

medical staff NEWSLETTER

July 2013

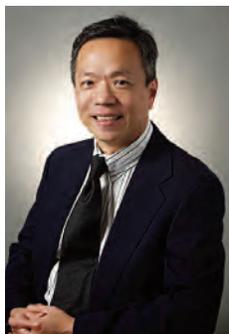
volume 51, issue 7



From the President

“By three methods we may learn wisdom: First, by reflection, which is noblest; second, by imitation, which is easiest; and third by experience, which is the bitterest.”

- Confucius
(551 BC – 479 BC)



CPOE

Computerized Physician/Provider Order Entry (CPOE) is the process where medical practitioners document the treatment of patients electronically. This documented data is communicated over a wide network and is used by the medical staff and other departments such as laboratory, pharmacy and radiology. CPOE is responsible for order completion and the reduction of errors which were attributed to transcription and handwriting.

Medication errors and adverse drug events (ADEs) are common, costly, and clinically important problems. Approximately one million serious medication errors occur every year in U.S. hospitals. In 2005, 7-13% of hospitalized Medicare patients had ADEs. According to the 1999 report from the Institute of Medicine (IOM), there were 44,000 to 98,000 deaths each year from medical errors in hospitals. More than 7,000 deaths each year were related to medication errors. The cost of these errors was estimated to reach up to more than \$3.5 billion in the U.S.

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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 to and approved by the Medical Executive Committee of June 3, 2013 and by the Governing Board on June 27, 2013.

Administrative Reports

Privilege Delineation Form

Revisions were approved for the following privilege form:

- Thoracic Surgery – *The revisions standardize the criteria and proctoring requirements for robotic surgery*

In Medical Staff News

Meeting Attendance Rewards

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

- David Ulick, MD –
Emergency Medicine Section
- Jennifer Cohen, MD –
Pediatric Committee

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**Lab coats are in!
If you ordered one
please stop by the
Medical Staff Office
to pick it up.**

In Medical Staff News *continued*

Please go to SharePoint → Medical Staff Services → Board Approved Items → 2013 and select June 2013 to see:

- Standardized procedures
- Administrative/Clinical Policies and Procedures
- Order Sheets
- Formulary Management
- Other
- Departmental Policies and Procedures and Order Sets
- Nursing Ancillary Policies and Procedures

Medical Staff Appointments



Barzi, Afsaneh, MD
Medical Oncology
1441 Eastlake Avenue
Suite 3440
Los Angeles, CA 90089
323-865-3000 (office)
323-865-0061 (fax)



Fernandez, Marisa, MD
Emergency Medicine
100 W. California Blvd.
Emergency Department
Pasadena, CA 91109
626-397-5111 (office)
626-397-2981 (fax)



DeUgarte, Daniel, MD
Pediatric Surgery
10833 Le Conte Avenue
MC: 709818
Los Angeles, CA 90095
310-206-2429 (office)
310-206-1120 (fax)



Hackmann, Amy, MD
Thoracic Surgery
USC
1520 San Pablo Street
Suite 4300
Los Angeles, CA 90033
323-442-5849 (office)



Dunn, James, MD
Pediatric Surgery
10833 Le Conte Avenue
MC: 709818
Los Angeles, CA 90095
310-206-2429 (office)
310-206-1120 (fax)



Hagen, Jeffrey, MD
Thoracic Surgery
USC
1510 San Pablo Street
Suite 514
Los Angeles, CA 90033
323-442-9066 (office)
323-442-5872 (fax)



Epstein, Aaron, MD
Maternal & Fetal Medicine
1200 North State Street
IRD 220
Los Angeles, CA 90033
323-226-3306 (office)
323-226-3509 (fax)



Hu, James, MD
Medical Oncology
USC Norris Comprehensive
Cancer Center
1441 Eastlake Avenue
Los Angeles, CA 90033
323-865-0813 (office)
323-865-0061 (fax)

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Medical Staff Appointments

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Kang, Tarina, MD
Emergency Medicine
 100 W. California Blvd.
 Emergency Department
 Pasadena, CA 91109
 626-397-5111 (office)
 626-397-2981 (fax)



Lee, Byrne, MD
General Surgery
 209 Fair Oaks Avenue
 South Pasadena, CA 91030
 626-396-2900 (office)
 626-396-2911 (fax)



