medical staff VEVSLETTER



January 2013 volume 51, issue 1

From the **President**

The strength of a nation derives from the integrity of the home.

- Confucius

The strength of Huntington Hospital derives from the integrity of the MEC.

- Edmund Tse, MD



Management in the health care industry plays an essential role in the organization of a well structured and high quality medical institution. Every hospital has to be coordinated and managed appropriately. In general, the success of a hospital depends on the quality of its workers and the care of services they provide. However, considering that the Medical Staff, administration, Board of Directors, and patients are all different groups with varying viewpoints, there is a critical challenge within healthcare to provide a smooth and organized management system that favors internal relationships between all participants.

The task of creating an efficient and effective Medical Staff falls on the shoulders of the Medical Executive Committee (MEC) which is the primary governance committee. It is the only committee that is required by The Joint Commission (JCAHO) and reports directly to the Board of Directors. The main functions of the Medical Staff are as follows; quality assessment and improvement, credentialing and privileging, governance, administration, and communication. The primary responsibility of the MEC is to monitor and improve the quality of care provided at the hospital. It would be disastrous for the Board to perceive that the MEC and the Medical Staff is not fulfilling this duty as it could lead the Board to address matters that should be

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 of November 5, 2012 and December 3, 2012 and by the Governing Board on December 13, 2012.

Administrative Reports

Report from Administration

- Patient Care Contracts:
 The following Vendor
 contracts which are due
 for review and approval
 by the Medical Executive
 Committee were presented:
 - > Sunny View Care
 - CHLA Transport Agreement
 - CHLA- Transfer Agreement

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Flu vaccines are available through March 31, 2013 in the Employee Health and Wellness Center and T-Dap is available throughout the year.

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Huntington Hospital

Medical Staff News

Ms. Gloria Gomez, CPMSM, Director of Medical Staff/Healthcare Services, reported on the following items:

Meeting Attendance Rewards

MEC members selected the raffle tickets for the November meeting attendance rewards, as follows:

- > Frederic Bushnell, MD Anesthesia Peer Review
- > David Jones, PhD Credentials Committee
- ➤ George Matsuda, MD IDP Committee
- > Charles Sharp, MD GME Committee

Medical Staff Rules and Regulations

Physician Reporting Laws – Section 1.10

Proposed revisions to Section 1.10 were recommended based on 2012 changes to the California Business and Professions Code Section 805.01. The proposed changes were recommended by the hospital attorney to meet the new California requirements.

Emergency Medicine Services – Section 2.20

Proposed revisions were recommended to the ED Call Panel rules, as follows:

On-Call Responsibilities:

The failure or refusal of an on-call physician to respond to a request by the Emergency Department physician, or other treating physician, to see an emergency patient is a violation of Medical Staff Rules. This includes failure to respond to phone calls and pages.

The following responsibilities are outlined for further clarification:

- 1) Panel members must go and evaluate the patient when asked to do so.
- 2) If, upon your evaluation, the patient requires care outside your scope of practice, but, within the scope of your specialty, you must attempt to obtain a physician who can provide the required care. If no specialist is available, you may consider a transfer to a higher level of care.
- 3) If the ED physician agrees that the patient can be managed by the ED, and referred to your office for follow-up, this is acceptable. However, if the ED physician indicates that you need to come in, you must reach a mutually agreeable resolution.
- 4) If you are called in for something outside the scope of your practice, you may so advise the ED physician. However, if the ED physician indicates that they want you to evaluate the patient, you are required to appear. Your consultation should document that the care required is outside your scope of practice.
- 5) A transfer from another hospital falls under EMTALA, and all EMTALA rules apply.
- 6) Once the ED is required to contact a back-up on-call physician, and that physician has accepted the responsibility to come in and evaluate the patient, that patient will remain in the care of the back-up physician. If the on-call physician subsequently responds, it is at the discretion of the back-up physician if a transfer of care to the former shall occur.

