

e-vincent staff

angela bontempo announces intent to retire



C. Angela Bontempo, president and CEO of Saint Vincent Health System, has officially announced her intent to retire, effective December 31, 2010. Her retirement was formally accepted at the Saint Vincent Board of Trustees meeting on Tuesday, November 30.

The announcement came as no surprise to the Sisters of St. Joseph or the Saint Vincent Board of Trustees, as Bontempo had indicated in early 2009 she intended to retire by the end of 2010. At that time, the board initiated its succession planning process.

According to Tim Shuttleworth, chairman of the Health System Board of Trustees, the board has been engaged

for nearly two years in a search and recruitment process to find the right person to succeed Bontempo within her timeframe.

"When Angela accepted the position at Saint Vincent in 2001, she was very clear. She would bring to Erie her absolute best -- including vast and varied experiences in Catholic healthcare -- for about 10 years. And after that, she would be looking forward to retirement," said Shuttleworth.

When recruited in 2001, Bontempo became the first lay person to serve as president and CEO of Saint Vincent -- Erie's first hospital and one of western Pennsylvania's only remaining Catholic hospitals.

"Angela was the right person at the right time. Her experience as a Daughter of Charity of St. Vincent DePaul and her success as a healthcare administrator across the country made her the right fit for a Catholic health system in transition," Shuttleworth explained. "Angela has led this Health System in an extraordinary way during what could be considered 'the most challenging of times -- economically and for the healthcare industry overall. There's no doubt that Saint Vincent and the region have benefited from her vast experience."

During her nine years as president and CEO, Saint Vincent expanded facilities and services, including the opening of the Sister Margaret Ann Hardner Building, expansion and renovation of the NICU and Women's Center. She also guided the opening of the Saint Vincent Imaging Center, Endoscopy Center, Urgent Care West and Children's Healthcare West -- all at Yorktown Centre -- and the start of another expansion project on the Saint Vincent campus that will enhance surgical and emergency services as well as provide state-of-the-art energy for the hospital.

Under her watch, Saint Vincent also saw extraordinary growth of its medical staff, with the recruitment of more than 340 physicians in multiple specialties committed to serving Erie and the surrounding region. Bontempo also stepped in as CEO of Westfield Memorial Hospital during a three-year battle with the state of New York to keep the hospital open.

cont. next page.

*Inspired by the **Sisters of St. Joseph** of northwestern Pennsylvania, Saint Vincent Health System is a community of caregivers dedicated to bringing God's healing love to all, and committed to compassion and excellence in the delivery of a continuum of holistic care.*

December 2010

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We know how to treat people.™

changes to pharmacy pain management service

In an effort to provide more efficient services, the following changes will be implemented to the Pharmacy Pain Service, effective **November 15, 2010**:

The Pharmacy Pain Service will be available to physicians and allied health professionals for verbal consultation only. The Pharmacy will no longer provide written consultation or write orders for patients.

To access a pharmacist for a question about managing a patient's pain, contact the operator and ask to have pharmacy paged for pain management. Please provide the patient care unit (or room number) and a number where you can be reached. A clinical pharmacist or pharmacy resident will be paged and return your call immediately, seven days a week between 7:30 a.m. and 4:30 p.m. If you do not hear back within 10 minutes, please ask the operator to page again.

Questions after 4:30 p.m. will be directed to the main pharmacy. If additional assistance is needed to answer any patient care needs, a clinical pharmacist or pharmacy resident can be reached through the pharmacy.



We know how to treat people.™

angela bontempo announces intent to retire, cont.

