This busy Medical Staff Bulletin will reflect the number of important events happening at Valley:

Item 1: Doctor’s Day

National Doctors’ Day is March 30. Let me take this opportunity to recognize our Medical Staff Members for all of their hard work and dedication. Our patients and the community as a whole have benefitted greatly from your contributions.

As we approach Doctors’ Day there will be numerous celebrations throughout the building. As you go through your day’s activities please take a little time to participate in them.

Also, throughout the month of March hospital staff has been encouraged to post physician comments on Valley’s Facebook page. Please take a moment and review these comments. I am not really articulate enough to fully express my appreciation, and I’m not much of a Facebook person, so I will simply say Thank You.

Item 2: ICD-10

As we reach the closing days of March, and we all begin to anticipate the long awaited return of warmer weather, nobody really wants to think about it, but October, and the start of ICD-10, is not that far away. I am sensing that most of the Medical Staff has now reached the acceptance stage of Elizabeth Kubler Ross’s stages of grief, and they are asking what the hospital is doing to help them prepare.

Here is what we are doing. We are scheduling education sessions to coincide with the May 5 Active Medical Staff meeting, as well as individual department meetings. That schedule is being worked on now. We are posting written materials which you can access at your convenience. Some of them will provide CME credit.

Please see the illustrated instructions of how to access this material. It can be accessed either through the Valley Intranet or through the valleyphysician.com website. Amongst the materials we have links for the top 10 facts you and your staffs need to know, specialty specific ICD-9 to ICD-10 crosswalks, an ICD-10 documentation guide, and other white papers to help you prepare for what hopefully will not be Armageddon.

One more important item which we included is a link to identify ICD-10 Physician Champions. These are members of the medical staff who are being specifically trained to be your resource. If you would like to become a Physician Champion, please reach out either to John McConnell or me.

Item 3: Joint Commission

From now, to the end of the year, we will be jam packed with Joint Commission activity. We hold 11 Disease Specific Certifications from the Joint Commission. Each of those certifications requires a site survey, which given past experience is expected to take place around May. We are also due for our triennial survey which we anticipate around September or October. Rumor has it that The Joint Commission’s contract with CMS is expiring soon and because of this CMS will follow some Joint Commission surveys with surveys of their own to see how thorough The Joint Commission is.

Keep in mind that The Joint Commission uses what they call a tracer methodology which means they identify a patient of interest and follow that patient wherever they went. As they “trace” the patient’s path, anything they see or encounter is fair game for thorough inspection.

In preparation for all of this Joint Commission activity we recently went through a mock survey process. The mock surveyors went through all of the steps the regular surveyors would be expected to go through and gave us a list of their findings and recommendations. Based on that and prior Joint Commission surveys I put together a brief presentation to the Medical Board which included some specific recommendation as well as general reminders. I have included highlights of that presentation later in this bulletin.

Item 4: Adjournment

At this point, I will accept a motion to adjourn.

Thank you

Mitchell Rubinstein, M.D., Editor
Joint Commission Preparation

As noted in the cover article I made a brief presentation to the Medical Board regarding preparation for The Joint Commission. Here are some of the points that would affect or be of particular interest to the medical staff. I will divide this into two categories: Recommendations regarding rules and regulations, and potential site survey findings:

A. Bylaws / Rules and Regulations
1. Require all new applicants to the Medical Staff to provide a government issued photo ID. This is actually our practice, so we just need to write it into the rules.
2. The President of the Medical Staff must approve any request for temporary privileges in order for that request to be granted.
3. We must create a process for removing Elected Officers and At-Large members from the Medical Board.
4. Create a process where non-physicians members of the Medical Staff can serve on Medical Board.
A course on radiation safety should be required for all non-radiologists as part of the credentialing process.

The Bylaws Committee will review these recommendations and enact them as appropriate.

Site Survey

The following are general reminders not only for a site survey but for daily practice.
1. All entries in the medical record must be signed, dated, and Timed. This is more of a challenge for hand written entries. Electronic entries are automatically dated and time stamped.
2. The time-out process is very important and not specific to the venue of care. It must be used for any invasive procedure performed in any location.

Proper Hand Hygiene prevents infection. It is always the right thing to do, and is scrutinized by Joint Commission surveyors.

Medicare Compliance Note

Patients admitted for operations on the Medicare Inpatient Only list are exempt from the 2 midnight rule. They are by definition inpatients no matter how briefly they may stay in the hospital. If you discharge such a patient before 2 midnights have elapsed, you do not have to change them to observation.

