

# medical staff NEWSLETTER

December 2012



volume 50, issue 12

## From the **President**

***My computer beat me at checkers, but I sure beat it at kickboxing***

- Emo Philips

***The superfluous, a very necessary thing***

- Voltaire

***Two things are infinite: the universe and human stupidity; and I'm not sure about the universe***

- Albert Einstein



Vaccination is the administration of antigenic material to stimulate an individual's immune system to develop immunity to a pathogen. Vaccines can prevent or ameliorate the morbidity of infection. The active agent of a vaccine may be intact, but inactivated (not infective), or attenuated (reduced infectivity) forms of the pathogen, or purified components of the pathogen that have been found to be highly immunogenic (e.g., the outer protein coat of a virus). Toxoids are produced for immunization against toxin-based disease, such as the modification of tetanospasmin of tetanus so as to eliminate toxicity, but retain its immunologic effect.

Some vaccines are administered after the patient has contracted the illness. The first rabies immunization was given by Pasteur to a child bitten by a rabid dog. Other examples include experimental AIDS, cancer, and Alzheimer's Disease vaccines. The essential empiricism behind such immunizations is that the vaccine triggers an immune response more rapidly than the natural infection itself. Most vaccines are given by injection, as they are not reliably absorbed by the intestine. Live, attenuated polio, some typhoid, and some cholera vaccines are given orally to produce immunity based in the bowel.

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## **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 Virtual meeting of November 5, 2012 and by the Governing Board on November 9, 2012.

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### Medical Staff Physician Leadership Orientation

January 25, 2013  
10 a.m. – 5:30 p.m.

Langham Hotel,  
Pasadena

(Invitations to be mailed)

The Medical Staff welcomes the following:

New Appointments



**Robert Cho, MD**  
**Pediatric Orthopedic Surgery**  
Shriners Hospital for Children  
3160 Geneva Street  
Los Angeles, CA 90020  
213-368-3338



**Lily Liu, DPM**  
**Podiatry**  
HealthCare Partners  
450 East Huntington Drive  
Suite 200  
Arcadia, CA 91006  
626-462-1884



**Anna Cuomo, MD**  
**Pediatric Orthopedic Surgery**  
Shriners Hospital for Children  
3160 Geneva Street  
Los Angeles, CA 90020  
213-368-3338



**Boris Pearlman, MD**  
**Internal Medicine**  
4900 Louise Avenue  
Encino, CA 91316



**Ana Grace, MD**  
**Radiation Oncology**  
630 South Raymond Avenue  
Suite 104  
Pasadena, CA 91105  
626-768-1021



**Alison Tate, MD**  
**Urogynecology**  
Pasadena Urogynecology &  
Pelvic Floor Center  
10 Congress Street  
Suite 300  
Pasadena, CA 91105  
626-397-5870



**Sami Kamjoo, MD**  
**Ophthalmology**  
301 West Huntington Drive  
Suite 107  
Arcadia, CA 91007  
626-574-0188



**Jacques Van Dam, MD**  
**Gastroenterology**  
USC Division of Gastroenterology  
1510 San Pablo Street  
Los Angeles, CA 90033  
323-442-8107



**Lily Lee, MD**  
**Plastic Surgery**  
301 West Huntington Drive  
Suite 107  
Arcadia, CA 91007  
626-817-0818

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## Resignations

### Medical Staff Resignations

- Vincent Antosz, MD – Internal Medicine  
– effective 12/31/2012
- Michelle Britt, MD – Ophthalmology  
– effective 10/01/2012
- Paul Choi, MD – Orthopedic Surgery  
– effective 12/31/2012

## Address Changes

- K. Kay Durairaj, MD  
800 Fairmount Avenue  
Suite 210  
Pasadena, CA 91105  
626-316-7033 (phone)  
626-316-7033 (fax)
- Lance Gravely, MD  
39 Congress Street  
Suite 302  
Pasadena, CA 91105  
323-221-1302 (phone)  
323-221-1502 (fax)
- Martin O'Toole  
Pasadena Cosmetic Surgery  
542 South Fair Oaks Avenue  
Pasadena, CA 91105  
626-449-8910 (phone)  
626-119-2155 (fax)

*If you have a change to your office information, please notify the Medical Staff Office so the system can be updated.*

## Transition to Expanded ED Facility – We're Half-Way There

**Pending final** regulatory approvals, Huntington Hospital will soon be transitioning patients to the new Emergency and Trauma Center expansion facility. While this move will add seven additional beds (from 21 to 28), we're only half-way done.

