



From the president

U.S. Medical Practice: Physicians, Patients, and Trial Lawyers



Christopher Hedley, MD | Medical Staff

A Google search for the term medical malpractice brings up solicitations from our friends in the legal profession seeking dissatisfied patients. Advertising themes range from emergency-department visits to birth injuries and hernia mesh. While these advertisements are perceived as business as usual in free-market health care, they continue to have an unsettling effect: undermining the physician-patient relationship. Trial lawyers imply that any injury is negligence, but interventions and care decisions do not always have the hoped-for outcomes – especially in the chronically ill and elderly – through no fault of the physician. The barrage of advertisements from malpractice attorneys on television, radio, billboards, buses, and public benches encourages patients to presume that any poor outcome is a reason to file suit. In turn, this threat of liability encourages physicians to view patients as potential lawsuits instead of suffering people who need care.

“It is not what a lawyer tells me I may do; but what humanity, reason, and justice tell me I ought to do.”

- Edmund Burke

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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 of May 7, 2018 and by the Governing Board on May 24, 2018.



Medical staff appointments



Engorn, Kristin M., MD
Obstetrics & Gynecology

Fair Oaks Women's Health
625 S. Fair Oaks Avenue
Suite 255
Pasadena, CA 91105-3154
P: (626) 304-2626
F: (626) 585-0695



Kowalczyk, John J., DO
Urology

Urology Group of Southern California
1127 Wilshire Boulevard, Suite 805
Los Angeles, CA 90017
P: (213) 977-1176
F: (213) 977-0668
Pager: (213) 977-1176



Gutierrez, Luis B., MD
Diagnostic Radiology

The Hill Medical Corporation
100 West California Boulevard
Radiology Department
Pasadena, CA 91109
P: (626) 397-5139
F: (626) 397-2190



Warmington, Janelle J., MD
Obstetrics & Gynecology

OB Hospitalist Group
10 Centimeters Drive
Mauldin, SC 29662
P: 800 967-2289
F: (855) 814-0638

Administrative *reports*

Please go to SharePoint → Medical Staff Services → Board Approved Items → 2018 and select May 2018.



President Message CONTINUED

While the rate of malpractice claims is declining, it continues to figure in the physician psyche as the most degrading and humiliating experience of a lifetime. A 14-year review[1] of data from a large professional-liability company found that each year, 7.4% of physicians had a malpractice claim, and 1.6% had a claim leading to payment. The likelihood that any physician would face a claim by age 65 was high (89%), but the threshold was lower for higher-risk specialties. By age 45, 80% of physicians in surgical specialties and 74% of obstetricians and gynecologists faced a claim. Neurosurgeons and cardiothoracic surgeons were most often sued, but lawsuits aimed at obstetricians and gynecologists achieved the highest payments.

The chair of obstetrics and gynecology at a hospital in the Bronx – New York City's poorest borough and the one with the highest rate of childbirth complications – bluntly addressed how this reality affects his

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President Message CONTINUED

ability to recruit. According to Mark Rosing, MD, “Making a decision to practice here, taking care of patients that really need quality care – in doing so, you’re basically guaranteed within five or 10 years to have a list of malpractice suits that may make you unemployable elsewhere.”[2] In California, we saw how far some attorneys will go for financial reward in the 2014 Proposition 46 campaign to raise the cap on noneconomic damages from \$250,000 to \$1 million. Largely financed by trial lawyers, Proposition 46 was characterized as a patient-safety measure. Part of its window dressing was a plan to test physicians for drug use. Voters saw through that, but California’s trial lawyers are likely to make another attempt to overturn the limits enacted by the Medical Injury Compensation Reform Act of 1975.

Our Part

The physician response to the threat of litigation has been the practice of defensive medicine. Although estimates of its impact on U.S. health-care spending vary, a frequently cited study[3] pegged the cost at 2.4% of the total (for 2016, that would have been \$79 billion of the \$3.3 trillion spent). A 2014 study by Rothberg et al[4] looked at the impact of defensive medicine on three hospital medicine services and found that 28% of orders and 13% of costs were partially defensive, although completely defensive care was estimated to contribute just 2.9% to costs.

I am not suggesting that patients who suffer harm as a result of medical error should not be fairly compensated. I object, however, to the punitive system and the trumping up of injuries for maximum payouts. This system seeks to blame and crucify, rather than analyze and improve. Other nations have approached medical error differently. Sweden



devised no-fault insurance to distribute funds efficiently to injured patients. Cases are typically settled within eight months of filing (versus an average of three years here). New Zealand replaced the individual’s right to file any type of personal-injury lawsuit with a program that ensures rehabilitation and compensation for injured patients. Claims data are used to identify opportunities for patient-safety improvements; costs have declined, and access to compensation for those with legitimate cases has improved.

