

# Franciscan Health System Connections

July  
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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## Chief Medical Officer Mike Newcomb is leaving Franciscan after 10 years

### A search is underway for his successor

MIKE NEWCOMB, DO, SENIOR VICE president and chief medical officer for the Franciscan Health System for 10 years, has announced his resignation effective July 31.

He will become a senior vice president at Legacy Health System in Portland, Ore.

“Mike has made many significant contributions to Franciscan since he joined us in 1999,” Franciscan Chief Executive Officer Joe Wilczek said in announcing Dr. Newcomb’s departure on June 17. “He has been a tireless champion for engaging the Medical Staff to provide the best possible patient care and service for our community.”



M. Newcomb, DO

Dr. Newcomb’s accomplishments at Franciscan include:

- Establishment of the Tacoma Trauma Trust, a comprehensive Level II trauma program in cooperation with MultiCare Health System and Madigan Army Medical Center

- Development of the Franciscan Inpatient Team from a group of 12 physicians and physician assistants to more than 50 providers who deliver more than 75 percent of the medical care in the five Franciscan hospitals
- Development of the intensivist program to manage the critical care program
- Providing clinical input for the design and development of St. Anthony Hospital in Gig Harbor
- Developing the Joint Camp program at Franciscan hospitals while he led the orthopedic service line
- Launching the successful Franciscan Spine Clinic based at St. Joseph Medical Center.

“Any personal contribution I may have made to all we’ve done has only been possible through the collaborative efforts of so many at all levels of the organization,” Dr. Newcomb said (*see his final Medical Staff Update column on page 3*).

A successor to Dr. Newcomb is yet to be named.

### Medical Research Evaluation Committee seeks members

The Medical Research Evaluation Committee (MREC) seeks physicians to join its multidisciplinary Medical Staff committee that reviews and approves research conducted by Medical Staff members, community physicians and students.

For more information, contact Penelope Arnold (MREC support assistant) at 253-426-6257 or MREC Chair Mike Bonck at 253-426-6692.

+ CATHOLIC HEALTH INITIATIVES

**Franciscan Health System**

## MEDICAL STAFF LEADERSHIP

FHS Medical Executive Committee

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<b>Donald D. Lee, MD</b> Vice President-elect, SCH	<b>William K. Hirota, MD</b> Vice President, SJMCC
<b>Peter Y. Chen, MD</b> Member-at-Large, SCH	<b>Juan C. Iregui, MD</b> Vice President-elect, SJMCC
<b>Ann M. Lee, MD</b> Member-at-Large, SCH	<b>Gabriel Y. Lee, MD</b> Member-at-Large, SJMCC
<b>John S. Wendt, MD</b> Vice President, SFH	<b>William F. Roes, MD</b> Vice President, SAH
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FHS Credentials Committee

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<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

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<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

**Jason W. Allen, MD**  
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.

## Celebrating Medical Staff members and their perfect CMS compliance

WITH THIS EDITION, WE introduce a new feature called Club 100. This special feature will acknowledge Franciscan Medical Staff members who achieve three-consecutive months of 100 percent compliance with CMS-established clinical quality measures for acute myocardial infarction (AMI), pneumonia, heart failure and the Surgical Care Improvement Project (SCIP).

Performance on these quality measures is compiled from the provider report cards.

Every quarter, we will publish the names of the Club 100 members for the previous three-month period. Our

inaugural list, published here, is for the period of July through December 2008.

Additionally, we will include in every month's edition of this newsletter a Club 100 QuickTip (*see page 7*). The Quick Tip feature will provide useful information to help all Medical Staff members achieve 100 percent clinical indicator compliance. These tips are offered by Jill Smith, RN, project manager for the Franciscan Clinical Effectiveness Department.

For more information about Club 100, contact Trisha Isaman, director of Franciscan Quality, Clinical Effectiveness, and Medical Staff Services, at 253-426-6744, or by email at [patriciaisaman@FHShealth.org](mailto:patriciaisaman@FHShealth.org).

