medical staff NEWSLETTER

August 2015 volume 53, issue 8

From the President

A Touch of Grey

"The afternoon knows what the morning never suspected"

- Robert Frost

The Summer of Love was in 1967. At that time, the baby boomers were the new, vibrant, and exuberant youth. Now, as the Boomers have subsequently drifted into their autumn and winter years, their demographic bubble continues to have significant impact, especially on an aging workforce. An active senior populace, in addition to economic pressures, has continued to force individuals to remain in the work place for longer than was typical in the past. As we become more focused on community health and wellness as a profession, a growing area of concern will be maintaining the health and safety of an aging workforce. As workers continue to age, they become more prone to chronic illnesses, injuries, and disabilities. They look to us in order to help maintain their capability.

The aging American workforce will be a dominant socioeconomic factor in the coming 20 years. The U.S. Census Bureau (USCB) reports that approximately 10,000 baby boomers will turn 65 every day in this country, until the year 2030. Unfortunately, with the advent of the Great Recession and the changes in the economic landscape for retirement, many individuals no longer feel that they can retire until much later in life. According to the USCB, last year, about 20 percent of U.S. workers were at least 55 years old (Klimley; Moeller). This number is only expected to increase over the next twenty years. Although employers need the skill, accumulated experience, and loyalty of these workers, they are worried about the additional cost, limitations, and safety issues associated with maintaining their employment. Research has shown that as workers age, they are more prone to

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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 July 6, 2015 and by the Governing Board on July 23, 2015.

Administrative Reports

Please go to SharePoint→ Medical Staff Services → Board Approved Items → 2015 and select July 2015 to see:

continued on page 2

Inside this issue:

Upcoming General Medical Staff Meeting on September 16, 2015!

Huntington Hospital

Medical Staff Appointments

Davis, Hugh C., MD
Pulmonary Disease
301 West Huntington Drive
Suite 607
Arcadia, CA 91007
Tel: (626) 795-5118
Fax: (626) 446-5807

Fong, Yuman, MD
Surgical Oncology
1500 East Duarte Road
Duarte, CA 91010
Tel: (626) 359-8111
Fax: (626) 408-3911

Gin, Greg E., MD
Urology
1500 East Duarte Road
Duarte, CA 91010
Tel: (626) 471-7100
Fax: (626) 301-8285

Guzman, Pablo, MD – effective August 15, 2015
Anesthesiology
8700 Beverly Blvd
Suite 8211
Los Angeles, CA 90048
Tel: (310) 423-1682
Fax: (310) 423-0387

Jee, Agnes C., MD
Pediatrics
301 W. Huntington Drive
Suite 320
Arcadia, CA 91007
Tel: (626) 447-3516
Fax: (626) 447-8546

Kardos, Steven, MD
Urology
1500 East Duarte Road
Urology Surgery Fellowship
Duarte, CA 91010
Tel: (626) 218-0521
Fax: (626) 301-8285

Kassis, Christine, MD
Teleradiology
1746 Cole Blvd.
Suite 150
Lakewood, CO 80401
Tel: (303) 914-8800
Fax: (303) 716-3777

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

Melstrom, Kurt A. Jr., MD
Colorectal Surgery
1500 East Duarte Road
Duarte, CA 91010
Tel: (626) 359-8111
Fax: (626) 408-3911

Merritt, Helen, MD
Ophthalmology
1513 South Grand Avenue
Suite 200
Los Angeles, CA 90015
Tel: (626) 564-0004
Fax: (626) 564-426

Miller, Mia E., MD
Otolaryngology
2100 West 3rd Street
Suite 111
Los Angeles, CA 90057
Tel: (213) 483-9930
Fax: (213) 484-5900

Reid, James, MD
Orthopedic Surgery
10 Congress Street
Pasadena, CA 91105
Tel: (626) 795-0282
Fax: (626) 792-0682

Slattery, William H. III, MD
Otolaryngology
2100 West Third Street
Suite 111
Los Angeles, CA 90057
Tel: (213) 483-9930
Fax: (213) 484-5900

Solomin, Daniel A., DO
Emergency Medicine
415 S Mesa Hills Drive
#1203
El Paso, TX 79912
Tel: (626) 390-5180

Travelli, Frances C., MD
Pediatric Cardiology
50 West Bellefontaine Street
Suite 405
Pasadena, CA 91105
Tel: (626) 796-9259
Fax: (626) 449-8560

Vickers, Laura, MD
Ophthalmology
625 S. Fair Oaks Avenue
Suite 240
Pasadena, CA 91105
Tel: (626) 817-4747
Fax: (626) 817-4748

Zhumkhawala, Ali-Asghar, MD
Urology
1500 E Duarte Road
Duarte, CA 91010
Tel: (626) 471-7100
Fax: (626) 301-8285

