From the President

Evolution

“In our time... a man whose enemies are faceless bureaucrats almost never wins.”
- Chaim Potok

Much of what has happened in the United States has been the result of serendipity and accident. After all, Columbus thought he was finding a quick way to China when America got in the way. The same can be said of the creation and ongoing evolution of our health care system; it has been the byproduct of changes in work conditions, fluctuations in the economy, government legislation, public perceptions, and patient expectations. The sand we stand on continues to shift as we speak with concern over the lay of the land ahead for all of us. It is with this thought that perhaps we should review the history of the U.S. health insurance system.

In the early 1900’s, the industrial workplace was fraught with danger for the worker. One estimate at that time placed the likelihood of injury on a yearly basis for steel workers at 10 percent. Often, workers were given a stipend to pay for an injury or were allowed access to a company doctor. Insurers began selling policies to cover against accidents to employers and thus, the employer-based system was formed. Modern group insurance can be traced to 1910, when mail-order retailer Montgomery Ward solicited a health insurance plan with annual benefits of up to $28.85 per employee. In the 1920’s, Baylor hospital offered teachers a plan for $0.50 per month that would cover any hospital visits. The idea became hugely popular and was eventually spun off as Blue Cross, which proved to be the cornerstone of the current employer-based system. (Blumberg and Davidson)
Medical Staff Appointments

Banerjee, R. S., MD
Anesthesiology
Pacific Valley Medical Group
8905 SW Nimbus Avenue
Suite 300
Beaverton, OR 97008
Tel: (800) 275-8752
Fax: (503) 372-2754

Cho, Edward I., MD
(Otolaryngology
House Clinic
2100 West 3rd Street
Suite 111
Los Angeles, CA 90057
Tel: (213) 483-9930
Fax: (213) 484-5900

Choi, Paul D., MD
Orthopedic Surgery
4650 Sunset Blvd.
MS # 69
Los Angeles, CA 90027
Tel: (323) 361-7666

Chon, Andrew H., MD
Obstetrics & Gynecology
2020 Zonal Avenue
IRD 235
Los Angeles, CA 90033
Tel: (323) 226-3423
Fax: (323) 226-3509

Chung, Jun, MD
Internal Medicine
Academic Hospitalists
Medical Group
50 Bellefontaine Street
Suite 307
Pasadena, CA 91105
Tel: (626) 352-1444
Fax: (626) 397-2968

Faddoul, Diala, MD
Pediatrics
Huntington Medical Foundation
1346 East Foothill Blvd.
Suite 201
La Canada, CA 91011
Tel: (818) 790-5583
Fax: (818) 790-9517

Gayer, Christopher P., MD
Pediatric Surgery
4650 Sunset Boulevard
Mailstop #100
Los Angeles, CA 90027
Tel: (323) 361-4974
Fax: (323) 361-3534

Lee, Thomas C., MD
Ophthalmology
4650 Sunset Blvd.
MS #88
Los Angeles, CA 90027
Tel: (323) 361-4510
Fax: (323) 361-7993

Mazel, Mary, MD
Pediatric Critical Care
100 W. California Blvd.
PICU Department
Pasadena, CA 91109

Minaeian, Artin, MD
Neurology
Southern California Neurology Associates
625 S. Fair Oaks Avenue
Suite 325
Pasadena, CA 91105
Tel: (626) 535-9344
Fax: (626) 535-9387

Ratto, David R., MD
Pulmonary Disease
Foothill Pulmonary & Critical Care
959 East Walnut Street
Suite 120
Pasadena, CA 91106
Tel: (626) 795-5118
Fax: (626) 795-2716

Shafa, Mark, MD
Anesthesiology
100 W. California Blvd.
Anesthesia Department
Pasadena, CA 91105

Siegel, Lance, MD
Ophthalmology
1246 East Arrow Hwy
Suite A
Upland, CA 91786
Tel: (909) 931-9675
Fax: (909) 931-3239
Medical Staff Resignations

- Lee, Lily, MD – Plastic Surgery – effective September 30, 2015
- Tolo, Vernon, MD – Orthopedic Surgery – effective August 28, 2015
- Van Dam, Jacques, MD – Gastroenterology – effective September 30, 2015
- Wang, Stewart, MD – Plastic Surgery – effective September 30, 2015

