medical staft TENA/SI FITER



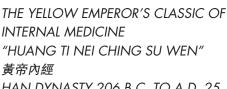
March 2014 volume 52, issue 3

From the **President**

"An inferior doctor treats disease after it becomes full-blown.

An average doctor treats disease when it is evident.

An exceptional doctor treats disease before it manifests."



HAN DYNASTY 206 B.C. TO A.D. 25

Traditional Chinese and Western Medicine

It was in the 20th century that the expansion of western medicine in China spurred its effect on the traditional Chinese medicine (TCM). Today, the coexistence of these two different medical systems in China has become a distinguishing feature of Chinese medicine. There has been a time where TCM was looked down upon as it was regarded as an old medicine based on anecdotal evidence. There are many differences between TCM and modern western medicine.

First of all, the underlying theories behind the two systems are different. The western scientific view of medicine is based on the philosophy of deduction. This philosophy seeks to understand the complete life of a human by isolating it into its smallest parts, even to its sub-molecular level, through the study of pathology, physiology, genetics, microbiology, and pharmacology. Through experimentation, diagnosis and treatment options for different diseases can be revealed and validated in a predictable fashion

continued on page 3

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 February 3, 2014 and by the Governing Board on February 27, 2014.

Administrative Reports

Rules and Regulations

Allied Health Rules & Regulations Revisions were recommended to the AHP Rules & Regulations to include the following new category of AHP's:

- Perfusion Assistant
- Orthotist/Prosthetist

Privilege Delineation Forms:

Revisions were recommended to the following privilege delineation forms:

 Obstetrics & Gynecology **Privileges** – Addition of criteria for a one-time completion of a Breast Feeding course/test for all physicians requesting Obstetrical privileges to meet the requirements for "Baby Friendly" certification.

continued on page 2

Inside this issue.

From the President 1,	3-5
Summary of the Minutes	1-3
From the Health Science Library	6
Medical Staff Services Corner	6
President's Recognition Corner	6
HANK Training Access	7
PhysiciansYou are the Patient's Experience!	8
CME Corner	9
Getting to Know Your Medical Staff Leaders	10
Physician Leadership Council	11
From Physician Informatics	11
Paul Warren Johnston	12
New American Board of Psychiatry and Neurology Certification	13
2014 is an Election Year	13
Celebrating Milestones	13
Medical Staff Meeting Calendar	14
CME Calendar	15

HANK/Cerner goes LIVE March 1, 2014!



Privilege Delineation Forms continued

- Pediatric Privileges Addition of privileges for newborn nursery and criteria for a onetime completion of a Breast Feeding course/ test for all physicians requesting to manage patients in the newborn nursery to meet the requirements for "Baby Friendly" certification.
- Neonatology Privileges Addition of privileges for newborn nursery and criteria for a one-time completion of a Breast Feeding course/test for all physicians requesting to manage patients in the newborn nursery to meet the requirements for "Baby Friendly" certification.
- Dental Privileges Revision to the proctoring requirements to require three of the six

required proctoring cases to be from the supplemental privilege section, if applicable.

Oral/Maxillofacial Surgery Privileges –
Revision to the proctoring requirements to
require three of the six required proctoring
cases to be from the supplemental privilege
section, if applicable.

Please go to SharePoint → Medical Staff Services → Board Approved Items → 2014 and select February 2014 to see:

- Formulary Management
- Miscellaneous
- Administrative Policies and Procedures
- Standardized Procedures
- Departmental Policies and Procedures and Order Sets

Medical Staff Appointments



Bhatti, Rizwan, MD, PhD
Ophthalmology
10 Congress Street
Suite 502
Pasadena, CA 91105
626-795-2020 (office)
626-628-0498 (fax)



Lee, Byung, DO Hematology/Oncology 1700 East Cesar E. Chavez Suite 3500 Los Angeles, CA 90033 323-264-0430 (office) 323-264-2354 (fax)



Sheth, Sachiv, MD Pathology 100 W. California Blvd. Pathology Department Pasadena, CA 91109 626-397-8618 (office) 626-397-2391 (fax)

Allied Health ProfessionalAppointments

- Barnett, Anton, CCP Perfusionist
- Cereny, Kristin, CCP Perfusionist
- Elevazo, Roy, NP Nurse Practitioner
- Gonzalez, Nicholas, CCP Perfusionist
- Katz, Katherine, PA-C Physician Assistant
- Laroue, Peaches, CCP Perfusionist
- Norton, Sheri, CCP Perfusionist
- Porter, Paul, CCP Perfusionist
- Stanford, Riviera, CCP Perfusionist
- Tinius-Juliani, Julie, CCP Perfusionist