Medical Staff Resignations

- Arkader, Alexander, MD – Orthopedic Surgery – effective July 23, 2015
- Coates, Thomas, MD – Pediatrics – effective August 31, 2015
- Czynski, Adam, DO – Pediatrics – effective July 31, 2015
- Estess, Allyson, MD – Orthopedic Surgery – effective July 31, 2015
- Gayer, Christopher, MD – General Surgery – effective July 31, 2015
- Jauregui, Nicholas, MD – Family Medicine – effective August 31, 2015
- Jasper, Irina, MD – Internal Medicine – effective July 31, 2015
- Kao, Eric, MD – Emergency Medicine – effective August 31, 2015
- Karas, Randa, MD – Anesthesiology – effective July 23, 2015
- Kim, Janet, MD – Ophthalmology – effective July 31, 2015
- Lee, Paul, MD – Otolaryngology – effective July 23, 2015
- Lehman, Richard, MD – Pediatrics – effective July 31, 2015
- Lim, Dean, MD – Hematology/Oncology – effective July 31, 2015
- Lu, Jing, MD – Obstetrics & Gynecology – effective July 23, 2015
- Miser, James, MD – Pediatrics – effective July 31, 2015
- Niesen, Charles, MD – Pediatrics – effective July 31, 2015
- Pereyra, Robert, MD – General Surgery – effective July 31, 2015
- Rosenthal, Joseph, MD – Pediatrics – effective July 31, 2015
- Starnes, Vaughn, MD – Thoracic Surgery – effective August 31, 2015
- Thomas, Dan, MD – Pediatrics – effective August 31, 2015
- Trisal, Vijay, MD – General Surgery – effective July 31, 2015
- Tyerman, Gayle, MD – Pediatrics – effective July 23, 2015
- Zhumkhawala, Ali-Asghar, MD – Urology – effective July 31, 2015

Physician Publications

Greggory R. DeVore, MD published an article in the *American Journal of Obstetrics and Gynecology*:

DeVore, GR. July 2015. The Importance of the Cerebroplacental Ratio in the Evaluation of Fetal Well-Being in SGA and AGA Fetuses. *American Journal of Obstetrics and Gynecology* 213(1): 5–15. http://www.ncbi.nlm.nih.gov/pubmed/26113227

Jerome P. Lisk, MD published an article in *Movement Disorders: Official Journal of the Movement Disorder Society*:

Hauser, RA, Isaacson S, Lisk JP, Hewitt LA, Rowse G. April 2015. Droxidopa for the Short-Term Treatment of Symptomatic Neurogenic Orthostatic Hypotension in Parkinson's Disease (nOH306B). *Movement disorders: official journal of the Movement Disorder Society* 30(5): 646–54. http://www.ncbi.nlm.nih.gov/pubmed/25487613

From the **President** continued from page 1

acquire a disability. One study that followed individuals 50 years of age or older who had no report of disability showed that 10.1 percent of these individuals developed a disability that impacted their ability to work within two years (Heidkamp and Christian). The current workplace, which is typically not flexible or amenable to the needs of this group, will have difficulty adapting to this trend, which will make these individuals particularly vulnerable to being let go.

The evolving question is this: how can physicians help aging personnel to stay at, and/or return to work? It is in this regard that the doctor will need to shift his focus on prevention and maintenance of function. The standard to either retire or become permanently disabled is less attractive and has potential serious financial downsides for a longer-lived patient base. The physician will have to work with patients and their employers to help engender greater attention to preventive measures, ergonomics, rehabilitation, and to provide support for the injured worker in order to help facilitate their employment and or expedite their return back to the workplace. Of all these factors, perhaps the most difficult to employ at this stage is preventive measures. A lifetime of smoking, long hours, Jimi Hendrix, and ignoring one's health cannot be easily overcome. Thus, the necessity of early education and preparation of patients for their probable extended tour of duty in the workforce becomes paramount as they pursue the increasingly more elusive 'American Dream.'

We, as the physicians, gain increasingly diverse hats to wear as we examine the question of community health. The aging workforce and its place in the socioeconomic reality of today is one of these yet to be answered questions. We will have to serve a ministerial role to help guide our patients to more rapid recoveries, modification of their workplaces, and champion their return to the workplace as retirement age drifts steadily upward.

James Shankwiler, MD
President of the Medical Staff

Works Cited

Heidkamp, Maria, and Jennifer Christian, MD, MPH. "The Aging Workforce: The Role of Medical Professionals in Helping Older Workers and Workers with Disabilities to Stay at Work or Return to Work and Remain Employed." *In Brief Issue Brief of the NTAR Leadership Center* (2013): 1-19. Mar. 2013. Web. 12 July 2015. <http://www.dol.gov/odep/pdf/NTAR-AgingMedicalProfessionals.pdf>.

Klimley, April W. "Experts: Prepare Now for Aging Workforce. "*SHRM.* Society for Human Resource Management, 13 Sept. 2011. Web. 12 July 2015. <http://www.shrm.org/hrdisciplines/diversity/articles/pages/preparenowforagingworkforce.aspx>.

Moeller, Philip. "Challenges of an Aging American Workforce." *US News*. Mortimer Zuckerman, 19 June 2013. Web. 12 July 2015. <http://money.usnews.com/money/blogs/the-best-life/2013/06/19/challenges-of-an-aging-american-workforce>.

