



medical staff news

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Medical staff well-positioned for leadership, quality care, collaboration

by Mary Weiss, M.D., chief of staff



I want to express my appreciation to the Swedish medical staff for of allowing me the honor of serving as chief of staff.

As I hand my duties over to the very capable Clark Coler, M.D., I wish to review some of the projects we have addressed during my term.

The **Medical Executive Committee (MEC)**, in addition to reviewing credentials, bylaws and peer review, has grown to include discussion of a variety of timely topics providing an opportunity to develop ideas together as well as allowing our administrative leadership to hear input from the medical staff. Subcommittees of the MEC have improved our approach to reviewing and addressing behavioral concerns as well as creating a policy for helping physicians who are facing impairment.

Our quarterly **Medical Staff Leadership Council** meetings, in addition to administrative reports, now include reports from each medical staff department and division keeping us abreast of the activities, challenges and successes in areas outside our own specialties. We substituted one regular meeting this year with a well-attended open meeting, hearing from local thought leaders about the potential impact of health delivery reform. Most importantly, we followed Edmonds's lead and began serving wine!

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With the addition of Issaquah and Edmonds who have separate medical staffs, we developed the **Council of MECs** to foster alignment of credentialing, bylaws, and peer review with the goals of consistency and cross-fertilization.

Our yearly **medical staff retreat** remains an excellent opportunity to connect with one another and build goodwill and shared understanding. We heard this year from the Providence and Swedish CEOs about hopes to maximize opportunities resulting from the merger, as well as from M. Bridgett Duffy, M.D., about how to enhance our patients' experiences. You will learn more in the coming months about plans to enhance our current culture of safety by incorporating several of the ideas generated.

Many physician leaders find themselves promoted to medical directors, or elected to medical staff leadership positions without the training needed to perform optimally in our new roles. With this in mind, John Vassall, M.D., Ken Kaufmann, and I created the **physician leadership development** training program. We conduct weekend off-site retreats teaching communication and leadership skills, followed by quarterly dinner meetings with educational content as well as the opportunity to share progress and seek peer advice on individual projects. So far 75 physician leaders have been invited and completed the training. Please let Dr. Vassall or me know if you would like to participate in future trainings.

Additional ongoing projects of the medical staff include:

- Encouraging providers to discuss code status with patients when they are well, helping direct appropriate **end-of-life care** when needed.
- Reminding ourselves to **risk-adjust data** as we move toward payment for "quality" of care.
- Continuing to promote an **educational approach to peer review** consistent with our culture of safety and supporting the SWAT team concept of identifying and triaging systems issues.
- Working toward better **communication** by identifying and updating the attending and consulting physician for each hospitalized patient.
- **Decreasing fragmentation** between inpatient and outpatient care by developing the care coordination program.
- Working toward defining **verbal orders** as only necessary spoken orders by creating appropriate standing orders and protocols.
- Increasing **awareness of costs** for commonly ordered labs and imaging.

I would not have been able to perform my chief of staff duties without the direction from my friends and colleagues in Medical Staff Services: Barb, Sandy, James, Kelley, Mary and all of the staff who led my way. And I offer my heartfelt appreciation to John Vassall, M.D., Rayburn Lewis, M.D., Mary Gregg, M.D., June Altaras, R. N., Todd Strumwasser, M.D., Rod Hochman, M.D., Chief Executive Kevin Brown, Lily JungHenson, M.D. and Michelle Sinnett, M.D., for allowing me to learn from such talented leaders.

I will remain as immediate past chief of staff for the next two years to support Drs. Clark Coler and Peggy Hutchison as they carry on with the above work, identify fresh areas of growth, and respond to new challenges facing Swedish and our remarkable medical staff.

Best wishes!

Medical Staff Leadership Council to meet in January

The Medical Staff Leadership Council (MSLC) meets four times each year, from 6 to 8 p.m. in the Swedish Education and Conference Center at the Cherry Hill campus. The next meeting will be held Tuesday, Jan. 15. All medical staff members are welcome to attend. Dinner is available at 5:45 p.m.

Members may submit topics for the agenda by contacting [Clark Coler, M.D.](#), chief of staff-elect.

