

President of the Professional/Medical Staff REPORT

James Mollenkamp, MD - Past President

APPLYING THE AVIATION CRM MODEL IN HOSPITALS

Over the past several years efforts have been initiated to bring the Crew Resource Management (CRM) model into the hospital setting. The expectation is that it would improve patient safety in the hospital the same way it has increased passenger safety in aviation. The catalyst for this movement was an Institute of Medicine report, *To Err is Human; Building a Safer Health System*, released in 2000. Indeed, that report specifically suggested that one possible means to reduce error in the medical setting is to implement formal training in team work analogous to the CRM.

The theory behind team training in CRM is that a complex system broke down not because of flaws in the engineering, but rather people operating within the system who failed to interact in a manner that ensures efficiency and good outcomes. In aviation, for example, airlines continue to crash throughout the last century not because the aircraft were unsafe but because the flight crews were not always coordinated in their efforts.

Given this observation, psychologists were hired in 1970 to analyze behavior of flight crews. They found that often some on the team had spotted a potential problem and failed to speak up. Based on these findings, the psychologists and leaders of several large airlines determined the flight crews needed to take the following action: 1) Flatten hierarchy 2) Empower junior team members to voice their concerns if they saw something that was amiss 3) Train senior team members to listen to the perspective of the rest of the crew and view their questions of concern as a need for clarification rather than insubordination or doubts about the leaders ability.

It is important to note that empowerment of team members in no way reduces the captains authority or accountability. One person and one person only remains the final authority on how to complete the flight. However, the captain urges all team members to contribute their skills and knowledge and acquire their input in a very disciplined way. Many experts believe the dynamics in aviation and hospitals are strikingly similar; both are high risk professions carried out with a highly complex system with intelligent type A personalities.

Continued emphasis on quality improvement and error reduction in medicine makes implementing CRM in the health care environment a virtual necessity. CRM has shown to improve team cooperation and outcomes.

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Michele Del Vicario, MD
President of Professional Staff

Thomas E. Lowe, MD
President-Elect

Midhat Qidwai, MD
Secretary/Treasurer

Amir Kaviani, MD
Immediate Past-President

Richard Glimp, MD
Chief Medical Officer

Celia Hogenson-Kida, MBA, CPMSM
Director, Medical Staff Services



Richard Glimp, MD - Chief Medical Officer

Joint Commission Survey (unannounced) – coming any day now! Please be prepared and here are some ‘tips’ and reminders:

- Informed Consents – Signed & Dated
- Airway Assessments & ASA completed for procedures requiring sedation
- Time-Outs (including invasive procedures)
 - All activity must cease in the room during this time and attention given to individual leading the time-out.
- Post-Procedure notes completed before patient going to next level of care
- Infection Control
 - Hand Hygiene
 - PPE appropriately worn
 - isolation gowns tied in the back
 - PPE removed when leaving room
- Timely authentication of orders in EPIC
- Restraint Orders completed in appropriate timeframes
- History and Physical must be completed with 24 hours of admission.
 - Must be completed prior to surgery or procedure requiring anesthesia services (including moderate sedation.)
- If H&P done prior to admission (cannot exceed 30 days prior):
 - Interval/update note must be written and included within 24 hours of admission.
 - Interval/update note must be completed prior to surgery or procedure requiring anesthesia services (including moderate sedation.)
- Must be completed by a practitioner privileged to write H&Ps.

PLCMMCT Stroke Program Celebrates CHP Officer: Saves Stroke Victim on the 405 Fwy

Treasure Joyce, Cardiovascular Services, Cardiac and Stroke Program Coordinator

The Stroke Program at Little Company of Mary Medical Center Torrance celebrated a CHP officer and his partner with a ceremony in the chapel for promptly recognizing the signs and symptoms of stroke.

