

President of the Professional/Medical Staff REPORT

Thomas E. Lowe, M.D.

Sepsis: The New Core Measure

Sepsis contributes up to half of all inpatient hospital deaths despite being present in only 1 of 10 patients. Current evidence suggests that administration of appropriate antibiotic therapy within 1 hour after the onset of hypotension significantly improves mortality rates among patients with severe sepsis and septic shock. Conversely, survival decreases by at least 7% per hour of delay in initiating effective antibiotic therapy from the onset of hypotension.

Indeed, the rare unexpected death in my own oncology practice has typically been attributed to neutropenic infection and sepsis. Very few patients receive proper antibiotics within 1 hour. I had hoped that a large EMR such as Epic would have protocols built in to improve sepsis patient care yet multidisciplinary protocols are surprisingly lacking.

Severe sepsis and septic shock is rightfully now a CMS core measure. Our hospital and associated physicians will be judged on appropriate sepsis care. We physicians must recognize our own lack of attention to sepsis. We consider myocardial infarctions and cerebrovascular accidents to be emergencies with well-developed protocols ("time is heart, time is brain") and yet we have failed to adequately develop similar protocols for sepsis - the most deadly diagnosis in our hospital.

Please see Sepsis: The New Core Measure page 2

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Thomas E. Lowe, MD
President of Professional Staff

Michele Del Vicario, MD
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Director, Medical Staff Services

Sepsis: The New Core Measure

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The hospital administration, pharmacy, physicians and nursing must demonstrate a multidisciplinary management program dedicated to sepsis. The Joint Commission Journal on Quality and Patient Safety highlighted a program and study from Houston Methodist Hospital. The interventional program included four key components: (1) A multidisciplinary committee chaired by physicians was created to track screening statistics, evaluate patient outcomes and cost, and advocate for hospital policies and educational efforts that would improve patient care. (2) An early detection screening tool was developed that could help bedside nurses screen patients for early signs of sepsis while being integrated into routine bedside nursing care. (3) Screening and response protocols were developed. (4) Nurse education and training. The program was linked to an increase in the percent of patients screened for sepsis at Houston Methodist Hospital, from 10 percent in 2009 to 33 percent in 2011. Meanwhile, inpatient sepsis-associated death rates dropped from 29.7 percent before the program was implemented (from 2006 to 2008) to 21.1 percent after the program's implementation (from 2009 to 2014). The key component of this program was that it was nursing driven.



"Time is death" in sepsis. CMS acceptable time to appropriate antibiotic is 3 hours whereas our evidence based goal should be 1 hour. Our physician leadership and hospital administration will jointly address sepsis care as our number one goal of 2016. I hope and expect you will join this most important effort.

Clinical Informatics Specialists (CIS)

Epic is the electronic health information system that organizes our healthcare data and allows for immediate access to our patient's information throughout all of the Providence Ministries. Epic serves as a portal to access patient information for computerized physician order entry and for physician documentation.

The Clinical Informatics Team is available for help with technical issues with the clinical systems listed below:

Epic - EMR System

Dragon - Voice Dictation System

Microsoft Outlook - Providence Email

Citrix - Remote access to these systems via apps.providence.org from personal computers, tablets, and smartphones

Our office hours are Monday through Friday 6am to 5pm

Email us at: PHSISClinicalInformaticsLCMTorranceCA@providence.org

Please call the HelpDesk at **310-303-5952** to submit a ticket to the On-Call CIS

Epic Service Team 24/7 Support: **855-415-8188**

CIS Provider Team

Karen Walter, Manager CIS

Susan Balou

Cindy Croswaithe

Nicole Durepo

Leah Glavan

Todd Huffman

Amy Jasper

Alex Leyva

Karen Patterson

Andrea Reed

Nick Scott

Ben Soto

Kim Verdugo

Daniel Villareal



PASSWORD RESETS

Clinical informatics no longer has the ability to do password resets. However, you can still have your Epic password reset quickly and easily if you have set up your personal identifiers. This will let the helpdesk confirm your identity quickly and reset your password over the phone.



To set up your personal identifiers, go to this website:

<https://appsor.providence.org/pid/>

Log in with your network name and password

And answer 2 questions.

EPIC HELP DESK (855) 415-8188

EpicCARE LINK

EpicCare Link is a secure online view-only portal that is easy to access, with no software or hardware to maintain.

