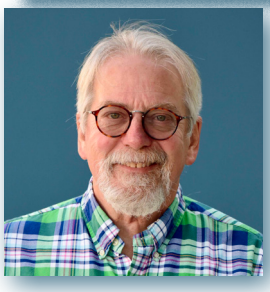
Winter 2022

Lompoc Healthcare District Medical Staff Newsletter

LOMPOC VALLEY MEDICAL CENTER
Lompoc Healthcare District



William Pierce, MD Chief of Staff

OMICRON AT YEAR'S END

As everyone who has any access to the news now knows, there is a new variant of the Covid-19 virus named Omicron. What may be slightly less well known is that it is spreading like wildfire across the globe. Sounds dire, I know, but it may not be entirely bad news. This small letter is not intended to be scholarly and reflects my investigation and my take on what I have seen. Feel free to disagree.

Omicron was first seen in Botswana on Nov. 24, 2021, where several Covid specimens were noted to be lacking a specific gene as seen on PCR testing. Coincident to that, there was noted a huge increase in the viral content in the wastewater in Pretoria, South Africa. This was accompanied by a massive increase in Covid positivity in the region. Whereas most of the positive cases up to this point were the Delta variant, Omicron almost immediately began to dominate in the infected patients. Early spread was to Europe and was related almost exclusively to air travel from South Africa. Though the first case was seen on a test from Nov. 24, it has been speculated that the variant has actually been around since early October.

The first case of Omicron in the United States was reported on Dec. 1. It seems to be moving east to west generally and New York is ahead of California on the Omicron curve. Nationally, there has been a 69 percent increase in case positivity during the two week period ending Dec. 25. Over the same period, there has been a 4 percent increase in the Covid death rate, though the lag period between onset of symptoms and death from Covid has to be considered when looking at those statistics. In New York there has been a "four-fold" increase in pediatric hospital admissions related to Covid. I am unable to find the number of admissions except one article noted "a few dozen" across the state suggesting, but not confirming, low numbers overall. I am sure one of our pediatricians can speak to this with far more authority than I can, so please reach out to one of them to get the complete picture.

Almost everyone who was quoted on the subject believes that there will be a post-holiday surge of Covid admissions. In fact, Dr. Yostos had four admissions on Dec. 26. The patients were mostly people who have been toughing it out at home for several days, and only one of whom required admission directly to the CCU. As is the trend, the sickest of these are the unvaccinated.

So how are we reacting? Well, the numbers involved with this surge are staggering, which has prompted a mixture of responses. A State of Emergency was declared in New York and elective operations have been put on hold there. After what New York has suffered with Covid, this severe, swift reaction is hardly surprising. Everybody appears to be preparing for the worst. Vaccine mandates are in place widely for healthcare workers, and booster mandates are now becoming common. Whether these mandates can be successfully enforced in the face of overwhelming new hospital cases is unknown. USC and other universities including UCSB have scheduled remote learning for the upcoming academic term, at least for now, and, of course, there have been massive cancellations of holiday festivities worldwide.

This is all pretty dire taken at face value, but there is also a positive side to all this. But data is just emerging. Having said that, the data we do have is encouraging. In a nutshell, it appears that Omicron is far more transmissible but also significantly less virulent and requires a much lower percentage of hospitalizations, especially compared to the Delta Variant. A recent study from South Africa (which has yet to be peer reviewed) showed an 80 percent reduction in the risk of being hospitalized with Omicron versus Delta. This follows many, many observations made clinically and is the first published study on the subject. Also, in South Africa, the Omicron peak was very sharp and there are indications that it is already resolving. The CDC is quick and careful to warn against extrapolating the South African experience to that of the U.S. because of differences in the rate of the two populations previously infected with Covid, rates of vaccination, etc. All the same, the encouraging differences between Omicron and Delta seem to be holding.

As an unashamed advocate for vaccination and boosters I end with this anecdote. My son, who is a student in Chicago, attended a small gathering one week ago. As he was leaving to come out for Christmas he received a call informing him that one of the people had tested positive for Covid. He canceled his plans and the next day he started to feel ill. The following day he tested positive. He has had cold and flu-type symptoms, all of which have been moderate at their worst. Everyone at the party had been vaccinated and three-out-of-five had gotten their boosters. All five contracted Covid. The three who had gotten their boosters all had far less severe symptoms than those who had not. Scientific? No. Coincidence? Perhaps, but interesting just the same. Whether or not the vaccine is highly effective at preventing infection altogether is debatable I guess, but, in my opinion, what is not debatable is the impact that being vaccinated has on attenuating the effects of Covid infection.

