With the departure of a few nationally prominent faculty, there has been some natural chatter about the relevance of Duke Heart. The upcoming AHA annual scientific sessions affirm our sound footing as the premier cardiovascular clinical and research program in the country. John Alexander was kind enough to pull together our collective AHA presence: Duke Heart and DCRI are impressively well-represented with our faculty, fellows, residents, and staff participating in 200 presentations of original science or serving as experts on contemporary issues in cardiovascular medicine as moderators or discussants. Please make every effort to support the Duke contingent by attending the sessions in which Duke Heart is presenting (although there are so many it will be a tall task). Don’t shy away from Duke neckwear.

Other Duke Events at AHA

The Duke Reception is scheduled for Sunday from 4:30-6:30 at the Hyatt Regency Hotel (9801 International Drive) in the Florida A room. Please plan to attend.

The DUCCS dinner is scheduled for Tapa Toro Tapas at 8441 International Drive at 8 PM on Monday. If you have not registered but wish to attend, please contact Rob Mentz.

Magnus has extra tickets to the Clinical Cardiology Council dinner Saturday night. This is a terrific way to socialize and network. The dinner is Saturday night at 7. Please let Magnus know if you wish to attend.

Remember to attend the opening plenary session during which Howard Rockman will receive the AHA Distinguished Scientist Award.
**Flu Shots**

The Division received notification of those who did not receive their 2015 flu vaccination. These are “due” by 11/3 and the institution is quite serious about 100% vaccination rates. The penalties are harsh and include removal from clinical services and withholding paychecks. I **STRONGLY** encourage those who have not been vaccinated to proceed directly to Employee Health Monday AM to receive your flu shot. Besides, who wants to have this blue viral particle floating around in your system during the winter months? It is more than an annoyance as influenza is miserable.

**Patient Satisfaction Scores**

Provider-specific patient satisfaction scores will soon be released to the faculty in the next week. A quick preview suggests that the Division is in good shape. Remember that the institution plans to publicize the scores early in 2016. Providers must have > 30 responses for the scores to be “valid” and put on the website. The other issue for consideration is that the methodology for conversion of raw scores to “stars” has not yet been described. There may be a few who wish to improve their scores. The IEIC suggests a conversation with Sanne Henninger (the PDC Patient Experience Officer) for assistance.

**Results of a Major Duke CV Clinical Trial to be Released Wednesday**

Our somewhat cocky heart failure fellows challenged the faculty to a CPX challenge to determine who had the highest degree of cardiopulmonary fitness. Study enrollment has finished and the data is being analyzed. There was an initial conflict determining the true study cohorts with the faculty claiming Ben Trichon, Bill Kraus and Dan Bensimhon as HF faculty. Mike Felker also suggested not only examining age-adjusted peak VO2 but also a manuscript-adjustment accounting for high impact publications. It is not yet clear that the results of these secondary analyses will be available in time for the data release. The results are currently embargoed but announcement will occur Wednesday night at 5:30 at the Bull Durham Bar at the WaDu. The time was selected by the Fellows. The IEIC suspects the early time was selected to limit the wide distribution of their poor performance. All are welcome to attend.
Coding Tip #5

The assignment of appropriate diagnoses and procedures can only be based on provider documentation from the following sources:

- Emergency Room (ER) records
- Admission history and physical (H&P)
- Physician orders with diagnoses
- Dictated or written progress notes (house staff)
- Consults and reports
- Operative and procedure notes
- Physician Assistant (PA) and Nurse Practitioner (NP) documentation when acting as the physician designee
- Discharge summaries
- Anesthesia record

By Federal regulation, coders cannot infer the diagnosis from:

- Conflicting progress notes or consults (Attending’s notes take precedence if information is conflicting)
- Orders, unless specific diagnostic terms are included
- Pathology and lab results
- Radiology results
- Medication lists
- Nursing notes, except for pressure ulcer stages
- Dietician notes, except for Body Mass Index (BMI)

Faculty Meeting

Thanks to all who attended the Division Faculty Meeting Tuesday night. Will Ellaissi presented the current DIHI RFA. Targeted areas for this year include population health and analytics, innovative patient interactions, tem-based and new care models, and optimizing patient flow. Applications are due by 11/20 and are fairly easy to complete. Funding is being provided by the health system and the projects last year ranged up to ~$80K. The applications can be found at [http://www.dihi.org/dihi-rfa-2016](http://www.dihi.org/dihi-rfa-2016).

We also had very good conversations around appropriate attestation, ICD-10 tips and new scheduling strategies that we will be implementing. Remember that there is an ICD 10 practice lab scheduled for Tuesday in place of Grand Rounds. Please let Zubin know if you wish to attend. David Claxton provided the guidance below for documenting in ICD-10.
This is an example of using a problem as a diagnosis for the encounter and the calculator firing.

Here is how you can change a diagnosis on the patient’s problem list so you know you have the specific diagnosis for billing.
Here is an example of completion matching.

Here are examples of SmartLinks that you can use or add to your note template to ensure whatever you add as a visit diagnosis is present in your note.

There is a SmartLink (.diagrefresh) will bring in the diagnosis code along with the verbiage.