

Forum

A NEWSLETTER ESTABLISHED AND COMPLETED BY 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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President

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President-Elect

EDUARDO A. ARAZOZA, MD
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ERIC SPITZER

BRIAN WATKINS, MD

Editorial Staff:

JEANNE GROVE, DO, Editor

DIRECT ADMISSION NUMBER:

922-7333

CALL THE HOSPITALIST
FOR YOUR PATIENT

922-7444

2010 Quarterly Staff Meetings

9/17, 12/17

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

50% attendance recommended
for all attending Physicians

Message from the MDS President

OUR VITAL WORK

The vital foundation of medical ethics is evident in our daily work as physicians and healthcare providers. Our daily actions are governed by the uncompromising standard to reduce suffering and save lives. Our commitment to this lofty ideal is resoundingly validated by the combined years of education, hard work, and personal sacrifice we have all experienced. It is impossible to measure all of the lives changed for the better or extended for the longer because of our work but our instincts tell us our work is rewarding and productive.

Despite our altruistic motivations, we unavoidably must confront our failures. In the healer's realm, death is a "hard" end point. Unlike life with its multitude of complexities (shades of gray; spectrums of color) death is so demarcated—so stark, so unforgiving. The heart stops—the patient dies; the lungs fail—the patient expires; you know the scenario—you have felt the panic. These moments are painful, but we return to the work of life saving. I suppose this is defensive medicine; defending our emotions so that we can carry on the work that only we can and must do; defending our egos to maintain the confidence to try again. It is no wonder that we invest so much more time in studying the living than understanding the dead.

Confronting our dead and our responsibility to them, however, has the remarkable and mostly unrecognized potential to greatly magnify our life saving capacities. This is a hidden truth I have only recently come to know. An example will help teach this point. The average dialysis patient costs about \$80,000 a year in medical expenses. A complex network of specialist, surgeons, radiologists, primary care physicians, nurses, dietitians and technicians are necessary to sustain their lives. Despite this multidisciplinary focus, a single, preventable, drug overdose related to improper renal dosing and miscommunication can kill a patient. How can so much expertise be afforded these patients and a mistake so mundane and so apparently foolish unravel it all? What is the point of dedicating research laboratories, developing new pharmaceuticals, investing in years of healthcare services, etc. etc. if the very systems designed to save lives carelessly destroys them? It is shocking how simple safety measures are and how immense their impact can be. Understanding how patients die in a complex health system is a foundation principle that provides the framework for our patients to survive.

In 1999 the Institute of Medicine published a sentinel work entitled, *To Err is Human*. This text gathered together in one profound book the many little noticed journal articles



Dr. Robert Mayo,
President RGH MDS

Message from Mark Clement, President and CEO, RGHS

I am pleased to announce that **Joseph S. Vasile, MD, MBA**, Chief of Psychiatry at RGHS and Affiliate Leader for our Behavioral Health Network (BHN), has been appointed Acting President and CEO of the Greater Rochester Independent Practice Association (GRIPA), effective July 1. As you may know, GRIPA is co-owned by Rochester General Health System and more than 800 employed and private physicians who are affiliated with our system. Gregg Coughlin will be stepping down as GRIPA's president in order to focus his efforts on the growth of Cognisight, a technology-based venture that assists Medicare Advantage organizations throughout the United States in revenue recovery through coding and documentation solutions. Originally founded and developed within GRIPA, Cognisight will be spun off and operated as a stand-alone company under Greg's direction.

RGHS's partnership with GRIPA, including the launch of the GRIPA-Connect Clinical Integration program, has been highly successful and has established our health system as a national leader in the movement toward progressive partnership models between independent and community-based physicians and their health systems. We expect our relationship with GRIPA will continue to grow, especially as health care reform evolves with new reimbursement and rewards systems that foster greater efficiency through clinical integration. Thanks in large part to our relationship with GRIPA, we believe RGHS is well positioned to thrive within a health care environment



that promotes innovative financing systems such as Accountable Care Organizations (ACO's), advanced medical homes, performance-based incentives and bundled payments. These new care delivery and business models will enhance coordination of care and support clinical integration by creating financial rewards and incentives for organizations – like RGHS – that deliver high quality care and exceptional value.

Dr. Vasile brings strong clinical leadership and management ability to his new position and will play an important role in helping GRIPA and

RGHS navigate these new health care reform initiatives. He will also provide leadership in the implementation of the EPIC Ambulatory EMR component for GRIPA's membership, both private and employed physicians. While Dr. Vasile will remain the Affiliate Leader of the Behavioral Health Network, he will transition many of his responsibilities to the BHN leadership team. Vishnu Challapalli, MD, recently named Associate Chief of Psychiatry, will assume many of the Chief responsibilities. In addition, William Brien, the Director of Operations, will take on a more active role in the administrative leadership of the BHN. The BHN is fortunate to have so many strong leaders at all levels.

