

Forum

A NEWSLETTER ESTABLISHED AND COMPLETED BY THE THE MEDICAL & DENTAL STAFF OF ROCHESTER GENERAL HOSPITAL.
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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

3/18, 6/17, 9/16, 12/16

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

50% attendance recommended
for all attending Physicians

Healthcaring

One of the benefits of membership in the Department of Medicine is the privilege of interviewing internal medicine residency candidates each fall. The program receives thousands of applications and interviews a few hundred candidates annually for only twenty spaces. During the twenty minute interview I work hard to sort out the best candidates. Is he mature? I wonder. How will she respond to conflict? How insightful is he? These and many other personality traits, qualities and characteristics are rapidly sorted by behavioral based questions. I take careful mental notes of each candidate's body language, posture, and intonation. If the candidate appears relatively comfortable by the midpoint of our interview, I sometimes ask the following question to gain additional insight into a candidate's motivations and values. The question is, "When your career is at its end, what will others remember about you?" At this point in their lives, these young doctors seldom think about the end. They live within the realm of infallibility and eternal youth. Leaping forward five, six or seven decades is generally not a familiar exercise. Their answers are personal, sometimes interesting and occasionally thought provoking. Whatever they answer, I learn something about them and inescapably reflect upon myself.

Asking this question of others always places the mirror of introspection squarely in front of me. If I were to tabulate my answer to this question I would base it upon the most frequent action I take as a physician--prescription writing. Can you imagine the following eulogy, "Dr. Mayo was so good to me, he wrote my nifedipine prescription." Prescriptions: white, stiff, cool, preprinted paper--they are iconic symbols of healthcare. Apparently most of us spend a lot of time writing prescriptions. Where else does all of the proliferating polypharmacy come from? But what does handing out prescriptions communicate to patients? Certainly it must include fundamental elements of healthcare such as knowledge, treatment, and science. But what important humanistic elements of care are missed with prescription writing?

I see an elderly lady that has easily controlled hypertension and stable chronic kidney disease. She requires little of my expertise. I see her every 9 to 12 months and she carefully prepares a long list of questions to discuss at each visit. Generally when she arrives she is weighed down with worry about her health, her prognosis and the unanswered questions. As we talk through the list she gradually becomes more animated. I have been surprised by the satisfaction she receives from the visits. She tells me with vigor how grateful she is to have me for her doctor. To me it seems over-exaggerated but I acknowledge her compliments with an appreciative nod and a hand shake. Her visits are not so much about healthcare or prescriptions. They are about the physician-patient relationship, about listening, about understanding, and about the humanistic intangibles I like to call *healthcaring*.

I remember the first time I really witnessed *healthcaring*. I had just completed my fellowship and joined my first practice. The senior partner and I were rounding together on inpatient units. As we entered an elderly gentleman's room, we noticed that



Dr. Robert Mayo,
President RGH MDS

RGH MDS
Dinner Dance
1/22/2011.
RSVP by 1/14/2011.
See you there!



Care Connect EMR Implementation Off and Running!

By Dr. Rob Biernbaum, CMIO



As part of its continuing efforts to build One Great Health System, RGHS is implementing an Epic Electronic Medical Record (EMR) across the System. Named Care Connect, this \$65 million, multi-year initiative will do more to improve patient care, quality, safety, operational efficiencies, collaboration and clinical integration and outcomes than any other singular improvement activity we could adopt. Its use will also allow us to

better respond to the upcoming challenges and new reimbursement requirements driven by health care reform.

Over the next 2 – 3 years, Care Connect will be phased in across inpatient and outpatient operations at Rochester General Hospital and Newark-Wayne Community Hospital, the Lattimore Community Surgical Center, Rochester General Medical Group and RGHS-affiliated private care practices throughout the region. Once full implementation at these sites is complete, Care Connect will be introduced at Independent Living for Seniors, Hill Haven, DeMay Living Center and Rochester General Mental Health.

What Physicians Should Know about Care Connect

As a physician myself, I think it's safe to acknowledge that change of this magnitude is not something we docs tend to embrace. Especially when it requires us to get out of our comfort zone and transform the way we deliver and manage care. So I want to emphasize, early in this effort, three key points:

- **RGHS Physicians (employed and private practice) play an integral role in the planning, design & implementation of Care Connect.** Care Connect is not happening to us, it's happening because of us. Both employed and private practice physicians are heavily involved in every aspect of the Care Connect planning, design and roll-out and physician involvement will continue to expand as the project moves further along.

