

medical staff NEWSLETTER

January 2014

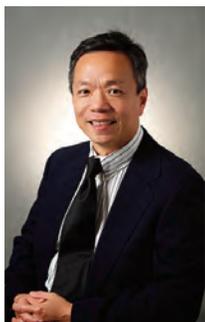
volume 52, issue 1



From the **President**

*“Be firm and armed, but do not harm!
Be as sharp as knife, but do not cut!
Be ready to transform, but do not provoke!
Illuminate the darkness of ignorance,
but do not blind!”*

TAO TE CHING (verse 58)
LAO TZU (551-479 B.C.)



Quality in Healthcare (Part one)

First of all, I want to wish everyone a healthy, happy, and prosperous new year. I am starting the first report in 2014 by discussing a very important topic: quality in healthcare. Since this is quite a lengthy discussion, I have separated it into two parts. The first part is published in this issue. The second part will be published in the February issue.

Quality In Healthcare: What Is It?

To begin this discussion, we must have a shared definition of quality and understand the strengths, weaknesses, and misconceptions about quality in healthcare. When a group of healthcare professionals is asked what quality means, there may be as many definitions as there are people in the room. And differing definitions can and will lead to different priorities and different goals, depending on the perspective of the constituent: patients, their families, healthcare providers and professionals, regulators, insurers, and employers.

The most durable and widely cited definition of healthcare quality was formulated by the Institute of Medicine (IOM) in 1990. According to the IOM, quality consists of the “degree to which

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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 November 4, 2013, by the Governing Board Sub-committee on November 6, 2013 and by the Governing Board on December 19, 2013.

Administrative Reports

Privilege Delineation Forms

Revisions were recommended to the following Privilege Delineation Form:

- **Internal Medicine** –
Addition of criteria and privileges for Sleep Medicine

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

- Administrative/Clinical Policies and Procedures
- Standardized Procedures
- Formulary Management
- Departmental Policies and Procedures and Order Sets
- Ancillary/Nursing Policies and Procedures

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Medical Staff Appointments



Basseri, Eraj, MD
General Surgery
9033 Wilshire Blvd.
Suite 200
Beverly Hills, CA 90211
310-858-1242 (office)
310-858-1172 (fax)



Karas, Randa, MD
Anesthesiology
Shriners Hospital
3160 Geneva Street
Los Angeles, CA 90020
213-368-3338 (office)
213-368-3314 (fax)



Broukhim, Mahnaz, MD
Anesthesiology
Shriners Hospital
3160 Geneva Street
Los Angeles, CA 90020
213-368-3338 (office)
213-368-3314 (fax)



Maack, Joanna, MD
Emergency Medicine
100 West California Blvd.
Emergency Department
Pasadena, CA 91109
626-397-5111 (office)
626-397-2981 (fax)



Chang, Andy, MD
Pediatric Urology
USC
4650 Sunset Blvd.
MS# 3
Los Angeles, CA 90027
323-361-2257 (office)
323-361-1001 (fax)



Nishi, Gregg, MD
General Surgery
9033 Wilshire Blvd.
Suite 200
Beverly Hills, CA 90211
310-858-1242 (office)
310-858-1172 (fax)



Diaz, Ivonne, MD
Internal Medicine
HealthCare Partners
450 East Huntington Drive
Arcadia, CA 91006
626-795-2244 (office)
626-403-4654 (fax)



Rhee, Paul, MD
Emergency Medicine
100 West California Blvd.
Emergency Department
Pasadena, CA 91109
626-397-5111 (office)
626-397-2981 (fax)



Houterman, Anna, MD
General Surgery
15211 Vanowen Street
Suite 208
Van Nuys, CA 91405
818-782-3255 (office)
818-465-6228 (fax)



Shah, Shilpa, MD
Medical Oncology
959 East Walnut Street
14 Pasadena, CA 91106
626-797-1443 (office)



Tran, Albert, MD
Anesthesiology
100 West California Blvd.
Anesthesia Department
Pasadena, CA 91109

