

medical staff NEWSLETTER

December 2014



volume 52, issue 12

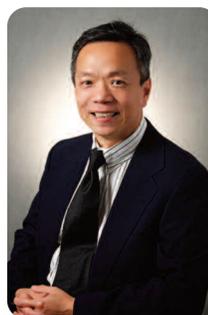
From the President

“Be the chief but never the lord.”

- Lao Tzu

MY FINAL WORDS

The end of my term as your Chief of Staff is finally coming. I have a major sense of relief: relief from attending multiple long meetings, relief from the responsibility of placing members of the medical staff on suspension and implementing disciplinary actions on my colleagues, relief from the responsibility to report my colleagues to the Medical Board of California under the 805 requirement, relief from being available for all the major events related to or affecting the medical staff in the hospital (e.g. the Joint Commission Survey, and Ebola threat), relief from being the liaison between the medical staff and the administration, relief from the duty of ensuring the hospital administration is receptive to physician feedback, relief from reviewing all the incident reports against the medical staff, relief from overseeing the medical staff funds, relief from the time demand for my own medical practice, relief from enforcing the Medical Staff Bylaws and the Rules and Regulations, and finally the



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Flu Season is in Full Swing!

The Pasadena Public Health Department, under the authority of §120175 of the CA Health and Safety Code, has issued that **healthcare workers must either be vaccinated or wear a mask in order to prevent the transmission of the influenza virus to patients**; flu season is defined as November 1, 2014 – March 31, 2015. Healthcare workers who get vaccinated will be issued a sticker that will be placed on their badge identifying them as vaccinated. **Those who decline the vaccination must wear a surgical mask when they are within three (3) feet of patients.**

If you would like to get vaccinated you can come to Employee Health/HACC, between the hours of 7 a.m. – 4:30 p.m., Monday – Friday, for a free vaccination (your sticker will be issued after being vaccinated).

If you have already been vaccinated please complete the Seasonal Flu Vaccine Attestation or Declination Form and return it to the Medical Staff Office either via fax (626-397-2912) or email bianca.irizarry@huntingtonhospital.com. If you have submitted the form you may obtain your sticker in the Medical Staff Office between the hours of 7 a.m. – 4:30 p.m., Monday – Friday.

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Don't forget to get your flu shot!

 Huntington Hospital

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 November 3, 2014, by the Governing Board Subcommittee on November 7, 2014 and by the Governing Board on December 18, 2014.

Medical Staff Appointments



Afoh-Manin, NanaEfuia, MD
Emergency Medicine
Emergency Medical Group
100 West California Blvd.
Emergency Medicine Dept.
Pasadena, CA 91109
626-397-5111 (office)
626-397-2981 (fax)



Kemp, Ryan, DPM
Podiatry
Huntington Medical Foundation
55 East California Blvd.
Suite 204
Pasadena, CA 91105
626-397-8323 (office)
626-792-3611 (fax)



Cabrera, Anthony, DO
Emergency Medicine
Emergency Medical Group
100 West California Blvd.
Emergency Medicine Dept.
Pasadena, CA 91109
626-397-5111 (office)
626-397-2981 (fax)



Khan, Ahmed, DO
Thoracic Surgery
Advanced Cardiothoracic
Surgery Medical Group
1245 Wilshire Blvd.
Suite 606
Los Angeles, CA 90017
213-483-1055 (office)
213-483-1418 (fax)



Haney, Mark, MD
Anesthesiology
Pacific Valley Medical Group
8905 SW Nimbus Avenue
Suite 300
Beaverton, OR 97008
800-275-8752 (office)
503-372-2754 (fax)



Khemichian, Arbi, MD
Ophthalmology
Pasadena Eye Medical Group
10 Congress Street
Suite 340
Pasadena, CA 91105
626-796-5325 (office)
626-796-5526 (fax)



Hannoun, Donald, MD
Urology
44151 15th Street West
Lancaster, CA 93534
661-902-5600 (office)
661-951-0686 (fax)



Koettters, Peter, MD
Pediatrics
Huntington Medical Foundation
1346 Foothill Blvd.
Suite 201
La Canada, CA 91011
818-790-5583 (office)
818-790-9517 (fax)



