From the President

**Quality versus Quantity**

“Quality is not an act, it is a habit”
- Aristotle

We live in an era of unprecedented change, evolving semantics, and politically correct lingo when it comes to the delivery of health care. As such, the concept most bantered about by supporters of legislative change is encapsulated in the idea of what constitutes quality. A number of terms have come to be associated with this ideal such as: best practice, value based, community health, preventative care, and evidence based to name just a few. In addition, a number of novel organizations and administrative measures have been implemented to assure the delivery of quality health care. The question remains, who is best suited to define these measures and metrics to our profession?

Unfortunately, the individuals who hold the keys to the kingdom, and also create the metrics that we are held to as medical practitioners, are increasingly, the government and insurers. Their view of health care, I would argue, is different than that of physicians and health care providers due to the reason that they do not take into consideration the opinions of isolated practitioners, medical groups, and community hospitals that have insufficient funds or power to impact, sway, and or influence their policy decisions. As such, the term “quality” is often a political term that proponents of legislative change use to encompass a wide range of ideas that in due course lead to increased work load for both the patient and physician while not always creating a more effective and efficient medical environment. In addition, to meet the clinical demands in our current economy,
**Medical Staff Appointments**

- **Anousheh Ashouri, MD**
  Internal Medicine
  1818 North Orange Grove Avenue
  Suite 204
  Pomona, CA 91767
  909-620-7200 (office)
  909-630-7983 (fax)

- **Amy Caton-Polverini, MD**
  Internal Medicine
  630 South Raymond Avenue
  Suite 330
  Pasadena, CA 91105
  626-793-8194 (office)
  626-793-3664 (fax)

- **Lynn Huang, MD**
  Ophthalmology
  4418 Vineland Avenue
  Suite 106
  North Hollywood, CA 91602
  818-762-0647 (office)
  818-762-0996 (fax)

- **Jack S. Kao, MD**
  Anesthesiology
  Pacific Valley Medical Group
  100 W. California Blvd.
  Anesthesia Department
  Pasadena, CA 91109

- **Minas Melidonian, MD**
  Internal Medicine
  50 Bellefontaine Street
  Suite 307
  Pasadena, CA 91105
  626-352-1444 (office)
  626-397-2968 (fax)

- **Kimberly Shapiro, MD**
  Psychiatry
  5855 Topanga Canyon Blvd.
  Suite 320
  Woodland Hills, CA 91367
  818-610-3956 (office)
  818-610-3912 (fax)

- **Giancarlo Soli, MD**
  Emergency Medicine
  Emergency Medical Group
  100 W. California Blvd.
  Emergency Department
  Pasadena, CA 91109
  626-397-5111 (office)
  626-397-2981 (fax)

- **Ekaterina Tzvetkova, MD**
  Emergency Medicine
  Emergency Medical Group
  100 W. California Blvd.
  Emergency Department
  Pasadena, CA 91109
  626-397-5111 (office)
  626-397-2981 (fax)

- **S. John Whang, MD**
  Emergency Medicine
  Emergency Medical Group
  100 W. California Blvd.
  Emergency Department
  Pasadena, CA 91109
  626-397-5111 (office)
  626-397-2981 (fax)

**Medical Staff Resignations**

- Celina Barba-Simic, MD – Emergency Medicine – effective 03/26/2015
- Afsaneh Barzi, MD – Hematology/Oncology – effective 04/30/2015
- Rachel Haroz, MD – Emergency Medicine – effective 03/26/2015
- Jeffrey Koempel, MD – Otolaryngology – effective 03/26/2015
- Manon Kwon, MD – Emergency Medicine – effective 03/26/2015
- Morris Pataky, MD – Emergency Medicine – effective 03/26/2015
- Jeffrey Wade, MD – Emergency Medicine – effective 03/31/2015
From the President continued from page 1

these issues must be met so patients and physicians can adequately address the increasing financial constraints that are a sign of our times. It is for these reasons, that in this era, many physicians are looking for additional guidance and the support of their peers to help make the necessary transitions required of them.

