



ST. JOSEPH HOSPITAL
msb
MEDICAL STAFF BRIEFS

St. Joseph Hospital 
ST. JOSEPH
HEALTH SYSTEM

A PUBLICATION FROM THE ST. JOSEPH HOSPITAL MEDICAL STAFF OFFICE

SJO named a Top Ten Healing Hospital for a culture of rare and radical loving care

St. Joseph Hospital was recently named one of America's Top Ten Healing Hospitals for 2008 by the Baptist Healing Trust in Nashville, Tenn. This is the third consecutive year that St. Joseph Hospital ranked among the best healing hospitals in the nation. This year, St. Joseph Hospital was listed second on the list.

The Healing Hospital designation, which cannot be applied for, is determined by the leadership team of the Baptist Healing Trust. The designation is based on an organization's commitment to a culture of "Radical Loving Care" and dedication by leadership for compassionate patient-centered care. This year marks the fourth year of the Top Ten Healing Hospital designation, which is only awarded to a small fraction of America's hospitals. For further details please visit <http://www.baptisthealingtrust.org>.

Well-marked trails for clinical trials

An increasing number of community-based physicians are participating in clinical trials of drugs and devices that may benefit their patients. While the demand for clinical investigators is building and better-educated patients are increasingly asking about clinical studies, the administrative burden has sometimes been prohibitive, especially for those in smaller practices. Inadequate reimbursement for the costs and time required for data reporting have been valid barriers to participation.

Non-stop growth of the St. Joseph Hospital Clinical Research Department, opened in November 2006, has culminated in its current portfolio of 131 clinical research studies. Partnering physicians will find that the department encourages research and facilitates coordination of their studies. It has centralized functions of evaluating, negotiating, marketing and patient coordination.

For inpatient studies at St. Joseph Hospital, physicians must initiate the research process by contacting SJO's Office of Research Administration. Clinical Research Site Manager Vicki Slone, Ph.D. states, "We do our homework, starting with a feasibility study to assess the validity, resource requirements, whether physician reimbursement will be at fair market value and the potential patient base. We simultaneously submit the study for Institutional Review Board (IRB) approval and initiate budget and contract negotiations – a process that takes approximately three months. We never want to be a roadblock; instead, we work to ensure compliance for a successful study."

If you need further information, please contact the SJO Office of Research Administration at (714) 568-5538, or email Vicki.Slone@stjoe.org. For insights from veteran researcher **Kelly Tucker, MD**, please see the back page.

Swine Influenza Alert

Recommendations for clinicians from CDC and local health officials are posted at www.sjo.org/Physicians_Only.

12th Annual Melanoma Symposium

Saturday, May 16, 2009

8 a.m. - 1:45 p.m.

at the Balboa Bay Club & Resort

Featured Speakers:

- **Kim James Charney, MD, FACS**, Surgeon and Medical Director, The Melanoma Program, St. Joseph Hospital
- **Matthew M. Goodman, MD**, Dermatologist, St. Joseph Hospital
- **G. Scott Smith, MD**, Family Practice Physician, St. Joseph Hospital
- **James Waldman, MD**, Dermatologist, St. Joseph Hospital
- **Aaron Sassoon, MD**, Pathologist, St. Joseph Hospital
- **Roderick R. Turner, MD**, Pathologist, St. John's Health Center
- **Tiberio Lindgren, MD**, Hematologist/Oncologist, St. Joseph Hospital
- **Robert A. Cosgrove, Esq.**, Cosgrove & Birmingham
- **Timothy E. Byun, MD**, Hematologist/Oncologist, St. Joseph Hospital
- **Ronald C. Hansen, MD**, Dermatologist, Phoenix Children's Hospital

For more information or to register call:
(866) 714-1777.

Lawrence Siegel, MD, 1929-2009

We are saddened to report the passing of **Lawrence Siegel, MD**, on April 3, 2009. Dr. Siegel, who practiced as a dedicated family physician in Orange County for 46 years, leaves behind many dear friends and family members, colleagues and loyal patients. He was 79.

In the trenches

with Kelly Tucker, M.D.
Cardiologist & Electrophysiologist

How did you become so heavily involved in clinical research?

I came to the Orange County Heart Institute and St. Joseph Hospital in 1994 from an academic appointment at UC San Francisco and prior to that the University of Florida. Electrophysiology was then a relatively new field. Ablation of the heart was still considered investigational. I brought with me two clinical trials involving implantable cardioverter defibrillators for survival benefit in patients with heart disease. The multi-center MADIT and subsequent MADIT II trials were landmark studies that redefined how we use defibrillators. Previously very few patients had access to this life-saving technology.

Subsequently I worked on cardiac resynchronization therapy using biventricular devices in patients with heart failure in the Companion clinical trial, making us the first group in Orange County to do biventricular pacing. As a result of the trial it's now considered routine treatment.

Currently ours is the only O.C. practice to make the implantable Watchman device available, in development for eight years. It obviates the need for Coumadin in patients with atrial fibrillation. The results were presented at the March American

College of Cardiology annual meeting in Orlando. They showed that the Watchman plus aspirin is as good or better than Coumadin in preventing stroke. That's exciting, as there are 10 million Americans on Coumadin, which has a high risk of bleeding complications. We've had 70 of the 800 patients enrolled in this randomized study, which at 9% made us number-one in worldwide involvement out of 45 research sites. The study was submitted to the FDA in September 2008 and at 100,000 pages will take some time to review. In the continued access phase, it's available at 20 sites in the world, and we're one of them.

Another exciting implant available later this year on a research basis is called the Guardian Alert System, for patients who have documented coronary disease. When a patient is having a heart attack, the device which is wired to the heart vibrates, alerting them to call 911. Up to 40 % of patients have minimal to no symptoms of an M.I., so this device has great potential.

I get offered one to two studies per month and turn down a lot of them. We've had an almost uncanny ability to look at what we think will be the future of medicine and invest heavily based on educated guesses. It's been a wild ride.

What advice would you give to a physician interested in becoming involved in research?

Take ownership. I personally sit with each poten-

tial patient and go through the issues related to the trial. It's time consuming but important. I'd also suggest getting a really good clinical trial coordinator because you're dealing with a lot of paperwork and federal regulations. Always complete the paperwork immediately and stick to the protocol. Be choosy about which research you'll do. For me the acid test is, would I recommend this for my own family? You have to believe in it. It's not a way to make a living; you do it to make the world a better place. Personally, it's the most important part of my practice. We stay on the leading edge and make a difference. After two decades in practice I've achieved what I wanted to, so the research keeps it alive. I'd encourage any physician who wants to stay relevant to do research, and that includes primary care physicians who often initiate the patient's participation. We welcome their involvement and want them to share in the credit. The patients they send us are very grateful.

In addition to medical science, Dr. Tucker is involved in the arts. His expertise is in California post-impressionist art from the 1900 to 1930 period. He started as a collector, and has become a consultant for personal and corporate collections.



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