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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>

## RGH MDS ELECTED REPRESENTATIVES

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HOTLINE NUMBER  
**922-4414**

DIRECT ADMISSION  
NUMBER:  
**922-7333**

### 2010 Quarterly Staff Meetings

3/19, 6/18, 9/17, 12/17  
7:30 - 9:00 a.m. Twig Auditorium

50% attendance recommended  
for all attending Physicians

## PRESIDENT'S MESSAGE

I hope that you all had a wonderful Thanksgiving with important and very special time spent with your families and friends. I wish all of you Happy Holidays over the next month as well.

Last month I shared with you a Medical Dental Staff initiative update. As you will recall the MDS identified fourteen initiatives that we thought were very important to high quality patient care and physician satisfaction. I reported that two of the initiatives, preventing hospital acquired infections and code of conduct were completed with recommendations currently being implemented. I thought I would briefly update you regarding the other twelve initiatives.

In terms of improving legibility, Dr. Hix has identified a pilot program to begin a process of legibility enhancement not only for those physicians that seem to be most challenged, but has also identified a system to improve transcription, allow for typed daily notes and reduce cost. We anticipate the pilot program being rolled out just after the first of year.

In terms of enhancing communication, the MDS is supporting efforts to enhance formularized communication with a process called SBAR which you will be hearing more about. In addition, we are working on upgrades to our paging process with the addition of new technology and lastly we are again exploring options to bring enhanced paging services to RGH to not only simplify communication but also to perhaps to reduce cost to physicians for this service.

In terms of enhancing the discharge process, a committee continues to meet that involves doctors Robin Dick, Rick Sterns, Rick Constantino and Stephen Ettinghausen and several care managers. We have looked at the components that are required before a patient can be discharged. Dr. Robin Dick will be coordinating patient flow from the ED through and including discharge. Several initiatives are underway and I'll report details of those to you in the next two months. In the meantime, it would be wonderful if physicians could help us by being sure that the discharge process begins at the time of admission and that patients and families, as well as social service staffs are well prepared to facilitate timely discharge.

In terms of diminishing bureaucracy, a committee is looking at reducing the number of teams currently involved in managing surgical patients. Currently there are four to five nursing team handoffs and a group is looking at how we might reduce this to perhaps two nursing teams that would reduce effort and enhance the patient experience. Other groups are looking at ways to improve communication between floor nurses and attending physicians and creating an algorithm for communication and yet another group is working on enhancing the timeliness of radiology reports in the record.

A group is looking at ways to enhance physician morale with activities underway regarding parking, group purchasing, paging and answering services, additional physician services such as group disability and health insurance for physicians in their private offices.



Richard Constantino, MD  
President

## RGH Named Top 100 Cardiac Hospital

While Congress and the country continue to debate national health care reform, it is a source of great pride for all of us that Rochester General Health System is increasingly being recognized locally and nationally as a leader in setting the standard for quality, efficiency and clinical innovation. I am pleased to share with you again that the Rochester Heart Institute at RGH has, for the ninth time, been recognized among the Top 100 heart hospitals in the U.S. - hospitals that are setting the nation's benchmarks for cardiovascular care! This is just the latest affirmation of our unwavering commitment to provide unparalleled quality and service in an efficient manner - the cornerstones of true healthcare reform - to those who entrust their care to us.

The Healthcare division of Thomson Reuters today released its annual study— *2009 Thomson Reuters 100 Top Hospitals@: Cardiovascular Benchmarks for Success* — which analyzes clinical outcomes for patients diagnosed with heart failure and heart attacks and for those who received coronary bypass surgery and angioplasties. In addition to this being the ninth time that Rochester General has earned the Top 100 designation, RGH remains the only hospital in the greater Rochester region to have ever been awarded this distinction. Additionally, just 9 other hospitals in the country – and only one other in the entire Northeast - have achieved this honor as many times as our team at Rochester General.

