

# ProgressNotes

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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: <https://www.torrancememorial.org/for-providers/medical-executive-committee/>

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

### ***HIGHLIGHTS FROM THE MEDICAL BOARD OF CALIFORNIA NEWSLETTER – AUGUST 2022***

#### **Physician Extortion Scam: Now Posing as Law Enforcement**

The Medical Board of California (Board) is aware that scam artists have begun posing as law enforcement officers, as well as U.S. Drug Enforcement Administration (DEA) agents and Board staff calling California physicians as part of an extortion scheme.

Scammers posing as law enforcement may tell victims they have missed a court date as an expert witness and have a warrant for their arrest. Scammers posing as DEA agents may tell victims their license is suspended for illegal drug trafficking and the suspension means they will not be able to practice. The scammers may provide an “Agreement for the Bond and Protocols” that includes statements that licensees are not to share or disclose the investigation to any third party and agree to a bond fee payment of \$25,000.00.

The scammers’ phone number may show up as the Board’s toll-free number (800) 633-2322, or, if posing as law enforcement, they may impersonate actual law enforcement officers using their real names.

Please note, law enforcement officers, DEA agents, and Board staff will never contact physicians by telephone to demand money or any other form of payment. If you receive one of these calls, refuse the demand for payment. Please also consider the following:

If the caller is stating they are from the DEA, immediately report the threat using the [DEA’s Extortion Scam Online Reporting form](#).

If the caller insists that they speak with you right away, tell them that you’ll call them back directly. At this point, some scammers will offer you a phone number as a way to verify they are who they say they are. Don’t call the number the scammers provided; instead call the Board’ toll-free number at (800) 633-2322.

If the phone number of the caller appears to be the Board’s toll-free number, it is recommended that you submit an online complaint with the Federal Communications Commission (FCC) using the [FCC’s Consumer Complaint form](#).

### External Chaos, Inner Peace: The Personal Habits That Can Save our Careers, Regardless of Circumstances

Guest Editorial by Dr. John Chuck

Burnout is defined by UC Berkeley researcher Christina Maslach as having one or more of the following three traits: emotional exhaustion; depersonalization; and feelings of low personal accomplishment.

Over the past 10 years, physician burnout rates have fluctuated from 38.2 percent to 54.4 percent. When coupled with the 300-400 physician suicides per year in the United States, these high rates of burnout paint a bleak picture of unwellness for physicians as well as our patients, families, and the communities we serve.

The drivers of burnout have been steadily increasing over the entirety of my career which is now entering its fourth decade. These have included changes in methods of reimbursement leading to increased paperwork and reduced income; government and insurance regulations interfering with physician autonomy in decision making; deterioration in the physician-patient relationship marked by decreased patient respect for physicians, an increase in the number of malpractice lawsuits, and workplace violence against healthcare professionals; and the introduction and rapid widespread adoption of the electronic medical record with its associated unintended consequences of lengthening the physician work day and spending more time with the computer than with patients.

Early initiatives to address physician burnout focused on improving physician wellness by training individuals in personal resilience habits. Think kale, yoga, and one-minute meditation. Stanford's WellMD Center offered a more comprehensive and rigorous framework for addressing burnout that described three reciprocal domains of wellness: a psychologically safe and supportive work culture; operational efficiency characterized by fully engaged members of teams, open communication, continuous process improvement, and the optimization of technology; and a robust menu of personal wellness programs. There is clearly much work to be done in all three realms.

I am a strong advocate of changes in culture and operations being key elements of a healthier workforce. However, changes in those two realms occur at a glacial pace, especially in larger and non-integrated care delivery systems. Additionally, many of the factors that drive favorable changes in culture and operations, such as the allocation of resources, are often beyond the control of individual physicians. Based on my 15 years of leadership work in physician health and wellness, I strongly believe that the most powerful drivers of immediate and

## Medical Board of California

sustainable improvements in physician wellness sit squarely in the realm of personal wellness habits. To be specific, the most effective action plan for an individual physician is to adopt daily habits that improve wellness as well as job and life satisfaction.