Medical Staff Resignations

- Doan, Steve, MD Geriatrics
- Floum, Steven, MD Hospice & Palliative Medicine
- Hajianpour, M.J., MD, PhD Pediatric Genetics
- Henry, James, MD Internal Medicine

continued on page 3



From the President continued from page 1

based on statistical principles. On the other hand, the Chinese view of medicine, is based on the Taoism (Tao: the natural way of life) which believes everything in the world works on an integral and interdependent manner. It is understood from the world of life that nothing in this world is isolated and as human beings we exist in the world due to our interdependency on the energy from the Earth and the Universe (Pritzker & Hui, 2012). TCM emphasizes that the changes in a person's health and disease are not only associated with oneself, but also with the conditions surrounding him/her which includes time, place, society, etc. Disease occurs when there are obstructions to the flow of essential energy/force called "qi", and the deficient or excessive "qi" can lead to an imbalance of Yin and Yang causing people to become ill.

Secondly, the diagnosis from TCM is based on analyzing a patient's condition through inspection (including tongue inspection), listening, inquiring, and pulse palpitating by which the imbalance of Yin/Yang is diagnosed; whereas, the diagnosis generated from western medicine is based on sets of disease specific diagnostic criteria. A western doctor observes the facts before him/her and uses the current physiological theories to explain them. It separates the various systems and organs of the body and delves deeper and deeper into the particles that comprise matter. On the other hand, a TCM doctor views the body and further, the whole person, as a unified organic whole. Spiritual, mental, emotional and physical aspects are all seen as interrelated and interdependent. In western medicine, treatment is targeted towards etiology by external forces. For example, chemotherapy is targeted to kill cancer cells; antibiotics are targeted to kill microorganisms; immunosuppressants are targeted to control autoimmune diseases; and surgery is targeted to remove abnormal tissue

or to alter the body's natural anatomy. On the contrary, TCM attempts to reinforce and stimulate the body's internal strengths to cure disease and to restore one's internal balance by herbal remedies, acupuncture, moxibustion, cupping, breathing exercises (qigong), Tai Chi, etc.

An interesting study, conducted in China in 1960, regarding diagnosing patients with abdominal pain. By using different modern diagnostic techniques, such as X-rays and upper endoscopy, patients in this study were diagnosed to have peptic ulcer disease based on the western medicine principle. On the other hand, diagnosis of "damp heat affecting the spleen", "deficient yin affecting the stomach", "deficient cold affecting the spleen", "excess cold dampness affecting the spleen and stomach", "disharmony of congealed blood in the stomach" were made in this study based on TCM. Patients with the same disease diagnosed under the western diagnostic system may have different ying/

continued on page 4

Medical Staff Resignations continued

- Katkhouda, Namir, MD General Surgery
- Madden, Kevin, MD Pediatric Critical Care
- Mercado, Michael, MD Emergency Medicine
- Raven, III, Raymond, MD Orthopedic Surgery
- Rokos, Ivan, MD Emergency Medicine
- Sener, Stephen, MD Surgical Oncology
- Wortman, William, MD Diagnostic Radiology

Allied Health ProfessionalResignations

- Fong, Sophia, PA-C
- Mabasa, Rodrigo, PA-C
- Macalintal, Jonjon, NP
- Parker, Charlene, NP
- Straub, Rebecca, NP

From the **President** continued from page 3

yang imbalances which lead to different TCM treatments.

It is known that the Western medicine has made big steps towards curing and treating diseases, it lacks the necessary insight resulting from a view that incorporates all aspects of the human being. On the contrary, TCM takes a holistic view of the human body approaching the person as a whole with the body, mind and spirit. It focuses the treatment toward the forces of nature which is harmonized as per the laws of nature. Hence TCM gives its importance towards human body rather than the disease. Some believe that western medicine is vital for diagnosing and treating acute illnesses and TCM is more for chronic illnesses. Despite this, many western medical systems in different countries are starting to incorporate the use of TCM methods in their treatments. More people are seeking the services of TCM practitioners in their search of relief from various medical conditions.

Another significant difference between TCM and western medicine is the orientation of the latter to modern science and a more uniformed and systematic education. Although TCM contains information extending over a period of three thousand years, it is often viewed by most western practitioners to be unscientific and even an obstacle to the development of the modern medicine. Its teaching relies heavily on learning the experience from a practicing TCM doctor without formal training. Many western medical practitioners believe that the weakness of TCM is its lack of standardization, scientific basis, and investigative research. The diagnosis and treatment based on TCM is conceptual rather than precisional in which western medicine heavily relies upon.

