# MEDICAL STAFF

### Huntington Hospital

Newsletter

VOLUME 50, NUMBER 2 February 2012

### From The President



If you think you can do a thing or think you can't do a thing, you're right.

- Henry Ford

My theory is that all Scottish cuisine is based on a dare.

- Mark Myers

The history of female physicians goes back as far as recorded time. In 270 BC, Merit Ptah was described as "chief physician," marking her as the earliest named women doctor. Agamed was cited by Homer as a heeler in Greece before the Trojan War. While, Agnodike was the first female physician to legally practice in fourth century BC Athens.

In medieval times, convents were centers of education for women in Germany. The abbess Hildgard Binger (c. 1151-58) was one of the first female physicians of the era. About this time, the first universities emerged, and mostly excluded women from attending. An exception was the University of Bologna, which allowed women since its founding in 1088. Concomitantly, the Islamic empire, between 800-1300, privately trained female physicians to treat women.

It was not until the nineteenth century that notable numbers of women entered medicine. The New England Hospital for Women and Children, founded 1862, and London's New Hospital for Women, founded 1870, reflected significant strides.

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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 on January 9, 2012 and by the Governing Board on January 26, 2011.

#### PRESIDENT'S REPORT

#### **Event Report**

The event report for the months of November and December was presented. There were a total of twelve events reported. Four events involved failure to follow policies and procedures; three events involved behavioral issues; two events were employee complaints; one event was a patient complaint; one event involved a complaint of harassment and one event was undefined. One case has been referred to the Section Chair; six events have been closed and five events are pending.

#### **Bylaw Amendment Ballot Results**

Dr. Buese presented the results of the recent Bylaw amendment ballot. All proposed amendments were recommended for approval by the voting membership. He noted that some typographical errors have been identified in the document and will be corrected and forwarded to the Board for final approval.

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### Inside:

# Summary of the Minutes

### **Executive Committee Meeting**

#### **ADMINISTRATIVE REPORTS**

#### Report from the President/Chief Executive Officer:

Mr. Steve Ralph, reported on the following items:

- Selection of the new Health Information System will be made during the first quarter of this year. He expressed appreciation to the medical staff for their assistance in this process.
- The limitations on reimbursement levels will be a challenge for the hospital. The hospital will be looking at the current cost structure; however, the focus will remain on quality and clinical outcomes.

#### **Report from the Chief Nursing Officer:**

Ms. Bonnie Kass, R.N., reported that there were no contracts due for review by the Medical Executive Committee this month.

She reported on the new Observation Unit which will be opening at the end of January. This will be a 23 hour unit located on the backside of Unit 31. She reported that there are seven diagnoses that will qualify for admission to this outpatient unit. This will be a pilot project. Physicians were encouraged to provide feedback on the unit. Questions were raised regarding the documentation requirements for the unit. Ms. Kass reported that a History and Physical will be required; however, a short form will be sufficient. The discharge documentation requirements will be the same as the discharge documentation required for an inpatient stay.

#### Report from Director of Healthcare Services:

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

- Meeting Attendance Rewards
   Ms. Gomez reported that the winner for the December
  - Roger Satterthwaite, MD Urology

medical staff meeting attendance was:

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#### • Physician Satisfaction Survey

Ms. Gomez presented proposed survey questions as a follow-up from the physician satisfaction survey from 2010, as requested by the MEC. She noted that she removed questions from the survey that were beyond the control of the MEC (i.e. quality of the night shift staff). She would like to add a question to determine whether physicians have identified improvement in terms of the number of notices being mailed and faxed by the Medical Staff Office and questioning how physicians would prefer to receive information from the hospital (i.e. e-mail, fax, etc.). Survey participants will again receive a \$25.00 gift card for participating in the survey. Ms. Gomez will investigate the possibility of another raffle for i-Pads.

#### • <u>UpToDate</u>

Ms. Gomez reported that physicians are able to earn 0.5 hours of Category I credits for any topic searched on UpToDate through the Electronic Medical Record (EMR) beginning January 16.

#### • <u>Pictorial Roster</u>

Ms. Gomez reported that the department is working on a pictorial roster that will be provided to the medical staff members on a USB flash drive. A limited number of hardcopies will be made for distribution. The MEC members noted the need to have the roster available on the main hospital web site. Ms. Gomez reported that she is working on a physician site on the main hospital web site where a roster will eventually be available.

#### • Happy Hour

Ms. Gomez reported that Dr. Buese will be hosting a Happy Hour on Friday, January 27 at 5:30 p.m. at Mijares Restaurant.

