreaking research and publish in key scientific journals. Let us give your hard work the recognition and respect it deserves. When your papers are accepted for conference presentation and/or publication, send the citation to accolades@swedish.org. Swedish Research Division will then highlight your publications in the monthly board report and other venues including our webpage and annual report.

Welcome New Medical Staff Members

Welcome [practitioners who joined the Swedish medical staff in March](#).

LEADER NOTES

FBC Chief of Staff Janice Connolly, M.D., on Communication

Last month we pre-empted my introductory video message for 2017 to address the timely issue of Culture of Safety. This month I'm bringing [my initial video message](#) to you which covers my themes for the year ahead. I welcome your feedback. Please contact me at Janice.Connolly@swedish.org.

KUDOS

<p><i>Medical staff members may submit news about awards, recognitions, published articles, media reports, and other professional achievements for consideration in "Kudos" by emailing Medical Staff News.</i></p>

POLICYWONK

New/Updated Standards

[Click here](#) for a summary of Clinical Standards recently adopted or amended and links to each Standard. Standards are published as soon as possible after final adoption. All Swedish Standards are accessible at <http://standards.swedish.org> or by going to the Swedish intranet page and clicking on "Standards."

EPIC HINT

Order Changes for Telemetry Monitoring by Sarah Welch, senior clinical informatics nurse, and Jeff Wolff-Gee, M.D., CMIO

Beginning April 25, an order indication will be required for [telemetry monitoring](#). Based on the ordering indication, the telemetry monitoring order will expire after the evidence-based duration is complete. The Tele Order will show "expired" in the patient's orders, and on your patient list, when you add the Tele Order Expires patient list column. To reduce calls from nursing staff regarding expiring orders, please review the expiration time of your telemetry monitoring orders daily, and reorder if necessary. [Click here for more information about these changes](#).

PHYSICIANS-IN-TRAINING

Incoming Accredited Residents

Swedish matched with top applicants in all its ACGME-, CPME-, and CODA-accredited residency training programs! We [welcome these new residents](#) who will be joining Swedish for the 2017-18 academic year.

PHILANTHROPY

Join the Ivy Brain Tumor Center and Research Team May 7 for the *Seattle Brain Cancer Walk*



Register now for the 10th Annual [Seattle Brain Cancer Walk](#) on Sunday, May 7 at Seattle Center benefitting [The Ben and Catherine Ivy Center for Advanced Brain Tumor Treatment](#). Founded in 2008 by a group of committed volunteers and families, the *Seattle Brain Cancer Walk* has raised more than \$4.6 million for brain cancer research and clinical trials. Celebrate and support those affected by brain cancer by joining the [Ivy Brain Tumor Center and Research Team](#). If you are unable to attend, you can still show your support by registering as a Virtual Walker. *(To open the links, please use Chrome or Firefox.)*

CME

Swedish Continuing Medical Education Opportunities

Swedish offers a variety of accredited CME events, including full-day conferences, online courses and regularly scheduled series. Check out these upcoming events and visit www.swedish.org/cme for a complete list:

- | | |
|-------------|--|
| April 7 | LGBTQ Health 101 |
| April 28-29 | 3rd Annual Spring Hepatology Update |
| May 11-12 | 11th Annual Cerebrovascular Symposium – Interdisciplinary Care of the Stroke Patient |
| May 24 | 10th Annual Iris and Ted Wagner, M.D. Endowed Lectureship |



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At Your Service: The Physician Assistance Program

The Swedish Physician Assistance Program is a confidential, outside resource available to medical staff members and their families at no cost to support members in addressing:

- Family or marital concerns
- Substance abuse
- Work-life balance issues or other problems
- Grief and loss
- Home ownership consultation
- Emotional or behavior issues
- Compulsive behaviors
- Caregiver burnout
- Management coaching

The program is always confidential and available 24 hours a day, seven days a week at 800-777-1323. Benefits also include free legal services, childcare and eldercare referrals, identity theft/fraud services and debt management assistance.

Check out the [online tools and resources](#). Enter your username, swedish, in order to access the library of work/life tools, trainings, and webinars available to you.