From the President continued from page 1

During World War II, factories due to federally mandated salary caps began touting generous health plans in order to attract workers. In addition, the Federal government legislated tax breaks for employers who provided their work force with health insurance, which further boosted enrollment from 9 percent in 1940 to 63 percent by 1963 alone. In the 1960’s, the government created Medicare and Medicaid in order to provide retirees and the underprivileged access to medical care. With so many Americans now enrolled in a government-based system, many people, including Richard M. Nixon, began to discuss the notions of “compulsory” insurance and the creation of a universal or single-payer plan. Since then, a number of modifications, HMO’s, PPO’s, and Capitation to name a few, have occurred to help contain the rising costs of medical care. (Toland)

The newest kids on the block, HealthCare.gov and the insurance exchanges, are the latest steps away from employer-based systems. These new plans promote the notion that a combination of quality measures, higher deductibles, copays, and covered preventative measures will create cost containment and encourage patients to become comparison shoppers of their own health care. It is uncertain, as of yet, whether significant cost containment will occur with this latest legislated iteration.

We are in an era of rapid transition for both the administration and payment of health care services. It is a strange alliance where the government will often be the payer and private industry the administrator. The evolution of health insurance has often been the result of competing influences. The current modifications will push us farther away from an employer-based system, where the government now becomes the larger source for medical reimbursement. This evolving system may now leave patients, physicians, and hospitals at the bureaucratic whims of both the government as well as private insurances.

Works Cited


In chatting with a physician friend the other day, I asked her how the clinical research she was conducting was going. While she said her overall research and grant writing was going well, she felt that she was probably not searching the medical literature “all that well.” She admitted that she should probably ask her institution’s librarians for assistance but was reluctant to do so because of time constraints and because she thought that she should be doing her own searching. I suggested, why not conduct her own search as a first cut and then ask the university librarians to complete a more comprehensive search to see if there were any papers she had missed. “I can do that?” she asked.

Later, this interchange made me think further about why anyone might be hesitant in asking librarians to conduct literature searches. I started thinking about the benefits to being self-sufficient in searching or having a librarian do the search. I came to the conclusion that it need not be an either/or decision. There are benefits to each, here’s what I came up with:

Benefits of conducting your own literature search:

• **Expertise:** As a physician, you’re the expert on your topic and can alter the search in real time in order to hone in on the information that specifically meets your needs.

• **Fast:** Conducting your own literature search to answer clinical questions can be quicker and the results (or lack thereof) are immediate. Keep in mind that anything more than a cursory search will probably take much longer than anticipated.

• **Effort:** In some ways it also takes less effort because there is no need to explain what you are looking for or wait for someone else.

• **Breadcrumbs:** You are free to follow tangential aspects of the topic depending on what your searches find or fail to find.

Benefits to having a medical librarian search a topic for you:

• **Familiarity:** We search Medline and other resources on an almost daily basis and are familiar with their structure and controlled vocabulary (Medical Subject Headings) or lack thereof.

• **Narrow or Broaden:** Familiarity with the resources allows us to be able to quickly filter, refine and limit search topics according to your criteria or broaden searches when nothing comes up on a topic.

• **Unbiased:** A search done by a librarian can provide more of an unbiased set of results because clinicians’ practice preferences are not a factor in selecting or deselecting articles.

• **Comprehensiveness:** We know how different resources overlap and where they are unique and use this knowledge to conduct a more comprehensive search. And, yes, sometimes Google is on our checklist of resources!

• **Time:** We don’t mind spending the time because it’s what we do.

Utilizing Medline (or other resources) as effectively as you can, to return the most relevant and/or most comprehensive results, is the other important piece of the search process. I suspect this was the part that my friend was expressing was challenging for her, not because it is difficult, but because it takes time to become familiar with the resources, their idiosyncrasies and how to best use them.

continued on page 5
From the **Health Science Library** continued from page 4

So, the next time you wonder whether or not your search is comprehensive enough or has found the most relevant articles, consider asking a librarian to conduct the same search to see if anything new comes to light.

Stay tuned for Part II in an upcoming MSN issue, where I will give tips for getting the most from requesting a search from the library.