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.

From the **Health Science Library**

Basic vs. Advanced Search in OvidSP: What's the Difference?

Ever wonder what the difference is between the Basic and Advanced search modes when searching one of the databases in OvidSP? Linked below are two short (under 5 minutes) demos that give tips on how to construct your search differently depending on which mode you are using.

- Basic Search Demo: http://goo.gl/3yD3v3
- Advanced Search Demo: http://goo.gl/3GBGy2

* If short URLs are not working, go to the Ovid training site (http://www.ovid.com/site/support/training.jsp) to access these demos and more.

Basic Search is a natural language search interface which means you don't have to know controlled vocabulary headings (a.k.a subject headings) or use Boolean operators such as AND, OR, NOT. It can provide a way to comprehensively search for relevant articles in those databases that **do not** contain medical subject headings (MeSH) for each article, such as:

- Medline In Process
- HMH Full Text Journals@Ovid
- Ovid Tables of Contents & Abstracts
- some of the EBM Reviews databases

Searching in **Advanced Search** mode can be important when searching resources that include a controlled vocabulary thesaurus (a.k.a. medical subject headings, or MeSH) and when you want to refine your search to a specific age, gender, ethnicity or subheading. Several databases that include controlled vocabulary include:

- Medline
- Joanna Briggs Institute
- EBM Reviews – Cochrane Database of Systematic Reviews

Advanced mode can also be useful for field searching in any database. For example, if you want to find only articles written by a specific author (e.g. Shankwiler J) or in a particular journal (e.g. JAMA).

It can also be handy when you have the citation of a paper in hand and want to see if the library subscribes to the full text or order the article via the Document Delivery link (you can also use **Find Citation**, as well.)

So, when to use **Basic** and when to use **Advanced** is really dependent on:

- the purpose of your search
- if you need to refine your search using filters such as age, sex, ethnicity, etc.
- which resource you are searching

Deciding which mode to use can make the difference between finding what you are looking for or not. I often start out with the Basic Search mode to find a few good articles and then switch to Advanced Search to refine my strategy and conduct a more comprehensive search. Finally, remember to apply the 20 minute rule: if you aren't finding what you need after 15-20 minutes of searching, contact the library (626-397-5161), library@huntingtonhospital.com) for assistance or fill out a **Request a Search** (http://goo.gl/3Wd5gw) form on the library's website http://huntingtonhospital.libguides.com/.

Bioethics Corner

Wendy Kohlhase, Ph.D.
Ext. 2036

It's Time to Speak Up!"

The Huntington Hospital Advance Care Planning guide, "**It's Time to Speak Up!**" is now available upon request for both inpatient and private office use. The guide is an extremely thorough and up-to-date resource for your patients. It includes general information about advance healthcare directives, choosing an agent, help for healthcare agents, and other important advance care planning resources. The guide also includes a blank advance healthcare directive form in a flap pocket to be completed by patients. Low literacy forms are also available upon request.

Although both healthcare professionals and community members believe that advance healthcare directives are an important piece to the physician/patient communication process and the appropriate utilization of resources, the number of completed advance healthcare directives remains low. A 2014 study in the American Journal of Preventive Medicine showed that of the 7946 respondents, only 26.3% had completed an advance directive.[1] The most frequently reported reason for not having one was lack of awareness. The article also discusses the growing aging population in the United States and "an increase in the prevalence of chronic disease among adults 44 years or older along with a 10-year increase in out-of-pocket spending and Medicare expenditures." A 2011 study in the Journal of American Medicine Association found that advance healthcare directives were associated with decreased Medicare spending, decreased likelihood of in-hospital deaths, and increased use of hospice services.[2]

Thus, it is hoped that use of the "**It's Time to Speak Up!**" guide will not only increase both the awareness of the importance of advance care planning and the completion of advance healthcare directive forms, but will also result in a decrease in the cost of potentially inappropriate treatment at the end of life. As a reminder, an advance healthcare directive form can only be completed by an adult with capacity. If the patient has already lost capacity and has a serious advancing illness or age/disability-related frailty, a POLST form (Physician Orders for Life-Sustaining Treatment) can be completed and signed by both the physician and the legally designated representative. The POLST form is a physician's order, so it requires physician review with the patient/decision-maker prior to the validating signatures.

The "**It's Time to Speak Up!**" guide is available to in-hospital patients by ordering a social work consult for advance care planning. Physicians may also order up to 50 guides to be sent to their outpatient office by calling the social work office at Huntington at ext. 5171. The Huntington social workers and chaplains are trained to conduct advance care planning and POLST discussions. Physicians can order a social worker or chaplain consultation to perform this discussion with patients, specifying what to be addressed and/or what is appropriate to be discussed with the patient/decision-maker. If a POLST form is needed, it will be left on the chart for the physician to review with the patient before it is signed. In addition, it is encouraged that a POLST form be completed prior to a patient transferring to a SNF. The SNF will most likely have one completed upon admission to their facility, but the POLST may be more accurate if completed with the patient/decision-maker prior to discharge.

