



*Sutter Medical Center,
Sacramento*

A Sutter Health Affiliate

SMCS Physician

Message from Tom Gagen, CEO

July 2009

Much has happened with our midtown construction project in the past couple of weeks and I want to make sure you hear about them from me:

CEQA Lawsuit

We had excellent news on July 1 when the Third District Court of Appeal issued a ruling that reaffirms the decision of the Sacramento Superior Court, underscoring that the SMCS midtown medical campus project is in full compliance with the California Environmental Quality Act requirements, or CEQA.

This ruling from the court is a clear and direct validation of the hard work that Sutter Health did in planning the midtown campus. We are deeply gratified at this ruling and the overwhelming support that we've had from Sutter staff – including our medical staff – our community supporters, our patients, neighbors and the City of Sacramento throughout the planning process, and the on-going project work that has occurred during this litigation.

The court's ruling comes in response to an appeal filed by the Service Employees International Union to delay our project. The Third District Court of Appeal's ruling upheld the decision of the Sacramento Superior Court, rejecting the SEIU charges that the EIR failed to fully disclose and mitigate air quality, noise and parking impacts. In response to the charge that the trial court erred by allowing the construction of the medical center to continue, the court found the argument "moot" and agreed with the trial court's assessment that "the underlying litigation is one of relatively narrow scope and impact insufficient to merit an award of attorney fees" amounting to well over \$300,000 that had been sought by the SEIU.

New General Contractor

Also on July 1, Sutter Health installed Boldt Construction of Appleton, Wis., as the new general contractor on the expansion project. The SMCS development is the largest construction project being undertaken by the Sutter Health system at this time, and is among the largest construction jobs in the greater Sacramento region. The change in contractors was a mutual decision between Sutter Health and Turner Construction, which was the general contractor on many of the master site elements since the beginning of construction.

Boldt is a pioneering firm in the area of "lean construction" that seeks to deliver projects on time and with greater overall efficiency. The company has extensive practical project experience across the country, and Sutter Health has had a good working relationship with Boldt on a medical office building in Solano County and at California Pacific Medical Center in San Francisco.

During the month of July, Boldt is assessing the project. We look forward to working with them as we build the medical community of the future at our midtown campus.

External alert evaluation at SMCS

There were a total of 17 medication safety alerts reviewed from FDA and ISMP during the first quarter of 2009. None of the issues reported nationally were reported at SMCS. There were three implemented changes and two future evaluations as a result of the external alert evaluation. Summary of these five alerts is listed below.

Drug	Alert Source	Issues reported nationally	Issues reported SMCS	Outcome
Zonisamide	FDA MedWatch	Metabolic acidosis in some patients.	None	Add Dose Range Management in Pharmacy Computer System to check serum bicarbonate. In progress.
Anastrozole	FDA MedWatch December 2008 Summary	Modified Contraindication – Pregnancy.	None	Future evaluation of Pharmacy Computer System alert for all category X drugs.
Alteplase	FDA MedWatch March 2009 Patient Safety News	Dosing errors due to various indications with different dosing.	None	Future evaluation of current ordering practice for IR.
Transdermal Drug Patches	FDA MedWatch	Risk of burns during MRI.	None	Check for medication patch is added to pre-procedure checklist.
Lopressor and Lyrica	ISMP Med Safety Alert 1/29/09	Lopressor order was misinterpreted as Lyrica due to poor handwriting.	None	Add alert for look-alike drug pair to Pharmacy Computer System for Lopressor and Lyrica 25mg and 50 mg entries. Don't stock Lyrica 100 mg.

Kristine Wakefield Is New Medical Staff Services Manager

Medical Staff Services has a new manager, Kristine Wakefield, CPSMS, CPCS. Wakefield will manage all operational activities and programs of the Medical Staff Services Department, Continuing Medical Education and SHHSR Credentialing Services. You can reach her by phone at (916) 454-6955 or e-mail at wakefik@sutterhealth.org.

Medical Board Friday Closures

Pursuant to the Governor's Executive Order S-13-09, the Medical Board of California will be closed on Fridays on July 17 and 24. Starting August 2009 through June 30, 2010, the Board offices will be closed the first, second and third Fridays of each month.

