

Brian Hatch, account manager for Stryker, demonstrates the new, safer bed to hospital employees before the 80 beds were delivered in early June.



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Getting Connected

Stevens Hospital will soon be launching a new system for keeping the medical staff informed about happenings at the hospital.

We will launch the new system by October 1st, so watch your mailbox later this month for a letter outlining the new system and asking for your current contact information.

More details to come, so stay tuned.

Stevens Hospital Installs New “Smart” Beds

Stevens Hospital recently bought 80 “smart” beds with sensors that will, among other capabilities, alert nurses if a patient is positioning to get out of bed. This is part of a concentrated effort help prevent sick patients from falling.

The number of all patient falls at the hospital already compares favorably to the national average, and the smart beds are expected to further reduce the number of falls. The national average is 4.15 falls per 1,000 patient days and Stevens Hospital rate is 2.5.

As an added convenience, the beds can also weigh patients. A patient's weight is one indicator, of many, that is monitored to show improved health.

The hospital is paying \$418,777 for the beds, said Rick Canning, the hospital's chief financial officer. The beds are from Stryker

Medical Capital, a Michigan-based firm, and were installed in hospital rooms in June.

“Each bed costs \$5,234 yet the new beds will save the hospital about \$95,500 each year because it will no longer have to rent sensor equipment to tell hospital staff when patients have left their beds,” said Rick. “The new beds are replacing ones that are about 20 years old.”

The 80 beds are used in the hospital's progressive care unit and in the hospital's general medical units.

Stevens Hospital Offers Medical Exercise Program

Here's something to think about: how often, when you ask your patients if they are exercising, do they answer: "well, not as much as I should"?

So, how do you get your patients to exercise?

Bribery is frowned upon, as are floggings and naggings. How about sending them to us? Stevens Hospital has an excellent Medical Exercise Program and our participants love being here. Many of our clients have been exercising with us for over seven years, regularly, three days a week.

Our clients come rain or shine. We listen to music, talk with each other, care about each other and, of course, exercise. For some, we are their only social contact; for others, we provide a group of friends; for all, we are a safe and fun place to exercise that also provides access to clinical staff (RN) if they have questions about their health. We are available to answer questions, facilitate communication with doctors and evaluate the need for immediate intervention should the need arise. Patients like

See Medical Exercise on pg 5



First, I am very excited to be a member of the Stevens team and have the opportunity to bring accredited continuing medical education back to the medical staff.

The Continuing Medical Education (CME) rules have changed, and there is more emphasis on CME addressing professional practice gaps and assessing the effectiveness of CME pertaining to knowledge, competence or performance. In short, providing CME that matters. There will be more on that later.

CME Corner

John Arveson

CME Program Coordinator

One of the first things that needs to be accomplished is to re-establish the CME Advisory Committee. The purpose of the committee is to provide oversight of the Stevens Hospital CME program and to assure that accreditation criteria are satisfied.

Some of the specific responsibilities include:

1. Approve all CME policies and procedures and mission
2. Conduct a program-based evaluation
3. Approve CME activities for Category

1 credit, including the learning objectives, evaluation method and assuring compliance with accreditation criteria

4. Assist in identifying professional practice gaps and educational needs

While this may sound like a lot, I will do most of the heavy lifting, so it should not take a lot of time once the program gets up and running. If you would like to be part of continuing professional development and life-long learning at Stevens, contact me at jarveson@stevenshospital.org.

Proposed CMS Changes & Healthcare Reform

In early May, the Centers for Medicare and Medicaid Services (CMS) released their proposal for fiscal year (FY) 2010. Known as FY 2010 Inpatient Prospective Payment System (IPPS), it comes with good and bad news for hospitals. Although there will be few changes related to Medicare Severity DRGs (MS-DRGs), hospital acquired conditions (HAC), and the present on admission

(POA) indicator, hospitals will see historically low payment updates with a phased-in documentation and coding adjustment (DCA) take place over time.

