

medical staff NEWSLETTER

October 2012



volume 50, issue 10

From the **President**



I would never die for my beliefs because I might be wrong.

- Bertrand Russell

Life is a moderately good play with a badly written third act.

- Truman Capote

Give blood. 8 billion mosquitoes can't be wrong.

- Anonymous

Blood transfusion is defined as the process of receiving blood products into one's circulation intravenously. Early transfusions used whole blood, but modern practice commonly uses only components of blood, such as red cells, plasma, platelets and clotting factors.

The first attempt at transfusion was described in the seventeenth century by chronicler, Stefano Infessura. Infessura relates that in 1492, as Pope Innocent VII sank into coma, the blood of three boys was infused into the dying pontiff, via his mouth, as the concept of circulation and methods of venous access did not exist at the time. The three boys, all ten years old, and the Pope, died. The account has been attacked as anti-papalism.

With William Harvey's discovery of blood circulation, in 1628, more sophisticated

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Board Meeting

As provided by the Bylaws of the Governing Body and as the designated sub-committee of the Governing Board the following items were presented and approved by the Medical Executive Committee of September 10, 2012 and by the Governing Board on September 27, 2012.

Administrative Reports

- There were three event reports for the month of August. One incident involved behavior, one incident involved the failure to follow policies and procedures, and one incident involved an employee complaint. All events have been closed.
- The hospital has hired a new contractor to complete Phase 2 of the Emergency Department (ED) project. Phase 3 will begin next year and includes the retrofitting of the old ED building.
- Twenty-two primary care physicians have indicated an interest in establishing an ACO. The group will be establishing a governance structure.

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General Medical Staff Meeting

Braun Auditorium

Tuesday,
October 16, 2012

12:15 – 1:30 p.m.
(Lunch will be served)

**Election results
will be announced
at the meeting.**

Administrative Reports continued from page 1

- The following Vendor and Transfer contracts which are due for review and approval by the Medical Executive Committee were presented:
 - o California Medical Agency – Vendor
 - o West Hills Medical – Transfer for Burn

ED Call Panel Rules

Please be advised that the Medical Staff Rules and Regulations have been amended to include a section regarding physicians who participate on the ED Call Panel. The new rules are as follows:

The failure or refusal of an on-call physician to respond to a request by the Emergency Department or other treating physician to see an emergency patient, either by not answering pages or not responding to the Emergency Department, is a violation of the Medical Staff Rules, State licensing laws and EMTALA, unless the on-call physician is unavailable due to his/her treating another critically ill patient or due to other circumstances beyond the control of the on-call physician. The following responsibilities are outlined for further clarification:

1. Panel members must go and evaluate the patient when called.
2. Panel members must avoid asking the insurance status of the patient.
3. If you evaluate the patient and the patient requires care within the scope of an area that you are uncomfortable performing, you are responsible to obtain a physician that can provide the required care after seeing the patient.
4. If the ED physician agrees the patient can be managed by them and referred to your office for outpatient care, this is acceptable. However, if the ED physician indicates that you need to come in, you must come in and evaluate the patient.
5. If you are called in for something outside the scope of your practice, you may advise the ED physician that the patient requires care outside your scope. However, if the ED physician indicates that they want you to evaluate the patient; you are required to evaluate the patient. Your consultation should document that the care required is outside your scope.
6. If you are called for a transfer case that is within the scope you must accept the transfer.
7. If the patient requests a subspecialist, you are obligated to take the case. (Remember that EMTALA says anything that would be considered an emergency by a member of the community is an emergency).
8. If in doubt, go and evaluate the patient.

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Administrative Reports continued from page 2

9. Two incidents of failure to answer a call when on the ER Call panel (within a twelve month period) shall result in removal from the panel for a period of one year. Reinstatement to the panel will require the physician to request reinstatement and the request will require review and approval by the Section ED Call Panel subcommittee.
10. One incident of refusal to come in and see a patient when on the ER call panel shall result in the removal from the panel for a period of one year. Reinstatement to the panel will require the physician to request reinstatement and that request will require review and approval by the Section ED Call Panel subcommittee.
11. Once the Emergency Department is required to contact a back-up (whether the on-call surgeon has failed to respond or refuses to respond) and the back-up surgeon verbally accepts the responsibility to come in and evaluate the patient, the patient shall immediately become the responsibility of the back-up physician. If the on-call physician subsequently responds to the ED, the back-up physician can decide whether they wish to maintain the responsibility of that patient or transfer responsibility if the patient back to the on-call physician.

