Dedicated to the diagnosis and comprehensive care of medical oncologist, radiation oncologist, surgical oncologist and cancer. The specialists providing care in this clinic include a medical oncologist, radiation oncologist, oncologic surgeon, oncology nurse navigator, high risk oncology genetic ARNP and other specialists. The patient’s treatment plan is evaluated together as a team to ensure quality care.

**BENEFIT TO PATIENTS**

- See all their oncology physicians during one single visit
- Specially designed rooms for examination and consultation
- Shorter time between diagnosis and treatment
- Faster treatment

**Lung Clinic**: This clinic is for newly diagnosed early stage lung cancer. The specialists providing care in this clinic include a medical oncologist, radiation oncologist, surgical oncologist and a pulmonologist.

**Breast Clinic**: During Breast Clinic, surgical, medical and radiation oncologists will meet with a newly diagnosed breast cancer patient. A specific treatment plan will be outlined with the patient at the end of the appointment.

**GI Clinic**: The GI Multidisciplinary Clinic is for new gastrointestinal cancer patients. This clinic brings together a surgical oncologist, medical oncologist and radiation oncologist. Collaboratively, these specialists provide the best comprehensive approach for management of the patient’s cancer.

**Thyroid Clinic**: Dedicated to the diagnosis and comprehensive care of thyroid cancer, thyroid nodules and other complex thyroid disorders. Our physicians specialize in surgical oncology, endocrinology, radiation oncology and medical oncology.

**Skin Clinic**: The Dermatology Skin Clinic provides comprehensive care for those that have suspicious skin lesions/moles. Concerns include a change in the color or size of the lesion, bleeding or large-sized lesions.

**BENEFIT TO REFERRING PROVIDERS**

- One phone number for scheduling any of the five Multidisciplinary Clinics (319) 221-8656
- Plan of care is determined by a team of experts
- Effective and efficient follow-up communication with the referring physician

**Lung Clinic**: This clinic is for newly diagnosed early stage lung cancer. The specialists providing care in this clinic include a medical oncologist, radiation oncologist, surgical oncologist and a pulmonologist.

**Breast Clinic**: During Breast Clinic, surgical, medical and radiation oncologists will meet with a newly diagnosed breast cancer patient. A specific treatment plan will be outlined with the patient at the end of the appointment.

**GI Clinic**: The GI Multidisciplinary Clinic is for new gastrointestinal cancer patients. This clinic brings together a surgical oncologist, medical oncologist and radiation oncologist. Collaboratively, these specialists provide the best comprehensive approach for management of the patient’s cancer.

**Thyroid Clinic**: Dedicated to the diagnosis and comprehensive care of thyroid cancer, thyroid nodules and other complex thyroid disorders. Our physicians specialize in surgical oncology, endocrinology, radiation oncology and medical oncology.

**Skin Clinic**: The Dermatology Skin Clinic provides comprehensive care for those that have suspicious skin lesions/moles. Concerns include a change in the color or size of the lesion, bleeding or large-sized lesions.

**BENEFIT TO REFERRING PROVIDERS**

- One phone number for scheduling any of the five Multidisciplinary Clinics (319) 221-8656
- Plan of care is determined by a team of experts
- Effective and efficient follow-up communication with the referring physician

**Skin Clinic**: The Dermatology Skin Clinic provides comprehensive care for those that have suspicious skin lesions/moles. Concerns include a change in the color or size of the lesion, bleeding or large-sized lesions.

**CLINICS ARE HELD ON THE FOLLOWING DAYS**

**LUNG CLINIC**: THURSDAYS AFTERNOONS
**BREAST CLINIC**: TUESDAY AFTERNOONS
**GI CLINIC**: TUESDAY MORNINGS
**THYROID CLINIC**: TUESDAY MORNINGS
**SKIN CLINIC**: FRIDAY MORNINGS

**HALL-PERRINE CANCER CENTER’S MULTIDISCIPLINARY CLINICS**

The goal of the Hall-Perrine Cancer Center’s Multidisciplinary Clinic is to move patients from diagnosis to treatment faster — that’s why our patients see all their doctors in one day, during one appointment. The team is tailored to each patient’s needs and may include a medical oncologist, radiation oncologist, oncologic surgeon, oncology nurse navigator, high risk oncology genetic ARNP and other specialists. The patient’s treatment plan is evaluated together as a team to ensure quality care.

