



January 2014

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# **Delivering Appropriate Medical Care**

by Clark Coler, M.D., chief of staff



Clinicians rely on their excellent training and the use of evidence-based order sets to ensure that every management strategy is available in the care of their patients. Our patients tend to get very thorough care as a result. We recognize that some of these tests and interventions play little or no role in successful treatment though, and that many practices, such as reflexively ordering labs to be drawn daily, add nothing but cost and inconvenience for our patients. Needless care can start to look like careless practice, and is something we can no longer afford.

Several national initiatives that have been conceived and guided by physicians, and endorsed by their specialty medical societies, have sought to challenge the notion that more care is better care. In <a href="Choosing Wisely@">Choosing Wisely@</a>, a national initiative sponsored by the ABIM Foundation, many national medical specialty societies have identified unnecessary tests and procedures, and are providing focused educational materials to heighten awareness and to spur meaningful discussions between patient and physician.

What can we do here at Swedish? Reflect on commonly performed diagnostic testing that adds little to your own clinical decision making. Review the literature for the strength of evidence against performing certain therapeutic practices. Be familiar with specialty society practice guidelines. And speak to your colleagues about practice habits that are not value added.

Your MEC would like the division leadership across Swedish to select specific practices that have not been shown to advance therapeutic goals for our patients. These will be potential targets for provider education and quality performance metrics. The best care is not the most care, but the care that makes a real difference.

## Medical Staff Leadership Council meeting Jan. 21

MSLC meetings are held quarterly 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. 21. 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 <u>Clark Coler, M.D.</u>, chief of staff.

## \$88,000,000 Swedish billings at risk

In the month of November, Swedish had \$7.4 million in Hospital charges where there was missing documentation to satisfy the new CMS (Medicare) rules concerning inpatient status. Annualized this would be \$88 million in charges at risk. In addition to hospital charges, your physician professional fees are also at risk.

As a reminder, CMS now requires an expectation that the patient will be in the hospital past two midnights in order to qualify for inpatient status, unless the patient is undergoing a procedure on the inpatient only list. It also requires a certification statement for all inpatient admits, including inpatient only procedures. Please remember to use the dot phrase .inpatient certification in your H and P or a progress note if you dictate H and Ps. This cannot be added after a patient has been discharged. If you receive a call or page from a case manager please take their request seriously, Swedish's financial well-being as well, as your own reimbursement if independent, relies on us getting this process correct. Please call or email me if you have any questions <a href="mailto:Brian.Livingston@swedish.org">Brian.Livingston@swedish.org</a> 206-215-2803.

## New probiotics order set coming in January

Patients receiving a prolonged or broad spectrum course of antibiotics may benefit from probiotic use to prevent antibiotic associated diarrhea and Clostridium difficile infection

The "Probiotics" order set will appear as:

- 1. A free standing order set
- 2. An order panel incorporated into other order sets including:
  - a. Pneumonia admission
  - b. UTI admission
  - c. Skin and soft tissue order sets
  - d. Sepsis admission
  - e. Adult hospitalist admission
  - f. Critical care admission

#### The probiotic options:

- 1. VSL #3 (lactobacillus combination 112.5 billion cells) 1 capsule BID
- 2. Low Fat Yogurt 1 container (about 6 ounces) per day orally or, for tube feeding patients, 3 ounces BID thinned with sterile water.

The panel includes a nursing order to provide a patient education handout, <u>Patient's Guide to Probiotics</u>, which explains probiotic use and provides directions for obtaining and continuing over-the-counter probiotics for a period of time after discharge.

Contraindications to probiotics include: Neutropenia precautions, severe pancreatitis, bone marrow or solid organ transplantation.

Contact John Pauk, MD for further information.