Medical staff leaders recognized for years of service

by Mary Weiss, M.D., chief of staff

Thank you to all of our medical staff leaders who serve to improve the care of our patients and who are completing their terms at the close of 2012:

Immediate Past Chief of Staff

Todd Strumwasser, M.D. 2 years

Bylaws Committee

David Gilbert, M.D. 12 years Chair

MEC representatives

Peggy Hutchison, M.D.	4 years	Women and children's medicine
James Crutcher, M.D.	4 years	Orthopedics
Raymond Jarris, M.D.	4 years	Ballard physician leadership
Gregory Foltz, M.D.	3 years	At-large

Department chiefs

John Verrilli, M.D.	6 years	Medicine
Kenneth Fung, M.D.	2 years	Ophthalmology
Eric Demers, M.D.	2 years	Pediatrics (assistant chief)
Erik Torgerson, M.D.	4 years	Urology

Quality review committee

Tiffany McDermott, M.D. 4 years Maternal Child

Inpatients with influenza-like illness need isolation precautions

During influenza season adult patients admitted with suspected influenza-like illness (ILI), community acquired pneumonia, and exacerbation of COPD or exacerbation of asthma, require droplet isolation until influenza is ruled out using the Viral FA respiratory group test. Inpatients with confirmed influenza must be in droplet isolation. Hospitalized adults with confirmed influenza should stay in droplet isolation until seven days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer.

During this same season all pediatric patients admitted with respiratory symptoms require droplet isolation. If Respiratory Syncytial Virus (RSV) is confirmed, use both droplet (with eye protection) and contact isolation for pediatric patients.

The Leapfrog Group names First Hill among nation's top urban hospitals



The Leapfrog Group's annual class of "Top Hospitals" — just 89 from a field of nearly 1,200 — includes Swedish/First Hill for the third year in a row. The Top Hospital designation recognizes hospitals that deliver the highest quality care by preventing medical errors, reducing mortality for high-risk procedures, and reducing hospital readmissions for patients being treated for conditions like pneumonia and heart attack. Receiving the Top Hospital Award from Swedish were John Vassall, M.D., chief medical officer, Mary Gregg, M.D., director of Quality and Patient Safety, and Mike Weidemann, Quality and Patient Safety data analyst. Although Swedish/Ballard is not eligible for the Top Hospital Award because it doesn't provide intensive-care services, Ballard received an "A" Hospital Safety Score from The Leapfrog Group based on preventable medical errors, injuries, accidents and infections. [Click here](#) for more information about the "A" Hospital Safety Score awarded to Ballard and First Hill, and [click here](#) for more information about First Hill's designation as a Top Hospital.

Swedish General Surgery Residency receives 4-year reaccreditation

The Swedish General Surgery Residency Program has been awarded four-year accreditation by the Accreditation Council for Graduate Medical Education (ACGME), following a survey last spring. The program includes five residents who will continue their training in other programs following their first year, and 15 categorical residents who spend five years at Swedish and then qualify for board certification exams in general surgery. The program is directed by Marc Horton, M.D.

Swedish/Issaquah ER receives national recognition for patient satisfaction

When people think of an emergency room (ER) the words 'patient satisfaction' are probably not the first that come to mind. However, at the [Swedish/Issaquah ER](#), patient satisfaction is a top priority – and now the facility has been nationally recognized for its work in this area.

The Swedish/Issaquah ER was recently named a 2012 Summit Award Winner by [Press Ganey Associates](#). The ER received this award by achieving and maintaining patient satisfaction scores in the 95th percentile or above for at least three consecutive years. The Swedish/Issaquah team won this particular award in 2009, 2010 and 2011, and is the winner once again. It is highly unusual to receive the Press Ganey Award four times in a row.

The [Press Ganey Summit Award](#) is the health-care satisfaction industry's most coveted symbol of achievement bestowed annually. The Swedish/Issaquah ER is one of just 114 health-care facilities in the country to receive this prestigious honor in 2012, and one of only 101 to receive it for achieving and sustaining excellence in patient satisfaction.

Press Ganey currently partners with more than 10,000 health-care facilities – including more than half of U.S. hospitals – to measure and improve the quality of their care. The company's databases are the largest in the industry and allow facilities nationwide to benchmark their results against peer organizations.

"We are proud to partner with the Swedish/Issaquah ER," said Patrick T. Ryan, CEO of Press Ganey. "Achieving this level of excellence in patient satisfaction reflects the organization's commitment to delivering outstanding service and quality. Swedish/Issaquah ER's efforts benefit patients in the Greater Issaquah community and will lead to improved patient experience."

