

Cedars-Sinai

REPORT TO THE COMMUNITY 2008

An exceptional
commitment
to quality.



Cedars-Sinai By the Numbers

JULY 1, 2007 – JUNE 30, 2008

Licensed Acute and
Intensive Care Beds

952

Patient Days

273,128 (approx. 746 per day)

Outpatient Visits

350,405 (approx. 957 per day)

Inpatient Visits

54,947

Emergency Department Visits

77,964 (approx. 213 per day)

Patients Cared for by Cedars-
Sinai Medical Delivery Network

112,547

Psychiatry and Mental Health

Patient Days

17,043 (51 beds)

Total Number of Research Projects

630

Total NIH Research Funding

\$34.3 million

Total Number of Residents Trained

291

Donations

\$92.3 million

Total Volunteer Hours

Approximately 200,000

Community Benefit

Contribution

\$317.1 million

(Includes free and part-pay care for the uninsured and those with limited means, the unpaid costs of government programs such as Medicare and hundreds of community-service programs at the Medical Center and in local schools, homeless shelters and community centers.)

Leadership Message

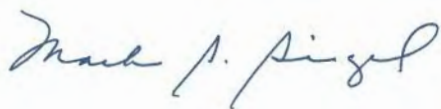
By any measure, the quality of Cedars-Sinai's patient care is in the very top tier of American medical centers. There are many reasons for this, but perhaps the most important one is—paradoxically—that we recognize that we are not perfect, and that achieving quality is something that requires not only a relentless and continual focus, but also a degree of humility. As a result, the people who choose to work and practice at Cedars-Sinai share a philosophy of always looking for ways—big and small—to continually raise the bar on quality.

It's tempting to think that there must be a “magic bullet” for high quality in healthcare—a single idea, technology or process that is the key. There isn't. Consistent high quality is the result of thousands of different things throughout the Medical Center, and thousands of different people, all working together with a unified focus on our patients.

In the first section of this Annual Report, we'd like to take you inside the “how” of quality at Cedars-Sinai, to shed some light on just a few of the many ways we tackle the challenge of providing the highest level of quality every day. It takes teamwork, an openness to grassroots change, a willingness to set high standards for those who work and practice here, innovative uses of technology, and above all, a shared commitment by every one of our 10,000 employees, 2,000 physicians on our medical staff and 2,000 volunteers.

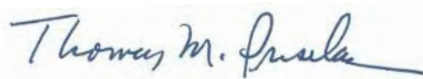
In the second part of this Report, you'll get a glimpse of some representative highlights from the past year in each of the four parts of our institutional mission—patient care, research, education and community service—plus an update on some of the philanthropists and researchers partnering in our *Discovering for Life* campaign, a \$350 million campaign to raise endowment funds to support pioneering medical research at Cedars-Sinai for decades to come.

Thank you for sharing our commitment.



MARK S. SIEGEL

Chairman, Board of Directors



THOMAS M. PRISELAC

President and CEO



A close-up, blue-tinted photograph of a person's hands being washed under a running faucet. The hands are covered in white soap suds, and water is streaming from the faucet. The background is a blurred white sink.

No germ
is small.

Full Engagement | Doctors, nurses, other staff, patients and visitors—everyone is involved in eliminating the risk of infection.

“At Cedars-Sinai, zero is the greatest number.”

This statement appears on posters displayed around Cedars-Sinai, but it is not just a slogan—it’s a call to action. The Medical Center has launched an extensive campaign to eliminate hospital-acquired infections that involves virtually everyone who comes through its doors.

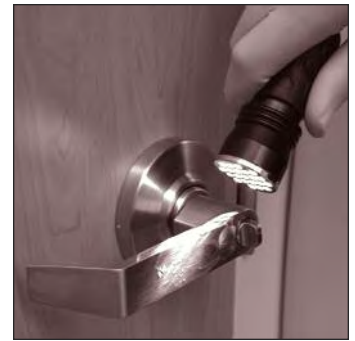
The U.S. Centers for Disease Control and Prevention (CDC) estimates that each year nearly two million patients in the United States acquire an infection while in the hospital, and The Joint Commission that accredits hospitals nationwide identified the need to reduce these infections as one of its 2008 National Patient Safety Goals. While every hospital must take steps to prevent infections, the campaign launched by Cedars-Sinai in 2007 stands out as one of the most comprehensive and aggressive of its kind.

“As other hospitals learn about what we’re doing, they often comment on the high level of involvement of our medical staff and the commitment of senior executives to making the necessary changes,” says Rekha Murthy, MD, an infectious disease specialist who is Director of Hospital Epidemiology.

Murthy notes that the infection rate at Cedars-Sinai is already very low by national standards. “Our ultimate goal is to get it down to zero and keep it there by making infection control a routine practice that is integrated into the daily work habits of all employees,” she says. “We want it to be as second nature as putting on a seatbelt.”

The most visible part of the campaign is an effort to ensure that all physicians, nurses, other staff, patients and visitors understand the importance of hand hygiene and make frequent use of the Purell® dispensers in patient rooms, visitor waiting areas, medical unit hallways and other parts of the hospital. This may seem elementary, especially in a hospital, but comprehensive hand hygiene compliance by healthcare professionals has long been a problem at every hospital in the nation, according to numerous studies.

Cedars-Sinai’s initiative goes far beyond the hand hygiene campaign. Five task forces have been assigned to carry out a “no-stone-untuned” search for opportunities to enhance infection-control measures. Experts from many disciplines are working together to eliminate hospital-acquired infections, and



Arming cleaning staff to fight germs.

It sounds like something you’d find in a toy store, but Glo Germ Gel™ is a “cool” substance with a serious function. Before a patient room is cleaned, a supervisor from Cedars-Sinai’s Environmental Services Department smears this gel on high-touch areas such as door-knobs, bedrails, tabletops and phones where germs are most likely to be found.

The supervisor later returns and shines an ultraviolet light on these areas. If a spot was missed, it will glow under the light. These inspections are done several times a day, without advance notice, and the cleaning staff is praised for a job well done or reminded to be more thorough.

Full Engagement

their first priority is to win the battle against the toughest germs that are resistant to antibiotic treatment.

Some of the ways the task forces are tackling the issue are by conducting screening cultures on patients who pose a high risk for being a source of multi-drug-resistant organisms, optimizing the management of central lines to reduce bloodstream infections, and steam cleaning shared equipment to ensure that all medical equipment and devices are germ free.

“We’re looking at the entire hospital environment to take every possible step to prevent transmission of organisms,” Murthy says. “No idea is too small or far-fetched to be considered.”

“The infection rate at Cedars-Sinai is already very low by national standards. Our goal is to get it down to zero and keep it there by making infection control a routine practice that is integrated into the daily work habits of all employees.”

Clean hands save lives.

The rule is clear: Doctors and nurses are supposed to wash their hands or use a Purell® dispenser before they enter and leave a patient room. For various reasons—not only at Cedars-Sinai but at hospitals everywhere—compliance with this rule falls short of the 100 percent goal. Sometimes, in the rush to get to the next patient, healthcare professionals simply forget to wash their hands. Or they might figure it’s not necessary because they were only in a patient’s room briefly and didn’t touch anything.

Making sure everyone complies with hand-washing guidelines without fail is the goal of the hospital-wide campaign at Cedars-Sinai that involves educating all employees, as well as patients and visitors, about the fact that hand hygiene can, indeed, save lives.

Erica Palys, MD, an infectious disease fellow who helps lead the hospital’s hand hygiene task force, says the goal is to convince everyone that their actions make a difference. Palys, who previously was the Chief Resident in the Department of Medicine, has spent a lot of time observing the hand hygiene habits of doctors and nurses. She reports the results of her “secret shopper” visits to medical unit managers to increase compliance.

These clandestine observations are fully supported by the leadership of the



—REKHA MURTHY, MD,
DIRECTOR OF HOSPITAL EPIDEMIOLOGY



CSI-style investigating gets results.

At Cedars-Sinai, reducing infection risk can include some CSI-style detective work. Any possible source of bacteria that could cause infection will be investigated. As a result, better ways of doing routine tasks are being discovered. For example, one of the Medical Center's infection-control task forces conducted a study of the curtains that are pulled around patient beds to provide privacy. Like all hospitals, Cedars-Sinai has always had a strict cleaning regimen for these curtains, yet the task force found that even after cleaning, curtains can sometimes still contain traces of germs.

In response to the task force's research, the Medical Center recently switched to a type of privacy curtain used in many British hospitals because it is easier to remove for cleaning and is sturdier, allowing for more frequent washings. The curtains are disinfected with an antimicrobial spray on a daily basis (and when a patient is discharged), and they are removed frequently for additional cleaning.

medical staff and by the hospital's senior management. A few years ago, Paul Silka, MD, who was serving as Vice Chief of the Medical Staff at the time, even formed his own "Hand Hygiene Safety Posse" to observe the hand-washing habits of doctors. Those with good habits were awarded Starbucks gift cards, and those who consistently did not follow procedures were suspended until they received training and made a commitment to fully comply.