Medical Staff News

- The July meeting attendance reward winners were:
 - Mark Powell, MD – MEC
 - Laura Sirrott, MD – MEC
- The August meeting attendance reward winners were:
 - Brian Cox, MD – Plastic Surgery
 - Christopher Tiner, MD – Plastic Surgery
- The Physician Satisfaction Survey results are being compiled and a summary will be available in an upcoming Newsletter.
- A revised policy and procedure flow chart was presented and discussed.
- The 2012 Medical Staff Pictorial Roster is now complete and copies will be distributed to all physicians and Board members.

Please go to SharePoint -> Medical Staff Services -> Board Approved Items -> 2012 and select September to see:

- Medical Staff Rules & Regulations
- New/Revised Privilege Sheets
- Medical Staff Credentialing Policy
- Departmental Policies & Procedures and Order Sets
- Nursing/Ancillary Department Specific Policies & Procedures
- Patient Care Contracts

The Medical Staff welcomes the following:

New Appointments



Brendan Grubbs, MD
Maternal & Fetal Medicine
University of Southern California
1200 North State Street
IRD 220
Los Angeles, CA 90033
Office: 323-226-3306



Curtis Pickert, MD
Pediatric Critical Care
3131 La Canada Street
Suite 233
Las Vegas, NV 89169
Office: 702-697-5234



Mark Jo, MD
Orthopedic Surgery
Huntington Orthopedic
10 Congress Street
Suite 103
Pasadena, CA 91105
Office: 626-795-0282



Mariah Schumacher, MD
Ophthalmology
213 South Euclid Avenue
Pasadena, CA 91101
Office: 626-793-4168



Richard Lehman, MD
Pediatric Critical Care
3131 La Canada Street
Suite 244
Las Vegas, NV 89169
Office: 702-697-0016



Jay Thomas, MD
Hospice & Palliative Care
HealthCare Partners
450 East Huntington Drive
Arcadia, CA 91106
Office: 626-297-4419



Jennifer Linehan, MD
Urology
44105 North 15th Street West
Unit 409
Lancaster, CA 92534
Office: 661-902-5600

Medical Staff Reappointments

(Prior to effective date of voluntary resignation)

- Marcel Pidoux, MD – Anesthesiology
- Leif Rogers, MD – Plastic Surgery
- Robert Yum, MD – Anesthesiology

save
the **DATE**

Medical/Dental Staff
Holiday Party

December 7, 2012
The Langham Hotel
6 – 11 p.m.
*Formal invitations will be
mailed in October*

Important Message from the President of the Medical Staff

The hospital underwent a Federal inspection conducted by the Centers Medicare and Medicaid Services in June 2012. In early September the hospital was advised that the practice in the areas of patient rights were deficient. Those areas affecting the Medical Staff are Informed Consent and Restraints and Seclusions.

Corrective action is required and the expectation is that compliance is adhered to when the Center for Medicare and Medicaid Services conducts a follow-up survey.

The Hospital is in need of your help with assuring the deficiencies are corrected. Below are the reminders regarding Informed Consent and Restraints and Seclusions.

Informed Consent

The patient's physician is responsible for providing the information the patient or patient's legal representative needs in order to make an informed decision; physician is responsible to obtain informed consent for procedure and is responsible for documenting that in patient's medical record.

Huntington Hospital's Medical Staff Rules and Regulations

- Section 2.1.2 of Huntington Hospital's Medical Staff Rules and Regulations notes that the physician shall document in the patient's medical record that a discussion was held with the patient or patient's legal representative that included discussion of all material information, that the patient indicated understanding of the material information and informed

consent was obtained prior to procedure.

- Section 3.1.1 of Huntington Hospital's Medical Staff Rules and Regulations notes that it is the responsibility of the physician to obtain an additional informed consent for complex procedures* and treatment as defined in Administrative Policy 113 "Consent, Obtaining and Documenting".
- Obtaining informed consent is an active process in which physician participating in the treatment of a patient provides all material information to enable the patient or patient's legal representative make an informed decision in regard to any proposed treatment or procedures.

