

# medical staff NEWSLETTER

January 2016



volume 54, issue 1

## From the President

### In Translation

*“One person can make a difference, and everyone should try.”*

- John F. Kennedy



I moved to the Los Angeles area from Detroit in the late 1970's. At that time, Detroit's population was rapidly declining with the loss of American automotive supremacy, and Los Angeles, although growing still had orange groves. The cities, both my hometown and my adopted one, have continued on their respective paths; Detroit into urban decline with the United States' drift into post industrialism and for Los Angeles, further growth and expansion. However, both cities, like many urban cultures have one thing in common, the need to redefine themselves in regards to the changing faces and nationalities that now occupies them. Los Angeles and Detroit have increasingly become a conglomeration and melting pot of the cultures and ideals that encompass the world we live in.

The population of Los Angeles, a mere 50,000 in 1890, has now swelled to in excess of 18,000,000 for the greater Los Angeles Region, with a large portion being originally from outside the United States. This degree of population density allows for a greater amount of cultural diversity. The ways cultures interact and influence one another has always determined the flavor or ambience of a city, and to change either of these in Los Angeles requires just a short walk of a couple blocks. It is no surprise that these diverse cultural origins have a significant impact on their constituent populations' view of their

*continued on page 3*

## Board Meeting

As provided by the Bylaws of the Governing Body and as the designated sub-committee of the Governing Board the following items were presented and approved by the Medical Executive Committee and by the Governing Board on December 17, 2015.

## Administrative Reports

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

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## Medical Staff Appointments



**Detterich, Jon, MD**  
**Pediatric Cardiology**  
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**Goldner, Bryan, DO**  
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**Internal Medicine**  
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**Graves, Christopher L., MD**  
**Anesthesiology**  
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191 N. El Molino  
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**Oh, Daniel S., MD**  
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**Warner, Susanne, MD**  
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**Woo, Yanghee, MD**  
**General Surgery**  
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*continued on page 3*

## Medical Staff Resignations

- Calvert, George, MD - Orthopedics - effective 02/28/2016
- El-Gabalawy, Mohamed, MD - Psychiatry - effective 02/28/2016
- Kidon, Mark T., DPM - Podiatry - effective 01/31/2016
- Tube, Sigrid, PhD - Clinical Research - effective 02/28/2016
- Wen, Yi-Ping, NP - Internal Medicine - effective 02/28/2016
- Yarian, Andre, MD - Anesthesiology - effective 02/28/2016

## From the **President** continued from page 1

medical care, physician interactions, and how they approach the health care system at large. Thus physicians, when they look out into their waiting rooms, may often see a cross section of the multicultural city in which they live (Los Angeles).

Indeed, doctors themselves are increasing the reflections of a more diverse cultural society, bringing that expertise to bear for the care of their patients. Yet, often there is more than just a simple language barrier that impedes the delivery of health care. In this environment, cultural practices and thoughts toward traditional medicine need to be added to a physician's thought processes when assessing the care a patient has received and or the potential impact of any further treatments. In addition, patients from overseas and with recent travel histories may be at risk for conditions and or illnesses that also need to be addressed. Moreover, the safety or efficacy of any alternative medical treatments needs to

be discussed. This model of care often requires doctors to find a common path to help explain and overcome any language or societal barriers in order to administer care to their patients. After all, compassion is a universal constant among all human societies (Chow).

The world we live in is becoming increasingly smaller. In our city, we can find representatives of almost every culture, language, belief, and ethnicity. Medicine has always been a profession that has accepted and adapted to the needs of a society at large in order to care for its sick. It has often been the olive branch offering help to those in need. We are always at our best when we reach out to those around us and help create stronger ties and a sense of community. At the end of the day, despite our differences, everyone wants to be happy and well.

**James Shankwiler, MD**  
*President of the Medical Staff*

### References

"Historical Timeline of Los Angeles." *Discover Los Angeles*. Los Angeles Convention and Visitors Bureau, 10 Sept. 2012. Web. 12 Dec. 2015.

Chow, Hannah S., MD, MPH. "6 Keys to Practicing Multicultural Medicine." *Medical Economics*. ModernMedicine Network, 25 May 2012. Web. 13 Dec. 2015.

