

# MEDICAL STAFF

Huntington Hospital NEWSLETTER

VOLUME 49, NUMBER 05 May, 2011

## From The President



**Get your facts first, then you can distort them as you please.**

- Mark Twain

**When I told my doctor I couldn't afford an operation, he offered to touch-up my x-rays.**

- Henny Youngman

The early days of medicine in Pasadena were of particular importance to the founding of Huntington Memorial Hospital.

The City of Pasadena was incorporated in 1886, with a population of about 2,700. The assessed value was said to be one million dollars. Concomitantly, a great land boom began, leading to an enormous influx of people and furious land speculation. Lots on West Colorado Boulevard were selling for \$50 per front foot. By 1888, the boom had collapsed and the community entered a ten-year depression.

By 1899, the economy was rebounding and the population was about 10,000. Pasadena had four banks, two newspapers, thirteen churches and no saloons. The Shakespeare Club had one hundred members. The Valley Hunt Club was evolving from its original "hound-riding" purpose to more general social activities and was sponsoring a Tournament of Roses. But what about medical care in the community?

In 1890, Dr. Jacob Sylvester Hodge came from the East as physician to the Los Angeles and Pasadena Electric Railway. In 1895, he leased five rooms in the Masonic Temple at the corner of Raymond and Colorado, where

*Continued on page 2*

## Summary of the Minutes for MEC

### Executive Committee Meeting

There being no board meeting for April the following were approved as provided by the Bylaws of the Governing Body and as the designated sub-committee of the board, the following submissions were approved as designated by the Medical Executive Committee of April 4, 2011. (Departmental, clinical, formulary and organization policies and procedures will be approved at the May 26, 2011 Board meeting).

#### MEDICAL STAFF APPOINTMENTS

- Barnes, Michael N., PhD – psychology – solo
- Raven III, MD, Raymond B., MD – orthopedic surgery – solo

#### MEDICAL STAFF RESIGNATIONS

- Barber, Donald W., MD – internal medicine – effective 04/30/2011
- Blood, David C., MD – diagnostic radiology – effective 02/18/2011
- Bustos, Jerrold C., MD – pain management – effective 04/30/2011
- Dietrick, William R., MD – occupational medicine – to Emeritus status
- Ferreiro, Andrea L., DO – physical med & rehab – effective 03/31/2011

*Continued on page 2*

### Inside:

From the President	~~~~~1-3
Summary of the Minutes	~~~~~1-2
From the Health Sciences Library	~~~~~3-4
Computerized Physician Order Entry	~~~~~5-6
Emptying Your Pocket Care	~~~~~6
NSQIP 2011	~~~~~7

## From The President

*continued from page 1*

he opened a “Receiving Hospital and Surgical Institute.” Shortly thereafter, he moved to the northwest corner of Raymond and Green (then known as Kansas Street) into a new building built by Mrs. McGilvray. Dr. Hodge occupied the second and third floors. Other physicians were welcomed. There was also a training school for nurses. Before long, his private practice made it impractical to operate the facility and he sold out to a lay couple, Mr. and Mrs. Joraschky, who renamed it Pasadena Hospital. The hospital closed the following year, 1899.

The Pasadena Hospital Association, created in 1892, was a separate entity organized by citizens of Pasadena. Due to a lack of funding, it languished for six or seven years. A Dr. Fitch C. E. Mattison, representing the Pasadena Medical Society (founded 1889) appeared before the Hospital Association board and urged them to redouble their efforts for citizen support of a community hospital. Public appeals raised \$607.48 (no more, no less), with which the Hospital Association board leased the rooms used by the recently closed proprietary hospital, and, on November 11, 1899, reopened the Pasadena Hospital. Fitch Mattison, with the help of a plumber, constructed the first OR table from pipe and sheet metal. Newspaper advertisements solicited memberships at \$5. It was stated that, “\$25 would pay room and board, a sterilized OR and skilled nursing care for three weeks, the average length of time a patient remained in the hospital after an operation.”

