

medical staff NEWSLETTER

February 2014



volume 52, issue 2

From the President

"Let yourself be open and life will be easier.

A spoon of salt in a glass of water makes water undrinkable.

A spoon of salt in a lake is almost unnoticed."

BUDDHA'S LITTLE INSTRUCTION BOOK



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 January 6, 2014 and by the Governing Board on January 23, 2014.

Quality in Healthcare (Part Two)

As defined in last month's issue, quality consists of the degree to which health services for individuals and populations increases the likelihood of desired health outcomes; is consistent with current professional knowledge; and meets the expectations of healthcare consumers. This article looks to explain the five key principles which will help the hospital to become a successful healthcare organization.

Key Principle 1: Leadership

In its simplest definition, leadership is the ability to influence behavior. The reason for changing one's behavior is to reach specific goals within an organization. The published literature on leadership is based on anecdotal and theoretical discussions. Less than five percent of these articles are empirically based and most are based on demographic characteristics or personality traits of specific leaders. Despite this, publications describing methods of personal development of leadership skills fill the shelves of bookstores.

This discussion attempts to summarize briefly the basic and practical elements consistently associated

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Administrative Reports

Privilege Delineation Forms

Revisions were recommended to the following Privilege Delineation Form:

- **Neurology** – Addition of criteria and privileges for Sedation/Analgesia
- **Urology** – Deletion of the laparoscopic prostatectomy privileges

Please go to SharePoint → Medical Staff Services → Board Approved Items → 2013 and select January 2014 to see:

- Formulary Management
- Miscellaneous
- Administrative Policies and Procedures
- Departmental Policies and Procedures and Order Sets

Remember to sign up for H@NK/Cerner training!

medical staff newsletter

Medical Staff Appointments



Chung, Christopher, MD
Gynecology/Urogynecology
City of Hope Medical Center
1500 E. Duarte Road
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Thoracic Surgery
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Fedorak, Graham, MD
Orthopedic Surgery
Shriners Hospital for Children
3160 Geneva Street
Los Angeles, CA 90020
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213-368-3314 (fax)



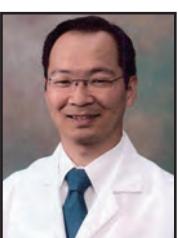
Tyerman, Gayle, MD
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Thoracic Surgery
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1500 E. Duarte Road
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Pediatric Allergy & Immunology
375 Huntington Drive
Suite C
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626-449-1321 (fax)

Allied Health Appointments

- Barney Rosen, PhD – Psychology

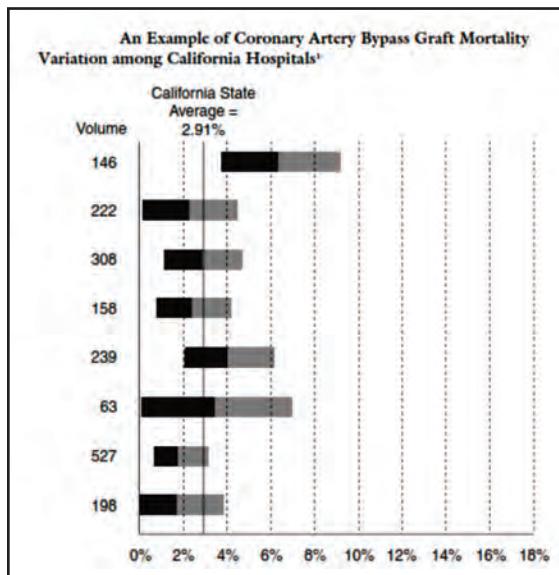
From the President continued from page 1

with strong leaders. Dr. John Kotter, Professor of Leadership Emeritus at the Harvard Business School and graduate of MIT and Harvard, has developed an eight stage process, which has become an effective tool for coping with change. In brief, his eight-stage process to create change can be summarized as:

1. Establish a sense of urgency.
2. Create the guiding coalition.
3. Develop a vision and strategy.
4. Communicate the change vision.
5. Empower broad-based action.
6. Generate short-term wins.
7. Consolidate gains and produce more change.
8. Anchor new approaches in the culture.

Key Principle 2: Measurement

Quality of care can theoretically be measured by outcomes (a healthcare outcome is the change in the health status of the patient that is a direct result of care provided) or processes (what providers do to and for patients). Outcome measurements have been a powerful tool in cardiovascular surgery and hospital-acquired infections. See example below:



The majority of our discussion, however, will be describing process measurements because they are the most common and are more easily measured than changes in a patient's health status.