Randall Michel, MD, FACS
Chief Medical Officer

CMO Perspective

This fall COVID-19 brought further challenges to the hospital and outpatient clinics. As vaccination rates in Santa Barbara County have increased, the numbers of hospital admissions for COVID-19 pneumonia have decreased. The majority of patients hospitalized at LVMC for COVID-19 pneumonia have been unvaccinated. In the setting of COVID, maintaining adequate clinical staffing for hospitals has become a national problem. Here at LVMC, dealing with this national shortage of qualified personal has required a significant amount of effort on the part of our Chief Nursing Officer, Yvette Cope, M.S.N., R.N. and the nursing directors. Throughout this pandemic we have continued to provide care to those in need. The Surgery Department remains open to all elective surgeries. In the outpatient setting, with return of students to school, there are an increasing number of patients with upper respiratory symptoms requiring evaluation to exclude COVID-19 infection. There has also been the emergence of the Omicron variant of the Corona Virus, now making up the majority of new infections. On the brighter side, we are now able to vaccinate younger children and there are promising new oral antiviral medications designed to treat early stage COVID-19 infections in those at most risk for severe disease.

Since our last newsletter we have welcomed Dr. Kai Jeng, internal medicine specialist, and Dr. Yasemin Golan, pediatric specialist, to Lompoc Health at North H Street Clinic and Dr. Ericka M. Sohlberg, urology specialist, to the Central Coast Urology Group. PA Matthew McGrath has joined Dr. Rooney in orthopedics and PA David Fraats has joined Dr. Taglia in general and bariatric surgery, at the Lompoc Health H Street Clinic. We continue to expand our services, allowing patients to have access to medical care locally. Working with the Buellton Medical Center Clinic and the Buellton City Council, our CEO, Mr. Steve Popkin, has paved the way for some of our specialists to begin seeing patients at the Buellton Clinic.

Again, on the hospital front, work to install the hospital's new PET-CT scanner is underway with the MRI scanner to follow. The new inpatient dialysis program remains on track under the direction of Drs. Andrew Ross and Daryl Joseph. We hope to formally start treating patients in the next two to three months. Since the arrival of the new Da Vinci Xi robot in September, our three general surgeons have been certified and are successfully using this advanced technology in selected procedures.

We do not know what the final impact of the omicron variant will be over the next six to eight weeks, but I remain optimistic about our ability to continue to provide the very best care to our community in both the outpatient and inpatient settings.

Update from the QAPI/RM Department

by Melissa DeBacker
Chief Quality Assurance/Risk Mgmt Officer

First, vaccination status: Our current compliance with Flu vaccinations or receipt of declination forms is at 90 percent. Our current COVID compliance with vaccinations, screening and exemption completions is close to 100 percent. Since the start of the pandemic to current, we have had 64 staff (Includes Medical Staff) out for COVID positive illness.

BETA HEART: LVMC will continue to participate in 2022. Just Culture training and Team STEPPS training is planned for Spring of 2022. The BETA HEART Program is now national. BETA Healthcare group recently collaborated with Hospital Quality Institute (HQI) to offer the BETA HEART Program to HQI member hospitals. BETA HEART promotes a holistic, comprehensive and systematic approach to responding to and reducing harm events in an organization. It is a multi-year, interactive and collaborative process and can form the foundation of an organization's Communication and Resolution Program (CRP). The overall goal of BETA HEART is to develop an empathic and clinically appropriate process that supports the healing of both the patient and clinician after an adverse event. Each participating healthcare organization undertakes a body of work comprised of five individual -- yet closely integrated -- domains including **Culture of Safety, Rapid Event Response and Analysis, Communication and Transparency, Care for the Caregiver** and **Early Resolution.** LVMC has participated in the initiatives through BETA Healthcare group since its inception. Medical Staff who are interested in participating in any of the initiatives, or who would like to know more, can contact the Quality Department.