In the future, the integration of western medicine and TCM can add advances to the treatment of

illnesses. The approach of modern medicine is analytical and mechanistic; whereas the approach of TCM is individual and holistic. The systematic approach of western medicine with the process of diagnosis, prevention, treatment and rehabilitation would compensate for the weaknesses of TCM. Some may suggest that, with the growing cases of illnesses, the evolution of integrating these two systems could provide affordable and effective health services to patients.

In a research study conducted by Dr. Hui, Professor of Medicine and Director of the East-West Medicine at UCLA, regarding TCM and modern western medicine, he believed that the integration of modern western medicine and TCM would provide tremendous benefits to many patients. He explained that TCM could be more appreciated by improved scientific studies on illnesses, human physiology, and neuroscience which can lead to the better understanding on the theories behind the traditional Chinese way of healing. He cited acupuncture and herbal medicines as part of TCM that had significant scientific potentials in the western medicinal practice. These traditional Chinese ways of healing had proven therapeutic benefits that if appropriately used and researched through the modern scientific technology could provide significant improvements to the health care industry and would help people to receive better treatment. He further concluded the beneficial possibilities of integrating TCM with western medicinal practice through the natural effectiveness, affordability, and scientifically-proven health benefits TCM could offer. More scientific research, experimentation, and critical analysis of the theories/ practices behind the TCM way of healing method are thereby needed to achieve full medicinal potential. These could improve our

continued on page 5



From the President continued from page 5

understanding on theories such as the natural way of healing, balancing of natural elements, medical physiology of the human body, and harmony of nature, unity of body and mind, and meditation practices.

The confusion associated with TCM could be remedied by today's modern western medicinal practice through more scientific and clinical trials. Many scientific methods are proposed in order to provide qualitative and quantitative results on TCM. These include Randomized Clinical Trial (RCT), Whole System Research (WSR), Comparative Effectiveness Research (CER), and health service studies, with the support of relevant studies on Social Sciences. However, to accomplish this is not without challenge as we are facing two complete different systems.

Among the various changeling factors generated by ongoing clinical studies on TCM and western medicine are differences on the ingredients/ chemicals involved, varied medical effects on cells/organs under study, symptoms of illnesses to cure or prevent, number of individuals to be experimented, quantity versus quality of ingredients or chemicals to be used, rate of effectiveness on individuals under study, individual's natural resistance or healing process, and so on. The complexity of scientific analysis and experimentation includes the differences and similarities of one variable to a whole set of other variables. This experimentation process will need a lot of time, effort, studies, and other important things. The process can take a long time to achieve the best quantitative and qualitative results. The complication of the experimentation process adds to the challenge on choosing which scientific methods to use in every TCM under study and how it can aptly suit western medicine. Thus, it can be said that the experimentation process in order to provide

scientific evidence on TCM and aptly integrate it in western medicine is challenging and complicated. Despite that, the integration has already been started and has become quite sophisticated in China. In fact, it is the standard in China to care for patients using the combination of these two systems. It is the desire to utilize the advantages of the two systems to offer better care for patients who suffer.

At Huntington, the concept of integrative medicine has been employed for the treatment of cancer patients. Many alternative methods are being offered for adjunctive and/or palliative purpose. The addition of Suzie Kline, NP, who has acquired her knowledge and skill directly from Dr. K. Hui at the UCLA Center for East-West Medicine, to the Huntington Cancer Center, allows us to provide acupuncture, trigger point's injections, along with dietary consulting with holistic approach to our cancer patients. It is truly a pleasure to hear from many of our cancer patients who have given positive feedback on the exceptional integrative care that they have received at Huntington.

Edmund Tse, MD

President, Medical Staff

Doctor's Day Save the Date!

The hospital will be celebrating its physicians! Events will be taking place during the last week of March.

Wednesday, March 26 Luncheon: Noon – 2 p.m. West Tower, North Patio

Thursday, March 27 Breakfast: 7 a.m. – 9 a.m.

Wingate, Physician Lounge

From the Health Science Library

Happy Retirement!

Sherrill Olsen, Health Sciences Library Manager, retired at the beginning of 2014. Joining the Huntington Hospital in 2005, Sherrill was instrumental in bringing research resources to clinicians during a period of transition from print to electronic. During her time at Huntington she facilitated online access to electronic journals and books, both at the hospital and from off-site, on the OvidSP and Access/Medicine platforms and to point-of-care information from UpToDate and Natural Standard among others. Sherrill was



also active on the Evidence Based Practice/Nursing Research Council, Patient Education Steering Committee and Continuing Medical Education Committee. Under her direction, in 2011, the library received an Express Outreach Award from the National Network of Medical Libraries to promote teen health in our community. Sherrill's leadership will truly be missed!

