Clinic Connection: Fall 2015

CentraCare Clinic

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CentraCare Health is beginning a process of community engagement to improve the health of our communities. As health care providers, we care for people who are sick. As caregivers, we also encourage people to live healthy lives, but patients don’t always follow our advice. This lack of follow through is rarely because they just don’t want to. More often, other barriers get in the way.

Research shows that about 20 percent of the why and how people stay healthy is because of medical care and another 30 percent is because of genetic background. Social determinants, such as environment, education and economics, are a third factor of our health. Some factors are behavior choices — do we exercise, eat well, avoid smoking? Others are dependent on individual choices in our life such as amount of education and what we do socially.

Many factors are out of our individual control and more in the realm of communities, workplaces, schools and governments – such as safe neighborhoods with exercise areas, good access to food and low pollutant levels. CentraCare Health is determined to help lead the communities in which we live, work and play to create policies, systems and environments that support efforts to stay healthy. Research has shown that communities with more sidewalks for safe walking have lower rates of obesity and diabetes. Communities with better access to food have lower rates of disease. As a health care system, we can educate and influence our communities to encourage healthy environments to support our patients, our friends and our families. Such efforts create communities that are attractive to people and have lower health care costs.
St. Cloud Hospital receives national recognition

U.S. News & World Report has ranked St. Cloud Hospital third among Minnesota’s approximately 150 hospitals, behind Mayo Clinic in Rochester and Abbott Northwestern Hospital in Minneapolis.

St. Cloud Hospital had two specialty services that were nationally ranked — orthopedics at No. 36 and gastroenterology and GI surgery at No. 45. In all, just 137 hospitals — less than 3 percent of all those in the nation — earned a national ranking in at least one specialty.

Additionally, U.S. News & World Report has ranked St. Cloud Hospital as “high performing” in six specialties:
- Diabetes and Endocrinology
- Geriatrics
- Nephrology
- Neurology and Neurosurgery
- Pulmonology
- Urology

U.S. News’ annual rankings cover nearly 5,000 medical centers across the country. The rankings are based on safety and other measures as well as a reputational survey of physicians from across the United States. For more information, visit http://health.usnews.com/best-hospitals.

Seasonal flu and our role as health care providers

By George Morris, MD, Medical Director, CentraCare Clinic

Influenza season is quickly approaching. As we prepare and help our patients prepare for a healthier winter, we all need to remember that proper hand hygiene and immunization are two of the most effective measures to decrease the risk of catching and spreading the influenza virus.

The Centers for Disease Control and Prevention (CDC) estimates that 5 to 20 percent of Americans come down with the flu each year. Children are two to three times more likely than adults to get sick with the flu, and children frequently spread the virus to others. Although most people recover from the illness, the CDC estimates that more than 200,000 people in the United States are hospitalized and around 6,300 people die from the flu and its complications each year. CDC experts estimate that in 2013-2014, the influenza vaccine helped to prevent 7.2 million flu cases and 90,000 hospitalizations. In addition, during the nine-year period ending in 2014, flu vaccine prevented more than 40,000 deaths.

The CDC recommends annual influenza vaccination for all individuals over the age of 6 months. The importance of immunization for health care workers also is recognized. This past year, the American Nurses Association (ANA) and American Academy of Pediatrics (AAP) agreed with previous recommendations and have endorsed universal immunizations for all health care workers.

CentraCare Health is committed to the health of our patients, community, providers, employees and volunteers. All of our providers and staff are required to receive the influenza immunization each season or use a mask in patient care areas. We also encourage proper hand hygiene and remind employees that the flu can be passed even before a person knows they are sick. To avoid spreading the flu, we also support the CDC recommendation that employees who have the flu stay home for at least 24 hours after a fever is gone.

The influenza vaccine has proven effective in decreasing costs and time lost from work and school, hospitalizations, serious illness and death. One study showed one life saved per 4,000 immunizations. If CentraCare Health can immunize nearly all 9,000 of our employees, we can save two lives.

While we cannot completely prevent our patients from becoming ill, vaccination is one thing we can do to protect our patients and ourselves.

Success in Heart Failure!

CentraCare Heart & Vascular Center recently received Silver Plus recognition by the American Heart Association’s Get With The Guidelines®-Heart Failure program, which was designed to help hospitals consistently follow the most up-to-date, evidence-based guidelines for treating heart failure patients. Guidelines include instruction on proper use of medications, aggressive risk reduction therapies and education.

For more information, visit heart.org/quality.
# Introducing our new CentraCare Clinic Specialists

## Cardiovascular Disease
**CentraCare Heart & Vascular Center, 320-656-7020**

<table>
<thead>
<tr>
<th>Specialist</th>
<th>Medical School</th>
<th>Residency</th>
<th>Fellowship</th>
<th>Board Certified</th>
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</thead>
<tbody>
<tr>
<td>Sharath Subramanian, MBBS</td>
<td>Sri Ramachandra Medical College &amp; Research Institute, Chennai, India</td>
<td>Medical College of Wisconsin, Milwaukee; Southern Railway Headquarters Hospital, Chennai, India</td>
<td>Ohio State University, Columbus, Medical College of Wisconsin, Milwaukee, Massachusetts General Hospital, Boston</td>
<td>Cardiovascular Disease</td>
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</tbody>
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## Cardiovascular and Thoracic Surgery
**CentraCare Heart & Vascular Center, 320-656-7020**

