

RGH MDS ANNUAL DINNER DANCE

Saturday, January 28, 2012 • Country Club of Rochester



JANUARY 2012

Forum

A NEWSLETTER BY THE MEDICAL & DENTAL STAFF OF ROCHESTER GENERAL HOSPITAL
MORE OF YOUR MONTHLY UPDATES CAN BE FOUND AT <http://www.rocheatergeneral.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

2012 Quarterly Staff Meeting

3/16, 6/15, 9/21, 12/21

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

**50% attendance recommended
for all attending Physicians**

MESSAGE FROM THE MDS PRESIDENT

Boulevard of Death

The widest street in New York City is at least 12 lanes wide for its entire 7.2 mile length and at certain points is 16 lanes wide. At least 60,000 vehicles travel the road daily between its eastern end in Queens and its western end in Manhattan. Officially named Queens Boulevard it has been nicknamed the Boulevard of Death because of the high pedestrian fatality rate. Even though the speed limit is considered safe at 30 mph, there were 10.2 pedestrian deaths per year between the years 1993 and 2000. Though the death rate has reportedly fallen in more recent years it is still not zero. The unavoidable question is; why is this street so dangerous? Are NYC pedestrians more careless? Probably not. The US Department of Transportation Federal Highway Commission reported 4,749 pedestrian deaths and 70,000 injuries nationwide in 2003. Clearly this is not a NYC problem.

One of the most common activities of modern humans is street crossing. It is impossible to guess how many pedestrians cross streets in one day but the 11,194,445 miles of paved roads on earth suggests the number is very high indeed. Considering the frequency of this activity you might conclude that humans should be extremely good at it. Children learn at the earliest age to hold a parent's hand when



Dr. Robert Mayo,
President RGH MDS

The surgical departments united in a mighty effort to implement a 'time-out start' and 'time-out end' process with every surgical case. The collaboration and leadership manifested among physician, nursing and hospital leaders was tremendous... surgical teams have enjoyed the additional benefit of greater teamwork environments.

Boulevard, continued

approaching a street. This gesture signals danger as well as communicates "I will protect you." Despite the great importance of hand holding in this setting, children frequently struggle to resist. Apparently unaware of the life threatening danger, children all over the world continue to pull away while parents tighten their grips. The well described nursemaid's elbow is a radial head subluxation that results from this very circumstance. I will never forget the first time this happened to one of my own children. I was an intern but had not yet learned about this common problem. I called by older brother, a senior resident in orthopedics, who coached me over the telephone through the supination and flexion motion required to reduce it.

In an effort to avoid this situation again, I began to teach my children the primary song I had learned decades before, "Stop, Look and Listen Before you Cross the Street." Singing this song as we approached streets helped keep both my children and I focused on prevention and safety. Perhaps the pedestrians in NYC would have also benefited from this simple lyric. Now as I reflect upon these parenting moments, I realize that the power of the song lies in the fact that it is nothing more than a simple time-out. Step #1 Stop; Step #2 Look both ways; Step #3 Listen; Step #4 Cross the Street. I wonder how many of these deceased pedestrians would still be living if this simple time-out had been followed.

During this past summer the surgical departments united in a mighty effort to implement a 'time-out start' and 'time-out end' process with every surgical case. The collaboration and leadership manifested among physician, nursing and hospital leaders was tremendous. This program was sparked by the fifth surgical sentinel event in 18 months. The effort is paying off. There have

been no additional sentinel events since the program started and surgical teams have enjoyed the additional benefit of greater teamwork environments. Time-out and checklist tools are essentially the same application of one of the simplest and most powerful interventions in modern medicine. These tools however, are not just valid in the surgical domains. Any procedure should use these tools and they are readily available on Forms on Demand.

Recently I performed a simple central catheter placement in the ICU. I wanted to do things right and use the opportunity for a teaching moment. I had the pleasure of working with an experienced and well respected senior resident. She was knowledgeable and very effective. We are fortunate to have her in our program and she will be an excellent attending in the near future. I printed off the Procedure Checklist and asked the resident if she had seen it before. She had not. Disappointed, I wondered why none of her attendings over the years had shown her the value of this important tool. I concluded that they too were unaware of its proven benefits. If they only knew, I thought, they would never not use it. There is a compelling body of literature both in medical and non-medical settings that demonstrates the life saving and harm reducing benefits of these tools.

