



The Stat Report (NM-AHDI)

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FAAMT

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Message from the President—ABQ! What a meeting!

By Pat Bowen, CMT, AHDI-F

Hi, New Mexico members! What a great meeting we had in Albuquerque this April. Betty Honkonen, CMT, FAAMT, our current president of AHDI, was our guest speaker and as always, Betty delivered a wonderful positive message to the crowd. I have known Betty for a long time, and to me, if she were not a medical transcriptionist, she could be a stand-up comedienne. Look for Leta's recap below about the meeting. Check out my update on the House of Delegates' Quarterly Meeting which was held May 7. Our next meeting will be a face-to-face meeting in Orlando, and I will be representing you there. I am on several list serves, especially the one concerning the House of Delegates. The biggest issue to come before the House of Delegates has to do with combining some of the state associations in one region, i.e., the Western Region. Because we have limited resources here in New Mexico and waning attendance at our state meetings, we could combine our resources and operate under the umbrella of a regional association with 4 or 5 other states. We here in New Mexico have a difficult time keeping and retaining officers. As an example, our secretary position has been open almost a year and no one has stepped up to the plate to take that on. We also have several committees that remain unfilled. The region would require one president, president-elect, secretary and treasurer, and we would operate under those officers. I would be interested in hearing your thoughts about this. When it comes up for a vote, I would vote according to the wishes of all of you who belong to the state association here in New Mexico.

We have another tentative meeting planned October 25, 2008, so mark your calendars! More information on that in the September newsletter for exact date. It will be held in Albuquerque at Presbyterian Hospital, but we have not ironed out the details yet.

Happy Summer to all. I hope to see you in Orlando at the national ACE AHDI meeting.

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Dates to Remember

August 6 to 10, 2008, National AHDI Annual Meeting in Orlando, FL

Fall Symposium @Presbyterian Hospital – ABQ October 25, 2008

Newsletter article deadlines: September 6, 2008. The newsletter goes to print quarterly. The

Albuquerque Spring Symposium Recap

By Leta Harlow, CMT

Once again we had a wonderful symposium at Presbyterian Hospital in Albuquerque. I continue to be amazed at the quality of speakers who are willing to come speak to our group. I just wish more MTs could take advantage of it.

Betty Honkonen, current President of AHDI, described the 3 levels of AHDI: local chapters, state associations which oversee local chapters, and the national organization. The 3rd edition of the Book of Style is now available. Using her topic "Capitalizing on Change," Betty reviewed the accomplishments of AHDI in 2007. Highlights include: February, CDA4CDT (common document architecture for common document types) for standardization; March, white paper on VBC (visual black character) for billing; April, military spouse initiative; May, partnership between AHDI and MTIA; May, credentialing product catalog, apprenticeship program (pairing apprentices with employers); July, RMT exam, CMT-R credential approved; August, changed name of JAAMT to Health Data Matrix; Sept., Benchmark Knowledge Base, an interoperable platform (web version less than \$200); Nov., task force for model curriculum; Dec., CDA (common document architecture) standards for H&Ps and consults. AHDI has approved 14 schools for MT training.

Betty reminded us that association and chapter leaders need to reach out and encourage membership, using career fairs, speaking at community colleges, doing hospital presentations, promoting the military spouse initiative at military bases. Schools could have a school chapter and hospitals could have an on-site chapter.

Debbie Bond, a coder at Presbyterian, presented a question and answer session on the relationship between transcription and coding. For billing, medical data is converted to alphanumeric form. The US is still using ICD-9; the rest of the world is using ICD-10. In ICD-10 everything is specific, there are no "general" catch-all terms. Out-patient charges can be coded from the superbills. For in-patient charges, the coders have to have access to the actual documents. (This means they also have to deal with illegible writing.) Debbie expressed appreciation for what MTs do, and we did the same for her. I certainly had a better picture of what coding is about after her presentation.

Pat Bowen's medical transcription potpourri covered a wide range of information including laboratory data, punctuation and grammar, use of numbers, homonyms, tricky spellings, EKG, EEG and radiology terminology. She gave generous handouts for our future reference.

Brenna Garcia, RN, renal post transplant coordinator for Presbyterian, gave a fascinating presentation. She went over the evaluation process for donors and recipients. Cut-off age for living donors is 55. Donated organs

next one will be out in September 2008.

Offices and committee chairs still needed: Secretary; Membership, Education, and Fundraising.

Bloopers

The patient's voice is very scratchy and *horse*. (hoarse)

The patient's sleep pattern is increasingly fatiguing for her because several times a night she wakes up with a jerk.

