

# Franciscan Health System

# Connections

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2009



Published for our **Medical Staff**

St. Joseph Medical Center • St. Francis Hospital • St. Clare Hospital • Enumclaw Regional Hospital • St. Anthony Hospital • Franciscan Medical Group

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### Greg Semerdjian, MD named Interim Chief Medical Officer

Greg Semerdjian, MD, was named Interim Chief Medical Officer for the Franciscan Health System effective July 27. For the past 10 years, he served as vice president for medical and clinical operations with Catholic Health Initiatives.

He can be reached at 253-426-6974 or via email at [kinnighswonger@FHShealth.org](mailto:kinnighswonger@FHShealth.org).



+ CATHOLIC HEALTH INITIATIVES

**Franciscan Health System**

## St. Francis joins national effort to improve quality, delivery of care

### Nurses in medical, surgical units lead this initiative

ST. FRANCIS HOSPITAL hosted a special ceremony July 21, celebrating its recent selection to participate in a national initiative designed to improve the way care is provided in medical and surgical units.

Sponsored by the Robert Wood Johnson Foundation, this project is called the *Transforming Care at the Bedside Collaborative* and is part of the foundation's Aligning Forces for Quality effort. St. Francis is among 16 hospitals across the U.S. recently chosen by the foundation to join this phase of the nurse-led, quality-improvement program.

"Quality care is always our top priority," says Laurie Brown, chief nursing officer for the Franciscan Health System. "We are delighted to have been chosen to participate in this important project."



Nurses who are leading the TCAB project at St. Francis Hospital include: (back row, from left) Lucretia Shafer, RN, medical unit; Linda Hagen-Smtih, RN, clinical manager, surgical unit; Katherine Lanier, RN, clinical manager, medical unit; Laurie Brown, chief nursing officer for the Franciscan Health System; (front row, from left) Janet DeGuzman, RN, surgical unit; Carol Nishida, RN, med-surg nurse educator; Carrie Williams, RN, surgical unit; and Pamela Cronrath, RN, director of nursing at St. Francis.

### Quality-improvement program engages nurses

The *Transforming Care at the Bedside Collaborative*, originally launched in 2003, is not a traditional quality-improvement program. One primary characteristic that sets this effort apart is its focus on engaging nurses, unit managers and other frontline staff who spend the most time with patients and their families in testing concepts that can improve quality of care, make care

*Continued on page 2*

## MEDICAL STAFF LEADERSHIP

FHS Medical Executive Committee

<b>Thomas S. Keskey, MD</b> Chair & Medical Staff President	<b>Allen C. Alleman, MD</b> Vice President-elect, SFH
<b>Kim L. Moore, MD</b> Vice Chair & Member-at-Large, SJMC	<b>Venkatesh R. Kandallu, MD</b> Member-at-Large, SFH
<b>John D. Wagoner, MD</b> Vice President, SCH	<b>William K. Hirota, MD</b> Vice President, SJMC
<b>Donald D. Lee, MD</b> Vice President-elect, SCH	<b>Juan C. Iregui, MD</b> Vice President-elect, SJMC
<b>Peter Y. Chen, MD</b> Member-at-Large, SCH	<b>Gabriel Y. Lee, MD</b> Member-at-Large, SJMC
<b>Ann M. Lee, MD</b> Member-at-Large, SCH	<b>William F. Roes, MD</b> Vice President, SAH
<b>John S. Wendt, MD</b> Vice President, SFH	<b>Peter R. Kesling, MD</b> Member-at-Large, SAH

FHS Credentials Committee

<b>Richard K. Gould, MD, Chair</b>	<b>Maureen A. Nuccio, MD</b>
<b>Youl Choi, MD</b>	<b>Lysa S. Ward, MD</b>
<b>W. Mark Hassig, MD</b>	<b>Gordon R. Klatt, MD</b>
<b>Paul W. Hildebrand, MD</b>	<b>Bruce A. Wilson, MD</b>
<b>Mark S. Yuhasz, MD</b>	<b>Laura G. Spori, MD</b>