## Congratulations to Franciscan's Club 100 members

July through December 2008

Aruna Adakkalam, MD Jameel Ali, MD Kayvon Alizadeh, MD Gerald W. Anderson, MD Julian S. Arroyo, MD Berhane Asfaw, MD Khalid Aslam, MD Trimble S. Augur, MD Mohammad Q Baig, MD John H. Bargren, MD W. Joseph Barrett, DPM Sean T. Baxter, MD Clifton Ty Baylor, MD W. Brandt Bede, MD Teresa D. Bell, MD Sabrina A. Benjamin, MD Steven M. Berger, MD Ryan A. Bierman, DPM Ulrich Birkenbach, MD John M. Blair, MD Sanders S. Blakeney, MD Christopher D. Bock, DPM Gregory Brammer, MD Kenneth R. Brewer, DPM Kimberly Brooker, MD Peter G. Brown, MD Charles P. Buck, MD Jennifer J. Burtner, MD David A. Cameron, MD Clare L. Cammarano, MD John A. Campbell, MD Michael K. Cavanagh, PA-C Todd L. Chambers, MD Pamela S. Charboneau, ARNP Pawan Chawla, MD Peter Y. Chen, MD Tobun Toby Cheung, MD Youl Choi, MD Ifrikhar A. Chowdhry, MD David G. Clark, MD Stephen G. Cook, MD Lisa L. Coons, PA-C Jeffrey S. Cooper, MD Jeffrey M. Cortazzo, MD Paul D. Coulter, DPM Jos A. Cove*, MD Anja Crider, MD	Thomas L. Cross, DO Marco Cruz, MD Eve S. Cunningham, MD Randal C. Cupp, PA-C Mary Hardaway Czuk, MD Michael S. Davidov, MD Douglas T. Davidson, MD A. Joseph Dawood, MD John N. Diaconou, MD Omar K. Dorzi, MD Jennifer Y. C. Edgoose, MD Robert L. Evans, MD Chad Farley, DPM Mi Hee Feldbush, ARNP Terry J. Felts, DPM Cynthia A. Fenberg, DPM Randolph C. Fish, DPM Michael J. Flammoe, PA-C Susie Flink, MD John W. Forage, MD Austen E. Freeda, MD Stephen E. Friedrich, MD Lore Friend, MD Carol L. Fromhart, PA-C Zheng Ge, MD, PhD Erik M. Gerdas, MD Emad N. Girgis, MD George F. Gleva, MD Kris Godlewski, MD Richard E. Gray, MD Stephen D. Haggard, DPM Ellen M. Hardin, MD Melissa S. Hong, DPM Yi Hsieh, MD, FACS David H. Hunter, MD Byron L. Hutchinson, DPM Juan C. Iregui, MD Manuel G. Iregui, MD Robert W. Jensen, MD W. Michael Johnson, MD Seth S. Josepher, MD Richard A. Kahlstrom, MD Venkatesh R. Kandallu, MD Michael Joseph Kelly, MD David R. Kennel, MD Thomas S. Keskey, MD Peter R. Kesling, MD	Deborah J. Ketterer, DPM David M. Kieras, MD Kyong Ho Kim, DO Rickey D. King, MD Lance W. Kirkegaard, MD Arthur R. Knodel, MD Nikolay G. Kolev, MD Kelvin L. Krank, MD Samakshi Krishna, MD Uma Krishnan, MD Cora E. Krouse, PA-C Peter E. Krumins, MD Mathew Kummerfeldt, PA-C Sean S. Laghaeian, DPM Katherine S. Landy, MD Theodore K. Lau, MD Edward J. LeDoux, MD Ann M. Lee, MD Ling Lee, MD Roger B. Lee, MD Tobias T. Lee, MD John P. Lenihan, MD Enrique C. Leon, MD Eric Leonheart, DPM Felix V. Leshchinsky, MD Paul A. Lester, MD Val A. Lev, MD, PhD Mark T. Lewis, DPM Neville A. Lewis, MD Suyang Li, MD Eddie P. Lo, DPM Fredric T. Lo, MD Erin J. Longley, MD Edwin C. Lopez, PA-C Mark A. Ludvigson, MD Laura N. Luu, ARNP Vinh D. Luu, MD Vinay Malhotra, MD Meagan A. Manning, ARNP Randall C. Mapes, MD Michael J. Martin, MD James C. Mason, MD James P. McMahon, PA-C Hay S. Meas, MD Sharon Lee Metcalf, MD Matthew T. Metsker, PA-C Joshua S. Meyer, PA-C	Barbara S. Mezger, MD Milan S. Moore, MD Marc W. Mora, MD Lori J. Morgan, MD William J. Morris, MD Albert C. Morriss, PA-C David R. Munoz, MD Nellie Nanda, MD Craig A. Nattkemper, DO Michelle J. Nelson, PA-C Lee J. Newkirk, MD Cuong P. Nguyen, MD Ha Q. Nguyen, DPM Gavind H. Niamatali, MD Christopher M. Nichols, MD Judith D. Nielsen, MD Ki H. Oh, MD Robert W. Osborne, MD J. Chris Osgood, MD Robert Ostericher, MD In Kwon Park, MD Raju Patel, DO David K. Patterson, MD Stacey L. Perry, DPM Edson G. Ponraj, MD Stephen E. Poore, MD Dana W. Pope, MD Clifford A. Porter, MD Susan L. Powell, MD Venkata A. Punyapu, MD Navdeep S. Rai, MD Nicholas Rajacich, MD Babu Rajendran, MD Maggie L. C. Ray, MD Patrick J. Reagan, MD Joseph W. Regimbal, MD Luke Regua, PA-C Amy K. Richardson, DPM Joseph A. Robinette, MD Myong J. Roe, MD Craig T. Romney, MD John H. Rowlands, MD Stephen C. Ryan, MD Heather L. Saiton, DPM Bonnie J. Sand, MD Thomas J. Sawyer, MD
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## Change and transition are this summer's themes