[1] Am J Prev Med 2014;46(1):65–70

[2] J Am Med Assoc 2011;306(13):1447–53.

From the **Clinical Documentation Specialists**

Malnutrition

Did you know that half of all hospitalized patients in the United States are malnourished?

Malnutrition increases the duration of recovery, length of stay, as well as the resources spent to treat patients. However, this may only be realized if malnutrition is identified, documented, and treated by the physician while providing care for the primary illness.

In an effort to improve our capture of malnutrition, Huntington Memorial Hospital has newly defined malnutrition criteria supported by the WHO and CDC. Patients will qualify for a diagnosis of moderate or severe malnutrition if they meet any 2 out of 6 criteria within the indicated malnutrition column.

	Moderate Malnutrition	**Severe Malnutrition**
Evidence of Inadequate Energy Intake	< 7 days with < 75% usual intake > 1 month with < 75% usual intake > 3 months with < 75% usual intake	> 5 days with < 50% usual intake > 1 mo with < 50% usual intake > 3 mo with < 50% usual intake
Unintentional Weight Loss	2% change in 1 wk 5% change in 1 mo 7.5% change in 3 mo 10% change in 6 mo 20% change in 1 year	> 2% change in 1 wk > 5% change in 1 mo > 7.5% change in 3 mo > 10% change in 6 mo > 20% change in 1 year
Loss of Subcutaneous Fat	Moderate	Severe
Loss of Muscle Mass	Moderate	Severe
Localized or General Fluid Accumulation	2+	3+ to 4+
Decreased Functional Strength	Reduced functional capacity	Significantly diminished functional capacity or bedridden

Our registered dietitians are here to help with identifying possible malnourished patients and providing appropriate recommendations. If clinically indicated, please obtain a nutrition consult.

Reminder: When writing your daily notes, **malnutrition ≠ moderate or severe malnutrition**. Please be sure to specify the TYPE of malnutrition.

Ask a CDI
Clinical Documentation Improvement

Karen Beal, RN, BSN, CCDS, ext. 2024
Maria Gilda Villanueva, CCDS, ext. 3665
Theresa Cardona, RN, CCDS, ext. 3787

Gabriella Pearlman, MD, CDI Physician Advisor & ICD10 Champion, ext. 5183

Medical Staff Rules & Regulations: Proposed Revisions

On July 6, 2015 the Medical Executive Committee recommended approval of the following proposed revisions to the Medical Staff Rules & Regulations.

The purpose of the revision is to allow for a broader range of Telemedicine services to be available to the Medical Staff.

DRAFT REVISIONS ARE ~~STRUCK THROUGH~~ AND IN *BLUE ITALICS* (7/6/15)

Proposed amendment to Chapter 2, Section 2.20, on page 32

[Note that the telemedicine provision is part of Section 2.20, which is entitled "Emergency Medical Services," but will be changed to its own section numbered 2.21, because telemedicine services are not provided in emergency situations only.]

Telemedicine

Telemedicine services at Huntington Hospital consist of diagnostics and consultations utilized by Hospital Medical Staff members as approved by the Medical Executive Committee and the Board of Directors, for ~~the following specialties~~:

- ~~Teleneurology~~
- ~~Teleradiology~~

Telemedicine services and consultations (in specific specialties/subspecialties approved by the Medical Executive Committee and the Board of Directors; a list of approved telemedicine consultation specialties and subspecialties will be maintained by the Medical Staff Department).

In accordance with the Medical Staff Bylaws, a comment period of 30 days is given before the proposed revision is forwarded to the Governing Board for review and approval which is planned to occur on or about August 10, 2015.

Copies of the revisions are available for review and comment. Please contact the Medical Staff Office at 626-307-3767 to request a hard copy or an e-file.

Responses needed by August 10, 2015.

Article 15.3-6 of the Medical Staff Bylaws states:

Except as otherwise provided in this Chapter, before the Executive Committee submits any proposal for adoption or amendment of Rules and Regulations to the Governing Body for approval, the Executive Committee shall disseminate the proposal to the Medical Staff in a reasonable manner, which may include posting it in the Medical Staff newsletter or bulletin, distributing it at a General Medical Staff meeting, or any other method regularly used by the Medical Staff Department to provide notices to members. Voting members of the Medical Staff shall be given an opportunity to submit written comments, through the Medical Staff Department, for a period of not less than 30 days.

Blood and Body Fluid Post-Exposure Prophylaxis

Huntington Memorial Hospital staff (including students, residents and members of the HMH Medical Staff) are included in the Administrative policy.

In the event of exposure:

- Wash or flush the exposed area
- Advise a Nurse Manager or House Supervisor (after hours).
- Complete an injury report on SharePoint – Ask for a copy of the report
- Follow the policy entitled "Employee Blood/Body Fluid Exposure Process" or "Post-Exposure Prophylaxis (PEP) for HIV Possible Exposure" ASAP or within 72 hours of exposure – ask for a copy of the policy

Medical Staff "Copy/Paste" Guidelines

Moving forward as of July 28, 2015, the electronic medical record (EHR) will allow the copy/forward functionality. However, all entries in the EHR must be patient and visit specific and contain the actual data collected by the provider based on medical necessity and personally rendered services. Providers may reference other providers' entries in the patient's record (by date and time), such as when the information is pertinent to the reason for the visit, the patient's history, test or imaging results, etc.

