Congratulations!

As part of our goal to deliver the highest quality care to children in Southwest Florida, I am pleased to announce that Alex Daneshmand, DO, MBA has accepted the position of System Medical Director of Clinical Quality and Safety at Golisano Children’s Hospital of Southwest Florida.

The position will report to me and collaborate with the Children’s Hospital CAO, Medical Director, VP of Patient Care, along with the Medical Staff Quality Team. In addition, he will work with ancillary clinical departments and Information Systems to accelerate pediatric operational performance and improve the effectiveness of inpatient clinical care. The position will interact collaboratively with hospital-based medical staff and nursing to use clinical data to identify, redesign, and improve process variations in clinical quality and safety.

Eight months ago, Dr. Daneshmand began his role as part-time Medical Director of Quality. During the short-time in this position, he has developed a quality scorecard for all units within the children’s hospital, and organized multiple quality subcommittees to reduce infection and hospital acquired conditions at Golisano Children’s Hospital.

In this position as full-time Systemic Medical Director of Clinical Quality and Safety, he will act as a resource to all clinical leadership in promoting common goals of patient safety, excellent clinical outcomes, and improved quality of care.

Please join us in welcoming Dr. Daneshmand to this new role, and support him as we continue to build the Golisano Quality and Safety Program.

Charles A. Krivenko MD, MHA
Chief Medical Officer, Clinical and Quality Services
Lee Memorial Health System, Fort Myers, FL
(239) 343-6573 (phone)
(239) 343-6577 (Fax)
chuck.krivenko@leememorial.org
Dear Colleagues:

In April, we shared that our hospitals would be receiving 1-star ratings from the Centers for Medicaid and Medicare Services in its upcoming report. Though CMS decided to delay the national release of the scores until July, we shared our ratings proactively because it reflects our ongoing commitment to transparency.

We’re pleased to share that after reviewing CMS’ next round of star ratings scores, two of our hospitals – Cape Coral and Gulf Coast Medical Center – have moved from a 1-star to a 2-star rating. The scores reflect the actions we’ve taken over the past several years to improve quality. (Note: scores are updated in quarterly increments; the July 2016 scores include data from 2012 through 2015.)

Over the last few months, we’ve been hard at work on improving in three key areas: clinical documentation, patient experience and clinical quality. Many of you have been involved in these efforts. Recent highlights include:

- Developing a multidisciplinary team to review our clinical documentation and coding processes.
- PricewaterhouseCoopers, a widely-respected auditing firm, found that our ICD 10 and CDI programs are 96% accurate, which is considered a best practice when compared to other hospitals.

Continuing our efforts to enhance EPIC so that it facilitates high-quality patient care. For example, you may have noticed that we recently added best practice alerts to patient profiles, when their body mass index indicates they are obese, so care teams can intervene proactively.

Launched the Enhanced Recovery after Surgery Program at Cape Coral Hospital with plans to initiate Lee Memorial and Gulf Coast. We appreciate the time and input of surgical teams at each site as we continue to gather feedback and share progress updates.

What comes next:

We’re committed to achieving our quality goals. To this end, we are looking at a number of changes big and small to improve how we provide care. In the coming months, we’ll be sharing important quality and operational updates and will provide actionable next steps as they are available.

You play a critical role:

We need everyone on the same page – and the same team – as we work to meet our quality goals. As physicians, you play an important role in setting the tone for engagement, collaboration and innovation throughout the organization. We look forward to partnering with you to meet our quality goals.

As always, please contact me know if you have any questions or ideas on how we can continue to improve.

Thank you,

William Carracino, M.D., VP/CMIO
Colleagues,

We will be upgrading to the 2015 version of Epic on Saturday, July 2nd 2016.

There will be a downtime in the middle of the night that should not affect most providers.

