

BONUS Q:

I am a QHP and work in an HOPD. When I debride epidermis and/or dermis, I want to use the code 11042. My coders say that I should use the code 97597. I believe that is a code for physical therapists and not a code for QHPs. In addition, I do not like the Medicare allowable for 97597. Am I correct to use 11042?

BONUS Q:

No. The QHP should congratulate his or her coders because they are doing their best to provide correct coding rules. The 2015 CPT®* manual clearly describes 97597 as the code to use when only epidermis and/or dermis are debrided. It is true that CMS designated 97597 as a “sometimes therapy” code. That simply means that therapists who perform 97597 are required to attach a therapy modifier to the code on the claim form. If QHPs perform 97597, they simply bill the code on the claim form; no modifier is required. It’s important to remember that wound care professionals should not select codes to report based on the reimbursement rates they like best.

If you wish to learn more about these and other reimbursement topics, you and your revenue cycle team may want to attend one of the twelve 2015 Wound Clinic Business seminars that will be offered in 2016; see www.woundclinicbusiness.com. ■

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The power of the positive

The authors put positivity in action to build better teams and improve organizational performance.

By Paige Roberts, MBA, BSN, RN, PCCN, and Kaitlin Strauss, BSN, RN, PCCN

Being positive in a negative situation is not naïve. It's leadership.

— Ralph S. Marston, Jr., author and publisher of The Daily Motivator website

Clinicians may encounter many challenges and stressors in the workplace—long hours, rotating shifts, inadequate staffing, poor teamwork, and pressure to achieve higher performance levels in an emotionally and physically demanding field.

But hope exists. Positive psychology uses scientific understanding and interventions to help people achieve a more satisfactory life. Positive psychologists have shown that building positive emotions can change the way we approach and view our environment, helping us become healthier, happier, and more resilient and helping employees and teams become more productive and engaged.

Research on positive emotion over the last 15 years focuses on using positivity to build resources and resilience. A leading researcher in this area is Barbara Fredrickson, who developed the “broad-

en and build” theory. This theory describes how accumulating positive emotions broadens our minds and awareness, enabling us to develop new thoughts, activities, and relationships and to gain lasting personal resources that persist even after the emotion passes. We become better, more able versions of ourselves, in turn creating more positive emotions and an upward spiral of positivity. Leaders have a unique opportunity to apply this research to build positivity in their teams using simple interventions.

Overcoming negative tendencies

As humans, we’re wired to focus on the negative. Our basic negative emotions evolved from our ancestors’ fight-or-flight instinct—the physiologic response to a perceived threat to survival. While fight-or-flight is important in emergencies, too much exposure to long-term negative emotions can heighten our cardiovascular response and cause additional stress.

In clinicians, a negative tendency may be intensified because we’re trained to look for the negative: skin breakdown, ostomy site problems, signs of wound infection. Fortunately, research shows that accumulating positive emotions enables us to overcome the effects of the negative and realize the power of the positive.

Positivity in action

Applying the “broaden and build” theory to teams can result in positive emotions that lead to a positive emotional climate, which stimulates organizational growth and performance. Positive emotions also can improve relationships among coworkers and cooperation within teams. Using positive psychology in healthcare settings is a relatively new concept but has end-

Not just happiness and smiles

Being positive isn’t all about happiness and smiles. It’s about finding ways to increase the whole range of positive emotions. It helps us see good things even in the most challenging and chaotic times, and it provides tools that help us approach every encounter with another person as an opportunity to create a high-quality connection.

less potential for healthcare workers and the patients in our care.

Our unit has a blended acuity of patients and a high daily patient turnover rate—up to 50% in a day. We turned to positivity research to find ways to inspire staff to move past a survival state and motivate them to achieve new levels of resilience and satisfaction. We tailored seven evidence-based interventions to apply to building positivity in teams rather than just individuals.

Three good things

Writing down three good things each day for 2 weeks helps those good things become more visible, even during the most challenging situations. Researchers found that doing this every day for 2 weeks increased happiness for up to 6 months.

To adapt this practice to a clinical environment and a focus on teamwork, we developed a “three good things” sheet that gets passed around at the end of the shift. Every staff member writes down a good thing that happened that day, and the charge nurse presents three of these things to the oncoming-shift nurses to help them start their shift in a positive light. “Three good things” was an encouraged practice for 2 weeks, but staff continued to practice it consistently throughout the next year—and beyond.



Increasing social connections

Social connections have been correlated with happiness and are considered necessary for people to flourish. It's important not only to increase the number of social connections, but also to make each connection a high-quality one. (See *Not just happiness and smiles*.)

To improve the quality of our connections with patients, we place “Getting to know you” boards in each patient room. On admission, the RN or nursing assistant explains to patients that this board is a place to share something about themselves, not their illness and hospitalization. They ask patients, “Is there anything you'd like to share?” Patients post information about their hobbies, families, jobs—things they may not otherwise share with us.

Encouraging random acts of kindness

Acts of kindness and altruism have been shown to improve mental health and reduce stress levels. We challenged staff to perform random acts of kindness over a 2-month period and report any acts performed, received, or witnessed. This practice spread throughout the hospital, with patients performing acts of kindness for other patients and ancillary staff and doctors getting in on the action. At the end of the 2 months, we celebrated at our staff meeting, where we showed a video of all of the acts of kindness. (Visit www.youtube.com/watch?v=VV9Fzdqoy20 to watch the video.)

Other interventions

We've also worked on increasing gratitude through a staff peer recognition board, increasing our awareness of the positivity in our lives through a “loving kindness meditation” at a staff meeting, and using the

Signature Strengths survey (available at www.viame.org) to discover each other's strengths. Engaging in enjoyable activities, such as getting dinner together after a long shift or going out as a group to a baseball game, also has been shown to increase positive emotions and happiness.

Just do it!

Any positive emotion can start the upward spiral, so the most important thing you can do to increase positivity in your team is to get started. Pick the intervention that most appeals to you, adapt it to your environment, and commit to implementing it within the next week. Keep at it—and watch the upward spiral of positive emotions grow. ■

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