

President of the Professional/Medical Staff REPORT

Michele Del Vicario, MD, FACC, FRCP (C)

It's February and Valentines Day is upon us. What better time to recognize and thank our esteemed colleagues.

Whether female or male there is no doubt in my mind that they are indispensable to the caregivers team.

They are devoted, intelligent comfort givers to our patients. This is done with deep compassion and respect for both patient and their loved ones. Without them the hospital and clinics could not function at the highest level which we have come to expect and demand.

It is the nursing profession's vested interest that makes life so much easier for patients, families, and for us as physicians and we are profoundly appreciative. Continue with the excellent work!

Happy Valentines Day!!

IN THIS ISSUE

- 1 President of the Professional Staff Report
- 2 VTE Core Measure Reminders
- 3 PLCMMCT History CBS/KCAL "Your Health - Your Decision"
- 4 Board Approvals
- 5 Welcome Medical Staff Farewells
- 6 February/March Calendar
- 7 CME Announcement
- 8 Medical Staff Dinner Dance

Michele Del Vicario, MD
 President of Professional Staff

Amir Kaviani, MD
 Immediate Past-President

Thomas E. Lowe, MD
 President-Elect

Richard Glimp, MD
 Chief Medical Officer

Midhat Qidwai, MD
 Secretary/Treasurer

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

VTE Core Measure Reminders:

VTE - 3 Venous Thromboembolism Patients with Overlap Therapy

This measure applies to patients with an acute confirmed Pulmonary Embolism or proximal Deep Vein Thrombosis involving the iliac, femoral, popliteal veins or the inferior vena cava who receive an overlap of parenteral anticoagulation with warfarin therapy. Patients who receive less than five days of overlap therapy should be discharged on both medications, or have a Reason for Discontinuing Parenteral Anticoagulation Therapy documented the day before or the same day the parenteral medication is discontinued. CMS will not accept documentation written anytime after the day that the parenteral medication is discontinued. **CMS also will not accept documentation of a therapeutic INR (ex: 2.5) as the reason for discontinuing the parenteral anticoagulant after less than 5 days of overlap therapy.**

The Rationale taken from the CMS Specs Manual follows:

The strong (Level I) recommendations to overlap parenteral anticoagulation with oral warfarin therapy in the initial treatment of VTE events is based in part on the known effect of warfarin on the coagulation cascade (Brandjes, et al., 1992). The early increase in the Prothrombin time (PT) and INR often reflects the laboratory finding of initial reduction in clotting factors of the extrinsic pathway of coagulation resulting in prolongation of the PT/INR, while the patient is still at risk of thromboembolic events due to persistent levels of coagulation factors of the intrinsic pathway and common pathways of coagulation.

The recommendation that heparins and warfarin overlap for a five-day period is based on pharmacokinetic, pharmacologic, pathophysiologic, and clinical evidence as noted by Wittkowsky A.K. (2005).

Reasons that CMS does accept for discontinuing parenteral anticoagulation therapy after less than 5 days of overlap therapy include:

- active bleeding
- plan for surgery
- supratherapeutic
- blood transfusion
- thrombocytopenia
- Oral Factor Xa inhibitor
- not a candidate for anticoagulation
- concern for increased bleeding risk with 2 therapies

No changes were made to the other active measures in the VTE core measure group:

VTE -1 VTE Prophylaxis Non-ICU Admission Mechanical or pharmacological VTE prophylaxis or documentation of a contraindication to BOTH should be initiated by the day after admission.

If No VTE Prophylaxis is indicated, CMS requires documentation of **“Low Risk for VTE”**.

VTE -2 VTE Prophylaxis ICU Admission or Transfer Same requirement as non-ICU admission. *From CMS Specs manual: "If a patient did not receive VTE prophylaxis on the medical unit due to physician documentation and is transferred to the ICU, another reason (even if it is the same reason) must be documented if no VTE prophylaxis was administered upon admission/transfer to ICU". (**Reason must be written by the day after ICU admission / transfer to qualify.**)*

VTE - 5 VTE Warfarin Therapy Discharge Instructions If warfarin is ordered at discharge, written discharge instructions must address compliance issues, dietary advice, **follow-up monitoring** and information about the potential for adverse drug reactions/interactions.

