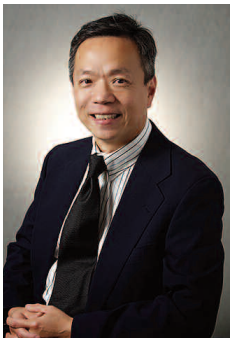
medical staff NEWSLETTER

June 2013

volume 51, issue 6

From the **President**



"Let men decide firmly what they will not do, and they will be free to do vigorously what they ought to do."

- Mencius
(371 BC - 289 BC)

Healthcare Waste

The United States spends more of its budget on healthcare than many other developed countries. Not only that, figures show that healthcare expenditures will increase in coming years which will have an effect on government run healthcare programs such as Medicare. The U.S. Government and employers will be affected when it comes to providing healthcare to their employees and their families due to the high costs.

Unlike consumer markets where supply and demand decide the prices of commodities, the complicated market of healthcare makes it difficult to determine the exact amount to spend on healthcare. The complex nature of the relationship between consumers, payers, providers, and the ethical implications make it impossible to define what the "right" amount of care is to be delivered.

Unnecessary expenditures can be reduced by putting a check on; medical errors, fraud and abuse, payment of services that do not provide successful results, and inefficiencies in the production of healthcare goods and services.

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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 April 1, 2013 and May 6, 2013 by the Governing Board.

Administrative Reports

Departmental/Section Rules & Regulations

- **Critical Care Section, Gastroenterology Section, Neurology Section, Pulmonary Section, Radiology/ Nuclear Medicine Section Rules & Regulations**

  The revisions in each of these sections will standardize the election process and eliminate their separate proctoring requirements which are now contained in the Medical Staff Proctoring Protocol.

- **Pediatric Department Rules & Regulations**

  The revisions will standardize the election process, eliminate the proctoring requirements which are

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Inside this issue:

Lab coats have arrived. Please pick them up in the Medical Staff Office.

Huntington Hospital

Departmental/Section Rules & Regulations

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now contained in the Medical Staff Proctoring Protocol, and eliminate the duplication within the document for information already outlined in either the Medical Staff Bylaws or the Medical Staff Rules and Regulations.

Privilege Delineation Forms

Revisions were approved to the following Privilege Delineation Forms:

- **Anesthesiology** – *The revisions reduce the number of Category I proctored cases from 50 to 20*
- **Gastroenterology** – *The revisions incorporate the minimum number of procedures that must be performed*
- **Neurosurgery** – *The revisions eliminate the sub-groups with minimal descriptions*
- **Obstetrics & Gynecology** – *The revisions include the addition of "Standard Chemotherapy Privileges"*
- **Ophthalmology** – *The revisions include the relocation of the Occuloplastic privileges under the Category I section, as opposed to the Category 2 section*
- **Otolaryngology** – *The revisions include modifications to the criteria for Robotic privileges, as recommended by the Robotic Committee.*

In Medical Staff News

Meeting Attendance Rewards

MEC members selected the raffle tickets for the April meeting attendance rewards, as follows:

➢ Daryl Banta, MD – Quality Management Committee

➢ Babatunde Eboreime, MD – Ob/Gyn Peer Review Committee

Please go to SharePoint -> Medical Staff Services -> Board Approved Items -> 2013 and select May 2013 to see:

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

Medical Staff Appointments

Angus Lo, MD
Internal Medicine
556 South Fair Oaks Avenue
Suite 101-135
Pasadena, CA 91105
626-817-2712 (office)

Michael Mitri, MD
Obstetrics & Gynecology
Fair Oaks Women's Health
625 South Fair Oaks Avenue
Pasadena, CA 91105
626-304-2626 (office)
626-585-0695 (fax)

Kaveh Najafi, DO
Surgical Critical Care
333 City Boulevard West
Suite 705
Orange, CA 92868
714-456-5840 (office)
714-456-6048 (fax)

John Norian, MD
Reproductive Endocrinology & Infertility
HRC Fertility
333 South Arroyo Parkway
3rd Floor
Pasadena, CA 91105
626-440-9161 (office)
626-440-0138 (fax)

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Medical Staff Appointments

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Maggy Riad, MD
Anesthesiology
Pacific Valley Medical Group
8905 SW Nimbus Avenue
Suite 300
Beaverton, OR 97008
800-275-8752 (office)
503-372-2754 (fax)

Julia Wang, MD
Emergency Medicine
(Lotus Research)
Lotus Clinical Research
100 West California Blvd.
Anesthesia Research
Pasadena, CA 91109
626-397-3507 (office)
626-397-2165 (fax)

