

Dr. Guy Hudson, Swedish Hospital's new CEO (Greg Gilbert/The Seattle Times)

Swedish Health's new CEO, Dr. Guy Hudson, said in an interview Monday that the organization is overhauling how it approaches overlapping surgeries, the subject of a recent Seattle Times investigation.



By

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Swedish Health has decided to largely prohibit its doctors from conducting overlapping surgeries, responding to the concerns of patients who were troubled by the practice.

Swedish's new CEO, Dr. Guy Hudson, said in an interview Monday that the new policies are the product of a review he launched in recent months that involved collecting input from doctors, nurses, experts and patients.

“These changes are reflective of our desire to lead the way and to listen to our patients and caregivers,” Hudson said. “Why? Because we believe patients come first.”

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The Seattle Times published [an investigative piece about Swedish in February](#), part of which explored internal concerns about how the organization's top brain and spine surgeons were handling their caseloads. [A later story analyzed internal data](#), showing that some surgeons regularly ran multiple operating rooms for hours at a time.

Under [the new policy](#), implemented Monday, surgeons must be present for the “substantial majority” of each surgical procedure. They are not required to be present for the very end of the case — closing the surgical incision once the planned procedure is completed — as that can be delegated to a qualified fellow assisting on the case.

Some smaller aspects at the beginning of a surgery, such as the harvesting of healthy blood vessels that would later be used in a coronary-artery bypass surgery, can also be delegated while the attending surgeon is out of the room, according to the policy. There is also flexibility for unexpected emergencies.

Staff will document the times surgeons enter and exit the operating room — something that didn't previously appear in the records of many surgical patients.

Overlapping surgeries are common at many teaching hospitals, and doctors take varying approaches to how much they are willing to run two cases at the same time. In Seattle, the University of Washington and Virginia Mason also run overlapping cases and recently updated their consent forms to make patients aware.

Federal guidelines allow the practice of overlapping surgery, although Medicare requires the attending surgeon to be present for the “critical” portions of the case. The “critical” portions are not defined and left up to a doctor's discretion. [One doctor previously said some spine surgeries at Swedish were simple enough](#) that they did not have a “critical” portion.

Hudson said Swedish's data indicate overlapping surgery is safe. But, he said, Swedish has heard the concerns of patients in recent months. The [Times previously interviewed 13 patients who had overlapping surgeries](#). All said they had expected the surgeon to be in the operating room throughout the procedure, and most said they likely wouldn't have consented if they'd known otherwise.

Patients may still have concerns about overlapping the closure of the case or the role of fellows. Hudson said those issues will be part of a discussion between the surgeon and the patient, adding that in his years doing surgery, he always adhered to the wishes of the patients and their families.

“Patients have every right to dictate their care,” Hudson said.

Hudson wasn't sure how the new policy would impact surgical volume or revenues at Swedish, which saw dramatic growth in its neurosurgery unit in recent years. He said surgeons who had higher rates of overlapping surgeries were mostly concerned that the policy may prevent patients from having quick access to the sought-after surgeons. Hudson said Swedish will be monitoring that and may need to open more operating rooms or hire more surgeons if that become an issue.

Hudson also said the policies could enhance the training programs for surgical fellows because there would be more opportunities for them to learn from the attending physicians.

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