



medical staff news

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MEC endorses need for discharge summary to be completed within 72 hours to improve patient safety; the sooner the better

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

When any patient leaves our hospital the availability of a concise summary of events and the clinical thinking behind the care they received is critical. The transition from hospital to clinic is a period of vulnerability for our patients. A good summary can inform their complex follow up care and prevent needless mistakes. Patients and providers alike regard great summaries as a mark of quality care.

So why do we encounter many discharge summaries today that are too long and disorganized, or arrive too late to be most useful? We can do much better. The medical staff of those best-of-class hospitals destined to succeed in their mission and prosper as ACO's will make great summaries a priority. They will employ practices that ensure these summaries always get to the right people on time.

Your MEC has endorsed the concept of accepting a much shorter time frame for discharge summary completion than the 21 days currently stated in our Rules and Regulations. All of us who discharge patients should strive to get these vital summaries done and routed properly at the time the patient departs.

Your MEC has also placed a renewed emphasis on standardizing the quality of this document. A flexible, common format or template for a concise summary can be modified to meet the specialty-specific needs of the physicians and may help to achieve both goals.

Most health care providers outside of Swedish are familiar with the quality of services we provide largely through what they have read in a discharge summary. That impression should always be one of undeniable competence and professionalism. Every effort will be made to support our hard working staff in their ability to meet these higher expectations as they are developed over the summer. We hope to show that excellence can be the easiest path to follow when you are well organized, working collaboratively, and using all of the EMR tools at your disposal.

The fewer times this committee meets, the better

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

The process is now complete with Board approval for the new Medical Staff Professional Behavior Quality Review Committee (PBQRC). I'm very appreciative that Dr. Ian Wright has accepted the position of Chair of the Committee, along with eight members of our Medical Staff who will serve as committee members. The PBQRC has been formed to assist individual medical staff members who have demonstrated repetitive unprofessional behavior in the hospital. The committee will review the inappropriate behaviors after attempts at collegial interventions by a Medical Staff Leader, such as the Chief of the Department or the Chief of Staff-Elect, have failed, and provide a framework to avoid further (or continued) similar events or actions.

Examples of unprofessional behavior include (but are not limited to) demeaning people, using unpleasant body language, yelling in anger, ignoring policies, trash talking others, or making nasty remarks, etc. Our profession's definition of behavioral standards has evolved since many of us trained years ago. Please think before you act and speak. To review the updated Professional Behavior expectations, please see the [Rules and Regulations](#).

It is especially important that we as physicians live to the values that create and enhance a Culture of Safety. It has been proven that the best, and safest, patient-centered care is achieved through teamwork and mutual respect amongst the care-team members. The MEC has supported the requirement that each member of the Medical Staff must complete the Culture of Safety training prior to reappointment. The sooner you can take the course, the better you will understand the terminology and tools that we use to have a culture for providing Extraordinary Care and Extraordinary Caring. Our Commitment to Safety includes three main behaviors and eleven tools. The behaviors: Pay Attention to Detail; Communicate Clearly; and Support Each Other. To review the error prevention tools, click here <http://swedishonline.swedish.org/CultureOfSafety/Documents/SafetyBundle.pdf>.

There are times when our personal lives bring extra pressures that are difficult to manage. The key is to determine a personal strategy to "leave the stresses" outside of work and find ways to manage them in a healthy way. An option for assistance is the First Choice Physician Assistance Program. You have access to professionals who can assist in a variety of ways including coaching. Taking care of ourselves is the first step in being able to take care of our patients and co-workers. For assistance, call the PAP at (800) 777-1323, 24-hours a day, 7-days a week – or www.fchn.com/pap.

Call for nominations for your next chief of staff-elect

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

As Chair of the Nominating Committee, I seek your recommendations of Active Medical Staff Physicians who are interested in serving as the Medical Staff Chief of Staff-Elect beginning in January, 2015 for a two-year term. The individual serves as an officer for a total of six years with two as COS Elect, two as COS, and two as past COS. Duties are listed in Section 2.2.7 of the Bylaws for First Hill/ Ballard and Cherry Hill combined medical staffs.

The slate of nominees will be presenting their 3 minute statements of interest in the position at the Medical Staff Leadership Council meeting on Tuesday, September 16, 2014 at 6:00 pm at the Swedish Education and Conference Center/ Cherry Hill. Elections will be held via mail or electronic ballot to be completed by October 31.

2014 Hospital National Patient Safety Goals

The purpose of the **National Patient Safety Goals** is to improve patient safety. The goals focus on problems in health care safety and how to avoid them.

