

medical staff news

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NEWS

Swedish Medical Staff Quarterly Meeting to be Held May 15

A meeting of the Swedish medical staff will be held Tuesday, May 15, at 6 p.m. in the Swedish Education and Conference Center, Cherry Hill Campus. Dinner will be available at 5:30 p.m. The agenda includes action on two bylaws amendments, one on board certification and another changing the duties of campus department leaders. Text of both amendments were distributed earlier. All members are encouraged to attend.

Board Adopts Amendment Changing Sections to Campus Departments

The Board of Trustees has given final approval of an amendment changing the name of medical staff specialty-based structures at the campuses from Sections to Campus Departments. All medical staff governance documents are published on [Swedish Online](#).

eScription Go-Live Postponed

The eScription project go-live date of May 8 has been postponed because two critical issues require more time to resolve. While we regret postponing the go-live at this time, please note the work will continue. A new go-live date will be announced once both issues are resolved. We apologize for the delay and thank you for your patience. Questions? Contact [Laurie Burns](#), transcription manager (Swedish), [Chrissie Stillwagon](#), HIM manager (Edmonds), or [Josef Ruzicka](#), project manager (SMG).

CAUTIs Are Trouble, What Can You Do? *by John Pauk M.D., MPH, medical director, Infection Prevention, Antimicrobial Stewardship, and Infectious Disease*

Swedish is focused on patient safety and is working diligently to decrease the number of catheter-associated urinary tract infections (CAUTIs). Compared to similar organizations nationally, Swedish is ranked in the 30th percentile for CAUTI outcome metrics. [Continue reading](#).

Pharmacy and Therapeutics Committee Approves Therapeutic Interchange

Pharmacy & Therapeutics has granted approval for therapeutic interchange for oxycodone and potassium oral formulations, and brimonidine ophthalmic drops. Meperidine oral is no longer on formulary. Cangrelor is restricted for use in the cath lab only. ID providers will consult S. aureus bacteremia cases automatically. Read the [April newsletter](#) or visit the [P&T website](#) to learn more about these and other medication use policies and processes.

2018 Provider Survey Now Live

The 2018 provider survey is available for all SMC- and SMG-employed providers now through May 21. Please encourage providers to take the survey, which they received April 16 via email from our survey vendor, Press Ganey. Hearing from our providers will help guide our efforts for next year. Get survey details on Swedish Online [here](#).

Strengthening Our Provider Recruitment

Providence St. Joseph Health is setting up the internal provider recruitment team as a new, not-for-profit company. The Physician Services & Development team will be known as Provider Solutions + Development (PS+D) in order to accelerate its national brand strategy and expand services to health care organizations beyond the PSJH family of brands. [Continue reading.](#)

In Memoriam: Ray Jarris, M.D.

Raymond (Ray) F. Jarris, Jr., M.D., passed away peacefully on April 13 in Seattle surrounded by family. He was 62. A highly respected physician and entrepreneur, he was medical director of the Swedish Medical Center/Ballard Emergency Department and president of Ballard Emergency Physicians. His commitment to patient-centered care led to numerous awards and national recognition. [Continue reading.](#)

Welcome New Medical Staff Members

Welcome practitioners who [joined the Swedish medical staff in April.](#)

KUDOS

Medical staff members may submit news about awards, recognitions, published articles, media reports, and other professional achievements for consideration in "Kudos" by emailing [Medical Staff News.](#)

POLICYWONK

New/Updated Standards

[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."

PHILANTHROPY

Swedish physicians honored with gifts of gratitude from patients, loved ones



Congratulations to [caregivers who were recently honored with donations](#) through the Swedish *Honor Your Caregiver* program. Every year thousands of patients and their loved ones donate to Swedish as a way to express their gratitude to Swedish caregivers who have made a difference in their lives. This generosity starts with you. Thank you for your kindness and commitment to providing extraordinary care.

CME

Swedish Continuing Medical Education Opportunities

Swedish offers a variety of accredited CME events, including full-day conferences, online courses and regularly scheduled series. Check out these upcoming events and visit www.swedish.org/cme for a complete list:

- May 11 [Annual Oncology Symposium: Oncology Care in the Aging Population](#)
- May 16 [11th Annual Iris and Ted Wagner, M.D., Endowed Lectureship](#)
- May 18 [Physician Well-Being](#)

2018 Washington Medical Commission Annual Conference

The Washington Medical Commission (the Medical Board of Washington), is looking for speakers for their 8th annual education conference that will be held in Seattle on October 5 and 6. The goal of this conference is to provide participants with evidence-based knowledge regarding how patient engagement can improve the overall diagnostics, treatment and health of a patient. [Continue reading](#).

Swedish CME Medical Ethics Conference Series

This series provides an ongoing forum for teaching ethical principles and exploring ethical concepts. The faculty will address a new topic each month. The discussions will include ethics studies on timely topics and case presentations. The series occurs the fourth Wednesday of each month in the Glaser Auditorium at Swedish First Hill. Please contact [Swedish CME](#) to be added to the invitation list.



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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
- Grief and loss
- Home ownership consultation
- Emotional or behavior issues
- Compulsive behaviors
- Caregiver burnout
- Management coaching

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](#). Enter your username, swedish, in order to access the library of work/life tools, trainings, and webinars available to you.

And So Forth...

CAUTIs, What You Can Do

- In 2017, 55 patients were harmed due to urinary catheter infections.
- Year-to-date records indicate 11 patients were harmed due to urinary catheter infections.

Each one of these urinary catheter infections increases the morbidity and mortality of our patients. In addition, we receive decreased reimbursement for each CAUTI event. When testing is done inappropriately, it can also result in unnecessary exposure to antibiotics and increased length of stay for our patients.

