



Sutter Medical Center,
Sacramento

A Sutter Health Affiliate

SMCS Physician

July 2010

Sutter Capitol Pavilion Opening, Tower Crane Assembly Highlight Summer Construction

By Tom Gagen, President and CEO, Sutter Medical Center, Sacramento

Our midtown expansion project is heating up this summer, as the finishing touches are being placed on our dazzling new Sutter Capitol Pavilion, twin 250-foot tower cranes have been assembled on the construction site of the new Anderson Lucchetti Women's and Children's Center, and the renovation of Sutter General Hospital is ramping up.

This is all great news, of course, as we work toward having our entire midtown expansion project completed by early 2013. When completed, the Sutter Medical Center, Sacramento midtown campus will be the region's foremost provider of advanced specialty services in one location, with all outpatient and acute-care centers being connected by a series of bridges. Here are some updates on the projects:

Sutter Capitol Pavilion

With most of the barriers taken down, the public is getting close-up views of the impressive architecture of the new specialist medical office building and SMCS outpatient surgery and diagnostic center at 28th and L streets. As reported last month, the first physicians and services will move in on Aug. 30, with grand-opening events scheduled in October. One of the most-anticipated openings will be the Pavilion's SMCS Outpatient Surgery Center, which will include operating rooms for both adult and pediatric patients and can be scheduled by any physician on the SMCS medical staff. The plan is to have these ORs completed by mid-October, and we'll share information on how to block time in the next issue of SMCS Physician.

Anderson Lucchetti Women's and Children's Center

Construction crews in June completed the demolition of the old energy center located on the site and have moved on to constructing and shoring up the foundation in preparation for steel erection in the fall. During the middle of July, crews erected the two tower cranes, which can be seen for miles from the Capital City Freeway. The cranes are located at the north and south ends of the site to facilitate the construction of the Women's and Children's Center, which is slated to be completed in late 2012.

Sutter General Hospital/Ose Adams Medical Pavilion

A number of services have been relocated to the newly renovated basement at Sutter General Hospital, allowing construction crews to move on to their vacated spaces. The conversion of the basement to house such services as Health Information (HIS), Central Supply, Clinical Laboratory and Blood Bank, is allowing the renovation to move throughout the hospital without disrupting patient care. The basement also is providing temporary homes for Pharmacy and Pulmonary. This month, renovation continues on the fifth floor and activity will begin on the first and second floors where Pharmacy and HIS previously were located.

Don't forget that you can follow the construction progress through our webcams at www.suttermedicalcenter.org/expansion. One webcam has been trained on the Sutter Capitol Pavilion since excavation, and another was set up to view the Women's and Children's Center site from before the demolition of the old energy center. When the Sutter Capitol Pavilion opens, we will move that camera to give a second view of our new acute-care facility's construction.

SMCS Welcomes New Medical Staff Members

Marie Rose M. Akin, M.D.

3301 C St., Suite 200-E
Sacramento, CA 95816
(916) 446-0424

Specialty: Pathology, AP/CP

Lavjay Butani, M.D.

2516 Stockton Blvd.
Sacramento, CA 95817
(916) 734-3778

Specialty: Pediatric, Nephrology

Arshad Ali, M.D.

3000 Q St.
Sacramento, CA 95816
(916) 733-3304

Specialty: Pulmonary Diseases

Deepti Behl, M.D.

1020 29th St., Suite 680
Sacramento, CA 95816
(916) 453-3300

Specialty: Hematology/Oncology

Stephen R. Skinner, M.D.

747 52nd St.
Oakland, CA 94609
(510) 428-3238

Specialty: Surgery, Orthopedic

Daniel P. Winder, M.D.

1500 Expo Parkway
Sacramento, CA 95815
(916) 646-8300

Specialty: Nuclear Medicine

Albert Z. Owens, M.D.

5025 J St., Suite 206
Sacramento, CA 95819
(916) 451-2400

Specialty: Family Medicine

Stacey J. Wallach, M.D.