<<http://medicaleconomics.modernmedicine.com/medical-economics/news/modernmedicine/modern-medicine-feature-articles/6-keys-practicing-multicultur>>.

## Celebrating Milestones

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

### 35 Years (on staff 01/1981)

Stephen Henry, MD  
Internal Medicine

### 30 Years (on staff 01/1986)

Eddie M. Garcia, MD  
Ophthalmology

John A. Osterkamp, MD  
Pediatric Orthopedics

Warren C. Stout, MD  
Ophthalmology

### 20 Years (on staff 01/1996)

Walter Spears, MD  
Family Practice

### 15 Years (on staff 01/2001)

Richard G. Bennett, MD  
Dermatology

Christakis Christodoulou, MD  
Interventional Cardiology

Leonard Petrus, MD  
Pediatric Radiology

Richard A. Reed, MD  
Vascular and Interventional Radiology

Katarzyna Twardowska, MD  
Internal Medicine

Denis Yen, MD  
Internal Medicine

## Supporting Your Clinical Needs: Director of Clinical Partnerships

### As the Director of Clinical Partnerships, Candy Corral

uses her expertise as a Board Certified Clinical Nurse Specialist to offer clinical insight into the operations and strategy development of health care. Her work ranges from supporting individual physician needs to facilitating access to Huntington services for larger commercial partners and payors. This role was developed as Huntington proactively prepared for the rapid evolution of health care delivery. To support this, Candy has an open line of communication with Huntington's Executive Leaders. She looks forward to collaborating with you.



Please contact Candy to discuss and support your clinical needs.

**(626) 397-2516**

**[candy.corral@huntingtonhospital.com](mailto:candy.corral@huntingtonhospital.com)**

## Cerner Requests/Issues

**For immediate assistance regarding Cerner**, call the Physician Support Line at (626) 397-2500. Any non-urgent issues can be entered on the Huntington Hospital Intranet site: SharePoint.

Contact the IT Physician Champions if you have requests or issues that should be addressed as a priority.

Medicine & Pediatrics: **Shant Kazazian, MD**

Surgery & OB/GYN: **David Lourie, MD**

From the **Health Science Library**

**From the Health Sciences Library: Journal Changes for 2016**

The library strives to provide online access to the journals HMH Physicians use in the face of increasing journal subscription prices. In addition to price increases, other factors may necessitate the need for change. For example, publishers may switch platforms or drop titles from a particular platform. A third-party (non-publisher) platform may also increase pricing and the library will look for lower cost options either direct through the publisher or via another platform. The driving factors are cost and usage.

When usage, pricing and platforms change, the library must also drop or change its subscriptions. Last year, the library moved the *Annals of Internal Medicine* from the publisher's site to the Ovid platform. This year again, several of our titles have switched platforms.

**Why are we telling you this?** In short, because it may affect how you access the journal. If you access the library's journals from searching within the Ovid databases, then access to these titles should not affect you as much. The Ovid platform has a mechanism for linking to journal articles regardless of the platform. For those who like to access journals directly from the publisher's site, you will need to know which non-publisher platform to access. Our online catalog (linked from our webpage at: <http://huntingtonhospital.libguides.com>) is also a good place to find out:

- Does the library have a subscription to a title (and from what year)?
- From where (what platform) can I access the title?



*CHEST Moved Platform to ScienceDirect*

**Beginning in 2016**, users who access the journal via the library's subscription will access it through the ScienceDirect platform (<http://www.sciencedirect.com/>). Members of the American College of Chest Physicians can continue to access it via the CHEST journal site. CHEST is open access (free) for all issues from 1935 on except for the most current 12 months.

## From the Health Science Library

### *Journal Subscriptions the Library will Drop in 2016*

Subscriptions to the following titles have been dropped due to low use over the past consecutive two years. On the flip side some provide all or partial content as “open access” so much of the content is freely available. Here’s information on how to access and what’s available.

**Tip:** For articles not freely available, contact the library to request interlibrary loan document delivery services (free for all HMH affiliated physicians).

#### **The BMJ**

(<http://www.bmj.com/thebmj>)

The publisher provides open access to all research articles. Older content is free on PubMed Central (<http://www.ncbi.nlm.nih.gov/pmc/journals/3/>).