**BENEFIT TO REFERRING PROVIDERS**

- One phone number for scheduling any of the five Multidisciplinary Clinics (319) 221-8656
- Plan of care is determined by a team of experts
- Effective and efficient follow-up communication with the referring physician

**Lung Clinic**: This clinic is for newly diagnosed early stage lung cancer. The specialists providing care in this clinic include a medical oncologist, radiation oncologist, surgical oncologist and a pulmonologist.

**Breast Clinic**: During Breast Clinic, surgical, medical and radiation oncologists will meet with a newly diagnosed breast cancer patient. A specific treatment plan will be outlined with the patient at the end of the appointment.

**GI Clinic**: The GI Multidisciplinary Clinic is for new gastrointestinal cancer patients. This clinic brings together a surgical oncologist, medical oncologist and radiation oncologist. Collaboratively, these specialists provide the best comprehensive approach for management of the patient’s cancer.

**Thyroid Clinic**: Dedicated to the diagnosis and comprehensive care of thyroid cancer, thyroid nodules and other complex thyroid disorders. Our physicians specialize in surgical oncology, endocrinology, radiation oncology and medical oncology.

**Skin Clinic**: The Dermatology Skin Clinic provides comprehensive care for those that have suspicious skin lesions/moles. Concerns include a change in the color or size of the lesion, bleeding or large-sized lesions.

**BENEFIT TO REFERRING PROVIDERS**

- One phone number for scheduling any of the five Multidisciplinary Clinics (319) 221-8656
- Plan of care is determined by a team of experts
- Effective and efficient follow-up communication with the referring physician

**Skin Clinic**: The Dermatology Skin Clinic provides comprehensive care for those that have suspicious skin lesions/moles. Concerns include a change in the color or size of the lesion, bleeding or large-sized lesions.

**CLINICS ARE HELD ON THE FOLLOWING DAYS**

**LUNG CLINIC**: THURSDAYS AFTERNOONS
**BREAST CLINIC**: TUESDAY AFTERNOONS
**GI CLINIC**: TUESDAY MORNINGS
**THYROID CLINIC**: TUESDAY MORNINGS
**SKIN CLINIC**: FRIDAY MORNINGS

**HALL-PERRINE CANCER CENTER’S MULTIDISCIPLINARY CLINICS**

The goal of the Hall-Perrine Cancer Center’s Multidisciplinary Clinic is to move patients from diagnosis to treatment faster — that’s why our patients see all their doctors in one day, during one appointment. The team is tailored to each patient’s needs and may include a medical oncologist, radiation oncologist, oncologic surgeon, oncology nurse navigator, high risk oncology genetic ARNP and other specialists. The patient’s treatment plan is evaluated together as a team to ensure quality care.

**BENEFIT TO REFERRING PROVIDERS**

- One phone number for scheduling any of the five Multidisciplinary Clinics (319) 221-8656
- Plan of care is determined by a team of experts
- Effective and efficient follow-up communication with the referring physician

**Skin Clinic**: The Dermatology Skin Clinic provides comprehensive care for those that have suspicious skin lesions/moles. Concerns include a change in the color or size of the lesion, bleeding or large-sized lesions.
Clinical Grand Rounds

INPATIENT GLYCEMERIC CONTROL OF DIABETIC PATIENTS

Thursday, December 3 | Noon to 1 p.m. | Hallagan Education Center

Purpose: According to the CDC, 29.1 million people (or 9.3% of the U.S. population) have diabetes. Glycemic control in hospitalized patients with diabetes is important for optimal clinical outcomes but can be very challenging. Join us for this clinical grand rounds presentation where our physician speakers will address this topic and discuss evidence-based changes coming to Mercy’s new insulin order sets.

Faculty: Samir Patel, MD, Associate Chief Hospitalist, Hospitalist Medicine Physicians of Linn County; Maria Doce, MD, Hospitalist, Hospitalist Medicine Physicians of Linn County

The learner will:

• Review current data regarding use of sliding scale in the inpatient setting.
• Review physiology of diabetes and insulin therapy.
• Discuss physiology behind carbohydrate counting and use of the post-meal time insulin therapy.
• Discuss changes coming to Mercy’s new insulin order sets.

