

November
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Welcome New Medical
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Physicians Train, Prepare for Optically Scanned Electronic Medical Records for Discharged Patients

Physician access to patient records at Stevens Hospital will soon be faster, easier and more convenient than ever. One-on-one physician training is underway for the hospital's new electronic medical records and as of January 19, Stevens will begin optically scanning all inpatient and ambulatory surgery records for discharged patients and implementing the Enterprise Document Management (EDM)/Soarian Health Information Management (HIM) system.

"A team of more than a dozen physicians was consulted for the new electronic medical record - the EDM/Soarian system," says Jan Feikes, director of health information management. "We designed the system so that documents contained in patient charts that physicians typically need to view the most are easily accessible and arranged in computer folders within the electronic health record."

The HIM/Medical Records Department will begin scanning inpatient and ambulatory surgery records starting with patients discharged on January 19. Once scanned, those records will be available in an electronic form and paper records will no longer be

available following a patient's discharge from the hospital. Electronic patient records can be viewed, edited and signed by physicians from any computer with a secure Internet connection. Records may also be accessed simultaneously by more than one person. Currently, physicians are required to visit the fourth floor of the hospital to go through patient charts one by one, page by page to review and sign them. "Electronic records will make physicians' lives so much easier," says Jan.

The EDM/Soarian system is already in place in the Stevens Emergency Department. Combined with Allscripts, the electronic documentation system for emergency patients only, physicians are able to view almost instantaneously interfaced documents such as lab and radiology test results and dictation. An entire patient record will be kept in the EDM/Soarian system. A paper record will be kept while a patient remains an inpatient at the hospital however the long-term goal for Stevens and health systems across the United States is to become completely paperless.

H1N1 Vaccination – A Progress Report

Administration of H1N1 vaccine at Stevens has been a complex and ever changing process due to limited vaccine availability. The entire supply of 2009 Influenza A (H1N1) vaccine was purchased by the federal government as a means of protecting the public against the H1N1 flu. In order to be a provider of the vaccine the hospital pharmacy was required to sign a specific provider agreement. In part, this agreement specifies that Stevens must:

- Administer the 2009 Influenza A (H1N1) vaccine according to the recommendations of CDC's Advisory Committee on Immunization Practices.

- The Washington State Department of Health or the local health jurisdiction may temporarily discontinue the provision of vaccine or may terminate this agreement at any time for failure to comply with these requirements.

Stevens participated in the countywide express vaccination clinics on October 24 and 31. Overall Stevens administered more than 4,500 doses.

Key messages to patients that physicians can help Stevens disseminate are:



Jami Samione holds her son, Siena, while he receives an H1N1 shot October 24 from Stevens Hospital nurse, Loree McGill.

- Stevens can only vaccinate approved target groups; there are no exceptions to this policy since it would risk the hospital losing access to vaccine

Please see H1N1 Vaccination on Page 3

Congratulations...

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

Atif Mian, MD
Center for Wound Healing & Hyperbarics

Catherine Rogers, MD
Sound Women's Care

Catherine Zeh, MD
Birth & Family Clinic

Daniel Timmons, MD
Sound Women's Care

David Fuhrmann, MD
Birth & Family Clinic

Erin O'Rourke, DPM
Stevens Foot and Ankle Clinic

Gretchen Lockard, MD
Birth & Family Clinic

Jason Schneier, MD
Puget Sound Gastroenterology

Jeffrey Bray, MD
Sound Women's Care

Judith Babcock, MD
Birth & Family Clinic

Keith Luther, MD
SCIM

Kimberly Dickey, DO
Sound Women's Care

Linda Brunson, MD
SCIM

Linda Strong, MD
SCIM

Marci Nelson, MD
Birth & Family Clinic

Maureen Cronyn, MD
Birth & Family Clinic

Melissa Chinn, DO
Sound Women's Care

Michelle Sinnett, MD
Surgical Associates of Edmonds

Myra Horiuchi, MD
Edmonds Family Medicine

Randolf Bourne, MD
Sound Women's Care

Raul Borromeo, MD
Emergency Department

Richard Campbell, MD
Emergency Department

Robert Mito, MD
Swedish Heart & Vascular Institute

Physician Excited to Join Hospital Board as New Commissioner



It's going to be a great decade for Stevens Hospital, its physicians and staff. That's according to Bruce Williams, MD, FACP, the newest member of the hospital's Board of Commissioners.

