

medical staff NEWSLETTER

June 2015



volume 53, issue 6

From the President

The Patient Experience

“The good physician treats the disease; the great physician treats the patient who has the disease.”

- William Osler



Patients are well named. The English derivative evokes images of sitting quietly and waiting expectantly for something to happen. The actual etiology of the term is from the Latin word *patiens*, the present participle of the verb *patior* meaning “I am suffering”. It is also linguistically related to the Greek verb *paskhein*, which also connotes suffering and pain. I would posit, that the patient is the individual that medical care is centered upon. It is easy, often routine, to minimize the myriad issues that surround the individuals that come under our care to be only their disease or the measures that are employed to remedy their illnesses. However, it is important that we step back and look at the larger picture to include the person, their circumstances, their family, and the impact of the care that we provide upon the individual as a whole.

It is often a difficult road for patients to enter into care for an illness. Often the nature of the illness, its pathologic ramifications, and its natural history can be difficult for the patient to understand. The ability to sort the large amount of data, and weigh the options appropriately for their or a family member’s care, can be daunting. There are emotional issues, financial impacts, family and interpersonal pressures that are brought to bear. More involved and or life threatening medical issues, such as those that require stay in intensive care units, have even been associated with acute post-traumatic stress disorders (Jones et al.). The factors, and there are many, that encompass the effect and impact of a patient’s and their family’s time and involvement in the health care system could be called 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 May 4, 2015 and by the Governing Board on May 28, 2014.

Administrative Reports

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

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This year the 4th of July will be on a Saturday. As such, Friday, July 3rd will be the official hospital holiday so the OR will not be scheduling surgeries.

Medical Staff Appointments



Agarwala, Aakash, MD
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Fax: (213) 484-5900

Medical Staff Resignations

- Bourque, Jason D., MD - Urology - effective June 30, 2015
- Ching, Russell E., MD - Cardiovascular Disease - effective May 31, 2015
- Clavijo, Leonardo C., MD - Interventional Cardiology - effective May 31, 2015
- Martinez, Luis E., MD - Pediatrics - effective May 28, 2015
- Selvakkumaran, Gayathri, MD - Pediatrics - effective May 28, 2015

Reminder!

The Newsletter Committee welcomes essays on new technologies, methods of diagnosis/treatment. Or have you published a peer reviewed article? Let us know! If you would like to submit any articles for the newsletter please contact Maricela Alvarez via email Maricela.Alvarez@huntingtonhospital.com.

Newsletter Editor:
Glenn D. Littenberg, MD, MACP, FASGE
Glenn.Littenberg@scgahealth.com

From the **President** continued from page 1

“patient experience”. One group, the Beryl Institute, a global organization focused on the patient experience, has defined it as: “the sum of all interactions, shaped by an organization’s culture, that influence the patient’s perceptions across the continuum of health care” (The Beryl Institute). It is that perception, and our ability to impact it, that can have a profound beneficial effect upon a patient’s wellbeing and even medical outcome.

In addition, there are now the mounting stresses and demands on the physician as well. The increased time for documentation and administrative tasks has often pressured doctors to limit their time and interaction with patients and their families. Despite this, it is important not to apply a mental Occam’s razor to the patient and diminish our impact on supporting them effectively through the medical process and the decisions that they must make. Indeed, we need to remember our roles as patient advocates in order to effectively counsel and guide them through the medical system and the potential outcomes of their treatment. Patients and their families need us to educate, commiserate, and empathize with them. They need to know that we are there for them.

We are all seeking a balance between the demands of our profession, and the daily demands of our patients. It is easy and often compelling for simplicity sake to define individuals as their disease or mode of treatment. It is important that we expand our vision to include not only the impact of the care we provide on the patient but also to those around them. In the final analysis, as one doctor said to me, “We are in the people business” (Burkhead).

James Shankwiler, MD

President of the Medical Staff

Works Cited

Burkhead, Wayne Z., MD. “Personal Communication.” Personal interview. 1993.

