



HEARTBEAT of SVC

NEWSLETTER OF THE SUSQUEHANNA VALLEY CHAPTER of AHDI
VOLUME 4 - ISSUE 4 - NOVEMBER 2008

UPCOMING EVENTS

SVC-AHDI - Educational and Business Meeting, **December 13, 2008**, at Lancaster General Hospital, Lancaster, PA.

SVC-AHDI - Educational and Business Meeting – **March 14 2009**, at Gettysburg Hospital, Gettysburg, PA.

PRESIDENT'S MESSAGE

KEVENA ESPINOZA, RMT

Autumn seems to be a time for a whirlwind of activities. There are craft bazaars, fall festivals, leaf-crunching walks, fall foliage road trips, corn mazes, hayrides, apple and pumpkin picking, and Thanksgiving, as well as elections. We got to choose a new president of the United States, as well as new board members for AHDI and our state association, PA-AHDI, this year. Please give your support and volunteer some time to the association. Write an article that pertains to your specialty or send some bloopers that you come across to the newsletter editor as a way of supporting and saying that you care about your association and want to participate, whether it is in a local, state, or national way.

I have been pleased to learn about and use the new Benchmark [Knowledge Base](#) from InterFix, which has Stedman's books, a searchable physician database, the Book of Style 3, as well as a Word of the Day, and news pertaining to the medical transcription field. Learning and using these tools will help us in our lifelong education process.

So get out, take a walk and kick some leaves, breathe in the crisp fall air, and prepare to volunteer to help the "next generation" of leaders. Be a part of the whirlwind.

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2008 OFFICERS

PRESIDENT

Kevena Espinoza
717-565-1456

mtkevena@yahoo.com

VICE PRESIDENT

Sharon Allred, CMT, AHDI-F

mtsharon@ptd.net

SECRETARY

Carolyn Kulp, CMT

CRF_kulp@comcast.net

TREASURER

Mary Sanders, CMT, AHDI-F

mtsinpa@yahoo.com

IMMEDIATE PAST

PRESIDENT

Margie Flatley, CMT, AHDI-F

mrfcmfamt@comcast.net

2008 COMMITTEE CHAIRS

MEMBERSHIP

Bethany Chmil

bethany-joy@juno.com

POLICIES & PROCEDURES/ BYLAWS

Mary Sanders, CMT, AHDI-F

mtsinpa@yahoo.com

CONTINUING EDUCATION

Sandy Kovacs, CMT, AHDI-F

skovacs@woh.rr.com

CERT CONNECTOR

Grace LaConte, CMT

laconteproof@hotmail.com

A 20-Year Odyssey: 1988 to 2008

Pennsylvania Association for Healthcare Documentation Integrity
20th Annual Business Meeting and Educational Conference

Mary T. Sanders, CMT, AHDI-F

Carla Carl, Kevena Espinoza, Grace LaConte, Bonnie Weidman, and I traveled to the Embassy Suites in Pittsburgh to attend the PA-AHDI annual meeting. Upon our arrival, we were warmly greeted and promptly put to work helping to fill the "goodie bags" and whatever else needed to be done to get ready for the meeting. The facility was lovely; the meeting room was large and comfortable.

Friday evening, the speaker was Cyril Wecht, MD, one of the country's leading forensic pathologists. He talked at length about his involvement with many well-known cases, including the Kennedy assassinations. He was very informative and entertaining.

After a good night's rest, we went to breakfast and attended the business meeting. It is amazing to me to realize all the time, energy, and effort expended by our officers to keep this organization running smoothly. They also give us a voice in the national organization and in our government. They are to be commended.

The program for the day was varied and excellent.

Vince Consoli - Professionalism in the Workplace: Does it still exist?

Arlan Mintz, MD - Awake Craniotomies

Sharlene Emerson, MSN, FNP, CDE - Outpatient Diabetes Education

Patricia Schaefer, RN, SSN, M Div - Understanding Clinical Trials and Protocols - The Basics

Allan Tsung, MD - Liver Cancer

There was a wide variety of door prizes; and, as always, a good time was had by all as they were distributed.