Providers should avoid: (1) inappropriate use of copy/forward functionality; (2) over-documentation of clinically irrelevant information (not medically necessary); or (3) copying redundant information (provided in other parts of the legal medical record). The term "provider" includes attending physicians, residents, nurse practitioners, physician assistants, and any other health care professional who is licensed/credentialed to provide patient care services at Huntington Hospital.

Provider Responsibilities & Good Practices:

1. Authenticate notes. Signed notes are "final" and become part of the patient's legal medical record. Additional information may only be included as an addendum or a new entry. The provider's signature shall serve as his/her attestation that the information (whether the content is original or copied) is accurate, and that any copied information is current and represents the provider's services for that date.
2. Cite and summarize clinically applicable test results (labs, imaging, consult reports, etc.) by date and time, rather than copying the entire report into the current entry.
3. Avoid cloned note functionality, such as when one patient's medical record is cloned (copied) into a different patient's medical record.
4. Discuss the review of systems (ROS) and past, family and social history (PFSH) with the patient and comment upon pertinent updates to the current encounter.
5. Use the approved teaching physician documentation template to document teaching physician services – rather than copying the resident's note in its entirety.
6. Correct errors identified within your documentation.
7. Consult with Health Information Services if it is necessary to delete an incorrect note, i.e., entered in error under the wrong patient chart.

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.

35 Years (on staff 08/1980)
Ajilore, Ebenezer O., MD – Obstetrics & Gynecology
Gangitano, Ernesto S., MD – Neonatology

30 Years (on staff 08/1985)
Buese, James V., MD – Anesthesiology
Kondra, Lawrence J., MD – Ophthalmology

25 Years (on staff 08/1990)
Hedley, Christopher G., MD – Vascular and Interventional Radiology

10 Years (on staff 08/2005)
Badie, Behnam, MD – Neurosurgery
Bursch, Bradley A., MD – Pediatrics
Erb, Melanie H., MD – Ophthalmology
Finn, Richard S., MD – Hematology/Oncology
Liang, Scott H., MD – Internal Medicine
Pigazzi, Alessio, MD – General Surgery

Hours of Operation for Medical Records Department

Effective September 1, 2015 the Medical Records Department (HIM) hours of operations will be as follows:

Monday-Friday	**6:30 am – 6:00pm**
Saturday & Sunday	**8:00 am – 4:30pm**

For any urgent patient care need when the department is not staffed, the Nursing supervisor can be contacted by calling the hospital operator.

The HMH Transfusion Subcommittee

William Allen, MD

Over the past several years, there has been a renewed emphasis on assuring that blood products are used in a manner that optimizes patient outcomes. And regulatory agencies require the review of blood product usage and adverse events in acute care hospitals. In many hospitals, these challenging tasks are overseen by a Blood Utilization Committee. Here at HMH, it was decided to create a subcommittee of Pharmacy, Therapeutics and Dietary Committee to serve that role. The HMH Transfusion Subcommittee has been meeting for over a year now and is excited about this opportunity to help improve care at HMH.

The Transfusion Subcommittee reviews national guidelines that address appropriate transfusion thresholds and triggers. The subcommittee also reviews data from the HMH QI department to determine if and when our physicians fall out from these standards. Over the course of several meetings, these standards were reviewed and debated and standards specific to HMH were agreed upon at PT&D. Input from a variety of specialists and hospitalists were gathered. The subcommittee also is dealing with the issue of creating a legal consent process within the PowerChart documentation section.

The emphasis has been on reviewing the use of packed red blood cells, but the subcommittee has reviewed the indications and usage of platelets, fresh frozen plasma and cryoprecipitate. We have called in hematologists to review the national guidelines and the recommendations in UpToDate to help develop our own guidelines for these blood products.

An additional area of focus has been the development of order sets that include transfusion thresholds built into them. These allow physicians to know at the time of transfusion what the HMH standards are and still allow the physician to use his own clinical judgment in deciding whether to transfuse or not. These order sets also facilitate the collection of clinical data on blood usage at HMH.

The next area of concern for the transfusion subcommittee is the development of a standardized order set for the management of the various transfusion reactions. The subcommittee initially drafted an order set for each of six different transfusion reactions, but HMH then acquired a license to the ProVation order set product. This set of approximately six hundred evidence based order sets was developed by the same organization that produces UpToDate. We selected the Acute Transfusion Reaction order set from the ProVation set for review at the next committee meeting and we hope to have it ready and loaded into Cerner PowerChart soon.

Managed Medi-Cal Program

Compassionate, community care is the touchstone guiding Huntington Hospital's evolution. As one of the oldest institutions in our community, the connection between the hospital and the individuals it serves spans generations. And for more than a century, providing access to essential healthcare for our community – including those in greatest need – has remained the heart of the hospital's mission.

