Joint Commission Survey Results

“Highly respectable,” that’s how the Joint Commission describes its recent survey of Swedish/Edmonds.

Joint Commission surveyors visited the hospital during the last week of June. They found hospital employees, nurses and physicians to be very responsive to questions and requests, and noted that Swedish/Edmonds can be very proud of the excellent care it provides.

Areas where surveyors thought we did well:
- Assessment and re-assessment of pain management
- “Time-outs” before surgeries and procedures to ensure patient safety
- Labeling of drugs for inpatient procedures
- Ensuring that medications are secure
- Critical results receipt and reporting to providers
- Completion of skills training and competencies
- Knowledge and use of interpretive services
- Anticoagulation-related treatment and teaching
- Plan of care documentation

“The number of findings this year was considerably fewer than during the hospital’s last survey,” says Nancy Wood, chief nurse executive, Swedish/Edmonds. “It should also be noted that Pavilion Pharmacy, in its separate Joint Commission survey, didn’t receive a single finding.”

Nancy says there are some areas where surveyors feel improvement is needed. These include the use of Do Not Use Abbreviations (DNUs) on patient charts, hallway and stairwell clutter, and completion of pre-procedure assessments. Depending on the type of finding, the Joint Commission has given the hospital until August 8 and 23 to correct findings or provide action plans to show how they’ll be corrected.

“All of the findings that surveyors noted are fixable,” says Nancy. “Overall the Joint Commission was especially complimentary of hospital and medical staffs, and we should be very proud of a job well done. Congratulations.”

The Joint Commission is an independent, not-for-profit group that develops performance standards for patient care, medication safety, infection control and consumer rights. Washington state requires that hospitals be accredited by the Commission as a condition for licensing and Medicaid reimbursement.
The Campaign for Swedish

Swedish is committed to ensuring that its hospitals have the resources needed to create the best facilities, incorporate the best technologies and attract the best physicians, nurses and staff to care for patients. To do this, the Swedish Foundation has launched its largest fundraising campaign in its history – The Campaign for Swedish. The goal is to raise $100 million by the end of 2013.

Campaign donations support hospital programs and projects, including paying for new medical equipment at Swedish/Edmonds. Thanks to a Swedish Foundation Philanthropy at Work grant, the hospital is receiving new traction equipment, as well as a new bladder scanner which will improve patient safety and satisfaction, plus save time for hospital staff.

“The scanner is similar to an ultrasound and it helps nurses safely and non-invasively monitor whether a patient’s bladder is full,” says Darlene Hetrick, clinical manager, medical/surgery general care. “Currently, the medical team on the hospital’s eighth floor is sharing a bladder scanner with the team on the hospital’s fifth floor. This new scanner will allow our nursing teams to spend more time on patient care.”

In addition to new medical equipment, the Foundation’s art committee is planning to fund a piece of commissioned artwork in memory of one of the hospital’s founders, physician Stanford Silberman. The work-of-art will be placed in the third floor lobby in mid-October.

In November, the Foundation is sponsoring a community educational forum featuring a guest speaker from the medical staff and a gala at Lynnwood Convention Center. The Swedish/Edmonds Imagine Gala, Celebrating Change, will be held on November 18th and raise funds for charity care at Swedish/Edmonds as well as support the renovation and expansion of Swedish Cancer Institute at Edmonds.

“Annually, the Foundation sets aside $800,000 of unrestricted funds for hospital programs and projects,” says Shilo Jones, Swedish Foundation. “So far, The Campaign for Swedish has helped fund countless programs and initiatives across our health services.”

Since The Campaign for Swedish began in 2007, the Foundation has raised more than $76 million. If you’d like to donate to the Campaign for Swedish, please visit campaignforswedish.org.

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

Ann Begert, MD
Edmonds Family Medicine

David Spiro, MD
Birth & Family Clinic

Debora Sciscoe, MD
Sound Women’s Care

Ella Doo, MD
Radia Medical Imaging, Inc.

Enrico Versace, MD
Center for Wound Healing & Hyperbarics

Gretchen Lockard, MD
Birth & Family Clinic

James Mercer, MD
Emergency Department

Janene Merzlak, MA
Sound Women’s Care

Jason Schneier, MD
Puget Sound Gastroenterology

Jeffrey Bray, MD
Sound Women’s Care

Keith Luther, MD
Swedish Internal Medicine at Edmonds

Kurt Harmon, MD
Surgical Associates of Edmonds

Linda Strong, MD
Swedish Internal Medicine at Edmonds

Michael Lau, MD
Edmonds Women’s Clinic

Michelle Sinnett, MD
Surgical Associates of Edmonds

Paul Allen, MD
Hospitalist Program

Rachel Hollister, MD
Edmonds Family Medicine

Randolph Bourne, MD
Sound Women’s Care

Richard Kenny, MD
Cascade Eye MD

Robert Gould, MD
Hospitalist Program

Shawn Rogers, MD
Puget Sound Otolaryngology
New Hospitalist Joins Swedish/Edmonds Staff

Swedish/Edmonds welcomed a new hospitalist to the team. Thomas George, MD, began caring for patients at the hospital on June 13.