For questions or more information contact the library at (626) 397-5161, library@huntingtonhospital.com or visit the website http://huntingtonhospital.libguides.com/

---

**Huntington Authors**

**Lawrence W. Jones, MD:**


**Glenn D. Littenberg, MD**


**Paul H. Nieberg, MD & Annie Wong-Beringer, PharmD:**


**Ian B. Ross, MD:**


**Neil K. Singla, MD & Phoebe Chang, Clinical Research:**


**Sung W. Ham, MD & Steven G. Katz, MD:**


For copies of any of the articles, please contact the Huntington Health Sciences Library at extension 5161, library@huntingtonhospital.com or text them at 626-344-0542
Please note, the topics for Second Monday and Medical Grand Rounds in September have changed:

MEDICAL GRAND ROUNDS:

**Topic:** Prostate Cancer  
**Speaker:** Roger W. Satterthwaite, MD  
**Date:** September 4, 2015  
**Time:** Noon – 1 p.m.  
**Place:** Research Conference Hall  
**Audience:** Urology, Oncology, Internal Medicine & Primary Care Physicians  
**Methods:** Lecture  
**Credits:** 1.0 AMA PRA Category 1 Credits™

SECOND MONDAY:

**Topic:** Humoral Hypercalcemia of Benignancy: The Role of PTHrP  
**Speakers:** Charles F. Sharp, MD  
**Date:** September 14, 2015  
**Time:** Noon – 1 p.m.  
**Place:** Research Conference Hall  
**Audience:** Endocrinology, Internal Medicine, & Primary Care Physicians  
**Methods:** Lecture  
**Credits:** 1.0 AMA PRA Category 1 Credits™

If you would like a copy of you CME credit report please contact Maricela Alvarez via email at Marciela.Alvarez@huntingtonhospital.com

---

**Getting to Know Your Medical Staff Leaders**

**Armen Dikranian, MD** joined the staff at Huntington Hospital ten years ago. He is the Chair of the Urology Section. He sits on the Surgery and Quality Management Committees. He is also the Medical Director of Robotic Surgery and chairs the Robotic Steering Committee.

Dr. Dikranian was born in Ohio and grew up in Southern California. He graduated summa cum laude from USC with a major in psychobiology and a minor in bioethics. He then stayed on at USC for his Medical Degree. After completing his residency in Urology at Kaiser Permanente Medical Center in Los Angeles, he joined and continues to practice with his father, Hagop Dikranian. Working alongside his dad is one of the cherished aspects of his daily schedule.

Dr. Dikranian lives in Pasadena. He is married to Talin Dikranian who has spent many years working in museum education and currently works at La Canada High School. They have three daughters.

Dr. Dikranian is an active member of the Pasadena Tournament of Roses for the past ten years. He enjoys being a part of his children’s lives and is a Trustee at their school, Saint Mark’s School in Altadena. Most recently, Dr. Dikranian was elected to the Alumni Board for USC’s Keck School of Medicine.

Dr. Dikranian enjoys trail running and doing Spartan and Tough Mudder obstacle races. He has always had a passion for traveling off the beaten path including two weeks with a tent in the Swiss Alps and three days on an uninhabited island in the South Pacific. He continues to do this with his family with recent weeklong stays at a Civil War era house in rural Vermont and a ranch in Wyoming.
From the Clinical Documentation Specialists

CDI Tip of the Month

Does Your Patient Have Chronic Kidney Disease?

CHRONIC KIDNEY DISEASE (CKD) is a persistent and usually progressive, irreversible loss of kidney function measured by glomerular filtration rate (GFR).

**RISK FACTORS:**
- HTN
- OBESITY
- AGE
- CERTAIN MEDICATIONS
- DM
- SMOKING
- ETHNICITY
- URINARY OBSTRUCTION

*Always specify the CKD Stage to capture the severity of illness and risk of mortality*

<table>
<thead>
<tr>
<th>STAGES</th>
<th>GFR</th>
<th>DESCRIPTION</th>
<th>TREATMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 1</td>
<td>90</td>
<td>Normal kidney function but urine or other abnormalities point to kidney disease</td>
<td>Observation, control of blood pressure</td>
</tr>
<tr>
<td>Stage 2</td>
<td>60-89</td>
<td>Kidney damage with mildly decreased GFR</td>
<td>Diagnosis, treatment of underlying condition and comorbidities, cardiovascular disease risk reduction</td>
</tr>
<tr>
<td>Stage 3</td>
<td>30-59</td>
<td>Moderately decreased GFR</td>
<td>Evaluating and treating complications</td>
</tr>
<tr>
<td>Stage 4</td>
<td>15-29</td>
<td>Severely decreased GFR</td>
<td>Planning stage for hemodialysis and peritoneal dialysis</td>
</tr>
<tr>
<td>Stage 5</td>
<td>&lt; 15</td>
<td>Kidney failure (ESRD)</td>
<td>Replacement therapy (dialysis or transplantation)</td>
</tr>
</tbody>
</table>

