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From the president

MACRA or Medical Acronyms Create Rising Anxiety



James Shankwiler, MD | Medical Staff

Physicians have had a tumultuous relationship with the government.

Medicare, which was initially a carrot, to allow for greater insurance coverage for a larger portion of the populace, has become increasingly expensive. In fact, every year until just recently, Congress was tasked with creating stopgap legislation to continue funding the program. There has now been a staged revision of Medicare to allow for a shift from pure fee for service to a value based system that requires specific quality indices to be met by physicians in order to avoid penalties, hence the stick. The upcoming program is entitled MACRA, and will be landing on your doorstep within the next few months.

Medicare was the name initially given to a program that was created to provide medical care for families of military personnel as part of the Dependent's Medical Care Act of 1956. In July of 1965, the program was expanded under the Social Security Act to provide health insurance to people 65 and older. In the half century of its existence, it has continued to expand and has become a mainstay with it now providing insurance for over 55 million individuals in this country (Altman). The way that doctors have previously interacted and been reimbursed for their services has seen some significant revisions over the years, with

“Nothing is so permanent as a temporary government program.”

– Milton Friedman

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 September 12, 2016 and by the Governing Board on September 22, 2016.



Medical staff appointments



Mo, Phyllis F., DO
Family Medicine
3160 East Del Mar Blvd.
Suite 110
Pasadena, CA 91107
P (626) 270-2400



In, Gino, MD
Medical Oncology
1441 Eastlake Ave
Los Angeles, CA 90033
P (323) 865-3000



Rojas, Arbis, MD
IM/Geriatrics
2100 E. Colorado Boulevard
Suite 1
Pasadena, CA 91107
P (626) 229-9865
F (626) 229-9867



Brunette, Laurie, MD
Obstetrics & Gynecology
2020 Zonal Ave. IRD 220
Los Angeles, CA 90033
P (323) 226-3416
F (323) 226-3508



Warsh, Joel, MD
Pediatrics
800 S. Fairmount Avenue
Suite 415
Pasadena, CA 91105
P (626) 449-8440
F (626) 449-8999



Azad, Kamran, MD
Plastic Surgery
150 E. Colorado Blvd.
Suite 102
Pasadena, CA 91105
P (626) 320-1013
F (626) 584-5938



Bergman, Mica, MD
Ophthalmology
1513 S. Grand Ave. Ste. 200
Los Angeles, CA 90015
P (213) 234-1000
F (213) 234-1001



Bert, Benjamin, MD
Ophthalmology
625 S. Fair Oaks Ave.
Suite 280
Pasadena, CA 91105
P (626) 817-4701
F (626) 817-4702



Carre, Antoine L., MD
Plastic Surgery Fellow
1510 San Pablo
Los Angeles, CA 90033
P (323) 442-7903
F (323) 442-7901



Husain, Fatima, MD
Urology
1441 Eastlake Ave
Los Angeles, CA 90033
P (323) 865-3220
F (323) 865-0120



Ip, Michael, MD
Ophthalmology
625 S. Fair Oaks Avenue
Suite 280
Pasadena, CA 91105
P (626) 817-4747
F (626) 817-4748

Administrative reports

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



President Message CONTINUED



Khan, Mohammed, MD
Ophthalmology

625 S. Fair Oaks Ave.,
Suite 280
Pasadena, CA 91105
P (626) 817-4747
F (626) 817-4748



Le, Phuc, MD
Ophthalmology
Huntington Pavilion

Pasadena, CA 91105
P (626) 817-4747
F (626) 817-4748



Player, Heather, MD
General Surgery

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



Poon, Selina, MD
Pediatric Orthopedics

3160 Geneva Street
Los Angeles, CA 90020
P (213) 368-3338
F (213) 368-3314



Ramesh, Sathyadeepak, MD
Ophthalmology

625 S. Fair Oaks Avenue
Suite 280
Pasadena, CA 91105
P 626 817-4747
F (626) 817-4748



Yom, Victoria, MD

625 South Fair Oaks Avenue
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Pasadena, CA 91105
P (626) 817-4701
F (626) 817-4702

the last major change being in April of 2015, when Congress replaced the current formula for reimbursement with the Medicare Access and CHIP Reauthorization Act or MACRA.

