

medical staff NEWSLETTER

February 2015



volume 53, issue 2

From the President

ICD 10 or The Sith Strike Back

"If you don't know where you are going, you might wind up someplace else."

- Yogi Berra



The International Statistical Classification of Diseases and Related Health Problems, tenth revision, (ICD 10) is a coding system for diseases, clinical findings, social, and other etiologic criteria as put forth by the World Health Organization. It will replace the current ICD 9 system and allow for greater specificity, address changes in diagnosis and treatment options, and permit thorough epidemiologic and financial tracking of health care administration. The mandated adoption of ICD 10 has been rolled back for health care providers until October 1st of this year. Needless to say, in light of the recent federally legislated changes, many practitioners have greeted this latest addition with a sense of exasperation.

The abbreviation ICD 10 actually refers to two coding systems, the ICD 10 Clinical Modification (CM) and the ICD 10 Procedure Coding System (PCS). The ICD 10 CM is the code set that replaces ICD 9 volumes one and two and is used to report all diagnosis in the clinical setting; whereas, the ICD 10 PCS replaces ICD 9 volume three and will be used to appropriately code for all hospital inpatient procedures. The new classification will increase the current number of codes to in excess of 68,000 at latest count. This is an increase from the 13,000 within the ICD 9. This significant

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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 January 5, 2015 and by the Governing Board on January 22, 2015.

Administrative Reports

Revisions to Medical Staff Rules & Regulations

The following proposal was recommended for approval by the MEC and will be disseminated to the Medical Staff for comment prior to referral to the Board of Directors for approval. The added text is in "**Bold**" and the deleted text is in "strikeout".

2.10 Intensive Consultation Requirements in the Critical Care Unit (CCU)

An intensivist consultation is required in the following circumstances:

- 1) Medicine Patients:**
 - **Every medicine**

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Revisions to Medical Staff Rules & Regulations continued from page 1

patient in the CCU needs to be managed or co-managed by an intensivist who specializes in Critical Care. The attending physician may choose which intensivist or intensivist group they wish to consult – from the list of HMMH credentialed intensivists.

- For every CCU medicine patient – the intensivist is responsible for triage into and out of the CCU.

2) Surgery Patients:

- When a **surgical** patient is admitted to the CCU from the ER or transferred to the CCU from the Floor (this excludes post-anesthesia care unit and Cath Lab) with the diagnosis of: Sepsis, Shock or Respiratory Failure; or if the patient requires any of the following: Pressors, Mechanical Ventilation or Therapeutic Hypothermia.
- When a **surgical** patient is going directly to the CCU from the Operating Room (no recovery in post-anesthesia care unit) and they did not come directly from CCU preoperatively, a consultation is required if the patient requires any of the following: Pressors, Mechanical Ventilation or Therapeutic Hypothermia.

2.11 Critical Care Unit (CCU) Intensivist Consultation Requirements for Code Patients

- Code Blue patients (an Intensivist Consult is required after arrival in the Critical Care Unit)
- Code Rapid Response patients (an Intensivist Consult is required after arrival in the Critical Care Unit)
- Code AMI (an Intensivist Consult is required after arrival in the Critical Care Unit if the patient

requires mechanical ventilation or therapeutic hypothermia)

- Code Stroke (an Intensivist Consult is required after arrival in Critical Care Unit if the patient requires pressors, mechanical ventilation or therapeutic hypothermia)
- Code Trauma (If the Trauma Attending is not an Intensivist and Intensivist will be consulted after arrival in the Critical Care Unit.

Consultation by an Intensivist will not be required for the following patients:

- 1) Cardiothoracic Surgery patients
- 2) Postoperative patients being recovered in PACU
- 3) Neurosurgery patients

Revised Privilege Forms

Revisions were recommended to the following Privilege Delineation Form:

- **Radiology/Nuclear Medicine**
(Added 'Image Interpretation including Teleradiology' to the Core privileges and added criteria for Advanced Neuro-Endovascular privileges)
- **Gastroenterology**
(Added a clarification that the minimum number of cases required for the Core procedures apply to initial applicants).
- **Psychiatry**
(New Addiction Medicine privilege sheet)
- **Emergency Medicine**
(Added new criteria and privileges for toxicology consultations)
- **Neurology**
(Added criteria for Advanced Neuro-Endovascular privileges)

