**First, Do No Harm**

Non-maleficence, one of the principal precepts of bioethics, is embedded in our medical education and practices. We are taught that given an existing problem, it may be better to do nothing, than to risk causing more harm than good. We weigh the risks and benefits of each decision we make so as not to cause harm to our patients.

There are other, less apparent ways that patients can be harmed in the hospital. You may recall the Institute of Medicine report that 98,000 people die of medical errors every year (many believe that the actual number is much higher). This does not imply intentional harm, but refers to instances of potentially avoidable harms, such as adverse drug reactions. Since the initial report, hospitals have focused their efforts on reducing harm and it is paying off. According to an Agency for Healthcare Research and Quality (AHRQ) study, hospital-acquired conditions (HACs) declined by 17 percent between 2010 and 2013. That translates to 50,000 fewer deaths related to HACs. However, it remains clear that a lot more improvement is needed. One of our patients being harmed is too many.

There is a campaign currently underway at Valley to eliminate patient harm. Yes, this a lofty goal, but our patients deserve this. Many physicians and other staff have shared personal experiences that they have had in hospitals, which drive the importance of this issue home. This point hit home personally to me when, at another hospital, my wife had a complication from a procedure and the team caring for her was ill prepared to handle it. She ultimately did fine, but we were lucky. This was several years ago, and I hope those involved used that “near miss” as an opportunity to write an evidence-based policy, educate their staff, and monitor future events. As noted, when a patient is harmed, it is often secondary to a process that is flawed. My wife’s doctor and nurse were caring, smart, dedicated and attentive. However, there was no procedure to handle the complication. They were good people working with bad processes.

Thankfully, much has been learned in the study of patient safety. We, at Valley, have several committees, with physician members, that review and analyze our data and recommend methods of preventing harm. Examples of what we measure include C Diff and MRSA rates, patient falls, catheter associated urinary tract infections, and many others. You will hear more about these efforts in upcoming Bulletins. Eliminating harm will take a team approach and, with all of us involved, we can make strides toward driving patient harm to zero.

Joseph Yallowitz, MD
Editor
HAPPY ANNIVERSARY TO OUR ACTIVE STAFF PHYSICIANS!
CONGRATULATIONS ON YOUR MILESTONE!
MAY CELEBRANTS:

10 Years
Gary D. Breslow, MD—Department of Plastic Surgery,
Cindy C. Chang, MD—Department of Medicine, Amrit K. Grewal, MD—Department of Neurology,
Lisa D. Hope, MD—Department of Medicine, Michelle R. Lasker, MD—Department of Pediatrics

20 Years
Eric S. Avezzano, MD—Department of Medicine, Sadia R. Chaudry, MD—Department of Family Practice,
Allen R. Griggs, DO—Department of Medicine, Steven Kanengiser, MD—Department of Pediatrics,
Anna M. Korkis, MD—Department of Medicine, Robert S. Levine, MD—Department of Medicine,
Stephen J. Margulis, MD—Department of Medicine

25 Years
Mitchell J. Rubinoff, MD—Department of Medicine

35 Years
William K. Lee, MD—Department of Medicine

System Based Practice Compliance Plan- Update

Given the feedback we have received regarding the transparency and clarity over the processes involved with the plan and with the upgrade to Meditech beginning this week, we will be putting the plan on hold. That is, the 5-step compliance plan will not be in effect. We will continue to collect and report the data, as we work on refining the processes. Use these educational reminders to learn about the requirements and how to comply.

John McConnell, MD, Medical Director of Utilization, will continue to be able to provide you with the exact details of your patients (ext. 8614).

As a reminder, this plan was approved by our Medical Board to address the long-standing issue of poor compliance with medical records, answering queries, and other regulatory matters.

As ChartMaxx will no longer be available (soon all of the patients’ records will be in one place) it is imperative to complete all queries in ChartMaxx now.