Songsanand, Priscilla, MD
Ophthalmology
 800 S. Fairmount Avenue
 Suite 219
 Pasadena, CA 91105
 626-405-0480 (office)

Allied Health Professional Appointments

- Ampiah, Akosua, RN – 5150 Status
- Ketchedjian, Nayiri, NP – Nurse Practitioner

Resignations

MEDICAL STAFF RESIGNATIONS

- Blanco, Lorna, MD – Internal Medicine
- Chmait, Ramen, MD – Obstetrics & Gynecology
- Cohen, Mabelle, MD – Thoracic Surgery
- El-Shahawy, Mohamed, MD – Nephrology
- McDonald, Ellen, MD – Internal Medicine
- Russell, Christy, MD – Medical Oncology

ALLIED HEALTH RESIGNATIONS

- Abbondanza, Tara, NP – Nurse Practitioner
- Djabiras, Christina – Research Coordinator
- Sanoff, Randy, RN – Fast Mag Study
- Tone, Barbara, RN – Fast Mag Study

ACO Update

At the last ACO meeting, held on June 18, 2013 the members of the Board were elected. The members are as follows:

<u>Member Name</u>	<u>Role</u>	<u>Term Expiration</u>
Joseph Pachorek, MD	Chair, ACO Board	December 2016
Stuart Miller, MD	Vice Chair	December 2015
Claire Tilem, MD	Secretary/Treasurer	December 2014
Daniel Rowady, MD	Chair, Quality	December 2016
Gustavo Alza, MD	Chair, Care Continuum	December 2015
Robert Siew, MD	Chair, Membership	December 2014
Steven Henry, MD	Chair, Finance, Compliance, & Contracting	December 2016
Paula Verrette, MD	Hospital Member	December 2015
James Noble	Hospital Member	December 2015
Brenda Berg	Community Member	December 2014
Marina Manvelyan, MD	Board Member at Large	December 2015
Sylvia Preciado, MD	Board Member at Large	December 2014

From the **President** continued from page 1

CPOE is one of four categories included in the Leapfrog Group's hospital safety survey. The Leapfrog (Lovern, 2001) CPOE standards require:

1. Physicians to place all their hospital orders via a computer system linked to error prevention software,
2. Hospital to demonstrate that the system can intercept at least 50% of common serious prescribing errors, and
3. Acknowledgement to be documented by the prescribing physician of the interception prior to an override.

According the Institute of Health Policy (May, 2005), the critical features of CPOE should be the following:

1. Drug interaction checking (drug-drug; allergies; drug-food; drug-herbal medicine)
2. Checking for overlaps with other new or active orders
3. Checking for overlaps with pending, conditional, standing, cascading, tapered, or structured orders
4. Prompting for corollary orders (in the case when an intervention requires a subsequent or companion order to maintain the standard of care)
5. Prompting for sets of orders by diagnosis or condition
6. Checking for contra-indicated medications (by route, for patient's diagnosis, relative to patient's laboratory results, relative to patient's vital signs, relative to pregnancy, and relative to radiology tests for patient)
7. Checking for dose calculations (based on weight, height, BSA, organ functions, and diagnosis)
8. Cost of care checking (duplicate tests and hospital formulary)

Hospitals need to adopt strong project management techniques and tools to ensure the success

of CPOE deployment. Organizations should control the scope and pace of changes. Inevitably, users will keep requesting additional features that are not planned for in the first phase. Organizations should establish a process for of scope change and decisions on making the changes should be based on not only cost/benefit analysis but also improving upon the quality of the care that is delivered. The "Go-Live" day is not the end of the CPOE project, but instead, it is just the beginning.

In order to ensure a higher degree of success for CPOE implementation, the CPOE project team should address the following considerations which includes: motivation for implementing CPOE, costs, integration of workflow processes, value to users, vision, leadership, technical considerations, project management, training and support, and learning/evaluation/improvement. Actions should then be taken by hospitals to address these considerations. At Huntington, the IT (Information Technology) Committee, chaired by one of the board members, Mr. Reed Gardiner, has been formed to ensure all these issues are addressed.

