



February 2014

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Internal Reporting of Adverse Events – Two Errors in One Case

by Bo Scholzen, from Quality and Patient Safety

Case: An interventional catheter malfunctioned recently with resulting harm to a patient. Neither the malfunction or harm were reported and the catheter was removed from the hospital by a device representative for analysis by the manufacturer.

Can you spot the two errors?

REPORT. All adverse events must be reported to an administrative supervisor as soon as patient safety is ensured. In turn, the hospital reports many types of adverse events to the Department of Health. A list of events that need to be reported to the DOH can be found in the policy below. An eQVR should be filed.

SEQUESTER. Isolate the damaged equipment, secure it against removal from the hospital, and notify the Swedish Risk Management Department. Malfunctioned equipment and devices may not be removed from the hospital without permission from the Risk Management Department.

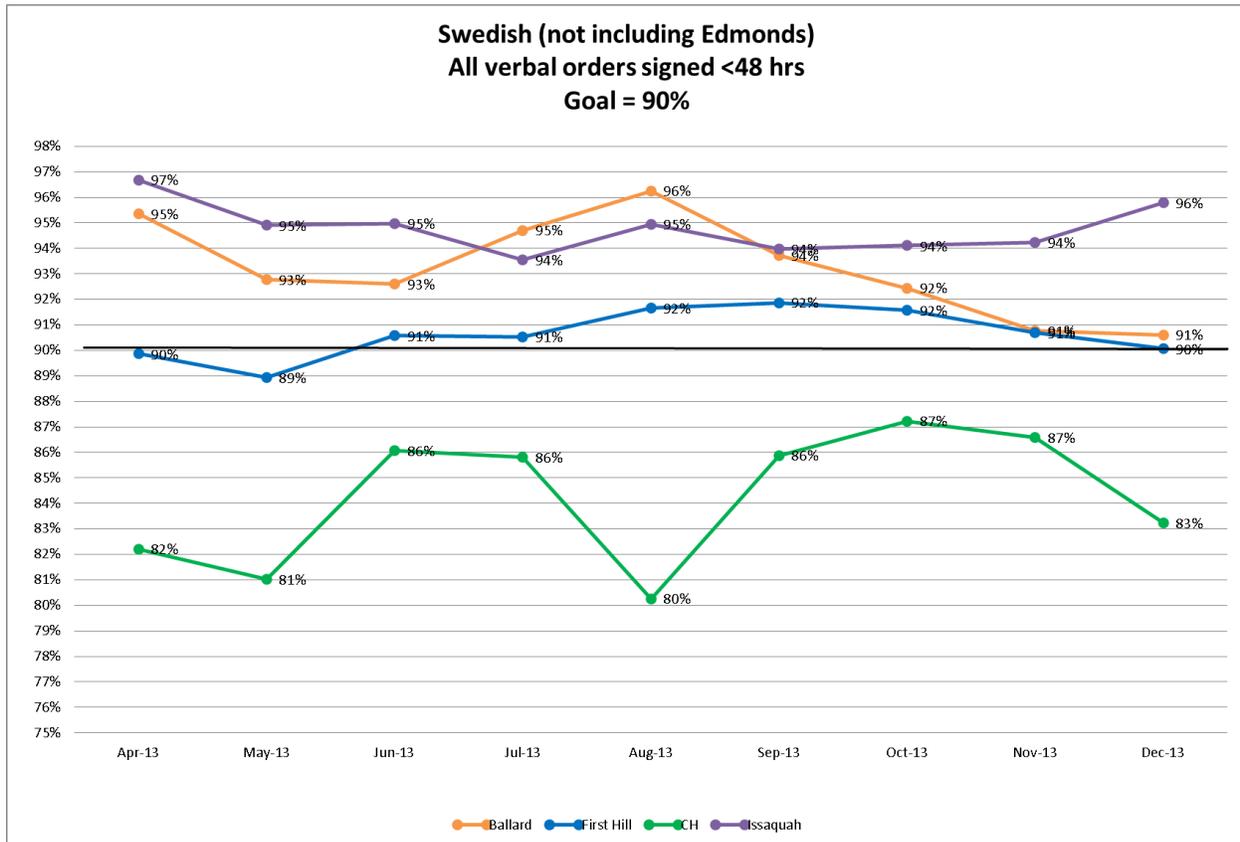
See: http://fhscms-ps01/stellent/groups/standards/documents/swedstd/swed_013559.pdf

Obstructive Sleep Apnea Screen

Beginning on February 11th some of your patients' medical records will have an inpatient EPIC banner stating the patient screened positive for obstructive sleep apnea or has a current diagnosis of sleep apnea. In the past, the screening was done on all patients, but no notification is made. An order set is being piloted on selected units at First Hill for colorectal patients who screen positive. This will allow for additional monitoring of patients as well as potential interventions by respiratory therapy. The goal is to make this available to all admitted patients in order to improve safety and outcomes. If in-patients are screened positive, it may be appropriate to recommend formal sleep apnea testing after discharge.

