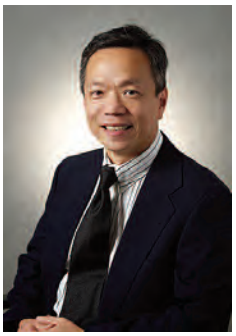
medical staff
# NEWSLETTER

March 2013

volume 51, issue 3

## From the **President**



***Large skepticism leads to large understanding. Small skepticism leads to small understanding. No skepticism leads to no understanding.***
– Xi Zhi

The Patient Protection and Affordable Care Act (PPACA) is a 2,700 page document which was signed into law by President Barack Obama in 2010. The law is designed to decrease the number of uninsured Americans and reduce the costs of healthcare; currently the U.S. spends over $8,000 per person per year on healthcare which is more than double most developed nations. Implementation of the law began in 2010 and is expected to be complete by 2018. Passage of the law has elicited many debates regarding its impact in light of affordability, quality, and whether it will reach across the entire population. It is important to have basic knowledge of the law in order to understand what its implementation would mean for physicians.

One of the major goals of the law is to provide health coverage for 32 million uninsured Americans as well as an additional 16 million through Medicaid. The law would also provide coverage to employees who are not covered by their jobs through the Health Insurance Marketplace and prevent insurers from excluding people from coverage due to pre-existing conditions, gender, or health status.

In addition to providing health coverage to more Americans the other main focus of the law is to

*continued on page 5*

## Board Meeting

Per 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 February 4, 2013 and by the Governing Board on February 28, 2013.

## Administrative Reports

### In Medical Staff News

- **Meeting Attendance Rewards**

  MEC members selected the raffle tickets for the January meeting attendance rewards, as follows:
  - George Matsuda, MD – Interdisciplinary Practice Committee
  - Purificacion Tumbaga, MD – Pharmacy, Therapeutics & Diet Committee

- **Online Reappointment Applications**

Beginning February 1, the department is transitioning to

*continued on page 2*

Inside this issue:

From the President 1, 5-6
Summary of the Minutes 1-4
Getting to Know Your Medical Staff Leaders 7
From the Health Science Library 8
Doctor's Week 8
Online Reappointments 8
Physician Leadership Retreat and Happy Hour 9
Hand Hygiene Improvement Program 10
Blood Bank Computer Crossmatch Implementation 11
CME Corner 11
Medical Staff Meeting Calendar 12
CME Calendar 13

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

Huntington Hospital

## In Medical Staff News continued

an online reappointment application. The e-mail notifications will be sent out six months prior to the reappointment expiration.

- **Doctor's Week**
  Please see page 8 for an update on the 2013 Doctor's Week.

## **Departmental/Section** Rules and Regulations

- **Surgery Department Rules & Regulations**
  The revisions reflect deletions of items that currently exist in hospital policies and procedures for the following:
  - Visitors
  - Emergency Procedures
  - Initiation of Surgery by House Staff
  - Elective Surgery
  - Surgical Specimens
  - Medical Records
  - Laboratory Reports
  - Histological Review
  - Radiology Examinations in the Operating Room
  - Capital Equipment
  - Statistical
  - Late Surgeons
  - Late Anesthesiologists

- **Allied Health Professional Rules & Regulations**
  The addition standardizes the process for practitioners with zero patient activity to reflect the process used for medical staff members within the Medical Staff Bylaws. *AHP's without hospital activity during a two-year reappointment term will be notified that their reappointment will be for a one-year period and their staff status will be changed to AHP Provisional. Failure to submit activity at HMH within the next year will result in what will be considered a voluntary resignation of AHP staff privileges.*

- **Privilege Delineation Forms**
  Revisions were approved to the following Privilege Delineation Forms:
  - Anesthesiology - (*Revised criteria for Transesophageal Echocardiography privileges)*
  - General Surgery - *(Revised criteria for Robotic privileges)*

Please go to SharePoint -> Medical Staff Services -> Board Approved Items -> 2012 and select February 2013 to see:

- Standardized Procedures
- Administrative/Clinical Policies and Procedures
- Order Sets
- Formulary Management
- Other
- Departmental Policies and Procedures and Order Sets

