



Forum

A NEWSLETTER BY THE MEDICAL & DENTAL STAFF OF ROCH GENERAL HOSPITAL
MORE OF YOUR MONTHLY UPDATES CAN BE FOUND AT <http://www.Rochgeneral.org/mds>

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922-7333

CALL THE HOSPITALIST FOR YOUR PATIENT

922-7444

2014 Quarterly Staff Dates

- **March 21 - note correction**
 - June 20
 - September 19
 - December 19

Twig Conference Room

7:30 – 8:30 a.m. for all meetings
50% attendance recommended
for all attending Physicians

Message from RGH MDS Leadership

Tryout Careconnect Mobile To Save Time And Improve Access To Clinical Information

The main purpose of this forum is to make the RGH MDS aware of a very useful electronic medical application presently available on Ipad, iphone and Android based devices. These are Epic based mobile electronic record apps which allow easy reliable well-organized access to your patient information and schedules.



Maurice Vaughan, MD
RGH MDS President



Robert Biernbaum, DO,
CMIO

The names of the apps are Haiku and Cantu

Although it is very clear that the sophistication of these types of apps WILL continue to evolve, I think that you will be amazed at their capabilities RIGHT NOW for the following reasons:

1. If you compare turning on a laptop waiting for bootup at home with using a smartphone app, then you know the immediate time saving.
2. The app features streamlined essential clinical information only with most of the extraneous documentation pre filtered out. This feature is especially important when you are on call or only need a vital piece of information. Answering calls from patients is much easier with access to labs, recent notes, hospital notes, problem list as well as any entered outpatient notes.

Continued on page 2.

Care Connect Mobile, continued from page 1.

3. Unless you relish attaching a laptop or desktop to your belt, information portability is much better with the app.

Fielding phone calls from patients is much easier with access to labs, recent notes, hospital notes, problem list, discharge summaries, pharmacies as well as any care connect entered outpatient notes. You can even send staff messages to your office or colleagues to their inboxes.

At the present time limitations include inability to dictate notes, view xrays, and add orders but expect to see these features in the future.

Is there a demand for these services among physicians?

According to a recent article, "An overwhelming majority of physician practices, hospitalists, and EHR vendors are all turning to mobile EHR applications to

It does require a little bit of time up front but benefits in terms of time saved, better medical decisions and more satisfied patients down the line.

enhance their access to patient information both in the office and on the go." The article quotes Doug Brown, Managing Partner of Black Book Research as saying, "A full 100% of practices participating in the poll expect EHR systems that allow access to patient data wherever physicians are providing or reviewing care. The vast majority of all survey respondents favored mobile applications that focus on the patient

data and core parts of medical practice most needed when the physician is away from the office setting."

In an article by InformationWeek Healthcare. Vitera CEO Matthew Hawkins acknowledges the advantages of creating mobile EHR technology, saying, "People should be able to work from any location. Physicians want access to the EHR and the patient information wherever they are because that's where they're providing care."

Based on informal survey of physicians and mid levels here at RGH, these apps are readily available but tremendously underutilized. Many have not even tried them out and others believe the installation process would be too cumbersome. It does require a little bit of time up front but benefits in terms of time saved, better medical decisions and more satisfied patients down the line.

The instructions to download the app are included in this forum next to this article. My own experience was that it took about 3 minutes before it is fully functional. The help desk would certainly help.

Although this is clearly the beginning of the multiple electronic medical record revolution, I recommend that we take advantage of this opportunity.

I think that you will be happy with the product and that it will improve our ability to take care of patients and save time.

Reference:

www.healthitoutcomes.com/doc/doctors-mobile-ehr-apps-preferences-revealed-0001

See page 3 for easy Haiku/Canto Setup

Lipson Cancer Center

Effective February 10, 2014 the Hematology and Medical Oncology Department of the Lipson Cancer Center at Rochester General will begin significant renovations.

This will include expansion of our clinic, as well as updating our patient waiting and reception areas. These changes will improve patient comfort and privacy as well as allow us to provide needed services to additional patients.

