

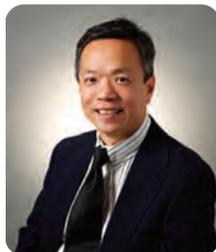
medical staff NEWSLETTER

August 2014



volume 52, issue 8

From the President



"I think we've been through a period where too many people have been given to understand that if they have a problem, it's the government's job to cope with it. 'I have a problem, I'll get a grant.' 'I'm homeless, the government must house me.' They're casting their problem on society. And, you know, there is no such thing as society. There are individual men and women, and there are families. And no government can do anything except through people, and people must look to themselves first. It's our duty to look after ourselves and then, also to look after our neighbour. People have got the entitlements too much in mind, without the obligations. There's no such thing as entitlement, unless someone has first met an obligation."

— Margaret Thatcher

PEER REVIEW PART 2 - 805 REPORTING

California Business and Professional Code Section 805 demands any peer review body to report certain information to the Medical Board of California (MBC) or relevant physician licensing agency when specific criteria are met:

1. A licentiate's application for staff privileges or membership is denied or rejected for a medical disciplinary cause or reason;
2. A licentiate's membership, staff privileges, or employment is terminated or revoked for a medical disciplinary cause or reason;
3. Restrictions are imposed, or voluntarily accepted, on staff privileges, membership, or employment for a cumulative total of 30 days or more for any 12-month period, for a medical disciplinary cause or reason;

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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 July 7, 2014 and by the Governing Board on July 24, 2014

Administrative Reports

Announcements

Meeting Attendance Rewards

The following raffle tickets were selected for the June 2014 meeting attendance awards:

- Syeda Ali, MD -
Medicine Committee
- Ramin Khalili, MD -
Surgery Committee

Medical Staff Bylaws Amendments

Amendments to the Medical Staff Bylaws have been recommended for approval by the Medical Executive Committee. The full text of the proposed amendments will be disseminated to the voting members of the Medical Staff for review and approval.

The following is a summary of the proposed revisions:

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Need a Cerner Coach? Make an appointment with Joe LaBrash at ext. 2500

Administrative Reports continued

- 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 Departmental Committee to solicit additional nominees as opposed to presenting the slate four times.
- Addition of the election process and timeframes for Section Chairs.

Medical Staff Rules & Regulations

The following proposed changes to the Medical Staff Rules and Regulations will be disseminated to the medical staff prior to sending to the Board of Directors for approval:

- **Credentials Committee Description**
Removed 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

Surgery Department Rules & Regulations

The following amendment has been recommended to the General Surgery Section Rules regarding ED Call Panel:

- Criteria to be on for application to the General Surgery ED Call Panel
- 100 representative general surgery cases (non-trauma) per year, for two consecutive years after board eligibility is met. These two years must be immediately prior to application to the call panel.

Privilege Sheets

- **Outpatient Internal Medicine Privileges – New**

This is a new privilege sheet for physicians requesting only dispensary privileges.

- **Pediatric Critical Care – Revised**

Revised to include the requirement for being CCS paneled and clarified the certification requirements to be Board Certified in Pediatric Critical Care.

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

- Administrative Policies and Procedures
- Formulary Management
- Miscellaneous Items
- Department Specific Policies and Procedures
- Nursing and Ancillary Policies and Procedures

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Medical Staff Appointments



Bourque, Jason, MD
Urology
 City of Hope
 1500 E. Duarte Road
 Duarte, CA 91010
 626-359-8111 (office)
 626-775-3514 (fax)



Narvid, Jared, MD
Neuroradiology
 100 W. California Blvd.
 Radiology Department
 Pasadena, CA 91109
 626-397-5139 (office)
 626-397-2190 (fax)



Chopra, Vikas, MD
Ophthalmology
 Doheny Eye Institute
 1450 San Pablo
 DEI 4805
 Los Angeles, CA 90033
 626-568-1622 (office)
 626-254-9019 (fax)



Prabharasuth, Derek, MD
Urology
 City of Hope
 1500 E. Duarte Road
 Duarte, CA 91010
 626-359-8111 (office)
 626-775-3514 (fax)



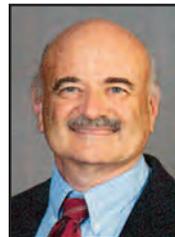
Habashy, Michael, MD
Nephrology
 321 S. Brand Blvd.
 Suite C
 Glendale, CA 91204
 818-242-5060 (office)
 818-242-5079 (fax)