Although difficult, this is an opportunity for us, as well as hospitals, to evaluate what it truly means to provide quality health care. The current trend is for doctors and hospitals to combine into larger groups and organizations to meet these coming changes. As a result, by working together we can help create and establish the measures that define patient well being without the rancor, bureaucratic redundancy, and confusion of an administrative body’s influence upon our profession. The weight of changing times may fall upon our shoulders but we are capable of providing and defining the standards of medicine that actually translate into better outcomes. We have a chance to organize, strategize, and push back by creating measures that actually mean something when it comes to the delivery of “quality” medical care to patients. Although the days of the solo practitioner seem to be numbered due to the burden of keeping up with the incurring mandates, physicians and hospitals can find unity in purpose and create quality change by working together for the benefit of the patient.

James Shankwiler, MD
President of the Medical Staff

Celebrating Milestones

The following physicians hit a service milestone in the month of April. The Medical Staff would like to recognize the following physicians for their service and dedication to Huntington Hospital.

50 Years (on staff 04/1965)
John Lusche, MD – Orthopedic Surgery

35 Years (on staff 04/1980)
Gary Conrad, MD – Cardiovascular Disease

20 Years (on staff 04/1995)
Ernie Maldonado, MD – Pediatrics
Vaughn Starnes, MD – Thoracic Surgery
John Wilcox, MD – Reproductive Endocrinology & Infertility

10 Years (on staff 04/2000)
J. Gordon McComb, MD – Pediatric Neurosurgery
Henry Tsai, MD – Obstetrics & Gynecology
Roger Yang, MD – Emergency Medicine
Earn Free CME/AOA Credits via Library Resources

A number of library and hospital online resources offer free CME credits for searching and/or reading about clinical topics in the literature for point-of-care. A personal login account must be set up in order to start accruing CME credits. Contact the Library to request account set up. Here's a list of what's available:

**UpToDate®**

UpToDate® offers Internet Point of Care CME. Physicians conducting structured searches on clinical topics may claim a half (0.5) AMA PRA Category 1 Credit™/CFPC MainPro®-M1 credit for documented completion (either at the point of care or later) of the three-step learning cycle. An UpToDate Anywhere account is required to accrue CME. See the UTD CME Help FAQ for more information: [http://www.uptodate.com/home/help-faq-cme-ce](http://www.uptodate.com/home/help-faq-cme-ce)

AOA Credits: The American Osteopathic Association (AOA) has approved as AOA Category 2-B credit.

**ClinicalKey®**

Physicians may earn 0.5 AMA PRA Category 1 Credit for each search conducted through ClinicalKey. CME credit is provided by the Cleveland Clinic Center for Continuing Education. A ClinicalKey Personal Account is required to access this content. See the CK CME page for more information: [https://www.clinicalkey.com/#!/cme](https://www.clinicalkey.com/#!/cme)

AOA Credits: Approved by the American Osteopathic Association for AOA Category 2-B credit.

**NATURAL MEDICINES**

Clinicians in the community and other areas of practice are approached by many patients for questions on complementary and alternative medicines (CAM). High utilization herbs and supplements are popular topics. Confusion exists amongst healthcare professionals on the role of natural products in integrative care. The Natural Medicines/Natural Standard Continuing Education programs are aimed at addressing the evidence of benefit or lack thereof and safety concerns surrounding the use of various CAM herbs & supplements. For a listing of Continuing Education courses visit: [https://naturalmedicines.therapeuticresearch.com/continuing-education.aspx](https://naturalmedicines.therapeuticresearch.com/continuing-education.aspx)

*continued on page 5*
MEDICAL GRAND ROUNDS
Topic: Back Pain
Speaker: Brennan B. Katz, DO
Date: April 3, 2015
Time: Noon – 1 p.m.
Place: Research Conference Hall
Objectives: 1. Refer patients to pain management physician when indicated.
2. Incorporate treatment modalities other than opiates for back pain.
Audience: Pain Management, Internal Medicine, & Primary Care Physicians
Methods: Lecture
Credits: 1.0 AMA PRA Category 1 Credits™