Medical Staff Services Corner

New Medical
Staff Director
Roberta "Bobbie"
De La Rosa has
joined Huntington
Hospital as the new
director of Medical
Staff Services.



Bobbie brings to Huntington more than 25 years of professional experience leading the medical staff services function for acute care hospitals in the Los Angeles; most recently she worked at Centinela Hospital Medical Center. Bobbie holds multiple certifications from the National Association of Medical Staff Services and previously served as president for the San Gabriel Chapter of the California Association of Medical Staff Services. Please join in welcoming Bobbie to our exceptional team. She can be reached at extension 3778 or via email at Roberta.delarosa@huntingtonhospital.com, and her office is located in the Wingate building.

President's Recognition Corner

The Chief of Staff would like to recognize the outstanding care provided by members of the Medical Staff based on one or more of the following: letter from a patient and/or their family, nursing compliment, and/or a collegial recommendation.

This month the Chief of Staff would like to recognize two different physicians; **Dr. David Ulick** and **Dr. Kjell Hult**.

"**Dr. Ulick** is very quick, super smart, and reacts perfectly to find out the medical issues. On top of the aforesaid, he is very kind and compassionate. He personifies what an ER doctor should be!"

"Thank you **Dr. Hult** for doing a nerve block for my patient in severe pain. Original doctor went home and Dr. Hult graciously performed the block for another physician."



Cerner aka "HANK" Training/Access Required For Patient Care Services

The Hospital will transition to the HANK electronic medical records system effective March 1, 2014 at 12:01 a.m. At the February 3 Medical Executive Committee (MEC) meeting, the members were advised that the use of Meditech for inpatients will cease at 9:30 p.m. and those inpatients will be converted to HANK. The MEC was faced with a troubling dilemma as it was reported that many staff physicians have still not taken the necessary HANK training. Without training, physicians will not be able to access their patient's records, enter orders, or authenticate their documentation. In essence, they will be unable to provide essential elements of chart documentation as required by Article 7.5-3 of the Medical Staff Bylaws, Chapter 3 of the Medical Staff Rules & Regulations, and as required per Federal and State regulations.

In an effort to support patient safety and the quality of care provided to patients during this transition, the MEC has approved the following plan:

- All physicians who have not completed the HANK training by March 1:
 - will be given a one-week grace period to care <u>only for inpatients</u> who are already in the hospital.
 - will be unable to admit or provide services for new patients.

During this week, physicians will be supported through the HANK documentation process by designated staff (see page 11), but will be expected to complete HANK training in order to continue patient care activities.

- At approximately 4 p.m. on March 7, physicians without HANK access will no longer be able to care for hospitalized patients and the physician will be required to reassign the patient's care to another physician with the appropriate access.
- Please remember that the inability to authenticate medical record entries as required by the Bylaws and Article 3.10 of the Rules & Regulations may result in suspension, which may lead to fines along with other associated corrective action. Fines are assessed according to the number of days of accumulated suspension: 30 days = \$500.00, 45 days = \$750.00, 60 days = \$1000.00.

The Medical Executive Committee fully anticipates the medical staff's support and cooperation during this transition period. Please contact Roberta "Bobbie" De La Rosa, Director of Medical Staff Services if you have any questions or concerns regarding this notice: 626-397-3778 or Roberta.Delarosa@huntingtonhospital.com.

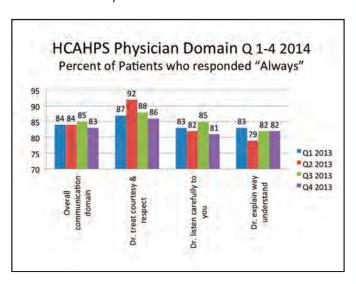
HANK access is achieved through completion of the training program which consists of an initial 4 hour session (CME credit applies) followed by a 1 on 1 session to set up "favorites". To schedule HANK training, please contact Edmond Mouton directly in the Medical Staff Office at 626-397-5913 or via email: Edmond.Mouton@huntingonhospital.com.

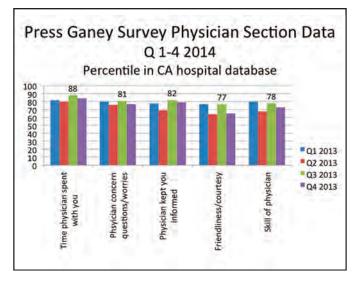
Physician's...You Are The Patients Experience!

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

Reviewed by: Shant Kazazian, MD

As promised, here is year-end 2013 HCAHPS data from the physician domain questions as well as year-end data from the physician section on the Press Ganey Inpatient satisfaction survey.





The Voice of the Patient...

Comments are from surveys received during February 2014:

"The physicians did not sugar coat the diagnosis and that gave the family realistic expectations of the life expectations of the patient."

