



SEPTEMBER 2011

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

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24/7 PHYSICIAN HOTLINE NUMBER

922-4414

DIRECT ADMISSION NUMBER: 922-7333

CALL THE HOSPITALIST FOR YOUR PATIENT

922-7444

2011 Quarterly Staff Meetings

9/16, 12/16 7:30 - 9:00 a.m. Twig Auditorium

50% attendance recommended for all attending Physicians

Message from the MDS President

Deadly Sternutation

he coordinated, forceful contraction of the diaphragm, external intercostals and posterior crico-arytenoids is caused by a vast array of stimuli including: light, allergens, infectious microbes, irritants and other noxious agents. This explosive muscular spasm forces air out the oropharynx and nasal passages at speeds in excess of 100



Dr. Robert Mayo, President RGH MDS

meters/second. Equivalent to a category 2 hurricane, this turbulent gale carries with it particles of mucous, saliva, epithelial cells and microbes. These particles can number 40,000 per sneeze and vary in size from <10µm to >60µm. Depending on their size they may travel a short distance (<1m) or a long range (>several to many meters). The smaller particles such as certain pathogens may become permanently aerosolized as droplet nuclei. An excellent review article in the Journal of Hospital Infection (2006; 64:100-114) reports 47 known pathogens transmitted through aerosolization. Noteworthy killers include small pox, measles, chicken pox, tuberculosis and influenza.

Even before these deadly diseases were understood the potential life threatening nature of sneezes was recognized. The Jewish author Eliezer ben Hyrkanus wrote in the first century, "No person ever became ill. Should he have sneezed while on the road or in the marketplace his soul would have issued from his nostrils, until father Jacob appealed for compassion, pleading: Master of the Universe, do not take my life until I can instruct my son and son's son. And his request was granted...Therefore it is incumbent upon hearing a person sneeze to say 'Life.'" (JAMA 1983;249(17):2304-2305.)

By this two thousand year old tradition of social protocol, we still say "Life," "God bless you," or "Gesundheit" following a sneeze—but does not this expression make a mockery of the unvaccinated? How much more meaningful it would be for us to say "Vaccination!" and act upon it!

Last year at RGHS approximately 65% of our team members and fewer of our physicians and providers obtained or reported having obtained a flu vaccination. This distressingly low rate fell far below the HHS recommended 80% rate to obtain herd immunity. Team member and provider vaccination is vital to protecting the patients we are trying to heal. The outcome of our low

Rochester General Health System is the TCL Largest Employer in the Region

Recently, the Rochester Business Journal reported that Rochester General Health System has moved from the fourth to the third largest employer in the region, now with more than 7,500 full and part time team members – up 5% from 2010!

This marked expansion in employment is the result of growing patient volumes which are due to the work occurring throughout our system. In short, the community is increasingly choosing RGHS when in need of health care services. And, this represents an exciting milestone in our journey to achieve our vision of becoming this community's healthcare provider of choice!!!! Visit www.rochestergeneral.org to review the article and to share with your team members.

Through your leadership and the leadership of our Action Teams throughout the system, we have made remarkable progress since June 2009 when we began the work of accelerating our transformation to build "One Great Health System" for our community.

Physician, team member, and patient satisfaction are on the rise; our quality and patient safety initiatives are achieving real gains while being recognized regionally and nationally; and, the community is increasingly talking about the changes taking place at RGHS.



Much of this progress has come through engaging our physicians and team members through the RGHS Ideation Program -- "DIGs" and "JDIs" are now part of the culture and language of our health system. Over the past two years, we have implemented 23,621

ideas. And, for the first five months of 2011 we have implemented 6,100 ideas with an estimated cost savings of over \$5 million. Additionally, the affiliate Action Teams meet regularly and have aggressive workplans to improve communication, expand celebration and recognition, and continue the training efforts to support our team members and our transformation work. As you know, we remain committed to our Ideation Program and two implemented ideas per team member, however, we will be suspending the reporting requirement during Care Connect implementation to allow you time to focus on implementing ideas that further enhance our work processes and optimize our use of Care Connect.