**These are a few of the Epic 2015 highlights:**

- Refreshed appearance with a cleaner look and feel
- Patient list shows more info in less space
- Printing of patient lists allows selection of paper orientation and font size
- Easier navigation in Chart Review
- New LDA section of chart review to see past encounter Lines, Drains and Airways
- Progress note subjective/objective can be anchored to the sidebar, allowing review of other areas of Epic while writing your note
- Adding a new problem to the problem list will alert you if a similar problem is on the list
- Improved chart search functionality
- Lab results display in a table without “order” clutter
- Order display will show a beginning and end time
- Signed and Held orders entered for discharge readmit will be blocked from being released on the encounter they were entered on

The 2015 upgrade is currently available in the sandbox, so please make sure you check it out!

**Epic 2015 Sandbox user name and passwords**

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Thank you for your interest and patience during this exciting time with this latest Epic update. I am certain we will all benefit from new the features. As always there is some discomfort with this level of change and we are here to help you.

Please let us know how we can help.

William Carracino MD
VP & CMIO
239-343-8026
Clariﬁcation on Direct Admissions:

Over the past several years, Lee Memorial Health System has seen an unprecedented increase in patient volumes. It’s important to acknowledge that overcrowding is not a hospital issue; it’s a system-wide issue that requires a system-wide response.

Over the past year, the System Bed Capacity Oversight & Steering Committees have been developing a community and health system-wide plan to improve our bed capacity and flow through our continuum of care, with some customization to acknowledge unique facility needs. This includes reﬁning and implementing a standardized Direct Admissions process (see accompanying graphic), so that office-based physicians can admit patients directly into the hospital and bypass the ED altogether when emergency care is not medically necessary.

It’s important everyone acknowledges this as standard procedure going forward. Copies of this graphic are available through the Transfer Center (call 343-2370 for a copy). Please post it in your office for staff use. Efforts to remove patients who don’t require emergent care from the ED setting will enhance patient ﬂow while improving care delivery and patient satisfaction. An ongoing evaluation of these processes will help ensure the health system functions optimally and that patient and physician satisfaction continues to grow.

An immense amount of work has gone into managing capacity and patient ﬂow. We particularly appreciate the following individuals for their time and effort on the Direct Admissions effort: Raymond Kordonowy, M.D.; Bill Hearn, D.O.; Stephen Zellner, M.D.; Larry Hobbs, M.D.; Valerie Dyke, M.D.; Douglas Savage, M.D.; Larry Antonucci, M.D.; Sumeet Shetty, M.D.; and Andrea Snyder.

Submitted by

Lisa Sgarlata       Scott Kashman
CAO, Lee Memorial Hospital  CAO, Cape Coral Hospital
Lee Memorial Health System is dedicated to safe, quality health care. When an emergency occurs, clear communication is important for quick response to protect patients and staff. One way to ensure the quickest response in an emergency is to standardize emergency dial codes. Effective May 1, the emergency dial code in all Lee Memorial Health System hospitals will be: 444.

The emergency code system notifies staff about an event that requires immediate action. The intent is to relay urgent information in a timely, understandable manner and elicit a prompt and proper response. Standardizing the dial code across the system provides clarity since employees often work in more than one facility, sometimes within the same day.

All gold card emergency information listings will be updated to reflect the new 444 dial code, and you may notice reminders posted near employee time clocks and volunteer check-in stations. Team meetings and huddles are great opportunities to remind staff of this important change, and to review all emergency codes.

For more information, or if you have any questions, please see your immediate supervisor.
Colleagues:

We are pleased to announce the beginning of the Oncology Morbidity and Mortality Review Committee. The purpose of this multidisciplinary group will be to review and discuss oncology cases to improve processes and to guide safe and high quality oncology care at LMHS.

The Committee will be chaired by Dr. Mark Bloomston and will report to the LMHS Medical Staff Quality Committee. Cases selected for presentation each month will be those where any phase of the work-up or treatment of a cancer patient may have resulted in significant morbidity, mortality or a delay in treatment.

The Committee’s focus is to review significant aspects of cancer care in an effort to improve patient outcomes via process improvements using evidence-based practice recommendations and national standards. All practitioners involved in the care of cancer patients are invited to attend.

**DATE:** The first meeting will begin on—Wednesday, July 6th, 2016 and thereafter, on the first Wednesday morning of each month.

