

JANUARY 2014

MEDSTAFF NEWSLETTER

UPSTATE UNIVERSITY HOSPITAL

IN THIS ISSUE:

- Letter from Dr. Weiss
- New Medical Staff and APC members
- Core Measure Corner
- Save the Date
- SAW Fair
- BLS Re-Certification
- Pharmacy news
- DOH news

<mailto:askmec@upstate.edu>

MESSAGE FROM THE MEDICAL STAFF PRESIDENT

BETTINA SMALLMAN, MD

There is no doubt that January, the first month of the new calendar year, leads to moments of reflection, deeper soul searching and ultimately a number of New Years resolutions.

New Years resolutions are important, actually they are a 'secular tradition most common in the West, but found around the world, in which a person makes a promise to do an act of self-improvement starting on New Years Day'. Make yours meaningful and lasting.

Together, the members of the Medical Executive Committee reflected on where the focus of the Medical Staff had been for 2013 and what the goals should be for 2014.

Much of the past calendar year was dedicated to educational endeavors. A highlight was a site visit by Dr. Tarantino from the Greeley Company. This seminar on important medical staff matters was attended by many members of the Medical Executive Committee, the Credentialing Committee, several Clinical Chairs and Division Chiefs and individuals with a particular interest in leadership. The overall feed back was unanimously positive.

Ongoing responsibilities were handled at MEC level, which consist of credentialing, privileging, and quality matters, bylaw and policy revisions, election of new members, budget planning and physician issues. A new annual education packet was completed and distributed, greatly facilitating and streamlining mandatory education.

The intent for 2014 is to establish and finalize the MEDSTAFF NEWSLETTER as a solid platform for communication to all members of the Medical Staff on both campuses. It is a useful forum, sent once a month. A fringe benefit is a decreased number of emails in our mailboxes daily. Comments and suggestions are always appreciated and welcomed.

It is important to realize that the process of managing these important issues at MEC level is not possible without the assistance of dedicated individuals: the committee members themselves and the employees of the Medical Staff Services department. These individuals have provided the support and teamwork that has allowed the progress we have observed this year.

Undoubtedly, 2014 will be a year of new and unique challenges. Locally, we are making the complete transition to EPIC and nationally the Affordable Care Act will have become reality. Key elements in these stressful times will include the need for optimal communication and maintaining the highest standard of professionalism. In the midst of all of this, patient care remains the focus of our attention. Not an easy task.

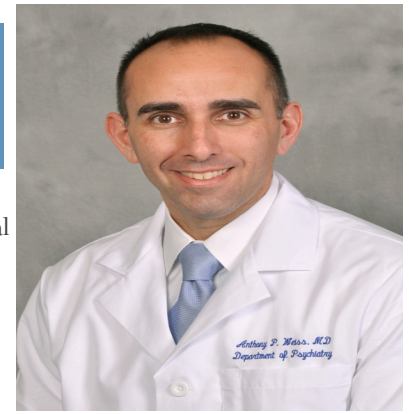
Finally, and perhaps most important is the initiative devoted to ensuring that a patient has the best possible experience in all areas and aspects of care. This is the focus of an important Institution-wide endeavor, directed to every caregiver. This process has already begun and will take on a new momentum this year.



Bettina Smallman, MD

Physician Engagement

Anthony P. Weiss, MD, MBA



Happy New Year! I hope all of you had a wonderful holiday, with some time away from clinical care to spend with family and friends. My wife, children and I are beginning to settle in and we have received such a kind and neighborly welcome. Thanks to so many of you who have reached out to us to make us feel at home, it has really helped with the transition.

I recently came across a website started by John DeSantis, a local community organizer, which is called "Believe in Syracuse". The expressed mission of his organization is to spread the word, using social media and meet-ups, about the great things happening within the city, and to overcome the cynicism, pessimism, negativity and apathy that have held Syracuse back from reaching its full potential. While I don't know John, I found the positivity refreshing, particularly as a new Syracusan. This attitude of promoting and cultivating the positive also resonated with what I think would be most helpful here at Upstate, which in many ways appears to be a microcosm of the city in which we work. We already do so many things well here; we need to recognize this while also striving to do even better on behalf of the folks who entrust us with their care.

I can certainly serve as the community organizer for upstate, the chief cheerleader, or the Chief Motivational Officer - and this may actually be of some help. But ultimately we will need more than slogans. We will need *physician engagement*.

"Physician Engagement." The elusive goal of healthcare management. Search the web and you'll find oodles of articles on it, how to get it, how to keep it. There are symposia and seminars on it. It's treated like some type of rare bird viewed only on the summer solstice at sunset. And to some degree I can understand why: physicians seem to be missing from the conversation on how best to handle the challenges facing us. This is true locally. It is true nationwide. And yet physicians remain central in the care of individual patients and pivotal to the health of the system as a whole.