# ADMINISTRATIVE POLICIES AND PROCEDURES

Please go to SharePoint -> Medical Staff Services -> Board Approved Items -> 2012 and select January.

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### From The President

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Notable personalities included James Miranda Barry, MD (179?-1865), who passed as a man to gain a medical education and practice; Elizabeth Blackwell (1821-1910), the first female graduate of a U. S. medical school in 1894; Rebecca Lee Crumpler (1835-1910), the first black female physician in the U. S.; and, Lucy Hobbs Taylor (1883-1910), the first female dentist in the U. S.

Elizabeth Blackwell's admission to Geneva Medical College had been a mere accident. The faculty had not wanted to admit women, but desiring the student body's support, they had put the issue to a vote. They were shocked when the class, in a joking mood, voted unanimously to accept her. Despite a flurry of protests within the medical community, other pioneering women soon followed, including Dr. Blackwell's younger sister, Emily.

By the end of the nineteenth century, nineteen women's medical colleges and nine women's hospitals had been established in the United States. The struggle for coeducation, however, was initially successful in only a minority of institutions, hampered in large part by the theories of Harvard professor Edward Clarke in 1874, who proclaimed that women seeking advanced education would develop "monstrous brains and puny bodies [and] abnormally weak digestion." As Mary Putnam Jacobi wrote in 1891, "It is perfectly evident from the records, that the opposition to women physicians has rarely been based upon any sincere conviction that women could not be educated in medicine, but upon an intense dislike to the idea that they should be so capable."

At the turn of the twentieth century, women constituted five percent of American MD's, and numbered over seven thousand. But, soon after, a decline in the women's medical movement began, due to multiple influences. Medical education reform, as demanded in the Flexner Report, greatly reduced the number of U. S. medical schools, and closed all but one women's medical college; the rise of allied fields, such as nursing, public health and social work; and, the changing face of medicine, becoming more

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# Summary of the Minutes

### **Executive Committee Meeting**

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#### **IDOC FORMS AND ORDER SETS**

• Cardiology Progress Notes

#### **IRB STUDIES**

#### **New Study Approvals:**

 HMH 2007-049 Sub-Study: Interdisciplinary Comprehensive Arm-Rehabilitation Evaluation (I-CARE) Stroke Initiative Genetics Sub-Study (ICAREGEN) (PI: Sunil K. Hegde)

#### **MEDICAL STAFF RESIGNATIONS**

- Patricia Barnes, MD Diagnostic Radiology
   Consulting
- Lillian Cavin, MD Diagnostic Radiology
   Consulting
- Philip Chan, MD Obstetrics & Gynecology Active
- Mark Kislinger, MD Ophthalmology
   Suspended
- Kevin Lake, MD Pulmonary Courtesy
   – Requesting Emeritus Status
- Lucy Modahl, MD Diagnostic Radiology – Consulting
- Jhanna Nariyants, DO Internal Medicine
   Provisional
- Mayhar Sadeghi Tari, MD Internal Medicine
   Provisional

#### James Shankwiler, MD Secretary/Treasurer, Medical Staff



### From The President continued from page 3

scientific and less humanistic. The society of the 1950's glorified domesticity, placing women's primary role as that of homemaker.

Thus, by 1949, one hundred years after Elizabeth Blackwell, women still represented only five percent of medical students. It was not until the rise of feminism in the 1960's and passage of Title IX of the Higher Education Act (preventing federal funded education from discriminating on the basis of gender) that these numbers began to significantly increase.

By the early twentieth century, female physicians were at the forefront of preventive medicine, particularly public health initiatives. The focus was on inner cities with large immigrant communities, and the associated prevalence of infant and childhood illnesses. The woman physician concentrated on educating her patients for preventive care and children's health. By contrast, male physicians focused on the prestige of diagnosis and acute care within specialties. Prestige in medicine as a profession came from emphasis on cure, not prevention. What followed was the logical concentration of women in internal medicine, pediatrics, family practice and psychiatry, while men filled the ranks of surgical specialties.

Presently, the progression of women in medicine is quite evident. 48% of medical school graduates are women, and male-dominated specialties are seeing increasing entry of female members. Women comprised 31% of general surgery residents as of 2005.

