MEDICAL STAFF

Huntington Hospital

Newsletter

VOLUME 49, NUMBER 01 January, 2011

From The President



A man begins cutting his wisdom teeth the first time he bites off more than he can chew.

Herb Caen

Happy New Year. I hope everyone enjoyed the holidays. Last month's Annual Medical Staff Holiday Celebration at the Langham Hotel was a great

success. Good food, drink and friends were abundant. If you haven't attended in the past, I recommend this event in the future; it's one way to enjoy a portion of your medical staff dues.

This month marks the beginning of my two years as president of the medical staff. It also marks the installation of the new members of the Medical Executive Committee, who also serve two years: (1) Edmund Tse, President elect, (2) James Shankwiler, Secretary/Treasurer, (3) Syeda Ali, Chair, Quality Management Committee, (4) Mehrangiz Mofid, Chair, Credentials Committee, (5) Sylvia Preciado, Chair, Department of Medicine, (6) Patrick Sutton, Chair, Department of OB/GYN, (7) Mark Powell, Chair, Department of Pediatrics, and (8) Sharon Muenchow, Chair, Department of Surgery.

The MEC members represent the entire medical staff. Each medical staff member belongs to a section or department. The sections comprise a department. And the department heads sit on the MEC. The MEC functions, via a set of bylaws, to ensure the quality practice of medicine and the equitable treatment of medical staff members. The MEC members are often involved in the implementation of new mandates from

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Summary of the Minutes for MEC

Executive Committee Meeting

The following items were presented and approved by the Medical Executive Committee on December 6, 2010 and approved by the Governing Board on December 16, 2010.

PRESIDENT'S REPORT

The November event report was presented.

ADMINISTRATIVE REPORT

Mr. Steve Ralph expressed his appreciation to the members of the Medical Executive Committee for their dedicated service during the past two years.

MEDICAL STAFF APPOINTMENTS

• Edward Chiang, MD - Family Medicine

MEDICAL STAFF RESIGNATIONS

- Julia Bryson, MD Physical Medicine and Rehabilitation
- Gail Levine, MD Neonatology
- R. Alan Shelton, MD Ophthalmology
- $\bullet \ \ Thomas\ Pettinger,\ MD-Teleradiologist$

INTERDISCIPLINARY PRACTICE APPOINTMENTS

 Lisa Fujimoto, Physician Assistant (Supervisor: Dr. Gilbert)

Continued on page 2

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From The President

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various regulatory agencies, such as the Joint Commission's National Patient Safety Goals and OPPE (Ongoing Professional Practice Evaluation).

The MEC interfaces with the hospital in several ways: Steve Ralph, President and CEO and Bonnie Kass, VP Chief Nursing Executive are regular attendees at the monthly meetings. In addition, several board members attend in a rotating assignment. The president of the medical staff attends the monthly board of directors meeting and presents a summary of MEC activities. The board takes a definite interest in the workings of the MEC and the medical staff in general.

The board of directors has an essential role in the function of the hospital. The members' duties include hospital finances, strategic planning, managing acquisitions, alliances and joint ventures, Audit, compensation and governance, and quality of care. Some twenty-five percent of the Board's time and resources is dedicated to quality of care issues and oversight.

It has been my observation that the members of the board of directors are highly accomplished individuals who have a keen interest in the well being of Huntington Memorial Hospital. They respect the medical staff's dedication and the hard work we put into our practices. They want the medical staff to be professional, competent and successful, which are key elements of our outstanding hospital.

The other members of the Medical Executive Committee and I are your representatives. We will endeavor to be diligent, and certainly accessible to the medical staff membership. May we all prosper in 2011.

"Every man is a fool for at least five minutes every day; wisdom consists in not exceeding the limit."

