medical staff NEWSLETTER

October 2014

volume 52, issue 10

From the President

"Without feelings of respect, what is there to distinguish men from beasts?"

Confucius - 551BC to 479BC

"If we are peaceful,
If we are happy,
we can smile and blossom
like a flower,
and everyone in our family,
our entire society,
will benefit from our peace."

Thich Nhat Hanh, 1978 - Monk, Zen Master

Physician's Disruptive Behavior – Part 2

At Huntington, there were 229 incident report cases filed at the Medical Staff Office from May 2013 to April 2014, among which, 115 cases (50.2% from total) are reports against physicians' inappropriate behavior. On the average, there were 10 incident reports on disruptive physician behavior per month. All these behaviors are seriously dealt with by all physician leaders. A formal investigation with due process could be warranted followed by actions ranging from no action, warning, counseling, requesting apology to be made, referring to the Physician Well Being Committee, initiating corrective action according to the Medical Staff Bylaws, and imposing summary suspension.

Managing disruptive physicians as noted by many health providers requires planning

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Flu Season 2014: Vaccinate or Wear a Mask

From David Man, MD, Chair, Infection Control Committee

The Hospital's Influenza Vaccination Plan was designed in response to an advisory issued by the Pasadena Public Health Department under the authority of §120175 of the CA Health and Safety Code. In December 2013, the Director ordered the Hospital to implement a plan to prevent the transmission of influenza virus to patients including the provision of free flu vaccination to all healthcare workers, along with measures to be taken for those who decline to be vaccinated. The Plan requires healthcare workers who decline the vaccine wear a surgical mask when they are in within three (3) feet of patients during the influenza season. The definition of healthcare workers includes physicians and all healthcare providers who have direct contact with patients. The influenza season has been defined as **November 1 – March 31**. Medical Staff members must provide documentation of vaccination or will be offered flu vaccination at the hospital. Please watch for more information to come.

Inside this issue:

Flu shots are coming! Keep an eye out for more information.

Huntington Hospital

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 July 24 and September 8, 2014 and by the Governing Board on September 25, 2014

Administrative Reports

Announcements

The following raffle tickets were selected for the July and August 2014 meeting attendance awards:

- Kaveh Najafi, DO – Trauma Committee
- Jonathan Tam, MD – Obstetrics & Gynecology Committee
- George Tang, MD – Orthopedic Section
- Kathy Walker, MD – Obstetrics & Gynecology Committee

Medical Staff Bylaws Amendments

The recent amendments to the Medical Staff Bylaws have been recommended for approval by the Medical Executive Committee and the voting members of the Medical Staff. The proposed amendments will be forwarded to the Board for final approval.

The following is a summary of the proposed revisions:

- Addition of an "Associate" staff category to consist of practitioners who want to maintain Medical Staff membership but who do not meet or maintain the levels of hospital patient care activity to qualify for membership in other staff categories. Practitioners appointed to the Associate Staff category will not have clinical privileges.
- An exclusion to the Board Certification requirements has been recommended for members of the new "Associate" staff category.
- A recommendation to decrease the Patient activity requirements for Active Staff members from 20 encounters every two years to 12 encounters every two years which would include admissions to observation status as well as inpatient status.
- Modification of the entire section addressing "Disaster Privileges" to meet regulatory requirements.
- Addition of specific qualification for Nominees for President and President-Elect (having served as a member of the Medical Staff Leadership in the capacity of Department Chair, Credentials Chair or Chair-elect, Quality Management Committee Chair or Chair-elect, Section Chair or Medical Staff Secretary/Treasurer).
- Streamlined the election process for Department Chairs. The slate from the Department Nominating Committee will be presented once to the Depart-mental Committee to solicit additional nominees as opposed to presenting the slate four times.
- Addition of the election process and timeframes for Section Chairs.

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Medical Staff Rules & Regulations Amendment

- **Credentials Committee Description**
  Removal of the requirement that the Credentials Committee must review requests for Temporary Privileges. (to be consistent with the requirements outlined in the Medical Staff Bylaws)

- **Cancer Committee Description**
  Revised the reporting structure of the Cancer Committee. All reports will be submitted to the Quality Management Committee.

