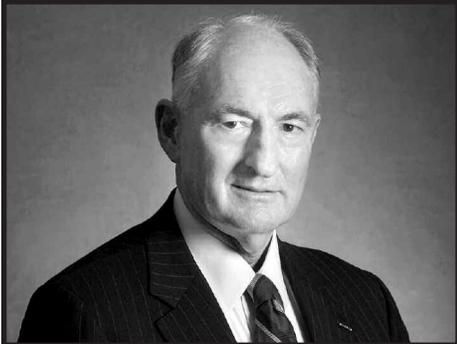


MEDICAL STAFF

Huntington Hospital NEWSLETTER

VOLUME 48, NUMBER 10 October, 2010

From *The President*



Tobacco is a dirty weed. I like it.
It satisfies no normal need. I like it.
It makes you thin, it makes you lean,
it takes the hair right off your bean
It's the worst darn stuff I've ever seen.
I like it.

~ Graham Lee Hemminger, Tobacco

**Warning: The Surgeon General has
Determined that Cigarette Smoking Is
Dangerous to Your Health.**

~ Jesse L. Steinfeld, MD, 11th Surgeon
General of the United States

**Oscar Wilde: "Do you mind if I smoke?"
Sarah Bernhardt: "I don't care if you burn."**

On January 1, 2011, Huntington Hospital will officially become "smoke free." All areas of the campus that are owned or leased by the Pasadena Hospital Association will be covered by the new imperative, so that anyone who wishes to enjoy a cigarette, cigar or pipe, must walk a half mile or more to find a sanctioned site. The few outdoor locations where smoking is currently permitted will be no smoking areas.

In August 2009 the Joint Commission published the results of a study that predicted nearly all hospitals

Continued on page 2

Summary of the *Minutes*



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 on September 13, 2010 and by the Governing Board on September 23, 2010.

PRESIDENT'S REPORT

Dr. Sharp presented the July and August event report.

MEDICAL STAFF APPOINTMENTS

- Alconcel, Celia, MD – Neonatal
– joining Pediatrix Medical Group
- Boddula, Madhav, MD – Orthopedic Surgery
– joining Congress Medical Associates
- Fakoory, Nadia, MD – Emergency Medicine
– joining HMH Emergency Group
- Jamal, Daryoush, MD – Psychiatry
– joining The Rose Court
- Jerrall, Shelby, MD – Orthopedic Surgery fellow
– joining Congress Medical Associates
- Shen, Ted, MD – Otolaryngology
– joining Michael S. Schwartz, MD

Continued on page 2

Inside:

From the President	~1-3
Summary of the Minutes	~ 1-2
Pulmonary Rehab	~ 4
Letter to the Editor	~4
Editor's Note	~ 4
Important Laboratory Change	~5
Physician Informatics Corner	~ 6
Transfusion Complications	~6
From the Health Sciences Library	~7
CME Corner	~7-8

Summary of the *Minutes* Executive Committee Meeting

continued from page 1



MEDICAL STAFF RESIGNATIONS

- Ahmed, Rasiq, MD – Pediatrics
- Do, John-Khoa, DO – Internal Medicine
- Habashy, Michael, MD – Internal Medicine
- Herrington, Michelle, MD – Thoracic Surgery
- Lightdale, Nina, MD – Pediatric Orthopedics
- Pesheva, Maria, MD – Ophthalmology
- Reynolds, Brandon, MD – Urology
- Roubal, Ivan – Diagnostic Radiology

ADMINISTRATIVE REPORTS

Mr. Ralph reported that the holiday party will be held on December 3rd.

Dr. Verrette reported on the following topics:

- The hospital is moving towards a “No Smoking Campus”. Effective January 1, 2011.
- The hospital will provide Tdap to both physicians and employees in the Occupational Health Department.
- The results from the physician satisfaction survey will be distributed at upcoming medical staff meetings.

