

MEDSTAFF NEWSLETTER

UPSTATE UNIVERSITY HOSPITAL

APRIL 2015

IN THIS ISSUE:

- Letter from Dr. Weiss
- Core Measure Corner
- Happy Doctor's Day
- New Medical Staff and APP Members
- Schwartz Center Rounds
- Meet the Medical Staff Services Office

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MESSAGE FROM THE MEDICAL STAFF PRESIDENT MITCHELL BRODEY, MD

My primary purpose for continuing this newsletter is to try to improve communication between the Medical Executive Committee (MEC) and the medical staff. As you may remember, we are a self-governing medical staff and we are responsible for the quality of care we deliver.

We recently had Clinical Chiefs of service meeting. The purpose of the meeting was to give the Chiefs an idea of some of the issues concerning consultations, coverage, and call. Everyone had an opportunity to express their opinions and concerns, which were duly noted. The relevant bylaws are being reviewed and will be up for discussion and vote in the near future. This hopefully will lead to a more collaborative relationship between the two campuses. The blending of community and academic cultures is a difficult

process; in that our issues are in no way unique.

The MEC voted to recommend that Late Career Physician policy and bylaw changes; this will be voted on by the medical staff.

As you may remember, this was an initiative spearheaded by Sharon Brangman three years ago. A committee was formed to address concerns raised at the MEC. The committee then did a traveling road show to the individual departments. Members of the medical staff were once again able to express their concerns, which many did.

There is no more information on which to make a decision. We were waiting to see if the other hospitals were interested in having a uniform city-wide policy. They decided that they were not, so it is time to decide.

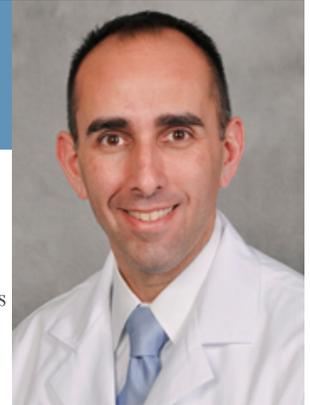
To refresh everyone's memories so that you may make an informed decision, Dr. Brangman will be sending out an email with more detailed information. If you have any questions, you can address them to her or me.

In the meantime, I would suggest taking the SAGE test online so you can see for yourself what the test is about. You can get to it online. If you can figure out how to locate it online that is another problem. Do not panic at the first question. Neither I nor Dr. Weiss (the control population) got that perfectly correct either.



“Als Ik Kan”

ANTHONY P. WEISS, MD, MBA



For a limited time only, on display at the Fayetteville Free Library, are a few dozen pieces of artwork from school children in the F-M district. My daughter Sasha has a piece in the show, which she calls “Still life with fruit.” I’m no art critic, and I may be a bit biased, but I think her work is amazing. If you do go, take particular note of the prominence of her signature - in fact notice that all of these young artists scrawl their names with pride. Their signatures reflect something more than ownership, it indicates that this piece of art is their individual perspective on the world; they are communicating their viewpoint.

Just above the library is the wonderful Stickley Museum, dedicated to the work of the five furniture-making Stickley brothers. Their work, and particularly that of Gustav Stickley, represents some of the most important output of the American Arts and Crafts Movement. As a long-time fan of this style, I was excited to be able to move within a few blocks of the factory where this work was produced. If you’ve never been to this museum, I encourage you to take a look – it is a hidden gem which in many other cities would be more celebrated.

The Arts and Crafts Movement was a reactionary style, a style which paid homage to craftsmanship in an era when machine-made mass production was beginning to evolve. Natural materials, hand tools, and honest individual effort were central to this period, and to the Stickley brand. But ‘Arts and Crafts’ was also a reaction to the ornate, academic style of art that was popular in the 19th century. The proponents of the Arts and Crafts Movement saw the imperfections in the world, and their work reflects that viewpoint.

Gustav Stickley signed each piece of furniture with a shop mark, unusual for that era. The mark contained his name, an image of one of his tools (a joiner’s compass) and the phrase “als ik kan”, which comes from the Dutch for “as best as I can”. He considered himself a craftsman, was proud of his work, and clearly wanted to differentiate his output from machine-made crap. But he also wanted people to know that he wasn’t operating in the theoretical world – he was making his best attempt to create something beautifully functional despite the imperfections inherent in his raw materials, his tools, and himself.

There is a lot that we in Medicine can learn from Gustav Stickley. In an era of mass-produced, electronically-generated records, how many of us still take pride in our notes? Does your shop mark (presumably the Epic password you enter to “sign” your notes) always reflect your best effort? Do your notes communicate your unique viewpoint as master of your craft? Could you honestly write “als ik kan” alongside the stock phrase indicating how many minutes were spent counseling the patient?