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Resignations

Medical Staff Resignations

- Alix, Patrick, M. – Internal Medicine
– effective 12/19/13
- Bhatti, Rizwan, MD – Ophthalmology
– effective 01/31/14
- Fialkoff, Henie, MD – Pediatrics
– effective 12/19/13
- Fishmann, Andrew, MD – Pulmonary Disease
– effective 01/31/14
- Kim, Bernard, MD – Pulmonary Disease
– effective 01/31/14
- McKenzie-Albin, Claudette, MD
– Ob/Gyn – effective 01/31/14
- Ng, Lionel, MD – Pediatrics
– effective 01/31/14

Allied Health Resignations

- Hoffman, Molly, RN – Research
– effective 01/31/14
- Nikoghossian, Sona, NP – Nurse Practitioner
– effective 01/31/14
- Rabara, Roselou, NP – Nurse Practitioner
– effective 07/30/13
- Stokes, Lauren, PA-C – Physician Assistant
– effective 10/08/13

From the President continued from page 1

health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.”

The Institute Of Medicine Responds: *To Err Is Human*

The IOM began a thorough examination of patient safety, which resulted in the 1999 report *To Err Is Human: Building a Safer Health System*. *To Err Is Human* brought patient safety into the mainstream of healthcare in academic centers, community hospitals, physician and nursing professional meetings, as well as on the front page of every newspaper in the United States. This report had a tremendous impact on the safety of healthcare delivered in the United States. As we will later see, the impact has not been as deep or as significant as one might have hoped, but the report changed the way people think about healthcare and their fundamental perceptions of the safety of healthcare delivery.

The IOM report made the following recommendations based on its review of patient safety:

1. Improve leadership and knowledge.
2. Identify and learn from errors.
3. Set performance standards and expectations for safety.
4. Implement safety systems in healthcare organizations.

These recommended actions are critically important to the development of a safe healthcare environment. A continued focus on these objectives will help create a more quality-driven industry and a safer environment in which to receive care.

After *To Err Is Human*: What Have We Learned And What Have We Done?

It is clear that the healthcare industry is not where it needs to be when viewed from a patient safety perspective. Medical errors

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From the **President** continued from page 3

continue to happen every day, and people are still at risk whenever they enter the healthcare system for care. The public is more aware of issues that have been played out in the media, and the IOM report has improved the awareness of the problem, but still not enough is being done to transform healthcare. The patient safety agenda has been promoted by accrediting bodies, professional and hospital associations, and the myriad of public and private institutions whose main goal is to improve patient safety and the quality of healthcare in the U.S. system. After the publication of *To Err Is Human*, to some, the impact on attitudes and organizations has been profound; however, to others, the groundwork for improving safety has been laid out in the past years but progress is frustratingly slow. Building a culture of safety is proving to be an immense task and the barriers are formidable.

Still, problems exist. Little evidence exists from any source that systematic improvements in safety are widely available. Improvements are happening every day, but the changes are limited to small improvements at local and individual levels. Some hospitals are achieving groundbreaking improvements in patient safety, but these are the exception rather than the rule. The changes need to be industry-wide for the value to really be seen by the public.

Crossing The Quality Chasm: A Road Map For Improving Quality Of Care

A second major report by the IOM's Committee on the Quality of Health Care in America – *Crossing the Quality Chasm* – was published in 2009. This report focused on the quality of care currently present in the U.S. healthcare system. The first sentence of the report reads, "The American health care delivery system is in need of fundamental change." The committee outlined an agenda to improve quality. The

committee proposed six components that define quality in healthcare. High-quality healthcare should be:

- **Safe:** Avoiding injuries to patients from the care that is intended to help them.
- **Effective:** Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and overuse, respectively).
- **Patient centered:** Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.
- **Timely:** Reducing wait times and sometimes harmful delays for both those who receive and those who give care.
- **Efficient:** Avoiding waste, including waste of equipment, supplies, ideas, and energy.
- **Equitable:** Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

Principles Essential To Promoting Quality Of Care

Improving quality of care in the healthcare system is still a work in progress. Simply having a robust definition of the dimensions of quality care is insufficient to accomplish the goal of continuous improvement. As previously stated, 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

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From the President

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current professional knowledge (practitioner skill), and meet the expectations of healthcare consumers (the marketplace). Successful health-care organizations – whether it is hospitals, physicians’ offices, pharmacies, nursing homes, or ambulatory centers – will have to understand, identify, and put into practice all of the following essential principles:

1. Leadership
2. Measurement
3. Reliability
4. Practitioner skills
5. The marketplace

Edmund Tse, MD

President

President’s Recognition Corner

Starting in 2014, 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 Todd Dietrick, In Chang Kim, and Christopher Tirce who were mentioned in a letter sent to the hospital by the patient.