Departmental Rules & Regulations Amendment

Surgery Department Rules & Regulations
The following amendment has been recommended to the Surgery Department Rules and Regulations:

Section 10 – ELECTIVE SURGERY

In all instances of elective surgery with the exception of Cardiac Surgery the surgeon of record must be physically on Huntington Hospital Campus before anesthesia is induced. For patients undergoing elective cardiac surgery anesthesia may be induced if a Cardiac Fellow who is either boarded in or eligible to take board examination for General Surgery is on the Huntington Hospital Campus and there is a designated back-up cardiac surgeon available, and the perfusionist is physically on the hospital campus."

Privilege Sheet

Thoracic Surgery – Addition of criteria and privileges for TAVR

Please go to SharePoint→ Medical Staff Services → Board Approved Items → 2014 and select September 2014 to see:

- Administrative Policies and Procedures
- Miscellaneous Items
- Department Specific Policies and Procedures

Medical Staff Appointments

Babakhanian, Zaree, MD
Gastroenterology
50 Bellefontaine Street
Suite 409
Pasadena, CA 91105
626-817-9149 (office)
626-817-9150 (fax)

Chang, Elisa, MD
Infectious Disease
959 E. Walnut Street
Suite 120
Pasadena, CA 91106
626-795-5718 (office)
626-795-8603 (fax)

Chu, Kevin, DO
Family Medicine
Lotus Clinical Research
100 W. California Blvd.
Unit 25
Pasadena, CA 91109
626-397-2396 (office)
626-397-2165 (fax)

Hertzog, Hans Dieter, MD
Ophthalmology Fellow
Doheny Eye Center
622 W. Duarte Road
Suite 101
Arcadia, CA 91007
626-254-9010 (office)
626-254-9019 (fax)

Hou, Jack, MD
Urology
600 N. Garfield Avenue
Suite 308
Monterey Park, CA 91754
626-288-0889 (office)
626-288-1129 (fax)

Kang, Kiandra, MD
Pediatrics
50 Alessandro Place
Suite 200
Pasadena, CA 91105
626-696-1234 (office)
626-696-1230 (fax)

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Karandikar, Kalyani, MD
Anesthesiology
Pacific Valley Medical Group
100 W. California Blvd.
Anesthesia Department
Pasadena, CA 91109

Kaufmann, Sonia, DO
Family Medicine
Huntington Medical Foundation
10 Congress Street
Suite 208
Pasadena, CA 91105
626-792-2166 (office)
626-795-0740 (fax)

Lee, Olivia, MD
Ophthalmology
Doheny Eye Center
622 W. Duarte Road
Suite 101
Arcadia, CA 91007
626-254-9010 (office)
626-254-9019 (fax)

Lewis, Aaron, MD
General Surgery
1333 S. Mayflower Avenue
2nd Floor
Monrovia, CA 91016
626-359-8111 (office)
626-408-3911 (fax)

Lu, Kenneth, MD
Ophthalmology
Doheny Eye Center
622 W. Duarte Road
Suite 101
Arcadia, CA 91007
626-254-9010 (office)
626-254-9019 (fax)

Ruhge, Kevin, MD
Plastic Surgery
50 Alessandro Place
Suite 300
Pasadena, CA 91105
626-397-9095 (office)
626-397-9099 (fax)

Savagian, Amy, MD
Internal Medicine
800 Fairmount Avenue
Suite 210
Pasadena, CA 91105
626-381-9598 (office)
626-628-3132 (fax)

Sims, Jessica, MD
Emergency Medicine
100 W. California Blvd.
Emergency Department
Pasadena, CA 91109
626-397-5111 (office)
626-397-2981 (fax)

Singh, Gagandeep, MD
General Surgery
City of Hope
1500 E. Duarte Road
Duarte, CA 91010
626-359-8111 (office)
626-301-8113 (fax)

Yang, David, MD
Interventional Cardiology
HealthCare Partners
988 S. Fair Oaks Avenue
Pasadena, CA 91105
626-799-4194 (office)
626-799-4913 (fax)

Yung, John, MD
Internal Medicine
HealthCare Partners
440 E. Huntington Drive
Suite 200
Arcadia, CA 91006
626-405-7260

Medical Staff Resignations

- Kim, David D., MD – Obstetrics & Gynecology – effective 8/31/14

From the **President** continued from page 1

from the health care organization to establish appropriate strategies and policies as opposed to responding to a crisis when it emerges. Failure to institute appropriate procedures and policies is known to lead to organizational failures by losing valuable physicians. Appropriate and effective communication and interaction could solve most of the problems without having to resort to legal measures, and thereby promoting positive tolerance and non-punitive culture.