*Nursing CEUs: 1.2 contact hours of nursing continuing education credit will be awarded for attending the entire program. Mercy Medical Center, Cedar Rapids, Iowa, is IBN Provider #87. Pre-registration is not required.

Other healthcare professionals: This offering may be eligible for 1.2 contact hours of continuing education credit. Consult your governing rules to determine if appropriate subject matter criteria will apply to credit hours.

ACCREDITATION
This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Iowa Medical Society (IMS) through the joint sponsorship of The Cedar Rapids Medical Education Foundation and Mercy Medical Center. The Cedar Rapids Medical Education Foundation is accredited by the IMS to provide continuing medical education for physicians. The Cedar Rapids Medical Education Foundation designates this educational activity for a maximum of 1 AMA PRA Category 1 Credit™. Physicians should only claim credit commensurate with their participation in the activity.

Dr. Patel and Dr. Doce have disclosed that they have no interest in commercial support.
The ICD-10 journey has just begun

Dear colleagues:

Well, it’s finally here. Starting October 1, 2015, physicians and hospitals in the United States transition to ICD-10-CM when reporting our patients’ diagnoses. Who would have thought the day would have ever come?

Why is it a big deal? The federal government, all 50 states, most payers, and many researchers use these patient-specific and provider-submitted ICD-10-CM codes to monitor disease trends, measure outcomes, and allocate resources. In other words, if we want to be properly profiled and paid, we must master this HIPAA-sanctioned transaction set that has been handed to us.

What is ICD-10-CM and how does it work?

First, let’s be perfectly clear and honest with ourselves—ICD-10-CM is not a classification meant for clinical care (such as SNOMED CT®); it’s for epidemiology and to pay us for the work we do. To quote Sue Bowman, MJ, RHIA, CCS, FAHIMA, senior director of coding policy and compliance for AHIMA, “ICD’s focus is statistical, whereas SNOMED CT is clinically based and focused on capturing the information needed for clinical care.” She further states, “The standard vocabulary afforded by SNOMED CT supports meaningful information exchange to meet clinical requirements. ICD-10-CM and ICD-10-PCS, with their classification structure and conventions and reporting rules, are useful for classifying healthcare data for administrative purposes, including reimbursement claims, health statistics, and other uses where data aggregation is advantageous.” Read her comments in the Journal of the AHIMA, available at http://tinyurl.com/moaawtuq.

Second, ICD-10-CM coding is not based on a clinical abstraction of patient characteristics using predefined criteria, like the Society of Thoracic Surgery (STS) does for cardiac surgery or the American College of Cardiology (ACC) does for its interventional databases. ICD-10 code assignment is based only on our clear, consistent, complete, precise, and clinically valid documentation of our patient’s conditions using the administrative language ICD-10 requires which, in essence, makes us the data abstracter.

Those who control ICD-10 will not publish what criteria defines codeable conditions, requiring physicians to make the call when documenting each encounter. For example, criteria for sepsis, severe sepsis, and many organ dysfunctions or failures are not universal, thus their diagnosis and documentation varies. Criteria for other diseases (e.g., acute kidney injury, stroke, shock, acute respiratory failure) may be different in clinical databases (e.g., STS, ACC) than those in expert consensus statements. Recovery audit contractors may use their own criteria to disallow ICD-10 codes based on physician documentation.

Third, ICD-10 terms are not always the same as our clinical terms, and coders are not allowed to assume or translate our clinical intent when assigning codes. For example, we know what urosepsis is but there is no code for it in ICD-10-CM. While ICD-9-CM allows documentation of “systemic inflammatory response syndrome due to infection” to mean “sepsis,” ICD-10 prohibits a coder from making the same leap. Heart failure with reduced or preserved ejection fraction cannot be coded as systolic or diastolic heart failure unless we use the older language of systolic and diastolic. Reactive airway disease codes to asthma, even if this is not our intent.
Finally, we must ensure that any submitted ICD-10-CM code is based on what’s documented in the medical record, not what’s on the superbill or billing software. We cannot use SNOMED CT diagnoses in our problem lists for billing purposes unless they’ve been adapted to ICD-10-CM, imported into each and every note, and shown to have directly affected patient care (monitoring, evaluation, addressing, treatment—MEAT) in that encounter. Now that physician cost-efficiency is measured using outpatient ICD-10-CM codes, we may be in the crosshairs of audit contractors if our documentation does not match the codes we submit.