Please join me in thanking both Gregg and Dr. Vasile for their many contributions to the success of GRIPA and RGHS over the years, and in congratulating them on their important new roles within our organization.

RGH MDS President Message, continued

about iatrogenic injuries and medically induced harm. Based on extensive research and extrapolations from several studies the authors estimated as many as 98,000 Americans die each year due to medical errors. More recent estimates, despite ten years of risk reduction efforts, suggest the number is much higher. Medical error is estimated to be the fourth leading cause of death in the US. So to us--the physicians; our life saving efforts depend as much upon our own expertise as it does upon the health care delivery system wherein we work.

System designed efforts to reduce mortality are underway here at Rochester General Hospital and Health System. An ambitious stretch goal of a 15% reduction in mortality by years end has been set by executive, nursing and physician leaders. This goal was considered and adopted because comparative risk adjusted mortality at RGH revealed excess mortality. A Mortality Reduction Steering Committee is meeting monthly to review data and inform our efforts. The Steering Committee is presenting data to the Chiefs who are leading department specific mortality reduction efforts.

In addition to leadership efforts, all MDS members have a major role in contributing to mortality reduction. Beyond high quality clinical care a myriad of non-clinical factors contribute to

saving lives. One simple example is physician communication.

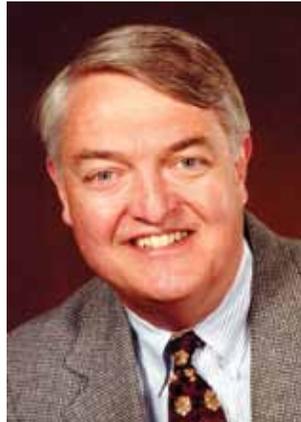
Physician training traditionally teaches communication patterns that facilitate errors and increase mortality. Our use of technical terminology may be poorly understood by our patients or less educated team members. The less others' understand about our plan of care the more likely something will go wrong. Hierarchical communication can discourage a team member from speaking up even when their information may save a life or reduce harm. Do we welcome correction from others if we forget hand hygiene or minimize established procedures? Do the daily work pressures and our clinical familiarity cause us to listen less? I shiver when I hear a patient or family member say, "I told the doctor," "I explained to the nurse." So much harm can be avoided.

In summary, our efforts to reduce suffering and extend life are the vital sustenance of our work. Years of near perfect clinical work can be instantly wiped away by systems failures, miscommunication or other seemingly inconsequential factors. This maddening reality compels us to confront death; to understand its nature and apply what it has taught us to our healthcare armamentarium. Reducing mortality is every one's responsibility. I invite you to reflect on your role and to support this great work.

Organizational Change

Anthony Fedullo, MD, RGH Medical Director
Richard Gangemi, MD, Sr. VP Academic/Medical Affairs

We are writing to share news of **Dr. Ralph Doerr's** decision to step down as Chief of Surgery at Rochester General Health System, effective at the end of 2010. Ralph is a superb and committed surgeon and, should he choose, we will welcome his continued presence at RGHS where his talents have so wonderfully benefited his patients during his tenure here.



Ralph J. Doerr, MD, FACS,
Chief of Surgery

Dr. Doerr has served our health system and the members of our community as Chief of Surgery since 2001 and has overseen a number of growth and improvement initiatives related to Surgical Services. Under his watch, RGH initiated a robotic surgery program which has become not only the largest in our region but one of the biggest and most respected in the nation. Similarly, the bariatric surgery program, launched in 2004, is steadily growing and on target to receive accreditation as a Center of Excellence in the near future. Through his leadership, a general surgery office was established at Newark-Wayne Community Hospital in April 2005, which he initially manned while maintaining his full clinical and administrative duties at RGH. In addition, the number of employed clinical surgeons at RGHS has increased from 4 to 13 during his tenure as Chief.

Prior to coming to Rochester General, Ralph was a professor of surgery at the State University of New York (SUNY) Buffalo, and Chief of the Division of Surgical Oncology at SUNY Buffalo and Kaleida Health. He is the recipient of a number of personal and professional honors, most recently the 2009 Sergio Larach Award, presented in September at the 5th Annual Colon and Rectal Symposium.

Those of you who know Ralph are aware of his special interest in research and education, for which he has received numerous awards, and of his great desire to assist the poor and injured – most recently evident during his volunteer stint in Haiti following the devastating earthquake in January. His decision to step down from his administrative responsibilities will undoubtedly leave him more time to devote to those interests. A committee will be formed to launch a national search for a new Chief of Surgery.