Among other accomplishments, she made quality initiatives a top priority and established the first senior administrative position overseeing quality and medical informatics. As a result, Saint Vincent has been recognized locally, regionally and nationally for quality and service by organizations such as:

- HealthGrades - rated #1 in the state for cardiac surgery
- Premier Award for Quality
- AHA/McKesson Quest for Quality Award
- JD Power and Associates
- Solucient Top 100 Performance Improvement Leader
- Thompson Reuters - Top 100 Hospitals for Performance Improvement and Cardiac Benchmark for Success
- Highmark Pay for Performance Award - scoring 99% in 4 health improvement projects

Bontempo's influence has also extended far beyond Saint Vincent through her leadership in professional organizations, service on boards of many community organizations and membership in Catholic healthcare organizations, including:

- Pennsylvania Catholic Health Care Association Board (presently the Chair);
- Hospital and Healthcare Association of Pennsylvania Board of Directors;
- Diocese of Erie Finance Council;
- Erie Chamber and Growth Partnership;
- United Way of Erie County Board of Directors;
- Vantage Board of Directors;
- WNY Hospital Association Board of Directors ;
- Chautauqua County Health Network;
- Westfield Memorial Hospital Board of Trustees; and
- M&T Bank Corporation Board of Directors and Chair of Audit & Risk Committee

During the past decade, she was also involved with American College of Healthcare Executives (ACHE) committees on Membership and Nomination, as well as contributing to its seminars as a presenter.

In her early tenure at Saint Vincent, Bontempo also published chapters and articles in both clinical and management journals, and served on the Governor's Committee for Medical Malpractice Liability Committee.

"Angela was one of the best decisions the Sisters ever made for Saint Vincent. There couldn't have been a mission integration, a clear articulation of our core values, and most important -- a solid foundation to meet future challenges -- especially those related to healthcare reform and the continuation of the Sisters' ministry," she added.

On behalf of the Saint Vincent Board and Administration, Shuttleworth commented, "Angela will be missed, not only at Saint Vincent, but also among her colleagues in health care, the organizations and advisory groups that have benefited from her counsel, and especially in the community where she has been an articulate voice for economic development and the continued ministry of Catholic healthcare, particularly for the underserved."

While Bontempo will officially step down as president and CEO on December 31, she will remain as counsel to the administration for three to six months.

The Saint Vincent Board of Trustees and the Sisters of St. Joseph of Northwestern Pennsylvania have selected Scott Whalen, Ph.D., to succeed Angela as President and CEO of the health system, effective Jan. 1, 2011. Whalen currently serves as Saint Vincent Health Center's President and Chief Operating Officer.

saint vincent #1

healthgrades named saint vincent #1 in cardiac, vascular surgery for 2011

HealthGrades, the leading independent healthcare ratings organization, published a study finding that Saint Vincent Health Center is #1 in Pennsylvania for cardiac and vascular surgery for 2011. Saint Vincent Health Center is also among the top 10% in the nation for cardiac services, cardiac surgery, pulmonary services, vascular surgery, prostatectomy, and critical care. The nation's nearly 5,000 hospitals were all included in this sweeping study, which examined mortality rates and complication rates from government data from 2007, 2008 and 2009.



HEALTHGRADES®

For 2011, Saint Vincent Health Center also received the HealthGrades Cardiac Care Excellence Award™, the Cardiac Surgery Excellence Award™, the Pulmonary Care Excellence Award™, the Vascular Surgery Excellence Award™, the Prostatectomy Excellence Award™, and the Critical Care Excellence Award™.

Saint Vincent Health Center also received the following awards, ratings, and rankings:

