

MEDICAL STAFF

Huntington Hospital NEWSLETTER

VOLUME 50, NUMBER 5 May 2012

From The President



I know nothing more laughable than a doctor who does not die of old age.
– Voltaire

Cured of my disease, I died last night of my physician.
– Matthew Prior

A surgeon should be young, a physician old.
– French Proverb

All human societies have medical beliefs that provide explanations for birth, death and disease. Throughout history, illness was attributed to witchcraft, demons, astral influence, or the will of the gods. These ideas still retain some power, with faith healers and shrines, although the rise of scientific medicine over the past millennium has altered or replaced mysticism in most cases.

The ancient Egyptians had a system of medicine that was very advanced for its time and influenced later medical traditions. The Egyptians and the Babylonians both introduced the concepts of diagnosis, prognosis and medical examination. The Greek Hippocratic Oath, still taken by doctors today, was written in the 5th Century BC. In the Medieval Era, surgical practices inherited from the ancient masters were improved and then systematized in Rogerius' "The Practice of Surgery." During the Renaissance, the understanding of anatomy improved, and the invention of the microscope would later lead to the germ theory of disease. These advancements, along with developments in chemistry, genetics and lab technologies would show the way to modern medicine.

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Summary of the Minutes for MEC

Executive Committee Meeting

As provided by the Bylaws of the Governing Body and as the designated sub-committee of the Governing Board the following items were presented and approved by the Medical Executive Committee of April 2, 2012 and by the Governing Board on May 24, 2012.

ADMINISTRATIVE REPORTS

PRESIDENT'S REPORT

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

Event Report

There were five event reports for the months of January and February. One incident involved an employee complaint, one incident involved a patient complaint, one incident related to behavior, one incident involved the failure to follow policies and procedures and one incident was designated as "other."

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

Dr. Paula Verrette reported on the following items:

- Clinical Integration

Huntington has formed a steering committee composed of medical staff members to evaluate models of clinical

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Summary of the Minutes

Executive Committee Meeting

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integration. Currently under discussion is a federally sanctioned Clinical Integration Network and ACO.

Report from the Chief Nursing Officer

Ms. Bonnie Kass reported on the following items:

Patient Care Contracts

The following Transfer contract due for review and approval by the Medical Executive Committee was presented:

- Madison Surgery

Patient Satisfaction

She reported that the Medical Staff is participating in an initiative addressing Patient Satisfaction. Once the initiative is completed, a presentation will be made to the Medical Executive Committee.

Report from Director of Healthcare Services

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

• Doctor's Day

Doctor's Day last Friday was very well attended by the medical staff. Dr. Laster won the drawing for the iPad. The Medical Executive Committee commended Ms. Gomez and her staff for their hard work in planning such an outstanding event.

• Pictorial Roster

The pictorial roster is in the final phase of completion.

• Meeting Attendance Rewards

The Surgery Department representative attending the MEC meeting drew the raffle tickets for the March meeting attendance rewards, as follows:

- ▶ James Luna, MD – Emergency Medicine
- ▶ Jonathan Maskin, MD – Anesthesiology

• Policy and Procedure Audit

Results were presented of an audit comparing the previous policy and procedure approval process with the streamlined process approved towards the end of 2011. The turn-around time for policy approvals has been significantly reduced with the new approval process from an average of 113 days to an average of 31 days.

IRB STUDIES

New Study Approvals:

1. HMH 2011-027: Ranolazine ICD Trial (RAID) Late Sodium Current Blockade in High-Risk ICD Patient (with an amendment review) (PI: Mayer Y. Rashtian)
2. HMH 2012-017: Non-Interventional, Prospective, Cohort Study of the Effectiveness, Safety, and Utilization of Two Approved Pegylated Interferon-Based Direct Acting Antiviral Triple Therapies in the Management of Genotype 1 Chronic Hepatitis C in Routine Clinical Practice in the USA (PI: Edward Mena)
3. HMH 2011-029: Novel use of intra-operative radiography of parathyroid glands in diagnosis of primary hyperparathyroidism (PI: Nicholas Saguan)
4. HMH 2012-001: Incidence of upstaging to carcinoma in situ or invasive carcinoma in patients found to have atypia on percutaneous, vacuum-assisted core needle biopsy using intact-specimen breast biopsy device (PI: Benjamin Godwin)
5. HMH 2012-002: Retrospective Analysis Looking at the Metabolic Syndrome in Latino with Hepatitis C and Evaluate the Risk of Hepatocellular Carcinoma (PI: Arbis Rojas)
6. HMH 2012-003: Outcomes after Distal Revascularization Interval Ligation (DRIL procedure) (PI: Rahim Aimaq)
7. HMH 2012-004: Acceptance of preventative vaccines in two global communities: A Comparative Study (PI: Albert Kashanian)
8. HMH 2012-006: Entereg Use in Colorectal Patients at Huntington Hospital (PI: Aaron Lewis)
9. HMH 2012-007: Resident Work Hour Rules: A Survey of Residents' and Attendings' Opinions and Attitudes (PI: Boris Pearlman)
10. HMH 2012-008: Trends in the Management of small bowel obstruction (PI: Ashkon Senaati)
11. HMH 2012-009: Non-benzodiazepine Hypnotics and Risk of Falling for Nursing Home Residents (PI: Valerie Cacho)