With EpicCare Link, your office staff will have the latest information about your patients' treatment, including:

- Lab, imaging, and test results
- Hospital admissions and face sheets
- Transcribed reports (H&P, Discharge Summary, OP reports, ED reports)
- Consultation reports
- Orders placed by other physicians
- Scanned documents

For more information about EpicCare link, contact your Community Customer Service representative:

Debbie Carpenter (818) 847-6448 Deborah.Carpenter2@providence.org

EPIC Help Desk (855) 415-8188

Approved at December 1, 2015 & January 26, 2016 Board

POLICIES AND PROCEDURES

CRITICAL CARE P&Ps

- Respiratory Care Services Policies/Procedures
- Arterial Blood Gas A-Line Sampling (revised)
- Arterial Blood Gas Collection –General Information (revised)
- Arterial Blood Gas Lab Behavior (revised)
- Arterial Blood Gas Sampling – Infant and Small Children (revised)
- Arterial Blood Gas Sampling – Femoral (radial, brachial) (revised)
- Arterial Blood Gases (ABGs) (revised)
- Blood Gas Analysis (revised)
- Calibration Verification Process (revised)
- Capillary Blood Bases and Heel Sticks (revised)
- Certification – Arterial Blood Gas (ABG) (revised)
- Critical Value Notification (revised)
- Downtime Handling of Blood Gases (revised)
- Inter-Instrument Comparison for established Blood Gas Analyzers (revised)
- Proficiency Testing (revised)
- Quality Control for GEM Premier 4000 (revised)
- Reporting Blood Gases (revised)
- Care for Patients with Respiratory equipment for HAPU prevention (new)
- Code Blue Policy (revision)
- Crash Cart Contents (revision)

GENERAL P&Ps

- End of Case Clean-Up
- Weapons/Firearms on Hospital Property
- Employee Food and Drink in Patient Care Areas
- Nursing Research and Evidence-Based Practice
- Responding to Adverse Events
- Patient Controlled Analgesia (PCA)
- Response to Surge in Patient Volume

Additional General P&Ps:

- Clinical Alarms (MEC approval via electronic vote 11/13/15)

HEALTH EDUCATION P&Ps

- Commercial Support
- Resolution of Conflict
- Speaker
- PLCMMCT CME Mission Statement 2016

INFECTION & BLOOD P&Ps

- MRSA Active Surveillance Screening (*Sunset/retire MRSA Surveillance Policy with approval of the above regional policy*)

PHARMACY & THERAPEUTICS P&Ps

- Antibiotics – Formulary Restrictions (revised)
- Antimicrobial Stewardship Program (revised)
- Pharmacist Review/Modification of Influenza/Pneumococcal Vaccine Orders (revised)
- Interpretation of Diet Orders (revision)
- Chest Pain Protocol
- Hydromorphone–End Tidal CO2 Monitoring Policy and Procedure
- Ordering, Labeling, & Monitoring of Hyperalimentation/Total Parenteral Nutrition (TPN)
- Renewal (review) of Medication Orders
- Guidelines for S. aureus Preoperative Screening and Decolonization for High Risk Surgical Procedures

POST ACUTE CARE P&Ps

- Careview Patient Monitoring System (revised)

FORMS

EMERGENCY MEDICINE DEPARTMENT

- Department of Emergency Medicine Rules and Regulations (revision: *minor updates to reflect current practice*)
- Department of Emergency Medicine Privileges Form (review only – *no changes*)

GENERAL

- Providence Health & Services California Region Agreement Regarding Sharing of Primary Source Credentialing Information and Documents
- Providence Health & Services California Region Agreement Regarding Sharing of Medical Staff Summary Action Information and Documents

MEDICINE DEPARTMENT

- Department of Medicine Privilege Form (revision – *Current: “The first three admissions must be proctored” Proposed: “Three admissions must be proctored”*)
- Cardiovascular Medicine (Cardiology) Privilege Form (revision – *Current: “The first three admissions must be proctored” Proposed: “Three admissions must be proctored” and TAVR criteria revision*)
- Gastroenterology Privilege Form (revision – *Current: “The first three admissions must be proctored” Proposed: “Three admissions must be proctored. If Core Procedures are granted, a minimum of three [3] varied cases (procedures) must be proctored”*)

SURGERY DEPARTMENT

- Cardiovascular Surgery Privilege Form (revision – *TAVR criteria revision*)

PERIODIC REVIEW

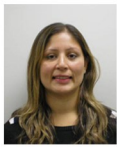
- OB Department: Labor/Delivery Nurses deemed competent to perform Medical Screening Examination for Labor Quality and Patient Safety Report, October 2015
- Quality and Patient Safety Report, November 2015

BYLAWS REVISIONS

BYLAWS – PROPOSED AMENDMENTS

- Refer to Separate Packet with “Side by Side” document for details of the proposed language.

