Huntington Hospital

medical staff news

JUNE 2017 VOLUME 55, ISSUE 6

Inside this issue

From the president

The Vagaries of Hospital Rankings

Christopher Hedley, MD | Medical Staff

What makes an excellent hospital? Is it a place that doggedly pursues quality stars and top letter grades in hospital ranking systems? Or is it a place that strives to do what is in the best interest of every patient every time?

At Huntington Hospital, we have the privilege of watching quality care in action every day. We see it in the specialized skills of our colleagues and in the hundreds of ways, both big and small, that they strive to treat each patient to the very best of their abilities. We instinctively know the colleagues we would want caring for our own family members if they were ever sick or injured.

However, while quality and excellence are easy to see, they are maddeningly difficult to quantify. The measures that we track to prove excellence in pay-for-performance programs and various hospital rating systems are often indirect and imprecise. Most of us can think of colleagues whose performance measures would not accurately reflect their brilliance, and the same goes for our hospitals.

> **"Excellence is an art won by training and habituation. We do not act rightly because we have virtue or excellence, but we rather have those because we have acted rightly."**
> – Aristotle

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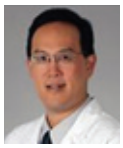
Board meeting. As provided by the Bylaws of the Governing Body and as the designated sub-committee of the Governing Board the following items were presented and approved by the Medical Executive Committee on May 1, 2017.

Medical staff appointments

Bast, John H., MD
Plastic Surgery
1510 San Pablo Street
Suite 415
Los Angeles, CA 90033
P: (323) 442-7920
P: (323) 442-7573

Mauer, Andreas C., MD
Cardiovascular Disease
1116 24th St, Apt 4
Santa Monica, CA 90403



Tseng, William W., MD
Surgical Oncology
1510 San Pablo Street
Suite 514
Los Angeles, CA 90033
P: (323) 442-5831
F: (323) 442-6279

Administrative *reports*

Please go to SharePoint→ Medical Staff Services→ Board Approved Items→ 2017 and select May 2017.

Huntington Hospital
recognized for stroke care by Healthgrades and the American Stroke Association

Our hospital has recently been recognized by Healthgrades as a 5-stars recipient for the treatment of stroke. In addition, we have received the American Heart Association/American Stroke Association's Get With The Guidelines®-Stroke Gold Plus Quality Achievement Award with Target: Stroke℠ Honor Roll. These honors recognize our hospital's commitment to providing the most appropriate stroke treatment according to nationally recognized, research-based guidelines based on the latest scientific evidence.

"We are honored to be recognized by Healthgrades and the American Heart Association/American Stroke Association," said **Arbi Ohanian, MD**, medical director of Huntington Hospital's Stroke Program. "With stroke care, every minute counts and I am extremely proud of our outstanding team of clinicians and staff who are deeply committed to delivering compassionate care to our community, day in and day out."

For more information about these designations, please visit www.huntingtonhospital.org/newsroom.

The American Heart Association/American Stroke Association recognizes this hospital for achieving 85% or higher compliance with all Get With The Guidelines®-Stroke Achievement Measures and 75% or higher compliance with five or more Get With The Guidelines®-Stroke Quality Measures for two or more consecutive years and achieving Time to Thrombolytic Therapy ≤ 60 minutes 50% or more of applicable acute ischemic stroke patients to improve quality of patient care and outcomes.

President Message CONTINUED

Last year, the Johns Hopkins' Armstrong Institute for Patient Safety and Quality in Baltimore published research on the validity of billing code measures like those used by popular hospital ratings systems. Among the 21 measures they looked at, only one (accidental punctures or lacerations during surgery) was deemed valid because the billing code measure matched the patient outcome more than 80 percent of the time.[1]

To their credit, most ratings systems like U.S. News & World Report, Leapfrog and Medicare's Hospital Compare recognize their shortcomings and are working on expanding the number of measures they track to try to give a fuller picture of each hospital's overall performance. However, we still know relatively little about which of the many measures that can be gathered accurately reflect true quality. Even outcome measures from patient records can be problematic. In 2015, ProPublica published a surgeon "score card"[2] that calculated complication rates for surgeons performing one of eight elective procedures under Medicare. ProPublica tried to adjust for differences in patient health, age and hospital quality, but surgeons who primarily treated highly complex patients still came out looking worse in the measure even though they may actually have been among the best doctors in the group because they specialized in the very sickest patients and the hardest cases.

