Physicians’ Update

Chief of Staff

Now that the Alaskan summer seems to have come to an end, I wanted to take some time to inform our medical staff what changes are underway at Providence Alaska Medical Center.

After a recent visit by the Joint Commission, during which all of our medical staff bylaws were reviewed, it became clear that over the years our bylaws had become antiquated and were no longer in sync with many of our medical staff policies. The medical staff office and medical staff leadership have undertaken the monumental project of rewriting our bylaws. This included writing a credentialing manual as well as an organizational manual.

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ACS Level II Trauma Update: Practice Guidelines Aid Care of Trauma Patients

We’re moving forward. We now have tentative dates of Nov. 19-20, for our review. The trauma program, headed up by Trauma Medical Director Carolyn Majors, M.D., has seen a lot of significant changes in how we care for trauma patients. One of the changes is the creation of practice guidelines for the care of the trauma patient. All of our practice guidelines can be found on the Trauma Services website, PAMC intranet, departments and Trauma Services. If you have any questions about our program or would like to be involved, please feel free to contact Dr. Majors at 229-9010 or via email at majorsscc@yahoo.com, or Mary Thompson, RN, manager of Trauma Services, at 212-4988 or email at mary.thompson@providence.org.

Documentation Procedures Key to Accurately Assigning Sepsis Codes

There are a few basic documentation guidelines for accurately assigning sepsis codes:

- Establishing if condition was POA (present on admission); This may be after-study but needs to be noted;
- Severity of illness is captured by documentation of all associated conditions such as organ failure/septic shock; and
- ICD-10 code assignment will reflect the causative organism when known and linked to the sepsis by physician documentation.

Terms to avoid:

- “Sepsis syndrome” is considered poorly defined as it does not capture any associated conditions. Coders are required to ask for clarification when this term is used; and
- “SIRS due to an infectious process” will no longer default to “sepsis” with ICD-10.
The organizational manual will replace multiple policies that up to this point have required annual review. This more coordinated delineation of governance should make policies/protocols more accessible and easier to understand. The new manuals clarify augment our existing credentialing/privileging protocols and will streamline throughput through the medical staff office. These documents were sent to the medical staff for general review in early August. We have already received multiple comments and suggestions that have already improved to documents. We hope to continue to receive guidance/comments from the medical staff prior to implementation. The ratification of these documents will be on the agenda for the October general staff meeting.

The medical executive committee has been working with the bylaws committee to update our informed consent policy. This has been an area of concern by external reviews (Joint Commission). All patients who undergo any procedure must have informed consent documented in the active chart. Consent forms obtained at outside offices will be accepted. We have seen significant improvements in both obtaining informed consent and decreasing delays in surgical procedures over the past six months. The most recent efforts have focused largely on the Cardiac Cath Laboratory but are now being broadened to include the Operating Room and Endoscopy.

Another area of concern has been lack of complete operative notes at the time of transfer from OR/recovery to floor. It is standard of care for patients to have a completed operative note (brief or complete) prior to leaving the OR/procedural recovery. This note is a key form of communication between the operating team and the postoperative team and helps ensure appropriate and timely postoperative care. The op note needs to be completed either by voice recognition or typing (because it can take up to 12-24 hours for a dictated report to appear in Epic). An operative note documenting key aspects of the procedure must be on the patient chart before the patient moves to the next location of care (Post Anesthesia Care Unit or inpatient ward).

This is going to take significant commitment from the medical staff to implement completely. This documentation is critical for safe and effective postoperative care for our patients; anything less than 100 percent compliance should not be acceptable.

Stanley Watkins, M.D., chief of staff
pamcchiefofstaff@providence.org
ANTIMICROBIAL STEWARDSHIP PROGRAM

The antimicrobial stewardship program at PAMC has been active since Aug. 26, 2013. To date the program has provided 1,609 total antibiotic associated recommendations with a 91 percent acceptance rate, and total antimicrobial use has decreased by 62 days of therapy per 1,000 acute patient days, leading to a cost-savings of $147,287.46 in direct antimicrobial expenditure and an estimated intervention-associated cost-avoidance of $161,798.00.