In order to respond effectively to a physician's disruptive behavior, it is necessary for us to understand the factors that contribute to such behavior instead of conducting an intervention only on the disruptive acts. One of the known causative factors is the health care environment. Nowadays, physicians are required to work more with limited pay. The changes in the health care system, e.g. EMR and CPOE, contribute to the anxiety of the physician that can affect his clinical practice and relations with colleagues and other health care workers. Another factor is organizational issues, like the existing determinant culture that either promotes or discourages disruptive behavior. An organization that tolerates or ignores physician disruptive behavior will create a precedent and will worsen the problem compared to an organization with preventive measures and established behavioral codes. Some physicians may have a superiority complex whereby they have difficulty accepting complaints about their misbehavior. Perhaps, this may be linked to their medical education and training, social background, and cultural diversities which can limit opportunities for self-examination. Physicians are human too; therefore, another causative factor may be linked to developmental issues which have been left unresolved or untreated since childhood resulting in diminished self-esteem and confidence. In addition, physical illness can directly or indirectly contribute to a physician's disruptive behavior which can threaten both their life and career. Finally, litigation stress for those physicians with complaints from patients with court cases can bring secondary consequences such as anger, depression, and physical illness.

Managing the disruptive behavior of a physician is not only the work and responsibility of the physician in question but also from the physician executive team, nurses, and all the health care staff of a facility as well. However, it is not advisable to include families and personal associates in the management because it might jeopardize the process due to probable denial and cover up. Management that promotes respect to the disruptive physician, confidentiality, appropriate and timely response, objectivity in dealing with the behavior problem, and constant monitoring, evaluation, and follow-up of the physician will be essential.

In the conduct of monitoring and follow-up, it is advised that assessment be made by a physician leader to ensure that the physician is recovering well enough to go back into clinical practice and to prevent inadequate evaluation that would lead to relapse or continuation of the behavioral problem. Separate teams to handle evaluation and treatment may be called for to deal with cases when resistance from physician is observed, or if the complained about physician is not confident to disclose information to the team handling the evaluation and treatment. To better respond to special or severe causes of disruptive

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From the **President** continued from page 5

behavior, a multidisciplinary team, e.g. the Physician Well Being Committee, is called for. Samples of special cases include sexual harassment cases, alcohol and/or substance abuse. Multidisciplinary teams are also called for in situations where the executive physicians or administration have difficulty being objective with their colleague.

Moreover, committees such as the Physician Well Being Committee and Nursing Committee are set up at Huntington Hospital can be used to serve as the focal groups in charge of creating awareness and educating the physicians, nurses, and the rest of the medical and non-medical staff on the standard behavioral code in the organization. There is also the state Physician Heath Programs (PHPs) which is a significant resource that offers services to physicians with disruptive behavior. The PHPs assist in educating physicians, identifying disruptive physicians and other management resources, evaluating and monitoring of the problem physicians, and even referring patients to other facilities if necessary.

Conduct of monitoring and follow up to the physician displaying disruptive behavior assists us in determining whether the physician in question is fit to go back to clinical practice, see if the physician is compliant with the treatment, and evaluate if the procedures and management strategies were effective. Monitoring, however, should be done not only to those physicians with disruptive behaviors but to all the medical staff as part of their performance evaluation to detect any misbehavior or problems in performing their clinical duties and functions. Monitoring performances will also help erase the false belief on physician immunity to consequences of disruptive behavior.

To better equip us to deal with this challenging problem, we should have the following principles which contain a preamble that acknowledges the differences, roles, and capabilities of all the health care professionals in the organization. We should assist physicians and staff in creating a productive and harmonious working environment. The guiding principles to wit are respectful treatment, language, behavior, confidentiality, feedback, and clarification of roles.

Lastly, managing physicians with disruptive behavior is an enumeration of concrete steps to embark should the need arise. The steps include conducting a rapid initial assessment, data collection and thorough investigation, assessment of clinical performance, definition of behavioral problems, defining if the behavior merits certain action, planning and rehearsing the intervention meeting, taking action in a respectful manner, and following up and monitoring of progress.