This experience reminded me of my young child trying to slip from my hand grip into oncoming traffic. Performing procedures without the simplest safety precautions is wrong and places patients at risk of undue harm. It is time for these tools to be used in all procedures not just in the operating room or interventional suite. As our hospital capacity is strained by patient volumes and throughput pressures it behooves us to heighten our safety awareness so that our treatment interventions will be free of the casualties familiar on the Boulevard of Death.

Mark Your Calendars

Rochester General Hospital
Medical & Dental Staff

DINNER DANCE

Saturday, January 28, 2012
Country Club of Rochester

Organizational Announcement

Mark C. Clement, President, CEO

It is with mixed emotion that I announce the planned retirement in 2012 of Dr. Richard (Dick) Gangemi, Senior Vice President of Academic & Medical Affairs and Chief Medical Officer of Rochester General Health System, after a distinguished and diverse 42-year career with Rochester General.

“A caring physician, courageous leader, and friend to all”

After graduating from Loyola Stritch School of Medicine in 1969, Dick began his career at Rochester General Hospital as a Medical Intern rising to Chief Resident in 1973, the same year he started his RGH-affiliated private practice, Northgate Medical Group. For the next 28 years, Dick developed his medical practice into the thriving organization it remains today – serving thousands of patients and their families throughout our community.

While for most, this alone would be enough of a challenge and achievement – not the case for Dick. In addition to caring for his many patients and leading Northgate Medical Group, he also served for 15 years as Associate Chief of Medicine for Rochester General Hospital. And in 1996, Dick’s passion for RGH and his vision for a better health care future led to the creation of the Greater Rochester Independent Practice Association – today an essential partnership with our physicians – where he served as Chairman of the Board for its early years of operation. In 2001, at the request of my predecessor Sam Huston, Dick made the selfless decision to leave his private practice to join the “turnaround team” at RGHS as our Senior Vice President of Academic & Medical Affairs and Chief Medical Officer. Since that time, Dick has been instrumental in the remarkable progress we’ve made on our journey to become our community’s healthcare provider of choice, the most trusted provider in our region.



Dr. Richard Gangemi,
Senior Vice President of
Academic & Medical Affairs
RGHS Chief Medical Officer

Wherever there’s a seemingly impossible challenge is where you will find Dick. A natural-born leader and an unwavering patient advocate, Dick is a team player through and through. And anyone who has had the privilege of working for or beside him knows this first hand. With contagious enthusiasm for innovation, knowledge, and growth, Dick has an uncanny ability to see the future and get people excited about the path forward to make it happen. In recent years, some of our greatest change management challenges – including navigating through healthcare reform, transforming our approach to quality and patient safety through the development of the Patient Safety Institute, and implementing our new Care Connect Electronic Medical Record system – have been successfully guided by his leadership and insights.

And as extraordinary as all of his professional skills and accomplishments are, to me, what makes Dick such a tough act to follow are his rare and genuine personal qualities. I’ve often called Dick “the heart and soul, the conscience of RGHS” and it is this sincere care and concern for his colleagues and team members, our patients, and the System itself, that makes him so special. Dick loves RGHS – and it shows! We are a better healthcare system because of his many contributions, and we are all better people because of his example and influence.

After the holidays, we plan to convene a Search Committee made up of RGHS Board Members, Medical Staff Leadership, and other key Team Members to select the absolute best candidate to succeed Dick and fill this critical leadership role – a role that will only grow in importance as the health care landscape continues to evolve due to delivery system and payment reform. I am pleased to report that Dick has agreed to continue in his role through 2012 until his successor has been selected and on-boarded.

Please join me in wishing Dick all the best in his upcoming retirement pursuits. Most importantly, let him know how much you value him and everything he has done for RGHS!!



Mark Clement, President & CEO
Rochester General Health System

RGH MDS Elections

The Medical & Dental Staff is looking for a few good representatives.