SURGICAL PROPHYLAXIS ANTIBIOTIC GUIDELINE

The Pharmacy and Therapeutics (P&T) Committee approved a guideline which highlights the appropriate antimicrobials, doses, and durations to be used pre and post-operatively for all surgical types. This guideline is a combination of national guidelines, SCIP measures, local susceptibilities and cost analysis. It has been approved by the Surgery, Orthopedic Surgery, OB/GYN, and Antimicrobial Stewardship Committees. The document is available on the PAMC intranet, under Departments, Pharmacy, P&T Guidelines, Surgical Prophylaxis Guideline.

APIXABAN (ELIQUIS) AUTO DOSE CHANGE IN HEMODIALYSIS

The apixaban package insert has been updated to include dosing recommendations for patients with end-stage renal disease. This was based on a pharmacokinetic analysis, since clinical trials did not include dialysis patients. The committee approved the following automatic dose change by pharmacy for apixaban:

Usual dose: 5mg po twice daily

Adjusted dose: 2.5mg po BID in patients with any two of the following characteristics:

• age ≥80 years
• body weight ≤60 kg
• serum creatinine ≥1.5 mg/dL and/or hemodialysis

ACETAMINOPHEN DRUG UTILIZATION EVALUATION

IV acetaminophen became available for patients meeting the guidelines established by the PAMC P&T committee in December 2011. A drug utilization review was recently conducted to evaluate whether IV acetaminophen is being used according to the guidelines. Most was prescribed a single dose. Most patients receiving repeating doses had 24 hours or less of IV therapy and were then switched to oral or rectal formulations. Use is increasing steadily. Procedures to ensure appropriate use will remain in place. Physicians specializing in pain management have authority to order IV acetaminophen without contacting pharmacy. Others are required to contact pharmacy to ensure compliance with guidelines. Evaluations will continue.

RETROSPECTIVE REVIEW AND ASSESSMENT OF PHARMACIST-DRIVEN VANCOMYCIN DOSING IN OBESE PATIENTS

A retrospective review of initial dosing of vancomycin was done to assess whether our institutional guidelines are being followed and to examine whether there is an association between protocol compliance and nephrotoxicity as well as attainment of initial trough goals stratified according to body mass index (BMI). Overall, 20.8 percent of cases examined were deemed to be protocol compliant. Protocol compliance decreased as BMI increased. Attainment of the initial trough goal for the entire population was 34.4 percent. Although statistical analysis was not performed, there was no clear trend as to whether protocol compliance or non compliance led to a higher or lower number of troughs at goal. Initial troughs outside of the goal range tended to be subtherapeutic rather than supratherapeutic. The overall rate of nephrotoxicity was 3.2 percent, which is low compared to the reported incidence of vancomycin induced nephrotoxicity. Revisions are being made to the protocol in order to be more consistent with current literature and reflect the findings of this retrospective review.
FORMULARY REVIEW

Added to Formulary:
• none

Deleted from Formulary:
• none

Therapeutic Exchanges Approved:
• Ketorolac eye drops – Generic 0.4 percent ketorolac eye drops is no longer available. Ophthalmologists have approved an automatic conversion to 0.5 percent.

SAFETY ALERTS

Leucovorin-Levoleucovorin mix up: Two errors occurred at a hospital involving a mix-up between leucovorin and levoleucovorin. Due to the similarity in the name, there is significant potential for dosing errors when interchanging leucovorin and levoleucovorin. Providence Alaska Medical Center does not stock levoleucovorin.

Vincristine incorrect route: Death and neurological devastation has occurred from vinca alkaloids given intrathecally via a syringe. PAMC dispenses vinca alkaloids in minibags only, with very rare exceptions.

