medical staff NEWSLETTER

July 2014

volume 52, issue 7

From the President

"Watch your thoughts for they become words.
Watch your words for they become actions.
Watch your actions for they become habits.
Watch your habits for they become your character.
And watch your character for it becomes your destiny.
What we think, we become."
— **Margaret Thatcher**

The mission of the Medical Board of California (MBC) is to protect health care consumers through the proper licensing and regulation of physicians and surgeons, through the vigorous, objective enforcement of the Medical Practice Act, and to promote access to quality medical care through the Board's licensing and regulatory functions. It has been able to regulate about 124,056 physicians in the year 2007 alone, without obtaining any funds from the state. The MBC is regarded as a "special-fund agency", as it depends exclusively on the licensing of physicians, its renewal and application fees for contributing towards the fund.

The California Business and Professionals Code certify that the primary aim of the MBC is to provide protection for the common people, following a regulatory discipline. The two principle customer services offered by the Board is offering public information about the licensed physicians in California and investigating the complaints being registered against the corresponding physician. The Department of Healthcare and the Department of Insurance are responsible for regulating insurance plans and policies.

The hospitals and clinics are regulated and powered by the California Department of Public Health, in collaboration with the California Health and Human Services Agency. They hold the relationship between primary and rural health. The MBC is an autonomous division comprising of the Division of Licensing (DOL) and the

continued on page 3

Board Meeting

As provided by the Bylaws of the Governing Body and as the designated sub-committee of the Governing Board the following items were presented and approved by the Medical Executive Committee of June 2, 2014 and by the Governing Board on June 26, 2014.

continued on page 2

Inside this issue:

For H@NK issues please call x4265

Huntington Hospital

Administrative Reports

Please go to SharePoint → Medical Staff Services → Board Approved Items → 2014 and select June 2014 to see:

- Administrative Policies and Procedures
- Formulary Management
- Standardized Procedures
- Departmental Policies and Procedures and Order Sets
- Nursing and Ancillary Policies and Procedures

Medical Staff Appointments

Adrangui, Alipasha, MD
Internal Medicine
100 W. California Blvd.
Academic Hospitalist
Medical Group
Pasadena, CA 91109

Chmait, Ramen, MD
Maternal & Fetal Medicine
1300 N. Vermont Avenue
Suite 710
Los Angeles, CA 90027
323-361-6074 (office)
323-361-6099 (fax)

Han, Sukgu, MD
Vascular Surgery
USC
1520 San Pablo Street
Suite 4300
Los Angeles, CA 90033
323-442-5988 (office)

Nieva, Jorge, MD
Hematology/Oncology
1520 San Pablo Street
Los Angeles, CA 90033
323-442-5100 (office)

Shekherdimian, Shant, MD
Pediatric Surgery
UCLA Pediatric
Surgery Associates
10833 LeConte Avenue
Los Angeles, CA 90095
310-206-2429 (office)
310-206-1120 (fax)

Allied Health Professional Appointments

- Mandell, Erin, RN – 5150 Status
- Ramas, Gil Angela, RN – 5150 Status

Medical Staff Resignations

- Chen, Steven, MD – Anesthesiology – effective 7/31/14
- Freedman, Anya, MD – Pediatric Critical Care – effective 6/26/14
- Harder, Priya, MD – Pediatrics – effective 8/31/14
- Jamal, Daryoush, MD – Child Psychiatry – effective 6/26/14
- Kerr, Bonnie, MD – Dermatology – effective 6/26/14
- Ng, Patricia, MD – Internal Medicine – effective 7/31/14
- Rao, Mohan, MD – Nephrology – effective 5/05/14

Allied Health Professional Resignations

- Cerney, Kristin, CCP – Perfusionist – effective 4/15/14

From the **President** continued from page 1

Division of Medical Quality (DMQ). However, in 2008, these divisions were abolished, leaving the Board to work as a single unit.