Jones, C., RD Griffiths, G. Humphris, and PM Skirrow. “Memory, Delusions, and the Development of Acute Posttraumatic Stress Disorder-related Symptoms after Intensive Care.” *Critical Care Medicine* 29.3 (2001): 573-80. PubMed. NCBI, Mar. 2001. Web. 11 May 2015. <<http://www.ncbi.nlm.nih.gov/pubmed/11373423>>.

The Beryl Institute. “Defining Patient Experience.” The Beryl Institute.,n.d. Web. 12 May 2015. <<http://www.theberylinstitute.org/?page=DefiningPatientExp>>.

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 06/1975)

Charles R. Battaglia, MD - Otolaryngology
Thomas T. Ackerson, MD - Orthopedic Surgery

35 Years (on staff 06/1980)

Indong Oh, MD - Orthopedic Surgery
Arvid E. Underman, MD - Internal Medicine

20 Years (on staff 06/1995)

George P. Teitelbaum, MD - Neuroradiology

10 Years (on staff 06/2005)

Michele L. Evans, MD - Reproductive
Endocrinology & Infertility
Wei Feng, MD - Endocrinology
William B. Gregory, MD - Emergency Medicine
Rula A. Harb, MD - Pediatric Gastroenterology
Daniel N. Scaff, MD - Pediatrics
Jeannie Shen, MD - General Surgery

From the **Health Science Library**

Library by the Numbers 2014

12,884

Journal Articles
Supplied



241

Literature Search Requests

2,861



E-Book Content
Retrieved

7,812

After Hours
Library Access

LOVE
the LIBRARY

1,096



Document Delivery &
Interlibrary Loan

Article Supplied

20,389



Website Accesses

44,290

Online resources Searched



From Physician Informatics

Cerner Physician Training

Do you still have questions about the Cerner Upgrade or want some additional fundamentals training? The Cerner Fundamental Refresher classes are offered Monday, Wednesday and Fridays throughout May at 0830 and 1330. Please register via the Intranet (see below) or directly at: booeko.com/huntingtonhospital or call 626-397-2500 for Cerner Upgrade 1:1 training sessions.

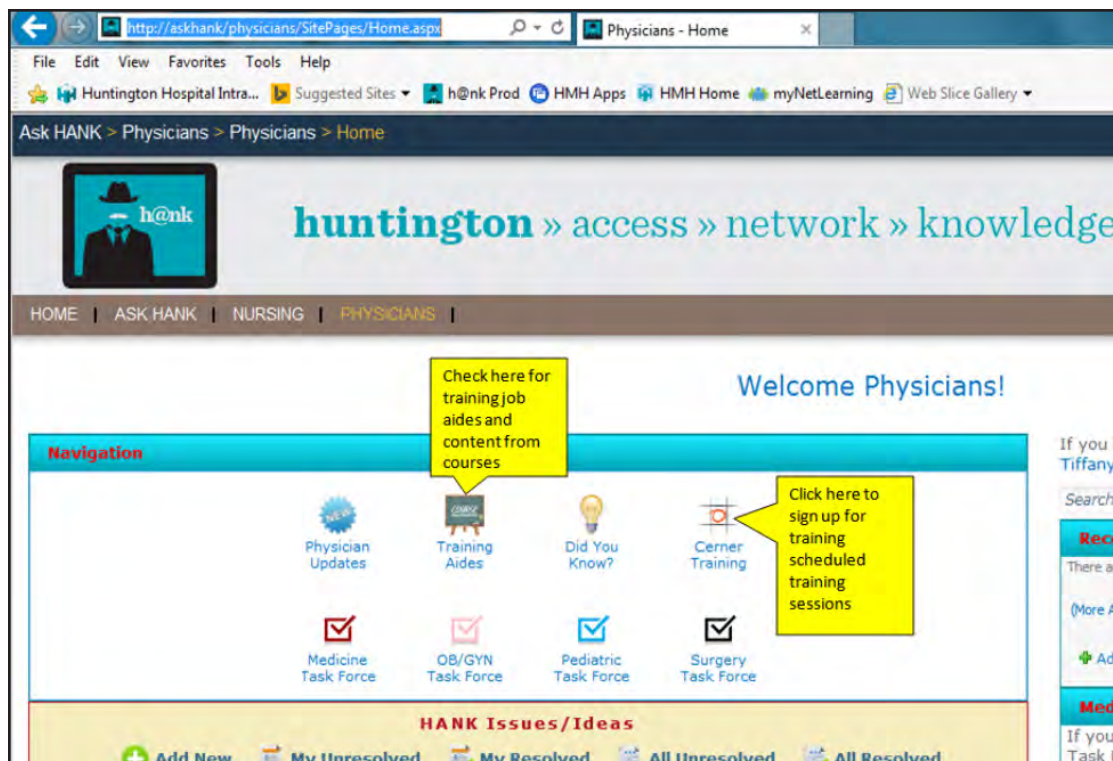
Attn: All Physicians who perform procedures - RE: Informed Consent/Attestation & H&P Update Note

