More than ever, claims data with specific targeted diagnoses and procedure codes are under scrutiny. In addition medical necessity and level of care, with an emphasis on short stays; including observation services, are also at the center of the government’s focus.

Recovery Audit Contractors (RACs), Medicare Administrator Contractors (MACs), Medicare Integrity Contractors (MICs), Medicaid Integrity Program (MIP) and Zone Program Integrity Contractors (ZPICs)… an alphabet soup of government agencies. These acronyms represent a new breed of aggressive CMS programs and contractors who are responsible for detecting and deterring potential fraud, waste and abuse in the Medicare program.

The staggering requests for medical records for external audits are on the rise, and claim denials continue to escalate. Providers are overwhelmed with the administrative burden to track all of the regulatory review activity and to appeal claim denials from multiple contractors. The RAC to date has audited a total of 1038 of St. Joseph Hospital outpatient and inpatient claims.

What does all this mean to us?

The Institute of Medicine has stated, “The transfer of knowledge is care.”

The Medicare Condition of Participation, the Joint Commission and the American Health Information Management Association (AHIMA) define high quality documentation in a patient’s medical record, as documentation that is timely, legible, complete, reliable, clear, consistent and precise. All these factors are increasingly dependent on the integrity of complete and specific clinical documentation in the medical record.

Recognizing the value of accurate clinical documentation is critical in order to truly reflect the care and management of our patients. An easy-to-follow detailed medical record enables the physician/provider to review a record and ensure proper continuity of care. Accurate, specific documentation supports the true severity of illness and risk of mortality, which in turn improves:

- Patient care and outcomes
- The physician’s individual profiles (as represented on web sites such as www.healthgrades.com)
- Denial rates
- Economic credentialing
- Increased perceived value

Good documentation also captures the physician’s thought process (i.e. medical decision making), which further demonstrates to federal and private payers the rationale for ordering procedures, diagnostic testing and admissions.
Emergency Department Construction Update...

As you may know, St. Joseph Hospital has announced plans to renovate and expand its Emergency Department. This exciting new project will provide patients with better service, increased privacy, and will improve efficiency within a more contiguous departmental footprint in order to meet the growing demand for emergency medical care close to home.

"As the Nashua community has grown over the years, St. Joseph Hospital has made enhancements to grow and expand in order to provide the best care possible in a convenient setting," said Karen Beinhaur, RN, Director of Emergency Services. "Our goal is to provide patients with more efficient service and access to high quality emergency/trauma care within their own community."

In 2011, our hospital’s emergency services treated nearly 35,000 patients. As a result of the demand for emergency care, the hospital plans to increase the size of its emergency department to 23 beds. Construction is scheduled to break ground later this year and will include access to the latest technology in hopes of treating patients more quickly. The construction/renovation of the emergency department is expected to take between 8 to 12 months.

The Emergency Department will provide all same sized private rooms with a centralized core made up of several separate provider workstations, private dictation rooms and easily accessible support areas including the clean and dirty utility rooms and medication room. Patient conveniences are noted throughout the plans with designs that build on the patient-centered, high-tech, high-touch philosophy long in place at St. Joe’s.

"From a physician standpoint, and one who’s worked long hours in cramped quarters, this renovation/expansion is a dream come true. I can’t tell you what this will mean toward improving the quality of care we can provide and also optimizing the patient experience. If you’ve visited our Emergency Department recently, you understand firsthand why this is such a wonderful project for our hospital and community. This project will allow us to build the Emergency Department our patients need and deserve for years to come," said Dr. James Martin, Medical Director of Emergency Services. Some of the benefits of the project include:

- Fully integrated IT/CPOE, including documentation stations /PC's in each room.
- 2 Trauma rooms, a bariatric room, and a dedicated suite of 3 rooms designed specifically for psychiatric evaluation and holding area.
- Environmentally friendly green-design, technology and supplies.
- Improved Emergency Department mechanical infrastructure to ensure a high efficient, comfortable environment.
- Improved appearance, lighting, finishes and access.

Two mockup rooms have been constructed in the former church property on Lake Street in order to allow ED staff and physicians a chance to provide input into the layout and design of the patient care room and trauma room.

In order to expedite the construction timeline and to minimize the impact on patient care, plans call for the Emergency Department to move temporarily into the vacated Outpatient Rehabilitation area (PT/OT/Speech) after they move to a new location on Northeastern Boulevard later this fall. Plans are still being finalized and project planners are meeting with all city and state officials to ensure smooth transition and compliance to all regulations.

