News from and for Holy Name Hospital's Medical Staff

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July/August 2009

# MD360°

Holy Name Hospital



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Holy Name Hospital
718 Teaneck Road • Teaneck, NJ 07666

FROM THE PRESIDENT OF THE MEDICAL STAFF

## Car Racing as a Metaphor for Life

Breaking the speed limit on Route 80 may be a daily occurrence for many of us; but few people have the opportunity to press the throttle to the floor on a race track. I recently bought a 2005 Porsche Carrera – a truly fiscally irresponsible thing to do in this economy, but it was a combination of "don't go into the pet shop unless you intend to buy" and "I gotta have this" moments. John Vogt, owner of High Marques Motor Cars in Morristown, where I found my new baby, just happens to be a racing instructor, and suggested that I might consider joining the Porsche Club members at Pocono Raceway for a driver's ed event. So, not being one to shy away from any challenge, I did just that.

John Vogt is the perfect instructor: 35 years of experience, calm, confident and capable of reading me exactly. In a day and a half, he transformed me from wary to raring to go. Now, I thought, being a pilot, this would be a piece of cake. But somehow, 135 mph on the ground feels mighty different from the same speed in the air. But, armed with the right set of skills and the right mindset, I left more than a few of the other drivers in the dust.

So what was my life's lesson? The principles of race car driving can easily be applied to other aspects of life. It requires absolute focus, attention on where you want to go, and if you make an error, correct, forget it and keep going. One of the first things John taught me was "the car goes where you are looking." It is key to look beyond the car directly in front of you to where you want to be on the road ahead. Now, did you ever notice at tollbooths, there are lines of cars at a few of the booths but there are always booths with only a few or no cars. I call this the Battery Tunnel Principle. Why does this happen? Because most people have their

attention focused only on the car directly ahead while they mindlessly drive on. The result is that the guy in front is making decisions for you. This is deadly at the race track, but equally disastrous in daily life. On the track, all attention is directed to driving the most efficient path while looking for every opportunity to pass the car ahead. This is the ultimate dynamic experience because you are traveling with other drivers with the exact same goal.

Translating this to something closer to home, the art and practice of medicine has changed, and this change continues sometimes as quickly as cars jockey for position on the race track. Look ahead, don't be distracted by things that are not important and have the guts to go where you want to go. Look for the opportunities – some come only once. Don't let your decisions or, for that matter, your opinions, be made for you. It requires very little effort to look up and think – you might even make your life easier by getting through the tollbooth faster or by anticipating and avoiding hazards that lie ahead.

*Jacqueline Brunetti, M.D. is President of the Medical Staff and Medical Director, Department of Radiology at Holy Name Hospital.*

PROGRESS NOTES FROM THE CHIEF MEDICAL OFFICER

## It's Time to Gainshare!

Holy Name is one of 12 hospitals in New Jersey participating in conjunction with the New Jersey Hospital Association in a national Gainsharing Demonstration Project. We strongly encourage all eligible Holy Name medical staff to participate and take advantage of this opportunity to gain incentive payments for performance and improvement in length of stay (LOS) and cost of care. There is absolutely no risk and no additional paperwork associated with your participation. All you need to do is to sign an application form and you're enrolled.

The concept behind the demonstration project is to align the financial incentives of physicians and hospitals to see if this can lead to a reduction in the cost of care while maintaining high quality. The hospital will make incentive payments to the physicians by sharing money saved by the reductions in LOS and cost of care. Physicians can earn incentive payments in one of two ways: Physicians who have low cost of care and low LOS can earn a performance incentive payment based on their performance compared to the best practice norm (top 25%ile) of NJ physicians in the base year, 2007. Physicians may also earn an improvement incentive if they have improved LOS compared to their performance in the base year, 2007.

You are eligible to participate in the Gainsharing Demonstration Project if you had 10 or more admissions in 2007 or if you joined the medical staff between 1/1/2008 and 1/29/2009. (Physicians in the latter category are only eligible for performance incentives.) As part of the project, the Hospital will report several quality indicators to the NJHA to ensure that quality is maintained during the project.

We hope that eligible physicians will participate in the project. There is nothing to lose — you can only gain the incentive payment. We anticipate that the initial data set will be collected from 7/1/2009 – 12/31/2009 and that the first incentive payments will be sent out in February, 2010.

**To request an application form, please call the Medical Affairs Office at (201) 833-3232 or e-mail Linda Anastasius at Anastasius@holyname.org.**

*Paul Mendelowitz, M.D. is the Senior Vice President of Medical Affairs/Chief Medical Officer at Holy Name Hospital.*

## Coming Up

### 2009 General Medical Staff Meetings

**Meetings are held at 12 noon in the Marian Hall Conference Center.**

September 2, 2009
December 9, 2009

### Save the Date!

for an Elegant Evening

**Physicians' Cocktail Reception**

Saturday, October 17

## New Director for Medical Staff Services

Alicia Azucar

Alicia Azucar has joined Holy Name Hospital as Director of the Medical Staff Services Department, where she will oversee all departmental activities and monitor them for efficiency and effectiveness. These include the application/reapplication process, medical staff committee/department/division meeting management, credentialing, peer review, secretarial functions, CME coordination, and management of medical staff funds.

