



# medical staff news

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## Tips for Success as a member of Swedish Medical Staff

by Clark Coler, MD, chief of staff



In this second year serving as your Chief of Staff, I've observed several elements that stand out as vital parts of our success as members of the Swedish Medical Staff.

Our First Hill/ Ballard/ and Cherry Hill membership is now 3081 including 435 Allied Health and 447 Honorary. There were 2149 Credentialing actions completed in 2013 for Swedish Medical Staff spanning across all campuses. In that application and reappointment process, we each agreed to follow the Bylaws, Rules and Regulations, Policies, and Standards.

The Issaquah chief of staff, the Edmonds president of the medical staff, and I agree that our key professional commitments as a member of the medical staffs are to:

- 1) Learn and **PRACTICE** the Culture of Safety principles in order to provide **safe patient care**
- 2) Regularly and promptly complete EPIC **documentation** to assure clear team communications
- 3) Maintain **confidentiality** and HIPAA compliance by using [@swedish.org](mailto:@swedish.org) email for all patient related correspondence
- 4) Participate in my department / services **quality improvement** activities
- 5) **Speak up** when I see a near miss or opportunity for improvement
- 6) **Think** carefully when ordering tests, medications, etc about the benefits vs the costs vs old habits
- 7) **Stay current** on evidence- based practices
- 8) **Support** each other in our practice and community as we give your time and talents to patients and co-workers
- 9) Take **time to explain** when something doesn't go as expected and practice disclosure and apology skills
- 10) Be a good **citizen** of this organization and the health care profession always treating people with respect and courtesy.

Thank you for choosing Swedish and for your ongoing commitment to professional excellence.

## **Medical Staff Leadership Council to meet March 18**

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, March 18. 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.

## **Professional Behavior and Patient Safety**

*by Peggy Hutchison, M.D., chief of staff-elect*

The medical staff strives to maintain both high clinical skills and excellent professional behavior. It has been shown that the behavior of doctors can impact patient safety. If the support staff does not feel safe expressing concern about medications, equipment, treatments, or medical orders we lose a safety net for patients. As a reminder, these are part of our Medical Staff Rules and Regulations that we commit to when joining the Medical Staff. Your Medical Executive Committee is reviewing the steps that are currently followed when a medical staff member has multiple verified concerns about behavior which may impact patient care and team relationships. Watch for my article next month about a new Professional Behavior Quality Review Committee under consideration.

## **Physician fees at increased risk of denials and take backs**

Starting March 6<sup>th</sup>, the auditing groups for Medicare payments will be allowed to deny related claims without asking for additional documentation or performing additional review. What this means is if the hospital is denied payment for a patient not meeting medical necessity, the physician fees related to the hospital visit can also be denied without additional review. Previously, the auditors had to do additional review to deny the physician fees which did not happen often. The auditors can now set their processes to automatically deny related claims. Physicians can expect to see significantly increased prepayment denials as well as take backs from audits.

It is important to understand that denials on hospital claims are generally based on incomplete provider documentation, specifically:

1. Lack of correct physician order (admit to inpatient vs admit to ambulatory/observation)
2. Lack of timely order (inpatient order prior to incision for inpatient only procedures)
3. Lack of inpatient certification (use dotphrase .inpatientcertificaiton)
4. Lack of documentation of medical necessity (clear documentation of patient's clinical status, comorbidities, indications for procedure)

Our utilization review nurses and clinical documentation integrity nurses are there to help with getting the correct patient class ordered as well as diagnoses in the chart to help prevent denials. Now, more than ever, it is important to respond to their pages, emails, sticky notes or calls as timely responses will help secure your income.

Please contact me if you have any questions. [Brian.Livingston@swedish.org](mailto:Brian.Livingston@swedish.org)  
Full explanation of this new guidance can be found at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R505PI.pdf>

## Medical Officer of the Day (MOD) in the Swedish Health System

The MOD is available to assist with any situation arising at Swedish in which medical administrative advice is needed. The on-call MOD is available at all times through the hospital telephone operator, although the individual campus Vice President Medical Affairs (VPMAAs, see [directory](#)) may be contacted first during daytime work hours. Click [here](#) for more information.