Resignations

MEDICAL STAFF RESIGNATIONS

- Sheila Bonilla, MD – Internal Medicine (effective 07/31/13)
- Timothy Deakers, MD – Pediatrics (effective 07/31/13)
- Raffi Hodikian, MD – Internal Medicine (effective 05/31/13)
- James Kennedy, MD – Plastic Surgery (effective 07/31/13)
- Stephen Lopuck, DDS – Dentistry (effective 06/30/13)
- Nu Lu, MD – Hematology/Oncology (effective 06/30/13)
- Christopher Sterrett, MD – Emergency Medicine (effective 06/30/13)
- Amy Wang, MD – Hematology/Oncology (effective 07/31/13)

CELEBRATING MILESTONES

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

35 Years (on staff 06/1978)
Hymavathi Velkuru, MD – Pediatrics

30 Years (on staff 06/1983)
Paul D. Maher, MD – Interventional Cardiology

25 Years (on staff 06/1988)
Douglas R. Willard, MD – Emergency Medicine
R. Fernando Roth, MD – Cardiovascular Disease

20 Years (on staff 06/1993)
Charles A. Anderson, MD – Pulmonary Disease
Janice L. DaVolio, MD – Dermatology
Thomas C. Wallace, MD – Psychiatry

10 Years (on staff 06/2003)
Jeffrey H. Denham, MD – Internal Medicine
Danielle W. Lu, MD – Pathology
David G. Man, MD – Infectious Disease
Vahe R. Panossian, MD – Orthopedic Surgery
Christopher W. Sterrett, MD – Emergency Medicine

From the **President** continued from page 1

In order to understand healthcare waste, we should be familiar with the following terms:

1. Cost containment –
   It is refers to efforts to "bending the curve" of healthcare expenditure which includes eliminating waste and cutting and containing costs by restricting services. Some people may link this to the more controversial term "rationing".
2. Rationing –
   This is related to decisions made on the relative merit of specific patient needs to deal with the need for healthcare services exceeding the limited available resources.
3. Misuse, Overuse, and Underuse –
   It refers to those practices that directly or indirectly add to the cost of healthcare. When services are not used properly (misuse) or are provided when not required (overuse) it will increase the costs. Failure to properly diagnosis and manage a patient's care will lead to patient suffering (underuse) which could increase the long term treatment costs.
4. Unwarranted or Unexplained Variation in Care –
   This refers to the use of specific procedures/ treatments that result in no discernible differences in patient outcomes.
5. Fraud and Abuse –
   This is related to situations where claims for reimbursement of healthcare are made where no services were delivered. This can also be defined as healthcare providers receiving kickbacks and/or patients seeking treatments that are potentially harmful to themselves. Deliberately upcoding services to improve reimbursement also falls into this category.

To determine the volume of waste in the healthcare system, it is important to know them individually. This waste can be divided into the following categories:

A. Administrative System Inefficiencies ($100-$150 billion)
These inefficiencies are created by the current system with large number of payers, fragmentation of providers, excessive paper works, and overwhelming bureaucracies. Evidence that supports inefficiencies in the administrative system are wide-ranging. Average U.S. hospitals spend one quarter of its budget on billing and administration which is almost twice that of Canada. In 1999, the total cost of administration in the U.S. was 31% of the all healthcare expenditures, whereas in Canada it was only 16.7%.

B. Provider Inefficiency and Errors ($75-$100 billion)
These inefficiencies are related to inefficient use of professional staff extenders, inefficient use of facilities and equipment, unnecessary one-day hospital admissions, over-utilization of testing, and over-utilization of intensive care units. A 2009 Thomas Reuters Brief report indicates that achieving benchmark operational performance does not threaten clinical quality. Operational efficiency can be achieved not only through cost cutting but by improving work standards and without compromising on clinical quality. Most organizations try to identify these operational errors and try to minimize them as these errors can go beyond financial boundaries and create severe complications, painful paper work, re-admissions, disability, and even death.

C. Lack of Care Coordination ($25-$50 billion)
This concern is related to caregivers ordering duplicate tests, using the emergency room for non-emergent conditions because of the unavailability of primary care services, admission of nursing home patients to hospitals

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From the **President** continued from page 4

for avoidable and treatable conditions, and adverse drug reactions due to lack of a patient's drug history.

