From the president

To End Bad Workplace Behavior, Get the Right Diagnosis

Christopher Hedley, MD  |  Medical Staff

One of the many things that make a career in medicine so rewarding is getting to apply your intellect, experience, and various technological tools to ease suffering and discover the root cause of various diseases. The symptoms your patients are exhibiting are often just the first clues to what the real problem is. You learn to think carefully and logically about how to rule out potential disease, narrowing the scope of possibilities until you arrive at a correct diagnosis.

Although we are sometimes stumped, overall, modern medicine is quite good at diagnosing and treating disease. What we are less adept at is applying that scientific mindset and careful diagnostic method to other issues in health care. One of those issues is disruptive behavior in colleagues.

In 2008, the Joint Commission issued a sentinel event alert about disruptive behavior because of the strong link between such behavior and medical mistakes, patient dissatisfaction, and preventable adverse events. In addition, unprofessional conduct at work makes a job that can already be quite stressful even more so for the people unlucky enough to work alongside someone exhibiting disruptive behavior.

“How far that little candle throws his beams! So shines a good deed in a naughty world.”
– William Shakespeare, The Merchant of Venice, Act V, sc. 1

continued on page 3

Board meeting. As provided by the Bylaws of the Governing Body and as the designated sub-committee of the Governing Board the following items were presented and approved by the Governing Board on July 27th, 2017.
Medical staff appointments

Badday, Ewa I., MD
Huntington Pulmonary Medical Group
800 Fairmount Ave.,
Suite 220
Pasadena, CA 91105
P: (626) 486-0181
F: (626) 486-0189

Croom IV, William P., MD
Congress Orthopaedic Associates
800 South Raymond Avenue
2nd Floor
Pasadena, CA 91105
P: (626) 795-8051
F: (626) 795-0356

Dagher, Christopher, MD
100 W. California Blvd.
GME
Pasadena, CA 91105
P: (626) 397-5711
F: (626) 397-2950

Donin, Nicholas, MD
City of Hope Foundation
44151 15th St. West
Suite 101
Lancaster, CA 93534
P: (661) 902-5600
F: (661) 951-0686

Girard, David A., MD
50 Alessandro Place
Suite 120
Pasadena, CA 91105
P: (626) 449-1814
F: (626) 449-0007

Grammatico, Sheila, MD
100 W. California Blvd.
GME
Pasadena, CA 91105
P: (626) 397-5711
F: (626) 397-2950

Harter, Katherine R., MD
Emergency Medical Group
100 West California Boulevard
Emergency Department
Pasadena, CA 91109
P: (626) 397-5111
F: (626) 397-2981

Heinen, Angela K., DO
800 S. Raymond Ave
2nd Floor
Pasadena, CA 91105
P: (626) 795-8051
F: (626) 795-7374

Isiaka, Vanessa, MD
Macer, Myers, Henneberg, Matsuda, Sirott
10 Congress Street
Suite 400
Pasadena, CA 91105
P: (626) 449-6223
F: (626) 449-0035
Pager: (213) 208-1903

Jamnagerwalla, Juzar, MD
City of Hope Medical Group
1500 East Duarte Road
Duarte, CA 91010
P: (626) 775-3514
F: (626) 218-5310

Kilday, Patrick, MD
City of Hope Medical Group
1500 East Duarte Road
Duarte, CA 91010
P: (626) 256-4673
F: (626) 218-5310

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Administrative reports

Please go to SharePoint → Medical Staff Services → Board Approved Items → 2017 and select July 2017.
President Message CONTINUED

Hospitals predictably responded with stronger sanctions against such behavior. Unfortunately, while “knock it off or else” works on the person who is deliberately being a jerk, most disruptive behavior at work is not deliberate. Rather, these behaviors are usually symptoms of deeper problems that the person exhibiting the behavior may be struggling to control.²

There is no evidence that people who work in health care have lower rates of behavioral health problems than people working in other professions. Indeed, the opposite may be true when it comes to stress, burnout, and depression. However, stigma keeps many clinicians from seeking help. A 2016 survey of more than 2,000 female physicians found that nearly half believed they had met the criteria for mental illness at least once but had not sought treatment.³