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## When Patients are transferring from the ED

A new *Bridge Order Set* is now available in EPIC. *This order set should be utilized* by the provider who has *accepted admission of the patient* and used as *temporary* "bridge" orders during the period of time between when a patient *arrives from the ED* to the floor, and before the *more complete*, *formal* admission orders have been written by *an* admitting MD. This will allow nurses to *initiate basic* care to their patients during that time, *reducing unnecessary phone calls to the admitting provider, and improving service to our waiting patients*. Any additional orders can be added to the order set if needed.

REMINDER: these are not *complete* admission or *thorough holding* orders. When *formal* admission orders are complete, please delete the bridge orders.

#### Workflow:

Provider completes the order set upon acceptance of the patient and prior to patient's arrival to the floor:

Provider signs and holds orders to be released by RN upon patient's arrival. See <u>this snapshot</u> for more details on the order set and how to set to your favorites.

If you have questions please contact Clark Coler: Coler.Clark@swedish.org

## **Swedish Cancer Institute Medical Oncology at Ballard expansion**

For the past 36 years, Swedish Cancer Institute (formerly the Tumor Institute) has had the honor of providing medical oncology/hematology care to patients in Ballard. As part of our continuing mission to provide high quality care to patients in a comfortable environment close to home, we are excited to announce the opening of our new Swedish Cancer Institute Medical Oncology outpatient clinic and Medical Treatment Center at the Swedish/Ballard campus.

This new center offers 33% more space and will allow us to provide care to nearly 40% more patients annually.

#### Features include:

- Clinic space for 5 medical oncologists:
  - George R. Birchfield, M.D. (206-320-3514)
  - Douglas J. Lee, M.D. (206-320-3514)
  - Michael S. Milder, M.D. (206-781-6010)
  - J. Samuel Tolman, M.D. (206-320-3514)
  - Howard L. (Jack) West, M.D. (206-386-2424)
- Thirteen infusion bays, with two private rooms with hospital beds
- Convenient street level location
- Patient drop-off/pick-up area

Each of the physicians and staff at the Ballard oncology center can be reached using their current email address and phone numbers.

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#### **Update-WA State Labor & Industries interpreters**

by Kathleen To, manager, Linguistic Services

Although the Washington Department of Labor and Industries certifies its interpreters, it does not perform annual State Patrol Criminal Background checks; conduct or verify annual TB tests; require DSHS Interpreter Certification; nor require or track the regulatory- required immunizations for its interpreters. Without these health and safety requirements, Swedish cannot allow these interpreters to access patients at Swedish.

We can, however, use Labor & Industries interpreters who are sub-contracted with our contracted interpreter agencies. For example, you may schedule through Universal Language Services which has many L & I interpreters, and will perform the health and safety requirements so that we will receive qualified interpreters for our patients at no cost. L & I Telephonic services are available without a need to schedule in advance. We cannot allow unqualified L & I interpreters who arrive with the patient to serve as their interpreter while receiving care at Swedish.

Please share the steps below with staff so that we may all be consistent with our practice.

## **Use of Labor & Industry In Person In Person Interpreters**

- 1. It is the policy of SMC to schedule ALL interpreters for patients who receive services at SMC facilities.
- 2. Referring physician offices and patients should be notified that in order to assure that interpreters meet all health & safety regulatory requirements, SMC will provide the qualified interpreters for Labor & Industry patient cases by scheduling through a SMC approved Interpreter Services contractor.
- 3. SMC Staff, LIP and Physicians should only sign in an interpreter that has been confirmed through our LS Scheduling office or through our approved agencies. Do not sign in a Labor & Industry interpreter who arrives without permission with a patient on the day of the procedure or service. Please verify that only the correct interpreter who was scheduled for the patient is allowed access to the patient and provider at time of appointment.
- 4. If patient refuses the use of the SMC qualified interpreter, please notify him/her that it is SMC Policy to retain a qualified interpreter for both patient AND provider use and the provider may continue to use our scheduled interpreter.
- 5. If a Labor & Industry interpreter (non-qualified SMC interpreter) arrives with a patient, please dismiss him/her and notify patient that we will be utilizing our scheduled qualified interpreter. If outside Labor & Industry interpreter refuses to leave or is disruptive, please follow procedure, Dismissing a Visitor and the Visitor Behavior Agreement Form and all SMC safety guidelines to ensure staff and patient safety. Non-scheduled Labor & Industry interpreters may also be provided with the standard and guidance letter from WA State Labor & Industry indicating that all hospitals have the right to provide their own interpreters for patients.

