

Forum

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

RGH MDS ELECTED REPRESENTATIVES

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:

HOLLY GARBER, MD

KEVIN O'GARA, MD

DAWN RIEDY, MD

CHRISTOPHER RICHARDSON, DO

ERIC SPITZER, MD

BRIAN WATKINS, MD

Editorial Staff:

JEANNE GROVE, DO, Editor

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

Critical Communication: Our Linguistic Legacy

No one really knows when human language began. Scholars estimate that human ancestors first developed the ability to communicate between 2.3 and 6 millions years ago but did not reach behavioral modernity until approximately 50,000 years ago. The earliest known written language is Babylonian Cuneiform. The clay tablets upon which it was written are between 2,000 and 4,000 years old, predating many Egyptian hieroglyphics. The 16th edition (2009) of the encyclopedic work, *Ethnologue* reports that there are 6,809 languages in the world today. Twenty-five percent of these languages have less than 1,000 speakers and are rapidly vanishing. The Indo-European languages that are most familiar to us comprise about 230-250 languages depending on how you define them.

It is nothing short of mind boggling to consider the diversity of sound, pronunciation, inflection, connotation, and denotation these many languages contain. English alone is challenging enough for me. The Oxford English Dictionary is considered the world's authoritative text on English vocabulary. The 2nd edition (20 volumes) published in 1989 is said to contain almost 250,000 words but this pales in comparison to the on-line 3rd edition published in 2010 with 600,000 words. Where are all of these words coming from? What do they all mean?

The way we use these words is fundamental to our communication. I am fascinated by a fact I learned a few years ago while listening to a communications expert. He said that the composition of communication is 7% words, 38% vocal inflection and 55% body language. The small proportion of communication dependent on words surprised me then and still interests me today. I understand these facts to mean the complexity of human communication can not be captured by words alone. To communicate fully, the mind, larynx and body must be fully engaged.

The encompassing nature of communication is not surprising in the context of health-care. Each day we communicate thousands of pieces of precise and detailed information. Even low rates of miscommunication can add up to large numbers of misunderstandings. The risk of miscommunication is increased in environments common to healthcare because they often are high emotion, high complexity, and high criticality. Specialization, hierarchical responsibilities, fatigue and siloed training further add to the risk of miscommunication. It is no surprise that 60-70% of all sentinel events reported to the Joint Commission contain miscommunication as a major component of the root cause.

The hazardous nature of miscommunication most obviously impacts patient safety but also takes its toll on the crucial relationships that underscore our capacity as physicians and providers. Recognizing the immense impact of communication on health care, the Accreditation Council for Graduate Medical Education (ACGME) implemented six core competencies for resident training in 1999. Three of the six competencies directly relate to communication. They are Interpersonal and Communication Skills, Professionalism, and System-based practice. To further teach the importance of physician communication and collaboration the ACGME has strongly recommended using 360° evaluations for assessing resident



Dr. Robert Mayo,
President RGH MDS

RGH Leadership Restructuring

By Brian Jepson, RGH President

2011 is shaping up to be one of the most exciting and transformative, yet challenging, years in RGHS' history. This year, we will:

- Step up our preparations for the next phase of healthcare reform;
- Start the Care Connect Electronic Medical Record (EMR) implementation, which goes live at RGH in November; and
- Pursue key service line growth and development opportunities – all while continuing to focus on achieving the highest levels of quality, patient safety and customer service possible.

As the largest affiliate within the organization, RGH has an important responsibility to serve as a role model for maximizing efficiencies and effectiveness, while achieving sustainable growth. To do so, we will be streamlining our leadership organizational model resulting in the following changes:

To support our service growth goals, we have created the new position of Vice President of Growth Strategies to be filled by newest team member, Eric Anderson, who joins us on February 7th. Eric comes to RGH with more than 16 years of healthcare leadership and business development experience including his role as Spinecare and Diagnostics Administrator at Rezin Orthopedics and Sports Medicine, S.C. in Illinois, and most recently, as Director of Physician Alignment and Business Development at Metro Health Hospital in Michigan where he increased hospital surgical spine cases by nearly 300 per year and led measurable growth across several key service lines. In his new role, Eric will develop and lead growth efforts for orthopedics, physical therapy, neurosciences and hospital medicine.

Rob Cercek's role will be expanded to Vice President of

Professional and Ambulatory Services. In addition to Rob's current responsibilities for ambulatory development and dialysis, he will assume operational responsibilities for surgery, radiology, respiratory therapy and laboratory services.