We'd like to thank Ralph for his many years of service to Rochester General Health System and the thousands of patients who have entrusted us – and Ralph – with their care. He is a wonderful asset to our community and we sincerely hope that he remains part of our team for many years to come.

Physician Concierge: Help For You in the Emergency Department

By Bryan Gargano, MD, FACEP, Medical Director, Adult Emergency Dept

The Rochester General Emergency Department is continuing its efforts to serve both its patients and the RGHS medical staff. As of this year, we are now the busiest Emergency Department in the region, increasingly becoming our community's provider of choice for emergency care.

As a department, we recognize that staff who do not work in our environment frequently find it confusing. As part of our ongoing efforts to solicit and respond to feedback from our medical staff, the Emergency Department is proud to announce the creation of the new position of Physician Concierge.

The Physician Concierge service will be offering many services designed to allow you to see your patients more efficiently and help you feel comfortable that we are providing your patients with the best care possible. This is being done in concert with other initiatives to improve the care of admitted patients waiting in the Emergency Department.

The Physician Concierge will be available 24/7 by direct phone number. We encourage you to call the concierge on your way to the Emergency Department to ensure that everything you need is prepared for you on your arrival.

**The Concierge phone #:
585-613-8549**

The Concierge is able to:

- Locate and direct you to your patient
- Prepare any paperwork you may need and have it ready for you in your patient's room
- Facilitate rapid communication of verbal orders to nursing staff
- Provide you with the location of your patient if they have been admitted through the Emergency Department, but are now on an inpatient unit.
- Facilitate any other needs you may have related to the care of your patient

The leader for this new position will be **Ruth Kuhns**, who has been a longstanding contributor to our Rochester General family, and who should be familiar to many of you.

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

NEW MEMBERS

Ihab Akladios, MD - Attending, Medicine/Hospitalist
1425 Portland Ave Box 287, Rochester, NY 14621

Karan Alag, MD - Attending, Medicine/Hospitalist
1425 Portland Ave Box 287, Rochester, NY 14621

Mallika Angitipalli, MD - Attending, Medicine/Hospitalist
1425 Portland Ave Box 287, Rochester, NY 14621

Neha Badheka, MD - Attending, Emergency Medicine & Medicine/Hospitalist
1425 Portland Ave - ED, Rochester, NY 14621

Calvin Chiang, MD - Attending, Physical Medicine & Rehab
37 Saybrooke Dr., Pefield, NY 14526

Sarah Collins-McGowan, MD - Attending, Pediatrics
135 Rossiter Rd., Rochester, NY 14620

Jana Cooper, NP - Adjunct, Surgery/General Surgery
1415 Portland Av #245, Rochester, NY 14621

Shah Faisal, MD - Attending, Medicine/Hospitalist
1425 Portland Ave Box 287, Rochester, NY 14621

Denise Goodberlet, NP - Adjunct, Emergency Medicine
1425 Portland Ave #304, Rochester, NY 14621

Brian Greenberg, DO - Attending, Emergency Medicine
1425 Portland Av #304, Rochester, NY 14621

Valentine Guset, MD - Attending, Medicine/Hospitalist
1425 Portland Ave #287, Rochester, NY 14621

Jason Gutman, MD - Attending, Medicine/Gastroenterology
1425 Portland Ave #283, Rochester, NY 14621

Christopher Kolstad, MD - Attending, Surgery/Otolaryngology
973 East Ave #100, Rochester, NY 14607

Nirmit Kothari, MD - Attending, Medicine/Hospitalist
1425 Portland Ave Box 287, Rochester, NY 14621

Michael Loeb, MD - Attending, Family Practice/Internal Medicine R&F/Ambulatory
PO BOX 111, Newark, NY 14513

Christyann Lynch, NP - Adjunct, Surgery/General Surgery
1299 Portland Ave #3, Rochester, NY 14621

Harry McCrea, III, MD - Attending, Medicine/Hospitalist
1425 Portland Ave Box 287, Rochester, NY 14621

Joel McFarland, MD - Attending, Medicine/Gastroenterology
1425 Portland Av #283, Rochester, NY 14621

Raghavendra Mishra, MD - Attending, Medicine/Hospitalist
1425 Portland Ave Box 287, Rochester, NY 14621

Nora Perkins, MD - Provisional Attending, Surgery/Otolaryngology
2561 Lac De Ville Blvd #100, Rochester, NY 14618

Neelam Sharma, MD - Provisional Attending, Obstetrics/Gynecology
1200 Driving Park Blvd, Newark, NY 14513

Gregory Singer, MD - Provisional Attending, Cardiac Services/Cardiology
2664 Rigeway Ave, Rochester, NY 14626

John Sullivan, MD - Provisional Attending, Emergency Medicine
238 Ts. 54 East Lake Rd, Penn Yan, NY 14527

