

medical staff news

APRIL 2019 VOLUME 57, ISSUE 4



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From the president

The power of empathetic communication



Harry Bowles, MD | Medical Staff President

In February, I brought forth the subject of physician burnout and physician well-being. Among many of the stressors that can contribute to work-life imbalance is the prospect of medical malpractice. While we all strive to deliver the best possible care possible to our patients, mistakes will happen. Recent statistics show that over one percent of all hospital patients in the United States are harmed each year, however less than one in thirty of these individuals will go on to file a lawsuit. In examining the impetus to bring forth a lawsuit or not, most patients report that the most significant factor in their decision was how their physician made them feel. The vast majority of patients are willing to accept the fate of medical errors if they simply feel that they are valued and respected by their care provider.

A recent study out of Massachusetts General Hospital showed a clear negative correlation between malpractice claims and patient satisfaction. In other words, as satisfaction increased, litigation claims decreased, and vice versa. More specifically, for every 1-point drop in satisfaction there was a corresponding 6-percent increase in complaints. The researchers stated that this relationship was entirely driven by the

"A little consideration, a little thought for others, makes all the difference"

– Winnie the Pooh

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 Medical Executive Committee of March 4, 2019 and by the Governing Board on March 28, 2019.



Medical staff appointments



Ahmad, Soha, MD
Interventional Cardiology

101 E Beverly Blvd
Suite#103
Montebello, CA 90640
P: (323) 728-0655
F: (323) 728-7574



Romero, Raymundo, MD
Hematology/Medical Oncology

1505 Wilson Terrace Suite 340
Glendale, CA 91206
P: (818) 543-7574
F: (818) 956-7609



Bugg, Charles W., MD
Emergency Medicine

100 W California Blvd
Medical Staff Dept
Pasadena, CA 91105
P: (626) 397-5116



Yeh, Michael, MD
Cardiovascular Disease

220 South 1st Street
Alhambra, CA 91801
P: (626) 281-8663
F: (626) 281-6318



Chu, Jason, MD
Pediatric Neurosurgery

1300 N. Vermont Ave
Suite 1006
Los Angeles, CA 90027
P: (323) 361-2169
F: (323) 361-3101
Pager: (213) 208-0115



Zhang, Hao W., MD
Hematology/Medical Oncology

412 W. Carroll Ave Suite 201
Glendora, CA 91741
P: (626) 335-2277
F: (626) 335-4270



Chung, Nancy C., MD
Pediatrics

407 W. Imperial Hwy, H171
Brea, CA 92821
P: (800) 463-6628
F: (855) 224-0061



Glasser, Diana, MD
Obstetrics & Gynecology

100 West California Blvd.
Pasadena, CA 91105
P: (626) 397-5000

Administrative reports

Please go to SharePoint → Medical Staff Services → Board Approved Items → 2019 and select March 2019.



President message CONTINUED

quality of the physician-patient interaction and relationship, and not by any other measure of patient experience. If the quality of the doctor/patient interaction and experience is crucial to risk prevention, physicians would be prudent to embrace strategies that will help them meaningfully engage and communicate with their patients. Our data from 2018 shows that we have a tremendous opportunity at Huntington Hospital to improve our patient communications and experiences throughout the organization. One such initiative that is being trialed at Huntington Hospital is the Compassionate Community Care Training Program.

The Compassionate Community Care Training Program and the concept behind the Language of Caring are extensions of the same tenants of respect and common human decency that we were all taught as kindergarteners. The recommendations include:

- Extend a warm welcome.
- Make eye contact and smile.
- Put warmth in your voice.
- Introduce yourself and your role.
- Call patients by their preferred name and often.
- Maintain eye contact.
- Share.
- Tell patients exactly what they can expect and what will happen next.
- Apologize for delays – When patients and families are worried and waiting, every minute may seem like hours.
- Ensure privacy and confidentiality.
- Make patients and families feel secure and build their confidence in the team.
- Watch what you say and where you say it.
- Protect every patient's rights and dignity by asking permission, giving choices, and knocking.

All of these simple and basic efforts will serve to ease our patients and their families concerns thereby helping to facilitate a more positive patient/family experience.