It is important to note that this is not an honor for which we applied or submitted data. Instead, publicly available outcome data for all hospitals across the nation was objectively and independently analyzed by Thomson Reuters in selecting the Top 100. They scored hospitals in eight key performance areas: risk-adjusted medical mortality, risk-adjusted surgical



mortality, risk-adjusted complications, core measures score, percentage of coronary bypass patients with internal mammary artery use, procedure volume, severity-adjusted average length of stay, and wage- and severity-adjusted average cost. The data confirms that those hospitals included in the

nation's Top 100 perform significantly better than their counterparts in achieving superior outcomes for their patients. The study, in its eleventh year, found that the 100 Top Heart Hospitals, including Rochester General, achieve: lower mortality rates; fewer complications; and a faster return to everyday life for patients.

This recognition is just the latest milestone in our journey to build One Great Health System—the most trusted health care provider within the region, known for exceptional quality, unparalleled service and value. And, isn't that exactly what our nation's leaders are hoping to achieve through health care reform on a national level? I will be sharing even more examples of our progress and plans later this week in my Monthly Update.

I would ask you to join me in thanking our Chiefs, Dr. Ron Kirshner (Cardiovascular Services and Cardiothoracic Surgery) and Dr. Gerry Gacioch (Cardiology), and RHI Vice President Amy Craib, for their strong and capable leadership, as well as the entire team of physicians and staff who have made RHI a model of excellence for others to follow. Finally, I would like to thank and recognize you—our team members, physicians and volunteers—for your support of RHI and your hard and dedicated work in helping us build One Great Health System recognized as the healthcare provider of choice in our community. I am proud to be a member of such an outstanding and talented team!

## Changes to Physician Notification of Patient Discharge from ED:

Effective 11/13/09, the fax you receive notifying you of an ED discharge will contain:

- Physician Notification of Patient Discharge cover sheet
- ED Physician Documentation
- Patient Discharge Instructions
- Any progress notes or consult notes

The fax will be sent approximately 37 hours after ED discharge in an attempt to provide you with more concise documentation.

If you need patient information prior to you receiving the fax, please do not hesitate to contact the RGH HIM department at 585-922-4521.

## Neurology Diagnostic Testing

The Neurology Department here at RGH is happy to announce that you are able to order diagnostic testing for Carotid Ultrasounds, Trans Cranial Doppler's, EEG and EMG's through the RGHS Portal where our requisitions can be found under Neurology.

We have also expanded this out to the Professional community on our Web Page through the Internet at <http://www.rochestergeneral.org/neurology>

CUS, TCD and EEG data and reports are available for your viewing in CCS.

Any assistance needed, please contact Betty Pyykkonen, Clinical Supervisor at 922-4509.

## Message from Mark Clement, CEO

As we enter the holiday season, it is an appropriate time to celebrate the many accomplishments that RGHS, in partnership with a world class medical and dental staff, has achieved over the past year. Those achievements are many, and too numerous to list in entirety, yet just a sampling of them includes:

- Designation – for the ninth time - as one of the nation's Top 100 Cardiac Hospitals
- Re-Designation as a Nurse Magnet Hospital
- Receipt of the prestigious Gold Performance Award from the American Stroke Association.
- Named as one of the Top 100 Integrated Health Systems in the country
- Recognized by a national AARP survey of physicians as one of the Top 125 Hospitals in the U.S.
- Named among top 1% of U.S. hospitals in a Value Data Index study

While there is reason to be extremely proud of what we have accomplished together, our work will continue as we meet additional challenges that the upcoming New Year is sure to bring. As you know, President Obama made health-care reform a key pillar of his campaign platform and an early priority in his administration. After lengthy debate, the House of Representatives recently passed a Healthcare Reform bill and the Senate is currently in discussions related to their own version of the Bill.

