Torrance Memorial Ebola Preparation Communication

This is to inform you of Torrance Memorial Medical Center’s preparation in the event a suspected Ebola (EVD) patient should present at the medical center. We have been preparing our response for the potential arrival of EVD since July, 2014.

- The Emergency Department is currently screening all patients for EVD under guidelines established by the Centers for Disease Control and Prevention and the Los Angeles County Department of Public Health.

- We are planning to conduct active training with a dedicated staff on how to appropriately isolate, treat and transport suspected and confirmed patients to prevent the spread of the disease among hospital staff, patients, visitors and the community using the most stringent guidelines. Because the recommended guidelines are continually evolving, the medical center is in regular contact with local, state and federal health authorities. We are frequently updating our response plan in accordance to the latest recommendations.

- Any employee, physician or volunteer with a travel history to high risk countries in West Africa (Liberia, Guinea or Sierra Leone) or who has had contact with a sick individual from West Africa will be restricted from returning to Torrance Memorial until 21 days following arrival back in the United States. Please also alert Employee Health Services at (310) 325-9110, ext. 2005.

Please direct any questions you may have to Infection Control at (310) 325-9110, ext. 2057.

Torrance Memorial will continue to update all employees as plans change since we are learning how to more effectively combat this disease every day.

Thank you for your patience and trust as we are diligently working to keep employees and our community safe.

Peggy Berwald, RN
Senior Vice President, Patient Services/CNO
Ebola Virus Checklist

Health Care Provider Preparedness Checklist for Ebola Virus Disease

The U.S. Department of Health and Human Services’ (DHHS) Centers for Disease Control and Prevention (CDC) and Office of the Assistant Secretary for Preparedness and Response (ASPR), in addition to other federal, state, and local partners, aim to increase understanding and encourage the preparedness for U.S. hospitals managing patients with Ebola Virus Disease (EVD).

The following checklist highlights some key areas health care providers to review in preparation that a person with EVD arrives for medical care. The checklist format is not intended to set forth mandatory requirements or establish national standards. In this checklist healthcare personnel (HCP) refers all persons, paid and unpaid, working in healthcare settings who have the potential for exposure to patients and/or to infectious materials, including blood and body fluids, contaminated medical supplies and equipment, and contaminated environmental surfaces. HCP include, but are not limited to, physicians, nurses, nursing assistants, therapists, technicians, students and trainees, laboratory personnel, contractual personnel, emergency medical services personnel, and persons not directly involved in patient care (e.g., house-keeping, laundry).

More detailed checklists including practical and specific suggestions to ensure your hospital is able to detect possible EVD cases, protect your employees, and respond appropriately can be found here: http://www.cdc.gov/vhf/ebola/pdf/hospital-checklist-ebola-preparedness.pdf

- Stay up to date on the latest information about risk factors, signs, symptoms, and diagnostic testing for EVD (http://www.cdc.gov/vhf/ebola/index.html)
- Be alert for patients with signs and symptoms of EVD or who may have traveled recently to one of the affected countries (http://www.cdc.gov/vhf/ebola/symptoms/index.html)
- Review facility infection control policies for consistency with the Centers for Disease Control and Prevention’s Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected EVD in U.S. Hospitals (http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html) to include recommendations for:
  - Assessment and triage of patients with suspected EVD
  - Patient placement
  - Visitor management and exclusion
  - Personal protective equipment (PPE) for healthcare personnel
- Promptly apply standard, contact, and droplet precautions for any suspected or confirmed EVD patients before transport or upon entry to the facility, and triage using the facility plans (e.g., place in private room) for evaluation (http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html)
- Know how to report a potential EVD case to your facility infection control leads
- Know the points of contact within your facility responsible for communicating with state and local public health officials. Remember: EVD is a nationally notifiable disease and must be immediately reported to local, state, and federal public health authorities. A list of state epidemiologists can be found here: (http://www.cste.org/?page=StateEpi)
- Know who to notify in your facility after an unprotected exposure (i.e., not wearing recommended PPE at the time of patient contact or through direct contact with blood or body fluids) to a suspected or confirmed EVD patient.
- Know how and where to seek medical evaluation following an unprotected exposure.
- Do not report to work if you become ill after an unprotected exposure (i.e. not wearing recommended PPE at the time of patient contact or through direct contact to blood or body fluids) to a patient with EVD.