Addressing the challenge

Given that ICD-10 is the law of the land, allow me to suggest that we assert our professionalism and address ICD-10 challenges in a positive constructive manner with our coding colleagues. In doing so, let us:

- **Engage our HIM departments.** AHIMA was a vocal advocate for the transition to ICD-10. Ask the association what its role will be in ensuring our success without adding unnecessary burden to our mutual workflows.

- **Watch your denials.** After October 1, 2015, billers should be on the lookout for ICD-10-related denials and resolve them quickly so cash flow is not impeded.

- **Master disease definitions.** ICD-10 introduces new terms that we may not be familiar with, such as permanent, persistent, or paroxysmal atrial fibrillation; mild, moderate, or severe persistent asthma; initial and subsequent myocardial infarction; and Guistilo-Anderson classification of open fractures. Your practice or hospital may have these definitions collated in a central source. One from CDIMD is available at [www.cdimd.com/resources](http://www.cdimd.com/resources).

- **Diagnose and document completely.** When describing our patient’s conditions, please completely document all diseases using the acronym MUSIC (Manifestations, Underlying causes, Severity or specificity, Instigating or precipitating causes [e.g. why the disease got worse], and all Consequences or Complications). Link each disease to MUSIC with terms like “due to” or “resulting in.”

- **Write timely and complete discharge summaries.** For ICD-10 coding purposes, the inpatient discharge summary is more important than the history and physical or progress notes, given that this is the physician’s final diagnostic statement and that coders can code clinically reasonable “uncertain” diagnoses if they are documented at the time of discharge. As such, please recite the MUSIC of all acute conditions addressed during the hospital stay the same day you discharge the patient so that this information is available to the coder and others who need your summaries for further patient care.

- **Put the MEAT in your outpatient documentation.** For each outpatient diagnosis documented, be sure to indicate the patient’s stability, how the patient is being worked up, and what treatment is being provided.

- **Advocate ICD-10-pertinent template development.** Let’s face it, no matter how much education we get, we’ll never remember it all. Partner with your HIM, coding, and CDI staff to develop ICD-10-pertinent EHR documentation templates for common conditions you treat (e.g., pneumonia, heart failure, preoperative evaluations).

- **Answer your queries promptly.** Since ICD-10 introduces new terminology, you will likely see an uptick in the number of queries you will receive from the coding staff. Be timely and kind, avoiding any condescending or angry vibe; it’s not your coder’s fault that ICD-10 is not a clinical language.

- **Follow the AMA’s lead in ICD-10.** Now that the AMA is supporting ICD-10, proactively approach the association to learn how to make the system better and more efficient. Engage your specialty society to make the administrative language of ICD-10 more congruent with what we read in our literature.

Respectfully,

James S. Kennedy, MD, CCS, CDIP
President, CDIMD – Physician Champions
NEW CARB COUNT ORDER SET

Coming December 7th

Why the change? Research shows dosing insulin by carbohydrate counting is the standard of excellence for best practice in diabetes care.

What’s changing?
The Insulin Carb Counting order set has been revised to dose insulin based on Insulin Correction Factor (ICF), goal glucose and Insulin to Carb Ratio (ICR).

Nursing will be counting the amount of carbohydrates the patient consumed to determine the insulin dose to be administered. A dosing calculator has been built for nursing within the insulin order on the e-MAR to assist with calculations.

How can I Learn More?
Attend Clinical Grand Rounds December 3rd at 12:00.

See attached tip sheet for details of the EPIC order set.

Contact for Questions: Sarah Kearney 221-8418 or Amanda Smith 398-6654

Order set approved by the Medication Management Committee, Diabetes Committee and Diabetes Champion Committee
**New Carbohydrate Counting Order Set:**

**Situation:**
- New Carbohydrate Counting order set coming December 7th.

**Background:**
- Dosing insulin by carbohydrate counting is the standard of excellence for best practice in diabetes care. Most patients are dosing their insulin at home this way as well.
- Our current order set is based on a 60 gram carbohydrate diet. Regardless of how many carbs the patient consumes, they are given a set dose of insulin. Patients have complained they are forced to eat the majority of their meal which is sometimes much more than they are used to eating at home.