Fitch Mattison was one of three brothers, all physicians, who came to Pasadena two years before this event. He was the personal physician to Adolphus Busch, who had retired from St. Louis to S. Orange Grove Avenue “to die.” Mattison was credited with helping Busch live another fourteen years. In return, Mr. Busch and his wife supported the hospital financially. Dr. Mattison’s picture is among the Huntington Medical Staff presidents in the hallway leading to the Harvey room (in the old cafeteria, for newcomers). He was president of the medical staff in 1920; his brother, Samuel, was president in 1916. Of note, the first “Chief of Staff” was Charles Lockwood, 1912, whose picture is also on the wall. When the new Pasadena Hospital opened in 1899, the association had eighty-eight members, including seventeen physicians.

*Continued on page 3*

## Summary of the Minutes Executive Committee Meeting

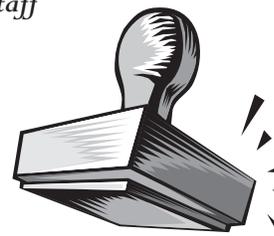
*continued from page 1*

- Jackson, David B., MD – neuroradiology  
– effective 02/18/2011
- Jandial, Rahul, MD, PhD – neurosurgery  
– effective 05/31/2011
- Klein, Richard S., PhD – psychology  
– effective 02/28/2011
- Kohl, Jr., Roy D., MD – vascular surgery  
– to Emeritus status
- Maceri, Dennis R., MD – otolaryngology  
– effective 04/30/2011
- McDonald, Ellen, MD – internal medicine  
– effective 04/30/2011
- Paik, William N., MD – diagnostic radiology  
– effective 02/28/2011
- Slater, Kurt J., DO – neurology  
– effective 04/30/2011
- Tsai, Chai-Yung J., MD – family medicine  
– effective 04/30/2011
- Wu, Joseph Y., MD – geriatrics  
– effective 04/30/2011

### ALLIED HEALTH PROFESSIONAL APPOINTMENT

- Ampiah, Akosua, RN  
– effective 03/31/2011
- Galustians, Nancy J., physician assistant-C  
– effective 01/31/2011
- LaBrie, William, RN  
– effective 01/31/2011
- Lauf, Carolyn G., nurse practitioner  
– effective 01/31/2011
- Padilla, Vicky L., RN  
– effective 03/31/2011
- Sachs, Robert E., physician assistant-C  
– effective 04/30/2011

**James Shankwiler, MD**  
*Secretary/Treasurer Medical Staff*



## From *The President* continued from page 2

The chief nurse and the matron were each paid \$70/month, and the janitor received \$20/month, plus keep.

The leased facility in the McGilvray Building served its purpose for two and one half years. By 1902, a two-year nursing school was established (closing in 1956). Community momentum steadily increased; more and more wealthy citizens, particularly women, became interested in the Pasadena Hospital. In 1901, the first hospital guild was established, an auxiliary formed from a Mrs. Tileston's Club. This culminated with Mrs. Caroline Walkley's donation of land for a new hospital building, at the southwest corner of Fairmount Avenue and Congress Street. Community fund raising allowed the first building to be constructed on this site in 1901. It cost \$21,000, had twenty-six beds, and opened January 4, 1902. The estimated cost of maintaining a bed for one year was \$500; many of the rooms were furnished by private citizens. Mrs. Eldredge Fowler gave \$1,000 for OR equipment in the new building. Mrs. Wakley donated further land, allowing construction of a nurses' residence on the southeast corner of Fairmount and Congress.

In 1904, Mr. O. S. A. Sprague offered to build a medical unit for the hospital, which was erected one hundred fifty feet south of the original hospital building, along the west side of Fairmount Ave. The Sprague Memorial

Building, in memory of his wife, opened in 1907. In the open land between these two structures, an administration building was constructed in 1908, with money donated by Mrs E. M. Fowler and her daughter, to the memory of Mr. Fowler. Administrative offices occupied the ground floor. Two major and two minor ORs occupied the second floor. The ORs were lit by skylights, which made them saunas in the summertime (the first building to have air conditioning was the 1940 Building, built with Henry Huntington money). Mrs. Fowler and her daughter furnished the building. The Fowler Memorial Building was demolished after sustaining major damage in the Sylmar earthquake of 1971.

The east-west hallway in the Valentine Building, adjacent to Administration, contains a pictorial display of some of Huntington Memorial's history. Among those pictures are an early group showing the construction and finished structures of the three original buildings along the west side of Fairmount Ave: the original building to the north, the Sprague building to the south, and the Fowler building, with a large tower, in the middle. If only these buildings could have survived time; they would be a monument to a great period of Pasadena history.