Respect and professionalism in handling cases of physician disruptive behavior is crucial to face this difficult and challenging issue. To shed more light into this issue, I am going to address physicians and stress in the next newsletter.

Edmund Tse, MD
President of the Medical Staff

From the **Health Science Library**

The library has a wealth of online resources from full text journals and books to procedural videos and other multimedia. We want to ensure that clinicians can access it wherever and whenever it is needed – not just onsite at the hospital.

There are really only two ways to access library resources. The simplest, in terms of having to keep track of login information, is to access via Citrix or Connect. Citrix and Connect user accounts are set up through the Huntington Hospital Information Systems Department. If accessing resources from within a Citrix/Connect login does not work for you, then separate personal user logins can be created for all resources (except UpToDate.)

Citrix Access:

- Go to https://my.huntingtonhospital.com
- When prompted, enter your Citrix user id and password
- Click on the Links pull-down menu at the top then,
- Select Intranet from the menu to get to Sharepoint, then click on the "Health Sciences Library" link under Sites Most Used section
- You should now be able to utilize any resource on the Library's website without having to login a second time.

Connect Access:

- Go to Connect at http://connect.huntingtonhospital.com
- When prompted, enter your user id and password
- Click on the HH Sharepoint link
- Then on the "Health Sciences Library" link under Sites Most Used section

Personal User Login Access:

A personal user name and password login can be created for all of the library's resources (except UpToDate.) A personal login is necessary for mobile access to ClinicalKey and AccessMedicine. Contact the library to request a personal login for a specific resource or fill out the online form "Request Off-Site Access" on the Library's main page for a full list of resources and to request.

The Library main page is at http://huntingtonhospital.libguides.com/. The main page can be accessed from off-site by anyone without logging in through Citrix/Connect; however, licensed online resources will only be accessible to those coming in via Citrix/Connect or a personal user login.

For questions, troubleshooting and more information, contact the library by phone (626) 397-5161 or email library@huntingtonhospital.com.

From **Physician Informatics/IT**

Below are some of the recent changes as well as a status of the some of the high priority issues that we are working on:

❖ Recent changes

- ✓ Another change was made to the **patient search window** to allow for more results to display.
- ✓ **The Results Review Quick View** list has been re-sorted so that it is in alpha order.

❖ Allergy Alert when placing Medication Orders

In August, iDoc approved the implementation of a **new Allergy alert at the point of ordering medications** if a patient doesn't have allergies documented. We have encountered issues with final testing, which we are working to resolve. Additionally, iDoc requested that the **existing alert that you receive when entering the chart** will be modified to only **alert if allergies are not documented**, which is being worked on.

❖ Medication Reconciliation (Medicine Task Force)

Additional training is being finalized for both nursing and physicians. This training is focused on clarifying the Medication Reconciliation workflow. As a second phase, we are evaluating potential system and workflow change that will take longer to make decisions on as well as implement.

❖ Enhancements to the Chart Views & Searching

To address the concerns related to finding information in the patient chart, the iDoc Committee approved a couple of priorities in August. These will be released in three phases. First, **re-sorting the Results Review Quick View list** so that it is in alpha order was completed last week. Second, the **clinical range** is being **expanded** for the existing **Lab and Vital Signs Results Review** tabs to display 7 days of information and a **new Diagnostics Results Review** tab is being created, which will include all Radiology, Cardiology, and Diagnostic procedures. These changes are being targeted for completion within the next couple of weeks. Lastly, the **implementation of a function called "Chart Search"** is being accelerated. Informatics has finished testing and a pilot group of physicians is testing this. We anticipate receiving feedback, making adjustments, and releasing this functionality globally by the end of the month.

❖ Billing Worksheet Enhancements

We are introducing two changes new capabilities related to the Billing Worksheet. First, the **existing Billing Worksheet** will be modified so that you can **preview** it. This will be moved to Production on Tuesday 9/9. Second, there is a **new Billing Worksheet report that allows you to print all billing worksheets that are on your patient list**. During final testing, issues were encountered. It is anticipated that this will be ready to release within a few weeks. Instructional sheets will be available in the physician dining room, lounges, and documentation rooms.

❖ Printing (Global)

We are continuing to work on the implementation of the new printing solution. The issues that were previously encountered with this **new printing solution** have been resolved. We are continuing to test this functionality and once Informatics testing is complete, we will work with our pilot physicians to continue testing.

