

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>

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24/7 PHYSICIAN
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922-4414

DIRECT ADMISSION
NUMBER:
922-7333

2010 Quarterly Staff Meetings

3/19, 6/18, 9/17, 12/17
7:30 - 9:00 a.m. Twig Auditorium

50% attendance recommended
for all attending Physicians

PRESIDENT'S MESSAGE

Although many exciting things continue to happen at Rochester General Hospital, this has been somewhat of a "slow news month". I thought I would give you a break from reporting on the Medical Dental Staff initiatives, although we'll come back with exciting updates in this regard next month. As I was contemplating what I'd write about, one of my physician colleagues mentioned that he had heard a quote attributed to me on the radio. He asked if I would share that quote and others with the Medical Dental Staff.

You may wonder why on earth Rick Constantino was quoted on the radio; I asked myself the same thing. Basically my daughter-in-law Stephanie runs the CATS program at Camp Good Days. One of the major supporters of that program is a gentleman named Peter Parts who owns a large electronics firm that is international and he coordinates an annual wine event for Camp Good Days that raises in excess of one hundred thousand dollars a year for the charity. Although he advertises quite frequently on the radio, he rarely mentions anything about his business, but rather gives the listening audience a quote or "thought for the day". At a Camp Good Days event this past summer he mentioned to me that he heard I had quotes and asked if I would share some with him. I was happy to do so and have been totally shocked by the response of colleagues, patients and friends who have now heard some of these.

Over the years I have used these quotes in not only dealing with my children, but also very frequently with patients. Many of these have simply been altered forms of other quotes, although a few I think I came up with myself. Let me share just a few with you in no particular order.

"It is not what you achieve, but what you overcome". This speaks to the fact that some individuals have great advantages in their lives in their "starting point". Others with modest backgrounds may achieve far less in a material sense, but have clearly had to overcome far greater challenges.

"Perhaps the best measure of a man or woman is not what they have achieved, but what they aspire to be". We may fall short of our idealized goals for our own personal characteristics, but the goals we have established speak volumes about us.

"One cannot judge success in this lifetime". So many of those things that people judge as markers of success are truly not the things that make us the best people we can be.

When it comes to raising children, I've been impressed by the statement "In most cases our children become what we are, not what we say". This can be a reassuring thought, but also a very scary one. I also have found great truth in the statement **"That whatever we don't deal with as a personal flaw in ourselves, we'll frequently get another chance to work on in our children"**. And when it comes to being the best father, one of my patients told me that **"The easiest path to being a great parent is first in being a great spouse"**.

When it comes to time management, something I've been very challenged in, I remember the words of my father **"If you are rushing, you're already too late"**. This has great



Richard Constantino, MD
President

Fourth Annual RGH MDS Patricia Lewis Adjunct Staff Award

The RGH MDS has long been considered the Adjunct Staff Membership of their organization to be a valuable team of health care professionals who extend the quality of clinical services provided by the MDS Physician Members. As a result, the MDS has established an Annual Award that will be announced each March during the MDS Quarterly Staff Meeting in conjunction with the Father George Norton Physician Excellence Award.

The MDS named the award after the Nurse Practitioner Pat Lewis who served RGH, its physicians and its patients for over 32 years. Pat was a humble leader, an innovator, who had great resiliency and perseverance as well as a teacher who showed great loyalty. It was the example that Pat set during her day to day interventions that characterized her as a superb nurse practitioners. She set the standard for all nurse practitioners, physician assistants and the entire Adjunct Staff.

We honor Pat in making this annual award a tribute to her devotion and knowledge.

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:

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

Excellence Qualities/Characteristics:

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

We strongly encourage you to nominate any deserving candidate as not just the winner benefits. Recognition for the nomination alone is year round with the nominee pictures on the hospital screen saver and posters remain throughout the hospital with the nominee name and picture for a year. Please take the time to show how much their efforts in patient care excellence are appreciated.

In an effort to simplify the nomination process, we will no longer have packets for nominations. Instead, a letter of support will be the only required documentation. You may submit more than one letter or other supporting documents but it is not required. Nomination letters should be returned to Mary Lou McKeown at 922-4259 or marylou.mckeown@rochestergeneral.org. All ballots must be returned by **Friday, February 5, 2010**.