All this is not to say that aiming to measure quality and safety is bad and should be avoided. Quite the opposite is true. Measurement is crucial for any meaningful effort to improve overall performance. But one must always be conscious of the limits of the measures being used and not lose sight of what true excellence looks like. In today's environment where patients are encouraged to be savvy consumers and shop for the best quality and value in care, it is easy to get caught up in chasing rating system stars or top letter grades that could attract more patients. However, if the focus becomes achieving a certain measure instead of doing what is best for every patient, every time, I am convinced that a hospital will ultimate fail in achieving real excellence.

Instead of looking to measures to validate our performance, we need to use them as tools to learn more about what we are doing well and where we may be able to do better. I am hopeful that as quality measuring efforts improve over time, the institutions that stayed focused on overall excellence in care rather than meeting specific isolated measures will rise to the top.

References

1. Winters B, Bharmal A, Wilson R, Zhang A, Engineer L, Defoe D, Bass E, Dy S, Pronovost P. Validity of the Agency for Health Care Research and Quality patient safety indicators and the Centers for Medicare and Medicaid hospital-acquired conditions: A systematic review and meta-analysis. *Med Care*. 2016 Dec;54(12):1105-1111.
2. Wei S, Pierce O, Allen M. Surgeon Scorecard. *ProPublica*. 2015 July 15. Available at https://projects.propublica.org/surgeons/.

CME corner

If you would like a copy of you CME credit report please contact Gladys Bonas via email at Gladys.Bonas@huntingtonhospital.com

If you would like to submit an article to be published in the Medical Staff Newsletter please contact Gladys Bonas, (626) 397-3770 or Gladys.bonas@huntingtonhospital.com.

Articles must be submitted no later than the first Friday of every month.

From the

Health Science Library

Using AccessMedicine for Self-Study, USMLE and Board Review

AccessMedicine provides thousands of review questions for self-assessment and study. Multiple-choice quizzes can be created from one of 26 medical textbooks available on the AccessMedicine platform. Questions are generated on random topics or users can customize to topics most in need of review.

To begin, click on **Review Questions** from AccessMedicine's main page or use the **Study Tools** pull down menu and select **Review Questions**. You will then be prompted to **Sign in** or **Create a free profile**. A profile can be created from a hospital-networked computer or by accessing the library's resources from within Cerner (Log in to Cerner → Powerchart → Health Sciences Library link on the gray bar).

Once signed in users can then select a title from which to generate questions or select a specialty area on the left and be given a choice of the best bets for generating questions pertaining to that specialty.

Create quizzes with up to 250 questions (see example question on left). Results are saved in the MyAccess profile area (click on the gray bar at the top once you are signed in to see the **My Review Questions** area).

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From the

Health Science Library CONTINUED

Huntington Hospital affiliated physicians can get to AccessMedicine by navigating to the library's website on Cerner (see link to **Health Sciences Library** on gray bar from within the **PowerChart**) or, if you already have a MyAccess profile you can go directly to http://accessmedicine.mhmedical.com/ and sign in. An OpenAthens account is another good way to access this resource.

Contact the library for more information library@huntingtonhospital.com, (626) 397-5161.

Celebrating milestones

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

35 Years (on staff 06/1982)
Antelyes, Roy S., MD
Emergency Medicine
Edelman, Kalman J., MD
Gastroenterology
Li, Joseph Y., MD
Obstetrics & Gynecology
Luna, James D., MD
Emergency Medicine

10 Years (on staff 06/2007)
Alrashid, Wufaa, MD
Internal Medicine
Hong, Jeffrey C., MD
Ophthalmology

5 Years (on staff 06/2012)
Barton, Edward G., MD
Neurology
Castro, Adrian E., MD
Pediatrics
Rizvi, Murtaza, MD
Plastic Surgery

From the

Clinical Documentation Specialists

Acute Kidney Injury (AKI)

Definition:

- Sudden reduction of kidney function, usually a period of hours or days
- Depends on normal baseline for an individual patient, not a reference range for the test.

