



Sutter Medical Center,  
Sacramento

A Sutter Health Affiliate

# SMCS Physician

## **Message from Tom Gagen, CEO**

**August 2008**

As a result of the intense focus placed on our expense reduction and revenue growth efforts during the past year, we have done a much better job of balancing our organizational budget. The SMCS Administrative Team and Sacramento Sierra Region Board of Trustees wish to sincerely thank you for your hard work to make this happen. Our mid-year assessment shows that we have significantly improved our financial situation and we need to remain diligent in our efforts to improve efficiencies while making sure our departments' cost structures are in line with budgets.

The SMCS leadership is continuing to move forward with changes that strategically position us for the future. In May, our service line medical directors began meeting with our Administrative Team in a collaborative effort to create a better overall product for our patients and improve on our dashboard metrics of Quality, Service, Community, Growth, Finance and People. Our partnership with the medical directors is off to a positive start and it will help drive the growth of our specialty services.

The next step is to realign the SMCS Administrative Team to better support our dashboard goals and establish clearer accountabilities in the daily operations of our organization and in the growth of services.

I don't believe that our current A-Team structure is helping us achieve all of our dashboard goals. We have made great strides in quality, but our patient and physician satisfaction has slipped. While our affordability has greatly improved in the past year, we are not yet where we need to be in order to be competitive in the market. Last, we want to grow faster than we are currently. With this in mind, the following A-Team accountabilities will be effective as soon as we can put them each in place, we hope by the end of October.

### **Operations:**

For operational focus the following positions will be realigned:

**Chief Nurse Executive Shelly McGriff** will continue to be responsible for all nursing and nursing support services. Surgery will be shifted to the position listed below.

**Assistant Administrator, Surgery and Ancillary Services.** This newly developed position will be responsible for surgery, ancillary and support services.

**Assistant Administrator of Finance** Richard SooHoo will continue to be responsible for Finance, Medical Records, Admitting/Receiving and quantitative financial analysis.

### **Growth & Development:**

In order to ensure a more focused approach to growth and development, we have realigned three Assistant Administrator positions as follows:

- **Assistant Administrator for Cardiovascular and Orthopedic Services**
- **Assistant Administrator for Women's, Children's and Bariatrics**
- **Assistant Administrator for Neuroscience and Oncology**

The Medical Directors will work with the Service Line Assistant Administrators as a leadership team. The Program Directors of each service line will report to one of the three administrators to expand current and new referral sources, adopt new technology, recruit physicians and staff, negotiate medical director and recruiting

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## SMCS Welcomes New Medical Staff Members

**Bea Kandra, M.D.**  
CASE Medical Group Inc.  
3315 Watt Ave.  
Sacramento, CA 95821  
(916) 481-0777  
Specialty: Anesthesiology

### Medical Staff Well Being Committee

The Medical Staff Well Being Committee meets frequently to understand its role in light of the closure of the Medical Board of California Diversion Program and to understand how committee members can best be a support to medical staff.

One of the areas most needed is supporting the impaired physician. Impairment of all kinds affect physicians at a rate comparable to that seen in the general population. A large proportion of physician impairment stems from use of drugs and/or alcohol. Behavior or interpersonal problems are also frequently identified. Impairment poses a serious risk to patient care, medical licensure, the physician and his or her family.

Physician impairment can be "managed" administratively. However, this process can be challenging, bureaucratic and even embarrassing. The Well Being Committee provides an alternate, physician-driven route to deal with the early signs of impairment. For *confidential* initial contact with a Well Being Committee member, please call 916-733-3045.

### Physician Access to Important Documents

Are you looking for past issues of the Physician Newsletter, Physician Remote Access information, pre-printed orders and hospital forms, then don't forget your 24 hour resource! For up-to-date information for our physician members, please visit our website at <http://www.suttermedicalcenter.org/forourphysicians/>

### Surgical Procedure Observation Requests

Many requests have come from physicians to allow family members and friends to observe surgical procedures during the summer months. We are very happy to accommodate these requests. Prior to the observation there is a process that needs to be followed to protect the observer, the surgical staff, and, most important, the patient. The following outlines the process and the activities that will be permitted,

#### The candidate is required to:

1. Complete an application form that includes:
  - a. Health survey statement of childhood diseases and immunizations
  - b. Written goals or objectives
2. Be 14 years or older or a freshman in high school
  - a. Parental consent is required if under 18 years old
3. Complete an orientation that includes review of:
  - a. Confidentiality statement
  - b. Health statement
  - c. Allowed activities
4. Have knowledge of the facility dress code

#### Activities allowed:

1. Accompany the guide during routine job functions
  - a. Sit and visit with patients
  - b. Assist patients with writing and reading letters
2. May be able to observe procedures with appropriate approvals
3. Assist with errands
  - a. Getting charts, carry clipboards
  - b. Assist with clerical activities (making copies, filing, calls)
  - c. Obtaining a wheelchair or gurney
  - d. May have limited access to data

#### Activities NOT allowed:

1. Turning, holding or touching the patient
2. Pushing wheelchair or gurney with a patient onboard

### Emergency Preparedness Education

Physician education continues this month with an overview of the response by the Emergency Department Physician.

