



INSIDE THIS ISSUE

| | |
|--|----|
| Medical staff appointments | 2 |
| Medical staff resignations | 2 |
| Celebrating milestones | 3 |
| From the Health Science Library | 4 |
| Our pediatric telemedicine program has launched! | 4 |
| Block booking change | 5 |
| CME corner | 5 |
| Physician Engagement & Culture of Safety Survey | 6 |
| Congratulations to our bariatric team! | 6 |
| From the Quality Management | 7 |
| What is Code White for NICU? | 7 |
| Respiratory Panel by PCR | 8 |
| Doctors' Day | 9 |
| A grateful patient thanks PHRU nurses | 9 |
| Medical staff meeting calendar | 10 |
| CME calendar | 11 |

From the president

Don't Make Me Pull This Car Over



James Shankwiler, MD | Medical Staff

We have all been there. It has been a long day in the office or hospital, when the “difficult” patient arrives. The term itself evokes a simultaneous sense of frustration and exasperation by most physicians. Although we all know the archetype, the issue remains on how to decompress any situations, afford appropriate and compassionate care, and finally factually and succinctly document any concerns and subsequent stratagems employed. In an era where doctors are being increasingly weighed and measured by their patient satisfaction scores, it is important that we find ways to effectively interact and communicate with this clinical subset as professionals.

There has actually been a fair amount of scholarly activity examining the issue of the trying patient. One source defined difficult patients as those who elicit strong negative emotions from their physician. Another has even categorized these potentially problem patients into various classes. Within the literature, four groups are commonly discussed in relation to their hallmark personality traits: dependent, entitled, manipulative, and self-destructive. Of these groups, some may cause idiosyncratic conflicts (those whom only a certain group of physicians finds problematic) versus others, like federal tax audits, which are probably distressing to everyone they encounter.

“The best way out of a difficulty is through it.”

- Will Rogers

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 April 4, 2016.



Medical staff appointments



Earl, Susanne E., MD
Internal Medicine

100 W. California Blvd.
Pasadena, CA 91109
P (626) 397-5711
F (626) 397-2950



Forman, Stephen, MD
Hematology/Oncology

1500 East Duarte Road
Duarte, CA 91010
P (626) 359-8111
F (626) 775-3514



Khaled, Samer, MD
Hematology/Oncology

1333 S. Mayflower Ave
2nd Floor
Monrovia, CA 91016
P (626) 775-3514
F (626) 408-3911



Marcucci, Guido, MD
Medical Oncology

1500 East Duarte Road
Duarte, CA 91010
P (626) 775-3514
F (626) 408-3911



Mei, Matthew, MD
Hematology/Oncology

1500 E. Duarte Road
Duarte, CA 91010
P (626) 359-8111
F (626) 408-3911



Melstrom, Laleh G., MD
Surgical Oncology

1500 E. Duarte Rd
Duarte, CA 91010
P (626) 826-4673
F (626) 408-3911



Pogosian, Lilit, MD
Psychiatry

95 N. Marengo Ave, Suite 200
Pasadena, CA 91101
P (310) 220-5463
F (626) 356-2445



Salhotra, Amandeep, MD
Hematology/Oncology

1500 E. Duarte Rd
Duarte, CA 91010
P (626) 775-3514
F (626) 408-3911

Medical staff resignations

Anderson, Charles, MD

- effective 03/24/2016

Lee, Dennis, MD

- effective 03/24/2016

Samdani, Sophia, MD

- effective 01/28/2016

Vickers, Laura, MD

- effective 06/30/2016

Press Ganey *comments*

My surgeon Dr. L and all floor doctors were excellent.

No one better than Dr. Bryan Jick.

Dr. Paul S. Lin was very thorough and very skillful

Administrative reports

Please go to SharePoint → Medical Staff Services → Board Approved Items → 2016 and select April 2016.