St. Joseph Medical Center Section Chiefs

<b>Ralph M. Neighbor, MD</b> OB/GYN	<b>G. Gordon Benjamin, MD</b> Diagnostic Imaging
<b>Stanley L. K. Fleming, DO</b> Family Practice	<b>William B. Cammarano III, MD</b> Anesthesia
<b>Dorie Hahn, CNM</b> Midwifery	<b>Giao N. Kaplan, MD</b> Emergency Medicine
<b>Gregory H. Cain, MD</b> Pediatrics	<b>J. Dale Howard, MD</b> Mental Health
<b>Eugene S. Cho, MD</b> Surgery	<b>Linda D. Burkhardt, MD</b> Lab/Pathology
<b>Tejinderpal Singh, MD</b> Medicine	

St. Francis Hospital Section Chiefs

<b>Jeffrey M. Cortazzo, MD</b> Emergency Medicine	<b>Michael B. Smith, MD</b> OB/GYN
<b>W. Mark Hassig, MD</b> Medicine	<b>Charles Leusner, MD</b> Diagnostic Imaging
<b>Linda M. Petter, DO</b> Family Practice	<b>Martin A. Kubeja, MD</b> Anesthesia
<b>Kevin J. Ward, MD</b> Surgery	<b>Mohinder S. Badyal, MD</b> Pediatrics

St. Clare Hospital Section Chiefs

<b>David R. Kennel, MD</b> Family Practice	<b>Kim L. Moore, MD</b> Emergency Medicine
<b>George F. Gleva, MD</b> Medicine	<b>Keith A. Weissinger, MD</b> Pediatrics
<b>Youl Choi, MD</b> GYN	<b>Charles M. Piatok, MD</b> Anesthesia
<b>Mark S. Yuhasz, MD</b> Diagnostic Imaging	<b>Steven G. Duras, MD</b> Surgery

St. Anthony Hospital Section Chiefs

<b>Gary R. Pingrey, DO</b> Family Practice	<b>Paul W. Hildebrand, MD</b> Emergency Medicine
<b>Adam W. Kassner, DO</b> Medicine	<b>Charles M. Piatok, MD</b> Anesthesia
<b>Cynthia M. Mosbrucker, MD</b> GYN	<b>Robert A. Yancey, MD</b> Surgery
<b>Jason W. Allen, MD</b> Diagnostic Imaging	

Enumclaw Regional Hospital Medical Staff Officers

<b>David Rice, MD</b> Medical Staff President	<b>Jude Verzosa, MD</b> Vice President
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Franciscan Health System is guided by the Ethical and Religious Directives for Catholic Health Care Services.

## Heart Failure and Acute MI Quality Measure: ACEI or ARB at discharge for LVSD

ANGIOTENSIN CONVERTING enzyme inhibitor (ACEI) and angiotensin receptor blocker (ARB) therapy reduces morbidity and mortality in patients with left ventricular systolic dysfunction (LVSD), defined as EF < 40% or narrative description of moderate or severe systolic dysfunction. These therapies are effective in a wide range of patients.

Reasons for not prescribing either agent include:

- Documented allergy or sensitivity to both ACEIs and ARBs
- Moderate or severe aortic stenosis
- Other reasons documented by the provider such as angioedema, hyperkalemia, hypotension, renal artery stenosis, and worsening renal

function/renal disease/dysfunction Documentation for not prescribing either agent must be explicit or clearly implied:

- Documentation of both a reason for not prescribing ACEI at discharge and a reason for not prescribing an ARB at discharge.
- Documentation for not prescribing an ARB at discharge and an ACEI allergy
- Documentation for not prescribing an ACEI at discharge and an ARB allergy

For more information about quality measures, contact Jill Smith, RN, Clinical Effectiveness, 253-426-6329 or [jillsmith@FHShealth.org](mailto:jillsmith@FHShealth.org).

### NATIONAL INITIATIVE, from page 1

more patient-centered, and result in more effective care teams. In all, more than 130 U.S. hospitals are involved in the initiative.

Concepts piloted and developed by teams of nurses at St. Francis and other participating hospitals will be shared with each other as “best practices”. Presentations will also be made at national professional conferences over the next three years.

Additionally, new ideas implemented at St. Francis could also be implemented at other Franciscan Health System hospitals.