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From **Physician Informatics/IT** continued from page 8

Regarding **default printing within the hospital**, we are working with Cerner on some inconsistencies with the defaults sticking. Once we can resolve these inconsistencies, we will configure the remaining devices.

❖ **Monitor Configuration & Upgrades (Global)**

First, we are in the process of testing **resolution-setting changes to the existing monitors** across the hospital. The goal is to change the resolution on the monitors to reduce scrolling. Testing is required as some applications require specific resolution settings and we don't want to make a global change and inadvertently have one or more applications not function as a result.

Second, we are **beginning to upgrade monitors to 22"**. Initially, our focus is to upgrade monitors in documentation rooms and physician lounges and then will expand after that. While some have been upgrade, you will continue to see this occur over the upcoming weeks.

If you have other issues that should be addressed as a priority, please contact your Physician Task Force Chairs:

Medicine: **Madhu Anvekar, MD**
Pediatrics: **Deborah Gever, MD**
Surgery: **James Recabaren, MD**
OB/GYN: **Bryan Jick, MD**

Cerner Downtime

On November 2 is when the time change will occur and Cerner will experience downtime that morning. Right now, we are estimating that Cerner will be taken down between 1:30 a.m. and 2 a.m. and will be down for approximately 2 hours.

We have two downtime solutions available to support clinical and operational needs during this downtime. The primary solution is the downtime EMR, which allows for viewing of everything in the Cerner Millennium database. If anything were to occur, we have a secondary solution, downtime PC's, that are available.

By early October, we will have the plan finalized and more information out. If you haven't received information by that time, please contact Physician Informatics at ext. 2500.

IT Physician Champion

Dr. Shant Kazazian, Internal Medicine, was elected to the position of IT Physician Champion for the Departments of Medicine and Pediatrics. Contact Dr. Kazazian with your issues and concerns via email shant.kazazian@gmail.com or leave a message for him at the IT Help Desk, ext. 2500.

The election for the IT Physician Champion for Surgery and OB/GYN is scheduled for late September.

Huntington Memorial Hospital Collaborates with Anthem Blue Cross and Six Other Leading Hospitals to Launch Anthem Blue Cross Vivity

I want to share with you some exciting news about a new venture for Huntington Hospital that you may very well be hearing about in the media.

Huntington Hospital has collaborated with Anthem Blue Cross and six other leading hospitals in Los Angeles and Orange counties to form Anthem Blue Cross Vivity, a new insurance offering that will provide convenient access to some of the best hospitals, primary care doctors and specialists in Southern California at an affordable price.

Being part of Anthem Blue Cross Vivity is central to our mission of providing people in our region expanded choice in how they access the affordable, quality healthcare that is right for themselves and their families. Most important, it is one of a number of new strategies we will be pursuing in the coming months and years as we adapt to a changing marketplace in ways that strengthen our hospital and provide real value to the community.

In addition to Huntington Hospital, the other hospitals participating in Anthem Blue Cross Vivity are Cedars-Sinai, UCLA Health, Memorial-Care Health System, Torrance Memorial Medical Center, Good Samaritan Hospital and PIH Health. All seven hospitals have been ranked in the top 30 in California by *U.S. News & World Report* so we are indeed in good company.

As always we appreciate your support and commitment as we continue to attend to the varying healthcare needs of the San Gabriel Valley – just as we have for more than 120 years.

Stephen A. Ralph
President and CEO

Celebrating Milestones

The following physicians hit a service milestone in the month of October. The Medical Staff would like to recognize the following physicians for their service and dedication to Huntington Hospital.

35 Years (on staff 10/1979)

Gerald T. Bowns, MD – Ophthalmology

30 Years (on staff 10/1984)

Joy Weissman, MD – Internal Medicine

15 Years (on staff 10/1999)

Michael J. Fraipont, MD – Orthopedic Surgery

10 Years (on staff 10/2004)

Hanson T. Lee, MD – Gastroenterology

Yafa Minazad, DO – Neurology

Leif L. Rogers, MD – Plastic Surgery

Lashonda Spencer, MD – Pediatric Infectious Disease

Maya M. Vazirani, MD – Neonatology

Save the DATE

Medical Staff Holiday Party

Date: Friday, December 5, 2014
Time: 6 p.m.
Location: The Langham Hotel

Formal Invitations to follow

CDI Corner

Acute versus Chronic

Acute – A disease or condition with rapid onset and short duration. It usually is accompanied by distinct symptoms.