**LOCATION:** Boardroom, 1st Floor, LMH

If you have any questions, please contact:

Dr. Mark Bloomston via e-mail at mark.bloomston@21co.com, or

Denise Anderson, System Director, Physician Quality at (239) 561-5024, or

Denise.anderson@leememorial.org
Has your email address changed for your home or office?

Please email kim.coombs@leememorial.org or call her at 239-343-2142 with your new email address.

Thank you.

Please submit any future Medical Staff Matters Newsletter Articles to:
Anola Jones via e-mail at anola.jones@leememorial.org
Pharmacy and Therapeutics Updates

Formulary Decisions: Effective Immediately

Additions:

Telavancin (Vibativ) – An intravenous glycopeptide antibiotic indicated for the treatment of complicated skin and soft tissue infections caused by gram positive organisms including MRSA. Telavancin is added to formulary due to increasing resistance to current antibiotics and is restricted to ID Physicians.

Patiromer (Veltassa) – An oral potassium binding polymer indicated for the treatment of chronic hyperkalemia. Patiromer is not indicated for the treatment of acute hyperkalemia. Patiromer is restricted to nephrology for use in chronic hyperkalemic patients already on Patiromer (Veltassa) at home with the need to continue therapy while in the hospital. A nephrology consult must be made for any new in-patient start of this medication. A black box warning cautions against administration of other medications 6 hours before and 6 hours after any dose of patiromer (Veltassa®) due to the polymer binding mechanism of action. A pharmacist will coordinate medication administration timing to avoid any drug interactions with Patiromer.

Sugammadex (Bridion) – An intravenous medication that binds with and inactivates neuromuscular blocking (NMB) agents rocuronium and vecuronium. Sugammadex will serve as a second line agent if neostigmine is contraindicated or there is a clinical need to reverse NMB soon after administration.

Bexsero - An intramuscular meningococcal group B vaccine added to formulary in accordance with the updated guidelines from the Advisory Committee on Immunization Practices (AICP - CDC).

Formulary Deletions:

Flutamide 125 mg capsules

Tucks Rectal Ointment

Acitretin (Soriatane) 10mg and 20 mg capsules

Removal of ALL Testosterone patches

Donnatal

Menomune
**Therapeutic Interchanges: Effective Immediately:**

Donnatal auto-substitution dicyclomine (Bentyl) 20mg

**Additional Drug Information:**

Infliximab (Remicade)

1) Infliximab (Remicade) will be restricted to outpatient infusion, except for cases of exacerbation or in pediatrics for first the dose of therapy where children are observed for a drug reaction.

2.) Infliximab (Remicade) will be infused over 1 hour-(for ADULTS)

Talc Slurry for Pleurodesis: Administration Instructions for Chest Tube instillation.

Talc Slurry for chest tube pleurodesis lacked administration instructions attached to the EPIC medication entry. The Pharmacy and Therapeutics Committee (in consultation with pulmonologists) approved the following Instructions:

Physician or mid-level to instill slurry via chest tube
For Chest tube instillation only. DO NOT ADMINISTER INTRAVENOUSLY.
Instill 5 gm total = two 2.5 gram syringes.
Clamp chest tube for a total of 2 hours.
Unless contraindicated, reposition the patient in bed to distribute the slurry within the thoracic cavity.
Reposition the patient in bed every 15 minutes in the following interval fashion: Feet up (Trendelenburg) 15-20 degrees followed by head up (reverse Trendelenburg) 20-45 degrees followed by lying flat on right side followed by lying flat on left side. Perform this interval positioning cycle twice.
After 2 hours, unclamp the chest tube to drain to suction or as per prescriber instructions.

