



Clinical Update

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New Hospital Director Streamlines Management Structure

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University Hospital underscores its role as CNY's only Level 1 trauma center by naming visionary John Fortune MD as new trauma director.

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Hospital Streamlines Management Structure



Since his January 2005 appointment as University Hospital's interim executive director, Phillip S. Schaengold JD has been assessing opportunities for operational and continuous quality improvement.

Schaengold – who believes “you should always seek ways to grow and improve” – defines growth and improvement in both qualitative and quantitative terms. “We can be ‘medicine at its best’ and still become better,” he says. “We can always do better than we did the day before.”

Transparency

Schaengold spent his first weeks getting to know the hospital culture and reassuring staff that his agenda was a positive one. “I was asked to build on the hospital's strengths, and at the same time, improve less-than-optimal processes,” he reports. “And you can expect that process to be transparent, with an emphasis on communication and collaboration.”

Realignment

After two months of “talking to the Upstate family and receiving input from many quarters,” in March Schaengold announced a realignment of senior management.

“Our organizational structure was very complex,” he explains. “Although innovative in its inception, our system of service line administrators presented structural challenges that sometimes made decision-making and communication difficult. To compete in today's dynamic health care environment, University Hospital needs to be more flexible and adaptable.”

The realignment, Schaengold stresses, is not a reflection of the individuals involved. “It represents my philosophy of making management structures as streamlined as possible.”

“I have spent hours listening to department chairs, nurses and managers, as well as to employees

who have praised this institution and offered candid critiques of how we can improve,” notes Schaengold. “I believe this realignment addresses their concerns and those expressed in the most recent employee satisfaction survey.”

Nursing: Front and Center

A key change, according to Schaengold, is greater recognition and inclusion of nursing leadership in the operation of nursing services. Nurse directors will now report to the chief nursing officer instead of to intermediate service line administrators. This new structure will facilitate the decision-making process on the nursing units, as well as provide a greater sense of responsibility and accountability within the nursing division.

Another change shifts senior management responsibilities from service line administrators to associate administrators, who will manage core areas: Diagnostics and

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Therapeutics, Quality Management, Support Services, Ambulatory Services and the Children's Hospital.

In addition, a more comprehensive financial structure will unite "all the operations that contribute to the revenue cycle and supplies, including admissions, billing, collections, managed care, materials management and control of expenses," according to Schaengold.

Critical Additions

Finally, Schaengold created two key associate director positions: one (yet to be filled) in strategic and business planning; and the other in organizational improvement.

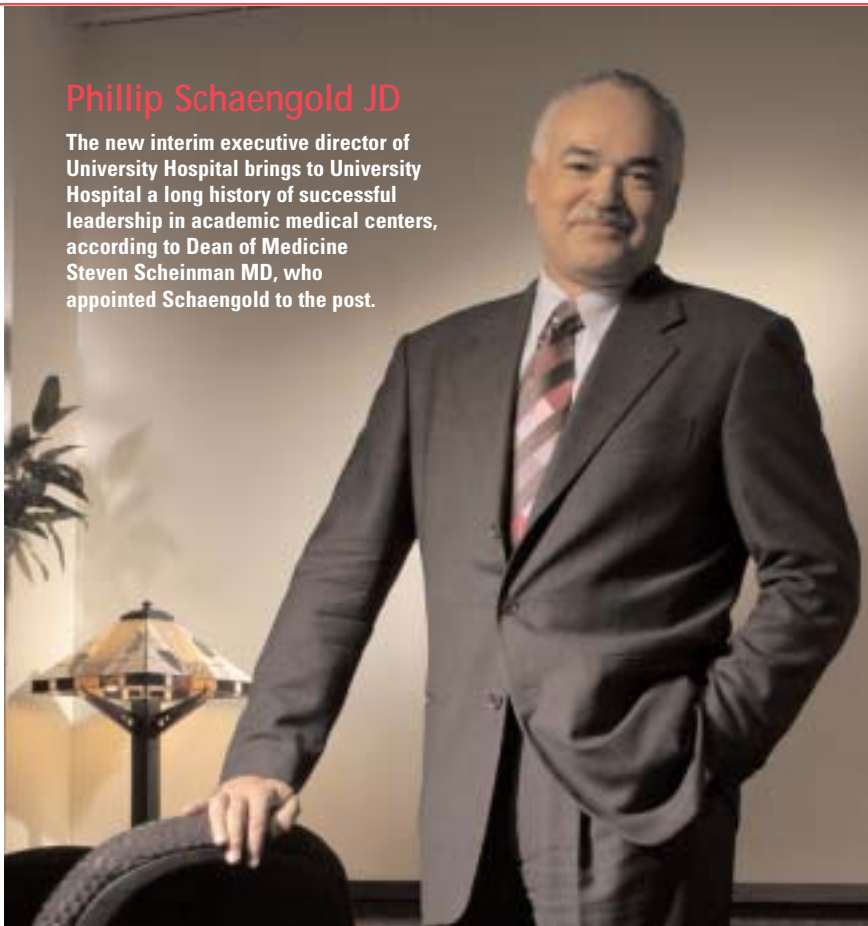
"Creation of this latter position underscores our philosophy that operational and quality improvement are the hallmark of what we're doing," he says.

