



From the president

What Is Quality?



Christopher Hedley, MD | Medical Staff

When Supreme Court Associate Justice Potter Stewart struggled to come up with a definition for pornography in his consenting opinion on *Jacobellis v. Ohio*, 1964—which cleared a theatre owner of obscenity charges for showing a Louis Malle film—he finally resorted to this: “I know it when I see it.” This could be a good proxy for defining clinical quality.

You know when you see quality health care. In the operating room, it’s seen when physicians have done something so many times that they have encountered all of the possible ways things can go wrong and fluidly adapt the care to meet the situation. In the exam room, it’s something even more difficult to define.

Ever since the Institute of Medicine¹ (IOM) published *To Err Is Human*, its seminal 1999 report on US health care, hospitals and insurers have been on a mission to improve the quality of care. To do so, we have adopted the process-improvement techniques of industry, which maintain that it is necessary to measure something before it can be improved. In order to measure something, it must be defined, and that brings us back to our original conundrum: What is quality?

The six domains of quality put forth by the IOM² hold that quality health care is safe, effective, patient centered, timely, efficient, and equitable. I’ll take

“I know it when I see it.”
- Potter Stewart
(1915-1985)

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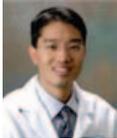
Board meeting. As provided by the Bylaws of the Governing Body and as the designated sub-committee of the Governing Board the following items were presented and approved by the Medical Executive Committee of February 6, 2017.



Medical staff appointments



Candy K Chan, MD, PhD
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Administrative reports

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



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Toulouei, Khasha, DO
Dermatology

President Message CONTINUED

a stab at this from the physician’s perspective: Quality is decreasing variability in the ways that we do things and using best practices based on evidence. For instance, the Hill Medical Corp radiology practice is a member of Strategic Radiology (SR), a consortium of 26 radiology practices across the country that share data for quality-improvement purposes in a patient-safety organization certified by the Agency for Healthcare Research and Quality.

When SR practices talked about the safest way to do inferior vena cava filters, we decided that we could do this on a patient completely anticoagulated, as long as we used the jugular vein and ultrasound for guidance. It’s been a huge advantage for us: We don’t have to take the risk of stopping someone’s anticoagulation medication, as there is no longer the risk of puncturing the femoral artery during the venous catheterization. Our membership in SR has allowed for an amazing exchange of information.

What the government has asked us to document under the Physician Quality Reporting System – or the newer iteration of the program, the Merit-based Incentive Payment System – has very little to do with quality. For instance, if I forget to dictate in my report that maximal sterile-barrier technique was used during a central venous procedure (even though we use maximal sterile-barrier technique on *all* cases), I am in default.

Certainly, you all have your own choice examples of the so-called improvements imposed on us by well-meaning bureaucrats who sit in offices in Washington. These are processes that are measurable, but do nothing to improve outcomes. This is not to say that process-improvement efforts can’t have important safety implications. Here at Huntington, we have used checklists and time-out protocols with good results. Surveillance – in the form of secret shoppers – also has its place, as in our hand-washing initiative.

Can we do more to improve outcomes for our patients? It would help if the House of Medicine could come to consensus on some of these issues, but we can’t even decide on the best age for women to start getting mammograms. Quality, especially outcomes improvement, is a huge challenge. Nonetheless, if everyone else has a say in what flies as quality, we must have our say as well.

References

1. Institute of Medicine. Committee on Quality of Health Care in America. *To Err Is Human: Building a Safer Health System*. Washington, DC: National Academies Press; 2000.
2. Institute of Medicine. Committee on Quality of Health Care in America. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: National Academies Press; 2001.

CME *corner*

Second Monday

TOPIC	Vitamin D
SPEAKER	Charles Sharp, MD
DATE	March 13, 2017
TIME	12 – 1 p.m.
PLACE	Research Conference Hall
METHOD	Lecture
CREDITS	1.0 AMA PRA Category 1 Credits™

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

From the

Health Science Library

From the Health Sciences Library: Mobile vs. Desktop Access? It's All Good!



