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From the president

Hearing the Patient's Voice: An Effort Worth Making



Christopher Hedley, MD | Medical Staff

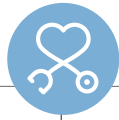
As the Affordable Care Act is dismantled, the notion that patients must have a voice in their care decisions could be the most enduring legacy of Obamacare, with its central tenet of patient-centered care. Beyond the reach of lawmakers, that idea is a worthy goal of our everyday practice—even though it is elusive. The reasons for engaging patients in their care are obvious: Engaged patients are more likely to comply with care recommendations. Those who have been empowered by being heard are more likely to play active roles in their health. Treating them as partners at each health-care encounter fosters shared decision making and shared responsibility. There are times when we, as medical experts, need to exert a moderating influence on patient choice, and the issue of childhood vaccinations is a great example. When patient choice has societal and ethical implications, we must represent the voice of society. There also are times when we need to be responsible stewards of precious resources, saying no to the patient who wants a high-priced antibiotic for no apparent reason and saying no to the patient who insists on a battery of diagnostic tests for a bit of gastroenteritis.

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

– William Osler
(1849–1919)

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 October 1, 2018 and by the Governing Board on October 25, 2018.



Medical staff appointments



Kim, Jooyeon, MD
Internal Medicine
100 W California Blvd
5th Floor
Pasadena, CA 91105
P: (626) 397-3030



Roberts, John E., MD
Emergency Medicine
100 W California Blvd
Pasadena, CA 91105
P: (626) 397-5111



La Porte, Paul F., MD
Hematology/Oncology
18433 Roscoe Blvd.
#106
Northridge, CA 91325
P: (818) 435-8819
F: (818) 534-4693



Yashar, Behzad, MD
Internal Medicine
Health Care Partners
401 South Fair Oaks Avenue
Pasadena, CA 91105
P: (626) 795-2244
F: (626) 405-7208



Nguyen, Chibao, DO
Internal Medicine
Health Care Partners
401 South Fair Oaks Avenue
Pasadena, CA 91105
P: (626) 795-2244
F: (626) 405-7208

Administrative *reports*

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



Huntington
Hospital

For posting: Impact to Fairmount Ave.

Fairmount Ave. becoming a one-way street.

Starting the week of October 22, the following changes will begin taking effect:

Fairmount Ave. will begin process of becoming a one-way street going northbound from Bellefontaine starting Monday, October 22 until December 2019.

- * All pedestrian traffic will be routed to the east side of the street.
- * The only entrance/exit from Wingate to be impacted at this time is the HR entrance, which will be closed for construction.
- * The entrances to East Parking and Valet off of Fairmount Ave. will not be impacted, aside from possible traffic build-up.
- * Signs will be posted to explain traffic flow.
- * Flagmen on both ends of the fencing will be positioned to help traffic flow during construction deliveries.

Thank you for your patience as we make our hospital facilities more efficient for patient care.

If you have any questions, please contact our call line at (626) 660-5891.

President Message CONTINUED

I acknowledge, however, that there are patients who will consider the compliant physician who orders the requested (and negative) CT exam a good doctor, while your judicious use of resources might subject you to a bad Yelp review.

Evidence that patient choice has a positive impact on the quality of care is not easy to find. In fact, Fotaki [1] points out that some British patient-choice initiatives had negative impacts on equity when certain patients received preferential treatment and access as a result of choice. Gender, age, education, and severity of medical condition are all factors that influence the ability to exercise choice in health care. Helping patients make the right care decisions can be surprisingly difficult for physicians, as Khullar [2] reports. Physicians and patients have some fundamental differences that complicate these communications: We are data driven, but our patients typically relate better to stories. Physicians also tend to prioritize immediate consequences over long-term possibilities and to emphasize the benefits of a treatment (while underplaying its risks). Khullar suggests a greater emphasis on shared decision making, recommended 35 years ago by a Reagan-era presidential commission as a way to improve informed consent and communication in health care. He recommends using the decision aids available to help physicians and patients process the complexities associated with the use of statins, as well as treatments for cancer, diabetes, depression, and osteoporosis.

