

## A LETTER FROM THE CHIEF OF STAFF

### But I Digress. . .

*Openers—October is upon us. My wife and I love the fall because our kids, a 16 year-old and a 20 year-old, have returned to school. Since school is a way that we better ourselves, I thought that I would take the time and better myself. I've decided to learn another language.*



*John C. Spinosa*  
John C. Spinosa, M.D.  
Chief of Staff

However, I didn't want a classic language like Spanish or French or German. I wanted an important functional language that would impress my children. I've chosen to learn to speak like my kids. My wife bought me a set of flash cards ([www.knockknock.biz/commerce/product\\_info.php?products\\_id=48](http://www.knockknock.biz/commerce/product_info.php?products_id=48)) as an aid. I thought that I would write

this month's column using kid slang. The translations are in square brackets.

#### O.R. Improvement

Yo dogg. My man, Dr. Moorman of the Crimson, gave a bangin' demo of his mad O.R. safety ninja skills and will be kickin' down some hyphy jawn so that we can cop the same. It'll be major duckets tho to represent so we don't need no vapors ganking our ish. Props to homey-G Dockweiler for making a gully whip outta this project. Gary Fybel gives the DL in his scribe, fo'shizzle.

*[Dear Medical Staff: We experienced a wonderful seminar by Dr. Moorman of Harvard in regards to improving O.R. safety and have begun a collaboration so that our O.R. can bring out this same approach. This will require significant resources and commitment. Congratulations to Dr. Dockweiler for spearheading this effort from the physician perspective. Gary Fybel writes more in depth about this in his chief executive column.]*

#### Primary Care Symposium

G. Catch this. I was clubbin' at the newby doc partay when a couple of the crew hit my grill, "yo spin, whaddup wit first docs? Not enough o'them fbf at Scripps yo." Mos def no primes skanks our flow, and we ain't clutch without them shorties. Some ish gonna come due or we'll be faded wankstas. So, Oct. 15, we kicked some jawn with primes and the man to build a ghetto posse and get some gully peep. Yo mos def mo kickin' times fo'sho.

*[At the young physician mixer, several physicians inquired what the future of primary care will be on the La Jolla campus and what our options are. To help address this and provide a means for beginning dialogue on our campus, the medical staff office and marketing hosted a primary care symposium on Oct. 15. Our goal is to begin the process of addressing this issue. I'm sure that we will have more follow-up symposia to continue this process.]*

#### Closing

On a sad note, my mother passed away last month. She had a wonderful love of life. Several physicians on staff gave extraordinary care to my mother to extend her life several years. These added years provided much joy to my siblings and me, as well as to her grandchildren and others who loved her. Scripps physicians repeatedly buy extra time and memories for many families like mine. It is easy to lose sight of the good work all of you do with all the stresses on our health care system. Please know, on a very personal level, that your good work is noticed, even if not officially acknowledged. Several of you sent messages of condolence which helped my family and me deal with our loss. Thank you.



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# A Letter from the Chief Executive



*Gary G. Fybel*  
Gary G. Fybel, FACHE  
Chief Executive

*Dr. David Dockweiler is to be commended for leading our efforts to create a culture of safety in the operating room. As medical director of our O.R. department, he has enjoined a campaign that is a top priority for every hospital, including ours.*

He's helped surgeons, nurses, and administrators recognize that there are definite steps that can be taken to affect a change in behaviors and outcomes. This begins with a renewed focus on patient involvement, creating an atmosphere of mutual respect for each person's role in the O.R. and implementation of a new, three-phase universal Time Out policy.

The new Time Out policy, developed by the World Health Organization and published in *Lancet* (June 2008), has been adopted in our operating rooms. Phase one calls for a "sign in" period before induction of anesthesia, to include confirmation of patient identity, site marking, anesthesia safety check, pulse oximetry in place, patient allergies and airway. Phase two is the "time out" which includes surgical team introductions, confirming patient identity, surgical site and procedure, reviewing anticipated

surgery residency, at Beth Israel Deaconess Medical Center at Harvard, Boston, MA. He recently spent two days with our physicians, operating rooms, and hospital leadership reviewing the principles of O.R. safety, and lessons learned at Harvard. We have already contracted with Dr. Moorman for several return visits to help us shape our own efforts. One of the pearls that Dr. Moorman gave us is the value of creating a "shared mental model." However, having everyone function with a common vision is not as easy as it sounds. One suggested technique is to conduct a (brief) briefing before a surgery or procedure. This is different from the elements of a time out and helps the surgeon provide an overview of what he/she anticipates during the case. This is similar to airline pilots discussing weather conditions and reviewing their flight plan before they go through the actual pre-flight checklist.

Speaking of airline analogies, Dr. Dockweiler also made *Why Hospitals Should Fly: The Ultimate Flight Plan to Patient Safety and Quality Care*—required reading for anyone interested in understanding the work at hand. This exceptional book by John J. Nance, gives sobering examples of how closely the principles of readying for flight are aligned with surgery and hospital procedures. We will be providing copies of this book to anyone interested.

