

# MEDSTAFF NEWSLETTER

## UPSTATE UNIVERSITY HOSPITAL

### To Active Medical Staff:

Medical Executive Committee (MEC) is seeking nominations for **3 Members-at-Large** to serve 3 year terms. Members of the medical staff will vote for Members-at-Large based on their primary campus affiliation. Please review the description of MEC's responsibilities and duties below, and consider submitting a nomination to Medical Staff Services via e-mail (Medres@upstate.edu) or fax (315-464-8524) by **September 15<sup>th</sup>, 2013.**

**Downtown Campus** - 2 Members at Large

**Community Campus** - 1 Member-at-Large

**This is a 3 year term (01/01/2014 – 12/31/2016)**

MEC generally meets on the fourth Tuesday of each month from 6:00 until approximately 7:30PM. Prospective members should plan to attend a majority of the meetings.

You may nominate yourself. The nomination should be accompanied by a brief (one or two paragraphs) description of why the candidate is interested in serving the organized Medical Staff in this capacity, highlighting any experience or special interest in medical staff governance. We are interested in representation across specialties to assure that the interests of the entire medical staff are being served. A list of the current MEC members, their specialties and primary campus affiliation is included for your review. Committee members spend approximately 5 hours per month on MEC related business. Depending on the level of involvement and commitment, this time might increase.

The Nominating Committee will review nominations and develop a slate of candidates for presentation to the medical staff. Elections to MEC will be held via e-mail.

We hope that you will seriously consider nominating a colleague or running yourself for a Member-at-Large position. The next set of elections will occur in the fall of 2013. Please call 464-5733 or watch your e-mails from the Medical Staff for more information.

### News & Noteworthy



**Reason for Education: Annual DNV and ISO 9001 education**

**Education Dates:**

**August 1 –August 31, 2013**

**Education Time: 10 minutes**

**Contact: Julie Briggs, RN, M.S.N., Patient Safety Officer and ISO Management Representative**

**Date Changes will go into effect: N/A**

**Tracker Code: ISODNVFF**

**Intended Audience:**

**All University Hospital staff – both campuses**

Colleen E. O'Leary, MD and Timothy Creamer, MD

DO YOU HAVE A  
QUESTION FOR MEC?

<mailto:askmec@upstate.edu>



# DNV/ISO

*"All I ever wanted to know about DNV and ISO 9001 but was afraid to ask"*

In September 2010, Upstate University Hospital began utilizing DNV as its formal accrediting agency. We chose to change from the Joint Commission because of DNV's adherence to ISO 9001 continuous quality improvement standards. DNV is fully approved by The Centers for Medicare and Medicaid Services (CMS). Below are some tips and basic information to help lead our organization to full compliance as an ISO 9001 organization.

1. DNV is our accrediting body. They come annually to survey us utilizing the Medicare and Medicaid Conditions of Participation and the ISO 9001 Standards. ISO 9001 is a Quality Management System that utilizes best practice for achieving systematic high quality.
2. Do you know that Julie Briggs is our ISO 9001 Management representative? This role is required by ISO 9001 and it is Julie's responsibility to make certain our quality processes are reported appropriately to our quality governance committee and that we are following the guiding principles of ISO 9001.
3. ISO 9001 has 3 "C's" as its main principles. They are: provide **Consistent service**, improve patient/**Customer satisfaction** and **Continually improve** the organization.
4. Upstate University Hospital has a quality manual. It is located on the policy page under the "Quality" tab. The Quality manual consists of the scope of our quality management system, our quality policy and the 6 required ISO 9001 policies.
5. The 6 required ISO 9001 policies are:
  1. Control of Documents
  2. Control of Records
  3. Internal Audits
  4. Control of Non-Conforming Products
  5. Corrective Action
  6. Preventive Action
  - All of these are located on the policy page under the "Quality" tab on the left tool bar.
6. These ISO 9001 are the policies that help us to be consistent in our practices and help with continual improvement. As part of ISO 9001 "Control of Documents" policy and Hospital policy P-18, all policies and forms must be reviewed every 2 years. Also, P-18 is our improved policy on policies. You will now see that ALL policies have a box just below the title that tells us what exactly has been changed if the policy has changes made to it. Additionally, if a person needs to see/utilize a policy they should always access the ipage when the policy is needed. We should not have policies in binders, on bulletin boards, in medication rooms or in our lockers for use at a later time. **The most current version is only online and that is the version we should always be practicing from.**
7. Please make certain you are aware of Performance Improvement initiatives that either the hospital or your departments are working on. Performance Improvement is the same as quality improvement and what ISO 9001 is all about!!
  - As a hospital we are working on **Improving Patient Satisfaction** through our Patients first initiatives such as: hourly rounding, quiet hours, ambassadors to assist patients to the cancer center, cards on the beds after room cleaning is complete
  - **Decreasing hospital acquired infections** through: hand washing, appropriate cleaning techniques, proper use of personal protective equipment (gowns, gloves, masks)
  - **Improving turnaround times** for patient care items, equipment and medications;
  - **Working to improve the stocking first in first out** process (always put the old in front when restocking).

