



# Physician Connection

June 2009

## Signature Requirements for all Bronson Outpatient and Inpatient Orders

Effective immediately, Bronson is requesting each ordering provider to include his/her signature on all outpatient and inpatient orders, along with the reason or clinical indications for the test. **Effective January 1, 2010, provider signature will be a requirement.** Stamped signatures are not acceptable. However, in some situations, electronic signatures via physician office EMRs are acceptable.

The reason we're implementing this policy is to meet requirements set forth by the Centers for Medicare & Medicaid Services (CMS). Last year CMS indicated that a provider must clearly document in their office medical record his/her intent that a diagnostic test (i.e. CT, MRI, X-ray, etc), laboratory test, cardiovascular services and/or other clinical tests be performed. For detailed information regarding this documentation visit "Inside Bronson" ([www.inside.bronsonhg.org](http://www.inside.bronsonhg.org)) and go to the "Physicians Tab."

An order without a signature could

## Stress Ulcer Prophylaxis

Patients with medical conditions requiring treatment in a critical care unit sometimes develop gastroduodenal lesions, formerly called stress ulcers, and now referred to as stress related mucosal disease (SRMD).

SRMD prophylaxis should be considered (not required) only for patients in the ICU who have the following conditions:

- Coagulopathy
- Require mechanical ventilation for at least 48 hours
- Have a history of stomach ulceration or bleeding in the past year
- Have two or more of the following risk factors: sepsis, ICU stay of more than seven days, occult bleeding for six days, use of more than 25 mg of hydrocortisone

Prophylaxis should be discontinued as soon as the patient begins an oral diet or is transferred from the ICU. Prophylaxis is not a recommended standing order on any patient and should be discontinued as soon as possible.

require CMS to request the provider's documentation for review of medical necessity. Other health plans and networks may follow this same protocol. These requests for additional documentation would create an unfair burden to all parties involved.

Help us achieve our 100% compliance goal by January 1, 2010 today by **signing your outpatient and inpatient orders, along with the reason or clinical indications for the test.** This will help to ensure processing of our claims without further review by CMS or any other health plans/networks for medical necessity.

Bronson is committed to providing the highest level of customer service and quality of care to their patients. As healthcare providers, we understand the administrative time it takes to adhere to these payer requirements and appreciate your efforts and patience. If you have questions, please contact Linda Inman, Compliance Manager at (269) 341-8904.

## Case Reports Published

**Paul Blostein, MD** (Bronson Trauma & Emergency Surgery), **Eric Feucht, MD** (Bronson Adult Critical Care), **Jeffrey Fletcher, MD** (Bronson Neurological Services) and **Karen Bergman, RN** (Bronson Neuroscience Coordinator) authored case reports that were recently published in medical journals.

**Fletcher JJ, Bergman K, Feucht EC, Blostein P.** Continuous Renal Replacement Therapy for Refractory Intracranial Hypertension. *Neurocritical Care*. 2009 March 7.

**Farooq MU, Abbed KM, Fletcher JJ.** Decompressive Hemicraniectomy in a 19-month-old Female After Malignant Cerebral Infarction. *Pediatric Neurosurgery*. 2009; 45(2), 146-150.

To view abstracts of these published articles, visit [bronsonhealth.com/research](http://bronsonhealth.com/research) and click on Research Publications; or visit the Physicians tab on the intranet and click on Bronson Published Research link in the Physician Publications section.

## Bronson Welcomes New Physicians

### Gregory S. Wiggins, MD

Bronson Neurosurgery  
Board Certified in Neurological Surgery  
*Special Interests:* Complex spine/



Gregory Wiggins, MD

deformity, peripheral nerve, minimally invasive brain and spine surgeries, and intracranial endoscopy.  
*Fellowships:* Orthopedic and Neurosurgical Spine – University of Washington; Peripheral Nerve Surgery – Louisiana State University

*Residency:* Neurosurgery – Henry Ford Hospital and Children's Hospital of Michigan  
*Internship:* General Surgery – Henry Ford Hospital. *Degrees:* MD – Indiana University School of Medicine; BA - DePauw University  
*Practice /Contact:* Bronson Neurosurgery, 341-7500

### Marti Peters, MD



Marti Peters, MD

Bronson Family Medicine Downtown  
Board Certified in Family Medicine  
*Residency:* Family Medicine – Oakwood Annapolis Hospital  
*Degrees:* MD – Wayne State University School

of Medicine; BA – Central College  
*Practice/Contact:* Bronson Family Medicine Downtown, 341-8282

## Mark Your Calendar

**Quarterly Medical Staff Meeting**  
Wednesday, September 2, 2009

This meeting will be held in the Gilmore Center Forum Rooms from 0700 to 0800. A full breakfast will be served. TB tests, flu vaccinations and continuing education credits will be available where applicable. Presentation subject pending.