Elbert Hubbard

James Buese, MD
President, Medical Staff

Summary of the **Minutes**Executive Committee Meeting



 $continued \ from \ page \ 1$

 Bertram Fuller, Physician Assistant (Supervisor: Dr. Gilbert)
 Angelica Nguyen, EEG Tech

(Supervisor: Dr. Sutherling)

INTERDISCIPLINARY PRACTICE RESIGNATIONS

- Teresa Aguimatang, Oral/Maxillofacial Assistant
- Akosua Ampiah, RN (5150)
- Timothy Bulgarelli, Orthotics and Prosthetics
- Sandra Diaz, Physician Assistant
- Vardan Gazarian, Orthotics and Prosthetics
- · Sean Stellar, Orthotics and Prosthetics
- · Rusty Samuel, Orthotics and Prosthetics
- Elvira Santillan, RNFA

DEPARTMENTAL POLICIES AND PROCEDURES AND ORDER SETS

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

*** DEPARTMENT OF MEDICINE**

Respiratory Children's Services Policies:

12 items were approved

Adult Respiratory Care Services Policies:

46 items were approved

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY

3 items were approved

* DEPARTMENT OF PEDIATRICS

Pediatric Policy Review:

4 items were approved

Newborn Policy Review:

8 items were approved

*** DEPARTMENT OF SURGERY**

Surgery Forms Review:

4 items were approved

ORGANIZATION WIDE POLICIES AND PROCEDURES

31 items were approved

ORDER SETS

1 item was approved

James Shankwiler, MD Secretary/Treasurer Medical Staff

Is there an alternative to re-fighting healthcare reform?

verything seems to be pointing toward two years of partisan and ideological confrontations over health reform. The leadership of an emboldened Republican party has made it clear that it will use its newfound House majority to seek to "repeal and replace" the Affordable Care Act (ACA), and if that doesn't work, to "defund" it. Huge GOP gains in statehouses make it likely that more states will resist implementation. Meanwhile, President Obama has stated that he is open to "tweaking" the law but not "re-litigating" the health reform debate.

This is a debate that neither side is likely to win.

Let's start with the Republicans. They believe that they have a mandate to seek repeal of the ACA, but they won't be able to deliver. The House GOP will run smack dab into a Senate that will do what the Senate does best, which is to bury legislation that comes out of the House. Senate Democrats will use their majority — and the filibuster, if needed — to block efforts by the House to repeal or reverse key provisions, and President Obama will use his veto pen if necessary.

Plus, when it comes to specific changes, the GOP may find that they don't have the public's support. Do voters really want the new Congress to repeal the prohibitions against insurance companies charging more to people with pre-existing conditions? Do they want to give up their "free" preventive services and annual Medicare wellness exam? Will they want to give up the promise made by the law that if they lose their jobs starting in 2014, they won't lose their health benefits?

What about physicians? Do they really want Congress to take away the 10% increase in Medicare payments for primary care to be in effect for the next five years? Do they want Congress to withdraw funding to raise Medicaid primary care payments to the Medicare rates? Do physicians want Congress to defund programs intended to reverse a growing shortage of primary care physicians? Do they want Congress to halt the redistribution of unused residency positions to general internal medicine and family medicine residency programs? Do they want Congress to stop the federal government from enforcing rules to require insurance companies to standardize, simplify and reduce paperwork on physicians and patients?

What about the programs created to lower costs and improve outcomes? Will the new GOP House, which has complained that the Affordable Care Act doesn't do enough to control costs, want to eliminate funding for comparative effectiveness research and the new Center on Medicare and Medicaid Innovation - two of the most promising avenues to lower costs and improve outcomes? And if the GOP were to repeal the savings in Medicare from reducing payments to hospitals and Medicare Advantage plans without finding offsets, the result would be a whopping \$500 billion increase in the budget deficit, according to the CBO.

By committing itself to a "repeal and replace" agenda, the GOP risks alienating many voters for trying to dismantle popular parts of the law, disappointing its base for failing to get rid of it, and upending its promise of deficit reduction.

