

MEDSTAFF NEWSLETTER

UPSTATE UNIVERSITY HOSPITAL

SEPTEMBER
2015

IN THIS ISSUE:

- Letter from Dr. Weiss
- MS.9
- Annual Med Staff Meeting
- New Med Staff and APP Members
- Member-at-Large Election
- Annual Education
- Flu Season
- Patient Experience Corner

<mailto:askmec@upstate.edu>

MESSAGE FROM THE MEDICAL STAFF PRESIDENT MITCHELL V. BRODEY, MD

It is election time again. We have 3 member-at-large positions. 2 will be selected from the downtown campus and one from the community campus. As in previous years, the campus you selected as your primary campus will determine which positions you will vote for. While we may get to a point where we can just have everyone vote for the positions, we are not there yet.

This year, for some reason, there is an increased interest in the medical executive committee; we have quite a number of candidates for these positions. They come from a number of specialties and range from department chairs to junior faculty. These candidates

have demonstrated courage in putting themselves out there to run and should be commended. Members-at-large will have positions of leadership and governance of the medical staff. The mission of the medical executive committee is to maintain the quality of care of the medical staff as a whole. Physicians filling these positions should not be seeking these positions to advocate for the self-interest of the specialties, campuses or medical groups that they belong to. In fact, as leaders they are expected to place the interests of the whole institution and the patients we serve first and foremost.

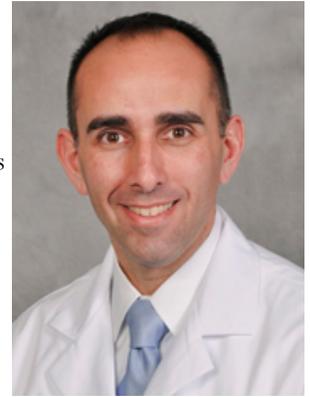
The other thing up for vote are the bylaws that we sent out for comment. A couple of people raised

some concerns over the open medical staff model that we believe were satisfactorily addressed. If you have any further questions please let me know.

From my conversations with members of the medical staff there seems to be a sincere desire to make this a better place. We are all in this together. Please vote!



ANTHONY P. WEISS, MD, MBA



“Are you better off than you were four years ago?” This now famous phrase from Ronald Reagan, during one of the final debates of the 1980 election, is a useful reminder of the value of checking in to get a status update every once and awhile. Each of us is so busy in our day to day, and so aware of daily hassles, that sometimes we lose sight of the big picture. As we are now four years out from the acquisition of Community General Hospital, and the merger of the medical staffs – thought it might be helpful to provide a status update on some key performance indicators that we are tracking.

Overall, there are some significant positive trends worth noting:

Financially, the hospital is in a much stronger position than it was four years ago, when we lost \$20M. Over the subsequent years, we have seen steady improvement in our margin despite both cutbacks in state support and a difficult financial climate for healthcare nationally:

2011: -\$20M

2012: -\$16M

2013: +\$1M

2014: +\$16M

It’s important to point out that these gains have not come from slashing workforce or cutting services. In fact, quite the opposite – we continue to add new services and have brought on board approximately 500 new jobs within the hospital during this time frame.

From a **quality** standpoint, we are seeing very positive trends. Perhaps most importantly, our observed to expected mortality rate has dropped 31% since a peak in April 2014 at the downtown campus, and by 51% at the community campus over a similar time frame. This is largely due to better documentation by physicians, which more accurately captures the complexity of the patients referred to us, though the institution of weekly mortality reviews and greater involvement from the departmental quality officers may be contributing as well.

From an **operational** perspective we are seeing evidence of improved “flow” of patients through the organization. For example, over the past eight months our average length of stay in Medicine has decreased by a more than a full day at both campuses, now meeting or exceeding national benchmarks for the level of acuity of these patients. This is critical, as the number of patients seeking help at Upstate continues to climb – earlier this year we set new records for total combined census, and have seen sustained increases in admissions, ambulatory visits and operative procedures.

