

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: 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.

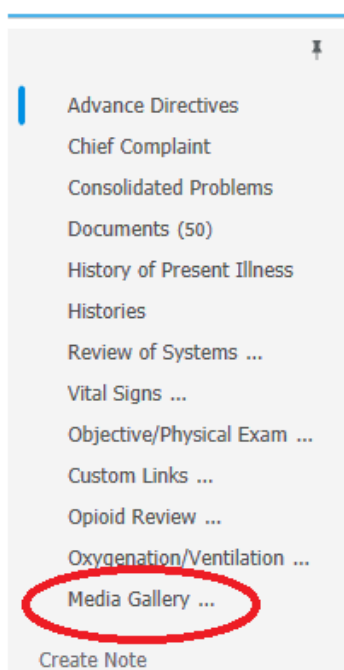
Medical Informatics

Camera Capture for Wound Photography

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.

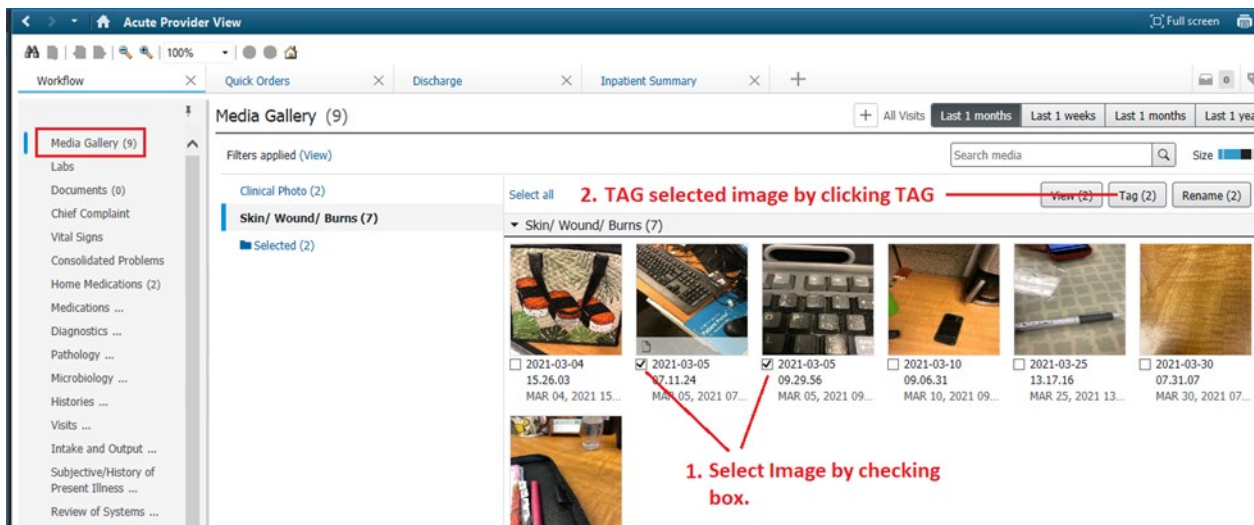
Previously, for our nurses to take photographs of patient's skin, specifically pressure injuries, they needed to locate the one digital camera per floor, take several views and then connect the camera to a system up upload the photos. It was not an efficient process and was time consuming. We went live last month with a completely new program called Camera Capture. Using a digital application on their red phones, nursing is able to take a quick photo, decide if that photo was acceptable or if it needed to reshot, and wirelessly upload that photo directly into Power Chart. The photos are immediately available to all users in a section on the Provider View called Media Gallery. We are currently able to take photographs of Skin, Wounds and Burns, with more options coming in the future.



