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*From the president*

## Mistakes: the foundation of wisdom



Harry Bowles, MD | Medical Staff President

*“When you make a mistake, there are only three things you should ever do about it: admit it, learn from it, and don’t repeat it.” - Paul Bear Bryant*

**Peer review is an essential element of any institution that seeks clinical excellence in its delivery of healthcare.** Active participation in the peer review process is also a fundamental requirement of our privilege to practice medicine at Huntington Hospital. We should always remember that the primary goal of physician peer review is to improve the quality of care we provide to our patients. By sharing our experiences, our mistakes, our less fortunate outcomes and honestly evaluating our peers we gain the understanding and experience necessary for us to improve and become better clinicians. We must always approach our peer review obligation in good faith and be forever mindful that honesty and integrity are vital components of the overall process. It is also important that we strive to conduct this task in a fair and unbiased manner. Ego or the desire to punish have no place in peer review discussions and decisions. Too often peer review can become personal or defensive, which serves to mitigate any potential value of the process,

**“Mistakes are the portals of discovery.”**  
- James Joyce

*continued on page 3*

**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 February 4, 2019 and by the Governing Board on February 28, 2019.



# Medical staff appointments



**Fong, Yuman, MD**  
**Surgical Oncology**

City of Hope Medical Group  
1500 East Duarte Road  
Duarte, CA 91010  
P: (626) 218-7100  
F: (626) 775-3514  
Pager: (626) 423-5177



**Sullins, Veronica F., MD**  
**Pediatric Surgery**

10833 LeConte Ave  
MC 709818, CHS Building  
Los Angeles, CA 90095  
P: (310) 206-2029  
F: (310) 206-1120



**Huang, Hsin Yi, MD**  
**Cardiovascular Disease**

51 North 5th Ave, #303  
Arcadia, CA 91006  
P: (626) 576-1800  
F: (626) 576-1808  
Pager: (626) 576-1800

## Administrative reports

Please go to SharePoint → Medical Staff Services → Board Approved Items → 2018 and select February 2019.

## Celebrating milestones

**T**he following physicians hit a service milestone in the month of **March**. The medical staff would like to recognize the following physicians for their **service and dedication** to Huntington Hospital.

**45 Years (on staff 03/1974)**

**Waldvogel, Robin K., MD**  
Anesthesiology

**35 Years (on staff 03/1984)**

**Lim, Welman T., DPM**  
Podiatry

**30 Years (on staff 03/1989)**

**Dudley, Leslie A., MD**  
Internal Medicine

**25 Years (on staff 03/1994)**

**Preciado, Sylvia P., MD**  
Internal Medicine  
**Shankwiler, James A., MD**  
Orthopedic Surgery  
**Yamada, Alan H., MD**  
Urology

**15 Years (on staff 03/2004)**

**Das, Aninda, MD**  
Pediatric Infectious Disease  
**Davidson, Joseph K., MD**  
Ophthalmology

**10 Years (on staff 03/2009)**

**Mioux-Berry, Mary, DO**  
Physical Med & Rehab  
**Reehal, Vickram S., MD**  
Rheumatology  
**Singla, Sonia, DO**  
Family Medicine

**5 Years (on staff 01/2014)**

**Cheung, Tyler, MD**  
Neurology  
**Darbinian, Sirak, MD**  
Anesthesiology  
**Rose, Anya, MD**  
Obstetrics & Gynecology  
**Freedman, Andrew L., MD**  
Pediatric Urology





## *President message* CONTINUED

to the individual practitioner, to our fellow colleagues or to our patients. Furthermore, there is great benefit to be gained by standardizing some of the criteria and processes of peer review to ensure a degree of institutional memory and consistency. If two physicians are judged differently for the same clinical action the validity and legitimacy of the entire process will quickly erode. By honestly and constructively participating in peer review we all stand to profit from the process, as clinicians, reviewers, and will ultimately pass this benefit to our patients by improving the care we deliver.