The following positions will be open July 1, 2012. If you are interested, please contact Dr. Richard Constantino, Past President at 544-0612

President Elect

Secretary

Treasurer

Three Elected Representatives

Information Technology Leadership Change

Mark C. Clement, President, CEO

I am writing to announce that David Kamowski, Senior Vice President for Information Services and Technology, has accepted the position of Chief Information Officer at Temple University Health System in Philadelphia. During Dave's more than six year tenure as Chief Information Officer for Rochester General Health

System, he led the selection process which resulted in the purchase of the Epic Electronic Medical Record System and was a key member of the Project Team that successfully managed the initial phase of our go-live at Rochester General Hospital and Rochester General Medical Group pilot practices in November.

Effective immediately, I have asked Bob Nesselbush, Chief Financial Officer and Senior Vice President for Finance to take on the additional responsibility of administrative oversight of our Information Technology Division. In this role, Bob will lead the search and selection process for our next Chief Information Officer.

Bob Nesselbush will take on this expanded role as a result of the exceptional job he has done in leading the Care Connect Project Team and as a



David Kamowski



Bob Nesselbush

reflection of the growing interdependence of quality/patient safety, finance, and information technology. Care Connect prepares us for a future that increasingly links quality and patient safety to reimbursement (as I discussed in my October 2011 Monthly Update). And, Bob's leadership of the Care Connect Project Team has enabled him

to develop a unique understanding of the evolving relationship between quality, finance, and information technology in the healthcare setting. That perspective makes him the ideal choice to provide the vision and leadership to help deliver on the total promise of Care Connect – as an engine that drives both superior patient care and solid financial performance.

Please join me in thanking Dave Kamowski for more than six years of capable leadership as well as congratulating Bob on his expanded role. I would also be remiss if I did not take this opportunity to express my thanks and gratitude to the entire Care Connect Project Team and the team members in Information Services and Technology for the incredible leadership and support they are providing as we make Care Connect a reality for Rochester General Health System.

RIT NAMES VICE PRESIDENT/DEAN OF INSTITUTE OF HEALTH SCIENCES AND TECHNOLOGY

Dr. Daniel B. Ornt joins RIT on Dec. 1

Dr. Daniel B. Ornt has been named the first vice president and dean of the institute of health sciences and technology at Rochester Institute of Technology. He will join the university on Dec. 1.

Ornt is currently the vice dean for education and academic affairs at Case Western Reserve University School of Medicine in Cleveland, OH. He has a combined 30 years of experience in medical education programs at Case Western Reserve University School of Medicine and at the University of Rochester School of Medicine and Dentistry.

As vice president/dean of the Institute of Health Sciences and Technology, Ornt will head the institute's three components: RIT's ninth college, the College of Health Sciences and Technology, the Health

Sciences Research Center and the Health Sciences Outreach Center. He will facilitate interactions with colleagues and CEOs at other institutions. Ornt will report jointly to RIT President Bill Destler and Jeremy Haefner, RIT provost and senior vice president for academic affairs.

"Dan is going to bring his enthusiasm. He's going to bring his knowledge about the medical environment," says Destler. "Already I can tell that his perspective will be incredibly invaluable to us to get this really going in the right direction."

"Dr. Ornt brings to the new Institute of



Health Sciences and Technology a creative and visionary mindset, which is absolutely necessary as we train and prepare the healthcare workforce of the future," says Mark

Clement, president and CEO of RGHS.

The Institute of Health Sciences and Technology grew from the RIT and Rochester General Health System Alliance and opened in September. Destler and Clement co-chair the institute's advisory board, consisting of faculty, physicians, staff, trustees and students.

The institute will position the RIT-RGHS Alliance as a contributing player in the reform of the nation's healthcare system. Under Ornt's leadership, the institute will educate the next generation of healthcare professionals, cultivate innovative research and address community health needs. The RIT-RGHS Alliance was formed in 2008 to produce technological solutions to healthcare delivery and improve the efficiency of the "smart hospital."

"I am honored to be selected to lead this new institute and college focused on educating the healthcare workforce of tomorrow and growing an already dynamic research effort in the health sciences in the collaboration between RIT and Rochester General Health System," Ornt says. "I look forward to reaching out to other healthcare related organizations within the Rochester area to expand existing partnerships and establish new programs that will benefit the citizens of our community. It is with great pleasure that my wife and I return to our hometown of Rochester."