PREVIOUS WINNERS:

2009 - Jonathan Scott, RPA-C

2008 - Dottie Chilton, NP

2007 - Margaret Ecklund, NP

Communication between Hospitalists/ED physicians and Primary Care Provider

*By Kathy MacMaster RN MS
Director of Communications*

In Mid – November we had pilot between the Hospitalists and the RGH switchboard. If the hospitalist you can call the switchboard at 922-4000 if you need to communicate with PCP regarding patient status. You need to tell the operator "This is Dr. XXXX, I need to speak to Dr. XXXX about his patient XXXXX. Please conference him/her to my cell phone." For the switchboard "This is the RGH switchboard operator, Dr. XXXX of RGH would like to speak to Dr. XXXX about his patient XXXX. You can call him/her at the cell phone XXX-XXXX". The switchboard operator calls the pager, cell phone, and the main line for the office. If the physician information is not in Intellidesk, the switchboard operator should go the internet and use Google to get the find the physician information. The operator could contact the physician. If in not in Intellidesk, you should do a email for Aaron Montarari, the group leader for the switchboard. Aaron can add to Intellidesk.

Message from Mark Clement, CEO

As you know, last December RGHS entered into an exciting, strategic alliance with RIT to leverage the strengths of both institutions as the fields of Biotechnology and Medicine rapidly converge.

Tomorrow, December 11, we will host a news conference to present to both of our institutions and our community a progress report as we reach the one-year milestone of our strategic alliance. The news conference will begin at 10:00 a.m., in the Polisseni Pavilion.

RIT President William Destler and I will be joined by RGHS physicians, and professors and students from RIT, and will provide highlights of some of the accomplishments achieved over the past 12 months. Some of that progress that will be reported on tomorrow includes exciting collaborative initiatives in the areas of Education and Research:



Education:

- Awaiting approval from NYS on RIT's BS/MS degree program in Physician Assistant studies. RGH is assisting by expanding the on-site, clinical internship training phase of the program.
- A Biomedical Photographic Communications course – co-taught by Dr. Ralph Pennino - launched this September gives students valuable experience and provides greater depth and frequency of documentation than previously possible for surgeons.

Research:

- Working collaboratively, Dr. Michael Pichichero, staff at Rochester General Research Institute and RIT faculty applied for and received two NIH grants through the American Recovery and Reinvestment Act. To date, funding has been secured for studies underway related to topics such as biofilms, which impede the effectiveness of antibiotics, and the development of effective vaccines that might help prevent ear, throat and sinus infections, as well as bronchitis and pneumonia in children.

The great progress made in a relatively short period of time is both exciting and encouraging for both RGHS and RIT, as well as our entire community. I am confident that, as we move forward, this strategic partnership will enable us to further improve the world class care and service we provide to our patients and help us achieve our vision of becoming the healthcare provider of choice in our region.

Successes such as this are achieved only through a team effort. So, I would like to invite you, if your schedule allows, to join us tomorrow as we announce and celebrate the progress we have made with this important partnership!

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

Dennis Bender, RPA-C
Department of Medicine/Dermatology
1850 Brighton Henrietta TL Rd
Rochester NY 14623 585-292-8460

Kathleen Collins, NP
Department of Medicine/Internal Medicine
1208 Driving Park Ave
Newark NY 14513 315-359-2640

Norman Gray, Jr., MD
Department of Medicine/Hospitalist
1425 Portland Ave #287
Rochester NY 14621 585-922-5607

Ahmet Guler, MD
Department of Medicine/Hospitalist
1425 Portland Ave #287
Rochester NY 14621 585-922-5607

Jamie Krautwurst, RPA-C
Department of Emergency Medicine
1425 Portland Ave Box 304
Rochester NY 14621 585-922-3846

Mary Nasta, RPA-C
Department of Medicine/Internal Medicine
222 Alexander St #5000
Rochester NY 14607 585-922-8003

Michael Rivero, MD
Department of Radiology
1415 Portland Ave #190
Rochester NY 14621 585-922-4483

Lisa Rizzo, NP
Department of Medicine/Internal Medicine
1200 Driving Park Ave
Newark NY 14513 315-332-2427

Joan Thomas, MD
Department of Cardiac Services/Cardiology
101 Canal Landing Blvd #8
Rochester NY 14626 585-239-7300

Kenneth Toner, MD
Department of Surgery/General Surgery
Driving Park Ave Box 111
Newark NY 14513 315-359-2670

Tim Feldman Appointed Senior Leader for Marketing and Public Relations

In an October communication which highlighted a number of leadership and organizational changes, I shared with you that our system has appointed a new senior leader for Marketing. I am delighted to inform you that Tim Feldman will be joining our organization as senior leader for Marketing and Public Relations, effective next Monday, December 7.

Tim was selected following an extensive national search. He completed his Masters Degree in Business Administration / Marketing from the Kellogg School of Business at Northwestern and will bring to this role more than 20 years of progressive marketing and marketing leadership experience.

Prior to joining us, Tim was Principal at MMI Consulting in Boston, where he assisted clients ranging from Pfizer Pharmaceuticals to Passport Health Communications. His previous experience also includes marketing and leadership responsibilities for a number of national firms, including Prodigy, Simon & Schuster and PepsiCo.