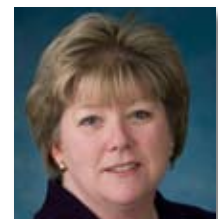
“Outcome measures of success were established at the onset of the project for patient-safety factors, such as fall rates and skin breakdown, as well as nurse retention and satisfaction,” says Kay Lanier, a registered nurse and

manager of the *Transforming Care at the Bedside* (TCAB) pilot unit at St. Francis Hospital.

Lucretia Shafer, a staff nurse at St. Francis, is excited about the opportunities presented by this effort. “I am being given a wonderful opportunity to influence my practice and patient care by participating in TCAB,” she said.

### Ideas welcomed, tested at St. Francis

St. Francis Hospital nurses, physicians, pharmacists, social workers and other caregivers are already designing, testing and evaluating new ways for doing things. For example, their ideas



Franciscan Chief Nursing Officer Laurie Brown spoke at the TCAB kickoff.

*Continued on page 5*

## News Briefs

### Two gastroenterology groups provide call coverage at four Franciscan hospitals

Two local gastroenterology groups now provide call coverage for unsigned emergency and inpatient gastroenterology patients at St. Joseph Medical Center, St. Anthony Hospital, St. Clare Hospital and St. Francis Hospital.

This model provides consistent coverage for the Franciscan facilities while allowing the physician groups to efficiently utilize their physician resources, Franciscan Health System Chief Operating Officer Cliff Robertson, MD, said in making the announcement.

Coverage for St. Anthony and St. Clare hospitals is provided by Tacoma Digestive Disease Center. Coverage for St. Joseph and St. Francis is provided by Digestive Health Specialists.



St. Anthony Hospital opened in March 2009.

### Campaign concludes; raises \$16 million for Gig Harbor hospital

The two-year Campaign for St. Anthony Hospital concluded June 30 and exceeded its \$10 million goal by raising just over \$11 million in pledges and contributions from individuals, companies and foundations to help build and equip Gig Harbor's new hospital that opened in March.

Additionally, the Franciscan

Foundation secured \$5 million in state-grant funding to help improve traffic access to the new hospital. With that, the total amount raised from all sources to benefit St. Anthony Hospital is \$16 million.

More than 1,300 donors contributed to the successful campaign to help fund a variety of St. Anthony Hospital needs.

### Franciscan Foundation gives to support community services

The Franciscan Foundation distributed approximately \$250,000 in community grants from July 2008 through June 2009 to a multitude of local organizations and programs that strive to create healthier communities.

The foundation uses unrestricted earnings on investments to support its annual community grants program. Between April and June 2009 alone, the Franciscan Foundation earmarked more than \$90,000 for organizations including St. Leo Emergency Services in Tacoma; Special Olympics of Washington; Reach Out (which provides shelter for homeless men in Federal Way); and the Healing Places Counseling Center.

Other recipients of Franciscan Foundation grants included the Enumclaw Regional Healthcare Foundation; Sisters of St. Francis Foundation; Associated Ministries of Tacoma-Pierce County; Communities in Schools of Tacoma; Tacoma-Area Coalition for Individuals with Disabilities; Emergency Food Network; Toy Rescue Mission; Trinity Neighborhood Health Clinic; Goodwill Industries of Tacoma; Read2Me; Tacoma-Pierce County Chaplaincy; Plateau Outreach Ministries; Honor My Wishes; University of Washington-Tacoma Nurse Scholarships; and Young Life's Military Family Camp at Malibu.



### Enumclaw Regional Hospital shines in 'Most Wired' survey

Enumclaw Regional Hospital is included on the list of the "Most Wired" hospitals in the nation for the fourth-consecutive year because of its use of advanced health information technology for operational efficiencies and quality patient care. The 2009 list was published in the July edition of *Hospitals & Health Networks* magazine, a national publication.

Enumclaw Regional is among 21 hospitals in Washington and Idaho that employ information-technology solutions from Inland Northwest Health Services (INHS) and which are identified as being the most technologically-advanced hospitals in the country, according to results of the annual Most Wired Survey and Benchmarking Study.

### Breast Cancer Navigator Program bridges language, cultural barriers to care

Franciscan's Breast Cancer Navigator Program offers free, culturally- and language-appropriate assistance to women from underserved populations.