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Summary of the Minutes

Executive Committee Meeting

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12. HMH 2012-010: HIV Knowledge in Tanzania and Huntington Hospital Ambulatory Care Center (PI: Ryan Joo) (Exempt status granted)
13. HMH 2012-011: Comparison of runoff scores in patients with peripheral vascular disease (PI: Tiffany Wu)
14. HMH 2012-012: Measuring Improvement in Glasgow Coma Scale in Patients with Traumatic Brain Injuries and Intracranial Pressure Monitoring (PI: Justin Fischer)
15. HMH 2012-014: Analysis of NSQIP Preoperative Variable in Relation to Outcome in Elective Cases (PI: Richard Vasak) (Exempt status granted)

CLINICAL POLICIES AND PROCEDURES

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

ORDER SETS

The following Order sets were recommended for approval:

- LD/NSY Late Preterm Infant (LPI)

STANDARDIZED PROCEDURES

The following standardized procedures were reviewed and recommended for approval:

- Vasopressor Extravasation Treatment Regitine (Phenotolamine) or Nitroglycerin (NGT) Administration
- Emergency Treatment of Dysrhythmias – STDPRO.2
- Emergency Administration of Fluid Challenge for an Adult Patient in the immediate Post-Op STDPRO.3
- Hyaluronidase (Hydase[®], Vitrase[®]) Administration – STDPRO.33
- Narcan administration in the Immediate Post-Op Period

DEPARTMENTAL POLICIES AND PROCEDURES AND ORDER SETS

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

NURSING/ANCILLARY DEPARTMENT SPECIFIC POLICIES AND PROCEDURES

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

MEDICAL STAFF APPOINTMENTS



Flora Abrahamian, MD – Allergy and Immunology
55 E. California Blvd., Suite 204
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626-397-8323, ext. 1949 (office)



Jonathan Bold, MD – Diagnostic Radiology
11995 Singletree Lane, Suite 500
Eden Prairie, MN 55344
959-595-1100 (office)



Karen Caldemeyer, MD – Diagnostic Radiology
11995 Singletree Lane, Suite 500
Eden Prairie, MN 55344
959-595-1100 (office)



Philip Chan, MD – Obstetrics & Gynecology
821 S. Garfield Avenue
Alhambra, CA 91801
626-284-7300 (office)



Steve Doan, MD – Geriatrics
625 S. Fair Oaks Avenue, Suite 245
Pasadena, CA 91105
626-229-9865 (office)



Amire Fassihi, MD – Diagnostic Radiology
11995 Singletree Lane, Suite 500
Eden Prairie, MN 55344
959-595-1100 (office)

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Summary of the Minutes

Executive Committee Meeting

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MEDICAL STAFF APPOINTMENTS continued



**Sara Gaspard, MD –
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625 S. Fair Oaks Avenue, Suite 200
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1746 Cole Boulevard
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**Rachel Haroz, MD –
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Cooper University Hospital
Dept. of Emergency Medicine
Camden, NJ 08103



**James G. Henry, MD –
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450 E. Huntington Drive
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**Han Lee, MD –
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**June-Chih Liu, MD –
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**Marc Montella, MD –
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**Daniel Oh, MD –
Thoracic Surgery**
1510 San Pablo Street
Los Angeles, CA 90033



**Marcus Parker, MD –
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**Bruce Reiner, MD –
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Eden Prairie, MN 55344
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**Barry Schoelch, DO –
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1746 Cole Boulevard, Suite 150
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**Marianna Shakhnovits, MD –
Family Medicine**
2040 S. Santa Cruz, Suite 215
Anaheim, CA 92805
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**Benjamin Strong, MD –
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Eden Prairie, MN 55344
952-595-1100

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From The President

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Although there is no record to establish when plants were first used for medicinal purposes, their use as healing agents is an ancient practice. Over time, a medicinal knowledge base was developed and passed through generations. As tribal cultures developed specialized castes, shamans and apothecaries performed the occupation of healing.

