# FEATUREcont.

POST supersedes all other DNR orders.

Since it's a physician's order, patients can't access the POST form themselves. Instead, only providers can access the detailed state-approved form. That access limitation is intentional, with the idea that a patient needs a doctor's expertise to walk through scenarios and fill it out together. A POST form is only valid with a doctor's signature. (In 2012, HB1294 amended the Idaho POST law to allow mid-levels to sign as well.)

The document is legally binding, and when registered with the Secretary of State, it also becomes available online to any provider – which is where the true power of the concept lies.

The Department of Health and Welfare's FAQ page for the POST form has helpful guidance, and describes how and when to use the form.

A recent article in the Idaho Statesman described how Idaho climbed from a failing grade to becoming "one of the most advanced states in the nation" in helping people get exactly the care they want at life's end. POST has been a critical part of that transformation.

To help your patients, please consider making the POST form part of the routine patient education you provide.

# NEWSBriefs

## Correct Patient Status? Trickier than Houdini.

*Inpatient, Outpatient, Observation: It matters to us all.*

Sounds easy. Intuitively, seems like Inpatients should be the ones who stay overnight; Outpatients should be the ones who come and then go; and Observation patients should be the ones we watch awhile to see if they're staying or going.

But it's not that simple.

That's why EIRMC is creating and hanging patient status "cheat sheets" similar to the chart below in physician areas, so you have ready reference when you're making the call on patient status.

Getting the status determination right is important to the patient, to you, and to us. Here's why:

**Your patient.** Assignment of status directly drives how much he/she has to pay out-of-pocket, and an incorrect status designation can even limit his/her eligibility for downstream services.

**You, the physician.** The assignment of status determines how much you will be paid for your services by Medicare.

**Us, the hospital.** Status assignment also determines how much EIRMC will be paid. And unsnarling an incorrect status designation takes an inordinate amount of time and work on our end.

Please refer to the fliers whenever there is a question in your mind, or ask the Case Managers for help. Your patience and precision is much appreciated.

### How to find out if your patient is registered

If your patient cannot speak for him/herself, and you want to find out whether the patient has registered their wishes, here are the steps:

If you don't already have a password to enter the registry, obtain one through EMS Services at (208) 334-4000.

If you have a password, go to http://www.sos.idaho.gov/general/hcdr.htm

Click on "Post Login."

From there, you can search the registry.

| | Patient Clinical Criteria | Required Physician Documentation | Allowable Length of Stay | Patient Coverage |
|---|---|---|---|---|
| **Inpatient** | e.g., acute MI, bilateral pneumonia, small bowel obstruction, procedures on CMS Addendum E (Inpatient only) list | The medical record must reflect that the patient's condition could only be treated in an acute inpatient hospital setting. | Usually > 24 hours | Medicare A<br>Deductible $1,156<br>Co-pay days 61-90 $289/day<br>Co-pay days 91-150 $578/day |
| **Observation** | e.g., nausea, vomiting, stomach pain, fever, headache, chest pain, rule-out diagnoses | The medical record must include the reason for observation, and must document that the physician explicitly assessed patient risk to determine that the beneficiary would benefit from observation care. | Generally not more than 23 hrs. Almost never exceeds 48 hrs. But counter-intuitively, a patient who stays overnight **can** appropriately be on observation status. | Medicare B<br>20% of Medicare allowable |
| **Outpatient** | e.g., cardiac cath, stent placement, same-day surgeries | Order to place patient as an outpatient. | Generally not more than 23 hours, but again, this could appropriately involve an overnight stay. | Medicare B<br>20% of Medicare allowable |

July 2012

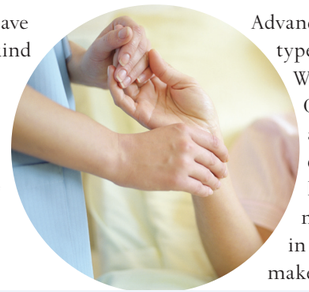
# Physician LINK

*EIRMC Newsletter for physicians and their staff*

FEATUREstory

## Idaho POST 101

*Understanding **P**hysician **O**rders for **S**cope of **T**reatment.*



Your patients probably have specific ideas about the kind of care they want, if and when they can't speak for themselves. Do you know what those wishes are? If not, do you know where to find them?