As a not-for-profit hospital, we provide free and part-pay hospital care for the uninsured and those with limited means. In addition to this traditional charity care, Huntington Hospital is now expanding our contracted payers to include Managed Medi-Cal organizations to further increase access to vital care.

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Managed Medi-Cal Program continued from page 10

Doing so is not only a key part of our mission in meeting the needs of the individuals we serve, but will improve the overall health of our community. It is this same reason we have the last remaining emergency room in Pasadena, the only Trauma Center in the region, an in-patient mental health center and provide a host of services to patients that go unreimbursed – but provide comfort and dignity when it's needed most.

Following are some summary bullets about the expansion of our Managed Medi-Cal program. As always, please don't hesitate to contact me with questions or concerns.

- Huntington Hospital has signed a contract with LA Care, the public/private partnership half of the Los Angeles County Medi-Cal Two Plan model, as well as a contract with Health Net – the other half of the two plan model.
- These contracts provides high-quality, tertiary access to enrollees who have chosen LA Care and Health Net, as well as their related Health Plans.
- The contract includes all LA Care and Health Net products, and as such will facilitate the hospital's goals in guiding CHAP to realign us with Pasadena city's needs in regard to pre-natal care for the city's Medi-Cal beneficiaries.
- This new contract removes a major obstacle in obtaining referrals from many local MDs across all product lines and fulfills our commitment to provide access to quality care for our entire community.
- Since all LA Care members are assigned to primary care medical groups or IPAs in managed care, and some members are capitated to hospitals, we have also signed contracts or are in negotiations with appropriate IPA's.
- We are working to create a program in Huntington Ambulatory Care Clinic (HACC) to provide follow-up care to Medi-Cal patients, which will also fortify our Graduate Medical Education training program.

Paula Verrette, MD
Chief Medical Officer

Getting to Know Your Medical Staff Leaders

Yi-Kong Keung, MD has been a member of the Department of Medicine, Hematology/Medical Oncology Section since 2009. Dr. Keung is Chair of the Hematology/Medical Oncology Section for the term 2015 to 2016. He is a current member of the Medicine Committee.

Dr. Keung was born and raised in Hong Kong. He obtained his medical degree at the University of Hong Kong in 1985. He completed his Internal Medicine training in Hong Kong. He moved to the U.S. and completed his Hematology/Medical Oncology fellowship program and BMT fellowship training at USC Norris Cancer Hospital from 1990 to 1993. His subsequent years were spent working in academia and raising his family in Lubbock, Texas and Winston-Salem, North Carolina. He returned to Southern California in 2009 and has been practicing Hematology/Medical Oncology in the Alhambra area since then. He is currently Associate Clinical Professor, UCLA Division of Hematology/Oncology.

Dr. Keung is married and has three sons, two in graduate schools and one in college. He has fond memories of backpacking in Tibet and Qinghai in the 1980s. Together with the family he spent numerous vacations in the National Parks all over the U.S. His favorite sport is badminton. He enjoys studying history, especially the rise of western medicine and music in China, and philosophy. He appears regularly as guest speaker in Cantonese radio talk shows and local cancer support groups.

CME Corner

Second Monday and Medical Grand Rounds will resume in September.

HMRI Lecture Series

The weekly HMRI Lecture Series has been approved for CME Credit:

Topic: When to Choose Auditory Brainstem Implant Instead of Cochlear Implant in Children
Speaker: Eric P. Wilkinson, MD & Marc S. Schwartz, MD
Date: August 4, 2015
Time: 4 – 5 p.m.
Place: Research Conference Hall
Objectives:
1. Better understand surgical anatomy of the cerebellopontine angle and cochlear nucleus complex.
2. Better understand surgical challenges and potential risks of ABI surgery.
3. Appreciate risk/benefit analysis of pediatric ABI surgery.
4. Understand regulatory complexities of a pediatric surgical investigation

Audience: Pathology, Internal Medicine, & Primary Care Physicians
Methods: Lecture
Credits: 1.0 *AMA PRA Category 1 Credits™*

Topic: Multimodal Imaging Probes For Research, Diagnostics and Therapeutics
Speakers: Marcus Yaffee, MPH Prof., PhD
Date: August 11, 2015
Time: 4 – 5 p.m.
Place: Research Conference Hall
Objectives:
1. Knowledge of state of the art and next generation imaging probes for diagnostics and therapeutics.
2. Clinical applications of theranostic probes.
3. Identify and design biomedical research studies using multimodal probes.
4. Clinical application of multiplexed probes in pathology.

Audience: Pathology, Internal Medicine, & Primary Care Physicians
Methods: Lecture
Credits: 1.0 *AMA PRA Category 1 Credits™*

Topic: What the Study of Persons with or at-risk for Autosomal Dominant Alzheimer's Disease can tell us about the Disease in General
Speaker: John M. Ringman, MD
Date: August 18, 2015
Time: 4 – 5 p.m.
Place: Research Conference Hall
Objectives:
1. Identify patients for whom genetic testing is available.
2. Identify patients for whom genetic testing is appropriate.
3. Better use biomarkers of Alzheimer's in diagnosis (e.g. lumbar punctures, PET scans).
4. Know when to refer to a genetic counselor.