Scott Tobis, MD - Provisional Attending, Surgery/General Surgery/Hospitalist
1425 Portland Ave #113, Rochester, NY 14621

Hyun Yoo, MD - Provisional Attending, Medicine/Internal Medicine
5817 Ambassador Dr #5, Saginaw, MI 48603

Michael Zang, MD - Provisional Attending, Pediatrics
601 Elmwood Ave Box 777, Rochester, NY 14642

CHANGED TO INACTIVE

James Baldwin, MD
Laura Brachman, MD
Raju Fatehchand, MD
Anjali Gupta, MD

Holly Hahn, MD
Paul D. Hoffman, DMD
Farhan Imran, MD
Donald Kamm, MD

Jennifer S. Linebarger, MD
Sagar Nigwekar, MD
Richard Olsan, MD
Kirsten Rindal, MD

Mohammad Safdar, MD
Sarmela Sunder, MD
Ashfaq Tapia, MD
Walsh, Elizabeth, MD

INFORMED CONSENT UPDATES

By Anthony Fedullo, MD, RGH Medical Director

In accordance with CMS requirements, informed consent is the responsibility of the provider performing the procedure or ordering blood. CMS requires use of a standardized form to be completed, signed by the patient, signed, dated and timed by the provider, and to be in the patient's chart prior to any procedure/surgery requiring informed consent. The CMS requirements impact a change to our current process. It is no longer acceptable for providers to "attest" to the fact that they have provided the patient with all the components of an obtained informed consent; providers must obtain the patient's signature at the time of the informed consent.

The standardized informed consent form will become available via Forms on Demand or <http://rghsportal/Policies/R13BAAttachment1.pdf> for patients who are already registered in the RGHS system. There is also a form available that can be copied and used in offices where Forms on Demand cannot be accessed or when the patient is unregistered. This new form must be utilized as of August 2, 2010 and available in the patient's record at an RGHS affiliate before any procedure/surgery requiring informed consent will commence. It is critical

that no one copy a Form on Demand for use with another patient! The form is specifically bar-coded for a patient and will be filed by the bar-code, so utilizing copies of a form will end up in the wrong patient record.

The contents of informed consent continue to remain the same (risks, benefits, alternatives, who will be involved). Listing all of the aspects of the patient/provider discussion is not required but, if preferred, an attached sheet of risks, benefits, alternatives etc. can be attached to the standardized signature form. CMS does not accept informed consent within the progress notes. As in the past, this does not pertain to emergency situations for which the procedure can be performed with two physicians providing evidence of the medical necessity.

Another CMS requirement is to have a separately signed informed consent for blood transfusion. The consent for blood appears on the back of the informed consent form for procedures.

Rochester General Health System

Rochester General Hospital Hill Haven Nursing Home
 Newark Wayne Community Hospital Independent Living for Seniors
 Demay Living Center Rochester Mental Health Center

AUTHORIZATION FORM (Informed Consent)

I, (print name) _____ for _____, hereby authorize Dr. _____ to perform the following treatment/procedures: _____

1. The provider responsible for my care has explained to me in a manner which I understand, the nature of my (my child's) ailment, my (my child's) need for treatment as well as the proposed procedure(s) identified above including associated care, treatment, services, and/or medications. My provider has answered all my questions to my satisfaction.

2. My provider has explained to me the benefits, risks or side effects and alternatives, including no treatment at all, the likelihood of success and problems related to recuperation of the proposed procedure(s) and alternatives. I also understand that there are other less common risks for the procedure(s) and related care that have not been explained but may be explained at my request. My provider has explained the likelihood of achieving goals and that all procedures involve a certain amount of risk and that no procedure guarantees improvement of my ailment (condition).

For authorizations with attached page(s): I understand the specific benefits, risks or side effects and alternatives as listed on the attached page. (Sign any additional page.)

3. I have been informed of and I hereby give my provider, together with such assistants/associates/students in a hospital approved program as may be selected by him/her, my informed consent for the above procedure(s).

Following clauses 4 through 8 may not be applicable for procedures done in an area other than the Operating Room. Check N/A if not applicable.

4. N/A If the nature of the procedure(s) requires an anesthesiologist or a certified registered nurse anesthetist, I consent to the administration of anesthesia to be administered under the direction of a member of the Department of Anesthesiology (see list of members on back).

5. N/A I authorize a member or members of the Department of Pathology to examine and dispose of any tissue(s), organ(s) or implants removed as a result of the procedure(s) authorized above, or to preserve such tissue(s), organ(s) or implants at its discretion for scientific or teaching purposes.