Additional Resources

- U.S. Department of Health and Human Services Assistant Secretary for Preparedness and Response http://www.phe.gov/preparedness/Pages/default.aspx

For the most up-to-date Ebola information go to: www.cdph.ca.gov and http://www.cdc.gov/
EBOLA RESPONSE TEAM

Identify + Treat + Protect

Identify

West Africa

Liberia
Sierra Leone
Guinea

Population Liberia, Sierra Leone and Guinea

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Identify – Liberia, Sierra Leone, Guinea

EVD Presentation

- Initial symptoms are nonspecific - may include fever, chills, myalgias, and malaise.
- Patients can progress to develop gastrointestinal symptoms:
  - severe watery diarrhea, nausea, vomiting, abdominal pain
- Other symptoms:
  - chest pain, shortness of breath, headache or confusion, conjunctival injection, hiccups,
  - seizures, and cerebral edema
- Bleeding not universally present but can manifest later as petechiae, ecchymosis/bruising, or oozing. Frank hemorrhage less common.
- Some develop diffuse erythematous maculopapular rash that can desquamate.
- Most common symptoms reported during current outbreak:
  - fever (87%)
  - fatigue (76%)
  - vomiting (66%)
  - diarrhea (66%)
  - loss of appetite (65%)
- Patients with fatal disease develop more severe clinical signs early during infection and die between days 6 - 16 of complications (mean of 7.5 days).
- In non-fatal cases, patients may have fever for several days and improve, around day 6.
- The case fatality proportion in West Africa is about 71%

EVD Treatment

- Aggressive intravenous hydration
- Symptomatic treatment for nausea, vomiting and diarrhea
- Monitor for hemorrhagic manifestations
- Passive immunologic – donor plasma from EVD survivors
- Experimental treatments – eg. ZMapp

- Transfer to regional treatment center or national biocontainment unit
EVD Transmission

- Body fluid – blood, saliva, sweat, vomitus, stool, urine
- Skin – late disease
- Not airborne
- Airborne Generating Procedures?
- Not found on dry surfaces around patients
- Body fluid soaked surfaces can last up to hours
- Infectivity rises with stage of disease – very low viral loads at onset of symptoms
- Why so much transmission in Africa?

Transmission in Africa

ERT Protocol Entry

- Identify patient ED entry – hold outside to be met
- EMS – call ahead – to ED Room 11
- Short path to ED interview area – Lead/Triage RN to ED Physician
- Designate “Person Under Investigation” - Infection Control Physician – Call to LAC ACDC
- Donning area South Desk – PPE goes on ED ERT
- Short path to ED Room 11
- ED Closed from Room 12 to South Desk
- ED Room 12 Doffing area
- ED ERT stabilize and treat – blood for Ebola testing
- ICU ERT takes over care
ERT Protocol ICU7

- Transport to ICU Room 714 – Clear Rooms 719 to 709
- Donning Area Room 715
- Doffing Area – space in front of 714 Anteroom
- Dirty Room 712
- Minimal Staffing – Three RN’s per shift with ID Physician
- Consulting physicians, respiratory therapy and other ancillary staff in room only on as needed basis
- Strict PPE Donning and Doffing Protocol with site observer
- Confirmation Ebola <24hrs – CDC Team – Transfer?

Personal Protective Equipment

PPE

- Underwear
- Scrubs + Crocs
- Yellow gown
- Gloves 1
- Surgical Mask and cap
- Gown (Suit)
- N95 + Tyvec Hood
- Gloves 2 + Face Shield
- Apron + Gloves 3
Donning Protocol

Torrance Memorial Medical Center
Ebola Viral Disease Donning and Doffing Protocol

Personal Protective Equipment

A. For going into all Unit areas – staff enters into room (Designated Clean Room for ED and 719 for ICU 7) and changes into hospital provided scrubs, disposable underwear, bras, socks, and shoes before entering the unit.
Also don:
1. Impermeable Isolation Gown,
2. Surgical Mask,
3. Gloves
4. Shoe covers.
5. Remove all jewelry, etc.

B. For going into dirty areas – this is defined as the Patient Care Room, hallway outside patient room, the contaminated room and/or being the Doffing partner. Staff enters into (Designated Clean room in ED and 715 for ICU 7) and adds additional equipment

Procedures for Donning
Always work with a partner. Always announce a step and do a response back. STOP and tell each other things are not done correctly.

