medical staff VEVSLETTER

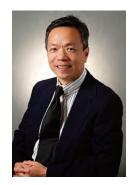


August 2013 volume 51, issue 8

From the **President**

"I do not know whether I was then a man dreaming I was a butterfly, or whether I am now a butterfly dreaming I am a man."

- Zhuangzi, 369 BC – 286 BC



The 6th edition of The American College of Physicians Ethics Manual

Introduction

The American College of Physicians (ACP) Ethics Manual has often been cited in medical and ethical literature and is widely used by physicians in all specialties since it was first published in 1984. The ACP Ethics, Professionalism, and Human Rights Committee developed the manual in order to help the way ethical decisions are made in clinical teaching, practice, and medical research, as well as the role physicians play in society with their colleagues (McDaniel, 2010; Emanuel, 2012). The latest update, which was published in 2011, noting that medicine, law, and social values are not static; however, repeating ethical principles which have helped to resolve previous ethical problems may aid physicians in avoiding future issues. Although the manual cannot substitute for the experience and integrity of individual physicians, it may shed light on the shared duties of the medical profession.

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 July 1, 2013 and by the Governing Board on July 25, 2013.

Administrative Reports

In Medical Staff News

Meeting Attendance Rewards

MEC members selected the raffle tickets for the June meeting attendance rewards, as follows:

- Madhu Anvekar, MD Medicine Committee
- ➤ Christian Koch, MD Anesthesia Peer Review Committee

Department/Section Rules and Regulations

Hematology/Oncology
 Section Rules & Regulations –
 The revisions will standardize the
 election process and eliminate the
 proctoring requirements which are
 now contained in the Medical Staff
 Proctoring Protocol.

continued on page 2

Inside this issue:

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Lab coats are in!

If you ordered one
please stop by the

Medical Staff Office
to pick it up.



In Medical Staff News continued

Psychiatry Section Rules & Regulations –
 The revisions will standardize the election process and eliminate the proctoring requirements which are now contained in the Medical Staff Proctoring Protocol.

Privilege Delineation Forms

Revisions were approved to the following Privilege Delineation Forms:

- Critical Care
- Orthopedic Surgery

Please go to SharePoint → Medical Staff Services → Board Approved Items → 2013 and select July 2013 to see:

- Administrative/Clinical Policies and Procedures
- Order Sheets
- Other
- Departmental Policies and Procedures and Order Sets

Medical Staff Appointments



Burrell, Whitney, MD Plastic Surgery (Fellow) USC 1520 San Pablo Street Suite 4300 Los Angeles, CA 90033 323-442-5907 (office) 323-442-8100 (fax)



Dunn, Maureen, MD Emergency Medicine 100 W. California Blvd. Emergency Department Pasadena, CA 91109 626-397-5111 (office) 626-397-2981 (fax)



Kim, David, MD
Obstetrics and Gynecology
207 South Santa Anita Street
Suite 335
San Gabriel, CA 91776
626-576-1214 (office)
626-458-3387 (fax)



Lee, Steven L., MD Pediatric Surgery 1000 West Carson Street Box 2 Torrance, CA 90509 310-222-2702 (office) 310-782-1562 (fax)



Majoewsky, Marlowe, MD Emergency Medicine 100 W. California Blvd. Emergency Department Pasadena, CA 91109 626-397-5112 (office) 626-397-2981 (fax)



Pearlman, Gabriella, MD Internal Medicine (Chief Medical Resident) 100 W. California Blvd. Graduate Medical Education Pasadena, CA 91109 626-397-5188 (office)



Shew, Stephen B., MD Pediatric Surgery 10833 Le Conte Avenue CHS Building, 72-126 Los Angeles, CA 90095 310-206-2429 (office) 310-206-1120 (fax)

Medical Staff Resignations

- Birnbaum, Marc, MD Anesthesiology
- Enrione, Maria, MD Pediatric Critical Care
- Liu, Stephen, MD Hematology/Oncology
- Ryan, Deirdre, MD Pediatric Orthopedic Surgery
- Senagore, Anthony, MD General Surgery

From the President continued from page 1

New topics in the updated manual address the patient-physician relationship during health catastrophes, providing culturally sensitive care, use of human biologic materials in research, social media and online professionalism, industry sponsored research, and the challenges of taking care of so-called very important persons, such as those with a degree of fame or prestige. In addition, topics in previous editions are revisited, such as research ethics, physician-assisted suicide, end-of-life care, physician-industry relations, complementary and alternative medicine, and genetic testing (Fisher, 2007).

