

Bulletin

JAN/MAR 2023

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY



New PCMS Executive Council 2023/24

Burning Brightly Instead of Burning Out

2023 PCMS Legislative Coffee

172nd PCMS Annual Meeting

Service Trip to Honduras

2023 Kathie J. Lyman Scholarship Award Recipients

Mission Trip to Can Tho General Hospital

Medical Documentation That Matters

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Official Publication
of the Polk County
Medical Society

VOLUME 95 No. 1

Des Moines, Iowa
January/March 2023

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Bulletin
MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

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COVER PHOTO: The historical signing of Medical Tort Reform into law by Governor Kim Reynolds, witnessed by Polk County Medical society physician members and other medical community leaders.

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Did you know?

PCMS Collaborates to Benefit Public Health!

The Polk County Medical Society continually strives toward its mission of improving the general health of the community by collaborating with many local health-care related organizations.

These organizations include, but are not Limited to:

- The Volunteer Physician Network Program
- Polk County Health Department Lead Poisoning Prevention Coalition
- IHCC Domestic Abuse Guide
- PCHD lead Coalition Free Clinic
- Polk County Health Department
- Multi-Disciplinary Emergency Planning Group
- Iowa Collaborative Safety Net Provider Network
- PCHD Jump Start Back-to-School Fair
- PCHD Immunization
- Kathie J Lyman Scholarships for future physicians
- Back to School physicals
- Foot and ankle clinics

You can help, by donating time or money to the PCMS Foundation TODAY!

<https://pcms.org/about-us/contact/donate/>



E pluribus unum

By: Jason Kruse, D.O.

Dear PCMS Membership,

2023 is not so very different from 2022. War in Ukraine, economic uncertainty and regulatory uncertainty persist. COVID is receding but we are still losing hundreds of Americans daily. National polarization directly impacts the practice of medicine via laws regarding abortion and the LGBTQ+ community.

Physicians (and future physicians), I encourage you to speak up about issues that matter to you, your patients and your community. Advocate heartily but civilly. While we vary greatly in core beliefs, we are bound by core values of Beneficence, Nonmaleficence, Autonomy and Justice.

Maintain your professionalism and the dignity of our shared profession.

Take pains not to demonize or make ad hominem attacks.

Acknowledge the good intentions even of those you disagree with. Recognize the trade-offs and injustices inherent in your beliefs and approaches as shrewdly as you perceive the tradeoffs and injustices inherent in opposing beliefs and approaches.

At this writing PCMS has just held its 172nd annual dinner. In a hyper partisan, global, and digital world, what is the role of a nonpartisan, local and in-real-life medical society?

- PCMS is a service organization, administering the Volunteer Physician Network, connecting patients from all over the state with subspecialist care and treatments.

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**YOU'RE
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For more information contact

PCMS Offices: 288-0172

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- PCMS is an advocacy organization, lobbying on local, state and national levels in defense of the profession and support of high-quality patient care. This includes the recently passed tort reform law and ongoing efforts to pass patient protections against nonmedical switching.
- PCMS is a social organization, building up our sense of community across organizations and emphasizing our humanity away from work.

I am grateful to our staff for coordinating a full slate of events for

our membership including a mix of family-oriented and adult-oriented gatherings.

PCMS is above all else a civil organization built for the common well-being of a sometimes-disparate membership. We emphasize pluralism, bound together by our shared purpose, providing high quality care to our community while maintaining our humanity. *E pluribus unum*. You are welcome here.

I look forward to seeing and working with all of you throughout the coming year.

— Jason Kruse, D.O.





www.pcms.org/membership

The MISSING PIECE
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LET YOUR *Voices Ring*

By: Paula A. Noonan, C.E.O.

Losing your voice. Has it ever happened to you? I mean literally happened. I got a dose of laryngitis that has lasted over two weeks. It has made everyday life difficult, to say the least, with my mixture of hand signals, raspy air escaping my vocal cords, and not being able to pull together an entire word.