LINKING CAUSATIVE CONDITIONS:
For example:
- CKD Stage 3 due to Diabetic Nephropathy and HTN
- Acute Kidney Injury with CKD Stage 2
- CKD Stage 3 with Hypertensive Heart Disease

*Renal Insufficiency ≠ CKD or Acute Renal Failure*

To reach a CDI, call extension 3362 or email hmhcdi@huntingtonhospital.com
Karen Beal, RN, BSN, CCDS
Maria Gilda Villanueva, CCDS
Theresa Cardona, RN, CCDS
Gabriella Pearlman, MD, CDI Physician Advisor & ICD10 Champion, extension 5183
Celebrating Milestones

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

20 Years (on staff 09/1995)
Robbin G. Cohen, MD – Thoracic Surgery

15 Years (on staff 09/2000)
Babak Yaghmai, MD – Vascular and Interventional Radiology

10 Years (on staff 09/1995)
Armen H. Dikranian, MD – Urology

Physician Classifieds

We will begin accepting notices in the newsletter regarding the availability of medical office space or medical office equipment. Physicians seeking such resources may also use this space. All items submitted should be concise and include appropriate contact information. Submit items to Maricela Alvarez via email at Maricela.Alvarez@huntingtonhospital.com. Any item published will appear in two successive issues and then be sunset automatically. Items may be withdrawn or renewed on request.

Drawing Winners:

Starbucks/cafeteria coupon:
   Sue Duquette, NP; Justin Wong, DO

Car Wash:
   Fernando Roth, MD

Some of the challenge scenarios were:

1. Stroke, unable to swallow pills, non verbal, unable to move left side
   (Dx: CVA with left hemiparesis, dysphagia, aphasia)

2. Unable to walk, needs assistance with feeding, requires total assistance with toileting and turning
   (Dx: Functional Quadriplegia)

3. CXR shows pleural effusions, Lasix 40 mg IV BID, BNP 620, LVEF 25%
   (Acute Systolic Heart Failure)

To reach a CDI, call extension 3362 or email hmhcdi@huntingtonhospital.com

Karen Beal, RN, BSN, CCDS
Maria Gilda Villanueva, CCDS
Theresa Cardona, RN, CCDS

Gabriella Pearlman, MD, CDI Physician Advisor & ICD10 Champion, ext. 5183
The 2014 Huntington Memorial Hospital Annual Report is now available online!

To download, go to our website at www.HuntingtonHospital.com/
Huntington Memorial Hospital’s Facebook page is updated often and has content ranging from patient experience stories to relevant health information for the community. Please follow and “like” our Facebook page: www.facebook.com/HuntingtonMemorialHospital
Huntington Hospital
Physician Wireless Network

A new wireless network, hhsii, was created for Physicians to use while in the hospital as an alternative to the guest network to provide better connectivity and bandwidth to the internet. The hhsii Physician wireless network is now available to all Physicians and Allied Health Providers.

Please be cautious to not provide the password to others, so that the bandwidth on the network is not diminished.

We understand that you spend a lot of time on campus and this is something that you have been asking for. We are happy to offer it to you and thank you for your dedication to our hospital and the community that we serve.

Network id = hhsii

To obtain the password, please call Physician Support at 626-397-2500.

Chuck Sudvary, MBA, CPHIMS
Director, Physician & Interoperability Services
Huntington Memorial Hospital has been named as one of the first healthcare facilities in the nation to receive a Blue Distinction® Center+ designation in the area of bariatric surgery by the Blue Distinctions Centers for Specialty Care program. Blue Distinction® Centers are nationally designated healthcare facilities shown to deliver quality specialty care based on objective measures, which were developed with input from the medical community, for patient safety and better health outcomes.

