



Physician's Digest

40

Celebrating Years of Clinical Excellence

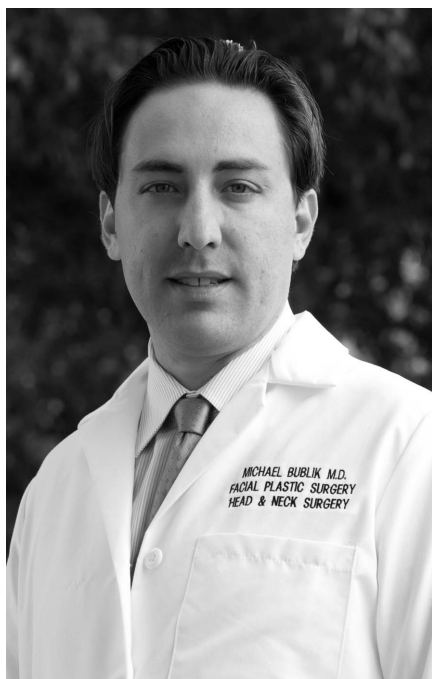
Hospital Welcomes New ENT and Facial Plastic Surgeon

Verdugo Hills Hospital recently welcomed board-certified otolaryngologist, Dr. Michael Bublik, to its medical staff. Dr. Bublik is a surgeon who specializes in the treatment of disorders of the ear, mouth, sinuses, neck and vocal cords.

Dr. Bublik has training in Facial Plastic and Reconstructive Surgery, and performs cosmetic and functional rhinoplasty, facelifts, browlifts, fillers and botox, reconstruction after cancer surgery and facial trauma reconstruction. He is also the first physician in the area to perform Balloon Sinuplasty, a new minimally-invasive treatment for patients who suffer from chronic sinus disease.

"I take pride in delivering individualized, compassionate care to each and every patient. I strive to do whatever it takes to ensure patient satisfaction," said Dr. Bublik. "I feel that my goals for patient care are in-line with those of the Verdugo Hills Hospital community."

Dr. Bublik completed a residency in head and neck surgery at the University of Miami and was among an elite group selected for a fellowship in facial plastic and reconstructive



surgery and a dual appointment as a Clinical Faculty Instructor. He is also a member of the American Academy of Facial Plastic and Reconstructive Surgery and has conducted extensive research and written numerous articles on these subjects.

Dr. Bublik received his undergraduate degree from UCLA and his medical degree from USC's Keck School of Medicine. He is married and has two daughters.

Verdugo Hills Hospital Now a Designated Primary Stroke Center

Bringing Academic Expertise and Superior Emergency Care to our Community

Verdugo Hills Hospital has been designated as a Primary Stroke Center, by DNV Healthcare, Inc. Verdugo Hills Hospital ensures that patients who come to the hospital's Emergency Department with stroke-like symptoms, receive the highest quality of comprehensive neurological care, whether onsite or at its referring facility, Keck Medical Center of USC. Regardless of how an acute stroke patient enters Verdugo Hills Hospital, our stroke team is fully trained to respond to our patients' emergent needs.

Some of the highlights of our Stroke Center include highly-trained emergency physicians and stroke-certified nurses, telemedicine consults with neurologists at USC, cutting-edge diagnostic capabilities and superb rehabilitation services.

Our program is headed by board-certified vascular neurologist, Dr. Nerses Sanossian, Assistant Professor of Neurology and Director of the Stroke Program at USC.

"In a typical stroke the brain loses approximately 2 million brain cells every minute. Primary Stroke Centers save brain cells by delivering appropriate stroke therapies

more quickly and efficiently than other hospitals," said Dr. Sanossian.

Dr. Sanossian obtained his medical degree from the Albert



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Welcome to Our Medical Staff

January 2012

Stephen Huang, MD
Oncology/Hematology
The Oncology Institute
of Hope and Innovation

Robert Martinez, PA-C
Assisting Carlo Orlando, MD

Joseph Silverstein, PA-C
Assisting Nitin Nanda, MD

February 2012

Richy Agajanian, MD
Oncology/Hematology
The Oncology Institute
of Hope and Innovation

Olga Garshyna, MD
Internal Medicine
Regal Medical Group

Christopher Ho, MD
Oncology/Hematology
The Oncology Institute
of Hope and Innovation

Nerses Sanossian, MD
Neurology
USC Care

May Kim-Tenser, MD
Neurology
USC Care

Quality Management Update

By Mark Lueken
Director, Quality & Risk Management

I would like to take the time to thank everyone for helping Verdugo Hills Hospital have a successful accreditation survey in November 2011. We were surveyed for compliance with Medicare Conditions of Participation, Stroke Certification and ISO 9001:2008 compliance.

