

# MEDSTAFF NEWSLETTER

## UPSTATE UNIVERSITY HOSPITAL

FALL  
2016

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### MESSAGE FROM THE MEDICAL STAFF PRESIDENT MITCHELL V. BRODEY, MD

The annual meeting of the medical staff is coming up on October 18th. The speaker will be Lenny Feldman from Johns Hopkins, who will be speaking about value-based care. His area of expertise is the use of laboratory testing in a cost effective manner. This ties in with our new medical staff Lab Formulary Committee's work; the first initiative you will soon be hearing about.

Historically, attendance at the medical staff meeting was a requirement to maintain privileges. This is no longer the case, but it does provide one of the few opportunities to interact with your colleagues in a semi-social environment. It's free, there's food and an open bar. It is part of being a member of a medical staff.

There are other expectations of members of a medical staff:

- Do consults when asked
- Serve on committees and actually attend the meetings
- As we are a teaching hospital, TEACH- and that means students, not just residents.
- Do your mandatory educational and CME requirements

Speaking of mandatory, it is flu shot season again. Remember it does not count unless the health office receives documentation (or, you can send your documentation to Medical Staff Services at either campus and they will get it to the health office). If you have it at another hospital, or a pharmacy, or an office, it is your responsibility to get it there. If you are new to the medical staff, you need to be aware that if you do not have your flu

shot within 72 hours of flu season being declared, you will be suspended.

On a positive note, at least for me, I attended the new unified CQI committee. This is the peer review committee of the medical staff. It has the potential to be a unifying force for the hospital, if everyone can learn to work together. As I have said for the last 21 months; **One medical staff, One hospital, Two campuses.**

We are not where I had hoped to be, but we are closer than we were. I will be writing one last newsletter in January. If anyone has any suggestions other than don't write one, let me know.



## PHYSICIAN BURNOUT

### ANTHONY P. WEISS, MD, MBA



I was recently asked to join a statewide taskforce led by the Medical Society of the State of New York (MSSNY). The topic: physician burnout. I am pleased to see MSSNY focusing on this important topic, which is now (finally) being recognized as an important societal concern.

Burnout was first described in the 1970s by a Psychologist named Herbert Freudenberger, who considered it "a state of mental and physical exhaustion caused by one's professional life." He went on to describe 12 phases or stages of burnout, with symptoms of depression or substance abuse being the most advanced states of this condition. When one considers that amongst resident physicians, nearly 30% exhibit clinical depression or depressive symptoms, it is clear that a substantial portion of our physician workforce, beginning in early career, are exhibiting some degree of job dissatisfaction.

The causes of what many are considering "an epidemic" of burnout amongst our colleagues are almost certainly multifactorial. Some oft-cited contributors would include: an increasing burden of documentation relative to direct patient care, production pressures across all clinical settings, devaluation of clinical acumen in exchange for technology, and a greater sense of isolation from colleagues. To some degree there may also be a greater recognition of the symptoms of burnout, symptoms that may have been ignored by previous generations of physicians.

Whatever the cause, physician burnout is a societal safety concern. Mentally and physically exhausted doctors cannot possibly provide optimal care. As a nation we should be considering both preventative and ameliorative efforts to bolster the wellbeing of our fellow physicians. Interestingly, neither duty hour limitations amongst trainees, nor overall salary growth over time, have curbed the rise in physician dissatisfaction.

Over the coming months I hope to learn more through my engagement on this taskforce, and I plan to bring back any lessons learned to Upstate, working with physician leaders within our organization to help address this issue locally. If you have ideas on this topic, please feel free to share them with me.

## ELECTRONIC DEATH REGISTRY SYSTEM (EDRS) UPDATE

All physicians (including residents), NPs, and PAs who certify deaths on inpatients will need training on the new New York State Electronic Death Registry System (EDRS). The primary purpose of an EDRS is to enable multiple death registration system users (funeral firms, hospitals, nursing homes, physicians, and medical examiners and coroners) to file death records electronically with local and state registrars, within the required 72-hour window after a death occurs.

The EDRS system is now actively in use at Upstate. This is an online system for reporting deaths that is being piloted in three counties, including Onondaga. The DOH plans to have the Electronic Death Registry System (EDRS) up throughout NY State by the end of the year, and then to discontinue the use of the current paper forms.