It is important that physicians be at the forefront of these conversations in order to help define, organize and carry out the implementation of the peer review process or we will run the risk of losing our autonomy as clinicians. Clinical policies for patient care should be established and standardized by practicing physicians using the best evidence based criteria available and balanced with a sensitivity to our local needs and expectations. Physician departures from clinical guidelines should not necessarily be condemned as unsound medical practice but investigated at their core so that we can all become better practitioners. If we allow ourselves to judge individuals differently than we endeavor to embark down a slippery slope that will undermine the peer review process. “Going easy” on a physician colleague because she is our friend does a disservice not only to that practitioner, as they may miss an opportunity to improve their clinical competency,

but also to our patients, gradually eroding our commitment to deliver care of the highest quality.

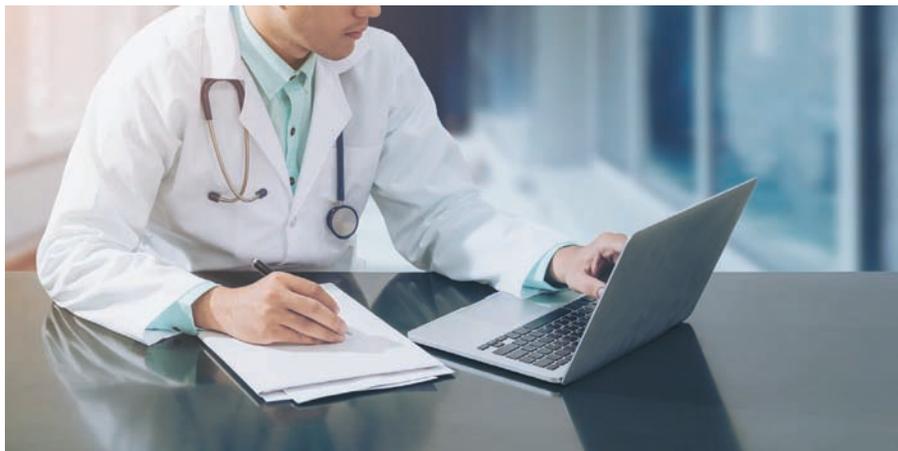
In this age of social media overload and instantaneous news, healthcare workers are frequently faced with trial by media, with no right of redress or ability to contest allegations without breaching patient confidentiality or seeming uncaring. Public opinion and debate appears obsessed with the notion that, when things go wrong in healthcare, there must be a failure by the individual. Unfortunately, the adversarial, rather than investigatory, nature of the law is inherently skewed towards pinning blame on individuals, often obfuscating ripe opportunities to simultaneously learn and improve. Over the course of a long career we will all make mistakes. It’s inherent to the human animal and by extension to our clinical practice. Some mishaps may be serious and result in physical harm. However, most are made in good faith, working to the best of our abilities while trying to help people. Keeping in mind a strategy of just culture and vigilance we will continue to refocus our attention to identifying and understanding the systemic factors that succeed or fail and ultimately improve clinical outcomes. By adhering to this mindset, the by-product of a non biased, thoughtful peer review process will undoubtedly result in an elevation of physician education, knowledge, and experience and will ultimately serve to improve the quality of healthcare that we deliver.

[Harry.bowles@huntingtonhospital.com](mailto:Harry.bowles@huntingtonhospital.com)

From the

# Center for Health Evidence

## New Specialty Clinical Resources Guides



The Center for Health Evidence has created new specialty-based guides to help you find key, up-to-date resources in your medical field. Access reliable, evidence-based clinical information, all in one click. Each guide contains quick links to top eBooks, eJournals, practice guidelines, databases, and more. Just choose your specialty and go!

### Our Specialty Clinical Resources Guides will:

- connect you with evidence-based tools to better inform your clinical decision-making and practice
- provide you with quick and convenient access to the most useful resources in your specialty
- keep you up-to-date with the latest news and quality information in your field

**Current guides include:** Anesthesiology, Cardiovascular, Emergency Medicine, Hematology/Oncology, Internal Medicine, Obstetrics & Gynecology, Ophthalmology, Pediatrics, Rehabilitation Services, and Surgery.

