



RGH MDS ELECTED REPRESENTATIVES

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- JEANNE GROVE, DO, Editor
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**24/7 PHYSICIAN
HOTLINE NUMBER
922-4414**

**DIRECT ADMISSION
NUMBER:
922-7333**

**2009 Quarterly
Staff Meetings
9/18, 12/18**

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

50% attendance recommended
for all attending Physicians



**ROCHESTER
GENERAL HOSPITAL
MEDICAL & DENTAL STAFF**

SEPTEMBER 2009

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>

PRESIDENT'S MESSAGE

I wanted to share with you some of the things your Medical Dental Staff have been working on over the past year or so. Your group of elected and appointed representatives have been very energetic in trying to enhance our representation of physicians, dentists and mid level providers.

We are very proud of the changes made to physician and staff parking over the past 15 months including a near doubling of the spaces available for the physicians on the ground level and also the creation of safe walkways with appropriate signage. Your representatives also proposed to the hospital board and secured an increase in medical board membership of two representatives to be appointed to assure a steady flow of new representatives to the MDS. We created an exit survey process to identify reasons why physicians are leaving the staff. We have continued to support NP, PA and CNM recognition awards. We made a decision to keep MDS committees active and autonomous to represent patients and staff. We worked diligently to remove ineffective and burdensome cumulative lab reports from the records, thus reducing staff workload and also the "messiness" of our records. We also moved vital signs to a specific area of the record and many of you have commented on how that saves you time on a daily basis. We have continued our efforts to redesign space and create more efficient and effective workspace with the addition of computers and phones to several areas. We are very proud of our efforts to highlight physician accomplishments and achievements and a page in the Forum is dedicated to this endeavor. We've also started a regular series involving physicians presenting their musical skills at noontime sessions in the Polisseni Pavilion.

We have worked tirelessly with administration on 14 topics of special importance to the MDS that range from efforts to eliminate hospital acquired infections to processes to enhance the efficiency of discharge of patients. A variety of our initiatives have centered around bringing physicians back to RGH and particularly to our campus and are proud of the fact that as of July 1st a new physician in private practice located to our campus. We have worked on a variety of other initiatives that support physician morale and have contributed your dollars to a variety of projects that we thought were of great importance to patient care and MDS.

Your MDS representatives meet on average four times a month exclusive of additional committee time. We have, however, been involved in activities that required us to meet two and three times a week for prolonged periods of time. We are very proud of the relationship we have with administration and with our hospital board to further patient and MDS initiatives.

I can go on and on, but wanted to give you a flavor of some of the things we have been working on, on your behalf. Our current MDS administrative team has just about a year left and I wanted to solicit from you ideas of what we could be working on to repre-



Richard Constantino, MD
President

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Revised Joint Commission Standard Effective July 1

By Barb Gerringer, Director, HIM

The Joint Commission revised standard—RC.01.01.01, EPs 11 and 19—requires hospitals to ensure that all entries in the medical record are not only signed, **but also dated and timed.**

Based on feedback from other facilities, we need to be prepared for a stricter survey process and medical record entries are likely to be a target.

The electronic signatures that we use incorporate these required components.

**PLEASE REMEMBER TO SIGN, DATE AND TIME YOUR ENTRIES
IN THE PAPER MEDICAL RECORD!**

CDIP CORNER – THE POWER OF THE PEN

The Cost of Documenting with an Arrow

By Mary Darrow, RHIT

The use of up arrow and down arrow in medical record documentation is of great importance to the Clinical Documentation Improvement Team. A medical record entry of ↓Na may mean hyponatremia in physician language; but, in coding/billing language it is of no consequence. Arrows *are not* approved for billing purposes as a diagnosis of hypo or hyper. Please see example:



A patient is admitted w/ an exacerbation of their chronic CHF and is also found to be hyponatremic. Physician A documents ↓Na in the medical record. Reimbursement is calculated at \$3,557 for a five day stay.