These are five habits that I have found to be helpful for myself and many of my physician colleagues in numerous practice settings:

1. **Wake up every day with an orientation of gratitude.** My late father was a minister who became familiar with the brevity of human health and life through his frequent visits to the elderly and infirmed. When I was in junior high, he advised me to be grateful every morning I wake up. Think about it. To wake up is a gift. Many people die in their sleep from cardiac arrhythmias, strokes, and seizures. To wake up and enjoy one more day is a gift that should never be taken for granted.
2. **Be mindful.** Mindfulness is the practice of living fully in the moment, without judgment, free from regrets about the past or anxiety about the future. The person and situation before us deserve our full attention and effort. The opposite of living mindfully is multitasking, a rabbit hole that can lead to catastrophic outcomes in our personal and professional lives. We can't safely drive while texting. Likewise, we can't safely care for a patient while worrying about a peer-review inquiry questioning our quality of care.
3. **Invest in the relationships that lead to happiness, joy, and meaning.** Our relationships with others include our professional, social, and family lives. The time we spend getting to know our patients as people, supporting our colleagues when they are struggling, and giving our families the quality time they deserve pays off for years to come. Our relationship with ourselves is called our emotional life. Based on personal experience, I highly recommend cultivating a healthy emotional life with the help of a professional counselor. They are excellent listeners and can help us develop values-based personal mission statements that serve as our north star when we navigate the multiple simultaneous conflicting imperatives of our lives. Our relationship with nature is called our Grizzly Adams life. Going outside and immersing ourselves in the awe-inspiring sights, sounds, and smells of Multnomah Falls, the Grand Prismatic Spring, and the Florida Everglades deeply connects us with the planet that spawned and sustains our lives.
4. **See every day as another opportunity to evolve yourself from "me" to "we."** The premedical, medical school, and training years are appropriately self-centered as we work hard to acquire the knowledge and skills we need to be physicians. But as we make the pivot shift from learner and job applicant to clinician, we must let go of the individual "armor up and be perfect" modus operandi and adopt a new approach focused on

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teams working together for big causes greater than ourselves. We must also tell the truth about the experience, rather than being the proverbial ducks on the pond, graceful and without a care on the surface, but frantically paddling underwater to just to stay afloat. This change in focus from self to others, and invincibility to vulnerability, creates a culture of shared humanity and purpose, psychological safety, and mutual support that sustains us during the ups and downs inherent to a medical career.

5. **End each day with a healthy dose of self-affirmation and self-compassion.** Try borrowing this phrase from sociologist Brene Brown: "Yes, I am imperfect and vulnerable, and sometimes afraid, but that doesn't change the fact that I am also brave and worthy of love and belonging." Know that you are seen, heard, and appreciated for what you do. Settle gently into a well-deserved night of restorative sleep. Then wake up refreshed the next morning, and repeat these words that I vividly remember my father saying out loud to start his days: "I'm grateful for meaningful work, and the strength to do it."

In summary, times are bad for American physicians. It is easy to get discouraged and lose hope. As a society, we must continue to work on the complex issues that play a major role in a physician's ability to sustain and enjoy a career in medicine. At the same time, we have a responsibility as physicians to adapt to the drivers of burnout by adopting daily habits that will help us maintain our emotional health, connection to patients as human beings, and self-image as effective healers. Working together, with a sense of urgency and a shared commitment to encourage and support one another during these dark times, we can save the soul of our profession for ourselves and future generations.

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John Chuck, M.D., is a graduate of U.C. Berkeley, the UCLA School of Medicine, and the Family & Community Medicine residency program at the UC Davis Medical Center. He maintained a clinical practice in Davis, CA and served as the Chief of Health Promotion and the Chief of Physician Health & Wellness for Kaiser Permanente in the Sacramento/Roseville area. He was the Chairperson of the Regional Physician Health & Wellness Leaders Group for The Permanente Medical Group (TPMG), the nation's largest multi-specialty group practice comprised of 10,000 physicians serving over 4 million patients in Northern California. He retired from TPMG in 2020. In addition to his work as a wellness consultant for health care professionals, he serves as Professor of Family Medicine at the California Northstate University College of Medicine and chairs the Joy of Medicine Advisory Board for the Sierra Sacramento Valley Medical Society.