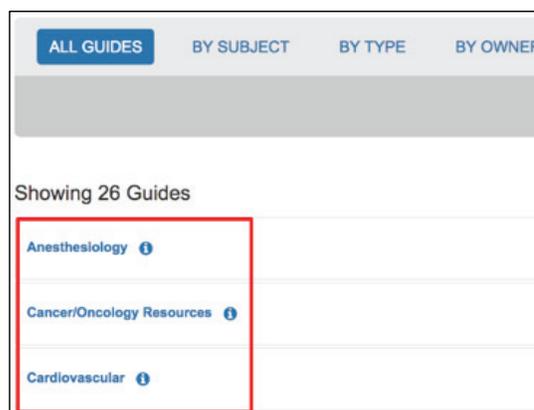
### How to find Subject Guides:

1. Go to the Center for Health Evidence homepage (<http://huntingtonhospital.libguides.com/home>). Select **Research** from the top green bar and choose **Subject Guides** from the menu list:



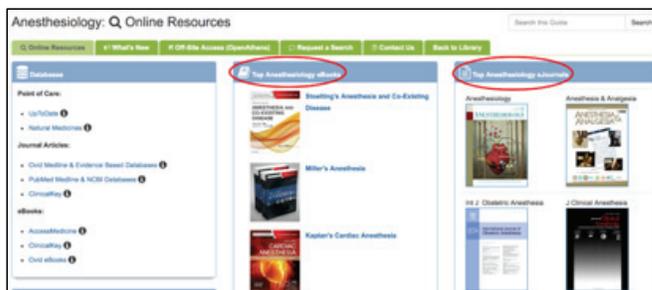
2. Choose the subject guide you're interested in from the list.

**Tip:** Guides are arranged alphabetically by specialty.



3. Find top eBooks and eJournals (and more!) in your field.

**Tip:** Scroll down to the bottom of the page and find quick links to search and browse publications in your specialty.



Don't see a subject guide for your department or specialty? Contact the Center for Health Evidence about creating a subject guide for your department.

[library@huntingtonhospital.com](mailto:library@huntingtonhospital.com) | (626) 397-5161



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## *Huntington Hospital Names Timothy S. E. Albert, MD, MHCM as Executive Medical Director for Huntington Health Physicians*

**H**untington Hospital announced February 26, 2019, that Timothy S. E. Albert, MD, MHCH will be joining as Executive Medical Director of Huntington Health Physicians (HHP), effective April 15, 2019.

Dr. Albert, a practicing cardiologist, is an experienced leader in community-based medical groups. Dr. Albert received his medical degree from the University of California, San Francisco School of Medicine, his cardiology fellowship from Duke University, and his master's in health care management degree from the Harvard University School of Public Health.

"I am thrilled to welcome Dr. Albert to the Huntington Enterprise," said Lori J. Morgan, MD, MBA, president and CEO of Huntington Hospital. "His proven leadership skills and clinical expertise will further strengthen the outstanding care that our HHP physicians provide to adult and pediatric patients throughout the community as well as inside the hospital. I'm excited to work closely with Dr. Albert as we look to the future of care for our region, with a focus on quality and service excellence."

Dr. Albert joins Huntington Health Physicians from Tanner Medical Group, part of Tanner Health System in Georgia, where he served as medical director of a large hospital-owned CMS 5-star multispecialty physician group. In addition to providing physician leadership and oversight for 30+ offices and over 300,000 patient visits annually,

he acted in a lead role for the implementation of Tanner's EPIC electronic health record system, developed a program to improve end-of-life care, crafted an opioid outpatient monitoring program and established a new clinical research program, among other accomplishments. Before joining Tanner, Dr. Albert was president of Central Coast Cardiology in Salinas, CA. and Medical Director at the Center for Advanced Diagnostic Imaging, part of Salinas Valley Memorial Healthcare System.

"Community-based medicine is my passion," said Dr. Albert. "As the practice of medicine evolves, I'm especially excited for the opportunity to improve the way care is delivered through leveraging technology, best practice and service excellence. Joining Huntington Health Physicians as its leader is a great honor, and I'm looking forward to getting started and introducing myself to the talented physicians in the group - as well as getting to know the wonderful community of Pasadena and beyond."

In his role as Executive Medical Director, Dr. Albert will provide clinical leadership as well as lead the overall strategic, clinical and operational planning of Huntington Health Physicians, a Medical Foundation Model of Organized Physician Delivery. With offices throughout the San Gabriel Valley, Huntington Health Physicians offers adult and pediatric primary and specialty care, as well as hospital-based care.



