Community Health Network

Community Hospital East
1500 North Ritter Ave
Indianapolis, IN 46219
317-355-1411

August 4, 2014

William C VanNess II, MD – Indiana State Health Commissioner
Indiana State Trauma Care Committee
Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

Subject: Community Hospital East's Application for "in the ACS Verification Process" for Level III Trauma Center designation.

Indiana State Trauma Care Committee:

Community Health Network is committed to enhance the health and well-being of the community we serve. Of the estimated 32,000 Hoosiers hospitalized each year from injuries, many depend on Community Hospital East for the provision of quality care. As part of our commitment to provide optimal care to the injured patient, our facility has embarked on the journey to become verified by the American College of Surgeons as a Level III Trauma Center. Indeed, morbidity and mortality following injury is significantly lower for patients taken to a trauma center.

While several discussions preceded, our leadership team at Community Hospital East first met November 18, 2013 to begin planning. Since then, we have met on a regular basis to not only validate the need with objective and measureable data, but to build consensus and support with medical staff. Our Trauma Program Manager was hired on April 28, and the role summary for a Trauma Medical Director was published on June 6. With an unwavering commitment to exceptional patient care, this team has been meticulous in addressing each requirement for verification outlined in the Resources for Optimal Care of the Injured Patient publication.

Respectfully,

Paige Dooley

Paige Dooley MSN, MBA, RN, NE-BC
Vice President Patient Services/CNE
Community Hospital East

Scott Teffeteller, MBA, FACHE
President, East Region
Community Health Network

Community
Health Network

Community Hospital East Annual Report

2013 Year in Review- Hospital Performance for Value Based Purchasing and other Key Quality Outcome Metrics

Paige Dooley RN, VP Patient Services/CNE
Julie Ertel RN, Site Leader Quality Resources
Sue Heinzman MS, RN, ACNS-BC, CHE
Scott Teffeteller MBA, East Region President
Don Ziperman MD, VP, Clinical Performance

July 21, 2014

2A

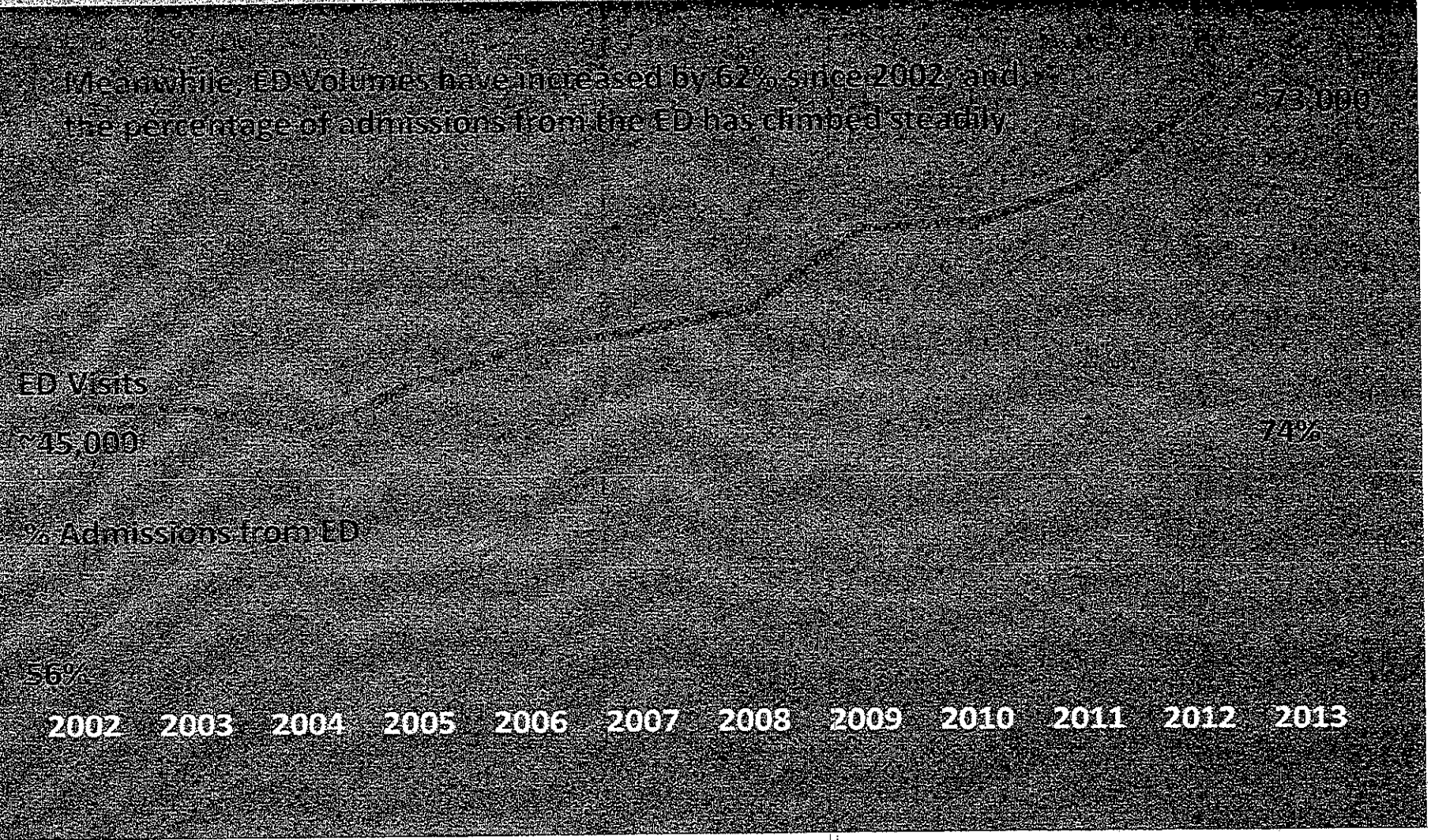
CHE Awards/Recognition and Regulatory visits

- Chest Pain Certification May 2012-recertifcation in May 2015
- American Heart Association Silver Award for Stroke, March 2012
- **Joint Commission re-certification for Advanced Primary Stroke Center of Excellence, May 2014**
- **Joint Commission Center of Excellence for Joint Care (knee and hip) May 2014**
- Indiana State Dept of Health survey, successful survey-Feb 2013
- Joint Commission Certification, 2012-current
- **Community Hospital East Emergency Department is being recognized at our annual *What's Right in Health Care®* for substantial achievement in reduction of Left Without Being Seen (LWOBS), August 2014 in Chicago.**
- Participation in National Database of Nursing Quality Indicators

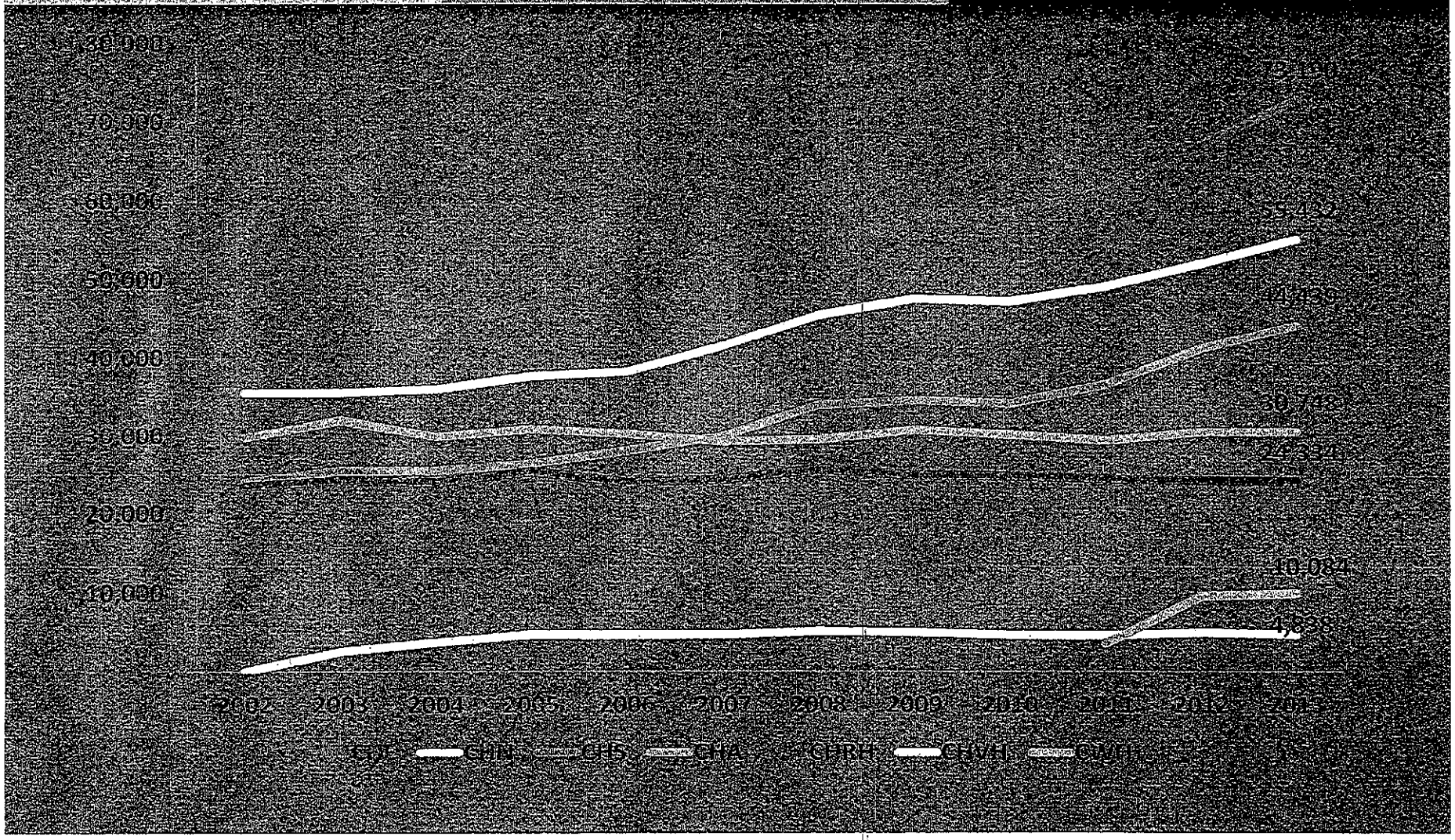
3A

CHE History: ED Utilization

Meanwhile, ED Volumes have increased by 62% since 2002 and the percentage of admissions from the ED has climbed steadily



Emergency Department Visits



5A

Ambulatory Strategy for East Region

East Region Medcheck Visit Volumes

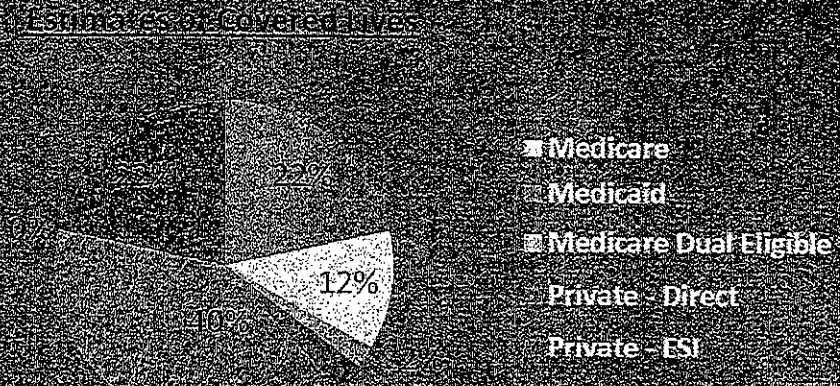
Medcheck East Visits
(Includes Urgent Care/Occ. Health/Infusions)

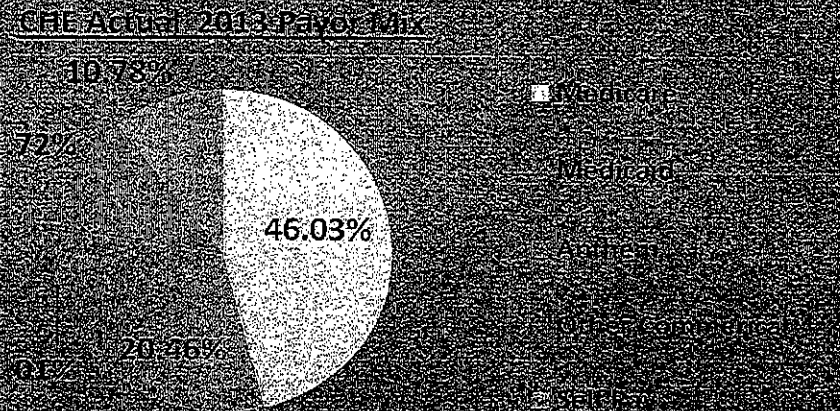
2011 = **26,299**
2012 = **30,799** (17% increase)
2013 = **32,341** (6% increase)

6A

East Region - Population in need of a safety Net

- The East Region has one of the most socio-economically challenged population of all of CHNW's service areas, with the highest percentage of uninsured and Medicaid-covered population of any CHNW region (45%)
- Roughly 60% of the population does not have commercial insurance
- Coverage expansion will not provide immediate relief for an ED that is seen by many as the sole source for Primary Care





Value Based Purchasing
Process of Care Performance

Network Summary 2014								
Core Measure Data for Value Based Purchasing Clinical Process of Care Measures								
2014								
VBP Core Measures: % Top Decile YTD (Jan-Jun; July will begin new period and accumulate through December to coordinate with LEM)	North	South	East	CHVH	Anderson	Howard	Westview	Network
January YTD	[illegible]	71.43%	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
February YTD	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
March YTD	71.43%	[illegible]	80.95%	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
April YTD	74.07%	74.07%	77.78%	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
May YTD								
June YTD								
New Period begins for YTD								
July YTD								
August YTD								
September YTD								
October YTD								
November YTD								
December YTD								
Targets: LEM 3	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%

Top Decile	99-100%
Top Decile	99%

LEM Scoring for VBP Core Measures % Top Decile Performance	LEM Ratings				
	1	2 (Current)	3	4	5
Network and All Hospitals	[illegible]	71.30%	75.00%	[illegible]	[illegible]

84A

Readmissions-summary YTD

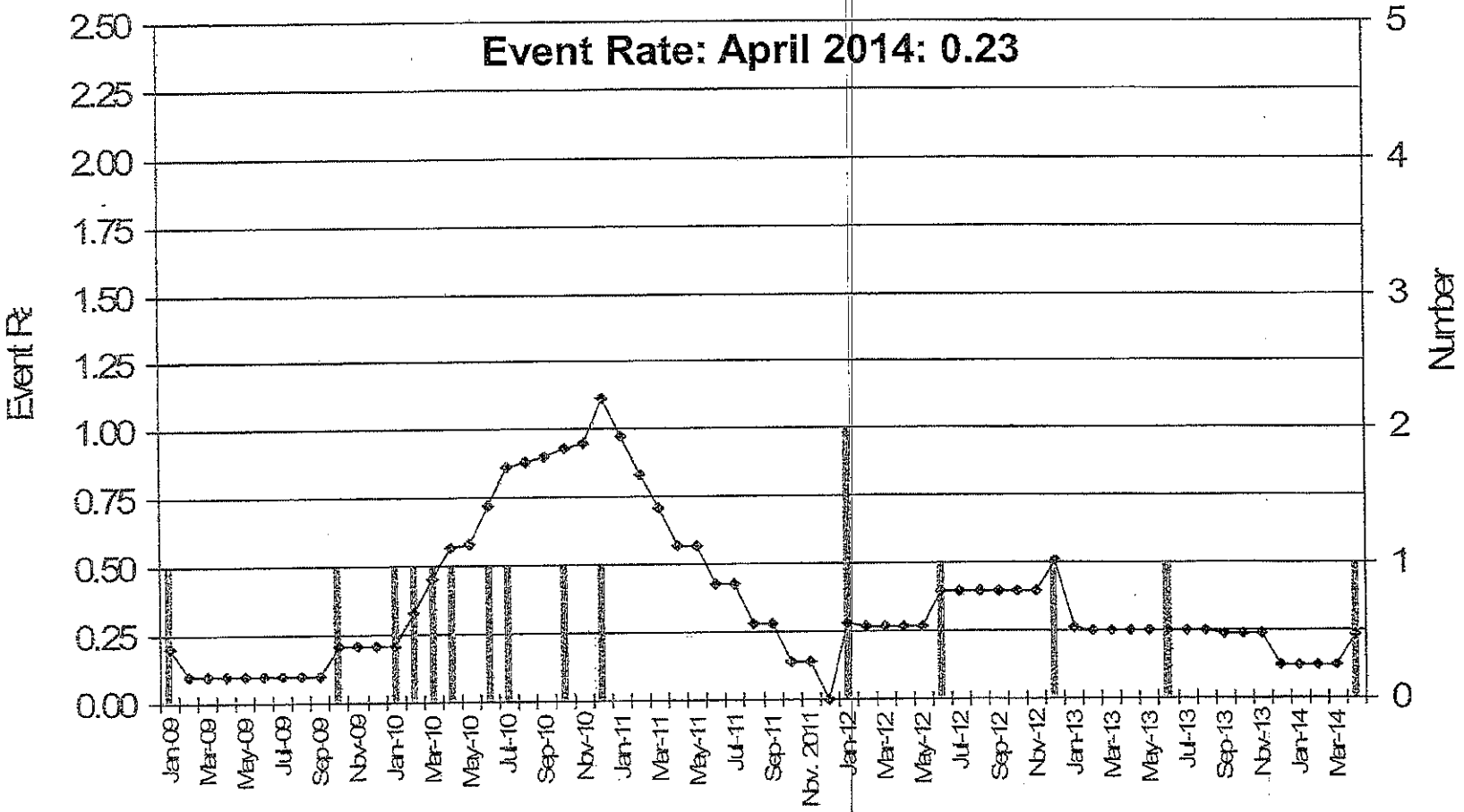
Readmission Rate: All payor unplanned YTD (Jan-Jun; July will begin new period and accumulate through December to coordinate with LEV)	2014							
	North	South	East	CHMH	Anderson	Howard	Westview	Network
January YTD	[illegible]	9.70%	12.88%	[illegible]	[illegible]	[illegible]	[illegible]	11.23%
February YTD	[illegible]	10.25%	12.33%	12.31%	[illegible]	[illegible]	[illegible]	11.14%
March YTD	[illegible]	10.15%	12.88%	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
April YTD	12.16%	10.02%	12.67%	[illegible]	[illegible]	[illegible]	[illegible]	11.29%
May YTD								
June YTD								
	New Period begins for YTD							
July YTD								
August YTD								
September YTD								
October YTD								
November YTD								
December YTD								
Targets: LEV13	11.44%	9.93%	12.81%	11.92%	8.70%	8.68%	8.44%	10.62%

LEV1 Scoring for All Payor Unplanned Readmissions	LEV1 Rating				
	1	2 (Current)	3 (6% Reduction)	4 (10% Reduction)	5 (12% Reduction)
CHN	[illegible]	12.17%	11.44%	[illegible]	[illegible]
CHS	[illegible]	10.58%	9.93%	[illegible]	[illegible]
CHE	[illegible]	13.63%	12.81%	[illegible]	[illegible]
CHMH	[illegible]	12.68%	11.92%	[illegible]	[illegible]
CHA	[illegible]	9.25%	8.70%	[illegible]	[illegible]
CHRH	[illegible]	9.23%	8.68%	[illegible]	[illegible]
CHW	[illegible]	8.98%	8.44%	[illegible]	[illegible]
Network	[illegible]	11.30%	10.62%	[illegible]	[illegible]

9A

Serious Safety Event Rate
Community Hospital East
From January 2009

Rolling 12-months serious safety events, expressed per 10,000 adjusted patient days



101A

Performance Improvement Projects 2013/2014

- 5 Towers Cart Project (spread to 3T)
- Concurrent chart review for VTE ordering and timing, Foley removal, beta blocker usage.
- Outpatient Flow Assessment Task force
- Medline change over in June 2013
- Patient Flow team
- Readmission teams-All cause
- Frequent guest improvement team
- Purposeful Rounding Committee
- Multiple projects to improve ED flow-fast track, improvements at triage
- Extended Stay patient weekly review
- Combo lab for IR /CT planned
- Chest Pain improvement project
- Trauma Certification application-Level 3
- Care management review for COPD and Renal patients

CHE STEMI Data

Community Hospital East

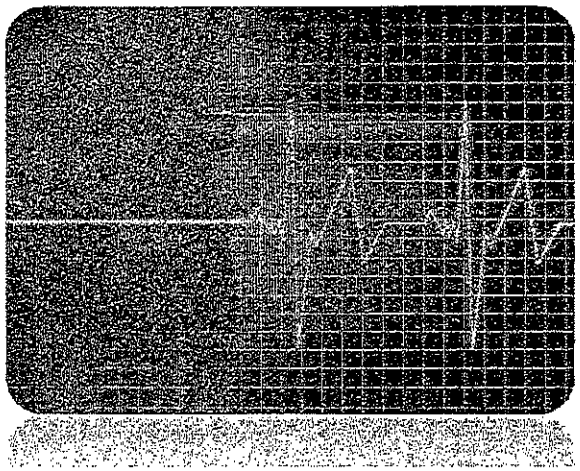
April 2014

Best Time
- 45 minutes—Called from the field!

Monthly Average
- Door-to-Balloon Time 65 minutes

2014 Average
- Year-to-Date: 60 minutes

STEMI Activations:
- Total Activations: 9
- Interventions: 6 of 9



Saving Lives...
One Heart Attack at a Time

STEMI = ST Elevation Myocardial Infarction = Acute Heart Attack

12A

Core Measure Improvement Strategies

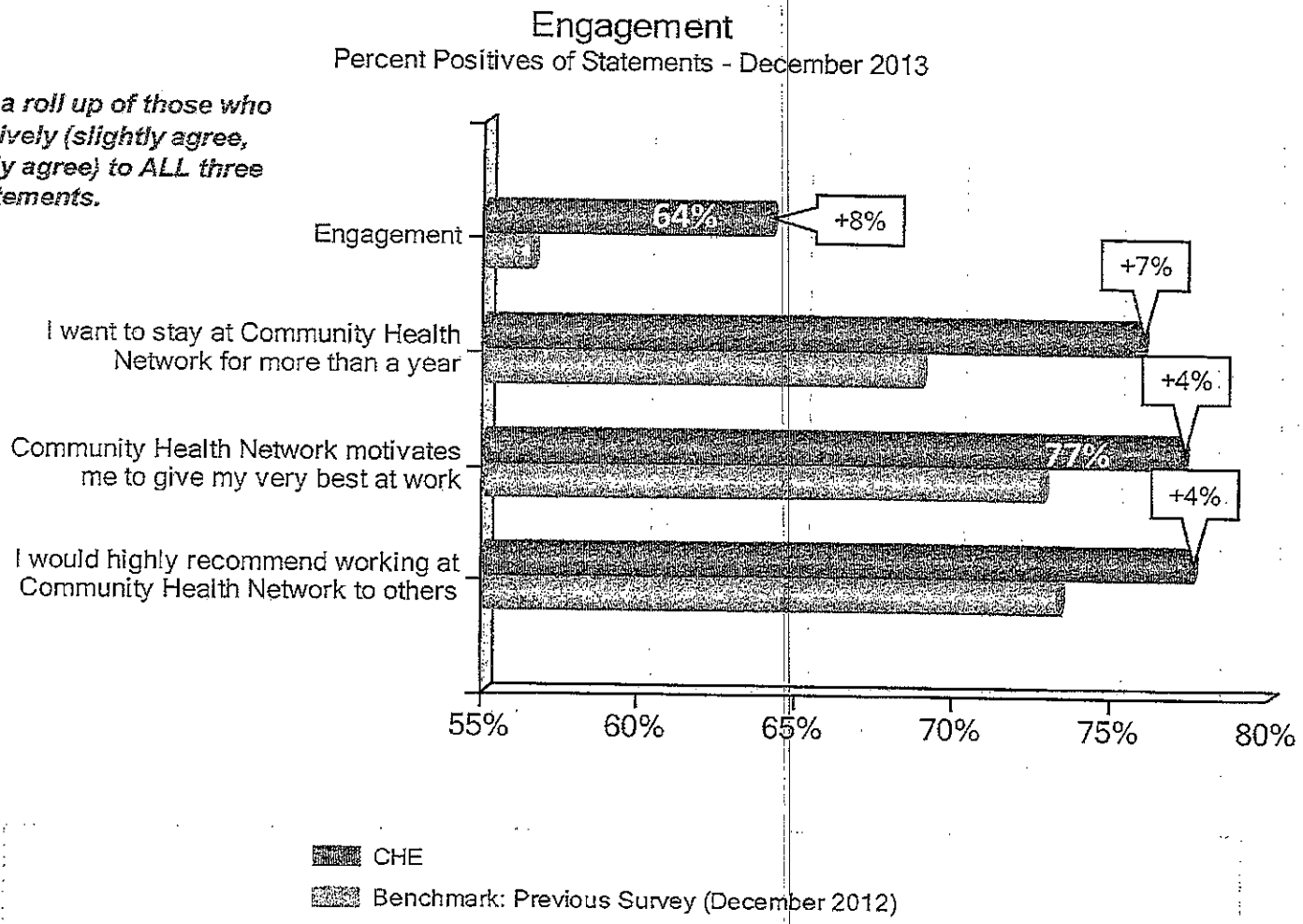
- Concurrent chart reviews
- Excellent nurse management follow up
- Case by case "drill down" for every failure case, with organizational learning and follow up for issues
- Poster educational presentation about Value Based Purchasing in March, 2013
- Network Frontline Improvement of CMS Indicators Team
- CHE greatest opportunity is pneumonia antibiotic selection, Foley removal and VTE documentation
- CMS posters to individual units

13A

CHE Engagement Results

Compared to CHE's previous results

**Engagement is a roll up of those who responded positively (slightly agree, agree, or strongly agree) to ALL three engagement statements.*



14A

Quality Indicator Board Report 2013

Executive Summary:

- 70 – CHE Department Quality Indicator Goals
- 50 – (70%) Meeting or far exceeding goal
- 20 – (30%) Areas of opportunity to meet and exceed goals

Focus for Celebration is Maternity Services

- Primary C/S rate of 15% (average) for 2013
  - Advocates for vaginal deliveries
  - Effective labor support techniques
  - Continued support for VBAC as acceptable option

