



## MERCY SAN JUAN MEDICAL CENTER

### **Transformational Hospital/Physician Collaboration Prepares to Strike Twice**

In 1998, Mercy San Juan Medical Center in Carmichael, California, and a team of trauma experts led by Dr. Leon J. Owens, embarked on a mission to offer outstanding trauma care to residents of the local community. The Level II trauma center they created was so notable that the certification team from the American College of Surgeons commented that they had never seen a hospital be so successful in going from almost no trauma patients, to providing excellent Level II Trauma Center care.

Since its opening in 1999, the trauma center has proven to be a driver of success for Mercy San

Juan Medical Center. Over time, the trauma center has consistently increased in volume from treating 750 trauma patients in 2001, to 1,991 patients in 2014. A dedicated effort to enhance the hospital's ability to accept trauma cases from other hospitals succeeded in increasing the number of transfers per year from 55 in 2011, to 254 transfers in 2014.

**SURGICAL AFFILIATES**  
MANAGEMENT GROUP

The payer mix of patients has improved, as has the ability of getting out-of-network and capitated patients repatriated to their “home” systems when their conditions stabilized. The presence of the trauma center also led to the creation of an environment that allowed for open and honest peer review with a commitment to closing loops and changing behavior.

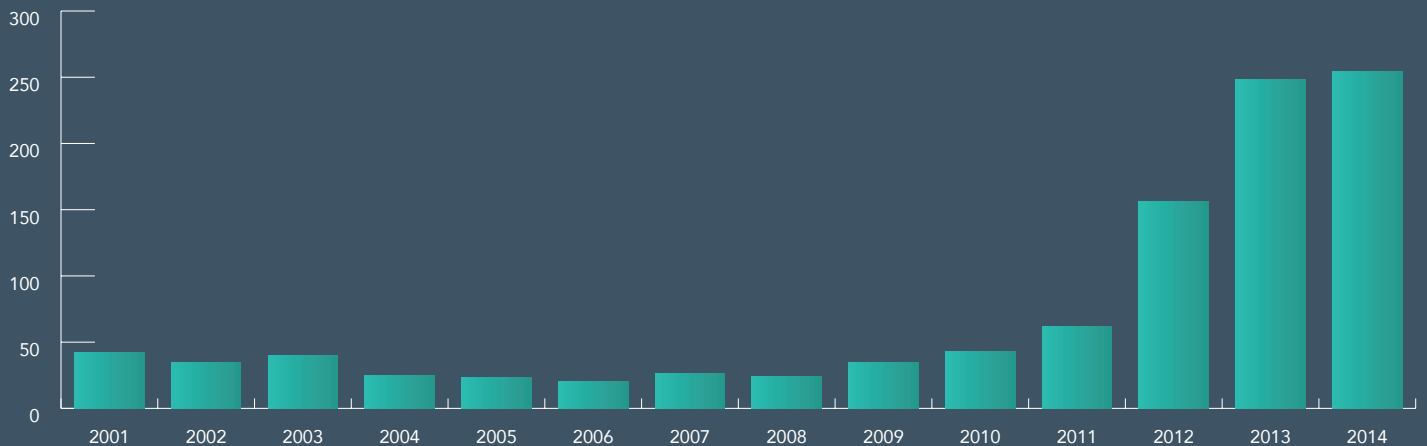
The trauma center also created a “halo effect” throughout the hospital, resulting in improved performance across multiple departments. Examples of these improvements include faster turn-around times for lab work, the institution of a massive transfusion protocol so that blood transfusions were available within 120 seconds of the patient’s arrival, and rapid MRI and CT scan availability.

## Another Major Step in Healthcare Innovation

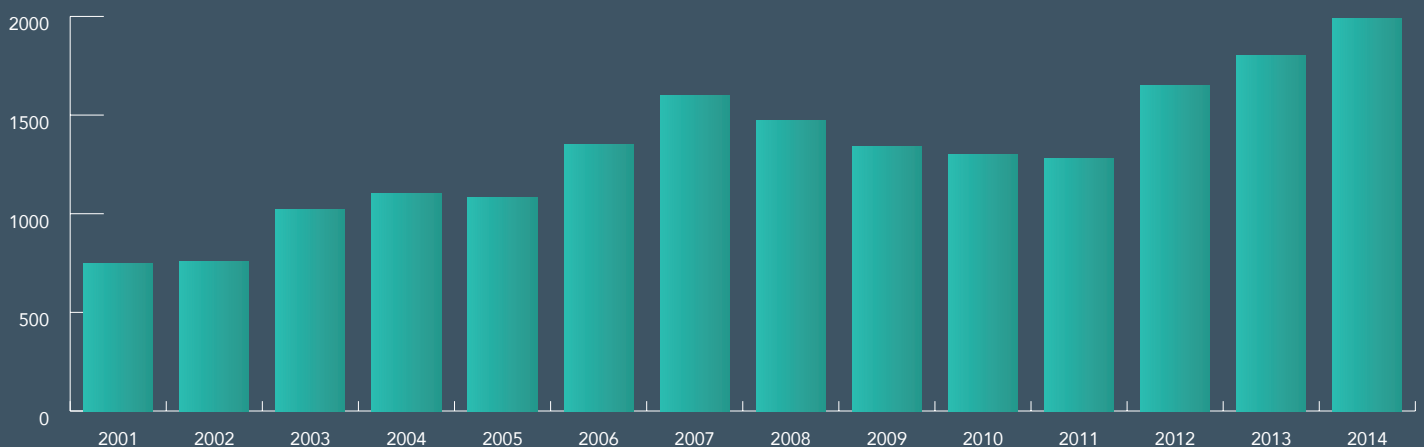
Without a doubt, Mercy San Juan’s Level II trauma center is an outstanding example of hospital/physician collaboration. However, this team effort of hospital, surgeons, and trauma experts was laudable for another reason besides excellence in trauma operations: it sparked a revolutionary idea in surgical care.

