Torrance Memorial Earns Performance Recognitions from American Heart Association

Torrance Memorial has received four distinctions from the American Heart Association’s 2015 Get With The Guidelines® awards: Stroke Gold Plus, Heart Failure Gold Plus, National Cardiovascular Data Registry (NCDR) Action Registry Gold and Mission Lifeline Silver.

This is the third straight year Torrance Memorial has been recognized with a Gold Plus Quality Achievement Award in the Stroke category. This award recognizes the hospital’s commitment and success in ensuring stroke patients receive the most appropriate treatment according to national recognized, research-based guidelines.

It is also the third year Torrance Memorial has received a Gold Plus recognition for Heart Failure. It is awarded to hospitals that provide the most up-to-date, research based guidelines with the goal of speeding recovery and reducing hospital readmissions for heart failure patients.

It is the first year Torrance Memorial has received the National Cardiovascular Data Registry (NCDR) Action Registry Gold Award. This award recognizes success in reaching a higher standard of care for treating heart attack patients.

It is also the first time Torrance Memorial has achieved the Mission Lifeline Silver Award. This award recognizes milestones in reducing barriers to prompt treatment for heart attacks, beginning with the 9-1-1 call and continuing through hospital treatment.

These accolades demonstrate Torrance Memorial’s continued efforts in meeting the rigorous guidelines of care recommended by the American Heart Association/American College of Cardiology.
New Clostridium Difficile Infection Protocol Coming Feb. 2\textsuperscript{nd}

The Registered Nurse (RN) will complete an assessment to determine if the patient meets criteria for possible Clostridium difficile infection (CDI).

If the criteria for Clostridium difficile (C. difficile) toxin specimen testing are met, the RN may send a stool specimen to the lab with an order by the physician who is rounding on that patient that day. (See Attached Screenshots)

**Screenshots for Clostridium Difficile Infection Protocol**

1. The arrow to the left of Stool Description indicates there are conditional fields tied to it.
Clostridium Difficile Infection Protocol

2. If nursing documents Stool Description of “Liquid” and/or “Watery” two required conditional fields are activated (1. C.diff Protocol Testing Criteria 2. Suspect C.diff”)

3. Here are the selections for C.diff Protocol Testing Criteria

4. Selections for Suspect C.diff

5. If patient meets either or both criteria in #3 above (except N/A) and at least one or more of #4 (except N/A), then a rule will fire a “Reminder” Order/Task to remind the nurse to enter the C. diff lab specimen order and to send the specimen. The documented criteria will appear on both the reminder order and task.
HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

Physician Orders for Life-Sustaining Treatment (POLST)

First follow these orders, then contact Physician/NP/PA. A copy of the signed POLST form is a legally valid physician order. Any section not completed implies full treatment for that section. POLST complements an Advance Directive and is not intended to replace that document.

Patient Last Name: Date Form Prepared:
Patient First Name: Patient Date of Birth:
Patient Middle Name: Medical Record #: (optional)

A  Check One

CARDIOPULMONARY RESUSCITATION (CPR): if patient has no pulse and is not breathing.
If patient is NOT in cardiopulmonary arrest, follow orders in Sections B and C.

☐ Attempt Resuscitation/CPR (Selecting CPR in Section A requires selecting Full Treatment in Section B)
☐ Do Not Attempt Resuscitation/DNR (Allow Natural Death)

B  Check One

MEDICAL INTERVENTIONS: if patient is found with a pulse and/or is breathing.

☐ Full Treatment – primary goal of prolonging life by all medically effective means.
In addition to treatment described in Selective Treatment and Comfort-Focused Treatment, use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated.
☐ Trial Period of Full Treatment.

☐ Selective Treatment – goal of treating medical conditions while avoiding burdensome measures.
In addition to treatment described in Comfort-Focused Treatment, use medical treatment, IV antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care.
☐ Request transfer to hospital only if comfort needs cannot be met in current location.

☐ Comfort-Focused Treatment – primary goal of maximizing comfort.
Relieve pain and suffering with medication by any route as needed; use oxygen, suctioning, and manual treatment of airway obstruction. Do not use treatments listed in Full and Selective Treatment unless consistent with comfort goal. Request transfer to hospital only if comfort needs cannot be met in current location.

Additional Orders:

C  Check One

ARTIFICIALLY ADMINISTRATION NUTRITION: Offer food by mouth if feasible and desired.