On July 9th a CHP Officer Kevin Preinitz responded to a call of an erratic driver on the 405 near Torrance. The officer safely pulled the driver to the side of the road. Officer Preinitz, who had been a volunteer EMT, noticed that the car had sustained significant damage and upon approaching the driver immediately identified that the driver was having a stroke. EMS was promptly activated and the driver was taken to Providence Little Company of Mary Torrance. The driver, a 53 yo female with no past medical history, was diagnosed with an acute ischemic stroke and was discharged the following day with minimal deficits and is currently being worked up by her physicians to determine the etiology of her stroke. At the ceremony, the patient shared was reunited with the CHP officers and her hospital care team. We received excellent media coverage from CBS/KCAL, ABC, NBC, KNX and the Daily Breeze.

For more details about this story go to our providence Little Company of Mary Torrance Facebook page or log on to <http://in.providence.org/ca/facilities/plcmmct/Pages/default.aspx> and click on the link.



Jamie Kahn, MD (Emergency Department); Lindy Galloway, RN, BSN, MICN, TNCC; Officer Robert Morgan, CHP; Kathy Byron; Officer Kevin Preinitz, CHP; Catrice Nakamura, RN, MSN, Stroke Coordinator; Pavani Guntur, MD (Neurology)



OUR STROKETEAM

The Certified Stroke Center physicians and staff at Providence Little Company of Mary Medical Center Torrance work together to diagnose, treat, and provide early rehabilitation to stroke patients. Our team of specialists includes emergency medicine physicians, neurologists, radiologists, rehabilitation physicians, and nurses providing around the clock care. They are trained to provide rapid assessment and treatment of patients with "stroke-like symptoms" such as facial droop, weakness of one side or slurred speech. Since "time is brain," their speed and accuracy is extremely important at minimizing the devastating effects of a stroke.

Our Stroke Center staff also includes physical, occupational and speech therapists who are familiar with the long-term and short-term needs of the stroke patient. Our inpatient therapists initiate early mobility after stroke to minimize complications of bedrest, assess swallow function to prevent aspiration (when needed) and contribute essential information about your rehabilitation needs to help the care team identify a safe discharge plan. Some stroke survivors can go directly home and may require some home health or outpatient rehabilitation. Many stroke survivors require more intensive rehabilitation at either an acute rehabilitation unit, or a skilled nursing facility. While hospitalized, each patient receives a personalized treatment program that may include specific exercises, getting out of bed, walking, self-care and communication or memory training to regain as much movement and function as possible. Therapists always incorporate patient and family education about safety and fall prevention in every treatment session.

SIGNS OF A STROKE



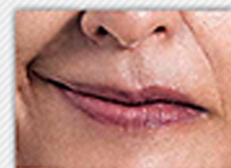
FACE

Look for an uneven smile



ARM

Check if one arm is weak



SPEECH

Listen for slurred speech



TIME

Call 911 at the first sign

Anand S. Patel, MD

Anand S. Patel, MD is a new Staff Radiologist at PLCMMC with expertise in interventional radiology, specializing in minimally invasive oncologic therapy for liver, kidney, and lung cancer. He has further interests in PAD and venous disease, as well as hepatobiliary and GU interventions.

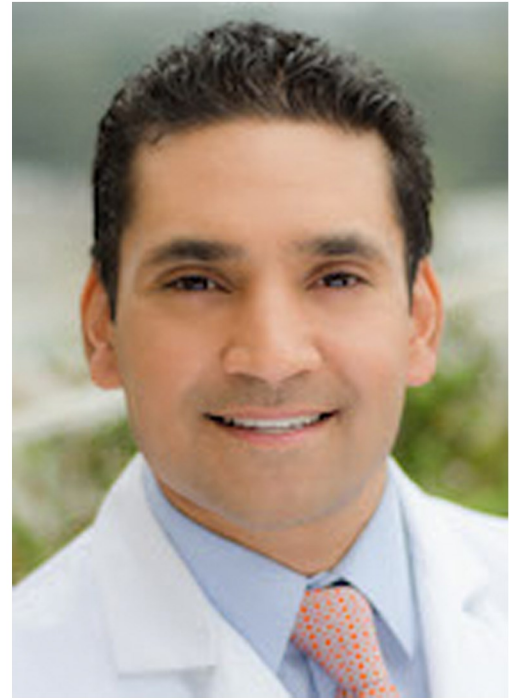
Anand completed his BSE in Bioengineering from the University of Pennsylvania, and obtained his MD from Harvard Medical School where he also served as an Internal Medicine Intern at Beth Israel Deaconess Medical Center in Boston. He recently completed his Diagnostic Radiology Residency and Interventional Radiology Fellowship at UCSF Medical Center.