Audience: Surgery, Internal Medicine, & Primary Care Physicians
Methods: Lecture
Credits: 1.0 *AMA PRA Category 1 Credits™*

Topic: Integration of Palliative Care in Oncologynt Alzheimer's Disease can tell us about the Disease in General
Speaker: Betty Ferrell PhD, RN, MA, FAAN, FPCN, CHPN
Date: August 25, 2015
Time: 4 – 5 p.m.
Place: Research Conference Hall
Objectives:
1. Describe the need to advance care for the seriously ill and those at the end of life.
2. Identify research opportunities to advance knowledge and quality in palliative care delivery.
3. Describe a program of research related to integration of palliative care in oncology.

Audience: Surgery, Internal Medicine, & Primary Care Physicians
Methods: Lecture
Credits: 1.0 *AMA PRA Category 1 Credits™*

Changes to the Attestation Process Effective July 13, 2015

Congratulations to all of our surgeons for your patience and help with the new attestation process. We were given a very short time to enact the Joint Commission standards in order to maintain our accreditation and with your efforts we have exceeded the goal of 90% compliance with the H&P attestation in the operating room. However, there continues to be frustration over the determination of the timing of the procedure, the H&P and the choices available in the form (1, 2, or 3) in regards to the need for any further updates. This had led to miscommunication and subsequent delays for surgeries.

We have heard your concerns in this regard, and as a response to these frustrating issues, have made the decision to simplify the choices to lessen any misinterpretations that could lead to unnecessary updates and further surgical delays.

CURRENT CHOICES:

1. H&P was performed after this admission/ registration and within the last 24 hours; no update note required.
2. H&P was performed within 30 days prior to this admission/registration and/or more than 24 hours ago. The H&P was reviewed, the patient was examined, and no significant change has occurred in the patient's condition.
3. H&P was performed within 30 days prior to this admission/registration and/or more than 24 hours ago. The H&P was reviewed, the patient was examined, and the following significant changes have occurred. Refer to H&P Update Note for documentation.

SIMPLIFIED NEW CHOICES:

1. **H&P documentation was reviewed and the patient was examined after admission/ registration and less than 24 hours prior to the procedure, and no significant change has occurred.**
2. **H&P documentation was reviewed and the patient was examined after admission/ registration and less than 24 hours prior to the procedure, and significant change has occurred. See H&P Update Note for documentation of this change.**

We will also add the required Paul Gann options and the separate risks of transfusion to make it easier to add to your note if the possibility of transfusion or potential use of blood products is anticipated.

These changes will help streamline the process and avoid delays and allow easier interpretation for the need, if any, of further updates and or attestations. As always, please complete the attestation within hours of the surgery, rather than the day before, to avoid being in excess of 24 hours (requiring a new attestation note). The system automatically records and time stamps any documents that are entered.

These changes were implemented on Monday, July 13, 2015. Unfortunately, the above changes will again require you to resave new pre-completed Informed Consent/Attestation notes and purge any old ones. As always, support staff will be on hand to help you with this process on site or at your convenience should any questions arise.

Thanks again for your patience with the recent changes, we hope this will help address some of the issues and concerns that have been voiced and allow for fewer delays and problems with the documentation process.

James Shankwiler, MD
President of the Medical Staff

Steven Battaglia, MD
Chair of the Department of Surgery

David Lourie, MD
IT Champion

August 2015 **Medical Staff Meetings**

No Board Meetings This Month

monday	tuesday	wednesday	thursday	friday
-3-	-4-	-5-	-6-	-7-
				Newsletter Submission
-10-	-11-	-12-	-13-	-14-
	- 5 p.m. Robotic Committee CR C			
-17-	-18-	-19-	-20-	-21-
	- 12:15 p.m. Infection Control Committee CR-10			
-24-	-25-	-26-	-27-	-28-
			- Noon IM Peer Review CR-6	
-31-				

