



HEALTH GRADES  
GUIDING AMERICA TO BETTER HEALTHCARE™

# first ADVISORY

A PUBLICATION FOR BEAUFORT MEMORIAL HOSPITAL PHYSICIANS

## New officers elected

At the October Medical Staff meeting, Dr. Paul Mazzeo was elected BMH Chief of Staff. Drs. LaFrance Ferguson and Mark Siegel were elected Vice Chair and Secretary/Treasurer, respectively. Dr. H. Tim Pearce stepped down after serving as Chief of Staff from 2005 to 2008. Congratulations to our new officers, and thanks to Dr. Pearce for his years of service!



Dr. Paul Mazzeo

Upon receiving DHEC approval to add PET CT to our services, we started offering the service locally on September 22. A mobile unit is next to the Beaufort Medical Plaza every Monday. As the need arises, we will add more days. Order PET CT the same way you order CT; appointments are scheduled through Centralized Scheduling at 522-5015.

## PET CT is here!



If you have any questions, please contact Daniel Mock, Imaging Services, at 522-5668.

## daVinci Surgical coming soon to BMH

The combination of attractive pricing for “older” systems and shortened lengths of stay for urological and gynecological surgery patients, prompted BMH to apply to DHEC for a Certificate of Need for adding the daVinci Surgical System to our list of services.

The daVinci Surgical System is fast becoming the “standard of care” for certain surgical procedures in urology and gynecology. Benefits of this minimally invasive surgery can include reduced pain, lower complication rates, decreased blood loss, minimal scarring, and reduced risk of wound infections. Benefits to the surgeon include greater range of motion, and increased precision and flexibility. *continued on page 3*



## Are you utilizing all the features & benefits of UpToDate?

- **Check out *UpToDate's* "What's new" section!**

Approximately 45 percent of *UpToDate* topics are updated every four months. Our editors select a small number of the most important updates and share them with you via what's new. These selections are changed with each major release of *UpToDate*, in March, July, and November. See these updates by clicking on the specialty you are interested in below. You may also type "what's new" into the search screen after you have logged in the *UpToDate*.

- **Check out *UpToDate's* patient education!**

*UpToDate* provides hundreds of patient information topics, allowing

patients and healthcare providers to share in the decision making process. To view a list of available topics, click on the appropriate health category below or patients can visit [www.uptodate.com/patients](http://www.uptodate.com/patients) to search and view all of our patient-level topics for free. When logged in to *UpToDate*, you can also find patient information topics through the normal search mechanism (e.g., search "patient info asthma"). All patient information topics can be printed or emailed.

- **Make use of *UpToDate's* calculators!**

- Maintenance fluid calculation for children.
- Corticosteroid medication dosing conversions (glucocorticoid effect).

- Friedewald equation for low density lipoprotein (LDL, SI units).
- Right to left shunt fraction Qs/Qt.
- Child Turcotte Pugh classification for severity of liver disease.
- Community-acquired pneumonia severity index (PSI) for adults.
- Body surface area (Mosteller, square root method).
- Urinary protein excretion estimation.
- In-flight PaO<sub>2</sub> estimation.
- Estimated date of delivery (EDD) pregnancy calculator.
- Glomerular filtration rate estimate by abbreviated MDRD study equation.

## Clarification of standing orders

CMS regulations state that the use of standing orders must be documented as an order in the patient's medical record and authenticated by the practitioner responsible for the care of the patient, as the regulations at 42 CFR §482.23(c)(2) and §482.24(c)(1) require, but the timing of such documentation should not be a barrier to effective emergency response, timely and necessary care, or other patient safety advances.

- CMS expects to see that the standing order had been entered into the order entry section of the patient's medical record as soon as possible after implementation of the order (much like a verbal order would be entered), with authentication by the patient's physician.

## Signatures on order sets

Upon reviewing comments, CMS backed off an earlier interpretation of §482.24(c)(1). Now, physicians using a written set of orders or a preprinted order set no longer have to sign, date and time **every** page of a preprinted order set. The revised guidance says that a practitioner can comply with the requirement by doing the following:

- **Last pages:** Sign, date and time the last page of the orders. The last page also should identify the total number of pages in the order set.
- **For pages with internal selections:** Sign or initial any other (internal) pages of the order set where selections or changes have been made.
- The practitioner should initial/sign the top or bottom of the pertinent page(s).
- The practitioner should also initial each place in the preprinted order set where changes, such as additions, deletions, or strike-outs of components that do not apply, have been made.

While the Conditions of Participation do not prohibit the use of rubber stamps in a hospital setting for authenticating medical record entries, be forewarned that some payers, including Medicare, may not accept such stamps as sufficient documentation to support a claim for payment.