Any questions about this exciting construction/renovation project can be directed to Jim Martin, Medical Director Emergency Services; Karen Beinhaur, Clinical Director Emergency Services; Kathy Cowette, Director of Planning or Bob Demers, Director of Facilities and Real Estate.

Documentation Matters (cont.)

The need for high quality documentation is greater now more than ever, as we prepare for the implementation of ICD-10-CM. The ICD-10-CM system consists of more than 68,000 codes, compared to 13,000 ICD-9 CM codes. ICD-10 codes will have greater specificity and clinical detail which will reveal more about quality of care. Specific documentation is necessary to assign the most specific code, which in turn has the potential to change the reimbursement positively or negatively.

Bottom Line...

St. Joseph Hospital’s perceived quality, which is the public’s perception of the quality of care based on reported data, is driven by the clinical documentation in our patient records.

Complete, reliable, clear and consistent documentation is essential to support St. Joseph Hospital’s continuity and quality of care.
News from Information Technology

Has it really been already 6+ months since we went live with CPOE? Somehow it seems longer. Adoption has been great! As of July 31st, 63% of orders were directly placed into HEO by providers. This number includes orders placed by Pediatricians and OB’s who are currently being told to place orders on paper. Thus, the number will climb in the coming months as those specialties are rolled out onto HEO. Team Health, which is comprised of the Hospitalists, has achieved an impressive 90% direct order entry as of July 31. Thank you all for your patience and persistence in ensuring that St. Joseph Hospital achieves Meaningful Use!

If you have any questions, please do not hesitate to contact Aaron Thibodeau, Manager of Physician Applications, at 603.882.3000 ext. 63506 or athibodeau@sjnh.org.

<table>
<thead>
<tr>
<th>Date_CAL_YR_MONTH</th>
<th>Date</th>
<th>Total Orders</th>
<th>Direct Orders</th>
<th>% Direct Orders</th>
<th>Verbal Orders</th>
<th>% Verbal Orders</th>
<th>Phone Orders</th>
<th>% Phone Orders</th>
<th>Written Orders</th>
<th>% Written Orders</th>
<th>Protocol Orders</th>
<th>% Protocol Orders</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012_03_March</td>
<td></td>
<td>2,790</td>
<td>1,817</td>
<td>58%</td>
<td>271</td>
<td>10%</td>
<td>285</td>
<td>10%</td>
<td>617</td>
<td>22%</td>
<td>28</td>
<td>1%</td>
</tr>
<tr>
<td>2012_04_April</td>
<td></td>
<td>22,267</td>
<td>12,877</td>
<td>58%</td>
<td>1,976</td>
<td>9%</td>
<td>1,915</td>
<td>9%</td>
<td>5,499</td>
<td>25%</td>
<td>235</td>
<td>1%</td>
</tr>
<tr>
<td>2012_05_May</td>
<td></td>
<td>24,567</td>
<td>14,563</td>
<td>59%</td>
<td>2,706</td>
<td>11%</td>
<td>2,061</td>
<td>8%</td>
<td>5,237</td>
<td>21%</td>
<td>221</td>
<td>1%</td>
</tr>
<tr>
<td>2012_06_June</td>
<td></td>
<td>29,126</td>
<td>18,573</td>
<td>64%</td>
<td>2,931</td>
<td>10%</td>
<td>2,233</td>
<td>8%</td>
<td>5,389</td>
<td>19%</td>
<td>206</td>
<td>1%</td>
</tr>
<tr>
<td>2012_07_July</td>
<td></td>
<td>29,445</td>
<td>18,496</td>
<td>63%</td>
<td>3,272</td>
<td>11%</td>
<td>2,016</td>
<td>7%</td>
<td>5,659</td>
<td>19%</td>
<td>153</td>
<td>1%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>108,195</td>
<td>66,128</td>
<td>61%</td>
<td>11,156</td>
<td>10%</td>
<td>8,510</td>
<td>8%</td>
<td>22,401</td>
<td>21%</td>
<td>843</td>
<td>1%</td>
</tr>
</tbody>
</table>

St. Joseph Hospital Earns “Top Performer on Key Quality Measures”

For a second year in a row, St. Joseph Hospital has been named one of the nation’s Top Performers on Key Quality Measures™ by The Joint Commission. St. Joseph Hospital was recognized based on data reported in 2011 about evidence-based clinical processes that are shown to improve care for certain conditions, including heart attack, heart failure, pneumonia and surgical care. St. Joseph Hospital is one of 620 U.S. hospitals and 4 hospitals in New Hampshire to earn this distinction. This is the second year in a row that St. Joseph Hospital is being recognized as a Top Performer, one of only 244 hospitals to achieve distinction two years in a row.