The MBC is charged with protecting the public in regards to medical practice and is responsible for tracking and enforcing the laws that govern medical practice. Required by law, medical peer review by entities is one of the key mechanisms to monitor patient quality and safety. Peer review is a process where a selected few, usually in the form of a committee, assess the competency, efficacy and conduct of practitioners with their purview. The end goal is to conclusively establish whether the practitioner is adequately proficient to render services in a clinical setting. It also, provides findings that act as a basis for defining the limitations that are imposed on an erring practitioner.

Credentialing and Peer Reviewing

Medical peer-evaluation happens at two stages: The credentialing stage and the peer reviewing stage for care delivered. The credentialing stage is a process by which a hospital evaluates whether a particular physician is qualified to practice or continue to practice at a particular hospital. This determination is made when a physician initially applies for privileges at a hospital and when the physician is up for re-credentialing, typically once every two years. The peer reviewing stage involves medical staff investigations into questionable professional conduct by a physician, including conduct that may result in a medical malpractice lawsuit. Therefore, the peer review stage does impact significantly into the credentialing stage. At Huntington, the reports from different departmental peer review committees will be reviewed at the Quality Management Committee (QMC) and then the Medical Executive Committee (MEC).

Neither the Credentials Committee, (QMC), nor the MEC makes the final decision regarding a physician's privileges, but committee recommendations form the basis upon which the hospital's Board of Directors makes its final decision.

Nowadays, a peer review may arise out of the following reasons:

1. A complaint is launched by an aggrieved party.
2. A regular routine task in which the physician fails.
3. An adverse outcome to a treatment rendered.

The above issues go to the peer review committee that can chalk out the following response based on the initial trigger:

1. It can reject the complaint and nothing happens.
2. It may recommend compulsory training for the erring physician.
3. It may recommend supervision or monitoring of physician's activities.
4. It can limit practice in the hospital.
5. It can recommend counselling sessions, in case the deviance is due to behavioral reasons.
6. It can recommend termination of hospital privileges, in the most adverse circumstances.

Many physicians have been reluctant to participate as the reviewers in the peer review process because of the risk of potential liability and the fear of other personal and professional consequences. First, a negative decision may expose the reviewers to a lawsuit by the physician who is denied privileges or disciplined. Second, an affirmative decision may expose the committee or its members to liability if the

continued on page 4

From the **President** continued from page 3

privileged physician later makes a mistake. Third, taking part in a peer review panel is just one more daunting, time consuming task doctors add to their already overloaded schedules. Finally, aware of competition, friendships and the impact on working relationships, doctors don't like to review peers they work with day-to-day.

The two databanks created by the Healthcare Quality and Improvement Act (HCQIA), are for purposes of reporting and recording. Medical practice events must be reported to the National Practitioner Data Bank (NPDB). The Healthcare Integrity and Protection Data Bank are for the peer review and credentialing of records. The HCQIA provides physicians with immunity, to a certain limitation, to avoid damages that may be caused by individuals who take part in the peer review process.

Immunity

Immunity, even when it is limited, is extremely important for physicians as their professional career depends totally on the decisions of the peer review committees. The immunity granted by the HCQIA has the ability to protect the physicians on both state and federal levels. However, the immunity cannot safeguard the participant in all cases, specifically, the HCQIA does not protect a physician from the injunctive relief. The HCQIA guarantees the healthcare provider or physician to be granted to recover all expenditures connected with the lawsuits in the case of winning the lawsuit. It is possible to admit that HCQIA is rather generous for the members of the committee and the physicians granting them almost full protection in the Civil Court and granting partial immunity in the cases that do not involve malice actions. Initially, HQIA was established due to a general mistrust to the committees in order to protect the peer-reviewed physicians.

Materials and information established by the committee is protected by the privileges, though only on the state level. However, the laws guaranteeing the privileges for the information are rather blurry and vary from state to state. In some states there is no specific information distinguishing particular scope of information protected under the privileges. Some states, on the contrary, regulate their restrictions on the privileges rather strictly. There are states that forbid the privileges due to the concerns about possible covering of the information. In this case, several states adopted the laws aiming to forbid the privilege of concealing of the information on incident reports. However, the laws also have the responsibility to protect the patients, therefore the information added to the incident report that has any confident information about the patient can be protected under the privileges.