One of the more immediate areas in which reform is already underway and will impact our health system relates to Electronic Medical Records (EMR). President Obama has made electronic medical record-keeping a key feature of his health-care reform effort as he and other supporters believe there is evidence that electronic medical records reduce errors and waste and create efficiencies that enhance patient care. In February, the president earmarked \$37 billion of the \$787 billion economic stimulus package for EMR systems, providing substantial subsidies for hospitals and physician practices to convert to EMRs over the next few years.

As was announced at a Medical Staff meeting earlier this year and addressed in previous Monthly Updates, RGHS is moving forward with an accelerated evaluation of available EMR systems for future implementation. To ensure that the right decision is made for our system and practicing physicians, a Steering Team made up of physician leaders—private and employed—along with executive and nursing leadership has been formed to oversee the evaluations and selection. A core objective—and a concern you have shared—is to ensure that clinical information can be seam-

lessly and accurately shared between different providers treating the same patient. We have spent considerable time researching the systems currently available on the market and recognize that there may be some apprehension and concerns with some of our affiliated, private physicians and practices related to issues such as interoperability and continued access to CCS. During our consideration of potential vendors, we will ensure that the vendor and software we select offers interoperability with multiple vendor EMRs.

In addition, we want to assure you that we are committed to lending you—our medical and dental staff—guidance and support, and sharing the knowledge that we have gained through the EMR review process to assist you in making your own decision about an EMR. Towards that end, we will be sponsoring for our physicians educational sessions facilitated by industry experts to equip you with the knowledge necessary to evaluate some of the leading EMR vendors available in our marketplace.

A major reason for RGHS's success and achievement of significant milestones over the past several years in our journey to become the healthcare provider of choice in our community is the immense respect we have for our affiliated physicians, and our desire to work as a team to do what is best for our patients and the larger community we serve. With your help, we have achieved national recognition for excellence across a wide range of clinical areas. You are an important part of our success, and we are committed to providing you the support that will benefit your practice, our health system and, more importantly, the members of our community who come to us in their time of need. For additional information, or questions on how we can help, please feel free to contact any of the following physician members of the Steering Team: Dr. Richard Gangemi (922-4806), Dr. John Genier (223-4620), Dr. Ralph Pennino (922-5840), Dr. Richard Sterns (922-4242), and Dr. David Hannan (315-926-7733).

Again, thank you for your continued support of RGHS and our journey to become One Great Health System that is recognized for providing the highest levels of care and service to the patients we collaboratively serve.

Best wishes for a wonderful, relaxing and peaceful holiday season!



## Rochester General Health System Prepares for Organizational Access to the Rochester RHIO

Rochester General Health System is actively participating in the Rochester Regional Health Information Organization (RHIO), an information exchange for patient information that includes the nine counties in the Greater Rochester area. Patient information sent from RGHS to the RHIO is made available to other care providers in the Greater Rochester area, and provides a faster and more convenient way for many of our referring physicians to see results from our facilities. Our results are presented along with patient information from other facilities and physicians in a Virtual Health Record (VHR) – available to all physicians who belong to RHIO. Information available through RHIO includes lab reports, test results, medication history, radiology images and reports, hospital discharge summaries and more.

More than 2,000 medical providers in the Greater Rochester area are using the exchange today to receive patient information and for e-prescribing. Sharing information in this way has the potential of improving the quality and efficiency of the care our patients receive by reducing phone calls among physicians and hospitals, eliminating unnecessary tests, and frees up more time for physicians and clinicians to diagnose and treat patients. Medical teams have complete, up-to-date information on their patients regardless of where or by whom they are treated.

We are developing the process for patients to consent to participation in the RHIO for all affiliates of RGHS on a single form. That is, patient consent at the time of registration will cover all affiliates and physicians at RGHS. A pilot program will be in place in mid December, 2009.

If you have questions about participating in the Rochester RHIO, please contact David Kamowski (call 922-1651 or e-mail [david.kamowski@rochestergeneral.org](mailto:david.kamowski@rochestergeneral.org)), or contact Jessica Neri at 877-865-RHIO (7446). Additional information is available at [www.RochesterRHIO.org](http://www.RochesterRHIO.org).