Our administration offices have been temporarily relocated to the fifth floor while we perform some seismic testing, cleaning and work on our duct system. This move has given our team an opportunity to interact with different people and experience the hospital from a new perspective. One lesson learned is to vary your daily routine. The people you will meet and ideas you will glean from this change may pleasantly surprise you.

On a personal note, my wife and I are enjoying our newfound status as grandparents—it is a great fraternity, but the membership dues are getting expensive! So, for a change in perspective, drop by our offices on the fifth floor, I will give you a copy of *Why Hospitals Should Fly* and show you pictures of my granddaughter too. See you soon.



critical events and/or blood loss, confirmation of instruments, sterility, supplies, whether antibiotics were given, and whether essential imaging is displayed. Phase three, called "sign out," is done before the patient leaves the operating room. This includes the nurse confirming the procedure to be recorded and verifies instrument, sponge, needle counts, and if applicable, labeling of specimen. A review of any key concerns regarding recovery of patient is also done.

Another important step is learning from experts. In that light, we hosted Dr. Donald Moorman, associate surgeon in chief and program director,



# The Patient Experience

Submitted by Dana Launer, M.D., FACS  
Director of Medical Staff Affairs

I have been doing a good deal of reading about communication lately trying to find ways to improve communication between me and my patients. I have to admit that I am interested in improving my HCHAPS scores, but I have also enjoyed learning some techniques that have improved my communication skills. My encounters with my patients have been more enjoyable and I also believe that better communication has translated to higher quality care.

I read a great blog in the New York Times written by Dr. Robert Lamberts. Dr. Rob, as he is known to fellow bloggers, talks about “rules” that physicians should remember and follow when dealing with patients. I’ve borrowed some of his and added a few of my own for the hospital setting:

## **Rule #1: Patients don’t want to be in your office and they certainly don’t want to be in the hospital.**

You and I are quite comfortable in our offices and in the hospitals where we work. We are used to the sights and the sounds. We are accustomed to the odors and to the linen that is soiled with secretions that our patients actually fear. Our patients are unnerved by our environment. They are forced to disrobe and to describe intimate details of their lives. They are examined by a stranger. And they are forced to pay for this indignity!

Be compassionate! Don’t be in a hurry. Try to take some time to allow your patient to relax. Ask open-ended questions initially that permit your patient to gradually open up to you.

## **Rule #2: The reason that your patient is coming to see you may not be what is written on a form, and may not be what is initially stated by your patient.**

I always remember a wise family practitioner who told me when I was a medical student that more than 90 percent of the patients he saw had emotional and/or psychological reasons for being in his office. A 35-year-old woman with new onset headaches was really there because she suspected that her husband was having an affair. A 60-year-old man with abdominal pain was really seeking medical attention because two of his friends recently died of colon cancer and he feared that he was next. I can’t tell you how many times over the years I have had trouble figuring out why a patient was really coming to see me until they finally turned to me on the way out of my office and said, “by the way, Doc.” I know now that that is the moment when the consultation really begins.

In communicating with your patients, try to figure out why they are really there. Open-ended questions can be helpful here as well. “Have we covered everything that you’d like to talk about?” “How are things at home?” “How are your children and husband?” While questions like these can sometimes open the floodgates, they can frequently help you to quickly get to the real cause for your patient’s visit. In any case, questions like these demonstrate to your patient that you have a sincere interest in them and will improve communication.



## **Rule #3: Patients feel what they feel.**

How many times have we seen patients whose complaints simply don’t “fit”? Except for the occasional person who exaggerates, most of our patients are sincere and are telling the truth. If we dismiss them, or give them the impression that we are discounting or not believing them, they will quickly dismiss us and stop trusting us. At least initially we must keep rules one and two in mind and use all of the information we are given to determine how to proceed. Don’t interrupt. Listen carefully for hints about what they are really saying.

## **Rule # 4: Patients don’t want to look stupid.**

In this respect we are all the same. None of us wants to appear stupid. Not in front of our doctors and not even in front of ourselves. In spite of how you really feel, your body language, the tone of your voice, the position of your hands or your feet can tell volumes about your feelings. Try to understand your patient’s feelings. Ask questions that will permit your patient to explain his/her true concerns. Acknowledging their frustration and anxiety truly demonstrates your concern and facilitates communication.

## **Rule #5: Patients want their feelings validated.**

It takes a lot of courage to reveal intimate details about one’s life to a physician. Fear sometimes translates into

delays between the onset of symptoms and diagnosis of disease. Developing a true rapport with your patient can eliminate delays. If possible, try to legitimize your patient's feelings and complaints. Say things like, "I can understand why you feel that way." Open-ended statements like, "I can see how this would bother you," and "anyone would be upset by this situation" empower your patient to tell you more and continue taking you into their confidence.

**Rule #6: Patients want their physicians to support them.**

With our busy schedules it is so difficult for most of us to do much more than spend a minimal amount of time addressing our patient's acute problem. Yet most of our physicians still yearn to have a Marcus Welby as their physician, someone who genuinely cares for them. While it is still unrealistic to expect us to be available 24/7, or to make house calls, simple statements like "I'm here if you need me," or "we can work through this together" go a long way in demonstrating support. Admitting that you might not know the answer, but you will help find someone who does, demonstrates to your patient that you are human and that you are part of their team.