Today, a relationship of mutual benefit persists between physicians and hospitals. Physicians offer their services, e.g. participating in peer review, to the hospitals in exchange for the opportunity of admitting patients. The liability exists only in cases of potential quality issues such as 1) breach of trust issues 2) due process issues 3) moral issues. Legal protection does exist but physicians are generally apprehensive about the process of peer review and allege that this process is used to eliminate competition. But such litigation often fails when the decision taken is absolute.

Another litigation filed by physicians is the denial of protection during peer review. In that case the California Supreme Court gave a verdict that a healthcare institution cannot terminate one of its panel physicians unless it agrees to a fair hearing of that physician

continued on page 5

From the **President**

continued from page 4

with basic due process protections. While reporting a problem an individual must "consider the consequences for his actions: a) if his actions result in improving the healthcare and safety of the patients, b) if the action is creating tension and causing rift between the colleagues.

Generally physicians want to be transparent about the disclosure of errors to patients but fear of litigation or embarrassment leave them conflicted. The number of peer review cases filed against physicians in and out of California decreased from 1.63 in the year 1996-97 to 1.02 in the year 2006-2007. Although the number started to rise during 2000-2001 and kept climbing through 2002-2003, the numbers started to slide on 2003-2004 again and made its way to 1.02 during 2006-2007. It appears as the situation rolls right back to what it was almost ten years ago. The California Medical Board has also noticed deterioration in the teamwork required between hospitals and the Board in protecting safety of the patient.

Next month I will be discussing 805 Reports and the challenges and future of peer review.

Edmund Tse, MD
President of the Medical Staff

Celebrating Milestones

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

40 Years (on staff 07/1974)

Audrey Y. Reid, MD – Pediatrics

Lawrence W. Jones, MD – Urology

Carol A. Walker, MD – Pediatrics

35 Years (on staff 07/1979)

David W. Rhodes, MD – Urology

Russell E. Simpson, MD – Internal Medicine

30 Years (on staff 07/1984)

Mihoko M. Nelsen, MD – Neurology

Chung N. Pang, MD – Internal Medicine

Geronimo Rodriguez, MD – Obstetrics & Gynecology

15 Years (on staff 07/1999)

Tommy H. Chen, MD – Dermatology

Casey S. Fu, MD – Gastroenterology

Dean W. Lim, MD – Medical Oncology

Stephen J. Soldo, MD – Cardiovascular Disease

10 Years (on staff 07/2004)

Nalini D. Mattai, MD – Family Medicine

From Medical Records

Effective July 1, 2014, the Medical Records Department will change its hours of operation. New operating hours will be:

6:30 a.m. – 10 p.m. – Monday – Sunday

For any urgent matters that require immediate attention after 10 p.m., please contact the Nursing Supervisor.

From the **Health Science Library**

ClinicalKey offers FREE Internet Point of Care CME credit for self-directed, structured, online learning. CME credit is provided by the Cleveland Clinic Center for Continuing Education. Physicians may earn 0.5 AMA PRA Category 1 Credit for each search conducted through ClinicalKey.

How to Earn Credits

A ClinicalKey Personal Account is required to access this content. See below for instructions on creating a Personal Account.

1. Identify a clinical question relevant to your practice.
2. Perform a search in ClinicalKey to answer your clinical question.
3. Access most relevant content (save these citations for completing the registration process).
4. Click Request CME and a window will open to the Cleveland Clinic Center for Continuing Education site.
5. Complete the form and submit to obtain AMA PRA Category 1 Credit.

Access Your CME Transcript

You may review your earned credits or print your certificates at any time. Simply go to: http://www.clevelandclinicmeded.com/mycme/mylogin.asp and log in with the password Cleveland Clinic provided at your initial registration.