As we get into summer I hope all of you are finding the time to enjoy the best that the Pacific Northwest has to offer. I want to provide a couple updates that will have a significant impact on the Franciscan Health System.

### Inpatient Team leadership broadened

As many of you know the Franciscan Inpatient Team has expanded dramatically over the last several years to keep up with the pace of our system's growth both in number of patients served and in new facilities.

In order to provide better local leadership, we have instituted the position of Associate Medical Director that identifies one person as the go-to individual for campus-specific concerns related to our Inpatient Team. The following individuals represent their campuses:

- Lorette Meske, MD—St. Joseph Medical Center
- Vidya Menon, MD—St. Francis Hospital
- Lance Kirkegaard, MD—St. Clare Hospital
- Adam Kassner, MD—St. Anthony Hospital

This change, along with continued leadership by Inpatient Team Medical Director Maureen Nuccio, MD, and Assistant Medical Director Michael Joseph Kelly, MD, will enable us to provide better campus-by-campus leadership and achieve performance improvements.

At Enumclaw Regional Hospital we continue to work with the local community internists who have expressed a desire to provide inpatient services on a long term basis. Hopefully we'll be able to finalize an agreeable arrangement with them in the near future.

### Medical Staff Bylaws are changing

We are considering several changes to the Medical Staff Bylaws, some of which you may have heard about. In order to provide all of these to you in a timely fashion, we have delayed their approval until they have been

reviewed for comment by our Medical Staff members. Here is a summary:

In addition to the requirement to time all medical record entries being imposed by the Joint Commission and the Centers for Medicare and Medicaid Services, we have changed the requirement for progress notes so that they are written daily. However, we have allowed that a patient may be discharged from the hospital within 24 hours of the last progress note so long as the appropriate discharge order is entered into the record.

To ensure that all our medical records are completed in a timely manner, we have slightly modified our requirement for completion and suspension in the case of incomplete records. We continue to require suspension of any practitioner who has 20 or more delinquent records (i.e., not completed within 30 days after the patient's discharge).

Additionally, we will be instituting a requirement suspending physicians if they have any incomplete medical record 60 days after the patient is discharged. This change was requested by the Medical Executive Committee at its May 2009 meeting.

### Farewell to Lori Morgan, MD

Lori Morgan, MD, medical director for the Tacoma Trauma Service, will be leaving the position effective July 31, 2009. She has provided exceptional clinical and administrative leadership since inception of the Level II trauma service in 2000. It has grown into a program recognized in Washington State and nationally as a unique, three-hospital (St. Joseph Medical Center, Tacoma General Hospital,

Madigan Army Medical Center) trauma team that provides vital, outstanding care.

Meanwhile, I am pleased to announce that Robert Jacoby, MD, will succeed Dr. Morgan as leader of the Tacoma Trauma Service.

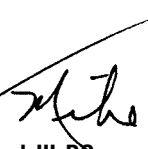
### My personal thanks to everyone

As you know, this is my last column for this newsletter. For over 10 years, it has been my distinct honor to be a member of the Senior Leadership Team and the Chief Medical Officer of the Franciscan Health System.

I have been privileged to work with the finest group of senior health care executives, physicians, health care providers and staff imaginable and I think everyone on the team, both past and present, can be justifiably proud of the remarkable things we've accomplished, at times under extremely trying circumstances.

