

MEDSTAFF NEWSLETTER

UPSTATE UNIVERSITY HOSPITAL

MAY 2015

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MESSAGE FROM THE MEDICAL STAFF PRESIDENT MITCHELL BRODEY, MD

I had the pleasure of attending the Greeley consulting seminar on the Medical Executive Committee. Bettina Smallman attended last year and was so impressed she thought it should be a job requirement for med exec leaders. Since as a doctor I have a priori knowledge of everything in the universe, I reluctantly agreed to attend. I flew to Miami where I spent three fun-filled days at the modest accommodations afforded at the Trump National Dorsal Hotel at your expense, thank you very much.

So what did I learn?

- The world of medicine is changing because the cost of what we do is unsustainable.
- Doctors do not like change unless we are in control. And we are not.
- Physicians will have to learn to communicate and collaborate with each other, hospitals, and, yes, insurance companies.

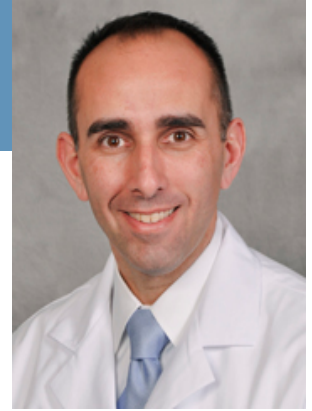
- Doctors don't like change, but those who will be successful need to evolve and adapt.
- One will be more likely to succeed if the interest of the group is pursued rather than one's own personal perceived self-interest.
- The future is population management. One will need a population to manage.
- The quality of care and the medical staff are the responsibility of the medical staff and its elected leadership.
- Doctors don't like change, but once it happens they will reluctantly admit that things are better, unless of course they are worse.
- Nobody knows what to do. Try things until you find what works.
- Coverage for ER is a problem for everyone, everywhere.
- Compensation for call can be a difficult and contentious issue, but if done fairly is solvable.
- Set expectations for the medical staff, communicate those expectations effectively, and then make sure they are met.

The proposed policy on aging physicians, which was first proposed three years ago, finally came to a vote. Record numbers (122 Active medical staff) voted on this proposal, which was voted down by a narrow margin; 64 votes to 58 (or 52.46%) at Upstate. Thanks to everyone who took the time to vote. This is now a dead issue for our medical staff, until some regulatory body makes us revisit it. Which will probably be in 5 years when I turn seventy.



TRADITION

ANTHONY P. WEISS, MD, MBA



There has been a teaching hospital in our region since 1834. Now known as Upstate University Hospital, we are affiliated with the 15th oldest medical school in North America, and the 2nd oldest in New York State (only Columbia (1767) has been in existence longer). Indeed, we are in some elite company – alongside schools like Penn (1765), Harvard (1782), Yale (1810), Jefferson (1824) and McGill (1829) in terms of longevity. As a member of the Upstate University Hospital Medical Staff, you are a part of this 181-year history.

While longevity itself is not our formal goal, it is a significant achievement. Very few American institutions founded prior to the Civil War remain in existence, and those that have are household names (e.g., Dupont (1802), Colgate (1806), Brooks Brothers (1810)). Sustaining a going concern despite the turbulence of time, particularly in the shifting field of healthcare, is truly impressive.

Beyond lengthy existence, there is a real legacy of excellence here that I am just beginning to uncover. I began thinking about this after a recent visit to the Upstate archives, in the Weiskotten library. I was blown away by the history of our organization, a history that includes progressive attitudes towards women and minorities, academic excellence in a number of areas, and dedication to the care of people in Central New York.

Think for a moment of the history of your own department, and one quickly identifies some of the truly excellent academic contributions linked to our medical center. For example, in Neurosurgery, Ecker and Riemenschneider's 1952 publication on cerebral vasospasm (a classic article in neurosurgery describing the early use of angiography); in Medicine, Harry Feldman's work on Toxoplasmosis (including his collaboration with Albert Sabin to identify this parasite); and in Pediatrics, Frank Oski's publications on newborn nutrition (including his later controversial stance with Dr. Spock in favor of breast milk). This is a tiny sliver of the hundreds of influential people who called Upstate their home.

I am personally proud to be on the faculty here, to see patients here, and to serve as the Chief Medical Officer for our hospital. In the coming months I plan to make more trips to the archives, and share a bit more of this history with you. It is my hope that we can, together, continue the tradition of excellence established here over the decades.

NYS ePrescribing Controlled Substances Project Update

As of March 27, 2016 all prescriptions, including controlled substances, in New York will need to be e-Prescribed. Upstate has begun implementing this project to assist our providers in becoming compliant, and to offer this benefit to our patients. Currently, there are a number of pilot providers using the system; we intend to provide all enrolled practitioners access in the coming months.

Upstate will have two options for second authentication, your fingerprint and an App on your mobile device. The Registration and Enrollment process is required to be able to prescribe controlled substances.

The following additional sessions have been set up at Upstate University Hospital. Once these sessions have closed, providers who have not registered and enrolled will need to log a support call in order to facilitate the process and security updates necessary. Beginning in June 2015, any new Upstate providers will have the opportunity to complete this process at Epic training sessions.

