

Franciscan Health System Connections

Sept.
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

Inside

| | |
|--|-----|
| Club 100: Quick Tip for documentation | 2 |
| Enumclaw hospital: Construction milestone | 2 |
| St. Francis recertified for bariatric excellence | 3 |
| Pharmacy News | 5-7 |
| CME Calendar | 8 |

Updated *Referral Guide* information now online and available in print

THE AUTUMN 2009 EDITION of the *Referral Guide* for programs and services provided by the Franciscan Health System, including the Franciscan Medical Group, will be mailed to Franciscan Medical Staff members in September.

This 80-page booklet is a comprehensive resource that contains useful service and program information, scheduling numbers, phone numbers and email addresses for program managers and directors, clinic services and contact information, and much more.

In addition, the information in the book is online on both the Franciscan employee intranet (FHSCconnect) and

Franciscan's Internet site.

For the Internet, go to www.FHShealth.org and click the "For Physicians"

button on the homepage. This sends you to the landing page of the Medical Staff section of the web; click the button called "Medical Staff Directory and Referral Guide" in the navigation bar on the left side of the screen. Then click "Referral Guide," and enter the



Continued on page 3

Spine Center services now in Lakewood

Franciscan Spine Center services are now available in two locations—the Physicians Medical Center, 1624 South I St. in Tacoma, and at its newest site in the St. Clare Hospital Resource Center, 4908 112th St. in Lakewood. To refer a patient to the Franciscan Spine Center in Tacoma or Lakewood, please call 253-426-4600.

Survey will help Franciscan promote culture of safety

Medical Staff members encouraged to take online survey Sept. 28-Oct. 9

WE CONTINUALLY STRIVE FOR excellence and are committed to high quality care, high patient satisfaction and to patient safety throughout all Franciscan hospitals and medical facilities.

To further these goals, Franciscan will conduct an important survey of Medical Staff members and employees to evaluate our culture of safety.

On Monday, Sept. 28, Medical Staff members will receive an e-mail that includes a link to our *Culture of Safety Survey* website. The survey will be open through Friday, Oct. 9. Responses will be completely anonymous and it will only take about 10 minutes to com-

Continued on page 3

+ CATHOLIC HEALTH INITIATIVES

Franciscan Health System

New Enumclaw hospital marks construction milestone

THE NEW ENUMCLAW REGIONAL Hospital, which will be the “greenest” hospital in Washington when it opens in the spring of 2011, celebrated a major construction milestone on Aug. 11. A topping-out ceremony commemorated the installation of the final steel beam as the \$65 million facility continues its rise toward completion.

Due to its numerous environmentally-friendly design features, the new hospital will be one of the first LEED-

certified (Leadership in Energy and Environmental Design) medical facilities in the state.

The 90,000-square-foot structure will be twice as large as the existing hospital that has served the community for 60 years. As a critical-access hospital, Enumclaw Regional will continue to operate 25 beds in the new facility. It will also offer the same array of services the hospital now provides.



Ted Lewis (left), vice-chair of the Enumclaw Regional Hospital Board of Directors, and Dennis Popp, president of the hospital, sign the final steel beam before it is raised into place during the topping-out ceremony Aug. 11.

Surgical Care Improvement Project (SCIP): Documentation of infection

PROPHYLACTIC ANTIBIOTICS must be discontinued within 24 hours after all surgeries, except within 48 hours after cardiac surgery. Most surgeries do not require any post-operative prophylactic antibiotics.

If a patient needs antibiotics beyond this timeframe for treatment of actual or suspected infection, please be specific in the documentation of infection in the physician progress notes.

Documentation of symptoms (i.e., fever, elevated white blood cells, etc.) cannot be considered an infection unless documented as an infection or

suspected infection. Bacteriuria, MRSA colonization, history of MRSA or viral infections are not acceptable infection documentation. CMS guidelines state the following conditions provide acceptable documentation of postoperative infection:

- Abscess
- Bloodstream infection
- Bone infection
- Cellulitis
- Gangrene
- Fecal contamination
- H. pylori
- Necrotic/ischemic/infarcted bowel
- Osteomyelitis
- Pneumonia or other lung infection
- Purulence/pus
- Sepsis

- Surgical site or wound infection
- Urinary tract infection (UTI)

For more information about SCIP and other quality measures, contact Jill Smith, RN, Clinical Effectiveness, 253-426-6329 or jillsmith@FHShealth.org.