As Senior Leader, Tim will lead and integrate our Marketing, Public Relations, Market Research, Web and Social Networking, Call Center, and Physician Services/Liaison functions. In this role, he will work with our physicians and affiliate leaders as well as other team members to develop and execute strategies which will continue to educate our community and differentiate RGHS for excellence in clinical quality, the patient experience and convenient and timely access.

Although Tim will relocate from Boston, he and his wife are natives of Rochester and are looking forward to returning to their hometown with their three daughters. Please join me in extending a warm welcome to Tim as he begins his tenure at RGHS.

I would also like to extend my thanks and appreciation to Amy Craib, who in addition to her important role in leading our Rochester Heart Institute, has done a wonderful job in lending leadership support to our Marketing Department for the past 15 months. Thank you, Amy!

How are we doing?

*By Chris Reynolds, MD, Director of Patient and Customer Relations
Rochester General Hospitalist Group*

In part one of this three-part series I outlined the current status of the Rochester General Hospitalist Group. I mentioned our aims to improve quality of care, service satisfaction, efficiency and education. In this month's writing, I'd like to share "How we're doing" on the tasks we've set for ourselves.

From the quality perspective, our combined CMS Core Measure compliance (CHF, MI, Pneumonia) rose from the high 70s, to above 95%. This improvement is due largely to modifications to the electronic discharge instructions (which simultaneously drove substantial improvement for all RGH attending physicians). Our DVT prophylaxis rates are up from 75% to 100%. Perhaps most importantly, our mortality rate is approximately 2%, compared with an expected mortality rate of 5% at other NY hospitals and corrected by severity of illness. This means that every day, nearly one of our ~30 inpatients survives who would not have, had they been admitted to a different hospital in New York.

On the task of service satisfaction, which is measured by Press-Ganey, we've seen more modest gains. Through education of providers and patients, patients' satisfaction with their hospitalists has risen from the 20th percentile to 32nd percentile. A major push to improve communication with our outpatient partners began late this past summer and continues presently. 98% of discharge medication lists and 78% of discharge summaries are transcribed and available in CCS within 72 hours of discharge, providing outpatient continuity providers with the necessary information to continue the patient's care as an outpatient (published benchmark is ~20%). Social events where hospitalists and PCPs could meet were set up.

Our efficiency has improved as well. Over the past 5 years, our admission volume grew from 6,500 to 16,000 admissions, now comprising 75% of medical admissions to RGH. However, with simultaneous reductions in length of stay and the corresponding increase in available bed-days, this has allowed 5,600 additional discharges per year: patients who might have been diverted from RGH due to bed shortages instead received care and generated revenue for the system. Readmission rates have been steady, and similar to non-RGHG medical patients. Moreover, the costs of hospitalization per patient are \$4,000 less than would be predicted given the case severity.

Lastly, our role in the education of residents has expanded. In 2004, two resident teams were attended by hospitalists. Now, five of the six teams are attended by hospitalists. Both Assistant Program Directors are hospitalists and hospitalists are assisting in morning reports, medical student precepting and other roles.

Many of these achievements come from institutional changes that improve patient care. We would like to take this opportunity to thank the many individuals and departments for their contributions to these accomplishments: Thank you!

Next month you'll hear about current challenges and upcoming goals of RGHG. If you have any comments or questions about our program, please contact myself, Dr. Walter Polashenski, our Unit Head, or Dr. Balazs Zsenits, our Medical Director at 922-5067.



Dr. Constantino cont. from page 1

application for me when I get behind in the office. I have learned over the years that if I am running behind, I should not try to rush to “catch up”, but rather give every patient whatever time they need as it wasn’t their fault that I am running behind. Again, over the years I have found patients to be much more accepting of my tardiness when I didn’t try to catch up during their time. I love the concept of truly happiest people being those who have “everything money can’t buy”. When it comes to stress and anxiety, a patient of mine who was a harbor master in Boston and moved here in later life often reminded me that **“The most rickety of wooden ships on the roughest seas will never sink if you don’t let the sea in”**. That phrase has been very meaningful for many of my patients, but sometimes it is hard to keep the sea out. Another phrase that I have enjoyed is that **“There are two things you can never get back, time and words and we need to be very careful with both”**. As I have attempted in my practice to educate individuals as to what they might expect as their parents age, I love the quote **“Once a man, twice a boy”** or certainly **“Once a woman, twice a girl”**. It’s remarkable to me in the continuum of life of how everything we do as children including incontinence, edentialessness, pettiness and total dependence upon others disappears as we go from being a boy to a man, but then returns again in our later years as we go from being a man or a woman to a boy or girl again and with all of our states of dependence and physical inadequacies playing out before we go to heaven. I’ve also enjoyed the concept of **“It doesn’t take nine months to make a baby, in explaining a gestational period, but it does take God nine months to begin to make a father”**. Certainly in some instances men are less than sensitive or aware of the difficulties of pregnancy, but after watching the one you love go through months of nausea, vomiting, fatigue and the pain of labor, perhaps some of us become more sensitive. And lastly and somewhat humorously, you may remember the old joke about **“When it comes to breakfast the chicken makes a contribution, but the pig makes a commitment”**. Peter Parts recently used my adaptation of that quote which is **“When it comes to conception and then the responsibility for children, men unfortunately sometimes make just a contribution, whereas woman make a commitment”**. His feeling was that men need to make a commitment as well.