Karanjia, Rustum, MD
Ophthalmology Fellow
Doheny Eye Center
800 Fairmount Avenue
Suite 215
Pasadena, CA 91105
626-817-4701 (office)
626-817-4702 (fax)

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Medical Staff Appointments *continued from page 2*



Levine, Michael, MD
**Emergency Medicine/
 Toxicology**
 USC
 Department of
 Emergency Medicine
 Los Angeles, CA 90064
 323-226-6667 (office)



Wong, Kelvin, MD
Urology
 USC
 1441 Eastlake Avenue
 Suite 7416
 Los Angeles, CA 90089
 323-865-3708 (office)
 323-865-0120 (fax)



Luk, Pamela Chiu-Wan, MD
Orthopedic Surgery
 Congress Orthopedic Associates
 301 West Huntington Drive
 Suite 408
 Arcadia, CA 91007
 626-821-0707 (office)
 626-795-7374 (fax)



Wu, Patty, MD
Hospice & Palliative Care
 HealthCare Partners
 988 South Fair Oaks Avenue
 Pasadena, CA 91105
 626-799-4194 (office)
 626-799-2054 (fax)



Raju, Thirumala, MD
Internal Medicine
 (Membership without privileges)
 Huntington Medical Foundation
 10 Congress Street
 Suite 208
 Pasadena, CA 91105
 626-792-2166 (office)
 626-792-0740 (fax)

**Allied Health Professional
 Appointments**

- Delgado, Lauren, NP – Nurse Practitioner
- Duquette, Susan, NP – Nurse Practitioner
- Enriquez, Deanne, PA-C –
 Physician Assistant
- Meske, Karen, RN – 5150 Status
- Perkins, Debra, NP – Nurse Practitioner
- Vargas, Dana, RN – Research Coordinator
- Weed, Pamela – Oral/Maxillo
 Surgical Assistant



Simonian, Sharis, MD
Emergency Medicine
 Emergency Medical Group
 100 West California Blvd.
 Emergency Medicine Dept.
 Pasadena, CA 91109
 626-397-5111 (office)
 626-397-2981 (fax)

Medical Staff Resignations

- Blair, Cassidy, PhD – Clinical Psychology
 – effective 12/31/2014
- Corrado, Philip, PhD – Clinical Psychology
 – effective 12/31/2014
- Friedland, Randi, PhD – Clinical Psychology
 – effective 12/31/2014
- Jamehdor, Ali, DO – Emergency Medicine
 – effective 12/31/2014
- Kronson, Jeffrey, MD – Vascular Surgery
 – effective 12/31/2014
- Lawrence, Kevin, MD – Physical Med &
 Rehabilitation – effective 12/31/2014
- Moritz, David, MD – Internal Medicine
 – effective 12/31/2014



Saguan, Nicholas, MD
Surgical Critical Care
 1044 South Fair Oaks Avenue
 Suite 101
 Pasadena, CA 91105
 626-449-4859 (office)
 626-403-0321 (fax)



Vaks, Yana, MD
Pediatric Critical Care
 100 West California Blvd.
 PICU
 Pasadena, CA 91109

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Medical Staff Resignations continued

- Nelsen, Mihoko, MD - Neurology
- effective 12/31/2014
- Oh, Daniel, MD - Thoracic Surgery
- effective 02/28/2015
- Schneider, Sarah, DPM - Podiatry
- effective 01/31/2015
- Villicana, Alexander, MD - Plastic Surgery
- effective 12/31/2014

Allied Health Resignations

- Husson, Sunitha, PA-C
- Physician Assistant
- Odell, Anne, NP - Nurse Practitioner
- Sutherling, Jeri, RN - RN Epilepsy/
Brain Mapping
- Yi, Andrew, CCP - Perfusionist

From the President continued from page 1

relief from writing the monthly newsletters. I can tell you that this job has been the most challenging work of my career so far, but it has been the most rewarding. I have gained many valuable personal characteristics and professional skills that I would not have been able to gain from my usual realm of medical practice. Most importantly, I have learned to communicate positively with people with different points of view and to encourage them to reach compromises and agreements. Through each challenge around every corner, I have used every experience as a learning opportunity to better serve the medical staff and to enhance my experience.

