

MEDSTAFF NEWSLETTER

UPSTATE UNIVERSITY HOSPITAL

NOVEMBER
2015

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<mailto:askmec@upstate.edu>

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

I have written and said often that I would like to see the members of this medical community treat each other as colleagues rather than competitors. I will settle for competitors treating each other like colleagues. Healthy competition is a good thing. The drive to be the best you can be at what you do makes for greatness. We all would like the respect of our peers; the better our peers are, the better we have to be to gain that respect. I would like to see medical professionals compete on the quality of their work, rather than the quality of their advertising. I grew up in an era when advertising by professionals was felt to be unprofessional. If you were a good doctor, you would be busy, only the incompetent and

charlatans needed to advertise. I have been told that times change. Everybody does it. No money, no mission. We don't spend that much money. That may be true but.....

Informational websites and contributions to medically related charities are one thing, TV commercials and billboards are quite another. Do you want patients coming to you because they were referred by one of your peers, or because they saw you on a billboard? We criticize the pharmaceutical companies for their advertising, saying the money should be better spent on research and development. Could we not spend our advertising budget on improving patient care and education? There is more to marketing than advertising.

Doctors complain that we are not being treated like professionals anymore. That we are knights, not knaves or pawns. We are an academic, state-supported medical center. We could, and should, set an example for others to follow, not follow what others are doing. Think about it. It will take a leap of faith, but with some courageous leadership, it could be done.



HUMILITY

ANTHONY P. WEISS, MD, MBA



The trait of humility doesn't get the press it deserves. Don't see too many folks touting how humble they are. And yet, perhaps this trait - the ability to realize your proper place in the world relative to the complexities of the world and human condition - is perhaps *the* most important one in terms of our development as physicians.

For me, humility as a physician means two things:

1. Seeing patients as people, realizing that our livelihood depends on them, and having a service-oriented philosophy toward the care we provide
2. Realizing that no matter how much we know about Medicine, there is much that we don't know, and there is little value to pretending differently

I am reminded of both when I see patients and teach trainees here at the hospital. As a neuropsychiatrist, I feel I have a fairly good understanding of the brain and mind. But I am consistently reminded of the gaps in my understanding, which in part relates to the awe-inspiring complexity of the human cerebrum. While other fields may be further along than mine in terms of understanding underlying pathophysiology, there remain large areas of uncertainty across all of our disciplines. Sometimes helpful to ponder that, as these grey areas of knowledge can be areas where inter-disciplinary discord develop.

Humility need not be in competition with expertise. Indeed, the humble person is often driven to learn even more about their area of knowledge, further developing their true understanding of the field. But, for some, specialization makes it harder for them to admit the limits of their knowledge, and this can come across as arrogance. This condition is not unique to academic medical centers, but the AMC environment can promote this. We need to inoculate our residents against this.

As Upstate physicians, we need to be proud of our expertise and mindful of humility. We do know a lot of things, and we have so very much to offer patients and the physicians who refer them here. But we do not know everything, and it's ok to acknowledge this. In so doing, we promote a greater sense of empathy for our patients and prime ourselves to learn even more.



Upstate Physician Performance Data (DNV NIAHO MS.9)

At Upstate, we believe high quality, safe patient care is important. Although our data collection mechanisms and reviews continue to evolve, you deserve to understand how the care you provide is being reviewed. This is especially true since the collected information is being considered during your reappointment and re-privileging.

Using our UHC Risk Adjusted Data, our data analytic department generates a list of cases/providers for specific measures. Currently, the process utilizes the UHC Quality Data Repository to report on, and analyze against the mean, the following for all providers:

- o Mortality
- o Complication Rate
- o Length of Stay (LOS)

Providers who are more than two standard deviations from the mean in any data element will have a focused review by their department. The findings of the focus reviews will be communicated directly to the providers by their departments, as well as to the Chief Quality Officer for review, and to the Medical Staff Services department for inclusion in the Credentials/Quality file. 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. This process will not be perfect, but will continue to improve.

The long term plan is to monitor over 20 additional quality indicators (QI) including:

- a. Access
- b. Satisfaction
- c. Re-admissions
- d. Documentation of services = turnaround time
- e. Query response rate
- f. Citizenship (including areas such as teaching, research, volunteerism, medical staff participation, and behavior that fosters a culture of safety)
- g. Feedback from a variety of hospital and medical staff committees, including pathology review, radiology review, moderate sedation and more.

I welcome your questions, comments, or concerns as we move forward with these initiatives.