In Idaho, a relative newcomer to the field of advance directives is called POST (Physician Orders for Scope of Treatment), and it could be the key to finding and unlocking that crucial information when the moment comes. But knowledge about POST among medical providers is still patchy.

Advance directives cover several types of documents: Living Wills, DNR requests, Comfort One, DPAHC, POLST. They are designed to address either 1) long-term end-of-life care; or 2) emergency medical care. Documents in both categories attempt to make the patient's wishes known, and have common denominator of being used only when the patient cannot speak for him or herself.

POST entered the scene in Idaho in 2007, and was designed to be the most universal kind of advance directive, covering the broadest range of situations.

### How to get a POST form

Via Idaho Secretary of State at http://www.sos.idaho.gov/online/hcdr/getpostform.jsp

- Enter your password*
- Click the "Get Form" button
- Forms submitted to the office of the Secretary of State for registration must be accompanied by an Idaho Health Care Directive Registry Form.

**Because the form is intended only for physician/mid-level use, it's password protected. To get a password, Idaho licensed healthcare providers and/or facilities can email to IdahoPost@dhw.idaho.gov.*

Far wider-reaching than a hospital-stay-specific DNR, the POST has more comprehensive and complex application, and POST has "trump" power over other documents which may exist, including:

POST replaces Idaho Comfort One. (However, if you encounter a Comfort One in the absence of any other advance directive, the Comfort One is still valid.)

*Continued back cover*

## EIRMC Physicians' Education Conference

July 20 Stroke Intervention Update
James Schmutz, M.D.

Eastern Idaho Medical Education Consortium is accredited by the Idaho Medical Association to sponsor category one continuing medical education for physicians.

**All classes are Friday at 7:30 a.m. at EIRMC, Classrooms A & B.**

For more information, contact:
Shanna Hardman, Medical Staff Asst.
(208) 529-6260
shanna.hardman@hcahealthcare.com

the SPECIALIST

## Meet Robyn Borghese, MD

**Name of Practice:** Neonatal Associates

**Specialty:** Neonatology

**Years in Practice:** 6

**Services:** NICU physician

**Research:** The Role of Probiotics in Extremely Low Birth Weight Infants (Journal of Perinatology, May 2011)

**How to Contact:** Neonatal Associates (208) 535-4591

in the FIELD

## Meet Ron Brown, MD

**Name of Practice:** Browne Family Practice

**Specialty:** Family Medicine; PhD Physiology

**Years in Practice:** 4

**Board Certification:** American Board of Family Medicine

**Hobbies:** avid cyclist (Lotoja), Medical Director Kelly Canyon Ski Patrol, Scout Master, backpacking and spending time with my wife and 6 kids.

**How to Contact:** corner of Sunnyside and Woodruff at 3422 S. 15th East, Idaho Falls
BrowneFamilyPractice@gmail.com
Office: 208-552-1222

# 2012 EIRMC Capital Investments

## Capital Equipment: Investing for You and Your Patients

In a hospital, as anywhere, continuous spending is a fact of life. There are always more things to buy than there is money to buy them. And even after a robust spending initiative in 2011, we are still at it providing physicians with the improvements, refurbishments and updated equipment they need to get the job done.

