

## President of the Professional/Medical Staff REPORT

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

### DOCTORS STRIKE BACK

There has been a great deal of controversy surrounding the requirements for continued certification in a medical specialty. Recent changes by American Board of Medical Specialties requiring physicians to engage in various medical knowledge, practice-assessment and patient-safety activities as well as recertification exams do not provide optimal use of physician time. Furthermore, no high quality data to justify these labor intensive and activities.

To offer a competing pathway to recertification the National Board of Physicians and Surgeons (NBPAS) was founded in January 2015. This organization is flourishing and was instrumental in obtaining an apology and acknowledge stating ABRM clearly has got it wrong and acknowledge that programs were launched; programs that weren't ready and didn't achieve a MOC program that physicians found meaningful.

Financially implications notwithstanding ABIM have expressed a sincere desire to work openly with the internal medicine community to rethink the ways in which ABIM serves physicians and the public. The NBPAS believes the following requirements provide the most appropriate metric for continued certification.

- Candidates must have been previously certified by an American Board of Medical Specialties member board
- Candidates must have a valid, unrestricted license to practice medicine in at least one US State. Candidates who only hold a license outside of the US must provide evidence of an unrestricted license from a valid non-US licensing body.
- Candidates must have completed a minimum of 50 hours of continuing medical education (CME) within the past 24 months, provided by a recognized provider of the Accreditation Council for Continuing Medical Education (ACCME). CME must be related to one or more of the specialties in which the candidate is applying. Re-entry for physicians with lapsed certification requires 100 hours of CME with the past 24 months. Fellows-in-training are exempt.
- For some procedural and surgical specialties, candidates must have active privilege to practice that specialty in at least one US hospital licensed by a nationally recognized credentialing organization with deeming authority from CMS (ie. Joint Commission, HFAP, DNV).
- A candidate who has had their medical staff appointment/membership or clinical privileges in the specialty for which they are seeking certification involuntarily revoked and not reinstated, must have subsequently maintained medical staff appointment/membership or clinical privileges for at least 24 months in another US hospital licensed by a nationally recognized credentialing organization with deeming authority from CMS (ie. Joint Commission, HFAP, DNV).

It's time that we as physicians have a say in the way that maintenance of high quality medical care competence going forward. Hopefully this is a start towards having a relevant voice in our affairs in the future.

**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

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# From the CMO Desk

*Richard Glimp, MD - Chief Medical Officer*

## HIGH RELIABILITY

It is estimated that anywhere between 100,000 to 250,000 deaths occur annually in this country as a result of preventable medical errors. Such errors can additionally prolong hospital stays, lead to escalation of level of care, produce litigations, and result in a negative patient experience. Despite awareness of these statistics for over 15 years, these numbers have not declined. Other industries, such as aviation and nuclear, have adopted “high reliability” strategies with great success - in fact, they have become far safer than our own industry. We are thus setting out on our own journey to become a safer place for our patients.

Providence defines High Reliability as a continuous state of collective mindfulness that predictably achieves safe, high quality outcomes across all levels of operation. In short, it is a change in the culture of the organization to become completely preoccupied with safety. To that end, we have partnered with a consulting company that has worked with over 110 hospitals as well as the nuclear industry to begin effecting that change. Over the past few weeks, every safety event in our hospital for the last three years has been reviewed and will be analyzed for causes and trends to help find opportunities for changing processes and starting education of all of our caregivers. This will take time, but we hope to move toward a culture where safety is a priority for everyone and our patients remain safe from harm.

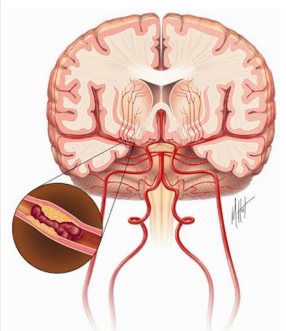
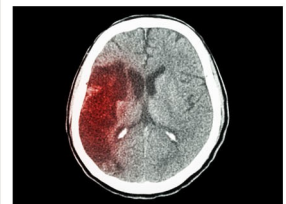
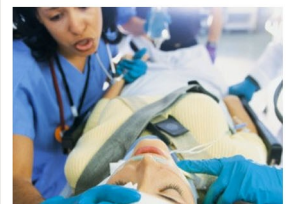
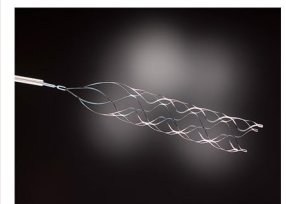
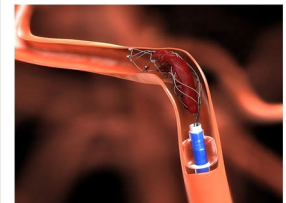
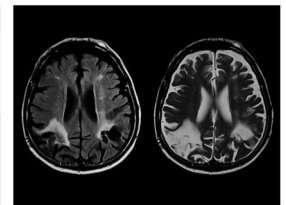
## Exciting NEWS in the World of Stroke CARE...