Chronic – A disease or condition of long duration.

It is important to document conditions as Acute or Chronic, such as Pulmonary edema, Renal Failure or even an Acute Exacerbation of a Chronic condition, such as CHF, COPD or Chronic Kidney Disease. This helps capture the severity of illness as well as precision in coding.

Insufficiency versus Failure

These two terms are often used synonymously in medical practice, but they do not mean the same thing and indicate different levels of severity.

Insufficiency more accurately describes a new change or an acute change in a chronic condition that can be treated as an outpatient or observation status and is expected to return to baseline with minimal intervention that cannot be staged or classified using established criteria.

Failure usually indicates something more serious or dramatic in nature which, if acute in nature, may require inpatient or critical care services and may have impact on other body systems. If chronic in nature, the condition will require continued care and monitoring and is not expected to improve in the long term. These conditions should be able to be staged or classified using existing standards.

Questions? Please contact: Karen Beal, RN, BSN, CCDS, ext. 2024; Maria Gilda Villanueva, CCDS, ext. 3665; Theresa Cardona, RN, CCDS, ext 3787

Gabriella Pearlman, MD, CDI Physician Advisor & ICD10 Champion, ext. 5183

Take the CDI Challenge

In late July, over 75 clinicians participated in the Clinical Documentation Improvement Challenge at the 'Ask a CDI' table in the cafeteria. Names for all who participated were put in a drawing for a $5 voucher which could be used in the Cafeteria or Starbucks. Drawing winners were: Dr. Tiffany Wu, Dr. Fredrick McKibben, Dr. Michael Luu, Dr. Susanne Earl, and Dr. Richard Nickowitz.

Join us for the **next CDI Challenge** on **October 29, 2014**, just look for the **'Ask a CDI'** table in the cafeteria.

See how many questions of the July you can answer correctly:

1. 82 year old female presents after one week history of nausea/vomiting and diarrhea. Possible viral gastroenteritis. K 2.9; NA 149; Cr 1.98; Mg 1.7.
2. Possible GI bleed, low hemoglobin / ↓Hgb, transfuse 2 units PRBC
3. AKI on CKD; baseline creatinine 2.5, currently 3.24. Check urine lytes, gentile fulid hydration, consider renal consult.
4. Urosepsis: 82 y/o with sepsis. Likely urosepsis, source likely being from urine.
5. Diastolic dysfunction CHF; EF 40-45% on echo, BNP 44 & not elevated, patient unlikely has CHF exacerbation. Continue home meds
6. End Stage COPD – on home)2

Answer(s): [1-Hypokalemia; Hypernatremia; AKI;Hypomagnesemia]; [2- Acute blood loss anemia]; [3- Stage of CKD; Likely Stage IV CKD]; [4-Sepsis secondary to UTI]; [5-Chronic Diastolic CHF]; [6-Chronic Respiratory Failure]

Outpatient Nutrition Services

Thank you for your continued support of the Outpatient Nutrition Counseling and Diabetes Education office at Huntington Hospital. As referring providers you are helping to improve the nutrition and health of your patients.

Huntington Hospital's Outpatient Nutrition services provide personalized nutrition education and counseling. The outpatient Dietitian, Crystal Kwan, will teach people the skills they need to manage their own nutrition care wisely.

All diagnoses are welcome, including:

- Diabetes education, insulin and glucose meter instruction
- Cardiovascular disease, heart health and cholesterol management
- Bariatric surgery (gastric bypass, sleeve gastrectomy and lap band)
- Weight management – gain or loss
- High blood pressure and sodium restriction
- Geriatric nutrition
- High fiber and fiber restrictions/ diverticular disease
- High protein and protein restricted eating plans
- Pediatric nutrition – failure to thrive, weight management, and food allergies
- Kidney disease
- Vegetarian eating

Outpatient Nutrition counseling is available to anyone with a physician's referral or prescription. Please include the patient's diagnosis on the referral. Fax all referrals to (626)-397-2217.