To receive a Blue Distinction Center+ for Bariatric Surgery designation, a healthcare facility must demonstrate success in meeting patient safety as well as bariatric-specific quality measures, including complications and readmissions, for gastric stapling and/or gastric banding procedures. A healthcare facility must also have earned national accreditations at both the facility level and the bariatric care-specific level, as well as demonstrate better cost efficiency relative to its peers. Quality is key: only those facilities that first meet Blue Distinction’s nationally established, objective quality measures will be considered for designation as a Blue Distinction Center+.

Huntington Hospital is proud to be recognized by our local health plan, Anthem Blue Cross for meeting the rigorous selection criteria for bariatric surgery set by the Blue Distinction Centers for Specialty Care program. “On behalf of the entire bariatric team, we are honored to be recognized as a Blue Distinction® Center,” said David Lourie, MD, director, bariatric surgery program, Huntington Hospital.

On average, Blue Distinction Centers+ are also 20 percent or more cost efficient than nonBDC+ designated healthcare facilities.
Huntington Memorial Hospital has again been ranked among the top hospitals in the region by U.S. News & World Report. The annual U.S. News Best Hospital rankings, now in its 26th year, recognize hospitals that excel in treating patients who need an especially high level of care. Huntington Hospital was named one of the “Best Hospitals” overall in California and one of the ten best hospitals in the greater Los Angeles area.

“Being ranked as one of the top ten Best Hospitals in Los Angeles is a testament to the outstanding care our staff gives patients every single day,” said Stephen A. Ralph, CEO of Huntington Hospital.

In addition to the regional rankings, Huntington Hospital was noted as “high performing” in nine specialties including diabetes and endocrinology, gastroenterology and GI surgery, geriatrics, gynecology, nephrology, neurology and neurosurgery, orthopedics, pulmonology and urology.

“This recognition is the direct result of our dedication to quality and the patient experience,” said Paula Verrette, MD, chief medical officer and senior vice president, quality and physician services. “In addition, our recently launched OB Hospitalist and Intensivist Programs are other strong examples of our ongoing commitment to providing the highest level of care and ensuring the best possible outcomes for our patients. This recognition was earned by Huntington Hospital’s doctors, nurses and staff – and we are so proud of them.”

For 2015-16, U.S. News evaluated hospitals in 16 adult specialties and ranked the top 50 in most of the specialties. Less than 3 percent of the nearly 5,000 hospitals that were analyzed for Best Hospitals 2015-16 were nationally ranked in even one specialty.

“A Best Hospital has demonstrated expertise in treating the most challenging patients,” said Ben Harder, chief of health analysis at U.S. News. “A hospital that emerged from our analysis as one of the best has much to be proud of.”

In rankings by state and metro area, U.S. News recognized hospitals that perform nearly at the level of their nationally ranked peers in one or more specialties, as well as hospitals that excel in multiple common procedures and conditions.

U.S. News publishes Best Hospitals to help guide patients who need a high level of care because they face particularly difficult surgery, a challenging condition or extra risk because of age or multiple health problems. Objective measures such as patient survival and safety data, adequacy of nurse staffing and other data largely determined the rankings in most specialties.

The specialty rankings and data were produced for U.S. News by RTI International, a leading research organization based in Research Triangle Park, N.C. U.S. News used the same data, as well as the new Best Hospitals for Common Care ratings, first published in May, to produce the state and metro rankings.