Areas of opportunity are "diamonds in the rough"

- Patient Access (wait times) 97%, realized 82%
- Short Stay (Falls) Six (6), realized Eleven (11)

Discussion of areas of opportunity occur during Operations Leadership Team (OLT), and Monthly Meeting Model (MMM) when reviewing the LEM

Oversight of action plans occurs in Quadrad (Quadrad consists of Chief Nurse Executive, Vice President of Clinical Performance, Quality Site Leader, and Clinical Nurse Specialist

CHE HCAHPS 6/27/2014

East - Percentile report calculated with NRC/Press Ganey Top Box and CMS HCAHPS percentile conversion chart for public reporting period (July, 2012 - June 2013)

Report Date = 6/27/2014

		Current CMS 75th	FY13 Total	Qtr 1 2014	Qtr 2 2014	Qtr 3 2014	Qtr 4 2014	FY14 Total	
HCAHPS Composites			Percent Responding Top Box and Percentile Ranking						Top Box Trend
N=			573	127	50			177	
Cleanliness / Quietness	% Always	72.0%	63.1%	66.2%	60.2%			64.5%	
	CMS Percentile		34	49	39			38	
Communication About Meds	% Always	67.0%	59.5%	67.6%	68.8%			67.9%	
	CMS Percentile		23	76	86			76	
Communication with Doctors	% Always	85.0%	74.3%	81.9%	67.3%			77.8%	
	CMS Percentile		7	52	11			19	
Communication with Nurses	% Always	82.0%	75.8%	81.3%	81.3%			81.3%	
	CMS Percentile		26	73	73			73	
Discharge Information	% Yes	88.0%	82.5%	91.3%	92.9%			91.7%	
	CMS Percentile		25	95	97			95	
Overall Rating of Hospital	% 9+10	76.0%	71.0%	76.4%	66.0%			73.4%	
	CMS Percentile		56	79	31			65	
Pain Management	% Always	73.0%	70.8%	68.7%	70.3%			69.1%	
	CMS Percentile		50	51	50			40	
Responsiveness of Hospital Staff	% Always	72.0%	67.1%	70.7%	77.4%			71.9%	
	CMS Percentile		57	68	87			74	
Composites @ or above CMS 75th Percentile			0	3	3	0	0	2	
Percent @ or above CMS 75th Percentile			0.0%	37.5%	37.5%	0.0%	0.0%	25.0%	
Percentile Ranking > 75th Percentile		Percentile Ranking Up from Previous Period			Percentile Ranking Down from Previous Period				

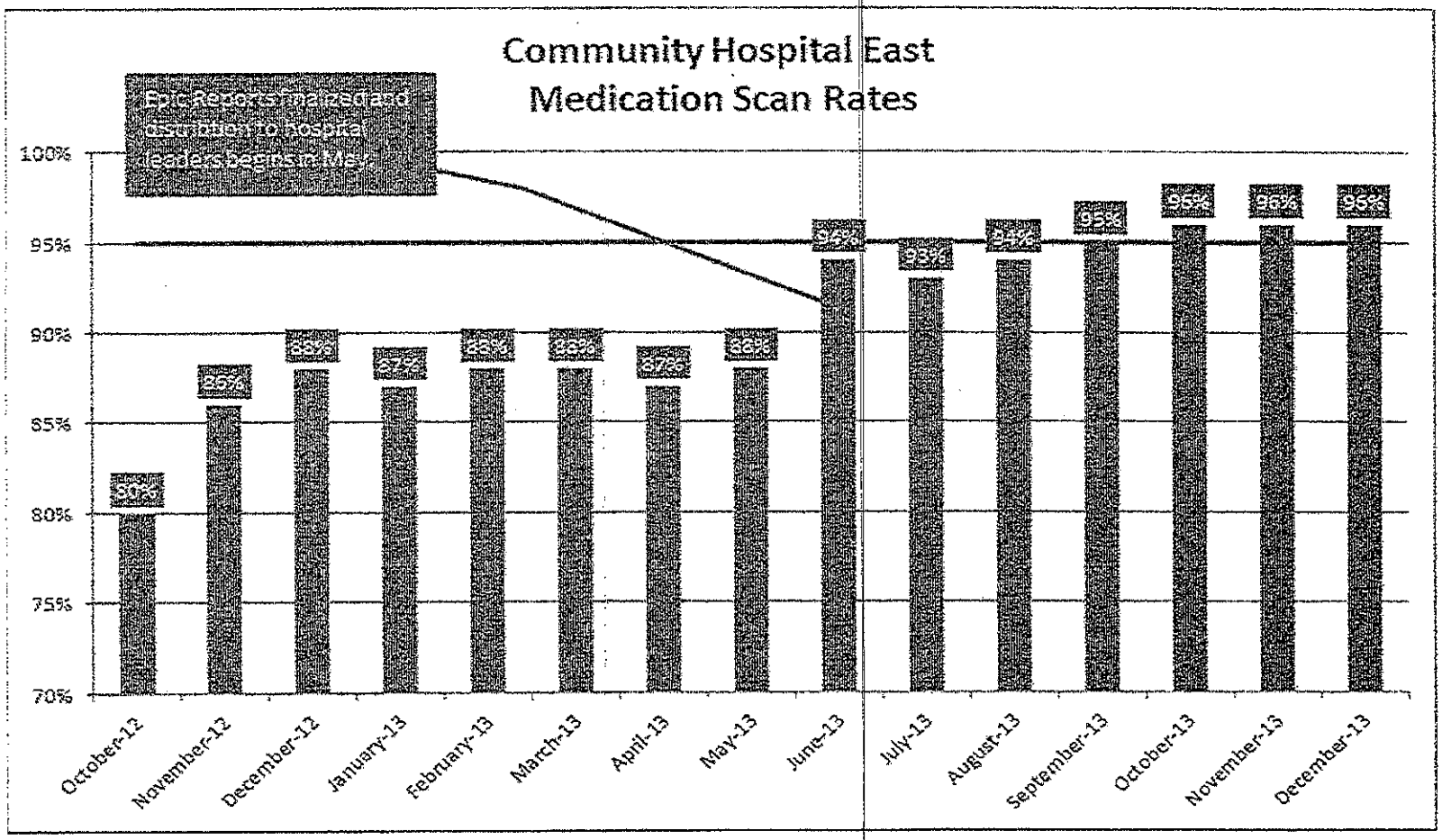
16A

ED volume at all time high, adjusted admissions up, patient days and LOS down

	FY 2008 Actual	FY 2009 Actual	FY 2010 Actual	FY 2011 Actual	FY 2012 Actual	FY 2013 Actual
Admits	9,963	9,506	9,198	9,262	9,953	9,540
Patient Days	56,195	50,406	46,342	46,212	48,456	41,253
ALOS	5.64	5.30	5.04	4.99	4.87	4.32
ED Visits	52,419	58,469	58,784	61,567	67,440	73,190
Inpatient Surgeries	1,944	1,670	1,638	1,700	1,647	1,442
Outpatient Surgeries	442	667	741	762	719	908
Cath Visits	1,214	990	964	771	739	717
Deliveries	787	892	899	861	917	929
Adjusted Admissions	18,679	18,606	18,262	18,683	20,342	21,729

174

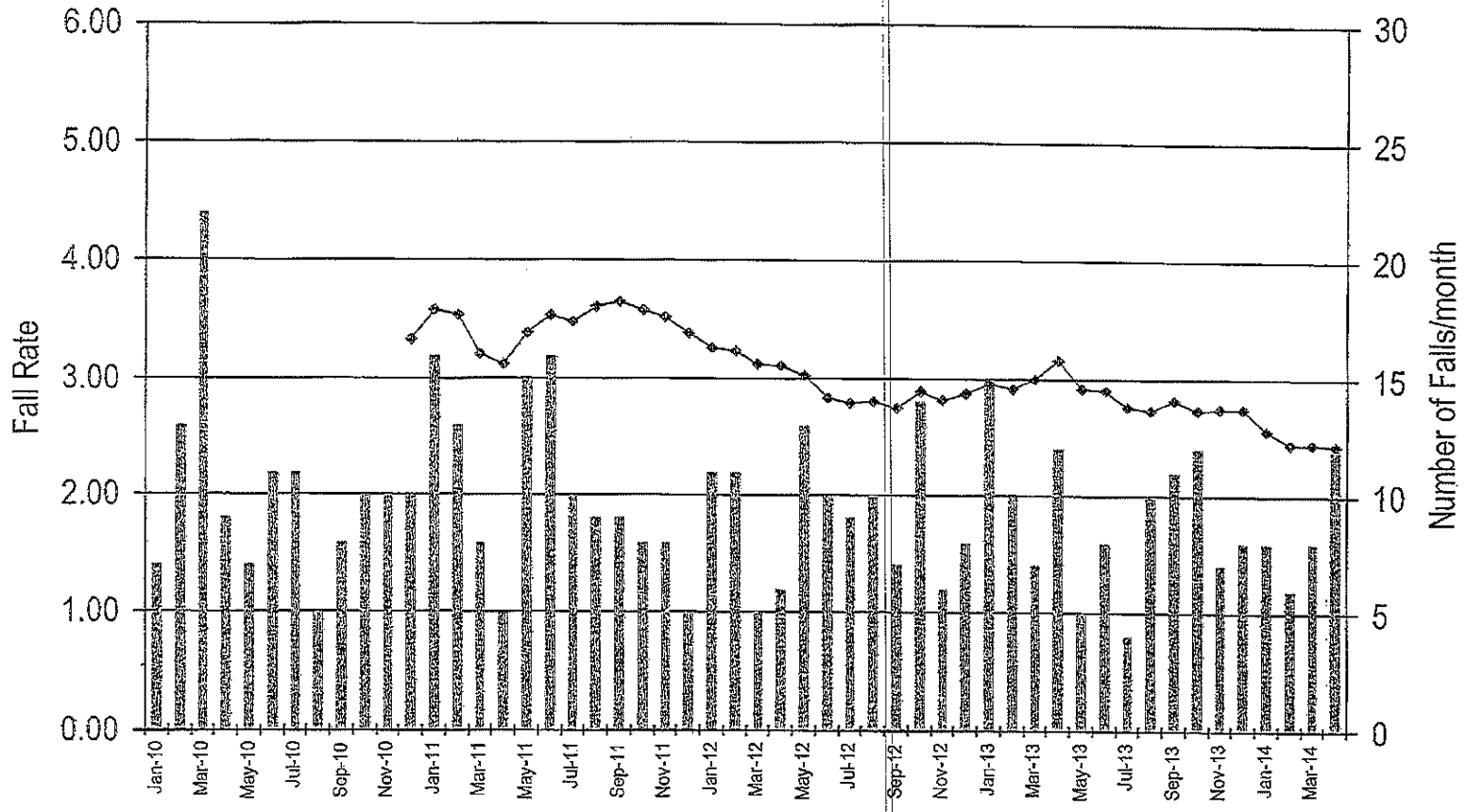
Scan Rates for Patients Safe Medication Administration



18A

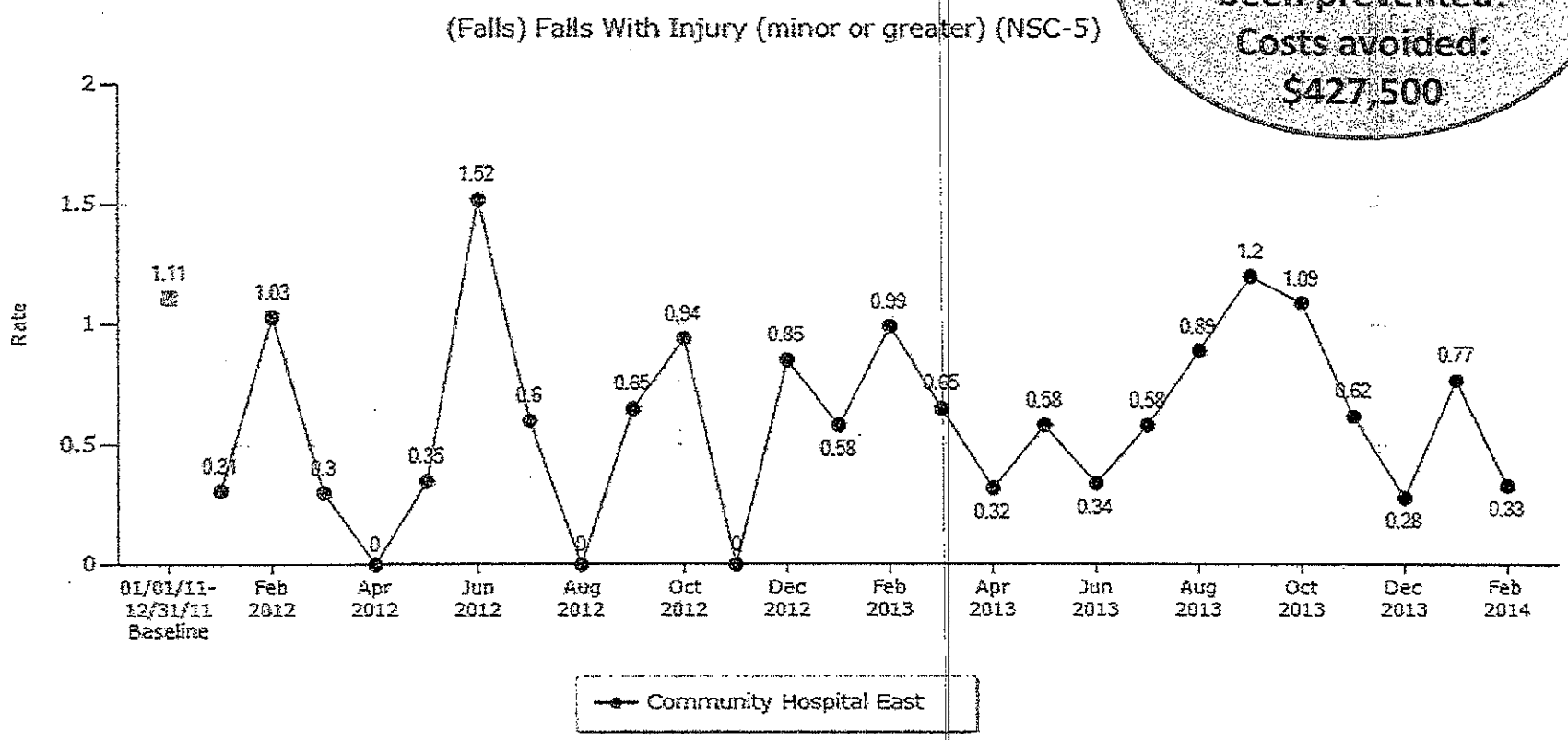
Total Falls and Fall Rate
Hospital Wide: Community Hospital East
From January, 2010

Rolling 12-months falls, expressed per 1,000 patient days



Reducing Falls with Injury

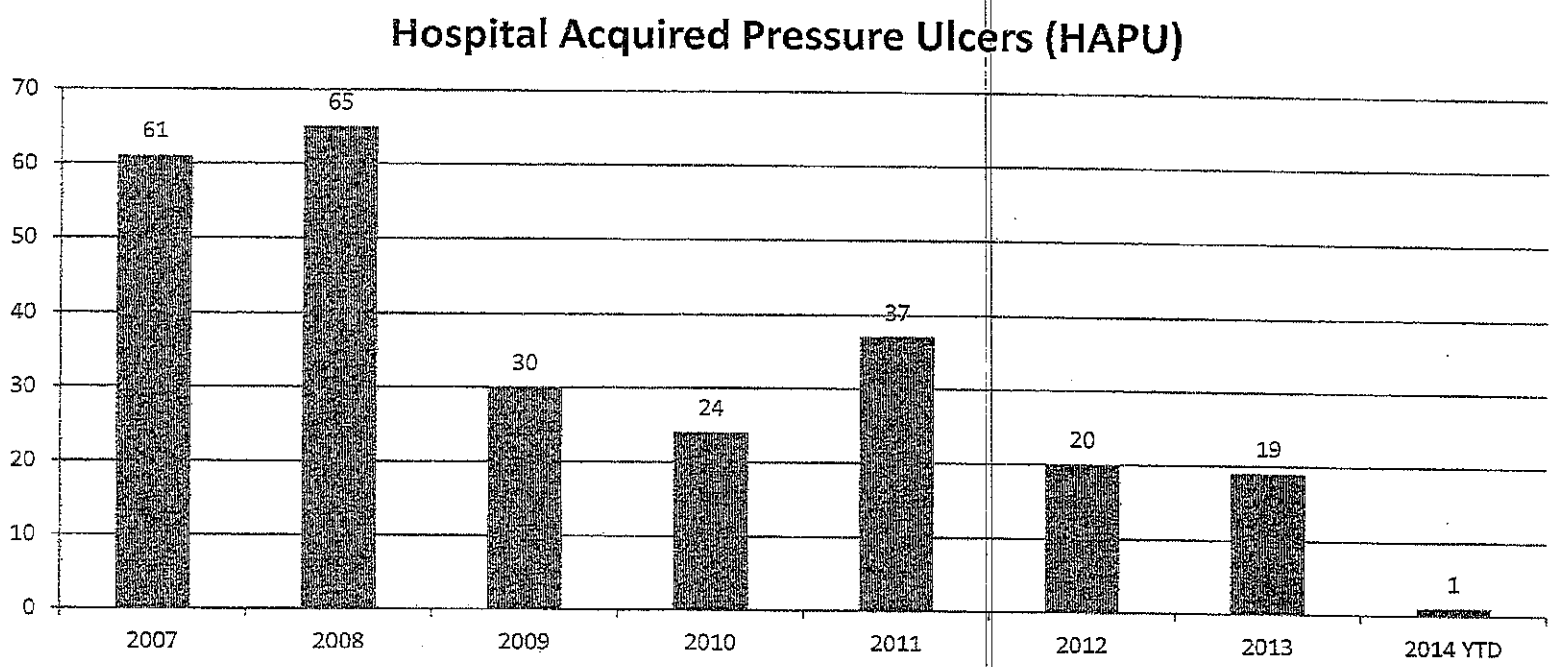
Since baseline 2011, 38 falls with Injury have been prevented! Costs avoided: $427,500



20A

Pressure Ulcers-Hospital Acquired

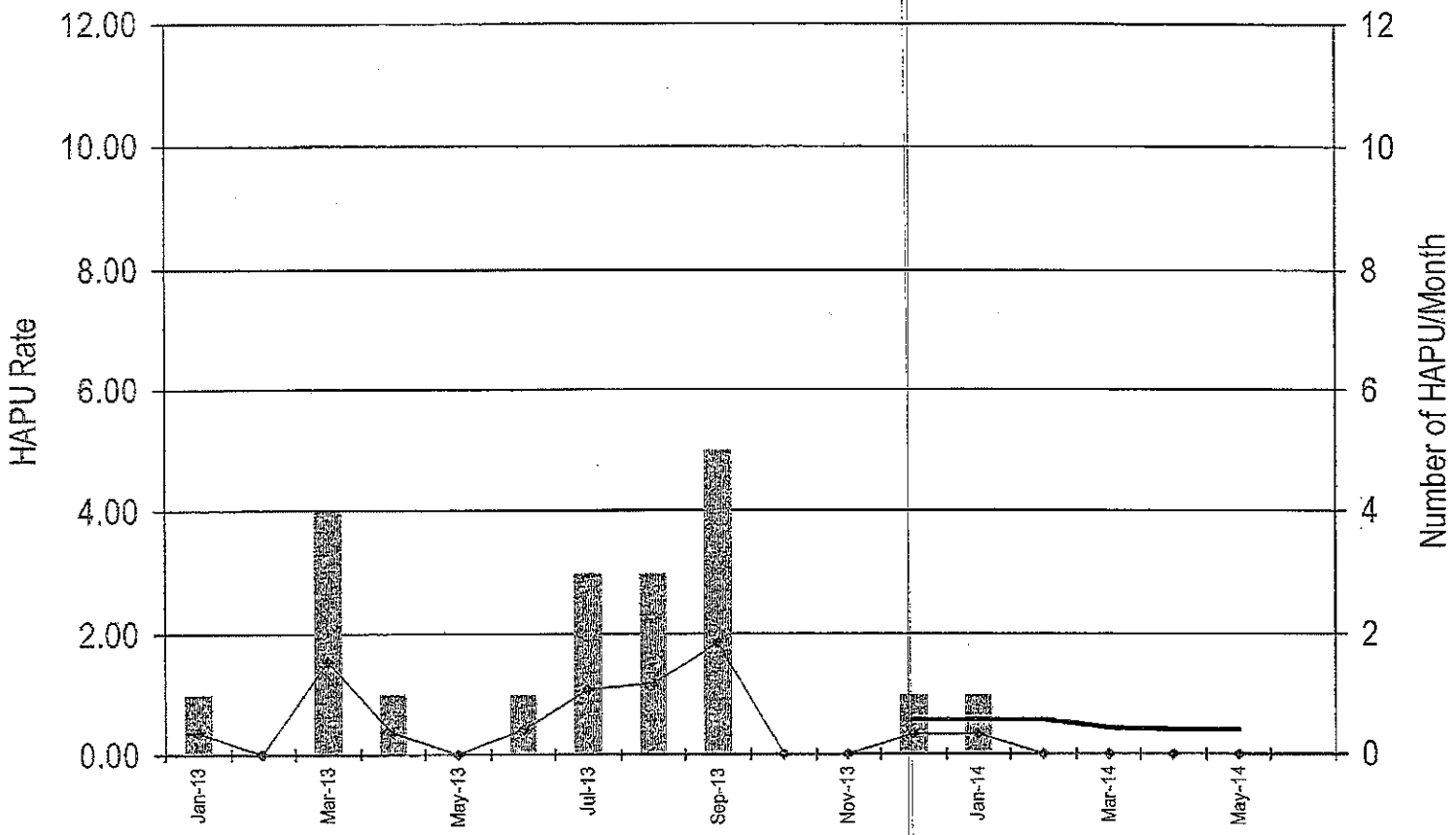
Overall trend reduction in HAPU
New Mattresses
Unit based skin care champions



$33,180 cost per HAPU Stage III or IV
No Stage III or IV 2009-2013

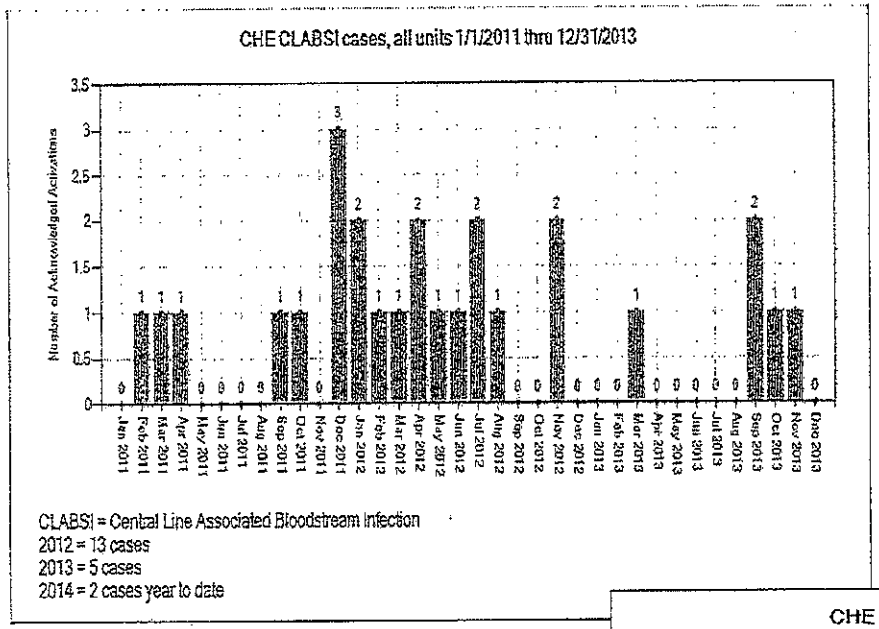
21A

East: Total Number of HAPU and HAPU Rate 2014 May YTD



22A

Central Line Blood Stream Infection-(CLABSI)



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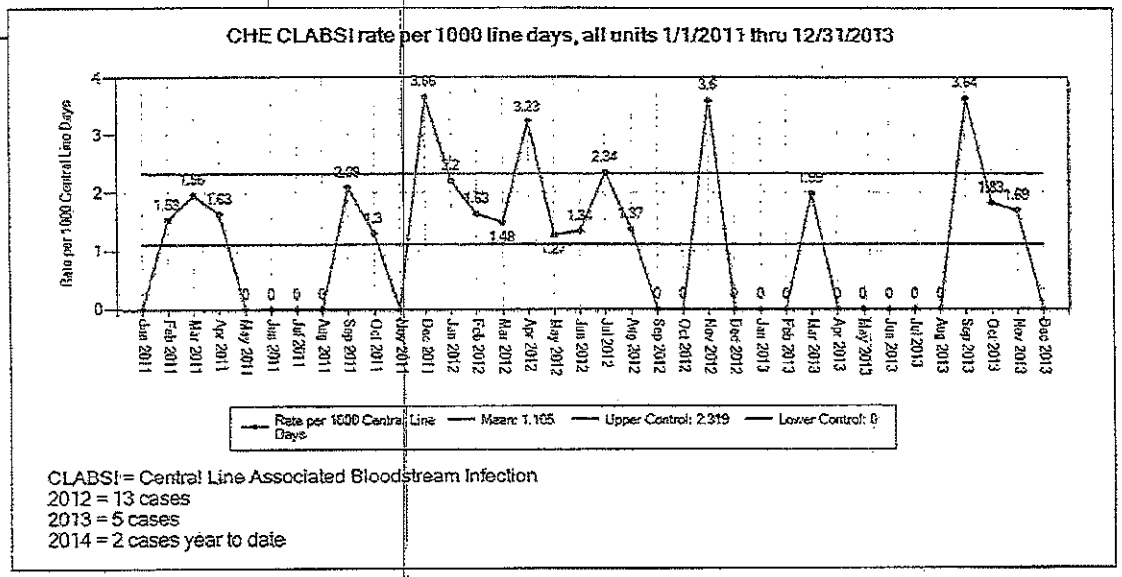
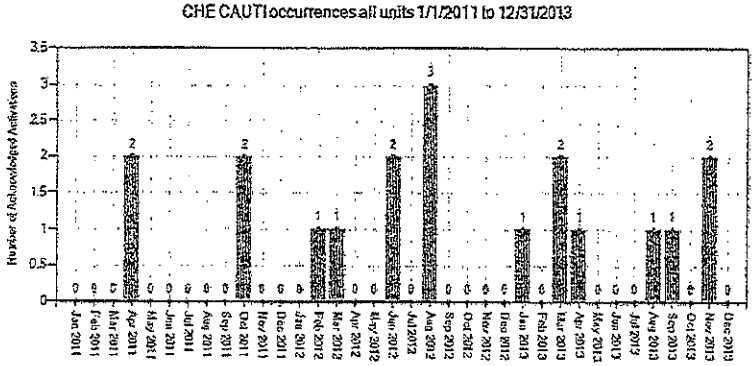