**Assessment:**
- Our inpatient blood glucose data shows a higher percentage of low blood sugars than we would like. Our goal is to get this number lower.
- Staff training and preparation for process changes for the new order set:
  - A new Diabetes Committee was formed to steer decision making for all adult diabetes initiatives, this committee reports to the Medication Management Committee.
  - A new Diabetes Champion Committee was formed consisting of front line nursing staff from each floor. This group provides feedback on suggested diabetes initiatives which affect the front line staff and communicates these decisions back to their peers.
  - A calculator was created within the new insulin order in EPIC to assist nursing with determining the insulin dose.
  - Nursing, PNAs (staff who delivery patient food trays) and Techs completed a NetLearning on basic diabetes care and how to count carbohydrates. Diabetes Champions are conducting audits to confirm staff are counting carbs correctly.
  - A new workflow has been developed with Meredith Hansen for PNAs. Part of their new process will be to place a form on the patient’s meal tray which states “Please call your nurse when you are almost finished eating your meal”.
  - A document was created for nursing describing the workflow in EPIC.
  - A Clinical Grand Rounds has been set for December 3rd.
  - New content will be incorporated in PCSO (Patient Care Services Orientation) so new nursing staff are educated once the new order set is LIVE.

- Provider communication:
  - Stakeholders were identified by running a report of who used the current order set in the previous 6 months.
  - The attached flyer and tip sheet will be e-mailed and mailed to the stakeholders; this information will also be disseminated at various committees/sections.

**Recommendations:**
- Be aware that beginning December 7th, the new “Insulin Subcutaneous, Carbohydrate Counting Meal” order set will be LIVE. The current order set will be removed from use.
- Attend the December 3rd Clinical Grand Rounds.
- Contact Sarah Kearney 319-221-8418 or Amanda Smith 319-398-6654 for questions.
Providers: dosing insulin by carbohydrate counting is the standard of excellence for best practice in diabetes care. The following is a new order set that will more accurately dose insulin:

1) Search ‘carbohydrate count’ (or something similar) in the order set search field. Select **Insulin Subcutaneous, Carbohydrate Counting Meal**.
2) Providers - after you select NovoLOG, formulas are provided to assist with calculating the ICF and ICR. You are then required to enter the ICF and ICR into the highlighted fields in the ‘order composer’. Formulas have been provided to assist with calculating the dose if converting from IV Insulin (see highlighted areas below):

- FYI: Once the order is signed, nursing will see the ICF, goal glucose, and ICR within the insulin order on the e-MAR.
Nursing will enter to the ICF, Goal glucose, ICR, and carbs consumed into the calculator in the e-MAR to determine the total mealtime insulin to be administered:

Nursing has been provided the formula the calculator is using within the e-MAR to be able to double check the calculations:
MercyCare Community Physicians is assuming care for the patients of Metropolitan Family Medicine, located near the intersection of Boyson Road and Center Point Road in Hiawatha. This new location will be called MercyCare Boyson Road.

Effective January 11, 2016, Dr. Gina Perri and her staff will begin seeing patients at this new location. She will no longer practice at MercyCare Blairs Ferry.

The clinic's new address will be:

**MercyCare Boyson Road**
754 N. Center Point Rd.
Hiawatha, Iowa 52233

In addition to caring for her current patients, Dr. Perri and her staff will assume care for all Metropolitan patients who wish to stay at this location.

Due to unexpected health issues, Dr. Matt Roes of Metropolitan Family Medicine is no longer able to practice and has trusted his patients and facility to MercyCare. Please join me in respectfully caring for his patients.

Tim Quinn, M.D., M.B.A.
Executive Vice President and Chief of Clinical Operations and President Mercy Care Management, Inc.
“OPEN NOTES”

After December 1, 2015, Mercy patients will be able to see their clinical EMR notes using the Epic MyChart functionality. By making these medical notes available to patients through the secure portal, patients can play a more active and informed role in their health care. Only notes signed after December 1 will be released to MyChart, and providers will be able to keep specific clinic notes from being released by simply clicking a “no” button in the Epic clinic visit navigator.

