



(New & Noteworthy)

WakeMed Welcomes Wake County's First Pediatric Gastroenterologist to Medical Staff

WakeMed is pleased to welcome Leena Kandula, MD, of Triangle Children's Gastroenterology Center to the Medical Staff. Dr. Kandula is the only Pediatric Gastroenterologist on our Medical Staff and is the only specialist of this type in Wake County. She completed her fellowship in Pediatric Gastroenterology, Hepatology and Nutrition from Children's Hospital of Pittsburgh where she was awarded an American College of Gastroenterology research grant for research in pancreatic disorders in children. After subspecialty training, she served as Assistant Professor of Pediatric Gastroenterology at UNC Children's Hospital. She is currently in private practice and is an adjunct assistant professor at UNC School of Medicine. Her clinical interests include celiac disease, eosinophilic gastrointestinal disorders, pancreatic disorders and treatment of other pediatric gastrointestinal illnesses. Dr. Kandula is accepting referrals. Referrals can be directed to her office in Morrisville at (919) 677-8577 or www.childrensgastro.com.

WakeMed Introduces O-Arm® Imaging System for Neurological Procedures

Last summer, WakeMed acquired a new intra-operative surgical imaging system for neurological procedures. The O-Arm Imaging System provides complete multi-dimensional, intra-operative surgical imaging, providing surgeons with real-time, 3-D images, as well as the traditional multi-plane, 2-D and fluoroscopic imaging. The O-Arm allows surgeons to view the patient anatomy in the operative position, monitor the status of the surgery, and verify the surgical changes with a 3-D volumetric image prior to the patient leaving the surgical suite. As a result, patients undergoing spinal procedures may experience less invasive surgeries, faster recovery times, and improved outcomes. Patients do not need a post-operative CT scan, and any changes in hardware positioning can be done during the case – avoiding the need for any revision surgeries. Several surgeons from Raleigh Neurosurgical Clinic have performed more than 50 procedures using this new equipment, including Dr. Robert Allen, Dr. Russell Margraf and Dr. John Buttram.

(Events and Activities)

[Tennis Fans - Join us for a Winter Chill Tennis Challenge Benefiting WakeMed Children's](#)

Saturday, February 6 from 6 to 10 pm
Raleigh Racquet Club Indoor Court
For details, [click here.](#)

[Community Primary Care Physician Town Hall](#)

Join us for an evening of open dialogue with your fellow primary care, internal medicine and family practice physicians. Our purpose is to hear about the many changes community physicians are facing and to discuss how WakeMed may possibly be of assistance. We are prepared to seek innovative ways to work together toward a better defined future, and we would also like to hear your input on ideas and services you believe should be considered in our current and future planning.

Thursday, March 18

6:30 to 9 pm
Raleigh Marriott City Center
500 Fayetteville Street, Raleigh

Formal invitations are being sent next week to community physicians who practice in these areas. **RSVP to rsvp@wakemed.org or 350-6073.**

Recent Physician Events

Over the past two weeks, we've hosted successful events to help us better understand the needs, ideas and concerns of physicians in this community.

Community Pediatrician Town Hall

On January 12, WakeMed hosted a Town Hall meeting where we heard from more than 50 pediatricians who shared their thoughts on how we can work together to meet the needs of both physicians and our patients.

Cary Hospital Health Care Reform Panel

In January, we hosted a meeting in Cary for primary care physicians to hear about health care reform and how it may impact their practices. Nearly 75 physicians attended to hear expert Dana Simpson, J.D., share the latest on health care reform bills.

J. Michael Weeks Award Reception

This week, we proudly honored Dana Copeland with the J. Michael Weeks award for his years of physician leadership in this community. This award is given annually by the Medical Executive Committee (MEC) to a physician who has devoted extraordinary time to teaching or to the care of those less fortunate. Congratulations to Dr. Copeland for this outstanding achievement.

We are committed to hearing from our physicians and want to know what is on your minds. If there is a topic you would like to learn more about, let us know as it will help us as we continue to plan these types of events. Send your thoughts and ideas to Coleen Smith at cosmith@wakemed.org.