One new wrinkle here is that the order for admission must be placed before the operation takes place and not simply be part of the post-operative orders. Because of this, surgeons will be asked to submit their admission orders with their other pre-operative orders.
**MARCH 2014 DEPARTMENT MEETINGS**

Neurology  Monday, March 24  7:30 a.m.  CC-7
Anesthesia  Tuesday, March 25  7:00 a.m.  Kurth Cottage
Surgery  Tuesday, March 25  7:30 a.m.  Board Room
Orthopedic Surgery  Tuesday, March 25  7:30 a.m.  Auditorium

**MARCH 2014 COMMITTEE/CONFERENCE MEETINGS**

Breast Management Conference  Monday, March 24  12:00 p.m.  Luckow. Conf. Room.
Pharmacy and Therapeutics  Tuesday, March 25  8:30 a.m.  Board Room
GI Cancer Conference  Tuesday, March 25  12:00 p.m.  Board Room
Palliative Care  Thursday, March 26  11:30 a.m.  CC-7
Standards Committee  Thursday, March 27  7:30 a.m.  CC-7
Lung Management Conference  Thursday, March 27  12:00 p.m.  CC-5
Medical Records Committee  Thursday, March 27  8:00 a.m.  Board Room

**MARCH 2014 PEER REVIEW COMMITTEES**

Oncology  Wednesday, March 26  7:30 a.m.  Admin Conf. Rm. # 1
Medicine  Wednesday, March 26  12:00 p.m.  Admin Conf. Rm # 1

**TRANSITION**

This is to inform you that responsibility for the Coumadin Clinic has been transferred from the Pharmacy to the Community Care Center Staff. Several of the Community Care Staff members have been sent for formal training and received certification for this point of care testing by the University of Southern Indiana.

This transition of services was completed as of March 1. We do expect the transition to be completely seamless for you and your patients. If you have any questions, please call 973-427-7676 and when prompted, extension number 206.

**eDischarge**

**Plan:** In order to meet ARRA Meaningful Use requirements for 2014 Attestation, all Physicians and Nursing staff will be educated on how to complete the eDischarge process in Meditech by end of 2nd Quarter 2014. **Roll out of floors by Location:** Expand the locations were eDischarge is allowed as outlined.

**Training dates to be coordinated with each Nursing Unit**

<table>
<thead>
<tr>
<th>Location</th>
<th>Training Dates</th>
<th>GoLive Date</th>
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<tbody>
<tr>
<td>3E, 3W, 2A, CS2, CCU</td>
<td>Pilot Units (already LIVE)</td>
<td>Oct 29th as pilot units</td>
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<tr>
<td>Peds (2E)</td>
<td>March 10 Staff meeting</td>
<td>March 31</td>
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<td>4E</td>
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<td>April 7</td>
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<td>4NA, 4NB</td>
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<td>April 14</td>
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<td>3A, 3MT</td>
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<td>April 21</td>
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<tr>
<td>2B, 2W</td>
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<td>April 28</td>
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HAPPY ANNIVERSARY TO OUR ACTIVE STAFF PHYSICIANS!
CONGRATULATIONS ON YOUR MILESTONE!

MARCH CELEBRANTS:

<table>
<thead>
<tr>
<th>PHYSICIAN</th>
<th>DEPARTMENT</th>
<th>YEARS</th>
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<tbody>
<tr>
<td>Birinder J. Kaur, MD</td>
<td>Medicine</td>
<td>5</td>
</tr>
<tr>
<td>Sean D. Lavine, MD</td>
<td>Neuroscience</td>
<td>5</td>
</tr>
<tr>
<td>Deborah P. Steinbaum, MD</td>
<td>Pediatrics</td>
<td>5</td>
</tr>
<tr>
<td>Alicia A. Prowse, MD</td>
<td>Medicine</td>
<td>10</td>
</tr>
<tr>
<td>Sergey Rome, MD</td>
<td>Urology</td>
<td>10</td>
</tr>
<tr>
<td>Chaim E. Rosen, MD</td>
<td>Anesthesiology</td>
<td>15</td>
</tr>
<tr>
<td>Lorraine J. Brancato, MD</td>
<td>Ophthalmology</td>
<td>20</td>
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<tr>
<td>Francis E. Cangemi, MD</td>
<td>Ophthalmology</td>
<td>20</td>
</tr>
<tr>
<td>Marc M. Dreier, MD</td>
<td>Emergency Medicine</td>
<td>20</td>
</tr>
<tr>
<td>Richard F. Iannacone, DO</td>
<td>Anesthesiology</td>
<td>20</td>
</tr>
<tr>
<td>Joseph J. Licata, MD</td>
<td>Surgery</td>
<td>20</td>
</tr>
<tr>
<td>Edward R. Nieuwenhuis, DPM</td>
<td>Orthopedic Surgery</td>
<td>20</td>
</tr>
<tr>
<td>Michael C. Distefano, MD</td>
<td>Orthopedic Surgery</td>
<td>25</td>
</tr>
<tr>
<td>Carol O. Sotsky, MD</td>
<td>Medicine</td>
<td>25</td>
</tr>
</tbody>
</table>

NEW APPOINTMENTS TO THE MEDICAL STAFF

Name: Allison M. Averill, MD
Privileges: Department of Orthopedic Surgery
Medical School: Rutgers Medical School
Residency: Hospital of University of Pennsylvania
Practice: Solo
Office: 300 Market Street, Saddle Brook, NJ

Name: Basil Bruno, MD
Privileges: Department of Pediatrics
Medical School: University of Medicine and Dentistry of New Jersey
Residency: University of Medicine and Dentistry of New Jersey
Practice: Pedimedica
Office: 55 Summit Avenue, Hackensack, NJ

Name: Saraswati D. Dayal, MD
Privileges: Department of Surgery
Education: Howard University College of Medicine
Residency: University of Medicine and Dentistry of New Jersey
Fellowship: University of Medicine and Dentistry of New Jersey
Practice: NJ Trauma and Critical Care Associates
Office: 5 Summit Avenue, Suite 105, Hackensack, NJ