“I want to express my thanks and appreciation for the wonderful treatment and care that you all provided to me following my recent hip replacement surgery.”

H@NK Phase II (Cerner) Update

Dear Huntington Physicians,

The new Go-Live date for Hank Phase II (Cerner) will be **March 1, 2014**. First and foremost, thank you for your continued patience and clinical leadership throughout this process. Your support and collaboration are not only critical to successful implementation, but also essential to ensuring we enhance the quality and efficiency of patient care at HMMH.



Ensuring each of you feels confident and capable before the new March 1, 2014 go live date is among our highest priorities. Additional physician readiness trainings and classes will be offered to ensure your success with Hank Phase II (Cerner). The following is an overview of a variety of offerings we are making available to each of you to help as you prepare for the new March 1, 2014 Go Live Date:

- Revamped core training classes
- Boot Camp refreshers
- 1:1 training sessions
- Practice scenarios
- Written materials and "YouTube" like videos which will be rolled out in a few weeks

You can visit the Physician Only section of the hospital website, www.huntingtonhospital.com/PhysiciansOnly/PhysiciansOnly.aspx, to view the training schedule; training will begin January 20, 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 either the four hour training or a one-on-one session you can fill out the registration form, call 626-397-5913, or send an email to edmond.mouton@huntingtonhospital.com. In addition, the schedule and registration form will be mailed to all physician offices. If you have any questions or concerns please contact Lynette Dahlman, RN, Director, Clinical Education or Debbie Tafoya, Vice President, CIO. Additional updates will be provided as new information is available in the weeks ahead.

Thank you for your ongoing support and patience.

From the Health Science Library

Consider Off-site Access to Library Resources

If doing research from the comfort of your own home is more your style, then online access to many of the library's full text e-journal/e-book resources from off-site is available. Read on to find out how!

Physicians: If you are a Huntington Hospital affiliated physician you are able to access the library's resources from your Citrix or CONNECT log in. See our Physicians Off-Site Access page to learn how. If you would prefer to have username/password access to a resource, please submit an Off-Site Access Request Form or contact the library directly during business hours.

Resources for which off-site access is available include:

- OvidSP/Nursing@Ovid – includes access to Medline, Evidence Based Medicine Review databases, Johanna Briggs Institute, Nursing@Ovid, HMH Full Text Journals and Books@Ovid databases.
- Gale Databases – includes Health Reference Center Academic (full-text journals), Health & Wellness Resource Center (consumer health information) & Gale Virtual Reference Library (consumer health reference ebooks)
- Natural Standard – evidence-based information on complementary and alternative medicine products and techniques, such as herbs and supplements or acupuncture and yoga, for consumers and professionals.
- Refworks – a online research management, collaboration and writing tool to help you gather, organize, store and share research

For off-site access to MDConsult, please sign up on a hospital-networked computer by going to MDConsult and clicking on the "Create Account" link at the top right of the MDConsult home screen (must be on a hospital computer).

For more information, contact the library at ext. 5161 or email library@huntingtonhospital.com.

Links:

- Off-Site Access Request Form: http://huntingtonhospital.libguides.com/survey.php?survey_id=8511
- Library's Website: <http://huntingtonhospital.libguides.com/home>
- MDConsult: <http://www.mdconsult.com/php/430671245-2/home.html>

From the **Health Science Library**

Mobile Access to the AAP Red Book Online Now Available

The American Academy of Pediatrics (AAP) Red Book Online (RBO) provides up-to-date findings on the manifestations, etiology, epidemiology, diagnosis, and treatment of over 200 childhood infectious diseases.