This experience has drawn some thoughts on what this means. Losing your voice is not only your ability to speak or vocalize words, thoughts, wants and needs, but it has also harkened the thought, what is it to lose your VOICE? The voice that stands for your ethics, morals, and way of life.

It is frustrating to lose your ability to communicate easily with others, and the community, for a short amount of time due to some circumstance, but what does it mean to lose your voice as a collective or whole, such as in our central Iowa medical community, which so eloquently and with great authority and expertise, has helped to guide and shape the practice of medicine in the State of Iowa and federal arena in Washington, D.C. The VOICE which helps to guide our nation. This voice empowers patients, patient protections, the protection of the scope and practice of medicine, and those that serve our communities in the capacity of medicine.

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Then there is a VOICE of communication between physician and patient. The main goal of this VOICE communication is forged in the physician-patient relationship.

The purpose of this VOICE, is to improve patient health outcomes and their medical care. A stronger physician-patient relationship correlates with improved patient outcomes, as the physicians and patient become partners in the plight of health and quality of life based on health.

Polk County Medical Society represents the many facets of the physician's medical career from medical student members through

residency, attending, practicing, and retiring physicians. We have made so many strides in recent years in our guardianship of medicine in Central Iowa, such as in the recent passing of Tort Reform.

So, I urge all our members to continue to stretch those vocal cords. Raise the collective consciousness of your colleagues, speak out and speak up about issues impacting you, your practice of medicine and your patients. Without your VOICE there is a dull collective silence that brings absence of improvement, advancement, and bettering medicine for our fellow man. We are the experts, let's make sure our VOICES ring.



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Burning Brightly, *Instead of Burning Out*



By: **Jason Kessler, M.D., F.A.A.P.**

Resilience is no substitute for fixing the things causing physician burnout. So, what can you do?

A study from the University of Pennsylvania showed a correlation between the words posted on Twitter and risk of atherosclerotic heart disease. Optimism and positivity have health benefits. Emotions are contagious. Your smile, whether genuine or not, can cause happiness in someone else.

A pre-pandemic study by Kaiser-Permanente provides an evidence base for collegiality. The study cleared participants' schedules for lunch once a week. The control group was allowed to do whatever they wished. The experimental group went to lunch together in groups. The group who spent

lunch time with colleagues dramatically improved on a well-being index. Signs of burnout are usually seen by others before self-recognition. These may include changes in behavior, memory lapses, lashing out at others, or increased sarcasm or bitterness. Doctors need to spend time with others who understand the profession. We are fortunate to have a local medical society (PCMS) that has events for physicians. Take advantage of opportunities. Invite colleagues!

Self-care, regular exercise, and a healthy diet are things we advise our patients and neglect ourselves. We can also best improve them when we change with others - friends, family, and co-workers.

In the 2021 report, "Death by 1000 Cuts," Medscape reported that the leading

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2023 PCMS LEGISLATIVE COFFEE AT THE CAPITOL:

Your Trusted Voice of Medicine on the Health Issues Impacting Your Patients and Practice of Medicine



L-R: Tom Benzoni, D.O., Senator Dennis Guth, Senator Jeff Edler, and Des Moines University student Brandon Prunty discuss the importance of Tort Reform and how it effects the physicians that are in medical school and their future career path.

The Polk County Medical Society (PCMS) Legislative Coffee was held on Wednesday, February 1st, 2023, at the Iowa State Capitol.

PCMS Board members, physician members, Hospital CEOs, residents, medical students and PCMS staff met one on one with key Iowa Legislators on the important issues impacting healthcare in Iowa.

The PCMS 2023 Legislative priorities were advocated on, which impact the scope and practice of medicine, for physicians and patients in our community as well as programs housed by PCMS, such as the Volunteer Physician Network Program. This year's visit was crucial for the success of pushing through Iowa's Tort reform. PCMS, its Executive Council and members have been focused and successful in introducing this bill into

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law! Many thanks to our local physician members of PCMS who gave time from their very busy schedules and practices to stand for Iowa's physicians and their member colleagues, testifying in person on many occasions. Your diligence and the support of Governor Reynolds was the reason for this final success!