Thank you all.

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

CAPC MEMBERSHIP

I am excited to announce that we are now members of CAPC, the Center for Advanced Palliative Care. This is available to all staff and faculty. This includes all physicians, nursing staff, administration staff and all of our students and faculty at all sites. The Upstate Foundation has supplied the funds to our palliative care group to fund this first year's enrollment with \$6,000. We are very grateful.

Below is a description of CAPC. There are numerous webinars, tools and forums along with significant educational materials. I hope that many of us use this to help improve our skills, improve our patient care and teach our learners. There are also opportunities for free CMEs and CEUs.

I invite you to join and begin using this benefit ASAP. The membership link is below. This is available only to members of our Upstate community.

<https://www.capc.org/accounts/register-member/C3C21B3089/>

Barbara Krenzer, MD
Medical Director, Adult Palliative Care Service
Upstate University Hospital

Just one membership fee covers the staff of your entire institution.

CAPC membership is available to hospitals, health systems, hospices, payors and other healthcare organizations.

With membership, your organization will become part of a vibrant, collaborative community of healthcare professionals who are working collectively at the front lines to improve care for our sickest and most complex patients.

The entire staff of CAPC member institutions have unlimited access to our vast resources, all of which support palliative care delivery and quality across the continuum. **Just one membership fee covers everything, including CMEs and CEUs.**

Partnering with CAPC will make it possible for you to implement palliative care principles and practices with ease and efficiency. Membership will help your organization achieve both quality benchmarks and financial viability.

Exclusive member privileges include clinical and operational online training for all frontline clinicians – both non-palliative care specialists and specialists – Virtual Office Hours, leadership support and technical assistance, metrics, webinars, policy briefings, discounted seminar fees and much more. CME/CEUs are included too.

As the nation's resource for palliative care program development, our mission is to promote best practices and provide comprehensive technical assistance. But it takes you, our frontline clinicians, to implement quality palliative care. Let's build the future together.

WELCOME NEW MEDICAL STAFF & APP MEMBERS

Asalim Thabet, MD	EmergencyMedicine
Nidhi Bansal, MBBS	Medicine
Dominique Guadalupe, NP	Medicine
Viktoria Kenney, NP	Medicine
Mallory Manning, PA	Medicine
Howa Thabet, NP	Medicine
Devamohan Sivalingam, MD	Medicine
Emad Awa, MD	Pediatrics
Stacy Shourt, NP	Pediatrics
Kevin Anuvat, MD	PM&R

The Schwartz Center Rounds

Tuesday, December 1, 2015

3:45 – 4:45pm

East Tower 11405 A&B

All Staff Invited, Refreshments

The Totally Isolated, Long Term Patient Compassion in Action

*Continuing Medical Education (CME) credits



Flu shots will be available on the Community campus at the Employee / Student Health office. On the Downtown campus you can see a calendar of flu clinics for the month at the link below (scroll forward to November).

<http://www.upstate.edu/webcal/main.php?calendar=fluclinics&view=month>

Patient Experience Corner: Continuing our focus on communication using the ICARE model.

	Essential Elements	Feelings associated with improved communication
I	Introduce/Inspire	Use “I” Statements, Interested
C	Connect/Contact	Care, Compassion, Customer Service, Courtesy
A	Acknowledge/Articulate	Amiable
R	Review/Remember	Respect, Reverence
E	Ensure/Educate/Express	Empathy

This month we will focus on the “C” in ICARE. Last month, we learned that the “I” in ICARE is to **Introduce and Inspire**. **Introduce** yourself with your title - take the time to let the patient & their family know a little about you and what you do. Perform Service Recovery if needed to **Inspire** confidence. Talk positively about the organization and your colleagues as this will also assure the people we serve that they are in the right place for their healthcare.

The “C” in ICARE asks us to **Connect** and make **Contact**. **Connecting** with the patient & family can include a form of **Contact** whether it’s **Verbal or Nonverbal**.

Be aware of your non-verbal cues. Sometimes, what you don’t say, but rather demonstrate with your body language, is heard louder than the actual words that come out of your mouth. Use body language that demonstrates careful listening, such as eye contact and nodding. Try not to interrupt as this may increase the patient or family’s anxiety. Take the time to sit down when you are talking to make direct eye contact and help you build a connection with your patients and their family members, which will convey sincerity and interest. Avoid glancing at your watch, standing at the door with your hand on the doorknob, looking at your electronic communication, or turning away when a patient is expressing a concern.