At UCSF, where Anand also remains an Assistant Clinical Professor of Radiology, he invented a novel intravascular chemotherapy catheter to enable more efficacious intra-arterial hepatic chemotherapy treatments with less toxicity. During this time he obtained several institutional and NIH grants focused on interventional oncology device development for safer, more cost-effective cancer care. As an entrepreneur, he subsequently Co-Founded and became CEO of a startup for the ChemoFilter device, which was ultimately acquired by a major medical device company for commercial development. Anand has lectured internationally on interventional oncology, med device innovation, and novel minimally invasive cancer treatments. He serves as an industry consultant for the development of innovation cancer treatment devices.

Anand has diverse interests in health IT and health policy with the aim of improving patient care in a cost-effective manner. In the past, Anand developed rapid MRI techniques at Harvard/MIT, and at UCSF was the MD Coordinator for the RSNA Image Share Network - a national informatics endeavor enabling patients to control and share their medical images via a cloud solution. He is currently working with Lawrence Livermore National Labs to develop a first of its kind artificial intelligence algorithm to improve radiological cancer diagnosis. Dr. Patel is also the past-President of the California Radiological Society Residents/Fellows Section, the states's leading political action organization for medical imaging. Anand has extensive leadership experience with building successful organizations and teams.

Anand hopes to bring his diverse expertise to further minimally invasive therapies within oncology, hepatobiliary, and vascular disease to provide safer, cost-effective treatments with compassionate care.

A native of Chicago and the Midwest, in his free time, you can find Anand golfing, hiking, exercising, and spending time with his wife Sheena.



TRAINING

BSE Bioengineering -
University of Pennsylvania

MD - Harvard Medical School

Internal Medicine Internship - Beth Israel
Deaconess Medical Center, Boston, MA

Radiology Residency - UCSF Medical
Center

Interventional Radiology Fellowship - UCSF
Medical Center

Approved at July 28, 2015 Board

POLICIES AND PROCEDURES

CRITICAL CARE

Endotracheal Tube Restabilization and Positioning

(revision: reflect that Hollister must be initiated upon intubation of patient in the hospital following criteria has been met)

INFECTION AND BLOOD

Negative Pressure Room Monitoring and Form

(revision: reflect change in procedure)

MEDICAL RECORDS TASK FORCE

Suspension for Delinquent Medical Records

(revision: updated to reflect current practice)

PHARMACY & THERAPEUTICS

High-Risk/High-Alert and Hazardous Medication Management (revision)

Medication Reconciliation - Pharmacist Protocol (revision)

Medication Management (revision)

(revision: The above policies and procedures have been updated to make them consistent with the EPIC system defaults as well as other policy changes that are embedded in these policies.)

FORMS

ANESTHESIOLOGY DEPARTMENT

Pre-Procedural Anesthesiology Protocol

(revision: routine testing not required for cataract surgery patients)

Periodic Review:

Rules and Regulations

(revision: updates to Rules and Regulations to reflect current practice)

Privilege Form

(revision: minor language updates, pediatric proctoring requirement changed from "under age 3" to "under age 9", and moved TEE requirements/criteria with "Anesthesia for Cardiac Surgery")

ENDOVASCULAR TASK FORCE

Privileges Delineation

(revision: to section (page 1) of said form to read: "Proctoring Reciprocity: All Cases may be used from another facility as long as the proctor is a member of the Medical Staff of PLCMMCT and has met the same qualifications above. Please refer to specific privilege requirements.")