**Rule #7: Patients want to hear things in a way that they understand.**

From the moment we enter medical school we are bombarded with a new language that is filled with multisyllabic words and strange abbreviations. I have accompanied other surgeons to the surgical waiting room and have watched wide-eyed families try to understand what a "foley" is, or why their loved one is expected to have "edema." Keep it simple! Remember that your patient and his/her family did not go to medical school. Replace "foley" with catheter and "edema" with swelling.

**Rule #8: Patients want their physicians to be "reflective listeners."**

As physicians we need to guide our patients through our visit with them, extracting important information that will help us make the correct diagnosis and determine the best treatment plan. In addition to being guides, our patients want us to be good listeners.

- Limit your own talking
- Try not to interrupt
- Stay focused on your patient
- Ask open-ended questions
- Listen for feelings, not just words

Remember that the quality of your communication can translate to quality patient care. When you communicate well with your patients you validate that you are courteous and respectful. Quality communication demonstrates to your patients that you are listening carefully to them. Explaining yourself in simple, easy to understand language shows that you are able to communicate in a way that your patient can (and does) appreciate. What a surprise! These are exactly the questions that are asked in the HCHAPS survey.

## CME Corner:

### Journal Abstract and Editorial

By Marc Sedwitz, M.D.

Chairman, Continuing Medical Education Committee

*Revised Colorectal Screening Guidelines: Joint effort of the American Cancer Society, U.S. Multisociety Task Force on Colorectal Cancer, and the American College of Radiology*

#### Summary

Joint efforts of the American Cancer Society (ACS) and the major radiology and gastroenterology societies offer a comprehensive set of revised colorectal screening guidelines across multiple modalities.

Flexible sigmoidoscopy, colonoscopy, double barium enema, and CT colonoscopy are accepted choices for early detection of colorectal cancer and adenomas in average risk men and women over the age of 50.

Guaiaac-based fecal occult blood tests and the stool DNA test, have high sensitivity for cancer. The important message is that compliance with screening can prevent colon cancer and save lives.

The full article can be viewed at: [radiology.rsnajnl.org/cgi/content/full/248/3/717/DC1](http://radiology.rsnajnl.org/cgi/content/full/248/3/717/DC1).

### Editorial Response to Revised Colorectal Cancer Screening Guidelines

By Frank E. Mayer, M.D.,

Chairman, Credentials Committee

Colon cancer is the second leading cause of cancer death in this country. Compelling evidence now exists that colorectal cancer screening results in earlier detection of colon cancer, as well as decreasing the incidence of colon cancer (through removal of precancerous polyps).

There is now a general consensus that the appropriate goal of screening is cancer prevention (in addition to early detection). As such, screening technologies must be able to visualize the entire colon, with the ability to accurately identify potentially precancerous polyps.

CT colonography (virtual colonoscopy) has evolved to where it can now be considered an appropriate alternative for colon cancer screening. Medicare and other third party payers will likely adopt CT colonography as an accepted screening modality in the near future. While there are certain intrinsic limitations to the study (inability to identify "flat" polyps, difficulty in distinguishing residual debris from polyps), improved patient acceptance may result in a larger proportion of the population undergoing age appropriate screening.

Just as with colonoscopy, there is a steep learning curve in the interpretation of images obtained during CT colonography. Appropriate training and experience will be important in making CT colonography a reliable and clinically useful tool in the fight against colon cancer.

## Foundation Update



### It's that Time of Year Again

By Pam Becker  
Director of Development,  
Scripps Health Foundation

Please save the date to attend the 79th Annual Candlelight Ball on Saturday, December 6, 2008 at the elegant Grand Del Mar. Since its inception in 1930, the Candlelight Ball has raised millions of dollars to support Scripps Memorial Hospital La Jolla. For the sixth consecutive year, Betty Knight Scripps, newspaper heiress and wife of the late Edward W. Scripps (great-nephew of hospital founder Miss Ellen Browning Scripps), will chair the evening. In addition, Mrs. Scripps has generously offered a \$1.5 million challenge match to support the hospital. The black-tie event will feature dinner and dancing and is a highlight of the social calendar. Thank you to La Jolla Radiology Medical Group and the Laboratory Diagnostics Medical Group for their sponsorship support of the Ball.

Individual tickets are \$600 and additional sponsorship opportunities are still available. For more information about the Candlelight Ball or to purchase tickets, please contact Pam Becker at 626-5390 or [becker.pamela@scrippshealth.org](mailto:becker.pamela@scrippshealth.org).

## Things You Need to Know

### STSI Accepting Applications for NIH Supported Grants

The Scripps Translational Science Institute (STSI) is seeking innovative research projects. The institute is moving forward with its second solicitation for internal Pilot/Methodological Study Award applications to support translational and clinical research. The submission deadline for this cycle is November 14, and there will be additional award cycles every quarter.

Supported by the National Institutes for Health (NIH), STSI will be awarding \$1 million in direct funds over the next year for disease oriented research projects. All investigators at Scripps Health are eligible to apply. Awards range from \$20,000 to \$50,000 for one-year projects. Applications and instructions are available on the STSI website at [www.stsiweb.org](http://www.stsiweb.org), and all applications are reviewed by the STSI Science Review Committee.

