

MEDSTAFF NEWSLETTER

UPSTATE UNIVERSITY HOSPITAL

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2017

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A MESSAGE FROM THE MEDICAL STAFF PRESIDENT HOWARD M. WEINSTEIN, MD

As I write this note on the first day of spring, I am looking at a two-foot mound of snow in my backyard and I bring myself back to the reality of spring in Syracuse!

This has been a very interesting winter season for our Medical University, some good and some that will require more work to reconcile. On the very good side, our U-Turn program has taken a life of its own with more than 3500 of our colleagues and co-workers having heard the presentation from the committee that prepared the program. If the going should get rough, we now have trained mediators from our own staff to work with the conflicting parties to resolve their problems. I have seen staff members from maintenance to our most sophisticated medical providers, reading and understanding the basis of this fine program.

A more complex issue is a recently discovered EMTALA violation. After the investigation, two more violations were uncovered. We have submitted a plan of

correction, which has been accepted.

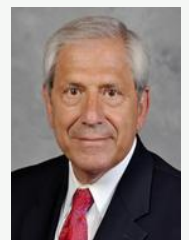
Ultimately, our institution is subject to significant fines and potential restrictions in Medicare. The individuals involved may also be subject to fines and restrictions. This was very disheartening but I believe it was approached in a very orderly and complete manner as befits our University. We all got the opportunity to review EMTALA rules and regulations, which did serve a very fine educational shortcoming. Many of us probably did not know everything that this law entails. Since this is a federal law, it can be carried with us wherever we settle.

On a more positive note, I was just at a meeting discussing Philanthropy and our Upstate Foundation. There are many of us who serve as Council Members for the Foundation. We have many hard working and dedicated people at the Foundation. I absolutely believe we need to give back to our

University. There are so many philanthropic opportunities through the Foundation that there is a place for all of us. All of us have cared for patients that appreciate all we do so there is even a grateful patient and family portion of the Foundation where they can make contributions. I have heard many stories of families that have had incredible life saving and life extending experiences as a result of the care received at both of our campuses. If you have such patients, please encourage them to contact the Foundation office. Every contribution helps all of us!

I want to thank everyone that has made the first several months of my Medical staff presidency a very rewarding experience.

Howard M. Weinstein, MD



DOCTOR'S DAY ANTHONY P. WEISS, MD, MBA



Last week Thursday (March 30th) was officially Doctor's Day in the United States. This was officially the 84th annual Doctor's Day, with the date initially chosen to honor Dr Crawford Long, who on March 30th 1842 was the first physician to successfully use ether to anesthetize a patient. Interestingly, March 30th is also National Take a Walk in the Park Day, as well as National Turkey Neck Soup Day, so a busy point on the calendar for those who participate in such festivities.

While it may seem self serving for a doctor to wish other doctors a happy doctor's day, I did think it important to take a moment to recognize the extraordinary contribution that physicians continue to play in society, and here at Upstate specifically. Without physicians staffing our EDs, operating in our ORs, and caring for patients in our clinics, our academic medical center would not exist, and the patients of Central New York would suffer as a result. While most of the state had a few snow days recently, essential personnel like physicians braved the elements to come to the hospital and save lives. It is worth pausing for one day out of the year to simply acknowledge this critical role that we play.

Thank you.

I did not receive a single Doctor's Day card. Perhaps I should take this personally, but I suspect that few of us did. A curious fact, given the proliferation of Hallmark Holidays. But perhaps this is part of a larger trend of discounting the significance of our profession. In part, we may be lumped in with what seems to be a steady drumbeat of criticism regarding the failings of the "American Healthcare System". So instead of being celebrated, doctors are considered part of the problem.

But I'd suggest there are three broader trends, beyond the bemoaning of our system, that have led to a diminishment of our profession:

1. There is a movement away from respecting recognized authority, toward a more democratized distribution of expertise. The Encyclopedia Britannica is gone - facts are now controlled by the anonymous masses that contribute to Wikipedia. Ditto for journalism, legal opinion, movie critiques, etc... So the wisdom of the physician is no longer viewed as special, when the "answers" are available on line.
2. There is a movement toward team-based care, which mirrors a shift in Medicine toward caring for all aspects of a patient's life, including the social determinants of their wellbeing. Indeed, the component of health that we control is estimated to be less than 20%, and even that is now divided between physicians and other providers of care.
3. There is a movement toward greater use of technology, with a belief by many that it will replace the doctor entirely. The recent paper in Nature (February 2nd) showing that a computer can be programmed to detect skin cancer as well as panel of dermatologists was particularly concerning/exciting. The fact that the computer was trained to do this in less than 24 hours was even more telling. Would seem that very few of the "cognitive branches" of medicine will be safe from the encroaching AI trend.