The proposed update for acute care hospitals means an increase of 2.1 percent for inflation minus a DCA of 1.9 percentage points. These DCA adjustments will reflect the differences between the

changes in documentation and the coding that did not impact or effect change in case-mix for discharges occurring during FY2008, according to CMS. The Medicare Actuary found, based on analysis of 2008, that additional coding did not reflect actual changes in patients' severity of illness (SOI), but increased the total payments under IPPS by 2.5% in FY 2008.

See CMS Changes in pg 4 side column

Strategic Planning 2009-2012

Who and what do we want to be by 2012? There are many national, regional, local and facility specific factors that will impact our future. To ensure that the organization continues to succeed in our mission (Improve the health and well-being of the community through local, high quality, and compassionate healthcare services), the board of commissioners is in the process of developing the 2009-2012 strategic plan.

On May 21, approximately 35 community members including our commissioners, city council members from constituent cities, employees, and medical staff members gathered to provide input on organizational strengths, weaknesses, opportunities, and threats. On June 4, the same group reconvened and provided thoughts on potential strategies and

tactics to nurture strengths, alleviate weaknesses, build on opportunities and mitigate threats. In late June, the Board of Commissioners will use this input to begin development of the plan.

In July and August, we will focus on gathering broad community input for the plan. The draft strategic plan will be reviewed and input will be solicited through several town hall meetings and through presentations to community and hospital groups. We will also ask for input through our website. We encourage you to give your input at this time.

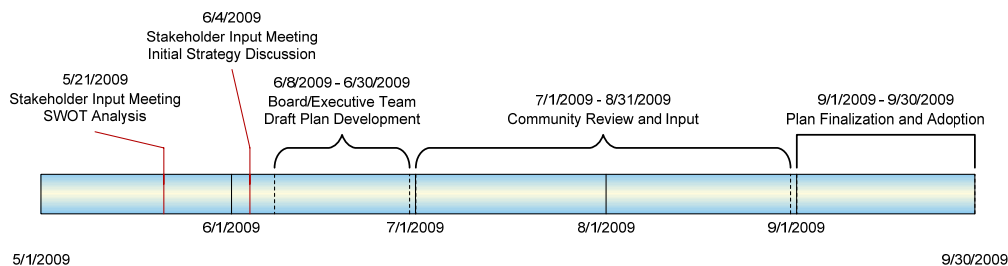
In September, we will revise the plan based on input received. We anticipate board approval of the plan at this time.

We look forward to a promising future that will



Don Gough, mayor of Lynnwood and Molly McCullough, president of Stevens Hospital Foundation Board of Trustees, listen to a comment shared by Marcy Shimada, manager of Puget Sound Family Physicians and Edmonds Family Medicine while attending a May strategic plan meeting.

strengthen our role as a community hospital. Please look to future issues of Vital Signs for meeting dates and times and for your opportunity to give input about our future



CPDI REPORT: May

Total Concurrent Reviews:	346
Total Queries:	71
Response Rate:	67%

May's Top 5 Queries:

1. Document Clarification
2. Pneumonia
3. Acute Myocardial Infarction - secondary diagnosis
4. Acute Renal Failure
5. Malnutrition

Impact of # 1 query:

Revenue:	\$12,583
Case mix:	1.22

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.

CMS Changes Continued from pg 2

On April 1, 2009, the Medicare Payment Advisory Commission (MedPAC) testified before the United States House of Representatives Committee on Ways and Means regarding Medicare's fee-for-service payment systems. They challenged the committee that the current pay structure rewarded more care, and more complex care, without regard to the value of that care. Silos are out, care coordination is in. Value-based purchasing (VBP) will replace fee for service. Cost accountability, as it relates to severity of illness, grows in importance.

How will Obama and MedPAC do it? They plan to address preventable hospital readmissions (estimated at \$12-\$14 billion annually) and bundle physician and hospital payments during a 30-day episode. You can read MedPac's recommendations to Congress by visiting the following website: www.medpac.gov/documents/20090401_wm_testimony_deliveryreform.pdf.

New Urology Table Arrives for Stevens Hospital Surgery Department

In early June, Siemens delivered an Uroskop Access urodiagnostic table to the Surgery Department at Stevens Hospital to accommodate a wider range of patients and produce clearer images. The new table was designed for patients of all sizes, from small children to adults weighing up to 450 pounds.