Name: Steven W. Feick, MD
Privileges: Department of Diagnostic Imaging
Medical School: University of Minnesota Medical School
Residency: University of Colorado Health Science
Fellowship: San Francisco General Hospital Medical Center
Practice: Imaging On Call
Office: 695 Dutchess Turnpike, Suite 105 Poughkeepsie, NY
Name: Howard E. Felderman, MD
Privileges: Department of Emergency Medicine
Medical School: Drexel University College of Medicine, MD
Residency: Morristown Memorial Hospital, NJ
Fellowship: Morristown Memorial Hospital, NJ
Practice: Valley Emergency Room Associates
Office: 223 North Van Dien Avenue, Ridgewood, NJ

Name: Rashmin M. Hingrajia, MD
Privileges: Department of Pediatrics
Medical School: University of Medicine and Dentistry of New Jersey
Residency: St Joseph's Hospital and Medical Center, NJ
Fellowship: University of Maryland
Practice: Valley Medical Services
Office: 223 North Van Dien Avenue, Ridgewood, NJ

Name: Michele Moscato, DO
Privileges: Department of Family Practice
Medical School: New York College of Osteopathic Medicine, NY
Residency: Mountainside Hospital, NJ
Practice: Bergen Gastroenterology
Office: 466 Old Hook Road, Suite 1, Emerson, NJ

Name: Falguni Shah, MD
Privileges: Department of Pediatrics
Medical School: Gujarat University, India
Residency: Children's Hospital at Montefiore, NY
Fellowship: Children's Hospital at Montefiore, NY
Practice: Solo
Office: 470 Franklin Turnpike, Ramsey, NJ

Name: Stephen T. Spates, MD
Privileges: Department of Medicine
Medical School: University of Iowa College of Medicine, IA
Residency: University of Colorado Medical Center, CO
Fellowship: University of Colorado Medical Center, CO
Practice: The Dermatology Group
Office: 140 Route 17 North, Suite 200, Paramus, NJ

Name: Max Auerbach, PA
Privileges: Department of Surgery
Medical School: Cornell University, NY
Practice: NJ Trauma and Critical Care Associates
Office: 5 Summit Avenue, Suite 105, Hackensack, NJ

Name: Beverly S. Karas-Irwin, DNP
Privileges: Department of Medicine
Medical School: New School University, NY
Practice: Valley Columbia Heart Center
Office: 223 North Van Dien Avenue, Ridgewood, NJ

Name: Joel M. Regalado, APN
Privileges: Department of Medicine
Medical School: Rutgers University, NJ
Practice: Valley Medical Services
Office: 223 North Van Dien Avenue, NJ
SAVE THE DATE

June 2, 2014

The 42nd Annual Valley Hospital Golf Outing

At The Ridgewood Country Club

Site of the Barclays 2014 PGA Playoffs

Sponsored by The Valley Hospital Auxiliary

To benefit The Valley Hospital

Plan to join us for a spectacular day of golf.
Valley Physicians Among America’s Top Doctors

The Valley Hospital in Ridgewood, NJ, is proud to announce that 136 members of the hospital’s medical staff have been recognized as Top Doctors by Castle Connolly Medical Ltd, a New York City healthcare research and information company.

Castle Connolly publishes “Top Doctors” guides that identify the nations’ best doctors and hospitals. The lists are based on peer nominations and professional assessments by Castle-Connolly’s physician-led research team.

“IAm very proud to recognize the many outstanding physicians at The Valley Hospital who have been included in the Top Doctors listing, said Audrey Meyers, President and CEO of The Valley Hospital. “It demonstrates what we’ve always known – that some of the top specialists in their fields practice here at Valley."

Castle Connolly’s Top Doctors are among the top 10 percent of doctors. Valley physicians who are included on this prestigious list are:

Saurabh Agarwal, M.D., Urology; Thomas Ahlborn, M.D., Surgery; Frederick Alexander, Pediatric Surgery; Eric Avezzano, M.D., Gastroenterology; Jeffrey Barasch, M.D., Pulmonary Disease; Mary Bello, M.D., Family Medicine; Irwin Berkowitz, M.D., Pediatrics; Marc Bessler, Surgery; Jessica Blume, M.D., Allergy & Immunology; John Bosso, M.D., Allergy & Immunology; Gary Breslow, Plastic Surgery; Assia Bromberg, M.D., Pulmonary Disease; Crystal Broussard, M.D., Gastroenterology; Daniel Budd, M.D., Surgery; William Burke, M.D., Gynecologic Oncology; Jaclyn Calem-Grunat, M.D., Diagnostic Radiology; Francis Cangemi, M.D., Ophthalmology; Duncan Carpenter, M.D., Neurological Surgery; Cindy Chang, M.D., Allergy & Immunology; Patrick Chin, M.D., Ophthalmology; Jeff Chung, M.D., Rheumatology; Rhoda Cobin, M.D., Endocrinology, Diabetes & Metabolism; and Thomas Cocke, M.D., Cardiovascular Disease.

