



Physician Update

Upcoming Meetings

October

- 10/5/10: Sushi Tuesday
- 10/12/10: OB-GYN @ 12:30p
- 10/15/10: CME Luncheon @ 12:15p
(Dr. Asrat: Tocolysis)
- 10/21/10: Surgery Review @ 12:30p
- 10/26/10: Med Exec @ 12:15p
- 10/27/10: Tumor Board @ 7am

November

- 11/2/10: Sushi Tuesday
- 11/2/10: Bioethics @ 12:30p
- 11/9/10: Medicine @ 12:15p
- 11/10/10: Bylaws/Library @ 12:30p
- 11/11/10: IC/P&T @ 12:30p
- 11/16/10: Quality Council @ 12:30p
- 11/19/10: CME Luncheon @ 12:15p
(Dr. Auran: Cancer Risk & Radiation)
- 11/23/10: Med Exec @ 12:15p
- 11/24/10: Tumor Board @ 7am

December

- 12/1/10: Anesthesia @ 6:30am
- 12/7/10: Sushi Tuesday
- 12/7/10: Pediatrics @ 7am
- 12/7/10: General Staff @ 5:30p
- 12/8/10: Utilization Review @ 12:30p
- 12/14/10: Cancer @ 12:30p
- 12/16/10: Interdisciplinary @ 12:30p
- 12/17/10: CME @ 12:15p (TBA)
- 12/22/10: Tumor Board @ 7am
- 12/22/10: Emergency @ 12:30p
- 12/28/10: Med Exec @ 12:15p

CENTRAL COAST CANCER CHALLENGE

The first Central Coast Cancer Challenge was a HUGE success! Events included 100k & 50k bike rides and 10k & 5k runs. Thank you to all those who participated, including:

- (1) Dr. Tom Vendegna (100k)
- (2) Dr. Gary Donath (100k)
- (6) Dr. Derek Lauritzen (100k)
- (9) Dr. Stephen Holtzman (100k)
- (10) Dr. Jim Malone (100k)
- (21) Dr. Pat Vaughan (10k)

Funds raised will benefit *The Wellness Community* and *LiveStrong*. Organizers hope to make this an annual event.

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

IMPACT ROUND 1 GO-LIVE: NOVEMBER 9

Staff at Sierra Vista are preparing for IMPACT Go-Live on November 9. On this date, all nursing documentation will take place within the Cerner PowerChart Electronic Medical Record. This means all laboratory and radiology results, medications lists and vital signs will be available for viewing within PowerChart and will no longer print to the floor.

Once written, all physician orders will be posted and tracked in PowerChart. Computerized Physician Order Entry (CPOE) will begin during Round 2, set for mid 2011.

To prepare for Go-Live, physicians who do not already have an ID badge are encouraged to request one from the medical staff office. This badge will allow for easy sign-on through Tap-N-Go. Physicians should also make sure they have an eTenet username and password.

A web-based physician training tutorial is available for physicians unfamiliar with the Cerner PowerChart environment. For assistance, please contact **Dr. Robert Meyers, IMPACT Physician Lead, at 546-7721** or stop by his office located on the Step Down Unit.

TELENEUROLOGY COVERAGE FOR EMERGENCIES

Sierra Vista is proud to announce a new agreement with *Specialists On Call* to provide around the clock tele-neurology service to its Emergency Department. This agreement guarantees that Sierra Vista patients suffering a stroke, or any other neurologic emergency, will have access to a Board Certified neurologist within 15 minutes, day or night.

Patients with symptoms of stroke at Sierra Vista will see and communicate with a neurologist in real time over a high definition video conferencing screen. The neurologists are currently or formerly from academic medical centers and consult with the local ER physician,

patient and their family, view patient medical information and recommend appropriate treatment. For patients suffering from acute stroke, the timely intervention of these neurologists can mean the difference between recovery and possibly death.

Specialists On Call is the largest provider of tele-neurology services in the country and the first private telemedicine company to earn The Joint Commission's Gold Seal of Approval. Sierra Vista maintains the only neurosurgery program in San Luis Obispo County and is seeking to become this area's only Joint Commission accredited stroke center.

ER WAIT TIME NOW AVAILABLE ON-LINE

Sierra Vista recently introduced a new way for patients to find out ER wait times. Before heading to the ER, patients can now access the hospital's website at www.SierraVistaRegional.com and check out the average door-to-bed wait time on the hospital's homepage.

The time is tracked using a statistical tracker system that transfers data to an RSS (Really Simple Syndication) feed. The feed automatically displays and updates the time online. Wait times reflect a

rolling two-hour average and are updated every five minutes. Patients are seen in priority order based on the type and severity of their medical complaint.

According to the Centers for Disease Control and Prevention, the average hospital ER wait time to see a physician is nearly 56 minutes. At Sierra Vista, the average wait time is usually under 20 minutes and patients are often in a bed within 15 minutes of their arrival to the hospital.

PHYSICIAN IT HELP DESK

Sierra Vista now has a new physician help desk dedicated exclusively to helping physicians with technology issues. Trained staff is available from 6am-5pm Monday thru Friday.

For assistance with any computer problem call:
546-7946

PHYSICIAN CONSULTATION ROOM

In order to ensure our patient's privacy, a physician consultation room is now available in the main lobby of the hospital. Physicians are encouraged to use this private space when speaking to a patient's family both pre and post operatively. The volunteers are happy to direct you.

