

# MEDICAL STAFF

Huntington Hospital NEWSLETTER

VOLUME 50, NUMBER 1 January 2012

## From The President



*I cook with wine, sometimes I even add it to the food.*

– W. C. Fields

*How many people here have telekinetic powers? Raise my hand.*

– Emo Philips

As our Emergency Department's ongoing expansion moves forward to meet the future needs of Pasadena and the San Gabriel Valley, a reminder of emergency preparedness lies in Pasadena Rose Parade history.

In the one hundred twenty year history of the Rose Parade, there have been depression, war, detractors, bomb threats, no queen, no theme, and the periodic Doo-Dah Parade. 1926 marked the first Parade that was to be broadcast on radio. As fate would have it, the parade was star-crossed as well.

Trouble brewed even before the festival of floats, equestrian units and marching bands crossed the starting line. Susan M. Bowers, 55, fell twenty-six feet from the building at 127 W. Colorado Blvd (now the site of Restoration Hardware). She struck a pedestrian, and both perished in the accident, though there was speculation about suicide. Parade equestrian police officer John Fox's horse was spooked by a pressing crowd, and not only threw the officer, but trampled him to death. Halfway through the parade, Pasadena Police chased away an unauthorized marching band, as reported by Police Chief, H.

*continued on page 3*

## 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 December 5, 2011 and by the Governing Board on December 15, 2011.

#### TREASURER'S REPORT

Dr. James Shankwiler presented the third quarter financial report.

#### ADMINISTRATIVE REPORT

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

Mr. Steve Ralph, President/CEO, thanked the Medical Executive Committee members for their dedicated service during the past year.

##### Report from the Vice President, Quality and Performance Improvement/CMO:

Dr. Paula Verrette, Vice President, Quality and Performance Improvement/CMO, reported on the following items:

*continued on page 2*

### Inside:

From the President ~~~~~1, 3-4  
Summary of the Minutes ~~~~~ 1-3  
From the Health Sciences Library ~~~~~5  
CME Corner ~~~~~5-6

# Summary of the Minutes

## Executive Committee Meeting

continued from page 1

- The Joint Commission Survey Follow-up  
Proposed changes to Infection Control policies have been included in the consent agenda packet. These changes are needed as part of the survey action report.
- Observation Unit  
The hospital is working towards opening an Observation Unit. The unit will include between eight and ten beds and be utilized for specific diagnostic conditions requiring a stay of less than 24 hours. Additional information will be forthcoming.

### Report from the Chief Nursing Officer:

The following patient care Vendor contracts were presented for review and approval:

- Cross Country Staffing Agency
- HRN Staffing Agency
- PHS Staffing Agency
- Professional Staffing
- Rehab Abilities
- Secure Nursing
- Social Services Professionals
- Westways Staffing

### Report from Director of Healthcare Services:

- Meeting Attendance Rewards  
Ms. Gomez reported that the winners for the November medical staff meeting attendance were:
  - ▶ Wufaa Alrashid, MD – Internal Medicine
  - ▶ Frances Teng, MD – Ob/Gyn
- Physician Satisfaction Survey  
Ms. Gomez reported that as a follow-up from the MEC, she is in the process of reviewing the physician

satisfaction survey. She will present the proposed survey questions to the MEC prior to sending it out.

## **ADMINISTRATIVE POLICIES AND PROCEDURES**

Please go to SharePoint -> Medical Staff Services -> Board Approved Items -> 2011 and select December.

## **ORDER SETS**

- L&D: Misoprostol (Cytotech) Induction Physician's Orders
- L&D: Post-Op Anesthesia Physician's Orders

## **FORMULARY MANAGEMENT**

- Rivaroxaban (Xarelto) – Formulary addition
- Factor IX Complex, Human (Profilnine SD) – Formulary addition
- Replace Glargine Insulin (Lantus) Vials with Lantus Solostar pens – Formulary opportunity

## **DEPARTMENTAL POLICIES AND PROCEDURES AND ORDER SETS**

### **Obstetrics & Gynecology Department:**

#### Policy and Procedures:

- Amniofusion
- Delayed Pushing, Guidelines for
- Dilation and Curettage
- Antepartum Fetal Surveillance
- Fundal Pressure During Second Stage of Labor
- Cord Blood Banking for Stem Cells
- Patient Flow Guidelines

#### Order Sets:

- L&D Post Op Anesthesia
- Maternity Cesarean Section Recovery/Post-Op

continued on page 3

## From *The President*

*continued from page 1*

Kelley. A band member later claimed the ejection was due to their non-union status. However, within minutes they would have a chance to be heroes.

At eleven am, a loud crack, like the sound of a snapped tree trunk, preceded the collapse of a wooden grandstand at the corner of Colorado Blvd and Madison Ave, taking several hundred people with it.