James Cornell, M.D., Ph.D, Critical Care Medicine; Roger Coven, M.D., Obstetrics & Gynecology; Omid Dar-dashti, M.D., Cardiovascular Disease; Sameera Daud-Ahmad, M.D., Endocrinology, Diabetes & Metabolism; Anthony Delfico, M.D., Sports Medicine; Anthony Delillo, M.D., Gastroenterology; Michael Distefano, M.D., Orthopaedic Surgery; Sheldon Eisenberg, M.D., Cardiovascular Disease; Ira Esformes, M.D., Orthopaedic Surgery; Frederick Fakharzadeh, M.D., Hand Surgery; Michael Faust, M.D., Obstetrics & Gynecology; Barry Fernbach, M.D., Hematology; Susan Flanzman, M.D., Internal Medicine; Howard Frey, M.D., Urology; David Friedman, M.D., Pediatric Surgery; and Rajinder Gandhi, M.D., Pediatric Surgery.

Carol Glaubiger, M.D., Internal Medicine; Noah Goldman, M.D., Gynecologic Oncology; Howard Goldschmidt, M.D., Cardiovascular Disease; Joseph Grizzanti, DO Pulmonary Disease; John Hajjar, M.D., Urology; Paul Harlow, M.D., Pediatrics; Jay Heldman, M.D., Dermatology; Patricia Hicks, M.D., Pediatric Allergy & Immunology; Alan Israel, M.D., Hematology; Joel Jacowitz, M.D., Cardiovascular Disease; Valerie Johnson, M.D., PhD, Pediatric Nephrology; Steven Kanengiser, M.D., Pediatric Pulmonology; Harry Katz, M.D., Otolaryngology; Philip Kazlow, M.D., Pediatric Gastroenterology; and Gary Knackmuhs, M.D., Infectious Disease.

Rima Kopelman, M.D., Rheumatology; Jeffrey Kozlowski, M.D., Nephrology; Glenn Krinsky, M.D., Diagnostic Radiology; Evan Kushner, M.D., Internal Medicine; Susan Kushner M.D., Pediatrics; Vivian Lan, M.D., Internal Medicine; Joel Landzberg, M.D., Cardiovascular Disease; Evan Leibowitz, M.D., Rheumatology; Bennett Leifer, M.D., Geriatric Medicine; Elliot Lerner, M.D., Neuroradiology; Kenneth Levin, M.D., Neurology; Robert Levine, M.D., Gastroenterology; Seth Levine, M.D., Urology; Lauren Levy, M.D., Diagnostic Radiology; Joseph Licata, M.D., Surgery; Elliott Lichtstein, M.D., Cardiovascular Disease; Louise Ligresti, M.D., Medical Oncology; David Lipson, M.D., Plastic Surgery; Douglas Liva, M.D., Ophthalmology; and Edward Lubat, M.D., Diagnostic Radiology.

Frank Manginello, M.D., Neonatal-Perinatal Medicine; Stephen Margulis, M.D., Gastroenterology; Stephen Mcllveen, M.D., Orthopaedic Surgery; Monica Meyer, M.D., Obstetrics & Gynecology; Philip Meyers, M.D., Neuroradiology; Laurence Milgrim, M.D., Otolaryngology; Suneet Mittal, M.D., Cardiac Electrophysiology; Sessine Najjar, M.D., Infectious Disease; David Namerow, M.D., Pediatrics; Amajot Narula, M.D., Psychiatry;
Joel Nizin, M.D., Colon & Rectal Surgery; Daryl O'Brien M.D., Pediatrics; Richard Palu, M.D.; Ophthalmology; Martin Pelavin, M.D., Internal Medicine; Reed Perron, M.D., Neurology; Joseph Pizzurro, M.D., Orthopaedic Surgery; and Roger Pollock, M.D., Orthopaedic Surgery.

Mark Preminger, M.D., Cardiac Electrophysiology; Donald Quest, M.D., Neurological Surgery; Michael Rahmin, M.D., Gastroenterology; Thomas Rakowski, M.D., Medical Oncology; Louis Rambler, M.D., Diagnostic Radiology; Dennis Reison, M.D., Cardiovascular Disease; Don Respler, M.D., Pediatric Otolaryngology; Fred Rezvani, M.D., Obstetrics & Gynecology; Robert Rigolosi, M.D., Nephrology; David Rosenfeld, M.D., Psychiatry; Roger Rosenstein, M.D., Hand Surgery; Patrick Roth, M.D., Neurological Surgery; Mitchell Rubinoff, M.D., Gastroenterology; Ruth Schulze, M.D., Obstetrics & Gynecology; Maria Scibetta, M.D., Internal Medicine; Robert Silverman, M.D., Pain Medicine; Justin Skripak, M.D., Allergy & Immunology; Marjorie Slankard, M.D., Allergy & Immunology; Scott Smilen, M.D., Obstetrics & Gynecology; and Edward Solomon, M.D., Ophthalmology.

