

MEDICAL STAFF

Huntington Hospital **N E W S L E T T E R**

VOLUME 50, NUMBER 8 August 2012

From *The President*



Wisdom doesn't necessarily come with age. Sometimes age just shows up all by itself.

- Tom Wilson

Wisdom is knowing what to do next; virtue is doing it.

- David Starr Jordan

Most people believe neurosurgery is a relatively young field with a brief history. It is recognized that neurosurgery today is vastly different from that practiced twenty or thirty years ago. Is it really so different?

The beginnings of neurosurgery are clearly evident as far back as the days of prehistory in the form of trephinations, the first operation performed by humans for which there is evidence. Although the techniques used to penetrate the skull then were quite different, the principles tend to remain the same. Those principles, born of experience and knowledge, are the common threads through the history of neurosurgery, and have defined the field long before neurosurgery was recognized as its own specialty.

Cranial injuries were among the earliest neurosurgical problems faced by ancient physicians. The earliest ancient treatment was trephination, which modern scientists believe was used to treat skull fractures. The Egyptian papyri of Edwin Smith provide a thorough description of twenty-seven head injuries with astute observations of clinical signs and symptoms, but little information on the treatment of these injuries.

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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 July 9, 2012 and by the Governing Board on July 26, 2012.

ADMINISTRATIVE REPORTS

PRESIDENT'S REPORT

Dr. James Buese, Medical Staff President, presented the following item:

Event Report:

There were three event reports for the months of May and June. One incident involved behavior, one incident involved the failure to follow policies and procedures, and one incident involved an employee complaint. All events are currently pending review.

In addition, the August 6th Medical Executive Committee meeting has been cancelled.

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Summary of the Minutes

Executive Committee Meeting

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Report from the Vice President of Quality and Performance Improvement/CMO

Dr. Paula Verrette reported on the following items:

- HIPPA Violations:
There has been an increase in the number of HIPPA violations reported to the Compliance Office. Efforts will be made by the Compliance Officer to increase awareness and provide education regarding the legal reporting requirements for these violations. She noted that the Compliance Officer will be attending some of the upcoming meetings to address this issue.
- ACO Development:
It was reported that a meeting was held on June 14th to discuss the potential interest on the part of the physicians for establishing an ACO. The meeting produced significant interest as well as significant questions. A second meeting is being scheduled to address some of the questions that were posed.

Report from the Chief Nursing Officer

Ms. Bonnie Kass, R.N, reported on the following items:

- Patient Care Contracts:
The following Vendor contracts due for review and approval by the Medical Executive Committee were presented:
 - California Acute Dialysis
 - Pasadena Dialysis
 - Hemacare
 - Cardiopulmonary Perfusion Services
- Advance Directives Policy and Procedure:
Proposed revisions to the Advance Directives Policy and Procedure were reviewed and recommended for approval.

Report from Director of Healthcare Services

Ms. Gloria Gomez, CPMSM reported on the following items:

- Meeting Attendance Rewards:
MEC member were selected to draw the raffle tickets for the June meeting attendance rewards, as follows:
 - Lennis Burke, MD – Pediatric Committee
 - Richard Stone, MD – Plastic Surgery
ED Call Panel Subcommittee

Please go to SharePoint -> Medical Staff Services -> Board Approved Items -> 2012 and select July to see:

- **NEW/REVISED PRIVILEGE SHEETS**
- **CLINICAL/ADMINISTRATIVE POLICIES AND PROCEDURES**
- **ORDER SETS**
- **FORMULARY MANAGEMENT**
- **DEPARTMENTAL POLICIES AND PROCEDURES AND ORDER SETS**

MEDICAL STAFF APPOINTMENTS



Edward Barton, MD
Neurology
625 West Naomi Avenue, Suite 201
Arcadia, CA 91007
626-445-8481 (office)



Joseph Carey, MD
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USC Division of Plastic
and Reconstructive Surgery
1510 San Pablo Street, Suite 415
Los Angeles, CA 90033
323-442-7920 (office)



Sam Carvajal, MD
General Surgery
Foothill Surgical Specialists
1560 East Chevy Chase Avenue
Suite 430
Glendale, CA 91206
818-243-1135 (office)

