



Forum

A NEWSLETTER ESTABLISHED AND COMPLETED BY THE THE MEDICAL & DENTAL STAFF OF ROCHESTER GENERAL HOSPITAL.
MORE OF YOUR MONTHLY UPDATES CAN BE FOUND AT <http://www.rochestergeneral.org/MDS>

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24/7 PHYSICIAN
HOTLINE NUMBER
922-4414

DIRECT ADMISSION
NUMBER:
922-7333

2010 Quarterly Staff Meetings

6/18, 9/17, 12/17

7:30 - 9:00 a.m. Twigg Auditorium

50% attendance recommended
for all attending Physicians

Message from MDS President

We are in the explosive phase of spring; the grass is green, the trees are budding. Life, birthing, renewal are all around us. In my own family we have been blessed with the birth of a granddaughter on April 12th, born to my daughter Jennifer and her husband Jim. We were very blessed that this birth occurred at Rochester General where I could once again see what we so often take for granted and that it is the magnificent staff that we have. In this case our OB/maternity staff, including nurses, physicians, techs and others, bring incredible skill to their patients, but even more remarkable is their incredible passion for their jobs and compassion and sensitivity to their patients and their physical and emotional needs. In this season of renewal it is easy not only to be amazed by birth and rebirth, but also by the incredible resource and resources that we have at Rochester General Hospital. A special spring bonus is that I also have two foals of very proud mares in my pasture. This month the Forum article has no particular theme so I will borrow the statement of one our local sportscasters and present to you "random topicality", a series of seemingly unrelated, but hopefully informative topics.

In terms of technology, Rochester General Information Services is moving ahead with technology upgrades and this will be of critical importance to physicians as it relates to electronic medical records. I thank John Genier for sharing information with us last month in this regard. We appreciate Dave Kamowski and RGH's leadership role in this regard.

We recently received information from the Joint Commission informing us that with next May's review they will be looking for evidence of how Medical Dental Staff, administration and our governing boards interact to achieve patient safety. Rochester General has really been a step ahead in this regard and I believe the fact that Rob Mayo, our president elect and patient safety officer working in collaboration with Kristin Opett will position us well to enhance patient safety and certainly meet our requirements with regards to JCAHO.

Many of you may be surprised to find that certain families have elected and have been allowed to be present while their family members were being "coded". I know that there is tremendous diversity of opinion regarding the appropriateness of this. It is something that has already been taking place in our emergency department on occasion for some time and certain other areas of the hospital, particularly the Intensive care unit have also been discussing this very topic and in some instances it had already occurred.

Physicians and others have concerns about an uninformed public being allowed to watch efforts at resuscitating one of their loved ones, particularly if it does not end successfully. Others feel it is the right of family members to be present at such a lifesaving and/or ending time and allows patient's families to be with them at the time of their passing. I have asked Dr. Tony Fedullo to do an assessment of where and how this is happening at RGH and how we might bring structure and consistency to this process.

We have decided to forego a summer family event this year. Honestly it has been difficult getting people and families to participate. Most people seem to be incredibly busy and have



Dr. Richard Constantino,
President RGH MDS

CDIP CORNER –
THE POWER OF THE PEN
Portal Site and
Documenters of the
Month

By Mary Darrow, CCDS



The Clinical Documentation Improvement Team recently activated their Portal Site on the RGHSnet. Highlights of the site include “Tip of the Month,” “Documenter of the Month,” and Diagnosis Documentation Requirements. At the present time, nineteen diagnoses ranging from Acute Coronary Syndrome, CHF, CKD to Sepsis are highlighted and clinical documentation requirements are shown.

Another feature of the site is the “Feedback and Suggestions” section. The CDI Team is committed to answering all your documentation questions and we encourage you to post a suggestion or question related to clinical documentation requirements and queries. Your questions/suggestions will be answered promptly.

The Documenters of the Month for March and April were selected by the CDI Team and are Dr. William Rolls and Dr. Balazs Zsenits. They were selected because of their diligence in adhering to the tenets of Excellent Documentation which include:

- Legibility
- Documentation of all acute and chronic co-existing conditions
- Timely response to CDI queries
- Specific detail and descriptors of diagnoses

Thank you Drs. Rolls and Zsenits.

Questions? Contact the CDI Team through the RGHSnet Portal Site or call us at 922-3721.

Message from Mark Clement

Over the past three years, we have made encouraging progress working together--leaders, team members, physicians and volunteers--in our journey to achieve our vision of becoming the healthcare provider of choice and the most trusted health system for patients and physicians throughout the region. An essential element of our work to achieve that vision is to make Rochester General a great place to practice medicine for our team of world-class physicians.

To monitor our progress and identify areas for ongoing improvement, we utilize an independent, third-party vendor – Professional Research Consultants (PRC) – to conduct periodic surveys of our physician staff. The most recent survey was completed in February and sample results are explained in greater detail elsewhere in this publication. Respondents were asked to evaluate two overall aspects of RGH – Overall Quality of Care, and their rating of RGH as a Place to Practice Medicine – as well as provide more detailed responses on 12 key service areas. With 564 physicians participating, our 73% response rate provides assurance that these results are an accurate representation of our medical staff’s perceptions.