Note: The Club 100 Quick Tip is published monthly to help Franciscan Medical Staff members achieve 100 percent compliance with CMS clinical indicators.



Quarterly, the names of Medical Staff members who achieve full compliance are published as the newest members of Club 100.

Pelvic Floor Multidisciplinary Case Conference set for St. Clare Hospital on Sept. 23

THE PELVIC FLOOR Multidisciplinary Case Conference will hold its first monthly meeting at 7 a.m. Wednesday, Sept. 23 in the Resource Center at St. Clare Hospital in Lakewood. Providers who see, or may

see, patients with pelvic-floor issues are invited to attend.

The format for the hour-long meeting will be case presentation, including diagnostic tests, followed by discussion and treatment plans. A light breakfast will also be served.

Although this will primarily be a working conference, prior “proven cases” that have been particularly valu-

able from a lessons-learned perspective will also be considered. The complexity of the anatomy and function of the pelvic floor make it an area that demands a multidisciplinary approach.

To attend, please contact Debbie Bood at 253-581-6421 or by email at debbiebood@FHShealth.org.

News Briefs



St. Francis Hospital recertified as Bariatric Center of Excellence

St. Francis Hospital in Federal Way has been recertified as a Bariatric Surgery Center of Excellence by the American Society for Metabolic & Bariatric Surgery (ASMBS). This certification is for three years.

In 2005, St. Francis became the first hospital in Washington to achieve Center of Excellence status from the ASMBS. It is also the leading hospital-based provider of weight loss surgeries in the state with more than 500 bariatric procedures performed during the 12-month period that ended June 30.

In addition to this Center of Excellence designation, St. Francis Hospital is accredited by the American College of Surgeons as a Level 1b Bariatric Center.

Women's Health & Breast Center praised for service

The Women's Health & Breast Center at St. Francis in Federal Way been designated as a Certified Quality Breast

Center, an achievement that reflects the staff's commitment to providing patients with the highest level of breast health services.

The Women's Health & Breast Center earned this recognition for service excellence from the National Consortium of Breast Centers.

To refer a patient to the Women's Health & Breast Center, call 253-944-4025.

St. Joseph Critical Care Unit implements controlled access

All Franciscan Medical Staff members and employees now need their FHS identification badges to enter the Critical Care Unit on the 5th and 6th floors of the St. Joseph Medical Center Tower.

Whether you use the public or employee elevators to reach the floors, you must swipe your badge to open the door to the unit. This new policy took effect Aug. 31

Also, all visitors are required to use phones mounted on the wall near the public elevators to notify Security Services about the patient they want to see before entering. This new procedure will enable Security Services to manage visitor traffic and support the safety of patients and staff.

St. Joseph launches Acute Care Surgery Service

Patients arriving at St. Joseph Medical Center's Emergency Department with acute conditions that require urgent surgical intervention or consultation now benefit from a new program called Acute Care Surgery Service (ACSS).

This dedicated hospitalist-based program for general surgery began Sept. 1. The program, administered by the Tacoma Trauma Trust, is provided at St. Joseph and Tacoma General Hospital.

The ACSS benefits patients by providing:

- Hospital-based surgeons assigned exclusively to address urgent surgical cases coming from the ED and inpatient consultations
- Immediate availability of surgical consultations
- Rapid scheduling for patients requiring surgery for urgent conditions
- Continuity of care with follow-up outpatient care in the Trauma and General Surgery Clinic.

Patients seen by the emergency room physician that do not require urgent surgical consultation will be referred back to the patient's own provider or a community-based general surgeon.

For more information, contact Franciscan Trauma Program Manager Barb Carrier, RN, at 253-426-6845.

REFERRAL GUIDE, from page 1

password: *directory*.

The online information is updated regularly as needed. The print version of the *Referral Guide for Franciscan Health System and Franciscan Medical Group* is published in the spring and fall every year.

To order additional copies of the Referral Guide, please call 253-382-3850.

