



Inside:

Letter from
the CEO

Quality corner

Compliance
update

Service updates

Profile:
Mary Rivera

Expansion into Los Gatos a "unique opportunity"

EL CAMINO HOSPITAL IS PREPARING TO OPEN

not one, but two, hospitals this year. While the opening of the new hospital in Mountain View is coming after years of planning and building, the purchase of a hospital in Los Gatos was announced just last December.

Synergy sat down with Eric Pifer, MD, who has been appointed president of El Camino Hospital Los Gatos, to get his perspective both as a physician and administrator about to open a new hospital in a new community.

Synergy: Why did El Camino Hospital purchase this hospital now?

Dr. Pifer: First, it was a unique opportunity that doesn't present itself very often. Second, the timing is actually excellent in light of the overall strategic goals for El Camino Hospital. Over a year ago, the executive team and board of the hospital determined that in order to compete effectively in this market, we had to make some 'bold moves.' We had to seize and create opportunities. We could not rely on small, incremental steps to achieve the kind of growth we needed to compete. In light of that strategic mandate, this opportunity to purchase a hospital in a nearby community made perfect sense.

Synergy: What does the purchase of a second hospital achieve?

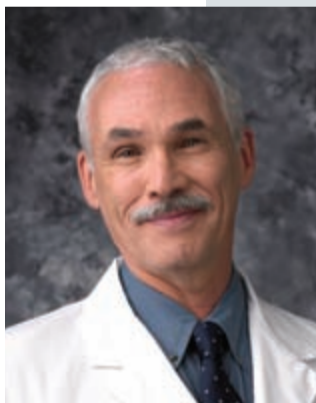
Dr. Pifer: We know that physicians are best-served when we can maintain our independence. This independence allows us to be responsive to the needs of patients. We can make decisions more quickly, purchase the equipment we need and respond better to the needs of the community.



**Los Gatos resident Eric Pifer, MD, president,
El Camino Hospital Los Gatos**

continued on page 5

Letter from the Chief of Staff



Michael Podlone, MD

THIS IS A YEAR OF GREAT CHANGE for El Camino Hospital. From the completion and activation of the new facility in the fall to the opening of a new sister hospital in Los Gatos, the hospital's administration and medical staff have charted a promising course for the future of health care delivery in our communities.

With so many changes, and a growing family with the addition of new physicians from Los Gatos to our medical staff, it could be easy to focus on the challenges ahead. However, I want to take a moment to reflect on something that has become increasingly apparent in the last few hundred days of my tenure as chief of staff.

The medical staff and the hospital leadership are aligned in our goals and our roadmap to success. Our medical staff is truly committed to participate in the success of our hospital. We can't take this alignment for granted. Our collective success is dependent on our ability to extend into the community, to become an integral part of people's health. This means thinking beyond acute care: considering how we will help patients deal with chronic disease, how we will implement home monitoring and improve the transition from hospital to home, and how we will develop more comprehensive case management.

Nine months has flown by for me, and the rest of my time as chief of staff promises to be a fascinating experience. I feel very fortunate to be working closely with so many dedicated people as we all progress together to these exciting and broadened horizons.

Letter from the CEO



WE HAVE A BIG YEAR AHEAD. The activation of two hospitals, the expansion of four key service lines, the launch of a Genomic Medicine Institute and a myriad other projects promise to make this year both exciting and complex.

Overall we have set our sights on these goals:

Ken Graham, CEO

- Improve clinical operations
- Complete construction on time & on budget
- Activate a smooth & safe transition to the new facility
- Develop the four service lines
- Safely re-open Los Gatos hospital
- Expand services into the Los Gatos community

The achievement of these goals will depend on several factors, some of which may not be obvious. As we continue to face a difficult economy and challenges in both the local health care and financial markets, we are confronted with serious threats and barriers that can impede our progress. It is important to continually ask ourselves if we are going in the right direction, if we are moving at the right pace, and if we have clearly understood the risks.

To answer these questions, we can look back at El Camino Hospital's history and say with confidence that we can achieve these goals if we all work together. Many CEOs might say that about their organizations. But I have seen a clear precedent of previous achievements that gives me confidence in our medical staff, our executive team and our employees.