Our CAUTI steering team reviews each CAUTI event to determine the root cause & to identify opportunities for improvement. After reviewing our 2018 CAUTI infections, we have noticed some common opportunities for additional provider education.

Evidence-based methods to reduce the incidence of CAUTI:

- 1) Reduce the use of urinary catheterization by restricting its use to patients who have clear indications.
 - Review our [Indications for urinary catheterization](#) (based on CDC guidelines).
- 2) Remove the catheter as soon as it is no longer indicated.
 - 30 percent of our 2018 CAUTI infections did not have a clear indication of why the Foley still remained & had no documented attempts for early Foley removal.
 - Partner with nursing staff & encourage them to use our [Nurse Driven Foley Removal Protocol](#). Nurse-driven protocols have been shown to decrease CAUTI rates. Meddings et al. (2010), found that using a daily reminder system intervention decreased duration of catheterization by 37 percent. Fakhri, et al. (2008), found that a nurse-led multidisciplinary approach on evaluating the need for urinary catheters reduced the rate of use by 20 percent.
- 3) Collaborate with RNs to replace the indwelling catheter on day five if a specimen is being collected for a urinalysis (UA) with reflex to culture & sensitivity (C&S).
 - 30 percent of our 2018 CAUTI events had UA cultures sent from indwelling Foley catheters, which were in place for greater than five days.
 - Replacing indwelling Foley catheters on day five minimizes the risk of biofilm contamination of the urine specimen. Inform RNs to collect the sample at least one hour after catheter change. Unless there is a contraindication to replacing the catheter (e.g. difficult placement), it is important to change prior to testing.
- 4) Appropriate urine culture testing.
 - 10 percent of our 2018 CAUTI events had inappropriate UA testing.
 - LIPs should only test when there is a significant probability a patient is experiencing a symptomatic infection. Please review [UA Appropriate Testing Algorithm](#).
 - Common examples of inappropriate testing we see include sending for cloudy urine, change in urine appearance, or malodor.

Thanks for your help in supporting these guidelines to ensure the highest quality of care for our patients. Should you have any questions or need additional information for clarification, please feel free to [contact me](#).

Provider Recruitment

We also encourage you to share with your networks. Know someone who wants to join PSJH? Connect them to PS+D at (844) 874-7742, LetsTalk@psdrecruit.org, or [online](#).

This change is one example of the creative ways PSJH is adapting to the rapidly evolving health care environment. It is in direct response to support PSJH's need for diversified revenue. With revenue from the commercial services provided to outside health systems, PS+D will bring in funds to help support population health initiatives aimed at creating healthier communities. After meeting expenses, every dollar PS+D brings in is a dollar that PSJH can spend on patient care.

PS+D remains committed to becoming the best provider recruitment team in the nation and will continue to partner strategically with PSJH regions to deliver exceptional provider recruitment, compensation and contracting services steeped in innovation, collaboration and national best practices.

The team will also still be a resource to you in your own career and medical practice journey. PS+D recognizes the importance of having the right practice potential and are still available for development opportunities and new practice locations. We want to keep our providers satisfied with working

alongside PSJH, and if the current situation is not a good fit for you, please consider connecting with PS+D to find a new practice home within PSJH.

You will begin to see new PS+D branding soon.

You are invited to learn more about what sets PS+D apart in the [online frequently asked questions document](#).

Thank you for your dedication to the patients in all of the communities we serve.

Ray Jarris, M.D.

Ray was perhaps best known for his contributions to the maritime and fishing industries. He founded Maritime Health Services and Global Medical Systems to provide medical oversight to ships at sea. Most recently, he co-founded Discovery Health MD, PLLC, with his wife Ann Jarris, M.D., to offer comprehensive medical services to remote worksites. Known as "Dr. Ray" throughout the fishing industry, his love of boating and passion for helping others led him to become the global expert in maritime medicine.

Ray founded MD Solutions International over 20 years ago to provide medical direction for corporate and public access defibrillation programs. His visionary work now supports over 20,000 defibrillators nationwide and has saved hundreds of lives.

Ray lived a life of service to others. He was known for his kindness and compassion. Born in New York, he received his medical and master's degrees from Boston University and completed his residency in family medicine at the University of Washington. He served as a captain in the U.S. Public Health Service Reserve and was a lieutenant commander in the U.S. Public Health Service/Indian Health Service as clinical director of the Taholah Indian Health Center. His unwavering belief in immediate access to expert medical advice for all was a core value.

He is survived by his wife Ann, his daughters Jessica and Emily, son Chris, mother Jessamine, brother Paul and sister Nancy Jarris Anderson. An avid boater and amateur photographer, Ray served as an Expedition Team Physician to the Arctic and Antarctic with Quark Expeditions and shared his love of adventure and boating with his family. He was fascinated with nature and exploration and all who knew him were enthralled with his enthusiasm and wisdom.

Medical Commission Conference

It is attended by approximately 150 primary care and specialty physicians and physician assistants along with nurses and members of the general public from across Washington. In an effort to reduce barriers to health care education, the conference is free to attendees. They also offer free Category I CME for our attendees.

The scheduled topics for the 2018 conference include: patient and staff engagement, engaging a patient via telemedicine, communication skills, innovation in daily practice, engaging patients in improving care, how burnout affects your patient, patient surveys & reimbursement and evolving consumerism in healthcare.

Please let Jim Bush, performance and outreach manager for the Washington Medical Commission, know if you would be willing to speak on patient engagement and customer satisfaction. He may be reached at 360-236-2738.