**James Buese, MD**  
*President Medical Staff*

## From the Health Sciences Library (hsl)...

### ***New Electronic Books***

**The library has added the following electronic books published in 2010 to the md consult book collection:**

Acute Coronary Syndromes 2ed  
Assisted Ventilation of the Neonate 4ed  
Brocklehurst's Textbook of Geriatric Medicine & Gerontology 7ed  
Infectious Diseases of the Fetus and the Newborn Infant 7ed  
Netter's Cardiology 2ed  
Netter's Orthopaedic Clinical Examination 2ed  
Neuroradiology: The Requisites 3ed  
Pediatric Imaging: Case Review Series 2ed

They can be accessed by:

- md consult
- the online catalog
- the shortcut to ebooks on the hsl sharepoint site
- by the mobile version of md consult

If you have any questions about accessing these books, please contact the library at x5161, [library@huntingtonhospital.com](mailto:library@huntingtonhospital.com), or text us at 626-344-0542

# From the Health Sciences Library...

## **Donation Policies for the Libraries**

The Huntington Health Sciences and Community Health Libraries gladly accept your donations. Due to space considerations (and the fact that, as much as possible, we are moving to electronic formats) we only accept the following:

### **Books & CD/DVDs:**

- Medical/health only and published within the last five years

### **Journals:**

- We accept journals, within the scope of our collections, if supplied on a regular and timely basis
- We also accept journal issues that replace missing copies in our current collection
- Please fax, email or mail a list of the journal titles to: fax (626) 397-2908, email [library@huntingtonhospital.com](mailto:library@huntingtonhospital.com), or mail to Health Sciences Library, Huntington Hospital, 100 W. California Blvd, Pasadena, CA 91109. Be sure to include your contact information for fastest response.

### **ITEMS WE DO NOT ACCEPT:**

- Publications/electronic media older than five years
- Non-medical or health related titles
- Symposium, workshops, conference proceedings
- Video/audio in following formats: VHS, beta, cassette tape, slides

Please note: The Huntington Health Sciences Library reserves the right to put donations on our book sale and/or otherwise recycle, if not selected to be part of the collection.

Donations can be delivered to Huntington Hospital shipping/receiving dock at 800 Fairmount Avenue. Please mark clearly items are for the Health Sciences Library. We are unable to pick up books and cannot reimburse for shipping costs.

Upon request the library will send you a written acknowledgement letter stating the number of volumes given.

Please consider the following other institutions/organizations that may have a need of your donations, if we are unable to accommodate them:

Pasadena Public Library donation policy – <http://ww2.cityofpasadena.net/library/collection.asp#Gifts>  
USC Norris Medical Library donation policy – <http://www.usc.edu/hsc/nml/libinformation/donate.html>  
California Institute of Technology – <http://library.caltech.edu/help/donation.htm>  
Guide for Donating Medical Books, Journals, and Media Overseas – <http://www.entnet.org/Community/public/loader.cfm?csModule=security/getfile&pageid=39565>

## **The Library's Billing Policy for Items Not Returned**

**Effective: March 1, 2011**

Library users are requested to return checked out items in a timely manner or notify the library to renew checked out items.

Users will receive up to three overdue notices either by electronic or postal mail to be sent to the address in the user's circulation record (i.e. address given at time of filling out the library card application). It is the users' responsibility to make sure that an up to date phone number, email and mailing address are on file.

Library cards automatically expire three years after assignment, upon which time users will need to re-register.

If item(s) are not returned after three overdue notices are sent, library will make an effort to contact user by phone or in-person before billing for a replacement copy of the non-returned item. User will be required to reimburse library for the replacement cost (not the original cost of the item) or supply the library with a purchased copy of the latest edition of the non-returned item.

If you have any questions or comments about this policy, please contact the library at:

- ◆ Phone: 626-396-5161
- ◆ Fax: 626-397-2908
- ◆ Email: [library@huntingtonhospital.com](mailto:library@huntingtonhospital.com)
- ◆ Text/SMS: 626-344-0542

# Computerized Physician Order Entry (CPOE)

**A**s national attention is turning toward evaluating how to improve the patient's quality of care, one approach that has been consistently recognized as a means to improving patient care is the use of technological solutions such as computerized physician order entry (CPOE). CPOE allows the physician to enter orders electronically eliminating the ambiguity of handwritten orders as well as demonstrating benefits of decreasing medication errors, decreasing length of stay, decreasing duplicative testing, and improving communication amongst the healthcare team.

