4. Association of Age to Mortality and Repeat Revascularization in End-Stage Renal Disease Patients: Implications for Clinicians and Future Health Policies, Aktila Khorasani, MD, MSc; Thomas Abbagnaro, MD, Daniel E. Forman, MD; Thomas K. Long, MPH; Alfred G. So, MD; Charles E. McClish, PhD

The clinical effects of age occur over an age continuum, yet age as a primary predictor is often analyzed using arbitrary age cut-points. This is an observational retrospective cohort study in 1915 Kaiser Permanente Northern California patients with end-stage renal disease after index coronary revascularization. Primary and secondary outcomes were, respectively, all-cause mortality and repeat revascularization. Age dichotomized at 65 years or older and 85 years or older led to loss of information. Categorized age underestimated or overestimated risk at the extremes of age. Only the cubic spline demonstrated the nonlinear relationship between age and repeat revascularization.

16 Emergency Care of Patients with Acute Ischemic Stroke in the Kaiser Permanente Southern California Integrated Health System, Ron Saison-Zachrison, MD, MSc; Ernest Shen, PhD; Zhaba Ajami, MD; William P. Neil, MD; Nandini Santra, MD; Michael K. Cornel, MD; M. Adam L. Sharp, MD, MS

In a retrospective analysis of all acute ischemic stroke presentations to 16 Emergency Departments between 2007 and 2013, of the 1,410 patients, 3.9% received tissue plasminogen activator (tPA). The likelihood of tPA receipt increased with presentation in 2012 or 2013, female sex, and ambulance arrival; and decreased with prior stroke and increased age. The rates of intracranial hemorrhage were 4.2% and 0.9% among tPA- and non-tPA-treated patients (p < 0.001). Acute ischemic stroke care improved over time in this integrated health system.

18 Risk of Oxidized Intravenous Hydrogel in Anticoagulated Patients after Minor Head Trauma: The Role of Repeat Cranial Computed Tomograms, Clifford Swag, MD, MS; Marye Saffel, ScD; Rafael Dujay, Adam Sharp, MD, MS

This retrospective observational study encompasses adult trauma encounters for anticoagulated patients undergoing head computed tomography (CT) at 1 of 13 Kaiser Permanente Southern California Emergency Departments (ED) between 2007 and 2011. The sample included 443 (200 clopidogrel and 243 warfarin) eligible ED encounters with normal findings of initial head CT. Overall, 11 patients (2.5%) had a delayed intracranial hemorrhage, and events occurred at similar rates between the clopidogrel groups and warfarin groups.
49 Impact of a Care Directives Activity Tab in the Electronic Health Record on Documentation of Advance Care Planning. Marianne Turley, PhD; Susan Wang, MD; Di Meng, PhD; Michael Kanter, MD; Terhilda Garrido, MPH

A retrospective pre- and postimplementation analysis was conducted in 2012 and 2013 at Kaiser Permanente Southern California among 113,309 patients aged 65 years and older with advance care planning (ACP) opportunities during outpatient or inpatient encounters. Statistically significant differences in documentation rates between patients with and without Care Directives Activity tab use suggest the potential of a standardized location in the electronic health record to improve ACP documentation.

59 Addressing the Child and Maternal Morbidity Crisis in Haiti through a Central Referral Hospital Providing Countryside Care. Lee D Jacobs, MD; Thomas M Judd, MD; Zulfiqar A Bhutta, MD, PhD

The neonatal, infant, child, and maternal mortality rates in Haiti are the highest in the Western Hemisphere. To create a major change in Haiti’s health care infrastructure, we are implementing two strategies that are unique for low-income countries: development of a countrywide network of geographic “community care grids” to facilitate implementation of frontline interventions, and construction of a centrally located referral and teaching hospital to provide specialty care for communities throughout the country. This hospital strategy will leverage the proximity of Haiti by mobilizing large numbers of North American medical volunteers to provide one-on-one mentoring for the Haitian medical staff.

74 PEITC in End-Stage B-Cell Prolymphocytic Leukemia: Case Report of Possible Sensitization to Salvage R-CHOP. Arian Nachat, MD; Sam Turoff-Ortmeyer; Chun-nan Liu, MD; Michael McCulloch, LAc, MPH, PhD

A 53-year-old man whose chronic lymphocytic leukemia transformed to end-stage B-cell prolymphocytic leukemia, disqualifying him for allogenic stem cell transplantation, was treated with PEITC (a natural compound from horseradish), followed by salvage R-CHOP chemotherapy, which led to normalized white blood cell count and disease stabilization that requalified him for allogenic peripheral stem-cell transplant therapy. The authors conducted a systematic review to analyze and interpret the potential contribution of PEITC to his unexpectedly favorable R-CHOP response. Following sequential 8 weeks of PEITC/pentostatin and 6 cycles of R-CHOP, the patient received allogenic peripheral blood stem cell transplant on an outpatient basis and remains well at the time of publication with no evidence of CD20+ small B-cells.

Special Report

CLINICAL MEDICINE

82 Image Diagnosis: Worm-Induced Biliary Obstruction. Andrew W Phillips, MD, MEd; Joanna Ready, MD; Gus M Garmel, MD, FACEP, FAAEM

A 57-year-old woman, who was born in the Philippines, presented to the Emergency Department with 6 hours of epigastric and right upper quadrant abdominal pain radiating to her back. She denied fever, nausea, and vomiting. An endoscopic retrograde cholangiopancreatography showed the presence of a worm, extending from the ampulla into the bowel lumen.