From a **patient experience** standpoint, we still have some room to improve, particularly as it relates to physician communication where we are in the bottom decile nationally when compared to doctors at other teaching hospitals. That said, last month we scored at the national median for physician communication at both campuses – the first time that has occurred since we began tracking these HCAPS scores. We will be rolling out a framework that has proven useful in our Ed, known as ICARE, to hopefully achieve more sustained improvements in this area.

And from a **staff/physician satisfaction** standpoint, we continue to work on ways to improve the environment where you work, to be sure you have the tools and resources you need to do work that brings joy and meaning into your lives. We have seen a tremendous decrease in nursing turnover (nearly 25% better when compared to last year, and now at national average). We will also be repeating the brief staff/physician satisfaction pulse survey in the coming months and I encourage you to take a moment to complete it when it arrives.

This is not “mission accomplished” – there are a number of important steps ahead for us to achieve our goal of becoming a preeminent regional academic medical center, but with the help of all physicians aligned with Upstate, I am confident that we will get there. Thanks for all that you are doing to take care of complicated patients, and for carrying on the Upstate tradition.



MS.9 Physician Performance Data

In order to comply with CMS and the National Integrated Accreditation for Healthcare Organizations (NIAHOSM) Guidelines, practitioner specific performance data is required and must be rate-based with comparative peer or national data available for comparison. This data is used for evaluation as part of the appointment and reappointment process.

Using our UHC Risk Adjusted Data and through the help of our data analytic department, we have generated the list of cases/providers that are falling in the “worse than” **two standard deviations from the mean** category.

The new, still evolving, process utilized the following resources and measures:

- Quality Data Repository through UHC
- Analyze the following for all providers
 - Mortality
 - Complication Rate
 - Length of Stay (LOS)

Those providers falling in the “worse than” **two standard deviations from the mean** category will have a triggered Focus Review by their department. The findings of the focus reviews will be communicated directly to the providers by their departments. This process will not be perfect. We are still refining this process in order to make the generated information more meaningful to providers that fall in the following categories: ambulatory only, consulting only and low volume.

Our long term plan is to monitor the following Quality Indicators:

1. Access
2. Patient Satisfaction
3. Mortality
4. Complications (PSI 90 / HAC's)
5. Re-admissions
6. LOS
7. Documentation of services = turnaround time
 - a. Consults
 - b. H & P
 - c. Procedure Notes
 - d. Clinical Documentation Improvement Query response rate
8. Citizenship
 - a. Teaching
 - b. Research
 - c. Volunteer
 - d. Med staff Function
 - e. Behavior that fosters a culture of safety
 - f. Institutional Annual Courses completion
 - g. Board eligibility / certification / Equivalent

9. Case Mix Index
10. Process for handling a triggered review on Quality Officers/Chairs/Chiefs
11. Process for handling Proceduralist, Consultant, and low volume providers
12. Transfusion Committee
13. Antibiotics Stewardship Program
14. Pathology review committee (Final report reliability)
15. Radiology review committee (Final report reliability)
16. Moderate Sedation Committee
17. Cost of Care / Utilization rate

Should you have any questions, comments, or concerns please feel free to contact me.

Thank you all.

Hans P. Cassagnol, MD, MMM, FACOG
Chief Quality Officer
Asst. Dean for Clinical Quality

**SUNY UPSTATE UNIVERSITY HOSPITAL
ANNUAL MEDICAL STAFF MEETING
OCTOBER 20, 2015
6:00PM
9TH Floor Cafeteria, Weiskotten Hall**



FEATURING

Keynote Speaker Timothy Quill, MD:
'Palliative Care: Who, What, When, Where and Why?'

