MEDICAL STAFF

Huntington Hospital

Newsletter

Volume 49, Number 04 April, 2011

From The President



Always remember that the future comes one day at a time.

- Dean Acheson

Change is inevitable - except from a vending machine.

- Robert C. Gallagher

The history of Huntington Hospital is inextricably linked to that of Pasadena. Doctors were intimately involved from the outset.

The original inhabitants of the Pasadena area were members of the Native American Hahamogna (Hahamonga) tribe, who had lived in the Los Angeles area for thousands of years. Their dwellings lined the Arroyo Seco. Beginning in 1771, the Spanish occupied the Los Angeles basin, built the San Gabriel Mission and renamed the local people "Gabrielino Indians," after the name of the mission. The Pasadena area was part of an original Mexican land grant, comprised of lands representing today Pasadena, Altadena and South Pasadena. The last of the Mexican owners, Manuel Garfias, sold sections of property to the first Anglo settlers to come into the area; Dr. Benjamin Eaton (as in canyon) and Dr. S. Griffin. A large amount of property was bought by Benjamin Wilson (Mt. Wilson). Wilson, known as Don Benito to the local Indians, would become the mayor of Los Angeles, and the grandfather of George S. Patton, Jr. During the 1860s the land remained rural, with Muscat grape cultivation.

In 1873, Wilson was visited by Dr. David M. Berry of Indiana who was searching the country for a place with

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Summary of the Minutes for MEC

Executive Committee 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 March 7, 2011 and by the Governing Board on March 24, 2011.

PRESIDENT'S REPORT

• The January and February event reports were presented.

ADMINISTRATIVE REPORT

 Dr. Paula Verrette provided an overview of the Quality Strategy/Prioritization for 2011.

MEDICAL STAFF APPOINTMENTS

- Benjamin Bak, MD Diagnostic Radiology
 joining VRad (formerly known as NightHawk Radiology)
- Brian Burgoyne, MD Diagnostic Radiology
 joining VRad (formerly known as NightHawk Radiology)
- Rishi Garg, MD Orthopedic Surgery solo
- Christopher Kaypekian, MD Pain Management solo
- Kathy Keller, MD Diagnostic Radiology
 joining VRad (formerly known as NightHawk Radiology)
- Christine Lamoureux, MD Diagnostic Radiology
 joining VRad (formerly known as NightHawk Radiology)
- Ivan Rokos, MD Emergency Medicine
 joining Emergency Medical Group

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Inside:

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Summary of the Minutes

Executive Committee Meeting

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MEDICAL STAFF APPOINTMENTS continued

- Stephen Sener, MD Surgical Oncology

 joining USC Surgeons, Inc
- Edgar Toscano, MD Nephrology solo
- David Ulick, MD Emergency Medicine

 joining Emergency Medical Group

ALLIED HEALTH PROFESSIONAL APPOINTMENT

Linda Philpott, PhD – Psychology
 The Epilepsy & Brain Mapping Program

MEDICAL STAFF RESIGNATIONS

- Almira Cann, MD Ophthalmology – effective 3/31/2011
- David Cesario, MD Cardiology
 - effective 3/31/2011
- Andrea Feirreiro, DO Internal Medicine
 - effective 3/31/2011
- Steven Gianotta, MD-Neurosurgery
 - effective 4/30/2011
- \bullet David Hanpeter, MD - General Surgery
 - effective 3/31/2011
- $\bullet \ \ Srinath \ Samudrala, \ MD-Neurosurgery$
 - effective 5/31/2011

PRIVILEGE CARD REVISION

- Hematology/Medical Oncology Privilege Sheet:
 Revisions include the relocation of "endotracheal tube
 placement" from the core privilege category to the
 supplemental privilege category with the criteria
 requirement of maintaining current advanced life
 support certification (ACLS).
- Anesthesia Privilege Sheet:
 Revisions include the addition of privilege criteria and privileges for Category 3 Neonatal/Infant Anesthesia to meet California Children's Services (CCS) requirements.
- Thoracic Surgery Privilege Sheet:
 Revisions include combining the basic and advance thoracoscopy privileges and minor additions under the open and closed heart.



