

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>

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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

6/17, 9/16, 12/16

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

50% attendance recommended
for all attending Physicians

Paging Dr. Jetson

It's strange how well I remember an experience from 5th Grade considering most of the year is a black box buried deep within some random hippocampal neurons. It was a movie we watched near the end of the school year. I suppose the teacher was reaching for relief from endless months of lesson plans and restless students anxious for summer vacation. Whatever her motivation her simple decision has stayed with me. The movie, whose title is locked somewhere in that black box, was about the future.

In vivid detail the writers described what life would be like in some far distant year fifth graders don't comprehend. They discussed new technologies, undreamed of tools, new ways of doing things and other futuristic ideas that left me wide eyed and incredulous. I can recall some of the scenes. There was a school that didn't require buildings. Students were taught at home from TV's. One of the sample lessons included a teacher who actually talked to her students through the screen. In those days no one knew these TV's would be called computers. Another scene showed a kitchen. When hungry, the silver button was pushed. Once activated, the button released a freezer door, that expelled a frozen dinner, that traveled down a track, that landed in an oven, that cooked the food, and that left no dirty dishes to wash. Transportation would include advanced cars with aerodynamic designs, audible instructions and a vast array of new buttons and features. Homes would be energy independent and constructed of recycled materials. This movie was like a real life George Jetson cartoon where his fantastical space-age world became reality.

Not many years later while the movie was still on my mind, my mother and I were visiting a friend of hers. This lady was the first person in our community to have a microwave oven. "It was so amazing!" she explained. "Let me demonstrate."— and there we watched, mouths agape as she cooked a hot dog. She did confess that her attempt at cooking a turkey left it white and rubbery. My mother concluded that a special oven for cooking hot dogs we seldom ate was not worth the investment.

My! How things have changed. Images from that futurist thriller bring a smile to my face as I contemplate how much is now reality and how many unimagined advances still await us. Microwave ovens, on-line learning, interactive lectures, wireless technology, email, facsimile and Skype are just a few tangible evidences of our world's technological manifest destiny. In our technology rich healthcare environment I see automatic medication dispensing cabinets, bedside labeling, bar coding, robotic surgery, telemedicine, remote access to records, and an integrated enterprise electronic health record as astounding advances that are changing our world. Additional technologies in various stages of development and adoption include: e-prescribing, voice recognition transcription, iPads, etc.

As physicians our adaptation to these technologies will be crucial for our success. More importantly they will be crucial for our patients' care. We will no longer be able to deliver high quality and safe care without the help of these 22nd Century wonders. With the implementation of CareConnect we will benefit from data capture tools that will enhance our



Dr. Robert Mayo,
President RGH MDS

The Rochester Medical Museum & Archives

By Kathleen Emerson Britton, Director/Curator of Collections, Rochester Medical Museum and Archives



The historical collection that has developed into the Rochester Medical Museum and Archives was established in 1947 as part of Rochester General Hospital's centennial celebration. Through the years, the collection has grown to include documents and photographs detailing the historical development of RGH as well as historical artifacts and uniforms. Following the closure of The Genesee Hospital in 2001, their historical materials came into the Archives' care, as well as materials related to ViaHealth, Newark-Wayne Community Hospital and twelve other special collections relating to organizations that had either their start or an affiliation with RGH or TGH.

The Archives are proud to serve as the institutional memory of RGHS. As part of our effort to document the system's history, we

collect items such as board, committee and departmental correspondence, reports, memoranda, minutes, files and subject files; audio-visual materials and conference recordings; photographs of departmental employees and activities; memorabilia such as uniforms, instruments and small furniture and biographical information on departmental staff including the personal records of retired or deceased staff. While these items may sound boring and run of the mill, they provide us with detailed information regarding the day to day activities and special events in the life of a department and the institution as a whole.

The Archives are open daily from 9am to 4pm and are currently located at Carlson Park. We may be reached at 2-1847 or by email at vacarchives@rochestergeneral.org.