What if, postulated Dr. Owens, the same rigorous standards required in trauma care for consistent best practices and outcomes were applied to the care of patients with acute care surgical needs?

### Transfers IN to Facility by Year



### Total Number of Trauma Patients Admitted per Year



Thus was born the System of Care® offered by Surgical Affiliates Management Group, the only surgical hospitalist organization with proven, published results showing how these programs improve performance throughout the hospital – in clinical care, efficiency and cost savings.

In contrast to a focus on consistent treatment protocols from evidence-based guidelines for patients with acute surgical needs, most hospitals struggle to piece together a surgical call schedule with surgeons in private practice – a feat that is increasingly difficult based upon the shortage of these highly trained healthcare professionals, and their desire to have more regular schedules including time for their practices and their personal lives.

Surgical Affiliates' System of Care adapts and modifies trauma care standards, such as board certified surgeons, an interdisciplinary approach, team cohesiveness, specific and measured responsiveness, a standardized approach to care by all providers, and peer review of all cases to identify performance improvement opportunities, into an acute care surgery model. Together, Surgical Affiliates and its hospital partners are moving toward a standard in which all patients – no matter where they are or what time it is – have access to the highest quality of surgical care.

As Surgical Affiliates' programs evolved and demand grew, additional services were added including orthopedics and the management of neurosurgery, plastic surgery, and vascular surgery services.

**Surgical Affiliates' System of Care is based on these three principles:**

- » Superb leadership by surgeons and healthcare executives
- » Teams of highly qualified surgeons, nurse practitioners and physician assistants providing 24/7 services according to evidence-based medical protocols
- » Ongoing collaboration with the hospital staff for continuous quality improvement

The *Journal of the American College of Surgeons* recently published an article announcing the five-year results of one Surgical Affiliates program, including these sustainable metrics of improved performance:

- » Decreased length of stay by **12%**
- » Reduced complications **43%**
- » Stable or declining 30-day readmission rate
- » Decreased hospital costs of **31%**, resulting in savings of more than **\$2 million a year**

## Benefits Expand With Growth

As word of the transformation in surgical care spread, interest in the Surgical Affiliates program grew – including demand within hospital systems – where one hospital initiated the program and others were impressed by the results.

*“The great thing about Surgical Affiliates is not only clinical quality, but they strive to work collaboratively with administration. You would be hard pressed to find a better medical group.”*

**Brian Ivie**  
President

Mercy San Juan Medical Center  
(Level II Trauma Center & Surgical Hospitalist Program)

When multiple hospitals within the system offer Surgical Affiliates' System of Care, the benefits expand exponentially:

- » Patients have access to the highest level of surgical care when they need it most, right in their own communities.
- » Hospitals have sophisticated specialists on hand when patients have particular problems or unusual circumstances.
- » Primary facilities are able to keep more patients within their doors, increasing their bottom lines.
- » If patients require additional services, every effort is made to keep the patients in the same system throughout the continuum of care.
- » Hospitals recognize the added value of these 24/7 services and put in place a method to easily and automatically transfer patients within their own facilities, even at 2:00 AM.
- » Surgical hospitalist teams at different hospitals within the system are partners, making teamwork much easier (including patient transfers, ensuring patients receive the appropriate level of care).

In addition, when the surgical hospitalists and the hospital work as a system-wide team, numerous enhancements to quality of care and efficiency can be implemented, such as:

- » A CT scanner on-hold for critically ill or injured patients, decreasing turnaround time in their diagnosis and care.
- » Improvements in the emergency department efficiencies, including reduced length of stay and a two-hour admission time to the ICU.
- » Enhancements such as a massive transfusion protocols.
- » An immediately available surgical care team to jump into action if a routine procedure – such as a childbirth – suddenly goes awry.

- » Institution of similar approaches to care and the measurement of optimal timelines for treatment of cardiac, neurological and trauma care, such as implementing alerts and a team-based approach to immediate work-up and interventions.
- » Adoption of antibiotic treatment algorithm for common diseases such as appendicitis and trauma laparotomy reducing variability among caregivers.

With the availability of the 24/7 surgical hospitalist team, hospitals see not only reduced length of stay and complications, but expanded efficiencies across multiple departments.

The collaboration that launched Mercy San Juan's successful Level II Trauma program sparked the idea for a revolutionary approach to acute surgical care, the System of Care®. It is an outstanding example of what can be accomplished with true hospital/physician collaboration and alignment.