Huntington Hospital, in its efforts to improve the patient's quality of care, has identified CPOE as an important aspect in the care and management of their patients. The emergency department physicians have been utilizing CPOE for the care of their patients since 2007. In December of 2010 they began placing all medication orders and now are completely paperless with order entry and order management for their patients. The CPOE effort will continue starting with the implementation of an inpatient pilot unit, labor and delivery/maternity/nursery/PHRU, then rolling out house-wide. As we move forward with the CPOE effort, we would like to take this opportunity to share some of the questions that we have received regarding this initiative.

## **Why CPOE at Huntington? How does CPOE improve patient care?**

CPOE has demonstrated many benefits to the quality of a patient's care. These benefits are:

- ◆ Reduction in medication errors.
  - CPOE of medication orders can provide physicians with important information to prevent adverse drug events such as drug-drug interaction alerts and drug-allergy interaction alerts. Similarly, clinical decision support tools such as dose range checking and weight based dosing can ensure proper dosing for both the adult and pediatric patient populations.

- ◆ Reduction in duplicative laboratory and radiology tests.
  - CPOE not only involves order entry but order management. With CPOE, physicians will be able to see at the point of order entry when a laboratory and radiology test has already been placed on the patient's record preventing the ordering of duplicative tests.
- ◆ Improved turn around time for test completion and test results.
  - Once a physician places an order electronically it will automatically be sent to the intended ancillary department for completion. This will eliminate calls to the ancillary department to notify them of an order. With prompt notification that a test needs to be performed, the results of those tests will be expedited allowing the physician to make the necessary clinical decisions for the patient's care.
- ◆ Improved order accuracy and legibility.
  - Legibility of an order is imperative to communicate the appropriate information to the intended provider or department. Electronic orders can reduce the ambiguity and errors in transcription that can be seen with handwritten orders.
- ◆ Clinical decision support availability at the point of care.
  - CPOE can provide information to the physician at the point of order entry to assist in clinical decisions. An example of clinical decision support is to provide the latest lab result when ordering a medication to ensure that the medication is necessary for the patient's care.

## **Why CPOE now?**

In 2009, the government instituted the HITECH Act as a part of the American Recovery and Reinvestment Act to provide guidelines of meaningful use for hospital and physician's electronic medical records. One of the main components of "meaningful use" of an electronic medical

*Continued on page 6*

# Emptying Your Pocket Care

This from California Healthline 3.26.2011:

## Americans Spend More on Health Care Than U.S. Government Predicts

U.S. residents spent \$363 billion out of pocket on health care in 2009, 14.7 percent more than official government estimates, [according to a report](#) by Deloitte, *Healthcare Finance News* reports. The study, conducted by Deloitte's Center for Health Solutions and Center for Financial Services, sought to find the true cost of health care by examining consumers' spending beyond the cost of physicians, medications, hospitals and insurance.

The study surveyed 1,008 adults and found overall health expenditures in 2009 totaled \$2.83 trillion in the U.S. Of that money:

- \$199 billion was for the estimated value of supervisory care provided by friends and relatives;
- \$144 billion was spent on nursing homes;
- \$72 billion was spent on home health care; and
- \$246 billion was spent on prescription medications.

Health spending was broken down in the following ways:

- 55% of spending was for supervisory care;
- 15% was for vitamin and mineral supplements;
- 8% was for mental health services;
- 8% was for complementary and alternative medicine practitioners;
- 6% was for health promotion programs;
- 3% was for ambulances;
- 1% was for health publications; and
- 1% was for weight-loss facilities.

Per capita expenditures were \$9,217. Elderly U.S. residents accounted for 36 percent of total health spending – \$1.01 trillion – and those with annual household incomes of \$100,000 or less made up 83 percent of spending.

A large portion of respondents reported that they reduced health spending by using generic medications, obtaining free advice from pharmacists, visiting retail clinics, or skipping doctor visits, screenings or refilling prescriptions (Manos, *Healthcare Finance News*, 3/24).