"We want to extend any assistance to Holy Name's physicians that will make their practices function more efficiently, and their interactions with Medical Affairs and the Hospital as fluid as possible," says Ms. Azucar, who is looking forward to building relationships with members of the medical staff. "All you have to do is pick up the phone and ask."

She notes that "the medical affairs function and the credentialing process help to ensure patient safety and quality of care. We're going to do everything possible to facilitate positive patient and physician experiences."

Ms. Azucar is a certified provider credentialing specialist, and was most recently President and CEO of her own credentialing and consulting services company. Prior to that, she was Director of Medical Staff Services at Meadowlands Hospital for five years. Alicia earned her B.A. from New Jersey City University, and serves as President-Elect of the New Jersey State Association of Medical Staff Services.

**You can reach Alicia Azucar at ext. 7220 or by e-mail at azucar@holyname.org.**


*Congregation of the Sisters of St. Joseph of Peace*

*1884-2009*

# The OTIS Knee

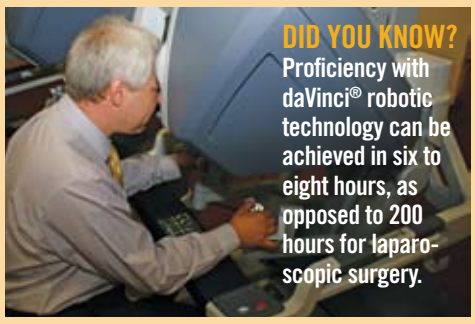
Alignment is the key to the long-term success of total knee replacements. Traditionally, the mechanical axis of the limb has been used to align the joint, but recent research suggests that using the anatomical axis of the knee may give better short- and long-term results. The knee ligaments function around this central axis and are key to stability and range of motion.

The OTIS system utilizes a pre-operative MRI scan to determine the exact center of rotation of the patient's knee. This location is unique to each individual. Through computer enhancement the scan is manipulated to produce an image of the pre-arthritic anatomy and alignment. Custom cutting jigs are then manufactured to properly align the three separate axes of placement for both the femoral and tibial components. These jigs also establish the proper size of the components. Proper placement is key to the function of the artificial joint.

Additional benefits may include less blood loss since the intramedullary canal of the femur and tibia is not violated. Decreased bleeding in the knee leads to improved wound healing, lower infection rates and early return of range of motion.

Presently, Holy Name Hospital is the only institution in Bergen and Hudson Counties utilizing this advanced technique. Since the OTIS Knee System relies on a single radius design it is available for use only with the Stryker Total Knee line of products.

*John Andronaco, M.D. is an orthopedic surgeon on staff at Holy Name Hospital.*




Physicians and department heads were invited to "test drive" the new daVinci® Si HD Surgical System during a demonstration in June. Pictured here, Drew Olsen, M.D.

# daVinci® is Here!

Holy Name Hospital has purchased the daVinci® Si HD™ Surgical System, and physician and staff training—both hands-on with live tissue and online tutorials—is underway.

Acknowledged as a breakthrough platform for minimally invasive surgery, the model acquired by Holy Name is the latest generation available from the manufacturer, Intuitive Surgical®, and represents the absolute leading-edge in robotic surgical technology in Bergen County.

The daVinci® system, which Holy Name's medical staff previewed in June, features three-dimensional, high-definition vision with up to 10x magnification, offering surgeons a view of the operative field that is superior to both traditional open surgery and laparoscopy. The system's intuitive instrumentation is designed to provide surgeons with natural dexterity, helping to replicate the experience of open surgery while achieving a range of motion far greater than that of the human hand.

While the daVinci® can be applied to many surgical specialties, at Holy Name, surgeons will initially use the robotic system for urology, gynecology and gynecologic oncology procedures. In time, use will likely broaden to include general and thoracic surgery. Holy Name's first robotic surgical procedure will be performed toward the end of July.

**For more information about Holy Name's daVinci® Surgical System or to register for training, contact Donna Vaglio, Director of Surgical Services/LDRP/MFM, 201-833-7110 or ext. 7110.**

FROM THE PRESIDENT/CEO

# Health Care Reform: Really?

Once again, we find ourselves in the throes of public pressure and political manipulation in the name of healthcare reform. Don't get me wrong, I'm the first to admit our "system" is very broken and needs a major overhaul, but I've not seen any proposals or heard any discussions that even remotely address a comprehensive, system-wide revamping. What has been touted as "major reform" is actually the federal government's intention to create a new insurance product to cover the presently uninsured.