The entire Huntington Hospital Emergency Medicine section recently participated in a group-wide training program on the Language of Caring. The entire staff

including physicians, nurses, patient care assistants, phlebotomists, social workers and security personnel attended two one-hour modules. After completing the program, the Emergency Department's "Press Ganey" scores rose immediately and in dramatic fashion. Most impressively, "The doctors treated me with respect" score improved from the 58th percentile to the 83rd percentile within three months. In response to this success, the Huntington Hospital has decided to undertake the initiative to expose the entire Huntington Hospital community to the philosophy of the Language of Caring by the end of 2019. The aim of this endeavor is to alter our perspectives, to be more cognizant of our words, and to understand how we can impact the patient experience in a more positive fashion.

The effort to make the Compassionate Community Care (CCC) modules easily available to all physicians is ongoing. Physician participation will be vitally important to its ultimate success. There are numerous avenues planned to make physician exposure to educational opportunities easy and seamless. There is currently a proposal for more than 150 optional training sessions. Additionally, opportunities for CCC exposure is expected to be incorporated into Grand Rounds or as part of our section meetings and will be eligible for CME credits.

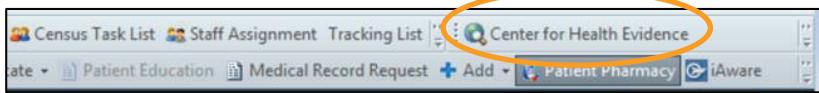
Our hope is that through the implementation of Compassionate Community Care training, we will see improved patient communication manifesting in better patient satisfaction. Providing cutting edge clinical care coupled with caring communication will move the needle of Huntington Hospital from good to exceptional care. It is clear that better patient engagement strengthens the partnership between patient and physician, and more importantly, has been shown to lead to improved clinical outcomes. Furthermore, the skills learned as part of the Language of Caring are valuable life skills that will enhance our ability to communicate and strengthen our relationships outside of the workplace. Who could have imagined that some of the basic skills we learned as kindergarteners would help build the foundation of what it takes to be an exceptional physician?

Harry.bowles@huntingtonhospital.com

From the Center for Health Evidence

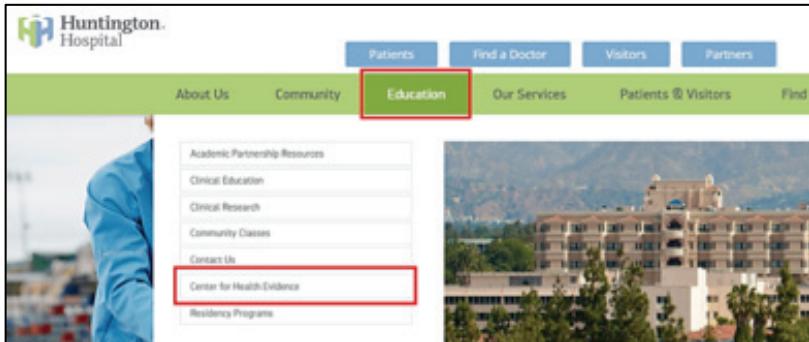
Two Quick Ways to Get to the Center for Health Evidence

1. From the Cerner PowerChart Gray Bar



Accessing from within Cerner will allow access to all online resources as if you were at the hospital.

2. From Huntington Hospital Website (huntingtonhospital.com) under the Education section



Accessing from outside of Cerner will allow you to see what online resources are available, however, subscription-based resources will not be accessible without an OpenAthens account. Contact the Center for Health Evidence to register for an OpenAthens account.

QUESTIONS? Ask a Librarian:
library@huntingtonhospital.com | (626) 397-5161

READ

*Keep Current
on BrowZine*
Browse and read
current articles
from top journals.

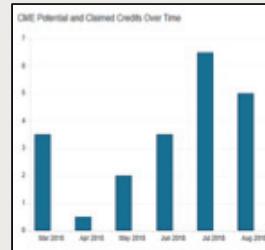


More:

[https://huntingtonhospital.libguides.com/
home/help-browzine](https://huntingtonhospital.libguides.com/home/help-browzine)

LEARN

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Setup a personal
account and start
earning CME
Credits.



More:

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on the Go*
Download apps to
access point-of-care
information.