If you are working with a woman who might benefit from specialized navigation services, then call us:

- Soon Ja Han, MD, serving Korean women: (253) 538-8352
- Doris Harris, serving African American and LGBTQ women: (206) 261-0132
- Eva Hernandez, serving Latina/Hispanic women: (253) 353-5502.



## **A** **DI guidelines for holding anticoagulants and anti-platelet agents**

Diagnostic imaging staff and physicians will use the following guidelines for holding anticoagulant medications and anti-platelet agents prior to interventional radiology procedures\*. These guidelines were recently revised and approved by the Radiology Leadership Team and will be brought back to the Sept. 11, 2009 meeting of the Franciscan PT&T Committee for final review:

- **Aspirin** (acetylsalicylic acid) – Off 5 days prior to procedure (Exception: Continue up until procedure for bare-metal coronary stent patients within 6 weeks of stent placement or drug eluting coronary stent patients within 12 months of stent placement.)
- **Coumadin** (warfarin) – Off 5 days prior to procedure (must bridge with low molecular weight heparin for high risk patients)
- **Plavix** (clopidogrel) – Off 5 days prior to procedure (Exception: Continue up until procedure for bare-metal coronary stent patients within 6 weeks of stent placement or drug eluting coronary stent patients within 12 months of stent placement.)
- **Pletal** (cilostazol) – Off 5 days prior to procedure
- **Aggrenox** (aspirin/extended-

release dipyridamole) – Off 5 days prior to procedure (Exception: Continue up until procedure for bare-metal coronary stent patients within 6 weeks of stent placement or drug-eluting coronary stent patients within 12 months of stent placement.)

- **NSAIDs** – Nonsteroidal anti-inflammatories (Aleve®, ibuprofen, naproxen, midol, excedrin, meloxicam (Mobic®), celecoxib (Celebrex®) – off 3 days prior to procedure
- **Fragmin** (dalteparin sodium)
  - 2,500-, 5,000- and 7,500-unit daily prophylactic doses -- off 12 hours prior to procedure
  - Higher treatment doses -- off 24 hours prior to procedure
- **Heparin**
  - 5,000 units daily to every 8 hours prophylactic doses -- off 6 hours prior to procedure
  - Drip – off 1-2 hours prior to procedure
- **Lovenox** (enoxaparin sodium) shot
  - 30 mg Q 12H or 40 mg daily prophylactic doses – off 12 hours prior to procedure
  - Higher treatment doses – off 24 hours prior to procedure

\*Contrast Dye: If procedure uses

contrast dye, please confirm that patient is not allergic to the dye or iodine. If procedure uses IV Contrast, please confirm whether patient is diabetic and whether he/she takes the oral medication metformin (glucophage). If patient takes this medication, they should hold the medication for 24 hours before and 48 hours after the procedure.

*Reference: Irwin, Richard S., et al. Antithrombotic and Thrombolytic Therapy; American College of Chest Physicians Evidenced-Based Clinical Practice Guidelines (8th Edition), Chest Supplement 2008; 133: 735-755.*

## **B** **Safety of insulin glargine (Lantus insulin) reviewed**

The FDA is aware of four recently-published observational studies that looked at the use of Lantus (insulin glargine) and possible risk for cancer in patients with diabetes. Three of the four studies suggest an increased risk for cancer associated with use of Lantus. See <http://www.diabetologia-journal.org/cancer.html>.

Based on the currently available data, the FDA recommends that patients should not stop taking their insulin therapy without consulting a physician since uncontrolled blood-sugar levels can have both immediate and long-term serious adverse effects.

Similar to human insulin, insulin

glargine is used to control blood sugar in people with Type 1 and Type 2 diabetes. Insulin glargine, however, is a modified version of human insulin that allows for the control of blood sugar for extended periods of time. Insulin glargine is approved for once-a-day dosage by subcutaneous injection.

The four observational studies evaluated large patient databases and all reported some level of association between the use of insulin glargine, and other insulin products, and various types of cancer. The duration of patient follow-up in all four studies was shorter than what is generally considered necessary to evaluate for cancer risk from drug exposure. Further, inconsistencies in findings within and across individual studies raise concerns as to whether an association between the use of insulin glargine and cancer truly exists. Additionally, differences in patient characteristics across the treatment groups may have contributed to a finding of increased cancer risk.