The process for the Informed Consent/Attestation & H&P Update Note documentation has changed per Joint Commission requirements. The verbiage was changed in March and we are continuing to help doctors save the new verbiage in their pre-completed notes. If you still need assistance call 626-397-2500.

Attn: Surgeons - RE: Cancer Staging

Surgeons, please be aware that Cancer Staging information is contained in the Preoperative/ Procedure Progress Note for use. For any cancer surgery, the Clinical Stage field is required. Documentation referring a patient to a Plastic Surgeon is required for any patient undergoing a mastectomy without immediate reconstruction. Please contact Sharon Carillo in Cancer Services at 626.397.5119 if you have any questions on the documentation. Physician Support Services staff are available at 626-397-2500 if you need help with this note in Cerner.

Physician Training Aides on Huntington Intranet



CME Corner



MEDICAL GRAND ROUNDS

Topic: Elder Abuse and Neglect Resulting in Death

Speaker: Lakshmanan Sathyavagiswaran, MD

Date: June 5, 2015

Time: Noon - 1 p.m.

Place: Research Conference Hall

Objectives:

1. Update attendees on the value of a thorough at-scene evaluation in elder death investigation.
2. Update attendees on value of consultation (i.e., neuropathology, etc.) in elder death case analysis.
3. Team approach in medico-legal death investigation.
4. Learn the benefits of autopsies in evaluating natural and unnatural deaths.

Audience: Internal Medicine & Primary Care Physicians

Methods: Lecture

Credits: 1.0 AMA PRA Category 1 Credits™

SECOND MONDAY

Topic: Postherpetic Neuralgia (PHN)

Speakers: Brennan B. Katz, DO

Date: June 8, 2015

Time: Noon - 1 p.m.

Place: Research Conference Hall

Objectives:

1. Prescribe appropriate medication in time efficient manner.
2. Refer to pain management physician earlier when indicated.
3. Understand all treatment modality available for treatment of PHN.

Audience: Pain Management, Internal Medicine, & Primary Care Physicians

Methods: Lecture

Credits: 1.0 AMA PRA Category 1 Credits™

HMRI LECTURE SERIES

The weekly HMRI Lecture Series has been approved for CME Credit:

Topic: Health Equity, Diversity, Recruitment, & Retention in Human Subjects Research

Speaker: Cherise Charleswell

Date: June 2, 2015

Time: 4 - 5 PM

Place: Research Conference Hall

Objectives:

1. Inform researchers and clinicians about the various barriers to increasing minority enrollment in human subjects research.
2. Discuss strategies that can be used to increase minority recruitment and retention in human subjects research.
3. Examine the connection between health inequity and homogenous research study cohorts.
4. Provide an overview of the updated National Institutes of Health (NIH) policies regarding minority subjects enrollment and tracking in human subjects research.