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He is the Founder and CEO of Serotonin Surge Charities, a Senior Fellow of the American Leadership Forum, and a UC Davis Foundation Trustee Emeritus. His work has been recognized with the Sidney Garfield Exceptional Contribution Award from The Permanente Medical Group (2004), the David Lawrence Community Service Award from Kaiser Permanente (for Serotonin Surge Charities, 2009), the Outstanding Alumnus Award from the UC Davis Alumni Association (2014), and the Charles J. Soderquist Award from the U.C. Davis Foundation (with his wife, Lesli, 2018).

### MBC Email Address Update

Beginning July 1, 2022, MBC applicants and licensees are required to provide an email address to the Board according to [Business and Professions Code 2021 \(d\)](#). The email address is confidential and not subject to public disclosure.

### New! Address Change Update

Due to security concerns, the Medical Board of California is no longer accepting paper change of address/e-mail forms. You may change your address online through the [BreEze system](#). Initial license applicants may contact their assigned reviewer to request an address/e-mail change. If you have any questions, please send an e-mail to [webmaster@mbc.ca.gov](mailto:webmaster@mbc.ca.gov) or call (800) 633-2322.

### Medical Board Chat Podcast

Did You Know?

The Medical Board of California (Board) has its very own podcast where we chat all things from new and changing legislation, to one-on-one interviews with Board management and Board members.


You can check out the [episodes](#) we currently have published on our website, and sign up for the [Subscriber Alerts](#) "News" topic to be updated when a new podcast episode is released.


You can access the full newsletter at [Newsletter Volume 161 | MBC \(ca.gov\)](#)

# POLST Policy Update




## POLST POLICY UPDATE

**WHO:**  
 Direct Care RNs and MDs

**WHAT:**  
 Updated POLST Policy

**WHEN:**  
 Effective Since June 2022

**QUESTIONS:**  
 Palliative Care Director  
Kristel Quinto  
Ext 46398



## FOR YOUR INFORMATION




### SITUATION

The POLST ( Physician Orders for Life Sustaining Treatment ) acts as a valid medical order to follow in the state of CA . With the new policy update, a clinician can act on the wishes of a patient based on the POLST presented, even if an order is not in the computer yet.

### RECOMMENDATION

- Obtain the most current completed POLST form from the patient/representative.
- Communicate the availability of the POLST to the treating physician.
- POLST form complements an Advanced Healthcare Directive, it **DOES NOT** replace it. If a conflict occurs between the two, follow the most recent document and/or confirm decision with patient/representative.
- Please review the updated POLST Policy

POLST Policy Link:

 [POLST Policy](#)



8.5.22

# Physician Focus

Neurosurgery at Torrance Memorial’s Lundquist Neurosciences Institute



## Message from the director

Torrance Memorial Medical Center’s Lundquist Neurosciences Institute offers comprehensive neurosurgical care for a full range of common and

complex conditions, including neurovascular, neuro-oncologic, neurologic and spinal disorders.

In partnership with Cedars-Sinai, the Lundquist Neurosciences Institute includes a multidisciplinary team of highly trained neurologists, neurosurgeons and interventional radiologists – as well as other specialists, including pain management experts and rehabilitation therapists – who collaborate to provide patients with world-class care.

From emergency neurovascular care at our Comprehensive Stroke Center to treatment for brain tumors, spinal problems, intracerebral hemorrhages and movement disorders, our team uses state-of-the-art technology, including Brainlab® neurosurgery software with surgical navigation, biplane angiography, endovascular hybrid operating suites, stereotactic radiosurgery and more. After treatment, patients can recover in our Neurological Intensive Care Unit (Neuro ICU) and receive follow-up care from Cedars-Sinai experts without the need to leave Torrance Memorial and the South Bay.

Patients at the Lundquist Neurosciences Institute also have access to advanced clinical trials through Torrance Memorial, Cedars-Sinai and other research partnerships.

When your patients come to Torrance Memorial’s Lundquist Neurosciences Institute for neurosurgical care, they will benefit from academic-level expertise, the treatments, technology and clinical trials – all delivered in the convenience and comfort of a hospital close to home.

We welcome your patient referrals and look forward to partnering with you to ensure your patients receive exceptional neurosurgical care.

