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

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2 VTE Core Measure Reminders
3 PLCMCCT 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
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 Pro thrombin 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

Providence Little Company of Mary Medical Center Torrance
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

Christen Mellano, MD
Orthopedic Surgery

Douglas Porter, MD
Neurophysiology

Ronald Fischman, MD
Nephrology

Victor Kabbany, MD
Nephrology

Bao Nguyen, MD
Pain Management

Nima Rezaei Abbasi, MD
Ophthalmology

Ehsan Sadri, MD
Ophthalmology

Avedik Semerjian, MD
Nephrology

Fernando Thadepalli, MD
Internal Medicine

Devanshu Thakore, MD
Family Medicine

Meenakshi Verma, MD
Nephrology

David Wu, MD
Pain Management

Lynn Armstrong, NP
Emergency Medicine

Brenda Diaz
Dental Asst, Scrub Tech

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)

RETIRED

Beverly Gates, MD (Pediatrics)

Providence Little Company of Mary Medical Center Torrance
### February 2015

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<td>7:00a-Cardiac Surgery Conference</td>
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<td>12:30p-Continuing Medical Education: &quot;Pediatrics: Celiac Disease&quot;</td>
<td>12:30p- Cardiac Conf.</td>
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<td>5:00p-Statement of Concern</td>
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<td>7:00a-Cardiac Surgery Conference</td>
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<td>12:30p-Continuing Medical Education: Hypercholesterolemia</td>
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<td>St. Valentine’s Day</td>
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<td>12:30p-Ob/Gyn Dept.</td>
<td>7:45a-Cancer Conference</td>
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<td>President’s Day</td>
<td>7:00a-Cardiac Surgery Conference</td>
<td>7:15a-Breast Cancer Conference</td>
<td>12:30p- Family Medicine Department</td>
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<td>12:30p-Infection, Blood and Pharmacy</td>
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<td>7:00a-Surgery Quality Review</td>
<td>7:15a-Breast Cancer Conference</td>
<td>12:30p-Continuing Medical Education: “Treatment of Sepsis”</td>
<td>12:30p- Cardiac Conf.</td>
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<td>7:30 a – Surgery Department</td>
<td>7:45a-Cancer Conference</td>
<td>12:30p-Physician Excellence Committee</td>
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<td>7:00a-Cardiac Surgery Conference</td>
<td>12:30p-Critical Care</td>
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### March 2015

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<td>12:30p- Medicine Dept.</td>
<td>7:00a-Cardiac Surgery Conference</td>
<td>7:15a-Breast Cancer Conference</td>
<td>12:30p- Pediatrics Dept.</td>
<td>12:30p- Continuation Medical Education: Obstetrics-&quot;Update on Endometriosis&quot;</td>
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<td>5:00p-Statement of Concern</td>
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<td>7:00a-Cardiac Surgery Conference</td>
<td>7:15a-Breast Cancer Conference</td>
<td>12:30p-Continuing Medical Education: Thyroid Cancer Treatment Updates</td>
<td>12:30p- Cardiac Conf.</td>
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<td>7:00a-Physician Well</td>
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<td>7:30 a-Endovascular Committee</td>
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<td>7:00a-Surgery Quality Review</td>
<td>7:00a-Cardiac Surgery Conference</td>
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<td>11:30a-2:00 pm</td>
<td>Doctors’ Day Celebration</td>
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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

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/CMAM) 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™. 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

PROVIDENCE
Little Company of Mary
Medical Center
Torrance