

MEDSTAFF NEWSLETTER

UPSTATE UNIVERSITY HOSPITAL

FEBRUARY
2016

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

The next big issue up is the issue of secession planning for medical staff officers. In the past, there were no term limits for presidents. Consequently, medical staff Presidents would serve for many years. The thought behind such processes is that if you have someone who is gaining experience and expertise, why get rid of that person? However, most hospital medical staffs, including the other two locally, do not function this way. Our previous President, Bettina Smallman, brought up the idea of succession planning, and served only a two year term. While some may wish she continued to serve and thus I would not be writing this, the good news is I plan to continue the new tradition and not run again. The proposal in the bylaws put out for comment is to have a leadership track consisting of at least one three-year term as a member-at-large, followed by a progression from Secretary to Vice President (President Elect) to President to immediate Past President. In addition it would be a requirement for the candidate to receive some formal training in medical

staff leadership. The process represents a commitment of a number of years; 11 to be exact. It will serve to make sure we have well-trained and prepared medical leaders for the future.

Also at MEC, we discussed a speaker for the next annual meeting of the medical staff. Having just read *The Digital Doctor* by Bob Wachter, I thought he would be a good choice. Dr. Wachter coined the term hospitalist and has long been a leader in the quality movement. He is currently the interim Chair of Medicine at UCSF. His book details the era of computerized medical records and the experiences they have at UCSF with Epic. So I emailed him. He sent a nice reply, but he does his bookings through an agent. His speaking fee, coincidentally, is the exact amount my yearly salary was when I came to Upstate as an Assistant Professor of Medicine (state line tenure track) in 1980. The MEC felt that there was nothing he could possibly say that would justify that amount, so we are working on a more value-based (perceived quality/cost) speaker. We did find a YouTube video of his presentation for those of you who do

not want to devote the time or resources to this book

<https://www.youtube.com/watch?v=FMutbflrFeU>

I also you look at one of my favorite medical videos of all time (which Dr. Wachter references in his book), Larry Weed Grand rounds at Emory in 1971
<https://www.youtube.com/watch?v=qMsPXSMTpFI>

Dr. Weed invented the SOAP note and was an early advocate of the importance of the medical record. It also demonstrates what grand rounds were and should still be. There were no slides and no PowerPoint, although he does spend a few minutes struggling with an overhead projector. There was someone who knows what he is talking about, presenting it enthusiastically to a receptive audience.



REPUTATION

ANTHONY P. WEISS, MD, MBA



I received an email the other day from the hospital where I trained, asking for their vote. Vote for what? A vote to name them as one of the top hospital programs in the country for psychiatric care, as part of a national survey sent out by the website Doximity. As it turns out, for most specialties these Doximity website survey results (“reputation score”) make up over one-fourth of the total score (27.5% to be precise) in the annual US News and World Report (USNWR) rankings of hospitals around the country. In fact, for Psychiatry, the survey results make up 100% of the ranking, given a relative absence of well-validated quality metrics in my field. So to maintain their status as one of the top programs in the country, my alma mater relies on these votes. But beyond email pleas, they also get the word out about the work they are doing through many other venues, including a massive number of academic publications and participation in all of the major conferences in the field.

Last year, as best as I can tell, not a single Upstate Medical University specialty area received a single point in the area of reputation for the USNWR survey. And not a single Upstate specialty area was ranked amongst the top 50 programs in the country nationally. This, despite the fact that we are doing some great work here, providing amazing care from top notch physicians using the latest technology. I’d love to see that change.

Why would this be of benefit to Upstate? Because academic programs ranked highly attract physicians and residents looking to work and train at a high-quality program. And for better or worse, these USWR rankings serve as a nationally-recognized marker of that excellence.

What can you do? Well, you may want to look into Doximity, and consider whether you would consider Upstate as a location you’d recommend to others for your specialty. We should also think as an organization about how we are getting the word out about the great work we are doing here. Are we taking the time to publish when presented with an interesting case? Are we encouraging the residents to present at meetings? We truly see some fascinating cases here and help patients in so many innovative ways, I would love to see us become more curious as a medical staff and consider writing up our observations.

In so doing, we can remind others that one of the oldest medical schools in the country is still here in Syracuse, and still innovating and providing great care. And perhaps they will think of Upstate when it comes time to complete their own Doximity survey.

PNEUMOCOCCAL VACCINES UPDATE

The New York department of Health has offered guidance on how **recent changes** to the standard of care regarding pneumococcal vaccination of adults 65 years of age and older impact legal requirements for vaccination of admitted patients. New York State Public Health Law requires hospitals to offer pneumococcal vaccination to all admitted patients 65 years of age and older unless such patient has already received the vaccination, is not in need of a booster, or is a person for whom it is medically contraindicated. The **new Advisory committee on Immunization Practices (ACIP) standard of care for pneumococcal vaccination of adults** is that **both** pneumococcal conjugate vaccine (**PCV13**, Prevnar-13®) and pneumococcal polysaccharide vaccine (**PPSV23**, pneumovax ®23) be routinely administered to all adults aged 65 years and older, according to a schedule included in the link provided. https://www.health.ny.gov/professionals/hospital_administrator/letters/2016/2016-01-21_dal_16-01_pneumococcal_vaccines_update.htm

Upstate’s pneumococcal vaccine policy is currently being revised to adhere to the standards set forth by the Department of Health. As soon as Upstate’s policy revisions are complete this information will be provided to you via this newsletter and on Upstate’s policy and forms website.