Audience: Surgery, Internal Medicine, & Primary Care Physicians

Methods: Lecture

Credits: 1.0 AMA PRA Category 1 Credits™

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HMRI LECTURE SERIES *continued*

<p>Topic: Players Gonna Play Speaker: Whitney Griffin Date: June 9, 2015 Time: 4 - 5 PM Place: Research Conference Hall</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Differentiate return-to-play from return-to-learn policies. 2. Understand, recognize, and anticipate barriers to return-to-play policies. 3. Critique NCAA enforcement strategies. 4. Assess current concussion management plans in universities to protect players from themselves. <p>Audience: Internal Medicine, & Primary Care Physicians Methods: Lecture Credits: 1.0 <i>AMA PRA Category 1 Credits™</i></p>	<p>Topic: Insights into the Pathogenesis of Age-Related Macular Degeneration Revealed by Imaging Speaker: Srinivas R. Sadda, MD Date: June 16, 2015 Time: 4 - 5 PM Place: Research Conference Hall</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Learn about challenges in our study of age-related macular degeneration (AMD). 2. Understand the potential roles of new imaging technologies. 3. Understand new concepts in the mechanisms of the development and progression of AMD. <p>Audience: Ophthalmology, Internal Medicine, & Primary Care Physicians Methods: Lecture Credits: 1.0 <i>AMA PRA Category 1 Credits™</i></p>	<p>Topic: Cell Therapy for Myocardial Infarction Speaker: Robert A. Kloner, MD, PhD Date: June 20, 2015 Time: 4 - 5 PM Place: Research Conference Hall</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Understand what stem cells are and their types. 2. Review preclinical studies that have utilized cell therapy for MI. 3. Have a better knowledge of outcomes of clinical trials that have used stem cell therapy for MI and heart failure. <p>Audience: Cardiology, Internal Medicine, & Primary Care Physicians Methods: Lecture Credits: 1.0 <i>AMA PRA Category 1 Credits™</i></p>
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From the **Clinical Documentation Specialists**

Documentation Tip of the Month

HEART FAILURE

HEART FAILURE/CONGESTIVE HEART FAILURE should include the following:

TYPE for specificity:

- Systolic: EF <40%, left ventricular dilation/enlargement and low cardiac output from impaired emptying
- Diastolic: EF >50%, left ventricular hypertrophy/thickening and abnormal diastolic filling causing impaired relaxation and poor filling
- Combined Systolic and Diastolic

Acuity is a severity driver:

- Acute - first time occurrence
- Chronic - Maintained on daily medications: Digoxin, Diuretics, ACE inhibitors, Ca++ channel blockers, Beta blockers, Nitrates, ARBs
- Acute and Chronic - subsequent occurrence

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Clinical Documentation Specialists continued from page 7

Specify if HEART FAILURE is associated with or due to:

• HTN	• VALVULAR DISEASE	• MYOCARDIAL INFARCTION
• RHEUMATIC HEART DISEASE	• PERICARDITIS	• MYOCARDITIS
• ENDOCARDITIS	• CARDIAC SURGERY	• ACUTE PULMONARY EDEMA

DYSFUNCTION ≠ FAILURE

DECOMPENSATED ≠ ACUTE

Heart Failure with reduced Ejection Fraction (HFrEF) ≠ Systolic heart failure

Heart Failure with preserved Ejection Fraction (HFpEF) ≠ Diastolic heart failure

These are several examples of **how to properly document heart failure in your notes:**

- Ex. Acute systolic CHF
- Ex. Chronic diastolic CHF due to HTN
- Ex. Acute on chronic systolic CHF

Ask a CDI

Clinical Documentation Improvement

*The CDIS team is here to assist you with your documentation needs.
Please feel free to call us if you have any questions.*

Karen ext. 2024 Maria ext. 3665 Theresa ext. 3787

Gabriella Pearlman, MD, Physician Advisor for CDI, ICD-10 Physician Champion, 626-397-5183

Getting to Know Your Medical Staff Leaders

Ian Ross, MD joined the Medical Staff in 2005. He is an Active Staff member of the Neurosurgery Section, Department of Surgery. He is the current Chair of the Neurosurgery Section. Dr. Ross was Chair of the Spine Section a few years ago. He is board certified in Neurosurgery by the American Board of Neurological Surgery. Prior to relocating to Southern California 10 years ago Dr. Ross was in academic practice. In addition to being a professor and carrying out clinical and applied research, he was involved in the Ethics Committee and IRB. Dr. Ross has contributed to numerous publications in the medical and basic scientific literature.

Dr. Ross received his Medical Degree in 1985 from Queen’s University in Ontario. He completed his Internship and Residency training in Surgery and Neurosurgery at McGill University from 1985 to 1993 in Montreal, with two years of research training at the University of Toronto, Canada. He also spent a

sabbatical in 1998-99 at the Fondation Rothschild in Paris, France where he studied interventional neuroradiology techniques.

