The Benefits of Robotic-Assisted Surgery

One of the fastest growing areas of robotic surgery is gynecology and the da Vinci® Surgical System is making an impact for physicians and patients around the country. Memorial Hospital recently purchased the newest version, the da Vinci® Si™ HD Surgical System (or “Leo” as he is named).

Dr. Mark Amalfitano with White Rose Obstetric and Gynecologic Associates eagerly embraced the new technology. A board certified obstetrician and gynecologist in practice for 16 years, Dr. Amalfitano completed the specialized training required for certification in September.

“You skill level definitely progresses; the more you do the better you get,” says Dr. Amalfitano. “There is better visibility performing surgery with the da Vinci® and superior microscopic control versus traditional surgery.”

To become certified, Dr. Amalfitano completed online courses, videos of surgeries with tests, several two-hour practice sessions, a live animal surgery and three proctored surgeries. For physicians curious about certification, he believes it’s important to have a busy practice to warrant the training time and the willingness to commit and become comfortable utilizing the system. His patients have been receptive.

“I present it as an alternative and most have chosen the robotic option,” says Dr. Amalfitano. “Patient benefits include less bleeding, going home sooner and returning to work much faster than they would have.”

Dr. Julie Drolet from Women’s Institute for Gynecology and Minimally Invasive Surgery is a board certified obstetrician and gynecologist who has completed post-doctoral studies in advanced laparoscopic and minimally-invasive surgery. She says Leo transforms the challenges for a surgeon and enjoys forging this new territory.

“The da Vinci® allows me to perform more complex surgeries using a minimally-invasive approach and do it in a way that is safe for the patient.”

(continued on page 2)
MESSAGE FROM SALLY…
(continued)

service program is by reminding associates, volunteers and physicians about our five standards of behavior, which include:

1. On every encounter with patients, you must state your name, your position and purpose of the visit and address each patient by Mr./Mrs./Ms./Miss and their proper name unless they specify to be addressed by their first name or other. Always use pleasant facial expressions.

2. Make eye contact and greet each and every person you encounter while at the hospital. This includes, but is not limited to, patients, family members, associates, physicians, volunteers and vendors.

3. Always escort anyone needing assistance to their desired/requested location.

4. When you are leaving a patient/visitor room or a patient/visitor encounter, always ask, “Is there anything else I can do for you?” while standing still and facing the person using pleasant facial expressions.

5. Telephone etiquette will always include a greeting and your name.

You will be hearing more about our customer experience efforts over the next year. If you have any questions or suggestions in the meantime, please call Josette Myers, vice president of Marketing, Development and Community Relations, at 849-5363 or Kimberly Plitsch, Customer Experience manager, at 849-5594.

Thank you for all you do to make Memorial Hospital a premier medical center.

Sincerely,

Sally J. Dixon
President and CEO

Announcement to Physicians
Regarding Home Health and Hospice Care

New regulations from The Centers for Medicare and Medicaid went into effect on January 1, 2011 for patients receiving home health or hospice care. According to Barbara Nesbit, director of Memorial’s Home Health Services (HHS), physicians are now required to provide documented information of a face-to-face encounter with the patient before signing the certification of the home health plan of care. CMS now requires this encounter to take place within 90 days prior to, or within 30 days of, the start of home health services.

The new regulations require this information to be provided on a separate form now available from the HHS office. Memorial’s HHS office is working with a 90-day grace period to coordinate all documentation required for the reimbursement of patient care services and supplies. Penalties will be applied after the 90-day grace period.

For hospice care, the new regulations require that the hospice medical director have a face-to-face visit with a hospice patient prior to them entering into the third certification (or prior to 180 days into their benefit).

For more information, please call Memorial Home Health Services at 849-5091 or email bnesbit@mhyork.org.

("The Benefits of Robotic-Assisted Surgery", continued)

The robotic system also extends her level of comfort in doing procedures. “The articulation of the micro-instruments allows better and more precise positioning of instruments and placement of sutures,” Dr. Drolet adds.