Next, we will embark on the final phase of our expansion project – demolishing and reconfiguring the existing ED and adjoining the two. Upon completion, which is expected in 2014, we will have doubled our ED capacity to 50 beds. We will continue to remind the community that Pasadena Community Urgent Care is open daily from 7 a.m. to 10 p.m. to deal with non-emergency care such as broken bones, sprains and strains, cuts and scrapes. Thank you for your support and patience as we make this important transition.



### From the **President** continued from page 1

Smallpox was likely the first disease people attempted to prevent by purposely inoculating them-selves with other types of infections; it was the first disease for which a vaccine was produced. The immunization was called vaccination, as it was derived from a virus affecting cows (Latin: vacca-cow). Smallpox was a highly contagious and deadly disease, causing the demise of 20-60% of infected adults, and more than 80% of infected children. By its eradication in 1979, smallpox was the cause of death of an estimated 300-500 million people in the twentieth century alone.

In common speech, 'vaccination' and 'immunization' have a similar meaning. This distinguishes them from inoculation, which uses weakened, live pathogens, although, in common usage, either is used to refer to an immunization. Early success and compulsory vaccination programs brought widespread acceptance, and mass vaccination campaigns were undertaken, which greatly reduced the incidence of many infectious diseases. Vaccination efforts have been met with controversy since their inceptions, on the basis of scientific, ethical, political, medical safety, religious, and/or philosophical grounds.

It is believed some form of inoculation was developed in India and China before the sixteenth century. Vaccination with powdered scabs from people infected with smallpox was used to protect against disease. The mention of inoculation in an Ayurvedic text suggest India was experimenting with vaccination dating back to 1000 BCE.

Prior to vaccination with cowpox, the only know protection against smallpox was inoculation, or variolation, where a small amount of live smallpox virus was administered to the patient. This carried the serious risk that the patient would die or be seriously injured. The death rate from variolation was reported to be around a tenth of that from natural infection with variola, and the immunity provided was considered quite reliable. Factors contributing to the efficacy of variolation included the choice of variola minor strains, the relatively low number of cells infected in the first phase of multiplication following exposure, and the exposure route used, via the skin or nasal lining, rather than inhalation of droplets into the lungs.

Almroth Wright, professor of pathology at Nutley, helped shape the future of vaccination by conducting experiments on the professional staff, including himself. The Anatolian Ottoman Turks practiced inoculation. This type of inoculation, and other forms of variolation, were introduced into England by Lady Montagu, wife of the English ambassador at Istanbul between 1716-18, who almost died from smallpox as a young adult, and remained physically scarred from it. Lady Montagu wrote to her sister and friends in England describing the process. Eventually, a scientific description of the inoculation procedure was submitted to the Royal Society, in 1724, by Dr. Emmanuel Timoni, who had been the Montagu's family physician in Istanbul. Inoculation was adopted in England and France a half century before Jenner's famous smallpox vaccine of 1796.

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**From the President** continued from page 4

Edward Jenner (1749-1823) noted the common observation that milkmaids were generally immune to cowpox, a disease similar to smallpox, but less virulent. In May, 1796, Jenner postulated the following:

Known: Smallpox is more dangerous than variolation, and cowpox is less dangerous than variolation.

Hypothesis: Infection with cowpox gives immunity to smallpox.

Test: If variolation after infection with cowpox fails to produce the smallpox infection, immunity to smallpox has been achieved.

Conclusion: Immunity to smallpox can be induced much more safely than by variolation.

He tested his theory by inoculating the eight year old son of his gardener with pus from cowpox blisters on a milkmaid's hand. The boy subsequently showed immunity following exposure to smallpox. Eventually, vaccination was accepted, and in 1840, the British government banned variolation, and provided vaccination with cowpox, free of charge.

Louis Pasteur further developed vaccines during the nineteenth century, including the use of killed agents to protect against anthrax and rabies. The method Pasteur used entailed treating the agents for these diseases so they lost the ability to infect; whereas, inoculation was the hopeful selection of a less virulent form of the disease, while Jenner's vaccination entailed substituting a less dangerous disease for cross protection. Pasteur adopted the name 'vaccine' as a generic term in honor of Jenner's discovery.

In an attempt to eliminate the risk of disease outbreaks, at various times, governments and institutions have mandated policies of compulsory vaccination. An 1853 law required universal vaccination against smallpox in England and Wales, with fines levied on people who did not comply. Common contemporary U.S. vaccination policies require children to have been vaccinated for common diseases before entering public school.