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## *Huntington Hospital Names Steven L. Mohr, CPA, MBA, Senior Vice President, Chief Financial Officer*

**H**untington Hospital today announced on **January 18, 2019, that Steven L. Mohr, CPA, MBA, will be joining as senior vice president, chief financial officer, effective February 11, 2019.** Mohr brings over 20 years of experience in leadership roles for large integrated healthcare delivery systems, including an academic medical center, community hospitals, ambulatory facilities, joint ventures, physician foundations and a school of medicine faculty practice.

“I’m extremely pleased to welcome Steve to the executive team at Huntington Hospital,” says Lori J. Morgan, MD, MBA, president and CEO, Huntington Hospital. “Steven’s extensive background in finance - particularly within the hospital and healthcare industry made him the ideal candidate to lead our financial operations into the future. His expertise, combined with his dynamic leadership style, will enhance our ability to provide the highest-level of care to our community.”

In his role as senior vice president, chief financial officer, Mohr will be responsible for the coordinated execution of key financial activities including revenue cycle, treasury & capital structure management, financial operations, investments, and financial controls. Mohr will act as a key liaison to the board of directors as well as the trustees and serve as the chief financial advisor to the CEO. He will also participate in and support the development and implementation of the strategic goals and objectives of the enterprise.

“I’m honored to be joining an organization with such a strong commitment to community well-being in the

San Gabriel Valley,” said Mohr. “I’m looking forward to diving into my role as CFO and working closely with the executive team to help continue to bring vital services and care to our patients.”

Mohr joins Huntington Hospital from Providence St. Joseph Health Los Angeles, where he served as chief financial officer since 2014. He was a key member of the executive leadership team, managing, developing and implementing strategic direction for a \$2.7 billion region of a large, multi-state, nonprofit health system, including: six hospitals with in excess 2,100 combined beds; more than 500 Medical Foundation aligned physicians; and 900 physicians aligned through Providence Partners for Health. Mohr held direct oversight and accountability for all regional financial operations and partnering on strategy and business development.

Prior to Providence St. Joseph, Mohr served as chief financial officer for Loma Linda University Medical Center. In these roles he oversaw financial services, health information management, decision support, supply chain management, property management, engineering, clinical engineering and construction for the medical center and six hospital facilities. Mohr began his career as senior auditor at Ernst & Young.

Mohr earned his masters in business administration from the University of Southern California, Marshall School of Business and received his bachelor of business administration from Loma Linda University.

Mohr and his family currently live in Huntington Beach, California.

*From the*

# Clinical Documentation Specialists

## Does Your Diagnosis Have Clinical Validation?



The purpose of the documented medical record is to accurately reflect the patient's progress, response to care and any changes in treatment and demonstrates continuity of care across the continuum.

### Clinical indicator can consist of:

- ◆ Laboratory or diagnostic test results
- ◆ Imaging studies
- ◆ Treatments, such as: medications, procedures, services
- ◆ Patient's response to treatment
- ◆ Physical assessment and plan of care (by all providers)

CMS requires that claims submitted for payment must not include diagnoses that cannot be clinically validated. CMS and private payers review the patient's record to ensure that the conditions documented by the physician were supported. Lack of adequate support for reported diagnoses may result in hospital claims denials and serious consequences for the organization.

### A query may be triggered when:

- ◆ **There are conflicting diagnoses**
  - One physician documents AKI another CKD.
- ◆ **Unsupported diagnosis**
  - Sepsis with no clinical indicators
  - Acute respiratory failure when the patient is on room air, speaking in full sentences
  - Acute CHF without diuretics or continued home dosage/CXR/BNP
- ◆ **Diagnoses resolved, but not carried through to the Discharge Summary**

If you have any questions, please give the CDI team a call. Our extension is 3662.

## CME corner

### Medical Grand Rounds

TOPIC	<b>Immunotherapy Treatment Options for NSCLC</b>
SPEAKER	Jorge J. Nieva, MD
DATE	March 1, 2019
TIME	12 – 1 p.m.
PLACE	Research Conference Hall
METHOD	Lecture
CREDITS	1.0 AMA PRA Category 1 Credits™

### Second Monday

TOPIC	<b>Musculoskeletal (MSK) Imaging and Interventions</b>
SPEAKER	Luis Gutierrez, MD, and Alvin Wyatt, MD
DATE	March 11, 2019
TIME	12 – 1 p.m.
PLACE	Research Conference Hall
METHOD	Lecture
CREDITS	1.0 AMA PRA Category 1 Credits™

If you would like a copy of your CME credit report please contact Gladys Bonas via email at [Gladys.Bonas@huntingtonhospital.com](mailto:Gladys.Bonas@huntingtonhospital.com)

**If you would like to submit an article to be published in the Medical Staff Newsletter** please contact Gladys Bonas, (626) 397-3770 or [Gladys.bonas@huntingtonhospital.com](mailto:Gladys.bonas@huntingtonhospital.com). Articles must be submitted no later than the first Friday of every month.