I want to thank our System Action Team Chairs that have been in place since we elevated our cultural transformation work in 2009. These leaders were selected because of their outstanding leadership capabilities, and each has played an instrumental role in strengthening our culture by developing and operationalizing our Action Teams which have delivered amazing results these past few years. Since the beginning of this process, though, we have planned to rotate these roles by identifying other high performing



leaders throughout our system to continue and build upon this great work. Please join me in thanking the following leaders for their strong and relentless leadership -- above and beyond their respective jobs -- all in the support of building a workplace and culture that supports our goal of becoming this community's healthcare provider of choice:

- System Management Action Team (SMAT):
 Bob Nesselbush, Christine D'Amico, and Kristin Opett
- System Socialization Team (SAT):
 Jennifer Woltman and Denise Purpura
- System Recognition Team (RAT): Terri Glessner
- System Communication Action Team (CAT):
 Mary Parlet
- System Training Action Team (TAT): Jason Zawodzinski

This is an exciting time as we continue on our journey to build One Great Health System that delivers unparalleled service, quality, and patient safety to every customer, every encounter, every time. We are continuing to chart an exciting future for RGHS.

As part of our ongoing commitment to leadership and team member development, we have identified new leaders to assume these key roles. A tremendous amount of trust has been placed in the leaders that assume these key roles. We have also received feedback from the 20+ leaders of our action teams throughout the system that we would be more effective and efficient in our use of resources by consolidating some of our teams. Therefore each of these positions indicates these changes:

- System Management Action Team (SMAT):
 Kathy McGuire, Ellen Gallagher, and Amanda Monaco
- System Communication Action Team (CAT): (Training Action Team integrated into this team) Anthony Benedetti
- System Recognition Team (RAT):
 (Socialization Action Team integrated into this team)
 Michele Doud

Please join me in congratulating our new action team leaders -- it is an honor to have been selected by the RGHS Senior Leadership Team.

ROCHESTER GENERAL HOSPITAL RANKED NATIONALLY FOR CLINICAL EXCELLENCE

ROCHESTER GENERAL
HOSPITAL (RGH) RANKS 1ST
IN NEW YORK STATE FOR
OVERALL MEDICAL CARE,
ACCORDING TO THE LATEST
REPORT FROM CARECHEX®,
A DIVISION OF THE DELTA
GROUP.

The CareChex 2011 study provides hospital rankings in both Medical Excellence and Patient Safety categories. Awards are based on an institution's cumulative performance across the most recent three (3) years of public data.

The CareChex methodology incorporates six peer-reviewed methodologies which address key components of quality of inpatient care. These methods encompass

quality measures including; mortality rates, complication rates, patient satisfaction measures, inpatient quality indicators including core measures, patient safety indicators.

According to the CareChex 2011 Medical Excellence Award Summary, Rochester General Hospital ranks 2ND in the United States for Major Cardiac Surgery and 1st in NYS for Major Cardiac Surgery and Cardiac Care.

The CareChex 2011 Patient Safety Award Summary also ranks Rochester General Hospital 1st in New York State for Major Cardiac Surgery and Coronary Bypass Surgery. For more information on CareChex® and The Delta Group, and to see the complete analysis of hospital performance data, visit www.carechex.com.

"This significant recognition from CareChex® is another important indicator that our dedicated efforts to deliver unparalleled patient care and clinical outcomes to every patient we serve, at every encounter, every time are paying off, " said Mark C. Clement, president and CEO of Rochester General Health System. "We are extremely proud of our extraordinary team of nearly



10,000 providers, team members and volunteers who have made these achievements possible through their remarkable talents and unwavering commitment to excellence."

The work at Rochester General Hospital has also been recognized by another well-respected national organization. Once again this year, Rochester General Hospital has been named a Top 100 Integrated Health Network (IHN), by SDI, one of the nation's premier healthcare analytics firms. This marks the 5th consecutive year that Rochester General has received this designation.