Dr. Robbin Dick, Senior Director of Observation, will now report directly to me with dedicated leadership responsibility for improving patient flow and throughput. Robbin has been instrumental in leading this effort to-date and will take this initiative even further in the coming year to deliver on our objective to create new inpatient capacity by reducing length of stay while delivering the safest, most efficient care delivery process possible. Kathleen Leibenguth, Senior Director of the Lipson Cancer Center and Victoria Franklin, Senior Director of Hospitality Services will also report directly to me.

As a result of broadening these leadership roles and the realignment of key reporting relationships to me, the position of Senior Vice President of Operations will be eliminated. So, it is with mixed emotions I share with you that Bill Horner will be leaving RGH to pursue other opportunities. Bill has been an important contributor to RGH's efforts to develop leaders, grow key product lines, establish strong physician partnerships and maintain financial discipline across divisions. We appreciate Bill's dedication and accomplishments and wish him all the best in his future pursuits.

Our commitment to deliver exceptional care and unparalleled service for every patient, at every encounter, every time has never been stronger. I look forward to working with you to make this commitment an even bigger and more rewarding reality for our entire RGH community throughout the year.

SAVE THE DATE !!!

Monday, March 14, 2011
5:30 p.m. - 7:30 p.m.

RIT & RGHS Alliance

Research Reception and Poster Session

The Atrium, Rochester General Hospital
1425 Portland Avenue
Rochester, NY 14621

RGHS Physicians and RIT Faculty are invited to a networking reception and poster session to discuss and display your research initiatives and/or proposed future collaborative opportunities and interests.

Additional details will be forthcoming. For more information, email cindee.gray@rit.edu or call 475-4017.

RIT
RGHS

*To Our Distinguished RGHS Physicians
Please Join Us For Our Doctor's Day Breakfast
In Your Honor*

Wednesday March 30th

7:00 a.m. - 10:00 a.m.

Rochester General Hospital Atrium

*Sponsored By
The Office of Physician Services*

Door Prizes, Food, and Music

Please RSVP no later than 3-25-2011 to Michelle Simmons at 585-922-2955 or michelle.simmons@rochestergeneral.org



Center of Excellence.

Rochester General Breast Center Receives Prestigious Designation.

the National Consortium of Breast Centers, Inc. Only 10 other Breast Centers in the United States have received this prestigious designation, which represents our commitment to provide the highest level of quality breast health care to patients in our community.

"We are proud to be the only Breast Center in New York State to be designated as a Breast Center of Excellence by the National Consortium of Breast Centers. Our commitment to patients and their families is the number one priority and our collaborative team approach makes that extraordinary care possible," said Lori Medeiros MD, Medical Director of the Rochester General Breast Center.

The designation as a Breast Center of Excellence is effective for one year, and is awarded after meeting 33 National Quality Indicators.

To learn more about the services provided by the Breast Center at Rochester General Hospital, please visit our website at www.rochestergeneral.org/breastcenter

To learn more about the National Consortium of Breast Centers, please visit their website at www.breastcare.org



ACR[™]
AMERICAN COLLEGE OF
RADIOLOGY



RGHS Monthly Update

By Mark Clement, CEO Rochester General Health System

Only two months into the New Year and I am proud to say that we are off to a terrific start! I'd like to share some highlights of our early progress and successes, and also acknowledge some of the challenges we expect to face as the year progresses.

RBJ Achievement Awards: We learned last Friday that RGHS achieved a remarkable "clean sweep" in Rochester Business Journal's 2011 Health Care Achievement Awards! These awards put the spotlight on individuals and teams in seven categories whose contributions to health care have been deemed outstanding by their colleagues, patients and community. This year, RGHS was the only healthcare organization to be recognized in every category! The following recipients will be presented with their awards at a March 22 luncheon at the Hyatt Regency Hotel:

- **INNOVATION:** RGH Surgical Intensive Care Unit
- **NURSE:** Virginia Riggall R.N., RGH Clinical Nurse Specialist
- **MANAGEMENT:** Annette Leahy, retired President of NWCH/current Director of RGHS Capital Campaign
- **PHYSICIAN:** Ralph Doerr M.D., RGH retired Chief of Surgery and Practicing Physician
- **SENIOR CARE:** Steven Rich M.D., Geriatric Medicine/Internal Medicine Physician, Geriatric Consulting Service, RGHS Long Term Care Division
- **SPECIAL NEEDS:** James Sutton, Director of Community Medicine, Clinton Family Health Center, RGHS
- **VOLUNTEER:** Leonard and Bessie Giambra, RGH

Our warmest congratulations go out to each of these exceptional and deserving winners!