Under MACRA, physicians will use either the Merit based Incentive Payment System (MIPS) or the Alternative Payment Method (APM). Under the MIPS program, a physician's payment will be based on a combination of a number of prior programs focusing on a mixture of the effective usage of electronic health records, quality metrics, clinical practice improvement, and resource use. (CMS.gov) This pathway is expected to be adopted by approximately 90% of current physicians since it allows for the doctor to have some flexibility on reporting, requires less capital and process change for implementation than the other pathway, and requires less risk for not meeting expectations. On the other hand, the APM pathway provides for a lump-sum incentive payment (5%) and potential higher annual provider reimbursement if specific value based criteria are indeed met. It is expected that this route will be adopted by a few large physician organizations that are already accepting a payment adjustment based on performance standards. Either program has a specific quid pro quo, in that, if one does not meet the standard, one does not get paid as much. In fact, the stakes continue to get higher each year for providers that either fail to make or exceed expectations with either the penalties and rewards being 4% in 2019 to 9% in 2022. (Muchmore)

The implementation of the MACRA program is the culmination of the "Meaningful Use" initiative by the government utilized to initially create an electronic platform and secondly, to allow for better interchange and interconnectivity of that data and finally, now to make use of this information in order to have improved outcomes and utilization of resources. Over the next few years, the private insurance institutions will also undoubtedly indoctrinate these sweeping changes as the new standard. In this time of transition, physicians will continue to have that most difficult of positions, in the middle, balancing the needs of their patients with the resources made available to them.

Bibliography

Altman, Drew, and William Frist H. "Medicare and Medicaid at 50 Years."

Jama 314.4 (2015): 384. Web.

"MACRA: MIPS & APMs." - *Centers for Medicare & Medicaid Services*.

N.p., n.d. Web. 18 Sept. 2016.

Muchmore, Shannon. "Few Docs Ready for Risk of Alternative Payment Models under #MACRA." *Modern Healthcare*. Modern Healthcare, 13 Aug. 2016. Web. 18 Sept. 2016.



Medical staff resignations

Cabrera, Anthony, DO
effective 10/31/2016

Figuroa, Carlos, MD
effective 10/31/2016

Ho, Adelyn, MD
Surgery
effective 10/31/2016

Kemp, Ryan S., DPM
effective 10/31/2016

Khan, Ahmed M., DO
effective 10/31/2016

Koettters, Peter, MD
Pediatrics
effective 10/31/2016

Pulido, Christinga, MD
effective 08/04/2016

Raju, Thirumala, MD
Internal Medicine
effective 10/31/2016

Simonian, Sharis, MD
Emergency Medicine
effective 10/31/2016

Song, Kit M., MD
Pediatric Orthopedics
effective 10/31/2016

Vaks, Yana, MD
Pediatric Critical Care
effective 10/31/2016

CME corner

Medical Grand Rounds

TOPIC **Neurointerventional Radiology: From Strokes to Aneurysms and Beyond. Interesting Cases from HMH.**

SPEAKER Angelos Konstas, MD

DATE October 7, 2016

TIME 12 – 1 p.m.

PLACE Research Conference Hall

CREDITS 1.0 AMA PRA
Category 1 Credits™

Second Monday

TOPIC **Congestive Heart Failure: Devices to Monitor & Treat**

SPEAKER Mayer Rashtian, MD; Vyshali Rao, MD; Amy Hackmann, MD

DATE October 10, 2016

TIME 12 – 1 p.m.

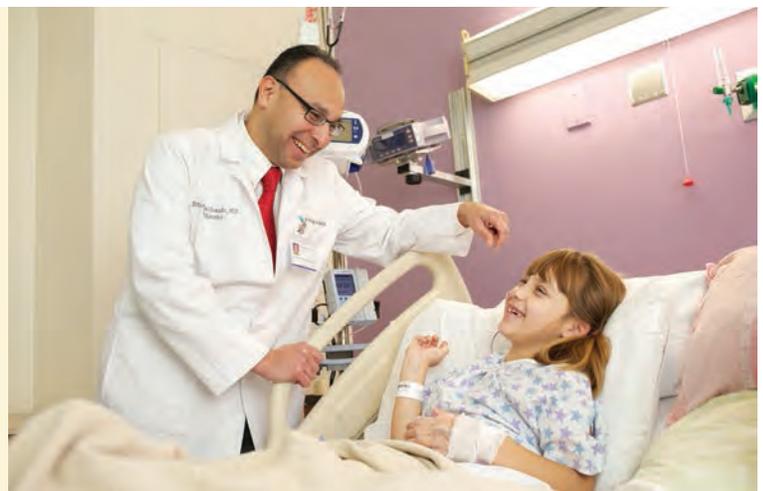
PLACE Research Conference Hall

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

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.





Retirement Honors for Dr. Arvid Underman

Huntington Memorial Hospital director of Graduate Medical Education Dr. Arvid Underman retired from the hospital leaving a lasting impact on the hearts and minds of those he taught and mentored during the last 25 years.

Students, colleagues, and friends joined on the evening of Friday, September 9th at Mijares restaurant to honor Dr. Arvid Underman. Dr. Underman joined Huntington Hospital Graduate Medical Education in 1990 and served as the director for 15 years and taught the residents for 25 years. Dr. Underman acknowledged the attending physicians who spent so much effort teaching residents and helping to care for their patients.

“The program couldn’t have existed without thousands of hours spent by voluntary attending doctors who threw themselves into teaching the residents and helping to care for their patients.”