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

- Departmental Policies and Procedures and Order Sets

Medical Staff Appointments



Chiang, Tom, MD
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 959 East Walnut Street
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 626-795-5118 (office)



Ching, Jeffrey, MD
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Conahey, George, DO
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 626-397-3826 (office)
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Howell, Lori, MD
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 Shriners Hospital
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 Los Angeles, CA 90020
 213-368-3338 (office)
 213-368-3314 (fax)



Kalantar, Nader, MD
Otolaryngology
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 Pasadena, CA 91101
 626-796-6164 (office)
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Konstas, Angelos, MD
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 The Hill Radiology Group
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 Radiology Department
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 Central Hematology &
 Oncology Group
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Rootman, Daniel, MD
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 988 South Fair Oaks Avenue
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 Emergency Medical Group
 100 West California Blvd.
 Emergency Department
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 626-397-5116 (office)
 626-397-2981 (fax)



Zakarian, Karine, MD
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 Immunology**
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From the **President** continued from page 1

expansion is designed to allow for the identification and tracking of new diagnosis, with each code combination now including seven characters rather than the previous five. In addition, certain diagnostically related codes have been combined to allow for less coding to adequately describe a given condition and or its treatment.

However, even its proponents admit to certain issues with the conversion to the new program. One of the major concerns is the lack of any "mapping" or template that allows translation from the prior system to the new. In light of this, some tables have been offered, yet their utility is arguable at best. Also, the cost incurred of implementing the system without some legislated financial remuneration or assistance has been discussed and brought forth. The AMA performed an economic impact study estimating the cost per physician or group to be between \$56,639 and \$226,105 due to software updates, retraining of staff, delays in adequate and fluid implementation by billing services. A cost that has been thrust upon the physicians to bear.

In light of this, you may ask, do I have to upgrade to ICD 10 and deal with the time and nuisance factor of again changing my lexicon to address the latest legislative hoop in order to just get paid? The answer is yes, all HIPPA covered entities: health care clearing houses, payers, and providers must by law comply with the new coding system starting on the implementation date. In order to prepare for this change, physicians should: install appropriate software upgrades and updates, make necessary changes to internal office policies and staff training, and contact their payers and billing services to begin both internal and external testing procedures. In addition, a number of resources are available from national and state agencies as well as professional societies and programs within your hospital to aid in your education on this issue and to hopefully ease the transition.

The ICD 10 is another in a series of recent changes in the landscape of our practices. Its upcoming implementation is unavoidable. The first step in avoiding a pitfall is knowledge of its existence. There are a number of resources in the medical community that are available to help a physician and his or her office. The best option is to adequately prepare for this event and help avoid the confusion, frustration, and any potential negative impacts to our practices that are inherent when any significant new program is initiated.

[Works Cited](#)

American Medical Association (AMA). "ICD-10 Code Set to Replace ICD-9." *Transaction and Code Set Standards*. Nachimson Associates, 12 Feb. 2014. Web. 11 Jan. 2015. <<http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/hipaahealth-insurance-portability-accountability-act/transaction-code-set-standards/icd10-code-set.page>>.

From the **Health Science Library**

ClinicalKey Now Offers “New Issue Alerts” to 600+ Online Journals

Table of Contents or New Issue Alerts are one way to easily keep on top of what’s being published in your favorite journals. ClinicalKey has over 600 online journals available.

To subscribe to a **New Issue Alert** on Clinical Key (CK), follow these steps:

1. Navigate to CK (www.clinicalkey.com) on a hospital network computer or via Citrix/Cerner off-site access
2. Register for a CK, if you do not already have a login (more information below)
3. Login to your CK account
4. Click on the Journals link at the top of the CK home page
5. Select a journal by browsing the list or by using the Find by Title search box
6. Click on the New Issue Alerts: Subscribe link at the top of the page (the alerts will be sent to the email you specified when registering for CK)

To register for ClinicalKey: Navigate to www.clinicalkey.com from a hospital computer and click on **Register**. Or, fill out the **Request Off-Site Access** form from the library’s home page (<http://huntingtonhospital.libguides.com>) to have a librarian register you.