Key Principle 3: Reliability

Underlying nearly every identified problem in the hospital setting is the lack of reliable processes. In evaluating highly reliable organizations, five principles have been found to be universal. They are command and control, risk appreciation, a specific quality component of the industry, metrics driving management, and reward.

- Command and control: Performance goals shared and agreed upon throughout the organization.
- Risk appreciation: Whether there is knowledge that risk exists, and if so, the extent to which it is acknowledged and appropriately mitigated and/or minimized.
- Quality: Policies and procedures for promoting high-quality performance.
- Metrics: A system of ongoing checks to monitor hazardous conditions and used as the basis for accountability.
- Reward: The payoff an individual or organization receives for behaving one way or another; expected social compensation or disciplinary action to correct or reinforce a behavior, and the most powerful is recognition.

Key Principle 4: Practitioner Skills

The process of achieving consistently high quality of care in a reliable way consists of "doing the right thing right." To do the right thing requires that physicians, nurses, and all healthcare providers make the right decisions

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about appropriateness of services and care for each patient (high-quality decision making), and to do it right requires skill, judgment, and timeliness of execution (high-quality performance). Both overuse and underuse represent limitations in the practitioners' decision making ability. Both areas focus on the competence of the practitioners and their ability to utilize resources appropriately. Questions to ask when evaluating whether overuse or underuse has occurred are:

1. Do they utilize resources appropriately?
2. Are they ordering too many tests?
3. Are they ordering too few tests?
4. Is therapy appropriate and consistent with individual patients' risk-benefit calculus?

Key Principle 5: The Marketplace

The marketplace has had a profound effect on moving hospital quality forward, and it is essential to understanding the role of quality of care in the current environment of healthcare. Despite the studies cited earlier, quality metrics have been improving primarily by public transparency and the promise of improved payment and patient volumes. The value proposition of quality and efficiency and tying reimbursement to reporting or excelling in performance on specified quality metrics (pay for performance) has been accepted by nearly all third-party payers and has become a significant force in healthcare.

The Business Case for Quality

Healthcare has had a difficult time demonstrating the business case for quality because of the complexity of care and difficulty in capturing the real fixed and variable costs of caring for patients. Other industries have long accepted the theory first described by Deming that improvement in quality leads directly to a

decrease in cost. Better quality results in less rework, fewer mistakes and delays, and a better use of time. Productivity improves as a result. By improving quality, the industry captures the market with better quality and lower price, is able to innovate in the business and clinical practice of medicine, and so can provide more jobs.

What is the cost of quality? Does it raise the price of goods and services? Are huge savings possible by implementing continual improvement efforts? These questions are not easy ones, but quality is becoming increasingly measurable as are its costs. In healthcare, the failure to prevent serious complications, such as a hospital-acquired infections, may cost the patient his or her life, prolonged disability, and thousands of dollars in treatment. Avoidable surgical complications may prolong hospitalization, result in disability or death, and cause great expense and repeated procedures.

Conclusion

There has been a change in healthcare since the mid-1990s that will shape the future of the industry. As Leape stated, "Ten years ago, no one was talking about patient safety. Five years ago, before the IOM report, a small number in a few pioneering places had developed a strong commitment, but its impact was limited and most of health care was unaffected. Now, the majority of health care institutions are involved to some extent and public awareness has soared."

Many exciting changes have occurred in the industry because of the increased focus on safety and quality. Some of these changes may be short-lived, but some will truly revolutionize the way healthcare is provided. Quality and

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From the President continued from page 5

safety are important factors shaping the future of the industry for hospitals and medical care providers. Quality metrics will shape physician practices as well as the processes in place at the hospitals in which they practice. Quality will define both success and failure for physicians, hospitals, and the executives who lead in the healthcare industry.

With the strong commitment of the governing board at Huntington Hospital, quality now is frequently discussed at multiple levels in different committees. The Board has set up a Quality Committee chaired by the Vice Chairman of the Board of Directors, Jaynie Studenmund, whose primary focus is to address all the quality issues at the hospital. Seeking advice from the medical staff, nursing staff, and administrative staff, the committee is aiming to improve the overall quality of the care that is being delivered at Huntington. Before we leave off this topic of quality, I would like to reiterate the following concepts:

- Quality consists of the degree to which health services for individuals and populations increase the likelihood of desired health outcomes (quality principles), are consistent with current professional

knowledge (professional practitioner skill), and meet the expectations of healthcare users (the marketplace).