New or expanded sections also include treatment without interpersonal contact, confidentiality and electronic health records, therapeutic nondisclosure, caring for oneself or persons with whom the physician has a previous non-professional relationship, boundaries and privacy, pay-for-performance, interrogation, attending physicians and physicians-in-training, the patient-centered medical home, protection of human subjects, placebo controls, and scientific publication (Torres & De Vries, 2009; Emanuel, 2012).

Discussion: Part 1

Physicians have a responsibility to practice effective and efficient health care and to use health care resources responsibly (Caldicott & Danis, 2009; Emanuel, 2012). According to the updated manual, physicians should consider preserving health care resources for the population at large, which may conflict with our patient's interest. Physicians are now told that they are ethically obligated not only to advocate for their own patient, but also for hundreds of millions of other patients. If this becomes the standard operating procedure,

how will it impact the doctor-patient relationship? Will patients, who are increasingly skeptical of the medical profession, trust physicians? Will patients suspect that physicians are restraining their care to serve the greater good?

It is not clear what the separation between professionalism and ethics really is. The ACP makes that final move by equating social justice with preserving health care resources for everyone and somehow balancing that against the individual patient's interest as an ethical responsibility (Huish, 2009; Emanuel, 2012). Has the concept of fiduciary duty to the patient really been shoved down the memory hole?

The charter did not restate social justice; it gratuitously inserted it and certainly never explained how striving for social justice enabled physicians to confront the new challenges (Fisher, 2008). It may be a useful rhetorical tool to just assume away a controversial issue but it should be clear that social justice based on a utilitarian calculus to allocate health care "resources" was when the charter was published and continues to be a source of considerable controversy in the medical community (Thompson, 2006).

In a 1988 Annals of Internal Medicine Article, Hall and Berenson made - what appeared to many of us who were raised medically with the "old" medical professionalism of fiduciary duty to the patients – a startling proposal (Thompson, 2006). The revised manual, published in ACP's flagship Annals of Internal Medicine, offers new guidance on longstanding issues such as end-of-life care, physician-industry relations, and ethics in medical research. The manual also tackles emerging issues such as the role of social media and its impact on

continued on page 4

From the President continued from page 3

the physician-patient relationship, the growth and impact of the physician-employee model, treating celebrities in the age of Twitter, and physicians' dual role of serving patients' needs while also marshalling scarce or expensive healthcare resources (Carmack, 2010; Emanuel, 2012).

End of Life Care

Definitions of death vary from state to state (and may be statutorily defined), therefore, physicians should avail themselves of legislative, judicial, or professional guidance regarding the use of brain-death standards (Winland-Brown & Dobrin, 2009; Emanuel, 2012). Terminally ill patients are those whose condition is irreversible whether treated or not and who have a high probability of dying in a relatively short time, for example, three to six months (Jonsen, 2006). Palliative care, which is emphasized by the hospice concept, often includes pain relief and psychological and social support but may also include surgery, radiation therapy, and the administration of antibiotics in order to make the patient more comfortable. It appears that many physicians continue to under-treat pain even in terminally ill patients (Levy, 2005).

It is essential for physicians to become more knowledgeable and skilled in the appropriate use of narcotics and other methods of pain relief, particularly in the treatment of terminally ill patients. If the patient's previous wishes for or against life-sustaining treatment are known, the physician has a presumptive obligation to act on these wishes. Unfortunately, most permanently unconscious patients have not provided unambiguous advance statements of preferences

(Al-Umran, Al-Shaikh, Al-Awary, Al-Rubaish & Al-Muhanna, 2006; Emanuel, 2012).

