



From the president

Behavior is a Choice



Harry Bowles, MD | Medical Staff President

Inside this issue

Center for Health Evidence 4

From the Clinical Documentation Specialists 6

Congratulations Dr. Mahmood! 7

Celebrating milestones 7

Medical staff meeting calendar 8

CME calendar 9

At Huntington Hospital we have a very clear policy regarding the intolerance of disruptive behaviors and the appropriate approaches to dealing with them. In general, “disruptive behaviors” include but are not limited to any conduct that affects the ability of others to effectively do their jobs, creates a hostile work environment, or appears to limit the physician’s own ability to practice with competence. Examples of disruptive behavior may include verbal or physical abuse, unethical or unprofessional actions, or any action that may create an unsafe working environment. The policies and actions delineated in our bylaws regarding disruptive behaviors are meant to ensure a safe working environment and to maximize the care we provide to our patients at the highest level possible.

Disruptive behaviors in the hospital are known to have a negative impact on patient safety and clinical outcomes. The primary drivers connecting disruptive behavior to negative outcomes are compromised communications between care givers in addition to disrupted team dynamics. The Joint Commission on Accreditation of Healthcare Organizations (JACHO) has reported that as many as 60% of adverse events within a hospital can be traced back to ineffective communication. In addition, a recent article in the Wall Street Journal claimed, “There is

“Your beliefs don’t make you a better person, your behavior does”

- Anonymous

continued on page 2

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 May 23, 2019.



Medical staff appointments



Yaser H. Badr, MD
Neurosurgery

1701 E Cesar E Chavez Ave, #356
Los Angeles, CA 90033
P: (323) 352-3000
F: (323) 352-3016



Luis E. Martinez, MD
Pediatrics

207 S. Santa Anita Street, Suite 205
San Gabriel, CA 91776
P: (626) 576-0800
F: (626) 943-3252



Dorcas Chi, MD
Hematology/Oncology

625 S. Fair Oaks Ave, North Tower,
Suite 300 & 320
Pasadena, CA 91105
P: (626) 396-2999
F: (626) 396-2991



Arsen Mkrtchyan, MD
Internal Medicine

100 W California Blvd
Pasadena, CA 91105-3010
F: (818) 489-5618



Eunice D. Hagen, DO
Pediatrics

100 W California Blvd
Pasadena, CA 91105
P: (626) 397-3826



Luis Villegas, MD
Emergency Medicine

100 W California Blvd
Pasadena, CA 91105
P: (626) 397-5110

Administrative reports

Please go to SharePoint → Medical Staff Services → Board Approved Items → 2019 and select June 2019.

CME corner

Grand Rounds and 2nd Monday will resume in August 2019.

President message CONTINUED

mounting evidence that poor communication between hospital support staff and surgeons is the leading cause of avoidable surgical errors.”

Many studies have shown that disruptive behavior occurs across the entire spectrum of healthcare but appears to be most prevalent in high-stress areas of the hospital (Surgery, Emergency Rooms, Intensive Care Units and other procedural areas). Physicians exhibiting the greatest frequency of disruptive behaviors included emergency room physicians, surgeons, anesthesiologists, and cardiologists. Disruptive behaviors are a common occurrence in the hospital, but fortunately, the number of individuals exhibiting these behaviors is a small percentage of our overall workforce. Disruptive behaviors increase the levels of stress, tension, frustration, impair concentration, impede communication and adversely affect morale as well as team collaboration. Knowing this, it is not difficult to see how negative behaviors can increase the prevalence of medical errors, adverse events and ultimately compromise the quality of care we can deliver.