Estimates for the cost of such a Medicare/Medicaid-like plan range from the billions to slightly over a trillion dollars—big numbers for the supposedly 47 million Americans without health insurance, according to the 2007 census report. To help pay for this, the national hospital associations agreed to future cuts in Medicare and Medicaid rates. Yes, those very same rates that presently pay less than cost and force us to cost-shift to other payers to keep ourselves whole. They also acknowledged that hospitals and doctors can practice more efficiently and thereby realize savings. The two principal issues in this arena are hospital-acquired infections and readmission rates. The Congressional Budget Office has estimated that billions of dollars can be "freed up" by tackling these two clinical inefficiencies alone.

The associations agreed to this as a preemptive strike, reasoning that the cuts to hospitals and physicians were going to be far worse, and that we would all gain significantly, once we are getting paid for services rendered to the 47 million uninsured.

Well, what do we know about these 47 million people? According to the 2007 census data, over 10 million of them aren't even citizens. Not counted in this number are the medical tourists who tap our healthcare resources. I can't imagine this segment of the population rushing to sign up for the new plan, even if mandated.

We also know that 51% of the uninsured are accounted for in only seven states: California, Texas, Florida, New York, Illinois, Georgia and New Jersey. The state with the lowest number is Massachusetts, yet when you look at the financial performance and fragility of the hospitals in Massachusetts, they are no better than anywhere else in the Northeast. We also know that 34 million of the 47 million are under the age of 44—not typically high users of healthcare, and many of whom intentionally opt out of insurance because they do not consider themselves in need.

Amazingly, attempts to learn more about the 1.4 million uninsured in New Jersey were met with resistance by the Department of Health and the Department of Human Services. Eventually some limited data was released. A cursory review of that data suggested that one-third to one-half of hospital utilizations by the uninsured related to mental health and substance abuse, or chronic disease exacerbated by mental health and substance abuse. It also suggested an extremely high rate of recidivism by this group.

What can we infer from all this? First, not a lot of time or effort has been invested in really understanding exactly who comprises the 47 million uninsured and their actual utilization of the healthcare system. Second, no trial programs have been implemented in the seven states with the largest populations of uninsured people to determine if any measurable good could actually be achieved. Which leads us to wonder: Is there an alternative motive at work here? Is it all just political posturing, once again? Too bad; I'm not sure how much longer the "system" can sustain such tinkering.

*Michael Maron is President/CEO of Holy Name Hospital.*

# The Restech Pharyngeal pH Probe:

## State-of-the-art Diagnosis of Laryngopharyngeal Reflux

Physicians have recognized the association between gastroesophageal reflux disease (GERD) and laryngeal disorders for over 50 years. Reflux laryngitis and laryngopharyngeal reflux (LPR) are the terms used to describe these associated laryngeal signs and symptoms, but making a definitive diagnosis for LPR can often be quite a challenge.

Although classic GERD symptoms such as heartburn, belching, etc., are easy to diagnose, many patients complain of much more vague symptoms: globus (a foreign body sensation in the throat), frequent throat clearing, chronic cough, or hoarseness. These symptoms can be very nonspecific, so many patients get referred to otolaryngologists for laryngoscopy and leave with the presumptive diagnosis of LPR. The problem is that not only are the symptoms of LPR nonspecific, so too are the signs. Studies have shown that up to 86% of healthy patients have at least one sign of LPR on laryngoscopy. Thus, many patients are "diagnosed" with the condition based on exam findings, treated with proton pump inhibitors (PPIs) for months, and their symptoms never resolve because they never had LPR in the first place. Another challenge with LPR is that treatment isn't always successful. A recent meta-analysis by Karkos and Wilson concluded that "randomized, controlled trials have failed to demonstrate superiority of PPIs over placebo for treatment of suspected LPR." Thus, many doctors are becoming hesitant to prescribe empiric PPIs without definitive evidence of reflux.

In our practice, the Restech pharyngeal pH probe has become an extremely useful tool in the diagnosis and management of suspected laryngopharyngeal reflux. This well-tolerated device is placed into the nose with the aid of a topical anesthetic. The probe sits just behind the soft palate causing very little irritation. Patients go home and eat and behave normally, which allows for an accurate assessment of pharyngeal reflux patterns. If laryngopharyngeal reflux is diagnosed, patients are instructed to place equal emphasis on diet and behavior changes, in addition to PPIs. Use of this simple diagnostic tool has greatly facilitated the work-up and diagnosis of challenging cases of laryngopharyngeal reflux.