Although the termination of the employment of Gloria Gomez, Director of Medical Staff Services, had created conflicts and doubt between the medical staff and the administration, the determination from the administration to quickly repair this dramatically improved the situation. After the departure of Gloria from Huntington, all the medical staff coordinators had an uneasy time working efficiently without a director. Administration had set a priority to hire a new director as soon as possible. In addition, Steve Ralph had given the MEC the full privilege to make the decision on choosing the candidate for the position. After 6 months of searching for the new director, we are glad to have hired Bobbie De La Rosa to fill this position. Bobbie has extensive

experience as a director of medical staff services at different hospitals. Quickly, the medical staff office has been able to function more effectively.

Like many hospitals which have implemented CPOE, the challenges at HMH for Cerner implementation were not to be understated. Shortly after the system go-live in March 2014, many physicians at HMH began to complain that the system was overly complex and inflexible. Some physicians complained about "doing nurses' and pharmacy's work." Nurses refused to enter physicians' orders when asked, and resistance and antagonism grew. A few physicians even demanded removal of the whole system. With the desire of many of us to make the system work, the commitment from the Board of Directors and the Administration to assist in every possible way to help the medical staff, the whole-hearted support from the medical staff office, and countless hours of meetings and discussions, task forces in each department were generated to gather and prioritize all physicians' suggestions for improvement. Finally, the two IT champions (Shant Kazazian, MD and David Lourie, MD) were elected in the attempt to make the system more user-friendly and to assist individual physicians in better adapting to the system. More work definitely is necessary in the years to come. I must express my appreciation to

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From the **President** continued from page 4

the whole medical staff for its patience, endurance, and sacrifice in working with and improving this system.

Although I don't miss writing the article for the medical staff newsletter, the knowledge I have gained by doing it is remarkable. The topics of the newsletter articles over the last two years are: Effective MEC, ACO, Affordable Care Act, Origin of Chinese Zodiac, Patient Medical Records, Healthcare Waste, CPOE, Medical Ethnics, HCAHPS, Hospitals And Care Systems In The Future; Quality In Healthcare, Traditional Chinese And Western Medicine, Universal Health Care Coverage In Various Countries, Evidence Based Medicine, Peer Review, Disruptive Physician Behavior, and Physicians And Stress. For each topic, I had to do extensive research from multiple sources, and then, to write a concise summary coupled with my own opinion. This process has forced me to learn quickly and to think deeply. I cannot say I have become the expert of each topic but I can say I have gained a better understanding. I hope the Chinese philosophy quotes in most of the articles would not be boring to you but instead would give you different perspectives of looking at things.

As I prepare to embark on my next journey, I leave you an incredible amount of excitement with our future physician leaders. I have full confidence that under the direction of the next Medical Staff President, James Shankwiler, the quality of the medical staff service to you will be superb. The members coming to the MEC the next two years are; Christopher Hedley (President-Elect), Harry Bowles (Treasurer Secretary), Gregory Giesler (QM Chair), Thomas Vanderlaan (Credentials Chair), Peter Rosenberg

(Medicine Chair), Jonathan Tam (OB/GYN Chair), Mark Powell (Pediatric Chair), and Steven Battaglia (Surgery Chair) will be committed and energized to serve you. The support from the Administration to me has been wonderful and I truly believe the Administration will continue to work together with our medical staff in years to come.

Finally, I would like to express my deepest sincere thanks to all the current MEC members, James Shankwiler (President-Elect), Kalman Edelman (Treasurer Secretary), William Coburn (QM Chair), James Recabaren (Credentials Chair), Peter Rosenberg (Medicine Chair), Laura Sirott (OB/GYN Chair), Ernie Maldonado (Pediatric Chair), and Harry Bowles (Surgery Chair) who have assisted me in every possible way the last two years. In addition, I would like to say to all the medical staff committee and sections chairs, co-chairs, vice-chairs, and members, a job well- done. I also would like to express my appreciation for all the legal advice and service from Terri Keville. More importantly, I would like to express my heartfelt gratitude to the professional service provided by all the medical staff coordinators and staff members, Bobbie De La Rosa, Ann Greenstadt, Lenore Pitigala, Mabel Marin, Bianca Irizarry, Maricela Alvarez, Barbara Benford, and Edmond Mouton on your kindness, support, and friendship. I will remember all the positive moments that we have experienced. Last but not least, I would like to thank all of you for your patience, support, and trust in me. See you around in the hospital. I sincerely wish all of you a wonderful holiday.