SECOND MONDAY
Topic: Breast Cancer Screening
Speakers: Jon Foran, MD & Lakshmi C. Tegulapalle, DO
Date: April 13, 2015
Time: Noon – 1 p.m.
Place: Research Conference Hall
Objectives: 1. Understand risk assessment and appropriate use of supplemental screening techniques.
2. Improve patient understanding of evidence for benefits of mammography, ultrasound, and MRI.
3. Earlier detections and downstaging.
Audience: Radiology, Internal Medicine, & Primary Care Physicians
Methods: Lecture
Credits: 1.0 AMA PRA Category 1 Credits™
From Physician Informatics

Recent Cerner Changes

While there have been a number of changes made recently, some of recent changes are:

- **EKG preliminaries are now available in Cerner.**
- **A new Smart Template (.Problems) was developed.** When in PowerNote, using this smart template will pull all documented medical problems into the note.
- **PowerNote modifications:** OB Vaginal Delivery Note and OB/GYN Progress Note
- The **CRIT DKA Powerplan has been temporarily removed.**
- **Change to Initiate upon Signing:** ED Stool Sub-phase and ED Triage Fever 18 years and greater.
- **When ordering a Urine culture, the available specimen types are:** Superpubic Bladder Aspirate, Urine from Nephrostomy, Urine catheterized, and Urine voided.
- **Order Changes:** 17-Alpha Hydroxyprogesterone-Esoterix Order. The replacement order is 17-Hydroxyprogesterone Qnt, HPLC MS/MS- ARUP.
- **Allergy Alert Changes** (described below).

**Allergy Alert Changes**

According to recent studies, medications are the leading cause of allergy-related sudden deaths in the U.S. today. Huntington Hospital Leadership has decided to take a preventive approach to these potentially life-threatening allergic reactions.

**Effective March 10, 2015, the HANK system will prompt you with two types of “No Allergies Alert” windows;**

1. **Upon opening a patient chart whose allergies have not been documented,** you may bypass this alert by clicking “Ok”. The height and weight alert is being removed for physicians.
2. **Upon placing medication orders,** this alert will **not** allow you to proceed until the allergies are documented.

An instructional flyer is posted in clinical areas and on the AskHANK for Physicians Site.

**Printer Naming Convention Changes**

The printer renaming effort is underway. These changes involve renaming each printer and will occur one department at a time throughout March and April. The new naming convention will begin with the department followed by the location and then the printer. Some examples are: 6W_MODS_P1, COU_ST31_P1, and NICUA_1E_P2. The letter ‘P’ denotes a laser printer or multi-function printer.

*If you would like one-on-one assistance on any of the HANK workflows or functionality, please contact Physician Support Services at ext. 2500 or 626-397-2500.*

continued on page 7
Cerner Upgrade coming on April 20, 2015-

We will be providing Cerner Upgrade Essentials training for physicians at Huntington Hospital from March 23 through April 17 to teach you about the new functionality.

To sign up for training, please do so via bookeo.com/huntingtonhospital today.

One-hour training sessions – at 7 a.m., 12 p.m. and 5 p.m. – will be offered Monday through Friday. Topics covered will include aspects of Cerner use that physicians have cited as challenging, including admissions, workflow and medication reconciliation. While voluntary, it is encouraged that all physicians attend one of the training sessions.

For additional information about the training, you can call Physician Support Services at 626-397-2500.

Medical Staff Services Corner

New Point of Sale System in Cafeteria/Gift Shop

On Monday, May 10, 2015 a new point of sale system is being implemented in the Cafeteria and Gift Shop at Huntington Hospital. There will be no change to the way you pay for Cafeteria purchases using your physician stipend. That is, you will continue to swipe your security badge over the reader at the register.

However there will be a change if you are a Physician or Allied Health Professional who, in addition to your stipend, has set up a pre-paid Cafeteria account. To use your pre-paid account for purchases, the Cashier will need to scan the bar code on your security badge. If you wish to make a deposit on your pre-paid account, you will follow the same process as with the old system. That is, ask one of the cashiers in the Cafeteria to purchase credit for your account.

If for any reason you get a replacement security badge, you no longer need to provide the new badge number to the Medical Staffing Office or the Cafeteria. Instead, the new badge number will be automatically loaded into the system. Please note that after getting a new badge it may take up to 4 hours to upload the new badge number.