I am in favor of a system that replicates the same concept of just culture that we practice here at Huntington Hospital, which emphasizes learning from one’s mistakes so that they are not repeated, rather than punishing the perpetrator. Ideally, we would have a process for medical-injury compensation that increases safety and decreases medical errors, but it is difficult to create that in any environment that discourages sharing information outside the local medical community. We all would like to live in a world in which we can honestly discuss mistakes and find solutions instead of worrying about getting sued. Such an environment would benefit physicians, patients, hospitals, and society: everyone, with one exception – trial lawyers.

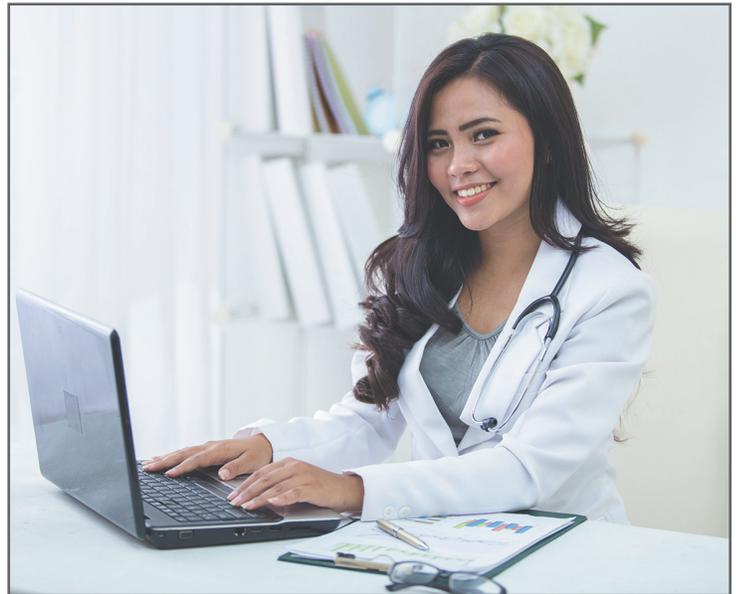
References

1. Jena AB, Seabury S, Lakdawalla D, Chandra A. Malpractice risk according to physician specialty. *N Engl J Med*. 2011;365(7):629-636.
2. Wang V. Obstetricians’ careers at risk in the Bronx. *New York Times*. December 15, 2017:A17.
3. Mello MM, Chandra A, Gawande AA, Studdert DM. National costs of the medical liability system. *Health Aff (Millwood)*. 2010;29:1569-1577.
4. Rothberg MB, Class J, Bishop TF, Friderici J, Kleppel R, Lindenauer PK. The cost of defensive medicine on three hospital medicine services. *JAMA Intern Med*. 2014;174(11):1867-1868.

From the

Health Sciences Library

Journal of Hospital Medicine Now Available



The Journal of Hospital Medicine was newly added in January on the Ovid platform. Browse current issues or previous issues back to 2006 by accessing this and other e-journals on Ovid or Browzine.

1. Go directly to **Ovid** (<http://ovidsp.ovid.com>) and click on the **Journals** tab at the top to search for the title. While you are there, click on “eTOC” to sign up for Table of Contents alerts (new issues will be emailed to you as soon as they are available).

Offsite:

At the Ovid login page, click on the link for **OpenAthens Login** to login with your OpenAthens username and password. Contact the library to be set up with OpenAthens.

2. Go to the Huntington Hospital **BrowZine** site (<https://browzine.com/libraries/1134/subjects>). Search for Journal of Hospital Medicine or other e-journal subscriptions. Browse through the past 7+ years of issues and create a personal account to add the title to your personalized bookshelf. Click on the title of the article to be taken to the full text. Mobile and offsite access also available with an OpenAthens account, contact the library for details.

Both Ovid and Browzine are available from the library’s website. Access the Library from the Education box on Sharepoint or from the ‘hamburger menu’ (top right) on HH Engage app!



For questions or assistance with Ovid, Browzine or OpenAthens, please contact the library at library@huntingtonhospital.com, (626) 397-5161.

From the

Clinical Documentation Specialists

Substance Use/Abuse/Dependence Did you know?



Accurately reporting alcohol or drug usage in the medical record requires careful documentation

Attention to 3 specific areas:

1. Choose the right **Category** of substance usage:

***USE** (i.e. – having a glass of wine or using prescription medications as prescribed)

***ABUSE** (i.e. – being drunk or taking any substance other than as prescribed, such as injecting narcotics or snorting cocaine)

***DEPENDENCE** (i.e. – being physically or psychologically addicted or dependent to any substance)

- **note: “alcoholism” = alcohol dependence**

- **note: weighting =**

Dependence>Abuse>Use

2. Please document both the **Category AND any additional manifestations**

Ex: Alcoholism with current intoxication. Please document the BAL

Ex: Cocaine abuse with hallucinations (meaning the patient is not physically addicted)

Ex: Benzodiazepine dependence with withdrawal

3. Please link the patient’s current medical problem to the substance use/abuse/dependence **if it caused or contributed to that problem**

Ex: Wrist fracture after fall due to alcohol intoxication

Ex: Cirrhosis due to alcoholism

Ex: Endocarditis due to IV narcotic abuse

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.