And So Forth...

Medicare Payment Denials

Utilization review asked for an ambulatory order but there was no new order placed by the surgical team. The hospital had to write off most of the bill last fall and now the surgeon has been denied payment. In cases like this there is no ability to appeal.

How can you decrease your chance for this happening to you?

1. Please assure all surgeries that are on the Medicare inpatient-only list have an admit to inpatient order.
2. If you receive an email, page, sticky note, or call from our utilization review nurses around patient status please respond. We realize this is an interruption to your busy day but a short amount of your time can mean the difference between being paid for the procedure versus doing it for free. CMS requires a provider involved in the patient's care to change orders. Our utilization review nurses cannot legally change orders without your involvement.
3. If you have questions about what status a patient should be in (inpatient vs. ambulatory vs. observation) please call 206-320-2770.
4. Please accurately document the condition of the patient, any comorbidities and chronic conditions which allows claims to be correctly coded, billed and paid for the provider and hospital.

Consent Compliance

A deeper dive with a larger random audit was subsequently conducted providing much needed additional information.

The first item of business following the initial 2016 audit findings was verification by HIM that the three consent forms were indeed not in the chart. Next, a random audit of 279 surgery charts was conducted, selecting an appropriate number from every campus. A random group of 60 heart & vascular charts, 20 each from Issaquah, Edmonds, and Cherry Hill were selected for a closer look as part of this audit due to the fact that two of the three missing consents were from the heart and vascular service line. Our findings were reassuring for the most part. Of the 279 charts audited, only five were missing surgical consent forms.

Data from these two audits demonstrated the need for improved consistency in use of the informed consent policy and procedure. Corrective actions and changes made include consent form simplification, streamlining of the Informed Consent for Surgery and Other Invasive Procedure standard, education and monitoring. Analysis of compliance *following* corrective actions in November 2016 demonstrate that the actions taken to improve the consent process were very effective.

Dramatic improvement has been made in compliance with our consent policy and procedure! (See "Most Current State: November 2016" table below.) In order to ensure ongoing success, we will continue to audit using the same measures with some additions.

Additional changes to watch for involve how we need to address consenting of patients when providers will be conducting overlapping surgeries and may not be present for or performing all aspects of the procedure. Although this is not a new occurrence the practice is recently under scrutiny by accrediting bodies as well as the federal government. Watch for updates in the near future.

Most Current State: November 2016

Rationale: Compliance Follow-up

Method: Random chart audit. Emergency procedures excluded.

Findings:

Campus/Service November 2016	Charts audited	Result
Ballard Surgery	13	100% present
First Hill Surgery	18	100% present
FH H&V	6	100% present
Cherry Hill Surgery	7	100% present
Cherry Hill H&V	34	100% present
Issaquah Surgery	19	100% present
Issaquah H&V		
Edmonds Surgery		
Edmonds H&V	7	1 missing consent (chart says signed informed consent was obtained). 86%
Total	104	99% (only one missing consent)

Results: 99% compliance rate system-wide. No charts reviewed for Issaquah H&V or Edmonds Surgery

Follow-up: Continue monitoring

Information Security Tips

Here are a few points to keep in mind to protect your mobile device:

- **Download apps from a safe source** – Purchasing and installing apps through trusted Google Play or the Apple App Store reduces your chances of installing an infected app.
- **Review privacy permissions and geo-location services** – Make sure your app is safely configured to protect your privacy. Review its settings for what data it can access or if it is using geo-location (GPS) unnecessarily.
- **Lock your device** – Password protect your mobile device and enable auto-lock when it's sitting idle. This is also a helpful hint for your work computer.
- **Wipe your device before disposing of it** – Wipe the data off your mobile device before getting rid of it, enable a remote wipe feature to be able to erase its data if the device is lost or stolen.
- **Keep your apps updated** – Just like your computer, mobile apps must be updated and kept current. This ensures they are protected against current threats. The more often you check for and install updates from the publisher, the better.

Please contact your local service desk if you think your workplace email or phone has been compromised. Access security awareness articles and resources at [Information Security](#). Email InformationSecurity@providence.org if you have questions.