

2018

SIDNEY R. GARFIELD, MD

**Exceptional
Contribution Award**





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Sidney R. Garfield, MD, was the physician founder of Kaiser Permanente and one of the great innovators of 20th century American health care delivery.



Dr. Garfield was a surgeon and visionary. He first applied the novel principles of prepayment, prevention, and group medical practice in the 1930s, while he was providing medical and hospital services for construction workers building the Colorado River Aqueduct in the Mojave Desert.

Then, during World War II, he developed a medical care program for hundreds of thousands of workers and family members at Kaiser shipyards in the San Francisco Bay Area, the Vancouver/Portland area, and at the Kaiser Steel Mill in Southern California. His health care system focused as much on the prevention of illness as on caring for the sick.

Dr. Garfield looked for innovations in health care throughout his career. In the 1950s, his revolutionary hospital designs drew international praise. In 1960, he was in the vanguard of physicians who embraced the computer as a tool that could radically improve the delivery of medical care.

Historians writing about events of the 1900s see the work of Dr. Garfield in co-founding Kaiser Permanente as one of the major social contributions of the century.

The Exceptional Contribution Award was established by the Board of Directors of The Permanente Medical Group in 2000 to recognize physicians who are instrumental in the development and dissemination of ideas and programs that have a significant impact on patients, colleagues, and the broader community.

"Keep your arms on each other's shoulders and your eyes on the stars for innovation and change for the future."

Sidney R. Garfield, MD



ETHAN CUTTS, MD

Pediatrics

KP North Valley

"We're educating parents on safe sleep practices, so that when they leave the hospital they have helpful ways of remembering the basics, and a crib for their baby to sleep safely if they need it."

Safe Sleep Baby Program

Just a decade ago, Sudden Infant Death Syndrome (SIDS) still presented something of a mystery: The risk factors for SIDS were not fully understood, nor was it clear whether the syndrome could be prevented.

So when Dr. Ethan Cutts, a pediatrician at KP Roseville, learned that 25 infants were dying in their sleep every year in Sacramento County alone—and that more than 30 years of county data on SIDS was available for analysis—he jumped at the opportunity to dig deeper. As he examined the numbers with a community task force organized by the Child Abuse Prevention Council, a clear pattern began to emerge.

“In every case we studied, we found at least one of three risk factors for SIDS: sleeping in non-infant beds, sleeping on the stomach or side, or co-sleeping with a parent or sibling,” says Dr. Cutts. “In other words, these tragedies were preventable.”

He sprang to action and offered to pilot a patient education program at KP Roseville called Safe Sleep Baby. Together with the maternity nursing staff, Dr. Cutts developed resources to teach parents the ABCs of safe sleep—alone, on their backs, and in a crib—and then made sure no child left the hospital without a crib at home.



“We ask all parents, ‘Where and how will your baby sleep?’” says Dr. Cutts. “We educate them about safe sleep environments, and if we learn they don’t have a crib or the means to purchase one, we provide a portable crib for the family.”

Safe Sleep Baby quickly spread to KP Sacramento and KP South Sacramento with such success that it was adopted not only throughout KP Northern California, but also by neighboring health systems in Sacramento County, including UC Davis, Sutter Health, and Dignity Health. Because of the community-wide adoption of this program, the number of sleep-related infant deaths in the county has dropped by more than 50%.



ERIC DILDA, MD

Emergency Medicine
KP South San Francisco

"Hospital care involves executing complex protocols in an environment full of competing priorities. Our integrated care model and advanced electronic health record provide an opportunity to monitor for care gaps in a way no one else can."

eHospital Safety Net Program

Eric Dilda, MD, is one of those physicians who is always curious—forever asking thoughtful questions, both at the patient's bedside and on behalf of Kaiser Permanente. This innate inquisitiveness, coupled with a passion for keeping patients safe, makes him not only a great clinician, but also an unwavering advocate for continually improving patient care.