OBSTETRICS AND GYNECOLOGY DEPARTMENT

Periodic Review:

Rules and Regulations

(revision: minor change to proctoring requirements with formal notification to provisional member)

Privilege Form

(revision: addition of insertion of port-a-cath with required fluoroscopy certificate to the Gynecology Oncology special privileges delineation)

PHARMACY & THERAPEUTICS

Medication Side Effect Quick Reference

(Quick Reference is used as a hard copy for nursing reference)

RADIOLOGY DEPARTMENT

Periodic Review:

Rules and Regulations

(revision: one typographical correction)

SURGERY DEPARTMENT

Periodic Review:

Rules and Regulations

(revision: changed Quorum requirement to read "Pursuant to the Professional Staff Bylaws", and minor change to proctoring requirements for formal notification to provisional member)

Privilege Form

(revision: addition of Bronchoscopy to Core Privilege List)

PERIODIC REVIEW

Contract Evaluation

Welcome Medical Staff...



Michael BIRNS, MD
Orthopedic Surgery



Nicholas ENOS, DO
Emergency Medicine



Jason GRIESHOBER, MD
Orthopedic Surgery



Cindy KIM, MD
Internal Medicine



Sahar LASHIN, MD
Internal Medicine



Nathan LUCAS, DPM
Podiatry



Naoko MATSUMOTO, MD
Pediatrics



Nima MEHRAN, MD
Orthopedic Surgery



Akshay MEHTA, MD
Orthopedic Surgery



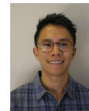
Jennifer OROSCO, MD
Pediatrics



Dean PAPALIODIS, MD
Orthopedic Surgery



Christos PHOTOPOULOS MD
Orthopedic Surgery



Jonathan QUACH, MD
Internal Medicine



Benjamin RAFII, MD
Otolaryngology



Anna Marie SALVA, MD
Neonatology



Anthony SCARCELLA, MD
Emergency Medicine



Colin SCIBETTA, MD
Palliative Care



Aneet TOOR, MD
Orthopedic Surgery



Carlos UQUILLAS, MD
Orthopedic Surgery



Christopher WOEHRSTEIN, MD
Nephrology



Miao Crystal YU, MD
Obstetrics & Gynecology



Melinda BOSTICK
Pathology Assistant



Jeffrey SATTERFIELD, PA-C
Orthopedic Surgical Assistant

FAREWELLS

Lucie Brining, MD (Internal Medicine)
Guiselle Clark, MD (Internal Medicine)
Shahryar Davari, MD (Internal Medicine)
Agim Ghashi, DPM (Podiatry)
David Gutglass, MD (Ped Emergency Medicine)
Gloria Kim, MD (Internal Medicine)
Tam Le, MD (Internal Medicine)
Yasaman Omidvar, MD (Family Medicine)
Rebecca Yamarik, MD (Palliative Care)

Victoria Zheng, MD (Anesthesiology)
Jason Cobos (Pathology Assistant)
Karen Horlick, LCSW (Social Worker)
Roula Saleem (ED Scribe)
Jennifer Baars, MD (Internal Medicine)
Edward Buchsbaum, MD (Allergy/Immunology)
Christopher Fanale, MD (Teleneurology)
Jack Griffith, DO (Dermatology)
Samantha Boaz, NP (Emergency Medicine)

Paul Kouyoumjian, MD (Ophthalmology)
Maria Lui, MD (Family Medicine)
Nicholas Okon, DO (Teleneurology)
Rebecca Salness, MD (Ped Emergency Medicine)
Eric Sandoval, MD (Internal Medicine)
Jonathan Thompson, DPM (Podiatry)
Jeffrey Wagner, MD (Teleneurology)
Michael Wynn, MD (Teleneurology)

Sept. 3, 2015

Dear Office Manager of Referring Provider,

As you know, the deadline for ICD-10 compliance is right around the corner (October 1, 2015). What this means for all of us is that a more specific ICD-10 diagnosis or accurate clinical terminology for the diagnosis is needed to submit orders. In many cases, if we only receive an ICD (9 or I0) code with an order, we will need to reach out to you for additional information to avoid potential delays for the patient.