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



Lin, Timothy, DO
Emergency Medicine
 100 W. California Blvd.
 Emergency Department
 Pasadena, CA 91109
 626-397-5111 (office)
 626-397-2981 (fax)



Sadun, Alfredo, MD
Ophthalmology
 Doheny Eye Institute
 1450 San Pablo Street
 Suite 5802
 Los Angeles, CA 90033
 323-442-7120 (office)
 323-442-7127 (fax)



Manrique, Oscar, MD
Plastic Surgery
 1510 San Pablo Street
 Suite 415
 Los Angeles, CA 90033
 323-442-7903 (office)
 323-442-7901 (fax)



Scott-Wyard, Phoebe, DO
**Pediatric Physical Medicine
 & Rehabilitation**
 Shriner's Hospital
 3160 Geneva Street
 Los Angeles, CA 90020
 213-368-3338 (office)
 213-368-3314 (fax)



Mariano, Myron, MD
General Surgery
 1044 S. Fair Oaks Ave.
 Suite 101
 Pasadena, CA 91105
 626-449-4859 (office)
 626-403-0311 (fax)



Yavrouian, Eric, MD
Otolaryngology
 1505 Wilson Terrace
 Suite 270
 Glendale, CA 91206
 818-241-2101 (office)
 818-241-2166 (fax)

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From the President

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Any of the following may occur after notice of either an impending investigation or the denial or rejection of the application for a medical disciplinary cause or reason:

1. Resignation or leave of absence from membership, staff, or employment.
2. The withdrawal or abandonment of a licentiate's application for staff privileges or membership.
3. The request for renewal of those privileges or membership is withdrawn or abandoned. ("Medical disciplinary cause or reason" means that aspect of a licentiate's competence or professional conduct that is reasonably likely to be detrimental to patient safety or to the delivery of patient care.)

It also specifies that deliberate failure to file a Section 805 report is punishable by a maximum fine of \$100,000 per violation and unintentional failure to file a Section 805 report is punishable to a fine of \$50,000.

In 2001, the California legislature added Section 805.2 to the Business and Professions Code instructing the MBC to contract with the Institute of Medical Quality, a subsidiary of the California Medical Association, to hold a comprehensive study of the process in which peer review was conducted in California at that time, and to compare the process with the reporting language in Section 805. The research report was to be completed in November 2002, but was further extended for another year. The research was incomplete due to shortfalls in budget and later the MBC contracted an independent body to complete it by July, 2008.

Research findings proved that the peer review process was essential to maintain safety and quality medical care for the citizens of California. The Federation of State Medical Boards reported a decline in reports of disciplinary actions

Medical Staff Resignations

- Abou-Zamzam, Ashraf, MD - Pediatric Critical Care - effective 9/30/14
- An, Arthur, MD - Neurology - effective 8/31/2014
- Anderson, Neville, MD - Pediatrics - effective 6/30/14
- Borchert, Mark, MD - Ophthalmology - effective 8/31/14
- Chang, Tom, MD - Ophthalmology - effective 9/30/14
- Chao, Joseph, MD - Medical Oncology - effective 9/30/14
- Goldfarb, Melanie, MD - Surgical Oncology - effective 8/31/14
- Janetzke, Barbara, PhD - Psychology - effective 6/3/14
- Hsieh, Patrick, MD - Neurosurgery - effective 7/31/14
- Kamjoo, Sami, MD - Ophthalmology - effective 9/30/14
- Linehan, Jennifer, MD - Urology - effective 7/31/14
- Liu, Lily, DPM - Podiatry - effective 9/30/14
- Ruhge, Kevin, MD - Plastic Surgery - effective 8/31/14
- Tyson, Kevin, MD - Internal Medicine - effective 8/31/14

against physicians by medical boards in the U.S. beginning in 2005 and continuing through 2006 and 2007. The Office of the Inspector General reported that 67% of U.S. Hospitals manipulated their databases and submitted fake reports.

Events that took place in the nation influenced the number of cases submitted to the MBC. In the mid-1990s, application of cost control measures increased substantially in California hospitals which resulted in dramatic staffing reductions. In 1997, the federal government passed the Balanced Budget Act, which put more financial pressure on hospitals and health

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From the **President** continued from page 4

plans to control costs. This resulted in substantial shortage of nurses in hospitals in California in 1998, and in 1999 California passed the first compulsory hospital nurse to patient ratio legislation in the United States. This added more financial pressure on hospitals. In the year 2000, the Institute of Medicine published a journal *To Err is Human*, about medical errors in U.S. Hospitals. Such historical events influenced the Californian Legislature to evaluate the techniques such as peer review, used to access the medical care of the state.