That evening, many of us ventured on a tour of Pittsburgh with Just Ducky Tours. It was an interesting and fun time. Pittsburgh is a beautiful city, and we learned many interesting facts about it. However, I am not sure everything we heard was 100% factual! The tour guides were quite entertaining! We rode on a DUKW through the streets to the river. We then drove right into the river, saw the sights, and drove back out again. DUKW is an amphibious truck built by General Motors Corporation during WWII for transporting goods and soldiers over land and water. D stands for 1942, U for utility, K for front wheel drive, and W for 2 rear-driving axles. Here I am "driving" the DUKW.

Sunday morning began with a panel discussion about Lines and Compensation. Those on the panel were: Kathy Lengel, Carol Croft, Bonnie Monico, Sharon Allred, and Betty Honkonen. Brenda Hurley was the Moderator.

The meeting concluded with a talk by Betty Honkonen about Your Worth as an MT.

The committee really outdid themselves with wonderful speakers and a great location. Attending a state meeting is an experience you do not want to miss; sign up for next year's meeting in Lancaster, PA!



Editor's Note

At the SVC Board meeting which was held Saturday, November 15, 2008, on line, Sharon Allred, CMT-AHDI-F, announced that she will be resigning as Vice-President effective January 1, 2009. We need to find someone who would be willing to serve the rest of her term which would be one year, until December 31, 2009. If you are interested, or if you know someone who would be interested, please contact Kevena Espinoza, at mtkevena@yahoo.com.

We are starting a new feature for our newsletter. It is a Pet Peeves column. Grace LaConte has kicked it off with her pet peeves. How about submitting your pet peeves? It doesn't have to be a whole page like hers, but you can submit bloopers or stupid things that happen that just get your goat! If you wish, your submission can remain anonymous.

Susquehanna Valley Chapter Meeting September 13, 2008

We had a great meeting at Carlisle Regional Medical Center on Saturday, September 13, 2008. We heard from a certified clinic coder, Vickie Hockersmith, who had worked at CRMC for many years. She talked about how the work that we do as medical transcriptionists affects the work that she does as a coder. It was a very informative and enlightening presentation.

The second speaker was a physical therapist who spoke about ergonomics and body mechanics and specific terminology relative to physical therapy reports. One interesting thing that she said is that, in Pennsylvania, you can now get a physical therapy evaluation without a doctor's prescription. Might be something to consider to correct bad habits in our body mechanics.

We also had a business meeting. There were quite a few people in attendance, including some new people. Looks like the chapter is growing! Bring someone new with you to the next meeting!

SVC-AHDI NEWSLETTER DISCLAIMER

Our newsletter, *Heartbeat of SVC*, is published under guidelines of AHDI. It is distributed 4 times per year, during the months of February, May, August and November. The newsletter is distributed to SVC members and is also distributed free via E-mail to nonmembers upon request. To be added to or removed from the subscription list, please contact the newsletter editor. Nonmembers of SVC-AHDI may request a print subscription to our newsletter for \$15/year. Contact the editor for details. View our newsletter electronically at our Web site: <http://www.pa-ahdi.org/svchome.html>

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Classified Ads (approximately 3-5 lines) – FREE for SVC-AHDI members and \$5 per insertion for non-chapter members

Business Cards - \$10 per insertion or \$50 per year (4 insertions)

1/4-Page Ads - \$20 per insertion or \$100 per year (4 insertions)

1/2-Page Ads - \$30 per insertion or \$150 per year (4 insertions)

Full Page Ads - \$50 per insertion or \$250 per year (4 insertions)

All advertising must be relevant to the transcription industry and is subject to the approval of the newsletter editor and chapter President. Questions regarding advertising may be directed to mtkevena@yahoo.com.

Deadline for submissions of articles for the February 2009 issue: January 25, 2009!

**SUSQUEHANNA VALLEY CHAPTER MEETING
DECEMBER 2008**

Join us for our next meeting on Saturday, December 13, 2008, at 8:00 a.m., at Lancaster General Hospital in Lancaster, PA.