Beginning with early vaccination programs in the nineteenth century, resistance to compliance was encountered. Common objections included the opinion that vaccines did not work, that compulsory vaccination represented excessive government intervention in personal matters, and that the proposed vaccinations were not sufficiently safe. Many modern vaccination policies allow exemption for people who have compromised immune systems, allergies to components used in the vaccines, or strongly held objections.

Vaccines typically contain one or more adjuvants, which are used to boost the immune response. Tetanus toxoid, for instance, is usually adsorbed onto alum, which presents the antigen in such a way as to produce a greater immune response than the simple aqueous

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## From the President continued from page 5

tetanus toxoid. During the Gulf War of 1990, with concern for rapid deployment of military personnel, pertussis vaccine was used as an adjunct for anthrax vaccine, which produced a more rapid immune response than the anthrax vaccine alone.

Of note: Maurice Hilleman (1919-2005) was the most prolific vaccinologist in history. Of the fourteen vaccines routinely recommended in vaccine schedules today, he developed eight: measles, mumps, hepatitis A, hepatitis B, chickenpox, meningitis, pneumonia and haemophilus influenza. He also played a role in the discovery of the cold-producing adenoviruses, the hepatitis viruses and the cancer-causing virus SV40.

**Jim Buese, MD**  
*President Medical Staff*

### Neuroscience Research at Huntington Hospital

*By Ian B. Ross, MD*

**Recent advances in** the neurosciences have been dramatic, but our understanding of the central nervous system still lags behind that of other organ systems. This has always been the case.

Early problems in understanding neuro-anatomy were caused by the lack of good fixatives ... the brain putrefies and becomes liquid quickly after death. But even after good anatomical drawings became available through the work of Vesalius in the sixteenth century and Willis in the seventeenth century, it was very difficult for man to understand how the brain worked.

Descartes was the first European to concern himself with neurophysiology. His thinking on these matters started to evolve in the 1630s, and he soon wrote a manuscript describing his thoughts. He did not initially push it into the public eye, probably because of fear of censure from the Catholic church, but it was

published posthumously in the Protestant Netherlands in 1662. This work, in Latin translation, was called *De Homine Figuris*. Descartes used reasoning, rather than experimentation, to explain the functioning of the human body in this treatise. It was the first real textbook on human physiology. In addition, Descartes was also the first person to attempt to understand the reflex arc.

“Why does the hand withdraw from a hot fire?” he asked. Descartes reasoned that the force of the external object, the fire, caused dilation of nervous tubes that open in the interior cavity of the brain. The result was a greater flow of spirits that issued from the pineal gland. These spirits modified the disposition of the cerebral tubules and entered the nerves of the limb, where they caused the hand to withdraw. This was an attempt to combine the dogma of the Galenic theory of the spirit of the brain with recent advances in the understanding of hydraulics. We now

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## Neuroscience Research continued from page 6

understand that Descartes was really very far off the mark.

Compare this to how well the circulation of blood was understood in the mid 1600s. Harvey had already proved that blood circulates through the body; Malpighi, in 1660, described capillaries; and Lower, in 1668, proved that blood changes color as it passes through the lungs.

Why was it so much easier to understand the heart and circulation? Possibly because we are able to feel our heart accelerate when we exercise or become anxious, or skip a beat at times. We have all experienced light-headedness upon arising too fast and seen veins in the neck distend with Valsalva-type maneuvers. The nervous system is not so obvious. It works at the cellular level.

Surgery provides the opportunity for direct observation and experimentation. Neurosurgery is no exception. One of the procedures done for the management of difficult to control epilepsy is the insertion of electrodes into the deeper structures of the brain for EEG monitoring. This allows for more precise localization of abnormal spike activity, which tells us where the seizures are coming from and will often allow for surgical resection of an epileptogenic focus. One of the more common sites of the generation of seizures is the medial temporal lobe, which includes the amygdala and hippocampus. We routinely place electrodes in these areas to monitor for abnormal activity. The amygdala is important, among other things, in emotional matters and the hippocampus in memory formation.

Adam Mamelak, a neurosurgeon who used to work at Huntington Hospital, and had close ties with neuroscientists at the California Institute of Technology, had the idea that these electrodes could be used to help elucidate how people form memories. With IRB approval, and the work of several graduate students, a system allowing for the recording of single neuron unit potentials, e.g. the firing of single neurons, came to fruition. Ueli Rutishauser, received his PhD for this work and had the seminal part published in Nature.