The number of cases filed under Section 805 had a record fall from 173 in the year 1995-96 to 113 in 2005. In 2005, the Federation of State Medical Boards announced that reports of disciplinary actions against physicians by U.S. state and territory medical boards had declined in 2005 for the first time in eight years and dropped further by 4.6% between 2006 and 2007.

In spite of negative aspects of peer review process, there are people in the system who strive continuously to remove the discrepancies that has crept into the healthcare system of California and it requires the support of the people to make this process a success for their own betterment.

The Challenge and Future of Peer Review

Although the California codes require the use of peer review in healthcare entities as one of the processes for determining safe and effective medical care, many people involved in the peer review process constantly ask the following questions:

1. Should physicians be paid for work involved in peer review in the hospital? If so, who pays for it?
2. Are peer review and discipline using the withdrawal of hospital privileges effective in ensuring quality care?
3. Are peer review and exclusion from hospital privileges done for “political” reasons, such

as excluding the minorities, and eliminating competitions from other physicians?

4. Instead of medical staff in one hospital, should peer review in one hospital be done by independent review entities or designating independent federal oversight through Patient Safety Organizations (PSO) in the U.S. Department of Health and Human Services and using centralized supervision or regulation, practice guidelines, information technologies, and continuous quality improvement activities?
5. Should peer review be the primary way to establish medical quality and safety?

To improve the credibility of peer review, negative feeling in physicians, and actual quality improvement, some experts propose the the use of the following strategies:

1. Performance assessment rather than peer review.
2. Multi-source feedback to assess physician competencies.
3. Specialty certification status to measure quality.
4. Administrative data for some types of complications.
5. Standardized patients (actors trained to present certain symptoms to train and evaluate practitioners) to evaluate decision making.
6. Clinical vignettes to measure quality of physician practice.
7. More rigorous adherence to established principles of procedural due process in the design of peer review proceedings that are eligible for HCQIA immunity.
8. Higher standards for the evidence that must be demonstrated to meet the “reasonable belief” standard.
9. Effective consequences for hospital and physicians that abuse peer review.
10. More effective independent oversight of hospital peer review proceedings.

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From the President

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It is necessary for hospitals to have effective mechanisms in place to protect patients and quality of care. In addition, all physicians on the medical staff should be able to voice concerns about the quality of patient care and patient safety as well as conduct business alongside powerful competitors without fear of reprisals that damage their professional reputation. Although it is extremely challenging to develop a high quality peer review process which is fair and nonbiased, I believe we, the Medical Staff at Huntington, have the ability to fine tune our current peer review process in which we can all trust and rely on. Any suggestion of this matter is welcome to me and the MEC.

Edmund Tse, MD

President of the Medical Staff

Celebrating Milestones

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

40 Years (on staff 08/1974)

Alexander Villicana, MD - Plastic Surgery

35 Years (on staff 08/1979)

Everard Williams, MD - Otolaryngology
John J. Mangoni, MD - Pediatrics

30 Years (on staff 08/1984)

Steven G. Katz, MD - Vascular Surgery
Wing Yin Leong, MD - Pediatrics

10 Years (on staff 08/2004)

Todd Dietrick, MD - Orthopedic Surgery
Irina Jasper, MD - Internal Medicine
Taline Kilaghbian, MD - Emergency Medicine
Christina Yeon, MD - Hematology/Oncology

Medical Staff Services Corner

How Do Observers Get Approved?

Observation Privileges for Students/Residents/Fellows

This refers to students who are not currently enrolled in a HMH Residency Program. These requests are handled under a separate policy which requires an agreement between the student's school and the hospital. Please contact Juan Gallegos in the HMH Contracts Management Department at 626-397-2632 or Juan.Gallegos@huntingtonhospital.com.

Observation Privileges for Physicians

Requests for observation will be granted to visiting physicians when the following qualifications have been met:

1. A member in good standing of Huntington Memorial Hospital (HMH) Medical Staff has agreed to oversee the observation activities.
2. The visiting physician has:
 - a. Verified proof of state licensure.
 - b. Provides proof of liability insurance coverage.
 - c. Provides written documentation and report of TB Mantoux within the past 12 months or in skin positive persons, a written report of chest x-ray results taken within the previous year.
 - d. Signed a confidentiality agreement.
 - e. Received a copy of the Patients' Rights and Responsibilities.
3. The requesting physician understands that he/she may observe only and may not prescribe, treat, or council patients.
4. All patients selected for observation will consent to observation prior to any observed treatment, activity, or procedure.
5. The visiting physician will observe the care and treatment of only those patients who have provided a written consent to the observation.