Dr. George has a medical degree in anesthesiology from Christian Medical College in Ludhiana, Punjab, India and he completed two residencies – one in anesthesiology at Christian Medical College in India and the other in internal medicine at Harbor Hospital Center/UMB Affiliate, Baltimore.

Hospitalists care for patients with a variety of medical conditions and are dedicated to taking care of a patient through his or her entire stay at the hospital. Often, hospitalists see some of the most complex medical cases.

"With my background in anesthesiology, acute patient care has always interested me," says Dr. George. "The medical cases I often see are very serious and that challenges me to use more of my medical skills and broaden my expertise."

Dr. George recently moved to the Pacific Northwest from Texas.

"It's a big change geographically, culturally and socially," he says. "For one thing, it's green and it's wet in a good way! It's very different from Texas."

He’s enjoying being a part of his new community and looks forward to working with the Swedish/Edmonds team of medical providers and hospital staff.

"I’ve always wanted to be a part of an organization like Swedish," Dr. George says. "I look forward to working with everyone at Swedish/Edmonds."

In addition to English, Dr. George is fluent in the Indian languages of Malayalam, Hindi and Punjabi.

Outside of caring for patients, he enjoys woodworking, traveling and reading both fiction and non-fiction.

CPDI Report: May

<table>
<thead>
<tr>
<th>Concurrent / Retrospective</th>
<th>May’s Top 5 Queries:</th>
<th>Most Effective Query:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Reviews: 327/597</td>
<td>1. Anemia</td>
<td>Sepsis</td>
</tr>
<tr>
<td>Total Queries: 43/6</td>
<td>2. Present on Admission</td>
<td></td>
</tr>
<tr>
<td>Response Rate: 100%/83%</td>
<td>3. Document Clarification</td>
<td></td>
</tr>
<tr>
<td>Physician Agree Rate: 74%/40%</td>
<td>4. Sepsis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. Malnutrition</td>
<td></td>
</tr>
</tbody>
</table>

Impact of most effective query:
Revenue: $42,126
Case mix: 0.0067

Total Case Mix Index for Medicare and Managed Medicare: 1.47

Thank you to the medical and surgical staff for taking the time to respond to these queries. Please contact Melanie Westerinen, CPDI Program Supervisor, at 425.640.4378 with any questions.
Last month I covered some of the studies pertaining to disclosure of medical errors to patients and the offering of apology that was presented at the May 18 Grand Rounds by Tom Gallagher, MD, who has conducted research and written on the topic for 10 years. This month I’ll review the process of disclosure and apology.

Dr. Gallagher believes that disclosure is part of a fundamental professional obligation to be honest and truthful, and “not something patients should have to drag out of us.” He also believes that hospitals should nurture an institutional culture of disclosure as an integral strategy of providing high quality care. But that doesn’t just happen. Institutions need to adopt formal disclosure policies (hopefully, something more than just reciting the Joint Commission standard). They need to recognize that disclosure is both a skill set and art form. They need to have a training and coaching model to develop that skill set.

The key to effective disclosure is preparation and getting the necessary help. It is important to be attentive to the medical needs of the patient and for the clinical team to be involved in the discussion. The attending physician should usually lead the conversation. The initial conversation should happen as soon as possible.

As John Vassall, MD and chief medical officer for Swedish, points out in Mess Up? Fess Up, published in the March 2011 issue of Washington State Medical Association Reports, the care team should assemble as much information as possible prior to the initial discussion with the patient. When an unanticipated event or outcome occurs, ask:

- Was it preventable?
- Was it caused by an error?
- Why did it occur?
- Was the standard of care met?

While it’s important to recognize that the first discussion will almost always be incomplete, it’s also important to recognize that inaccurate or conflicting information from multiple sources may cause confusion and further damage the relationship with the patient. Dr. Gallagher advises that those leading a disclosure discussion avoid the natural desire to try to create a whole picture too soon. Remember, disclosure is a process and one should anticipate a series of conversations with the patient.

Send me an email (john.arveson@swedish.org) for a copy of Dr. Gallagher’s PowerPoint or any of the following articles of interest on this topic:

- Mess Up? Fess Up by Dr. John Vassall that was published in WSMA Reports in March 2011.
- Patients’ and Physicians’ Attitudes Regarding the Disclosure of Medical Errors by Gallagher, et. al. that was published in JAMA in 2003.
- Disclosing Harmful Medical Errors to Patients by Gallagher, et. al. that was published in NEJM in June 2007.
Cancer Program Receives National Accreditation

The Commission on Cancer (CoC) of the American College of Surgeons – a nationally recognized organization dedicated to improving survival and quality of life for cancer patients – has accredited the cancer program at Swedish/Edmonds.