She has performed various procedures with the da Vinci® including hysterectomy, myomectomy, uterine prolapse surgery and tubal reanastomosis. “With laparotomy, patients had a hospital stay of one or two days and recuperated for six to eight weeks for a tubal reanastomosis. With the minimally-invasive surgery the da Vinci® allows, patients have the procedure as an outpatient and return to work in seven to 10 days.”

Robotic Surgery
Shorter Hospital Stay, Less Pain, Faster Recovery.

Our surgeons have an incredible new tool to assist them in certain surgical procedures…it’s our new state-of-the-art da Vinci® surgical robot. Guided by experienced surgeons, the robot offers incredible patient advantages due to precise, minimally invasive procedures!

• shorter hospital stay
• significantly faster recovery time
• less blood loss
• quicker return to normal life
• less chance of incontinence
• fewer transfusions

• considerably less pain
• reduced risk of infection
• minimal scarring
• lower chance of impotence
• improved cancer control

Robotic-assisted, minimally invasive surgery…just another example of the innovative, patient-centered care you receive from us.
Pharmacy Hours Expand

Memorial Hospital’s Pharmacy moved to a 24-hour per day operation this month. The expanded hours will make handling patient medication orders a smoother system for physicians and nurses.

“Moving to a 24-hour operation is an important step in our switch to computerized physician order entry,” says Wes Glaudin, Pharmacy director.

Instead of having a pharmacist on call for certain hours, a pharmacist will always be on site to provide services for physicians and nurses.

“Eventually, we will have pharmacists on each nursing unit to work with the patient care team,” adds Wes.

If you have any questions, please call Wes at 849-5591.

Pennsylvania Osteopathic Medical Association Clinical Assembly

The Pennsylvania Osteopathic Medical Association’s (POMA) 103rd Clinical Assembly and Scientific Seminar will be held Wednesday, May 4 through Saturday, May 7 at the Valley Forge Convention Center in King of Prussia. More than 40 hours of Category 1A continuing education credits are anticipated. For more information, please contact the POMA Central Office at 717-939-9318 or visit www.poma.org.

Dietitians Online

Memorial’s dietitians are using online charting to complete assessments and provide patient care. A mobile computer allows them to obtain patient information via Paragon and complete patient charting online. The dietitians’ notes include two tabs: Nutrition Assessment Information (RHB Nutrition) and Nutrition Plan of Care (RHB NUT POC). Physicians can view notes in the Physician’s Web Portal under the Clinical Assessments and Daily tabs by changing the date to include assessments completed since admission.

Additionally, Memorial’s dietitians receive consultations through their hospital email accounts. Once the order is saved in Paragon Order Management, our dietitians receive an email notification of the consult. Physicians are asked to document a reason for the consultation with the order to eliminate any ambiguity. During on-call weekends, our dietitians receive consults via email.

Please note: There is no longer a weekend on-call pager, but our dietitians can be contacted by cell phone through Memorial’s switchboard operator. If you have any questions, please call Christine Rudy or Lisa Plumeri at 849-5394 or pager 815-5381.

Application for Appointment

The physicians listed below recently applied for medical staff appointment and/or privileges at Memorial Hospital. If you have any information concerning these individuals that may assist the Credentials Committee, please provide that information to Bernadette Emig, Medical Affairs coordinator, or Kraig Sturtz, M.D., chairperson of the Credentials Committee.