I mention these trends, not to be alarming or morose, but to suggest that our profession is at a crossroads. We can no longer simply assume that the contributions that physicians play within society will be acknowledged, and we may need to do more to distinguish ourselves from the masses, other providers, and even computers. Doctors have been around for millennia, and almost certainly will be around for as long as humans need help. But on this doctor's day it is worth considering how we as a profession can adapt and contribute in this future.



WELCOME NEW MEDICAL STAFF MEMBERS & ADVANCED PRACTICE PRACTITIONERS

• Lori Baker, CRNA	Anesthesiology	• Rahat Khan, MD	Psychiatry
• Michael Weinstein, DDS	Dental Surgery	• James Balodimas, MD	Radiology
• Rhonda Diescher, MD PA	Emergency Medicine	• Carolyn Dudley, MD	Radiology
• Jennifer Lansing, PA	Medicine	• Michelle Goni, MD	Radiology
• Gloria Morris, MD, PhD	Medicine	• Jainty John, PA	Radiology
• Beth Piper, MD	Medicine	• Norman Jones, MD	Radiology
• Olivia Dixon, LM	OB/GYN	• Kedar Kulkarni, MD	Radiology
• Kenneth Rhee, MD	OB/GYN	• Charles Mulhern, MD	Radiology
• Brandon Wolfenden, PA	Orthopedics	• Arthur Schneider, MD	Radiology
• Philip Monteleone, MD	Pediatrics	• Lyndsay Raasch, PA	Surgery
• Swati Murthy, MD	Pediatrics		
• Melissa Nelson, MD	Pediatrics		
• Jeanne Duchemin, PA	Psychiatry		

NEWS FROM GRADUATE MEDICAL EDUCATION – William Grant, EDD

As of July 1, 2017 a record number of new residents, 152, will begin their programs at Upstate. The new class includes a mix of SUNY Upstate graduates, individuals from other US medical schools as well as individuals who fall under the category of International Medical Graduate. The latter includes US citizens who attended medical schools outside of the US.

At the time of writing this article we still have no definitive guidance from the US State Department as to what will happen to individuals holding foreign passports. We have processed all appropriate paperwork with the Education Commission for Foreign Medical Graduates who have notified us in turn that at this point there seems to be no problems processing the paperwork. We are still awaiting the appropriate travel authorization documents, which we will send out to individuals. That should allow them to enter the US but we will not know the outcomes for individuals until the first time they try to step across the border. As the current administrative policies impact a large proportion of residents in training in the US we are hopeful that this will all be resolved at the national level prior to July 1.

For the first time all residents and fellows new to Upstate as of July 1, 2017 will be required to undergo and pass a drug screen test. This requirement brings us in line with other employee groups at Upstate and with large programs around the country. New residents or fellows will obtain an original chain-of-custody form from the GME office and may be screened at any Lab Corps office in the US that does employment screening. All testing will be done to New York State standards for these

screens. An applicant who has a positive initial screen may, at their own expense, have their original sample retested and may provide documentation from their primary care physician which might serve to explain a positive screen. All results are reported to Employee Health at Upstate where all test and other information will be reviewed and then who will inform the GME office of results. Individuals who fail screening will be eligible to reapply after a 12 month waiting period. We are not able to random screen once the individuals are employed.

New York State has mandated that all prescribers of opioids undergo three hours of CME regarding pain and pain management. We are working with individual programs to assure that all residents who will be here July 1, both current and new residents, will complete the required training by then. Physicians are required to attest individually that they have completed the program and the GME office is required to attest the completion for all residents.

The GME office continues to provide a wide range of services to future, current and past residents. These services include: documentation of experiences, assistance in hiring of new residents and fellows, support for program accreditation evaluations, support in the provision of external rotation experiences, verifications of past training, on-going monitoring of required activities. Please feel free to contact the GME office with questions. If we don't have the answers we can likely point you in the right direction.

Find us on the web at: www.upstate.edu/gme or call 315-464-5136.

PATIENT EXPERIENCE CORNER - How Physicians Can Build Better Patient Relationships Through Patient Experience



Patient Experience is much more than making patients “happy” or providing hotel-like amenities. It is the clinical care of the patient along with open and transparent communication and collaboration. Technology has caused a distancing from personal connectiveness and human interaction; many people are finding it easier to text or email than to have a conversation with colleagues or patients. Sometimes, the most challenging obstacle a physician can face is establishing a strong connection with their patient; breaking down the barrier between clinicians and patients can be difficult.

Here are five ways physicians can build better patient relationships face-to-face:

1. Demonstrate Empathy and Sympathy

While you may not be in the exact position as your patient, you have, at some point, been the one receiving a diagnosis instead of the one giving it. Connectedness is not something that is innate simply because one aspires to be a physician. If you’re delivering bad news, show your patient that you understand his or her concerns and can appreciate how they’re feeling. If you have a personal experience that relates to their situation, share your story. It can help them feel more connected to you and view you as not only a doctor but also as a person.

