MEDICAL STAFF

Huntington Hospital

Newsletter

VOLUME 50, NUMBER 6 June 2012

From The President



Humor brings insight and tolerance. Irony brings a deeper and less friendly understanding.

Agnes Repplier

Do you realize if it weren't for Edison we'd be watching TV by candlelight?

- Al Boliska

The term pediatrics is derived from two Greek words: pais=child and iatros=doctor or healer. In the US, a pediatrician is a primary care physician, while, in the UK, a paediatrician is a medical specialist.

In the long annals of medical history, pediatrics is a young specialty, scarcely two hundred years old. Medical writings from antiquity did include diseases in children, but only in conjunction with general topics. The Ebers papyrus, c. 1552 BC and unearthed in 1872, discussed, among other things, breastfeeding, a cure for worms and treatment of eye diseases. The writings of Hippocrates (c. 1800 BC) covered cephalohematoma, hydrocephalus, clubfoot, worms, diarrhea, scrofula, asthma and mumps. Galen (c. 200 AD) wrote of ear discharges, pneumonia, intestinal prolapse and a disorder akin to rickets. Avicenna, a great Arabian physician (c. 990 AD) discussed tetanus, worms, convulsions, meningitis and umbilical abscess. And, Hieronymus wrote the first important printed book about children in 1583, entitled De Morbus Pusiorum.

When children were too sick for their mother or a lay neighbor to care for, they were usually turned

continued on page 5

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 May 7, 2012 and by the Governing Board on May 24, 2012.

ADMINISTRATIVE REPORTS

PRESIDENT'S REPORT

Dr. James Buese, Medical Staff President, presented the following item:

Event Report

There were eight event reports for the months of March and April. Seven incidents involved patient complaints and one incident was related to behavior.

NOMINATING COMMITTEE REPORT

Dr. K. Edmund Tse, President-Elect, presented the following proposed slate of candidates for the 2013/2014 term:

- President Elect James Shankwiler, MD
- Secretary-Treasurer Kalman Edeman, MD
- Chair-Elect, Quality Management Committee:
 - ▶ Gregory Giesler, MD
 - ▶ Richard Nickowitz, MD
- Chair-Elect, Credentials Committee:
 - David Lourie, MD
 - ▶ Thomas Vander Laan, MD

continued on page 2

Inside:

| From the President ~~~~~~~~~1, 5-6 |
|---|
| Summary of the Minutes ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| From the Health Sciences Library ~~~~~ 6 |
| Physician Informatics ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| CME Corner |

Summary of the Minutes

Executive Committee Meeting

continued from page 1

Report from the Vice President of Quality and Performance Improvement/CMO

Dr. Paula Verrette reported on the following items:

• Robotic Committee Request

Dr. Armen Dikranian reported that there is a Robotic Steering Committee meeting monthly to evaluate quality measures and peer review issues. He requested that the committee be officially sanctioned by the Medical Executive Committee with support from medical staff services personnel. This committee would report to the Quality Management Committee as is done by the Endovascular Committee.

• Transfusion Committee Request

The PT&D Committee is requesting the creation of a Transfusion Committee to be established as a subcommittee. The committee would be utilized to evaluate the indications for transfusions. The committee would include representatives from different disciplines to evaluate data and trends against best practice.

• Outsourcing IRB

A memorandum was presented outlining the decision to outsource the Institutional Review Board effective June 1, 2012.

• Clinical Integration Update

Discussions continue regarding the possibility of an ACO with Medicare.

Emergency Department Throughput

The ED physicians are looking at ways to improve throughput in the emergency department. If you know that a patient will require hospital admission, the ED is requesting that you write the admission order right away and then finish your evaluation of the patient. This will allow the admission process to begin as soon as possible to avoid potential delays. This request is being shared with the Residents, the hospitalists and reported at the medical staff committee meetings.

Report from the Chief Nursing Officer

Ms. Bonnie Kass reported on the following items:

Patient Care Contracts:

The following Transfer contracts due for review and approval by the Medical Executive Committee were presented: Citrus Valley Health.