Some say it takes a lot of nerve to undertake what we have. Well, yes. Yet we have a market and financial foundation upon which we can strengthen our position during tough times in order to increase our market relevance and to keep our promise to our communities. Building on our heritage of innovation, the sum of all these activities clearly positions us as the growth hospital of Silicon Valley. I believe we can claim our place among the pioneers, innovators and progressive thinkers that surround us in this unique part of the world.

Compliance Update

New California laws strengthen patient privacy

ON SEPT. 30, GOV. ARNOLD SCHWARZENEGGER signed two health information privacy bills that will impose sweeping new reporting obligations upon health facilities when patient data is improperly disclosed or accessed. Together, Senate Bill 541 and Assembly Bill 211 substantially increase patient privacy protections in California. All California health care providers should become familiar with these bills in order to avoid penalties for failure to comply.

Prompted into law by recent reports of hospital employees prying into patient health records, SB 541 and AB 211 will require facilities to report unauthorized access both to the state and to the individual affected. They will also impose substantial penalties on facilities for failing to prevent or report unauthorized access and even larger penalties on individuals who pry.

Providers have new obligations to safeguard patient information, and facilities must prevent breaches of patient information, and report patient information breaches. If violations occur, facilities face stiff penalties and increased enforcement.

Prevent: Facilities must prevent unauthorized use or disclosure of patient information, and all providers must establish and implement appropriate administrative, technical and physical safeguards to protect the privacy of a patient's medical information against unauthorized use or disclosure.

Report: If they fail to do so, facilities must report the unauthorized access to the California Department of Public Health (DPH) and the affected patient within five days – not as soon as practicable, not within five days after conclusion of their investigation, but within five days of detection of the breach.

Penalties: Even if they took reasonable and appropriate measures, and they report the unauthorized access as required, facilities are nevertheless subject to penalties for failing to prevent the unauthorized access. Facilities are subject to further daily penalties if they fail to report as required. Importantly, individuals who pry are also subject to substantial penalties.

Senate Bill 541 requires health facilities, clinics, hospices and home health agencies to prevent unlawful or unauthorized access to, or use or disclosure of, a patient's medical information. This requirement creates a stricter standard than any currently in effect under existing state law or HIPAA because facilities are required under this bill to "prevent" unauthorized access, not merely to take reasonable steps to try to monitor and stop inappropriate access.

SB 541 also authorizes administrative penalties on the facility of up to \$25,000 per patient per violation, and up to \$17,500 for each subsequent accessing, use or disclosure of that information, and increases existing penalties for violations that result in immediate jeopardy of patients.

Assembly Bill 211 requires that every health care provider implement specified safeguards to protect the privacy of a patient's medical information, and establishes an Office of Health Information Integrity (OHII) within the California Health and Human Services Agency, which will assess and impose fines for violations of privacy laws.

Facilities will be required to report "any unlawful or unauthorized access to, or use or disclosure of, a patient's medical information" both to the DPH and to the affected patient (or the patient's representative) no later than five days after the unlawful or unauthorized access, use or disclosure has been detected.

"Unauthorized" means inappropriate access, review or viewing of patient medical information without a direct need for medical diagnosis, treatment or other lawful use as permitted by the Confidentiality of Medical Information Act (Civil Code sections 56 – 56.37) or any other statute or regulation governing the lawful access, use or disclosure of medical information. This latter reference is broad enough to include HIPAA, as it operates in conjunction with California law.

For more information, including penalties of the bills, visit www.dwt.com.

Patient Move Day

November 15

The Activation Steering Committee has announced the date when patients will be moved into the new hospital. The moving company has been meeting with departments to plan and prepare for a safe and efficient transfer of patient care into the new facility.

Service Updates

Neuroscience Institute getting into gear

EL CAMINO HOSPITAL HAS LAUNCHED ITS Neuroscience Institute to bring together the various existing neurosurgery, neurology and stroke disciplines, as well as add new technologies and services in a cohesive program. The Neuroscience Institute will focus on new minimally invasive and noninvasive approaches to a variety of disorders including cancer, spinal problems, and Parkinson's disease.

