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MONTHLY
MEDICAL
STAFF
NEWSLETTER

Progress Notes

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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.

Caring for the COVID-19 Patient Treatment Guide

FOR INTERNAL USE ONLY (UPDATED 01/19/21)

FACTORS CONSIDERED FOR HOSPITAL ADMISSION: O2 sat ≤ 94% on RA without pre-existing chronic pulmonary disease, radiographic evidence of pneumonia disproportionate to clinical symptoms, OR risk factors for severe disease

BASE THERAPY[1]

Treatment	Rationale	Notes
Corticosteroids (systemic) Dexamethasone Methylprednisolone Prednisone	Potent anti-inflammatory and anti-fibrotic properties which may prevent an extended cytokine response and accelerate resolution of pulmonary and systemic inflammation. In non-critical patients, corticosteroids should not be used for early/mild cases as it may inhibit immune response, reduce pathogen clearance, and increase viral shedding. In critically ill patients, multiple trials have demonstrated a reduction in 28-day mortality, a reduction in the risk of ICU admission and invasive mechanical ventilation, shorter duration of hospitalization, and a greater probability of discharge within 28 days. The greatest benefit was observed in those receiving invasive mechanical ventilation at baseline. Those greater than 60 years old in this subgroup of patients are associated with a higher degree of systemic inflammatory disease as compared to the younger counterpart.	NIH, WHO, and IDSA recommends ***against*** the use of corticosteroids for non-severe, non-hospitalized, non-hypoxic COVID-19 patients.
Remdesivir (Veklury®) 200mg on day 1, followed by 100mg days 2-5. Treatment may be extended up to 10 days.	Inhibitor of the SARS-CoV-2 RNA dependent RNA polymerase (RdRp), preventing viral replication. Also inhibits viral RNA synthesis by incorporation into the viral RNA template. Several clinical trials have demonstrated clinical improvement based on at least a 2-point improvement from baseline on a 7-point ordinal scale. The 5-day treatment group had a statistically significant higher odds of a better clinical status distribution on the 7-point scale on day 11 than those receiving standard of care. The recommendation to treat beyond 5 days did not improve outcome among patients receiving noninvasive positive-pressure ventilation or high-flow oxygen, low-flow oxygen, or breathing ambient air.	FDA approved for treatment of COVID-19 in ***hospitalized*** patients >12 years of age and weighing at least 40kg.
Tocilizumab (Actemra®) 8mg/kg (single max dose: 800mg) IV may repeat the dose if clinical improvement does not occur within 24 to 48 hours	Anti-interleukin-6 (IL-6) receptor monoclonal antibody that potentially disrupts the proinflammatory markers (IL-6, ferritin, C-reactive protein) that is associated with higher levels of SARS-CoV-2 viremia, prolonged viral shedding, progression to mechanical ventilation, and death. One study demonstrated that tocilizumab was not effective at preventing intubation or death in moderately ill hospitalized patients with Covid-19.[2] While another study demonstrated that in Covid-19 hospitalized patients who were not receiving mechanical ventilation, tocilizumab reduced the likelihood of progression to mechanical ventilation or death, but it did not improve survival.[3]	FDA approved for cytokine release syndrome (CRS) associated with chimeric antigen receptor-T cell (CAR-T cells) and bi-specific T-cell engaging (BiTE) therapy.