VTE - 6 Hospital Acquired Potentially-Preventable Venous Thromboembolism

Confirmation of an acute DVT or PE that was not known or suspected by the day after admission will be identified as hospital acquired without either

- mechanical or pharmacological VTE prophylaxis initiated by the day the test is ordered to confirm the DVT or PE
- or
- documentation of a contraindication to BOTH mechanical and pharmacological VTE prophylaxis by the day the VTE test is completed.

Questions? Contact Maggie Montleon in the PI and Outcomes Dept at 310 303 6004. (Rev 2/5/15)



Little Company of Mary Hospital was recorded in the annals of history when in 1972, it became the first South Bay Hospital to perform coronary by-pass surgery. And in 1974, the hospital was one of the first in the South Bay to open a cardiac catheterization laboratory for the diagnosis and treatment of cardiovascular disease. The new laboratory utilized the use of balloon catheters to extend the lifespan and improve the lifestyle of hundreds of patients.

“YOUR HEALTH - YOUR DECISION”

CBS/KCAL featuring
 PLCMMCT Cardiologists
 Nazanin Azadi, MD and
 Matthew P. Ostrom, MD



Approved at January 27, 2015 Board

POLICIES AND PROCEDURES

CRITICAL CARE P&Ps

- Maintenance, Removal & Assisting with Insertions - Femoral Arterial Line
- Maintenance, Removal & Assisting with Insertions of Arterial Lines - Radial
- Adult High Flow Nasal Cannula System (new)
- Breath Actuated Nebulizer (BAN) for Aerosolized Medication (new)

HEALTH EDUCATION P&Ps

- CME Activity Planner Disclosure Declaration
- Commitment to CME
- Enduring Materials
- Honoraria
- Publicity
- Resolutions of Personal Conflict of Interest
- Speakers

INFECTION, BLOOD & PHARMACY P&Ps

- Institutional Review Board (IRB)
- CAIs and CACIs - Maintenance and Use of Isolators
- Medications Safety Variance (MSV) Management

ONCOLOGY P&Ps

- Radiation Oncology: Management of Patient with Implanted Cardiac Devices (new)
- Radiation Oncology: Screening for Pregnancy in Child Bearing Females Safety Measures (new)
- Standard 1.6: Cancer Registry Quality Control Plan/Cancer Program - Cancer Registry (revised)
- Standard 1:10: Educational Activity - Endometrial Cancer CME
- Standard 1:11: Cancer Registry Staff Education
- Standard E 5: Cancer Registry Policies/Procedures Manual (Table of Contents)
- Standard 2.2: Nursing Competency Report, 2014
- Standard 5.3, 5.4: Patient Follow-up

PEDIATRICS DEPARTMENT P&Ps

- Security: Newborn Identification
- Therapeutic Hypothermia
- Nutrition Screening and Assessment, Pediatrics
- Nutrition Screening and Intervention in the NICU

SURGERY DEPARTMENT P&Ps

- Perioperative Block Scheduling

FORMS

RN/MD INTERDISCIPLINARY PRACTICE

- Nurse Practitioner - Emergency Medicine AHP Privilege Form

PERIODIC REVIEW

- Continuing Medical Education
- 2015 Mission Statement

Welcome Medical Staff...