SURVEY, from page 1

plete online. Participants will also have an opportunity to enter a drawing for \$100 gift cards.

Feedback from and opinions of physicians and other providers are vital to understanding the current state of Franciscan's safety culture, strengths and opportunities for improvement.

The *Culture of Safety Survey* was developed by the Agency of Healthcare Research and Quality and measures 12 dimensions of safety, such as staffing, training and communications. Results are then benchmarked against similar hospitals in the country.

Information
also online:
FHS Intranet
FHS Internet

Autumn 2009 Edition

REFERRAL GUIDE *for*
FRANCISCAN HEALTH
SYSTEM *and*
FRANCISCAN MEDICAL
GROUP

**WATCH FOR YOUR
COPY IN THE MAIL
THIS MONTH!**

+ CATHOLIC HEALTH
INITIATIVES

Franciscan Health System

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



A Levetiracetam (Keppra®) IV to PO automatic approval

Levetiracetam (Keppra®) is indicated as adjunctive therapy in the treatment of myoclonic seizures in patients 12 years old and older, tonic-clonic seizures in children 6 years old and older and partial onset seizures in patients 4 years old and older. Due to similar pharmacokinetics, there is equal activity comparing IV to PO levetiracetam. Also, there is considerable cost savings for oral compared to IV levetiracetam.

The Joint P&T Committee approved pharmacists to change IV levetiracetam orders to PO therapy (liquid or tablets) if the patient is able to take oral medications, as an addition to the IV to PO policy. This interchange from IV to PO therapy will not occur with loading doses of levetiracetam. The interchange is noted in Table A.

B Brinzolamide therapeutic interchange to dorzolamide

Dorzolamide (Trusopt®) is an antiglaucomic agent which works through inhibition of carbonic

anhydrase in the ciliary processes of the eye to decrease aqueous humor secretion, presumably by slowing the formation of bicarbonate ions, with subsequent reduction in sodium and fluid transport. The result is a reduction in intraocular pressure, and a reduction in the risk of optic nerve damage and glaucomatous visual field loss.

Dorzolamide is equally effective in the treatment of open-angle glaucoma and ocular hypertension when compared to brinzolamide (Azopt®) and has a more favorable side-effect profile. It is also available in generic form, whereas brinzolamide is not, and is more cost-effective. The Joint P&T Committee approved a therapeutic interchange from brinzolamide to dorzolamide as noted in Table B.

C Celecoxib to meloxicam therapeutic interchange

Meloxicam (Mobic®) and celecoxib (Celebrex®) are non-steroidal anti-inflammatory drugs (NSAIDs) that exhibit anti-inflammatory, analgesic, and antipyretic activities. The mechanism of

Table C

| Drug/Dose Written | Drug/Dose Interchanged |
|---|---|
| Celecoxib (Celebrex®) 200 mg PO daily 200 mg PO BID | Meloxicam (Mobic®) 7.5 mg PO daily 15 mg PO daily |

action of meloxicam may be related to prostaglandin synthetase (cyclooxygenase) inhibition, which in vivo and in vitro data suggest substantially greater inhibitory and activity against cyclooxygenase-2 (COX-2) than cyclooxygenase-1 (COX-1).

Both celecoxib and meloxicam are very similar mechanistically and therefore have similar indications. Both are NSAIDs, thus monitoring parameters are identical. Meloxicam is much less expensive compared to celecoxib due to its being available generically. The Joint P&T Committee approved a therapeutic interchange from celecoxib to meloxicam as noted in Table C.

D Tobramycin (Tobi®) Formulary review; interchange to tobramycin injection

Tobramycin (Tobi®) solution for inhalation is FDA-approved for management of chronic Pseudomonas aeruginosa infections in patients with cystic fibrosis that are greater than 6 years of age. Tobi is also used in adult non-cystic fibrosis bronchiectasis patients colonized with P. aeruginosa.

Injectable tobramycin admin-

istered via nebulizer has been shown to be effective in the treatment of lung infections in small comparative trials with Tobi. It produces adequate levels in the lung tissue while being at low risk for systemic toxicity. In theory, Tobi should cause less lung irritation due to lack of preservatives. However, studies show that the difference in lung irritation is not statistically significant and that it can be minimized by premedicating with albuterol.