At the Executive Leadership level, Dr. Robert Mayo, President RGH MDS, Dr. Richard Gangemi (SVP, Academic/Medical Affairs, Chief Medical Officer), Dr. John Genier (Community Physician Champion), and myself are providing the vision, guidance and oversight to ensure that Care Connect supports and enhances the mutual patient

care objectives of our entire community of RGHS-affiliated physicians as we pursue our collective vision to be the healthcare provider of choice in our community. In addition, we have enlisted several physicians as part of the many Care Connect Advisory Groups (see sidebar listing) that are in place to guide both our inpatient and ambulatory implementations. And we will soon be seeking additional physician volunteers to serve in the roles of Physician Champions and Subject Matter Experts to support and enhance the upcoming Design phase of the project.

- **You and your staff will be well trained and well prepared to utilize Care Connect to its fullest capacity.** Although the first Care Connect pilot (occurring at RGMG) will not start until late next

summer, a training and change management team is already working full time to develop a multi-pronged program of learning and development to ensure that this transition will be smooth, comfortable and successful for every impacted user – including physicians! Training will take the form of many interactive developmental opportunities such as “a day in the life” demos, classroom training, eLearning modules, user practice ‘playgrounds’, proficiency testing and much more. These development opportunities will occur in phases beginning a few months prior to going live and will intensify as the transition gets closer.

Care Connect Physician Advisory Group Members:

Surgical Services

- Dominick Cortese

Ambulatory

- Dr. Bob Brandon
- Dr. Jonathan Bress
- Dr. Tony DaSilva
- Dr. Joseph DiPoala
- Dr. Valerie Dunn
- Dr. Kevin Geary
- Dr. Michael Jordan
- Dr. Kevin McGrody
- Dr. Suzanne Mullin
- Dr. William Rolls
- Dr. Jane Salamone
- Dr. Shawn Stephens

Inpatient

- Dr. Robbin Dick
- Dr. Walter Polashenski
- Dr. Balazs Zsenits

Emergency

- Dr. Geoffrey Everett
- Dr. Bryan Gargano
- Dr. Keith Grams
- Dr. Jay Keyes

Care Connect cont. from pg. 2

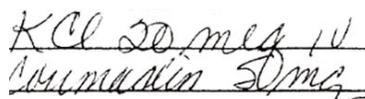
- Regular Care Connect communications updates and information resources will be available throughout the effort. In early 2011, we will be launching regular communication tools to help you stay up-to-date on the latest Care Connect news and events throughout the implementation process that include:
 - o Care Connect Website (accessible from the RGHS intranet portal and RGHS internet home page)
 - o Care Connect Monthly News Update (distributed electronically and available in print)
 - o MDS Quarterly Meeting Updates
 - o Periodic department meeting updates
 - o Care Connect postings at <http://www.rochestergeneral.org/MDS>
 - A detailed Care Connect update from my December MDS Quarterly Meeting presentation is currently posted.

I also encourage you to contact me directly if you have specific questions about the project, or you would like to become more directly involved. I can be reached by phone at 585-354-1404 or by e-mail at: Robert.Biernbaum@rochestergeneral.org.

Although there never seems to be a "right" time for a change of this magnitude, **there is certainly no better time for RGHS and our physician community to experience and support the much-needed benefits that Care Connect will bring.** While the transition process will undoubtedly include some normal and expected bumps and frustrations along the way, I encourage you to keep your sights focused on the future and the dramatic improvements we can expect in our ability to communicate, collaborate and operate as One Great Health System for each and every one of our patients.

Pharmacy Corner – Can you read this?

The following is part of an order sheet received in the pharmacy. The pharmacist knew that a dose of 50 mg for coumadin is not accurate. Look closely, do you see 50 mg or 5 mg? It is interesting how things can often line up like this when written. Keep this in mind when you write your orders.



*KCl 50mg IV
Coumadin 50mg*

CDIP CORNER – THE POWER OF THE PEN Diabetes Mellitus – Specificity Reflects Patient Severity More Accurately

By Mary Darrow, CCDS

As a general rule, the more specific a diagnosis is documented, the higher the severity of illness score. Diabetes Mellitus is an excellent example of this scenario.

