MEDSTAFF NEWSLETTER

UPSTATE UNIVERSITY HOSPITAL

APRIL 2016

IN THIS ISSUE:

mailto:askmec@upstate.edu

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

I would like to congratulate Dr. Laraque-Arena on her inauguration as the new President of Upstate. It was an impressive ceremony, and the student speakers were a great example of some of the talent we have here. Dr. Laraque presented her vision for upstate. For those of you who could not attend or watch the live video stream I urge you to read it (http://www.upstate.edu/president/pdf/inaugural_address_0416.pdf) or watch the recorded address (http://www.upstate.edu/president/inauguration.php).

We are part of an organization, and it is important to know what the leader's plans and goals are. Why? Because if you agree with them, you can think of ways to help achieve these goals. If you don't, you can plan on leaving, or spend the rest of your career complaining, waiting for your boss to leave or until you are fired.

The theme of Dr. Laraque-Arena's inauguration was connectivity. A number of different goals, both local and global, were proposed. In my opinion, what is most relevant to the medical staff of the hospital is the goal of creating patient- and family-centered quality care, so that is what I am going to focus on this month.

In my Upstate life, I am an infectious disease specialist, but I have another, private life. I am a primary care internist. Yes, I am a bi-specialist. On Wednesdays, for instance, I go to infectious disease management conference and engage in both social and intellectual intercourse with my Upstate infectious disease colleagues. Then from there, I will go shamelessly to meet with my primary care partners at our board meetings, and do the same with them. Living openly between two worlds. Specialist and generalist. Private and State. Academic and non-academic.

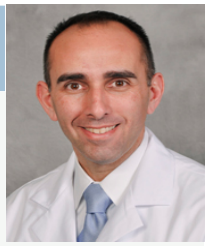
These worlds, which are now so separate, filled with distrust, jealousy, ignorance, and fear of each other's values and lifestyles, need to connect. Why now, you ask? Because in order to survive in the new world order of volume to value medicine, primary care physicians are all going to have to become patient-centered medical homes. In order for specialists and hospitals to succeed, we are going to have to be part of a patient-centered medical neighborhood (see https://pcmh.ahrq.gov/sites/default/files/attachments/Coordinating%20Care%20in%20the%20Medical%20Neighborhood.pdf). And for all of us to succeed, we will need to be good neighbors Right now, we are like Seth Rogen and Rose Byrne looking at the frat house next door in "Neighbors".

Let's all try to think of ways ALL of us, hospitalist or officalist, specialist or primary care, full-time, part-time, or non-faculty, can better connect with our colleagues. As a start, I will once again suggest routing all of your ER, admitting, consult and discharge notes to the primary care physician(s) of record. It takes just two clicks. In return, primary care physicians, please send copies of relevant notes and diagnostic tests to your colleagues working in the hospital taking care of YOUR patient, so you do not have to come in at 3 am and admit them anymore, like you used to in 'the good old days'. In the best of all possible worlds, we would all be on one medical record. As this is unlikely to happen, we should be working towards at least getting bidirectional access to each other's systems, instead of just settling for the RHIO.

And finally, it would not kill any of us to pick up a phone once in awhile and actually discuss the case with each other as colleagues, attending to attending. It is a way to improve communication, which leads to better care, and it will save you time and aggravation down the road. I applaud Dr. Laraque-Arena for recognizing the need for broader connections and encouraging everyone take her vision a step further.

THE LITTLE THINGS

ANTHONY P. WEISS, MD, MBA



I just finished reading the book "The Slight Edge" by Jeff Olson. (Full disclosure, didn't actually read the book, I listened to the audiobook in my car). (As an aside, since moving from Boston, where my commute was 45 minutes each way, my available audiobook time has been significantly reduced). In the book, the author discusses how goal achievement only rarely comes from massive quantum leaps, and more often occurs through very small activities repeated consistently over time. These small activities, these choices, are relatively easy to do, but they are also easy *not* to do, and as a result, people don't complete them consistently. For example, 15 minutes of daily exercise, if done consistently, will have amazing health benefits, but it is all too easy to skip the workout.

He also notes that another reason that people don't achieve their goals, is because completing the action has very little immediate benefit, and skipping the action has very little apparent harm. In the exercise example, completing a single workout will not lead to immediate body transformation, nor will skipping a workout result in your immediate peril. But heading in one direction vs. the other will have an impact, either for the good or bad. Those that repeatedly follow the right path will have the slight edge over others in accomplishing what they hope to achieve.