CPOE has many benefits, such as; it has helped in increasing the accuracy of data and patient safety. With CPOE, doctors and other medical staff can prescribe medications, tests and other treatments electronically, which are then made immediately and remotely accessible to all the authorized hospital staff. CPOE also can improve quality of care by reducing transcription errors and medication errors, improving information about the patient, and establishing standardization of best practice based on evidence based medicine. Use of multiple qualitative and survey methods identify and determine the risk of errors not previously considered offering many opportunities for error reduction.

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At Huntington, the IT team has been working very hard to ensure the technical infrastructure before the "go-live" of the CPOE. The technical infrastructure includes wireless network access points and computer workstations. The integration of CPOE and EMR (Electronic Medical Record) is very important to the success of the CPOE deployment. Such integration provides decision support capabilities supported by the aggregate data within EMR which provides information from pharmacy, lab, radiology, and nursing. It is necessary that the accuracy of implementing the CPOE system should also be properly checked as it can be critical for the medical records to be saved accurately. Therefore, input from the medical staff has been adopted before the IT Committee recommended the CERNER system to be the system of choice.

CPOE, however, is not error-proof. A study done by Nebeker JR et al (Arch Intern med. 2005;165:1111.) revealed 483 CPOE-related clinically significant ADEs (Adverse Drug Events) among 937 hospital admissions over a 20 week period. Koppel R et al (JAMA 2005; 293:1197.) also showed that the CPOE system facilitated 22 types of medication error risks as a result of fragmented CPOE displays, false interpretation of dosing guidelines, inflexible ordering formats, gaps in antibiotic administration related to nonrenewal of stop orders, and a delayed ordering due to system unavailability. In addition, Han and colleagues observed an alarming increase in mortality from 2.8% to 6.6% during the five month period after the initiation of a CPOE system at a pediatric hospital (Pediatrics 2005;116:1506). Finally, the major complaint was related to the fact that switching from handwriting to CPOE would require a significant change in the physician's work flow. In the early adoption of CPOE, the system required physicians to spend more time

placing orders on the computers (Armstrong EP et al. Arch Intern Med 2000;160:2713.).

To ensure a higher degree of success for CPOE implementation, organizations should consider certain critical success factors. It is important to implement the CPOE in a small section of the hospital in order to test the system without putting all the patients at risk and allow staff to gain enough experience to debug and improve the system. At Huntington, the Emergency Department was the first one to have CPOE. Lessons learned would then be used in the roll-out process. Training is a major success factor for CPOE projects. Organizations should not underestimate the need, time, and resources for training. This should include functional training as well as technical training. Time spent on order entry plays a key role on physician's efficiency and quality of care. If a physician is spending more time entering orders, he or she may be spending less time attending to patients. Appropriate setting and configuration of the orders sets is important with a minimum number of screens displayed for the user ease and to facilitate the process of order entering. The project team should balance between customization and standardization where physicians of a similar specialty would have a common CPOE screen, which might be different from other specialties. Hospitals should also make sure that they have the right technical infrastructure and support prior to considering CPOE implementation (Catherine, 2005).

Successful implementation of CPOE will require many serious and careful considerations. CPOE is not a pure IT project rather it is a clinical IT project and as a result it should be led by physicians and supported by the IT staff. There-

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From the President

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fore, the IDOC Committee at Huntington has been set up for the last two years inviting input from physicians of different specialties. Once the system is implemented, many issues will come months later as end users gain more knowledge about the system and its capabilities. Many changes should then be implemented to improve the system. As the implementation of CPOE becomes boarder involving many more hospitals throughout the country, success stories can be shared and broader knowledge can be applied. Continued communication with centers which already have CPOE implementation experience will assist Huntington in what seems to be an enormous undertaking, but one that is well worth effort in terms of making improvements to the care and safety of our patients (Senstack PP et al. Journal of Healthcare Information Management; 18:36.). The "Go-Live" date at Huntington is tentatively set for November, 2013. Although it may seem unpleasant to start and the learning time will require a lot of patience, it could later prove to be a valuable way to improve patient safety and clinical efficiency. We, the medical staff, will engage this process and will continue to give feedback, both positive and negative, to the administration to make our CPOE/EMR system a much improved and unique system for Huntington.

