



*Sutter Medical Center,
Sacramento*

A Sutter Health Affiliate

SMCS Physician

Message from Tom Gagen, CEO

January 2009

The start of the New Year brings with it the opportunity to reflect on the past and set goals for improvement. At Sutter Medical Center, Sacramento, we are also setting goals to improve our performance and services. For several years now, the Dashboard has been our guidepost for measuring our performance in achieving our goals and where we have opportunities for improvement. Our Dashboard tracks efforts in six key areas, also known as pillars: Quality, Service, Community, Growth, Finance and People. Each Dashboard pillar is color-coded, with green meaning we met our full (more than expected) performance target, white indicating we are at our performance threshold (expected), and red meaning we are below our performance threshold.

In terms of our 2008 Dashboard through November, we performed well in some pillars and have opportunity for improvement in others. Quality and Financial performance was an area of strength as we achieved full performance (green). Out of 24 quality Core Measures, we scored perfectly in 20 of them. Our financial measure was a regional EBITDA – “Earnings Before Interest, Taxes, Depreciation and Amortization” – margin of 12.5 percent and we achieved 13.1 percent for 2008, which is an improvement over 2007. You may recall that 2007 was a very difficult year financially.

That’s not to say we don’t need to improve upon these two pillars. We can continue to impact both of them by lowering the cost per Case Mix Index adjusted patient discharge. This number is derived by taking all the costs to run a hospital and dividing it by the number of patient discharges, adjusted for severity and outpatient activity. Many of your current efforts help lower the cost per adjusted discharge, i.e., our Better, Safer Care Quality initiative, and our challenge to decrease Length of Stay. By working more aggressively to achieve these goals, we stand to incur more cost savings and increase quality. This leads to better care for our patients and a more secure financial environment for all of us.

Our biggest opportunity for improvement is with patient satisfaction. We were at the 57th percentile for inpatient satisfaction; 33rd percentile for ambulatory surgery satisfaction; and at the 38th percentile for Emergency Department satisfaction. Our 2008 goal for these pillars was to be at the 75th percentile. Remember that word of mouth is the best advertisement, and the better we are the more people talk about us.

To stay on track, SMCS needs to continually improve our work culture. We work hard to improve the working climate, and we have asked our staff to help by making some simple activities a priority: putting the patient first, using key words at key times, routinely using the patient protocol AIDET (Acknowledge, Introduce, Duration, Explanation, Thank you) when providing service, escorting patients to their destination rather than pointing toward it, and taking pride in our work space so that it is free of clutter and litter.

I hope our medical staff can assist our employees in our efforts to improve our patient satisfaction. Together, we can make these changes for the better: for our patients, for our employees, for our physicians and for our organization as a whole.

Repairs on North Parking Lot to Continue

I want to thank our medical staff for your patience as the north parking lot goes through necessary repairs, which won’t be completed until March or April. Damage to two concrete structural supports was discovered during routine preventative maintenance, and Plant Operations worked quickly to barricade the affected area and shore up the supports. In addition, other repairs will be made, drains installed and the parking lot will be waterproofed to curb any similar damage in the future. About 30 of the 90 physician spaces were in the affected area, and extra physician spaces were opened on the top level. In addition, we unlocked the gate at 30th and L streets to allow easier access. Please rest assured that the lot is safe for you and our patients, and the repair work will ensure it is safe for many years to come.

State Law Provides New Forms for Life-Sustaining Treatment

AB 3000 pertains to the Physician Orders for Life Sustaining Treatment form. The POLST form seeks to help patients inform health care providers what life-sustaining medical interventions and care a patient would like to receive if they are frail and elderly or have a compromised medical condition, a prognosis of one year of life or a terminal illness. It is designed to be an additional helpful statewide mechanism for a patient to disclose his or her wishes about a full range of life-sustaining or resuscitative measures, including comfort care, full treatment, antibiotics and artificially administered nutrition. It does not affect any of the currently recognized advance health care directives; rather, the POLST form is an immediately actionable physicians order consistent with the patient's wishes or best interest, if wishes are unknown. The POLST form:

- Is a standardized form that is brightly colored and clearly identifiable;
- Can be revoked by an individual or their representative at any time;
- Is legally sufficient as a physician order and not an advance directive;
- Is recognized, adopted and honored across treatment settings;
- Provides statutory immunity from criminal prosecution, civil liability, discipline for unprofessional conduct, administrative sanction or any other sanction to a healthcare provider who relies in good faith on the request and honors it;
- Allows an individual with capacity to, at any time, request alternative treatment to that treatment that was ordered on the form; and
- Does not require health care providers to use a POLST form, but requires that health care providers honor POLST orders.

See POLST, Continued on Page 3

2009 Medical Executive Committee Announced

The following is your 2009 Medical Executive Committee Physician Members. For a list of all medical staff section and committee chairs, please contact Medical Staff Services at (916) 733-3097.