Causes:

- **Pre-renal** – dehydration is the most common cause
- **Renal** – such as acute tubular necrosis (ATN), acute papillary necrosis, glomerulonephritis
- **Post-renal** – obstruction of the ureters or bladder

Kidney Disease Improving Global Outcomes (KDIGO) criteria (based on National Kidney Foundation):

- ⇨ Increase/Decrease Creatinine ≥ **0.3 mg/dl** from a measured baseline in 48 hours or less; or (Requires 2 separate measurements in 48 hours.)
- ⇨ Increase/Decrease in Creatinine level to ≥ **1.5 x baseline** which is known or presumed to have occurred within the prior 7 days; or
- ⇨ Urine output <**0.5 ml/kg/hr** for 6 hours

*** If baseline Creatinine is unknown, KDIGO advises "The **lowest SCr** obtained during a hospitalization is usually = or > the baseline. This SCr should be used to diagnose AKI."

Documentation Tips:

Acute Renal Failure = Acute Kidney Injury
Acute Renal Insufficiency ≠ Acute Kidney Injury

Documentation Examples:

AKI due to dehydration
AKI due to ATN secondary to septic shock or drug-induced nephropathy (i.e., NSAIDS)
AKI on CKD Stage 3 due to Diabetic Nephropathy and/or HTN
AKI due to obstructive uropathy
Azotemia and uremia with AKI

Reference:

Pinson, R. D. and Tang, C. L. (2017) 2017 CDI Pocket Guide.

Fulfilling ABIM MOC with UpToDate®

Submit CME credits seamlessly; incorporate ABIM MOC at the point of care.

American Board of Internal Medicine (ABIM)-certified physicians can now use *AMA PRA Category 1 Credit™* earned through UpToDate to satisfy ABIM Maintenance of Certification (MOC) requirements. The UpToDate CME credits can be submitted for ABIM Medical Knowledge Points.

SUBMIT CME FOR ABIM MOC WITH EASE

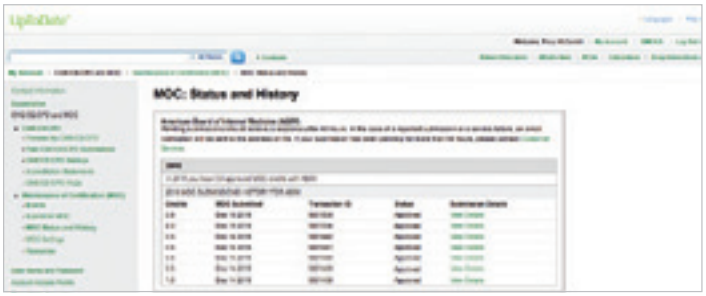
The ability to submit UpToDate CME for ABIM MOC is available to logged-in UpToDate users. This feature is part of the same simple online platform that UpToDate physicians use to accrue and redeem CME credit. Submitting CME credits to ABIM via UpToDate is entirely electronic — there are no certificates to print, email or mail.

SUBMIT AT YOUR OWN PACE

With CME for ABIM MOC, physicians accrue CME credits that are eligible for ABIM points whenever they use UpToDate. They can submit their redeemed credits at their own pace and can check credit status online to see whether they have been approved by ABIM.

1 Submit CME credits for MOC or review the status and history of MOC submissions.

2 Easily submit CME credits to ABIM via UpToDate for MOC.



3 View status and history of CME credits submitted for ABIM MOC.

UpToDate CME for ABIM MOC benefits:

- Earn ABIM MOC-eligible CME at point-of-care
- Convenient opportunity for professional development
- Save time and resources
- **No additional cost for this valuable feature**

ABIM MOC statement

Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to 0.5 MOC points per Internet point-of-care activity in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. Participants will earn MOC points equivalent to the amount of CME credits claimed for the activity. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.

Wolters Kluwer

Wolters Kluwer | 230 Third Avenue, Waltham, MA 02451-2222 USA
US/CAN: tel 1.888.550.4788 | fax 1.781.642.8890 | enterprisesales@uptodate.com
All other countries: tel +31 172 641440 | fax +31 172 641486 | globalsales@uptodate.com
Please visit **www.uptodate.com** for more information.