Folic Acid, and Thiamine addition to the IV – PO interchange policy (Policy# D730 07 01 005)
Pharmacists can interchange PO medications for IV medications if policy defined criteria for PO medication administration are met.
IV to PO dose conversion is 1:1
IV therapy would initiate for a minimum of 3 days IV therapy prior to consideration for IV-PO switch.
Patients with a diagnosis of Wernicke encephalopathy will be excluded from protocol.
Pharmacy and Therapeutics Updates

Meningococcal Vaccination Update:

ACIP meningococcal vaccination guidelines have been updated (see attached) to recommend Menactra or Menveo + Bexsero or Trumenba for asplenic patients

Bexsero and Trumenba do not differ with respect to efficacy or safety

Bexsero is currently being used in the pediatric sickle cell population-this will continue

Update Splenectomy order set to Menactra + Bexsero for all adult splenectomy patients

Current Drug Shortages 6-2016:

Ampicillin/sulbactam Injection – on shortage, limited availability

Cefotaxime Injection – product discontinuation by one manufacturer, reserved for pediatric patients, under allocation. Only stocked at HP.

Cefepime 2g Injection – on shortage, very limited availability

Imipenem/cilastatin – on shortage, limited availability

Indigo Carmine 0.8% Injection - not available

Meningococcal polysaccharide vaccine (Menomune) – not available, being removed from formulary

Oxycodone/Acetaminophen Liquid – discontinued by manufacturer

Piperacillin/tazobactam Injection – on shortage, limited availability

THAM – Tromethamine – discontinued by manufacturer.

Tigecycline Injection – on shortage, not available

Vecuronium Injection – on shortage, limited availability
## NEW ORDER SETS

### NEW

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### TRANSFER ORDERs

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<tr>
<td>3016</td>
<td>PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY &amp; STENT</td>
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### POST-PROCEDURE ORDERS

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<td>CARDIAC CATHETERIZATION POST-PROCEDURE ORDERS</td>
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<td>3068</td>
<td>ORTHOPEDIC POST-PROCEDURE ORDERS</td>
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<tr>
<td>3116</td>
<td>MED/SURG/PROGRESSIVE CARE ADMISSION ORDERS</td>
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<tr>
<td>3145</td>
<td>ADULT DIABETIC KETOACIDOSIS/HYPERGLYCEMIA HYPEROSMOLAR SYNDROME</td>
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### ADMISSION ORDERS

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<td>OCULOPLASTIC POST-PROCEDURE ORDERS</td>
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<td>3611</td>
<td>GENERAL MEDICINE ADMISSION ORDERS</td>
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<td>NEONATAL CENTRAL VENOUS CATHETER FLUSHING ORDERS WITH HEPARIN</td>
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<td>ORTHOPEDIC SHOULDER POST PROCEDURE ORDERS</td>
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<td>PEDIATRIC ANESTHESIA POST PROCEDURE ORDERS</td>
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<td>INDUCED HYPOTHERMIA FOR CEREBRAL SALVAGE OF CARDIAC ARREST PATIENTS</td>
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<td>OUTPATIENT PLASMAPHERESIS ORDERS</td>
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<tr>
<td>3899</td>
<td>INPATIENT APHORESIS ORDERS</td>
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NEW**GLUCOSTABILIZER**

Lee Diabetes Care is pleased to announce that the GlucoStabilizer® will replace the Glucommander throughout LMHS on May 24, 2016 at 8:00 AM. NEW patients requiring insulin drip regulation with a physician order will be placed on GlucoStabilizer® at that time.

GlucoStabilizer® is a network-based computerized algorithm software program that is used to calculate the insulin infusion rate to facilitate hyperglycemia management and maintain euglycemia in the hospital setting. LMHS will utilize this program for adults only, age 18 and older.

Physician order is required to initiate IV insulin infusion managed by the GlucoStabilizer. Revised order sets will be available for use on the LIVE date, May 24, 2016. New drip settings will be programmed into the GlucoStabilizer. Laptop devices on mobile carts will house the GlucoStabilizer application. Physicians will be able to view the application from the Epic application links.

GlucoStabilizer® E-learning available via Skillport catalog under the Clinical folder. Please refer to the following resources for more information: www.mdnllc.net, www.glycemiccontrol.net

Contact Sherry Ludwig with Lee Diabetes Care for any questions at 239-424-3143.
NEW PROVIDERS

Karen Allen, D.O. – Internal Medicine-Hospitalist-GCMC
Dr. Allen obtained her degree from Lake Erie College of Osteopathic Medicine. She completed an Internal Medicine Residency at Corpus Christi Medical Center and is certified by the American Osteopathic Board of Internal Medicine. Dr. Allen has joined Florida Medical Affiliates.