There is a significant cost difference when comparing these agents, with Tobi being more than 30 times as expensive. The Joint P&T Committee decided to therapeutically interchange Tobi to tobramycin injection administered via inhalation as listed in Table D.

To decrease the risk of bronchospasm, premedicating all patients with albuterol SVN prior to tobramycin inhalation will be done. The tobramycin dose can be increased based on physician preference. For now, this interchange will be re-reviewed with the pediatric pulmonologists for use for cystic fibrosis patients and brought back to a future committee meeting for

Continued on page 6

Table A

| Therapeutic Interchange IV to PO | |
|----------------------------------|---|
| Levetiracetam IV | Levetiracetam PO on dose-for-dose basis |

Table B

| Drug/Dose Ordered | Drug/Dose Interchanged |
|---|--|
| Brinzolamide (Azopt®) 1 drop in affected eye(s) three times daily | Dorzolamide (Trusopt®) 1 drop in affected eye(s) three times daily |



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 discussion.

E FDA Alert update: Tumor Necrosis Factor (TNF) blockers

The FDA is requiring the manufacturers of TNF blockers to update the boxed warning in the prescribing information to alert health care professionals of an increased risk of lymphoma and other malignancies in children and adolescents treated with TNF blockers.

In addition to the updated boxed warning, the FDA is requiring several other changes to the prescribing information for TNF blockers to warn of, and mitigate, the risks associated with these drugs. These changes are based on additional safety reviews and include:

- An update to the warnings section describing reported cases of leukemia in adults, adolescents, and children. Changes to the warnings section of the labeling will also include additional information on malignancies in children and adolescents
- An update to the Adverse Events section to include information on reported cases of new-onset psoriasis.
- A revised Medication Guide to reflect this new safety information.

Considerations for health care professionals:

- Discuss with patients and families the increased risk of developing cancer in children and adolescents, taking into account the clinical utility of TNF blockers, the risks/benefits of other immunosuppressive therapies, and the risks associated with untreated illness.

- Be aware of the possibility and monitor for the emergence of malignancies during and after treatment with TNF blockers.
- Be aware of the possibility and monitor for the emergence or worsening of psoriasis during treatment with TNF blockers, particularly pustular and palmoplantar forms of psoriasis.
- Understand that some immune-related diseases, such as Crohn's, have been shown to increase cancer risk independent of treatment with TNF blockers while for others, such as juvenile idiopathic arthritis (JIA), it is unknown whether there is an increased cancer risk.
- Inform patients, their families, and caregivers of the signs and symptoms of malignancies or psoriasis so they are aware of and able to notify their healthcare professional of any unusual signs or symptoms.

Data Summary: Pediatric Malignancies

On June 4, 2008, the FDA issued an early communication about an ongoing safety review of TNF blockers and the development of lymphoma and other cancers in children and adolescents. The early communication was based on approximately 30 reports of cancer in children and adolescents treated with TNF blockers. At that time, the FDA requested that manufacturers of TNF blockers approved for use in children (Enbrel®, Humira® and Remicade®) to submit information about all cases of cancer reported in children using these products.

Cimzia®, approved in April 2008, and Simponi®, approved in

April 2009, were not included in the FDA's review because they are not approved for use in children and were minimally used during the review period.

The FDA analysis identified 48 cases of malignancies in children and adolescents. Of the 48 cases reviewed by FDA, approximately half were lymphomas, including Hodgkin's and non-Hodgkin's lymphoma. Other reported malignancies include leukemia, melanoma, and solid organ cancers. Malignancies such as leiomyosarcoma, hepatic malignancies and renal cell carcinoma, which are rare in children, were also reported.

Of the 48 cases of malignancy, there were 11 deaths. The causes of death included hepatosplenic T-cell lymphoma (nine cases) and T-cell lymphoma (one case). In the remaining case, the patient died from sepsis after achieving remission of the lymphoma.

