

MEDSTAFF NEWSLETTER

UPSTATE UNIVERSITY HOSPITAL

Important Message from the Medical Executive Committee

Our first edition of the Medical Staff Newsletter was published last month with the purpose of improving communication with the Medical Staff. We introduced the members of the Medical Executive Committee (MEC) and provided a brief summary of the role and responsibility of this committee.



In this issue we are sharing with you what MEC is undertaking in order to fulfill its duties in the most effective and professional manner. The objective of the MEC is to represent the interests of the medical staff, regardless of whether the issue is related to you as an individual, or to the Medical Staff as a whole. This goal is complex and at times complicated by conflicting interests. We all must realize that medicine is rapidly changing. Recognizing this, we feel that the MEC can represent your voice, and be your partner, linking what is important to you, as you face these evolving issues, to the management and organizational structure of University Hospital. The members of MEC are aware of the challenges that lie ahead and have made the decision to solicit professional support from The Greeley Company.

Founded 30 years ago, the Greeley Company, a division of HCPro, Inc, is a leading provider of integrated information, education, training, and consulting products and services in the vital areas of healthcare regulation and compliance. The Company has a strong focus on the relationships between physicians and hospitals. The Greeley Company focuses on the issues affecting the actual practice of medicine and on the coordination of care—the manner in which physicians deal with each other—regardless of the contractual relationship.

Greeley provides a variety of services, including outsourcing for Medical Staff peer review, assistance providing solutions for clinical regulatory compliance, and Leadership Seminars several times throughout the year in places such as Palm Springs, CA, Colorado Springs, CO, and Boca Raton, FL. Greeley also provides on-site Hospital Executive and Physician Leadership education programs. These programs provide cutting-edge strategies and tools for dealing with traditionally difficult areas, as well as practical, actionable strategies.

News & Noteworthy

Annual Medical Staff Meeting

April 30, 2013 5:30pm-7:30pm

Weiskotten 9th Floor Cafeteria

Doctor's Day 2013

\$1,000.00 donation was made to the Rahma Clinic on behalf of the Medical Staff

Greeley Leadership Programs

MEC & Chiefs of Service

5/21/2013 5:30pm-9:30pm

WSK Room 103

Credentials Committee

5/21/2013 6:30am-10:30am

UH 14013

DO YOU HAVE A QUESTION FOR MEC?

<mailto:askmec@upstate.edu>

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QUALITY CORNER

Venous Thromboembolism Prophylaxis (VTE) Quality Measure CMS Core Measure as of 2013 Patients ≥ 18 years of age

VENOUS THROMBOEMBOLISM PROPHYLAXIS

Must be implemented for all patients with the following qualifiers **OR** a contraindication **MUST** be listed:

Patients with length of stay ≥ 2 days and ≤ 120 days for VTE 1, 2

All patients except length of stay > 120 days for VTE 3,4,5

Exclusions:

- Patient is on *Comfort Measures Only* and this is documented on the day of or the day after initial admission
- Principle Diagnostic Code of Mental/Psychiatric disease
- Principle Diagnostic Code of Obstetrics

Contraindications:

- Active bleeding (gastrointestinal bleeding, cerebral hemorrhage, retroperitoneal bleeding, etc)
- Thrombocytopenia

1. Venous Thromboembolism Prophylaxis (VTE)

All non intensive care patients **MUST** receive (VTE) prophylaxis on the day of or the day after initial admission. Physicians must **document why a patient DOES NOT receive (VTE) prophylaxis** on the day of or day after admission or within 24 hours prior to surgery and 24 hours after.

2. Intensive Care Unit Venous Thromboembolism Prophylaxis

All intensive care patients **MUST** receive (VTE) prophylaxis on the day of or the day after initial admission.

Contraindications to VTE Prophylaxis must be documented

3. Venous Thromboembolism Patients with Anticoagulation Overlap Therapy

Overlap of parenteral intravenous or subcutaneous anticoagulation and warfarin therapy for confirmed VTE must be administered for 5 days and with an INR ≥ 2 prior to d/c of parenteral anticoagulation . For patients who received less than five days of overlap therapy, they should be discharged on both medications or have a **reason for discontinuation of parenteral therapy.**

4. Patients with Venous Thromboembolism Receiving IV Unfractionated Heparin **MUST HAVE Dosage and Platelet Count Monitoring by Protocol/Nomogram**

Patients diagnosed with confirmed VTE who receive intravenous (IV) Unfractionated Heparin Drip therapy **must have the dosages and platelet counts** monitored according to defined parameters (protocols or nomograms) to achieve therapeutic levels and monitor for HIT (Heparin Induced Thrombocytopenia).

5. Venous Thromboembolism Discharge Instructions

(Applies primarily to nursing but must include Compliance Issues, Dietary advice, Follow-Up Monitoring, Information about the potential about the adverse drug reactions/interactions) The Provider must document a plan for follow up.

6. Hospital Acquired Potentially-Preventable Venous Thromboembolism

This measure assesses the number of patients diagnosed with confirmed VTE during hospitalization (not present at admission) who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnostic testing order date.