PCMS spoke with Iowa lawmakers on the importance and impact of Tort Reform legislation, Mental Health, Telehealth, and

budget appropriations of vital programs in healthcare.

Again, thank you to all the very busy Physicians, Executives, residents, and students who gave of their time and were able to participate and represent our urban medical community on behalf of all PCMS members. We appreciate you representing the VOICE OF MEDICINE IN CENTRAL Iowa through PCMS!



L-R: Jeffrey Farber, M.D., Jennifer Groos, M.D., and Representative Megan Srinivas discuss the extension of telehealth payment parity during COVID which provided critical care for vulnerable patients.



L-R: Larry Severidt, M.D. and Representative Austin Baeth discuss the impact that the continuing Mental Health Reform will provide those in need of services that previously were under used.

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L-R: Senator Jeff Edler, Senator Jeff Reichman, and Paula Noonan, CEO discuss the 2023 PCMS Legislative Priorities and are introduced to physicians to discuss issues.



L-R: Jennifer Groos, M.D., Representative Michael Bergan, and Yogesh Shah, M.D. discuss Graduate Medical Education Fellowship and the important impact it will have on not only OBGYN and maternal services but also child/adolescent psychiatry and family medicine.



L-R: Des Moines University Medical Students Mikayla Brockmeyer and Brandon Prunty, and Senator Dawn Driscoll discuss how Strengthening Public Health and Expanding the Physician Workforce influences and provides opportunities for fellowship and residency in Iowa for current medical students.



L-R: Representative John Forbes, Craig Mahoney, M.D., and Larry Severidt, M.D. discuss the vital funding of the Volunteer Physician Network program and the over 4500 Iowan it serves each year.

THE POLK COUNTY MEDICAL SOCIETY

172nd Annual Meeting of the Membership & Installation of 2023 Officers



Jason Kruse, D.O. Opens the 172nd PCMS Annual Meeting of the Membership with over 100 guests enjoying in anticipation of the evening's events.

The Polk County Medical Society Annual Meeting was held on Thursday, March 23, 2023, at Willow on Grand event space. We were honored with special guests in attendance. The Mayor of Des Moines, Frank Cownie, welcomed all and thanked physicians for their service to our great community. The evening special guest host/moderator was news correspondent Laryssa Leone from WEAREIOWA Channel 5 News.

PCMS has been working with three physicians since the onset of the Russian invasion of Ukraine with coordination of battlefield medicine, library videos for training, and assisting with supplies coordination, information, and resources. These three courageous physicians were our special featured guest speakers for the evening, addressing the membership and guests of the 172nd annual

meeting of the PCMS membership via virtual broadcast. Live from the Ukrainian battlefield in Kiev, Ukraine, Drs. Anastasija Khoden, Ihor Khoden and Maryna Khalimonenko, described their personal experiences.

These brave physicians went from everyday ordinary life as citizens and practicing physicians to battlefield medicine experts. We learned of the tragedies they continue to face, the continued challenges for them and their fellow countryman, and how they had to transition their practice of medicine to wartime medicine. Their recount of events was compelling.

After the featured speakers, the 2023/24 slate of PCMS Executive Council officers was elected and installed. The 2023 Kathie J. Lyman Scholarship awards were then presented to awardees. The

Continued from page 18

Annual meeting was attended by over 120 PCMS members and guests. If you did not make the event this year, put a placeholder in your calendar for 2024! Special thanks to our Platinum sponsors West Bank, Gold Sponsors Kidder and The Volunteer Physician Network,