I don’t want to suggest that disruptive and unprofessional behavior at work is excusable. It is not. However, we are coming to understand that if we really want to create a more positive and professional workplace for our own benefit and the benefit of our patients, we should address disruptive behavior like we address symptoms of disease—early and with the goal of understanding why the behavior occurred in the first place. Institutions such as Brigham and Women’s Hospital and Vanderbilt University Medical Center have launched dedicated internal centers to improve physician access to peer support and confidential psychological counseling. The Washington Post has reported on how state licensing laws that require physicians to disclose mental health diagnoses can create fear of seeking help.⁴ Management experts are looking at ways to create community and decrease isolation among workers in large organizations as the links between poor job performance and stress, isolation, and depression are better understood.⁵

These are all exciting developments, and we can apply some of these ideas right now in our own organization. Don’t ignore or put up with unprofessional behavior, it could be a sign someone needs help. Seek solutions rather than sanctions against the person who acted unprofessionally. Most importantly, recognize that your first reading of the situation could be incorrect and look for root causes. After all, we are masters at diagnosing problems and finding solutions. We can do this.

References
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<th>Title</th>
<th>Address</th>
<th>Phone</th>
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<tr>
<td>Lewis, Aaron G., MD</td>
<td>City of Hope Medical Group</td>
<td>209 Fair Oaks Ave, South Pasadena, CA 91030</td>
<td>(626) 396-2900</td>
<td>(626) 799-2889</td>
</tr>
<tr>
<td>Lin, George L., MD</td>
<td>City of Hope Medical Group</td>
<td>289 W. Huntington Drive #401, Arcadia, CA 91007</td>
<td>(626) 254-0074</td>
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<tr>
<td>Lo, Angus, MD</td>
<td></td>
<td>556 S Fair Oaks Avenue Suite #101-135, Pasadena, CA 91105</td>
<td>(818) 542-5408</td>
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<tr>
<td>Nguyen, Christine V., MD</td>
<td>Doheny Eye Center UCLA</td>
<td>625 S. Fair Oaks, Suite 285, Pasadena, CA 91105</td>
<td>(626) 817-4701</td>
<td>(626) 817-4702</td>
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<tr>
<td>Pirastehfar, M. Mark, MD</td>
<td>SAGE NeuroHospitalist Management Group, Inc.</td>
<td>625 S Fair Oaks Ave, Suite 325, Pasadena, CA 91105</td>
<td>(626) 535-9344</td>
<td>(626) 535-9387</td>
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<tr>
<td>Redrow, Grant, MD</td>
<td>USC Institute of Urology</td>
<td>1441 Eastlake Ave, Suite 7416, Los Angeles, CA 90033</td>
<td>(323) 865-3770</td>
<td>(323) 865-0120</td>
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<tr>
<td>Rieber, Alexis K., MD</td>
<td></td>
<td>547 E. Union Street, Pasadena, CA 91101</td>
<td>(626) 796-6164</td>
<td>(626) 796-0883</td>
</tr>
<tr>
<td>Shen, James, MD</td>
<td>City of Hope Foundation</td>
<td>301 W. Huntington Dr Suite 400, Arcadia, CA 91007</td>
<td>(626) 218-9840</td>
<td>(626) 218-9860</td>
</tr>
<tr>
<td>Van Hirtum-Das, Michele M., MD</td>
<td>Children’s Hospital Los Angeles</td>
<td>4650 Sunset Blvd., MS #82, Los Angeles, CA 90027</td>
<td>(323) 361-2471</td>
<td>(323) 361-1109</td>
</tr>
<tr>
<td>Vasak, Richard, MD</td>
<td>Richard J. Vasak, M.D., Inc.</td>
<td>1044 S Fair Oaks Ave, Ste 101, Pasadena, CA 91105</td>
<td>(626) 768-4415</td>
<td>(626) 403-0321</td>
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<tr>
<td>Pager: (213) 208-0335</td>
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Celebrating milestones

The following physicians hit a service milestone in the month of **August**. The medical staff would like to recognize the following physicians for their **service and dedication** to Huntington Hospital.

**40 Years (on staff 08/1977)**
Spitzer, Richard A., MD
Neurology

**30 Years (on staff 08/1987)**
Kelly-Dokubo, Iduama, MD
Interventional Cardiology
Bartley, Isaac A., MD
Gastroenterology

**10 Years (on staff 08/2007)**
Ashford, Roy F., MD
Orthopedic Surgery
Chen, Ophelia M., MD
Allergy and Immunology
Lehfeldt, Max, MD
Plastic Surgery
Moore, Ann E., MD
Nephrology
Pai, Gabriel G., MD
Dermatology
Patel, Ashish B., MD
Pulmonary Disease

**5 Years (on staff 08/2012)**
Chen, Steve C., MD
Pediatric Surgery
Harris, Thomas G., MD
Orthopedic Surgery
Jo, Mark J., MD
Orthopedic Surgery

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‘Commit to Sit’ for more effective communication with patients

Did you know that simply sitting instead of standing when talking to a patient can lead to more effective communication?

