



SIERRA VISTA

REGIONAL MEDICAL CENTER

Physician Update

Upcoming Meetings

April

- 4/6/10: Sushi Tuesday
- 4/8/10: IC/P&T @ 12:30p
- 4/13/10: OB-GYN @ 12:30p
- 4/15/10: Surgery Review @ 12:30p
- 4/16/10: CME Luncheon @ 11am
(Speaker: Dr. Balke)
- 4/20/10: Emergency @ 12:30p
- 4/22/10: Cardiology @ 12:30p
- 4/27/10: Med Exec @ 12:15p

May

- 5/4/10: Sushi Tuesday
- 5/4/10: Bioethics @ 12:30p
- 5/11/10: Medicine @ 12:15p
- 5/18/10: Quality Council @ 12:30p
- 5/21/10: CME Luncheon @ 11am
(Speaker: Dr. Bisheff)
- 5/25/10: Med Exec @ 12:15p

June

- 6/1/10: Sushi Tuesday
- 6/1/10: Pediatrics @ 7am
- 6/2/10: Anesthesia @ 6:30am
- 6/9/10: Utilization Review @ 12:30p
- 6/10/10: General Staff @ 5:30p
(Speakers: Drs. Holland & Ritter)
- 6/17/10: Interdisciplinary @ 12:30p
- 6/22/10: Med Exec @ 12:15p

SURGEON PERFORMS FIRST daVINCI SURGERY AT SIERRA VISTA

The daVinci Surgical System is up and running at Sierra Vista Regional Medical Center. In February, Dr. Elaine Yin performed the hospital's first procedure using the robot. Since that time, five other physicians have completed their training and also performed procedures, including: Dr. Kurt Haupt, Dr. Edwin Hayashi, Dr. Howard Hayashi, Dr. Craig Canfield and Dr. Joseph Kuntze. Several more physicians are scheduled to attend training in the coming months.

Sierra Vista is the only hospital between Santa Barbara and Salinas to

offer robotic minimally invasive surgery with the daVinci. Types of specialties that will benefit most from the use of this technology include gynecology, urology and general surgery procedures.

Sierra Vista made the decision to acquire the machine because of physician interest and reports that patients were leaving the area for complicated procedures such as prostate surgery. Use of the daVinci does not affect the cost of the procedures and may actually decrease other health related costs due to shorter hospital stays.

HIGH-TECH, SOFT TOUCH MAMMOGRAPHY

Women who undergo routine mammograms at Sierra Vista's Selma Carlson Diagnostic Center have the latest in imaging quality and comfort technology available to them. Sierra Vista features the state-of-the-art Selenia™ digital mammography system, together with the breast cushion, MammoPad®, from Hologic™.

Sierra Vista Regional Medical Center is very excited to be able to offer the newest technology for breast cancer detection. With digital imaging, radiologists can magnify the images, increase or decrease the contrast and invert the black and white values. These features allow the radiologist to evaluate micro-calcifications and focus on areas

of concern.

In addition to offering superior mammography technology, Sierra Vista offers a softer, warmer mammogram by using the MammoPad breast cushion for every patient. MammoPad has been clinically demonstrated to reduce discomfort associated with mammograms, one of the leading reasons many women don't get regular screenings. This breast cushion is invisible to x-rays and does not interfere with the image quality of the mammogram.

Selma Carlson is proud to be fully accredited by the American College of Radiology. Saturday appointments are available. To schedule a screening, call 546-7733.

IMPROVING PATIENT CARE THROUGH TECHNOLOGY

Sierra Vista is meeting the challenges of the American Reinvestment and Recovery Act (ARRA) to provide a new level of healthcare quality and efficiency on the Central Coast. We have begun implementation of Phase II of our healthcare information technology (HIT) project.

Throughout the upcoming year, the hospital will build upon our electronic

medical records systems to add new functions in clinical documentation, orders management, medication administration, bar coding and reporting. Certified electronic documentation and order entry in laboratory, radiology and surgery were implemented during Phase I last year.

Sierra Vista plans to be fully electronic, largely eliminating the need for paper records, within two years.

INFECTIOUS PROCESSES

Congratulations! Sierra Vista Regional Medical Center has had **ZERO** Ventilator Associated Pneumonia Patients, **ZERO** Catheter Associated Urinary Tract Infections and **ZERO** Central Venous Catheter Blood Stream Infections in the past three months!

These statistics are driven by excellent technique, limited device delays and adherence to the infection prevention bundles.

In addition, Sierra Vista was recently identified as having central venous catheter blood stream infection rates lower than the national average. In fact, the hospital has 61-percent fewer infections than other hospitals in the country! Good work!