Identify Patients Correctly Use at least two ways to identify patients. For example, use the patient's name and birthdate. This is done to ensure that each patient gets the correct medicine and treatment. It also confirms that the correct patient gets the correct blood if they need a transfusion.

Improve Staff Communications Improve the effectiveness of communication among care-givers ("read back", timely report of critical values, hand-off communications).

Use Medications Safely Label all medications before procedures. Reduce the possibility of harm for patients on anticoagulation therapy. Maintain and communicate accurate patient medication information (Medication Reconciliation).

Use Alarms Safely Ensure that alarms on medical equipment are heard and responded to on time.

Prevent Infection Be vigilant about hand-washing protocol. Use the "proven guidelines" to prevent infection (difficult to treat infections, blood from central lines, after surgery and urinary tract infections caused by catheters).

Gel in, Gel out!

Identify Patient Safety Risks Find out which patients are most likely to try and commit suicide. Follow Swedish protocol in maintaining their safety.

Prevent Mistakes in Surgery Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body. Mark the correct place on the patient's body where the surgery is to be done. PAUSE before the surgery to ensure safety. (Perform a **Safety Pause**, or "time out").

http://swedishonline.swedish.org/Departments/MP/MedicalStaffServices/Documents/TJC%20Newsletter_May%202014.pdf

Pressure Point Problems (Vignette #3)

From Bo Scholzen, Mike Myint, and John Henson

Vignette: A 52 year-old otherwise healthy man underwent surgery on his spine. The procedure lasted 12 hours and appropriate padding was employed. The patient remained in the same prone position for the duration of the surgery. Within 24 hours, a HAPU (hospital-acquired pressure ulcer) was noted on the patient's chin.

Can you spot the error?

Most HAPUs (hospital-acquired pressure ulcers) occur over bony prominences in patients who have significant medical comorbidities. In these patients, further shearing of skin can occur even during transfer between bed and stretcher. Specialty beds and attention to frequent turning, safe patient handling, and skin assessment are helpful in reducing the incidence of HAPUs. Still, HAPUs can occur during long procedures in healthy patients, and providers should consider altering positioning to prevent dangerous pressure points.

Quality and Patient Safety page at Swedish.org for patients

As directed by the board of directors and in the spirit of transparency, [Quality and Patient Safety](#) recently began designing a Quality and Patient Safety Web page at Swedish.org to display our collection of data and meet the needs of fostering transparency for our patients. We started out with displaying core measures data, which is publically reported data and will evolve over time to include other metrics available to the public. At this time, we would like to ask providers and Swedish staff to review the newly developed [Quality and Patient Safety Web page](#) and provide any feedback/questions to melina.ovchijan@swedish.org. If you have further questions or comments about the Web page, email or contact melina.ovchijan@swedish.org.

Be Prepared! Coming June 17: Swedish Insulin-SC Basal Bolus Correctional – Adult

This updated “best practice” order set has been in use at FH (excluding OB) since January and will be formally introduced system-wide **June 17th**. The order set will *replace* existing subcutaneous insulin order sets in epic (both basal bolus and sliding scale), with few exceptions on **July 8**.

Three “*IV insulin*” order sets (including 2 transitional order sets) were also created by the Glycemic Control Project team and have been piloted and fine-tuned on the First Hill campus since January. These order sets will be rolled out to other campuses later in the year. The new order sets are not meant to be further customized.

- Save time, save to your Favorites:
 - Open Order Sets from any Navigator or from Manage Orders
 - 1. Type Swedish Insulin in search box, then select Swedish Insulin – SC Basal Bolus Correctional - Adult.
 - 2. Right-click on the order set title.
 - 3. Select Add to Favorites.
- To remove any prior saved sets from your Favorites:
 - 1. Right click on the set title
 - 2. Select Remove from Favorites

What’s new in the Swedish basal bolus correctional order set?

- The updated basal bolus insulin order set, when completed as written, provides a more **individualized** approach to glycemic management for each patient.
- The term “**correctional**” replaces the term “sliding scale”. Insulin used to correct BG in the moment vs. being given proactively before a meal (nutritional)
- RNs will be able to give nutritional insulin **up to an hour after** patient has eaten
- RNs will be able to **choose** between giving half of prescribed nutritional dose or full amount, depending on patient appetite or intake (how much they’ve eaten or are anticipated to eat)
- **HS glucose checks** (approx. 21:00h) for all patients. Those given correctional insulin at bedtime will need a **3 a.m. check**. Inform the patient ahead of time of the need for a 3 a.m. check to make sure their blood sugar stays in a safe range during the night.