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>- 8 a.m. QMC Pre-agenda - CR C</td>
<td>- Noon Plastic Surgery Section - CR-10</td>
<td>- Noon Plastic Surgery Section - CR-10</td>
<td>- 6:30 a.m. Anesthesia Section - CR 5&amp;6</td>
<td>- 7 a.m. Ortho Section - CR 5&amp;6</td>
</tr>
<tr>
<td>- Noon CNE Committee - CR-8</td>
<td>- 12:15 p.m. OB/GYN Peer Review - CR 5&amp;6</td>
<td>- Noon CNE Committee - CR-8</td>
<td>- Noon Medicine Committee - North/South Room</td>
<td>- Newsletter Submission</td>
</tr>
<tr>
<td>- 7:30 a.m.</td>
<td>- 10 a.m.</td>
<td>- Noon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Labor Day</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Holiday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 12:15 p.m.</td>
<td>- 10 a.m.</td>
<td>- Noon</td>
<td>- 6:30 a.m.</td>
<td></td>
</tr>
<tr>
<td>OB/GYN Dept - CR 5&amp;6</td>
<td>PICU/Peds QI - CR-2</td>
<td>OB/GYN Committee - CR 5&amp;6</td>
<td>Anesthesia Peer - CR-7</td>
<td></td>
</tr>
<tr>
<td>- 5:30 p.m. Medical Executive - Board Room</td>
<td>- 12:15 p.m.</td>
<td>- Noon</td>
<td>- 8 a.m.</td>
<td></td>
</tr>
<tr>
<td>- 7:30 a.m.</td>
<td></td>
<td></td>
<td>Neurology - CR 8</td>
<td></td>
</tr>
<tr>
<td>EP Subsection - Cardiology Conf. Room</td>
<td></td>
<td></td>
<td>- Noon</td>
<td></td>
</tr>
<tr>
<td>- Noon</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Critical Care Section - CR 5&amp;6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 7:30 a.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiology Section - Cardiology Conf. Room</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 12:15 p.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Credentials Committee - CR-C</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 5:30 p.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Med Staff Meeting - Braun Auditorium</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 6:30 a.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anesthesia Section - CR 5&amp;6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Noon</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicine Committee - North/South Room</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Noon Trauma Services Committee - CR 5&amp;6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 7:30 a.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anesthesia Section - CR 5&amp;6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Noon</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicine Committee - North/South Room</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Noon Trauma Services Committee - CR 5&amp;6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 8 a.m. Emergency Medicine Section - ED Conf. Room</td>
<td>- 7:30 a.m.</td>
<td>- Noon</td>
<td>- 12:15 p.m. Pediatric Committee - East Room</td>
<td></td>
</tr>
<tr>
<td>- 7:30 a.m. Interdisciplinary Practice - CR-C</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Noon Pulmonary Sect. - CR-10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Noon General Surgery Section - CR 5&amp;6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 5 p.m. Robotic Committee - CR 5&amp;6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Noon</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GME Committee - East Room</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Noon Radiology/Nuclear Med Section - CR 11</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monday</td>
<td>Tuesday</td>
<td>Wednesday</td>
<td>Thursday</td>
<td>Friday</td>
</tr>
<tr>
<td>------------------------</td>
<td>--------------------------</td>
<td>-----------------------------</td>
<td>---------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td><strong>-7-</strong></td>
<td><strong>-8-</strong></td>
<td><strong>-9-</strong></td>
<td><strong>-10-</strong></td>
<td><strong>-11-</strong></td>
</tr>
<tr>
<td><strong>Labor Day</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7:30 - 8:30 a.m.</td>