#### **Anesthesiology**

(<http://anesthesiology.pubs.asahq.org/journal.aspx>)

Anesthesiology provides immediate open access to select articles and free access to all published articles 6 months after publication.

#### **Neurosurgery, Journal of Clinical Gastroenterology and Obstetrical & Gynecological Survey**

<http://journals.lww.com/>

The publisher offers selected open access to research articles. Some non-research articles

are freely available. Open access is limited to researchers who pay for immediate unrestricted access or to comply with government-funded research mandates.

#### **Seminars in Respiratory & Critical Care Medicine**

There is no open access available for this title. Contact the library to request article via interlibrary loan document delivery.

#### **Journal of Palliative Medicine**

Open access limited to researchers who pay for immediate unrestricted access or to comply with government-funded research mandates. Contact the library to request article via interlibrary loan document delivery.

### *Consider Clinical Key journals for the following specialties:*

Anesthesia & Perioperative Care - 17 titles

Neurosurgery - 5 titles

Gastroenterology & Hepatology - 30 titles

Critical Care - 11 titles

Respiratory Medicine - 6 titles

### *Consider these Open Access titles for Palliative Medicine*

Annals of Palliative Medicine -  
<http://www.amepc.org/apm/>

BMC Palliative Care -  
<http://www.biomedcentral.com/bmcpalliatcare/>

*For more information or for assistance in accessing library resources offsite, please contact the library (626) 397-5161, [library@huntingtonhospital.com](mailto:library@huntingtonhospital.com).*

From the **Physician Informatics**

*Please review the following and note the upcoming Cerner changes that occurred December 22<sup>nd</sup>.*

**PowerPlan Modifications**

*Modifications to NEURO PowerPlans per TJC survey*

- **NEURO Acute Ischemic Stroke Admit/Transfer**
  - Labetalol - edit dose; edit order comment
  - Nicardipine - delete
- **NEURO Acute Ischemic Stroke IV Thrombolysis**
  - Labetalol - edit order comment; delete 40 mg dose
  - Nicardipine 50mg in NS 500ml Drip - edit order comment
  - Enalaprilat - delete
- **NEURO CRIT Acute Ischemic Stroke IV TPA or Intervention (now is “or Thrombectomy”)**
  - PowerPlan name - edit “or Intervention” to “or Thrombectomy”
  - VS - edit frequency
  - Neuro Checks - edit frequency
  - NIHSS completed/documented - edit order comment
  - Labetalol - edit dose; edit order comment
  - Nicardipine 50mg in NS 500ml Drip - edit order comment
  - Enalaprilat - delete
  - Fasting Lipid Profile - pre-check
- **NEURO CRIT Acute Ischemic Stroke**
  - VS - edit frequency
  - Neuro Checks - edit frequency
  - NIHSS completed/documented - edit order comment
  - Labetalol - edit dose; edit order comment
  - Nicardipine 50mg in NS 500ml Drip - edit order comment
  - Fasting Lipid Profile - pre-check

- **NEURO CRIT Acute Intracerebral Hemorrhage Admission/Transfer**
  - VS - edit frequency
  - Neuro Checks - edit frequency
  - Labetalol - edit dose; edit order comment

**Other PowerPlans:**

- **SURG IV Dilaudid/Oral Narcotic Subphase & SURG IV Morphine/Oral Narcotic Subphase**
  - Uncheck PO meds
  - Update comments
  - Change oxycodone from elixir to tab
- **ANES Peds PACU SDS - New PowerPlan;** weight-based dosing for most of the medications

**General Modifications**

- **Fetal Demise Alert** - Reactivate alert for Maternal Child Health and Postpartum clinicians
- **Admit to Inpatient Service Order**
  - Modified the mandatory responses to the 2 Midnight Certification statement by removing “(Consider Observation)”.
  - Mandatory order fields now populate the top of the details window.
- **Oxygen Therapy Order** - Biflo Nasal Mask added to list of delivery options within order details.
- **Neonate Summary mPage** - Apnea and Bradycardia events now populating the summary page.
- **Cerner to BabySteps Interface** - Specific clinical lab values from Cerner now populate the BabySteps application used by NICU providers.

