


**DATE:** October 15, 2025

**TO:** Torrance Memorial Medical Staff Members & Hospital Departments

**FROM:** Oren Zaidel, M.D., Chief of Staff 

**SUBJECT:** Medical Executive Committee Meeting Action Items

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The following items were approved or presented for information by the Medical Executive Committee on October 14, 2025:

### **Adoption of the Torrance Memorial Influenza Vaccine Policy for the Medical Staff**

#### **ANESTHESIA DEPARTMENT – September 10, 2025**

- A. Informational: Mikhail Kovshilovsky, M.D., nominated for 2026 Chief of Anesthesia Department
- B. Informational: ULR66-Oxytocin
- C. Informational: ULR71-Delay in Emergent C-Section for Medically Unstable Patient

#### **EMERGENCY DEPARTMENT – September 18, 2025**

- A. Informational: ULR61-Critical Outpatient Radiology Results that Require Emergent ED Visit
- B. Informational: ULR71-Delay in Emergent C-Section for Medically Unstable Patient

#### **MEDICINE DEPARTMENT – September 10, 2025**

- A. Revised Clinical Privilege Application Card for Department of Medicine – Endocrinology  
Revisions:  
Under **Documentation** add: **OR for Endocrinology Core, documentation of 12 office-based or urgent care center cases may be submitted for consideration. The office-based cases must be varied and demonstrate management of Endocrinology conditions.**
- B. Informational: Samuel Tomich, M.D., nominated for 2026 Chief of Medicine Department
- C. Informational: Event Notifications: RCA195-Importance of Two Patient Identification; and ULR73-Adverse Drug Reaction, Vancomycin Induced Acute Kidney Injury

#### **OBSTETRICS & GYNECOLOGY DEPARTMENT – September 23, 2025**

- A. Informational: ULR71-Delay in Emergent C-Section for Medically Unstable Patient

#### **PATHOLOGY DEPARTMENT – September 24, 2025**

- A. Informational: John Blakey, M.D., elected for 2026 Chief of Pathology Department

#### **PEDIATRIC DEPARTMENT – September 18, 2025**

- A. Informational: Steven Jensen, M.D. nominated for 2026 Chief of Pediatrics Department

**PEDIATRIC DEPARTMENT (CONTINUED)**

- B. New Division of Nursing Maternal/Child Services Policy/Procedure entitled, "Outpatient Hearing Screening, Newborn and Infant"

**RADIOLOGY DEPARTMENT – September 23, 2025**

- A. Informational: Amanda Murphy, M.D., nominated for 2026 Chief of Radiology Department
- B. Revised Department of Imaging Services Policy/Procedure entitled, "Retrograde Urethrogram Male X-Ray"
- C. Revised Department of Imaging Services Policy/Procedure entitled, "Pediatric UGI X-Ray"
- D. Informational: ULR61-Critical Outpatient Radiology Results that Require Emergent ED Visit
- E. Informational: ULR72-Hemodialysis Catheter Access Delayed and Lack of Admitting Orders
- F. RCA208-Nasointestinal Tube Perforation of Pharynx

**SURGERY DEPARTMENT – October 3, 2025**

- A. Informational: Catherine Madorin, M.D., nominated for 2026 Chief of Surgery Department
- B. Annual Review of Bariatric Care Pathways
- C. Revised Practice Prerogative Application Card for Allied Health Professional – Physician Assistant-Surgical Specialties (other than CV Surgery)

Revisions:

26.10-Inpatient Privileges: Add **Perform Consultations**

**BYLAWS COMMITTEE – August 22, 2025**

- A. Revised Medical Staff General Rules & Regulations

Revisions:

Section G. Emergency Call Panel was revised to include the following language:

**At the discretion of the Medical Executive Committee, members of the medical staff that are current enrollees of a fellowship training program may also be exempt from emergency call coverage.**

Urgent Consults, language revised as follows:

Call will be made to the physician office/answering service (or ~~Mobile Heartbeat Call~~ **current mobile messaging application** as determined by MD on Call)

- B. Informational: Revised Medical Staff Bylaws

Revisions:

Article VI-House Staff, Section 6.1-Qualifications

House Staff are physicians-in-training enrolled in a ~~Cedars Sinai Health System~~ approved residency or fellowship program **that is approved by the Medical Executive Committee and the Board**. Members of the House Staff are not eligible for membership of the Medical Staff of Torrance Memorial Medical Center.