### Scripps Health Dialysis Services Contract Awarded to Fresenius

By Gary Fybel, FACHE  
Chief Executive

I'm pleased to share that we have completed our analysis of the proposals for dialysis services for Scripps Health and have awarded Fresenius Medical Care North America the inpatient acute dialysis service contract for Scripps Health for the next three years, beginning December 1, 2008.

For the past few months the Scripps Dialysis Steering Committee, comprising members from the system-wide Dialysis Operations Committee, reviewed the proposals and measured them against 20 key quality and operational points. Some of the criteria included outpatient locations, quality, staffing, equipment, service, cost and physician relations. After careful consideration, the committee selected and recommended Fresenius Medical Care. This recommendation was then formally approved by the Executive Cabinet. At this point, the recommendation will be presented to all of Scripps' Medical Executive Committees for clinical quality acceptance and support.

Fresenius is the world's largest, integrated provider of services and products for

people with chronic kidney failure. Their core values of quality, honesty and integrity, innovation and improvement, respect and dignity, teamwork, and "people make the difference" align with Scripps' values of providing quality service, respect and caring for our patients in a responsible and efficient manner.

### Teens Explore Hospital

Scripps La Jolla volunteer services department offers a special program for our high school age volunteers called "Exploring". This program is a career exploration program for young men and women who are 15 - 20 years old. It is part of Boy Scouts of America's *Learning for Life* course.

Dr. Edward Paredez has been our site mentor for the past year at Scripps La Jolla, and we are always looking for new speakers and topics that would interest high school students at our monthly programs. If you are interested in sharing your expertise with the students, please contact the volunteer services department at 858-626-6077.

### Physician Media Resource and Directory

Scripps Health marketing and communications is developing a directory that will contain customized information specific for the media to help them select physicians from Scripps Health to interview for print, broadcast and electronic stories focused on well-being, health, and clinical research and innovations. This Scripps Health Physician Expert Directory would be sent to broadcast media assignment desks, health reporters and select trade publication media locally and nationally—so when a story breaks, they can refer to the directory and call us immediately to facilitate interviews.

If you would like to be considered for media interviews and have your information appear in this directory, please contact Lisa Ohmstede, manager, public relations, Scripps Memorial Hospital La Jolla, at [ohmstede.lisa@scrippshealth.org](mailto:ohmstede.lisa@scrippshealth.org) or 858-626-7142 by November 1, 2008.



# Operations Update

By Lisa Thakur, CPA, MBA, Vice President, Operations

The following are some of our current areas of focus and accomplishments:

## Patient Care

- **Patient Satisfaction**—We continue to have some ups and downs in our patient satisfaction survey results, but we were back up to the 83 percentile in August. Our biggest opportunities for improvement are “keeping the area quiet at night,” and “responsiveness of hospital staff”. We are in the process of lessening the units’ noise level at night, and increasing patient rounding to improve the responsiveness of the staff. We’ve had significant improvements in “communication with doctors,” but we are still falling short of our goals.
- **Quality Awards**—We have received 14 applications from various departments for our annual quality awards. Many of these initiatives have made substantial improvements in patient safety and quality, and will be presented to various medical staff committee meetings.
- **Department Improvement Plans**—We have identified opportunities for improvement in both our main operating room and pharmacy department. We have developed improvement plans for both areas and are in the process of implementing those plans. The plans were presented to multiple medical staff committees and invaluable feedback was provided, which we have incorporated into our plans.
- **Logistics Center**—We now have a centralized logistics center which consists of staff who are involved in patient flow. We believe this new center will decrease bed wait times, and improve the flow of patients throughout the hospital.
- **Survey Readiness**—We are working hard in focused areas to make sure that we are always ready for a survey, whether it is CMS, The Joint Commission, California Department of Public Health (CDPH), or any other accrediting or licensing organization. Our focus areas are nursing and physician documentation, environment of care, medication management, and other miscellaneous opportunities for improvement. Physicians can help by not only meeting regulatory requirements, but improve patient care by eliminating the use of dangerous abbreviations, signing history and physicals prior to surgery, date/time/sign all orders, and documenting the discharge plan as early as possible in a patient’s stay.

## Aesthetics

- **Extreme Makeover, Bathroom Edition**—The renovations of the main public restrooms on the first floor have been completed. This will be the new standard for public restrooms, and our next renovation is underway on the first floor outside administration.

## Major Projects

- **Cath Lab Expansion Project**—is complete and an open house will be scheduled for November. More information to follow.
- **SB1953 Material Testing**—is still underway throughout the hospital, but it should be completed by mid-October. This testing is necessary for us to move forward with our seismic retrofit project. One of the projects in process now is in the administrative offices, which will be completed in December. As part of that project, the main hallway outside administration is closed for two to three weeks. During this time, all emergent patient transfers to

## Campus Spotlight

### Rehabilitation Services

The rehabilitation team at Scripps La Jolla provides expert care in both an inpatient and outpatient setting. With 4,200 inpatient treatments each month and over 2,500 outpatient appointments each month, the rehab services department maintains a challenging schedule. By offering a wide range of traditional and specialized therapies, the rehab services department is committed to helping patients reach their highest level of functional ability.

