



ST. JOSEPH HOSPITAL
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MEDICAL STAFF BRIEFS



A PUBLICATION FROM THE ST. JOSEPH HOSPITAL MEDICAL STAFF OFFICE

From the desk of Ashok Kar, MD, Chief of Staff

Forty Medical Staff leaders including most of the Medical Executive Committee and several administrators attended a retreat in La Quinta. It was facilitated by Richard Hoerl, PhD, who has experience working with medical staffs, hospitals and medical groups all over the country. He spent the day before the retreat interviewing the chairman of the Board of Trustees (BOT), CEO Larry Ainsworth and eight key physicians and leaders to understand the issues of concern:

- 1) The relationship of Heritage Medical Group and the Hospital.
- 2) Main Street Surgery Center and the impact it may have on SJH if the orthopedic surgeons leave the campus.
- 3) Recruitment of physicians to the campus, including income guarantees and methods to justify recruitment of physicians in view of our aging staff.
- 4) Joint ventures with physicians.
- 5) Growing the pie for all involved parties.
- 6) Access to managed care contracts for "non-participants."
- 7) Minute Clinics and their affiliation with the SJHS.
- 8) Deferred compensation as a mode of reimbursement for ER back-up and

medical directorships.

- 9) Existing 'Compact' could not be discussed due to time constraints but will be brought forth in future discussions.

Agreements reached at the retreat

- 1) Transparency of all significant decisions by the Medical Executive Committee and Administration that may involve Medical Staff issues.
- 2) Better communication with all staff members including establishment of a Medical Staff website with a "Members Only" section to place blogs.
- 3) Administration is willing to review any joint venture opportunity with physicians.
- 4) Formation of a high level Presidential Council consisting of Staff officers, physicians in leadership roles, CEO, CMO and COO and members of the BOT. This committee will be charged with "growth opportunities" for all physicians including Heritage, SJHIPA and independent physicians.

At the end of the retreat the consensus was to work together in a collaborative, cooperative, transparent manner for the continued success of all parties. I intend to continue communication with you in future *Briefs* articles.

Huddling at Discharge

New guidelines for discharging in-patients from our facility will be rolled out house-wide November 1, 2008. When the discharging physician comes to the department, he/she can *elect* to use this new "DC Huddle" process by taking the following steps:

Page RN: MD pages RN, through Unit Secretary of plan to discharge patient.

Print Medical Record: Unit Secretary
Maged Azer, MD FACC, Co-Chairman, CHF Clinical Excellence Team

prints the medical record for home or another facility.

DC Huddles: Before leaving the department the physician reviews discharge orders with the RN or charge RN.

If you have questions contact Aileen Ingles, RN, BSN, PCCN, Co-Chair, CHF Clinical Excellence Team, at ext. 18078 or at Aileen.Ingles@stjoe.org.

A welcome orientation

On October 14 St. Joseph Hospital introduced a Physician Orientation to "map the maze" encountered by new Medical Staff members. A two-hour session was packed with helpful information on key services, systems, processes, policies, resources and people, followed by a one-hour campus tour. This orientation will now be held the second Tuesday of each month, and is available to *any* physician on the SJO Medical Staff interested in attending. There is still room to attend the November 11, 3 p.m., orientation. Please RSVP to Physician Relations Specialist Jennifer Kovac at (714) 771-8000 ext. 17756.

New on Staff in October

Lisa Abaid, MD, Gynecologic Oncology

Robin Abdelmalik, MD, Internal Medicine

Kim Brandau, MD, General Surgery

Douglas Brownell, MD, Vascular Surgery

Aaron Castor, MD, Emergency Medicine

Michael Chan, MD, Cardiology

Joon Choi, MD, Plastic & Reconstructive Surgery

Paul Dinh, MD, Orthopedic Surgery

Maher Gobran, MD, General Surgery

Todd Mc Gregor, MD, Emergency Medicine

William Holmes, MD, Radiology

Daniel Jaffurs, MD, Plastic & Reconstructive Surgery

Eric Lin, MD, Orthopedic Surgery

Huy Nguyen, MD, Pediatrics

John Schlechter, MD, Orthopedic Surgery

Lavonne Sheng, MD, Neonatology

Marc Shorner, MD, Ophthalmology

Prit Oat Sinchai, MD, Ophthalmology

Pulmonary Hypertension

Tuesday, November 11, 6:30 - 8 p.m.

a free dinner program at the Turnip Rose featuring **Donald Mahon, MD,** Cardiologist
Register at (866) 714-1777.

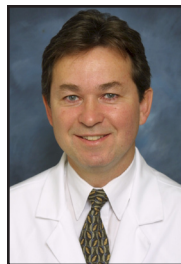
In the trenches with Ervin Ruzics, M.D. Medical Director, Kidney Transplant Center

Congratulations on achieving 100% one-year graft survival for five years in a row. Do you consider St. Joseph Hospital's Kidney Transplant Program to be the best in the nation?

I wouldn't make such a claim although we are certainly in good company. Of the half dozen U.S. adult transplant programs to achieve 100% success St. Joseph Hospital's program has consistently had the highest volume of transplants. In addition, our program is one of only a dozen or so with outcomes statistically better than expected. Of these statistically better programs St. Joseph has had the highest graft survival each year.

Why do you think St. Joseph Hospital has outcomes statistically better than expected? The Scientific Registry of Transplant Recipients (SRTR) has calculated our one year graft survival to be statistically higher than expected based on donor and recipient risk factors.

Graft survival is reduced by death from cardiac events and irreversible rejection



mostly from non compliance and complications of opportunistic infections. SJO's top notch cardiovascular services help us correct cardiac problems pre transplant and then quickly and expertly intervene post transplant. St. Joseph Hospital has a transplant team made up of Certified Clinical Transplant Coordinators, a Nurse Practitioner, Social Workers, a Transplant Pharmacist and Dietitian who carefully monitor and enforce compliance with the complex first-year regimen. I personally manage immunosuppression, antimicrobial prophylaxis, rejection and infection surveillance and triage – all issues during the first year. This unbroken continuity of care during the first year reduces delays in evaluation and management of often subtle but potentially life-threatening complications unique to transplant patients. Collaboration and close follow up with the outstanding St. Joseph Hospital nephrologists is essential to maintaining good outcomes.

Why is St. Joseph Hospital so interested in live donor transplants?

Many patients and their families don't understand the gravity of their circumstances. Transplant candidates have a life expectancy of only 10 years. Transplantation doubles life expectancy and substantially improves health. For the 77,000 patients on the waitlist, only 10,000 deceased donor kidneys are available annually, so the wait for a deceased donor kidney is more than seven years. Many patients won't survive or maintain their candidacy long enough to get a kidney. These patients' only chance for survival is a living donor. When loved ones hear these sobering facts many are quick to volunteer. Anyone emotionally connected to the patient can be evaluated as a donor; blood relation is no longer necessary. We go to great lengths to accomplish live donor transplantation, including using ABO blood type incompatible and cross match incompatible donors, previously thought to be impossible to use.

What's coming down the pike for the Kidney Transplant Center?

Right now we are looking forward to moving our program to the new Cancer Center building. This will tremendously help our patients be able to obtain all of their services at one site.



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St. Joseph Hospital 
ST. JOSEPH
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SUBMISSIONS SOUGHT:

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