84 Image Diagnosis: Capitellar Fracture. Ganesh Nagaraj, MD; Justin P Mitchelson, MD; Cameron M McFarland, MD; Matthew A Silver, MD

A healthy 35-year-old man presented with left elbow pain and swelling after a ground-level fall onto his outstretched left hand. Greatest pain and swelling was over the distal humerus. On x-ray, disruption of the radio capitellar joint was noted along with presence of a raised anterior fat pad and the resulting sail sign.

COMMENTARY

85 Learning to “Swim” with the Experts: Experiences of Two Patient Co-Investigators for a Project Funded by the Patient-Centered Outcomes Research Institute. Michele Robbins; Janice Tute; Clarissa Hsu, PhD

Written from the perspective of two PCORI patient co-investigators, this commentary provides lessons learned and recommendations about incorporating nonscientists into research teams. Specifically, the authors suggest recruiting people with a record of relevant volunteer experience and commitment; establishing a formal application process that provides candidates with details about relevant volunteer experience and commitment; and teaching teams that are incorporating patient co-investigators toward a positive and productive experience.

SOUl OF THE HEALER

34 The Blue Lagoon. Daniela Alexandru Abrams, MD

42 The Dead Sea. Paul Rousseau, MD

81 Flower Merchant. Bridget Bourgon, PA-C

93 Pigeons in Flight at Boudhanath Buddhist Stupa in Kathmandu, Nepal. Thomas Sun, MD
COMMENTARY

89 The Language of Engagement: “Aha!”
Moments from Engaging Patients and Community Partners in Two Pilot Projects of the Patient-Centered Outcomes Research Institute. Ming Tai-Seale, PhD, MPH; Greer Sullivan, MD, MSPH; Ann Cheney, PhD; Kathleen Thomas, PhD; Dominic Frosch, PhD

Compared with people living in the community, researchers often have different frameworks or paradigms for thinking about health and wellness. These differing frameworks are often accompanied by differences in terminology or language. We came to understand how our language and word choices may have been acting as a wedge between ourselves and our community research partners. Patient-centered language can effectively build a bridge between researchers and community partners, as well as enhance cultural competency, and demonstrate being mindful of the social power dynamics between patient and physician.

94 Integrated Strategies to Address Maternal and Child Health and Survival in Low-Income Settings: Implications for Haiti. Zulfiquar A Bhutta, MD, PhD

An overview of child mortality rates in low-income countries is presented, followed by a discussion of evidence-based interventions that can bridge the equity gaps in global health. Finally, the author comments on the companion article in this issue, “Addressing the Child and Maternal Mortality Crisis in Haiti,” and what is needed for that new project to succeed.

NARRATIVE MEDICINE

103 The Role of Clinical Records in Narrative Medicine: A Discourse of Message. John W Murphy, PhD; Jung Min Choi, PhD; Martin Cadeiras, MD

This article is designed to unite theory and practice. The focus of attention is the impact of narrative medicine on clinical records. Specifically important is that records are created through dialogue, whereby patients are able to grow the record through their ability to offer critiques and alternative explanations. Merely allowing patients to peruse their records, through advances in technology, is not sufficient to facilitate this aim. Various theoretical and practical considerations are discussed that may facilitate patient involvement and the creation of more accurate and relevant client records.

109 Melisa's Story.
Lee Jacobs, MD

This is a fictionalized account of a potential future scenario, created to dramatize the need for the Bethesda Referral & Teaching Hospital. It is a companion to “Addressing the Child and Maternal Mortality Crisis in Haiti,” page 59, and “Integrated Strategies to Address Maternal and Child Health and Survival in Low-Income Settings: Implications for Haiti,” page 94.

111 Tears for the Fallen.
Akhila Pamula, MD

It wasn’t the fact that he was so young, or even that he had died in front of me; it was the fact that he did it on purpose. I had to excuse myself and take a walk—I had 9 hours left in this shift and I had to pull it together.

111 The Jigsaw Puzzle in the Lunchroom.
John F Steiner, MD, MPH

Members of our Research Department began to bring jigsaw puzzles into the office. Border pieces were sorted, then assembled. Shapes and colors were aggregated. Some days, nothing changed. Some days, whole images emerged. Each puzzle seemed like a multi-authored scientific paper with unknown contributors—no first author, no senior author, no titles and degrees. If we create the right workspace, we will gravitate to shared puzzles. If our instincts are sharp, we will choose the most promising puzzles to solve. If we are patient and persistent, we will solve them.

111 Love and the Value of Life in Health Care: A Narrative Medicine Case Study in Medical Education. Jorge Alberto Martins Pentiado, Jr, MD; Helcia Oliveira de Almeida, MsC; Fábio Ferreira Amorim, MD, PhD; Adriano Machado Facioli, PhD; Eliana Mendoça Vilar Trindade, PhD; Karlo Jozefo Quadros de Almeida, MD

This case study is an example of narrative medicine applied to promote self-awareness and develop humanistic content in medical education. The impact and the human appeal of the narrative lie in the maturity and empathy shown by a student when reporting his dramatic experience during the care given to a mother and a newborn with a rare disease. The narrative approach helped the learner to be successful in bringing out the meanings behind the story, and introspection changed a seemingly scary interaction into a positive experience. This narrative shows how the development of narrative competence can help establish a good physician-patient relationship.

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