1. Physicians, PAs, and NPs will need: A Health Commerce System (HCS) account to use the EDRS; this is the same account used to check iStop for schedule II,III and IV controlled substances .
  - a. If you do not already have one, you may contact the Commerce Accounts Management Unit (CAMU) at 1-866-529-1890.
  - b. Health Commerce System (HCS) log in and forgotten password features are available online: [https://commerce.health.state.ny.us/public/hcs\\_login.html](https://commerce.health.state.ny.us/public/hcs_login.html)
2. Once a provider has a HCS account they have to be enrolled as "Medical death certifier" in the HCS system at each hospital campus where they will be covering.
  - a. Print off your HCS User ID page to provide to the Upstate HCS coordinator via phone (UH Patient Access Services - 464-5280) or in person, who will assign you an EDRS role as a "medical death certifier".

We have started using the EDRS system as part of a pilot program for natural deaths of admitted patients since Sept 15, 2016. Note: fetal deaths or medical examiner cases are not being placed in the system at this time. Patient Access Services is able to help providers with questions on the system at either campus. **Additional information on the EDRS system can also be found on the Medical Staff website:** [http://www.upstate.edu/medstaff/forms/elec\\_death\\_reg\\_system.php](http://www.upstate.edu/medstaff/forms/elec_death_reg_system.php). There is also training on the hospital blackboard site for those interested in learning more: Course ID UH 458738 Tracker code EDRS BB.

# ANNUAL MEDICAL STAFF MEETING

## *SUNY Upstate University Hospital 2016 Medical Staff Meeting*

**Date:** 10/18/16

**Time:** 6:00 - 8:00 PM

**Place:** 9<sup>th</sup> Floor Weiskotten Hall Cafeteria

### WELCOME NEW MEDICAL STAFF MEMBERS & APP MEMBERS

Avis Marleau-Webb, CRNA	Anesthesiology
Ned Urbiztondo, MD	Anesthesiology
Abbie Ware, NP	Emergency Medicine
Jarrod Bagatell, MD	Family Medicine
Carol Carioti, NP	Medicine
Travis Debois, NP	Medicine
Brenda Geloff, PA	Medicine
Silviu Pasniciuc, MD	Medicine
Ahmed Shawkat, MBBCH	Medicine
Michelle Taylor, PA	Medicine
Stephen Thomas, MD	Medicine
Aj Sakonju, MD	Neurology
Muhammad Salim, MD	Neurology
Guojun Zhang, MD	Neurology
Nicholas Baranco, MD	OB/GYN
Cynthia Fraser, MD	OB/GYN
Joann Roberts, LM	OB/GYN
Robert Fechtner, MD	Ophthalmology
Katharine Liegel, MD	Ophthalmology
Michael Fitzgerald, MD	Orthopedics
David Keyes, PA	Orthopedics
Matthew Sullivan, MD	Orthopedics
Qun Wang, MD	Pathology
Christopher DeLaney, MD	Pediatrics
Angela Mojica Sanabria, MD	Pediatrics
Nancy Zlomek, NP	PM&R
Jessica Costosa-Umina, PhD	Psychiatry
Nancy Goodman, PhD	Psychiatry
Michael Mix, MD	Radiation Oncology
Russell Gelomini, MD	Radiology
Laura Hanahan, MD	Radiology
Bruce Thaler, MD	Radiology
Zeki Acun, MD	Surgery
Roseanna Guzman-Curtis, MD	Surgery
Lisa Lai, MD	Surgery
Reeba Thankachan, NP	Surgery
Ria Unzalu, NP	Surgery
Sheryl Uyeda, MD	Surgery
Elizabeth Ferry, MD	Urology
Nedim Ruhotina, MD	Urology

Keynote Speaker: Leonard (Lenny) Feldman, MD, FACP, FAAP, SFHM

Associate Professor of Internal Medicine and Pediatrics, Johns Hopkins School of Medicine

Topic: "Towards Higher Value Care"

Dr. Feldman is board-certified in Internal Medicine and Pediatrics. He is the founder and program director of the Johns Hopkins Combined Internal Medicine-Pediatrics Urban Health Residency, and the Osler Internal Medicine Urban Health Primary Care Track. As a program builder and specialist in resident and hospitalist education, Dr. Feldman has focused his research on consult medicine, resident education, on-line education, and high-value care. Other interests include patient education, urban medicine, evidence-based medicine, and quality improvement. He is the editor-in-chief for SHM Consultative and Preoperative Medicine Essentials for Hospitalists, and an Associate Editor for the Journal of Hospital Medicine.