D. Unwarranted Use ($250-325 billion)
This is related to diagnostic labs and tests performed to protect against malpractice exposure, excessive surgical procedures that can be managed medically, high-cost diagnostic procedures used for patients at low risk for the condition, diagnostic tests with no expected impact on the course of treatment, inappropriate use of antibiotics that are not warranted, intensive non-palliative end-of-life treatment, and overuse of brand name drugs that can be substituted with a generic equivalent.

E. Preventable Conditions and Avoidable Care ($25-$50 billion)
The Agency for Healthcare Research and Quality (AHRQ) has defined a set of measures to prevent the need for hospitalization. The following are few highlights: improving the quality of outpatient diabetes care, blood pressure treatment to target, regular use of inhaled steroids in patients with asthma, and timely assessment and intervention in elderly patients to prevent hospitalizations.

F. Fraud and Abuse ($125-$175 billion)
Most of the loss in the U.S. is due to fraud that is committed by people. In 2007 alone, it was estimated that 10% of the annual healthcare spending was lost due to fraud. There was around $2.3 trillion spent on healthcare and $4 billion on insurance claims this year. Moreover, in 2008, it was estimated by the National Healthcare Anti-Fraud Association that around $60 billion is lost to fraud on a yearly basis. These loses in the healthcare industry could have been used for other purposes. It can be saved for other allocations or it could have been used to increase or improve the service to patients. Had the fraud been prevented, the amount lost could be allocated for the betterment of the services that the patients receive.

G. Modifiable Behaviors ($150-$200 billion)
Some behaviors exemplified by the majority of the population can add cost to healthcare. The conditions brought about by these behaviors can definitely be prevented. Engaging in a healthy lifestyle has always been promoted and encouraged by experts. People who exhibit poor lifestyle behaviors demonstrate a higher lifetime cost of healthcare as compared to those who live a healthy lifestyle. The conditions that are brought about by these behaviors can be reduced and sometimes even be eliminated if a person would change to a better lifestyle. It has been estimated that obesity ($40 billion/year), smoking ($150 billion/year), alcoholism ($40 billion/year), and living a sedentary lifestyle ($35.3 billion/year) can add substantial burdens to the cost of our healthcare.

Even after incurring huge expenditures on America's healthcare system, the results are not as expected. While the government is trying hard to curb fiscal deficit, closer scrutiny on the healthcare system may work on reducing some unnecessary burden of expenditure on the American economy. Although the Affordable Care Act may address a fraction of the whole problem, the cost it takes to expand the government can easily offset or even exceed the savings. The whole system needs revival where doctors and medical institutions are remunerated for providing cost effective and excellent service to patients.

Edmund Tse, MD
President

Getting to Know Your Medical Staff Leaders

Azhil Durairaj, MD joined the Medical Staff in 2001. He is the Chair of the Cardiology Section for the term of 2013 to 2014. Dr. Durairaj is board certified by the American Board of Internal Medicine and is currently boarded in Internal Medicine, Cardiovascular Disease and Interventional Cardiology. He has additional certification in peripheral vascular intervention and vascular ultrasound.

During training, Dr. Durairaj was the recipient of the Hewlett Packard Top Medical Graduate award and elected to Alpha Omega Alpha. Following his training he spent the beginning of his career on the academic faculty at the USC/Keck School of Medicine and served as the Director of the Cardiac Catheterization laboratory at the Los Angeles County/USC Medical Center. In 2006, he joined Foothill Cardiology and brought his expertise in structural heart disease to the Huntington Hospital community, where he performed the first percutaneous atrial septal defect closure, patent ductus arteriosus closure, aortic and mitral valvuloplasty.

Dr. Durairaj is active in medical staff affairs and is a member of the Cardiology Section, Endovascular Committee, Time-To-Treatment Committee, Medicine Committee and Quality Management Committee. As the former Chair of the Endovascular Committee he helped draft a set of unified credentialing criteria for peripheral angiography and intervention that governs three previously separate fields: Vascular Surgery, Interventional Radiology and Interventional Cardiology. A peer review process for peripheral endovascular procedures was also implemented. He wants to make Huntington Hospital a center for cardiovascular excellence and feels that we can bring academic level care to our local community.

Dr. Durairaj considers Huntington his hospital since 1976 when his family moved to the Pasadena area. Their hobbies include travel, gourmet cooking and spending time with their four children, two dogs and a cat.