In addition to trying to maintain the highest level of clinical performance for himself and his colleagues, Dr. Ross is committed to improving patient care and understanding how the nervous system works. He remains excited and enthusiastic about ongoing collaborative research work done with scientists from Caltech.

Dr. Ross loves reading, writing, and (less so) arithmetic. He recently finished a great mystery novel “The Shadow of the Wind” by Carlos Ruiz Zafón. It takes place in Barcelona. Dr. Ross tries to stay in shape by jogging and swimming.





Update: Lung Cancer Screening Advance

By Robbin Cohen, MD, M.M.M.¹

For the first time, both private payers and the Centers for Medicare & Medicaid Services will pay for lung cancer screening consisting of low dose chest

CT scans for those at high risk by virtue of their cigarette smoking history. It is projected that these screenings will save thousands of lives per year by detecting early stage lung cancers while they are potentially curable with surgical therapy. Though researchers have been on the verge of proving that lung cancer screening with CT scans was beneficial for over a decade, the tipping point was the National Lung Cancer Screening Trial, funded by the National Institute of Health and published in 2011. This prospective trial of over 53,000 current or former cigarette smokers showed that lung cancer screening resulted in a 20% reduction in lung cancer mortality.

More than 46 professional organizations, including the Society of Thoracic Surgeons, the American College of Radiology, and the National Comprehensive Cancer Network have issued recommendations for lung cancer screening. CMS guidelines governing eligibility for lung cancer screening included the following:

- Current or former smokers age 55-77.
- A smoking history equivalent to a pack a day for 30 years (30 pack-years).
- Current smoker or one who has quit smoking within the last 15 years.
- Patient receives a written order in the context of a lung cancer screening counseling and shared decision making visit. The specifics of this visit are described in a memo that has been posted on the CMS website, www.cms.gov, entitled: Decision Memo for Screening for Lung Cancer with Low Dose Computed Tomography (LDCT) CCAG-00439N). < http://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NC_AId=274>

The American Lung Association adds:

- Patients should be referred to a facility that uses “best practices” for CT screening.
- Individuals should not receive a chest X-ray for lung cancer screening.

The thoracic oncology program at Huntington Memorial Hospital has been a leader in the promotion and implementation of lung cancer screening. In addition, the Huntington-Hill Imaging Center has been designated by the American College of Radiology as a “lung cancer screening center.” This will ensure that patients meet screening criteria, that screening CT’s are correctly performed and interpreted, and that the screening results have proper follow up. The Huntington-Hill Imaging Center also provides smoking cessation information and a surveillance schedule as needed. Patients with positive screening CT scans have their clinical information and imaging studies reviewed at the multidisciplinary thoracic oncology conference at Huntington Hospital, where recommendations for clinical care are made according to National Comprehensive Cancer Network (NCCN) guidelines.

Admittedly, lung cancer screenings are only the second best way to reduce lung cancer mortality. The first is cigarette smoking prevention. Cigarette sales taxes, anti-smoking education, and smoking bans in public areas and workplaces have placed California in the top five states when it comes to reduced smoking and lung cancer rates per capita. For that we should be applauded. But we need to also remember that lung cancer mortality persists for many years after smoking cessation and that California (because of its size) continues to have the highest number of total lung cancer deaths and new cases of any state. All of which brings us back to the power of lung cancer screenings.

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Update: Lung Cancer Screening Advance continued from page 9

- To schedule your patients or learn more about this program, please contact the Huntington-Hill Imaging Center at 626-698-7266.
- If you have any questions about the program, you can also call Christine Conti, RN Navigator, Lung/Esophageal at 626-397-2528.
- For additional online information on lung cancer screening at Huntington Hospital, please visit <http://www.huntingtonhospital.com/Lung-Cancer/Lung-Cancer.aspx>.

Robbin Cohen, MD, is medical director of cardiothoracic surgery and thoracic oncology at Huntington Memorial Hospital in Pasadena.