Report from Director of Healthcare Services

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

Meeting Attendance Rewards

Members of the Medical Executive Committee were selected to draw the raffle tickets for the April meeting attendance rewards, as follows:

- ▶ Max Lehfeldt, MD Cancer Committee
- ▶ Harry Bowles, MD Surgery Committee
- Physician Satisfaction Survey iPad Drawing
 It was reported that approximately 330 responses
 were received for the Physician Satisfaction Survey.
 The results will be presented to the MEC once
 they have been tabulated. Members of the Medical
 Executive Committee were selected to draw the
 raffle tickets for the two iPads, as follows:
 - ▶ Peter Jackson, MD iPad2
 - ▶ Robert Goldweber, MD iPad3

• Happy Hour

The next Medical Staff Happy Hour has been scheduled for Friday, June 8th at Mijares.

• Staff Application Turn-Around-Time

Ms. Gomez presented the results of an evaluation of the turn-around times for new staff applications. During 2011, the time from application receipt to review by the Credentials Committee has decreased from an average of 240 days in the first quarter of 2011 to an average of 53 days in the 1st quarter of 2012. In addition, the actual number of staff applications being processed has significantly increased in 2012 from eight applications in the first quarter of 2011 to forty applications in the first quarter of 2012.

continued on page 3

Summary of the Minutes

Executive Committee Meeting

• Medical Staff Web Site

Ms. Gomez reported that a Medical Staff web site is being created on the general hospital web site. The site will include the Bylaws, calendars, rosters, privilege forms, proctoring forms, training modules and links to the online medical staff application.

IRB STUDIES

New Study Approvals:

- HMH 2012-022: A Phase 3, Randomized, Single-Blind, Controlled Trial of Topical Fibrocaps[™] in Intraoperative Surgical Hemostasis (FINISH-3) (PI: Neil K. Singla)
- 2. HMH 2012-015: DIEP Flap Outcomes on Tamoxifen (PI: Sanjeev Puri)
- 3. HMH 2012-016: The Rate of Diabetic Foot Exams in the Huntington Dispensary Clinic from January 2009 to October 2011 (PI: Daniel Kim)
- HMH 2012-019: Acute Kidney Injury After Cardiac Cathetherization in Patients With Low Left Ventricular End Diastolic Pressure (PI: Rebekah Neal)
- HMH 2012-020: Defining the Role of Ertapenem on Formulary: a stewardship approach (PI: Annie Wong-Beringer)
- 6. HMH 2012-021: (Community-associated methicillinresistant Staph aureus in diabetic foot infections: epidemiology and impact of bacterial virulence on outcomes (PI: Annie Wong-Beringer)

MEDICAL STAFF RULES AND REGULATIONS

The following proposed amendments to the Medical Staff Rules and Regulations have been recommended for approval:

Section 1.9-1 — Classification of severity of three levels and procedure to resolve — Class I —Revise item 2 under Procedure to read: "Medical Staff President or designee will interview complainant and/or witnesses promptly within five days from receipt of written complaint." This same change has been recommended for the Class II and Class III procedure.

continued from page 2

- Section 1.9.1 Classification of severity of three levels and procedure to resolve Class II Revise item 3 under Procedure to read: "Medical Staff President or designee and another Executive Committee member will interview the Medical Staff member promptly." This same change has been recommended for the Class III procedure.
- Section 1.9.1 Classification of severity of three levels and procedure to resolve Class III Revise item 2 to read: "Medical Staff President or Designee will interview complainant and/or witnesses promptly within <u>fourteen (14)</u> days from receipt of written complaint."
- Section 1.10 Impaired Physician Report Law –
 deletion of the entire section due to the elimination
 of the Medical Board Diversion Program.
- Section 5 Medical Staff Officers Deletion of the entire section (already contained in the Medical Staff Bylaws).
- Section 7.4 Continuing Medical Education
 Committee Composition Add the following to
 the committee membership: <u>Manager of Health</u>
 <u>Science Library, Pharmacy Representative and a</u>
 <u>Representative from Graduate Medical Education</u>.
- Section 7.6 Critical Care Committee Delete entire section since Critical Care is now a Section as opposed to a Committee.
- Section 7.12 Library Committee Delete the entire section since the Library Committee is part of the CME Committee.