ED-Call Panel

The ED Call Panel is now available on Google Calendar. Schedules are available for the following groups: Adult Psychiatry, Cardiology (interventional and non-interventional), Cardiothoracic Surgery, CDRC, Code Stroke, ENT, General Surgery, HCP ER Call, Hospitalist/Post Discharge Referral Panel, Neurology, Neurosurgery, OB/GYN, Ophthalmology, Orthopedic Surgery, Pediatric Surgery, Perinatology, PICU, Plastic Surgery, Trauma Services, and Urology. If you would like access to the online calendar please contact Pamela Ha at pamela.ha@huntingtonhospital.com or 626-397-5913.

Resident Graduation

The Resident Graduation ceremony will be taking place on June 20, 2013 at the Caltech Athenaeum. Invitations were mailed out in May, please be sure to RSVP by June 12, 2013.

From the **Health Science Library**

Studies have shown that about 72% of the population* goes to the Internet for health information. This is a rather frightening statistic, considering the lack of quality control there. With the new emphasis on patient education in our healthcare system, it would be helpful to know where you, your patients and their families can go to find accurate, up-to-date, high-quality consumer health information.

How many of you knew that Huntington Hospital has just such a place?

It is the Consumer Health Library which is located in the Health Sciences Library and available to the public, patients and their families (from 8 a.m. – 4 p.m., Monday – Friday), as well as to hospital staff.

In an effort to get better health information into the community, the HCHL has been supporting hospital outreach efforts, such as the Senior Care Network lecture series. A librarian creates a handout of quality resources for the consumer for each topic and these are distributed at the presentations. The librarian is also present to discuss and handout brochures about HCHL resources and services.

Another recent outreach effort was organizing a presentation for middle and high school students at the Boys and Girls Club of Pasadena. It was on cyberbullying and enthusiastically received. Included on the program was information on the Healthy Teens Pasadena (HTP) website created by the library. Health information for teens was a lack in the community referred to by the 2010 *Community Needs Assessment* report by the city of Pasadena. The library received a cash award to create this website to address that need. HCHL hopes to do more such outreach programs in the future and to further publicize the HTP website.

If you would like more information about the HCHL, its resources and services, contact the library at x5161 or library@huntingtonhospital.com.

* Pew Internet: Health, Feb 20 2013 by Susannah Fox

CME Corner

UPCOMING PROGRAMS

MEDICAL GRAND ROUNDS

Topic: Treatment of Lymphedema
Speaker: Jeannie Shen, MD
Date: June 7, 2013
Time: Noon – 1 p.m.
Place: East Room
Objectives:
1. Identify risk factors for lymphedema in breast cancer patients.
2. Identify early signs of lymphedema.
3. Counsel patients of lymphedema preventions strategies.
4. Understand lymphedema treatment option available.

Audience: Medical Oncology, Radiation Oncology, General Surgery, Primary Care, Internal Medicine, Family Practice
Methods: Lecture
Credit: 1.0 *AMA PRA Category 1 Credits*™

SECOND MONDAY

Topic: Treatment of CHF
Speaker: Gary L. Conrad, MD
Date: June 10, 2013
Time: Noon – 1 p.m.
Place: East Room
Objectives:
1. Appropriately dose diuretics.
2. Diagnosis and treatment of congestive heart failure.
3. Steps to minimize readmission.

Audience: Cardiologists, Internal Medicine
Methods: Lecture
Credit: 1.0 *AMA PRA Category 1 Credits*™

From **Physician Informatics**

HANK Phase 2 (Cerner) to "Go Live" in November

After many months of exciting and challenging decisions, we are getting very close to making HANK a reality at Huntington. HANK Phase 1 (Lawson), which involves replacing existing financial functionality, is set to "go live" on May 1. HANK Phase 2 (Cerner) is now set to "go live" in November.

HANK Phase 2 (Cerner) involves the implementation of new functionality; it's not just a replacement for Meditech. When we started the project we had an aggressive timeline for implementation due to some regulatory requirements. The effective dates and/or scope of these requirements have since changed. This has given us the opportunity to revisit our implementation date, and has allowed us to include more time for testing and refining workflows, all of which will increase the success of the implementation.

There is still much work to be done and we continue to move "full speed ahead." Many thanks to the HANK project team for their continued commitment and dedication to this project. If you have any questions about the Phase 2 implementation timeline, please contact Debbie Tafoya (x5669) or Tiffany Lemmen (x3202).