Top 100 Integrated Health Network (IHN): Continuing the accolades, RGHS was recognized once again as one of SDI's Top 100 IHN's in the U.S. SDI, one of the nation's premier healthcare analytics firms, evaluates IHNs on their performance and degree of integration. This is the 5th consecutive year that RGHS has been on the Top 100 list – an impressive indicator that our continued efforts to prepare for health care reform and align as One Great Health System are paying off!

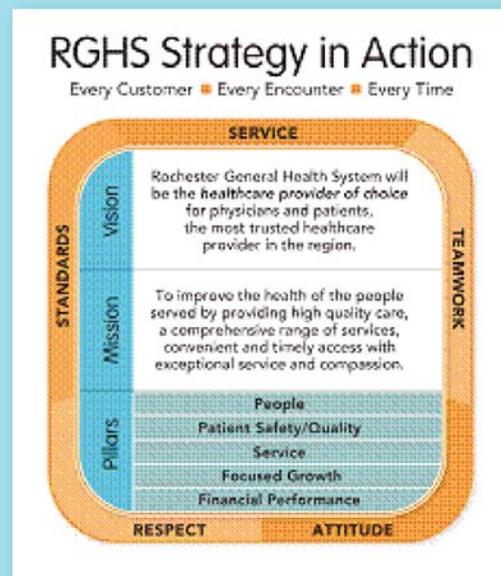
Care Connect: We are also moving full speed ahead with the implementation of our Electronic Medical Record – Care Connect. Earlier this week, you received the first edition of NewsLink, our monthly Care Connect newsletter. NewsLink will provide regular updates on our implementation progress; it will be a source of information on Care Connect related events and training; and it will spotlight many of the extraordinary people who are involved in making this transformational project a success. On March 7th, over 400 RGHS leaders will come together to be formally introduced to Care Connect and to learn about the change management process they will be leading. Your leader will be sharing this information with you in the days and weeks following the March LDI.

Kings Park: Our Kings Park relocation efforts are also well underway with several departments including Finance, HR, IT and the RGHS Archives, already settling into their new, more comfortable and modern space. Over 600 team members at Carlson Commons will com-

plete their relocation to Kings Park by June.

NY State Budget Challenges: I'm sure it comes as no surprise to you that we are anticipating, and have prepared for, significant Medicaid cuts as Governor Cuomo looks for more aggressive ways to reduce state spending. While any reductions in Medicaid reimbursement will present real challenges for our system, we are no strangers to these types of financial setbacks having endured eight sets of Medicaid cuts in the past four years. Just as we have addressed each of these cuts in the past, we will adapt and successfully respond again, while maintaining the highest levels of care and service for each and every patient. We will also actively engage with other health care providers throughout the state in advocacy directed at the Cuomo Administration and our legislators to ensure necessary funding is maintained for our Medicaid patients. I will be asking each of you to join with us in these efforts in the coming weeks – more details to come.

Living Our Values: Finally, we will be continuing the conversation that began at our January Team Member Forums about how we can take our RGHS Values "off the wall" and incorporate them more consistently into our everyday behaviors. In February and March, affiliate and department leaders will be facilitating department-level discussions about what we can do to ensure that our Values serve as our "touchstone" and are reflected in everything we do to serve our patients, their families, and our community.



We are on our way to making 2011 one of our most successful years yet and it's all due to our most valuable asset – you, our people! Thank you for everything you do day in and day out to serve our patients and community. As we continue to progress on our journey to become this community's health care provider of choice – the region's most trusted health care provider – I'm confident that the momentum of positive change will only grow stronger in the coming months! Thank you for all you do!!!!

Critical Communication

cont. from pg. 1

performance. This evaluation tool gathers feedback from a wide spectrum of health care team members and reinforces the multi-faceted relationships physicians depend on for successful health care delivery. The Joint Commission has also adopted the six core competencies for attending physician and provider assessments.

Continuing concern about miscommunication and negative communication was recently addressed in an article entitled, "Bad Blood: Doctor-Nurse Behavior Problems Impact Patient Care." (Physicians Executive Journal Nov-Dec 2009) The study surveyed 2,124 physician and nurse leaders nationwide. The study reported that 98% of hospitals reported behavior and communication problems within the previous year. The most common forms of destructive communication were yelling and degrading/intimidating comments which were reported to have occurred respectively within the previous year in 73.3% and 84.5% of the surveyed hospitals. The study points out that negative communication is a shared problem with a weighted average towards physicians. Forty-five percent of the respondents said it was primarily physician generated, 7% said it was mostly nursing driven and 48% said both groups shared responsibility. In aggregate, I interpret this data to mean that physicians and providers all share the responsibility of communicating respectfully and effectively.