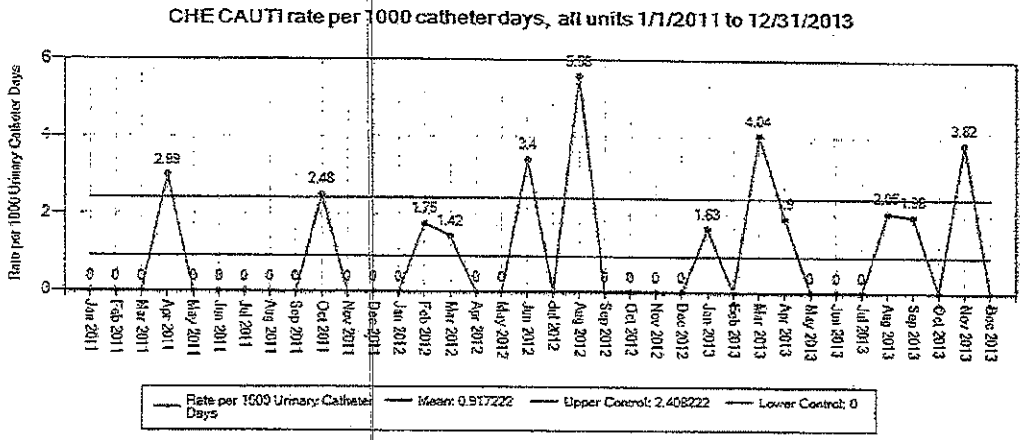
23A

Catheter Associated Urinary Tract Infections (CAUTI)



CAUTI = Catheter Associated Urinary Tract Infection
2012 = 7 cases
2013 = 8 cases
2014 = 2 cases year to date

8



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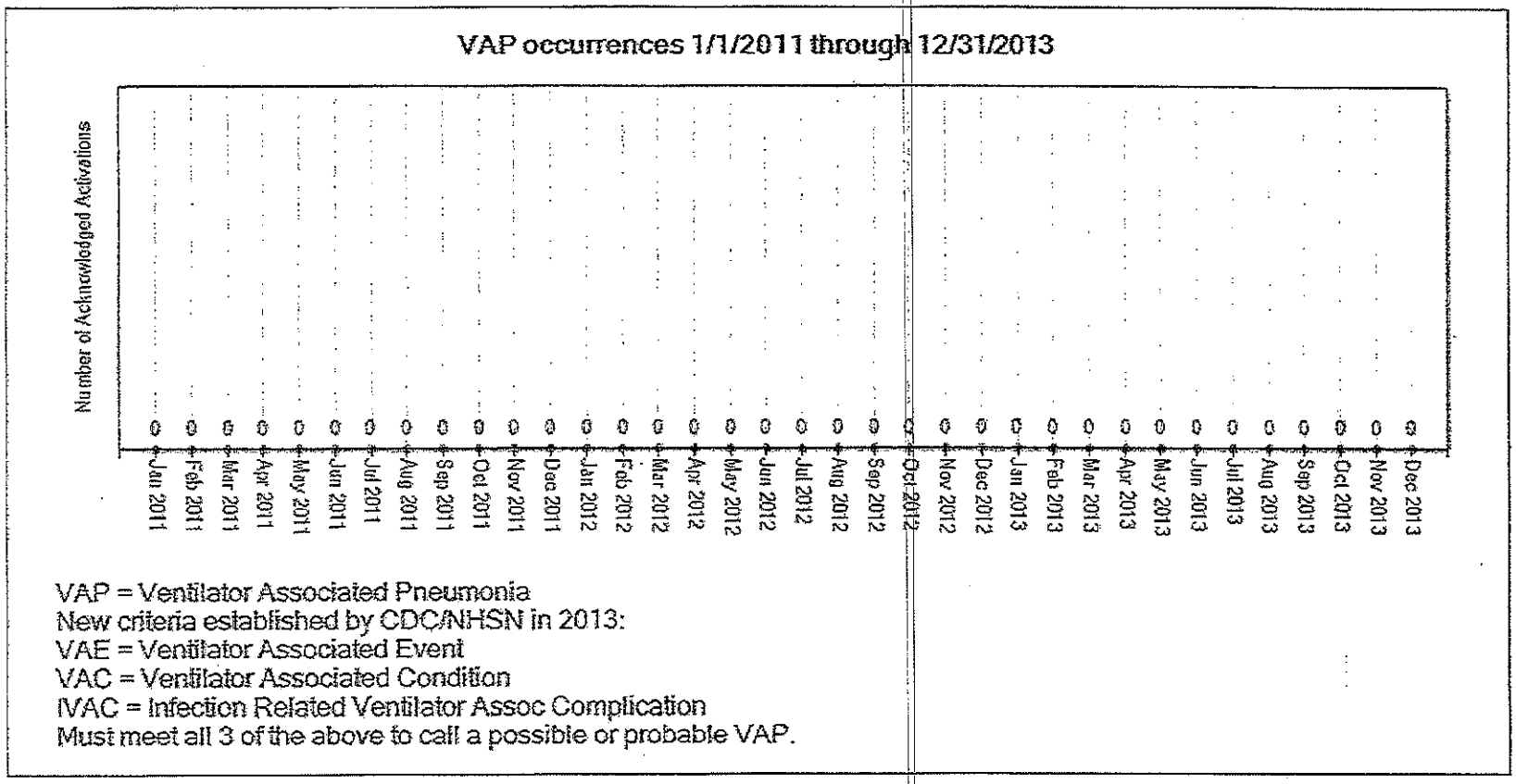
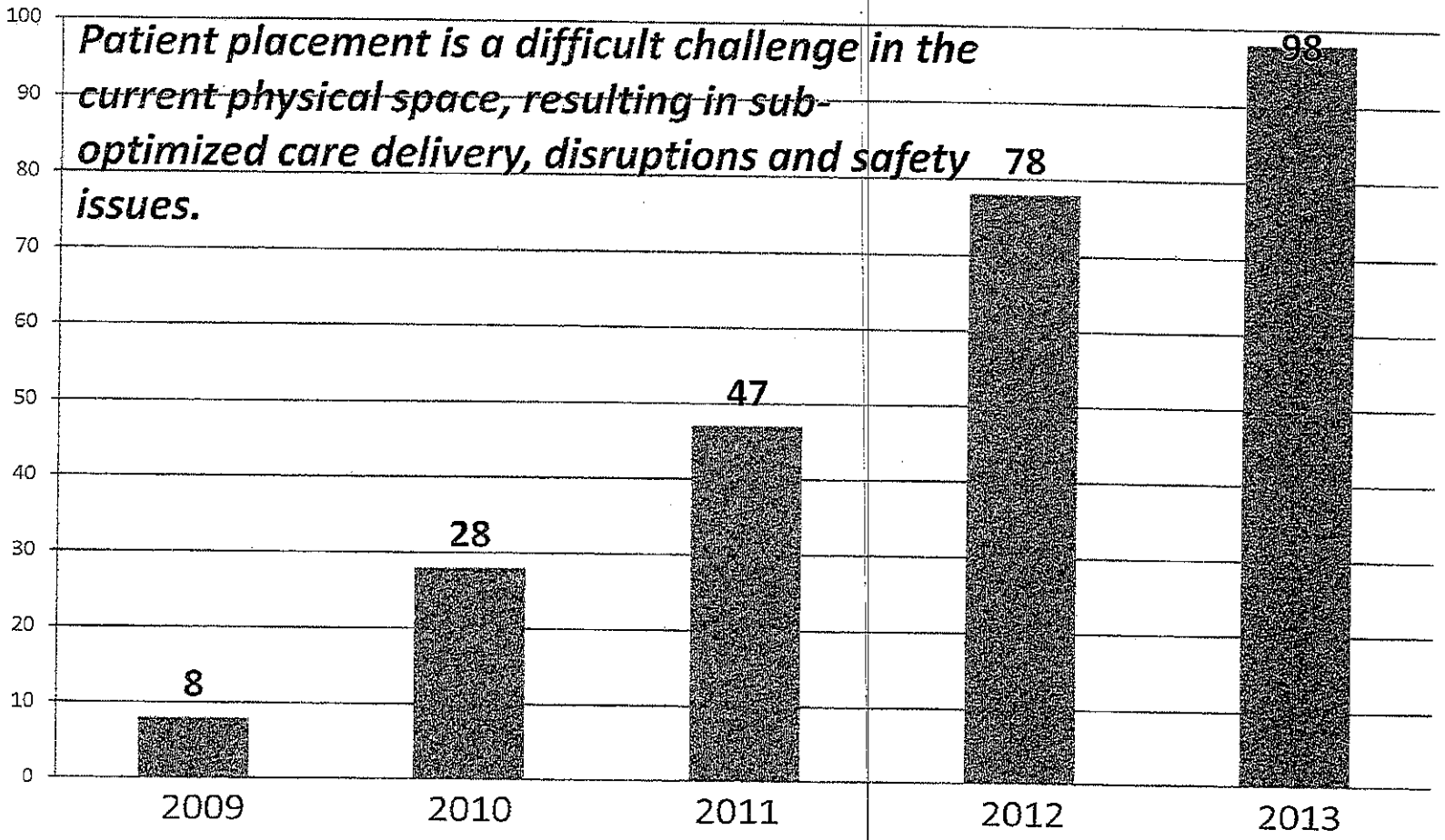
24A

VAP



VAP = Ventilator Associated Pneumonia
New criteria established by CDC/NHSN in 2013:
VAE = Ventilator Associated Event
VAC = Ventilator Associated Condition
IVAC = Infection Related Ventilator Assoc Complication
Must meet all 3 of the above to call a possible or probable VAP.

ED BHS Needs / Crisis Consults-Trend is up

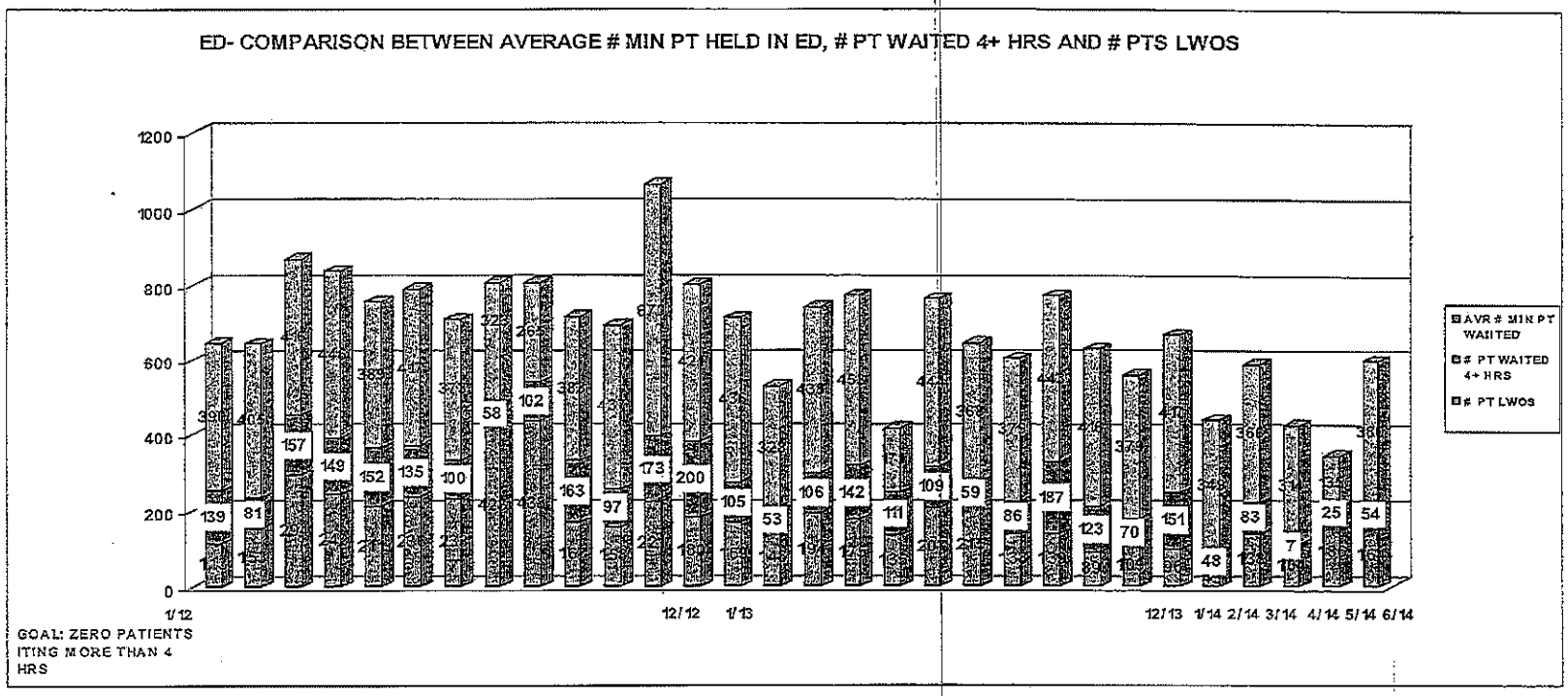


Average per month BHS Crisis Assessment for ED /month

26A

Results

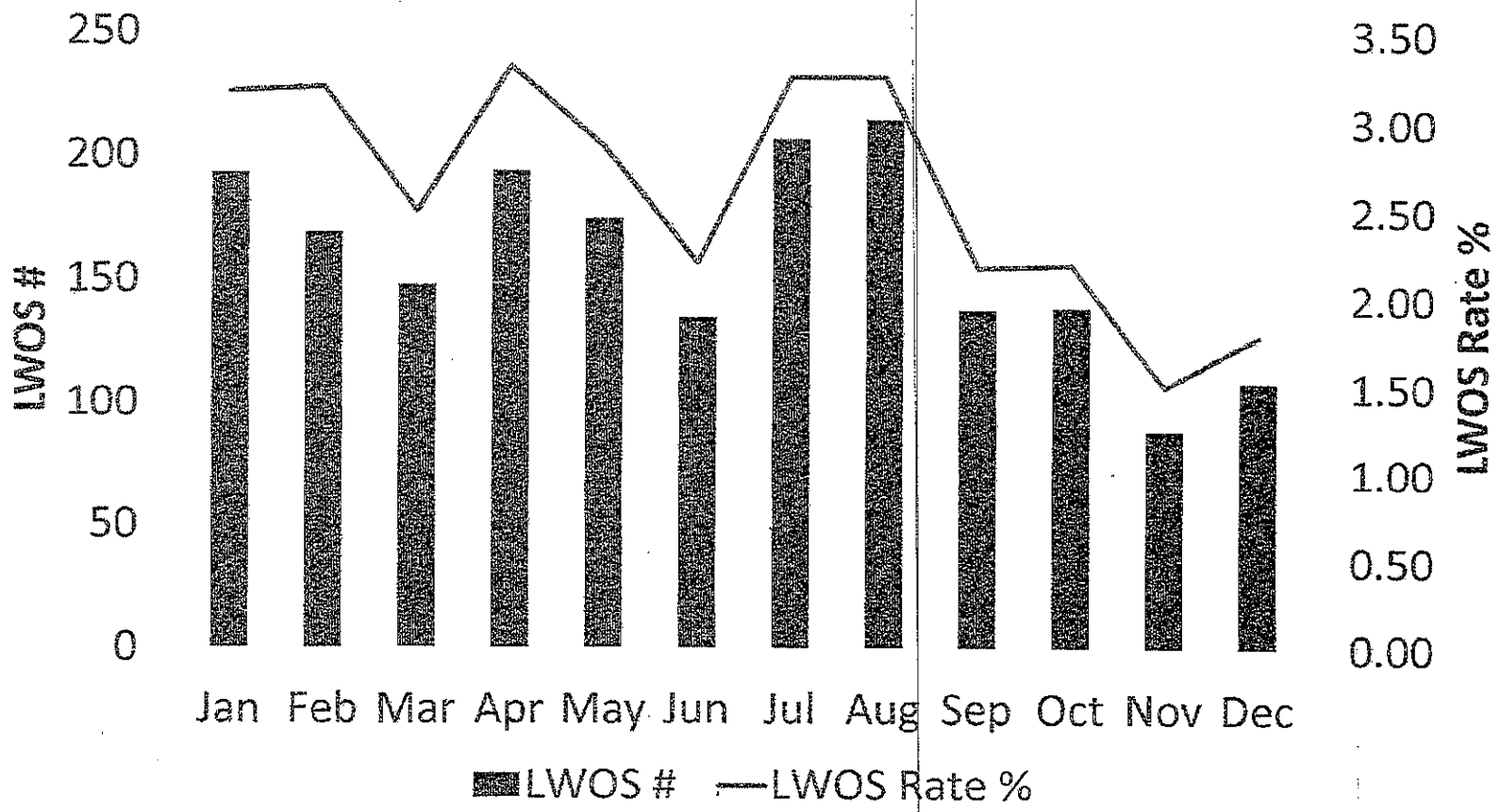
CHE ED, Patient Wait Times



27A

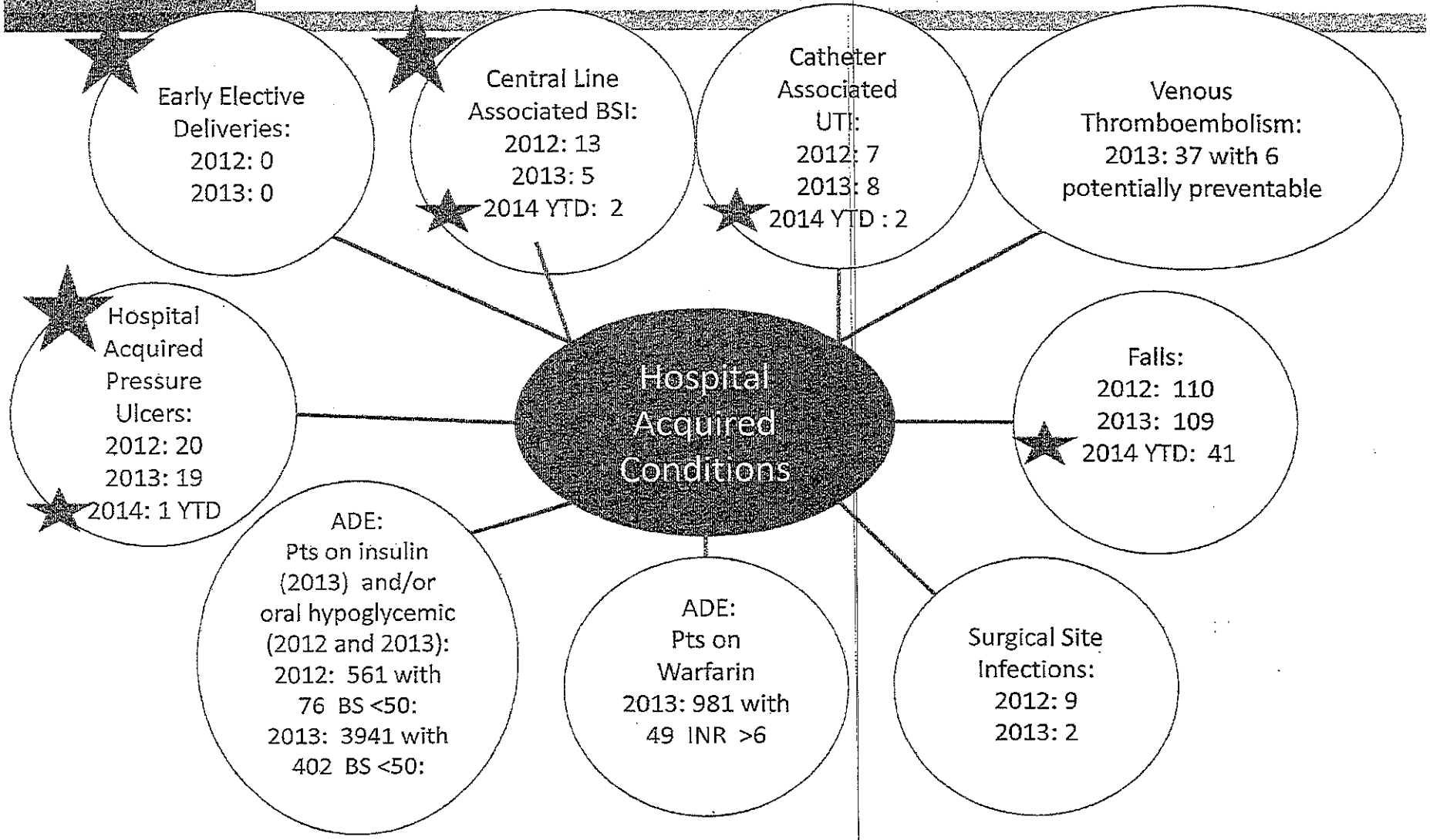
Quality Metric

LEFT WITHOUT BEING SEEN rate Goal<2%



28A

CHE Hospital Acquired Conditions 2012 vs 2013



29A

Education and Networking Opportunities

East Physician Leadership Group-Qrtly meeting

ELT pulling Leadership together in the East Region

Lunch and Learns

2013

- CV=Cath Lab
- HF Update/Readmission
- East Mission life line Door to Balloon times
- Sleep Medicine
- IOPO
- Mental Health (Crisis)
- Stroke
- Bariatric Medicine Med Mgmt .non surgical approach to the patient
- Pneumonia Antibiotic Selection
- Prostate Cancer month and GYN
- Rad Onc Nurses
- Infection Control
- Epic update, CPOE, Order entry, Med Recon, Orders sets, ED data for LOS, LWBS

2014

Other activities:

- Nursing Grand Rounds-Staff nurse presenting

30A

The results of our *2014 Employee Giving Campaign!*

East Region Contribution 2013

Donors: 218 Raised: $84,525

East Region Contribution 2014

Donors: 621 Raised: $131,783

The East Region demonstrated an increase in both number of donors and total amount raised in 2014! In fact, the East Region Fund was third in terms of most dollars raised across the network.

~Great job!~

31A

Community Health Network

Pre-Hospital Trauma Life Support

October 15 & 16, 2014
December 8 & 10, 2014
February 18 & 19, 2015
March 3 & 5, 2015
April 29 & 30, 2015
June 17 & 18, 2015
August 12 & 13, 2015
October 21 & 22, 2015
December 9 & 10, 2015

Classes will be from 08:00-16:30 each day

Cost: $150 for non-affiliated personnel
$35 for affiliated personnel

For more information or to register:
Vickie Rhodes 317-355-4354

Community Health Network

Pre-Hospital Trauma Life Support

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33A

CHE ED Metric Information – 2014

	Jan14	Feb14	Mar14	Apr14	May14	Jun14	Jul14	Aug14	Sept14	Oct14	Nov14	Dec14
ED Volume	5680	5269	6350	6178	6655	6760	6869					
Door to Doc Time (mins)	27.2	24	36.3	30	37	36	29.6					
LWOS Rate (percentage)	1.69%	0.8%	2.17%	1.68%	2.8%	2.4%	1.60%					
NQF 0495 – Median Time: ED Arrival to Departure for Admitted Patients (mins)	294	249.3	285.1	249	245	261.5	233					
NQF 0496 – Median Time: ED Arrival to Departure for Discharged Patients (mins)	137	128	145	131	136	141	129					
NQF 0497 – Median Time: ED Admit Decision to Departure for Admitted Patients (mins)	127	98.3	112.9	86	82	88	74.5					
LOS for Discharged Patients (mins)	157	144	161.3	151	161	161	147.5					
LOS for Admitted Patients (mins)	348	269	307	266	261	284	253					

34A

StuderGroup © 2013 Malcolm Baldrige National Quality Award 2008 Award Recipient

CHE ED Metric Information – 2014

	Jan14	Feb14	Mar14	Apr14	May14	Jun14	Jul14	Aug14	Sept14	Oct14	Nov14	Dec14
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NQF 0495 – Median Time: ED Arrival to Departure for Admitted Patients (mins)	294	249.3	285.1	249	245	261.5	283					
NQF 0496 – Median Time: ED Arrival to Departure for Discharged Patients (mins)	137	128	145	131	136	141	129					
NQF 0497 – Median Time: ED Admit Decision to Departure for Admitted Patients (mins)	127	98.3	112.9	86	82	88	74.5					
LOS for Discharged Patients (mins)	157	144	161.3	151	161	161	147.5					
LOS for Admitted Patients (mins)	348	269	307	266	261	284	253					

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2013 Monthly "Community Way" Metrics - Community EAST Emergency Department

	2013 YTD Averages	2012 Average	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
ED Volume														
Goal (# of Patients)	5248	5621	6099	5298	5947	5850	6138	6139	6371	6614	6357	6352	5948	6077
2012 Monthly Average (# of Patients)	6099.16667													
Door to Doc Time (Avg)														
Goal (mins)	30	49.45	51.5	40.86	35.5	38.41	35.42	36.3	38.7	41.47	34.75	34.58	28.01	32.3
2012 Monthly Average (mins)	37.3166667													
LWOS Rate (percentage)														
Goal	<2.0%													
2012 Monthly Average (%)	2.61%	4.25%	3.16%	3.19%	2.49%	3.31%	2.85%	2.19%	3.25%	3.25%	2.17%	2.19%	1.50%	1.79%
(# of Patients)	159.25	241	193	169	148	194	175	135	207	215	138	139	89	109
NQF 0495 – Median Time: ED Arrival to Departure for Admitted Patients (mins)														
Goal (mins)	<160	326	327	298.5	274	286.5	298	268	295	283.4	290.6	325.7	187.85	287.75
2012 Monthly Average (mins)	285.191667													
NQF 0496 – Median Time: ED Arrival to Departure for Discharge Patients (mins)														
Goal (mins)	180	149	155	162	137	143	161.5	135	140	143	134	134	130	138
2012 Monthly Average (mins)	142.708333													
NQF 0497 – Median Time: ED Admit Decision to Departure for Admitted Patients (mins)														
Goal (mins)	90	136	137	109.1	91.4	109.8	110.65	93.3	121	106	106.15	105.2	119.8	118.6
2012 Monthly Average (mins)	110.666667													
Average: LOS for Discharged Patients (mins)														
Goal (mins)	140	173	163	166	155.76	157.83	157.99	155.6	160.3	163	151.96	152.57	147.91	156.5
2012 Monthly Average YTD - Actual	157.368333													
Average: LOS for Admitted Patients (mins)														
Goal (mins)	240	358	369	339	290.5	323.26	338.86	293.15	325	320	306.76	380.14	323.9	311.2
2012 Monthly Average YTD - Actual	326.730833													

36A

2013 Monthly "Community Way" Metrics - Community EAST Emergency Department

	2013 YTD Averages	2012 Average	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
ED Volume														
Goal (# of Patients)	5248	5621	6099	5298	5947	5850	6138	6139	6371	6614	6357	6352	5948	6077
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(# of Patients)	159.25	241	193	169	148	194	175	135	207	215	138	139	89	109
NQF 0495 – Median Time: ED Arrival to Departure for Admitted Patients (mins)														
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2012 Monthly Average YTD - Actual	326.730833													

37A

Community
Health Network

Community Hospital East
1500 North Ritter Avenue
Indianapolis, Indiana 46219-3095
317-355-1411 (tel)
eCommunity.com

July 1, 2014

To whom it may concern:

The network has a fulltime EMS Operations & Education Department that is based out of Community Hospital –East, located at 1500 N. Ritter Ave; Indianapolis, Indiana 46219. The department is composed of 1 Director, 5 full-time EMS Educators, 1 full-time secretary and several part-time EMS educators. The hospital is proud sponsors of many EMS providers in which we offer monthly continuing educational programs and initial programs to all providers and the general public.

