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Stevens Hospital Achieves Five-star Rating for Three Hospital Services Two Years in a Row

Stevens Hospital recently announced that, for the second year in a row, it has received a top five-star rating for the treatment of stroke and pneumonia and, new for 2010, a top five-star rating for the treatment of chronic obstructive pulmonary disease by HealthGrades, the healthcare ratings company.

"This is an achievement that the community, physicians and everyone at Stevens Hospital can be proud of for the second year in a row," said Timothy Roddy, MD, vice president and chief medical officer. "It's a well-respected recognition that serves as proof of our commitment to provide high-quality and compassionate healthcare services."

The new five-star rating for treatment of chronic obstructive pulmonary disease is evidence that the practices we have put into place over the past few years are working. "Now, 95 percent of all COPD cases seen at

the hospital are treated by intensivists or hospitalists," says Paul Allen, MD, pulmonologist and medical director for intensivist service. "We have made a concentrated effort to get information about new protocols from the American College of Chest Physicians to our physicians and help them to apply these practices resulting in better outcomes and a better quality of life for patients."

As part of the nation's most comprehensive, independent analysis, HealthGrades found that top-performing hospitals had dramatically lower mortality rates than other hospitals. For the 17 procedures and diagnoses for which HealthGrades analyzed mortality rates, patients at top hospitals had a 72 percent lower chance of dying when compared with the lowest-performing hospitals, and a 52 percent lower chance of dying when compared to the U.S. national average. If all hospitals performed at the

**See HealthGrades in
pg 2 side column**

level of a 5-star rated hospital across the 17 procedures and diagnoses studied, 224,537 Medicare lives could potentially have been saved from 2006 through 2008.

In developing its 2010 healthcare quality ratings, HealthGrades analyzed more than 41 million Medicare hospitalization records from 2006 to 2008 at the nation's approximately 5,000 non-federal hospitals.

Hospitals with outcomes that are above average to a statistically significant degree receive a five-star rating. Hospitals with average outcomes receive a three-star rating, and hospitals with outcomes that are below average receive a one-star rating. Because no two hospitals or patient risk profiles are alike, HealthGrades employs extensive risk-adjustment algorithms to ensure that it is making analogous comparisons. For more information on HealthGrades and the star ratings, please visit their Web site at www.healthgrades.com.

Board Approves New Strategic Plan

On Wednesday, September 23, the Stevens Hospital Board of Commissioners approved a new strategic plan that will guide the district's direction through 2012. The approval by the commissioners followed a five-month plan development process that involved input from key stakeholders across the community, including physicians, local governments, first responders, community members, commissioners, employees, medical staff members and others.

Stevens hospital will maintain its pillar format and we have added a new pillar of Community. Stakeholder groups believed this was important in our role as a community hospital. We have also added safety to our quality pillar to further emphasize the importance of a culture of safety throughout the organization.

The new organizational strategic priorities are as follows:

People

- Recruit and retain high quality physicians
- Recruit and retain high quality employees
- Foster a culture of employee empowerment,

involvement and accountability

- Create a leadership education and development plan
- Ensure leadership continuity (including Board and administration)

Service

- Provide all patients and their families/ support groups an excellent patient experience
- Improve the organization's service image and brand through affiliations with one or more highly reputable organizations
- Improve cultural competence in order to effectively serve an increasingly diverse community
- Be the provider of choice for emergency services in South Snohomish County

Quality and Safety

- Build a culture of quality and safety throughout the organization
- Build awareness, participation, and alignment at all levels of the organization, including the Medical Staff and Board, with regard to quality and

safety

- Expand the use of evidence based processes and practices
- Continue to develop, communicate, and manage to measures of quality throughout the organization
- Implement an electronic health record

Finance

- Meet our ongoing need for capital for facilities, equipment, and technology
- Continue to improve financial performance
- Monitor and adapt to reimbursement reforms
- Become a leader in providing high-quality, cost effective care

Growth

- Expand our primary care and specialist physician base
- Assess community needs and develop/ enhance service line offerings
- Grow volumes with targeted affiliations in select service offerings
- Strengthen our brand so that it is consistently recognized and respected in the community

See Strategic Plan on page 5

New Stretchers Purchased for ED

Stevens Hospital recently purchased eight new Stryker Gynnie OB/GYN stretchers for the Emergency Department (ED) with improved capabilities. In addition to general use, these new stretchers, which are wheeled portable beds, can be used for pelvic exams, are made with materials that allow them to be used during an X-ray and are wider and stronger than our previous stretchers.