When you sit at eye level with patients, it conveys that you are more open, friendly and relaxed and that the patient has your undivided attention. Meeting the patient at their level when they are vulnerable demonstrates compassion, respect and empathy and fosters a trusting relationship. Effective communication is associated with improved outcomes, greater patient compliance and increased patient satisfaction.

Also, patients perceive that you spend fifteen percent more time with them when you sit versus stand! A small stool has been placed in several patient rooms as part of a pilot program and everyone is encouraged to take a moment to sit with our patients. We’d like to hear from you about your ‘Commit to Sit’ experience! To share your stories, please email patientexperience@huntingtonhospital.com.
From the Clinical Documentation Specialists

Fractures

When documenting fractures, there are specific elements that must be captured in the physician documentation.

**Specificity:**
- Open **or** Closed; Displaced **or** Non-displaced
- Pathologic **or** stress
- Traumatic compression **or** non-traumatic compression
- Spontaneous, other
- Specific trauma (e.g., MVA, fall during sports)

**Etiology:**
- Osteoporosis
- Malignancy
- Stress reaction

**Acuity:**
- Acute **or** Chronic
- Acute on chronic
- Healing, Healed, Unknown

*Documentation Example: Acute closed non-displaced fracture of the tibia due to fall.*

**Gustilo open fracture classification:** Classifies open fractures into three major categories depending on the mechanism of the injury, soft tissue damage, and degree of skeletal involvement. The classes are I, II and III, with the third class further subdivided into A, B or C.

- **I** Low energy, wound less than 1 cm
- **II** Greater than 1 cm with moderate soft tissue damage
- **III** High energy wound greater than 1 cm with extensive soft tissue soft tissue damage.
  - **IIIA** adequate soft tissue cover
  - **IIIB** inadequate soft tissue cover
  - **IIIC** associated with arterial injury
Inpatient Hyperglycemia

Bogi Andersen, MD, University of California Irvine

September 1, 2017
noon - 1:00 p.m.
Braun Auditorium

As a result of attending this activity, the participants should be able to:

1. Describe the impact inpatient hyperglycemia has on patient LOS, and increased risk for complications and poor outcomes.

2. Differentiate between regular sliding scale insulin therapy and basal-bolus insulin therapy.

3. Recognize the benefits of basal-bolus insulin therapy over regular sliding scale insulin therapy in the management of inpatient hyperglycemia.

Huntington Hospital is accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) to provide continuing medical education for physicians. Huntington Hospital takes responsibility for the content, quality, and scientific integrity of the CME activity.

Huntington Hospital designates this live activity for a maximum of 1 hour of AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

For more information, call (626) 397-3770 or email gladys.bonas@huntingtonhospital.com
For over 125 years, Huntington Hospital physicians, nurses, and staff have provided compassionate care to the surrounding community. As a teaching hospital we value evidence-based practice, innovation, and high-quality health services. In an effort to advance our nursing practice, Chief Nurse Executive Gloria Sanchez-Rico, BSN, RN, MBA, NEA-BC, and Director of Workforce Development, Lynette Dahlman, MSN, RN-BC, NEA-BC, have expanded our team of clinical experts to include seven Clinical Nurse Specialist (CNS) for each of the following areas:

- **Perinatal** – Maureen Friesen, MSn, RnC, CNs
- **NICU** – Melanie Myers, DNp, RnC-nIC, CNs
- **Pediatric & PICU** – Susan Blackburn, MSn, RN, PCNS-BC, CPn
- **Critical Care, Neuroscience, & Bariatric Surgery** – Jenny McFarlane, MSn, RN, CNS, CCRN, CNRN
- **Procedural, Psychiatric, & ED** – Mary Bedell, MSn, RN, ACNS-BC, CHFn
- **Geriatric** – Betsy Schoeni, MSn, RN, CNS
- **Medical-Surgical** – Leah Korkis, MSn, RN, AGCnS

The CNS is also an advanced practice nurse prepared in a clinical specialty at the master’s or doctoral level, similar to the Nurse Practitioner (NP). The role of the CNS is quite diverse, and includes clinical practice, leadership, research, consultation and teaching. Within the advance practice nurse community, CNS’ play a unique role in the delivery of high quality nursing care through their influence on patient outcomes, nursing staff, and the organization. These clinicians are well positioned to create an environment that empowers nurses to deliver caring, cost-effective and evidence-based practice. A primary focus of the CNS role is to improve patient outcomes and facilitate clinical practice change. Additionally, the CNS role enhances patient care by reinforcing an environment which alleviates patient distress, enhances diversity and facilitates ethical decision making. Optimal outcomes are synonymous with CNS practice.