Ira R. Byock, MD
Palliative Care



Avedik Semerjian, MD
Nephrology



Christen Mellano, MD
Orthopedic Surgery



Fernando Thadepalli, MD
Internal Medicine



Douglas Porter, MD
Neurophysiology



Devanshu Thakore, MD
Family Medicine



Ronald Fischman, MD
Nephrology



Meenakshi Verma, MD
Nephrology



Victor Kabbany, MD
Nephrology



David Wu, MD
Pain Management



Bao Nguyen, MD
Pain Management



Lynn Armstrong, NP
Emergency Medicine



Nima Rezaei Abbassi, MD
Ophthalmology



Brenda Diaz
Dental Asst, Scrub Tech



Ehsan Sadri, MD
Ophthalmology



Julieta Popovic, NP
Emergency Medicine

FAREWELLS

James Burks, MD (Vascular Surgery)
Mark Gittler, MD (Anesthesiology)
Alexander Gaitanis, DO (Hematology/Oncology)

Marius Saines, MD (Vascular Surgery)
David E. Johnson Jr, MD (Perfusionist)
Stephen Marer, MD (Internal Medicine)


RETIREMENTS

Beverly Gates, MD (Pediatrics)

February 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3 7:00a-Cardiac Surgery Conference 5:00p-Statement of Concern 6:00p-Medical Executive	4 7:15a-Breast Cancer Conference 7:45a-Cancer Conference 12:30p-Critical Care	5 12:30p-Continuing Medical Education: "Pediatrics: Celiac Disease"	6 12:30p- Cardiac Conf.	7
8	9 7:00 a- Anesthesia Dept. 12:30 pm- New Medical Staff Orientation	10 7:00a-Cardiac Surgery Conference 12:30p-Ob/Gyn Dept. 12:30 p-Cardiology Quality Review 12:00p-Comprehensive Stroke Conference	11 7:15a-Breast Cancer Conference 7:45a-Cancer Conference 12:30p-Oncology Comm.	12 12:30p-Continuing Medical Education: Hypercholesterolemia	13 12:30p- Cardiac Conf.	14 St. Valentine's Day 
15	16 President's Day 	17 7:00a-Cardiac Surgery Conference 12:30p-Infection, Blood and Pharmacy	18 7:15a-Breast Cancer Conference 7:45a-Cancer Conference 12:30p-Medical Quality Review 12:30p-Health Education Committee	19 12:30p- Family Medicine Department	20 12:30p- Cardiac Conf.	21
22	23 7:00 a-Surgery Quality Review 7:30 a - Surgery Department	24 7:00a-Cardiac Surgery Conference	25 7:15a-Breast Cancer Conference 7:45a-Cancer Conference 12:30p-Physician Excellence Committee	26 12:30p-Continuing Medical Education: "Treatment of Sepsis"	27 12:30p- Cardiac Conf.	28

March 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2 12:30p- Medicine Dept.	3 7:00a-Cardiac Surgery Conference 5:00p-Statement of Concern 6:00p-Medical Executive	4 7:15a-Breast Cancer Conference 7:45a-Cancer Conference 12:30p-Critical Care	5 12:30p- Pediatrics Dept. 12:30p-Continuing Medical Education: Obstetrics-"Update on Endometriosis"	6 12:30p- Cardiac Conf.	7
8	9 7:00 a- Anesthesia Dept. 12:30 pm- New Medical Staff Orientation	10 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	11 7:15a-Breast Cancer Conference 7:45a-Cancer Conference	12 12:30p-Continuing Medical Education: Thyroid Cancer Treatment Updates	13 12:30p- Cardiac Conf.	14
15	16 7:30 a-Endovascular Committee	17 7:00a-Cardiac Surgery Conference 12:30p-Infection, Blood and Pharmacy 12:30p- Bylaws Com.	18 7:15a-Breast Cancer Conference 7:45a-Cancer Conference 12:30p-Medical Quality Review	19 7:30a-Radiology Dept.	20 12:30p- Cardiac Conf.	21
22	23 7:00 a-Surgery Quality Review	24 7:00a-Cardiac Surgery Conference	25 7:15a-Breast Cancer Conference 7:45a-Cancer Conference 12:30p-Physician Excellence Committee	26 11:30a-2:00 pm - Doctors' Day Celebration 	27 12:30p- Cardiac Conf.	28
29 Palm Sunday	30	31 7:00a-Cardiac Surgery Conference				

Providence Little Company of Mary Medical Center Torrance
Presents

Thursday CME Conference

Conference Date: **Thursday, February 12, 2015**

Conference Topic: **Dyslipidemia**

SPEAKER: *Nathan D. Wong, Ph.D, FACC
Professor & Director
Heart Disease Prevention Program
Division of Cardiology
UCI School of Medicine*

NEED: Providence Little Company of Mary has been awarded the *Get With the Guidelines Stroke Award* in 2012. Hypercholesterolemia correlates to heart disease. Hypercholesterolemia may be found in families and considered (when other risk factors are considered) a genetic disorder.