"The future is very exciting," says Dr. Williams. "I see our local community and the healthcare Stevens provides moving toward higher integration that will yield more quality medical care and I hope, culminate in the construction of a new hospital in the next decade."

Stevens is part of Public Hospital District No. 2 in Snohomish County and is governed by a board of five commissioners elected by registered voters. Dr. Williams ran unopposed in the November election and will replace outgoing hospital commissioner Robert Meador. "I think it's a good idea to have a commissioner who is also a

physician. I believe that will be a positive aspect to the board in the future," says Williams.

A board certified physician and the son of a physician, Dr. Williams has practiced internal medicine in Edmonds for nearly 17 years. He grew up in Corvallis, Oregon and graduated Phi Beta Kappa from Whitman College in Walla Walla, Washington. He then attended the University of Oregon Medical School in Portland. From there he went on to serve as a chief resident at Hennepin County Medical Center in Minneapolis.

Dr. Williams has also been a member of the National Health Service Corps which helps to expand access to health services and improve the health of people who live in urban and rural areas where health care is scarce. In addition, he worked for the Harvard Community Health Plan and was

on the clinical faculty of Harvard Medical School in Boston. Closer to home, Dr. Williams served on the Edmonds School Board for 10 years and chaired the Stevens Physician Hospital Organization (PHO) from 1992-1997.

Dr. Williams says he's very interested in best practices regarding delivery of care and getting the word out about what a value Stevens and its staff are to the community. "The physician community and hospital employees are the institution's most valuable assets."

Board Commissioners serve six year terms. Dr. Williams' term begins in January.

H1N1 Vaccination *(continued from page 2)*

- A "no" to vaccination really just means "not now" or "not yet"; it's important that patients not take this personally
- When vaccine supply increases it will be more widely available

- Stevens is staying in close contact with local health authorities to ensure that the hospital has the very latest information.

Thank you for your support and continued understanding as Stevens moves forward during this

unique influenza season. Please help support the clinicians on the front line who are making difficult decisions about which patients can be vaccinated now and which must wait.



CME Corner

John Arveson
CME Program Coordinator

Expert Shares Practical Tips for Chronic Pain Patients

Most physicians have encountered patients who suffer from chronic pain. While mild and moderate pain can be treated with aspirin, acetaminophen and non-steroidal anti-inflammatory medications (NSAIDs), the challenge for many physicians comes when a patient's functionality is compromised by pain to the extent that prescribing opioids is being considered. Some practical tips were offered during the Stevens Hospital grand rounds lecture – Managing the Chronic Pain Patient: More than just Opioids – on November 3. The speaker was Dr. Gordon Irving, medical director at Swedish Pain Center.

At the lecture, Dr. Irving noted that there has been a concomitant increase in opioid sales and unintentional opioid overdose deaths. From 1996 to 2006, accidental opioid deaths in the United States rose from about three to seven per 100,000. At the same time, prescription opioid sales increased from about 100 to

nearly 600 milligrams per person. The Washington State Department of Labor & Industries cites data estimating an 800 percent increase in deaths involving prescription opioids from 1995 to 2004. While these data are alarming, it has not gone unnoticed by physicians that they may be exposing themselves to increased risks when prescribing opioids. Such risks include contributing to addiction, possible diversion, and increased scrutiny from government agencies including the Drug Enforcement Administration (DEA) or the Medical Quality Assurance Commission (MQAC).

Dr. Irving stated that the current environment has resulted in a pendulum where some physicians will not prescribe opioids for any reason while a few others are almost indiscriminate. He argues for a balance that is driven by close monitoring. His approach is based on encouraging patients to assume more responsibility for their own care through goal setting and establishing clinic standards for managing patients on opioids. He stressed that it is important for physicians to pay attention to their documentation of the four A's – analgesia, activities of daily living, adverse effects, and aberrant drug-taking. These are reviewed, updated and documented at each visit. He also wants patients to set functional goals and report their

progress at each visit. He strongly urges physicians to have a practice policy on aberrant behavior and to stick to it.

Regarding guidelines, Dr. Irving says they are just that – guidelines. For example, the Labor & Industries guideline of 120 milligrams equivalent morphine dose is not set in stone nor does it mean that anything above that dose is dangerous and anything below is safe for every patient. It should be used as a guide and provide the physician with an opportunity to pause and reassess before prescribing a higher dosage in a particular situation. If the patient is doing well and is more functional on higher doses, great. Physicians should be sure to document their rationale.