Complex Procedure

- A Complex Procedure is defined in Informed Consent Policy (Policy Number 113)
 - ♦ Informed consent must be obtained for procedures that are "complex" in that they involve material risks that are not commonly understand.
 - ♦ Such procedures may occur at bedside (Including, but not limited to, lumbar puncture, thoracentesis, and others)
 - ♦ Specifically, informed consent must be obtained for all procedures performed in the operating room, cardiac catheterization laboratory, gastrointestinal lab, for any cardiology procedure that involves the administration of contrast material, for defined radiology procedures performed in radiology suites, for peripherally inserted central catheter in radiology or at bedside; and for radiation therapy

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Important Message continued from page 5

- ♦ If there is a doubt as to whether a procedure requires an informed consent, it is appropriate for the physician to obtain one.

Informed consent may be documented in any of the following areas of the medical record:

- ♦ 2.1.2.1 History and physical/ Consultation
- ♦ 2.1.2.2 Progress note
- ♦ 2.1.2.3 Pre-printed and approved informed consent formats
- ♦ 2.1.2.4 Faxed copy from a physician's office documentation

Huntington Hospital's Medical Staff Rules and Regulations defines material information requiring documentation as:

- ♦ 2.1.1.1 The nature of the procedure or treatment
- ♦ 2.1.1.2 The risks, complications and expected benefits or effects of the procedure including potential problems related to recuperation.
- ♦ 2.1.1.3 Any alternatives to the treatment and their risks and benefits.
- ♦ 2.1.1.4 Likelihood of achieving treatment or care goals.
- ♦ 2.1.1.5 Any limitations on confidentiality of information learned from or about the patient.

Documentation considerations:

- ♦ 2.1.1.7 The patient's physician is encouraged, but not required to inform the patient who (other than procedural physician) will be performing significant surgical tasks

during the patient's operation and what each person will be doing.

Except in cases of emergency surgery or the procedure may not proceed unless this physician certification is on the record.

Emergency Condition Exemption:

When a patient lacks capacity to make a healthcare decision and treatment is immediately necessary to prevent death or permanent disability or to alleviate severe pain, and a surrogate decision-maker cannot be contacted, treatment may proceed because it is an emergency and consent will be implied in such circumstances.

The treatment that may be provided without consent is that which is necessary to treat the emergency. While the treatment proceeds, efforts must continue to be made to contact a surrogate decision-maker. The emergency exception may not be invoked to authorize treatment that has previously been refused by the patient or an incompetent patient's surrogate decision-maker.

The medical determination that an emergency exists should be carefully documented by the physician in the patient's medical record.

Restraints and Seclusion

For those physicians who write restraints and/or seclusion, will have to request the privilege, that would require you to read a module and pass a test (similar to the fire safety test or the sedation module). The Medical Staff Department will be contacting those physicians who have been identified as writing orders and work with you on getting the privileges.

From the President continued from page 1

research into blood transfusion began, with the successful experiments of transfusion between animals. However, human experimentation continued to have fatal results.

The first successful, documented, human blood transfusion was administered by Dr. Jean-Baptiste Denys, physician to King Louis XIV of France, in June, 1667. Denys transfused the blood of a sheep into a fifteen year old boy, who survived. A second boy survived the same procedure. It is thought survival was due to the small amount of blood given and the youth of the recipients, allowing them to withstand the allergic reaction. Denys' third patient to undergo transfusion was Swedish Baron Gustaf Bonde, who subsequently died after a second transfusion. The following winter, Denys transfused Antoine Mauroy several times, who died after the third procedure. Much controversy surrounded his death. Mauroy's widow asserted Denys was responsible for her husband's death; she, herself, was accused as well, and it was later determined that Mauroy actually died from arsenic poisoning. Denys experiments with animal blood provoked great controversy in France. In 1670, the procedure was banned. In time, the British Parliament and the Pope followed suit. Blood transfusion fell into obscurity for the next one hundred fifty years.

Of note: arsenic poisoning, known as the "Inheritance Powder" of impatient heirs, was commonly used in this era. Arsenic is naturally found in high levels in some drinking waters. It was used as a treatment for syphilis for centuries before the advent of antibiotics. Elizabethan women topically used a concoction of vinegar, chalk and arsenic to whiten their skin.