*David Lewis, M.D. is an otolaryngologist on staff at Holy Name Hospital.*

QUALITY UPDATE

# Hearty Pathogens Call for Serious Attention

**Length of Pathogen Survival on Environmental Surfaces**

| Pathogen | Length of Survival |
|---|---|
| Acinetobacter | 3 days – 5 months |
| C-diff | 5 months |
| Enterococcus VRE and VSE | 5 days – 4 months |
| Klebsiella | 2 hours - > 30 months |
| Staph aureus MRSA | 7 days – 7 months |

**The following "must-dos" are absolutely essential to decrease infection rates:**

1. Hand hygiene
   - Nail care compliance
2. Proper use of gloves
3. Cleaning of environment
   - Correct cleaning products
4. Cleaning of high touch objects
   - Sink, toilet handle, tray table, bedside table, side rails, telephone, door knobs, call bell
5. Cleaning of Patient Care Equipment
   - Glucometer, thermometer, stethoscope, blood pressure cuff, pulse ox, etc.
6. Following isolation protocols
   - Proper use of PPE
   - Transporting of patients
   - Terminal cleaning
   - Communication
   - Visitors
7. Empowering frontline staff
8. Active Surveillance (MRSA) on admission
   - ICU, nursing home patients, prior history of resistant organisms
   - Isolate until culture results are known
   - Consider rapid testing
9. Real time analysis of infection causes/timely interventions
10. Patient care guidelines
    - Hygiene/assessments, Foley, lines, administration of IV medications, vents, cohort nursing assignments
11. Operating room
    - Follow recognized guidelines
    - No food or drink in OR, no outside clothing to be worn in OR, no outside belongings (briefcase, etc.) in OR, vendors to follow all policies/standards, masks to be worn appropriately, nails to be appropriate
    - OR to be cleaned as per guidelines
    - Equipment to be removed when broken or not intact
12. Construction
    - Must follow all regulations/guidelines
13. Orientation (general/department-specific)
    - Annual education
    - Must cover all information the employee needs to perform job
    - Employee needs to demonstrate understanding

*Carol Dinsmore is Vice President, Quality at Holy Name Hospital.*

# Welcome New Appointments

**Frederick Alexander, M.D.**
**Surgery/Pediatric Surgery**
*Medical School:* Columbia University, NY, NY
*Internship:* Peter Bent Brigham Hospital, Boston, MA (General Surgery)
*Residency:* Peter Bent Brigham Hospital (General Surgery); Brigham and Women's Hospital, Boston, MA (General Surgery)
*Fellowships:* Western Infirmary/ Gartnaval General Hospital, University of Glasgow, Scotland; Harvard Medical School (Laboratory Research, pulmonary physiology); Cincinnati Children's Hospital, OH (Pediatric Surgery)
*Practice:* 30 Prospect Ave., Hackensack NJ 07601
*Phone:* 201-996-2921

**Amr A. Azim, M.D.**
**Obstetrics/Gynecology**
*Medical School:* Cairo University School of Medicine, Egypt
*Residency:* Cairo University Hospitals, Egypt (Ob/Gyn); Lincoln Hospital, Weill-Cornell Medical College (Ob/Gyn); Michigan State University, Hurley Medical Center, Flint, MI; New York Hospital, Weill-Cornell Medical College, NY
*Fellowship:* Center for Reproductive Medicine & Infertility, Weill-Cornell Medical College, NY, NY
*Practice:* 25 Rockwood Place, Englewood, NJ 07631
*Phone:* 201-569-7773

**Eugene Batelli, D.P.M.**
**Surgery/Podiatry**
*Medical School:* New York College of Podiatric Medicine, NY, NY
*Residency:* Passaic Beth Israel Hospital, Passaic, NJ
*Practice:* 1117 Rte. 46, Suite 203, Clifton 07013; 751 Teaneck Road, Teaneck, NJ 07666
*Phone:* 973-365-2208 (Clifton) 201-837-3200 (Teaneck)

**John T. Capo, M.D.**
**Surgery/Orthopedic Surgery**
*Medical School:* Robert Wood Johnson Medical School, UMDNJ
*Internship:* Penn State University – Milton S. Hershey Medical Center, Hershey, PA (General Surgery)
*Residency:* Penn State University – Milton S. Hershey Medical Center (Orthopedic Surgery)
*Fellowships:* The Indiana Hand Center, Indianapolis, IN (Hand, Upper Extremity and Microvascular Surgery); AO/ASIF Foundation-Traveling Fellowship, Sunnybrook Medical Center, Toronto, Canada (Upper Extremity Trauma and Reconstruction) and University of Berne, Lindenhofspital, Inselspital, Berne, Switzerland
*Practice:* 90 Bergen St., Newark, NJ 07103
*Phone:* 973-972-0763

**Seokkoon Cho, M.D., M.P.H.**
**Medicine/Psychiatry**
*Medical School:* College of Medicine, Kyung-hee University, Seoul, South Korea
*Internship:* Kyung-hee University Medical Center, Seoul
*Residency:* Seoul National Mental Hospital, Seoul (Psychiatry); Bergen Regional Medical Center, Paramus
*Practice:* 566 Grand Ave., Ridgefield, NJ 07657
*Phone:* 201-313-8000

**Jennifer Duchon, M.D.**
**Pediatrics**
*Medical School:* McGill University Faculty of Medicine, Montreal, Quebec
*Internship:* North Shore University Hospital, Manhasset, NY (Pediatrics)
*Residency:* North Shore University Hospital (Pediatrics)
*Fellowship:* Columbia University Medical Center, NY, NY (Neonatology)
*Practice:* 5141 Broadway, NY, NY 10034
*Phone:* 212-932-4035