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Summary of the Minutes

Executive Committee Meeting

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Adrian Castro, MD
Pediatrics
Descanso Pediatrics
1346 Foothill Boulevard, Suite 201
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818-790-5583 (office)



Leonardo Clavijo, MD
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323-865-3690 (office)



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323-865-3690 (office)



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Selena Lantry, MD
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818-247-2164 (office)



Ray Matthews, MD
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625 South Fair Oaks Avenue, Suite 400
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626-568-1622



Murtaza Rizvi, MD
Plastic Surgery
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Los Angeles, CA 90027
323-361-2154 (office)



Michael Sedrak, MD
General Surgery
900 West Olympic Boulevard, Suite 31J
Los Angeles, CA 90015
310-728-0494 (office)



David Shavelle, MD
Interventional Cardiology
1510 San Pablo Street, Suite 322
Los Angeles, CA 90033
323-442-6130 (office)

ALLIED HEALTH PROFESSIONAL APPOINTMENTS

- Noel Ursua, NP – Nurse Practitioner

MEDICAL STAFF RESIGNATIONS

- Madhav Boddula, MD – Orthopedic Surgery
- Nadia Fakoory, MD – Emergency Medicine
- Audrey Ham, PhD – Clinical Psychology
- Jonathan Hechanova, MD – Internal Medicine Resident
- Timothy Jackson, MD – Orthopedic Sports Medicine Fellow
- Luis W. Martinez, MD – General Surgery
- David Mok, MD – Electrophysiology
- David Samimi, MD – Ophthalmology Fellow
- David Tran, MD – Pediatrics

James Shankwiler, MD
Secretary / Treasurer, Medical Staff



From *The President* continued from page 1

Hippocrates offered the first classification of skull fractures and discussion of which types required trephination, in addition to refining this technique. Hippocrates was also the first to understand the basis of increased intracranial pressure. After Hippocrates, the physicians of Alexandrian school provided further insight into the clinical evaluation of patients with head trauma, including the rudiments of a Glasgow Coma Scale. Galen of Pergamon, a physician to fallen gladiators, substantially contributed to the understanding of cerebral neuroanatomy and physiology. He also described his own classification system of skull fractures and further refined the technique of trephination.

The Egyptians were responsible for an early understanding of the devastating outcomes of cervical spine injuries. The Greco-Roman writers of surgery demonstrated the earliest codification of medicine and surgery. Although the Arabic and Medieval periods were eras of great intellectual offerings, “it is clearly seen that faith was excessive in the writings of antiquity.” From the fall of the Roman Empire, to the beginning of the sixteenth century, anatomy and the practice of surgery lay dormant, chained to a staunch Galenic orthodoxy. With very few exceptions, a lack of anatomical knowledge and inevitable poor surgical outcomes led physicians to recommend against operating on the spine, especially in the cervical region.

Yet, there still existed prominent personalities who did make advances in surgery, and in particular, neurosurgery. The surgical advances often went in opposite directions, with clear examples of a surgeon’s capability of making mistakes. In looking back through history, it is interesting to see how incredibly long it took for neurosurgery to become established as a surgical specialty.

“Modern Neurosurgery,” is described as having its beginnings in the nineteenth century, with the advent of anesthesia, antisepsis, and incremental progress in the understanding of neuroanatomy and neuro-

pathophysiology, with the concomitant refinement of surgical technique. Many consider Harvey Cushing (1869-1939) the father of modern neurosurgery. However, he definitely was preceded by others.

William Macewen (1848-1924) may be the first practitioner of modern neurosurgery, as exemplified by his removal of a left frontal meningioma, in 1879, from a teenager, who subsequently was able to work; Harvey Cushing was ten years old at the time. Victor Horsely (1857-1916) was holder of the first neurosurgical appointment at National Hospital, Queens Square, London. A two volume textbook, by the French physician Antoine Chipault, included sections on skull base surgery, epilepsy surgery, synthetic cranioplasty, surgery for hydrocephalus, spina bifida, spinal fractures and tumors, torticollis, trigeminal neuralgia and intractable pain, and was published in 1894-95, when Cushing was in his mid-twenties. Cushing may not have been the first modern neurosurgeon, but his unique contribution was not based on primacy.