DEPARTMENTAL AND SECTION RULES AND REGULATIONS REVISION

- Obstetrics & Gynecology Department Rules and Regulations – amendment to the election process.

- Section 5.11 - 5.11.6: All proctoring requirements have been added to the privilege delineation form and can be deleted from the R&R to avoid duplicity.

PRIVILEGE CARD REVISIONS

- Internal Medicine Privilege Sheet (Addition of Addiction Medicine criteria and privileging)
- Obstetrics & Gynecology Privilege Sheet

POLICIES AND PROCEDURES

For specifics go to Medical Staff Services on MyAlliance

Clinical/Administrative Policies & Procedures

6 items were approved

Standardized Procedures:

2 items were approved

Order Sets:

1 item was approved

Formulary Management

1 item was approved

Department Policies & Procedures

11 items were approved

William Coburn, DO

Secretary/Treasurer Medical Staff

From *The President* *continued from page 1*

would have such a policy by the end of 2009. By February 2008, more than 45 percent of U.S. hospitals had adopted a smoke-free campus policy – up from approximately three percent in 1992 when The Joint Commission first introduced standards requiring accredited hospitals to prohibit smoking within the hospital; an additional 15 percent of hospitals reported actively pursuing the adoption of a smoke-free campus policy. The study revealed that non-teaching and non-profit hospitals were more likely to have smoke-free campus policies, and private, non-profit hospitals were

three times as likely as for-profits to have a smoke-free campus policy. Curiously, the study found no correlation between adoption of a smoke-free environment and institution of smoking cessation programs for hospital patients.

The rationale for banning smoking is that it is unhealthy. The United States Communicable Disease Center has estimated that 440,000 preventable deaths occur each year because of smoking, and that smokers have greater

Continued on page 3

From *The President* continued from page 2

risks of cancer, heart disease, COPD. Prohibiting smoking in hospitals, according to the Joint Commission, “will reduce the following: (1) Health risks to people who smoke, including possible adverse effects on care, treatment, and services; (2) Health risks of passive smoking; (3) Risk of fire.” Ensuring compliance requires (hospitals and other facilities) to “implement a monitoring process and to implement strategies to eliminate the incidence of policy violations, when identified, demonstrate that it has embraced its policy by educating staff, by offering smoking cessation options, and by illustrating measures taken to proactively assess compliance with the policy, coupled with steps taken to deal with policy violations.”

There are arguments, mostly from libertarians, that smokers should be left alone. We already have a smoke-free hospital, after all. Anyone who wishes to smoke must find one of the few outdoor areas reserved for their enjoyment. Why ban the practice altogether? Smokers, unless severely intellectually challenged, certainly know that they face definite health risks from their habit. Their decision to smoke is an individual one. From a public health perspective, a large body of research has been published claiming that *second hand smoke* harms nonsmoking bystanders. Almost all of these studies have been retrospective, yet the conclusions have been eagerly accepted as fact. There has been a recent spate of articles on *third hand smoke* causing health problems. Third hand smoke is defined as the “invisible yet toxic brew of gases and particles clinging to smokers’ hair and clothing,” which may contain butane, hydrogen cyanide heavy metals such as lead, arsenic and polonium-210 (famously used to murder a Russian spy) and other noxious substances. The state of New Hampshire and the city of South Pasadena, among other municipalities, have banned smoking altogether, in part because of some of these claims. One Tennessee hospital has successfully instituted a policy of hiring only nonsmokers, on the grounds that smokers develop more “deadly diseases” and raise the health insurance costs of their co-workers by about \$12,000 per year per smoking employee. The legal case was defended by George Washington Professor John Banzhaf III, a public health advocate and star of the film “*Supersize Me*.”