With a goal of returning patients to their previous activities as quickly as possible, the therapists work closely with physicians and patients to develop individualized, effective treatment plans. Rehabilitation services is a unique department because of its direct connection with so many other areas of the hospital, including:

- Trauma
- Neuro
- Ortho
- Cardiac
- Speech
- Audiology
- Mother/Baby Unit
- Polster Breast Care Center
- Ergonomics

With their wide range of expertise and over 100 years of collective experience, the rehabilitation services department is able to integrate into all areas of the hospital to fulfill and facilitate any need that may arise. There are approximately 90 staff members, including registered physical therapists, occupational therapists, speech-language pathologists, and audiologists.

A full range of inpatient, outpatient and wellness programs are offered. These specialized programs include:

- Audiology and hearing aids
- Hand therapy
- Orthopedic physical therapy
- Oncology
- Dysphagia management
- Voice therapy
- Lymphedema management
- Pelvic floor rehab
- NDT stroke treatment
- Vestibular (balance)
- Stroke treatment and recovery (S.T.A.R.)
- Parkinson’s disease programs
- Pulmonary rehabilitation
- Cancer exercise program
- Balance exercise class
- Pre-op joint and spine class

For more information on how the rehabilitation services department can help you in maintaining quality patient care and treatment, contact 858-626-6833.

and from the ICU will go through the emergency department and radiology. Non-emergent patient transfers will go down to the basement and then up to the necessary floor. All visitors, staff, and physicians are requested to go outside between the staff entrance and the main entrance. We appreciate everyone’s support and patience during this hallway closure.

If you have any questions, comments or suggestions regarding any of these projects or initiatives, please feel free to call me at 626-6116 or [thakur.lisa@scrippshealth.org](mailto:thakur.lisa@scrippshealth.org).

## Welcome New Physicians

Please extend a warm welcome to the following physicians who joined our medical staff last month:

Rahul Ramesh Patul	
Radiology .....	858-454-4235
Sandeep Chaudhary, M.D.	
Internal Medicine/Endocrinology .....	858-646-0400
Eric Topol, M.D.	
Cardiology .....	858-554-5279
Jeffrey Ramos, M.D.	
Internal Medicine .....	858-626-7780
Paula Grayson, M.D.	
Pediatrics .....	858-764-3040
Brett Berman, M.D.	
Cardiology .....	619-427-8646
Jason Brown, M.D.	
Cardiology .....	619-528-3273
Rachel Castle, M.D.	
Anesthesiology .....	858-565-9666
George Sakoulas, M.D.	
Internal Medicine .....	858-292-4211
Gregory Mundis, M.D.	
Orthopaedic Surgery .....	858-678-0610
Jason Billingham, M.D.	
Orthopaedic Surgery .....	858-678-0610
Neha Trivedi, M.D.	
Obstetrics/Gynecology .....	619-543-2384
Kristen Quinn, M.D.	
Obstetrics/Gynecology .....	619-543-6777
Anil Shetty, M.D.	
Plastic Surgery .....	858-232-1991
Damon Dertina, M.D.	
Anesthesiology .....	858-565-9666
David Kandzari, M.D.	
Cardiology .....	858-554-9905
Bryan Chen, M.D.	
Dermatology .....	858-693-3000
Curtiss Stinis, M.D.	
Cardiology .....	858-554-9905

If you are a new physician at Scripps La Jolla, please contact Stacie Adams, physician relations manager, at [adams.stacie@scrippshealth.org](mailto:adams.stacie@scrippshealth.org) or 858-626-7174, for assistance with the following:

- Name and information with the 1-800-SCRIPPS patient referral line
- Headshot and bio on Scripps website
- IT applications login and password
- Announcement card to medical staff
- Scripps La Jolla lab coat
- Orientation materials including Physician Reference Guide

## Physicians Serving Communities in Need

### Dr. Kulreet Chaudhary Volunteers Time and Expertise to Develop Solar-powered Clinics



As if a career as a neurologist isn't enough to fill her time, La Jolla physician Kulreet Chaudhary, M.D., has recently taken on the position of medical director for Envision Solar's LifeVillage™, a non-profit project dedicated to providing medical services to remote, rural communities overseas. The project is committed to providing medical aid to less fortunate communities while promoting renewable energy production through the use of solar power as its sole energy source.

Envision Solar's LifeVillage™ project constructs medical centers using LifePods™, which are modular self-contained 'infrastructures in a crate' that can provide critical utilities in even the most remote areas of the planet. These structures include solar panels which create and store enough electricity to run a medical center 24 hours a day while creating excess energy which can be sold to surrounding communities. The LifeVillage™ also includes a self-contained water treatment unit that captures and reuses water, giving the clinic and surrounding communities access to clean water.

Construction of a LifeVillage™ can be completed within a week, and the solar electricity created also allows the structure access to a wireless network and communication with other remote medical facilities. "By allowing these communities access to clean water, electricity and wireless technology, we are essentially creating self-contained clinics where there has previously been little or no medical care whatsoever," said Chaudhary. "With the use of solar energy, the LifeVillage™ creates enough excess energy to easily pay for itself in less than one year."