OBJECTIVES:

1. Differentiate among the medical treatment options for optimizing lipid levels in patients with coronary heart disease risk, based on each agent's lipid-specific effects and safety profile
2. Categorize a patient's cardiovascular risk based on American College of Cardiology/American Heart Association guidelines
3. Formulate management plans for mixed dyslipidemia using the latest clinical data and current practice guidelines to individualize treatment to each patient's risk profile
4. Discuss cultural diversity issues in risk, incidence, prevalence, disease burden, or mortality associated with dyslipidemia and/or cultural disparities in access, diagnosis and/or less adherence to treatment regimens.

TARGET AUDIENCE: This activity has been designed to meet the educational needs of cardiologists, endocrinologists, internists, family practice physicians, radiologists and general medical staff, nursing staff and allied health staff

LOCATION: **DEL E. WEBB MEMORIAL CENTER FOR HEALTH EDUCATION**

TIME: **12:00 Noon – Buffet Lunch 12:30 P.M. – Conference Begins**

Providence Little Company of Mary Medical Center Torrance is accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) to provide continuing medical education for physicians. Providence Little Company of Mary Medical Center Torrance takes responsibility for the content, quality and scientific integrity of this CME activity. Providence Little Company of Mary Medical Center Torrance designates this educational activity for a maximum of one (1) hour of *AMA PRA Category 1 Credit(s)*™. Physicians should only claim credit commensurate with the extent of their participation in the activity. This credit may also be applied to the CMA Certification in Continuing Medical Education.



Providence Little Company of Mary Medical Center Torrance
Presents

Thursday CME Conference

Conference Date: **Thursday, February 26, 2015**

Conference Topic: **Treatment of Sepsis**

SPEAKER: *Glenn Wishon, MD, CMQ
Physician Quality Specialist
Performance Improvement and Outcomes
Providence Little Company of Mary Torrance*

NEED: Sepsis continues to be a major component of death in hospitals. The *Surviving Sepsis Campaign 2012* recommends guidelines for identifying and treating different stages of sepsis. Because sepsis is an ongoing patient care issue and because of the new sepsis guidelines, the Health Education Committee determined a CME conference is appropriate

OBJECTIVES:

1. Integrate best evidence practices, clinical expertise and diagnostic test results for early identification and optimal management of septic states;
2. Implement priority actions for establishing and implementing early goal directed therapies for the septic patients;
3. Implement clinically useful practice procedures:

TARGET AUDIENCE: This activity has been designed to meet the educational needs of all medical staff as well as nursing and allied medical staff members

LOCATION: **DEL E. WEBB MEMORIAL CENTER FOR HEALTH EDUCATION**

TIME: **12:00 Noon – Buffet Lunch 12:30 P.M. – Conference Begins**

Providence Little Company of Mary Medical Center Torrance is accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) to provide continuing medical education for physicians. Providence Little Company of Mary Medical Center Torrance takes responsibility for the content, quality and scientific integrity of this CME activity. Providence Little Company of Mary Medical Center Torrance designates this educational activity for a maximum of one (1) hour of *AMA PRA Category 1 Credit(s)*™. Physicians should only claim credit commensurate with the extent of their participation in the activity. This credit may also be applied to the CMA Certification in Continuing Medical Education.





Save the date!

Providence Little Company of Mary
Medical Center Torrance
**Medical Staff
Dinner Dance**

Saturday, April 18

Terranea Resort

Catalina Ballroom

Rancho Palos Verdes

6:30 p.m. – Hosted reception

7:30 p.m. – Dinner and dancing