Medical Staff Bylaws

Proposed amendments to the Medical Staff Bylaws were presented and recommended for approval. The revisions address the new proctoring protocol and the disclosure of conflict of interest. A ballot was mailed to all voting members of the Medical Staff to vote on the proposed amendments. The results were unanimous to approve changes to the Bylaws with the following revision under the proctoring plan: remove "with no more than 50% by one (1) proctor."

Departmental Rules and Regulations

Department of Medicine

Revisions to the Medicine Department Rules and Regulations were recommended for approval.

Please go to SharePoint -> Medical Staff Services -> Board Approved Items -> 2012 and select December 2012 to see:

- Clinical/Administrative Polices and Procedures
- Order Sets
- Formulary Management
- Departmental Policies and Procedures and Order Sets
- Nursing and Ancillary Department Policies and Procedures
- Standardized Procedures

The Medical Staff welcomes the following:

New Appointments



Katherine Au, MD Plastic Surgery Shriner's Hospital for Children 3160 Geneva Street Los Angeles, CA 90020 213-388-3151 (office)



Marc Birnbaum, MD Anesthesiology Pacific Valley Medical Group 100 West California Blvd. Anesthesia Department Pasadena, CA 91109 626-397-5012 (office)



Kathryn Doughty, MD Pediatric Orthopedic Surgery Shriner's Hospital for Children 3160 Geneva Street Los Angeles, CA 90020 213-368-3338 (office)



Nicolas Hamelin, MD Plastic Surgery Fellow USC 1510 San Pablo Street Suite 415 Los Angeles, CA 90033 323-442-7903 (office)



Susan Kay, MD Plastic Surgery Shriner's Hospital for Children 3160 Geneva Street Los Angeles, CA 90020 213-388-3151 (office)



John Lorant, MD
Plastic Surgery
Shriner's Hospital for Children
3160 Geneva Street
Los Angeles, CA 90020
213-388-3151 (office)

New Appointments continued from page 3



William Magee, MD Plastic Surgery Shriner's Hospital for Children 3160 Geneva Street Los Angeles, CA 90020 213-388-3151 (office)



Michael Mercado, MD Emergency Medicine 100 West California Blvd. Emergency Department Pasadena, CA 91109 626-397-5111 (office)



Kit Song, MD
Pediatric Orthopedic Surgery
Shriner's Hospital for Children
3160 Geneva Street
Los Angeles, CA 90020
213-388-3151 (office)



Ram Kumar Subramanyan, MD
Thoracic Surgery
USC Cardiothoracic Surgeons
1520 San Pablo Street
Suite 4300
Los Angeles, CA 90033
323-442-5849 (office)



Brian Su, MD
Reproductive Endocrinology
& Infertility
1151 El Centro Street
Suite A
South Pasadena, CA 91030
626-403-1888 (office)



Shuichi Suzuki, MD Neurology 1015 North 1st Avenue Arcadia, CA 91006 626-566-2860 (office)



Stephen Treiman, MD Pediatric Critical Care 100 West California Blvd. PICU Department Pasadena, CA 91105 626-397-3071 (office)



Mark Urata, MD, DDS Plastic Surgery 4650 West Sunset Blvd. MS# 96 Los Angeles, CA 90027 323-361-4544 (office)

Allied Health Professional Appointments

- David Chong, PA-C Physician Assistant
- Sophia Fong, PA-C Physician Assistant
- Sunitha Husson, PA-C Physician Assistant
- Suzie (Seoyang) Lee, NP Nurse Practitioner
- Rosalind Munoz, PA-C Physician Assistant
- Anne Odell, NP Nurse Practitioner
- Anthony Taddeo, RN 5150 Status

Resignations

MEDICAL STAFF RESIGNATIONS

 Kenneth Geller, MD – Otolaryngology (Effective 2/28/13)

ALLIED HEALTH RESIGNATIONS

Miriam Reganyan – Clinical Research

Medical StaffAddress Changes

Laura Evans, MD
 529 West Sierra Madre Blvd.
 Sierra Madre, CA 91024
 626-605-3434 (office)
 626-355-3252 (fax)

Medical Staff Holiday Party

The Medical Staff Holiday Party was held on Friday, December 7, 2012 at the Langham Hotel in Pasadena. The event was well received and was represented by the medical staff, both active and emeritus physicians, as well as the residents. The Medical Staff was treated to a night of food, dancing, and a chance to socialize amongst peers.

