

# MEDSTAFF NEWSLETTER

## UPSTATE UNIVERSITY HOSPITAL

DECEMBER 2014

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- Letter from Dr. Weiss
- New Medical Staff and APC Members

<mailto:askmec@upstate.edu>

### MESSAGE FROM THE MEDICAL STAFF PRESIDENT BETTINA SMALLMAN, MD

Traditionally, December is the month of reflection and this year is no exception. Upstate University Hospital is a huge organization. In the midst of the never-ending, ongoing activities, your elected representatives of the Medical Staff have worked silently in the background looking after your interests.

Let me share a brief overview of the past 2 years.

Looking back, we did due diligence to the more traditional responsibilities of the medical executive committee: numerous policies and bylaws were reviewed and updated. Hundreds of files were reviewed by the Credentialing Committee for the purpose of initial, reappointment and increase in privileges under the leadership of Dr. Robert Carhart.

Quality concerns were brought to our attention, recommendations made, and physician and other medical staff issues dealt with.

Monthly reports were provided by representatives of the institutional

leadership, making sure that the medical staff was up to date on relevant issues.

Apart from the routine, we gave ourselves a mandate to try to keep the focus on what matters going and important discussions alive.

As always, finances were a major concern. We identified the need for fiscal restraint, and a shifting of priorities. We reduced expenses, and at the same time raised the medical staff fees to a level compatible to our neighboring hospitals. This freed up funds to offer educational opportunities to the Medical Executive Committee (MEC) in order to acquire the skills and knowledge for their important leadership roles. The issues relating to the medical staff are complex, and the health care environment is changing rapidly. The right combination of education, and the personal commitment of the members of the executive, leads to the skill set and knowledge that allows issues to be addressed appropriately. We made sure that each new MEC member is provided with a comprehensive orientation package containing essential information about the committee itself and the responsibilities expected.

You might remember from the past, the ongoing pain of the seemingly never-ending educational requirements from our office and those of New York State. That headache is gone, thanks to the Medical Staff Services office - under the leadership of Beth Erwin. Her staff has developed a significantly abbreviated annual mandatory education package appropriately meeting these educational needs.

The issue regarding late career practitioners was initiated and led by Dr. Sharon Brangman. A solid approach has been developed, and will be going through its implementation hopefully next year in coordination with Crouse and St Joseph's hospitals.

The creation of a monthly medical staff newsletter has become an important communication tool and provides the opportunity for feedback from the medical staff to the president of MEC.

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Bettina Smallman, MD

## MISTAKES – PART II

### ANTHONY P. WEISS, MD, MBA



I received a thoughtful email from a member of our hospital community in response to last month's essay, in which I drew an analogy from my son's soccer lessons to the delivery of healthcare. My essay focused on the potential liberating benefit of feeling unafraid to try new things, and emphasized the likelihood of mistakes as a part of this growth process. My aim was to stimulate thought and conversation around how to create change in a risk-averse culture, with a goal of continually improving as an individual or organization. Based on the email I received, I now see that I may have missed the mark.

The writer was concerned that my essay could be construed as encouraging medical errors, and seemed to ignore the devastating impact of these errors on patients and their families. This was not at all my intent, but I can see why my message may have been interpreted in that manner. This is *my* mistake, I am sorry for any miscommunication, and I will learn from it.

I certainly do not want to see more medical errors here at Upstate, or in healthcare in general. Having spent the last 10 years focusing on healthcare quality and safety, I have worked to try to reduce the rate of medical error and make healthcare safer. I should say that the vast majority of errors I have seen have actually not come from physicians and nurses attempting to try new things, but quite often exactly the opposite – the errors have occurred because these clinicians are not employing the new concepts shown to make care safer, like the pre-procedural time-out or medication reconciliation. As an organization we need to ensure that we are implementing these processes routinely, as well as looking for new ways to make care safer.

I have also seen first-hand the devastating impact of medical error on the lives of patients and families. The physical and mental toll of having sustained an injury from medical care, and the emotional impact of being let down by the caregivers you were counting on, can be a heavy burden indeed. Here I should mention the good work of a group known as MITSS (Medically Induced Trauma Support Services, <http://www.mitss.org/>), started almost 13 years ago in Boston by a woman who herself was harmed by in error in medical care.

MITSS has helped to raise awareness of the serious impact of errors on patients. But they have also done a tremendous job of describing the effect on the physicians and nurses who made the mistake, helping to coin the term "second victim". Indeed, many clinicians are emotionally crippled after committing an error, shutting down or radically altering their practice to limit further risk. In part this stems from the empathic sadness of harming someone you cared for. But in part it stems from the impossible standard of perfectionism that we hold ourselves to.