The hospital tapped James R. Doty, MD, an internationally recognized neurosurgeon, to serve as the institute's medical director. Doty brings a wealth of experience in stereotactic radiosurgery and is a pioneer in the field, according to Neuroscience Institute interim executive director Lynn Dowling. (Stereotactic radiosurgery uses devices such as the CyberKnife to destroy solid tumors with highly focused high-energy radiation beams.)

"It's very exciting to be bringing in someone of Dr. Doty's caliber just as we're getting off the ground," says Dowling. "Our initial focus is to evaluate the needs in the community and determine ways to fill them."

"There are niches we are exploring with our physicians that may provide unique opportunities for both physicians and patients," says Ann Fyfe, vice president of business development. "There is already a strong foundation here with our medical staff. Looking ahead, we can build an even stronger regional center of excellence." The two most promising focuses, initially, will be CyberKnife radiosurgery and minimally invasive spine surgery.

"There is already a strong foundation here. Looking ahead, we can build an even stronger regional center of excellence."

Dr. Doty saw the potential of the CyberKnife years ago and placed the first one outside of Stanford, where it was developed. He also helped steer the company that makes the device, Accuray, through a difficult period, serving as CEO for a time.

Ms. Fyfe expects El Camino Hospital to have its CyberKnife facility operational in late fall 2009. "We're fortunate to have Dr. Bob Sinha in radiation oncology, as he has immense experience with radiosurgery, as well," she says. "As a result, Accuray will be making El Camino Hospital a showcase CyberKnife facility, which has significant implications in terms of having the latest upgrades and involvement in research protocols."

Tremendous opportunities exist in outpatient minimally invasive surgery (MIS) of the spine, Dr. Doty explains, simply because so few people are doing it. Spinal MIS entails smaller incisions and less damage to underlying muscle, so patients typically experience less pain and quicker recoveries.

"The majority of procedures done by neurosurgeons in the community are actually spine surgeries," he notes. Such surgeries include discectomies and decompressions or fusions of cervical or lumbar vertebrae. "Working with my colleagues, I believe there is a great opportunity to offer minimally invasive outpatient spine surgery to our



community, which ultimately will be attractive to both patients and payors." Doty adds that there is an opportunity for spine implant device companies to showcase their technology here and use El Camino Hospital as a training facility.

An example of an already-existing program is the Stroke Center, led by Peter Fung, MD, which also offers opportunities for growth. The Stroke Center at El Camino Hospital has already received a Gold Seal of Approval™ from the Joint Commission, as well as a Stroke Care Excellence Award™ from HealthGrades.

One of the attractive features of El Camino Hospital is an environment uniquely supportive of medical innovation. The backing of the administration, and the influence of the Fogarty Institute of Innovation, offer important opportunities to bring translational and clinical research protocols to the hospital. Dr. Doty serves on the Fogarty Institute's advisory board.

"We're fortunate that at El Camino Hospital there are already a number of very talented individuals who bring broad experience to our efforts to create the Neuroscience Institute," Ms. Fyfe says. "In some ways this is more challenging, in that often such individuals already have busy clinical practices. I'm hopeful that by creating opportunities that are inclusive, and that offer unique programs to the community, we will gain broad support and involvement."

Orchard Pavilion's transformation into Women's Hospital is underway

THE ORCHARD PAVILION AT EL CAMINO HOSPITAL has long focused on maternity and neonatal care, but the hospital has embarked on an ambitious plan to remake the pavilion as a fully functioning women's hospital – the first of its kind in Northern California.

"We want to serve women throughout their lives, for all their health care needs," says new Women's Hospital executive director Michele van Zuiden. "To that end, we will use the Women's Hospital to anchor all the women's services we now offer or plan to add."

El Camino Hospital will be a showcase hospital for the Cyberknife.

Accuray will be making El Camino Hospital its showcase Cyberknife facility, which has significant implications in terms of having the latest upgrades and involvement in research protocols.

Service Updates cont.

The Women's Hospital will have a medical advisory board comprising physicians from a variety of specialties including cardiology, OB/GYN, psychiatry, adolescent health, oncology, and surgery. Van Zuiden is gathering information about the services physicians offer women at El Camino Hospital, then will publish comprehensive online and printed directories to create a virtual network patients can access easily.

