



Forum

A NEWSLETTER BY THE MEDICAL & DENTAL STAFF OF ROCHESTER GENERAL HOSPITAL
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24/7 PHYSICIAN HOTLINE NUMBER

922-4414

DIRECT ADMISSION NUMBER:

922-7333

CALL THE HOSPITALIST
FOR YOUR PATIENT

922-7444

**2012 Quarterly
Staff Meeting**

3/16, 6/15, 9/21, 12/21
7:30 - 9:00 a.m. Twig Auditorium

**50% attendance recommended
for all attending Physicians**

MESSAGE FROM THE MDS PRESIDENT

Leadership School

What does it mean to be a leader? Everyone has their own definition. Scholars, philosophers, theologians, and laymen continue this century's old debate still today. The Amazon website attests to the perpetual popularity of this subject. They list 894 titles for sale under the topical heading "Leadership Best Sellers 2011." Despite Amazon's hefty catalog of leadership resources, it is dwarfed by the internet's offerings—well beyond the tens of millions. Even a MedLine search captures a large dose of leadership articles published among the annals and archives of our revered professional societies. This abundance of literature suggests that leadership is well understood, however, I have come to realize that what is known in theory, reported in practice and successfully implemented are very different things indeed. Nevertheless, as physicians and providers there are many leadership principles that we can successfully apply to the practice of medicine.

Principles of good leadership and medical practice have much in common. In an article by David Hakala entitled, "Top 10 Leadership Qualities" he details what he feels are the most needed qualities of successful leaders. These qualities are: vision, integrity, dedication, magnanimity, humility, openness, creativity, fairness, assertiveness, and a sense of humor. He explains that these qualities must be applied consistently and simultaneously balanced. Though I can visualize these qualities in my day-to-day work I struggle to



Dr. Robert Mayo,
President RGH MDS

The importance of leadership qualities among physicians extends much further than this limited discussion and is frequently under-recognized.

Leadership, continued

apply them all. Instead of saying my usual, less-than-motivating talk, ("Poor blood pressure control will increase your risk of stroke, heart disease, dementia, kidney disease etc.") to my less-than-motivated patient, I will try to inspire my patient around the vision of better health. Acting as a leader-physician I can create a shared vision of stabilized disease, symptom relief or delayed mortality.

Taking a leadership view of patient interactions can turn an otherwise negative message 180 degrees into a life changing stimulus. The truth of this is borne out by research compiled by the Cochrane Collaborative that showed positive encouragement from physicians had a significant impact on smoking cessation success among patients. Another application of leader-physician behavior is openness to patient concerns. A study by Alder (J of Fam Practice '99 48(6):453) revealed that 54% of breast cancer patients using complementary or alternative medicine did not disclose to their physicians their use of these approaches for fear of negative responses. It is conceivable that non-adherence to many proven therapies may have more to do with physician lack of openness than the patient's motivation to deviate from their physician's prescribed treatment. It is ironic that physician behavior in these cases may unwittingly be tied to treatment failure. Reframing our perspectives through this leadership lens provides us

new opportunities to magnify our effectiveness and empower our patients towards greater collaboration and subsequent health outcomes.

The importance of leadership qualities among physicians extends much further than this limited discussion and is frequently under-recognized. A quick website survey of seven leading medical school curriculums reveals a total absence of leadership courses yet a stated mission of "producing leaders." This is a fascinating observation and points to a fundamental disconnect between academic performance and the knowledge and skills necessary for excellent leadership. In other words, our medical degrees and licenses alone do not provide us with adequate leadership training--yet our role in diagnostic and therapeutic decision making is indisputable. Maturing our leadership skills will only magnify our capacities as physicians.

The famous Swedish diplomat Dag Hammarskjöld named by President John F. Kennedy as the "greatest statesman of our century" defined leadership in the following thought provoking way and his statement is a fitting close to this article.

"Your position never gives you the right to command. It only imposes on you the duty of so living your life that others may receive your orders without being humiliated."

Pat Lewis Award

RGH MDS honors **Ryan K. Hand, RPAC** as the winner of the Pat Lewis Clinical Excellence Award.