As always, you will need to have your security badge in-hand in order to pay for Cafeteria purchases using either your daily stipend or your pre-paid account.

Please feel free to let the Medical Staffing Office know if you have any questions or concerns regarding this change.

From Physician Informatics continued from page 6
From the Clinical Documentation Specialists

WOUND DOCUMENTATION

Always document the:

**Site:** back, buttock, toe, heel, abdomen, sacrum

**Type:** pressure, diabetic, surgical, arterial, venous stasis, arteriosclerotic of lower extremities

**Laterality:** left, right

Depth, drainage if present, odor if present

Pressure ulcer, always document the site and stage

Document if the wound is a complication of surgery, a device, injury / trauma

If due to Diabetes, also link the wound to the diabetes. i.e. Diabetes with gangrene, ulcer, diabetic neuropathy/PVD

Any wound with gangrene- note whether wet or dry

**For Surgical Debridement include the following:**

**Excisional** – surgical removal or cutting away of devitalized tissue, necrosis or slough Document instrument used, depth debrided (skin, muscle, bone)

**Nonexcisional** – non operative brushing, irrigating, scrubbing or washing away of devitalized tissue, necrosis or slough. Includes use of Versajet

Physician Specialty Documentation Education

During the course of the past two days, the Clinical Documentation Improvement Team (CDI), the ICD-10 Physician Impact Team, The Advisory Board and Dr. Gabriella Pearlman conducted Physician Specialty documentation education and ICD-10 training sessions on Tuesday, 3/10/15 and Wednesday, 3/11/15. The physician specialty groups included: Neurosurgery, Neurology, Orthopedics, Pediatrics, Internal Medicine (2 sessions), Hospitalists, Pulmonary/Critical Care, Emergency Medicine, Cardiology, Obstetrics and Gynecology with approximately 160 attendees including physicians, physician assistants and office staff. These sessions were designed to assist the medical staff with preparation not only for the ICD-10 transition in October 2015, but additionally to improve workflow processes and gain a better understanding of the key documentation needed to capture the severity of illness and risk of mortality of our patients. During the next few months, we will continue to host further training sessions (groups and 1:1) and information sharing via the Medical Staff Newsletters, online education, and at section meetings. We would like to thank everyone for participating!
Promoting Advance Care Planning

By: Wendy Kohlhase, PhD, Bioethicist

Reimbursement Strategies:
An overview of the Los Angeles-Area Advance Care Planning Group Statement was discussed in the September issue of the Medical Staff Newsletter. As mentioned, Huntington Hospital was actively involved in the writing of this statement, and is one of 11 healthcare entities in Southern California to endorse it, thus far. The main goal of the guidelines is to respect individual values, reduce unnecessary suffering at the end of life, and promote the importance of advance care planning discussions, including discussions about early access to palliative care and other supportive services. The statement also recommends that physicians have discussions with patients and families about the burdens and benefits associated with specific aggressive treatments. However, physicians remain challenged with both how to find the time for advance care planning discussions and how to get reimbursed for that time.

Although most physicians would agree that discussions about advance care planning are a critical aspect of the physician-patient communication and treatment plan, these important discussions often necessitate extended time with the patient and/or family, something that most physicians have little of in the current healthcare climate. As a result, advance care planning discussions are often abbreviated or not done at all with little or no reimbursement available.

One may recall that during the 2009 presidential campaign, the Affordable Health Choices Act of 2009 was presented that included language to authorize Medicare reimbursement for physicians who provide voluntary counseling on subjects such as advance directives. The critics of the bill alleged that it included mandatory language aimed at pressing elderly and disabled patients toward euthanasia. The term “Death Panels” became a hot political expression, which charged that the proposed legislation would decide which individuals were “worthy of medical care.” The proposed legislation did not pass, and physicians were left with not knowing how to receive reimbursement for advance care planning discussions that occur as part of a patient visit in the office or outpatient setting.