"In conjunction with the directory, we will have a nurse-navigator who will ideally be the first contact for our patients," van Zuiden says. "The nurse-navigator will be able to direct patients to the correct location – whether for a physician or a particular service."

According to van Zuiden, El Camino Hospital has embarked on a three-phase plan to bring the project to fruition. The first phase consists of an extensive updating and remodeling of the existing Maternal Child Health services center. Roughly nine months later the second phase will entail adding two new labor and delivery rooms as well as a C-section suite.

Finally, pending approval by the hospital board, the third phase would begin in about three years, after completion of El Camino Hospital's new multi-specialty building. Once physician offices that now occupy the second and third floors of the Women's Hospital have moved into the multispecialty building, those floors will be remodeled for inpatient services such as private rooms for postpartum mothers and their babies.

"Over the next couple of years we'll assess what services we should add or expand to address the unique needs of our women patients throughout the continuum of care," van Zuiden says. "When we've done that, we can make decisions about the optimal uses of space in the Women's Hospital, and determine the best ways to create a virtual care community that takes advantage of all our specialists' expertise, regardless of their physical location on the campus."

Van Zuiden comes to El Camino Hospital from her previous position at Stanford Medical Center, where she developed an executive health program. Prior to that, she was CEO of VHA West Coast, a health alliance and purchasing organization.

Center for Technology Integration boots up

EL CAMINO HOSPITAL'S CENTER FOR TECHNOLOGY Integration is up and running under director David Katz. Primary tasks include review of how the hospital evaluates technology and development of a process that ensures a strong business case for the technologies to be purchased.

"The CTI will concern itself with clinical technologies versus more general IT such as accounting and patient records," Katz explains. Clinical technologies include major equipment for surgery or imaging; smaller devices that the hospital uses in volume, such as cardiac and carotid stents; and technologies related to energy and transport that could make the hospital more efficient.

"The goal is to be much more strategic and forward-looking, so that when we make these major investments we know what kind of returns we can expect over time," Katz says.

For example, over the next few years surgeons will trend away from open surgery to laparoscopic procedures, then to single-portal operations, and finally to approaches using natural orifices. Such changes will shorten length of stay and reduce both costs and recovery times. Katz will help determine how the hospital should invest in order to maximize the opportunities offered by such shifts.

The field of imaging is evolving rapidly, as well, which makes for hard decisions about technology purchases. Sixteen-slice CT scanners have given way to 64-slice, then 256-slice machines. Digital mammography will eventually be supplanted by 3-D approaches such as tomosynthesis, which allows better diagnostic and screening accuracy.

For example, over the next few years surgeons will trend away from open surgery to laparoscopic procedures, then to single-portal operations, and finally to approaches using natural orifices.

"Where does it make sense for El Camino Hospital to come into these product-development curves?" Katz asks. "What are other hospitals doing? What works in terms of our service line development? These are questions the CTI will help answer."

The center will evaluate technologies with its own independent research. It will also retrospectively assess rate of return and patient outcomes related to technologies already purchased. In addition, CTI has assembled an advisory board of senior executives from Silicon Valley who will support strategy and technology innovation, and help El Camino Hospital identify partnerships with organizations that can further its strategic goals.

Katz emphasizes that clinicians will be closely involved in the process. The hospital's new Technology Assessment Committee will include the heads of the service lines, departmental representatives, and physicians. "Physicians are innovative in technology use, and this will provide a transparent process in which they can participate," Katz says.

Katz, who has worked for several Silicon Valley technology companies, reports to Jon Friedenberg, a vice president of the hospital. "As the Hospital of Silicon Valley we need to be at the cutting edge of strategic technology deployment," Friedenberg says. "We have the unique advantage of being in the heart of the most innovative region in the world, and CTI will enable us to be nimble in taking advantage of technologies being developed here."

"I love problems that bring together diverse groups to create interesting solutions," Katz says. "I also love the power of technology to transform people's lives. For me, this is a perfect position from which to put all those forces in motion and benefit both the hospital and the patients it serves."

New Strides in knee replacement surgery

ORTHOPEDIC SURGEONS AT EL CAMINO HOSPITAL continue to refine their techniques for total knee arthroplasty, offering patients a variety of approaches that ensure the best possible fit, minimize pain, and speed recovery.

