

July  
2009

*Board certified polysomnographic technologists evaluate sleep studies at the Stevens Hospital Sleep Center.*

### Stevens Hospital Sleep Center Invites You to Tour the Facility

The Stevens Hospital Sleep Center, established in 2001, is an American Academy of Sleep Medicine (AASM) accredited Sleep Disorder Center, capable of diagnosing and treating more than 70 sleep disorders.

At Stevens Hospital Sleep Center, sleep studies are conducted in private rooms that have sound and light controls to help eliminate outside factors that can artificially influence test results. The rooms were designed with patient comfort in mind and have a homelike appearance.

We invite you to stop by anytime Monday through Friday, 8 a.m. to 5 p.m. for a tour of our facility.

For more information or to refer a patient to the Stevens Hospital Sleep Center call 425.640.4660.



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## Stevens Hospital Implements Hourly Rounding for Patients on Two Floors

Stevens Hospital recently implemented hourly rounding on 5-West, 8-West and according to Nancy Wood, executive director of nursing practice, it's going really well.

Nurses, or nursing assistants, visit each patient hourly and ask them if they need to use the restroom, are comfortable, would like help with re-positioning and if they are experiencing any pain.

"Hourly rounding makes sure that the patients' needs are being met before they have to ask," said Nancy. "Which cuts down on calls to the nurses and makes for a happier patient because they feel like people are paying attention and they know that we're on top of things."

This new process has enabled the nurses to plan their time because they do not need to respond to calls as frequently and has significantly reduced the number of patient falls.

The number of all patient falls at the hospital already compares favorably to the national average, and this new practice will only make it better. The national average is 4.15 falls per 1,000 patient days and Stevens Hospital rate is 2.5.

The nursing staff on 5-West and 8-West track the number of days without a fall for each on a board in their lounge. As of July 14th, the boards read:

	<u>5-West</u>	<u>8-West</u>
Nights	19	84
Days	89	39
Evenings	79	84

## CPDI Tip of The Month: Symbols

Symbols cannot be substituted for descriptions of patient conditions or diagnosis and they cannot be coded from the medical record as such. Na=125, ↓Na, <Na must be written as hyponatremia in order to be coded.

↑ ↓ + - < >  
R/O R/I R/T D/T  
2nd II 2° 1° I°  
Na= 125 Na= 154  
↓HCT 2° GI BLEEDING/  
SURG

Does R/O mean rule out or ruled out? Does R/T mean related to or respiratory therapy? And does D/T mean due to or delirium and tremors?

Instead of writing ↓HCT 2° GI BLEEDING/SURG, try acute blood loss anemia and specify the source/cause.

### Remember.....

Diagnoses are the words in the chart that show how sick the patient is. Diagnoses are translated into codes that also say that the patient is sick, regardless of whether that patient is stable or unstable.

Sources:  
*A Minute for the Medical Staff, Robert S. Gold, MD, May 2009 briefing.*  
Examples taken from current inpatient charts ICD-9 coding guidelines.

## CEP America / Emergency Department Transition

As you may recall from a previous announcement, effective July 1, CEP America became our new provider of emergency department physician services. All current ED physicians are being retained by CEP America and the transition is going well. We will continue with full staffing and anticipate no service interruptions.

We chose CEP America because they are committed to partnering with the hospital and its

medical staff. Most importantly, alongside its significant track record of successful patient outcomes, CEP America's approach aligns with the hospital's values for positive change and fostering teamwork among all ED team members.

Alice D. Hunter, MD, of CEP has been named interim medical director and Michelle Gill, MD, will join us September 1 as the permanent medical director. Rich Campbell,

MD and Raul Borrromeo, MD have been named assistant interim medical directors. You may contact Dr. Hunter at 925.451.5021 or alicehunter@cep.com or Kate Maggert at 425.640.4101 or kmaggert@stevenshospital.org if you have any questions.

## Emergency Codes Have New Names Effective August 1

Review below information before you have to call a code

OLD Code name	NEW Code name	Emergency Situation
NO CHANGE	<b>CODE RED</b>	Fire or smoke
Code 10	<b>CODE BLUE</b>	Heart or respiration stopping
Code Yellow	<b>CODE ORANGE</b>	Hazardous Material Spill or Release
Code Strong	<b>CODE GRAY</b>	Combative Person
	<b>CODE SILVER</b>	Person with a weapon/hostage situation
Code A	<b>AMBER ALERT</b>	Known or suspected child/infant abduction
Code Green	External Triage	External disaster
Code Green	Internal Triage	Internal disaster
C.A.T.	Rapid Response Team	Rapid response team for patient in deteriorating condition in non critical inpatient area
	<b>CODE CLEAR</b>	To clear a code once team arrives or emergency team requests
Code Blue	<b>Code Pink</b>	Emergency c-section
NO CHANGE	Code Delta	Decontamination Response team activation
NO CHANGE	<b>CODE PURPLE</b>	Divert Alert in Emergency Department
NO CHANGE	Disaster Alert	Potential Disaster Activation Response