The best clinical recommendation in these difficult cases is for the physician to elicit the opinions of the patient's family, friends, clergy, primary-care physician, and other caregivers in an effort to determine what the patient would want in these circumstances (McDaniel, 2010; Emanuel, 2012). Failing at that, there has emerged a tendency to withdraw more complex interventions such as ventilators, renal dialysis, and intensive-care nursing from permanently unconscious patients. When such patients continue to survive, clinicians are divided about when antibiotics, fluids, and nutritional support should be withheld (Lyon & Mirivel, 2011; Emanuel, 2012). In recent years, when such cases have been brought to court, they sometimes have been decided under a "best interest" standard in which the treatment is discontinued because the burdens of continued interventions are seen as disproportionate to the minimal benefits (primarily continuation of physical life) that patients derive from such treatment. A physician who has strong moral feelings about this matter must follow his or her own conscience in making a decision in a particular case (see "Medicine and the Law"). Except in cases where advance directives have been provided, patients with severe and irreversible cognitive impairment who are not permanently unconscious should continue to receive basic supportive care (Torres & De Vries, 2009; Emanuel).

Edmund Tse, MD

President

Getting to Know Your Medical Staff Leaders

Taline Kilaghbian, MD has been a member of the Medical Staff since 2004. She is the Chair of the Emergency Medicine Section for the 2013-2014 term. Dr. Kilaghbian is board certified by the American Board of Emergency Medicine. Additionally, she represents the Emergency Medicine section at the Medicine and Quality Management Committees.



Dr. Kilaghbian completed her internship at Huntington Hospital and completed her residency training at Los Angeles County/University of Southern California Hospital.

Her free time is occupied by family, hiking and traveling.

From the Health Science Library: Preview the library's new website!

From now until the end of August, the library will be beta testing its new website. Help make the library's new website even better! Tell us what you like (or what could be better) about the new design.

The objectives for the new site are:

- Simpler navigation
- Quick answers to frequently asked questions
- Mobile-friendly, for viewing on tablets and smart phones
- An easier way to keep up to date with what's new via email subscription to the HMHLibrary newsletter

Preview the new site then tell us what you think by clicking on the "Submit Feedback" link in the top left box. From a desktop computer or mobile device go to: http://huntingtonhospital.libguides.com or click on the link from the library's current Sharepoint page: http://hhi/sites/library/ (on site only).

CELEBRATING MILESTONES

The following physicians hit a service milestone in the month of August. The Medical Staff would like to recognize the following physicians for their service and dedication to Huntington Hospital.

35 Years (on staff 08/1978)

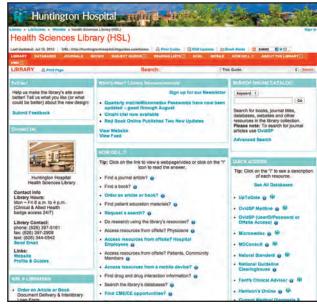
John Easthope, MD – Cardiovascular Disease Edmond Clinton III, MD – Internal Medicine

30 Years (on staff 08/1983)

Peter Jackson, MD – Pediatrics Boban Joseph, MD – Ophthalmology Marilynn Moore, MD – Internal Medicine

25 Years (on staff 08/1988)

George Jung, MD – Internal Medicine Terrence Baruch, MD – Interventional Cardiology Seth Vaccaro, MD – Dermatology



From the Health Science Library

Mobile Devices at Huntington Hospital: Results from the Library's 2013 Technology User Survey

A total of 349 Huntington Medical Staff, Nurses, Allied Health, and Hospital Staff responded to the library's technology user survey on mobile devices. Thank you to all who participated in this year's survey and congratulations to the winners of the coffee gift card drawing! Please come to the library to pick up your gift card.

Drawing Winners: Eileen Koons, Valentina Zackarian, Kelly Cook, and Jerrod Honaker

Some Fast Facts*

- 63% own an iPhone
- 42 % own an iPad
- 62% own more than one mobile device
- Meditech is the top hospital resource used on mobile
- MDConsult is the top library resource used on mobile.
- The top 3 mobile apps used are: Epocrates, UpToDate and Google
- 58% of respondents would like help with mobile app recommendations

Visit the library's Mobile Medicine guide for information about mobile access to all the library/hospital mobile resources and a selection of other recommended mobile apps for health care:

http://huntingtonhospital.libguides.com/mobilemedicine

See the full survey results at:

http://huntingtonhospital.libguides.com/surveyresults

For questions and assistance accessing mobile resources contact the library by phone 626-397-5161 or email library@huntingtonhospital.com, or visit the library between 8 a.m. – 4 p.m., weekdays.

