

MEDSTAFF NEWSLETTER

UPSTATE UNIVERSITY HOSPITAL

MAY 2014

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<mailto:askmec@upstate.edu>

MESSAGE FROM THE MEDICAL STAFF PRESIDENT

BETTINA SMALLMAN, MD

Every day, a hospital has the potential to provide one of those “aha” moments that resonates for some time. Just recently a mother expressed her deep frustration with a situation that was nobody’s particular fault, but simply just happened. The MRI under general anesthesia of her daughter had been delayed by two and a half hours, which meant that she had to return to the hospital the very next day for a follow up visit with the treating physician, rather than doing it the same day. By the time her child had recovered from anesthesia, the physician’s office would be closed. Her commute from home was two hours each way. Needless to say her anger was understandable. It took only a phone call to explain, and at

the end of a very long day, late in the evening, her physician who was supposed to see her the next day came himself to PACU to discuss the results of the test with the mom, making sure that she would not have to come for a return visit the next day. All went well, the mother was more than happy and satisfied with the care of her child and the overall hospital experience.

Patient experience is fast becoming, or has already become, a top priority for hospital systems across the country as the Center for Medicare and Medicaid services implement their hospital value based purchasing program, which will have distributed an estimated 850 million to hospitals based on quality measures in 2013.

High emphasis is placed on patient satisfaction, which CMS monitors through the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAPS) survey.

Improving patient experience and satisfaction is a joint responsibility and a function of strategic executive planning, global cultural change and commitment of every individual caregiver.

As the example above illustrates: compassion, innovative thinking, dedication and commitment to the patient can pay off.



Bettina Smallman, MD

The Upstate Community

Anthony P. Weiss, MD, MBA



The medical school is trying something new this fall; subdividing the student body into learning communities. Each community will be made up of students from each of the four undergraduate medical years and will have a discrete set of faculty advisors. The concept, which is not entirely new (Hogwarts anyone?), is meant to promote more meaningful longitudinal relationships within the group. These relationships, in turn, help promote better academic performance and improve the overall student experience. There is a ton of enthusiasm for this change, both amongst the students and the faculty – I am thrilled to be one of several dozen physicians selected as an advisor. I will be spending the summer retraining myself in Quidditch.

Given the value of community in promoting both performance and satisfaction, it seems reasonable to ask: How strong is the sense of community within Upstate University Hospital?

To answer this, it may be helpful to reflect on the four key elements that comprise a sense of community²:

- 1) **Membership:** A sense of belonging, of identification, of personal investment. A feeling that Upstate is my hospital, and I am part of Upstate.
- 2) **Influence:** A feeling that your actions make a difference to the group, and that the group makes a difference in guiding your actions.
- 3) **Fulfillment of Needs:** Each member feels like they get something from their participation within the group, something not attainable from working as an individual.
- 4) **Shared Emotional Connection:** A common bond, a sense of shared history. This is often created through joint participation in emotionally intense events in which members of the group support each other.

So, how would you rate Upstate University Hospital on these four components of community? Or perhaps your sense of community is not with the hospital as a whole, but rather with a particular unit or clinic. I'd venture to guess that the areas with the strongest sense of community, with the strongest positive responses to these four questions, will have the best quality, best staff satisfaction, and best patient satisfaction.

Whatever our current state, we need to find ways to promote this sense of community here within the hospital, as the pressures on us to perform are intense and we will need to join together to achieve success. In the coming weeks and months, I will need your help in identifying ways to do this.

¹Many thanks to Dr. Larry Chin for his promotion of the Academic Learning Community concept, and his recent talk on the topic, which inspired this essay.

²David W. McMillan and David M. Chavis (1986), Sense of Community: A Definition and Theory. *Journal of Community Psychology*.

SECTION 18 EXCESS LIABILITY COVERAGE

WELCOME NEW MEDICAL STAFF & APC MEMBERS

Linda Barlett, NP	Medicine
Michelle Fassinger, PA	Medicine
Bishnu Sapkota, MBBS	Medicine
Adam Thabet, PA	Medicine
Sipho Mbuqe, PhD	Psychiatry
Paul Dupont, MD	Radiology
Gregory Kenyherz, MD	Radiology
Paul Sarai, MD	Radiology
Ann Tran, MD	Radiology

According to Section 18 of the Medical Malpractice Reform Act, physicians and dentists may be eligible for coverage of \$1 million / \$3 million in excess of their primary policy through the hospital with which they are primarily affiliated. Physicians and dentists should receive an excess renewal form from their carrier in mid-May for completion. This must be completed and returned to the carrier by June 15, 2014 in order to receive excess liability program coverage effective 7/1/2014.

General eligibility requirements include:

1. Primary affiliation with a New York State general hospital
2. Individual primary coverage of at least \$1.3 million per claim and \$3.9 million aggregate from an authorized carrier.
3. Completion of the required Risk Management course(s) through the carrier
4. The physician or dentist must render emergency services from time to time at the hospital referred to in #1.

Incomplete applications received by the carriers are subject to refusal of coverage, and may result in not being granted coverage for the full policy year. For questions regarding the Section 18 program, you can call the Pool office at 518-862-0676.

CORE MESASURE CORNER:

AMI- Core Measure

- **Aspirin received 24 hours before or after hospital arrival**
(If not, physician must document a reason)
- **Primary PCI for STEMI or New LBBB should be performed within 90 minutes of hospital arrival. If delayed, document why**, examples; “hold on PCI, will do TEE to r/o aortic dissection”, “patient waiting for family and clergy to arrive-wishes to consult with them before PCI”, “PCI delayed due to intermittent hypotensive episodes when crossing lesion”, etc.
System reasons for delay are not acceptable
- **On Discharged were Aspirin, Beta Blocker and Statin prescribed**
(If not, physician must document a reason)
- **LVSD with EF < 40%, is an ACEI or ARB prescribed at discharge**
(If not physician must document a reason)



MEDICAL STAFF FUND OVERVIEW

Income:

- Application Fees (initial only) \$24,250.00
- Contributions (Active & Affiliate Staff) \$62,360.00

Expenses:

- Education Fees \$33,029.46
- Morrison Management \$16,848.97
- Doctor's Day Donation \$1,000.00
- Other expenses \$5,692.58
- Foundation Fee \$300.00

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)

Kara Kort, MD; (Surgery)

Zulma Tovar-Spinoza, MD; (Neurosurgery)

Howard Weinstein, MD; (OB/GYN)

APC ELECTED MEMBER

Lisa Cico, NP; (Surgery)

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 Officer
(Emergency Medicine)

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

Nancy Page, RN; Interim 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)

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

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