

OA Employee Spotlight**Margaret
Espitallier**

CTR Consultant

Last April, I made the decision to resign from my position as Manager of the Cancer Registry at a Bay Area hospital in California after 11 years of dedication and hard work. One of my greatest achievements during my tenure was when I helped my cancer program earn the "Outstanding Achievement Award" from the American College of Surgeons for the Commission on Cancer.

It was then that I decided to join On Assignment HIM so I could spread my wings and have the freedom to do what I was born to do; travel and help other cancer programs at various hospitals in the United States excel and improve their cancer care services.

Currently I am working in Queens, New York as a Certified Tumor Registrar (CTR) Consultant, and enjoying making new friends. I am very passionate about my work. I love what I do and firmly believe that we all can make a difference in someone else's life, whether it may be directly or indirectly.

I would like to take this opportunity to express my sincere thanks to Nathaniel Haros and my devoted recruiter Geoff Goodman for keeping me busy, happy and well appreciated.

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**CDC Says "Take 3" Actions
To Fight The Flu**

Influenza (the flu) is a serious contagious disease that can lead to hospitalization and even death. The CDC urges you to take the following actions to protect yourself and others from the flu:

1. Take time to get a flu vaccine.

- The CDC recommends a yearly flu vaccine as the first and most important step in protecting yourself against flu viruses.
- While there are many different flu viruses, a flu vaccine protects against the three viruses that research suggests will be most common each season.
- Everyone 6 months of age and older should get a flu vaccine as soon as the current season's vaccines are available.
- Vaccination of high risk persons is especially important to decrease their risk of severe flu illness.
- People at high risk of serious flu complications include young children, pregnant women, people with chronic health conditions such as asthma, diabetes, heart and lung disease, and people 65 years and older.
- Vaccination is also important for health care workers and others who live with or care for high risk persons. Getting vaccinated will help prevent spreading the flu to those who are high risk. *Note: Children younger than 6 months are at high risk of serious flu illness, but are too young to be vaccinated. Those who care for them should be vaccinated instead.*

2. Take everyday preventive actions to stop the spread of germs.

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water. If soap and water are not available, use an alcohol-based hand rub.
- Avoid touching your eyes, nose and mouth. Germs spread this way.

(Continued on page 2)

ASK THE EXPERT!**What is Stendhal Syndrome?**

Stendhal Syndrome (aka **Florence syndrome** and **hyperkulturemia**), is a very rare psychosomatic phenomenon that occurs as an acute overwhelming reaction to art. A psychosomatic response may be an acute bodily ailment or physical symptom, caused by mental or emotional disturbance, in which psychological stresses adversely affect physiological functioning to the point of distress. Persons who experience this, seem to do so when exposed to large amounts of (great works of) art collected and gathered in one place or is particularly and extremely beautiful to the spectator. The sensory overload creates feature symptoms including: hallucinations, confusion, dizziness, fainting, headache, syncope, tachycardia (heart palpitations), and vertigo.

Stendhal's Syndrome is termed after the French writer, Stendhal, who experienced overwhelming symptoms of anxiety and fainted while viewing art in Italy. In the

**On Assignment HIM at the
AHIMA Convention 2012**

Pictured left to right. Front Row: Katie Gullo, Nate Haros, Oscar Cross, and Lori Ruhland. Back Row: Andrew Norrie, Susan Gray, Casey Stevenson, Michael Gannon, and Kevin Thurman.

See you next year in Atlanta, GA!



OA Employee of the Month

Nate Haros

Director of Business
Development
HIM Contract Team



They say time flies when you are having fun. For me the past seven years here at On Assignment HIM have gone by so fast, and the main reason is because I work with great people. My team are some of the best people I

know and they truly make coming to work enjoyable. It also helps to be working in a fast-paced and progressive industry such as HIM where some of the brightest people are employed.

Here's a little background about myself - I'm the Director of Business Development for On Assignment's HIM Contract Staffing Division. My responsibilities include overseeing the overall sales efforts of the team. I was born and raised in Oxnard, CA which is situated just north of Los Angeles and south of Santa Barbara, CA on the coast. Prior to the commercial and residential development in the city, Oxnard was the self-proclaimed strawberry capital of the world with strawberry fields extending as far as the eye could see. I am the second youngest in a family of four children. Both of my parents were born and raised in Durango, Mexico, but ultimately moved to California to seek better opportunities and start a family. I am very proud of my roots and strive to make the most of the opportunities that I've been given throughout my life, and here at On Assignment.