Remember, Upstate's policies and procedures are in place to ensure compliance with standards and regulatory requirements therefore you need to adhere to our policies. Remember when the surveyors come to visit us that you should "say what you do," "do what you say," "prove it," and of course we always strive to "improve it!" If you have any questions please contact Julie Briggs at [briggsj@upstate.edu](mailto:briggsj@upstate.edu)

# GRADUATE MEDICAL EDUCATION

-William Grant, EDD

We have successfully completed onboarding for new residents and fellows for the 2013-2014 academic year. This year, 150 individuals have been processed into our programs. This has been one of the smoothest processes in a long time largely due to the implementation of the new residency electronic management system, MedHub. This is also the same system that nurses and attendings can use to confirm residents' credentialed status.

This academic year also marks the start of the ACGME Next Accreditation System (NAS) which will result in significant changes in the operations and oversight of residency and fellowship programs. Newly implemented is a requirement that all residents are evaluated twice a year using a series of milestones designed to measure educational outcome progress toward competence of becoming an independently practicing physician. There are increased requirements in the detail of documenting evidence of resident successful completion of procedures. There are new requirements for resident direct involvement in Quality/Patient Safety committees and work. There are new standards for minimal requirements of both residents and faculty to demonstrate scholarly activities and the results of these activities such as publication/presentations. A major change from previous years is that 'older' residents would help guide new residents throughout these processes. Unfortunately, all residents and faculty are beginning this new system together so it is a collective learning process.

How can you, as attendings help? The education process is different, not only from when you were in residency, but it is different from last year. The rules and expectations are new which requires learning by all of us. If you have a question or run into a cognitive dissonance about 'how it used to be' please ask. You may call the GME offices and we will be happy to help you work through and understand the processes as the ACGME continues to develop and refine them.

## QUALITY CORNER

As patients are consented for procedures, it is the responsibility of the **Proceduralist** to guide them or their health care proxy/guardian through completion of the DNR section of the consent form (see below).

9. I have a current <b>Do Not Resuscitate (DNR)</b> Order in place. (Check the box) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If I checked <b>yes</b> and have a DNR Order and I am undergoing a procedure requiring moderate sedation and/or services provided by an anesthesiologist. a. I wish to maintain DNR status during my operation/procedure. (Check the box) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes, Attending Surgeon or designee must initiate physician to physician communication with Attending Anesthesiologist.</b> <b>OR</b> b. I wish to discontinue DNR status during my operation/procedure. I understand that my DNR status will be resumed when I am discharged by the Anesthesiology Service. (Check the box) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No c. Not applicable because I am not having moderate sedation or general anesthesia. .... <input type="checkbox"/> N/A
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**The first question must be answered for all patients despite age.** (If they do not have a DNR they should check the "no" box. If "yes" they have a DNR, we are legally required to review its applicability during the procedure). If moderate sedation or general anesthesia is not being used, check "c."

**Reminder:** This applies to **BOTH** adults and children. It should be **completed on all procedural consents.**

# Welcome New Medical Staff & Advanced Practice Clinicians!

Luciana Curia, MD	Anesthesiology	Joyce Baker, NP	Pediatrics
Mark Titcomb, CRNA	Anesthesiology	Susan Demartini, MD	Pediatrics
Tyler Greenfield, DO	Emergency Medicine	Privanka Kaul, MBBS	Pediatrics
Lisa Hawthorne, NP	Medicine	Scott Bradley, MD	PM&R
Evelyn King, NP	Medicine	Adam Edelstein, DO	Radiology
Patrick Kohlitz, MD	Medicine	Eugene Kim, MD	Radiology
Jayson Perez, NP	Medicine	Scott Albert, MD	Surgery
Sailasri Reddy, PA	Neurology	Flavian Lupinetti, MD	Surgery
Jeffrey Smith, PA	Neurosurgery	Joseph Melancon, MD	Surgery
Matthew Elkins, MD	Pathology	Prashant Upadhvana, MBBS	Surgery
Joseph Fullmer, MD	Pathology		

## MEC MEMBERS

**Bettina Smallman, MD**; Medical Staff President, Chair, Medical Executive Committee (Pediatric Anesthesiology)

**Mitchell Brodey, MD**; Medical Staff Vice-President (Medicine)

**Robert Kellman, MD**; Medical Staff Vice-President (Otolaryngology)

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

**Colleen E. O'Leary, MD**; Medical Staff Past President (Anesthesiology)

### MEMBERS AT LARGE

**Sharon Brangman, MD**; (Medicine)

**Tamer Ahmed, MD**; (Pediatric Surgery)

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

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

**Leslie Kohman, MD**; (Thoracic Surgery)

**Kara Kort, MD**; (Surgery)

**Guillermo Quetell, MD**; (Plastic Surgery)

**Irene Sills, MD**; (Pediatric Endocrinology)

**Mike Sun, MD**; (Orthopedic Surgery)

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

### APC ELECTED MEMBER

**Lisa Cico, NP**; (Surgery)

## EX-OFFICIO, NON VOTING MEMBERS

**Nancy Daoust, MS, FACHE**; Interim Chief Administrative Officer, Upstate University Hospital at Community General

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

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

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

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

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

**Regina McGraw, JD**; Senior Managing Counsel

**Katie Mooney, RN, MS, NEA-BC**; Chief Nursing Officer

**Paul Seale, FACHE**; Chief Operating Officer

**David Smith, MD**; President, SUNY Upstate Medical University (Pediatrics)

## AD HOC, NON VOTING MEMBERS

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

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

**Louise Prince, MD**; Chair, CQI Committee & Chief Quality Officer (Emergency Medicine)

Do you have information that you think the Medical Staff needs to know about? If so, please contact us at <mailto:askmec@upstate.edu>