During this time our clinic will be **temporarily moved to the 6th floor above the Cancer Center (B6)**. The Cancer Center lab draw station and the infusion center will remain on the 1st floor. We will be moving our phone numbers with us so you can continue to reach us by phone just as you do today. The main number is 585.922.4020.

If you have any questions or concerns please call Michelle Rose, Practice Manager at **585.922.0367**.

Haiku/Canto Setup

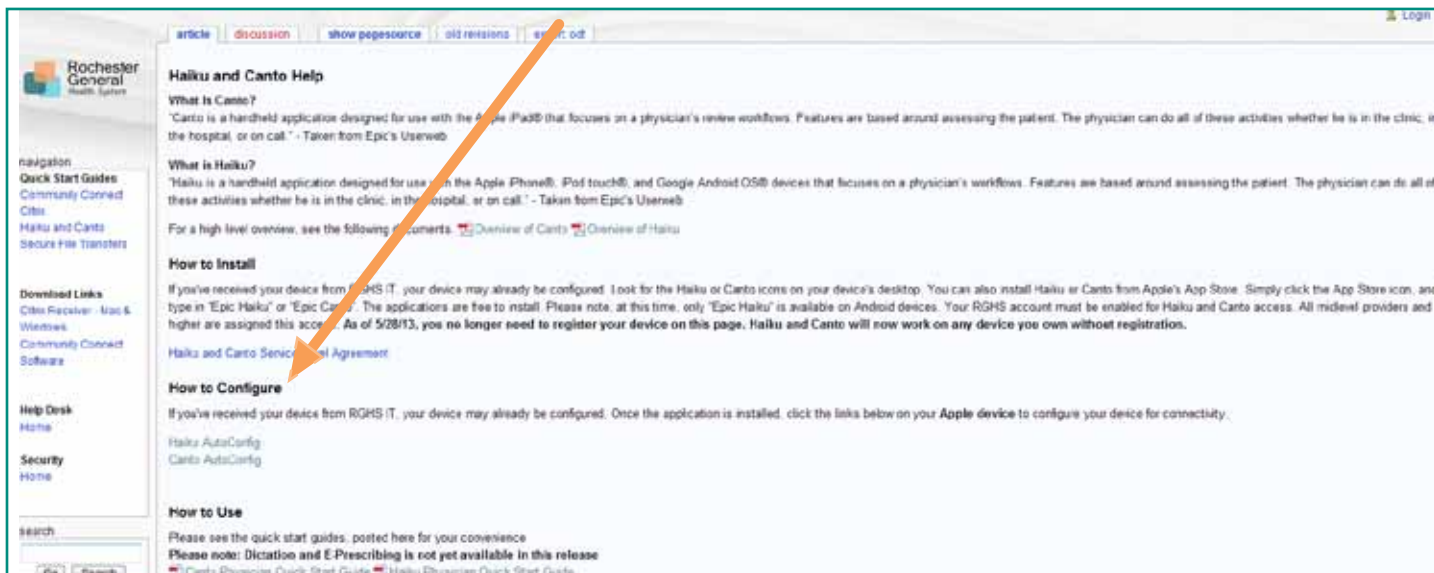
Not using Haiku or Canto but would like to?

1. First-Download the free application visit you AppStore for iPhone or Google play store for Android phone/tablet.



2. Once you have downloaded the Haiku app to your phone, open your internet browser (Safari) and navigate to the RGHS portal site by following the link: <https://wiki.rochestergeneral.org> to configure the settings of the Haiku/Canto application (instructions below). Once the site is open select the **Haiku\Canto link on the left side of the screen.**

3. A new page will open-under the "**How to Configure**" topic-select the desired AutoConfig link to allow for the appropriate settings be applied to your device. Screen shot below



This will set up your phone so you will be able to log onto Haiku using your same user name and password you use to log into Care Connect at RGH.