Any personal contribution I may have made to all we've done has only been possible through the collaborative efforts of so many at all levels of the organization. Nevertheless, the time has come for me to pursue new challenges and opportunities outside the Franciscan Health System.

Please accept my heartfelt thanks and best wishes for a bright and successful future.



**Everett W. Newcomb III, DO**  
 Senior Vice President & Chief Medical Officer  
 (253) 426-6974  
 mikewnewcomb@FHShealth.org

## TRA, Franciscan open imaging center in Federal Way

TRA MEDICAL IMAGING (TRA) AND Franciscan Health System have teamed up to launch a state-of-the-art outpatient medical imaging center in Federal Way.

Called Medical Imaging on 1st, the new center at 33915 1st Way S. opened on Monday, June 29. It offers the latest in high-field Open MRI and 64-slice CT, providing patients with significant improvements in care and comfort, coupled with advanced imaging technology.

The scheduling number is **253-815-1231**.

Medical Imaging on 1st is the only local clinic with a truly open high-field MRI. For the first time, the Hitachi Oasis Open Magnetic Resonance Imaging (MRI) provides the diagnos-

tic benefits of a regular strength MRI with the spaciousness and comfort of an Open MRI. The Oasis Open MRI is ideal for people who suffer from anxiety or claustrophobia in traditional high-field machines. As well as an unobstructed left-to-right view, the imaging system offers a full spectrum of capabilities, including more rapid orthopedic, neurological and vascular studies.

The new medical imaging center also features a 64-slice CT scanner for outstanding patient care. The Aquilion® 64 from Toshiba America Medical Systems, an advanced computed tomography (CT) system, can quickly scan any part of the body in seconds. This makes it easier for patients who are unable to hold their breath.

The new system delivers clinical images with multislice technology that captures up to 64 anatomical slices in a single rotation. As a result, Toshiba's 64-slice CT scanner captures more accu-

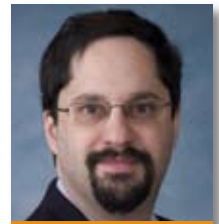
rate and precise images of internal structures, including the body's rapidly moving organs like the lungs that appear blurry

when scanned by a traditional CT.

"On behalf of everyone in the TRA family, we are proud to team up with Franciscan Health System, a leader in health care in the region," said Daniel N. D. Heller, MD, a board-certified radiologist for TRA Medical Imaging and medical director for the new imaging center.

"This partnership will allow us to provide South King County residents with access to leading technology in medical scans. The improved precision and speed of the CT and more comfortable design of the MRI will make a significant difference in the lives of our

*Continued on page 7*



D. Heller, MD

## News and Updates

### Tacoma gastroenterologist co-authors article in *Journal of Medicine*

Gastroenterologist Michael B. Kimmey, MD, who is with the Tacoma Digestive Disease Center and is a member of the Franciscan Medical Staff, co-authored an article titled "Radiofrequency Ablation in



M. Kimmey, MD

Barrett's Esophagus with Dysplasia" published in the May 28, 2009 edition of the *New England Journal of Medicine*.

The article focused on the results of clinical trials at 19 sites across the nation. The article concluded that

"in patients with dysplastic Barrett's esophagus, radiofrequency ablation was associated with a high rate of complete eradication of both dysplasia and intestinal metaplasia, and a reduced risk of disease progression."

The *New England Journal of Medicine* is available through the Franciscan Medical Library at 253-426-6778 or contact Librarian Brynn Beals via email at [brynnbeals@FHShealth.org](mailto:brynnbeals@FHShealth.org).

### Franciscan Foundation bids a fond farewell to Bob Krotz

Bob Krotz, who served as president of the Franciscan Foundation from 1988 until 2007, will retire effective July 3. He has most recently served



B. Krotz

as senior development officer for the Campaign for St. Anthony, which raised \$15.5 million to benefit Franciscan's new acute-care hospital in Gig Harbor.

In his first year as president, the Franciscan Foundation raised \$180,000 from 256 donors. Last year, the Foundation received \$11.2 million from more than 6,600 donors.

### Regional director named for perioperative services

Renae Battie, RN, MN, CNOR, has been named Franciscan's regional director for perioperative services.

Most recently, she served as director of perioperative services at Swedish Medical Center in Seattle. She is based at St. Joseph Medical Center. Office: 253-426-6432.



## **A Update: Chlorothiazide (Diuril®) Injection**

**Background:** Chlorothiazide (IV) and furosemide (IV) combination drip are also known colloquially as the "Whiz Drip". This combination drip was anecdotally designed by a former nephrologist in the 1980s. Currently, the combination drip is being used mostly by intensivists for ICU patients who are oliguric and resistant to large, intermittent furosemide doses. There is no evidence in the literature demonstrating effectiveness of the combination drip.