Elisabeth Anacius, M.D. – Family Medicine-Hospitalist CCH, GCMC, HPMC, LMH
Dr. Anacius obtained her degree at Jefferson Medical College. She completed a Family Medicine Residency at Hunterdon Medical Center and is certified by the American Board of Family Medicine. Dr. Anacius has joined LPG-Hospitalist Group.

Petronela Antohi, M.D. – Internal Medicine Hospitalist-CCH, GCMC, HPMC, LMH
Dr. Antohi obtained her medical degree at the Universitatea de Medicina si Farmacie di Craiova in Romania. She completed an Internal Medicine Residency at St. John’s Episcopal Hospital and is certified by the American Board of Internal Medicine. Dr. Antohi has joined LPG – Hospitalist Group.

Stephen Karman, M.D. – Internal Medicine Hospitalist-CCH, GCMC, HPMC, LMH
Dr. Karman obtained his medical degree at St. Georges University School of Medicine. He completed an Internal Medicine Residency at NY Methodist Hospital and is certified by the American Board of Internal Medicine. Dr. Karman has joined LPG – Hospitalist Group.

Nesreen Kurtom, D.O. – Internal Medicine-Hospitalist-CCH, GCMC, HPMC, LMH
Dr. Kurtom obtained her degree at Philadelphia College of Osteopathic Medicine. She completed an Internal Medicine Residency at Greater Baltimore Medical Center and is certified by the American Board of Internal Medicine. Dr. Kurtom has joined LPG – Hospitalist Group.

Dionardo Medina Encarnacion, M.D. – Internal Medicine/Hospitalist-CCH, GCMC, HPMC, LMH
Dr. Medina obtained his medical degree at the Universidad Autonoma de Santo Domingo. He completed an Internal Medicine Residency at St. Barnabas Hospital and is certified by the American Board of Internal Medicine. Dr. Medina has joined LPG – Hospitalist Group.
NEW PROVIDERS

Eric Reyes-Grajales, M.D. – Infectious Disease
GCMC, HPMC, LMH
Dr. Reyes-Grajales obtained his medical degree from the University of Puerto Rico. He completed an Internal Medicine Residency and Infectious Disease Fellowship at the VA Caribbean Health Care System. Dr. Reyes-Grajales is certified in Internal Medicine and Infectious Disease by the American Board of Internal Medicine and has joined LPG-Infectious Disease.

Ivo Seni, M.D. – Internal Medicine/Hospitalist
GCMC
Dr. Seni obtained his medical degree at the Universidad de Cartagena. He completed an Internal Medicine Residency at Kettering Medical Center and is certified by the American Board of Internal Medicine. Dr. Seni has joined Florida Medical Affiliates.
NEW ALLIED HEALTH PROFESSIONALS

Michael Eaker, PA
CCH
Cape Coral Emergency Physicians
Dr. Alan Claunch

Kevin Lille, PA
GCMC
SW Florida Emergency Physicians
Dr. Larry Hobbs

Melissa Facey, ARNP
CCH, GCMC, HPMC, LMH
Millennium Hospitalist Group
Dr. David Bruah

Drutika Patel, PA
CCH, GCMC, HPMC
Radiation Therapy Services
Dr. James Rubenstein

Catherine Gryzmala, CRNA
CCH, HPMC, LMH
Medical Anesthesia
Dr. Ralph Gregg

Cecily Rose, CRNA
CCH, HPMC, LMH
Medical Anesthesia
Dr. Ralph Gregg

Theresa Heffernan, CRNA
CCH, HPMC, LMH
Medical Anesthesia
Dr. Ralph Gregg

Mary Weimer, CNM
GCHSWF, GCMC, HPMC, LMH
Family Health Centers
Dr. Jeff Garner
### PRACTICE UPDATES