– Dr. Underman

California State Assembly member Chris Holden (Pasadena) also attended, presenting a certificate of recognition to Dr. Underman on behalf of the California legislature.

Dr. Underman grew up in the Lynnwood/ Compton area and graduated from Inglewood High School and obtained his B.A. and M.D. from Stanford University. He completed his residency and fellowship at LAC-USC in 1970. Dr. Underman currently holds an appointment as clinical professor of medicine and microbiology and emeritus at USC and is a fellow of American College of Physician as well as Infectious Disease Society.

The Pasadena community is very fortunate to have a very unique healthcare facility like Huntington Memorial Hospital which not only trains but also attracts the excellent physicians from all around the world to provide world class healthcare to the community.

The treasure of knowledge and wisdom is unique, which grows by sharing and spending. We are grateful to all the teachers who spend their precious time in teaching others.

Syeda Ali, MD

From the

Health Sciences Library

October is National Medical Librarians Month

October is National Medical Librarians Month (NMLM) so it seems a good time to delve a little into the history of medical librarianship. What better place is there to start than with the beginnings of the Medical Library Association....

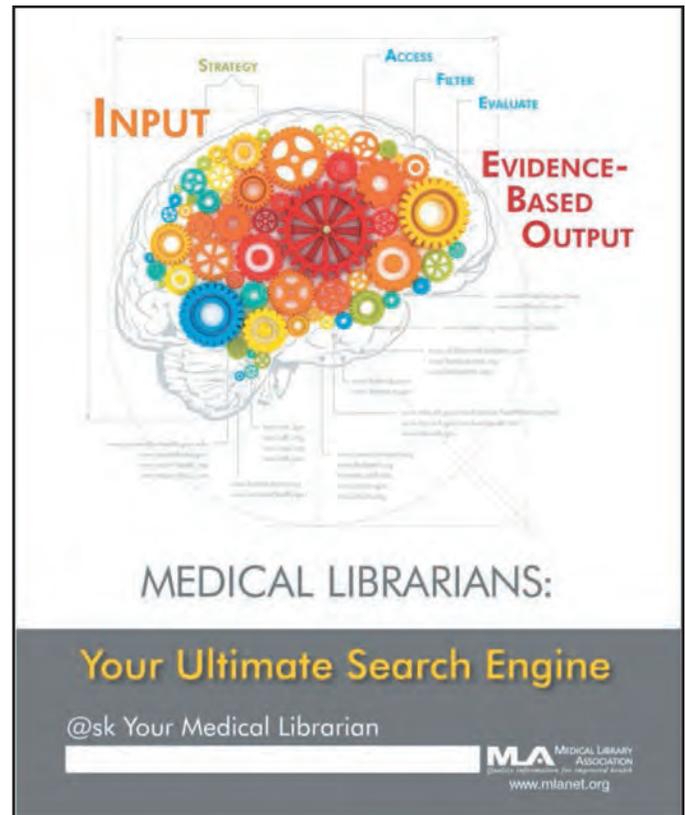
The founding of the Medical Library Association in 1898 is generally attributed the work and ideas of three people – Margaret Ridley Charlton, Sir William Osler and Dr. George Gould.

The Association of Medical Libraries (now known as the Medical Library Association) began in 1898 with a meeting of four physicians and four librarians. The creation of the association came about through a suggestion made by medical librarian Margaret Ridley Charlton at McGill University to either Dr. George Gould or Sir William Osler during a meeting of the British Medical Association meeting taking place in Montreal (it is unclear in the literature to whom she spoke first and she herself has been quoted as not remembering).

“It is hard for me to speak of the value of libraries in terms which would not seem exaggerated...For the teacher and the worker a great library...is indispensable. They must know the world’s best work and know it at once. They mint and make current coin the ore so widely scattered in journals, transaction and monographs”

– Sir William Osler

Dr. George M. Gould was the first president of the association. Prior to becoming a physician, Gould volunteered as a drummer boy in the Civil War, studied



at Harvard Divinity School and owned a bookstore before going on to Jefferson Medical College where he specialized in ophthalmology. Gould is often remembered for his Students' *Medical Dictionary* and other lexicographic works of his time which sold over half a million copies. Frances Groen, in her article on the founding of the MLA, notes that, “His writings and the variety of his intellectual interests made him strongly reliant upon libraries throughout his professional career. It was predictable that, like Osler, he would have recognized and actively supported the founding of an association of medical librarians.”

