

MEDICAL STAFF

Huntington Hospital NEWSLETTER

VOLUME 49, NUMBER 10 October, 2011

From The President



I always wanted to be somebody, but now I realize I should have been more specific.

– Lily Tomlin

Have you ever noticed what golf spells backwards?

– Al Boliska

America believes in education: the average

professor earns more money in a year than a professional athlete earns in a whole week.

– Evan Esan

Huntington Memorial Hospital is one of only three community-based hospitals in California with an independent residency program in both internal medicine and general surgery. A good number of our past and present medical staff are graduates of Huntington's training programs. Records, though incomplete, show pathology residents at Huntington Hospital from 1938 to 1969, and interns (rotating, medical or surgical is unclear) since at least 1948. The internal medicine residency was originally accredited on February 1, 1955, while the general surgery residency received original accreditation on July 5, 1957. We have staff members who completed a now historical OB/GYN residency at Huntington. Over the years, USC neurosurgery residents rotated here, up to the opening of USC's University Hospital. Currently, USC cardiothoracic fellows rotate continuously through HMMH.

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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 on September 12, 2011 and by the Governing Board on September 22, 2011.

PRESIDENT'S REPORT

• Event Report:

Dr. James Buese presented the July and August 2011 event report. There were thirteen events reported during this period. Five cases have been referred to the Section Chair. Two cases have been closed and disposition of the remaining six cases is pending.

• Mock Survey Report:

Dr. Buese presented the findings from the recent Mock Survey. The following medical staff issues were identified:

- Physicians are writing incomplete or unclear orders.
- In one chart, an internal note failed to be included on the History and Physical (H&P) (when older than 24 hours) stating that there were no significant changes since the time the H&P was performed.
- One physician was identified without Board approval of the reappointment of membership

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Summary of the Minutes

Executive Committee Meeting

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and privileges. This was determined to be a clerical error.

- Legibility of entries, including the ID numbers.

ADMINISTRATIVE REPORT

Report from President/CEO:

Mr. Steve Ralph, President/CEO, reported on the following items:

- The hospital has hired Ms. Debbie Ortega as the new Vice President of Human Resources. Mr. Ralph will invite Ms. Ortega to attend an upcoming MEC meeting to introduce her to the medical staff leadership.
- The Emergency Department (ED) expansion is a four phase project, which is nearing completion of phase two. The next phase will be to move the ED to the new building to allow retrofitting of the existing building.
- One transfer contract was submitted for review and renewal – Palmdale Medical Center.

Report from VP of Quality and Performance Improvement/CMO:

Dr. Paula Verrette, Vice President, Quality and Performance Improvement/CMO, reported on the following items:

- The Computerized Physician Order Entry (CPOE) pilot project in Labor and Delivery has encountered some technical issues involving the Meditech system. The hospital will ensure that these issues are resolved prior to moving the CPOE project forward to other areas within the hospital.

Ms. Donna Townsend has been promoted to the position of Director of Utilization Management. Ms. Townsend had previously been in the role of Clinical Effectiveness addressing utilization related issues for Healthcare Partners. In her new role, she will oversee house-wide utilization management.

Report from Director of Healthcare Services:

Ms. Gloria Gomez, CPMSM, Director/Healthcare Services, reported on the following items:

- Clinical Policy and Procedure Development Policy

Proposed changes to the Clinical Policy and Procedure Development Policy were presented. Revisions have been recommended to the flow chart for policy approvals. Clinical Policies involving the medical staff will be reviewed by the Medical Staff Committee or Section, the Medical Staff Department, and forwarded directly to the MEC. Clinical Policies related to nursing practice or ancillary service providers would be forwarded directly to the MEC consent agenda for referral to the Board. House-wide Clinical Policies would be referred to all medical staff departments, then to Quality Management Committee, the MEC and the Board.

- Medical Staff Accounts Policy

Ms. Gomez presented proposed revisions to the Medical Staff Accounts Policy. Revisions include the following:

- Increasing the dues for Consulting Staff members from \$250 to \$500.
- Increases the Medical Record fines for 45 days of suspension from \$500 to \$750 and 60 days of suspension from \$500 to \$1,000. (Medical Staff Rules and Regulations change).
- Addition of a \$100 late fee for reappointment applications received after the due date.
- Increases the stipends for the Medical Staff President; Secretary/Treasurer; Department Chairs, IRB Chair, Credentials Chair; and Quality Management Chair.

- General Medical Staff Meeting

The next Medical Staff meeting is tentatively planned for Monday, October 17, 2011 at noon, depending upon the availability of the Braun auditorium. Additional information will be forthcoming.

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Summary of the Minutes

Executive Committee Meeting

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- Holiday Party

The annual Holiday Party will be held on December 2nd.

- Display Case

Ms. Gomez reported that beginning October 1st; the display case outside of the Medical Staff Office will be utilized to highlight the Medical Staff Leadership. Every month a new leader will be showcased, beginning with the President of the Medical Staff and then the Department Chairs followed by the Committee Chairs.

- Expedited Credentialing Review Policy

The Medical Executive Committee has approved a Policy for expedited Credentialing and Privileging.