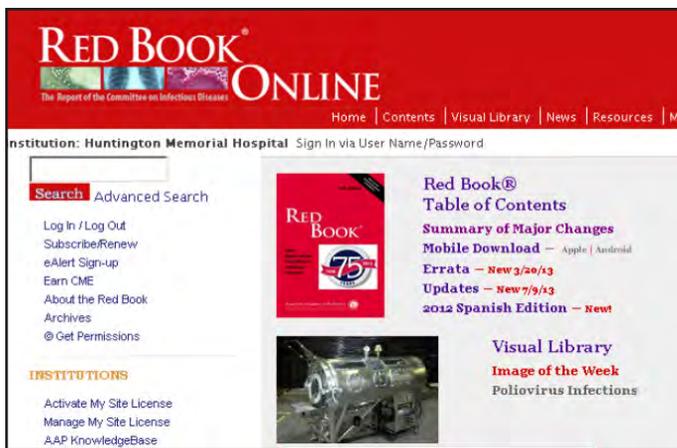
Topic areas include:

- Immunizations
- School health
- Blood safety
- STIs
- Drug Therapy
- Antimicrobial prophylaxis
- Disease information (i.e. smallpox, influenza, pneumococcal infections)

The online version also contains a visual image library of more than 2,500 images, vaccine status information and infectious disease news.

Now the full RBO can be downloaded to your iOS or Android device! Here's how:

1. From a Huntington Hospital networked computer, go to:
<http://www.aapredbook.org>
2. Click on the link Sign In via User Name/Password (at the top)
3. Click on Sign In for Individuals
4. If you are an AAP member, enter your AAP ID Login and Password. If you do not have an AAP ID, click on the New Customer Registration link and follow the registration instructions.
5. Download the Red Book mobile app for Android or iOS
6. Then login on your device with your AAP ID and password



Celebrating Milestones

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

35 Years (on staff 01/1979)

John Vogt, MD – Neonatology

25 Years (on staff 01/1989)

Margaret Legault, MD – Pediatrics

20 Years (on staff 01/1994)

David Lourie, MD – General Surgery
Patricia McKeever, MD –
Pediatric Orthopedics

15 Years (on staff 01/1999)

Dorthea Spambalg, MD – Endocrinology

10 Years (on staff 01/2004)

Hilary Fausett, MD – Pain Management
Sherry Xie, MD – Internal Medicine

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

During 2013, this newsletter space was devoted to identifying the physician behaviors that have the highest impact on patient engagement and satisfaction. These behaviors included:

- Listening carefully
- Treating the patient with courtesy and respect
- Explaining in a way the patient understands
- Showing concern for patient's questions or worries
- Demonstrating empathy

To enhance communication between physician and patient, it is essential to establish an environment in which patients feel comfortable coming forward to their doctor with questions about that which they do not understand. Without such an environment, patients may refrain from asking questions for fear of portraying lack of intelligence or for wanting to keep from annoying the doctor.

To provide a safe environment for discussion, three simple areas have been shown to improve the overall communication between physician and patient:

- What is the patient's biggest problem?
- What can the patient do about it?
- Why should the patient work on resolving the problem?

Providing clear answers and suggestions to these topics will enhance communication, patient engagement and satisfaction.

The Voice of the Patient...

Comments are from the Press Ganey Patient Satisfaction Survey

Job Well Done!

"My doctor was so kind, comforting, and respectful, answering all questions with courtesy and clarity helping me understand my part in healing. I felt confidence because he has great empathy for the patient as well as family members."

Improvement Opportunities:

"Upon my questioning, the doctor became cold, condescending, passive aggressive and rude."

"We might have made a different choice – at least asked more questions to guide a better result – had we known the details. Doctor should spend MORE TIME talking with patients and go more into details so the patient knows what to do."

Hospital Recognized for Quality in Cardiac Care

Blue Shield of California has recognized Huntington Hospital with a Blue Distinction Center® designation for delivering quality cardiac care as part of the Blue Distinction Centers for Specialty Care® program. Blue Distinction Centers are hospitals shown to deliver quality specialty care based on objective, transparent measures for patient safety, and health outcomes that were developed with input from the medical community. The program was created in 2006 to help patients find quality providers for their specialty care needs, while encouraging healthcare professionals to improve the care they deliver.

Medical Staff Holiday Party

The Medical Staff Holiday Party was held on Friday, December 6, 2013 at the Langham Hotel in Pasadena. The event was well attended by the medical staff, both active and emeritus physicians, as well as the residents. The staff was treated to a night of food, dancing, and an opportunity to socialize amongst peers.