PRC’s work over the years has shown that a physician’s perception of the quality of care and service provided at their institution is closely correlated with that doctor’s “loyalty” to, and involvement with, their hospital. Given our ongoing commitment to provide a great practice environment for our physicians, I am excited and encouraged by the results of the recent survey! More than 51% of responding physicians rated their Overall Perception of Quality of Care at RGH as “excellent”, up from 36% in 2008. That places RGH in the 87th percentile nationally, a jump from the 63rd percentile in 2008 and the 51st percentile in 2005.

The improvements made in Physicians’ Perception of RGH as a Place to Practice Medicine were also dramatic and equally positive. Nearly 50% of respondents rated RGH as an excellent place to practice medicine, up from 33.8% in 2008 and 28.5% in 2005. The latest ratings also place RGH in the 84th percentile nationally, a huge leap from the 54th percentile that we achieved only two years ago!!

While all of us should be encouraged by these positive and improving results, it is important to note that the survey – appropriately – also identified some key areas on which we will continue to focus to further improve the practice environment for our medical and dental staff. These include physicians’ perception of patient safety and turnover time between surgical cases. We are already working on initiatives related to both areas, most notably through the formation of our Institute for Patient Safety, through which we are working with national experts at Johns Hopkins.

As pleased as we are with the results of this most recent survey, I want you to know that we all recognize that our work is far from done. In keeping with our mission and vision, the entire RGHS team will continue our work to create a patient-focused, high quality, safe and responsive practice environment for our physicians and patients. Many of the 12 service areas measured in the PRC study achieved very positive results, with several scoring above the 90th percentile when compared to a group of 400 other hospitals that completed the same survey. Over the next five years we will be implementing a set of initiatives intended to bring every one of those areas – key support and ancillary services for you and your patients – to (or above) the 90th percentile. It is as a result of this important work that RGH will increasingly be recognized as the very best in our region and among the best in the nation.

I’d like to thank our Chiefs, MDS Officers and other physician leaders, and all of our medical and dental staff for your ongoing commitment to our mission and vision, and for lending your talents and service to those who entrust their care to us. I am extremely proud to work beside a dedicated and caring medical and dental staff that is as fine as any I have had the privilege to work with throughout my career in health-care. Thank you for all you do—your efforts make a tangible difference, day in and day out, for our patients and the community we serve!!!!



Mark Clement,
President & CEO

RGH Call Center and Switchboard

The RGHS Call Center's extensive provider referral database is utilized by the call center staff to answer questions about our providers and connect them as needed. This database is maintained and updated through a very explicit process, providing up-to-the-minute, precise information.

The first step to ensure your provider information is accurately listed within our database is to complete the RGHS Call Center Referral System Provider Profile. The Provider Profile enables us to capture not only basic provider information (Name, Location, If the physician is Accepting New Patients), but also let's us focus in on more detailed aspects of the practice (i.e. Hours of Operation, Insurances Accepted, Certifications). Once the profile is successfully filled out and returned to the RGHS Call Center via fax or direct mail, we input the new or updated Provider information within 48 hours of receiving the information.

Our provider database is also available on the Rochester General Hospital Web page. A real time interface between the web and the call center allows us to keep the most accurate information available to Internet users. Your name and limited information about you would be available to users unless you specify otherwise. Online Referrals to Providers are systematically programmed to fully comply with all safe harbor provisions. Please visit our website at www.rochestergeneral.org to see how our provider's information is currently displayed.

Patients, other health care providers and organizations utilize our database to locate providers. Therefore, even if you are not accepting patients directly, it is still important for us to have your most current, up-to-date information.

IntelliDESK is a software based application that has been purchased for use at the RGH Switchboard. It is designed to enhance the current capabilities of the hospital operators. IntelliDESK function as a centralized knowledge database, reducing the time and effort needed to maintain accurate information and ensuring this information is easily accessible to all members of RGHS

IntelliDESK will interface with our current paging systems, the Medical Staff database, and the employee and patient databases. These interfaces will assure that the operators will have the "real-time" information. In addition, this is a web-based application so that staff and providers outside the switchboard can access IntelliDESK to gain information. Staff on the floors will be able to page directly without going through the switchboard. The system will track all pages and report back to the operators any problems so they can immediately intervene.

Call Schedules will be entered and can be viewed by appropriate personnel. Physician contact information can be viewed with restrictions set by each MD. The physician or designee will be given access to enter the call schedules and make changes, which will update the system in "real-time".