The FDA analysis showed that U.S. reporting rates for cases of malignancy with Remicade® (infliximab) were consistently higher compared to expected background rates for lymphomas and all malignancies. The malignancy reporting rates for Enbrel® (etanercept) were also higher than background rates for lymphomas, but were similar to background rates for all malignancies. The malignancy reporting rates for Humira® (adalimumab) and Cimzia (certolizumab pegol) were not calculated during the analysis because of minimal use in pediatric patients. Simponi (golimumab) was not approved at the time of the analysis and therefore was not included. The observed reporting rates offer very limited inference into the potential differences in malignancy risk among the TNF blockers because of uncertainties about actual patient exposure to treatment and the

possibility of underreporting of malignancy cases.

The majority of the 48 patients (88%) were also using other immunosuppressive medications such as azathioprine and methotrexate, which currently have warnings of increased risk of lymphoma in their prescribing information. Although there were other contributory factors, the role of TNF blockers in the development of malignancies in children and adolescents could not be excluded.

Therefore, the FDA concludes there is an increased risk of malignancy with TNF blockers. However, due to the relatively rare occurrence of these cancers, the limited number of pediatric patients treated with TNF blockers, and the possible role of other immunosuppressive therapies used concomitantly with TNF blockers, the FDA is unable at this time to fully characterize the strength of the association between using TNF blockers and developing a malignancy. Additional data are expected from the ongoing long term, observational, post-marketing studies and registries that are being conducted by the TNF blocker manufacturers. In addition, the FDA is working with TNF blocker manufacturers to explore new ways to further define the risk of malignancy in children and adolescents using TNF blockers.

Data Summary: Leukemia

The FDA reviewed 147 post-marketing reports of leukemia in all patients, including adults, using TNF blockers. Of the 147 cases, acute myeloid leukemia (44 cases), chronic lymphocytic leukemia (31 cases), and chronic myeloid leukemia (23 cases) were the most frequently classified types of leukemia reported. Four pediatric cases

Continued on page 7

Table D

| Dose Written | Therapeutic Interchange |
|---------------------|---|
| Tobi 300 mg SVN BID | Tobramycin injectable 80 mg SVN BID (premedicate with albuterol SVN prior to each dose) |

PHARMACY NEWS, *from page 4*
of leukemia were reported in the review. Most patients (61%) were also receiving other immunosuppressive therapies. There were a total of 30 deaths reported. In 26 of the 30 deaths, the cause was reported to be leukemia, and the event was associated with the use of TNF blockers. The average time to onset of leukemia was within the first one to two years of therapy.

The interpretation of these findings is complicated by the fact that published epidemiological studies suggest that patients with rheumatoid arthritis may be at increased risk of leukemia, independent of any treatment with TNF blockers. However, based on the available data, the FDA concludes there is a possible association between treatment with TNF blockers and the development of leukemia in all patients treated with these drugs. The current prescribing information for TNF blockers contains a warning for malignancies, but does not specifically mention leukemia. Therefore, to alert healthcare professionals to this possible association, the FDA is requiring the incorporation of information on post-marketing reports of leukemia into the prescribing information for TNF blockers.

Data Summary: Psoriasis

In a separate analysis, FDA reviewed 69 cases of new onset psoriasis, including pustular (17 cases) and palmoplantar (15 cases), in all patients using TNF blockers for treatment of autoimmune and rheumatic conditions other than psoriasis and psoriatic arthritis. Of the 69 cases, there were two pediatric reports of new onset psoriasis.

The development of psoriasis during treatment with TNF blockers occurred with varying duration from

weeks to years after drug initiation. Twelve of the psoriasis cases resulted in hospitalization, which was the most severe outcome reported. The majority of patients experienced improvements of their psoriasis following discontinuation of the TNF blocker. None of the cases reported pre-existing psoriasis prior to the initiation of TNF blocker therapy.

Due to the number of reported cases and the temporal relationship between the initiation of TNF blockers and development of psoriasis, the FDA concludes there is a possible association between the development of psoriasis and use of these drugs. Therefore, the FDA is requiring an update to the Adverse Events section of the prescribing information to inform healthcare professionals about reported cases of new-onset psoriasis associated with the use of TNF blockers.