Palys notes that the hand hygiene campaign has created an atmosphere in which employees feel comfortable reminding each other to wash their hands. And patients and visitors are also encouraged to speak up if they see any lapses in hand hygiene among healthcare professionals.

Also part of this campaign are new custom-designed kiosks in visitor waiting areas that provide Purell® dispensers, masks and tissues and display the message, "The power is in your hands. Please help us protect our patients' health."

Palys says trying to get people to change their routine is a challenge, especially when they can't directly see the results of their actions. "If you don't wash your hands, there is no visible consequence—you don't see that person down the line who could get sick or die. We're making hand hygiene as convenient as possible so that it becomes easy to do the right thing without even thinking about it."

Great ideas
come from
everywhere.



Grassroots Change | Whether they provide medical care or work behind the scenes, all staff members identify problems and suggest solutions. Patients, too.

Healthy dialogue is a great problem-solver.

“We want to hear about any problems or obstacles you are aware of—things that almost went wrong or did go wrong and how we can fix them. How can we support good care and safety in your unit?”

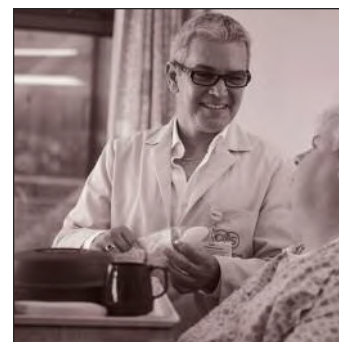
Mark Gavens, Senior Vice President for Clinical Care Services and Chief Operating Officer, is addressing a group of about eight nurses at the start of an informal hour of discussion in the neurosurgery unit. Also in the room are Neil Romanoff, MD, MPH, Vice President for Medical Affairs and Chief Patient Safety Officer, and Marcie Cochran, RN, Patient Safety Manager. For the next hour, the group will engage in very candid dialogue. The nurses will do most of the talking, while the senior managers listen and take notes.

These informal gatherings—known as “Executive Walkarounds”—are held on a regular basis as part of the Medical Center’s proactive approach to identifying and preventing or resolving patient safety issues. These forums supplement weekly rounds by the Medical Center’s CEO and Chief Nursing Officer.

During the recent Executive Walkaround session in neurosurgery, the nurses take turns offering their suggestions—and don’t hold back. One mentions the importance of making sure patient transfers from one unit to another take place at the appropriate time—when the patients are both comfortable and stable and *not* when nurses are in the process of changing shifts. Another mentions delays in getting standard medications delivered from the pharmacy to the medical unit.

The executives guide the discussion with questions. At one point, Gavens asks: “Are the people who work in your unit comfortable challenging and correcting each other if they see a problem?”

This leads to a discussion about the fact that, despite the hospital’s intensive infection-control efforts, the nurses still see a few surgeons leaving the operating room without removing garb that could carry bacteria to another part of the hospital. The nurses say they are not always comfortable “correcting” a surgeon who is not following proper infection-control procedures. And they also sometimes have difficulty getting family members of patients in isolation units to follow these procedures.



Volunteers do their part to help patients.

Many Cedars-Sinai employees work behind the scenes to help the Medical Center run smoothly. It’s rare for these staff members to interact directly with patients, but programs such as Mealtimes Mates provide an opportunity to do just that. Most of the volunteers in this program are employees who spend an hour a week, before or after work or during their lunch break, assisting patients who can’t feed themselves. At the same time, they offer companionship that lifts patients’ spirits. This is one of a number of volunteer programs that help free nurses to spend time where they are needed most. Mealtimes Mates has served as a model for similar programs in other parts of the country.

Grassroots Change

Cochran takes charge of following up after each Executive Walkaround. She writes a report on the discussion and sends it to the nurse manager of the unit, as well as up the chain-of-command, to make sure it is accurate. Then the operations team begins exploring solutions in all the areas of concern raised by staff members. For example, after the session in neurosurgery, Cochran immediately began working on a strategy to remind the medical team to remove all street clothes before entering the operating room, and to remove surgical garb before leaving. Another outcome of this session was a plan to develop educational materials to give to visitors so they will better understand how to protect their loved one from infection.

“Our employees know that the hospital’s leaders care about what they have to say—and that we are prepared to take immediate action when a safety problem is identified.”



“There are no ‘rolling stops’ at Cedars-Sinai.”

Marcie Cochran, RN, is referring to the rule that no surgery begins until a nurse holds up a red stop sign that says “Time Out” and the surgeon goes through a checklist—just as airline pilots do before takeoff—to make sure everything is in order before the operation begins. “The surgeon is not handed a scalpel until there has been a full stop to make sure all safety precautions have been taken,” she says.

The hospital’s Medical Executive Committee receives all the reports on the issues raised and actions taken as a result of the Executive Walkarounds and determines whether or not any additional action is needed.

Patients are encouraged to speak up.

Through Patient Advisory Councils in medical units, people who have received treatment at Cedars-Sinai share their ideas for improving care. For example, one Council member who has diabetes suggested a new system for delivering breakfast to diabetic patients who have morning rehabilitation appointments. Meals used to be delivered in the order of room numbers, but now diabetic patients are served first so they have time to eat before their rehab session. This has prevented low-blood-sugar episodes while improving patients’ response to therapy and even reducing their length of stay in the hospital.

Cedars-Sinai also encourages all patients to report any problems to the Quality Improvement Department. “We’re persistent about resolving issues. Our hospital leaders want to understand what happened and, whenever possible, address the immediate problem in a way that benefits all patients,” says Quality Services Case Coordinator Julie Aaron.



—MARCIE COCHRAN, RN,
PATIENT SAFETY MANAGER



Employees rank their own hospital.

Just before hospital leaders visit a medical unit during an “Executive Walkaround,” all staff members in the unit are asked to complete an anonymous patient safety survey developed by one of the nation’s leading medical quality organizations.

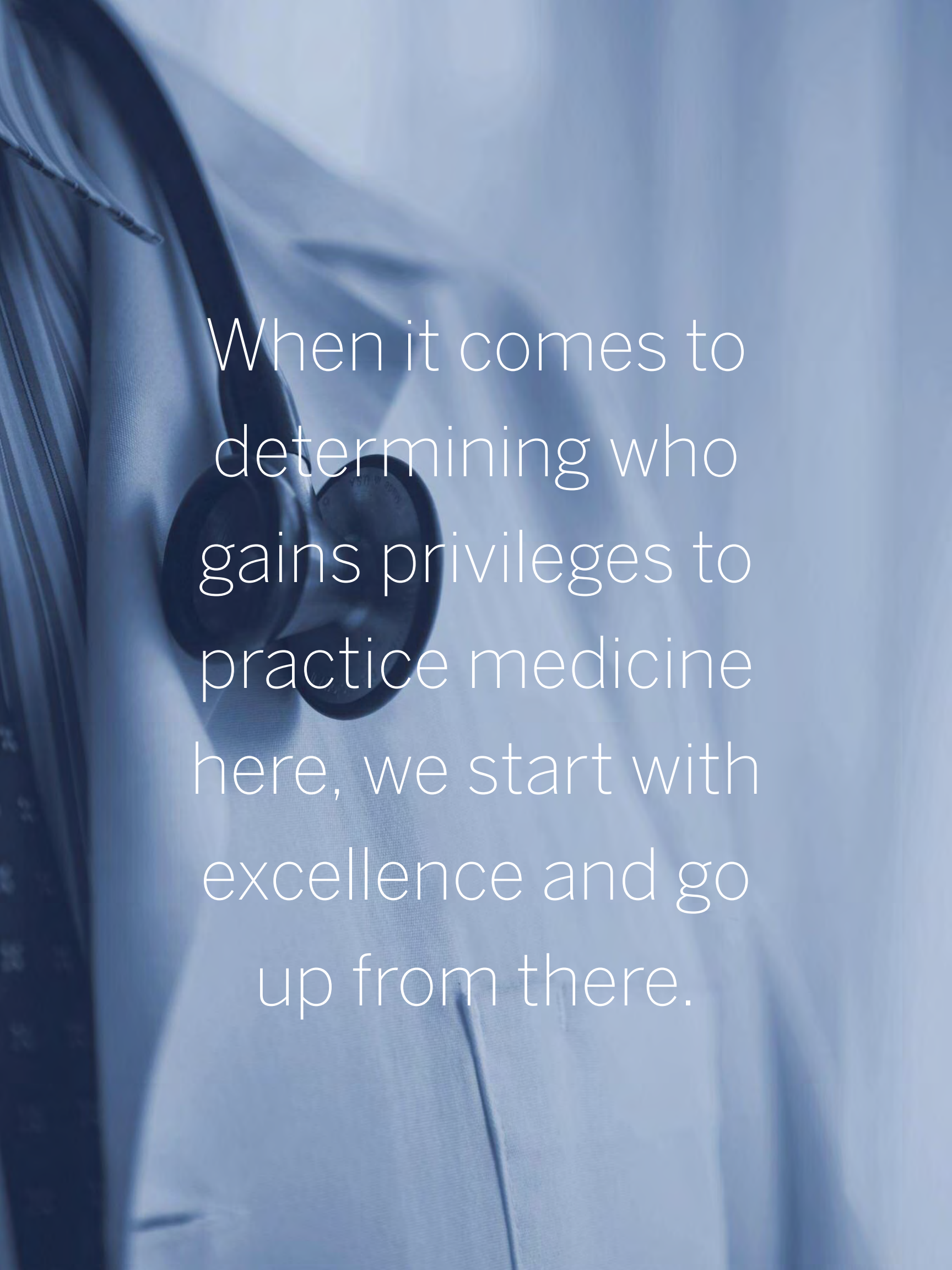
The survey asks if the employee would feel safe being treated here as a patient and also assesses how comfortable employees are about reporting safety concerns. If a unit scores low in any particular area, Patient Safety Manager Marcie Cochran, RN, meets with the nurse manager of the unit to discuss strategies for improvement.