**BYLAWS COMMITTEE (CONTINUED)**

Article VI-House Staff, Section 6.3-Responsibilities

House Staff will be held to the same standards of conduct as Medical Staff members and must agree to abide by these Bylaws, the Rules & Regulations of the Medical Staff, other rules and policies of the Medical Staff, and the individual departments.

Removal of “independent” from licensed independent practitioners

**CANCER COMMITTEE – September 23, 2025**

- A. Revised Department of Med Surg-Oncology Policy/Procedure entitled, “Oncology Nursing Competency and Credentialing”

**CREDENTIALS COMMITTEE – Approvals filed in Medical Staff Services – please see Toni Woodard**

**GENERAL STAFF MEETING – September 26, 2026**

A. 2026 Officers:

- Chief of Staff – Oren Zaidel, M.D.
- Vice Chief of Staff – Victoria Shin, M.D.
- Secretary/Treasurer – Tracy Bercu, M.D.

B. 2026 Members-At-Large:

- Khalid Eltawil, M.D.
- Gretchen Lent, M.D.
- Scott Swenson, M.D.

**INFECTION PREVENTION/P&T COMMITTEE – October 7, 2025**

A. Revised Order Set, Outpatient Intravenous (IV) Diuretic Order Set

B. Revised Order Set, Methotrexate for Ectopic Pregnancy

C. Revised Order Set, IV Infusion Guidelines-GIP Updates

D. Revised Order Set, Fosaprepitant Intravenous Monograph

E. Draft Order Set, NICU PICC Line (MultiPhase)

F. Draft Order Set, ICU Fever Testing

G. Revised Medication Management Policy/Procedure entitled, “Adverse Drug Events (ADEs)”

H. Annual Review Pharmacy Policy/Procedure entitled, “Compounding Non-Sterile Drug Products (CNSP)-Pharmacy Compounding”

I. Draft Patient Care: Medication Policy/Procedure entitled, “GIP/Comfort Focused Care”

J. 3-Year Review Medication Access Policy/Procedure entitled, “Medication Access-Medication Management”

K. Draft Patient Care: Medication Policy/Procedure entitled, “Palliative Care Pain and Symptom Management”

L. Revised Medication Management Policy/Procedure entitled, “Sample Medication Management”

M. Revised Patient Care: Medication Policy/Procedure entitled, “Transdermal Fentanyl Patch”

**INFECTION PREVENTION/P&T COMMITTEE (CONTINUED)**

- N. Pilot Order Set, ECMO Insertion
- O. Pilot Order Set, ECMO Maintenance
- P. Pilot Order Set, Post Extravasation/Infiltration
- Q. Revise Order Set, Burn Center Adult Admission Orders (13 years and older)
- R. Revised Order Set, Burn Center Pediatric Admission Orders
- S. Revised Order Set, Outpatient Total Joint Replacement Post-Op
- T. Revised Order Set, Total Joint Replacement Pre-Op
- U. Revised Order Set, Total Joint Replacement Post-Op

**INSTITUTIONAL REVIEW BOARD** – Approvals filed in Medical Staff Services – please see Angela Moreno

**MEDICAL STAFF PERFORMANCE IMPROVEMENT** – October 2, 2025

- A. Informational: ULR61-Clinical Outpatient Radiology Results that Require Emergent ED VIsit
- B. Informational: ULR63-Request for Intraoperative Consult
- C. Informational: ULR66-Medication Administration Error
- D. Informational: ULR71-Delay in Emergent C-Section for Medically Unstable Patient

**STROKE COMMITTEE** – September 25, 2025

- A. Annual Review of Policies
  - Accepting Higher Level to Neuro ICU
  - Code Stroke-Management of Acute Stroke
  - Pupilometer, Use of
  - Swallow Screen
  - Thrombolytic Therapy for Acute Ischemic Stroke

If there are any questions, please contact Genny Schauwecker at extension 27555.

**Distribution:**

TMMC Website – For Medical Staff Members  
Medical Staff Services/Performance Improvement Department  
Dan Bauman, Clinical Informatics  
Amy Hellinga, Clinical Informatics  
Maki Jerden, N.P., Wound Ostomy  
Anne Kienberger, Clinical Informatics  
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