ANTICOAGULANT PROTOCOL

Sierra Vista is working to provide more standardized and research-based care for patients on anticoagulation. The Pharmacy & Therapeutics Committee now recommends that the pharmacy manage all patients on anticoagulants.

This decision was made in part due to the results of audits done on patients on Coumadin, Lovenox and Heparin in the first quarter of 2010. The audit showed that patients managed on the pharmacy anticoagulation protocol received care that complied with treatment standards at a higher percentage than those managed by physicians.

To have a patient managed by the pharmacy protocol, please order for pharmacy protocol for the anticoagulant of choice.

NUCLEAR MEDICINE ACCREDITATION

Sierra Vista has been awarded a three-year term of accreditation in Nuclear Medicine as the result of a recent survey by the American College of Radiology (ACR). The accreditation gives assurance to patients that hospital staff and equipment have passed rigorous evaluation.

MEDICATION CONTINUUM ORDER FORM

The medication continuum order form is an important part of the patient's chart and requires thorough evaluation to determine the correct drugs and dosages. Medication errors can occur if the medication continuum form is incomplete or incorrect. To improve patient safety, please ensure the accuracy of this form before signing.

MEDICAL RECORDS

Immediately following transcription, unsigned reports are currently sent to physician offices via courier, mail or fax. Now that text editing capabilities are available in HPF, a second and final copy of any signed report can also be sent. Additionally, physicians, who have HPF set up in their offices, can print final reports on demand. Please contact Medical Records at 546-7637 if you are interested in receiving final copies or if you would like to change the way reports are sent to your office.

WELCOME TO SIERRA VISTA

DR. DUGALD CHISHOLM	EMERGENCY MED
DR. THOMAS KYLER	ANESTHESIA
DR. LISA RYAN	HOSPITALIST
DR. ANDREW CASSIDENTI	OB-GYN

EARLY GOAL DIRECTED THERAPY FOR SEPSIS

Mike Ryan, MD

Sepsis, which is defined as SIRS plus suspected infection, accounts for more than 200,000 deaths per year in the US. Evaluation and treatment of sepsis and septic shock have undergone dramatic changes over the last several years, as a result of a protocol published in the New England Journal of Medicine. One of the major abnormalities in severe sepsis is organ hypoperfusion, or low effective blood flow, to the body's major organ systems. If timely resuscitation is performed, the restoration of early effective blood flow to those organ systems can result in decreased mortality and shortened hospital stays.

The components of Early Goal Directed Therapy (EGDT) are simple and start with recognition of the appropriate patient. Any patient with a suspected infection who has a serum lactate level above four or a systolic blood pressure of less than 90 mm Hg after about 3 L fluid resuscitation is a candidate for EGDT. Ongoing management of fluids and vasoactive medicines of the patient is then targeted to get central venous pressures, mean arterial pressure and central venous oxygen saturations within specific parameters, all within a six hour window.

EGDT can be initiated in the ED, SDU, Med/Surg or OR. Patients are then transferred to the ICU. A central line will often be placed to allow monitoring of both central venous pressures (CVP) and measurement of central venous oxygen saturations, which is a marker of effective blood flow and organ system oxygen delivery. Other key components of EGDT include appropriate antibiotic therapy within one hour of recognition of severe sepsis and performing follow-up lactate levels.

The mortality benefit from effective EGDT is quite impressive. After the original article describing EGDT was published in 2001, multiple studies performed at both community and academic centers have shown that mortality from severe sepsis decreased from 45% to 30%. Additionally, EGDT only needs to be performed on five patients to save one life.

EGDT is recommended by the Surviving Sepsis Guidelines for Treatment of Sepsis and Septic Shock. Sierra Vista Regional Medical Center is initiating this protocol hospital-wide. It is hoped that by doing so, we can improve both mortality and length of stay from this deadly, and often under-recognized condition.

GUIDELINES FOR PHYSICIAN SHADOWING

Sierra Vista recently established new guidelines for physicians who wish to have a student shadow them during surgery or rounds at the hospital. Please see below the three different categories for which a request can be submitted.

Shadowing is a purely observational experience with no clinical or "hands-on" interaction with patients. The experience is normally limited to five or fewer days, one department and one sponsoring physician. In order to facilitate a shadowing experience Sierra Vista requires at least two weeks advanced notice to perform background checks, PPDs and privacy training. Additionally, patient authorization is required from each patient visited so not to conflict with HIPAA.

Observership is for the purpose of "observing" a patient at the hospital for the specific intention of gaining medical knowledge in connection with a medical education training program. A CV is required along with a letter from the hosting institution and medical education program director. An "observer" will be expected to apply for appropriate privileges for participation in specific clinical activities. If the observer's experience is for treatment of patients, individual patient authorization is not necessary. In order to facilitate an observership experience, Sierra Vista must have at least 90 days advanced notice.

A Practicum is identified in the hospital's policy as a limited "hands-on" health care experience involving patient contact and a licensed independent practitioner. The requirements are very similar to those required for an observership and therefore 90 days advanced notice is required.

Physicians interested in any of the above teaching tools, or in conducting an educational tour, are asked to call **Dennis Pall**, Sierra Vista compliance officer, at **546-5130**. Please be mindful of the timeframes required to facilitate the experience.