From the **Clinical Documentation Specialists**

More Than  
**100!**  
Physicians Have  
Signed Up At  
**HMHCEDI.com**  
Have YOU?

If you need help with your **documentation** or have **ICD-10** questions, consider registering for HMHCEDI.com! You will need to set up a free account using your physician dictation ID #. HMHCEDI.com is a mobile friendly website!

**Free CME credit!**

**Have questions?**  
Call the CDI Team at x3662

Dr. Sylvia Preciado is the December winner for the quiz of the month challenge on HMHCEDI.com! She will be receiving a free carwash. ***Congratulations, Dr. Preciado!*** Sign up and you may win next month!

### *Ask a CDI Event*

On November 19, more than 70 physicians visited the CDI Table in the cafeteria to learn about how they can improve their clinical documentation. They received tip cards, played a documentation challenge game, and learned about how ICD-10 impacts their documentation practices.

The winners of the CDI challenge and a complementary car wash are **Dr. IC Kim** and **Dr. Joanna Maack!** Congratulations!



### *Best Practice Documentation Tips ... Through an Obstetrics' Lens*

**As part of ICD-10, the following documentation is required.**

- Gestational Age  
**Must be documented by the MD.** The LMP cannot be used by the coders to determine gestational age.
- Management of Labor: Specify if the labor is **induced** or **augmented**
  - > Mechanical - cervical dilatation or AROM
  - > Medication/ drug used - Oxytocin, PGE
- Type of Delivery  
Vaginal - specify whether **spontaneous** or **Instrumental** (forcep or vacuum)

*continued on page 9*



**Best Practice Documentation Tips ...** continued from page 8

Cesarean Section – specify whether **Low Transverse/Cervical, Classical or Extraperitoneal**

Always include the **indication for C-section**

- Link associated conditions to the pregnancy  
(eg. Gestational Diabetes, Pre Eclampsia, Eclampsia, Hemorrhage, HELLP Syndrome)
- Delivery Outcome  
Single/Twin/Multiple  
Live/Stillborn/Intrauterine Fetal Demise (IUFD)
- Delivery Complications  
Lacerations – specify the degree and type of repair performed  
Uterine rupture  
Amniotic Fluid Embolism  
Acute Blood Loss Anemia (ABLA)



Please don't hesitate to contact your CDI Team with any questions!

CDI Team – x3662

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

**CME Corner**

**MEDICAL GRAND ROUNDS:**

**Topic:** Therapeutic Misadventures  
**Speaker:** Lakshmanan Sathyavagiswaran, MD  
**Date:** January 8, 2016  
**Time:** Noon – 1 p.m.  
**Place:** Research Conference Hall  
**Audience:** Internal Medicine & Primary Care Physicians  
**Methods:** Lecture  
**Credits:** 1.0 AMA PRA Category 1 Credits™

**SECOND MONDAY:**

**CANCELLED**  
**Date:** January 11, 2016  
**Time:** Noon – 1 p.m.



*If you would like a copy of your CME credit report please contact Roberta “Bobbie” De La Rosa via email at [bobbie.delarosa@huntingtonhospital.com](mailto:bobbie.delarosa@huntingtonhospital.com)*

**DATE:** December 23, 2015  
**TO:** All Members of the Medical Staff  
**FROM:** James Shankwiler, MD, President of the Medical Staff  
**SUBJECT:** Monitoring the Quality of the H&P Effective January 2016.

During the recent Center for Medicare & Medicaid Services (CMS) survey, the hospital received a deficiency related to monitoring the content of the medical record for items such as documentation to justify the care, treatment and services provided, specifically the completeness of the History and Physical (H&P).

The Board, Administration and Medical Staff of Huntington Hospital are committed to patient safety, therefore effective January 2016, the hospital will implement an ongoing monitoring process of the H&P for the completeness of content, accuracy and timeliness. The contents of the H&P are defined in Medical Staff Rules and Regulations as follows:

### 3.5-1 Content of the H&P Examination

The H&P must contain sufficient information to support the diagnosis or differential diagnosis, justify the treatment plan and facilitate the care after discharge.