Ofatumumab (Arzerra) & Rituximab (Rituxan): There is a new boxed warning about the risk of reactivation of hepatitis B virus (HBV) infection in patients with prior HBV infection. To decrease the risk of HBV reactivation, recommendations are that health care professionals:
• Screen all patients for HBV infection before starting treatment with Arzerra or Rituxan by measuring hepatitis B surface antigen (HBsAg) and hepatitis B core antibody (anti-HBc).
• Consult with hepatitis experts regarding monitoring and use of HBV antiviral therapy when screening identifies patients at risk of HBV reactivation due to evidence of prior HBV infection.
• Monitor patients with evidence of prior HBV infection for clinical and laboratory signs of hepatitis B or HBV reactivation during Arzerra or Rituxan therapy and for several months thereafter, since reactivations have occurred several months following completion of therapy with these drugs.
• In patients who develop reactivation of HBV while on Arzerra or Rituxan, immediately discontinue the drug and start appropriate treatment for HBV. Also discontinue any chemotherapy the patient is receiving until the HBV infection is controlled or resolved. Because of insufficient data, no recommendation can be made regarding the resumption of Arzerra or Rituxan in patients who develop HBV reactivation hepatitis.

Pharmacy documents that hepatitis antigen and antibody tests have been drawn, and the results are recorded in the electronic medical record.
WELCOME, NEW PHYSICIANS

Stacey L. Anderson, M.D.
Obstetrics & Gynecology
South Central Foundation Obstetrics & Gynecology
907-729-3100
On staff: Feb. 3, 2014

Kerrie R. Bossard, M.D.
Surgery
Alaska Colorectal Surgery, PC
907-222-1401
On staff: Jan. 7, 2014

Julie Castle, M.D.
Obstetrics & Gynecology
South Central Foundation Obstetrics & Gynecology
907-729-3100
On staff: June 6, 2014

Jonathan Daining, M.D.
Internal Medicine
The Alaska Hospitalist Group, LLC
907-375-3355
On staff: May 13, 2014

James R. Dudley, M.D.
Family Medicine
The Alaska Hospitalist Group, LLC
907-375-3355
On staff: April 1, 2014

Christopher J. Edwards, M.D.
Anesthesia
Providence Anchorage Anesthesia Group
907-279-0555
On staff: June 30, 2014

Kacie L. Engle, PA-C
Surgery
Anchorage Neurosurgical Associates
907-258-6999
On staff: March 31, 2014

Jonah B. Essers, M.D.
Pediatrics
Providence Medical Group Pediatric Gastroenterology
907-212-2240
On staff: Feb. 11, 2014

Katie R. Green, M.D.
Anesthesia
Providence Anchorage Anesthesia Group
907-561-0005
On staff: June 30, 2014

Lindsay D. Hamik, ANP
Medicine
Palliative Care Department - PAMC
907-212-7890
On staff: March 31, 2014

Aaron D. Haynes, M.D.
Internal Medicine
The Alaska Hospitalist Group, LLC
907-375-3355
On staff: Feb. 19, 2014
WELCOME, NEW PHYSICIANS  (continued from page 5)

Tamara Alice Huntington, DO  
Family Medicine  
Providence Family Medicine Residency Center  
907-562-9229  
On staff: Jan. 17, 2014

Heidi Hurley, Dental Assistant  
Surgery  
Alaska Oral Surgery Group  
907-278-5678  
On staff: March 18, 2014

Rebecca Clark Johnson, M.D.  
Family Medicine  
Providence Family Medicine Residency Center  
907-562-9229  
On staff: Jan. 17, 2014

Heather Dawn Kaufman, DPM  
Surgery  
Anchorage Foot and Ankle Clinic  
907-344-2155  
On staff: May 16, 2014

Valerie K. Krozel, M.D.  
Family Medicine  
Providence Medical Group Mat-Su  
907-761-5900  
On staff: Feb. 6, 2014

Jim Land, Surgical Assistant  
Orthopedics  
Orthopedic Physicians of Anchorage  
907-562-2277  
On staff: Feb. 20, 2014

Hope McGratty, PA-C  
Internal Medicine  
Infectious Disease & Internal Medicine  
907-563-3929  
On staff: March 3, 2014

Amy Renee Mozolik, PsyD  
Psychiatry  
Providence Medical Group Behavioral Health  
907-212-6900  
On staff: March 7, 2014

Thomas M. Naughton, M.D.  
Family Medicine  
Providence Family Medicine Residency Center  
907-562-9229  
On staff: Feb. 4, 2014

Uma Pisharody, M.D.  
Pediatrics  
Providence Medical Group Pediatric Gastroenterology  
907-212-2240  
On staff: Feb. 18, 2014