A survivor, William F. Thompson, described the scene: “I was sitting in row nineteen, one from the top. The parade was passing. A hook and ladder just went by when there was a just a slight trembling, and then slowly, the whole stand moved forward. I heard boards splintering, women crying and then everything tumbled down. Something hit me in the head. I was dazed. . . I could see faces of agony all around me. Then I remembered someone pulled a board off me, and several men came and dragged me out. The last thing I saw as boards and people fell on me was the arms of a man holding a child over his head. This man was partially buried by timbers, but the little girl was safe.”

The ejected musicians, named Robert’s Golden State Band, and others frantically began pulling survivors from the debris. It was largely the result of the band’s promptness, a bystander reported, “that the victims of the crash were brought from the debris so rapidly.”

Depending on the source, either eleven or twelve people died, several immediately, and nine later. More than two hundred were injured. Tournament of Roses officials immediately denied liability, but promised an investigation. A coroner’s jury concluded that cheap materials and incompetent construction led to the collapse of the grandstand. Soon thereafter, building contractor Paul F. Mahoney was charged with manslaughter, as was Pasadena’s deputy building inspector, Charles B. Bucknall, who allegedly looked the other way.

*continued on page 4*

## Summary of the Minutes

### Executive Committee Meeting

*continued from page 2*

#### **Surgery Department:**

##### Policy and Procedures:

- Anesthesia Services

##### Order Sets:

- L&D Post Operative Anesthesia
- Cystectomy Post Op
- Nephrectomy Post Op

#### **IRB STUDIES**

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

- 1) HMH 2011-022: Clinical Evaluation of Therapy™ Cool Flex™ Irrigated Ablation Catheter System for the Treatment of Typical Atrial Flutter (FLEXION-AFL) (PI: Mayer Rashtian)
- 2) HMH 2011-023: A Multicenter Observational Study to Evaluate the Simplified-Stroke Rehabilitation Assessment of Movement (S-STREAM) Scale in Subjects Obtained Between 24 and 48 Hours of a Nonhemorrhagic Ischemic Stroke (PI: Arbi Ohanian)
- 3) HMH 2011-021: Pulse Oximetry Quality Audit (PI: Purificacion Tumbaga)

#### **MEDICAL STAFF APPOINTMENTS**

- Walter Fierson, MD – Pediatric Ophthalmology
- Barney Rosen, PhD – Clinical Psychology

#### **MEDICAL STAFF RESIGNATIONS**

- Dinobi Ukeje, MD – Neonatology

**James Shankwiler, MD**

*Secretary / Treasurer, Medical Staff*

## From *The President* continued from page 3

Their trial began in March 1926, and lasted four weeks. The defense attributed the collapse to “wet, sinking earth,” rather than faulty construction. More than one hundred witnesses testified, including construction experts and victims. The prosecutor used a scale model of the grandstand to illustrate that Mahoney had not used enough bracing. A witness testified that Mahoney had tried to purchase a fifty thousand dollar liability insurance policy, but had been turned down because of “faulty construction.” This prompted him to post a sign on the back of the structure warning: “All parties entering stand or parking cars on premises New Years Day, 1926, do so at their own risk.” It was shown that as little as one nail per junction was used, with the head not completely driven in, so as to aid in removal during tear down. Moreover, the City Building Inspector was a plumber, who admitted that the department was actually managed by a clerk, a Miss Doris Strawn. At one point during the trial, the proceedings were moved to Pasadena Hospital to hear the testimony of Katherine Dobson. She was recuperating from broken ribs, a punctured lung, “shock and various dislocations.”

The jury of eight women and four men deliberated nine hours on Inspector Bucknall’s case, but could not come to a verdict. With five additional hours, they convicted Mahoney of manslaughter. He was sentenced to one-to-ten years in prison, and the judge recommended no parole (i.e., early release).

In 1927, the State Supreme Court ruled that Mahoney was entitled to a new trial. The court cited the trial judge’s prejudicial conduct. Charges were dropped by the DA, who said: “A new trial would be virtually impossible, inasmuch as prosecution witnesses for the trial have since scattered all over.”

Mahoney was freed after one year at San Quentin. He relocated to San Bernardino County, and died in 1960. Strict new construction codes resulted

from the accident, including the requirement for steel-reinforced frames for grandstands.

As the grandstand accident unfolded, more than thirty cases of serious injuries were treated in the OR’s of Pasadena Hospital. Overall, two hundred thirty-five victims overwhelmed the hospital and the City of Pasadena. A truck was dispatched to a furniture store for mattresses and within one-half hour, the halls of the hospital were covered with injured people on improvised beds. Many of the injured were elderly, women, and children, who were given preference of the best seats.

The General Manager of Pasadena Hospital, W. F. Vall, took personal charge of arrangements to deal with the emergency. He called in his entire staff of nurses and assistants. A motorcycle officer drove down the parade line calling for doctors, and within an hour, scores of physicians were at the hospital. Some victims were transported to Los Angeles hospitals. As word of the accident spread, thousands of individuals swarmed towards the hospital, and it required the efforts of the police force to prevent a panic by anxious relatives and friends of victims.