A special congratulations goes out to the 2013 award winners who were honored at the event:

Gamble Award – Myron J. Tong, MD, PhD
 Zeilstra Award – John W. Edwards, MD

Additionally, the following physicians were recognized for their 30 years of service and commitment to the hospital:

Afuape, Oluyemisi S. – Pediatrics
 Batin, Ruby – Pediatrics
 Denenholz, David A. – Dermatology
 Deperalta, Uma A. – Nephrology
 Hills, Dawn M. – General Surgery
 Jackson, Peter J. – Pediatrics
 Joseph, Boban A. – Ophthalmology
 Lauricella, Jean C. – Pediatrics
 Macer, James A. – Obstetrics & Gynecology
 Maher, Paul D. – Interventional Cardiology
 Miller, Stuart C. – Internal Medicine
 Moore, Marilyn W. – Internal Medicine
 Newman, Howard K. – General Surgery
 Ng, Patricia L. – Internal Medicine
 Nguyen, San T. – Pediatrics
 O'Connor, Brian P. – Rheumatology
 Sasaki, Gordon H. – Plastic Surgery
 Smith, Kathleen A. – Pediatrics



More photos on page 10

Medical Staff Holiday Party



Getting to Know Your Medical Staff Leaders

Todd Hutton, MD joined the Huntington Department of Medicine, Psychiatry section in 1993. He is a board certified Psychiatrist and a Fellow of the American Psychiatric Association. Dr. Hutton is also Clinical Associate Professor of Psychiatry at the USC Keck School of Medicine where he teaches residents in Psychiatry.



Dr. Hutton received his Bachelors Degree in Biology in 1985, and his Doctor of Medicine in 1989, both from the University of California, Irvine. He completed his residency training in Psychiatry at Los Angeles County/ USC Medical Center, where he spent his last year as Chief Resident.

Dr. Hutton is an active member of the Huntington Hospital community. As the Chair of the Psychiatry Section for the term 2013-2014, Dr. Hutton represents the Psychiatry Section at Medicine Committee meetings. He is also the current Chair of the Huntington Physician Well Being Committee, as well as being a member of the Physician Disaster Task Force. This year, Dr. Hutton was instrumental in creating a policy on performance improvement for the Della Martin Center and helped with its implementation.

In private practice since 1993, Dr. Hutton is experienced in the evaluation and treatment of many areas of adult psychiatric problems, including but not limited to, Major Depression, Bipolar Disorder, Anxiety Disorders, Schizophrenia, and Chemical Dependency, as well as Worker's Compensation psychiatry. In 2009, Dr. Hutton expanded his practice to include TMS, Transcranial Magnetic Stimulation, the latest FDA approved treatment for Major Depression Disorder and he is recognized as a leader in the field.

Dr. Hutton lives in Pasadena with his wife, Paige, and has three children, ages, 3, 15 and 18. In his spare time, he loves to travel, play soccer, and scuba dive.

Medical Staff Office Corner

The Medical Staff Office would like to remind the staff that if their reappointment expires June 30, 2014, applications must be submitted by January 31, 2014.

Reappointment packets are sent out six months prior to the reappointment date. The staff is sent out an email which contains access to the online reappointment application. In addition, a letter is also mailed to the office with instructions regarding accessing the online application. Completed applications are to be submitted to the Medical Staff Office three months prior to the reappointment date to allow the coordinator to process the reappointment application; if you fail to submit your application by the due date you will be charged a \$100 late fee. If you have any questions regarding the reappointment application process, please contact Mabel Marin at 626-397-3749 or mabel.marin@huntingtonhospital.com.

Stroke Order Sets

Huntington Hospital recently completed its Primary Stroke Center recertification by The Joint Commission. The only citation was a lack of consistent utilization of stroke order sets. To continue to maintain our certification we will need to achieve a minimum of 90% on order set utilization.

These order sets should be used by all members of the Department of Medicine for Ischemic Stroke, TIA, and Intra-Cerebral Hemorrhage patients.