To see a quick video tutorial of how to subscribe to New Issue Alerts in CK, go to: <https://www.screenr.com/ybqN>

Need more information? Contact the library by email library@huntingtonhospital.com or phone 626-397-5161.

Celebrating Milestones

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

40 Years (on staff 02/1975)

Harold Rosenfeld, MD - Plastic Surgery

35 Years (on staff 02/1980)

George F. Williams, MD - General Surgery

15 Years (on staff 02/2000)

Steven Applebaum, MD - Hematology/Oncology
Massoud Soleimani, MD - Rheumatology

From Physician Informatics

Recent HANK Changes and Tips

While there have been a number of changes made recently, some of the most significant changes are:

❖ Some PowerPlans will Initiate upon Signing

In order to streamline ordering and reduce situations where PowerPlans are inadvertently planned, we are working with the physician champions on identifying PowerPlans that should be initiated upon signing. These are PowerPlans that should never be planned. As this change is made, you will notice that the typical 'Initiate' button will be missing from these specific PowerPlans.

The first PowerPlans to be moved to initiate upon Signing is the GEN Blood Products/Transfusion PowerPlan (Adult and PEDS). This change was made in December.

❖ PowerPlans with a new Continuous Phase

In order to streamline ordering and reduce the situations where orders are inadvertently discontinued as patient's transition between levels of care, several PowerPlans are being updated to include a 'continuous phase'. This continuous phase will contain orders that should span these transitions between levels of care (ex: antibiotic started while in the OR and continues through PACU and onto the Floor). Initially, we are starting this approach with several surgical PowerPlans with the intent to expand this to other PowerPlans.

❖ Use of Communication Orders

Communication orders should only be used to communicate instructions to



[huntington](#) » [access](#) » [network](#) » [knowledge](#)

nursing. They should never be used in place of placing actual orders (ex: medications, tests, etc.). Why? First, there is a potential patient safety impact as communication orders do not have clinical decision support enabled. Second, there is a delay in patient care as communication orders go directly to nursing and other clinical staff (ex: Pharmacy, Radiology, Lab, etc.) is not able to see these.

Going forward, when nursing receives a communication order that is really a medication or test order, they will contact the ordering physician to have the order entered or to take a telephone order.

❖ Message Center Subscriptions

As changes have been made to the message center, we have heard that some physicians would like to see more than they are receiving. In order to meet this request, we introduced a new enhancement called "Results FYI". This allows you as a user to subscribe to additional result types, which would be sent to your message center. These

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From **Physician Informatics** continued from page 6

will appear in the “Results FYI” folder of your message center box. If you would like assistance in setting up these subscriptions, please contact physician informatics at extension 2500 or 626.397.2500.

❖ **Results Review Enhancements**

The first enhancement was the creation of a new Rehab Results Review Tab, which brings all clinical (non-physician) Rehab documentation together in a single view.

Next, the “Newborn Phototherapy” in Results Review has been renamed to “Hyperbilirubinemia”.

Lastly, the NICU Fluid Summary has been renamed to “Neonate Review” and now includes the Delivery Record.

❖ **New ‘Ask HANK for Physicians’ SharePoint Site**

As a result of several requests, we have created a HANK SharePoint site that is dedicated to HANK changes and communication that affect Physicians. You will find training aids, task force updates, a list of recent changes and more.

You can access this site by clicking on “Ask HANK” on the main SharePoint Page and then clicking on ‘Physicians’. It is also available as a shortcut on your remote desktop.

As you use this site, please let us know what you like about the site and suggestions.

❖ **Did you know?**

The more we use Cerner, there are some common tips that emerge as some of the most helpful. Below are the four more recent tips that you may find valuable.

When performing a patient search by name, the most effective way is to eliminate the space between the comma and the first name (i.e. Smith,John rather than Smith, John). This will produce the most accurate results.

When placing orders, we recommend setting your search type to “contains” and either hitting enter or clicking on the binoculars. These two steps will produce a complete list of orders and PowerPlans that contain the phrase that you are looking for.