Cochran points out that the Medical Center’s overall score on the survey has consistently shown a high level of safety—and has steadily improved in the last couple of years. “I think this reflects the many efforts we have made to get everyone involved in improving quality and safety. Our employees know that the hospital’s leaders care about what they have to say—and that we are prepared to take immediate action when a safety problem is identified.”

Eyes everywhere watch for safety hazards.

It doesn’t matter how small it may seem—an incentive program called Safety Star encourages all hospital employees to report anything that has the potential to cause harm to patients, staff or anyone in the hospital environment. This program makes it easy to identify potential safety problems before they occur and also to report safety hazards, and those who use it are rewarded with a gift card to a coffee house and an award certificate.

Marcie Cochran, RN, Patient Safety Manager, says 98 percent of the issues reported through Safety Star are fixed within 24 hours. Many of the reports involve matters as simple as moving something that could be tripped on or making sure floors are not mopped in high-traffic areas during busy times of the day. “Safety Star has changed the reporting of immediate safety issues from a *pull* system to a *push* system,” Cochran says. “People in every part of the hospital are taking responsibility for reporting problems rather than waiting to be asked. This makes it possible to quickly fix a lot of things we might not otherwise know about.”



When it comes to determining who gains privileges to practice medicine here, we start with excellence and go up from there.

Best of the Best | Using the most selective standards for credentialing medical staff is how we ensure world-class medical care.

Hospital sets a higher standard.

It's a simple equation: If a hospital is to deliver world-class medicine, it must attract a medical staff that is truly the best of the best. Cedars-Sinai has accomplished this by establishing one of the most rigorous Credentials Committee review processes in the nation to determine which physicians will gain hospital privileges.

"We look at factors other hospitals don't consider and hold ourselves to a higher standard—we're constantly striving to raise the bar for medical staff quality," says Paul Hackmeyer, MD, of the Department of Obstetrics and Gynecology, who is a former Chief of the Medical Staff and was instrumental in creating the highly selective process.

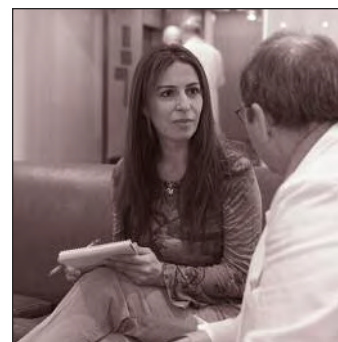
The Credentials Committee examines skills and track records—and then delves deeper to fully investigate the qualifications of each applicant. Committee members do extensive research to make sure candidates are being honest about their backgrounds. And they contact individuals who can help fill any information gaps or comment on personal qualities that are important to providing quality care.

This rigorous system of assessing applicants for the medical staff was established after a thorough evaluation launched in 1999 led to a complete overhaul of the process that had been in place for many years, Hackmeyer explains. He worked with senior leaders to "add hurdles" to the process and "put the burden of proof on the applicant."

Interpersonal and behavioral skills are now evaluated along with clinical expertise, and the medical staff's Physician Well-Being Committee is consulted if help is needed evaluating personal issues that might impact a physician's performance.

"We don't shy away from difficult decisions," Hackmeyer says. "Our goal is always to do right by the patient. If you put the patient first, everything else falls into place."

He adds that this highly selective process makes Cedars-Sinai a better place to work. "You're in the big leagues here, and this kind of environment—where you are provided the resources you need and work among the finest physicians anywhere—helps doctors to be the best they can be."



Providing a 'reentry' path for physicians.

Talented physicians who have taken time off—to start a family or care for an ill loved one or perhaps to work in business or medical research—often face roadblocks when they try to return to their medical practice. Cedars-Sinai has launched an academically rigorous Physician Reentry Program, one of only a handful in the country. This program helps doctors update their skills so they can qualify for hospital privileges.

Leo A. Gordon, MD, who developed and runs the program, says it is meeting a critical need at a time when a physician shortage is anticipated and a growing number of women are graduating from medical school. "We can't afford to lose talented physicians," Gordon says. "We're going to see more doctors taking family leave, and we must provide a mechanism for them, as well as others, to return to their practice when they are ready."

Best of the Best

Zero tolerance for bad behavior.

The doctor knows best. There was a time when few in the medical field would challenge this statement. But times have changed. And Cedars-Sinai has been ahead of the curve in realizing that a work environment in which it is okay to question a physician's authority is important to patient safety.

Nearly a decade ago, the Medical Center became one of the first in the country to adopt a Code of Conduct for physicians. The code states: "Interactions with all Cedars-Sinai Medical Center patients, visitors, employees, Medical Staff Members or any other individual shall be conducted with courtesy, respect, and dignity. All Privileged Medical Staff Members are expected to refrain from conduct that may be reasonably considered offensive to others or disruptive to the workplace or patient care."

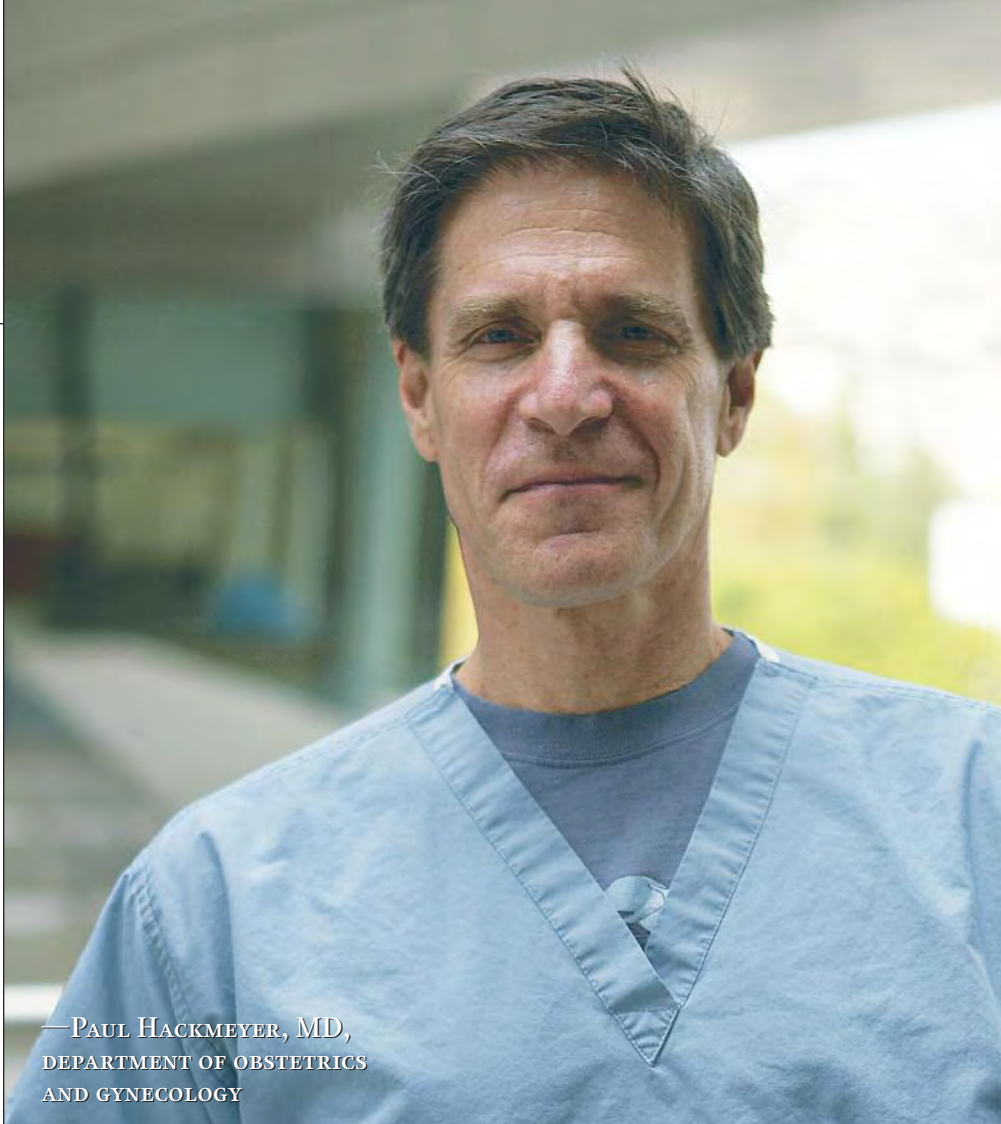
"We hold ourselves to a higher standard—we're constantly striving to raise the bar for medical staff quality."