AOA Credits

ClinicalKey has been approved by the American Osteopathic Association for AOA Category 2-B credit

Create a ClinicalKey Personal Account

1. Access ClinicalKey (www.clinicalkey.com) from a hospital computer or from the library's website from off-site by logging in via Citrix/Cerner (under the H@nk-Prod icon, click on Links, then select Intranet, then click on Health Sciences Library under "Sites Most Used").
2. Click the "Register" link.
3. Enter required data (your email address will be your username).
4. Confirm your password by re-entering it.
5. Your Personal Account has been created. To affiliate a Personal Account with the library's institutional subscription to ClinicalKey - without having to go through Citrix – please contact the library (397-5161, library@huntingtonhospital.com) to be given a one-time registration ID and password).

From **Physician Informatics**

As we go through the Physician Task Force Committees we want to make you aware of priority issues that are being addressed as well as those that may impact your daily workflow:

Coumadin and Medication Reconciliation (Medicine Task Force)

Coumadin, in addition to any other medication that is pharmacy dosed, currently does not appear on the Medication Reconciliation screen because the medication is dosed in-house as individual one time doses, not on a routine schedule. *If you have a patient who is on Coumadin and needs to continue taking it after discharge, please remember to add this medication as a prescription to notify the patient to continue taking it.* Please be assured that this is a priority issue for the H@NK team.

Blood Transfusion Hx (Global)

A new tab is being added under Results Review and is called "Blood Transfusion Hx". This will pull into a single view blood availability and transfusion history for that patient's encounter. This change will occur in the next few days.

VTE Advisor (Global)

The VTE Advisor has been modified so that if a patient is one of the listed pharmacological anticoagulants within the Advisor, the alert will not fire. This change will occur in the next few days.

NPO Order (Global)

A rule has been written so that when an NPO order is placed the current diet order (ie Regular) will be discontinued. The physician will be responsible for placing a new diet order when the patient is no longer NPO. This change will occur in the next few days.

Message Center (Medicine Task Force)

Medicine Task Force assigned Dr. Shant Kazazian and Dr. Robert Siew to bring recommendations for modifying what is sent to Message Center and simplifying its overall appearance to improve its utility. These are in the process of being tested and will be presented at the next Medicine Task Force meeting. Each Task Force will make the decision on what they want to see in Message Center.

Patient Banner Admission Date (Global)

The patient banner is being corrected so that the admit date displays for all inpatient encounters. This change will occur in the next few days.

Patient Discharge Summary (Medicine Task Force)

The Medicine Task Force has reviewed the printed patient discharge summary and provided suggested revisions to content and format. The objective is to have a more patient friendly document. The H@NK team is working on a prototype which will be presented at the next Medicine Task Force meeting.

If you have any questions or concerns, please complete a "*H@NK Issues Form*" or contact your Physician Task Force Chairs:

Medicine: Madhu Anvekar, MD
Surgery: James Recabaren, MD
Pediatrics: Deborah Gever, MD
OB/GYN: Bryan Jick, MD

Getting to Know Your Medical Staff Leaders

George Tang, MD, joined the Medical Staff in 2005. He is the Chair of the Orthopedic Surgery Section for the 2013-2014 term. Dr. Tang is board certified by the American Board of Orthopedic Surgery.

Dr. Tang was born and raised in Southern California. He attended University of California at Berkeley where obtained his B.S. He went on to obtain is MD degree at Finch University of Health Sciences/The Chicago Medical School. He completed his Residency training at Detroit Medical Center/ Wayne State University, and Fellowship training specializing in Shoulder/Upper Extremity at California Pacific Medical Center in San Francisco.

Dr. Tang joined the Phil Simon Clinic/Team Tanzania Project and made his first trip to Africa in March 2011 to perform orthopedic surgery for the underprivileged, followed by two additional trips in 2012 and 2014.

Dr. Tang has two children. In his spare time, he loves to bicycle and travel.

What is Clinical Document Improvement (CDI) and Why Should I Care?