## Cherry Hill transfusion service coming April 15<sup>th</sup>

The Cherry Hill (CH) Transfusion Service (TS) lab will be opening April 15<sup>th</sup>. What this means:

- All transfusion related testing and blood product issuing will be completed on site at CH.
- There will be an inventory of blood products at CH.
- Faster turnaround times
- Swedish Transfusion Services Medical Director and highly trained lab technologists who understand ordering and testing of blood products, as well as, understand how to guide medical staff with blood product needs.

Process changes:

- TS lab is located on the first floor of Cherry Hill, west of patient registration. Walk up window installed.
- PSBC forms will no longer be needed to order testing/blood products. The TS lab will receive all orders electronically. Current EPIC testing and blood product orders will remain the same, until all campus TS labs are up and running.
- Second sample/Confirmatory type will also go-live. All patients without a historical blood type (ABO/Rh) on file will have a second sample collected/tested to ensure each patient is receiving the appropriate blood products.
- All Blood Management policies are being updated for the CH campus only. Cherry Hill will be operating under a separate set of policies until all campuses have their TS labs operational.

Look for more information regarding a Cherry Hill Transfusion Service Lab open house, as well as, information sessions towards the end of March. If you would like to have Blood Services present an update at your department meeting or if you have any questions please contact: Zac Zahara, Director of Swedish Blood Services, via email [zac.zahara@swedish.org](mailto:zac.zahara@swedish.org) or phone at 206-386-3637.

## Medicalis imaging decision support in 2014-2015

In December 2013, a team of radiologist leaders, radiology administrative leaders and informatics leaders from throughout the Swedish and Providence System, and led by Bart Keogh, MD, Swedish Chief of Radiology, unanimously recommended **Medicalis** as their preferred imaging decision support system. These leaders guided the market search for an imaging decision support tool that would meet shared needs for evidence-based imaging utilization guidance, usability and flexibility of tools and radiologist consultation support, ability to phase implementation in collaboration with referring physicians, accessibility of sophisticated analytics, and cost stewardship, including total cost of ownership for acquisition, installation, testing and future maintenance. Medicalis was the tool that met all of these selection criteria.

### Why now?

Collaborative interdisciplinary implementation of Imaging Decision Support (IDS) will help clinicians to safeguard the highest quality of care for patients, while minimizing unnecessary imaging utilization that

*(Medicalis continued from p. 3)*

has consequences for delays (latency) in clinical decisions if the incorrect exam is ordered, lifetime patient radiation dose, cost of care and our overall value proposition to our communities. Potential future benefits of a successful implementation may include an enhanced ability to contract as a preferred healthcare service provider and recognition through “gold card” status with key payers that can remove the need for prior authorization as a mechanism for clinically appropriate utilization management.

*Medicalis* is a re-seller of content from the **American College of Radiologists (ACR)**. Fully integrated with Epic, it is a tool whose platform enables point-and-click selection of which groups will actively receive decision support scoring, advisory and consult options. Dynamic indications respond to key features existing in a patient’s medical record to deliver only a short list of the most relevant potential reasons for exam. The scoring recommendations and indications themselves can be edited easily through collaboration of radiologists with experts from other disciplines to adjust for any discrepancies between ACR content and standard of care guidelines from other specialist professional societies.

A full suite of analytic tools is available to help us plan gradual implementation of the tool, identify areas of opportunity, work with referring physicians, view patterns of utilization and report “appropriateness scores”, which form an important metric articulating our value proposition to purchasers of our services, such as insurance companies, employers and accountable care organizations.

### **Next Steps**

During the first quarter of 2014, the Diagnostic Imaging clinical focus group will plan a gradual implementation in collaboration with colleagues from other medical and surgical disciplines. At the same time, Providence and Swedish information technology experts will work with *Medicalis* to complete a “silent” install of the tool into Epic – meaning that data can be viewed to help plan strategic implementation, but decision support information will not be actively displayed until clinical users (radiologists and referring physicians) together determine the most effective display formats. Gradual collaborative implementation of the tool is anticipated to take 12 to 18 months in 2014 and 2015.

The negotiated contract with *Medicalis* is a three year term, and charges a discounted flat fee for all high technology exams, such as MRI, CT, nuclear medicine and PET, inclusive of a full spectrum of analytics tools and at the lowest price per exam regardless of volume tiers. An additional 15% discount reflects a “risk-share” component of this contract that holds *Medicalis* accountable for its claim that its tool will reduce inappropriately-ordered imaging exams. The volume-based flat fee will be reviewed quarterly and adjusted if overall imaging volumes experience significant growth (due to growth of business) or decline (beyond expectations for improved clinically appropriate utilization). The annual fee to *Medicalis* is being covered at a system level by Clinical Program Services, on behalf of all regions.