Medical staff also have the option to meet Bylaws requirements of board certification/maintenance of certification by current membership in the National Board of Physicians and Surgeons (ABPAS). Criteria for NBPAS certification:

1) Previous certification by an ABMS or AOA member board
2) Valid license to practice medicine
3) At least 50 hours of ACCME accredited CME within the past 24 months (physicians-in-training are exempt)
4) For selected specialties, active hospital privileges in that specialty
5) Clinical privileges in certified specialty have not been permanently revoked

Fees are low and many hospitals across the country now accept NBPAS as meeting requirements of medical staff membership. (https://nbpas.org/)

Blood Pressure Management in Acute Stroke

Comprehensive Stroke Center

As you may know, Huntington Hospital recently underwent a Joint Commission Comprehensive Stroke Center Survey. With this certification the volume of complex stroke cases we manage at Huntington will increase even further. An area of significant confusion among practitioners is the complexities of blood pressure management in stroke patients.

Blood pressure goals vary depending on the specific situation. There are differences between the management of patients with intracerebral hemorrhage (ICH) versus those with acute ischemic stroke (AIS). Even further, management differs within the AIS patients depending on whether they are candidates for receiving IV tPA or neurointervention.

Reactive Hypertension

84% of patients with AIS have elevated blood pressures at the time of presentation. The exact cause of the elevated blood pressures is not completely understood though it is likely due to breakdown of the brain's autoregulatory mechanisms. This elevation in blood pressure is required to maintain perfusion to the ischemic penumbra (regions around the core infarct that are ischemic yet still viable). It is therefore important to avoid rapid reduction in blood pressure as it can reduce cerebral perfusion and extend the infarct. After approximately 24 hours blood pressures tend to spontaneously decline and within one week are back to premorbid levels.

AIS without tPA or Neurointervention

For AIS patient's who are not candidates to receive IV tPA the concept of permissive hypertension is typically pursued. The theory is that the brain requires higher mean arterial pressures to maintain the appropriate perfusion to limit the extent of the stroke. In these patient's we usually provide volume support with intravenous normal saline and allow pressures to rise on their own. In rare circumstances, usually in pressure dependent large vessel stenosis, hypertension is induced chemically.

The American Heart Association/American Stroke Association (AHA/ASA) *Guidelines for the Early Management of Patients with Acute Ischemic Stroke* recommend only treating blood pressures above 220 mm Hg systolic or 120 mm Hg diastolic. For patients who are already on blood pressure medications, the typical approach is to cut the dosages of medications they were taking prior to the stroke in half. This period of "permissive hypertension" is typically maintained for the first 24 hours, following which the blood pressure can be reduced to normotensive levels.

AIS with tPA or Neurointervention

For patients who will be treated with IVtPA, blood pressure goals are lower given the risk of hemorrhage. Again, based on AHA/ASA Guidelines the goal systolic BP is less than 185 mm Hg and diastolic is less than 110 mm Hg prior to initiation of the fibrinolytic therapy. Once the tPA is administered the goal is lowered to less than 180 mm Hg systolic and less than 105 mm Hg diastolic for at least the first 24 hours in order to reduce the risk of symptomatic ICH (sICH). The higher the blood pressures the higher the risk of sICH.

Intracerebral Hemorrhage

Blood pressure management in ICH has been the focus of several recent studies, which are changing the treatment paradigm for this condition. Historically, blood pressures in ICH were managed very conservatively out of concern

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Blood Pressure Management in Acute Stroke CONTINUED

for peri-hematomal ischemia. This theory is becoming less supported as it has been shown that there is very little ischemic penumbra surrounding hematomas.

Multiple studies have also associated elevated systolic blood pressures with hematoma expansion, neurologic deterioration, and death. While the data remains limited, the AHA/ASA Guidelines for the Management of Spontaneous Intracerebral Hemorrhage state "For ICH patients presenting with SBP between 150 and 220 mm Hg and without contraindication to acute BP treatment, acute lowering of SBP to 140 mm Hg is safe and can be effective for improving functional outcome."

As consensus grows regarding the treatment of blood pressure in ICH we will likely be seeing a movement towards time goals in more aggressively managing these patients much like we do when treating AIS patients.

Life Made Easy

These guideline-based blood pressure management goals have been made easy for you at Huntington. Make sure to use the appropriate stroke order sets which have been established in Cerner!

