


Example 8.2 Sutter Eden Medical Center Director's Report



**Eden Medical Center**  
A Sutter Health Affiliate  
*With You. For Life.*

## *Medical Director's Report*

February 2014

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**INFECTION PREVENTION**

**Influenza Update**

The week ending February 8<sup>th</sup> shows widespread activity in California although it is probably decreasing now. H1N1 has been active throughout the country.

Through January 18, 2014, local health jurisdictions in California had reported 95 deaths and 311 intensive care unit admissions with a positive influenza test result, more reports for that time period than in any season since the 2009 H1N1 pandemic. I anticipate that we will be offering the quadrivalent vaccine next season rather than the trivalent vaccine.

**Influenza and pneumococcal vaccinations for patients.**

Please order the vaccinations and remind the nursing staff to give the injections. We need physicians to verify with the nurse that it was actually accomplished. Administration is still not reliably happening for all candidates.

**PHARMACY      ASP: GREAT JOB**

EDD - Day # 3 of Antibiotics remember **EDD**

- Evaluate
- Define
- Deescalate.

Antibiotic stewardship is progressing nicely. Vancomycin has been added to Zosyn monitoring. Zosyn usage down >50% in January from baseline year. We are seeing more physicians document and de-escalate on day #3 before we even make contact. We are collecting data on that and will present in the future. Decreasing usage of PPI. Will be collecting data and presenting update probably in March.

**WOUND CARE**

Regular evaluation of wounds by the physician is important part of inpatient management. "Dressing intact" as a daily message is inadequate. If you are the attending physician or the physician responsible for the wound care, it is reasonable and acceptable to take down the dressing to evaluate the wound. Have saline moistened fluffs applied to the wound to keep it moist and then have the nurse or WOCN redress the wound. If the wound is covered by a NPWD (VAC), take the liberty to remove the dressing on the day that the dressing is due to be changed and evaluate/document the wound. If the patient is septic and the wound is a possible source, remove the dressing, including NPWD.

**DIABETES**

Lab is to call all blood sugars < 70 as critical values. Previously <50. Cases being missed by MD on rounds. Only ~2 cases per day. Overall blood sugar control in facility is excellent.

**SEPSIS**

new order sets in ED. Diagnosis directed antibiotic suggestions. Working on order sets for patients who develop sepsis after admission.

**SPLENECTOMY**

Flow chart enclosed.

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For more info about this example contact Jeffrey Silvers, MD at [Silverj@sutterhealth.org](mailto:Silverj@sutterhealth.org)