For more information about this publication or to submit your ideas, contact Christie Gonder, CNO at 546-7687 or Christie.Gonder@TenetHealth.com

OPIATE COMPARISON TABLE

The Institute for Safe Medicine Practices (ISMP) has identified the dangers of patients becoming over sedated with the use of Dilaudid due to prescribers and caregivers lack of understanding of the higher opiate concentration when compared to Morphine Sulfate.

The Pain Management Performance Improvement team at Sierra Vista Regional Medical Center is reviewing pain medication order sets, setting up a Pain Management CME and CEU for physicians and nurses and posting the attached Opiate Equivalency Table in all medication areas to improve patient safety.

Approximate Opioid Equivalency

Morphine Sulfate	Hydromorphone
2 mg	0.3 mg
4 mg	0.6 mg
7 mg	1 mg
10 mg	1.5 mg
14 mg	2 mg

Apply careful clinical judgment, monitor for cross-tolerance and adjust doses appropriately.

BIOETHICS COMMITTEE

The Bioethics Committee exists to help physicians, nurses, patients and families in making decisions that involve ethical questions. The Committee is made up of physicians, nurses, lay representatives, social workers, case managers, clergy, ethicists, attorneys and administrators. The Committee does NOT make patient care decisions, but rather serves as a resource to help address ethical concerns and dilemmas. To request a consult, call 546-7818.

MEANINGFUL USE

SVRMC is pleased to announce a special "EHR Meaningful Use" program for our physicians. We understand the pressure you are currently facing as the healthcare community attempts to understand and react to the American Recovery & Reinvestment Act (ARRA) and HITECH Act, which offers considerable financial incentives to physicians who demonstrate "meaningful use" of electronic health records (EHR).

We have partnered with MED3000, a healthcare management and technology company with expertise and a long and successful track record in improving outcomes for physician practices and providing intuitive technology solutions. With MED3000's strong background in operations, together with their InteGreat EHR solution, we have developed a program to help you implement and make effective use of an EHR at an affordable cost. The program offers a limited number of physicians a grant to offset a portion of the implementation costs.

If you are interested in scheduling a webinar on either "Meaningful Use" and/or the MED3000 product, email Shannon.Downina@TenetHealth.com.

WELCOME TO SIERRA VISTA

DR. STEVEN POSSON	FAMILY PRACTICE
DR. DANIEL WILLIS	FAMILY PRACTICE
DR. AMGAD SALIB	FAMILY PRACTICE
DR. ROXANNE MISTRY	PEDIATRICS
DR. CASE KETTING	RAD ONCOLOGY
DR. NORMAN WHITE	PSYCHIATRY
DR. KANG TSAU	ANESTHESIA

PATIENT STATUS & BED PLACEMENT

CMS is taking a much firmer stance on the clarity of admission orders. Effective April 1, every patient who needs a bed on a hospital unit (excluding NICU) must have a complete admission order PRIOR to the assignment of a bed. This includes patients admitted from every portal of entry (ie. Emergency Department, Operating Room and direct admits).

A "Complete" Order consists of:

- Date & Time
- Name of Attending Physician
- Diagnosis
- Status (Inpatient or Outpatient)
- If Observation, please document clinical rationale
What are we observing and why?

NOTE: Observation is not a level of care nor an admission status, but a service we can provide if indicated.

The nursing staff will be monitoring for these admission orders at the time of admission and will request clarification orders from the physician if not complete.

VTE PROPHYLAXIS

All hospitalized patients are at risk for developing venous thromboembolism (VTE), a condition that can manifest clinically as a deep vein thrombosis (DVT) or pulmonary embolism (PE) and is associated with significant morbidity, mortality and economic cost. More than two million Americans suffer from VTE each year, with over half of these individuals developing their VTE in the hospital or in the 30 days post hospitalization. VTE is the leading cause of preventable hospital deaths.

Without prophylaxis, the range of DVT is significant in selected patient populations.

Medical	10-20%
General Surgery	15-40%
Stroke	20-40%
Hip/Knee	40-60%
Major Trauma	40-80%
Critical Care	10-80%

In 2008 the American College of Chest Physicians recommended that all acutely ill patients with co-morbidities or those who are bed bound and have one or more additional risk factors receive prophylaxis.

It is our goal at SVRMC is that all adult patients are assessed for VTE prophylaxis. The VTE order set will be placed on all adult patient charts at the time of admission. Please complete VTE assessment/order set or address VTE in the physician order section of the chart.

CEFTRIAZONE (ROCEPHIN & GENERICS)

Based on results from two studies, the FDA has issued the following updated guidelines:

- Concomitant use of ceftriazone and intravenous calcium-containing products is contraindicated in neonates. Ceftriazone should NOT be used in neonates if they are receiving calcium-containing intravenous products.
- In patients >28 days of age, ceftriazone and calcium containing products may be administered sequentially, provided the infusion lines are thoroughly flushed between infusions with a compatible fluid.
- Ceftriazone must not be administered simultaneously with intravenous calcium-containing solutions via a Y-site in any age group.