[Physician Photo Gallery](#)

[Click here](#) to see our latest physician photo gallery, featuring coverage of our recent Pediatrician Town Hall, J. Michael Weeks Award Reception, Saks Key to the Cure Physician Fashion Show, WakeMed Foundation Society of 1961 Gala, and our latest Physician Office Staff seminar – Know Your ABCs (Audits, Billing and Coding). This gallery can also be located by visiting our Web site (www.wakemed.org) and clicking on the "For Our Providers" tab.

[Physician Volunteer Opportunities](#)

Several of WakeMed's non-profit partners, including Alliance Medical Ministry, Community Care of Wake & Johnston Counties, Project Access and Urban Ministries of Wake County are all looking for physician volunteers. For a comprehensive list of volunteer opportunities, [click here](#). Each of these important organizations are supported by WakeMed.

(Organizational Updates)

[Raleigh Campus Construction Update](#)

Construction on the Raleigh Campus continues on schedule. The new patient tower is well underway and grand opening events are being scheduled for this spring. We expect the second and third floors, which are dedicated to cardiac care (medical/surgical and ICU), to open by early April. The ground floor entrance, first floor lobby and Children's Hospital (fourth floor) are expected to open by May. Stay tuned for regular updates as we move closer to our opening dates. [Click here to view a photo gallery of construction.](#)

Physician Alignment

There is a lot of activity underway as local hospitals and physicians realign and develop new relationships. This is happening all over the country, and our region is no exception. WakeMed has a mission and vision that require us to grow facilities, services and physicians to meet the needs of the community and we are therefore taking the appropriate steps to ensure we are in a solid position to take advantage of growth opportunities as they arise. Here is an overview of our recent and current strategy.

Evolution of WakeMed Faculty Physicians and Wake Specialty Physicians

With the formation of Wake Specialty Physicians last year, it allowed WakeMed Faculty Physicians to increase support for hospital inpatient care needs. As a result, the vast majority of WFP growth is designed to help support the specialty and hospitalist needs of our inpatients.

On the other hand, Wake Specialty Physicians practices are based throughout the community and are designed to meet the area's specialty and primary care medical needs through a private practice model. For example, last year we identified a shortage of primary care resources in the community and have since recruited new physicians and worked with existing physicians to address the needs through various practices in the community. We continue to evaluate the medical needs of our community and will add resources to these groups as needed.

Formation of Partners in Practice

As hospital and physician relationships continue to evolve and physicians turn to WakeMed for assistance, WakeMed recently responded by forming a Management Services Organization (MSO) called Partners in Practice. This newly formed organization will allow us to partner with local physician practices as requested to help them manage the many complex aspects of operating a practice.

With all of this change, WakeMed remains committed to strengthening ties with its current Medical Staff through enhanced communication and involvement in service line discussions and planning. WakeMed will continue to discuss alignment opportunities as they arise on a case-by-case basis to meet the needs of our local physicians. Our goal is to continue to align with physicians to better meet the needs of our community. If you have any questions or concerns regarding WakeMed's physician strategy, please contact Susan Weaver, MD, senior vice president, WakeMed physician practices, at any time at (919) 350-4280. Thank you for your continued commitment to our patients.

2010 Medical Staff Officers

The Raleigh Campus Medical Staff has elected new officers as follows. The Medical Executive Committee (MEC) also voted to extend the Raleigh Campus officers terms to two years.

Immediate Past President

Sharon M. Foster, MD – 2010

President

John E.R. Perry, III, MD – 2010

President-Elect

Jim Palombaro, MD – 2010

Vice Chair, MSQI

J. Duncan Phillips, MD – 2009-2010

Members at Large

William C. Helton, MD - 2010
Lorena Benavides, MD – 2010-2011
Eugene H. Maynard Jr., MD - 2010

Chair, MSQI

Karen L. Bash, MD – 2009-2010

Joint Commission Update

Since our Joint Commission Survey in October, we have been working hard to address the following opportunities for improvement - please review and help us continue to improve our compliance.

Sign, Date and Time: All orders and entries must be signed, dated and timed. All verbal and telephone orders must be signed within 48 hours.

Informed Consent: Informed consent must be obtained and consent form must be signed, dated and timed prior to the procedure.

History & Physical: H&P must be documented in every patient's chart within 24 hours of admission, within 24 hours prior to any procedure. Also, the H&P must never be more than 30 days old.

Medication Management: All orders must be clear and accurate.