Sincerely,

**Paula Eholi, MD**  
 Medical Director, Neurovascular Surgery  
 Torrance Memorial Medical Center, Lundquist Neurosciences Institute

## Experience matters – Comprehensive Stroke Center by the numbers

Comprehensive Stroke Center Data	2019	2020	2021
Minutes-to-treat (the goal is <60 minutes – “golden hour”)	45	39	36
Patients treated with IV thrombolytics	90	67	89
Attempted mechanical thrombectomy procedures	45	33	65
Aneurysm repair	–	–	26

## Advanced neurosurgical technology

- **Brainlab** seamlessly integrates digital ultrasound and MRI with microscope visualization to provide “GPS-like” guidance during complex neurosurgical procedures.
- **Biplane angiography** provides neurointerventionalists with 2D and 3D views of the brain, arteries and spine.
- **Endovascular hybrid operating suites** combine leading-edge imaging technology with a traditionally equipped operating room to allow neurosurgeons to perform minimally invasive



# The Lundquist Neurosciences Institute

### Our multidisciplinary team

Torrance Memorial's Lundquist Neurosciences Institute holds a Vascular Conference and CNS Tumor Board to discuss new neurovascular and neuro-oncology cases – with the goal of developing a personalized treatment plan that reflects the patient's needs, priorities and preferences.

#### Team members include:

- Neurosurgeons
- Neurologists
- Interventional radiologists
- Vascular neurologists
- Spine specialists
- Neuro-oncologists
- Pain management physicians
- Spine specialists

### Minimally invasive neurosurgery expertise

In addition to performing traditional open neurosurgical procedures, our neurosurgeons treat common and complex neurological conditions using the latest minimally invasive techniques, including:

- **Interventional neuroradiology**, also called endovascular neurosurgery, allows surgeons to treat tumors, aneurysms, vascular malformations, and occlusions using catheters and X-ray guidance.
- **Endoscopic surgery** allows surgeons to access the brain or spine through natural openings or small incisions and minimizes trauma to surrounding tissue.
- **Microneurosurgery** uses high-powered magnification to improve the visualization of structures in the spine and brain.

### Neuro-oncology clinical trials

Patients at Torrance Memorial's Hunt Cancer Center have local access to neuro-oncology clinical trials offered by Hunt Cancer Center, Cedars-Sinai and UCLA – TRIO-US. Researchers are currently participating in a phase II/III clinical trial for patients with glioblastoma.

### Clinical case study

A 70-year-old woman was presented to the Torrance Memorial Medical Center emergency department with a sharp, stabbing pain in the back left side of her head, along with fatigue, vomiting and confusion. Several days before, the patient reported a similar pain in the same area of her head. She had no prior history of headaches. Emergency department physicians ordered a brain scan which showed a ruptured basilar tip aneurysm and a subarachnoid hemorrhage.

The patient underwent an endovascular coil embolization procedure under X-ray fluoroscopy guidance to seal off the aneurysm and prevent further bleeding. The procedure did not require any incisions in the head – only a small incision in the groin where the catheter was inserted.

The patient spent 14 days recovering in the Neurological Intensive Care Unit before being transferred to a rehabilitation facility. A month after the procedure, the patient reported no deficits. The patient subsequently underwent a second successful endovascular embolization procedure to treat another unruptured aneurysm that was detected during her initial brain scan.

### Meet the team

#### Neurosurgeons

- Paula Ebot, MD
- Nosrat Nabavi, MD
- Chirag Patel, MD
- Lindsey Ross, MD
- Bob Shafa, MD
- Melvin Snyder, MD

#### Interventional radiologists

- Donny Baek, MD
- Richard Krauthamer, MD
- George So, MD

#### Neurologists

- Monquen Huang, MD
- Jeffery Kim, MD
- Adam Perez, MD
- Shilee Song, MD
- Ben Tseng, MD

July 2022

# Monkeypox

## ANYONE CAN GET MONKEYPOX

Monkeypox is a contagious disease caused by the monkeypox virus. Anyone who has been in close, personal contact with someone who has monkeypox is at risk.

