News for the Medical Staff

sutterdavis.org

Sutter Davis Hospital
A Sutter Health Affiliate

SDH Physician

December 28, 2009

What a Year It's Been! New Year Marks New Focus on "Culture of Caring"

A message from Janet Wagner, Chief Administrative Officer

Mark Twain once said, "I can live for two months on a good compliment." That rings a bit of truth here at Sutter Davis Hospital, where we've had, in a sense, a year of compliments. We've earned the Eureka Award, Best Places to Work and Practice awards, a stellar Consumer Reports ranking, and the Sacramento Workplace Excellence Leader Award. We've also increased our EOW scores, maintained or improved our dashboard numbers and pulled off Sutter's first All-Staff Assembly. It has been both fun and fitting to revel in the glow of these incredible accomplishments. The staff, physicians and volunteers have earned the accolades.

However, the new year gives us opportunity to continue to focus on the ultimate goal – the greater good of our patients. Our community now knows we are a worthy organization, so let's spread the word that SDH is also an organization that *cares*: We care for patients, providing them with very good care; we care for physicians, providing them with a great place to practice; and we care for employees, offering a meaningful professional work environment. This SDH "culture of caring" is the Sutter Davis Difference.

How will we know we are continuing to live the Sutter Difference? The evidence will come through results, because when we care, our outcomes always improve, whether that be dashboard results, patient satisfaction scores, or employee and physician feedback. As we welcome the new year, let's stay focused on our patient care outcome measures, not so we can enjoy another compliment or award, but as a way of knowing that we are truly a culture of caring, in every sense of the word.

New Award Names SDH a 'Best Place to Practice'

Sutter Davis Hospital is one of the best places to practice medicine, according to Press Ganey, a nationwide survey company. SDH recently became one of the first recipients of the company's new Best Place to Practice Award. To achieve this distinction, SDH reached and sustained the 95th percentile or above for its two most recent physician partnership reports -- one of only six health care facilities to do so out of more than 10,000 that partner with Press Ganey.

"Your devotion to providing the highest quality health care and partnering with your physicians is evident, and you should take great pride in this singular honor," said Teresa Roberts, a strategic consultant with Press Ganey. SDH was recognized at Press Ganey's National Client Conference in November.

Mark Your Calendars for Winter Celebration

It's time to brush up on your Charleston and Lindy Hop. Yes, the Roaring 20s are back at this year's Winter Celebration, taking place Jan. 23, from 6-10 p.m. at the University of California, Davis' Freeborn Hall. Details on the ball are coming soon, but you can bet on great food, music, dancing, and our usual array of awards for Manager of the Year, Employee of the Year and Outstanding Performer – plus Pillar and Service Awards. To place your vote for Manager of the Year, Employee of the Year and Outstanding Performer, look for the nomination boxes that will be available in Human Resources after Dec. 1.

Federal and State Privacy Requirements

This is the third in a series on federal and state privacy requirements.

Effective Jan. 1, **State Bill 541**:

- authorizes the California Department of Public Health (CDPH) to investigate health information privacy breaches and assess penalties up to $25,000 per patient breach (maximum $250,000 per reportable event);

(Continued)

- requires health facilities such as Sutter Davis Hospital to notify both CDPH and the patient of detection of a breach;
- requires health facilities to report unlawful or unauthorized access to and use or disclosure of a patients' medical information by anyone within the affiliate, including permanent or contract employees and medical staff members. "Unauthorized" means inappropriate access, review, or viewing of a patient's medical information without a direct need for medical diagnosis, treatment, or other lawful use as permitted by statute or regulation.

(Those not covered under SB 541 reporting include health plans, individual providers and businesses that maintain medical information for providers or individuals.)

Effective Jan. 1, **Assembly Bill 211** created the Office of Health Information Integrity (OHII) to:

- enforce the California Confidentiality of Medical Information Act (CMIA);
- levy penalties for unauthorized access/use/disclosure of patient medical information by individuals. Penalties range from $2,500 for negligent unlawful disclosures to up to $250,000 for negligent unlawful disclosures for the purpose of financial gain.