Please contact: [Fran Broyles, MD](#), Endocrinology; [Beth Ann Reimel](#), Surgery; [Clark Coler](#), Hospital Medicine for questions or concerns.

Living Well While Living with Cancer

A cancer diagnosis marks a profound change in a person's life – and treatment is physically, psychologically and emotionally demanding. In addition to fear of death, side effects such as fatigue, pain, insomnia, peripheral neuropathy, mood changes and balance impairment contribute to a reduced ability to participate in everyday activities.

Cancer Rehabilitation at the Swedish Cancer Institute (SCI) focuses on optimizing function and well-being during cancer treatment by using prescriptive exercise, counseling, education and medical management of side effects. Interventions also include treating cancer- and treatment-related neurological injury and musculoskeletal impairment.

Learn more by reading “[Onco-Physiatry: Optimizing Function and Well-Being during Cancer Treatment](#).” The article from the March 2013 *Physicians Practice Journal* (currently *DocTalk*) also discusses how a cancer patient's strength and function are mediated by four areas: healthy tissue, tumor cells, co-morbidities and treatment side effects. Call 206-215-6333 to refer to Cancer Rehabilitation Services.

Physician Departures

Two physicians in the breast program of the Swedish Cancer Institute will be leaving their clinical practice at Swedish as of June 30. Dr. David Beatty, breast surgeon, has been quite active in clinical research as well as serving as the Medical Director for Research and Education within the Breast Cancer Program during his 11-year tenure at the SCI. Dr. Jay Parikh, breast radiologist, served as Medical Director of the former Women's Diagnostic Imaging Center and has practiced at the Swedish Breast Imaging Center since 2012. He joined the medical staff in 2000. We wish both David and Jay well in their future endeavors.

Welcome new medical staff members

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

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.

Congratulations graduates!

Swedish is proud to announce the following graduates and their upcoming practice or fellowship locations:

Family Medicine/Cherry Hill

| | | |
|----------------------|--|----------------|
| Emily Ashbaugh, MD | Locums at Swedish Cherry Hill Family Residency Program | Seattle, WA |
| Megan Blunda, MD | Locums at Kodiak Area Native Association | Kodiak, AK |
| Cecilia Disney, MD | Sea Mar Community Health Centers-Burien Medical Clinic | Burien, WA |
| Kaitlin Elston, MD | Addiction Medicine Fellowship/Swedish Medical Center | Seattle, WA |
| Jennifer Flament, MD | Locums at Kodiak Area Native Association | Kodiak, AK |
| Jeremy Johnson, MD | Sports Medicine Fellowship/University of Wisconsin | Madison, WI |
| Greg Maddox, MD | Seattle Indian Health Board | Seattle, WA |
| Linsey Monaghan, MD | Undecided | TBD |
| Nadia Norton, MD | Locums at Navajo Reservation | Crownpoint, NM |
| Jamie Phifer, MD | Undecided | TBD |
| Amy Potter, MD | University of Rochester Primary Care Network | Webster, NY |
| | North Ponds Family Practice & Maternity Care | |
| Jonathan Wells, MD | Neighborcare High Point Medical and Dental Clinic | Seattle, WA |

Family Medicine/First Hill

| | | |
|------------------------|---|--------------------|
| Rebekah Byrne, MD | Integrative Medicine Fellowship/Swedish Medical Center | Seattle, WA |
| Jessica Howell, MD | Locums (working in LA come spring) | Seattle, WA |
| Lindsey Hay, MD | Tacoma Family Medicine Rural Family Medicine Fellowship | Tacoma, WA |
| Nicole Laney, MD | Family Medicine (clinic TBD) | Richmond, VA |
| Aimee Lee, MD | Family Medicine Locums | Pacific NW |
| | Full Spectrum Family Medicine, Kodiak Community Health Clinic and Providence Hospital | Kodiak, AK |
| Anna McDonald, MD | University of Washington Global Health Fellowship | Seattle, WA |
| Kristin Nierenberg, MD | Family Medicine Locums and Precepting | Seattle, WA |
| | Full Spectrum Family Medicine, Kodiak Community Health Clinic and Providence Hospital | Kodiak, AK |
| Bryn Parker, MD | Tacoma Family Medicine Rural/High Risk OB Fellowship | Tacoma, WA |
| Rachel Roth, MD | Taking time off and going to Israel | Seattle, WA/Israel |
| Matt Schlough, MD | Geriatric Medicine Fellowship/Swedish Medical Center | Seattle, WA |