Edmund Tse, MD

President

Online Reappointments

With the implementation of the online reappointments, there are a few issues that still need to be ironed out. Please note, six months prior to your reappointment expiration, you will be sent an email from **service@mdapp.com** notifying you that the application is ready to be filled out. The email will contain a link that will connect you to your reappointment application. Once you click on the link the website will prompt you to set up a password and upon selecting your password you will be able to start your reappointment application. In addition a letter will be sent to your mailing address with the online reappointment instructions and checklist. Should you have any questions regarding the online reappointment application, please contact Mabel Marin at 626-397-3749 or mabel.marin@huntingtonhospital.com. Thank you in advance for your patience and understanding.

A Note From the Credentials Committee

According to Chapter 3.5 of the Medical Staff Bylaws. Medical Staff members must promptly report any past or pending professional disciplinary action, voluntary or involuntary denial, revocation, suspension, reduction or relinquishment of medical staff membership or privileges in any healthcare organizations of any licensure, certification or registration, and all related matters, within **30 days** after the member becomes aware that such an action or a preliminary investigation has been initiated, or any significant development has occurred in the action, or the action has become final. Failure to notify the Medical Staff or CEO of the said information will result in an automatic termination.

Medicine Committee Change

With the retirement announcement of Dr. L. Scott Herman, Peter Rosenberg, M.D., has assumed the role of Department Chair for the remaining term and will continue through the 2015-2016 term. Dr. Brandon Lew was elected to fill the vacant position of Chair-Elect for the 2013-2014 term.

Getting to Know Your Medical Staff Leaders

Paul M. McFadden, MD has been a member of the Huntington Medical Staff since 2006. He is the current Chair of the Thoracic Surgery Section, a position he has held for six years. Dr. McFadden is board certified by both the American Board of Surgery and the American Board of Thoracic Surgery.



Dr. McFadden received his medical degree and general surgery residency training at Tulane University, and his fellowship training in Thoracic and Cardiovascular Surgery at the Ochsner Foundation Hospital in New Orleans. Today, Dr. McFadden is the Surgical Co-Director of Lung Transplantation at USC and the Chair of the Heart and Lung Transplant Committee at One Legacy, Los Angeles' organ procurement organization.

Dr. McFadden is active in medical staff affairs and is a member of the Surgery Committee, Robotic Surgery Committee, and Chest Oncology Committee. Furthermore, he has been a member of Huntington's Graduate Medical Education teaching faculty since 2009 training surgical residents the principles and operative techniques in cardiothoracic surgery.

His professional background includes numerous academic appointments and awards, including Professor of Clinical Cardiothoracic Surgery at Keck Medical School of USC and Clinical Professor of Surgery at Tulane University School of Medicine. Recently, Dr. McFadden received the Outstanding Alumnus Award at Tulane and also serves on Tulane's Board of Governors. Additionally, Dr. McFadden is a member of many professional organizations including, the Editorial Board of the Journal of Thoracic and Cardiovascular Surgery and the American Association of Thoracic Surgery.

Dr. McFadden is a retired Captain in the US Navy Medical Corps, and served as the ship's surgeon on the aircraft carrier USS Enterprise. His hobbies include enjoying family events, weight training, hunting, fishing, high school and college football, volleyball and baseball. In his spare time, he serves as a First Aid and Medicine Merit Badge Counselor for the Boy Scouts.

From the Health Science Library

Need More Information About Dietary Supplements?

Use Natural Standard



A recent JAMA "Capital Health Call" briefing reported that, *From 2008 through 2011, the FDA received 6,307 adverse event reports for dietary supplements, 71% from industry, which is legally required to report these problems.*+

There is concern that this information is not getting out to consumers since the FDA does not report on adverse events for supplements. The library's **Natural Standard** database, can help you to alert patients of any known interactions. It provides evidence-based information on complementary and alternative therapies including dietary supplements.

Natural Standard has an interactions checker tool that allows you to search for herbs and supplements and any potential interactions that may occur with a particular drug and/or condition. Further, it includes evidence-based professional and patient level information for foods, herbs & supplements (use the "Flashcard" version for patients).