Harvey Cushing may have been the twelfth surgeon (Horsely was first) to operate on the pituitary gland, the sixth trans-nasally, but that is somewhat irrelevant; it was his appreciation of the importance of establishing a scientific base and professional identity, as well as a meticulous approach overall and a profound technical understanding, which generated his pre-eminent position in modern neurosurgery. He met Horsely in London and was unimpressed, finding him living in “seemingly great confusion” and “operating like a wild man.” Cushing also took a pioneering interest in x-rays, hand-cranking the machine, which he paid for himself, and developing his own films. This exemplified his strong prescience of a theme, which would recur decades later with the CT and the MRI, while he had reservations about ventriculography because he feared that such imaging would encourage junior staff to gloss over the neurological examination in reaching a diagnosis.

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From the Health Science Library

Recreational Reading Books Now Available in the Library

Just in time for summer reading, the staff has created an area at the back of the library in the alcove for recreational reading books. A sign indicates the location and the instructions are to **“Bring One...Take One...Or Both.”**

No need to sign them out, just take one that looks interesting and bring us any you want to donate. Read it in the library or at home. When you finish reading one, we'd appreciate you returning it so that others will have a chance at it.

We've just started this service and would appreciate any donations.

Whether it's mystery, fantasy, sports or science fiction that you fancy, there is probably a book there for you! Take some time to escape into one. There's a reason it's called recreation – it will help you re-create and refresh yourself.

Technology User Group Meeting

Didn't make it to the July meeting? There will be a repeat of the demo on MDConsult and First Consult mobile on August 8. Come any time during the 45 minutes and learn about these two mobile resources. The presentation will only last about 15 minutes. Feel free to bring your lunch.

Can't make it to this meeting? Watch the demo videos and PowerPoint presentation at: <http://huntingtonhospital.libguides.com/tug>

- WHAT:** Technology User Group Meeting
WHEN: Wednesday, August 8, Noon –12:45 p.m.
(come anytime, demo will be repeated every 15 minutes)
WHO: Huntington Hospital employees and affiliated physicians
WHERE: Conference Room C
(Wingate 1st Floor, across from the library)
DEMO: MDConsult/FirstConsult
BRING: Your device(s) (if you have one)
RSVP: Email: library@huntingtonhospital.com
Phone: 626-397-5161
SMS/text: 626-344-0542 – please include your full name

If you cannot attend this meeting, but are interested in attending future meetings, please let us know so that you will be notified as to dates and times.

From The President

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Further milestones of this era of modern neurosurgery included: Macewen pioneered the use of endotracheal anesthesia in 1878; Horesly's research included frequently anesthetizing himself (!); Halstead's experimental self-administration of cocaine led to an addiction, which forced him to move from New York to John Hopkins, Baltimore, where he had a significant influence on Cushing; Cushing experimented with cocaine nerve blocks, and probably coined the term “regional anesthesia;” Dandy experimented with contrast media, introducing ventriculography in 1918, followed by pneumoencephalography in 1919; and, cerebral angiography was introduced in 1926 by Ameida Lima and the neurologist, Egas Moniz.

These neurosurgical advances of the last one hundred fifty years parallel the milestones of modern medicine in general: asperis, safe general anesthesia, antibiotic developments, advancements in laboratory sciences, developments in radiological techniques, the understanding of the molecular basis of diseases, and the evidence-based practice of medicine.

Jim Buese, MD
President Medical Staff



From Graduate Medical Education

Class of 2012

The House Staff Farewell Celebration was held on June 19 at the Athenaeum. There were a total of nineteen residents graduating between the two residency programs, six (6) from General Surgery and thirteen (13) from Internal Medicine. The event was well attended by Board Members, Faculty and members of the Administrative Staff.

The graduates were recognized for their achievements during their residency and the recipients of the research awards were announced. Congratulations to the following residents who won for their research paper presentation.

