Thousands Attend Swedish/Mill Creek Grand Opening

More than 3,500 people toured Swedish/Mill Creek, Snohomish County’s first freestanding emergency room (ER), during grand opening events held last month. Located in the Mill Creek-south Everett area just off Interstate 5 and 128th Street, the ER and outpatient facility opened to patients on February 17.

Swedish/Mill Creek includes: an ER with 18 exam rooms, an advanced diagnostic imaging center, on-site laboratory services, and primary and specialty-care offices.

"I am excited that Swedish Medical Center’s innovative and award winning health services organization is joining the Snohomish County community," said Snohomish County Executive Aaron Reardon who attended the facility’s grand opening in February. “Their new care center will be a tremendous benefit to our residents by providing increased access to quality care, particularly those in south Snohomish County. This is a world-class facility equipped with a broad spectrum of services ready to deliver an excellent patient experience.”

Just like a traditional ER, the Mill Creek freestanding ER is open 24 hours a day, seven days a week.

Swedish researched the demand for ER services in a region that’s experiencing a steady population growth and to create a streamlined system of care between Swedish/Mill Creek and Swedish/Edmonds. Mill Creek will provide greater access to hospital and specialty care at Swedish/Edmonds while giving the public another choice for emergency care.

REMINDER:
Practitioners who plan to provide back-up call coverage at Swedish/Mill Creek are required to apply for membership/privileges with FBIC if they are going to provide direct patient care. However, if a practitioner will be following the patients at Swedish/Edmonds and will not be going into the Mill Creek facility, they will not be required to have separate membership/privileges with FBIC. If you’re a Swedish/Edmonds practitioner with additional questions regarding membership/privileges at other Swedish campuses, please contact Evita Armijo, director of Swedish/Edmonds Physician Relations, at 425.640.4647.

Also, practitioners who plan to seek privileges at other Swedish campuses were offered EPIC orientation. If you require that orientation, please contact Jennifer Sanchez, physician liaison coordinator, at 425.640.4645.
Doctors Day Celebration

In recognition of the Swedish/Edmonds medical staff and their uncompromising commitment and dedication to improving the health and well-being of every person served at Swedish/Edmonds, physicians are invited to this year’s National Doctors Day celebration.

On **Wednesday, March 30**, a special breakfast and lunch will be served in the hospital’s physicians’ lounge on the third floor from **7:30 a.m. to 9:30 a.m.** and from **11 a.m. to 1:30 p.m.** A complimentary breakfast of made-to-order omelets will be offered and for the lunch — doctors can enjoy salmon or chicken pasta followed by an assortment of mini cupcakes. The meals are in appreciation for all that physicians do for Swedish/Edmonds and the community.

"From the primary care physician who often provides a lifetime of care for patients and their families, to specialists precisely trained and skilled to care for patients with special needs, all physicians deserve recognition," says Swedish/Edmonds Medical Staff President, Michelle Sinnett, MD.

"Swedish/Edmonds physicians make a life-changing and often a life-sustaining difference in the health of patients and their families," adds Swedish/Edmonds Senior Medical Director, Timothy Roddy, MD. "Doctors Day recognizes the invaluable contributions of our physicians."

In addition to breakfast and lunch, stars with messages of appreciation from hospital staff to physicians will decorate the physicians’ lounge. During last year’s Doctors Day celebration, there were nearly 300 stars and notes of appreciation thanking physicians for their

**Congratulations…**

These individuals were mentioned by name in the December Press Ganey Patient Satisfaction Surveys and complimented for their great work.