Special gratification and honors are also wished for each nominee:



Dan DeMilio,
RPA-C



Darlene
DiNapoli, NP



Jane Lyons
Patterson, NP



Karen McMurtry,
NP



Kelly Murray-
Polcyn, RPA-C



Evelyn
Stelmach, NP



Theresa
Richardson, RPA-C

The More^{OB} Program, A New Way To Further Improve Obstetrical Care

Mark C. Clement, President and CEO

Some of the most important work in building “One Great Health System” is constantly exploring and implementing new and innovative ways to improve our already high quality healthcare services.

While we have plenty to be proud of, continuous improvement is a never-ending commitment on our journey to **becoming the healthcare provider of choice in our community, the most trusted provider in our region.** That’s why I’m excited to announce the new **MORE^{OB}** Program, recently launched by the Obstetrics Departments of Rochester General Hospital and Newark-Wayne Community Hospital. This innovative new program is designed to support our talented Obstetrics teams in sharpening their already finely honed skills – and deliver **even greater results** for our growing community of patients!

MORE^{OB} stands for **M**anaging **O**bstetrical **R**isk **E**fficiently, and it is a patient safety and continuous improvement program that helps Obstetrics teams standardize and streamline clinical and patient safety processes. Over the next three years, the physicians and team members of RGH and NWCH’s Obstetrics units will collaborate in this structured program to raise the bar even higher on patient safety, risk management, and quality of care. And by launching the initiative simultaneously at both of our hospital affiliates, we’re also furthering our clinical integration efforts and reinforcing our commitment to deliver a **signature standard of**



Mark Clement, President & CEO
Rochester General Health System

unparalleled medical excellence to each and every patient we serve across the System.

I’m also proud to share that RGHS is among a select group of health systems helping to pioneer this program in the United States! **MORE^{OB}** was developed with great success 10 years ago by the Society of Obstetricians and Gynecologists of Canada (SOGC), and has only recently expanded into the United States, thanks in part to the efforts of the American Congress of Obstetricians and Gynecologists (ACOG). **RGH and NWCH are among the first in this country** to be invited to take part in the **MORE^{OB}** Program, thanks to our industry-wide reputation as a leader in innovation and patient safety.

The program is being led by Abraham Lichtmacher, MD, Chief of OB/GYN Services, Jeremiah Kirkland, Director of Women’s Services; and Derek tenHoopen, MD, Co-Chair for the

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core team. Please join me in congratulating Abe, Jeremiah, and Derek for their hard work and advocacy in introducing this new and innovative program at RGHS. On behalf of the entire RGHS community, I’d like to thank the OB teams at RGH and NWCH for their above-and-beyond commitment to ensure that our patient care processes are among the safest and most effective in the nation.

Ornt offers tools for success in booming medical industry

By Susan Gawlowicz, Feb. 16, 2012



Opportunity knocked twice for the Ornts one day last October.

RIT called with an offer Daniel Ornt, M.D., couldn't refuse—the chance to be the first vice president and dean of the Institute/College of Health Sciences and Technology.



On the same afternoon, Dartmouth-Hitchcock Health System rang his wife, Jeanine Arden-Ornt, with an equally intriguing invitation to become general counsel of the health system affiliated with Dartmouth Medical School.

They made up their minds to join the ranks of commuting couples: Ornt headed to Rochester; Arden-Ornt moved to Hanover, N.H.

"We do a lot of driving on the weekends," Ornt notes.

His familiarity with the route from Rochester through New England harkens back to trips home to Penfield during his internship and residency at the Medical Center Hospital of Vermont, following his graduation from the University of Rochester Medical Center in 1976.

Since then, Ornt has spent a combined 30 years in academic medicine at UPMC and at Case Western Reserve University School of Medicine in Cleveland, where he held the position of vice dean for education and academic affairs. He is also a fellow of the American College of Physicians with numerous publications on renal disease and disorders.

Ornt had an early tie to RIT through his late brother, Ken Ornt '73 (mechanical engineering). While in Cleveland, Ornt stayed connected to the Rochester area through his numerous colleagues at area hospitals.

