



*Sutter Medical Center,  
Sacramento*

A Sutter Health Affiliate

# SMCS Physician

**Message from Tom Gagen, CEO**

**February 2009**

## **Making Headway on ED Patient Satisfaction**

Last month, I discussed the opportunities Sutter Medical Center, Sacramento has for improvement in our Dashboard. One of those areas included Emergency Department Patient Satisfaction. While there is definitely room for improvement, I'd like to acknowledge the concerted efforts the ED is already making to improve patient satisfaction scores.

ED physician Scott Stringer, M.D., says the results achieved are the result of numerous factors. These include following Studer project recommendations, AIDET (which stands for Acknowledge, Introduce, Duration, Explanation, Thank you – the steps clinicians take to reduce patient anxiety and increase their confidence and trust in the hospital), ED Partnership Councils, the Professional Excellence Committee and improved clinician-patient communication. Dr. Stringer also credits the continuing vision and support of department goals by ED Medical Director Kelly Nations, M.D., and new Department Director Candy Vculek, R.N., as helping facilitate the department's accomplishments during its critical time of change.

One action that showed immediate improvement was the priority placed on more quickly conducting evaluations of ED patients, also known as "doc-to-door" time. Dr. Stringer says that scores improved from the 40<sup>th</sup> percentile to the 80<sup>th</sup> percentile. "That was the single biggest maneuver we made to positively impact change," he says.

Even the small gestures make a big difference. Communication tools – like small boards in each patient bay that have the name of their nurse and tech, and rounding on each patient every 20-30 minutes – tremendously help. These efforts help patients feel more informed and comfortable.

Traditionally, the winter months are when the EDs are most impacted and are subject to longer wait times and overcrowding. These efforts should provide relief. Moreover, it helps strengthen the ED care team.

"The culture change in the ED is something different from anything seen in the past," Dr. Stringer says. "I'm most proud of our team spirit. We are working together in a multi-disciplinary fashion to solve problems, and we're getting the results we want and a work environment that satisfies everyone."

## **2009 Will Be Big Year for Sutter General's Transformation Into Ose Adams Medical Pavilion**

Throughout 2009 and until it opens in 2011 as the Ose Adams Medical Pavilion, Sutter General Hospital will be undergoing a major transformation as the staff continues to provide quality patient care.

This year will see the first departments moving into their new, permanent quarters and others being temporarily relocated while their new digs are being renovated. It's all part of the \$173 million major renovation that will include the addition of the region's only Pediatric Emergency Department and the new home for the Sutter Heart & Vascular Institute.

Here is an update of the plan for 2009, as outlined by Director of Patient Care Planning Cindy Banta. Please note that construction schedules can change.

**Lower Level:** Among the first departments to move into their new, permanent homes will be Health Information Systems, Clinical Lab and the Blood Bank. Pharmacy will move to its new interim location, where it will stay until the new Women's and Children's Center opens. These moves are planned for mid-summer.

**First Floor:** The first new completed portion of the Ose Adams Medical Pavilion are the new public restrooms in the lobby, which are scheduled to open this month. Once Pharmacy moves to its new lower-level location and Business Services moves its patient registration function into a portion of the lobby, construction for the new

## SMCS Welcomes New Medical Staff Members

### Jennifer M. Cahn, M.D.

2210 Del Paso Road, Suite A  
Sacramento, CA 95834  
(916) 285-8100  
Specialty: Family Medicine

### Jason B. Cohen, M.D.

Radiological Associates of  
Sacramento  
1500 Expo Parkway  
Sacramento, CA 95815  
(916) 646-8300  
Specialty: Nuclear Medicine

### Ajit S. Deol, M.D.

2800 L St., Suite 200  
Sacramento, CA 95816  
(916) 423-3244  
Specialty: Surgery, General

### Chiwan Kim, M.D.

Sutter Roseville Medical Center  
One Medical Plaza  
Roseville, CA 95661  
(916) 733-8441  
Specialty: Neonatology, Pediatrics

### Gregory R. Rosellini, M.D.

SEMA  
2100 Powell St., Suite 940  
Emeryville, CA 94608  
(888) 883-7368  
Specialty: Emergency Medicine

### Jennifer Wabin, M.D.

2081 Arena Blvd., Suite 160  
Sacramento, CA 95834  
(916) 285-8975  
Specialty: Psychiatry

### William T. West, M.D.

Children's Specialists Medical Group  
Sutter Roseville Medical Center  
One Medical Plaza  
Roseville, CA 95661  
(916) 733-8441  
Specialty: Neonatology

## From Tom Gagen, Continued from Front Page ...

Pediatric Emergency Department will be in full swing. This new area will first house the existing Emergency Department, which will allow the current ED space to be renovated. Once completed, the entire first floor will house emergency and radiology services, and the current lobby will be the ED waiting room for ambulatory patients and visitors. When children's services move into the Anderson Lucchetti Women's and Children's Center in 2011, the southeast section of the ED will be dedicated to pediatrics.