Submitting Complete Orders Under ICD-10

As we work together to ease the way for our patients, promote a positive health care experience, and remain in compliance, please consider the following:

When making a referral, please have the following information documented:

- Reason for the test or service (conditions, signs, symptoms, diagnosis), including if appropriate:
 - Acute or chronic
 - Anatomic specificity including laterality for orthopedic conditions as well as bilateral organs or sides of the body
 - Cause
 - Manifestation
- For injuries, you must include whether the treatment/testing Providence will be providing is
 - Initial - patient is receiving active treatment including surgery, in the ER, evaluation and continuing treatment by the same or different physician.
 - Subsequent – For encounters after the patient has completed active treatment and is receiving routine care during the healing or recovery phase such as a cast removal, internal fixation device removal or medication adjustment.
 - Sequela - complications or conditions have arisen as a direct result of an injury, such as scar formation after a burn.
- Test or service being requested
- Ordering provider's name and signature
- Patient's legal name (Last) (First) (MI) and DOB (month, day, year)
- Date of the order (not to exceed 12 months); start and end dates
- Name of the ordered test
- Defined schedule for specified testing (i.e. weekly, monthly)
 - NOTE: PRN and "As Needed" are NOT considered a defined schedule
- Additional comments related to patient condition

To avoid delays when you are requesting a lab or other diagnostic test, please include specific diagnostic terminology (preferred). Only submitting an ICD-10 code likely will cause a query. An incomplete diagnosis or insufficient documentation detail will not provide the required evidence for medical necessity and ICD-10 compliance.

Unfortunately, under ICD-10, when providers submit non-compliant orders:

- Patient service may be delayed or rescheduled until a compliant order is received.
- Service may be denied due to not meeting medical necessity guidelines.
- Patient may receive higher co-pay responsibility due to non-specific ICD code.
- Positive patient health care experience is in jeopardy.

Below is a list of helpful tips and resources to help with a successful transition to ICD-10:

1. Contact your Electronic Medical Record (EMR) vendor immediately confirming ICD-10 compliance of your EMR application(s).
2. Familiarize your practice with Centers for Medicare & Medicaid Services ICD-10 implementation guidelines:
 - a. <http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html>
 - b. <http://www.roadto10.org/>
3. Contact California Medical Association or your professional medical organization for ICD-10 office staff training opportunities:
 - a. <https://theoma.inreachce.com/>
 - b. CMA: (888) 401-5911; <http://www.cmanet.org/issues-and-advocacy/cmas-top-issues/icd-10/>
4. Other Helpful links:
 - a. ICD-10 reference website:
 - <http://ICD10Data.com/>
 - b. American Health Information Management Association (AHIMA):
 - <http://ahima.org/icd-10/>
 - c. American Association of Professional Coders (AAPC):
 - <http://aapc.com/icd-10/>

We all appreciate the importance of the patient referral hand-off. We also realize that this process may seem laborious and inconvenient. We wish there were an easier way but we are obligated to comply with the current requirements to avoid unnecessary inconvenience and delays in service to our patients. Please help us make this as easy as possible for those we serve by submitting ICD-10 compliant orders. If you need assistance in making this transition, please let us know by emailing ICD-10@providence.org. We will do our best to help you.