COVID-19 Patient Treatment Guide

BASE THERAPY (continued)		
Treatment	**Rationale**	**Notes**
Convalescent Plasma	Plasma containing antibodies against SARS-CoV-2 from recovered Covid-19 patients may provide short term passive immunity to the virus. It also demonstrated that it may shorten the duration of hospitalization and decrease mortality. High titer convalescent plasma should be used early in illness, within 72 hours.	Efficacy and safety of COVID-19 convalescent plasma for the treatment of COVID-19 not established. Emergency use authorization (EUA) for COVID-19 convalescent plasma
Anticoagulation Enoxaparin Heparin IV infusion Rivaroxaban Apixaban Warfarin	Patients with COVID-19 may develop a hypercoagulable state which can contribute to poor outcomes, progressive respiratory failure, acute respiratory distress syndrome, and death. Most common markers for coagulopathy include elevated D-dimer, high fibrinogen, minimal prolongation of aPTT and/or PT, mild thrombocytopenia, microvascular and macrovascular thrombosis. In addition, higher rates VTE have been observed in critically ill patients with COVID-19. Studies have shown treatment with prophylactic or therapeutic dose anticoagulation may be associated with lower mortality.	Prophylactic dose anticoagulation for VTE prevention is recommended for all hospitalized COVID-19 patients, unless contraindicated. There is current debate on the appropriate intensity of anticoagulation for VTE prophylaxis in COVID-19 patients. Due to the severity of coagulopathy in critically ill COVID-19 patients with a higher rate of VTE despite routine prophylaxis, some clinicians suggest a more aggressive anticoagulation approach with intermediate or therapeutic dosing in such patients. Standard risk factors for bleeding should be considered and assessed to balance the risk of thrombosis with risk of bleeding.

SUPPORTIVE THERAPY		
Treatment	**Rationale**	**Notes**
Ascorbic acid	Antioxidant which may support host defenses against infection and protect host cells against infection-induced oxidative stress.	NIH COVID-19 treatment guidelines state insufficient evidence to recommend for or against ascorbic acid as treatment in both critically ill and non-critically ill patients.
Zinc	Trace mineral involved in immune functions including antibody and white blood cell production, a cofactor in enzymes, and facilitates wound healing. Zinc deficiency increases proinflammatory cytokine concentrations and decreases antibody production. Possible antiviral activity.	Effectiveness of zinc unclear. NIH Treatment guidelines state insufficient evidence to recommend for or against the use of zinc in treatment, and recommends ***against*** the use of zinc in prevention of COVID-19.
Vitamin D	Modulates immune cell responses and may reduce the cytokine storm induced by innate immune system. Vitamin D deficiency has been associated with increased risk of respiratory infections.	Efficacy of vitamin D supplementation in specific treatment or prevention of COVID-19 has not been established. All individuals should maintain adequate dietary intake of vitamin D for bone health.

NOT RECOMMENDED		
Treatment	**Rationale**	**Notes**
Hydroxychloroquine (Plaquenil®)	Anti-malarial agent with in-vitro activity against various viruses including SARS-CoV-2. Several studies showed hydroxychloroquine did not reduce mortality or reduce in-hospital mortality, need for ventilation, or duration of hospitalization.[4,5]	FDA Emergency Use Authorization has now been revoked. NIH and IDSA recommends ***against*** the use of hydroxychloroquine for treatment in hospitalized or non-hospitalized patients. NIH further recommends ***against*** the use of hydroxychloroquine in pre or post exposure prophylaxis.
Ivermectin	Anthelmintic agent shown to have in-vitro activity against various viruses including SARS-CoV-2 at high concentrations of drug. A non-peer reviewed small observational study has shown decrease in duration of hospitalization in 16 patients in a retrospective cohort study, showing overall lower mortality in the ivermectin cohort, however no difference in extubation rate.[6]	Currently no published data from randomized controlled trials. NIH recommends ***against*** the use of ivermectin in the treatment of COVID-19 except in a clinical trial.