6. N/A I understand that, as part of the process of using new products or technology, technical consultants, who have been approved by my provider and the hospital, may be in attendance as an observer during my (my child's) procedure(s) treatment. I consent to such an observer being present.

7. N/A I further authorize the provider responsible for my (my child's) care to carry out whatever additional procedure(s) or method(s) of treatment he/she may deem necessary if unforeseen conditions may be involved that necessitate an extension of the original procedure or a procedure that is different from the procedure identified above.

8. N/A I consent to photographing and/or videotaping of the procedure for medical, scientific, or educational purposes provided that my (my child's) identity is not revealed. The prints or negatives, and/or the videotapes are the property of the hospital or the provider. I waive all rights of ownership or payment of any kind in connection with the prints, negatives, or videotapes and understand that they will not be made available to me (my child) under any circumstances.

Patient Signature: _____ Signature of Parent or Guardian: _____
 Other _____ Relationship: _____
 Witness _____ Date: _____ Time: _____

Name of Provider who obtained informed consent: _____
Witness signature needed if pt./legal representative, unable to sign

OVER →

R13B Attachment 1

Rochester General Health System

Rochester General Hospital Hill Haven Nursing Home
 Newark Wayne Community Hospital Independent Living for Seniors
 Demay Living Center Rochester Mental Health Center

Blood/Blood Products AUTHORIZATION FORM (Informed Consent)

I, (print name) _____ for _____, hereby authorize _____ to transfuse me (my child) with:

The following provider: _____ to transfuse me (my child) with:

A series of blood or blood product
 A single course of blood or blood product

1. My provider has explained to me in a manner which I understand, my (my child's) need for blood/blood products and has answered all my questions to my satisfaction.

2. My provider has explained to me the benefits, risks or side effects and alternatives, including no blood or blood products at all, the likelihood of success and problems related to my (my child's) condition. My provider has explained the likelihood of achieving goals and that any blood or blood product transfusion involves a certain amount of risk and that no procedure guarantees improvement of my ailment (condition).

3. I have been informed of and I hereby give my provider, together with such assistants/associates/students in a hospital approved program my informed consent for the above checked blood or blood product transfusion.

Patient Signature: _____ Signature of Parent or Guardian: _____
 Other _____ Relationship: _____
 Witness _____ Date: _____ Time: _____

Name of Provider who obtained informed consent: _____
Witness signature needed if pt./legal representative, unable to sign

Department of Anesthesiology

Aiken, Robert C.	CRNA	Majumdar, Sandeep	MD
Barabara, John J.	MD	Morgan, Jennifer L.	MD
Baron, Barbara S.	MD	Murphy, Dennis	MD
Branch, Barbara A.	NP	Nyberg, Andrew J.	MD
Brodie, Hugh M.	MD	Nyberg, Barbara	MD
Brown, Gregory M.	NP	Ortiz, John R.	MD
Cahoon, Robert P.	MD	Paine, Craig R.	MD
Carter, Michael A.	MD	Paine, Marianne C.	MD
Carstairs, Frank A.	MD	Parsons, James M.	MD
Cassidy, Stephen D.	MD	Shaw, Lynn J.	MD
Chen, Derrick A.	MD	Shaw, Peter F.	MD
Chen, Paul A.	MD	Shaw, Stephen M.	NP
Chun, Tracy L.	NP	Shaw, Mary E.	CRNA
Chun, Michael C.	MD	Shaw, Jeffrey A.	MD
Chun, Louise M.	NP	Shaw, Daniel	CRNA
Chun, Eric D.	MD	Shaw, Angela D.	MD
Chun, Robert D.	MD	Shaw, Katherine R.	MD
Chun, Allison J.	MD	Shaw, Lawrence	CRNA
Chun, Stephen J.	CRNA	Shaw, Justin D.	NP
Chun, Jill G.	CRNA	Shaw, Patricia Anne	NP
Chun, Donald R.	MD	Shaw, Robert C.	MD
Chun, Paul L.	MD	Shaw, John E.	MD
Chun, Anthony J.	PA-C	Shaw, Lisa	NP
Chun, Jennifer	MD	Shaw, Michael E.	MD
Chun, Tamara	CRNA	Shaw, Lawrence	NP
Chun, Bruce M.	MD	Shaw, Jeffrey A.	MD
Chun, Carlos E.	MD	Shaw, Robert J.	MD
Chun, Adam P.	MD	Shaw, Bob D.	MD
Chun, Brett L.	MD	Shaw, Georgina	MD



Documentation – The Cornerstone of Audits

By Mary Darrow, CCDS

The common thread amongst health care payment audits is clinical documentation. If the clinical documentation accurately reflects the services rendered and the diagnoses monitored and treated, there's little the auditors can find fault with. If the clinical documentation isn't there to support the data retrieved by the various auditing groups, the hospital and the physician risk loss of reimbursement as well as increased scrutiny by the contractors.

