

MEDSTAFF NEWSLETTER

UPSTATE UNIVERSITY HOSPITAL

OCTOBER
2015

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

We have two new members of MEC. Sharon Brangman will be stepping down after many years of services as both a president and member at large. Tamer Ahmed is also stepping down and we thank both of these physicians for their service.

The two new members at large are Bob Corona and Michael Iannuzzi; they will be taking their place on January 1, 2016. Having two department chairs on the Committee hopefully will enhance communication and expedite changes that need to be made.

Speaking of change, there were some changes to the bylaws, the most controversial regarding faculty status and clinical privileges.

The changes voted on and signed into law by President Eastwood will result in the following: if the campus that you designate on your application for privileges is Downtown, you will be required to have a faculty appointment. If you lose your faculty appointment, you will no longer be able to practice at the Downtown

campus. With or without a faculty appointment, you will be able to practice at the Community campus.

If you designate the Community campus, you will not be required to have a faculty appointment to practice on either campus.

However, in order to work with and teach residents, fellows, and students you will need a faculty appointment. I would encourage all members of the medical staff to apply for a clinical faculty appointment, and I will continue to encourage all department chairs to grant them. In my perfect world, all beds would be teaching beds and all physicians would be teaching.

October 20th is the annual staff meeting. The complaints voiced frequently are that we lack communication and collegiality and we have no sense of community. To make change you have to change something, so let's all try to come out of our respective silos for an evening, and spend an hour or so together as a medical staff. We will have free food, an open bar, and an excellent speaker. Tim Quill from University of

Rochester will be speaking on palliative care. This is an important and timely topic that should be of interest to everyone.

The leadership of the hospital and the medical staff will all be there, and you can ask or tell us anything you would like in person for a change.

Free flu shots will also be available. For those of you who might be new to the medical staff, a seasonal influenza vaccine is required for all credentialed providers. The only exception would be a documented medical contraindication that is acceptable to employee health, and in that case, masks will be required for the duration of the flu season.



ANTHONY P. WEISS, MD, MBA



There has been a lot of focus on the concept of “patient experience” – a topic which has become surprisingly controversial. Advocates for measuring and improving the experience of patients receiving our care argue that this patient-perspective is a valid assessment on the service we are providing, in what is after all a service industry. Detractors from the use of these measures argue that patient experience is uncorrelated with the ultimate desired outcomes of health and wellbeing, and in fact, an overemphasis on these measures will generate worse outcomes.

When one takes an actual look at the questions asked of patients to measure their experience, these polarizing views seem surprising. The three HCAHPS questions which focus on physician communication, for example, are:

1. During this hospital stay how often did doctors treat you with courtesy and respect?
2. How often did doctors listen carefully to you?
3. How often did doctors explain things in a way you could understand?

Hard to take exception with any of these. Respect. Listening. Explaining. Really back to Practice of Medicine 101. And while high performance on these scores may not necessarily save someone from a massive GI bleed or overwhelming sepsis, following the tenets suggested by these questions will provide greater empathy, better adherence, improved communication, and a lower likelihood of litigation and complaints.

How well do we do here at Upstate? Not well. Overall, we are in the bottom decile nationally, when compared to other teaching hospitals around the country. While we fare alright when it comes to treating people with respect, we score very poorly on the latter two questions. This is particularly true at our downtown campus, which runs about two percentage points below the scores at Community.

There may be many reasons for this finding, but none justifiable. It is not ok that our patients consistently rate us poorly on the core aspects of doctoring – listening and explaining. Teaching hospitals around the country, in settings where they care for similarly diverse and distressed populations, seem to have mastered this. Or at least are doing this more consistently than we are.

What can you do? Introduce yourself by name. Model for your residents the basic concepts of active listening. Ask patients if they have any questions. Take an additional 30 seconds to explain the plan for the day or the rationale for a specific treatment. These are simple solutions, and they need not take an inordinate amount of your time. Please try this out today. The benefits, including the appreciation of your patients for being heard, will occur immediately.

I have rounded with several of you and I know we have experts in our midst. We can and must learn from them.

ELECTED MEMBERS- AT- LARGE

The members of Medical Executive Committee would like to thank all nine candidates who stepped forward for consideration in the recent medical staff election. Record numbers (219) of active medical staff voted in this election, and the voting was the closest in recent memory. Three candidates were elected, and will begin serving the medical staff on January 1, 2016.

Congratulations to Dr. Robert Corona, Dr. David Halleran, and Dr. Michael Iannuzzi on their election to the Medical Executive Committee as members-at-large. Drs. Corona, Halleran, and Iannuzzi will serve from 1/1/2016 through 12/31/2018. The members of Medical Executive Committee, and the medical staff who elected these doctors to represent them, are grateful that they have expressed willingness to create time in their schedules, and put forth effort to participate in this committee.



Please thank them for their willingness to serve you, Upstate's medical staff.