Every year we like you to know how we keep pace by providing you with a list of capital investment. Some highlights for 2012 are:

- **Development of new PICU:** Allows us to close the gap in providing the full spectrum of intensive care for the entire region, alleviating hardships on families and keeping your patients right here at home.
- **Power Drills and Bone Mills:** Sounds routine, but John Orr, Surgical Director, says "These surgical tools are a big leap in safety and convenience for surgeons in the OR. Upgraded equipment relieves fatigue and increases efficiency, greatly maximizing physicians' time and leaving smiles on their faces."
- **End Tidal CO2 Systems:** Anticipating advancements in standards of practice, the hospital invests in advanced technology that aides physicians in providing improved patient outcomes.
- **ER Construction:** Always thinking of you, we look for ways to help make you comfortable and efficient while you are working here in the hospital.

These are just some of the ways we have allocated funds to help the hospital serve both you and your patients better. The complete list totals a cool $3.3 million and counting for 2012.

| | | |
|---|---|---|
| PICU Development | $ | 691,309 |
| Skytron/Steris/ Tables (OR) | $ | 303,270 |
| GE Med Syst / ETCO2 (NICU/ENDO/PACU/CATH/ER/ICU) | $ | 422,870 |
| Stryker / Power Drills (OR) | $ | 300,175 |
| Steris / Autoclaves (CENTRAL STERILE) | $ | 279,619 |
| GE Med / Dash Monitors (IMAGING) | $ | 203,297 |
| Hill Rom / ICU beds (ICU) | $ | 123,375 |
| International Biomedical / Isolette (NICU - heli) | $ | 100,000 |
| Iradimed Corp / MRI Pumps (IMAGING) | $ | 78,275 |
| Karl Storz / HD Tower (OR) | $ | 75,000 |
| Siemens / Plus System (LAB) | $ | 74,730 |
| Storage Systems / Carts (ANESTH) | $ | 70,442 |
| Byron Beck / ER Construction | $ | 47,400 |
| Kerma / PT Equipment (PT) | $ | 42,064 |
| Byron Beck / EEG Construction | $ | 39,000 |
| Skytron / Lights (OR) | $ | 38,572 |
| IDS / Chairs (PATIENT ROOMS) | $ | 32,000 |
| Storage Systems / Case carts (OR) | $ | 30,634 |
| Stryker / Stretchers (OR) | $ | 28,980 |
| Nellcor / Handhelds ETCO2 | $ | 26,500 |
| Datex Ohmeda (ANESTH) | $ | 26,171 |
| Edwards Lifesciences / Monitors (OR) | $ | 25,364 |
| GE Healthcare / Aespire 7900 (ANESTH) | $ | 25,284 |
| Ge Med / Capno CO2 monitors (PACU) | $ | 25,000 |
| Stryker / Bone mill (OR) | $ | 20,091 |
| Verathon / Glidescope (OR) | $ | 15,600 |
| Sodexo / Oven (FOOD SERVICE) | $ | 12,490 |
| GE Med / Pulsed Fluoro Upgrade (IMAGING) | $ | 11,480 |
| GE Med Systems / Telementry (NICU) | $ | 10,934 |
| Wescor / Stainer (LAB) | $ | 10,786 |
| Medline / Bladder Scanner (ALL FLOORS) | $ | 10,487 |
| Physio-control / Lifepak Def (CATH LAB) | $ | 9,302 |
| Cardinal / Refrigerator (LAB) | $ | 7,159 |
| So-Low / Refrigerator (PHARM) | $ | 6,395 |
| Turn Key / Needle Kits (IMAGING) | $ | 5,300 |
| So-Low / Refrigerator (FOOD SERVICE) | $ | 5,278 |
| Armstrong / Carts (OR) | $ | 5,200 |
| Capintec/ Wellcounter (LAB) | $ | 5,017 |
| Xybix / Workstations (ACCESS CENTER) | $ | 4,800 |
| Johnson & johnson / HTA (OR) | $ | 4,650 |
| Gammex / Phantom (IMAGING) | $ | 3,766 |
| Follett / Ice Machine (ICU) | $ | 3,648 |
| Covidien / Smoke Evac (OR) | $ | 3,548 |
| Kerma / Ultrasound Stim (PT) | $ | 3,168 |
| Keeler / Wristrest (OR) | $ | 1,847 |
| Workplace Prevention / Alcohol Tester | $ | 1,833 |
| Cardinal / Chart Recorder (LAB) | $ | 1,797 |
| Cancer Center construction | $ | 1,563 |
| CDW / Panasonic (IT) | $ | 1,052 |