One Enterprise

Since his arrival, Schaengold has been engaging in continuing dialogue with SUNY Upstate Medical University, College of Medicine and medical staff leadership. "University Hospital is one of the entities that comprise this medical university. While we each have our individual missions, we are all partners in making sure Upstate Medical University accomplishes its missions of education, research and clinical care," Schaengold concludes. "My goal is to have University Hospital exceed the university's expectations."

Phillip Schaengold JD

The new interim executive director of University Hospital brings to University Hospital a long history of successful leadership in academic medical centers, according to Dean of Medicine Steven Scheinman MD, who appointed Schaengold to the post.



His previous positions include:

- vice president of operations for Tenet Pennsylvania, a 1,676-licensed bed system of six academic and community hospitals, associated with the Drexel University College of Medicine.
- vice president of operations for Tenet Saint Louis, a 1,584-licensed bed system of five academic and community hospitals, two nursing schools and a Medicaid HMO.
- chief executive officer and managing director of the George Washington University Hospital, a 379-bed tertiary care teaching facility in Washington, DC
- president and CEO of Sinai Health System in Detroit, which included a 598-bed tertiary teaching hospital and satellite facilities throughout metropolitan Detroit.
- president and CEO of Menorah Medical Center in Kansas City, Mo., a 430-bed acute care institution affiliated with the University of Missouri-Kansas City Medical School
- senior section manager for hospital information systems at McDonnell Douglas Corp., in St. Louis.

Schaengold earned a law degree from the Salmon P. Chase College of Law at Northern Kentucky University (1979), and an MBA (1975) and bachelor's degree (1971) from the University of Cincinnati.

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IHP Adds Cardiac Rehabilitation Program

University Hospital specialists in cardiology and rehabilitation are collaborating on the new Phase II cardiac rehabilitation program offered at the Institute for Human Performance. The program follows the optimum formula for structured, safe recovery after heart surgery, heart attack and heart disease. (Phase I cardiac rehabilitation occurs during the inpatient stay.)

Designed around a medically supervised exercise regimen that is risk adjusted for each patient, the program is offered three mornings a week, with patients usually enrolled for six to 12 weeks.

The program includes a strong educational component, to help patients safely return to their daily routines, manage their health and address lifestyle issues, such as diet and smoking, that contribute to heart conditions.

Board-certified cardiologist Robert L. Carhart Jr., MD, the program's medical director, is on site during each session.

Key Element

According to Dr. Carhart, cardiac rehabilitation programs play a key role in recovery. Heart attacks, heart disease and cardiac surgery are life-altering experiences, and they can make patients apprehensive about physical exertion. A cardiac rehabilitation program helps patients understand that exercising is a very positive step. It can strengthen the cardiovascular system, elevate mood and increase confidence.

