



Sutter Medical Center,
Sacramento

A Sutter Health Affiliate

SMCS Physician

May 2010

Medical Staff's Efforts Help Secure 3-Year Accreditation

By Tom Gagen, CEO of Sutter Medical Center, Sacramento

To say that the week of April 19 was busy would be an understatement. Of course, that was the week that our hospital, as well as other Sutter hospitals in the region, were surveyed by the Joint Commission. It was an intense and exhausting four-and-a-half days, but when all is said and done, the Joint Commission recommended that we receive a full three-year accreditation.

Congratulations to everyone for their hard work leading up to the survey, but more importantly, for remaining on top of things throughout the year and beyond. It is incredibly important that patient care and all hospital operations are meeting the highest of standards, which helps us gain compliance with the Joint Commission.

It is very evident that we made a very good impression with Joint Commission surveyors while they were here. Their comments at the end of the survey were very gratifying and recognized the excellent care you provide for our patients. During each of the four days, they commented on the receptiveness and inquisitiveness of the medical and hospital staffs. One surveyor said, "The staff and physicians have all been superb, and we don't see this everywhere." On many occasions, the surveyors noted that SMCS is an extremely complex organization. You should be proud of the excellent care you are providing.

Regional Champion for Sepsis to Present Physician Course June 9

An accredited course on sepsis for physicians, presented by Sutter Health's Regional Champion for Sepsis, Imran Aurangzeb, M.D., is being held twice on Wednesday, June 9, at the Sutter Cancer Center/Buhler Building, 2800 L St., Sacramento. The first course is from 11:30 a.m.-1 p.m. in Classrooms 1 and 2; the second is from 5:30-7 p.m. in Room 220.

All physicians, including hospitalists, intensivists and emergency medicine physicians, are encouraged to attend. At the conclusion of the program, participants should be able to recognize sepsis, understand current definitions and understand treatment strategies for sepsis.

Sutter Medical Center, Sacramento designates this educational activity for a maximum of 1.0 AMA PRA Category 1 Credit™. This credit may also be applied to the CMA Certification in Continuing Medical Education. To sign up, or for more information, contact Mary Swimley at (916) 453-5916 or swimlem@sutterhealth.org.

SAVE THE DATE: In addition, the 3rd Annual Sepsis Summit & Collaborative will be presented by Sutter Health's Mills-Peninsula Health Services from 8 a.m.-4:30 p.m. Sept. 14 at the Hilton Concord Hotel. The event theme is, "Getting to the Next Level of Sepsis Care," and is designated for a maximum of 7.0 AMA PRA Category 1 Credits™, which can also be applied to the CMA Certification in Continuing Medical Education. More details on this event will be published in an upcoming SMCS Physician newsletter.

Outlying Area Physicians, Staff Sing the Praises of SSN

Sutter Specialty Network is an eight-person team of dedicated individuals who educate physicians from outlying areas about the highly specialized services available within Sutter Health's Sacramento Sierra Region, and coordinate the referral process allowing for a single point of contact for all parties.

Their goal is to increase the volume of commercially insured cases at Sutter hospitals and serve the patients who need specialized services that are not available in the communities where they live.

The SSN team is making a positive impact in that area. Just check out some of the feedback they have received from their clients:

Marcella at Stockton Pediatrics is extremely happy. About six months ago she started consistently using SSN and said her life is so much easier. The patients get placed, they can talk to someone live and everything is done in a timely fashion.

Holly at North Valley Pediatrics in Chico said, "I love using them and really love the status reports they send out every week."

A representative with Barton Hospital Pediatrics said, "I wish all providers had the same service as SSN."

The department covers a vast territory including as far north as southern Oregon, east as far as Reno and Lake Tahoe, south as far as Kings County, and midway to the Bay Area. For more information about SSN, call 888-834-1788, e-mail ssn@sutterhealth.org, or visit www.checksutterfirst.org/ssn.

Drs. Ed Smeloff, Richard Wertz Honored for Medical Advances

Edward Smeloff, M.D., and Richard Wertz, M.D., both former Sutter Medical Center, Sacramento physicians, were honored by the Sacramento Area Regional Technology Alliance as winners of the inaugural Claire Pomeroy Awards that recognize regional advances in medical technology.