In 1665, Richard Lower examined the effect of change in blood volume on circulatory function, and developed a method for a cross-circulation study in animals, obviating the clotting issue with a closed arteriovenous connection. His newly designed instruments eventually led to actual transfusions of blood. "...When he selected one dog of medium size, opened its jugular vein, and drew off blood, until...its strength was nearly gone. Then, to make up for the great loss of this dog by the blood of second, introduced blood from the cervical artery of a fairly large Mastiff, which had been fastened alongside the first, until this latter animal showed...it was overfilled...by the inflowing blood." After he "sewed up the jugular veins," the animal recovered "with no sign of discomfort or of displeasure."

Six months later, Richard Lower performed the first human transfusion in Britain, using sheep's blood. The recipient was Arthur Coga, "the subject of a harmless form of insanity." Sheep's blood was introduced because of the speculation about the value of exchanges between species; it had been suggested that the blood of a gentle lamb might quiet the 'tempestuous spirit' of an agitated person, and that the shy might be made outgoing by the blood from more social creatures.

In 1818, British obstetrician James Blundell performed several transfusions, from husband to wife, for post-partum hemorrhage. He invented many instruments for the transfusion of blood, and

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From the President continued from page 7

made a substantial amount of money from his endeavor, estimated at two million dollars at the time. Nevertheless, early transfusions were risky, and often resulted in the death of the patient.

It was not until 1901, when Austrian Karl Landsteiner discovered human blood groups, that transfusion became safer. His work allowed the understanding of the role of antibodies in transfusion allergic reactions. He won the Nobel Prize in Physiology and Medicine in 1930. Many other blood groups have been subsequently identified. Ludvig Hektoen suggested in 1907 that cross matching would improve transfusion safety. Later that year, Ruben Oktenberg performed the first transfusion using a type and cross.

The first successful transfusions had to be made directly from donor to recipient, before coagulation occurred. In 1910, it was discovered that by adding an anticoagulant and refrigeration, blood could be stored for some days. This created the opportunity for blood banks. The first non-direct transfusion was performed in 1914. Sodium citrate was used as the anticoagulant. The first transfusion of a stored and cooled unit was performed in 1916. Oswald Hope Robertson, a U. S. medical officer, is credited with establishing the first blood bank while serving in France during WWI.

The first academic institution devoted to the science of blood transfusion was founded, in 1925, in Moscow, by Alexander Bogdanov. He was motivated, in part, by a search for eternal youth, and "remarked with satisfaction on the improvement of his eyesight, suspension of balding, and other positive symptoms after receiving eleven transfusions of whole blood." Following the death of Lenin in 1924, Bogdanov was entrusted with Lenin's brain, with a view towards resuscitating the dead Bolshevik leader. Bogdanov died in 1928 after receiving a transfusion from one of his students who had malaria and TB.

In the 1930's, research by Dr. Charles Drew led to the discovery that blood could be separated into plasma and red cells. Moreover, the plasma could be frozen separately. Blood this way lasted longer and was less prone to contamination.

Another important discovery, by Karl Lansteiner, Alex Wiener, Philip Levine, and R. E. Stetson, uncovered the Rhesus blood group system, which was found to be the cause of the majority of transfusion reactions up to that time.

By 1943, introduction by J. F. Loutit and Patrick L. Mollison, of acid-citrate-dextrose (ACD) allowed the reduction of anticoagulant volume, long-term storage, and permitted transfusion of greater volumes of blood.

In the field of cancer surgery, replacement of massive blood loss had become a major problem, too often involving cardiac arrest. In 1963, C. Paul Boyan and William Howland discovered that

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Technology Users Group Meeting - October 10

The health sciences library's "Technology Users Group" aims to bring together hospital employees interested in learning more about mobile technologies.

The October meeting will focus on security tips for mobile devices. Daniel Kushmak, Information Security & Disaster Recovery Specialist at the hospital will be our guest presenter and will give tips for constructing a strong password and activating other security features on mobile devices.