A federal court has held that an employee whose health is adversely affected by third hand smoke has a cause of action under the Americans with Disabilities Act against an employer who refused to reduce his exposure in the workplace. This would seem to be another excellent source of income for class-action lawsuits (with which Huntington Hospital is not unfamiliar). Banning smoking in public businesses has often been justified on the basis of protecting employees. My wife, a former Pan American stewardess, remembers having her uniform cleaned after every flight to get rid of the smell of smoke. One of my patients, a schoolteacher, recalls working her way through college as a cocktail waitress. She would strip naked on her back porch, day or night regardless, because of the “awful reek of tobacco smoke” on her clothes, before entering her house for a cleansing shower.

Are there any health benefits to smoking? Possibly, though the studies are mostly just as weak as those claiming harm from second and third hand smoke. Smokers tend to be leaner, and may have stronger muscles. Nicotine relaxes smooth muscle in the GI tract and can be used to treat colitis. Sporadic studies have reported lower rates of differentiated thyroid cancer, Parkinsonism, dementia and obesity in smokers than in nonsmokers. Many smokers truly do feel more relaxed when they light up. This brings up the problem of dealing with anxious patients and apprehensive family and friends who may light up in defiance of the rules. How will the policy be enforced? Former interim South Pasadena police Chief Chris Vicino was quoted in the September 13 Star News, while shopping at South Pasadena’s Fair Oaks Cigars and Spirits (and smoking a cigar) as saying “Cops have better things to do than enforce smoking laws.” Huntington Hospital’s policy is intended to be implemented in a gentle fashion, with respect for those who wish to continue smoking, and with a desire to avoid pointless confrontation. Let’s see how things work out.

Charles F. Sharp, Jr, MD
President Medical Staff

Pulmonary Rehab to be a Reality at Huntington Hospital!

We are excited to report that a new program to advance care and quality of life for the pulmonary patient will be starting early 2011. Most everyone is aware of the important role that cardiac rehabilitation plays in the quality of life and functional status of patients with cardiac problems. Huntington has played an exemplary role in this area and now will offer a similar option to those patients limited by pulmonary diseases.

Pulmonary rehabilitation has become a standard of care for patients with chronic lung diseases. While chronic obstructive pulmonary disease (COPD) is the most common chronic lung disease and a major cause of lung related death and disability, other forms of pulmonary diseases such as asthma, bronchiectasis, cystic fibrosis, interstitial lung disease, pulmonary fibrosis and others are increasingly becoming significant causes of morbidity and mortality. As a result, pulmonary rehabilitation has emerged as a recommended standard of care for patients with chronic lung disease based on a growing body of scientific evidence.

The benefits of pulmonary rehabilitation are seen even in irreversible pulmonary disorders, because much of the disability and handicap results not from the respiratory disorder per se, but from secondary complications that are often treatable if recognized. These include weakness, dysfunction of peripheral and respiratory muscles, poor

endurance, anxiety and depression, abnormalities of nutrition, or some combination of impairments.

Pulmonary rehabilitation programs attempt to address these issues directly, in hopes of reducing symptoms, increasing independence and improving quality of life for patients with chronic respiratory illness.

A generous benefactor has enabled us to begin the process of purchasing the necessary equipment and hiring appropriate staff, and has further committed to ongoing support of this important program.

Pulmonary rehabilitation will be a joint commitment of the respiratory services department under the direction of Dr. Michael Gurevitch, and rehab services under the direction of Dr. Sunil Hegde who will serve as co-directors.

You will be receiving more information as the program begins to launch, and we look forward to your comments, referrals and participation.

To make a referral to the pulmonary rehabilitation program, call (626) 397-3801.

Michael J. Gurevitch, MD
Medical Director, Respiratory Services

Sunil Hedge, MD
Medical Director, Rehabilitation Services

Letter to the Editor:

Huntington Celebrates Dr. Richard Bing 101
From Dave Covell

October 12 used to be a national holiday, this year celebrating the 518th anniversary of Columbus' "discovery" of America. Huntington celebrates October 12 this year because it marks the 101st anniversary of the birth of Dr. Richard Bing, our greatly respected, internationally honored, emeritus member of our medical staff. When asked if the first 100 years are the toughest, he says no, it's the second, and it's clear he's lost none of his wit, wisdom and urbanity, even if his step is a bit slower. The members of the Huntington medical staff all salute him and wish him many, many more years!