The difficulty of physician–patient communication underscores the reality that shared decision making in health care is uncommon. In 2012, the Institute of Medicine’s Evidence Communication Innovation Collaborative (ECIC) [3] published a framework of three crucial elements that must be present if shared decision making



is to occur: the expertise of the provider, the medical evidence, and the patient’s preferences (goals and concerns). What patients want from us is suggested by those surveyed for the ECIC project: The vast majority (82%) want to be listened to by their providers, and most (54%) want their physicians to understand their goals and concerns. A majority (52%) express a strong interest in being offered treatment choices, while just 17% want to know only the options their providers think are right for them.

Fotaki raises an important point. Approaching health care as a market transaction misses the fact that it is unlike other services in one important respect: Few would choose to access it unless they were compelled. In expecting patients who are ill to exercise choice, we could be burdening them with responsibilities when they are under duress. Our patients have the right to know the science behind our care recommendations. If we are unsure about their wishes with respect to a specific episode of care, one fail-safe way to proceed is to ask their preferences—and then do what 82% say they want their physicians to do: **listen**.

References

1. Fotaki M. Is patient choice the future of health care systems? *Intl J Health Policy Manag*. 2013;1(2):121-123.
2. Khullar D. Helping patients make the right decisions. *New York Times*. September 15, 2016. <https://www.nytimes.com/2016/09/15/well/live/helping-patients-make-the-right-decisions.html>. Accessed October 14, 2018.
3. Alston CL, Paget GC, Halvorson B, et al. *Communicating With Patients on Health Care Evidence*. Washington, DC: Institute of Medicine; 2012.

From the

Health Sciences Library

Rename the Library



The library staff are in the process of renaming the library. For a full explanation, see the section **Why Rename the Library**. In short, after brainstorming for names, two stood out as potential winners. We decided to let our users have the final say!

The two names chosen are:

- Center for Health Evidence (text code: **138563**)
- Knowledge Services (text code: **138574**)

During the month of November, you can vote for the name you prefer by:

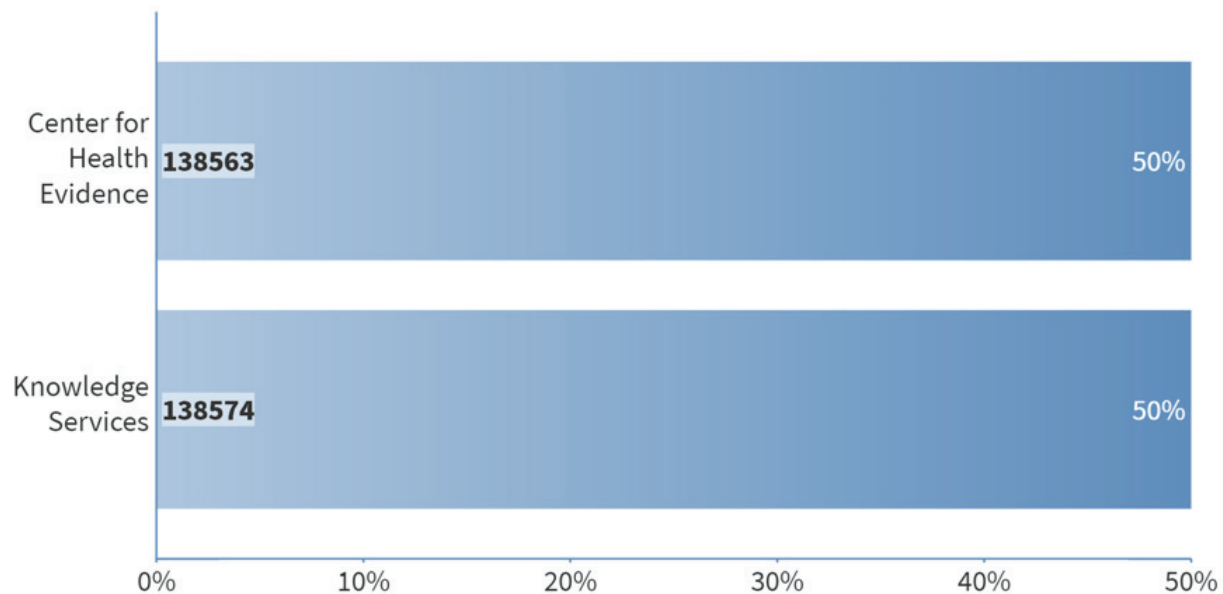
Text messaging the designated name code to **22333** from your mobile phone

OR

Going to <https://pollev.com/hlibrary366> and selecting your preference

Help us to rename the Health Sciences Library. Which one do you prefer?