August 2015 **CME Calendar**

monday	tuesday	wednesday	thursday	friday
-3-	-4-	-5-	-6-	-7-
	- 7:30 - 8:30 a.m. MKSAP, Wingate Doctors' Lounge - Noon -1 p.m. General MDisc Cancer Conf., Conf. Room 11 - **4 - 5 p.m. HMRI Lecture Series, RSH**	- Noon - 1 p.m. Genitourinary Cancer Conf., Conf. Room 11 - Noon - 1 p.m. Radiology Teaching Files, MRI Conf. Room	- Noon - 1 p.m. Thoracic Cancer Conf., Conf. Room 11	- 7:30 - 9 a.m. Neurosurgery Grand Rounds, Conf. Room 11 - Noon - 1 p.m. MDisc Breast Cancer Conf., Conf. Room 11
-10-	-11-	-12-	-13-	-14-
	- 7:30 - 8:30 a.m. MKSAP, Wingate Doctors' Lounge - Noon -1 p.m. General MDisc Cancer Conf., Conf. Room 11 - **4 - 5 p.m. HMRI Lecture Series, RSH**	- Noon - 1 p.m. Radiology Teaching Files, MRI Conf. Room		- 7:30 - 9 a.m. Neurosurgery Grand Rounds, Conf. Room 11 - Noon - 1 p.m. MDisc Breast Cancer Conf., Conf. Room 11
-17-	-18-	-19-	-20-	-21-
	- 7:30 - 8:30 a.m. MKSAP, Wingate Doctors' Lounge - Noon -1 p.m. General MDisc Cancer Conf., Conf. Room 11 - **4 - 5 p.m. HMRI Lecture Series, RSH**	- Noon - 1 p.m. Genitourinary Cancer Conf., Conf. Room 11 - Noon - 1 p.m. Radiology Teaching Files, MRI Conf. Room	- Noon - 1 p.m. Thoracic Cancer Conf., Conf. Room 11	- 7:30 - 9 a.m. Neurosurgery Grand Rounds, Conf. Room 11 - Noon - 1 p.m. MDisc Breast Cancer Conf., Conf. Room 11
-24-	-25-	-26-	-27-	-28-
	- 7:30 - 8:30 a.m. MKSAP, Wingate Doctors' Lounge - Noon -1 p.m. General MDisc Cancer Conf., Conf. Room 11 - **4 - 5 p.m. HMRI Lecture Series, RSH**	- 7:30 - 8:30 a.m. Cardiac Cath Conf., Cardiology Conf. Room - Noon - 1 p.m. Radiology Teaching Files, MRI Conf. Room		- 7:30 - 9 a.m. Neurosurgery Grand Rounds, Conf. Room 11 - Noon - 1 p.m. MDisc Breast Cancer Conf., Conf. Room 11
-31-				

Huntington Hospital

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ADDRESS SERVICE REQUESTED

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.

Medical Staff Demographic Changes

Flora Abrahamian, MD
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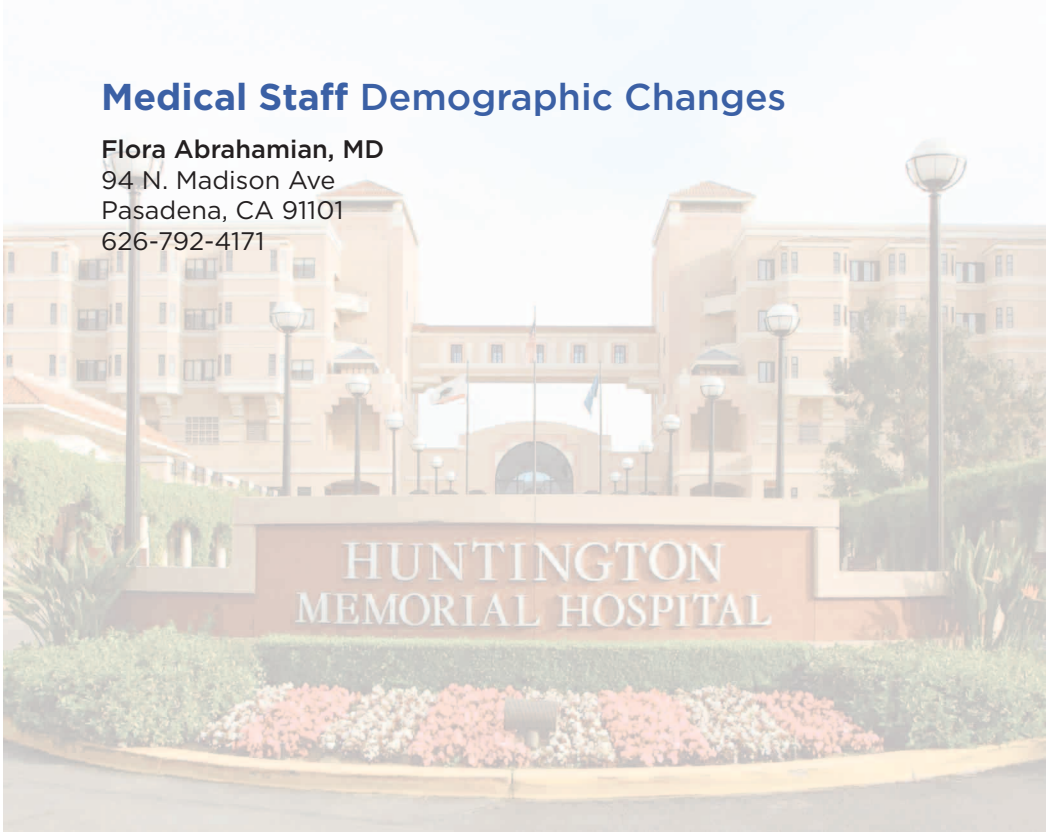
626-792-4171



BEST REGIONAL HOSPITALS
U.S.News & WORLD REPORT
LOS ANGELES, CA
RECOGNIZED IN 9 SPECIALTIES
2015-16

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