These qualities are what led Dr. Dilda to champion eHospital Safety Net, a unique remote monitoring program that helps ensure the consistency of the quality of care provided to patients during hospital stays in KP Northern California. But his other talents, including a transformational leadership style and exceptional communication skills, enabled Dr. Dilda to ultimately unite physicians, nurses, and staff throughout the region in a shared vision for and successful implementation of the program.

With eHospital Safety Net, registered nurses at a central quality hub scan lists of patient data generated 24/7 by our electronic medical record system. When they find something that's not quite right—a missed medication, an error in blood product administration, deteriorating vital signs, or abnormal laboratory values—they phone an assistant care manager at the local hospital to make sure nurses or physicians are aware of the patient's situation.

Implementing the program presented significant organizational challenges and required tremendous collaboration between Permanente physicians and operational leaders, nurses,



and staff with Kaiser Foundation Hospitals. Dr. Dilda partnered with everyone involved to help them understand the potential, and then organized pilots of the program in a way that facilitated discussion about which types of feedback were most valuable.

"He has an amazing capacity for seeing the big picture, communicating a compelling vision, and collaborating to get the job done," says Anne Goldfisher, RN, MA, executive director for quality and regulatory services in KP Northern California. "eHospital Safety Net has improved the timeliness and overall quality of the care we provide, and ultimately the health outcomes of our patients."



DEE LACY, MD, PHD

Infectious Diseases
KP Fresno

"A solution like this is so much more possible at a place like Kaiser Permanente—not only because of our advanced technology, but because there is a culture here in which the patient is the most important thing."

Vaccination Program for Functional Asplenia

As an infectious disease physician, Dee Lacy, MD, is accustomed to asking herself how her patients' pain and suffering might have been prevented. But an encounter with one patient—a 33-year-old man who had been admitted to the hospital with meningitis and sepsis—left her certain that Kaiser Permanente and its members can do better.

In reading through the progress notes, Dr. Lacy discovered the patient had lost his spleen as a child. "People without a functional spleen are at greater risk of life-threatening infections, so it's important they get a series of vaccinations," she explains. "Not only is the dosing schedule complex, but because national vaccine recommendations for asplenia have been evolving, many patients, and sometimes physicians themselves, find it challenging to keep track."

Dr. Lacy believed that creating a population management system for this group of patients would help identify them more easily and provide more support for encouraging them to stay up to date on their vaccines.

So in 2014 she launched a statewide education campaign for physicians, pharmacists, nurses, and staff. Then she collaborated with TPMG Quality & Operations Support to configure our advanced medical record system to scan the medical records of all KP members in Northern California and identify which ones have asplenia. Today the system performs these scans every 4 months,



identifying which asplenic patients are behind or due for the next vaccine in a series, and generating letters that help educate and encourage these patients to get their vaccines.

Prior to the implementation of the program, just 1.4% of patients were up to date. But within 2 years of rolling out the program across KP Northern California, 88% of patients are current on all vaccines.

"Part of the answer lies in creating systems that make it easier to do the right thing," says Dr. Lacy. "But an equally important part is education. Just by tweaking a combination of elements, we established an effective safety net for these patients."



THEODORE LEVIN, MD

Gastroenterology
KP Diablo Service Area

"This program leverages the advantages of Permanente Medicine—a focus on prevention, our electronic medical record, and integration across specialties—to screen more patients for colorectal cancer, and ultimately prevent more cancers and cancer deaths."

Colorectal Cancer Screening Program

Colorectal cancer is the third most common cancer and the second leading cause of cancer deaths among adults in the United States. Yet when caught early through regular screening, the 5-year relative survival rate is approximately 90%.

Thanks to the work of Theodore Levin, MD, clinical lead for colorectal cancer screening, more than 80% of Kaiser Permanente Northern California members are up to date on their colorectal cancer screenings—one of the highest rates in the nation. Fifteen years ago, however, the story was very different.

“When we began generating reports in 2004 based on electronic data, we discovered that just 35% of our members were up to date,” says Dr. Levin. “We thought we had screened a lot of people with flexible sigmoidoscopy, and we were disappointed that compliance was that low.”