Learn How to Download eBooks from the Pasadena Public Library

Learn how to download eBooks, audio books, digital music and digital videos for free! The library's next **Technology Users Group (TUG)** topic will be presented by the Pasadena Public Library (PPL) librarians who will demonstrate how to use the public library's two online eBook collections – OverDrive and 3M Cloud Library – on various mobile devices. **Bring your library card and your device.**

Don't have a Pasadena Library card or an eReader? No problem! Cards are available at any of the Pasadena branch locations to any resident in the State of California. The library also checks out 3M eReaders from 3 branch locations. See the PPL website for more details.

- Library Cards: http://cityofpasadena.net/library/library_cards_my_account/library_cards/
- 3M eReader Checkout: http://cityofpasadena.net/library/books_materials/eReaders/

Compatible devices include: Kindle, Nook, and other eBook readers (eBooks only), Android (2.2 or newer), Blackberry (4.7 or newer), iPhone/iPad/iPod (4.3 or newer), and Windows Phone 7 or 8, PC or Mac computers.

Date: Wednesday, June 12
Time: Noon to 1 p.m.
Place: Conference Room C, Wingate, 1st floor (across from library)
RSVP: library@huntingtonhospital.com; x5161; sms/text 626-344-0542
(Lunch will be provided if we can get at minimum 10 RSVPs. So please RSVP!)

Database now on Ovid!

The Joanna Briggs Institute (JBI) provides reliable evidence-based information which health professionals can use to inform their clinical decision making. Members of the Evidence Based Practice/Nursing Research Council (EBP/NRC) evaluated the JBI program and highly supported the adoption of this database as a system that will continue to help develop our EBP and Nursing Research and support nurses at all levels in performing effective literature searches.

The JBI presents evidence in various formats for nursing, allied health and medical professionals as well as support information for consumers. On the database these formats are reflected in 7 publication types:

- *Evidence Summaries* — Literature reviews that summarize existing international literature on common healthcare interventions and activities
- *Evidence–Based Recommended Practices* — Database of procedures based on the best available evidence, that describe and/or recommend practice on various clinical topics
- *Best Practice Information Sheets* — Series of information guideline sheets produced specifically for practicing health professionals
- *Systematic Reviews* — Comprehensive systematic reviews of international research literature completed by trained JBI reviewers
- *Consumer Information Sheets* — Standardized summaries, designed just for consumers of healthcare (resident/client, relatives, care provider)
- *Systematic Review Protocols* — Documents background information and the plan for conducting a systematic review
- *Technical Reports* — Documentation of all aspects of the development of Best Practice Information Sheets

How do you find the JBI database?

It is available through OvidSP and Nursing@Ovid on the database lists for these resources, JBI is one of the options. One can search it alone or in combination with the other databases on the list.

To get there, from the SharePoint home-page, click on Health Sciences Library under Most Used Sites. In the middle column, click on OvidSP or Nursing@Ovid to see the database options.

The library is very pleased to offer this evidence-based resource. It is a valuable addition to the hospital's information resources.

Training Resources

There are several resources to help you know what is in the JBI database and how to find information there:

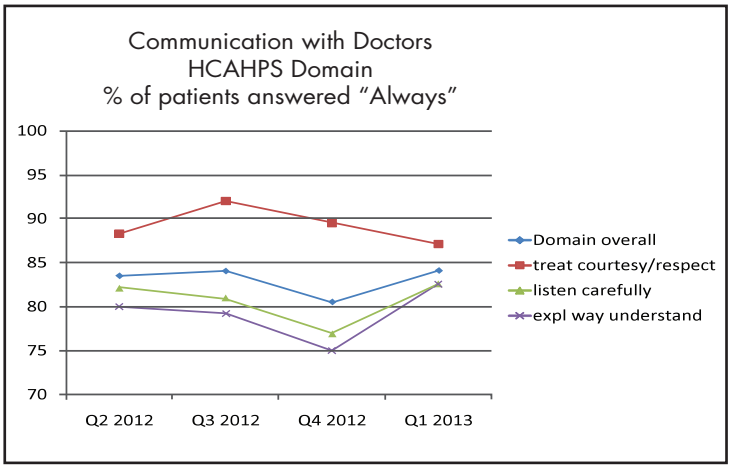
- For help in searching the database, use the Help pages on Ovid when searching the database.
- For a live introductory webinar, go to the library's Calendar page. There are links on May 9 and June 18 to 1 hour webinars by Ovid called Introduction to the Joanna Briggs Institute EBP Database. Clicking on the link will take you to a registration page.
- Ovid also offers a 6 minute introduction at https://www.brainshark.com/wkovid/vu?pi=zHrzq3No5z2tkwz0.
- You can request training by the library staff by calling us at extension 5161, emailing us at library@huntingtonhospital.com, texting us at (626) 344-0542 or filling out a Training Request Form (http://huntingtonhospital.libguides.com/survey.php?survey_id=6284) under Forms & Policies on the library's Home page.