☐ Long-term artificial nutrition, including feeding tubes.
☐ Trial period of artificial nutrition, including feeding tubes.
☐ No artificial means of nutrition, including feeding tubes.

Additional Orders:

D

INFORMATION AND SIGNATURES:

Discussed with:
☐ Patient (Patient Has Capacity) ☐ Legally Recognized Decisionmaker
☐ Advance Directive dated _______, available and reviewed → Health Care Agent if named in Advance Directive:
☐ Advance Directive not available
☐ No Advance Directive

Name:
Phone:

Signature of Physician / Nurse Practitioner / Physician Assistant (Physician/NP/PA)
My signature below indicates to the best of my knowledge that these orders are consistent with the patient’s medical condition and preferences.

Print Physician/NP/PA Name: Physician/NP/PA Phone #: Physician/PA License #, NP Cert. #:

Physician/NP/PA Signature: (required) Date:

Signature of Patient or Legally Recognized Decisionmaker
I am aware that this form is voluntary. By signing this form, the legally recognized decisionmaker acknowledges that this request regarding resuscitative measures is consistent with the known desires of, and with the best interest of, the individual who is the subject of the form.

Print Name: Relationship: (write self if patient)
Signature: (required) Date:

Mailing Address (street/city/state/zip): Phone Number:

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED

©Form versions with effective dates of 1/1/2009, 4/1/2011 or 10/1/2014 are also valid

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

Patient Information
- Name (last, first, middle): 
- Date of Birth: 
- Gender: M F

NP/PA’s Supervising Physician
- Preparer Name (if other than signing Physician/NP/PA)
- Name: 
- Name/Title: 
- Phone #: 

Additional Contact
- None
- Name: 
- Relationship to Patient: 
- Phone #: 

Directions for Health Care Provider

Completing POLST
- Completing a POLST form is voluntary. California law requires that a POLST form be followed by healthcare providers, and provides immunity to those who comply in good faith. In the hospital setting, a patient will be assessed by a physician, or a nurse practitioner (NP) or a physician assistant (PA) acting under the supervision of the physician, who will issue appropriate orders that are consistent with the patient’s preferences.
- POLST does not replace the Advance Directive. When available, review the Advance Directive and POLST form to ensure consistency, and update forms appropriately to resolve any conflicts.
- POLST must be completed by a health care provider based on patient preferences and medical indications.
- A legally recognized decisionmaker may include a court-appointed conservator or guardian, agent designated in an Advance Directive, orally designated surrogate, spouse, registered domestic partner, parent of a minor, closest available relative, or person whom the patient’s physician/NP/PA believes best knows what is in the patient’s best interest and will make decisions in accordance with the patient’s expressed wishes and values to the extent known.
- A legally recognized decisionmaker may execute the POLST form only if the patient lacks capacity or has designated that the decisionmaker’s authority is effective immediately.
- To be valid a POLST form must be signed by (1) a physician, or by a nurse practitioner or a physician assistant acting under the supervision of a physician and within the scope of practice authorized by law and (2) the patient or decisionmaker. Verbal orders are acceptable with follow-up signature by physician/NP/PA in accordance with facility/community policy.
- If a translated form is used with patient or decisionmaker, attach it to the signed English POLST form.
- Use of original form is strongly encouraged. Photocopies and FAXes of signed POLST forms are legal and valid. A copy should be retained in patient’s medical record, on Ultra Pink paper when possible.

Using POLST
- Any incomplete section of POLST implies full treatment for that section.

Section A:
- If found pulseless and not breathing, no defibrillator (including automated external defibrillators) or chest compressions should be used on a patient who has chosen “Do Not Attempt Resuscitation.”

Section B:
- When comfort cannot be achieved in the current setting, the patient, including someone with “Comfort-Focused Treatment,” should be transferred to a setting able to provide comfort (e.g., treatment of a hip fracture).
- Non-invasive positive airway pressure includes continuous positive airway pressure (CPAP), bi-level positive airway pressure (BiPAP), and bag valve mask (BVM) assisted respirations.
- IV antibiotics and hydration generally are not “Comfort-Focused Treatment.”
- Treatment of dehydration prolongs life. If a patient desires IV fluids, indicate “Selective Treatment” or “Full Treatment.”
- Depending on local EMS protocol, “Additional Orders” written in Section B may not be implemented by EMS personnel.

Reviewing POLST
- It is recommended that POLST be reviewed periodically. Review is recommended when:
  - The patient is transferred from one care setting or care level to another, or
  - There is a substantial change in the patient’s health status, or
  - The patient’s treatment preferences change.