Kathy MacMaster, RN, MS
Director of Communications

Jason Zawodzinski
Call Center System Specialist

CHANGES TO YOUR RGH DIRECTORY

For those of you who have access to the ViaNet, 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 mary-lou.mckeown@rochestergeneral.org

NEW MEMBERS

Carmen Benitez, DDS

Department of Dentistry
2164 Hudson Ave
Rochester 14617 585-342-7330

Robert Biernbaum, DO

Department of Emergency Medicine/Pediatrics
NWCH ED Department
Newark 14513 315-359-2847

Jaime Dougherty, RPA-C

Department of Orthopaedic Surgery
1425 Portland Ave #143
Rochester 14621 585-922-3963

Rebecca Flynn, RPA-C

Department of Medicine/Internal Medicine
1425 Portland Ave #287
Rochester 14621 585-922-5067

Valerie Huck, RPA-C

Department of Emergency Medicine
1425 Portland Ave Observation Unit
Rochester 14621 585-922-9080

Anthony Inzana, RPA-C

Department of Anesthesiology
30 Hagen Dr. #230
Rochester 14625 585-899-3450

Brian Laux, MD

Department of Emergency Medicine NWCH ED
Newark 14513 315-332-2290

Lewis Mehl-Madrona, MD

Department of Psychiatry
490 East Ridge Rd
Rochester 14621 585-922-2500

Catherine Spilberg, NP

Department of Medicine/Internal Medicine
1425 Portland Ave #340
Rochester 14621 585-922-4882

Laurie Vaccarelli, NP

Department of Emergency Medicine/Pediatrics
1425 Portland Ave ED
Rochester 14621 585-922-3469

CHANGE TO INACTIVE

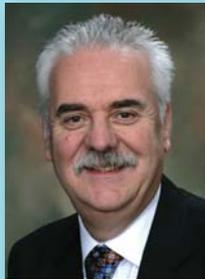
Alefia Tapia, MD
Rachel Powell, RPA-C
Kelley Piccone, RPA-C
Gavin Scott, RPA-C

Mark Stephan, RPA-C
Alycia Strobert, RPA-C
Robert Walsh, MD

Abraham Lichtmacher, MD, FACOG, Appointed Chief of Obstetrics and Gynecology for Rochester General Health System

By Mark C. Clement, President and CEO

I am pleased to welcome Abraham Lichtmacher, MD, FACOG, as Chief of Obstetrics and Gynecology for Rochester General Health System, effective April 1. Dr. Lichtmacher succeeds Dr. Robert Tatelbaum, who is stepping down after 35 years of outstanding service to our health system and our community.



Dr. Lichtmacher comes to RGHS from ABQ Health Partners, successor to Lovelace Medical Group, in Albuquerque, New Mexico. Since 2004, Dr. Lichtmacher has served as senior system leader for women's care, first as Department Chair for OB/Gyn at Lovelace, and subsequently as Chairman of Women's Health at ABQ. From 2007 to 2009, he also served in a concurrent role as Chairman of the Board of Governors for ABQ. Prior to his tenure in Albuquerque, Dr. Lichtmacher practiced in Hartford, Connecticut, and served as Lead and Partner Physician for Greater Hartford Women's Health Associates.

Dr. Lichtmacher received his Medical Doctorate from New York Medical College, and completed his residency in OB/Gyn at Brookdale Hospital and Medical Center, where he also served as Chief Resident for Obstetrics and Gynecology. He is Board Certified by the American Board of Obstetrics and Gynecology, and is a Fellow of the American College of Obstetricians and Gynecologists.

Special thanks to the Search Committee, chaired by Dr. Richard Speisman, for their efforts in conducting such a thorough and thoughtful selection process, which clearly identified Dr. Lichtmacher as the most outstanding candidate. Thanks also to Dr. Tatelbaum for his commitment to improving women's services at RGH and throughout our system, particularly for his vision for the renovation and expansion of the Twig Birthing Center.

Please join me in extending a warm welcome to Dr. Lichtmacher as he begins his role as our new Chief of Obstetrics and Gynecology.

ROCHESTER GENERAL HOSPITAL
CONGRATULATES THE WINNER OF THE 2010 RGH
MDS PAT LEWIS AWARD

Mr. James B. Sutton, RPA-C



This award was presented at the
March Quarterly Staff Meeting..

ROCHESTER GENERAL HEALTH SYSTEM CORPORATE COMPLIANCE HOTLINE APRIL 2010

Dear Team Member:

We want to take this opportunity to remind you of our **Hotline** for team members who wish to anonymously or confidentially report suspected violations of our standards of conduct, policies, or laws and regulations. Team members should call the Hotline number to report compliance issues such as suspected fraud, abuse, or violations of patient privacy. We strongly encourage you to report any suspected violation if you do not feel the problem can be appropriately addressed through your chain of command.