- **Catherine Rogers, MD**
  Sound Women’s Care
- **Catherine Zeh, MD**
  Birth & Family Clinic
- **Daniel Lazar, MD**
  Neurological Consultants of WA
- **Debora Sciscoe, MD**
  Sound Women’s Care
- **DJ Wardle, DPM**
  Stevens Foot and Ankle Clinic
- **Eileen Johnston, MD**
  Puget Sound Cancer Centers
- **Gary Dines, MD**
  Puget Sound Gastroenterology
- **Gretchen Lockard, MD**
  Birth & Family Clinic
- **Jason Schneier, MD**
  Puget Sound Gastroenterology
- **Jeffrey Bray, MD**
  Sound Women’s Care
- **Jeremy Hammel, MD**
  Emergency Services
- **Jinfeng Guo, MD**
  Puget Sound Gastroenterology
- **Joe Skariah, DO**
  Birth & Family Clinic
- **Jordan Reichman, MD**
  Neuro-Hospitalist
- **Katrina Erickson, MD**
  Birth & Family Clinic
- **Keith Luther, MD**
  Swedish Internal Medicine at Edmonds
- **Kimberly Dickey, DO**
  Sound Women’s Care
- **Linda Strong, MD**
  Swedish Internal Medicine at Edmonds
- **MacArthur Noyes, MD**
  Emergency Services
- **Marci Nelson, MD**
  Birth & Family Clinic
- **Marcy Burdick, DO**
  Emergency Services
- **Martha Moe, MD**
  Sound Women’s Care
- **Maurene Cronyn, MD**
  Birth & Family Clinic
- **Michelle Sinnett, MD**
  Surgical Associates of Edmonds
- **Randy Bourne, MD**
  Sound Women’s Care
- **Steven MacFarlane, MD**
  Surgical Associates of Edmonds
- **Timothy Little, MD**
  Puget Sound Gastroenterology
Medical Staff Task Force Moving Forward on Alignment

Medical staff leaders from Edmonds met with their counterparts from Swedish First Hill/ Ballard/ Issaquah/ Cherry Hill (FBIC) in February to continue to align the work of the respective medical staffs at the system level.

- The Swedish/FBIC and Swedish/Edmonds Medical Staff Task Force is preparing a formal proposal to create a Council of Medical Executive Committees (MECs) which will meet monthly starting in 2012. Each hospital medical staff will retain its independence while collaborating to assure that changes at one hospital impacting the medical staff are considered for alignment across the system.

- The Governance Subcommittee will provide reformatting and additional content recommendations to the respective MECs by September in anticipation of a bylaws vote in the fall for each entity.

- The Credentialing Subcommittee has addressed the sharing of medical staff credentialing documents between the hospitals. A combined application is in development.

- As a result of Peer Review/ Performance Improvement Subcommittee discussions, Swedish/Edmonds has established a Medical Staff Quality Oversight Committee. The committee meets on the first Wednesday of each month and reviews behavior issues and selected cases referred from the Service Committees. The Peer Review Evaluation System used by FBIC has been adopted by Swedish/Edmonds Service Committees.

If you have questions, please contact Dr. Marc Rosenshein, vice-chair of the Swedish/ FBIC and Swedish/ Edmonds Medical Staff Task Force and co-chair of the Governance Subcommittee; Dr. Michelle Sinnett, co-chair of the PR/PI Subcommittee, or Dr. Douglas Grier, co-chair of the Credentialing Subcommittee.

CPDI Report: January

<table>
<thead>
<tr>
<th>Total Reviews:</th>
<th>914</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Queries:</td>
<td>40</td>
</tr>
<tr>
<td>Response Rate:</td>
<td>90%</td>
</tr>
<tr>
<td>Physician Agree Rate:</td>
<td>86%</td>
</tr>
</tbody>
</table>

**January's Top 5 Queries:**
1. Sepsis
2. Present on admission
3. Document clarification
4. Congestive heart failure
5. Morbid obesity

**Most Effective Query:**
- Present on admission

**Impact of most effective query:**
- Revenue: $76,640
- Case mix: 0.0312

Thank you to the medical and surgical staff for taking the time to respond to these queries. Please contact Loree McGill, RN, BSN, Director CPDI and PI Projects, at 425.640.4869 with any questions.
Wound Healing

Management of skin wounds and infections proved to be very popular topic for the February Grand Rounds lecture for the 40 or so physicians who attended. The program was presented by Enrico Versace, MD, medical director of the Swedish/Edmonds Center for Wound Healing and Hyperbarics, and by William Ehni, MD, who practices infectious disease medicine and chairs the Infection Control Committee at Swedish/Edmonds.