Modifying and Voiding POLST
- A patient with capacity can, at any time, request alternative treatment or revoke a POLST by any means that indicates intent to revoke. It is recommended that revocation be documented by drawing a line through Sections A through D, writing “VOID” in large letters, and signing and dating this line.
- A legally recognized decisionmaker may request to modify the orders, in collaboration with the physician/NP/PA, based on the known desires of the patient or, if unknown, the patient’s best interests.

This form is approved by the California Emergency Medical Services Authority in cooperation with the statewide POLST Task Force. For more information or a copy of the form, visit www.caPOLST.org.

SEND FORM WITH PATIENT WHenever TRANSFERRED OR DISCHARGED
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.

Doctor’s Day Celebration

Wednesday March 30, 2016
11:30 a.m. - 2:00 p.m.
Health Conference Center Rooms 1 & 2
Lunch - Entertainment - Raffle

Cardiology Update 2016

CARDIOLOGY UPDATE 2016
CONVENTIONAL WISDOM AND BEYOND

Friday April 29, 2016
8:00 a.m. - 5:00 p.m.
For physicians & healthcare professionals only

HEART MONTH SPECIAL DISCOUNT
50% off registration fees
during the month of February only

Torrance Memorial & USC Keck Physicians, Nurses, Employees - $50
Non-Torrance Memorial Physicians & Healthcare Professionals - $75

For more information call (310) 517-4720 or visit our website at
http://www.torrancememorial.org/Professional_Education/Cardiology_Symposium.aspx
QUESTION:
WHILE PERFORMING A PROCEDURE OR OTHER WORK RELATED TASKS, I RECOGNIZE THE PATIENT AS A CO-WORKER (OR FAMILY, FRIEND etc.), OUT OF CONCERN OR FOR PERSONAL REASONS;

- MAY I ASK THE PATIENT (MY CO-WORKER, FAMILY OR FRIEND, etc.) QUESTIONS RELATING TO THE REASON HE/SHE IS HERE OR QUESTIONS RELATING TO THEIR PROCEDURE?
- CAN I INFORM OTHER STAFF MEMBERS MY CO-WORKER IS HERE FOR A PROCEDURE?

ANSWER:
No. You should NOT ask your patient (co-worker, family or friend) why he/she is here or the reason for their visit or any other question relating to their visit, procedure, treatment or medical condition. And No, you should not inform other staff members or friends about the patient. Sharing, discussing, disclosing, texting patient information or accessing patient information for non-TPO reasons is a HIPAA Privacy Breach.

All patient medical and demographic information (employees and non-employees) is private, 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, schedules, tracking boards, etc., the computer applications or electronically; and
- Oral communication.

Every employee has an obligation to protect patient information.
If you see a co-worker, 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 EVERY PATIENTS PRIVACY IS A KEY PART OF QUALITY CARE

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”
### Medical Staff Calendar