Clinical documentation is pivotal in determining and supporting medical necessity. Hospitals throughout the country employ specialists, Clinical Documentation Improvement Specialists (CDIS), who review the patient record to facilitate an accurate representation of healthcare services through complete and accurate reporting of diagnoses and procedures. They provide feedback in the form of a written query or electronic message. At Huntington, the queries are found in message center of Cerner. The queries are designed to ensure that all documentation is of high quality and paints an accurate picture of the care being provided to the patient, and is a proper reflection of the RAMI (risk adjusted mortality index) that determines the hospital and the provider's profile/health ratings.

When proper documentation is made, it leads to the proper code, DRG, Severity of Illness (SOI) and Risk of Mortality (ROM) and makes the patient record more impervious to auditor oversight.

The CDI team is here to assist you with your documentation needs. Look forward to a "Tip of the Month" in the monthly newsletter, CDI posters and "Ask a CDI" corner in the Cafeteria.

Please feel free to call us if you have any questions.

Karen Beal (ext. 2024) Maria Villanueva (ext. 3665)
Theresa Cardona (ext. 3787) Dr. Gabriella Pearlman (ext. 5183)

Medical Records Suspensions

Following the H@NK conversion which occurred on March 1, 2014, it was determined that the medical records suspension process needed to change to incorporate IT staff into the suspension work flow. At this time, Medical Records is now ready to initiate a "H@NK pilot suspension program" which will start during the week of June 15. If effective, it is planned that the updated medical records suspension process will be initiated hospital-wide during the first week of July.

Please be reminded of the following provisions included in the Medical Staff Rules and Regulations:

3.8 Completion Requirements

3.8-1 Post Discharge

Medical records shall be completed within 14 days from the date of discharge.

3.8-2 Chart deficiencies

Charts are defined as deficient if the following are incomplete or unsigned: H&P, consultation, operative report, discharge summary, discharge order, newborn nursery record, progress notes, orders

Those records, which are incomplete according to this definition, will be returned to the responsible physician(s) for completion.

3.8-3 Operative and Procedure Reports

Operative and Procedure Reports are considered delinquent if the report is not on the medical record within 24 hours of the procedure.

Medical Records shall endeavor to provide a courtesy call to physician's offices by 2 p.m. the day following a surgery or procedure, to remind them that the Operative/ Procedure Report remains undictated. In the event that an Operative/Procedure Report remains undictated at 2 p.m. the morning following the courtesy notification, the physician will be suspended.

Medical Records staff will notify Surgery, Cath Lab, GI Lab and Radiology's scheduling personnel of suspension.

Suspension due to undictated Operative/ Procedure Report(s) will result in the following:

1) Admitting privileges are suspended, 2) ER-Call Coverage is suspended and, 3) Physician will not be able to schedule a new surgery/procedure
2) Suspension due to OP/Procedure: Physician will not be able to schedule a new surgery/procedure

It will be the responsibility of the suspended physician to make arrangements for ER-call coverage during their suspension.

It will be the responsibility of the suspended physician to notify medical records upon completion of the Operative/Procedure Report dictation(s).

continued on page 10

CME Corner

Please note Second Monday and Medical Grand Rounds will resume in September.

The Huntington Hospital's CME Program is currently undergoing the reaccreditation process through the Institute for Medical Quality (IMQ). Therefore, please remember to complete any evaluations. The evaluations are important to retain accreditation and to improve our future programs. The evaluations are also required to receive your CME credit.

Medical Grand Rounds

Topic: Lung Cancer Screening: How should we do it?
Speaker: Robbin Cohen, MD
Date: ***September 5, 2014***
Time: Noon – 1 p.m.
Place: Research Conference Hall
Audience: Pulmonologists, Primary Care Physicians, Internal Medicine
Methods: Lecture
Credit: *1.0 AMA PRA* Category 1 Credits™

Second Monday

Topic: Antiplatelet Therapy
Speaker: Gregory M. Giesler, MD, Azhil Durairaj, MD, & Gary L. Conrad, MD
Date: ***September 8, 2014***
Time: Noon – 1 p.m.
Place: Research Conference Hall
Audience: Cardiologist, Primary Care Physicians, Internal Medicine
Methods: Lecture
Credit: *1.0 AMA PRA* Category 1 Credits™

continued from page 9

Medical Staff Rules and Regulations

3.10. Suspension and Other Disciplinary Action
Failure to meet the completion requirements as delineated in Chapter 3.8 of this document will result in suspension of admission privileges and suspension of procedural privileges for patients not yet admitted. Criteria for suspension is applied and enforced daily.