MEDICAL STAFF RULES AND REGULATIONS

- Revision to the Cancer Committee description
- Revision to the Medical Record Suspension Fines

ALLIED HEALTH PROFESSIONAL RULES AND REGULATIONS

- Revision of the description of Section 23.0 for Registered Psychological Assistants

PRIVILEGE CARD REVISION

The following revised privilege sheets were recommended for approval:

- Ophthalmology Privilege Sheet – Revised
- Plastic Surgery Privilege Sheet – New

ADMINISTRATIVE POLICIES AND PROCEDURES

Please go to SharePoint -> Medical Staff Services -> Board Approved Items -> 2011 and select September

IRB STUDIES

New Study Approvals:

- HMH 2011-003: A Phase 2A, Prospective, Multi-Center, Randomized, Double-Blind, Placebo-Controlled, Dose Escalation Study to Evaluate the Safety of Intravenous Infusion of Human Placenta-Derived Cells (PDA001) For the Treatment of Adults Following Ischemic Stroke (PI: Arbi Ohanian)

MEDICAL STAFF APPOINTMENTS

- Sarah Carroll, MD – Otolaryngology
- Anoopindar Ghuman, MD – Pediatric Critical Care
- Rahul Jandial, MD, PhD – Neurosurgery
- Eric Kao, MD – Emergency Medicine
- David Masiello, MD – Hematology/Oncology
- Sing Wing Poon, MD – Plastic Surgery
- Jonathan Yamzon, MD – Urology

ALLIED HEALTH PROFESSIONAL APPOINTMENTS

- Erin Sackett, Nurse Practitioner
- Melissa Talaske, Physician Assistant

MEDICAL STAFF RESIGNATIONS

- Luis Artavia, MD – Family Medicine
- Jacqueline Evans, MD, PhD – Pediatric Critical Care
- Stephanie Heller, MD – Pediatrics
- Ismael Nuno, MD – Thoracic Surgery
- Jeffrey Wertheimer, PhD – Psychology

ALLIED HEALTH PROFESSIONAL RESIGNATIONS

- Hilary Gibbens, Physician Assistant
- Sara Montanez, Physician Assistant
- Shawn Potter, Perfusionist
- Deanna Sanchez, Nurse Practitioner

James Shankwiler, MD
Secretary / Treasurer, Medical Staff



From *The President* continued from page 1

The internship-resident concept evolved in the late 19th century from an array of variable programs for training in areas of special interest. Post-doctoral training became more formalized and institutionalized in the early 20th century. But, even by the mid 1900's, residency training was not necessary for general practice, and only very few primary care physicians participated. By the end of the 20th century, very few medical graduates went directly into independent, unsupervised practice, as more states began requiring one or more years of formal training after medical school for licensure.

By the mid 1900's, residencies were hospital based; residents often lived in hospital-provided housing. Call was every other or third night for three or more years. Pay was minimal beyond room, board and laundry. The first post-doc year was the internship, which primary care physicians completed. Only a minority of physicians went on to a residency. In subsequent years, residency training eventually became the norm for virtually all medical school graduates.

The process for obtaining a residency evolved over the years. In the early 1900's, hospitals vied for prospective interns in an ever-increasing competitive market. Medical students often could only consider an offer from one hospital at a time, without knowing their prospects at other institutions. Hospitals required earlier acceptances, and demanded immediate yes/no responses. Over the years the problem worsened, until, in 1945, an attempt was made to establish and enforce a uniform time for intern appointments. Even so, a standardized date to contact a prospective intern created chaos if the applicant declined the offer, in that the hospital then had to scramble to find an acceptable second choice. The establishment of a clearing house was proposed to maintain the benefits of a uniform announcement date, while relieving the pressure and congestion near the deadline.

By 1952, the Match was established, a competitive process to align applicants and residency positions. Medical student applications were reviewed by programs, and selected individuals were invited for interviews, held between October and February. After interviews, students submitted a rank order list to a centralized matching service, which became known as the National Intern Resident Matching Program, NIRMP. Similarly, residency programs submitted a list of preferred candidates in rank order to the same service. The process was blinded, so neither applicant nor program knew the other's list. The two parties' lists were combined to create a "stable, optimal" match of students to programs, using a custom algorithm. By entering the Match system, the applicant was contractually obligated to enter the chosen residency, just as the program was obliged to accept the matched student. Early on, there were difficulties with "instabilities" of the algorithm (read: it didn't work), which were eventually resolved.

On the Monday preceding Match Thursday (third Thursday of March), applicants are notified if they generically matched, but not where. If unmatched, the locations of remaining unfilled residency positions are released to these individuals, so they may contact available programs; this is known as "the scramble." In 2012, an "organized scramble" system will be introduced. A similar osteopathic match exists, though applicants from these schools may also use the NIRMP. Military residencies are filled similarly, but much earlier (by mid-December), to allow those students who did not match to proceed to the civilian system.