Celebrating milestones

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

25 years (on staff 05/1991)

Janet L. Schori, MD

Obstetrics & Gynecology

15 years (on staff 05/2001)

Susan E. Chiriboga, MD

Pediatrics

Joseph T. Ferrante, DPM

Podiatry

Igor Fineman, MD

Neurosurgery

Kerri Parks, MD

Obstetrics & Gynecology

Robert R. Selby, MD

General Surgery

5 years (on staff 05/2011)

Bradley K. Gerberich, MD

Emergency Medicine

President Message CONTINUED

Moreover, the adjunct of major psychiatric illness, organic disease, substance abuse, and metabolic disturbances creates additional variables to be considered when establishing a productive care rationale (Ovens). However, despite the stratification of this group, the underpinning factor to consider is the inability to establish a satisfying doctor-patient relationship.

Yet, like all relationships, there are two sides to the equation. Physician factors also play a significant role in establishing the framework for the initial interaction. Similarly, analysis of physician-based issues has tended to categorize doctors as either: angry or defensive, fatigued or harried, and finally dogmatic or arrogant (Hull, Broquet). These categories are important scenarios of not only how we represent ourselves but also influence the initial impression that we give to our patients when we attempt to communicate with them. After all, first impressions are important things. Furthermore, an analysis of these various classifications points to a unifying aspect or theme, that being the inability to listen to or establish rapport with the patient at the time of the encounter. In fact, these difficulties can often give rise to diagnostic errors by physicians with 42% more mistakes with disruptive patients (Reddy).

In the final analysis, it is our role as physicians to be responsible professionals and advocates in the care and treatment of all our patients. By effectively managing the variables in our control, we can be hopeful to prevent and or minimize our difficult encounters. The early identification of any potential problematic issues, addressing and documenting them in a pragmatic fashion, and also maintaining an appropriate demeanor will often serve to decompress most of these situations. After all, we are driving the car, we need to remember to stay focused, centered and keep our hands on the wheel.

Bibliography

Hull, Sharon K., MD, MPH, and Karen Broquet, MD. "How to Manage Difficult Patient Encounters." - *Family Practice Management*. American Academy of Family Practice, 14 June 2007. Web. 19 Apr. 2016. <<http://www.aafp.org/fpm/2007/0600/p30.html>>.

Ovens, Howard. "Part I: The Difficult Patient: Medical and Legal Approaches." *Canadian Family Physician*. U.S. National Library of Medicine, Sept. 1989. Web. 19 Apr. 2016. <<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2280874/>>.

Reddy, Sumathi. "When Patients Are a Pain for Their Doctors." *WSJ*. Dow Jones and Company, 5 Apr. 2016. Web. 19 Apr. 2016. <<http://www.wsj.com/articles/when-patients-drive-their-doctors-crazy-1459793860>>.

Yasgur, Batya Swift. "Treating the 'Patient from Hell'" *Medscape Multispecialty*. Medscape, 20 Sept. 2012. Web. 18 Apr. 2016. <http://www.medscape.com/viewarticle/770948_5>.

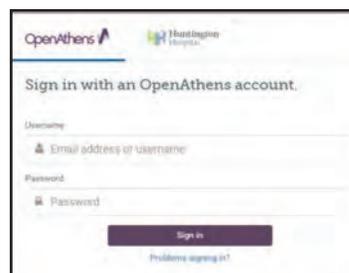
From the

Health Science Library

Online Resources to Simplify Your Life

New Off-site Access to Library Resources with One Username & Password

Sign up for a **MyAthens** account to access all the library's resources from off-site with a single username and password. Access point-of-care resources, such as UpToDate and Micromedex, and the library's full-text electronic journal and ebook subscriptions with one login on a desktop computer or mobile device. Contact the library to register or use the "Request Off-site Access" form on the library's website.



Download AHA Provider Manuals for BLS/ACLS/PALS Classes to a Mobile Device

Is your basic, advanced or pediatric life support certification coming up for renewal? Huntington Hospital clinicians can now download the electronic versions of the AHA provider manuals for use in BLS, ACLS & PALS courses onto a mobile device. Manuals can be downloaded for pre-course study up to 14 days ahead of the class (confirm before the class that the book has not expired). Bring your device with you to verify with the instructor that the manual and quick reference cards are downloaded. Contact the library to be emailed the download instructions.