I can understand why physician disengagement might exist. Participating in the new curriculum of healthcare, the triumvirate of healthcare information, finance, and quality, is well outside the comfort zone of most doctors. It requires us to leave the familiarity of the office or the OR and spend time in conference rooms, meeting with people we don't know, discussing subjects not found in Schwartz, Nelson or Harrisons. The work is financially unrewarding and is almost totally devoid of the positive feedback we would otherwise receive from grateful patients and their families.

And yet these are the areas where I need your help. Where Upstate needs your help. Where Healthcare needs your help. From implementing Epic, to grappling with ICD-10 billing codes, to responding to requests for observation-status documentation, to participating in root cause analyses, these are the areas where we desperately need active physician involvement. While much of this may seem mundane, they are vitally important to today's provision of care. These areas represent end results of decisions made locally, regionally and nationally; decisions, which should involve doctors.

So, believe in Upstate. Engage. Please help me in helping Upstate reach its full potential.

In return I will try my best to:

- 1) Treat you with respect by listening to your concerns and not wasting your time
- 2) Make it easier to provide the clinical care which brings value to your life and the patients you serve
- 3) Notice when you make a contribution

With best regards and best wishes for a high quality 2014 for us all.

Anthony Weiss, MD, MBA



WELCOME NEW MEDICAL STAFF & APC MEMBERS

Karen Reamer, PA Medicine
Emily Mahar, PA Surgery

2014 SAW FAIRS (Safety at Work)

Required by all State Employees

WideWaters

Wednesday, March 19, 2014
12:00-4:00 PM, Purchasing/AG
Conference Rm

University Hospital -- DOWNTOWN Campus

Wednesday, April 16, 2014,
8:00 AM-4:00 PM, Rm. 1328B
Wednesday, October 15, 2014,
8:00 AM-4:00 PM, Rm. 1328B

University Hospital -- COMMUNITY Campus

Wednesday, June 11, 2014,
7:00 AM-1:00 PM, Community Room
Thursday, June 12, 2014,
11:00 AM-4:00 PM, Community Room
Friday, June 13, 2014,
10:00 AM-4:00 PM, Community Room

SAW CAN ALSO BE COMPLETED VIA BLACKBOARD:

1. Login at <http://bb.upstate.edu>
2. In the Courses tab, search the word SAW
3. Click on the DOWN ARROWS next to UH110 and select ENROLL

CORE MESAURE CORNER: SCIP

1. **Urinary Catheters:** Must be removed by post op day 2. If the catheter must remain, you must document the reason in the Medical Record.
2. **Prophylactic Antibiotics:** must be started within 1 hour of surgical incision. **EXCEPTION:** Vancomycin may be started 2 hours prior. Colon surgery includes oral antibiotics that may be taken the evening prior to surgery. Prophylactic antibiotics must be discontinued within 24 hours (48 for CABG) after surgery end.

SAVE THE DATE!

16TH ANNUAL MYSTERY, MALT & MERLOT



The Advocates for Upstate Medical University are proud to announce the 16th Annual Mystery Malt and Merlot. The Event will be held on April 4th at the Oncenter in Downtown Syracuse. Please consider attending this event to help sponsor our Advocates and bring a friend. Please see the link below for the event's sponsorship/ registration information.

<http://www.upstate.edu/advocates/mystery-malt-merlot.php>

BLS RE-CERTIFICATION CLASSES

Upstate offers BLS re-certification classes on even years, since we are in 2014 this is a year to get re-certified! Even if you are not due for re-certification, you may want to consider early re-certification to get onto the even calendar year schedule. Please see the link below for details on how to schedule a class.

<http://www3.upstate.edu/hr/training/index.cfm?topicid=17&go=1>.

For non-employees required to maintain Basic Life Support (BLS) certification, a list of American Heart Association (AHA) BLS classes are available at http://www.heart.org/HEARTORG/CPRAndECC/FindaCourse/Find-a-Course_UCM_303220_SubHomePage.jsp. Reminder: If part 1 is taken online, parts 2 and 3 are needed for full BLS certification as required by hospital policy.

PHARMACY NEWS

Similar to what was recently seen with Lortab tablets, hydrocodone/acetaminophen liquid formulations are also undergoing a reduction in acetaminophen concentration to comply with the FDA's mandate. Our current Lortab solution at UUH has been 7.5mg hydrocodone / 500mg acetaminophen per 15ml. In the coming week(s) as we exhaust this supply, our new formulation moving forward will be 7.5mg hydrocodone / 325mg acetaminophen per 15mL. Per P&T Committee approval, pharmacy will begin automatically substituting orders with this new formulation.