Gerald Sotsky, M.D., Cardiovascular Disease; Michael Sternschein, M.D., Plastic Surgery; John Strobeck, M.D., Ph.D., Cardiovascular Disease; Jason Surow, M.D., Otolaryngology; Albert Tartini, M.D., Nephrology; Steven Tennenbaum, M.D., Urology; Jack Tohme, M.D., Endocrinology, Diabetes & Metabolism; Simon Tsiouris, M.D., Infectious Disease; Anne Marie Valinoti, M.D., Internal Medicine; Daniel Van Engel, M.D., Neurology; David Van Slooten, M.D., Neurology; Roy Vingan, M.D., Neurological Surgery; Anthony Volpe, M.D., Internal Medicine; Steven Waxenbaum, M.D., Colon & Rectal Surgery; Robert Wehmann, M.D., Ph.D., Endocrinology, Diabetes & Metabolism; Darryl Weiss, M.D., Dermatology; Howard Weizman, M.D., Nephrology; Ronald White, M.D., Colon & Rectal Surgery; Marcus Williams, M.D., Cardiovascular Disease; Anusak Yiengpruksawan, M.D., Surgery; Alan Zalkowitz, M.D., Rheumatology; Alex Zapolanski, M.D., Thoracic & Cardiac Surgery; Carolyn Zelop, M.D., Maternal & Fetal Medicine; Robert Zubowski, M.D., Plastic Surgery; and Ira Zucker M.D., Gastroenterology.

For a referral to a Valley physician, please call 1-800-VALLEY 1 (1-800-825-5391).
AVOID !!!

Unapproved abbreviations

Signs such as:

These signs in front of a word or letter (such as K or Sodium) cannot be coded as conditions.

The use of words such as low or high or increased or decreased in front of a condition or diagnosis like low potassium or increased heart rate cannot be coded.

Instead document: Hypokalemia, Hypernatremia, or Tachycardia.

“Better documentation will paint a better picture of the patient’s severity of illness and justify your mortality profile.”
Meet Noelle and Baby Hal, Valley's Medical “Robots”

In a private room at The Valley Hospital Center for Childbirth, Noelle is about to give birth to her first child. One minute everything seems fine; the next the labor and delivery team spring into emergency response mode as the obstetrician detects the signs of shoulder dystocia, an obstetrical emergency in which the head is delivered but one of the shoulders fails to pass through the pelvis and is "stuck."

As they have been well-trained to do, the team responds quickly and baby Hal is delivered safely. But Noelle is in no condition to appreciate their work. Noelle is essentially a robot — a full-sized, blond mannequin that can give birth and be used to simulate a wide range of obstetrical, medical and surgical emergencies.

Valley purchased the Noelle Maternal and Neonatal Birthing Simulator and Newborn Hal through grants from The Van Houten Foundation and The Valley Hospital Foundation. A five-year-old Hal mannequin has also been purchased. The high-tech mannequins are the cornerstone of Valley’s simulation training program, which has been underway for about a year. Future plans include the establishment of a Simulation Laboratory funded by a $2.5 million grant from the Foundation’s Board of Trustees.

Simulated emergencies have been implemented in the OR and Center for Childbirth and are planned to expand into other areas of the hospital. The obvious benefit of simulation training is that it may be accomplished with absolutely no risk to the patient and allows nurses, physicians and other members of the healthcare team to practice and review their performance before being faced with a live patient. “This is particularly valuable in the case of high-risk, low-frequency occurrences, which staff may not see often in their careers,” said Beth McGovern, clinical practice specialist at Valley and one of the simulation educators.

“It also fosters teamwork between different disciplines as all members of the team work together on the simulation exercises, which can improve processes and patient safety,” McGovern said. The Institute of Medicine has recommended interdisciplinary team training programs as one way to encourage a “culture of safety” that makes patient safety a top priority. “In a simulation exercise, we have physicians, nurses, techs, and other members of the healthcare team working training side-by-side, which mimics what happens in a real medical emergency,” McGovern said.

Caption: Medical simulator “Noelle” gives birth to a healthy baby boy as part of a simulation training drill in The Valley Hospital’s Center for Childbirth. Baby “Hal” was delivered by OB/GYN Roger Coven, M.D., with the assistance of Beth McGovern (left) clinical practice specialist, and labor & delivery nurse Jamie DeVisser. During the drill the team ran through the steps required to respond to shoulder dystocia, an obstetrical emergency in which the head is delivered but one of the shoulders fails to pass through the pelvis and is "stuck."
ABOUT THE INITIATIVE
Several months ago, The Valley Hospital partnered with Strategic Healthcare Group LLC (SHG) to improve blood utilization and transfusion safety. Through this Blood Management & Transfusion Safety Initiative, we are implementing a comprehensive evidence-based blood management program to save blood and save lives.

HOW YOU CAN SUPPORT THIS INITIATIVE
Physicians:
- Align practice with current clinical evidence
- Use evidence-based transfusion guidelines
- Promote blood management principles

Nurses:
- Recognize and report adverse events
- Advocate for use of evidence-based guidelines
- Promote blood management principles

THE IMPACT OF APPROPRIATE BLOOD UTILIZATION

For example, by reducing utilization of 111 units of blood products, you could achieve the following:

4 Complications avoided (1% per unit)
167 Patient days reduced (1.5 days per unit)
244 Nursing hours saved (2.2 hours per unit)

1 Life saved (0.9% per unit)

Results based upon recently published NSQIP data*†

* Lemons et al, Arch Surg 2012/14/11
† Assumes outcomes for a single unit of RBC; an apheresis unit of platelets or a 3 unit dose of plasma

Contact Mitchell Rubinstein, M.D., at ext. 8015 for more information about how you can help save blood and save lives.
22nd