Welcome Medical Staff...



Meera CHOPRA, DO
Emergency Medicine



Kathryn CUMMINS, PsyD
Clinical Psychology



Devin FLAHERTY, DO
General Surgery



Gabriel GOMEZ, MD
Pulmonary/Critical Care Medicine



Kelly HUYNH, MD
General Surgery



Jamieson JONES, MD
Neonatology



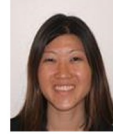
Elias KHAWAM, MD
Internal Medicine



Sanja KRAJISNIK, MD
Pathology



Katherine KUNIYOSHI, MD
Neonatology



Briana LAU, MD
General Surgery



David Y. LEE, MD
General Surgery



Bernard McNAMARA, MD
Emergency Medicine



Sidney MERCADO, MD
Pulmonary/Critical Care Medicine



Robert PRESTON, MD
Emergency & Critical Care Medicine



Mike SHEU, MD
Otolaryngology



John S. WHANG, MD
Emergency Medicine

FAREWELLS

Michael Birns, MD (Orthopedic Surgery)
Derrick Darnsteadt, MD (Emergency Medicine)
Prakash Desai, DO (Neurology)
Kenneth Flanagan, MD (Pathology)
Craig German, MD (Neurology)
Raffi Ghurabi, DO (Internal Medicine)
Jason Grieshaber, MD (Orthopedic Surgery)
Pavani Guntur, MD (Neurology)
Mohsen Halaby, MD (Internal Medicine)

Julia Hsiao, DO (Neurology)
Jeffrey Kim, MD (Neurology)
Dan Kiss, MD (Emergency Medicine)
Jack Koch, DPM (Podiatry)
Jin H. Lee, MD (Internal Medicine)
Nima Mehran, MD (Orthopedic Surgery)
Huong G. Nghiem, MD (OB/GYN)
Phong Nguyen, MD (Family Medicine)
Dean Papaliadis, MD (Orthopedic Surgery)

Christos Photopolous, MD (Orthopedic Surgery)
Alecsandra O. Roberts, MD (Family Medicine)
Yasmeen Shaw, MD (Pulmonary/Critical Care)
Ben Tseng, MD (Neurology)
Aneet Toor, MD (Orthopedic Surgery)
Carlos Uquillas, MD (Orthopedic Surgery)
Phillip Williams, MD (Orthopedic Surgery)
Lisa M. Young, MD (Family Medicine)

PROVIDENCE HEALTH SYSTEM DICTATION INSTRUCTIONS FOR GENERAL HOSPITAL DICTATION—LCOM TORRANCE

DIAL to access dictation system: FROM INSIDE OR OUTSIDE OF HOSPITAL: **1-877-202-9878**

STEP 1 - ENTER YOUR USER ID Followed by the # button

STEP 2 - ENTER FACILITY CODE Followed by the # button

- 5201 = Torrance Hospital
- 5202 = Torrance Long Term Care/Pavilion
- 5203 = Torrance Rad Onc

STEP 3 - ENTER WORK TYPE Followed by the # button

- 0 = Sleep Studies
- 2 = Consultation
- 3 = Discharge Summary
- 4 = History and Physical
- 5 = Inpatient Discharge Instructions
- 6 = Operative Report
- 7 = Emergency Room Report
- 9 = Delivery Note
- 10 = Special Studies
- 17 = Oximetry Study
- 18 = Pulmonary Function
- 19 = Interim Summary (patient transfer to a different floor within same facility)
- 22 = Corrections

STEP 4 - ENTER PATIENT'S CSN (11 digits)

Followed by the # button. You will hear a verbal prompt telling you to begin dictation, followed by a soft "ready-tone" indicating the system is ready for dictation.

TELEPHONE KEYPAD FUNCTIONS:

1	2	3
Begin new dictation with same work type & same facility code	Dictate [Record]	Short Rewind
4	5	6
PAUSE	Begin new dictation with different work type and same facility code	Go to End of Report
7	8	9
Partial Fast Forward	Go to beginning of Report	Disconnect and get confirmation
*	0	#
Play confirmation number	Begin new dictation with different facility code	Make STAT: press '#', then '9' during dictation; press '2' to continue dictating

Mark report STAT: Press the '#' button and then the '9' button during dictation. Then press '2' to continue dictating.

To dictate another dictation with the same work type and same facility code without hanging up, press "1"
Your user ID, facility code, and work type will all be re-entered automatically. Continue from Step 4 above.


To dictate another dictation with a different work type and same facility code without hanging up, press "5"
Your user ID and facility code will be re-entered automatically. Continue with Step 3 above.