- Natural Standard at:
<http://huntington.naturalstandard.com>
(or via the library's Sharepoint page. Need off-site access? Contact the library)
- Access fulltext JAMA at:
<http://jama.jamanetwork.com/>
(at a hospital computer or through a Citrix or Connect login)
- For questions or off-site access information, contact the library at:
library@huntingtonhospital.com;
phone: 626-397-5161; or
sms/text: 626-344-0542

CME Corner

For the month of July the OB/GYN Meeting and Medical Grand Rounds will be combined. The next Medical Grand Rounds and Second Monday activities will take place in **September**.

MEDICAL GRAND ROUNDS

Topic: Treatments for Female Urinary Incontinence and Overactive Bladder

Speaker: Alison L. Tate, MD

Date: July 1, 2013

Time: 12:15 – 1 p.m.

Place: Research Conference Hall

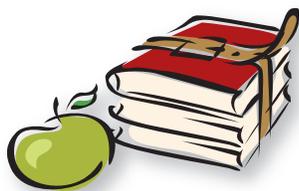
Objectives:

1. Understand the definitions, etiologies and pathophysiology of urinary incontinence and overactive bladder in women.
2. Describe the basic work-up of urinary incontinence and overactive bladder in women.
3. Formulate management and therapeutic strategies for women with urinary incontinence and overactive bladder.
4. Become familiar with more advanced treatments for urinary incontinence and overactive bladder in women, what evidence supports these advanced treatments, and knowing when to refer to a Urogynecologist or Urologist.

Audience: OB/GYN, Primary Care, & Internal Medicine

Methods: Lecture

Credit: 1.0 AMA PRA Category 1 Credits™



CME Website

Interested in finding out how many CME credits you have earned so far? Or would you like to see the calendar of CME activities? You can now go to www.huntingtonhospital.com/CME from any computer and access this information.

CME Follow Up – Did you know?

Heart Failure

Heart failure affects more African Americans and Hispanics than non-Hispanic whites. However, Hispanics are more likely to delay treatment due to cultural and socioeconomic factors. For instance, Hispanics are more likely to ask for medical advice from family and friends than from a medical provider. Furthermore, there is less data regarding the Hispanic population and heart failure because they are less likely to be included in medical trials. Yet, for Hispanic patients their social support helps improve their long term quality of life.

Reference:

Vivo RP, Krim SR, Cevik C, Witteles RM. Heart failure in Hispanics. *J Am Coll Cardiol.* 2009;53(14):1167-75.

Lymphedema

Studies have found that African American women are at higher risk of developing breast cancer related lymphedema. Furthermore, patients who are obese also had a higher risk of developing lymphedema. In contrast, one study also found a slightly higher risk of breast cancer related lymphedema among Asian Americans but it was not considered to be statistically significant.

Reference:

Kwan ML, Darbinian J, Schmitz KH, et al. Risk factors for lymphedema in a prospective breast cancer survivorship study: the Pathways Study. *Arch Surg.* 2010;145(11):1055-63.

Physician's... You Are The Patients Experience!

A monthly communication to assist physicians in patient engagement and the patient experience.

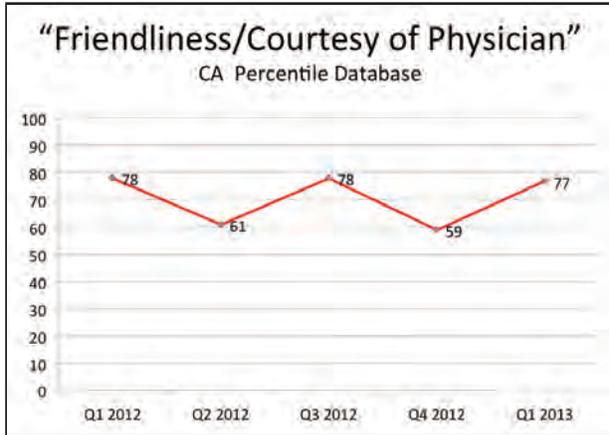
The question patients are asked to rate on a scale of 1-5 (very poor – very good) is "Friendliness/courtesy of physician."

Question Definition

This question measures the extent to which the actions of the physician met the patient's expectations regarding what a physician should do in the realm of social relations. Courtesy is one of the most basic elements of human communication. The degree to which a physician's interaction with a patient is courteous indicates respect toward the patient. Patients respond negatively to physicians who do not make eye contact, who do not respect their privacy, who use a familiar name without permission, or who use a diminutive term such as "Honey" or "Sweetie" in place of their name.