This code:

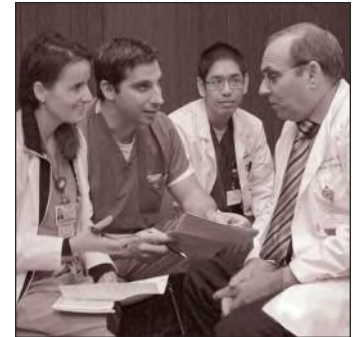
- Sets the highest standards for professional conduct.
- Helps everyone on the medical team feel comfortable making suggestions to improve the quality of care.
- Establishes procedures for reporting any behavior that interferes with the smooth functioning of the patient care team.

Other hospitals have followed Cedars-Sinai's lead, and more will do so now that The Joint Commission, as of January 1, 2009, is requiring all of the hospitals it accredits to adopt a Code of Conduct for their medical staff. The Commission announced this requirement last July, noting that in hospitals nationwide, "intimidating and disruptive behaviors can foster medical errors, contribute to poor patient satisfaction and to preventable adverse outcomes, increase the cost of care, and cause qualified clinicians, administrators and managers to seek new positions in more professional environments."

The culture change that this new requirement is intended to bring about is already deeply ingrained at Cedars-Sinai, which long ago made it clear that every member of the medical staff is expected to behave with the highest level of professionalism at all times.



—PAUL HACKMEYER, MD,
DEPARTMENT OF OBSTETRICS
AND GYNECOLOGY



Residents use lessons to prevent errors.

Residents often find themselves drawing on lessons from Cedars-Sinai's weekly Matrix Conference as they make decisions about the best course of treatment for a patient. Navanjun Grewal, MD, a fourth-year resident in General Surgery, says the conference is the most valuable learning experience in the Residency Program. He explains: "The open dialogue between residents and the surgical staff teaches us different ways to prevent errors and how to solve problems in innovative ways. The follow-up e-mails and tests help us retain the most important lessons. Every day, I find myself in a situation where I remember something I've learned at the Matrix Conference. This enables me to see how something could go wrong while there is still time to prevent that from happening."

Open dialogue results in safer surgery.

Every Thursday at 8 a.m., the surgical staff and residents gather in a conference room at Cedars-Sinai to analyze the previous week's errors or complications. The goal is to make sure they don't happen again.

The Surgical Morbidity & Mortality Conference has been common practice in hospitals for over half a century. But, under the leadership of Leo A. Gordon, MD, Cedars-Sinai has taken the conference to a new level. It has been transformed into a model education program called the M&M Matrix. Gordon, Associate Director of Surgical Education, refers to it as a "boot camp" for patient safety. He moderates the weekly conference with a toughness that allows no room for blame. The discussion is focused on what needs to be learned. Gordon follows up with an e-mail summarizing the key lessons. These outlines, or "matrices," generate further discussion. In addition, residents take written examinations on a quarterly basis.

"The Matrix builds in a deep-seated professional sensitivity to errors and complications," Gordon says. "It arms residents with all the techniques we can offer for preventing problems in surgery."



Moving forward
at the speed
of cooperation.

Teamwork | What makes good ideas succeed is how we work together to transform them into action that results in higher quality care.

What can a hospital learn from Toyota?

On the surface, Toyota and Cedars-Sinai are worlds apart, but the auto company has provided inspiration for some of the Medical Center's efforts to become more efficient—including a highly successful project called “Toes Out-Toes In.” Cedars-Sinai borrowed improvement methods from the auto company's production process to achieve a major reduction in the time it takes to get a new patient settled in a room once someone is discharged from the hospital and a bed becomes available.

All hospitals face the challenge of finding ways to improve “patient flow” at a time when demand for hospital beds is increasing. Every day, Cedars-Sinai admits about 200 patients who require a bed in a medical, surgical, intensive care, pediatric, maternal-child health or psychiatric unit.

It takes a lot of coordination among multiple departments—including Patient Placement, Environmental Services and the medical unit where the patient is being treated—to make sure everything is in order before a patient is discharged and then to prepare the room and arrange for the next patient to be admitted or transferred from another part of the hospital.

Improving this process provides greater safety and comfort for patients by minimizing waiting time. “Forty percent of all patients enter the Medical Center through the Emergency Department. Placing these patients in rooms more quickly reduces waiting time for everyone who comes to the Emergency Department for care,” says Michael Roberts, RN, Director of Nursing Resources/Night and Weekend Hospital Operations. “We were able to make dramatic progress very quickly once we started to investigate the reasons for unnecessary delays in the bed turn-around process.”

“Toes Out-Toes In” is one of many initiatives that resulted from Cedars-Sinai's participation in Transforming Care at the Bedside (TCAB), a national project sponsored by the Institute for Healthcare Improvement and the Robert Wood Johnson Foundation.

“Toes Out-Toes In” started with a multidisciplinary team of Medical Center staff members mapping out the existing bed-turnaround process. Then, by adapting some of Toyota's proven process-improvement techniques to the hospital environment, they came up with a number of ways to eliminate delays.



It's like the United Nations.

Patients at Cedars-Sinai represent so many different cultural backgrounds that interpreters are on call 24 hours a day to translate 45 different languages. The ones most in demand: Spanish, Russian and Farsi. Help is also available for those who communicate through American Sign Language.

Cedars-Sinai's interpreters are trained to work with physicians, nurses and other healthcare professionals to make sure that information can be translated accurately so patients have a full understanding of their medical condition and treatment plan.

Patients who don't speak English are given an easy way to let hospital staff members know what their native language is. Interpreter Services has printed a colorful disk that looks like a “pie chart” and lists words in the most common foreign languages spoken by patients. All they have to do is point an arrow on the disk to the language they speak, and the right interpreter will be provided.

Teamwork

Following are some of the steps that have been implemented:

- The aides who transport discharged patients out of their rooms now make a computer entry when they leave the room that sends an automated message alerting housekeeping that the room/bed is vacant and ready for cleaning.
- A dedicated Housekeeping Discharge Team was created to ensure there would be enough staff to clean rooms during peak discharge hours.
- Emergency Department physicians notify Patient Placement only when a patient is ready to be moved to a room rather than requesting a bed in advance.
- The housekeeping “dispatcher’s” office was moved to the Patient Placement department to achieve better coordination in assigning staff to clean rooms as patients are discharged.

“We took our lead from the staff members who are closest to the process. Their ideas helped us get results that make a big difference for patients.”

The reduction in bed turn-around time was brought about with remarkable speed. “We condensed months of meetings into four full days of what we call a Rapid Improvement Event,” says Chief Nursing Officer Linda Burnes Bolton, RN, DrPH, FAAN. “We took our lead from the staff members who are closest to the bed-turnaround process. Their ideas helped us get results that make a big difference for patients.”

Preventive steps reduce Code Blue events.

Hollywood writers may use Code Blue events to heighten the suspense in TV medical shows, but no one wants to see this kind of drama in real life. An innovative program at Cedars-Sinai is helping to prevent such crises. “We have significantly reduced the number of these events through our Rapid Response Team program, which makes it possible to intervene well before a patient reaches Code Blue stage, with much better outcomes,” says Dani Hackner, MD, Associate Chair of Medicine. Code Blue calls dropped by about 30 percent during October and November 2005, when the program was launched hospital-wide, and this progress has been sustained ever since.

Nurses outside the intensive care setting have been empowered to call in a Rapid Response Team when they see early warning signs—chest pain, respiratory



—LINDA BURNES BOLTON,
RN, DRPH, FAAN,
CHIEF NURSING OFFICER



Better communication means better care.

It can be a challenge for health-care professionals facing multiple demands to communicate effectively with each other.

