

LAC+USC Pilots New Process for Cancer Treatment



The radiation oncology group is pictured (left to right): Dr. David Dix, Adrian Castro, CRNA, Katharine Getz, CRNA, Kari Cole, CRNA, Cora Soriano, RN, Dr. Michael Senikowich, Wantana Vatanapan, RN, Gabriel Rodriguez, radiation oncology administrator, Fiorella Arcidiacono, SCN, Mariane Cervania, RN, Dr. Lydia Ng, Lucy De Jesus, RN, and Rosemary Sambrano, supervisor, radiation therapy.

Only very early stage cervical cancers are amenable to surgery, but larger cervical cancers are still very curable with a radiation/chemotherapy combination. An important part of this curative radiation is the use of brachytherapy, usually done after 5 weeks of beam radiation. Brachytherapy involves temporarily placing an applicator into the uterus and vagina, and sending a small, computer-guided radiation source into the applicator. This allows doctors to give higher doses of radiation directly to the cervix. Advantages include less dose to surrounding organs, fewer side effects, and a fewer number of treatments. Placement of the brachytherapy applicator, with anesthesia assistance, is now done in the Radiation Oncology Department, without going to the Operating Room (OR). Before the new process was implemented, patients regis-

tered through ASC Perioperative Services to prepare to go to the OR, then underwent applicator insertion in the OR, then were sent to post-operative recovery, and finally transported to the Radiation Oncology Clinic — located in a separate building — for imaging and radiation. Now, registration, assessment, anesthesia, ultrasound, charting, and all related procedures are done in the Radiation Oncology Clinic. The entire process takes about five hours, says supervising clinic nurse Fiorella Arcidiacono, RN, noting that patients are now more relaxed because they are familiar with clinic staff and the surroundings. When the treatment is completed, the delivery device is removed and the patient goes home. “It’s definitely an improvement in patient comfort,” says Michael Senikowich, MD, who performs most of these procedures at LAC+USC.

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A Message From the Director



Mitch Katz, MD

Health policy wonks including me were glued to the proceedings in Washington DC this past week. The House of Representatives had introduced, debated, and almost voted on a bill that would have repealed many aspects of “Obamacare” that our patients rely on. In particular, it would have resulted in many of our patients losing their insurance through Medicaid, and caused a large hole in the budgets of our county and our state. The bill was set to be voted on this past Thursday, then delayed till Friday, and then pulled because there weren’t the votes to pass it. I felt tremendously relieved. We have worked so hard this past six years to develop a successful ambulatory system to attract, retain, and most importantly, care for our patients, many of whom gained health insurance for the first time. I don’t want to see all that progress jeopardized. Undoubtedly, other bills will be introduced at the federal level which will threaten our system. Debate and differences of opinion are important to a democracy. What I think is unfortunate is the recent focus has been on repealing “Obamacare” when the focus should be on how we improve our health care system and extend coverage to those who remain uninsured.

High Quality
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From Dr. Katz

FAST FACTS

Harbor’s Renal Transplant Program Receives “Top” Honors

By Paula Siler, RN

The Scientific Registry of Transplant Recipients (SRTR) has recently released a report highlighting the outcomes of every transplant program in the United States. This publicly reported data now includes a multi-factorial “outcome assessment” and ranks transplant centers across the nation. Harbor-UCLA Medical Center (HUMC) has earned a 5/5 rating and is 1 of only 4 centers in California with this TOP rating, and 1 of 30 centers in the entire country with this TOP highest rating. HUMC is a member of the United Network of Organ Sharing (UNOS), which is the central agency in the United States responsible for equitable allocation of organs. The transplant team consists of physicians under the



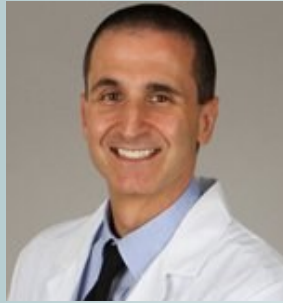
(See ‘**TRANSPLANT**’ on back)

Brad Spellberg, MD, Named Fellow

LAC+USC Medical Center chief medical officer and USC Keck School of Medicine associate dean for clinical affairs, Brad Spellberg, MD, has been selected as a 2017-18 Public Engagement Fellow by the American Association for the Advancement of Science (AAAS). The AAAS is the world's largest general scientific society and publisher of the journal *Science*. Spellberg joins 14 other infectious disease researchers as the second cohort of the Alan I. Leshner Leadership Institute for Public Engagement with Science by demonstrating leadership and excellence in research and promoting meaningful dialogue between science and society. AAAS Fellows are provided training and resources to develop and implement public engagement activities, opportunities for training other scientists in their communities, and increased capacity for public engagement leadership. Spellberg's laboratory research has focused on developing a vaccine that targets the bacterium

Staphylococcus aureus and the fungus *Candida*; the vaccine is undergoing clinical development. Spellberg is currently working on the immunology, vaccinology, and host defense

against highly resistant Gram negative bacilli, including *Acinetobacter* and carbapenem-resistant Enterobacteriaceae infections. He authored "Rising Plague", which he wrote to inform and educate the public about the crisis in antibiotic resistant infections and lack of antibiotic development. Spellberg earned his MD from the University of California, Los Angeles School of Medicine in 1999 and completed his residency in Internal Medicine at the Harbor-UCLA Medical Center.