There is an ever growing list of health care auditors and their acronyms. First it was the RACs, now we have MACs, MICs, MIPs, and ZPICs to name a few.

- **MIC – Medicaid Integrity Contractor:** The audits will ensure that Medicaid payments are for covered services that were actually provided and properly billed and **documented**.
- **ZPIC – Zone Program Integrity Contractor:** ZPICs audit Medicare Parts A, B, DME, Home Health and Hospice. They are also involved in the Medicare-Medicaid Data Match Project
- **MIP – Medicaid Integrity Program:** MIP represents CMS' first national strategy to detect and prevent Medicaid fraud and abuse in the program's history.
- **OIG – Office of Inspector General:** The audit is designed to determine whether Medicaid payments for chemistry, hematology, and urinalysis tests exceeded amounts recognized by Medicare for the same tests or were duplicated.
- **RAC - Recovery Audit Contractors:** The RACs recover Medicare overpayments and identify underpayments/payment mistakes.

The Clinical Documentation Improvement Team is your source for questions related to clinical documentation and the specific diagnostic and procedural documentation requirements. Please contact us at 922-3721 or email one of the CDI Specialists:

- mary.darrow@rochestergeneral.org
- lisa.garafolo@rochestergeneral.org
- margaret.dailey@rochestergeneral.org

CONGRATULATIONS TO DR. STEPHEN ETTINGHAUSEN

for being selected the July "Documenter of the Month" by the CDI Team. Dr. Ettinghausen's diligence in answering the CDI queries provides the needed specificity in documentation which positively impacts the case mix index and severity of illness/risk of mortality indices.



Thank you Dr. Ettinghausen.

Update Meal Charging and Billing Via Unique Customer Number

Victoria W. Franklin, RD, Sr. Director Hospitality Services

As of Friday September 24, 2010 RGH will no longer be offering the option to charge meals in our dining areas utilizing unique customer numbers. This service originated when credit/debit card use was not an option, which it now is. By the time this change takes place, or shortly thereafter, we will be offering to all team members, including Doctors, the ability to use your badge as means of establishing and accessing a declining balance account. You will receive more information on this as it is implemented.

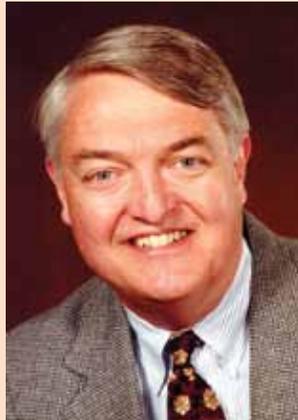
I hope that this is not an inconvenience to you as it represents a important streamlining of services for the Food and Nutrition Department. The Food and Nutrition Department and RGHS value your services and your patronage at our dining areas and we hope you will continue to utilize them. Please feel free to call me with any concerns regarding this change.

GENERAL SURGERY/TRAUMA ON-CALL CHANGES

Ralph J. Doerr, MD, FACS, Chief of Surgery

In an effort to address physician satisfaction and, thereby, assist in the recruitment and retention of general surgeons to Rochester General and at the same time not compromising - but hopefully, in fact, enhancing - the quality of the care rendered to our patients, we will be implementing changes to the general surgery coverage here at RGH. Specifically, effective Monday, July 19th, the surgeon on-call for general surgery/trauma will no longer be in house 24/7.

Thus, when the "surgeon on call" is sought for a surgical consult/intervention, the surgeon will field the inquiry directly and then will either respond personally and see the patient or will delegate the initial response to either a surgical NP/PA (as is often the case now) or the surgical hospitalist when he or she is in-house (6p-6a M-F and 6a-6a Sa-Su). The response time for evaluation will be within 20-30 minutes. In the event of a trauma, a "trauma alert" will be initiated as normal and the surgeon will respond rapidly with the assistance again of the



NP/PA or the surgical hospitalist.

Though this change as with any change will take some getting used to, I anticipate that in a very short time the multiple benefits associated with it will be readily apparent. I especially thank Dr. Keith Grams and his ED team in their commitment to managing at a high level for the first 20-30 minutes the surgical/trauma cases that come to them as well as our dedicated team of skilled surgical NP's/PA's and surgical hospitalists.

As this change is implemented, please contact either myself or Mark Mancuso, Director, Dept. of Surgery, with any questions or concerns. I can be contacted at 922-4840 and Mark can be reached at 922-4891 or by pager at 463-0244.

Thank you for your support of this new and exciting approach to how we care for our patients and support our physicians.