Please pass this meeting notice along to your colleagues who may like to attend. This meeting is not just for medical transcriptionists. Nurses, HIM professionals, and other healthcare professionals are welcome.

8 a. m. Continental breakfast and networking

Speakers at 8:30 a.m., 9:45 a.m., and 11:00 a.m.

Rebecca Stezkorn, OTR/L, will be talking about pediatric occupational therapy.

Jonathan Glick, BSN, will be speaking to us about his experiences in a clinical setting and his transition from working as an RN to working in Human Resources.

Joann Erb will be enlightening us on the topic of Risk Management.

DETAILS TO FOLLOW SOON!!

3 CECs

Chapter members: No charge.

Nonmembers: \$10.

WE ARE ON THE WEB AT <http://www.pa-ahdi.org/svchome.html>

Join the New Susquehanna Valley CMT Review Group

Are you thinking of taking the Certified Medical Transcription exam and feel unsure about how to do it? Do you want some encouragement and perhaps a "push" toward setting a date to take the CMT? Then you're in luck! A new group is forming in the Susquehanna Valley area (in and around Harrisburg, PA), headed up by Grace LaConte, CMT. We will meet both in person and by e-mail for informational meetings, study sessions, and encouragement with self-study.

Please join us for an informal "meet and greet" gathering at the home of Margie Flatley-Carpenter, CMT, AHDI-F, in Carlisle, PA, on Saturday, January 10, 2008, as we discuss more specifics and enjoy some tasty winter treats. This is a potluck, so bring a side dish to share! Please RSVP to Margie Flatley-Carpenter at mrfcmtfaamt@comcast.net.

If you cannot attend, you are still welcome to join by e-mail; please send any questions or comments to Grace at laconteproof@hotmail.com (but be aware that her baby is due at the end of December). We look forward to meeting with CMTs-To-Be and start planning for you to become certified soon!

Directions:

Margie lives at 354 Longs Gap Road, Carlisle, PA. Phone number (717) 386-5768, cell (717) 701-1563.

From the Harrisburg area, take Route 81 south and get off at exit 52, the Harrisburg Pike (or Carlisle Pike, depending on where you live), also known as route 11 south, through the Miracle Mile. (It's a miracle that you get through it alive. Hee-hee!) This is also the area where you would get off of the PA turnpike at exit 226 or 225. Follow route 11 south past Sheetz and up to the next light which is Calvary Road. Turn right onto Calvary Road. Take Calvary Road up the hill to the traffic light at a T intersection. There is a drug store on the right and a church on the left. Make a left turn onto Carlisle Spring Road. Follow Carlisle Spring Road to the second right which is Longs Gap Road. Margie's house is 0.9 mile from that right turn, on the left-hand side. The house is 700 feet back from the road. There are 3 driveways in a row and Margie's driveway is the one in the middle. If you overshoot it, that's okay. You can turn into the 3rd driveway. They are connected halfway back and you can switch over to the middle one.

From Maryland, take route 83 north to route 11 south in Camp Hill and follow route 11 south to route 581 to route 81 south to exit 52 and then route 11 south to Calvary Road and follow directions above.

From the Chambersburg area and beyond, take route 81 north to exit 47 (Hanover Street or route 34 north). Follow Hanover Street straight through town, past the square and you will turn left onto Carlisle Spring Road, following the 34 north signs. You will go past the Carlisle Fairgrounds (home of the famous Carlisle Productions Car Shows), and then under the turnpike bridge. You will make the next left, onto Longs Gap Road. Margie's house is 0.9 mile from that turn on the left-hand side. See above.

From Perry County, come over the mountain on route 34 (Sterrett's Gap) and follow route 34 through Carlisle Springs. Go past Nell's supermarket on the right and make the second right from there onto Longs Gap Road. See above.