So make no mistake, I do not want you taking irrational risks in your practice, or experimenting on patients. But there may be ways in which your practice could improve, that our hospital could improve, and I hope our culture will allow this type of rational change to occur. And if mistakes occur, we need to find ways to support both the patients and our colleagues alike.

Best wishes for a happy and healthy New Year...



WELCOME  
NEW MEDICAL STAFF  
&  
APC MEMBERS

Ambika Eranki, MBBS	Medicine
Nuri Ozden, MD	Medicine
Elena Schmidt, MD	Neurology
Joseph Coffey, PA	Orthopedics
Deborah Goldman, MD	Pediatrics
Abdulhafiz Ahmed, MD	Psychiatry
Autumn Porubsky, PsyD	Psychiatry
William Springer, MD	Radiology
Dawn Scott-Topolewski, PA	Surgery
Jennifer Stanger, MD	Surgery
Jacqueline Wheeler, NP	Surgery

**CONTINUED FROM FRONT PAGE:**

MEC plays an important role with respect to standard of care and professionalism. In the changing world of health care, medical professionals need to constantly strive to maintain a collaborative environment.

The reality is that, in high stress environments, frequent inter-professional bullying can infiltrate the scene. This is not just a physician or nurse issue, but is present in all work areas and ranks. It is a huge problem that leads to significant stress, especially in those who are bullied. Inevitably, uncountable complaints are created, often without evidence of resolution or follow up of the underlying problem. We recognized the impact negative conflict and poor communication has on patient care. When communication is lacking, or deteriorates in a given situation, the cascade that follows negatively affects collaboration and teamwork. Without a doubt, quality of care for the patient suffers. We also know that unmanaged conflict is the largest reducible cost in an organization today, and the least recognized. We are proud of the fact that the medical executive has played a key role in the development of a newly created task force at Upstate to address this problem. We have participated in the development of a process that keeps ownership of conflict resolution between the individuals involved, before the initiation of any formal process, if appropriate. In essence, we have developed a simple communication tool that can be used across disciplines.

The entire process has been fully supported by the institutional leadership with respect to implementation, marketing and initial and ongoing education.

It is important to acknowledge the fact that none of our activities are the work of one single individual. All members of MEC have worked hard for the last 2 years and made a significant commitment to keep the momentum going. I personally thank all my colleagues for their support throughout my term. Special thanks to the MEC officers, Dr. O’Leary, Dr. Kellman, Dr. Brodey, and Dr. Krishnamurthy for making yourself readily available for a pre-MEC huddle when needed. I pledge equal support going forward as the past president.

I cannot thank Beth enough for her invaluable help in preparing 24 MEC meetings and 2 Annual Medical Staff meetings and all the other tasks to be performed in order to provide smooth operations. Beth Erwin and her colleagues are the key individuals who make this all work.

Please join me in welcoming Dr. Mitchell Brodey from Upstate University Hospital’s Community Campus as our new President of the Medical Staff who will begin his term in January 2015. Dr. Brodey is a specialist in Medicine and Infectious Disease who has spent most of his career at the Community Campus. We are excited to support him for the next two years in this important role.

Thank you for all your support, constructive feedback and time made available for the past two years.

Have a happy New Year and simply stay healthy and as positive as possible!

-Bettina Smallman, MD

# 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

**Tamer Ahmed, MD;** (Pediatric Surgery)  
**Sharon Brangman, MD;** (Medicine)  
**Derek Cooney, MD;** (Emergency Medicine)  
**Timothy Creamer, MD;** (Medicine)  
**David Halleran, MD;** (Colo-rectal Surgery)  
**Leslie Kohman, MD;** (Thoracic Surgery)  
**Zulma Tovar-Spinoza, MD;** (Neurosurgery)  
**Howard Weinstein, MD;** (OB/GYN)

## EX-OFFICIO, NON VOTING MEMBERS

**Nancy Daoust, MS, FACHE;** Chief Administrative Officer,  
Upstate University Hospital at Community General  
**Gregory Eastwood, MD;** Interim President, SUNY Upstate  
Medical University  
**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 Medical Director  
(Emergency Medicine)  
**John McCabe, MD;** Chief Executive Officer (Emergency  
Medicine)  
**Nancy Page, RN;** Chief Nursing Officer  
**Paul Seale, FACHE;** Chief Operating Officer

## AD HOC, NON VOTING MEMBERS

**Robert Carhart, MD;** Chair, Credentials Committee  
(Medicine)  
**David Duggan, MD;** Dean, College of Medicine, SUNY  
Upstate Medical University; (Medicine)  
**Anthony Weiss, MD;** Chief Medical Officer and Medical  
Director (Psychiatry)