A special congratulations goes out to the 2012 award winners who were honored at the event:

Gamble Award – Dr. Anthony Koerner Zeilstra Award – Dr. Ernesto Gangitano



Zeistra Award Recipient Dr. Ernesto Gangitano with Dr. James Buese and CEO Steve Ralph



Gamble Award winner Dr. Anthony Koerner with wife, Dr. James Buese, and CEO Steve Ralph



Additionally, the following physicians were recognized for their 30 years of service and commitment to the hospital.

Antelyes, Roy S. – Emergency Medicine
Bach, Thuc T. – General Surgery
Edelman, Kalman J. – Gastroenterology
Li, Joseph Y. – Obstetrics & Gynecology
Linsey, Michael S. – Nephrology
Luna, James D. – Emergency Medicine
Mofid, Mehrangiz – Anesthesiology
Osterkamp, Terre L. – Obstetrics & Gynecology
Pehrsson, Bengt F. – Colorectal Surgery
Young, Earl S. – Sleep Medicine





Dancing the night away

SOUVE the DATE

Medical Staff Physician Leadership Orientation

January 25, 2013

10 a.m. – 5:30 p.m.

Langham Hotel, Pasadena

(Invitations have been mailed out)

From the President continued from page 1

handled by the MEC themselves. The MEC should have a strong desire to govern its Medical Staff well. The success of this task will rely on the internal structural management of the medical organization.

Structure and Processes

"If we expect physician leaders to lead, we must make sure the Medical Staff is leadable."

 Richard A. Sheff, MD (Health Care Consultant)

The Joint Commission does not require the medical staff to have any departments. Therefore, it is at the discretion of the MEC to develop the Medical Staff Bylaws, form departments and committees, establish policies and procedures, determine credentialing and privileging requirements, and form peer review and performance improvement committees. Continuous efforts are needed to shape these structures and processes in order to improve the quality of care that is provided to patients.

Medical Staff Culture

"Culture drives behavior and behavior drives results."

- Marry Hoppa, MD, MBA (The Greeley Medical Staff Institute)

The Medical Staff culture is a very complex subject because it encompasses espoused values, personal attitudes and beliefs, and actual behavior. There are many polarities affecting this culture.

Collegiality and Excellence

Physicians generally tend to work with a group of fellow physicians with whom they can trust. Like in a company, "social capital" is developed among peers and provides the "grease" that allows for smooth relationships. However, too much of this "grease" can adversely impact

the quality of care. If the Medical Staff forms bonds with each other but are unwilling to hold each other accountable to a certain level of excellence, it could turn into a culture where "no news is good news". This leads to a skewed checks and balances system which can affect patient care.

Freedom and Commitment

Freedom is the physician's right to make individual choices for his/her own medical practice, family, social, and personal life. It is often difficult for a physician to volunteer his/her own time for hospital Medical Staff functions. The ability to balance one's own life and their commitment to the Medical Staff can be a struggle. It is up to the physician leaders to understand this struggle and set up medical staff functions that can serve to better work relationships.

Appropriate Independence and Mutual Accountability

The independence of physicians to make their own clinical judgments on a patient's diagnosis and/or course of treatment is often a valuable attribute that physician's enjoy. However, since physicians are accountable to the hospital governing board and a certain quality of service is expected, this independence is being challenged. The MEC will act as the agency to ensure that all physicians are mutually accountable to each other for the quality of care provided to patients.

Appreciation and Continuous Performance Improvement

Physicians believe they provide the highest quality of care to their patients, and that their cases are seamless. If someone tells a physician that they need to alter how they care for their patients, resistance is often developed by the physician. Therefore, instead of a punitive



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environment, a constructive environment should be developed to express appreciation for the quality of care, personal commitment, and sacrifices that physicians provide. Creating such a positive environment allows physicians to be more open to accepting constructive feedback which could help to improve the care they provide in the future.