All Community Health Network - Emergency Departments are certified by the Indiana Department of Homeland Security, as a Sponsoring Hospital for all EMS providers. The EMS Department is Nationally Accredited by (CoAEMSP) ***Committee of Accreditation of Educational Programs for the Emergency Medical Services Profession*** and (CAAHEP) ***Commission on Accreditation of Allied Health Education Programs***, as an (ALS) Advanced Life Support Training Institution along with certification by the Indiana Department of Homeland Security as a BLS/ALS Training Institution.

Listed below are a list of training programs, meetings, and operational process that the department routinely holds monthly, quarterly, and annually.

Community Health Network - EMS Education

EMT Classes	2 times a year	164 hours each
EMT refresher	1 times a year	40 hours
Paramedic Courses	2 per year	1685 hours each
Paramedic Refresher Course	72 hours	4 times per year
PHTLS (Trauma Classes-PreHospital)	16 hours	4 times a year
AMLS (Advanced Medical Classes)	16 hours	4 times a year
ACLS (Advanced Life Support Classes)	16 hours	4 times a year
EPC (Emergency Pediatric Classes)	16 hours	2 times a year
PALS (Peds Classes)	16 hours	2 times a year
Preceptor training	8 hours	10 per year
Camp Hematoma (EMT Training)	64 hours	2 times per year
EJ & IO Classes	4 times a year	4 hours each
PI Course	1 per year	64 hours

Community
Health Network

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Instructor Mentor Ship	2 per year	164 hours each
Hazmat Classes	12 times a year	8 hours each
Lunch & Learns	3 per year East	2 hours each
EMS Picnics	1 per year East	5 hours
Quarterly ED-EMS Administrative Provider Meetings	4 per year	
Health Care Provider CPR	6+ year	4 hours each
City of Lawrence A & R	12 per year	2 hours each
Seals Ambulance A & R	12 per year	2 hours each
Ingalls A & R	4 per year	2 hours each
White River Fire Department A & R	12 per year	2 hours each
Greenwood Fire Department A & R	12 per year	2 hours each
Bargersville Fire Department A & R	12 per year	2 hours each
Trafalgar A & R & Training	12 per year	2 hours each
Rural Metro A & R	12 per year	24 hours each
EMT & Paramedic National Registry Testing	16 per year	8 hours each
Participate in EMS working Group	Monthly Meetings	Open
Marion County Protocol Committee	2 times per year	4 hours each
Test writing for National Registry	2 times per year	20 hours each
Test writing for State Exams	1 time	24 hours each

Respectfully Submitted,

John R. Zartman, BS, NREMT-P, PI.
Director, Emergency Medical Services
and E.M.S. Education.

CC: Trauma Program Managers – CHN
file

Community
Health Network

North/East Divisions

2014 ALS/BLS AUDIT & REVIEW SESSIONS

DATE	TIME	LOCATION	ADDRESS
January 6, 2014	9:30AM	Lawrence FD	59th Street & Lee Road
January 8, 2014	9:00AM	Seals Ambulance	2400 Roosevelt Avenue
February 3, 2014	9:30AM	Lawrence FD	59th Street & Lee Road
February 5, 2014	9:00AM	Seals Ambulance	2400 Roosevelt Avenue
March 3, 2014	9:30AM	Lawrence FD	59th Street & Lee Road
March 5, 2014	9:00AM	Seals Ambulance	2400 Roosevelt Avenue
April 7, 2014	9:30AM	Lawrence FD	59th Street & Lee Road
April 9, 2014	9:00AM	Seals Ambulance	2400 Roosevelt Avenue
May 5, 2014	9:00AM	Lawrence FD	59th Street & Lee Road
May 14, 2014	9:30AM	Seals Ambulance	2400 Roosevelt Avenue
June 9, 2014	9:30AM	Lawrence FD	59th Street & Lee Road
June 11, 2014	9:00AM	Seals Ambulance	2400 Roosevelt Avenue
July 7, 2014	9:30AM	Lawrence FD	59th Street & Lee Road
July 9, 2014	9:00AM	Seals Ambulance	2400 Roosevelt Avenue
August 4, 2014	9:30AM	Lawrence FD	59th Street & Lee Road
August 13, 2014	9:00AM	Seals Ambulance	2400 Roosevelt Avenue
September 8, 2014	9:30AM	Lawrence FD	59th Street & Lee Road
September 10, 2014	9:00AM	Seals Ambulance	2400 Roosevelt Avenue
October 6, 2014	9:30AM	Lawrence FD	59th Street & Lee Road
October 8, 2014	9:00AM	Seals Ambulance	2400 Roosevelt Avenue
November 3, 2014	9:30AM	Lawrence FD	59th Street & Lee Road
November 12, 2014	9:00AM	Seals Ambulance	2400 Roosevelt Avenue
December 1, 2014	9:30AM	Lawrence FD	59th Street & Lee Road
December 10, 2014	9:00AM	Seals Ambulance	2400 Roosevelt Avenue

Questions? Contact: John R. Zartman, BS, NREMT-P, PI @ 317-355-4353
Director, Emergency Medical Services & EMS Education

Terri Hamilton, AS, NREMT-P, PI @ 317-355-2433
E.M.S. Educator

Community Health Network

South Division

2014 ALS/BLS AUDIT & REVIEW SESSIONS

DATE	TIME	LOCATION	ADDRESS
January 22, 2014	8:30 AM	Greenwood FD 91's	155 E Main St., Greenwood
	10:30 AM	Bargersville FD 201's	3991 N State Road 135, Bargersville
	1:30 PM	White River Twp. FD 53's	850 Mullinix Road, Greenwood
February 19, 2014	7:00 PM	Trafalgar VFD	203 E Pearl St., Trafalgar
February 26, 2014	8:30 AM	Greenwood FD 91's	155 E Main St., Greenwood
	10:30 AM	Bargersville FD 201's	3991 N State Road 135, Bargersville
	1:30 PM	White River Twp. FD 53's	850 Mullinix Road, Greenwood
March 26, 2014	8:30 AM	Greenwood FD 91's	155 E Main St., Greenwood
	10:30 AM	Bargersville FD 201's	3991 N State Road 135, Bargersville
	1:30 PM	White River Twp. FD 53's	850 Mullinix Road, Greenwood
April 16, 2014	7:00 PM	Trafalgar VFD	203 E Pearl St., Trafalgar
April 23, 2014	8:30 AM	Greenwood FD 91's	155 E Main St., Greenwood
	10:30 AM	Bargersville FD 201's	3991 N State Road 135, Bargersville
	1:30 PM	White River Twp. FD 53's	850 Mullinix Road, Greenwood
May 28, 2014	8:30 AM	Greenwood FD 91's	155 E Main St., Greenwood
	10:30 AM	Bargersville FD 201's	3991 N State Road 135, Bargersville
	1:30 PM	White River Twp. FD 53's	850 Mullinix Road, Greenwood
June 18, 2014	7:00 PM	Trafalgar VFD	203 E Pearl St., Trafalgar
June 25, 2014	8:30 AM	Greenwood FD 91's	155 E Main St., Greenwood
	10:30 AM	Bargersville FD 201's	3991 N State Road 135, Bargersville
	1:30 PM	White River Twp. FD 53's	850 Mullinix Road, Greenwood

*****ALS Audit and Review is the fourth Wednesday of every month*****

*****BLS Audit and Review is the third Wednesday of every other month at Trafalgar*****

Questions? Contact: John R. Zartman, BS, NREMT-P., PI @ 317-355-4353
Director, Emergency Medical Services & EMS Education

Cecilia M Mencias, BS, NREMT-P., PI @ 317-355-2432
E.M.S. Educator

Community Health Network

South Division

2014 ALS/BLS AUDIT & REVIEW SESSIONS

DATE	TIME	LOCATION	ADDRESS
July 23, 2014	8:30 AM	Greenwood FD 91's	155 E Main St., Greenwood
	10:30 AM	Bargersville FD 201's	3991 N State Road 135, Bargersville
	1:30 PM	White River Twp. FD 53's	850 Mullinix Road, Greenwood
August 20, 2014	7:00PM	Trafalgar VFD	203 E Pearl St., Trafalgar
August 27, 2014	8:30 AM	Greenwood FD 91's	155 E Main St., Greenwood
	10:30 AM	Bargersville FD 201's	3991 N State Road 135, Bargersville
	1:30 PM	White River Twp. FD 53's	850 Mullinix Road, Greenwood
September 24, 2014	8:30 AM	Greenwood FD 91's	155 E Main St., Greenwood
	10:30 AM	Bargersville FD 201's	3991 N State Road 135, Bargersville
	1:30 PM	White River Twp. FD 53's	850 Mullinix Road, Greenwood
October 15, 2014	7:00 PM	Trafalgar VFD	203 E Pearl St., Trafalgar
October 22, 2014	8:30 AM	Greenwood FD 91's	155 E Main St., Greenwood
	10:30 AM	Bargersville FD 201's	3991 N State Road 135, Bargersville
	1:30 PM	White River Twp. FD 53's	850 Mullinix Road, Greenwood
November 19, 2014	8:30 AM	Greenwood FD 91's	155 E Main St., Greenwood
	10:30 AM	Bargersville FD 201's	3991 N State Road 135, Bargersville
	1:30 PM	White River Twp. FD 53's	850 Mullinix Road, Greenwood
December 17, 2014	8:30 AM	Greenwood FD 91's	155 E Main St., Greenwood
	10:30 AM	Bargersville FD 201's	3991 N State Road 135, Bargersville
	1:30 PM	White River Twp. FD 53's	850 Mullinix Road, Greenwood
	7:00 PM	Trafalgar VFD	203 E Pearl St., Trafalgar

*****ALS Audit and Review is the fourth Wednesday of every month, except December*****

*****BLS Audit and Review is the third Wednesday of every other month at Trafalgar*****

Questions? Contact: John R. Zartman, BS, NREMT-P., PI @ 317-355-4353
Director, Emergency Medical Services & EMS Education

Cecilia M Mencias, BS, NREMT-P., PI @ 317-355-2432
E.M.S. Educator

Community
Health Network

Formal Response to Community Hospital East "In the ACS Process" Feedback

Formal Response to Community East "In the Process" Feedback

1: Trauma Medical Director: Not enough information/documentation that the trauma medical director has had trauma experience

1A: Evidence of ATLS Course Passed

Included is the certificate from Duke University that clarifies Dr. Chabenne's passing ATLS. Also included, is the email I received from Katie Gatz stating the subcommittee receiving the ATLS certificate prior to the August 8th ISTCC meeting would meet the ATLS requirement. The Trauma Team at Community East worked diligently to procure an ATLS course prior to the ISTCC meeting. While we would have preferred him to take a course earlier, Dr. Chabenne's General Surgery Schedule and Emergency Room call schedule prohibited him from being able to take an earlier course. As the Trauma Team was concerned this would be a barrier to submitting our application, Kristi Croddy, as Trauma Program Manager, corresponded with Katie Gatz prior to registering Dr. Chabenne for the course. Had we received a different response, we would have been more aggressive in seeking out earlier courses.

Curriculum Vitae

Behjat Chabenne, M.D., FACS

Education:

- M.D. French Faculte' of Medicine, Beirut, Lebanon — 1956-1963

Experience:

- General Surgeon, Community Health Network — 1976-Present
- Staff Physician, Department of Surgery And Pulmonary Disease, Marion County General Hospital (Eskenazi/Smith Level I Shock Trauma Center) — 1972-1973
- Full Residency Program, General Surgery, Marion County General Hospital (Eskenazi/Smith Level I Shock Trauma Center) — 1967-1971
- Senior House Officer, General Surgery, Heatherwood, Hospital, Ascot, England — 7/1966-12/1966
- Full-time course for Primary Fellowship Royal College of Surgeons, London, England — 2/1965-10/1965
- Senior House Officer, Casualty Department Weymouth and District Hospital, Weymouth, England — 7/1964-1/1965
- House Surgeon, Dorset County Hospital Dorchester, Dorset, England — 9/1964-7/1965

Memberships:

- Recertification American Board of Surgery — 1990-2001
- Diplomate American Board of Surgery — 1977
- Fellow of The Royal Society of Medicine, London, UK — 2011
- Fellow American College of Surgeons — 1978
- Fellow American College of Chest Physicians — 1974
- Fellow Royal College of Surgeons Part One, UK — 1966
- Fellow Royal College of Surgeons Part Two, UK — 1974
- ECFMG—Full Certificate — 1965
- Member of the Society of American Gastrointestinal Endoscopic Surgeons (SAGES) — 1993
- Chairman, Department of Surgery, Community Hospitals Of Indianapolis — 3/1986-1988 and 3/1983-3/1991

Teaching Experience

- Clinical Assistant Professor, Marian University Indianapolis, College of Osteopathic Medicine

Duke University Medical Center

P.O. BOX 3601
DURHAM, NORTH CAROLINA 27710

TRAUMA CENTER
DEPARTMENT OF SURGERY

TELEPHONE (919) 684-2197
FAX (919) 681-8251

ADVANCED TRAUMA LIFE SUPPORT

June 11, 2014

Dear ATLS Applicant,

You have been accepted in the August 1-2, 2014 ATLS Provider Course. Please be aware that this is a very intense program and cannot be absorbed without fully reviewing the text enclosed. **THE PRE-TEST MUST BE COMPLETED PRIOR TO THE COURSE. IF YOU DID NOT RECEIVE AN E-MAIL WITH A LINK TO THE PRE-TEST, PLEASE NOTIFY ME VIA E-MAIL AND I WILL SEND ONE TO YOU.** Please review the Triage Scenarios in the Provider Manual as well. To receive credit for the course, you must attend the entire program. To receive certification for successfully completing the ATLS Course according to the standards established by the ACS Committee on Trauma, you must pass the written test and the initial assessment skill station.

Dress should be casual and both a breakfast snack and lunch will be provided for you. **Because the course must begin promptly at 7:45AM and we must keep to a very tight schedule, it is imperative for you to be at the facility by 7:30AM for registration.**

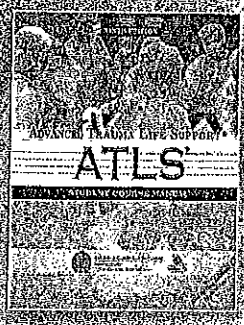
Please note that the provider course is approved for 19 hours of CME credits by the ACS and the ACEP. Other physician specialty societies may require their members to receive credit hours specifically accredited by their organization (eg, American Academy of Family Physicians). Continuing Medical Education credit hours from any organization other than ACS or ACEP must be applied for at the local level.

The course takes place in Hock Plaza, 2424 Erwin Road, suite G-07 (Clinical Education and Professional Development). Duke Hospital employees must park in their assigned parking lots. Non-Duke Hospital employees may park in the adjoining parking deck, and I have included directions and instructions. If you have any questions, please call 919-684-2197. We look forward to seeing you on August 1, 2014.

Sincerely,

John Duskey, RN
ATLS Coordinator
John.duskey@duke.edu
919-684-2197

COMMITTEE ON TRAUMA | AMERICAN COLLEGE OF SURGEONS



Banjat Chabenne

is recognized as having successfully completed the ATLS® Course for Doctors according to the standards established by the ACS Committee on Trauma.

Sharon M. Henry, MD, FACS, Chair	**James Wyatt, MD, FACS**	
Chairperson, ATLS Subcommittee	ACS Chairperson, State/Provincial Committee on Trauma	ATLS Course Director

Date of Issue: 08/02/2014

Date of Expiration: 08/02/2018

AMERICAN COLLEGE OF SURGEONS

Inspiring Quality: Highest Standards, Better Outcomes

ATLS® ADVANCED TRAUMA LIFE SUPPORT

Banjat Chabenne

is recognized as having successfully completed the ATLS® Course for Doctors according to the standards established by the ACS Committee on Trauma.

Issue Date:08/02/2014 Expiration Date:08/02/2018

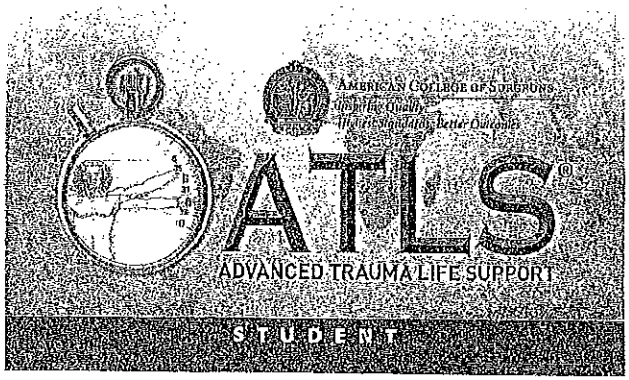
Chairperson, ATLS Subcommittee	ACS Chairperson, State/Provincial Committee on Trauma

CS: 45074-P/SR Course Director ATLS ID:579869

Replacement ATLS cards are available for a $10 USD fee.

46A

COMMITTEE ON TRAUMA



47A

Croddy, Kristi

From: Gatz, Katie <KGatz@isdh.IN.gov>
Sent: Monday, June 09, 2014 11:51 AM
To: Croddy, Kristi
Cc: Kennedy, Sean; Kuhn, Michael T.
Subject: RE: ATLS

Kristi,
As long as Community Hospital East submits the certificate of completion of the ATLS course before the August 8th TCC, you should be okay. I recommend following the format and language that was in the Community Hospital of Anderson when you submit the application initially.
Thanks,
~Katie

KATIE GATZ
Director

Trauma and Injury Prevention
Indiana State Department of Health
317.234.2865 office
317.607.5887 mobile
kgatz@isdh.in.gov
www.StateHealth.in.gov

From: Croddy, Kristi [mailto:KCroddy@ecommunity.com]
Sent: Monday, June 09, 2014 9:37 AM
To: Gatz, Katie
Cc: Kennedy, Sean; Kuhn, Michael T.
Subject: ATLS

Hi Katie,

Our newly appointed trauma medical director cannot attend the ATLS course we procured for him on July 15th and 16th. We did find another ATLS class for him to attend August 1st and 2nd. I wanted to make certain that would still give the sub-committee time to evaluate the application prior to the August 8th meeting.

Thanks so much in advance for your help!

Kristi Croddy, RN, BSN, CEN
Trauma Program Manager
Community Hospital East ED

Community
Health Network

Formal Response to Community Hospital East "In the ACS Process" Feedback

1B: Clarification as to what he has been doing since 1993

Included is Dr. Chabenne's updated CV. While the CV submitted clearly states he has been a General Surgeon at Community Hospital since 1976, the Trauma Team at Community East clarified Dr. Chabenne's CV to better reflect it. As a General Surgeon, Dr. Chabenne not only cares for his private surgical patients; but also shares rotating call for the Emergency Department. As an active General Surgeon, Dr. Chabenne cares for a strong case-load of private and emergent surgical patients. Also included shows the total overall general surgery cases Dr. Chabenne performed for 2013 and YTD 2014. In 2013, Dr. Chabenne performed 217 general surgery cases, as well as 105 endoscopies. From January to June 2014, Dr. Chabenne performed 92 general surgery cases, along with 85 endoscopies. (Cases are added from the surgery center and the main OR)