Ancient Egypt developed a large, varied and fruitful medical tradition. Herodotus described the Egyptians as “the healthiest of all men, next to the Libyans,” due to the dry climate and notable public health system that they possessed. Further, he stated, “the practice of medicine is so specialized among them that each physician is a healer of one disease and no more.” Although Egyptian medicine, to a good extent, dealt with the supernatural, it eventually developed a practical use in the fields of anatomy, public health and clinical diagnostics.

Medical information in the Edwin Smith Papyrus may date to 3000 BC, and is regarded as authored by Imhotep in the Third Dynasty. It details ailments, cures and anatomic observations, and is an ancient textbook of surgery, almost devoid of magical thinking, which describes in detail the examination, diagnosis, treatment, and prognosis of numerous ailments.

Conversely, the Ebers Papyrus (C 1550 BC) is full of incantations and “foul applications” meant to turn away disease-causing demons. It provided the earliest documentation of ancient awareness of tumors, while the Kahun Gynecological Papyrus dealt with women’s complaints, including infertility, and dates to 1800 BC.

Medical institutions, referred to as Houses of Life, are known to have existed as early as the First Dynasty. By the time of the Nineteenth Dynasty, some workers enjoyed such benefits as medical insurance, pensions and sick leave. The earliest known physician is also credited to Egypt: Hesy-Ra, “Chief of Dentists and

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Summary of the Minutes

Executive Committee Meeting

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ALLIED HEALTH

PROFESSIONAL APPOINTMENTS

- Gary Orino – Research Assistant
- Scott Goldberg, PA-C – Physician Assistant
- Rodrigo Mabasa, PA-C – Physician Assistant
- Lauren Stokes, PA-C – Physician Assistant
- Sigrid Tuble, PhD – Clinical Research

MEDICAL STAFF RESIGNATIONS

- Thomas G. Auyong, DDS –
Oral/Maxillo Facial Surgery – Emeritus status
- Steven Back, MD – Anesthesiology
- Terry Becker, MD – Diagnostic Radiology
- Paveljit Bindra, MD – Electrophysiology
- David Bryan, MD – Diagnostic Radiology
- Bala Chandrasekhar, MD – Plastic Surgery
- John R. Coleman, MD – Anesthesiology
- Julio Garcia-Aguilar, MD – General Surgery
- Jeffrey Hagen, MD – Thoracic Surgery
- Kenneth Huang, MD – Pediatrics
- Kelly Lorenz, MD – Ophthalmology
- Renee Penn, MD – Otolaryngology
- Melinda Phillips, MD – Pediatrics
- John Quigley, MD – Orthopedic Surgery
- Terrence Sproull, MD – Psychiatry – Emeritus status
- Kristine Thomas, MD – Pediatric Critical Care
- Ted Uchio, MD – Anesthesiology
- R. Robert Wycoff, MD – Diagnostic Radiology
- Liva Yates Gritton, MD – Physical Med & Rehabilitation
- Sharon Yee, MD – Hematology/Oncology

ALLIED HEALTH

PROFESSIONAL RESIGNATIONS

- Grace Elliott – Surgical Technologist
- Gilbert Pelayo, RN, NP – Nurse Practitioner
- Rhionna Smith, PA – Physician Assistant
- Debbie Tay, RN, NP – Nurse Practitioner
- Ghazaleh Yasmeh, PA-C – Physician Assistant

James Shankwiler, MD

Secretary/Treasurer, Medical Staff

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Physicians,” in the 27th century BC. The earliest female physician, Peseshet, trained midwives at an ancient medical school in Sais.

The oldest Babylonian texts date to the Second Millennium BC. Along with contemporary ancient Egyptian medicine, the Babylonians introduced the concepts of diagnosis, physical examination, prognosis and medical prescriptions. The extensive Babylonian medical text, *The Diagnostic Handbook*, introduced the methods of etiology, empiricism, logic and rationality in diagnosis, prognosis and therapy. This system was based on a logical set of axioms and assumptions, including the view that examination and inspection of the symptoms of the patient would lead to the determination of the disease, its etiology and future development, and the chances of the patient’s recovery. Treatments included bandages, creams and pills.