What I enjoy most about working for On Assignment HIM, and being in the staffing industry, is the ability to impact lives for the better. I love to live vicariously through our consultants when they are placed on new and exciting assignments. Nothing makes me happier than to know we made a good match by meeting a client's needs and providing a consultant with a new career opportunity. We've placed HIM professionals across the United States, from the remote parts of Alaska to the sunny state of Florida, and just about everywhere in between.

In my spare time I enjoy spending time with family and staying active. My wife and I both come from large families so there is

no shortage of birthdays, anniversaries, or graduations we attend on a given weekend. I've played sports all of my life and continue to do so through my participation in a soccer league. I graduated from the University of California at Santa Cruz (home of the fighting "Banana Slugs") with a degree in Sociology.

Two years ago was the last time I was featured in our newsletter. At that time my wife and I had just had our first baby. I am happy to say that we just welcomed our second child this year on July 31st - another boy whom we named Mateo Lee Haros (pictured below).



Mateo

(Continued from page 1, Main Article)

- Try to avoid close contact with sick people.
 - While sick, limit contact with others as much as possible to keep from infecting them.
3. Take flu antiviral drugs if your doctor prescribes them
- If you get the flu, antiviral drugs can treat your illness.
 - Antiviral drugs are different from antibiotics. They are prescription medicines (pills, liquid or an inhaled powder) and are not available over-the-counter.
 - Antiviral drugs can make illness milder and shorten the time you are sick. They may also prevent serious flu complications. For people with high risk factors, treatment with an antiviral drug can mean the difference between having a milder illness versus a very serious illness that could result in a hospital stay.
 - Studies show that flu antiviral drugs work best for treatment when they are started within 2 days of getting sick, but starting them later can still be helpful, especially if the sick person has high-risk health or is very sick from the flu. Follow your doctor's instructions for taking this drug.

Flu-like symptoms include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills, and fatigue. Some people also may have vomiting and diarrhea. People may be infected with the flu, and have respiratory symptoms without a fever.

Visit the CDC's website to find out what to do if you get sick with the flu, and how to care for someone at home who is sick with the flu.

<http://www.cdc.gov/flu/>

For information regarding our \$500
referral bonus program, please email

kristin.walsh@onassignment.com

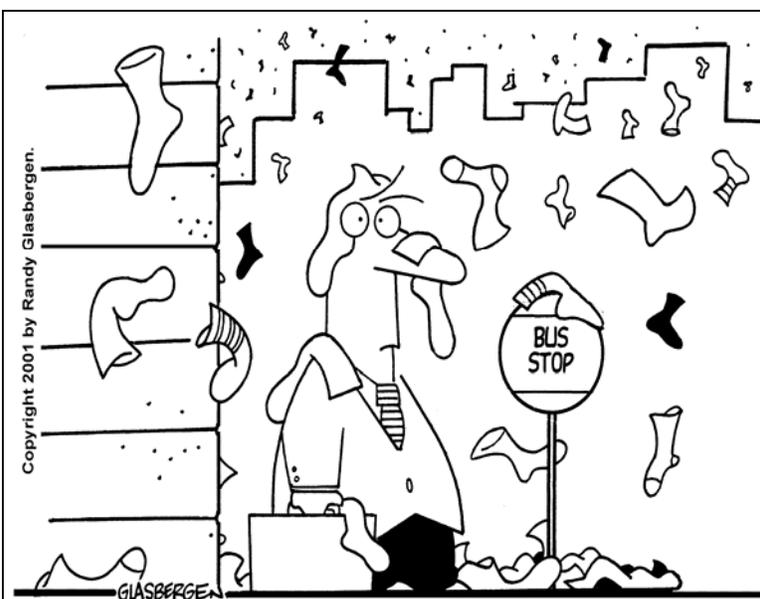
DID YOU KNOW?

Unbreakable Bones?

