Patient Safety: Cursive Prescriptions Not Acceptable

In 2006, a Washington law (RCW 69.41.010 (13)) took effect to reduce the number or errors caused by illegible prescription. We’re not in compliance currently and need to make changes. The law states that:

(13) “Legible prescription” means a prescription or medication order issued by a practitioner that is capable of being read and understood by the pharmacist filling the prescription or the nurse or other practitioner implementing the medication order. A prescription must be hand printed, typewritten, or electronically generated.”

The requirements for legibility apply to all orders for drugs, IV solutions, blood, medical treatments and nutrition (WAC 246-320-131); essentially this applies to all orders.

On August 22nd, 2001 we received a report from the Department of Health indicating we were not in compliance with our own policy, which echoes the 2006 law, because multiple instances of cursive handwriting were found in patient charts.

We need to immediately comply with the law. Any practitioner initiating or documenting a verbal order received from an authorized prescriber must conform to the legal definition of legibility. All prescriptions must be either hand printed, typewritten, or electronically generated in the Hospital departments where an EMR is in place. Any prescription issued in cursive writing will no longer meet the definition of a legal and legible prescription and cannot be acted on.

Patient safety, including legible prescriptions, has always been our goal here at Swedish Edmonds. To assist in meeting legal definition of legibility there are a variety of pre-typed order forms available for your use, many of these include orders that are currently being handwritten. Additional pre-printed order forms may be created for frequently used orders as available resources permit.

The need for handwritten orders will be eliminated when EPIC and computerized physician order entry are implemented; until that time all practitioners have a responsibility to legibly convey their orders to the other members of our healthcare team.
New Requirements for History and Physical Documentation

The History and Physical (H&P) is the cornerstone of the patient’s medical record, forming the basis of treatment and communication. The timely presence of the H&P expedites safe care.

In our recent survey from the Joint Commission, we were cited for deficiencies in H&Ps. To correct this and to prevent future issues, here is a review of all the requirements.

A complete History and Physical must contain the following elements:

- Chief complaint or reason for admission
- Clinically relevant history including history of present illness, past history, medications, allergies, family history, social history and habits, review of systems
- Clinically relevant physical exam
- State of conclusions/impressions/provisional diagnosis
- Treatment plan or goals

When the H&P is part of a medical hospitalization, it must be present in the record within 24 hours of admission (or 12 hours for ICU/PCU admissions).

For a patient receiving surgery or a procedure requiring anesthesia services, including moderate sedation, the H&P must be:

- Completed within 30 days of admission.
- Updated and documented within 24 hours after admission or registration and prior to the procedure.
- The update must contain the following wording:

  Update to H&P: History reviewed and patient examined. Findings: “No change to the patient’s condition” or “With the following changes:…….”

The pre-op H&P template for dictated reports has been updated to reflect this wording and the H&P Update stamps are being revised.

New Lab Technology Speeds Results, Lowers Costs

Improved workflow, lower costs and additional lab testing done in-house, are a just a few of the benefits of new technology being used by Swedish Laboratory Services at Swedish/Edmonds.

The department is now using a Cepheid Infinity Molecular Analyzer. According to the lab equipment’s manufacturer, this technology makes “on-demand molecular testing available to everyone—with unprecedented speed and ease-of-use.”

“We’re now able to do as many as 48 lab tests simultaneously,” says John Boblett, director of Swedish Laboratory Services. “Plus, wait times for many lab results have been greatly reduced.”

John says some lab tests that used to require 72 hours to receive results are now done in as little as 2 hours or less. Among the tests now done in-house with faster results—tests for MRSA and C. diff.

“When you’re able to produce accurate, laboratory test results faster, you’re going to decrease length of stay in the hospital, lower costs and ultimately improve patient care and satisfaction,” says John.

The Cepheid Molecular Analyzer was part of a capital improvements purchase for the hospital made several months ago. Swedish Laboratory Services went live with the new technology on Sept. 2. The initial launch began with three new lab tests and new test codes that physicians and hospital staff should be aware of.

New lab codes to use are:

- Clostridium difficile (C. diff) Toxin PCR (Polymerase Chain Reaction) = CDTXP
- MRSA (Methicillin-resistant Staphylococcus aureus) Screen Nasal PCR = MRSAN
- MRSA and MSSA (Methicillin-sensitive Staphylococcus aureus) Nasal PCR = MRSAC

If you have questions related to the new lab tests or the use of the new test codes, please call the laboratory’s microbiology section at 425-640-4129.
ED Implements Oxycodone-Free Policy

The emergency department (ED) is the largest ambulatory source for prescription painkiller medications. According to the National Center for Health Statistics, 39 percent of all opioid analgesics prescribed, administered or continued, come from EDs.