F FDA Alert update: Onabotulinumtoxin A, Abobotulinumtoxin A and Rimabotulinumtoxin B

As announced on April 30, 2009, based on a safety evaluation of the botulinum toxin products, the FDA concluded that the prescribing information for Onabotulinumtoxin A (marketed as Botox/Botox Cosmetic®) and Rimabotulinumtoxin B (marketed

as Myobloc®) must be updated to ensure their continued safe use. On July 31, 2009, the FDA approved the following revisions to the prescribing information of Botox/Botox Cosmetic and Myobloc:

- A boxed warning highlighting the possibility of experiencing potentially life-threatening distant spread of toxin effect from the injection site after local injection.
- A risk evaluation and mitigation strategy (REMS) that includes a medication guide to help patients understand the risks and benefits of botulinum toxin products.
- Changes to the established drug names to reinforce individual potencies and prevent medication errors. The potency units are specific to each botulinum toxin product, and the doses or units of biological activity cannot be compared or converted from one product to any other botulinum toxin product. The new established names reinforce these differences and the lack of interchangeability among products.

The other botulinum toxin product in this class, Abobotulinumtoxin A (marketed as Dysport®), was approved on April 29, 2009 and included the boxed warning, REMS, and new established name at the time of approval.

Table E lists the established name changes and the approved indications for each product. The

marketed trade names and the product formulations have not changed for these products.

Considerations for health care professionals

- Be aware that a boxed warning has been added to the prescribing information to highlight that botulinum toxin may spread from the area of injection to produce symptoms consistent with botulism. Symptoms such as unexpected loss of strength or muscle weakness, hoarseness or trouble talking (dysphonia), trouble saying words clearly (dysarthria), loss of bladder control, trouble breathing, trouble swallowing, double vision, blurred vision and drooping eyelids may occur.
- Understand that swallowing and breathing difficulties can be life-threatening and there have been reports of deaths related to the effects of spread of botulinum toxin.
- Know that children treated for spasticity are at greatest risk for these symptoms, but symptoms can also occur in adults treated for spasticity and other conditions.
- Be aware that cases of toxin spread have occurred at botulinum toxin doses comparable to those used to treat cervical dystonia and at lower doses.

Table E

| Summary of FDA-approved botulinum toxin products | | | |
|--|----------------------|------------------------|--|
| Trade Name* | NEW Drug Name | OLD Drug Name | Indication |
| Botox | Onabotulinumtoxin A | Botulinum toxin type A | Cervical dystonia, severe primary axillary hyperhidrosis, strabismus, blepharospasm |
| Botox Cosmetic | Onabotulinumtoxin A | Botulinum toxin type A | Temporary improvement in the appearance of moderate to severe glabellar lines |
| Dysport | Abobotulinumtoxin A | Botulinum toxin type A | Cervical dystonia, temporary improvement in the appearance of moderate to severe glabellar lines |
| Myobloc | Rimabotulinumtoxin B | Botulinum toxin type B | Cervical dystonia |

* The marketed trade names and product formulations have not changed.

MEDICAL STAFF CALENDAR

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 Room 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 Room
- 7 **Journal Club**, SCH, 12:30–1:30 p.m., cancelled, no lunch
- 9 **Tumor Board**, SJMC, 7 a.m., Lagerquist Rooms A&B
- 10 **Pierce County Breast Care Conference**, Carol Milgard Breast Center, 7 a.m., 3rd floor Conference Room
Grand Rounds, SJMC, 12:30–2 p.m., “Robotic Thoracic Surgery,” Baiya Krishnadasan, MD, Lagerquist Rooms A&B
Breast Care Conference, SFH, 12 p.m., Outpatient Center Conference Room
- FHS Medical Executive Committee**, SJMC, 6 p.m., Lagerquist Rooms A&B
- 11 **PT&T Committee**, SJMC, 7 a.m., Dining Rooms 1 & 2
Grand Rounds, SFH, 12:15–1:15 p.m., “Robotics and the New Era of Cardiac Surgery,” 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 Rooms A&B
- 16 **Tumor Board**, SJMC, 7 a.m., Lagerquist Room C
- 17 **Pierce County Breast Care Conference**, Carol Milgard Breast Center, 7 a.m., 3rd floor Conference Room
- 18 **Tumor Board**, SFH, 12 p.m., Outpatient Center Conference Room
- 21 **Bariatric M&M Conference**, SFH, 7 a.m., Education Room
Grand Rounds, SCH, 12:30–1:30 p.m., “Robotic Thoracic Surgery,” Baiya Krishnadasan, MD, Classrooms A&B
Expansion and Progress of Robotic Surgery, SJMC, 6–8:30 p.m., Rooms A&B, Reservations required; 253-426-6035
- 22 **Medical Research Evaluation Committee**, SJMC, 12 p.m., Dining Rooms 1&2
- 24 **Performance Quality Leadership Group**, SJMC, 7:30 a.m., Lagerquist Room A