NOT RECOMMENDED (continued)		
Treatment	**Rationale**	**Notes**
COVID-19 Monoclonal Antibodies (mAbs) Bamlanivimab Casirivimab/Imdevimab	Monoclonal antibodies are engineered antibodies used in the treatment or prevention of infectious diseases. SARS-CoV2 specific mAbs target the spike protein of the virus and block the receptor domain, preventing the virus from entering cells and thereby preventing viral replication. An interim phase 2 trial showed a mean decrease in viral load in recently diagnosed mild or moderate COVID-19 patients. Patients who received bamlanivmab had slightly lower severity of symptoms on day 2 and 6 vs placebo.[7] A 300 patient trial was stopped for futility when bamlanivimab coadminstered with remdesivir in hospitalized patients, without end organ damage and 7 day median interval of symptom onset, did not demonstrate efficacy.[8]	Bamlanivimab and casirivimab/imdevimab are currently under FDA Emergency Use Authorization for ***non-hospitalized*** COVID-19 patients and are allocated by HHS ASPR in collaboration with state health departments. NIH sites insufficient data to recommend for or against the use of the SARS-CoV2 specific mAbs for treatment of outpatients with mild to moderate COVID-19 disease. Patients hospitalized with COVID-19 disease should NOT receive bamlanivmab or casirivimab/imdevimab outside of a clinical trial.
Nebulized Medications	Nebulized drugs (e.g. albuterol) for the management of respiratory infections such as COVID-19 may generate droplets or aerosols which distribute the virus into the air expose close contacts.	Nebulized medications should be administered in a location that minimizes exposure to others. In hospitals, treatments should be changed to metered dose or dry-powder inhalers in COVID-19 patients.

1. American Society of Health-System Pharmacists, Inc. ASHP-COVID-19-Evidence-Table.pdf. Published online January 14, 2021. Accessed January 19, 2021. https://www.ashp.org/-/media/assets/phahttps://www.ashp.org/-/media/assets/pharmacy-practice/resource-centers/Coronavirus/docs/ASHP-COVID-19-Evidence-Table.ashx
2. Stone JH, Frigault MJ, Serling-Boyd NJ, et al. Efficacy of Tocilizumab in Patients Hospitalized with Covid-19. N Engl J Med. 2020;383(24):2333-2344. doi:10.1056/NEJMoa2028836
3. Salama C, Han J, Yau L, et al. Tocilizumab in Patients Hospitalized with Covid-19 Pneumonia. N Engl J Med. 2021;384(1):20-30. doi:10.1056/NEJMoa2030340
4. The RECOVERY Collaborative Group. Effect of Hydroxychloroquine in Hospitalized Patients with Covid-19. N Engl J Med. 2020;383(21):2030-2040. doi:10.1056/NEJMoa2022926
5. WHO Solidarity Trial Consortium. Repurposed Antiviral Drugs for Covid-19 — Interim WHO Solidarity Trial Results. N Engl J Med. Published online December 2, 2020:NEJMoa2023184. doi:10.1056/NEJMoa2023184
6. Rajter JC, Sherman MS, Fatteh N, Vogel F, Sacks J, Rajter J-J. Use of Ivermectin Is Associated With Lower Mortality in Hospitalized Patients With Coronavirus Disease 2019. Chest. 2021;159(1):85-92. doi:10.1016/j.chest.2020.10.009
7. Chen P, Nirula A, Heller B, et al. SARS-CoV-2 Neutralizing Antibody LY-CoV555 in Outpatients with Covid-19. N Engl J Med. Published online October 28, 2020:NEJMoa2029849. doi:10.1056/NEJMoa2029849
8. ACTIV-3/TICO LY-CoV555 Study Group. A Neutralizing Monoclonal Antibody for Hospitalized Patients with Covid-19. N Engl J Med. Published online December 22, 2020:NEJMoa2033130. doi:10.1056/NEJMoa2033130

2/11/21

FYI

TRIAD
(HYDROPHILIC WOUND DRESSING)

Situation: New wound product, Triad, has been added to TMMC formulary treatment.

It is mainly used for incontinent-associated dermatitis or stage 2 or 3 w/ incontinence issues (e.g. diarrhea)

Recommendation: This is a patient chargeable product, so send request to Central Supply w/ patient ID. The new Wound Care Requisition form includes this product.