**Second Floor:** Nursing Administration and Human Resources will move into the space to the north of the cafeteria dining room during the summer. Behind the temporary wall that took over part of the dining room is the entryway to the new Nursing Admin and HR offices. HR will move into that space until its permanent department construction is completed. This will occur late in 2011, after the cafeteria is moved into the Women's and Children's Center. The second floor has also been expanded on the southeast corner of SGH, above the ED expansion. This second-floor area will house new offices for Med Staff Services (along with a new physicians lounge), Spiritual Care, and administration and support services for the ED, Surgery and Cath Lab. These areas should be ready for move-in by the end of the year.

**Third Floor:** ICU West patients will move to the fifth floor as their interim home. Once their current space is renovated, it will house ICU East as the rest of the floor will be converted into a surgery center and cath labs. The ICU West space – with 12 beds – will continue to be an ICU once the new medical campus opens. The remaining 48 ICU beds for the combined campus will be on the fourth floor of the Women's and Children's Center.

**Fifth Floor:** Nothing is planned for the fourth floor this year, but the fifth floor will continue the renovations that were started last year. ICU West, 5 South and 5 Southwest will move into the current unoccupied rooms in the north and northwest sections of fifth floor that are currently under renovation. That will allow for renovation of the remainder of the floor.

I want to thank our medical staff for your patience during the construction process. As new offices open and renovated rooms and floors are completed, I know you will be impressed with the design and additions made in order to improve patient care. We are striving to turn our midtown complex into the medical center of the future. Once we open in November 2011, I believe that vision will be a reality.

## Safety & Emergency Management Orientation

It is the policy of Sutter Medical Center, Sacramento that all employees and medical staff wear photo ID badges while on campus at Sutter General Hospital, Sutter Memorial Hospital and Sutter Center for Psychiatry.

Wearing your photo ID badge is also significant during a disaster or terrorism threat. During a significant event, access to the hospital may be restricted to employees and physicians who have the appropriate Sutter Medical Center photo identification badge; those without a badge may not be allowed in the facilities. Your photo identification badge also identifies you as a licensed independent practitioner so that assignments to care for patients during a disaster can be made quickly.

Any questions regarding photo ID badges can be directed to Medical Staff Services at (916) 733-3097.

## Use SBAR to Improve Communication with Your Nurses

**By Cecilia M. Hernandez, M.D.**  
*SMCS Director of Medical Affairs*

As Director of Medical Affairs, I am charged with addressing issues of concern to our physicians, as well as issues of quality. Not surprisingly, these often go hand in hand. Reviewing your comments in the Physician Satisfaction Survey, I noticed a concern that also impacts the quality of care we deliver: communication with nurses.

Communication is key to assure the best possible outcomes for our patients, and it is key to our sense of trust and confidence that our nursing partners are focused on the same things as we are. It is a two-way street. Each participant shares the burden of responsibility that the communication be delivered and received appropriately.

A vital component to effective communication is having a shared context. Structuring communication is one way to make sure participants are "on the same page."

One example with which physicians are very familiar is the SOAP note. I recall learning how to write one as a medical student and wondering, "Why do I have to write a SOAP note? Why can't I just write what I am thinking?" Well, what all experienced physicians know is that the SOAP note is just the tool we use to structure clinical information in the medical record to effectively communicate what is happening with the patient.

In verbal communication, we encounter the same need to communicate complicated information with a shared format in order to facilitate understanding and assure effective delivery of information. Understanding that nurses, doctors and administrative staff come from different training backgrounds and different disciplines, it is easy to see that we do not automatically have a shared format for delivery of clinical information. As such, many healthcare organizations have adopted the SBAR format for communication.

SBAR stands for Situation, Background, Assessment and Recommendation. Interestingly, SBAR originally was developed by the U.S. Navy Nuclear Submarine Service as an effective situational briefing strategy. I'll bet they have some pretty complex situations they need to communicate effectively, not unlike health care. SMCS staff has been using SBAR to communicate between nurses and other staff for at least a year. SBAR provides answers to three important questions: "What is the problem? What do you need me to do? When do I have to respond?" It is a standardized approach that promotes efficient transfer of key information, helps to create an environment that allows nurses to express their concerns, and provides focused, pertinent information to physicians to address those concerns.

One way you can support this process is to help your nurse use SBAR. It really is OK to ask for communication to be delivered in this format. It really is acceptable to ask such questions as: "Tell me, what is the situation?" "Can you tell me about this patient's background?" "What do you think is going on?" "What do you need from me now?"

We have excellent nurses who deserve to be involved in a collaborative manner in the care of our patients. Nursing leadership is promoting SBAR communication, and your nurses are committed to quality patient care and effective nurse-physician communication. I have found that my nurse calls go far more smoothly using SBAR. Try it.

SBAR is an effective way to encourage ownership for the well-being of our patients and to encourage the teamwork that is absolutely essential to the delivery of quality healthcare in the 21<sup>st</sup> century. Healthcare teams that deliver high-quality patient care and who work well together are winning teams, and *everybody* likes being on a winning team. Just ask the Steelers!