This issue was discussed again by the Joint P&T Committee following feedback gained from the majority of intensivists, nephrologists and cardiovascular surgeons, the majority of whom do not support the use of combined furosemide and chlorothiazide infusions.

**Action:** The committee made the following decisions concerning this issue:

- Chlorothiazide and furosemide combination continuous infusions can no longer be used for refractory edema.
- Use furosemide continuous infusion as the first-line therapy for refractory edema. The highest furosemide dose used in clinical studies has been 2,000 mg per day.
- More-potent thiazides, such as metolazone or hydrochlorothiazide, should be used in combination with

a loop diuretic for patients with refractory edema or furosemide-resistance and tolerate oral medications. Administration via a tube is acceptable.

- Start low (2.5 mg daily of metolazone or 25 mg daily of hydrochlorothiazide) and titrate up to the goal urine output to avoid profound hemodynamic instability or electrolyte disturbances. In urgent situations and carefully monitored settings, a loading dose of metolazone 10-20 mg may be used.
- Furosemide continuous infusion in combination with a thiazide should be reserved for second-line therapy due to its profound impact on electrolyte imbalances and uncertain additional benefits.
- Reserve chlorothiazide injection for patients who are strictly NPO and have no tube access. In these cases, a one-time trial of 500 mg chlorothiazide IV in combination with furosemide continuous infusion may be used. The one-time 500 mg dose may be administered as a bolus dose or continuous infusion (separate from furosemide) in hemodynamically unstable patients. Continued use must be re-evaluated after the one-time dose of chlorothiazide.

## **B Update: Conivaptan (Vaprisol®)**

**Background:** At the Oct. 19, 2006 Joint P&T Committee meeting, conivaptan was added to the Formulary but restricted to neurologists, gastroenterologists and intensivists for the treatment of hypervolemic hyponatremia caused by SIADH. Since then, nephrologists have requested to be approved providers to use this agent.

**Action:** The Joint P&T Committee updated the approval guidelines to include nephrologists at its June 18, 2009 meeting.

## **C Formulary Re-Reviews**

### ■ Sitagliptin (Januvia®) added to Formulary

Sitagliptin is indicated as an adjunct to diet and exercise to improve glycemic control in patients with Type 2 diabetes mellitus. It was reviewed for Formulary addition in February 2007. The recommendation was not to add the drug to the Formulary. It was re-reviewed in October 2007 and again not added. Since then, there have been a number of new trials supporting efficacy and safety of this agent. Non-formulary use has been consistent over the past two years. The Joint P&T Committee added sitagliptin to the Formulary.

### ■ Modafinil (Provigil®) added to Formulary

Modafinil was originally FDA-approved to improve wakefulness

in adults who experience excessive sleepiness (ES) due to narcolepsy. It was reviewed in February 2002 but not added to formulary. Since then there have been additional trials supporting safety and efficacy in narcolepsy. Also since that time it has gained additional indications including improving wakefulness in adults who experience ES due to obstructive sleep apnea (OSA) and shift work sleep disorder. There are multiple trials in the literature supporting safety and efficacy in these indications. The committee added modafinil to the Formulary.

### ■ Atomoxetine (Strattera®) added to Formulary

Atomoxetine is indicated in the treatment of ADHD. It was reviewed for the Formulary in February 2003 but, based on the limited number of controlled studies and the lack of direct comparison studies, it was not added to the Formulary. Since then, there have been a number of new trials supporting efficacy and safety in ADHD. It has also been studied in a number of off-label indications, including ADHD with various comorbid conditions, in cognitive impairment with schizophrenia, binge eating disorder, weight reduction, Tourette syndrome, narcolepsy, nocturnal enuresis, and as adjunctive therapy in major depression and fibromyalgia. The committee added atomoxetine to

*Continued on page 6*



### 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 5  
the Formulary.

**D Desvenlafaxine (Pristiq®):  
Therapeutic interchange to  
Venlafaxine ER (Effexor ER®)**

**Background:** Desvenlafaxine succinate (Pristiq®) is an oral antidepressant of the serotonin-norepinephrine reuptake inhibitor (SNRI) class. It is the major active metabolite of venlafaxine (Effexor®). Desvenlafaxine is FDA approved for major depressive disorder (MDD) and pending approval for vasomotor symptoms associated with menopause. Desvenlafaxine is currently being evaluated in Phase III trials as a potential treatment option for pain associated with peripheral diabetic neuropathy and fibromyalgia syndrome. The Joint P&T Committee originally denied Formulary status in June 2008 for this agent and did not approve a therapeutic interchange to venlafaxine ER (Effexor ER®).