¹ Masters of Medical Management

An Update from Paula Verrette, MD and Jim Noble



PAULA VERRETTE, MD
Chief Medical Officer
Huntington Memorial Hospital



JIM NOBLE
Executive Vice President
Huntington Memorial Hospital

 **Huntington Hospital**
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We wanted to update you on how we are moving forward in addressing issues of importance to the Huntington Hospital employees with whom you work every day. Rest assured we have been focused on improving employee experience around Cerner, staffing, supplies and pay, and have made significant progress on implementing positive changes in these areas.

Now, we are pleased to announce that we have finalized the update to Huntington Hospital's compensation, a process that has been underway since 2013. Our goal has been to ensure that we are an industry leader in total compensation within our region, just as we are a leader in the delivery of health care to our community. The new plan will go into effect June 26, 2015, and is guided by the following principles:

Market Competitiveness:

Ensuring employees are compensated ABOVE market rates, with a commitment that each position will undergo an annual market review.

Fairness:

Ensuring pay is based on relevant experience, skill, education and performance.

Growth

Expanding opportunities for professional growth in both pay and career development.

All employees have received a letter announcing the completion and timeline for the rollout of the updated plan. Over the coming weeks, managers will be scheduling meetings with each employee to provide a more detailed explanation of individual impact. We expect the new plan to be positively received and have let employees know that their ongoing feedback is most welcome.

If you have any questions, feel free to reach out either of us directly.

Thank you, as always, for your ongoing support.

Paula Verrette, MD
Chief Medical Officer Executive

Jim Noble
Vice President



To Huntington Medical Staff,

Thank you for supplying the treats (cookies, brownies and lemon bars!) to the volunteers of Huntington Hospital during National Volunteer Week. 1502 volunteers donated 106,888 hours to our hospital in 2014. That is quite a gift! As one of our nurses said, "I truly believe that this hospital could not run without our volunteers." I think she's right!

Stacy Miller
Director, Volunteer Services

The Huntington Bike Club is shifting gears and climbing!

The Huntington Bike Club, now known to members as the "HBC", has steadily grown in membership and local rides. Members include Huntington hospital staff, physicians, former employees and associated friends and family. The club offers both beginner and advanced level rides, including our popular bike clinics taught by Dr. Tom Yi. It is wonderful opportunity to ride with fellow staff and share in the joy, camaraderie, and healthy benefits of cycling.



Some of the recent club developments include a new HBC jersey design which will be available for purchase in the near future. The HBC Facebook page, designed by Dr. Todd Turner, announces upcoming rides, shared interest postings, and club ride photos. Wellness points can be earned for each HBC ride you attended with 10 points given per ride and a maximum of 50 points a year.

Five of the HBC members participated in the Wildflower Century in San Luis Obispo on April 26. This is the first fun rides of our group!

The club is always open to new members and we encourage you to come to one of our meetings or rides! We have scheduled rides on many Sunday mornings during the month and on the second Wednesday of every month. HBC meetings are held monthly on the third Wednesday of the month from noon – 1 pm. Please Contact Alison Birnie ext. 3686 or Alison.birnie@huntingtonhospital.com to receive email information of upcoming meetings and rides.