The Hotline number does not replace other resources available to you, including supervisors, managers and people resources staff, but is an alternate channel available to you 24 hours a day, 365 days a year. It is operated on our behalf by Global Compliance, an independent firm. **The toll-free Compliance Hotline number is: 1-877-647-6725.**

Team members calling the hotline number need not identify themselves. If you choose to give your name that information will be kept confidential unless, as in the case of certain crimes, a law requires that any name you supply be provided to enforcement officials or a court. **WE ABSOLUTELY WILL NOT ALLOW ANY RETRIBUTION OR RETALIATION AGAINST AN TEAM MEMBER WHO REPORTS A COMPLIANCE ISSUE IN GOOD FAITH.**

Sincerely,

Mary E. Tribuzzi
Vice President Risk Management/
Corporate Compliance
585-922-9436

Katherine Rogala
Vice President Internal Audit
585-922-1028

Dr. Constantino

cont. from page 1

their own agendas. We thought we would take a season off, if you will and look at a more interesting and appropriate opportunity for Medical Dental Staff families in the future. If you have any thoughts about what we might do as a group in this regard, please do not hesitate to share that with myself or any other member of the Medical Board.

By now all of you know that we have a very strong slate of candidates for Medical Board leadership positions. For those of you involved in other medical leadership activities, you know how difficult it is to identify candidates for positions. I was somewhat surprised to see one slate of candidates for county election that listed only a single candidate in each category. I know that organization felt they were lucky to even have one candidate in each position. We will continue to try to secure the best candidates for your medical leadership positions regardless of whether they run opposed or unopposed. Again, if any of you have an interest in leadership positions in the future, please do not hesitate to contact me.

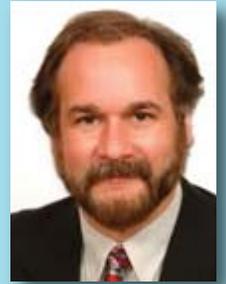
Your Medical Dental Staff leadership in conjunction with hospital administration continues to work on a plan to bring you a higher quality and less expensive answering service process. We are excited about the opportunities here to improve the quality of the service you receive from your answering service, but also reduce your cost. We hope to have final details for you next month.

Lastly, three hundred RGH members took part in the American Heart Association Walk. This is so typical of our organization, staff and physicians and we are very proud of the leadership role they continue to play in organizations and activities both within our hospital and our community.

Happy Spring!

InterVol Responds to Needs in Haiti

*By Ralph P. Pennino, MD FACS, Chief Plastic Surgery,
Associate Chief Surgery RGH
President, InterVol
ralph.pennino@rochestergeneral.org
585-922-3890*



On January 12, 2010 a catastrophic earthquake hit Haiti resulting in untold destruction and loss of human life. Within the next nine days InterVol with the help of the Rochester community, volunteers, Rochester General Hospital, and Constellation Brands, launched a response that resulted in the first team of doctors and 5,000 lbs. of supplies being sent to Leogane, Haiti. Leogane which is located 18 miles southwest of Port-Au-Prince was nearest to at the epicenter. Approximately 80% of the city was destroyed leaving thousands dead and tens of thousands homeless.

InterVol had been working with Notre Dame Haiti Program prior to the quake to treat the secondary affects of lymphatic filariasis (elephantiasis and hydroceles). After the quake its focus shifted to disaster relief. In a fortunate set of circumstances, InterVol volunteer doctors and nurses and staff were met on the ground with similar volunteers from World Wide Village. World Wide Village (WWV) is another non-government organization (NGO) with focus on feeding programs and education for the people in Haiti. They had a medical component which included mobile medical clinics in Leogane and surrounding area. Between our two organizations we have now sent a continuous stream of doctors rotating on a weekly basis. Initially the groups worked out of a school which was turned into a makeshift hospital. After one month a generous benefactor donated a field facility which was converted into a field hospital for OB and surgery. These two organizations literally built a hospital from nothing, with significant support from the Rochester community. The result of this effort was the creation of a field hospital which has now rotated over 200 physicians and nurses to help care for those in need.

Since the quake the needs have changed from earthquake related injuries to a combination of residual quake-related and everyday health care. Leogane had very little medical infrastructure prior to the quake and what it had was virtually wiped out with the earthquake. Up to 90% of the buildings in the city were damaged or destroyed. Most of Leogane's population is homeless.

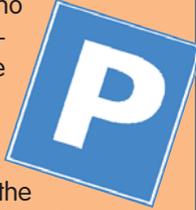
Hospital Sainte Croix has been the principle caregiver for the region. We are currently working to transition the field hospital to their control by sometime this summer. In the interim we are running hospital operations on a day-to-day basis with US support teams which have been rotating on a weekly basis.

Although it has only been two months since the quake, most people have forgotten about Haiti. However the need is greater than ever. For this population to have any sustainable healthcare in the future, it is of vital importance that this facility be transferred in the proper manner to maintain full functionality. As we integrate Haitian physicians and doctors to take over our roles, we need your support to continue operations. We are in need of doctors of all specialties. Also needed are hospital nurses, perioperative nurses, surgical nurses, OB-GYN nurses, midwives, mid-level providers, and allied medical personnel (biomed technicians, lab, etc.). The need is most urgent within the next one to two months. Our goal is to form and rotate teams extending through August of this year. If any of you are interested please do not hesitate to contact me or the InterVol office.

