

MEDSTAFF NEWSLETTER

UPSTATE UNIVERSITY HOSPITAL

JULY 2014

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<mailto:askmec@upstate.edu>

MESSAGE FROM THE MEDICAL STAFF PRESIDENT

BETTINA SMALLMAN, MD

Dear Colleagues,

In our June newsletter you were introduced to the Caregiver Collaboration Taskforce and the goals that its members have set out to achieve:

- Decrease interpersonal conflict that occurs in patient care areas
- Understand what creates tension
- Identify and educate caregivers on appropriate steps to alleviate conflict
- Through a well defined process of conflict mediation, improve the spirit of teamwork
- Create a process that includes a follow-up/report back to parties involved in Conflict

Much of the work done by the Caregiver Collaboration Taskforce is simply about promoting professionalism in the work environment. There are compelling reasons and convincing evidence that disrespect, conflict and negative

behavior across all disciplines impacts teamwork, communication, quality of care of patients and personal well being.

The Caregiver Collaboration taskforce has developed a conflict resolution model, analogous to the U-turn model, which was developed originally by The Medical University of South Carolina.

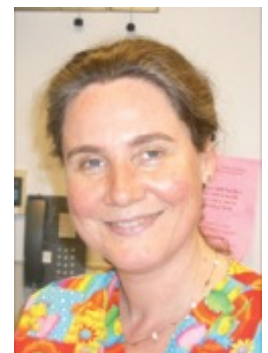
This is, in essence, a tool to get interaction among all healthcare workers, physicians, nursing staff and ancillary staff back on track in situations of conflict. If applied in a consistent manner, communication can be respectful, effective and productive.

A comment about the concept of a U-turn: we are familiar with the concept of a U-turn, but think of it more in context of travelling a certain direction, realizing that we made a mistake and subsequently perform a 180 degree rotation to reverse the direction of travel. Truthfully, we have all gone down a path in our daily work environment that was clearly going nowhere; if anything, it was leading down a negative spiral. But how to reverse the conversation, how to stop a destructive exchange that will leave both parties unhappy? How to step back and start again?

The power of the U-turn model is that it gives us all a mechanism to simply start the conversation again.

The practical application in the workplace consists of using a code phrase: **“I need a U-turn!”** to diffuse a potentially volatile situation. Trained staff members will understand what the phrase means, simply pause, and try to resolve the conflict on the spot in real time.

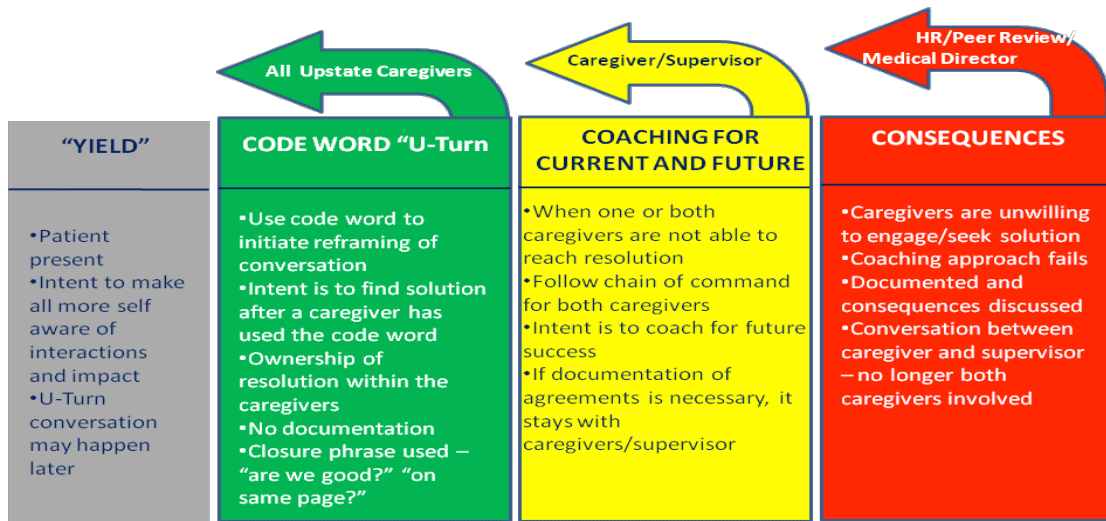
The next important step to be undertaken as part of the implementation process consists of an institution wide instruction of the “Upstate U-turn” model and collection of your feedback, a process that has already begun! Initial steps thus far consist of presentations of the concept of conflict management to the institutional leadership and the Clinical Chairs and several nurse managers. Over the next months, we will be trained on how to apply the model on page 2



Bettina Smallman, MD

U-turn Model

CAREGIVER PATHWAY TO RESOLUTION



BRICKS AND MORTAR ANTHONY P. WEISS, MD, MBA



Can bricks and mortar change a culture? Can they help to promote greater collaboration and compassion? Can they convey empathy? Can they contribute to healing?

Last night I walked through the Upstate Cancer Center with about 500 Syracusans who had donated money to help make this building a reality. I was blown away. The building is extraordinary. It is the perfect blend of art and science, the essential elements of our healing profession. It is filled with light, color, and beauty. The artwork, the tiles and the trees all add a sense of joy and life. The gleaming OR lights, the biplane, the MRI suite, the Vero machine, are all so wonderfully futuristic that one cannot help but feel confident in their ability to aid in cure. It is an absolute gem and I encourage all of you to take a moment to see it for yourself.

Perhaps most of all, I was blown away by the positivity and energy of the people wandering through, many of whom were Upstate staff who had contributed their own dollars to make this happen. There was a true sense of pride, and yes, a sense of hope.