Envision Solar's first demonstration LifeVillage™ is planned for installation in Côte d'Ivoire, on the west coast of Africa. The Côte d'Ivoire project, at the specific request of the country's Ministry of Energy, will incorporate a small medical clinic and a schoolhouse, including the housing for a resident doctor or nurse and the housing for a resident teacher. As medical director, Chaudhary will assist in the planning and staffing of the medical clinic.

Envision Solar is also discussing setting up a demonstration clinic in San Diego as a working example. "We want to show other countries how successful our technology is and how easily a LifeVillage™ clinic can be implemented," says Chaudhary. "This technology has the potential to change the way we look at medicine and make substantial improvements to health care access internationally."

# Scripps La Jolla Physicians in the News

*When we put forward our clinical experts and innovations to the media, we position the physicians and staff at Scripps Memorial Hospital La Jolla as expert medical resources to the medical community and general public. The following are a few examples of recent positive media coverage:*

- On Aug. 29, **NBC 7/39** ran a compelling story about a Scripps La Jolla patient, Charles Gersbach, who suffered a cervical spine fracture last Labor Day weekend while body surfing at Torrey Pines State Beach. Mr. Gersbach has since made a miraculous recovery thanks in part to the **trauma team** at Scripps La Jolla, neurosurgeon **Dr. Frank Coufal**, the rehab team at Scripps Memorial Hospital Encinitas, and the San Diego Lifeguards.
- On Sept. 18, the **La Jolla Village News** printed a story about how Scripps La Jolla pain specialist **Christopher Chisholm, M.D.**, was teaming up with professional racecar driver Michael Roman to offer help and healing to chronic pain sufferers through a free community seminar on Sept. 25.
- **Dr. Shawn Evans**, Scripps La Jolla emergency physician, was interviewed for a story about the government's new public awareness campaign to get patients and physicians to recognize the dangers of blood clots or deep vein thrombosis (DVT). The story aired on Sept. 15 on **KNSD NBC 7/39**.
- On Sept. 24, Scripps La Jolla Chief Executive **Gary Fybel** (speaking on behalf of Scripps Health) was interviewed by multiple media outlets about how Scripps is involved in the AlertSanDiego campaign. Gary emphasized how Scripps is actively involved in disaster preparedness and that all Scripps staff members and physicians were encouraged to register with AlertSan Diego following the 2007 wildfires. The story aired on **Univision, Channel 6, Channel 8**, and **KOGO** radio.
- **George Pratt, Ph.D.**, assisted with several media stories about how to calm your fears and reduce your stress level in these uncertain economic times. The stories aired on **Fox 5** on Sept. 29 and **KGTV Channel 10** on Oct. 7.
- **ABC News Nightline** ran a story on Sept. 30 called "Going into Debt to Save a Life" on bariatric surgery and patient access. The story featured **Dr. Alan Wittgrove** and his patient who had to put her surgery on a credit card because her insurance wouldn't cover it.
- **Mel Kurtulus, M.D.**, assisted with an article about laparoscopic hysterectomies for our "To Your Health" column that runs in the **Rancho Santa Fe Review, Del Mar Village Voice, Carmel Valley News, La Jolla Village Light**, and **Beach and Bay Press**.
- **Drs. Joe Shurman, Chris Chisholm, Robert Wagner, Fred Berger** and **Frank Coufal** participated in a CME panel presentation to clinical staff and physicians on new technologies and advancements of pain management.

*If you have a compelling patient story, a new procedure or state-of-the-art technology that you would like to share with the media, please contact Lisa Ohmstede, public relations manager, at 858-626-7142.*

## From the Minutes of MEC

By David Dockweiler, M.D., Medical Director, Surgical Services, Chief of Staff Elect

The medical staff and hospital are in the early stages of charting a new course in an effort to enhance patient safety and at the same time improve our overall work environment. It is a fact that virtually every aspect of patient care relies on the contributions of multiple individuals, and that the smooth, harmonious interaction of those team members is essential if a good outcome is to be achieved. Dr. Donald Moorman, a nationally recognized figure in the area of team training recently spoke here at the La Jolla Campus on this very issue, and will assist us as a consultant in our efforts to make the program a reality.

It will be difficult, and it will take time, as with any major cultural change. Individuals at all levels in the organization, from the attending surgeon to housekeeping will have to not only understand what it is to be part of a team, but also embrace their

respective roles and responsibilities. A major challenge will be getting physicians to take the necessary time to hear what the program is all about, even though building effective teams will have a huge positive impact on not only the care our patients receive, but also on our workplace as a whole.

Because the operating room is an area where interaction between medical staff, nursing, pharmacy, and ancillary personnel is especially intense, the plan is to begin the program there. A steering committee has been formed, and should have an outline of further steps to be taken in the very near future.

Like most things which are worthwhile, this will not be easy. However, in the end, the results will more than justify the effort.