Gratefully, I can say in my experience at RGH, negative communications appear less common than reported elsewhere. Nevertheless, continuous improvement is a likely opportunity for even the best communicators among us. After all, our ancestors, 50,000 years ago, developed the sophisticated languages we use today—shouldn't we have been able to perfect them by now?

What is the order for?

By Michael Koncilja

RH 8 units SQ x 2 now (B6 46 2)

Help eliminate one of the most common but preventable sources of medication errors—the use of ambiguous medical abbreviations. Non-standard abbreviations can be frequently misinterpreted and lead to mistakes that result in patient harm.

Answer: Regular Human Insulin

Pharmacy & Therapeutics February 2011 Updates

By Maura Wychowski, PharmD
Secretary, RGHS P&T Committee

Formulary Changes:

Alvimopan (Entereg): Alvimopan is a peripheral mu-opioid receptor antagonist used to accelerate the time to upper and lower gastrointestinal recovery following partial large or small bowel resection surgery with primary anastomosis. Pharmacy and surgery worked closely together to review the literature and compare our practices and length of stay to the study populations prior to reaching a decision. Probationary addition to the formulary of alvimopan for one year has been recommended with limitations to scheduled open bowel resection surgeries. A review of length of stay and readmissions will be completed to determine future use. The target date is June 1st pending addition to order sets and education to the staff. This medication also requires enrollment into the Entereg Access Support and Education (E.A.S.E.) program that necessitates education materials, order sets, protocols, or other measures be in place to limit the use of alvimopan.

Tapentadol (Nucynta): Tapentadol is a newer opioid analgesic used in the management of moderate to severe acute pain in adults. The potential advantage is thought to be associated with its dual mechanism of action of both mu-opioid receptor agonism and inhibition of norepinephrine uptake leading to reduced adverse events. Overall, comparative studies to agents such as oxycodone and morphine demonstrated a decreased incidence of gastrointestinal adverse events including constipation, nausea, and vomiting. However, there was no data to support tapentadol being more efficacious than other pain medications currently on our formulary. To date, there are no studies comparing tapentadol to tramadol. Tapentadol was not added to the formulary due to increased cost and lack of superiority to other agents on our formulary.

Shortages Recently Affecting RGH (as of 1/26/2011):

- Thiopental injection – discontinued product; Hospira decided to stop manufacturing
- Norepinephrine shortage – nationwide shortage; admixed norepinephrine infusions have been removed from the Medselect machines and will be dispensed from the pharmacy as needed. Norepinephrine vials are also being removed from the blue alert code carts at this time.
- Resolved shortages: Nitroglycerin 50 mg/250 mL IV bottles and Atracurium



RIT & RGHS Alliance Brings You:

A Research Reception & Poster Session

Monday, March 14, 2011

5:30 – 7:30 pm

Rochester General Hospital Atrium

Join us to learn how we might keep tumors from metastasizing using IVC filters, better ways to monitor labor using electrohysterography, and show smart-phone technology can aid people with low vision.

The event kicks off with a special presentation:

HAITI: Disaster Relief Through Medicine & Technology

Presented by Dr. Ralph Pennino; Interim Chief of Surgery, RGHS, and President of Intervol, Along with Jan Van Aardt; Associate Professor, RIT, Chester F. Carlson Center for Imaging Science, Digital Imaging and Remote Sensing Group

5:00 – 6:00 pm

Rochester General Hospital Twig Auditorium

For additional information or to register contact Cindee Gray, cindee.gray@rit.edu

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

Stephanie Goodwin, DO
Cardiac Services/Cardiology
310 Taughamock Blvs. #4
Ithaca, NY 14850
607-319-4362

James Mark, MD
Orthopaedic Surgery
293 West North St
Geneva, NY 14456
315-789-0993

Joseph Massey, MD
Obstetrics/Gynecology Refer & Follow
195 Intrepid Lane
Syracuse, NY 13205
315-469-8700

Paula Muthig, RPA-C
Emergency Medicine
1425 Portland Ave #304
Rochester, NY 14621
585-922-3846

Kevin O'Connor, RPA-C
Medicine/Hospitalist
1425 Portland Ave #287
Rochester, NY 14621
585-922-5067