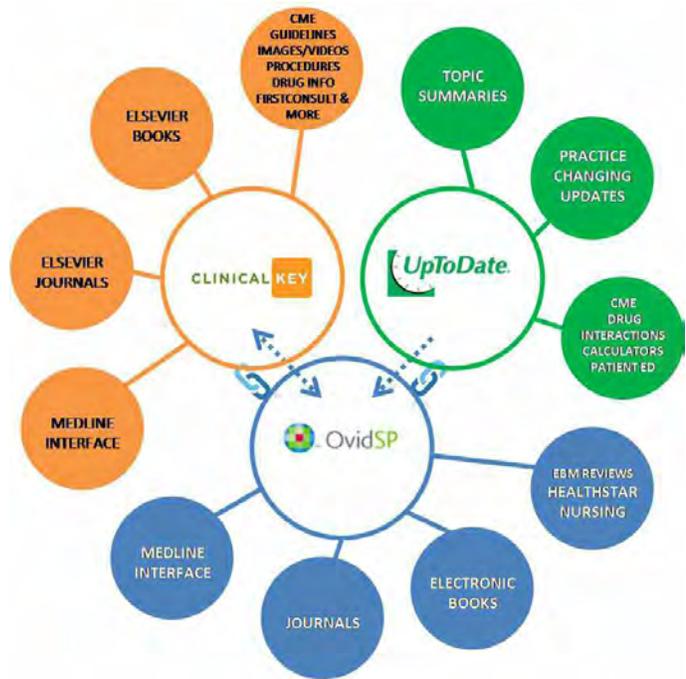
Please contact Medical Staff Services at 626-397-3767 for assistance with these requests.

From the Health Science Library

A Roadmap for UpToDate, ClinicalKey & OvidSP

In a perfect world physicians would be able to type search queries into a single search box and be presented with a plethora of relevant, authoritative, evidence-based information in a variety of formats. This is, after all, what we are hoping for when we Google a topic. While library information resources are moving in this direction, there is still no “one-stop shop” for searching the medical literature if you want to search comprehensively.

Here is a roadmap to three of the more important resources clinicians at the Huntington Hospital currently have available to them and how they are interlinked.



UpToDate

- Topic Summaries, Practice Changing Updates, free CME and several other point-of-care tools
- References of an UpToDate Topic Summary hyperlink back to Ovid for access to the full text of the primary literature (Figure 1).
- Lacks ability to search the primary medical literature
- No off-site access, except via Citrix/Cerner

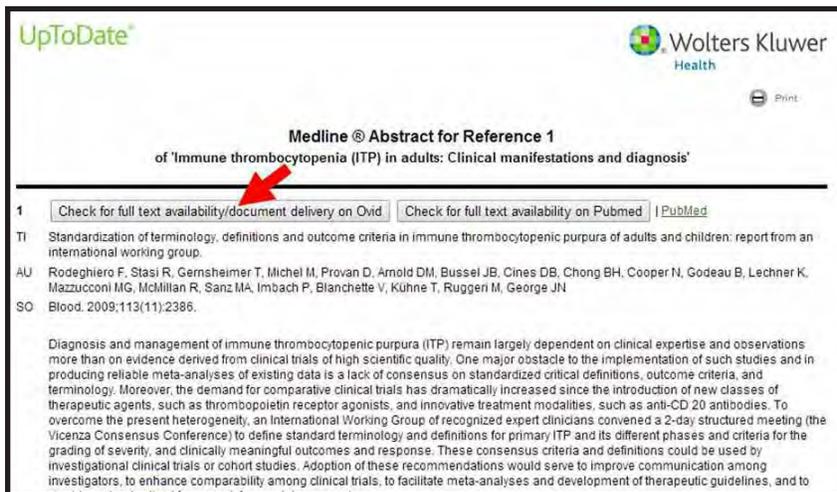


Figure 1. Clicking on a reference in UpToDate provides direct access to primary literature

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From the **Health Science Library** continued from page 7

ClinicalKey (which has replaced MD Consult by the publisher)