“The CoC only grants accreditation to those cancer programs that demonstrate the best in cancer diagnosis and treatment,” says Eileen Johnston, MD, Swedish/Edmonds Cancer Committee Chairperson. “This is an honor – and recognition for achieving the CoC accreditation belongs to our dedicated team of clinicians.”

The hospital received a three-year accreditation with commendation in the category of Community Hospital Comprehensive Cancer Program. Areas of commendation included pathology – following College of American Pathologists reporting guidelines, prevention and early detection programs, cancer related quality improvements, outcome analysis and quality data submission.

This is the third time the hospital has received CoC accreditation – the first accreditation was in 2004 and again in 2007. To receive accreditation, Swedish/Edmonds demonstrated its cancer program does the following:

- Diagnoses at least 500-600 new cancer cases each year
- Provides a wide range of diagnostic and treatment services on site or by referral
- Ensures medical staff is board certified in major medical specialties including diagnostic radiologists, pathologists, general surgeons, medical oncologists and radiation oncologists
- Participates in clinical cancer research

Applying for and maintaining CoC accreditation is a voluntary commitment by Swedish/Edmonds that ensures that the hospital offers access to a full scope of services required to diagnose, treat, rehabilitate and support patients with cancer and their families.

An important factor that contributed to the accreditation according to Dr. Johnston was work done by the hospital’s Cancer Committee to continuously evaluate the cancer program at Swedish/Edmonds. From state-of-the-art equipment used to diagnose and treat cancer, to access for patients to education and cancer support services, the CoC supports programs that regularly evaluate and measure performance, and take proactive corrective action when necessary.

“Our continuous, multidisciplinary team approach to evaluating our cancer program and its services reaffirms to patients and their families our commitment to quality cancer care, close to home,” says Dr. Johnston.

The CoC accredits more than 1,500 cancer programs nationwide. Approximately 71 percent of all newly diagnosed cancer patients in the United States are treated in CoC accredited programs. Accreditation by the CoC is widely recognized by national organizations such as the Joint Commission and the American Cancer Society.

May Hospital Statistics

<table>
<thead>
<tr>
<th></th>
<th>May-11</th>
<th>May-10</th>
<th>%Change</th>
</tr>
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<tbody>
<tr>
<td>Average Daily Census</td>
<td>112.4</td>
<td>95.4</td>
<td>17.8%</td>
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<tr>
<td>Admissions</td>
<td>747</td>
<td>695</td>
<td>7.5%</td>
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<tr>
<td>Total ER Visits</td>
<td>3,742</td>
<td>3,800</td>
<td>-1.5%</td>
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<tr>
<td>Total Surgeries</td>
<td>453</td>
<td>413</td>
<td>9.7%</td>
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<tr>
<td>Deliveries</td>
<td>75</td>
<td>89</td>
<td>-15.7%</td>
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<tr>
<td>Divert Time</td>
<td>0.3%</td>
<td>0.3%</td>
<td>0.0%</td>
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WELCOME New Swedish/Edmonds Medical Staff – June

<table>
<thead>
<tr>
<th>Name</th>
<th>Group</th>
<th>Specialty</th>
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</thead>
<tbody>
<tr>
<td>Andrew Beckstrom, MD</td>
<td>Pediatrix</td>
<td>Neonatology</td>
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<tr>
<td>Ryan David, MD</td>
<td>CEP America</td>
<td>Emergency Medicine</td>
</tr>
<tr>
<td>Patricia Geraghty, MD</td>
<td>Radia, Inc.</td>
<td>Radiology</td>
</tr>
<tr>
<td>Karin Gunther, MD</td>
<td>CEP America</td>
<td>Emergency Medicine</td>
</tr>
<tr>
<td>Peter Hesslein, MD</td>
<td>Swedish Pediatric Specialty/First Hill</td>
<td>Pediatric Cardiology</td>
</tr>
<tr>
<td>Kimberly Krabill, MD</td>
<td>Swedish Pediatric Specialty/First Hill</td>
<td>Pediatric Cardiology</td>
</tr>
<tr>
<td>Vivek Manchanda, MD</td>
<td>Radia, Inc.</td>
<td>Radiology</td>
</tr>
<tr>
<td>Pooja Voria, MD</td>
<td>Radia, Inc.</td>
<td>Radiology</td>
</tr>
</tbody>
</table>

To Admit a Patient to Swedish/Edmonds, Call 425.640.4444

For Medical Staff information on the web, visit: www.swedish.org/EdmondsMedicalStaff