



NATURE COAST TRAILS

FLORIDA NATURE COAST CHAPTER Association for Healthcare Documentation Integrity

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MESSAGE FROM THE EDITOR:

This month our featured member is Gail Smith, Vice President of the Nature Coast Chapter of AHDI. Also in this issue is the answer key for the Unusual Medical Terms from last month's issue, as well as a definition of the most common cause of intestinal obstruction in children.

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FEATURED MEMBER OF THE MONTH: GAIL SMITH, NCC VICE PRESIDENT



1. **How did you get into the transcription field?** I began in the transcription profession in Wisconsin, working in a medical records department (now an HIM department) of a county hospital (psych) and nursing home. My supervisor at that time encouraged me to go into transcription, partly because she really didn't enjoy transcribing the H&P's and also because I could type so fast. At the time, she was taking a course for her ART (accredited records technician) from the AMRA (American Medical Records Association in Chicago). Well, the ART is now the RHIT, and the AMRA is now AHIMA. (Look at the change just in abbreviations and acronyms!!) (We won't even talk about technology!) Therefore, I enrolled in a transcription course through AMRA. There were no other classes for medical transcription in that era. County technical schools had a medical terminology course, but that was about it. Most people had no instruction or schooling at all; they were just trained in transcription because they could type and had an interest in the medical field. After completing the course, I obtained a part-time job (while still working full-time) in a medical records department of a hospital, received a lot of training, feedback, and mentoring --- and the rest is history!

Working at home may be a real incentive for our profession, but the support, training, and learning that went on in a hospital transcription department (on site) was so valuable – something lacking today. I later switched to working full-time as an MT and was hospital-based for many, many years. In addition, I worked for services full- and part-time. I owned my own business for a while as well. Many opportunities existed in transcription!

2. Your position in transcription currently? I began teaching in 1995 at Segal Institute (later Edu-Tech). After moving to Spring Hill, I taught at Pasco-Hernando Community College for 10 years. I'm currently a Quality Improvement Specialist for a national company. Therefore, I've been in this profession a long time. So many things have changed, but I still find it a challenging profession. My years of teaching were rewarding not only in teaching transcription to the students and in bringing new MTs into the profession, but the friendships made along the way. Our national, state, and local organization provided education and growth along the way as well. Again, so many friendships made along the way!

A few years ago, MTs in the Lakeland/Winter Haven area formed the Heart of Florida Chapter. Seeing the enthusiasm of all those people working hard and bringing their chapter to fruition encouraged me to realize the need we had in the area north of the Tampa Bay Area and that it was possible to do something about it. Thus, the Nature Coast was formed in 2007 with the help of so many of our current members as well as many from other chapters. Teamwork!

3. Your interests outside of transcription? Now besides transcription – and there IS a life outside transcription -- I enjoy playing the organ or the Clavinova (a digital keyboard). A fact many of you may not know: I used to give organ lessons. At one time I had 30 students from ages 6 to 75; that was on a part-time basis while I worked full-time as an MT. Lately, I have also renewed my interest in genealogy and have enjoyed putting together the pieces of the family puzzle, trying to go back "just one more" generation, solving some mysteries, and attending genealogical seminars. Again, like transcription, there's always more to learn!

HIGHLIGHTS FROM THE AHDI-FL STATE BOARD MEETING HELD MAY 3, 2010 – by Jane Kaly for Judi Higbee

- February Board of Director minutes approved.
- Treasurer's report: Balance \$23,194.77. Report approved.
- 100 guests registered for the Annual Meeting and Educational Conference in Ft. Lauderdale. Vallie Piloian will attend as acting delegate, as Ellen Drake had resigned.
- Susan Dooley suggested webinars as a fundraising project, which could provide CE credits. Vallie Paloian suggested a committee to work on that and Susan offered to chair it.
- Plan is under way to revamp the CMT exam into two parts so that a candidate will earn the RMT credential by passing the first part without passing the second part. Future goals are to get Prometrics out of the picture, as well as having the test taken at home.
- Ann Donnelly accepted Vallie's request to serve on the Nominating Committee.
- No nominations for member of the year.
- Two nominations for educator of the year – Susan Dooley and Sandy Webb. Board agreed to have both nominees receive the award.