# Strategic Planning 2009-2012

Stevens 2009-2012 Strategic Plan development process is continuing. The Snohomish County Health District No. 2 Board of Commissioners has drafted the following strategic priorities for this time period:

## People

- Recruit and retain high quality physicians
- Foster a culture of employee empowerment, involvement and accountability
- Create a board and leadership development plan, including succession planning

## Service

- Build a culture where providing patients, and their families/support groups, an excellent patient experience is an expectation at all levels of the organization
- Improve service image with a rebranding campaign, aided by affiliations with one or more highly reputable organizations.
- Assess population needs and develop/enhance service lines.
- Support the health of the planet and our community by

implementing “green processes” and using “green resources” wherever possible

- Improve cultural competence

## Quality

- Provide excellence in quality and safety in all patient care environments and throughout the continuum of care

## Finance

- Meet our ongoing need for capital for facilities and technology
- Pursue funding from increased tax levies
- Expand access to philanthropy
- Assess capital investment priorities and define sources, e.g. long term capital plan
- Perform a service line financial assessment to align with community needs, quality needs and growth opportunities
- Continue to improve financial performance
- Monitor and adapt to reimbursement reforms

## Growth

- Expand our primary care and specialist physician base

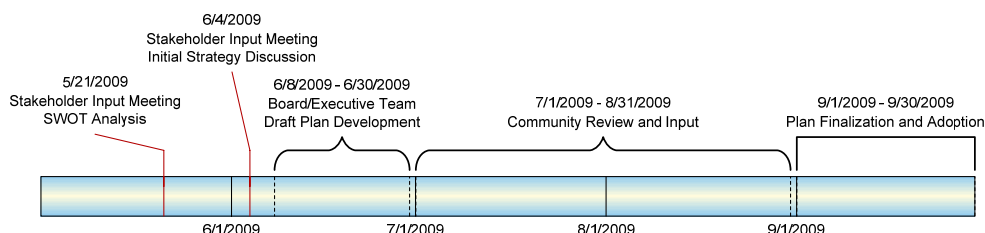
- Expand and enhance service line offerings to meet community needs
- Expand ED access to care
- Grow business volumes with targeted affiliations in numerous service areas (beyond ED)
- Strengthen our brand so that it is consistently recognized and respected in the community

## Community

- Stimulate a sense of community partnership and ownership of Stevens Hospital

During the months of July and August, the draft strategic priorities will be presented at a number of meetings and town hall forums throughout the District to obtain input from the community on our strategic direction.

If you have comments or questions on the strategic planning process or on these priorities, please contact Sarah Zabel, Chief Planning Officer, at [szabel@stevenshospital.org](mailto:szabel@stevenshospital.org) or 425.640.4005.



## CPDI REPORT: June

Total Concurrent Reviews:	347
Total Queries:	43
Response Rate:	77%

### June's Top 5 Queries:

1. Acute Renal Failure
2. Malnutrition
3. Document Clarification
4. Anemia Surgical
5. Congestive Heart Failure

### Impact of # 1 query:

Revenue:	\$5,000
Case mix:	0.7616

Thank you to the medical and surgical staff for taking the time to respond to these queries.

Please contact Loree McGill, RN, CDS, CPDI program manager, at 425.640.4869 with any questions.

## Congratulations...

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

*Angela Sparks, MD*  
Birth & Family Clinic

*Bruce Williams, MD*  
Edmonds Internal  
Medicine

*C. Gordon Hunter, MD*  
Sound Women's Care

*Catherine Rogers*  
Sound Women's Care

*Catherine Zeh, MD*  
Birth & Family Clinic

*Daniel Timmons, MD*  
Sound Women's Care

*Dave Fuhrmann, MD*  
Birth & Family Clinic

*David Spiro, MD*  
Birth & Family Clinic

*Debora Sciscioe, MD*  
Sound Women's Care

*Earl Beaupied, MD*  
Emergency Department

*Eric Grassman, MD*  
Swedish Heart &  
Vascular

*Felix Leshchinsky, MD*  
Hospitalists

*Gretchen Lockard, MD*  
Birth & Family Clinic

*Jinfeng Guo, MD*  
Pugest Sound  
Gastroenterology

*Keith Luther, MD*  
SCIM

See Survey Comments on pg 5



## CME Corner

John Arveson  
CME Program Coordinator

As you may know, the Accreditation Council for Continuing Medical Education (ACCME), adopted new criteria for accreditation, which were to be in place in mid-2008.

The ACCME holds a firm belief that accredited CME is an essential link between life-long learning, state licensing and maintenance of certification requirements; and that CME should collaborate with quality improvement initiatives and address interdisciplinary teams.