The patient is scheduled for a *screaming sigmoidoscopy*. (screening)

This should relieve her *hound* symptoms. (hand)

can be from living donors or from cadavers. Out-of-body time for holding kidneys after cardiac death is 48 hours. UNOS – United Network of Organ Sharing--is a nonprofit organization that manages the national transplant wait list. The transplant team at Presbyterian has 3 nurse coordinators, 1 social worker, an administrative assistant, a medical director and a nursing director. Doctors from Renal Medicine Associates evaluate potential recipients and follow post treatment. Surgeons from New Mexico Surgical Associates evaluate potential recipients and living donors, perform transplant surgeries and living donor nephrectomies. Renal transplantation is one of the options for patients with end-stage renal disease. It has been proven successful since the 1980s and offers the greatest potential for a longer, healthier life. An interesting fact: The patient's own kidneys are left in place unless they are diseased or enlarged; the donor kidney is placed in the lower abdomen, the renal artery and vein are connected to the new kidney, and the ureter to the bladder. Health reminders: Diabetes and hypertension are major causes of kidney disease. NSAIDs can irritate the kidneys.

At the end of the meeting, we discussed the future of NMAHDI. We need more members and candidates for officers. The grand prize drawing for a year membership in AHDI was won by student Tara Fansler. It was encouraging to see several students at the symposium. I hope we can keep this group going, for the benefit of all of us.

Delegate's Report

By Pat Bowen, CMT, ADHI-F

Our second AHDI Delegates' meeting was held via Webinar on Wednesday afternoon, May 7, 2008. There was a little bit of business to be conducted at this meeting; it involved some housekeeping with bylaw updates. Most of these bylaws were not specific major changes, just keeping all bylaws in order as many are dependent on one another, and the same verbiage was necessary to those bylaws. One bylaw was being introduced that a member had the choice to be a member of any state/regional association, regardless of where he/she lived, just as long as that member provided a mailing address for that state. Introductions were given by Speaker of the House, Kathy Rockel. President Betty Honkonen gave a brief update on what was happening this year at AHDI. She reminded us about the Town Hall Meeting for the House of Delegates which will take place on the Tuesday evening before Wednesday's House of Delegates' Meeting on August 6. She also talked about a very worthy cause she is involved in and it is her hope that we all get involved in that. That project is called "Dress for Success." It involves bringing donations of good used clothing so that women out in the working world sometimes for the first time can have proper apparel to wear to job interviews and on-the-job. You should have seen some of this info already on the Vitals e-mail that comes out almost weekly from AHDI. She mentioned also that there would be a silent auction held again this year, as last year's met with a great deal of success.

Encouraged strict elimination of cats from the diet. (*bedroom* was intended to be dictated).

ASSESSMENT: Pregnancy, etiology undetermined.

The patient, as well as his wife, is a very pleasant gentleman.

The patient is a 16-year-old white male who is crying but consolable in his mother's arms. (month)

The patient has persistent left knee pain, so he is referred for a *romantic* disease consult. (rheumatic)

Neck: No evidence of carotid *breweries* auscultated. (bruits)

She mentioned the credentialing cup contest and many many had signed up already for that contest. She encouraged everyone to attend the annual meeting which is being held in Orlando this year. More updates would be given in Vitals via e-mail, so be sure to check there for the news about AHDI. Our next quarterly meeting will be held on August 6, 2008, in Orlando, with the final one at the end of the year in November.

President Betty Honkonen's Blog about NM Meeting April 2008

LAND OF ENCHANTMENT

I was indeed privileged to be sponsored to attend the New Mexico State Meeting in Albuquerque [April 11th and 12th]. What a spectacular place with its red hills, mountains, desert, and SNOW! Let's just say I'm glad I brought my leather jacket --I needed it!

I attended their board meeting, presided over by Pat Bowen, CMT, 2008 President and the next day attended their state meeting at Presbyterian Hospital. I was excited to meet so many positive people including at least four students, whose school had encouraged them to attend this meeting and to get involved in their state association even before graduation. How encouraging is this!?!

I led off the morning with my presentation entitled, "Capitalizing on Change" followed by a presentation on coding and how it relates to medical transcription. Pat Bowen gave one of her fabulous talks--this one on tips for transcribing laboratory values. We sold a few items, a Book of Style, a CD or two, a few AHDI pins, and even secured two new AHDI members; one the grand prize offered by NM-AHDI--how cool!

Following the meeting, Emily Maurer [formerly of Florida] took us on a tour of the transcription department at Presbyterian Hospital. All I can say is, first class all the way--new equipment, ergonomic desks, tons of reference books, and dedicated staff--what more could you want!

After a lovely dinner at Carrabas, Pat and I went shopping for a while at a nearby mall and even found a sale or two. Every time I wear my new jacket I'll think of the New Mexico MTs and my friend Pat. I should have bought gloves--this Florida girl was freezing!