Dr. Smeloff, one of Sutter's pioneering cardiac surgeons, was recognized for developing one of the earliest commercial heart valves. The Smeloff-Cutter heart valve has been on the market for more than 40 years with multi-decade effectiveness and durability, and royalties from the product helped fund further research at Sutter Health.

Dr. Wertz, chief of pathology at Sutter Memorial Hospital in the early 1980s, was honored for creating the autoscan automated microbiology diagnostic system. This standardized lab plate system helped speed the bacterial culture process and resulted in the large lab/manufacturing facilities in West Sacramento, now owned and operated by Siemens, and is the largest biomedical employer in the region.

The duo were honored at SARTA's Sacramento MedTech Showcase on March 30. Other inaugural honorees were Philip Coelho for the BioArchive System, and Warren Smith for developing the Pk factor method of monitoring patients under anesthesia.

Latest Model of Surgical Tool Enhances, Expands Care

In April, Sutter Medical Center, Sacramento welcomed two new da Vinci® Si Surgical Systems, one for each campus, which promise to enhance the quality of care and expand the breadth of services made available through this minimally invasive surgical approach.

The da Vinci is a robotic surgery tool that allows surgeons to offer minimally invasive options for complex surgical procedures. With da Vinci, small incisions are used to introduce miniaturized wristed instruments and a high-definition 3D camera. The new system introduces several new features that provide additional clinical benefits and operations efficiencies:

- Enhanced high-definition provides superior visual clarity of target tissue and anatomy, allowing for greater surgical precision;
- A smaller footprint and enhanced movement and docking capabilities improve and simplify room setup and utilization;
- An updated and simplified user interface enhances operating room efficiency.

The da Vinci can also be a tremendous advantage to patients. Compared to traditional surgeries, the da Vinci can offer shorter hospital stays, less blood loss, less pain medication and quicker recovery times.

The new da Vinci Si Surgical System will be especially helpful as SMCS expands its use for kidney surgery, including those for kidney preservation/reconstruction and kidney tumors. In addition, SMCS will continue to use the da Vinci for a host of procedures, including surgeries for endometrial, cervical and prostate cancers; hysterectomies for benign diseases (e.g., fibroids, endometriosis) and repair of vaginal prolapse.

Discharge Planning Important for Medicare Affordability

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

In January, I shared with you the Sutter Health Medicare Performance Initiative, commonly referred to "Medicare affordability." This initiative was drafted by a steering committee comprised of administrative, physician, nursing and other leadership, synthesizing the findings of various studies in an attempt to ensure we deliver the highest quality of care in an affordable and sustainable manner.

You may recall our Medicare margin at SMCS at the end of 2009 was -32.5 percent and the California median is -16 percent. Our costs continue to rise and our commercial payer mix continues to decline. Our ability to provide care to our patients is inextricably linked to the financial viability of this institution and the health-care system to which it belongs. Our patients need us to work with our hospital to make the changes necessary to turn this around.

One intervention specifically driven by physicians is to estimate and communicate the anticipated length of stay and disposition of patients admitted to the hospital. It states, "Physician to establish and document target LOS and initial discharge plan within 24 hours of admission." Over the past year, I have been working with VPMAs, nursing leadership, and case management to develop the infrastructure to support you in this effort.

We have added estimated LOS and estimated disposition to all pre-printed admission orders. The requirement that physicians document target LOS and initial discharge plan within 24 hours of admission can be met easily by marking what you anticipate will be the patient's length of stay and where you anticipate the patient will go at the time of discharge. Case management will be conducting audits to determine the percentage of admissions that have this information documented in a timely manner. It is important to note that physicians will not be measured on how well they estimate the length of stay and disposition. The point here is to communicate this information in a timely manner to ensure effective discharge planning. However, the more accurate the information is, the more meaningful it will be.

On admission, the admitting physician should discuss estimated length of stay and disposition with the patient and family. When the patient reaches the unit, the staff will document the estimated discharge date on the white board in the patient's room. The hospitalists meet daily with case management to discuss this information. Non-hospitalist physicians will be contacted by case management to discuss discharge planning and to confirm that the estimated length of stay and disposition. This information will be communicated by case management to nursing staff at rapid rounds and should also be communicated by the physician to the patient and the patient's nurse during MD-RN rounds. Daily changes to the estimated discharge date should be updated on the white board in the patient's room by the physician driving the patient's care and/or the patient's nurse.