Region Teams Up to Fight Sepsis

Clinicians throughout the Sacramento Sierra Region collaborated for several years on improving its sepsis outcomes and recently standardized order sets.

The standardized order set is a series of checklists and recommendations for ED and ICU clinicians to use to detect the presence of sepsis within patients and develop treatment plans. Initial screenings are performed by nurses and appropriate screening studies by physicians follow. Time is critical for patients with sepsis; a six-hour window essentially exists to save patients. The order sets also include data from nationally published studies and guidance from national experts.

The region has already shown positive results since launching the pilot this spring. Using risk-adjustment tools, the region's sepsis mortality rate was under what was predicted for actual deaths since using the standardized order sets.

Kelly Nations, M.D., SMCS ED medical director and one of the physicians involved in the initiative, acknowledges that the order sets will only improve upon further feedback from others, but is very pleased with the group's initial clinical tool. "This effort has brought multiple disciplines together to approach this major clinical problem," he said. "We've already demonstrated that significant reductions can occur with an aggressive approach to this disease process."

Becoming the Model of Health Care in the Region

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

Everyone is acutely aware of the pains we are experiencing with our overall economic downturn. This may continue for another year before we experience recovery. Some of you are following the health-care reform debate and wondering about our future. We know the system is broken and we must fix it, but how? It seems every option is being considered, and the possibilities are variable enough to cause consternation for most. At times like this it seems the best thing one can do is focus on one's sphere of influence. What can I do to shape my future? How can I influence the powers that be? Although it may seem that decisions are being made without our input, the truth is that our behavior will shape the future. Our successes will be looked at and will likely be tapped as models for future decisions.

Already our T3 program has come to the attention of our nation's leaders as an example of how private health-care enterprise can contribute to our nation's health-care agenda. In case you do not know about T3, it is a program that was developed out of our hospital's need to address the high demand for emergent care by our community's homeless, indigent population. Through a partnership between SMCS and The Effort, these patients are receiving community-based primary care and a bridge to permanent housing. Its successes are impressive: we are providing services efficiently and salvaging lives that in the past were given up for lost for socioeconomic reasons.

Another area we need to address is our overall affordability. As Medicare is the standard for the private insurance industry, addressing Medicare affordability will extend benefits to our entire insured population. Moving into the future, we must deliver high-quality, accessible and affordable health care. If we are to shape the future of health-care reform, we must model the structure and behaviors which are in the best interest of our patients, our health-care providers and our health-care delivery systems, be they clinics or hospitals.

Your administrative leaders at every level within Sutter Health are taking this opportunity very seriously. They have visited the most successful systems throughout our country to learn and bring back the best practices to improve our affordability while maintaining the highest quality. Furthermore, Navigant Consulting was retained to evaluate the opportunity and provide recommendations to improve our Medicare performance. Navigant found that it was difficult to evaluate overall Sutter performance because of substantial variation in practice across affiliates. That is where we come in. It is imperative that we as a hospital and as a medical staff align ourselves with the goal of improving affordability.

Next month, I will outline the recommendations from Navigant. In the meantime, please consider how you will align yourself to survive the crisis and continue to provide the awesome care you deliver in a way that is satisfying and sustainable for years to come. Stay tuned and please send me your comments. You may email me at hernanc@sutterhealth.org.

Notice Regarding Addition to Medical Staff Rules and Regulations

The adoption of the Sutter Health Patient Safety and Quality Committee (11.15) to the Rules and Regulations as was approved at the April 28 Medical Executive Committee and the June 11 Board of Trustees.

Composition: The Committee shall be appointed by the Sutter Health system and shall consist of appropriate experts and representatives, including medical staff leaders from this or other Sutter Affiliate hospitals, to discharge the duties described below.

Duties: The Committee will perform quality activities (evaluation, investigation, recommendation and implementation) to improve system-level functions and processes which affect the quality of care provided at this facility and other system-affiliate hospitals. It will report to the Medical Executive Committee, at least quarterly, on the results of its efforts and on measures or proposals to achieve its objectives. The Committee will not have responsibilities, nor will it have access to data, regarding individual physician performance or peer review issues at the hospital level.

To review the revised Medical Staff Rules and Regulations, go to:
http://www.suttermedicalcenter.org/forourphysicians/bylaws_rules/