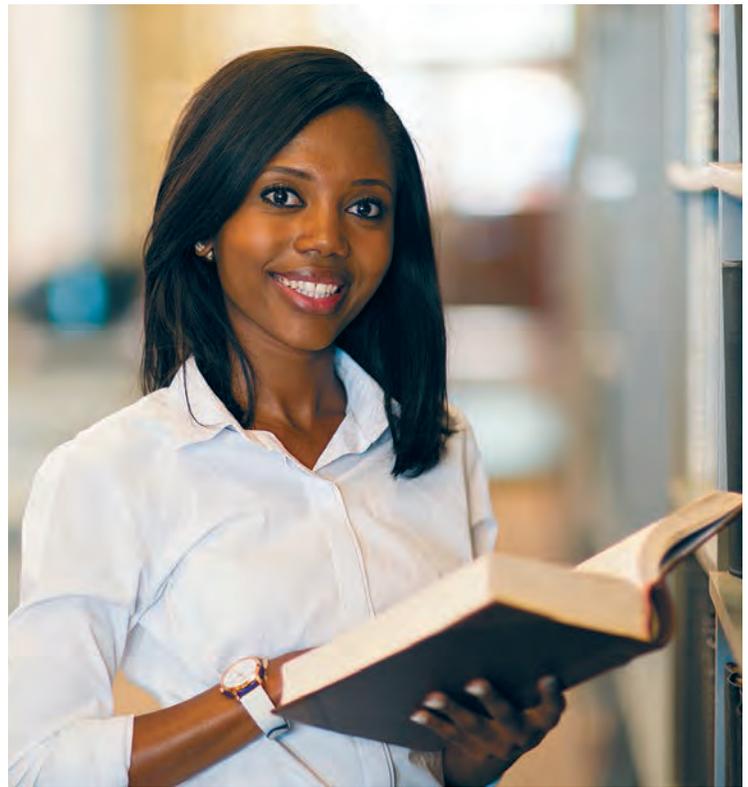
Margaret Charlton not only prompted the founding of the association by her mention of the idea but was also the association's secretary for the first 5 years until 1903 and again from 1910-11. Dr. Gould commissioned her to “do all the correspondence relating to the formation of the Medical Librarians' Association, as he himself has not the time to devote to it.” After a career as a literary journalist, Charlton entered librarianship when the profession was still largely in the purview of men. She was employed as assistant medical librarian to the honorary medical librarian, Dr. Frederick Gault Finley, at McGill University from 1895 to 1914 where she increased the collections from 14,000 volumes to 24,000 volumes. Following her employment at McGill she moved to the Academy of Medicine Library in Toronto where she worked until 1922.

Health Sciences Library

CONTINUED

The most well-known of the three founders, Sir William Osler, was the second president of the association elected at the third annual meeting in June 1900 and continued as president until 1904. In addition to his multifaceted medical career, he also served as the first and last president of the Medical Library Association of Great Britain and Ireland and the president of the Biographical Society of London. Frances Groen states, "Few physicians have made a more important and personal impact upon the development of medical libraries than did Sir William Osler." He was noted for giving generously to the institutional libraries with which he was associated and to many he was not.

If you are in the hospital, stop by the library's National Medical Librarians Month bulletin board (between Medical Staff Services and the library) which highlights the history of medical librarians at Huntington Hospital.



Bibliography

Groen FK. Three who made an association: I. Sir William Osler, 1849-1919. II. George Milbry Gould, 1848-1922. III. Margaret Ridley Charlton, 1858-1931 and the founding of the Medical Library Association, Philadelphia, 1898. Bull Med Libr Assoc. 1998;86(2):183-91. (PMC226350)

The History of the Medical Library Association. Bull Med Libr Assoc. 1911 Jul; 1(1): 7-9. (PMC234728)

Tuesday Evening Meeting. Bull Med Libr Assoc. 1934 Aug; 23(1): 30-37. (PMC234211)

Gould, GM. The Work of an Association of Medical Librarians. Med Lib. 1898 May; 1(4): 15-19. (PMC2047412)



Medical/Dental Staff Holiday Party

Friday, December 2, 2016
Pasadena Langham Hotel
6 p.m. to 11 p.m.

Formal invitations to be mailed

Flu shots

Free flu shots will be available at the Employee Benefits Fair on Wednesday, November 2, 2016 from 7 a.m. to 5 p.m., in the Braun Auditorium.

More details and information to come!



From the

Clinical Documentation Specialists

Documentation Tip of the Month

ANEMIA



When your patient has anemia, always document three things:

1. **Acuity:** Acute, Chronic, or Acute on Chronic
2. **Type:**
 1. Blood loss (include Acute or Chronic)
 2. Nutritional (iron deficiency anemia, Pernicious anemia, etc)
 3. Hemolytic (thalassemia, sickle cell, etc)
 4. Aplastic
3. **Etiology (if known)**
 1. Hemorrhagic (trauma, GI blood loss, surgery, etc)
 2. Malignancy
 3. Chemotherapy induced
 4. Drug induced
 5. Manifestations of an adverse effect or poisoning
 6. Chronic disease (CKD/ESRD)

Consider documenting ABLA (Acute Blood Loss Anemia) if the patient lost enough blood to become acutely anemic, or significantly more anemic in the case of a patient with chronic anemia.