Clinical Research Innovation Update

Huntington Hospital is actively engaged in clinical research through involvement in a variety of clinical trials as well as clinical data analysis. We work in collaboration with members of the medical staff (principal investigators), maintain an active relationship with an external Institutional Review Board (IRB) and when appropriate, provide research expertise (Clinical Research Department).

At any time, more than 30 clinical trials are underway and a multitude of studies involving retrospective chart reviews (medical, surgical, pharmacy, nursing) are in process. During the past year, numerous device, drug and observational trials have been initiated. Most recently, there have been cardiology device (pacemaker, ICD, TAVR), smart phone application and drug trials. At the cancer center, some of the current trials involve drugs, imaging, surgical procedures and behavioral interventions. The stroke center has active clinical trials accruing participants, as well as trials involving the trauma team and the anesthesia team.

The multidisciplinary Clinical Research Committee (CRC) meets monthly and reviews proposed clinical research projects that involve Huntington patients and/or Huntington patient information/data. Members of the CRC are charged with evaluating proposed studies in light of the hospital's mission, resources and policies. Whether the research involves intervention or observation, the CRC will review the study and once approved, it may be submitted to the IRB. Even when a clinical trial is based and managed through a physician's office, if participants receive hospital services as part of the trial and/or the hospital's data is being accessed, the CRC will need to review the study. A study must first be reviewed and approved by the CRC before it can be initiated at HMH.

If you are interested in initiating a study or have questions regarding clinical research at Huntington, please contact either the Manager of Clinical Trials (denise.pitt@huntingtonhospital.com; 626-397-3764) or the Manager of Clinical Research (maureen.uhlir@huntingtonhospital.com; 626-397-3877). If you are unsure whether an activity is conventional care or research (an activity underway or being planned), please contact the Clinical Research group. Partnering with members of the medical staff, clinical research is one of the many ways that Huntington demonstrates a commitment to improving medical care and outcomes for our patients and throughout healthcare.

Medical staff meetings

Calendar

JUNE 2017

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
			1 Noon Medicine Committee N/S Noon Trauma Services CR 5/6 Noon Thoracic Sect CR 11	**2**
5 12:15 p.m. OB/GYN Dept CR 5/6 5:30 p.m. MEC Board Room	**6** 8 a.m. QM Pre-Agenda CR C	**7** 12:15 p.m. OB/GYN Peer WT 5/6 Noon Plastic Surg Sect CR-10	**8** Noon QM Committee East Room	**9**
12	**13**	**14**	**15** 6:30 a.m. Anest Sec/Peer CR-7 8 a.m. Neurology Sect CR 8 Noon PT&D Committee CR 5/6 6 p.m. Bioethics CR 5/6	**16**
19	**20** 5:30 p.m. Surgery Committee CR 5/6	**21** 12:15 p.m. Credentials Committee CR C	**22** Noon Pediatric Committee East Room	**23**
26	**27**	**28**	**29** Noon IM Peer Review CR 8	**30**