Staff will enter into room, and while being clearly directed by a partner, staff will:

1. Drink water to remain hydrated
2. Boot style shoe covers
3. Tyvek head cover
4. Impermeable surgical gown
5. Perform hand hygiene
6. N95 respirator and ensure a fit check breathing deeply in and out, feeling with your hands for any air leakage
7. Face Shield over the Tyvek head cover and the N95 straps
8. Standard nitrile gloves, bring cuffs of gown over the glove cuff
9. Long cuffed surgical gloves over the nitrile gloves ensuring that the glove cuff covers the gown sleeve adequately to prevent exposure when providing patient care.
10. Perform a safety check with partner to ensure all PPE is correctly donned

It is highly recommended to add a 3rd pair of standard gloves and a plastic apron when providing patient care if there is a risk of body fluid exposure i.e., diarrhea, vomiting, bleeding, or performing a high risk procedure.
Doffing Protocol

C. Leaving patient care area is one of the most risky times. This procedure should be done slowly and methodically following the Doffing Partner’s clear instructions.

Procedure for doffing: Work with a partner and all items removed are put into a bin that is lined with a red biohazard bag.

1. Clean outside of outer glove with bleach wipe and then remove outer gloves and apron (if worn) in patient room and dispose
2. Clean middle layer of gloves with bleach wipe
3. Exit onto a Doffing Pad #1
4. Doffing partner will untie gown ties at back of neck if needed
5. Remove gown by pulling sleeves past hands and then cross arms to grab the gown at the shoulders and gently roll gown off and into a ball
6. Clean middle layer of gloves with bleach wipe and then remove gloves using “glove in glove technique”...
7. Clean first layer of gloves with bleach and don a pair of clean gloves over first layer of gloves.
8. Doffing partner will now assist with removal of the boot style shoe covers as needed
9. Step onto Doffing Pad #2
10. Remove your face shield holding the strap at the back of the head
11. Clean gloves with bleach wipe
12. Remove the N95 respirator by grabbing the straps from behind and holding onto the respirator (touching as little of the respirator as possible... just enough to securely remove it)
13. Remove second layer of gloves using “glove in glove” technique and clean first layer of gloves with bleach wipe
14. Remove Tyvek hood...by grabbing from above and pulling it forward and upward, being extremely careful not to touch head or face.
15. Remove gloves, perform meticulous hand hygiene and apply a new clean pair of gloves
16. The person being doffed will then hold up their foot to allow the doffing partner to wipe the tops and bottoms of their shoes with bleach wipes.
17. When clean, step onto the floor.
18. Perform a TIME OUT to check for any gaps in protocol or possible contamination
19. Drink Water to remain hydrated.

Doffing partner then removes their PPE

Always work with a partner...... Always announce a step and do a response back. STOP and tell each other things are not done correctly.

Anyone who is in a position that requires full PPE is required to shower out. All PPE (disposable or not) is considered contaminated and will be disposed of an biohazardous waste.
Food Services Retail Move Timeline

Tuesday, November 11th
- 6:00 AM - 1:00 PM - Coffee Bar soft opening to customers and visitors
- Beverages will be offered at discounted prices throughout the week
- Food Services will advertise soft opening throughout the hospital

Friday, November 14th
- 7:00 PM - Jered’s Café closes
- Signage placed at Jared’s Café doors re-directing staff & visitors to Yang Café
- Yang Café is prepared for 3rd shift service

Saturday, November 15th
- 2:00 AM—4:00 AM - Yang Café opens for 3rd shift service
- All meal services conducted in Yang Café

Sunday, November 16th
- 2:00 AM - 4:00 AM - Yang Café opens for 3rd shift service
- Lundquist Tower Kitchen, Yang Café and Coffee Bar fully operational
  **hours subject to change this day due to patient move**

Monday, November 17th
- Yang Café and Coffee Bar operate with new operating hours

New Hours for Food Service Cafes

**Coffee Bar (Lundquist Tower)**
Full service Starbucks specialty beverages, pastries and “Grab & Go” offerings
- Monday-Friday 5:00 am - 5:00 pm
- Saturday & Sunday 6:00 am - 1:00 pm

**Yang Café (Lundquist Tower)**
Café offerings include grill, pizzas, deli, soup, “grab & go” and beverages
(Services will be expanded after remodel of Central Tower kitchen)
- 7 Days from 6:00 am - 8:00 pm
  (Closed between 10:15 am - 11:00 am & 3:00 pm - 4:00 pm for cleaning & set up)
- Nights 7 Days from 11:00 pm - 3:00 am (third shift)

**Helena’s Café (West Tower)**
Monday-Friday 7:00 am - 2:00 pm

**Revive Café (Specialty Center)**
Full service Starbucks specialty beverages, pastries, sandwiches, salads and “Grab & Go” offerings
- Monday-Friday 8:00 am - 3:00 pm

**Jared’s Café**
Closed
Vending in annex open 24 hours
Becker’s Hospital Review Names Torrance Memorial As Having A Great Orthopedic Program

Torrance Memorial Medical Center has been named in the 2014 edition of Becker's Hospital Review list of "125 Hospitals and Health Systems With Great Orthopedic Programs."