Also, please see attached memo concerning changes to the branded Lortab Elixir formulation. This may effect prescribing for ambulatory patients and discharge prescriptions. Any questions can be directed to: Christopher Miller, Pharm.D., BCPS Associate Director of Clinical Pharmacy Services millechr@upstate.edu

IMPORTANT DOH REMINDER: PHYSICIANS MUST UPDATE ONLINE PROFILES

SUMMARY

- Under New York State law, physicians who are licensed and registered to practice in New York must complete and periodically update a profile within the [New York State Physician Profile](#) (NYPP).
- Failure to meet this requirement could lead to disciplinary action against physicians.
- OPMC is conducting outreach to remind physicians of this responsibility and has asked HANYS to share information related to this requirement with facilities and their affiliated physicians.

DETAILS:

Public Health Law Section 2995-a requires physicians to update their profile information within six months prior to the expiration date of their physician registration, as a condition of registration renewal under Article 131 of the Education Law. The renewal application includes an attestation by the physician indicating this requirement has been met. The mandate applies to all licensed doctors of medicine (MDs) and doctors of osteopathy (DOs). The Department of Health (DOH), through the Office of Professional Medical Conduct (OPMC), receives a monthly report on the status of required actions related to this mandate.

This update can be completed using the [Health Commerce System](#) (HCS). For assistance with an account, physicians may call the HCS Support Unit at (866) 529-1890. Once logged onto their HCS account, physicians can use the Online Help File to answer questions for the Physician Profile mandatory and optional fields. Physicians who prefer to complete or update their profile by hand-editing a paper copy may call the Physician Help Desk at (888) 338-6998 and request a copy of their profile. According to a DOH reminder, physicians who are required to complete or update their profile and do not do so, or who knowingly provide materially inaccurate information to NYPP may be guilty of professional misconduct. OPMC seeks to work with physicians to ensure compliance and avoid any misconduct issues.

OPMC receives a monthly report that identifies physicians who were required to initialize or update a profile during the previous month, but did not do so. When the report is received, OPMC contacts the physician, notifying him/her of the current failure to comply, with the aim of resolving the matter. The physician has 30 days to comply with the profile requirements. Physicians who fail to comply within the 30 day notification from OPMC will be referred to the Board for Professional Medical Conduct for disciplinary action.

HANYS urges facilities to pass along this reminder to all affiliated physicians. HANYS also encourages Chief Medical Officers to share this reminder with Department Chairs, Medical Staff, and Medical Staff credentialing professionals.

HANYS CONTACT: John Morley, MD Vice President, Clinical Affairs <mailto:jmorley@hanys.org>

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

Tamer Ahmed, MD; (Pediatric Surgery)
Sharon Brangman, MD; (Medicine)
Derek Cooney, MD; (Emergency Medicine)
Timothy Creamer, MD; (Medicine)
David Halleran, MD; (Colo-rectal Surgery)
Leslie Kohman, MD; (Thoracic Surgery)
Kara Kort, MD; (Surgery)
Zulma Tovar-Spinoza, MD; (Neurosurgery)
Howard Weinstein, MD; (OB/GYN)

APC ELECTED MEMBER

Lisa Cico, NP; (Surgery)

EX-OFFICIO, NON VOTING MEMBERS

Nancy Daoust, MS, FACHE; Chief Administrative Officer, Upstate University Hospital at Community General
Gregory Eastwood, MD; Interim President, SUNY Upstate Medical University
Beth Erwin, CPSC, CPMSM; Director, Medical Staff Services
Sarah Fries, NP; Associate Director of Nursing for Advanced Practice Services
William Grant, EDD; Interim Associate Dean for Graduate Medical Education
Bonnie Grossman, MD; Associate Medical Director (Emergency Medicine)
John McCabe, MD; Chief Executive Officer (Emergency Medicine)
Regina McGraw, JD; Senior Managing Counsel
Katie Mooney, RN, MS, NEA-BC; Chief Nursing Officer
Paul Seale, FACHE; Chief Operating Officer
AD HOC, NON VOTING MEMBERS
Robert Carhart, MD; Chair, Credentials Committee (Medicine)
David Duggan, MD; Dean, College of Medicine, SUNY Upstate Medical University; (Medicine)
Louise Prince, MD; Chair, CQI Committee & Chief Quality Officer (Emergency Medicine)
Anthony Weiss, MD; Chief Medical Officer and Medical Director (Psychiatry)