Edmund Tse, MD

President of the Medical Staff

From the Health Science Library

When to Think Twice about Using Google Scholar

A recent blog article titled *Google Scholar is Filled with Junk Science*, highlights why clinicians should think twice about using Google Scholar to conduct topic searches. The author Jeffrey Beall's key points include:

CONS:

- Google Scholar indexes predatory, pseudo-science open access journals along with peer-reviewed, authoritative journals. Consequently, your search results include junk science which then has to be evaluated and weeded out by you.
- Google Scholar does not use controlled vocabularies. This makes finding a comprehensive body of research on your topic or refining to a specific population or aspect of a disease/condition difficult at best and all but impossible at worst.
- Google Scholar does not screen for quality but aims to be as comprehensive as possible. For some difficult to find topics this can be a plus, however, for most clinical topics, searching a database that vets which journal titles will be included based on predetermined selection criteria is the most efficient way to find high quality information.

PRO:

- Google Scholar does work well for known-item searches when you want to quickly locate an article for which you know the title or author.

RECOMMENDATIONS:

1. When conducting clinical research, use Google Scholar *in addition* to rather than as a replacement for Medline or other authoritative, subject specific databases.
2. Use Google Scholar to quickly find known articles. Tip: If the publisher site requires paying for the article, contact the Health Sciences Library to see if we license the journal or can get the article for you through DOCLINE (inter-library loan network).

In short, to quote from Beall's post, "For those seeking the top scholarly literature on a given subject, the best resource is a focused, high-quality, curated database licensed by a library."

To find out more about the Health Sciences Library's licensed resources visit our website at <http://huntingtonhospital.libguides.com> or contact us at 626-397-5161, library@huntingtonhospital.com.

Further Reading:

1. "Google Scholar is Filled with Junk Science" blog post, <http://scholarlyoa.com/2014/11/04/google-scholar-is-filled-with-junk-science/>
2. Fact Sheet: MEDLINE Journal Selection, <http://www.nlm.nih.gov/pubs/factsheets/jsel.html>

From Physician Informatics

Recent HANK Changes

Over the month of October, there have been quite a few improvements to the HANK system and associated workflows. Below is a summary of the major accomplishments in the past month:

- Results Review enhancements:
 - A new 'Diagnostics/Procedure' tab is available and includes Radiology, Cardiology, all procedures, and all surgery with a clinical range of the current visit.
 - A new 'Diagnostics/Procedure - Extended' tab is available and includes Radiology, Cardiology, all procedures, and all surgery with a clinical range of 18 months.
 - A new 'LAB - Extended' tab is available with a clinical range of 18 months.
 - The 'Assessments' tab has been renamed to 'Non-physician Assessments'.
- A new function called FYI Results Subscriptions is available. This enables individual physicians to subscribe to additional results, which will then go to their message center.
- New PowerNotes are being moved to PROD: Transfer to Another Facility Note, Code Note, Death Pronouncement Note, Rapid Response Note, and Blank Progress Note.
- There have been quite a few PowerPlan changes. The most notable is the introduction of anew Diluents for RocephinPowerPlan and modification of the MED Admit, GEN Discharge, and COU PowerPlans.
- Oral Vancomycin no longer has the option to continue/discontinue on the Discharge Medication Reconciliation screen as this can't be converted to a prescription.
- The Patient Name Search has been enhanced to produce more results.
- CDI Queries were renamed to be prefixed with 'CDI'

◆ **CDI Queries**

As a reminder, the CDI Specialists are sending electronic queries. These CDI queries can be found in Message Center under General Messages. These have the prefix of "CDI". When you receive one of these, you will need to create a new note or amend an existing note. If you have any questions for the CDI specialists, please contact them by phone.

◆ **Ordering of Oral Vancomycin at Discharge**

After extensive research, we have concluded that oral vancomycin solutions cannot be converted to an outpatient prescription. The reason for this is that the Huntington Pharmacy compounds it by mixing vancomycin IV powder with cherry syrup and sterile water, which is considered a custom formulation for inpatient use. Thus, when the system tries to convert this, there isn't a one-to-one match for the out patient setting. Therefore, when prescribing vancomycin at discharge, the inpatient order would be stopped and a new prescription entered for the desired dose.