OHII will investigate any person, entity, or licensed health care professional upon receipt of a referral from the California Department of Public Health and may assess fines against such persons, entities, and licensed health care professionals and may, in addition, recommend that the person's licensing Board investigate and discipline the individual involved.

If you have questions about these new laws, please contact Ellen Minden, RN, MPH, MHA, Sutter Davis Hospital Compliance Officer, at mindene@sutterhealth.org

Fire Safety "Code Red"

What should I do when the fire alarm sounds?
"Defend in place" is a phrase often used by life safety officers, and that typically applies to hospital fires. Hospital compartments are constructed with minimal penetrations and auto shut-off air handling systems to minimize smoke and slow down fire penetration. Fire doors typically divide the compartments. If the fire is not in your area and there is no visible smoke, close doors, stay alert and wait for further instructions.

If you discover a fire, remember to **R.A.C.E.**:
R - Rescue anyone from immediate danger.
A - Activate the fire alarm.
C - Contain the fire.
E - Extinguish (if you can) or Evacuate.

What is the correct way to use a fire extinguisher?
Remember the acronym **P.A.S.S.**:
P - Pull the pin.
A - Aim the nozzle at the base of the fire.
S - Squeeze the handle to activate.
S - Sweep the nozzle from side to side at the base of the fire.

How do I call for help?
The hospital emergency number is 333.

SDH Welcomes New Medical Staff Members

Ryan A. Caltagirone, M.D.
Pediatrics
Sutter West Medical Group

Ana R. Cherry, M.D.
Family Medicine
Sutter West Medical Group

Claudia P. Galli, M.D.
Family Medicine
Sutter West Medical Group

John D. Hernried, M.D.
Hospitalist
Sutter West Medical Group

Edward I. Levin, M.D.
Surgery, Urology
Solano Regional Medical Group

Bonnie D. MacEvoy, M.D.
Anesthesiology
Sutter West Medical Group

Barry A. Samuel, M.D.
Anesthesiology
Sutter West Medical Group

Mohammed A. Shaikh, M.D.
Pulmonary Diseases
Pulmonary Medicine Associates

Tanuj Sidhartha, M.D.
Psychiatry
Community Psychiatry Associates

Mark R. Susskind, M.D.
Surgery, Urology
Solano Regional Medical Group

Melissa J. Williams, M.D.
Hematology/Oncology
Sutter Medical Group

Kenneth C. K. Wong, D.D.S.
Surgery, Oral & Maxillofacial
King Oral & Maxillofacial Surgery Center

Zarir E. Karanjawala, M.D.
Pathology
Diagnostic Pathology Medical Group

SDH Earns 'Best Places to Work' Award from Modern Healthcare

Modern Healthcare has named Sutter Davis Hospital one of the top 100 "Best Places to Work in Healthcare." The hospital was among 317 employers across the nation that participated in this program. One other Sutter Health affiliate, Sutter Maternity and Surgery Center in Santa Cruz, also made this year's ranking.

To earn this recognition, SDH participated in a lengthy survey process that included interviews with managers and employees on a variety of topics, including leadership and planning, working environment, pay and benefits, and overall satisfaction, among others.

The recognition marks the second best-workplace award given to SDH this year. In April, the hospital received the Sacramento Workplace Excellence Leader Award from the Sacramento Area Human Resources Association.

"Our focus at Sutter Davis is the quality care we provide our patients each and every day, and to be able to do that in an environment where we care about each other is what makes the Sutter Davis Difference," said Janet Wagner, chief administrative officer. "Thank you, SDH staff and volunteers, for your personal contribution to this wonderful acknowledgement."