Based on research he conducted at the KP Division of Research, it appeared the new fecal immunochemical test (FIT), which patients can complete at home, would be an effective and easier option for patients. The test checks for blood in the stool, an indicator that precancerous polyps or cancer may be present, and only positive FIT results require a follow-up colonoscopy.



After his study demonstrating the FIT's effectiveness was published in the *Journal of the National Cancer Institute* in 2007, Dr. Levin spearheaded a program to put the test in the hands of every patient aged 50 to 75 across KP Northern California.

“Today 15,000 FIT kits are mailed to patients' homes each week,” Dr. Levin says. “Those who haven't completed their screenings receive follow-up calls, and are prompted by doctors and support staff at each visit.”

Because of the increased screening rates in KP Northern California, more precancerous polyps are being detected, and more of the colorectal cancer that is found is being diagnosed in earlier stages. These accomplishments have led to a 25% decrease in the incidence of colorectal cancer and a 50% decrease in mortality, respectively.

Sidney R. Garfield **Exceptional Contribution Awardees, 2013-2017**

2017

Daniel Jacobs, MD

Plastic Surgery
KP San Jose
Microvascular Hand and Finger
Replantation Center

Jeffrey Klingman, MD

Neurology
KP Diablo Service Area
Stroke Express Program

Lynda Lam, MD

Neurology
KP San Rafael
ALS Multidisciplinary Teams

Mai Nguyen-Huynh, MD

Neurology
KP Diablo Service Area
Stroke Express Program

Will North, MD

Neurology
KP Greater Southern Alameda Area
ALS Multidisciplinary Teams

Steve Offerman, MD, FACMT

Emergency Medicine
KP South Sacramento
Regional Toxicology Service

Vivek Rao, MD

Neurosurgery
KP Redwood City
Stroke Express Program

Joanna Ready, MD

Gastroenterology
KP Santa Clara
Hepatitis B Screening Program

2016

Joann Bergoffen, MD

Genetics
KP San Jose
Lynch Syndrome Screening
Program

Lindsay Cheng, MD

Radiology
KP Diablo Service Area
Breast Imaging and Same Day
Biopsy Program

Michele Evans, MD

Pediatrics
KP North Valley
CASP: Child Abuse Services and
Prevention

Steven Levine, MD

Emergency Medicine
KP East Bay
R1 Expedited Cancer Diagnosis
System

Dan Li, MD

Gastroenterology
KP Santa Clara
Lynch Syndrome Screening
Program

Alison Meadows, MD

Cardiology
KP San Francisco
Adult Congenital Heart Disease
Care

Michael Rizzo, MD

Radiology
KP East Bay
R1 Expedited Cancer Diagnosis
System

Veronica Shim, MD

Surgery
KP East Bay
R1 Expedited Cancer Diagnosis
System

Dorothy Wilborn, MD

Pediatrics
KP North Valley
CASP: Child Abuse Services and
Prevention

2015

Clay Angel, MD

Hospital Medicine
KP San Rafael
Delirium Management Program

Wendy Eberhardt, MD

Psychiatry
KP San Rafael
Delirium Management Program

Charles Meltzer, MD

Head and Neck Surgery
KP Santa Rosa
Head and Neck Cancer Care

Stephen Wang, MD

Interventional Radiology
KP Santa Clara
Inferior Vena Cava Filter Program

2014

Diane Craig, MD

Hospital Medicine
KP Santa Clara
Sepsis Management

Kevin Desai, MD

Pediatric Cardiology
KP Greater Southern
Alameda Area
Camp Taylor

Robert McLaughlin, MD

Head and Neck Surgery
KP North Valley
Specialty Care Access

Karen Murrell, MD

Emergency Medicine
KP South Sacramento
Innovations in Emergency
Department Care

2013

Jorge Gutierrez, MD

Pediatric Critical Care
KP East Bay
Pediatric Critical Care

Mark Hawk, MD

Neurosurgery
KP North Valley
Neurosurgical Services Excellence

Michael Lauer, MD, PhD

Cardiology/Electrophysiology
KP Santa Clara
Cardiac Rhythm Management
Formulary

Lisa Liu, MD

Internal Medicine
KP South Sacramento
Cultural Awareness and
Community Health Education



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