Summer 2014/Vol. 18 No. 3

**Mission:** The Permanente Journal advances knowledge in scientific research, clinical medicine, and innovative health care delivery.

Circulation: 25,000 print readers per quarter, 1900 e-FCM readers, 1 million Internet hits in 2013 from 187 countries/territories, including 600,000 797 article hits on PubMed.

**ON THE COVER**

"Aurora with Reflection" by Stephen Henry, MD

This photograph can give only a hint of the amazing light of the cosmos in motion.

Dr. Henry is retired from The Permanente Medical Group as Chief of Urology at the San Jose Medical Center. He currently practices part-time at the Veterans Affairs Medical Center in Fargo, ND. Photography is no longer a hobby for Dr. Henry—it has progressed into a condition. More of Dr. Henry’s images may be viewed at: www.flickr.com/photos/henryimages.

**ORIGINAL RESEARCH & CONTRIBUTIONS**

4 An Adaptation of Family-Based Behavioral Pediatric Obesity Treatment for a Primary Care Setting: Group Health Family Wellness Program Pilot

Karen R. Riggs, MPH; Patricia Lozano, MD, MPH; Amy Mahshidzadeh, MD; Sarah Rudock, MD; Julie Richards, MPH

Thirty-eight parent-child pairs enrolled (26% of 134 pairs invited) in an evidence-based intervention to a group format and completed six 12- to 16-week groups over 3 years. Twenty-four (64%) completed the program and achieved a significant mean change in BMI Z-scores and significant improvement in parent-reported child-quality of life, and a significant mean BMI of parents changed. Parent experience was the lack of social support possible ways to improve retention and adherence.

11 Temporal Trends in Mortality after Coronary Artery Revascularization in Patients with End-Stage Renal Disease

Ashok Kolhiwansoon, MD, Thomas K. Leung, MPH; Mark A. Hudy, MD; Tai A. Chang, MD; Alan Y. Go, MD

In an observational longitudinal study among a high-risk cohort of 1015 patients with end-stage renal disease and coronary artery disease within Kaiser Permanente Northern California who were referred for revascularization by either coronary artery bypass surgery or percutaneous coronary intervention, the relative risk of mortality in the 2004-2008 period decreased by 34% compared with the 1995-1999 period, with the benefit primarily in the decrease in late mortality.

18 Improving Care for Older Adults: A Model to Segment the Senior Population

Y. Yeneneh Zhou, PhD; Wunmun Weng, MD; Hu L. Li, PhD

A tool identifies each member aged 65 years and older in 1 of 4 segments: with chronic conditions, with one or more chronic conditions, with advanced illness or end-stage failure, or with extreme frailty or nearing the end of life. Concordance of the algorithm with physician-assessed segmentation of 1615 Medicare recipients was 85%. After 1 year, approximately 85% of 87,140 occurring seniors remained in the same segment. 3% moved to a lower need segment, and 11% moved to a higher need segment. Six-month and 12-month mortality rates varied substantially between segments. The Senior Segmentation Algorithm accurately identifies older adults in care groups with similar needs, trajectories, and utilization patterns.

22 Comparisons of Paper and Electronic Surveys for Measuring Patient-Reported Outcomes Alter Anterior Cruciate Ligament Reconstruction

James L. Bovy, MD; MPH; Valerie M. Sue, PhD; Tony J. Nash, Gregory B. Malgady, MD; Maria C. Ivasius, PhD

The Kaiser Permanente Anterior Cruciate Ligament Reconstruction Registry included 1486 patients between 2005 and 2010, who were included in this study. The overall response rate was 42%. The 36% rate in the electronic-survey group was significantly higher than the 23% in the paper-survey group. The electronic survey rate was also significantly higher than the paper response rate at all follow-up times of 1, 2, and 3 years. Although the electronic survey produced higher response rates, it is not sufficient alone to replace the traditional paper version among this Kaiser Permanente population.

27 An Audit of Clinician Compliance with Best Practice Recommendations to Repair Severe Obstructive And Sphincter Injuries

Sharon D. Lavach, MBBS, DM; Susanth Kallurami, MBBS, FRCC; Michael Ramamurthy, MBBS, FRCS; Dale Hawnash, MBBS, FRCS; Ian Lambourne, MBBS, DM; Loxley K. Chinnal, MBBS, DM; Vijay Narayanaswamy, MBBS, FRCS

A retrospective review of the records of all consecutive obstetric patients with anal sphincter injuries between November 2007 and December 2012 found 26 women (mean age = 27), who had obstetric anal sphincter injuries. None cases earned clinician compliance scores above 8, and 17 had scores of 6 or below. Experienced clinicians repaired all the injuries in this study, with a yearly rate for which compliance was 100%. There is a serious barrier to success because 65% of senior clinicians are noncompliant.