Stability and Change

Medicine is rapidly changing and physicians have to deal with many different issues. Some of these issues include, adopting new evidencebased medicine standards, supporting patient safety initiatives, collaborating with the hospital in cost reductions while improving quality, adapting to new technology such as, electronic medical records (EMR) and computerized physician order entry (CPOE), accepting the inevitability of publicly reported performance data, and the optimizing performance of all publicly reported indicators. The balance of preserving the autonomous practice of medicine and the changes that are occurring becomes an issue of contention. It is up to MEC to help ease Medical Staff in its efforts to meet some of these demands.

Medical Staff and Hospital Collaboration

The Medical Staff is one of the most valuable assets of the hospital. A proactive approach to having open dialogue among the physician, physician leaders, and administration is greatly encouraged. If all entities are able to collaborate together, as opposed to against each other, it makes it easier to make decisions and accomplish difficult tasks such as, how to achieve physician and hospital success, promote growth and physician recruitment, provide service to poor payer markets, anticipate physician shortages, and manage reimbursement reform to name a few. Although

the Board of Directors has the final decision on the strategic development of the hospital, it is the job of the MEC to help identify key issues and make recommendations.

Communication

"During times of change, leaders should triple their efforts at communication."

 Peter Drucker (Management Expert, Author and Teacher)

The process of Medical Staff communication with administration, the Board of Directors, hospital personnel, and each other becomes increasingly complex as the size and duties continue to expand. Within a Medical Staff Section or Department meeting, the "give-andtake" approach is often utilized by the department chairs when communicating a new policy to its members or attempting to seek input on how to improve quality. While this approach is essential, it is not enough to improve the communication between the Medical Staff as a whole. Communication needs to be frequent and friendly between small groups; meetings need to short and have brief agendas. It is more effective to have frequent small meetings that take "baby steps" in accomplishing goals as opposed to large size meetings that do not take action. In addition, to improve communication various types of media, such as the Medical Staff Newsletter, emails, virtual meetings, chat rooms, etc. will be employed to help promote greater dialogue within the Medical Staff.

Creating a favorable Medical Staff culture can be done by providing physicians with the appropriate discussion forums, focusing on organizational and individual interests of the Medical Staff, managing and monitoring the delivery and quality of health care services provided, establishing fair and objective staff

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From the President continued from page 7

management, opening good communication channels, creating a democratic model of governance, minimizing organizational costs, and reducing conflicting influences. The main objective for the MEC is to build a collaborative, interactive, and professional medical team that provides high-quality care to patients. I am confident that our MEC over the next two years is equipped and committee to face the challenges. If we are doing a good in job in representing the Medical Staff, a smile or a hand shake to our members would be an encouraging way to know we are on the right path but please do not be afraid or hesitant to provide any constructive criticism which can be used for improvements.

At this point, I would like to introduce the 2013 – 2014 MEC members:

President Elect – James Shankwiler, MD
Secretary/Treasurer –
Kalman Edelman, MD
Chair, Quality Management –
William Coburn, DO
Chair, Credentials Committee –
James Recabaren, MD
Chair, Department of Medicine –
L. Scott Herman, MD
Chair, Department of OB/GYN –
Laura Sirott, MD
Chair, Department of Pediatrics –
Ernie Maldonado, MD
Chair, Department of Surgery –
Harry Bowles, MD

Finally, I would like to express my sincere thanks to James Buese, MD and the MEC members for their efforts in improving the function and quality of our Medical Staff over the last two years.