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<th>Fellowship</th>
<th>Board Certified</th>
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<tbody>
<tr>
<td>Daren Danielson, MD</td>
<td>University of Minnesota Medical School, Minneapolis</td>
<td>Hennepin County Medical Center, Minneapolis; Northwestern Memorial Hospital, Chicago, Ill.</td>
<td>Hennepin County Medical Center, Minneapolis</td>
<td>Surgery and Thoracic Surgery (Cardiothoracic Vascular Surgery)</td>
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## General Surgery
**CentraCare Clinic – River Campus, 320-252-3342**

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<tbody>
<tr>
<td>Niloo Krueger, MD</td>
<td>University of Virginia School of Medicine, Charlottesville</td>
<td>St. Joseph Mercy Oakland, Pontiac, Mich.</td>
<td>General Surgery</td>
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<tr>
<td>Grant Lee, MD</td>
<td>University of California, San Francisco</td>
<td>University of Iowa Hospitals and Clinics, Iowa City</td>
<td>General Surgery, Surgical Critical Care</td>
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## Hospitalist
**CentraCare Clinic – River Campus, 320-251-2700**

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<tbody>
<tr>
<td>John Mayerhofer, MD</td>
<td>University of Minnesota Medical School, Minneapolis</td>
<td>Hennepin County Medical Center, Minneapolis</td>
<td>Internal Medicine</td>
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<tr>
<td>Hanaa Nik Rushdi, MD</td>
<td>University of Minnesota Medical School, Minneapolis</td>
<td>East Carolina University/Vidant Medical Center, Greenville, N.C.</td>
<td>Internal Medicine and Pediatrics</td>
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## Hospitalist - Pediatric
**CentraCare Clinic – Health Plaza, 320-654-3610**

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<tbody>
<tr>
<td>Nandini Kataria, MD</td>
<td>St. George’s University, Grenada, West Indies</td>
<td>University of Minnesota, Minneapolis</td>
<td>Internal Medicine</td>
</tr>
<tr>
<td>Sarah Abdul Jabbar, MBBS</td>
<td>King Edward Medical University, Lahore, Pakistan</td>
<td>East Carolina University/Vidant Medical Center, Greenville, N.C.</td>
<td>Internal Medicine</td>
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## Radiation Oncology
**Coborn Cancer Center, 320-229-4907**

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<th>Residency</th>
<th>Fellowship</th>
<th>Research Fellowship</th>
<th>Board Certified</th>
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<tr>
<td>Vic Liengswangwong, MD</td>
<td>Chulalongkorn University Faculty of Medicine, Bangkok, Thailand</td>
<td>Mayo Clinic, Rochester</td>
<td>Pediatric radiation oncology, St. Jude Children’s Research Hospital Memphis, Tenn.</td>
<td>Radiation Oncology, Mayo Clinic, Rochester</td>
<td>Radiation Oncology</td>
</tr>
<tr>
<td>Elizabeth Phillips, MD</td>
<td>University of Minnesota Medical School, Minneapolis</td>
<td>Boston University Medical Center, Mass.</td>
<td>Male and female sexual dysfunction, male infertility and male and female incontinence</td>
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## Internal Medicine
**CentraCare Clinic – Health Plaza, 320-229-4928**

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<th>Residency and Fellowship</th>
<th>Board Certified</th>
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<tbody>
<tr>
<td>Sarah Abdul Jabbar, MBBS</td>
<td>King Edward Medical University, Lahore, Pakistan</td>
<td>East Carolina University/Vidant Medical Center, Greenville, N.C.</td>
<td>Internal Medicine</td>
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Access all CentraCare Clinic physician bios online at centracare.com
ICD-10: One more look at documentation guidelines

By Connie Goulet, CPC; Sue Stein, CPC; Lindsey Theisen, RHIT; and Jessica Timmer, CPC, CentraCare Health Compliance Specialists

Physicians should concentrate on writing good, comprehensive clinical notes, rather than varying notes based on inpatient versus outpatient, or based on the payer.

Here are some simple guidelines all clinicians can adapt, regardless of the setting:

- Coders cannot use lab data and reports for coding; the findings must be interpreted and described in the provider notes. Saying a patient has a “K+ 2.3” (or even “Serum Potassium of 2.3”) cannot be used for coding, but if a physician uses the word “hypokalemia” then the documentation can be coded.
- Information written by physicians and advanced practice providers can be coded, but information contained within nursing notes cannot.
- Coders need to know the “Principal Diagnosis” (the condition established to be chiefly responsible for the admission of the patient to the hospital). This should be clearly stated, as coders should not assume that it is the first diagnosis listed. This also is applicable in the outpatient setting.
- When diagnoses are inconclusive, providers should use terms such as “probable,” “suspected,” and “rule out” as appropriate. The rules for how these are handled and coded differ between the inpatient and outpatient setting, and this distinction should be left to the coders.
- Be very specific in describing radiologic and pathologic findings (remember that the respective reports cannot be used for coding). Saying that a biopsy was “positive” or that there is a “fracture of the right femur” does not provide enough information to be properly and completely coded.
- Be very specific about procedure details. ICD-10 does not have “catch-all” codes so poorly described procedures can result in major problems with coding and reimbursement. Most typical operative reports have sufficient detail for coding, but notes charted for office-based encounters need to receive the same attention to detail.
- Use of phrases such as “due to” and “manifested by” helps the clinical note become more clear and assists with coding by delineating cause and effect.