Thank you for your feedback and patience with this important project and we will alert you when the 5-step compliance plan will resume.
# NEW APPOINTMENTS TO THE MEDICAL STAFF

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Medical School</th>
<th>Practice</th>
<th>Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laura K. Flynn, APN</td>
<td>Medicine</td>
<td>Seton Hall College of Nursing, NJ</td>
<td>Arrythmia Associates of NJ &amp; NY</td>
<td>223 N. Van Dien Ave, Ridgewood, NJ</td>
</tr>
<tr>
<td>Erwin Lin, MD</td>
<td>Diagnostic Imaging</td>
<td>State University of NY, Upstate Medical Center, NY</td>
<td>Radiology Associates of Ridgewood, P.A.</td>
<td>20 Franklin Turnpike, Waldwick, NJ</td>
</tr>
<tr>
<td>Jennifer L. Polak, APN</td>
<td>Medicine</td>
<td>Seton Hall University, NJ</td>
<td>The Valley Hospital Wound Ostomy Center</td>
<td>223 North Van Dien Avenue, Ridgewood, NJ</td>
</tr>
<tr>
<td>Roya Salimi, PA</td>
<td>Orthopedic Surgery</td>
<td>Touro College, NY</td>
<td>Kayal Orthopedic Center, P.C.</td>
<td>784 Franklin Ave, Suite 250, Franklin Lakes, NJ</td>
</tr>
<tr>
<td>Rebecca E. Sandler, MD</td>
<td>Medicine</td>
<td>Ohio State University College of Medicine, OH</td>
<td>Bergen Gastroenterology, P.C.</td>
<td>466 Old Hook Road, Suite 1, Emerson, NJ</td>
</tr>
<tr>
<td>Fumin Tong, MD</td>
<td>Neuroscience</td>
<td>Medical College of Nanjing University, China</td>
<td>Neurology Group of Bergen County</td>
<td>1200 East Ridgewood Avenue, 2nd Floor, Ridgewood, NJ</td>
</tr>
</tbody>
</table>
The Valley Hospital Earns ‘Straight A’s’ for Patient Safety

For the seventh consecutive time, The Valley Hospital has been recognized for its dedication to patient safety by being awarded an A grade in the Spring 2015 Hospital Safety Score, which rates how well hospitals protect patients from preventable medical errors, injuries and infections within the hospital. The hospital is also being recognized as a “Straight A’s” hospital, as it has never received a grade lower than an A from the Hospital Safety Score since the Score first launched in June 2012.

Hospitals nationwide received Hospital Safety Scores of A, B, C, D, or F based on how well they protect patients accidents, errors, injuries and infections. The Hospital Safety Score report was released today by The Leapfrog Group, an independent, national not-for-profit organization of employer purchasers of health care.

Of the more than 2,500 general hospitals issued a safety score in the Leapfrog report, only 782 — roughly the top 31 percent — received an A in this round. Valley is one of only 182 hospitals nationwide that have received straight A’s in all seven reporting periods since 2012.

“We are pleased and proud to once again receive an “A” for patient safety, and particularly proud to be among the select group of ‘Straight A’s’ hospitals” said Audrey Meyers, President and CEO of The Valley Hospital and Valley Health System. “This top grade is a reflection and a result of our longstanding focus on and commitment to patient safety and quality care.”

“The Valley Hospital’s achievement of Straight A’s validates its achievement in preventing harm within the hospital, and we are proud to recognize the efforts of the care providers and staff,” said Leah Binder, president and CEO of The Leapfrog Group, which administers the Hospital Safety Score.

To see Valley’s full score, and to access consumer-friendly tips for patients and loved ones visiting the hospital, visit www.hospitalsafetyscore.org or follow The Hospital Safety Score on Twitter or Facebook. Consumers can also download the free Hospital Safety Score mobile app for Apple and Android devices.

About The Leapfrog Group

Founded in 2000 by large employers and other purchasers, The Leapfrog Group is a national nonprofit organization driving a movement for giant leaps forward in the quality and safety of American health care. The flagship Leapfrog Hospital Survey collects and transparently reports hospital performance, empowering purchasers to find the highest-value care and giving consumers the lifesaving information they need to make informed decisions. The Hospital Safety Score, Leapfrog’s other main initiative, assigns letter grades to hospitals based on their record of patient safety, helping consumers protect themselves and their families from errors, injuries, accidents and infections.
The following abstracts will be presented by Drs. Jonathan Steinberg, Suneet Mittal, Dan Musat and Tina Sichrovsky, and collaborating colleagues, at the upcoming Heart Rhythm Society Annual Meeting:

1. A Risk Index for Predicting Late Recurrences After Initially Successful Atrial Fibrillation Ablation
2. Dofetilide Efficacy After Prior Amiodarone use in Patients With Persistent Atrial Fibrillation
3. Novel Oral Anticoagulants are Viable Alternatives to Warfarin for Atrial Fibrillation
4. Intermediate Follow-up of Renal Denervation in VT Storm
5. Relationship of Body Mass Index to Ventricular Sensing with the LinQ Implantable Loop Recorder
7. Real-World Performance of the Atrial Fibrillation Detection Algorithm in the Reveal LINQ Insertable Cardiac Monitor/Real World Experience with Implantable Loop Recorders
8. Reliability of Wireless Connectivity with the Reveal LinQ Insertable Cardiac Monitor Real World Experience with Implantable Loop Recorders
9. The Efficacy of Hybrid Catheter Ablation in Patients with Refractory Atrial Fibrillation
10. Relationship Between Systolic Blood Pressure and Atrial Fibrillation Burden After Renal Denervation and Pulmonary Vein Isolation
11. Does Left Atrial Appendage Closure Improve the Success of Pulmonary Vein Isolation: Results of a Randomized Clinical Trial

Dr. Steinberg will be presenting the following Late Breaking Clinical Trial:
Botulinum Toxin Injection in Epicardial Fat Pads for Prevention of Atrial Fibrillation After Cardiac Surgery: One-year Follow-up of Randomized Pilot Study

Abstract 359: Duke Activity Status Index is Sensitive to Non-Fatal Adverse Cardiac Events when Evaluating Patient Outcome at Late Follow-up


ANNOUNCEMENTS

John Preolo, Director of Medical Staff Administration, was recognized by his peers of the New Jersey State Association of Medical Staff Services (NJSAMSS) as the Mentor of the Year.

The NJSAMSS Mentor Award has been established to recognize a member for their exceptional mentoring efforts who has:
- made efforts to enrich the mentee’s experience through leadership development,
- gave back to NJSAMSS through the development of a mentee by personally and professionally supporting their growth,
- taught the meaning and application of credentialing skills,
- provided guidance in time management, communications and networking skills, and
- shared their knowledge and skills in credentialing, management, and standards.
Congratulations to Glenn A Krinsky, MD for receiving a distinct editor’s recognition award for his ‘outstanding service as a reviewer of scientific manuscripts submitted for publication in Radiology.’

Electronic Access to EBSCO Research Databases for Valley Physicians

The Valley Hospital’s Medical Library is proud to showcase the EBSCO Host Research Databases that provide a comprehensive online package of healthcare information for doctors and staff. EBSCO’s databases include:

- DynaMed—clinical reference tool that is evidence-based
- Medline—access to 1,500 full-text journals
- CINHAL—full-text articles for nurses and allied health professionals
- The Cochrane Collection—excellent, high quality data source about the effects of healthcare;
- Designed to inform healthcare providers at all levels (i.e., research, teaching, funding, and administration)
- Other databases—resources for children and adults

You can access EBSCO’s databases at www.valleypathologist.com. These databases can also be found on Valley’s intranet; click on Clinical Tools, and then select Library Databases. For more information, please contact Claudia Allocco, the Director of Library Services, by phone at ext. 8285 or via e-mail at callocc@valleyhealth.com.
GO LIVE FOR MEDITECH 6.1 IS **MAY 30th**!

**Physician Support for Meditech 6.1**

You may be wondering how you can get additional help beyond training classes with the new Meditech 6.1 system.

The Information Systems Department’s Advanced Clinical Team (ACT) is available to answer any questions you may have to working with the new application up until go-live and beyond.

**Up until May 30**, the ACT is available on-site from 8 a.m. to 4 p.m., Monday through Friday. From within the hospital, they can be reached at extension 3000. Externally, they can be reached at (201) 447-8000, Option 2.

During the first three weeks in the new system (May 30 through June 19), the team will be on-site to support you 24 hours a day, 7 days a week. At the end of those three weeks, they will return to their regular support hours.

**Now through May 29**—On site support 8 a.m.—4:30 p.m., internal extension 3000, external (201) 447-8100, option 2. Offsite, on-call—4:30 p.m.—8 a.m. (201)447-8100, Option 2.