"[Our physician] was a very knowledgeable MD. Everything was explained clearly/risks & complications & gave reassurances. Even my husband was fully informed about my surgery."

Improvement Opportunities

"I felt my physician was not listening to me when I expressed concerns about my care. He was more concerned if I was up and walking the day after knee surgery."

"The admitting physician in emergency was efficient and extremely friendly whereas the surgeon did not greet me before and after the procedure as I expected."

We look forward to sharing with you further resources and data in order to enhance the physician/patient interaction and experience. If you have suggestions for patient experience improvements please contact Alison Birnie, ext. 3686; Bobbie DeLaRosa, ext. 3778; or Stacy Miller, ext. 5209.

CME Corner

Medical Grand Rounds

Topic: Determination of Decisional-Making

Capacity: An Inter-Professional Dialog

Speakers: Paul L Schneider, MD and Thomas

Garrick, MD from VA Greater Los Angeles Healthcare System

Date: March 7, 2014
Time: Noon – 1 p.m.

Place: Research Conference Hall
Objectives: 1. Identify several common

misconceptions about capacity.

Understand the various roles that psychiatry and bioethics play in determination of capacity.

 Understand common reasons for conflict within healthcare teams

about capacity issues.

Audience: Primary Care Physicians,

Internal Medicine, all other

interested specialties

Methods: Lecture

Credit: 1.0 AMA PRA Category 1 Credits[™]

Second Monday

Topic: Medical Malpractice
Speaker: Cindy Carson, MD
Date: March 10, 2014
Time: Noon – 1 p.m.

Place: Research Conference Hall

Objectives: 1. Improve communication skills with

patients, and understand the need

for transparency in healthcare

decision making.

2. Improve documentation of

patient encounters.

3. Prescribe with care to avoid

medication errors.

Audience: Primary Care Physicians,

Internal Medicine, Specialties

Methods: Lecture

Credit: 1.0 AMA PRA Category 1 Credits™

CME Follow Up Did you know?

Celiac Disease

Studies have found the celiac disease it more prevalent among non-Hispanic whites than any other race. However, the rates of celiac disease overall may be higher because a large number of people go undiagnosed.

Rubio-Tapia A, Ludvigsson JF, Brantner TL, Murray JA, Everhart JE. The prevalence of celiac disease in the United States. *Am J Gastroenterol*. 2012;107(10):1538-1544.



the Date!

General Medical Staff Meeting

Topic: State of the Hospital, Updates on Patient Satisfaction and Information Systems

Date: March 12, 2014 Time: 5:30 – 6:30 p.m. Location: Braun Auditorium

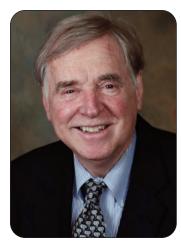
Happy hour to follow the meeting

Please RSVP to the Medical Staff Office by phone 626-397-3767 or email Roberta.delarosa@huntingtonhospital.com

Getting to Know Your Medical Staff Leaders

William L. Caton, III, MD joined the Medical Staff in 1978. Dr. Caton has held the position of Neurosurgery Section Chair since 1987. As Chair, he (or his designee) represents the Section at Surgery Committee meetings. He is board certified by the American Board of Neurological Surgery. Over the years, Dr. Caton has served on many hospital and medical staff committees and continues to do so. He has been an active member of the teaching faculty at Huntington since 1980.

Dr. Caton was born in Harrisburg, Pennsylvania. He obtained his B.S. degree at the Massachusetts Institute of Technology. After completing medical school at USC School of Medicine in 1971, he completed five



years of postgraduate surgical training at LAC/USC Medical Center, specializing in Neurological Surgery. He was the Resident Supervisor from 1976 to 1977. Dr. Caton has held numerous academic and teaching appointments. Dr. Caton was the Past President of the Southern California Neurological Surgery Society and has been on the Board of Directors since 1992. He was Vice President at the Western Neurological Society, and continues membership since 2002. He is a member of the California Delegates since 1984. He is a member of Board of Directors of the National Neurological Surgery PAC. Dr. Caton has been a member of the Cal Tech faculty since 1994, and was awarded the Honorary Graduate degree in 2007. Through Cal Tech, Dr. Caton helped organize five startup companies with the Office of Technology Transfer, and was the Chief Founder for the mentor/preceptor summer fellowship program in neurological medicine since 1996 involving 15-25 students yearly. Almost all went on to medical school.

Dr. Caton has helped with fund raising efforts for the hospital over the years. He has maintained an active practice in neurological surgery and is very involved in the neuroscience program at Huntington. He was instrumental in recruiting almost all of the neurosurgeons on the medical staff, and continues to work on the future of neuroscience.