Jonathan Breslau, M.D.	.....	Chief of Staff
Michael Abate, M.D.	.....	Vice Chief of Staff and Chief of Medicine
Muhammad Afzal, M.D.	.....	Secretary/Treasurer
Rebecca Stene, M.D.	.....	Chief of Anesthesia
Daniel VanHammersveld, M.D.	.....	Chief of Cardiovascular Disease
Mylon Marshall, M.D.	.....	Chief of Diagnostic Imaging/ Radiation Oncology
Dana Vierra, M.D.	.....	Chief of Emergency Medicine
Dineen Greer, M.D.	.....	Chief of Family Medicine
Kristen Vandewalker, M.D.	.....	Chief of Lab Medicine
C. Lynne Conrad-Forrest, M.D.	.....	Chief of Ob/Gyn
Gregory Janos, M.D.	.....	Chief of Pediatrics
Richard Bowdle, M.D.	.....	Chief of Psychiatry
Michael Aguilar, M.D.	.....	Chief of Surgery
Thomas Hopkins, M.D.	.....	Utilization Review Chair
Bruce Gordon, M.D.	.....	Credentials Committee Chair
Mark Leibenhaut, M.D.	.....	Immediate Past Chief of Staff
Nitin Rohatgi, M.D.	.....	Member-at-Large

New State Law requires screening for MRSA

California state law now requires screening of specific patient populations in acute-care hospitals for the presence of methicillin-resistant Staph aureus (MRSA). These include:

- Patients admitted to an ICU or burn unit, including adults, pediatrics and neonates;
- Patients discharged from an acute-care facility in the last 30 days;
- Patients receiving inpatient dialysis;
- Patients transferred from a skilled nursing facility;
- Patients undergoing a surgical procedure with a medical condition that puts them at risk to become MRSA patients as defined by the Centers for Disease Control or the Healthcare-Acquired Infections Subcommittee of the Legislature.

Note: At this time, there is no literature suggesting an increased risk of surgical infections with MRSA due to underlying medical conditions. Our surveillance plan is to move forward with screening the other four patient types identified in the law until a reference becomes available.

The law additionally requires that the attending *physician* inform the patient if the patient screens MRSA positive. The staff RN will provide additional patient education on "Living with MRSA." If the patient has been discharged, the MD should attempt to notify the patient.

How will the screening be done? The registered nurse will identify the patient and an anterior nares swab will be obtained. For neonates, an umbilical or nasal swab will be done. Once the lab receives the swab, the screen takes about 18-24 hours to complete. If the screen is MRSA-positive, it will be treated as a critical value. You will be notified via your usual process for critical values. A complete sensitivity will not be done unless specifically requested by a physician.

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New DMA Wants Feedback During ‘Cecilia’s Listening Tour’

By Cecilia M. Hernandez, M.D.

SMCS Director of Medical Affairs

“The caliber of our physicians is far higher than any other in this community!”

That was Susan Petterson, case manager on 4 East at Sutter Memorial, sharing her perspective in her own inimitably, emphatic style. I was telling her about my new role as Director of Medical Affairs, describing how my first priority is to focus on quality, but just as importantly, I am here to provide a bridge between the hospital administration and the medical staff. I looked at her and said, “I know! That’s why I’m here!” Although I’m joking a little there about my own stellar qualities, the truth is that collectively this is the strongest medical staff with whom I have ever had to pleasure to work. You are hard-working, dedicated, visionary, highly skilled and passionate people. I have often said I have no reason to be in Sacramento except for the quality of this organization with whom I work ... and you are at the heart of it.

Interestingly, this past week, my first full week on the job, has already allowed me to see the front line work we do in healthcare in a different light. I was really struck by the contrast between all the different people and services that come together to deliver excellent care. I don’t need to tell you taking care of sick people is really hard work, but I can tell you that I am absolutely committed to doing everything in my power to make it safer, more efficient and easier for each and every one of you to do your jobs, to share your passion and to change the course of nature as you fight disease. I want to hear from you, to know what you need, to know how best to support you, and to tell you that you have an entire hospital administration that is just as committed to partnering with you to deliver better, safer care for everyone.

I hope you will look for me as I make rounds on your units. I will be getting to know you where you work – in the ERs, in the ORs, in the labs and on the floors. I will be meeting with you and your medical directors, as well as the people who keep it all working for you and your patients. I’m calling it “Cecilia’s Listening Tour,” and I can’t wait to hear what you have to say. And if you agree, I might just start off my next newsletter article with your quote, so we can all get to know you better.

Thank you for your trust. Rob Schott tells me he learned a lot in the time he served as your Director of Medical Affairs, and he assured me I will, too. I trust you will be excellent teachers just as you are excellent doctors. Call me on my cell (916) 397-6850 or email me at hernanc@sutterhealth.org and let the education begin!

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What if my patient screens positive? Your patient will be placed in contact precautions. The prevalence of MRSA colonization in communities range from 2 percent to 15 percent, so it is expected that we will discover patients who did not realize they were colonized with the organism. ***There is no need to treat these patients with an antibiotic, unless there is reasonable suspicion that MRSA may be contributing to the patient’s disease.***

If the patient is undergoing a surgical procedure that typically requires antimicrobial prophylaxis, it would be prudent to add a single dose of Vancomycin pre-operatively to reduce the risk of MRSA infection postoperatively.

I have a question. Whom can I call? The Infection Prevention staff can help. Please call:

- Shelly Morris or Kathy Mitchell at (916) 733-1732.
- Jan Frain at (916) 733-3075.

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As a health care provider, you are required to treat a patient in accordance with the POLST form, unless the physician’s order requires medically ineffective health care or health care contrary to generally accepted health care standards.

In addition, a physician may conduct an evaluation of the patient and, if possible, in consultation with the patient or the patient’s legally recognized health care decision-maker, issue a new order consistent with the most current information available about the patient’s health status and goals of care. The legally recognized health care decision-maker of an individual without capacity shall consult with the physician who is, at that time, the patient’s treating physician prior to making a request to modify that individual’s POLST form.

Any questions regarding the POLST form should be directed to Bruce Clark in the Policy Section at (916) 552-8762.