The United States health care system is currently facing many challenges, including access to care, providing high quality care, and cost containment. Accrediting agencies including The Centers for Medicare and Medicaid Services (CMS), American Nursing Credentialing Center (ANCC), and the Joint Commission (TJC) expect that providers and institutions provide cost-effective, safe, quality care to all patients. Health care organizations are increasingly turning to advance practice nurses, namely CNS’, as agents of change to improve current processes and outcomes, promote an environment of ongoing interprofessional collaboration, and to optimize the health care delivery processes. The Institute of Medicine (IOM) echoes this call on the CNS in their 2011 report The Future of Nursing: Leading Change, Advancing Health.

Our CNS’ are committed to implementing interdisciplinary strategies using evidence-based practice to improve quality of care and decrease costs. Looking to the future, our CNS team will be instrumental in instituting measure of clinical quality and implementing procedural changes to improve quality of care and obtain maximal reimbursement. We hope that expanding the CNS role here at Huntington Hospital will further our mission to provide excellent health care and compassionate service to each person by bringing together outstanding physicians, caring nurses, professional staff and advanced technologies.
SAFE Care Research Study: A Brief Update

Research:
Huntington Hospital has been conducting a nurse-led research study about early identification of frailty among older adults using a collaborative, team-based and age sensitive approach to care of older adults.

- fewer complications and transfers to ICU during hospitalization are anticipated
- this study is coordinated by Cedars-Sinai Medical Center based on a successful program implemented there
  - also being carried out at Torrance Memorial and UCLA Ronald Reagan medical centers

Purpose:
Early identification of high risk older adults (frail elders) by systematically assessing frailty among adult patients 65 and older using an interdisciplinary team to huddle about their findings and create a frailty risk plan of care

- 5W is the intervention unit and they have implemented
  1.) the SPICES risk assessment for problems with skin, eating, incontinence, and sleep;
  2.) nurse-led frailty assessment if a patient is SPICES positive; and
  3.) the interdisciplinary team members are a Gero-CNS, pharmacist and social worker/navigator
    - they conduct multidimensional risk assessments, collaborate in huddles on the unit
    - create patient centered frailty care plans
    - the plans and care notes are part of the EHR
    - these are sent to the primary care provider, social worker and nurse navigator
  - CTU is the comparison unit and the RNs screen patients 65 and older using the SPICES risk assessment
    - then continue standard care assessments and care planning

What you can expect:
Communication from the team about your patient

- via the EHR PACT note and
- a request for orders based on assessed risks from the Beers criteria, social work identified risks or the nurse’s assessment of frailty in patients 65 and older on 5W
  - This might include a recommendation from the team to consider an alternative medication
  - for example, Ambien for sleep is associated with a higher risk of falls and hip fractures in the elderly (Berry et al., JAMA, 2013)
  - the staff typically then request an alternative medication for sleep such low-dose Trazodone.

For additional information about the study, contacts are:

Linda Searle-Leach PhD, RN, NEA-BC  |  Principal Investigator
Betsy Schoeni, MSN, RN, CNS  |  Gerontology Clinical Nurse Specialist
Tammy Raycraft, RN  |  Nurse Manager 5W
Gloria Sanchez-Rico, MBA, RN, NEA-BC  |  Executive Sponsor
As part of its non-profit mission, Huntington Hospital provides significant benefits to the communities it serves, often in the form of free and part-pay hospital care for the uninsured and those with limited means. In 2016, Huntington Hospital provided a total of over $108 million worth of health care services and support to residents of the San Gabriel Valley and beyond.

These community benefits include charity care for those patients unable to pay, as well as care expenses underwritten by the hospital that reflect the differences between the actual cost of the care and the amount of money received for patients covered by Medicare and/or Medi-Cal. Community benefits support research, education, and training, including clinical research, graduate medical education programs, scholarships, and continuing education in nursing and many other disciplines as well as benefits directed at the community-at-large, such as seniors, other vulnerable populations or the underserved, and those suffering from specific diseases (such as heart failure). Community benefits also include health screenings, community health fairs and flu shots.

