Can you hear me now?

St. Joseph Hospital hospitalists and intensivists are looking for feedback on their communication with you. If you have any comments or questions please contact Michelle Jimenez, Medical Staff Office, at (714) 771-8056.

Progress on Perfect Care

Several teams have shaped significant outcome improvements from FY07 to FY08, as noted by the Quality Committee of the Board of Trustees. Physicians and nurses who lead these high-performing teams were invited to the January 29 Board of Trustee meeting to receive a framed certificate of achievement for bringing us closer to our goal of Perfect Care. Teams recognized are listed below:

AMI TEAM: Jairo Marin, MD, Liz Hahn, RN, Jennifer Reyes, RN
FY07- Perfect Care failure rate of 9.36%. FY08 - Perfect Care failure rate of 3.85%. **Overall improvement of 59%**.

CABG TEAM: Richard Gates, MD, Kim Lawrence, RN, Megan Liego, RN, NP
FY07- Perfect Care failure rate of 11.63%. FY08 - Perfect Care failure rate of 4.35%. **Overall improvement of 63%**.

HEART FAILURE TEAM: Maged Azer, MD, Sarah Atchison, RN, Aileen Ingles, RN
FY07- Perfect Care failure rate of 25.73%. FY08 - Perfect Care failure rate of 13.71%. **Overall improvement: 47%**.

TOTAL JOINT REPLACEMENT TEAM: Alejandro Ramirez, MD, Shivi Dixit, RN, Robert Garcia, RN
FY07- Perfect Care failure rate of 16.9%. FY08 - Perfect Care failure rate of 7.45%. **Overall improvement of 56%**.

Recruiter of the Year

Congratulations to SJH Anesthesiologist Paul Yost, MD, recognized by Access OC as “Recruiter of the Year” for his recruitment of surgeons and anesthesiologists at SJH to provide a day of free outpatient surgical services at the hospital last fall for underserved patients.

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In the trenches
with D. Preston Flanigan, M.D.

D. Preston Flanigan, M.D., a partner with Vascular and Interventional Specialists of Orange County, Inc., is again listed in the annual “America’s Top Doctors.” He isn’t that excited about the distinction but says, “Patients love it and it gives them an additional sense of security and trust.”

Dr. Flanigan has practiced at SJH since 1988 and is Medical Director of Vascular Services and the Vascular Laboratory. He is past chairman of the Section of Vascular Surgery and past medical director of the Wound Care Center and Vascular Institute. He has published more than 230 articles and chapters and three books in the field of Vascular Surgery, serves on the Journal of Vascular Ultrasound editorial board and has served as an examiner for the American Board of Surgery in Vascular Surgery. He is a past president of the Southern California Vascular Surgery Society. Prior to coming to SJH Dr. Flanigan was Professor and Chief of Vascular Surgery at the University of Illinois.

In the little spare time he has, Dr. Flanigan enjoys golf, photography and mountain biking on weekends. He is married with four children, ages 36 to 13. His 20-year-old daughter is on track to become a physician.

Executive Committee (including IR) meeting monthly to work with and advise administration as we move forward with development of our programs. We have our own dedicated cardiovascular operating rooms. The new hybrid cardiovascular OR opening here next summer will be another big advancement allowing us to provide patients with cutting edge therapy including newer types of thoracic and abdominal aortic endografts.

Nobody is reporting better results than us for our procedural interventions. For example, the National Outcomes Registry for Vascular Surgery reports 3.75% and 1.97% death/stroke/MI rates for carotid endarterectomy (CEA) in symptomatic and asymptomatic patients respectively. Our CEA rates, based on 442 recently published consecutive symptomatic and asymptomatic standard risk and high risk CEA patients, is 0.68% (0% mortality). Our results in some 70 carotid stent patients include only one TIA, no stroke and no mortality.

What misconceptions do you find in the medical community? Our physician referral base tends to be very well informed. However, one pervasive misconception is that asymptomatic patients with carotid stenosis should wait to have intervention until the stenosis is 80% or more. Prospective, randomized multicenter studies have demonstrated that the correct number is 60% or greater for best stroke prevention and in those studies the stroke rates with intervention were several times higher than our results further supporting our practice of recommending intervention in asymptomatic patients with > 60% stenosis and in symptomatic patients with >50% stenosis.