RGH MDS Quarterly Staff Meeting

March 21, 2014 • 7:30 am in the Twig Auditorium

For those Attending Members who are not able to attend, please contact
Marylou.mckeown@rochestergeneral.org



RGH MSO completing verification services for Clifton Springs Hospital & Clinic

Mary Lou McKeown, Manager RGH MSO

Effective Tuesday 2/11/2014, The Rochester General Hospital Medical Staff Office has assumed the responsibility for the source verification of all initial appointment applications and reappointment applications for Clifton Springs Hospital & Clinic Medical & Dental Staff. Eventually, this will work in the same manner as the relationship RGH MSO now has with NWCH.

This means that should an RGH and/or NWCH MDS Member have privileges with CSH all will now be completed on the same cycle. Decision making processes and privilege forms will remain unique to each institution at this time (with a few exceptions for privilege forms between RGH and NWCH). This will not change clinical department responsibility for the RGH MSO Department Members.

85 of the CSH members are already RGH/NWCH Members. Inevitably that will increase and therefore the relationship will work to decrease some of the duplicated reappointment paperwork. For those who wish to pursue privileges with CSH, the RGH MSO

will be sure to utilize documentation already on file as permitted by regulatory specifications in an effort to make the process easier.

CSH is currently securing access to the credentialing database which will allow them to load the remaining 135 CSH members to a common credentialing database. Once complete all regulatory process requirements will be carried out by the RGH MSO. Until that time the RGH MSO will follow process with those who successfully appear in the database.

This is one example of the opportunities the future relationship with CSH can work to assist MDS Members and decrease the amount of paperwork each have to complete. The RGH MSO will work diligently towards that goal including speaking with them at a future date about using common documents for privileging and appointment.

If you have any questions, please give your representative in the RGH Medical Staff Office a call.



DETAILS
TO
FOLLOW

SAVE
THE
DATE

Oncology And Women's Health: *An Update For The Primary Care Physician*

Tuesday, April 29, 2014 • 5:30 – 9:00 pm

Rochester Academy of Medicine

1441 East Avenue, Rochester, NY 14610

For Information: Sherri.Hill@rochestergeneral.org

RGH Department of Medicine Internal Review





Pharmacy Cost Reduction

As you are aware, we are now in the 2nd year of the Excellus BCBS Agreement. This agreement covers more than 120,000 Commercial and Medicare Advantage patients. Shortly, we will be releasing the metrics showing how the quality of care for these members increased; and, in many cases, increased significantly in Year 1. GRIPA will continue supporting the physicians and other care providers as they deliver high quality care to these members. Additionally, GRIPA is **focused on three** specific strategies for 2014 including:

- a pharmacy cost reduction strategy,
- readmission reduction strategy, and
- high cost / high risk member strategy.

This article focuses on the pharmacy cost reduction strategy. For 2014, the goal is set at \$5.4 million and will be achieved by substituting lower cost pharmacy alternatives within this population.

How will this goal be achieved?

GRIPA developed an approach that benefits both physicians and patients. This approach involves many different strategies including:

• **High Cost Drug Outreach Report:** This report is accessible by all physicians and is targeted to primary care physicians. This report identifies about 28 commonly prescribed drugs that represent a large percentage of the pharmacy spend. The drugs included on the report are generally chronic disease management drugs with lower cost alternatives. This Report shows the last time a script was filled, the lower cost alternative, as well as the cost of the

higher priced and lower cost alternative drug, to the patient (member co-pay) if available. By providing this level of information to the physicians and practice offices, physicians are able to communicate the economic benefit to each patient by switching to a lower cost alternative, assuming the efficacy and result is the same.

• Personal visits by GRIPA's Chief Medical Officer:

In addition to the High Cost Drug Report, GRIPA prepared individualized reports with additional drug opportunities for each physician participating in the Excellus BCBS program identifying opportunities to prescribe lower cost alternatives. The materials reviewed with the physicians actually include the prices of the drugs itself. For example:

Average Ingredient Cost - 10mg x 15 tablets:	
ABILIFY TABLETS (10mg)	\$ 342.66
Average Ingredient Cost - 5mg x 30 tablets:	
ABILIFY TABLETS (5mg)	\$ 674.44

• **Facility Initiatives:** GRIPA and RGHS are collaboratively working to ensure lower cost alternatives are prescribed within facilities through the Care Connect and other applications. It is important that patients are given lower cost alternatives upon discharge so that they are more likely to remain on the lower cost alternative through transitions of care.