“There have been a lot of powerful narcotics being prescribed such as oxycodone from the ER,” says Bryan Chow, M.D., Swedish/Edmonds ED. “We need to limit the strength of the narcotics we’re prescribing and take responsibility as physicians to make sure these types of narcotics aren’t getting out onto the streets and used inappropriately.”

In Washington state, from 1995 to 2009, there was a 17-fold increase in unintentional poisoning deaths and a seven-fold increase in poisoning hospitalizations involving prescription painkillers.

To help reduce the inappropriate use of prescription painkillers, while preserving the vital role of the ED to treat patients with emergent medical conditions, new guidelines are now in place at Swedish/Edmonds ED. These guidelines were developed by the Washington State Department of Health and are supported by Swedish.

Washington Emergency Department Opioid Prescribing Guidelines

- One medical provider should provide all opioids to treat a patient’s chronic pain. ED physicians at Swedish/Edmonds will prescribe Schedule I opioids such as Vicodin, but Schedule II opioids or above such as oxycodone will need to be prescribed by a primary care physician or pain specialist.
- The administration of intravenous and intramuscular opioids in the ED for the relief of acute exacerbations of chronic pain is discouraged.
- Emergency medical providers should not provide replacement prescriptions for controlled substances that were lost, destroyed or stolen.
- Emergency medical providers should not provide replacement doses of methadone for patients in a methadone treatment program.
- Long-acting or controlled-release opioids (such as OxyContin, fentanyl patches and methadone) should not be prescribed from the ED.
- EDs are encouraged to share the ED visit history of patients with other emergency physicians who are treating the patient using an Emergency Department Information Exchange (EDIE) system.
- Physicians should send patient pain agreements to local EDs and work to include a plan for pain treatment in the ED.
- Prescriptions for controlled substances should not be renewed.

Please See New ED Policy on Page 6

CPDI Report: July

<table>
<thead>
<tr>
<th>Concurrent / Retrospective</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Reviews:</td>
<td>347/565</td>
</tr>
<tr>
<td>Total Queries:</td>
<td>40/9</td>
</tr>
<tr>
<td>Response Rate:</td>
<td>100%/83%</td>
</tr>
<tr>
<td>Physician Agree Rate:</td>
<td>95%/67%</td>
</tr>
</tbody>
</table>

July’s Top 5 Queries:
1. Congestive Heart Failure
2. Decubitus Ulcers
3. Surgical Debridement
4. Document Clarification
5. Sepsis

Most Effective Query: Sepsis

Impact of most effective query:
Revenue: $11,207
Case mix: 0.00014

Thank you to the medical and surgical staff for taking the time to respond to these queries. Please contact Melanie Westerinen, CPDI Program Supervisor, at 425.640.4378 with any questions.
In case you missed the headline from the August 27, Seattle Times—*
New pain-management rules leave patients hurting*—the pain management regulations that the news story is referencing will be the topic of the September 21 Grand Rounds presentation that will be held from 12:30 p.m. – 2 p.m in Auditorium B at Swedish/Edmonds. Featured speakers are Mimi Pattison, M.D., chair of the Medical Quality Assurance Commission which adopted the pain management rules, Mike Shiesser, M.D., who has lectured extensively on chronic pain management, and our local pain management expert Adam Balkany, M.D.

This timely session will provide an overview of the controversial regulations, how they impact medical practices, and some practical tips about how to comply.

If you haven’t already registered, contact Jennifer Sanchez at jennifer.sanchez@swedish.org or at 425-640-4645. Also, be sure to read about new pain management guidelines adopted by the Swedish/Edmonds Emergency Department in this issue of Vital Signs.

**Create a CME Profile**

Members of the Swedish/Edmonds medical staff can take advantage of CME activities that take place on other Swedish campuses. You can be notified of these events by email and even manage the CME emails you receive by going to www.swedish.org/CMEProfile. You can create a profile and register online for CME conferences. When creating a profile you can choose to receive emails for all CME activities, just CME activities related to your specialty, and/or a monthly calendar of CME events. If you have questions or problems in creating a profile, contact cme@swedish.org or 206-386-2755.