35 Years (on staff 06/1983)

Paul D. Maher, MD
Interventional Cardiology

30 Years (on staff 06/1988)

Douglas R. Willard, MD
Emergency Medicine
Fernando R. Roth, MD
Cardiovascular Disease

25 Years (on staff 06/1993)

Janie L. DaVolio, MD
Dermatology

15 Years (on staff 06/2003)

Danielle W. Lu, MD
Pathology
David G. Man, MD
Infectious Disease
Vahe R. Panossian, MD
Orthopedic Surgery

5 Years (on staff 06/2013)

Maureen N. Dunn, MD
Emergency Medicine
Marlowe Majoewsky, MD
Emergency Medicine
Daniel DeUgarte, MD
Pediatric Surgery
Byrne lee, MD
General Surgery



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.

CME corner

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



**Huntington
Hospital**

Service Animals Only

For the health and safety of our patients, Huntington Hospital has a No-Pets Policy.

Although we love animals, we ask that you please leave your pet at home during your visit to Huntington Hospital. This No-Pets Policy applies to emotional support animals, comfort animals and therapy animals.

Huntington Hospital complies with the Americans with Disabilities Act (ADA) allowing access for all individuals to public places; therefore we do allow working service dogs to accompany our patients. Service animals are individually trained to perform work or tasks for people with disabilities. Service animals are required to be leashed or harnessed except when performing work or tasks where such tethering would interfere with the dog's ability to perform the work or tasks.

Dogs whose sole function is to provide comfort or emotional support do not qualify as service animals under the ADA.

Under ADA regulations, that became effective on March 15, 2011, there are no protections for emotional support animals in terms of access to public accommodations and public entities. The Department of Justice has stated that emotional support animals are not protected as service animals under these regulations.

Should you arrive with a pet that is not a service animal, you will be asked to remove the animal from our healthcare facility. To avoid any disruption or inconvenience, we ask that you please leave your pet at home.

Thank you for your cooperation and consideration of all our patients.

Calendar

JUNE 2018

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

1

4

5:30 p.m.
MEC
Board Room

5

6

12:15 p.m.
Ob/Gyn Peer
WT 5/6

7

8 a.m.
QM Pre-Agenda
CR 8
Noon
Medicine Committee
N/S
Noon
Trauma Services
WT 5/6

8

11

12

13

14

Noon
QM Committee
East Room

15

18

19

5:30 p.m.
Surgery Committee
CR 5/6

20

12:15 p.m.
Credentials Committee
Board Room

21

6:30 a.m.
Anest Sect/Peer
CR-7
8 a.m.
Neurology Sect
WT 8
Noon
PT&D Committee
CR 5/6
6 p.m.
Bioethics
CR 5/6

22

25

26

27

28

Noon
IM Peer Review
CR 8

29

Calendar

JUNE 2018

MONDAY	4	11	18	25	
	OB/GYN Dept. Mtg 12:15 - 1:15 p.m. CR 5 & 6				
TUESDAY	5	12	19	26	
	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	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	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	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	6	13	20	27	
	Genitourinary Cancer Conference 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	Genitourinary Cancer Conference 12 - 1 p.m. Conf. Room 11 Radiology Teaching Files 12 - 1 p.m. MRI Conf. Room	Cardiac Cath Conference 7:30 - 8:30 a.m. Cardiology Conf. Room Radiology Teaching Files 12 - 1 p.m. MRI Conf. Room	
THURSDAY	7	14	21	28	
	Surgery M&M 8 - 9 a.m. Conf. Room B	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	Surgery M&M 8 - 9 a.m. Conf. Room B	Trauma Walk 7 - 8 a.m. Conf. Room B Surgery M&M 8 - 9 a.m. Conf. Room B	
FRIDAY	1	8	15	22	29
	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	Neurosurgery M&M 7:30 - 9 a.m. Conf. Room 11 MDisc Breast Cancer Conf. 12 - 1 p.m. Conf. Room 11	Neurosurgery Grand Rounds 7:30 - 9 a.m. Conf. Room 11 MDisc Breast Cancer Conf. 12 - 1 p.m. Conf. Room 11	Neurosurgery Grand Rounds 7:30 - 9 a.m. Conf. Room 11 MDisc Breast Cancer Conf. 12 - 1 p.m. Conf. Room 11	Neurosurgery Grand Rounds 7:30 - 9 a.m. Conf. Room 11 MDisc Breast Cancer Conf. 12 - 1 p.m. Conf. Room 11



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 Pasadena, CA 91109-7013

ADDRESS SERVICE REQUESTED

Medical Staff Leadership

- Christopher Hedley, MD | President
- Harry Bowles, MD | President Elect
- Laura Sirott, MD | Secretary/Treasurer
- Madhu Anvekar, MD | Chair, Credentials Committee
- 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



U.S. News & World Report ranks Huntington Hospital

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

National rankings in three specialties:

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