The FDA is currently reviewing many sources of safety data for Lantus, including these newly published observational studies, data from all completed controlled clinical trials, and information about ongoing controlled clinical trials, to better understand the risk, if any, for cancer associated with use of Lantus.

*Continued on page 5*



### OUR MISSION

To nurture the healing ministry of the Church by bringing it new life, energy, and viability in the 21st century. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we move toward the creation of healthier communities.

### OUR VISION

We are the South Sound's first choice for healing of mind, body and spirit.

### OUR STRATEGIES

Best Place to Heal  
Best Community Health Resource  
Best Place to Work  
Best Performance

### OUR VALUES

Reverence  
Integrity  
Compassion  
Excellence

## PHARMACY NEWS, from page 4

Discussions are also ongoing between the FDA and the manufacturer (Sanofi Aventis) of Lantus as to whether any additional studies evaluating the safety and efficacy of this drug will need to be performed.

The FDA will communicate the results of its ongoing review to the public, as appropriate, as its review continues. The federal agency encourages both health care professionals and patients to report side effects from the use of insulin glargine to the FDA's MedWatch Adverse Event Reporting.

Franciscan Health System does not have Lantus insulin on the Formulary at its hospitals. Instead, we interchange Lantus orders to Levemir insulin

### **C** Boxed warnings now required for Chantix and Zyban

The FDA has required the manufacturers of the smoking-cessation aids varenicline (Chantix®) and bupropion (Zyban® and generics) to add new boxed warnings and develop patient medication guides highlighting the risk of serious neuropsychiatric symptoms in patients using these products. Symptoms include changes in behavior, hostility, agitation, depressed mood, suicidal thoughts and behavior, and

attempted suicide.

The same changes to the prescribing information and medication guide for patients will also be required for bupropion products (Wellbutrin® and generics) that are indicated for the treatment of depression and seasonal affective disorder.

These added warnings are based on the continued review of post-marketing, adverse-event reports for varenicline and bupropion received by the FDA. These reports included those with a temporal relationship between the use of varenicline or bupropion and suicidal events and the occurrence of suicidal ideation and suicidal behavior in patients with no history of psychiatric disease. Some of these cases may have been confounded by symptoms typically seen in people who have stopped smoking and are experiencing withdrawal from nicotine.

Health care professionals should advise patients to 1) stop taking varenicline or bupropion and 2) contact a health care provider immediately if they experience agitation, depressed mood, and any changes in behavior that are not typical of nicotine withdrawal, or if they experience suicidal thoughts or behavior.

If varenicline or bupropion is

stopped due to neuropsychiatric symptoms, patients should be monitored until the symptoms resolve. Family members and caregivers should also be alerted to the potential for changes in mood or behavior and contact the health care provider if they observe these changes in the person taking varenicline or bupropion.

Varenicline and bupropion are effective smoking-cessation aids. The possible risks of serious adverse events occurring while using varenicline or bupropion should always be weighed against the significant health benefits of quitting smoking.

Information for health care professionals to discuss with patients, family members, and caregivers:

- Quitting smoking can decrease the chances of lung and heart disease and getting cancer. These important health benefits should be weighed against the small, but real, risk of serious adverse events with use of varenicline or bupropion.
- Worsening or recurrence of psychiatric illness. Patients should be told that some patients taking varenicline or bupropion have experienced worsening of their psychiatric illness, even when the illness was under control and

some patients have experienced a recurrence of a previous psychiatric illness when taking these drugs for smoking cessation.

- Unusual changes in mood and behavior. Patients should be instructed to contact their health care provider immediately if they observe or develop thoughts about suicide or attempting suicide, feel agitated, aggressive or violent and other unusual changes in mood or behavior.
- Some symptoms are to be expected when quitting smoking. Patients should be told that it is not unusual to have symptoms such as irritability, feeling anxious, depressed mood and trouble sleeping when they are withdrawing from nicotine, independent of whether they are taking varenicline or bupropion and that vivid, unusual, or strange dreams may occur while taking Chantix and are not a cause for alarm.
- Discuss other methods of quitting smoking if it is decided that varenicline or bupropion are not the best treatment options.