Signing, timing, dating of telephone orders and legibility are the major findings. Compliance with the signing, timing and dating requirement has been complicated by the January 26, 2012 expiration of the Medicare Conditions of Participation provision that allowed

you to sign your partner's orders. Until we can fully implement computerized physician order entry, please remember to sign time and date.

Compliance Update

In November, the Office of Inspector General released its work plan for 2012. They are continuing to focus on billing discrepancies related to place of service codes for outpatient services. In addition, they have focused on the requirement for a qualifying evaluation for home health services and evaluation and ordering of durable medical equipment.

IMPORTANT REMINDER!

Signing of Physician Orders - By Partners

1. Per CMS (Medicare) guidelines, effective January 12, 2012, physicians must sign, date and time their own orders.
2. Physicians will no longer be able to sign Physician Orders for their partner(s), which includes Telephone Orders.

Note: The regulation is actually from 2007, however, all facilities were given a 5-year period before it would be enforced.

42 CFR (Code of Federal Regulations) 482.24 Condition of Participation: (3) (c)

Primary Stroke Center

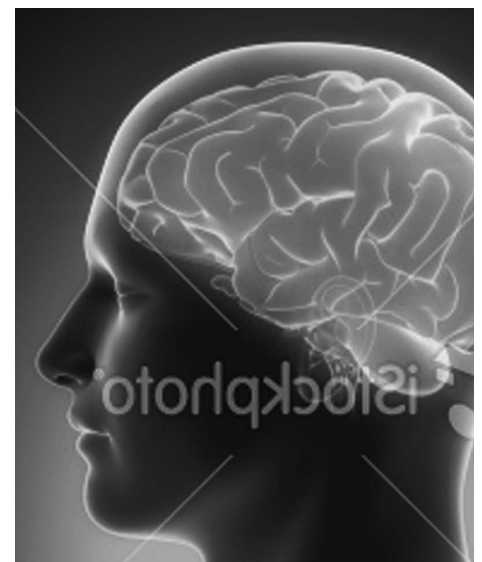
Einstein College of Medicine in the Bronx. He completed residency in Neurology at the Albert Einstein College and his fellowship in Vascular Neurology at the UCLA Stroke Center. He is board-certified in neurology, vascular neurology, neuroimaging and neurosonology.

Keck Medical Center of USC houses a neurocritical care unit dedicated to patients with severe brain injuries where they can receive leading-edge, multi-disciplinary patient care.

Primary Stroke Center Certification is an opportunity for healthcare organizations providing stroke treatment to demonstrate their commitment to excellence.

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DNV's Primary Stroke C Certification program incorporates elements from its NIAHO® (National Integrated Accreditation for Healthcare Organizations) hospital accreditation standards, as well as requirements from the Guidelines of the Brain Attack Coalition and Recommendations of the American Stroke Association. DNV Healthcare's accreditation program is referred to as NIAHO. It is the only Medicare accreditation process based on ISO 9001:2008 standards for quality management systems that is used to measure quality and accountability in highly reliable organizations in a variety of industries. DNV accreditation is the first and only CMS-approved accreditation



program that integrates ISO 9001:2008 healthcare quality standards with Medicare Conditions of Participation.

VHH Pharmacy & Therapeutics News

By Tom Poehler, Pharm.D.
Director of Pharmacy

Product Shortages: Continuing manufacturer/FDA-caused shortages as of February 17, 2012:

Amikacin - IV sizes	Lidocaine w/Ep - all sizes	Sensorcaine w/Epi - all sizes
Atracurium - all sizes	Lorazepam inj - all sizes	Sod Chloride Conc 23.4% vials
Atropine 0.4mg 1mg inj vials	Magnesium Sulfate IV - all sizes	Thiotepa - all sizes
Bumex injectable - all sizes	Mannitol IV - all sizes	Vinblastine
Butorphanol 1mg/ml vials	Methotrexate	Vitamin K 10mg/ml inj
Chlorpromazine 25mg/ml inj	Methyldopate IV	Isoproterenol inj
Diazepam inj - all sizes	Metoclopramide 10mg/2ml inj	
Diltiazem IV - all sizes	Metoprolol injectable - all sizes	
Diphenhydramine inj	Midazolam IV and injectables	
Dobutamine vials	Mitomycin	
Doxapram 20mg inj	Ondansetron 4mg/2ml inj	
Enalaprilat 1.25mg/ml inj	Oxytocin 10 units/ml inj	
Etomidate	Pancuronium	
Etoposide	Potassium Chloride 10ml vials	
Fentanyl - all sizes	Potassium Phosphate	
Furosemide 40mg/4ml inj	Procainamide 500mg/2ml inj	
Ketorolac inj - all sizes	Promethazine 25mg/ml vial inj	
Labetalol - all sizes	Protamine	
Levaquin I - all sizes	Protonix IV 40mg inj	
Lidocaine 1% & 2% inj	Sensorcaine 0.25%, 0.5% - all sizes	

The Pharmacy Strategy:

1) Stockpile as much as available upon learning of a shortage 2) Check all distribution sources daily and buy any available 3) Obtain from Pharmacy Compounding if available 4) Stockpile alternative medications and use these alternatives only when the primary drug is no longer in stock. Recently (February 16, 2012), metoclopramide (Reglan) injectable stock was exhausted and alternatives are to switch to oral metoclopramide or use ondansetron (Zofran) if an injectable is needed. The OR/L&D, anesthesia trays will be the priority for any available metoclopramide injection.

Drug Formulary Addition:

• Xarelto® (rivaroxaban) - An oral factor Xa inhibitor anticoagulant

Indications: DVT prophylaxis for patients undergoing total knee and total hip replacement. It is also indicated to reduce risk of stroke and systemic embolism for patients with non-valvular, atrial fibrillation.

Advantages: Eliminates the need for patients to self-inject Lovenox®. Cost is \$6.34 per day vs \$12.40 per day Lovenox for Knee/hip surgery, DVT prophylaxis. Single daily dosing without weight based dosing.

Disadvantages: Avoid use for patients with renal impairment (CrCl <30ml/min). Use caution for patients with moderate renal impairment (CrCl 30 to 50ml/min). Caution in elderly (especially small, female pts) since

they likely have moderate renal impairment. The pharmacy can make the Cockcroft and Gault, CrCl calculation for you upon request. This calculator is available on the Epocrates® software under Tools/Medmath for those physicians that subscribe to this software. Also, see **Black Box Warnings for Bleeding**, Surgical Settings - Spinal/Epidural Hematoma. There is no antidote/reversal agent for this medication.

Significant drug interactions with Cytochrome P450 metabolized drugs: Ketoconazole class antifungals, certain HIV medications, carbamazepine, phenytoin, rifampin, St. John's Wort.

Avoid: Concomitant use of other anti-coagulants, NSAIDs/aspirin, other platelet inhibitors.

• **Dosing:** For DVT knee/hip prophylaxis: One 10mg tablet orally with or

without food once daily. Begin at least 6-10 hours after surgery once hemostasis has been established. Hip replacement duration of 35 days is recommended. Knee replacement duration of 12 days is recommended.

Nonvalvular Atrial Fibrillation: For CrCl >50ml/min 20mg once daily with evening meal. For CrCl 30 - 50ml/min 15mg once daily with evening meal.

• **Monitoring:** There is no monitoring lab test for Xarelto. Patient/physician should be alert for the usual signs and symptoms of bleeding.

• Xarelto® was placed on **Total Knee and Total Hip pre-printed order sets** as an option for DVT prophylaxis since there has been interest in using this new oral anticoagulant, for this purpose



Annual Medical Staff Banquet - 2012



(L - R) Dr. Stephen and Anne Riffenburgh with Dr. Gregory and Cindy Yu



(L - R) Nicholas Khanna, Dr. Karen McIvena, Dr. John Chaves, Dr. Happy Khanna, Dr. Leo Berkenbile



(L - R) Dr. Leo Berkenbile, Dr. Steven Hartford, Charles Mason, Freny Berkenbile, Chris Mason



(L - R) Larry and Roberta Dumas with Dr. Skip Barber

Please direct comments and story ideas to Celine Petrossian at cpetrossian@vhhospital.org or 818.952.2213.