Dr. Irving and his colleagues at the Swedish Pain Center have developed a patient booklet – STOMP (Structuring Your Own Management of Pain). It provides general information about chronic pain, brief discussions on goal setting, logs for exercise, nutrition and sleep, as well as several web references for more information. The booklet is available in a PDF file. E-mail me at jarveson@stevenshospital.org if you would like a copy of STOMP or a copy of Dr. Irving's PowerPoint.

The next grand rounds is scheduled for early February, watch for information coming soon!

Thank You Physicians!

Satisfaction Survey Complete, Results Being Evaluated

The process of evaluating responses to the 2009 Press Ganey Physician Satisfaction Survey is underway.

More than 300 active, active community, provisional and neonatal medical staff members were invited to take part in the second annual survey. Members of the medical staff were asked their



The quarterly medical staff meeting was held on October 20 at an off-site location for the first time. Everyone enjoyed the discussion, the meal and the evening. Special thanks to those who attended.

views on Stevens Hospital's quality of patient care, the ease of practicing at Stevens and physician relationships with administration.

The survey closed on October 31 and according to Press Ganey, 123 physicians, more than 40 percent of surveys were filled out and returned. Those who completed a survey were also eligible for a prize. On November 2, Press Ganey held a drawing and randomly selected the names of five physicians. Each received a \$100 gift certificate to a local restaurant.

Congratulations to the following physicians who received gift certificates to area restaurants:

- Christopher Sargent, MD
- Oliver Ochs, MD
- Gretchen Lockard, MD
- Murray Beighton, MD
- Brian Cameron, MD

Special thanks to everyone who took part in the survey and shared their opinions. Survey responses will help shape the future of Stevens Hospital.

Save the Date!

Be sure to save the date for the annual holiday dinner. The dinner will be held at **Embassy Suites Hotel in Lynnwood** on **Wednesday, December 2 at 6 p.m.** Hope to see you there!

Please RSVP for you and your guest no later than Monday, November 30th by phone 425.640.4006 or by email mso-info@stevenshospital.org.

CPDI Report: October

Total Concurrent Reviews: 316
Total Queries: 63
Response Rate: 80%

October's Top 5 Queries:
1. Sepsis
2. Renal Failure
3. Congestive Heart Failure
4. Anemia Surgical
5. Documentation Clarification

Impact of # 1 query:
Revenue: \$27,809
Case mix: .06

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.

New Monitoring Improves Patient Care and Safety

New centralized monitoring equipment and processes are in place at Stevens Hospital to improve the care and safety of patients diagnosed with or at risk of obstructive sleep apnea (OSA) following surgery. The hospital purchased arterial oxygen saturation SaO2 monitoring equipment and a new call system that pages the patient's nurse on 5W and 8W if oxygen saturation levels drop below established parameters. Day Surgery will soon be equipped with a monitoring system that provides a full complement of cardiac monitoring.

In addition to the new monitoring equipment, there has been

mandatory OSA training for staff and development of standing orders for respiratory care to follow and treat most patients. The OSA task force worked hard to make process improvement recommendations that will strengthen and automate the hospital's system so post-surgical care for known or suspected OSA patients is as seamless as possible.

As of November 11, there will be two changes to the process that affect surgeons:

- Physicians will be notified by nursing if a patient is screened as being at higher risk for OSA and it was not previously

known (please help by documenting if your patient is at high risk for OSA). A green sticker will be placed in the progress notes to help call attention to these patients.

- Physicians will be asked to indicate on a set of post-op orders the level at which they wish for a patient to be monitored post-operatively.

At this time, only surgical patients will be affected by this process change. Plans are underway to form another task force to address medical patients and their needs.

New Cath Lab Devices Pump Up Stevens Heart Care

Cardiologists performing procedures in the Stevens Cardiac Cath Lab now have access to two new intra-aortic balloon pumps.

"Intra-aortic balloon pumps can be life-saving for a patient with severe heart disease or failure, especially patients who are in need of a heart transplant or have suffered a massive heart attack," says Dr. James Pautz, cardiologist.

According to Dr. Pautz, a balloon pump replaces the pumping function of the heart while cardiologists work on the problem that caused the heart to fail. If the problem cannot be resolved at Stevens Hospital, the balloon pump stabilizes a patient so they can be transferred to a specialized

facility capable of additional cardiac treatments.