HANK Training Coming Soon for Physicians!

We are progressing closer to our November 1, 2013 Go LIVE for Cerner – the clinical

h@nk
Inutibybox - na conso purposeli o knowledge

phase of our HANK technology project! Four hour classroom training for physicians will be specialty focused and will be conducted in September and October; class dates and time are forthcoming. We are working to ensure that classes are not only targeted to your specialty and workflow, but scheduled over the course of many days and time, which will include evening and weekends, in order to try and make it as convenient as possible for you to attend. In addition to the training there will be computer simulations and videos you will be able to watch in order to help prepare you. Information on the training will be sent out to all physicians and will be published on the Physician Only section of the hospital website, www.huntingtonhospital.com. There will also be posters and flyers in the Medical Staff Office, Physician Informatics, the physician lounges, dictation areas, and departments throughout the hospital. We look forward to working closely with you to ensure a successful Go Live November 1, 2013.



^{* %} of respondents

Physician's...You Are The Patients Experience!

A monthly communication to assist physicians in patient engagement and the patient experience.

Reviewed by: Dr. Shant Kazazian

Question Definition: "During this hospital stay how often did doctors explain things in a way you could understand?"

This question asks the patient to recollect the frequency with which physicians provided **understandable explanations**. The patient will look back at each encounter with the physician and recall whether or not the physician effectively communicated the situation and resolved the patient's questions.

Job Well Done!

Comments from the Press Ganey satisfaction survey

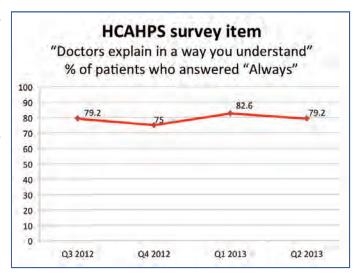
"Everything was exactly what my Orthopedic Surgeon had told me to expect. I was very glad I had prior knowledge of what to expect so that nothing was frightening as it occurred. Excellent physician."

"Our Pediatrician is one of the best doctors we have ever had to deal with. We wish more could be like him"

Improvement Opportunities

"My physician has no bedside manner. He did not seem to care at all about my concern. He didn't clearly explain procedures to me. I will never use him again!"

"He treated my concerns as if they were routine, maybe they are to him, but not to me. He was dismissive with my questions and concerns."



Tools for success

- 1. High patient satisfaction is more likely if the physician provides patient specific instructions before tests and treatments, including the nature and timing of symptoms and their relief, and if the provider visits the patient before and after the treatment to address any questions the patient may have. These acts allow the physician ample opportunities to tailor the message and information to patients and to address patient's needs in a timely manner.
- 2. Avoid medical jargon whenever possible. Explain in simple terms what things mean. Don't ask patients or family members if they understand. Many patients will automatically say they understand without giving much thought to it because they are embarrassed for not really knowing or understanding. Brief explanations to ensure understanding can help.
- 3. End patient encounters with Do you have any questions?" or "Is there anything I can help you understand better?"

For questions please contact Priscilla Gamb, Director, Volunteer and Customer Services, at 626-397-5209.

Pelvic Floor Disorders

According to the National Institute of Child Health and Human Development (NICHD), recent research suggests that more than 28 million women in the United States have a Pelvic Floor Disorder (PFD). This translates to nearly 25% of US women are affected with one or more PFDs. The frequency increases with age up to 50% for those who are 80 or older. The three main types of PFDs are: urinary incontinence, fecal incontinence, and pelvic organ prolapsed.

Effects of PFDs on patients and families are much more than physical. Individuals who have PFDs may withdraw from their social lives in an attempt to hide their conditions; in some cultures, women with FPDs are snubbed by their communities.

Huntington Hospital is fortunate to have physicians who specialize in PFDs and have developed a multi-disciplinary conference dedicated to discussing the new technological advances and clinical treatments, both surgical and non-surgical associated with PFDs.

The conference is open to anyone who is interested in broaden their knowledge or participated in the discussions. This activity has been approved for **1.0 hours of AMA PRA Category 1 Credit(s)**TM. It will be a monthly meeting every fourth Monday, with the exception of any conflicts with major holidays. All physicians are welcome!