Respond at [PollEv.com/hlibrary366](https://pollev.com/hlibrary366) Text a CODE to 22333



Want to know which one is in the lead? The ongoing poll results will be posted on the library's website throughout November. An announcement will be made in the December Medical Staff Newsletter with an aim to go live with the new name in January 2019.

From the Health Science Library CONTINUED

Why Rename the Library?



Library, traditionally, collection of books used for reading or study, or the building or room in which such a collection is kept.

~ Encyclopedia Britannica

The health sciences library is almost entirely online—98% at least. Apart from back issues for the most used journals and our selected print collection—kept in the event of a network outage—the library has transformed from print to electronic collections that allow access from virtually anywhere. Whether through a mobile device or desktop computer, authoritative clinical information needed to provide evidence-based, quality health care, is now available anytime through the library's OpenAthens portal or via the 'Health Sciences Library' link on the gray bar in the Cerner Powerchart.



In 2017, the library's full text content (ejournals & ebooks) alone was downloaded over 24,000 times, that's roughly 66 times a day or about 2.75 full text downloads every hour.

Along with the progression to electronic resources, librarians' work has also evolved to fit users' needs and the needs of a digital library. From being able to efficiently extract the best evidence available from the ever-increasing body of biomedical literature to electronic resource procurement to copyright expertise these are just a few of the services provided by librarians in today's online environment. For more on what librarians provide, read the library's October MSN column or view it on our announcements blog (links below).



Saving you time, so you can save lives.

It is true that the library is still a quiet place to study and find the clinical information you need, however, as we have transitioned into the electronic environment over the past decade, we have become much more than a place. While the word 'library' will always hold a special place in our hearts and minds, it no longer adequately depicts the value-added services provided by librarians.

Links

- Library website: <http://huntingtonhospital.libguides.com>
- Health Sciences Library column in October Medical Staff Newsletter: https://www.huntingtonhospital.org/documents/MSN_Oct2018.pdf or <https://huntingtonhospital.libguides.com/blog/celebrate-national-medical-librarians-month>
- Library Annual Statistics 2017: <http://huntingtonhospital.libguides.com/home/about-statistics>

Questions? For assistance with search strategies, finding resources, or obtaining an article, please contact us at library@huntingtonhospital.com | (626) 397-5161.

From the Clinical Documentation Specialists

Why include Diagnosis for symptoms?



Your words can better reflect the quality of care you deliver to your patients by **using accurate medical diagnoses** to support medical necessity for the hospital stay, severity of illness and the risk of mortality for the treatment provided.

Non Specific Documentation	Replace with Specific Documentation
Bacteremia	Sepsis (specify organism)
Troponinemia/Supply and Demand Mismatch	Demand Ischemia or NSTEMI or STEMI
Respiratory Insufficiency	Respiratory Failure – acute, chronic or acute on chronic Hypoxic, Hypercapneic
Renal Insufficiency	Renal Failure – acute, chronic or acute on chronic; if chronic note stage I, II, III, IV, V or ESRD
Post Op	Clarify if the issue is a complication
Unresponsive	Unconscious codes to Coma (include GCS)
“History of ...” on medication	Active or Chronic Diagnosis
Diastolic or Systolic Dysfunction	Diastolic/Systolic Heart Failure—Acute, chronic or Acute on Chronic

Effects of More Specific Documentation:

72 y/o admitted from SNF with clinically supported PNA, Sepsis, respiratory failure, acute systolic CHF, AKI, hypokalemia all present on admission.

Less Specific Documentation	More Specific Documentation
PNA, respiratory distress, low K, kidney insufficiency, CHF exacerbation	Sepsis, MRSA PNA, AKI, acute hypoxic respiratory failure, hypokalemia, acute systolic CHF
SOI/ROM= 2/2	SOI/ROM= 4/4
CMS wt.= 0.799	CMS wt.= 1.8229
ALOS= 3.2	ALOS= 6.4

CDI Department | Extension 3662

Please do not hesitate to call the CDI Department for your documentation needs.