**Mary Kisswany, D.O.**
**Medicine/Internal Medicine (Teaneck Hospitalists)**
*Medical School:* New York College of Osteopathic Medicine, New York Institute of Technology
*Residency:* Seton Hall University School of Graduate Medical Education; Saint Michael's Medical Center, Newark, NJ (Internal Medicine) Teshreen Hospital, Damascus, Syria (Internal and Pulmonary Medicine)
*Phone:* 201-833-3000

**Pan S. Ko, M.D.**
**Medicine/Internal Medicine (Teaneck Hospitalists)**
*Medical School:* St. George's University, Grenada, West Indies
*Residency:* Seton Hall University/St. Michael's Medical Center, Newark, NJ (Internal Medicine)
*Fellowship:* Seton Hall University/St. Michael's Medical Center (Infectious Disease)
*Practice:* HNH Hospitalist Program
*Phone:* 201-833-3000

**Andrew Lan, M.D.**
**Medicine/Internal Medicine**
*Medical School:* Robert Wood Johnson Medical School – UMDNJ
*Residency:* Medical College of Wisconsin Affiliated Hospitals, Milwaukee, WI (Internal Medicine)
*Practice:* 140 Grand Ave., Englewood, NJ 07631
*Phone:* 201-569-9010

**Michael Macri, M.D.**
**Family Practice**
*Medical School:* UHS/The Chicago Medical School Autonomous University of Guadalajara School of Medicine, Mexico
*Internship:* Lenox Hill Hospital, NY, NY (General Surgery)
*Residency:* Lenox Hill Hospital (General Surgery); University of Massachusetts Medical Center, Worcester (General Surgery); St. Joseph's Hospital and Medical Center, Paterson, NJ (Family Medicine)
*Practice:* 10 Fairview Ave., Westwood, NJ 07675
*Phone:* 201-358-2922

**Brian Martin, M.D.**
**Anesthesia**
*Medical School:* Albert Einstein College of Medicine at Yeshiva University, Bronx
*Internship:* Montefiore Medical Center, Bronx, NY (Surgery)
*Residency:* Montefiore Medical Center, Bronx, NY (Anesthesiology)
*Practice:* 718 Teaneck Rd., Teaneck, NJ 07666
*Phone:* 201-833-7150

**Jonathan Margolin, D.P.M.**
**Surgery/Podiatry**
*Medical School:* New York College of Podiatric Medicine, NY, NY
*Internship:* Jamaica Hospital Medical Center, Jamaica, NY
*Residency:* Wyckoff Heights Medical Center, Brooklyn, NY; Jamaica Hospital Medical Center, Jamaica, NY (Chief Resident)
*Practice:* 470 Queen Anne Rd., Teaneck, NJ 07666
*Phone:* 201-836-2126

**Mohammad Niazi, M.D.**
**Medicine/Psychiatry**
*Medical School:* Punjab Medical College, Pakistan
*Internship:* Saint Joseph's Hospital and Medical Center, Paterson; Bergen Regional Medical Center, Paramus
*Residency:* Bergen Regional Medical Center
*Practice:* TBA
*Phone:* TBA

**Noam Rosines, M.D.**
**Emergency Medicine**
*Medical School:* Baylor College of Medicine, Houston, TX
*Residency:* Weill Cornell – New York Methodist Hospital, Brooklyn, NY (Emergency Medicine)
*Practice:* HNH Emergency Department
*Phone:* 201-833-3000

**Alicia Skarimbas, M.D.**
**Family Practice**
*Medical School:* University of Pittsburgh School of Medicine
*Residency:* Overlook Family Practice, Overlook Hospital, Summit, NJ
*Practice:* 370 Grand Ave., Englewood, NJ 07631
*Phone:* 201-567-3370

**Leoncio Tacsa, M.D.**
**Medicine/Infectious Disease**
*Medical School:* San Marcos University – Faculty of Medicine, Lima, Peru
*Internship:* Harlem Hospital Center/ Columbia University, NY, NY
*Residency:* Harlem Hospital Center/ Columbia University
*Fellowship:* New York Medical College, Valhalla, NY (Infectious Disease)
*Practice:* 106 Grand Ave., 4th floor, Englewood, NJ 07631
408 37th St., Union City, NJ 07087
*Phone:* 201-871-8760 (Englewood) 201-864-4477 (Union City)

**Monica Tadros, M.D.**
**Surgery/Otolaryngology & Plastic Surgery**
*Medical School:* Thomas Jefferson University, Jefferson Medical College,
Philadephia, PA
*Internship:* Georgetown University Medical Center, Washington, DC (General Surgery)
*Residency:* Georgetown University Medical Center (Otolaryngology-Head & Neck Surgery)
*Fellowships:* St. Luke's Roosevelt Hospital, Columbia; University College of Physicians (Facial Plastic & Reconstructive Surgery, and Cranial Base Surgery)
*Practice:* 180 Fort Washington Ave., HP8, NY, NY 10032
*Phone:* 212-305-1428