About CareChex: CareChex is a hospital quality rating service of The Delta Group — a national healthcare information services company that provides clinical, financial, and patient satisfaction findings to consumers, providers, and purchasers of U.S. medical care. Unlike other publicly available hospital quality ratings, CareChex provides a comprehensive evaluation of all components of medical quality including process of care, outcomes of care, and patient satisfaction. Learn more at www.carechex.com



Coming Soon! New Alliance Intranet

Beginning in September, a new intranet portal will be available as an Alliance resource for RIT & RGHS members only, and it can be accessed through your respective user account and password. The Intranet will be located as a link off the main RIT & RGHS Alliance homepage, www.rit.edu/rghs.

Need to find an expert to help you solve a problem? Wondering about current research and education projects? The Alliance Intranet will be a resource for the RGHS and RIT communities for information about current projects and initiatives, a listing of faculty by expertise and physicians by specialty, and will include administrative guidelines and procedures for working together through the Alliance. Additionally, you will find links to student talent through the cooperative education program, upcoming events, and more.

If you would like to be included in the physician listing as a potential resource or future participant in Alliance initiatives, please complete and return this form to cindee.gray@rochestergeneral.org. Please note that your direct contact information will be for internal use only and will not appear on the webpage.

See What the Future Holds....RIT & RGHS Alliance Research Seminar Series

Is it possible to build an artificial bicep muscle?
Come and find out at the final session of the inaugural RIT & RGHS Alliance Research Series on Tuesday, September 20, from Noon until 1:00 p.m., Weiner Room, RGH. The session will be a discussion of the collaborative research of RIT's Wayne Walter, Ph.D., and Drs. Michael Leit &

Steven Posnick, RGHS. The project investigates the use of multiple types of electroactive polymers (EAPs) to mimic how a human bicep muscle is made, of multiple types of muscle fibers, and the development and test of an artificial arm or leg muscle prototype for applications to muscle implants and prostheses with a fluid-like motion. Lunch will be provided.

This series profiles the collaborative research of RIT faculty and RGHS physicians who have received support through the RIT & RGHS Alliance Seed Funding initiative.

RIT-RGHS Alliance Announces Institute of Health Sciences and Technology

Outreach and research centers and ninth college will open this fall

Rochester Institute of Technology and Rochester General Health System will open the Institute of Health Sciences and Technology this September. The new institute will channel the strengths and expertise of the RIT-RGHS Alliance, formed in 2008 to produce technological solutions to health-care delivery and improve the efficiency.

The institute will address three aspects of health care and position the RIT-RGHS Alliance as a contributing player in the reform of the nation's health-care system by educating the next generation of health-care professionals, cultivating innovative research and addressing community health needs. Three distinct prongs comprise the institute: the College of Health Sciences and Technology, the Health Sciences Research Center and the Health Sciences Outreach Center. A search for the vice president/dean to lead the institute is underway.

For more information about the alliance, go to www.rit.edu/rghs.



RIT & RGHS Alliance Physician Listing Request Form

| Yes, please include me in the list of physicians on the RIT & RGHS Alliance intranet to be |
|--|
| considered as a resource/participant for RIT faculty and/or students in future research projects, requests for expertise, guest speaker, etc.* |
| RGHS Affiliation |
| Employed Private Practice |
| Name: |
| Title: |
| Department: |
| Medical Specialty: |
| Interests/Expertise: |
| Address: |
| Phone: |
| E-Mail: |
| Please indicate your interest/willingness to participate through the Alliance: |
| Research |
| Additional Comments: |
| |
| |
| |

Return the form via email to <u>cindee.gray@rochestergeneral.org</u> or fax to 475-2840. For questions, contact Cindee Gray at 734-1746 or via the above email.



^{*}Contact information for internal use only (by Alliance office)



It's All Aloout Medical Officer by T. Jeffrey Dmochowski, M.D. GRIPA, Chief Medical Officer On Control Officer

"IT'S ALL ABOUT POLITICS AND MONEY." Isn't that always what it comes down to?

s I listen to the, sometimes heated, discussion around Health Care Reform in many of the meetings and informal gatherings I am fortunate to attend, I have, of recent, found myself pondering: is this the same



T. Jeffrey Dmochowski, M.D. GRIPA, Chief Medical Officer

tone present when this Country's forefathers debated the saneness of risking their fortunes, future, their lives, in choosing military strife over untenable status quo; literally risking all in hope of a better life prospect?

