



Forum

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

RGH MDS ELECTED REPRESENTATIVES

ROBERT MAYO, MD
President

MAURICE VAUGHAN, MD
President-Elect

EDUARDO A. ARAZOZA, MD
Secretary

RONALD SHAM, MD
Treasurer

RICHARD CONSTANTINO, MD
Past President

Elected Representatives:

DAWN REIDY

ERIC SPITZER

HOLLY GARBER

Editorial Staff:

JEANNE GROVE, DO, Editor

PAMELA SULLIVAN, MD

24/7 PHYSICIAN HOTLINE NUMBER

922-4414

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 MDS President: Introduction and Collaboration

It was about four and a half years ago that Peter Van Brunt called me and asked if I would consider running for the newly created office of secretary for the Medical & Dental Staff (MDS). After several days of deliberation and consultation with my wife, I accepted his challenge. The years as secretary were important preparatory years as I learned about the MDS and physician and hospital leadership. As my secretary term was drawing to a close in 2008, Rick Constantino asked if I would consider running for the office of president. Once again, I was faced with the challenge of balancing additional work with a busy clinical practice. Despite the additional hours added to my work week, I feel that serving and working among the MDS is well worth it. I consider my service both a large responsibility and privilege.

I am now looking forward to a new chapter in my role as president of the MDS and working with the new leadership team. As you know, Maurice Vaughan, M.D. has been elected as president-elect, Rick Constantino, M.D. as past-president, Eduardo Arazoza, M.D. as secretary and Ronald Sham, M.D. as treasurer. I am very appreciative of Cindy Christy, M.D. who has now completed six years of tremendous service and leadership to the MDS. Others who are also stepping down include: Steve Ettinghausen, M.D. former treasurer Joseph Kurnath, M.D.,



Dr. Robert Mayo,
President RGH MDS

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Message from MDS Past-President, Richard Constantino, MD

It doesn't seem possible that two years have elapsed since I began writing this column. The old adage, time flies when you are having fun, has certainly been true of my two year term as President of the Medical Dental Staff. Through this column I have attempted to inform, educate and entertain and I am sure I could have probably done a better job on all three of those fronts. I have greatly enjoyed communicating with you through this vehicle.

The MDS team, over the past two years, has endeavored to always keep patient interest, quality care and patient and staff safety clearly in focus. We've also attempted to represent our physician, dental and midlevel providers as well, creating an organization that is fore-thinking and representative of their needs and concerns.

I won't attempt to recount here all of the things we have worked on and in some cases achieved, but I would like to highlight a few of the things we thought were important in representing our MDS members.

No discussion would be complete without mentioning our emphasis on physician parking and making additional spaces available in convenient locations for our physicians. We've also

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CDIP CORNER –
THE POWER OF THE PEN
Supportive Documentation

By Mary Darrow, CCDS



Physicians are being pulled in so many directions when it comes to documentation. “Did I sign, date and time the progress note? Are all the parameters met to constitute this visit as complex? Medical Records are being scrutinized by payers and regulatory agencies and if the diagnosis is not supported clinically within the documentation, payment may be denied. Write it right the first time.

If you want to accurately reflect how sick your patients are, clinical findings must be present in the documentation to support the diagnosis.

For example:

*88 yr old enters ED in an acute confusional state.
The patient has a history of dementia and HTN.
Temp 36C, WBC 18,000, Urine culture shows multiple WBCs.
Impression: 88 yr old admitted w/ probable sepsis and UTI
based on elevated WBCs, confusion and hypothermia.*

The documentation supports a diagnosis of sepsis.

Another example:

*56 yr old male hospitalized with an acute exacerbation of systolic heart failure. On day three, the patient’s serum Cr is noted to be 2.2 from a baseline serum Cr of 1.2. The attending physician documents Acute Renal Failure due to over diuresis. IV lasix is held and the patient is adequately hydrated. The following day, the patient’s Cr has dropped to 1.8 and by the next day, the Cr is back to a baseline of 1.2. The physician documents in his impression:
Acute renal insufficiency due to over diuresis, now stable.*

The physician’s final impression is accurate in that a diagnosis of Acute Renal failure needs to be supported by AKIN or RIFLE clinical criteria. Since both of these definitions are based on an “optimal state of hydration,” a Cr increase due to over diuresis does not fit the criteria.