2014 CHE Surgical Services - Utilization Comparison

MD	Specialty	Jan IN	Jan OP	Jan TOT	Feb IN	Feb OP	Feb TOT	Mar IN	Mar OP	Mar TOT	Apr IN	Apr OP	Apr TOT	May IN	May OP	May TOT	Jun IN	Jun OP	Jun TOT	Jul IN	Jul OP	Jul TOT	Aug IN	Aug OP	Aug TOT	Sep IN	Sep OP	Sep TOT	Oct IN	Oct OP	Oct TOT	Nov IN	Nov OP	Nov TOT	Dec IN	Dec OP	Dec TOT	YTD IN	YTD OP	YTD TOT	YTD %
Guzman, Mike	Anesthesia/Pain	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0		0			0			0			0			0			0			0	1	0	1	0.05%
Myers, C	Anesthesia/Pain	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0			0			0			0			0			0			0	0	0	0	0.00%
Swofford, John	Anesthesia/Pain	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0			0			0			0			0			0			0			0	0	1	1	0.05%
Dedinsky, Greg	Cardiovascular	2	0	2	1	0	1	0	0	0	0	0	0	0	0	0			0			0			0			0			0			0			0	3	0	3	0.16%
Shoemaker, Robert	Cardiovascular	0	0	0	2	0	2	0	0	0	0	0	0	1	0	1			0			0			0			0			0			0			0	3	0	3	0.16%
Storey, John	Cardiovascular	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0			0			0			0			0			0			0			0	1	0	1	0.05%
Agostino, M	ENT	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0																						1	0	1	0.05%
Biggerstaff, Richard	ENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0			0			0			0			0			0			0	0	0	0	0.00%
Goldenberg, John	ENT	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0																						1	0	1	0.05%
Klein, Nicole	ENT	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0																						0	1	1	0.05%
McDonald, Clement	ENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0			0			0			0			0			0			0	0	0	0	0.00%
Miner, James	ENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0			0			0			0			0			0			0	0	0	0	0.00%
Myers, M	ENT	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0			0			0			0			0			0			0			0	0	1	1	0.05%
Peterson, Laryn	ENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0			0			0			0			0			0			0	0	0	0	0.00%
Zeller, Charles	ENT	0	2	2	6	4	10	5	4	9	2	8	10	1	5	6	1	3	4			0			0			0			0			0			0	15	26	41	2.22%
Adebayo, A	Eyes	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0																						1	0	1	0.05%
Burgett, R	Eyes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0			0			0			0			0			0			0	0	0	0	0.00%
Kauffman, C	Eyes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0			0			0			0			0			0			0	0	0	0	0.00%
Keener, G	Eyes	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0			0			0			0			0			0			0			0	1	0	1	0.05%
Latona, John	Eyes	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0			0			0			0			0			0			0			0	0	1	1	0.05%
Ardelan, Abdolaziz	General Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0			0			0			0			0			0			0	0	0	0	0.00%
Baughman, Ronald	General Surgery	0	0	0	0	0	0	0	0	0	0	0	0	2	2	4			0			0			0			0			0			0			0	2	2	4	0.22%
Berghoff, Keenan	General Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0			0			0			0			0			0			0	0	0	0	0.00%
Chabenne, Bahjat	General Surgery	3	0	3	1	2	3	0	3	3	4	3	7	3	4	7	2	1	3			0			0			0			0			0			0	13	13	26	1.41%
Delumpa, Vincent	General Surgery	0	2	2	1	1	2	8	3	0	0	0	0	2	2	0			0			0			0			0			0			0			0	11	8	4	0.22%
Ditslear, John	General Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0			0			0			0			0			0			0	0	0	0	0.00%
Goulet, Robert	General Surgery	0	1	1	1	4	5	0	1	1	0	2	2	0	0	0			0			0			0			0			0			0			0	1	8	9	0.49%
Gowdamarajan, Arun	General Surgery	2	0	2	0	0	0	3	1	4	2	1	3	1	1	2	1	1	2			0			0			0			0			0			0	9	4	13	0.70%
Haddad, Nas	General Surgery	2	3	5	5	3	8	3	3	6	11	4	15	4	2	6	7	1	8			0			0			0			0			0			0	32	16	48	2.60%
Ihnat, Terrence	General Surgery	17	0	17	5	5	10	12	0	12	9	0	9	7	5	12	10	5	15			0			0			0			0			0			0	60	15	75	4.06%
Jansen, Jon	General Surgery	0	1	1	0	2	2	0	1	1	0	1	1	1	2	3			0			0			0			0			0			0			0	1	7	8	0.43%
Kim, C	General Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0																						1	0	1	0.05%
McAree, Kevin	General Surgery	7	0	7	3	0	3	7	1	8	1	1	2	4	5	9	6	1	7			0			0			0			0			0			0	28	8	36	1.95%
Mimms, Scott	General Surgery	11	3	14	1	0	1	0	2	2	4	1	5	2	3	5	2	6	8			0			0			0			0			0			0	20	15	35	1.89%
Narayanan, Shekar	General Surgery	0	0	0	0	0	0	0	0	0	1	0	1	0	1	1	1	0	1			0			0			0			0			0			0	2	1	3	0.16%
Pavlik, Joseph	General Surgery	2	1	3	0	2	2	0	3	3	2	4	6	1	0	1	2	5	7			0			0			0			0			0			0	7	15	22	1.19%
Shah, Ateet	General Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1			0			0			0			0			0			0	1	0	1	0.05%
Thekkeurumbil, Sanjay	General Surgery	0	0	0	0	0	0	0	2	2	2	0	2	0	0	0			0			0			0			0			0			0			0	2	2	4	0.22%
Carlson, S	GI/Endo	0	0	0	0	0	0	2	0	2	0	0	0	0	0	0	4	0	4			0			0			0			0			0			0	6	0	6	0.32%
Chabenne, Bahjat	GI/Endo	0	6	6	0	8	8	0	18	18	0	16	16	1	15	16	0	21	21			0			0			0			0			0			0	1	84	85	4.60%
Ciacela, D	GI/Endo	0	0	0	0	0	0	0	0	0	0	0	0	2	1	3	1	1	2			0			0			0			0			0			0	3	2	5	0.27%
Clarke, B	GI/Endo	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0			0			0			0			0			0			0	0	0	0	0.00%
Ditslear, John	GI/Endo	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0			0			0			0			0			0			0	0	0	0	0.00%
Gianaris, Paul	GI/Endo	0	3	3	3	2	5	2	1	3	1	2	3	1	1	2	1	0	1			0			0			0			0			0			0	8	9	17	0.92%
Gowdamarajan, Arun	GI/Endo	0	0	0	0	1	1	0	0	0	0	2	2	1	1	2	1	1	2			0			0			0			0			0			0	2	5	7	0.38%
Haddad, Nas	GI/Endo	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0			0			0			0			0			0			0	0	0	0	0.00%
Haque, Rehan	GI/Endo	1	0	1	0	0	0	1	0	1	2	1	3	1	2	3	1	0	1			0			0			0			0			0			0	6	3	9	0.49%
Harrison, Matthew	GI/Endo	0	0	0	2	0	2	0	0	0	2	1	3	0	0	0			0			0			0			0			0			0			0	4	1	5	0.27%
Henderson, J	GI/Endo	17	10	27	12	11	23	12	13	25	11	15	26	17	11	28	22	15	37			0			0			0			0			0			0	91	75	166	8.99%
Hollander, D	GI/Endo	17	14	31	15	11	26	30	14	44	22	14	36	22	5	27	5	7	12			0			0			0			0			0			0	111	65	176	9.53%
MacDonell, E	GI/Endo	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	1	0	1			0			0			0			0			0			0	1	1	2	0.11%
Mimms, Scott	GI/Endo	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0			0			0			0			0			0			0	0	0	0	0.00%
Narayanan, Shekar	GI/Endo	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0			0			0			0			0			0			0			0	0	1	1	0.05%
Quick, B	GI/Endo	1	0	1	2	1	3	0	1	1	0	1	1	1	3	4	0	1	1			0			0			0			0			0			0	4	7	11	0.60%
Rubeiz, G	GI/Endo	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0			0			0			0			0			0			0	0	0	0	0.00%
Shah, Ateet	GI/Endo	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0			0			0			0			0			0			0	0	0	0	0.00%
Shah, Ninad	GI/Endo	15	18	33	12	22	34	13	8	21	13	24	37	11	26	37	10	20	30			0			0			0			0			0			0	74	118	192	10.40%
Thekkeurumbil, Sanjay	GI/Endo	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1			0			0			0			0			0			0	1	0	1	0.05%
Tolle, F	GI/Endo	1	0	1	0	1	1	0	1	1	0	0	0	0	0	0	1	0	1			0			0			0			0			0			0	2	2	4	0.22%
Tushan, F	GI/Endo	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0			0			0			0			0			0			0	0	0	0	0.00%
Yakhni, A	GI/Endo	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0			0			0			0			0			0			0			0	0	1	1	0.05%
Beall, Abby	Gynecology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0			0			0			0			0			0			0	0	0	0	0.00%
Carr, Rachel	Gynecology	1	1	2	1	0	1	0	0	0	0	2	2	0	0	0	0	1	1			0			0			0			0			0			0	2	4	6	0.32%
Cashman, Casandra	Gynecology	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0																						0	1	1	0.05%
Feeney, Dan	Gynecology	2	2	4	0	2	2	2	1	3	1	2	3	1	3	4	2	1	3			0			0			0			0			0			0	8	11	19	1.03%
Ferrara, Tom	Gynecology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0			0			0			0			0			0			0	0	0	0	0.00%
Linton, David	Gynecology	1	1	2	0	1	1	1	1	2	2	2	4	1	0	1	0	1	1			0			0			0			0			0			0	5	6	11	0.60%
Miser, Margaret	Gynecology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0			0			0			0			0			0			0	0	0	0	0.00%
Moore, David	Gynecology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0			0			0			0			0			0			0	0	0	0	0.00%
Murphy, Michelle	Gynecology	0	2	2	0	1	1	0	1	1	0	3	3	2	0	2	0	1	1			0			0			0			0			0			0	2	8	10	0.54%
Sanders, A	Gynecology	0	7	7	2	4	6	2	4	6	2	0	2	1	3	4	1	3	4			0			0			0			0			0			0	8	21	29	1.57%
Wilson, Jill	Gynecology	1	0	1	1	2	3	0	1	1	0	1	1	0	0	0	1	0	1																			3	4	7	0.38%
Cummings, John T.	Neurosurgery	11	7	18	11	7	18	17	8	25	23	9	32	15	11	26	21	13	34			0			0			0			0			0			0	98	55	153	8.28%
Donaldson, Jill	Neurosurgery	0	0	0	0	0	0	0	0	0	2	0	2	0	0	0			0			0			0			0			0			0			0	2	0	2	0.11%
Fritsch, M	Neurosurgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0			0			0			0			0			0			0	0	0	0	0.00%
Hall, David	Neurosurgery	1	1	2	2	0	2	1	1	2	1	0	1	1	0	1	2		2			0			0			0			0			0			0	8	2		0.54%
Kim, Daniel	Neurosurgery	1	0	1	0	0	0	0	0	0	2	0	2	0	0	0	2																					5	0		0.27%
Rendel, Matthew	Neurosurgery	0	0	0	2	0	2	0	0	0	0	0	0	0	0	0			0			0			0			0			0			0			0	2	0		0.11%

50A

CSCE CASE VOLUME BY SPECIALTY
2014

ANES/PAIN

Physician	# of Cases
Biel, Herbert	11
Franiak, R	48
Guzman, M	4
Sailer	0
Swofford, J	852
YTD	*915*

ENT

Physician	# of Cases
Isenberg, S	69
Peterson, L	40
Zeller, C	82
YTD	*191*

EYES

Physician	# of Cases
Barrett, E	0
Chaluvadi, U	1
Fundenberger	55
Kauffman, C	161
Keener, G	41
Latona, J	213
YTD	*471*

PODIATRY

Physician	# of Cases
Baker, M	14
Boake, G	10
Leibovitz, J	0
Hilaire, J	0
Tauiman, J	14
YTD	*38*

GENERAL

Physician	# of Cases
Ardalan, A	0
Chabenne, B	66
Delumpa, V	1
Goulet, R	99
Gowdamarajan, A	1
Haddad, N	68
Ihnat, T	55
Jansen, J	78
Kim, C	1
McAree, K	77
Narayanan, S	1
Pavlik, J	49
YTD	*496*

GYN

Physician	# of Cases
Beall, A	0
Carr, R	32
Feeney, D	38
Ferrara, T	0
Linton, D	44
Miser, M	28
Moore, D	0
Murphy M	39
Sanders, A	22
Wilson, J	22
YTD	*225*

NEUROSURG

Physician	# of Cases
Cummings, T	39
Hall, D	0
Sloan, R	36
Steiman, D	11
YTD	*86*

ORTHO

Physician	# of Cases
Biel, H	18
Doxey, C	16
Eaton, R	25
Egwu, V	91
Estes, G	47
Fink, B	43
Kahn, R	17
Kuhn, D	79
Leaming, E	54
Sailer, P	19
Sieber, J	40
Sraders, M	75
Todderud, E	77
YTD	*601*

ORAL

Physician	# of Cases
Graham, S	0
Cowan, J	0
Moll, M.C.	1
YTD	*1*

PLASTICS

Physician	# of Cases
Cacioppo, J	0
Dash, H	1
Hsaio, E	1
Stalnecker, M	46
YTD	*48*

PV

Physician	# of Cases
Dilley, R	4
Guttikonda, D	49
Hansen, C	35
Jacob, D	56
Weinberger, J	0
YTD	*144*

UROLOGY

Physician	# of Cases
Bennett, R	53
Gray, W	12
Jones, T	47
Large, M	0
Magee, C	33
Martin, B	0
Moore, A	94
Salvas, D	1
Scheidler, D	30
Sprunger, J	29
Stuhldreher, D	103
YTD	*402*

ISCE CASE VOLUME BY SPECIALTY
2013

ANES/PAIN

Physician	# of Cases
Biel, Herbert	23
Franiak, R	162
Guzman, M	1
Sailer	3
Swofford, J	1889
YTD	*2,078*

ENT

Physician	# of Cases
Isenberg, S	142
Peterson, L	107
Zeller, C	113
YTD	*362*

EYES

Physician	# of Cases
Barrett, E	1
Chaluvadi, U	3
Fundenberger	127
Kauffman, C	243
Keener, G	196
Latona, J	447
YTD	*1017*

PODIATRY

Physician	# of Cases
Baker, M	36
Boake, G	43
Leibovitz, J	1
Hilaire, J	4
Taulman, J	2
YTD	*86*

GENERAL

Physician	# of Cases
Ardalan, A	0
Chabenne, B	160
Delumpa, V	2
Goulet, R	246
Gowdamarajan, A	0
Haddad, N	159
Ihnat, T	111
Jansen, J	174
McAree, K	160
Narayanan, S	0
Pavlik, J	111
YTD	*1,123*

GYN

Physician	# of Cases
Beall, A	6
Carr, R	18
Feeney, D	75
Ferrara, T	3
Fraley, S	31
Linton, D	97
Marsden, N	1
Miser, M	52
Moore, D	1
Murphy M	70
Sanders, A	52
YTD	*406*

NEUROSURG

Physician	# of Cases
Cummings, T	100
Hall, D	1
Sloan, R	77
Steiman, D	50
YTD	*228*

ORTHO

Physician	# of Cases
Biel, H	59
Doxey, C	54
Eaton, R	52
Egwu, V	155
Estes, G	105
Fink, B	100
Kahn, R	53
Kuhn, D	149
Leaming, E	85
Sailer, P	50
Sieber, J	94
Sraders, M	151
Todderud, E	153
YTD	*1,260*

ORAL

Physician	# of Cases
Graham, S	2
Cowan, J	0
Moll, M.C.	0
YTD	*2*

PLASTICS

Physician	# of Cases
Cacioppo, J	2
Dash, H	2
Hsaio, E	4
Stalnecker, M	95
YTD	*103*

PV

Physician	# of Cases
Dilley, R	74
Guttikonda, D	95
Hansen, C	70
Jacob, D	122
Weinberger, J	0
YTD	*361*

UROLOGY

Physician	# of Cases
Bennett, R	86
Gray, W	10
Jones, T	109
Large, M	1
Magee, C	95
Martin, B	2
Moore, A	155
Scheidler, D	63
Sprunger, J	66
Stuhldreher, D	224
YTD	*811*

52A

2013 CH[illegible]al Services - Utilization Comparison

MD	Specialty	Jan IN	Jan OP	Jan TOT	Feb IN	Feb OP	Feb TOT	Mar IN	Mar OP	Mar TOT	Apr IN	Apr OP	Apr TOT	May IN	May OP	May TOT	Jun IN	Jun OP	Jun TOT	Jul IN	Jul OP	Jul TOT	Aug IN	Aug OP	Aug TOT	Sep IN	Sep OP	Sep TOT	Oct IN	Oct OP	Oct TOT	Nov IN	Nov OP	Nov TOT	Dec IN	Dec OP	Dec TOT	YTD IN	YTD OP	YTD TOT	YTD %
Guzman, Mike	Anesthesia/Pain	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	1	1	0.03%
Myers, C	Anesthesia/Pain	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Swofford, John	Anesthesia/Pain	0	3	3	0	2	2	0	2	2	0	0	0	1	1	2	1	0	1	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	2	9	11	0.30%
Dedinsky, Greg	Cardiovascular	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Shoemaker, Robert	Cardiovascular	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	1	0	1	0.03%
Storey, John	Cardiovascular	0	0	0	0	0	0	1	0	1	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	3	0	3	0.08%
Bell, Valerie	ENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Biggerstaff, Richard	ENT	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0.03%
Freeman, Stephen	ENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Huntley, Tod	ENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Isenberg, Steve	ENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Klein, Nicole	ENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Krowiak, Edward	ENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
McDonald, Clement	ENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	1	1	0.03%
Miner, James	ENT	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	1	2	0.05%
Myers, M	ENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	1	1	0.03%
Peterson, Lauyn	ENT	1	0	1	0	0	0	0	0	0	1	0	1	1	1	2	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	1	0	1	5	1	6	0.15%
Zeller, Charles	ENT	1	0	1	2	0	2	1	3	4	2	2	4	3	0	3	2	3	5	0	3	3	0	5	5	2	1	3	1	4	5	3	7	10	0	5	5	17	33	50	1.37%
Barrett, Erik	Eyes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Burgett, R	Eyes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Kauffman, C	Eyes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Keener, G	Eyes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Latona, John	Eyes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1	2	0.05%
Zeh, William	Eyes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Ardalan, Abdelaziz	General Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Baughman, Ronald	General Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Berghoff, Keenan	General Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Chabenne, Bahjat	General Surgery	2	5	7	1	2	3	2	1	3	5	1	6	3	1	4	3	1	4	2	5	7	4	2	6	1	2	3	5	3	8	1	1	2	1	3	4	30	27	57	1.56%
Delumpa, Vincent	General Surgery	2	1	3	0	0	0	2	2	0	0	2	0	2	0	0	1	4	5	0	2	2	1	1	2	1	2	3	1	3	4	1	1	2	1	1	2	12	19	23	0.63%
Ditsler, John	General Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0.03%
Goulet, Robert	General Surgery	0	2	2	0	1	1	1	2	3	1	2	3	0	2	2	0	0	0	0	1	1	1	1	2	0	3	3	0	3	3	1	2	3	0	2	2	4	21	25	0.66%
Gowdamarajan, Arun	General Surgery	0	0	0	1	1	2	1	1	2	1	0	1	0	0	0	1	0	1	0	0	0	1	0	1	1	1	2	0	0	0	1	0	1	2	0	2	9	3	12	0.33%
Haddad, Nas	General Surgery	6	1	7	2	5	7	1	1	2	8	6	14	8	5	13	2	1	3	2	6	8	8	3	11	7	6	13	7	4	11	5	3	8	8	3	11	64	44	108	2.95%
Ihnat, Terrence	General Surgery	12	2	14	14	5	19	4	6	10	6	6	12	9	2	11	4	7	11	12	3	15	7	2	9	11	6	17	17	4	21	8	1	9	12	1	13	116	45	161	4.40%
Jansen, Jon	General Surgery	0	0	0	0	1	1	1	0	1	0	0	0	0	0	0	1	0	1	0	0	0	0	1	1	0	0	0	0	1	1	0	0	0	0	0	0	2	3	5	0.14%
McAree, Kevin	General Surgery	6	2	8	4	2	6	9	3	12	6	3	9	6	1	7	5	2	7	7	4	11	9	2	11	3	2	5	5	4	9	5	3	8	3	0	3	68	28	96	2.62%
Mimms, Scott	General Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2	0	1	1	2	1	3	1	3	4	2	0	2	5	7	12	0.33%
Narayanan, Shekar	General Surgery	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	1	0	1	0	2	2	0	0	0	1	0	1	0	1	1	0	0	0	0	0	0	3	3	6	0.16%
Pavlik, Joseph	General Surgery	3	1	4	0	1	1	3	0	3	1	1	2	3	3	6	5	4	10	2	4	6	0	2	2	2	3	5	2	4	6	1	3	4	5	3	8	28	29	57	1.56%
Shah, Ateet	General Surgery	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	1	0	1	2	0	2	0	0	0	0	0	0	0	0	0	0	0	0	4	0	4	0.11%
Thekkeurumbil, Sanjay	General Surgery	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1	2	2	0	2	4	2	6	0.16%
Carlson, S	GI/Endo	1	1	2	0	0	0	2	0	2	0	0	0	3	0	3	0	0	0	3	0	3	2	1	3	0	0	0	0	0	0	1	0	1	1	1	2	13	3	16	0.44%
Chabenne, Bahjat	GI/Endo	0	7	7	1	2	3	0	11	11	0	5	5	0	7	7	0	7	7	0	9	9	0	9	9	0	10	10	0	12	12	0	16	16	0	9	9	1	104	105	2.87%
Ciaccia, D	GI/Endo	4	0	4	1	0	1	0	0	0	1	1	2	0	0	0	1	0	1	4	0	4	0	0	0	2	0	2	0	0	0	2	0	2	0	0	0	15	1	16	0.44%
Clarke, B	GI/Endo	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1	1	0.03%
Ditslear, John	GI/Endo	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1	1	0.03%
Gianaris, Paul	GI/Endo	2	0	2	2	1	3	2	3	5	3	0	3	1	1	2	2	1	3	1	0	1	2	2	4	3	0	3	1	2	3	1	3	4	0	4	4	20	17	37	1.01%
Gowdamarajan, Arun	GI/Endo	0	0	0	0	1	1	0	2	2	0	2	2	0	0	0	0	1	1	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7	7	0.19%
Haddad, Nas	GI/Endo	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	1	0	1	0.03%
Haque, Rehan	GI/Endo	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	1	2	2	1	3	0.08%
Harrison, Matthew	GI/Endo	3	1	4	2	0	2	2	0	2	1	1	2	0	0	0	0	0	0	0	1	1	3	1	4	3	1	4	0	0	0	1	1	2	1	1	2	16	7	23	0.63%
Henderson, J	GI/Endo	20	7	27	15	13	28	22	12	34	9	8	17	23	15	38	6	5	11	21	16	37	10	10	20	19	14	33	21	18	39	15	11	26	17	11	28	198	140	338	9.23%
Hollander, D	GI/Endo	21	6	27	16	8	24	20	5	25	24	10	34	13	7	20	13	7	20	16	10	26	19	10	29	9	8	17	25	13	38	19	15	34	8	11	19	203	110	313	8.55%
MacDonell, E	GI/Endo	0	1	1	1	1	2	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	1	1	2	1	0	1	0	0	0	0	0	0	4	3	7	0.19%
Mimms, Scott	GI/Endo	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	1	0	1	0	1	1	1	2	3	0.08%
Narayanan, Shekar	GI/Endo	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Quick, B	GI/Endo	4	1	5	1	3	4	1	1	2	0	1	1	0	1	1	3	1	4	0	1	1	2	1	3	3	1	4	2	0	2	0	1	1	2	1	3	18	13	31	0.85%
Rubeiz, G	GI/Endo	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Shah, Ateet	GI/Endo	1	0	1	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	3	0	3	0.08%
Shah, Ninad	GI/Endo	24	12	36	15	15	30	19	15	34	22	20	42	15	10	25	18	10	28	9	16	25	10	26	36	14	28	42	5	21	26	18	21	39	10	14	24	179	208	387	10.57%
Thekkeurumbil, Sanjay	GI/Endo	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	0	1	4	0	4	0.11%
Tolle, F	GI/Endo	0	3	3	1	0	1	1	0	1	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	1	2	3	0	2	2	0	1	1	4	8	12	0.33%
Tushan, F	GI/Endo	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Yakhni, A	GI/Endo	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	1	2	0.05%
Beall, Abby	Gynecology	1	6	7	1	0	1	1	0	1	1	0	1	1	0	1	1	1	2	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	8	14	0.38%
Carr, Rachel	Gynecology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	0	1	1	1	2	2	2	4	0.11%
Eletekhari-Mersden, N	Gynecology	1	2	3	2	1	3	0	1	1	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	4	8	0.22%
Feeney, Dan	Gynecology	0	0	0	2	1	3	3	1	4	0	1	1	3	1	4	0	0	0	2	1	3	1	1	2	1	2	3	3	3	6	0	6	6	6	3	9	21	20	41	1.12%
Ferrara, Tom	Gynecology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Fraley, Stuart	Gynecology	0	1	1	1	0	1	1	5	6	1	1	2	0	2	2	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	10	13	0.36%
Linton, David	Gynecology	0	3	3	0	1	1	1	1	2	1	1	2	1	3	4	1	3	4	2	4	6	1	3	4	1	0	1	0	3	3	1	3	4	1	5	6	10	30	40	1.09%
Miser, Margaret	Gynecology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Moore, David	Gynecology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	1	1	0.03%
Murphy, Michelle	Gynecology	0	0	0	0	1	1	1	2	3	2	3	5	1	1	2	1	1	2	0	4	4	1	8	9	1	0	1	0	3	3	0	1	1	0	0	0	6	24	30	0.82%
Sanders, A	Gynecology	0	0	0	0	3	3	2	1	3	1	2	3	1	1	2	0	3	3	0	5	5	0	3	3	0	4	4	0	5	5	1	3	4	1	3	4	6	33	39	1.07%
Cummings, John T.	Neurosurgery	20	3	23	19	8	27	18	9	27	22	8	30	19	4	23	18	10	28	13	4	17	14	14	28	11	7	18	9	11	20	13	12	25	16	14	30	192	104	296	8.09%
Donaldson, Jill	Neurosurgery	1	0	1	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	3	0	3	0.08%
Fritsch, M	Neurosurgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%

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Community
Health Network

Formal Response to Community Hospital East "In the ACS Process" Feedback

1C: Evidence of a background in trauma experience

Dr. Chabenne's strong background in Trauma Medicine is demonstrated by means of his residency programs both in England and in the U.S. As evidenced by his CV, Dr. Chabenne was the Senior House Officer for the Casualty Department at Weymouth and District Hospital in Weymouth, England. One year later, he began a full time Course for Primary Fellowship in London, England. Afterwards, he was the Senior House Officer in General Surgery at Heatherwood Hospital in Ascot, England. In the next year, upon moving to the United States, Dr. Chabenne entered into a full residency program with General Surgery at Marion County General Hospital in Indianapolis, IN (now Eskenazi Smith Level I Shock Trauma Center). During his time in that program, he was the Chief Surgery Resident. Most General Surgeons receive 3-5 years training at the hospital they complete their residencies. Dr. Chabenne received 8 years of training in residency and fellowships at trauma hospitals, giving him extensive trauma experience.

Community
Health Network

Formal Response to Community Hospital East "In the ACS Process" Feedback

1D: Clarification about his Board Certification status-there is a lot of confusion and discussion because it appears he hasn't been board-certified in over 20+ years

Dr. Chabenne's board certification expired in 2001. Since then, he has been Board Eligible. He is also a Fellow of the American College of Surgeons. According to the Indiana State Application for "in the ACS process," *A Trauma Medical Director may be Board Certified, or Board Eligible, or an American College of Surgeons Fellow. This is usually a general surgeon who participates in trauma call and is current in Advanced Trauma Life Support (ATLS). The Trauma Medical Director must be dedicated to one hospital.* According to "*Resources for Optimal Care of the Injured Patient 2006*", the director must be a board-certified surgeon (usually a general surgeon) or an American College of Surgeons Fellow...(CD 5-5). Considering he is both Board Eligible and an American College of Surgeons Fellow, he meets the requirements. Included is the revised role summary for the Trauma Medical Director stating the Director may be Board Certified, Board Eligible or a Fellow of the American College of Surgeons. Also included is Dr. Chabenne's status as a Fellow of the American College of Surgeons taken from the ACS website. As well, Dr. Chabenne's Board Certification/Board Eligibility Status is taken from the American Board of Surgery Website is included.

HR USE ONLY
Position Code:
Employee Type: Salary
Effective Date: June 2014
Developed By: R Lindeman
HR Consultant: S McCullough

TITLE: Hospital Medical Director (HMD) - Trauma

DEPARTMENT AND COST CENTER: Various

ROLE OVERVIEW: The Hospital Medical Director (HMD) will provide physician leadership for one or more clinical microsystem/functional units within a campus hospital or hospitals. The HMD maintains comprehensive knowledge of the capabilities, capacity and opportunities of the clinical microsystem. This physician leader actively engages physician, nursing and administrative colleagues in collaborative improvement activities and readily communicates expectations and desired performance characteristics to local physicians. The HMD solicits input and feedback to help understand the problems and opportunities at hand.

The HMD is guided by the development and ongoing monitoring of performance metrics and specific collaboration activities. Collaborative activities are focused primarily on achieving macro-system objectives across microsystem boundaries. Activities are intended to enhance cross-functional and cross-entity performance.

The HMD will have the unique combination of skills to succeed in the rapidly changing healthcare environment: a progressive, flexible, innovative "lead by doing" and team player-coach who skillfully facilitates change in order to create the highest quality and cost effective physician organization and help drive a performance based culture.

This is a 0.05 to 0.1 FTE (Full Time Equivalent) position, projected to require approximately 2 to 4 hours of commitment per week, depending upon site activity and volume.

REQUIRED EXPERIENCE: Three (3) years clinical experience in the area of clinical care for which position will oversee.

REQUIRED EDUCATION: Medical Doctor or Doctor of Osteopathic, Board Certified or Board Eligible General Surgeon or a

General Surgeon who is an American College of Surgeons Fellow with a special interest in trauma. Current certification in Advanced Trauma Life Support

REQUIRED LICENSE: Must be an Indiana licensed, Medical Doctor (M.D. or D.O.)

PREREQUISITE SKILLS:

- Exceptional skills in developing relationships, mediating conflicts, building teams, communicating, and planning.
- Clinical expertise in acute care, with a broad based knowledge of clinical issues including ongoing clinical activity.

REPORTS TO: Regional Vice President of Clinical Performance

SUPERVISES: None

ESSENTIAL FUNCTIONS:
The following functions describe the essential duties of this role. Individuals in this role may not perform all of these duties, or may perform additional, related duties not listed here.

1. Physician leadership and active participation in the hospital's monthly **Physician Advisory Group.**
2. Physician leadership and active participation in the hospital's monthly **Group HMD Tactical Planning Sessions.**
3. Physician leadership and active participation in other periodic meetings or sessions as directed by VPCP.
4. Physician leadership and active participation in monthly **HMD/VPCP One-on-One Meeting**
5. Support efforts to improve acute care and hospital specific Quality Pillar Metrics and KPIs.
6. Promotion and facilitation of physician development, engagement and participation in hospital and acute care performance improvement teams.