For a variety of reasons, many disruptive events frequently go unchallenged (tolerated, excused or unrecognized) and continue to put our patients at an increased risk of adverse outcome. In general,

continued on page 3

President message CONTINUED

physicians occupy a position of power and authority at the pinnacle of the healthcare hierarchy. As a result, there is frequently an unwillingness to confront physicians regarding their behavior because of concerns about provoking an antagonistic response or exacerbating a tense interaction further. With growing concerns about workforce shortages, staff retention, hospital reputation, liability, patient safety, and the need for compliance to the latest JCHO standards which address disruptive behaviors, we can no longer afford to take a passive approach to the existence of disruptive behaviors at Huntington Hospital.

Why does disruptive behavior occur? The answer is complex because behavior manifests from a number of factors, including our personal lives, work experiences, training, cultural differences, generational differences, gender biases, racial biases, personal values, communication style, personalities and even current events which influence real-time mood, attitude, and actions. Although disruptive behavior is never an appropriate or acceptable response, frustrations in regard to staffing, scheduling and patient flow can increase the likelihood of bad behavior. Our rallying point should be to optimize patient care and to minimize the jeopardy that disruptive behaviors create to optimize our ability to provide the utmost care to our patients.

Many factors may contribute to a disruptive environment that upset team mechanics and increases the likelihood of errors or adverse events. Addressing defects in communication that affect collaboration, information exchange, appreciation of roles and responsibilities, and direct accountability for patient care are key components of any patient safety program. When addressing disruptive behaviors, clinical and administrative leaders must set the tone by establishing and adhering to behavioral standards that support agreed upon code of conduct practices backed by a non-punitive culture and a zero-tolerance policy. A key component to minimize frustrations and prevent abhorrent behavior is to assure competency training of all health-care team members such that all members of the team are able to trust and feel secure that other members of their team are well trained and able to carry out their responsibilities.



In conclusion, disruptive behavior has been shown to have a significant effect on the quality of patient care. Although the overall percentage of physicians, nurses, and other members of the health-care team who exhibit this type of abhorrent behavior are relatively small, they can have a profound and disproportionately large overall effect on team dynamics, morale, and patient care. These effects are dramatically intensified in the high stress procedural suites because of the intensity of services provided, the relative confines of a small physical space, and the strong interdependency between effective communication, teamwork, and collaboration. Given the growing concerns about accountability for high-quality outcomes and patient safety, workforce shortages, reputation, and liability the medical staff leadership and hospital can no longer afford to take a passive approach and tolerate disruptive behaviors. It shouldn't be difficult to eliminate unacceptable behavior if we hold each other accountable and all subscribe to the many basic skills we learned in kindergarten (treat others the way you want to be treated, listen, be nice and don't hit people). It will take a concerted effort from all of us to combat the existence and effects of disruptive behaviors but it is a worthwhile effort that will be invaluable to providing the best care possible to our patients.

Thank you for reading,
Harry.bowles@huntingtonhospital.com

From the

Center for Health Evidence



As Bob Dylan famously sang in his 1964 ballad - *The Times They are a-Changin* - well they certainly are for PubMed. Later this year, PubMed is moving to completely update its user interface and search algorithm. For good or bad, even established institutions like the US National Library of Medicine are not immune to Dylan’s steadfast wisdom. For anyone curious to see what is ahead, the updated interface is now available on the experimental PubMed Labs platform - <https://www.ncbi.nlm.nih.gov/labs/pubmed/>.

With the rapid increase of biomedical literature, NCBI understandingly wants to improve the overall search and user experience. The updated version will now default the search results to be sorted by best match (currently the default sort order is by date), making it easier for users to find what they are looking for. This best match algorithm ranks search results according to a relevance score, based on an article’s popularity, its publication date and type. The new PubMed will also feature a sleeker interface, with search results that highlight the search terms in the title and article “snippet”. Snippets are highlights from an article abstract that are identified based on their relevance to the user query. There will also be better support for mobile devices with a mobile responsive layout, making it much easier and faster to search and read articles on your smart phone.



The Center for Health Evidence is preparing for the upcoming updates and is your go to resource for any questions or issues with the new PubMed interface. For those users who use PubMed to access our online journal subscriptions, look out for the new green Huntington Hospital logo next to each abstract to link out to the full text (when available via our subscriptions) or to request it from us.