Patients requiring an H&P will receive an H&P examination or an interval note as set forth in this provision of the Rules and Regulations.

An H&P shall include the following minimal elements:

- 1) History – identifying data (e.g. name, age, sex); chief complaint, history of present illness; medications; allergies; habits (e.g. tobacco, alcohol, other as appropriate); past medical and surgical history; relevant past social and family history.
- 2) Physical – heart, lungs, area of the body, as appropriate to the chief complaint.
- 3) Review of – laboratory and diagnostic studies as appropriate.
- 4) Documentation of diagnosis and treatment plan.
- 5) For Children – evaluation of developmental age.
- 6) For Psychiatric Patients – Neurological assessment including assessment of Cranial Nerves.
- 7) Other relevant elements including but not limited to advance directive, informed consent.

Interval Note – If the H&P is older than 24 hours but was completed fewer than 30 days ago, an interval note will be entered into the medical record. The interval note will contain a statement that the H&P has been reviewed and that there are

- 1) No significant changes to the findings contained in the H&P since the time it was performed; or
- 2) Significant changes and such changes are subsequently documented in the medical record.

To ensure compliance with above standards, random chart audits will commence in January 2016 and the results of these audits will be reported to the appropriate Medical Staff Committees, the Quality Management Committee and MEC.

In addition to the CMS findings, there were similar History and Physical deficiencies found in the recent Joint Commission Total Hip and Knee Replacement Disease Specific Care Recertification Survey. There will be additional focus on the joint program as this finding requires a specific action plan that includes an audit tool and data reported monthly to the Joint Commission. Monthly audit results will be reported to the Surgery Section.

As always, thank you all for your efforts during the CMS and TJC evaluations which were greatly appreciated and well received by the examiners and in continuing to provide excellent care.

## To Text or Not to Text?

Apr 10, 2015 | 6063 Views

**By Mark Pelletier, R.N., M.S.,  
Chief Operating Officer  
The Joint Commission**

The hospital is working on a program of secure texting which should be available soon. In the meantime, please take a moment to review The Joint Commission's opinion on the subject and follow the recommendations.

I smh when TXTing & health care r brought up.

For those who don't understand texting shorthand (which includes me), the above sentence translates to: "I shake my head when texting and health care are brought up."

There's a reason The Joint Commission doesn't have an accreditation standard related to texting, and the above is a big part of it. Using regular smartphone texting is simply too unreliable for patient care and safety in most cases.

While using text messages to confirm appointments may be relatively harmless, other texting uses can delay or confuse attempts at patient care or require staff to have to verify meanings of texts or abbreviations in order to make sure instructions are carried out correctly. Having staff ensure that they have a correct and current phone number of other colleagues and on every conceivable shift is an ongoing verification issue and a waste of time. There's also the issue of not knowing if someone has received a text and if they've not responded because they're not in receipt of the text, are in a critical situation or just have yet to respond.

Health care requires messages be tracked, opened and responded to in order for it to function. Step 1 may not be a problem with



texting, but steps 2 and 3 would be hard to do effectively on a continuous basis with standard smartphone texting.

If the confusion and communication problems were not enough, add the Protected Health Information (PHI) issues that abound with texting. A patient's status, test results or identification issues are hard to disguise in quick communications, and the possibility of a phone ending up in the hands of someone who should not see the PHI is possible and a sticky situation for health care providers.

With all of that said, there are a few smartphone apps that are specifically designed for urgent or critical communications, and those applications provide very narrow, select messaging so that communications, instructions etc., don't get mixed in with every day, non-crucial or non-work related text messages. These are a different animal than regular smartphone texting and may work in some situations, most likely in specialized health care applications.

Texting is great, and has helped us communicate more quickly in many ways. But for medical care, it's just not what the doctor ordered.