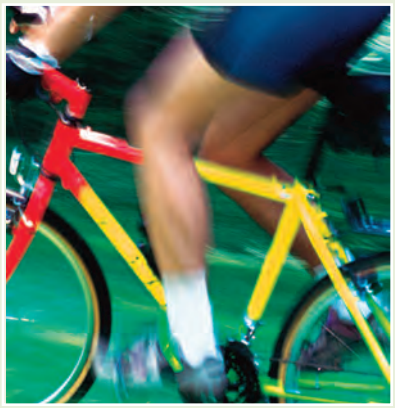
For scheduling appointments and questions contact the call center at (626)-397-5600

We accept most insurance, including Medicare and Medical, PPO Insurance, and HMO insurance. Self pay rates are also available. A physician's referral is still required for self pay patients.

For more information, please contact:

Clinical Dietitian
Office Phone: (626) 397-8450
Fax: (626) 397-2217

Huntington Bike Club



Do you like to bicycle ride? Want to ride with others? Come to the **Huntington Bicycle Club** organizing meeting and meet like-minded staff who would like to ride together.

October 8, 2014, from Noon – 1 p.m., in the North Room.

For questions please contact Ann Marie Whaley at ext. 5067 or email annmarie.whaley@huntingtonhospital.com, or Alison Birnie at ext. 3686 or email alison.birnie@huntingtonhospital.com.

CME Corner

MEDICAL GRAND ROUNDS

Topic: Parkinson's Disease
Speaker: Tyler Cheung, MD
Date: October 3, 2014
Time: Noon - 1 p.m.
Place: Research Conference Hall
Audience: Neurology, Internist, Primary Care Physicians
Methods: Lecture
Credits: 1.0 *AMA PRA Category 1 Credits™*

SECOND MONDAY

Topic: Prostate Cancer
Speakers: Michael B. Bishai, MD & Ramin Khalili, MD
Date: October 13, 2014
Time: Noon - 1 p.m.
Place: Research Conference Hall
Audience: Urology, Primary Care Physicians
Methods: Lecture
Credits: 1.0 *AMA PRA Category 1 Credits™*

Medical Staff Services Corner

New Medical Records Suspension Policy Effective October 1, 2014

There are two ways that a physician can be suspended due to delinquent medical records:

1. For suspensions due to records which are delinquent 14 days post-discharge, ***suspensions will go into effect on Wednesdays at noon*** (this is new).
2. Physicians will be suspended if an operative report for a surgical or invasive procedure is not dictated within 24 hours of the procedure. The physician will be placed on suspension on the following day by 2pm.

Suspended physicians will not be able to admit, schedule and/or perform or assist in surgery/procedure until the suspension is cleared.

Special Considerations:

Please be aware that the majority of the records can be accessed and signed in Cerner, however some paper records still exist and can be signed in the Medical Records Department.

In order to avoid suspension and accumulation of suspension days when you are on vacation or out of town, please contact Medical Records at (626) 397-8791, via fax at (626) 397-2928, or email cynthia.gillette@huntingtonhospital.com or teri.bonsell@huntingtonhospital.com.

For physicians who accumulate suspension days, fees will be assessed by the Medical Staff Office in accordance with the Medical Staff Rules & Regulations.

