President of the Professional/Medical Staff REPORT
Michele Del Vicario, MD, FACC, FRCP (C)

High Quality Care

This goes beyond safe delivery of care - beyond effective, timely quality of care and beyond efficient, equitable delivery of care.

Beyond compassion that incorporate up to date evidence-based delivery of care. Most importantly, the care we delivered has to encompass the idea of shared decision making with the patient and just as importantly, with the family and care givers input.

This should also aspire to render whole person care with attention to personal preferences and giving the patient and family sovereignty over the decision making pertaining to illness and dying. Special care and consideration should be given to values, preferences and priorities of the person and family who entrusted us with their health needs.

Thank you for your attention and understanding.
October and November brought a new challenge to our facility - the possibility of caring safely for an Ebola patient. While we have dealt in the past with the complexities that emerging infections (HIV, SARS, others) bring to a hospital, none threatens the safety of our staff and physicians as extensively as Ebola. Not only are we dealing with a potentially lethal virus, but additionally with the hysteria that surrounds it. There were many lessons to be learned.

Thankfully, the threat has now subsided. The epidemic has slowed in West Africa. The CDC has placed many measures in place to identify and track potential cases coming into this country, has firmed up the recommendations to protect caregivers, and has identified receiving hospitals for any cases that might occur. Presently there is no Ebola in the US, and those individuals with possible exposures here are now coming out of quarantine. And the media has finally backed off on their constant Ebola reports.

Our infection prevention team has worked hard to make sure that, should an Ebola case somehow present here, we are ready. Through the tireless work of Jamie Jolly and her team, the drills have been completed, the education done, the supplies obtained, the treating team identified, and the contingencies addressed. The lessons learned can additionally be carried forward to deal with the next threat. I want to recognize all the hard work the many individuals have done to make our institution safe and to ready us to give the best care possible.
Department of Radiology - 2014 In Review

In addition to surviving the EPIC implementation, 2014 has been a very busy and productive year for our Imaging Department. We have been hard at work making changes that we feel will facilitate your interactions with our department and enhance your patients’ imaging experience.

We are very grateful to the administration for upgrading our equipment here at the hospital. We have installed the most powerful CT scanner on the market. The Toshiba 320 slice Aquilion 1 CT scanner has helped us reduce dose and increased patient throughput. We will be offering CT coronary angiography and coronary calcium screening beginning in November.

We are also very excited to offer new services on our recently installed Siemens 3 Tesla MRI scanner. These include prostate imaging (without having to use an endorectal coil), functional cardiac studies, and tractography utilized in pre-surgical planning and evaluation of white matter diseases.

Our new Phillips RF room will greatly improve our fluoroscopy capabilities for image guided procedures.

Additionally, the recently acquired TeraRecon Advanced Medical Visualization software improves the 3-D and 4-D image postprocessing.

To improve capacity we have opened additional ultrasound slots and decreased our ultrasound-guided biopsy backlog to less than one week. We are committed to continue to improve standardization in our reporting and have created many reporting templates to address specific areas of interest. In addition, streamlining our patient registration process has been a major focus and we are committed to less than 24 hour report turnaround time for our outpatient studies.

The Women’s Imaging Center has increased capacity for mammograms with a change in scheduling. We now offer evening appointments three nights per week.

The Women’s Imaging Center has hosted a series of eight community lectures to teach patients about early detection of breast cancer.

A multidisciplinary breast cancer advisory board, which includes surgeons, medical oncologists, radiation oncologists, pathologists, and radiologists was assembled to improve the timeline for newly diagnosed breast cancer patients from biopsy to first treatment. A survivorship nurse navigator role was also created for our cancer patients to receive a comprehensive care plan at the conclusion of their treatment.

Lastly, please let me know if we can do anything to improve our service to you and your patients.

Thank you for the opportunity to be your imaging experts.

Robert A. Kolanz, MD
Journey of the Sisters of Little Company of Mary

In 1877, Mary Potter, a young English woman, founded the order of Little Company of Mary, a congregation dedicated to caring for the sick and the dying. The sisters share a deeply-rooted respect for the dignity of each human being and are devoted to Mary, the mother of Jesus. This devotion is exemplified in the congregation’s name, which derives from the small group of faithful women, a “little company,” who kept Mary company at the foot of the cross on Calvary.