Swedish Family Medicine – First Hill brings global initiative to local communities

by Michael Tuggy, M.D., director, Swedish Family Medicine – First Hill

Swedish Family Medicine – First Hill has embarked on a new initiative that takes lessons learned in our global health experience in East Africa and applies them locally. For the past year, we have partnered with the Ethiopian and Kenyan communities here in Seattle, the same communities that we are engaging with in Africa, to improve access to health care services.

There are substantial needs for basic screening services, including one which is critically important for women. Cervical cancer is the leading cause of cancer death in both these East African countries because screening is rarely available. VIA (Visual Inspection with Acetic Acid), a technique designed for use in the developing world, allows for rapid, inexpensive screening of the cervix for pre-cancerous changes. We have employed this technique at Kijabe Hospital in Kenya with great success and now have brought it back home to use with our local communities.

Many women participating in the Ethiopian- and Kenyan-community health fairs have never had a single screen or they had them done so long ago they need to be re-tested. At two separate events, our faculty, residents, nurses, and support staff have teamed up to perform the screenings and have identified women in need of treatment.

Swedish's generous support of our charity clinic services at Swedish Family Medicine – First Hill allows us to provide any patient evaluation and treatment to prevent cervical cancer from developing. This is a great win-win. Patients with limited access to care are getting screened with a test that has better sensitivity than a Pap smear, and can have a definitive evaluation done within our clinic. We avoid the incredible expense of a delayed cervical cancer diagnosis and help these women lead full, productive lives.

CEP America makes record gift to Swedish/Edmonds



CEP America – the provider of emergency department physician services at Swedish/Edmonds – has made a generous pledge of \$216,010 to *The Campaign for Swedish*. Their donation supports emergency

services at the Swedish/Edmonds campus. The gift amount – \$216,010 – may appear familiar. The address of Swedish/Edmonds is 21601 76th Ave. W.

“We are honored by the generosity of CEP America and all that they do to provide the highest quality of emergency services for this community,” says David Jaffe, chief executive of Swedish/Edmonds. “Their donation is the biggest gift ever to this hospital and demonstrates their leadership and commitment.”

Swedish is extremely grateful for CEP America's contribution and for their leadership in *The Campaign for Swedish*. Their generosity and commitment sends a powerful message to the community.

To learn more about donating, contact the Foundation at 206-386-2738.

Save the date: Destination Swedish annual luncheon

Philanthropy is critical to success at Swedish through funding important programs and allowing patient needs to be met. Medical staff members are encouraged to attend the inaugural Destination Swedish annual luncheon on Monday, Feb. 11, at the Sheraton Seattle Hotel. The event is intended as an ongoing vehicle to raise money for the benefit of all patients across the entire Swedish system.

This year's luncheon will raise money to support the new and unique Registered Nurse Residency Program which provides real-time mentoring, training and smooth assimilation into clinical care teams for freshly-minted graduate nurses starting their careers at Swedish. This program has been shown to boost skills and confidence while reducing attrition in the first critical years of a nurse's career.

To support the luncheon, [sign up online as a table captain](#) and fill a table (10 people) with fun folks to incorporate into the Swedish community while helping fund the Registered Nurse Residency Program at Swedish. For more information contact [Marnie Foust](#) at 206-386-3357.

Volunteers sought for international summer program

Health care professionals and community members are invited to volunteer to travel and work around the world next summer as participants in Global Impact, a Seattle Community Colleges service-learning program presented in partnership with Seattle-area medical, education and service organizations.

Since 2005, local teams have paired with teams from host countries to provide medical and dental services. The teams also work on sustainable infrastructure projects such as the installation of clean-burning stoves, water filters and composting toilets that contribute to the overall health of rural communities.

Global Impact is sponsoring three programs next summer—in Vietnam, Ghana and India. Details about [this year's trips and photos and videos about previous Global Impact trips](#) are accessible online.

Global Impact was inspired by the international programs of the Seattle Community Colleges, which serve students from over 100 countries around the world; by the region's leadership in health care; and by the health-care education focus of the colleges, whose combined programs comprise the largest health care education provider in the region. "These elements provide the foundation for taking our education programs to the next level of development and significance," according to Global Impact program administrator Dr. Andrea Insley, district-wide coordinator of International Programs.