**CME at Other Swedish Campuses**

Here’s what’s coming up at other Swedish campuses:

- September 30 – 15th Annual Pain Management Symposium: Taming the Pain
- October 7 – Orthopedics Symposium for the Primary Care Physician
- October 14 – Interventional Cardiology Update
- October 21 – 9th Annual PsychoOncology Symposium
- October 28 – 9th Annual West Coast Colorectal Cancer Symposium
- November 4 – 3rd Annual Anticoagulation Symposium
- November 11 – Diabetes Management Update
- November 18 – 25, Annual Roland D. Pinkham Basic Science Lectureship

For more information, including a complete agenda and list of speakers, as well as registration information, go to http://www.swedish.org/For-Health-Professionals/CME/Conferences.

Swedish First Hill also offers a Grand Round Series on the second, third and fourth Thursday of each month from 7:30 – 8:30 a.m. Some upcoming topics include:

- October 20 – What’s New in Surgical Management of Breast Cancer
- November 17 – Infectious Disease
- December 15 – OB Update.

These activities take place at Glaser Auditorium on the First Hill campus and can be attended by videoconference at other Swedish campuses if there is sufficient interest. Send me an email (john.arveson@swedish.org) if you are interested in establishing a videoconference here at Swedish/Edmonds.

Past Grand Rounds presentations are archived and available at http://www.swedish.org/gronlinemodules.
Congratulations…
These individuals were mentioned by name in the June Press Ganey Patient Satisfaction Surveys and complimented for their great work.

Alwyn Rodrigues, M.D.
CEP America at Swedish Edmonds

Anita Chopra, M.D.
Swedish Internal Medicine at Edmonds

Bryan Chow, M.D.
CEP America at Swedish Edmonds

Carol Cornejo, M.D.
Surgical Associates of Edmonds

Catherine Rogers, M.D.
Sound Women’s Care

Daniel Timmons, M.D.
Sound Women’s Care

David Cohn, M.D.
Radia Medical Imaging

David Fuhrmann, M.D.
Birth & Family Clinic

Debora Sciscoe, M.D.
Sound Women’s Care

DJ Wardle, DPM
Stevens Foot and Ankle Clinic

Gary Dines, M.D.
Puget Sound Gastroenterology

Irina Zigelboym, D.O.
Hospitalist Program

James Pautz, M.D.
Swedish Heart & Vascular, Edmonds

Jennifer Peterson, M.D.
Edmonds Family Medicine

Joe Skariah, D.O.
Birth & Family Clinic

Keith Luther, M.D.
Swedish Internal Medicine at Edmonds

Kimberly Dickey, D.O.
Sound Women’s Care

Linda Strong, M.D.
Swedish Internal Medicine at Edmonds

MacArthur Noyes, M.D.
CEP America at Swedish Edmonds

Marc Burdick, D.O.
CEP America at Swedish Edmonds

Maurene Cronyn, M.D.
Birth & Family Clinic

Randolph Bourne, M.D.
Sound Women’s Care

Robert Gould, M.D.
Hospitalist Program

Robert Landerholm, M.D.
Puget Sound Surgical Center

Shawn Rogers, M.D.
Puget Sound Otolaryngology

Sheila Smith, M.D.
Swedish Neuroscience Specialists

Steven MacFarlane, M.D.
Surgical Associates of Edmonds

Have a Heart: Join a Swedish/Edmonds Heart Walk Team

The America Heart Association’s (AHA) Heart Walk 2011-2012, Puget Sound is just around the corner. The 3-mile walk takes place on Saturday, Oct. 15 at Seattle Center. It kicks off with a festival at 7:30 a.m. with the walk getting underway at 9 a.m. Registration is free.

Your participation in the Heart Walk matters. Swedish has a fundraising goal of $110,000. Donations impact the amount of cardiovascular research conducted locally. Last year the AHA funded more than $7 million in research grants in Washington state.

If you’d like to sign up to form a Heart Walk team, join an existing Swedish/Edmonds team and/or make a donation, please look for the Heart Walk announcement on the Swedish/Edmonds intranet. The intranet posting includes a direct internet link to all Swedish Heart Walk teams.
New Hospitalist Welcomed to Team

Swedish/Edmonds is welcoming a new hospitalist to the medical staff – Angelina Zappia, M.D.

As a hospitalist, Dr. Zappia often diagnoses and treats some of the most acute, complex medical cases at Swedish/Edmonds, and cares for a patient through his or her entire hospital stay.

“I think it’s important to listen to patient concerns,” says Dr. Zappia. “I enjoy being able to help guide patients and families through a difficult time in their life and ease any anxiety they’re feeling.”

Dr. Zappia is board certified in internal medicine. She received her medical degree from Columbia College of Physicians and Surgeons in New York and completed her residency in internal medicine at the University of Washington.