- Google-like, “fuzzy” search interface to MEDLINE, free CME (Cleveland Clinic), Images, Drug Information, Procedures Consult videos, First Consult (point-of-care) and more
- Full text access to over 600 Elsevier journals and over 1000 Elsevier books
- References that come up in ClinicalKey’s MEDLINE interface that are not Elsevier published content are hyperlinked back to Ovid for access to the full text (Figure 2)
- Lacks ability to refine searches by age, publication type, Medical Subject Headings (MeSH) and access to Ovid eBooks

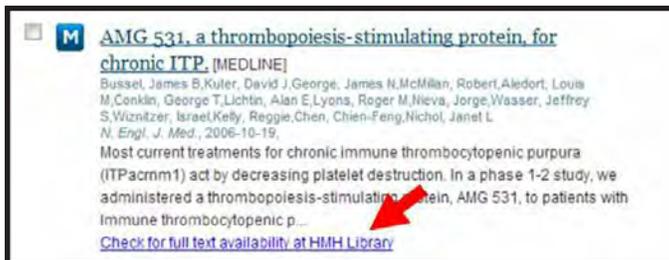


Figure 2.

Medline references not published by Elsevier link back to Ovid for access to full text or document delivery.

OvidSP

- Has both “fuzzy” (Basic) and parameter-based (Advanced) search interfaces to MEDLINE to assist in focusing searches to a specific patient demographic, publication type or Medical Subject Heading (MeSH)
- Article level hyperlinking to a majority of the library’s online journal subscriptions (including journals in ClinicalKey that are also indexed in MEDLINE), Figure 3, as well as some electronic books.
- Search interface to Cochrane Evidence Based Medicine Reviews databases, HealthStar and nursing-related resources not available in ClinicalKey or UpToDate
- Lacks access to Elsevier journals that are not included in MEDLINE and Elsevier eBooks

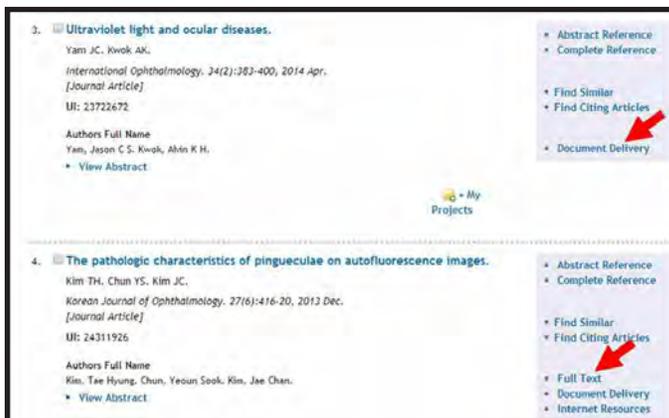


Figure 3.

Ovid provides links to full text of a majority of the library’s online subscriptions or a means to order the article via document delivery.

For the most comprehensive search use all three. Knowing the difference between each resource will help you decide where to start. Knowing how all three are linked into OvidSP will help you access full-text articles or order articles via the library’s document delivery service.

The Health Sciences Library can be contacted at (626) 397-5161, library@huntingtonhospital.com or by the library website at <http://huntingtonhospital.libguides.com/home>

From Physician Informatics

Over the past few months there has been a lot of work and discussions in the task forces. Communication of this work has been a challenge; we are looking at a number of different options to improve communicate to the medical staff. Below are some of the current priorities being worked on by the task forces and sub-committees, as well as the changes that have already been implemented.