Patient Experience Corner: Continuing our focus on communication using the ICARE model.

	Essential Elements	Feelings associated with improved communication
I	Introduce/Inspire	Use “I” Statements, Interested
C	Connect/Contact	Care, Compassion, Customer Service, Courtesy
A	Acknowledge/Articulate	Amiable
R	Review/Remember	Respect, Reverence
E	Ensure/Educate/Express	Empathy

E = Ensure, Educate, Express, Establish, Empathy

Ensure Understanding – Ensure that patients understand what is being told to them:

- Ask: “What questions do you have? Is there anything else I can do for you?”
- Asking the patient/family to repeat back key information ensures they have understood what has been communicated to them. Allow ample time for questions and any subsequent discussion as it promotes trust across the patient/family-centered continuum.

Educate: What to expect post-discharge:

- Let patients & families know what to expect. This will help set realistic expectations.
- If you realize the education you are doing with a patient or their family is not sinking in, have them repeat back to you key phrases that indicate they understand the discharge care plan. Be sure to emphasize the benefits of the homecare service(s) being provided.

Express: When grateful say: “thank you” – it’s true what they say – “A thank you goes a long way...”

- Try ending the conversation with: “I appreciate you sharing your thoughts with me” - this is what the patient/family will remember. This may feel awkward at first, but the more you practice it the easier it will feel. Here are some other suggestions as well:
 - “Thank you for choosing Upstate for your care.”
 - “Thank you for your time.”
 - “Thank you for bringing that to my attention.”

Establish: Further establish the care plan by establishing goals with the patient & their family:

- You’ve reviewed the plan of care with the patient; take the time to further develop this with the patient & their family. As discussed in last month’s newsletter, include the family in the patient care plan and solicit their advice.
- The patient may have very different goals that need to be taken into consideration with regards to the care plan. The family can be very helpful in communicating those goals to you when prioritizing those needs.

Empathy

- Webster Dictionary defines empathy as: “The feeling that you understand and share another person’s experiences and emotions.” The definition of “clinical empathy” rings more true with the healthcare profession: “A desirable trust-building characteristic of a helping profession” embodied in the statement: “I understand how you feel.”
- In other words, place yourself in someone else’s shoes and try to feel what they are feeling; it may give you the opportunity to understand their perspective. Would we treat them differently?
- If you deliver care & communication from a place of empathy, your patients & their families will feel you care.

EDUCATE

Teach the patient so they are better prepared to take the next steps towards wellness.

Patient Experience Initiative

- Speak simply
- Provide clear step-wise instructions
- Have a follow up plan and a backup

This is the fifth of our five step initiative to improve patient satisfaction

INTRODUCE

CONNECT

ACKNOWLEDGE

REVIEW

EDUCATE

“Let’s go over what we found today. I will explain what we did, results we found, the diagnosis and what the plan will be from this point. It is important you understand your current state of health”

“Do your medications make sense to you?”

“Do you understand when and with whom you need to follow-up?”

“Would you like info on where you can learn more about your diagnosis?”

SCHWARTZ ROUNDS

March 1, 2016

3:45 – 4:45

East Tower, 11405

PANELISTS:

Barbara Krenzer, MD; Palliative Care Leanne Askew, RN, MSN, CNS Christine Reichel, RN, BSN; Pediatrics

Caring for the seriously ill and injured may be our professional mission but it often comes at a personal price. This Schwartz Compassionate Care Round will present, those who wish to, the opportunity to speak about this price. It will offer all of us the opportunity to listen and support our colleagues. All staff members of Upstate University are encouraged to attend this offering of the popular forum. For more information, please contact: Rev. Virginia Lawson, PhD, Coordinator, Schwartz Center Rounds at Upstate. lawsonv@upstate.edu , 464-5596.



Electronic Prescribing: Waiver Available

While the majority of you have already registered to prescribe electronically, this is a reminder that all prescriptions need to be electronically submitted as of March 27, 2016, or a waiver must be requested.

The NYS Bureau of Narcotic Enforcement (BNE) has notified the Medical Society of the State of New York of the availability of the Electronic Prescribing Waivers (EPW) application on the Health Commerce System (HCS).

A prescriber must have an HCS account in order to file an EPW. This application allows an institution, medical group practice or an individual practitioner to submit a request for a waiver from the requirement to electronically prescribe.

If a physician does not have an HCS account, a paper version is available upon request by calling the NYS BNE at 1-866-811-7957, option 1.

If you experience difficulties with your HCS account, call 1-866-592-1890.

If you experience any issues with the on-line EPW, call 1-866-811-7957.

WELCOME NEW MEDICAL STAFF & APP MEMBERS

David Joseph, MD	Anesthesiology
Hae Jin Kim, DDS	Dental Surgery
Ward Irvin, PA	Neurosurgery
Barbara Loughlin, LM	OB/GYN
Jonhan Ho, MD	Pathology
Anne Reagan, PSYD	Pediatrics
Charles Johnson, MD	Radiology
Thomas Kavic, MD	Radiology
Jason Wallen, MD	Surgery
Mark Laftavi, MD	Surgery
Daronda Shepard, NP	Surgery

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)

Zulma Tovar-Spinoza, MD; (Neurosurgery)

APP ELECTED REPRESENTATIVE

Thomas Antonini, PA; (Surgery)

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

David Duggan, MD; Dean, College of Medicine, SUNY
Upstate Medical University; (Medicine)

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)

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

Nancy Page, RN; Chief Nursing Officer

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