I believe the slight edge concept has significant implications for our work in healthcare. For example, with hospital acquired infections. Foaming in before and after entering a room is a simple act, which is easy to do. But its also easy not to do. And the immediate consequences of your personal action or inaction are not obvious. But if repeated over time, across the dozens of people involved in care, these actions or inactions will have consequences, either for the good or the bad. Many, many other examples could be found, from pre-operative timeouts and site marking, to medication reconciliation, to taking the time to sit down at the bedside.

I am proud that we are seeing improvements in our quality here, and are catching up to other teaching hospitals around the country. But if we truly wish to excel, each of us will need to take personal responsibility for these myriad slight edge actions throughout the day. And while the results will be imperceptible at the time, the collective impact will be tremendous and transformative.

WELCOME
NEW MEDICAL STAFF MEMBERS
&
APP MEMBERS

Edward Gyukeri, CRNA	Anesthesiology
Logan Woodford, CRNA	Anesthesiology
Kathryn DeGirolamo, NP	Emergency Medicine
Hana Morcos, MD	Medicine
Oleh Pankewycz, MD	Medicine
Jessica Redden, NP	Medicine
Nancy Bailey, NP	Neurology
Kathleen Tibbits, NP	Neurology
Kara Donato, NP	Pediatrics
Allison Fahy, MD	Pediatrics
Douglas Belton, MD	Radiology
Jay Duxin, MD	Radiology
Heesun Kim, MD	Radiology
Ralph Pinchinat, DO	Radiology
Alan Pratt, MD	Radiology
Arnold Teo, MD	Urology
Andrew Snider, PA	Urology

Patient Experience Corner:

Attached you will find the quality dashboard as a single document with combined campus data in one dashboard for the month of January 2016. This dashboard also reflects the entire year of data for 2015.

In the Safety domain, you will see that our infection rates are slowly increasing and either becoming red or staying in the red. Due to this increase we have been working on several strategies. These include: a system wide change in the surgical scrub attire (including no lanyards in the Operating Room), the Community Campus Operating Room is auditing the compliance with many safety initiatives such as: shoe covers, proper face masks for bearded men and ensuring that all levels of staff (vendors included) are wearing and have access to the proper PPE while in the O.R. environment and the downtown campus is working on speaking with Operating Room personnel to not wear O.R. attire out of the hospital. We have also determined that at the downtown campus "phase of care" pre op antibiotics are not always administered according to best practice standards due to several potential EPIC and user concerns. We are working with staff (providers, nurses and pharmacy) and EPIC to improve our compliance. Also, the individual floor managers are working with the infection control practitioners to determine the root cause of infections. Many of these initiatives will help us to streamline our corrective actions to prevent these potentially preventable infections.

SUNY Upstate Medical University Hospital
OrgScoreCard - Organizational Scorecard (Both Campuses)