#### Women Physicians in the United States:

<u>Year</u>	<u>Total</u>	<u>Men</u>	<u>Women</u>
1970	334K	308K (92%)	25K (8%)
1980	468K	413K (88%)	54K (12%)
1990	615K	511K (83%)	104K (17%)
2000	814K	618K (76%)	196K (24%)
2006	922K	666K (72%)	256K (28%)

Women Physici specialty (2006		% of Residents (2005)
Int. Medicine	49,500	44
Pediatrics	39,500	73
GP/FP	30,470	55
Psychiatry	14,000	54
OB/GYN	18,520	77
Anesthesiology	9,400	35
Pathology	6,620	52
Other	35,000	

Much has been written about the pay disparity between male and female physicians with equivalent education, training, position and experience. Comprehensive studies have provided several explanations as to why female physicians earn less:

- 1. More likely to work part-time.
- 2. More likely to take time off.
- 3. Over a fifteen year period, 52% of women 26-59 go through at least one year with no income, compared to 10% of men.
- 4. Gravitate to lower paying specialties.
- 5. Discrimination, though most authors acknowledge that this is in play less and less.
- 6. Negotiation: women report "a great deal of apprehension (2.5 X that of men). A woman will pay \$1000, or more, to avoid negotiating the price of a car. Women ask for, and expect, thirty percent less when negotiating. Women, just like men, but cheaper."

The Huntington Memorial Hospital staff reflects the growing influence of women in medicine. Currently, the Medical Staff (including allied health care professionals, such as PA's, NP's, Perfusionists, etc.) consists of 803 members: 378 female, 425 male. Of the 378 female members, 188 are in the Department of Medicine, 43 in the Department of OB/GYN, 76 in the Department of Pediatrics, and 71 in the Department of Surgery.

Jim Buese, MD
President Medical Staff

# From the Health Science Library

#### FREE CME OPPORTUNITIES FROM LIBRARY RESOURCES



- Once the EMR has been entered and a patient record selected, you can right click (Ctl/click on a Mac) on LAB, RAD, MICRO, BBK, PATH, or REPORTS to launch an automatic search of **UpToDate** (UTD). (The first time you do this you will be asked to register. Registration allows UTD to track your CME's.)
- When you open a Topic Review from the automated search, the system will log 0.5 of AMA PRA Category 1<sup>™</sup> credits to your record. You will not earn credits if you click on another Topic Review within the same topic.
- Further UTD registration instructions and how to redeem CME credits are available on the Library's SharePoint site at the CME link following UpToDate.

# MD CONSULT

- MD Consult is pleased to offer subscribers
  Internet Point of Care CME credits for selfdirected, structured, online learning. CME credits
  are provided by the Cleveland Clinic Center for
  Continuing Education.
- Physicians may earn 0.5 AMA PRA Category
   1 Credit<sup>™</sup> for each search conducted through
   MD Consult.
- For a **video tutorial** on how to set up your own account and start earning CME credits, go to <a href="http://www.linkcounter.com/go.php?linkid=321893">http://www.linkcounter.com/go.php?linkid=321893</a> or,
- Establish a personal account for offsite access to MD Consult at <a href="http://www.linkcounter.com/go.php?linkid=314720">http://www.linkcounter.com/go.php?linkid=314720</a>.



### Audio Digest CME'S Available for Internal Medicine & Pediatrics Only

- The Audio-Digest Foundation is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. It designates each compact disc (CD) for a maximum of 2.0 AMA PRA Category 1 Credits<sup>™</sup>.
   The CDs are available for checking out from the library.
- Doctors of Osteopathy (DOs) may claim credit for Audio-Digest CDs for AOA Category 2-B. This AOA category permits DOs to claim CME credit for CDs that are designated for AMA PRA Category 1 Credit™ or for AAFP CME credit. Each DO should check with the AOA for the actual number of credits allowed.
- Each audio CME program includes a 10-question test to be taken before and after listening to the program to demonstrate that a learning process has occurred. **To earn CME credit**, the participant must take a pretest (to assess the initial level of knowledge) and a posttest (to demonstrate that learning has occurred). The participant must achieve 80% or greater on the posttest to earn Category 1.0 CME credits. Additionally, an evaluation survey is included.



#### Natural Standard The Authority on Integrative Medicine

• Natural Standard (NS) is an evidenced-based resource that provides information on integrative medicine for health professionals and consumers. It is recommended by the American Academy of Family Physicians (AAFP) for evidence-based CME designation. It now offers continuing education

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### Health Science Library

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credits for all healthcare professionals, including:

- · medical doctors,
- naturopathic doctors,
- pharmacists,
- nurses and
- doctors of osteopathy.
- The education programs are derived from NS's evidence-based systematic reviews on popular herbs and supplements. In each training module, the systematic reviews evaluate available scientific evidence. The reviews also discuss expert opinion, folkloric precedent, history, mechanism of action, interactions, side effects, dosing and toxicology information. Review questions highlight the safety and effectiveness of each therapy.
- To view the available continuing education modules, please visit www.naturalstandard.com and click on the Continuing Education tab at the top.