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

A Monthly Communication to Assist Physicians in Patient Engagement and the Patient Experience

Tip of the month: "Know the patient's greatest fear or concern"

The question, "During this hospital stay, how often did doctors listen carefully to you," asks patients to estimate how frequently they felt physicians effectively listened. Listening carefully is evidenced through physicians' behaviors: body language, expressions of concern, empathic communication, and other visible demonstrations of understanding.



Tools for success:

1. **Allow patients to express** their concerns fully without interruption. Physician-patient communication research has found that physicians allow patients to speak for only 17-23 seconds on average before being interrupted.

2. **Ask for the patients' perspective** on the illness, such as what they think caused the condition, its impact on their daily activities, what they struggle with, and what they are worried about.

3. **Sit down next to patients.** Patients perceive that physicians are paying attention and listening when they are at eye level. To patients, two minutes sitting at the bedside is perceived to be better than ten minutes standing in the doorway.

Job Well Done! (comments pulled from Press Ganey)

"My neurosurgeon saved my life. He ALWAYS had a smile and a handshake and somehow did this complicated surgery leaving me NO pain. He explains things thoroughly and had a plethora of MRI images to explain everything about my 'complications' etc."

"My OB/GYN is one of the finest doctors I've ever known. He excels in all the above areas and is NOT just very good, but EXCELLENT. Wish every doctor was like him. Keeps me informed, kind, patient, sense of humor. THE BEST!!"

Purrell – Is It Leading the Hand Hygiene Revolution?

As odd as it may sound now, when Purrell was first introduced in 1988, no one bought the product! In fact, for more than ten years the company that produced Purrell lost money on the product. Salesmen would set up booths explaining what Purrell did and sample it to customers but the customers couldn't understand the point of the hand rub. Another reason for Purrells early failure was that when it was first released there was no other product like it on the market; people didn't have a frame of reference for the product. It wasn't until the early 1990s when Purrell finally landed its first major customer that it began to grow its customer base.

One of the perks to Purrell is that it was developed to protect people's skin. Soap and water and other hand washing products that were used prior to Purrell, were harsh on the skin which deterred many people from practicing hand hygiene. This is a very important point for healthcare workers as they are constantly washing their hands. Various studies performed on nurses have shown that by switching to Purrell from soap and water has led to the improved skin condition of the nurses' hands. Another perk is the time it saves health care workers when seeing patients. Washing your hands with soap and water is a multi-step process that can keep a doctor from seeing their patient, but with Purrell a doctor can perform hand hygiene while walking to see their patient.

Purrell has completely changed the way hand hygiene is practiced within the healthcare setting. It has led the main public health agency in the United States, the Centers for Disease Control and Prevention (CDC) as well as the World Health Organization (WHO) to change their hand hygiene guidelines. The guidelines have gone so far as to recommend alcohol rubs as the preferred cleaning agent for all medical workers, including surgeons, whose hands are not visibly soiled.

The popularity of Purrell has turned the product into a category defining brand, much like Kleenex is to facial tissue. Today you can find a Purrell dispenser at the front door of just about any public building; here at Huntington you can find dispensers at all the entrances and throughout the hospital. As the hospital undertakes its hand hygiene initiative it is no doubt that hand rubs, like Purrell, will be a major factor in helping the hospital achieve 100% compliance.

Resident Paper Presentations

The Surgery residents will be presenting the research papers on June 14, 2013 at 9 a.m. in the Braun Auditorium. All are welcome to attend.

The Internal Medicine residents presented their research on May 17, 2013. The following residents presented:

Case Presentations

- M. Olivia Castillo, MD – Borreliosis: When the Outdoors Comes In
- Suman Machinani, MD – The Affordable Care Act: Highlights & Potential Implications
- Gabriella Pearlman, MD – A Case of Generalized Argyria after Ingestion of Colloidal Silver Solution
- Rachel White, MD – Salmonella Agbeni Infection as a Trigger for Microscopic Polyangiitis

Research Presentations

- Joe Gamboa, MD – The Effect of Adding Systematic Family History to Cardiovascular Disease Risk Assessment in the Huntington Ambulatory Care Center (HACC)
- Linh Truong, MD – The Implementation of Mechanical Ventilation Weaning Protocol and Its Effects on Duration of Mechanical Ventilation in Medical and Surgical Patient

Anthony Koerner, MD: *AVE ATQUE VALE*

Dr. Koerner with the 2012-2013 Internal Medicine Residents

Anthony Koerner, MD will conclude his stewardship of Huntington Hospital's Internal Medicine Program at the end of June. Dr. Koerner was recruited to succeed Myron J. Tong, MD, an internationally recognized teacher and researcher in hepatology; who, in turn, followed Professor Richard Bing, a legendary cardiologist and medical educator.