Indicator	FY 14-15 Q1-15	FY 14-15 Q2-15	Fiscal Year 2015-2016 Q3-15	Q4-15	Jan-16 Actual	Jan-16 Target
Quality/Patient Safety						
Mortality Domain						
Inpatient Mortality Observed/Expected Ratio	1.15	1.09	1.03	1.04	1.31	0.90
Safety Domain						
PSI 03 Pressure ulcer Rate	3.08	4.42	4.90	1.45	3.84	0.50
PSI 06 Iatrogenic pneumothorax Rate	0.19	0.72	0.90	0.99	0.00	0.40
PSI 09 Post-operative hemorrhage or hemotoma Rate	4.58	2.55	3.69	5.20	3.58	7.50
PSI 11 Post-operative respiratory failure Rate	9.62	21.44	6.85	11.58	11.90	9.90
PSI 13 Post-operative sepsis Rate	19.23	12.58	14.81	38.96	33.33	10.60
PSI 90 Patient Safety for Selected Indicators Composite	1.32	1.30	1.06			0.86
NHSN: Central Line Related Blood Stream Infection SIR	0.44	0.20	0.46	0.43	1.04	0.47
Cath Related Urinary Tract Infection SIR	0.62	0.58	0.63	0.91	1.18	0.67
NHSN: Surgical Site Infection (COLO and HYST) SIR	1.90	2.38	1.49	3.62		1.10
NHSN: Surgical Site Infection (HPRO) SIR	2.59	1.90	0.93	0.87		0.90
NHSN: LabID events for C-Diff Inf SIR	0.95	0.89	0.62	0.82		1.03
(VTE-6) Incidence of Potentially Preventable VTE	0.00%	20.00%	11.11%	5.26%	0.00%	20.00%
Effectiveness Domain						
STK Composite Measures	97.7%	93.2%	93.2%	95.2%	100.0%	80.0%
VTE Composite Measures	91.9%	92.0%	87.2%	90.1%	92.9%	80.0%
(ED-OP-18b) MedTime EDArr to EDDep for DischEDPats Rprt	193.82	177.19	245.20	221.91	182.00	238.79
(ED-1b) Med. Time ED Arrival to ED Depart Admitted RM	306.50	334.58	296.60	312.28	265.96	413.74
Housewide Readmission Rate (Adult)	12.6%	10.9%	11.4%	12.1%		13.6%
Efficiency Domain						
Inpatient LOS Observed/Expected Ratio	1.23	1.13	1.08	1.13	1.21	0.97
Inpatient Direct Cost Observed/Expected Ratio	1.26	1.19	1.17	1.21	1.14	1.06
Inpatient Mislabeled / Unlabeled lab specimen	74	59	63	60	13	0
Inpatient Falls	114	95	86	75	25	0
MDRO Infections	45	42	16	26	8	0
Case Mix Index	1.5301	1.5591	1.5364	1.5783	1.6142	
Service						
Patient Centerdness Domain						
Rate Hospital 0 - 10 (% 9 - 10)	65.7%	63.0%	66.9%	67.0%	66.7%	73.1%
Recommend Hospital (% Definitely Yes)	66.3%	67.2%	69.4%	71.6%	69.4%	77.8%
Comm W/ Nurses (% Always)	73.8%	76.7%	77.4%	79.0%	77.0%	78.4%
Response of Hosp Staff (% Always)	57.5%	61.3%	63.6%	64.9%	66.5%	63.0%
Comm W/ Doctors (% Always)	74.8%	74.3%	78.4%	76.9%	76.8%	81.0%
Hospital Environment (% Always)	56.4%	54.2%	58.0%	58.4%	52.9%	61.8%
Pain Management (% Always)	65.7%	65.0%	66.1%	66.7%	61.7%	69.6%
Comm About Medications (% Always)	54.8%	57.8%	61.9%	62.6%	59.7%	63.8%
Discharge Information (% Yes)	85.1%	85.5%	88.5%	90.6%	87.0%	87.8%
Transition of Care (% Strongly Agree)	47.9%	48.4%	50.4%	51.1%	51.2%	56.1%

Confidential - Not for Redisclosure Under Education Law, Sect 6527 Public Health Law 2805-M
Dept. of Clinical Practice Analysis Support @ Upstate Medical University, Syracuse, NY 13210 (315) 464-4037

For the PSI 03 Hospital Acquired Pressure Ulcers we continue to work with the AHRQ program. Important to note is that we are making huge strides in the reduction in the number of pressure ulcers. Even though our data for January has increased we only had 3 hospital acquired pressure ulcers at the downtown campus while community campus had none. Great job community campus! We have an initiative with respiratory and bipap/cpap devices and ulcers from the masks. Respiratory has assisted in education for nurses regarding special adaptive measures for these masks, rounding on patients with these masks to ensure proper fit and use of adaptive equipment, and monitoring the patients for device related occurrences and prevention techniques. We also are continuing our mandatory education for all nursing, therapy and respiratory staff regarding skin breakdown prevention measures. We will begin our auditing in April with ongoing real time educational support.

Patient Centerdness domain (patient satisfaction) continues to be a major focus for the hospital and an area that varies in its scoring. How our patients feel about the care they receive is very important to us. Many of you probably have already had Amy Szczesniak, the Patient Experience Officer, come to your department to teach the department champions regarding the roll out of the "ICare" program. As well as the "ICare" program, we are developing 3 new HCAHPs Domain teams. These teams are "rate the hospital", "nurse communication" and "hospital environment". These teams are multidisciplinary with representatives from both campuses working to improve their domains. You will hear more as these teams work on their initiatives. A fourth team "physician communication " will be forming.