<https://huntingtonhospital.libguides.com> | che@huntingtonhospital.com | (626) 397-5161

From the Center for Health Evidence CONTINUED

Please note, for this logo to show up and connect to our subscribed journals, make sure to use the following URL to access PubMed:

<https://www.ncbi.nlm.nih.gov/pubmed/?otool=cauphulib>

Randomized Controlled Trial | J Music Ther, 56 (1), 61-89 | 2019 Feb 16

Live Music Therapy During Rehabilitation After Total Knee Arthroplasty: A Randomized Controlled Trial

Hakeem Leonard + expand
PMID: 30770536

Abstract

Total knee arthroplasty (TKA) is a common orthopedic surgery known to be very painful. Emphasis has been placed on TKA pain management for postoperative care and during rehabilitation. Music therapy is used as a nonpharmacologic intervention for pain management and to promote rehabilitation exercise adherence. The objective of this study was to explore the effects of music therapy/physical therapy co-treatment using live music-supported exercise on pain and exercise

FULL TEXT LINKS
OXFORD
Huntington Hospital

ACTIONS
Cite

SHARE
Twitter Facebook Email

PAGE NAVIGATION
Title & authors



Showing links for:

Live Music Therapy During Rehabilitation After Total Knee Arthroplasty: A Randomized Controlled Trial.
Leonard
Journal of music therapy;56(1):61-89
ISSN: 0022-2917
<https://doi.org/10.1093/jmt/thy022>

- Document Delivery
 - Request Article



Document Delivery Request

Full name: *Required*

Email address: *Required*

Department or affiliation:

Special instructions:

CC me: (Send a copy of this request to yourself.)

Document Details

PUBLICATION TYPE: Journal Article
ARTICLE TITLE: Live Music Therapy During Rehabilitation After Total Knee Arthroplasty: A Randomized Controlled Trial.
AUTHORS: Leonard H
JOURNAL NAME: Journal of music therapy

References

Bob Dylan. "The Times They Are A-Changin'". *The Times They Are A-Changin'*, Columbia Records, 1964.

Fiorini, Nicolas et al. "Best Match: New relevance search for PubMed." *PLoS biology* vol. 16,8 e2005343. 28 Aug. 2018, doi:10.1371/journal.pbio.2005343

From the

Clinical Documentation Specialists

Did you know the Discharge Summary is the most important document in the Medical Record?



- It is the final diagnostic statement for the entire hospitalization.
 - ✓ Document all the conditions *evaluated, monitored, treated, responsible for an extended length of stay or responsible for increased nursing care.*
 - ✓ Confirm diagnoses established by consulting providers.
 - ✓ Assign an associated diagnosis to all diagnostic findings/impressions.
 - ✓ List all diagnosis that required treatment even if resolved prior to discharge.
 - ✓ Document when a differential or working diagnosis was ruled out.
 - ✓ Link presenting symptoms to associated diagnosis to summarize course of care.
 - ✓ If final diagnosis is uncertain at the time of discharge, clarify if “Probable,” “Suspected,” “Likely,” “Questionable,” “Possible,” “Still to be ruled out,” or other similar terms indicating uncertainty.
- It is the first document Recovery Auditors review in their efforts to *deny* any given hospitalization and *eliminate* significant diagnosis.
 - ✓ Document *accurate, clinically supported, and consistent diagnoses* in the medical record.
 - Example:
 - Admission note: Sepsis secondary to E coli UTI. SIRS criteria WBC 20.5, Lactic acid 34, T 39, HR 128
 - Progress note: Sepsis, improving.
 - Discharge Summary: Sepsis secondary to E coli UTI, resolved.
 - ✓ Conflicting diagnosis and clinically unsupported diagnosis will be queried and addressed to the Attending Physician, who is the provider of record at discharge responsible for the discharge summary.
 - Example:
 - Acute hypoxic respiratory failure
 - RR 16, unlabored, O₂ saturation 98% in RA
 - Please complete the Discharge Summary *timely* to capture *accurate, clinically supported, non-conflicting, and complete diagnoses* for completion of the patient record and continuation of patient care.