When and where you access information is not a one-size-fits all affair. Many online resources offer a variety of access methods and knowing the different options can make it easier to get information when and where you need it. Here's a quick look at what you can get via mobile app and the different desktop options for access.

Mobile

The benefits to mobile access are many but there can also be some drawbacks. Mobile access may need periodic reactivation or password updates for continued use. The small screens and tapping on small keyboards can make it difficult to do more in-depth searching. Some functionality and printing may also be lost via app access and not every resource is available via an app.



UpToDate

Register at a hospital computer/wifi to create account. Login to your account at the hospital **every 90 days** for continued access.

ClinicalKey

Register at a hospital computer/wifi to create account. Login to your account at the hospital **every 180 days** for continued access.

Micromedex

Contact library or visit **Download Center** on Micromedex for institutional-wide passwords for activating the various drug/pediatrics apps and the full platform; passwords expire quarterly in some cases and annually in others. Neofax/Pediatrics app information can be found within Neofax under the **Mobile** link.

BrowZine

Create a personal account & contact the library to register for an OpenAthens account.

From the **Health Science Library** CONTINUED

Desktop

For in-depth literature searching or to gain access to all the subscription resources the library/hospital has to offer, access is available from within Cerner or via our proxy platform OpenAthens. In addition to the above resources you will be able to access: **Ovid**, **AccessMedicine**, **Natural Medicines** and all of the library's online journal subscriptions.



Cerner

Physicians can login to all the library's resources from off-site using their Citrix/Cerner logins. From within Cerner, go directly to UpToDate and/or the Health Sciences Library via links on the grey bar from within the Powerchart.

OpenAthens

If you prefer to access library resources without having to login to Cerner first, set up a single username and password OpenAthens account by contacting the library.

Huntington Hospital is among top 5% of hospitals in clinical outcomes in nation according to Healthgrades



Huntington Hospital is a recipient of Healthgrades Distinguished Hospital Award for Clinical Excellence™ for the 11th consecutive year

Huntington Hospital announced that it has received Healthgrades 2017 Distinguished Hospital Award for Clinical Excellence™. The distinction recognizes Huntington Hospital as one of the top five percent of more than 4,500 hospitals nationwide for its clinical performance as measured by Healthgrades, the leading online resource for comprehensive information about physicians and hospitals.

“Huntington Hospital is deeply committed to ensuring our patients receive comprehensive compassionate care. The result of the hard work and dedication of each and every physician, nurse and employee to address the needs of the people in our community.”

From 2013 through 2015, patients treated in hospitals receiving Healthgrades Distinguished Hospital Award for Clinical Excellence had, on average, a 26.2% lower risk of dying (across 19 procedures and conditions where mortality is the clinical outcome), than if they were treated in hospitals that did not achieve this distinction. During this

same period, if all other hospitals performed at the level of Distinguished Hospitals for Clinical Excellence across these 19 procedures and conditions, 160,322 lives could potentially have been saved. For example, patients treated at a hospital that achieved the Distinguished care,” said Stephen A. Ralph, president and CEO, Huntington Hospital. “Being recognized for the past 11 consecutive years as among the top 5% in the nation for the quality of our clinical outcomes, Hospital for Clinical Excellence Award had, on average, a 25% lower risk of dying from a stroke than if treated at a hospital that did not achieve this distinction. “Given the variation in quality care across the nation, it’s never been more important for consumers to do their homework when searching for a hospital,” said Brad Bowman, M.D., Chief Medical Officer, Healthgrades. “Those hospitals that have received Healthgrades 2017 Distinguished Hospital for Clinical Excellence award have proven their long-standing commitment to providing quality care to drive better health outcomes for their patients.”



Maternal Wellness Program

The Maternal Wellness Program offers a safe and supportive environment where mothers can receive the assistance they desire and often require.