Madhu Prasad, M.D.  
Surgery  
Far North Surgery  
907-276-3676  
On staff: April 1, 2014

Tawnya Roberts, Dental Assistant  
Surgery  
Pediatric Dental Associates  
907-522-1991  
On staff: Jan. 16, 2014

Jeremiah N. Robinson, PA-C  
Orthopedics  
Orthopedic Physicians of Anchorage  
907-562-2277  
On staff: Feb. 15, 2014

Marie Muldoon Taylor, PA-C  
Surgery  
Alaska Trauma and Acute Care Surgeons  
907-375-3355  
On staff: Feb. 10, 2014

Denise C. Valentine, ANP  
Internal Medicine  
Alaska Heart Institute, LLC  
907-561-3211  
On staff: April 21, 2014

Amber L. Virden, ANP  
Psychiatry  
Providence Crisis Recovery Center  
907-212-6240  
On staff: June 27, 2014
Elizabeth VonderHaar, M.D.
Obstetrics & Gynecology
Alaska Women's Health, P.C.
907-563-5151
On staff: Jan. 16, 2014

Rose M. Williams, CNM
Obstetrics & Gynecology
Alaska OB/GYN Care, PC
907-278-2070
On staff: May 20, 2014

Richard Kevin Winkle, M.D.
Surgery
Alaska Children's Eye & Strabismus, LLC
907-561-1917
On staff: March 7, 2014

Jeremy Dean Wood, M.D.
Family Medicine
Providence Family Medicine Residency Center
907-562-9229
On staff: June 2, 2014

Patricia Jane Young, CNM
Obstetrics & Gynecology
Midwifery & Women's Health
907-561-5152
On staff: Jan. 28, 2014
PROVIDER MILESTONES

30 Years
James N. Bertelson, M.D.
Susan M. Lemagie, M.D.
Michael C. Norman, M.D.

20 Years
Neil Murphy, M.D.
Verneeda Spencer, M.D.

10 Years
William F. Bergeron Jr., DDS
Wendy S. Cruz, M.D.
Regina L. Dahl, ANP
Lisa N. Gray, DO
Linda A. Ireland, DO
Terry L. Lester, M.D.
Joseph H. Llewellyn, M.D.
Susan W. Morrow, ANP
William E. Trawick, NNP
Chris D. Zerger, M.D.
Jaime L. Zipsir, PA-C

Five Years
L. Kim Abts, M.D.
Michael D. Aiona, M.D.
James G. Blom, M.D.
Charles R. D’Amato, M.D.
Stephanie L. Eklund, M.D.
Elizabeth D. Ferucci, M.D.
Monique M. Karaganis, M.D.
Joseph I. Krabich, M.D.
Thomas E. Leigh, M.D.
Karen Mailer, M.D.
Kathryn H. Ostrom, M.D.
J. Brent Roaten, M.D.
Dennis R. Roy, M.D.
Gregory L. Schumacher, M.D.
Jeffrey David Sedlack, M.D.
Benjamin T. Shelton, M.D.
Ravinder S. Sohal, M.D.
Marci L. Troxell, DO
Carolyn M. Van de Rostyne, ANP

One Year
Bradford C. Allen, DDS
Jessica H. Anderson, PA-C
Nadine DeMarco Baker, Ph.D.
Clare Scott Bertucio, M.D.
Stephanie J. Birdsall, ANP
Mark T. Caylor, M.D.
Ryan F. Conley, ANP
Bette J. Fenn, ANP
Steven B. Friese, M.D.
Casey Kathleen Gokey, M.D.
Gregory A. Gootee, PA-C
Nancy Greenwell, M.D.
Felva Collie Luck, PA-C
Lauren Ann Must, PA-C
Katherine Nicholas, M.D.
Erik A. Olson, DO
Ryan Lawrence Ragle, M.D.
Michelle Lisa Randolph, M.D.
Ellen M. Raney, M.D.
Ray L. Robinson, M.D.
Christopher W. Snyder, M.D.
Kenneth C. Thomas, M.D.
Stephanie Whyte, MS
Erin Williams, Dental Assistant