Questions? Call the Clinical Documentation Improvement Office at 922-3721 or visit the CDI Portal Site on the RGHSnet.

Message from Mark Clement, President & CEO, RGHS

I am very pleased to share with you that Kathryn McGuire, RN, has been appointed Senior Leader of our newly formed Long Term Care and Senior Services Division, effective Monday, June 21, following a thorough search and interview process involving team members, leaders, and physicians. This new Division will include Hill Haven, DeMay Living Center, and Independent Living for Seniors.

Kathy will report to me and provide leadership of this Division by working directly with the administrators of our long term care affiliates – Deb Metz, Steve Ash and Mark Klyczek, the newly appointed administrator of DeMay Living Center. Along with Dr. Steven Rich, Chief of Geriatrics and Medical Director for Long Term Care and Senior Services, the team will be responsible for more fully integrating our long term care affiliates with our acute care hospitals, leading the effort to replace the Hill Haven facility, preparing for “bundling” of payments for acute and long term care, and strengthening the geriatric service line across our system and with other regional nursing homes and long term care facilities.

Kathy brings more than 20 years of progressive leadership experience in senior services and managed care to RGHS. This is actually a homecoming for Kathy as she held a leadership position for 11 years with the former ViaHealth Continuing Care Network, where she oversaw the administrative and operational implementation of our PACE program. Most recently, she has served as Senior Vice President for ArchCare, a healthcare ministry of the Archdiocese of New York and one of the largest Catholic continuing care systems in the nation, with a broad array of services including a PACE Program, Medicare Advantage Special Needs Plan, home care, a long-term acute care hospital, adult day health care and seven nursing homes. Previously, she served as a Vice President at Fidelis Care New York, where she directed the development, expansion and oversight of numerous senior initiatives; and as Vice President of Senior Services for Buffalo’s Catholic Health System, where she was responsible for the oversight of 12 long-term care facilities.

I am delighted that Kathy has chosen to rejoin the RGHS team. I am confident that her extensive knowledge of and experience in senior healthcare services will enable us to deliver even better, more coordinated care, while helping to successfully position our system for the many challenges and opportunities health care reform will bring. Please join me in welcoming Kathy to her new role at RGHS!!

RGH MDS Election Results

RGH MDS is happy to welcome your new Elected Officials.

- President Elect Maurice Vaughan
- Treasurer - Ronald Sham
- Secretary Ed Arazoza

And the three representatives

- Dawn Reidy
- Eric Spitzer
- Holly Garber.

These six RGH MDS individuals will join Drs. Constantino, Mayo, Richardson and Watkins to represent you and your needs with RGH. RGH MDS expresses their extreme thanks to Drs. Derek tenHoopen, Joseph Kurnath and Stephen Ettinghausen for their years of dedicated service.

Lab Reporting Format Changes

Beginning June 21st, Rochester General Hospital Laboratories, along with ACM and Strong Health Laboratories, will report estimated GFR (eGFR) results in a new format. The laboratories will continue to use the MDRD Study Equation for calculating eGFR based on the National Kidney Disease Educational Program Guidelines (http://nkdep.nih.gov/professionals/gfr_calculators/idms_con.htm). This is a joint effort of the Rochester areas laboratories and the local Medical Advisory Committee of the National Kidney Foundation to standardize eGFR reporting.

- Report eGFR results greater 60 (mL/min/1.73 m2) as >60 (mL/min/1.73 m2), not as numerical results.
- Flag results <60 (mL/min/1.73 m2) as abnormal
- Attach comment to eGFR results >60 (mL/min/1.73 m2): 'an eGFR >60 (mL/min/1.73 m2) does not exclude kidney disease'

If you have questions about this change, please contact Dr. Marvin Grieff at 585-922-0400.