Medical Staff Task Forces Current Priorities

- [Coumadin and Medication Reconciliation](#)
Medications that are pharmacy dosed (ex: Coumadin) currently do not appear on the Medication Reconciliation screen because the medication is dosed in-house as individual one time doses, not on a routine schedule. If you have a patient that is on Coumadin and needs to continue taking it after discharge, please remember to add this medication as a prescription to notify the patient to continue taking it.
- [Blood Transfusion Workflow \(Global\)](#)
The Transfusion Committee and the Surgery Task Force are working to improve this physician workflow.
- [Message Center \(Global\)](#)
Both Medicine and Surgery Task Forces goal is to simplify the overall appearance and improve the usefulness of the message center.
- [Patient Discharge Summary \(Medicine Task Force\)](#)
The Medicine Task Force continues work to improve work flow for physicians and nurses. With the changes that have been made patient feedback is being sought to ensure clarity of the documents.
- [Height/Weight/Allergy Alert \(Global Issue\)](#)
The current alert fires for all clinicians at the point of opening the patient chart when height, weight and allergies are not documented. Changes to the system are developed and tested so that these alert will only fire if you are ordering a medication and no allergies have been entered.
- [I & O's are difficult to understand \(bottle vs. breast\)\(Pediatrics Task Force\)](#)
There are several tests/values including the above that are routinely monitored by Pediatricians which are being developed into a single view within PowerChart.
- [PowerNote Training Requests \(Pediatrics Task Force\)](#)
In the process of setting up training sessions with providers on changing templates and using shortcuts.
- [Transitions of Care \(Global\)](#)
In process of developing a new process that improves workflow.
- [Transfusion orders for Anesthesia only \(Surgical Task Force\)](#)
Creation of an URGENT blood transfusions order needed during surgery is being built.

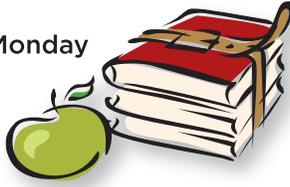
Task Force Priorities Completed

- To make it easier to find the GEN Blood Bank Transfusion PowerPlans a synonym of **'Transfuse'** has been created which will bring up the Transfuse Blood Product (Adult) PowerPlan and the Transfuse Blood Product (Neo/Peds) PowerPlans.
- A new Blood Transfusion Hx tab is now available under Results Review. This tab pulls together all information regarding blood availability and transfusion in a single view.

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CME Corner

Please note **Second Monday and Medical Grand Rounds will resume in September.**



Topic: Lactation Training
Speaker: Karen Bodnar, MD
Date: September 20, 2014
Time: 9 a.m. - Noon
Audience: Pediatricians, OB/GYN
Methods: Lecture

Reminder: Huntington Hospital is in the final stages of achieving “Baby Friendly” Designation. It is required by the accreditation process that all medical staff providing obstetrical / newborn care complete a one-time 3-hour course in Lactation Management with receipt of a certificate of completion by September 30, 2014. This activity will fulfill the requirement.

If you have completed your training at another facility, please submit your certificate of completion to the Medical Staff Office as soon as possible.

From Physician Informatics

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- VTE alerts have been modified so that the alert will not pop up if the patient is currently on or if a pharmacological medication is part of your current ordering session.
- When placing an ‘NPO Diet’, the system will discontinue the prior diet when the NPO diet begins.
- The patient banner now correctly displays the patient’s admission date for all inpatient visits.
- The Billing Worksheet has been updated to include more information. It is called “Billing Worksheet for MD’s” and can be found in the same location as before.
- EKGS - the strips are available in Results after verification which can take 24-48 hours. Hard copies available in paper chart.
- ECHO Worksheet - There is no change to this process, a copy of the worksheet is placed in the paper chart. The original goes into the Cardiology inbox to be read and prepare report. The electronic version of the report will be available in the electronic chart when the Cardiologist finalizes (signs) the report.
- Only one type of temperature use to import into the Patient Summary - All temperatures will display now.

President’s Recognition Corner

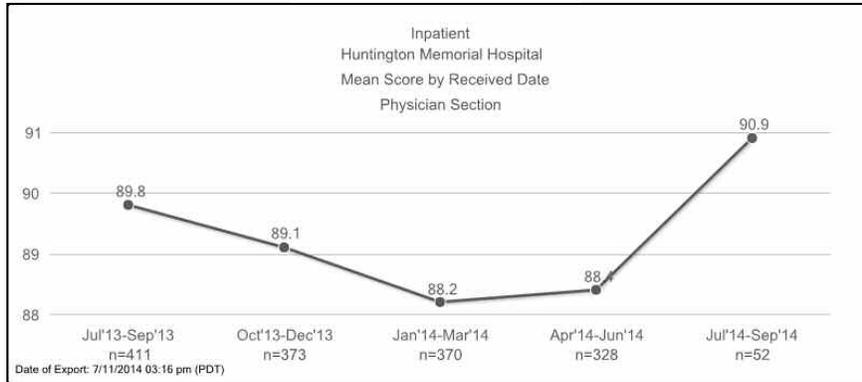
The Chief of Staff would like to recognize the outstanding care provided by members of the Medical Staff based on one or more of the following: letter from a patient and/or their family, nursing compliment, and/or a collegial recommendation.