**Action:** The committee again decided not to add this agent to the Formulary but to interchange desvenlafaxine to venlafaxine ER for all patients except those who bring their own desvenlafaxine to the hospital. See Table A.

**E Update: Fenofibrate  
therapeutic interchange now  
includes Trilipix®**

Fenofibrate is approved for use as an adjunct to diet for the treatment of adults with very high serum triglyceride levels (e.g., Types IV and V hyperlipidemia) not controlled by diet alone and who are at risk of pancreatitis. The therapeutic interchange was updated as shown in Table B.

**F Update: 32% W/V Dextran  
70 in 10% W/V Dextrose  
(Hyskon®)**

**Background:** Hyskon® (32%

Dextran 70) is a viscous solution used intra-abdominally in pelvic laparotomy and laparoscopy cases to prevent abdominal cavity adhesions. It is no longer being manufactured. The evidence for using fluid or gel instillates to prevent adhesion post gynecological surgery is controversial.

**Action:** The committee removed this agent from the Formulary with no replacement. GYN surgeons were queried and agreed with this decision.

**G Factor 7a (Novoseven®):  
Consolidation of trauma and  
non-trauma orders**

**Background:** Trauma surgeons requested that the trauma and non-trauma Factor 7a orders sets be combined into one order set for both purposes. The combined order set was presented to the Joint P&T Committee at the June 18, 2009 meeting.

**Action:** The Joint P&T Committee agreed with the changes and there is now one order set for both purposes. It will be available shortly on the Franciscan Health System web portal.

**H Re-Review: Quetiapine  
XR (Seroquel XR) Therapeutic  
Interchange**

**Background:** Quetiapine XR is FDA-approved for acute and maintenance treatment of schizophrenia. Off-label uses include bipolar disorder, delirium, refractory obsessive-compulsive disorder, Parkinson's disease with psychotic symptoms, and post-traumatic stress disorder. Quetiapine XR, FDA-approved for schizophrenia in May 2007, can be safely and effectively transitioned from the extended-release to the regular-release formulation, or vice versa, provided that it is divided into twice daily dosing at the same total daily

**Table A**

Ordered Medication	Therapeutic Interchange
Desvenlafaxine (Pristiq®) 50 mg 1 daily with or without food	Venlafaxine ER (Effexor XR®) 150 mg 1 daily with food
Desvenlafaxine (Pristiq®) 100 mg 1 daily with or without food	Venlafaxine ER (Effexor XR®) 150 mg 1 daily with food

**Table B**

Ordered Medication	Therapeutic Interchange
Fenofibrate (Tricor®) Oral (adults) 48 mg PO any schedule 145 mg PO any schedule	FENOFIBRATE Oral (adults) 67 mg PO same schedule 134 mg PO same schedule
FENOFIBRATE (Lofibra®) Oral (Adults) 54 mg PO any schedule 67 mg PO any schedule 134 mg PO any schedule 160 mg PO any schedule 200 mg PO any schedule	FENOFIBRATE Oral (adults) 67 mg PO same schedule 67 mg PO same schedule 134 mg PO same schedule 134 mg PO same schedule 134 mg + 67 mg PO same schedule
Fenofibrate (Antara®) Oral (adults) 43 mg PO any schedule 130 mg PO any schedule	FENOFIBRATE Oral (adults) 67 mg PO same schedule 134 mg + 67 mg PO same schedule
FENOFIBRATE (Triglide®) Oral (adults) 50 mg PO any schedule 160 mg PO any schedule	FENOFIBRATE Oral (adults) 67 mg PO same schedule 134 mg + 67 mg PO same schedule
Fenofibrate (Lipofen®) Oral (adults) 50 mg PO any schedule 100 mg PO any schedule 150 mg PO any schedule	FENOFIBRATE Oral (adults) 67 mg PO same schedule 134 mg PO same schedule 134 mg PO same schedule
Fenofibrate (Fenoglide®) Oral (adults) 40 mg PO any schedule 120 mg PO any schedule	FENOFIBRATE Oral (adults) 67 mg PO same schedule 134 mg PO same schedule
Fenofibrate Delayed Release (Trilipix®) Oral (adults) 45 mg PO any schedule 135 mg PO any schedule	FENOFIBRATE Oral (adults) 67 mg PO same schedule 134 mg + 67 mg PO same schedule

dose if on the XR tablet, or dosed once daily if on the immediate-release tablets and interchanged to XR tablets once daily.