UPDATE ON ARRHYTHMIA
DIAGNOSIS AND MANAGEMENT™
Atrial Fibrillation and Stroke: Prediction and Protection

Saturday, May 17, 2014
8:00 AM – 12:30 PM  Breakfast & CME Activity

The Princeton/Columbia Club of New York
15 W. 43rd Street, New York, New York

Program Directors
Jonathan S. Steinberg, MD
Sunneet Mittal, MD

Guest Faculty
Alan S. Go, MD
Elaine M. Hylek, MD, MPH

Host Faculty
Aysha Arshad, MD
Dan L. Musat, MD
Mark W. Preminger, MD
Tina C. Sichrovsky, MD

Agenda Topics
• CHADS2, CHA2DS2-VASc, or something else? How to use the stroke risk stratification schema
• Implantable devices coupled to remote monitoring – a new paradigm for the identification of patients at high risk for stroke
• Can catheter ablation prevent stroke?
• Making sense of the anticoagulant landscape
• Mechanical techniques to prevent stroke
• Case studies in stroke and atrial fibrillation

Registration for this event must be submitted online at
http://goo.gl/YDTkDv

The Valley Hospital designates this live activity for a maximum of 3.5 AMA PRA Category 1 Credit™

For additional information, please contact
Medintelligence, LLC  •  Phone: 732-977-5887  •  Fax: 732-583-0792  •  carchibald@medintelligence.net
The Valley Hospital is among a handful of hospitals in the nation and the first in New Jersey to implant a newly approved tiny wireless heart monitor that is expected to have a very real impact for patients and doctors.

Indicated for use as a diagnostic tool for people suffering from unexplained fainting, dizziness, palpitations or shortness of breath, the device can also help doctors determine if a patient has atrial fibrillation, the most common form of heart rhythm abnormality.

Nick Rotonda, of Upper Saddle River, was the first patient to receive the device at Valley and is counting on it to monitor whether he has any signs of atrial fibrillation or flutter, which could increase his risk for a stroke. Rotonda underwent a procedure at Valley last December to correct his abnormal heart rhythm, and his doctors want to monitor him to make sure he is maintaining normal rhythm.

About one-third the size of a AAA battery and almost 90 percent smaller than similar devices on the market, the device, the LINQ Reveal implantable cardiac monitor, is slipped just beneath the skin with a syringe-like device through an incision that is less than ½ an inch in length. It continuously and wirelessly monitors the heart for up to three years and notifies physicians if patients have significant cardiac events between regular medical appointments. It is also MRI-compatible, allowing patients to undergo magnetic resonance imaging if needed.

“It takes about 5 minutes to implant the device using a local anesthetic,” said Cardiac Electrophysiologist Dan L. Musat, M.D., attending physician at Valley’s Arrhythmia Institute, part of the Valley Heart and Vascular Institute. “There is no need for general anesthetic, the device is not visible in most patients, and patients go home after about an hour,” said Dr. Musat, who performed Valley’s first procedure on Mr. Rotonda.

The device has the ability to communicate wirelessly via a small tabletop remote monitoring station while patients sleep, allowing them to continue living their lives normally, even away from home.

“This is one of the most innovative new technologies to emerge in cardiology in the last decade,” said Suneet Mittal, M.D., Director of the Electrophysiology Lab at Valley. “It is so discreet that most patients will not even know it is there and can go about their lives without interruption or discomfort from the device,” Dr. Mittal said. “It truly is a game changer.”

“I know that atrial fibrillation can increase my risk for a stroke, and this monitor gives me peace of mind because I know that if I have an episode the monitor will alert my doctor so he can address it,” Mr. Rotonda said.

The LINQ Reveal is made by Medtronic and was approved for use by the U.S. Food and Drug Administration this month (February 2014).
Documentation of Inpatient reason for Telephone or Verbal Orders

Effective October 1, 2013, CMS changed its rules regarding the designation of Inpatient vs. Observation status. Under the new rules, in order to be considered an inpatient, the patient must require a form of intensity of therapy which can not be provided in a lesser setting, for a time period which must span at least 2 consecutive midnights. Additionally, providers must specifically indicate the reason that inpatient care is required.

In order to facilitate documentation related to the new CMS requirements, queries were added to CPOE admission orders in October 2013. Additional enhancements are now being made in order to capture the required documentation in cases where a telephone or verbal admission order is given.

For patients with telephone or verbal admission orders, the following message will display upon submitting CPOE orders:

**NOTICE**

**Patient has been admitted as Inpatient status. Attestation reason is required.**
To maintain INP status, please place the CMS Inpatient Justification order.
To change patient status to Observation, please use Admission-Change Status (ob/in).
Press <Enter> to Continue.

In order to submit CPOE orders, one of the following must be ordered:
An Admission—Change Status order with OBS selected as admission status

OR

The CMS Inpatient Justification order with INP reason documented

These orders can be found in the Any Order look up from the Orders button.

For questions regarding the new CMS requirements, please call Mitch Rubinstein at ext. 8015. For CPOE questions, please call EXT. 3000 or (201) 447-8100 option 2 to speak to a member of the Advanced Clinical Team.
Mandatory use of e-Discharge process begins May 5, 2014

In The Valley Hospital’s continuing efforts to comply with the regulations set forth by the Centers for Medicare and Medicaid Services, the electronic discharge process will be mandated for all patient discharges beginning May 5, 2014.