Questions? Please contact the library at library@huntingtonhospital.com or (626) 397-5161. Monday to Friday, 8 a.m. to 4 p.m.



Our pediatric telemedicine program has launched!

This month, we successfully launched our pediatric telemedicine program in partnership with UCLA. **Jamie Powers, MD**, and **John Vogt, MD**, were able to consult with a UCLA pediatric subspecialist in real-time via telemedicine technology to provide lifesaving care to one of our smallest patients. The National Charity League Juniors of San Marino generously provided the funds to purchase this advanced technology.

"Thank you to Jamie Powers, MD, for her vision, **Stephen Treiman, MD**, for his support, and **Mark Powell, MD**, for his perseverance to help bring this technology to our hospital," says Jennifer Castaldo, director, women and children's services, Huntington Hospital.

"Most importantly, I want to express my deepest gratitude to our NICU, PICU, and pediatric employees whose passion for children and quality programs keep us striving to do more. Thank you all!"



Block booking change

Alteration in block booking release times at Huntington Hospital operating room

The Surgery Block Committee at Huntington Hospital has recommended that surgery block times release will move from 48 hours to 72 hours prior to the designated OR time. This has been approved by the Surgery Committee and will take effect on 4/11/16.

Prior to the decision to alter the existing practice at Huntington, we did extensive community research, involving 13 other hospitals. All the other major hospitals in the surrounding area do a 72-hour block release. The other factor that affected our decision is that our current block is over 90% most of the elective days at Huntington, and we have many surgeons waiting to schedule elective cases at the hospital.

The 72-hour release will allow us to meet some of this demand, and to especially accommodate surgeons on the waiting list without block time. This will give everyone a more reasonable time to schedule patients waiting for surgeries. The current waiting time for the physicians without blocks is 4-12 weeks.

We appreciate your understanding with this necessary adjustment and value your commitment to Huntington Hospital.

If you have any questions, please do not hesitate to contact us.

Respectfully,

Lyudmila Weiss | Director of Surgical Care Administration

Jonathan Maskin, MD

CME corner

Second Monday

| | |
|----------|---|
| TOPIC | Melanoma |
| SPEAKER | David Peng, MD |
| DATE | May 9, 2016 |
| TIME | 12 – 1 p.m. |
| PLACE | Research Conference Hall |
| AUDIENCE | Dermatology, Internal Medicine, & Primary Care Physicians |
| 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



medical staff news

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.

Articles must be submitted no later than the first Friday of every month.

2016 Physician Engagement and Culture of Safety Survey

I have spent the last decade involved with the California Medical Association monitoring the changes in the business of medicine. It is apparent that the medical business world is ever changing and evolving and we the clinicians are in uncharted waters. All Physicians were taught in our medical training to hone our craft, be the smartest, brightest, kindest doctor and the professional success will follow. In some ways that is still true. But we must acknowledge that the Business of Medicine is changing, even as the Art of Medicine endures.

Huntington Hospital is on the forefront of proactive change as the economic realities of the business of medicine become ever more unpleasant to consider. We all must accept that the future of the business of medicine contains “bundled payment” and “outcome based fee

schedules.” As we go forward, the economic future of Huntington Hospital becomes inseparably intertwined with the economic future of the Huntington medical staff physicians. We thrive together.

On Monday May 9 Huntington Hospital will request that all physicians participate in 2016 Physician Engagement and Culture of Safety Survey. This survey is being administered by Press Ganey Associates, Inc., an outside consulting firm. They will gather the data, assure our anonymity, and present the information to Huntington Hospital leadership and then disseminate this data to us, the physicians

This survey is an effective way for us all to influence the future of Huntington hospital. The Leadership of Huntington Hospital will hear, directly from us, what matters the

most to the physicians here on staff.

Data is what drives the decisions of any business entity. How will the Huntington Hospital leadership team know which area of the hospitals need care and attention unless we tell them? Patients choose their doctors, and we choose to practice at Huntington Hospital. We need our work environment to be the most efficient, the most productive, and the most enjoyable possible so that we thrive professionally and personally.

