

MEDICAL STAFF

Huntington Hospital NEWSLETTER

VOLUME 49, NUMBER 02 February, 2011

From The President



“It is characteristic of wisdom not to do desperate things.”

-Henry David Thoreau

I want to spend time this month discussing an important issue, which comes up from time-to-time: the inaccurate completion of the Huntington Hospital Medical Staff

Application and Reappointment Application. As one would expect, most applications are accurate and complete. Occasionally, mistakes are unintentionally entered, such as dates of events. These human errors are understandable and easily rectified. However, errors of omission and misrepresentation can have much more serious implications.

The medical staff bylaws state that “the application shall request...information regarding the applicant’s education, specialty training, professional affiliations... as well as information regarding possible involvement in professional liability actions; previously completed or currently pending changes involving professional licensure, certification, or registration; voluntary or involuntary termination, limitation, reduction or loss of medical staff or medical group membership and/or clinical privileges at any other hospital or health facility that was taken or is pending; and information detailing any prior or pending government or third party payer investigation...including but not limited to Medicare or Medi-Cal fraud and abuse proceedings or convictions.”

Huntington Hospital’s medical staff bylaws stipulate responsibilities of each member of the medical staff.

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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 January 10, 2011 and by the Governing Board on January 27, 2011.

PRESIDENT’S REPORT

- The December event report was presented.

MEDICAL STAFF APPOINTMENTS

- Michael J. Davis, MD – Ophthalmology – joining Retina Eye Specialists
- Kelly Lorenz, MD – Ophthalmology – solo
- Sarah Rubin, MD – Pediatric Critical Care – joining Children’s Hospital Los Angeles
- Marinda Tu, MD – Pediatrics – joining Holly Wang, MD

ALLIED HEALTH PROFESSIONAL APPOINTMENTS

- Tyson Chung, PhD – psychologist – solo
- Adam Herdina, PhD – psychologist – solo

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Summary of the Minutes

Executive Committee Meeting

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MEDICAL STAFF RESIGNATIONS

- Steven Chen, MD – anesthesiology
– effective 1/31/2011
- Edmund Lo, MD – internal medicine
– effective 1/31/2011
- Laura Mabie, MD – pediatrics
– Change to Emeritus status
– effective 1/31/2011
- Berry McCord, MD – psychiatry
– effective 1/31/2011
- Thomas O’Hearn, MD – ophthalmology
– effective 1/31/2011
- Glenn Weissman, MD – neurosurgery
– effective 1/31/2011

ADMINISTRATIVE REPORT

- Mr. Steve Ralph suggested that the chief financial officer be invited to an upcoming Medical Executive Committee meeting to present a ten-year financial forecast for the hospital.

INSTITUTIONAL REVIEW BOARD STUDIES – New Studies

- **HMH 2010-032:** The Efficacy of Low Molecular Weight Heparin (LMWH) in Preventing Venous Thromboembolisms (VTE) in Critically Ill and Obese Populations (Helen Lee, PharmD)
- **HMH 2010-033:** Impact of a Clinical Pharmacist on Empiric Antimicrobial Selection in the emergency department: A New Role for Clinical Pharmacist in Antimicrobial Stewardship (Lisa Marie Serrano-Eftychiou, PharmD)

MEDICAL STAFF POLICY

- Access to Sharepoint (New)

DEPARTMENTAL POLICIES AND PROCEDURES AND ORDER SETS

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

❖ DEPARTMENT OF PEDIATRICS

Neonatal Policy Review:

8 items were approved

Newborn Nursery Policy Review:

1 item was approved

FORMULARY MANAGEMENT

1 item was approved

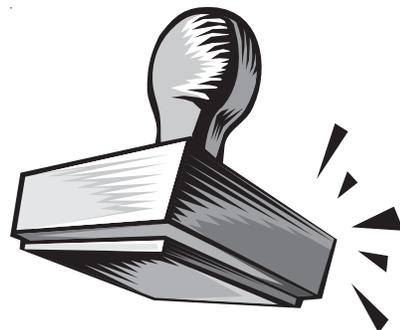
ORGANIZATION WIDE POLICIES AND PROCEDURES

5 items were approved

ORDER SETS

3 items were approved

James Shankwiler, MD
Secretary/Treasurer Medical Staff



From *The President* continued from page 1

In part, each member shall:

- 1) “Abide by the medical staff bylaws and regulations and by all other reasonable and lawful standards, policies, and rules of the Hospital to the extent such are consistent with the medical staff bylaws and quality patient care.”
- 2) “Report to the medical staff office any past or pending professional disciplinary actions, voluntary or involuntary denial, revocation, suspension, reduction, or relinquishment of medical staff membership or privileges or any licensure or registration, and related matters, within 30 days of action. For the purpose of this section, voluntary actions shall only include those taken while under investigation for possible incompetence of or improper professional conduct, or breach of contract, or in return for such an investigation not being conducted, or past or pending disciplinary actions taken by the medical board or similar entity, including civil or criminal actions that call into question professional conduct.”