Why? - This process is required to meet CMS Requirements for Meaningful Use criteria

How?
⇒ Training sessions will be held for all physicians on request by calling x3000. Most training is completed in 20 minutes
⇒ A PowerPoint training can be accessed via https://www.valleypathologist.com/login.asp for CME credits
⇒ Training sessions will be posted

Benefits:
⇒ Prescriptions can be converted and sent electronically, saving you time
⇒ Patients have a full summary of care to be shared with other clinicians or other facilities after discharge
⇒ It allows for collaboration with other clinicians with the discharge process.
⇒ The Discharge plan can be updated throughout the patient’s stay
⇒ The eDischarge process and Medication Reconciliation can be completed remotely.
Date: March 10, 2014
To: All Surgeons, Office Managers & Schedulers
From: The Valley Hospital Pre Surgical Screening Department
Re: New Fax Number for Pre-Surgical Paperwork

Effective Tuesday, April 1, 2014, all pre-surgical paperwork should be sent to the new fax number below:

(866) 616-1891

Why?

Perioperative Services has contracted with MMF Systems to provide a fax-to-web information management system. MMF (My Medical File) supports over 1 million patient surgeries every year for leading medical centers, community hospitals, and surgery centers.

What does this mean for your office?

All materials currently faxed, scanned or delivered to the hospital in preparation for a procedure (e.g. H&P, Physician Orders, Consent, and Outside Testing) must be faxed to the new number. It is essential to label EACH faxed page with Patient Name and Date of Birth (DOB). Documents without identifiers may not get filed properly.

All faxed information is digitally received, stored and cataloged by patient and by surgeon. The data is then accessible via a secured web to all authorized hospital and surgeon office staff. This will eliminate the loss of any paperwork and will identify any missing documentation for your patients’ upcoming procedure.

Benefits:

All faxed information will be electronically available to your office, Clinical Staff, Pre-Surgical Screening, Chart Preparation and Anesthesia, reducing redundant communications for your offices.

MMF will be onsite for training the week of March 24th. Information sessions and training will be offered at this time.

If you would like to request access to your patient charts in MMF, please send an email to support@mmf.com and include the following:

- Job Title, Full name, Phone number, Fax number and email, If surgeon office staff, related surgeon(s) name(s)
ICD-10 EDUCATION

We have a great new ICD-10 resource center located on the Valley intranet. It is at the very top of the screen.

If you click the link highlighted by the red circle above you will see:

ICD-10 Resource Center

About ICD-10

Valley’s ICD-10 Organizational Structure

Meet Valley’s Physician Champions

Top 10 Facts Doctors and Their Staff Need to Know

CME for Doctors (Coming Soon)

- Upcoming CME Programs
- Archived CME Resources

ICD-10 Reference Sheets by Specialty

- Anesthesia
- Behavioral Health
- Cardiology
- Cardiothoracic
- Dermatology
- Emergency Department
- Family Practice
- Gastroenterology
- General Surgery
- Internal Medicine
- OB/GYN
- Orthopedics (Lower)
- Orthopedics (Upper)
- Otolaryngology
- Pediatrics
- Urology

ICD-10 Documentation Tips

White Papers from The Advisory Board

- ICD-10: A Primer
- ICD-10: Physician Impact
- Vendor Evaluation
- ICD-10 Will Drive Coding Evolution
- Hospital Impact of ICD-10
- ICD-10 Myths

Educational Guides for Physicians and Their Offices

- IT
- Coding
- Quality
- Patient Access and Accounting
- Physician Offices
- Payor Contracting
- Talent Retention
- Impact on Home Health
- Impact on Senior Living Communities

How to Obtain More Information

Continued on next page
ICD-10 Education - Continued

The links include:
Top 10 facts that doctors and their staffs need to know
Specialty specific ICD-9 to ICD-10 conversion charts
ICD-10 documentation tips
And more

The same items can also be found on the Valleyphysician.com website. We will be holding a second education session for Office Managers on March 31. Please contact John McConnell or Bev Miller for more information. We are becoming aware of ICD-10 apps for tablets and smartphones. While we may bring some of them to your attention, we certainly cannot vouch or take responsibility for their accuracy. One interesting app is called DocTalk by Precyse University. It contains brief specialty specific talks for ICD-10 education.

**NEW CME ACTIVITY**

A new CME activity has been posted on the valleyphysician.com website. It is a voice over powerpoint presentation on the American Recovery and Reinvestment Act’s Meaningful Use Criteria for Venous Thromboembolism Prophylaxis and Treatment. This activity is worth 1 hour CME credit. On the last slide of the powerpoint there is a link which will take you to a surveymonkey.com survey. You must complete this survey in order to receive your credit.