- Successful healthcare organizations – be they hospitals, physicians' offices, pharmacies, nursing homes, or ambulatory centers – will have understood, identified, and put into practice all of the following essential principles: leadership, measurement, reliability, practitioner skills, and the marketplace.
- Access to the patient (both by volume and payment level) is being determined by demonstrating high quality and cost efficiency. A clear understanding of the history and development of the concept of quality patient care and the ability to understand, identify, and utilize the key principles will help create successful healthcare organizations.
- Quality metrics and practices will help define both success and failure for physicians, hospitals, and the executives who lead in the healthcare industry.

These will be the center of reimbursement in the future.

Edmund Tse, MD

President

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. Amal Obaid** who received accolades from a patient on 5-East. The patient stated that "Dr. Obaid was the most caring of physicians, treated her with the utmost respect, explained everything in a way that she could understand, and most important to her, always answered her questions in a non-hurried manner."

From the Health Science Library

The publisher of **MDConsult (MDC)** will discontinue the MDC platform at the end of 2014. The library will have access until our subscription ends in May 2014. The library is committed to finding a new alternative to the full text online journals, clinics and electronic books that made MDC a one stop shop for information. In the coming months, library staff will be conducting trials of **R2 Digital Library** (<http://www.r2library.com/>) and eBrary (<http://site.ebrary.com/lib/medicaltitles/>) to replace the content on MDC.

As the library evaluates potential alternatives, we will be soliciting input as to which will best meet your research needs. Product trials for R2 and eBrary will be announced in the *Medical Staff Newsletter* and *Our Pulse* as well as on the library's website. The library would appreciate your participation in the trials so that we can find a replacement that supports your research and clinical needs. Stay tuned!

For questions, contact the library at (626) 397-5161, library@huntingtonhospital.com or text us at (626) 344-0542.

2014 is an Election Year!

The **Medical Staff** will be electing officer positions for the 2015-2016 term:

- President-Elect, Medical Staff
- Secretary/Treasurer, Medical Staff
- Chair, Quality Management Committee
- Chair, Credentials Committee

In order to qualify for office, you must be a member of the Active staff at the time of nomination and election and must remain a member in good standing during the time in office. Failure to maintain such status shall immediately create a vacancy in the office involved.

The officers will be nominated by the Nominating Committee which is comprised of two (2) past Medical Staff Presidents (who are currently on Active Staff), the four (4) current Department Chairs, and one (1) additional member from each department. The committee shall be chaired by the President-Elect of the Medical Staff who votes only in case of a tie.

The Nominating Committee will convene no later than June, and may select one or more nominees for each elected office.

From Physician Informatics

H@NK Training

If you have yet to do so please remember to sign up for H@NK/Cerner training. You can visit the Physician Only section of the hospital website, www.huntingtonhospital.com/PhysiciansOnly/PhysiciansOnly.aspx, to view the training schedule; training will be going on through February 27, 2014. Space is limited, so to ensure you get the training session you want, we ask that you please sign up as soon as possible. In order to register for training you can fill out the registration form, call 626-397-5913 or send an email to Edmond.mouton@huntingtonhospital.com.



[huntington](#) » [access](#) » [network](#) » [knowledge](#)

If you attended the four hour training class in September/October, you only need to sign up for a 1 on 1 session; if you would like to take another four hour training session please feel free to do so. In addition, physicians who are familiar with Cerner may bypass the four hour training and sign up for the 1 on 1 class. 1 on 1 classes are available seven days a week with the first class starting at 7:30 a.m. and the last class starting at 6:30 p.m.

Today's Honoree: Dr. Robbin Cohen



Dr. Robbin Cohen, medical director for thoracic oncology, was named "Today's Honoree" on January 7 by the blog of the same name. "Today's Honoree" is the No. 1 blog for recognizing the works of others. Dr. Cohen was selected in part because of his leadership of the lung cancer program at Huntington Hospital, which has grown to be recognized as one of the largest and most comprehensive programs of its kind in the greater Los Angeles area. Another reason is his tireless efforts to teach children about the health risks associated with smoking via his "Smoking Stinks" program.