Mary Potter was 30 years old when she established her first small mission to care for the sick of Hyson Green, outside Nottingham, in her native England. From this first mission in an old stocking factory, the ministry has grown into a worldwide network including missions in numerous countries including here in the American province.

The Little Company of Mary ministry was primarily European-based until the sisters in Rome nursed the wife of a Chicago businessman. Mr. Charles Mair, impressed by the kindness and skill of the sisters, offered to underwrite their journey and provide a convent if the sisters would come to America. And they did.

In June of 1956, Cardinal McIntyre invited the Sisters to come to Torrance and build a hospital. A 10-acre site was given to them by a corporate grant deed from the Archdiocese of Los Angeles.
POLICIES AND PROCEDURES

CRITICAL CARE P&Ps
- Respiratory Care Services: Capnography: Exhaled CO2 Monitoring
- Respiratory Care Services: Operating Procedures for IL ABG Analyzers
- Respiratory Care Services: Staffing
- Patient Care: Crash Cart Policy (Adult)
- Patient Care: Code Blue
- Patient Care: Brain Death, Determination of

FAMILY MEDICINE DEPARTMENT P&Ps
- Management of Skin Related to Urinary and Fecal Incontinence - POST EPIC

INFECTION BLOOD AND PHARMACY P&Ps
- Medication Reconciliation - Pharmacist Protocol
- Look-alike/Sound-alike Drugs
- Sterilizing Patient Breast Pump Parts, Infant Feeding Bottles and Nipples for In-Patients
- Cervical Ripening
- Preparation and Storage of Infant Feedings
- Hand Held Nebulizer Therapy
- Rapid Withdrawal of Ventilator Support in Anticipation of Death, Guidelines
- Prion Disease Management Guidelines
- Employee Food and Drink in Patient Care Areas
- Sterile Supplies (Event Related Outdating System)
- Influenza Vaccination (Informal)

OB/GYN DEPARTMENT P&Ps
- Nursing/Women’s Health: Standard of Care - Women’s Health (revised)
- Nursing/Women’s Health: Trial of Labor after C-Section Protocol, with TOLAC Protocol Requirements and TOLAC Consent (revised)

PEDIATRIC DEPARTMENT P&Ps
- Inter-Facility Neonatal Transports
- Evacuation Plan, NICU
- Standards of Patient Care - Well Newborn

RN/MD INTERDISCIPLINARY PRACTICE COMMITTEE P&Ps
- Standards of Practice, Progressive Care Unit
- Scope of Service: Progressive Care Unit (PCU)

SURGERY DEPARTMENT P&Ps
- Scheduling Patient for Surgery (revised)

FORMS

INFECTION BLOOD AND PHARMACY
- Assumption of Liability Physician

MEDICINE DEPARTMENT
- Department of Medicine Privilege (revised)
- Department of Medicine Rules and Regulations (revised)

RADIOLOGY DEPARTMENT
- Spine Center and Pain Management - Order Form

SURGERY DEPARTMENT
- Preoperative Protocol

PERIODIC REVIEW

- Triennial Policy and Procedure Review
- Annual Pharmacy Policy and Procedure Manual

Providence Little Company of Mary Medical Center Torrance
Welcome Medical Staff...

Iman Afrooz, MD  
Internal Medicine

Robert Slay, MD  
Emergency Medicine

Rindha Reddy, MD  
Ophthalmology

Chad Sparks, MD  
Internal Medicine

Julie Santelli, MD  
Radiation Therapy

Gretchen Andersen, PA-C  
Surgical Assistant

FAREWELLS

Teresa Duran, MD (Pathology)
Louis Smolensky, MD (Pediatrics)
Maria Vollucci, DO (Family Medicine)
Leland Whitson, MD (Gynecology)
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**FEATURED ART PIECE**

**GALEN**
The Founder of Modern Medicine
Created and Donated by Edward Weisenheimer, MD

Galen of Pergamon was a prominent Greek physician, surgeon, and philosopher in the Roman empire. Arguably the most accomplished of all medical researchers of antiquity, Galen influenced the development of various scientific disciplines, including anatomy, physiology, pathology, pharmacology, and neurology, as well as philosophy and logic.

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**DID YOU KNOW...**

On January 27, 1979, a new, four-story wing was dedicated, bringing the hospital’s total bed capacity to 263. The addition included an acute observation unit, ob-gyn unit with delivery, nursery and post-partum areas, and an intensive care and cardiac care unit. By the way, 80 of our Medical Staff Physicians were born after 1979.