But it’s also important to understand that the reaction to the Epic-era of medicine is not necessarily a retreat to academic theory. Like Stickley, our output must be functional, that is, helpful to our colleagues (and patients), and must account for the messy imperfect reality of patient care in our time.

All of us can identify a Stickley-like physician. Doctors who produce timely, solid, pieces of work, and who don’t allow the imperfections of the world prevent them from taking pride in their best effort. As Upstate physicians, we should emulate that model, both in our daily clinical work, as well as our education of new physicians. Indeed perhaps the students should visit the Stickley Museum. And they could view my daughter’s artwork at the library while they’re there.

CORE MEASURE CORNER



ED Core Measure

IP ED - The earliest documented time of the decision to admit patient t- when "**Admit Intent**" is used, needs to be documented by MD, not nursing.

OP ED - The first time pt has direct personal exchange with MD (face to face)- try to use "**ED First Provider Evaluation** button".

HAPPY DOCTOR'S DAY!



WELCOME NEW MEDICAL STAFF & APP MEMBERS

Scott Callen, CRNA	Anesthesiology
Amy Biondich, MD	Emergency Medicine
Cassidy Callahan, PA	Emergency Medicine
Jeffrey Sattora, PA	Emergency Medicine
Jocelyn McDonald, PA	Orthopedics
John Parker, MD	Orthopedics
I. Michael Vella, MD	Orthopedics
Haidy Marzouk, MD	Otolaryngology
Mark Marzouk, MD	Otolaryngology
Varun Reddy, MBBS	Neurosurgery
Denise Sellers, NP	Neurosurgery
Harisha Kommana, MBBS	Radiology
Nausheen Naveed, MBBS	Radiology

We would like to wish all of our physicians a happy Doctor's Day and thank you for all your hard work and efforts. You might not hear it often enough, but you are appreciated!

Doctors of all specialties are honored on Doctor's Day because of the efforts of a physician one-hundred-sixty years ago. On March 30, 1842, Dr. Crawford W. Long of Jefferson, Georgia, administered the first ether anesthetic for surgery. This history-making achievement and the continuous efforts by doctors to alleviate human suffering has become the basis for celebrating Doctor's Day.

Ether remained the anesthetic of choice for more than a century. By the mid-1900's new anesthetic drugs and more sophisticated monitoring were introduced. Over the years, training and research have produced great strides in the physician's skill and fund of knowledge, yet even with the latest technology, the "art" of practicing medicine continues to be a challenge. Patients benefit from being well-informed and the assurance that doctors do care.

The Barrow County Medical Auxiliary in Winder, Georgia, held the first Doctor's Day observance on March 30, 1933.

In 1990, President George Bush signed into law a Joint Resolution of the U.S. Congress proclaiming March 30th of each year as National Doctor's Day. The enactment of this law allows people in their community to publicly show appreciation for the vital role that doctors play in caring for the sick, advancing medical knowledge, and promoting good health.

Everyone understands that our physicians are important to our communities not only as caregivers, but as neighbors and civic leaders. Our doctors are part of our communities and are part of our families, so we want to be sure to publicly thank and acknowledge them for their contributions to our health and well-being.

In celebration and recognition, a donation from the Upstate University Hospital Medical Staff has been made to the Rahma Clinic in Syracuse.

Schwartz Compassionate Interdisciplinary Rounds

Sponsored by Upstate Medical University Office of Continuing Medical Education
And the Department of Spiritual Care

Being Mortal: When We Are The Patient

April 7, 2015

3:45 – 4:45 pm

East Tower 10405 A & B

TARGET AUDIENCE: Physicians, Clinicians, Nurses, CC, SW, security, housekeeping, Nutritionists, PT; OT, PA.

LEARNING OBJECTIVES: Following this activity, participants should be able to:

- identify own behaviors that might block communication with patients, families and other staff
- recognize ways to share the felt stress or isolation within and between disciplines
- recognize stress-release of sharing stories/ concerns in a safe environment of Rounds
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Facilitator:
Holly McCurdy
Emergency Medicine

Physician Champion:
Colleen O'Leary, MD
Anesthesiology

Panel Members:
Aliya Hafeez, MD Psychiatry
William Grant, ED.D Graduate Medical Education
Mark Buttiglieri, LCSW-R, Social Work

MEET THE MEDICAL STAFF SERVICES OFFICE



The Medical Staff Services Office is happy to introduce 2 new credentialing coordinators. Please join us in welcoming Stephanie Kimber and Christopher Stringham. Both Stephanie and Christopher will be based out of the Community Campus location along with Nicole Cormier and Erica Bolesh. The rest of the Medical Staff Services Office is located at the Downtown Campus.

Standing left to right: Stephanie Kimber, Michelle Endrez, Geraldine Dawson, Christopher Stringham, Beth Erwin.

Sitting left to right: Lauren McDonald, Michele Smelkof, Nicole Cormier, Erica Bolesh

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)

Nancy Daoust, MS, 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)