Acute blood loss anemia is a significant indicator of Severity of Illness (SOI) and helps to accurately capture how sick your patient is.

Considerations include:

Drop in H/H	Increased monitoring of H/H
Hypotension	SOB
Tachycardia	Inability to participate in therapies
PO or IV iron preparations	Need for blood transfusion (transfusion is not required)

*ABLA is not classified as a complication

*A diagnosis of “postop hemorrhage” or “hemorrhage due to surgery” is classified as a complication unless documented as **expected post-op ABLA**

Documentation Examples:

- Acute blood loss anemia due to GI hemorrhage
- Anemia of CKD/ESRD
- Expected acute post operative blood loss anemia due to hip fracture
- Chronic blood loss anemia due to chronic gastric ulcer
- Anemia due to metastatic carcinoma

ED Success Story

The ED Turn-Around-Time Improvement Committee



Reduction In Emergency Department Wait Times

Over the last two and a half years, a cohesive group comprising physicians, nurses, and other ancillary staff members came together and used the Lean SixSigma model to develop a program aimed at increasing patient experience satisfaction at Huntington Hospital Emergency Department by reducing patient wait times and other “turn-around times” (TAT) in the Emergency Department.

The ED Turn-Around-Time Improvement Committee was headed by Dr Brandon Lew (ED medical director), Karen Knudsen, RN (ED manager), and Alison Birnie, RN (Clinical Director), along with participating ED staff members and other ED physicians to find solutions that would lead to process improvements. Active core team members responsible for most of the innovative changes in Emergency Department process flow include Dr Robert Goldweber, Dr David Ulick, Dr Nicholas Greco, Dr Douglass Willard, Janet Henderson, Ryan Haydon, Robert Ryken and Michael Eaton.

Using the Six Sigma DMAIC methodology, Francis Tan, a Six Sigma Black Belt, facilitated the improvement process and worked together with the team to obtain baseline data, identify multiple root causes for delays, brainstorm solutions to the challenges, and ultimately the team successfully implemented process improvements which have shown sustainability.

Standardizing our processes across the board from greeting the patient on arrival, pre-registering them in the electronic health record, triaging, and bedding patients

to be seen by a physician or PA/NP helped to reduce variabilities in the flow of patient care.

At the start, we identified two challenges that led to bottlenecks in patient flow:

1. The arrival of multiple patients in a short period of time causing a bottleneck in the triage process, despite the fact that ED beds were available.
2. Once ED beds were fully occupied, there was a considerable delay in flow prohibiting patients to be evaluated by a provider in a timely manner.

With this understanding, we implemented innovative, evidenced-based process changes as a way to allow safe, effective and timely evaluation by providing:

1. Direct bedding of patients as space allowed, bypassing the formal up-front triage process, to allow for parallel initial evaluations by nursing and physician/PA/NP.
2. Once at capacity, during high patient volume times of the day, a physician/PA/NP and nurse were then stationed together in the triage area to again allow for parallel evaluation and expedited complete work-up bypassing the need for a POD bed prior to being seen by a provider. A dedicated triage room and 3 telemetry monitored protocol beds in the triage area are used to medically screen these patients expeditiously.

Due to the process changes in the ED flow, we have decreased patient median wait times from arrival to being medically screened by a physician or PA/NP to 18 minutes

continued on page 10

ED Success Story

CONTINUED

in July 2016; a reduction of 43 minutes or 70% from 2014 data. (See Figure 1)

This has greatly improved our department's service timeliness, patient safety, all the while increasing patient satisfaction with the care provided at the HMH Emergency Department.

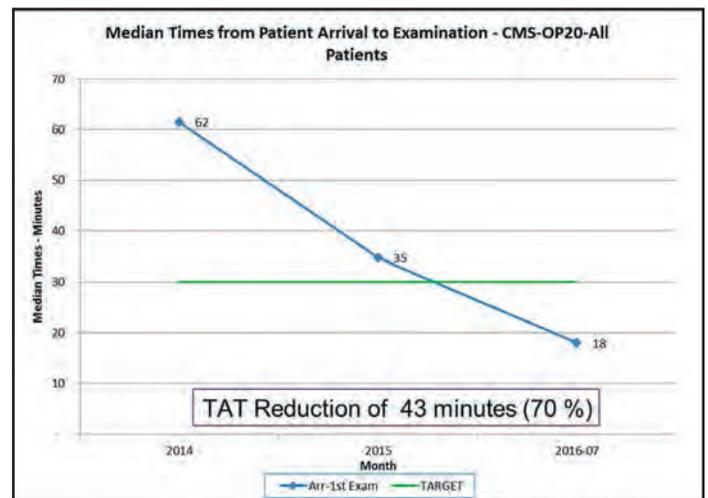


Figure 1

Reduction of Patient Stay in ED

In addition to the improvements made in patient wait times, the above collaborative ED team using the same Lean Six Sigma DMAIC Methodology, defined issues relating to delays in disposition of ED patients, identified root causes delays, and developed/adopted appropriate evidence-based process improvements to reduce overall patient stay in ED.

