



Epic Has Launched!

Epic has launched! A huge thank you to all of the Medical Staff for your dedication to training and preparing for this transition to Epic! And to our specialty-specific superusers and leads, we are grateful for the countless number of extra hours you have dedicated to training, teaching and supporting our Medical Staff over the past year and a half, and most recently over the days after the May 15 GO LIVE!

Now that we have launched into Epic, we will spend the next few months optimizing and personalizing our EPIC spaces and workflows. For the first two weeks of GO Live, we have tremendous at-the-elbow support on campus - superusers, leads, Clinical Informatics, Epic implementation techs and contractors.



These specialists have been instrumental in supporting our Medical Staff and easing their way. Moving forward, there will be continued support through our local Clinical Informatics department, the Epic Support Team at 855-415-8188, and AskIT at 842-922-7548.

The success of our launch is clearly a testament to the dedication of our Providence St. Joseph Hospital Medical Staff to provide high quality care for our patients in the safest way possible. Thank you again for your ongoing support during this implementation!

Melissa Rudolph, MD

ECC physician & Co-Chair for Epic implementation with Paul Beck, MD

2021 MD Friend of Nursing Awards

Building and maintaining a Magnet Culture requires a very high level of collaboration between physician and nurse colleagues. Each year during Nurse Week, SJO recognizes MDs who see the value nurses provide and take action to ensure that nurses are supported in this vital role.



Jooby Babu, MD

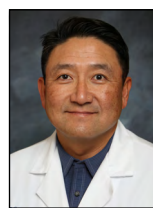
In 2020, the COVID-19 pandemic had everyone stepping up to the plate to care for our patients and each other. Nurses and physicians were front and center in the care of COVID patients, with the assistance of all other disciplines working hard, side-by-side, to keep our patients and caregivers safe. Dr. Babu is one of those physicians who truly served not only his own patients but all patients who needed help.

Dr. Babu was the first physician to volunteer in providing education/in-services to nurses caring for COVID patients. He was patient in providing caregivers with the facts of COVID-19, how to care and manage this type of patient and what to expect. Dr. Babu was so engaged and committed that he did not take any days off when we had the first and second surge. We all knew that Dr. Babu was with us all the way.

In the midst of the pandemic when one of his patients needed a bronchoscopy, she consented to the procedure and informed Dr. Babu that it would be her "bronch birthday." The following day, Dr. Babu brought her a gift—a Christmas ornament. The patient cried because she was so touched, happy and grateful.

When we started the Progressive Care Unit build-out campaign, Dr. Babu was the first physician to say yes to pledge \$25,000 for five years to help make the project a reality. He then assisted in promoting the campaign to other physicians.

Thank you, Dr. Babu, for choosing SJO as your hospital, and for your teamwork, collaboration and especially for sharing your knowledge with the nurses! We are so grateful for you!



Brian Lee, MD

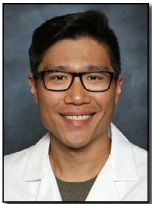
Dr. Brian Lee demonstrates the true meaning of friendship and collaboration in the workplace. Dr. Lee encourages and facilitates exceptional performance in clinical practice, leadership and advocacy. He is a role model for the Medical and Nursing Staff and mentor to many. He has made significant contributions to improving the quality-of-care delivery in clinical practice and professional development for physicians, nurses, and support staff in the Emergency Care Center (ECC). For these and the following reasons, Dr. Lee is the ideal recipient for the MD Friend of Nursing Award.

Dr. Lee's commitment to the health and well-being of our patients, as well as the staff who serve them, was profoundly displayed during the COVID-19 pandemic. Dr. Lee focused on educating ECC staff to be prepared to respond to critical COVID-19 patients. He hosted weekly mock codes in the ECC for a multi-disciplinary team, utilizing best practice guidelines. This ensured all staff knew their role for achieving the best patient outcomes, while keeping themselves safe.

Dr. Lee has an important role as medical director of the ECC, but also continues to work as a physician in the department. We all appreciate his ability to lead behind the scenes, as well as provide frontline care with the rest of our team. Currently, Dr. Lee is working on implementing the "Code LVO" comprehensive stroke response in the ECC. Dr. Lee knows how important the role of Nursing is to make this change happen. He attends Unit Based Council meetings and participates in our multiple daily shift huddles. He is available and approachable to Nursing staff, and always willing to address concerns or questions related to new policies.

He demonstrates knowledge, compassion, excellence, dignity, and above all, he is a team player who consistently displays and promotes education for Nursing.

1100 W. Stewart Dr.
Orange, CA 92868
www.sjo.org



IN THE TRENCHES with Ernest Rasyidi, MD, Psychiatrist

What's the difference between bipolar 1 and 2?

In both conditions a patient may experience episodes of major

depression. Also in both cases, they have mood states which would be on the other end of the pole, so if depression would be considered “down,” they have periods that are considered “up” relative to normal mood. The difference is in the severity or intensity of the up phases. In bipolar 1, the ups are more intense and extreme and may even include hallucinations or loss of touch with reality. Psychiatrists would diagnose this as mania. These episodes can be quite dramatic and patients can get into a lot of trouble during these phases, either through shopping sprees, or extremely impulsive and reckless behaviors which can often lead to interactions with law enforcement. In bipolar 2, the ups are relatively milder and are labeled as hypomania. Patients may actually feel abnormally good and not view these episodes as a problem in themselves.

Are they treated differently and if so, why?

In both bipolar disorders, the evidence suggests that in general the core foundation of treatment should be a category of medications known as “mood stabilizers.” Psychiatrists are trained to screen for a history of manic or hypomanic symptoms, even if a patient is coming in complaining mainly of depression. The reason for this is that using standard major depression treatments such as antidepressants in patients who actually have bipolar disorder can cause the condition to worsen. A patient with bipolar 1 is less likely to receive an antidepressant without a mood stabilizer if screened properly, because full manic episodes are usually pretty clear-cut. In bipolar 2, even when a trained clinician is screening, the patients may not realize that those hypomanic episodes were abnormal because to them they just felt great at the time and thought that’s what it’s like to be doing good.

Can people have both types or progress from one to the other?

The way our current diagnostic system works, once a person has had a clearly

documented manic episode, their diagnosis will be bipolar 1 and never convert to bipolar 2. The rationale is that once a patient has had a full manic episode, there will always be the risk of another. If a person has bipolar 2 and has had episodes of hypomania, there is a possibility that at some point they may have a full manic episode, at which point their diagnosis would change to bipolar 1.

What I often see clinically is that patients may be diagnosed with bipolar 2 in their late teens or early 20s, which may have been accurate at the time because they only had hypomanic episodes up until that point. However, at some point in their mid or late 20s, they may experience a full manic episode and have their diagnosis changed to bipolar type 1. I think in a lot of these cases only time could tell what the long-term diagnosis would be because they were still relatively young with a developing brain when they were initially diagnosed with bipolar 2. As the years went on, their brain continued to grow and develop into a more final form.

MAY IS NATIONAL MENTAL HEALTH MONTH.