Early Indian texts of medicine were based on concepts of exorcism of demons and magic. Eventually, a large group of herbal prescriptions for various ailments formed a large part of the *Hyuveda Text*. According to the compendium of Charaka, health and disease are not predetermined, and life may be prolonged by human effort. Once again, the system of examination, diagnosis, treatment, and prognosis of numerous ailments is presented. The *Ayurveda* mentions eight branches of medicine: internal medicine, surgery, ENT/eyes, pediatrics, spirit medicine, toxicology, science of rejuvenation, and aphrodisiacs.

Traditional Chinese medicine derived from empirical observations of disease by Taoist physicians, and reflected the classical Chinese belief that the “individual human experiences express causative principles effective in the environment at all scales.” That being said (!), these principles, whether material, essential, or mystical, correlate as the expression of the natural order of the universe. During the Tang Dynasty, Wang Bing claimed to have located a copy of the ancient text, *The Suwen*, which he greatly expanded. This

work was further codified in the eleventh century AD, and the result is the best extant representation of the source of traditional Chinese medicine.

The first Greek medical school opened in 700 BC. The practice of observing patients was established and the Greeks developed a medical system where treatments sought to restore the balance of humors within the body. Temples were dedicated to the healer-god Aesculapius. At these shrines, a patient would enter a dream-like state of induced sleep known as “*enkoimesis*,” not unlike anesthesia, in which they either received guidance from a deity in a dream or were cured by surgery. Archaeological evidence shows names, case histories, complaints and cures, such as opening an abdominal abscess and removal of traumatic foreign material. The procedures were aided by the use of soporific substances such as opium.

Hippocrates described many medical conditions. He is credited with the first description of clubbing associated with lung disease and cyanotic heart disease. He first described the facies of impending death or long illness, known as the Hippocratic face. Hippocrates developed a lexicon of terminology to categorize illnesses: exacerbation, relapse, resolution, crisis, paroxysm, peak, and convalescence. He was the first documented chest surgeon, and wrote a major contribution to the diagnosis and treatment of empyema.

Medieval medicine was an evolving mixture of scientific and spiritual concepts. Surviving Greek and Roman texts were preserved in monasteries. Ideas about the origins and cures of diseases were purely secular, but were also based on a spiritual world-view, including factors such as destiny, sin and astral influences.

Islamic middle ages saw Persia, at the crossroads of East and West, in the midst of ancient Greek and Indian medicine. The Arabs were influenced by these systems, as well as Roman practices. Galen,

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Hippocrates, Sushruta and Charaka were pre-eminent authorities. The translation of Galen's work into Arabic, which included the insistence on a rational, systematic approach to medicine, set the template for Islamic medicine. Muslim physicians set up some of the earliest dedicated hospitals, which later spread to Europe during the Crusades. Other Arabic physicians developed extensive texts of surgery and medicine, which discussed a range of illnesses and anatomic descriptions, from mediastinitis, sexually transmitted diseases and nervous ailments, to pulmonary and coronary circulation.

In Western Europe, with the collapse of the Roman Empire, medicine became localized; folk medicine supplemented remnants of the medical knowledge of antiquity. Monasteries were the repositories of medical information. Organized professional medicine re-emerged with the founding of the Medical College of Salerno in the eleventh century. By the 1500's, advances were notable, such as William Harvey's discovery that the flow of blood was continuous and unidirectional. With the Renaissance, came an increase in experimental investigation, principally in the field of dissection. The understanding of medical sciences and diagnosis improved, but with little direct benefit to health care. Few effective drugs existed, beyond opium and quinine. Folklore cures and potentially poisonous metal-based compounds were popular treatments.

Medicine was revolutionized in the nineteenth century by advances in chemistry and laboratory science. Old ideas of infectious diseases were replaced by bacteriology. In 1847, Ignaz Semmelweis dramatically reduced the death rate of newborn mothers from "childbed fever" by the simple expedient of requiring physicians to clean their hands before attending women in childbirth. His findings were amplified by Joseph Lister's proof of the principles of antiseptics. However, medical

conservatism on new breakthroughs prevented these advances from being well-received. Semmelweis' work was supported by the discoveries of Louis Pasteur, which linked microorganisms with disease. In collaboration with Claude Bernard, he invented the process of Pasteurization, still in use today. Pasteur, along with Robert Koch, founded bacteriology. Koch discovered the tubercle and cholera bacilli. He developed Koch's Postulates, which establish a causal relationship between a specific microbe and a disease.