When entering medication orders, you can use the ‘order comments’ field to include additional instructions for the pharmacist and/or the nurse. The pharmacist sees this field when verifying medications and the nurse will see these instructions on the MAR.

When entering reoccurring orders (such as Blood Cultures), please enter an end date for the order. We have had situations where end dates haven’t been entered and the order continues to be carried out beyond what was intended.

If you would like one-on-one assistance on any of the HANK workflows or functionality, please contact us at ext. 2500 or 626-397-2500.

From the Clinical Documentation Specialists

Documentation Tip of the Month

Additional approved hospital abbreviations you may now use:

ABLA (acute blood loss anemia)	CKD (chronic kidney disease)
ACS (acute coronary syndrome)	GIB (gastrointestinal bleed)
AMS (altered mental status)	HCAP (health care acquired pneumonia)
AKI (acute kidney injury)	HLD (hyperlipidemia)
BMI (body mass index)	PNA (pneumonia)
CAP (Community acquired Pneumonia)	

Questions? Please contact: Karen Beal, RN, BSN, CCDS, ext. 2024; Theresa Cardona, RN, CCDS, ext. 3787; Maria Gilda Villanueva, RN, CCDS, ext. 3665; Gabriella Pearlman, MD, Physician Advisor & ICD-10 Champion, ext. 5183



Huntington Bike Club

Come and ride!

Get healthy and enjoy the outdoors with your colleagues!

The Huntington Bike club has rides on the 1st and 4th Sunday of the month. We meet at the Rose Bowl at the South entrance of Parking lot K and leave promptly at 8 a.m. We offer two rides, one for beginner riders averaging 16-30 miles and one for advanced riders averaging 30-50 miles. We have a bike clinic for the beginner riders from 8 - 8:30 a.m.

*Please contact Alison Birnie, RN at
626-397-3686 or Alison.birnie@huntingtonhospital.com
if you would like to join the mailing list or have any questions.*

NEW Physician & Interoperability Services Director



Please welcome **Chuck Sudvary** as the new Director of Physician & Interoperability Services. Chuck has been working in Healthcare Informatics for the over 15 years and came to Huntington from BayCare Health System in Tampa, Florida. His role with Huntington is to lead the training and support for physicians systems and HHEC; but also to work collaboratively with other IS Directors to optimize physician adoption of technology, as well as work with hospital and physician leadership to measure outcomes ensuring the effective use of technology.

The goal over the next month to is to reorganize the Physician Support Department by adding two new Physician Liaison positions, bringing the total to three. These team members will answer first call support for physicians and escalate appropriately to the proper Physician Informatics Department team members or Information Services Department team members. This Physician Liaison team will also be responsible for training of physicians.

We will release new support hours and contact information in the coming months. As we work on this new model, please continue to call ext. 2500 for your support needs and utilize your current relationships to care for your patients.

We look forward to help in any way that we can to make the care of your patient your number one concern.

President's Recognition Corner

The Chief of Staff would like to recognize the outstanding care provided by members of the Medical Staff based on one or more of the following: letter from a patient and/or their family, nursing compliment, and/ or a collegial recommendation.

This month the Chief of Staff would like to recognize **Dr. Ashish Patel, Dr. Gregory Giesler, and Dr. Artin Nazarian**, who were mentioned in a patient letter.

"The staff and doctors at Huntington Hospital are exceptional. So many of the ER staff came to visit me during my recovery and were pleasantly surprised to see how well I was progressing. Without your [Dr. Patel] expertise, the guidance of Dr. Gregory Giesler, and the follow-up care by Dr. Artin Nazarian, I would not be writing this thank you letter."

"The professionalism and compassion expressed by all those involved is commendable."

CME Corner

MEDICAL GRAND ROUNDS

Topic: Regenerative Medicine Update

Speaker: Marie Csete MD, PhD

Date: February 6, 2015

Time: Noon - 1 p.m.

Place: Research Conference Hall

Objectives:

1. Define a stem cell vs. a non-stem cell.
2. Understand differences between adult embryonic and iPS cells.
3. Understand current stem cell trail activity.
4. Understand different types of engineered delivery strategies for stem cell therapies.