# On the Calendar

## November Grand Rounds: "Diabetes Management in the Hospital Setting"

*Tuesday, November 4, 12:30–1:30 p.m.*

*Great Hall, Schaetzel Center*

Speaker: Irl B. Hirsch M.D., Diabetes Treatment and Teaching Chair, University of Washington School of Medicine Honoring Willard P. Vanderlaan, M. D., Founding Director of the Scripps Whittier Diabetes Institute

## The Future of Scripps Memorial Hospital La Jolla: Office Managers' Luncheon and Presentation

*Wednesday, November 5, 11:30 a.m.–1p.m.*

*Great Hall, Schaetzel Center,*

*Scripps Memorial Hospital La Jolla*

Join panelists Chris Van Gorder, CEO, Scripps Health; Gary Fybel, Chief Executive, Scripps La Jolla; Clark Kegley, Director, Customer Service, Information Services; Tom Sounhein, CEO, XiMED Medical Group as they discuss upcoming initiatives and projects for Scripps La Jolla. RSVP to Kristen Jentzen, physician relations specialist, at 858-626-7218 or jentzen.kristen@scrippshealth.org.

## Open House at the Outpatient Imaging Pavilion

*Thursday, November 6, 11: 30 a.m.–1 p.m.*

*light lunch and beverages*

*Scripps Memorial Hospital La Jolla campus*

Celebrating Radiology Week

## Scripps Hospital Information System Upgrade from Lastword to Centricity

*Friday, November 7, 12:15–1:30 p.m.*

*Founders Room, Schaetzel Center,*

*Scripps Memorial Hospital La Jolla*

Speaker: Joseph Traube, M.D., Vice President and Medical Director, Scripps Information Services

## 79th Annual Candlelight Ball

*Saturday, December 6, 2008*

*Del Mar Grand, San Diego*

For details, contact Pam Becker at 626-5390 or becker.pamela@scrippshealth.org



## Scripps Conference Services & CME Upcoming Conferences Listing:

For available brochures, questions, or to register:

- Call 858-652-5400
- E-mail [med.edu@scrippshealth.org](mailto:med.edu@scrippshealth.org)
- Visit [www.scripps.org/conferenceservices](http://www.scripps.org/conferenceservices)

Specialty	Conference Name	Dates	Location	Price
<b>Cardiology</b>	Heart Failure & Arrhythmias: From Prevention to Cure	November 1–2, 2008	Paradise Point Resort, San Diego	\$100
<b>Dermatology</b>	Melanoma 2009: Cutaneous Malignancy Update	January 24–25, 2009	Omni San Diego Hotel	50% off
<b>Gastroenterology-Hepatology</b>	National Hepatitis C Training Program & Update	September–November 2008	National—six cities	\$50
<b>Integrative Holistic Medicine</b>	Destination Health: Renewing Mind, Body and Soul	October 12–17, 2008	Marriott Kauai Resort Kauai, Hawaii	\$750/\$800
	The Science and Clinical Application of Integrative Holistic Medicine	November 17–21, 2008	Paradise Point Resort, San Diego	\$500/\$600
	Natural Supplements: An Evidence-Based Update	January 22–25, 2009	Paradise Point Resort, San Diego	\$300
<b>Mental Health</b>	Teens with Mental Health Disorders: Who They Really Are	October 23, 2008	San Diego County Office of Education	\$30
<b>Trauma Care</b>	The 2008 San Diego Day of Trauma—From the Front Lines to the Home Front	November 7, 2008	Joan B. Kroc Institute for Peace and Justice, University of San Diego	Physician Rate: \$175 Others \$125

## From the Grapevine

### Dr. Sunil Bhoyrul Awarded Bariatric Research Grant

Dr. Sunil Bhoyrul is leading his third prospective study for bariatric surgery. This five-year clinical outcome study will review the safety and efficacy of the Realize Band. Dr. Bhoyrul is hopeful that the study's outcome will reproduce the same excellent co-morbidity resolution as the gastric bypass, but with a much less invasive operation (1/3 of the patients are discharged the same day).



### 7 West Physician of the Month

Dr. Oyewale Abidoeye was the September physician of the month. Described as approachable, Dr. Abidoeye is known for "seeking out nurses to review a patient's plan and inquire on input." Staff on 7W also describe Dr. Abidoeye as "having a wonderful beside manner" and "working in support of nursing." "He listens to his patients and will even call in just to check on his patients!" Congratulations, Dr. Abidoeye, for being the 7W Physician of the Month.

### Dr. Wallach Helping set Policies

Dr. Sabina Wallach attended the annual Oncology Carrier Advisory Committee for Reimbursement in Washington D.C. this past September as the representative of Southern California. This meeting helps set Medicare reimbursement policies for the next year and was of particular importance because of the new regional jurisdictions and carrier intermediaries.

## Grig's Google

By Martin Griglak, M.D.

Last month's question actually stumped some of my most ardent "googlers." The last out in Don Larsen's perfect World Series game was made by Dale Mitchell, same name as our own Dale Mitchell, former chair of Ob/Gyn. Apparently Dale was even named after him! Even though I can't top that, here goes:

**An old English folk tale about a traveler burying the body of a troubled soul and paying off his debts, then later being saved by the man's spirit, is the basis of this famous band's name. What is this band?**

Now Google this!