[http://www.jointcommission.org/the\\_view\\_from\\_the\\_joint\\_commission/to\\_text\\_or\\_not\\_to\\_text](http://www.jointcommission.org/the_view_from_the_joint_commission/to_text_or_not_to_text)

## January 2016 Medical Staff Meetings

monday	tuesday	wednesday	thursday	friday
				-1- New Year's Day
-4-	-5-	-6-	-7-	-8-
- 12:15 p.m. OB/GYN Dept, CR 5&6 - 5:30 p.m. MEC, Board Room	- 8 a.m. QM Pre-Agenda, CR C	- Noon CME Committee, CR-8 - 12:15 p.m. OB/GYN Peer, WT 5/6	- Noon Medicine Committee, N/S - Noon Trauma Services, WT 5/6 - 1 p.m. Thoracic Section, CR11	- 7:30 a.m. Neurosurgery Sect, CR 11 - 7 a.m. Ortho Sect, WT 5/6  <b>- Newsletter Submission -</b>
-11-	-12-	-13-	-14-	-15-
- Noon Transfusion Subcommittee, N/S - 12:30 p.m. Ophthalmology Sect, WT 8	- Noon Critical Care Sect, WT 5/6	- 12:15 p.m. OB/GYN Committee, WT 5/6	- 6:30 a.m. Anest Section, CR-7 - Noon QM Committee, East Room	- 7:30 a.m. Spine Committee, ET 11
-18-	-19-	-20-	-21-	-22-
- 8 a.m. Emergency Medicine Section, ED Conf. Room	- 5:30 p.m. Surgery Committee, WT 5/6	- 7:30 a.m. Cardiology Section – Cardio Conf. Room - Noon Credentials Committee, CR C	- 6:30 a.m. Anesth Peer, CR-7 - Noon PT&D Committee, CR 5/6 - Noon G.I. Section, WT 10 - 6 p.m. Bioethics CR 5/6	
-25-	-26-	-27-	-28-	-29-
- Noon GME Committee, East Room - Noon Psychiatry Sect, CR 10 - 12:15 p.m. Urology Sect, CR 5&6	- 7:30 a.m. Interdisciplinary Committee, CR C - Noon General Surgery Sect, WT 5/6 - 5 p.m. Robotic Committee, WT 5/6	- 12:15 p.m. Hem/Onc Sect – WT 5/6	- Noon Cancer Committee, WT 5/6 - Noon IM Peer Review, WT 8 - Noon Pediatric Committee, East Room - 5:30 p.m. Bariatric Committee, WT 10	

January 2016 CME Calendar

monday	tuesday	wednesday	thursday	friday
				-1 New Year's Day 
-4-	-5-	-6-	-7-	-8-
- 12:15 - 1:15 p.m. OB/GYN Dept. Mtg, CR 5 & 6	- 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	- Noon - 1 p.m. Medical Grand Rounds, RSH Topic: Therapeutic Misadventures - Noon - 1 p.m. MDisc Breast Cancer Conf., Conf. Room 11
-11-	-12-	-13-	-14-	-15-
- Noon - 1 p.m. Second Monday, CANCELLED	- 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. <del>Neurosurgery Grand Rounds, Conf. Room 11</del> - Noon - 1 p.m. Medical Case Conference, RSH - Noon - 1 p.m. MDisc Breast Cancer Conf., Conf. Room 11
-18-	-19-	-20-	-21-	-22-
Birthday of Martin Luther King, Jr. 	- 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. Medical Case Conference, RSH - Noon - 1 p.m. MDisc Breast Cancer Conf., Conf. Room 11
-25-	-26-	-27-	-28-	-29-
	- 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. Medical Case Conference, RSH - Noon - 1 p.m. MDisc Breast Cancer Conf., Conf. Room 11



# Huntington Hospital

## Medical Staff Administration

100 West California Boulevard  
P.O. Box 7013  
Pasadena, CA 91109-7013

ADDRESS SERVICE REQUESTED

---

### Medical Staff Leadership

James Shankwiler, MD - President  
Christopher Hedley, MD - President Elect  
Harry Bowles, MD - Secretary/Treasurer  
Thomas Vander Laan, MD - Chair, Credentials Committee  
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

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**Newsletter Editor-in-Chief – Glenn D. Littenberg, MD**

If you would like to submit an article to be published in the Medical Staff Newsletter please contact Roberta “Bobbie” De La Rosa, 626-397-3778 or [bobbie.delarosa@huntingtonhospital.com](mailto:bobbie.delarosa@huntingtonhospital.com). Articles must be submitted no later than the first Friday of every month.



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