Quetiapine XR has been widely marketed for its once daily dosing regimen to increase adherence, which is a common barrier to treatment in this patient population. Originally when this issue was reviewed a year ago, the regular-release tablets were more cost-effective at higher doses. That is no longer the case. XR tablets are more cost-effective at any strength. Generic quetiapine will not be available for another 1-2 years.

**Action:** The Joint P&T Committee reversed the current therapeutic interchange from quetiapine XR-to-quetiapine, to therapeutically interchange quetiapine non-timed release tablets to quetiapine XR by administering the total daily dose of the XR tablets as show in Table C (page 7). When generic quetiapine comes on the market, re-review and reverse the interchange if it is more economical to use generic non-timed release tablets.

*Continued on page 7*

**PHARMACY NEWS**, from page 6

**1 Clopidogrel (Plavix®) and Proton Pump Inhibitor Interaction**

**Background:** The results of the Clopidogrel Medco Outcomes Study presented during the Society for Cardiovascular Angiography and Interventions (SCAI) Annual Scientific Session found that patients taking both clopidogrel and a proton pump inhibitor (PPI) experienced a 50% increase in the combined risk of hospitalization for heart attack, stroke, unstable angina, or repeat revascularization.

This is thought to be due to the drug interaction between proton pump inhibitors and clopidogrel. It is not known at this time if this is a class effect. It appears to be safer to use an H2 antagonist instead of a proton pump inhibitor if a patient

requires gastrointestinal protection while on clopidogrel (Plavix®).

**Action:** The committee agreed with the recommendation to use an H2 antagonist instead of a PPI if patient is on a PPI and requires Plavix. Also, the committee decided that this conversation needs to occur between the prescriber and the pharmacist rather than as an automatic interchange.

**J Update: Levalbuterol (Xopenex®)**

**Background:** The Joint P&T Committee discussed the decision made at its previous meeting to approve levalbuterol for patients who were previously on this agent at home and for those with labile cardiac conditions. Further research of the literature demonstrates that, in studies, levalbuterol

has a modest decreased effect on heart rate compared to albuterol, usually in the 4-6 beats per minute range. That is not clinically significant.

**Action:** The committee changed its original approval to include levalbuterol only for patients stabilized on it at home and to trial half-dose albuterol (1.25 mg) for

labile cardiac patients. If a patient does not tolerate the half-dose albuterol, then levalbuterol can be used. Heart rate differences should be monitored when levalbuterol is instituted, and if, after 24 hours there is no appreciable difference compared to rates when the patient was on albuterol, the patient can be switched back to albuterol.

**Table C**

Ordered Medication	Therapeutic Interchange
Quetiapine (Seroquel®) 50 mg PO BID	Quetiapine XR (Seroquel XR®) 100 mg PO daily
Quetiapine (Seroquel®) 100 mg PO BID	Quetiapine XR (Seroquel XR®) 200 mg PO daily
Quetiapine (Seroquel®) 150 mg PO BID	Quetiapine XR (Seroquel XR®) 300 mg PO daily
Quetiapine (Seroquel®) 200 mg PO BID	Quetiapine XR (Seroquel XR®) 400 mg PO daily
Quetiapine (Seroquel®) 300 mg PO BID	Quetiapine XR (Seroquel XR®) 600 mg PO daily

**Club 100 Quick Tip**

**Surgical Care Improvement Project (SCIP): Vancomycin in surgical patients**

VANCOMYCIN IS NOT recommended for routine prophylactic antibiotic use because of the potential for development of antibiotic resistance.

Specific written documentation of provider justification is required to meet this quality measure.

Indications:

- B-lactam allergy (PCN or cephalosporin)
- MRSA colonization or infection
- Chronic wound care or dialysis
- Acute inpatient hospitalization,



nursing home or extended care facility within the last year

- Continuous inpatient stay more than 24 hours prior to procedure
- Transfer from another inpatient hospitalization after a 3-day stay
- Increased MRSA rate; facility or operation-specific
- Valve surgeries

For more information about SCIP and quality measures or for a prophylactic antibiotic selection pocket guide: Contact Jill Smith, RN, project manager, Department of Clinical Effectiveness, 253-426-6329 or via email at [jillsmith@FHShealth.org](mailto:jillsmith@FHShealth.org).