Cardiac rehabilitation programs also increase survival and decrease recurrence rates, according to Lisa Kozlowski MD, director of the Women's Heart program at University Hospital. Nevertheless, only about 20 percent of eligible patients participate in medically supervised cardiac rehabilitation.

Academic Difference

University Hospital's Phase II cardiac rehabilitation program offers unique advantages, including access to the comprehensive resources of the region's only academic medical center. It is accepted that the care patients receive in an academic

medical center incorporates the latest research and is on the leading edge, notes Dr. Carhart.

Raising the Bar

The staff ratio for the new cardiac rehabilitation program is one staff member to five patients. In addition to Dr. Carhart, the program's dedicated staff includes Denise Killius RN and physical therapist Nicole Torres DPT. The inclusion of a physical therapist brings musculoskeletal expertise to the rehabilitation process.

Nutritionists, psychologists, smoking cessation, stress-reduction and other experts will also contribute to the educational sessions.

Process

Patients entering the program undergo an initial medical evaluation and stress test, performed by Dr. Carhart. Risk factors identified at this stage are used to design individualized exercise programs.

During the nurse-supervised exercise sessions that follow, patients are always connected to Quinton telemetry devices which monitor and record ECG activity.

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*Cardiologist Robert L. Carhart Jr. MD, CRP
Medical Director; Associate Professor of
Medicine, SUNY Upstate Medical University*

Rare Resource

The cardiac rehabilitation program is offered in a private, dedicated area on the second floor of the Institute for Human Performance. This unique facility – a rare community resource – is close to downtown Syracuse, Route 81 and the medical complex on University Hill.

The new program was established, in part, to offer seamless service to patients recovering from cardiac surgery at University Hospital.

The new program also helps to meet a growing community demand, fuelled by a burgeoning senior population. Today's Baby Boom generation is projected to live longer yet require an unprecedented level of health care services.

Communication and follow-up with referring physicians is a cornerstone of the program.



Cardiac Rehabilitation is indicated for patients with:

- stable angina
- heart attack
- congestive heart failure
- coronary artery bypass surgery
- heart valve replacement or repair
- cardiac transplantation
- cardiac arrest
- pacemaker replacement

Potential benefits of cardiac rehabilitation:

- reduced mortality
- decreased heart failure symptoms
- improved angina symptoms
- lowered cholesterol levels
- reduced weight
- improved exercise tolerance
- reduced cigarette smoking
- enhanced self image

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Trauma: Top Priority

“And the victims were rushed to University Hospital.”

In Syracuse, that’s the standard postscript when newscasters cover motor vehicle crashes and other major traumas. Last year, more than 6,000 injured patients were rushed to University Hospital – many of them victims of the dramatic car crashes, farm machinery mishaps, falls, collisions, gunshot wounds, stabbings, burns and serious injuries featured on the evening news.

In medicine, the term ‘trauma’ refers to any injury to a body by an external force. University Hospital, the region’s only Level 1 trauma center, serves 14 counties and the second largest geographical area in New York State. It’s the only Level 1 trauma center from Rochester to Albany, from the Canadian border to the north and Pennsylvania state line to the south.

Key Appointment

Recently, University Hospital intensified its commitment to trauma care with the appointment of trauma surgeon John Fortune MD, above

right, as trauma director. For the past 20 years, Dr. Fortune has orchestrated complex trauma systems in Albany, NY, Tucson, Ariz., and Springfield, Ill.

Dr. Fortune has ambitious plans for University Hospital’s trauma program. “Our goal is to keep improving patient outcomes and hasten patient recovery, not just at University Hospital but throughout the region. Because trauma is very well categorized – by the trauma score assigned at the site and the injury severity scale at discharge – trauma outcomes can be clearly quantified.

“University Hospital already exceeds the national standard, in terms of outcomes,” Dr. Fortune notes. “But we can always make trauma care more efficient and integrated.