<td>7:30 - 8:30 a.m.</td>
<td>Noon - 1 p.m.</td>
<td>Noon - 1 p.m.</td>
<td>Noon - 9 a.m.</td>
</tr>
<tr>
<td>Noon - 1 p.m.</td>
<td>Noon - 1 p.m.</td>
<td>Noon - 1 p.m.</td>
<td>Noon - 1 p.m.</td>
<td>Noon - 1 p.m. Medical Grand Rounds, RSH</td>
</tr>
<tr>
<td>4 - 5 p.m.</td>
<td>4 - 5 p.m.</td>
<td>4 - 5 p.m.</td>
<td>4 - 5 p.m.</td>
<td>4 - 5 p.m.</td>
</tr>
<tr>
<td>HMRI Lecture Series, RSH</td>
<td>HMRI Lecture Series, RSH</td>
<td>HMRI Lecture Series, RSH</td>
<td>HMRI Lecture Series, RSH</td>
<td>HMRI Lecture Series, RSH</td>
</tr>
<tr>
<td><strong>-14-</strong></td>
<td><strong>-15-</strong></td>
<td><strong>-16-</strong></td>
<td><strong>-17-</strong></td>
<td><strong>-18-</strong></td>
</tr>
<tr>
<td>12:15 - 1:15 p.m.</td>
<td>7:30 - 8:30 a.m.</td>
<td>Noon - 1 p.m.</td>
<td>Noon - 1 p.m.</td>
<td>Noon - 1 p.m.</td>
</tr>
<tr>
<td>Noon - 1 p.m.</td>
<td>Noon - 1 p.m.</td>
<td>Noon - 1 p.m.</td>
<td>Noon - 1 p.m.</td>
<td>Noon - 1 p.m. MDisc Breast Cancer Conf., Conf. Room 11</td>
</tr>
<tr>
<td>Topic: Humoral Hypercalcemia of Benignancy</td>
<td>Noon - 1 p.m.</td>
<td>Genitourinary Cancer Conf., Conf. Room 11</td>
<td>General MDisc Cancer Conf., Conf. Room 11</td>
<td>Noon - 1 p.m. MDisc Breast Cancer Conf., Conf. Room 11</td>
</tr>
<tr>
<td>4 - 5 p.m.</td>
<td>4 - 5 p.m.</td>
<td>Noon - 1 p.m.</td>
<td>Noon - 1 p.m.</td>
<td>Noon - 1 p.m. Medical Case Conference, RSH</td>
</tr>
<tr>
<td>HMRI Lecture Series, RSH</td>
<td>HMRI Lecture Series, RSH</td>
<td>Noon - 1 p.m.</td>
<td>Noon - 1 p.m.</td>
<td>Noon - 1 p.m. MDisc Breast Cancer Conf., Conf. Room 11</td>
</tr>
<tr>
<td><strong>-21-</strong></td>
<td><strong>-22-</strong></td>
<td><strong>-23-</strong></td>
<td><strong>-24-</strong></td>
<td><strong>-25-</strong></td>
</tr>
<tr>
<td>7:30 - 8:30 a.m.</td>
<td>Noon - 1 p.m.</td>
<td>Noon - 1 p.m.</td>
<td>Noon - 1 p.m.</td>
<td>Noon - 1 p.m. Medical Case Conference, RSH</td>
</tr>
<tr>
<td>MKSAP, Wingate Doctors’ Lounge</td>
<td>Noon - 1 p.m.</td>
<td>Radiology Teaching Files, MRI Conf. Room</td>
<td>Noon - 1 p.m. MDisc Breast Cancer Conf., Conf. Room 11</td>
<td>Noon - 1 p.m. MDisc Breast Cancer Conf., Conf. Room 11</td>
</tr>
<tr>
<td>Noon - 1 p.m.</td>
<td>Noon - 1 p.m.</td>
<td>Noon - 1 p.m.</td>
<td>Noon - 1 p.m.</td>
<td>Noon - 1 p.m. Medical Case Conference, RSH</td>
</tr>
<tr>
<td>4 - 5 p.m.</td>
<td>4 - 5 p.m.</td>
<td>4 - 5 p.m.</td>
<td>4 - 5 p.m.</td>
<td>4 - 5 p.m.</td>
</tr>
<tr>
<td>HMRI Lecture Series, RSH</td>
<td>HMRI Lecture Series, RSH</td>
<td>HMRI Lecture Series, RSH</td>
<td>HMRI Lecture Series, RSH</td>
<td>HMRI Lecture Series, RSH</td>
</tr>
<tr>
<td><strong>-28-</strong></td>
<td><strong>-29-</strong></td>
<td><strong>-30-</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Medical Staff Administration
100 West California Boulevard
P.O. Box 7013
Pasadena, CA 91109-7013
ADDRESS SERVICE REQUESTED

Medical Staff Leadership
James Shankwiler, MD - President
Christopher Hedley, MD - President Elect
Harry Bowles, MD - Secretary/Treasurer
Thomas Vander Laan, MD - Chair, Credentials Committee
Gregory Giesler, MD - Chair, Quality Management Committee
Peter Rosenberg, MD - Chair, Medicine Department
Jonathan Tam, MD - Chair, OB/GYN Department
Mark Powell, MD - Chair, Pediatrics Department
Steven Battaglia, MD - Chair, Surgery Department

Newsletter Editor-in-Chief – Glenn D. Littenberg, MD

If you would like to submit an article to be published in the Medical Staff Newsletter please contact Maricela Alvarez, 626-397-3770 or Maricela.Alvarez@huntingtonhospital.com. Articles must be submitted no later than the first Friday of every month.

2015-2016
Best Hospitals Report

#7 Hospital in the Los Angeles Metro Area
#18 Hospital in California
Recognized in 9 specialties:
• Diabetes & Endocrinology
• Gastroenterology & GI Surgery
• Geriatrics
• Gynecology
• Nephrology
• Neurology & Neurosurgery
• Orthopedics
• Pulmonology
• Urology