Again on behalf of InterVol and all of its volunteers we thank all of those who have helped in this endeavor. To date, the following individuals from RGHS have been a part of the relief efforts in Haiti with InterVol as well as independently: Anne Marie Blanchard, PA; Gloria Berent, RN; Emmy Branigan, RN; Paul Cabral, MD; Paul Cross, MD; Ralph Doerr, MD; Gerry Gacioch, MD; Lynn Garfunkel, MD; Laura Heath, CMA; Bill Joyce, EMT; Bruce Kleene, MD; Al Lanni, MD; Tim O'Connor, MD; Ralph Pennino, MD; Chris Perez- Johnson, MD; Johann Piquion, MD; Lyle Prairie, MD; Pat Riggs, MD; Steve Seidel, BioMed; Andy Smith, MD; Shawn Stephens, MD; Jeff Wasserman, MD; Bob Young, MD. I apologize if I have missed someone who has donated their time and expertise in providing quality healthcare to the people of Haiti.

Additional Physician Parking

Through the combined efforts of Dr. Rick Constantino and Bill Horner RGH SVP, physicians now have an additional 16 parking spaces in the Portland Garage. These spaces are dedicated to physician parking during the peak hours of 6 am to 11 am. Dr. Constantino recognized the limitations of physician parking, especially during these morning hours, and worked with Bill and the parking department to get more dedicated spaces. It is our hope that this makes parking much more accessible to our physicians.



"TALK TO ME"

5100 Safety Project – Enhance communication between physicians and nurses

By Ann Geyer Clinical Leader 5100 922-4593

The idea of "Talk to Me" was born at a recent safety meeting while brainstorming about ways to improve patient safety outcomes. On our unit, a doctor may round on his patient and not stop to collaborate with the patient's nurse. The lack of communication may cause numerous calls to the doctor for clarification of orders, follow-up on labs, or to find out the plan of care. This interaction between the nurse and doctor may take as little time as 1 minute.

Hoped for benefits:

- Less calls to doctors
- Rapports developed between doctors and nurses
- Better patient care

We're convinced that face-to-face collaboration will takes minutes and save hours.

Don't be surprised when you enter 5100 and a nurse reminds you to "Talk to Me"... It could be a life saving moment for a patient.

Look for our "Talk to Me" video soon to be released!

Balazs Zsenits, MD at Rochester General Hospital Earns Fellow In Hospital Medicine Designation

Balazs Zsenits MD, FACP, FHM, Medical Director of the Rochester General Hospitalist Group, has earned the **Fellow in Hospital Medicine** designation from The Society of Hospital Medicine (SHM). Becoming a Fellow is an avenue for special recognition for Society members who have distinguished themselves among their colleagues and the hospital medicine specialty.



"Until now, hospitalists have not had a way to distinguish themselves from their colleagues," said SHM's CEO, Larry Wellikson, MD. "The FHM designation gives hospitalists a chance to set themselves apart and be recognized for all of their work that continues to make hospital medicine the fastest growing medical specialty in history."

To be designated as a Fellow in Hospital Medicine, an applicant must be a hospitalist for five years, a member of SHM for three years, demonstrate their dedication to quality and process improvement, commitment to organizational teamwork and leadership, as well as lifelong learning and education. At Rochester General Hospital, Dr. Zsenits leads a hospitalist team of 28 physicians.

SHM is the premier medical society representing hospitalists. Over the past decade, studies have shown that hospitalists decrease patient lengths of stay, reduce hospital costs and readmission rates, all while increasing patient satisfaction. Hospital medicine is the fastest growing specialty in modern healthcare, with over 28,000 hospitalists currently practicing and an upward growth trajectory in full force. Approximately 500 Hospitalists will be inducted in the inaugural class of Fellows this May at Hospital Medicine 2009 in Chicago, IL

Call the RGHG

Hospitalist for Mr. Jones! 922-7444 922-RGHG

Starting April 1st, you can
call 922-7444 and be connected to
any patient's hospitalist!

The switchboard and Rochester General Hospitalist Group (formerly the GMU) created a hotline for physicians to reach the hospitalist covering their patient.

Primary Care Physicians or
Specialists can call 922-RGHG
(922-7444).

Tell the operator the patient's name and they will connect you directly to the hospitalist. No clicking through CCS, no phone trees- just a live person.

Latest Physician Survey Reveals Positive Trends at RGH

By Cheryl Sheridan, Tony Fedullo & Bill Horner

The results of our most recent physician survey, conducted in January- February, indicate some very positive improvements in the perceptions of Rochester General Hospital by its Medical and Dental Staff members.

The survey, once again conducted by Professional Research Consultants, included telephone interviews with 564 physicians out of an eligible list of 769, a response rate of 73.3%. Various aspects of patient care and the services/departments that assist in patient care were evaluated on a five-point scale of "excellent", "very good", "good", "fair", and "poor". Many of the findings are presented in terms of percentile ranking, which measures RGH scores as compared to more than 400 similar hospitals in the U.S.