Can't make it to the meetings?
Visit the TUG website to view the slideshow and video tutorials at:
<http://huntingtonhospital.libguides.com/tug>

- WHAT:** Technology Users Group Meeting
WHEN: Wednesday, October 10,
Noon – 1 p.m.
WHO: Huntington Hospital employees and affiliated physicians
WHERE: Conference Room C
(Wingate 1st Floor, across from the library)
DEMO: Tips for securing your mobile device. Presented by Daniel Kushmak, I.S. Dept.
BRING: Your device(s) (if you have one)
RSVP: Email: library@huntingtonhospital.com
Phone: 626-397-5161
SMS/text: 626-344-0542
(please include your full name)

If you cannot attend this meeting, but are interested in attending future meetings, please let us know so that you will be notified as to dates and times.

From the President

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warming blood and increasing the rate of transfusion greatly affected survival rates.

Between 1940 and today, much of transfusion science as we currently know it was established. From Dried plasma for wounded soldiers of WWII, ABO/syphilis testing of all units in 1947, creation of the National Blood Bank System in 1949, platelet concentrates in 1961, plasma-pheresis in 1964, the move to an all volunteer donor system in 1970, HbsAg testing in 1971, apheresis to extract a single component and return the balance to the donor in 1972, testing for HIV in 1985, to nucleic acid amplification test (NAT) for HIV and Hepatitis "C" in 2002.

Of note, veterinarians perform transfusions. Various species require different levels of testing to ensure a compatible match. For example, cats have three known blood types, cattle eleven, pigs sixteen, and horses have thirty-four. However, in many species, especially in dogs and horses, cross matching is not required before the first transfusion, as antibodies against non-self antigens are not expressed until after the sensitization of the first transfusion.

Jim Buese, MD
President Medical Staff



From the **Health Science Library**

Adds Psychiatry as its Latest Specialty

The same high-quality **UpToDate** topic reviews are now available on the following **Psychiatric topics**:

| | | |
|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Anxiety disorders Bipolar disorders Child./ adol. mental disorders Depressive disorders | Dissociative disorders Eating disorders Impulse control disorders Mental and medical disorders | Personality disorders Psychotic disorders Somatoform disorders Substance use disorders |
|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

Be sure to check **“What's new in psychiatry”** for the latest topic reviews that the editors deem to be of particular interest. Patient Information fliers are also available on the topics.

The editors-in-chief are Peter Roy Byrne, M.D., and Murray Stein, M.D. To get a full list of editors and authors go to UpToDate > About us > Authors and Editors > Psychiatry or directly to http://www.uptodate.com/home/clinicians/toc.do?tocKey=table_of_contents/-1/22.



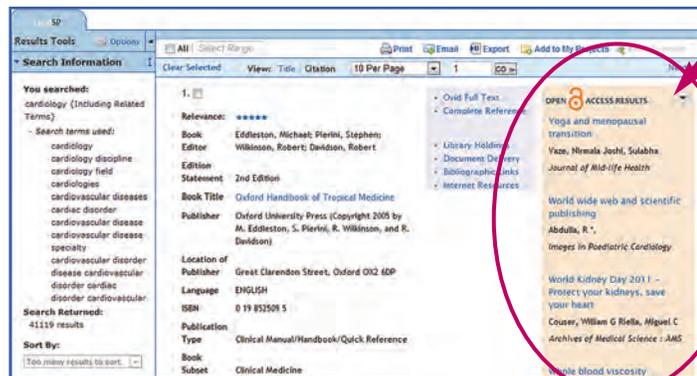
As with other **UpToDate topic reviews**, you can earn **CME credits** for reading the topic reviews. To learn more about how to do this contact the library at 626-397-5161 or library@huntingtonhospital.com.

OVID Now Offers **OPEN ACCESS** Articles!

Open Access (OA) content consists of almost 1,200 scholarly, peer-reviewed journals that are online, and free of most dissemination and licensing restrictions. OA journals include some hard to locate content, including over 160 international medical societies and associations journals. Some OA content is already retrievable in the regular OvidSP results, but much is not. So for more comprehensive results or those hard to find items you will also want to check **OA** results.

Available only in Basic Search mode:

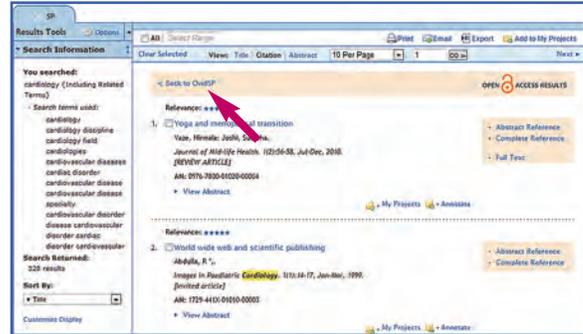
The **Open Access** results will appear on the right. If you do not want to see the display, click on the down arrow and it will collapse the column.