### **Swedish – A Key Partner Contributor**

Swedish has been an advocate of IDS for many years, and was the first to promote and propose the use of decision support within Swedish and Providence. The desire to implement a decision support tool in early 2014 was a catalyst for organizing the Diagnostic Imaging Clinical Focus Group, with its first order of business being the selection of decision support tool. Bart Keogh was instrumental in helping to make IDS a reality.

### **Contact Information**

The Diagnostic Imaging clinical focus group is supported by Clinical Program Services, in collaboration with Information Services and Business Development and Strategy. Under the guidance of this clinical focus group, negotiations were conducted by a small combined team, including Jenny Anderson and Ryan Smith from Information Services, Melody Craff, MD PhD from Clinical Program Services and Randy Axelrod, MD, executive vice president for Clinical and Patient Services.

If you have questions, please contact [Melody Craff, MD PhD](#), vice president for clinical advancement, or our senior project manager, [Michele Wenzler](#).

## Nurse driven Foley removal protocol: facilitate the care of patients with Foleys

### Order Changes Coming March 2014 to:

- Foley Catheter to Gravity Drainage
- Foley Catheter to Straight Drainage

**What:** Prechecked “foley catheter nursing protocol” orders will be added.

<u>Prompt</u>	<u>Answer</u>
Discontinue WHEN? 	<input type="checkbox"/> *DC per nurse protocol DC POD#1 0600 DC POD#2 0600

**Goal:** To decrease CAUTIs (catheter associated urinary tract infections), nurses will remove foleys based on the same indication criteria currently in Epic I + O flow sheet.

### Practice Change:

- The protocol is pre-checked.
- LIPs will be able to *opt out* of this preselected order, but it is expected that the majority of foley catheters will be removed by nurses without the need for a specific d/c order.
- The protocol includes a flow chart [Nurse Driven Protocol](#) to guide follow up care- including when to bladder scan, how to address retention, when to re-catheterize and when to consult with LIP.

**Questions:** Contact Dr. Guy Hudson, [guy.hudson@swedish.org](mailto:guy.hudson@swedish.org)

## Multimodal Treatment of Spinal Tumors: Hands-on cadaver course

“[Multimodal Treatment for Spinal Tumors 2014](#)” will highlight the latest therapeutic techniques available for patients diagnosed with spinal tumors. A multidisciplinary team of experts from neurosurgery, orthopedic surgery, oncology and neurology will educate participants about treatment advances in surgery and radiation. These advances will directly improve survival rates and preservation of neurologic function for patients with a spinal tumor, spinal lesion, spinal cord neoplasm, spinal metastases or metastatic spinal cord compression. Attendees will also participate in a bio-skills lab exercise on performing complex spinal procedures such as spinal reconstruction and stabilization techniques. The course will be held Friday, April 18 from 7:30 a.m.-4:15 p.m. at the [Seattle Science Foundation](#). This activity has been approved for *AMA PRA Category 1 Credit*<sup>™</sup>.

## Enhanced complex spine services

In response to the growing need for complex spine services within the region, the Swedish Neuroscience Institute (SNI) now offers a more comprehensive complex spine sub-specialization to augment the existing Spine Program. This program expansion will continue to increase SNI's presence in the surgical management of complex spine, focusing on patients with deformities requiring surgical correction. This includes deformities secondary to scoliosis, spine tumors and spine trauma, as well as revision spine surgery. Led by [Rod Oskouian, M.D.](#), and [David Hanscom, M.D.](#), this enhanced Complex Spine Program is integrated into a larger division within SNI with the capability of tracking patient outcomes, quality of life metrics and improving patient satisfaction. To learn more about the [Spine Specialists](#) at the Swedish Neuroscience Institute, visit [www.swedish.org/SNISpine](http://www.swedish.org/SNISpine).