Timothy E. Quill, MD has published and lectured widely about various aspects of the doctor-patient relationship, with special focus on end-of-life decision making, including delivering bad news, nonabandonment, discussing palliative care earlier, and exploring last-resort options. He is the author of several books on end-of life, as well as over 150 articles published in major medical journals. Dr. Quill was the lead physician plaintiff in the New York State legal case challenging the law prohibiting physician-assisted death that was heard in 1997 by the U.S. Supreme Court (*Quill v. Vacco*).

Dr. Quill is the Thomas and Georgia Gosnell Distinguished Professor in Palliative Care at the University of Rochester Medical Center (URMC) where his is also Professor of Medicine, Psychiatry, Medical Humanities and Nursing. He was the Founding Director of the URMC Palliative Care Division and a Past President of the American Academy of Hospice and Palliative Medicine.

Dr. Quill received his M.D. from the University of Rochester (1976), completed his Internal Medicine Residency in 1979, and a Fellowship in Medicine/Psychiatry Liaison in 1981, both from the University of Rochester School of Medicine and Dentistry. Dr. Quill is a Fellow in the American Academy of Hospice and Palliative Medicine, a Fellow in the American College of Physicians, an ABMS certified palliative care consultant, and a past board member of the American Academy of Hospice and Palliative Medicine.

**WELCOME NEW MEDICAL STAFF &
APP MEMBERS**

Ary-lex Auguste, CRNA	Anesthesiology
Lucien Catania, MD	Anesthesiology
Tansy Schoonmaker, DDS	Dental Surgery
Stephen Hoag, MD	Family Medicine
Sarah Hunt, NP	Family Medicine
Jacque Millar, NP	Family Medicine
Eduardo Bonilla-Trejos, MD	Medicine
Debanik Chaudhuri, MD	Medicine
Jill Johnstone, PA	Medicine
Divey Manocha, MD	Medicine
Amitpal Nat, MD	Medicine
Hesham Masoud, MBBCH	Neurology
Karen Medin, DO	Neurology
Grahame Gould, MD	Neurosurgery
Michael Owen, MD	Neurosurgery
Maureen Burke, MD	OB/GYN
Hans Cassagnol, MD	OB/GYN
Robert Swan, MD	Ophthalmology
Joseph Morabito, PA	Orthopedics
Lee Segal, MD	Orthopedics
Regina Rodman, MD	Otolaryngology
Brian Pavlovitz, MD	Pathology
Melanie Dunham, NP	Pediatrics
Angela Pericozzi, MD	Pediatrics
Kathryn Scott, MD	Pediatrics
Thomas Scott, MD	Pediatrics
Sharon Zuis, MS	Pediatrics
Rebecca Gavett, PHD	PM&R
Amy Casale, NP	Psychiatry
Rachel Gorman, NP	Psychiatry
Saadet Atay-Rosenthal, MD	Radiology
Parina Cho, MBBS	Radiology
Tennyson Maliro, MD	Radiology
Yvonne Moreno, MD	Radiology
Eric Postal, MD	Radiology
William Whetsell, MD	Radiology
Stefanie Cassel, PA	Surgery
Rainer Gruessner, MD	Surgery
Amie Lucia, DO	Surgery
Tamer Malik, MBBCH	Surgery
Natasha Ginzburg, MD	Urology
Matthew Mason, MD	Urology
Ryan Sidebottom, DO	Urology

MEMBERS-AT-LARGE ELECTION

Ballots to elect, via surveymonkey, three members-at-large will shortly arrive by e-mail. Active members of the medical staff who are primary at the Community Campus will elect one representative, and members who selected the Downtown Campus as their primary campus will select two representatives. Candidates for election are as follows:

Community Campus Candidates:

ROBERT DRACKER, MD
Department of Pediatrics

DAVID HALLERAN, MD
Department of Surgery

THOMAS VAN NGUYEN, MD
Department of Medicine

Downtown Campus Candidates:

JOHN ANDRAKE, MD*
Department of Pediatrics
**Nominated by Dr. Thomas Welch*

ROBERT CORONA, MD
Department of Pathology

DAVID HEISIG, MD
Department of Medicine,
Gastroenterology

MICHAEL IANNUZZI, MD
Department of Medicine

CHRISTIAN KNUTSEN, MD
Department of Emergency Medicine

OLEG SHAPIRO, MD*
Department of Urology
**Nominated by Gennady Bratslavsky*

Active staff should watch for e-mails in early September! Candidate statements will be included in those messages.