More:

[https://huntingtonhospital.libguides.com/
mobilemedicine](https://huntingtonhospital.libguides.com/mobilemedicine)

Explore

*Resources by
Medical Speciality*
Use our medical
specialty web
guides to explore
online resources in your specialty.

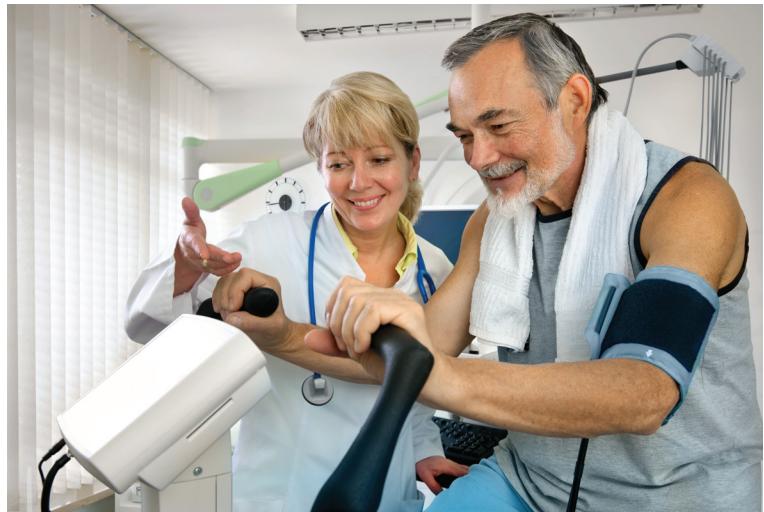


More:

[https://huntingtonhospital.libguides.com/
guides](https://huntingtonhospital.libguides.com/guides)

From the

Clinical Documentation Specialists



Fourth Universal Definition of Myocardial Infarction

The fourth universal definition focuses on identification of myocardial injury—**elevated troponin**—and the process of determining the mechanism as ischemic (infarction) or non-ischemic.

An **acute** myocardial infarction (AMI) is defined as **acute** myocardial injury with:

- **Troponin** rise and fall, or fall of already elevated troponin value (with one value above the 99 percentile URL) **and**
- **At least one** of the following:
 - Symptoms of myocardial ischemia;
 - ECG – New ischemic changes;
 - ECG – Development of pathologic Q waves;
 - Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality in a pattern with an ischemic etiology;
 - Identification of a coronary thrombus by angiography or autopsy (not for types 2 or 3 MIs).

Type 1 MI	A coronary artery event via plaque disruption or dissection
Type 2 MI	<i>Not</i> a coronary artery event. Myocardial oxygen demand is not met by oxygen supply. Coronary artery plaque may or may not be present but is unchanged.
Demand Ischemia	Cardiac demand ischemia is the same thing as angina, supply-demand mismatch without infarction: <ul style="list-style-type: none">• Angina + elevated troponin = AMI• Demand ischemia + elevated troponin = type 2 AMI

Acute myocardial injury is defined as $\geq 20\%$ variance in troponin values (to distinguish from stable elevation).

Coding Rules allow qualifying a diagnosis as “**likely**,” “**probable**,” “**suspected**” at the time of discharge (i.e., discharge summary).

Source: Thygesen K, et al. Fourth universal definition of myocardial infarction (2018). Circulation. 2018

www.Brundage.com



ARB, or Not to Be?

Wafaa Alrashid, MD

Since July of 2018 many of us in primary care have been impacted by an ongoing series of recalls of ARBs (angiotensin receptor blockers) and other generic drugs mostly manufactured in China but distributed worldwide by many vendors. ARBs have been frequently prescribed for hypertension, and has also been a favorite of many cardiologists, hospitalists, endocrinologists and nephrologists. The overall profile of these drugs has been very favorable with less side effects and less complaints from patients than some of the other medications used for hypertension. The recall of those from specific batches of certain manufacturers (specific manufacturers are mentioned on the FDA website) has been due to finding carcinogenic compounds (NDMA and NDEA). Patients have been informed by pharmacies, their doctors, insurance plans, and the media, of the recalls, frequently without explanation given

to the patient. The curious patient usually does not let this go without investigation, and the skeptical patient who was formerly not compliant, and did not want to take any medication, has been even more skeptical of medical therapy. I'm certain that some doctors have probably had patients who have asked for an entirely different class of anti-hypertensive medications or just refuse to take anything.