◆ **PreOperative/Procedure and Informed Consent/Attestation**

During the JCAHO visit last week, a change was made to these notes. In order to provide more clarity, the following new verbiage was added under the History and Physical section of the Preoperative/Procedure and

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From **Physician Informatics** continued from page 7

Informed Consent/Attestation notes:

- The History and Physical in this medical period was performed less than 24 hours prior to this date.
- The History and Physical in this medical period was performed greater than 24 hours. The History and Physical was reviewed and the patient was examined:
 - No significant change has occurred in the patient's condition
 - The following significant changes have occurred in the patient's condition (specify)/Other.

◆ **Chart Search**

In early October, a new feature was implemented, which is called Chart Search. This provides the capability to perform a 'search' of the patient chart and works similar to other commercial search engines. This function enables

you to search the chart for information that has been entered into Cerner on or after March 1, 2014. Some of the information available is clinical and physician documentation, transcribed reports, radiology and pathology reports, vital signs and laboratory results.

◆ **Medication Reconciliation (Medicine Task Force)**

The physician training guide on the medication reconciliation workflow has been finalized. In addition, nursing is in the process of completing their training on this workflow.

If you would like a paper handout or one-on-one assistance on any of the HANK workflows or functionality, please contact physician informatics at extension 2500.

2015-2016 Physician Leadership

Beginning January 1, 2015 a new medical staff leadership term begins. The new leadership is as follows:

MEC Members

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

Chair Elects

Credentials	Madhu Anvekar, MD
Quality Management	David Lourie, MD
Medicine	Syeda Ali, MD
OB/GYN	Kathy Walker, MD
Pediatrics	John Rodarte, MD
Surgery	Howard Kaufman, MD

CDI CORNER

When your patient presents with respiratory distress, hypoxia, dyspnea or shortness of breath...consider:

RESPIRATORY FAILURE

ACUTE RESPIRATORY FAILURE: present if any 2 of these 3 criteria are met:

- pO₂ < 60 mmHg (or pulse ox 88% room air)
- pCO₂ > 50 mmHg with pH < 7.35
- respiratory distress (document in physical exam)

ICU admission &/or intubation with mechanical ventilation **not required** to meet this definition

Treatment may include any of the following: ventilator, BIPAP/CPAP, Vapotherm, non-rebreather mask

DO NOT need an ABG

Correlate underlying etiology if known
Please document:

- tachypnea (RR > 20)
- retractions or accessory muscles used
- diaphoresis
- cyanosis &/or dusky skin
- depressed or altered mental status
- “paradoxical” respirations
- brief, fragmented speech

CHRONIC RESPIRATORY FAILURE: develops over several hrs/days; requires ongoing home treatment to maintain stable state

- “End Stage” COPD
- Home O₂ required/dependent
- Chronic oral steroids used

Please don't hesitate to contact your CDI Team with any questions! Karen Beal, extension 2024; Maria Gilda Villanueva, extension 3665; Theresa Cardona, extension 3787; Dr. Gabriella Pearlman, extension 5183.

CDI Challenge

Thank you to the 130 doctors who stopped by the CDI table on October 31, and the nearly 70 doctors who took the CDI challenge.

Congratulations to our raffle winners: **Dr. David Martin, Dr. Ernie Maldonado, Dr. Timothy Oh, and Dr. Gregory Giesler.**

Didn't have time to stop by the table?

Take the CDI challenge listed below.

What is the most accurate diagnosis that reflects the severity of illness of your patient?

1. Patient admitted with n/v / diarrhea. Baseline Creatinine 1.1. Creatinine 3.2 on admission.
2. O₂ saturation 88% , placed on BIPAP, accessory muscle use, speaking in 2-3 word sentences
3. EGD reveals gastric ulcer, epinephrine used to control bleeding. HGB 7.2, transfused.
4. Lung cancer, Pleural effusion with cytology showing cancerous cells, HGB 6.7

See page 13 for answers.

Also, be sure to participate in the **ICD-10 Physician Engagement survey.** Check your email for more information. Participants will be entered into a raffle to win one of several prizes!