Lanny Eason, M.D.
Regional Chief Clinical Officer, Southern California

Michael Bernstein, M.D.
Regional Chief Medical Officer, Hospitals

September 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1 7:00a-Cardiac Surgery Conference 5:00p-Statement of Concern 6:00p-Medical Executive	2 7:15a-Breast Cancer Conference 7:45a-Cancer Conference 12:30p-Critical Care	3 12:30p- Pediatrics Dept 12:30p-Continuing Medical Education: Hormone Replacement Therapy (OB/GYN) Speaker- TBA	4 12:30p- Cardiac Conf.	5
6	7 	8 7:00a-Cardiac Surgery Conference 12:30p-Ob/Gyn Dept. 12:30 p-Cardiology Quality Review 12:00p-Comprehensive Stroke Conference	9 7:15a-Breast Cancer Conference 7:45a-Cancer Conference 12:30 pm – Ortho-Neuro-Spine Conference	10 12:30p-Continuing Medical Education: GERD/Neil Bhayani, MD	11 12:30p- Cardiac Conf.	12
13 Rosh Hashanah 	14 7:00 a– Anesthesia Dept. 12:30 pm- New Medical Staff Orientation	15 7:00a-Cardiac Surgery Conference 12:30p-Infection Prevention/ Blood 12:30p- Pharmacy & Therapeutics Committee	16 7:15a-Breast Cancer Conference 7:45a-Cancer Conference 12:30p-Medical Quality Review	17 7:30a-Radiology Dept. 12:30p- Family Medicine Department	18 12:30p- Cardiac Conf.	19
20	21 7:00 a–Endovascular Committee 12:30p- Medicine Dept. 12:30p-Utilization Review	22 Yom Kippur 7:00a-Cardiac Surgery Conference	23 7:15a-Breast Cancer Conference 7:45a-Cancer Conference 12:30p-Physician Excellence Committee	24 12:30p-Continuing Medical Education: Palliative Pain Speaker – TBA	25 12:30p- Cardiac Conf.	26
27	28 7:00 a–Surgery Quality Review 7:30 a – Surgery Department	29 7:00a-Cardiac Surgery Conference	30			

October 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1 12:30p-Continuing Medical Education: Pediatric ADHD, TJ Rai, M.D., Child Psychiatry	2 12:30p- Cardiac Conf.	3
4	5	6 7:00a-Cardiac Surgery Conference 12:30p-Institutional Rev. 5:00p-Statement of Concern 6:00p-Medical Executive	7 7:15a-Breast Cancer Conference 7:45a-Cancer Conference 12:30p-Critical Care	8 12:30p-Continuing Medical Education: Hypertension, Speaker TBA	9 12:30p- Cardiac Conf.	10
11	12 Columbus Day 7:00 a– Anesthesia Dept. 12:30 pm- New Medical Staff Orientation	13 7:00a-Cardiac Surgery Conference 7:00a-Physician Well 12:30p-Ob/Gyn Dept. 12:30 p-Cardiology Quality Review 12:00p-Comprehensive Stroke Conference	14 7:15a-Breast Cancer Conference 7:45a-Cancer Conference	15	16 12:30p- Cardiac Conf.	17
18	19	20 7:00a-Cardiac Surgery Conference 12:30p-Emergency Medicine Department 12:30p-Pharmacy and Therapeutics Committee v	21 7:15a-Breast Cancer Conference 7:45a-Cancer Conference 12:30p-Medical Quality Review	22 12:30p-Post Acute Committee 12:30p-Continuing Medical Education: Bariatric Surgery, Speaker TBA	23 12:30p- Cardiac Conf.	24
25	26 7:00 a–Surgery Quality Review 12:30 pm- General Professional Staff	27 7:00a-Cardiac Surgery Conference 12:30p-Cardiology Sub-section 12:30 pm –RN/MD interdisciplinary Meeting	28 7:15a-Breast Cancer Conference 7:45a-Cancer Conference 12:30p-Physician Excellence Committee	29	30 12:30p- Cardiac Conf.	31 