

Medical Staff Update

May 2017

Diagnosis on Prescriptions Now Required (Monograph printing stopped)

What:
To ensure patients understand the medications they are taking and to meet regulatory requirements, providers are now required to add a diagnosis on new and continuing discharge prescriptions. As a result, the auto-printing of drug monographs in the discharge packet has stopped.

Units that send medications home with a patient **MUST** add the drug information sheet in the Patient Instructions (KRAMES) section of the Discharge Screen so it will print with the discharge packet.

- Why:**
- **Patient Safety:** We need to ensure patients understand the reason they are taking a medication, especially at discharge. This is a best practice and a Joint Commission National Patient Safety Goal.
 - **Regulatory Requirement:** Outside pharmacies require a diagnosis on discharge prescriptions, especially controlled substances (California Department of Health).
 - **Physician & Staff Feedback:** Input from physicians and staff indicate the amount of discharge paperwork is excessive, creating a potential patient safety-risk.

IMPORTANT: The diagnosis entered will appear on the patient discharge paperwork and prescriptions.

Note for specialty groups and ED providers: When a single diagnosis is appropriate for multiple medications, the footer button "Save for Subsequent Orders" can be used. This button will automatically enter the diagnosis on all medications prescribed in an active session. Use of the "Save for Subsequent Orders" button is not recommended for all providers due to the risk of adding an inappropriate diagnosis on a prescription.

Questions? Contact the Clinical Informatics Department at ext. 5566 or open an AskIT Ticket.

An Appeal for Problem-Oriented Physical Exam (POPE)

When the documented physical exam misses or omits relevant and necessary physical findings, the result can be improper and delayed care. If a patient complains of ear pain, the ear is examined. Chest pain requires evaluation of the lungs and heart. Eye pain or visual issues necessitate ocular examination. Yet a patient admitted for testicular pain, rectal bleeding or urinary retention too often receives no relevant examination.

Alan Weinberg, MD, board-certified urologist, is a strong advocate for POPE, a problem-specific physical exam. "The physical exam should always be tailored to a patient's specific medical issue. But often GI and urology issues aren't completely assessed in the physical exam, even when the patient's symptoms indicate the need," explains Dr. Weinberg. "In addition to improving quality of care, a program such as POPE could decrease medicolegal liability, reduce hospital stay and costs, and improve patient satisfaction."

Save the Date: Hospital Week – 60th Anniversary Celebration

Physicians are welcome at all hospital week events and are welcome to help serve on the final day of hospital week at our employee BBQ. Serving times are flexible and you can serve any period of time between 10:30 a.m. – 2 p.m. and 9 p.m. – midnight on Friday, May 12. For questions, please contact Amy Livingston at (714) 446-5352.

St. Jude Welcomes New Physicians

Aaron Bress, DO
Neurointerventional
Radiology

Scott Hughes, DO
Urology

Clinical Pearls

A new feature in the medical staff newsletter allows specialists to provide clinical advice and insight on a common but significant medical issue. Each short essay—called Clinical Pearls—should offer clear advice from the specialist perspective that will aid generalists or hospitalists in caring for patients. If you are interested in creating a Clinical Pearl, please contact Cindy Radcliffe in the Medical Staff Office at cindy.radcliffe@stjoe.org or (714) 992-3986. Officers will review prior to publication.

Medical Staff Meetings

Attendance counts toward points needed to maintain Active, Senior Active and Courtesy Staff status. All meetings are held in the Erickson Educational Center.

Medicine Dept./QRC

May 4, 12:30 p.m.

Cardiothoracic Dept./QRC

May 10, 7:30 p.m.

Women & Children's Dept./QRC

May 10, 12:30 p.m.

Radiology Clinical Service

May 17, 12:30 p.m.

**Emergency Medicine
Clinical Service**

May 26, 12 p.m.

Clinical Pearl: Urology – Alan Weinberg, MD

Urinary tract infection is often associated with sepsis, typically from an “upper” urinary tract or kidney infection, but also from prostatitis. Just as one would not treat a septic patient with pneumonia without a chest X-ray, upper tract imaging is essential for the management of patients who are septic from a urinary source. Renal ultrasound is an adequate first screening test for those not morbidly obese, but sometimes a CT scan of abdomen and pelvis, ideally with and without contrast, is necessary. A CT is certainly needed when the screening ultrasound is interpreted as suboptimal or otherwise less than adequate. CT is also a better choice for patients with a history of nephrolithiasis. Ultrasound or CT can reveal an obstruction from tumor or stones, as well as renal and perinephric abscesses, all of which require specific and urgent treatment. In patients with prostatitis and sepsis, a bladder scan to assess residual can quickly identify patients with associated impaired emptying.

Screening of the upper tract in patients admitted with urosepsis, more appropriately termed urinary tract infection with sepsis, is highly recommended and should be routine.