Campaign Strives to Keep Surgery on the 'Cutting Edge'

As Davis and its surrounding communities have grown, and as surgical medicine has evolved, Sutter Davis Hospital surgeons have developed a wish list of new equipment that will allow them to better care for their patients. Now the Sutter Davis Hospital Foundation is working to make those wishes a reality. The goal of the Cutting Edge project is to raise $245,000 to strengthen surgical services at SDH. If half of the money, $122,500, is raised by Dec. 31, Sutter Health Philanthropy will match every dollar to help SDH reach its goal.

"We're very excited about this opportunity. This project will help SDH reach the next level of surgical care with equipment that provides better outcomes and is safer for both our patients and staff," said Kris Stanfill, director of the SDH Foundation.

As the Cutting Edge project enters its final stretch, physicians can help by making the Foundation aware of any individuals who might be interested in contributing toward this important goal. To learn more about the Cutting Edge project, contact the SDH Foundation Office at 530-757-5120.

PHARMACY NEWS

Zetia® Shows Lack of Efficacy in High Risk Patients -- A study in the New England Journal of Medicine dated November 16, 2009 shows that Zetia® fails to show a decrease in buildup on artery walls and found that Zetia® users are more prone to heart attacks. In the trial, Extended-Released Niacin or Ezetimibe and Carotid Intima-Media Thickness by A. Taylor et al., researchers showed that niacin significantly reduced LDL cholesterol and triglyceride levels, while ezetimibe reduced HDL and triglyceride levels.

Niacin had greater efficacy regarding the mean change in the carotid intima-media thickness over 14 months. The incidence of major cardiovascular events was lower in the niacin arm compared to the ezetimibe arm. This comparative-effectiveness trial showed that extended released niacin was superior to ezetimibe when combined with a statin.

Questions: Contact Jeremy Bair, Pharm D., Candidate 2010, Touro University, at Jeremy.bair@tu.edu, or Allen Yamashiro, Pharm.D., Dir. Ancillary Services, at YamashA@sutterhealth.org, 530-757-5181

Sutter Davis Hospital
Infection Control at a Glance



We've known for more than 100 years that hand washing prevents infection, but we still can't get people to wash their hands. Hand washing is the simplest, most effective way to keep from getting sick and making others sick.

SOME SPECIFIC REQUIREMENTS AND INFECTION PREVENTION METHODS

- ☆ As wonderful as invasive devices are in assisting with treating patients, their presence creates a pathway for infection. To decrease the possibility of infection in our patients, it is important to remove the invasive device as soon as the clinical picture of the patient allows. Evaluating the need for the device on a daily basis is essential to infection prevention.
- ☆ When any invasive procedure is performed on a patient, whether in the Operating Room, or at the bedside, the following is required:
  Use of sterile garb including mask, hat, gown, gloves and full sized barrier drape; the practice of hand hygiene prior to the procedure; and the appropriate antiseptic to prepare the area.

Central Lines

- ☆ Regulatory requirements for all central lines include *daily* documentation of the necessity of the line by the physician, and a completed Central Line Insertions Practices check list.
- ☆ Chlorhexidine Gluconate is the antiseptic recommended and in our Central Line Kit.
- ☆ Femoral catheters are to be placed ONLY if there is no other option

Hand Hygiene

- ☆ As proven over 150 years ago, is still the number one method in impacting the spread of infection.
- ☆ To be practiced before and after patient contact; before and after entering a patient's environment; before donning gloves and after removing gloves

Surgical Procedures

- ☆ Prophylactic antibiotics are given 1 hour prior to the surgical incision
- ☆ Prophylactic antibiotics are discontinued within 24 hours after the surgical incision is closed
- ☆ Hair is removed by clippers only-No shaving

Multi-Drug Resistant Organisms (MDRO)

- ☆ Patients with an MDRO are placed on Contact Precautions throughout their hospitalization
- ☆ Regulatory requirement is to provide the patient with education regarding health care associated infection strategies

Sentinel Event caused by Hospital Associated Infection (HAI)

- ☆ Immediately Report to the Infection Control Coordinator or Risk Manager, any patient who dies, or has a permanent loss of function due to a HAI.