From 2000-2004, the Match program, viewed as anti-competitive by some, was attacked by resident physicians represented by class-action lawyers. Congress reacted (imagine the lobbying) by carving out a specific exception in antitrust law for medical

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From the Health Science Library and IT Department

ON-SITE IN-PERSON TRAINING ON UpToDate IN OCTOBER

Did you know that UpToDate (UTD) now offers:

- Point-of-care information on Geriatrics
- Drug information by routes of administration, and
- Will have a surgery component by the end of the year

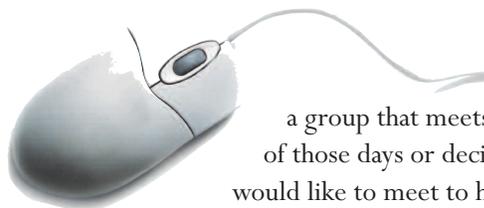
Have you checked out UTD's Practice Changing Updates or the "What's New in..." sections for each specialty?

Here is a great opportunity to refresh your knowledge of UpToDate!

An UTD trainer will be on-site Tuesday, October 25th and, Wednesday, October 26th, to give an overview of UTD, answer questions and discuss its newest features. On Tuesday, she will be in the South part of the Cafeteria from 7 – 9 a.m. and from 11 a.m. – 2 p.m. Feel free to stop by for a demonstration or to ask questions.

Have a meeting that day? Put an UpToDate demo on your agenda!

The trainer is also available for giving demos or presentations to any group that requests one on the 25th or 26th. If you are



a group that meets on one of those days or decides it would like to meet to have a presentation by UTD, please contact us at the below addresses, so that we may put you on the calendar. A group could be Units, Departments, and Committees of any sort, etc.

Please get your requests in early, so that we can put you on the calendar for the demos.

Contact:

Sherrill Olsen, Manager,
Health Sciences Library at x5162 or
sherrill.olsen@huntingtonhospital.com

or

Becky Pangburn,
Physician Computer Services Analyst at x3281
or becky.pangburn@huntingtonhospital.com

From *The President* continued from page 4

residencies. The lawsuit was dismissed under authority of the new act.

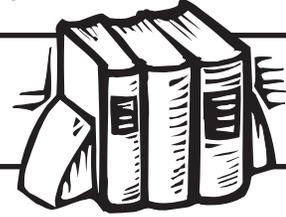
Currently, medical students apply for residency positions online through the Electronic Resident Application Service, ERAS. ERAS was conceived to simplify and streamline the match process, and, using the internet, is a service that transmits applications, letters of recommendation, medical student performance evaluations, transcripts and

other supporting credentials from medical schools to program directors. Of note, not all residency programs use this service.

I imagine that the above article brings back (fond?) memories of our own journey through the residency application process.

Jim Buese, MD
President Medical Staff

CME Corner



UPCOMING FIRST THURSDAY:

- Topic:** Malignant Melanoma
Date: October 6, 2011
Time: 8 a.m.
Place: Research Conference Hall
Gap Analysis: Tremendous changes in the diagnosis and therapy of this cancer over the past six months have completely changed the status quo regarding treatment.
Objectives:
1. Understand the BRAF oncogene and how this drives therapy.
 2. Understand the CTLA-4 pathway and how this drives therapy.
 3. Understand the rational selection of therapy.
 4. Outline the various components of cultural/linguistic diversities that relate to patient demographics, diagnosis, and treatment.
- Methods:** Lecture
Evaluation: Post-activity evaluation form
Speaker(s): Mike Wong, MD, USC
Credit: 1 *AMA PRA Category 1 Credit*TM

UPCOMING MEDICAL GRAND ROUNDS:

- Topic:** Surgical Treatment of Early Stage Lung Cancer
Date: October 7, 2011
Time: Noon
Place: Research Conference Hall
Gap Analysis: Educate physicians about lung surgery for the diagnosis and treatment of lung cancer.
Objectives:
1. Discuss the results of lung cancer surgery.
 2. Describe the new technology for treatment of lung cancer.
 3. Understand the screening for lung cancer.
 4. Outline the various components of cultural/linguistic diversities that relate to patient demographics, diagnosis, and treatment.
- Methods:** Lecture
Evaluation: Post-activity evaluation form
Speaker(s): Robbin Cohen, MD
Credit: 1 *AMA PRA Category 1 Credit*TM

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CME Corner

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UPCOMING SPECIAL COURSES:

Topic: **Advances in Neuromonitoring for Spine Surgery**

Date: October 4, 2011

Time: 8 a.m. – 5 p.m.

Place: TBD

Gap Analysis: New advances and techniques will be introduced

- Objectives:**
1. Explain the new advances and techniques in monitoring the spine during surgery.
 2. Demonstrate new techniques that can be used during surgery.
 3. Explain the methods and various outcomes attached with the methods.
 4. Outline the various components of cultural/linguistic diversities that relate to patient demographics, diagnosis, and treatment.

Methods: Lecture

Evaluation: Post-activity evaluation form

Speaker(s): Yafa Minazad, DO; Andre Gonzales, MD, USC; Yehuda Sepkuty, MD; Jeffrey Gertsch, MD, UCSD; and Dawn Eliashiv, MD

Credit: 7.0 *AMA PRA Category 1 Credit*TM





Huntington Hospital

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MEDICAL STAFF

N E W S L E T T E R

October, 2011