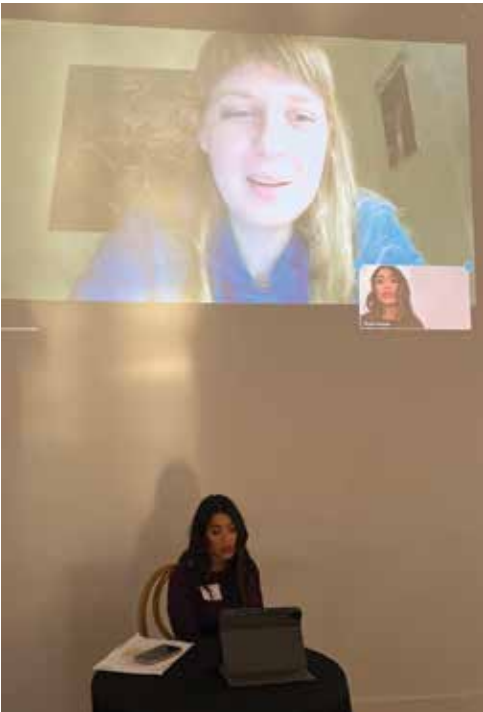
Silver Sponsors Des Moines University and Wellmark. We appreciate the continued support of our Health Care Affiliate Programs Partners and Circle of Friends Sponsors: UnityPoint Health, MercyOne, The Iowa Clinic, Broadlawns, Foster Group, DMACC and Copic.



Mayor Frank Cownie addresses PCMS members and honored guests at the 172nd Annual Meeting of the Membership.



Reporter and Moderator Laryssa Leone introduces our Virtual Guest Speakers live from the battlefield in Kiev, Ukraine.



L-R: Honored guest Ukrainian physician Anastajia Khoden, M.D. and Reporter/Moderator Laryssa Leone address the PCMS 172nd Annual Meeting of the Membership live from the battlefield in Kiev, Ukraine.



Maryna Khalimonenko, M.D., with the assistance of Anastajia Khoden, M.D., updates the membership about what is happening in Kiev, Ukraine while answering questions and providing emotional experiences of being a physician thrown into wartime medicine.

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L-R: Kevin Smith, D.P.M., Carol Olson from Senator Grassley's Office, and Susan Huppert are excited to celebrate the 172nd Annual Meeting of the Membership and the success of Tort Reform this year!



L-R: Lon Anderson, Jason Kruse, D.O., Kristina Kruse, and Jason Kessler, M.D. enjoy good conversation and look forward to the evening celebrations.



L-R: Connie Stilley, Kathy Beaty, Larry Beaty, M.D., James Kimball, M.D, Mary Ellen Kimball, and David Stilley, M.D. enjoy gathering each year at the annual meeting event for fun and collegiality.



L-R: Reed Rinderknecht, Janie Hendricks, D.O., and Marty Crowder enjoy lively conversation at Willow on Grand and love the event space.

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L-R: Noreen O'Shea, D.O. and Barbara Boose enjoy lively conversation and the beautiful space to celebrate 172 years of PCMS.



L-R: Reed Rinderknecht, Ed Whitver, Craig Mahoney, M.D., and Richard Glowacki, M.D. discuss past service to the PCMS Executive Council and await Dr. Glowacki's new installation to the Board.



L-R: David Stilley, M.D. and Larry Severidt, M.D. discuss the joy of collegiality at PCMS events.



Jason Kruse, D.O. officially calls for membership vote and installs the new slate of candidates for the 2023-24 PCMS Executive Council.

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L-R: Mayor Frank Cownie, Kathie Lyman, Stephen Eckstat, D.O., and Victoria Eckstat discuss all that is happening in Kiev, Ukraine and the impacts to physicians and the people of that country.



L-R: Tom Benzoni, D.O., Reporter/Moderator Laryssa Leone (who started an interview relationship with our Kiev Colleagues at the beginning of the invasion of Ukraine on behalf of Polk County Medical Society) and Jason Kruse, D.O. end the successful evening of the 172nd PCMS Annual Meeting of the membership.



L-R: Ed Whitver, Robert Brown, M.D., and Chris Hankenson enjoy the ambiance and catch up and enjoy the reception prior to the 172nd PCMS Annual Meeting.



L-R: Allie Johnson and Kathie J. Lyman Scholarship awardee Chance Johnson, D.O. await presentation of awards.

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L-R: Chuck Wheeler, Craig Schrader, and Brooke Newton look forward to the evening events with the physicians and the much-anticipated virtual live conversation with Ukrainian colleagues.