### HOW MONKEYPOX IS SPREAD:

Monkeypox is known to spread by close, intimate and/or prolonged contact, including:

- Direct skin-to-skin contact with the rash, scabs, or body fluids from a person with monkeypox
- Contact with objects and fabrics that have been used by someone with monkeypox
- Contact with respiratory secretions from someone with monkeypox

This can happen from:

- Sex and other intimate contact, including kissing, massaging, cuddling
- Sharing fabrics and objects (such as clothes, bedding, towels, sex toys) that have not been cleaned
- Prolonged, close, face-to-face contact such as talking very closely face to face for a long time (about 3 hours or more)
- Living in a house, sharing a bed, or caring for someone with monkeypox

A person with monkeypox can spread it to others from the time symptoms start until the rash has healed, scabs have fallen off, and there is a new layer of skin. This usually takes 2 to 4 weeks.

A pregnant person with monkeypox can spread the virus to their fetus through the placenta.

**Monkeypox is NOT spread** through casual conversations or by walking by someone who has it.

### HOW TO AVOID GETTING MONKEYPOX:

#### 1 AVOID SKIN-TO-SKIN OR PROLONGED CLOSE CONTACT WITH SOMEONE WITH MONKEYPOX SYMPTOMS

- Do not directly touch the rash or scabs on their body.
- Do not kiss, hug, cuddle, or have sex (oral, anal, vaginal) with them.

#### 2 AVOID TOUCHING UNCLEAN OBJECTS AND MATERIALS THAT HAVE BEEN USED BY SOMEONE WITH MONKEYPOX SYMPTOMS

- Do not share a bed, towels, clothing, or blankets unless they have been washed.

#### 3 WASH YOUR HANDS OFTEN

- Use soap and water or an alcohol-based hand sanitizer.

#### 4 GET VACCINATED IF YOU ARE ELIGIBLE

- People at high risk of monkeypox can get vaccinated to help lower the risk of getting infected.

For more information on Monkeypox, visit:  
[ph.lacounty.gov/Monkeypox](http://ph.lacounty.gov/Monkeypox) 8/26/2022



# Monkeypox Isolation Precautions



## VERY IMPORTANT UPDATE MONKEYPOX ISOLATION PRECAUTIONS

**WHO:** All Staff

**WHAT:** Monkeypox virus is a DNA virus that belongs to the Orthopoxvirus family. Monkeypox was first discovered in 1958 when outbreaks of a pox-like disease occurred in monkeys kept for research. Since the first human case in the 1970's, most cases of monkeypox have been reported in the Democratic Republic of the Congo (DRC), central, and western African countries.

- **Transmission:** Monkeypox most commonly spreads when a person comes in direct contact with skin lesions, blood, bodily fluids, materials (e.g., bedding, towels) or respiratory droplets or secretions that are contaminated with the virus.
- **Personal Protective Equipment:**
  - N95 Respirator/PAPR
  - Eye Protection
  - Gown & Gloves
- **Isolation Precautions:**



### RECOMMENDATIONS:

- Notify Infection Prevention of any suspect or confirmed cases, extension 22057
- Try to schedule patient last or at the end of the day/shift (i.e. testing, procedures, therapy, treatments)
- Limit patient leaving the room, if needed ensure the patient is wearing a face mask and cover the patient's lesions with a sheet during transport.
- No disposable dishware needed. Nursing will take food tray into the patient room. Used food tray maybe placed on the dirty food tray cart.
- EVS will perform the daily cleaning of the room and removal of the trash/linen with the required PPE.



**ALL HEALTHCARE PERSONNEL (HCP) CARING FOR A PATIENT WITH CONFIRMED MONKEYPOX should self-monitor for symptoms (fever, rash, lymphadenopathy) for 21 days. If symptoms develop notify EHS immediately.**



MORE INFORMATION CAN BE OBTAINED AT:  
<http://publichealth.lacounty.gov/media/monkeypox/about.htm#prevention>