Please reach out and talk to me anytime to discuss this, or any issue concerning the Physician Experience. We make our voices heard. We plan our medical future.

Thank you very much,
Hilary J Fausett, MD
hjf@painla.com

Congratulations to our bariatric team!

We have been re-accredited as a comprehensive center for bariatric surgery under the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program. Congratulations to our bariatric team for being awarded this high distinction based on excellent clinical outcomes and high standards of care!

Since 2000, thousands of bariatric surgeries have been performed here to help improve our patients' health and quality of life. In fact, we were one of the first hospitals in the country to institute minimally invasive and robotic techniques! Learn more at: www.huntingtonhospital.com/Main/WeightLossSurgery.aspx





From the
**Quality
 Management**

Linking Diseases in Your Documentation

Diseases that can be linked may increase the specificity and severity of your patient’s illness. Remember to link the following diseases by documenting with the words “*with*” or “*due to*” as appropriate.

Hypertension *with*:

- Heart failure (systolic, diastolic, include acute, chronic, acute on chronic)
- Atherosclerotic cardiovascular disease
- CAD
- Cerebrovascular disease
- If your patient has renal failure (CKD/ESRD) then document

Examples:

- Acute on chronic systolic and diastolic CHF *with* HTN
- Hypertensive atherosclerotic cardiovascular disease

- CVA, ischemic *with* HTN Hypertensive heart disease *with* ESRD

COPD *with*:

- Asthma
- Bronchitis
- Bronchiectasis
- Emphysema
- Lower Respiratory Infection

Examples:

- Intermediate/Persistent Asthma *with* acute COPD exacerbation
- Acute or Subacute Bronchitis *with* COPD
- Bronchiectasis *with* COPD

Diabetes (DM) *with*:

- Gastroparesis
- Nephropathy
- Neuropathy

- Osteomyelitis
- Retinopathy
- Ulcers

Examples:

- DM type 2 *with* Osteomyelitis (acute or chronic and specify site)
- Gastroparesis *due to* Diabetic neuropathy

Peripheral Vascular Disease *with*:

- DM
- Atherosclerosis (site)

Examples:

- PVD *due to* atherosclerosis of legs bilaterally
- Ischemic left foot *due to* PVD *with* DM

What is Code White for NICU?

Code White is a Code Blue for children. It replaces the old “Pediatric Code Blue” which was upsetting to parents and visitors. Code White is the recommended term for this situation.



Respiratory Panel by PCR

For rapid identification of upper respiratory viruses and bacteria

Henry D. Slosser, MD

Effective May 2nd, 2016, the FilmArray Respiratory Panel will be done in-house in Microbiology.

The FilmArray Respiratory Panel (RP) is a multiplexed nucleic acid test intended for use with FilmArray systems for the simultaneous qualitative detection and identification of multiple respiratory viral and bacterial nucleic acids in nasopharyngeal swabs (NPS) obtained from individuals suspected of respiratory tract infection.

The following upper respiratory viruses and bacteria are detected:

- Adenovirus
- Coronavirus 229E
- Coronavirus HKU1
- Coronavirus NL63
- Coronavirus OC43
- Influenza A (with subtyping for hemagglutinin genes H1, H1-2009 and H3)
- Influenza B
- Human Metapneumovirus
- Parainfluenza Virus 1
- Parainfluenza Virus 2
- Parainfluenza Virus 3
- Parainfluenza Virus 4
- Respiratory Syncytial Virus
- Rhinovirus/Enterovirus
- *Bordetella pertussis*
- *Chlamydia pneumoniae*
- *Mycoplasma pneumoniae*



Testing summary is as follows:

| | |
|-----------------------------|--|
| Instrumentation/ Method | FilmArray™ Respiratory Panel (RP) |
| Specimen Collection/Storage | Nasopharyngeal (NP) swab specimen should be collected according to standard technique and immediately placed in viral transport media (VTM) 0.3 mL of Nasopharyngeal Swab collected and placed in viral transport media (VTM). |
| Minimal Volume | Respiratory Panel by PCR FilmArray |
| Ordering in Cerner | Testing performed: 0700 – 20:00 daily |
| Test Schedule | Results from graveyard set up will be reported by 0700 daily |
| Result Turn-Around Time | 1.5 hour (completion of panel) |
| Reference Ranges | Negative |
| Critical Values/Reportable | Target detected |