*H'ors d'oeuvres & Open bar*

*Flu vaccines available*

**RSVP to: Medical Staff Services at [medstaff@upstate.edu](mailto:medstaff@upstate.edu) or 315-464-5733.**

## MEDICAL STAFF ELECTIONS

The 2016 Officer Elections for the Medical Staff have come to a close. Officers elected to serve January 2017 to December 31, 2018 are as follows:

President: Howard Weinstein, MD

Vice-President: Leslie Kohman, MD

Secretary/Treasurer: Satish Krishnamurthy, MD

Dr. Mitchell Brodey will serve as the Past President during this term. The nomination committee has presented a slate of candidates to the Medical Executive Committee, and that slate has been approved. Results will be announced in November. Members-at-large will serve from January 2017 through December 2019. Links to vote for members-at-large through Survey Monkey will be emailed to all Active Medical Staff later in October.

## PATIENT EXPERIENCE CORNER

As we have discussed in prior newsletters, it is important for doctors to fully engage with their patients; getting to really know a patient can greatly impact clinical outcomes. The *manner* in which a physician communicates information to a patient is as important as the information being communicated. Pair communication with a healthy dose of empathy, conveying a powerful unspoken message that says: “I understand what you are going through, I care about your well-being, & I want to make your stay as comfortable as I possibly can”.

**Physicians should continue to achieve competency in four key communication skills:** 1-listening effectively, 2-eliciting information using effective questioning skills, 3-counseling and educating patients, & 5-making informed decisions based on patient information and preference.

### 1. During this hospital stay, how often did doctors treat you with courtesy and respect?

Our patients' rating of quality is more predicted by their rating of communication between the healthcare team and the patient. Effective communication is what separates the good from the great. Courteous, respectful communication from physicians that conveys empathy **is a key piece of this picture.**

Tactics to help strengthen the physician/nurse relationship while using **ICARE** include forming and maintaining collaborative relationships and fostering two-way communication with coworkers; this demonstrates team respect. Introduce yourself to the patient describing your exact role. Remember **ICARE**: Introduce, Connect, Acknowledge, Review and Educate.

### 2. During this hospital stay, how often did doctors listen carefully to you?

Listening counts. It counts more than having access to the latest technology and most sophisticated equipment. Careful listening leads to good diagnoses, good treatments, and good outcomes. This is the connection piece of **ICARE** and this connection leads to trust which leads to adherence to their treatment plan and better clinical outcomes.

Tactics to practice reflective listening, demonstrate empathy & manage pain include paying attention to the tone of your voice, using open-ended questions and active listening. Also remember that managing a patient's pain is critical to their perception of how they listen.

### 3. During this hospital stay, how often did doctors explain things in a way you could understand?

Being in a hospital is often a deeply confusing experience. Oftentimes when patients are sick or injured, in pain, and anxious they cannot process all of the information they are given.

Tactics to improve care plan explanations to patients include use and review of the whiteboards, and focusing on the **E** (Education) in **ICARE** by providing patients with useful information about their medical condition and any diagnostic testing that goes along with it. Remember: Explain all care and treatment in a way the patient can understand.

When a doctor focuses on providing a thorough explanation of diagnoses, the plan of care, and medications, his or her patients are more likely to understand their conditions and their own roles in treating them. This will lead to better compliance and better clinical outcomes. This will give patients a more favorable impression of the physician-and most likely, by extension, the organization.

## FLU SHOTS

State law requires everyone to get a vaccine **or** wear a mask when in 'any area where patients or visitors may be found', which includes hallways, bathrooms, and cafeterias. However, at Upstate, the Medical Staff bylaws dictate a higher standard: all physicians, dentists, podiatrists, and other credentialed medical providers who do not obtain the flu vaccine must have an **approved medical exemption**. Once the Department of Health announces we are in flu season, all providers have 72 hours to comply.

The flu shot is available just prior to start of the Annual Medical Staff meeting on 10/18, as well as regularly scheduled clinics throughout both campuses and other sites at the hospital. If you obtain it outside of Upstate, be sure to send your documentation to Medical Staff Services by fax 315-464-8524, or by email ([medstaff@upstate.edu](mailto:medstaff@upstate.edu)) to avoid possible adverse consequences.