This doesn't mean that President Obama or the Democrats necessarily will have the upper-hand. The fact is that the President has been unable to persuade a huge chunk of the electorate that the Affordable Care Act will make health care more affordable. Instead, many believe it will lead to higher premiums, more government spending, and more debt. As long as this is so, the Affordable Care Act will continue to be politically vulnerable, and many Democrats who support it will continue to be at electoral risk.

There is another option than for both parties to engage in a no-win fight over repeal. They could look for ways to make improvements that preserve the key elements of the ACA - including the promise to provide coverage to most Americans - but allow for testing by states of free-market approaches to delivering such coverage.

They could start by allowing states a great deal of flexibility in setting up the health exchanges. The *Washington Post* reported on Tuesday that with GOP gains at the state level, "two models are likely to appear: Democratic governors and legislatures are likely to emphasize vigorous regulation and government oversight, while Republican state leaders are likely to put greater stock in privatization and other free-market approaches." States could experiment, for example, by offering health savings accounts on an equal playing field with other insurance products. HHS Secretary Sebelius has already signaled a willingness to consider states' requests for waivers from certain ACA requirements.

Awards Presented

The winner of the Zeilstra Award was Dr. William Sutherling. This award was created for excellence in physicianpatient communication.

The winner of the Gamble Award was Dr. Thomas Vander Laan. The candidate who is chosen demonstrates a history of involvement with and support of the hospital.

Is there an alternative to re-fighting healthcare reform? continued from page 3

President Obama and Congress could also agree to expand upon and accelerate the authority granted by the ACA to allow insurance to be sold across state lines. They could agree to a serious effort to make real reforms in the medical liability system, such as authorizing and funding a national demonstration project of health courts. They could even commit to a bipartisan effort to reform Medicaid to make it a more effective and affordable program. And while they are at it, they could get a bipartisan deal on reforming physician payments and repealing the Medicare SGR.

For all of this to happen, though the GOP would need to back down from repeal being the only acceptable option and accept the law's commitment to provide most Americans with affordable coverage. President Obama and his congressional allies would have to be willing to give the states more options to implement market-based reforms, to recognize that not every program created by the ACA is of equal importance for funding, and to show courage in making medical liability reform a priority.

The political dynamics are such that none of this is likely to happen, but I think the country would be better off if they tried.

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The ACP Advocate Blog by Bob Doherty

http://advocacyblog.acponline.org/ November 11, 2010

Bob Doherty is the SeniorVice President of Governmental Affairs and Public Policy, American College of Physicians. His blog won the 2009 Best Medical Blog award in health policy.

Dear Colleague:

This notice is to inform all medical staff that Huntington Hospital and all related campus sites are going tobacco free January 1, 2011.

In anticipation of this we would like to cordially remind all medical staff that we as physicians cannot write orders to allow patients to smoke while acutely hospitalized. We will have nicotine replacement available to patients through pharmacy.

We look forward to a successful transition going tobacco free January 1, 2011.

Dr. Magdalena C. Arenas

How to Txt the Health Science Library

- 1. Enter the library's text (SMS) number into your mobile phone contacts: (626) 344-0542
- 2. Read the Library Text Messaging Frequently Asked Questions below.
- 3. Text your questions any time; however, for fastest response send messages during staffed library hours (8 a.m. to 4 p.m., Monday to Friday.)
- 4. Questions? Contact the library at (626) 397-5161 or library@huntingtonhospital.com or, better yet, send a text message to (626) 344-0542!

Our aim is to answer text messages within 15 - 30 minutes of receipt (during staffed hours), or, by the next business day, if sent outside of the library's hours.

From the Health Sciences Library...

Consider the many advantages of E-BOOKS!

- Available remotely in hospital or in your office.
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- Full-text searching within the book.
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- Printable sections or chapters can be taken with you instead of carrying the whole book around.
- · Some are available for downloading onto a SmartPhone.