Tools for Success:

1. Be aware of facial expressions and nonverbal language. They convey easily perceptible emotions.
2. Understand and respect patients' preferences and cultural backgrounds. Many cultures hold physicians in extremely high regard.
3. Use easily understood and appropriate language when giving patients information about health, special diets, tests, procedures, medications, etc. Avoid technical or professional jargon.



Job Well Done!

(Comments from the Press Ganey satisfaction survey in May.)

"My doctor is #1 answering all questions with courtesy and in a friendly way"

"I was especially impressed with our Pediatrician. She answered all of our questions/concerns. Very friendly."



Resident Graduations

The resident graduations took place on June 20th at the Athenaeum at Cal Tech. The Medical Staff would like to congratulate the following residents and wish them well in their future endeavors:

Internal Medicine

Program Graduates

Castillo, Olivia, MD	Physician for HCP Pasadena
Gamboa, Joe, MD	Rheumatology Fellowship at Loma Linda University
Kashanian, Albert, MD	Outgoing Chief Resident (2012-2013)
Machinani, Suman, MD	MBA Program at MIT
Pearlman, Gabriella, MD	2013-2014 Chief Resident
Truong, Linh, MD	Pulmonary/Critical Care Fellowship at LAC+USC
White, Rachel, MD	Hospitalist, FACEY Medical Group

Departing Residents

Black, Neda, MD	Dermatology Residency
Martin, Sabrina, MD	Dermatology Residency
Moradshahi, Navid, MD	Radiology Residency
Raff, Evan, MD	Radiology Residency
Spaunhurst, Katrina, MD	Dermatology Residency
Weber, Christen, MD	Neurology Residency

Surgery

Program Graduates

Aimaq, Rahim, MD	Surgical Oncology Fellowship at City of Hope Medical Center
Saguan, Nicholas, MD	Trauma & Critical Care Fellowship at University of Hawaii

Departing Residents

Kalay, Ronen, MD	
Penman, Adam, MD	Anesthesiology Residency at USC
Rubinstein, Marc, MD	

CELEBRATING MILESTONES

The following physicians have hit a service milestone in the month of June. The Medical Staff would like to recognize the following physicians for their service and dedication to Huntington Hospital.

30 Years (on staff 07/1983)

Howard K. Newman, MD – General Surgery

20 Years (on staff 07/1993)

Henie Fialkoff, MD – Pediatrics

15 Years (on staff 07/1998)

Robert Posen, DO – Neonatology

The Medical Director of Respiratory and Pulmonary Services position will be open effective October 2013. If you are interested in applying, please demonstrate your interest via letter to Gloria Sanchez-Rico, Executive Director.

From the Health Science Library: Three New Mobile Resources

JAMA Network Reader Mobile Site

What it is:

Browse all 9 JAMA Network titles and read articles optimized for mobile screens.

Features:

- Download entire issues for offline reading
- Access content back to January 2012 for limited time
- Customize which titles will show on the home screen
- Designed for all devices

How to get it/Details:

- Navigate to <http://app.jamanetwork.com>
- Site is free for a limited period of time
- May be asked to sign in/register with your email address



Emergency Medical Abstracts (EMA)

What it is:

Access to the EMA monthly audio commentary on articles selected from key publications.

Features:

- Stream issues to your mobile device
- Essays/notes optimized for mobile screens
- Search abstracts and essays
- Designed for all devices

How to get it/Details:

- On your mobile device browser, navigate to <http://mobile.ccme.org>
- Enter username: huntington; password: library



AccessMyLibrary (AML) Special Libraries

What it is:

Allows users to search the Gale full-text nursing and allied health journals, patient education information and patient/consumer health electronic reference books databases via mobile device:

- Health Reference Center Academic
- Health & Wellness Resource Center
- Gale Virtual Library (patient/consumer health eBooks)

How to get it/Details:

- From the AppStore/AndroidMarket
 - ◆ search/install "AML Special Edition"
- Open app then select the "Medical Libraries" branch
- Next select "HMH Health Sciences Library"
- Click on the button to "Update Resources"
 - ◆ Input the password: hmhlibrary



For more library resources and recommendations for mobile apps, visit the library's Mobile Medicine guide at <http://huntingtonhospital.libguides.com/mobilemedicine> (also optimized for mobile viewing)

Should you have further questions or require assistance, please do not hesitate to contact the Health Sciences Library at 626-397-5161 or library@huntingtonhospital.com or text us at 626-344-0542.

