MEDSTAFF NEWSLETTER

UPSTATE UNIVERSITY HOSPITAL

JUNE 2014

IN THIS ISSUE:

mailto:askmec@upstate.edu

THIS MESSAGE IS IMPORTATNT TO READ, REALLY! MESSAGE FROM THE MEDICAL STAFF PRESIDENT BETTINA SMALLMAN, MD

We need your support in being part of a process that allows the resolution of conflicts at the work place, a challenge in any institution. Situations leading to conflict at the work place occur frequently. Conflicts may exist between physicians, between physicians and staff, members of the health care team and patients or their families. Clearly conflicts have a direct adverse effect on quality of care, productivity and relationships. They affect the bottom line in many regards.

Some conflicts, if solved quickly and collegially, can actually contribute to improving the working environment. Unfortunately, many conflicts are unnecessary and result from mainly misunderstanding. Badly resolved or unresolved conflicts poison the atmosphere and infiltrate into our personal lives. They are hard to let go of for all of us.

One year ago the members of the Medical Executive Committee evaluated the methodology of conflict resolution at Upstate Medical University and concluded that the process needs to be improved. As a result of this a group of individuals formed, almost to the day one year ago, the Caregiver Collaboration Taskforce.

The goals of this important taskforce are:

- Decrease interpersonal conflict that occurs in patient care areas
- Understand what creates tension
- Identify and educate caregivers on appropriate steps to alleviate conflict
- Through a well defined process of conflict mediation, improve the spirit of teamwork
- Create a process that includes a follow-up/report back to parties involved in conflict.

The members are:

- Bettina Smallman, MD (Co-Chair)
- Nancy Page, CNO (Co-Chair)
- Jennifer Carey, RRT
- David Halleran, MD
- Melissa Martin, RN
- Asalim Thabet, MD
- Lorraine Writh, RN
- Timothy Creamer, MD
- Susan Keenan, PA
- Bruce Simpson, MD
- Deb Walczyk, RN
- Anthony Weiss, MD
- Holly Haines McCurdy (Facilitator)

We have been meeting every other week on Wednesday's at 6:30AM to discuss and identify steps to develop a process for conflict resolution that would be adopted and applied by all employees of Upstate Medical University. The driving force to commit to this daunting task for all taskforce members was the recognition that there was a void in the system when it comes to consistently and fairly managing conflict in the work place.

It was important to reach out early, institution-wide, to get feedback: a survey was created and distributed to Upstate Hospital Caregivers, physicians, nursing, and ancillary employees. The goal was to establish a baseline of knowledge about resolution as well as to identify sources and understand barriers to resolution. The analysis of the survey revealed three interesting findings:

1. Willingness to address and resolve conflict in patient care areas occurs as a result of excellent communication skills, a spirit of teamwork, a desire to ensure a patient-centered culture, and having support of leadership or third party when interference is needed.

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Bettina Smallman, MD

WEGMANS
ANTHONY P. WEISS, MD, MBA

Every year since 1998 Fortune Magazine has published a list of the top 100 companies to work for in the United States, based on surveys of their employees. Only 13 companies have appeared on the list every single year, and one of them is in our backyard, Wegmans.

How do they do it? Well, there are many aspects to their success: a focus on wellness, a tendency to promote from within, and a positive and supportive culture. But it is the sense of shared commitment, a sense of family, a sense that they are working for something bigger than just "a grocery store" that drives this. According to the article in Fortune:

"To the world, it may just be a grocery store, but to Wegmans employees, the business is a lot more. In fact, more than eight out of ten employees say that working for Wegmans isn't just a job to them, it actually has special meaning. "It's totally unique, especially given this is a grocery store, that employees nearly universally take such pride in their job," one employee says. "It's so much more than a workplace; it does have a family/team feel where everyone works hard to make sure everyone else feels a part of that."

If they are able to achieve this type of passion and commitment in a workplace focused on selling pot pies and produce, we should be able to do the same in a workplace dedicated to the noble effort of helping people in need. And yet, so many in healthcare feel burned out and do not share a sense of family with those that they work with.

I would like to see this change. I would like to see Upstate be one of those companies that is admired, that is a magnet for employees, including physicians. We have much to learn from our friends at Wegmans, and developing the type of culture that they have there will take time. But we can start by treating each other with respect and finding ways to work together to tackle the challenges that face all of us right now in a rapidly changing healthcare environment.

PHARMACY NEWS:
LEVALBUTEROL FORMULARY STATUS CHANGE

Albuterol, a beta-2 adrenergic agonist used as a bronchodilator in the treatment of asthma and other respiratory conditions, has been employed in patient care for decades. Chemically, it exists as a racemic mixture of R and S isomers. Investigators have determined that it is the R isomer that delivers the pharmacologic effects of albuterol; the S isomer is not active. Levalbuterol is the R isomer of albuterol and, as such, has demonstrated similar efficacy compared to albuterol when employed in equivalent doses.

