



Physician Update

Upcoming Meetings

October

- 10/09/09: CME Luncheon @ 12p
(Update 2009 H1N1 Virus)
- 10/15/2009: GREAT SHAKEOUT @ 10:15a
- 10/22/09: IC/P&T @ 12:30p
- 10/27/09: Med Exec @ 12:30p
- 10/28/09: Emergency @ 12:30p

November

- 11/10/09: Medicine @ 12p
- 11/17/09: Quality Council @ 12:30p
- 11/20/09: CME Luncheon @ 12p
- 11/24/09: Med Exec @ 12:30p
- 11/25/09: OB-GYN @ 12:30p

December

- 12/01/09: Pediatrics @ 7:00a
- 12/02/09: Anesthesia @ 6:30a
- 12/04/2009: Office Staff Luncheon
- 12/07/09: **General Medical Staff** @
6:00pm & CME @ 6:30pm
- 12/09/09: Utilization Review @ 12:30p

PREPARING FOR H1N1 FLU: WHAT YOU NEED TO KNOW

The current definition of H1N1, as defined by the California Department of Health: Fever 100°F or greater AND NEW onset cough or any patient whom a healthcare provider believes, based on the patient's history and illness, to have a high likelihood of being infected with pandemic (H1N1) 2009 influenza virus.

Any patient who meets the above criteria is to be placed on contact and airborne precautions, with staff donning an N95 respirator mask. Masks should be used only once and then discarded. A physician order is not required to place a patient in isolation precautions.

To ensure adequate protection, FIT testing is available for physicians treating infected patients. FIT testing is held each Tuesday and Wednesday morning in the Human Resource Center at 100 Casa St. Please call Lorene Campbell for more information at 546-7789. Wash Hands!

LAB TESTING & KEY POINTS

- SVRMC laboratory performs RAPID influenza testing.
- Results from RAPID testing are approximately 50% accurate.
- Patients should not be removed from isolation based on the results of RAPID testing.
- Patients admitted and suspected to have H1N1 need to have a nasal pharyngeal swab performed and sent to the SLO County Public Health Department for confirmation.
- Isolation precautions should be continued for seven days from symptom onset or until the resolution of symptoms, whichever is longer.
- Consult the infection control practitioner prior to removing any patient from isolation.
- Limit visitors for patients in isolation for novel H1N1 infection.

PEDIATRIC SUBSPECIALTY CENTER NOW OPEN

SVRMC and Children's Hospital Central California are working together to provide local children and families access to some of the world's finest pediatric subspecialties in an environment that is close to home. Beginning in September, children who require a subspecialist in endocrinology, pulmonology or cardiology will be treated on the second Friday of each month. The children will be seen at

SVRMC by physicians from Specialty Medical Group.

Referring physicians and their staff can schedule appointments for their patients through Sierra Vista via its Pediatric Subspecialty Line at 546-7692. Doctors can also contact pediatric subspecialists anytime through the Children's Access Center at (866) 353-KIDS.

AMERICAN COLLEGE OF RADIOLOGY ACCREDITATION

SVRMC is the only hospital in San Luis Obispo County awarded a three year term of accreditation in Ultrasound, Breast Ultrasound, Breast Biopsy with Ultrasound and Computed Tomography, as a result of a recent survey by the American College of Radiology. These most recent accreditations are in addition to Mammography, which has

been accredited at Sierra Vista since 1990.

The accreditation gives assurance to patients that hospital staff and equipment have passed rigorous evaluation and demonstrates the hospital's commitment to quality patient care. Evaluations are conducted by board-certified physicians and medical physicists who are experts in the field of radiology.

NEW EQUIPMENT IN OR

Sierra Vista's operating rooms have made another leap into the future of medical technology. The department recently installed the most advanced endoscopic camera and flat panel monitor currently available, the 1288 HD 3-Chip and Stryker WiSe. These groundbreaking new pieces of equipment allow for wireless transmission capabilities in the operating room, reducing OR clutter and improving visualization by surgeons.

The new camera features a 1920x1080p resolution and nine specialty settings, resulting in optimum color resolution brightness with edge-to-edge clarity. Additional benefits include four fully programmable buttons on the camera head, allowing the surgeon to control the light source settings directly from the camera head. New LED technology will completely change the perception of light sources in the OR.

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

PHYSICIAN SATISFACTION SURVEY

The annual physician satisfaction survey allows the administration at SVRMC to identify opportunities for improvement within the hospital. Based on last year's results, we have taken a number of steps to improve our communication, operations and community relations. This year's survey will be mailed out in mid October. If you receive the questionnaire, please take a moment to provide us with your confidential feedback. Your participation will help ensure that SVRMC continues to provide excellent service to both you and your patients.