### ENDOVASCULAR THERAPY PROVES TO BE A SAFE, HIGHLY EFFECTIVE PROCEDURE THAT SAVES LIVES AND REDUCES DISABILITY:

Recently released randomized clinical trials; MR CLEAN, ESCAPE-IA, and SWIFT PRIME demonstrated that endovascular therapy for acute stroke with proximal large vessel occlusion is effective when retrievable stents are used. All trials were randomized, open-label with blinded outcome evaluation. Patient selection in these trials was essentially similar which included, acute ischemic stroke, age > 18, minimal to no disability prior to stroke (mRS 0-1), confirmed symptomatic anterior large vessel occlusion based on CTA, and moderate to good collaterals on CTA. The device most commonly used was the Covidien Solitaire™ FR. Control arm was based on the standard of care guideline for acute ischemic stroke with use of IV tPA if <4.5hrs of last known well. Revascularization rates were documented as success for TICI 2b/3 scores. Mortality rates for endovascular therapy were significantly less than in control arm. Symptomatic ICH outcomes were not statistically significant between either treatment arm. It was found that patients with acute ischemic strokes that involved large vessel occlusions and were treated with endovascular therapy had 1:4 chance to recover with minimal to no disability at 90 days. Whereas similar patients treated with tPA alone had 1:10 chance to recover with minimal to no disability at 90 days.

**CODE STROKE VOLUME INCREASES WITH RN INITIATED CODE STROKES:** On February 25th our Emergency Department initiated 2 major changes to the code stroke process. One of which empowered ED RNs to call code strokes prior to MD assessment. A Code Stroke can now be called from triage or from the field for any patient arriving within 6 hours of last known well as per our current code stroke policy. This then triggers the second significant change in our process where the patient is taken directly to CT with a brief “eyes on” assessment by the ED physician. A rapid registration is also performed. Implementation of these processes took the collaboration of ED Nursing and Medical Staff, registration staff, CT transporters, and technicians, as well as our EMS providers. The over calling code strokes was a concern. Careful data analysis was performed a few months after the process changed. We found that not only have the number of Code Strokes increased, but so did the number of eligible patients for telestroke consults. These patients all had a confirmed principal diagnosis code of stroke. In conclusion, more patients are being identified, are getting diagnosed earlier and treated faster for signs and symptoms of stroke.

**REVERSAL TO PRADAXA- FDA GRANTS PRIORITY REVIEW TO BOEHRINGER INGELHEIMS BIOLOGICS LICENSE APPLICATION FOR IDARUCIZUMAB:** The first and only investigational reversal agent for a novel oral anticoagulant is now under BLA review. On April 23rd, 2015 Boehringer Ingelheim Pharmaceuticals, announced that the US Food and Drug Administration (FDA) granted priority review of its BLA for idarucizumab, which is being investigated to specifically reverse the anticoagulant effect of dabigatran in patients needing emergency intervention or experiencing life-threatening bleeding event. A priority review designation is granted when a drug exhibits the potential to offer significant improvement in the safety and effectiveness of the treatment of serious conditions when compared to standard applications. The FDA granted Breakthrough Therapy Designation for idarucizumab in June 2014. The BLA includes phase I data which demonstrated the potential for idarucizumab to provide immediate reversal of the anticoagulant dabigatran with no clinically relevant adverse reactions. The application also included Phase III data from the RE-VERSE AD™ trial, a global study initiated in May of 2014 that is investigating idarucizumab in actual clinical settings. Idarucizumab is a humanized antibody fragment, or Fab which was discovered and developed by Boehringer Ingelheim scientists in 2009 prior to the launch of the novel anticoagulant PRADAXA. There has been no projection of costs or release date of the reversal agent yet, however some sources say that release of this information may be this summer.