7. Work across organizational dimensions with product line, CPN and independent physicians to generate improvement in content and delivery quality.

8. Support Quality/Risk related activities including Root Cause Analysis teams, accreditation activities and patient complaints

9. Participate in physician recruitment and orientation as well as work force development for the network.

10. Accountable to setting metrics, monthly review of performance and rounding resulting in development of mitigation activities in collaboration with VPCP and prescribed entities such as CPN, Medical Executive Committee, etc.

11. Operates all areas of responsibility with strong business ethics and integrity. Embrace, lives out and promotes the Standards of Behavior and network values – PRIIDE.

TRAUMA SPECFIC ESSENTIAL FUNCTIONS:

1. Participate in the research, development and writing of trauma policies, protocols and practice guidelines.
2. Implement all trauma program policies and procedures as they pertain to patient care.
3. Organize, direct and integrate the trauma program with all other departments and services within the hospital.
4. Promote a cooperative and collaborative working environment among the clinical disciplines involved in trauma care.
5. Lead efforts to develop and maintain a trauma center.
6. Collaborate with the Trauma Program Manager to establish trauma program goals and objectives consistent with those of the hospital and ensure that those of the trauma program are being met.
7. Develop and provide input on the development and maintenance of practice guidelines, policies and methodologies for medical/surgical trauma care.
8. Participate in site review by regulatory agencies.
9. Organize, direct and implement departmental practices to assure continued compliance with applicable laws including the guidelines established by the Statewide Trauma System and the Joint Commission on Accreditation of Hospitals.
10. Assure transfer agreements in place and in good standing; maintain relationship with receiving facilities, foster collaborative relationship.
11. Make appropriate referrals for specialty services and communicate regularly with referring physician as appropriate.
12. Ensure that adequate attending physician availability is provided to render care to trauma patients.

13. Ensure establishment of physician/surgeon call schedules for all trauma care, excluding those who do not meet educational and credentialing requirements.
14. Provide trauma care leadership and consultation for emergency, surgery and intensive care unit departments.
15. Participate in regional and statewide activities affecting the trauma program.
16. Attend local and national meetings and conferences to remain current regarding issues relevant to the performance of duties.
17. Demonstrate consistent, efficient, cost effective and quality trauma care at all times.
18. Participate in trauma patient/family satisfaction projects as developed by hospital.
19. Determine and implement PI activities appropriate to the trauma program.
20. Oversee the trauma PI program and participate in other quality initiatives that deal with the care of injured patients.
21. Review and investigate all trauma PI inquiries in collaboration with the Trauma Program Manager and refer to the appropriate committees.
22. Identify and correct deficiencies in trauma care policies, guidelines and protocols.
23. Identify representatives from various disciplines appropriate to participate in PI activities.
24. Coordinate, schedule and facilitate the PI peer review process.
25. Review all trauma-related peer review and initiate action as necessary.
26. Assist the Trauma Program Manager in evaluating the effectiveness of corrective actions resulting from PI processes.
27. Assume responsibility for the accuracy and validity of trauma statistics.
28. Support the requirements for trauma CME by participating and assisting in the education and training of hospital personnel physicians and specialists; maintain required CME's
29. Provide education for hospital staff regarding trauma program policies and appropriate medical practices.
30. Maintain relations with community organization and legislative bodies whose activities relate to trauma care and injury prevention
31. Participate in hospital outreach activities as may be requested by administration.
32. Develop and participate in trauma community education and injury prevention activities.
33. Function as a liaison to other hospitals within the region.
34. Must participate in trauma call

COMPETENCIES: Identify those technical competencies (role summary specific) necessary to perform the work.

PHYSICAL/ENVIRONMENTAL REQUIREMENTS: Please see check list

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WORK-PLACE ACTIVITIES*

* Frequencies based on DOT (Dictionary of Occupational Titles) standard frequencies

Activity	Never 0% of the day 0 per day 0	Occasional 1-33% of day 1-66 per day 1 per 15 min.	Frequent 34-66% of day 67-200 per day 1 per 5 min.	Constant 67-100% of day 200 plus per day 1 per 30 sec.
Standing			X	
Sitting			X	
Walking			X	
Bending		X		
Forward				
Sideways				
Climbing		X		
Grasping		X		
Pushing (Carts, wheelchairs, etc)		X		
Pulling (Carts, wheelchairs, etc)		X		
Twisting at waist		X		
Work above shoulders	X			
Repetitive arm movement		X		
Reaching		X		
Overhead:				
Forward:				
Side:				
Rear:				
Squatting	X			
Kneeling	X			
Crawling	X			
Wrist & Forearm		X		
Pronation / Supination				
Nondependent patient transfers		X		
Dependent patient transfers		X		
May drive between worksites		X		

Lifting and Carrying	Never	Occasional	Frequent	Constant
Under 10 lbs			X	
10-20 lbs		X		
20-30 lbs		X		
30-40 lbs		X		

Member - American College of Surgeons
Bahjat S. Chabenne, MD FACS

Name and Address Information:

Bahjat S. Chabenne, MD FACS
1311 N Arlington Ave
Indianapolis, IN 46219
United States

Additional Demographic Information:

Specialty:	General Surgery
Phone Number:	(317) 353-2420
Medical School(s):	St Joseph(Beirut) 1963
Hospital Appointment(s):	Community Hosp of Indpls, Active
	St Francis Hosp Ctr (Beech Grove) and Univ Hts Hosp (Indpls)., Courtesy
Degree(s):	MD
	FRCS(Ed)
Board Certification(s):	American Board of Surgery

Areas of Special Interest

Subspecialty(ies)	none specified

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The American Board of Surgery

Incorporated

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Philadelphia, PA 19103
phone 215.568.4000
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www.absurgery.org

August 4, 2014

Re: Bahjat S. Chabenne, M.D.

Thank you for your recent inquiry to the American Board of Surgery (ABS) regarding the certification status of the above named surgeon. The specific status of this surgeon with the ABS is listed below.

Certification: Surgery	**Current Status: Not Certified - In the Examination Process**

Certification History - Certificate #022586

Occurrence	Duration	Start Date	End Date
Initial Certification - Expired	Time-Limited	20 Apr 1977	01 Jul 1987
Recertification - Expired	Time-Limited	26 Oct 1990	01 Jul 2001

"In Examination Process" is noted to signify an individual with an approved application for certification or recertification who has yet to complete the examination process.

Please inform us immediately if your information differs from what we have supplied above. If you have questions regarding this information, please contact the ABS office.

Frank R. Lewis Jr. MD

Frank R. Lewis, Jr., M.D.
Executive Director

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Community
Health Network

Formal Response to Community Hospital East "In the ACS Process" Feedback

1E: Clarification around his CME credits—generic conferences and titles, therefore, unsure if the credits relate to trauma care.

Included is Dr. Chabenne's full CME credits. Dr. Chabenne has been attending the American College of Surgeons Clinical Congress yearly since 1978, and has amassed a wide variety of CME related to surgery over the years. Due to the fact Community Hospital has not been a trauma facility, Dr. Chabenne did not feel it necessary to spend much of his CME at the ACS Clinical Congress over the last few years. In an effort to improve the care provided to trauma patients at Community East, Dr. Chabenne has more recently turned his education hours towards care of trauma patients. Nineteen hours of Trauma related CME were awarded to Dr. Chabenne with his completion of ATLS on August 2nd. As well, Dr. Chabenne plans to focus on trauma related CME at the October 2014 ACS Clinical Congress.

Dr. Chabenne's C Overview
2011 through 2014

	Course	Date	CME
August 2014 ATLS Duke University	ATLS	8/1-8/2	19
Total CME 2014			19
October 2013 ACS Clinical Congress	Acute Cholecystitis: What to do when the patient is too sick	10/7/2013	1.5
	Abdominal Wall Reconstruction in an infected field	10/7/2013	1.5
	Humanitarian Surgical Outreach at Home and Abroad:Reports of the 2013 Volunteerism and Humanitarian Award Wimmers	10/7/2013	3
	Complicated Diverticulitis: To Resect or Not	10/7/2013	1.5
	Controversies in Thyroid Surgery	10/7/2013	1.5
	Benign Breast Disease: To Operate or Not to Operate	10/7/2013	1.5
	Approach to Neck Masses in Adults and Children	10/7/2013	1.5
	Bleeding Ulcer: Endosocpy Sute, Interventional Radiology, or Operating Room	10/7/2013	1.5
	Advances to the Care of Surgical Patients through contributions of the Journal of the American College of Surgeons and the BJS; Centennial Report	10/7/2013	1.5

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Dr. Chabenne's C Overview
2011 through 2014

	Severe Acute Pancreatitis: Evolving Management Strategies	10/8/2013	1.5
	Can your new partner operate: Mentoring your new partner	10/8/2013	1.5
	A wild night on acute care surgery call: challenging cases, great lessons	10/8/2013	1.5
	Are computed Tomography scans killing patients	10/8/2013	1.5
	Association of Program Directors in Surgery (APDS) Panels: Improving General Surgery Residency Training	10/8/2013	3
	Managing Emergencies in Crohn's Disease	10/8/2013	1.5
	She's Pregnant: Things the General Surgeon Should Know	10/8/2013	1.5
	Intestinal Stomas: Prevention and Management of Complications	10/8/2013	1.5
	Perioperative Care in the Surgical Intensive Care Unit: Challenging Scenarios for the Surgeon and Intensivist	10/8/2013	1.5
	Distinguished Lecture of the International Society of Surgery	10/9/2013	1
	Ethics and Philosphy Lecture	10/9/2013	1
	Commision on Cancer Oncology Lecture	10/9/2013	1
	Barrett's Esophagus: Management Options	10/9/2013	1.5
	Colorectal Emergencies for Noncolorectal Surgeons	10/9/2013	1.5
	Intestinal Failure: Evolution of Therapy in the Era of Intestinal Transplantation	10/9/2013	1.5

Dr. Chabenne's C Overview
2011 through 2014

	Innovative Technologies for the Treatment of Incontinence and Prolapse	10/9/2013	1.5
	The College's International Scholars and Travelers	10/9/2013	3
	Total CME 2013		30 hours
October 2012 ACS Clinical Congress			
	Current Issures in the Treatment of Mesenteric Ischemia	10/1/2012	1.5
	Diverticulits: Changing Paradigms of Treatmetn	10/1/2012	1.5
	Employing an Allied Health Professional: The Practical Realities	10/1/2012	1.5
	Parenting Beyond Pregnancy: The Challenges of Becoming a Surgeon-Parent	10/1/2012	1.5
	Sex after Surgery	10/1/2012	1.5
	New Paradigms for Management of Colorectal Liver Metastasis	10/1/2012	1.5
	Bowel Obstruction Causes	10/1/2012	1.5
	Evidence Based Reviews in Surgery: Mechanical Bowel Prep-To prep or not to Prep in Rectal Cancer Surgery	10/1/2012	1.5
	Hemorrhoids and Fistulae: New Solutions for Old Problems	10/1/2012	1.5
	Treatment of Complications Associated of Anti-Reflux Surgery	10/1/2012	1.5
	Clinical Workshop Through Video	10/1/2012	3
	10,000 Hours through 10,000 cases: How to Train the Modern Day Surgeon	10/2/2012	1.5
	After Discharge: Rehabilitation and End Resulsts after Major Trauma	10/2/2012	1.5
	Biomedical Informatics and Computational Modeling in the Era of Personalized Medicine	10/2/2012	1.5
	Duodenal Emergencies: perforation, bleeding, and Trauma	10/2/2012	1.5

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Dr. Chabenne's C Overview
2011 through 2014

	The Ever Changing World of Payment Methodologies	10/2/2012	1.5
	Really? Is it an Emergency? And Other Appendicitis Conundrums	10/2/2012	1.5
	The Brutal Reality: Living with Electronic Medical Records	10/2/2012	1.5
	Management of Lower Gastrointestinal Hemorrhage	10/2/2012	1.5
	The Current Status of Laparoscopic Inguinal Herniorrhaphy in General Surgical Practice	10/2/2012	1.5
	Achieving the Best Outcomes for the Ostomy Patient: Perfect Stoma Creation and Effective Patient Education	10/2/2012	1.5
	Severe Acute Pancreatitis: What to do	10/2/2012	1.5
	Best Videos from the Past	10/2/2012	2
	Distinguished Lecture fo the International Societ of Surgery	10/3/2012	1
	Dangerous Drugs and Surgery: Steroids, Anticoagulants, and Homeopathic Treatments	10/4/2012	1.5
	Identification and Management of Patients at High Risk for Breast Cancer	10/4/2012	1.5
	Therapeutic Uses of Energ across the Surgical Specialties: What are the Data Today and Possibilities for Tomorrow?	10/4/2012	1.5
	Devastatic Pelvic Trauma	10/3/2012	1.5
	Have you had a surgical Site Infection Lately	10/3/2012	1.5
	Improving the Quality of Surgical Care around the world	10/3/2012	1.5
	Surgical Management of Metastatic Cancer in the Abdomen	10/3/2012	1.5
	Reoperative Abdominal Surgery after a Previous Catastrophe	10/3/2012	1.5
	Surgical Management of Inflammatory Bowel Disease	10/3/2012	1.5

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Dr. Chabenne's C Overview
2011 through 2014

	Genetic Evaluation of Colorectal Cancer: A new mandate	10/3/2012	1.5
	Papillary Thyroid Cancer: What you thought you already knew	10/3/2012	1.5
	Evolution in Outcomes of the endoscopic and surgical management of esophageal cancer	10/3/2012	1.5
Total CME 2012			24.5
ACS General Surgery Review Course Chicago IL-May 2011	ACS Comprehensive General Surgery Review Course Chicago, IL 2011	5/19-5/22/201	24.75
Total CME 2011			24.75

MyCME
YOUR CME
@ YOUR CONVENIENCE
American College of Surgeons • Division of Education

AMERICAN COLLEGE OF SURGEONS
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GIVE YOURSELF CREDIT ... 2 WAYS!

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30

THE DEADLINE TO CLAIM CREDIT FOR THIS EVENT IS MARCH 31, 2014
Physicians are responsible for claiming their own credit.

1 Stop by the My CME booth during Clinical Congress for assistance in claiming your credit online.

The My CME Booth hours are:

Sunday	7:00 am - 5:00 pm
Monday	1:00 pm - 6:00 pm
Tuesday	7:00 am - 6:00 pm
Wednesday	7:00 am - 6:00 pm
Thursday	6:30 am - 12:00 pm

OR

2 Claim anytime 24/7 from your smartphone, tablet, laptop, or home/office computer by going to *www.cme.facs.org.*

Members:
Log in with your username and password

Non-Members (MD and DO only):
Log in with your badge number supplied at registration

Use this form to track your attendance for all non-ticketed sessions.
This form is for your records and should not be returned to the ACS.

The American College of Surgeons designates this educational activity for a maximum of 30 *AMA PRA Category 1 Credits*™ for non-ticketed sessions including evening video sessions.

For additional information, please contact the Program for Validation, Verification, and Credentialing at 866-918-4799 or 312-202-5430, or via e-mail at mycme@facs.org.

This year, attendees can now claim self-assessment credit for select non-ticketed sessions. There are a total of 36 Panel Sessions offering self-assessment (same as webcasts). To claim CME and self-assessment credit, visit the My CME booth at Clinical Congress, located in the lower level of the Walter E. Washington Convention Center or use your mobile device. CME credit can also be claimed remotely via your home or office computer. To log-in remotely, go to *www.cme.facs.org.* Follow the instructions according to your member status.

CME Card Key
SA = Self-Assessment
PtS = Patient Safety
T = Trauma
E = Ethics
W = Webcast

MONDAY, OCTOBER 7, 2013

NAMED LECTURES

8:30 AM - 9:30 AM

NL01	Opening Ceremony/Martin Memorial Lecture Sponsored by the American Urological Association	.50 ____

9:45 AM - 10:45 AM

NL02	John H. Gibbon, Jr. Lecture	.50 ____

2:30 PM - 3:30 PM

NL03	Charles G. Drake History of Surgery Lecture	.50 ____

4:15 PM - 5:00 PM

NL04	I.S. Ravdin Lecture in the Basic and Surgical Sciences	.75 ____

PANEL SESSIONS

9:45 AM - 11:15 AM

PS100	Acute Cholecystitis: What to Do When the Patient Is Too Sick? (PtS)(SA)(W)	1.5 ✓
PS101	Abdominal Wall Reconstruction in an Infected Field	1.5 ✓
PS102	Controversies in the Surgical Treatment of Pancreatic Cancer (SA)(W)	1.5 ____
PS103	"What Do You Mean, I Might Need an Operation? I Feel Fine...": Endocrine Incidentalomas—Work-up and Management (SA)(W)	1.5 ____
PS104	The Toughest Trauma Case I Ever Had (T) (PtS)	1.5 ____
PS105	Management of Hereditary Colon Cancer Syndromes (SA)(W)	1.5 ____

9:45 AM - 1:00 PM

PS106	Humanitarian Surgical Outreach at Home and Abroad: Reports of the 2013 Volunteerism and Humanitarian Award Winners	3.0 ✓

11:30 AM - 1:00 PM

PS107	Complicated Diverticulitis: To Resect or Not? (PtS)(SA)(W)	1.5 ✓
PS108	Controversies in Thyroid Surgery (SA)(W)	1.5 ✓
PS109	Augmented Reality: Real-Time, Image-Navigated Abdominal Surgery	1.5 ____
PS110	Congenital Anorectal Malformations: Transitioning to Adult Care	1.5 ____
PS111	Contemporary Treatment of Melanoma (SA)(W)	1.5 ____

MOA

NOV/06/2013/WED 12:22 PM FAX NO. 200 1

MONDAY, OCTOBER 7, 2013 (CONT.)

PS112 Medicare's Approach to Value-Based Purchasing: Aligning with the New Medicare Value-Based Payment Modifier 1.5 ____

2:30 PM - 4:00 PM

PS113 Benign Breast Disease: To Operate or Not to Operate? That Is the Question (SA)(W) 1.5 ✓

PS114 Initiates' Program: Titrating Your Leadership Skills—A Primer for Young Surgeons 1.5 ____

PS115 Anorectal Disease: Contemporary Management (SA)(W) 1.5 ____

PS116 Approach to Neck Masses in Adults and Children 1.5 ✓

PS117 Chest Wall Resection and Reconstruction 1.5 ____

PS118 Diagnosis and Management of the Diabetic Foot 1.5 ____

PS119 Translational Medicine: A Vital Role for Surgeons? 1.5 ____

2:30 PM - 5:45 PM

PS120 Latin America Day: Hepatobiliary Surgery 3.0 ____

4:15 PM - 5:45 PM

PS121 Bleeding Ulcer: Endoscopy Suite, Interventional Radiology, or Operating Room? (PtS)(SA)(W) 1.5 ✓

PS122 Advances to the Care of Surgical Patients Through Contributions of the *Journal of the American College of Surgeons* and the *BJS*: Centennial Report 1.5 ✓

PS123 Update in Carotid Disease Diagnosis and Treatment (SA)(W) 1.5 ____

PS124 Controversies in Parathyroid Surgery (SA)(W) 1.5 ____

PS125 Employing Allied Health Professionals in a Surgical Practice 1.5 ____

PS126 "Milestones" and What They Mean for Resident Training 1.5 ____

PS127 Symposium on the Legacy of Frank H. Netter, MD 1.5 ____

SURGICAL FORUM

9:45 AM - 11:15 AM

SF01 Apoptosis/Cellular Injury 1.5 ____

SF02 Neurosurgery 1.5 ____

SF03 Obstetrics and Gynecology 1.5 ____

9:45 AM - 1:00 PM

SF04 Alimentary Tract I 3.0 ____

SF05 Quality, Outcomes, and Costs I (PtS) 3.0 ____

SF06 Targeted Therapies 3.0 ____

2:30 PM - 4:00 PM

SF07 Global Surgery 1.5 ____

2:30 PM - 5:45 PM

SF08 Surgical Oncology/Endocrine I 1.5 ____

SF09 Urology and Reproductive Surgery I 1.5 ____

SF10 Vascular Surgery I 1.5 ____

4:15 PM - 5:45 PM

SF11 Pediatric Surgery I 1.5 ____

SCIENTIFIC PAPERS

9:45 AM - 11:15 AM

SP01 Bariatric Surgery 1.5 ____

11:30 AM - 1:00 PM

SP02 Endocrine 1.5 ____

SP03 Liver/Biliary Tract/Pancreas I 1.5 ____

2:30 PM - 4:00 PM

SP04 Quality, Outcomes, and Costs I 1.5 ____

4:15 PM - 5:45 PM

SP05 Surgical Oncology I 1.5 ____

VIDEO SESSIONS

9:45 AM - 1:00 PM

VE01 Challenging and Unusual Problems in Surgery 3.0 ____

VE02 Controversies and Challenges in Colorectal Surgery 3.0 ____

2:30 PM - 5:45 PM

VE03 Cardiothoracic Surgery 3.0 ____

VE05 General Surgery I 3.0 ____

6:30 PM - 8:30 PM

VE06 Clinical Workshop Through Video 2.0 ____

TUESDAY, OCTOBER 8, 2013

NAMED LECTURES

8:00 AM - 9:00 AM

NL05 Herand Abcarian Lecture 1.0 ____

9:45 AM - 10:45 AM

NL06 Excelsior Surgical Society/Edward D. Churchill Lecture 1.0 ____

12:45 PM - 1:30 PM

NL07 Scudder Oration on Trauma (T) .75 ____

2:30 PM - 3:30 PM

NL08 Olga M. Jonasson Lecture (E) 1.0 ____

POSTER PRESENTATION

11:30 AM - 12:30 PM

PP08 Posters of Exceptional Merit 1.0 ____

PANEL SESSIONS

8:00 AM - 9:30 AM

PS200 Severe Acute Pancreatitis: Evolving Management Strategies (T)(PtS)(SA)(W) 1.5 ✓

PS201 Managing Thoracic Trauma: The Debate Continues (T)(SA)(W) 1.5 ____

PS202 Case-Based Discussion of the Management of Pediatric Traumatic Brain Injury (T) 1.5 ____

PS203 Diversity in Surgery: Does It Matter? 1.5 ____

PS204 Can Your New Partner Operate?: Mentoring Your New Partner (PtS) 1.5 ✓

PS205 High-Risk Breast Patients: Assessment, Genetics, and Atypical Lesions 1.5 ____

PS206 Innovation and Invention in Surgery 1.5 ____

8:00 AM - 11:15 AM

PS207 Spectacular Cases 3.0 ____

9:45 AM - 11:15 AM

PS208 A Wild Night on Acute Care Surgery Call: Challenging Cases, Great Lessons (T)(PtS)(SA)(W) 1.5 ✓

PS209 Don't Get Burned: A Refresher Course in Management of Thermal Injuries (T)(SA)(W) 1.5 ____

PS210 100 Years of Rural Surgery: Past Accomplishments, Future Challenges 1.5 ____

PS211 Are Computed Tomography Scans Killing Patients? (PtS) 1.5 ✓

PS212 Piece of the Action or Run the Trial: Managing Conflict of Interest in Research and Innovation (E) 1.5 ____

PS213 Management of Polytrauma Patients with Central Nervous System (CNS) Injury (T) 1.5 ____

PS214 Personalized Therapy of Surgical Diseases 1.5 ____

12:45 PM - 2:15 PM

PS215 Acute Appendicitis: Operate Now, Wait until the Morning, or Treat with Antibiotics? Review of the Evidence (PtS)(SA)(W) 1.5 ____

PS216 The Multimodality Management of Retroperitoneal and Extremity Sarcoma (SA)(W) 1.5 ____

PS217 Lung Cancer and the Pulmonary Resection Patient: Screening, Preparation, Techniques, and Outcomes (SA)(W) 1.5 ____

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TUESDAY, OCTOBER 8, 2013 (CONT.)