The Association of Program Directors in Internal Medicine (APDIM) sets austere criteria for program directors, beginning with this phrase: "There must be a single program director with authority and accountability for the operation of the program." In addition to Board Certification, teaching and administrative experience, the Program Director must have"requisite specialty expertise and documented educational and administrative experience acceptable to the Review Committee."

Dr. Koerner was, in fact, uniquely qualified for the job. Tony had been a high school teacher and had achieved a master's degree in education before choosing a career in medicine. After graduating from the University Of Southern California School Of Medicine, Tony completed an Internal Medicine Residency at LAC/USC Medical Center, where he was selected to serve as Chief Medical Resident. Following completion of his training, Tony was invited by the great Chief of Medicine, John E. Bethune, MD to accept the position of Program Director, following Park Wayne Wagers, MD. Tony served in this position for two years before transitioning to a popular private practice in medicine in Pasadena until 2002 when he was asked to assume the directorship at Huntington.

As a practical matter, the Program Director has to reconcile the ever evolving and increasingly onerous micromanagement decisions of the alphabet soup of agencies that oversee Graduate Medical Education (ACGME, ABIM, RRC, etc.) with the harsh realities of modern hospital practice. Having the mindset of a politician

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Anthony Koerner, MD continued from page 12

helps to effectively deal with faculty; Huntington counts on over 45 core and voluntary members of the teaching team. Patient experience is a plus (Tony was a practicing Internist for over 30 years) but that understanding must be tempered with enough forbearance to allow residents latitude in their decision-making. This quality requires the instincts of a true teacher, who knows precisely when his student needs help, how best to provide support, and in what manner to do so. Finally, a Program Director must know how to connect with his residents on a personal level. I have often thought that teaching faculty in general, and Program Directors especially, should be eligible for the equivalent of a degree in psychology. After all, one gets to offer stress counseling, crisis intervention, marital counseling, and other advice from time to time. In short, the job of the Program Director is hard work.

When I was recruited to this program many years ago, Myron Tong sent me to a Program Director's meeting in his stead. Several of the PD's were very disappointed that Myron hadn't come, because they had planned to honor him with a commemorative 10 year plaque. I was informed that ten years is an extraordinarily long time for a PD; they just "burn out." Interestingly, a recent national survey of Program Directors reported that the burnout was the least and job satisfaction was the highest in the specialty of *Internal Medicine*. Why this is so is completely unclear; after all, these physicians are smart enough to know better. Medicine has changed. Teaching medicine is over-regulated and undervalued. Why do Program Directors and their faculty still love what they do? Because helping to train bright young physicians is

The Koerner Family

one of the greatest privileges granted any medical doctor. As Tony himself put it, "this is the greatest job in the world."

Tony Koerner has headed Huntington's Medicine Residency Program for 11 years and successfully encountered two RRC Site Visits, two Institutional Reviews, and three visits by the Joint Commission. He has facilitated significant philanthropic contributions to Graduate Medical Education that have helped to buffer the effects of decreased federal funding. He has earned the undying respect of his residents, students, and colleagues.

Ave, atque, vale are the final line in Catullus' poem commemorating his brother: ***Hail and farewell***. The phrase is often used at academic and military ceremonies signifying changing of the guard. Please join me in thanking Tony for his hard work and for the achievements he made possible. We wish him all the best in his retirement. Let's also commit to supporting Luis Dimen, MD, who will assume the role of our next Program Director in July. Tony, many, many thanks. Lou, trim the sails, set the course and keep the ship safe. As did Tony before you, you have a hard act to follow.