Our present day struggle to work through the challenges around designing and transitioning to a higher quality, more efficient health system to benefit us and our progeny the pales in comparison. Our main enemies are apathy, inertia, and complacency; silent and invisible though they be; still real threats to our success.

As uncomfortable as being addressed or thought of as a "team member" makes me feel, in point of fact, that is what we all are; must act as. Teams, platoons, companies, what have you, win battles, not individuals. It is the progressive deterioration of coordination that most threatens the quality and

efficiency of healthcare today. Clinical Integration holds the greatest promise to address this threat. GRIPA, your organization, as well as the RGHS medical and dental staff, have capable, committed leaders in this effort but they, of themselves, are not enough. I, as may many of you, looked forward to easing into retirement; "leaving the fray". As stated, many recognize the goal of coordinated, high quality, efficient care as being wise and worthy. With so much at risk, will any of us turn our backs, walk away? Do we pause to consider how our personal health care needs, or those of our family and friends, will be met "when the time comes"?

The Declaration of Independence wasn't written overnight; nor the battle for independence won in a week, a month, or a year. Our challenge doesn't require we risk nearly as much as they did but does sound the call to participate. Are we up to the struggle; for the good of all?

Get informed. Be active.

The NYS Palliative Care Information Act Law: Article #1 – Definitions

Submitted By Adam Herman, MD, Director of Palliative Care, RGHS

On February 9th, 2011 Chapter 331 of the NYS Laws of 2010, commonly known as the Palliative care Information Act (PCIA) was enacted. This places new requirements for providers when caring for patients with advanced or terminal illness.

What does that mean for you and your patients? What follows is a background, review, and discussion of the PCIA law as well as what will be coming for the legislature in the coming year.

This article begins a series of article that will cover this important new law and associated concerns. I subsequent articles I will discuss:

- compliance with the PCIA law;
- 2. FAQ's about the PCIA law;
- 3. how to engage patients in advanced illness discussions;
- tools to help identify advanced/terminal illness; and
- when specialty palliative care consultation might be considered for hospitalized patients.

Background:

Patients and their caregivers often avoid discussions about end-of-life or advanced care planning and a majority of patients lack documented advanced directives. When patients do have a terminal illness they have high information needs about prognosis. Nonetheless, multiple studies demonstrate patients often misunderstand their prognosis. Moreover, patients at the end-of-life often suffer from high symptom burdens that may go unrecognized.

What is palliative care?

Palliative care is a medical specialty. Its goal is to prevent and relieve suffering and to support the best possible quality of life for patients and their families, regardless of the stage of the disease or the need for other therapies. Palliative care expands traditional disease-model medical treatments to include the goals of enhancing quality of life for patients and family members, helping with decision-making and providing opportunities for personal growth. Palliative care affirms life by supporting the patient and family's goals for the future, including their hopes for cure or life-prolongation, as well as their hopes for peace and dignity throughout the course of illness, the dying process and death.

Palliative Care is provided by an interdisciplinary team, including the professions of medicine, nursing, social work, chaplaincy, and other health care professions. It is appropriate for all patients from the time of diagnosis with a life-threatening or debilitating condition, regardless of the patient's age, and further aims to identify and address the physical, psychological, spiritual, and practical burdens of illness.

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The PCIA Law

"If a patient is diagnosed with a terminal illness or condition, the patient's attending health care practitioner shall **offer** to provide the patient **information and counseling** regarding palliative care and end-of-life options appropriate to the patient, including but not limited to: the range options appropriate to the patient; the prognosis, risks and benefits of the various options; and the patient's legal rights to comprehensive pain and symptom management at end-of-life."

What does this mean?