# The New Patient Discharge Checklist



**Most patients and caregivers do not know how to prepare to leave the hospital and often don't know what questions to ask staff prior to discharge.** The new patient discharge checklist was developed based on best practices recommended by Medicare and the Robert Wood Johnson Foundation to help guide the patient/caregiver in asking appropriate questions during the hospital stay. Through early patient engagement surrounding discharge, staff will be able to identify gaps, decrease the length of stay, improve the patient experience, and potentially prevent hospital readmissions.

The checklist will be added to the Discharge Education Folder. Success of the checklist intervention will be measured using HCAHPS scores for the discharge domain question: *“During the hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?”* Station 45 and Station 42 piloted the checklist starting in July 2018. The checklist was revised based on the valuable feedback from staff. Both units demonstrated an initial increase in HCAHPS scores, and a sustained increase on Station 45. The checklist intervention will be spread throughout the hospital in the month of February, followed by specially designed content for Maternity and Pediatrics.

For any questions please contact:  
**Heather Heilmann | extension 3793**

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## Leaving the hospital — my discharge checklist.

*Before you leave the hospital, you should be able to answer the following questions (not all the questions may apply to your condition).*

- Where will I go to get better and recover? How will I get there?
- What equipment or supplies will I need to get better? Where will I get them or who should I call if they don't arrive?
- What services will I need to get better (home health, physical therapy, etc.)?
- What additional help will I need to get better (meal delivery, caregiver, etc.)?
- What appointments should I make before I leave and how will I get there? Will I need any tests after I leave?
- What symptoms should I watch out for? Who should I call if they occur?
- Will I be on any new medications? What side effects should I watch for? Are there any special instructions? Do I need any refills before I leave?
- What should I be doing to improve my health on a daily basis?
- Will I need any medical notes or work release forms?
- Will I have any restrictions?

**It is important to be prepared and have plenty of support after you leave the hospital. Family or friends may be able to offer help, ask them. You can also refer to the 'help sheets' that follow.**

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Huntington<sup>®</sup>  
Hospital

Medical staff meetings

# Calendar

MARCH 2019

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
				<u>1</u>
<u>4</u> Noon Medicine Committee North/south, East 5:30 p.m. MEC Board Room	<u>5</u> 8 a.m. QM Pre-Agenda CR C	<u>6</u> 12:15 p.m. Ob/Gyn Peer WT 5/6	<u>7</u> Noon Trauma Srvc WT5/6	<u>8</u>
<u>11</u>	<u>12</u> 12:30 p.m. ENT Sec. CR 9	<u>13</u> 12:15 p.m. Ob/Gyn Committee CR 5&6 5:30 p.m. Bioethics Committee WT 5/6	<u>14</u> Noon QM Committee Research Hall	<u>15</u>
<u>18</u> 7:30 a.m. Surgery Committee Pre Ag CR C 8 a.m. Emergency Medicine Section ED Conf. Room	<u>19</u> 12:15 p.m. Credentials Committee CR Board Room 5:30 p.m. Surgery Committee CR 5/6	<u>20</u> 7:30 a.m. Cardiology Section Peer Cardio Conf. Room	<u>21</u> 6:30 a.m. Anest Sect/Peer CR-7 Noon PT&D Committee CR 5/6	<u>22</u>
<u>25</u>	<u>26</u> Noon General Surgery Section WT 5/6 7:30 a.m. Interdisciplinary Committee CR C	<u>27</u>	<u>28</u> Noon IM Peer Rev CR 8 Noon Pediatric Committee Research Hall	<u>29</u>