OFF TO THE OHIO MEETING WITH MARY SANDERS

By Bonnie Weidman

Kevena Espinoza, Mary Sanders and I went to the Ohio Fall 2008 Symposium, "Changes in Medical Transcription – The Good, the Bad and the Ugly," hosted by the Buckeye Area Chapter of the Association for Healthcare Documentation Integrity. After a seven-hour car ride which included through pouring rain in rush hour traffic, we arrived at the Hope Hotel and Conference Center at the Wright-Patterson Air Force Base. Upon arrival on Friday evening, we registered and were treated to an Old West style supper in a room decorated in the Western theme and hosted by Western gals including a town sheriff. The delicious meal was Western style chili to which you could add your own "hots," with corn bread, tossed salad, cookies and a hat full of chocolate candy at every table - yum.

Our first meeting entitled "BAC GBU Roundup" started promptly at 7:00 p.m. and was led by our old friend Sandy Kovacs, CMT, AHDI-F, and Sandee Reagan, CMT, AHDI-F. This meeting was helpful with information on grammar, punctuation, editing and critical thinking. Even though it lasted until 9:00 p.m., the time flew by, as we had lots of fun and learned a lot too.

As our meetings in the morning began, we were informed that the timekeeper at the back table would shoot off a gun to warn the presenter that she/he had 10 minutes remaining and then would shoot the gun when the presenter was out of time. I found it interesting to observe the faces of the presenters when this happened. I was particularly amused by one reaction which was "the Look."

One of the morning meetings was "Understanding Veteran Health and PTSD," presented by Christine Schwartzkopf, RN. The slides of the veterans during her presentation were very moving. She told us about the three types of PTSD. First was experiencing the attack first hand, the second was viewing the attack and the third was being told about the attack. She gave us a personal example of the second type where she viewed two of her own puppies being attacked and killed by larger dogs.

After the delicious buffet lunch, we had a two-hour presentation on "Understanding the English-as-a-Second-Language Dictator" by Judy Ravin, of the Accent Reduction Institute. We had fun saying words to each other the way someone with English as a second language might – such as "very" said as "wery." This presentation had me saying, "Give us more time with this."

The afternoon break on Saturday was my favorite break as they saved the lunch dessert for the break which I thought was a great idea. There was an assortment of pies, cookies and brownies. I had chocolate cream pie good enough to die for.

The last session, "The 'Devil' is in the Details – Minimizing Errors in Medical Documents," was also very informative as we took apart documents and saw the changes in meaning with wrong words being transcribed.

All in all, I had a fantastic time being with others in the Medical Transcription field and increasing my knowledge.

Pet Peeves about Working as a Medical Transcriptionist

By Grace LaConte, CMT, Editor of PA-AHDI's newsletter, the "Keystone Kopy"

There are many things I like about my job: The fact that, every day, I get to investigate words and phrases and fact-check details of people's medical records. I enjoy having a part in helping patients indirectly, by insuring that the details of their visits to the hospital or clinic are correct and timely. Most of all, it's really enjoyable to learn new terms, drug names, and procedures in the medical field without having to be responsible for performing surgery, taking vital signs, or asking how a patient is doing -- all from the comfort of my own home office!

Of course, as with any job, there are good things as well as bad. The main downside to my job is with difficult dictators. Because the art of listening to dictation (or analyzing a voice-recognition software's attempt to figure it out) is mainly based on the listener's ability to understand and interpret the information, it is very important that the quality, speed, and pronunciation of that dictator is clear enough to understand. I have to admit, I still cringe when I see the names of certain doctors (or even CRNPs) when jobs come up in my queue. But after hearing a recent presentation by Betty Honkonen, CMT, AHDI-F, President of AHDI's Board of Directors, I was inspired to not be afraid to take on the most "difficult" dictators instead of shying away from them. It's an interesting change of perspective: Why not actually challenge myself with those "harder" worktypes and hard-to-understand reports and spend the time perfecting them? By avoiding or griping about reports that I don't particularly like, it will only keep me from becoming a better, more valuable MT.

Another pet peeve is when I look through old reports and notice glaring errors. Okay, sure, my own work may not be perfect (and I'm sure others who read through old reports I've typed have snickered at my mistakes too), but it still annoys me to see "easy" mistakes that could have been avoided with a little thought or research. For example, ones I found recently: "Her abdomen is mildly distended and has some intention sutures," (should be "retention sutures"). "The hip was reduced under 2-plan fluoroscopy," ("2-plane fluoroscopy"). "The patient has declined to the point of cardiac arrest and amputation as well as pressure support," ("and intubation as well as pressor support").