It is the responsibility of the attending physician to keep patients and families informed about the care they are receiving, including when and to where they can expect to be discharged.

Dr. Hernandez can be reached by e-mail at HernanC@sutterhealth.org.

Sutter Health's 2009 Report to Our Communities Is Online

You and your colleagues made 2009 a banner year for Sutter Health. To view our system's collective advancements in quality, patient safety, access, affordability and more, visit the online *2009 Report to Our Communities* at <http://www.sutterhealth.org/annualreport>. Transitioning from a printed to an online annual report has significantly broadened the report's reach. Now, countless community leaders and consumers have instant access to the Sutter Health story through their computers or mobile devices. Going paperless since 2006 has also saved the system tens of thousands of dollars – and has spared nearly 50 trees. Thank you for the talent and expertise you bring to Sutter Medical Center, Sacramento and our Sutter Health family. Together, we're making a life-changing difference for patients and families across Northern California.

Sutter Health Sacramento Sierra Region Announces 2009 Financial Results

The Sutter Health Sacramento Sierra Region announced a 2009 operating income of \$108 million for its hospitals and physician care centers. The SHSSR brought in \$2.1 billion in revenue in 2009. On the hospital side of the business, net revenue per patient case fell lower than the previous two years.

As a result of these challenging economic times, SHSSR provided even more care and services for the poor and underserved, investing \$172 million in 2009. This is accomplished by increasing access to health care through a variety of programs that serve medically indigent adults, women and children and low-income residents. Sutter also offered free or substantial financial discounts to all uninsured patients regardless of their financial status. As a not-for-profit, community-based organization, Sutter Health strives to achieve a positive operating margin in order to care for the poor and uninsured, help fund capital and operating needs, and purchase medical equipment.

Due to the economy, Sutter Health restrained its planned capital spending in 2009, and in the region this meant putting on hold the planned construction of an ambulatory surgery center and future community hospital in Elk Grove. Construction continued in midtown Sacramento on the expanded Sutter Medical Center, Sacramento campus, which includes the Sutter Capitol Pavilion, opening this summer, and the Anderson Lucchetti Women’s and Children’s Center and Ose Adams Medical Pavilion, expected to be completed in early 2013.

Aspirin and NSAID Allergic Cross-Reactivity

Aspirin and other COX-1 inhibitory NSAIDs can induce three types of immediate hypersensitivity reactions: bronchospasm with rhinoconjunctivitis, urticaria/angioedema and anaphylaxis. True NSAID allergy is estimated to be present in 1 percent of the general population (second to penicillin and its derivatives). Weak COX-1 inhibitors, such as acetaminophen and salsalate, only inhibit COX-1 at high concentrations resulting in mild cross-reactions. Selective COX-2 inhibitors do not appear to have any effect on COX-1, and to date there are no reports of cross-reactions to COX-2 inhibitors in aspirin/NSAIDs allergic patients. COX-2 inhibitors, such as celecoxib, have been shown to be acceptable alternatives in patients who have aspirin exacerbated respiratory disease (AERD). However, because of the warning label which states that COX-2 inhibitors should be withheld from patients with AERD, the first full therapeutic dose should be given in the physician’s office. Studies confirm that urticarial reactions to first exposure of COX-2 inhibitors are rare. In contrast, COX-1 inhibitory NSAIDs can sensitize and cause IgE-mediated reactions; therefore, urticaria/angioedema and anaphylaxis are to be expected in patients previously sensitized by these drugs. Urticaria is the most common form of IgE-mediated reactions to NSAIDs.

Relative Risk for Allergic Cross Reactivity in Aspirin Allergic Patients

COX-1 inhibitors – high risk for cross-reaction	Weak COX-1 inhibitors - cross reactions possible at higher doses	COX-2 inhibitors that inhibit COX-1 at higher doses - cross reactions possible at higher doses	Selective COX-2 inhibitors - no cross reactions documented to date
Diclofenac, Diflunisal, Etodolac, Fenoprofen, Flurbiprofen, Ibuprofen, Indomethacin, Ketoprofen, Ketorolac, Meclofenamate, Mefenamic Acid, Nabumetone, Naproxen, Oxaprozin, Piroxicam, Sulindac, Tolmetin	Acetaminophen 1-1.5 gm Salsalate 2 gm	Meloxicam	Celecoxib