**Mohammad Tehranirad, M.D.**
**Medicine/Internal Medicine (Teaneck Hospitalists)**
*Medical School:* Azad University – Tehran Medical Branch, Iran
*Residency:* Brookdale University Hospital Medical Center, Brooklyn, NY (Internal Medicine); Mountainside Hospital, Montclair, NJ (Internal Medicine)
*Practice:* HNH Hospitalist Program
*Phone:* 201-833-3000

## Electronic Death Certificate

The State of New Jersey has passed legislation requiring an electronic death certificate. The State anticipates that, by January 1, 2010, paper death certificates will no longer be valid, except for fetal death. All physicians need to register. **For more information on how to register, call Kerri Klinger, Director of Health Information Management Services, 201-833-3155 or ext. 3155. More details are forthcoming.**

# Applause...

## Service Anniversaries

The Holy Name family extends its congratulations and gratitude to the following physicians for their association with our hospital.

### 35 Years
Evalynne Braun, M.D., Pathology

### 30 Years
Robert Federman, M.D., Dentistry
Bernard Fowler, M.D., Ophthalmology
Patricia Klein, M.D., Neurology

### 25 Years
Robert Birns, M.D., Pulmonary Medicine

### 20 Years
Douglas Avella, M.D., Orthopedics
Bruce Freund, M.D., Dentistry
Kenneth Hilsen, M.D., Dentistry
Peter Iannuzzi, M.D., Podiatry
Joseph Manno, M.D., Vascular Surgery

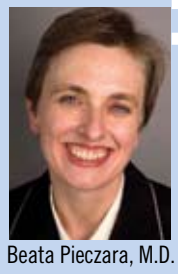
### 15 Years
David Lee, M.D., Family Practice
Joseph Rizzo, M.D., Internal Medicine
Steven Shikiar, M.D., General Surgery

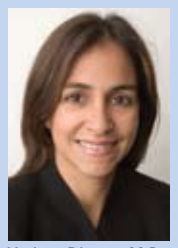
### 10 Years
Maryann Benigno, M.D., General Surgery
Diane Guadara, M.D., Podiatry

### 5 Years
Yaakov Abdelhak, M.D., GYN
Kevin Basralian, M.D., Urology
Craig Hersh, M.D., Family Practice
Thomas Tagliente, M.D., Anesthesia

## Oncologists are TWIN Awardees

Holy Name's **Beata Pieczara, M.D.**, Chief of Hematology and Medical Oncology, and **Yadyra Rivera, M.D.**, medical oncologist, were honorees at the YWCA of Bergen County's 35th Annual Tribute to Women & Industry (TWIN). The TWIN awards recognize exceptional women for making a difference in their workplace, their communities, and beyond. The awards also acknowledge the nominees' sponsoring companies for their commitment to fostering the professional and personal growth of women through progressive human resources policies.


Beata Pieczara, M.D.


Yadyra Rivera, M.D.

# Meet the Hospitalists

As Holy Name's new Hospitalist Program gains momentum, members of the medical staff are encouraged to meet the hospitalists—Islam Elfayoumi, M.D. and Mohammad Tehranirad, M.D.—and explore how they can enhance our physicians' medical practice.

"The Hospitalist Program is a service to the medical staff, something we established to ensure the continued growth of our hospital," says Paul Mendelowitz, M.D., Senior Vice President for Medical Affairs. He emphasizes that Drs. Elfayoumi and Tehranirad are career hospitalists dedicated to acute inpatient care; they don't maintain private outpatient practices.

"I want the hospitalists to be seen as facilitators. We are here to help the hospital, physicians, nurses, and ancillary staff maintain the high quality and efficient care Holy Name is known for," says Dr. Elfayoumi, lead hospitalist. "Hospitalists are trained to provide the full spectrum of inpatient primary care, and we will tailor our services to meet the needs of local physicians. We'll admit patients for you, collaborate on orders, and honor consultant referral patterns, while maintaining continuity of care."

The Hospitalist Program is completely voluntary. Medical staff members can avail themselves of hospitalist services to any extent they deem appropriate—from turning their entire inpatient practice over to the program, to using it for weekend coverage—or not at all.

Dr. Elfayoumi is board-certified in internal medicine, as well as healthcare quality management, and holds an M.B.A. in hospital management. After earning his medical degree from Robert Wood Johnson Medical School, he completed his internal medicine residency with hospitalist focus at Princeton Medical School/ Robert Wood Johnson University Hospital.

Dr. Elfayoumi established and directed the hospitalist program at St. Mary's Hospital in Passaic, where length-of-stay for service patients decreased from 6.4 to 4.4 days and the 30-day bounce-back rate declined from 15% to about 4% in a year. These efficiency and quality improvements saved the hospital about two million dollars last year.