July 2013 Medical Staff Meetings

monday	tuesday	wednesday	thursday	friday
-1-	-2-	-3-	-4-	-5-
- 12:15 p.m. OB/GYN Dept – RCH - 5:30 p.m. Medical Executive Committee – Board Rm.	- 3 p.m. QM Pre-Agenda – CR-B	- 12:15 p.m. OB/GYN Peer Review – CR 5&6		
-8-	-9-	-10-	-11-	-12-
- 9:30 a.m. SCAN Team – CR-10 - 10:30 a.m. PMCC – CR-10 - Noon Transfusion Subcomm – N/S Conf Rm. - 12:30 p.m. Ophthalmology Section – CR-8	- Noon Critical Care Section – CR-10	- 10 a.m. PICU/Peds QI – CR 2 - Noon CME Comm – CR-8 - 12:15 p.m. OB/GYN Committee – CR 5&6	- 6:30 a.m. Anesthesia Section – CR-7 - Noon Quality Management Committee – East Rm. - 5:30 p.m. Neonatal/Pediatric Surgical Case Review – CR-10	- 7:30 a.m. – Neurosurgery Section – CR-11 - Noon Trauma Svcs Comm – CR 5&6 - Newsletter Submission -
-15-	-16-	-17-	-18-	-19-
- 8 a.m. Emergency Medicine Section – ED Conf Rm.	- 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 – CR-7 - Noon G.I. Section – CR-10 - Noon PT&D Comm – CR 5&6 - 3 p.m. Neonatal QI – CR-10 - 6 p.m. Bioethics – CR 5&6	- 7:30 a.m. Spine Ctte – CR-11 Happy Hour at Mijares 5 to 7 p.m.
-22-	-23-	-24-	-25-	-26-
- Noon Psychiatry Sect. – CR10 - Noon GME – East Rm. - 12:15 p.m. Urology Section – CR 5&6	- 7:30 a.m. Interdisciplinary Practice – CR-C - Noon General Surgery Sect. – CR5	- 12:15 pm Hematology/Medical Oncology Section – CR-5	- Noon Cancer Committee – N/S Conf. Rm. - Noon IM Peer Review – CR-6 - 12:15 p.m. Pediatric Committee – East Rm.	

July 2013 CME Calendar

monday	tuesday	wednesday	thursday	friday
-1-	-2-	-3-	-4-	-5-
- 12:15 – 1:15 p.m. OB/GYN Dept. Mtg, RSH Topic: Treatments for Female Urinary Incontinence and Overactive Bladder	- 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.	INDEPENDENCE DAY 	
-8-	-9-	-10-	-11-	-12-
	- 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.		- Noon – 1 p.m. MDisc Breast Cancer Conf., Conf. Rm. 11
-15-	-16-	-17-	-18-	-19-
	- 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.	- Noon – 1 p.m. Thoracic Cancer Conf., Conf. Rm. 11	- Noon – 1 p.m. MDisc Breast Cancer Conf., Conf. Rm. 11
-22-	-23-	-24-	-25-	-26-
	- 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.		- 7:30 – 9 a.m. Neurosurgery Grand Rounds, Conf. Rm. 11 - Noon – 1 p.m. MDisc Breast Cancer Conf., Conf. Rm. 11
-29-	-30-	-31-		
	- 7:30 – 8:30 a.m. MKSAP, Conf. Rm. A - Noon – 1 p.m. General MDisc Cancer Conf., Conf. Rm. 11	- 7:30 – 8:30 a.m. Cardiac Cath Conf., Cardiology Conf. Rm. - Noon – 1 p.m. Radiology Teaching Files, MRI Conf. Rm.		



Huntington Hospital

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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.

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MEMORIAL HOSPITAL

Our Mission Statement

At Huntington Hospital, our mission is to excel at the delivery of health care to our community.



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8 Hospital in California

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