"A leader is best when people barely know he exists, when his work is done, his aim fulfilled, they will say: we did it ourselves." - Lao Tzu

Edmund Tse, MD, President

The 2011 -2012 Leadership

The beginning of a new leadership brings mixed emotions, where some may feel excited, enthusiastic and optimistic; others may fear the changes that are yet to happen. In 2011, the start of a new leadership came to fruition, the first Medical Executive Committee meeting was courteous, and you could feel the excitement in the air and see the reservations in their eyes. In time, each leader took to their committee and began feeling comfortable in the big shoes they were filling. They had some difficult issues to tackle early in their tenure and had to quickly catch up to speed to make the right decision. Before they could relax and enjoy their accomplishments they were faced, five months prematurely, with surveyors from The Joint Commission. As all great leaders, they rose to the occasion and successfully overcame that hurdle. And as all great leaders do, they started a new tradition of celebrating, by having their own Happy Hour events, quarterly.

Towards the latter part of the first year the Medical Executive Committee was faced with their own challenges and although it was tough they continued to make the difficult decisions. Coming into their second year, it was clear that each one of them had embraced their role and was on a mission to represent their colleagues. They walked into the Boardroom determined and ambitious to make their voices heard. At the end, when all was said and done, the following accomplishments were achieved under their leadership:

 Streamlined the credentialing process to reduce the time from 210 days to 35 days, that it takes to credential a new applicant

Leadership continued from page 9

- Reviewed and approved of a total of 780 policies and procedures
- Revised of the Medical Staff Bylaws
 Twice
- Joint Commission survey
- Streamlined the proctoring requirements into one comprehensive Proctoring Plan
- Defined the supervision requirements for nurse practitioners and physician assistants practicing in the Emergency Department
- Revised the Board Certification requirements for new staff members applying to staff after July 1, 2011
- Created a Patient Care Facilitation Process

The legacy of the 2011-2012 leadership set the structure and foundation of a strong self-governing Medical Staff. The 2013-2014 leadership will continue to build on that structure and strengthen the foundation that has been laid out by their fellow leaders.

Reappointment Applications are going GREEN!

The Medical Staff Department is currently in the process of transitioning to an online reappointment application. The tentative start date is set for February 2013. A letter was mailed out to all physicians asking them to provide a valid e-mail address and validate their demographic information. Please make sure to complete the form and return it to the Medical Staff Office at your earliest convenience. If you have any questions, please contact Mabel Marin, Medical Staff Coordinator at 626-397-3749 or mabel.marin@huntingtonhospital.com.

What to do in case of a needle stick

The hospital will provide immediate care to any physician who sustains a work related blood or body fluid exposure. Please follow the steps below if you have been subjected to an occupational exposure to blood or other potentially infectious material.

If the incident occurs during normal working hours M-F, 8 a.m. to 4:30 p.m.:

- Report to the Employee Health and Wellness Center located on the ground floor of the Wingate Building for a brief assessment. Please bring name, DOB and V# of source patient.
- 2. Provider will be referred to Pasadena Community Urgent Center or Emergency Department for an evaluation.

After hours:

- Go directly to the Pasadena Community Urgent Care or Emergency Department for evaluation. Please personally provide the source patient information to Employee Health and Wellness Center by calling ext. 5959.
- 2. Employee Health and Wellness Center will initiate labs on source patient on behalf of the provider.
- 3. Source labs cannot be ordered/processed until the provider is medically assessed and baseline labs have been drawn.
- 4. The attending of the source patient will be contacted by the floor staff and advised of the needle stick. The attending will need to complete the paper lab request and HIV consent provided by the Employee Health and Wellness Center, to the floor staff. If the attending sustained the needle stick; they must have an associate or resident complete the lab request and HIV consent on their behalf. Exposure labs (source or exposed) are never ordered in Meditech. Consents are retained in the patient's permanent medical record.
- All follow-up's for needle sticks must be done at Pasadena Community Urgent Care. Pasadena Community Urgent Care will review and discuss the lab results of the source with the exposed provider.
- 6. If a provider requires evaluation and treatment beyond the initial assessment and follow-up appointment they will be referred to their workers compensation carrier to report the injury and get a referral to the appropriate clinic for continuing care. All costs after the initial assessment and follow-up visit will be the responsibility of the provider

From **Physician Informatics**

Come see H@NK!