The survey evaluated responses to two overall perception questions – Physicians' Perceptions of Quality of Care and Physicians' Perceptions of RGH as a Place to Practice Medicine – as well as questions related to 12 key service areas:

- | | | |
|----------------------|----------------------------------|---------------------|
| Nursing Care | Patient Safety | Surgical Services |
| Medical Records | Anesthesia Services | Laboratory Services |
| Pathology Services | Radiology Services | Emergency Services |
| Hospitalist Services | Oncology and Hematology Services | Administration |

Key drivers, which represent the areas that statistically have the greatest impact on the two overall perception topics, were once again analyzed. The drivers associated with having the most influence on physicians' perceptions of quality of care were:

- Nursing Care – care/treatment of patients
- Patient Safety – appropriateness of patient safety measures
- Surgical Services – Turnover time between cases

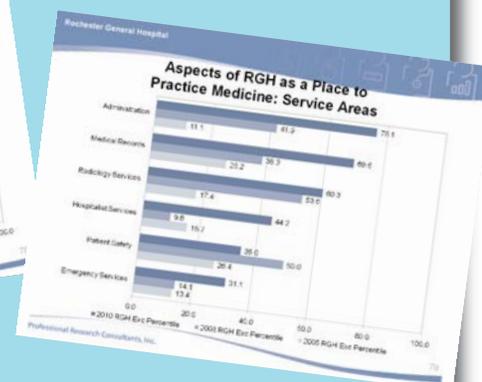
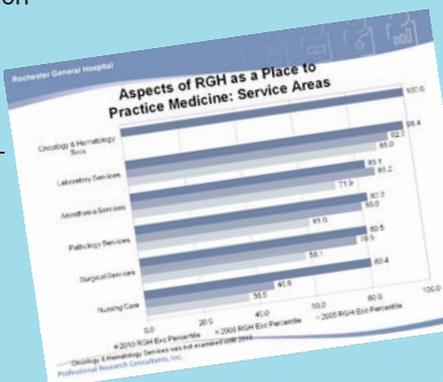
The key drivers associated with having the greatest influence on physicians' perception of RGH as a place to practice medicine included:

- Administration – willingness to involve physicians in strategic decisions
- Nursing Care – care/treatment of patients
- Patient Safety – appropriateness of patient safety measures

As indicated in Mark Clement's column on page 2 of this publication, the results validate the great progress we have made in building a culture that is focused on providing the highest levels of care and service to our patients, and creating an optimum environment for the physicians who practice at RGH. In just five years, we have made dramatic improvements in your perception of the quality of care provided at RGH, rising from the 51st to the 88th percentile as compared to 400 other co-hort hospitals during that time period. The attached charts reflect the impressive gains achieved by service area from earlier survey periods of 2005 and 2008:



Similarly, the survey indicates that our physicians are increasingly recognizing Rochester General as a great place to practice medicine. With your engagement in, and support of our initiatives, we have progressed from rankings of the 44th and 54th percentiles for 2005 and 2008, respectively, to the 84th percentile in comparison to our peers. Feedback related to the 12 service areas evaluated in most cases indicates continued and dramatic improvement in percentile rankings:



As a leadership team, we are excited and extremely encouraged by the very positive results of the survey. They validate our efforts to work collaboratively with our physicians to implement practices and build a culture that ensures that each and every one of your patients receives superior levels of care and service during their stay. The results, in conjunction with the many forms of recognition for clinical excellence that RGH has received over the past several years, also confirm the importance of physician satisfaction in achieving our vision of becoming the healthcare provider of choice in the greater Rochester area.

We thank you for your continued support of our vision; for your continued engagement and collaboration in our efforts at building a transformational culture of excellence; and for your decision to share your knowledge and talent with RGH and the patients who entrust us with their care.

A Brief History of Pediatrics at Rochester General Hospital

By David M. Siegel, MD, MPH & Edward H. Townsend Chief of Pediatrics

Care of children has been a part of Rochester General Hospital (RGH) virtually since the institution's inception. The hospital opened in 1864 and in 1877 a fund was started for the "Children's Cot". Beginning in 1883, bricks to be used in construction of the Children's Pavilion were purchased and on August 15, 1885 the cornerstone was laid for this part of the hospital. In February of 1886, the Children's Pavilion was opened and remained as such until 1911. Throughout this time, gifts and fundraising took place, not only within Rochester as a whole, but children in the community also made gifts to be given to patients, and they donated food as well as their allowances to further raise funds to make the opening of the Pavilion a reality. This first pediatric unit at RGH was built northwest of the hospital's west wing and housed a nursery, as well as separate wards for boys and girls.

As the hospital grew, so did the activities related to the care of children, with the eventual establishment of a formal Department of Pediatrics in the institution. While important developments and changes took place in RGH Pediatrics throughout the first half of the 20th century, a significant milestone occurred in 1955 when Dr. Edward H. Townsend, Jr. was named Chief of Pediatrics. Prior to receiving this title, Dr. Townsend, a pioneer in the developing field of Neonatology and a busy pediatrician on Goodman Street in Rochester, had already established both the Premature Infant Center at RGH in 1953, as well as the region's first neonatal transport system for the New York Finger Lakes region, encompassing Monroe and the eight surrounding counties. At the time, it was the only hospital in the area with a dedicated program for the care of premature newborns.