“Trauma patients don’t usually come in with a single problem,” he adds. “There are usually various systems involved, and endless complications can develop over time. That’s what makes trauma the most interdisciplinary of all medical endeavors.



That’s why we want everyone singing from the same song sheet.” Dr. Fortune compares the trauma surgeon to a traffic cop. “That’s the role we play after we manage the patient’s shock, which is the most immediate peril, and address any emergency surgical needs.”

Deep Resources

University Hospital has three trauma surgeons on its trauma team. To be certified a Level 1 trauma center by New York State, a hospital must have trauma surgeons on call 24/7, plus ED physicians, orthopedic surgeons, neurosurgeons and anesthesiologists, ED nurses, OR nurses, a blood bank, pathology service, hematology service and CT scanner, all staffed and ready to go around the clock. The hospital must also work, hand in glove, with those who transport trauma victims to University Hospital by ambulance and helicopter, and with the fire, police and EMS departments that report first to the trauma site.

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Effective trauma treatment also demands a well-integrated response protocol that shifts into high gear the minute the trauma code appears on the team's pagers. At University Hospital, the team's response is precisely orchestrated. "We go so far as to put blue tape on the floor in the ED. For crowd control, team members have to stand in designated places," says Mary Ann Fields RN, trauma nurse coordinator. "I tell others who rush to the ED, if you're not in the diagram, you're not in this circle."

University Hospital, the teaching hospital of the region's only academic medical center, has been the region's only Level 1 trauma center since the 1980s. It's mandated to take the most severe, or tertiary, trauma cases. For less serious trauma, Level 2 trauma centers in Binghamton and Utica provide excellent care, according to Dr. Fortune. For immediate triage or minor trauma, 27 community hospitals also play a pivotal role.

Dr. Fortune believes that one of University Hospital's most vital trauma services is supporting these rural hospitals.

The Golden Hour

"We can only do so much here at University Hospital," he explains. "But as lead provider of trauma care, we can develop and disseminate protocols that optimize patient survival, especially during the 'golden

hour' after injury, when shock and airway obstruction are often the greatest perils to survival."

University Hospital has planned a regional trauma conference for Sept. 9 in Syracuse. Dr. Fortune would also like to see a large regional organization of trauma care providers: TraumaNet CNY. "We're all on the same team," he explains. "We want to help create a seamless progression from the site of the trauma through rehabilitation and discharge.

"We also want to provide more support to the Level 2 trauma centers and community hospitals, which are very well qualified to treat 95 percent of the region's trauma patients. And we'd like to share equipment and expertise with the rural hospitals," says Dr. Fortune.

As a Level 1 trauma center, University Hospital collects trauma data for the region and designs quality improvement initiatives. It also plays the lead role in preventive strategies, such as increasing the use of bike helmets, ski helmets and car seats.

Trauma Is No Accident

"The term 'accident' does not exist in trauma literature," notes Dr. Fortune. "An accident refers to an act of God – to something that is not preventable. Trauma is no accident. Eighty percent of trauma is preventable."

Reality Therapy

Because Central New York has the highest per capita motor vehicle crash rate in the state for ages 19 and under, University Hospital delivered its graphic Let's Not Meet by Accident course to 2395 high school students in the past school year alone.

According to Mary Ann Fields RN, above, who teaches the course, it's designed to "scare the teenagers out of their risky behavior. It may be graphic, but it's entirely realistic. We need them to know what really happens to them after their car crashes – medically, physically, financially, emotionally, legally. Four to six students in every class pass out."

Following University Hospital's lead, Binghamton is now offering the Let's Not Meet by Accident course.

"Buffalo is trying it, and Brooklyn also wants to start this program," says Fields, who serves as president of the New York State chapter of the American Trauma Society.

"The teen brain is simply not wired to accept risk," notes John Fortune MD, trauma director at University Hospital. "They drive recklessly. They consume what they shouldn't. So we all have to adapt our educational strategies to their high level of resistance."



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