I think the answer to having a good track record is to proofread every line you type, look over every single report before you send it out, and also think about the content as you're typing it. It's easy to let your mind wander, but if you want consistency you have to focus on the task at hand and really consider, "Does this phrase make sense in context? Are there several ways to spell that instrument, drug or procedure?" Homonyms (similar-sounding words) and eponyms (people's names used for procedures or tools) are especially tricky, so it's good to double check them if you're not sure.

Finally, a pet peeve is relying on the spellchecker instead of using your own mental spellchecker. I'm sure we've all scene a few examples of tis when were looking at things people have wrote. (Goodness, it's hard even to write a "fake" sentence with bad grammar!). Be sure to learn the rules of grammar and put them in place, and you'll go much further in your medical records specialty career.

DIABETES AWARENESS MONTH

by
Margie Flatley, CMT, AHDI-F



November is Diabetes awareness month so I thought I would do some research and share some information with you. My goodness! There is a ton of information out there about diabetes. First of all,

there are two types of diabetes mellitus, type 1 and type 2. Type 1 is what we used to call juvenile diabetes. It would come on in childhood and the patient would have to immediately be treated with subcutaneous insulin. I used to think that if you were taking insulin, you had type 1 diabetes. Well, that is not necessarily the case. Type 2 diabetes usually comes on in adulthood and can be treated initially with oral agents. When these drugs no longer do the job, the type 2 diabetic must use subcutaneous insulin to control blood sugar.

Why bother to control blood sugar? If it is high, then you wouldn't be hungry, right? Bad idea! When blood sugar is high, the patient can pass out in what is known as a diabetic coma. High blood sugar will damage organs and blood vessels. Diabetics have a higher risk of heart disease, stroke, kidney failure, and peripheral vascular disease. It is important to control blood sugar levels in order to prevent organ damage from high blood sugar. On the other hand, too much insulin can cause insulin shock from blood sugar that is too low. The diabetic patient has to make sure that they balance the amount of carbohydrates they consume with the insulin dose and the amount of exercise. Exercise will burn calories, lowering blood sugar. Mild type 2 diabetics often can control their blood sugar with diet, weight loss and exercise.

When I was processing health claims back in the 1980s, only extremely brittle diabetics could get a glucose meter paid for by their insurance company and they cost over \$400.00! Today, almost any diabetic can get a glucose meter and they are affordably priced. In fact, some manufacturers supply the meters for free and

make their money on the test strips which can cost anywhere from \$0.35 to \$1.00 each; however, this tool is very important in maintaining optimum blood glucose levels.

There are different kinds of medicines that are used to treat type 2 diabetes. Here is a list.

Metformin (Glucophage) works by reducing the amount of glucose that your liver releases into the bloodstream.

Sulfonylureas (Glipizide is a common drug.) work by making your body's cells more sensitive to insulin and increases the amount of insulin produced by the pancreas.

Acarbose, also known as Precose, works by slowing down the absorption of carbohydrates from the stomach. This prevents a high peak in your blood glucose levels after eating a meal.

Nateglinide (Starlix) and repaglinide (Prandin) are used if other medications do not work in controlling your blood glucose levels. They work by stimulating the release of insulin by the pancreas.

Thiazolidinediones (also called glitazones) are for people who do not respond to other treatments or are unsuitable for other treatments. They work by making the body's cells more sensitive to insulin so more glucose is taken up from the blood. Brand names are Actos and Avandia.

References: Diabetesnet.com Vitaldiabetes.com RXlist.com

SVC MISSION STATEMENT

Susquehanna Valley Chapter of American Association for Healthcare Documentation Integrity (AHDI), under the guidance of the Pennsylvania Association for Healthcare Documentation Integrity and AHDI, enables and empowers Healthcare Documentation Specialists to pursue professional development and certification; connects members through networking; and promotes awareness of the profession through reciprocal education and relationships within our respective communities.