Postpartum depression affects the mother's mental and physical well-being, but just as importantly affects the mother-infant dyad at a time when the infant is particularly reliant on their caregiver to meet their physical, social, and cognitive needs. Perinatal mood disorders have been linked to impairments in maternal capacity to respond sensitively to infants during face to face interactions as well as withdrawn and unresponsive maternal behavior. In some mothers, postpartum mood disorders will lead to hostile and intrusive maternal behavior. Early impairments in quality of mother-infant interaction continue to affect mother-child relationships in the future. Studies have shown elevated

rates of insecure attachment in infants at 18 months in the Perinatal disorders groups, as well as elevated infant baseline cortisol levels.

Therapy at our program focuses on improving coping skills in the mother, as well as addressing irrational and other cognitive distortions and improving self esteem. Therapy also addresses the mother-infant dyad, through various therapeutic techniques such as mirroring and positive reinforcement. Mothers are often overwhelmed with guilt over their depression and with the idea that they are providing inadequate love and care for their baby. They may feel empty and blame themselves or the baby. They may be preoccupied that they are causing harm to the baby. The therapeutic interventions at the MWP aim to help mothers get to know their babies by showing them all their wonderful abilities. Responsive parenting techniques are used to help bring this out (working through facial

expressions, verbal expressions, positive body contact, and affect regulation). Studies have shown that this kind of treatment – where mothers are taught to respond more sensitively to baby's cues and babies become more cooperative and less passive, can lead to improved dialogue between mother and baby. The mother's personal control over their child's development is emphasized, as well as their ability to positively influence their development. Mothers are helped to feel supported, empowered, and more confident about their parenting abilities.

One major program goal is also working with outpatient providers – this includes ob/gyn, pediatricians, primary care, psychotherapists and psychiatrists – to coordinate care during treatment and especially upon discharge. Recommendations are made for patients to follow up with outpatient providers who specialize in perinatal mood disorders. Often, a step-down treatment from the maternal wellness intensive outpatient program is recommended such as individual psychotherapy, psychiatric follow up as needed, and once weekly postpartum group therapy so that support is maintained as mothers move forward.

The hope is to set up a system, where a network of providers from various fields within our community can work together to provide the care new mothers so desperately need. The field of perinatal mental health has been expanding and there is assistance available. Part of our work becomes bridging this gap, and we, at the MWP team, look forward to addressing this together in the Huntington community!

From the

Clinical Documentation Specialists

Did your patient have a Type 2 MI or a Type 2 NSTEMI? ... they code to different diagnoses!



While many physicians use Type 2 MI, Type 2 NSTEMI and Demand Ischemia interchangeably, these diagnoses code differently! Be sure to document the correct diagnosis that accurately reflects the severity of illness of your patients.

Below is a brief outline of how your documentation will be translated into coding terminology:

If you document this:	It will code to this:
TYPE 2 NSTEMI	NSTEMI
Type 2 MI	Chronic Ischemic Heart Disease
Type 2 Demand Ischemia	Acute Ischemic Heart Disease
Type 2 Supply Demand	No code available
Supply Demand Mismatch	Not code available
Supply Demand	Not code available
ACS	Unstable Angina

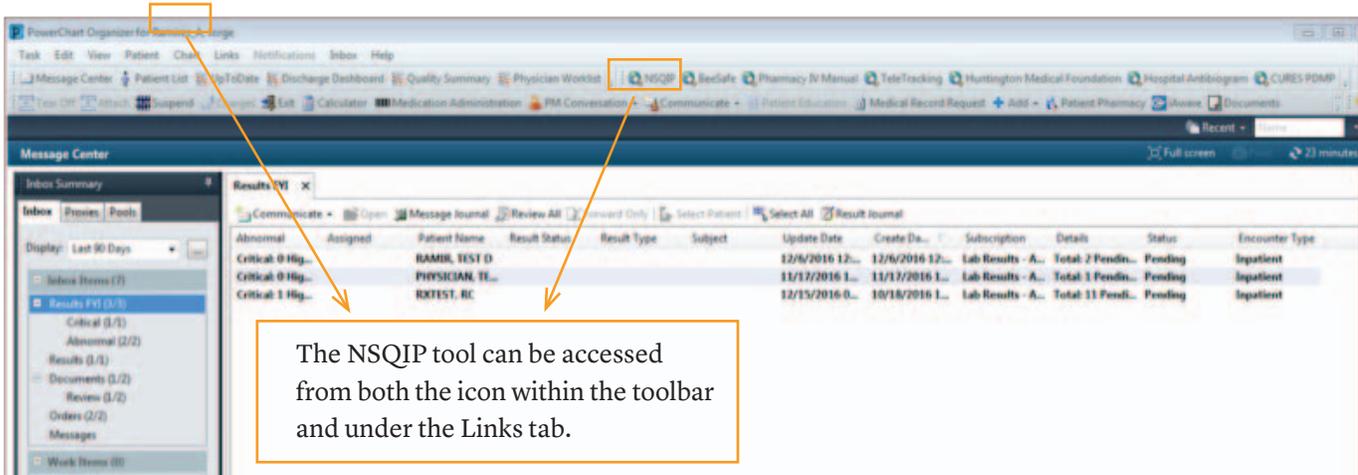
If you have any questions, please feel free to call us at extension 3662.