So important was Dr. Townsend's role in the development of RGH's Department of Pediatrics, his story deserves further elaboration. He was born in 1916 in New York City and attended undergraduate school at Harvard University where he received his Bachelors of Arts degree in 1937. He went on to attend medical school at Columbia University, where he graduated in 1941 and from there he advanced to an internship at Presbyterian Hospital from 1941-1942. He then served a pediatric internship at Babies Hospital in New York between 1942-1943, followed by an appointment as an Assistant Resident through 1946, and a Senior Assistant Resident between 1947 and 1949. Leaving Manhattan for Rochester, NY, he held the role of an Assistant Pediatrician at Strong Memorial Hospital in 1959 and Associate Pediatrician from 1959-1963. In addition

to his leadership position at RGH, he also served as a prominent consulting pediatrician to area hospitals, including The Genesee Hospital, Highland Hospital, Lakeside Hospital, and FF Thompson Hospital. He was named Instructor of Pediatrics at the University of Rochester in 1947, was promoted to Clinical Assistant Professor in 1953, followed by Clinical Associate Professor in 1963, and he rose to the rank of Associate Professor of Pediatrics at the time of his untimely death in 1965.

Among Dr. Townsend's important contributions were his role as President of the Rochester Pediatric Society and District Chairperson of the American Academy of Pediatrics. In addition, with support from the Monroe County Medical Society, he initiated, was featured in, and co-produced a local television program concerning medical matters entitled "House Call". In his time as Chief of Pediatrics at RGH, he not only secured full accreditation for the hospital's Pediatric Residency Training Program but he also coordinated teaching between The Genesee Hospital, Strong Memorial Hospital and RGH. His scholarly productivity included the publication of 25 articles, as well as being a visiting professor at the Universities of Pittsburgh, Alabama, and Iowa. In recognition of his research and contributions to medical student and resident teaching, he was one of a very small number of fulltime practicing pediatricians ever elected to the American Pediatric Society, which is the most prestigious academic pediatric society in the United States. During his short but distinguished career he was clearly recognized as an important figure in American pediatrics despite his death just shy of his 49th birthday.

Dr. Townsend was known for his unbelievable drive, intellectual curiosity, quick mind, and the great effectiveness with which he applied these to the medical and social problems encountered in pediatric practice. Notable quotes that provide insight into his conscientious approach to patient care as well as his personal and professional philosophy include the following:

"If in doubt, don't handle it by telephone. See the patient."

"Follow-up, follow-up – your responsibility does not cease with what you may think will be effective treatment. The disease may act otherwise."

"Don't be satisfied with halfway examination. Strip the patient even for minor complaints and you will avoid many an error."

A Brief History of Pediatrics continued

In fact, Dr. Townsend was a renowned clinician to whom many trainees, as well as colleagues, went when confronted with diagnostic and/or therapeutic dilemmas.

In recognition of Dr. Townsend's indelible mark on Pediatrics at Rochester General Hospital, the Edward H. Townsend, MD, Chair of Pediatrics was established in 1981, with a \$350,000 endowment from his wife, Virginia. Dr. Mohsen Ziai, who became Chief of Pediatrics at RGH in 1977, was honored as the first recipient of the Townsend Chair. He was succeeded by Dr. Charles Davenport Cook in 1982, and Dr. Cook was followed by Dr. Michael Weitzman in 1990. I was fortunate enough to come to Rochester in 1979 when Dr. Ziai was still Chief, and I therefore experienced the teaching and leadership of these three former Chiefs. As the fourth to be honored as the Edward H. Townsend Chief of Pediatrics at Rochester General Hospital in 1999, I am fully aware of my obligations and responsibilities to uphold the legacy that Dr. Townsend established. In his time as the Chief of Pediatrics, Dr. Townsend placed a priority on the education of medical students and residents that was along side his commitment to patient care. Consistent with this, the endowment established in his honor stipulates that the Chief of Pediatrics must hold a full academic rank in the Department of Pediatrics at the University of Rochester, and the Department of Pediatrics at RGH must continue to be a site of medical education for the University's students and residents. In addition to our commitment to patients and family cared for here at Rochester General Hospital we have kept this dedication to training the pediatricians of tomorrow equally as seriously. As such, the relationship with the University of Rochester and the integration of the University's residency program into RGH has been maintained without interruption, as expected by the Townsend Family. Pediatrics at Rochester General continues to flourish in its missions of patient care, education, community service, and scholarly excellence. We are grateful to the support that Rochester General Hospital has always given Pediatrics, and the collaboration that has taken place between RGH and the University of Rochester to carry on this important and long tradition of Rochester Pediatrics.