Last year, Dr. Zappia volunteered with two medical missions to the Philippines. The missions provided free medical services, medications, reading glasses and donated goods to underserved communities. During one of the missions, Dr. Zappia was part of a team of physicians, nurses, dentists and other volunteers that cared for nearly 4,000 patients over five days.

“It’s rewarding to be able to save someone’s life who otherwise wouldn’t have access to the medical care they need,” says Dr. Zappia. “It brings you back to why you became a doctor.”

Dr. Zappia is excited to be a part of the Swedish team and looks forward to working with the medical and hospital staffs.

Outside of medicine, she enjoys snow skiing, cooking and traveling.

New ED Policy (continued from page 3)

• Substances from the ED should state the patient is required to provide a government-issued picture identification (ID) to the pharmacy filling the prescription.

• EDs are encouraged to photograph patients who present for pain related complaints without a government issued photo ID.

• EDs should coordinate the care of patients who frequently visit the ED using an ED care coordination program.

• EDs should maintain a list of clinics that provide primary care for patients of all payer types.

• EDs should perform screening, brief interventions and treatment referrals for patients with suspected prescription opiate abuse problems.

• The administration of Demerol® (Meperidine) in the ED is discouraged.

• For exacerbations of chronic pain, the emergency medical provider should contact the patient’s primary opioid prescriber or pharmacy. The emergency medical provider should only prescribe enough pills to last until the office of the patient’s primary opioid prescriber opens.

• Prescriptions for opioid pain medication from the ED for acute injuries, such as fractured bones, in most cases should not exceed 30 pills.

• ED patients should be screened for substance abuse prior to prescribing opioid medication for acute pain.

• The emergency physician is required by law to evaluate an ED patient who reports pain. The law allows the emergency physician to use their clinical judgment when treating pain and does not require the use of opioids.

For more detailed information on opioid prescribing guidelines, go to www.responsibleopioidprescribing.org If you have questions regarding Swedish/Edmonds ED guidelines, please contact Bryan Chow, M.D., bryan.chow@swedish.org or Michelle Gill, M.D., medical director, Swedish/Edmonds ED, michelle.gill@swedish.org.
For centuries, the medical specialty of wound healing has been practiced. "Wound care is the oldest medical specialty," says Nilufer Norsworthy, M.D., internist and a new, full-time physician at Swedish/Edmonds Center for Wound Healing & Hyperbarics. "Although traditional wound care methods are commonly used, new methods and products enable us to make a difference in healing wounds. And as we continue learning more about the pathophysiology of chronic wounds, we improve wound management and are able to help patients who have suffered for long time previously."

Dr. Norsworthy is excited to be a part of the Swedish/Edmonds wound healing team. She is eager to talk to community members and medical staff about the evidence-based use of hyperbaric oxygen therapy.

"In many cases, hyperbaric oxygen therapy avoids amputations and improves quality of life during many difficult situations," says Dr. Norsworthy.

Hyperbaric oxygen therapy delivers oxygen to tissues where it is deprived helping chronic wounds to heal. It's noninvasive and is most of the time, a quite comfortable therapy for patients. The Center for Wound Healing & Hyperbarics at Swedish/Edmonds has two hyperbaric chambers.

"With the advancements in wound care and by using hyperbaric oxygen therapy, we can avoid amputations that would have been inevitable with traditional modalities," Dr. Norsworthy says. "According to statistics more than 60 percent of patients who have had an amputation, die within the next five years.

Dr. Norsworthy has more than a decade of experience specializing in wound care. She is board-certified by the American Board of Internal Medicine and is accepting new patients. To schedule an appointment, please call 425-673-3380. Patients are welcome to self refer.
WELCOME New Swedish/Edmonds Medical Staff – August

Name | Group | Specialty
--- | --- | ---
Aric Christal, M.D. | Edmonds Orthopedic Center | Orthopedics
Jennifer C. Daly, M.D. | Radia Inc. | Radiology
Nazanin Jafarian, M.D. | Mind Your Body Clinic, PLLC | Pain Management
Win Kyaw, M.D. | Seattle Nephrology | Nephrology
Raman S. Menon, M.D. | Swedish Colon Rectal Clinic | Colon Rectal Surgery
Marco A. Salazar, M.D. | Sound Urological Associates | Urology
Christopher W. Steen, D.D.S., M.D. | Brian C. Rubens, DDS | Maxillofacial Surgery
Audrey B. Tran, M.D. | Radiation Oncology Group | Radiation Oncology
Bill P. Vanasupa, D.O. | Urology Northwest | Urology
Angela M. Zappia, M.D. | Hospitalist Program | Hospitalist

To Admit a Patient to Swedish/Edmonds, Call 425.640.4444