



Rural Hospitals Often Beat Urban Hospitals on Quality

By Virgil Dickson, ModernHealthcare.com

Rural hospitals on average have done better at avoiding the spread of hospital-acquired conditions and have scored higher in Medicare's [value-based purchasing](#) program than their urban counterparts.

Last year only 288, or 34% of rural hospitals participating in the hospital value-based purchasing program, faced financial penalties compared to 1,040 or 49% of urban hospitals, according to [a new report](#).

Under the program, acute-care hospitals are rewarded or penalized depending on the quality of care.

Similarly rural hospitals performed well under the hospital-acquired-condition reduction program that aims to prevent conditions like pressure sores and hip fractures after surgery.

Only 129, or 14% of rural hospitals evaluated under the effort faced a penalty versus 568, or 26% of urban hospitals.

Rural acute-care hospitals may be in a better position to ensure quality because they are likely to have a greater familiarity with their patients, the report said. "High levels of trust in providers may facilitate better patient experiences or outcomes both in the inpatient and outpatient setting."

Rural hospitals are also more likely to do better in care coordination models as they often share a physical space with outpatient and nursing home facilities. In urban areas, that type of consolidation may be seen as anti-competitive, the CMS said.

"In payment models that reward such coordination and place increasing focus on efficiency and collaborative care, rural hospitals may be poised to perform particularly well," the report said.

One area in which rural hospitals did not do better compared to urban areas, however, is [readmissions](#).

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Ask the Expert:

Search Tips for HIM Pros

By Victoria Weinert
Compliance & Audit Manager, Oxford HIM

The internet is an amazing resource for information about the healthcare industry and can help you find background on the conditions and medical devices you are documenting. The "information highway" can take you lots of places; they may not, however, be where you want to go. You may just find that you spent a really long time traveling down a dead end road. So, how can you avoid the potholes on your trip? Here are a few suggestions on how to use this tool to your advantage.

"Start your engines." Use a variety of internet search engines. Although it is referred to like a verb, Google is merely one search engine. Bing, Ask.com, and Yahoo might yield different results. There are also newer ones that have a cool spin on them. Dogpile, for example, is helpful in two ways. First, it removes the clutter of ads. Second, it bases the finds off of the searches from other websites such as Google and Yahoo.

If there's a website you've already found helpful, bookmark it as a favorite in your web browser and search within it. Avoid Wikipedia and WebMD and go to medical websites. I suggest device manufacturers' websites or university sites such as John's Hopkins or Mayo Clinic. YouTube is an excellent site to watch surgical procedures on. However, avoid the websites for disease awareness and support groups for clinical advice.

Avoid dead ends. Searching with the wrong phrases or search words could prove to be futile. Use specific, targeted phrases with the name of the disease or device you're looking for information on. Also, I can't stress enough that [you cannot get coding advice from the internet](#). Websites such as AHIMA.org and AAPC.org have forums where ideas are shared, but remember those are not official references.

Follow the road symbols on signs. Use symbols in your search. Use quotations (" ") to be specific and narrow your search. You can use the (+) symbol between words to identify when the words appear together on a page rather than occurrences of the topic words anywhere, or a (-) symbol to skip pages that contain a certain word or topic.

Detours. Some physicians refer to diseases differently. For example, when you search for Scleroderma, you'll find that it is also referred to as Systemic Sclerosis. You might want to take a different approach or bypass. Run a search using

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News from Oxford Healthcare Technology*:

Oxford Consultant Helps Create Tools to Identify Patients at Risk for Sepsis

When our client's clinical staff needed decision support tools to help them identify patients at risk for sepsis, an Oxford Healthcare Technology Consultant with Epic expertise was asked to help design them.

The Consultant developed a series of alerts for the nurses and physicians. The first alert warned that the patient was at a risk for sepsis after certain abnormal vital signs were detected. The second warned clinicians about a high lactate result. And the last alert utilized Smart Data Elements that were flagged on a patient's chart to prompt the physician to reevaluate the patient 72 hours after the initial Sepsis Bundle was started.

Throughout the year-plus project, the Oxford Consultant was fully integrated with the development team and used his unique skillset to present options to the group. According to the client:

"Our Oxford Consultant has done an outstanding job leading a very difficult project for us – the Sepsis Care Path. His commitment to patient safety, to doing the right thing and to ensuring the delivery of the best build to our clinicians has been exemplary. They have been very passionate about the project and he has met their needs on all levels as well as exceeding some."

[Read the full case study](#)

*Oxford Healthcare Technology includes [Oxford HIM](#) and [Oxford Healthcare IT](#) services.

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Last year 709, or 79%, of rural hospitals evaluated under the hospital readmissions-reduction program were hit with a financial penalty versus 1,902 or 76% of urban hospitals.

The report didn't identify the reason for the difference, but did note adults living in nonmetropolitan areas have poorer health, higher rates of tobacco use and major chronic conditions and poorer indicators of oral and mental health. Recently, there's also been a spike in morbidity and mortality because of the opioid epidemic disproportionately affecting rural Americans.