Ornt is a fellow of the American College of Physicians. He has published extensively on aspects of renal disease and disorders. He received his M.D. from the URM in 1976 and a B.A. in natural science and chemistry from Colgate University in 1973. He completed his internship and residency at the Medical Center Hospital of Vermont affiliated with the University of Vermont College of Medicine and a fellowship in nephrology at the University of Michigan in Ann Arbor.

For more information about the RIT-RGHS Alliance, go to www.rit.edu/rghs.

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Pharmacy & Therapeutics

FORMULARY & POLICY CHANGES:

Rivaroxaban (Xarelto) – approved to formulary

- Oral direct factor Xa inhibitor approved for prophylaxis of DVT in patients undergoing knee or hip replacement surgery, and reduction of stroke and systemic embolism in non-valvular atrial fibrillation
- Most common adverse event is bleeding.
- No specific antidote. Prothrombin complex concentrate (PCC) or recombinant factor VIIA may be considered.

Statins

- Replaced atorvastatin for simvastatin as formulary statin with Pharmacist automatic substitution.
- Atorvastatin now generic and simvastatin now has many new FDA dosing recommendations making it difficult to use for automatic substitution.

OTHER FORMULARY CHANGES:

Deletions

- Drotrecogin alpha (Xigris). Voluntary market withdrawal due to failure to show survival benefit.
- Nesiritide. Removal from RGH formulary due to medication failure to show patient benefit.

POLICIES:

- MED0008 High Risk High Alert Hazardous Medications. Removal of drotrecogin alga from policy due to it's withdrawal from the market.
- Pharmacy Admitting Interface Downtime (DT0001) and Pharmacy Information System Downtime (DT0005) updated for Care Connect environment.

INFORMATIONAL:

There are many new shortages adding to the ongoing shortages affecting RGH (as of 12/1/2011) including:

- Hydromorphone IV 2mg. We are using hydromorphone IV 1mg.
- Morphine IV 4mg. We are using morphine IV 2mg.

Resolved shortages:

- Hyaluronidase injection.
- Dexamethasone injection

Need Help with Care Connect?



Call 922-1234 for dedicated assistance.

News from the Archives

The Archives is happy to announce that we can now be found on Facebook. Our link is www.facebook.com/pages/Rochester-Museum-and-Archives/314664275215038. You can also search for us using the phrase "Rochester Medical Museum and Archives".

We're excited to be making the leap into social networking and plan on using the page as a platform to provide real-time updates on day-to-day happenings, announcements and special events being sponsored by the Archives. We'll also post photographs from the collection as well as historical and museum related articles and blog posts. The page is closely monitored, so don't hesitate to use it to ask questions, make comments on postings or to place research requests.

Please join us as we venture into an exciting new phase of our outreach programs. Make sure to click on the "Like" button when you visit and help us share the unique history that is RGHS.

MAKING A DIFFERENCE

What is GRIPA?

I hear this response, not infrequently, when introducing myself to physicians as working at GRIPA.



Jeff Dmochowski, M.D.
GRIPA Chief Medical Officer

GRIPA is a “for profit” organization established in the late 90’s by the partnering of the RGH, NWH, and the then TGH physician organizations with the Rochester General Health System to coordinate care delivery and represent physicians in contracting for reimbursement from third party payers. Over the past decade, GRIPA’s fortunes have waxed and waned with the economy and constant changes occurring in health care. In 2005, GRIPA physician leadership, in conjunction with their business administrators, identified, early on, the shift away from fee for service toward pay for performance which is currently at the center of all the discussion around health care reform. The GRIPA Clinical Integration Program deriving from this foresight has been presented in this column in previous editions of “Forum” and is the essence of GRIPA’s value to our community. Only those fully aware of the current “scrambling” occurring nationally within health care organizations in attempting to prepare for the looming changes within health care reform can appreciate the true worth of what GRIPA presently provides by way of the integrated care infrastructure it has developed.