Dr. Versace reviewed typical chronic non-healing wounds such as decubitus ulcers, diabetic ulcers, venous stasis ulcers, post operative complications and deep tissue injury in compromised patients. He noted that it is important to correctly stage the severity of the wound in one of four categories:

**Stage 1** is non-blanching erythema in intact skin usually over a bony prominence. Treatment includes off-loading the problem area. A transparent film or other protective dressing may be applied.

**Stage 2** consists of a partial thickness loss of dermis or a shallow ulcer with pink to red bed and no slough or dry shiny bed. It can also be a ruptured or intact blister. For these wounds, it’s important that the area is clean and moist, but not wet; and use a semi-occlusive or impermeable dressing. This can be augmented with hydrogel if the area is too dry.

**Stage 3** consists of full thickness tissue loss. Undermining and tunneling can be present. Slough can be present, but cannot obscure the depth of tissue loss. Depth can vary based on anatomy and body habitus.

**Stage 4** consists of full thickness skin loss with exposed muscle, tendon or bone. These wounds commonly have tunneling or undermining. Severity can be underestimated due to tunnels, fistula or undermining. Stages 3 and 4 require debridement of any necrotic tissue and negative pressure wound therapy should be considered.

In addition, unstageable wounds consist of full thickness tissue loss where the base of the ulcer is covered by slough or eschar. These wounds need to be debrided to determine the stage.

Dr. Versace noted that pressure ulcers are common and can be caused by pressure on the skin from as little as two hours of lying down or in a sitting position. Of note, Swedish/Edmonds recently adopted a new medical form that is part of all admission packets. The form is completed by the patient’s registered

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**Swedish CME Events**

Below are Swedish CME activities for the second quarter of 2011. Please visit swedish.org/CME for locations, times and the most up-to-date information about upcoming CME activities.

- **The Art and Science of Combining Naturopathic and Allopathic Medicine in a Clinical Setting**
  - Friday, March 25

- **Pacific Northwest Head, Neck and Thyroid Cancer Symposium**
  - Friday, April 1

- **Emil Jobb Gastroenterology Symposium**
  - Friday, April 15

- **R3 Talks**
  - Friday, April 22

- **Annual Oncology Symposium**
  - Friday, May 6

- **Fifth Annual Cerebrovascular Symposium: New Therapeutics for Today’s Patient**
  - Thursday and Friday, May 12-13

- **Highlights in Cardiovascular Therapies: A Contemporary Course for Cardiac and Vascular Specialists**
  - Friday, May 20

- **New Frontiers in Epilepsy**
  - Thursday and Friday, June 9-10

- **Management of Hospitalized Neurological and Neurosurgical Patients**
  - Friday, June 17
nurse if there is a pressure ulcer present on admission. In addition to noting the presence of a pressure ulcer, the form provides a guide for staging the wound. Stage two through four wounds, as well as those classified as unstageable and with suspected deep tissue injury, should have a wound care consult. The physician is required to sign the form indicating his/her agreement with the nursing assessment, and if not, write an explanatory note in the progress notes.

Dr. Versace stressed that all wound patients need to be assessed for nutrition, hydration, co-morbidities, medications, off-loading and infections.

Dr. Ehni defined infection as tissue that is damaged by colonizing bacteria. He noted that all wounds become colonized with bacteria over time, however all colonization does not need to be treated or leads to infection. Treatment of colonized wounds has no benefit and leads to unnecessary expense, antibiotic side effects and colonization with more resistant organisms. He also suggests not routinely culturing wounds, even if they are not healing, without signs of infection.

When culturing a possible infection, Dr. Ehni thinks that a tissue biopsy is best. Culture of expressed pus is generally good and the culture should be taken from the deepest portion of the wound. He warned against culturing dry wounds, eschar, and area if intact skin.