Read more: <http://www.californiahealthline.org/articles/2011/3/25/americans-spend-more-on-health-care-than-us-government-predicts.aspx#ixzz1HIN5c300>

So, just remember, when your patient skips visits with you, it's to finance their fish oil, B vitamins and glucosamine...seems odd though that copays aren't on this list of "out of pocket"; isn't that the point of a copay?

**G. Littenberg**

## Computerized Physician Order Entry continued from page 5

physician's electronic medical records. One of the main components of "meaningful use" of an electronic medical record is to implement CPOE. By 2011, 30 percent of unique patients at Huntington will need to have at least one medication placed on their record electronically by a physician. By 2013, 60 percent of unique patients at Huntington will need to have a medication order placed on their record electronically by a physician.

### How can we successfully implement CPOE?

In order to ensure a successful implementation of CPOE, it is imperative to develop order sets for the physicians. Order sets can allow physicians to place several orders on the patient at one time and minimize the need for the physician to fill out information within each order. Huntington Hospital is currently in the process of developing evidence-based order sets with all the medical staff sections and departments to ensure that these tools will be available for the physicians once CPOE is implemented.

Another key factor of success is to work with the physicians to develop order entry workflows that will improve physician efficiency as well as provide them with the necessary information to make clinical decisions.

CPOE will be a new process for most of the physicians and Huntington Hospital will ensure that the physicians receive the necessary training and support to be successful in this transition from paper order entry to electronic order entry.

If you have any questions regarding computerized physician order entry (CPOE) or the plan for CPOE at Huntington Hospital, please feel free to **contact physician informatics** at **626-397-2500**.

# NSQIP 2011

**A** year ago we shared with you information about Huntington Hospital participating in the American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP).

You will recall ACS NSQIP is the first nationally validated, risk-adjusted, outcomes-based program to measure and improve the quality of surgical care. Outcomes are reported as observed versus expected (O/E) ratios and are distributed in a semiannual report. If the hospital's outcomes are statistically better than expected, the hospital's outcomes are "exemplary." If the hospital's outcomes are statistically worse than expected, the hospital's outcomes are considered to "need improvement." Currently there are 360 sites participating in NSQIP worldwide.

## Who looks at ACS NSQIP participation?

- The Institute of Medicine named NSQIP "the best in the nation" for measuring and reporting surgical quality and outcomes.
- The Joint Commission provides merit badges on their Quality Check website for hospitals that participate in the ACS NSQIP.
- American Board of Surgery (ABS) considers participation in a national, regional or local surgical outcomes database, such as ACS NSQIP, to satisfy Part 4 (evaluation of performance in practice) of the Maintenance of Certification requirements.

Huntington Hospital began collecting data in February 2008. To date we have submitted 5,489 cases proportionally divided between nine surgical specialties: general surgery, orthopedic surgery, gynecology, plastic surgery, urology, neurosurgery, cardiac surgery, thoracic surgery and vascular surgery.

In the most recent semiannual report released March 2011, Huntington Hospital was "exemplary" for our low occurrence of urinary tract, deep and organ space surgical site infections, gynecology neurosurgery, orthopedic and urology morbidity. In contrast, we did obtain a "need improvement" designation in our number of patients on ventilators for more than 48 hours within 30 days of surgery and our thoracic mortality.

Though our numbers too few to be considered statistically significant, other areas of concern are:

- Morbidity in thoracic surgery.
- Mortality in vascular surgery.
- Unplanned intubation.
- Renal failure.

While we are pleased with our new areas of exemplary results, we are hoping the new SCIP guidelines will improve our numbers further. The infection control department was tasked to review our surgical site infections to assess the compliance with SCIP recommendations and other recognized "Best Practices." The Surgical and Interventional Quality Council has championed and the Board Quality Committee has endorsed four "Best Practices" to help improve our surgical outcomes. These are:

1. Adjust the pre-operative antibiotic dose based on the patient's BMI and redosing the antibiotic on long cases.
2. The use of chlorhexidine as a preoperative skin preparation solution on those cases where it is appropriate.
3. Maintaining normothermia during the surgical procedure.
4. Tight glucose control during the perioperative period.

**Questions:** If you have questions or would like to review the semiannual report, please feel free to contact our Surgeon Champion Dr. Steven Katz or our Surgical Clinical Reviewer Josué Barbosa, RN, CPHQ at ext. 2027.





## Huntington Hospital

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

May, 2011