COMMUNITY EDUCATION SEMINARS

Sierra Vista Community Education Seminars offer physicians the opportunity to team up with the hospital to provide health related information to the public on varied medical topics. Seminars are held monthly and are free to attend. Physicians who are interested in presenting a lecture in 2010 should contact Shannon Downing at 546-7927.

MEDICAL OFFICE BUILDING

Construction continues on the new Sierra Vista Medical Office Building. The building will be substantially completed by the end of the year with physicians expected to move in by March 2010. When completed, the building will house about 20 physician offices. It is currently 50-percent pre-leased. For more information, contact Rob Wagner at (312) 332-7600.

HAND SANITIZER

SVRMC has converted from a liquid-gel type hand sanitizer to a foam product. Because of the smaller volumes in these new cans, we have increased the locations of hand sanitizer dispensers to include both inside and outside each patient room.

CODE STATUS ORDER SET REVISION

This order set was revised and modeled after the Physician Orders for Life-Sustaining Treatment (POLST). The POLST program is designed to improve the quality of care people receive at the end of life and is based on effective communication of patient wishes to the healthcare provider. The California POLST order form can be found at www.finalchoices.calhealth.org.



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WELCOME TO SIERRA VISTA

DR. JEFFREY ROOT
DR. SHARON PEACH
DR. TIMOTHY WATSON
DR. PIYAL PATEL
DR. WILLIAM BONIS
DR. KATHLEEN GATES
DR. MICHELLE PASTORELLO
DR. RANDALL SILVER
DR. LAWRENCE WETTERAU
DR. REDDIVALAM SUDHAKAR
DR. ANDREW SEEFELD

GENERAL SURGERY
ANESTHESIA
INTER RADIOLOGY
INTERNAL MED
ONCOLOGY
PEDS HOSPITALIST
PEDS HOSPITALIST
FAMILY PRACTICE
PEDS ENDOCRIN
PEDS PULMO
EMERGENCY MED

NEW CORE MEASURES FOR SCIP

Prevention of UTI's

All patients, regardless of age, undergoing surgical procedures under general or neuraxial anesthesia of greater than or equal to 60 minutes duration must be monitored for timely removal of indwelling urinary catheters by POD#1 or POD#2. Day of surgery is POD#0. Reason for continuing urinary catheterization past POD#2 MUST be clearly documented in the physician progress notes or orders. "Continue Foley" is not acceptable documentation and will result in a SCIP fallout.

Thermoregulation

Surgery patients for whom either active warming was used intraoperatively for the purpose of maintaining normothermia or who had at least one body temperature reading equal to or greater than 36°C recorded within the 30 minutes immediately prior to or the 15 minutes immediately after anesthesia end time.

Central Line Necessity

A new sticker on the front cover of a patient's chart will alert physicians that a central line is in place.

Central Line In Place

Central Line was inserted on: ___/___/___

PICC Subclavian Femoral Jugular

Evaluate daily necessity for Central Line and document in progress notes.

ACCU-CHEK INFORM SYSTEM

There is a possibility of falsely elevated blood glucose results when using the ACCU-CHEK GDH-PQQ glucose test strips on patients who are receiving therapeutic products containing certain non-glucose sugars, such as maltose. These sugars can falsely elevate glucose results which may mask significant hypoglycemia or prompt excessive insulin administration, either of which may lead to serious injury or death. SVRMC is taking a proactive approach in order to minimize this risk.

- Educating clinical nursing staff in their role of assuring appropriate glucose testing on patients who receive products containing maltose.
- Warning stickers on point-of-care glucose testing meters.
- Warning information on Pyxis for all medications containing maltose.
- Warning information on patient's chart who receives products containing maltose.

MEDICARE: OBSERVATION V. INPATIENT

Admission of a patient for observation is based on symptoms (chest pain, abdominal pain, etc.) or as the result of an unusually prolonged recovery period following an outpatient procedure (pain management, urinary retention, cardiopulmonary concerns). Medicare permits up to 48 hours for observation of fee for service patients.

An admission for observation may be changed to an inpatient admission if the patient requires continued services and monitoring beyond 48 hours and whose condition is severe enough to require inpatient treatment.

NEW SIERRA VISTA WEBSITE

SVRMC has a new look on the world wide web. SierraVistaRegional.com offers viewers a more aesthetically pleasing look into our hospital on-line, with up-to-date information about hospital programs and services.

Physicians and their staff can now visit our home page and click on the Physician Resource button to go directly to a page of links that will connect them to useful hospital information.

The new site provides visitors with current information on support groups, upcoming blood drives and CPR classes. Visitors can also send cheer cards, order flowers, recognize staff, pay bills, view photos of newborns and even pre-register for admission to the hospital.