NSQIP risk calculator

Optimize your postoperative outcomes by including the NSQIP risk calculator in all of your pre-operative risk evaluations

- The NSQIP risk calculator is a validated tool that is used for pre-operative risk stratification
 - It was built using data collected from > 2.7 million operations from 586 hospitals participating in ACS NSQIP between 2010-14.
 - It provides the most precise risk information (outcomes) when used along with basic medical cardiac clearance.
 - It enhances communication between the physician and the patient to make better informed consent efforts
 - Improves outcomes and reduces post-operative complications
 - Allows time to optimize the patient prior to elective surgeries
- The calculator is easy to fill out and produces results immediately online to review with your patient.

NSQIP is easily accessed from CERNER



CPT Code specific

Risk Calculator Home Page About FAQ ACS Website ACS NSQIP Website

Enter Patient and Surgical Information

Procedure Clear

Begin by entering the procedure name or CPT code. One or more procedures will appear below the procedure box. You will need to click on the desired procedure to properly select it. You may also search using two words (or two partial words) by placing a "*" in between, for example: "cholecystectomy + cholangiography"

Reset All Selections

Are there other potential appropriate treatment options? Other Surgical Options Other Non-operative options None

Please enter as much of the following information as you can to receive the best risk estimates.
A rough estimate will still be generated if you cannot provide all of the information below.

Age Group Under 65 years	Diabetes No
Sex Female	Hypertension requiring medication No
Functional Status Independent	Congestive Heart Failure in 30 days prior to surgery No
Emergency Case No	Dyspnea No
ASA Class Healthy patient	Current Smoker within 1 Year No
Steroid use for chronic condition No	History of Severe COPD No
Ascites within 30 days prior to surgery No	Dialysis No
Systemic Sepsis within 48 hours prior to surgery None	Acute Renal Failure No
Ventilator Dependent No	BMI Calculation: Height (in) <input type="text"/>
Disseminated Cancer No	Weight (lbs) <input type="text"/>

Back Continue Step 2 of 4

**If you cannot see the link on your tool bar, please call me or contact the IT department.*

Please reach out to me if you have any questions regarding the NSQIP tool.

(626) 499-4438 **Wafaa Alrashid, MD**
Preoperative physician champion

Huntington Hospital announces new and returning board members



Ron Havner



Michelle Chino



Reed Gardiner

Huntington Hospital announced the election of three members to its board of directors, effective January 1, 2017. Ron Havner has been elected as a new board member and Michelle Chino and Reed Gardiner have been elected as returning board members.

“The challenges facing health care and nonprofit hospitals require strong, dynamic leadership,” said Stephen A. Ralph, Huntington Hospital’s president and CEO. “Ron, Michelle and Reed will each bring great expertise to the Huntington Hospital board, as we continue to provide high quality, compassionate care to our community.”

For more information, please visit our website:
<http://www.huntingtonhospital.org/newsroom>.

Save the Date!

General Medical Staff Meeting

Thursday, March 16

5:30 - 6:30 p.m.

Braun Auditorium

Doctors Day 2017

Wednesday, March 29

Luncheon

noon - 2 p.m.

