

January
2009**Vital Signs is a Little Greener**

You must have noticed that Vital Signs has been coming to you a little differently the past two months...sans envelopes. The new mailing process saves more than 300 envelopes per month which translates into two trees per year, it may not sound like a lot, but every little bit helps.

In addition to conserving envelopes, we are also reducing our environmental impact in other ways: Vital Signs will soon be available on the web (see page 3 for more information), it is digitally printed and we are looking into printing on recycled paper.

Digital printing is more environmentally friendly than offset printing for a couple reasons: it uses toner (a powdery substance that uses heat to bond to the paper) instead of harsh chemicals, and it saves paper by only printing what you need instead of wasting several sheets to prepare the machine for the run.



this issue

New Medical Staff Standards **P.1**New CMS No-Pay Rule **P.2**Stevens Foundation **P.3**New Medical Staff Members **P.4****New Medical Staff Standards for 2009**

The Joint Commission has released new Medical Staff Standards for 2009. These new standards broaden peer review and push it into new areas of physician evaluation. By defining these two new evaluation standards, the commission is pushing hospitals toward making unbiased and evidence-based decisions in regards to credentials and privileges.

The broadened scope for evaluating practitioners includes **Focused Professional Practice Evaluation (FPPE)** and **Ongoing Professional Practice Evaluation (OPPE)**.

FPPE and OPPE Explained:

FPPE is an appraisal of a practitioner's credentials and current competence. This standard primarily applies to new medical staff applicants and current practitioners who request an expansion of privileges. Beginning January 1, 2009, proctoring of new practitioners will become part of the recommendation process whenever new privileges are requested.

Guidelines that recommend the types and number of cases to be proctored have been developed for each specialty. As a member

of the medical staff, one of the Chiefs of Service may contact you and ask you to serve as a proctor.

OPPE goes beyond traditional peer review data, expanding into practice areas that consider performance and outcomes in one or more of the following areas:

- Activity Data
- Clinical Quality
- Service Quality
- Patient Safety
- Resource Use
- Co-worker Relationships
- Citizenship

Stay tuned for more information regarding these new standards. Comments or questions can be directed to Evita Armijo, Director of Physician Relations and Medical Staff Office at earmijo@stevenshospital.org or 425.640.4647.

Physician Forms

Stevens Hospital is utilizing a product called FormFast to create and distribute forms. It allows the patient demographic information to print on forms and provides all users with the most up-to-date version.

One issue we are facing in moving to this new product is the number of similar but physician group specific forms. We need to consolidate as many orders, discharge instructions and consents as possible, standardizing them for efficiency, patient care and patient safety.

The FormFast team would like to meet with you to obtain your suggestions for form improvements and will be contacting you in the near future.

If you have any questions or concerns, please do not hesitate to contact Carlene Bair 425.640.4056 or Becky Davis 425.640.4367.



CPDI Corner: New CMS No-Pay Rule for Hospital Acquired Conditions

Effective October 1, 2008, the Centers for Medicare and Medicaid Services (CMS) included 10 categories of conditions for the hospital acquired conditions (HAC) payment provision. If these conditions occur during the patient's stay in the hospital, Medicare will not reimburse the hospital the extra or higher payment for the care of these conditions. This ruling makes documentation and safety awareness a priority in the patient care settings.

The 10 categories of conditions are:

1. Foreign object retained after surgery
2. Air embolism
3. Blood incompatibility
4. Stage III and IV pressure ulcers
5. Falls and trauma including: fractures, dislocations, intracranial injuries, crushing injuries, burns, electric shock
6. Manifestations of poor glycemic control

7. Catheter-associated urinary tract infection (UTI)
8. Vascular catheter-associated infection
9. Surgical site infection following: coronary artery bypass graft - mediastinitis; bariatric surgery; or orthopedic procedures of the neck, spine, shoulder or elbow
10. Deep vein thrombosis (DVT)/ pulmonary embolism (PE) following total knee replacement or hip replacement.

To prevent HAC and non-payment:

- Timely and accurately document assessments to identify conditions that are present on admission (POA), such as existing pressure sores, high or low blood sugars, indwelling catheters, and patients with a high risk for falls.
- In the operating room, be sure to use invasive procedure check lists and keep accurate instrument/sponge counts

to prevent the number one category on the HAC list, foreign objects retained after surgery.

- Always perform assessments and document vascular or surgical sites
- Always document and use sterile techniques to prevent post-operative or post-procedure infections.
- Perform daily QA checks on medical equipment and keep accurate records of those safety checks to prevent HAC from faulty equipment.