## NATIONAL INITIATIVE, from page 1

may improve patient admission and discharge processes, streamline documentation, improve patient “handoffs” among caregivers to ensure a quality continuum of care, and optimize use of routine but important patient-care protocols.

“We strive to be the best place to heal and the best place to work,” said St. Francis Hospital President Tony McLean. “As a result, we constantly chal-

lenge ourselves to further improve how we care for our patients and their families. Being part of the *Transforming Care at the Bedside Collaborative* is an opportunity for us to pilot ideas that will benefit

“I am being given a wonderful opportunity to influence my practice and patient care.”

—Lucretia Shafter, RN, St. Francis

those who entrust their care to us and those who provide that care.”

The Center for Health Care Quality at The George Washington University Medical Center School of Public Health and Health Services in Washington, D.C. serves as the national program office for the collaborative. Technical assistance is also provided by the American Organization of Nurse Executives.

## MEDICAL STAFF CALENDAR

### August

- 3 **Credentials Committee**, SJMC, 7 a.m., Bayview Conference Room  
**Journal Club**, SCH, cancelled, no lunch
- 4 **Neuro/Gamma Knife Conference**, SJMC, 7–8 a.m., Neuro/Gamma Knife Conference Room  
**CME Committee Meeting**, SJMC, cancelled
- 5 **Tumor Board**, SJMC, 7–8 a.m., Lagerquist C
- 6 **Pierce County Breast Care Conference**, Carol Milgard Breast Center, 7 a.m., 3rd floor Conference Center  
**FHS Medical Executive Committee**, 6 p.m., Washington State History Museum

- 10 **Journal Club**, SCH, cancelled, no lunch
- 11 **FIT/Emergency Dept Conference**, SJMC, 5:30 p.m., Lagerquist A & B. RSVP to Academic Affairs @ 253-426-6035.
- 12 **Tumor Board**, SJMC, 7–8 a.m., Lagerquist C
- 13 **Pierce County Breast Care Conference**, Carol Milgard Breast Center, 7 a.m., 3rd Floor Conference Center

- Grand Rounds**, SJMC, 12:30–1:30 p.m., cancelled for the Summer
- Breast Care Conference**, SFH, 12 p.m., Outpatient Conference Center
- 14 **Grand Rounds**, SFH, cancelled for summer
- 17 **Journal Club**, SCH, cancelled, no lunch
- 18 **Neuro/Gamma Knife Conference**, SJMC, 7–8 a.m., Neuro/Gamma Knife Conference Room  
**Neurological Sciences Grand Rounds**, SJMC, 6 p.m., Dining Rooms 1&2

- 19 **Tumor Board**, SJMC, 7–8 a.m., Lagerquist C
- 20 **SAH Medical Staff Operating Committee**, SAH, 7 a.m., Larson Conference Room A  
**Pierce County Breast Care Conference**, Carol Milgard Breast Center, 7 a.m., 3rd Floor Conference Center

- 21 **Tumor Board**, SFH, 12 p.m., Outpatient Center Conference Room
- 24 **Journal Club**, SCH, cancelled, no lunch
- 25 **Medical Research Evaluation Committee**, SJMC, 12 p.m., Lagerquist C

- 26 **SCH Medical Staff Operating Committee**, 6 p.m., Classrooms A&B
- 27 **Pierce County Breast Care Conference**, Carol Milgard Breast Center, 7 a.m., 3rd Floor Conference Center  
**Breast Care Conference**, SFH, 12 p.m., Outpatient Conference Center  
**Grand Rounds**, SJMC, 12:30–1:30 p.m., cancelled for the summer

- Performance Quality Leadership Group**, cancelled
- 28 **Grand Rounds**, SFH, cancelled for the summer

**Note:** SJMC=St. Joseph Medical Center; SFH=St. Francis Hospital; SCH=St. Clare Hospital; ERH=Enumclaw Regional Hospital; SAH=St. Anthony Hospital; MOB=Medical Office Building