Thus, the above bylaws stipulate that medical staff applicants and re-applicants must provide full disclosure, and the information must be up to date. Moreover, providing pertinent information does not only occur when you are initially applying or at two year re-application intervals, but, rather, within “30 days of action.”

The Medical Staff Application has an “Attestable Questions” section. Attestation is defined as, “to

affirm to be correct, true and genuine; to certify by signature or oath.” These questions are designed to reveal any adverse disciplinary actions. For example: “has your license to practice medicine ever been denied, limited, restricted, suspended, revoked, not renewed, or subject to probationary conditions, or have voluntarily or involuntarily relinquished any such license, or have been fined or received a letter of reprimand or is such action pending?”

In practical terms, an applicant/re-applicant who is not forthcoming with adverse information as outlined above, will be at great risk of denial of his/her application. At the back of each application is a further attestation signed by the applicant: “I hereby affirm that the information submitted in this application and any addenda there to... is true, current, correct and complete to the best of my knowledge and belief and is furnished in good faith. I understand that material omissions or misrepresentations may result in denial of my application or termination of my privileges, employment or physician participation agreement.”

Applicants and re-applicants are reviewed by members of the Credentials Committee and the Medical Executive Committee. The individuals who sit on these committees are your fellow physicians who are concerned for the professional welfare of the medical staff, and the well being of individual members. If an applicant has been forthright in his/her application, serious consideration of any specific issues will occur. However, a disingenuous applicant will create a hole, from which a climb out will be very problematic.

James Buese, MD
President, Medical Staff

From the Health Sciences Library...

Continuing series on electronic books: Family Medicine and Pediatrics

These are accessible from anywhere on-site and available off-site for those with access to our resources through Citrix or Connect. The best way to get to access them is to go to the **Health Sciences Libraries SharePoint** site, then search for them on our **Online Catalog** (upper left of SP page) or browse them by going to the shortcut below that for **Electronic Books**. They are arranged there by title and by subject. Just click on the links to open the publications.

In the list below, the asterisk (*) denotes books on MD Consult, the dagger (†) from Ovid. Those who cannot access us through Citrix or Connect can access the MD Consult and Ovid books from off-site, if they have userid/ password account to those resources. The other titles are freely available from anywhere on the web.

There are 5 titles in Family Medicine, including the latest edition of *Rakel's Textbook of family medicine**, and 16 titles in Pediatrics, including:

- *The Harriet Lane handbook: a manual for pediatric house officers**
- *Nadas' pediatric cardiology**
- *Nelson textbook of pediatrics**
- *Pediatric neurology*†
- *Principles and practice of pediatric infectious diseases**
- *Red Book Online*
- *Skeletal trauma in children**
- *The state of America's children, 2010*
- *Textbook of pediatric emergency medicine*†

If you have any problem accessing these books or have any questions about them, please contact the library at x5161, library@huntingtonhospital.com or text us at 626-344-0542.



Huntington Hospital Implements Security Enhancement Plan

In response to safety concerns regarding the 88 exterior doors at Huntington Hospital (24 of which are open day and night), an Access Control taskforce was formed to develop strategies to limit access, identify visitors and create a generally safer environment. The Access Control team made many recommendations to enhance safety of our employees, physicians and volunteers. Several of these changes will go into effect during February 2011. These include:

- Reducing hospital entrances for visitors and patients from 24 down to five. Thirty-five other entrances are accessible to hospital staff using ID badges.
- Requiring visitors to wear a color-coded visitation sticker identifying the date and hospital destination.

Five Entrances:

The five entrances that will be open to visitors after February 1 are: the main lobby entrance, the emergency department, the LaVina lobby, the Fairmount entrance (near HACC), and the east parking bridge entrance into the Wingate Building. After 8:00 p.m. all entrances will be closed to the public with the exception of the emergency department – this includes the main entrance. Employees, physicians and volunteers will have badge access to all entrances any time and adequate signage will be displayed to assist visitors.

Visitor Stickers:

The new visitation stickers are color-coded so that it will be easy to tell where visitors belong. All visitors will have access to common areas such as the cafeteria or gift shop, but those visiting maternity, NICU, and L&D will wear a pink sticker and those visiting peds and PICU, a purple sticker. White badges will be given to those visiting other units and departments. The visitation stickers will indicate the visitor's destination.