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 12:30p Cardiology......WT-D</td>
<td>2 12:30p Infection Control/P&amp;T.....WT-C</td>
<td>3 7:00a CV Review Conf........WT-D</td>
<td>4 7:00a Breast Tumor Board..WT-Aud</td>
<td>5 7:00a Lung TumorBoard..WT-Aud</td>
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<tr>
<td></td>
<td></td>
<td>12:30p CME Conference...HCC-1&amp;2</td>
<td>7:45a Gen Tumor Board.....WT-Aud</td>
<td>7.00a Surgery Dept......WT-B</td>
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<td>12:30p Medical Staff Pl.......WT-D</td>
<td>7:30a IRB....................WT-D</td>
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</tr>
<tr>
<td>8 12:30p Credentials......WT-C</td>
<td>9 5:00p Quality &amp; Patient Safety Committee...............WT-D</td>
<td>10 7:00a Anesthesia PI........WT-Aud</td>
<td>11 7:00a Breast Tumor Board..WT-Aud</td>
<td>12 7:00a Lung TumorBoard..WT-Aud</td>
</tr>
<tr>
<td></td>
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<td>6:00p Medical Executive.......WT-D</td>
<td>7:00a CV Review Conf.........WT-D</td>
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<tr>
<td></td>
<td></td>
<td>12:30p CME Conference...HCC-1&amp;2</td>
<td>8:00a Endocrinology.........WT-B</td>
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<td></td>
<td></td>
<td>12:30p Medicine Pl............WT-B</td>
<td>12:30p CME Conference...HCC-1&amp;2</td>
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<tr>
<td>15 12:00p Burn &amp; Wound Surg..WT-C</td>
<td>16 7:00a Practitioner Well Being..WT-C</td>
<td>17 7:00a CV Review Conf.........WT-D</td>
<td>18 7:00a Breast Tumor Board..WT-Aud</td>
<td>19 7:00a Lung TumorBoard..WT-Aud</td>
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<tr>
<td></td>
<td></td>
<td>12:00p Radiology Dept.........WT-Aud</td>
<td>7:45a Gen Tumor Board.....WT-Aud</td>
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<tr>
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<td></td>
<td>12:30p CME Conference...HCC-1&amp;2</td>
<td>9:00a Emergency Dept.........WT-D</td>
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<tr>
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<td>12:30p Pediatric Dept.........WT-Aud</td>
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<tr>
<td>22 4:00p Bariatric Surgery.....WT-C</td>
<td>23 7:00a OB/GYN Pl.........WT-Aud</td>
<td>24 7:00a CV Review Conf.........WT-D</td>
<td>25 7:00a Breast Tumor Board.....WT-D</td>
<td>26 7:00a Colon/GI Oncology.....WT-D</td>
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<tr>
<td></td>
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<td>12:30p OB/GYN Pl..........WT-Aud</td>
<td>7:45a Gen Tumor Board.....WT-D</td>
<td>7:00a Lung TumorBoard..WT-Aud</td>
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<tr>
<td></td>
<td></td>
<td>12:30p Antibiotic Stewardship...WT-D</td>
<td>12:30p Credentials..........WT-C</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](http://www.torrancememorial.org/For_Physicians/Wednesday_CME_Conferences.aspx)

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**February 3, 2016**

“Lung Cancer & Screening Update”

Denise Aberle, M.D.
UCLA School of Medicine

Commercial Support: None

**February 10, 2016**

“Prostate Cancer”

Timothy Wilson, M.D.
City of Hope National Medical Center

Commercial Support: None

**February 17, 2016**

NO CONFERENCE

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**March 2, 2016**

“Venous Thromboembolism Prophylaxis”

Ian Gordon, M.D.
U.C. Irvine School of Medicine

Commercial Support: None

**March 9, 2016**

“Aging & Dementia”

Szofia Bullain, M.D.
U.C. Irvine School of Medicine

Commercial Support: None

**February 24, 2016**

NO CONFERENCE

**March 2, 2016**

“Venous Thromboembolism Prophylaxis”

Ian Gordon, M.D.
U.C. Irvine School of Medicine

Commercial Support: None

**March 9, 2016**

“Aging & Dementia”

Szofia Bullain, M.D.
U.C. Irvine School of Medicine

Commercial Support: None
Welcome New Practitioners on Staff

Patrick D. Lyden, M.D.
Medicine
Cedars-Sinai Medical Center, Dept. of Neurology
127 S. San Vicente Blvd.
Los Angeles, CA 90048
Phone: (310) 423-5166
Fax: (310) 967-0601

Konrad H. Schlick, M.D.
Medicine
Cedars-Sinai Medical Center, Dept. of Neurology
127 S. San Vicente Blvd.
Los Angeles, CA 90048
Phone: (310) 423-6472
Physician Roster Updates

Address Change

Michelle L. Falcon, M.D.
Medicine
HealthCare Partners
2232 Sepulveda Blvd.
Torrance, CA 90501

Gerald I. Wasserwald, M.D.
OB/GYN
3440 Lomita Blvd., Ste. 427
Torrance, CA 90505
Phone: (310) 325-9400
Fax: (310) 325-9405

Phone/Fax Change

Stephanie H. Abrams, M.D.
Pediatrics
Phone: (310) 378-1716
Fax: (562) 933-6743

Dilrukshie V. Cooray, M.D.
Medicine
Phone: (310) 257-7297
Fax: (310) 891-6758

Timothy A. Hartshorn, M.D.
Surgery
Phone: (844) 527-4685
Fax: (844) 527-4685

Suite Number Change

Hilda E. Rodriguez, M.D.
OB/GYN
Ste. 427

Resignation

Jin H. Lee, M.D.
Medicine

Gregg H. Small, M.D.
Medicine

The Medical Staff Newsletter ProgressNotes is published monthly for the Medical Staff of Torrance Memorial Medical Center.

Vinh Cam, M.D.
Chief of Staff
Robin S. Camrin, CPMSM, CPCS
Vice President, Medical Staff Services & Performance Improvement

AMK-02/2016