Rajesh Mohan, M.D.
Cardiology
Rory M. O’Neill, D.O.
Emergency Medicine

MEDICAL STAFF INFORMATION CHANGES

V. Joseph Ballarini, D.O.
Voluntary Resignation
Anuradha Bhamidi, M.D.
Voluntary Resignation
Benjamin DuBois, M.D.
Voluntary Resignation
Gail Hertz, M.D.
Voluntary Resignation
William Lavietes, M.D.
Voluntary Resignation
Frank Morris, M.D.
Voluntary Resignation
David Peichert, M.D.
Voluntary Resignation
Steve Plantholt, M.D.
Voluntary Resignation
Kerry Prewitt, M.D.
Voluntary Resignation
Joseph Robinson, M.D.
Voluntary Resignation
Gregory Shuford, M.D.
Voluntary Resignation
Henry Sun, M.D.
Voluntary Resignation
Matthew Voss, M.D.
Voluntary Resignation
Jill Wolfgang, M.D.
Voluntary Resignation
Gary Yurow, M.D.
Voluntary Resignation
Contracted Health Plans

For your reference, below is a list of the health plans Memorial Health Systems is currently contracted with. If you have any questions, please call Carrie Frey, manager of Reimbursement and Budget, at 849-5450.

- Advanta Medicare+Choice
- Aetna US Healthcare
- Aetna Better Health (*not accepted by Home Health Services or White Rose Hospice*)
- Alliance PPO
- Amerihealth Mercy Health Plan (*not accepted by Home Health Services or White Rose Hospice*)
- Beech Street
- Capital Blue Cross
- Capital Blue Cross Senior Blue
- Cigna Healthcare (*not accepted by Home Health Services*)
- Devon Health Services
- EHP, Inc.
- First Health Network
- Gateway Health Plan (*not accepted by Home Health Services or White Rose Hospice*)
- Gateway Health Plan Medicare Assured (*not accepted by Home Health Services or White Rose Hospice*)
- Geisinger Gold Medicare Advantage Plan
- Geisinger Health Plan (*not accepted by Home Health Services or White Rose Hospice*)
- Great West Healthcare (*not accepted by Home Health Services*)
- Health Payors Organization (*not accepted by Home Health Services or White Rose Hospice*)
- HealthAmerica/HealthAssurance
- HealthAmerica Medicaid HMO
- Highmark Blue Shield
- Highmark Blue Shield Freedom Blue
- HumanaChoice (*not accepted by Home Health Services or White Rose Hospice*)
- Integrated Health Plan
- Intergroup
- Keystone Health Plan
- MAMSI
- MDIPA
- Multiplan (*not accepted by Home Health Services or White Rose Hospice*)
- OneNet
- Optimum Choice
- PPO Next (*ONLY accepted by the Surgical Center of York*)
- Prime Health Network (*ONLY accepted by the Surgical Center of York*)
- Private Healthcare Systems (*not accepted by Home Health Services or White Rose Hospice*)
- South Central Preferred
- Sterling Option Medicare Advantage Plan (*not accepted by Home Health Services or White Rose Hospice*)
- Today’s Options PFFS and PPO
- Unison Advantage Medicare Advantage Plan
- Unison Health Plan
- United Medicare Complete Choice
- UnitedHealthcare
- Universal Health Care Medicare Advantage PFFS and PPO
- UPMC for You
- UPMC for Kids
- USA MCO (*not accepted by Home Health Services or White Rose Hospice*)
Heart and Vascular Center Installs New ECG System

The advantages of Memorial Hospital’s new wireless electrocardiography (ECG) management system is making it easier and quicker to provide quality patient care in the Heart & Vascular Center and beyond.

An ECG (also called an EKG from the German word *electrokardiogramm*) is a paper report and one of the first tests performed for a cardiac patient. The paper system requires immense storage needs and supplies and it takes time to retrieve previous reports. Memorial’s new ECG technology automates workflow and solves some of the problems of a paper system.

“We take thousands of ECGs annually and the new system simplifies access to any previous ECG reports stored in the system,” said Joe Iandolo, director of the Heart and Vascular Center. “This is another step in moving from paper records to the efficiency of electronic medical records.”

For physicians and nurses, the quick retrieval of a previous ECG aids in the clinical diagnosis. By utilizing the new wireless technology, Memorial’s clinicians save time and the energy involved in locating a previous report stored in a separate area. Now, the report is accessed in seconds on a computer screen. According to Joe, there is another important advantage of the new system.