The program offers an opportunity to make a difference in the lives of people in developing countries, and in return, Insley said, "participants find themselves changed by the experience."

For more information, contact [Andrea Insley](#) at 206-934-3899.

Welcome new medical staff members

Help welcome practitioners who joined the medical staff in [November](#).

To admit a patient to Swedish, call 206-386-6090.

Kudos

Russell J. Carlisle, M.D., emergency physician medical director, who developed guidelines for prescribing controlled substances in the emergency department using an algorithm to appropriately prescribe opioids and limit the amounts going out into the community, was invited to be part of a panel of the American College of Emergency Physicians (ACEP) that wrote a clinical policy titled “Critical Issues in the Prescribing of Opioids for Adult Patients in the Emergency Department.” The policy was approved by the ACEP Board of Directors and published in the October edition of the *Annals of Emergency Medicine*. In addition, Dr. Carlisle co-authored “The Development of Washington State Emergency Department Opioid Prescribing Guidelines” published online by *The Journal of Medical Toxicology*.

Dr. Carlisle’s policy recommendations have been adopted by several hospital systems across the nation and the state of Ohio. He was recently a keynote speaker at the 10th Annual St. Paul’s Emergency Medicine Update where he presented on the topic “OxyFree ED: The Cherry Hill Experience.”

At Your Service: The Physician Assistance Program

The Swedish Physician Assistance Program is a confidential, outside resource available to medical staff members and their families at no cost to support members in addressing:

- Family or marital concerns
- Substance abuse
- Work-life balance issues or other problems
- Emotional or behavior issues
- Compulsive behaviors

The program is always confidential and available 24 hours a day, seven days a week at 800-777-1323. Benefits also include free legal services, childcare and eldercare referrals, identity theft/fraud services and debt management assistance.

Check out the [online tools and resources](#). At the “Work/Life Resources” tab enter the username: “swedish” and the password: “employee” for immediate access. . The username and password provide access for all medical staff members, whether or not employed by Swedish.

CME spotlight

Favorite CME Videos from 2012

Each December, the favorite CME presentations from the past year are highlighted. [Click here](#) to view this year's picks.

Did you know there are over 2,400 presentations in the [Recorded CME Archive](#)? Nearly every Swedish CME activity is recorded and available online as a free resource.

Please note: Archived recordings are available for informational purposes and are only eligible for self-claimed Category II credit, unless otherwise specified.

Upcoming CME Conferences

[Pediatric Specialty Update for the Primary-Care Physician](#)

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The Transradial Approach: A Case-based and Hands-on Training Course

March 1-2

PsychoOncology Symposium 2013: Nothing to Be Afraid Of – Working with Distressed, Medically Ill Patients

March 1

Clinical Research Investigator Training

March 15

High-Risk Obstetrics: Tools for the Family Physician

March 22

[Multimodal Treatment of Spinal Tumors 2013](#)

March 29

Third Annual Pacific Northwest Head, Neck and Thyroid Cancer Symposium: Update on Skin Cancers of the Head and Neck

April 19

Annual Oncology Symposium – Women’s Cancer: Why Sex Matters

May 3

Seventh Annual Cerebrovascular Symposium

May 9-10

Sixth Annual Iris and Ted Wagner Endowed Lectureship

May 22

Fifth Annual Acute Care Neurology and Neurosurgery

May 31

CME Series

[Cancer Conference Series](#)

15 sub-series | First Hill, Cherry Hill, Ballard, Issaquah and Highline

[Combined Campus Cardiovascular Conference Series](#)

2nd and 3rd Thursdays | Cherry Hill

[Grand Rounds](#)

2nd Thursdays | First Hill, Ballard and Issaquah

[Medical Ethics Conference Series for Health-care Providers](#)

4th Wednesdays | First Hill

[Swedish Neuroscience Institute Grand Rounds](#)

1st and 3rd Thursdays | Cherry Hill

For the most up-to-date information, visit: www.swedish.org/CME

Standards News

[Click here](#) for a summary of Clinical Standards recently adopted or amended and links to each Standard.

Standards are published as soon as possible after final adoption. All Swedish Standards are accessible at <http://standards.swedish.org> or by going to the Swedish intranet page and clicking on “Standards.”



SWEDISH MEDICAL CENTER

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Swedish for Medical Professionals: <http://www.swedish.org/body.cfm?id=1355>

Current CME Listings : <http://www.swedish.org/cme>

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