## daVinci cont.

The daVinci robotic system is specifically used to treat prostate, kidney, ovarian, cervical and colon cancers. In contrast to the standard 2-dimensional laparoscopic image, it incorporates a high-resolution stereo vision system designed to give surgeons better image quality, improved contrast, and full depth of field.

A few years ago, Duke urologist Michael Albala, MD, spoke to BMH's Tumor Board about the advantages of using robotic surgery on prostate cancer patients. At the time, it seemed that this type of technology would be out of the reach of most community hospitals. However, since that time, robotic surgery has become the "standard of care" for prostate surgery and certain gynecological procedures. It is also being tested for general and vascular surgery applications.

We hope to have the unit in by early 2009. If you have any questions, contact Rick Toomey at 522-5140.

## Pre-authorization needed from doctors' offices

Please tell your office staff to get MRIs, MRAs, CAT scans, and Nuclear stress tests authorized with the insurance companies before the patient comes into registration. The patient should come with the authorization number.

### December meetings:

#### Surgery

December 4 @ 7:10 a.m.  
Hospital Boardroom

#### Emergency Medicine

December 11 @ 7:30 a.m.  
Hospital Boardroom

#### Internal Medicine/Family Medicine

December 18 @ noon  
Hospital Boardroom

#### Critical Care Committee

December 16 @ 7:30a.m.  
Private Dinning Room

#### P&T Committee

December 18 7:30 a.m.  
Hospital Boardroom

## Update from BMH President & CEO

With the Thanksgiving Holiday behind us – we start thinking not only of the Christmas Holidays, but of the upcoming New Year. At BMH, we have already started our new year. Congratulations to Dr. Paul Mazzeo, who succeeds Dr. Pearce as Chief of Staff. We are all grateful for Dr. Pearce's many contributions, and look forward to working with Dr. Mazzeo.

Our fiscal year started October 1st, and this year will not be like any that many of us have experienced before. The economic conditions across the country, and in fact the world, will present challenges to all of us. A general comment that in the past seemed to have some element of truth was that government, educational and health care institutions were immune to recessions. I think this observation will be refuted as we see continued layoffs, depressed real estate markets and consumer confidence at all time lows.

The ripple effect will be felt and will challenge all of us. The hospital is focused on monitoring our expenses and will continue to strategically invest in services that are needed and make sense financially. We are currently in a strong financial position and will strive to maintain this standing. This will be accomplished by not only focusing on the routine details (i.e., billing and collections, staffing and supplies), but by evaluating our programs and making sure we remain competitive.

We will continue to make strategic investments – looking forward to the future. While investments in new programs, technology, manpower and facilities will not cease, they will have more criteria to pass. However, it is not all gloom and doom – we do have a strong base to work from. But, we need to continue working together to succeed, and from what I have observed during my first year, that will happen. Together, we will serve the community, and together we will endure the economic challenges of today.



Rick Toomey  
President & CEO

A handwritten signature in black ink that reads "Rick". The signature is stylized and cursive.

## New outpatient Wound Care Center offers needed service

If you haven't seen BMH's new outpatient Wound Care Center, you need to check it out. Located in Suite 220 in the Beaufort Medical Plaza, the Center is staffed daily by a doctor trained in wound care. Besides having treatment rooms, the facility also has two hyperbaric oxygen chambers to treat specific types of wounds.

Terrence Mabry is the program coordinator, and Laretta Bland, RN is the clinical coordinator. For information on the new service, call 522-5300.

Eight BMH doctors have received specialized training in wound care and therapies; they rotate at the outpatient Center. They are:

Dr. Gordon Krueger, Medical Director  
Dr. Tim Pearce  
Dr. Chad Tober  
Dr. Steven Kessel

Dr. Kurt Gambla  
Dr. Trent Statler  
Dr. Michael Edwards  
Dr. Jonathan Hutchings

## Breast Care added to BMH services

As part of our efforts to make BMH more patient-centered, we have added the position of Breast Care Coordinator. Ronda O'Connell, RN, MSA, is available to work with you and your patients who have breast health issues from the moment they are identified.

### Services provided by the Breast Care Coordinator:

- Get referrals from physicians at time of diagnosis, then go to work on behalf of the patient
- Make sure the patient's appointments and consultations are scheduled in a time-efficient manner
- Have ongoing communication with the patient's physicians to enhance patient care
- Help patients understand their diagnosis and their plan of care, once it has been determined
- Coordinate each patient's treatment schedules for their convenience
- Provide educational information on a wide variety of topics of interest to the patient and their family
- Make contact with each patient at regular intervals throughout treatment
- Identify resources and make appropriate referrals for the patient and family for whatever it is they might need ... a wig, a prosthesis, counseling, genetic testing, a clinical trial, a support group, help with disability papers, FMLA, transportation, etc.