- Ranked Among the Top 5% in the Nation for Cardiac Surgery in 2011
- Ranked Among the Top 10% in the Nation for Overall Cardiac Services in 2011
- Ranked Among the Top 10% in the Nation for Cardiac Surgery in 2011
- Ranked Among the Top 10 in State for Overall Cardiac Services in 2011
- Five-Star Rated for Cardiac Surgery, Coronary Bypass Surgery, and Valve Replacement Surgery.
- Five-Star Rated for Treatment of Heart Failure for 4 Years in a Row (2008-2011)
- Ranked Among the Top 10 in State for Overall Orthopedic Services For 2 Years in a Row (2010-2011)
- Five-Star Rated for Overall Orthopedic Services for 2 Years in a Row (2010-2011)
- Five-Star Rated for Joint Replacement for 7 Years in a Row (2005-2011)
- Five-Star Rated for Total Knee Replacement for 8 Years in a Row (2004-2011)
- Five-Star Rated for Hip Fracture Repair for 2 Years in a Row (2010-2011)
- Five-Star Rated for Overall Pulmonary Services, Treatment of Chronic Obstructive Pulmonary Disease in 2011, and Treatment of Pneumonia in 2011
- Ranked Among the Top 10% in the Nation for Vascular Surgery in 2011
- Five-Star Rated for Carotid Surgery for 2 Years in a Row (2010-2011)
- Five-Star Rated for Prostatectomy in 2011
- Ranked Among the Top 5 in State for Critical Care for 2 Years in a Row (2010-2011)
- Five-Star Rated for Overall Critical Care in 2011
- Five-Star Rated for Treatment of Sepsis for 3 Years in a Row (2009-2011)
- Five-Star Rated for Treatment of Respiratory Failure for 2 Years in a Row (2010-2011)

Top-performing hospitals had dramatically lower mortality rates than other hospitals, according to the study. For the 17 procedures and diagnoses for which HealthGrades analyzed mortality rates, patients at top hospitals had a 72% lower chance of dying when compared with the lowest-performing hospitals, and a 53% lower chance of dying when compared to the U.S. national average.

HealthGrades' hospital ratings are the leading objective, actionable quality measures based solely on clinical performance made available to the public. HealthGrades rates hospitals independently based on data that hospitals submit to the Centers for Medicare and Medicaid services, part of the U.S. Department of Health and Human Services. No hospital can opt in or out of being rated, and no hospital pays to be rated. Saint Vincent Health Center wholeheartedly supports all efforts to make quality outcomes available to our community.

For 26 procedures and medical treatments, HealthGrades issues star ratings that reflect the mortality and complication rates for each category of care. Hospitals receiving a 5-star rating have mortality or complication rates that are below the national average, to a statistically significant degree. A 3-star rating means the hospital performs as expected. One-star ratings indicate the hospital's mortality or complication rates in that procedure or treatment are statistically higher than average. Because the risk profiles of patient populations at hospitals are not alike, HealthGrades risk-adjusts the data to allow for equal comparisons.

More information on the HealthGrades study, including the complete methodology, can be found at www.healthgrades.com. Please continue to watch for more information regarding a HealthGrades celebration, when we will recognize all of our accomplishments and those who made them happen.

saint vincent welcomes new physicians

Saint Vincent is pleased to welcome the following physicians to its medical staff.



Courtney Bunevich, DO
Internal Medicine
Lake Erie Internal Medicine
2701 Evanston Avenue
Erie, PA 16506 814-833-0017



Brian Dalton, MD
Neurosurgery
Tri-State Neurological Surgeons, Inc.
120 East 2nd Street, Suite 401
Erie, PA 16507
814-459-1013



Michael Straiko, MD
Ophthalmology
Laser Eye Surgery of Erie, Inc.
311 West 24 Street, Suite 401
Erie, PA 16502
814-455-7591



Steven Gilman, MD
Neurosurgery
Tri-State Neurological Surgeons, Inc.
120 East 2nd Street, Suite 401
Erie, PA 16507
814-459-1013



Bryan Moles, DO
Emergency Services
Saint Vincent Emergency Services
232 West 25 Street
Erie, PA 16508
814-452-5354



Isam Khoja, MD
Neurosurgery
Tri-State Neurological Surgeons, Inc.
120 East 2nd Street, Suite 401
Erie, PA 16507
814-459-1013



Thuong D. Vo, MD
Pain Management
Tri-State Pain Institute, LLC
2374 Village Common Drive
Erie, PA 16506
814-833-7246



Daniel Loesch, MD, F.A.C.S
Neurosurgery
Tri-State Neurological Surgeons, Inc.
120 East 2nd Street, Suite 401
Erie, PA 16507
814-459-1013