ANSWER KEY TO UNUSUAL MEDICAL TERMS (FROM MAY NEWSLETTER)

- 1) Knees
- 2) Skull
- 3) Obesity, hypoxia, hypoventilation, sleep apnea, depression, hypertension.

- 4) Gynecologic
- 5) True
- 6) Radiology
- 7) Brain
- 8) False
- 9) True
- 10) Hard
- 11) Pupils
- 12) False
- 13) Hernia
- 14) Cardiologist
- 15) Ophthalmologist
- 16) Wrist
- 17) Neurological problem
- 18) Orthopedist or hand surgeon
- 19) Deaf-blind people
- 20) Eyeball

EDUCATION CORNER: INTUSSUSCEPTION: (intus = within, suscipere = to receive)

SOURCE: www.medicinenet.com

- WHAT IS THIS?

Intussusception is an intestinal obstruction that occurs when one segment of the intestine “telescopes” into another section of intestine adjacent and downstream from it. The associated mesentery, vessels, and nerves go along with it, resulting in compressed veins, decreased blood flow, and swelling of the affected part of the intestine. This most often occurs in the area where the small intestine meets the large intestine (ileocolic region). The intestine may then become gangrenous and bleed, or rupture, which could lead to abdominal infection and shock.

- WHO IS LIKELY TO DEVELOP THIS?

Children between the ages of 3 months and 6 years are most likely to have this, with the most cases occurring between 5 months and 1 year of age. Boys develop this twice as often as girls do. Intussusception is extremely rare in children under 3 months of age or in older children and adults.

- CAUSES

Most cases in children are idiopathic, although some viral and bacterial infections of the intestine may contribute to intussusception in infancy. In older children and adults, it is thought that polyps or tumors are the cause of the start of intussusception.

- SYMPTOMS

There are a trio of symptoms listed to describe intussusceptions, which are colicky abdominal pain, bilious vomiting, and “currant jelly” stool. Infants usually exhibit symptoms of colic pain, drawing their knees up to their chest while they are crying. The bowel’s telescoping movement and the nerves and blood vessels being compressed cause the pain. Along with the colic, most infants may also vomit, which is a yellowish-green in color.

If the condition is not diagnosed right away, the infant may start to pass a bloody, mucous stool (like currant jelly). This is a sign that the bowel may have become necrotic. Additional symptoms are weakness, paleness, lethargy and sometimes a fever.

- DIAGNOSIS

Most cases can be diagnosed early when the symptom history is given to the doctor. In addition, the doctor may feel a sausage-shaped mass in the abdomen, or may hear diminished bowel sounds or none at all when used with a stethoscope. Abdominal x-rays may be taken, which could show an unusual mass in the right lower quadrant of the abdomen. A barium, water-soluble contrast may be used to show if there is an intussusception is present. The introduction of the contrast may also reduce the bowel to its normal position, but there is a high risk of the intussusception reoccurring in the first 24 hours following the enema.

- TREATMENT

If it is not possible to reverse the intussusception with an enema, surgery is necessary to remove the obstruction and any gangrenous portion of the intestine. After surgery, the patient is fed intravenously and fluids are given until normal bowel movements resume.

- PROGNOSIS

The outlook is good, provided the intussusception is diagnosed early enough and treated.

TRAVELS WITH JUDI – BY JUDI HIGBEE, CMT, AHDI-F

What an exciting convention it was at the 30th ACE in August 2008! So many old friends we saw. So many great speakers we learned from. So much fun talking to the vendors and selling items at our fundraising booth. So much pride for our professional associates as they were commended for their contributions over the past year. The glow was still very bright Sunday morning, especially after having breakfast at the Hilton Resort at Walt Disney World and meeting Br'er Bear, Br'er Fox, Br'er Rabbit, and MINNIE MOUSE! We didn't want it to end and yet were anxious to get on the road for the 4-hour drive back to Miami and home. We all suffered from AES - ACE Exhaustion Syndrome.