Patients and their families want to be treated with care and compassion. They want their healthcare providers to acknowledge their possible suffering. This can be as simple as a pat on the hand and a kind smile, or as complex as discussions around goals with regards to end-of-life care. Try to respond to patients and family members with courtesy. Their concerns are very real to them regardless of how simplistic or unlikely they are. Clear and calm communication will help build a rapport with patients and their family members.

Some key phrases to avoid include:

- “I can’t help you”
- “I don’t have time for this”
- “We’re understaffed”
- “That’s not my problem”
- “I’ve never heard of that before, are you sure?”

Next month we will review the “A” in the ICARE model.

CONNECT

Connecting with the Patient
and their Families

Patient Experience Initiative

Establish eye contact
and shake their hand



Sit down or make
yourself comfortable



Build rapport



This is the second step in our five step initiative to improve patient satisfaction.

INTRODUCE

CONNECT

ACKNOWLEDGE

REVIEW

EDUCATE

"Please, tell me more about your problem today and we will see what we can do to help. Your privacy is important so I am closing the curtain/door"



"Would you like another blanket?"



"Is the head of the bed at a good height for you?"



"Is there anything else your friends/family would like to add?"

The Schwartz Center Rounds®

A multidisciplinary forum where caregivers discuss social and emotional issues that arise in caring for patients

The Totally Isolated, Long Term Patient Compassion in Action



Tuesday, December 1, 2015

3:45 – 4:45 pm

East Tower 11405 A & B

All Staff Invited

Refreshments

Panelists:

Andrea Kite, RN, BSN

TBD

TBD

Facilitator: Rev Terry

Culbertson, MDiv, BCC

Physician Champion:

Colleen O'Leary, MD

- *The patient we come to care deeply about, the patient who has little and losses even that. How staff reacted and acted beyond the 'norms' will bring to mind how you have been and observed compassion in action. Come and share at this 'appropriate to the season' Schwartz Center Rounds focus on our relationships with patients and each other and allow us to share and recognize all emotions as legitimate and acceptable.*
- *The Schwartz Rounds multi-disciplinary case presentations and discussions provide the safe, confidential forum for sharing feelings, expressing frustration or joy or grieving.*
- *The Schwartz Rounds are open to all staff of University Hospital: Physicians, residents, faculty, nurses, students, therapists, social workers, spiritual care, housekeeping and other support staff.*
- For more information, please contact: Rev. Virginia Lawson, PhD, Coordinator, Schwartz Center Rounds at Upstate. lawsonv@upstate.edu, 464-5596.

Continuing Medical Education (CME) credits available

The Schwartz Center Rounds program was initiated by the Dr. Daniel Burdick Compassionate Care Fund, established in 2013 by a generous founding gift from the children of Daniel and Billie Burdick. The gift honors Dr. Burdick's compassion for both patients and caregivers throughout his medical career as a surgical oncologist and general surgeon, and his foresight in recognizing the emotional toll of serious illness on care providers.

Rounds are continuing thanks to administrative support, and additional funding from *The Friend In Deed Fund*, and *The Advocates of Upstate Medical University*

UPSTATE
UNIVERSITY HOSPITAL


the schwartz center
FOR COMPASSIONATE HEALTHCARE

LETTER FROM MEDICAL STAFF SERVICES

Dear Doctor, Advance Practice Provider, or Health Professional;

As we review our processes, we have identified some typical events that our office sometimes doesn't find out about until much later. If we know about these events beforehand, it can make your Upstate life simpler and prevent any kind of privilege lapse or problem with access.

Examples of events we should be contacted about:

- Leaves of Absence (Medical or otherwise)
- Returns from leave
- Retirements
- Resignations
- Changes in employment or clinical department
- Contact information (address, email, phone, and fax) updates

As an example, if we know you are resigning or changing employers, we can discuss with you in advance whether you'll continue to need clinical privileges. Then, we can advise you

regarding next steps to make sure there is no discontinuation in your access to systems. Similarly, if we are aware of your leave, we will hold off asking you for paperwork or documents until just prior to your return. We can also discuss with you any special steps or extra information we'll need when you come back, so that when you return, there is no difficulty in getting on site or into the clinical systems you'll need.

We are hoping that by sharing this short list, you will reach out to someone in Medical Staff Services when one of these events occurs or will occur. This will enable us to best assist you.

You can contact Medical Staff Services 315-464-5733 or seek our website:

<http://www.upstate.edu/medstaff/staff.php> at any time for assistance or answers to your questions.

Sincerely,

Medical Staff Services

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)