Pharmacy & Therapeutics March 2011 Updates

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

New Additions:

- **Denosumab (Xgeva):** *Restricted to the outpatient setting* due to the high cost and non-emergent indication. Denosumab was added to the formulary for the prevention of skeletal-related events in patients with bone metastases from solid tumors, but should not be used for patients with multiple myeloma. Supplementation with calcium and vitamin D is required to treat or prevent hypocalcemia while on this medication. The most common adverse events leading to discontinuation were osteonecrosis of the jaw and hypocalcemia. It is also recommended that denosumab only be used as an alternative to zoledronic acid, not as a first line agent.
- **Posaconazole (Noxafil):** *Restricted to Infectious Diseases or Hematology/Oncology.* Posaconazole is an oral triazole similar to fluconazole and itraconazole, but has broader coverage to include a few other strains. It was added to the formulary

for the prophylaxis of invasive fungal infections and the treatment of fungal infections. At this time, **there is a national shortage of posaconazole.** Until the shortage resolves, the Infectious Diseases and Hematology/Oncology Departments are recommending fluconazole 400 mg po daily as an alternative agent in immune-compromised patients.

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

- Norepinephrine Injection – severe national shortage continues; all stock has been pulled from code blue carts and Medselect machines; pharmacy is making the infusions on demand
- Metronidazole 500 mg tablets – no reason has been provided for the shortage; 250 mg tablets are available and may be used for the 500 mg doses

ROCHESTER GENERAL HOSPITAL MEDICAL & DENTAL STAFF

Congratulations Zina Sciortino, NP



Rochester General Hospital Winner of the 2011 Patricia M. Lewis Award

NOMINEES INCLUDE:



Debra A. Bunt, RPA-C



Janice Cosgriff, RPA-C



Jill G. Glunz, CRNA



Ryan K. Hand, RPA-C

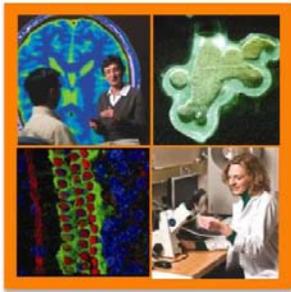
The Rochester General Hospital Medical & Dental Staff created the Patricia M. Lewis Award of Clinical Excellence for presentation to one adjunct staff member annually. The award is named to memorialize Patricia Lewis who provided exemplary high level, competent, compassionate care and was a leader whose efforts yielded much recognition for Rochester General Hospital. All Physician Members of the RGH MDS can make nominations.

Characteristics of the award include:

- 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

The RGH MDS Adjunct Staff Members total 324, a growth of 112 since 2001, which in itself shows the importance of the Adjunct Staff as partners in excellent quality care. Please take a moment to congratulate Ms. Sciortino as well as each of the nominees for the work they do and the acknowledgement they have gained from the RGH MDS. May each of you walk the halls with great pride!





See what the future holds...



Research Seminar Series

Wednesday, April 13, Weiner Room, Noon – 1:00 pm

High Frequency Ultrasound Characterization of Biofilms

Dr. Michael Pichichero & Maria Helguera, Ph.D.

Ultrasound non-destructive evaluation uses high frequency ultrasound to interrogate materials without affecting their performance or structure. The overarching goal of this study is to develop a high frequency, pulse-echo ultrasound system to non-invasively image and characterize biofilms in children during nasopharyngeal (NP) colonization with potential otopathogens and during acute ear infections (acute otitis media, AOM). This project focuses on biofilms grown *in vitro* on coverslips and then on NP and middle ear epithelial cells to determine the feasibility of detecting and characterizing parameters such as biofilm thickness, viscosity, density, macrostructure and microstructure. These parameters are needed to understand image properties and design an efficient non-invasive protocol to identify, map the progression over time, and differentiate between single-species and multiple-species biofilms.

Tuesday, May 17, Weiner Room, Noon – 1:00 pm

Using IVC Filter to Capture Circulating Tumor Cells

Dr. Bishoy Faltas, Steven Day, Ph.D. & Anthony Harkin, Ph.D.