Cedars-Sinai has provided guidelines to help the medical team share vital patient information in a way that is succinct and clear.

Take this situation, for example. A nurse needs to call a physician because a medication prescribed to provide pain relief for a patient isn't working. Before making the call, the nurse makes some notes about the patient's condition—following guidelines that are known by the acronym SBAR, which means:

- Situation
- Background
- Assessment
- Recommendation

SBAR ensures effective communication whenever there is a change or concern about a patient's condition, and also during patient "handoffs" when a new shift of nurses or doctors needs to be briefed.

distress or arrhythmia, for example—that could lead to cardiac or respiratory arrest.

Each team is led by an attending physician and includes a crisis nurse, respiratory therapist, EKG technician and pharmacist. After stabilizing patients, the team determines whether they need to be transferred to an intensive care unit for a higher level of care.

Protecting patients with breathing disorders.

A green armband puts the medical team on alert. The armband tells the staff this is an "airway risk" patient with a breathing disorder that increases the risk of cardiac or respiratory arrest. One of the most common of these disorders is sleep apnea, which affects an estimated 18 million Americans. Cedars-Sinai was one of the first hospitals in the nation to recognize the need to screen all patients for breathing disorders when they are admitted to the hospital.

The Medical Center formed a task force about four years ago to develop an Airway Risk Protocol to make sure these patients are closely monitored for respiratory difficulties—and that special care is taken in prescribing medications to avoid respiratory side effects. Other hospitals around the country have adopted similar procedures after learning about Cedars-Sinai's success in preventing complications related to breathing disorders.

Last Refresh Date:

	TJC Met?	TJC Met?	TJC Met?	CSMC Goal	CSMC Goal Met?	Trend
	94 %	GREEN	n/a	94 %	GREEN	▲
	n/a	n/a	n/a	n/a	n/a	▲
	100 %	GREEN	100 %	100 %	GREEN	▲
	100 %	GREEN	100 %	100 %	GREEN	▲

The real genius of smart technology— helping our staff enhance patient care.

Powerful Technology | Combined with human vigilance,
smart technology plays a crucial role in patient safety.

Red boxes are red flags for quality control.

Every morning, Michael Langberg, MD, checks his laptop computer to find out if anything out of the ordinary has happened in patient care. If he detects any sign that the hospital's high quality standards have not been met, he immediately starts asking questions.

Langberg, Cedars-Sinai's Chief Medical Officer and Senior Vice President for Medical Affairs, is able to closely follow patient care outcomes because of the detailed, frequently updated medical information technology he has at his fingertips. The sophisticated software he uses is known as the "Quality Council Dashboard" and was designed specifically to enable the senior leaders who serve on the Council to monitor quality of care so that any problems can be detected early.

The Quality Council—which is co-chaired by the Chief of Staff and Chief Medical Officer and includes the CEO and the COO, as well as the chairs of every medical department—meets monthly, but Langberg and other members are on the lookout even more frequently for anything that needs immediate attention.

"Cedars-Sinai's senior leadership team sets high standards and provides significant support for quality efforts throughout the organization," Langberg says. "Our Quality Council provides an unheard-of level of oversight. It holds everyone accountable and sets the tone for an organizational culture that 'walks the talk' when it comes to ensuring quality."

The Quality Council Dashboard is updated daily to provide current data on patient care outcomes that hospitals with less advanced information systems might not have access to until weeks, or even months, after patients are discharged.

Just as a warning light appears on a car's dashboard when something needs to be checked, the Quality Council Dashboard makes it easy to see when something unusual has occurred. The dashboard is a detailed chart that tracks the hospital's performance in meeting specific national quality standards for treating certain medical conditions, including heart attack, heart failure and pneumonia. When all is going well, the chart is filled with green boxes. Langberg looks for the red boxes that indicate a standard has not been met. He may discover there is a good reason for an exception to the rule, but nothing is taken for granted.

Here's an example of something on the dashboard that might prompt



Using technology to integrate patient records.

Although Cedars-Sinai has for many years been one of the nation's leaders in using technology to improve patient care, the Medical Center will soon be taking things to an even higher level, developing a centralized information system that will integrate the many different aspects of a patient's medical record—such as physician orders, medications and lab results—electronically.

Called CS-Link™, it will enable physicians, nurses, pharmacists and other healthcare professionals to get fast, secure, centralized access to information on the patients they are caring for—any time, from any location in the world. It will also expand the use of barcoding and other technologies throughout the Medical Center.

"Our goal is to help healthcare professionals deliver the highest quality care. It's all about putting patients first," says Darren Dworkin, Vice President for Enterprise Information Systems and Chief Information Officer.

Powerful Technology

Langberg or the Quality Council to investigate: One of the National Patient Safety Goals calls for hospitals to give pneumonia patients antibiotics within four hours after they are admitted. Cedars-Sinai routinely “fast tracks” patients with symptoms of pneumonia, taking chest X-rays immediately and, if necessary, starting them on antibiotics without delay.

Cedars-Sinai has one of the lowest death rates for pneumonia of any hospital in the U.S. But if something goes wrong and a patient is not put on antibiotics within the four-hour window, a red box appears on the dashboard. Then it’s possible to drill down and get detailed information to determine if there is a pattern in a medical unit or with a specific physician, or whether there is a good reason the standard was not met in this particular case.

“The dashboard is a tool that gives us the ability to react with remarkable speed to address any issues that might compromise quality of care.”

“Our Quality Council looks into the story behind every one of those red boxes to see if there is an underlying problem that needs to be addressed,” Langberg says. “The dashboard is a tool that gives us the ability to react with remarkable speed to address any issues that might compromise quality of care.”

The dashboard also makes it easier for the hospital to report patient care outcomes on its Web site (go to www.cedars-sinai.edu/quality).

Automated system increases medication safety.

It may not have quite the same charm, but the robotic “PillPicker” machine that fills an entire room in Cedars-Sinai’s Pharmacy Services is a bit like Willy Wonka’s Chocolate Factory when it comes to creating a sense of technological wonder. It starts humming every day at 4 a.m. as it transfers thousands of pills, one at a time, from canisters, then packages them in small plastic bags with barcoded labels.

Manufactured in Italy by a firm based in Switzerland and used more widely in Europe than in the U.S., the Swisslog machine has brought greater safety and efficiency to a medication dispensing process once done by hand, says Rita Shane, PharmD, Director of Pharmacy Services.

Cedars-Sinai was one of the first U.S. hospitals to begin using this technology in 2006, and Shane regularly hears from other hospitals nationwide



—MICHAEL LANGBERG, MD, CHIEF MEDICAL OFFICER
AND SENIOR VICE PRESIDENT FOR MEDICAL AFFAIRS



Medical Group takes technological leap.

Serving as pioneers in electronic medical records (EMRs) at Cedars-Sinai are the more than 90 physicians who are part of Cedars-Sinai Medical Group. The first group at Cedars-Sinai to shift from paper charts to electronic records, these doctors now have access to their patients' medical history and latest health information from any secure computer at any hour of the day. They can also order prescriptions electronically and get lab test results more quickly.

The Medical Group's experience with EMR is providing helpful insights as Cedars-Sinai develops a centralized information system called CS-Link™. Daniel Stone, MD, an internist in the Medical Group, believes EMR could help solve some of the most difficult problems facing American medicine today. "Studies show medical care is often fragmented and that an individual doctor's practice patterns may diverge from recognized best practices," he says. "EMR has the potential to correct such problems by prompting doctors to reconsider orders that differ from the usual protocols. It also has the potential to trigger reminders when routine but potentially life-saving tests such as pap smears or colon screening become overdue."

that are interested in updating their drug-management systems and want to know how well this technology is working.

The medications that are prescribed for hospital patients are stored in bulk in tamper-resistant canisters. The Swisslog "PillPicker" system uses robotics to extract individual tablets, capsules and vials from the canisters. The robotic arm reaches into the canister with a straw and, with the help of compressed air pressure, lifts each pill from the canister and places it in a small plastic bag.

The bag is sealed and stored in a "DrugNest" that holds individual doses of as many as 4,000 different medications until it is time for them to be packaged in response to an individual patient's medication needs and delivered to the appropriate inpatient unit.

"By automating the process of filling prescriptions, we've reduced the potential for human error. And we are also able to deliver medications in an organized fashion to make sure that patients receive the right medication at the right time," Shane says.

She notes that over the next few years, Cedars-Sinai will be expanding its use of barcoding and other technologies as the entire patient information system—including pharmacy, nursing and physician orders and medical records—is united technologically under the CS-Link™ system.