Congratulations, Dr. Cohen!

Celebrating Milestones

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

25 Years (on staff 02/1989)

Nirmal Banskota, MD - Endocrinology

20 Years (on staff 02/1994)

Todd Hutton, MD – Psychiatry

Pamela Lee, MD – Pediatrics

Navin Adatia, MD – Psychiatry

Chien Fang, MD – Internal Medicine

15 Years (on staff 02/1999)

Isaac Benjamin Paz, MD – General Surgery

10 Years (on staff 01/2004)

Raha Akhavan, MD – Anesthesiology

Peter Rosenberg, MD – Gastroenterology

Vincent Rowe, MD – Vascular Surgery

Gary Seto, MD – Family Medicine

Roger DeFilippo, MD – Pediatric Urology

Physician's...**You Are The Patients Experience!**

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

Reviewed by: Shant Kazazian, MD

In order to focus on physician engagement for the upcoming year and determine what the goals for this program, as well as the Medical Staff newsletter publication will be, a collaborative discussion will be taking place with Dr. Tse, Dr. Shankwiler, the new Director of Medical Staff, Priscilla Gamb, Director of Volunteer & Customer Services, and Alison Birnie, Clinical Director of Medical/Surgical areas.

We look forward to sharing with you many valuable ideas, resources and data in order to enhance the physician/patient interaction and experience.

The Voice of the Patient...

Comments are from the "On The Spot Recognition" forms completed by staff as well as patients and their families.

"Our ER physician is very quick, super smart and reacts perfectly to figure out the medical issues. On top of the aforementioned, he is very kind and compassionate. He personifies what an ER doctor should be."

"Thank you Dr. H for doing a nerve block for my patient in severe pain. The original doctor went home and Dr. H. graciously performed the block for the other MD."

Medical Staff Office Corner

Please remember to complete your medical records in a timely manner. The Medical Staff Rules and Regulations (Section 3.10) state that physicians who accumulate 30 or more days of suspension in a calendar year will be suspended and fined. Physicians who accrue 30 days of suspension are fined \$500; physicians who accrue 45 days of suspension are fined an additional \$750; and physicians accruing 60 days are fined \$1,000 and are required to appear before the Medical Executive Committee. Every month Medical Records provides the Medical Staff Office with a list of physicians who have accrued medical records suspension days. Warning letters are sent to physicians who accrue 10 or more days of suspension via certified mail. Please be prompt with your medical record completion and notify Medical Records in advance of your time away (vacations/conferences), as these days will not be counted toward suspension days. If you have questions related to medical records, please contact Beth Gould in the Medical Records Department at 626-397-8791.

CME Corner

Medical Grand Rounds

Topic: Palliative Care
Speaker: Daniel R. Spurgeon, MD
Date: February 7, 2014
Time: Noon – 1 p.m.
Place: Research Conference Hall
Objectives: 1. Define palliative care and how it is different from hospice.
2. Learn the difference between primary and specialist palliative care.
3. Know how to use palliative care service.
Audience: Primary Care Physicians, Internal Medicine
Methods: Lecture
Credit: 1.0 AMA PRA Category 1 Credits™

CME Follow Up Did you know?

Flu Vaccination

In Hispanic populations the level of health literacy correlates with vaccination levels. Many view the flu vaccine as unnecessary and therefore, decide not to take the vaccine. Therefore, education could increase the number of patients who take the vaccine.

Cohen B, Ferng YH, Wong-McLoughlin J, Jia H, Morse SS, Larson EL. Predictors of flu vaccination among urban Hispanic children and adults. *J Epidemiol Community Health.* 2012;66(3):204-9. PMID: 20881023

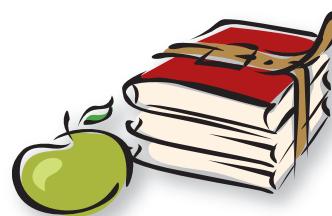
Colorectal Cancer

Mortality rates among African Americans as a result of colorectal cancer are higher than any other ethnic group. Nevertheless,