4860 Y St., Suite 2500
Sacramento, CA 95817
(916) 734-4895

Specialty: Urogynecology, Obstetrics
and Gynecology

Summit on Sept. 14: 'Getting to the Next Level of Sepsis Care'

The Annual Sutter Health Sepsis Summit and Collaborative will be held 8 a.m.-4:30 p.m. Sept. 14, at the Concord Hilton. 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.

All sepsis care teams and doctors – especially intensivists, hospitalists and Emergency Department physicians – are encouraged to attend.

Speakers for the day include R. Phillip Dellinger, M.D., of Cooper University Hospital; Sean Townsend, M.D., of California Pacific Medical Center; Alan Whippy, M.D., Regional Sepsis Champion from The Permanente Medical Group; and Christa A. Schorr R.N., MSN, FCCM, Assist Professor, University Medicine and Dentistry of New Jersey.

There are also break-out sessions, which will include central line simulation training; Sutter Roseville Medical Center's sepsis success stories; how to implement the bundle; motivational team building; and sepsis teams developing strategies with coaching from experts.

Registration forms are due by Aug. 20. For a registration form, contact Lynda Hooper of Sutter Health Support Services at hooperl@sutterhealth.org.

Physician Satisfaction Surveys to Be Mailed in September

This year's Press Ganey Physician Satisfaction Survey will be mailed in mid-September to all medical staffs throughout the Sutter Health Sacramento Sierra Region. The surveys are sent to the medical office address each physician has on file with the Medical Staff Office.

The physician survey is an important tool for the SMCS Administrative Team to improve patient care and medical staff satisfaction.

With your mailed survey, you will receive a pin number and instructions on completing the survey either by mail or on the Internet. The survey needs to be completed online or by mail by Nov. 12.

If you have questions about the survey, or what address is on file, please contact Eileen Castonguay at 733-3097 or CastonEA@sutterhealth.org.

Initiative Puts Patients First, Always

As part of the continued efforts to put patients first, Sutter Health Sacramento Sierra Region, in partnership with the Gordon and Betty Moore Foundation, earlier this year kicked off the initial two-year implementation phase of a comprehensive plan that will achieve consistent and sustainable improvements in SHSSR affiliate's quality, safety and satisfaction metrics: The Sutter Difference ~ Patients First, Always.

"This effort reinforces and provides focus for our unwavering commitment to achieving best-in-class patient care," said Roberta Mori, director of the Moore Grant, SHSSR.

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People Are Dying in our Hospital Who Shouldn't

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

Imagine bringing in your wife for a skin infection that has gotten a little out of control despite your best efforts to manage it on your own. You finally decide to bring her in to the Emergency Department even though she tells you this is silly. "It's just a little infection," she says. You're joking as you wait to be seen.

She has a fever and her heart rate is a little up, but you figure it's "nothing to worry about." No one else worries too much either – her blood pressure is OK at 110/60. They throw in a line and start some fluids at 125 ml/hr and get some labs. Her blood work comes back with a white blood count of 14.5 and her BUN/Cr ratio is 32/1.3 – no big deal, she's relatively young and healthy. She'll be fine.

The infection is pretty impressive, so the ED doc decides to give the hospitalist a call to admit. The hospitalist recognizes you and quickly performs an H&P, writes orders and gets your wife admitted to a med/surg floor on Zosyn. Under the best circumstances, this process might take four hours. In the meantime, your wife has received at most 500 ml of fluids, a lactic acid may or may not have been drawn, she probably does not have a central line, and it might be a couple more hours before antibiotics are given.

The Mortality Review Board, comprised of physicians and nurses at SMCS, has reviewed every death in our hospital since January 2009, looking for system and process issues. We were shocked to learn that for our patients who died of sepsis, the above scenario is not unusual – *it is the norm*. We continue to fail to recognize these patients as potentially septic, and we refuse to believe aggressive therapy should be considered in these patients.

Contrary to evidence-based, best-practice guidelines for Early Goal Directed Therapy, we continue to fall down in the recognition and management of sepsis. We believe in the training we received in the Dark Ages of Sepsis Management that taught us to discern, "Does the patient look toxic?" Folks, if the patient looks toxic, it is TOO LATE. We forget that hyperglycemia is evidence of endocrine system failure in sepsis, *even in non-diabetics*. We never learned that cardiogenic shock is a common presentation of sepsis in patients with heart disease.