Volunteer Services

For your patient’s non-medical comfort; music, reiki and dog visits can all be ordered in Cerner.

Staffed by Huntington volunteers, “Music Ambassadors/Therapy”, “Reiki” volunteers and “PAT” dogs will visit your patient.

“Companion Care” is also in Cerner for patients who are lonely and could just use some company.

In addition to harps as pictured, volunteers play ukuleles, guitars and violins.

Volunteer Services | Extension 5208

CME corner

Medical Grand Rounds

Cancelled

Second Monday

TOPIC	Winter Infections
SPEAKER	Kimberly Shriner, MD
DATE	November 12, 2018
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

Celebrating milestones

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

40 Years (on staff 11/1978)
Eboreime, Babatunde, MD
Obstetrics & Gynecology

35 Years (on staff 11/1983)
Sasaki, Gordon H., MD
Plastic Surgery

30 Years (on staff 11/1988)
Jick, Bryan S., MD
Obstetrics & Gynecology

25 Years (on staff 11/1993)
LaMar, Troy, MD
General Surgery
Morrissey, Toni K., MD
Obstetrics & Gynecology

15 Years (on staff 11/2003)
Chou, Yee-Jean, MD
Pediatrics
Huang-Lee, Wei, MD
Internal Medicine

15 Years continued
Incerpi, Marc H., MD
Maternal & Fetal Medicine
Kim, Garry K., MD
Internal Medicine

10 Years (on staff 11/2008)
Banta, Warren, MD
Hematology/Oncology
McElveen, Cathy L., DO
Pediatrics
Phan, Monique K., DO
Internal Medicine
Varaprasathan, Gita A., MD
Diagnostic Radiology

5 Years (on staff 11/2013)
Diaz, Ivonne, MD
Internal Medicine
Maack, Joanna, MD
Emergency Medicine



Medical staff meetings

Calendar

NOVEMBER 2018

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
			<u>1</u> Noon Medicine Committee N/S Noon Trauma Srvc WT 5/6	<u>2</u>
<u>5</u> 5:30 p.m. MEC Board Room	<u>6</u> 8 a.m. QM Pre-Agenda CR C	<u>7</u> 12:15 p.m. Ob/Gyn Peer Board WT 5/6	<u>8</u> Noon QM Committee East Room	<u>9</u>
<u>12</u>	<u>13</u> Noon Critical Care/ Pulmonary Sect WT 5/6	<u>14</u>	<u>15</u> 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	<u>16</u> 7:30 a.m. Spine Committee ET 11
<u>19</u> 8 a.m. Emergency Medicine Section ED CR	<u>20</u> 12:15 p.m. Credentials Committee Board Room 12:15 p.m. Infection Control Research Hall 5:30 p.m. Surgery Committee CR 5/6	<u>21</u> 7:30 a.m. Cardiology Section Peer Cardio Conf. Room	<u>22</u> THANKSGIVING DAY	<u>23</u> MS Office Closed
<u>26</u> Noon Radiology/Nuclear Med Section CR-11	<u>27</u> 7:30 a.m. Interdisciplinary Committee CR C Noon General Surgery Section WT 5/6	<u>28</u>	<u>29</u> Noon IM Peer Review CR 8 Noon Pediatric Committee East	<u>30</u>

Continuing medical education

Calendar

NOVEMBER 2018

MONDAY	5	12	19	26	
	OB/GYN Dept. Mtg 12:15 - 1:15 p.m. CR 5 @ 6	Second Monday 12 - 1 p.m. RSH			
TUESDAY	6	13	20	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	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	7	14	21	28	
	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	Radiology Teaching Files 12 - 1 p.m. MRI Conf. Room	
THURSDAY	1	8	15	22	29
	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	Thanksgiving	Trauma Walk 7 - 8 a.m. Conf. Room B Surgery M&M 8 - 9 a.m. Conf. Room B
FRIDAY	2	9	16	23	30
	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 Medical Case Conf. 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 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	



Medical Staff Administration
 100 W California Boulevard
 P.O. Box 7013
 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