It is my hope that this new building, these bricks and mortar, not only provide a healing space for the thousands of patients who will receive cancer care there, but that it serve as a catalyst for continued growth in our organization as well. While not all of us will actually be working in the new building, we can all feel proud of and hopeful for our hospital. And we can all take inspiration from this structure, and carry it into the care we provide anywhere.

PHYSICIAN PEER REVIEWER SEARCH

The Empire State Medical, Scientific and Educational Foundation, Inc (ESMSEF), a subsidiary of the Medical Society of the State of New York (MSSNY) is urgently seeking physician reviewers who are **board certified** and have active practice in the following specialties:

Endocrinology, Gastroenterology, Infectious Disease, Neonatology, Nephrology, Neurology, Orthopedics, Plastic Surgery, Rheumatology, General Surgery, Vascular Surgery, Urology

If you are interested in participating, or would like more information, please contact Jane Steinman, Physician Reviewer Coordinator, at 1-800-437-2337 or jsteinman@esmsef.com.

CORE MEASURE CORNER

Heart Failure Core Measures

- Left ventricular systolic function (LVSF) assessment performed at any time prior to arrival, during this hospitalization or is planned for after discharge.
- ACEI or ARB at discharge for patients with left ventricular systolic dysfunction (LVSD). LVSD is defined as a LV ejection fraction less than 40%.

Additional Standards of Care per American College of Cardiology & The American Heart Association in Get With The Guidelines-Heart Failure

- Use of an evidence based beta blocker prescribed at discharge for patients with a LV ejection fraction less than 40%.

Evidence Based Beta Blockers:

-Carvedilol (Coreg)

-Metoprolol Succinate (Toprol XL) *Not Metoprolol Tartrate*

-Bisoprolol (Zebeta)

- Anticoagulation for heart failure patients with chronic or recurrent atrial fibrillation.
- DVT prophylaxis for heart failure patients who are non-ambulatory by end of hospital day two.
- Influenza vaccination during flu season (October to March) prior to discharge.
- Pneumococcal vaccination received prior to discharge.
- Post discharge appointment scheduled and documented including location, date, and time for follow up visit, or home care visit.

****For all of the above measures: a reason must be documented if the measure is not followed.****



WELCOME NEW MEDICAL STAFF & APC MEMBERS

Joseph Resti, MD	Anesthesiology
Matthew Garman, MD	Emergency Medicine
Frederic Laporte, MD	Emergency Medicine
James Mangano, DO	Emergency Medicine
Jason Swaby, MD	Emergency Medicine
Christopher Tanski, MD	Emergency Medicine
Jamie Winslow, PA	Emergency Medicine
Erin Wirths, DO	Emergency Medicine
Vikram Aggarwal, MD	Medicine
David Heisig, MD	Medicine
Mijung Lee, MD	Medicine
Elizabeth Reddy, MD	Medicine
Julie Walker, PA	Medicine
Ashok Devasenapathy, MD	Neurology
Rebecca O'Dwyer, MD	Neurology
Benjamin Connor, PA	Orthopedics
Matthew Johnson, MD	Otolaryngology
Jennifer Dettloff, MD	Pathology
Rohin Mehta, MD	Pathology
Kin Kee Chung, DO	Pediatrics
Cole Mendenhall, MD	Radiology
Arthur Yegorov, MD	Radiology
Marc Stevens, PA	Surgery
Timothy Byler, MD	Urology
Jessica Paonessa, MD	Urology

MALNUTRITION INFORMATION

The Nutrition Department at Upstate has identified steps to build a more effective Malnutrition Documentation Program. We know that coordination and teamwork between medical staff, nutrition, coding and decision support can benefit patient care. We also know that ICD-9 codes have the potential to impact reimbursement and contributes to positive outcomes on patients, staff and our facility. We have built into Epic a separate form supported by ASPEN and the Academy of Nutrition and Dietetics, where the Registered Dietitians will document if malnutrition criteria are present on an individual. This information will be forwarded to the physicians for review and supportive documentation. We will continue to identify in our nutrition note if criteria are present, but will detail specific criteria as well as recommendations made in the Malnutrition Criteria SUNY IP note.

MEDICAL STAFF BYLAWS

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Changes were made to MSB R-03, Medical Records, to coincide with the use of Epic. Below is a summary of changes. The full bylaw can be read online at http://www.upstate.edu/policies/documents/intra/MSB_R-03.pdf, or requested by contacting Medical Staff Services at 315-464-5733 or medstaff@upstate.edu.

Significant Changes:

- Revised timely completion of records from 30 days to 12 days.
- Added Inpatient admission order with attending physician certification justifying the inpatient admission.
- Added brief operative report to include a description of specific significant surgical tasks performed by those other than attending provider.
- Revised section H-Requirements for Discharge or Transfer to Another Care Facility to include , “Discharge summaries must be completed and signed by the Attending physician no later than prior to planned outpatient follow up visit but no later than 7 days.”
- Revised section I-Record Completion from 30 days to within 12 days after discharge or date of service.
- Revised section J-Medical Record Suspension Process to include auto-generated EMR notices for reports to be completed within seven days of notification or suspension at 12 days after discharge /date of service if record not complete.
- Revised section K-Ambulatory/Outpatient Procedures and Visits to include completion of the record within seven days instead of 30 days; incomplete records will follow the Medical Record Suspension process.

Other Changes:

- Added “University Hospital maintains an electronic medical record through the EPIC system.”
- Deleted item #3, page 1, regarding removal of medical records from the hospital.
- Added entries in the medical record shall be during or following patient care and treatment and replaced word “dictated” with “completed”.
- Moved section D-Consultation and Referrals to MSB R-09

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; Interim 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)