The first medical staff member to call Kristen Jentzen (ext. 7218) with the correct answer will win a \$100 gift certificate to a local restaurant.

*La Jolla* M.D.

*La Jolla, M.D.* is a collaborative effort between the chief of staff and physician relations. If you have communications you would like to include in next month's *La Jolla, M.D.*, please send, in article format, to Stacie Adams, physician relations manager, via e-mail (adams.stacie@scrippshealth.org) by **Wednesday, November 5, 2008.**

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Scripps Memorial  
Hospital La Jolla





# *Congratulations to Scripps La Jolla "Top Docs"!*

Congratulations to the following Scripps La Jolla physicians on being selected by *San Diego Magazine* as one of the city's "Top Docs."

## **Anesthesiology**

Frank Barrack, M.D.  
Paul Corey, M.D.  
David Dockweiler, M.D.  
Bradley Foltz, M.D.  
Jason Lujan, M.D.  
Lars Newsome, M.D.  
James Parker, M.D.  
Peter Raudaskoski, M.D.  
Caron Selati, M.D.  
Richard Unger, M.D.  
Lei Wang, M.D.  
Roger Zeman, M.D.

## **Cardiology**

Charles Athill, M.D.  
John Backman, M.D.  
Martin Charlat, M.D.  
Pingfeng Du, M.D.  
Marc Effron, M.D.  
Ali Hamzei, M.D.  
Matthew Lucks, M.D.  
William Keen, M.D.

## **Dermatology**

Vishakha Gigler, M.D.  
Judith Koperski, M.D.  
Lee Kaplan, M.D.

## **Emergency Medicine**

Shawn Evans, M.D.

## **Endocrinology**

Daniel Einhorn, M.D.

## **Family Medicine**

G. Dominguez, M.D.

## **Gastroenterology**

Robert Goldklang, M.D.

## **Hand Surgery**

Richard Brown, M.D.

## **Hematology**

Laurie Frakes, M.D.

## **Internal Medicine**

Kwi Bulow, M.D.  
John Carson, M.D.  
Julie Papatheofanis, M.D.  
Bruce Covner, M.D.  
Andrew Dennish, M.D.  
Robert Fox, M.D.

## **Interventional Cardiology**

Martin Charlat, M.D.  
Shahin Keramati, M.D.  
Ali Salami, M.D.

## **Nephrology**

Joel Baranski, M.D.

## **Neurology**

J. Poceta, M.D.  
Thomas Chippendale, M.D.  
Michael Lobatz, M.D.

## **Neurosurgery**

Richard Ostrup, M.D.

## **Obstetrics and Gynecology**

Wendy Buchi, M.D.  
Keerti Gurushanthaiah, M.D.  
Dianne Rosenberg, M.D.  
Elizabeth Silverman, M.D.  
William Hummel, M.D.  
Shahram Daneshmand, M.D.  
Afshin Bahador, M.D.  
Bridgette Duggan, M.D.  
Thomas Kelly, M.D.  
Thomas Moore, M.D.  
Colleen McNally, M.D.

## **Oncology**

Joel Bernstein, M.D.  
Alberto Bessudo, M.D.

## **Ophthalmology**

Nicholas Zubyk, M.D.  
Mark Smith, M.D.  
Don Kikkawa, M.D.

## **Orthopaedic Surgery**

William Bowman, M.D.  
Lisa Miller, M.D.  
Stephen Shoemaker, M.D.  
Frank Swenson, M.D.

## **Otolaryngology**

Perry Mansfield, M.D.

## **Pain Medicine**

Lars Newsome, M.D.  
Eric Zimmer, M.D.

## **Pediatrics**

Steven Balch, M.D.  
Sonja Brion, M.D.  
Thomas Neglia, M.D.  
Stuart Rubenstein, M.D.  
Richard Walls, M.D.  
O. Wilson, M.D.  
Marilyn Jones, M.D.  
Shakha Gillin, M.D.  
Gary Chun, M.D.  
Ben Spiegel, M.D.  
Suzanne Mills, M.D.

## **Plastic Surgery**

Scott Barttelbort, M.D.  
Wendell Smoot, M.D.  
Robert Singer, M.D.  
Stephen Krant, M.D.

## **Psychiatry**

Nicholas Frost, M.D.

## **Pulmonary Disease**

William Ackerman, M.D.  
Shari Brazinsky, M.D.

## **Radiology**

Lida Chaipat, M.D.  
Ross Christensen, M.D.  
Philip Hoang, M.D.  
Charles Liu, M.D.  
Peter McCreight, M.D.  
Stephen Moreland, M.D.  
Michael Noon, M.D.  
Jerome Pierce, M.D.  
Brian Shore, M.D.  
Paul Sylvan, M.D.  
Robert Varney, M.D.  
David Vu, M.D.

## **Rheumatology**

Roy Kaplan, M.D.

## **Surgery**

Robert Barone, M.D.  
Sunil Bhoyrul, M.D.  
Paul Hyde, M.D.  
Mark Sherman, M.D.

## **Urology**

Robert Hathorn, M.D.

## **Vascular Surgery**

Marc Sedwitz, M.D.



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