Continuing medical education

Calendar

JUNE 2017

MONDAY		**5** **OB/GYN Dept. Mtg** 12:15 - 1:15 p.m. CR 5 & 6 Topic: Fetal Heart Rate	**12** **Second Monday** 12 - 1 p.m. RSH	**19**	**26**
TUESDAY		**6** **MKSAP** 7:30 - 8:30 a.m. Wingate Doctors' Lounge **General MDisc Cancer Conf.** 12 - 1 p.m. Conf. Room 11 **HMRI Lecture Series** **4 - 5 p.m., RSH**	**13** **MKSAP** 7:30 - 8:30 a.m. Wingate Doctors' Lounge **General MDisc Cancer Conf.** 12 - 1 p.m. Conf. Room 11 **HMRI Lecture Series** **4 - 5 p.m., RSH**	**20** **MKSAP** 7:30 - 8:30 a.m. Wingate Doctors' Lounge **General MDisc Cancer Conf.** 12 - 1 p.m. Conf. Room 11 **HMRI Lecture Series** **4 - 5 p.m., RSH**	**27** **MKSAP** 7:30 - 8:30 a.m. Wingate Doctors' Lounge **General MDisc Cancer Conf.** 12 - 1 p.m. Conf. Room 11 **HMRI Lecture Series** **4 - 5 p.m., RSH**
WEDNESDAY		**7** **Genitourinary Cancer Conference** 12 - 1 p.m. Conf. Room 11 **Radiology Teaching Files** 12 - 1 p.m. MRI Conf. Room	**14** **Radiology Teaching Files** 12 - 1 p.m. MRI Conf. Room	**21** **Genitourinary Cancer Conference** 12 - 1 p.m. Conf. Room 11 **Radiology Teaching Files** 12 - 1 p.m. MRI Conf. Room	**28** **Cardiac Cath Conf.,** 7:30 - 8:30 a.m. Cardiology Conference Room **Radiology Teaching Files** 12 - 1 p.m. MRI Conf. Room
THURSDAY	**1** **Trauma Walk** 7 - 8 a.m. Conf. Room B **Trauma M&M** 8 - 9 a.m. Conf. Room B **Thoracic Cancer Conf.** 12 - 1 p.m. Conf. Room 11	**8** **Surgery M&M** 8 - 9 a.m. Conf. Room B	**15** **Trauma Walk** 7 - 8 a.m. Conf. Room B **Surgery M&M** 8 - 9 a.m. Conf. Room B **Thoracic Cancer Conf.** 12 - 1 p.m. Conf. Room 11	**22** **Surgery M&M** 8 - 9 a.m. Conf. Room B	**29** **Trauma Walk** 7 - 8 a.m. Conf. Room B **Surgery M&M** 8 - 9 a.m. Conf. Room B
FRIDAY	**2** **Neurosurgery Grand Rounds** 7:30 - 9 a.m. Conf. Room 11 **Medical Grand Rounds** 12 - 1 p.m. RSH **MDisc Breast Cancer Conf.** 12 - 1 p.m. Conf. Room 11	**9** **Neurosurgery M&M** 7:30 - 9 a.m. Conf. Room 11 **MDisc Breast Cancer Conf.** 12 - 1 p.m. Conf. Room 11	**16** **Neurosurgery Grand Rounds** 7:30 - 9 a.m. Conf. Room 11 **MDisc Breast Cancer Conf.** 12 - 1 p.m. Conf. Room 11	**23** **Neurosurgery Grand Rounds** 7:30 - 9 a.m. Conf. Room 11 **MDisc Breast Cancer Conf.** 12 - 1 p.m. Conf. Room 11	**30** **Neurosurgery Grand Rounds** 7:30 - 9 a.m. Conf. Room 11 **MDisc Breast Cancer Conf.** 12 - 1 p.m. Conf. Room 11

Huntington Hospital

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ADDRESS SERVICE REQUESTED

Medical Staff Leadership

Christopher Hedley, MD | President
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Laura Sirott, MD | Secretary/Treasurer
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David Lourie, MD | Chair, Quality Management Committee
Syeda Ali, MD | Chair, Medicine Department
Kathy Walker, MD | Chair, OB/GYN Department
John Rodarte, MD | Chair, Pediatrics Department
Howard Kaufman, MD | Chair, Surgery Department

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

Huntington Hospital

U.S. News & World Report ranks Huntington Hospital

#4 in Los Angeles **#9** in California

National rankings in three specialties:

BEST HOSPITALS U.S.News & WORLD REPORT NATIONAL GYNECOLOGY 2016-17

BEST HOSPITALS U.S.News & WORLD REPORT NATIONAL GERIATRICS 2016-17

BEST HOSPITALS U.S.News & WORLD REPORT NATIONAL NEUROLOGY & NEUROSURGERY 2016-17

BEST REGIONAL HOSPITALS U.S.News & WORLD REPORT LOS ANGELES, CA RECOGNIZED IN 13 TYPES OF CARE 2016-17

Recognized as Best Regional Hospital/Los Angeles in 13 types of care!

"High Performing" in six adult specialties: Diabetes & Endocrinology, Gastroenterology & GI Surgery, Nephrology, Orthopedics, Pulmonology, Urology

"High Performing" in seven common adult procedures and conditions: Abdominal Aortic Aneurysm Repair, Heart Failure, Colon Cancer Surgery, Chronic Obstructive Pulmonary Disease (COPD), Hip Replacement, Knee Replacement, Lung Cancer Surgery