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Second Monday

Topic: Update on Antibiotic Resistance & *Clostridium difficile* infection
Speakers: Paul H. Nieberg, MD & Annie Wong-Beringer, PharmD
Date: February 10, 2014
Time: Noon – 1 p.m.
Place: Research Conference Hall
Objectives: 1. To provide an update on the antibiotic resistance trend for key gram-positive and gram-negative pathogens.
2. To discuss treatment strategies for infections caused by MRSA and carbapenem-resistant Enterobacteriaceae.
3. To understand the epidemiology, patho-physiology, clinical manifestations, diagnosis, treatment, and prevention of *Clostridium difficile* infection.
4. To review some of the highlights of the IDSA-SHEA 2010 Clinical Practice Guidelines for *Clostridium difficile* infection in adults.
5. To review some of the highlights of the American College of Gastroenterology 2013 Guidelines for Diagnosis, Treatment, and Prevention of *Clostridium difficile* Infections.
Audience: Primary Care Physicians, Internal Medicine
Methods: Lecture
Credit: 1.0 AMA PRA Category 1 Credits™



Getting to Know Your Medical Staff Leaders

Daniel Casper, MD has been a member of the Department of Surgery, Plastic Surgery Section, since 2001. He is board certified by the American Board of Plastic Surgery. Among involvement in other hospital roles, Dr. Casper is the Chair of Plastic Surgery Section from 2011 to present. He is a member of the Surgery Committee where he represents the Section. Dr. Casper started his practice in July 1990 after finishing his Plastic Surgery Residency at USC, which is limited to Cosmetic Plastic Surgery. Although Dr. Casper has been performing the full spectrum of cosmetic surgery procedures, he has an international reputation for breast augmentation and implant revision. He employs the most-up-to-date and latest state of the art technologies in his private practice located in Pasadena.



Dr. Casper was named in Pasadena Magazine "Top Doctor 2013", "Top Doc Los Angeles 2011" for Cosmetic Plastic Surgery, "America's Top Surgeons 2011" for Cosmetic Plastic Surgery by Consumer's Research Council of America, and "Best Cosmetic Surgeon" six years in a row by Pasadena Weekly.

Dr. Casper has been a longstanding USC Trojan football fan and supporter. His hobbies include racing high performance cars. He loves everything about the beach in Malibu. He lives in La Crescenta and Malibu with his wife MaryJane and two daughters, Priscilla, 19, and Kimberly, 17.

CME Follow Up continued from page 9

screening rates are much higher among whites than African Americans. It is notable that one study actually found educational sessions in groups to be more effective than one-on-one education in increasing the screening rates for colorectal cancer. However, even with the educational intervention screening rates were still found to be low.

Blumenthal DS, Smith SA, Majett CD, Alema-Mensah E. A trial of 3 interventions to promote colorectal cancer screening in African Americans. *Cancer*. 2010 Feb 15;116(4):922-9.
PMID: 20052732

Online Evaluations

Please remember to fill out the online evaluation after you attend each CME Activity, *it is required to receive your CME credit*. Evaluations are critical for the hospital to retain accreditation and to improve our future programs. All of your survey answers will be anonymous.

To complete the survey, after you attend each CME approved activity a link should be sent to your email account. If you do not receive this email please contact Maricela Alvarez, the CME Coordinator at (626) 397-3770 or via email at Maricela.Alvarez@huntingtonhospital.com.

From the Infection Control Committee

On December 11, 2013, the Pasadena Health Department issued a memorandum "requiring mandatory vaccination for healthcare personnel... and for healthcare personnel that decline influenza vaccination, healthcare facilities must implement a plan to prevent on-site healthcare workers affiliated with the facility from contracting and transmitting the virus to patient."

On December 18, 2013, the Huntington Hospital Infection Control Committee held an ad hoc meeting to get input from HMH Leadership, Human Resources and physician members as to how to best comply with this mandate from Pasadena Public Health.

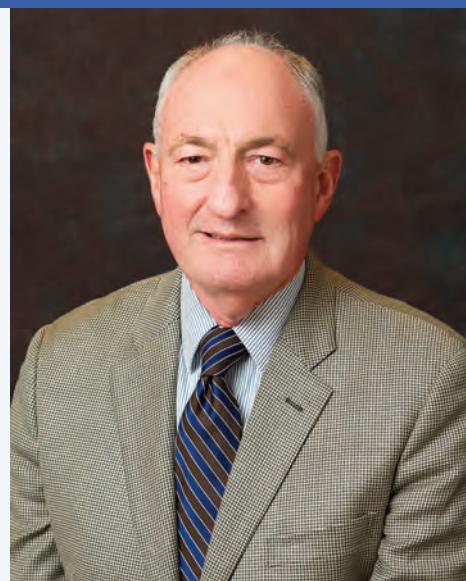
A resolution was passed by the Infection Control Committee that requires healthcare personnel who decline the seasonal Influenza vaccine to wear a surgical mask when they are within three (3) feet of a patient during the flu season. The flu season is defined as November 1 through March 31.