West Tower,

North Patio & Dining Room

Thursday, March 30

Breakfast

7 - 9 a.m.

West Tower,

North Patio & Dining Room

Celebrating milestones

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

30 Years (on staff 03/1987)

Lewis, Nathan L., MD

Internal Medicine

15 Years (on staff 03/2002)

Shapiro, Jeffrey, MD

Internal Medicine

25 Years (on staff 03/1992)

Luu, Michael Q., MD

Cardiovascular Disease

5 Years (on staff 03/2012)

Fong, Della, MD

Obstetrics & Gynecology

Chan, Philip T., MD

Obstetrics & Gynecology

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.

Medical staff meetings

Calendar

MARCH 2017

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
		<p><u>1</u> Noon Plastic Surg Sect CR-10 12:15 p.m. OB/GYN Peer WT 5/6</p>	<p><u>2</u> Noon Medicine Committee N/S Noon Trauma Services WT 5/6</p>	<p><u>3</u> 7 a.m. Ortho Sect WT 5/6</p>
<p><u>6</u> 12:15 p.m. OB/GYN Dept CR 5&6 5:30 p.m. MEC Board Room</p>	<p><u>7</u> 8 a.m. QM Pre-Agenda CR C</p>	<p><u>8</u> 12:15 p.m. OB/GYN Dept CR 5&6</p>	<p><u>9</u> Noon QM Committee East Room</p>	<p><u>10</u></p>
<p><u>13</u></p>	<p><u>14</u> Noon Critical Care Sect WT 5/6 12:30 p.m. ENT Section CR-9</p>	<p><u>15</u> 7:30 a.m. Cardiology Sec Peer – Cardio Conf. Room 12:15 p.m. Credentials Committee CR C</p>	<p><u>16</u> 6:30 a.m. Anest Sec/Peer CR-7 Noon PT&D Committee CR 5/6 6 p.m. Bioethics CR 5/6</p>	<p><u>17</u></p>
<p><u>20</u> 8 a.m. Emergency Medicine Section – ED Conf. Room</p>	<p><u>21</u> 5:30 p.m. Surgery Committee CR 5/6</p>	<p><u>22</u></p>	<p><u>23</u> Noon Pediatric Committee East</p>	<p><u>24</u></p>
<p><u>27</u></p>	<p><u>28</u> 7:30 a.m. Interdisciplinary Committee CR C Noon General Surgery Section CR 5/6</p>	<p><u>29</u></p>	<p><u>30</u> Noon IM Peer Review CR 8</p>	<p><u>31</u></p>

Calendar

MARCH 2017

MONDAY	6	13	20	27	
	OB/GYN Dept. Mtg 12:15 - 1:15 p.m. CR 5 & 6	Second Monday 12 - 12:15 p.m. RSH			
TUESDAY	7	14	21	28	
	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	1	8	15	22	29
	Genitourinary Cancer 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 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 p.m. Cardiology Conference Room Radiology Teaching Files 12 - 1 p.m. MRI Conf. Room
THURSDAY	2	9	16	23	30
	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	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 Thoracic Cancer Conf. 12 - 1 p.m. Conf. Room 11
FRIDAY	3	10	17	24	31
	Neurosurgery Grand Rounds 7:30 - 9 a.m. Conf. Room 11 Medical Case Conference 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 Medical Case Conference 12 - 1 p.m. RSH MDisc Breast Cancer Conf. 12 - 1 p.m. Conf. Room 11	Neurosurgery Grand Rounds 7:30 - 9 a.m. Conf. Room 11 Medical Case Conference 12 - 1 p.m. RSH MDisc Breast Cancer Conf. 12 - 1 p.m. Conf. Room 11	Neurosurgery Grand Rounds 7:30 - 9 a.m. Conf. Room 11 Medical Case Conference 12 - 1 p.m. RSH MDisc Breast Cancer Conf. 12 - 1 p.m. Conf. Room 11	Neurosurgery Grand Rounds 7:30 - 9 a.m. Conf. Room 11 Medical Case Conference 12 - 1 p.m. RSH MDisc Breast Cancer Conf. 12 - 1 p.m. Conf. Room 11



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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