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From the **Health Science Library** continued from page 9

If you want to see only the **OA** results, scroll to the bottom of the column and click on the **Open Access Results** link. You will get the below display. To get back to the OvidSP results, click on the **Back to OvidSP** link.



If you have any questions about this new OvidSP feature, please contact the library at x5161 or library@huntingtonhospital.com or text us at 626-344-0542. There are also brochures in the library about this new feature.

Setting up Ovid eTOC's for Journals

Want to stay up to date with your favorite journals? Try setting up a **Table of Contents (TOC) Alert** on **Ovid**.

Not only will you automatically receive the TOC to your journal in your email, but you will be able to link back into the Ovid system and either print out the full text of the article you are interested in or fill out a document delivery form that is included in the article record. RSS feeds are also available if you prefer to access your TOCs that way.

It's easy to do. Just follow the instructions below. This method will ensure that you get the TOC as soon as Ovid receives the journal. It's a better way to get a TOC than setting up an Alert using the various Ovid databases.

Go into Ovid on the Library's SharePoint site and click on OvidSP. Once there, click on the **Journal** tab at the top of the page. Search for the journal of your choice or browse for it by title or subject.



HINT: Be sure to click on **All Ovid Journals**. It will give you more journal titles than **My Subscriptions**.

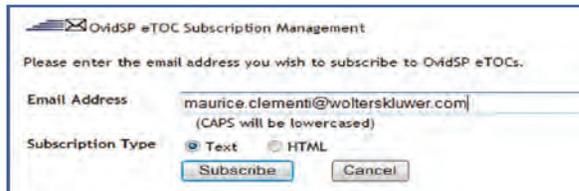
NOTE: If the journal is NOT one offered by Ovid, then you will need to set it up on an OvidSP database, such as Medline, or at the publisher's web site.

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Setting up Ovid eTOC's for Journals continued from page 11

Once you locate the journal, note the icons for **RSS** and **Email** on the right side of the record.

When you select **Email** you will see the following window:



Complete the form with one email address, elect the format (Text or HTML) and **click on Subscribe**.

Now you are set to get the TOC as soon as OvidSP receives an issue of the journal. Set up as many of these as you want.

For more information on managing or deleting OvidSP TOCs, go to the Library's SharePoint page and click on the **eTOCs** link after OvidSP or contact the Library at x5161 or library@huntingtonhsopital.com or text us at 626-344-0542.

From Physician Informatics



Seminar for Huntington Hospital Physicians & Their Office Staff

"50 Shades of Data": MU1 & MU2 – What It Means for You!

Dinner: October 10, 5 – 7 p.m.

- Physicians share their stories of EMR Adoption & meeting Meaningful Use 1
- Meaningful Use 2: Care Coordination & Information Exchange Requirements
- Updates on Building our Connected Community: HHeC & H@NK

Call Physician Informatics to Register: 626-397-2500

The following electronic Physician Documentation in Meditech are now available:

- Internal Medicine Progress Note
- Surgery Progress Note

Please contact Physician Informatics if you are interested in receiving training on how to electronically document using these Progress Notes. You will see these completed notes in the EMR under "Other Reports".

**Physician Informatics Office:
626-397-2500**

Institute for Nursing Excellence and Innovation (HINEI)

Huntington Memorial Hospital

is forming an Institute for Nursing Excellence and Innovation, which will be structured to help enhance its nursing workforce.

Board chairman Jim Rothenberg and his wife Anne will gift \$1 million to help cover the initial costs of the initiative.

The hospital hopes to build on its Magnet recognition last year, the gold standard for nursing care, nursing quality and innovation in nursing practices. The **Magnet Recognition Program** is operated by the American Nurses Credentialing Center, recognizing healthcare organizations that provide excellence in nursing.