"Most importantly I answer questions, I listen and I care," says Ronda. "My job is to provide the patient with a primary point of contact. My purpose is to add a personal touch that is comforting and reassuring to the patient and their family. I am with them from diagnosis throughout the course of treatment and beyond."

If you have questions, contact Ronda at 522-7465.

## Welcome new docs



Department of Orthopedics and Spine Surgery, Craig Boatright, M.D.

Dr. Boatright is an alumnus of Emory University. After attending Oxford University in England as a Rhodes Scholar in 1990, he earned his medical degree from Harvard Medical School in 1994. In 1995 he completed his internship at the University of Washington in Seattle and stayed there to complete his residency in 1999 with a focus on orthopedics. In 2000 Dr. Boatright completed a fellowship in spine surgery at Emory Spine Center in Atlanta.

Before moving to Beaufort Dr. Boatright worked as a spine surgeon at the North Carolina Spine Center in Chapel Hill, North Carolina. He has joined the Reuben Spine Specialists practice with Jeffrey M. Reuben, M.D. at 300 Midtown Drive in Beaufort. Call (843) 379-SPINE (7746) to schedule an appointment with Dr. Boatright.



Department of Pediatrics, Marlo Smith, M.D.

Marlo M. Smith, MD, a pediatrician, has joined the medical staff of Beaufort Memorial Hospital. A Magna cum laude graduate of Vanderbilt University, she received her medical degree from the Medical University of South Carolina in Charleston. She completed her pediatric residency from the University of Texas – Southwestern in Dallas.

From 1997 – 2000, Dr. Smith was Clinical Assistant Professor of Pediatrics at Tulane University Medical Center in New Orleans, LA. Prior to moving to Beaufort, she was a Clinical Instructor on the Teaching Faculty in the Department of Pediatrics at the University of South Carolina School of Medicine in Columbia.

Dr. Smith is a Diplomate of the American Board of Pediatrics. She is affiliated with Beaufort/Jasper/Hampton Comprehensive Health Services, Inc. For information or an appointment, call 986-0900.

## DVTs & PEs hard to catch

Deep vein thrombosis and pulmonary embolism affect 350,000 to 600,000 Americans each year, but often they are unrecognized at the earliest and most treatable stages.

With an eye toward elevating awareness of these potentially serious medical conditions, acting Surgeon General Steven K. Galson, MD, MPH, issued a "Call to Action to Prevent Deep Vein Thrombosis and Pulmonary Embolism." He introduced the publication Sept. 15 at the second annual meeting of the Venous Disease Coalition in Washington, D.C.

## Blood conservation program in full swing!

As you know, the Blood Conservation Program went live in May 2008. Since then, the program has enrolled over 140 patients, thanks to the collaborative efforts of our physicians.

"I am seeing more and more consults, referred by a variety of services including surgery, medicine, OB/GYN and critical care," says Theresa Libby RN, program coordinator.



Since the program started, monthly blood usage shows a downward trend, indicating a more conservative approach in blood ordering practice coupled with an upward trend in the use of alternative methods.

Some of the alternative methods being used include IV iron, ESAs, oral iron, vitamin C, folic acid, cell salvage and microsampling/ batching labs.

"We have now begun the process of collecting data to take a close look at patient outcomes with the new blood conservation strategies," says Dr. Brad Collins, Medical Director of the program. "Our overall goal is to improve patient safety and, most of all, to improve patient outcomes."

We have only begun to scratch the surface of our full potential. So become involved in learning about blood conservation techniques, and incorporate them into your daily practice. Your patients will thank you.

A special acknowledgement to our Blood Management Committee, hospitalists, nurses and lab for your continued hard work! Way to go team! And remember to keep those referrals coming as we save blood, one drop at a time!

For more information on our Blood Conservation Program, contact Theresa Libby RN, BSN, at 522-5293, or e-mail her at [tlibby@bmhsc.org](mailto:tlibby@bmhsc.org).

## A reason to celebrate



Last month, we collected more blood through our drives with the Lowcountry Community Blood Center (LCBC) than we used for our patients. This puts us in a positive position for the first time ever with our blood program. So, by conserving the use of blood, and encouraging local donors to give at LCBC drives, we are in a very good position for our patients and for our bottom line.

Please continue to support LCBC blood drives!

## Update on National Patient Safety Goals

The 2009 National Patient Safety Goals (NPSG) and revisions to the Universal Protocol are effective January 1, 2009. The following NPSGs have a one-year phase-in period with an implementation date of January 1, 2010.