Huntington Hospital staff is encouraged to help visitors who are not wearing a visitation sticker or those who look lost or appear to be on the wrong area (based on their visitation sticker color). Volunteer department personnel will staff the Fairmount entrance as they currently do the main lobby and LaVina entrances. There will be new maps produced indicating the five entrances as well as the correct parking areas for each hospital building.

For more information about access control at Huntington Hospital, contact Hal Wardell, director of safety services, at extension 3790.

Library Search Tip: Using MDConsult's Recommended Resources to Find Answers to Common Clinical Questions

The screenshot shows the MDConsult website interface. At the top, the MD CONSULT logo is on the left, and 'Huntington Memorial Hospital' is on the right. Below the logo is a navigation menu with links: Home, Books, Journals, Clinics Review Articles, Patient Education, Drugs, Guidelines, Images, News, CME. A search bar is located below the menu, with 'All Sections' selected in a dropdown and 'pertussis' entered in the search box. A 'Search' button is to the right of the search box. Below the search bar, there is a 'Recommended Resources' section titled 'Top Results from All Sections'. This section contains a grid of links categorized by 'Overview', 'Signs & Symptoms', 'Etiology', and 'Diagnosis'. To the right of this grid is a 'Patient Education' sidebar with a list of links. The 'Overview' section includes links for 'Pertussis: A disease affecting all ages' (Gregory DS - *Am Fam Physician* - 1-AUG-2006; 74(3): 420-6), 'Whooping cough: The current scene' (Singh M - *Chest* - 01-NOV-2006; 130(5): 1547-53), 'Pertussis' (Weisberg SS - *Dis Mon* - October 2007; 53(10): 488-494), and 'Pediatric respiratory infections (includes Table)' (Shah S - *Emerg Med Clin North Am* - 01-NOV-2007; 25(4): 961-79, vi). The 'Signs & Symptoms' section includes 'Cadence of Symptoms in Pertussis' (Long: *Principles & Practice of Pediatric Infectious Diseases*, 3rd ed.) and 'Physical Findings and Clinical Presentation of Pertussis' (Ferri: *Ferri's Clinical Advisor* 2011, 1st ed.). The 'Etiology' section includes 'Bordetella pertussis: The intersection of genomics and pathobiology' (Preston A - *CMAJ* - 5-JUL-2005; 173(1): 55-62) and 'Bordetella pertussis (Pertussis) and Other Species' (Long: *Principles & Practice of Pediatric Infectious Diseases*, 3rd ed.). The 'Patient Education' sidebar includes links for 'Diphtheria/Tetanus Toxoids/Acellular Pertussis Vaccine', 'Pertussis*', 'Whooping Cough', 'DTaP Immunization (Vaccine)*', 'Diphtheria/Tetanus Toxoids/Acellular Pertussis Adsorbed/Hepatitis B/Inactivated Poliovirus Vaccine, Injection', 'Diphtheria/Tetanus Toxoids/Acellular Pertussis/Haemophilus Influenza Type B Vaccine (DTaP-Hib)*', and 'Diphtheria/Tetanus'.

MDConsult's "Recommended Resources" pages for the most searched clinical topics are an easy way to get to clinically useful content. Here's how!

There are two ways to get to the Recommended Resources pages:

1. Simply type your topic in to the search box on the main page, if your search topic coincides with an already created Recommended Resources page, the page will automatically appear.
2. The second way is to click on the **View All Medical Topics** link underneath the search box and select a topic of interest.

The resulting page will include relevant journal articles and electronic book chapters organized by Overview, Symptoms, Etiology, Diagnosis, Treatment, Management, Prognosis, etc. Recommended Resources pages may also include Patient Education handouts, Practice Guidelines and links to more refined search when available.

To date, MDConsult has created 450 Recommended Resource pages based on the searches most often conducted in the MDConsult portal. The pages are created by MDConsult editorial staff including experts in medical content along with healthcare professionals.

Give it a try and let us know if this search tip worked for you!

For further assistance or questions contact the library at library@huntingtonhospital.com, x5161.

Physician Informatics

Physician Rounding Tool

Physicians will be able to access their patient lists and patient charts on a view that is configured to their phone/mobile device starting February 2011. No more expanding or minimizing the electronic medical record to see the patient's chart!



Problem List

Would you like to be able to easily enter a Problem List with corresponding ICD-9 codes for your patients? We can show you how!