Pelvic Floor Clinical Conference

Date: September 23, 2013

Time: Noon – 1 p.m.

Location: East Tower Conference

Room 11

Objectives: 1. Recognize the various

signs and symptoms of pelvic floor dysfunction.

- Understand the diagnostic tests available in evaluating pelvic floor dysfunction.
- To be able to coordinate interdisciplinary care for their patients.
- 4. To learn new technology and treatments that have changed the way we manage pelvic floor dysfunction.

Credit: 1.0 hours of AMA PRA

Category 1 Credit(s)™

If you would like more information please contact Maricela Alvarez, CME Coordinator at Maricela. Alvarez@huntingtonhospital.com or via phone 626-397-3770.

Hospital Award

Huntington Hospital has received the 2013 American Heart Association/ American Stroke Association's Get With the Guidelines® Stroke Gold Plus Quality Achievement Award. This award recognizes the hospital's commitment and success in implementing excellent care for stroke patients, according to evidence based guidelines. Additionally, the hospital has also been recognized as a recipient of the association's Target: Stroke Honor Roll for



improving stroke care. "Huntington Hospital is to be commended for its commitment to implementing standards of care and protocols for treating stroke patients" said Lee H. Schwamm, MD, chair of the Get With the Guidelines National Steering Committee.

New Hospital Vice President

The Medical Staff
would like to announce
Raj Takhar has been
named Vice President of
Business and Physician
Strategies at Huntington.
In this role, Raj will be
responsible for building

and developing strate-

gic relationships with



aligned physician organizations in the Greater San Gabriel Valley, including medical groups/ IPAs as well as independent physicians, and payers.

Congratulations Dr. Martel!



Dr. Cynthia Martel has been recognized by the Arnold P. Gold Foundation with the Gold DOC award. The Arnold P. Gold Foundation is a not-for-profit organization whose mission is to humanize healthcare by placing

the patient at its center and by advocating for compassionate care coupled with scientific excellence. The Gold DOC award is a recognition program established to give patients and their families an opportunity to pay tribute to their physicians who demonstrate exemplary sensitivity and compassion, as well as clinical excellence, in the care of patients and their families.

Dear Medical Staff:

I am pleased to announce the "official" formation of the Huntington Accountable Care Organization (ACO) which will operate under the name Huntington Care Network. The application process is completed and we are waiting for the official letter of approval from CMS. The internal medicine physicians have worked diligently to create a working relationship that moves beyond individual office practices with the goal of collaborating to achieve improved quality and patient experience. Much effort by many went into this process and I applaud the commitment that was necessary to make this happen.

Physician alignment strategies continue to be our primary focus and while the formation of our ACO is an important and critical first step, we cannot stop now. With the formal structure now in place for our primary care physicians, we will be exploring several physician alignment strategies with our specialists. Our success in the future environment depends on strong physician leadership in partnership with the hospital, dedicated to quality and excellence. I look forward to engaged participation as we explore our next critical initiatives

Aleghen Raph

Medical Staff Fee Payment Update

Effective July 1, 2013 Medical Staff fees can now be paid online via PayPal. To access the site to pay your fee, please visit one of the Medical Staff Services site on the Huntington intranet at: http://hhi/sites/md-staff/SitePages/payments.html. PayPal will be made available on the Huntington Hospital website soon.

Resident Graduation, Part 2

At the Resident Graduation Celebration the residents honored three members of the Faculty with teaching awards. The following awards were presented:

Teacher of the Year Recipients

- Howard Kaufman, MD General Surgery
- Anthony Koerner, MD Internal Medicine

Academic Excellence Award

Michael Linsey, MD

Additionally, the General Surgery Residents were presented with awards for their research paper presentations. Congratulations to the following:

1st Place – Asymptomatic Carotid Stenosis: Who benefits from carotid endarterectomy? Tiffany Wu, MD and Steven Katz, MD

2nd Place – Prophylactic Mastectomy: Is It Treating the Surgeon or the Patient? Aaron Lewis, MD and James Recabaren, MD

3rd Place – Low Impact Blunt Chest Trauma in the Elderly. Jeffrey Simpson, MD and Brian Lugo, MD



Surgery residency graduates



Medicine residency graduates



Surgery Teacher of the Year Howard Kaufman, MD and outgoing Chief Residents Nicholas Saguan, MD and Rahim Aimag, MD



Medicine Teacher of the Year Anthony Koerner, MD and outgoing Chief Resident Albert Kashanian, MD



Dr. Arvid Underman presenting a retirement award to Dr. Anthony Koerner.