Riding with me were South Florida Chapter members Karen Sims, Suzanne Gallivan, CMT, and Carolyn Grimes, MS, CMT, AHDI-F. As none of them was up to walking very far, they waited in the lobby with their luggage while I went to get my minivan. I hopped in, turned the key and ... click-click-click. What the...? Turned the key again ... click-click-click. How can this be? The battery can't be dead, the starter maybe? It was just a week ago, 2 days before the trip to Orlando, when it had been at the dealership for its 30,000-mile maintenance checkup. Feeling very helpless and just a bit irritated (after all, it wasn't my fault as I had done everything right, and there was gas in the tank), I quickly walked back to the lobby to make the announcement; "My car won't start!" Everyone said, "It must be the battery." The palpable relief I felt when I saw the Bellhop Desk - they'd know what to do! "Just go down the hall to the Enterprise Car Rental desk as they have jumper cables." I waited and waited for three customers to be dealt with (there was only one guy there and I would have to wait for the other helper to come back). Wait and wait. Forget this, I'm going back to the Bellhop Desk and call

AAA because if it's not the battery, then he could tow me to a service station. The AAA service truck would be there in 45 minutes to an hour.

Just down the hall from the Bellhop Desk and across from the take-out deli and Starbucks counter was a very comfortable seating area that we settled into and it turned out to be the perfect conversation area. Everyone coming back from breakfast and/or stocking up with drinks and snacks for their trips home stopped to commiserate and wish us well. Finally, the AAA driver called to say he'd be there in 10 minutes, which would have been exactly one hour from the time I placed my help call. Why are they never earlier than later? A clear case of SIDS - Service Initiation Delay Syndrome.

He was a super nice man, very respectful and helpful. Used his portable battery starter to get her fired up and said, "Before you get on the road you have to put in a new battery. If you go to Wal-Mart, they have free installation with the purchase of a battery ... and don't turn the car off until then." Awesome! I wrote down his very clear directions to the Wal-Mart that was only a couple of miles away and right next to the highway that would take us to the Turnpike for our drive to Miami. Yeah! I drove up to the hotel lobby, collected my passengers, and gave them a status report. They were happy for a shopping stop while the car was being fixed. Good thing we had started at 10 a.m. Our goal was to stop for lunch at the Fort Pierce Cracker Barrel and get Karen home by 5 p.m., as she was on call.

No waiting when we got to the Wal-Mart Automotive Center, and we were hardly there 10 minutes when I heard my name over the loudspeaker. The fact that the mechanic was a very handsome, young Latino hunk didn't make his message any easier to hear. "Your battery is fine. It's the alternator that is bad and the mechanic who is qualified to replace it doesn't work on Sunday." His suggestion to drive to Miami with as little drain on the electrical system as possible; i.e., no air conditioning, wasn't feasible so I just said I wouldn't turn the car off until I got home. Before leaving, Suzanne had to have a picture to commemorate this unbelievable adventure and used her Southern belle charms on a young man who willingly obliged. (CFS - Cat Fascination Syndrome. How could he refuse?)

After topping off the gas tank with Carolyn's Wal-Mart gift card, we were finally on our way about half past noon. By the time we got to Fort Pierce 90 minutes later, we were all really hungry and ready for the break at Cracker Barrel. Karen took my lunch order and they went in to get take-out and shop while I stayed in the idling van. First time we ever had a picnic in the parking lot outside a restaurant.

Back on the road, we made really good time on I-95, now to Hallandale Beach to drop Suzanne off at her house and get Karen home at 5:30. She said God really has a sense of humor because it wasn't five minutes after we had gone when her manager called and asked her to fill in for an MT who couldn't work that night. Finally, the car got a rest when I got home at 6 o'clock and could turn it off - after having backed in the driveway so that the engine was easily accessible in case there was a need to jump-start it again.

Tuesday morning before my husband left for work, he started the van to be sure it would, which it did right away, so I took off for the dealership to get the official diagnosis. Yes, the battery was fine; yes, the alternator was bad, and it would be \$600 to replace it. Now wait a minute. Two weeks ago, I spent \$500 on routine

maintenance, and the Kia warranty is bumper-to-bumper 10 years or 100,000 miles. The car is just over 3 years old with only 32,000 miles. Ah, but the warranty is on the motor and mechanical parts, the electrical system is only warranted for 3 years. ...Sigh... An hour later, the service manager told me some more bad news. It seems that a critter had made a nest underneath in a hidden part of the engine and had gnawed on the wires to the alternator - that would be another \$200 to replace. The diagnosis? AEDS - Acquired Environmental Deficiency Syndrome.

