

da Vinci® Surgical System – not just your typical robot

From smaller incisions to faster recovery times – how one robot is changing the experience of surgery for patients.

Mountain Vista Medical Center (MVMC) is committed to providing the community with the latest health care information and technology. MVMC is now offering a minimally invasive surgery option for gynecologic, urologic and cardiac surgeries with the da Vinci® Surgical System. The da Vinci provides surgeons with an alternative to both traditional open surgery and conventional laparoscopy, putting a surgeon's hands at the controls of a state-of-the-art robotic platform. This enables surgeons to perform even the most complex and delicate procedures through very small incisions with unmatched precision.



BENEFITS ABOUND

- Significantly less pain
- Less blood loss
- Less scarring
- Shorter recovery time
- A faster return to normal daily activities

“Technology keeps advancing every day and the da Vinci is a prime example of state-of-the-art technology in the health care field,” says urologist, Pankaj Jain, M.D. “Offering this minimally invasive procedure to the community benefits both the patient and the surgeon. Surgeons are able to perform complex and delicate procedures through small incisions and patients can experience less pain and scarring, which can give them a quicker return to normal daily activities,” says Dr. Jain.

Urologic surgery

Surgery can be an option for a broad range of conditions that affect the male reproductive organs and the organs of the urinary tract. These conditions include prostate cancer, ureteropelvic junction obstruction, bladder and kidney cancers, and vesicoureteral reflux. Prostatectomy procedures using the da Vinci have become

the first choice for treatment of localized prostate cancer in the United States and is rapidly being chosen by men, as well as their doctors, worldwide.

Gynecologic surgery

When medication and non-invasive procedures are unable to relieve symptoms, surgery remains the accepted and most effective treatment for a range of gynecologic conditions. These include hysterectomies, cervical and uterine cancers, uterine fibroids, endometriosis, uterine prolapse and menorrhagia

(excessive bleeding). Currently, 35 percent of gynecologic cancer cases are performed robotically.

Cardiothoracic surgery

The da Vinci provides surgeons and patients with what may be the most effective, least invasive treatment alternative for even the most complex cardiothoracic procedures such as mitral valve repair. The da Vinci Mitral Valve Repair is an alternative to conventional open heart surgery – the traditional way to treat mitral valve disease.

DA VINCI SURGEONS AT MOUNTAIN VISTA

Ali Baradaran, M.D., OB/GYN
James Cord, M.D., Urology
Victor Dreicer, M.D., CVT Surgery
Grayson Guzman, M.D., OB/GYN
Pankaj Jain, M.D., Urology
David Johnson, M.D., F.A.C.S.,
General Surgery
Namita Kothari, M.D., OB/GYN
Thomas Le, M.D., OB/GYN

Learn more about robotic surgery at www.mvmedicalcenter.com/davinci.

Dear Members of the
Mountain Vista Medical Staff:

As we approach a change in weather this spring, I gladly welcome the warmer temperatures. The unusually colder temperatures and rainy weather this past



winter did not slow down the visitors and patients to Mountain Vista. To meet the growing demands of our community, a third cath lab and interventional radiology suite have been added in our Cardiology Department. We are currently in the process of adding two additional operating suites.

The STEMI activation by EMS during transport is fully integrated as of March 15, since being approved by the Medical Executive Committee. The ability to transmit EKGs from the field to the ER within 60 seconds is something we are proud to be able to offer to the communities we serve. MVMC also just received the Cardiac Receiving Center designation from the Arizona Department of Health Services Bureau of Emergency Medical Services and Trauma System. One of the key components of this designation is the ability to provide mild therapeutic hypothermia.

Included in this issue of *Physician Focus* is a special insert designed to further explain the effect that the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey has on physicians and their practices. I encourage you to review this information as it impacts all of us.

Thank you for your hard work and continued dedication to the hospital. We are committed to providing high quality care to our patients with advanced technology and exceptional customer service. Thank you for working with us to achieve these exceptional results. On behalf of the team here at Mountain Vista, we look forward to working with you for many years to come to provide the quality of care the people in our communities deserve. If you have any questions or concerns, please feel free to contact me.

Sincerely,



Tony Marinello
Chief Executive Officer

Physician Spotlight

*Jerrelle Copeland, M.D.,
internal medicine physician*

What was your first job?

I was born in Baltimore, Md., where my first job was a baby sitter. I am very proud of the three boys I baby-sat. One became a physician, one a lawyer and the other an engineer. My first physician job was with a multi-specialty group in Washington, D.C. I practiced there for seven years before moving to Arizona in 1998. In October 2008 I started my own internal medicine practice.