“Physician offices can go into Memorial’s system to access records and print a report. This reduces the waiting time and improves the continuity of care.”

Additionally, the new wireless system is secure and protects the privacy of the patient, staff and financial information hospital-wide. Several compact, user-friendly cardiograph carts located throughout the hospital streamline the process of accessing information. In the Emergency Department, the old record comes up with the new record, eliminating running to retrieve records in another location.

“This technology is very much appreciated,” says Marcia Feehan, nurse manager of the Emergency Department. “Having a previously archived ECG to compare with a current ECG can allow our physician to detect a change in the patient’s cardiac status quickly. Where the heart is concerned, any diagnostic time saver can promote better outcomes for our patients.”

Documentation Tips

When documenting acute renal failure/acute kidney injury, also document the pathologic lesion causing ARF/AKI. For example, you would indicate acute tubular necrosis, cortical necrosis, medullary necrosis or other pathologic lesion of the kidney.

When documenting the term “aspiration” distinguish between aspiration pneumonia (inhalation of food or vomitus causing pneumonia or inhalation of non-food substance causing pneumonia) and aspiration of a foreign body in the esophagus causing asphyxia or obstruction.

If you have any questions, please call the medical coders at extension 2391.

PLEASE REMIND YOUR PATIENTS TO PRE-REGISTER

**One call scheduling and pre-registration**

717-815-2351

Pre-registration appointment cards are available for your office by calling Jeri Lowery at 815-2797.
HomeCare of York Announces OASIS Results

Barbara Nesbit, director of Memorial Home Health Services (HHS), is pleased with the most recent Home Health Outcome and Assessment Information Set (OASIS) report for HomeCare of York. As a Medicare-certified home health agency, HomeCare of York is required to submit certain information to the Centers for Medicare and Medicaid Services (CMS), which is compared to both state and national findings. The recent CMS report covers the periods January 2009 to December 2009 and January 2010 to June 2010.

“We have improved since the previous report and scored higher than other home health agencies in the area,” said Barbara. Report highlights include the following scores:

- 85.7 percent overall, higher than both the state and national averages in 18 of 21 questions
- 100 percent in five areas, higher than both the state and national averages
- 100 percent for taught patients and/or their family about medications, 14 percent higher than the state and 17 percent higher than the national average
- 22 percent for how often home health patients had to be admitted to the hospital, lower than the state or national averages.

“One of the challenges of home health care is that some patients do grow sicker and require more complicated care at home. Our goal is to partner with all physician practices and help them get the care their patients need. There is no cost to assess patients in their environment.”

For more information, please call Barbara at 849-5637 or the Memorial HHS office at 843-5091.

Patient Identification: Each Time, Every Time

by Marcia Feehan, RN, CEN
Emergency Department Manager, Memorial Hospital

For Memorial’s health care professionals, providing safe, quality care to patients is of utmost priority.

Patient identification is intended to match the correct service to the correct patient and to correctly identify the patient in need of healthcare services. The Joint Commission, along with the Pennsylvania Department of Health and the American Osteopathic Association, mandates that patient safety is enhanced with recognition of two identifiers during each patient encounter to prevent errors in care. The opportunities to perform patient identification are:

- Before treatment
- During collection of private health information
- Before giving medication or performing procedures, testing and therapies

A culture of safety with zero incidences of misidentification can avoid potentially negative patient outcomes and enhance patient satisfaction. Make sure each time, every time you are documenting the correct patient and using correct patient identifiers on your chart forms. Your attention to patient safety will make your patient feel safe and aid in the prevention of medical errors.

Each time, every time you interact with a patient, you can:

- Validate that you have the correct patient by asking the patient’s name and date of birth.
- Confirm the information by checking the patient’s name bracelet when applicable.
- Label collected specimens at a place where you and your patient can confirm accurate labeling.
- Ask for a “time out” before a special procedure to confirm the right patient, the right test and the right process.
- Verify your patient and the medication you are giving before administering it.