If you have questions or need support, please consult the Linguistic Services Manager for guidance. If there are disruptive incidents please complete an eQVR and an <u>Interpreter Services Feedback Form</u>.

#### Standard definitions of terms and e-QVR tools

Each Swedish campus has now experienced a Department of Health (DOH) licensing survey. One benefit of these surveys was an opportunity to standardize definitions of terms that may have similar meanings, for example: *Adverse Event*, *Sentinel Event*, *Medication Event*, or *Serious Safety Event*. The defined terms may be found on the Culture of Safety, e-QVR Intranet sites and within related policies/procedures.

 $\frac{http://swedishonline.swedish.org/CultureOfSafety/Pages/eQVR.aspx}{http://swedishonline.swedish.org/CultureOfSafety/Pages/FormsandTools.aspx}$ 

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## Swedish/Issaquah named "Top Hospital" by The Leapfrog Group

In its first year of eligibility, the Swedish/Issaquah campus has earned the distinction as one of the "Top Hospitals" in the nation at providing the highest quality of patient care, according to The Leapfrog Group's annual survey of more than 1,300 hospitals. The designation, which was awarded to only two hospitals in Washington state, was announced by The Leapfrog Group at its annual meeting in Washington, D.C. Issaquah is one of only 55 urban hospitals named as a "Top Hospital" by Leapfrog, which also recognized 22 top rural hospitals and 13 top children's hospitals. The designation is widely cited as the nation's most competitive hospital quality award, and recognizes hospitals that deliver the highest quality care by preventing medical errors, reducing mortality for high-risk procedures and reducing readmissions for patients being treated for conditions like pneumonia and heart attack. Learn more on our news blog.

## **Country Doctor opens clinic on Cherry Hill campus**

Country Doctor Community Health Centers opened an after-hours clinic on December 2 on the Cherry Hill Campus. It is located in the Swedish family medicine clinic on the first floor of the Professional Office Building. The hours of operation are 6-10 pm Monday through Friday and noon-10 pm Saturday and Sunday. Located adjacent to the emergency room, it is staffed by ARNPs and is open to the community. The clinic serves people with state sponsored insurance, private insurance as well as the uninsured. In addition to meeting the needs of our community that is underserved for after-hours care, an explicit goal is to decrease inappropriate emergency room utilization, avoid unnecessary hospitalizations, provide an outlet for busy local primary care clinics, and connect patients to a medical home Swedish employees are welcome to receive care at the Swedish Family Medicine Residency Clinic during regular hours and at the same location Country Doc clinic after-hours. To learn more about these local community health centers, please visit <a href="https://www.countrydoctor.org">www.countrydoctor.org</a>.

# "Referral Services Program" - The one-stop referral assistance for external providers

The Referral Services Program is a single point of contact and centralized team for external providers and employers to help transition patients to the appropriate specialties within Swedish Health Services or partner specialists. Originally it was launched as the Employer Medical Assistance (EMA) Program, providing coordinated services to employers in the maritime industry, including all cruise lines. This year the team processed over 900 employer related referrals sent to our Swedish providers and partners throughout the system.

We focused the internal expertise and piloted the concept to service our affiliate providers in the Olympic Peninsula, which generated over 1,400 referrals processed in the last year as well.