Dr. Caton lives in the Pasadena area with his wife Cathy. They have four children and seven grand-children. They love to visit their small farm in Vermont. Dr. Caton loves to play golf with the little free time he has. Dr. Caton is the proud owner of a world-class golf collection including clubs, balls and books. He has acquired the collection over thirty years. This allows him to enjoy golf without having time to play. He also enjoys his antiquarian book collection. He would love to show any of his collections to any interested medical staff members.

Correction to the February 2014 Issue:

In the "Getting to Know Your Medical Staff Leaders" article, please note that Dr. Casper initially joined the staff in 1990.

In the "Faculty Emeritus" article, please note that Dr. Sharp joined the academic faculty in 1988.

Physician Leadership Council

Today, tremendous change is occurring in health care. These changes, in some form or another, will most likely impact both hospitals and physicians. As physicians, how we practice and how we are reimbursed will most likely be impacted. To understand and prepare for all these changes, communication, cooperation, and trust between the hospital and medical staff is extremely important.

At Huntington, a Physician Leadership Council has been created to advise our hospital leaders in helping navigate change and most importantly, to build the trust and cooperation necessary. This Council consists of myself, Dr. James Buese, Dr. Charles Sharp, Dr. Steve Katz, and Dr. James

Shankwiler. The Council will work closely with Steve Ralph and his leadership team, and will meet on a regular basis to discuss important topics and opportunities which the hospital might be considering. We look forward to inviting various hospital medical staff leaders from particular areas to join in these discussions and provide their input and opinions.

Please let me know if you have any questions regarding this Council as well as any strategic topics that should be part of our agendas going forward.

Edmund Tse, MD *President, Medical Staff*

From Physician Informatics

H@nk Is LIVE

The time has arrived. Your preparation for the transition to the new system is being tested.

While you are out rounding or proceeding with your normal workflow, look for support staff with **charcoal grey polo shirts**. These individuals are specifically available to assist physicians with questions and to help coach and troubleshoot.

If you cannot find assistance, dial H-A-N-K (x4265) and let the Command Center know you need assistance and they will deploy a resource to you.



If during the course of your daily workflow you find something missing in the system or you determine you could benefit from an additional form, or anything else, let the Command Center know and it will be reviewed for urgency and prioritized accordingly. Non-emergent items will not be added to the system during the initial go-live phase; until the system is stable changes will be logged and prioritized for when it is safe to update the application.

Reports will be run routinely to check on provider compliance with key functions and system quality measures, many related to Meaningful Use Stage II.

Paul Warren Johnston 1923 – 2014

By: Donald Gaspard, MD

Paul Warren Johnston was born on January 27, 1923 in Kingsburg, CA to Karl Gunnar Johnston and Esther Matilda Youngberg Johnston, both Swedish immigrants.

Paul attended the University of Southern California where he received his medical degree in 1947. He was in the US Naval Reserve from 1949-1949 and then went on to complete his surgical residency at the VA Hospital in Long Beach in 1953.

After receiving his formal education and training, Paul joined a surgical practice with Dr. William Snyder, Jr. and Dr. Edward M. Greaney, both Pacific Coast Surgical Association (PCSA) members. In 1957 he joined Dr. Arthur C. Pattison, a past president of PCSA in the practice of general surgery. "PW" as his friends called him, was granted PCSA membership in 1967. I joined the group in 1969 and we practiced together until he retired in 2000.

He was the only pediatric surgeon in Pasadena for many years. His pioneering work with ECMO changed the landscape for children with hyaline membrane disease.

In addition to his surgical practice at Huntington Memorial Hospital (he joined the staff in 1958), he held positions as an attending surgeon at LAC+USC Medical Center and a consultant at Children's Hospital Los Angeles. He was also an Associate Clinical Professor of Surgery at USC and Head of Service for the General Surgery Residency program at Huntington. He took great joy in teaching both colleagues and surgical residents training under him. He admonition was simple, "You are either learning what to do or what not to do. Be

smart enough to know which is which." He was Chief of Staff in 1979 and served on many committees including Residency Review, Credentials, Surgical Audit, and the Institutional Review Board. He received the Children's Hospital Los Angeles 25 Year Service Award in 1985 and was awarded the Huntington Hospital Best Teacher Award by the residents in 1986.

Paul had a great love for his family. He married Lillian Rogstad in 1949 in Pasadena and had three children. Many summers were spent v acationing as a family in the National Parks or at California beaches. There was even a special trip to Norway and Sweden where Paul and Lillian's parents were from. When grandchildren came along, many wonderful times were spent at Lake Almanor at the family cabin. Paul had a real sense of adventure and was always game to travel to a new place or try a new activity with his family.