October 2014 **Medical Staff Meetings**

monday	tuesday	wednesday	thursday	friday
		-1-	-2-	-3-
		- 7:30 a.m. Medicine Dept. Cerner Task Force - CR 5&6 - 12:15 p.m. OB/GYN Peer Review - CR 5&6 - 3 p.m. QMC Pre-agenda - CR C - 5:30 p.m. Pediatric Dept. Cerner Task Force - CR-8	- Noon Medicine Committee - North/South Room - Noon Trauma Services Committee - CR 5&6 - 12:15 p.m. Ob/Gyn Dept. Cerner Task Force - CR-10	- 7 a.m. Ortho Section - CR 5&6
-6-	-7-	-8-	-9-	-10-
- 12:15 p.m. OB/GYN Dept. - CR 5&6 - 5:30 p.m. Medical Executive - Board Room	- 12:15 p.m. Oral Section - CR-6	- 10 a.m. PICU/Peds QI - CR-2 - Newsletter Submission -	- Noon QM Committee - East Room - 5:30 p.m. Neonatal/Pediatric Surgical Case Review - CR-10	- 7:30 a.m. Neurosurgery Section - CR-11
-13-	-14-	-15-	-16-	-17-
- 9:30 a.m. SCAN Team - WT CR-10 - 10:30 a.m. PMCC - WT CR-10 - Noon Transfusion Committee - North/South - 12:30 p.m. Ophthalmology Section - CR-8	- Noon Surgery Dept. Cerner Task Force - CR-C - 12:30 p.m. ENT Section - CR-10	- 7:30 a.m. Medicine Dept. Cerner Task Force - CR 5&6 - 5:30 p.m. Surgery Committee - CR 5&6	- 6:30 a.m. Anesthesia Peer - CR-7 - Noon PT&D Committee - CR 5&6 - Noon G.I. Section - CR-10 - 3 p.m. Neon QI - CR-10 - 6 p.m. Bioethics - CR 5&6	
-20-	-21-	-22-	-23-	-24-
	- 12:15 p.m. Credentials Committee - CR-C	- 12:15 Hem/Medical Onc - CR-5	- Noon Cancer Committee - CR 5&6 - 12:15 p.m. Pediatric Committee - East Room	
-27-	-28-	-29-	-30-	-31-
- Noon Psychiatry Section - CR-10 - 12:15 p.m. Urology Section - CR 5&6	- 5 p.m. Robotic Committee - CR-5		- Noon IM Peer Review - CR-6	

October 2014 **CME Calendar**

monday	tuesday	wednesday	thursday	friday
		-1-	-2-	-3-
		- Noon - 1 p.m. Genitourinary Cancer Conf., Conf. Room 11 - Noon - 1 p.m. Radiology Teaching Files, MRI Conf. Room	- 7 - 10 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: Parkinson's Disease** - Noon - 1 p.m. MDisc Breast Cancer Conf., Conf. Room 11
-6-	-7-	-8-	-9-	-10-
- 12:15 - 1:15 p.m. OB/GYN Dept. Mtg, CR 5&6 **Topic: Treatment of Symptomatic Fibroids**	- 7:30 - 8:30 a.m. MKSAP, Conf. Room A - Noon - 1 p.m. General MDisc Cancer Conf, Conf. Room 11	- Noon - 1 p.m. Radiology Teaching Files, MRI Conf. Room	- 8 - 9 a.m. Surgery M&M, Conf. Room B	- Noon - 1 p.m. Medical Case Conference, RSH - Noon - 1 p.m. MDisc Breast Cancer Conf., Conf. Room 11
-13-	-14-	-15-	-16-	-17-
- Noon - 1 p.m. Second Monday, RSH **Topic: Prostate Cancer**	- 7:30 - 8:30 a.m. MKSAP, Conf. Room A - Noon - 1 p.m. General MDisc Cancer Conf, Conf. Room 11	- 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. Surgery 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 Case Conference, RSH - Noon - 1 p.m. MDisc Breast Cancer Conf., Conf. Room 11
-20-	-21-	-22-	-23-	-24-
	- 7:30 - 8:30 a.m. MKSAP, Conf. Room A - Noon - 1 p.m. General MDisc Cancer Conf, Conf. Room 11	- Noon - 1 p.m. Radiology Teaching Files, MRI Conf. Room	- 8 - 9 a.m. Surgery M&M, Conf. Room B	- 7:30 - 9 a.m. Neurosurgery Grand Rounds, Conf. Room 11 - Noon - 1 p.m. Medical Case Conference, RSH - Noon - 1 p.m. MDisc Breast Cancer Conf., Conf. Room 11
-27-	-28-	-29-	-30-	-31-
	- 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 - 8 a.m. Trauma Walk Rounds, Conf. Room B - 8 - 9 a.m. Surgery M&M, Conf. Room B	- 7:30 - 9 a.m. Neurosurgery Grand Rounds, Conf. Room 11 - Noon - 1 p.m. Medical Case Conference, RSH - Noon - 1 p.m. MDisc Breast Cancer Conf., Conf. Room 11

Huntington Hospital

Medical Staff Administration
100 West California Boulevard
P.O. Box 7013
Pasadena, CA 91109-7013

ADDRESS SERVICE REQUESTED

If you would like to submit an article to be published in the Medical Staff Newsletter please contact Bianca Irizarry at 626-397-3776. Articles must be submitted no later than the first Friday of every month.

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