CLINICAL POLICIES AND PROCEDURES

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

DEPARTMENTAL POLICIES AND PROCEDURES AND ORDER SETS

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

Summary of the Minutes

Executive Committee Meeting

continued from page 3

NURSING/ANCILLARY DEPARTMENT SPECIFIC POLICIES AND PROCEDURES

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

MEDICAL STAFF APPOINTMENTS



Allen Amorn, MD Electrophysiology 301 W. Huntington Boulevard., Suite 301 Arcadia, CA 91007 626-254-0074 (office)



Edward Carbonell, MD Hospice & Palliative Care 988 S. Fair Oaks Avenue Pasadena, CA 91105 626-403-4045 (office)



Lev Gertsik, MD Psychiatry 320 Arden Avenue, Suite 240 Glendale, CA 91203 310-726-3983 (office)



Chivonne Harrigal, MD Diagnostic Radiology 11995 Singletree Lane, Suite 500 Eden Prairie, MN 55344 952-595-1100 (office)



Albert Kashanian, MD Internal Medicine [Chief Resident] (Effective 7/1/2012)



Michele Lajaunie, MD Diagnostic Radiology 1746 Cole Boulevard Lakewood, CO 80401 303-914-8800 (office)



Stanley Nyarko, MD
Diagnostic Radiology
11995 Singletree Lane, Suite 500
Eden Prairie, MN 55344
952-595-1100 (office)



Jed Santa Maria, MD Diagnostic Radiology 11995 Singletree Lane, Suite 500 Eden Prairie, MN 55344 952-595-1100 (office)



Monica Serna, MD Emergency Medicine 100 W. Colorado Boulevard, Emergency Department Pasadena, CA 91105 626-397-5111 (office)



Gregory Yu, MD Internal Medicine 2258 Foothill Boulevard, Suite 200 La Canada, CA 91011 818-248-8998 (office)

MEDICAL STAFF RESIGNATIONS

- Joseph DeSanto, MD Internal Medicine
- Thomas Harris, MD Orthopedic Surgery
- Laura Lai, MD Psychiatry
- Sharon Lee, MD Pediatric Critical Care
- Yvonne Lin, MD Gyn Oncology
- Alan Miyamoto, MD Diagnostic Radiology
- Sharon Muenchow, MD Pediatric Surgery
- David Nazarian, MD Internal Medicine
- Anoshie Ratnayake, MD Allergy & Immunology
- Seksan Srephichit, MD Anesthesiology
- Cindy Uypitching, MD Family Medicine
- Mark Urata, MD Plastic Surgery

James Shankwiler, MD Secretary/Treasurer, Medical Staff

From The President continued from page 1

over to religious leaders or women in the community with a reputation for expertise in medical matters. Over the next one thousand years, religious leaders opened foundling asylums of refuge for abandoned or orphaned babies. Such institutions provided little or no medical treatment, and most infants and children died soon after arrival.

Historically, pediatric texts relied on centuries-old Greek, Roman and Arab sources. By the 1600's, scholars eschewed traditional theories and supernatural accounts, and began to value their own observations of the natural world. The so-called Scientific Revolution was heralded by the empiricism of Francis Bacon (1561-1626).

Seventeenth century clinical observations would still be familiar today, but the contemporary practices of bloodletting and purging would appear barbaric. With high mortality rates, most people were resigned to the frequent deaths of children and young adults. Physicians gained notoriety, not for their ability to cure, but for how accurately they predicted outcomes and how heroically they tried to rebalance the humors through bleeding and purging. When a patient survived such interventions, the therapy was deemed successful and the physician took credit. When the patient died, the intervention was said to have occurred too late or applied too gently.

In the western world, the first generally accepted pediatric hospital is the Hôpital des Enfants Malades, which opened in Paris in 1802 on the site of an orphanage. It accepted patients up to age fifteen, and continues to this day as the pediatric division of the Necker-Enfants Malades Hospital, created in 1920 by the merger with the contiguous Necker Hospital, founded 1778. The French pediatric hospital model provided a concentrated collection of patients to allow medical research of the natural course of specific diseases. Using the microscope, stethoscope and statistical analysis, physicians were able to correlate observation with diseases. They noted that the medical intervention of bleeding and purging did not improve survival. With this overthrow of faith

in body humors, physicians were left to pursue different strategies to explain diseases and heal their patients. Medical sects, such as allopathy, homeopathy, osteopathy, and hydrotherapy, flourished in the late 1800's.

This French example was only gradually followed in other European countries. The Charite (founded 1710) in Berlin established a Pediatric Pavilion in 1830; similar institutions came into being at St. Petersburg, Vienna and Breslau. The English-speaking world waited until 1852, with the founding of the Hospital for Sick Children, Great Ormond Street, London. In the US, the first institutes were the Children's Hospital of Philadelphia, opened in 1855, and Boston's Children's Hospital, founded 1869.