## **Medical Staff** Appointments

**Benoit, Richard, MD**
**Maternal & Fetal Medicine**
321 North Larchmont Blvd.
Suite 525
Los Angeles, CA 90004
323-871-2214 (office)
323-871-4214 (fax)

**Bui, Kim Chi, MD**
**Neonatology**
USC
2020 Zonal Avenue
IRD# 820
Los Angeles, CA 90033
323-226-3406 (office)
323-226-3440 (fax)

**Christianakis, Stratos, MD**
**Rheumatology**
USC
2011 Zonal Avenue
HMR 711
Los Angeles, CA 90033
323-442-1946 (office)

**Kendall, Adam, MD**
**Hospice & Palliative Care**
Palliative Care Medical Group
100 West California Blvd.
Pasadena, CA 91109
626-397-3737 (office)
626-397-2185 (fax)

**Kulkarni, Sujit, MD**
**General Surgery**
USC
1510 San Pablo Street
Suite 514
Los Angeles, CA 90033
323-442-7996 (office)
323-442-7173 (fax)

**Sharma, Naveen, MD**
**Interventional Cardiology**
California Cardiovascular Care
3235 East Colorado Blvd.
Suite 201
Pasadena, CA 90027
317-908-5245 (office)

**Townsend, Jae, MD**
**Anesthesiology**
P.O. Box 633
La Canada, CA 91012
626-616-0222 (office)
866-515-4542 (fax)

**Vanis, Richard, MD**
**Orthopedic Surgery**
301 West Huntington Drive
Suite 617
Arcadia, CA 91007
626-574-9745 (office)
626-574-8741 (fax)

## **Allied Health Professional** Appointments

- Sneed, Laura, PA-C – Physician Assistant

## **Resignations**

### MEDICAL STAFF RESIGNATIONS

- Akhavan, Mehras, MD – Pain Management
- Bart, Robert, MD – Pediatrics
- Beart, Robert, MD – General Surgery
- Cavender, Patricia, MD – Dermatology
- Chang, Connie, MD – Dermatology
- Dorr, Lawrence, MD – Orthopedic Surgery
- Ellenhorn, Joshua, MD – General Surgery
- Fagan, Brian, MD – Pediatric Cardiology
- Gomez, Luciano, MD – Internal Medicine
- Hardin, Carl, MD – Neuroradiology

*continued on page 4*

## Resignations continued

- Kaypekian, Chrisopher, MD – Pain Management
- Lee, Philip, MD – Internal Medicine
- Toscano, Edgar, MD – Nephrology

## ALLIED HEALTH RESIGNATIONS

- Johnson, Jennifer, NP – Nurse Practitioner
- Lo, Jennifer, PA-C – Physician Assistant
- Robertson, Kevin, PA-C – Physician Assistant
- Thompson Andreani, Julie, RN – 5150 RN

## **Medical Staff** Office Demographic Changes

**Roseline Dauphin-Baptiste, MD**
706 West Broadway
Suite 100
Glendale, CA 91204
818-553-2101 (office)
818-553-2118 (fax)

**Michelle Evans, MD**
Pacific Fertility Center, Los Angeles
1808 Verdugo Blvd.
Suite 319
Glendale, CA 91208
818-952-0328 (office)
818-952-0365 (fax)

**Amy Hakim, MD**
City of Hope
626-471-7100 (office)
626-471-7155 (fax)

**Shahriar Jarchi, MD**
14148 Francisquito Avenue
Baldwin Park, CA 91706
626-442-5200 (office)

**Nalini Mattai, MD**
Huntington Family Medicine
50 Bellefontaine Street
Suite 403
Pasadena, CA 91105
626-792-1912 (office)
626-792-1960 (fax)

**Ashish Patel, MD**
626-486-0189 (office)

**Leif Rogers, MD**
9735 Wilshire Blvd.
Penthouse
Beverly Hills, CA 90210
310-860-8915 (office)
310-860-8916 (fax)

**Anthony Senagore, MD**
1441 Eastlake Avenue
Suite 7418
Los Angeles, CA 90033
323-865-3677 (office)
323-865-3671 (fax)

**Thomas Wallace, MD**
562-986-4806 (office)

## From the **President** continued from page 1

lower health care costs by focusing more on quality care. One way the government is working to lower costs is through a bundled payment system. Currently, Medicare and Medicaid patients requiring complex treatment programs involve the services of many physicians all of which are billed separately. It is the belief of the government that this system has become cumbersome and expensive for patients. The law will change this system into one of "bundled" payments, whereby reimbursement will be provided to the group who will then have to distribute the payment.