Charles F. Sharp, Jr., MD

June 2013 **Medical Staff Meetings**

monday	tuesday	wednesday	thursday	friday
-3-	-4-	-5-	-6-	-7-
- 12:15 p.m. OB/GYN Dept – CR 5&6 - 5:30 p.m. Medical Executive Committee – Board Rm.		- 12:15 p.m. OB/GYN Peer Review – CR 5&6 - 3 p.m. QMC Pre-agenda – CR-C	- Noon Medicine Committee – North/South Rm. - Noon Trauma Services Committee – CR 5&6	- 7 a.m. Ortho Section – CR 5&6
-10-	-11-	-12-	-13-	-14-
	- 7:30 a.m. EP Subsection – Cardiology Conf. Rm.	- 10 a.m. PICU/Peds QI – CR 2 - Newsletter Submission -	- Noon QM Comm – East Rm. - 5:30 p.m. Neonatal/Pediatric Surgical Case Review – CR-10	
-17-	-18-	-19-	-20-	-21-
	- 12:15 p.m. Credentials Committee – CR-C	- 5:30 p.m. Surgery Committee – CR 5&6	- 6:30 a.m. Anes Peer Rev – CR-7 - Noon PT&D Comm – CR 5&6 - 3 p.m. Neon QI – CR 10 - 6 p.m. Bioethics – CR 5&6	
-24-	-25-	-26-	-27-	-28-
			- Noon IM Peer Rev – CR-6 - 12:15 p.m. Pediatric Committee – East Rm.	

June 2013 **CME Calendar**

monday	tuesday	wednesday	thursday	friday
-3-	-4-	-5-	-6-	-7-
- 12:15 – 1:15 p.m. OB/GYN Dept. Mtg, CR 5 & 6 **Topic: Perinatal Group B Streptococcal Infections**	- 7:30 – 8:30 a.m. MKSAP, Conf. Rm. A - Noon – 1 p.m. General MDisc Cancer Conf, Conf. Rm. 11	- Noon – 1 p.m Genitourinary Cancer Conf., Conf. Rm. 11 - Noon – 1 p.m Radiology Teaching Files, MRI Conf. Rm.	- Noon – 1 p.m Thoracic Cancer Conf, Conf. Rm. 11	- 7:30 – 9 a.m. Neurosurgery Grand Rounds, Conf. Rm. 11 - Noon – 1 p.m Medical Grand Rounds, East Rm. **Topic: Treatment of Lymphedema** - Noon – 1 p.m MDisc Breast Cancer Conf., Conf. Rm. 11
-10-	-11-	-12-	-13-	-14-
- Noon – 1 p.m. Second Monday, East Rm. **Topic: Management of CHF**	- 7:30 – 8:30 a.m. MKSAP, Conf. Rm. A - Noon – 1 p.m. General MDisc Cancer Conf., Conf. Rm. 11	- Noon – 1 p.m. Radiology Teaching Files, MRI Conf. Rm.	- 8 – 9 a.m. Surgery M&M, Conf. Rm. B	- 7:30 – 9 a.m. Neurosurgery Grand Rounds, Conf. Rm. 11 - Noon – 1 p.m. MDisc Breast Cancer Conf., Conf. Rm. 11
-17-	-18-	-19-	-20-	-21-
	- 7:30 – 8:30 a.m. MKSAP, Conf. Rm. A - Noon – 1 p.m. General MDisc Cancer Conf., Conf. Rm. 11	- Noon – 1 p.m. Genitourinary Cancer Conf., Conf. Rm. 11 - Noon – 1 p.m. Radiology Teaching Files, MRI Conf. Rm.	- Noon – 1 p.m. Thoracic Cancer Conf., Conf. Rm. 11	- 7:30 – 9 a.m. Neurosurgery Grand Rounds, Conf. Rm. 11 - Noon – 1 p.m. MDisc Breast Cancer Conf., Conf. Rm. 11
-24-	-25-	-26-	-27-	-28-
	- 7:30 – 8:30 a.m. MKSAP, Conf. Rm. A - Noon – 1 p.m. General MDisc Cancer Conf., Conf. Rm. 11	- 7:30 – 8:30 a.m. Cardiac Cath Conf., Cardiology Conf. Rm. - Noon – 1 p.m. Radiology Teaching Files, MRI Conf. Rm.		- 7:30 – 9 a.m. Neurosurgery Grand Rounds, Conf. Rm. 11 - Noon – 1 p.m. MDisc Breast Cancer Conf., Conf. Rm. 11

Huntington Hospital

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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
L. Scott Herman, 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 Office Demographic Changes

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Our Mission Statement

At Huntington Hospital, our mission is to excel at the delivery of health care to our community.

BEST HOSPITALS
U.S.News & WORLD REPORT
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RANKED IN 2 SPECIALTIES
2012-13

2012 – 2013
Best Hospitals Report

4 Hospital in the Los Angeles Metro area

8 Hospital in California

#18 Nationally in Orthopedics

#49 Nationally in Urology