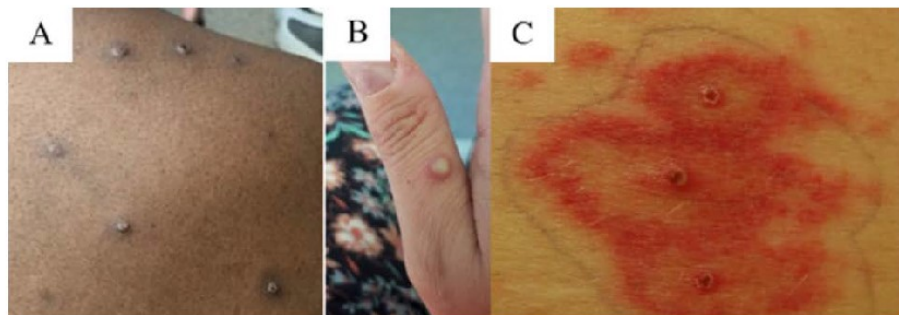
# Monkeypox Isolation Precautions

## Monkeypox Outbreak

- Monkeypox virus is a DNA virus that belongs to the *Orthopoxvirus* family.
- Since the first human case in the 1970's, most cases of monkeypox have been reported in the Democratic Republic of the Congo (DRC), central, and western African countries.
- Monkeypox most commonly spreads when a person comes in direct contact with skin lesions, blood, bodily fluids, materials (e.g., bedding, towels) or respiratory droplets or secretions that are contaminated with the virus.

## Identify

Incubation Period	Signs and symptoms	Other symptoms can include:
<ul style="list-style-type: none"><li>• Generally, falls within 7-14 days but can range from 5-21 days.</li></ul>	<ul style="list-style-type: none"><li>• Fever</li><li>• Malaise</li><li>• Headache</li><li>• Sore throat</li><li>• Cough, and swollen lymph nodes (submandibular, cervical, axillary, or inguinal).</li></ul>	<ul style="list-style-type: none"><li>• muscle aches</li><li>• backache</li><li>• chills</li><li>• exhaustion</li></ul>



## Monkeypox Lesions

The clinical presentation of monkeypox may be similar to some STIs, i.e. syphilis, herpes, and varicella zoster

# Monkeypox Isolation Precautions

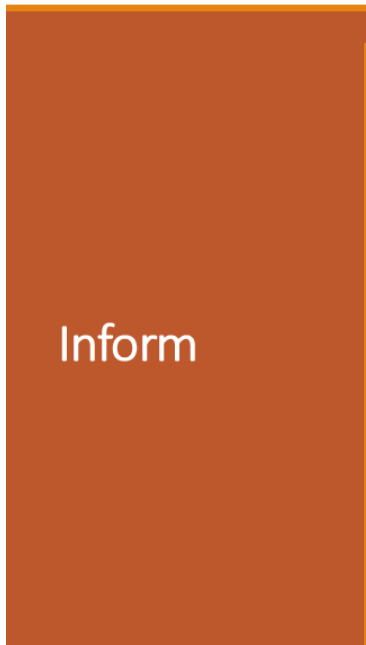


-  **Patient Placement**  
3EICU – ICU Care  
5EPCU – Telemetry Care  
7TOWER – Medical/Surgical Care
-  **Personal Protective Equipment**  
N95 Respirator/PAPR  
Eye Protection  
Gown and Gloves
-  **Clean Reusable Equipment**  
Use the “PURPLE TOP” Sani-Cloth Wipes
-  **Only Essential Visitors**  
(Visitor will be instructed to don & doff PPE)

<https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-healthcare.html>

## Reminders

- ❑ Try to schedule patient last or at the end of the day/shift (i.e. testing, procedures, therapy, treatments)
- ❑ Limit patient leaving the room, if needed ensure the patient is wearing a face mask and cover the patient’s lesions with a sheet during transport.
- ❑ No disposable food trays, nursing will take food tray into the patient room. Used food tray maybe placed on the dirty food tray cart.
- ❑ EVS will perform the daily cleaning of the room and removal of the trash/linen with the required PPE.
- ❑ ALL Healthcare Personnel (HCP) caring for a patient with confirmed monkeypox should self-monitor for symptoms (fever, rash, lymphadenopathy) for 21 days. If symptoms develop notify EHS immediately.



Notify Infection Prevention Extension 22057

M-F 7-330pm

After hours/Weekends: House Supervisor will contact the IP Manager

Questions regarding suspect monkeypox cases:

**Los Angeles County DPH Acute Communicable Disease Control:**

Weekdays 8:30am–5pm: call 213-240-7941.