- Notification/Activation occurs by a sudden influx of patients or notification via EMS System. When there appears to be an event that will overwhelm the capacity of the ED, a "Code Triage" will be announced. If there is an event that has a potential but has not yet occurred, a "Code Triage-Alert" may be announced.
- Triage and Treatment Areas: In a large incident, the ED would not be able to manage all the patients within its walls so the triage will be done in the ambulance bay. After triage, patients will be sent to other areas of the hospital depending on the level of care they require.
- The ED Physician role will be to staff Triage and Immediate Treatment areas. Other physicians will staff the Delayed, Minor and Morgue areas.

If you have questions about SMCS' response to a disaster or terrorism event, contact Emergency Preparedness Coordinator Loni Howard, R.N., MSN, at 916-733-8579 or by e-mail at [HowardL@sutterhealth.org](mailto:HowardL@sutterhealth.org).

## Toward More Affordable Health Care: Reducing Supply Costs

By **Rob Schott, M.D.**

*SMCS Director of Medical Affairs*

In our ongoing efforts to be more affordable, we at Sutter Medical Center, Sacramento have targeted several opportunities for reducing supply costs. Two years ago, the spine surgeons and administration collaborated successfully in reducing supply costs for spine surgery, at a savings of more than \$1 million. Over the summer months, we have addressed supply costs in Joint Replacement (knees and hips) and Cardiac Rhythm Management (pacemakers and defibrillators). Our cardiac surgeons are looking at the cost of valves.

As we collected information regarding our cost structure, I was quite surprised to learn that for each joint replacement and defibrillator, the hardware costs account for well over half of the cost of the entire hospitalization. *On average*, we lose money on each case when we replace a joint or implant a defibrillator.

We essentially are paying a premium to include all vendors with unlimited choices (versus say a mixed comparison with Kaiser and the Model T: You can get any color pacemaker you want as long as it's black). Our device costs are generally at a premium compared with other hospital systems in the region, including other hospitals in the Sutter system.

The negotiation with vendors has been challenging. Sometimes physicians are dragged into the crossfire; after all, it is the physicians who have the relationships with the vendors through the field representatives who are with the physicians in the operating rooms and the cath labs when the devices are implanted. They know their products and provide invaluable support, both at the time of implantation and in follow-up.

Fortunately for our patients, our physicians have supported the administration's efforts to reduce costs. These savings will make us more competitive when we go to the table with employers and insurers to negotiate new contracts. It is insufficient to provide our patients with continued good outcomes. We need to provide good outcomes that are affordable.

I want to very much to thank my surgical colleagues who have endured uncertainty and some inconveniences as these negotiations played out. It is our commitment to them to improve processes around the hospital care of their patients, to allow them greater productivity and the luxury of focusing on what they do best, which is caring for patients.

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contracts, and, most important, enhance quality within each service line. These A-Team members also will serve as liaisons to the Chief Nurse Executive in the nursing care delivery for that service.

**Larry Maas**, Assistant Administrator for Master Plan; **Katherine Keeney**, Executive Director for SMCS Foundation; and **Laurie Rose**, Human Resources Director, will continue in their existing roles and support the efforts of Operations and Growth.

**Diane Stewart**, Administrator for Mental Health and Continuing Care, will be retiring from her position on Jan. 9, 2009, after 15 dedicated years of service to Sutter. Diane has been very instrumental in building the Behavioral Services at SMCS and is highly regarded within the Sutter network for her expertise in this field. In addition, Diane has overseen the emergence of Sutter Oaks Midtown as a high-quality, well-regarded nursing facility.

**Robert Schott, M.D.**, Director of Medical Affairs, will also be leaving his post in October as he and his family relocate to the East Coast. Rob has been appointed as the Chairman, Department of Cardiology, for Deborah Heart and Lung Center in Browns Mills, New Jersey. Rob has faced the difficult task of being the first SMCS Director of Medical Affairs in a number of years. He has made good strides in improving the communications between Administration and the Medical Staff. We sincerely thank Diane and Rob for their hard work, commitment and dedication and wish them all the best in their future endeavors.

We are in the process of posting the above new and replacement positions next week. We anticipate that all existing Administrative Team members, including **Margaret Mette**, **Chris Swanson** and **Tim Daly**, will be placed as appropriate in the new structure. Once the positions are filled, we will send the revised organizational chart for clarity.

We all want to make certain we are taking care of patients and providing a great place to work, and I believe this Administrative Team realignment is another step in the right direction. If you have any questions regarding this information, please contact me or your administrative representative. Thank you.