Gabriella Pearlman, MD
CDI Physician Advisor
ICD-10 Physician Champion

Huntington Memorial Hospital Physician Urges Congress to Support Lung Cancer Screenings for Medicare Patients

Physicians from Huntington Memorial Hospital recently met with Rep. Judy Chu (CA-27), urging our local congresswoman to support Medicare funding for lung cancer screenings. Studies have shown that such screenings could save an estimated 14,000 lives each year among Medicare beneficiaries. Under the Affordable Care Act (ACA) private insurers will begin covering the screening at no cost to patients. The ACA does not specify that Medicare must do so.

“Lung cancer screenings with low dose CT scans has been proven to lower cancer mortality in patients with a history of heavy cigarette smoking,” said Robbin Cohen, MD, medical director for the thoracic oncology program at Huntington Hospital. “Unless the Center for Medicare and Medicaid Services acts soon, patients with private insurance will be covered for lung cancer screenings, but Medicare



Huntington Hospital physicians and nurse meet with U.S. Congresswoman Judy Chu. From left to right: Jon Foran, MD; Ayman Saad, MD; Rep. Chu; Robbin Cohen, MD; and Christine J. Conti, RN.

patients won't. We wanted to work with Congresswoman Chu to ensure that Medicare patients are covered for this potentially life-saving program.”

Under Dr. Cohen's leadership the Lung Cancer Program at Huntington Hospital has grown to be recognized as one of the largest and most comprehensive programs of its kind in the greater Los Angeles area.

Celebrating Milestones

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

25 Years (on staff 12/1989)

Eddie Hu, MD - Hematology/Oncology
Jonathan Tam, MD - Obstetrics & Gynecology

20 Years (on staff 12/1994)

John Carmody, MD - Critical Care Medicine
Lauren Dimen, MD - Pediatrics
Christine Won, MD - Internal Medicine

15 Years (on staff 12/1999)

Eli Capouya, MD - Thoracic Surgery
Ali Gheissari, MD - Thoracic Surgery
Thomas Yamamoto, MD - Obstetrics & Gynecology

10 Years (on staff 09/2004)

Kristin Chapman, MD - Pediatrics

Getting Better Care for our Patients Because of Technology

By: William Chin, MD

I prefer to shop and order on the web versus going to a store; Amazon.com is very intuitive to use. I prefer to make my flight reservation on the web versus talking to someone on the phone in the reservation department. I am able to keep up with my family better via e-mail versus talking on the phone and using snail mail. We have seen so much improvement with shopping, communication, and efficiency in **everything** that we do in our society due to technology.

However, in medicine, we physicians dread, if not feel insulted by technology “intruding” in our practices.

The paper record is intractable to analysis. How does one know how one is doing with the paper record? How many diabetics whose blood pressure is not at goal? Did the patient follow through with our recommendation? Is there not a better way of sharing an out-patient’s information with colleagues other than using a fax machine?

In my prior organization we rolled out the EMR, aka electronic medical record. Yes, it can slow the physician down. Yes, the EMR can be frustrating and just as soon as I get proficient, I am told that there is a newer version coming out. WOW!!!! Is there something about the existing technology that I find irritating? Unequivocally yes. Are there physicians who stare at the screen versus look at the patient? Yes. Are there doctors who bury themselves in the hospital chart and don’t look at the patient? Yes.

But in 10 years we have ZERO lost reports or medical records. I don’t have to explain to a patient why I don’t have their lab, consult report or other documentation. More than one person can view the patient’s record simultaneously. If the ER calls and asks for

a prior EKG done in the office after hours, a copy can be faxed anywhere in the world. The on call doctor can review the record for critical information for a sick patient after hours if there is a shared system.

Technology can identify the gaps in care no matter where certain tests are done. If a patient has a colon cancer screening anywhere in this country and the claim was paid by a carrier, then I can have access to that colon cancer screening claim being submitted. Many states have immunization registries that allow physicians to have accurate immunization history rather than depending on the new patient’s or parent’s memory. In my organization the physician’s chronic disease metrics e.g. LDL to goal continues to improve year upon year.

In 2013 the Institute of Medicine (IOM) has stated that the US health care is subpar compared to Canada, Japan, Switzerland, Australia, and Japan, to name a few.