"I knew about President Destler and the excitement his ideas were causing in the community. I was intrigued by the educational opportunity of the Institute of Health Sciences and Technology and the college and the exciting change of direction for me compared to typical medical schools."

Ornt arrived on campus Dec. 1. He settled into his office in the Center for Bioscience Education

and Technology and set about meeting his new colleagues at RIT and Rochester General Health System, many of whom he knew from his days at the University of Rochester.

One colleague in particular, Michael Pichichero, M.D., director of the Research Institute at Rochester General Hospital, attended the University of Rochester Medical Center with Ornt. Pichichero's research lab was one of the first in the RIT-RGHS Alliance to include RIT professors and students.

The potential synergy between RIT and Rochester General Hospital faculty excites Ornt, who is committed to developing collaborative research opportunities that attract new faculty and give students valuable research experience.

"Having come from a top 20 medical school, I understand the importance of having applicants with good grades and research experience," Ornt says. "The competition is stiff. We're talking about 43,000 applicants for medical school and roughly 19,000 openings. We have to make sure our students have outstanding records and breadth of experience in order to be competitive."

The college and institute, including the research and outreach centers, will build research programs that advance health science and give students an edge. The college will also contribute to a university model of health and wellness, Ornt says. New programs will reflect the national interest in reducing health-care costs through healthy lifestyle choices, an area of interest to independent insurers like RIT.

"I have a lot of ideas," Ornt says. "There are opportunities to grow existing programs and to establish new ones focusing on health and wellness that will help RIT and, hopefully, the whole community reduce health-care costs. It makes sense for us to be involved—we're the health school."

About Daniel Ornt

Age: 60

Degrees:

Bachelor of Arts, Natural Science and Chemistry, Colgate University

Doctor of Medicine, University of Rochester

Hometown: Penfield

Family: Wife, Jeanine Arden-Ornt; five children

National Nurses Week

NATIONAL NURSES WEEK IS COMING SOON ON MAY 6-12.



One of the scheduled events is the Annual Nursing Excellence Awards Ceremony on May 9, 2012, from 1:30-2:30 pm, in the Twig Auditorium.

Nominating nurses who you feel contribute to the health and healing



of our patients is an excellent way to express your appreciation for their professional achievements and collegial collaboration. Please contact Sylvia Schenck (922-4686) for nomination packets.

P&T Committee Action Items

From March 2012 Meeting

FORMULARY:

- C1 esterase inhibitor (Berinert) will be available for patients with hereditary angioedema experiencing acute complications. It will be stocked in the RGH Inpatient Pharmacy and available by contacting Pharmacy directly.
- Argatroban used to treat heparin induced thrombocytopenia (HIT) was removed from formulary due to lack of use. Other formulary agents are available to treat HIT.

ORDER SETS:

- Intracerebral Hemorrhage Critical Care Admission Orders were updated to include; 1) a section for drug reversal of warfarin using Prothrombin Complex Concentrates (PCC) and rFVIIa (NovoSeven), 2) a section for reversal of the novel oral anticoagulants (dabigatran and rivaroxaban), 3) desmopressin (DDAVP) for reversal of thrombocytopenic ICH, 4) aminocaproic acid (Amicar) for reversal of thrombolytic-related ICH and 4) a section for reversal of Low Molecular Weight Heparin-Related ICH. These changes were approved by P&T Committee and are scheduled to be presented at the Care Connect Medical Informatics Committee on March 14, 2012.

POLICIES AND PROTOCOLS:

- A proposal was approved allowing pharmacists to order and re-time laboratory values to assist with optimal medication administration, however the primary responsibility for ordering appropriate monitoring laboratory tests still rests with the prescriber. Pharmacists average 40 calls per week to prescribers to order or re-time labs.

- Availability of Health Information (MA0001), Concentrated Electrolytes (ST0002), and MedSelect Interface Downtime (DT0003) policies have been reworded to reflect the Care Connect environment. No changes were made to the spirit of these policies.
- Paper Medication Downtime (DT0006) and Transcription of Provider Orders (OT0007) policies have been retired due to being unnecessary or duplicated in other policies with Care Connect.