I understand. I understand the tendency to think this is "overkill," pardon the pun. Recently, I was studying for my boards in the Bay Area and I developed an upper respiratory infection. It started out as a dry cough and a little nasal congestion, both of which I dutifully ignored. I was a little tired, but I was on vacation, so when the Fourth of July weekend came, I went boating, swimming and tubing in the Delta. I went to an Independence Day party, stayed up too late, and drove a couple of hours in the cool Bay Area night with the top down on my car. I spent the next day hiking in the Oakland Hills and showed my 21-year-old son a good time in "Oaktown" that evening.

Within two days, I had a fever, chills and tachycardia, despite taking Tylenol. I couldn't breathe - I had diffuse rales and wheezes throughout my lungs and I had to sleep propped up on three pillows. I was absolutely exhausted. I remember thinking, I haven't been this sick since I had the mumps as a kid. I do remember thinking for a moment, "I'm probably septic..."

But did I go to the ED? Did I get a lactic acid drawn? Did I get a central line? I'm embarrassed to say, no, I did not – *I didn't think it was necessary*. I was just this side of delirious – not demonstrating my best decision-making. My question for you is ... What's your excuse?

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

Initiative Puts Patients First, Always

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Building off of the region's quality and patient safety transformation journey that began in 2005 with Better, Safer Care, The Sutter Difference – Patients First, Always targets key improvements in cultural change, leadership development, and clinical excellence to create high performing, patient-centered care units in which superior patient outcomes are consistently achieved throughout the region.

The initial two-year phase of this multi-year project will focus on key initiatives:

Shifting the Culture of Care

- Enhance patient safety by transforming our culture to a *Fair and Just Culture* which fosters an open and fair learning environment, safe system design, accountability, and effective management of behavioral choices.

Applying Clinical Evidence-Based Best Care Practices

- Sepsis: Implement evidence-based best care practices and early screening and identification processes to effect early diagnosis, timely treatment and improved outcomes for patients. Sepsis interventions will target the ICUs, Emergency Departments, and med-surgical units, with the overarching goal to significantly reduce sepsis mortality. This early recognition of sepsis on the Medical/Surgical units has been initially implemented at Sutter Roseville Medical Center.
- Glycemic Control: Implement evidence-based best care practices with reliable, standardized processes for inpatient glycemic control. These processes will effectively improve the management of blood sugars in patients, with the overarching goal to reduce patient mortality and complications associated with significantly high or low glucose levels. This initiative has been initially implemented at Sutter Medical Center, Sacramento.

For more information about the initiative, please visit the collaboration site located on affiliate intranets <http://mysutter/sites/shssr/region/projects/patients-first/>.

Imaging Makes Upgrades

Many affiliates within the Sutter Health Sacramento Sierra Region are undergoing upgrades to the picture archiving and communication systems, or PACS, as well as the cardiovascular imaging systems, also known as CVIS, with the goal to enhance and streamline patient care.

The new CVIS will be implemented in phases at affiliates beginning in late June and lasting through early December. Sutter Amador Hospital and Sutter Solano Medical Center are not participating in this phase of the project, but plans are being discussed to merge them into the new system at a later date.

The PACS upgrade will start at the beginning of August and will last through the end of September. Like the PACS system currently used, the image files are stored on magnetic discs and can be retrieved on command and digitally viewed on the Web, helping physicians make decisions and begin patient treatment much more quickly. In addition to decreased waiting time for patients, the new technology includes electronic tools that assist in detailed analysis.

In preparation of these launches, the regional imaging team is meeting with physicians, nurses, clinical staff and other stakeholders to inform them about the project and answer any questions. They will continue offering training and conduct informational "road shows" as implementation continues.

For more information about these upgrades, please contact Linda Womack, regional imaging systems manager, at WomackL@sutterhealth.org or (916) 614-2653.