"I use a small-incision, muscle-sparing approach that goes right under the quadriceps instead of through it," says Jeffrey Kliman, MD. "That way, patients get their quadriceps strength back much more rapidly, in one to three weeks instead of six to twelve."

Dr. Kliman also emphasizes that the surgeons use artificial knees with a wide range of sizes – up to 16 – which ensures the best possible fit. The knees are extremely durable, lasting from fifteen to thirty years, depending on a variety of factors.

El Camino Hospital surgeons also favor epidural versus general anesthesia for such surgeries. "That approach greatly reduces pain, allows aggressive early range of motion, and lowers the risk of deep vein thrombosis and blood clots," Dr. Kliman explains.

His colleague, Bernardo Ferrari, MD, has developed pain-control protocols that help his patients get moving sooner. "We give people preoperative medications to prevent swelling, control pain, and prevent heartburn and nausea," he says. "And by using epidural instead of general anesthesia, they get to the recovery room alert and comfortable, ready to start physical therapy and walk the same day."

Dr. Ferrari says he favors a mid-vastus approach, so the quadriceps tendon isn't divided and the patella isn't everted. "That makes rehabilitation easier because when patients try to straighten out their knee after surgery, the quadriceps tendon functions with less irritation, allowing earlier gains in range of motion, less scarring and potentially a better long-term result."

Computer navigation allows surgeons to more perfectly align the implants with the patient's bones, as well. "The system has an LED that sends signals to a high-speed camera so you can track the position of the femur and the tibia in three dimensions as you are doing the surgery," Dr. Ferrari says. "It can do complex geometry and help us get our cuts exactly right."

Another new innovation is called "shape matching," which uses a CT scan or MRI image to make a three-dimensional model of the knee before surgery. Custom cutting blocks are then constructed. These fit over the leg bones and direct the surgeon to the optimal point and direction at which to cut through the bone, allowing more accurate positioning of the implant.

One significant advantage of all these updated approaches is that patients can often avoid what used to be a typical three-week postsurgical stay at a nursing home. "Now, almost all my patients stay in the hospital just two days, then go straight home," Dr. Ferrari says. "If you're at home, you have the opportunity to be more active, using your muscles to get around and naturally get back into shape. In my experience patients do better if they go home rather than being less active in a nursing facility, where they often spend more time in bed."

continued on page 5

Meet Dr. Patel

Leading the way in breast cancer treatment

BREAST CANCER PATIENTS WHO MEET CERTAIN criteria can now receive an advanced treatment approach that delivers more targeted radiation after lumpectomy. El Camino Hospital is one of the first facilities in northern California to offer this option. Rakesh Patel, MD, of Western Radiation Oncology, which provides services at the hospital, oversees the program.

The treatment, called accelerated partial breast irradiation or high dose-rate brachytherapy, entails placement of a temporary radioactive pellet or “seed” into the site from which the tumor has been surgically excised. A small catheter is left in place for five days, during which the seed is placed and removed for treatments twice a day. The resulting dose is equivalent to that provided by external beam radiation, and studies show that patient outcomes are equivalent, with an improvement in quality of life and cosmetic results.

The highly targeted approach offers advantages including shorter treatment time (five days versus six weeks); greater convenience; and less radiation effects on surrounding tissues including the breast, skin, lung, and heart.

“Because we treat from the inside out, the radiation doesn’t need to traverse the adjacent healthy tissue,” says Dr. Patel. “We treat only a one-centimeter rind of breast tissue surrounding the surgical bed, which has been shown in pathologic studies to be at greatest risk of continuing to harbor microscopic disease.”

To be eligible for brachytherapy, patients should have had a small tumor confined to one site in the breast, have a favorable histology or tumor type, have had the tumor surgically removed with negative surgical margins (i.e., with no detectable cancer remaining), and have minimal or no lymph node involvement.

“With early detection, the majority of patients are candidates for breast-conserving surgery versus mastectomy, and of those, probably three-quarters are candidates for targeted radiation,” Dr. Patel explains. “The field is advancing quickly, and several recent innovations have made it suitable for a broader array of our patients. At El Camino Hospital, we are on the cutting edge from a clinical and research perspective, and my goal is to partner with leading surgeons to build one of the largest targeted breast cancer programs in the Bay Area.”