PS218 Advances in Periocular and Orbital Surgery: The Past 25 Years 1.5 _____

PS219 From the Battlefield to the Home Front: Translating Military Experience into Civilian Practice (T) 1.5 _____

PS220 International Surgery Rotations: Creating Learning Opportunities 1.5 _____

1:00 PM - 5:00 PM

PS221 Association of Program Directors in Surgery (APDS) Panels: Improving General Surgery Residency Training 3.0 _____

2:30 PM - 4:00 PM

PS222 Managing Emergencies in Crohn's Disease (PtS)(SA)(W) 1.5 _____

PS223 Implementing Social Media Applications Into Your Continuing Professional Development 1.5 _____

PS224 She's Pregnant: Things the General Surgeon Should Know (PtS) 1.5 _____

PS225 Hot Topics in Thyroid Cancer (PtS)(S)(W) 1.5 _____

PS226 Ingested, Inserted, and Impaled Foreign Bodies: Strategies for Successful Management (T) (PtS) 1.5 _____

PS227 Long-Term Outcomes of Combat Wound Care (T) 1.5 _____

2:30 PM - 5:45 PM

PS228 Ethics Colloquium: End-of-Life Issues for Surgical Patients (E)(SA)(W) 3.0 _____

4:15 PM - 5:45 PM

PS229 Intestinal Stomas: Prevention and Management of Complications (PtS)(SA)(W) 1.5 _____

PS230 Reimbursement in the Age of Accountable Care Organizations (ACO) Bundling: What Are Surgeons Worth? 1.5 _____

PS231 Perioperative Care in the Surgical Intensive Care Unit (ICU): Challenging Scenarios for the Surgeon and Intensivist (T)(PtS) 1.5 _____

PS232 Improving Outcomes through ACS NSQIP® (PtS)(SA)(W) 1.5 _____

PS233 Incorporating Palliative Care in Cancer Management (PtS) 1.5 _____

PS234 The Patient's Wound Is Not Healing: Now What? 1.5 _____

PS235 Surgical Heroes of the Next 100 Years: Will They Be Different? 1.5 _____

SURGICAL FORUM

8:00 AM - 11:15 AM

SF12 Cardiothoracic Surgery I 3.0 _____

SF13 Critical Care I: Inflammation and Immunity (T) 3.0 _____

SF14 Plastic and Maxillofacial Surgery I 3.0 _____

SF15 Quality, Outcomes, and Costs II (PtS) 3.0 _____

SF16 Surgical Oncology/Endocrine II 3.0 _____

SF17 Transplantation and Tissue Engineering 3.0 _____

2:30 PM - 4:00 PM

SF18 Orthopaedic Surgery 1.5 _____

2:30 PM - 5:45 PM

SF19 Alimentary Tract II 3.0 _____

SF20 Biomarkers and Genetic Determinants of Disease and Outcomes 3.0 _____

SF21 Pediatric Surgery II 3.0 _____

4:15 PM - 5:45 PM

SF22 Urology and Reproductive Surgery II (Robotics) 1.5 _____

SCIENTIFIC PAPERS

8:00 AM - 9:30 AM

SP06 General Surgery I 1.5 _____

9:45 AM - 11:15 AM

SP07 Colon and Rectal Surgery I 1.5 _____

12:45 PM - 2:15 PM

SP08 Surgical Education 1.5 _____

2:30 PM - 4:00 PM

SP09 Quality, Outcomes, and Costs II 1.5 _____

SP10 Trauma Surgery (T) 1.5 _____

4:15 PM - 5:45 PM

SP11 Transplantation; Orthopaedic Surgery 1.5 _____

SP12 Urology; Obstetrics and Gynecology 1.5 _____

VIDEO SESSIONS

8:00 AM - 9:30 AM

VE07 Neurological Surgery 1.5 _____

8:00 AM - 11:15 AM

VE08 Otolaryngology—Head and Neck Surgery 3.0 _____

9:00 AM – 11:15 AM

VE04 Subject-Oriented Symposium I: Complex Abdominal Wall Reconstruction: Plastics and General Surgeons, Can We All Agree? 1.5 _____

12:45 PM - 2:15 PM

VE09 Obstetrics and Gynecology 1.5 _____

VE10 Complex Conditions Managed by Laparoscopy 1.5 _____

VE11 Controversial Cases in General Surgery 1.5 _____

VE12 Subject-Oriented Symposium II: 100 Years of Surgery 1.5 _____

2:30 PM - 4:00 PM

VE13 Endocrine Surgery 1.5 _____

VE14 Urology 1.5 _____

2:30 PM - 5:45 PM

VE15 General Surgery II 3.0 _____

6:30 PM - 8:30 PM

VE16 Best Videos from the Past 2.0 _____

_____

WEDNESDAY, OCTOBER 9, 2013

NAMED LECTURES

8:00 AM - 9:00 AM

NL09 Distinguished Lecture of the International Society of Surgery 1.0 _____

9:45 AM - 10:45 AM

NL10 Ethics and Philosophy Lecture (E) 1.0 _____

12:45 PM - 1:45 PM

NL11 Commission on Cancer Oncology Lecture 1.0 _____

PANEL SESSIONS

8:00 AM - 9:30 AM

PS300 Barrett's Esophagus: Management Options (SA)(W) 1.5 _____

PS301 Colorectal Emergencies for Noncolorectal Surgeons (PtS)(SA)(W) 1.5 _____

PS302 Intestinal Failure: Evolution of Therapy in the Era of Intestinal Transplantation 1.5 _____

PS303 Civilian and Military Injuries to the Kidney, Ureter, and Bladder (T) (PtS) 1.5 _____

PS304 Redirection and Reentry: Flexibility for a Surgical Career (PtS) 1.5 _____

PS331 Lessons Learned from the Boston Marathon Bombing (T) 1.5 _____

8:00 AM - 11:15 AM

PS305 Surgical Jeopardy 3.0 _____

9:45 AM - 11:15 AM

PS306 Anastomotic Leak: Prevention and Management (PtS)(SA)(W) 1.5 _____

PS307 Developing, Implementing, and Evaluating Trauma Care Systems: Experiences from Low- and Middle-Income countries (T)(PtS) 1.5 _____

PS308 Metabolic Surgery: The Science, the Patient, and the Future 1.5 _____

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WEDNESDAY, OCTOBER 9, 2013 (CONT.)

PS309 The Modern Family: Surgery 2013 1.5 _____

PS310 Mass-Casualty Shootings: Saving the Patients (T) 1.5 _____

PS311 Regenerative Medicine in Practice Now: Cell Therapies and Artificial Organs 1.5 _____

PS328 A Century of Canadian Contributions to the American College of Surgeons and Surgical Science 1.5 _____

12:45 PM - 2:15 PM

PS312 Bariatric Surgical Complications: I Don't Do Bariatric Surgery—But You Are the Only Surgeon on Call (PtS)(SA)(W) 1.5 _____

PS313 Complications of Esophageal Procedures: Neck, Chest, and Abdomen (PtS)(SA)(W) 1.5 _____

PS314 Innovative Technologies for the Treatment of Incontinence and Prolapse (PtS) 1.5 ✓

PS315 Controversies in Men's Health: Prostate-Specific Antigen (PSA) and Testosterone 1.5 _____

PS316 Nonsurgical Education: Is It Worth Going Back to School? 1.5 _____

PS317 Challenges in Management of Patients with Aneurysms (SA)(W) 1.5 _____

12:45 PM - 4:00 PM

PS318 The College's International Scholars and Travelers 2013 3.0 ✓

2:30 PM - 4:00 PM

PS319 Quality Colorectal Cancer Care: What You Should Know (PtS)(SA)(W) 1.5 _____

PS320 Looking Back and Moving Forward: 100 Years of Surgical Research 1.5 _____

PS321 Gunshot Wounds to the Face: Contemporary Management (T) 1.5 _____

PS322 State of the Art in Head and Neck Trauma, Adult and Pediatric (T) 1.5 _____

PS323 Neoadjuvant Therapy: Finding the New Normal in Cancer Treatment (SA)(W) 1.5 _____

PS324 Contemporary Approaches to Dialysis Access 1.5 _____

PS329 Surgical Insights from France 1.5 _____

4:15 PM - 5:45 PM

PS325 Help! I Can't Close the Abdomen: Now What? (PtS)(SA)(W) 1.5 _____

PS326 Risk and Opportunity of Employed Physicians in an Integrated Health System 1.5 _____

PS327 Advancing the Surgeon's Role in Cancer Prevention and Clinical Trials 1.5 _____

PS330 Negotiating for Success 1.5 _____

SURGICAL FORUMS

8:00 AM - 11:15 AM

SF23 Alimentary Tract III 3.0 _____

SF24 Critical Care II: The Clinical Biology of Trauma (T) 3.0 _____

SF25 Progenitor Cells and Cell-Based Therapies 3.0 _____

SF26 Surgical Education I 3.0 _____

2:30 PM - 5:45 PM

SF27 Cardiothoracic Surgery II 3.0 _____

SF28 Plastic and Maxillofacial Surgery II 3.0 _____

SF29 Quality, Outcomes, and Costs III (PtS) 3.0 _____

SF30 Vascular Surgery II 3.0 _____

4:15 PM - 5:45 PM

SF31 Geriatric Surgery 1.5 _____

SF32 Patient Safety (PtS) 1.5 _____

SCIENTIFIC PAPERS

8:00 AM - 9:30 AM

SP13 Vascular Surgery 1.5 _____

SP14 Surgical Oncology II 1.5 _____

9:45 AM - 11:15 AM

SP15 Surgical Humanitarian Outreach I; Quality, Outcomes, and Costs III 1.5 _____

12:45 PM - 2:15 PM

SP16 Plastic and Maxillofacial Surgery 1.5 _____

2:30 PM - 4:00 PM

SP17 Pediatric Surgery; Perioperative, Critical Care Surgery 1.5 _____

SP18 Cardiothoracic Surgery I; Colon and Rectal Surgery II 1.5 _____

4:15 PM - 5:45 PM

SP19 Liver/Biliary Tract/Pancreas II 1.5 _____

VIDEO SESSIONS

8:00 AM - 11:15 AM

VE17 General Surgery III 3.0 _____

VE18 Pediatric Surgery 3.0 _____

9:45 AM - 11:15 AM

VE19 Subject-Oriented Symposium III: Managing Abdominal Disasters (T) 1.5 _____

12:45 PM - 2:15 PM

VE20 Movie Classics from the Past 1.5 _____

VE21 Trauma (T) 1.5 _____

12:45 PM - 4:00 PM

VE22 Subject-Oriented Symposium IV: ACS Video Atlas Showcase 3.0 _____

2:30 PM - 4:00 PM

VE23 Vascular Surgery 1.5 _____

2:30 PM - 5:45 PM

VE24 Hepatobiliary Surgery 3.0 _____

THURSDAY, OCTOBER 10, 2013

PANEL SESSIONS

8:00 AM - 9:30 AM

PS400 10 Hot Topics in General Surgery (PtS)(SA)(W) 1.5 _____

PS401 The Geriatric Surgery Patient: Issues in Perioperative and End of Life Care (E) 1.5 _____

PS402 Simulation Training in the Intensive Care Unit (ICU) (T)(SA)(W) 1.5 _____

PS403 Outpatient Venous Procedures 1.5 _____

PS404 How to Bring Biologic Therapies and Devices to Clinical Use 1.5 _____

9:45 AM - 11:15 AM

PS405 What's New in Advocacy and Health Policy: Top 10 Advances in the Past Year (SA)(W) 1.5 _____

PS406 Trauma Care Around the World: Differences, Similarities, and Controversies (T) 1.5 _____

PS407 Current Options in Management of Hepatoma 1.5 _____

PS408 It Pays for Your Patients to Quit Smoking before Surgery: Outcomes, Interventions, and Reimbursement 1.5 _____

SURGICAL FORUMS

8:00 AM - 11:15 AM

SF33 Critical Care III: Mechanisms of Organ Dysfunction (T) 3.0 _____

SF34 Innovative Clinical Technology 3.0 _____

SF35 Plastic and Maxillofacial Surgery III 3.0 _____

SF36 Surgical Education II 3.0 _____

SCIENTIFIC PAPERS

8:00 AM - 9:30 AM

SP20 General Surgery II 1.5 _____

VIDEO SESSIONS

8:00 AM - 11:15 AM

VE25 Bariatric Surgery 3.0 _____

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entered 3/26/13

2.5 CME total hrs.

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MONDAY, OCTOBER 1, 2012

NAMED LECTURES

8:30 - 9:30

NL01	Opening Ceremony/Martin Mahoney Lecture Spon. by AOA	0.5

9:45 - 10:45

NL02	John H. Gibbon, Jr. Lecture	1

2:30 - 3:30

NL03	Charles G. Drake History of Surgery Lecture	1

PANEL SESSIONS

9:45 - 11:15

PS100	Current Issues in the Treatment of Mesenteric Ischemia	1.5 ✓
PS101	Rectal Surgery: Past, Present, and Future	1.5 ✓
PS102	Diverticulitis: Changing Paradigm of Treatment	1.5 ✓
PS103	Employing an Allied Health Professional: The Practical Realities	1.5 ✓
PS104	New Paradigms for Management of Colorectal Liver Metastasis	1.5 ✓
PS105	Parenting Beyond Pregnancy: The Challenges of Becoming a Surgeon-Parent	1.5 ✓
PS106	Sex After Surgery	1.5 ✓

9:45 - 1:00

PS107	Humanitarian Surgical Outreach at Home and Abroad: Reports of the 2012 Volunteerism and Humanitarian Award Winners	1.0

11:30 - 1:00

PS108	Carotid Stenosis after CREST	1.5
PS109	Catheter-Based Cardiac Valve Surgery	1.5

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MONDAY, OCTOBER 1, 2012 (CONT.)

PS110 Disparities in Access to Surgical Care 1.5 ____

PS111 Managing the Axilla in Breast Cancer 1.5 ____

PS112 The Nasty Gallbladder 1.5 ____

PS113 Robotic Surgery in the Abdomen and Pelvis: Should You Be Doing It? 1.5 ____

PS114 Why Surgeons Need to Understand Social Networking 1.5 ____

2:30 - 4:00

PS115 Bowel Obstruction: Causes, Management, and Prevention 1.5 ✓

PS116 Evidence Based Reviews in Surgery: Mechanical Bowel Prep—To Prep or Not to Prep in Rectal Cancer Surgery 1.5 ✓

PS117 Initiates' Program: The Surgical Lifestyle—Finding Joy in the Profession 1.5 ____

PS118 Laparoscopic Pancreatectomy: Fad or the Future 1.5 ____

PS119 Ocular Trauma in the ER, in the OR, and on the Battlefield 1.5 ____

PS120 The Pleural Space: Acute and Chronic Challenges 1.5 ____

PS121 Prostate Cancer: Modern Concepts on Screening, Active Surveillance, and Surgical Treatment 1.5 ____

PS122 Surgeons as Institutional Employees: A Strategic Look at Surgeons as Employees of Hospitals 1.5 ____

2:30 - 5:45

PS131 Latin American Day 2012 3 ____

4:15 - 5:45

PS123 Founders of Private Clinics and the Early History of the ACS 1.5 ____

PS124 Hemorrhoids and Fistulae: New Solutions for Old Problems 1.5 ✓

PS125 The Impact of Neoadjuvant Chemotherapy on the Locoregional Management of Early Stage Breast Cancer 1.5 ____

PS126 Nanotechnology, Nanobots, and Surgery 1.5 ____

PS127 Staunch the Flow: How to Best Employ New Topical Hemostats, Sealants, and Adhesives 1.5 ____

PS128 Treatment of Complications Associated of Anti-Reflux Surgery 1.5 ✓

PS129 Understanding What NSQIP Can Do for Your Patients and Hospital 1.5 ____

PS130 What Are the Limits of Office-Based Procedures? 1.5 ____

SURGICAL FORUM

9:45 - 1:00

SF01 Alimentary Tract I 3 ____

SF02 Plastic Surgery I 3 ____

SF03 Surgical Oncology / Endocrine I 3 ____

SF04 Targeted Theraples 3 ____

2:30 - 4:00

SF05 Apoptosis 1.5 ____

2:30 - 5:45

SF06 Pediatric Surgery I 3 ____

SF07 Transplantation and Tissue Engineering 3 ____

SF08 Vascular Surgery I ____

4:15 - 5:15

SF09 Geriatric Surgery ____

SCIENTIFIC PAPERS

11:30 - 1:00

SP01 Liver/Biliary Track/Pancreas/Transplantation I 1.5 ____

SP02 Trauma and Acute Care I 1.5 ____

4:15 - 5:45

SP03 Bariatric Surgery 1.5 ____

VIDEO SESSIONS

9:45 - 1:00

VE01 Challenging and Unusual Problems in Surgery 3 ____

VE02 Colon and Rectal Surgery 3 ____

2:30 - 5:45

VE03 Subject-Oriented Symposium I: New Techniques and Technologies 3 ____

VE04 Cardiothoracic Surgery 3 ____

VE05 General Surgery I 1.5 ____

6:30 - 8:30

VE06 Clinical Workshop through Video 3 ✓

TUESDAY, OCTOBER 2, 2012

NAMED LECTURES

8:00 - 9:00

NL05 Herand Abcarian Lecture 1 ____

9:45 - 10:45

NL05 Excelsior Surgical Society Edward D. Churchill Lecture 1 ____

12:45 - 1:30

NL06 Scudder Oration on Trauma 0.75 ____

2:30 - 3:30

NL07 Olga M. Jonasson Lecture 1 ____

PANEL SESSIONS

8:00 - 9:30

PS200 10,000 Hours versus 10,000 Cases: How to Train the Modern Day Surgeon 1.5 ✓

PS201 After Discharge: Rehabilitation and End Results after Major Trauma 1.5 ✓

PS202 Biomedical Informatics and Computational Modeling in the Era of Personalized Medicine 1.5 ✓

PS203 Duodenal Emergencies: Perforation, Bleeding, and Trauma 1.5 ✓

PS204 The Ever Changing World of Payment Methodologies 1.5 ✓

PS205 REALLY? Is It an Emergency? and Other Appendicitis Conundrums 1.5 ✓

PS206 Return to Play Issues in Sports-Related Neurotrauma 1.5 ____

8:00 - 11:15

PS207 Spectacular Cases 3 ____

9:45 - 11:15

PS208 The Brutal Reality: Living with Electronic Medical Records 1.5 ✓

PS209 Can This Resident Be Saved? 1.5 ____

PS210 The Changing Role of Imaging and Visualization in the OR 1.5 ____

PS211 Management of Lower Gastrointestinal Hemorrhage 1.5 ✓

PS212 New Trial Evidence and Emerging Controversies in Cancer Care 1.5 ____

PS213 Practical Pearls to Care for Your Geriatric Patients 1.5 ____

PS214 Thoracic Surgery in Childhood and Infancy-Implications for Adult Survivors 1.5 ____

PS215 Joining Forces: How We Can Help Our Returning Veterans 1.5 ____

12:45 - 2:15

PS216 The ICU to Nowhere: Chronic Illness after Surgery 1.5 ____

PS217 Joys and Trials of Being an Employed Surgeon: Is It Right for You? 1.5 ____

PS218 Pulmonary Metastasectomy: What Are the Boundaries? 1.5 ____

PS219 Tools, Tips, and Tricks for AV Access 1.5 ____

PS220 Treating the Unusual and Complex GIST 1.5 ____

PS221 The Current Status of Laparoscopic Inguinal Herniorrhaphy in General Surgical Practice 1.5 ✓

TUESDAY, OCTOBER 2, 2012 CONT.

1:00 - 4:00

PS222 APDS Panel Sessions /APDS Business Meeting 3 ____

2:30 - 4:00

PS223 Abdominal Wall Reconstruction: Treating the Recurrent/Recalcitrant Belly 1.5 ____

PS224 Adding Head and Neck Ultrasound to Your Practice: Benefits and Steps to Get Going 1.5 ____

PS225 Endovascular Management of Acute Vascular Trauma 1.5 ____

PS226 Management of Unusual Lesions of the Biliary Tract: Choledochal Cysts, Gallbladder Cancer, Cholangiocarcinoma 1.5 ____

PS227 Multi-disciplinary Approach to Vaginal Fistulas 1.5 ____

PS228 Novel Methods to Prevent and Manage Anastomotic Complications of Intestinal Surgery 1.5 ____

4:15 - 5:45

PS229 Achieving the Best Outcomes for the Ostomy Patient: Perfect Stoma Creation and Effective Patient Education 1.5 ✓

PS230 Making the Most of Breast Imaging: From Diagnosis to Surgical Planning to Follow-up Care 1.5 ____

PS231 Nobel Prize Winning Surgeons 1.5 ____

PS232 Severe Acute Pancreatitis: What to Do 1.5 ✓

PS233 Surgical Management of Advanced Skin Cancers of the Head and Neck 1.5 ____

PS234 Surgical Management and Critical Care for Severe Brain Injuries 1.5 ____

PS235 Team-based Surgical Care: Who Is the Captain of the Ship? 1.5 ____

PS236 Simulation: The Future of Surgical Training and Rehearsal 1.5 ____

SURGICAL FORUMS

8:00 - 11:15

SF10 Critical Care I: Mechanisms of Cellular Injury in Trauma and Sepsis 3 ____

SF11 Surgical Education I 3 ____

SF12 Urology & Reproductive Surgery I 3 ____

12:45 - 4:00

SF13 Alimentary Tract II 3 ____

SF14 Biomarkers and Genetic Determinants of Disease and Outcomes 3 ____

SF15 Quality, Outcomes and Costs I 3 ____

2:30 - 5:45

SF16 Cardiothoracic Surgery I 3 ____

SF17 Orthopaedic Surgery, Neurosurgery, Obstetrics and Gynecology 3 ____

SF18 Surgical Oncology / Endocrine II 3 ____

SF19 Urology & Reproductive Surgery II (Robotics/MIS) 3 ____

SCIENTIFIC PAPERS

8:00 - 9:30

SP04 Cardiothoracic Surgery I 1.5 ____

SP05 Endocrine and Surgical Oncology I 1.5 ____

SP06 Plastics/Maxillofacial Surgery I 1.5 ____

12:45 - 2:15

SP07 Colorectal Surgery I 1.5 ____

SP08 National and International Trends in Surgical Practice 1.5 ____

4:15 - 5:45

SP09 Surgical Education and Training 1.5 ____

VIDEO SESSIONS

8:00 - 11:15

VE07 General Surgery II 3 ____

VE08 Otolaryngology—Head and Neck Surgery 1.5 ____

12:45 - 2:15

VE10 Orthopaedic Surgery 1.5 ____

VE11 Hepatobiliary Surgery 1.5 ____

VE12 Obstetrics and Gynecology 1.5 ____

12:45 - 4:00

VE13 Subject-Oriented Symposium III: Surgical Management of Carcinoid and Neuroendocrine Tumors 3 ____

2:30 - 4:00

VE14 Movie Classics from the Past 1.5 ____

2:30 - 5:45

VE15 Highlights from International Meetings 3 ____

4:15 - 5:45

VE16 Urological Surgery 1.5 ____

6:30 - 8:30

VE17 Best Videos from the Past 2 ✓

WEDNESDAY, OCTOBER 3, 2012

NAMED LECTURES

8:00 - 9:00

NL08 Distinguished Lecture of the International Society of Surgery 1 ✓

9:45 - 10:45

NL09 Ethics and Philosophy Lecture 1 ____

12:45 - 1:45

NL10 Commission on Cancer Oncology Lecture 1 ____

2:30 - 3:15

NL11 I.S. Ravdin Lecture in Basic Sciences 0.75 ____

PANEL SESSIONS

8:00 - 9:30

PS300 Hero, Victim, or Criminal? The Surgeon and Suffering 1.5 ____

PS301 Interventions to Treat Venous Thromboembolism 1.5 ____

PS302 Primer on Necrotizing Soft Tissue Infections 1.5 ____

PS303 Quality Programs for Breast Surgeons: What Do I Need to Know? 1.5 ____

PS304 Rectal Cancer 2012: Management Is Changing 1.5 ____

PS305 The Virtual Presence of Trauma Physicians 1.5 ____

8:00 - 11:15

PS306 Surgical Jeopardy 3 ____

9:45 - 11:15

PS307 Devastating Pelvic Trauma 1.5 ✓

PS308 Have You Had A Surgical Site Infection Lately? 1.5 ✓

PS309 Improving the Quality of Surgical Care Around the World 1.5 ✓

PS310 Surgical Management of Metastatic Cancer in the Abdomen 1.5 ✓

12:45 - 2:15

PS311 Career Advancement for the New Academic Surgeon 1.5 ____

PS312 Does the Science Support Extending Bariatric Surgery to New Populations? 1.5 ____

PS313 Experts on the Hot Seat: Challenging Trauma and Emergency Surgery Cases 1.5 ____

PS314 Operative Techniques in Colorectal Surgery: Tricks of the Trade 1.5 ____

PS315 Preventing and Managing Thyroid and Parathyroid Surgical Complications: The Anatomy of Thyroid Surgical Complications 1.5 ____

There Hope on the Horizon? 1.5 ____

9:45 - 11:15

PS404 Dangerous Drugs and Surgery: Steroids, Anticoagulants, and Homeopathic Treatments 1.5 ✓

PS405 Identification and Management of Patients at High Risk for Breast Cancer 1.5 ✓

PS406 Therapeutic Uses of Energy across the Surgical Specialties: What Are the Data Today and Possibilities for Tomorrow? 1.5 ✓

8:00 - 9:30

SP18 Colorectal Surgery II 1.5 ____

SP19 Liver/Biliary Tract/Pancreas/Transplantation II 1.5 ____

9:45 - 11:15

SP20 General Surgery II 1.5 ____

VIDEO SESSIONS

8:00 - 11:15

VE25 Bariatric Surgery 3 ____

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WEDNESDAY, OCTOBER 3, 2012 (CONT.)

12:45 - 4:00

PS316 The College's International Guest Scholars and Travelers 2012 3 ____

2:30 - 4:00

PS317 Obstetric Hemorrhage: They Might Call You 1.5 ____

PS318 Reoperative Abdominal Surgery after a Previous "Catastrophe" 1.5 ✓

PS319 Surgical Management of Inflammatory Bowel Disease 1.5 ✓

PS320 Taming the Unruly Colleague 1.5 ____

PS321 What's New in Blood Transfusion and Colloid Resuscitation 1.5 ____

2:30 - 5:45

PS322 Ethics Colloquium: Ethical Issues and the Tension Between Older and Younger Surgeons 3 ____

4:15 - 5:45

PS323 The Committee on Trauma of the American College of Surgeons: Past, Present, and Future 1.5 ____

PS324 Genetic Evaluation of Colorectal Cancer: A New Mandate? 1.5 ✓

PS325 Mentoring and Monitoring Your Partners 1.5 ____

PS326 Papillary Thyroid Cancer: What You Thought You Already Knew 1.5 ✓

PS327 Preparing Tomorrow's Global Surgeons 1.5 ____

PS328 Progress and Current Controversies in the Management of Melanoma 1.5 ____

PS329 Sexual Dysfunction: Diagnosis and Management 1.5 ____

SURGICAL FORUMS

8:00 - 11:15

SF20 Alimentary Tract III 3 ____

SF21 Critical Care II: Epidemiology and Management of Trauma 3 ____

SF22 Progenitor Cells and Cell-Based Therapies 3 ____

SF23 Quality, Outcomes and Costs II 3 ____

12:45 - 4:00

SF24 Cardiothoracic Surgery II 3 ____

SF25 Plastic Surgery II 3 ____

2:30 - 5:45

SF26 Pediatric Surgery II 3 ____

SF27 Surgical Education II 3 ____

SF28 Vascular Surgery II 3 ____

4:15 - 5:45

SF29 Patient Safety 1.5 ____

SCIENTIFIC PAPERS

8:00 - 9:30

SP10 General Surgery I 1.5 ____

9:45 - 11:15

SP11 Cardiothoracic Surgery II 1.5 ____

SP12 Surgical Oncology II 1.5 ____

SP13 Vascular Surgery 1.5 ____

12:45 - 2:15

SP14 Quality and Outcomes 1.5 ____

SP15 Trauma and Acute Care II 1.5 ____

2:30 - 4:00

SP16 Surgical Oncology III 1.5 ____

4:15 - 5:45

SP17 Plastics/Maxillofacial Surgery II 1.5 ____

VIDEO SESSIONS

8:00 - 9:30

VE18 Subject-Oriented Symposium IV: 3D Video Imaging 1.5 ____

8:00 - 11:15

VE19 Pediatric Surgery 3 ____

9:45 - 11:15

VE20 Subject-Oriented Symposium V: Managing Complications 1.5 ____

12:45 - 2:15

VE21 Subject-Oriented Symposium VI: Surgical Endoscopy 1.5 ____

VE22 Vascular Surgery 1.5 ____

12:45 - 4:00

VE23 General Surgery III 1.5 ____

2:30 - 4:00

VE24 Trauma 1.5 ____

THURSDAY, OCTOBER 4, 2012

PANEL SESSIONS

8:00 - 9:30

PS400 Acute Care Surgery: A Typical Flight on Call 1.5 ____

PS401 Evolution in Outcomes of the Endoscopic and Surgical Management of Esophageal Cancer 1.5 ✓

PS402 Navigating E-Rx, PQRS, and Other CMS programs That Can Affect Reimbursement 1.5 ____

PS403 New Surgical and Non-Surgical Treatments for Obesity: Is There Hope on the Horizon? 1.5 ____

9:45 - 11:15

PS404 Dangerous Drugs and Surgery: Steroids, Anticoagulants, and Homeopathic Treatments 1.5 ✓

PS405 Identification and Management of Patients at High Risk for Breast Cancer 1.5 ✓

PS406 Therapeutic Uses of Energy across the Surgical Specialties: What Are the Data Today and Possibilities for Tomorrow? 1.5 ✓

SURGICAL FORUM

8:00 - 11:15

SF30 Cardiothoracic Surgery III 3 ____

SF31 Innovative Clinical Technology 3 ____

SF32 Plastic Surgery III 3 ____

SF33 Quality, Outcomes and Costs III 3 ____

SCIENTIFIC PAPERS

8:00 - 9:30

SP18 Colorectal Surgery II 1.5 ____

SP19 Liver/Biliary Tract/Pancreas/Transplantation II 1.5 ____

9:45 - 11:15

SP20 General Surgery II 1.5 ____

VIDEO SESSIONS

8:00 - 11:15

VE25 Bariatric Surgery 3 ____

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entered 3/24/13

American College of Surgeons

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CONTINUING MEDICAL EDUCATION CERTIFICATE

Bahjat Chabenne, MD

Has participated in the educational activity titled:

ACS Comprehensive General Surgery Review Course
May 19-22, 2011
Chicago, IL

The American College of Surgeons is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

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24.75
Total Credits Claimed

Ajit K. Sachdeva, MD, FRCSC, FACS
Director, Division of Education

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Community
Health Network

Formal Response to Community Hospital East "In the ACS Process" Feedback

1.F: Clarification that he is committed to the trauma program. Concerned that he is being forced to commit. He has not attended any of the PIPS meetings.