If a wound has a high level of colonization or minimal signs of infection, topical treatment may be appropriate. Topical treatment is not appropriate for cellulitis, necrotic wounds or any systemic signs of infection. Topical options include antibiotics, iodine preparations, or silver preparations.

Copies of Dr. Versace's and Dr. Ehni's slides are available. Just send me an email – John.Arveson@swedish.org.

CME: Wound Healing (continued from page 4)

Childbirth Center New Look, Feel

The finishing touches are being put on a top-to-bottom remodel of the hospital's seventh floor that includes a new name.

The Mother Baby Unit is now named the Childbirth Center at Swedish/Edmonds. The new name is consistent with the naming of other Swedish labor and delivery departments. It's also friendlier and more in harmony with the center's new look and feel that for expectant parents is more tranquil and inviting.

The newly remodeled Childbirth Center includes patient rooms designed with softer lighting, flat screen TVs and refinished cabinetry.

The waiting area features new furniture and the space has been reconfigured to provide family members with more privacy.

Free tours of the newly remodeled Childbirth Center are available by calling 206.215.3338 or by visiting Swedish.org.

The remodeled Childbirth Center at Swedish/Edmonds includes refinished cabinetry, flat screen TVs and softer lighting.

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In case you haven't heard, Swedish/Edmonds offers pulmonary rehabilitation for patients with lung disease. The program has been offered for nearly a year and most diagnoses are currently reimbursed by Medicare or private insurance plans.

Patients with Chronic Obstructive Pulmonary Disease (COPD), asthma, pulmonary hypertension or fibrosis are among the types of patients who qualify for the program and have diagnoses which are reimbursed by Medicare.

Pulmonary rehabilitation is available three times a week at Swedish/Edmonds and the program’s staff has flexible hours to accommodate patient schedules.

Social media sites — such as Facebook, Twitter and LinkedIn — are a major way that people communicate today. As more of our employees and physicians use these sites, here are some things to keep in mind to help you manage your personal and professional reputation online, as well as Swedish’s.

**Respect patient privacy online.**
This is the golden rule. While it may seem OK to talk about an interesting case online if you’re not mentioning the patient by name, you and Swedish could be facing a HIPAA violation if there are enough details in the post for patients to recognize themselves.

**Respect Swedish online.**
Refrain from making disparaging remarks online against the organization or people you work with. There are other more appropriate avenues for expressing concerns about the organization, including reporting them up through your chain of command, or contacting HR, the Corporate Compliance Officer (compliance@swedish.org) or Administration.

**Respect your co-workers online.**
Don’t gossip about co-workers online. Even if you don’t mention them by name, they may be able to recognize themselves, and it can cause tension in the workplace.

**Be clear that your views are your own, not those of your employer.**
If your social media site indicates that you work at Swedish, please include a disclaimer that these are your personal views especially as it relates to commenting or endorsing political candidates and issues.

**Be mindful of your reputation and future career.**
Whatever you post online is a reflection on you. As you grow in your career or if you seek other employment in the future, employers are increasingly turning to Internet searches to vet candidates. Remember: despite privacy settings, nothing is ever really private on social-media sites, so if it’s something you don’t want your current or future employer to see, think twice about posting it.

**Respect private company information, copyright, fair use and other applicable laws.**
Do not discuss confidential Swedish business online, and do not post images, content or music that you are not authorized to use.

Don’t let social media interfere with work.
Some physicians and employees may need to access social-media sites for business reasons. Otherwise, accessing social-media sites on the job should not interfere with patient care or your regular job duties.

Unless it’s for business reasons, use your personal e-mail address when starting a social-media account.
Do not use your Swedish e-mail account for personal social-media sites. This helps protect the Swedish e-mail network, and it helps to ensure you have access to your personal sites in the event you leave the organization.