Selected Highlights

Patient Care

U.S. News & World Report has once again ranked Cedars-Sinai Medical Center among **the nation's top hospitals**. Cedars-Sinai ranked in the top 20 and was named to *U.S. News'* "Best Hospitals Honor Roll." Cedars-Sinai ranked in 10 medical specialties: cancer, heart and heart surgery, neurology and neurosurgery, orthopaedics, gastrointestinal disorders, respiratory disorders, endocrinology, geriatric care, gynecology and kidney disease. Of the nation's more than 5,400 hospitals, only 170 were ranked in at least one specialty.

For 20 consecutive years, Los Angeles residents have chosen Cedars-Sinai as their **most preferred hospital**. Consumers also said Cedars-Sinai has the best doctors, best nurses, best quality patient care and best image and reputation in the National Research Corporation's independent survey of Los Angeles residents. In addition, Cedars-Sinai has earned the National Research Corporation's Consumer Choice Award for the Los Angeles market for 13 years—every year that the award has been given.

The American Nursing Credentialing Center re-designated Cedars-Sinai a **Magnet hospital for nursing**, marking it as the hospital with the longest-running Magnet designation in California. Cedars-Sinai was the first Southern California hospital to earn the Magnet honor in 2000, and is one of only six hospitals in the nation to receive this designation three times. Studies show that Magnet hospitals tend to have lower mortality and infection rates, as well as higher patient satisfaction and nurse staffing levels.

For the fourth consecutive year, an independent review organization has ranked Cedars-Sinai Medical Group among **the state's top medical groups** for clinical quality, patient satisfaction, preventative care and use of information technology. The Medical Group is one of only four in Los Angeles to be honored with the Integrated Healthcare Association's "Top Performance Award."

About 1,300 trauma patients come to Cedars-Sinai each year for treatment of injuries that are often life-threatening. Cedars-Sinai is the only private, non-university-based hospital in Los Angeles County with a **Level 1 trauma center**, and one of only four Level 1 centers in the county.

The Joint Commission certified Cedars-Sinai as a **Primary Stroke Center**, a prestigious distinction that recognizes the Medical Center's commitment to following national standards and guidelines that can significantly improve outcomes for stroke patients. The designation reflects the excellent patient care provided in all aspects of stroke care, including prevention, diagnosis, treatment, rehabilitation, research, community outreach and patient support.

At the S. Mark Taper Foundation Imaging Center, innovative, minimally invasive techniques are being used to **treat tumors with pinpoint accuracy**. A probe, guided by imaging technology, delivers radiation treatment to tumors without damaging surrounding tissues. Combining treatment techniques with imaging guidance has allowed for the advancement of therapies for abnormalities that were previously too small or too inaccessible to be treated.

A **surgical technique pioneered by Cedars-Sinai Medical Group** pediatric plastic surgeons allows children with microtia, a defect of the outer ear, to be treated at a younger age. Their technique for correcting microtia involves constructing a new ear with a plastic insert instead of rib cartilage. This makes the treatment less painful, available on an outpatient basis, and available to children before they reach school age.

About 80 percent of all surgeries performed at Cedars-Sinai are **minimally invasive**, and the percentage continues to rise. Each year, about 500 minimally invasive surgeries are performed on children and babies just a few weeks old to treat congenital anomalies.

Cedars-Sinai is one of a few institutions using **robotic technology in cardiac procedures**—primarily to repair damaged heart valves. Since the da Vinci[®] Surgical System debuted at the hospital in 2003, about 100 mitral valve procedures have been performed with the device.

New technology installed at Cedars-Sinai's Samuel Oschin Comprehensive Cancer Institute provides **highly-focused, image-guided radiotherapy and radiosurgery**, which is ideal for treating tumors and other lesions near the spinal cord or in the liver or lungs. The Trilogy System provides an option for many inoperable lung lesions and, in some cases, may be the best option even if a tumor is operable.

Selected Highlights

Cedars-Sinai Medical Center's new **Procedure Center** serves patients who need procedures such as thoracentesis, paracentesis, lumbar puncture/spinal tap, central-line insertion or arterial-line insertion. By providing dedicated physicians with focused experience on these procedures, the Center has helped lower the hospital's complication rate for a variety of invasive medical procedures to less than 1 percent, compared with a national average of 2 to 5 percent.

Advanced high-definition cameras have been placed in two state-of-the-art operating rooms that are equipped to transmit images and audio in real time around the world for educational purposes. The miniaturized cameras are mounted at the ends of laparoscopes, instruments that enable surgeons to maneuver and operate inside the body through very small incisions. With the new cameras, surgeons can view the surgical field even when using a smaller diameter scope, which translates into smaller incisions and reduced pain. High definition also provides a wide-angle view, which allows surgeons to more quickly see instruments moving in and out of the surgical field, and depth of field is improved.

To stop irregular heartbeats, cardiologists and heart surgeons sometimes use heat (radiofrequency ablation) to interrupt defective nerve pathways in the heart and restore normal rhythm. Cardiologists at the Cedars-Sinai Heart Institute are now using and studying **catheter-delivered cryoablation**—the application of extremely cold temperatures. This may be a safer approach for “high risk” patients whose normal nerve pathways are in close proximity to the defective ones.

Vascular surgeons at Cedars-Sinai were among the first in Southern California to use a **new radiofrequency catheter** to treat varicose veins. The new procedure reduces treatment time from 45 or 60 minutes to 15 or 20 minutes and has the same 98 percent success rate. Patients usually go home from the hospital the same day with few restrictions.

A new minimally invasive technique available at Cedars-Sinai is giving patients with a benign but painful bone tumor called osteoid osteoma another option besides surgery or “wait and see.” A **radiofrequency ablation** needle is directed to the exact center of the tumor site using imaging scans. The needle transmits an electrical current that generates heat to destroy the tumor. Osteoid osteomas, which are more common in males than females, typically affect people in their teen and young adult years.

A patient in the late stages of heart failure became one of a very few patients with AIDS to have a **left ventricular assist device** implanted as “destination therapy.” His heart remains in place, as does a previously implanted pacemaker, but the device has taken on most of the organ’s workload and will remain in place permanently. This option is rarely available for patients with HIV or AIDS because of the associated infections that are common with the illness.

Surgeons specializing in **minimally invasive spinal procedures** are increasingly performing innovative spinal fusion and other techniques that give patients the same benefits as major surgery, but with less pain and much shorter hospitalizations and recuperations.

The Department of Neurosurgery is among the first centers in the nation to conduct clinical trials with **innovative endovascular techniques to treat stroke** and other vascular disorders. Cedars-Sinai was the first medical center in California to use the investigational Penumbra System™ device, which can be threaded through blood vessels to the brain to remove blood clots from blocked arteries up to eight hours after onset of stroke symptoms.

Pathology Services in the Department of Pathology and Laboratory Medicine at Cedars-Sinai is staffed by more than 40 MD and PhD sub-specialists whose expertise and experience with the latest technologies have gained a **national reputation for offering patients quicker, faster and more accurate test results**. Processing more than 3.5 million laboratory tests per year, the pathologists not only provide multidisciplinary consultative services to patients, physicians and referral colleagues, they’re nationally known for technologically advanced pathology research, active involvement in education at the national level, and for regular publication in leading academic journals.

Cedars-Sinai’s Samuel Oschin Comprehensive Cancer Institute is one of only two places in the country that offers **bloodless bone marrow transplants** to Jehovah’s Witnesses with lymphoma, multiple myeloma and other blood cancers. Using blood conservation and management techniques as well as drugs to stimulate the patient’s own blood growth, Cedars-Sinai physicians have found that they can modify the standard treatment—which includes blood transfusions—and still transplant these patients successfully. To date, 23 such transplants have been performed under two treatment protocols, with results similar to those of traditional transplants.

Research

In a significant laboratory study, Cedars-Sinai researchers in the **Department of Pediatrics** have exploited a vulnerability in the “superbug” *Staphylococcus aureus* that enables an anti-cholesterol medication to effectively attack the bacterium, which is often resistant to treatment with antibiotics.

Cedars-Sinai Heart Institute physicians became the first in the western United States to perform a “transcatheter” minimally invasive replacement of an aortic heart valve. The procedure was done as part of a pivotal clinical trial of the investigational device. Traditionally, open heart surgery is needed to replace heart valves. In another valve study, Heart Institute physicians are comparing a non-surgical repair for mitral valve regurgitation with conventional surgery. Cedars-Sinai is believed to be the lead enroller in the world for the Everest II Clinical Study.

Pulmonary specialists at **Cedars-Sinai’s Women’s Guild Lung Institute** are participating in a national clinical trial evaluating a new airway bypass procedure for patients with advanced, widespread emphysema. Drug-coated stents are inserted through the walls of the small collapsing natural air passages to connect the damaged inner lung tissue with larger natural passages. The overall objective is to provide a “bridge to transplant”—reducing breathlessness and extending patient survival until a donor organ becomes available.