In addition, there will be a shift in focus regarding reimbursement from patient volume to a pay for performance model. Reimbursement from Medicare and Medicaid will be directly tied to quality factors such as, patient outcomes, adverse events, and readmission rates. The law establishes a system of reimbursement bonuses and penalties for physicians and hospitals which will be based off of their quality statistics. This means that hospitals and physicians will need to increasingly engage in activities that clearly shows their performance. More specifically, organizations will need to begin, if they have yet to do so already, to utilize benchmarking and government reporting of statistics.

Physicians are concerned that the new laws will interfere with their medical practice in many ways. There is a general feeling that their independence as practitioners is being impeded with limits imposed on the way they practice medicine. It is believed that the law places more emphasis on committee based practices as opposed to individual decision making. In addition, there is unease among physicians regarding how payments will be distributed in the new payment bundle system.

It is unknown how the breakdown of the payment will occur; there is a question of whether physicians will get paid fairly paid for their services. Furthermore, the creation of institutions such as Accountable Care Organizations (ACOs) and the Independent Payment Advisory Board (IPAB) bring more cause for concern as these groups place further limits on individual physicians and may change the way medicine is practiced.

The IPAB is an agency under the Affordable Care Act which has the task of achieving specified savings in Medicare without affecting coverage or quality. This new agency has the authority to make changes to the Medicare program without congressional approval; Congress may overrule a decision only through a supermajority vote. This means that IPAB is able to steer the direction of Medicare and it would be very difficult for Congress to overturn decisions that it disagrees with since a supermajority vote requires two-thirds approval by both houses of Congress.

The implementation of the new health care law is a continuous process and the ways in which it is interpreted will determine the impact it will have in the health care industry. Physicians and others in the health care field are cautious about this new law and the concerns raised are legitimate. It is important to start preparing yourself and make adjustments to your practice in order to coincide with the new laws and make the transition simpler. Physicians and hospitals will have to work more closely in order to ensure they are in line with government requirements so that they can get full reimbursement and qualify for Medicare bonuses. Transparency during this implementation will be important and I will try to provide updates

*continued on page 6*

## From the **President** continued from page 5

as necessary in order to bring more awareness and understanding.

### Affordable Care Act Timeline

**2013**

- New funding to state Medicaid programs that choose to cover preventative services for patients at little or no cost.
- States are required to pay primary care physicians no less than 100% of Medicare payment rates in 2013 and 2014 for primary care services. The increase is fully funded by the federal government.
- Payment bundling is established in which hospitals, physicians, and providers are paid a flat rate for an episode of care rather than the fragmented system where each service or test is billed separately to Medicare.
- States will receive two more years of funding to continue coverage for children not eligible for Medicaid.

**2014**

- Workers whose employers don't offer insurance will be able to buy it directly in the Health Insurance Marketplace.
- Individuals who can afford it will be required to obtain basic health insurance coverage or pay a fee to help offset the costs of caring for un-insured Americans. If affordable coverage isn't available, the individual will be eligible for an exemption.
- Americans earning less than 133% of the poverty level (approx. $14,000 for individuals and $29,000 for a family of four) will be eligible to enroll in Medicaid. States will receive 100% federal funding for the first three years to support this expanded coverage.
- Tax credits will be available to help the middle class afford insurance. The tax credit is advanceable, so it can lower premium payments each month. It is also refundable, whereby moderate income families can receive the full benefit of the credit.
- Insurers will be prohibited from dropping or limiting coverage because an individual chooses to participate in a clinical trial (applies to those that treat cancer or life-threatening diseases).
- New plans and existing group plans are prohibited from imposing annual dollar limits on the amount of coverage an individual may receive.
- Insurance companies are prohibited from refusing to sell coverage or renew policies because of an individual's pre-existing conditions. It also eliminates the ability of insurance companies in the individual and small group markets to charge higher rates due to gender or health status.
- Phase 2 of the small business tax credit for qualified small businesses and small non-profit organizations. The credit is up to 50% of the employer's contribution to provide health insurance for employees. There is also up to a 35% credit for small non-profit organizations.

