



*Sutter Medical Center,
Sacramento*

A Sutter Health Affiliate

SMCS Physician

Message from Tom Gagen, CEO

October 2009

Excitement Builds for Regional Patient Transfer Center

The Regional Patient Transfer Center is debuting this fall, thanks to the hard work and dedication of physicians, nurse leaders, administrators and staff throughout Sutter Health Sacramento Sierra Region. The RPTC will facilitate the process of transferring patients into or between SHSSR hospitals and will expand its services to handle transfers with non-Sutter hospitals in 2010.

A patient transfer is necessary when patients require a higher level of care than what is available at their current facility. The center's ultimate goal is to provide patients the right care, by the right care team and at the right time. Another goal is to create a non-complicated system for the physicians, where they can easily move in and care for transferred patients and not get caught up in cumbersome logistical details or hang-ups.

The center will feature a clinical manager and three dedicated patient placement registered nurses. These nurses will staff the traditionally high-volume shifts Monday through Friday, and after-hours R.N. call coverage will be available for low-volume shifts on weekends and holidays. An assistant chief medical officer will provide oversight for the program. Current transfer processes will remain unchanged for neonatal intensive care, pediatric, psychiatric and trauma services.

A tremendous amount of coordination and detail has gone into the planning process for this center. An RPTC Steering Committee was formed last summer to design the center, create its business plan, obtain approvals and begin the implementation phase. That planning has included everything from stakeholder outreach, working out legal requirements including take-back agreements; and determining facility requirements, which include outlining patient flow algorithms, assessing bed capacity and establishing a centralized call panel system. The RPTC Physician Advisory Team consists of Cecilia Hernandez, M.D.; John Mesic, M.D.; Virginia Joyce, M.D.; Stu Campbell, M.D.; and Gary Bostrom, M.D. The RPTC Working Team includes Dani Corcoran, R.N., Daryn Kumar, Penny Nichols, Kiren Rizvi, Chris Swanson and Joan Touloukian, R.N.

This program's success hinges on many factors – one of most important being physician buy-in and engagement. The RPTC team has gone to great lengths to achieve this, including meetings with facility directors of medical affairs, facility chiefs of staff and facility medical executive committees. RPTC team members also conducted interviews with more than 40 physicians in order to get their feedback on various center elements. Plus, the team has the guidance of a physician advisory team, which provides an ongoing, invaluable physician perspective on matters related to the center.

The RPTC can be reached by calling (877) 777-6680. For additional information about the RPTC, please contact Penny Nichols at (916) 565-8665.

SMCS Heart Transplant Program Receives New CMS Certification

After an eight-month battle, the Centers for Medicare and Medicaid Services reviewed Sutter Medical Center, Sacramento's Heart Transplant Program and certified it anew in October.

CMS decertified the SMCS Heart Transplant Program in February because it did not meet its volume criteria of 10 annually. The decision was based solely on volume and did not take into account the excellent outcomes the program has historically had.

This CMS decertification only affected those patients who have Medicare as their primary insurance. While not all heart transplants are paid through Medicare, the decision by CMS put the entire program in jeopardy because insurance companies usually look for a hospital's Medicare certification in their own approval processes. So far this year, six patients have received heart transplants at SMCS.

SMCS leadership appealed the decertification in the courts but determined that directly working with CMS to resolve this issue was better for patients and the community. With help from Sacramento Congresswoman Doris Matsui, CMS agreed to evaluate the current program for certification based on the hospital's efforts to grow the program and its excellent survival rates.

SMCS also provides kidney, pancreas and bone marrow transplants. Those programs were not affected by the February CMS decision.

Physician Satisfaction Survey Deadline Looms

The deadline for this year's Press Ganey Physician Satisfaction Survey is Nov. 15. The physician survey is an important tool for the SMCS Administrative Team to improve patient care and medical staff satisfaction at our hospitals.

With your survey, you received a pin number and instructions on completing the survey either by mail or on the Internet. If you did not receive a survey or pin number, please contact Grange Fife at (916) 733-3097 or e-mail her at FifeK@sutterhealth.org.

All physicians who complete the survey and contact Grange will receive a gift certificate for a car wash and will be entered into a raffle for one of five \$100 gift certificates to Biba restaurant.

Region Prepares for Medicare Audits

A series of audits commissioned by the Centers for Medicare and Medicaid Services is scheduled to begin in January 2010. Sutter Health Sacramento Sierra Region officials are working now with those at the region's acute care facilities in order to help them effectively prepare for and manage the process.

The United States Congress established the Medicare Recovery Audit Contractor, or RAC, program as a way to identify improper Medicare payments – both overpayments and underpayments – to identify potential payment errors. During the pilot program, CMS noted that \$992 million had been identified in improper payments. Congress made the program permanent by Jan. 1, 2010.