A recent systematic review and meta-analysis of studies involving children and adults concluded that factors including final respiratory rate, change in respiratory rate, oxygen saturation, change in FEV1, tremor incidents, heart rate change and clinical asthma score **did not differ significantly** between albuterol and levalbuterol treated patients. [Jat KR and Khairwa A. Levalbuterol versus albuterol for acute asthma: a systematic review and meta-analysis. Pulmonary Pharmacology and Therapeutics 2013;26:239-248]

On a molecular basis, 1.25mg of levalbuterol would be expected to elicit the same clinical and/or adverse effects as 2.5mg of albuterol. In clinical practice, evidence of beta-2 receptor induced tachycardia and tremor is often considered a correlate of effective bronchodilatory activity. In a patient who has demonstrated intolerance to 2.5mg albuterol, it is reasonable to expect that a 0.63mg dose of levalbuterol might have reduced adverse effects by virtue of the equivalent of a 50% dose reduction. A similar reduction in adverse effects would likely be achieved by reducing the dose of albuterol by 50% (to 1.25mg).

Based on these and other sources of evidence, the Pharmacy and Therapeutics committee at the Downtown Campus will **remove levalbuterol from the formulary and the pharmacy will eliminate all stock of levalbuterol effective July 1, 2014**. Patients who are chronically managed on levalbuterol in the outpatient setting should be converted to albuterol (at twice the chronic levalbuterol dose) during and inpatient stay. Those patients who have demonstrated intolerance to albuterol in the past should have their empiric albuterol dose reduced by 50%.

WOMEN'S HEALTH NETWORK

Upstate University Hospital and the Upstate Women's Health Network have contracted with MedNews Plus, a health news and education service that uses highly targeted communications and free continuing education for physicians, nurses and other clinical providers. Providers will begin receiving medical news updates in the specialty topics they request during the week of June 23rd.

MedNews Plus provides recipients with:

- **Breaking medical news** and **conference coverage** emails that are specific to the recipient's request, avoiding information clutter in their inbox;
- Access to over 600 hours of **free AMA PRA Category 1 credit** each year awarded by Perlman School of Medicine, University of Pennsylvania, and CEs for other clinicians;
- Access to **summaries of more than 85 top medical conferences** and meetings;
- Content pulled from **over 300 sources**;
- Personalized **online tracking of their CME activity**;
- Will be **offered to all providers**, nurses, and clinicians in the region;
- Upstate will **offer it first to our own faculty and community partners**, with an introductory email going out to introduce this service; and
- Recipients **can unsubscribe at any time**.

If you know someone that would want this service, please have them visit http://www.upstate.edu/whn/providers to enroll.

WELCOME NEW MEDICAL STAFF & APC MEMBERS

Amanda Valenti, CRNA	Anesthesiology
Debra Farenga, NP	Medicine
Nicole DeRosa, PsyD	Pediatrics
Valerie Potash, NP	Pediatrics
Richard King, MD	Surgery
Rebecca DeNova, NP	Urology

CORE MESASURE CORNER:

Stroke Core Measures:

Reminder:

Even those frail elderly patients who opt for very conservative treatment need to comply with stroke core measures **OR there needs to be a documented reason** by the provider why the therapy is contraindicated or refused.
These measures include: dysphagia screening before oral intake, VTE prohylaxis, antithrombotic within two days & continued at discharge, anticoagulation for afib/ flutter, evaluation for rehab, stroke education, statin at discharge, and modified rankin score at discharge.

Comfort Care:

The phrase, "Palliative Care," can no longer be accepted as a reason to exclude the patients from all stroke core measures. There is a wide range of care that may or may not be specified for each individual patient under palliative care. Each measure needs to be individually addressed. To exclude patients from all core measures, the terms **comfort care** or **hospice referral** must be used.

In Epic:

IP Palliative Care Order Set: be sure to click on Comfort Care, which will open a box for physicians to select "Comfort care" as an order.

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2. Barriers to conflict resolution in patient care areas result from caregivers not communicating well with one another, and lack of willingness to or "attitude" on the part of caregivers to want to address conflict, and not having an explicit process expectation from leaders or others that caregivers engage in conflict resolution.

3. The most consistent theme from the survey is the participants' desire to ensure exceptional patient and family-centered experiences. The reality is that lack of a mechanism for conflict resolution hinders this.

However, virtually all seek a process and skill development to guide resolution in a healthy and professional manner.

This is where we are now:

The task force has communicated to other institutions, and developed a model that will be the basis for conflict resolution "in real time". Thus far the concept has been presented to the institutional leadership, the Clinical Chairs, Nurse managers and other individuals. Valuable feedback has been collected for the implementation phase, which is beginning soon. This letter is step one of making sure that the information reaches you on this very important process. Going forward, the key will be personal engagement on everyone's part throughout.

The next newsletter will outline the model. Stay tuned!

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-OFFICO, 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, CPCS, 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 Officer (Emergency Medicine)
John McCabe, MD; Chief Executive Officer (Emergency Medicine)
Nancy Page, RN; Interim 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)