DEPARTMENTAL POLICIES AND PROCEDURES AND ORDER SETS APPROVED

For specifics go to Medical Staff Services on Shared Point (intranet)

MEDICINE: 2 items

OBSTETRICS AND GYNECOLOGY: 7 items

PEDIATRICS:

Pediatric Intensive Care Unit: 1 item

<u>Neonatal:</u> 6 items <u>Pediatrics:</u> 1 item

ORGANIZATION WIDE POLICIES AND PROCEDURES: 1 item

James Shankwiler, MD Secretary/Treasurer Medical Staff

From The President

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a better climate for his respiratory patients. Berry formed the Southern California Orange and Citrus Growers Association and sold stock in same. Newcomers bought property along the Arroyo Seco and on January 31, 1874, they incorporated the Indiana Colony. Their intent was to develop an agricultural community with citrus crops. As a gesture of good will, Wilson added 2,000 acres of "useless" highland property, which would later become Altadena. The Indiana Colony occupied land between the Arroyo Seco and Fair Oaks Avenue. Wilson's Lake Vineyard development existed on the east side of Fair oaks Avenue. After ten years of parallel development, the two settlements merged into the City of Pasadena. Other earlier settlers came from Michigan and Illinois. The street Michilinda is a contraction of the three original colonies from Michigan, Illinois, and Indiana. In order to have mail delivered directly, the Post

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Master General required a "more fitting" name than Indiana Colony. Several names were proposed. Dr. Thomas Elliott, contacted a missionary friend in Michigan who worked with Minnesota Chippewa Native Americans. Elliott submitted four names for translation: "Crown of the Valley, "Key of the Valley," "Valley of the Valley," and "Hill of the Valley." All the translations ended in pa-sa-de-na (of the valley). It was put to a vote and Pasadena was accepted. Of note, many businesses in Pasadena were to use Crown Valley in their names. Pasadena was incorporated in March, 1886, the second incorporated municipality in Los Angeles County after the city of Los Angeles.

The popularity of Pasadena, especially its winter climate, drew people from across the country. This migration was facilitated by the creation of a train stop in Pasadena by the Atchison, Topeka and Santa Fe Railway. There soon followed an explosion of growth; Pasadena became the winter resort of the wealthy.

By 1893, the American tycoon Collis Huntington was in his early seventies and one of the richest men in the world, worth \$100 million in 1880s dollars (some \$2-20 billion today). He owned railways, steamship lines, shipyard yards (the famous Newport News Shipbuilding), coalmines and millions of acres of California land. He had recently orchestrated the downfall of one of his longtime business partners, Leland Stanford. At the time of his death in 1900, his estate was bequeathed in thirds to his wife, his son, and his nephew, Henry E. Huntington.

Henry Huntington visited Southern California in 1892 and was entertained at the ranch of James de Barth Shorb, which was named San Marino, which in turn was named after his boyhood Maryland home, so named by his grandfather after the tiny republic in Italy, which had the same acreage as the Maryland estate. Huntington acquired the Shorb property in 1903 after Shorb's death. Huntington's new neighbor on his western boundary was George S. Patton, Sr.

Henry E. Huntington was an avid art collector, but soon turned his interests to books. For twenty years he bought every important collection that came on the market. He built a ranch on his San Marino property to house his library, and after spending \$40 million, put then in trust for the public use. Henry died during surgery in 1927.

The Pasadena Hospital Association was formed by leading citizens of Pasadena in February 1892, in response to the growing need for improved medical care closer than Los Angeles. Several years later a nonprofit hospital was opened. In 1900, a committee was formed to raise funds for construction of a permanent building, and Mrs. Caroline Walkley donated land for its construction at the present site of Huntington Hospital. In 1902, the twenty-six bed Pasadena Hospital opened. Of note, the population of Pasadena was 9,117 in 1900.