The formation of distant metastasis is the main cause of morbidity and mortality in cancer patients. Hematogenous spread through venous drainage is the main route of metastatic spread. Prostate cancer is the second leading cause of cancer-related death in the United States among men and is the most commonly diagnosed cancer in American males. As with other solid tumors, hematogenous spread through the venous system is one of the main modes of spread of prostate cancer leading to the formation of distant metastasis. The metastatic cascade involves many complex steps but each step is considered rate-limiting because interruption of any step disrupts the entire cascade and could halt distant spread of the disease. Currently, there are no effective targeted therapies that selectively target circulating tumor cells in the circulation to prevent distant metastasis. The goal of this research is to demonstrate the feasibility of using a modified IVC filter as magnetic bioseparation device to selectively attract and capture circulating tumor cells tagged with magnetic nano-particles to interrupt the metastatic cascade.

Wednesday, June 15, Main Conference Room (Back), Noon – 1:00 pm

Low Vision Assistance Using Smart Phones

Andreas Savakis, Ph.D., Dr. Gwen Sterns & Gary Behm

The long term goal of this research is to develop a portable system on a smart phone platform that enables individuals with visual field loss to train their eyes and brain to operate at a preferred area of their visual field, and thus improve aspects of their lives that have been negatively impacted by their visual impairment. For example, an individual who has lost central vision will be able to utilize our system to relocate the image to a functioning area of the retina and zoom into image regions of interest. This will enable improved vision and as a consequence result in improved function. The idea is to provide individuals with a system that can circumvent many of the problems associated with partial visual loss, by essentially using the remaining visual field to improve functional vision, and hence increase independence, ability to work, interact with the environment, etc.

Tuesday, September 20, Weiner Room, Noon – 1:00 pm

Biomimetic Inspired Muscle Actuator

Wayne Walter, Ph.D., Dr. Michael Leit & Dr. Steven Posnick

This project aims to design, build, and test an artificial arm or leg muscle prototype by integrating multiple types of electroactive polymers (EAPs) to mimic how a human bicep muscle is made up of multiple types of muscle fibers, for applications to muscle implants and prostheses with fluid-like motion.

Sandwiches and beverages will be provided.

For more information or to RSVP, email cindee.gray@rochestergeneral.org or call 475-4017.

Paging Dr. Jetson cont. from pg. 1

understanding of our clinical work and the outcomes we deliver. Based on these data we will be able to adjust our practice patterns in ways that have challenged us in the past. Clinical Decision Support will help guide physicians and providers through evidence based medicine and alert us to known contraindications or other hazards. I am very heartened by the many physician champions who are committed to supporting their colleagues during our CareConnect transformation this coming year. My thanks to you!! I also appreciate the leadership of Dave Kamowski, (Chief Information Officer, RGHS) Bob Nesselbush (Chief Financial Officer, RGHS and CareConnect Project Leader) and Dr. Rob Bierbaum (Chief Medical Information Officer) and the many nurses and team members who are devoted to leading and supporting this effort.

Notwithstanding these experts' help, we will all struggle on some level with this transformation. Learning to navigate the program, finding needed data, typing accurately, and voice recognition transcription are only a few of the new skills that will be required for rounding. Our learning curves will no doubt be arcing upward.

Now that the electronic medical record is within reach we no longer need George Jetson's imaginary future world or the faded memories of fifth grade science class. The future is now. Let's embrace the marvelous opportunities of today.

Letter from the Editor

By Dr. Jeanne E. Grove, RGH MDS FORUM

After reading Dr. Mayo's so eloquently written article "Critical Communication: Our Linguistic Legacy", I was inspired to take a step back and critically examine my individual style of communication and the impact it may have on potential episodes of communication vs. miscommunication - negative communication.

This article is a reminder for each and every one of us to step back and examine our communication skills to include as Dr. Mayo stated "**the composition of communication through our words, vocal inflection and body language**".

It is a true reminder of how we need to be cognizant of our behavior and communication. Many times, perceived behavior is not necessarily the reality. That being said, in working day to day among our colleagues, patients, families and visitors we, as professionals must seriously take ownership of the culture of patient safety at every level. It is heartwarming to know that at Rochester General Hospital "negative communications appear less common than reported elsewhere". None the less, it is important to be continually vigilant of our professional presence. Periodic evaluation of our current practice is imperative to assure that we are compliant and continually strive to place ourselves at the forefront of a positive experience for our patients, staff, families and visitors. Continuous surveillance of our own behavior as it relates to overall communication can position Rochester General Hospital as a role model of success. Positive results in our communication skills, professionalism and system based practice will only yield compliments.