The Medical Staff has been supplied with stickers which will be used to identify physicians/allied health staff who have received a vaccination. If you have received a vaccination but did not receive a sticker please stop by the Medical Staff Office between 7:30 a.m. – 4:30 p.m. to obtain one.

If you have yet to receive the influenza vaccine and would like to do so, you can go to HACC to obtain it; HACC is open M – F, 8 a.m. – 4:30 p.m.

First Faculty Emeritus

In recognition of a quarter of a century of service and mentorship as a member of its academic faculty, **Charles Sharp, MD**, has been named the first faculty emeritus at Huntington. Dr. Sharp joined the academic faculty of the internal medicine program in 1998. As faculty emeritus, Dr. Sharp will assist in the recruitment of new house staff, develop protocols and scholarly activities for residents in both the internal medicine and surgery programs, and participate in the didactic teaching of residents and students. He will also work closely to develop innovative teaching processes that emphasize quality improvement and patient safety.



February 2014 Medical Staff Meetings

monday	tuesday	wednesday	thursday	friday
-3-	-4-	-5-	-6-	-7-
- Noon OB Dept/CME - CR 5 & 6 - 5:30 p.m. Medical Executive - Board Room		- 12:15 p.m. OB/GYN Peer Review - CR 5 & 6 - 3 p.m. QM Pre-Agenda - CR-C	- Noon Medicine Committee - North/South - Noon Trauma Services - CR 5 & 6	- 7:30 a.m. Orthopedic Section - CR 5 & 6
-10-	-11-	-12-	-13-	-14-
		- 10 a.m. PICU/Peds QI - CR-2 Newsletter Submission	- Noon Quality Mgmt Committee - East Room - 5:30 p.m. Neonatal/Pediatric Surg. Case Review - CR-10	Happy Valentine's Day 
-17-	-18-	-19-	-20-	-21-
President's Day	- 12:15 p.m. Credentials Committee - Conf. Room C - 12:15 p.m. Infection Control Committee - CR 10	- 5:30 p.m. Surgery Committee - CR 5 & 6	- 6:30 a.m. Anesthesia Peer - CR-7 - 8 a.m. Neurology Sect - CR-8 - Noon PT&D Committee - CR 5 & 6 - 3 p.m. Neonatal QI - CR-10 - 6 p.m. Bioethics - CR 5 & 6	
-24-	-25-	-26-	-27-	-28-
- Noon Radiology/Nuclear Med Section - CR-11	- Noon Pulmonary Section - CR-10 - 5 p.m. Robotic Committee - CR-5	- 12:15 Endovascular Committee - CR-5	- Noon IM Peer Review - CR-6 - 12:15 p.m. Pediatric Committee - East Room	

February 2014 CME Calendar

monday	tuesday	wednesday	thursday	friday
-3--	-4-	-5-	-6-	-7-
- 12:15 - 1:15 p.m. OB/GYN Dept. Mtg, N/S Room Topic: New Guidelines of Preeclampsia	- 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 Grand Rounds, RSH Topic: Palliative Care - Noon - 1 p.m. MDisc Breast Cancer Conf., Conf. Room 11
-10-	-11-	-12-	-13-	-14-
- Noon - 1 p.m. Second Monday, RSH Topic: Clostridium difficile infection	- 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
				Valentine's Day
-17-	-18-	-19-	-20-	-21-
President's Day 	- 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
-24-	-25-	-26-	-27-	-28-
- Noon - 1 p.m. Pelvic Floor Clinical Conf., Conf. Room 11	- 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. Medical Case Conference, RSH - Noon - 1 p.m. MDisc Breast Cancer Conf., Conf. Room 11



Medical Staff Administration

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P.O. Box 7013
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ADDRESS SERVICE REQUESTED

Medical Staff Leadership

K. Edmund Tse, MD, President
James Shankwiler, MD, President-Elect
Kalman Edelman, MD, Secretary/Treasurer
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 13th of every month.

Medical Staff Demographic Changes

Please notify the Medical Staff Office via email if there is a change in your demographic information.



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