L-R: Kathie J. Lyman Scholarship awardee Chance Johnson, D.O., Allie Johnson, Kristin Gredys and Wanda Gredys discuss the assistance the Kathie J. Lyman scholarship brings to medical students.



L-R: Joseph Jones, Ph.D. and Jennifer Beaty, M.D. enjoy good conversation and excitement for Dr. Beaty's pending appointment to the PCMS Executive Council during the evening events.



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- // Surgical Oncology
- // Transplant Surgery
- // Trauma Surgery &
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- // Vascular Access Center
- // Vascular Surgery
- // Vein Therapy Center
- // West Lakes
Medical Equipment
- // West Lakes Sleep Center
- // Women's Center

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contributor to burnout was too many bureaucratic tasks, reported by 58% of physicians. Are there things that you can delegate or outsource? How does your team work to the top of each member's license and ability?

A substantial workflow boost is completing your charting in real time, or "Charting-As-You-Go" (CAYG). I could write volumes about this life-changing concept.

In CAYG, you finish documentation on one patient before moving to the next. The 5 minutes spent finishing a note before the next patient saves the 10

minutes it would take to finish it later. Perfection is not the goal for clinical documentation. Notes should document relevant findings and justify your coding. If you accomplish those things, they will stand up to audits. Keep it simple and to the point.

Know your EMR. Learn shortcuts. Understanding the workflow that the system was designed for can help you adapt your workflow to exploit features of your system.

The next article in this series will identify some changes organizations can make.



Supporting physicians. Improving care.

As a physician, your commitment is to your patients. But in today's rapidly changing health care environment, it's challenging to provide high quality care AND stay abreast of legislation, regulation, data, technology and other issues at the state and federal level that impacts you and your practice. **That's where the Polk County Medical Society (PCMS) comes in.**

From safeguarding Iowa's stable medical liability environment to leading efforts to protect the physician-patient relationship, the Society advocates every day on behalf of your patients and your profession.

RENEW YOUR PCMS MEMBERSHIP FOR 2023

WWW.PCMS.ORG

SERVICE TRIP TO *Honduras*

By: Brittany Pederson, D.O. and Savannah Marker, D.O.



The Honduras Medical mission team.

Thanks to the Kathie J. Lyman Scholarship for Global Health Brittany Pederson, D.O. and Savannah Marker, D.O., both second year family medicine residents at Broadlawns, were able to travel to Honduras from February 25 - March 2. Alongside an interdisciplinary team consisting of attending physicians, pharmacists, nurses, nursing students, pre-med students, and community volunteers,

they served a rural community about one hour from Tegucigalpa.

The team held outreach clinics and spent multiple days providing direct care to the small mountain community. With help from local Spanish speaking physicians, who just graduated medical school, they were able to serve about 100 people each day at the clinics.

Polk County Medical Society
Annual Zoo Brew
Wednesday, June 21st
5:30 pm- 9:00 pm

Blank Park Zoo
PCMS Private Party
In the Discovery Center
for PCMS Members and Guests

LIVE MUSIC • FREE FOOD • CASH BAR • ADULTS ONLY

Save the Date



Continued from page 26

They helped patients with blood pressure, infections, and ultrasounds via Butterfly devices to pregnant patients, as well as osteopathic manipulative medicine, and other screenings. The lines to see them were long, but they were able to take breaks and play soccer between rounds of patients.

Another day was spent touring Hospital Escuela in Tegucigalpa. Prior to traveling, team members Chandra and Shelby Bartleman held a onesie clothing drive, so that onesies would be provided to new moms on the post-partum floor. Dr. Pederson and Dr. Marker also spent time

throughout the week doing home visits to those unable to travel to the outreach clinics.

Outside of medicine, the team was also able to provide concrete floors to two families who once lived solely on dirt floors, improving their quality of living. Besides exploring the coffee fields and fresh berry crops, many hours were spent with locals, playing soccer and volleyball with the children of the community at MDM, the host organization. MDM serves the community through an afterschool program and provides sponsoring for children to continue their education after grade school.



The Honduras Medical mission team takes a break for sight-seeing in Honduras.