# **Find Information**: CME & Meetings

The library staff has combed the Internet for other sources of online CME's.

The "CME & Meetings" guide is at <a href="http://www.linkcounter.com/go.php?">http://www.linkcounter.com/go.php?</a> linkid=326063 or go to the library's SharePoint site and click on the link to CME & Meetings under FINDING INFORMATION. This guide includes the above resources as well as many others (over 50 sites as of now), for example, MedPage Today and MedScape Today.

### From Nursing Administration

# Pneumococcal and Influenza Immunization Policy Changes

n October, 2011 the Medical Executive Committee approved an update to the clinical policy and procedure for Pneumococcal and Influenza Immunization. Changes to the policy include the following:

- 1. After completing the eligibility assessment, the RN will vaccinate patients within the **first 24 hours of admission** rather than day 3 of admission.
- 2. Orders to NOT administer pneumococcal or influenza vaccines must be written by the physician in the medical record with admission orders.

The purpose for this change is to improve compliance with National Quality Improvement Goals commonly known as Core Measures. Currently Huntington Hospital's results are under-performing to the national and state averages of 95%. Pneumococcal vaccinations are 91.8% and influenza vaccinations are 90%.

The following are acceptable exclusions for written orders to not vaccinate:

#### FOR Pneumococcal:

- 1. chemotherapy or radiation during this hospitalization or less than 2 weeks prior to this inpatient hospitalization
- 2. Bone Marrow transplant within past 12 months
- 3. Allergy or Hypersensitivity to components of the vaccine
- 4. Shingles vaccine within the last 4 weeks
- 5. Patients 6 years of age who received a conjugate vaccine within the previous 8 weeks
- 6. Patients younger than 6 years of age
- 7. Patients who expire
- 8. Patients who are pregnant
- 9. Patients with an organ transplant during this hospitalization
- 10. \*Note there are several diagnosis that are excluded for patients aged 6-64

#### FOR Influenza:

- 1. Hypersensitivity to eggs or other components of the vaccine
- 2. Hx of Guilain-Barre' Syndrome within 6 weeks after previous vaccination
- 3. Bone marrow transplant within the past 6 months
- 4. Anaphylactic latex allergy
- 5. Patients younger than 6 months
- 6. Patients who expire
- 7. Patients with an organ transplant during this hospitalization
- 8. Patients discharged between 10/1 3/31 if our vaccine supply is on order but not received

For Questions, please contact Dr. Paula Verrette for questions at x3577.

# CME Corner



#### **UPCOMING FIRST THURSDAY:**

Topic: **Sleep Disorders** February 2, 2012 Date:

Time: 8 a.m.

Place: Research Conference Hall

**Objectives:** 1. Compare the available treatment

options for sleep disorders.

2. Explain the various conditions which contribute to sleep disorders.

3. Recognize the indicators for the use

of polysomnography.

4. Outline the various components of cultural/linguistic diversities that relate to patient demographics, diagnosis, and treatment.

Audience: Primary Care Physicians, Internists

Methods: Lecture

**Evaluation:** Post-activity evaluation form

Mark Kroe, MD & Charles Anderson, MD Speaker:

Credit: 1 AMA PRA Category 1 Credit<sup>TM</sup>

#### **UPCOMING OB/GYN:**

Topic: **Fetal Hydrops** Date: February 6, 2012 Time: 12:15 p.m.

Place: North/South Room

Gap Analysis: There is a need to provide physician's

> with up-to-date information regarding the diagnosis and management of fetal hydrops in pregnancy. The goal of the activity is to improve the care of patients with fetal hydrops.

**Objectives:** 1. Diagnosis of fetal hydrops.

2. Evaluation of fetal hydrops.

3. Management of fetal hydrops.

4. Outline the various components of cultural/linguistic diversities that relate to patient demographics,

diagnosis, and treatment.

Audience: OB/GYN's, Maternal Fetal Medicine

Methods: Lecture

**Evaluation:** Post-activity evaluation form Speaker: Joseph Ouzounian, MD Credit: 1 AMA PRA Category 1 Credit<sup>TM</sup>

#### **UPCOMING MEDICAL GRAND ROUNDS:**

Topic: **Testicular Cancer** Date: February 3, 2012

Time: Noon

Place: Research Conference Hall

**Gap Analysis:** TBD **Objectives: TBD** 

Audience: Primary Care Physicians, Oncologists

Methods: Lecture

**Evaluation:** Post-activity evaluation form

Eila Skinner, MD Speaker:

Credit: 1 AMA PRA Category 1 Credit<sup>TM</sup>





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