During the 20th century, large-scale wars were the instigation of major medical advances. During WWI Alexis Carrel and Henry Dakin developed a method of treating wounds with an irrigation, Dakin's Solution, to prevent gangrene. Roentgen's x-ray and the electrocardiograph were also used in the Great War. The interwar period saw development of the first antibacterial agents, the sulfa antibiotics. WWII witnessed the introduction and mass production of penicillin, in a collaboration of British scientists and the American pharmaceutical industry. The war saw the mass production of medicines, advances in burn treatment, the growth of blood transfusion services, and the great expansion of trauma medicine. The first full-scale investigation of mosquitoes led to the discovery that a tablet a day of mepacrine kept malaria at bay, and a vaccine for tetanus was developed.

The post WWII era saw the rapid expansion of pharmaceuticals, sub-specialization of medicine and the growth of technology. The 20th century witnessed a shift from a master-apprentice paradigm of teaching clinical medicine to a more democratic system of medical schools. With the advent of evidence-based medicine and advances in information technology, the process will certainly evolve further.

Jim Buese, MD
President Medical Staff

Physician Informatics



HHRx

Update on CMS' Incentive (and Penalties) associated with ePrescribing

Some physicians may be receiving letters from the Department of Health & Human Services (CMS) indicating 'you are subject to a payment adjustment under the Medicare Electronic Prescribing (eRx) Incentive Program because you did not meet the program requirements for the 6-month reporting period of January 1, 2011 through June 30, 2011.' This letter goes on to state for 2012, this payment adjustment will result in a 1% reduction in the fee schedule amount that would apply to your Medicare Part B covered professional services for all 2012 dates of service for your TIN and NPI combination. The letters do not take into account whether or not you submitted an eRx significant hardship exemption request through the Quality Reporting Communication Support page on or before November 8, 2011. CMS is still processing the significant hardship exemptions received. If you requested a significant hardship exemption, CMS will separately notify you whether your request was approved or denied using the email address that was provided with your request.

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

Avoiding the 2013 eRx Payment Adjustment:

- Those who reported the eRx measure for at least 25 eligible visits from January 1, 2011 through December 31, 2011 will qualify for

a 1% incentive for 2011 AND be exempt from a 1.5% payment adjustment for 2013.

- You can still avoid the 2013 payment adjustment by reporting the eRx measure via claims for at least 10 eRx events during the 6-month reporting period of January 1, 2012 through June 30, 2012. Unlike the 2012 eRx payment adjustment requirements, these 10 eRx events do not need to be associated with the codes in the eRx measure's denominator.

Avoid the 2014 eRx Payment Adjustment:

- Those who report the eRx measure for at least 25 eligible visits from January 1, 2012 through December 31, 2012 will qualify for a 1.0% incentive for 2012 AND be exempt from a 2.0% payment adjustment for 2014.
- You also have an opportunity to avoid the 2014 payment adjustment by reporting the eRx measure via claims for at least 10 eRx events during the 6-month reporting period of January 1, 2013 through June 30, 2013.

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

Physician Informatics Office:

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FIRST THURSDAY

Topic: Geriatrics
Date: May 3, 2012
Time: 8 – 9 a.m.
Place: Research Conference Center
Gap Analysis: TBD
Objectives: TBD
Audience: Internal Medicine, Family Medicine, Hospice and Palliative Care
Methods: Lecture
Evaluation: Post-activity evaluation form
Speakers: Norman Chien, MD and Matt Butteri, MD
Credit: 1 *AMA PRA Category 1 Credit*TM

MEDICAL GRAND ROUNDS

Topic: **Peripheral Nerve Injury from Regional Anesthesia and Complex Regional Pain Syndromes**
Date: May 4, 2012
Time: Noon – 1 p.m.
Place: Research Conference Center
Gap Analysis: Surgeons and primary care specialists are constantly seeing chronic pain post surgery and trauma. This provides a major challenge since this pain can cause neuropraxias and secondary conditions called complex regional pain syndromes that can be difficult to manage. Educational activities are required in order to help to physicians manage these ailments more appropriately.
Objectives:

1. Earlier recognition of neuropraxias and complex regional pain syndromes.
2. Ability to provide more detailed and comprehensive management of these conditions.
3. Earlier seeking of secondary consultants such as pain practitioners to help manage these ailments.