## Email encryption process to change at Swedish

In order to identify unprotected (unencrypted) information when it leaves our network, the Data Loss Prevention project (DLP) is being implemented at Swedish. Use of this tool will enhance patient privacy and meet our obligations under HIPAA (Health Insurance Portability and Accountability Act) and HITECH (Health Information Technology for Economic and Clinical Health) regulations, and align our security practices with Providence's. This project will change our email encryption process. All Swedish confidential and restricted information sent outside the Swedish network must be encrypted. With the Data Loss Prevention project, email messages are no longer automatically encrypted. **Now you must enter [secure] at the beginning of the subject line to encrypt these outgoing messages. If you do not encrypt these sensitive messages, they will be blocked from delivery.**

Email within the Swedish network is secure and will not be encrypted. Only emails sent to external recipients will be scanned for confidential information and encrypted if necessary.

**Note:** Email encryption does not change your responsibilities to safeguard PHI or other confidential or restricted information. Swedish policy still does not permit emailing patients for clinical purposes outside of using Epic's MyChart functionality.

[Please read this FAQ](#) to learn more about these changes, which will be in effect starting February 17, 2014. The FAQ includes additional instructions for encrypting email messages. For questions about the DLP project, contact [Matt Price](#).

## Hello colleagues!

You are cordially invited to this educational event  
Your Hosts: SMG Urgent Care Clinics and Orthopedic Physician Associates

### UPPER EXTREMITY FRACTURES

**Tuesday, March 18, 2014**

**@ Swedish Ortho Institute, 7th Floor.**

**6:15-8:30pm - Mix and mingle, & EVENT**

**Refreshments provided**

This is a free and fun event where we will review common upper extremity fracture cases, Xrays, ortho consult provided by Drs. Falicov and Wilcox of OPA, followed by casting/splinting demos from their ortho technician.

Physicians may claim up to 2.0 Category II credits toward Washington State Relicensure. This activity was developed in accordance with American Medical Association Ethical Opinions on Gifts to Physicians from Industry and on Ethical Issues in CME.

Hope to see you there!  
SMG Urgent Care Team  
March 2014

## Destination Swedish 2014

Thanks to the quality care you provide, Swedish received gifts totaling more than \$920,000 to support innovative solutions for healthier communities at Destination Swedish 2014. The luncheon, which took place on February 11th at the Seattle Sheraton Hotel, supported three innovative Swedish health-care solutions:

- The [Swedish Family Medicine Residency](#) at Swedish/Cherry Hill, where family medicine residents receive a comprehensive grounding in primary care and family practice medicine, with a special emphasis on the medical challenges of low-income patients.
- The [Swedish Community Specialty Clinic](#) at Swedish/First Hill, where specialty care is provided to uninsured and underinsured patients by more than 300 volunteer physicians, dentists and other caregivers who donate their time and skills.
- The [Swedish Ballard Teen Health Center](#) at Ballard High School, where a team of professionals makes mental health counseling, primary medical care - including referrals to medical specialists - and health education services, available at no cost to the students - or their parents.

Support of these programs helps increase overall patient wellness, provide early intervention before medical problems become severe and reduce the cost of health-care delivery, particularly for the most medically underserved members of our community. Pictured here is Anteus Parker, a single dad who was highlighted in the Destination Swedish feature video. Anteus received services at the Swedish Community Specialty Clinic after breaking his leg, and represents thousands of community members that these programs support. To learn more about how you can support one or more of these initiatives, please contact Colleen Broman at 206-386-3527.



## Welcome new medical staff members

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

**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.

## **CME spotlight**

*Upcoming CME Conferences*

### **[High-Risk Obstetrics: Tools for the Family Physician](#)**

Friday, March 28

### **[Swedish Pituitary Symposium: Updates in Pituitary Management](#)**

Friday, April 4

### **[4<sup>th</sup> 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

### **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

### **[Eighth Annual Cerebrovascular Symposium: Controversies in Stroke and Cerebrovascular Disease](#)**

Thursday and Friday, May 15-16

### **Seventh Annual Iris and Ted Wagner Endowed Lectureship**

Friday, May 21

### **[Update in the Care of the Acutely Ill Neurological Patient](#)**

Friday, June 6

### **State-of-the-Art Neurophysiologic Intraoperative Monitoring : Present and Future**

Friday, June 13

### **Cardiology Update for Primary Care**

Friday, July 11

## **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>

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**Swedish Foundation:** <http://www.swedish.org/foundation>

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