Many primary care doctors have reached out to their patients and switched them over to alternative medications or a sister medication. Some of you may have been faced with a more recent common question; "Doctor, will this one be ok, or will this one have the same problem?" Recently, I asked Dr. Kristal Young with Southern California Heart specialists on what is the best way to address patient concerns and how to effectively communicate. She stated: "We have addressed this issue by being forthcoming and placed

signs in our waiting rooms with instructions to ask their physicians about further steps. As physicians, we have requested that patients either 1) contact their individual pharmacies to ensure that a contaminated lot has not been distributed or 2) switch to a different class of medication such as an Angiotensin Converting Enzymes Inhibitor (ACEi) or dihydropyridine calcium channel blockers. It is important to note that the dose of impurities is related to higher doses of ARB medications and the majority of patients are not on these maximal doses."

In the meantime, I'm sure it has been a challenge for some practices to stay up on these recalls and also a challenge on how to convey the message to the patient without causing panic or concern. In recent years, physicians have had less ability to control whether the patient receives generic verses brand due to insurance restrictions, and high cost of brand name drugs that in the past were frequently dispensed (ie. Diovan rather than Valsartan). In this change, pharmacies have actually been carrying primarily generic medications, and many of these medications are manufactured abroad (ie. China and India) where the majority of these batches are from. These medications have generally been very affordable.

At this time the FDA is continuing its investigation on the manufacturing of these drugs and how to prevent any further NDMA, NDEA and more recently NMBA in the manufactured medications. As time passes, there have been more manufacturers that they have found with carcinogenic compounds in ARB medications that they state are "negligible in amounts", but obviously have required recall. Since

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ARB, or Not to Be? *continued*

July of 2018, there have been at least a dozen recall announcements of different batches of ARB's from at least 7 different manufacturers. Some patients have had to switch from Valsartan, to Losartan, then to Irbesartan. More recently, some batches of Irbesartan have been recalled as well. For the doctor caring for a patient who happened to receive batches, and required switching due to the recall, managing the patient's blood pressure and maintaining rapport has been a substantial strain on all parties. The future of these medications remains to be seen.

Editor's note: Much obliged to Dr. Alrashid for bringing this issue to the medical staff for discussion. It is part of a broadening look at national security implications of our growing dependence as a country on other countries with less secure manufacturing chains and quality controls for a striking variety of key medications and products used in day to day health care. See for example:
<https://www.ashp.org/-/media/assets/advocacy-issues/docs/Recommendations-Drug-Shortages-as-Matter-of-Natl-Security>

G. Littenberg, MD

CME corner

Medical Grand Rounds

TOPIC	"Positive Troponin: So what?"
SPEAKER	Gary Conrad, MD
DATE	April 5, 2019
TIME	12 – 1 p.m.
PLACE	Research Conference Hall
METHOD	Lecture
CREDITS	1.0 AMA PRA Category 1 Credits™

Second Monday

TOPIC	Narcotic Prescribing/ Multimodal Pain Power Plan
SPEAKER	Brennan Katz, DO
DATE	April 8, 2019
TIME	12 – 1 p.m.
PLACE	Research Conference Hall
METHOD	Lecture
CREDITS	1.0 AMA PRA Category 1 Credits™

If you would like a copy of your CME credit report please contact Gladys Bonas via email at Gladys.Bonas@huntingtonhospital.com

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.