The featured organizations have orthopedic surgery departments, programs or dedicated centers and many have received recognition for orthopedic excellence from sources such as U.S. News & World Report, Healthgrades, CareChex and Blue Cross Blue Shield. Exceptional orthopedic departments include physicians who provide outstanding care to patients, front-line orthopedic research and treat professional athletes.

This is the first time Becker's Hospital Review has included 125 hospitals in its list. The full list is available at: http://www.beckershospitalreview.com/125-hospitals-and-health-systems-with-great-orthopedic-programs-2014/full-list.html

Medical Executive Committee Approvals

Items approved at the last Medical Executive Committee meeting can be viewed by using this website link and selecting the particular month:  http://www.torrancememorial.org/For_Physicians/Medical_Staff/MEC_Approval.aspx .

If you have any questions, please contact the Medical Staff Services Department at (310) 517-4616.

Save the Date

General Medical Staff Meeting
November 5, 2014
12:00 Noon
Hoffman Health Conference Center

Cardiology Update

CARDIOLOGY UPDATE 2015
CONVENTIONAL WISDOM AND BEYOND

For physicians & healthcare professionals only

SAVE THE DATE
Friday, May 8, 2015
8:00 a.m - 5:00 p.m.

Torrance Memorial Medical Center
**QUESTION:**
While performing a procedure (or assisting in the procedure area), I recognize the patient as a co-worker (or family, friend etc.). Out of concern, may I ask the patient the reason for the visit or inform other staff members about the patient?

**ANSWER:**
No. You should NOT ask the patient (employee or non-employee) the reason for their visit or other questions relating to their visit, procedure, treatment or medical condition. And No, you should not inform other staff members or friends about the patient.

All patient medical information (employees and non-employees) is considered confidential and protected. Patient PHI comes in many forms;
- Seeing a patient in a clinical department waiting to be seen;
- Performing or assisting with a procedure or treatment on a patient;
- Hearing information being discussed in your department or other area;
- Viewing information on paper, the computer or electronically; and
- Oral communication.

Every employee has an obligation to protect patient information.
If you see a co-worker or non-employee friend or family member here as a patient, you should leave it up to the discretion of the patient to speak to you about their visit, treatment, procedure or condition.

Protection of patient confidentiality is a State and Federal Regulation and an important practice that should be part of our daily activities.

**PROTECTING EACH PERSON’S PRIVACY IS A KEY PART OF QUALITY CARE**

**PHI** = PROTECTED HEALTH INFORMATION = Patient name, room number, address, phone number, SS#, diagnosis, procedures, insurance information, email, photographs, etc.

**TPO** = Treatment, Payment or HealthCare Operations.

**REFERENCE:**
45 CFR 164.502 (a) through (j), SB 541, AB 211 and HITECH Act
POLICY # 1410.01 USES AND DISCLOSURES OF PHI – GENERAL RULES”
POLICY # 1410.03 “CONFIDENTIALITY AND PROTECTED HEALTH INFORMATION”
FORM # 14 “CONFIDENTIALITY AGREEMENT”
Lundquist Tower Patron Gala Night, Donor Wall Unveiling & Dedication to the Memory of Richard B. Hoffman, M.D. - September 13, 2014
Lundquist Tower Dedication & Ribbon Cutting - September 20, 2014

L to r: Melanie Lundquist, Richard Lundquist, Don Knabe, supervisor, L.A. County Board of Supervisors

L to r: Al Muratsuchi, assembly member, district 66, Craig Leach, president and CEO

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L to r: Al Muratsuchi, assembly member, district 66, Craig Leach, president and CEO

L to r: Wayne Powell, mayor of Manhattan Beach, Craig Leach, president and CEO

L to r: Actors playing Torrance Memorial founders Helena Childs Torrance and Jared Sidney Torrance, Suzanne Fuentes, mayor of El Segundo, Patrick Furey, mayor of Torrance, Wayne Powell, mayor of Manhattan Beach, Al Muratsuchi, assembly member, district 66, Craig Leach, president and CEO, Melanie Lundquist, Richard Lundquist, Thomas Simko, M.D., radiation oncologist/chief of staff, Bill Collier, chair, Torrance Memorial Board of Trustees, Don Knabe, supervisor, L.A. County Board of Supervisors, Steven Bradford, assembly member, district 62, Ted Lieu, state senator, district 28