Franciscan Health System Connections

1717 South J Street, Tacoma 98405

Nonprofit Org.
U.S. Postage
PAID
Tacoma, WA
Permit No. 412

- Pierce County Breast Care Conference**, Carol Milgard Breast Center, 7 a.m., 3rd floor Conference Room
- Grand Rounds**, SJMC, 12:30–1:30 p.m., “Perspectives on Bipolar Disorder: Diagnostic and Treatment Challenges,” George Jackson, III, MD, Lagerquist Rooms A&B
- Breast Care Conference**, SFH, 12 p.m., Outpatient Center Conference Room
- 25 **Grand Rounds**, SFH, 12:15–1:15 p.m., “H1N1 Influenza A in Pregnancy,” Art Maslow, DO, 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., “Robotics and the New Era of Cardiac Surgery,” Thomas Molloy, MD, Smalling Family Education Center
New Physician Orientation Breakfast, SJMC, 7:30 a.m., Dining Rooms 1&2

October

- 1 **Pierce County Breast Conference**, Carol Milgard Breast Care Center, 7 a.m., 3rd floor Conference Room
- 5 **Credentials Committee**, SJMC, 7 a.m., Bayview Conference Room
- 6 **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
- 7 **SFH Medical Staff Operating Committee**, SFH, 6 p.m., Outpatient Center conference room
- 8 **Pierce County Breast Conference**, Carol Milgard Breast Center, 7 a.m., 3rd Floor
Grand Rounds, SJMC, 12:30–1:30 p.m., “H1N1 Influenza A in Pregnancy”, Art Maslow, DO, Lagerquist A&B
Breast Care Conference, SFH, 12 p.m., Outpatient Center Conference Room

- FHS Medical Executive Committee**, SJMC, 6 p.m., Conference Rooms A&B
- 9 **Grand Rounds**, SFH, 12:15–1:15 p.m., “Thoracic Surgery/Robotics”, Baiya Krishnadasan, MD, MOB Conference Room
- 12 **Journal Club**, SCH, 12:30–1:30 p.m., Classrooms A&B
- 13 **SJMC Medical Staff Operating Committee**, SJMC, 6 p.m., Dining Rooms 1&2
- 15 **Pierce County Breast Conference**, Carol Milgard Breast Center, 7 a.m., 3rd floor Conference Room
FHS/MHS Joint Formulary Committee, Tacoma General, 7 a.m., Jackson Hall
SFH Medical Staff Social, SFH, 6 p.m., MOB Conference Room
- 16 **Tumor Board**, SFH, 12 p.m., Outpatient Center Conference Room
- 20 **Neuro/Gamma Knife Conference**, SJMC, 7–8 a.m., Neuro/Gamma Knife Conference Room
Neurological Sciences Grand Rounds, SJMC, 6 p.m., Conference Rooms A&B
- 22 **Pierce County Breast Conference**, Carol Milgard Breast Center, 7 a.m., 3rd floor Conference Room
Performance Quality Leadership Group, SJMC, 7:30 am, Conference Room A
Breast Care Conference, SFH, 12 p.m., Outpatient Center Conference Room
- 23 **Grand Rounds**, SFH, 12:15–1:15 p.m., “Vena Cava Filters—Indications and Complications,” Omar Dorzi, MD, MOB Conference Room
Genitourinary (GU) Conference, SFH, 12 p.m., Outpatient Center Conference Room
- 27 **Medical Research Evaluation Committee**, SJMC, 12 p.m., Lagerquist Room C
- 29 **Pierce County Breast Conference**, Carol Milgard Breast Center, 7 a.m., 3rd floor Conference Room

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

Printed on Recycled Paper