General Surgery:

- 1st Place – Nicolas Saguan, MD
- 2nd Place – Rahim Aimaq, MD
- 3rd Place – Tiffany Wu, MD

Internal Medicine:

- 1st Place – Valerie Cacho, MD
- 2nd Place – Arbis Rojas, MD
- 3rd Place – Albert Kashanian, MD

Additionally, the Residents honored three members of the Faculty staff with a teaching award. The following awards were presented to the faculty staff:

Clinical Teaching Award Medicine

Gregory Giesler, MD

Clinical Teaching Award Surgery

Bengt Pehrsson, MD

Outstanding Teaching by a Subspecialist in Surgery

Brian Cox, MD



Internal Medicine recipients



Surgery recipients



Internal Medicine graduating class



Internal Medicine graduating class

From Graduate Medical Education *continued from page 6*



Surgery graduating class



Dr. Cox, Subspecialty Teacher of the Year award recipient



Dr. Pehrsson, Surgery Teacher of the Year award recipient



Dr. Giesler, Medicine Teacher of the Year award recipient

From Infection Control

DOWN ON THE GOWN???

If your patient is on contact precautions, has completed his/her course of antibiotics and will likely be on the unit for an extended period of time...

It may be time to order the MRSA clearance from isolation protocol. (Policy # 753)

To qualify for clearance from isolation, the following conditions must be met:

- Patient must be off of all systemic antibiotics that the bacteria is sensitive to for 48 hours prior to start of specimen collection
- Patient must be off of all topical anti staph agents for 48 hours prior to start of specimen collection
- Collect three specimens from the original positive site if possible. Specimens must be at least 24 hours apart **and**
- Collect three nasal swabs at least 24 hours apart

Do not discontinue contact precautions until all final culture results are negative. DO NOT use preliminary results.

From Physician Informatics



iDOC/Physician Advisory Committee: Cerner/Lawson Implementation

July 15th we kicked off the implementation of our new hospital information systems (HIS): Lawson and Cerner. We are taking a clinical and operationally focused implementation that will integrate business and clinical information systems to support the goal of using technology to improve quality, patient safety, and productivity and physician alignment.

Over the next year and beyond, you will be receiving communication in a variety of media, including this monthly medical staff newsletter. We will be providing updates on our progress, medical staff and operational team activities, as well a 'call to action' to participate – giving every medical staff member a voice and opportunity to become involved. Currently, our 'Go Live' date for Cerner, our new electronic medical record, is August 1, 2013. An aggressive goal, but one we are confident we will achieve. We have expanded iDOC to include additional physicians and departments so we have a more comprehensive cross-section of all areas of care in our hospital. Physician Advisory Committee will be working closely with the Clinical Advisory Committee and Financial Management Advisory Committee to ensure we are building our systems to work seamlessly integrated across our entire organization. Our implementation efforts include integration with Huntington Health eConnect (HHeC) to provide a comprehensive view of clinical information, care collaboration and information exchange across both inside and outside our walls, irrespective of where care is provided or what technology is utilized across the full continuum of care.

Guiding Principles during the Design and Implementation of our new Systems

A project of this size and complexity, with all its moving parts requires a guiding set of principles we

all must keep focused on during every step of the project. Ours are as follows:

- HMH's transformation shall be driven first by the **needs of our patients, our focus on their safety and our commitment to quality**. Established Patient Safety, regulatory, quality and professional practice standards will not be compromised.
- Changes to systems and processes will be designed with a goal of **measurable improvements in quality, revenue, cost, and patient, employee and clinician satisfaction**.
- Decisions will be based on doing what is best for the HMH community **as a whole** and will be made with **appropriate and consistent representation** of HMH disciplines and clinicians.
- Design decisions will be based on making it **easier and more efficient** to provide safe and cost effective care using evidenced-based best practices.
- We shall provide timely **multi-media communication, training, and tools** to ensure quality training and adoption.