The Great Depression was a financial challenge to Pasadena Hospital. In 1936, the estate of Henry E. Huntington donated \$2 million to the Pasadena Hospital Association, which not only put the hospital's finances in order, but allowed for expansion of the physical plant and elimination of debt. In addition, the Huntington Trust was established and has since continued to support the Hospital's mission. Concomitantly, the hospital's name was changed to Huntington Memorial Hospital. From World War II to the present, a steady march of expansion, growth and improvements has marked Huntington's progress. Today, the hospital's edifice is rather amazing, and is a fair reflection of the quality of care and compassion that its medical staff provides. Certainly what the hospital is today is the direct result of prior generations' foresight and commitment.

James Buese, MD President Medical Staff

Informatics Update

Critical Care Unit (CCU) Automating Paper Flowsheet:

The CCU will be moving from a paper flowsheet to an electronic format in the near future. Three new components will be added to support this change, all information viewable in the EMR: 1) an interface from the patient monitors into Meditech 2) IV intake and titration information and 3) Visual Flowsheet. The new monitor interface will pull the patient monitor data directly into Meditech. The IV intake and titration information will be entered into Meditech by the nursing staff. The Visual Flowsheet (VFS) will be additional view-only tool accessed through the Meditech EMR which pulls together pertinent patient information in an easy spreadsheet format. For more information and available training options, please contact Vera Ma (626) 397-3908 or vera.ma@huntingtonhospital.com

Computerized Physician Order Entry (CPOE) Update

CPOE of medication and non-medication orders will be implemented in Labor and Delivery and Maternity on May 4. House-wide implementation of CPOE will go-live on April 1, 2012. We are currently in the process of developing evidence-based order sets to assist physicians with placing orders electronically. If you have any questions or would like to participate in this effort, please contact Jennifer Nunnery (626) 397-2223 or jennifer.nunnery@huntingtonhospital.com

Considering Adopting Electronic Health Record for your Practice or Meeting Meaningful Use?

EHR and eRx Incentive and Penalties

On July 13, 2010, the Centers for Medicare & Medicaid Services (CMS) released the final rule defining 'meaningful use' of an electronic health record (EHR) system, which are required in order to quality for Stage 1 Meaningful Use incentives. Eligible professionals must demonstrate meeting certain criteria during the reporting period, which for Stage 1 is any consecutive 90 days starting after January 1, 2011. Huntington Hospital will continue

to provide educational seminars and services, including conducting a free readiness assessment, to help you navigate all the requirements and incentive programs to help you achieve beyond meaningful use — to recognize 'meaningful value' of adopting and optimizing technology for your practice and patient care. If you are interested in these programs, future seminars, or have questions, please contact **Rebecca Armato at (626) 397-5090** or email Rebecca.armato@huntingtonhospital.com

2011 ePrescribing protects 2012 and 2013 CMS Penalties

Beginning January 1, 2011, CMS offers ePrescribers an opportunity to earn an incentive payment of 1 percent (based on claims submitted no later than Feb. 28, 2012) for all covered professional services furnished from January 1, 2011 – December 31, 2011. Currently, CMS' proposal is to levy 1 percent of Medicare revenue penalty in 2012 against physicians who fail to report the ePrescribing measure on 10 unique Medicare patient visits between January and June 2011. To avoid penalties in 2013 (1.5 percent of Medicare revenue in 2013), physicians must report at least 25 unique Medicare encounters between January – December 2011. Due to the volume of public comments from AMA, medical societies and other organizations - CMS may change these penalty requirements – but they currently stand as listed. Interested in HuntingtonRx? Please contact Joe Limmer at (626) 397-3348 or email Joe.Limmer@huntingtonhospital.com

Huntington Rx and Huntington Health eConnect initiatives are designed to assist you in meeting incentive requirements as well as improve patient safety and practice efficiencies around care collaboration. If you are interested in these programs, future seminars, or have questions, please contact Rebecca Armato at (626) 397-5090 or email Rebecca.armato@huntingtonhospital.com. Other resources that provide information on the federal incentive programs and certified electronic health records are listed on page 5:

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HMH Attains Disease Specific Certification for Hip an Knee Replacement Surgery from Joint Commission

early two years of hard work by many dedicated colleagues has resulted in Huntington Hospital receiving <u>Disease</u>

<u>Specific Certification</u> from The Joint Commission for our total hip and total knee joint replacement programs. We are one of only four hospitals in California to receive this distinction. Back in 1995, Dr. George Mulfinger and I started assembling a joint replacement team; it was a grass roots undertaking meant to improve our processes and quality of patient care. Many of the original participants – Rida Selback-Rivera, Marie Firoozian, Cathy Davis, Margaret Blair, Robin MacPherson and Patricia Ellis – are still active members.