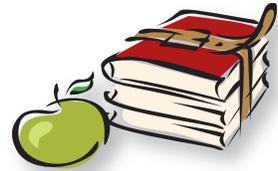
Once the institute is up and running, the hospital will establish a Nurses Scholars Program, in which new hires are paired with veteran nurses to provide one-on-one mentoring and support. The institute will offer specialty training programs in critical care, emergency medicine, obstetrics, neonatal intensive care, surgery, pediatric intensive care and other areas.

Huntington will expand our education offerings, launching a bachelor of science in nursing program with Western Governor's University.

CME Corner

UPCOMING PROGRAMS

SECOND MONDAY



Topic: TB
 Speaker: Ahmet Baydur, MD
 Date: October 8, 2012
 Time: Noon – 1 PM
 Place: Research Conference Hall
 Audience: Primary Care Physicians & Internists
 Methods: Lecture
 Credit: 1.0 AMA PRA Category 1 Credits™

MEDICAL GRAND ROUNDS

Topic: Anaphylaxis and Angioedema: What You Need to Know
 Speaker: Flora Abrahamian, MD
 Date: October 5, 2012
 Time: Noon – 1 PM
 Place: Research Conference Hall
 Gap Analysis: Anaphylaxis and angioedema are potentially life-threatening conditions that require immediate and appropriate treatment. Providers need information about the latest and most effective treatment protocols for these disorders to prevent morbidity and mortality.

Objectives:

1. Understanding and recognizing the early warning signs of anaphylaxis and angioedema.
2. Knowing appropriate and effective treatment protocols for the above.
3. Recognizing when it is safe to stop treatment.
4. Recognizing triggers for these disorders, and educating patients to avoid these triggers.

Audience: Primary Care Physicians, Internists, and Family Medicine
 Methods: Lecture
 Credit: 1.0 AMA PRA Category 1 Credits™

October 2012 Medical Staff Meetings

| monday | tuesday | wednesday | thursday | friday |
|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| -1- | -2- | -3- | -4- | -5- |
| - 12:15 p.m. OB/GYN Dept - N/S Rm. - 5:30 p.m. Med Exec: Board Rm | - 12:15 p.m. Oral Sct: WT CR 6 | - 12:15 p.m. OB/GYN Peer Review: N/S Conf Rm. - 2 p.m. QMC Pre-agenda: CR C | - Noon Medicine Comm: N/S Rm. - Noon Trauma Svcs Comm: CR 5 & 6 | - 7 a.m. Ortho Sct: WT CR 10 |
| -8- | -9- | -10- | -11- | -12- |
| - 12:30 p.m. Ophthalmology Sct: WT CR 8  | - 12:30 p.m. ENT Section: WT Conf Rm. 5 | - 10 a.m. PICU/Peds QI: CR 2 | - Noon QM Comm: East Rm. - 5:30 p.m. Neonatal/Pediatric Surgical Case Review Comm: CR-10 - Newsletter Submission - | - 7:30 a.m. Neurosurgery Sct: CR 11 |
| -15- | -16- | -17- | -18- | -19- |
| - 9:30 a.m. SCAN Team: WT CR 10 - 10:30 a.m. PMCC: WT CR 10 | - 12:15 p.m. General Medical Staff Meeting: Braun Auditorium | - 5:30 p.m. Surgery Ctte: WT Conf Rm. 10 | - 6:30 a.m. Anes Peer: CR 10 - Noon PT&D Comm: CR 5&6 - Noon G.I. Section: CR 4 - 3 p.m. Neon QI: WT CR 10 - 6 p.m. Bioethics: East Rm. | |
| -22- | -23- | -24- | -25- | -26- |
| - Noon Psychiatry Sct: CR 10 - 12:15 p.m. Urology Sct: CR 5&6 | - 5 p.m. Robotic Comm: CR 5&6 | - 12:15 p.m. Credentials Ctte: CR C - 12:15 p.m. Hem/Medical Onc: CR 5 | - Noon IM Peer Rev: CR 6 - Noon Cancer Comm: N/S Rm - 12:15 p.m. Peds Comm: East Rm. | |
| -29- | -30- | -31- | | |
| | | - 2 p.m. QMC Pre-agenda: CR C Happy Halloween  | | |