Editor's note

Many of you likely saw Steve Lopez' column (front section p.2) in the LA Times of Sunday September 12 about Dr Bing; well worth reading if you missed it at <http://www.latimes.com/news/local/la-me-0912-lopez-column-20100912,1,1526853.column>. He refers to a video documentary (posted on YouTube) titled *Para Fuera*, written and directed by Nicholas Jasenovec, which Microsoft sponsored (after naming their search function Bing!); this can be found at http://www.youtube.com/watch?v=-AR2zva_DZs. It ran at the Sundance Festival and deserves a watch as Dr Bing tells some of his amazing story.

Glenn Littenberg, MD
Editor

Important Laboratory Change: _____

Effective September 20, 2010, the Clinical Laboratory implemented new equipment for performing urinalysis, the Siemens AUWi (Automated Urinalysis Workstation). The workstation consists of the Clinitek Atlas (automated urinalysis strip reader) linked to a Sysmex UF-1000i (identifies cellular components of the urine using fluorescent flow cytometry with a separate bacterial channel).

Ordering: In the past, physicians had the option of ordering a Urinalysis, Diagnostic, which included microscopic evaluation of the formed elements in the urine or a Urinalysis Screen, which did not include a microscopic evaluation unless one or more specific criteria are met. 60% of the screens were reflexed to include the microscopic evaluation.

According to a recent CPT Coding publication, the process of reflexing a Urinalysis screen to include microscopic evaluation, causes a change in CPT coding that is considered to be noncompliant with regulations.

We elected to **discontinue the practice of reflexing the screens** at the time we put the new equipment into use. Therefore, effective September 20, 2010, there are two different options for ordering urinalysis testing: UA with micro and UA without micro. **If you need microscopic evaluation of the urine, you will need to order UA with micro.**

Results: There are no changes to the way the strip portion of the urinalysis is reported. The chemistries involved are identical to the ones currently in use. However, since the AUWi can quantitate certain elements, you will see the following changes to the microscopic reporting:

Formed Element	Currently reported as:	Will be reported as:
RBCs and WBCs	A range of cells from 0-2 to 50-100, or >100/ hpf	Actual number/ hpf
Hyaline Casts	A range of cells from 0-2 to 50-100, or >100/ hpf	Actual number/ lpf
Epithelial Cells	Few, Moderate or Many/ hpf	Actual number/ hpf
Bacteria	Few, Moderate of Many/ hpf	1+, 2+, 3+
Mucus	Few, Moderate of Many/ lpf	Will no longer be reported

During comparison studies, we found that the UF-1000i detected 100% of the samples in which the patient either had a UTI or had significant numbers of bacteria that appeared to be contaminants on culture. However, four out of forty-nine patients (8%) with no evidence of UTI also showed positive results for bacteria (three were 1+ and one was 2+).

If you have any questions or concerns, please contact the Lead CLS, Kiem Injo (x5775), the Lab Manager, Karen Watkins (x5780) or the Medical Director, Henry Slosser, MD (x8623).

Huntington Memorial is accredited by the Institute of Medical Quality and the California Medical Association to provide continuing medical education for physicians. Huntington Hospital takes responsibility for the content, quality and scientific integrity of this CME activity.



Save the Date

The Annual Medical & Dental Staff
 Holiday Celebration Open House
 Friday, December 3, 2010
 6:00 pm to 11:00 pm
 (dancing begins at 9:00 pm)

The Langham Huntington Hotel
 Formal invitations will be mailed out

Physician Informatics Corner

Where can I ?

- Where can I **add/remove** patients from My List without placing an order?
- Where can I go to see the documentation for my patient in the ED?
- Where can I review my patient's Order History with 1 click?
- Where can I see my patients' most recent Outpatient lab results?