Those NPSGs are:

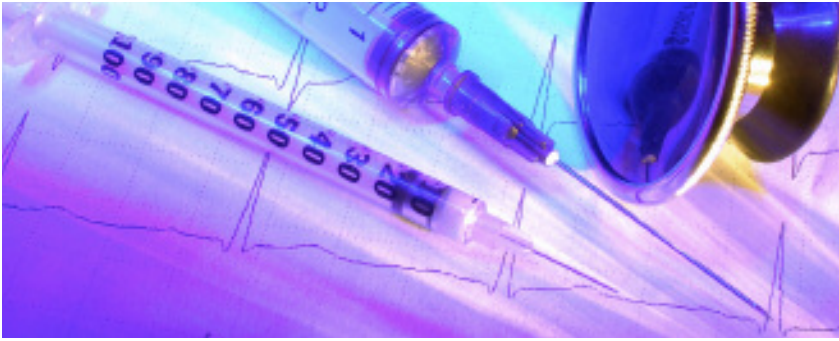
- NPSG.07.03.01 - Preventing healthcare associated infections due to MDROs
- NPSG.07.04.01 - Preventing central line - associated bloodstream infections
- NPSG.07.05.01 - Preventing surgical site infections

Universal Protocol.01.02.01 EP 3 states that a licensed independent practitioner or other provider, who is privileged or permitted by the hospital to perform the surgical/invasive procedure, marks the procedure site. This individual must be directly involved in the procedure and will be present at the time the procedure is performed. Beaufort Memorial Hospital must be compliant with UP.01.02.01 as of January 1, 2009.



## Help us save lives: Donate blood

Lowcountry Community Blood Center (LCBC) was co-founded by BMH in 2002 to help ensure a safe and adequate blood supply for our patients. By now you have received an update about LCBC from LCBC Advisory Board Chairman Brad Collins, MD, encouraging you to support efforts to collect blood locally. LCBC Donor Consultant Alyson Barber will be contacting you in the near future to talk to you and you staff members about the mission of the blood center and to deliver brochures for your staff and patients. If you have questions or would like to contact her directly call 522-LIFE (5433).



## Let's be clear on vaccinations:

The new "global vaccination measures" were developed by CMS, Joint Commission, various contractors, and CDC. Representatives of the CDC's National Immunization Program participated in the development of the global vaccination measure specifications. The specifications include:

- Surgical patients are NOT excluded.
- The measures are now endorsed by NQF. They have been through the national consensus process and can be used for public reporting.
- Any patient well enough to be discharged from acute care can be vaccinated. Surgery (or any medical illness) is not a contraindication to vaccination.

## News from MEC

The Medical Executive Committee (MEC) will be voting on changes to the Medical Staff Rules and Regulations at their next meeting. Changes are being made to reduce the numbers of meetings that physicians have to attend. Additionally, there are some committees that will be merged into one. All meetings that have a required frequency of meeting will meet as needed. This will reduce the numbers of times we have to meet to comply with our own rules and regulations. This is an effort to better utilize physicians' time on administrative issues.

The MEC will also be voting on changes to the "County Call Policy." The policy has been revised to reflect the ED call pay contract requirements.

## Marketing Update: Help us help you

The Public Relations and Marketing Department manages a number of online and print resources designed to promote your practices. If you have changes in your practices that would impact the department's ability to appropriately market your services, please call (843) 522-5171. This may include changes to:

- Office locations or additions
- Office hours or days
- Phone and fax numbers
- Insurance plans
- Referral policies
- Special practice interests
- Memberships or certifications

Thank you for your help.

## December Birthdays

2

Trent Statler, DPM - Podiatry

5

Malcolm Corley, MD - Radiology  
Heath Simmons, MD - Anesthesia

6

William Spearman, MD - Anesthesia

8

Mark Lawton, MD - Cardiology

9

Clark Trask, MD - Family Medicine  
Rod Dippel, MD - Hospitalist

12

Richard Stewart, DO - Gastroenterology

15

Scott Shaffer, Ph.D. - Psychology

17

Daren Wannamaker, DO - Hospitalist

22

Erasmé Coly, MD - Cardiology

24

Randall Royal, MD - OB/GYN

25

Claude Tolbert, MD - OB/GYN

31

Michael Gilbreath, MD - Gastroenterology

## Let us know!

We're changing the format of *First Advisory*, and are thinking about sending it out as a "quick brief" every month. We also will get the newsletter posted in the Physician Portal to make it more convenient for you to access.

Let us know if you like this change, and if you have other ideas for communicating hospital news to you more effectively. Your comments and input are welcome! Contact Nora Kresch, PR & Marketing, at 522-5138, or by email at [nkresch@bmhsc.org](mailto:nkresch@bmhsc.org).