L-R: Dr. Marker examines the ear of a pediatric patient in the outreach clinic.

Continued from page 28

The organization helped organize the team by identifying the highest need in their community, so the team was able to serve efficiently.

Dr. Pederson and Dr. Marker were honored to serve the community in Honduras. They are hopeful to return for more global service trips in the future.



Dr. Pederson and team make their way through the rough terrain to a remote home visit.



Dr. Pederson examining a rural access home patient in Honduras.

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Congratulations to the 2023 Kathie J. Lyman Scholarship Award Recipients!



L-R: Jason Kruse, D.O., recipient Chance Johnson, D.O., recipient Maria Pattschull, D.P.M., and Kathie Lyman offer congratulations on the Kathie J. Lyman Scholarship awards. (Not pictured, Kathie J. Lyman Scholarship medical student recipient Kyle Armour from the University of Iowa allopathic medical program).

Chance Johnson, from Des Moines University (DMU) and Kyle Armour from the University of Iowa (U of I) were awarded the Osteopathic medical student and Allopathic medical student scholarships of \$1,000 each. The Podiatric medical student scholarship recipient as Maria Pattschull, from Des Moines University who also received a scholarship award of \$1,000.

Global Health Mission Program scholarship awards were provided to the Family Medicine Residency Program from Broadlawns Medical Center and The Des Moines University Global Health Student recipient was William Bui Tran. Each received a \$500 Global health award from the Kathie J. Lyman Scholarship Foundation to assist them participants in global medical missions and education programs.

2023 KATHIE J. LYMAN SCHOLARSHIP AWARD RECIPIENTS

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L-R: Jason Kruse, D.O., Larry Severidt, M.D., recipient Savannah Marker, D.O., Kevin Smith, D.P.M (who accepted on behalf of student William Bui Tran who is currently finishing a Mission trip), and Kathie Lyman award the Kathie J. Lyman Global Health Scholarship awards.



L-R: 2023 Kathie J. Lyman Scholarship Awardee Maria Pattschull, D.P.M. and Samantha Gantenbein pose to commemorate receiving the distinguished Kathie J. Lyman Scholarship for Podiatric Medical Students in the Des Moines University Program.



L-R: Allie Johnson and 2023 Kathie J. Lyman Award recipient Chance Johnson, D.O., from Des Moines University Osteopathic program, celebrate receipt of the scholarship.



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MISSION TRIP

to Can Tho General Hospital Can Tho, VIETNAM

By: By: William Bui Tran, D.P.M.

Thanks to my award for Global Health Medical Mission Service Trips through the Kathie J. Lyman Scholarship Program at Polk County Medical Society, I had an amazing experience after completing a global health rotation in Endocrinology at Can Tho General Hospital, in Can Tho, Vietnam, this past April. My day usually starts at 7:30 am with rounding, in which I was able to ask attendings and Resident's questions about the patients.

I learned many similar and different approaches in managing diabetic foot infection. I usually saw 5-7 patients with various chronic conditions. Most patients admitted to the hospital, were due to Cushing's syndrome, hyperthroidism (Grave's), or diabetic foot infection. After spending 4 weeks on the floor, I noticed several differences between our two healthcare systems. For example, at Can Tho hospital, patients usually



L-R: Dr. Chau, Dr. Tran (Department Chair), Dr. Loc, Sondra Schreiber (Global Health-DMU), William Bui Tran, D.P.M., and Amy Lin (from GEI).

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paid out of their pocket for medical supplies including gloves, medications (antibiotics), dressings, and even medical imaging studies.

There were usually more than six patients in one room. Despite the lack of equipment and facilities, the medical staff remained optimistic and worked with whatever they had. In addition, there was a lunch culture in Vietnam where everyone would take a break from 11 am to 1 pm.

Although the rotation lasted for a month, I tried the best I could to simulate my daily tasks to what my Vietnamese medical colleagues did. In return, I learned and observed a variety of signs and symptoms from each patient.