By using these strategies, GRIPA and RGHS expect to achieve the significant target for 2014. This ensures better patient care at a lower cost.

Hospital Epidemiology Update

Alexandra (Sasha) Yamshchikov M.D.

The RGHS Infection Prevention department will be implementing a new category of isolation precautions (called “Enhanced Contact Precautions”) for inpatients known to be colonized or actively infected with Carbapenemase-Resistant Enterobacteriaceae (CRE) pathogens. CRE are a group of gram negative rods (predominantly E. coli and Klebsiella species) that demonstrate resistance to all beta-lactam based antibiotics, including carbapenems, as well as frequent resistance to other drug classes such as aminoglycosides and quinolones. The emergence and dissemination of CRE in the United States represents a serious threat to public health, because these organisms are associated with high mortality rates (as high as 50% mortality in studies of CRE bacteremia) and have the potential to spread widely.

Past trends at RGHS have demonstrated 3-6 cases of CRE per year, but their incidence has steadily increased in parallel with increasing complexity of our patient population, frequency of interfacility transfer, and other patient travel. Decreasing the impact of these organisms at RGHS will require a coordinated effort involving all stakeholders including providers, visitors, unit support staff, and patients in ensuring adherence to Enhanced Contact Precautions.

The main requirements of the Enhanced Contact Precautions protocol are as follows:

- Automatic flagging in Care Connect and notification from the microbiology laboratory via phone call
- Immediate initiation of Enhanced Contact Precautions with patient and family education, unit huddle with Infection Prevention
- Restrict the number of dedicated persons caring for the patient (same staff cares for the patient each day and shift to the extent possible).
- Red Enhanced Contact Precautions sign on door



- Monitoring and enforcing compliance with Enhanced Contact Precautions
- Patient travel out of room only for necessary medical procedures and sign out Enhanced Precautions to receiving area
- Maximal use of dedicated and/or disposable equipment, including food trays, blood pressure cuffs, pulse oximeter and EKG leads, computer on wheels and thermometer.
- Enhanced daily cleaning by EVS and UV disinfection upon terminal clean upon discharge

The complete protocol guidance can be found on the Infection Prevention page of the RGHS Portal at the following link http://rghsportal/AtoL/ic/Shared%20Documents/IP_1%20Enhanced%20Contact%20Isolation%20Final.pdf Please contact Hospital Epidemiology (922-4003) or Infection Prevention (922-5683) with questions or concerns – thank you for your assistance in implementation of this important initiative.

Changes to your RGH Directory

For those of you who have access to the RGHS portal, don't forget the on-line directory under Depts and Medical & Dental Staff. For those of you who do not have access to the portal, there is a monthly excel directory available for you upon request. Contact Mary Lou McKeown at 922-4259 or Marylou.mckeown@Rochgeneral.org.

RGH MDS WELCOMES THE FOLLOWING NEW MEMBERS

William Davis, MD, Department of Anesthesiology
130 Allens Creek Dr., Rochester, NY 14618
585-410-6545

Nicole Emler, NP, Department of Neurology
1425 Portland Ave #220, Rochester, NY 14621
585-922-4227

Elizabeth Gettings, NP, Department of Emergency
Medicine
1425 Portland Ave, ED Dept, Rochester, NY 14621
585- 9332-3846

Diego Grisales, NP, Department of Medicine/
Geriatrics
2066 Hudson Ave, Rochester, NY 14617
585-922-9919

Mazin Hameed, MD, Dept. of Medicine/Hospitalist
1425 Portland Ave #287, Rochester, NY 14621
585-922-5067

Natasha Johnson, RPA-C Dept. of Emerg. Med./
Observ. Unit
1425 Portland Ave – ED Obs Unit Rochester, NY
14621, 585-922-9080