If you are unfortunate enough to have a motor malfunction while you are traveling, my wish is that you are as fortunate as I was to be in a safe and comfortable place when it happens, and to have the company of wonderful and understanding friends to help you through the ordeal.

ADDENDUM: A couple of months later I discovered the critter was a momma opossum who had found a safe place to raise her baby. 😊



Pictures from photobucket.com

NATURE COAST CHAPTER MEETINGS/SYMPOSIUM

Date	Place
July 17	Chapter Meeting
September 18	Chapter Meeting
November 13	Symposium

THE NEXT NATURE COAST CHAPTER MEETING is July 17, 2010, 9:30 a.m., at Brooksville Regional Hospital, Brooksville, Florida, in Conference Room 1.

GUEST SPEAKER: Linda Ravenhorst, Certified Wound Ostomy Continence Nurse

SPECIAL TOPIC TO BE DISCUSSED: NEW CEC REQUIREMENTS – WHAT YOU NEED TO KNOW. This is an important topic as it concerns the new requirements for obtaining CEC credits. There will be handouts at the meeting.

Please make every effort to attend, as we will also be discussing the upcoming symposium in November and need to start planning for this event.

Please RSVP via e-mail to Jane Kaly, Secretary, markkaly@aol.com or Ann Saldan, slotslig@yahoo.com.

To see what is going on in the other chapters in the state of Florida, please visit www.ahdi-fl.org

NATIONAL CONVENTION

WHAT: The AHDI Annual Convention & Expo

WHEN: August 4-7, 2010

WHERE: The Hilton Austin
500 E. 4th St.
Austin, TX 78701
(512) 482-8000



Attend ACE to have access to more than 37 credit-worthy educational sessions on topics including natural language processing, grammar and punctuation, and cutting-edge clinical medicine sessions on topics like "Life in a Level 1 Trauma Center: Case Studies" and "The New 'Critical'- Innovative Advances in Pulmonary Intervention." Network with professionals such as yourself, visit 70+ vendor booths, and learn about new job roles in the medical transcription industry.

Register now and take **\$50 off your full conference registration!*** Use coupon code **10AMFC** to receive your **discount**. Act quickly, as rates will increase on July 19 and hotel rooms must be booked by July 12.

Don't miss this amazing opportunity to do something to enhance your knowledge and your career. Register for ACE 2010. Contact AHDI by tel: 1-800-982-2182 (direct: 1-209-527-9620) or email: ahdi@ahdionline.org if you have questions or need assistance.

Hotel Rooms

The rooms include one king or two double beds, a chair with ottoman or loveseat and a spacious work desk. Additionally each of the guest rooms includes a flat-screen television with Cable TV and pay movies, video games and premium channels, mini-bar, coffee maker, iron/ironing board and hair dryer. A complimentary USA Today newspaper is delivered to each room Monday - Friday.

Hotel Reservations

The AHDI group rate for sleeping rooms at the Hilton Austin are \$153 plus tax for single and double occupancy, \$173 plus tax for triple occupancy, and \$193 plus tax for quadruple occupancy rooms. These group rates are available for the date range of Tuesday, August 3 - Saturday, August 7, 2010 on a limited basis. Any reservations outside this date range will not be available at the AHDI discounted group rate. **All reservations must be made before the official AHDI group rate cut-off date of July 12, 2010.**

[Book Your Room Online \(\\$153 plus tax\)](#)

Reserve Your Hotel Room by Phone: (512) 482-8000

**Be sure to mention you are with the AHDI group when making reservations by phone to receive the discounted rate.*

Would You Like To Share A Room?

Looking to save money and share expenses with other MTs coming to Austin? AHDI encourages attendees to get connected before the event to limit expenses. To that end, AHDI has created the [Attendee Resources Group](#), where registered and potential attendees can hook up for room sharing, carpooling, and tip swapping when it comes to making it to ACE on a tight budget. With the right plan and good resources, you can really save money and get the most for every dollar you spend at ACE.

Get connected to the [Attendee Resources Group](#) and start saving!