This work has shown that when individual hippocampal neurons are firing in synchrony with the intrinsic theta rhythm of the hippocampus during a learning task, the object of learning is more likely to be remembered. This does not tell us how memories are formed, or retrieved, and it certainly doesn't tell us how we can improve our memories, but it is a step in understanding how we form memories. Thanks are due to Bill Sutherling, Tatiana Maleeva and Yafa Minizad for their work in selecting the patients for invasive monitoring and caring for the patients on the ward. The equally essential work of the nurses and assistants in the Epilepsy and Brain Mapping Unit and in the Operating Rooms of Huntington Hospital is also recognized. Studies with scientists at Caltech, which also includes work in trying to understand how facial expressions are represented in the amygdala, continue. This work may help us understand why patients with Autism Spectrum Disorders have trouble interacting with people, including having difficulties in recognizing what facial expressions mean.

## What President Obama's Re-Election Means for Healthcare

*By Stephen A. Ralph, President and CEO, Huntington Hospital*

**The just-concluded election** has triggered many questions regarding what a second term for President Obama and a still-divided Congress means to Huntington Hospital. While much needs to be sorted out, here's what we do know:

### America's "Fiscal Cliff"

Unless Congress and the President can reach agreement prior to the end of this year, roughly \$1 trillion of cuts are set to go into effect January 1 including a two percent cut for all Medicare payments. Given that Medicare represents roughly 35 percent of our patients treated on a daily basis, those cuts would result in a reduction in payments to Huntington of \$2.5 million. While many believe that an agreement will be reached within the next month, the hospital industry remains a target so we must prepare for these cuts to the Medicare program and their effect on Huntington.

### An Expansion of MediCal

With President Obama's re-election, any potential for repealing the Affordable Care Act (ACA) has been eliminated. As a result California's MediCal program will be expanded and some percentage of the current two million uninsured in Los Angeles County will be identified as qualifying for state insurance.

### California's Health Insurance Exchange

California is moving full speed ahead in building a state-run health insurance exchange.

We anticipate that the growth of the exchange will result in a sharp discount to both commercial and federal rates, much more in line with MediCal fee schedules. At Huntington, we are currently paid only 56 percent of our costs under MediCal, so the idea that these rates could spread across our other payers is concerning.

### Payment Reform

Fee-for-service payment will be replaced by new methods of reimbursement which seek to incentivize hospitals and physicians to coordinate care and ensure that care is provided as early as identifiable and in the most cost-efficient setting. Major payers (including the federal government) are looking for providers that are willing to accept risk for the health of the broader population. Huntington is investing dollars to broaden our focus beyond the walls of the hospital. This includes the development of an accountable care organization in relation to Medicare, and possible other provider partnerships.

### In summary

We will continue to focus, as we always have, on high quality, cost effective care. With your support and dedication, we are confident that Huntington will continue to be the high quality provider of acute services in our community, remaining true to our mission and not-for-profit heritage as we turn our challenges into new opportunities to serve those who rely on us to be there for them.

## From the Health Science Library

### Technology Users Group Meeting - December 12

*The health sciences library's "Technology Users Group" aims to bring together hospital employees interested in learning more about mobile technologies.*

Ever wonder, "What's all the hype about social media?" The December Technology Users Group meeting will focus on the Huntington Hospital's social media presence on Facebook, LinkedIn, YouTube and Twitter. Daniel House, Internet Strategy Manager for the hospital will be our guest presenter and will give an overview of the hospital's social media marketing as well as field questions about the use of social media in a hospital setting.

Can't make it to the meetings? Visit the TUG website to view the slideshows and video tutorials at: <http://huntingtonhospital.libguides.com/tug>

- WHAT:** Technology Users Group Meeting
- WHEN:** Wednesday, December 12, Noon – 12:45 p.m.
- WHO:** Huntington Hospital employees and affiliated physicians
- WHERE:** Conference Room C (Wingate 1<sup>st</sup> Floor, across from the library)
- DEMO:** Social media and the hospital presented by Daniel House, Internet Strategy Manager
- BRING:** Your device(s) (if you have one)
- RSVP:** Your RSVP would be most appreciated as we have a limited capacity of 15 people total **(Lunch will be provided if a minimum of ten RSVP's are received by December 3.)**  
 Email: [library@huntingtonhospital.com](mailto: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.*