## Who Are We?

*By Chris Reynolds, MD, Director of Patient and Customer Relations  
Rochester General Hospitalist Group*

Greetings! This is the first in a three-part series about the hospitalists at Rochester General. This group began as an outgrowth of the General Medical Unit (GMU) in 2002 and began to offer hospitalist services to primary care physicians in 2004. The Division of Hospital Medicine began with four physicians and has grown over the last several years. We are now composed of 30 physicians and 20 non-physician practitioners (PAs and NPs) and are supported by a dedicated four person office staff. In 2009 we formally became a separate unit and took on our new name: **The Rochester General Hospitalist Group (RGHG)**.



The RGHG mission is to provide state-of-the-art care and a superior patient experience for all hospitalized patients and their families referred to our care. We divide our work into four important segments: Quality of Care, Service Satisfaction, Efficiency and Education.

Our “Quality of Care” focus is on patient outcomes, CMS core measure compliance, standardizing management of common conditions, and improving care transitions. Our “Service Satisfaction” aim is to improve the patient care experience through improving patient-doctor communication and availability, but also to improve the satisfaction of our referring outpatient partners through our communication with them. Our “Efficiency” goal is to reduce waiting time, appropriately triage patients to maximize availability of inpatient beds for those who need them and eliminate unnecessary system expenses. Our “Education” aspiration is to train first-class residents and medical students in the art and science of patient care and health care systems.

Currently we provide inpatient coverage to all unreferral medical patients in addition to the more than 150 local primary care physicians we serve. We offer consultative services to surgical services, assist in many hospital committees and provide midlevel cross-coverage to the entire hospital’s medical patients all day, every day.

In future articles you’ll hear about the metrics we follow to measure our accomplishments and what we hope to achieve in the future. If you have any comments or questions about our program, please contact myself, Dr. Walter Polashenski, our Unit Head, or Dr. Balazs Zsenits, our Medical Director at 922-5067.

## Mary M. Gooley Hemophilia Center Staff Named Physician & Nurse of the Year by National Hemophilia Foundation

Rochester, NY, November 2, 2009 : Local staff members from the Mary M. Gooley Hemophilia Center took top honors at the National Hemophilia Foundation's 61st Annual Meeting in San Francisco, CA on October 31st. These 2009 Awards of Excellence were presented to **Dr. Peter Kouides, MD and Jennifer LaFranco, RN, BSN**, recognizing them as remarkable and distinguished individuals in the bleeding and clotting disorders community. Nominations were accepted from over 50 NHF chapters, associations, hemophilia treatment centers, and from NHF volunteers and members.

**Physician of the Year** ---Awarded to Dr. Peter Kouides, Medical and Research Director at the Mary M. Gooley Hemophilia Center. This prestigious award honors a distinguished physician who has had a major impact on the lives of individuals with bleeding and clotting disorders. Such a person shows compassion and knowledge of the latest treatments, is a patient advocate, and is a committed caregiver whose concern for patients is apparent in everything he does.



Dr. Kouides not only meets but exceeds all criteria set for this award. His compassionate work with patients and his leadership in the research arena makes him a most deserving winner.

In 2007 Dr. Kouides was appointed to the Federal Advisory Committee on Blood Safety and Availability - a committee that advises and makes recommendations to the Secretary of Health and Human Services on a range of issues concerning the blood supply in the U.S. Dr. Kouides has won numerous awards for excellence in teaching in Internal Medicine and another Award of Excellence from the National Hemophilia Foundation for his work with women with bleeding disorders. In 2008 he was awarded the first annual Humanitarian Award by the Mary M. Gooley Hemophilia Center. He does extensive research, is extremely well published and a world renowned expert on treating women with bleeding disorders. Dr. Kouides is a competitive cyclist and triathlete who continues to support his patient's needs as the top fundraiser in the Train for Treatment campaign at the Center's annual Finger Lakes Triathlon.