Physician Desktop

With a 5-10 minute in-service you can be using this new functionality.

Call, email or stop by the Physician Informatics office

Physician Documentation Templates

Selected Physician Progress Notes/Reports are currently being electronically documented directly in the Meditech system. Some additional generic templates are in the process of being created. If you are interested in participating or have questions about the template notes available, please contact our office.

Electronic Signatures:

- 70% of Telephone Orders Housewide have been electronically signed off within 48 hours. The goal is 100%.
- 88% of Dictated Reports were electronically signed. The goal is 100%.

Please contact Physician Informatics for any questions, issues or additional training.

If you have any questions call us at **626-397-2500** or email:

Becky Pangburn:

becky.pangburn@huntingtonhospital.com

Jennifer Nunnery:

jennifer.nunnery@huntingtonhospital.com

Vera Ma:

vera.ma@huntingtonhospital.com

Transfusion Complications

Medical staff members are reminded to report all complications of transfusion, including infectious complications, to the Blood Bank. Although all donor blood is screened for infectious agents, including hepatitis B, hepatitis C, HIV, HTLV-1/II, West Nile virus, syphilis and Chagas Disease, there are still occasional well documented cases of transfusion-transmitted infections by these agents. Although quite sensitive, current laboratory methods cannot detect 100% of infectious donors, although the "window period" of infectivity for HIV and hepatitis B and C has been steadily decreasing over the last decade. HIV, hepatitis C and, as of 08/02/10, hepatitis B screening includes nucleic acid amplification testing (NAT) methodology. Cytomegalovirus also can be transmitted by blood transfusion, which is most often a concern in neonatal patients. Other rare infectious complications of transfusion include malaria, hepatitis A, and babesiosis.

Bacterial contamination of blood products may occur, with rapid onset of sepsis in the recipient. Platelets, which are stored at room temperature, represent the greatest risk. All platelet products are cultured 24 hours after collection and are not released until 12 hours after the culture is placed in the incubator. Less frequently, red cells and plasma have been reported as the source of contamination. If there is clinical concern that a patient may have received a bacterially contaminated blood product please promptly notify the Blood Bank so an investigation can be launched. Patient blood culture also is indicated.

Finally, a more recently recognized complication of transfusion is Transfusion Associated Acute Lung Injury (TRALI). This reaction is manifest by non-cardiogenic pulmonary edema, which is often severe, and which does not respond to conservative measures for volume overload, such as diuresis. This transfusion complication can be fatal, and may require aggressive pulmonary support. TRALI appears to represent a reaction of transfused donor HLA and anti-neutrophil antibodies to the recipient/patient white blood cells resulting in agglutination. Implicated donors often are multiparous or previously transfused. Plasma products are now prepared only from donors who have never been pregnant or transfused; unfortunately, this has not been totally effective in preventing TRALI cases.

Lauren O'Brien, MD
Pathology

From the Health Sciences Library...

CONSUMER / PATIENT HEALTH EDUCATION RESOURCES

Need accurate, good-quality health information for your patients and their families? Try the *Huntington Community Health Library (HCHL)*.

Huntington was one of the first hospitals in Southern California to have a consumer health library. It's been going strong for over 10 years. Housed in the Health Sciences Library, it has a good collection of books, brochures and magazines, all health related.

It also has considerable electronic resources to which you have **OFF-SITE** access from **Citrix** and **Connect**. To get there:

- Sign on to **Citrix/Meditech** (<http://my.huntingtonhospital.com>) or **Connect** (<http://connect.huntingtonhospital.com>)
- Click on the External Links icon (next to the [?])



- Select **HH SharePoint**.
- Select **Health Sciences Library** under the **Sites Most Used** from the left column.
- Select the Huntington **Community Health Library** tab at the top of the page.