Uncontrolled diabetes without a complication has little or no influence on the severity of illness unless the physician documents its associated complications; e.g. nephropathy, autonomic neuropathy or vasculopathy. Diabetic ketoacidosis, diabetic hyperosmolarity, or coma must be further defined and documented by diagnoses such as hyponatremia, acute renal failure or shock from dehydration or metabolic encephalopathies. The more accurately you "paint the picture" of the patient's illness by specifically defining all complications and co morbidities of the admission, the more accurately the severity of illness will be captured.



DIAGNOSIS (ES)	SEVERITY OF ILLNESS LEVEL
Diabetic Ketoacidosis w/ Coma	2
Diabetic Ketoacidosis w/ Coma (plus) Metabolic Encephalopathy	3

[Severity of Illness Index - Level 1=Mild, 2=Moderate, 3=Severe, 4=Extreme]

Please contact the CDI office @ 922-3721 for questions related to this column or any documentation inquiries.

Healthcaring cont. from pg. 1

his lunch tray sat on the bedside table out of reach. My partner repositioned the patient and moved the food nearby. He then proceeded to prepare the lunch by opening the milk carton, inserting the straw, placing the utensils, etc. He continued. I watched as he tenderly fed him several bites, wiped his chin and engaged the nurse to continue the feeding after our departure. This mentor taught me not only about healthcare but also about healthcaring.

Since then, I have tried to follow his example. At times I have been successful. Poignant moments of healthcaring have stayed with me and reminded me of the noble privilege of being a physician. Other times I have failed. I appreciate the many examples of healthcaring I see among the Medical and Dental Staff. Often I hear from patients who tell me about their wonderful physicians or midlevel providers. Many of our nurses extend themselves far beyond their healthcare responsibilities. Other team members support this vision as well and reach out in healthcaring ways.

Now that the interview season is over and I have asked the young applicants my question, I hold the mirror up and ask, "How will I be remembered?" Perhaps some one will say, "He wrote my prescriptions," others may remember, "He held my hand." From a purely numerical measurement, the prescriptions far outnumber the hands held. I guess I am okay with that since healthcare is my first ethical, moral and legal obligation, but I would like to narrow the gap and provide a better blend of healthcare and healthcaring for my patients.

Palliative Care Program

Richard Sterns, MD, Chief of Medicine

I am pleased to announce that Palliative Care services are coming to RGH in the new year. Plans have been approved by RGH leadership to establish an inpatient consult team to help provide unparalleled care to our patient community. This program, once established, will be migrated to other affiliates as part of the RGHS clinical integration strategy. The Department of Medicine is delighted to have Adam Herman, MD lead the development and implementation of this critical program at RGH. Dr. Herman is Board Certified in Internal Medicine, Geriatrics and Hospice and Palliative Care.

Palliative care aims to relieve suffering and improve quality of life for patients with advanced life-threatening illness. It is provided by a collaborative interdisciplinary team that includes nursing specialists, social workers, chaplains, physicians and others, and is offered in conjunction with all other appropriate forms of medical treatment. •Early identification, assessment and treatment of pain and other symptoms, along with physical, psychosocial and spiritual concerns, are the foundation of palliative care. Palliative care consultation is designed to care for patients and their families beginning at any point in their illness trajectory from diagnosis of serious illness to end of life care.

We are pleased to make you aware of this development. An implementation team and advisory committee will be organized shortly and we will be seeking participation from a variety of disciplines to serve in this endeavor. Please share this information with your staff and feel free to contact Dr. Herman (adam.herman@rochestergeneral.org) if you identify staff members with a passion for this topic and a desire to participate in its design, implementation and/or oversight.

Fourth Annual RGH MDS Patricia Lewis Adjunct Staff Award

By Maurice Vaughan, MD – RGH MDS President Elect

The Physicians and Dentists of the Medical & Dental Staff strongly value the contributions of our clinical colleagues who provide excellent care for our patients. Each year the MDS recognizes an individual from the Adjunct Staff (NP, RPA-C, CRNA, CNM, OD, Ph.D) who exemplifies the clinical excellence demonstrated by Pat Lewis. Pat was a superb nurse practitioner who served RGH, its physicians and patients for over 32 years. Last years winner was James Sutton, RPA-C.

It is a great honor to be nominated for this distinguished award. Please make the effort to nominate worthy individuals for this award. Below you will find more specific details on the award and the process for nomination.