Audience: Plastic Surgery, Ophthalmology, Neurology, Orthopedic Surgery, Cardiology, Internal Medicine, & Primary Care Physicians

Methods: Lecture

Credits: 1.0 AMA PRA Category 1 Credits™

SECOND MONDAY

Topic: Vaccines

Speakers: Elisa L. Chang, MD

Date: February 9, 2015

Time: Noon - 1 p.m.

Place: Research Conference Hall

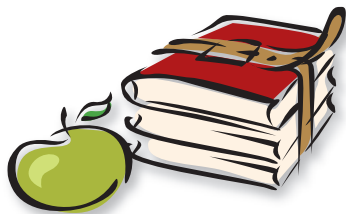
Objectives:

1. Improve immunization rates.
2. Improve general understanding of vaccines.

Audience: Infectious Disease, Internal Medicine, & Primary Care Physicians

Methods: Lecture

Credits: 1.0 AMA PRA Category 1 Credits™



Medical Staff Services Corner

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. Physicians who accrue 30 days of suspension are fined \$500; physicians who accrue 45 days are fined an additional \$750; and physician accruing 60 days or more are fined an additional \$1,000 and are 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.

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.

If you have questions related to Medical Records, please contact Beth Gould at 626-397-8791.

Huntington Memorial Hospital Launches New, Best-practice Programs

The stakes are high. Whether delivering infants in potentially high-risk circumstances or responding to the urgent needs of patients with life-threatening illness and injury, Huntington Memorial Hospital always seeks to ensure the very best of patient outcomes.

In keeping with the hospital's legacy of excellence, we are excited to announce the launch of our new intensivist and laborist programs. These programs provide around-the-clock coverage by intensive-care and labor-and-delivery specialists within the hospital. They represent the best practices in care - and will help us achieve our goal to rank among the top 10 percent of hospitals nationwide.

We believe that Leapfrog Group and the Centers for Medicare & Medicaid Services' Hospital Compare provide the most valid benchmarking information currently available. Their quality measures will help guide Huntington Hospital's ongoing quality-improvement efforts as we continue to enhance our programs and services in light of emerging best practices.

In this issue, Daryl Banta, MD, outlines benefits of the intensivist model and introduces the hospital's new, highly qualified team of intensive-care specialists. In our next issue, we will provide additional information about our laborist program and its exceptional providers.

Getting to Know Your Medical Staff Leaders

Matthew Hart, MD, joined the Medical Staff in May 2008. Dr. Hart is board certified in Anesthesiology by the American Board of Anesthesiology. He is the current Anesthesiology Section Chair, serves on the Quality Management Committee and Surgical Care Improvement Committee. In addition, he is the Medical Director of the Huntington Ambulatory Surgery Center (HASC).

Dr. Hart received his medical degree at Columbia University College of Physicians and Surgeons in New York. He completed a one-year surgical internship and three-year anesthesiology residency at UCLA Medical Center in Los Angeles.

Dr. Hart is committed to preserving the highest level of anesthetic care to patients at both locations.

Dr. Hart is a musician and was a singer/songwriter before becoming a doctor. He loves to be in the kitchen or at the grill, and traveling with his family. Dr. Hart is married to Hematologist/Oncologist Dr. Daphne Stewart, a member of the Huntington Medical Staff. Together, they have three kids, Sawyer age 12, Charlotte age 10 and Piper age 7.



Intensivist Program Launch

by: Daryl Banta, MD



Members of the Huntington Pulmonary Medical Group include: Ashish Patel, MD, Mendy Gonzalez, NP, Melinda Medeiros, NP, Daryl Banta, MD, Brooke Chandrasoma, MD, Ayman Saad, MD (Not pictured: Michael Gurevitch, MD & Lauren Delgado, NP)

On January 5, 2015, Huntington Hospital successfully partnered with Huntington Pulmonary Medical Group (HPMG) to create and implement a Leapfrog Group-compliant Intensivist Program. After nearly a decade of hard work and dedication, the hospital took a major step in its mission to deliver the highest level of care to its sickest patients. Following evidence-based medicine and nationally recognized quality and safety standards, the Critical Care Unit (CCU) at Huntington Hospital will now be staffed by ABIM Critical Care Board Certified physicians solely dedicated to providing coverage to Huntington Hospital.