For those not as current with the complexities of health care reform, I offer the following insights. Under the GRIPA organizational umbrella, both employed and private

physicians will be able to engage in performance-based contracts, where physicians can be compensated for the quality of care delivered; a necessity as future payment will be based on performance instead of fee for service. This type of contracting is not easily accomplished for a mix of employed and private physicians outside the GRIPA- achieved favorable FTC opinion. Moreover, GRIPA provides the tools to better ensure physicians’ likelihood of success in performance-based contracts, including: data reporting and analytics, care management, integrated provider relations and contracts with over 850 physicians.

But what does GRIPA actually do clinically? We care for contracted patients. A very recent example: a GRIPA nurse care manager, in reviewing a comprehensive patient profile provided by the GRIPA analytical algorithm, identified a patient who had been in the ED twice over a short period of time. The GRIPA care manager reached out to this patient whose most recent visit to the ED was for a broken finger resulting from a fall at home. (S)he was treated in the ED and returned to work. The care manager probed for details causing the fall and elicited that the patient felt (s)he was going to black out and tried to break the fall. Additional questions, about possible other symptoms, led the patient to recall that their mother had died from “a heart condition” at a young age. On recommendation of the care manager, the patient followed up with their PCP who, after more detailed evaluation of the episode, referred the patient for cardiac evaluation resulting in findings of PVC’s, PAC’s, and short runs of V tach after exercise. The patient is now being treated and monitored. It is difficult to prove a “non-event” but isn’t this what we constantly seek to accomplish?

Through the participation of our physician owners and the contractual terms in our relationship with insurers, GRIPA collects available patient data to aggregate and analyze; achieving a “global” view of the continuum of care of each patient across our network of providers as well as utilization of services outside the GRIPA network, affording us the capability to identify potential or actual gaps in care and coordinate more efficient care delivery by regularly providing feedback to physicians as well as their patients while simultaneously documenting the quality achieved.

GRIPA is nearing completion of negotiations with an insurer in the community for a contract which will provide significant opportunity for recognizing the value rather than the volume of care our physicians provide through our clinically integrated approach. This will be a “first” in the Rochester area and mirrors what is occurring nationally.

So, what is GRIPA?

GRIPA is proactive in identifying and providing the best care delivery model for our patients and physicians.

GRIPA is improving the value of care our patients receive through our clinically integrated approach.

GRIPA is steadfastly representing to the insurers the value our physicians provide to their members and strongly negotiating on your behalf for contracts reflecting this.

GRIPA is your organization.

**GRIPA is....
MAKING A DIFFERENCE.**


gripa
health care
could look like this™



May 2012 be a happy and prosperous year for each 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.

RGH MDS Welcomes the Following New Members

Anthony Colosimo, RPA-C, Department of Orthopaedic Surgery
1425 Portland Ave Box143, Rochester, NY 14621
(585) 922-3963

Anne Hall, RPA-C, Department of Surgery/Vascular Surgery
1445 Portland Ave #108, Rochester, NY 14621
(585)922-5550

Maria Kilari, MD, Department of Medicine/Internal Medicine
1338 Ridge Road E, Suite 101 Rochester, NY 14621 (585) 922-7140
Anne Marie Lynch, RPA-C Adjunct, Department of Medicine/Internal Medicine
2550 Baird Rd Penfield, NY 14526 (585)385-0590

Stephanie Mann, MD, Department of Obstetrics/Gynecology
1415 PortlandAve #400Rochester, NY 14621
(585) 922-4200

Aimee Maseduca, RPA-C, Department of Emergency Medicine
1425 Portland Ave Box 304, Rochester, NY 14621
(585)922-2000

Mary Lou Robinson, NP, Department of Cardiac Services/Cardiology
1425 Portland Avenue, Rochester, NY 14621
(585) 338-4161

Jae Hyun Shin, MD, Department of Medicine/Int. Med. R&F/Ambulatory
1425 Portland Ave #340, Rochester, NY 14621
(585) 922-4101

Bettina Trzcinski, NP, Department of Surgery/Urological Surgery
1425 Portland Ave #173, Rochester, NY 14621
(585) 922-3458

Laura Wells-Spicer, NP, Department of Emergency Medicine/Observation Unit
1425 Portland Avenue, Rochester, NY 14621
(585) 922-9080