What the Award Signifies:

The Rochester General Hospital Medical & 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 & Dental Staff as excellent in patient and family care, collaborative with the health care 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 who efforts yielded much recognition for the Rochester General Hospital.

Eligibility for Pat Lewis Award:

All RGH Adjunct Staff Members which includes Physician Assistants, Nurse Practitioners, Certified Nurse Anesthetists, Certified Nurse Midwives, Optometrists and some credentialed Psychologists.

Characteristics for Candidates who will be strongly Considered:

1. An asset to physician in caring for patients
2. Patient Focused
3. Collaborative with the interdisciplinary healthcare team members
4. Respectful of interdisciplinary contributions to patient care
5. Compassionate to others
6. Passionate about his/her profession
7. Involved in patient care planning and education
8. A teacher and/or mentor
9. Giving, thoughtful, polite, respectful
10. A role model for his/her other health care professionals
11. Committed to the mission, vision, ethics and principles of practicing medicine

Who May Nominate?:

Any Members of the RGH MDS, past and present or any RGHS employee or volunteer may nominate a candidate meeting criteria. All prior nominees will remain active candidates for five years starting with the initial nomination, unless otherwise notified through the Medical Staff Office.

Packets may be obtained from the Physician Lounge or by contacting Mary Lou McKeown at 922-4259 or marylou.mckeown@rochestergeneral.org. All ballots must be returned by Friday, February 21, 2010 @ 4:00 pm.

Safe Patient Handling

Laurie A. Muratore, PT
Injury Prevention Specialist

Rochester General Health System truly understands the value and benefits of early mobilization of our patients. However, as we continue to prescribe and advocate for patients to be mobilized out of bed there is a cost to our patients and care providers. In 2009 at Rochester General Hospital, nursing staff experienced 388 back injuries of which 60 valuable team members had lost work days in excess of one week. Our direct costs for these injuries totaled nearly \$1.1 million. Nationally, studies suggest indirect costs such as decreased team member safety, security, and satisfaction with work life, increased absenteeism, staff turnover, and new hires can incur costs of \$3 to \$10 for every \$1 of direct cost. With these direct and indirect expenses we really need to look at how we handle patients so we increase both patient and team member safety.

The Nurses and Healthcare Workers Protection Act of 2009 (H.R.2381, S.1788) supported by the NYS Department of Labor (NYS DOL), OSHA, American Nurses Association, APTA, and the National Institute of Safety and Health recommends direct patient care providers lift, push and pull no more than 35 pounds at any one given time. This legislation will ultimately keep our patients safe and protect our providers from the unnecessary physical demands that were previously expected of them.

For example, it is not uncommon to mobilize a patient weighing 200 pounds, assisting them in/out of a bed or chair and on/off a stretcher or commode. This can occur multiple times in one day for activities such as bathing, grooming, dressing, therapy, toileting, visiting with family, obtaining weights, dressing changes, skin/wound assessments, x-rays, MRIs, etc. With a typical caseload of 5 to 12 patients, a direct patient care provider easily handles over a ton of weight each day. The calculation is as follows:

200# patient requiring Moderate (50%) assistance	X	Small caseload of patients for the day	X	Assisting a patient out of bed to a chair, on/off a stretcher for a test, and once daily on/off the commode
↓		↓		↓
100# average	X	5 patients	X	5 transfers

This results in the handling of 2500 pounds which is 1.25 tons on a "light" day. The NYSDOL estimates direct patient care providers handle approximately 1.8 tons on a regular basis.

It is a fact that our population and customer base are getting heavier. Our goal here at RGHS to be able to provide the highest quality of care for patients which have very specific needs. In order to meet all our patients' needs and right to safe patient care we need to take care of our team members. By providing our team members with safe patient handling equipment, they will be able to continue providing the highest quality of patient care. To meet that need we are already investing in new beds throughout RGH and moving towards increasing the number and replacing out-dated patient handling equipment. We thank you for your support and commitment to improving the patient experience and team member safety.

RGH MDS BYLAWS CHANGE History and Physical

Samantha Vitagliano, DMD
RGH MDS Bylaws Committee Chair

The following changes are approved by the Medical Board to assure regulatory compliance. This notice service as notice to each RGH MDS Attending Members of the upcoming vote for full changes to the Bylaws which will be presented during the March Quarterly Staff Meeting. If you have any questions, please contact the Medical Staff Office at 585-922-4259.