Sir William Osler introduced the term "pediatrics." Although disease peculiar to children had been lectured on by University of Pennsylvania's Benjamin Rush since 1789, most physicians in the early nineteenth century did not recognize children as a distinct population with particular medical needs. Indeed, in most medical journals of the period, the words "infant," "child," and "children" figured only in case reports of obstetrical complications and accounts of epidemic-related mortality. After Osler's introduction of the term "pediatrics," there occurred a differentiation of physicians who specifically cared for children from those who attended adults.

The emergence of pediatrics in the 1800's was a reflection of revolutions going on in medicine in general. Before, doctors who claimed expertise in a specific field were viewed as quacks; the only legitimate areas of specialization were medicine and dentistry. Until the nineteenth century, physicians were responsible for treatment of adults, while the majority of healthcare administered to children was by mothers and midwives. When medical licensing codes were created, and as additional people entered the medical profession, doctors began to specialize in particular fields. The specialty of pediatrics was officially introduced into the US by Abraham Jacobi.

continued on page 6

From The President

continued from page 5

Jacobi, trained in Germany, moved to New York City in 1853, and quickly established a program at New York Medical College. He was given a teaching chair for the specialty in 1861, which allowed him to "teach the pathology of infancy and childhood." He published widely on pediatric topics, and assisted in the development of children's wards at several New York City hospitals. This same era produced other notables, including Luther Emmett Holt (1855-1924) of NYC, John Forsyth Meigs (1818-1882) of Philadelphia, and William McKim Marriott (1885-1936) of St. Lois Missouri. The writings of these physicians emphasized that a child had a unique physiology and a distinctly different mental and physical development. The American Academy of Pediatrics was established in 1930, and the American Board of Pediatrics was founded in 1933, and is a part of the American Board of Medical Specialties. The main goal of the organization is to "promote excellence in medical care for children and adolescents."

Before 1900, medicine was not necessarily a lucrative profession. Only those who tended rich families were well off. Physician specialization in the large population of a city allowed one to attract the limited number of families who could afford to pay for medical care. A young physician could distinguish himself from his peers with a specialty practice.

Pediatrics emerged as a specialty in the context of a broader appreciation for the emotional values of children. No longer a mere economic asset of the father, each child was considered a priceless human being who deserved protection by society. By 1900, most nations had instituted laws providing education of children, protecting them against physical abuse from fathers, and control of child labor. To some extent, pediatrics owes its genesis to this new view of children as special and distinct from adults, along with the belief that children's deaths could and should be prevented.

Jim Buese, MD
President Medical Staff

From the Health Science Library

New and updated electronic books on Surgery now available

The following new or updated e-books in surgery have been added to the library's collection in 2012.

- NEW <u>Current surgical therapy</u>, 10th ed., 2010, by Cameron MDC*
- NEW Mastery of surgery, 2011, edited by Joseph E. Fischer
- New Edition Sabiston textbook of surgery, 19th ed., 2012 MDC

Electronic books are accessible from anywhere on-site and from off-site for those with Citrix or Connect login access or for MD Consult books by using password access (contact the library on how to set up).

The best way to find what ebooks the library offers to is to search for them on the library's **Online Catalog** (upper left of Health Sciences Library Sharepoint page) or browse them by title and by subject using the links under the **Electronic Books** section (also on Library's SP page). In addition to the above three new titles, the library offers 14 additional surgery ebooks.

Mobile access to MDConsult ebooks is available by navigating your mobile browser to http://mobile.mdconsult.com and logging in with your MDConsult offsite login.

Mobile access to AccessMedicine book chapters is available by navigating to the chapter of interest and clicking on "Download for Handheld" link on the upper right.

If you have any problem accessing these books or have any questions about them, please contact the library at x5161, library@huntingtonhospital.com or text us at 626-344-0542.