# PALLIATIVE CARE

Palliative Care is specialized medical care for people with serious illnesses. It is focused on providing patients with relief from the symptoms, pain and stress of serious illness - whatever the diagnosis. The goal is to improve quality of life for both the patient and the family. Palliative care is provided by a team of doctors, nurses and other specialists who work together with a patient's other doctors to provide an extra layer of support. It is appropriate at any age and at any stage in a serious illness and can be provided along with curative treatment.



## PALLIATIVE CARE TRIGGER LIST

1. Pain and symptoms related to serious illness
2. Goals of care discussions regarding medical treatment options
3. Facilitation of optimal end-of-life treatment and care
4. Conflict around medical decision making

## HOW TO OBTAIN A PALLIATIVE CARE CONSULT

Obtain an order from a physician. Have the unit secretary enter the order in the EMR. The palliative care team will follow up with the patient, patient's family and attending physician.

## COMMUNICATION: PATIENT/FAMILY EXPECTATIONS

- Sit down
- Ask if patient/family needs are being met
- Take time to listen
- Ask open ended questions
- Keep patient/family informed of plan of care/treatment
- Support patient/family values and goals
- Be honest, be prudent
- Take time to communicate with all team members (facility, hospice, MD)

## HOW TO ACCESS THE PALLIATIVE CARE PLAN OF CARE

After a palliative care family meeting has taken place, team member documentation of the plan of care can be found in the electronic medical record under "Reports".

## PALLIATIVE CARE TEAM

Glen Komatsu, MD  
 Marianne Ayala, RN, BSN, CHPN  
 Salve Bautista, FNP-BC  
 Lori Eastman, LCSW  
 Denise Hess, BCC, MFTI

PHONE: 310-303-6842  
 Hours: 9am - 6pm (M-F)  
 After Hours: 424-488-4468



# DESIGNATED COVERAGE

REMINDER: Pursuant to the Medical Staff Bylaws Section 2.2, A. and B. and Professional Staff General Rules and Regulations Article VII requires all members to have appropriate cross-coverage for his/her patients provided by a *member of the medical staff* who holds equivalent privileges. Between appointments, it is your responsibility to 'update' medical staff services if you have changed your coverage so that we can best support your patient's care here at our ministry.



## Approved at May 26 & June 11, 2015 Board

### POLICIES AND PROCEDURES

#### INFECTION, BLOOD & PHARMACY P&Ps

Blood and Blood Component Criteria (revision)

#### OB-GYN P&Ps

Assessment and Reporting of Prenatal Drug/Alcohol Exposure (revision)

#### ONCOLOGY COMMITTEE P&Ps

Cancer Registry Quality Control Plan (CoC Standard 1.6)

Referral System for Clinical Social Work, PLCMMCT Acute, TCU, TCC Outpatient

#### PEDIATRICS P&Ps

Blood Culture Procedure (Neonatal and Pediatrics) (revision)

Phototherapy (revision)

#### PHARMACY & THERAPEUTICS P&Ps

Neonatal and Pediatric Medication Management (revision)

Therapeutic Interchange for Medi-Cal - Ministry Specific List (new)

#### PHYSICIAN EXCELLENCE COUNCIL P&Ps

Peer Review Process (revision)

### FORMS

#### MEDICINE DEPARTMENT

Critical Care Medicine Privilege

#### PHARMACY & THERAPEUTICS

Collaborative Practice Agreement with Clinical Ambulatory Care Pharmacist

### PERIODIC REVIEW

Contract Evaluation

Improving Organizational Performance and Patient Safety Plan 2015

### FEATURED ART

*Venerable Mary Potter*

*Foundress Little Company of Mary Sisters*

*“Do what good we can to those around us...”*

In 1988, Pope John Paul II declared Mary Potter “venerable”, the first in a succession of steps toward sainthood. Our employees, staff, physicians, volunteers and Sisters work side by side each day to continue to fulfill Mary Potter’s mission and provide high-quality healthcare to those in need. Mary’s loving spirit continues to guide the work of her spiritual heirs today.