He also had many hobbies. He was an avid reader of history and loved to travel. In his retirement he devoted more time to gardening flowers and berries. He especially loved his woodworking hobby, gifting many of his family and friends with beautiful wood pens, kitchen implements, and bowls.

Paul was active in the Evangelical Covenant Church for many years. His faith in God was unwavering. In one of Paul's final writing he penned, "What does God require of us?" The ancient prophet Micah stated it in this way: "do justice, love kindness, and walk humbly with your God."

Truly a giant walked among us.

New American Board of Psychiatry and Neurology Certification

In the Huntington Epilepsy Program, Dr. William Sutherling recently received certification in the new subspecialty of Epilepsy by the American Board of Psychiatry and Neurology on December 18, 2013. The ABPN recently decided to establish this new certification due to the many new developments in epilepsy diagnosis and treatment including genetics, antiepileptic drug generics, autoimmune disorders, classification, non-medication treatment and meaningful use criteria. The first examination was held on October 28, 2013. Huntington has a Level IV Comprehensive Epilepsy Program and is a member of the National Association of Epilepsy Centers. For any questions on the new developments, meaningful use criteria or epilepsy hand-outs, please call 626-535-4787 or access the Epilepsy and Brain Mapping Program through the Huntington website.

2014 is an Election Year!

The Medical Staff will be electing officer positions for the 2015-2016 term:

- President-Elect, Medical Staff
- Secretary/Treasurer, Medical Staff
- Chair, Quality Management Committee
- Chair, Credentials Committee

In order to quality for office, you must select a member of the Active staff at the time of nomination and election and must remain a member in good standing during the time in office. Failure to maintain such status shall immediately create a vacancy in the office involved.

The officers will be nominated by the Nominating Committee which is comprised of two (2) past Medical Staff Presidents (who are currently on Active Staff), the four (4) current Department Chairs, and one (1) additional member from each department. The committee shall be chaired by the President-Elect of the Medical Staff who votes only in case of a tie.

The Nominating Committee will convene no later than June, and may select one or more nominees for each elected office.

Celebrating Milestones

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

40 Years (on staff 03/1974)

Robin Waldvogel, MD – Anesthesiology

30 Years (on staff 03/1984)

Welman T. Lim, DPM - Podiatrist

25 Years (on staff 03/1989)

Leslie A. Dudley, MD – Internal Medicine Patrick M. Sutton, MD – Obstetrics & Gynecology

20 Years (on staff 03/1994)

Sylvia P. Preciado, MD – Internal Medicine James A. Shankwiler, MD – Orthopedic Surgery Alan H. Yamada, MD – Urology

10 Years (on staff 03/2004)

Nabil S. Dahi, MD – Pain Management Aninda Das, MD – Pediatric Infectious Disease Joseph K. Davidson, MD – Ophthalmology Helen E. Duncan, MD – Psychiatry Mohamed H. El-Gabalawy, MD – Psychiatry

March 2014 Medical Staff Meetings

monday	tuesday	wednesday	thursday	friday
-3-	-4-	-5-	-6-	-7-
- 12:15 p.m. Ob/Gyn Dept/CME - CR 5 & 6 - 5:30 p.m. Medical Executive - Board Room		- Noon Plastic Surgery Section - CR-10 - Noon CME Committee - CR-8 - 12:15 p.m. OB/GYN Peer Review - CR 5 & 6 - 3 p.m. QM Pre-Agenda- CR-C	- Noon Medicine Committee - North/South Conf. Room - Noon Trauma Committee - CR 5 & 6	- 7:30 a.m. Orthopedic Section - CR 5 & 6 - Newsletter Submission -
-10-	-11-	-12-	-13-	-14-
	- 7:30 a.m. EP Subsection - Cardiology Conf. Room - Noon Critical Care Section - CR 5 & 6 - 12:30 p.m. ENT Section - CR-10	- 10 a.m. PICU/Peds QI - CR-2 - 12:15 p.m. OB/GYN Committee - CR 5 & 6 - 5:30 p.m. General MEDICAL STAFF Meeting - Braun	- 6:30 a.m. Anesthesia Section - CR-7 - Noon QM Committee - East Room - 5:30 p.m. Neonatal/Pediatric Surgical Case Review - CR-10	
-17-	-18-	-19-	-20-	-21-
- 8 a.m. Emergency Medicine Section - ED Conf. Room	- 12:15 p.m. Credentials Committee - Conf. Room C	- 7:30 a.m. Cardiology Section — Cardiology Conf. Room - 5:30 p.m. Surgery Committee CR 5 & 6	- 6:30 a.m. Anesthesia Peer Rev - CR-7 - Noon PT&D Committee - CR 5 & 6 - 3 p.m. Neonatal QI - CR-10 - 6 p.m. Bioethics - CR 5 & 6	- 7:30 a.m. Spine Committee - CR-11
-24-	-25-	-26-	-27-	-28-
- Noon GME - East Room	- 7:30 a.m. Interdisciplinary Practice - Conf. Room C - Noon General Surgery Section - CR 5 & 6 - 5 p.m. Robotic Committee - CR-5	- Noon Doctors' Day Luncheon - WT North Patio	- 7 a.m. Doctors' Day Breakfast - Wingate Lounge - Noon IM Peer Review - CR-6 - 12:15 p.m. Pediatric Committee - East Room	