ROCHESTER GENERAL HOSPITAL MEDICAL &
DENTAL STAFF REGRETS THE PASSING OF
Paul Moriconi, MD
and
Sidney Cable, MD

CHANGES TO YOUR RGH DIRECTORY

For those of you who have access to the ViaNet, don't forget the on-line directory in Departments and Medical & Dental Staff. For those of you who do not have access to the ViaNet, there is a monthly excel directory available for you upon request. Contact Mary Lou McKeown at 922-4259 or marylou.mckeown@rochestergeneral.org

NEW MEMBERS

Jonathan Bress, MD - Medicine/Nephrology
370 Ridge Road East #20
Rochester 14621 585-922-00400

Melvyn Chin, MD - Anesthesiology
130 Allens Creek Rd
Rochester 14618 585-410-6545

Anthony Froix, MD - Surgery/General Surgery
16 Bank St
Batavia 14020 585-344-5740

Bharat Gupta, MD - Emergency Medicine
2300 Buffalo Rd #800
Rochester 14624 585-268-6370

Anthony Hans, MD - Anesthesiology
130 Allens Creek Rd
Rochester 14618 585-410-6545

Howard Merzel, MD - Medicine/Gastroenterology
10 Hagen Dr. #350B
Rochester 14625 585-385-9775

Timothy O'Herron, MD - Radiology
1425 Portland Ave #226
Rochester 14621 585-922-4483

Mehul Patel, MD - Medicine/Hematology/Medical
Oncology
1425 Portland Ave Box 233
Rochester 14621 585-922-4020

George Paz, MD - Medicine/Internal Medicine
222 ALEXander St #5000
Rochester 14607 585-922-8004

Dru Turk, MD - Anesthesiology
130 Allens Creek Rd
Rochester 14618 585-410-6545

Alexandra Yamshchikov, MD - Medicine/Infectious
Disease
1425 Portland Ave #246
Rochester 14621 585-922-4331

CHANGE TO INACTIVE

Uma Aggarwal, MD	Robert Holloway, Jr., MD
Curtis Benesch, MD	Ralph Jozefowicz, MD
H. George Decancq, MD	Adam Kelly, MD
Catherine A. Goodfellow, MD	Adam Kelly, MD
Corrie Harris, MD	Jennifer Linebarger, MD
James M. Sando, MD	



CHASE CORPORATE CHALLENGE PARTICIPATION

Dr.'s Wendy Dwyer, Dr Marc Eigg, Dr Marc Greenstein, Dr Judith Kerpleman, Dr Derek tenHoopen, Dr Jeroo Bharucha and Dr Michelle Herron along with 40 of the staff of West Ridge Ob-Gyn made it past the finish line at the Chase Corporate Challenge race at RIT yesterday. Sporting practice team shirts and ending the evening under a big tent with food and drinks from Dinosaurs, West Ridge encourages and supports this event each year as one of its team building and spirit events.

Visit us at www.wrog.org

Dr. Constantino

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worked hard to improve safety in the ramp garage for all with the creation of walkways and signage. We attempted to increase physician representation and we are delighted that the Board approved our request to have two appointees to the Medical Board/Executive Committee named at the discretion of the President of MDS. This has allowed individuals to gain experience and actually make them more competitive in running for elected positions. It has also allowed us to create an MDS training and leadership development track.

We created the fifteen MDS initiatives, which have led to reducing hospital acquired infections, enhancing legibility processes with a pilot program to facilitate dictated morning round notes, increased patient care services on the campus, enhanced discharge processes to increase efficiency, creation of a palliative care program, improving communication, development of a physician code of conduct, enhanced physician morale with a creation of systems to allow for a reduced cost answering service for our members and the creation of benefits programs that allow for less expensive healthcare and group disability; the last program working in conjunction with GRIPA. We have also developed plans to decrease bureaucracy, launched a project to enhance physician, nurse collaboration and worked to bring physicians and services back to the campus.