General Surgery

| | | |
|---------------------|--|-------------------|
| Nicole Jackson, DO | Cardiothoracic Surgery Fellowship/Wake Forest University | Winston-Salem, NC |
| Zeljka Jutric, MD | Hepatobiliary Surgery Fellowship/Providence Portland Medical Center | Portland, OR |
| Jennifer Wilson, MD | Cardiothoracic Surgery Fellowship/Beth Israel Deaconess Medical Center | Boston, MA |

Podiatry

| | | |
|-----------------|-------------------------|----------------|
| Gavin Ripp, DPM | McDowell Podiatry Corp. | Carmichael, CA |
| David Wood, DPM | Unconfirmed | TBD |

Dentistry

| | | |
|-----------------------|------------------|----------------------|
| Saudamini Gadgil, DDS | Private Practice | New York, NY |
| Hilary Linton, DMD | Private Practice | Vancouver Island, BC |
| Pamela Lloren, DDS | Private Practice | Seattle, WA |
| Jayna Sekijima, DDS | Private Practice | Seattle, WA |

Czartoski, Landis, Corson honored as inaugural winners of Hochman Physician Leadership Awards

Three Swedish physicians, Todd J. Czartoski, Daniel M. Landis, and Adam H. Corson, have the distinct honor of being the first recipients of the Rod & Nancy Hochman Physician Leadership Awards. The inaugural awards were announced and presented by Swedish Chief Executive, Tony Armada, at the Swedish Medical Staff Retreat on May 1.

Drs. Czartoski and Landis each received the Rod & Nancy Hochman Physician Executive Scholarship Award which recognizes physicians who have shown vision, leadership, and promise as physician leaders during their careers at Swedish. Both physicians received a grant for full tuition to attend the Business Executive Development Program at the Foster School of Business at the University of Washington.

Receiving the Rod & Nancy Hochman Physician Alignment Award, Dr. Corson was recognized for implementing an important change at Swedish that demonstrates an improvement in aligning the efforts of the medical staff and the health care delivery system. Corson received an award of \$5,000, to be used at his discretion.

The Hochman Physician Leadership Awards were established in 2013 to honor the legacy of the Dr. and Mrs. Hochman's leadership at Swedish. Both awards are funded in perpetuity through gifts to Swedish Medical Center Foundation. Award winners are nominated by their colleagues and chosen by Swedish's Medical Executive Committee.

Czartoski, a neurologist and medical director of the Telestroke Program at Swedish/Cherry Hill, was cited for his leadership in bringing the Telestroke Program to a point where it is a national leader in both quality and safety. His was also recognized for his role in leading and strengthening the Cherry Hill Neurohospitalist Program.

Landis, a radiation oncologist at Swedish Cancer Institute/Ballard, was recognized for his clinical, business, and interpersonal skills, which have contributed greatly to the success of the Ballard Tomotherapy Program. He was also recognized for his leadership in promoting initiatives in his provider group related to Meaningful Use, ICD-10, and the PQRS Initiative.

Corson, an internal medicine specialist with Swedish Hospital Medicine (SHM), received his award for developing and implementing an innovative and highly-successful approach to reducing the incidence of unnecessary diagnostic lab testing for SHM patients, an initiative that has significantly improved both patient comfort and resource utilization.

In addition to grant awards, current and future Hochman Award winners will have their names placed on a recognition plaque that will be located in the Swedish Physicians Lounge at First Hill.

Swedish Medical Center Foundation Thanks Donors for \$130 Million

During *The Campaign for Swedish*, your extraordinary care inspired community members to donate \$130 million to support nearly every service line, department and program across the Swedish system.

We hope you take great pride in knowing you were an integral part of this success. To say thank you to our donors, we've create a short video that highlights the important role of philanthropy at Swedish.

(Foundation continued on p. 8)

(Foundation continued from p. 7)

We've also put together *Campaign Impact Reports*, showcasing the impact that gifts have had on our ability to provide quality care to our patients. To watch our video and read about the impact of philanthropy in your service line, visit www.campaignforswedish.org.



THE CAMPAIGN FOR SWEDISH

CME spotlight

Upcoming CME Conferences

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

Friday, June 13

2nd Annual ONE Spine Masters Course: Controversies in Spine Surgery

Friday, June 27

Cardiology Update for Primary Care

Friday, July 11

Fourth Annual Intensive Update in Neurology

Thursday and Friday, September 11-12

PNW Urology and Robotics Symposium

Thursday and Friday, September 19-20

Telehealth: Improving Access to Healthcare

Friday, September 19

18th Annual Pain Management Symposium

Friday, September 26th

For updated conference information or to sign-up for the CME mailing list, please visit the CME Website at: <http://www.swedish.org/for-health-professionals/continuing-medical-education>

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>
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