**2015**

- Physician payments will be tied to the quality of care they provide. Payments will be modified so that those who provide higher value care will receive higher payments than those providing lower quality care.

**Edmund Tse, MD**
*President*

## Getting to Know Your Medical Staff Leaders

**Daryl Banta, MD**, joined the Medical Staff in April 2009 as a member of the Department of Medicine specializing in Pulmonary Disease and Critical Care Medicine. He is board certified in Internal Medicine, Pulmonary Medicine, and Critical Care Medicine. Currently, Dr. Banta serves as the 2013-2014 Critical Care Section Chairman. In addition to this role, he has been a member of the teaching faculty for the Internal Medicine Residency Program since 2009, serves on the Graduate Medical Education Committee, and is a Clinical Assistant Professor of Medicine at the Keck School of Medicine.

Along with the collaborative assistance of many others, Dr. Banta has been instrumental in developing several protocols and bundles for the Intensive Care Unit (ICU) at the hospital. Protocols include those for hypothermia, ventilator weaning, delirium, and septic shock. Implementation of these protocols has resulted in distinct improvements in ventilator days and sepsis related survival. The Hypothermia Protocol is a novel approach to preventing adverse neurological injury in patients that have suffered cardiac arrest. Patients that present with ventricular fibrillation or tachycardia cardiac arrest and are in a comatose state are cooled to 34 degrees Celsius for 24 hours. Since the inception of the protocol in 2011 over 30 patients have been treated successfully and have had favorable neurological outcomes.

Dr. Banta takes great pride in teaching the residents about pulmonary/critical care concepts, supervising residents when they perform critical care procedures, and assisting in them in obtaining their career goals. He has taken great pleasure in the fact that two residents have been accepted into Pulmonary/Critical Care fellowships since he has started teaching at the hospital. In addition to teaching residents, Dr. Banta also supervises the instruction of medical students, pharmacists, and nurse practitioner students in the ICU.

As one of the hospital's physician leaders Dr. Banta has been assisting in the implementation of the electronic medical record (EMR) by helping to develop progress note and procedure templates for Meditech. Moreover, he has been on the physician team that is working on the implementation of the Cerner system which is scheduled to go live in August 2013.

In his spare time, Dr. Banta enjoys salsa dancing and reading.

## From the **Health Science Library**

**Oncologist Dr. Cary Presant** has published his views on healthcare reform and how patients should adapt to change in his new book *Surviving American Medicine*. The goal of the book is to empower patients to take control of their own health by raising awareness of their rights and providing the resources necessary to make the right choices in order to receive optimal care.

The book covers topics such as getting the right health plan, dealing with serious illness, care giving and financing healthcare. He concludes his book with tools to help consumers create a personalized medical record to facilitate open lines of communication and the transfer of accurate information.

Dr. Presant's book is currently available in the Health Science Library. If you would like further information on this book contact the library at 626-397-5161, library@huntingtonhospital.com or text us at 626-344-0542.

## Online Reappointments

**The Medical Staff Department** has begun its transition to online reappointment applications; physicians with reappointments in September 2013 are the first group to receive the online application. Similar to the current system, an email with the link to the online application site will be sent six months prior to the reappointment date. If you have yet to do so, please make sure to provide the Medical Staff with a valid email address. For questions, contact Mabel Marin, Medical Staff Coordinator, at 626-397-3749 or mabel.marin@huntingtonhospital.com.

## ACO Update to MEC

Paula Verrette, MD, informed MEC that there was no ACO meeting in the month of January.

## The Health Sciences Library Tech Users Group would like to know, "What's your favorite mobile health app?"

**Join us** at the April 10 **Tech Users Group** meeting at noon in Conference Room C to showcase your favorite health app.

Each presenter will get 3–5 minutes of show-and-tell. After listening to all presenters, we will vote for which app seems the most beneficial. The winner will receive a prize and be featured in the Library's SharePoint announcements.