WELCOME NEW MEDICAL STAFF & APP MEMBERS

Matthew Thornton, MD	Emergency Med
Muhammad Naqvi, MD	Medicine
Helene Bernstein, MD	OB/GYN
Sheena Stanard, MD	OB/GYN
Heather Cayward, PA	Orthopedics
Amina Akhtar, MD	Radiology
Sajeev Ezhapilli Chennan, MBBS	Radiology
Bernard Raasch, MD	Radiology

National Awareness Weeks 2015

National Midwifery Week:

October 4-10, 2015

National PA Week:

October 6-12, 2015

National Medical Staff Services Week:

November 1 – 7, 2015

National NP Week:

November 9-15, 2015

SUNY UPSTATE UNIVERSITY HOSPITAL ANNUAL MEDICAL STAFF MEETING OCTOBER 20, 2015 6:00PM

9TH Floor Cafeteria, Weiskotten Hall

RSVP to 315-464-5733 or MacDonal@upstate.edu



Again this year, there will be a flu cart at the annual medical staff meeting (10/20/15 at 6:00 PM) for those attending the meeting. Flu shots will be available on the Community Campus at the health office. On the Downtown Campus there will be flu clinics every Tuesday/Thursday in October.



This 5 page education packet is located online:

http://www.upstate.edu/medstaff/pdf/annual_education.pdf.

Review the education packet (this is provided as a PDF), and feel free to read the links associated with the various sections.

If for some reason the links are not available to you, you can email us at Medstaff@upstate.edu, and we will send you any policy you'd like to read. **Please complete this no later than 10/31/2015.**



Patient Experience Corner:

How do we measure Patient Experience?

The measurement of Patient Experience has recently developed and on its own is not sufficient enough to solely measure patient satisfaction; more detail is required to ensure that the measures put in place lead to positive change for patients. There are several measuring tools available in the form of Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys that measure patient experiences with regards to care. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) is one such survey used by SUNY Upstate and is sent to a random sample of our patients. Our hospital is compared to similar hospitals across the nation, and reimbursement is tied to our scores and our improvements with the Patient Experience measures.

Not all surveys are mandatory, however Upstate has adopted early-on the Child-CAHPS survey, which measures the experiences of pediatric patients 17 years and younger and includes their parents; the CG-CAHPS Clinician and Group survey, which measures experiences in the office setting; and (soon-to-come) we will be measuring Patient Experience in the Emergency Department with an ED-CAHPS survey. We also capture the Patient Experience through less formal measures such as Press Ganey Comments, compliments & complaints, grievances, and social media.

The Physician/Provider specific HCAHPS survey questions focus mostly, in part, on one aspect of care, which is **Communication**:

- During this stay, how often did doctors treat you with courtesy and respect? (*Never, Sometimes, Usually, Always*)
- During this stay, how often did doctors listen carefully to you? (*Never, Sometimes, Usually, Always*)
- During this stay, how often did doctors explain things in a way you could understand? (*Never, Sometimes, Usually, Always*)

We only get credit for *Always*. So, how do we get to *Always*?...So let's start by focusing on this very important aspect of care we all think we do well, but according to our patients, *we do not*. As mentioned in last month's newsletter, ICARE is a communication tool that can help each of us with providing consistent and compassionate communication *every time with every patient*.

	<u>Essential Elements</u>	<u>Feelings associated with improved communication</u>
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

Let's begin by learning about the "**I**" in ICARE:

1. **Introduce** yourself with your title
2. **Connect** with the patient - take the time to let the patient and their family know a little about you and what you do
3. **Acknowledge** a mistake and perform Service Recovery if needed – be **Inspiring** and **Connect** with the patient by using "I" statements when apologizing. Apologizing is not about taking the blame, but acknowledging to the patient that something went wrong and you are going to do what you can to fix it.
4. **Ensure** and **Educate** your patients - setting the stage to a meaningful and positive discussion around the your colleagues and our organization as a whole will also inspire confidence in our patients and their families as they will be very interested in what you have to say with regards to their care. We encourage all our patients to take charge of their health and using the ICARE tool with each of your patients will help them follow the plan of care you build with them.

INTRODUCE

Introducing yourself and
Inspiring confidence

Patient Experience Initiative

Introduce yourself to
everyone in the room



Explain your title,
role, and
responsibility



Acknowledge the
wait and inspire
confidence



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

INTRODUCE

CONNECT
ACKNOWLEDGE
REVIEW
EDUCATE

"Good morning! I am Dr. Smith.
I will be one of the doctors taking care of you
today along with Dr. Johnson, who is
running the department today"



"I'm sorry about the
wait and thank you
for your patience"



"I see that you're
here for abdominal
pain"



"I reviewed your past
medical history and
nursing notes"

2015 CONVOCATION AWARD RECIPIENTS

SUNY DISTINGUISHED SERVICE PROFESSOR:

Sharon Brangman, MD; Department of Medicine

CHANCELLOR'S AWARD FOR EXCELLENCE IN TEACHING:

Michael Vertino, MD; Department of Neurology

CHANCELLOR'S AWARD FOR EXCELLENCE IN PROFESSIONAL SERVICE:

Susan Shaw, MSN, PNP, ANP; Palliative Care Services

CHANCELLOR'S AWARD FOR EXCELLENCE IN FACULTY SERVICE:

Vincent Frechette, MD; Department of Medicine

PRESIDENT'S AWARD FOR EXCELLENCE IN FACULTY SERVICE:

Ronald Saletsky, PhD; Department of Psychiatry

PRESIDENT'S AWARD FOR EXCELLENCE IN TEACHING:

Eugene Kaplan, MD; Department of Psychiatry

Yahia Lodi, MD; Department of Neurology

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)