Dolan Wenner, DO
Internal Medicine
Community Health Net
1201 State Street
Erie, PA 16501
814-455-7222



Michael Verdon, DO
Neurosurgery
Tri-State Neurological Surgeons, Inc.
120 East 2nd Street, Suite 401
Erie, PA 16507
814-459-1013

quality corner

by Christopher Clark, DO and Steve Osborn, Vice President, Clinical Quality

Over the last six years, Saint Vincent Health Center has experienced increased attention for its quality by its insurers and government plans, especially CMS. This focus is reflected in three ways: direct pay-for-performance bonuses, penalties for poor outcomes, and channeling of patients toward preferred providers. The good news is that the results of these efforts generally benefit Saint Vincent's patients.

The pay-for-performance programs have become significant, amounting to \$1.6 million last fiscal year. The Highmark Quality Blue program has been the most important in terms of not only bonus payments, but also quality improvements. Improvements in recent years include significant reductions in central line infections, improvement in stroke care and reductions in ED throughput times. You can read details about the four Highmark initiatives for this fiscal year below.

Physicians and allied health providers should be aware that CMS and other insurers are already denying extra costs associated with "never events," such as wrong-side surgeries, etc., and other potentially preventable adverse events, such as infections, complications, skin ulcers, etc. The Quality Department expects this focus to increase, particularly related to potentially preventable readmissions. The health care reform act requires CMS to institute penalties to hospitals that do not rate well under the "Value-based Purchasing" model.

Saint Vincent will continue to lead initiatives in quality improvement, which will keep us ahead of insurer penalties, but most importantly, will improve care for our patients.

A third quality mechanism -- channeling of patients for quality reasons -- is relatively minor today, with a just a few such programs, including Blue Distinction status or other such insurer programs, in specific areas such as orthopedics, spine surgery, bariatric surgery and the like. The most dramatic version of channeling is the Accountable Care Organization model included in the health care reform act. Under this plan, networks of providers would be accountable not only for quality, but also for long-term outcomes and control of health care costs.

We see the coming few years as an exciting time to continue improving the quality of care and outcomes for our patients and improving value in terms of long-term costs. Providers are encouraged to speak with Saint Vincent Chief Quality Officer Chris Clark, DO, at 814-452-5135 or Vice President of Clinical Quality Steve Osborn at 814-452-7378 to learn more about developments in the quality arena.

reducing CAUTIs

Physician Champion: Paul Newell, MD, Infectious Diseases

Project Leader: Terry Kalgren, RN, Infection Control

Catheter Associated Urinary Tract Infections (CAUTIs) is a new Highmark initiative for this year. CAUTIs are the most common hospital-acquired infection, generating an estimated \$390 to \$450 million in extra hospital costs each year nationwide. The goal of the CAUTI team is to reduce foley-associated urinary tract infections by decreasing foley catheter days and to improve foley care (including using sterile technique for insertion, proper anchoring and proper catheter hygiene).

Physicians and allied health practitioners can help by ordering foley catheters appropriately. Appropriate indications suggested by the CAUTI team include:

- Urinary retention due to obstruction
- Urinary retention due to neurogenic bladder and when patient is not a candidate for intermittent catheterization
- Need for accurate measurement of urinary output in patient with unstable BP or volume status:
 - Critically ill ICU patient
 - CHF/Pulmonary edema
 - Acute renal failure
- Continuous bladder irrigation for uncontrolled hematuria/clots or need for intrabladder installation of medication
- Placement for intra-operative /other procedure and less than 48-hour duration
- Recent urologic or other surgery involving structures contiguous with bladder, ureters, kidneys or adjacent pelvic structures
- Urinary bladder incontinence and wounds, trauma, infections or devices in sacral/ perineal areas:
 - Stage III or IV sacral/perineal pressure ulcer with incontinence
 - Pelvic or perineal area surgery/trauma/wounds/fixation devices
 - Lumbar epidural catheter in place
 - Perineal area necrotizing infection
- Comfort care in terminally ill patients

Nurses and medical staff are being asked to assess the need for foley catheters daily. If the need is unclear to nursing, an order form will be placed on the chart so that the physician or allied health practitioner can discontinue the foley or document the need for continuance.