The Referral Services Program continues to serve regional employers and external providers under the leadership of Kim Nicholson, VP Service Line Patient Access. It is designed to take the confusion out of referring to Swedish clinics, affiliates and partners, and to reduce the time external referral coordinators spend locating appropriate specialty care for their patients. A dedicated referral team facilitates the transfer of patient information, tracks the referral process and maintains a communication link with referring physicians or their referral coordinators. Providers may request a particular specialist, or the Swedish triage team will evaluate the patient's medical records and forward the referral to the appropriate clinic or physician.

Referrals from external providers are accepted via secure eFax, or phone, or a secure online referral form at <a href="https://www.swedish.org/referralservices">www.swedish.org/referralservices</a> or from employers as well: <a href="https://www.swedish.org/employer">www.swedish.org/employer</a>.

For more information about Swedish Referral Services, please visit us at <a href="www.swedish.org/refernow">www.swedish.org/refernow</a> or contact Laura Walden, Referral Services Program Manager: <a href="mailto:laura.walden@swedish.org">laura.walden@swedish.org</a>; 206-781-6008.

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# Tips for maintaining parking garage security

- Remove all valuables from your vehicle every time you park
- If valuables must be left behind, hide them out of sight several blocks before parking
- Disable internal trunk releases per your owner's manual instructions
- Audible alarms or other theft deterrent devices can be effective
- Security garages are only secure if entering and exiting drivers watch the door fully close behind them every time
- Remote controls for security garages should never be left inside parked vehicles. They provide future access to returning thieves

## Quality Care inspires grateful patients to leave \$10.1M to Swedish



The Swedish Medical Center Foundation recently announced that it is receiving a gift of \$10.1 million from the estate of Robert and Jean Reid that will support advanced cancer and cardiac care. Funds from the gift will be distributed to the Swedish Foundation over several years through The Robert and Jean Reid Family Foundation.

After both receiving great care at Swedish, Robert and Jean Reid made the single largest gift to the Campaign for Swedish. Their gift will help to establish a core component of the Swedish Cancer

Institute's Personalized Medicine Program: *The Robert and Jean Reid Family* Innovative Therapeutics & Research Unit. The new program will aim to evolve cancer detection, diagnosis and treatment through advanced clinical research, which will improve patients' outcomes.

"The new *Reid Family* Innovative Therapeutics & Research Unit will help position SCI as a national and international thought leader in personalized, molecular-based cancer prevention and therapy," said Dr. Thomas Brown, executive director of SCI.

Funds from The Robert and Jean Reid Family Foundation will also drive forward key priorities at the Heart & Vascular Institute, focused on diagnosis, treatment and rehabilitation for a growing number cardiovascular diseases and conditions.

The Campaign for Swedish, launched in 2007 and concluded on Dec. 31, 2013, received gift support totaling nearly \$130 million for a variety of initiatives and programs at Swedish. The excellent care that you provide continues to motivate and inspire our donors' generosity. Thank you.

To learn more about ongoing funding priorities at Swedish and how you can help, please contact Randy Mann at 206.386.2738.

#### Welcome new medical staff members

Help welcome practitioners who joined the medical staff in **December**.

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

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## 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

Upcoming CME Conferences

10<sup>th</sup> Annual Pediatric Specialty Updates for the Primary-Care Physician

Friday, Jan. 31

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

Friday, Feb. 28

Pelvic Floor Disorders: Update for the Primary-Care Physician

Friday, March 7

**Swedish Digestive Health Summit** 

Friday, March 14

**Clinical Research Investigator Training** 

Friday, March 21

**High-Risk Obstetrics: Tools for the Family Physician** 

Friday, March 28

Join our email list: http://www.swedish.org/CMEProfile

Like us on Facebook: <a href="www.facebook.com/SwedishCME">www.facebook.com/SwedishCME</a> and follow us on Twitter: www.twitter.com/SwedishCME

#### 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 Home Page: http://www.swedish.org
Physician Profile Log In: http://www.swedish.org/physicians

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

Current CME Listings: http://www.swedish.org/cme Swedish Foundation: http://www.swedish.org/foundation

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