**Grand Total:** $3.3 Million

# NEWSBriefs

## Capital Process: Delicate Balance To Get Best Bang for the Buck

So, you've seen the impressive list of investments we've made just this year alone. And now you've got your eye on the latest piece of equipment that will allow you to work better, faster, and with more precision. What's a good doctor to do? Bring it to the Capital Committee, of course! To make that happen, either visit with the respective Capital Committee Representative over the area pertaining to your request, or talk with the Chair of your Medical Staff Department.

Here's a rundown on how the decision-making process works:

- EIRMC's Capital Committee meets monthly to review requests (everything from routine replacement items to the "latest and greatest" must-haves)
- The committee painstakingly researches each request, learning the "ins and outs" of the equipment.
- They rank the requests based on the prioritization list below.

Caveat: If your request is high-ticket ($100K and up), it gets sent up to HCA Mountain Division to undergo a similar exercise to allocate scarce resources to the most pressing needs of all facilities in the division.

After Division matches available funds to the most crucial needs, a final list of "winners" emerges.

Without exception, the "wants" always outpace the ability to fund them. So a denial this year isn't necessarily the end of the road. Legitimate requests are carried over from year to year, and although they don't get an extra-special spot in line, they are given special consideration. Sometimes, requests are permanently cut from the list if the organizational impact is too small to justify the expense.

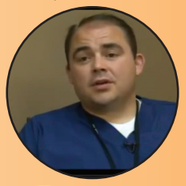
No doubt, the approval process can sometimes be painstaking and painful (ask any investment advisor worth their salt about the need for rigorous research). Still, the EIRMC Capital Committee not only wants – but really needs – physician input to make these tough decisions. Physician collaboration in the allocation of scarce resources helps us all get the most "bang for the buck."

## Your Capital Representative: Here to Help!

**John Orr,**
*Director, Surgical Services*
OR, Endo,Central Supply, Anesthesia, PACU/ OP Services

**Sean Powell,**
*Director, Supply Chain*
BHC, Housekeeping Dietary, Engineering Materials, HR Bio Med, Education

**Renae Oswald**
*Assistant Chief Nursing Officer*
Women's Services, Nursery NICU, Rehab/ TCU Pediatrics, Surgical/ Ortho Unit, Cardiac Care, Medical/ Neuro Unit, Bariatrics



**Greg Trosper**
*Director, ICU/Respiratory Therapy*
ICU, Resp. Therapy
Nuc. Cardiology, EEG/ EKG
Cath Lab, Sleep Lab/ Pulm. Lab

**Karen Landon,**
*Director, Laboratory Services*
ED/ Trauma, Lab, Blood Bank, Chemistry , Quality Management Risk Management, Social Services, Security

**Deb Barlow,**
*Director of Medical Imaging & Radiology*
Radiology, Angio., Med. Imaging, Cancer Center, Hyperbarics/ Wound Care, PT, Pharmacy

## Capital Priorities: using a weighting system, each request is filtered through an objective prioritization process. Requests must meet at least one of these criteria:

- Solve a safety issue
- Comply with accreditation or regulatory mandates
- Significantly improve the standard of care through better technology
- Replace equipment that is broken beyond repair, at end of useful life, or when parts can no longer be ordered
- Replace equipment when maintenance agreements can no longer be renewed
- Create a new financial opportunity
- Support a key strategy in hospital's business plan
- Support physician recruitment in key areas of need

*July 18 - Please drop in to EIRMC's Annual Picnic for some food and fun. Held at Melaleuca Field this year. 11am – 7pm.*