CPOE

Computerized physician order entry (CPOE) allows the physician to enter medication and non-medication orders in the patient's electronic medical record. CPOE when combined with clinical decision support has shown to decrease medications errors, improve order turnaround time, reduce duplicative tests, improve adoption of clinical pathways as well as improve the efficiency of the hospital workflow. Huntington Hospital will be implementing CPOE in labor and delivery and Maternity as a pilot site on April 1st, 2011. If you have any questions, please feel free to contact Jennifer Nunnery at 626-397-2223.

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' criteria of an electronic health record (EHR) system, which are required in order to qualify 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.

2011 ePrescribing prevents 2012 and 2013 CMS Penalties

Beginning January 1, 2011, CMS offers ePrescribers an opportunity to earn an incentive payment of 1% (based on claims submitted no later than February 28, 2012) for all covered professional services furnished from January 1, 2011 – December 31, 2011. Currently, CMS' proposal is to levy 1% 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% 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.

Huntington Rx and Huntington Health eConnect initiatives are designed to assist you in meeting incentive requirements as well as improving 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. There are also other resources for you that provide information on the federal incentive programs and certified electronic health records listed below:

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>

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The Protection of Patient Information

On January 1, 2009, the State of California raised the bar on health care providers' responsibilities towards protecting the privacy of patient information. New laws were enacted to ensure that hospital employees, physicians and others involved in a patient's care do not access, use or disclose patient information inappropriately. If a breach of patient privacy is identified, the hospital is obligated by law to report the breach to the California Department of Public Health and to the patient whose information was breached. This information is subsequently sent by the Department of Public Health to the California Office for Health Information Integrity (CalOHII) where the State may assess fines and penalties against those individuals involved in the breach. Since January 1, 2009, the State of California has levied fines and penalties totaling almost \$1.5 million against 14 California hospitals for breaches of patient privacy. In some cases, individuals were cited with criminal convictions for the inappropriate use of patient information.

The following are some key points for members of the medical staff to remember when it comes to access, use and disclosure of patient information:

- Patient information should only be accessed for legitimate purposes of providing care, seeking payment for treatment provided to patients or other operational reasons allowable by law. Patient information includes any clinical, demographic or financial information about a patient.
- Physicians should not share or discuss patient information outside of their work environment (i.e., public hallways, elevators, cafeteria, home, etc.). Patient information should not be shared with other individuals who are not involved in a patient's care or who otherwise do not have a specific need to know.
- Patient information in written or electronic format should be properly secured when not in use.
- Physicians should not access patient information about relatives, friends, neighbors, or others unless they are doing so for legitimate care-giving purposes. Accessing patient information to simply satisfy one's curiosity is grounds for disciplinary action through the medical staff.

- Computer user names and passwords should never be shared with others. Those who have access to hospital computer systems are accountable for any use of those systems through their unique user name and password.
- Physicians should never communicate patient information using social media (e.g., Facebook, Twitter, YouTube, etc.) even if the patient's name is not specifically mentioned on the site.

The protection of patient privacy is one of our patients' most basic rights. The obligation to protect patient information is a fundamental principle of our mission and core values. If you have questions or concerns about any aspect of protecting the privacy or use of our patients' information, please contact Huntington Hospital's Compliance Officer, Jim Passey, at 626-397-5335.

Physician Informatics

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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:

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ADDRESS SERVICE REQUESTED

MEDICAL STAFF

N E W S L E T T E R

February, 2011

CME Corner



Huntington Hospital is accredited by the Institute of Medical Quality and the California Medical Association to provide continuing medical education for physicians. Huntington Hospital takes responsibility for the content, quality and scientific integrity of this CME activity. Huntington Hospital designates this educational activity for a maximum of 1.0 hours *AMA PRA Category 1 Credit (s)*TM. Each physician should only claim credit commensurate with the extent of their participation in the activity

UPCOMING PROGRAMS FOR THE FIRST THURSDAY MEDICAL WORKSHOPS:

FIRST THURSDAY MEDICAL WORKSHOPS:

Topic: Behavioral Medicine and Cognitive Therapy
Date: February 3, 2011
Time: 8:00 AM
Place: Research Conference Hall
Audience: Internal Medicine, Family Practice
Methods: Lecture with question and answer period
Evaluation: Post-activity evaluation form
Speaker(s): Barney Rosen, PhD, CGP
Objectives: 1. Develop a better understanding of behavioral medicine in clinical practice.
2. Understand the application of cognitive therapy
Credit: 1 *AMA PRA Category 1 Credit*TM

MEDICAL GRAND ROUNDS:

Topic: Hypothermia in the ICU
Date: February 4, 2011
Time: 12:00 PM
Place: Research Conference Hall
Topic: New Treatments for Renal Cell Carcinoma
Date: April 1, 2011
Time: 12:00 PM
Place: Research Conference Hall