Velena Khaitin, MD, Department of Medicine/
Geriatrics
2066 Hudson Ave, Rochester, NY 14617
585-922-9919

Chester Nakamura, MD, Department of Medicine/
Int.Med.-R&F
71 Kendall St., Clifton Springs, NY 14432
315-462-0441

Lisa Rhodes, MD, Department of Anesthesiology
130 Allens Creek Dr., Rochester, NY 14618
585-410-6545

Kristi Royko, CNM, Department of Obstetrics/
Gynecology
1415 Portland Ave #400, Rochester, NY 14621
585-922-4200

Sheryl Silberman, NP, Department of Obstetrics/
Gynecology
222 Alexander St #1100, Rochester, NY 14621
585-922-8582

Warren Simmons, MD, Department of Surgery/
Otolaryngology
1206 Driving Park Ave, Newark, NY 14513
315-331-1313

James Tacci, MD Department of Surgery/
Occupational Medicine
1425 Portland Ave Box 318, Rochester, NY 14621

Directory Changes: CHANGE TO INACTIVE

Rahul Herrera, MD
Ruth Lawrence, MD

Sun Park, MD
Lorie Sparacino, NP



CDI Corner

ICD-10 Updates

By Kim Miller, RHIT, CDI Manager

ICD-10 preparation has been actively underway for several months, with the CMS mandated conversion date of 10/1/14 now only 7-months away. System changes in Care Connect will soon be implemented, along with additional training and education, to help insure a seamless transition from ICD-9 to ICD-10 on October 1st.

The HIM Coding Team and Clinical Documentation Improvement Specialists will begin dual coding in March, which involves assigning codes in both ICD-9 and ICD-10. This will allow the teams to become more practiced with ICD-10, as well as identify documentation gaps and areas of opportunity for additional education and specificity. All dual coded accounts will be audited, and information relayed to the appropriate provider service groups.

CDI is providing on-going ICD-10 education related to Inpatient Hospital accounts. The CDI and Coding Managers, along with the ICD-10 planning team, have begun meeting with individual service chiefs, and planning additional targeted education in a series of short sessions specific to each service.

Over March 5th through 7th, an upload to Care Connect of the IMO file (Smart Phrases) with the ICD-10 diagnoses will take place. Providers will then be able to see and select diagnoses with ICD-10 verbiage. While this includes a larger volume of diagnoses to choose from, providers can create a Preference List to save their commonly used selections.

Providers will also see the Diagnosis Calculator,

which goes into effect on 3/5. A demonstration was given to the Chiefs Council on 2/14 as well as various groups through-out the month of February. A one-minute video demonstration is available on the ICD-10 portal. This is accessed from the RGHS Portal: click on the orange ICD-10 icon, scroll to the bottom of the page, and click on the link at the bottom left to view the video. Prior to 3/5, the Diagnosis Calculator can be accessed in the Care Connect Sandbox.

The function of the Diagnosis Calculator is to ask for additional specificity on certain diagnoses. Currently, it will only fire for the following: Burns, Fractures, Skin Ulcers, Pregnancy, and certain Infections (those requiring specification of laterality.) In the Inpatient setting the Calculator will fire during Charge Capture, and entering Discharge Labs and medications. In the Ambulatory setting it will also fire for the Problem List.

Keep in mind, as of 3/5 with the planned ICD-10 Clinical Go-Live, the CDI Specialists will be available on their designated units for assistance with the Care Connect changes. There will also be support from the HIM Coding Team.

Please contact the CDI Team by phone: CDI office 922-3721, email at: cdiquestions@rochestergeneral.org, or in-person on the units or in the new CDI office on the sixth floor, B6006 (formerly the Nursing Education Classroom.)

Congratulations to **Dr. Serhiy Sosniyenko** who was chosen as the February Documenter of the Month by the CDI team!

The Archives Have Moved

After many, many months of planning and fundraising, we are thrilled to announce that we have relocated to the Rochester Academy of Medicine!