We have been involved in a variety of other projects and activities, again too numerous to mention. But all of our efforts have been toward improving patient care and safety, enhancing the work lives of our physicians and other members of the MDS and our overall staffs in general. We have also attempted to recognize our physicians for their unique skills and perhaps not so conventional activities both in and outside of the hospital and have highlighted many of these physicians and their activities in Forum articles.

During the past two years we have not only endeavored to influence and improve things at RGH and for its MDS and patients, but we've also tried to take a broader view of community issues. Most recently we have become the first Medical Dental Staff and/or hospital that I am aware of in New York State to support the concept of elimination or reduction of distracted driving. This brings back memories to me of how RGH was the first hospital in New York State to mandate seat belt use back in the mid 80s, a decision that led New York State to mandate seat belt use thus saving millions of lives at the state and national level over the past 25 years. You will hear more about our distracted driving elimination efforts and in fact, may have already received the Zoomerang poll request in this regard. Again, we've tried to look at community issues that are broader and many of us feel that questions about distracted driving are an appropriate part of the medical history because this has such an impact on accidents, injuries and ongoing morbidity and mortality.

I'll end by telling you how incredibly honored I have been to help serve you as the President of the Medical Dental Staff. This opportunity has certainly broadened my own insights and I have genuinely enjoyed working with my colleagues and you in the betterment of our MDS.

I am very excited to turn over the reins to Dr. Rob Mayo, an exceptional individual who will represent the MDS well and subsequently to Dr. Mo Vaughn, who has recently become our President-elect. =

Again, I want to thank you for the opportunity to serve; it has truly been an honor which I have greatly enjoyed and I look forward to the next two years as past President of your Medical Dental Staff.

Health Information Management (HIM) and the RGH Medical and Dental Staff Team Up for Success!

By Barbara Gerringer, Director, HIM

As we approached 2008, I have to admit I was very intimidated when I looked at our medical record delinquency rate at RGH. Our delinquency rate was at an all time high of 98%, in jeopardy of a JCAHO citation and as an H.I.M. Management Team we were desperate for a solution to this problem!

All of our research kept telling us that very few hospitals our size were able to turn their delinquency rate around. We bought all the books that would tell us how to do it, (we wasted our money), and we reached out to other facilities only to hear that they were doing what we were already doing and had all of the same problems we had. We discussed it at HIM Committee (the members might say we discussed it ad nauseam) and complained about it to anyone else that would listen. After all, if other facilities couldn't reduce their delinquency rates, how could we?

Then we stopped feeling sorry for ourselves and remembered that we could do anything we set our minds to at RGH!

We talked to the doctors when we would bump into them in the department or the hallways and solicited feedback from them. Often, the outcome of these conversations led us back to one word, TRAINING! We provided training and education on the use of the on line deficiency system but we never followed it up with a refresher. Typically, the refresher is where the tips and shortcuts are learned. We also realized that the current suspension policy needed to be changed. It allowed the medical and dental staff members to have 30 delinquent medical records before they were eligible for suspension. That rule was a carryover from a previous "crisis" and was never revisited.

We, (H.I.M. Management and the H.I.M. Committee), partnered with Administration, the Chiefs of Service and the Medical Staff Office to revise the suspension policy and get agreement to support our efforts and enforce the revised Suspension Policy.

We agreed to change the suspension policy effective 4/1/2008. Prior to the implementation date we provided a "grace" period to the RGH Medical Staff. The grace period allowed the medical staff members to complete all outstanding records over the course of a month and start with a clean slate on 4/1/2008.

We saw a significant drop in delinquencies during the grace period. On 4/1/2008 we implemented the revised suspension policy. We had a 20% drop in the delinquency rate due to the grace period by the time we went live with the revised policy. One month after implementation of the revised policy our rate dropped to 29%! It was down 69% from the beginning of the year! By the end of 2008, our delinquency rate was at 18%. We dropped some more in 2009 and ended the year at 11%.