Dr. Chabenne has been fully committed to building a trauma program at Community Hospital East. While our first official PIPS meeting was scheduled before the Trauma Medical Director was officially hired, the Trauma Program Manager has utilized the PIPS meetings to interact with all departments throughout the continuum. Included are the minutes from meeting with both Community East and Community North Trauma Medical Directors, as well dates and times of Dr. Chabenne meeting with the physician liaisons to trauma. As noted in the PIPS minutes, you will see that prior to code trauma activation implementation, Dr. Chabenne (TMD East), Dr. Pavlik (TMD North), and Dr. Trappe (Medical Director ER for East and North) along with the TPM's from East and North have met to discuss not only implementation of code trauma activation, but also reviewed some of the cases that could possibly have met code trauma activation with the intention of discerning how best to implement code trauma activation at both hospitals. Our first meeting with all of the physician liaisons for both CHE and CHN will be at the Trauma Informational Dinner for Physician Liaisons to Trauma on August 25th.

Community Hospital East
TPIPS and Operations
Meeting Agenda

Date/Time: *June 18th 0800-0900* Location: *CHN Conference Room A*

Attendance:

Name	Title	Location
Kristi Croddy	Trauma Program Manager	CHE
Karen Hagen	Trauma Program Manager	CHN
Dr. Chabenne	Trauma Medical Director	CHE
Dr. Pavlik	Trauma Medical Director	CHN

Agenda Items	Discussion
0800-0810 Meeting Objective/Goals	Introduced the concept that the purpose of these meetings is to review and work through the core concepts of building a comprehensive trauma program, enhance communication, and identify opportunities to collaborate between Community North and Community East.
0810-0825 Trauma Activation Criteria	Discussed the Trauma Activation Criteria and how it would affect trauma surgeon call at both hospitals. Discussed the need for the surgeons to respond to code trauma activation within 30 minutes of patient arrival.
	Discussed the differences between a code trauma and a trauma alert and the differences in responses to both.
0825-0840 Code Trauma Role Summaries	Introduced the Code Trauma Role Summaries. Discussed the code trauma role summaries, especially related to the trauma surgeons and ER physicians. Discussed the need for collaboration.
0850-0900 Physician Liaisons	Discussed who the physician liaisons will be at each facility. Dr. Chabenne has already begun reaching out to potential candidates for liaisons for the services related to trauma at East. Dr. Pavlik will begin this week to reach out to physician liaisons at North.
0850-0900 Peer Review Meetings	Discussed when to begin the Peer Review Meetings, and it was generally decided to begin the Peer Review Meetings upon implementation of Code Trauma Activation. Date has not yet been determined

Action Items	Person Responsible	Deadline
Trauma Surgeon Call Schedule	Dr. Pavlik and Dr. Chabenne	August 1, 2014

Next Meeting: July 21, 2014

Community East and North
Trauma Activation Implementation
Meeting Agenda

Date/Time: *July 21st, 2014 8-9AM* Location: *CHE Medical Staff Conference Room*

Attendance:

Name	Title	Location
Kristi Croddy	Trauma Program Manager	CHE
Judy Hall	Trauma Program Manager	CHN
Dr. Behjat Chabenne	Trauma Medical Director	CHE
Dr. Joe Pavlik	Trauma Medical Director	CHN
Sean Kennedy	ER Manager	CHE
Dr. Kevin Trappe	ER Medical Director	CHE and CHN

Agenda Items	Discussion
0800-0810 Start date for Code Trauma Activation Implementation	August 12th is the tentative date for go-live for Code Trauma Activation for CHE. There are processes we need to have in place to actually begin the Code Trauma Activation Implementation. On the nursing side, CHE has been meeting with a core group of PCC's and ER Nurses/medics and techs to learn the flow sheet, along with the processes involved. We will be doing mock code trauma's next week with our core group in anticipation of introducing Code Trauma Activation at the staff meeting July 24th. An education day is in the works with a station specific to code trauma activation.
0810-0820 Tiered Activation Criteria	All sites have together developed our tiered activation criteria/guidelines in anticipation of implementation/go-live. Data from CHE have shown only 2 highest activations in February. Clarification on Pelvic Fractures-if a patient comes in stable; and a radiology study later shows a pelvic fracture, it will not be called as a code trauma activation. Pediatric patients—If we receive a pediatric patient who meets a code trauma activation, we will still be required to call it. We will not be a pediatric trauma center; however, we will still be required to call these as a code trauma activation with a time requirement of 30 minutes by the Trauma Surgeon on-call.
0820-0825 Role Definitions Summary	As stated on the role definition summary, the ER physician will assume overall coordination of trauma room activities until a trauma surgeon arrives to assume care of patient. ER physician will call/page the trauma surgeon, and trauma surgeon will respond to code trauma patient and is available in ER within 30 minutes of patient arrival. Trauma surgeon will be responsible for overall care of the trauma patient, coordinate care with other specialties to facilitate continuity of care, evaluate and treat the patient, and participate in the initial evaluation and resuscitation of the seriously injured patients.
0825-0830 Dissemination of Education to the surgeons and ER physicians	Discussion on ideas to get the education/information out to the surgeons and ER Physicians. What do the TMD's and Dr. Trappe need (if anything) from us as TPM's now, as well as in the future to help facilitate? ER physicians and TMD's felt comfortable going through the education with their staff physicians and would accomplish this prior to go-live.
0830-0835 Requirements for general surgeons and ER physicians taking trauma call	Trauma Surgeons--According to "Resources for Optimal Care of the Injured Patient", *Board certification or eligibility for certification by the American Board of Surgery according to current requirements or the alternate pathway is essential for general surgeons who take trauma call in Level I,II and III trauma centers (CD 6-2). All general*

	surgeons on the trauma team must have successfully completed the Advanced Trauma Life Support (ATLS) course at least once. (CD 6-10). Emergency Physicians--According to the "Resources for Optimal Care of the Injured Patient", *Successful completion of, and current, ATLS status is an optimal standard for emergency physicians who participate in the initial assessment and resuscitation of injured patients. In Level I, II, and III trauma centers, all board-certified emergency physicians or those eligible for certification by an appropriate body according to their current requirements must have successfully completed the ATLS course at least once (CD 7-14). Physicians who are certified by boards other than emergency medicine who treat trauma patients in the emergency department are required to have current ATLS status (CD 7-15).*
0835-0845 Back up for surgeons unable to take trauma call	Currently working on on-call pay specific to trauma. Handling call schedule for trauma and ER
0845-0855	Discussed 3 cases from CHE and CHN that could possibly have met code trauma activation criteria 1. 2/16/2014-- LGW-51Female--Vaginal Bleeding after assault--SBP 75 on arrival--Transferred to OR for repair of vaginal lacerations--Transferred to ICU post surgery--Would qualify for Code Trauma Activation with 30 minute response time. 2. 7/2014---25Male--GSW to thigh--Femur Fracture--Transferred to Eskenazi Smith Level I Shock Trauma Center--Would qualify for Code Trauma Activation with 30 minute response time. 3. 7/2014--2 Male--GSW to hand--Transferred to Riley Hospital--Would not have qualified for Code Trauma Activation.
0855-0900 Massive Blood Transfusion Protocol	Gave out the draft of the massive transfusion protocol for approval by TMD's and ER Medical Director

Action Items	Person Responsible	Deadline
Finish Trauma Surgeon Call schedule	Dr. Chabenne and Dr. Pavlik	August 1st

Next Meeting: August 25th, Eddie Merlot's

Timeline: Dr. Chabenne's meetings with Physician Liaisons to Trauma

June 10th: Meeting between Dr. Todderud and Dr. Chabenne to discuss building a Trauma Program. Educational documents including the Indiana State Application requirements, as well as the requirements from "Resources for Optimal Care of the Injured Patient 2006 and 2014" related to Orthopedics were given to Dr. Todderud at that time. Discussed implementation of the TPIPS and Peer Review Meetings and requirements.

June 17th: Orthopedic commitment letter signed by Dr. Todderud and given to Dr. Chabenne.

June 9th: Meeting between Dr. Cummings and Dr. Chabenne to discuss building a Trauma Program. Educational documents including the Indiana State Application requirements, as well as the requirements from "Resources for Optimal Care of the Injured Patient 2006 and 2014" related to Neurosurgery were given to Dr. Cummings at that time. Discussed implementation of the TPIPS and Peer Review Meetings and requirements.

June 17th: Neurosurgery commitment letter signed by Dr. Cummings and given to Dr. Chabenne.

June 9th: Meeting between Dr. Elias and Dr. Chabenne to discuss building a Trauma Program. Educational documents including the Indiana State Application requirements, as well as the requirements from "Resources for Optimal Care of the Injured Patient 2006 and 2014" were given to Dr. Elias at that time. Discussed implementation of the TPIPS and Peer Review Meetings and requirements.

June 17th: Critical Care Commitment Letter signed by Dr. Elias and given to Dr. Chabenne.

June 10th: Meeting between Dr. Vore and Dr. Chabenne to discuss building a Trauma Program. Educational documents given to Dr. Vore related specifically to Anesthesia. Discussed implementation of the TPIPS and Peer Review Meetings and requirements.

June 17th: Anesthesia Commitment Letter signed by Dr. Vore and given to Dr. Chabenne.

Community
Health Network

Trauma Dinner

For Physician Liaisons to Trauma

Eddie Merlot's

3645 East 96th Street, Indianapolis

Monday, August 25th, 2014

6:00-8:00pm

Agenda:

6:00: Hors d'oeuvres

6:30: Dinner

Speakers:

7:00: **Dr. Joseph Pavlik**, Trauma Medical Director, CHN

Introduced by **Jason Fahrlander**, President North Region

7:15 **Dr. Behjat Chabenne**, Trauma Medical Director, CHE

Introduced by **Scott Teffeteller**, President East Region

7:30: **Dr. Dan Smith**, ER physician and Studer Group Speaker

RSVP: Kristi Croddy at (317)355-4648 or

kcroddy@ecommunity.com by August 18th

Trauma Informational Dinner for Physician Liaisons

August 25th

Guest List:

Presenter:

Dr. Dan Smith, ER Physician, Baptist Health System (Level III Trauma Center),San Antonio, TX

Trauma Medical Directors:

Dr. Pavlik, CHN

Dr. Chabenne, CHE

Surgeons:

Dr. Ihnat

Dr. Mcaree

Dr. Delumpa

Dr. Mimms

Dr. Jansen

Dr. Baughman

Dr. Haddad

Anesthesia Liaison:

Dr. Vore

Dr. Guzman

Emergency Physician Liaison:

Dr. Trappe (CHE and CHN)

Neurosurgery Liaison:

Dr. Cummings (CHE, CHN and CHS)

Orthopedic Liaison:

Dr. Estes (CHN)

Dr. Todderud (CHE)

Critical Care Liaison:

Dr. Elias (CHE)

Dr. Ackerman (CHN)

Radiology Liaison:

Dr. Kurowski (CHE)

Dr. Hankins (CHN)

Vascular Surgery:

Dr. Jacobs

Dr. Guttikonda

ENT:

Dr. Peterson

Dr. Zeller

Plastics:

Dr. Hsiao

Dr. Stalnecker

Pathology

Dr. Anjali Godambe

Leadership:

Dr. Wes Wong, Chief Physician Integration Officer

Scott Teffeteller, President CHE

Jason Fahrlander, President CHN

Sue Sandberg, CNO CHN

Paige Dooley, VPN CHE

Robin Ledyard, Physician Integration

Don Ziperman, Physician Integration

Judy Hall, TPM CHN

Dr. David Kiley, VP Clinical Performance

Ron Lewis, CEO Howard

Kristi Croddy, TPM CHE

Sean Kennedy, ED Manager CHE

Mike Kuhn, ED Director CHE

Community
Health Network

Formal Response to Community Hospital East "In the ACS Process" Feedback

2: Trauma Surgeon Response Times

2a: Date that trauma activations will start

We set a date of August 12th to begin fully implementing our Trauma Activation Criteria. Trauma surgeons and staff have been trained on the response requirements. The trauma surgeons know that a surgeon must be at bedside within 30 minutes of the patient's arrival.

Community
Health Network

Formal Response to Community Hospital East "In the ACS Process" Feedback

2b: Data Collected on the response times so far (be sure to include specific dates)

We have developed a method of documenting trauma surgeon response time. The Trauma Log is included. The Trauma Room nurse will be documenting the time of surgeon arrival. In addition, we will have a sign-in sheet in the Trauma Room for the Trauma Surgeon to sign when he/she arrives bedside. At our last meeting with the Trauma Medical Directors, it was decided to review every Code Trauma activation during PIPS/Peer Review. The Trauma Medical Directors at Community East and Community North, along with the ER Medical Director and Trauma Program Managers for both sites decided at the PIPS meeting July 21st that all deficiencies with response times will be addressed immediately. Processes have been developed to ensure prompt response times, and therefore "close the loop". The PIPS minutes from that meeting are included in 1F.

Community Health Network

COMMUNITY EAST ED TRAUMA ACTIVATION LOG

Patient Sticker	Chief Complaint	Code Trauma	Trauma Alert	Surgeon	Response Time	
					Paged	Arrived

90A

Community
Health Network

Formal Response to Community Hospital East "In the ACS Process" Feedback

3: Blood Bank: Documentation and commitment that platelets will be available on Sundays.

Included is a document from the blood bank manager stating platelets are available every day of the week. The process of maintaining platelets are as such: when an apheresis of platelets is released from blood bank, another apheresis of platelets will be ordered immediately and couriered over to Community East. Also included is a letter from the blood bank manager and Director of Pathology attesting to the same.

Community
Health Network

Community Hospital East
1500 North Ritter Avenue
Indianapolis, Indiana 46219-3095
317-355-1411 (tel)
eCommunity.com

August 4, 2014

William C. VanNess II, MD—Indiana State health Commissioner
Indiana State Trauma Care Committee
Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

Subject: Blood Bank Services

Indiana State Trauma Care Committee:

The purpose of this correspondence is to inform the committee that Blood Bank Services are available twenty-four hours per day at Community Hospital East.

I confirm that we maintain an inventory of adequate amounts of packed red blood cells (PRBC), fresh frozen plasma (FFP), cryoprecipitate, and other proper clotting factors. We have a contract with the Indiana Blood Center to have platelets, and a wide variety of other blood products delivered to Community Hospital East when needed twenty-four hours per day.

Community East keeps one apheresis of platelets available twenty-four hours per day/ seven days per week. The process for keeping one apheresis of platelets available will be as follows: When an apheresis of platelets is released, Community Hospital East Blood Bank will contact the Central Indiana Blood Center to replace with another apheresis of platelets by courier service.

Respectfully,

DO.
Anjali Godambe, D. O.
Laboratory Medical Director

MLS (ASCP) MSM
Kimacka Randle, MLS (ASCP) MSM
Laboratory Manager

BB.GEN.2.0 **Minimum Inventory**

STATEMENT OF PURPOSE

To define the minimum levels of blood products to be available at all times.

SCOPE

This procedure applies to all Mid America Clinical Laboratory Blood Banks.
(Each site will have a specific minimum level.)

MINIMUM INVENTORY PER SITE

- **Community North**

Product	O+	O=	A+	A=	B+	B=	AB+	AB=	Notes
RL	25	10	25	4					
RINF		1							<5 days, CMV=,LR,IRR pedi bags attached
Plasma	20		20		8		8 (at least one unit of ped plasma)		
Cryo			10 or 2 pools of 5				1 single or 1 pool		
Platelets	1 AB or A Rh neg or positive								CMV=,LR,IRR, pedi bags attached

- **The Indiana Heart Hospital**

Product	O+	O=	A+	A=	B+	B=	AB+	AB=	Notes
RL	6	10	6	4					
Plasma	20		20		4		4		
Cryo	4		4		4				
Platelets	3*								

*2 units of apheresis platelets will be kept on site Monday-Friday during normal surgical hours (6:30am-5pm). After normal hours, weekends and holidays a minimum of one unit will be kept on hand, if supply is available. Standing order of platelets is delivered on the following time table- Monday 2 units, Tuesday and Wednesday 3 units, Friday 1 unit. If patients are stable and the need is not emanate for the use of platelets, in order to conserve the product, the blood bank will not order additional units of platelets to arrive before the standing order.

- **Community Hospital East**

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MACL Minimum Inventory

Product	O+	O=	A+	A=	B+	B=	AB+	AB=	Notes
RL	20	10	20	10					
Plasma	10		10		10		10		
Cryo			2 pools						
Platelets	1 apheresis available								

- **Community Hospital South**

Product	O+	O=	A+	A=	B+	B=	AB+	AB=	Notes
RL	12	10	12	6		2			
RINF		1							LR,IRR,CMV- with ped bags attached. Fresh one delivered on Friday
Plasma	4		4				4		
Cryo	2 pools								
Platelets	1 apheresis available								

- RL = Red Cells Leukoreduced RINF = Red Cell Infant: <5days, Irr, LR, CMV neg
- Inventory is to be taken each shift. The Blood Bank associates are responsible for maintaining the minimum inventory and for calling the blood supplier for restock.
- When Inventory falls below minimum levels, sufficient blood products should be ordered to maintain minimum inventory levels.
- Both the Indiana Blood Center and American Red Cross will network with other FDA approved blood centers to obtain blood products in the event of a local shortage.
- Blood products may be obtained from other Mid America Clinical Laboratories facilities in the case of a site-specific shortage.

WRITTEN BY: Beth Hughes

IMPLEMENTATION DATE: Jan 2000

Community
Health Network

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August 4, 2014

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Indiana State Trauma Care Committee
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2 North Meridian Street
Indianapolis, IN 46204

Subject: Blood Bank Services

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Respectfully,

D.O.

Anjali Godambe, D. O.
Laboratory Medical Director

Kimacka Randle, MLS (ASCP) MSM
Laboratory Manager

Community
Health Network

Formal Response to Community Hospital East "In the ACS Process" Feedback

4: Diversion Policy: Specific dates and times over the past year need to be listed (be sure to include overall length).

Included is the spreadsheet specifying specific dates and times over 2013, along with the overall length for 2013. In disclosure, the original data request was misinterpreted. At the request of the subcommittee, this document was updated to reflect the diversion hours with greater detail.

Diversion rs
Community Hospital East

Date on	Time on	Date off	Time off	Reason	Total Diversion Hours per Occurrence	Total Diversion Hours per Month	Total Diversion Hours per Year
January							
9-Jan-13	1:48:00 AM	9-Jan-13	4:31:00 AM	ED Saturation	2 hrs 43 mins		
23-Jan-13	9:35:00 PM	24-Jan-13	1:15:00 AM	ED Saturation	3 hrs 40 mins		
30-Jan-13	11:10:00 AM	30-Jan-13	5:00:00 PM	Hospital Saturation	5 hrs 50 mins		
					Total Diversion Hours for January	12 hours	
February							
6-Feb-13	8:20:00 PM	7-Feb-13	1:45:00 PM	Hospital Saturation	17 hrs 25 mins		
12-Feb-13	7:23:00 PM	12-Feb-13	11:40:00 PM	ED Saturation	4 hrs 17 mins		
					Total Diversion Hours for February	22 hours	
March							
13-Mar-13	3:28:00 PM	13-Mar-13	5:50:00 PM	ED Saturation	2 hrs 22 mins		
13-Mar-13	11:31:00 PM	14-Mar-13	9:47:00 AM	Cath Lab Down	10 hrs 16 mins		
					Total Diversion Hours for March	12 hours	
April							
1-Apr-13	8:03:00 PM	1-Apr-13	11:52:00 PM	Hospital Saturation	3 hrs 49 mins		
1-Apr-13	11:52:00 PM	2-Apr-13	1:23:00 AM	Critical Care Diversion/No ICU beds	1 hr 31 mins		
2-Apr-13	1:23:00 AM	3-Apr-13	1:43:00 PM	Hospital Saturation	36 hrs 20 mins		
8-Apr-13	10:49:00 PM	9-Apr-13	8:30:00 AM	Hospital Saturation	9 hrs 41 mins		
					Total Diversion Hours for April	51 hours	
May							
3-May-13	10:02:00 PM	4-May-13	4:19:00 AM	ED Saturation	6 hrs 17 mins		
5-May-13	12:34:00 AM	5-May-13	9:03:00 AM	Hospital Saturation	8 hrs 29 mins		
6-May-13	1:34:00 PM	7-May-13	10:17:00 AM	Hospital Saturation	20 hrs 43 mins		
15-May-13	5:10:00 AM	15-May-13	3:31:00 PM	Hospital Saturation	10 hrs 21 mins		
19-May-13	2:35:00 PM	19-May-13	6:43:00 PM	Hospital Saturation	4 hrs 8 mins		
					Total Diversion Hours for May	44 hours	
June							
23-Jun-13	12:00:00 PM	23-Jun-13	2:03:00 PM	ED Saturation	2 hrs 3 mins		
					Total Diversion Hours for June	2 hours	
July							
3-Jul-13	7:42:00 PM	3-Jul-13	11:19:00 PM	ED Saturation	3 hrs 37 mins		
26-Jul-13	5:00:00 PM	27-Jul-13	2:30:00 AM	Hospital Saturation	9 hrs 30 mins		

Diversion rs
Community Hospital East

27-Jul-13	2:21:00 PM	28-Jul-13	7:16:00 AM	Hospital Saturation and staffing	16 hrs 55 mins		
					Total Diversion Hours for July	32 hours	
August							
9-Aug-13	8:20:00 PM	10-Aug-13	12:06:00 AM	ED Saturation	3 hrs 46 mins		
18-Aug-13	2:28:00 PM	18-Aug-13	6:28:00 PM	ED Saturation	4 hrs 0 mins		
19-Aug-13	9:58:00 PM	20-Aug-13	3:45:00 AM	ED Saturation	5 hrs 47 mins		
20-Aug-13	5:02:00 PM	20-Aug-13	8:40:00 PM	Critical Care Diversion/No ICU beds	3 hrs 38 mins		
					Total Diversion Hours for August	17 hours	
September							
30-Sep-13	9:31:00 PM	1-Oct-13	2:50:00 AM	ED Saturation	5 hrs 19 mins		
					Total Diversion Hours for September	5 hours	
October							
16-Oct-13	6:03:00 PM	16-Oct-13	10:00:00 PM	ED Saturation	3 hrs 57 mins		
18-Oct-13	4:56:00 PM	18-Oct-13	9:11:00 PM	Hospital Saturation and staffing	4 hrs 15 mins		
21-Oct-13	2:14:00 PM	21-Oct-13	10:01:00 PM	Hospital Saturation	7 hrs 47 mins		
27-Oct-13	6:39:00 PM	27-Oct-13	8:28:00 PM	ED Saturation	1 hr 49 mins		
28-Oct-13	6:47:00 PM	28-Oct-13	9:44:00 PM	ED Saturation	2 hrs 57 mins		
28-Oct-13	9:44:00 PM	29-Oct-13	5:20:00 AM	Critical Care Diversion/No ICU beds	7 hrs 36 mins		
30-Oct-13	6:21:00 PM	31-Oct-13	4:44:00 AM	Hospital Saturation	10 hrs 23 mins		
					Total Diversion Hours for October	38 hours	
November							
4-Nov-13	3:00:00 PM	4-Nov-13	8:04:00 PM	ED Saturation	5 hrs 50 mins		
6-Nov-13	11:45:00 AM	6-Nov-13	5:37:00 PM	ED Saturation	5 hrs 52 mins		
7-Nov-13	9:18:00 PM	8-Nov-13	11:18:00 AM	Hospital Saturation	14 hrs 0 mins		
					Total Diversion Hours for November	25 hours	
December							
11-Dec-13	7:54:00 PM	12-Dec-13	8:40:00 AM	Hospital Saturation	12 hrs 46 mins		
					Total Diversion Hours for December	12 hours	
						Total Diversion Hours 2013	279 hours

98A