Perinatal and ED services will continue to participate in BETA Quest for Zero patient harm initiatives. Both received recognition for achieving top tier patient safety initiatives in 2021. LVMC has participated in the Quest for Zero initiatives for more than a decade. The sculptures in the hospital entry way display case are some of the awards received for safety advancement achievements.

Dr. Khawar Gul Named 2021 Physician of the Year

Cardiologist Dr. Khawar Gul has been named Lompoc Valley Medical Center Physician of the Year for 2021.

Employees cast votes for the physician they believe exemplifies the district's values and maintains the community's trust, patients, and residents. The votes are also directed toward a physician who strives continuously to improve services and works as a team member with hospital staff.

Dr. Gul has been a member of the medical staff of LVMC since August 2010.

The award was bestowed by Chief Executive Officer Steve Popkin during the annual Medical Staff Appreciation reception.

"I am in the company of very talented, smart, and hard-working physicians," Dr. Gul said when accepting the award. "It is an honor to be nominated the Physician of the Year amongst yourselves. I'm at a loss for words to describe my feelings. But I am very thankful to be allowed to help this community. I thank the employees who nominated me and accepted this award on their behalf."

Dr. Gul was previously named Physician of the Year in 2012.

He completed his medical training at Rawalpindi Medical College and his residency in Internal Medicine at the University of Texas Medical School in Houston. He completed a fellowship in Cardiovascular Diseases and a fellowship in Cardiac Computed Tomography at UCLA.

Last year, Dr. Gul donated a GE Healthcare cardiovascular ultrasound machine to LVMC and is a frequent contributor to Nurses Week and Hospital Week celebrations.

Dr. Gul was presented with a scroll of comments written by LVMC employee nominations. Many of them spoke of his responsiveness, work ethic, and dedication.

"Dr. Gul has gone above and beyond to provide education to staff," one nomination noted. "He has come in after-hours and on weekends to provide in-services including EKG, newborn heart murmurs, and more. Dr. Gul is always very approachable and loves to help staff increase their knowledge."

Many nominations noted Dr. Gul's traditional "Greetings" comment to colleagues and others. The nominations spoke of his kindness and patience.

"Dr. Gul is very knowledgeable in his field and shares that with his patients in a way that makes them feel comfortable and having gained knowledge of their condition," a nomination stated. "He is very approachable, friendly, and a real asset for our community and LVMC."

Honoring Retiring Physicians

Also honored during the Medical Staff appreciation event, retiring physicians, Dr. William Gausman and Dr. Michael Gill.

Dr. Gausman came to Lompoc in 1960 and had practice Family Medicine, obstetrics, and anesthesiology for more than 60 years. He was a founder of Lompoc Valley Medical Group, known in the community as "VMG." He and his Registered Nurse, Ricki Prucha, have worked together for more than 45 years. They will both retire on Dec. 31, 2021.

Dr. Gausman was honored for his commitment to the community and devotion to his patients, having treated generations of local residents during his career.

"We've enjoyed the patients," he said, noting that some have become his friends. "Three months after I got here, I delivered a gal. She still comes to see me from Paso Robles. I delivered her daughter also. You get to know a lot of people."

Dr. Gausman received a rousing standing ovation from his colleagues.

"He has helped set the highest standard of medical care and continues to be a role model for his peers," stated his recognition gift.

Dr. Gill has served the community as an orthopedic surgeon since 1985, including as the team physician for Lompoc High School athletics. He was also previously LVMC Chief of the Medical Staff. According to his recognition gift, he is a "personal and professional role model for many of his colleagues," according to his recognition gift.

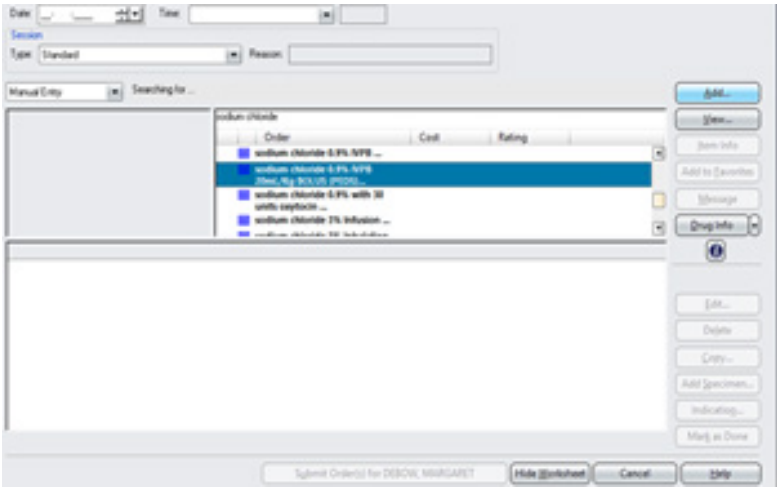
"There's a lot to say," he said during the event. "The best thing about this whole experience is I got to work with a bunch of really, really good folks. We always helped each other out. We were always interested in the patients. For all the young folks here, don't forget that."