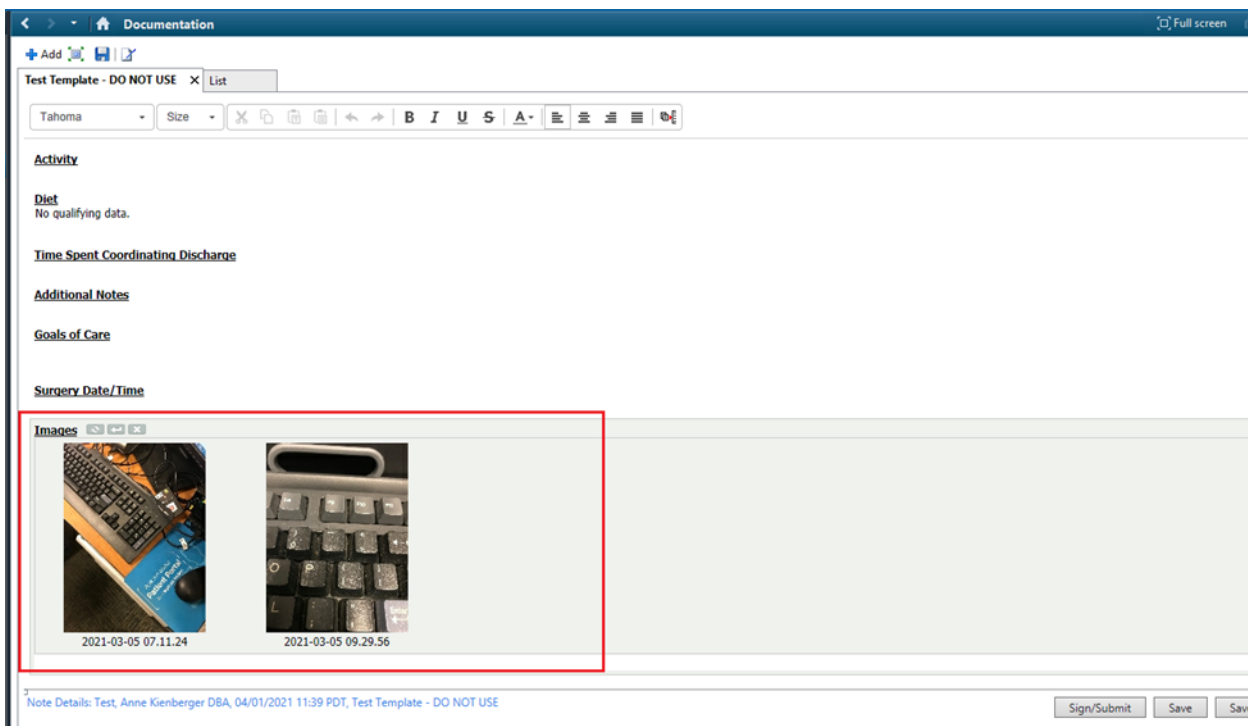
Physicians can move these photographs directly into any Dyn Doc note that has an **Images** header section at the bottom. The documents currently available are Consult Notes, Progress/APS0 Notes, Progress/SOAP Notes, EDMD Note, EDMD Quick Note and shortly will be on Admission H&P, Critical Care SOAP Note, Death Summary, Discharge Note, Discharge to SNF, General Procedure Note, Operative Report and Procedure Note.

Medical Informatics

From the Media Gallery, you select the image by checking the box underneath it, and simply choose “Tag.” See example below:



Then, when you create a note, the images will automatically appear in the Images section at the bottom of the note. If you have already created the note, simply refresh the images section and they will appear.



For any assistance, please contact Clinical Informatics at 44988. We look forward to your input!

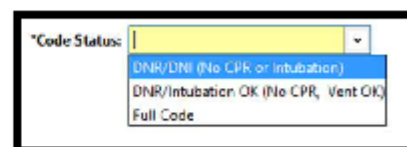
Code Status FAQ

CODE STATUS ORDERS

Introduction: “Partial” or “modified” code status requests are often a sign of misunderstanding resuscitation options and should warrant further exploration of goals of care. This confusion can occur when a patient falsely believes a “do-not-resuscitate” means they will not be treated adequately, hence the concession to partial code options. Assure patients that a code status of “D-N-R” still offers the options of all treatments and medications necessary to reasonably treat a disease or underlying condition, up until of course natural loss of pulse i.e. cardiac arrest. Determining the correct code status for a patient is complex and may require deliberate, thoughtful discussions with the patient.

Why did we recently change the code status orders to only 3 options?

The orders were simplified and streamlined to match clinically accepted standards of care. These code status orders correctly outline the appropriate resuscitation options for when a patient has no pulse and/or is not breathing (cardiac arrest). Universal orders such as a POLST also utilize similar language around resuscitation preferences.



Why can't we order a “meds only” code option?

The cornerstone for evidence-based resuscitation revolves around high-quality compressions and ventilation. Vasoactive medications are simply adjunct treatments during a complete resuscitation process, and by themselves are an inadequate/futile form of resuscitation in the event of loss of pulse/cardiac arrest. A request for “meds only” code status should warrant further discussion of patient’s wishes and understanding of resuscitation. The patient may appropriately have a “Do-Not-Resuscitate” order, yet may still receive vasoactive medications for cardiovascular support to treat a temporary, reversible medical condition before loss of pulse or imminent death.