This month the Chief of Staff would like to recognize **Dr. William Caton.**

“Dr. Caton is the neurosurgeon who was assigned to me at the hospital. He is in a league of his own. Dr. Caton’s wealth of experience, attention to detail and phenomenal bedside manner, make him an amazing physician. I feel the utmost comfort knowing that he is in charge of my very delicate medical situation and that I am in the best hands.”

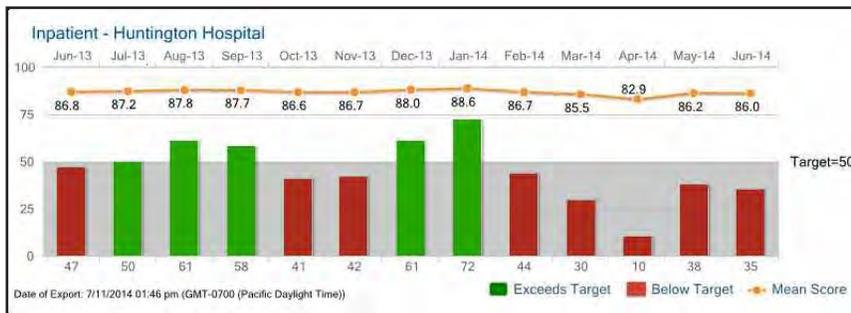
Physician's ...You are the Patients Experience!

A monthly communication to assist physicians in patient engagement and the patient experience.

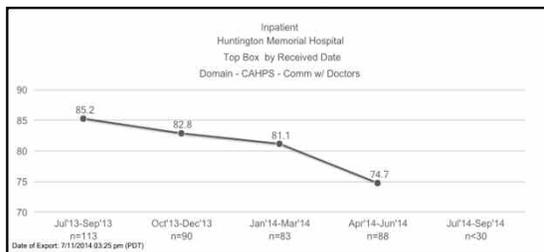


Thank you for helping to increase patient satisfaction during hospitalization.

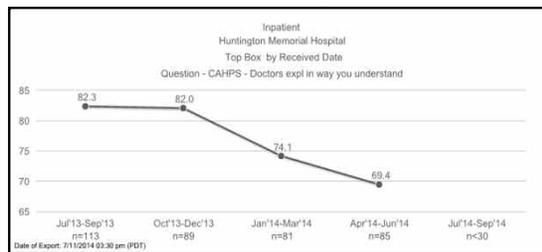
Satisfaction is on the rise but still below target



Opportunities for Improvement include:



Communication with Doctors



Doctors explain things in a way that you understand

Positive Comments and Feedback

“I felt I was in good hands every step of the way.”

“Dr. [Orthopedic Surgeon] is complete perfection. The discharge doctor, was super friendly and helpful.”

“Dr. [OB/GYN] was exceptionally good pre & during delivery. Very good at communicating & conservative w/ her recommendations.”

Resident Graduations

The resident graduation ceremony took place on June 19 at the Athenaeum at Cal Tech. The Medical Staff would like to congratulate the following residents and wish them well in their future endeavors:



Internal Medicine Program Graduates

Jason Chou, MD	Nephrology Fellowship - UC Irvine
Joshua Jeharajah, MD	Private Practice, Hospitalist, Cleveland, OH
Amy Savagian, MD	Private Practice, Pasadena
Robert Smitson, MD	Private Practice, Hospitalist, Honolulu, HI
Dorianne Spivack, MD	Private Practice, Kaiser
Nina Swadener, MD	Private Practice
John Yung, MD	Health Care Partners, Hospitalist, Pasadena
Jessie Trieu, MD	2014-2015 Chief Resident, Internal Medicine



Surgery Program Graduates

Aaron Lewis, MD	Surgical Oncology Fellowship - City of Hope
Jeffrey Simpson, MD	Trauma Critical Care Fellowship - UCSF/Fresno

At the ceremony the residents honored two members of the faculty with teaching awards. The following awards were presented:

Teacher of the Year

- Wufaa Alrashid, MD - Internal Medicine
- Bengt Pehrsson, MD - General Surgery



Anticoagulation Clinic Expansion of Services

The **Anticoagulation Clinic**, an outpatient service located on the 2nd floor of the Wingate Building, has been managing patients' anticoagulation therapy since 1999. The clinical pharmacists provide education to all patients regarding their anticoagulation therapy including medications such as warfarin, enoxaparin (Lovenox[®]), dabigatran (Pradaxa[®]), rivaroxaban (Xarelto[®]), and apixaban (Eliquis[®]). Patients are encouraged to become actively involved in the management of their anticoagulation therapy. The clinic offers an innovative way of monitoring warfarin therapy by assessing PT/INR results using a point-of-care blood testing device. Testing only requires a finger-stick which provides instantaneous PT/INR results with convenient in-office appointments. Warfarin dose adjustment is performed during the clinic visit by experienced pharmacists who also screen for drug (prescription, non-prescription, herbal), food and disease interactions.