While we had originally planned to move to RGHS' Riedman Campus, relocation to the Academy on East Avenue is proving to be a wonderful fit for both organizations. Our missions support each other nicely and we are looking forward to planning many collaborative projects and opportunities.

Our gallery space has relocated to the Academy's former library on the second floor, with archival storage in the adjoining library stacks. Photographs, material culture and costumes are stored in the



basement. We've also gained free off-street parking and the Eastman House and RMSC as neighbors.

Our address is now 1441 East Avenue and we can be reached by phone at 922-1847 or by email at vacarchives@rochestergeneral.org. We hope to see you soon!



ICD-10 Team Member Guide

February 12, 2014

As an RGHS team member, you play an important role in helping us prepare for this year's U.S. transition to ICD-10 coding in October. This Guide provides you with an easy-to-use reference tool to:

- **Learn** about the March 5th Care Connect ICD-10 Clinical Go-Live and what it entails
- **Understand** what you are expected to do to prepare
- **Know** where to go for more information and additional support resources

WHAT YOU NEED TO KNOW

- RGHS continues to prepare for the U.S. transition to ICD-10 coding, which takes place on October 1, 2014.
- ICD-10 is the 10th revision from the World Health Organization of the standardized list of diagnosis, procedure and associated billing codes which impact **clinical outcomes, public health, quality measures, clinical research, financial reimbursements and publicly-reported performance scores.**
- **ICD-10 has nearly 5 times more codes than ICD-9 that detail much greater diagnosis and procedure specificity.**
- As a result, those involved with documenting patient diagnoses and treatments (especially providers) and those transcribing orders will need to provide new information and more details when documenting.
- ICD-10 eLearning modules were assigned in HealthStream last fall that provide an introduction to ICD-10 and its impact. The deadline to complete this training has passed, so those who have not done so **must complete their ICD-10 assignments as soon as possible.**
- To help ease the transition to ICD-10, we are introducing an **ICD-10 Diagnosis Calculator and advanced diagnosis search functionality within Care Connect starting March 5** as part of an early **Clinical Go-Live of ICD-10.**
- The Clinical Go-Live of ICD-10 in Care Connect will enable providers and others involved with documentation to learn the new ICD-10 documentation concepts and required specificity, and work out any challenges, far ahead of the full U.S. transition in October.
- Those affiliates that do not use Care Connect **will not be impacted by the March 5 Clinical Go-Live of ICD-10.** Information about ICD-10

preparations for sites not using Care Connect will be provided by the affiliate leaders at those sites over the next few months.

- To prepare users for the Care Connect ICD-10 Clinical Go-Live, the following **support resources are now available:**
 1. Inpatient and Ambulatory-specific **Knowledge Builders** and supporting **FAQs** on the Care Connect ICD-10 enhancements (see attached).
 2. The **Care Connect Sandbox** with the ICD-10 enhancements. To try out the ICD-10 updates, click on the **"PRACTICE LOGINS"** link right below the **Sandbox icon** on the **Care Connect portal** to get the login IDs.

Continued on page 10.



FEBRUARY 12, 2014

WHAT YOU NEED TO DO

- Those who support or are responsible for clinical documentation (i.e. charge entry, visit diagnosis association, problem lists, order entry and order transcribing) should **review the Knowledge Builders applicable to you and practice your regular documentation processes in the Sandbox prior to March 5th** to experience the ICD-10 impact.
- **Provide feedback about your Sandbox testing experience** to ICD10.Sandbox.Feedb@rochestergeneral.org. Feedback will be used to create a list of 'Frequently Asked Questions' for ICD-10.
- **Complete any unfinished ICD-10 assigned eLearnings in HealthStream immediately.**

WHERE TO GET MORE INFORMATION

- **ICD-10 Portal Site** – click the “ICD-10” icon on RGHS portal home page or access at <http://rghsportal/AtoL/ICD10/default.aspx> – The **ICD-10 Knowledge Builders**, the **FAQs**, the **Care Connect Sandbox** and the **HealthStream link** can all be accessed directly from this site.
- **ICD-10 Knowledge Builders** and the **Care Connect Sandbox** can also be accessed from the Care Connect portal site at <http://rghsportal/inside/care/default.aspx>.
- **For ICD-10 program information**, contact **Steve Kotsch**, ICD-10 Project Director (Stephan.Kotsch@rochestergeneral.org) or **Lisa Natale**, ICD-10 Project Director (Lisa.Natale@rochestergeneral.org)