1. Standardizing the process by which each individual of the multidisciplinary ED team cares for patients from Arrival to Departure,
2. Adapted the Cerner Patient Tracker to ensure smooth and efficient notification of tasks to be performed on individual patients during their ED stay,
3. Adopted the Split-Flow Process by separating patients into distinct zones of care based on acuity level for better utilization of resources,
4. Collaboration with ancillary departments, Radiology and Pathology, to reduce turnaround times of results on STAT ordered imaging and laboratory studies,
5. Collaboration with admitting hospitalist physicians to reduce duplication in patient work-ups and accelerate admission orders and bed requests,
6. With the help of ED Nursing Leadership and Inpatient Unit leaders, we were able to ensure efficient and safe patient admission to the hospital (from bed assignment to patient hand-off),
7. Collaboration with the Patient Transportation Department to ensure safe and timely patient transport to various imaging locations and inpatient units.

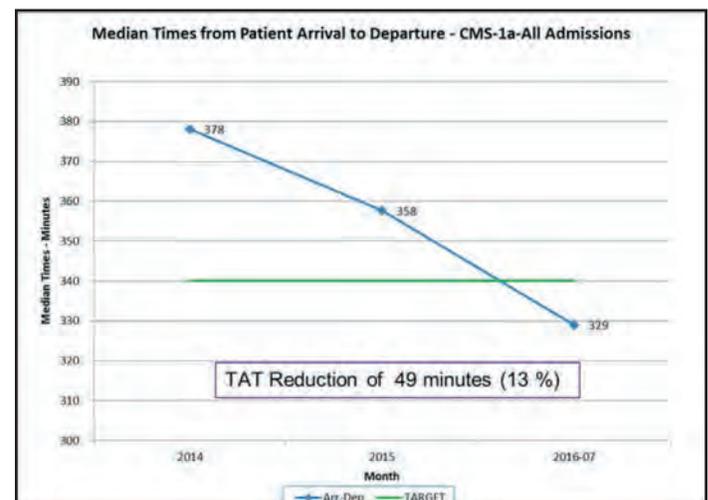


Figure 2

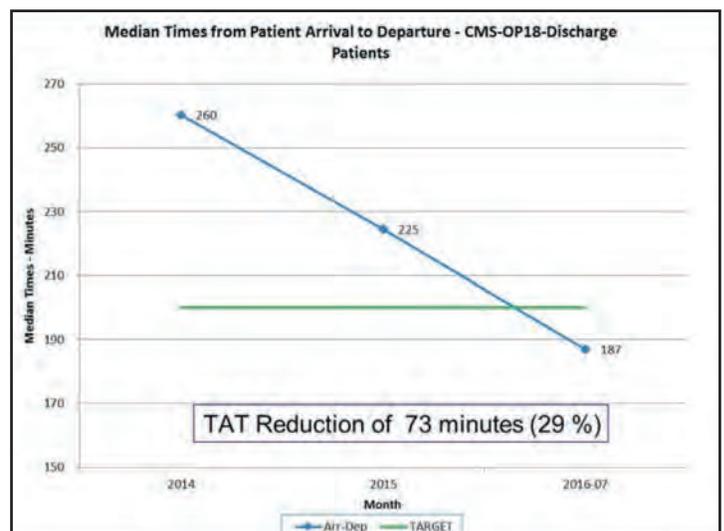


Figure 3

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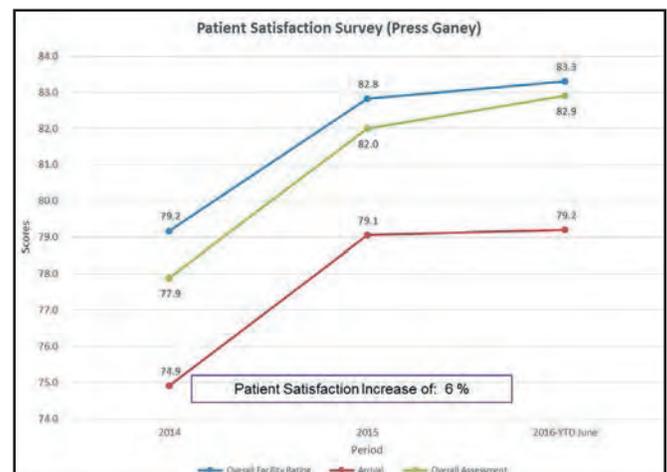
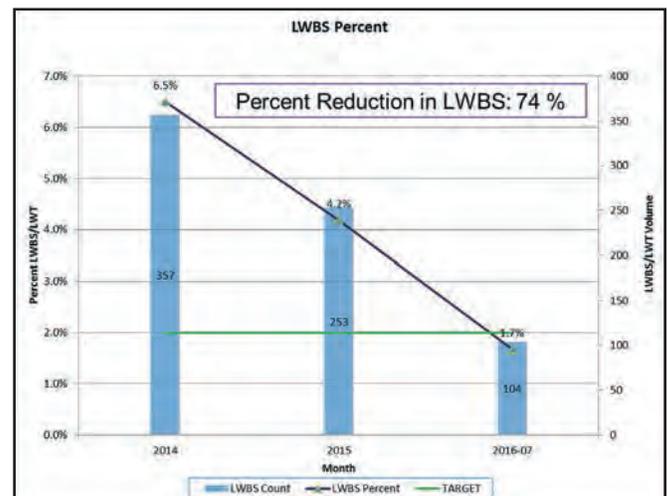
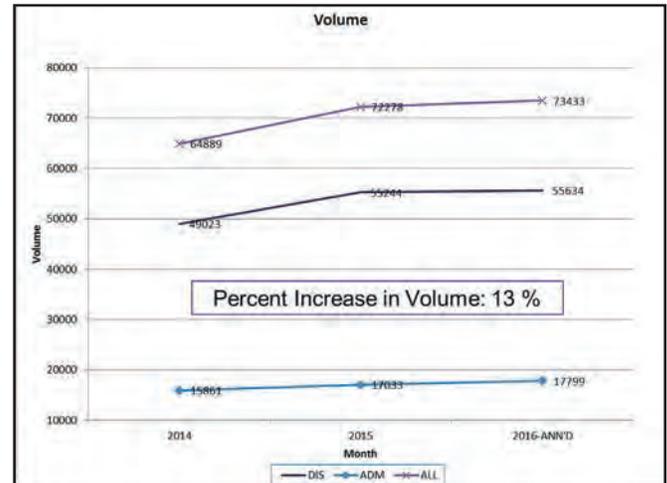
By working together, in collaboration with various hospital departments and through ED process adjustments, we were able to achieve notable improvement in overall turn around time when compared to 2014 data:

1. ED Patient Length of Stay for all ED Admissions has decreased 49 minutes (see Figure 2 on page 10)
2. ED Patient Length of Stay for all ED Discharges has decreased 73 minutes (see Figure 3 on page 10)

Identifiable Benefits to a Decreased ED Length of Stay:

1. Reduced length of ED stay allows for **Increase in ED capacity** which in turn leads to **Increase in patient volume** as we can now accommodate and assist in the care of more patients from our community.
2. Reduction of Left Without Being Seen (LWBS) Percentage (aka: those patients not medically screened by a physician/PA/NP).
 1. The best indicator at identifying whether a department is capable of caring for patients efficiently is the percentage of patients who leave without being seen. The #1 reason for patients to leave before evaluation is extended wait times.
 2. Through our process changes, there has been a reduction those patients that LWBS to below the national standard of 2%
