

Candidate Statements Vice-Chief of Staff 2010

David Spain, MD

Several characteristics of my experience at SHC and my clinical practice as well as my role as trauma director make me uniquely qualified to serve as Vice Chief of Staff/Chief of Staff. As a trauma and acute care surgeon, I provide care in the ED, operating rooms, ICU, and wards. This requires multidisciplinary care and collaboration with almost every specialty group within the hospital – emergency medicine, orthopedics, neurosurgery, anesthesiology, radiology and interval radiology. Throughout the last 8 years under my leadership as the Trauma Director, we have enacted numerous protocols and performance improvement initiatives that have significantly improved the overall quality of trauma care. This could only be accomplished by developing a strong working collaborative with the specialty services involved. I also have a busy elective practice with many referrals from SMG and SFP. Thus, I spend a considerable amount of time in the clinic and working with referring primary care physicians from Stanford. My clinical experience is expansive and spans almost the entire spectrum of care (inpatient and outpatient) within SHC. This provides a unique opportunity for me to appreciate the many perspectives of practicing physicians within SHC.

Over the last several years, SHC has placed considerable emphasis on quality and performance improvement measures. This has been and continues to be a major strong suit of the Trauma Program over the last 8 years. During our last Trauma Center site survey, the trauma quality and performance improvement program was cited as excellent. As the Trauma Medical Director, I chair both the Trauma Professional Practice Committee (PPEC) and the Trauma Performance Improvement and Patient Safety Committee (PIPS). The Trauma PPEC represents, truly, the most multidisciplinary peer review committee in the hospital with representatives from general surgery, emergency medicine, orthopedic surgery, neurosurgery, anesthesiology, radiology, interventional radiology and transfusion medicine. The Trauma PIPS Committee consists of these same physicians along with nurses from each phase of care. During the last 8 years, as a direct result of initiatives from these committees, we have been able to increase our clinical volume by 33%, reduce length of stay by 25% and decrease mortality in the most seriously injured patients by 45%. The outstanding results brought forth by these collaborative, multispecialty, multidisciplinary committees can serve as a model.

Finally, my previous 4 years of service as Vice Chief of Staff at University of Louisville Hospital has provided me with sound base of experience in medical staff issues that will serve me well in this role.

The role of the medical staff at SHC is rapidly evolving with the implementation of EPIC, new quality and clinical effectiveness initiatives and the development of multidisciplinary care teams. With my experience and clinical practice at SHC, I am well suited to work with the entire medical staff and continue these efforts.

Ann Weinacker, MD

Stanford University Hospital is one of the best hospitals in the country, with a Medical Staff second to none. I hope to have the opportunity to serve as Vice Chief (and ultimately Chief) of Staff to work over the next four years to make Stanford Hospital the best hospital in the country.

Our Medical Staff comprises some of the best minds in the country using state-of-the art technology to provide outstanding patient care. In the past few years we have faced and overcome a number of challenges to improve the quality of our care through various initiatives, and there is more work yet to be done. As Stanford has implemented an electronic medical record we have contributed to both the build of the system and to ongoing efforts to constantly improve on it. We rose to the occasion during the H1N1 flu season and were prepared as never before for an impending disaster that, fortunately, never fully materialized. We worked closely with hospital administration during a recent real-life test of our ability to handle a day without electrical power, and we learned some valuable lessons in the process. We have

provided support for nursing as they sought and earned Magnet Status. We have made progress in improving the patient experience through the hospital's service excellence initiative.

An ongoing challenge is to redouble our efforts to provide true patient-centered care for all of our patients. We have already begun to make test results available to patients through Epic, but we also must continue our efforts to make Epic a tool we can more easily use to integrate patient care across departments and practices. We will continue to work with hospital administration to cohort patients on specialty-specific units as much as possible to improve efficiency of patient care, facilitate rounding of nurses with physicians and improve communication, and enhance patient satisfaction. We need improved discharge planning and easy access to follow-up after discharge from the hospital or the Emergency Department. We must continue efforts to help patients know who their doctors are in the complex academic inpatient environment. We will need to sustain efforts to engage members of the Medical Staff in these initiatives in ways that are not burdensome, but will actually be satisfying and rewarding.

In this stimulating academic environment we also have a responsibility to work with the Graduate Medical Education Office to provide trainees a learning environment of excellence and expert care in an era of decreasing work hours and increasing numbers of handoffs.

This is an exciting time to be at Stanford Hospital, and these are only some of the challenges that face us now and in the near future. I believe I can bring a rational and practical approach to face these challenges as Vice Chief of Staff, and I would be honored to have the opportunity to do so.