Verbal and telephone order co-signature requirements:

Swedish Rules & Regulations section 4.1 states verbal and telephone orders must be authenticated **within 48 hours**. Our goal, based on regulatory standards, is for 90% of verbal orders to be authenticated within this timeframe. Below is a graph depicting the status of verbal order authentication at First Hill, Cherry Hill, Ballard, and Issaquah for April through December 2013. Cherry Hill is consistently below the **90% target**. FH and Ballard have been **trending downward** as well. Please sign your verbal or telephone orders within 48 hours to be in compliance with our standards. The Physician Documentation Committee is reviewing this data and will be suggesting further actions if compliance is not gained and sustained.



Glycemic Control Project Team Update

On January 6th, 4 new insulin order sets created by the glycemic control project team were rolled out at First Hill.

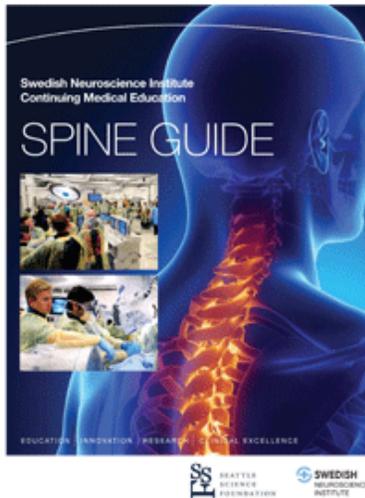
- Swedish IV Insulin Order Set
- Swedish Transition IV to SC with PO Nutrition Insulin Order set
- Swedish Transition from IV to SC with TPN or Enteral (Tube) Nutrition Insulin Orders
- Swedish Subcutaneous Insulin Basal Bolus and Correctional – Adult Insulin Orders

The team is in the process of introducing the new order sets to LIP staff. **The Basal Bolus and Correctional Insulin order set may be ordered on any First Hill Adult inpatient unit except OB.** The IV Insulin Order sets may only be ordered for ICU (6 East, 7 East (IMCU) , and 8 East) and the following acute care units: 7-Southwest, 3-Southwest, 10-East, 11-East and 11-Southwest. First Hill RNs have been provided with a self-learning module and in-service offerings. Questions? Contact lyn.sullivan-lee@swedish.org, project lead, Swedish Clinical Transformation.

Importance of Performing Medication Reconciliation for SNF patients

There was a recent patient complaint on a SNF referral because the medications did not go across in the referral. It was determined that the physician in this particular case did all of the correct steps except that the medication list was reconciled in the discharge navigator AFTER the SNF referral was completed. For a SNF referral to be complete, performing medication reconciliation on the day of discharge in the discharge navigator BEFORE doing the SNF referral will assure that the medication list will accompany the SNF referral.

Spine Specialists 2014 CME Guide Now Available



The Spine Specialists at the Swedish Neuroscience Institute (SNI) offer a wide range of continuing medical education opportunities to both primary care and specialized health-care professionals. Designed with today's busy physician in mind, our continuing medical education (CME) activities are available in a variety of formats. [Click here](#) to explore your CME Options or visit us online at www.swedish.org/SpineCME.

<http://www.swedish.org/CMSPages/GetFile.aspx?nodeguid=a615ba66-2ef7-4835-9ad8-c57e15fc5869&lang=en-US>

Welcome new medical staff members

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

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

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.

THE CAMPAIGN FOR SWEDISH

Your quality care inspired
63,000
donors to contribute more than
\$130 million
to help change
2 million
lives.
Thank You.

\$27.8 million to Cancer
\$7.6 million to Women and Children
\$20.4 million to Neuroscience
\$19 million to Heart and Vascular
\$12.3 million to Community Health
\$4.1 million to System-Wide Initiatives
\$7 million to Campus-Specific Initiatives
\$12 million to the Rivkin Center
\$13.3 million in Unrestricted Gifts

On December 31st, 2013, *The Campaign for Swedish* came to a close, having far surpassed its original \$100 million fundraising goal. We credit the success of the largest fundraising campaign in our 103 year history, to you, our caregivers. The quality care you provided inspired 63,000 donors to contribute, donating a total of over \$130 million.

We hope you take great pride in knowing that the community's support of Swedish reflects their trust in the care you provide, and that together, we've helped change the lives of more than two million patients. Because of you, patients have better treatment options, access to advanced research and more clinical trials, improved health and most importantly, hope. Thank you for all that you do, for our community, our hospital, and your patients.

CME spotlight

Upcoming CME Conferences

[Pelvic Floor Disorders: Update for the Primary-Care Physician](#)

Friday, March 7

[Swedish Digestive Health Summit](#)

Friday, March 14

High-Risk Obstetrics: Tools for the Family Physician

Friday, March 28

(CME continued on p. 5)

(CME continued from p. 4)

Swedish Pituitary Symposium: Updates in Pituitary Management

Friday, April 4

4th Annual Pacific Northwest Head and Neck Cancer Symposium: Update in Oral Cancer in the Era of HPV

Co-sponsored by Seattle Cancer Care Alliance, UW Medicine and Swedish Medical Center

Friday, April 11

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

Friday, April 11

Palliative Care: Becoming a Compassionate and Caring Presence

Friday, April 18

Clinical Research Investigator Training

Friday, April 25

Annual Oncology Symposium: Thoracic Malignancies

Friday, May 2

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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