The CMS wants to find ways to improve the quality of care in rural communities. On Wednesday, [October 19, 2016,] it hosted its first-ever rural summit at its headquarters in Baltimore.

Reference: <http://www.modernhealthcare.com/article/20161019/NEWS/161019891/rural-hospitals-often-beat-urban-hospitals-on-quality>

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that phrase instead.

You'll need to be creative when searching abbreviations. Perhaps add a more specific body system. Let's say you're trying to figure out what the letters of "CREST" syndrome stand for. A search for "crest" will yield plenty of information regarding tooth-paste and images of coats of arms. You'll be more successful if you type the phrase "medical abbreviation" after the letters for the best results.

Don't run out of gas. Use your time wisely. When you're searching for information on "implants" and you find yourself on a celebrity website reading about their cosmetic surgery, stop! You're wasting time and will end up feeling frustrated by your lack of productivity. It's easy to get lost and if the inner voice in your head starts to sound like your GPS voice saying, "Recalculating" or "Turn Around," listen to it. Try a different search engine or search phrase.

Reference: Boswell, Wendy. [Seven Habits of Highly Effective Web Searchers](http://www.lifewire.com). www.lifewire.com



Consultant Spotlight

Laura, Oxford Consultant



I grew up in Silver Spring and Gaithersburg, MD and have lived in many different places, which has helped me progress in the coding world. Following my second clinical rotation at nursing school, I realized that nursing wasn't for me. So I attended a medical records program at Montgomery College, MD, and obtained my coding certificate. I worked for various hospitals and doctors as a coding clerk, medical receptionist/administrator, and discharge analyst. A relationship then led me to move to South Dakota to work as a discharge analyst for Rapid City Regional Hospital near stunning Mt. Rushmore. If you ever need to get some fresh air, it's there!

I moved back to Maryland to support my mother during an illness. She eventually passed away, but often when something bad happens, something good also happens—my return to Maryland led to a new job with a company in Frederick, MD, who was willing to train me on how to code emergency room charts and pay for my recertification through the AAPC. I later worked for an OBGYN in Asheville, NC and at a gastroenterology department at Walter Reed Army Medical Center. There I trained a crew of 31 residents and doctors how to document their notes and use evaluation and management levels.

Working in the always friendly coding community has been the most fulfilling experience of my life. And with the big help of the recruiters, (especially Brian Lasch and Takeshia Long), Oxford HIM has been the best company I have ever worked for, pushing me to even higher levels of success!

Employee of the Month

Daryl Berry, Account Executive



I'm originally from Roswell, GA, just north of Atlanta. I went to the University of Georgia and then transferred to Florida International University in Miami to pursue a Bachelor's degree in Hospitality Management.

I could not ask for a better place to work. Everyone at Oxford HIM is caring and has a great sense of humor.

In my spare time I enjoy traveling, hiking, and camping. My wife and I are expecting our first child on Christmas Eve.

News & Events



October 28 – November 4, 2016

Oxford Healthcare Technology is a sponsor of the CHIME16 Fall CIO Forum. Our Advisory Services team is led by industry experts, who partner with healthcare leaders to make an impact. We share insights and best practices to find the right solution at the right time.

New Oxford HIM PTO Benefit

Oxford HIM now offers full-time consultants the opportunity to take paid time off! The new PTO benefit comes in addition to holiday pay, 401(k) and medical insurance packages, paid travel and other benefits we provide.

If you have any questions, please contact your recruiter or email HIM@oxfordcorp.com.



Refer a Colleague to Oxford HIM

Increase your cash flow by referring other HIM professionals to Oxford HIM!

You can earn **\$500** for every qualified contract or direct hire candidate. The bonus will be paid to you after the referred contract employee has worked 120 hours or the direct hire employee has completed 90 days.

Please ask your recruiter for more details, or email referrals to Maya.Lowe@oxfordcorp.com.

Hot Jobs

- ◇ Onsite CDI Specialist—West Coast
- ◇ Onsite CDI Manager—West Coast
- ◇ Interim Coding Manager—California
- ◇ Remote Inpatient Coder—Multiple Locations
- ◇ Remote Outpatient Coder—Multiple Locations
- ◇ Remote Auditor—Multiple Locations
- ◇ Onsite Auditor—Chicago, IL
- ◇ Remote Prof Fee Coder

Email Maya.Lowe@oxfordcorp.com today to learn more about these opportunities or refer a friend!

Who Knows?

Name the disorder characterized by the inability to discard items, even if they are useless; an unnatural attachment to things.

Send your answers to:

Maya.Lowe@oxfordcorp.com

All correct answers will be put into a raffle for a chance to win a \$25.00 Visa gift card.

Last Edition's 'Who Knows' Winner

And the winner is ...

Marsha M.!

Answer:
Rhabdomyolysis