Education:

I went to Spelman College in Atlanta, Ga., for my undergraduate degree. Then I went to Howard University College of Medicine for medical school. I interned at Providence Hospital in affiliation with George Washington University Medical Center and I did my residency at Howard University Hospital.

What is the proudest moment in your career?

The proudest moment in my career is my graduation from medical school. I am the first person in my family to become a physician. It was also the achievement of a goal I had pursued for eight years.

What motivates you?

My family has been a source of motivation for me. I've been married to my husband of 26 years and we have two children. I am very fortunate to have a supportive family - my parents were both science educators, who encouraged me to pursue a career in medicine.

What are you most passionate about?

I enjoy teaching and community involvement. I am passionate about giving back to my community, through the work I do with the Cultural Cup Food Bank and Free Medical Clinic in Phoenix, Ariz. It gives me great joy to work with the team of volunteers, which includes people in the community, nurses, doctors and medical students from Midwestern Osteopathic School of Medicine. I am currently writing a grant application which would allow the clinic to expand its programs.

Coding definitions – important update for physicians

At MVMC, we strive to provide patients with optimal care. Physician documentation is key providing accurate medical records to our patients. There are several conditions that have coding definitions that are different from physician terminology. Bacteremia, septicemia, SIRS, urosepsis and sepsis are conditions that require accurate and detailed documentation. This is important for coding accuracy and to indicate the severity of the patient's illness.

When documenting the presence of one of these conditions, please consider the following coding definitions, which can differ slightly from physician definitions.

- **Bacteremia** is a condition diagnosed as the presences of pathogenic microorganisms in the blood. It is not considered life threatening and is often asymptomatic.
- Similar to bacteremia, **septicemia** is associated with pathogenic microorganisms within the blood stream, with the difference being that septicemia is a systemic infection. As a result of the

similarities, your documentation must be very clear in the delineation between the two diagnoses.

- **SIRS** is a systemic inflammation accompanied with hyper- or hypothermia, tachycardia, tachypnea and elevated white blood cell count. It is triggered by an infection or trauma.
- The definition of **urosepsis** for coding is UTI. If the patient has a UTI with sepsis, please document it as such.
- **Sepsis** is defined as SIRS due to an infection. If a patient is admitted with an infection and SIRS is documented, this is coded to sepsis.

Accurate and detailed documentation of these conditions will improve hospital coding and reporting. This will also decrease the amount of queries that you will be responsible for answering which can help decrease your workload. If you have any questions, please contact Jannifer Owens, coding supervisor, Health Information Management System (HIMS), at (480) 358-6405.

Arizona charts record number of rabid animals in 2009

Arizona marked a historic milestone with the number of rabid animals in 2009. Currently, 261 animals have tested positive for rabies, 85 more than 2008. As temperatures get warmer, people will be outside more and the risk of exposure to rabid animals increases. Early symptoms of rabies in humans are nonspecific, consisting of fever, headache and general malaise. As the disease progresses, neurological symptoms appear and may include insomnia, anxiety, confusion, slight or partial paralysis, excitation, hallucinations, agitation, hypersalivation, difficulty swallowing and hydrophobia (fear of water). Death usually occurs within days of the onset of symptoms.

Several tests are necessary to diagnose rabies ante-mortem in humans; no single test is sufficient. Tests are performed on samples of saliva, serum, spinal fluid and skin biopsies of hair follicles at the nape of the neck.* Please contact Maricopa County Department of Public Health for assistance with rabies testing in humans. If you have any questions about this, please call Maryann Moyer, RN, BSN, infection control practitioner, at (480) 358-6545.

*Source: Arizona Department of Health Services and Maricopa County Department of Public Health.

Physician HCAHPS Scores through XXXXX.	MVMC Score	Nat'l. Mean
Communication with doctors.	64%	80%
Did doctors treat you with courtesy and respect?	64%	86%
Did doctors listen carefully to you?	58%	78%
Did doctors explain things in a way you can understand?	52%	73%
How well was your pain controlled?	54%	68%

Pain management – how do we rate?

Through Mountain Vista's patient satisfaction survey process, patients share their perceptions of care after discharge. While patients are asked a myriad of questions about their experience at MVMC, one prime area of impact for our physician partners is in pain management.

Specifically, patients are asked, "How often was your pain controlled?" and "How often did the hospital staff do everything they could to help with your pain?" Our scores in this area continue to linger below the national average, meaning that patients are telling us that we are not doing enough to manage their expectations surrounding pain.

A sense of history

Consider, when possible, asking patients before admission about their experience with pain. During assessment, speak to them about what pain management techniques have worked well in the past. Understanding the patient's expectation and preferences will help set you, the patient and the staff members up for a successful visit.