IMPORTANT DNR UPDATE: Attention all Licensed Physicians, Resident Physicians, Midlevel Providers (NP's and PA's), and Registered Professional Nurses (RN's):

Effective Immediately - Important Changes to the Advance Directive Policy GM2 Addendum B. Please read each bullet :

- Only the attending physician can give a DNR order.
Definition: The Attending Physician is the physician selected by or assigned to a patient in a hospital or, for the purpose of provisions governing non-hospital orders not to resuscitate, a patient not in a hospital, who has primary responsibility for the treatment and care of the patients. Where more than one physician shares such responsibility, any such physician may serve as the Attending Physician for purposes of this Policy
- Resident physicians, midlevel providers (NP's and PA's) and registered nurses (RN's) may take telephone orders from the attending physician for DNR.
- Resident physicians and midlevel providers may complete the MOLST form at the direction of the attending physician for later signature by the attending physician.
- Resident physicians authorized by their program directors, midlevel providers and registered nurses may initiate discussions regarding advance directives with patients and/or their proxy/agent however, the attending physician must then be notified.
- Telephone orders must clearly state that the order is a telephone order by the attending to be countersigned by the attending.
- All telephone orders for DNR must be cosigned within 24 hours by the attending physician.
- All MOLST forms written by a resident physician or midlevel must be cosigned within 24 hours by the attending physician.
- *Suspension of DNR Orders for surgery or procedure: Resident physician's and midlevel's orders regarding DNR and suspension are written following conversation with and under the authorization of an attending physician as a telephone order and must be cosigned within 24 hours.*

Providers: Please be sure to Date and Time all cosignatures

- RN's : Transcribes and/or validates the accuracy of the transcribed order on the Clinical Pathway or General Service Documentation. Only DNR orders written by the attending physician or telephone orders indicating authorization by the attending physician will be implemented.

If you have any questions, please contact Cindy Bileschi at 922-3793 or Dr. Anthony Fedullo at 922-3801. Thank you.

Link to policy on RGHS intranet:

http://rghsnet/employee_info/AdminPolicies/GM2AddendumB.pdf

Health Care *Will* Look Like This

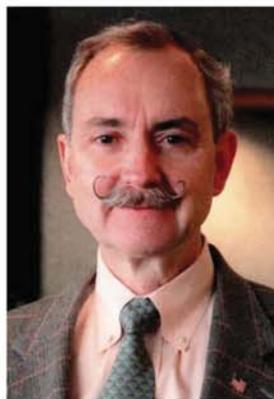
CONUNDRUM: Society cannot sustain the present trend in health care costs, but we all want the best possible health care.

Are you facing an increasing myriad of complexities in administering care to your patients and in obtaining appropriate reimbursement, while struggling to deal with the ever increasing demands of interacting with technology in your practice? You are not alone, and it is difficult to see where these trajectories are taking us. As someone has said to me: "It's difficult to remember that your goal was to drain the swamp when you're up to your in alligators."

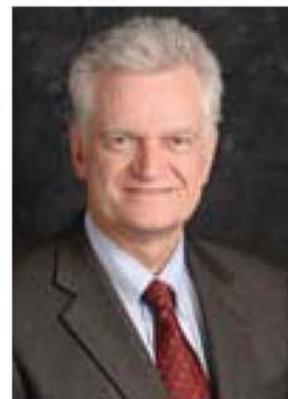
GRIPA, through development of its Clinical Integration model, has made some progress in addressing the above issues. If you've been reading newspapers, paying attention to news casts, or reading almost any medical publication, you know that health care is entering the perfect storm: seemingly unstoppable cost increases, economic recession, and the approaching bankruptcy of Medicare.

Clinical Integration holds the promise of a "safe harbor." It benefits our patients by measuring quality outcomes and standardizing, to some degree, the care they receive. With advances in HIT, it assists physicians in coordinating and tracking care, communicating clearly, and being appropriately compensated for our efforts through documentation, point of care access to information, care management, and contracting with payers.

We can no longer afford to support or continue the "cottage industry" model of medical care. We need to assimilate helpful technology into our practices for the offered advantages and preserve the precious human touch in caring for our patients; a daunting challenge but not insurmountable. Society, in the midst of the technology explosion, is ever more demanding and transparent and will make those same demands of its



Jeff Dmochowski, M.D.



Eric Nielsen, M.D.

health care providers: transparency of physicians' and hospitals' performance and coordination of care. We all, as current or potential consumers of health care, have the expectation of quality care at reasonable cost.

Many of us are in the twilight of our careers; don't waste these remaining years, with all your acquired wisdom and talent, resisting needed change. Let's leave a legacy that we can proudly look back on, a health care system that is not only efficient and of high quality but also coordinates the care of the patients we serve between our centers of excellence and excellent physicians. Let's not hazard important information about our patients "falling between the cracks" or getting lost in the mail or fax machine. And let all our most frail, vulnerable, and ill patients feel as though a care manager "guide" is holding their hand and leading them through the necessary transitions from home to hospital, or other facility, and back home again.

Clinical Integration offers a most viable solution by providing us a roadmap and infrastructure to achieve those expectations. Come, participate, contribute, commit to shaping a better health system for generations to come; or bury your head in the sand and miss the dawn.



Physicians coming together
for all the right reasons