General Surgery Residents along with Brian Lugo, MD and Howard Kaufman, MD

CME Corner

Upcoming Programs

Second Monday and Medical Grand Rounds have been <u>cancelled</u> for the month of August. The next Medical Grand Rounds and Second Monday activities will take place in September.

SECOND MONDAY

Topic: Subclinical Hypothyroidism

Speaker: Dr. Charles F. Sharp
Date: September 9, 2012
Time: Noon – 1 p.m.

Location: Research Conference Center

MEDICAL GRAND ROUNDS

Topic: New Cancer Markers

Speakers: Dr. Robert Hickey & Dr. Lynda Malkas

Date: September 6, 2012 Time: Noon – 1 p.m.

Location: Research Conference Center

GENERAL MEDICAL STAFF MEETING

This year the General Medical Staff Meeting will focus on disaster preparedness. Dr. Zoraster will give a one hour presentation on Mass Casualty Care; attendees will receive 1.0 AMA PRA Category 1 Credits[™].

Topic: Mass Casualty Care

Speaker: Richard Zoraster, MD, MPH

Date: September 18, 2013

Time: 5 – 6:30 p.m.
Place: Braun Auditorium

Objectives: 1. Identify appropriate emergency

hospital response to a mass

casualty incident.

2. Improve the ability to triage

multiple casualties.

3. Be prepared to manage patients with tourniquets controlling

hemorrhage.

4. Know the available resources of the County EMS system to assist.

Audience: Primary Care & Internal Medicine

Methods: Lecture

Credit: 1.0 AMA PRA Category 1 Credits[™]

CME Follow Up

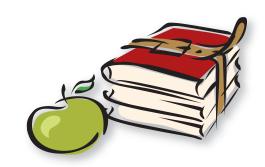
Did you know?

Urinary Incontinence

Although, not as severe as in the past there is still a social stigma attached to urinary incontinence. The majority of adults who suffer from urinary incontinence are more likely to self-treat rather than seek out medical help. This is particularly problematic for men who have higher mortality rates than women who suffer from urinary incontinence.

Reference:

Wilson MM. Urinary incontinence: A treatise on gender, sexuality, and culture. *Clin Geriatr Med.* 2004;20(3):565-570.



August 2013 Medical Staff Meetings

No Board meeting this month

monday	tuesday	wednesday	thursday	friday
			-1-	-2-
-5-	-6-	-7-	-8-	-9-
		- Noon Plastic Surgery Section - CR-10		
-12-	-13-	-14-	-15-	-16-
- Newsletter Submission -			- 8 a.m. Neurology Section - CR-8 - Noon Medicine Committee - North/South Room	
-19-	-20-	-21-	-22-	-23-
	- 12:15 p.m. Infection Control Committee - CR-10		- Noon Cancer Committee - North/South Room	
-26-	-27-	-28-	-29-	-30-
- Noon Radiology/Nuclear Med Section - MRI CR		- 12:15 p.m. Endovascular Committee - CR-5		