**Nurse of the Year**—Awarded to Jennifer LaFranco, RN, BSN Director of Clinical Programs at the Mary M. Gooley Hemophilia Center. This prestigious award honors a nurse who “has demonstrated service to the bleeding and clotting disorders community beyond day-to-day responsibilities. This individual serves as a role model for others in the field, is extremely knowledgeable and is experienced in the bleeding and clotting disorders community.”



Ms. LaFranco has been with the Hemophilia Center for 11 years. She is lauded by her colleagues, locally and nationally and is described as, “the embodiment of the NHF’s “Do the Five” strategies of helping people with hemophilia to live longer, healthier lives.” Not only does she show compassion to patients and their families, but is a leader in the country in teaching nurses about hemophilia treatment.

According to Robert Fox, CEO/President of the Hemophilia Center, “I can think of no better cap to the Center’s year-long celebration of its 50-year milestone than to recognize Dr. Kouides and Ms. LaFranco with these awards. The fact that both physician and nurse were chosen from our Center was coincidental -- the two award recipients were chosen by two entirely different selection committees. We are fortunate to have skilled, committed staff members at our Center and to have two of them recognized nationally by their peers - in the same year!! is quite an honor. It is in keeping with the legacy Mary Gooley began over 50 years ago.”

**NOW Available**  
the New RGH MDS  
Member Directory

please call the Medical Staff Office at  
922-4259 or email  
[marylou.mckeown@rochestergeneral.org](mailto:marylou.mckeown@rochestergeneral.org)  
to obtain your copy

# ARRA and HITECH – What's In 'IT' for Me? Physician EMR Education Series

The American Recovery and Reinvestment Act encourages the adoption of Electronic Health Records (EHRs) by physicians and hospitals to improve care quality and outcomes for patients. ARRA provides financial incentives for adoption, and institutes financial penalties for non-adoption, with the goal of encouraging all physicians and clinicians, whether in private practice or employed, primary care or specialist, to become meaningful users of EHRs starting in 2011.

Please join us as we discuss the steps that RGHS is taking, and the steps you can take to be successful in the implementation of an EHR system. We will share with you RGHS' plan to accelerate selection and implementation of an EHR system. We will also discuss how our system will integrate with physician practices – both private and employed – and the steps you will need to take to become a meaningful user of an EHR. We will also touch on the financial incentives available to physicians through ARRA 2009.

## Speaker

Our guest speaker is Dr. Dan Morgenstern, a consultant with CSC's Health Services Division. Dan is a cardiothoracic and vascular surgeon with 25 years of clinical experience. Dan's extensive consulting experience includes working with community and employed physicians to assist with the adoption of EMR and CPOE systems through the redesign of clinical workflows and processes, development of clinical content, medical and clinical staff education, and clinical systems and EMR go-live support. Dan is certified with the American Board of Thoracic Surgery.

Dinner or Breakfast will be served. If you cannot attend, we encourage you to send someone from your office.

**\*Deadline to register -- Tuesday, November 17. Please call the RGHS LINK line at (585) 922-5465 between the hours of 8:00 a.m. and 5:00 p.m. Monday through Friday.**

**December 3, 2009, 6:00 p.m.**

Marriott Airport, 1890 W. Ridge Rd., Rochester

**December 4, 2009, 6:30 a.m.**

RGH E5310 Conference Room

We look forward to hearing from you!

Mark Clement  
RGHS President/CEO

David Hannan, MD  
President, Wayne County PO

John Genier, MD  
President, RGPO

Richard Constantino, MD  
President, RGH Medical & Dental Staff

## Dr. Constantino cont. from page 1

We continue to recognize physicians for their contributions outside of medicine in a regular feature in the Forum. We have had and we'll continue to support physician get-togethers, dinners, socials and other ways that enhance physician collegiality. A physician photo online directory is underway. We recently experienced our Fall Physician Social and supported a "Meet the Physician" event at Mario's restaurant.