October 2012 CME Calendar

| monday | tuesday | wednesday | thursday | friday |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| -1- | -2- | -3- | -4- | -5- |
| -12:15 – 1:15 p.m. OB/GYN Dept. Mtg, N/S Rm. | - 7:30 – 8:30 a.m. MKSAP, Conf. Rm. A - Noon –1 p.m. General MDisc Cancer Conf, Conf. Rm. 11 | - Noon –1 p.m. Genitourinary Cancer Conf., Conf. Rm. 11 - Noon –1 p.m. Radiology Teaching Files, MRI Conf. Rm. | - 7 –10 a.m. Trauma M&M, Conf. Rm. B - Noon –1 p.m. Thoracic Cancer Conf, Conf. Rm. 11 | - 7:30 – 9 a.m. Neurosurgery Grand Rounds, Conf. Rm. 11 - Noon –1 p.m. Medical Grand Rounds, RSH Topic: Anaphylaxis and Angioedema - Noon –1 p.m. MDisc Breast Cancer Conf., Conf. Rm. 11 |
| -8- | -9- | -10- | -11- | -12- |
| - Noon –1 p.m. Second Monday, RSH Topic: TB  COLUMBUS DAY | - 7:30 – 8:30 a.m. MKSAP, Conf. Rm. A - Noon –1 p.m. General MDisc Cancer Conf, Conf. Rm. 11 | - Noon –1 p.m. Radiology Teaching Files, MRI Conf. Rm. | - 8 – 9 a.m. Surgery M&M, Conf. Rm. B | - 7:30 – 9 a.m. Neurosurgery Grand Rounds, Conf. Rm. 11 - Noon –1 p.m. Medical Case Conference, RSH - Noon –1 p.m. MDisc Breast Cancer Conf., Conf. Rm. 11 |
| -15- | -16- | -17- | -18- | -19- |
| | - 7:30 – 8:30 a.m. MKSAP, Conf. Rm. A - Noon –1 p.m. General MDisc Cancer Conf, Conf. Rm. 11 | - Noon –1 p.m. Genitourinary Cancer Conf., Conf. Rm. 11 - Noon –1 p.m. Radiology Teaching Files, MRI Conf. Rm. | - 7 – 8 a.m. Trauma Walk Rounds, Conf Rm. B - 8 – 9 a.m. Surgery M&M, Conf. Rm. B - Noon –1 p.m. Thoracic Cancer Conf, Conf. Rm. 11 | - 7:30 – 9 a.m. Neurosurgery Grand Rounds, Conf. Rm. 11 - Noon –1 p.m. Medical Case Conference, RSH - Noon –1 p.m. MDisc Breast Cancer Conf., Conf. Rm. 11 |
| -22- | -23- | -24- | -25- | -26- |
| | - 7:30 – 8:30 a.m. MKSAP, Conf. Rm. A - Noon –1 p.m. General MDisc Cancer Conf, Conf. Rm. 11 | - Noon –1 p.m. Radiology Teaching Files, MRI Conf. Rm. | - 8 – 9 a.m. Surgery M&M, Conf. Rm. B | - 7:30 – 9 a.m. Neurosurgery Grand Rounds, Conf. Rm. 11 - Noon –1 p.m. Medical Case Conference, RSH - Noon –1 p.m. MDisc Breast Cancer Conf., Conf. Rm. 11 |
| -29- | -30- | -31- | | |
| | - 7:30 – 8:30 a.m. MKSAP, Conf. Rm. A - Noon –1 p.m. General MDisc Cancer Conf, Conf. Rm. 11 | - Noon –1 p.m. Radiology Teaching Files, MRI Conf. Rm. HALLOWEEN  | | |

Medical Staff Administration

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If you would like to submit an article to be published in the Medical Staff Newsletter please contact Bianca Irizarry at 626-397-3776. Articles must be submitted no later than the 13th of every month.

Our Mission Statement

At Huntington Hospital, our mission is to excel at the delivery of health care to our community.

Core Values**Respect**

We affirm the rights, dignity, individuality and worth of each person we serve, and of each other.

Integrity

We honor the commitments that we make, believe in fairness and honesty, and are guided by our ethics.

Stewardship

We wisely care for the human, physical and financial resources entrusted to us.

Excellence

We strive for excellence, quality and safety, and we are committed to providing the best care, work environment and service possible.



2012 – 2013

Best Hospitals Report

4 Hospital in the
Los Angeles Metro area

8 Hospital in California

#18 Nationally in Orthopedics

#49 Nationally in Urology