Rakesh Patel, MD

Service Updates cont.

Genomic medicine program will offer state-of-the-art tests and therapies

EL CAMINO HOSPITAL’S GENOMIC MEDICINE Institute (GMI) launched this March, directed by hospital vice-president Jon Friedenberg. The program will make advanced genetic counseling and treatment options available to the patients of physicians associated with El Camino Hospital.

The recent decoding of the human genome, and new technology that assesses an individual’s genetic makeup, have opened the door to a variety of diagnostic and therapeutic tools that can be customized for patients. Most genomic-based therapies now target cancer, but a growing variety of tests are already helping physicians make difficult diagnoses and decisions across a wide range of subspecialties.

For example, one genetic test can help determine whether chemotherapy is appropriate for certain types of breast cancer patients. Other more common genetic tests help diagnose conditions such as hemochromatosis (a condition in which the body accumulates dangerous iron levels) and Crohn’s disease.

“We believe there may be as many as a hundred genetic tests that are ready, available, and appropriate for patients at El Camino Hospital,” Friedenberg says. “We will launch the program with about fifteen of those, across five different service lines – cancer, heart and vascular, psychiatry, gastroenterology, and neonatal care.” The program

will then add another dozen tests roughly every quarter, Friedenberg adds.

In psychiatry, the technology has limited applications now but holds great promise for the future, as it may help speed the process of finding the most appropriate drug for each individual patient. Stanley Fischman, MD, an El Camino Hospital psychiatrist, is chairing the physician advisory committee that will help guide the GMI.

At the urging of that committee, and with the support of Jerry Manoukian, MD, chair of the hospital’s continuing medical education (CME) committee, GMI began a series of CME courses on genomic medicine in January. Friedenberg expects the courses to continue indefinitely.

Because lack of patient access to genetic counseling is a significant impediment to utilization of this new technology, the GMI will offer free, expert genetic counseling to the patients of El Camino Hospital physicians. The hospital will partner with San Francisco-based DNA Direct, a genetic counseling company, to provide doctors with supportive services as well.

Finally, the GMI will collaborate with the Mary Crowley Cancer Research Center in Dallas and City of Hope in Los Angeles, among other research centers.

“We will offer patients the most promising therapies, no matter where they originate,” Friedenberg says. “If a patient has a rare disease, we may not have genomic therapies available, but we will find out who does. We want to be a one-stop shop to provide our patients with access to genetic testing, counseling, and therapies.”

El Camino Hospital physicians interested in learning more about GMI may call Jon Friedenberg at 650-962-4577.

Cover story cont.

But the general trend in health care is consolidation. We see larger systems dominating. So the challenge is: how to grow without losing our independence. The purchase of a second hospital allows us to expand our medical staff and our patient volume.

Synergy: How will El Camino Hospital continue to serve the needs of the district with a second hospital outside the district?

Dr. Pifer: I think for the last 50 years we have demonstrated beyond a shadow of a doubt our commitment to the health care needs of the hospital district. Yet more than half the patients who come to El Camino Hospital come from outside the district.

The purchase of a second hospital gives us a bigger presence in the community and gives us a more sustainable base of patients so we can continue to provide the highest quality of care – now in two locations.

Synergy: How are you engaging physicians in the planning process?

Dr. Pifer: We are working closely with physician leaders from both hospitals to structure the medical staff, and to determine the right mix of clinical services for the Los Gatos site. We have assessed our information technology needs at the site and created a plan to address them. We meet regularly with physicians for their input.

Meet Mary Rivera



FOR MARY RIVERA, RN, the new operating-room (OR) director at El Camino Hospital, it's been a long road home. Rivera grew up and went to college in the Bay Area, then moved to Los Angeles to work as an OR nurse. Her most recent job was director of surgery at USC, where she stayed for 17 years. Last year, while visiting her sisters in San Francisco, she heard about the position at El Camino Hospital and decided to apply.

"I interviewed and just fell in love with the place," she says. "The people were awesome, so I picked up my cat and moved back. It gave me a chance to be surrounded by

Mary Rivera

family and old friends, so it made a lot of sense."