33 Designed for Workarounds: A Qualitative Study of the Causes of Operational Failures in Hospitals

Antia L. Tucker, DBA, MD; W. Scott Hulse, MBA, RN; Laura D. O’Connor, MFA

Frontline care clinicians and staff in hospitals spend at least 10% of their time working around operational failures: situations in which information, supplies, or equipment needed for patient care are insufficient. The authors examined the internal supply chains at two hospitals, conducted interviews with hospital personnel, including observations and interviews of 80 individuals from 4 nursing units and the ancillary support departments. We found that a lack of interdepartmental awareness among interdepartmental physicians’ routines was a major source of operational failures.

**AUTHOR ANNDICATIONS**

John Whyte, MD

AARP New American Diet: Lose Weight, Live Longer


ISBN-10: 145166625X

$33.99

Marconi M. Dioso

Hardbound: 240 pages


ISBN-10: 1462869319

$23.99

Shamir O. Cawich

Wind and Fire: A Life of St. Luke


ISBN-10: 1118185112

$19.95

Roger R. Doering

Jack Cochran, MD

The Doctor Crisis

ISBN-10: 145166625X

$33.99

John Whyte, MD

AARP New American Diet: Lose Weight, Live Longer


ISBN-10: 1462869319

$23.99

Shamir O. Cawich

Wind and Fire: A Life of St. Luke


ISBN-10: 1118185112

$19.95

Roger R. Doering

Jack Cochran, MD

The Doctor Crisis

ISBN-10: 145166625X

$33.99

The Permanente Journal is happy to announce the availability of Continuing Medical Education credits for completing manuscript reviews for The Permanente Journal. Physicians are now eligible to receive up to 15 AMA PRA Category 1 Credits per year (3 AMA PRA Category 1 Credits per manuscript). With this change, we have launched our new CME Reviewers home page on our Web site: www.thepermanentejournal.org/reviewers.html.

If you are a Permanente author and would like your book cited here, send an e-mail to mail1.mcmillandkp.org.
44 Home Diuretic Protocol for Heart Failure: Partnering with Home Health to Improve Outcomes and Reduce Readmissions. Richard P Veilleux, MPH, MBA; Joseph N Wight, MD; Ann Cannon, RN; Moira Whalen, RN; David Bachman, MD

In late 2011, the MaineHealth Home Diuretic Protocol was implemented in 2 hospitals and in the home health agency serving those hospitals. The patient population included recently hospitalized patients with a diagnosis of advanced heart failure, who were eligible for home health services and telemonitoring. Sixty patients were enrolled between November 2011 and January 2014. The protocol was initiated 84 times for 30 of these patients. Sixteen patients had multiple activations. The readmission rate was 10% and no adverse outcomes were observed. Clinician and patient satisfaction was 97% or greater.

Special Report
50 Successful Practices in the Use of Secure E-mail. Laura W Johnson, MPH; Terhilda Garrido, MPH; Kate Christensen, MD; Matt Handley, MD

The authors interviewed 27 “super user” physicians at Kaiser Permanente and Group Health Cooperative who were identified by leaders as being technologically, operationally, and clinically adept, and as having high levels of secure e-mail use with patients. They highly valued the use of secure e-mail with patients, despite concerns about a lack of adequate time to respond, and provided tips for using it successfully. They identified benefits that included better care and improved relationships with their patients.

Special Report
55 Treatment Progress Indicator: Application of a New Assessment Tool to Objectively Monitor the Therapeutic Progress of Patients With Depression, Anxiety, or Behavioral Health Impairment. Phillip Tuso, MD, FACP, FASN

A new tool called the Treatment Progress Indicator appears to offer clinicians an objective approach to assess patients with depression, anxiety, and chemical dependency, and to objectively measure a patient’s response to therapy over time. This allows clinicians to compare their patients’ responses to therapy with those of a cohort of patients with a similar diagnosis and severity, and allows for objective population-level management of disease. Implementation of the tool has the potential to improve behavioral health access and affordability.

The mail-in CME form can be found on page 96.

CME credits are available online at www.thepermanentejournal.org
CASE STUDIES

A Novel Use of Foley Catheters to Prevent Injury to the Pelvic Viscera During Stereotactic Radiosurgery for Undifferentiated Pleomorphic Sarcoma of the Sacrum.