NEW SHORTAGES AFFECTING RGH

- Metoclopramide injection
- Phenergan injection
- Lidocaine +/- epinephrine injection
- Shortages continue to increase in number and duration. Current management involves; 1) maximizing purchases including purchases of potential alternative agents, 2) communicating with hospital leaders via email, 3) communicating at nursing huddles, and 4) involving Care Connect to communicate medications on shortage and offer alternative agents.

POP-UP ALERTS IN CARE CONNECT:

The P&T Committee is working with prescribers and the Care Connect team to identify alerts that are unnecessary or redundant. Several were reviewed and recommended for removal. These include; lorazepam absolute contraindication in alcohol abuse, Advair absolute contraindication in status asthmaticus, warfarin absolute contraindication in conditions related to subtherapeutic INR, and diltiazepam absolute contraindication in conditions related to tachycardia.

American Diabetes Association
Tour de Cure



June 10, 2012

RIT's Gordon Field House

**Come join the fun, register to ride with
 Rochester largest team:**

RGHS RIDERS

Join the team and/or sponsor the team jersey!
 Show the community you care, join the fun!

For more information contact:
 Laurie Bennett RN
 RGHS RIDERS team captain
Laurie.bennett@rochestergeneral.org

Congratulations
Father George Norton
Physician Excellence Award



Recipient of 2012, Marvin Grieff, MD

Ten physicians were nominated for this
 prestigious award.



Karan Alag, MD



Arif Choudhury, MD



Maureen
 Dlugozima, MD



Zachary
 Freedman, MD



Bryan Gargano, MD



Marvin Grieff, MD



Johann Piquion-
 Joseph, MD



Lawrence
 Samkoff, MD



Thomas Stuver, MD



Kristine
 Tenebruso, MD

Patient Care Services appreciates all of our physicians
 for helping Rochester General Hospital achieve our
 Mission and Vision.

Changes to your RGH Directory

For those of you who have access to the RGHSNet, don't forget the on-line directory in Departments and Medical & Dental Staff. For those of you who do not have access to the ViaNet, there is a monthly excel directory available for you upon request.

Contact Mary Lou McKeown at 922-4259 or marylou.mckeown@rochestergeneral.org. And Finally, when you are in CCS you will find a full directory under VIEW and STAFF DIRECTORY for your use.

RGH MDS Welcomes the Following New Members

Leslie Dintruff, NP, Department of Cardiac Services/ Cardiology

1870 South Winton Rd., Bldg 4 #1, Rochester, NY 14618, (585) 442-4690

Jack Dorkhom, DMD, Department of Dentistry

69-A Monroe Ave, Pittsford, NY 14534

Shahikant Lele, MD, Department of OB/GYN

Elm & Carlton St, Buffalo, NY 14263 (716) 845-5776

Peter Maxwell, RPA-C, Department of Surgery/ Neurologicval Surgery, General Surgery

1445 Portland Ave #304, Rochester, NY 14621 (585) 342-7170

Amar Munsiff, MD, Department of Medicine/ Hospitalist

1425 Portland Avenue - Box 287 Rochester, NY 14621 (585) 922-4368

Valerie Vetter, RPA-C, Department of OB/GYN

1425 Portland Ave - Box 232 Rochester, NY 14621 (585) 922-3785

Directory Changes: CHANGE TO INACTIVE

Sanjeev Chhangani, MD
 Timothy Chilelli, RPA-C
 Susan Dantoni, MD
 Amanda Gotie, NP
 Dana Jackiw, NP
 Sandra MacDonald, MD
 Lisa Rhodes, MD
 Alycia Strobert, RPA-C
 Kathleen VanderBrook, NP
 Heidi Zielinski, CNM

CDIP CORNER: The Power of the Pen

Common Clinical Documentation Queries

By Kim Miller, RHIT

With the CDI team getting back into full swing and completing more concurrent chart reviews, here is an overview of some of the more common documentation queries we have been generating.