Robert Brook, MD, prior head of Rand and Elliot Fisher, MD from Dartmouth summarized the waste seen in our health care system in NEHI. Atul Gawande, MD, has spoken about the healthcare waste as well. It is estimated that 1/3 of the health care expenditures do not improve the quality of care for our patient or is **wasted**.

Are these technology systems perfect? Of course not. In our organization, practicing physicians sit on the technology development team to ensure that the EMR meets the needs and priorities of doctors, nurses, and pharmacists. I also understand the busy physician going from room to room may not want to participate because of lack of time. However, the opportunity exists for the physician to be part of the solution.

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Getting Better Care continued from page 11

At the same time when I ask the physicians who have been on paper and now electronic, would they go back to paper, the answer is almost always no.

We must work as a profession to improve the quality of care and reduce waste not just for the profession but for our children and our children's children. We can improve the system of care to make it the envy of every country in the world. We have that potential, but to do this we must not just embrace the technology but also accelerate

its incorporation in medicine. Let me end with two aphorisms.

Albert Einstein - Insanity: doing the same thing over and over again and expecting different results.

Don Berwick's statement that he made a long time ago. "It is usually easier to defend the status quo than to change it....However, evidence is mounting that the excellence of the status quo is a sentimental illusion."

Medical Staff Services Corner

Medical Records Suspensions

Please remember to complete your medical records in a timely manner. The Medical Staff Rules and Regulations (Section 3.10) state that physicians who accumulate 30 or more days of suspension in a calendar year will be suspended and fined.

The fines are as follows:

- 30 days of suspension = \$500;
- 45 days of suspension = \$750;
- 60 days of suspension = \$1,000 and physician is required to appear before the Medical Executive Committee.

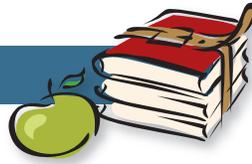
Every month Medical Records provides the Medical Staff Office with a list of physicians who have accrued medical records suspension days. Warning letters are sent to physicians who accrue 10 or more days of suspension via certified mail.

Here are some tips to help you avoid medical records suspension:

- Please be prompt with your medical record completion and notify Medical Records in advance of your time away (vacations/conferences), as these days will not be counted toward suspension days.
- Double-check with Medical Records to ensure that you do not have a outstanding paper charts that require signature
- Cerner is defaulted to display records for the last 90 days only, please change the display to "Load All" so that you can see all charts.

If you have questions related to medical records, please contact Beth Gould in the Medical Records Department at 626-397-8791.

CME Corner



MEDICAL GRAND ROUNDS

Topic: Role of Integrative Medicine in Cancer Care: What is it? Does it work? Who does it help?

Speaker: Suzie Kline, PhD, NP, LAc

Date: December 5, 2014

Time: Noon – 1 p.m.

Place: Research Conference Hall

Objectives:

1. Learn the main elements of Integrative Medicine and how to apply them.
2. Review the evidence on the safety and learn the efficacy of CAM therapies in cancer.
3. How to counsel and guide cancer patients regarding life style changes.
4. How Integrative Medicine is utilized for cancer patients and what services are available at the Huntington Oncology department.

Audience: Oncology, Internal Medicine, & Primary Care

Methods: Lecture

Credits: 1.0 AMA PRA Category 1 Credits™

SECOND MONDAY

Topic: Retina Disorders

Speakers: Boban A. Joseph, MD

Date: December 8, 2014

Time: Noon – 1 p.m.

Place: Research Conference Hall

Objectives:

1. Identify the various treatments available for various retinal diseases.
2. Increased understanding of the urgency of retinal evaluation for wet macular degeneration.
3. Re-affirm need for baseline retinal evaluation and subsequent care for Diabetic patients.
4. Clarify on and off-label use of a variety of medication for retinal disease.

Audience: Ophthalmology, Internal Medicine, & Primary Care Physicians

Methods: Lecture

Credits: 1.0 AMA PRA Category 1 Credits™

Reminder: H&P Requirements are a Responsibility of Medical Staff Membership

Article 3.5 -10 states that each member of the Medical Staff shall:

Prepare and complete medical and other required records for patients in a timely fashion...