I want to express my appreciation to the entire NM-AHDI team for inviting me to your beautiful state [fabulous sunsets, I might add, as well as hot air balloons everywhere] and tell you how confident I am that you will continue to recruit new members, students or experienced MTs, as you serve the needs of your current members.

Betty Honkonen

The patient is a 10-year-old white male. He had gone through a divorce and was living with his mother.

A red rubber catheter was placed to retract the soft palate through the right naris.

We discharged the patient home on applesauce, bananas, and *crackles*. (crackers)

The impotence has basically cleared. His wife is doing much better.

She had 1 therapeutic abortion when she was young, at 2 months.

This prematurely born infant is the product of a 46-week gestation.

SAMPLE SLEEP STUDY REPORT

SUBJECTIVE: The patient returns to the sleep clinic after undergoing polysomnogram on 06/11/2007 and 06/18/2007. The patient is a 35-year-old mother with excessive daytime sleepiness. She also brought in her sleep diary which I asked her to fill out. It shows inconsistent bedtime, inconsistent rise time, very variable lengths of sleep, although most of the time it is at least 6 hours or greater during the 7 days she turned in. Despite this, some days she was refreshed and other days she was not. However, she is a busy mother who admits to inconsistent bedtimes, sleep-time lengths, and rise times which indeed may be the proximal cause of her excessive daytime sleepiness.

OBJECTIVE: The baseline polysomnogram showed first night phenomena of delayed sleep onset. However, the patient had less than normal REM stage. The patient had quite severe sleep apnea when on her back and in REM stage sleep but not when in non-REM sleep and in lateral position. However, when she got to sleep her sleep efficiency was 92% and overall, considering the very prolonged sleep onset latency, it was only 75%.

ASSESSMENT: Rapid eye movement related to obstructive sleep apnea, also seen in supine position 327.23.

RECOMMENDATIONS: We discussed with the patient her excessive daytime sleepiness, have recommended that she have a consistent bedtime and a consistent rise time and continue to fill out sleep diaries in house and look at how she feels when she gets more regular hours of sleep. At this time, I will not start CPAP because it is supine related and REM related and we will give her an opportunity at positional therapy which was described to her. She will return in a month or so to see how she is feeling and to return her sleep diaries. If she continues to be excessively sleepy, consider AutoSet CPAP.

SAMPLE TRANSESOPHAGEAL ECHOCARDIOGRAM

REASON FOR CONSULTATION: Dr. Jones requests transesophageal echocardiogram study for evaluation of the mitral valve and left ventricular function for coronary artery bypass surgery and mitral valve repair and possible replacement.

HISTORY: This is an 80-year-old female with the history of severe chest pain and shortness of breath. She was diagnosed recently with severe 3-vessel coronary artery disease. She had multiple stents put in in April. Also, she has moderate mitral regurgitation and atrial fibrillation. The patient was brought to the OR today for coronary artery bypass surgery and mitral valve repair and possible replacement.

The patient comes in describing an episode that she had a month ago when she saw Dr. Smith at which time she got very upset with a goat and then had rapid hyperventilation.

The patient has smoked 1 pack of cigarettes for the past 40 years.

PROCEDURE: The Omni probe was advanced transesophageally x1 atraumatically after induction of general anesthesia and suctioning of the stomach.

AORTIC VALVE: The aortic valve was moderately thickened with good leaflet cusp opening without any restrictions. There was no gradient to the aortic valve, and no aortic insufficiency was seen.

MITRAL VALVE: The mitral valve had normal morphology. There was moderately dilated mitral valve annulus. The annular size was around 38 mm. The valve was structurally normal and was coapting at the tips. There was 1+ central MR. No flow reversal of the pulmonary veins. No gradient to the valve.

TRICUSPID VALVE: Normal morphology. There was trace to 1+ TR.

PULMONIC VALVE: Normal morphology. No PR.

LEFT VENTRICLE: Normal in size. No wall motion abnormalities. Overall ejection fraction was around 50%. The patient also had mild to moderate LVH.

RIGHT VENTRICLE: Normal in size. Good free wall movement.

LEFT ATRIUM: Dilated, 6 cm in AP diameter and 6.2 in medial to lateral diameter. There was no thrombus in the left atrial appendages.

RIGHT ATRIUM: Moderately dilated. There was no PFO.

The ascending aorta showed grade 2 atheromatous disease.

POSTBYPASS STUDY: The mitral valve was repaired with annuloplasty ring size #28 with CABG x1, LIMA to the LAD.

The annular ring was well seated, and the posterior leaflet was slightly restricted. The gradient through the valve was about 2 to 3 mmHg. There was trace MR.

There was normal LV function.

The right ventricle was slightly dilated and slightly hypokinetic which improved with time. No aortic dissection was appreciated. No other changes from the prebypass study.