3.10-1. Accumulation of 15 Days of Suspension
Physicians who accumulate 15 or more days of suspension in a rolling three month period will be referred to the department chair. At the discretion of the Chair the physician may be required to submit a plan for improvement or appear before the department. Those who fail to improve may be referred to the Medical Executive Committee for action.

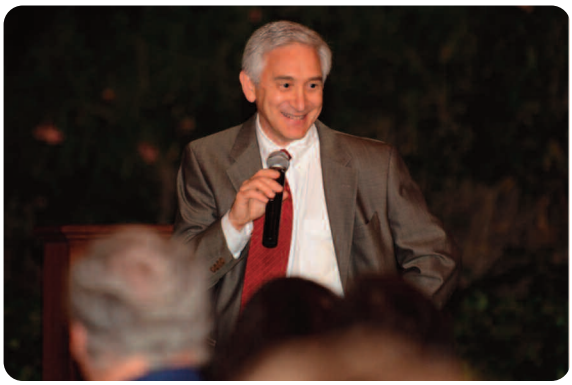
3.10-2. Accumulation of 30 Days of Suspension
Physicians who accumulate 30 or more days of suspension in a calendar year will be placed on suspension and a $500 fine will be assessed. The Medical Executive Committee has the option to report delinquency to the Medical Board of California.

3.10-3. Accumulation of 45 Days of Suspension
Physicians who accumulate 45 or more days of suspension in a calendar year will be placed on suspension and a $750 fine will be assessed and the physician remains on suspension until the assessment is paid.

3.10-4. Accumulation of 60 Days of Suspension
Physicians who accumulate 60 or more days of suspension in a calendar year will be placed on suspension and a $1,000 fine will be assessed. The physician is required to pay the assessment AND to appear before the Medical Executive Committee to lift the suspension.

Physicians Inspiring Donors: Dr. David Lourie

Grateful patients make generous donors and, according to nationwide data, **physicians are overwhelmingly influential to a donor's decision to make a gift to the hospital.**



Dr. David Lourie speaking at a donor-appreciation event held at a local, private golf club in Pasadena last fall.

Each year, charitable support for Huntington Hospital fills the ever-widening gap between revenue and expenses, helping to pay for the critical programs, facilities and services that today's informed patients demand. The Office of Philanthropy at Huntington Hospital is grateful for the exceptional physicians who help us engage potential donors.

Recently, Dr. David Lourie, former Chair of the Department of Surgery at Huntington Memorial Hospital and Director of the Bariatric Surgery Program, has assisted the Office of Philanthropy in a number of important and impactful ways. Dr. Lourie attended several donor-cultivation events, representing the hospital's surgical program, as well as discussing current funding needs and how patients benefit by choosing Huntington Hospital over other local hospitals. Dr. Lourie also took time on a Saturday to demonstrate the impressive capabilities of the da Vinci Surgical System to a small group of donors – one of whom went on to make a significant gift, which directly benefits the hospital's surgical program and our surgical patients.

The Office of Philanthropy is exceedingly grateful to all our physician-partners – like Dr. David Lourie – who go above and beyond the call of duty to engage donors in a meaningful way and help us transform grateful patients into generous donors. We look forward sharing more stories about physicians inspiring donors in future issues of this newsletter.

If you would like more information about working with potential donors, please contact Tracy Smith at (626) 397-3241 or tracy.smith@huntingtonhospital.com.

Cerner Training Schedule

Full core training will be available on the following dates:

- Tuesday, **July 1**, 1 – 5 p.m.
- Wednesday, **July 9**, 9 a.m. – 1 p.m.
- Thursday, **July 17**, Noon – 4 p.m.
- Tuesday, **July 22**, 9 a.m. – 1 p.m.
- Wednesday, **July 31,** Noon – 4 p.m.