GRADUATE MEDICAL EDUCATION

SUPERVISION REQUIREMENTS FOR RESIDENTS AND FELLOWS



Under the new ACGME Accreditation requirements which go into place for some residencies July 1 and for all others in 2014, residents and fellows must be individually provided progressive authority and responsibility, conditional independence and appropriate supervisory roles in patient care.

Depending on the findings of the program faculty and program director, each resident/fellow must be provided appropriate supervision in their activities. While some individuals may be considered 'independent', the patient care for an individual remains the ultimate responsibility of the attending physician.

Direct Supervision: This means that the supervising physician is physically present with the resident and the patient.

Indirect Supervision: There are two types.

1. The supervising physician is physically present in the hospital or other site of patient care and is immediately available to provide direct supervision.
2. Direct supervision available where the physician may not be physically present but is immediately available by phone or other electronic means **AND** is available to provide direct supervision if required.

For specific institutional policies regarding supervision, please [click here](#).

(<http://www.upstate.edu/policies/documents/intra/R-02.pdf>)

Welcome new Medical Staff & Advanced Practice Clinicians!

Albert Naveri, MD Medicine

Daniel Lopez, CRNA Anesthesiology

2012 Medical Staff Fund Overview

Income:

Application Fees (initial only)	\$22,250.00
Contributions (Active & Affiliate Staff)	\$55,945.00

Expenses:

Officer Reimbursements (2011&2012)	\$93,000.00
Annual Medical Staff Meetings	\$6,280.00
Case Reviews & External Evaluations	\$12,801.53
Education Fees	\$6,811.25
Morrison Management	\$16,393.76
Doctor's Day Donation	\$1,000.00
Foundation Fee	\$300.00

Attention APCs!

Do you need to obtain CEU credits? Remember that in order to be reappointed at Upstate University Hospital you must show evidence of 25 CEUs over a 2 year period.

[Please click here](#)

(http://www.upstate.edu/aps/professional_development.php)

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Recognizing the importance of obtaining cutting edge information on issues that relate to our Medical Staff, the MEC has organized an on-site Medical Staff Leadership program by Dr. David Tarantino from The Greeley Company for leaders of our Medical Staff.

The program will include the following topics:

- What We Are Doing in Healthcare Is Not Sustainable: Will You Be Part of the Solution or Part of the Problem? (Recognize the burning platform for change and why physician leadership is so critical for success)
- Medical Staff Roles & Responsibilities (Understand board, medical staff, and management roles and responsibilities)
- The Physician Performance Pyramid (The key to accountability management)

There may be limited availability for attendance by interested Medical Staff members who recognize the importance of these issues, or who aspire to leadership positions at Upstate. Contact Medical Staff Services (315-464-5733) if you wish to attend.

MEC MEMBERS

Bettina Smallman, MD; Medical Staff President,
Chair, Medical Executive Committee
(Pediatric Anesthesiology)
Mitchell Brodey, MD; Medical Staff Vice-President
(Medicine)
Robert Kellman, MD; Medical Staff Vice-President
(Otolaryngology)
Satish Krishnamurthy, MD; Medical Staff Treasurer
(Neurosurgery)
Colleen E. O'Leary, MD; Medical Staff Past President
(Anesthesiology)

MEMBERS AT LARGE

Sharon Brangman, MD; (Medicine)
Tamar Ahmed, MD; (Pediatric Surgery)
Timothy Creamer, MD; (Medicine)
David Halleran, MD; (Colo-rectal Surgery)
Leslie Kohman, MD; (Thoracic Surgery)
Kara Kort, MD; (Surgery)
Guillermo Quetell, MD; (Plastic Surgery)
Irene Sills, MD; (Pediatric Endocrinology)
Mike Sun, MD; (Orthopedic Surgery)
Zulma Tovar-Spinoza, MD; (Neurosurgery)

APC ELECTED MEMBER

Lisa Cico, NP; (Surgery)

EX-OFFICIO, NON VOTING MEMBERS

Beth Erwin, CPCS, CPMSM; Director, Medical Staff Services
William Grant, EDD; Interim Associate Dean for Graduate Medical Education
Bonnie Grossman, MD; Associate Medical Director (Emergency Medicine)
Sarah Kantak, NP; Associate Director of Nursing for Advanced Practice Services
John McCabe, MD; Chief Executive Officer (Emergency Medicine)
Regina McGraw, JD; Senior Managing Counsel
Katie Mooney, RN, MS, NEA-BC; Chief Nursing Officer
Meredith Price; Chief Administrative Officer, Upstate University Hospital at Community General
Paul Seale, FACHE; Chief Operating Officer
David Smith, MD; President, SUNY Upstate Medical University (Pediatrics)

AD HOC, NON VOTING MEMBERS

Robert Carhart, MD; Chair, Credentials Committee (Medicine)
David Duggan, MD; Medical Director and Dean, College of Medicine, SUNY Upstate Medical University; (Medicine)
Louise Prince, MD; Chair, CQI Committee & Chief Quality Officer (Emergency Medicine)