GWTG heart failure care

Physician Champion: Bill Mecca, MD, Cardiology

Project Leader: Susan Jaskiewicz, RN, Care Coordination Services

The Heart Failure program is being started this year and includes participating in the Get With The Guidelines (GWTG) registry. Saint Vincent currently participates in the GWTG Stroke program. The Heart Failure program includes both the traditional "core measures" under CMS and new evidence-based metrics endorsed by the American College of Cardiology and the American Heart Association. The traditional measures include documenting the LVEF status of CHF patients, prescribing ACEI or ARBs at hospital discharge, and appropriately prescribing beta blockers at discharge.

The new evidence-based practices include:

- Prescription at discharge of an aldosterone antagonist for patients with LVSD
- Prescription at discharge of a combination of hydralazine and isosorbide dinitrate for black or African American patients with LVSD
- Prescription at discharge of warfarin for patients with chronic or recurrent atrial fibrillation
- Prescription of the evidence-based beta blockers: Bisoprolol, Carvedilol or Metoprolol
- Documentation of an ICD in place or planned for post-discharge for patients with LVEF \leq 35%
- Documentation of a CRT defibrillator or pacemaker in place or planned for post-discharge for patients with LVEF \leq 35% and a QRS duration \geq 120 ms
- If any of the above practices are contra-indicated for a patient, the reason should be documented in the medical record

The CHF order set has been modified to include all of these new practices. The medical staff is encouraged to use this order set for all heart failure patients. If any of these measures are not addressed, providers will begin seeing an orange CHF evidence-based practice reminder sheet on charts.

quality corner, cont.

VTE prevention

Physician Champions: Michael Cooney, MD and Brian Lang, DO, Internal Medicine

Project Leader: Andrew Grimone, PharmD, Clinical Pharmacy

Hospital-acquired Venous Thromboembolisms (VTE's), including Deep Vein Thromboses (DVT) and Pulmonary Embolisms (PE), are the second most common medical complication in hospitals, and PEs are the most common preventable cause of death. The goals of the team are to increase VTE prophylaxis and reduce health care acquired VTEs.

Complying with the VTE program can simply and easily be done by completing the "canary yellow" DVT Prophylaxis order set, which can be found in the ED and will be placed on every patient chart on admission. Providers are encouraged to (1) document that DVT prophylaxis is already in place or not necessary (top of the order set), (2) select an appropriate heparin prophylaxis order, or (3) order sequential compression devices for patients with high bleeding risk. If ordering SCDs, the rationale should be documented in the progress note section of the DVT Prophylaxis order set.

Our baseline reviews have shown that we are far from 100% compliant with this simple program that can reduce a frequent and potentially deadly hospital complication. If the DVT prophylaxis sheet is not completed, providers will begin seeing canary yellow reminder slips inserted in the medical record.

readmissions

Physician Champions: Sam Reynolds, MD, Family Medicine, and Jason Estrada, MD, and William Betz, MD, Internal Medicine

Project Leader: Randy Granata, RN, Care Coordination Services

A 2009 study in the New England Journal of Medicine showed that approximately 20% of Medicare patients are readmitted within 30 days. Other studies have shown that one in five hospital discharges have an adverse event within 30 days, leading to an Emergency Department visit or rehospitalization. One third of these incidents are preventable.