This Epic enhancement will support the current Mercy open chart policy, as well as the Planetree, and the Medical Home principles. Multiple organizations including the University of Iowa, Mayo Clinic, Cleveland Clinic, and Geisinger Health Systems have already started this Open Note functionality with increased patient satisfaction and engagement.
Cedar Rapids, IA – Eastern Iowa Sleep Center (EISC) represented by Lisa Gleason, Administrative Director, attended on November 6th the Sleep Health & Safety Conference hosted by the National Sleep Foundation (NSF) in Washington D.C. which featured an unrivaled program to explore how automobile technology, sleep health, transportation policy and advocacy work together to dramatically reduce the incidence of drowsy driving. The event coincided with the NSF’s Drowsy Driving Prevention Week, November 1-8.

Mark R. Rosekind, Ph.D., Administrator, National Highway Traffic Safety Administration (NHTSA) was the keynote speaker. Other speakers included leaders for Exxon Mobile Corp, National Transportation Safety Board (NTSB), Walter Reed Army Institute of Research, Volvo, Ford Motor, and Vehicle Design Technologies among others. The auto manufacturers are rapidly incorporating technology to reduce drowsy driving accidents. Collaboration between all national, state and local leaders was an emphases.

Statistics included: 56 million drivers admit driving drowsy monthly, 1/3 fatal-to-driver truck crashes are fatigue-related, 50,000 drowsy driving debilitating injuries each year and 6,800 drowsy driving fatalities each year. Risk factors included time of day, number of hours awake, sleep deficiency, sleep quality, age and medication/drug use. Peak drowsy driving danger times include 5am to 8am & 3pm to 5pm. Truck accidents high peak time is between 3am to 7am since truckers mainly drive at night due to lack of roadway space during the day. Crash risk is higher for drivers with Obstructive Sleep Apnea (OSA) as opposed to those who are able to obtain better quality sleep by using CPAP treatment. Studies show regarding age, an adverse effect of sleep deprivation on reaction time is much greater in young adults making them a higher risk for crashes. The top three preventable causes of fatal motor vehicle crashes in the U.S. are Drunk Driving at 10,800 deaths annually, Drowsy Driving at 6,800 deaths annually and Distracted Driving at 5,500 deaths annually.

Eastern Iowa Sleep Center (EISC) is a partnership between UnityPoint St. Luke’s Hospital, Mercy Medical Center and Physician’s Clinic of Iowa. EISC is accredited by the American Academy of Sleep Medicine. EISC is an Independent Diagnostic Testing Facility that provides comprehensive care for sleep-related disorders such as: Obstructive Sleep Apnea, Restless Leg Syndrome, Narcolepsy, Insomnia and more. Medical Director Andrew Peterson, M.D., Scott Geisler, M.D., Robert Struthers, M.D. and Warangkhana Wongba, M.D. are board certified in Sleep Medicine and serve at the Eastern Iowa Sleep Center.
Mercy Medical Center is committed to the highest standard of medical excellence. To ensure that patients receive only the highest standard of care at Mercy Medical Center, all employees are encouraged to report any instance of misconduct in which the care or safety of a patient is threatened. Employees who choose to leave a name and department information may do so.

Employees who chose to leave a name and contact information may do so.

Employees may also anonymously report such instances to the following resources:

Compliance Hotline: (319) 369-4586
Compliance Director’s Office Phone: (319) 369-4740

Mercy Medical Center, Mercy Home Care, Hospice of Mercy and Mercy Home Medical Equipment are accredited by The Joint Commission. If you have concerns about patient care or safety that we have not addressed, you may contact The Joint Commission Office of Quality Monitoring.

By Telephone: (800) 994-6610
By E-mail: complaint@jointcommission.org
By Fax: Office of Quality and Patient Safety, (630) 792-5636

By mail:
Office of Quality and Patient Safety
The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, IL 60181

No disciplinary or punitive action will be taken because an employee or other individual who provides care, treatment, or services reports safety or quality-of-care concerns to The Joint Commission.

701 10th Street SE
Cedar Rapids, Iowa 52403
(319) 398-6011
www.mercycare.org