In 2016, Huntington Hospital provided:

- Health screening and counseling to 2,400 people
- Weekly breastfeeding support groups to 3,500 mothers
- Senior Care Network Resource Center support and referrals benefiting 5,000 callers
- Free health education classes to 2,100 people
- Long-term care management through Senior Care Network to 725 seniors

These benefits, and many more, are described in detail in an annual Community Benefits Report submitted to the state each May. To review the complete 2016 Community Benefits report, please visit: www.huntingtonhospital.org/Community/Community-Benefit.aspx

“It is our responsibility to identify and address the unmet needs of those underserved in our community,” said Jane Haderlein, senior vice president, philanthropy & public relations, Huntington Hospital.

“Assisting those in need – from our elderly neighbors to families facing financial hardship - is a commitment that we proudly embrace.”
Huntington Hospital recently announced that it has earned The Joint Commission’s Gold Seal of Approval® and the American Heart Association/American Stroke Association’s Heart-Check mark for Advanced Certification for Comprehensive Stroke Centers. The Gold Seal of Approval® and the Heart-Check mark represent symbols of quality from their respective organizations.

With this certification, Huntington Hospital joins an elite group of health care organizations focused on highly-specialized stroke care.

“Huntington Hospital is pleased to receive Comprehensive Stroke Certification from The Joint Commission and the American Heart Association/American Stroke Association,” said Arbi Ohanian, MD, medical director, Huntington Hospital Stroke Program. “The certification is the direct result of the high-level care our physicians, nurses and staff provide to our stroke patients, every day. We are proud of this achievement.”

To learn more about this certification, please visit www.huntingtonhospital.org/newsroom.
## Medical staff meetings

### Calendar

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<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
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<td>5:30 p.m.</td>
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## Continuing medical education

### Calendar

**AUGUST 2017**

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<td>MKSAP</td>
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<td>Wingate Doctors' Lounge</td>
<td>General MDisc Cancer Conf.</td>
<td>12 - 1 p.m.</td>
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<td>General MDisc</td>
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<td>HMRI Lecture Series</td>
<td>4 - 5 p.m., RSH</td>
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<td>Cancer Conf.</td>
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<td>Genitourinary Cancer Conference</td>
<td>12 - 1 p.m.</td>
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<td>Radiology Teaching Files</td>
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<td>Surgery M®M</td>
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<td>Neurosurgery</td>
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<td>Neurosurgery Grand Rounds</td>
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<tr>
<td>Cancer Conf.</td>
<td>12 - 1 p.m.</td>
<td>Conf. Room 11</td>
<td>HMRI Lecture Series</td>
<td>4 - 5 p.m., RSH</td>
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<td>Radiology Teaching Files</td>
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<td>Trauma Walk</td>
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<td>Surgery M®M</td>
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<td>Neurosurgery</td>
<td>7:30 - 9 a.m.</td>
<td>Conf. Room 11</td>
<td>Neurosurgery Grand Rounds</td>
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<td>7:30 - 9 a.m.</td>
<td>Conf. Room 11</td>
<td>Medical Case Conference</td>
<td>12 - 1 p.m.</td>
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<tr>
<td>MDisc Breast</td>
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<td>RSH</td>
<td>MDisc Breast Cancer Conf.</td>
<td>12 - 1 p.m.</td>
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<td>Cancer Conf.</td>
<td>12 - 1 p.m.</td>
<td>Conf. Room 11</td>
<td>MDisc Breast Cancer Conf.</td>
<td>12 - 1 p.m.</td>
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Medical Staff Leadership

Christopher Hedley, MD  |  President
Harry Bowles, MD  |  President Elect
Laura Sirott, MD  |  Secretary/Treasurer
Madhu Anvekar, MD  |  Chair, Credentials Committee
David Lourie, MD  |  Chair, Quality Management Committee
Syeda Ali, MD  |  Chair, Medicine Department
Kathy Walker, MD  |  Chair, OB/GYN Department
John Rodarte, MD  |  Chair, Pediatrics Department
Howard Kaufman, MD  |  Chair, Surgery Department

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

U.S. News & World Report ranks Huntington Hospital

Recognized as Best Regional Hospital/Los Angeles in 13 types of care!

“High Performing” in six adult specialties: Diabetes & Endocrinology, Gastroenterology & GI Surgery, Nephrology, Orthopedics, Pulmonology, Urology

“High Performing” in seven common adult procedures and conditions: Abdominal Aortic Aneurysm Repair, Heart Failure, Colon Cancer Surgery, Chronic Obstructive Pulmonary Disease (COPD), Hip Replacement, Knee Replacement, Lung Cancer Surgery