3. Increase in patient satisfaction as indicated by Press Ganey Patient Satisfaction Survey. Graph shown below represents the overall patient satisfaction including the overall assessment of our Emergency Room and the likelihood of recommending our facility to others.

We are grateful to all of the ED staff, ED physicians, Hospitalist physicians, Ancillary Departments, Transport team, & Inpatient Units for helping to make our Emergency Department more efficient and safe for those in our community we serve.



Stratos Christianakis, MD, named associate program director, Graduate Medical Education (GME), Huntington Hospital



We are pleased to announce Stratos Christianakis, MD, has been named associate program director, Graduate Medical Education (GME), Huntington Hospital.

In this role, Dr. Christianakis will be responsible for clinical training, recruiting new residents and assisting in the overall administration of the Internal Medicine Residency Program.

Dr. Christianakis practices internal medicine with a focus on rheumatology. He received his bachelor of arts degree from the University of Southern California in 1999 and graduated from the Keck School of Medicine at the University of Southern California in 2003.

He performed his internship and residency at our hospital and was named chief resident, internal medicine from 2006-2007. Please join us in welcoming Dr. Christianakis to this new role!

H@nk One Update

H@nk-One Phase 1 was successfully implemented in the ED, 6 West, and 4 East. H@nk-One transforms your experience using the systems at Huntington Hospital by allowing you to quickly access your personal desktop by simply tapping your badge and entering a 4 character PIN. Additional features include Single Sign-On (that will eliminate the need for multiple passwords), and badge printing (which allows you to queue up print jobs and print them later at your convenience by tapping your badge on an enabled printer).

Phase 2 of the project is now gearing up to roll out to the rest of the hospital's clinical units. Starting in few weeks, the project team will deploy a new group of units on a weekly basis until all remaining clinical areas are live. In preparation for this change, the team will be present before each area's go-live to enroll providers ahead of time. This will be supplemented by a quick 3-5 minute tutorial on how H@NK-One works. A schedule for areas go-live and enrollment is being finalized and will be shared with you as soon as the dates are cleared.