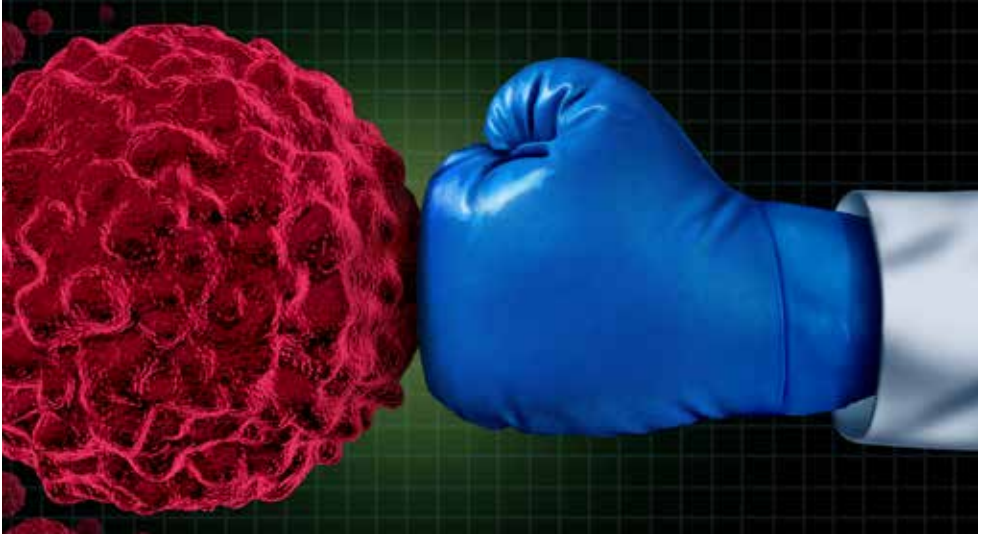
Residents and attendings were super eager to help with my learning. Overall, it was a great opportunity to gain experience from healthcare providers in the provision of care for patients from the other side of the world.



L-R: Sondra Schreiber (Global Health-DMU) and William Bui Tran, D.P.M. (medical student) both of Des Moines University Global Health Missions Program.

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BROCK PURDY AND THE IMPORTANCE OF INCONSEQUENTIAL DECISIONS

ROSS POLKING, CFP®, AIF®, MBA Lead Advisor - Business Dev.

“With the final pick in the 2022 NFL draft, the San Francisco 49ers select... Brock Purdy, quarterback, Iowa State University,” boomed the voice of commissioner Roger Goodell as the multi-day event back in April came to a close. After 261 players were chosen before him, a new “Mr. Irrelevant” emerged with the undersized Purdy, donning the label given annually since 1976 to the last pick in the NFL draft. As the nickname implies, this pick is typically inconsequential, because rarely does anyone in that slot make much out of a football career.

While the 49ers didn't think this was a throw-away pick, they could not have predicted the ensuing fairy tale. After two experienced and talented quarterbacks in Jimmy Garoppolo and Trey Lance were injured for the season, Brock was handed the reins to the 49ers offense in early December. The 49ers clearly had a plan with that pick, regardless of the shoulder shrugs, even from their own fans. They admittedly did not see Purdy as a future starter, much less a star in the making but rather a competent emergency back-up who could fill in if necessary.

Mitigating risk, of which there is plenty in the course of a football season, ironically catapulted San Francisco toward a Super Bowl run in a season that, otherwise, could have gone in the tank. Mr. Irrelevant quickly became relevant, winning every game as a starter until he suffered an elbow injury in the NFC championship game and the 49ers' season came to an end. Brock racked up stats never before seen by a rookie quarterback and most likely cemented his spot as an NFL regular going forward. Even his jersey sales finished in the top 10 of all NFL players!

One seemingly small decision that no one thought would matter made a significant difference for the Bay Area team and its fans.

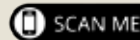
Think about your financial life and what, in retrospect, felt like an inconsequential decision at the time. Think about how that decision has now become incredibly rewarding. Maybe it was to start accelerating your debt repayment. Maybe it was to begin saving into a child's 529 plan the month they were born. Maybe it was to increase your 401k contribution by 1% every year. Maybe it was to adjust your investment allocation to lessen individual company risk. Maybe it was to hire an advisor.