Paula Verrette, MD, Senior Vice President of quality and physician services has been instrumental in the implementation of the Intensivist Program.

“This new program will ensure that a certified expert in intensive care medicine is on hand around the clock in our CCU to assess patients, consult with primary care physicians, respond to questions from other members of the care team, and lead care-related decision-making to support optimal patient outcomes. Given the high baseline risk associated with the CCU population and the model’s demonstrated

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Intensivist Program Launch continued from page 12

impact on quality and patient outcomes, Leapfrog’s Intensivist-led staffing model for critical care has become the gold standard nationwide.” – Paula Verrette, MD

In compliance with the Leapfrog Model of CCU staffing, every medicine patient admitted to the CCU needs to be managed or co-managed by an intensivist. If a patient requires admission to the CCU, the attending physician chooses the appropriately credentialed intensivist or intensivist group. Once selected, the intensivist is responsible for triage into and out of the CCU.

An intensivist is also required when a surgical patient is admitted to the CCU from the ER, or transferred to the CCU from inpatient care units (excluding Post-Anesthesia Care Unit and Cath Lab) after being diagnosed with sepsis, shock, respiratory failure or requiring vasopressors, mechanical ventilation, or therapeutic hypothermia. When a surgical patient transfers directly to the CCU from the Operating Room (as opposed to recovering in a post-anesthesia care unit) and does not come directly from the CCU pre-operatively, a consultation by an intensivist is necessary if the patient requires vasopressors, mechanical ventilation, or therapeutic hypothermia.

An intensivist consultation is also required for patients after Code Blue, Code Rapid Response, Code Stroke, Code AMI, and Code Hypothermia after arrival in the CCU. An intensivist will be required for Code Trauma patients that arrive in the

CCU if the trauma attending physician is not a credentialed intensivist. Consultation by an intensivist will not be required for the following patients: Cardiothoracic surgery patients, postoperative patients recovering in the PACU, or Neurosurgery patients.



Participating intensivists will be dedicated entirely to in-hospital critical care. Those selected will have completed a primary residency and board certification in a specialty area such as surgery, internal medicine or anesthesiology, as well as an additional two- to three-year fellowship and certification in critical care medicine. Their availability is expected to improve patient survival rates, further enhance quality of care, promote medication safety and decrease the potential for complications arising from critical care procedures.

Hospitals that are compliant with the Leapfrog standard for CCU physicians staff their CCUs with intensivists who are present during daytime hours and provide care exclusively for CCU patients. An ICU physician staffing (IPS) model has been shown to reduce the risk of mortality in the CCU by up to 40%, shorten CCU length of stay, and increase cost-effectiveness. The IPS model is endorsed by the National Quality Forum and is used by multiple top ranked hospitals nationally.

The creation of an Intensivist Program is just one of the many reasons Huntington Hospital has established itself in Southern California as a center for excellence, high quality and state-of-the-art care.

February 2015 Medical Staff Meetings



monday	tuesday	wednesday	thursday	friday
-2-	-3-	-4-	-5-	-6-
- Noon OB Dept/CME – CR 5&6 - 5:30 pm Medical Executive – Board Room	- 8 am QM Pre-Agenda – CR-C	- 7:30 am Medicine Dept. Cerner Task Force – CR 5&6 - 12:15 pm OB/GYN Peer Review – CR 5&6 - 5:30 pm Pediatric Dept. Cerner Task Force – CR-8	- Noon Medicine Committee – North/South - Noon Trauma Services – CR 5&6 - 12:15 pm OB/GYN Dept. Cerner Task Force – CR-8	- 7 am Orthopedic Section – CR 5&6 - Newsletter Submission -
-9-	-10-	-11-	-12-	-13-
	- Noon Surgery Dept. Cerner Task Force – CR-8	- 10 am PICU/Peds QI – CR-2	- Noon Quality Mgmt Committee – East Room - 5:30 pm Neonatal/Pediatric Surg. Case Review – CR-10	
-16-	-17-	-18-	-19-	-20-
President's Day!	- 12:15 pm Infection Control Committee – CR 10 - 5:30 pm Surgery Committee – CR-5&6 	- 7:30 am Medicine Dept. Cerner Task Force – CR 5&6 - 12:15 pm Credentials Committee – Conf. Room C	- 6:30 am Anesthesia Peer – CR-7 - 8 am Neurology Sect – CR-8 - Noon PT&D Committee – CR 5&6 - 3 pm Neonatal QI – CR-10 - 6 pm Bioethics – CR 5&6	
-23-	-24-	-25-	-26-	-27-
- Noon Radiology/Nuclear Med Section – CR-11	- Noon Pulmonary Section – CR-10	- 12:15 pm Endovascular Committee – CR-5	- Noon IM Peer Review – CR-6 - 12:15 pm Pediatric Committee – East Room	