"The balloon pump 'bridges' the function of the heart during transport. Without a balloon pump, the patient would likely not survive. The new balloon pumps are vital to continuing to provide quality heart care and positive patient outcomes at Stevens," adds Dr. Pautz.

The new C S300 Intra-Aortic with IntelliSense™ balloon pumps acquired by Stevens are manufactured by Datascope®. "We did a lot of research and side by side analysis of the intra-aortic balloon pumps," says Gayle DeBolt-Richins, manager of cardiac services. "We liked that Datascope has service people and

parts based here locally, so that if there's ever an issue with the pumps, it can be addressed immediately."

Gayle says locating the new pumps in the Cath Lab expedites and enhances patient care especially if a heart patient requires transfer to Swedish Heart & Vascular Institute, an aligned partner with Stevens Hospital to provide specialized heart care.

A Stevens Foundation donation paid for the cardiac balloon pumps valued at \$84,000.



Stevens Hospital Welcomes Two New Physicians

Stevens Hospital welcomes Joe Skariah, DO to Birth and Family Clinic as our newest family practice physician and Martha Moe, MD to Sound Women's Care as our newest OB/GYN.



Dr. Skariah is Board Certified in Family Practice. A graduate of Chicago College of Osteopathic Medicine at Midwestern University in

Downers Grove, Illinois, he completed his residency at the University of Wisconsin Department of Family Medicine in Madison, Wisconsin. As a doctor of osteopathic medicine, Dr. Skariah can also provide muscular/skeletal manipulation services.

"I became interested in becoming a physician while I was in graduate school," says Dr. Skariah. "I was in a program where I worked with a

group of physicians. After seeing the work they did I was inspired. The group I worked with was mostly family doctors and I thought that what they did was pretty amazing."

Dr. Skariah grew up just outside Dallas, Texas and recently relocated to the Edmonds area with his wife. When he's not busy in the office, he enjoys running, spending time with his family, traveling and exploring the local area.

Dr. Moe is board eligible in obstetrics and gynecology. A graduate of Grace University School of Medicine in Belmopan, Belize, she completed her residency at the Bethesda North and Good Samaritan Hospitals in Cincinnati, Ohio. Prior to medical school, Dr. Moe received her



Martha Moe, MD

undergraduate degree in English from the University of Wisconsin in Madison, Wisconsin.

"As a child, I remember being fascinated watching surgery (on TV). Now I am privileged to enjoy performing it," says Dr. Moe. "Obstetrics and gynecology allows me to include surgery in my practice; however, it also gives me the opportunity to have continuity of care throughout my patients' lifetime. Therefore, it is the 'best of both worlds'."

Dr. Moe grew up in Ohio and now lives in the Kirkland area. While family is what first brought her to the Pacific Northwest, the nearby outdoor adventures are what made her want to call it home. When she's not busy in the office, Dr. Moe enjoys sailing, kayaking, biking, running, hiking and camping.

September Hospital Statistics

	<u>September-09</u>	<u>September-08</u>	<u>% Change</u>
Average Daily Census	89.8	87.5	3%
Admissions	643	654	-2%
Total ER Visits	3,597	3,470	4%
Total Surgeries	421	415	1%
Deliveries	96	98	-2%
Days of Cash	47.5	36.5	30%

Newsletter Access

Vital Signs is available on our website.

Select "For Physicians" from left menu of our home page: 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 Amy Morrow, marketing copywriter, at (425) 640-4036 or amorrow@stevenshospital.org by the 1st of the month.

WELCOME New Stevens Medical Staff – October 2009

Name	Group	Specialty
Gregory W. Burke, MD	CEP-America at Stevens Hospital	Emergency Medicine
Rahul A. Desai, MD	Polyclinic-Broadway	Urology
Michelle R. Gill, MD	CEP-America at Stevens Hospital	Emergency Medicine
Sarah C. Jost, MD	Swedish Neuroscience Specialists	Neurosurgery
Shane C. Leavitt, MD	Western Washington Medical Group	Orthopedics
Robin L. Madsen, MD	Western Washington Medical Group	Orthopedics
Joseph C. Marquez, MD	Polyclinic-Broadway	Urology
Hunter A. McKay, MD	Polyclinic-Broadway	Urology
Thomas F. Stark, MD	Western Washington Medical Group	Orthopedics

To Admit a Patient to Stevens, Call 425.640.4444