L to r: Actors playing Torrance Memorial founders Helena Childs Torrance and Jared Sidney Torrance (Ford Model A courtesy of Steve Thompson, Director of Pharmacy)

L to r: Steven Bradford, assembly member, district 62, Craig Leach, president and CEO

L to r: Thomas Simko, M.D., radiation oncologist/chief of staff, Melanie Lundquist, Richard Lundquist

L to r: Wayne Powell, mayor of Manhattan Beach, Craig Leach, president and CEO

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L to r: George Graham, former president and CEO, Thomas Simko, M.D., radiation oncologist/chief of staff

L to r: Carole Hoffman, George So, M.D., interventional radiologist, George Graham, former president and CEO, Craig Leach, president and CEO

L to r: Kia Duong, R.N., ICU-2, Grace Lechner, R.N., 4N, Katrina DeSocio, R.N., PCU-6, Ariel Aguierre, R.N., 5N, Stephanie Crespo, R.N., 4N dress as 1920s nurses

L to r: Actors playing Torrance Memorial founders Helena Childs Torrance and Jared Sidney Torrance (Ford Model A courtesy of Steve Thompson, Director of Pharmacy)
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<td>7:00a CV Review Conf............WT-D</td>
<td>7:00a IRB..............WT-B</td>
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CME CONFERENCES
Wednesdays, 12:30 p.m.
Hoffman Health Conference Center

Torrance Memorial Medical Center is accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) to provide continuing medical education for physicians.

Torrance Memorial Medical Center designates this live activity for a maximum of 1 AMA PRA Category 1 credit™. Physicians should claim only the 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.

For up-to-the-minute conference information call (310) 784-8776 or visit: http://www.torrancememorial.org/For_Physicians/ Wednesday_CME_Conferences.aspx

November 5, 2014
NO CONFERENCE

November 12, 2014
NO CONFERENCE

November 19, 2014
NO CONFERENCE

November 26, 2014
NO CONFERENCE

December 3, 2014
NO CONFERENCE

December 10, 2014
NO CONFERENCE

December 17, 2014
NO CONFERENCE

December 24, 2014
NO CONFERENCE

December 31, 2014
NO CONFERENCE

January 7, 2015
“Nutritional Support for Critical Care”
Kurt Hong, M.D.
USC School of Medicine
Commercial Support: None
Welcome New Practitioners on Staff

Irina Addes, M.D.
Medicine
Gelbart & Associates Psychological Services
3333 Skypark Dr., Ste. 220
Torrance, CA 90505
Phone: (310) 257-5750
Fax: (310) 257-5753

Allyson A. Estess, M.D.
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Sports & Spine Orthopedics
23456 Hawthorne Blvd., Ste. 200
Torrance, CA 90505
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Fax: (310) 375-8776

Fataneh Amidi, M.D.
OB/GYN
3400 Lomita Blvd., Ste. 500
Torrance, CA 90505
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Fax: (310) 373-7940

Carlos A. Garcia, M.D.
Anesthesiology
Anesthesia Medical Group, Inc.
3330 Lomita Blvd., Anesthesia Office
Torrance, CA 90505
Phone: (310) 517-4759
Fax: (310) 517-4668

Amruti D. Borad, D.O.
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UCLA Specialty Care Offices
3445 Pacific Coast Hwy., Ste. 100
Torrance, CA 90505
Phone: (310) 542-6333
Fax: (310) 326-2236

Jason A. Hove, M.D.
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Redondo Beach, CA 90277
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Fax: (310) 937-8556

Anthony J. Chen, M.D.
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Torrance Memorial Physician Network - Lomita
2900 Lomita Blvd.
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Fax: (310) 539-1322

Dana E. Kennedy, M.D.
Emergency
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Phone: (310) 325-9110
Fax: (310) 784-3789

Eric M. Chen, M.D.
Radiology
Advanced TeleRadiology
6789 Quail Hill Parkway, Ste. 728
Irvine, CA 92603
Phone: (888) 225-0628
Fax: (949) 861-9086

Khalid B. Khan, M.D.
Medicine
13425 Inglewood Ave.
Hawthorne, CA 90250
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The Medical Staff Newsletter Progress Notes is published monthly for the Medical Staff of Torrance Memorial Medical Center.

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