3rd Quarter Provider Education



We continue to pursue our goal of bundling and sending you educational materials no more than quarterly (and frequently less often). Other methods for getting you information, including Dr. Weiss' weekly CMO Morning Report, and this monthly Medical Staff Newsletter, have significantly reduced the number of 'read and sign' type messages our medical staff and other credentialed medical providers receive. Again this year, our third quarter education is a bundle of required elements rolled into a five page packet, with links to various policies you may find helpful. We hope this method of providing you materials is convenient, in addition to meeting the need to be compliant with various state, federal, and local mandates.

This 5 page education packet is located online:

http://www.upstate.edu/medstaff/pdf/annual_education.pdf. Review the education packet (this is provided as a PDF), and feel free to read the links associated with the various sections. If for some reason the links are not available to you, you can email us at Medstaff@upstate.edu, and we will send you any policy you'd like to read.

To complete the education and document your compliance: go to http://www.upstate.edu/medstaff/forms/annual_education.php, enter your name and e-mail address, check the box next to the attestation statement, and click submit. The screen will confirm you have completed the education, and you'll receive a copy via email. An email is also generated to us documenting your completion of this 2015 education for your credentialing file.

Please complete your review and attestation no later than 09/30/2015.

If you have questions, please call us at 315-464-5733 or 315-492-5553.

Thank you,
Beth Erwin, CPCS, CPMSM
Director, Medical Staff Services



Flu season is just around the corner again. As a reminder, all credentialed medical providers at Upstate, including physicians, dentists, podiatrists, nurse practitioners, physician assistants, nurse midwives, nurse anesthetists, and others, regardless of practice location, must obtain a flu vaccine to maintain privileges and / or membership.

The Upstate Employee Student Health office is making plans to offer flu vaccines beginning the last week of September at the Community Campus, and the first week of October at the Downtown Campus.

Again this year, there will be a flu cart at the annual medical staff meeting (10/20/15 at 6:00 PM) for those attending the meeting.

The three area hospitals' Medical Staff Services / Medical Affairs offices are working on a plan to collaboratively track flu shots for all shared credentialed providers. More information will be provided as the season approaches.

Patient Experience Corner:

What is the Patient Experience? According to the Beryl Institute, the patient experience is “The sum of all *interactions*, shaped by an organization’s *culture*, that influence patient *perceptions* across the *continuum* of care”. Our colleagues at the Cleveland Clinic define patient experience by putting “*Patients First*”. **Everyone** at Upstate has a role in impacting the patient experience and all providers play an essential role in improving the perceptions of the people we serve. One of our largest **interactions** with colleagues, patients, and families is that of **communication**.

Why focus on the Patient Experience? It is the right thing to do, it leads to customer loyalty, it builds trust, and formal patient experience surveys are tied to reimbursement.

Using a communication tool such as **ICARE** will reduce patient/family anxiety, improve clinical outcomes, and improve the patient/family experience. It will lead to consistent communication amongst care providers and builds trust in providers and the organization.

Essential Elements

I	Introduce/Inspire
C	Connect/Contact
A	Acknowledge/Articulate
R	Review/Remember
E	Ensure/Educate/Express

Feelings associated with improved communication

Use “I” Statements, Interested
Care, Compassion, Customer service, Courtesy
Amiable
Respect, Reverence
Empathy

There will be more to come in future newsletters as we explain every letter in more detail.

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)

Hans Cassagnol, MD; Chief Quality Officer (OB/GYN)

Nancy Daoust, 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)