2. Don't Appear Rushed

Every minute of a physician’s schedule is usually accounted for from the moment they walk into the clinic to the moment they walk out. While your full plate may have you feeling pressed for time, try not to show it. If you seem rushed, patients will feel less important—as if you’re just trying to get them in and out.

If patients feel like they have limited time to describe their symptoms, they may not tell you everything and focus only on their primary complaint. Without the full picture, it will be more difficult to choose the most appropriate treatment plan that addresses every symptom.

3. Focus On the Positive, Not Just the Negative

Patients will likely resist major alterations to their day-to-day routine, especially if it’s something they’ve been doing for years—for example, smoking or unhealthy eating habits. Rather than focusing only on the negative consequences of maintaining their current lifestyle, concentrate on the benefits of these changes and how they can improve the patient’s quality of life. Approach the conversation as an advocate who is concerned with the patient’s well-being. When you present the changes in a more positive light, your patients should be more open to your recommendations, which will lead to better compliance.

4. Practice Shared Decision Making

[Shared Decision Making](#) is a collaborative approach to healthcare where physicians and patients work together to develop the best treatment plan. Instead of the provider making all care decisions on behalf of the patient, the patient is involved in discussions about various treatment options. When patients take an active role, they feel more in control and are more likely to stick to their plan of care, which can lead to improved outcomes. The patient will also value your decision to treat them as a partner.

5. Recognize Cultural Differences

While some behaviors are perfectly acceptable in one culture, they could be considered extremely rude in another. Physicians must recognize that [each culture has its own distinct customs](#) and adjust the way they interact with patients based on these norms. Physicians who consider a patient’s unique culture, values and beliefs during interactions will be able to build better rapport, making their patients feel appreciated and respected.

At the heart of each of the above tips is the Golden Rule: “Do unto others as you would have them do unto you.” When you place yourself in your patient’s shoes, you’ll be able to ensure you’re providing the highest quality care and that your patient has a positive experience at your clinic, the hospital, or wherever you practice patient care.

Patient Experience Awards - Patient Experience is about compassionate, connected care.

We honored some of our colleagues this year for these attributes. All departments were asked and provided the opportunity to forward any and all patient “thank you” letters to the Office of Patient Experience. These requests were made through the Management Forum email group which includes leadership for all departments/units throughout the organization - both campuses, ambulatory and ancillary (clinical and non clinical alike). The letters received were then viewed by a select group of individuals who chose letters that demonstrated an overwhelming degree of empathy, compassion and caring. These Patient Experience (PX) awards are unique to other awards offered throughout Upstate. They were created to recognize colleagues who our patients and families felt embodied the true meaning of caring and what it means to be a caregiver through the lens of the people we serve.

1. Caregiver Clinical: Dr. Zhang

Nominated by the mother of a patient, she recollects the “honor and great pleasure” she had to meet Dr. Zhang. After learning that the procedure was completed on her pregnant daughter with no sedation, no pain medications, and no radiation, she felt this was “a perfect example of humanism at work.” She stated that Dr. Zhang was “ABSOLUTELY amazing” in comforting her daughter through the procedure with music and humor.

2. Caregiver Non-Clinical: Father Innocent Onyenagubo

Nominated by the parents of a beloved son who passed away after a tragic accident who reported that the most difficult time in the lives of this close family “was made beautiful” by Fr. Innocent’s presence at the bedside administering last rites. The room was filled with family and friends who felt blessed to be a part of his passage. It is clear that this family felt the compassion that Fr. Innocent extended to them during this difficult time.

3. Inpatient Unit: 12E

A mother described their experience when presenting to the Pediatric ED with their 4 month old son and reported that “long story short – “we” were admitted to the GCH” meaning mom felt “every bit a patient as my baby.” She further went on to describe how “when such a caring, holistic approach was given to my family, I forgot that I was actually not admitted.” She continued on to say “the nurses and staff made us feel welcome and most importantly, safe.”

4. Outpatient Unit: Rad-Oncology

This cancer patient describes her 16 day treatment with the team as “amazing.” She spoke of the “care, compassion, and patience” she felt from the team. Her claustrophobia almost brought her treatments to a halt, but the caregivers involved in her treatment, those “who listened to her concerns” got her through her fears. She wrote in her letter: “When the door opened each day, I would shed a tiny tear out of my left eye. It was a tear of happiness knowing that my treatment was done for that day and what a great job the staff had done to reassure me that I was doing well.” She also thanked the staff including the Valet service, “the girls at the radiation registration desk” and the doctors and nurses.