Celebrating milestones

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

20 Years (on staff 10/1996)

Chiang, John C., MD

Obstetrics & Gynecology

Gokey, Maria S., MD

Pediatrics

Yim, Allison R., MD

Pediatrics

15 Years (on staff 10/2001)

Fanselau, Annemarie E., MD

Pediatrics

Henry, James C., MD

Pediatrics

10 Years (on staff 10/2006)

Obaid, Amal K., MD

Surgery

Vargas Jaramillo,

Maria Ximena, MD

Medicine

A visit from Jane Goodall



The always amazing Jane Goodall, a grateful patient and supporter of Huntington Hospital, generously spoke to medical staff and hospital leaders last week sharing her unique wit, wisdom and perspective.

It was truly an evening to remember!



Jane Goodall, Ph.D., DBE, photographed with Kimberly A. Shriner, MD, FACP, Paul L. H. Ouyang, chairman, board of directors, Huntington Hospital and James A. Shankwiler, MD, chief of medical staff, Huntington Hospital, at the reception.

Medical staff meetings

Calendar

OCTOBER 2016

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<p>3 12:15 p.m. OB/GYN Dept CR 5&6 5:30 p.m. MEC Board Room</p>	<p>4 8 a.m. QM Pre-Agenda CRC 12:15 p.m. Oral Surgery & Dental WT 5/6</p>	<p>5 12:15 p.m. OB/GYN Dept WT 5&6</p>	<p>6 Noon Medicine Committee N/S Noon Trauma Services WT 5/6</p>	<p>7 7 a.m. Ortho Sect WT 5/6</p>
<p>10 Noon Transfusion SubComm N/S 12:30 p.m. Ophthalmology Sect WT 8</p>	<p>11</p>	<p>12</p>	<p>13 Noon QM Committee East Room</p>	<p>14 7:30 a.m. Neurosurgery Sect CR 11</p>
<p>17</p>	<p>18 5:30 p.m. Surgery Committee WT 5/6</p>	<p>19 Noon Credentials Committee CRC</p>	<p>20 6:30 a.m. Anesthesia Peer CR-7 8 a.m. PT&D Committee CR 5/6 Noon G.I. Section WT 10 6 p.m. Bioethics CR 5/6</p>	<p>21</p>
<p>24 Noon Psychiatry Sect CR10 12:15 p.m. Urology Sect CR 5/6</p>	<p>25 5 p.m. Robotic Committee WT 5/6</p>	<p>26 12:15 p.m. Hem/Onc. Sect WT 5/6</p>	<p>27 Noon IM Peer Review CR 8 Noon Cancer Committee WT 5/6 12:15 p.m. Pediatric Committee East Room 5:30 p.m. Bariatric Committee WT 10</p>	<p>28</p>
<p>31</p>				

Calendar

OCTOBER 2016

MONDAY	3	10	17	24	31
	OB/GYN Dept. Mtg 12:15 - 1:15 p.m. OB/GYN, CR 5 & 6	Second Monday 12 - 1 p.m. RSH			HALLOWEEN
TUESDAY	4	11	18	25	
	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	5	12	19	26	
	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	6	13	20	27	
	Trauma Walk 7 - 8 a.m. Conf. Room B Trauma 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	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	7	14	21	28	
	Neurosurgery Grand Rounds 7:30 - 9 a.m. Conf. Room 11 Medical Grand Rounds 12 - 1 p.m. RSH MDisc Breast Cancer Conf. 12 - 1 p.m. Conf. Room 11	Medical Case Conference 12 - 1 p.m. RSH MDisc Breast Cancer Conf. 12 - 1 p.m. Conf. Room 11	Neurosurgery Grand Rounds 7:30 - 9 a.m. Conf. Room 11 Medical Case Conference 12 - 1 p.m. RSH MDisc Breast Cancer Conf. 12 - 1 p.m. Conf. Room 11	Neurosurgery Grand Rounds 7:30 - 9 a.m. Conf. Room 11 Medical Case Conference 12 - 1 p.m. RSH MDisc Breast Cancer Conf. 12 - 1 p.m. Conf. Room 11	



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U.S. News & World Report
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#4 in Los Angeles **#9** in California

National
 rankings in three
 specialties:

Recognized as Best Regional Hospital/Los Angeles in 13 types of care!

“High Performing” in six adult specialties: Diabetes & Endocrinology,
 Gastroenterology & GI Surgery, Nephrology, Orthopedics, Pulmonology, Urology

“High Performing” in seven common adult procedures and conditions:
 Abdominal Aortic Aneurysm Repair, Heart Failure, Colon Cancer Surgery,
 Chronic Obstructive Pulmonary Disease (COPD), Hip Replacement, Knee Replacement,
 Lung Cancer Surgery