Physician B documents *hyponatremia* in the medical record. Reimbursement is calculated at \$4,961 for the same length of stay.

By simply replacing the arrow with “hypo” results in an increase in reimbursement of \$1,404. Therefore, always remember the “no arrow” rule and your patient’s hospital stay will be accurately coded and billed. Please call the CDI Office @ 922-3721 for any questions on this or any other medical record documentation inquiries.

Sands Family Cardio-Thoracic Intensive Care Unit Ribbon Cutting Ceremony

By Mark Clement, RGH President and CEO

As we look toward the bold new future of Rochester General Health System it is important to also celebrate the generosity of those who help make that bold new future possible. On September 10, 2009 at 4:45 p.m., we will dedicate the Sands Family Cardio-Thoracic Intensive Care Unit in honor of Rob Sands and his family. As Chairperson of our recent Partners Campaign, member of the RGHS Board of Directors and generous donor, Rob Sands has offered selfless and unwavering support to our health system.

The deeds of Rob Sands and his family serve as an example of the monumental amount of good that can come from a generous and civic-minded business leader. I hope you will be able to attend the ribbon cutting on September 10th and help us express our gratitude on behalf of RGHS and the Greater Rochester region.

Thank you for building a culture of philanthropy at RGHS.

The 38th Global Congress of Minimally Invasive Gynecology Recognizes an RGH MDS Doctor

Dr. Marc Eigg, RGH MDS Member since August 1997 in the Department of Ob/Gyn and Director of Urogynecology for West Ridge Ob-Gyn, recently submitted three advanced surgical videos for consideration to be presented in November at the American Association of Gynecologic



Laparoscopists Global Congress in Orlando. Of the 700 videos which were submitted all of Dr. Eigg's were selected to be presented. His submissions included:

- *Extreme Robotic Myomectomies*
- *Urogynecology and Robotic Abdominal Sacrocolpopexy*
- *A Rare Case of a Pelvic Assisted Robotic Abdominal Sacrocolpopexy*

Congratulations Dr. Eigg on making your work something that will be nationally viewed by OB/GYN's across the nation at the upcoming seminar. Yet another example of how RGH and its physicians are unique and bring expert quality care to the Rochester area.

President's Message, cont.

sent patients and our MDS constituents. Please contact any of your representatives listed on the front page of the Forum. We'd love to hear from you and work on issues of importance to you.

I also wanted to mention that Dr. Kevin O'Gara, a pediatric emergency medicine physician, has agreed to serve in one of the two MDS appointed positions and we are happy to welcome him to our team. Enjoy the rest of the summer.

HEALTH ADVISORY: 2009-2010 INFLUENZA SEASONAL VACCINE SUPPLY DETERMINATION AS REQUIRED BY PUBLIC HEALTH LAW §2112

Please distribute to the Infection Control Department, Emergency Department, Employee Health Service, Infectious Disease Department, Director of Nursing, Medical Director, Pharmacy Department, Pediatrics, Obstetrics and all primary care providers.

Effective July 1, 2008, New York State Public Health Law (PHL) §2112 prohibits the administration of vaccines containing more than trace amounts of thimerosal, a mercury-containing preservative, to children less than 3 years of age and women who know they are pregnant, with certain exceptions. This law requires that the Commissioner of Health make a yearly determination as to whether there exists an adequate supply of influenza vaccine that contains not more than 1.25 micrograms of mercury per 0.50 milliliter dose for women who know they are pregnant. The Commissioner of Health has determined that, as of August 15, 2009, there appears to be an adequate supply of such influenza vaccine for vaccination of pregnant women. In addition, there also appears to be an adequate supply of influenza vaccine that contains not more than 0.625 micrograms of mercury per 0.25 milliliter dose for vaccination of children less than 3 years of age. **Therefore, providers are required to purchase seasonal influenza vaccine that complies with PHL §2112 for pregnant women and children under three years of age only.** In the event of late failure of vaccine production, it may be necessary for the Commissioner to modify this determination.