Our shining moment however was the end of April 2010. Just two years after we implemented the revised policy, we reached an all time, unheard of low delinquency rate of 6%!!! We are incredibly proud of the RGH Medical and Dental Staff. H.I.M. and the medical staff had some hiccups along the way but we always managed to work things out.

We would like to thank the entire RGH Medical and Dental Staff for working with us to achieve this extremely low delinquency rate! We hope that you are as proud of this achievement as we are!

Message from MDS President Dr. Robert Mayo: Introduction and Collaboration *cont. from page 1*

Derek tenHoppen and Pam Sullivan, M.D. who have served as an elected members for several years.

As the newly constituted leadership team moves forward, I am eager to hear about your concerns and suggestions. Please send them my way. From your feedback we will build goals and priorities. Physician participation in all aspects of healthcare administration, delivery and development is essential to our success as physicians and the well being of our patients. I can not stress enough the vital role physicians and providers can play in shaping the way health care is experienced by patients, their families and the team

members who help us care for them. There are ample opportunities to participate through the many MDS committees, departmental functions, residency programs, RIT Alliance and hospital initiatives. There is a palpable spirit of collaboration that is engaging nurses, physicians and team members alike. Mark Clement and his senior leadership team are very supportive of our involvement. Physician efforts to improve health care will only be enriched through developing and strengthening these multidisciplinary partnerships. I implore each of you to be involved.

GRIPA SELECTED AS PARTNER IN Federal Program for Physician Technology Services



The New York eHealth Collaborative (NYeC)

The New York eHealth Collaborative (NYeC) is the federally designated Regional Extension Center for all areas of New York State except New York City. NYeC is a not-for-profit corporation that was founded by health care leaders across the state, with leadership and support from the State Department of Health, based on a shared vision of the urgent need to improve health care quality, safety and efficiency in the State and facilitate the secure and interoperable exchange and use of health information. More information about the NYeC Regional Extension Center at www.nyecred.org and about NYeC at www.nyehealth.org.

This project was made possible by Grant/Cooperative Agreement Number 90RC0007/01. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the HHS' Office of National Coordinator for Health Information Technology.

The Greater Rochester Independent Practice Association (GRIPA) is pleased to announce that it has been approved as an Outreach and Implementation Agent by the New York eHealth Collaborative (NYeC) to provide outreach, education, and technical assistance to area health care providers as they endeavor to implement health information technology in their practices. GRIPA is collaborating with the Monroe County Medical Society (MCMS) to extend these resources to health care providers in Monroe and Wayne Counties. This grant is targeted toward primary care physicians in practices with 10 providers or less.

The American Recovery and Reinvestment Act (ARRA – the “Stimulus” package) created incentives for Medicare and Medicaid providers to become “meaningful users” of health information technology. The contract with NYeC is part of the national Health Information Technology Extension Program which established federal funding to assist primary care providers in qualifying for those incentive payments. Earlier this year, NYeC was awarded a federal grant as a Health Information Technology Regional Extension Center

(REC). NYeC has contracted with several local organizations across the state to provide the hands-on services in fulfillment of its obligations.

“GRIPA is honored to be part of the REC for New York State and to bring our experience and expertise to this important project and to help bring federal stimulus dollars to our region for a project that will help everyone. Adoption and use of information technology is an important part of what we do at GRIPA, but it is only the tool. Our primary goal is to improve the quality and efficiency of the care delivered by our network and to create a better practice experience for our providers, and we believe that is why NYeC chose GRIPA as one of its partners,” says Eric Nielsen, MD, GRIPA Medical Director. “We consider it a best practices alliance of knowledge, technology and skill.”

Providers who would like more information on how GRIPA can help them qualify for the federal incentives should contact Kelly Taddeo, VP of Provider Relations for GRIPA at (585) 922-1543 or Kelly.Taddeo@rochestergeneral.org.



Physicians coming together
for all the right reasons