A sincere thank you Rob for your excellent article... the reminder to effectively communicate and promote the culture of patient safety.

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

Siddharth Malhotra, MD

Attending, Department of Surgery/General Surgery

1425 Portland Ave #245
Rochester, NY 14621
(585) 922-4518

Jessica Rey, RPA-C

Department of Medicine/Infectious Disease

1425 Portland Ave #246
Rochester, NY 14621
(585) 922-4331

Alycia Strobert, RPA-C

Department of Emergency Medicine

1425 Portland Ave Box 304
Rochester, NY 14621
(585) 922-3846

CHANGE TO INACTIVE

Kathleen Collins, NP

Michael Feinstein, MD

James Montesinos, MD

Linda Nelson, NP

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

Moving FORWARD

In the last issue of this Forum we made reference to the GRIPA Accountable Care Medical Program (ACMP) in relation to the Patient Outreach Report. In this issue we hope to provide more details to the ACMP “canvas”.

In this competitive market of health care contracting there is a distinct advantage to the provider network which can distinguish itself from the general provider population by demonstrating, using outcomes data, performance superior to the norm. GRIPA, using its proprietary analytics software and the practice management data submitted by all our member providers, coupled with lab and claims data where available, is able to graphically represent our/your network performance. Having developed this capability over the past few years, it is now time to refocus our efforts on distinguishing our outcomes performance.

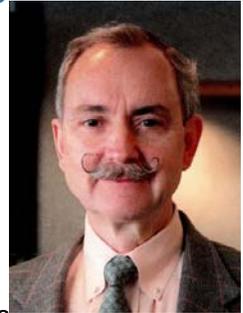
This is where the ACMP: Cardiac Risk Management, Chronic Condition Management, and Diabetes Prevention, comes to the fore. GRIPA administrative staff and Care Management Services, in collaboration with your Clinical Integration Committee, have identified a relevant, manageable, set of conditions judged most serviceable to:

1. Improve care for those patients representing the most immediate, greatest, risk for complications and consuming the most resources.
2. Enhance providers’ understanding and appreciation of the utility and potential of the GRIPA Connect portal: e.g. Patient Outreach Reports.
3. Sharpen our focus on those conditions whose improved management will best serve to distinguish our results in the current “performance” arena.
4. Create the necessary foundation for the providers to succeed in the pay for performance environment and allow GRIPA to sign additional contracts on behalf of our physician and hospital owners.

Accept it or not, the fact is that the medical payment model is rapidly migrating away from “fee for service” to pay for performance “P4P”. **Your Clinical Integration Program is well positioned to support and represent your performance. BUT... organization and collaboration are key. This is**

impossible without your active participation.

Towards this end: physician support, the Patient Outreach Report improves the quality of care by identifying to providers, those patients out of compliance with guideline-directed care: appropriate office visits or treatment goals. Accruing from this is a secondary benefit of adding to practice revenues by reaching out to these patients and filling “gaps in the schedule” most efficiently; as appropriate care indicates. To demonstrate, we ran a test sampling of one physician’s practice with the selection criteria focusing around just the ACMP conditions and associated measures.



Jeff Dmochowski, MD

In this sample were identified 260 patients who did not meet the quality measure (s) established by the clinical guideline (s) addressing their condition(s). **This would indicate there is a significant population of patients in our community with, or progressing toward, a chronic illness who will benefit from seeing their physician and receiving appropriate care.** GRIPA Care Management Services, in conjunction with the PCP office staff, reach out to contracted members in need of care to successfully schedule them for visits or lab tests as necessary.

The ACMP, in order to most effectively produce the data to distinguish our performance from the rest of the community and avoid diluting effort over the entire population under our care, limits its focus to only those patients currently encompassed by contracts we have with: LiDestri Food and Beverage, RGHS, Paychex, Essence, and Wellcare. Once we have proven the model we will look toward broadening the patient pool.

We invite your opinions.

Jeff Dmochowski, MD
GRIPA, Chief Medical Officer
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Jeffrey.Dmochowski@rochestergeneral.org