During the week of January 14 – 17, 2013, physicians will be able to attend specialty-specific demonstration and hands-on sessions of the Cerner system that will be implemented August 1, 2013. These sessions are intended to give physicians a first look, but ARE NOT TRAINING SESSIONS. Communication regarding physician training will be coming soon.



If you are interested in attending, please RSVP by <u>Friday</u>, <u>January 4</u>, <u>2013</u> to 626-397-2500 or physinfo@huntingtonhospital.com. Please RSVP as meals provided during lunch/dinner sessions will be based on RSVPs.

"Come See H@NK" Physician Sessions All Sessions will be held in I.S. Training Room 2 (located on the ground floor of La Vina) unless specified below

Tuesday, January 15 Wednesday, January 16 Thursday, January 17 Monday, January 14 10 a.m. - Noon 12:30 – 2 p.m. $8 - 10 \, \text{a.m.}$ 7:30 - 9:30 a.m.**Psychiatry OPEN SESSION** Cardiology/EP/GI (Breakfast provided) I.S. Training Room 1 (Lunch Provided) 10 a.m. – Noon 3 – 5 p.m. 10 a.m. – Noon 12:30 - 2 p.m.**Pediatrics Critical Care/Pulmonary** Rehah Medicine (Hospital-based, (All Sections, PICU, Community Medicine Residents) Pediatricians) (Lunch Provided) $5 - 7 \, \text{p.m.}$ $5 - 7 \, \text{p.m.}$ 12:30 - 2 p.m.Noon – 2 p.m. **OPEN SESSION Emergency** Surgery iDoc (Dinner Provided) (All Sections, Surgical Residents) (Dinner Provided) $3 - 5 \, \text{p.m.}$ NICU 5 - 7 p.m.Anesthesiology (Dinner Provided)

From the Health Science Library

Technology Users Group Meeting – February 13

The Health Sciences Library's "Technology Users Group" aims to bring together hospital employees interested in learning more about mobile technologies.

A patient takes a photo in the ER and posts it to his/her Facebook page. A nurse answers a question in an online forum. A surgeon tweets updates to a patient's family members during surgery to lessen their anxiety. Are these HIPAA violations? Come to the next Tech User Group meeting and find out! Terence Ou, Director of Compliance will be our guest presenter and will field questions on all things HIPAA.

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, February 13, Noon – 1 p.m.

WHO: Huntington Hospital employees and

affiliated physicians

WHERE: Conference Room C (Wingate 1st Floor,

across from the library)

DEMO: "HIPAA & Web 2.0" presented by Terence Ou,

Director of Internal Audit & Compliance

BRING: Your device(s) (if you have one)

RSVP: Your RSVP would be most appreciated as we have a <u>limited capacity of 15 people</u> total

(Lunch will be provided if a minimum of ten RSVP's are received by February 7.)

Email: 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: Monoclonal Gammopathy
Speaker: Evangelia K. Kirimis, MD
Date: January 14, 2013

Time: Noon – 1 PM

Place: Research Conference Hall

Audience: Primary Care Physicians and all other

interested medical specialists

Methods: Lecture

Credit: 1.0 AMA PRA Category 1 Credits[™]

MEDICAL GRAND ROUNDS

Topic: Screening for Lung Cancer:

Has it finally arrived?

Speaker: Robbin G. Cohen, MD
Date: January 11, 2013

Time: Noon – 1 PM

Place: Research Conference Hall

Gap Analysis: Physicians need to regularly learn

about updated guidelines for lung cancer screening and treatment, to better take care of their patients.

Objectives: 1. Increase the competence of

physicians to appropriately screen their patients for

lung cancer.

2. Increase the "knowledge base" of medical oncologists and pulmonologists regarding the advancements in the prevention and treatment of lung cancer.