Previously, the ED had only one pelvic stretcher and staff would have to move patients around from one bed to another if someone else needed the pelvic stretcher. The eight new stretchers will solve that problem as well as replace older stretchers and add four new beds to ED West.



John Deaver, ED technician, and Deborah Ellison, RN demonstrate the new Stryker stretchers in the Emergency Department.

“The new stretchers are user friendly and easy to steer,” said Kate Maggert, director of emergency and trauma services. “You can even do an X-ray while the patient is in bed. Everybody loves the new stretchers.”

According to Kate, the additional stretchers will

increase patient satisfaction because the ED will be able to see more patients quickly and not have to delay care because there are not enough beds, or there isn't a pelvic exam bed available.

Credentialing Update

Stevens Hospital has developed procedures for the new credentialing standards, focused professional practice evaluation (FPPE) and ongoing professional practice evaluation (OPPE), recently implemented by the Joint Commission. The main component of these procedures is gathering aggregate data to create a physician summary report.

Physician summary reports are then reviewed by the appropriate service chiefs and are placed in the physician's confidential quality file.

Copies of the FPPE and OPPE procedures are available through the Medical Staff Office. Individual physician summaries were mailed on September 24th to all active, active community,

neonatal and provisional medical staff members. If you have questions regarding this new process or the content of your individual report, please contact Evita Armijo, director of physician relations and medical staff office at 425.640.4647 or earmijo@stevenshospital.org.

CPDI REPORT: September

Total Concurrent Reviews:	325
Total Queries:	50
Response Rate:	94%

September's Top 5 Queries:

1. Acute Renal Failure
2. Documentation Clarification
3. Sepsis
4. Anemia, Medical
5. Congestive Heart Failure

Impact of # 1 query:

Revenue:	\$26,569
Case mix:	.39

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 May Press Ganey Patient Satisfaction Surveys and complimented for their great work.

Anne Begert, MD
Edmonds Family
Medicine

Carolyn Miller, MD
Pacific Anesthesia

Catherine Rogers, MD
Sound Women's Care

Catherine Zeh, MD
Birth and Family Clinic

Daniel Timmons, MD
Sound Women's Care

Darcy Foral, MD
Edmonds Orthopedic
Center

David Spiro, MD
Birth and Family Clinic

Debra Sciscoe, MD
Sound Women's Care

Earl Beaupied, MD
Emergency Department

Gordon Hunter, MD
Sound Women's Care

Gretchen Lockard, MD
Birth and Family Clinic

James Alberts, MD
Edmonds Orthopedic
Center

James Mercer, MD
Emergency Department

Jeffrey Remington, MD
Edmonds Orthopedic
Center

See Survey Comments on pg 5



CME Corner

John Arveson
CME Program Coordinator

As noted in the last issue of Vital Signs, Stevens Hospital was awarded a two-year accreditation to sponsor Category 1 Continuing Medical Education (CME) activities by the Washington State Medical Association on September 10.

Little time was wasted before the first Category 1 CME activity was offered. The CME program had an opportunity to partner with the Ethics Committee and Educational Services Department to present a lecture on Palliative Sedation with speaker Jeffery Ward, MD on September 23. The program was well-attended with nearly 60 attendees including physicians, physician assistants, nurses, physical and occupational therapists, social workers, hospice workers and the clergy. The talk was timely as last year voters passed Initiative 1000, the Death with Dignity Act, and palliative sedation offers an option for end of life care that is in line with medical ethics.