For your Clinical Documentation needs, please call extension 3662.

Announcement

Asif Mahmood, MD, has been appointed as a member of the California Medical Board.

Dr. Mahmood is one of eight physicians appointed by the Governor for the term June 03, 2019 through June 01, 2023. Dr. Mahmood has been a member of the Medical Staff at Huntington Hospital since April 2001 in the department of Medicine, specializing in Pulmonary Disease.

Congratulations Dr. Mahmood!



Asif Mahmood, MD

Dr. Asif Mahmood comes from humble beginnings, growing up in the remote Pakistani village called Kharian. He received his medical degree from Sind Medical College, did his internal Medicine residency at the University of Kentucky Medical Center followed by a Pulmonary fellowship at the University of Virginia and Harlem Hospital at Columbia University. Dr Mahmood has been a practicing physician at Huntington Memorial Hospital in Pasadena since 2000 and has served in different capacities from medical executive committee member to chief of staff in different hospitals. He is also on the board of the East Los Angeles College Foundation and the United Nations International Children's Fund, Western Regions.

Classification: Physician | Appointing Authority: Governor | Appointment Date: 06/03/19 | Term Expiration: 06/01/23

Celebrating milestones

The following physicians hit a service milestone in the month of **July**. The medical staff would like to recognize the following physicians for their **service and dedication** to Huntington Hospital.

45 years (on staff 07/1974)

Reid, Audrey Y., MD
Pediatrics

40 years (on staff 07/1979)

Rodriguez, Geronimo G., MD
(Obstetrics & Gynecology)

20 years (on staff 07/1999)

Chen, Tommy H., MD

Dermatology

Fu-Liu, Casey S., MD

Gastroenterology

Soldo, Stephen J., MD

Cardiovascular Disease

15 Years (on staff 06/2004)

Kaufman, Howard S., MD

Colorectal Surgery

Smith, Giovanni M., MD

Pulmonary Disease

10 years (on staff 07/2009)