Audience: Primary Care Physicians,

Pulmonologists

Methods: Lecture

Credit: 1.0 AMA PRA Category 1 Credits™



January 2013 Medical Staff Meetings

monday	tuesday	wednesday	thursday	friday
	-1-	-2-	-3-	-4-
	New Years Day	- Noon CME Comm — CR-10 - 12:15 p.m. OB/GYN Committee — CR 5&6 - 2 p.m. QM Pre Agenda — CR-C	- 8 a.m. 1st Thursday Medical Workshop, RCH - Noon Medicine Committee — N/S Rm Noon Trauma Services Committee — CR 5 & 6	- 7 a.m. Ortho Surgery Section — CR 5&6
-7-	-8-	-9-	-10-	-11-
- 9:30 a.m. SCAN Team — CR-10 - 10:30 a.m. PMCC — CR-10 - 12:15 p.m. Ob/Gyn CME "Fetal Heart Tracing" — N/S Rm.	- Noon Critical Care Section — CR 5&6	- 10 a.m. PICU/Peds QI — CR-2 - 12:15 p.m. OB/GYN Peer Review — CR 5&6	- 6:30 a.m. Anesthesia Section — CR-7 - Noon Quality Mgmt Committee — East Rm 5:30 p.m. Neonatal Surgical Case Review Comm — CR-10	
-14-	-15-	-16-	-1 <i>7</i> -	-18-
- 12:30 p.m. Ophthalmology Section — CR-8 - 5:30 p.m. Medical Executive — Board Rm Newsletter Submission -	- 12:15 p.m. Credentials Committee — CR-C	- 7:30 a.m. Cardiology Section — Cardiology Conf. Rm. - 5:30 p.m. Surgery Committee — CR-5&6	- 6:30 a.m. Anesthesia Peer Rev — CR-7 - Noon G.I. Section — CR-10 - Noon PT&D Comm — CR 5&6 - 3 p.m. Neon QI — CR-10 - 6 p.m. Bioethics — East Rm.	- 7:30 a.m. Spine Committee — Conf. Rm. 11
-21-	-22-	-23-	-24-	-25-
- 8 a.m. Emergency Medicine Section — ED CR	- 7:30 a.m. Interdisciplinary Practice — CR-B - Noon General Surgery Sct — CR 5&6 - 5 p.m. Robotic Comm — CR 5&6	- 12:15 p.m. Hematology/Oncology Sct — CR-5	- Noon Cancer Committee — CR 5&6 - 12:15 p.m. Pediatric Committee — East Rm.	Physician Leadership Orientation, Langham Hotel
-28-	-29-	-30-	-31-	
- Noon GME Comm — East Rm. - Noon Psychiatry Sct — CR-10 - 12:15 p.m. Urology Sct — CR-5&6			- Noon IM Peer Review — CR-6	

January 2013 **CME Calendar**

monday	tuesday	wednesday	thursday	friday
	-1- New Year's Day	-2 Noon — 1 p.m. Genitourinary Cancer Conf., Conf. Rm. 11 - Noon — 1 p.m. Radiology Teaching Files, MRI Conf. Rm.	-37 — 10 a.m. Trauma M&M, Conf. Rm. B - Noon — 1 p.m. Thoracic Cancer Conf, Conf. Rm. 11	-47:30 — 9 a.m. Neurosurgery Grand Rounds, Conf. Rm. 11 - Noon — 1 p.m. MDisc Breast Cancer Conf., Conf. Rm. 11
-7-	-8-	-9-	-10-	-11-
- 12:15 — 1:15 p.m. OB/GYN Dept. Mtg, N/S Rm. Topic: Fetal Heart Tracing	- 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 Grand Rounds, RSH Topic: Screening for Lung Cancer - Noon — 1 p.m. MDisc Breast Cancer Conf., Conf. Rm. 11
-14-	-15-	-16-	-1 <i>7</i> -	-18-
- Noon — 1 p.m. Second Monday, RSH Topic: Monoclonal Gammopathy	- 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
-21-	-22-	-23-	-24-	-25-
Birthday of Martin Luther King, Jr.	- 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.	- 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.,
-28-	-29-	-30-	-31-	Conf. Rm. 11
	-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.	- 7 — 8 a.m. Trauma Walk Rounds, Conf. Rm. B - 8 — 9 a.m. Surgery M&M, Conf. Rm. B	



Medical Staff Administration

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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 13th 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