## DVT Prophylaxis

According to the recent American College of Clinical Pharmacy (ACCP) guidelines, patients initially diagnosed with deep vein thrombosis (DVT) or pulmonary embolism (PE) should receive therapeutic doses of heparin, low molecular-weight heparin (LMWH) or fondaparinux for at least five days and until the INR is greater than or equal to 2.0 for 24 hours. Warfarin should also be started and titrated to an INR of 2-3.

### New Recommendations

- Three months of therapy is usually enough for a distal DVT or if it's due to a reversible cause (Grade 1A).
- Long-term treatment is recommended for unprovoked clots not attributed to reversible risk factors and low risk factors for bleeding.
- Long-term therapy is recommended for proximal DVT (Grade 1A), any second DVT/PE (Grade 1A), or DVT/PE associated with cancer (Grade 1C).
- Patients with cancer should be treated initially with three to six months of LMWH (Grade 1A) prior to changing to long-term therapy with LMWH or warfarin (INR 2-3).
- For patients with an unprovoked DVT who desire less frequent monitoring, the guidelines indicate that after three months of conventional therapy (INR 2-3), low-intensity warfarin therapy (INR 1.5-1.9) with less frequent monitoring can be accomplished. Low intensity therapy offers some protection but conventional therapy is more effective in preventing clots.

Questions? Please call the Bronson Anticoagulation Clinic at (269) 341-7909.

*Physician Connection is published monthly by Bronson Healthcare Group. If you have a topic you would like addressed in this publication, or would like to submit news about a Bronson medical staff member or his or her practice, please e-mail [gowenj@bronsonhg.org](mailto:gowenj@bronsonhg.org) or call Jodi Gowen at (269) 341-8603 or send your request to Practice Administration, Box 58, 601 John Street, Kalamazoo, Michigan 49007.*

## Clinical Access Coordinators Consult with Admitting Physicians 24/7

Starting June 1, physicians will have access to Bronson registered nurse case managers at the point of admission in the Emergency Department to consult and collaborate regarding inpatient or observation status. These clinical access coordinators will be available 24 hours a day/seven days a week as part of a three-month pilot program to ensure the right patient receives the right care in the right setting and the right charges are billed. Please direct questions to Laura Davenport, Manager, 341-6610.

## Discharge Tool v2.3 Pilot

Select hospitalists will pilot the next version of the discharge tool on the Adult Medical Unit. The expansion of the application has received multidisciplinary input throughout development and will include medications, appointments, therapies and other discharge instructions. This two-week pilot will enable the team to assess what next steps to take to improve the quality of discharge instructions we provide to our patients.

## Ordering an Echo? Be Sure to Specify Who Should Read it

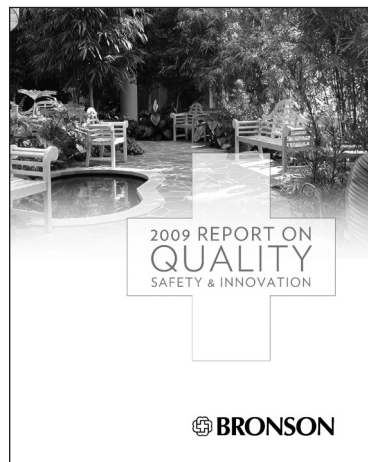
A recent change to the order entry system makes it more important than ever for providers to specify who should read the echocardiograms they order. You can indicate either the individual cardiologist or the practice. Echo orders cannot be processed without this information.

For more information please contact Cheryl Ferree, Cardiovascular Services Unit Coordinator, at (269) 341-7082 or [ferreec@bronsonhg.org](mailto:ferreec@bronsonhg.org).

## Magnet Site Visit

Bronson Methodist Hospital will have a Magnet site visit June 29 through July 1. Three reviewers will be on site to talk with staff, physicians and the community about their experiences with nursing and patient care excellence at Bronson. Physician surveys indicate a high level of satisfaction with nursing at Bronson and we hope the on-site review will find the same.

## New Quality Report Available



Bronson's 2009 Report on Quality, Safety & Innovation is now available online at [bronsonhealth.com](http://bronsonhealth.com) or by contacting Corporate Communications at 341-6328 for printed copies. The new report provides many examples of how Bronson is implementing the Institute of Medicine's six aims to ensure the care we provide is safe, timely, effective, efficient, equitable, patient and family centered (STEEEP). These aims are also known as our patients' Requirements for Excellence and are part of Bronson's Plan for Excellence.