Joint Commission Demands Require a Change in the RGH MDS Bylaws

Samantha Vitagliano, DMD, RGH MDS Bylaws Chair

In response to standards of The Joint Commission (formerly JCAHO) and CMS, the RGH MDS Bylaws Committee has developed proposed amendment to the MDS Bylaws, Rules & Regulations relative to Histories & Physicals.

Currently, expectations for H&Ps reside in the MDS Rules & Regulations as follows:

F. History and Physical Examination: *A complete history and physical examination and basic laboratory work shall, in all cases, be recorded within twenty-four hours after admission. The history and physical examination and necessary laboratory work shall be recorded before any surgical operation is undertaken, unless the surgeon certifies in writing that any delay incurred for this purpose would constitute a hazard for the patient.*

Because the Joint Commission directive now mandates that H&P requirements are addressed in the Bylaws proper, the Bylaws Committee, working with the Office of Clinical Regulatory Compliance at RGH, has proposed to remove the above rule F and add to Bylaws Article VII the following

Section 7 History and Physical Examination

A medical history and physical examination are completed and documented by a physician, an oral and maxillofacial surgeon, or other qualified licensed individual in accordance with state law and hospital policy. Every patient shall have a complete history and physical examination documented within thirty 30 days before or 24 hours after admission. Within 24 hours prior to surgery or procedures requiring anesthesia services, the history and physical examination must be completed or reviewed and updated. The history and physical examination and necessary laboratory work shall be recorded before any surgical operation is undertaken, unless the surgeon certifies in writing that any delay incurred for this purpose would constitute a hazard for the patient.

This proposed change has passed in a vote of the Medical Board and will now go to the Active Staff for action. Official notice of the proposal will be included in the notice of the September 17th Quarterly MDS meeting in anticipation of a vote at that meeting. Comments or concerns about the proposed amendment may be directed to samantha.vitagliano@rochestergeneral.org

Are You Credentialed to Perform the Surgery You Have Scheduled???

By Mary Lou McKeown, Manager, Medical Staff Office

Each of you as Members of the RGH Medical & Dental Staff completes a document at time of initial appointment and reappointment which then has to be approved or denied. It is this document that defines what procedures you are permitted to perform at RGH. This document is referred to as a privilege form or DOP (delineation of privileges).

If you wish to perform a procedure that is not on your privilege form, you will need to seek approval from the governing RGH MDS and Hospital processes. This cannot be accomplished overnight.

All too often, physicians are scheduling procedures that they have not been approved for. This includes new procedures and equipment training – neither of which you are permitted to perform at RGH without documented approval on your privilege form.

So if you ever want to:

- Perform a brand new procedure which does not exist on the standard DOP
- Perform a procedure which is on the DOP, but you have not been approved
- Bring a new piece of equipment into the hospital for a procedure
- Be taught a procedure with a hands-on proctor
- Be taught a procedure with a hands-off proctor
- Bring in a proctor from an outside hospital or other company

Remember there are steps which need to occur before you can even consider scheduling the patient. These steps include but are not limited to:

Chief/Division Head approval for the proposition:

- Need Determination
- Financial Impact
- Quality of Care

Development of credentialing/training criteria for:

- Equipment use
- Proctor criteria, if necessary
- RGH Member training criteria – various stages as well as ongoing

So if its not on your personal approved DOP, you are not approved to perform it. Call your Department Chief early in the process to discuss your proposal and also contact the Medical Staff Office to obtain the appropriate paperwork. This will help to alleviate the cancelling of scheduled procedures and the level of dissatisfaction it creates for your patients.

Should you have any question, please give your Department Chief of your Medical Staff Office Representative a call.

Molecular Genetics Testing Informed Consent

There are some important steps that must be performed before Molecular Genetic testing can be collected and performed by the Rochester General Laboratory.

The affected tests are Prothrombin G20210A Mutation, HFE C282Y and H63D Mutation and Factor V Leiden.

While the patient is in the physician office the ordering provider must explain why the testing is being performed, provide an opportunity for the patient to ask questions and answer all questions posed by the patient.

The patient cannot have blood drawn by the laboratory phlebotomists if the patient cannot provide the informed consent paperwork, complete with the patient and provider's signature.

Please contact Client Services if you have questions at 922-4451.

Patient Care Services Leadership

Cheryl Sheridan RN, MPA, NE-BC, Senior Vice President & Chief Nursing Officer

I am pleased to announce that **Patty Daansen, MSN, RN, CNML, CCRN**, has been appointed Interim Director of Nursing for Critical Care. Prior to this position, Patty served as the Nurse Manager for 5400 since 2001. In addition to achieving a Masters Degree in Nursing, Patty is a certified Nurse Manager Leader (CNML) through the American Organization of Nurse Executives (AONE), certified Critical Care Nurse (CCRN) through the American Association of Critical Care Nurses (AACN), and has served as the President of the Rochester/Finger Lakes Chapter. She is currently the Regional Chapter Advisor.