The library now has 275+ E-Books, here are 3 WAYS TO FIND THEM:

- Search the library's ONLINE CATALOG for a specific title, if available electronically a link will be provided.
- 2. Use our three **ELECTRONIC BOOKS** lists, on the library Sharepoint site, to see what's available: **ATO Z** (by title), **BY SUBJECT** (from Anesthesiology to Urology/Nephrology) or our **CORE COLLECTION** (books subscribed to or purchased by the library)
- Go to each E-Book vendor source Ovid, AccessMedicine or MD Consult – and browse or search them there.

NEWLY ADDED TITLES include:

- 16 books from the American Nurses Association to support the Magnet initiative (on Ovid)
- Fink's Textbook of Critical Care & Rutherford's Vascular Surgery (on MD Consult)
- CURRENT Medical Diagnosis & Treatment, Goodman & Gillman's Pharmacologic Basis of Therapeutics, Harrison's Principles of Internal Medicine, Schwartz's Principles of Surgery & William's Obstetrics (on Accessmedicine)
- MGMA's 2010 Physician Compensation & Production Report (from the Medical Group Management Association)

Over the next few months look for articles highlighting e-books in different subjects.

If you have any questions or comments, contact the library at x5161, library@huntingtonhospital.com or text us at 626-344-0542.

New Natural Standard (NS) now offers CE and CME credits

Natural Standard, the premier evidence-based resource on CAM (Complementary and Alternative Medicine) is now offering continuing education credits for all healthcare professionals, including medical doctors, naturopathic doctors, pharmacists, nurses and doctors of osteopathy.

The continuing education programs are derived from Natural Standard's evidence-based systematic reviews on popular herbs and supplements. In each training module, the available scientific evidence of effectiveness is evaluated using the Natural Standard Evidence-based Validated Grading Rationale™. 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 from off-campus, please visit www.naturalstandard.com and click on the "Continuing Education" tab. If you are on-campus, go to the Natural Standard link on the

library's SharePoint site and click on the "Continuing Education" tab.

Select the topic you want to explore. NS then asks for an email address and password. (The first time you go in, you can set up one up by clicking on the "Create profile" link.) The monograph on the topic you requested will appear for you to review online or print out. After you have read the monograph, click on "Start Post-test" when you are ready to take the test.

CE/CME tests are set to a 70% threshold for passing. Anything below that offers no certificate. However, one gets two more tries before being locked out.

Natural Standard is impartial; not supported by any interest group, professional organization or product manufacturer.

If you have any questions of comments on this resource, don't hesitate to contact the library at x5161, library@huntingtonhospital.com or text us at (626)344-0542.

Physician Informatics Corner

ED Medication Ordering

As of December 8, 2010, the emergency department providers are ordering medications via Meditech's Provider Order Management (POM), ED nurses are documenting medications via the electronic Medication Administration Record (eMAR) and Pharmacy is verifying all medications in Meditech.

All Patient Care Providers will have access to view the medications ordered and documented in the EMR. If you are providing care or admitting a patient in the ED, your written orders will be entered by Pharmacy.

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 January 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!

Considering Adopting Electronic Health Record for your Practice or Meeting Meaningful Use?

EHR Incentive Program Resources

On July 13, 2010, the Centers for Medicare & Medicaid Services (CMS) released the final rule defining 'meaningful use' of an electronic health record (EHR) system, which are required in order to quality 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. If you would like to compare the ease of meeting these requirements with various certified EHRs side by side, be sure to sign up for our EHR Vendor **'Click Off'** Event January 31^{st} 5:30 – 8:00 p.m. in Braun Auditorium (flyer in this newsletter)! Huntington Rx and Huntington Health eConnect initiatives are designed to assist you in meeting incentive requirements as well as improve 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 providing 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