But many physicians are billing for these advance care planning discussions. Specifically, time spent on “counseling” and/or coordination of care in relation to advance care planning with patients receiving medical services in the office or outpatient setting might be reimbursable. Time-based CPT codes, such as 99213-99215, may be used as long as the following criteria are documented:

1) The total amount of face-to-face time spent with the patient (the entire time spent must be face-to-face with the physician in direct patient care – e.g. it cannot be while patient is getting bloodwork, in the exam room without the physician, etc.)

2) The amount of face-to-face time spent in counseling/coordination of care (must be more than 50% of total time)

3) A summary of the nature of the counseling/coordination – documentation needs to be quite detailed to address the complexity of the discussion in order to justify the extended visit charge.

Physicians are encouraged to talk to their office manager or billing personnel about the possibility of using the above CPT codes for this part of the visit.
Microbiology Laboratory Policy on Testing of Uncommon Organisms

To ensure quality patient care, uncommon organisms which are not routinely identified and tested for susceptibility will be sent immediately to a referral lab. The ordering physician will be notified of the isolate being sent out along with an expected turn-around time for results.

We describe here a recent case which supports our hospital’s laboratory policy on the testing of uncommon organisms.

SV is a morbidly obese 62-year-old female who presented with sepsis secondary to possible community-acquired pneumonia and left lower extremity cellulitis. Two sets of blood cultures grew gram positive bacilli which was later identified as Corynebacteriumamycolatum/ striatum and initially reported to be sensitive to penicillin but subsequently changed to resistant to penicillin upon further evaluation of results. Concerns regarding the penicillin susceptibility results prompted a request for repeat speciation and susceptibility testing to be performed at a referral laboratory. Results were available after 3 and 5 days respectively. In contrast to in-house results, the species identified at the referral laboratory was Corynebacterium striatum/simulans with a higher level of resistance to penicillin and ceftriaxone than was reported in-house.

Corynebacterium spp. is a common colonizer of the skin and mucous membranes and rarely causes invasive infection. Thus, speciation of the organism and susceptibility testing is not routinely performed in house. The discrepancy in speciation and susceptibility results between the in-house laboratory and the referral laboratory illustrated in this case has the potential to negatively affect treatment outcome. Thus, our current policy of sending test requests for uncommon organisms immediately to a referral laboratory helps to ensure timely reporting of reliable results to guide appropriate treatment decisions.

Henry Slosser, MD
Director of Laboratory Medicine and Pathology

Medical Staff Happy Hour

The Medical Staff Leadership cordially invites you to join us for a mixer to meet and greet old and new colleagues

Mijares Restaurant
Thursday, April 16, 2015
5:30 – 7 p.m.
Appetizers, drinks, and raffles!

1 guest per physician allowed – not a hospital sponsored event
Today’s Honoree: Dr. Kimberly Shriner

Kimberly Shriner, MD, infectious disease specialist, was named “Today’s Honoree” on January 26 by the blog of the same name. “Today’s Honoree” is the No. 1 blog for recognizing the works of others. Dr. Shriner was selected because of her efforts to bring much-needed medical care and supplies to impoverished communities in Tanzania, the largest country in East Africa and one of the poorest countries in the world.

To date Dr. Shriner has made the 10,000-mile journey to Tanzania nine times, each time bringing with her a team that has included physicians, veteran surgeons, nurses, social workers, infrastructure personnel and laboratorians, a pediatrician, gastroenterologist, ultrasound technician, and veterinarians. Through The Phil Simon Clinic Tanzania Project, more than 100 Huntington Memorial Hospital employees and physicians have traveled to Tanzania over the years, providing basic healthcare, medication, HIV, and anti-retroviral education as well as manpower and support to the impoverished region.

Congratulations, Dr. Shriner!
April 2015 Medical Staff Meetings

No Board meeting this month

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Newsletter Editor-in-Chief – Glenn Littenberg, MD

If you would like to submit an article to be published in the Medical Staff Newsletter please contact Blanca Irizarry at 626-397-3776. Articles must be submitted no later than the first Friday of every month.

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2013 – 2014
Best Hospitals Report
# 5 Hospital in the
Los Angeles metro area
# 10 Hospital in California
# 33 Nationally in Orthopedics
# 44 Nationally in Urology