Who: All RNs & MDs

What: New wound product

When: Now

Why: To promote wound healing and improve access to products

FOR QUESTIONS CONTACT:

Maki Jerden
Ext. 46838

Mobile Heartbeat

Hello all,

As your Executive Director of Medical Informatics, I am your physician liaison to all things Cerner Millennium. With an experienced team of informaticists and service specialists supporting me, we are available to assist you with questions or ideas regarding use of the electronic medical record across both the acute and ambulatory locations of the Torrance Memorial Health System.

Many of you are expert users of the hospital's secure text messaging system, Mobile Heartbeat (MHB), but there are also many of you that have yet to get started with the program. Our goal is to get every member of the Medical Staff trained and using Mobile Heartbeat for routine daily communication. All of the patient care staff have their own accounts using the shared iPhones. Texting is the fastest and easiest way to communicate with your nurses and other physicians in real time. MHB allows direct text and calling features.

Benefits of using Mobile Heartbeat include:

- Time stamp on every text communication
- Permanently recorded text communication
- No longer having to return in person phone calls after hours, can receive and reply by text
- Replaces the need for paging systems for the hospital
- All inpatient units are now communicating with Mobile Heartbeat on shared phones but physicians can have the application on their personal cell phones or iPad, both iOS or Android
- MHB is also located on every in hospital desktop if you do not have it on your phone
- Personal cell phone numbers are blocked from view
- You can set the times you are available on the application itself and easily change
- The system will let you know if the person you are trying to reach is available or offline
- Mobile Heartbeat is a real time contact list for the entire hospital and you can find the person you want at any time. You can search by unit, role, specialty and first name.
- MHB allows broadcasts to large groups of staff in the event of an emergency
- MHB has the ability to text photographs, including documents such as EKG's.
- Physicians can easily locate and text a patient care team
- MHB also allows you to text with patient identification automatically attached in a secure format
- There are a few easy reference lists stored in MHB such as eye charts and pediatric pain scales and vital signs.

It is a very simple process to sign up for Mobile Heartbeat. Call or go in to Medical Staff Services and they will get you set up and provide instructions on how to use the program. You will receive regular emails on how to accept upgrades to the system.

If you would like additional information on this tool or any other part of Cerner Millennium, please contact me at ginal.sulmeyer@tmmc.com. As always, here to help!

Building Resilience and Hope in Difficult Times

With the pandemic increasing already existing high rates of physician stress and burn-out, you are invited to attend a webinar on “Building Resilience and Hope in Difficult Times."

Please join Dr. Fred Dennis, Medical Director of TMIPA and Dr. Moe Gelbart, Director of Behavioral Health at Torrance Memorial as they provide practical information on burnout, resilience, and hope.

Learn skills related to stress reduction, changing negative thinking, developing gratitude, and making optimal life choices.

Seminar took place on Wednesday, February 10, 2021.

Please use the link below to access a recording of the webinar if you were unable to attend the live event.

Building Resilience & Hope in Difficult Times (recording)

Dr. Catherine Bannerman

Dr. Catherine (Katie) Eleonora Bannerman, a longtime physician and former Chief of Staff at Torrance Memorial, died February 7th, 2021, at her home in Park City, Utah, in the care of her family and loving partner Thomas (Tad) Sedgwick. She faced her diagnosis of glioblastoma multiforme with the same lightness, grace, and acceptance that she lived her life. Those who know Katie remember her patience, kind heart, and generous spirit.

Born in Florence, Italy, Katie grew up in Oxford, England, and Buffalo, New York, before attending Trinity College at the University of Toronto and McGill University Medical School. She joined Torrance Memorial as Chief of the Family Practice Department in 1994 and Medical Director of the Transitional Care Unit, eventually assuming the role of Chief of Staff, a position she held from 1998-2000. She also served as Medical Director of Clinical Quality and the Palliative Care Program until her retirement in 2014. In addition to her leadership roles at Torrance, she helped create and hosted HealthBeat, the half-hour medical information television show that aired on local cable channels.