(‘TRANSPLANT’)



DHS Rolls Out Daily Safety Briefings

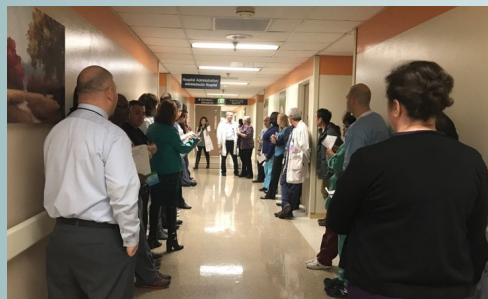
By Marife Mendoza

The DHS Patient Safety Committee has recommended the use of standardized "daily safety briefings" at all facilities to enhance awareness of care and operational issues that may affect patient safety. Safety and operational briefings have been used as a critical tool in healthcare and other industries, including aviation and the military, to promote:

- Situational awareness;
- Teamwork, collaboration, and communication; and
- "Timely" resolution of issues

The briefings allow facility leaders to share a quick overview of major issue(s) affecting the facility within the past 24 hours and present challenges that have the potential to impact a "safe" day at the facility. The aim is to improve direct and open communication across all units and departments within the facility. Olive View-UCLA Medical Center (OVMC) was the first facility to pilot and implement the daily briefing. In the five weeks since implementation, attendance has grown to about 60 department leaders & unit managers actively participating. Observed benefits include:

- A neutral ground for everyone to report/share operational, risk, and safety issues on their units
- Real-time discussion of any clinical and non-clinical issues and challenges
- Directions about the prioritization and responsibility for problem resolution
- Prompt resolution/corrective action of the issues presented that need immediate attention
- Effective teamwork and open channels of communication
- Encouragement/improvement of event/near miss reporting
- Real-time recognition of any workforce member(s) who make a positive contribution to safety or operations



Helpful guidelines to remember:

- THE BRIEFING MUST BE "BRIEF" (no more than 10-15 mins – the goal is to identify issues. Resolving issues should be held for post-briefing discussion with necessary parties.)
- ATTENDEES SHOULD COME ON TIME
- ATTENDEES SHOULD PLAN AHEAD AND COME PREPARED
- STICK TO THE FACTS - report core items concisely.

HUCLA, LAC+USC Medical Center, RLA Rehabilitation Center, and MLK OPC will roll out their daily briefs as well in the next few weeks. If you have any questions about the 'DHS Daily Safety and Operational Briefing', email patientsafety@dhs.lacounty.gov or contact your respective facility patient safety officer – click your facility ([LACUSC](#), [HUCLA](#), [OVMC](#), [RLA](#), [MLK-OPC](#))

Many thanks to the Kaiser Permanente Medical Center – Downey's accreditation and licensing director and their leadership for giving DHS the opportunity to learn from them and observe their daily brief.

[Click to watch OVMC's Daily Safety and Operational Brief](#)

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direction of Lilly Barba, MD, surgeon specialists under the direction of Jeremy Blumberg, MD, nurse coordinators, inpatient nursing staff, transplant social worker, pharmacist and dietician. The team is devoted to meeting the physical, psycho-social and spiritual needs of each patient.

Congratulations to the HUMC transplant team under the direction of Lilly Barba, MD and keep up the great work. For additional information please click on the following links.

California: <https://www.srtr.org/transplant-centers/?&organ=kidney&recipientType=adult&state=CA&sort=rating&page=1>

National: <https://www.srtr.org/transplant-centers/?&organ=kidney&recipientType=adult&sort=rating&page=1>

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"It frees up operating room space for other services and improves the patient experience at the same time," says hospital interim chief executive Bonnie Bilitch, RN. "We were able to accomplish this using a cross-disciplinary approach that has potential for replication across other DHS hospitals." Bilitch says another goal is to reduce the potential for safety hazards that can accompany patient transports. "Anytime you're moving patients between buildings it is resource-intensive and a safety risk. By moving services into one contained setting you reduce that risk."

Staff from the OR, anesthesia, sterile supply, radiation oncology, nursing, infection control, information systems and regulatory affairs formed the multi-disciplinary team that looked at the current process and developed the new flow.

By moving these procedures out of the OR, the Radiation Oncology Department can better manage the intervals between brachytherapy treatments and improve outcomes.