To schedule a training session, please contact Edmond Mouton at 626-397-5913 or edmond.mouton@huntingtonhospital.com.

If you need to schedule a refresher course, these will be coordinated as needed by contacting 626-397-2500.

JULY 2014 **Medical Staff Meetings**

monday	tuesday	wednesday	thursday	friday
	-1-	-2-	-3-	-4-
		- Noon CME Committee - CR-8 - 12:15 p.m. OB/GYN Peer Review - CR 5&6 - 3 p.m. QMC Pre-agenda - CR-C	- Noon Medicine Committee - N/S Conf. Room - Noon Trauma Services Committee	*July 4th Holiday* 
-7-	-8-	-9-	-10-	-11-
- 12:15 p.m. OB/GYN Dept - CR 5&6 - 5:30 p.m. Medical Executive - Board Room	- Noon Surgery Dept. Cerner Task Force - CR-C - Noon Critical Care Section - CR 5&6	- 10 a.m. PICU/Peds QI - CR 2 - 12:15 p.m. OB/GYN Committee - CR 5&6 **- Newsletter Submission -**	- 6:30 a.m. Anesthesia Sct - CR-7 - Noon QM Comm - East Room - 5:30 p.m. Neonatal/Pediatric Surgical Case Review - CR-10	- 7:30 a.m. Neurosurgery Sect - CR-11
-14-	-15-	-16-	-17-	-18-
- Noon Transfusion Subcommittee - N/S Room - 12:30 p.m. Ophthalmology Sct - CR-8	- 12:15 p.m. Credentials Committee - CRC	- 7:30 a.m. Cardiology Section - Cardiology Conf. Room - 5:30 p.m. Surgery Committee - CR 5&6	- 6:30 a.m. Anes Peer - CR-7 - Noon G.I. Section - CR-10 - Noon PT&D Comm - CR 5&6 - 3 p.m. Neonatal QI - CR-10 - 6 p.m. Bioethics - CR 5&6	- 7:30 a.m. Spine Committee - CR-11
-21-	-22-	-23-	-24-	-25-
- 9:30 a.m. SCAN Team - CR-10 - 10:30 a.m. PMCC - CR-10 - 8 a.m. Emergency Medicine Sct - ED Conf. Room	- Noon General Surgery Section - CR 5&6	- 12:15 p.m. Hem/Med Onc - CR-5	- Noon Cancer Committee - CR 5&6 - 12:15 p.m. Pediatric Committee - East Room	
-28-	-29-	-30-	-31-	
- Noon Psychiatry Sect. - CR10 - Noon GME - East Room - 12:15 p.m. Urology Section - CR 5&6	- 7:30 a.m. Interdisciplinary Practice - CR-C		- Noon IM Peer Review - CR-6	

JULY 2014 **CME Calendar**

monday	tuesday	wednesday	thursday	friday
	-1-	-2-	-3-	-4-
	- 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		Independence Day 
-7-	-8-	-9-	-10-	-11-
- 12:15 - 1:15 p.m. OB/GYN Dept. Mtg, CR 5&6 **Topic: Primary Care Update for the OB/GYN**	- 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	- Noon - 1 p.m. Medical Case Conference, RSH - Noon - 1 p.m. MDisc Breast Cancer Conf., Conf. Room 11
-14-	-15-	-16-	-17-	-18-
	- 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	- Noon - 1 p.m. Medical Case Conference, RSH - Noon - 1 p.m. MDisc Breast Cancer Conf., Conf. Room 11
-21-	-22-	-23-	-24-	-25-
	- 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
-28-	-29-	-30-		
	- 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. Cardiac Cath Conf., Cardiology Conf. Room - Noon - 1 p.m. Radiology Teaching Files, MRI Conf. Room		