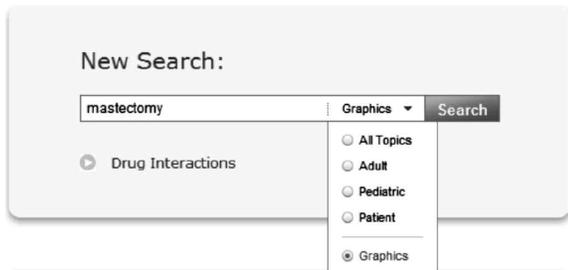
The interloping marching band members were invited to fill in as the official marching band of the Washington State Huskies at the Rose Bowl, which went on as though nothing had happened (Alabama’s Crimson Tide defeated the Huskies, 20-19). The events of the 1926 Rose Parade serves as a parable for our current emergency preparedness. Though greatly enlarged, with a magnitude more physicians and nurses, and soon-to-be, one of the largest emergency departments in Los Angeles County, Huntington Hospital would be challenged by a similar catastrophe, but would rise to the occasion.

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

# From the Health Science Library

**G**OOD NEWS! **UpToDate (UTD)** now offers over 500 Topical Reviews on General Surgery. To choose the topics, UTD surveyed 694 surgeons for the most relevant clinical question in their field. The Reviews cover 94% of these questions and they will continue to add more. Most of the reviews cover diagnostic and therapeutic topics.

All results can be seen or they can be limited to Adult, Pediatric, Patient or Graphics. One new feature of UTD that is particularly helpful for surgeons is the new Graphics search. By searching on a type of surgery, e.g., mastectomy, and choosing the Graphics results, one gets clear illustrations of procedures. These “how to” documents also contain links to the Topic Review that contains the graphic.



**T**he KLAS Company recently did an evaluation of clinical decision support tools.\* Here are some of their findings regarding **UpToDate's** impact on quality and cost outcomes:

- Surveillance tools (CareFocus, Senti7) and UpToDate were rated as the most impactful tools for on-the-fly clinical decisions.
- UTD is the physician-favorite evidence-based disease reference tool.
- UTD has a reported high clinical impact and is the most used reference tool by physicians.

In the Disease Reference category, UTD:

- Has more clinical impact.
- Has the most positive impact on quality and cost outcomes.

- Higher influences clinical decisions (UTD 7.7 vs. DynaMed 6.9).
- Standardizes care (UTD 7.0 vs. DynaMed 6.8).

Additionally, survey respondents said:

- UTD is easier to deploy versus the other resources evaluated in the survey.
- UTD has better EMR integration (UTD 6.6 vs. DynaMed 6.4).

Source: KLAS Enterprises, LLC © KLAS, “Clinical Decision Support 2011” report, Disease Reference category, November 11, <http://www.KLASresearch.com>.

\***Outcomes Study by Harvard Researchers** Isaac T, Zheng J, Ashish J. Use of *UpToDate* and Outcomes in US Hospitals, J Hosp Med. 2011

## UPTODATE ALERT

COMING ON UPTODATE IN JANUARY –  
CME CREDITS  
FURTHER INFORMATION COMING SOON

## CME Corner

### UPCOMING FIRST THURSDAY:

**Topic:** Bariatric Surgery  
**Date:** January 5, 2012  
**Time:** 8 a.m.  
**Place:** Research Conference Hall  
**Audience:** General Surgery,  
Primary Care Physicians  
**Methods:** Lecture  
**Evaluation:** Post-activity evaluation form  
**Speaker:** TBD  
**Credit:** 1 AMA PRA Category 1 Credit™

*continued on page 6*

# MEDICAL STAFF

## NEWSLETTER

January, 2012

### CME Corner



#### UPCOMING MEDICAL GRAND ROUNDS:

**Topic:** Breast Cancer, A Medical Oncology Viewpoint  
**Date:** January 6, 2012  
**Time:** Noon  
**Place:** Research Conference Hall  
**Audience:** Primary Care Physicians, Oncologists  
**Methods:** Lecture  
**Evaluation:** Post-activity evaluation form  
**Speaker:** Evangelina Kirimis, MD  
**Credit:** 1 *AMA PRA Category 1 Credit*<sup>TM</sup>

**Gap Analysis:** OB/GYN providers need education regarding the current management of pre-term labor in order to better care for their patients.

**Objectives:**

1. Examine the etiology of pre-term labor.
2. Discuss the diagnosis of pre-term labor.
3. Apply teachings to the management of pre-term labor.
4. Outline the various components of cultural/linguistic diversities that relate to patient demographics, diagnosis, and treatment.

**Audience:** OB/GYN's

**Methods:** Lecture

**Evaluation:** Post-activity evaluation form

**Speaker:** Vicki Lombardo and Catherine Klein, March of Dimes

**Credit:** 1.5 *AMA PRA Category 1 Credit*<sup>TM</sup>

#### UPCOMING OB/GYN:

**Topic:** Management of Preterm Labor Toolkit  
**Date:** January 9, 2012  
**Time:** Noon – 1:30 p.m.  
**Place:** North/South Room

#### UPCOMING PEDIATRIC GRAND ROUNDS:

No Grand Rounds for January.