Patricia Lewis Adjunct Staff Award of Clinical Excellence 2013

What the Award Signifies:

The Rochester General Hospital Medical and Dental Staff created this award of clinical excellence to be presented to one adjunct staff member annually. This individual will be recognized by The Medical and Dental Staff as excellent in patient and family care, collaborative with the healthcare team, and serve as a role model to other health care professionals. The award is named to memorialize Patricia Lewis who provided exemplary high level, competent, compassionate care and was a leader whose efforts yielded much recognition for Rochester General Hospital.

Eligibility:

All adjunct staff members at Rochester General Hospital are eligible.

Excellence Qualities/Characteristics:

- An asset to physicians in caring for patients
- Patient-focused
- An advocate for patients
- Collaborative with interdisciplinary healthcare team members
- Respectful of interdisciplinary contributions to patient care
- Compassionate to others
- Passionate about his/her profession
- Involved in patient care planning and education
- A teacher and/or mentor
- Giving, thoughtful, polite, respectful
- A role model for other healthcare professionals
- Committed to the mission, vision, ethics and principles of practicing medicine

Who May Nominate?

Any member of the Rochester General Hospital Medical and Dental Staff, past and present, or any Rochester General Health System employee or volunteer may nominate a candidate meeting the eligibility criteria.

Nominating Procedure:

1. Write the name of the candidate ONLY ON THE COVER SHEET.
2. Three (3) nominators must collaborate on the nomination.
3. Complete all portions of the nomination packet.
4. You may attach letters and other supportive documents, if applicable.
5. Place the completed nomination packet in the ballot box in the Medical and Dental Staff Office by 4:00pm on Friday, February 28, 2014.

Judging Panel/Selection of Winner:

6. Each submitted nomination packet will be assigned a number so the identity of the nominee is anonymous for judging purposes.
7. The judging panel consisting of the Medical and Dental Staff Elected Representatives, the last three Father George Norton Physician of Excellence Award winners and the last Pat Lewis Award winner will review each submitted packet.

Announcement of the Recipient:

The judging panel leader will notify the President of the Rochester General Hospital Medical and Dental Staff, Rochester General Hospital Medical Director, Vice President and Chief Nursing Officer, Senior Vice President of Academic and Medical Affairs, and the winning adjunct staff member's Chief of Service immediately following the judging. The Judging Panel Leader in consultation with the above mentioned individuals will determine the plan for notifying the winning adjunct staff member.

Presentation of the Award:

1. The award will be presented at the March Quarterly Staff Meeting.
2. The award will be presented by the President of the Medical and Dental Staff or designee.



RGH Patricia Lewis Adjunct Staff Award of Clinical Excellence
2013 Nomination Form

Adjunct Staff Member's Full Name:

Department (Specialty):

NOMINATOR #1

Name: Print _____

Signature: _____

Title: _____

Unit or Department: _____

NOMINATOR #2

Name: Print _____

Signature: _____

Title: _____

Unit or Department: _____

NOMINATOR #3

Name: Print _____

Signature: _____

Title: _____

Unit or Department: _____

**Submit the nomination to the Medical and Dental Staff Office by
4 pm, Friday, February 28, 2014 by faxing 922-4778.**

Your one Nomination Letter should include some of the Excellence Qualities/ Characteristics from the list on page 1 and describe in detail the manner in which this adjunct staff member portrays these individual qualities at Rochester General Hospital as well as identifying how the Adjunct Staff Member contributes to clinical excellence and makes them indispensable in caring for patients (give several examples). *Please maintain patient confidentiality if referencing individual patient situations (Mr. J.D., Mrs. J.D., etc.).*

Thank you for your time completing this nomination packet.