Continuing medical education

# Calendar

MARCH 2019

MONDAY	4	11	18	25	
	<b>OB/GYN Dept.</b> 12:15-1:15 p.m. Mtg, CR 5 & 6 Topic: Cancelled	<b>Second Monday</b> 12 - 1 p.m. RSH Topic: Musculoskeletal (MSK) Imaging and Interventions			
TUESDAY	5	12	19	26	
	<b>General MDisc Cancer Conf.</b> 12 - 1 p.m. Conf. Room 11	<b>General MDisc Cancer Conf.</b> 12 - 1 p.m. Conf. Room 11	<b>General MDisc Cancer Conf.</b> 12 - 1 p.m. Conf. Room 11	<b>General MDisc Cancer Conf.</b> 12 - 1 p.m. Conf. Room 11	
WEDNESDAY	6	13	20	27	
	<b>Genitourinary Cancer Conference</b> 12 - 1 p.m. Conf. Room 11 <b>Radiology Teaching Files</b> 12 - 1 p.m. MRI Conf. Room	<b>Radiology Teaching Files</b> 12 - 1 p.m. MRI Conf. Room	<b>Genitourinary Cancer Conference</b> 12 - 1 p.m. Conf. Room 11 <b>Radiology Teaching Files</b> 12 - 1 p.m. MRI Conf. Room	<b>Cardiac Cath Conf.</b> 7:30 - 8:30 a.m. Cardiology Conf. Room <b>Radiology Teaching Files</b> 12 - 1 p.m. MRI Conf. Room	
THURSDAY	7	14	21	28	
	<b>Trauma Walk</b> 7 - 8 a.m. Conf. Room B <b>Trauma M&amp;M</b> 8 - 9 a.m. Conf. Room B <b>Thoracic Cancer Conf.</b> 12 - 1 p.m. Conf. Room 11	<b>Surgery M&amp;M</b> 8 - 9 a.m. Conf. Room B	<b>Trauma Walk</b> 7 - 8 a.m. Conf. Room B <b>Surgery M&amp;M</b> 8 - 9 a.m. Conf. Room B <b>Thoracic Cancer Conf.</b> 12 - 1 p.m. Conf. Room 11	<b>Surgery M&amp;M</b> 8 - 9 a.m. Conf. Room B	
FRIDAY	1	8	15	22	29
	<b>Neurosurgery Grand Rounds</b> 7:30 - 9 a.m. Conf. Room 11 <b>Medical Grand Rounds</b> 12 - 1 p.m. RSH <b>MDisc Breast Cancer Conf.</b> 12 - 1 p.m. Conf. Room 11	<b>Neurosurgery M&amp;M</b> 7:30 - 9 a.m. Conf. Room 11 <b>Medical Case Conference</b> 12 - 1 p.m. RSH <b>MDisc Breast Cancer Conf.</b> 12 - 1 p.m. Conf. Room 11	<b>Neurosurgery Grand Rounds</b> 7:30 - 9 a.m. Conf. Room 11 <b>Medical Case Conference</b> 12 - 1 p.m. RSH <b>MDisc Breast Cancer Conf.</b> 12 - 1 p.m. Conf. Room 11	<b>Neurosurgery Grand Rounds</b> 7:30 - 9 a.m. Conf. Room 11 <b>Medical Case Conference</b> 12 - 1 p.m. RSH <b>MDisc Breast Cancer Conf.</b> 12 - 1 p.m. Conf. Room 11	<b>Neurosurgery Grand Rounds</b> 7:30 - 9 a.m. Conf. Room 11 <b>MDisc Breast Cancer Conf.</b> 12 - 1 p.m. Conf. Room 11



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

ADDRESS SERVICE REQUESTED

### Medical Staff Leadership

- Harry Bowles, MD | President
- Brandon Lew, DO | President Elect
- Peter Rosenberg, MD | Secretary/Treasurer
- Steven Battaglia, MD | Chair, Credentials Committee
- Daniel Laster, MD | Chair, Quality Management Committee
- Waleed Shindy, MD | Chair, Medicine Department
- George Matsuda, MD | Chair, OB/GYN Department
- Jamie Powers, MD | Chair, Pediatrics Department
- Armen Dikranian, MD | Chair, Surgery Department

Glenn D. Littenberg, MD | Newsletter Editor-in-Chief

**Congratulations to our nurses, physicians,  
employees and volunteers!**



**Thank you  
for your dedication to excellence.**