DATE:	TIME:	FACILITY:	LOCATION:
May 19 th	7:00am-1:00pm	University Hospital	Small Dining Room
May 21 st	11:00am-6:00pm	University Hospital	Small Dining Room

To be enrolled, please bring the following:

- Photo ID (i.e. SUNY Upstate ID, NYS Drivers License)
- Phone: Any mobile device that is Java-enabled (running Android v.4 or 5, iOS v. 7 or 8, Blackberry, or Windows Mobile)

*If possible, please download the following free Application to your phone through your phone's App Store - choose **DIGIPASS for Mobile Enterprise Security** - in advance to save you some time during the process.

NEW CHIEF QUALITY OFFICER



Hans Cassagnol, MD, MMM, FACOG, has accepted the position of Chief Quality Officer of Upstate University Hospital, effective June 1, 2015.

Dr. Cassagnol has more than 15 years of experience in the healthcare field, most recently with Geisinger Health System, where he has served as Associate Chief Quality Officer at the system level, and Chairman of Quality and Safety for the Women's Health Service Line.

WELCOME NEW MEDICAL STAFF & APP MEMBERS

During his tenure at Geisinger, Dr. Cassagnol has led many quality initiatives, improving performance in a number of key areas, including reductions in C-diff infections, central line infections and pressure ulcers. Also as Associate Chief Quality Officer, he help put in place measures to decrease mortality and readmission rates for key areas, including Acute Myocardial Infarction and Congestive Heart Failure, among others, earning a Leap Frog Award in 2014.

Jerod Hoyt, CRNA	Anesthesiology
Ned Urbiztondo, MD	Anesthesiology
Robert Felter, MD	Emergency Medicine
Samantha Jones, MD	Emergency Medicine
Matthew Mittiga, DO	Emergency Medicine
Elise Kelsh, NP	Orthopedics
Ignacio Fernandez, MD	Pediatrics
Christine Lamoureux, MD	Radiology
Santiago Miro, MD	Radiology
Sulekha Parshad, MD	Radiology
Jona Patalino, NP	Urology

His committee work has been extensive, including Peer Review Committee, Medical Executive Committee, RCA / FMEA Committee, System Medication Safety Committee, Patient Safety Committee, OPPE & FPPE Implementation, Health Literacy Committee, Diversity Program, Robotic Surgery Steering Committee, Surgical Governance Committee, and OR Utilization Committee.

Dr. Cassagnol has held faculty appointments at Temple University School of Medicine, the Commonwealth Medical College and Misericordia University School of Nursing. A diplomat of the American College of Obstetrics and Gynecology, Dr. Cassagnol is a member of numerous professional societies, including the American College of Physician Executives.

Dr. Cassagnol obtained his medical degree from the University of Connecticut School of Medicine and a master's degree of medical management from the University of Southern California, Marshall School of Business.

ANNUAL MEETING SPEAKER

We have arranged for Tim Quill, MD from the University of Rochester to be the speaker at our annual meeting. He will be speaking on the subject of palliative care. He is an excellent speaker and expectations are for an excellent turnout.

His experiences in creating a culture around quality and patient safety will be welcomed as we position ourselves to enhance quality of care and patient safety in the months and years ahead. Please welcome Dr. Cassagnol when he arrives at Upstate University Hospital in June to take on this important role.

CORE MEASURES CORNER

Care of the patient with or at high risk for Obstructive Sleep Apnea: [CM S-22 Obstructive Sleep Apnea Management Adults](#)



All patients will be screened for OSA by the bedside nurse. The summary page of the patient's record will indicate if the patient is considered a high risk or has OSA. This population of patients is considered at risk for over sedation and respiratory compromise, particularly in the immediate post-operative period.

To promote safety for patients, this BPA will fire when placing orders for opioids and/or a combination of opioids and benzodiazepines. You will be provided a link to an OSA order set in the EMR. This order set includes monitoring to be performed by the nurse.

Please note these changes will go into effect June 1.

BestPractice Advisory - Pott,Jack

This patient has OSA or screens high risk. Employ opioids cautiously or use non-opioid options; monitor patient according to policy.

Acknowledge reason:  

Open Order Set: Obstructive Sleep Apnea IP [preview](#)

CORE MEASURES CORNER CONTINUED

Bedside Nova StatStrip® point of care testing for Blood glucose

Beginning June 1st Nova StatStrip® point of care testing for glucose orders will require the provider to answer 2 questions in EPIC to determine if a capillary finger-stick is an appropriate sample source.

In the event of decreased peripheral blood flow, **bedside Nova StatStrip® point of care testing** for glucose can still be used with venous or arterial blood specimens.

- Only the RN can obtain the blood sample from an established line.
- An HCT is allowed to obtain the blood sample from a peripheral draw.

The screenshot shows the EPIC interface for POCT glucose, docked. The window title is "POCT glucose, docked" with "Accept" and "Cancel" buttons. The "Frequency" is set to "ONCE". The "Starting" date is "4/13/2015" and the "First Occurrence" is "Today 1203". The "Scheduled Times" are "4/13/15 1203". The "Questions" section contains two prompts:

Questions:	Prompt	Answer
1.	Does the patient have severely compromised vascular blood flow to the hands	Yes No
2.	Does the patient have severe hypotension requiring vasopressors	Yes No

Comments (F6): [Click to add text](#)

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

Tamer Ahmed, MD; (Pediatric Surgery)

Sharon Brangman, MD; (Medicine)

Lynn Cleary, MD; (Medicine)

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)

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

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

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 Chief Medical Officer
(Emergency Medicine)

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

Nancy Page, RN; Chief Nursing Officer

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