Dr. Ward defined palliative sedation as the use of

sedative medications to relieve intolerable suffering of the terminally ill patient by purposely reducing their consciousness. He noted that there are levels of palliative sedation: mild, where the patient is awake with a lower level of consciousness; intermediate, where the patient is asleep but can be woken to communicate; and deep, where the patient is unconscious and unresponsive. He also noted differences between palliative sedation therapy (PST) and physician assisted suicide (PAS) such as:

- The intent of PST is to relieve suffering until death rather than hastening or causing death.
- PST is a reversible act whereas PAS is irreversible.

Dr. Ward presented the ethical case for PST using the rule of double effect, which is a morality tool developed by Jesuit theologians to rationalize therapies that could have unwanted, but anticipated side effects. The rule of double effect states that an action with two possible

effects is morally permitted if the action:

- Is not in itself immoral.
- Is undertaken with the intent of achieving good without intending a bad effect, even though it may be foreseen.
- Does not bring about the good effect by means of the bad effect.
- Is undertaken for a proportionally grave reason.

Applying the rule of double effect to PST, he asks:

- Is the act of sedating a patient immoral?
- Is PST undertaken only with the intent of treating a symptom?
- Is the symptom going to be relieved because the patient will die?
- Is the suffering sufficient to warrant sedation, even though it may hasten death?

It was an interesting and thought provoking talk that was well-received. Next up, our first grand rounds presentation will be November 3 from 12:30 to

See CME
on page 5

REMINDER: 2009 Physician Satisfaction Survey Closes October 23

The second annual Press Ganey Physician Satisfaction Survey was sent out on September 8, to all active, active community, provisional, and neonatal medical staff members.

Please go online and complete the quick survey by Friday, October 23rd!

Stevens Hospital appreciates any and all of the input we receive from the survey and look forward

to making practicing at Stevens better than ever with the data we receive.

Thank you for participating!

Strategic Plan (continued from pg 2)

Community

- Build loyalty and commitment between the organization and the community
- Collaborate with others to provide health and prevention services throughout the community
- Enhance Stevens relationship with local Service organizations (including but not

limited to police, fire, EMS, educational institutions, city and county governments, and social service organizations)

Work on tactics and measurable goals has already begun and will continue through the end of the year and beyond.

CME (continued from pg 4)

2 p.m. The topic will address how you can better manage a difficult class of patients – those who suffer from chronic pain. Dr. Gordon Irving, medical director for the Swedish Pain and Headache Center will present “Managing the Chronic Pain Patient: More than Just Opioids.” Plan to attend!

Survey Comments Continued from pg 4

Keith Luther, MD
Stevens Center for Internal Medicine

Khanh Nguyen, MD
Stevens Center for Internal Medicine

Kimberly Dickey, DO
Sound Women’s Care

Linda Brunson, MD
Stevens Center for Internal Medicine

Linda Strong, MD
Stevens Center for Internal Medicine

MacArthur Noyes, MD
Emergency Department

Marci Nelson, MD
Birth and Family Clinic

Melissa Chinn, DO
Sound Women’s Care

Randy Bourne, MD
Sound Women’s Care

Richard Campbell, MD
Emergency Department

Richard McClelland, MD
Emergency Department

Stephen Carter, MD
Edmonds Family Medicine

Steven MacFarlane, MD
Surgical Associates of Edmonds

William Stanley, MD
Swedish Heart and Vascular

Wren McCallister, MD
Edmonds Orthopedic Center

July Hospital Statistics

	<u>July-09</u>	<u>July-08</u>	<u>% Change</u>
Average Daily Census	87.4	85.7	2%
Admissions	656	653	0%
Total ER Visits	3,757	3,570	5%
Total Surgeries	412	387	6%
Deliveries	110	106	4%
Days of Cash	50	37	35%

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 – September 2009

Name	Group	Specialty
Angela J. Hanson, MD	Hospitalist Program	Hospitalist
Brian G. Klokeid, MD	CEP-America	Emergency
Jonathan M. Hayden, MD	CEP-America	Emergency
Marc Y. Burdick, DO	CEP-America	Emergency
Monica Marton, MD	Hospitalist Program	Hospitalist

To Admit a Patient to Stevens, Call 425.640.4444