Doctors' Day 2016

National Doctors' Day is commonly celebrated in healthcare organizations to recognize the contributions of physicians to individual lives and communities. This year a Western theme Luncheon and Breakfast were held, in honor of our physician partners and their continued dedication to Huntington Hospital. If you were unable to attend these activities, please stop by the Medical Staff office to pick up a thank you gift.



A grateful patient thanks PHRU nurses with a generous gift

Recently, the skilled, compassionate nursing team in our perinatal high risk unit (PHRU) inspired Jennifer and Chris Allen to make a generous gift to Huntington Hospital after Jennifer's four-month stay on the unit. Jennifer approached the Office of Philanthropy about making a gift that would directly benefit the nurses who cared for her.

"They saved my life, and they brought this little person into the world and saved his life," says Jennifer. "If we didn't have this top-notch care available in our community, we'd be telling a very different story right now - and my husband, Chris, might be telling it by himself."

Each year, charitable gifts to Huntington Hospital fill the ever-widening gap between revenue and expenses, helping to pay for critical programs, facilities and services that today's informed patients demand. A portion of the Allen's gift was allocated to the purchase of "Jenny" - a mobile obstetric emergency simulator.

We are exceedingly grateful to our nurses who go above and beyond the call of duty to provide a level of care that transforms grateful patients into generous donors.

Thank you!



(Left to right) Uchenna Uttah, PCA, Crystal McHale, RN, Tiane Alexander, RN, Jennifer Allen, Nancy Beltran, RN, Maureen Friesen, RN, Ravinder Johl, RN, and Rhea Almada, RN, gathered together recently when the Allens visited the hospital to see a demonstration of "Jenny." (Not pictured: Guadalupe Alejandre, RN and Sarah Currie, RN)

Medical staff meetings

Calendar

MAY 2016

| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|--|--|--|--|--|
| <p>2 12:15 p.m. OB/GYN Dept CR 5&6 5:30 p.m. MEC Board Room</p> | <p>3 8 a.m. QM Pre-Agenda CRC</p> | <p>4 Noon CME Committee CR-8 12:15 p.m. OB/GYN Peer WT 5/6</p> | <p>5 Noon Medicine Committee N/S Noon Trauma Services WT 5/6</p> | <p>6 7 a.m. Ortho Sect WT 5/6 Newsletter submission</p> |
| <p>9</p> | <p>10 Noon Critical Care Sect WT 5/6</p> | <p>11 12:15 p.m. OB/GYN Committee WT East Room</p> | <p>12 6:30 a.m. Anesthesia Section CR 7 Noon QM Committee East Room</p> | <p>13</p> |
| <p>16 8 a.m. Emergency Medicine Section ED Conf. Room</p> | <p>17 12:15 p.m. Infection Control CR 10 5:30 p.m. Surgery Committee WT 5/6</p> | <p>18 7:30 a.m. Cardiology Section – Cardio Conf. Room Noon Credentials Committee CRC</p> | <p>19 6:30 a.m. Anesthesia Peer Cr-7 Noon PT&D Committee CR 5/6 6 p.m. Bioethics CR 5/6</p> | <p>20 7:30 a.m. Spine Committee CR 11</p> |
| <p>23 Noon Radiology/Nuclear Med CR 11 Noon GME Committee East Room</p> | <p>24 7:30 a.m. IDP Committee CRC Noon Pulmonary Sect CR 10 Noon Gen Surg Sect WT 5/6 5 p.m. Robotic Committee WT 5/6</p> | <p>25 12:15 p.m. Endovascular Committee WT 5/6</p> | <p>26 Noon IM Peer Review WT 5/6 12:15 p.m. Pediatric Committee East Room</p> | <p>27</p> |
| <p>30 MEMORIAL DAY</p> | | | | |