After-hours: call 213-974-1234 and ask for the physician on call.

# Women's Heart Symposium 2022



Lundquist Lurie  
Cardiovascular  
Institute



Save the date:  
**OCTOBER 28**



## Torrance Memorial Women's Heart Symposium 2022

*For Physicians and Healthcare Professionals Only*

**To Support the Vision of the  
Lundquist Lurie Cardiovascular Institute**

**Friday, October 28, 2022**

**Breakfast/Registration: 7 am to 7:45 am**

**Conference: 8 am to 12:30 pm**

**Torrance Memorial Hoffman Health Conference Center**

3315 Medical Center Drive, Torrance, CA 90505

*Conference will be also available virtually.*

*Zoom details provided in registration confirmation.*

**STATEMENT OF NEED:** Cardiovascular disease remains the leading cause of death in women in the United States. One in three women will die from cardiovascular diseases each year and in some racial or ethnic minorities the death rate is even higher. The Torrance Memorial Women's Heart Symposium will be a half-day professional conference focused on promoting comprehensive understanding of heart disease in women. Topics will include risk factors, prevention, clinical presentation, treatments and outcomes of cardiovascular disease in women, health issues during pregnancy and the increased risk for developing cardiovascular disease and maternal death.

**TARGET AUDIENCE:** Cardiologists, Internists, family practitioners, endocrinologists, cardiac surgeons, OB/GYN, electrophysiologists, emergency physicians, nurses and other healthcare professionals.

**EDUCATIONAL OBJECTIVES:** Upon completion of this program participants should be able to:

- Educate health care providers on gender-approaches in prevention, diagnosis and treatment
- Learn about cardio-oncology treatments and therapies for patients before, during and after cancer treatments
- Increase awareness of cultural disparities associated with cardiovascular disease risk, including ethnicity, age and gender
- Educate healthcare providers on the latest diagnostic tools and therapeutic options, including Mitral valve repair

### FEES:

Torrance Memorial, Cedars-Sinai, Huntington Health Physicians, Nurses and Employees - \$50

Non-Torrance Memorial and Cedars-Sinai Health System Physicians, Nurses and Employees - \$75

Fees include lectures, continental breakfast, snacks and syllabus. Pre-registration is required. A full refund will be given if this activity is cancelled. No refund will be given if participant cancels within 48 hours of the activity. To register visit our website at <http://TorranceMemorial.org/womensheartsymposium> or call 310-891-6726.

For more details please visit our website.

Nadia J. Curran, MD - Torrance Memorial  
*"Women & Heart Disease: The Scope of the Problem"*

Noel Bairey Merz, MD - Cedars-Sinai  
*"Women and Coronary Microvascular Dysfunction: Update 2022"*

Karol Watson, MD - UCLA  
*"Tiny Fires Everywhere: Inflammation and Heart Disease in Women"*

Nisha Parikh, MD - UCSF  
*"Adverse Pregnancy Outcomes and Cardiovascular Diseases in Women"*

Michelle Kittleson, MD - Cedars-Sinai  
*"HFpEF: Guide to Diagnosis and Therapies"*

Joanna Chikwe, MD - Cedars-Sinai  
*"Mitral Valve Repair: State of the Art"*

Brenton Bauer, MD - Torrance Memorial  
*"At the Heart of Cancer Care: Cardio-Oncology and Women's Health"*

James McKinnell, MD - Torrance Memorial  
*"Cardiovascular Impact of Covid Infection: the Long and the Short of it"*

Endorsed by the American  
College of Cardiology



California  
CME



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 4.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Provider approved by the California Board of Registered Nursing, Provider Number 300, for 4.5 contact hours.