**May 30 through June 19**—On site 24 hours a day/7 days a week, internal extension 3000, external (201)447-8100, Option 2. Offsite, on-call—4:30 p.m. to 8 a.m. (201)447-8100, Option 2.

**After June 19**—On site 8 a.m. to 4:30 p.m., internal extension 3000, external (201)447-8100, Option 2. Offsite, on-call—4:30 p.m. to 8 a.m. (201)447-8100, Option 2.

**What will my Rounding List look like?**

Meditech 6.14 will not bring significant changes to the Rounding Lists. The look and feel of the report will be very similar to what is currently being used.

Your rounding list will be accessed from your patient list, as it is today. One improvement is that any patients in critical care units will be sorted to the top. This will allow you to see at a glance if any of your patients are in these units.

Below is a sample of the rounding list from Meditech 6.14

<table>
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<tr>
<th>Location</th>
<th>Room-Bed</th>
<th>Patient Name</th>
<th>Med Rec #</th>
<th>Age-Sex</th>
<th>LOS</th>
<th>Attending Provider</th>
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<td>CAR.P3W</td>
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<td>CAR.B2A</td>
<td>B2215 P</td>
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<td>TRAINING</td>
<td>ZTRAIN.001 31</td>
<td>Sunancyan, Talli...</td>
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<tr>
<td>CAR.B2A</td>
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<td>149</td>
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<tr>
<td>EDINP.B1</td>
<td>R-MEDTEL R1</td>
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<td>GER.P4E</td>
<td>P4323 W</td>
<td>Training, provide...</td>
<td>M0002768</td>
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<td>30</td>
<td>McConnell, John</td>
</tr>
</tbody>
</table>

**Obs**: Observation (LOA): Leave of Absence  * Consultations  6 Patients
Meditech Go-Live Support

To support employees and physicians following go-live on Saturday, May 30, 100 members of the Meditech READY team, including Valley staff, Meditech and Navin Haffty employees, will be on-site 24/7 for three weeks. To easily identify them, they will be wearing red vests as shown below.

If you are having any issue in Meditech or have any questions, please ask a support team member wearing red for assistance. They are here to help you!

There are also two dedicated phone lines for employees and physicians to speak directly with a Meditech support team member:

   Employees: Call (201)291-6400 (internal ext. 6400)
   Physicians: Call (201)447-8100, Option 2 (internal ext. 3000)
Encephalopathy

The term encephalopathy is vague and requires specific documentation by the provider to clearly describe the patient’s condition. This condition greatly impacts the Severity of Illness (SOI) and Risk of Mortality (ROM) and the MS/DRG assignment.

The National Institute of Neurological Disorders and Stroke define encephalopathy as a term for any diffuse disease of the brain that alters brain function or structure. There are a few helpful tips to remember when documenting encephalopathy; Encephalopathy should be preceded by an ADJECTIVE. The underlying etiology of the encephalopathy should be documented. The provider needs to LINK the encephalopathy to the medical condition of the patient that led to the brain disease or malfunction. Encephalopathy should be documented CONSISTENTLY within the patient’s record. While there is no set standard for the number of times a diagnosis should be documented, the more frequently documented the less likely there would be a challenge from an outside auditor.

Types of Encephalopathy

**Metabolic/Septic**  ICD 9 348.31/ ICD 10 G93.41 due to metabolic causes infections, fever dehydration, acidosis, organ failure. Presents quickly and rapidly.
1. **Toxic**  ICD 9 349.82/ ICD 10 G92 due to toxic substance identified with drugs and chemical substances
2. **Toxic – Metabolic**  ICD 9 349.82/ ICD 10 G92 found in organ failure and intoxication
3. **Hepatic**  ICD 9 572.2/ ICD 10 K72
4. **Alcoholic**  ICD 9 291.2 / ICD 10 F10.27
5. **Hypertensive**  ICD 9 437.2 / ICD 10 I67.4
6. **Anoxic**  ICD 9 348.1 / ICD 10 G93.1
7. **Other**  ICD 9 348.39 / ICD 10 G93.49
8. **Unspecified**  ICD 9 348.30/ ICD 10 G93.40

The physician should also make a distinction between encephalopathy and delirium. Encephalopathy is due to metabolic and toxic states. Delirium usually is classified as a mental illness or a symptom.