Calendar

MAY 2016

| MONDAY | 2 | 9 | 16 | 23 | 30 |
|-----------|---|--|--|--|--|
| | OB/GYN Dept. Mtg 12:15 - 1:15 p.m. CR 5 & 6 <i>Topic: Cancelled</i> | Second Monday 12 - 1 p.m. RSH <i>Topic: Melanoma</i> | | | |
| TUESDAY | 3 | 10 | 17 | 24 | 31 |
| | | MKSAP 7:30 - 8:30 a.m. Wingate Doctors' Lounge General MDisc Cancer Conf. 12 - 1 p.m. Conf. Room 11 HMRI Lecture Series 4 - 5 p.m. RSH | MKSAP 7:30 - 8:30 a.m. Wingate Doctors' Lounge General MDisc Cancer Conf. 12 - 1 p.m. Conf. Room 11 HMRI Lecture Series 4 - 5 p.m. RSH | MKSAP 7:30 - 8:30 a.m. Wingate Doctors' Lounge General MDisc Cancer Conf. 12 - 1 p.m. Conf. Room 11 HMRI Lecture Series 4 - 5 p.m. RSH | MKSAP 7:30 - 8:30 a.m. Wingate Doctors' Lounge General MDisc Cancer Conf. 12 - 1 p.m. Conf. Room 11 HMRI Lecture Series 4 - 5 p.m. RSH |
| WEDNESDAY | 4 | 11 | 18 | 25 | |
| | Genitourinary Cancer 12 - 1 p.m. Conf. Room 11 Radiology Teaching Files 12 - 1 p.m. MRI Conf. Room | Radiology Teaching Files 12 - 1 p.m. MRI Conf. Room | Genitourinary Cancer 12 - 1 p.m. Conf. Room 11 Radiology Teaching Files 12 - 1 p.m. MRI Conf. Room | Cardiac Cath Conf., 7:30 - 8:30 p.m. Cardiology Conference Room Radiology Teaching Files 12 - 1 p.m. MRI Conf. Room | |
| THURSDAY | 5 | 12 | 19 | 26 | |
| | | Trauma M&M 8 - 9 a.m. Conf. Room B | Trauma Walk 7 - 8 a.m. Conf. Room B Surgery M&M 8 - 9 a.m. Conf. Room B Thoracic Cancer Conf. 12 - 1 p.m. Conf. Room 11 | Surgery M&M 8 - 9 a.m. Conf. Room B | |
| FRIDAY | 6 | 13 | 20 | 27 | |
| | Neurosurgery Grand Rounds 7:30 - 9 a.m. Conf. Room 11 Medical Grand Rounds 12 - 1 p.m. RSH <i>Topic: Cancelled</i> Cancer Conf. MDisc Breast Cancer Conf. 12 - 1 p.m. Conf. Room 11 | Neurosurgery Grand Rounds 7:30 - 9 a.m. Conf. Room 11 MDisc Breast Cancer Conf. 12 - 1 p.m. Conf. Room 11 | MDisc Breast Cancer Conf. 12 - 1 p.m. Conf. Room 11 | Neurosurgery Grand Rounds 7:30 - 9 a.m. Conf. Room 11 MDisc Breast Cancer Conf. 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

James Shankwiler, MD | President
Christopher Hedley, MD | President Elect
Harry Bowles, MD | Secretary/Treasurer
Thomas Vander Laan, MD | Chair, Credentials Committee
Gregory Giesler, MD | Chair, Quality Management Committee
Peter Rosenberg, MD | Chair, Medicine Department
Jonathan Tam, MD | Chair, OB/GYN Department
Mark Powell, MD | Chair, Pediatrics Department
Steven Battaglia, MD | Chair, Surgery Department

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

2015-2016 Best Hospitals Report



#7 Hospital in the
Los Angeles Metro Area

#18 Hospital in California

Recognized in 9 specialties:

- Diabetes & Endocrinology
- Gastroenterology & GI Surgery
- Geriatrics
- Gynecology
- Nephrology
- Neurology & Neurosurgery
- Orthopedics
- Pulmonology
- Urology