If you have a mobile health app you'd like others to know about, email the library (library@huntingtonhospital.com) or call x5161. Provide us with the name of your app and whether it is available for iOS or Android platform or both. **Deadline to enter is March 15.**

## Doctor's Week!

**This March** the hospital will be devoting a week to celebrating its physicians. Events will be taking place every day during the week of March 25 through March 29. The schedule of events is currently set, as follows:

• **Monday** •
Carnation distribution

• **Tuesday** •
Breakfast – Physician lounge

• **Wednesday** •
Lunch – North patio

• **Thursday** •
Ice Cream Social – Doctor's Dining Room

• **Friday** •
Happy Hour – Physician lounge

## **Physician Leadership Retreat** and **Happy Hour**

*Dr. Tse.*

*The physician leadership team.*

**The Physician Leadership Orientation** was held on Friday, January 25, 2013 at the Langham Hotel in Pasadena. The event was well received by the newly appointed physician leaders who spent the day learning about confidentiality, how to deal with disruptive behavior, credentialing issues, the importance of the medical staff leadership structure, and at the end of the day were treated to a nice game of Leadership Bingo, with Dr. Harry Bowles, Chair, Department of Surgery, winning the grand prize. At the end of the orientation the 2011-2012 leadership team was honored for their service to the Medical Staff.

**Following the orientation** Edmund Tse, President of the Medical Staff, hosted a Happy Hour event. The event, which was geared toward encouraging relationships among the Medical Staff, was attended by a variety of different specialties. Those who attended were treated to appetizers, refreshments and a great time to socialize among colleagues.

*Dr. Khalili and Dr. Giesler enjoying Physician Bingo.*

*Dr. Tse, Dr. Coburn, and Dr. Hay enjoying Happy Hour.*

## **Hand Hygiene Improvement** Program

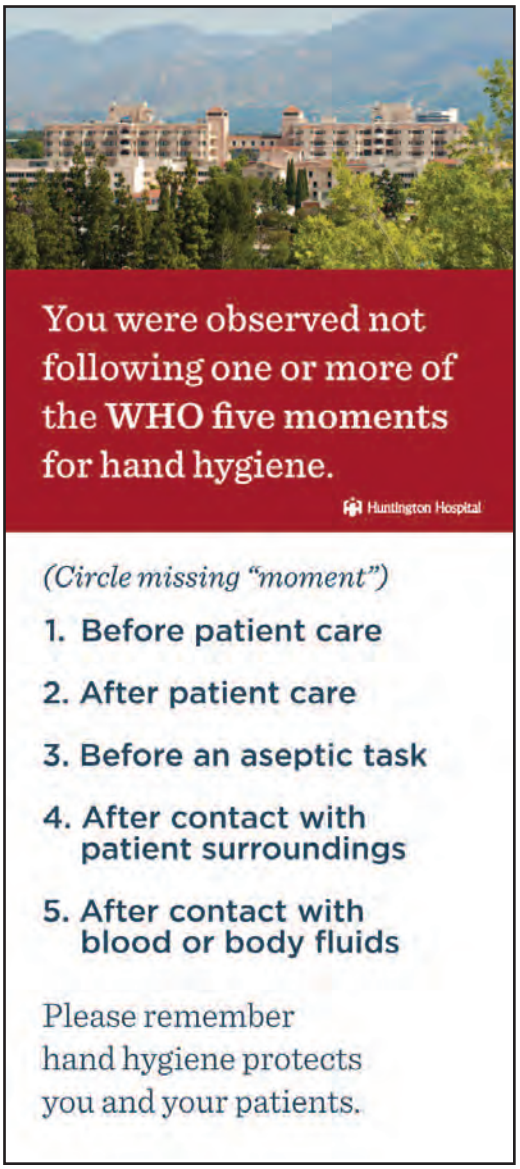
**According to the** Centers for Disease Control and Prevention (CDC,) each year millions of people acquire an infection while receiving care, treatment, and services in health care organizations. One of the most important ways to address health care associated infections is by improving hand hygiene among the staff.

Since the launch of the hand hygiene program in 2006 compliance house-wide has increased from 42% to 82%; in 2012 the hand hygiene compliance for physicians was 81%. The required goal, as set forth in the National Patient Safety Goals for 2013, is 100% compliance.