Islam Elfayoumi, M.D.


Mohammad Tehranirad, M.D.

Dr. Tehranirad is board-certified in internal medicine. Prior to Holy Name, he was a hospitalist at Mountainside Hospital in Montclair, NJ and at Redington Fairview General Hospital in Skowhegan, Maine. Dr. Tehranirad completed his post-graduate education at Mountainside Hospital (PGY-2&3) and at Brookdale University Hospital Medical Center in Brooklyn (PGY-1). He earned his medical degree from Azad University-Tehran Medical Branch in Iran.

### Hospitalists can provide these services to physicians:

- Complete hospital care from admission to discharge
- Coverage during vacation, holidays, illness, sabbatical or anytime, for a few hours or indefinitely, with relatively short notice
- Perform emergency pre-op medical evaluations
- Cover off-hour admissions

**Hospitalist Hours:**
Daytime, 7 a.m.—7 p.m.,
7 days-a-week

*(House physicians will continue nighttime coverage.)*

**To talk to a hospitalist, dial the Hospital operator, "0" or 201-833-3000. Dr. Elfayoumi's personal pager # is 201-938-9007. Dr. Tehranirad's personal pager # is 201-860-8196.**

PATHOLOGY UPDATE

# New Testing Practices

Staying current with testing practices to support our medical staff and provide outstanding patient care is the primary goal of the Department of Pathology and Laboratory Medicine. With that in mind, physicians should note the following updates:

- **In an effort to consolidate information in an electronic format,** flow cytometry and other ancillary testing for neoplastic conditions performed on peripheral blood and bone marrow will be made part of the corresponding Anatomic Pathology case report. This does not include flow cytometry performed for non-neoplastic conditions, such as a CD4:CD8 ratio in the HIV setting. These will be available through the clinical lab.

- **An additional reminder for cytology specimens:** When fluid is removed from a thoracentesis, paracentesis, or other type of drainage, a sample should be put in the appropriate vacutainer tubes and sent to Chemistry (red top) and Hematology (EDTA lavender top) for the desired tests, and all remaining fluid, even if it is several hundred milliliters, should be sent to Cytology. This will assist us in concentrating the cells and obtaining a better diagnostic yield. In neoplastic cases, typically this involves making a cellblock. There have been several cases where only a small sample was sent to Cytology and while there were malignant cells present, additional diagnostic studies could not be performed.

- **In the clinical lab, by popular request,** a new orderable test code for a urine protein: creatinine ratio was created, and can be ordered as test code PCRU.

- **Flu testing for influenza A and B continues to be performed in the Microbiology Laboratory.** Tests are preferentially performed on inpatients and ER patients. In the outpatient setting, when samples are obtained at the physician's office and sent to the Lab, testing for influenza A and B will be performed. Per NJDHSS guidelines, outpatient rapid flu results are not eligible for confirmatory testing.

*Drew A. Olsen, M.D., is Medical Director of the Department of Pathology and Laboratory Medicine*

REPORT FROM THE CHIEF NURSING OFFICER

# We Are Magnetized!

By now you surely know the good news: Holy Name Hospital achieved **Magnet Recognition** on June 16. Not only did the 11 ANCC commissioners find *unanimously in favor* of Magnet for our hospital, but they reported *no deficiencies.* While this has been cause for major celebration here, we realize that having achieved this honor doesn't end the journey; it emboldens us to continue striving, to think about what we do every day and consider how we might do it even better.

I can't adequately express how heartening it was to learn of Paul Mendelowitz's account of the surveyors' meeting with the Medical Executive Committee in April. For experienced, tenured physicians to recount personal anecdotes of nursing excellence at Holy Name and to articulate their appreciation of our nurses' competence and character with such sincerity is both empowering and humbling.

All of us here at Holy Name echo Magnet Commission Chairperson Gail Wolf's sentiment that "this is an award for all of you," and so I want to thank our doctors one more time for your support.

# Making Life Easier for Pediatricians

Physician satisfaction is a high priority at Holy Name, and the hospital has undertaken some creative initiatives to help doctors balance their active medical practices with their personal needs, while maintaining quality and continuity of care.

**The Pediatric Call Center** is a new program that addresses patient calls during off-hours. Here's how it works: When you subscribe to the Pediatric Call Center, patients who contact your answering service between 9 p.m. and 6 a.m. with medical inquiries are given the Center's phone number. They call the number, which is answered by a registered nurse in HNH's pediatric inpatient unit. The nurse uses the proven, evidence-based algorithm created by Children's Hospital of Denver pediatrician Dr. Bart Schmitt to assess symptoms, create a clinical profile and triage the patient. Dispositions include instructing the patient to hang up and call 911, administer comfort measures, visit the pediatrician in the morning, or go immediately to the ED.