This will take you to a wealth of consumer health resources, some of which are customizable. The range of formats includes factsheets, articles, videos, books and articles. Here's a partial list of the resources:

CareNotes (from Micromedex) – Nearly 7000 factsheets cover everything from conditions and procedures, lab tests to drugs to continuing health. CareNotes are in English, Spanish, and 13 other languages.

From Gale

- **Health Reference Center Academic** – Contains articles on health topics.
- **Health and Wellness Resource Center** - Contains magazines, journals, newspapers, definitions, directories, videos, & reference information. Included are links to diet, cancer, health assessment sites & government databases. Access 700+ videos, including Spanish-language videos.

- **Virtual Reference Library** - Contains electronic books. Sections from these books can be translated online into multiple languages.

Natural Standard – An evidence-based product that provides information on complementary and alternative medicine products and techniques for consumers and professionals.

MD Consult Patient Education – Patient information provided in English and Spanish on a wide variety of conditions and treatments. Added 21-Oct-2009.

MedlinePlus – Contains information on health topics in English, Spanish and other languages. The information comes from the National Library of Medicine (NLM), the National Institutes of Health (NIH), and other government agencies and health-related organizations. There is extensive information about drugs, an illustrated medical encyclopedia, interactive patient tutorials, and health news, plus more.

UpToDate for Patients – Contains over 400 medical topics for the consumer.

In addition there are *Patient Education Guides* on the left, *Other NLM Consumer Health Resources* in the middle and *Selected Internet Resources* on the right.

If you have any problems finding these resources or would like a one-to-one on them, please contact the library at 626-397-5161 or email us at library@huntingtonhospital.com

CME Corner



UPCOMING PROGRAMS FOR THE FIRST THURSDAY MEDICAL WORKSHOPS:

2010

- 10/07/10 – Transfusion Complications
- 11/4/10 – Winter Infections
- 12/2/10 – Update from the XVIII International AIDS Conference, Vienna Austria

Continued on page 8

MEDICAL STAFF

NEWSLETTER

October, 2010

CME Corner



FIRST THURSDAY MEDICAL WORKSHOPS:

Topic: Transfusion Complications

Date: October 7, 2010

Time: 8:00 a.m.

Place: Research Conference Hall

Gap Analysis: Knowledge Gap: Numerous problems associated with massive transfusion including infectious, Immunologic, and physiologic complications related to the collection, testing preservation, and storage of blood products.

Objectives: At the end of the conference, the participants should be able to:

1. Identify the numerous transfusion complications,
2. Outline the clinical strategies to reduce complications related to transfusion therapy, and
3. State alternatives to blood transfusion for those patients with religious beliefs that preclude this type of therapy.

Audience: All interested physicians

Methods: Lecture with a question and answer period

Evaluation: Post-activity evaluation form

Speaker: Thomas L. Vander Laan, MD and
Mark V. McNamara, MD

Credit: 1 AMA PRA Category 1 Credit™

UPCOMING MEDICAL GRAND ROUNDS:

10/01/10 – Appropriate Use of Fresh Frozen Plasma

11/05/10 – Meningitis

12/3/10 – Nothing has been scheduled for this date

MEDICAL GRAND ROUNDS:

Topic: Appropriate Use of Fresh Frozen Plasma

Date: October 1, 2010

Time: 12:00 p.m.

Place: Research Conference Hall

Gap Analysis: Knowledge Gap: (Fresh) frozen plasma is often used in inappropriately before medical and surgical procedures. In addition, fresh frozen plasma is often given to correct INR in asymptomatic patients. Medical Staff requires guidance for appropriate use of fresh frozen plasma.

Objectives: At the end of the conference, the participants should be able to:

1. Know indications for use of (fresh) frozen plasma
2. Know risks of (fresh) frozen plasma administration

Audience: Primary Care Physicians

Methods: Lecture with a question and answer period

Evaluation: Post-activity evaluation form

Speaker: Dr. Herron, Medical Director, LA American Red Cross

Credit: 1 AMA PRA Category 1 Credit™