By Nora Wallace, Public Relations Coordinator

The Pharmacy Corner

Vaccine clinics have been busy. The FDA and CDC approved a reduced dose Pfizer vaccination for children 5-11. The hospital is helping our community by holding vaccination clinics exclusively for this age group on Wednesdays. We have also seen a surge in adult vaccinations with the approval of booster vaccinations and with the arrival of the new Omicron variant. We currently have adult vaccination clinics on Thursday and Friday. We also offer the flu vaccine during the adult clinics.

To avoid errors, we have added a pediatric bolus order set in SCM. This set will calculate a bolus of 20ml/kg.



The P&T committee approved the addition of baracitinib (Olumiant) for use in Covid-positive patients. Baracitinib is a Janus Kinase inhibitor that reduces levels of serum IgG, IgM, IgA, and C-reactive protein. This medication has been given Emergency Use Authorization by the FDA for use in patients requiring supplemental oxygen, non-invasive or invasive mechanical ventilation. The recommended dose is 4mg PO once daily for 14 days of total treatment or until hospital discharge, whichever is first. Baracitinib requires dose adjustment in patients with renal dysfunction.

Pictured from left to right are: Marla Zippay, Abel Escalante and Julia Ferriol

We have new employees joining the pharmacy staff. Marla Zippay joined LVMC as the new Pharmacy Director in July. She has many years of experience and joins us from the University of Kentucky Markey Cancer Center. Abel Escalante is our new full-time Pharmacy Technician with several years of experience. He has previously worked at Marian Regional Medical Center and UCSF. He is learning our workflow very quickly and is already an asset to the team. Julia Ferriol is a Pharmacist who is making the jump from retail to hospital. She is a graduate of USC School of Pharmacy, and she has worked as an intern at several hospitals in the LA area. She began her training here Dec. 27. Theresa Casarez-Sanchez will soon be joining us as a full-time Pharmacy Technician. She comes to us from Coram Healthcare in Goleta where she has a great deal of experience in IV compounding.

By Marla Zippay, PharmD & Chad Signorelli, PharmD

Greetings, Medical Staff Members:

Steve Popkin
Chief Executive Officer

Well, I have learned my lesson: Always write my newsletter article before Dr. Michel, so there is something left for me to say (that will start next quarter).

Thanks, in large part, to your collective efforts and support, LVMC has had two consecutive years of strong financial performance. And, we are half- way through this fiscal year, on pace for equally strong financial performance.

While we are always fiscally conservative, or perhaps fiscally prudent would be a better characterization, LVMC's recent and current financial position has enabled us to greatly increase the allocation of funding for capital purchases. A significant portion of the recent capital expenditures were to enhance our clinical capabilities. This has enabled us to more than "catch-up" for having to defer some expenditures in prior years. Having clinical equipment that is equal to or better than our competition contributes to achieving our goal of having Lompoc Valley residents stay local for their medical care.

Below is a partial list of recent, and in process, clinical capital purchases: Da Vinci Robotic Surgery System; PET/CT Scanner; MRI Scanner; Bronchoscope; ENT Cart; Rapid Infuser; Defibrillators; Cardiac Monitoring System; Electronic Health Record System Upgrade; Endoscopy Equipment; Spinal Instrumentation; Laparoscope Kit; Infusion Pump Combination; Pharmacy Management System; Ultrasound Unit; MRI Monitor System; Sterilizer; Surgery Table; Hematology Analyzer; Specialty Hospital Beds; Gurneys; Tissue Processor; Central Monitoring System; Portable X-Ray; Bone Power Sets.

By the time you are reading this we will have made it through the holidays. I hope you and your families were able to get some rest and relaxation, and I look forward to us all working together and having a great 2022!