The rationale behind the order sets is as follows:

1. Physician-Nurse communication is the cement which holds the hospital together.
2. Communication is most effective when clear, concise and based on common understandings.
3. Order sets are clear and concise.
4. Order sets incorporate evidence-based medicine, best practices and standard of care.

5. Order sets reduce the amount of time for writing by physicians, but ensure completeness.

If all members of the Department of Medicine use the Stroke Order Sets as a first, immediate, clear, and concise step in the treatment of ischemic strokes, TIAs, and Intra-Cerebral Hemorrhages, this will optimize patient outcomes, which are based on the performance of the entire team in the hospital-based management of these diseases. The order sets also make best use of the physician's limited time as an objective, explicit, and time-saving logic tool.

Please contact Candy Corral, Stroke RN Coordinator, at 626-397-2516 or myself at 626-535-9344 for any questions or further information.

Arbi Ohanian, MD
*Medical Director
Stroke Program*

From the Clinical Laboratory

Due to the discontinuation of reagents for the Comprehensive Urine Drug Screen by thin-layer chromatography (Mediatech mnemonics **DSU**), we will be performing the testing in conjunction with our partner reference lab ARUP.

Huntington Clinical Lab will first test the urine for the 7 drugs using enzyme immunoassay at the existing turn-around-time. The urine will then be sent to ARUP to complete the testing and confirmation of the positive drugs in the "preliminary" panel. There will be no price increase or additional sample requirement for the DSU panel.

If confirmation and comprehensive drug identification are NOT required, we suggest ordering the DAU panel (Mediatech mnemonic DAU) in the existing test menu.

Feel free to contact Anne K. Au, Manager, Education and Quality Management, Clinical Laboratory for with questions.

CME Corner

Medical Grand Rounds

Topic: Celiac Disease and Gluten Related Disorders
 Speaker: Gregory Harmon, MD, Assistant Clinical Professor of Medicine UCLA
 Date: January 10, 2014
 Time: Noon – 1 p.m.
 Place: Research Conference Hall
 Objectives: 1. Understand the difference between celiac disease and gluten related disorders.
 2. Diagnose celiac disease and gluten related disorders.
 3. Understand current and future treatment options for celiac disorders.
 4. Understand the risk of not treating celiac disease.
 Audience: Primary Care, Internal Medicine, and all other interested specialties
 Methods: Lecture
 Credit: 1.0 AMA PRA Category 1 Credits™

Second Monday

Topic: Statin Therapy: Practice and Problems
 Speakers: Gary L. Conrad, MD & Charles F. Sharp, MD
 Date: January 13, 2014
 Time: Noon – 1 p.m.
 Place: Research Conference Hall
 Objectives: 1. Understand and apply new lipid therapy guidelines.
 2. Communicate with patient safety, need, and side effects of statins.
 3. Apply options/alternatives with patients having muscle pain.
 Audience: Primary Care, Internal Medicine, and all other interested specialties
 Methods: Lecture
 Credit: 1.0 AMA PRA Category 1 Credits™

**CME Follow Up
Did you know?**

Disaster Management

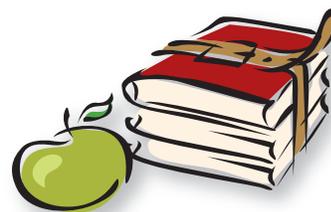
In the aftermath of a large scale disaster communities often suffer from posttraumatic stress disorder, depression, and anxiety. However, culturally insensitive aid can also be detrimental to the community. Therefore, it is important that disaster planning consider local customs when providing assistance.

Varghese SB. Cultural, ethical, and spiritual implications of natural disasters from the survivors' perspective. Crit Care Nurs Clin North Am. 2010;22(4):515-22.

Antenatal Depression

Studies have determined that there is a relationship between race and antenatal depression, particularly among Asian/Pacific Islanders and African Americans. However, women who had preexisting medical conditions and lower educational attainment were also found to be at great risk for depression.

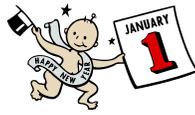
Gavin AR, Melville JL, Rue T, Guo Y, Dina KT, Katon WJ. Racial differences in the prevalence of antenatal depression. Gen Hosp Psychiatry. 2011;33(2):87-93.