Whatever that decision(s) was, were, and/or will be, nothing relative to money is small when compounded by time. Do not shrug your shoulders at what may appear to be a decision that carries no weight. Rather, don't wait! Make the effort to plan; ask good questions; hedge your risks in the event life blindsides you; engage someone you trust to be objective. Retirement may be right around the corner. Staying diversified is Purdy good advice (see what I did there?).



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MEDICAL DOCUMENTATION THAT MATTERS

Separating the “Signal” from the “Noise” in EHR Documentation

By: Alan Lembitz, M.D.

COPIC Department of Patient Safety & Risk Management

In the last 20 years with the institution of electronic health records (EHRs), the time it takes to complete medical documentation has gotten longer and longer. It's not unusual to see a short and routine emergency department visit for an ankle sprain result in a multi-page note. But more documentation isn't necessarily better. In fact, studies demonstrate how current medical documentation includes a lot of “noise,” without necessarily identifying the key “signal” that is important.

There are several reasons for medical documentation, but this article will focus on the following:

- Documenting the services, thought processes, and recommendations to determine that the provider was practicing within a reasonable scope of practice when complaints at the licensing board or legal liability actions arise.

This point is about establishing that a given encounter was within the range of acceptable practices, or the “standard of care.” More volume of documentation generally does not serve the point's purpose well, but in many cases specific documentation is critical to defense. We often are looking in retrospect when care is in question for these very important “signals” which can be lost in the “noise.”

Considerations for All Clinical Encounters

Detailed documentation of informal and curbside consultations by both the requester

of the consultation and the provider of it are often missing or inadequate. The documentation should include the information conveyed, the decisions made, and who was assigned responsibility for the patient's care, now and in subsequent follow-up.

Incidental findings require someone to “close the loop” with the patient about the nature of the abnormality, including why the recommended follow-up is important and the risks of not following up. Trusting the next clinician to provide the necessary follow-up on the incidental finding is often inadequate. Informing the patient and documenting the critical elements greatly adds to the defense when the patient alleges they were never told, and so suffered an adverse outcome such as a delayed diagnosis of a now more advanced malignancy.

When you receive critical lab, imaging, and other diagnostic findings, document what you did and what was communicated, including referring the patient for further immediate care. In legal cases viewed retrospectively, families and patients often allege that they stated something completely different than what the clinician or clinical team heard. One documentation strategy is to specifically state the patient's chief concerns and chief complaints verbatim and in quotes; such as “patient states (or chief complaint or chief concern)...” Recall that a chief concern is different than a chief complaint, but can provide insight into what the patient or family believes to be occurring. When their chief

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Continued from page 37

concern turns out to be accurate, and it was dismissed, ignored, or never heard, it can be difficult to defend the care.

High-Risk Reminders Across Service Lines

Mentioned previously but deserving of repetition for all service lines is the need for congruent findings and documentation among multiple observers—medical assistants, nursing staff, and other providers. In cases involving adverse outcomes, there is often accurate information or findings by one member of the team that are critical to the outcome, but not widely communicated or documented by the people making decisions. When patients refuse your medical recommendations, we often cannot tell from the documentation whether the clinician described the benefits, risks, and alternatives of that recommendation to the

patient. Patients can choose to refuse care after adequately being informed, and for that purpose an informed refusal document may be appropriate.

Critical Documentation for Your Best Defense

Small amounts of critical documentation can often be your best defense. The specific scenarios and strategies for these critical documentation opportunities described previously are not an all-inclusive list, but represent a majority of the preventable issues in which defense of your care could have been enhanced. There is much documentation noise that can serve the other purposes described but have little impact on your defense. We hope to improve the necessary signal, with the understanding of the vast amount of noise that can exist in the medical record.

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John Kuhnlein, D.O. |
| 8
Alan D. Heberer, D.O. | 25
Lynn K. Struck, M.D. |
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Cory B. Pittman, M.D. | 26
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