To be recognized as a top performer on key quality measures an organization must meet two 95 percent performance thresholds. First they must achieve a composite performance of 95 percent or above after the results of all the accountability measures for which they report data to The Joint Commission were factored into a single score, including measures that had less than 30 eligible cases or patients. Second, they must meet or exceed a 95 percent performance target for every single accountability measure for which they report data, excluding any measures with less than 30 eligible cases or patients. Performance measurements are available to view on the St. Joseph Hospital Website at www.stjosephhospital.com or at The Joint Commission’s Quality Check website at www.qualitycheck.org.

New Provider Joins Nashua Pediatrics-Milford

S. Aurelie Thermitus, MD, FAAP

We are pleased to welcome board-certified pediatrician Dr. S. Aurelie Thermitus to Nashua Pediatrics Milford.

Dr. Thermitus received her medical degree from the University of ULM, Ulm, Germany and completed her residency in Pediatrics at the Nassau University Medical Center, East Meadow, NY.

Dr. Thermitus is a Fellow member of the American Academy of Pediatrics (FAAP). She is fluent in English, French and German.

Prior to joining Nashua Pediatrics - Milford, Dr. Thermitus was a Pediatrician with Laurel Pediatrics in Uniontown, PA.
St. Joseph Hospital is pleased to announce that board-certified rehabilitation specialist Dr. Gregory Zuercher, DO has been certified in using Botox ® to treat patients with Upper Limb Spasticity. Botox ® is the first and only neurotoxin approved by the FDA for the treatment of upper limb spasticity.

Upper Limb Spasticity is a condition in which the brain over communicates with muscles in the upper limbs causing them to contract or tighten. Symptoms can include furred or clenched fists, a tight arm against the chest or stiffening or tightening of the upper limb and can impede on activities needed for daily living. The issue can be triggered by a variety of medical conditions including but not limited to strokes, spinal cord injuries, traumatic brain injuries, multiple sclerosis or adult cerebral palsy.

In patients diagnosed with upper limb spasticity, Botox ® can be injected by a specially trained specialist directly into the affected muscles blocking the overactive nerve impulses which helps reduce symptoms in the elbow, wrist and fingers. In clinical studies, the efficacy of Botox ® persisted up to three months on average.

Dr. Zuercher is currently evaluating patients by referral only at St. Joseph Rehabilitation Services, 460 Amherst Street in Nashua.

For more information, please call St. Joseph Rehabilitation Services at 603.882.3000 ext. 67500.

Everyone Needs a Little TLC (Therapeutic Lifestyle Change)
Thursday, October 25, 6:00-8:00 p.m. Presented by Jodi Boutwell, MS, APRN, from the SJH Cardiovascular and Diabetes Center.

Roundtable Discussion: The Value of Navigation Services for Cancer Care
Tuesday, November 13, 6:00-8:00 p.m. Presented by Kelly McAllister, BSN, RN, OCN, CBCN, Breast Health Nurse Navigator.

A fee of $10 includes dinner. Pre-register on line at www.stjosephhospital.com or call 603.595.3168.

Save the Dates!
Annual Medical Staff Holiday Social
(new location this year)
Wednesday, December 5th at 5:30 p.m. LaBelle Winery and Event Center, 361 Route 101, Amherst, NH. Watch for your invitation. Please call Sheila McLaughlin at 603.595.3104 for more information.

Annual Medical Staff Meeting
Tuesday, December 18 - CME from 5:15p.m-6:30 p.m.
Topic: Are there Limits to Patient Autonomy? Presented by Mary Carroll Sullivan, JD, MTS, RN, Director of Ethics and Education, Covenant Health Systems. For more information call Jan Degulis at 603.882.300 ext. 66060.

Dinner and Quarterly Staff Meeting will begin at 6:30 p.m. (Carl Amelio Room). For more information, call the Medical Staff Office at 603.882.3000, ext. 63865.

Published by the Planning and Marketing Department for the Medical Staff of St. Joseph Healthcare. Please send your comments/suggestions to Dr. William Stephan at wstephan@sjhnh.org. Forward news information and articles to Sheila McLaughlin at smclaughlin@sjhnh.org.