Discoveries made by researchers at **Cedars-Sinai’s Center for Androgen-Related Disorders** are shedding light on who is most at risk for developing polycystic ovary syndrome (PCOS). One study found that of 93 PCOS patients, 78 of their mothers and 50 of their sisters also had the disorder. In a separate study, researchers concluded Mexican-American women have an increased risk of developing PCOS compared to African-American and non-Hispanic white women. Researchers also presented preliminary evidence that the level of androgens produced by the adrenal glands of preadolescent girls may serve as risk markers for developing the disorder. They are also studying a gene that appears to play a role in PCOS development.

Laboratory studies of a new gene therapy approach that attracts and “trains” immune system cells to destroy deadly brain cancer cells showed that it also promotes the return of normal brain function and behavioral skills. This study was conducted by the **Board of Governors Gene Therapeutics Research Institute**.

Cardiac imaging researchers at **Cedars-Sinai's S. Mark Taper Foundation Imaging Center and Heart Institute** have developed a low-dose coronary CT angiogram that uses advanced CT technology with intravenous contrast material to obtain high-resolution, three-dimensional pictures of the moving heart and large vessels. The non-invasive test can be used to determine if deposits have built up in the arteries supplying blood to the heart.

Researchers in the **Department of Psychiatry and Behavioral Neurosciences** are participating in a clinical trial sponsored by the National Institutes of Health to determine whether two polyunsaturated omega-3 fatty acids are effective treatments for depression. Docosahexanoic acid and eicosapentanoic acid are found naturally in fish oil, flaxseed and walnuts.

Cedars-Sinai's Geri and Richard Brawerman Nursing Institute is participating in an ongoing national study aimed at reducing emergency room visits of children with asthma and reducing hospital admissions and re-admissions of adults with diabetes. The study uses a community collaboration model to engage schools of nursing, nurse scientists, nurse practitioners and community clinics in the effort.

Cedars-Sinai was one of the first centers in the United States enrolling patients in a clinical trial of an endoscopic stomach-stapling procedure performed from inside the stomach without incisions. This investigational procedure for obesity is accomplished by passing a device through the mouth and into the stomach, where tissues are gathered by suction into the shape of a sleeve and stapled. Cedars-Sinai surgeons performed the first procedures of this kind in the western U.S.

A set of molecules found in certain plants appears to have a beneficial effect in brain tissue associated with Alzheimer's disease. A study in laboratory mice by researchers at the **Maxine Dunitz Neurosurgical Institute** and the University of South Florida found that the flavonoid molecules reduced levels of a protein that builds up in the brains of patients with Alzheimer's disease.

The California Institute for Regenerative Medicine (CIRM) awarded an important planning grant to the **Cedars-Sinai Heart Institute** for its pioneering studies of regenerative stem cell-based approaches to heart attacks, congestive heart failure and pacing abnormalities.

Selected Highlights

Cedars-Sinai researchers are leading pioneering research into the causes, treatment and prevention of **HIV-associated neurocognitive impairment** and disorders in older people. By 2015, half of the patients with HIV/AIDS will be over 50, and they will face several specific medical and neurological issues: memory disorders caused by the virus, anti-HIV medication toxicities and increased rates of diabetes, stroke and other life-threatening diseases.

Cedars-Sinai is participating in a **national clinical trial for patients who are overweight and suffering from Type 2 diabetes**. The study is evaluating an implanted device designed to sense naturally occurring electrical activity of the stomach in real time and automatically apply electrical stimulation treatment during meal times. The stimulation is intended to signal early that the stomach is full, as it would be after a meal.

Cedars-Sinai Heart Institute researchers, along with colleagues at Johns Hopkins University and China Medical University and Hospital in Taiwan, were the first to identify how the variants of a specific gene can disrupt normal heart rhythm. Until recently, the gene was not even suspected of existing in heart tissue or playing a role in heart function.

Pediatric surgery researchers at Cedars-Sinai are developing a spectral imaging system that may someday be used to provide a real-time “optical biopsy.” It is being studied for use in Hirschsprung’s disease, a congenital condition affecting nerves of the large intestine. In spectral imaging, light reflected from a target can be captured and measured by highly sensitive equipment to develop a characteristic “signature” based on wavelength. Different signatures suggest differences in the composition of normal and diseased tissue.

Researchers in the **Department of Neurosurgery** are participating in a National Institutes of Health study of a new stent to open partially blocked arteries in the brain. While angioplasty and stenting procedures are common in treating blocked heart arteries, stenting in the brain has been more challenging because the arteries are more delicate than those of the heart.

Cedars-Sinai was one of 10 sites in California selected to participate in the **Improving Care Transitions program**, an ongoing study that aims to provide a better transition from hospital care to home for patients who are at a high risk of re-admission.

Numerous innovations developed by Cedars-Sinai in patient care and family involvement are becoming national models used at hospitals throughout the nation. As part of a national initiative called **Transforming Care at the Bedside**, Cedars-Sinai's Geri and Richard Brawerman Nursing Institute used an inclusive process to identify opportunities for change, involving not only physicians and nurses, but staff from many other departments as well as patients and their families. The results include new ways to engage patients in learning about their treatment, enhanced collaboration between nurses and physicians, reduced nursing turnover and new approaches to preventing patient falls.

A new therapy developed at the **Cedars-Sinai Comprehensive Transplant Center** improves transplant rates and outcomes for patients awaiting living- and deceased-donor kidney transplantation. The therapy, a combination of intravenous immunoglobulin and rituximab, may provide an option for many patients "sensitized" to transplant antigens (human leukocyte antigens, or HLA) who previously would not have been transplantation candidates because of their intense immune response.

Researchers led by scientists at the **Medical Genetics Institute** have identified a gene mutation and molecular mechanism causing an inherited form of scoliosis. Mutations of the gene cause a type of brachyolmia, a skeletal dysplasia. Those inheriting the disorder have a shorter-than-average trunk, limbs and fingers and toes, and are affected by scoliosis, primarily in the lumbar vertebrae.

In their ongoing efforts to discover vulnerabilities in brain tumors that may lead to new treatments, **Maxine Dunitz Neurosurgical Institute** researchers published numerous research articles in peer-reviewed journals on immune system activity and response, cancer-causing genes, molecular mechanisms and molecular "profiles" of malignant tumors, the blood-brain-tumor barrier and other areas of study. They also continued to advance a new nanotechnology-based drug delivery system developed at Cedars-Sinai that precisely targets cancer cells in studies.

Researchers in **Cedars-Sinai's Department of Psychiatry and Behavioral Neurosciences** translated National Institute of Mental Health surveys used to evaluate neurocognitive impairment in HIV patients for use in Argentina. The study, one of the first conducted in the Spanish population's native language to assess HIV-related neurocognitive disorders, found nearly 26 percent had minor cognitive-motor disorder and nearly 27 percent suffered from HIV-linked dementia.

Community Outreach

In fiscal year 2008, Cedars-Sinai invested more than **\$317 million in Community Benefit efforts**, including providing free or low-cost care for the needy, offering community health clinics and education programs, training the next generation of physicians and conducting research that results in major medical advances. With the experience and expertise of its physicians, nurses and thousands of other employees and volunteers throughout Cedars-Sinai's many departments—and through many collaborative relationships with community partners—the Medical Center continues to make a significant contribution to improving the health status of the community.

Cedars-Sinai employees mentored 47 at-risk students through the Youth Employment and Development Health Academy. Students with an interest in healthcare careers were recruited from Fairfax High School. At Cedars-Sinai, they were introduced to the world of work and given one-on-one coaching by employees who volunteered their time.

Cedars-Sinai joined the Los Angeles **Urban League's Neighborhoods at Work Initiative**, which focuses its efforts on the 70-square-block area that surrounds Crenshaw High School. The goal of the initiative is to build a sustainable model for change that can be replicated in underserved neighborhoods across Los Angeles. Cedars-Sinai's partnership with the Urban League's initiative includes health screenings, education and training.

In the last fiscal year, more than **280 lessons on healthy eating** were provided by Cedars-Sinai to second-grade students at four Los Angeles Unified School District elementary schools in low-income neighborhoods. Each one-hour session in Cedars-Sinai's "Healthy Habits" curriculum includes an educational activity, a hands-on activity and a physical activity. Most of these lessons were given in low-income areas of Mid-City, Koreatown and Hollywood.

With more than **2,000 volunteers**, Cedars-Sinai's Volunteer Services complements and supplements clinical areas in the hospital by providing compassionate, well-trained and resourceful individuals who offer a wide variety of services and support to patients, families and staff.

“One Stroke Ahead: Young Person’s Stroke Support Group” was launched in 2008. Designed for **younger stroke survivors** ages 18 to 55, it meets monthly and addresses issues faced by those who may be hoping to go back to school or work and resume their family roles and responsibilities. Cedars-Sinai also offers a monthly stroke support group for survivors of all ages.