- a. A medical history and physical examination must be completed and documented for each patient no more than 30 days before or 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services. The medical history and physical examination must be completed and documented by an appropriate practitioner, *i.e.*, an MD or DO, DDS, DPM, Clinical Psychologist, Oral Maxillofacial surgeon, or other qualified licensed individual in accordance with California law and the Medical Staff Rules and Regulations.
- b. Whenever the medical history and physical examination have been completed before admission or registration... *an updated examination of the patient, including any changes in the patient's condition, must be completed and documented within 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services...*

Please note that Cerner updates are being made to assist physicians in documenting the H&P Update when indicated.

Answers to CDI Challenge

1. Acute renal failure or Acute kidney injury
2. Acute respiratory failure
3. Gastric ulcer with hemorrhage and acute blood loss anemia, or GI bleed with acute blood loss anemia
4. Malignant pleural effusion. Anemia of malignancy/neoplastic disease

December 2014 Medical Staff Meetings

monday	tuesday	wednesday	thursday	friday
-1- - 5:30 p.m. Medical Executive	-2- - Noon General Surgery Section - CR 5&6	-3- - Noon Plastic Surgery Section - CR-10 - 5:30 p.m. Pediatric Dept. Cerner Task Force - CR-8	-4- - 12:15 p.m. Pediatric Committee - East Room - 12:15 p.m. Ob/Gyn Dept. Cerner Task Force - CR-10	-5-  <i>Annual Holiday Party</i>
-8- - Newsletter Submission -	-9- - Noon Surgery Dept. Cerner Task Force - CR-8	-10- - 7:30 a.m. Medicine Dept. Cerner Task Force - CR 5&6	-11- - Noon Medicine Committee - East Room	-12-
-15-	-16- 	-17-	-18-	-19-
-22-	-23-	-24-	-25- 	-26-
-30-	-31-			

December 2014 CME Calendar

monday	tuesday	wednesday	thursday	friday
-1-	-2-	-3-	-4-	-5-
	- 7:30 - 8:30 a.m. MKSAP, Conf. Room A - Noon - 1 p.m. General MDisc Cancer Conf., Conf. Room 11	- 7:30 - 8:30 a.m. Neonatal/ Perinatal M&M, Conf. Room 10 - Noon - 1 p.m. Genitourinary Cancer Conf., Conf. Room 11 - Noon - 1 p.m. Radiology Teaching Files, MRI Conf. Room	- 7 - 10 a.m. Trauma M&M, Conf. Room B - 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. Medical Grand Rounds, RSH Topic: Retina Disorders - Noon - 1 p.m. MDisc Breast Cancer Conf., Conf. Room 11
-8-	-9-	-10-	-11-	-12-
- Noon - 1 p.m. Second Monday, RSH Topic: Integrative Medicine in Cancer Care	- 7:30 - 8:30 a.m. MKSAP, Conf. Room A - Noon - 1 p.m. General MDisc Cancer Conf., Conf. Room 11	- Noon - 1 p.m. Radiology Teaching Files, MRI Conf. Room	- 8 - 9 a.m. Surgery M&M, Conf. Room B	- 7:30 - 9 a.m. Neurosurgery Grand Rounds, Conf. Room 11 - Noon - 1 p.m. Medical Case Conference, RSH - Noon - 1 p.m. MDisc Breast Cancer Conf., Conf. Room 11
-15-	-16-	-17-	-18-	-19-
	- 7:30 - 8:30 a.m. MKSAP, Conf. Room A - Noon - 1 p.m. General MDisc Cancer Conf., Conf. Room 11	- Noon - 1 p.m. Genitourinary Cancer Conf., Conf. Room 11 - Noon - 1 p.m. Radiology Teaching Files, MRI Conf. Room	- 7 - 8 a.m. Trauma Walk Rounds, Conf. Room B - 8 - 9 a.m. Surgery M&M, Conf. Room B - 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. Medical Case Conference, RSH - Noon - 1 p.m. MDisc Breast Cancer Conf., Conf. Room 11
-22-	-23-	-24-	-25-	-26-
			Christmas 	
-29-	-30-	-31-		
		New Years Eve		

Medical Staff Administration

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



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5 Hospital in the
Los Angeles metro area
10 Hospital in California
33 Nationally in Orthopedics
44 Nationally in Urology