MEDSTAFF NEWSLETTER

UPSTATE UNIVERSITY HOSPITAL

SUMMER 2016

IN THIS ISSUE:

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

The discussion at MEC this month centered on two proposals put to the bylaws committee both involving issues of power and control.

The first concerns a proposal to make advance practice clinicians members of the medical staff. Currently these practioners are subject to the provisions of the bylaws. However, as they are not members of the medical staff, they are not allowed to vote on the bylaws or run for office. Reasons to do it expressed by members of the MEC were issues of fairness, respect, collegiality, teamwork, and a limited pool of physicians willing to assume positions of leadership. Concerns expressed involved dilution of already limited physician power, and differences in training and responsibility.

The second discussion concerned the appointment of clinical Chiefs of Service at the Community Campus. The clinical Chiefs at the Downtown Campus are the College of Medicine Department Chairs who are appointed by the Dean. The clinical Chiefs of Service at the Community Campus were elected by their departments in the CGH days; since the acquisition, some have been recommended by the Medical Operations Committee, while others have been appointed by the Chiefs of Service Downtown. I, as one of those Chiefs, proposed that the clinical Chiefs at the Community Campus be appointed by the academic Chair of the department. When CGH was acquired most of the staff were community-based physicians with Upstate docs plugging clinical holes. Now 5 years later, we have the opposite situation, and it is time for the organizational structure to reflect that change so that we will have a more cohesive medical staff moving forward. Whether that cohesion extends to the community-based physicians will be up to the chairs, and those to whom they report.

On July 5th, I met with representatives from MEC (Drs. Shapiro, George, and Halleran), the emergency room leadership (Drs. Johnson and Rodriguez), and Dr. Weiss to review the emergency room admitting policy and procedure. This has been in place since 2004. It was enacted at that time as the inefficient admitting led to backs up in the ER making it necessary to close the ER at times. As a Level 1Trauma center, this was a big problem. More recently, concerns have been raised about issues of communication, correctness of service, and collegiality. The concerns of those in the ER and those of the admitting physicians were raised and acknowledged, and a plan acceptable to all was reached. This was brought to MEC at the July meeting, and met with approval.

INNOVATION
ANTHONY P. WEISS, MD, MBA

All too often we believe that innovation within healthcare comes at great cost, equating the concept with "high technology" or research. This does not need to be so. A physician (or an organization) can be innovative without necessarily raising the cost of care. Two examples immediately come to mind:

1. It was exactly 200 years ago, that a 35 year-old French physician named Rene Laennec was faced with a conundrum. A young, morbidly-obese woman presented to the hospital with what appeared to be signs of heart disease. Given her girth he was unable to adequately use the technique of percussion. And modesty kept him from applying his ear to her chest for direct auscultation. Whereas previous physicians might have thrown up their hands, Laennec rolled a quire of paper into a cylinder to allow him to auscultate remotely. He then took the steps to make a series of observations using this new "listening tube" and write them up. We still benefit from his work today, as the stethoscope remains a standard tool in a physician's arsenal.
2. In 1953, a mid-career anesthesiologist wanted to develop a method to assess the wellbeing of newborn babies in a systematic way. Rather than launching a three-year, multicenter outcome study, she identified the key characteristics that she believed were associated with good prognosis. This simple, five-item score, is now used world-wide, as a standard tool to assess a baby's physiology. The simplicity of the tool, along with the fact that Dr Virginia Apgar's last name serves as a mnemonic for the five items, were key aspects of the uptake of this innovation.

Here at Upstate we need to differentiate ourselves through our encouragement of innovations in care. Even today, examples like the WHO surgical safety checklist show that innovation in care delivery does not necessarily mean costly care. Take a moment to consider innovations within your area of medicine and discuss with your trainees or colleagues how this came into use. Take an additional moment to consider challenges in clinical care delivery – perhaps these are your opportunities to follow the same path laid by Drs Laennec and Apgar…

CM E-14 POLICY REVISION

A subcommittee of the Medical Executive Committee and the Department of Emergency Medicine recently met to review University Hospital's policy on ED admissions, CM E-14. The goal of the policy is to ensure good communication between services and efficient patient throughput. Efficient patient throughput is associated with decreased adverse events, is an expectation of both CMS and NYS DOH, and impacts our hospital's quality rating. The policy's associated procedure has been revised to more clearly reflect the communication loops that should occur for admissions.