Why can't we order a “compressions only/CPR okay” code option?

The cornerstone for evidence-based resuscitation revolves around high-quality compressions and ventilation. For effective resuscitation and sustained return of spontaneous circulation, an advanced airway and ventilation is key. Providing compressions without an end goal of offering the full spectrum of resuscitation measures, including invasive ventilation, would be ineffective and unethical. A request for “compressions only/CPR ok” code status should warrant further discussion of patient’s wishes and understanding of resuscitation.

Why is “DNR/Intubation OK” an option but not the other options above?

There are instances where a patient maintains a pulse but may need support with breathing and ventilation. The patient may be in acute respiratory failure but NOT experiencing cardiac arrest (loss of pulse), therefore NOT requiring a full resuscitation response. This 3rd option is meant to accommodate this preference.

Please DO NOT add comments to a Code Status order to specify UN-APPROVED preferences.

This may confuse the care team, will not be easily visible, and will not be transposed to other areas of the medical record.

Resources

<https://www.mmcmeservices.org/codestat.html>

<https://www.reuters.com/article/us-health-car-choices-idUSKCN0ZHS4X>

<https://acphospitalist.org/archives/2011/06/coverstory.htm>

Rafiq A, Ullah W, Naglak M, et al. (November 01, 2019) Characteristics and Outcomes of Patients with

Partial Do Not Resuscitate Orders in a Large Community Hospital. *Cureus* 11(11): e6048. DOI 10.7759/cureus.6048

Code Status Steering Committee 5.12.2021

Infection Prevention



To: All Employees, Physicians and Volunteers

Re: Response to New CDC Mask Guidelines and Changes in Eye Protection PPE

Date: May 13, 2021

Today, the CDC announced new mask guidelines for fully vaccinated people. While we welcome this news, these new guidelines only apply to non-healthcare settings. To ensure the safety of our patients, staff and visitors, all Torrance Memorial employees, physicians and volunteers must continue to wear a mask while on campus and in all facilities. Thank you for doing your part and keeping us all safe.

New Eye Protection PPE Guidelines



Due to the decrease in community transmission, Los Angeles County has moved into the YELLOW tier. As stated by the Centers for Disease Control and Prevention (CDC), "for areas with minimal to no community transmission, eye protection is considered optional, unless otherwise indicated as part of standard precautions."



Effective immediately, Torrance Memorial is updating its eye protection guidelines. The use of eye protection, such as goggles and face shields will no longer be required during interactions (within 6 ft) with NON- COVID-19 patients, unless indicated as part of standard precautions.

REMINDER: Eye Protection is still indicated as part of the PPE when caring for suspect or confirmed COVID-19 patients.

For questions call: Infection Prevention x 22057

Pharmacy

Situation:

Rules for pain medications duplications are changing.

Background:

Alerts may cause more harm than the intended good by firing too often for reasons that are not appropriate. Three years ago, an effort was placed to suppress duplicate pain medication orders by allowing for an acceptable number of duplicative pain orders before an alert is fired. This satisfies suppressing some unnecessary alerts, but still did not give purpose to the alerts that eventually fired.

Assessment:

New functionality to Cerner is allowing for customized clinical decision support. A rule was built to only fire on duplicate pain orders when the PRN route and reason is also a duplication.

Recommendation:

Please pay close attention to the alerts that fire on pain medication orders to assure that the indication is not duplicative.

Felix Pham, PharmD
X30975 | 714-925-8734 CELL

Health & Wellness Lecture Series

HEALTH & WELLNESS LECTURE SERIES

*For Torrance
Memorial Staff*



Dr. Elisabeth Crim

Dr. Elisabeth Crim is a Licensed Psychologist, Certified Relax/Renew Yoga Trainer, and the Founder/CEO of Moonstone Center. She earned a PhD and MA in Psychology; MA in Theology; and MA in Counseling.

Restoring the Healer: Insights & Skills for Releasing & Returning to Balance

Speaker: Dr. Elisabeth Crim

Date: June 16th

Time: 12:00 to 1:00 pm

Zoom Presentation Details:

[Click Here To Register](#)

Call-in: 1-669-900-6833

Meeting ID: 969 6199 6220

Lecture Details:

This lecture attends to you, the human being who is the Healer. Offering insights and relevant skills to allow you to begin to release, re-balance and restore you. The lecture invites you to explore releasing the trauma and stress of the last 15 months, restoring and discovering balance within your own life, health, and relationships, even as you continue in your journey as a valued health care provider.