Monday	Tuesday	Wednesday	Thursday	Friday
29	30	31	1 7:00a Bylaws Committee 7:00a Breast Tumor Board. 7:45a General Tumor Board 12:30p Medical Staff PI Committee 12:30p MSPI Committee	2 7:00a Thoracic Tumor Board 7:30a IRB Committee
5 	6 12:30p Cardiology	7 7:00a CV Review Conference 12:00p Bioethics 12:30p CME Conference 3:00p Medication Safety	8 7:00a Breast Tumor Board. 7:00a Cardiac M&M 12:30p Pediatrics PI	9 7:00a Thoracic Tumor Board 12:00p Neurovascular Conf
12 12:30p Credentials Committee	13 11:30p HIM 12:30p Infection P&T 6:00p Medical Executive Committee	14 7:00a Anesthesia Department 7:00a CV Review Conference 12p Medicine Department	15 7:00a Breast Tumor Board. 7:30a CNS Tumor Board 9:00a Emergency Department 12:30p Pediatric Department 12:30p Stroke Committee 1:00p C-Section Committee	16 7:00a Thoracic Tumor Board
19 12:00p Burn & Wound Surgery 12:30p Oncology PI	20 12:30p EDIE Patient Care Committee 12:30p Donor & Transfusion 12:30p Utilization Committee	21 7:00a CV Review Conference 12:30p CME Conference	22 7:00a Breast Tumor Board. 7:45a CNS Tumor Board 8:00a Hunt Cancer Inst Steering 5:00p Bariatric Surgery	23 7:00a Thoracic Tumor Board 12:00p Neurovascular Conf 12:30p Critical Care
26 12:00p ECMO Review 5:30p Physician Resiliency	27 7:00a Oncology Committee 12:00p Radiology Department 12:30p OB/GYN Department	28 7:00a CV Review Conference	29 7:00a Breast Tumor Board. 7:45a GITumor Board 12:30p Credentials Committee	30 7:00a Thoracic Tumor Board

## 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*<sup>™</sup>. 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](http://www.torrancememorial.org/For_Physicians/Wednesday_CME_Conferences.aspx)

### September 7, 2022

*"The Do's and Don'ts for Telemedicine: The Risks, Benefits and the Future"*

Stephen Chinn, DPM  
Stanford Health Care  
Commercial Support: None

### September 14, 2022

NO CONFERENCE

### September 21, 2022

*"Treatments for Obesity"*

Kurt Hong, M.D. PhD, FACN  
Keck Hospital of USC  
Commercial Support: None

### September 28, 2022

NO CONFERENCE

### October 5, 2022

*"Atopic Dermatitis: 2022 Update"*  
Cindy Wassef, M.D.

Rutgers Robert Wood Johnson Medical School  
Commercial Support: None

### October 12, 2022

NO CONFERENCE

### October 19, 2022

*"Melanoma"*  
TBD

### October 20, 2022

*"Sexual Health in Breast Cancer Survivors"*

Anita Nelson, M.D.  
College of Osteopathic Medicine of the Pacific

Commercial Support: None

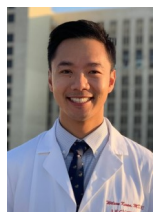
## Welcome New Practitioners



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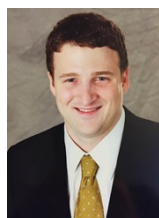
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## Physician/AHP Roster Updates

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

**Zachary Gray, M.D.**

*Chief of Staff*

**Robin S. Camrin, CPMSM, CPCS**

*Vice President, Medical Staff Services & Performance Improvement*

## In Loving Memory



It is with great sadness that we inform you that Dr. Lettie Burgett passed away on Saturday, August 13.

In her independent humble way, Dr. Burgett bravely and privately battled multiple myeloma for 5 years. She was so dedicated to her patients that she worked as long as she was able, until late June 2022. Despite her goal to return to work, her illness progressed, and she died peacefully at home, surrounded by her family on August 13.

Consistent with Dr. Burgett's quiet and humble character, only a small private family memorial service will be planned.

If you would like to convey your thoughts and share your stories with her family, you may send them to:

<https://www.kudoboard.com/boards/T5ORoBiX#edit>

In addition to her love of her family and her patients and their families, Dr. Burgett was also passionate about a charity called FISTULA FOUNDATION, an organization which provides treatment to women in Africa and Asia who suffer untreated obstetric tears due to difficult deliveries. If you would like to make a donation in her honor, you can donate to:

[fistulafoundation.org](http://fistulafoundation.org)

A donation of \$15 or more can be designated specifically in memory of

Dr. Burgett.



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**MEDICAL CENTER** MONTHLY  
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NEWSLETTER

# ProgressNotes