Beverly Provo, NP
Medicine/Internal Medicine
1208 Driving Park Ave
Newark, NY 14513

Robert Replogle, MD
Surgery/Neurological Surgery
601 Elmwood Ave Box 670
Rochester, NY 14642
585-273-3962

Ashlee Stutsrim, RPA-C
Emergency Medicine
Newark Wayne Emergency Dept
Newark, NY 14513
315-359-2847

Diane Thangathurai, MD
Family Practice Refer & Follow
800 Carter St.
Rochester, NY 14621
585-338-1400

CHANGE TO INACTIVE

Laura Baker, NP
Nirmit Kothari, MD
Beth Lertzman, MD
Susan Lopian, RPA-C
Thomas McMeekin, MD

MDS
NOW Available
the New RGH MDS
Member Directory

please call the Medical Staff Office at
922-4259 or email
marylou.mckeown@rochestergeneral.org
to obtain your copy

NEWS



IN HONOR OF

American HEART Month

The GRIPA Connect Patient Outreach Report indicated that an RGHS employee who has had Diabetes for over 6 years, had not had an "A1C" in over a year; despite having an appointment with their primary physician in the previous 6 months. The GRIPA Diabetes guideline recommends obtaining an A1C every 6 months for diabetic patients. Also, this patient's LDL has been 121 to 139 mg/dl for the past 3 years, though the goal is an LDL less than 100.

The patient had not had a "urine microalbumin to creatinine ratio" in over 2 years. Again, referring to the referenced guideline, it is recommended this test be done annually for this patient population. Diabetes is a progressive disease and monitoring helps prevent complications, such as impotency, amputations, ophthalmic, renal, and cardiac; devastating and costly for the patient and the community.

The GRIPA Patient Outreach Report provides a quick way for physicians' practices to identify patients that may need more care. Contacting this patient resulted in a physician visit as well as labs being done: including an A1C and lipid panel. The A1C was reasonably good (6.5%), though it had increased since the year before, and continues to bear watching every 6 months. The LDL cholesterol was still high (> 130 mg/dl) which indicates it's time to treat. Unfortunately, a urine microalbumin to creatinine ratio was not ordered. GRIPA's Clinical Integration Committee recently

discussed if the laboratories should start bundling the standard labs for patients with Diabetes who do not yet have nephropathy; (i.e. A1C, Lipid panel and urine microalbumin to creatinine ratio) under one check box; since patients are only getting the urine microalbumin annually about ½ the time.

Encouraging patients to take time to manage their chronic conditions can result in fewer complications, like heart attacks, down the road. Insist the patient schedules their next appointment before leaving your office. *Remember, Rochester General's Heart Institute is a nationally recognized award-winning cardiac program and wouldn't it be great to have employees of that system who are heart healthy too?*

The use of this report (Patient Outreach) not only identifies *contracted members that need more care but also supports the GRIPA Accountable Care Medical Program. The use of these reports helps to distinguish our physician and hospital network within our community and plays an important role in support of our existing and future contracts. The GRIPA Patient Outreach Report is located on the GRIPA Connect Portal under "My Reports".

If you do not already have access to the "patient outreach reports" through the GRIPA Connect Portal, GRIPA Provider Relations (585-922-1525) will be happy to assist you.

*Contracted Members – Essence, Wellcare, LiDestri Food & Beverage, RGHS, Paychex.

GRIPA Accountable Care Program SUCCESS

The GRIPA Network of physicians, working together with GRIPA Care Management, helps improve the delivery of health care.

GRIPA Accountable Care Medical programs are Chronic Condition Management; Cardiac Risk Management; Diabetes Prevention and Clinical Pharmacy.

LiDestri Food & Beverage is one of the employers contracting with GRIPA. LiDestri employees and dependents experienced positive results from the management of many chronic conditions including diabetes, hypertension, coronary artery disease and others. As a direct result of GRIPA's program, the clinical measurements show significant improvement after one year and are well above national averages.

The GRIPA program works with members to find them a physician, get to physician appointments at appropriate intervals, educate them to better manage their medical conditions and assure transitions of care are smooth so recurring problems are prevented.

Cindy Reddeck-LiDestri, MD FACC, the VP of Health and Wellness Program at LiDestri Food & Beverage said, "Our employees, through their contact with the caring and knowledgeable GRIPA team, are more engaged with their health care providers and are better equipped to take more responsibility for their own health. We see this program as providing great value, in both human cost and company dollars".


gripa
health care
could look like this™