[Click here to download a flier highlighting all JC opportunities for improvement.](#)

3C and Hemodialysis Transition

Construction related to the new patient tower is requiring us to move our existing hemodialysis unit and several other areas throughout the existing hospital in the coming year. We wanted to take a moment to update you on the plans which have been evolving over the year.

Hemodialysis

Sometime this year (following the spring 2010 opening of the new patient tower), all 12 existing hemodialysis beds will transition to the fifth floor to the existing Occupational Health & Safety area located between 5A and 5B. This change will result in no reduction in bed count and will allow us to maintain the same level of outstanding care for all hemodialysis patients.

Why Move?

The movement of hemodialysis to 5C will allow us to build a necessary connection from the third floor C wing of the existing hospital to the new patient tower (E wing), to facilitate workflow access between the existing hospital and the new tower. Unfortunately, the new connecting hallway comes into the C wing at the point of the existing hemodialysis service.

3C Transition

Urology/nephrology patients currently admitted to 3C will start being admitted to 5C sometime next year. This will allow us to begin renovating 3C, which will ultimately become a rehab patient care unit. 5C was chosen due to the existing manager's experience in renal nursing, as well as its proximity to the relocated hemodialysis unit.

Electronic Patient Record Update – CPOE Planning and MAK for Raleigh Campus on the Way!

As we move toward fully electronic medical records, a great deal of planning is being done to assist with the implementation of computerized physician order entry (CPOE). Our first pilot implementation is expected to begin later this year with the pediatrics unit. The implementation of CPOE is a huge endeavor that we will need to work closely with our Medical Staff.

The Raleigh Campus will soon begin transitioning nursing units to using Computer-Generated MARs, which will quickly be followed by the implementation of bar-coded medication administration checking (MAK). This will improve patient safety and allow physicians to view a patient's MAR in Soarian rather than looking for the paper chart. Please let us know if you have any feedback during these transitions as we are working hard to ensure these are safe and easy changes.

Imaging Services - Cary Hospital Expands On-Site and On-Call Coverage

Cary Hospital's Imaging Services now offers 24/7 coverage for MRI services. Staff are available on-site Monday through Friday from 7 am to 11 pm and Saturday and Sunday from 8 am to 4 pm. Additionally, during off hours, on-call coverage is now provided for emergent MRI studies. Imaging Services also now provides set radiologist coverage on Saturdays and Sundays from 8 am to 3 pm. This coverage allows us to perform fluoro procedures for our inpatients as well as offer support to our physicians to review patient cases.

(Clinical & Regulatory Updates)

Medicaid Providers: Take Note of New Outpatient Imaging Preauthorization Requirements

North Carolina's Medicaid program recently made several changes to preauthorization requirements related to covered radiology services. Effective November 1, prior authorization is required for MRI, CT, PET services. Effective January 1, 2010, prior authorization is also required for ultrasound services (including OB), and all ultrasound providers must demonstrate compliance with accuracy criteria to qualify for authorizations. Prior authorization is NOT required for the following scenarios:

- Inpatient
- Emergency Room
- 23-hour Observation
- Outpatient radiology services not mentioned above.

Important Change in Medicare Claims Processing – Providers MUST be Enrolled in PECOS

Physician and non-physician practitioners who order or refer must be enrolled in the Medicare Provider Enrollment, Chain and Ownership System (PECOS) and must be of the type/specialty who are eligible to order/refer services for Medicare beneficiaries.

Beginning April 5, 2010 Medicare will verify the NPI and the name of the ordering/referring provider reported in the claim against PECOS or, if the ordering/referring provider is not in PECOS, against the claims system. If the ordering/referring provider is not in PECOS and is not in the claims system, the claim will not be paid. For details, [click here](#) to link to the Medicare newsletter.

Pharmacy Update - Changes in Heparin Potency Coming Soon

The United States Pharmacopeia (USP) has adopted a new potency assay for heparin that all manufacturers will use on heparin produced after October 1, 2009. There is an estimated 10 percent drop in potency with the new formulation of heparin. USP does not estimate that this will hold clinical significance as therapeutic dosing of heparin is generally monitored and adjusted according to activated partial thromboplastin time (aPTT) values.

WakeMed expects to transition to the new standard heparin system-wide in February or March. Stay tuned for additional reminders on the EPR dashboard.