## CME Corner

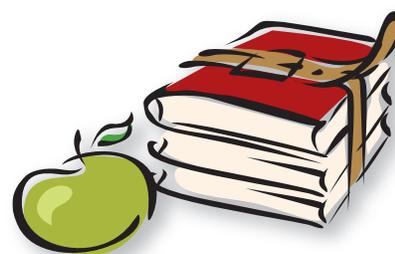
### UPCOMING PROGRAMS

#### SECOND MONDAY

- Topic:** Hypothermia Protocol for Cardiac Patients
- Speaker:** Daryl Banta, MD
- Date:** December 10, 2012
- Time:** Noon – 1 p.m.
- Place:** Research Conference Hall
- Audience:** Internists
- Methods:** Lecture
- Credit:** AMA PRA Category 1 Credits™

#### MEDICAL GRAND ROUNDS

- Topic:** Sepsis
- Speaker:** Mitchell P. Fink, MD
- Date:** December 7, 2012
- Time:** Noon – 1 p.m.
- Place:** Research Conference Hall
- Audience:** Primary Care Physicians, Internists
- Methods:** Lecture
- Credit:** AMA PRA Category 1 Credits™



December 2012 Medical Staff Meetings				
monday	tuesday	wednesday	thursday	friday
-3-	-4-	-5-	-6-	-7-
5:30 p.m. Medical Executive Committee – Chop House	Noon Radiology/Nuclear Med Section – MRI Conf Room			6 p.m. Medical staff Christmas Party – Langham Hotel
-10-	-11-	-12-	-13-	-14-
<b>Newsletter Submission</b>				7:30 a.m. Spine Committee – CR-11
-17-	-18-	-19-	-20-	-21-
			6:30 a.m. Anesthesia Peer Review – CR-10	
-24-	-25-	-26-	-27-	-28-
	<b>Merry Christmas</b>			
-31-				

December 2012 CME Calendar				
monday	tuesday	wednesday	thursday	friday
-3-	-4-	-5-	-6-	-7-
	- 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.	- 7 – 10 a.m. Trauma M&M, Conf. Rm. B - Noon – 1 p.m. Thoracic Cancer Conf, Conf. Rm. 11	- 7:30 – 9 a.m. Neurosurgery Grand Rounds, Conf. Rm. 11 - Noon – 1 p.m. Medical Grand Rounds, RSH <b>Topic: Sepsis</b> - Noon – 1 p.m. MDisc Breast Cancer Conf., Conf. Rm. 11
-10-	-11-	-12-	-13-	-14-
- Noon – 1 p.m. Second Monday, RSH <b>Topic: Hypothermia Protocol for Cardiac Patients</b>	- 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. 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
-17-	-18-	-19-	-20-	-21-
	- 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.	- 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	- Noon – 1 p.m. Medical Case Conference, RSH - Noon – 1 p.m. MDisc Breast Cancer Conf., Conf. Rm. 11
-24-	-25-	-26-	-27-	-28-
	<b>CHRISTMAS</b>	- Noon – 1 p.m. Radiology Teaching Files, MRI Conf. Rm.	- 7:30 – 9 a.m. Neurovascular Grand Rounds, Conf. Rm. 11 - 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
-31-				
<b>NEW YEARS EVE</b>				



# Huntington Hospital

## Medical Staff Administration

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

Non-profit  
Org.  
U.S. Postage  
**PAID**  
Permit #100  
Pasadena, CA

ADDRESS SERVICE REQUESTED

### Medical Staff Leadership

James Buese, MD, President  
K. Edmund Tse, MD, President-Elect  
James Shankwiler, MD, Secretary/ Treasurer  
Syeda Ali, MD, Quality Management Committee  
Mehrangiz Mofid, MD, Credentials Committee  
Harry Bowles, MD, Surgery Department  
Mark Powell, MD, Pediatric Department  
Sylvia Preciado, MD, Medicine Department  
Laura Sirott, MD, OB-GYN Department

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 13<sup>th</sup> of every month.

### Our Mission Statement

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

### Core Values

#### Respect

We affirm the rights, dignity, individuality and worth of each person we serve, and of each other.

#### Integrity

We honor the commitments that we make, believe in fairness and honesty, and are guided by our ethics.

#### Stewardship

We wisely care for the human, physical and financial resources entrusted to us.

#### Excellence

We strive for excellence, quality and safety, and we are committed to providing the best care, work environment and service possible.



2012 – 2013

Best Hospitals Report

# 4 Hospital in the  
Los Angeles Metro area

# 8 Hospital in California

#18 Nationally in Orthopedics

#49 Nationally in Urology