# Welcome Medical Staff...



**Erick ARMIJO, MD**  
Emergency Medicine



**Nicholas MONDEK, MD**  
Anesthesiology



**Reece DOUGHTY, MD**  
Internal Medicine



**Amar NAWATHE, MD**  
Internal Medicine



**Miguel GUTIERREZ, MD**  
Dermatology



**Anand PATEL, MD**  
Radiology



**Rachel GUTKIN, MD**  
Maternal-Fetal Medicine



**Arti SHAH, MD**  
Endocrinology



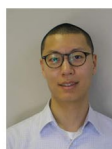
**Jennifer HAN, MD**  
Endocrinology



**Christopher SMITH, MD**  
Radiology



**Jessica HAWLEY, MD**  
Internal Medicine



**Donald WHANG, MD**  
Infectious Disease



**Robin KAMINSKY, MD**  
Emergency Medicine



**Sam ZEIM, MD**  
Radiology



**Minisha KOCHAR, MD**  
Cardiology



**Qiliang ZHANG, DO**  
Anesthesiology



**Nicole LAWRENCE, MD**  
Internal Medicine



**Gabrielle McCART, NP**  
Emergency Medicine

## FAREWELLS

Liliane Idylle, DO (Internal Medicine)  
Yumi Ishihara, MD (Emergency Medicine)  
David Jackson, MD (Nuclear Medicine)  
Steven Kwon, MD (Internal Medicine)  
Thomas H. Lee, MD (Nuclear Medicine)  
Amir Nasser, MD (OB/GYN)

Michael Noronha, MD (Nuclear Medicine)  
Gregory Paranay, MD (Nuclear Medicine)  
Susan Paullin, MD (Pediatrics)  
Graham Purcell, MD (Orthopedic Surgery)  
Evangeline Roxas-Butlig, MD (Pediatrics)  
David Shawa, MD (Pain Management)

Saif Siddiqi, MD (Nuclear Medicine)  
Clarence Sinkhorn, MD (OB/GYN)  
Vicki Tran, MD (Internal Medicine)  
Michelle Estrada (Dental Scrub Tech)  
Ronald Fillmore, RNFA (Surgical Assistant)  
Kerry Homotoff, PA (surgical Assist)  
Jennifer Yonamine (Dental Scrub Tech)

**RETIREMENTS:** Barry Rodgveller, DPM (Podiatry)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1 7:15a-Breast Cancer Conference 7:45a-Cancer Conference 12:30p-Critical Care	2 12:30p- Pediatrics-Dept. Rescheduled to 7/9  (NO scheduled CME program – upcoming Holiday)	3 Observed 4 <sup>th</sup> of July Holiday	4 Independence Day 
5	6	7 7:00a-Cardiac Surgery Conference 12:30p-Institutional Rev. 5:00p-Statement of Concern 6:00p-Medical Executive	8 7:15a-Breast Cancer Conference 7:45a-Cancer Conference	9 12:30p- Pediatrics Dept. 12:30p – Utilization Review Committee 12:30p-Continuing Medical Education: "Palliative Care" P. Close, MD	10 12:30p- Cardiac Conf.	11
12	13 7:00 a– Anesthesia Dept. 12:30 pm- New Medical Staff Orientation	14 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	15 7:15a-Breast Cancer Conference 7:45a-Cancer Conference 12:30p-Medical Quality Review	16 7:30a-Radiology Dept.	17 12:30p- Cardiac Conf.	18
19	20 12:30p- Medicine Dept.	21 7:00a-Cardiac Surgery Conference 12:30p-Emergency Medicine Department 12:30p-Infection, Blood and Pharmacy	22 7:15a-Breast Cancer Conference 7:45a-Cancer Conference 12:30p-Physician Excellence Committee	23 12:30p-Post Acute Committee 12:30p-Continuing Medical Education: "Ethics/Privacy", A. Shah, MD, JD	24 12:30p- Cardiac Conf.	25
26	27 7:00 a–Surgery Quality Review 12:30 pm- General Professional Staff	28 7:00a-Cardiac Surgery Conference 12:30p-Cardiology Sub-section 12:30 pm –RN/MD interdisciplinary Meeting	29	30	31 12:30p- Cardiac Conf.	

FINAL: 06/15/2015 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.