Information on influenza in New York is available online at <http://www.upstate.edu/health/fluinfo.php>. For information on available Upstate flu clinics, please contact the health office at either campus: 315-464-4260 or 315-492-5624.

## 2016 ANNUAL MEDICAL STAFF EDUCATION : DUE 10/31/2016

Meant to reduce the number of education requests sent to Credentialed Licensed Practitioners and Physicians each year, the Credentialed Provider Mandatory Education is a packet of education that has been identified as required by accrediting bodies, state agencies, or other policy makers. The education packet was revised, and approved in late September and uploaded to the Medical Staff Services website.

To complete the education, go to [http://www.upstate.edu/medstaff/forms/annual\\_education.php](http://www.upstate.edu/medstaff/forms/annual_education.php). Review the 5 page packet (it is in an Adobe Acrobat PDF format). We expect this will take you 30 minutes or less. If you need policies or bylaws linked to the education and cannot get them, please let Medical Staff Services know ([medstaff@upstate.edu](mailto:medstaff@upstate.edu) or 315.464.5733) and you will receive them via email. Once you've completed your review, go back to the website ([http://www.upstate.edu/medstaff/forms/annual\\_education.php](http://www.upstate.edu/medstaff/forms/annual_education.php)) and under the Attestation section, complete your name and email address, check the "Yes" box, and click the submit button at the bottom of the screen. You will see a confirmation on the computer screen, and a dated confirmation will be e-mailed to the Medical Staff Services office to be placed in your file.

Completing this process will help assure that the hospital, the medical staff, and you are in documented compliance with all of these needed elements. If you have questions or difficulty, Medical Staff Services can be reached at 315-464-5733.

### MEC MEMBERS

#### VOTING OFFICERS

**Mitchell Brodey, MD**; Medical Staff President,  
Chair, Medical Executive Committee  
(Medicine, Infectious Disease)

**Leslie Kohman, MD**; Medical Staff Vice-President  
(Surgery, Thoracic)

**Howard Weinstein, MD**; Medical Staff Vice-President  
(OB/GYN)

**Satish Krishnamurthy, MD**; Medical Staff Treasurer  
(Neurosurgery)

**Bettina Smallman, MD**; Medical Staff Past President  
(Anesthesiology)

#### MEMBERS-AT-LARGE

**Lynn Cleary, MD**; (Medicine)

**Robert Corona, MD**; (Pathology)

**Timothy Creamer, MD**; (Medicine)

**Tanya George, MD**; (Medicine)

**Rolf Grage, MD**; (Radiology)

**David Halleran, MD**; (Colo-rectal Surgery)

**Po Lam, MD**; (Urology)

**Oleg Shapiro, MD**; (Urology)

**Zulma Tovar-Spinoza, MD**; (Neurosurgery)

#### APP ELECTED REPRESENTATIVE

#### EX-OFFICIO, NON VOTING MEMBERS

**Lisa Alexander, Esq**; Senior Managing Counsel

**Robert Carhart, MD**; Chair, Credentials Committee  
(Medicine)

**Hans Cassagnol, MD**; Chief Quality Officer (OB/GYN)

**Nancy Daoust, FACHE**; Chief Administrative Officer,  
Upstate University Hospital Community Campus

**Mantosh Dewan, MD**; Interim Dean, College of Medicine,  
SUNY Upstate Medical University; (Psychiatry)

**Beth Erwin, CPCS, CPMSM**; Director, Medical Staff  
Services

**Sarah Fries, NP**; Associate Director of Nursing for Advanced  
Practice Services

**William Grant, EDD**; Associate Dean for Graduate Medical  
Education

**Bonnie Grossman, MD**; Associate Chief Medical Officer  
(Emergency Medicine)

**Danielle Laraque-Arena, MD**; President, SUNY Upstate  
Medical University (Pediatrics)

**Robert Marzella, MHA**; Chief Operating Officer

**John McCabe, MD**; Chief Executive Officer (Emergency  
Medicine)

**Nancy Page, RN**; Chief Nursing Officer

**Anthony Weiss, MD**; Chief Medical Officer and Medical  
Director (Psychiatry)