When a request for consultation is made to a service for the purposes of admission and responded to by a resident it will be the residents' responsibility to notify their service A**ttending** on call as soon as possible. The results of the consultation should be reported back to the emergency department when complete. If the **Attending** physician feels the patient would be better cared for on an alternative admitting service it is that **Attending's** responsibility to notify the **Attending on call for that service. It is that Attending's responsibility to respond promptly to discuss the patient in question.**

In general, there is good consensus between the ED and the admitting services. An agreement between the potential admitting services should be delivered to the ED attending within 30 minutes. If consensus cannot be achieved, the ED attending will notify the service Attending felt to be most appropriate to receive the admission.

Abbreviated admission orders will be entered by the ED after the hand-off communication has been completed.

Here is the complete policy & procedure:

http://www.upstate.edu/policies/documents/intra/CM_E-14.pdf

http://www.upstate.edu/policies/documents/intra/procedures/PROC_CM_E-14A.pdf

WELCOME NEW MEDICAL STAFF MEMBERS & APP MEMBERS

Adel Bishai, MD	Anesthesiology
Erik Quilty, MD	Anesthesiology
Alisa Uysal, CRNA	Anesthesiology
David Andonian, MD	Emergency Medicine
Stephanie Brannan, PA	Emergency Medicine
Brett Cherrington, MD	Emergency Medicine
Eric Hojnowski, MD	Emergency Medicine
Lindsey Pryor, MD	Emergency Medicine
Anthony Rotello, PA	Emergency Medicine
Deepali Sharma, MD	Emergency Medicine
Caitlin Stiglmeier, MD	Emergency Medicine
Virginia Cronin, NP, PHD	Family Medicine
Melissa Barton, PA	Medicine
Debra Burke, NP	Medicine
Anish Desai, MBBS	Medicine
Susan LaPorta, PA	Medicine
Harvir Gambhir, MD	Medicine
Ritu Garg, MD	Medicine
Ghanshyam Ghelani, MD	Medicine
Christine Granato, MD	Medicine
Ryan Magnuson, DO	Medicine
Carlos Martinez-Balzano, MD	Medicine
Kristopher Paolino, MD	Medicine
Timothy Foster, MD	Neurology
Michael Katz, MD	Neurology
Stephanie Loveless, NP	Neurology
Wyssem Ramdani, MD	Neurology
Jennifer Makin, MD	OB/GYN
Justin Iorio, MD	Orthopedics
Marc Stevens, PA	Orthopedics
Alexis Strohl, MD	Otolaryngology
Kerry Whiting, MD	Pathology
Aditi Khokhar, MBBS	Pediatrics
Matthew O'Connor, MD	Pediatrics
Grant Karno, MD	PM&R
Andreea Nuti, MD	PM&R
Theresa Blatchford, MD	Psychiatry
Elena Nichita, MD	Psychiatry
Eric MacMaster, MD	Psychiatry
Stephanie Mancini, NP	Psychiatry
Julie Middleton, NP	Psychiatry
Ann Nardozza, NP	Psychiatry
Saurabh Gupta, MBBS	Radiology
Jennifer Taylor, DO	Radiology
Kathleen Joly, PA	Surgery
Leah Marinelli, NP	Surgery
Matt Marko, PA	Surgery
Michael Munson-Burke, PA	Surgery
Margaret Sitnik, NP	Surgery
Stephen Blakely, MD	Urology
Anne Kukulski, PA	Urology
Mary Stoner, NP	Urology

PATIENT EXPERIENCE CORNER

We've started the conversation about communication & the essential elements of the communication model ICARE that we are adopting into practice. To refresh your memory, the acronym in its simplest form is: I-Introduce, C-Connect, A-Acknowledge, R-Review and E-Educate.

The people we serve tell us that communication is important to them and that we can do better. Communication is a skill that needs to be developed and practiced.

In March 2016 I highlighted the first of five myths that physicians believe about Patient Experience: ***HCHAPS is only a hospital metric.*** Myth #2***: Patient Experience is not a real clinical concern;*** Myth #3: ***Patients rate experience based on factors like amenities or nursing – things outside physician's control;*** and Myth #4***: I don't have time to spare for longer patient interactions*** followed in subsequent months.

These myths were shared in an article by The Advisory Board Company last year; we continue with the fifth and final myth mentioned in the article:

Myth #5: "***Patient Experience is not about physicians***"

Fact: The physician is the "Influencer-in-Chief" when it comes to patient experience and is a very important piece in delivering exceptional patient care.

There are three ways you can ace your role as "Influencer-in-Chief:"

1. Set the precedent and lead by example - take control of clarifying the plan of care for the patient and modeling patient experience performance for staff.