Garshyna, Olga, MD

Internal Medicine

Bishara, Nader, MD

Neonatology

Chang, Eric, MD

Hematology/Oncology

Kumar, Ritu, MD

Internal Medicine

Lee, William, MD

Vascular Surgery

Park, Jennifer Y., MD

Obstetrics & Gynecology

5 Years (on staff 07/2014)

Han, Sukgu, MD

Vascular Surgery

Shekherdimian, Shant, MD

Pediatric Surgery

Trieu, Jessie, MD

Internal Medicine

Habashy, Michael F., MD

Nephrology

Lin, Timothy C., DO

Emergency Medicine

Sadun, Alfredo A., MD, Ph.D

Ophthalmology

Yavrouian, Eric, MD

Otolaryngology

Criswell, Braden J., MD

Orthopedic Surgery

Hung, Andrew J., MD

Urology

Lai, Sandy Y., MD

Pediatrics

Sadda, Srinivas R., MD

Ophthalmology



Medical staff meetings

Calendar

JULY 2019

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<u>1</u> 5:30 p.m. MEC Board Room	<u>2</u> 8 a.m. QM Pre-Agenda Decision Support	<u>3</u> Noon Trauma CR 8 12:15 p.m. Ob/Gyn Peer WT 5/6	<u>4</u>	<u>5</u>
<u>8</u>	<u>9</u> Noon Pulmonary Sect WT 5/6	<u>10</u> Noon Medicine Committee Board Room 12:15 p.m. Ob/Gyn Committee CR 5/6	<u>11</u> Noon QM Committee Research Hall	<u>12</u> 7 a.m. Ortho Section WT 5/6 7:30 a.m. Neurosurgery Sect. CR 11
<u>15</u> 7:30 a.m. Surg Committee Pre-Ag 8 a.m. Emergency Medicine Section ED Conf. Room	<u>16</u> Noon Critical Care Sect CR 2 12:15 p.m. Credentials Committee CR Board Room 5:30 p.m. Surgery Committee CR 5/6	<u>17</u> 7:30 a.m. Cardiology Section Peer-Cardio Conf. Room	<u>18</u> 6:30 a.m. Anest Sect/Peer CR-7 Noon GI Section CR 10 Noon PT&D Committee CR 5/6 6 p.m. Bioethics Committee CR 5&6	<u>19</u> 7:30 a.m. Spine Committee ET 11
<u>22</u> Noon Psychiatry Section CR 10 12:15 p.m. Urology Sec CR 5&6	<u>23</u> 7:30 a.m. Interdisciplinary Committee CR C Noon Interdisciplinary Committee CR C	<u>24</u>	<u>25</u> Noon Pediatric Committee Research Hall 5:30 p.m. Bariatric Committee WT 10	<u>26</u>
<u>29</u>	<u>30</u>	<u>31</u> Noon IM Peer Rev Board Room		

Calendar

JULY 2019

MONDAY	1	8	15	22	29
TUESDAY	2	9	16	23	30
	MDisc Breast Cancer Conf. 12 - 1 p.m. Conf. Room 11	MDisc Breast Cancer Conf. 12 - 1 p.m. Conf. Room 11	MDisc Breast Cancer Conf. 12 - 1 p.m. Conf. Room 11	MDisc Breast Cancer Conf. 12 - 1 p.m. Conf. Room 11	MDisc Breast Cancer Conf. 12 - 1 p.m. Conf. Room 11
WEDNESDAY	3	10	17	24	31
	Radiology Teaching Files 12 - 1 p.m. MRI Conf. Room	Radiology Teaching Files 12 - 1 p.m. MRI Conf. Room	Genitourinary Cancer Conf. 12 - 1 p.m. Conf. Room 11 Radiology Teaching Files 12 - 1 p.m. MRI Conf. Room	Radiology Teaching Files 12 - 1 p.m. MRI Conf. Room	Cardiac Cath Conf. 7:30 - 8:30 a.m. Cardiology Conf. Room Radiology Teaching Files 12 - 1 p.m. MRI Conf. Room
THURSDAY	4	11	18	25	
	INDEPENDENCE DAY		Thoracic Cancer Conf. 12 - 1 p.m. Conf. Room 11	Surgery M&M 8 - 9 a.m. Conf. Room B	
FRIDAY	5	12	19	26	
	Neurosurgery Grand Rounds 7:30 - 9 a.m. Conf. Room 11 General MDisc Cancer Conf. 12 - 1 p.m. Conf. Room 11	General MDisc Cancer Conf. 12 - 1 p.m. Conf. Room 11	General MDisc Cancer Conf. 12 - 1 p.m. Conf. Room 11	Neurosurgery Grand Rounds 7:30 - 9 a.m. Conf. Room 11 General MDisc Cancer Conf. 12 - 1 p.m. Conf. Room 11	



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

ADDRESS SERVICE REQUESTED

Medical Staff Leadership

- Harry Bowles, MD | President
- Brandon Lew, DO | President Elect
- Peter Rosenberg, MD | Secretary/Treasurer
- Steven Battaglia, MD | Chair, Credentials Committee
- Daniel Laster, MD | Chair, Quality Management Committee
- Waleed Shindy, MD | Chair, Medicine Department
- George Matsuda, MD | Chair, OB/GYN Department
- Jamie Powers, MD | Chair, Pediatrics Department
- Armen Dikranian, MD | Chair, Surgery Department

Glenn D. Littenberg, MD | Newsletter Editor-in-Chief

**Congratulations to our nurses, physicians,
employees and volunteers!**



**Thank you
for your dedication to excellence.**