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**Electronic Discharge Process In Meditech**

**Multidisciplinary Discharge Screen**

<table>
<thead>
<tr>
<th>Discharge Plan</th>
<th>Pharmacy</th>
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</thead>
<tbody>
<tr>
<td>+ Patient Problems</td>
<td>Current Visit Problems in blue</td>
</tr>
<tr>
<td>-</td>
<td>4 sections not complete</td>
</tr>
<tr>
<td>- Discharge Date, Disposition</td>
<td></td>
</tr>
<tr>
<td>Anticipated Dis</td>
<td>Saturday October 19, 2013</td>
</tr>
<tr>
<td>× Disposition</td>
<td>CANCER CENTER</td>
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<td></td>
<td>CHILDRENS HOSPITAL</td>
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<td>HOME - IV THERAPY</td>
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<td>HOME CARE</td>
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<td>HOSPICE - HOME</td>
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<td>HOSPICE - MEDICAL FACILITY</td>
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<td></td>
<td>ROUTINE/HOME</td>
</tr>
<tr>
<td></td>
<td>XFER OTHER HOSP FOR INPT CARE</td>
</tr>
</tbody>
</table>
| | XFER SKILLED NUR
| | Xfer to longterm care hospital |
| | Xfer to other rehab facility |
| | Required |
| - Home Medications and New Prescriptions |
| × Med Rec | Required |
| - Post Discharge Orders and Referrals |
| Orders | Post Discharge Orders (Labs, DI, Cardiology) |
| Referrals |
| Equipment | Medical Equipment |
| - Forms |
| Forms |
| - Discharge Instructions Report |
| × Discharge Instr | Required |
| Pl Instruction | Patient Education Pamphlets |
| - POM Discharge Order |
| × Discharge Order | Required |
| - Nursing Discharge Assessments |
| Assessments |
| - Vaccines Ordered/Administered this Admission |
| VACCINES | Flu Virus Vaccine Last Admin: <None> |
| | Tetanus-Diphth-Acel Pertussis Last Admin: 10/14/13 1714 |

For questions or further assistance, call the Advanced Clinical Team at x3000
The Valley Health System: ICD-10 Physician Education Series

What Do Physicians Need To Know About ICD-10

1. As mandated by CMS, the transition from ICD-9 to ICD-10 will occur in the United States on October 1, 2014
   - Although procedure codes (CPTs) will remain the same in the physician practice environment, the number of potential diagnosis codes will increase from 14,380 to 69,000
   - The codes change in structure and length, and require much more specific clinical documentation to assign a diagnosis code

2. Operations in the physician practice will be impacted alongside acute care settings
   - In Canada, outpatient coding productivity decreased by approximately 60% following adoption of ICD-10 codes, due to coders’ inability to assign an appropriate diagnosis code
   - Physician queries increased by 20%; coders will require additional training
   - Reimbursement that is tied to diagnosis codes will be impacted and contracts may require updates
   - A standard paper SuperBill will not be able to contain all the possible combinations of diagnosis codes, so new billing procedures may be required
   - Payers must reestablish treatment authorization standards using new diagnosis codes, which could potentially delay the patient scheduling process
   - Quality reporting will be impacted, as well as the payment incentives from participation, as reporting initiatives are based off of diagnosis codes

3. The Valley Health System is working hard to ensure transition success
   - Educational sessions and tools will be provided to physicians and office managers regarding ICD-10
   - We have created a thorough transition plan to ensure we can convert effectively and test the use of the new codes prior to 10/1/14
   - The key to success is advanced awareness and preparation

For more information please contact Shannon Green at Shannon@advisory.com
Key ICD-10 Physician Education Project Dates

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<tr>
<td>Education planning</td>
<td>Physician led provider education sessions</td>
<td>Ongoing education and support</td>
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<tr>
<td>Physician Champion selection</td>
<td>Tip sheets</td>
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<tr>
<td>April – June 2014</td>
<td>ICD-10 case study examples and focused messages</td>
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<tr>
<td>Physician led provider education sessions on general education and specialty specific education</td>
<td>Physician Champion Boot Camp</td>
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<tr>
<td>October 1, 2014</td>
<td>ICD-10 Go-Live</td>
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What is in it for ME?

1. Better indication of Severity of Illness (SOI) and Risk of Mortality (ROM)
2. Better information to support and drive quality of care
3. Greater specificity provides insight for patients and other providers
4. Greater opportunities for advanced medical research

Contact Information: Advisory Board Medical Consultant

Medical Consultant: Emeric Palmer, MD, FACP, FHM

Dr. Emeric Palmer is a board certified physician in Internal Medicine. Over his career, Dr. Palmer has worked in Primary Care and Hospital Medicine with large, nation-wide systems as well as private group practices. Dr. Palmer is also board certified in Wound Care and Hyperbaric Medicine.

Previously, Dr. Palmer was an Assistant Professor of Medicine at the University of Illinois, Chicago with Advocate Christ Medical Center. Dr. Palmer has worked as a physician consultant in IT with product evaluation, testing, optimization, physician engagement and adoption. Dr. Palmer has earned the Healthcare IT Leadership Certificate from the American College of Physician Executives. Dr. Palmer currently chairs the Health Information Management and Physician EHR committees at Meritus Medical Center in Hagerstown, Maryland. Prior to this, Dr. Palmer worked as an Internal Medicine Hospitalist with Kaiser’s Mid Atlantic Permanente group.

Dr. Palmer completed his residency in Internal Medicine at Mercy Hospital and Medical Center in Chicago, IL. He is also a member of the American College of Physicians, the Society of Hospital Medicine, and the American College of Physician Executives.

For additional information, please contact Medical Staff Administration at 201-447-8020 or send an email to ICD-10@valleyhealth.com.