Patty will be responsible for SICU, CTICU, MICU/CCU, MAT, 4200, 4400, 5100, 5200 and 5400. Patty can be reached at 24643 or cell phone (585) 748-3434.

Vicki Jagodowski, BSN, RN, will assume the Nurse Manager responsibilities for 5400 in addition to her current role as Nurse Manager of 5100. Vicki can be reached at 24644 or cell phone (585) 748-4081.

These changes are effective immediately. Please join me in welcoming Patty and Vicki into their new roles.

“WE C RE”

Thanks to ideation, our team members are helping RGHS improve and grow as a health system. We now want to extend that power to our customers—the patients and visitors that we serve every day—with our new “We Care” card.

The “We Care” card was developed to give our customers an easy way to offer their valuable feedback in a way that we can receive it and appropriately respond in a timely manner. People can use this card to thank particular team members for doing a great job, to comment on an area of the hospital, or to tell us about an area in which we need to improve.

The cards and drop boxes are at four locations:

- [the Polisseni Pavilion](#)
- [the “old” Main Lobby / “new” Surgical Waiting Area](#)
- [the Green Elevators at the Lobby level](#)
- [the Carter Street Garage entrance](#)
- [the Red Elevators on the Ground level](#)

Please remember that the “We Care” cards are another tool to help us improve the great care and compassionate service that we provide every day. Even with this system in place, **we must always be attentive and responsive** when a patient or visitor approaches us with a **question or concern that we can address right away**. Our professional and caring demeanor with every customer is the foundation of our culture and our way of operating.

The “We Care” cards are in place to help us learn from customers that we may not see face-to-face. It’s another avenue for the people we serve to tell us how we can become better.

Thank you all for making customer service a top priority.

Every Customer—Every Encounter—Every Time



PHYSICIANS COMING TOGETHER

For all the right reasons

RECENT ACCOMPLISHMENTS

Identified medical **COST SAVINGS OPPORTUNITIES** associated with chronic conditions for thousands of local employees and their dependents.

PROACTIVELY IDENTIFIED AND INTERVENED with members with early signs of chronic conditions to prevent those conditions from developing.

IMPROVED CLINICAL MEASURES resulting in lower costs on hundreds of contracted members with diabetes, coronary artery disease, hyperlipidemia, hypertension, and more!

GRIPA's Care Management Services made nearly 7,000 **PHONE CALLS AND PERSONAL VISITS** with local contracted members.

High member satisfaction: the majority of members believe their **LIFESTYLE AND/OR QUALITY OF LIFE IMPROVED** because of GRIPA!

Achieved significant **PHARMACY COST SAVINGS** for employers: year over year increase in cost less than 1% (Community average increase closer to 9%).

ENHANCED PATIENT SAFETY with GRIPA Connect's Electronic Prescribing. On 100,000 prescriptions written through GRIPA Connect ePrescribing:

- Over 16,000 were held up for detailed physician review.
- 3,000 were cancelled avoiding potential adverse drug events, more costly medications, duplicate therapies, and more!

RECOGNIZED NATIONALLY by the Health Information and Management System Society (HIMSS) for the deployment and adoption of an electronic prescribing system that improves health care safety, effectiveness and efficiency.

AWARDED PRESTIGIOUS STATEWIDE IPRO QUALITY AWARD for "commitment to patient safety and quality improvement, application of innovative intervention strategies and system-level utilization of electronic data sources, resulting in enhanced patient care".

Facilitated the receipt of hundreds of thousands of dollars of **STATE AND FEDERAL BONUSES FOR PHYSICIANS** over the past 2 years based on quality and efficiency improvements.

OFFICE IN SPOTLIGHT Ridgeplex Internal Medicine

Congratulations to **RIDGEPLEX INTERNAL MEDICINE** for being selected as a GRIPA Connect Office in the Spotlight.



This column features GRIPA Connect Clinical Integration offices who are finding the GRIPA Connect Web Portal useful for patient care.

Dr. Linda Rice and her staff use the GRIPA Connect Portal in their day to day activities. "I use it daily to look up lab results, to ePrescribe, and to access CCS at RGH", Linda Rice, MD.

The portal provides real time information. The data sources include the Rochester General Health System (RGHS) labs, Admission, Discharge, and Transfer information, ACM labs, Rochester Radiology Outpatient Reports, and Elizabeth Wende Breast Clinic (EWBC) reports. "I can more

quickly access lab data than by searching for hard copies that haven't been filed yet", Linda Rice, MD

The group finds the user group meetings and the access to GRIPA support staff to be extremely helpful. "The more you use it, the easier it becomes", Linda Rice, MD.