The current multidisciplinary team consists of hospital administration, nurses, physical therapists, occupational therapists, pharmacists, nutritionists, surgical teams, care coordinators and other health professionals. Cecilia Cayton, RN manager led the effort and it is her drive and expertise that made success possible.

Along with fellow champion, Dr. Todd Dietrick, this stellar team has reached and surpassed goals such as lower complication rates, shorter length of stay, optimal outcomes, continuity of care and most important, improved patient satisfaction. We have pioneered

minimally invasive techniques, computer navigation, alternative surgical approaches, and advanced anesthesia and pain control methods.

Our pre-hospital, in-hospital and post discharge therapy programs have accelerated recovery and decreased complications. Our educational offerings include a Huntington specific personal journal, a joint class, clinical pathways and coordinated, consistent instruction from all disciplines. An invaluable sense of calm and confidence are instilled in our patients before their procedure.

The group has blazed new trails in infection control and MRSA screening and management. According to NSQIP, Orthopedics has earned an *exemplary* rating in regard to morbidity data. Patient satisfaction surveys indicate 100 percent of our patients would recommend Huntington to others for hip and knee replacement surgery.

The Joint Commission certification validates our efforts to make HMH the premier hip and knee replacement institution in the San Gabriel Valley, if not all of LA. Our patients and I are deeply grateful for the efforts of this entire team.

Paul K. Gilbert, MD

Informatics Update continued from page 4

Complete list of ONC-ATCB Certified Electronic Health Records

http://onc-chpl.force.com/ehrcert

Complete list of ONC-Authorized Testing and Certification Bodies (ATCB)

 http://healthit.hhs.gov/portal/server.pt?open =512&mode=2&objID=3120

Follow the latest information about the EHR Incentive Programs on Twitter

• http://www.Twitter.com/CMSGov

Official web Site to register for Medicare/Medicaid EHR Incentive Programs (Registration opened January 3, 2011)

https://www.cms.gov/EHRIncentivePrograms/

Call, email or stop by the Physician Informatics office Physician Informatics Office: 626-397-2500 or email:

Becky Pangburn: becky.pangburn@huntingtonhospital.com; Jennifer Nunnery: Jennifer.nunnery@huntingtonhospital.com Vera Ma: vera.ma@huntingtonhospital.com; Joe Limmer: joe.limmer@huntingtonhospital.com



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MEDICAL STAFF N e w \mathbf{E}

April, 2011

CME Corner



Topic: **New Treatments for Renal Cell Carcinoma**

Date: April 1, 2011

Time: Noon

Place: Research Conference Hall

Gap Analysis: Knowledge Gap for Internists and Competence

Gap for Oncologists: Practitioners, who may or may not be unaware of the new treatments for RCC. With this information, practitioners will learn who to refer for treatment promptly. Hem/onc practitioners will learn which

treatments to use in specific cases.

Objectives:

- 1. Understand new treatments for renal cell cancer and how they change the prognosis.
- 2. Know when to refer for treatment, and what the course of that treatment is likely to be.
- 3. Be able to provide patients with information about their treatment options, adverse effects, outcomes, etc.
- 4. Will discuss the epidemiology, which includes race, age and gender differences in the incidence of RCC and how these differences affect treatment choices.

Audience: Medical Oncologistst, primary care

physicians and Urologists

Methods: Lecture with a question and

answer period

Evaluation: Post-activity evaluation form

Speaker: Sumanta Pal, MD – Director,

Renal Oncology, City of Hope

Credit: 1 AMA PRA Category 1 CreditTM

UPCOMING PROGRAMS FOR THE FIRST THURSDAY MEDICAL WORKSHOPS:

4/7/11 -Osteoporsis

Research Conference Hall

8:00 AM