Be wary of suspicious e-mails and links.
Social-media sites have been known to generate malicious e-mails and links. If the link seems suspicious, even if appears to be from a friend, delete it. Please exercise the same caution by not opening applications, e-cards or games at work as they also may be infected.

Please see 10 Tips on page 7
Clinic Physicians Honored for Diabetes Care

The National Committee for Quality Assurance (NCQA) and the American Diabetes Association (ADA) have recognized physicians at Swedish Internal Medicine at Edmonds and Birth & Family Clinic for providing excellent diabetes care.

Congratulations to the following physicians for receiving recognition from the NCQA’s and ADA’s Diabetes Recognition Program:

**Birth & Family Clinic**
Judith Babcock, MD
Maureen Cronyn, MD
David Fuhrmann, MD
Gretchen Lockard, MD
Marc Nelson, MD
David Spiro, MD
Catherine Zeh, MD

**Swedish Internal Medicine at Edmonds**
Keith Luther, MD
Matthew Matko, MD
B. Khanh Nguyen, MD
Linda Strong, MD

In order to be eligible for this honor, each physician submitted data to the NCQA that shows they meet the Diabetes Recognition Program’s key diabetes care measures. These measures include eye exams, blood pressure checks, nutrition therapy and patient satisfaction. According to the NCQA, when people with diabetes receive quality care as outlined by these measures, they're less likely to experience complications such as heart attacks, stroke, blindness, kidney disease and amputations. Clinicians who earn recognition through the Diabetes Recognition Program have an established track record of providing excellent diabetes care.

Recognition from the Diabetes Recognition Program is valid for three years. An estimated 16 million Americans have diabetes and it’s the sixth-leading cause of death by disease in the U.S.

**10 Tips**
(continued from page 6)

*Use your best judgment.*
Social media is still a relatively new form of communications. The landscape is constantly changing, and best practices are still being determined. When in doubt, use your best judgment about whether a post or comment is appropriate.

**Contact Us**
- Would you add anything else to these 10 tips?
- Have you seen online comments, compliments or complaints about the organization that need a response from Swedish?
- Is your clinic or program considering starting a social media presence?

If you answered yes to any of the above, please e-mail: corporate.communications@swedish.org as a primary contact for questions regarding social media. A secondary contact is Steve Kaiser, Swedish/Edmonds Marketing at steve.kaiser@swedish.org.

**January Hospital Statistics**

<table>
<thead>
<tr>
<th></th>
<th>January-11</th>
<th>January-10</th>
<th>% Change</th>
</tr>
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<tbody>
<tr>
<td>Average Daily Census</td>
<td>114.4</td>
<td>94.0</td>
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<tr>
<td>Admissions</td>
<td>782</td>
<td>650</td>
<td>20.3%</td>
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<tr>
<td>Total ER Visits</td>
<td>4,187</td>
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<tr>
<td>Total Surgeries</td>
<td>389</td>
<td>412</td>
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<tr>
<td>Deliveries</td>
<td>92</td>
<td>82</td>
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<tr>
<td>Divert Time</td>
<td>0.6%</td>
<td>4.7%</td>
<td>-87.2%</td>
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WELCOME New Swedish/Edmonds Medical Staff – February

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<tr>
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<tbody>
<tr>
<td>Richard Agress, MD</td>
<td>OB/GYN</td>
<td>OB/GYN</td>
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<tr>
<td>Suleman Aziz, MD</td>
<td>Internal Medicine</td>
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</tr>
<tr>
<td>Joshua Cooper, MD</td>
<td>Downey Plastic Surgery</td>
<td>Plastic/Reconstructive Surgery</td>
</tr>
<tr>
<td>Bruce Erhart, MD</td>
<td>Sound Women’s Care</td>
<td>OB/GYN</td>
</tr>
<tr>
<td>Mark Loudermilk, MD</td>
<td>Health Care for Women</td>
<td>OB/GYN</td>
</tr>
</tbody>
</table>

To Admit a Patient to Swedish/Edmonds, Call 425.640.4444