2. Demonstrate exceptional communication skills when working with the care team by serving as a strong leader who is able to resolve problems or differences in opinion.

3. Cultivate patient empathy by understanding the patient and their condition. When you cultivate this understanding, you can provide valuable resources to both the patient and their family while displaying exceptional non-verbal communication in addressing their immediate needs.

The patient experience is just not about patient happiness and satisfaction; it involves something much more important that is at the core of what we do: delivering exceptional clinical care that reduces patient suffering. Improving the patient experience is really about how we fulfill the unmet needs of every patient. It's how we deliver on the promise of safe, high-quality care, in an environment of patient-centeredness. ***You are the Patient Experience!***

MEMBERS –AT-LARGE CANDIDATES SOUGHT!

In the next few months, new officers and members-at-large will be elected to participate in the medical staff self-governance process.

The Medical Executive Committee is the body resonsible for making recommendations to the Governing Body (the President of the University) on behalf of the entire organized medical staff.

Officers are elected from among the voting members of the committee, while members-at-large are elected from the organized medical staff. Each Fall, this election is an opportunity for you and your colleagues to be active in this self-governance process!

Watch your email address on file with Medical Staff Services for more information about how to run, nominate someone else, and vote in these proceedings!

2016 Nomination Committee:

Bettina Smallman, MD
Past President, MEC
Nominations Committee Chair

Robert Carhart, MD
Chair, Credentials Committee
Member, Nominations Committee

Timothy Creamer, MD
Member, Medical Executive Committee
Member, Nominations Committee

Lynn Cleary, MD
Member, Medical Executive Committee
Member, Nominations Committee

ANNUAL MEDICAL STAFF MEETING

Annual Medical Staff Meeting
October 18, 2016 at 6 PM
9th floor, Weiskotten Hall
Keymote Address: Lenny Feldman, MD
Hors d'oeuvres and open bar

BLS/CPR REQUIREMENT

CPR

Staff functioning in a patient care role and whose job title requires them to have BLS/CPR, are required to renew their CPR certification every two years, according to hospital policy. Upstate offers BLS/CPR renewal classes free of charge to licensed staff during EVEN years. This means you have five more months to complete your BLS/CPR.

- If you do not have a current BLS/CPR card, you must take the original/full course at an outside agency.
- If you DO NOT renew at Upstate in an EVEN CPR year (i.e. 2016), you must renew at an outside agency. CPR taken at an outside agency is done at your own cost.

If your BLS / CPR will expire before January 2018, and you would like to take advantage of the free CPR/BLS renewal courses offered:

1. Complete the Blackboard (https://bb.upstate.edu/) Course UH23098: CPR Review for Licensed Clinical Staff
2. Register (http://www.upstate.edu/hr/intra/training/register/index.php?topicid=17&go=1) for a CPR / BLS renewal class.

If you have any questions, please contact the CPR Coordinator, Cherie Kocan, Organizational Training and Development, at kocanc@upstate.edu or 315-464-4403.

DIABETES EDUCATORS

Diabetes Educators are available now at both Downtown and Community Campuses. One educator will offer onsite support Monday through Friday between 9 am- 4 pm, excluding holidays. Make Diabetes Education Consult for:

- New type 1 diagnosis
- Patients with complex issues
- Patients new to insulin
- Insulin delivery devices such as pens
- Repeated diabetes-related hospitalizations
- Patients with insulin pumps
- Specific concerns or issues

- **Contact Diabetes Educator:**
  - Downtown Campus Vocera: 464-1400, call "Diabetes Educator"
  - Community Campus Vocera: 464-4200, call "Diabetes Educator"

- **Ordering:** diabetes education must be entered into Epic – this may be done by provider or nurse

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

Lynn Cleary, MD; (Medicine)
Robert Corona, MD; (Pathology)
Timothy Creamer, MD; (Medicine)
Tanya George, MD; (Medicine)
Rolf Grage, MD; (Radiology)
David Halleran, MD; (Colo-rectal Surgery)
Po Lam, MD; (Urology)
Oleg Shapiro, MD; (Urology)
Zulma Tovar-Spinoza, MD; (Neurosurgery)

APP ELECTED REPRESENTATIVE

Thomas Antonini, PA; (Surgery)

EX-OFFICO, 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
David Duggan, MD; Dean, College of Medicine, SUNY Upstate Medical University; (Medicine)
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
John McCabe, MD; Chief Executive Officer (Emergency Medicine)
Nancy Page, RN; Chief Nursing Officer
Anthony Weiss, MD; Chief Medical Officer and Medical Director (Psychiatry)