Physician Benefits – “Right Information, Right Device, Right Time”

Many of you were involved in the decision and selection process of our new systems, and there are particular benefits we expect physicians to experience. Below are some of the key improvements we are focused on during the implementation. These benefits were confirmed by iDOC/PAC in our kick-off meeting July 18: This is not meant to be the complete list as we expect many additional benefits from our transformation:

- Improved access, usefulness, and Physician Friendly 'Views' of Patient Information enabling clinical decision-making

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From Physician Informatics continued from page 7

- Improved Physician Documentation, Medication Mgmt & Ordering (Content & Workflows)
- Improved Care Team Communication and Collaboration (Inside & Outside our Walls including improved data availability, exchange and integration with HHeC)
- Improved integration with clinical devices, increasing accuracy and availability of key clinical data
- Elimination of duplicate data entry: 'Single Source of Truth' – data entered once, available in multiple chart views and within multiple templates/documentation.
- Ability to merge multiple order sets for patients with co-morbidities – eliminating the manual task of identifying and discontinuing individual duplicate orders
- Ability to place orders that can be activated at care transition (e.g. -OR to PACU to Floor; Labor and Delivery to Recovery to Post Partum)
- One Patient: One Record – Information flows through integrated record; Data entry and documentation from all operational & clinical departments viewable in one location

Patient & Family Benefits – "Right Care, Right Place, Right Time"

Patients and their families are at the core of everything we do; Our first guiding principle is that our trans-

formation be driven first by the needs of our patients, our focus on their safety and our commitment to quality. Below are some of the benefits we expect to deliver to our patients and their families:

- Information available at the point of service (scheduling, registration, and care delivery)
- Improved Timeliness of Care through improved data presentation, efficient documentation, ordering, effective clinical decision support tools
- Increased patient safety resulting from closed loop medication processes
- Improved care collaboration and information sharing among patients' caregivers across the continuum
- Improved patient communication and education through utilization of bedside technology
- Improved patient satisfaction through minimization of duplicate questions, improved accuracy of data and interaction with payers

Updates and more detail will be forthcoming in future Medical Staff Newsletters, under Physician Link on our HMH website, in special publications and posted throughout the hospital. Communication is key to a successful outcome!

If you have questions or would like to get involved – please call Physician Informatics: **626-397-2500**

save
the DATE

**Seminar for Physicians &
Their Office Staff**

"50 Shades of Data: EHRs, MU2 – What They Mean for You!"

- a) Some of our Medical Staff Will Share their own stories of EMR Adoption and meeting Meaningful Use 1
- b) Meaningful Use 2 Requirements
- c) Updates on Building our Connected Community: HHeC, Lawson and Cerner

Lunch: Thursday, September 27, Noon – 1:30 p.m., Braun

Dinner: Wednesday, October 10, 5 – 7 p.m., Braun



Huntington Hospital

HUNTINGTON MEMORIAL HOSPITAL
100 W. CALIFORNIA BOULEVARD
PASADENA, CALIFORNIA 91105

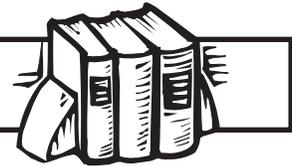
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MEDICAL STAFF NEWSLETTER

August, 2012

CME Corner



UPCOMING PROGRAMS

Please note: First Thursday conference is moving to a new date and time. Beginning in September the new date will be Second Monday in the Research Conference Hall at Noon – 1 p.m. There will be no First Thursday or Second Monday in August.

Also, please be advised there has been a change in the schedule, there will be a Medical Grand Rounds event on August 3, 2012.

MEDICAL GRAND ROUNDS

Topic: Advances in Breast Cancer Treatment

Speakers: Jeannie Shen, MD and Ruth Williamson, MD

Date: August 3, 2012

Time: Noon – 1 p.m.

Place: Research Conference Hall

Gap Analysis: New treatments in breast cancer pose a challenge for primary care physicians to

keep up with the changing practice guidelines. Therefore, this activity will educate primary care physicians so that they can understand and counsel patients on treatment options.

- Objectives:**
1. Understand new surgical techniques for breast cancer.
 2. Gain knowledge of new radiation therapy options for breast cancer.
 3. Learn new reconstruction approaches for breast cancer.

Audience: Primary Care Physicians, Internists, and Oncology

Methods: Lecture

Credit: 1 AMA PRA Category 1 Credit™

If you have any questions please contact Maricela Alvarez, CME Coordinator at 626-397-3770 or via e-mail at maricela.alvarez@huntingtonhospital.com