March 2014 **CME Calendar**

monday	tuesday	wednesday	thursday	friday
-3	-4-	-5-	-6-	-7-
- 12:15 - 1:15 p.m. OB/GYN Dept. Mtg, CR 5 & 6 Topic: Non-Invasive Prenatal Testing	- 7:30 - 8:30 a.m. MKSAP, Conf. Room A - Noon - 1 p.m. General MDisc Cancer Conf, Conf. Room 11	- Noon - 1 p.m. Genitourinary Cancer Conf., Conf. Room 11 - Noon - 1 p.m. Radiology Teaching Files, MRI Conf. Room	- 7 - 10 a.m. Trauma M&M, Conf. Room B - Noon - 1 p.m. Thoracic Cancer Conf., Conf. Room 11	- 7:30 - 9 a.m. Neurosurgery Grand Rounds, Conf. Room 11 - Noon - 1 p.m. Medical Grand Rounds, RSH Topic: Determination of Decisional-Making Capacity - Noon - 1 p.m. MDisc Breast Cancer Conf., Conf. Room 11
-10-	-11-	-12-	-13-	-14-
- Noon - 1 p.m. Second Monday, RSH Topic: Medical Malpractice	- 7:30 - 8:30 a.m. MKSAP, Conf. Room A - Noon - 1 p.m. General MDisc Cancer Conf., Conf. Room 11	- Noon - 1 p.m. Radiology Teaching Files, MRI Conf. Room	- 8 -9 a.m. Surgery M&M, Conf. Room B	- 7:30 - 9 a.m. Neurosurgery Grand Rounds, Conf. Room 11 - Noon - 1 p.m. Medical Case Conference, RSH - Noon - 1 p.m. MDisc Breast Cancer Conf., Conf. Room 11
-17-	-18-	-19-	-20-	-21-
Happy 💮 St. Patricks Day	- 7:30 - 8:30 a.m. MKSAP, Conf. Room A - Noon - 1 p.m. General MDisc Cancer Conf., Conf. Room 11	- Noon - 1 p.m. Genitourinary Cancer Conf., Conf. Room 11 - Noon - 1 p.m. Radiology Teaching Files, MRI Conf. Room	- 7 - 8 a.m. Trauma Walk Rounds, Conf. Room B - 8 - 9 a.m. Surgery M&M, Conf. Room B - Noon - 1 p.m. Thoracic Cancer Conf., Conf. Room 11	- Noon - 1 p.m. Medical Case Conference, RSH - Noon - 1 p.m. MDisc Breast Cancer Conf., Conf. Room 11
-24-	-25-	-26-	-27-	-28-
- Noon - 1 p.m. Pelvic Floor Clinical Conf., Conf. Room 11	- 7:30 - 8:30 a.m. MKSAP, Conf. Room A - Noon - 1 p.m. General MDisc Cancer Conf., Conf. Room 11	- 7:30 - 8:30 a.m. Cath Conf., Cardiology Conf. Room - Noon - 1 p.m. Radiology Teaching Files, MRI Conf. Room	- 8 - 9 a.m. Surgery M&M, Conf. Room B	- 7:30 - 9 a.m. Neurosurgery Grand Rounds, Conf. Room 11 - Noon - 1 p.m. Medical Case Conference, RSH - Noon - 1 p.m. MDisc Breast Cancer Conf., Conf. Room 11
-31-				



Medical Staff Administration

100 West California Boulevard P.O. Box 7013 Pasadena, CA 91109-7013

ADDRESS SERVICE REQUESTED

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
Peter Rosenberg, MD, Medicine Department
Laura Sirott, MD, OB/GYN Department
Ernie Maldonado, MD, Pediatrics Department
Harry Bowles, MD, Surgery Department

Newsletter Editor-in-Chief - Glenn Littenberg, MD

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 first Friday of every month.





2013 – 2014 Best Hospitals Report

5 Hospital in the
Los Angeles metro area
10 Hospital in California
33 Nationally in Orthopedics
44 Nationally in Urology