In the past couple of years, the clinic pharmacists have expanded their roles and are now providing drug therapy management in heart failure and diabetes patients. Patient enrollment into the Heart Failure and Insulin Optimization Clinics (also located at the same site) are by physician referral only.

The Heart Failure Clinic provides comprehensive education on heart failure including disease process, symptoms, causes of heart failure exacerbations, and medications used to treat the condition. The pharmacists assist the physician in managing medications by titrating common heart failure medications to guideline recommended target doses and assessing the patient for side effects and tolerability to their medications. Patients' weight, blood pressure, and symptoms of heart failure are monitored at every visit. The clinic staff works closely with physicians to help manage a patient's heart failure condition in order to prevent exacerbations and hospital admissions.

The Insulin Optimization Clinic provides education regarding insulin therapy and other pharmacotherapy related to diabetes. The clinician/patient contact occurs every 1-2 weeks and insulin dose is adjusted according to a patient's self-monitoring blood glucose levels. The clinic's goals are to improve adherence to insulin therapy and reduce the risk of complications related to diabetes.

Starting this fall, a new service will be added to the clinic's repertoire in which immunizations for influenza, pneumococcal and herpes zoster (shingles) are offered to adults for whom the vaccine is indicated. No referral is required.

Doctors interested in referring their patients for any of the above services can find the referral forms on the hospital external web site at www.huntingtonhospital.com and on Sharepoint through the hospital intranet under Pharmacy Services - Forms. Doctors can also call the clinic at 626-397-5559 for more information and a referral form can be faxed to their office.

Friendly Reminder From Your President - Regarding Signing Electronic Records

Since efficiency is one of the keys for the success in our medical practices, many of us are "copying forward" many elements from one document to another in Cerner and then quickly signing it electronically. Like a hand signed document, an electronically signed document carries the same weight in legality. Reviewing the document to ensure its accuracy before signing it is extremely important. Inaccuracy in the medical record will not only set a physician up for potential malpractice lawsuits but also adversely affects patient care. Please take a moment and review the accuracy of the record before signing it.

August 2014 Medical Staff Meetings

monday	tuesday	wednesday	thursday	friday
				
-4-	-5-	-6-	-7-	-8-
				- Newsletter Submission -
-11-	-12-	-13-	-14-	-15-
	- Noon Cerner Task Force Committee Meeting Dept. of Surgery - CR-C			
-18-	-19-	-20-	-21-	-22-
	- 12:15 p.m. Infection Control Ctte - CR-10		- 8 a.m. Neurology Section - CR-8	
-25-	-26-	-27-	-28-	-29-
- Noon Radiology/Nuclear Med Section - MRI CR	- 5 p.m. Robotic Committee - CR-5			

August 2014 CME Calendar

monday	tuesday	wednesday	thursday	friday
				-1- - 7:30 - 9 a.m. Neurosurgery Grand Rounds, Conf. Room 11 - Noon - 1 p.m. MDisc Breast Cancer Conf., Conf. Room 11
	-4-	-5-	-6-	-7-
	- 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 - 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 Case Conference, RSH - Noon - 1 p.m. MDisc Breast Cancer Conf., Conf. Room 11
-11-	-12-	-13-	-14-	-15-
	- 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
-18-	-19-	-20-	-21-	-22-
	- 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
-25-	-26-	-27-	-28-	-29-
	- 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	- 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. MDisc Breast Cancer Conf., Conf. Room 11

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James Recabaren, MD, Credentials Committee
William Coburn, DO, Quality Management
Peter Rosenberg, MD, Medicine Department
Laura Sirott, MD, OB/GYN Department
Ernie Maldonado, MD, Pediatrics Department
Harry Bowles, MD, Surgery Department

Newsletter Editor-in-Chief - Glenn Littenberg, MD

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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2013 – 2014
Best Hospitals Report
5 Hospital in the
Los Angeles metro area
10 Hospital in California
33 Nationally in Orthopedics
44 Nationally in Urology