February 2015 CME Calendar

monday	tuesday	wednesday	thursday	friday
-2-	-3-	-4-	-5-	-6-
	- 7:30 - 8:30 am MKSAP, Conf. Room A - Noon - 1 pm General MDisc Cancer Conf., Conf. Room 11	- Noon - 1 pm Genitourinary Cancer Conf., Conf. Room 11 - Noon - 1 pm Radiology Teaching Files, MRI Conf. Room	- 7 - 10 am Trauma M&M, Conf. Room B - Noon - 1 pm Thoracic Cancer Conf., Conf. Room 11	- 7:30 - 9 am Neurosurgery Grand Rounds, Conf. Room 11 - Noon - 1 pm Medical Grand Rounds, RSH Topic: Regenerative Medicine Update - Noon - 1 pm MDisc Breast Cancer Conf., Conf. Room 11
-9-	-10-	-11-	-12-	-13-
- Noon - 1 pm Second Monday, RSH Topic: Vaccines	- 7:30 - 8:30 am MKSAP, Conf. Room A - Noon - 1 pm General MDisc Cancer Conf., Conf. Room 11	- Noon - 1 pm Radiology Teaching Files, MRI Conf. Room	- 8 - 9 am Surgery M&M, Conf. Room	- 7:30 - 9 am Neurosurgery Grand Rounds, Conf. Room 11 - Noon - 1 pm Medical Case Conference, RSH - Noon - 1 pm MDisc Breast Cancer Conf., Conf. Room 11
-16-	-17-	-18-	-19-	-20-
<i>President's Day</i> 	- 7:30 - 8:30 am MKSAP, Conf. Room A - Noon - 1 pm General MDisc Cancer Conf., Conf. Room 11	- Noon - 1 pm Genitourinary Cancer Conf., Conf. Room 11 - Noon - 1 pm Radiology Teaching Files, MRI Conf. Room	- 7 - 8 am Trauma Walk Rounds, Conf. Room B - 8 - 9 am Surgery M&M, Conf. Room B - Noon - 1 pm Thoracic Cancer Conf., Conf. Room 11	- 7:30 - 9 am Neurosurgery Grand Rounds, Conf. Room 11 - Noon - 1 pm Medical Case Conference, RSH - Noon - 1 pm MDisc Breast Cancer Conf., Conf. Room 11
-23-	-24-	-25-	-26-	-27-
	- 7:30 - 8:30 am MKSAP, Conf. Room A - Noon - 1 pm General MDisc Cancer Conf., Conf. Room 11	- 7:30 - 8:30 am Cardiac Cath Conf., Cardiology Conf. Room - Noon - 1 pm Radiology Teaching Files, MRI Conf. Room	- 8 - 9 am Surgery M&M, Conf. Room B	- 7:30 - 9 am Neurosurgery Grand Rounds, Conf. Room 11 - Noon - 1 pm Medical Case Conference, RSH - Noon - 1 pm MDisc Breast Cancer Conf., Conf. Room 11

Medical Staff Administration

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Pasadena, CA 91109-7013

ADDRESS SERVICE REQUESTED

Medical Staff Leadership

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

Newsletter Editor-in-Chief - Glenn Littenberg, MD

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.

Medical Staff Demographic Changes

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2013 – 2014
Best Hospitals Report
5 Hospital in the
Los Angeles metro area
10 Hospital in California
33 Nationally in Orthopedics
44 Nationally in Urology