An adventurous athlete, Katie spent her retirement happily skiing black diamonds in Park City and kite surfing in Oahu with her partner Tad. She had many talents and interests, including playing the guitar, sewing, needlepoint, and cooking. Most importantly, she was a loving and devoted partner, mother, grandmother, daughter, sister, and friend.

In addition to her partner Tad, she is survived by her daughters, Emily Vince and Nora Vince Ari (Erol); grandsons Leo and Bodhi Ari; mother Franca Bannerman; sisters Francesca Bannerman and Isabella Bannerman (Jim Nolan); nephews Eddie and George Nolan; and many cherished friends.

Torrance Memorial Medical Center

Medical Staff Calendar

March 2021

Monday	Tuesday	Wednesday	Thursday	Friday
1 12:30p Cardiology	**2** 12:30p Infection Prevention/P&T.	**3** 7:00a CV Review Conference 12:30p CME Conference	**4** 7:00a Breast Tumor Board 7:45a Gen Tumor Board 12:30p Medical Staff PI	**5** 7:00a Lung Tumor Board 7:30a IRB
8 12:30p Credentials	**9** 12:30p Bioethics Committee 6:00p Medical Executive Committee	**10** 7:00a Anesthesia Department 7:00a CV Review Conference 12:00p Medicine Department	**11** 7:00a Breast Tumor Board 7:45a GI Tumor Board 11:30a Health Information Mgmt 12:30p Pediatric PI	**12** 7:00a Lung Tumor Board
15 12:00p Burn & Wound Surgery	**16** 12:00p CCTT 12:30p EDIE Patient Care Committee	**17** 7:00a CV Review Conference 12:30p Antibiotic Stewardship 12:30p CME Conference	**18** 7:00a Breast Tumor Board 7:45a CNS Tumor Board 8:00a Hunt Cancer Inst Steering 9:00a Emergency Department 12:30p Pediatric Department 1:00p C-Section Committee 3:00p Medication Safety	**19** 7:00a Lung Tumor Board
22 4:00p Bariatric Surgery	**23** 7:00a Oncology Committee 12:30p MSIT 12:30p OB/GYN Department 12:30p Utilization Management	**24** 7:00a CV Review Conference 730a Cardiology PI	**25** 7:00a Breast Tumor Board 7:45a GI Tumor Board 12:30p Credentials 12:30p Stroke Committee	**26** 7:00a Lung Tumor Board
29	**30** *Happy Doctor's Day*	**31** 7:00a CV Review Conference	1	2

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 I Credit*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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

Wednesday, March 3, 2021
"Update on Opioid Crisis and Alternatives"
Greg Polston, M.D.
UCSD School of Medicine
Commercial Support: None

Wednesday, March 10, 2021
NO CONFERENCE

Wednesday, March 17, 2021
"When Your Patient is a Substance Abuser: Currently or Historically"
Rimal Bera, M.D.
UCI School of Medicine
Commercial Support: None

Wednesday, March 24, 2021
NO CONFERENCE

Wednesday, March 31,2021
NO CONFERENCE

Wednesday, April 7, 2021
Enhancing Physician, Staff, & Patient Satisfaction in Today's High Stress Complex Healthcare Env't
Alan Rosenstein, MD, MBA
Private Practice, Internal Medicine
Medical Consultant, Health Care Management
Commercial Support: None

Wednesday, April 14,, 2021
NO CONFERENCE

Wednesday, April 21, 2021
GE Update: Hiatal Hernia, GERD, Gastric/Esophageal Cancer
Miguel Burch, MD
Cedars-Sinai Medical Center
Commercial Support: None

Wednesday, April 28, 2021
NO CONFERENCE

Welcome New Practitioners

David Aufrichtig, M.D.
Advanced TeleRadiology
6789 Quail Hill Parkway #728
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Phone: (888) 225-0628
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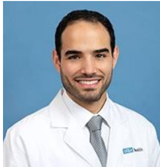

Reza Ronaghi, M.D.
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Physician/AHP Roster Updates

Address Change

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

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