- 'Attending health care practitioner' Defined as an MD or NP who has
 primary responsibility for the patient. Where there is more than one that has
 responsibility ALL are legally require to counsel unless they have agreed to
 assign responsibility to one practitioner.
- 'Offer' must offer orally or in writing, in ALL healthcare settings.
- 'Terminal condition' Reasonably expected to cause death within 6 months.
- 'Information'
 - 1) Prognosis
 - 2) Range of options appropriate to the patient
 - 3) Risks and benefits of various options; and
 - 4) Legal right to comprehensive pain and symptom management at end-of-life.



- 'Palliative care' "Health care treatment, including interdisciplinary end-of-life care, and consultation with patients and family members, to prevent or relieve pain and suffering and to enhance the patient's quality of life, including hospice care."
- 'Appropriate' Consistent with applicable legal, health and professional standards, the patient's clinical and other circumstances; and the patient's reasonably know wishes and beliefs.

The Intent of the PCIA law is to empower patients to make medical decisions consistent with their goals of care and core values when they are faced with terminal or life-limiting conditions. By providing information about prognosis and options appropriate for their situation, they can best make decisions that maximize quality of life on their terms. The law does NOT limit treatment options available, nor does it limit having discussions about palliative care EARLIER in the illness trajectory.

Individual prognosis has some inherent uncertainty; this often provides an appropriate opportunity to discuss palliative care options earlier in the disease progression. Early introduction of palliative care may help patients to "hope for the best and prepare for the rest." Palliative care can help maintain open shared decision-making with patients and their caregivers with the knowledge that disease-modifying treatments may eventually fail. Patients and their caregivers can continue to pursue curative treatments or life-prolonging care and receive comprehensive palliative care.

BE PREPARED! There is more to come from the state. The NYS Palliative Care Budget Provision in 2011-12 will broaden requirements to include patients with "advanced, life limiting conditions and illnesses." This would expand the definition to be more inclusive beyond those 'terminally ill'. It will apply to ALL settings including but not limited to: hospitals, SNFs, HCA, and enhanced and special needs assisted living residences. This provision will require further efforts to identify patient who would benefit from palliative care and pain management services, provide access to information and counseling concerning palliative care and pain management, and, when appropriate, facilitate access to appropriate specialty palliative care and pain management services.

In the next article of this series we will discuss compliance with the PCIA Law.

References and resources:

http://www.health.state.ny.us/professionals/patients/patient_rights/palliative_care/

http://www.nationalconsensusproject.org/

http://www.getpalliativecare.org/

http://www.palliativedoctors.org/

Sternutation, cont.



vaccination rate had a measurably negative impact on our patients. Throughout the health system there were 5 influenza outbreaks that negatively impacted patient care and health system operations. One out break here at RGH narrowing missed reaching the definition of a nosocomial epidemic which would have triggered a Dept of Health intervention.

Full participation in our annual flu vaccination program is an imperative moving forward. The Executive Committee and the Medical Board both passed a new Rule and Regulation regarding 100% accountability with flu vaccination among the MDS members. The regulation means that all MDS members must account for having received the vaccination or sign a declination explaining why they remain unvaccinated. This information must be reported to the Medical Staff Office by December 15th or the member will be suspended. The process will be similar to medical record suspensions. Educational materials will be mailed to each member both electronically and hard copy in September. Reminders will also be sent as December 15th approaches. The process is simplistic and should facilitate both obtaining and reporting vaccinations. For example, the Employee Health Service will provide free vaccinations to any MDS member and no appointment is required.

I believe this change is an important step forward as we adopt well know preventative interventions. As MDS members we can lead RGHS and the region in healthy choices and revitalize the post-sneeze expression "Life."

The Office of Physician Services invites you to join us for The Fall Physician Social Tuesday, October 4, 2011 5:30pm-8:30pm **Monroe Country Club** 155 Golf Avenue, Pittsford, New York 14534 Please Respond to Michelle Simmons by September 23rd at 922-2955 or email: michelle.simmons@rochestergeneral.org Get reacquainted with colleagues and meet the newest members of the Medical and Dental Staff. Enjoy delicious hors d'oeuvres, pasta, carving stations & desserts.