We continue our initiative to support a green mentality. We previously supported earth day activities promoting reuse, reduction and recycling. We have continued to work to find ways to reduce waste and the cost of dealing with medical waste. We have added permanent recycling containers in several areas and have worked with InterVol to recycle supplies that can be used in veterinary settings as well as in third world medical settings. Efforts are underway to make green refillable RGH logo coffee mugs available.

Doctors Kernath and Vaughn are working with Bill Horner and Rick Constantino to encourage physicians to return to the campus both in terms of their office space, but also in terms of caring for patients on site and utilizing RGH services.

Mary Lou McKeown has coordinated a process to identify and acknowledge community service of our physicians and information in this regard can be found as a regular feature in the Forum.

We continue work with our health office to assure that our employees and staff are part of the "Healthiest Hospital" initiative that recognizes the need of individuals to have time during the day to exercise and/or minimize stress and also acknowledges the importance of food choices and exercise in the general health of our staff and creates an environment where we really care about the health of our employees. The health office will be the central focus of this initiative that attempts to identify health risks and minimize those from the workplace point of view.

In terms of palliative care initiative, we all recognize the need for palliative care service at RGH, but resources and staff concerns have limited this initiative. As of this communication Dr. Lee is working in conjunction with Bill Horner and others to identify things we can do as part of a pilot program in our medical intensive care unit to begin to identify palliative care needs and opportunities. We are working with regional and even national leaders in hospice and palliative care to secure their thoughts regarding how the MDS may support this initiative.

As you can see two of our fourteen initiatives are complete and several will be completed in terms of their planning phase and recommendations by the first of the year. We have been very excited by and also gratified by the opportunity to work with administration to address these issues that we believe are of critical importance to quality care and physician and staff morale.

Again, wishing you a Happy and Healthy Holiday Season and New Year.

## Radiation Safety and Helical CT Exams

By Jonathan D. Broder, MD, Chairman, Diagnostic Imaging  
Debra A. Koch, MS, CHP, LMP, Physicist/Radiation Safety Officer

The progression of Helical Computed Tomography (CT) in Diagnostic Imaging within the last 15 years has resulted in enhanced abilities for us to image patients with extraordinary speed and accuracy. This has greatly enhanced patient care. However, the increased utilization of CT does have a downside. Although uncommon, some patients are being exposed to potentially damaging levels of ionizing radiation. Therefore, the Department of Diagnostic Imaging is developing a Radiation Safety Awareness Program to focus on and identify patients who may receive potentially carcinogenic exposures as a result of multiple CT examinations.

Epidemiologic evidence has correlated radiation exposure with carcinogenesis. This was readily shown with atom bomb survivors. Tumors have been demonstrated with radiation doses in excess of 50 mSv. Dose estimates from helical CT scans are highly variable depending on the body part scanned, the scanner architecture, technique used and the patient's body habitus. Although a Medical Physicist can provide a dose estimate for any given radiologic exam, due the variability previously discussed, the actual dosage a patient receives from a CT exam is difficult to calculate.

To date, no causative relationship between CT radiation exposure and carcinogenesis has been made. Patients aged less than 40 years may receive radiation dose estimates that clearly exceed the 50 mSv carcinogenic threshold estimate previously established. To prevent further increase in exposure to patients from CT exams, our Radiation Safety Awareness Program will focus on 3 main factors: *Education, Technical Factors, and Identification of Patients at Risk.*

Our program will be proactive in providing medical education to educate our fellow physicians and allied health providers to the dangers potentially associated with unchecked ordering of CT exams. Our education will include appropriateness criteria as required by the American college of Radiology. Our team (Radiologists, Medical Physicist, Technologists) will make use of all dose reductions factors on the CT scanner as appropriate for each patient. This includes the use of Dose Modulation