A few great things about our system: The guidelines are totally current, with new diagnoses (e.g., H1N1) and new AAP directives (e.g., use of OTC cough and cold medicines). When the RN directs a parent to the ED, an advance call is made to the ED's charge nurse to expedite your patient's care. A fax about each patient encounter awaits at your office the following morning.

You can use the Pediatric Call Center every evening, on weekends, or only when you're on vacation. Some of the doctors have replaced their traditional answering service with the Call Center.

### Pediatric Call Center At-a-Glance

**Phone: 201-541-5955**
**Hours: 9 p.m. – 6 a.m.**

- Employs evidence-based algorithm created by Children's Hospital of Denver pediatrician Dr. Bart Schmitt.
- Use after hours or during vacation days.
- Staffed by inpatient pediatric R.N.s
- High physician and patient satisfaction
- **For info: Call Sheryl Syby, R.N.C., Clinical Coordinator, Pediatrics, 201-541-6314 or ext. 6314.**

At press time, seven pediatricians were signed on with the Call Center, and they're extremely satisfied. We've even had parents call the next day to thank us for the service they received.

I hope you'll give the Pediatric Call Center a try—I think you'll be very pleased. And as always, please don't hesitate to contact me or a member of my staff about patient care issues at Holy Name.

Best wishes for an enjoyable summer.

*Sheryl Slonim, R.N.C., M.Ed., CNE-A, BC is Senior Vice President, Patient Care Services at Holy Name Hospital.*

FROM THE INFECTION PREVENTION COMMITTEE

# Vascular Access Infections

Line-related bacteremias and fungemias can be some of the most devastating healthcare-associated infections. There is often a precipitous onset of high fever and sometimes, septic shock. Metastatic infection to heart valves, native and prosthetic joints, spine, lung and almost any resident hardware is a constant risk. The MedMined system excludes isolated blood cultures that grow normal skin flora, so virtually all nosocomial infection markers (NIMs) for bloodstream infections represent true infections. The great majority of these are access device related.

Ten to 15 percent of hospital-associated infections are bloodstream infections. The rates are 3 to 15 infections per 1,000 catheter days depending on catheter type, infusate (TPN) and patient characteristics. There are approximately 180 catheter days each day on the med-surg services at Holy Name Hospital, given the fact that almost all patients have some sort of IV and some have more than one. This equates to a risk of 1 to 3 clinically significant bloodstream infections every day.

**The interventions that have been shown to dramatically reduce the risk of catheter-related bloodstream infection include:**

- Changing peripheral IV sites every 72 to 96 hours
- Full scrub, gown, prep and drape for all central lines
- Subclavian site rather than external jugular or femoral for central lines
- IV connector disinfection at each access
- A dedicated PICC team with early PICC placement whenever six or more days of IV access are predicted
- Daily monitoring and frequent dressing change of the catheter site
- Dedicated line for TPN
- Regular flushing protocols and prompt removal when no longer needed

When these practices are closely followed, vascular access related infection rates have been reduced from 4 to 0 per 1,000 catheter days. We can achieve this success with current programs and increased physician and nursing attentiveness to this issue.

# Urinary Tract Infections and Nosocomial Infection Markers (NIMs)

Urinary infections are the most common form of hospital-associated infection in national databases and at Holy Name Hospital, comprising about 40% of NIMs and about 300 infections each year. Eighty-percent of these infections are associated with Foley catheters.

The rate of infection with a Foley rises in a straight line from 15% at 5 days to virtually 100% at 30 days. Up to 25% of all hospitalized adult patients receive indwelling catheters at some point, but 20% of them do not have a good indication. Even more important, is the duration of catheterization. Intervention studies using simple reminders to reduce mean duration of catheterization from 8 to 5 days have produced a 70% reduction in infections.

According to one study, 64% of Foley catheters were placed in the Emergency Department. The rate of ED placement was reduced by three quarters with a list of valid indications placed in each patient's chart and a weekly reminder at staff meetings.

Physicians and nurses at Holy Name Hospital seek to reduce the rates of nosocomial urinary tract infection by reducing the use and duration of urinary catheters and by obtaining a urinalysis and where necessary, a culture at admission. A brief straight-cath to obtain a reliable sample is the best method in patients who cannot give a clean-catch mid-stream voided sample.

On the floors, Foley catheter indications will be reviewed by the nurse daily with requests to the physician for removal of catheters that are not indicated. The Emergency Department will receive special attention through education, monitoring and reminding instruments.

**Definite indications for urinary catheterization include:**

- Urinary retention
- Need for close monitoring of urine output in an incontinent patient
- Intra-operative use
- Prevention of urinary soiling of some wounds

**Unjustified indications include:**

- Simple incontinence or lack of ambulation
- Continued use after definite indications have lapsed or continuation of use from another institution without a clear indication

HOLY NAME HOSPITAL
MD360°
Medical Staff News

July/August 2009

*MD360°* is published bimonthly by Holy Name Hospital's Department of Marketing/Public Relations and is intended for use by the medical staff of Holy Name Hospital.

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