# Franciscan Health System Connections

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- Genitourinary (GU) Conference**, SFH, 12 p.m., Outpatient Center Conference Room
- 31 **Tumor Board**, SCH, 8 a.m., Classrooms A&B  
**Journal Club**, SCH, cancelled, no lunch

### September

- 1 **CME Committee Meeting**, SJMC, 12:30–1:30 p.m., Bayview Conference Room  
**Neuro/Gamma Knife Conference**, SJMC, 7–8 a.m., Neuro/Gamma Knife Conference Room
- 2 **Tumor Board**, SJMC, 7 a.m., Lagerquist C
- 3 **Credentials Committee**, SJMC, 7 a.m., Bayview Conference Room

- Pierce County Breast Care Conference**, Carol Milgard Breast Center, 7 a.m., 3rd floor Conference Center
- 7 **Labor Day**, Medical Staff and Academic Affairs Offices closed  
**Journal Club**, SCH, 12:30–1:30 p.m., cancelled, no lunch

- 9 **Tumor Board**, SJMC, 7 a.m., Lagerquist A&B
- 10 **Pierce County Breast Care Conference**, Carol Milgard Breast Center, 7 a.m., 3rd floor Conference Center  
**Grand Rounds**, SJMC, 12:30–2 p.m., “Robotic Thoracic Surgery”, Baiya Krishnadasan, MD, Lagerquist A&B

- Breast Care Conference**, SFH, 12 p.m., Outpatient Conference Center
- FHS Medical Executive Committee**, SJMC, 6 p.m., Lagerquist A&B
- 11 **PT&T Committee**, SJMC, 7 a.m., Lagerquist A  
**Grand Rounds**, SFH, 12:15–1:15 p.m., “Atrial Fibrillation/Robotics,” Thomas Molloy, MD, MOB Conference Room

- 14 **Grand Rounds**, SCH, 12:30–1:30 p.m., “Sore Throat, Voice Loss, Cough, and Globus—Unusual Manifestations of Acid Reflux,” Robert Wright, MD, Classrooms A&B

- 15 **Neuro/Gamma Knife Conference**, SJMC, 7–8 a.m., Neuro/Gamma Knife Conference Room

- Neurological Sciences Grand Rounds**, SJMC, 6 p.m., Lagerquist A&B
- 16 **Tumor Board**, SJMC, 7 a.m., Lagerquist C
- 17 **Pierce County Breast Care Conference**, Carol Milgard Breast Center, 7 a.m., 3rd Floor Conference Center

- 18 **Tumor Board**, SFH, 12 p.m., Outpatient Conference Center
- 21 **Bariatric M&M Conference**, SFH, 7 a.m., Education Room  
**Grand Rounds**, SCH, 12:3-1:30 p.m., “Robotic Thoracic Surgery”, Baiya Krishnadasan, MD, Classrooms A&B

- 22 **Medical Research Evaluation Committee**, SJMC, 12 p.m., Dining Rooms 1&2
- 24 **Performance Quality Leadership Group**, SJMC, 7:30 a.m., Lagerquist A  
**Pierce County Breast Care Conference**, Carol Milgard Breast Center, 7 a.m., 3rd floor Conference Center

- Grand Rounds**, SJMC, 12:30–1:30 p.m., “Perspectives on Bipolar Disorder: Diagnostic and Treatment Challenges”, George Jackson, III, MD, Lagerquist A&B
- Breast Care Conference**, SFH, 12 p.m., Outpatient Conference Center

- 25 **Grand Rounds**, SFH, 12:15-1:15 p.m., Topic TBA, MOB Conference Room
- 28 **Tumor Board**, SCH, 8–9 a.m., Classrooms A & B  
**Journal Club**, SCH, 12:30–1:30 p.m., Classrooms A & B

- 29 **LEAN Health Care Journal Club**, SJMC, 5:30–6:30 p.m., Dining Rooms 1&2, RSVP to Academic Affairs @ 253-426-6035.
- 30 **Grand Rounds**, SAH, 7–8 a.m., “Atrial Fibrillation/Robotics,” Thomas Molloy, MD, Smalling Family Education Center  
**New Physician Orientation Breakfast**, SJMC, 7:30 a.m., Dining Rooms 1&2

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