Goal 7 of the 2013 National Patient Safety Goals aims at reducing the risk of health care associated infections. This goal requires that hospitals implement a program that follows either the Centers for Disease Control and Prevention (CDC) or World Health Organizations (WHO) guidelines, sets goals for improving compliance with hand hygiene guidelines, and improves compliance with hand hygiene guidelines based on established goals.

Fostering a culture of hand hygiene is a focus for 2013 at the hospital. In order to do this staff should be encouraged to speak up when they observe non-compliant behavior among colleagues. Some hospitals use "code words" as indicators for their staff, others use the direct approach. We have decided to use cards that can be handed to a colleague who is observed not performing hand hygiene. This will also allow for discretion in front of the patients and their families. Please remember that receiving a card is not a personal attack and that speaking up often requires courage. In addition, this card is not punitive in nature. It merely serves as a reminder for the hope that future behavior can be modified. Our goal is to improve patient safety, and hand hygiene is a vital component of this objective.

Thank you for your support.



## Blood Bank Computer Crossmatch Implementation

**The blood bank** will be implementing the computer crossmatch when the Cerner system is implemented in August. The computer crossmatch is an approved method of determining compatibility between a patient and donor red blood cells using a computerized record review that follows strict decision rules.

In order for a patient to be eligible for the computer crossmatch the patient cannot have a history of a clinically significant antibody. The patient must also have an ABO/Rh performed on a current sample and either a record of a second ABO/Rh test or a repeat ABO/Rh on a second, separately drawn sample. Patients with no previous ABO/Rh on file in the computer will need to have two samples for ABO/Rh testing drawn at different times in order to be eligible for computer crossmatch.

A serological crossmatch will be used for patients who do not meet the eligibility criteria for computer crossmatch. It is our expectation that use of the computer crossmatch will improve the turn-around time for blood availability and improve the efficiency of blood bank operations.

## **CME** Corner

### UPCOMING PROGRAMS

#### MEDICAL GRAND ROUNDS

Topic: Medicine: The Power of the Art
Speaker: Alexandra Levine, MD
Date: March 1, 2013
Time: Noon – 1 p.m.
Place: Research Conference Hall
Objectives:
1. Change or augment behaviors/communication skills to achieve better patient outcomes.
2. "Cue" patient behavior toward achieving greater patient adherence with medication.
3. Appreciate the strong relationship between "mind and body" and use this relationship as an adjunct to other standard therapies and interventions.

Audience: Primary Care Physicians and Internists
Methods: Lecture
Credit: 1.0 *AMA PRA Category 1 Credits*™

#### SECOND MONDAY

Topic: COPD
Speakers: Luis L. Dimen, MD and John J. Van Dyke, MD
Date: March 11, 2013
Time: Noon – 1 p.m.
Place: Research Conference Hall
Objectives:
1. Understand diagnostic categories of COPD and its systemic complications.
2. Appropriate management of COPD.

Audience: Primary Care Physicians and Internists
Methods: Lecture
Credit: 1.0 *AMA PRA Category 1 Credits*™