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<th>PRACTITIONER</th>
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<th>C/S/Z</th>
<th>PHONE</th>
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<tbody>
<tr>
<td>Maria R. Beltran, M.D.</td>
<td>Virtual Radiologic Professionals</td>
<td>11995 Singletree Lane, #500</td>
<td></td>
<td>952-595-1100</td>
<td>952-935-2757</td>
</tr>
<tr>
<td>Nadie C. Jean-Charles, M.D.</td>
<td>Virtual Radiologic Professionals</td>
<td>11995 Singletree Lane, #500</td>
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<td>952-595-1100</td>
<td>952-935-2757</td>
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<tr>
<td>Harvey N. Esrov, M.D.</td>
<td>Virtual Radiologic Professionals</td>
<td>8791 Conference Drive</td>
<td></td>
<td>239-938-3500</td>
<td>239-938-3555</td>
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<tr>
<td>William D. Kirsh, D.O.</td>
<td>LPG-Hospitalist Group</td>
<td>9981 S. HealthPark Drive, #159</td>
<td></td>
<td>239-343-2052</td>
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<tr>
<td>Amit Parmar, M.D.</td>
<td>LPG-Hospitalist Group</td>
<td>9981 S. HealthPark Drive, #159</td>
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<tr>
<td>Karen D. Allen, D.O.</td>
<td>Florida Medical Affiliates</td>
<td>8971 Daniels Center Drive, #307</td>
<td></td>
<td>239-210-4247</td>
<td>239-210-4248</td>
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<tr>
<td>Rishi H. Ramlogan, M.D.</td>
<td>Surgical Healing Arts</td>
<td>6150 Diamond Center Ct., #1300</td>
<td></td>
<td>239-344-9786</td>
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<tr>
<td>Anthony c. Brown, M.D.</td>
<td>FL Neurology Group</td>
<td>12670 Whitehall Drive</td>
<td></td>
<td>239-936-3554</td>
<td>239-936-8993</td>
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<tr>
<td>Robert F. Hubbard, M.D.</td>
<td>LPG at The Sanctuary</td>
<td>8960 Colonial Center Drive, #300</td>
<td></td>
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<td>James S. Rickards, M.D.</td>
<td>Virtual Radiologic Professionals</td>
<td>11995 Singletree Lane, #500</td>
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<tr>
<td>Jeremy J. Macke, M.D.</td>
<td>Virtual Radiologic Professionals</td>
<td>11995 Eden Prairie Lane, MN 55344</td>
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<tr>
<td>Mark A. McGehee, M.D.</td>
<td>Virtual Radiologic Professionals</td>
<td>11995 Eden Prairie Lane, MN 55344</td>
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<td>Thomas D. Hudson, M.D.</td>
<td>Virtual Radiologic Professionals</td>
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<td>Timothy J. Norton, M.D.</td>
<td>Virtual Radiologic Professionals</td>
<td>11995 Eden Prairie Lane, MN 55344</td>
<td></td>
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</tr>
</tbody>
</table>
““ENT Potpourri: Everything You Need to Know About Pediatric ENT in 20 Minutes”

Stuart Morgenstein, D.O.
GCHSWFL Pediatric Ear, Nose & Throat
Thursday, June 23, 2016 6:30 – 7:30 PM
The Captain’s Table
1200 W Retta Esplanade, Punta Gorda, FL 33950
Target Audience: Pediatricians, PAs, ARNPs and Nurses
Learning objectives: Participants will be able to better identify laryngomalacia and rate its severity, discuss how laryngomalacia develops, identify what else presents similarly to be considered, identify treatment options. Participants will also be able to enhance their ability to recognize, diagnose and treat the most common ENT disorders.
RSVP for CME and Dinner by June 20th – 239-849-2871 or email: Kerri.Black@leememorial.org
Lee Memorial Health System is accredited by the Florida Medical Association to provide continuing medical education for physicians.
Lee Memorial Health System designates this live activity for a maximum of 1 AMA PRA Category 1 Credit(s)TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
This activity has been reviewed and is acceptable for up to 1.00 prescribed credit(s) by the American Academy of Family Physicians.
Lee Memorial Health System is an approved provider of continuing Nursing Education (FBN2151).
Lee Memorial Health System has applied for 1 contact hour for this lecture.
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