Follow the latest information about the EHR Incentive Programs on Twitter

• http://www.Twitter.com/CMSGov

Official web Site for Medicare & Medicaid EHR Incentive Programs

• https://www.cms.gov/EHRIncentivePrograms/

To Register for the CMS EHR Incentive Programs

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:
Jennifer.nunnery@huntingtonhospital.com
Vera Ma:
vera.ma@huntingtonhospital.com

December 15, 2010 FROM: Steve Ralph

President and Chief Executive Officer

SUBJECT: In Memory - Gilbert P. Kipnis, MD

It is with great sadness that I report the passing of Gilbert P. Kipnis, M.D., a long-time member of Huntington Hospital's medical staff and former chief medical officer at the hospital. Gil, who would have been 88 years old in January, died December 6th after battling a series of chronic illnesses.

Gil practiced internal medicine from 1954 to 1974, at which time he accepted a newly created administrative post at Huntington, serving as the hospital's first-ever Vice President, Health Care Services and Director of Medical Education, before retiring to Santa Barbara in the early 1990s.

His quiet, yet thoughtful leadership at Huntington Hospital helped strengthen our clinical care, as well as advance the quality of our teaching programs, and we will always be grateful for his service to our community.

He will be missed by his wife Miriam and his daughter Shelly Gambardella, a nurse in Huntington's emergency department.

CME Corner





Huntington Memorial 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.

Methods:

UPCOMING PROGRAMS FOR THE FIRST THURSDAY MEDICAL WORKSHOPS:

Topic: Metabolic Syndrome

Date: January 6, 2011 **Time:** 8:00 AM

Place: Research Conference Hall

Gap Analysis: 1. What is Metabolic Syndrome;

2. What is the treatment of Metabolic Syndrome

Objectives: At the end of the conference, the participants should be able to:

 Describe the proper way to do a diagnostic work up for

Metabolic Syndrome

2. Manage various forms of treatment in patients with Metabolic Syndrome

3. Outline the various components of cultural diversities (epidemiology, gender, age, race, religion, ethnicity, language, sexual orientation, socioeconomics, etc.) that relate to

demographics, diagnosis and treatment Lecture with question and answer period

Evaluation: Post-activity evaluation form

Speaker(s): Charles F. Sharp, MD

Credit: 1 AMA PRA Category 1 CreditTM

MEDICAL GRAND ROUNDS:

Topic: Current Practices in Apheresis:

Plasma Exchange and Cytapheresis

Date: January 7, 2011 **Time:** 12:00 PM

Place: Research Conference Hall

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MEDICAL STAFF

January, 2011

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Gap Analysis:

Knowledge Gap: The American Society for Apheresis has focused on providing Evidence-Based Apheresis guidelines and these guidelines were published in June, 2010. There are categories indicating the appropriateness of the apheresis treatment, which are redefined as well as a system for classifying the strength of the clinical recommendations. Categories I and II signify first-line or second-line therapy respective. Category III defines when the specific role apheresis in a given clinical indication has not been definitively determined.

Objectives:

At the end of the conference, the participants should be able to:

- 1. Identify the major disease categories treated with therapeutic apheresis
- Discuss potential adverse effects associated with therapeutic apheresis and how to manage these effectively in order to ensure patient safety
- 3. Define the strengths and limitations of therapeutic apheresis

4. Outline the various components of cultural diversities (epidemiology, gender, age, race, religion, ethnicity, language, sexual orientation, socio-economics, etc.) that relate to demographics, diagnosis and treatment. The disease categories treated with therapeutic apheresis occur in all gender, age, race, religion, ethnicity, language, sexual orientation, and socio-economic groups.

Audience: All Physicians, especially Nephrologists,

Neurologists, Hematologist, Oncologist,

Immunologists, Emergency, etc.

Methods: Lecture with a question and answer period Evaluation: Post-activity evaluation form

Speaker(s): Jan Hoffman, MD, MPH, MS
Assistant Medical Director

PhereSys Therapeutics, a Subsidiary

of Fresenius Medical Care

Credit: 1 AMA PRA Category 1 CreditTM