To address the issue of improved hospital discharge, the American Board of Internal Medicine, American College of Physicians and the Society of Hospital Medicine have jointly formed the Physician Consortium for Performance Improvement (PCPI). Their Care Transitions Work Group made the following recommendations:

1. The patient must receive a complete "Transition Record" that includes the following specific information:
 - a. Reason for inpatient admission
 - b. Major procedures and tests performed and summary of results
 - c. Principle diagnosis at discharge
 - d. Studies pending at discharge, such as lab or radiology
 - e. Patient instructions
 - f. Current medication list, including all new and continued medications
 - g. Advance directives or surrogate decision maker documentation or documented reason for not providing an advance care plan
 - h. 24/7 contact information for that physician for emergencies related to inpatient stay
 - i. Contact information for obtaining results of studies pending at discharge
 - j. Plan for follow-up care
 - k. Designated physician or professional for follow-up care
2. The medical record must demonstrate this "Transition Record" was made available to the follow-up physician within 24 hours of patient discharge.

The readmissions team has been working with Information Technology, Clinical Informatics and Medical Records departments to develop this process. The target date for the electronic "Transition Record" is December of 2010.

Opportunities for physicians to play a key role in helping with preventable admissions include:

1. Self-management support for patients and caregivers
2. Engaging patients and families in decisions (informed and activated patients)
3. Availability of same-day physician appointments when symptoms worsen
4. Educating patients to call their PCP when experiencing changes in symptoms
5. Appointments with PCP within one week of hospital discharge
6. Discussions surrounding palliative care options for end-of-life patients medical staff quality committee issues performance reports

Performance reports summarizing key indicators are now being mailed to many physicians. These reports are for the first six months of 2010, with the exception of patient satisfaction rates, which track the last 12 months.

The report has four major sections:

1. Evidenced Based Practice (EBP) Compliance: This report provides the compliance rate for our four traditional EBP sets (Pneumonia, AMI, Heart Failure and Surgical Care Improvement Project) as well as an overall compliance rate. The Medical Staff Quality Committee (MSQC) goal is for every physician to be above 90% compliance.
2. Patient Satisfaction: This section provides the number of surveys returned to Press Ganey for the discharging physician. Surveys are mailed only to a sample of patients, and only about 30% of patients return their survey. It provides percentile ranking (between 1 and 99) for our physicians as compared to all physicians in the country.
3. The next section tracks two medical records metrics. The first is the average number of days to respond to Retrospective Queries by the coding department. The second measure is the percent of Discharge Summaries completed within 30 days of discharge. CMS and the PA Department of Health expect 100% to be completed in 30 days.
4. The final section provides the Case Mix Index based upon the number of patients for whom the physician is listed as the discharging physician.

Please watch for this report in your mail. For questions about this report, please contact Steve Osborn at 814-452-7378.

quality corner, cont.

important reminder: patient/family concerns and patient safety issues

Occasionally, patients in our care and their families express concerns regarding treatment or service, patient safety and other issues.

At Saint Vincent, all caregivers are committed to correcting these situations or addressing questions immediately. If our front-line staff is not able to resolve these concerns promptly, the department's leader or the Director On Call should be consulted immediately for further service recovery. Issues that are not promptly resolved to the patient's or family's satisfaction should be directed to our Patient Relations Department at 814-452-7081. Our Patient Advocate will be assigned to assist.

Patients and their families may also raise their concerns with the Pennsylvania Department of Health or the Joint Commission. It is important that all staff is aware of every patient's right to direct their concerns to these organizations, regardless of whether or not our Saint Vincent Compliance procedure is used. The contact information is provided to each patient in their Patient Rights and Responsibilities brochure or the "OK To Ask" brochure.

Our staff, including our medical staff, may also have concerns about patient safety or quality issues. Patient Safety issues may be directed to our Patient Safety Officer, Jan Ward at 814-452-5874 or any member of the Patient Safety Committee. They are listed in an appendix to the Patient Safety Plan (Interdepartmental Policy 697).