**CLUB 100 MEMBERS**, from page 2

- |                              |                                |
|------------------------------|--------------------------------|
| Kevin P. Schoenfelder, MD    | Michael K. Thompson, MD, FACEP |
| Erica Y. Scott, MD           | W. Frederick Thompson, MD      |
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| Stephen Sim, MD              | James M. Wagner, MD            |
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| James R. Taylor, MD          |                                |
| Sarah M. Templin, ARNP       |                                |

**IMAGING CENTER**, from page 4

patients.”

St. Francis Hospital in Federal Way also continues to provide a full range of inpatient and outpatient diagnostic imaging services, including 1.5T (closed bore) MRI and eight- and 16-slice CT. The hospital's scheduling number is **253-944-4133**, option 1.

## MEDICAL STAFF CALENDAR

### July

- 1 **Tumor Board**, SJMC, 7–8 a.m., Room C  
Medical Staff Operating Committee, SFH,  
6 p.m., Outpatient Conference Room
- 2 **Pierce County Breast Care Conference**,  
Carol Milgard Breast Center cancelled
- 6 **Credentials Committee**, SJMC, 7 a.m.,  
Bayview Conference Room
- Journal Club**, SCH, 12:30–1:30 p.m.,  
Classrooms A&B
- 7 **Neuro/Gamma Knife Conference**, SJMC,  
7–8 a.m., Neuro/Gamma Knife  
Conference Room
- CME Committee**, SJMC, 12:30–1:30 p.m.,  
Dietary Conference Room
- 8 **Tumor Board**, SJMC, 7–8 a.m.,  
Dining Rooms 1&2
- 9 **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
- FHS Medical Executive Committee**  
cancelled
- 10 **PT&T Committee**, SJMC, 7 a.m., Room A
- 13 **Journal Club**, SCH, 12:30–1:30 p.m.,  
Classrooms A&B
- 15 **Tumor Board**, SJMC, 7–8 a.m., Room C
- 16 **Pierce County Breast Care Conference**,  
Carol Milgard Breast Center, 7 a.m.,  
3rd Floor Conference Center
- Medical Staff Operating Committee**,  
SAH, 7 a.m., Larson Conference Room
- 17 **Tumor Board**, SFH, 12 p.m.,  
Outpatient Conference Center
- 20 **Grand Rounds**, SC, 12:30–1:30 p.m.,  
MRSA, Sarah Iregui, MD, Classrooms AB
- 21 **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
- 23 **Pierce County Breast Care Conference**,  
Carol Milgard Breast Center, 7 a.m.,  
3rd Floor Conference Center
- Performance Quality Leadership Group**,  
SJMC, 7:30 a.m., Room A

**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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- 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., Room C
- 20 **Medical Staff Operating Committee**,  
SAH, tentative
- Pierce County Breast Care Conference**,  
Carol Milgard Breast Center, 7 a.m.,  
3rd Floor Conference Center
- 24 **Journal Club**, SCH, cancelled, no lunch
- 25 **Medical Research Evaluation  
Committee**, SJMC, 12 p.m., Room C
- 26 **Medical Staff Operating Committee**, SCH,  
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
- 28 **Grand Rounds**, SFH, cancelled for  
the summer
- Genitourinary (GU) Conference**, SFH,  
12 p.m., Outpatient Center Conference Room
- 31 **Tumor Board**, SCH, 8–9 a.m.,  
Classrooms A&B
- Journal Club**, SCH, cancelled, no lunch
- Breast Care Conference**, SFH, 12 p.m.,  
Outpatient Conference Center
- 27 **Journal Club**, SCH, 12:30–1:30 p.m.,  
Classrooms A&B
- 28 **Medical Research Evaluation Committee**,  
SJMC, 12 p.m., Room C
- 30 **Pierce County Breast Care Conference**,  
Carol Milgard Breast Center, 7 a.m.,  
3rd Floor Conference Center
- 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,  
12:30–1:30 p.m., Bayview Conference Room
- 5 **Tumor Board**, SJMC, 7–8 a.m., Room 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., location to be announced
- 10 **Journal Club**, SCH, cancelled, no lunch
- 12 **Tumor Board**, SJMC, 7–8 a.m., Room C
- 13 **Pierce County Breast Care Conference**,  
Carol Milgard Breast Center, 7 a.m.,  
3rd Floor Conference Center

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