

# Medical Staff Update

February 2015

## Lung Cancer Screening and Pulmonary Nodule Program

This new program offers expert assessment and monitoring of patients with lung nodules, as well as heavy smokers considered high risk for developing lung cancer. One of the only programs of its kind in Southern California, the St. Jude Lung Cancer Screening and Pulmonary Nodule Program brings together specialists in thoracic surgery, pulmonology, radiology and medical oncology to offer:

- A simple referral process
- Quick access to multidisciplinary assessment and evaluation of pulmonary nodules
- Streamlined diagnosis, testing and treatment if needed
- Evidence-based approaches to ongoing monitoring
- Frequent communication with referring doctor

When significant lung nodules (6 mm or larger) are found on CT imaging or X-ray, patients can be referred through the Thoracic Nurse Navigator Shannon Lindop, RN, BSN, OCN. The patient is contacted to obtain a relevant clinical history, which along with the diagnostic images is reviewed by the program's multidisciplinary panel. All findings and follow-up or treatment recommendations are communicated to the referring physician.

"Unfortunately, unnecessary biopsies and surgeries to remove nodules that are not cancerous can create as many complications as failing to provide appropriate monitoring," explains Daniel Oh, MD, thoracic surgeon at Keck Medicine of USC and SJMC, and Co-Medical Director of the St. Jude Center of Thoracic and Esophageal Diseases. Dr. Oh is a highly regarded thoracic surgeon who helped create the program. "By bringing together different disciplines to contribute their expertise to diagnosing, evaluating and developing a treatment plan for each patient, we can help ensure exactly the right care at the right time."

For questions, please call Shannon Lindop, RN, BSN, OCN, Program Coordinator, at (714) 446-5355.

## Upcoming Joint Commission Survey

Recent changes to The Joint Commission survey are creating new challenges for the state's hospitals – and St. Jude, who is expecting surveyors sometime in the next 90 days, is no exception.

"The process for the upcoming survey will be more restrictive and more focused on identifying areas of non-compliance," explains Sajen Mathews, MD, Chief of Staff elect and Patient Safety and Performance Improvement Chair. "The education and interactive communication that has characterized surveys in the past will be minimized. Surveyors will not provide consultations or 'hints' at what will be found out of compliance as in the past."

New requirements by CMS (Centers for Medicare and Medicaid Services) have changed the survey's focus to more closely mirror CMS regulations – which means not only is the criteria more restrictive but the stakes are higher: the hospital's ability to bill for Medicare reimbursement is tied to survey results.

For years, CMS has contracted with the Joint Commission to assess compliance with federal requirements. But CMS recently determined that the Joint Commission was not finding the same – or as many – violations as CDPH (California Department of Public Health), who also performs surveys on behalf of CMS. The result was new requirements having the Joint Commission to adhere more strictly to CMS criteria.

"From reviewing charts to observing hand hygiene as physicians walk in and out of patient rooms, the surveyors will be looking for compliance with quality and safety processes," says Dr. Mathews, who explains department chairs are holding practice interviews to help physicians prepare for surveyors' questions. "On-the-spot interviews will allow surveyors to evaluate physicians' knowledge of performance improvement activities, physician engagement with the hospital's leadership, and other key topics."

## St. Jude Partnership with CVS Pharmacy Creates Medication Delivery Program

A new pilot program is giving patients on 3N the option of having prescribed medications delivered to their hospital room just prior to discharge. Thanks to a partnership with CVS Pharmacy, patients can now leave the hospital with all needed medications, offering greater convenience with also promoting medication adherence – a significant factor in avoiding hospital readmission.

Medication delivery is currently available weekdays, 11 a.m. - 7 p.m. and Saturdays Noon - 5 p.m., but patients discharged outside these hours will be offered expedited medication pick-up through the CVS drive-up window. The program will be rolled out to other hospital units over the next several months.

"We hope to realize a number of benefits, including improving medication adherence and continuity of care, while also raising our HCAHP score related to patient satisfaction with discharge and medication instructions," explains Dan Bailey, Director of Value Imperative at SJMC.

## Requirements for Ordering Restraint or Seclusion

The use of restraint or seclusion must be in accordance with a physician's order or other Licensed Independent Practitioner who is responsible for the patient's care. If the attending physician did not order the restraint or seclusion, he or she must be consulted as soon as possible.

Orders must never be written as a standing order or on an "as needed" basis (PRN).

Each order for restraint or seclusion must contain the following information:

- Patient's name
- Date and time of the order
- Physician's name
- Type of restraint to be applied
- Time limit (duration) of the restraint

Renewal orders for restraint are obtained once each calendar day. Renewal orders are based on an examination of the patient by a physician.

The initial order for medical restraint is time limited and shall not exceed 24 hours.

In an emergency situation, the least restrictive yet effective restraint can be initiated by authorized and qualified staff without a prior physician order, based on an appropriate assessment of the patient. In this case, a physician is contacted immediately thereafter for an order. The physician must examine the patient within 24 hours.

## February Medical Staff Meetings

All meetings are held in the Erickson Education Center unless otherwise noted. All members are invited to attend.

**Cardiology QRC (Peer Review):** 7:30 a.m., Feb. 11

**Medicine QRC (Peer Review):** 12:30 p.m., Feb. 5

**Surgery QRC (Peer Review):** 7 a.m., Feb. 4, Apr. 1, Jun. 3, Sept. 2, Nov. 4

**Women & Children's QRC (Peer Review):** 12:30 p.m., Feb. 11

**Anesthesia Clinical Service:** 7 a.m., Feb. 10

**Radiology Clinical Service:** 12:30 p.m., Feb. 18

**Pathology Clinical Service:** 7:30 a.m., North Basement Conference Room, Feb. 2

## Emergency Page Codes Every Physician Should Know

**Code Red** – Fire

**Code Blue** – Medical Emergency Adult

**Code White** – Medical Emergency Pediatric

**Code Yellow** – Bomb Threat

**Code Grey** – Abusive/Assaultive Behavior

**Code Orange** – Hazardous Material

**Code Pink** – Infant Abduction

**Code Purple** – Child Abduction 1 yr or older

**Code Gold** – Patient Missing/Elopement

**Code Silver** – Person with a Weapon/  
Hostage Situation

Triage Internal –  
Internal Disaster

Triage External –  
External Disaster

Shelter in Place –  
Toxic Cloud