5. Collaboration Award: Dr. Lehmann, Dr. Zhang, 6B, Emergency Department & Interventional Radiology

The mother of this patient reported that despite three visits to an area hospital within one week her daughter was discharged with morning sickness despite knowing a history of a prior event that may have caused hydronephrosis. Within a couple of hours of presenting to the University Hospital Emergency Department, patient was given a definitive diagnosis. Mom further reports: “your team listened to a scared parent and never once questioned it otherwise! The Emergency Department staff are incredible!”

Once the patient was admitted, mom could not say enough about the nurses on 6B, especially Shannon, Lacie, Cassandra, and Makita and how mom was allowed to stay at her daughter’s bedside. She went on to talk about her daughter’s stay, her time in the procedure room, and wrote that she was “completely humbled by the medical team and your hospital. I wish I took down all their names - from the Emergency Department to discharge but just know that you have one amazing medical team.”

We recognized through our request for letters, that great work that is happening system-wide at Upstate and realize there are many opportunities that remain we were unable to capture. We would like to take this opportunity to acknowledge these colleagues with the formal recognition of the inaugural year 2016 Patient Experience Award. *Please forward us letters throughout 2017 for next year’s PX awards.*

DEA REQUIREMENT

Prescribers licensed in NY who have a DEA registration number to prescribe controlled substances, as well as medical residents who prescribe controlled substances under a facility DEA registration number, must complete at least three (3) hours of course work or training in pain management, palliative care, and addiction. The course work or training must be completed by July 1, 2017, and every three years thereafter. An attestation form will be required, but is not yet available on the Department of Health Bureau of Narcotic Enforcement website. See <http://www.health.ny.gov/professionals/narcotic/> for full details.

You can complete this mandated education via:

- CAPC (free): <http://www.capc.org/accounts/register>
- NYACP (free): <https://www.scopeofpain.com/online-training/create-an-account.php>
- MSSNY (free for members, \$50 for non-members): email pclancy@mssny.org
- SUNY Buffalo School of Pharmacy (free): www.pharmacy.buffalo.edu/opioid-training (This program covers 4/8 topics of the mandated education. Part II of the program, covering the other 4 topics, should be available by April 15, 2017.)

Credentialed medical providers may send their certificates to Medical Staff Services for storage [medstaff@upstate.edu or fax (315-464-8524) as the Department of Health is requiring that documentation of the completion of the course work or training must be maintained by the prescriber for a minimum of six years from the date of the applicable attestation deadline for audit purposes.

IMT/VOCERA

WEBSITE - The IMT Mobility & Integration Solutions (Vocera) website is now live and full of useful information. It can be found by going to the iPage and searching Vocera or by clicking on this link: <http://www.upstate.edu/ipage/intra/vocera>

POLICY - There is now a Vocera System Policy in effect. It can be found by searching "Vocera" in the Policy & Forms section of the iPage or searching the policy number, v14, in the policy search box. I have also attached a copy to this email. <http://www.upstate.edu/policies/documents/intra/V-14.pdf>

BADGES - Prior to returning a Vocera badge, please notify Vocera Support and fill out the attached badge return form.

BATTERIES - The warranty on Vocera battery includes any battery with the last digit in the white code box (see picture below) greater than or equal to "5." Batteries with a "3" or "4" are no longer under warranty and can be recycled. When returning a battery, please make sure you label your battery so we know where to send the replacement. New batteries, as well as lanyards and clips, can be purchased at Distribution (DT) or Materials Management (CC).



MEC MEMBERS

VOTING OFFICERS

Howard Weinstein, MD; Medical Staff President, Chair, Medical Executive Committee (OB/GYN)

Leslie Kohman, MD; Medical Staff Vice-President (Surgery, Thoracic)

Satish Krishnamurthy, MD; Medical Staff Treasurer (Neurosurgery)

Mitchell Brodey, MD; Medical Staff Past President (Medicine, Infectious Disease)

MEMBERS-AT-LARGE

Lynn Cleary, MD; (Medicine)

Robert Corona, MD; (Pathology)

Timothy Creamer, MD; (Medicine)

Tanya George, MD; (Medicine)

David Halleran, MD; (Colo-rectal Surgery)

Jeremy Joslin, MD; (Emergency Medicine)

Geeta Sangani, MD; (Urology)

Oleg Shapiro, MD; (Urology)

Bettina Smallman, MD; (Anesthesiology)

APP ELECTED REPRESENTATIVE

TBD

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 Community Campus

Mantosh Dewan, MD; Interim Dean, College of Medicine, SUNY Upstate Medical University; (Psychiatry)

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)

Danielle Laraque-Arena, MD; President, SUNY Upstate Medical University (Pediatrics)

Robert Marzella, MHA; Chief Operating Officer

Nancy Page, RN; Chief Nursing Officer

Steven Scott, MPH, FACHE; Interim Chief Executive Officer

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