30 Years (on staff 04/1989)

Cann, Robert N., MD

Internal Medicine

Stephens, W. Frederick, DDS

Oral/Maxillo Facial Surgery

10 Years (on staff 04/2009)

Banta, Daryl, MD

Pulmonary Disease

Gonzalez, Irma Y., MD

Pediatrics

20 Years (on staff 04/1999)

Pham, Timothy A., MD

Allergy and Immunology

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

Medical staff meetings

Calendar

APRIL 2019

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1 Noon Medicine Committee Board Room <i>5:30 p.m.</i> MEC Board Room	2 8 a.m. QM Pre-Agenda CR C	3 12:15 p.m. Ob/Gyn Peer WT 5/6	4 Noon Trauma Srvc WT 5/6	5 7 a.m. Ortho Sec Board Room
8	9 Noon Critical Care/ Pulmonary Sect WT 5/6	10 Noon CME Committee CR-8	11 Noon QM Committee Research Hal	12 <i>7:30 a.m.</i> Neurosurgery Sect. CR 11
15 <i>7:30 a.m.</i> Surgery Committee Pre Ag CRC	16 <i>12:15 p.m.</i> Credentials Committee CR Board Room <i>5:30 p.m.</i> Surgery Committee CR 5/6	17	18 <i>6:30 a.m.</i> Anest Sect/Peer CR-7 <i>8 a.m.</i> Neurology Sec CR 8 <i>Noon</i> PT&D Committee CR 5/6 <i>Noon</i> GI Section CR 10	19 <i>7:30 a.m.</i> Spine Committee ET 11
22 Noon Psychiatry Section CR 10 <i>12:15 p.m.</i> Urology Sec CR 5&6	23 <i>5 p.m.</i> Robotic Committee WT 5/6	24 Noon IM Peer Rev Board Room	25 <i>5:30 p.m.</i> Bariatric Committee WT 10 <i>6 p.m.</i> Bioethics Committee CR 8	26
29	30			

Continuing medical education

Calendar

APRIL 2019

MONDAY	1	8	15	22	29
		Second Monday 12 - 1 p.m. RSH Topic: Narcotic Prescribing/ Multimodal Pain Power Plan			
TUESDAY	2	9	16	23	30
	General MDisc Cancer Conf. 12 - 1 p.m. Conf. Room 11	General MDisc Cancer Conf. 12 - 1 p.m. Conf. Room 11	General MDisc Cancer Conf. 12 - 1 p.m. Conf. Room 11	General MDisc Cancer Conf. 12 - 1 p.m. Conf. Room 11	General MDisc Cancer Conf. 12 - 1 p.m. Conf. Room 11
WEDNESDAY	3	10	17	24	
	Genitourinary Cancer Conference 12 - 1 p.m. Conf. Room 11	Radiology Teaching Files 12 - 1 p.m. MRI Conf. Room	Genitourinary Cancer Conference 12 - 1 p.m. Conf. Room 11	Cardiac Cath Conf. 7:30 – 8:30 a.m. Cardiology Conf. Room	
	Radiology Teaching Files 12 - 1 p.m. MRI Conf. Room		Radiology Teaching Files 12 - 1 p.m. MRI Conf. Room	Radiology Teaching Files 12 - 1 p.m. MRI Conf. Room	
THURSDAY	4	11	18	25	
	Trauma Walk 7 - 8 a.m. Conf. Room B	Surgery M&M 8 - 9 a.m. Conf. Room B	Trauma Walk 7 - 8 a.m. Conf. Room B		
	Trauma M&M 8 - 9 a.m. Conf. Room B		Surgery M&M 8 - 9 a.m. Conf. Room B		
	Thoracic Cancer Conf. 12 - 1 p.m. Conf. Room 11		Thoracic Cancer Conf. 12 - 1 p.m. Conf. Room 11		
FRIDAY	5	12	19	26	
	Neurosurgery Grand Rounds 7:30 - 9 a.m. Conf. Room 11	Neurosurgery M&M 7:30 - 9 a.m. Conf. Room 11	Neurosurgery Grand Rounds 7:30 - 9 a.m. Conf. Room 11	Neurosurgery Grand Rounds 7:30 - 9 a.m. Conf. Room 11	
	Medical Grand Rounds 12 - 1 p.m. RSH	MDisc Breast Cancer Conf. 12 - 1 p.m. Conf. Room 11	Medical Case Conference 12 - 1 p.m. RSH	Medical Case Conference 12 - 1 p.m. RSH	
	Topic: Positive Troponin MDisc Breast Cancer Conf. 12 - 1 p.m. Conf. Room 11		MDisc Breast Cancer Conf. 12 - 1 p.m. Conf. Room 11	MDisc Breast Cancer Conf. 12 - 1 p.m. Conf. Room 11	



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

**Congratulations to our nurses, physicians,
employees and volunteers!**



**Thank you
for your dedication to excellence.**