Quality issues may be directed to our Chris Clark, DO, our Chief Quality Officer, at 814-452-5135, or Steve Osborn, our Vice President of Quality, at 814-452-7378 or other appropriate leaders. Staff also has the right to raise concerns with the Pennsylvania Department of Health or the Joint Commission. No retaliation will be taken for reporting these concerns (see Interdepartmental Policy 697).

superDimension® inReach aids in lung disease

For patients suffering from lung ailments or with suspected cancer in the peripheral area of the lungs, Saint Vincent's newest technology, the superDimension® inReach electromagnetic navigation bronchoscopy allows specialists to diagnose and potentially treat disease in the outer areas of the lungs.

The superDimension inReach even provides the ability to detect lung disease and lung cancer earlier, even before symptoms are evident, enhancing treatment options and survival rates for patients.

The electromagnetic navigation bronchoscopy transforms traditional bronchoscopy into a high-tech outpatient procedure. Electromagnetic navigation bronchoscopy uses Global like technology to navigate catheters to a lesion deep in the lungs. The electromagnetic system guides and steers the unique catheters through complex airways beyond the reach of a traditional bronchoscope.



a unique set of

Want to learn more? Contact Chest Diseases of Northwestern Pennsylvania at 814-864-4755.

mast news

MAST, also known as the Medical Advisory Strategic Team, is a group co-chaired by **Caitlin Clark, DO**, and **William Betz, MD**, comprised of 13 physicians from multiple specialties which was launched approximately one year ago.

Team members include: **William Betz, MD, Caitlin Clark, DO, Kenneth Chinsky, MD, Zdzislaw Chorazy, MD, Richard Cogley, MD, Alan Glaser, MD, Frederick Havko, MD, Mark Marbey, MD, Raymond McAllister, MD, Daniel Muccio, MD, Ross Peterson, MD, Stephanie Russo, MD, and Gary Silko, MD.**

This team is focused on improving communication between physicians and senior leadership, and improving quality and patient safety at Saint Vincent. In collaboration with leadership at Saint Vincent, this group has identified opportunities to further improve patient safety and quality.

Projects have been submitted to Scott Whalen, our new COO, for evaluation. Watch for news on further developments for this important team.

thanks to heart walk participants

Saint Vincent sends out heartfelt thanks to all who participated on Saint Vincent's team for Heart Walk 2010 earlier this fall. Your efforts helped raise nearly \$10,000!

Saint Vincent is a three-year major sponsor of this important event.

Mark your calendar to join in next year, when our own chief medical officer, Richard Cogley, MD, chairs the event.

address changes

The name and address of Saint Vincent Family Practice at Fairview has been changed. The new name is Asbury Family Medicine. The new location of this practice is 4671 West Lake Road, Erie, PA 16505. The new phone number is 814-835-2041. New fax is 814-474-1175. **Mark Leone, DO**, has moved his practice as a family physician to this site.

Saint Vincent Sports Medicine is also at this location. Jeff Kim, DO, and Laura McIntosh, MD, serve as both family physicians and sports medicine specialists there.

Please make the address change in your records.

medical staff news



Bruce Gebhardt, MD, recently completed his annual medical mission trip to Honduras. Congratulations on this admirable humanitarian effort. He is currently working with Robert Mikelonis, MD, on a new Wilderness Medicine track for Saint Vincent residents.



Philip Kondylis, MD, was recently named the program director for the Colon & Rectal Fellowship program at Saint Vincent. Congratulations to Dr. Kondylis!

p&t update

TPN Orders on Weekends

As a reminder, the Pharmacy must receive all orders for TPN/PPN by 1400 daily. On weekends, if Pharmacy is consulted to initiate a new TPN/PPN, we ask that the consult be written by 1100. This will provide sufficient time for the pharmacist to assess the patient and determine appropriate initial PN orders. If the consult is written after 1100 but before 1400, a standard formulation can be provided by the pharmacy. Otherwise, the consult will be completed the following day. For questions, please call 814-452-5435.

propoxyphene removed from formulary

Effective **Monday, November 22, 2010**, propoxyphene-containing products will no longer be available for use at Saint Vincent. In addition, patients may not use their own supply. This change was prompted by the FDA recommendation to discontinue use of propoxyphene-containing products due to recent data suggesting increased cardiac toxicity even at therapeutic doses.

most-missed questions on 2010 annual physician/AHP/resident EMTALA exam

If you were among those who answered questions incorrectly, we hope the following information on the most-missed answers will help you. Please take a minute to review this information and contact Jane Manross, Corporate Compliance Officer at 814-452-5478 with any questions.