- **Acute versus chronic:** While a description of the course of events may imply a condition is an acute occurrence, keep in mind that coders are not allowed to assume what is not explicitly stated. Document acute, chronic, or acute on chronic with any applicable diagnosis (ex. bronchitis, pancreatitis, osteomyelitis, acute COPD exacerbation.)
- **Chronic kidney disease/failure:** Document the stage as I-V. Look on the CDI portal under the RGHS Intranet for the renal link to GRF levels and stages.
- **CHF:** Specify associated dysfunction as diastolic or systolic, and also as acute, chronic, or acute on chronic. "Mild CHF" is *not* codeable as an acute exacerbation.
- **Hypertension:** Can only be coded as complicated when stated as Accelerated or Malignant. Terminology of Crisis, Urgent, Emergent, Severe, and Uncontrolled convert to Uncomplicated Hypertension in coding language.
- **Malnutrition:** Specify the degree. If this diagnosis is documented by the dietician, please reiterate in the progress notes if in agreement. Coders may only code diagnoses documented by physician and mid-level providers.

Remember, documenting to the highest degree of specificity for every diagnosis will capture the highest scores for the severity of illness (SOI) and Risk of Mortality (ROM), and support the appropriate reimbursement for every case.

The CDI team can be reached at 922-3721 for any questions and help. You may also visit the Clinical Documentation Improvement Portal on the RGHS net.



AVOIDING HAZARDS



How do you presently keep track of your patients who: are out of range for their clinical goals, failed to get their lab work done, or never make or keep their appointment for follow up? What becomes of them? Eventually, EMR technology will provide reports for these and other clinical concerns; making it easier to manage your patient population; but what about today?



Jeff Dmochowski, M.D.
GRIPA Chief Medical Officer

As mentioned previously in this column, at the national level, there is accelerating movement in the direction of paying for value: in providing comprehensive, coordinated, care as measured by nationally accepted benchmarks. Reflective of this change is a large contract, GRIPA is working on, to provide **bonus dollars** to primary care physicians demonstrating improved performance as measured against a defined set of national benchmarks. In case you've missed it, for the past 5+ years, it's all about measuring: demonstrating quality and value.

We need look no farther than Rochester's corporate world to appreciate the hazard of failing to recognize, prepare for, and implement needed change in a timely fashion. Blindly clinging to what has worked in the past will not serve us or our patients in this rapidly changing world. **Your GRIPA organization has prepared and is ready** to provide you support through this transition; even if you currently have not adopted EMR technology.

Population management is the goal and, toward this end, GRIPA has developed the **Patient Outreach Report (POR)** to provide necessary information to succeed in this and future contracts. In its current form, GRIPA receives identifiable

practice management data, laboratory results and claims data (from insurers) into our data warehouse. Then, utilizing proprietary algorithms, we identify patients not meeting particular, agreed upon standards; as defined by nationally accepted measures derived from recognized clinical guidelines.

At present, our focus is on 18 measures reported in the POR and distributed to all adult primary care physicians; listing the perceived gaps in care to be addressed and managed by the physician; in conjunction with GRIPA Care Management Services when judged appropriate. Your POR is presently accessible on the **GRIPA Connect Portal**. As information technology and EMR's evolve and mature, this information will ultimately be embedded in the patient EMR. It provides information to you about your patient population around specific disease or prevention-management measures; identifying individuals needing care... .."falling through the cracks". Regularly accessing the report, at least monthly, provides opportunity to proactively intervene with your patients most at risk, around the 18 measures. Incorporating this practice into your office routine will not only improve patient care but improve efficiency and will maximize your potential share in the dollars designated to this effort by the contract terms.

Stay alert for more information and take a look (only adult PCP's at this time) at your POR on the Portal. Many practices are already using it. If you need assistance with user name or password updates, or would like a more detailed explanation of this initiative, **simply contact Provider Relations at 585-922-1525**, or email me directly at Jeffery.Dmochowski@rochestergeneral.org or call me at 922-1532.

GRIPA is ready to help you.