Audience: Internal Medicine/Hospitalists, Orthopedics, Spine Surgeons, Neurosurgeons, and Anesthesiologists
Methods: Lecture
Evaluation: Post-activity evaluation form
Speaker: Brennan Katz, DO
Credit: 1 *AMA PRA Category 1 Credit*TM

PEDIATRIC CONFERENCES

Topic: **Pediatric Emergency Medicine**
Date: May 18, 2012
Time: 8 a.m. – 5 p.m.
Place: WT Conf. Room 5/6
Gap Analysis: The treatment of pediatric patients in the urgent or emergency room setting is vastly different than adult patients. This poses a challenge in assuring that pediatric patients receive the most appropriate and best level of care. Pediatricians and other providers involved in pediatric care need educational activities related to care in the urgent care and Emergency Room setting.
Objectives:

1. Describe ways to prevent injury in the pediatric population.
2. Identify how pediatric trauma can be different than adult trauma.
3. Describe how the neonate presenting to the Emergency Room should be treated.
4. Identify how to the management of children with diabetes can be different than that of an adult.
5. Identify ways to manage seizures in the Emergency Room.
6. Discuss how to manage septic shock.
7. Describe the management of Status asthmaticus in children presenting to the Emergency Room.
8. Identify ways to manage pain in children topically.

Audience: Pediatricians, Emergency Medicine, and Trauma Surgeons
Methods: Lecture
Evaluation: Post-activity evaluation form
Speakers: Susan Thompson, RN; Sandy Beauman, RN; Olatunji Olambiwonnu, MD; Cathy McElveen, MD; Tatiana Maleeva, MD; Kevin Madden, MD; Sonal Ram, MD; and Alix Dostrow, RN
Credit: 7.5 *AMA PRA Category 1 Credits*TM

MEDICAL STAFF

NEWSLETTER

May, 2012

From the Health Science Library

Tips on Searching Drug Information on UpToDate

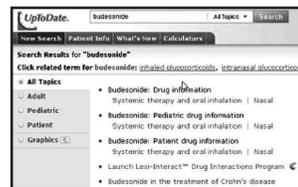
To find the use of a drug for an indication, put the drug name and indication in the search box.

Example: budesonide COPD
(a 2 term search seems to work best)



Note that beside “Click related term for budesonide:” are two terms for the broader drug category of glucocorticoids combined with their method of administration. To broaden your search to one of them, click on “inhaled glucocorticoids” or “intranasal glucocorticoids” and UpToDate will automatically run a search on that class of drugs and COPD.

To find information on a drug, put the drug name into the search box.



The first title “Budesonide: Drug information” is a LexiComp record. LexiComp is a separate source that has been integrated into UpToDate. It contains specific drug information, such as, brand names, dosing, strengths and formulations, administration information (including IV administration), patient leaflets and Lexi-Interact (see the 4th title down in the above illustration) which will be covered later. LexiComp provides a minimum of narrative, clinical trial results, comparative data, pharmacological theory and pharmacodynamics.

Lexi-Interact is a feature that allows one to compare drug to drug, drug to herb, herb to herb interactions. It will come up in a drug search, as illustrated above. But you can also access it from just under the search window by a link titled “Drug Interactions.” Put in as many drugs and/or herbs as needed, then hit return for the results. Lexi-Interact provides a risk rating system for each interaction.

Don’t forget to check “What’s New in Drug Therapy” under the “What’s New” tab for items on the most important drug updates. These items contain links to Topic Reviews, charts, etc.

Physicians Technology User Survey

The library is seeing an increased use of mobile devices to access library and other hospital resources. Library content is also rapidly moving into the mobile environment; therefore, we are looking into how to assist users in learning about and integrating mobile and other technologies into their work practice. The library would like to know if there is any interest in forming a “Technology User Group”. In order to help us discern interest levels, please fill in the following survey at <https://www.surveymonkey.com/s/techusersurvey>. This is the same survey that was inserted into the April Medical Staff Newsletter. Feel free to do the survey online OR fill out the April insert and fax (626-397-2908) or send it to the library. If there are any problems or questions, please contact the Library at 626-397-5161 or library@huntingtonhospital.com.