As a result, this new accreditation criteria emphasizes that CME should address documented practice gaps, and that CME activities are designed to change competence, performance or patient outcomes.

This expectation is embodied in the criteria pertaining to the CME mission, CME planning process, the CME activities offered, how CME activities are

evaluated and measured, and how the overall CME program assesses itself in accomplishing its mission.

Thus, as we re-institute accredited CME at Stevens you will see evaluation forms asking you to comment how the CME activity might have affected your knowledge and changes in practice. We will also do some follow-up to collect data about changes in practice that were actually implemented.

As we move ahead in regaining accreditation status, there will be some challenges to meet. These

will be similar to those facing every accredited CME provider throughout the country.

CME, like every other aspect of health care, is changing and evolving. Hopefully, this evolution will result in CME that supports your commitment to life-long learning and continual professional development.

If you have thoughts or comments regarding CME at Stevens, please feel free to contact me at [jarveson@stevenshospital.org](mailto:jarveson@stevenshospital.org).

## REMINDER\*- Medical Staff Quarterly Meeting

Tuesday, July 21st  
6:00 p.m.  
4th Floor Conference Rooms  
(including Auditoriums A, B & C)

\*Notices were mailed to the Active and Active Community staff on July 8.

# Stevens Hospital to Host Community Health Fair at Alderwood Mall in August

A healthy student is an attentive student, so just in time for back to school, Stevens Hospital, together with community clinics, non-profit organizations and Alderwood Mall, is presenting Healthy Families, Healthy Students.

This one-day health fair will promote healthy lifestyles and educate families in our local community about health issues and the services

available to them in their own backyard.

Help local families start the school year off right! Join us for this great opportunity to educate the community and raise awareness about your organization.

You can get involved in two ways: featuring an interactive health or safety topic at a booth or presenting a topic to the group as a stage

presentation. Examples of interactive topics could include: calculating BMI, diabetes screening, vision or hearing checks or building a healthy lunch, to name a few.

To register for the event, or for more information, contact Jeryl Garrett, marketing specialist, at 425.640.4038 or jgarrett@stevenshospital.org by Friday, July 31.

## Healthy Families Healthy Students

Saturday, August 22nd  
Noon to 4 p.m.  
Alderwood Mall

### Survey Comments Continued from pg 4

*Khanh Nguyen, MD  
SCIM*

*Kimberly Dickey, DO  
Sound Women's Care*

*Linda Brunson, MD  
SCIM*

*Linda Strong, MD  
SCIM*

*Marci Nelson, MD  
Birth & Family Clinic*

*Matthew Matko, MD  
SCIM*

*Maurene Cronyn, MD  
Birth & Family Clinic*

*Melissa Chinn, DO  
Sound Women's Care*

*Michael Lau, MD  
Edmonds Women's  
Clinic*

*Michelle Sinnett, MD  
Surgical Associates of  
Edmonds*

*Randolf Bourne, MD  
Sound Women's Care*

*Raul Borrromeo, MD  
Emergency Department*

*Robert Cox, MD  
Sleep Center*

*Robert McCoy, MD  
Sleep Center*

### May Hospital Statistics

	<u>May-09</u>	<u>May-08</u>	<u>% Change</u>
Average Daily Census	87.0	86.1	1%
Total ER Visits	3,895	3,510	11%
Total Surgeries	427	436	-2%
Deliveries	95	112	-15%
Days of Cash	46.3	34.3	35%

## Newsletter Access

Vital Signs is available on our website.

Select "For Physicians" from left menu of our home page:

[www.stevenshospital.org](http://www.stevenshospital.org) then click "Printable Documents" on the right menu.

## Contributions

Any medical staff member with an article or item for the newsletter should contact Jeryl Garrett at (425) 640-4038 or [jgarrett@stevenshospital.org](mailto:jgarrett@stevenshospital.org) by the 1<sup>st</sup> of the month.

## WELCOME New Stevens Medical Staff – June 2009

Name	Group	Specialty
Matthew R. Crouthamel, M.D.	Puget Sound Surgical Clinic	General Surgery
Tyler G. Kimbrough, M.D., Ph.D.	Puget Sound Otolaryngology	Otolaryngology
Layron Long, M.D.	Urology Northwest	Urology
Joel E. McCreary, D.O.	Pacific Anesthesia	Anesthesiology
Richard F. Wear, M.D.	Pacific Anesthesia	Anesthesiology
Edwin J. Yau, M.D.	Radia Medical Imaging	Radiology
Carter F. Yeatman, M.D.	Radia Medical Imaging	Radiology

## To Admit a Patient to Stevens, Call 425.640.4444

To better serve our patients and providers, Stevens has established a new bed control service which provides:

- A designated phone line to initiate your direct admit process (above)
- Improved communication and bed coordination flow