Providers are expected to seek out vaccine that complies with PHL §2112. However, in those instances when providers have in good faith sought out influenza vaccine that complies with PHL §2112 but such vaccine cannot be obtained, vaccination of children under 3 years old and pregnant women is still recommended because the substantial risk of complications or death from influenza disease in these groups outweighs the unproven risk of vaccination with thimerosal-containing vaccine.

An official notification about PHL §2112 was released on April 23, 2008, in the form of a Health Advisory and can be viewed at:

https://commerce.health.state.ny.us/hpn/ctrldocs/alrtvi/ew/postings/doc080423_0.pdf.

Novel H1N1 Vaccine

The Federal government is working on a Novel H1N1 vaccine that will most likely be available in the fall. This declaration does not apply to Novel H1N1 vaccine. A separate communication will be issued about thimerosal and

Novel H1N1 vaccine when it becomes available.

Additional Information

Additional information regarding vaccine safety, including the use of thimerosal in vaccines, can be obtained at the Centers for Disease Control and Prevention's National Immunization Program website at <http://www.cdc.gov/od/science/iso/>, and at the website of the U.S. Food and Drug Administration at <http://www.fda.gov/cber/vaccine/thimerosal.htm>.

For further information, please contact your local health department or your regional New York State Department of Health Bureau of Immunization representative at the following:

Western Regional Office Central New York Regional Office

Buffalo: (716) 847-4385
Syracuse: (315) 477-8164
Rochester: (585) 423-8114

Capital District Regional Office Metropolitan Area Regional Office

Troy: (518) 408-5278
New Rochelle: (914) 654-7149
Central Islip: (631) 851-3096
Monticello: (845) 794-2045

For questions about ordering vaccine in New York State (outside of New York City), Vaccines for Children (VFC) providers can call 518-474-2506 or toll free at 800-543-7468 during business hours.

Providers and facilities in New York City should contact the New York City Department of Health and Mental Hygiene at 212-676-2323. For questions about ordering vaccine in New York City, VFC providers can call 212-447-8175 during business hours.

Trying to obtain A Consult for GI, Vascular and Neurology???

You can now call the easy number

922-7333

for your consult as well as any direct admissions

RGHS Cares for Employees with New Benefit through GRIPA

Care Management Services is a significant part of GRIPA's Clinical Integration program, and all RGHS employees receive this benefit as Clinical Integration "members". Care Management Services partners with doctors to give members personalized education, care coordination, and reduced out-of-pocket costs. Our healthcare system can be difficult to navigate and the amount of information providers and patients handle is staggering. The technology GRIPA created efficiently organizes this information, allowing care managers and providers to identify members with chronic conditions that may benefit from extra care, or members at risk for a serious illness that is preventable. GRIPA's team of pharmacists, social workers, and nurses work together to:



- Help patients make their appointments and identify what issues to discuss, which addresses the barriers that prevent a patient from accessing health care providers
- Remind patients to get their blood drawn or see a specialist, which supports the standards of care for chronic diseases such as asthma, diabetes, high blood pressure, and more
- Educate patients about their medications, when urgent care is a better choice than waiting for an appointment with the doctor, and how to make healthy decisions every day, all of which adds up to improved health and lower costs for patients.

During 2009, Rochester General Health System engaged the GRIPA Clinical Integration program for all RGHS employees and their families – one more step towards Excellence Every Day. We at GRIPA are excited at this opportunity to share our expertise and services with the people we work so closely with everyday as we reach out by phone or mail to the employees who may benefit the most. With GRIPA working hand-in-hand with employees, family members and their doctor, the chance of working with the healthiest hospital system in Rochester just got better.



"Rochester General Health System engaged the GRIPA Clinical Integration program for all RGHS employees and their families – one more step towards Excellence Every Day."