Please talk to your manager about approving elective education or TMU hours for this class, if appropriate.



Welcome Back Volunteers

The Medical Staff Services Department welcomes Volunteer Vera Little back to the Medical Center. We missed her greatly and are grateful that she has returned to support us on Thursdays!



Medical Staff Calendar

Monday	Tuesday	Wednesday	Thursday	Friday
31	1	2 7:00a CV Review Conference	3 7:00a Breast Tumor Board 7:45a Gen Tumor Board 12:30p Medical Staff PI 3:00p Medication Safety	4 7:00a Thoracic Tumor Board 7:00a Surgery Department 7:30a IRB Committee
7 12:30p Cardiology 12:30p Credentials Committee	8 12:30 Infection Prevention/P&T 6:00p Medical Executive Committee	9 7:00a Anesthesia PI 7:00a CV Review Conference	10 7:00a Breast Tumor Board 7:45a GI Tumor Board 12:30p Medicine PI Subcommittee	11 7:00a Thoracic Tumor Board
14	15 7:00a Practitioner Well Being 12:00p Radiology Department 12:30p EDIE Pt Care Committee	16 7:00a CV Review Conference 11:30a Health Information Mgmt. 12:30p Cardiology PI 12:30p CME Conference	17 7:00a Breast Tumor Board 7:45a CNS Tumor Board 9:00a Emergency Department 12:30p Pediatrics. Department 12:30p Stroke Committee 1:00p C-Section Subcommittee	18 7:00a Thoracic Tumor Board
21 12:00p Bum & Wound Subcom	22 12:30p OB/GYN Department 12:30p Utilization Management	23 7:00a CV Review Conference	24 7:00a Breast Tumor Board 7:45a GI Tumor Board 12:30p Credentials Committee	25 7:00a Thoracic Tumor Board
28 4:00p Bariatric Surgery Subcom	29	30 7:00a CV Review Conference 12:30p CME 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

June 2, 2021
 NO CONFERENCE

June 16, 2021
Death and Dying Process & Pain Management
 Neha Darrah, MD
 Cedars-Sinai Medical Center
 Commercial Support: None

June 23, 2021
 NO CONFERENCE

June 30, 2021
Palliative Care
 Dawn Gross, MD
 UCSF School of Medicine
 Commercial Support: None

July 7, 2021
Update in Clinical Documentation
 Speaker and Facility: TBD

July 14, 2021
 NO CONFERENCE

July 21, 2021
Diet and Cancer
 Speaker and Facility: TBD

July 28, 2021
 NO CONFERENCE

Welcome to New Practitioners



Antiem T. Bui, D.O.
Medicine
Southland Renal Medical Group
3300 E. South St. Suite 308
Long Beach, CA 90805
Phone: (562) 630-3111
Fax: (562) 630-3107

Physician/AHP Roster Updates

Address Change

Eric M. Cheung, D.O.
Medicine
Cancer and Blood Specialty
Clinic
3650 South St. Ste 101
Lakewood, CA 90712

Sheena L. Kamra, M.D.
Pediatrics
UCLA Dept of Pediatrics
Group Practice
4201 Torrance Blvd. Ste 660
Torrance, CA 90503

Young S. Kwon, M.D.
OB/Gyn
3340 Lomita Blvd. 120
Torrance, CA 90505

Mehran Taban, M.D.
Surgery
Macula Retina Vitreous Ctr
20528 Hawthorne Blvd Ste
201
Torrance, CA 90503

Harpreet S. Sidhu, M.D.
Medicine
UCLA Health Southbay Endo-
crine, Thyroid & Diabetes
Center
3445 Pacific Coast Hwy 100
Torrance, CA 90505
Phone: (310) 542-6333
Fax: (310) 326-2236

Jerald I. Simon, M.D.
Psychiatry
(See Medical Staff Services
Dept)

Change of Phone/Fax

Mehdi Hemmat,, M.D.
OB GYN
Phone: (310) 793-2565
Fax: ((310) 419-8553

Leave of Absence

Susanna M. Chan, M.D.
Medicine

Farshid M. Kazi, M.D.
Medicine

Resignation

Michael S. Chung, M.D.
Medicine

Thomas Jacob, M.D.
Pediatrics

Xuan H. Valdez, M.D.
Medicine

Retired

Andrew Hansen H.. Shen, M.D.
Emergency

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*

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MEDICAL
STAFF
NEWSLETTER

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