John Maa, MD; Stephen Waterford, MD; Thierry Jahan, MD; David A Larson, MD; Dean Chou, MD

The use of a Foley catheter to protect the small and large bowel from radiation injury during stereotactic radiosurgery to the spine has not previously been described in the surgical literature. The proximity of visceral organs may preclude adequate target delivery of radiation. The authors describe the novel use of Foley catheters placed intraoperatively to displace the bowel during stereotactic radiosurgery, allowing for a full radiation dose to be safely delivered to the tumor.

ORIGINAL RESEARCH & CONTRIBUTIONS

Mindfulness-Based Stress Reduction in an Integrated Care Delivery System: One-Year Impacts on Patient-Centered Outcomes and Health Care Utilization.

Tracy McCubbin, MD; Sona Dimidjian, PhD; Karin Kempe, MD, MPH; Melissa S Glassey; Colleen Ross, MS; Arne Beck, PhD


Jennifer Felder, MA; Sona Dimidjian, PhD; Arne Beck, PhD; Jennifer Boggs, MSW; Zindel Segal, PhD

Impact of Implementing Glycated Hemoglobin (HbA₁c) Testing for Identification of Dysglycemia in Youth.

Vinutha Vijayadeva, PD; Gregory A Nichols, PhD

Testing for Meningitis in Children with Bronchiolitis

Michael J Stefanski, MD, MPH; Ronald J Williams, MD; George McSherry, MD; Joseph Geskey, DO; MBA

ADVERTISING/ANNOUNCEMENTS

CME Credits

See inside back cover for details.

LETTERS TO THE EDITOR

Send your comments to: The Permanente Journal.

PERMISSIONS AND REPRINTS

To obtain permission to republish, reprint, or adapt material published in The Permanente Journal, please access and complete the Reprint Permission Form available at: www.thepermanentejournal.org/about-us/reprint-permissions.html. If you have questions, please contact Max McMillen, ELS, by e-mail: max.l.mcmillen@kp.org.

ADDRESS CHANGES

Send all address changes to The Permanente Journal, 500 NE Multnomah St, Suite 100, Portland, Oregon, 97232; E-mail: permanente.journal@kp.org.

EDITORIAL & PUBLISHING OFFICE

The Permanente Journal, 500 NE Multnomah St, Suite 100, Portland, Oregon, 97232, USA; phone: 503-813-3286; fax: 503-813-2348; E-mail: permanente.journal@kp.org.

THE PERMANENTE JOURNAL ONLINE

The Permanente Journal is available online at www.thepermanentejournal.org.

INSTRUCTIONS FOR AUTHORS

Instructions for Authors and Manuscript Submission Instructions are available along with a link to our manuscript submission center at www.thepermanentejournal.org/authors.html.

ARTWORK SUBMISSIONS

Instructions for Artists and Artwork Submission Instructions are available along with a link to our submission center at www.thepermanentejournal.org/artwork.html.

ADDRESS CHANGES

Send all address changes to The Permanente Journal, 500 NE Multnomah St, Suite 100, Portland, Oregon, 97232; E-mail: permanente.journal@kp.org.

PERMISSIONS AND REPRINTS

To obtain permission to republish, reprint, or adapt material published in The Permanente Journal, please access and complete the Reprint Permission Form available at: www.thepermanentejournal.org/about-us/reprint-permissions.html. If you have questions, please contact Max McMillen, ELS, by e-mail: max.l.mcmillen@kp.org.

SUBSCRIPTION RATES AND SERVICE

For rates and information about advertising in The Permanente Journal, contact Amy Eakin, 500 NE Multnomah St, Suite 100, Portland, Oregon, 97232; phone: 503-813-2623; E-mail: amy.reecker@kp.org.

ADDRESS CHANGES

Send all address changes to The Permanente Journal, 500 NE Multnomah St, Suite 100, Portland, Oregon, 97232; E-mail: permanente.journal@kp.org. Please include both old and new addresses.

The Permanente Journal (ISSN 1552-5767) is published quarterly by The Permanente Press. The Permanente Journal is available online (ISSN 1552-5775) at www.thepermanentejournal.org. Periodicals postage paid at Portland and at additional mailing offices. POSTMASTER, send all address changes to The Permanente Journal, 500 NE Multnomah Street, Suite 100, Portland, Oregon, 97232.

The Editorial Staff have disclosed that they have no personal, professional, or financial involvement in any of the manuscripts they might judge. Should a conflict arise in the future, the Editorial Staff have agreed to recuse themselves regarding any specific manuscripts. The Editorial Staff also will not use the information gained through working with manuscripts for private gain.

Copyright © 2014 The Permanente Journal