SHSSR is expected to receive more than 2,000 patient record audits a month. RACs can inquire about cases from October 2007 until the present. Sutter Health Compliance will work with affiliate Health Information Management departments, SHSSR Case Management and SHSSR Patient Access and Financial Services to fulfill the RAC record requests. Additionally, there will be instances where SHSSR disagrees with the RACs' findings and will work closely with them during the appeal process.

"Our hospitals are already continuously auditing to ensure accuracy and adherence to Medicare regulations," said John Mesic, M.D., SHSSR's chief medical officer. "We welcome this additional analysis by CMS since it will help us in our ongoing efforts to create better efficiencies within our own systems."

The permanent federal program also will have RACs directly notify patients if there was an overpayment or underpayment for the service they received in the hospital. In order to alleviate any patient confusion, SHSSR will develop resources, including fact sheets, an 800-number and Web site. We will also communicate with patients whose procedures were audited by RACs and inform them that the hospital will directly refund their payment to them or to his or her insurance company when appropriate.

For more information, please contact Hilary Isacson, deputy compliance officer, at (916) 286-8296 or IsacsoH@sutterhealth.org.

Safety Measures at SMCS Improve Patient Satisfaction

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

Last month, CEO Tom Gagen wrote about how patient safety rounding by nursing staff played a role in improving patient satisfaction scores. Does it surprise you that improving patient safety would translate to improved patient satisfaction scores? It shouldn't. Patients consistently report that they want to be informed and involved in their care. Knowing their hospital is concerned with their safety is reassuring to patients, leading to improved confidence and satisfaction. Engaging patients as active, involved and informed participants in their own care is even the goal of a Joint Commission and Centers for Medicare and Medicaid Services national campaign seeking to prevent health care errors known as "Speak Up." As physicians, we can partner with SMCS to improve patient safety and patient satisfaction in a number of ways.

One of the opportunities at SMCS for physicians to improve patient safety and thereby patient satisfaction is R.N.-M.D. rounding. Rounding with a patient's nurse ensures that the care team is on the same page with respect to the care plan for the patient. The patient or family members are also included in discussions. Improved communication among caregivers, patient and family translates into improved patient safety, as noted above. Nurses at SMCS are prepared to round with physicians. When you arrive on the unit to see your patient, let the charge nurse know you would like to round with your patient's nurse. The charge nurse will facilitate letting your patient's nurse know you are ready to round. This is an opportunity to develop the care plan with your patient and your patient's nurse, improving communication, compliance, safety and outcomes.

Hand hygiene is an obvious demonstration of concern for patient safety. The CDC reports that hand hygiene is the single most important procedure for preventing health-care acquired infections. Hand hygiene is required regardless of whether gloves are used or changed, since the moist environment of gloves promotes growth of microorganisms on the hands. Alcohol-based products are more effective for standard hand hygiene than soap and water. However, in the case of visibly soiled hands or contact with *C. difficile*, hand hygiene with soap and water is required. Hand hygiene is required before touching a patient, after touching a patient, before an aseptic task (e.g. opening meds, changing dressing), after touching patient environment (e.g. overbed table, bedrails), and after touching blood or body fluids (e.g. emptying foley). Communicate to your patients that you are disinfecting your hands out of concern for their safety.

Another safety measure at SMCS is the use of the WHO Surgical Safety Checklist, which was designed as a tool to improve the communication of surgical teams. It was intended for use in all surgical settings around the world and, as such, the items included were those that were widely applicable. The team that developed the checklist recommends and encourages modifications for local use. Early feedback from U.S. hospitals has provided common suggestions for modifications, such as those which relate to JCAHO standards and the Surgical Care Improvement Project (SCIP) measures. A SMCS work team modified the checklist to a form to be used at our facility referring to IHI recommendations on those items that should not be deleted. Remember, it is not necessary to implement the checklist exactly as it is. It is a tool to help your operative teams. If you are capturing the documentation of these items already in existing systems, then the checklist may just be a visual tool to help the team remember to verify each item. For more information on the WHO Surgical Safety Checklist and other patient safety measures, please visit the IHI website at www.ihl.org.

These are just three interventions physicians can take to directly improve patient safety and impact patient satisfaction with the care they receive at SMCS. Patient satisfaction is directly correlated with clinical outcomes. Patients who are satisfied with the care they receive are more compliant with treatment plans and consequently have better outcomes. We are all ultimately here to improve clinical outcomes for our patients. We are here to serve and to heal. Patient satisfaction is integral to the healing process and must be central to all our care plans. Please let me know if you would like to know more about what you can do to improve patient satisfaction.