August 2013 **CME Calendar**

monday	tuesday	wednesday	thursday	friday
-5-	-6- -7:30 — 8:30 a.m. MKSAP, Conf. Rm. A	-7- - Noon — 1 p.m. Genitourinary Cancer Conf., Conf. Rm. 11	-17 –10 a.m. Trauma M&M, Conf Rm B -7:30 – 8:30 a.m. Neonatal/ Perinatal M&M, Conf. Rm. 4 - Noon – 1 p.m. Thoracic Cancer Conf, Conf. Rm. 11 -88 – 9 a.m. Surgery M&M, Pavilion 3 rd Floor	-2 7:30 — 9 a.m. Neurosurgery Grand Rounds, Conf. Rm. 11 - Noon — 1 p.m. MDisc Breast Cancer Conf., Conf. Rm. 11 -9 7:30 — 9 a.m. Neurosurgery Grand Rounds, Conf. Rm. 11
	- Noon — 1 p.m. General MDisc Cancer Conf., Conf. Rm. 11	- Noon — 1 p.m. Radiology Teaching Files, MRI Conf. Rm.		- Noon — 1 p.m. Medical Case Conference, RSH - Noon — 1 p.m. MDisc Breast Cancer Conf., Conf. Rm. 11
-12-	-137:30 — 8:30 a.m. MKSAP, Conf. Rm. A - Noon — 1 p.m. General MDisc Cancer Conf., Conf. Rm. 11	-14 Noon — 1 p.m. Radiology Teaching Files, MRI Conf. Rm.	-15 7 — 8 a.m. Trauma Walk Rounds, Conf. Rm. B - 8 — 9 a.m. Surgery M&M, Conf. Rm. B - Noon — 1 p.m. Thoracic Cancer Conf, Conf. Rm. 11	-167:30 — 9 a.m. Neurosurgery Grand Rounds, Conf. Rm. 11 - Noon — 1 p.m. Medical Case Conference, RSH - Noon — 1 p.m. MDisc Breast Cancer Conf., Conf. Rm. 11
-19-	-20-	-21-	-22-	-23-
- Noon — 1 p.m. Pelvic Floor Clinical Conf., Conf. Rm. 11	- 7:30 — 8:30 a.m. MKSAP, Conf. Rm. A - Noon — 1 p.m. General MDisc Cancer Conf., Conf. Rm. 11	- Noon — 1 p.m. Genitourinary Cancer Conf., Conf. Rm. 11 - Noon — 1 p.m. Radiology Teaching Files, MRI Conf. Rm.	- 8 — 9 a.m. Surgery M&M, Conf. Rm. B	- 7:30 — 9 a.m. Neurosurgery Grand Rounds, Conf. Rm. 11 - Noon — 1 p.m. Medical Case Conference, RSH - Noon — 1 p.m. MDisc Breast Cancer Conf., Conf. Rm. 11
-26-	-27-	-28-	-29-	-30-
	- 7:30 — 8:30 a.m. MKSAP, Conf. Rm. A - Noon — 1 p.m. General MDisc Cancer Conf., Conf. Rm. 11	- 7:30 — 8:30 a.m. Cardiac Cath Conf., Cardiology Conf. Rm Noon — 1 p.m. Radiology Teaching Files, MRI Conf. Rm.	- 7 — 8 a.m. Trauma Walk Rounds, Conf. Rm. B - 8 — 9 a.m. Surgery M&M, Conf. Rm. B	- 7:30 — 9 a.m. Neurosurgery Grand Rounds, Conf. Rm. 11 - Noon — 1 p.m. MDisc Breast Cancer Conf., Conf. Rm. 11



Medical Staff Administration

100 West California Boulevard P.O. Box 7013 Pasadena, CA 91109-7013

ADDRESS SERVICE REQUESTED

Medical Staff Leadership

K. Edmund Tse, MD, President
James Shankwiler, MD, President-Elect
Kalman Edelman, MD, Secretary/Treasurer
James Recabaren, MD, Credentials Committee
William Coburn, DO, Quality Management
Peter Rosenberg, MD, Medicine Department
Laura Sirott, MD, OB/GYN Department
Ernie Maldonado, MD, Pediatrics Department
Harry Bowles, MD, Surgery Department

Newsletter Editor-in-Chief – Glenn Littenberg, MD

If you would like to submit an article to be published in the Medical Staff Newsletter please contact Bianca Irizarry at 626-397-3776. Articles must be submitted no later than the 13th of every month.

Medical Staff Office Demographic Changes

Denise Badaruddin, PhD

595 East Colorado Blvd. Suite 428 Pasadena, CA 91101

Rizwan Bhatti, MD, PhD

10 Congress Street Suite 502 Pasadena, CA 91105 855-622-8522 (office) 855-622-8523 (fax)

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Our Mission Statement

At Huntington Hospital, our mission is to excel at the delivery of health care to our community.



2013 – 2014 Best Hospitals Report

5 Hospital in the
Los Angeles metro area
10 Hospital in California
33 Nationally in Orthopedics
44 Nationally in Urology