January 2014 Medical Staff Meetings

monday	tuesday	wednesday	thursday	friday
 <p><i>Happy New Year!</i></p>				
6-	-7-	-1-	-2-	-3-
<ul style="list-style-type: none"> - 9:30 a.m. SCAN Team – CR-10 - 10:30 a.m. PMCC – CR-10 - 12:15 p.m. Ob/Gyn Dept. CME – N/S Room - 5:30 p.m. Medical Executive – Board Room 	<ul style="list-style-type: none"> - Noon OB/GYN Peer Review – CR 5&6 	<ul style="list-style-type: none"> - 10 a.m. PICU/Peds QI – CR-2 - Noon CME Committee – CR-8 - 12:15 p.m. OB/GYN Committee – CR 5&6 - Noon IM Residency CCC – CR-C 	<ul style="list-style-type: none"> - Noon Trauma Services Committee – CR 5&6 - 3 p.m. QMC Pre-Agenda – CR-C 	<ul style="list-style-type: none"> - 7 a.m. Ortho Surgery Section – CR 5&6
-13-	-14-	-8-	-9-	-10-
<ul style="list-style-type: none"> - Noon Transfusion – N/S Room - 12:30 p.m. Ophthalmology Section – CR-8 	<ul style="list-style-type: none"> - Noon Critical Care Section – CR 5&6 	<ul style="list-style-type: none"> - 7:30 a.m. Cardiology Section – Cardiology Conf. Room - 5:30 p.m. Surgery Committee – CR 5&6 	<ul style="list-style-type: none"> - 6:30 a.m. Anesthesia Peer – CR-7 - Noon G.I. Section – CR-10 - Noon PT&D – CR 5&6 - 3 p.m. Neon QI – CR-10 - 6 p.m. Bioethics – CR 5&6 	<ul style="list-style-type: none"> - 7:30 a.m. Spine Committee – CR 11 <p style="text-align: center;">-Newsletter Submission-</p>
-20-	-21-	-15-	-16-	-17-
<ul style="list-style-type: none"> - 8 a.m. Emergency Medicine Section ED Conf. Room 	<ul style="list-style-type: none"> - 12:15 p.m. Credentials Committee – CR-C 	<ul style="list-style-type: none"> - 12:15 p.m. Hematology/Oncology Section – CR-5 	<ul style="list-style-type: none"> - Noon Cancer Committee – North/South CR - 12:15 pm Pediatric Committee – East Room 	
-27-	-28-	-22-	-23-	-24-
<ul style="list-style-type: none"> - Noon GME – East Room - Noon Psychiatry Section – CR-10 - 12:15 p.m. Urology Section – CR 5&6 	<ul style="list-style-type: none"> - 7:30 a.m. Interdisciplinary Practice – CR-C - Noon General Surgery Section – CR 5&6 - 5 p.m. Robotic Committee – CR-5 		<ul style="list-style-type: none"> - Noon IM Peer Review – CR-6 	
		-29-	-30-	-31-

January 2014 CME Calendar

monday	tuesday	wednesday	thursday	friday
		-1- Happy New Year! 	-2- - 7 - 10 a.m. Trauma M&M, Conf. Room B - Noon - 1 p.m. Thoracic Cancer Conf, Conf. Room 11	-3-- - 7:30 - 9 a.m. Neurosurgery Grand Rounds, Conf. Room 11 - 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, N/S Room Topic: Disaster Planning for OB Units	- 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 Grand Rounds, RSH Topic: Celiac Disease - Noon - 1 p.m. MDisc Breast Cancer Conf., Conf. Room 11
-13-	-14-	-15-	-16-	-17-
- Noon - 1 p.m. Second Monday, RSH Topic: Statin Therapy: Practice and Problems	- 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	- Noon - 1 p.m. Medical Case Conference, RSH - Noon - 1 p.m. MDisc Breast Cancer Conf., Conf. Room 11
-20-	-21-	-22-	-23-	-24-
Birthday of Martin Luther King, Jr.	- 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-
- 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	- 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

Medical Staff Administration

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ADDRESS SERVICE REQUESTED

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Peter Rosenberg, MD, Medicine Department
Laura Sirott, MD, OB/GYN Department
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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

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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