The Clinical Physician Documentation Improvement (CPDI) program is tracking and reviewing the occurrence of the above acquired conditions and reporting on a monthly basis to the CPDI steering committee and to the Quality Management Regulatory Compliance department. If you have any questions, please contact Loree McGill, RN, CPDI program manager, at 425.640.4869.

Stevens Foundation Prepares for 2009

The Stevens Foundation is busy making plans for providing support to Stevens Hospital in 2009. As we complete our first two years in operation, we look forward to a expanding our philanthropic strategic plan to include a multifaceted approach to fundraising.

Our mission at the Foundation is to forge relationships and raise funds to advance our community hospital as the major provider of healthcare in South Snohomish County.

On January 15th, the Stevens Foundation Board of Trustees met to elect new officers to one-year terms and discuss 2009 funding requests. The Stevens Foundation Board of Trustees is comprised of repre-

sentatives from a broad base of constituencies. Each person brings a unique perspective and skill set.

These community members have dedicated their time, expertise, and resources to ensure that Stevens Hospital's needs are met now and in the future. We are grateful and proud to be associated with the members who make up our board and our leadership.

In the coming months you will be receiving more information detailing ways by which you can support the Foundation and Stevens Hospital. For current news on giving campaigns, special events, corporate partners and supporters, please visit the Foundation

page on the Stevens Hospital website at www.stevenshospital.org or call to speak with the staff directly at 425.640.4045.

We would like to introduce you to the leadership of the Foundation:

Past President
Dr. Timothy Roddy

President
Mrs. Molly McCullough

President Elect
Mr. Robert Fuller

Secretary
Mr. Lennie Lutes

Treasurer
Mr. Richard Canning

New Inpatient Psychiatrist Comes to Stevens Hospital

Our Mental Health Unit welcomed Dr. Christopher Wilson on January 7, 2009.

Dr. Wilson is a native of Texas and obtained his undergraduate degree from the University of Texas at Dallas. He received his medical doctorate from the University of Texas Medical Branch in Galveston and did his residency at the University of Washington Medical Center.

Dr. Wilson was in private practice in Seattle before joining the Stevens family. He is married and has a nine-month-old son. Please welcome Dr. Wilson!

Stevens Center for Wound Healing and Hyperbarics to Host Open House February 26th 5:30 to 7:30 p.m.

Stevens Hospital's Center for Wound Healing and Hyperbarics is hosting an open house Thursday, Feb. 26th from 5:30 to 7:30 p.m.

Enjoy wine and appetizers while our staff answers your wound healing questions and demonstrates the new hyperbaric oxygen chambers.

The Center for Wound Healing and Hyperbarics is located in the 76th Professional Commons at 21911 76th Avenue West, Suite 204, Edmonds, WA.

You may contact Peggy Farah for more information at 425.673.3380.

The following conditions can be treated by hyperbaric oxygen treatment:

- Certain diabetic foot wounds
- Soft tissue radionecrosis
- Certain arterial wounds
- Osteo radionecrosis
- Failing flaps and grafts
- Chronic refractory osteomyelitis

Vital Signs is Now on the Web

Vital Signs is now available on our website. To view it electronically, please select "For Physicians" from left menu of our home page then click "Printable Documents" on the right menu. You can also go to it directly at: www.stevenshospital.org/physicians_printdocuments.html

November 2008 Hospital Statistics

Avg Daily Census	99.9
Total ER Visits	3282
Total Surgeries	394
Deliveries	85
Days of Cash	39.3

Newsletter Access

Any medical staff member with an article or item for the newsletter should contact Jeryl Garrett at (425) 640-4038 or jgarrett@stevenshospital.org by the 20th of the month prior to the desired month of publication.

WELCOME New Stevens Medical Staff – December 2008

Name	Group	Specialty
William B. Cammarano, III, M.D.	Pacific Anesthesia	Anesthesiology
Cornelis deHart, M.D.	Psychiatric Unit for Stevens Hospital	Psychiatry
Melanie K. Kuechle, M.D.	Dr. Kuechle & Dr. Trowbridge Clinic	Dermatology
Maria Mack, M.D.	Pacific Anesthesia	Anesthesiology
Harsimrat Sandhu, M.D.	Psychiatric Unit on the 9th Floor	Psychiatry
Jason C.H. Wong, M.D.	Seattle Prostate Brachytherapy	Radiation

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

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