"With traditional equipment, it could be difficult to get clear images in heavier patients," said Dr. Maldazys, MD. "The high-powered generator and heavy-duty X-ray tube with the image intensifier, allow us to get good images even with difficult-to-image patients. I can enhance or magnify the picture or even stop and replay a picture."

Two digital flat-screen monitors on a flexible



John Maldazys, MD cuts the ribbon for Stevens Hospital Surgery Department's new urodiagnostic table, which will accommodate a wider range of patients and produce clearer images.

monitor arm allow convenient viewing and they can show endoscopy sequences in real time. The equipment's interface connects to the hospital's existing PACS network for sharing information.

The Uroskop Access system incorporates specific dose-reduction features to protect patients and staff from radiological

exposure. These technological advances, such as electronic shutter settings on the last hold fluoro image, avoid the use of radiation during the set-up phase of an exam. Together with the use of pulsed fluoroscopy, dose savings of up to 70 percent can be achieved.

Community Activities Presented by Stevens

Insider's View of Cholesterol

Enter the Artery Explorer for an unusual journey through arteries in a flight simulator. The free, multi-sensory motion simulator uses computer-generated visuals to vividly illustrate the causes, progress and consequences of the

progressive buildup of plaque known as atherosclerosis. July 11, 11 a.m. to 3 p.m. near the 33rd Street entrance of the Alderwood Mall parking lot.

Free Health Fair at Alderwood Mall

Just in time for a healthy return to school this fall,

Stevens Hospital presents a health fair for busy families who value their health and want to know more about how students with healthy lifestyles tend to get better grades. August 22, noon to 4 p.m. near Sears Court at Alderwood Mall.

2009 Hail and Farewell Banquet

In mid-May, the Stevens Hospital Medical Staff welcomed new members, said goodbye to retiring physician, Robert Adelman, MD, and awarded scholarships to 15 graduating seniors at their annual Hail & Farewell Banquet.

More than 400 medical staff members from Stevens Hospital made contributions to fund a total of \$15,000 in scholarships that were awarded to graduating seniors from the Edmonds, Everett and Mukilteo school districts who plan to enroll in college during the 2009-2010 school year. Students were selected based on academic achievement, leadership qualities, financial need, community

service and subjective assessment of academic performance.

"I was very impressed by the quality of applications submitted for scholarships," said Dr. Marc S. Rosenshein, president of the medical staff. "Our community can be proud of the caliber of students from our local high schools and their commitment to community service. We're pleased to help outstanding students meet their higher education goals."



Aaron Reardon, Snohomish County executive, and guest speaker at Stevens Hospital's Hail and Farewell event, congratulates Jesse Bratsch for his scholarship achievement. Bratsch is a graduating senior from Scriber Lake High School and plans to attend Edmonds Community College.

Medical Exercise Continued from pg 2

the safety net we provide.

In the program, our patients experience some or all of the following benefits:

- Lower blood pressures
- Longer endurance
- Increased breathing capacities
- Lower blood sugars
- Strengthened hearts
- Fuller lives

If you have patients who would benefit from a regular program of exercise or if you have patients who could benefit from a lifestyle change, consider sending them to us.

We want to help you help your patients.

The charge to non-monitored patients is \$85 for 16 exercise sessions

For more information contact Preventive Care at 425.640.4330 or 425.640.4396.

April Hospital Statistics

	<u>April-09</u>	<u>April-08</u>	<u>% Change</u>
Average Daily Census	88.2	99.5	-11%
Total ER Visits	3,589	3,299	9%
Total Surgeries	396	462	-14%
Deliveries	99	96	3%
Days of Cash	43	31.7	36%

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 Jeryl Garrett at (425) 640-4038 or jgarrett@stevenshospital.org by the 1st of the month.

WELCOME New Stevens Medical Staff – May 2009

Name	Group	Specialty
Daniel A. Bailes, M.D.	Pacific Anesthesia, Inc.	Anesthesiology
James L. Benthuisen, M.D.	Pacific Anesthesia, Inc.	Anesthesiology

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