Algorithms which adjust technique factors individually for each and every patient. In addition to this we are developing a surveillance mechanism through our (Radiology Information System) RIS system to identify patients with high cumulative radiation doses due to frequent exams. An at risk patient is defined as a patient under the age of 40 with a benign diagnosis (eg. Abdominal pain, shortness of breath) that receives 5 CT examinations of the abdomen/pelvis, chest, or neck. The following events will occur for at risk patients:

1. The patient's demographics are annotated in the RIS system as a **RADIATION SAFETY ALERT**
2. Further CT studies will only be performed on these patients following consultation between the ordering provider and radiologist to assess clinical appropriateness and the feasibility of non-ionizing modalities (eg. Ultrasound, Magnetic Resonance Imaging) in place of a CT exam.
3. When a patient activates a 5 study threshold, a certified letter will be sent to the referring clinician and the primary care provider. The letter will address radiation safety and the potential risk of further studies. The practitioner will also be acknowledged of the necessity of radiologic consultation should further CT exams be needed.
4. When a patient has had in excess of 10 studies he or she will be placed in a higher risk category. In addition to the measures listed in #3 (above), a certified letter will be sent to the patient as we acknowledge that our patients may receive care at multiple institutions.

In closing, frequent exposure to possibly carcinogenic levels of ionizing radiation from helical CT scanning is an issue for the medical community. It is our goal to identify and manage potentially at risk patients and to provide the highest quality of medical care to these patients while minimizing their radiation exposure.

1. Effective Dose Equivalent

Rochester General Hospital \* Medical and Dental Staff

### 2010 Dinner Dance

January 23, 2010 \* Rochester Convention Center

6 p.m. \* Enjoy the Cocktail Hour with Fortune Tellers and Music by Tom Monte

7:30 p.m. \* Dinner

9 p.m. \* Dance the night away with The Skycoasters

RSVP by January 18, 2010 \* Semi-Formal Dress

Please call the Medical and Dental Staff Office with any questions (585) 922-4259

# LIDESTRI FOODS AND GRIPA BRING HIGH QUALITY, COST-EFFECTIVE HEALTH CARE TO LOCAL WORKERS

LIDESTRI FOODS HAS CONTRACTED WITH THE GREATER ROCHESTER INDEPENDENT PRACTICE ASSOCIATION (GRIPA) to bring the benefits of GRIPA's flagship program, GRIPA Connect™ Clinical Integration (CI), to the employees and dependents who get their health insurance through LiDestri. LiDestri expects that the GRIPA CI program will enhance the health care for their employees, helping them to navigate through a sometimes complex medical system more easily. LiDestri has a long history of helping their employees to

business, and technology management services aimed at making better health care easier to deliver, less costly for patients, and more rewarding for all involved. GRIPA's CI program creates a connected community of physicians, hospitals, labs, imaging facilities, and pharmacies, sharing patient information through a secure web portal. The program also includes robust care management and adherence to physician-created Clinical Guidelines.



Rochester General Health System who launched the program earlier this year.

LiDestri Foods, Inc. is a leading food and beverage company

**“This is one of the few programs that can significantly improve the delivery of health care and at the same time, actually has the potential to reduce costs for employees and the company.”**

*Dr. Cynthia Reddeck-LiDestri*

be as healthy as they can be, and the GRIPA CI program is the latest addition to their wellness arsenal.

Dr. Cynthia Reddeck-LiDestri, the Wellness Program Director at LiDestri Foods, says that “This is one of the few programs that can significantly improve the delivery of health care and at the same time, actually has the potential to reduce costs for employees and the company.”

GRIPA provides medical,

LiDestri employees and their dependents will have access to nurses, social workers, and clinical pharmacists who can help answer their questions and educate them about their medical issues, help them solve problems that may prevent them from being as healthy as they can be, and help them save money on prescriptions.

LiDestri Foods is the second local employer and the first outside the GRIPA family to contract with GRIPA's CI program. The first was the

headquartered in Fairport, N.Y. with four manufacturing locations in New York, New Jersey, and California. The company employs about 400 people in Fairport and about 300 more in the remaining locations.



Physicians coming together for all the right reasons