REQUESTED CHANGES UNDERLINED Section 2. Disaster Privileges

When a disaster has been proclaimed by the Hospital Chief Executive Officer or his/her designee, health care practitioners who do not have privileges with Rochester General Hospital and are not members of the Rochester General Hospital Medical & Dental Staff will be permitted to treat patients when approved by the RGH Medical Director or designee as specified in the Hospital Disaster Privileging Policy.

Changes In Ordering PICC

Jong Hee Oh RN, CRNI
Clinical Leader, IV/PICC Service
Office (585) 922-3519

When ordering PICC, please write "IV systems to place PICC per protocol." This will cover insertion, Lidocaine injection and, chest x-ray. You no longer need to write each of these orders individually.



SHARING SUCCESS

Patient health information is most effective in the right hands at the right time, and that means sharing with the right partners. Rochester General Health System (RGHS) recently granted GRIPA Care Management access to IDX scheduling information and within weeks, the shared information was making a difference for patients as two brief cases show.

GRIPA Care Management identified a patient needing additional attention. His cholesterol and blood pressure were high, making the chance for a heart attack or stroke more likely, and several standard tests for kidney function were missing. Using the IDX scheduling information, the care manager discovered the patient had no upcoming appointments with the doctor to address these serious health concerns. IDX also indicated the patient cancelled the previous appointment and never made another. The care manager notified the office staff and confirmed the IDX findings; the office staff called the patient that day and scheduled an appointment for him with his physician. The patient saw his physician, had his bloodwork done, and received another appointment a month later for further evaluation and follow up.



In another case of information sharing, RGHS notified GRIPA Care Management of a recent patient discharge from the emergency room. When the GRIPA Care manager spoke with the patient, a tragic story unfolded. The patient had ordered medication from a mail order pharmacy but ran out before her medicine could arrive. After four days without taking her blood pressure medicine, she began to have crushing pain in her chest, sending her to seek

relief in the emergency department. The care manager showed the patient how she could get medications through the hospital apothecary very easily, and suggested a less expensive medication. Since the IDX information indicated the patient had a follow up appointment scheduled that week, the care manager knew exactly when to send the suggestions to the doctor so it could be reviewed during the patient visit. As a result, the doctor reviewed and agreed with recommendation – saving the patient \$330 a year in copays.

GRIPA care management works hard to support GRIPA physicians as part of a team providing safe quality care and contributing to a virtual medical home. Sharing information is a success for patients and partners.

GRIPA ANNOUNCEMENT

Cori Wyman, Pharm.D., CDE is awarded the 2010 Clinical Practitioner of the Year Award

The New York State Chapter of the American College of Clinical Pharmacy (NYS ACCP) awarded Cori Wyman, Pharm.D., CDE its Clinical Practitioner of the Year Award for 2010. This award honors a clinical practitioner who promotes optimal pharmaceutical care to patients and/or health care systems; fosters development of innovative clinical pharmacy services; promotes, supports and evaluates research relevant to clinical pharmacy practice; and promotes advanced clinical pharmacy training to other practitioners.

Cori is a valued professional at the Greater Rochester Independent Practice Association (GRIPA) where she has worked since 2007. Cori directly supports the vision of the GRIPA Connect Clinical Integration program by interacting with GRIPA members as a Consulting Clinical Pharmacist as well as a Certified Diabetes Educator and by supporting the over 600 GRIPA Clinical Integration physicians.

GRIPA is honored to have two additional staff members who have received this same award in previous years. Jeanette

Altavela, Pharm.D., BCPS received the award in 1999, and Michael VanOrnum, RPh, RN, BCPS received the award in 2006.

GRIPA provides medical, business, and technology management services aimed at making better health care easier to deliver, less costly for patients, and more rewarding for all involved. The GRIPA Connect Clinical Integration program creates a connected community of physicians, hospitals, labs, imaging facilities, and pharmacies, sharing patient information through a secure web portal and differentiating itself by delivering higher quality care at reduced cost. The program also includes robust care management and adherence to Clinical Guidelines.

About the New York State Chapter of the American College of Clinical Pharmacy: The NYS ACCP is a professional and scientific society dedicated to optimizing patient drug therapy outcomes by promoting excellence and innovation in clinical pharmacy practice, research and education in New York State. For more information visit www.nysaccp.org.