Best regards,

--Steve

by Barbara Frink
Director Health Information Management
Privacy Officer

HIM Hints

Insurance Companies Demand Clear Documentation

Happy New Year! For this edition of the newsletter, I thought I would discuss a recent audit review letter we received from an insurance company. The letter tells us that the insurance wants to take back 42 percent of the money they paid us for the care the patient received for a six day stay. The original charges were about $33,000. Contract adjustment with the insurance company for the stay put the amount that the insurance company paid at $17,000. The letter states that they want to take back $7,200 of that $17,000.

Let's talk about their justification for taking back almost half of the money we received, resulting in the hospital receiving only 29 percent of the total amount initially billed for services. The primary diagnosis that is well documented by the emergency room provider was: Other Specified Sepsis with an ICD-10 code of A41.89, which was present on admission. This diagnosis was discussed in detail on the History and Physical done at admission. The patient was put on antibiotics. When the progress notes for the days after admission were written, the only mention of sepsis was that it was resolved. In the discharge summary, two sentences mentioned sepsis. One stated that the patient had "signs of sepsis" and the other said "sepsis resolved." There were no other statements to tie any of the other health issues or treatment back to sepsis. Sepsis is documented in every dictation, so you are probably thinking that this should be adequate.

The insurance company auditors tell us that the documentation is "unclear" and they have removed the diagnosis of other specified sepsis from the list of codes submitted. This changes the payment due from them on the account. They identify in the review letter that there should be additional documentation by the provider to support the diagnosis of sepsis. They cite requirements that the documentation must be precise, complete, consistent and non-conflicting.

One of the resources used by the insurance auditor was an old resource from 2003. This was an article from a magazine and is not part of the current coding guidelines or coding clinic (Coding clinic is a resource for coders that clarifies the coding guidelines. It is often cited by insurance companies in instances like this to take back money). In this instance, they are using very old references, when they should be using the most current resources. Our coding team has provided the newest guidelines and reasoning as to why this diagnosis is allowed. These have been given to the Case Management manager to use along with her clinical observations from the chart to try to contest the take back amount.

Continued on page 6

Recent Medical Staff Appointments

Ericka M. Sohlberg, MD
Urology
Urology Associates of San Luis Obispo

Andrew A. Frerking, DO
Family Medicine
SBCPHD (Lompoc Health Care Center)

Kai-Chin C. Jeng, MD
Internal Medicine
Lompoc Health - H Street Center

Vijay George, MD
Pathology
Diagnostic Pathology Services

Yasemin Golan, MD
Pediatric Medicine
Lompoc Health - H Street Center

Continued from page 5

Will we win with the clinical justification and coding guidelines from the coding experts? That remains to be seen, but experience with this company has shown that it is hard to win one of these reviews, and that they will most likely recoup the money. Can this be avoided in the future? The best thing that any facility can do to avoid giving money back is to ensure that the documentation in the chart is the best it can possibly be. Physicians want to spend less time on documentation, however it is our best defense against this now very common practice. This specific insurance company recently posted that they are being cautious when it comes to spending their insured clients' money and have instituted money saving measures. They also recently posted that they stand to make a good profit this year. One way they are able to make a good profit and spend less money on each insured individual is through audits such as the one described in this article.

Like they say in sports: The best defense is a good offense. The type of offense that succeeds in an audit review is one with very detailed documentation in the patient chart. This makes it difficult for the insurance auditors to find fault with the documentation and try to take money back from a hospital or clinic. As I have written in previous articles, some audits do result in the hospital or clinic having to repay all or a part of the amount originally paid to the hospital or clinic. Excellent documentation gives the hospital or physician office the best ammunition available to fight for adequate payment for the level of service that was provided to patient. I will paraphrase a physician from an article I read while researching Evaluation and Management coding and billing recently. He remarked that it is the responsibility of the physician or AHP to justify and document the management of a health condition. Physicians can't assume that they will get paid for inferred patient management or treatment. Documentation must be specific and detailed. It works the same for diagnoses in an inpatient chart. The coding guidelines are complex and specific. Any diagnosis that is added to an account must be fully documented, not with just a list, but with documentation from the physician that ties the diagnosis to the specific care provided.

I am hoping for a good outcome on the case presented and will follow this account to update the final outcome in a future article.

Barbara

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