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						1
2	3	4 7:00a-Cardiac Surgery Conference	5 7:15a-Breast Cancer Conference 7:45a-Cancer Conference	6	7 12:30p- Cardiac Conf.	8
9	10 12:30 pm- New Medical Staff Orientation (tentative)	11 7:00a-Cardiac Surgery Conference 12:30 p-Cardiology Quality Review	12 7:15a-Breast Cancer Conference 7:45a-Cancer Conference 12:30p-Oncology Committee	13	14 12:30p- Cardiac Conf.	15
16	17	18 7:00a-Cardiac Surgery Conference 12:30p- Infection Prevention Committee	19 7:15a-Breast Cancer Conference 7:45a-Cancer Conference 12:30p-Health Education Committee	20	21 12:30p- Cardiac Conf.	22
23	24	25 7:00a-Cardiac Surgery Conference	26 7:15a-Breast Cancer Conference 7:45a-Cancer Conference	27	28 12:30p- Cardiac Conf.	29
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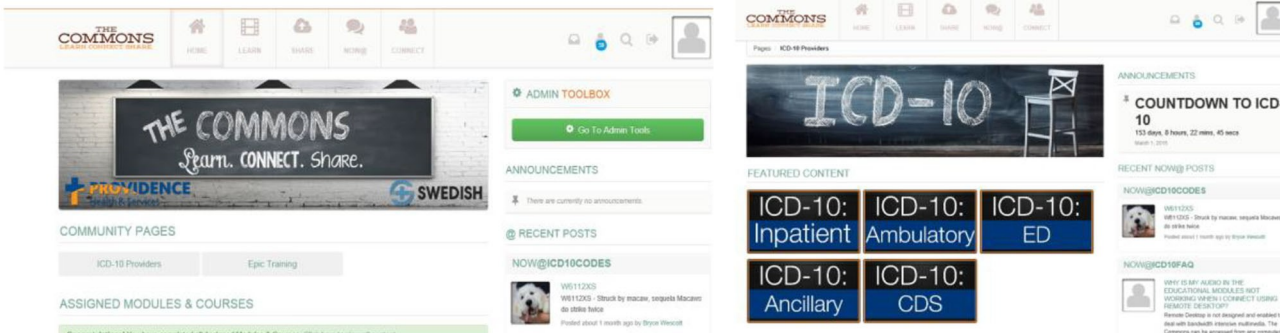
FINAL VERSION: June 15, 2015 – all meetings held in Center of Health Education and the Continuing Medical Education Lecture series are not scheduled for **August** and December.

# ICD-10 TRAINING FOR PROVIDERS

## What you need to know

October 1, 2015 is the compliance “go-live” for ICD-10. As part of our work to familiarize you with ICD-10, please access the appropriate ICD-10 brief videos available on The Commons [www.commonslarning.com](http://www.commonslarning.com). More info to come regarding educational opportunities and continued provider support.

On [The Commons](#) ICD-10 page you will find information about ICD-10 by type of category, plus links to additional resources and a communications portal.



## About Your Account on The Commons

### Provider accounts in The Commons have been updated to use your Epic Login (username)

If you are a provider who has accessed The Commons in the past, your previous username (usually an email address) has been changed to match your Epic login (username).

### To reset your password

Passwords for The Commons were reset in January 2015 to a default password, so your Epic password will not work when you first log in to The Commons this year. Use the default password **TheCommons1** when you log in, and you will then be prompted to change it to a password of your own choosing. Passwords are case-sensitive, so be sure to enter it as shown.

If your access does not work, please call the IS Service Desk at one of the following phone numbers:

San Fernando Valley: (818) 847-3073

Santa Monica: (310) 829-8471

**South Bay: (310) 303-5952**

Tarzana: (818) 708-5385

If you do not have access to The Commons, please use the Request An Account link:

([https://www.commonslarning.com/eco\\_account\\_request.php](https://www.commonslarning.com/eco_account_request.php)) to submit the necessary information, and one will be created for you. You also may request an account from The Commons home page.

If you have any ICD-10 related questions, please email: [ICD10questions@providence.org](mailto:ICD10questions@providence.org) or visit the PH&S ICD-10 site for additional information: <http://in.providence.org/sss/initiatives/icd/Pages/ICD-10-Program.aspx>.