Huntington Hospital

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

ADDRESS SERVICE REQUESTED

Medical Staff Leadership

K. Edmund Tse, MD, President
James Shankwiler, MD, President-Elect
Kalman Edelman, MD, Secretary/Treasurer
James Recabaren, MD, Credentials Committee
William Coburn, DO, Quality Management
Peter Rosenberg, MD, Medicine Department
Laura Sirott, MD, OB/GYN Department
Ernie Maldonado, MD, Pediatrics Department
Harry Bowles, MD, Surgery Department

Newsletter Editor-in-Chief – Glenn Littenberg, MD

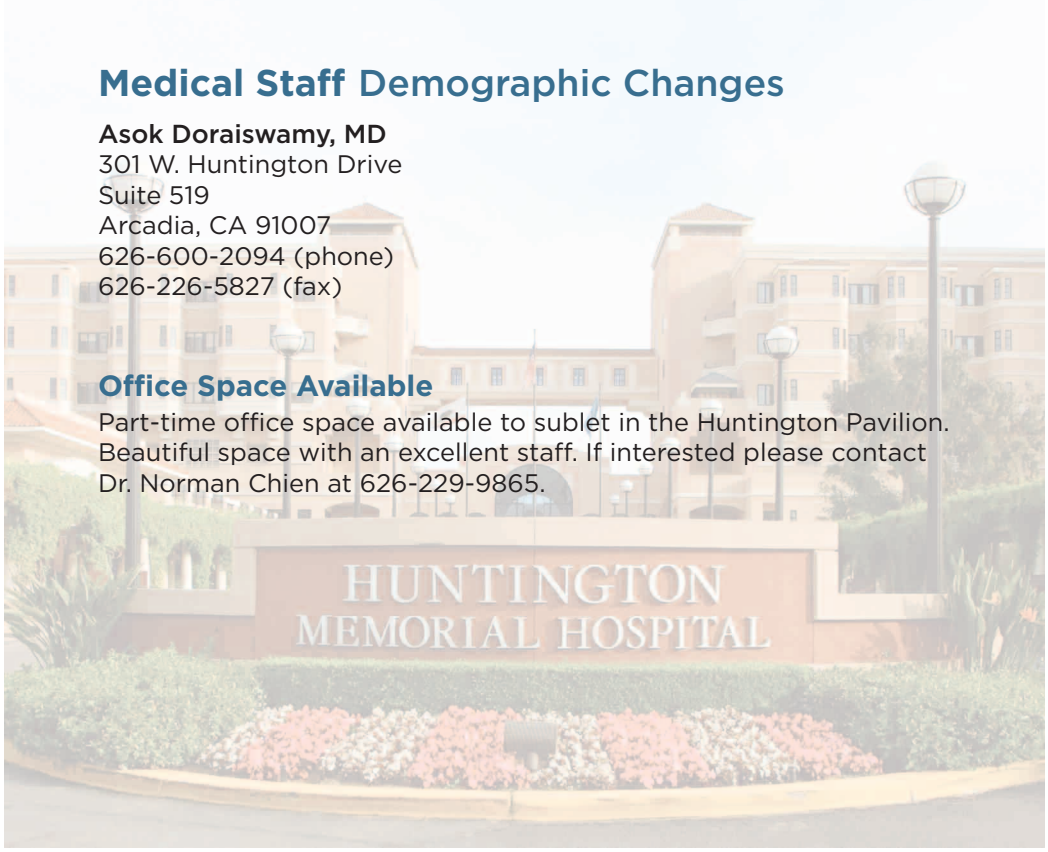
If you would like to submit an article to be published in the Medical Staff Newsletter please contact Bianca Irizarry at 626-397-3776. Articles must be submitted no later than the first Friday of every month.

Medical Staff Demographic Changes

Asok Doraiswamy, MD
301 W. Huntington Drive
Suite 519
Arcadia, CA 91007
626-600-2094 (phone)
626-226-5827 (fax)

Office Space Available

Part-time office space available to sublet in the Huntington Pavilion. Beautiful space with an excellent staff. If interested please contact Dr. Norman Chien at 626-229-9865.



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