 $^{*\,\mathrm{MDC}}$ denotes books on MD Consult, $^{\mathrm{O}}$ from Ovid, $^{\mathrm{AM}}$ from Access Medicine

Physician Informatics



HHRx

TO AVOID PENALTY – FILE YOUR HARDSHIP BY JUNE 30, 2012

The American Medical Association (AMA) reminds physicians that June 30, 2012 is the deadline to report on at least 10 electronic scripts to avoid the 2013 Medicare e-prescribing program penalty. Physicians who are not able to meet the requirements of the program should apply for a hardship exemption applicable to their particular case before the June 30, 2012 deadline. For more information from the AMA you can go to: http://www.amaassn.org/ama/pub/news/news/2012-05-04-impending-eprescribing-deadline.page#

To file hardship go to: www.qualitynet.org/portal/server.pt/community/communications_support_system

Avoiding the 2013 eRx Payment Adjustment:

- Those who reported the eRx measure for at least 25 eligible visits from January 1, 2011 through December 31, 2011 will qualify for a 1% incentive for 2011 <u>AND</u> be exempt from a 1.5% payment adjustment for 2013.
- You can still avoid the 2013 payment adjustment by reporting the eRx measure via claims for at least 10 eRx events during the 6-month reporting period of January 1, 2012 through June 30, 2012. Unlike the 2012 eRx payment adjustment requirements, these 10 eRx events do not need to be associated with the codes in the eRx measure's denominator.

Avoid the 2014 eRx Payment Adjustment:

• Those who report the eRx measure for at least 25 eligible visits from January 1, 2012 through December 31, 2012 will qualify for a 1.0% incentive for 2012 AND be exempt from a 2.0% payment adjustment for 2014.

• You also have an opportunity to avoid the 2014 payment adjustment by reporting the eRx measure via claims for at least 10 eRx events during the 6-month reporting period of January 1, 2013 through June 30, 2013.

Please visit the eRx Incentive Program website at http://www.cms.gov/ERxIncentive.gov/for additional information about future eRx payment adjustments.

In the event that you did report the eRx measure in 2011 and want additional information on your claims data received by CMS, please contact CMS' contact — QualityNet Help Desk. You can reach the QualityNet Help Desk 7 AM — 7 PM CST Monday — Friday at 866-288-8912 or via email at gnetsupport@sdps.org

• <u>Cardiac Electrophysiology Progress Notes</u> <u>Now Electronic in Meditech</u>

HMH Electrophysiology Cardiologists are now able to document electronically directly into Meditech utilizing the Cardiac Electrophysiology Progress Note Template [Meditech's Physician Documentation (PD) tool]. Only Electrophysiology Cardiologists can create progress notes utilizing this template. Physicians who want to view the completed Cardiac Electrophysiology Progress Notes will find them in "Other Reports" within the EMR.

• West Tower WIRELESS Phone Extension Changes

Please be reminded that the wireless phone extensions for nursing staff in the WEST TOWER ONLY are now 5 digit extensions when calling within the hospital. *The main nursing units phone numbers remain the same*. If calling the nurse from outside HMH, the prefix is now: 626-46x-xxxx.

Physician Informatics Office: 626-397-2500 or email:

Becky Pangburn: becky.pangburn@huntingtonhospital.com; **Vera Ma:** vera.ma@huntingtonhospital.com; **Joe Limmer:** joe.limmer@huntingtonhospital.com



HUNTINGTON MEMORIAL HOSPITAL 100 W. CALIFORNIA BOULEVARD PASADENA, CALIFORNIA 91105

ADDRESS SERVICE REQUESTED

Non-profit Org. U.S. Postage **PAID** Permit #100 Pasadena, CA

MEDICAL STAFF N E W S L E T T E R

June, 2012

CME Corner



FIRST THURSDAY

Topic: Migraines

Speaker: Mike Harrington, MD

Date: June 7, 2012 **Time:** 8 - 9 a.m.

Place: Research Conference Hall

Audience: Internal Medicine

Methods: Lecture

Credit: 1 AMA PRA Category 1 CreditTM

MEDICAL GRAND ROUNDS

Topic: Breast Reconstruction

Speaker:Max Lehfeldt, MDDate:June 1, 2012Time:Noon – 1 p.m.

Place: Research Conference Hall

Gap Analysis: Providers are not up-to-date on the

new and emerging trends and techniques regarding breast reconstruction surgery for breast cancer patients. As a result, this presentation will help providers to recommend breast reconstruction surgery to breast cancer patients more appropriately and be able to properly explain the pros &

cons to the surgery.

Objectives: 1. Understand the indications, timing

options, and pros & cons of reconstructive surgery.

2. Implement new and emerging trends

and techniques to practice.

Audience: Internal Medicine, Primary Care,

Nurses, General Surgeons, and

Plastic Surgeons

Methods: Lecture

Credit: 1 AMA PRA Category 1 CreditTM