View our Facebook page at <https://www.facebook.com/groups/635044889951168/>

June 2015 Medical Staff Meetings

monday	tuesday	wednesday	thursday	friday
-1-	-2-	-3-	-4-	-5-
- 12:15 p.m. OB/GYN Dept – CR 5&6 - 5:30 p.m. Medical Executive Committee - Board Room	- 8 a.m. QM Pre-Agenda - CR-C	- Noon Plastic Surgery Section - CR-10 - 12:15 p.m. OB/GYN Peer Review - CR 5&6 - 5:30 p.m. Pediatric Dept. Cerner Task Force - CR-8	- Noon Medicine Committee - N/S - Noon Trauma Svcs Committee - CR 5&6 - 12:15 p.m. OB/GYN Dept. Cerner Task Force - CR-8	- 7 a.m. Ortho Section - CR 5&6 - Newsletter Submission -
-8-	-9-	-10-	-11-	-12-
	- 7:30 a.m. EP Subsection - Cardiology Conf. Room - Noon Surgery Dept. Cerner Task Force - CR-8	- 7:30 a.m. Medicine Dept. Cerner Task Force - CR-5&6 - 10 a.m. PICU/Peds QI - CR 2	- Noon QM Committee - East Room - 5:30 p.m. Neonatal/Pediatric Surgical Case Review - CR-10	
-15-	-16-	-17-	-18-	-19-
	- 5:30 p.m. Surgery Committee - CR-5&6	- 12:15 p.m. Credentials Committee - CR C	- 6:30 a.m. Anes Peer - CR-7 - 8 a.m. Neurology - CR-8 - Noon PT&D Committee - CR 5&6 - 3 p.m. Neon QI - WT CR 10 - 6 p.m. Bioethics - CR 5&6	
-22-	-23-	-24-	-25-	-26-
- Noon Radiology/Nuclear Med Section - CR-11		- 7:30 a.m. Medicine Dept. Cerner Task Force - CR 5&6	- Noon IM Peer Rev - CR-6 - 12:15 p.m. Pediatric Committee - East Room	
-29-	-30-			

June 2015 CME Calendar

monday	tuesday	wednesday	thursday	friday
-1-	-2-	-3-	-4-	-5-
- 12:15 - 1:15 p.m. OB/GYN Dept. Mtg, CR 5&6 Topic: Preeclampsia and the New Guidelines	- 7:30 - 8:30 a.m. MKSAP, Conf. Room A - Noon - 1 p.m. General MDisc Cancer Conf., Conf. Room 11 - 4 - 5 p.m. HMRI Lecture Series, RSH Topic: Human Subjects Research	- 7:30 - 8:30 a.m. Neonatal/Perinatal M&M, Conf. Room 10 - Noon - 1 p.m. Genitourinary Cancer Conf., Conf. Room 11 - Noon - 1 p.m. Radiology Teaching Files, MRI Conf. Room	- 7 - 8 a.m. Trauma Walk Rounds, Conf. Room B - 8 - 9 a.m. Trauma M&M, Conf. Room B - Noon - 1 p.m. Thoracic Cancer Conf., Conf. Room 11	- 7:30 - 9 a.m. Neurosurgery Grand Rounds, Conf. Room 11 - Noon - 1 p.m. Medical Grand Rounds, RSH Topic: Elder Abuse - Noon - 1 p.m. MDisc Breast Cancer Conf., Conf. Room 11
-8-	-9-	-10-	-11-	-12-
- Noon - 1 p.m. Second Monday, RSH Topic: Postherpetic Neuralgia (PHN)	- 7:30 - 8:30 a.m. MKSAP, Conf. Rm. A - Noon - 1 p.m. General MDisc Cancer Conf., Conf. Room 11 - 4 - 5 p.m. HMRI Lecture Series, RSH Topic: Players Gonna Play	- 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. MDisc Breast Cancer Conf., Conf. Room 11
-15-	-16-	-17-	-18-	-19-
	- 7:30 - 8:30 a.m. MKSAP, Conf. Room A - Noon - 1 p.m. General MDisc Cancer Conf., Conf. Room 11 - 4 - 5 p.m. HMRI Lecture Series, RSH Topic: Pathogenesis of Age-Related Macular Degeneration	- 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. MDisc Breast Cancer Conf., Conf. Room 11
-22-	-23-	-24-	-25-	-26-
	- 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		- 7:30 - 9 a.m. Neurosurgery Grand Rounds, Conf. Room 11 - Noon - 1 p.m. MDisc Breast Cancer Conf., Conf. Room 11
-29-	-30-			
	- 7:30 - 8:30 a.m. MKSAP, Conf. Room A - Noon - 1 p.m. General MDisc Cancer Conf., Conf. Room 11 - 4 - 5 p.m. HMRI Lecture Series, RSH Topic: Cell Therapy for Myocardial Infarction			

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

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 Maricela Alvarez, 626-397-3770 or Maricela.alvarez@huntingtonhospital.com.
Articles must be submitted no later than the first Friday of every month.

Medical Staff Demographic Changes

Correction from the May Newsletter:

Edward A. Mena, MD
Hepatology
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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