The #1 most-missed question was:

"You and a co-worker witness a visitor fall outside on the hospital sidewalk and appear injured. What are your expected actions according to EMTALA and Saint Vincent policy?"

- A. One of you should stay with the injured person while the other goes into the hospital to call 3333, request the Rapid Response Team, and dial 911.
- B. Make sure an incident/event report is completed
- C. A & B
- D. Dial 911 only

The correct answer was "C". If the individual is injured OUTSIDE of the hospital, you must call 911 (to arrange transport to the Emergency Department) IN ADDITION to calling for the Rapid Response Team (ext. 3333). An incident report must be completed for all emergency responses.

The #2 most-missed question was:

"What are the requirements of physicians "On-Call" to the Emergency Department?"

- A. On-call physicians must respond within a "reasonable time" (generally 20 minutes)
- B. Physicians on call at more than one facility simultaneously or performing elective surgery must arrange for own alternate coverage and notify ED who is taking call when unavailable
- C. Acceptance of insurance can be a factor in response
- D. Physicians must practice within their privileges
- E. When requested to evaluate a patient, on-call physicians must see patient before transfer

The correct answer was A, B, D & E. On call physicians must do all of the above, except C, since acceptance of insurance can NEVER be a factor in your response.

Lastly, the #3 most-missed question was:

"What does EMTALA require?"

- A. An appropriate medical screening exam to determine if an emergency condition exists
- B. If an emergency medical condition exists, the person must be treated until a physician or qualified medical professional determines he/she is stable, or appropriately transferred
- C. The request can be made by the patient or someone on their behalf, or based on what a prudent layperson would determine to be a situation requiring emergency care
- D. The performance of the screening exam and stabilizing treatment must be provided regardless of the patient's ability to pay

EMTALA requires ALL of the above.

are you getting with the guidelines?

Please support the Saint Vincent Get with the Guidelines Heart Failure initiative.

Make sure that you are using the Heart Failure order set on ALL patients in the hospital with a principle diagnosis of Congestive Heart Failure. Questions? Contact William Mecca, MD, at 814-453-7767.

you're invited: saint vincent holiday dinner

The annual Saint Vincent Holiday Dinner will take place in the Saint Vincent Dining Room on Thursday, December 16, from 11 a.m. to 1:30 p.m. and 5 to 6:30 p.m. and on Friday, December 17, from 2 to 3 a.m. Come be a part of this celebration, recognizing the sacrifices our doctors, nurses and staff make during the holiday season.



mark your calendar

December 8, 6:45 a.m.

Surgical Suite Committee
Spencer Conference Room

December 9, noon

P&T Committee
One East Conference Room

December 14, 5 p.m.

Medical Executive Committee
McGarvey Learning Center

December 16, 1 p.m.

Physician Advisory Board Meeting
McGarvey Learning Center

December 27, 10 a.m.

Information Technology Steering Committee
First Floor Conference Room

December 27, noon

Medical Records Committee
OR Conference Room

January 7, 2011, 7 a.m.

Credentials Committee
First Floor Conference Room

January 11, 2011, 5 p.m.

Medical Executive Committee
McGarvey Learning Center

January 18, 2011, noon

Continuing Medical Education Committee
1 East Conference Room

January 18, 2011, 7 a.m.

Medical Staff Quality Committee
1 West Conference Room



vincentstaff

vincentstaff is a publication for physicians issued monthly by Saint Vincent Health Center.

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