Rivera will be in charge of opening 10 ORs at the new hospital. It's a daunting task, but she was well prepared by performing a similar function at USC. "It was a personal and professional goal, and a good feeling of accomplishment," she says. "Now I know some of the pitfalls. The care environment and safety are paramount."

In addition to the 10 new ORs, the new hospital will house five cath labs, which Rivera describes as "beautiful, state-of-the-art, gorgeous rooms." Many of the current operating rooms will be converted to an interim program for advanced endoscopy procedures.

"The most important thing is the feeling of camaraderie and rapport with my peers," Rivera says. "People have reached out to me, and there has been a lot of support from management. That's the hallmark of El Camino Hospital – it's such a friendly environment. I feel privileged to work with such loyal staff. No one wants to leave, and I can see why!"

Our New Look

YOU MAY HAVE NOTICED A NEW LOOK ON SIGNAGE, ON THE WEB, on vehicles and printed materials – including this publication – at El Camino Hospital. With the hospital making some historic moves toward its future, it seemed to be the right time to update the familiar but outdated logo that has served as its identity for much of its history.

A survey of El Camino Hospital staff showed they agreed: The old logo wasn't representative of the vibrant, collaborative, can-do spirit that characterized their workplace.

"Caring and compassion are a big part of El Camino Hospital's heritage and reputation, but cutting-edge science and medicine are practiced here every day," says CEO Ken Graham. "We needed an identity that reflected both the care and the innovation."

A multidisciplinary team immersed itself in the history and culture of the hospital and its relationship with the community. Their goal: create a logo that integrates the ideas of technology, innovation, and efficiency within a caring environment. One major challenge was to create an identity that would work in more than 500 applications, from hospital signage to stationery to hospital equipment, mugs, and USB drives. It would need to look just as good printed in black and white in a newspaper ad as it would stitched onto a uniform.

Sage Brandworks, a design firm specializing in the development of brands, produced over three dozen designs for review; internal committees narrowed it down to three. Then the hospital conducted an online survey of 1,019 people, including physicians and other staff, patients, and people from the Silicon Valley community. The final selection turned out to be the overwhelming favorite.

The new logo's abstract design evokes several images: the DNA helix, a stylized caduceus, or even a flame representing knowledge. The logo colors – orange and blue – evoke energy and warmth, innovation and science.

El Camino Hospital launched its new identity – along with a new Web site – in March. The logo is a graphic representation of the hospital's values and attributes, worthy of the talented people who work there, and the quality care for which they stand. As one survey respondent put it, "It's like a new coat for an old friend."

Quality Corner

New California law tackles hospital-acquired infections

STARTING IN JANUARY 2009, a new California law requires that all hospitals in the state implement tougher infection control practices to prevent outbreaks of methicillin-resistant *Staphylococcus aureus*, or MRSA.

The Centers for Disease Control and Prevention estimates two million patients contract an infection in hospitals every year and nearly 100,000 of them die. As many as 9,600 of those deaths occur in California, according to the state Department of Health Services.

El Camino Hospital had already implemented MRSA screening for all critical care patients, including inpatient dialysis patients. Patients who tested positive were put into isolation. The new law expands the screening requirements to include patients from skilled nursing facilities, NICU and psychiatric patients, as well as patients who have been discharged from an acute care hospital in the last 30 days.

In El Camino Hospital's APEX quality program, one of the themes is the reduction of hospital-acquired infections. The current goal is to keep hospital-acquired MRSA infections at 0.6 per 1,000 patient days. At this writing, the hospital is at 0.7 infections, and so is very close to achieving our goal.

It is often stated that an important way to reduce infections is to wash one's hands upon room entry and exit. While small improvements are being made, current data reflecting observed hand washing show that some work is required to reach the goal of 100 percent compliance. To encourage this, hand gel stations have been placed throughout the hospital.

The law is actually a result of two California Senate bills. In addition to the expanded screening, the law gives the state additional authority to investigate infection outbreaks. Starting in 2011 this information will be publicly available on the Web.

News Brief

Los Gatos officers selected

The medical officers for El Camino Hospital Los Gatos were announced recently:

Barbara Hom, MD, Chief of Staff

Shreyas Mallur, MD, Vice Chief