Directory Changes: CHANGE TO INACTIVE

Kristen M. Christian, MD – Inactive/Resigned
Craig Durie, NP Inactive/Resigned
Beth Freeling, DPM Inactive/Resigned
Michael Graney, MD Inactive/Honorary

Brenda Iannucci, MD Inactive/Resigned
Rebecca Ledwin, NP Inactive/Resigned
Pamela Mapstone, NP Inactive/Resigned
Theodore Oates, MD Inactive/Honorary

Patricia Lewis Adjunct Staff Award of Clinical Excellence 2012

WHAT THE AWARD SIGNIFIES:

The Rochester General Hospital Medical and Dental Staff created this award of clinical excellence to be presented to one adjunct staff member annually. This individual will be recognized by The Medical and Dental Staff as excellent in patient and family care, collaborative with the healthcare team, and serve as a role model to other health care professionals. The award is named to memorialize Patricia Lewis who provided exemplary high level, competent, compassionate care and was a leader whose efforts yielded much recognition for Rochester General Hospital.

ELIGIBILITY:

All adjunct staff members at Rochester General Hospital are eligible.

EXCELLENCE QUALITIES/CHARACTERISTICS:

- An asset to physicians in caring for patients
- Patient-focused
- An advocate for patients
- Collaborative with interdisciplinary healthcare team members
- Respectful of interdisciplinary contributions to patient care
- Compassionate to others
- Passionate about his/her profession
- Involved in patient care planning and education
- A teacher and/or mentor
- Giving, thoughtful, polite, respectful
- A role model for other healthcare professionals
- Committed to the mission, vision, ethics and principles of practicing medicine

WHO MAY NOMINATE?

Any member of the Rochester General Hospital Medical and Dental Staff, past and present, or any Rochester General Health System employee or volunteer may nominate a candidate meeting the eligibility criteria.

NOMINATING PROCEDURE:

1. Write the name of the candidate ONLY ON THE COVER SHEET.
2. Three (3) nominators must collaborate on the nomination.
3. Complete all portions of the nomination packet.
4. You may attach letters and other supportive documents, if applicable.
5. Place the completed nomination packet in the ballot box in the Medical and Dental Staff Office by 4:00pm on Friday, February 3, 2012.

JUDGING PANEL/SELECTION OF WINNER:

6. Each submitted nomination packet will be assigned a number so the identity of the nominee is anonymous for judging purposes.
7. The judging panel consisting of the Medical and Dental Staff Elected Representatives, the last three Father George Norton Physician of Excellence Award winners and the last Pat Lewis Award winner will review each submitted packet.

ANNOUNCEMENT OF THE RECIPIENT:

The judging panel leader will notify the President of the Rochester General Hospital Medical and Dental Staff, Rochester General Hospital Medical Director, Vice President and Chief Nursing Officer, Senior Vice President of Academic and Medical Affairs, and the winning adjunct staff member's Chief of Service immediately following the judging. The Judging Panel Leader in consultation with the above mentioned individuals will determine the plan for notifying the winning adjunct staff member.

PRESENTATION OF THE AWARD:

1. The award will be presented at the March Quarterly Staff Meeting.
2. The award will be presented by the President of the Medical and Dental Staff or designee.

RGH Patricia Lewis Adjunct Staff Award of Clinical Excellence

2012 Nomination Form

Adjunct Staff Member's Full Name:

Department (Specialty):

NOMINATOR #1

Name: Print _____

Signature: _____

Title: _____

Unit or Department: _____

NOMINATOR #2

Name: Print _____

Signature: _____

Title: _____

Unit or Department: _____

NOMINATOR #3

Name: Print _____

Signature: _____

Title: _____

Unit or Department: _____

**Submit the nomination to the Medical and Dental Staff Office by
4 pm, Friday, February 3, 2012 by faxing 922-4778.**

Your one Nomination Letter should include some of the Excellence Qualities/ Characteristics from the list on page 1 and describe in detail the manner in which this adjunct staff member portrays these individual qualities at Rochester General Hospital as well as identifying how the Adjunct Staff Member contributes to clinical excellence and makes them indispensable in caring for patients (give several examples). *Please maintain patient confidentiality if referencing individual patient situations (Mr. J.D., Mrs. J.D., etc.).*

Thank you for your time completing this nomination packet.