To dictate another dictation with a different work type and different facility code without hanging up, press "0"
Your user ID will be re-entered automatically. Continue with Step 2 above.

REVIEWING DICTATION:



1. Access system through the dictation phone number.
2. Enter user ID and then press # button.
3. Press #1 and listen to the prompts to choose how to search for your report.
4. Enter your facility code then press # button.
5. Follow the prompts to enter patient information.
6. System will access the most recent report on this patient. To access an older report, press "5" to skip past each report.
7. To listen to a different patient's report press "9" and follow prompts again.

February 2016

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2 7:00a-Cardiac Surgery Conference 5:00p-Statement of Concern 6:00p-Medical Executive	3 7:15a-Breast Cancer Conference 7:45a-Cancer Conference 12:30p-Critical Care	4 12:30p-Continuing Medical Education Pediatrics: Orthopedic Emergencies 12:30p-Post Acute Care	5 12:30p- Cardiac Conf.	6
7	8 7:00 a- Anesthesia Dept. 12:30 pm- New Medical Staff Orientation	9 7:00a-Cardiac Surgery Conference 12:30p-Ob/Gyn Dept. 12:30 p-Cardiology QR 12:30p-Pharmacy & Therapeutics 12:00p-Comp. Stroke Conference	10 7:15a-Breast Cancer Conference 7:45a-Cancer Conference 12:30p – Oncology Comm.	11 12:30p-Continuing Medical Education: Thyroid Cancer Treatment Guidelines 12:30p-RN/MD Interdisciplinary Meeting	12 12:30p- Cardiac Conf.	13
14	15 	16 7:00a-Cardiac Surgery Conference 12:30p-Infection Prevention/Blood	17 7:15a-Breast Cancer 7:45a-Cancer Conference 12:30p Health Education 12:30p-Family Medicine Resch to 2/24 12:30p-Medical Quality Review Resch to 2/24	18	19 12:30p- Cardiac Conf.	20
21	22 7:00 a-Surgery Quality Review 7:30 a-Surgery Dept.	23 7:00a-Cardiac Surgery Conference	24 7:15a-Breast Cancer 7:45a-Cancer Conference 12:30p-Family Medicine 12:30p-Medical Quality Rev 3:30p-Physician Excellence Committee	25 12:30p-Continuing Medical Education: Safe Sleep Training	26 12:30p- Cardiac Conf.	27
28	29					

FINAL: 12/29/2015 – please note that all meetings held in Center of Health Education – **Highlighted are the CME**, Category I approved meetings – see back for description and all meetings are subject to change. As of November 2015 both P&T moved to 2nd Tuesday of the month – Family Medicine to 3rd Wednesday and 12/04/15 - PEC at 3:30 pm.

March 2016

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: OB/GYN	4 12:30p- Cardiac Conf.	5
6	7 12:30p- Medicine Dept.	8 7:00a-Cardiac Surg Co 12:30p-Ob/Gyn Dept. 12:30 p-Cardiology QR 12:30p- Pharmacy & Therapeutics Committee 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: Invasive Techniques/Embolization	11 12:30p- Cardiac Conf.	12
13 Daylight Saving Begins at 2:00a	14 7:00 a – Anesthesia Dept. 12:30 pm- New Medical Staff Orientation	15 7:00a-Cardiac Surgery Conference 12:30p-Infection Prevention/ Blood Therapeutics-Committee	16 7:15a-Breast Cancer Conference 7:45a-Cancer Conference 12:30p-Medical Quality Review	17 7:30a-Radiology Dept.	18 12:30p- Cardiac Conf.	19
20 	21 12:30p – Utilization Review Committee	22 7:00a-Cardiac Surgery Conference	23 7:15a-Breast Cancer Conference 7:45a-Cancer Conference 3:30p-Physician Excellence Committee	24 12:30p-Continuing Medical Education: Renal Disease	25 12:30p- Cardiac Conf.	26
27 	28 7:00 a –Surgery Quality Review	29 7:00a-Cardiac Surgery Conference	30 7:15a-Breast Cancer Conference 7:45a-Cancer Conference	31 DOCTORS DAY Luncheon 11:30a-2:00pm		

DRAFT: 12/04/15 (NOTE that Infection Prevention and P&T are now two separate Committees) Please note that all meetings held in Center of Health Education – **Highlighted are the CME, Category I approved meetings** – see back for description and all meetings are subject to change. **As of October 2015 - Pharmacy and Therapeutics Committee moved to 2nd Tuesday of the month and as of 12/04/15 - PEC at 3:30 pm**