Again, should you wish to comment on the dashboard please do not hesitate to contact one of the individuals list below.
Julie Briggs, RN, M.S.N., CPHQ- Patient Safety Officer James Legault, MBA – Director Clinical Practice Analysis Sally Ramsden RN, M.S. – Director of Quality Services- Community Campus

UPDATING A FIND A DOC PROFILE

On Upstate's website, the Find a Doctor feature is a commonly used application whereby prospective patients can search for a provider. The provider's clinic/unit contact information is posted, and patients can contact Upstate Connect to schedule appointments.

It is important for all Upstate Medical University providers to have updated and complete profiles. Profiles include such information as specialties and certifications, diseases and conditions treated, treatments and services, affiliated clinics and units, and links to videos and HealthLink On Air interviews.

The process to update a profile is simple and can be accessed by one of the following methods:

- Visit the Find a Doctor page (www.upstate.edu/hospital/providers/) and search by last name to locate your profile.

At the bottom of the Printable Profile page, click on the "Update my profile" link. (See illustration 1)

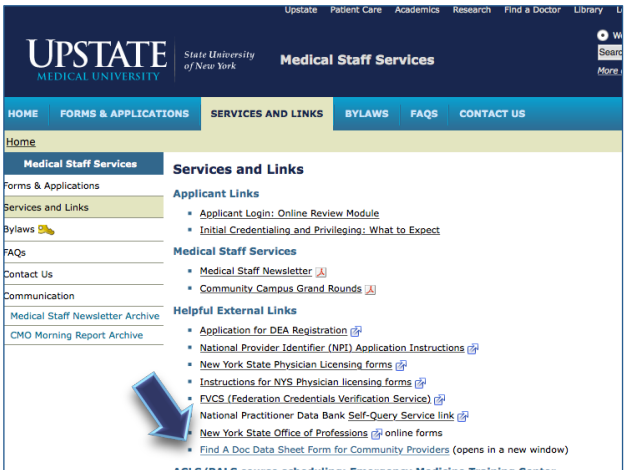
- Log in to Self-Serve. Select "Find a Doctor" from the Applications tab menu.

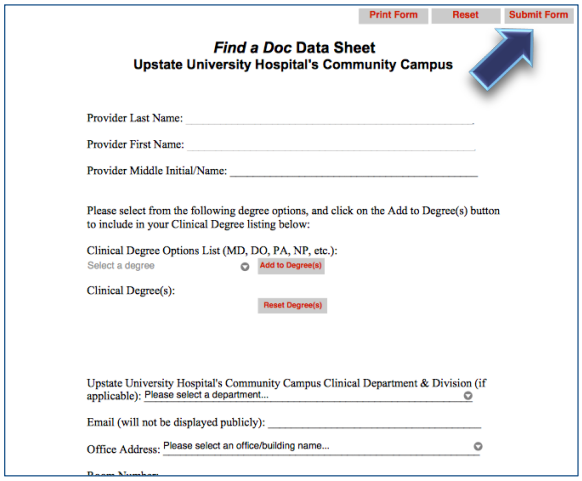
From the Find a Doctor application in Self-Serve, the profile can be updated. To view more detailed directions, select "General User's Guide/Instructions" from the documents listed within the "Help" tab.

Community Campus providers can update the Find a Doctor profile by visiting www.upstate.edu/medstaff/services.php and opening the "Find a Doc Data Sheet Form for Community Providers" listed under Helpful External Links. This fillable PDF form can by submitted by clicking "Submit Form" in the upper right-hand corner of page 1. (See illustration 2)

Illustration 1

Illustration 2





Did You Know?

The medical Society of the State of New York offers a variety of online CME activities. **Most of these programs are provided at no cost to the physician.**

Where indicated, **first time users will be required to create an account** to ensure accurate information on any issued certificate. Creation of an account will allow the user to access their certificates at any time.

For more information regarding cme.mssny.org, please contact Miriam Hardin, PhD at (518) 465- 8085. For information about medicaleducationny.com, please contact Karen Maucerti at (516) 488-6100 X.424.

Need to Renew your BLS Certification?

Upstate offers the BLS refresher course to all licensed staff in 2016. Current classes are on the HR website: http://www3.upstate.edu/hr/training/index.cfm?topicid=17&go=1.

Please mark your calendars for October 18, 2016 at 6 PM for the annual medical staff meeting. More information, including location, will be forthcoming soon.

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)