## March 2013 **Medical Staff Meetings**

| monday | tuesday | wednesday | thursday | friday |
|---|---|---|---|---|
| | | | | -1- |
| | ***Happy Doctor's Month!*** | | | - 7 a.m.<br>Orthopedic Section – CR 5&6 |
| -4- | -5- | -6- | -7- | -8- |
| - 12:15 p.m.<br>OB/GYN Dept/CME – CR 5&6<br>- 5:30 p.m.<br>Medical Executive – Board Rm. | | - Noon<br>CME Committee – CR-8<br>- 12:15 p.m.<br>OB/GYN Peer Review – CR 5&6<br>- 3 p.m.<br>QM Pre-Agenda – CR C | - Noon<br>Medicine Committee – N/S Rm.<br>- Noon<br>Trauma Committee – CR 5 & 6 | |
| -11- | -12- | -13- | -14- | -15- |
| - 9:30 a.m.<br>SCAN Team – CR-10<br>- 10:30 a.m.<br>PMCC – CR-10<br>- Newsletter Submission - | - 7:30 a.m.<br>EP Subsection – Cardiology Conf. Rm.<br>- Noon<br>Critical Care Section – CR 5&6<br>- 12:30 p.m.<br>ENT Section – North/South Conf. Rm. | - 10 a.m.<br>PICU/Peds QI – CR-2<br>- 12:15 p.m.<br>OB/GYN Committee – CR 5&6 | - 6:30 a.m.<br>Anesthesia Section – CR-7<br>- Noon<br>QM Committee – East Rm.<br>- 5:30 p.m.<br>Neonatal/Pediatric Surgical Case Review – CR-10 | - 7 a.m.<br>Spine Committee – CR-11<br> |
| -18- | -19- | -20- | -21- | -22- |
| - 8 a.m.<br>Emergency Medicine Section – ED Conf. Rm. | - 12:15 p.m.<br>Credentials Committee – CR- C | - 7:30 a.m.<br>Cardiology Section – Cardiology Conf. Rm.<br>- 5:30 p.m.<br>Surgery Committee – CR 5 & 6 | - 6:30 a.m.<br>Anesthesia Peer Rev – CR-7<br>- Noon<br>PT&D Committee – CR 5&6<br>- 3 p.m.<br>Neon QI: WT CR 10<br>- 6 p.m.<br>Bioethics – CR 5&6 | |
| -25- | -26- | -27- | -28- | -1- |
| - Noon<br>GME Committee – East Rm.<br>- Carnation Distribution - | - 7:30 a.m.<br>Interdisciplinary Practice – Conf. Rm. C<br>- Noon<br>Gen Surgery Section – CR 5&6<br>- Breakfast - Phys. Lounge | - Lunch - N. Patio | - Noon<br>IM Peer Review – CR-6<br>- 12:15 p.m.<br>Pediatric Committee – East Rm.<br>- Ice Cream Social - Doctor's Dining | - Happy Hour - Phys. Lounge |

## March 2013 **CME Calendar**

| monday | tuesday | wednesday | thursday | friday |
|---|---|---|---|---|
| | | | | -1- |
| | | | | - 7:30 – 9 a.m. Neurosurgery Grand Rounds, Conf. Rm. 11<br>- Noon – 1 p.m. Medical Grand Rounds, RSH **Topic: Medicine: The Power of the Art**<br>- Noon –1 p.m. MDisc Breast Cancer Conf., Conf. Rm. 11 |
| -4- | -5- | -6- | -7- | -8- |
| - 12:15 – 1:15 p.m. OB/GYN Dept. Mtg, N/S Rm. **Topic: 1st and 2nd Trimester Screening for Birth Defects** | - 7:30 – 8:30 a.m. MKSAP, Conf. Rm. A<br>- Noon – 1 p.m. General MDisc Cancer Conf., Conf. Rm. 11 | - Noon – 1 p.m. Genitourinary Cancer Conf., Conf. Rm. 11<br>- Noon – 1 p.m. Radiology Teaching Files, MRI Conf. Rm | - 7 – 10 a.m. Trauma M&M, Conf. Rm. B<br>- Noon – 1 p.m. Thoracic Cancer Conf., Conf. Rm. 11 | - 7:30 – 9 a.m. Neurosurgery Grand Rounds, Conf. Rm. 11<br>- Noon – 1 p.m. Medical Case Conference, RSH<br>- Noon – 1 p.m. MDisc Breast Cancer Conf., Conf. Rm. 11 |
| -11- | -12- | -13- | -14- | -15- |
| - Noon – 1 p.m. Second Monday, RSH **Topic: COPD** | - 7:30 – 8:30 a.m. MKSAP, Conf. Rm. A<br>- 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 | - Noon – 1 p.m. Medical Case Conference, RSH<br>- Noon – 1 p.m. MDisc Breast Cancer Conf., Conf. Rm. 11 |
| -18- | -19- | -20- | -21- | -22- |
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Huntington Hospital

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Pasadena, CA 91109-7013

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## Medical Staff Leadership

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

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.

## Medical Staff Classifieds

Newly remodeled medical office available at 800 Fairmount Street, across from Huntington Hospital. Full or part time options available and includes staff and EMR. Please contact Dr. Ellen McDonald at ellen@doctorellenmcdonald.com.

## Our Mission Statement

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

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