The **Senior Shape Up** exercise program provides aerobics, muscle toning and stretching classes to help seniors improve endurance, strength and flexibility. The exercise group meets Mondays and Wednesdays from 9 to 10 a.m. at Park La Brea.

Cedars-Sinai’s Strength Toward Resilience, Independence, Dexterity and Endurance—or S.T.R.I.D.E.—is a fall-prevention program that incorporates a multi-faceted approach to **reduce the risk of falls among older adults**. The project is in collaboration with the Eichenbaum Health Center.

COACH for Kids and Their Families™ brings quality healthcare services to low-income children at no cost. **Two mobile medical units** staffed by Cedars-Sinai professionals visit economically disadvantaged neighborhoods in Los Angeles County to provide preventative care, in addition to diagnosis and treatment of acute illnesses. The program has provided more than 225,000 patient visits to more than 90,000 children and their families.

Medical residents at Cedars-Sinai provide comprehensive care and urgent care services at a number of community and free clinics, including the Saban Free Clinic, Los Angeles Mission, Oscar Romero Clinic, Valley Community Clinic and Venice Family Clinic.

Lifeline provides a **low-cost, home-based personal response system** available 24 hours a day, and managed by Cedars-Sinai. The service, geared toward older or disabled individuals, allows users to send a signal at the push of a button when medical care is needed.

Cedars-Sinai’s first bloodmobile is now on the road, part of the Medical Center’s **mobile blood collection program** designed to make blood donation easier and to create convenient opportunities for businesses to hold blood drives. The bloodmobile, made possible by an anonymous donation, is a state-of-the-art, fully self-contained mobile coach that can accommodate up to 50 donors a day.

Education

Cedars-Sinai launched its first degree-granting program this year, a **graduate studies program in biomedical sciences and translational medicine**. The comprehensive four-year program is focused on taking medical discoveries out of the laboratory and converting them into therapies, treatments and cures within a clinical setting. The PhD program's aim is to connect researchers directly with scientists, physicians and their patients in a hospital setting.

More than 350 residents and fellows are enrolled in **graduate medical education programs** at Cedars-Sinai Medical Center. With 134 residents, the Medical Center is home to one of California's largest Internal Medicine residency programs, surpassed in size only by UC San Francisco and Stanford University. Cedars-Sinai offers fellowship programs in 28 specialties and more than 570 medical student rotations each year.

The Geri and Richard Brawerman Nursing Institute at Cedars-Sinai continues its leadership role to **help the region and the state meet the growing demand for nurses**. The Institute provides training and education for nurses, including on-site educational programs and financial assistance. The Medical Center sponsors free baccalaureate and master's classes for employees through an on-site nursing school affiliated with California State University, Los Angeles, and offers specialty certification review courses and exams. As a result of these programs, the number of nurses holding baccalaureate and master's degrees has increased, as well as the number of nurses with specialty certifications.

The Department of Imaging expanded its fellowship programs in 2008 with the addition of a two-year **clinical research/cardiac imaging fellowship**. The department's existing fellowship programs in neuroradiology and cardiac imaging have gained a national reputation for quality and innovation.

Medical students and residents hone their skills at **Cedars-Sinai's Surgical Simulation and Training Laboratory**. The laboratory, part of the Division of Surgical Research, is among the first in the western United States providing hands-on training at several work stations with equipment ranging from a "box trainer" for the development of basic skills to sophisticated, computerized simulators that allow surgeons to practice laparoscopic operations and endoscopic procedures.

Education

The Pauletta and Denzel Washington Family Scholar in Neuroscience awards were presented in Denzel's hometown of Mount Vernon, N.Y. The program provides scholarship support for a graduate-level researcher and for an undergraduate. Recipients work during the summer months at Cedars-Sinai under the direction of renowned physicians, neurosurgeons and scientists, and prepare a scientific abstract or paper to submit to a national neuroscience, cancer or neurosurgery organization.

The Brawerman Nursing Institute also provided **internships for 465 nurses** in areas such as medical surgical, critical care, perioperative services, maternal and children and emergency services, as well as an average of 24 hours of continuing education training per nurse for more than 2,300 nurses from throughout Southern California.

School at Work (SAW), a **workforce development program designed to help entry-level Cedars-Sinai employees** succeed and enhance their careers in healthcare, saw its first graduating class. This program gives students knowledge that will enable them to develop skills for their current job, work toward advancing into higher-level positions and prepare for enrollment in continuing education courses. All classes are held at the Medical Center to accommodate employees' schedules.

Educating the next generation of physicians and healthcare providers is a key part of Cedars-Sinai's mission. Through our **14 medical residency programs**, many of the brightest young physicians have an opportunity to learn from some of the most experienced and respected specialists in the world. As part of the training program, many medical residents provide care to patients in clinics and other community settings, gaining experience and perspective while providing an important community service.

Cedars-Sinai's innovative **Clinical Scholars Program** provides funding, career guidance, education and skill acquisition for medical residents, fellows and young faculty working at the Medical Center who aspire to become clinical scientists. The two-part program includes a part-time curriculum in translational medicine and clinical research and concludes with a year of full-time research under the supervision of an experienced mentor at Cedars-Sinai.

Philanthropy

Because of our partners, we can be pioneers.

Cedars-Sinai Medical Center is known worldwide for its clinical excellence, distinguished record of innovative biomedical research and outstanding medical education.

The more than 600 research studies now under way at our nonprofit Medical Center have the potential to bring about major medical advances. At Cedars-Sinai, we are focusing our expertise and resources on priority areas where the need is urgent and the medical opportunities most promising: cancer, heart disease, neuroscience, surgery and transplantation, metabolic disease, women and children's health, and ensuring access to leading-edge medicine for underserved communities.

These are some of the great healthcare challenges of our time. Generous and ongoing support of our endowment campaign, *Discovering for Life: The Campaign for Cedars-Sinai*, continues to help leading scientists unlock the mysteries of the human body and translate these discoveries into unprecedented therapies, technologies and cures.

“We have many more good therapeutic ideas than we are able to test in the lab or in a clinical setting. We need more resources and funding to test all the possibilities.”

—STEVEN PIANTADOSI, MD, PhD, DIRECTOR OF THE SAMUEL OSCHIN COMPREHENSIVE CANCER INSTITUTE AT CEDARS-SINAI MEDICAL CENTER



A Partnership for Life

To build upon Cedars-Sinai's commitment to original research and to help meet the health challenges that confront our community and the nation, the \$350 million endowment campaign, *Discovering for Life: The Campaign for Cedars-Sinai*, supports advanced biomedical research.

The partnership between researchers and philanthropists is essential, says Lawrence Platt, Chairman of the Campaign. "Over the years, magnificent collaborations between the scientists of Cedars-Sinai and inspired philanthropists have created powerful new medicines and procedures."

Such research is already under way at Cedars-Sinai's Samuel Oschin Comprehensive Cancer Institute, where scientists are developing gene therapy tumor treatments, enhancing bone marrow transplantation options, and blocking cancer growth by turning off signaling pathways, among other discoveries.

"We have many more good therapeutic ideas than we are able to test in the lab or in a clinical setting. We need more resources and funding to test all the possibilities," says Steven Piantadosi, MD, PhD, Director of the Samuel Oschin Comprehensive Cancer Institute at Cedars-Sinai Medical Center.

Those sentiments are echoed by Eduardo Marbán, MD, PhD, Director of the Cedars-Sinai Heart Institute.

"To me, the value of a single dollar contributed by philanthropy equals \$10 or even \$100 in peer-reviewed funding, simply because it gets us to that critical level where we can apply for the larger grants that are available nationally," he explains. "Researchers at Cedars-Sinai can make a discovery, recruit interest in the medical community and reach patients directly more rapidly than at any other medical institution nationwide."

Philanthropy for Life

The strength and scope of our research enterprise rests with our donors.

They give to support premier scientists and recruit new ones—and to provide these experts with accomplished teams and advanced equipment.

They give because they know that the discoveries made in our laboratories can make a difference in the lives of those they love.

We are grateful to the community leaders whose gifts to *Discovering for Life: The Campaign for Cedars-Sinai* have helped raise more than \$250 million toward our goal of \$350 million.

Visit discoveringforlife.org to learn more about the Campaign and how you can partner with Cedars-Sinai to translate research into cures.

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Our Mission

Cedars-Sinai Health System, a nonprofit, independent healthcare organization, is committed to:

- Leadership and excellence in delivering quality healthcare services.
- Expanding the horizons of medical knowledge through biomedical research.
- Educating and training physicians and other healthcare professionals.
- Striving to improve the health status of our community.

Quality patient care is our priority. Providing excellent clinical and service quality, offering compassionate care, and supporting research and medical education are essential to our mission. This mission is founded in the ethical and cultural precepts of the Judaic tradition, which inspires devotion to the art and science of healing, and to the care we give our patients and staff.



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