With all inpatients, the nursing care

team uses a visual pain management scale to gauge pain severity. Through the intentional rounding process, the bedside caregivers complete a pain assessment every hour, at minimum.

Because our patients desire that their pain be managed to their personal comfort, this can prompt our care team to ask physicians to review and consider other pain management options. Including patients in the planning of pain treatment helps ensure that they feel like true participants in the decision-making process. Ultimately, their experience and the likelihood of recommending Mountain Vista for care is increased, which makes for a win for the entire team.

Remember these important questions to ask patients about their pain:

1. Where is your pain?
2. What pain medications have you taken in the past?
3. How do you typically relieve your pain?

Physician to Physician

A message from Jeffrey Proudfoot, D.O., FACEP, Chief of Staff



We celebrated Doctors' Day on March 30. Thank you for all that you do for the hospital, your colleagues

and patients. Every day as physicians, we have the opportunity to make a difference.

Reflecting on my years as a physician, I am reminded that we all have a prime reason for going into the medical field. For me, it was because I have always liked to help people, plain and simple. I think that in today's world, many of us forget why we went into health care. Over time, the personal touch can diminish, even with the best of intentions. I encourage all of you to think back and remember the reason why you became a doctor. Remember that your hard work is appreciated – you make a difference every day.

To that end, a commitment to service is a top priority here for all MVMC team members. You may be thinking about how service applies in the health care industry. Our patients have many options for health care and we want to be the provider of choice in our community. By treating each patient with dignity and respect, keeping them informed about their care and helping to manage their pain, we enhance patient satisfaction and in turn, foster our own success.

Thank you for your ongoing dedication – I look forward to working with you during every day.

Sincerely,

Jeffrey Proudfoot, D.O., FACEP
Chief of Staff

What's new at Mountain Vista?

Here is some of the latest MVMC news:

Call-out box:

Mountain Vista recently received the following quality awards and recognition from HealthGrades, the nation's leading health care ratings organization. These designations speak directly to the quality outcomes from the patients in our community who have received care at Mountain Vista:

- * Top 10% in the Nation for Overall Cardiac Care
- * 2010 HealthGrades Cardiac Care Excellence Award
- * Five Star ratings in:
 - Cardiology Services
 - Coronary Bypass Surgery
 - Coronary Interventional Procedures
 - Treatment of Heart Failure

Photo: HealthGrades logo

Call-out box:

Mountain Vista is the first in the state to install the CARTO³ System, which enables physicians to quickly and accurately visualize cardiac anatomy and is especially useful in the treatment of AFIB.

Photo: Carto 3 picture that we used in employee newsletter

Call-out box:

Did you know that Mountain Vista has a Positron Emission Tomography (PET) scanner? The PET scan shows how the organs and tissues are functioning and can be used to

Welcome new physicians

Chatur Babaria, M.D., Hospitalist
Dilip Bobra, M.D., Vascular Surgery
Eugene Bourne, M.D., Radiology
Ralph Heap, M.D., Surgical Assist
Joseph Khatchadourian, M.D.,
Endocrinology
Harinath Kumar, M.D., Urology
Michaela Lessler, M.D., Pulmonary
Jyothia Punnam, M.D., Hospitalist
Leo Stinnet, M.D., General Surgery

April meeting calendar

Thursday, April 8	Medicine, noon, LOCATION TBD CVT Committee, 7 a.m., Classroom 4
Monday, April 12	Credentials, noon, Physicians' Lounge
Tuesday, April 13	Medicine Education, LOCATION TBD
Monday, April 19	Medical Executive Committee, 5:30 p.m., Board Room
Wednesday, April 21	Quality Council, 12:30 p.m., Classroom 1
Monday, April 26	Professional Practice Review Committee (PPRC), 5 p.m., Board Room

April birthdays

April 3	Saleem Akhtar, D.O.	April 18	Jeffrey Laiserin, M.D.
April 5	Muhammad Vasiq, M.D.	April 20	David Hayes, M.D.
April 6	Octavio Vidal, M.D. Walid Almuti, M.D.	April 21	Stephen Ovanessoff, M.D. Margaret Fleet, M.D. Vijay Kumar, M.D.
April 7	James Cason, M.D.	April 22	Steven Steinbaum, M.D.
April 9	Rod Silverman, M.D. Seyed Javadpoor, M.D.	April 25	Philip Zollars, M.D.
April 10	Emily Grade, M.D. Donna Hamburg, M.D.	April 26	Mark Eckhauser, M.D.
April 11	Clifford Goodman, M.D. G. Arun Kumar, M.D.	April 28	Yamine Saddouk, M.D. Devin Gray, M.D.
		April 30	Hollis Shaw, M.D.