Research and study of a family with an autosomal dominant syndrome characterized by both high bone mass and density, a prominent thickened, wide and deep mandible, and torus palatinus (a bony protrusion on the palate) expressing a unique mutation in the *LRP5* gene that may lead to the understanding for positive prevention and treatment of osteoporosis. Affected members in this family show normal bone resorption; however, also possess heightened (but healthy) bone formation, creating a remarkably enhanced durability in their bones (medical history seems to indicate affected members have no history of fractures with trauma and tend to sink in water). Many bone density related diseases are caused by mutations in the *LRP5* gene, however, this particular variant grants a beneficial outcome, the opposite in fact (in terms of high durability vs. very brittle bones due to imbalanced resorption/formation processes as in osteopetrosis or osteosclerosis).

<http://www.ncbi.nlm.nih.gov/pubmed/12015390>

<http://jcem.endojournals.org/content/90/12/6741.full>



THE DAY ALL THE MISSING SOCKS CAME BACK.

ICD-10 Corner

How should I address the needs of documentation for ICD-10?

I suggest a proactive approach. Start by becoming knowledgeable of the new code set. Consultants or experienced coders who train in ICD-10 early can assist in finding the areas in your facility's documentation, and point out areas that are lacking sufficient information to code in ICD-10. Operative Reports, too, will need to be scrutinized for required details for PCS coding. Then, educate those who document in the record regarding the areas identified.

Here's a suggestion: implement a roll-out plan to meet with your physicians in groups by specialty. Most of your facilities already have monthly or quarterly physician staff meetings scheduled for each department. Ask to be added to the agendas for just 15 minutes at the start of their meeting. Encourage the changes be put into effect under the current coding environment. Some of this new documentation may not be able to be captured in ICD-9, that's okay, because it will be there when you need it later.

(Note: The presentation should be lively, brief, and to the point. Be specific in how attendees will be affected and cite a few examples.)

Follow up reviews will provide immediate feedback as to the improvement of the documentation as well as, areas of needed attention. Start a friendly competition with monthly awards for the "Best Documenter," and display a sign with the winner's photo in a central location for more incentive.

Contributed by Victoria Weinert, RHIT, CCS, AHIMA-Approved ICD-10-CM/PCS Trainer, and President of Torionit providing ICD-10 training in creative learning environments. www.torionit.com

Do you have a question about ICD-10?

Is there a topic you've been curious about regarding the transition? Send in your questions! Each month, On Assignment HIM will feature a question in *Set the Record Straight*.

Look for your question's response in upcoming editions.

Email your questions to: vweinert@torionit.com

Set the Record Straight with *On Assignment*Health Information
Management**? WHO KNOWS ?****What are the ICD-10-CM and PCS codes for this case?**

A patient is admitted to the hospital as an Inpatient stay with an acute non-Q-wave myocardial infarction, coronary artery disease, hypertension, hypercholesterolemia and type 2 diabetes (currently no manifestations or complications). The patient also has a personal history of a myocardial infarction five years ago treated then medically and known family history of heart disease with subsequent myocardial infarction in father and grandfather. Patient was treated with a percutaneous diagnostic left heart catheterization, coronary arteriography using two catheters, left coronary arteriography and resolving an occlusive plaque with angioplasty and bare metal stent.

Send your answers to:kristin.walsh@onassignment.com

All correct answers will be put into a raffle for a chance to win a \$25 gift card from On Assignment HIM!

(Continued from page 1, Ask the Expert)

1970s, an Italian psychologist Graziella Magherini, began to apply this terminology to other patients with symptoms similar to those first described by Stendhal in the 19th century.

Interestingly, the references to this disorder only cite visual stimulus of some types of physical art (i.e.: painting for example and not theatrical or dance) and not auditory (i.e.: music or song) or gustatory or olfactory (i.e.: gourmet cuisine).

**September 2012 ?WHO KNOWS?****And the winner is...****Krista L.!****Answers:**

ICD-9-CM: 038.9, 995.91, 486
ICD-10-CM: A41.9, R65.20A, J18.9

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- Certified Tumor Registrars

About On Assignment HIM

On Assignment Health Information Management is a recognized leader in the health and life sciences staffing industry. Making highly successful placements for more than 25 years has earned us the reputation as one of the best in the business.

The On Assignment HIM division is solely dedicated to recruiting, retaining, and placing top Health Information Management professionals in Contract and Direct Hire positions throughout the United States.