In any event, it is just some lighthearted thoughts for the day. Dr. Bob Heinig recently told me he was driving somewhere just before 11 p.m. at night and heard a quote attributed to me on WHAM. Again, I would remind you that many of these are adaptations of other people’s quotes, but in many instances in my own life and with my patients I found them useful.

I hope that you have enjoyed the holiday season, but more importantly I hope that you all remember how special each of you are and how remarkably blessed we are to be allowed to care for and interact with patients. I hope that this gives you a warm holiday glow every day of the year.

Lastly, I would remind you that we will be seeking nominations again for MDS officer positions and if you have an interest yourself or wish to nominate someone, please contact any one of our MDS officers directly.

CDIP CORNER – THE POWER OF THE PEN Documentation of “Mental Status Changes”/ “Altered Mental Status”

By Mary Darrow, CCDS

Often a patient comes into the physician’s office or ER and the principal complaint is “mental status changes.” While this documentation is appropriate when first seeing the patient, a more specific diagnosis is necessary to assure that the severity of illness is appropriately captured.



AMS is a symptom and when more specifically defined according to its nature, will increase the severity of illness. In addition, documentation of the underlying cause of the mental status changes can have an additional affect on the SOI/ROM and reimbursement.

The following chart illustrates how Altered Mental Status can be more accurately documented according to nature, chronicity and underlying cause:

NATURE	Dementia, Delirium, Psychosis, Stupor, Coma, Vegetative State
CHROMICITY	Acute, Chronic Acute on Chronic
UNDERLYING CAUSE	Alzheimer’s Disease Encephalopathy (indicate type and underlying medical illness) Infection Lewy body dementia Acute Stroke Late effect of stroke Transient ischemic attack Generalized cerebral ischemia Seizure disorder Normal pressure hydrocephalus Psychiatric illness (indicate type)

Using the table above, mental status changes can be more accurately documented as illustrated below:

- (1) 88 yr old female with E-coli urinary tract infection complicated by Senile Dementia w/ acute delirium
- (2) 59 yr old male arrives at hospital with mental status changes secondary to accelerated hypertension with hypertensive encephalopathy.

The next time you have a patient presenting with mental status changes, remember nature, chronicity and the underlying cause when documenting in the progress notes and your patient’s severity of illness will be accurately portrayed.

Please contact the CDI Office with any documentation issues @ 922-3721.

GRIPA Connect ePrescribing and The General Apothecary: A PHARMACY POINT OF VIEW



The General Apothecary at Rochester General Hospital is currently accepting electronic prescriptions from GRIPA Connect.

"I like the versatility of the GRIPA program and its ability to exchange safe and accurate prescription information between the provider and the pharmacy", says Kristine Horan, Outpatient Pharmacy Manager.

The Apothecary staff has noticed a reduction in time required when filling prescriptions generated electronically. Listening and transcribing medication and patient information from a dictated voicemail can be time-consuming for a pharmacist, and there is also a possibility of miss-interpretation of pertinent drug or patient data, potentially contributing to medication errors. If clarification of the order is needed, the pharmacist has to call the provider's office, which can delay the patient from getting their prescription

filled and cause customer service issues.

With the ever-increasing volume of prescriptions, the goal of most pharmacies is to reduce the turn around time, along with providing safe dispensing. The time that is saved with electronic prescriptions allows the pharmacist more time to be available to patients to explain their medications and answer any questions they may have.

The transition to electronic prescribing has pharmacists working diligently with their own software vendors to create a seamless process. GRIPA Connect provides safer and more efficient prescriptions to our patients by coordinating third party insurance requirements, software limitations, and legal restrictions.

Another time-saver is the process by which prescription

renewals are generated and transmitted electronically to a physician's office once the physician is identified as an electronic prescriber. Instead of the pharmacy faxing a patient's prescription renewal request to the physician's office, the requests are received securely through the GRIPA Connect portal. "The GRIPA system has worked well for us here at The General Apothecary", says Horan referring to the team effort by GRIPA staff to ensure the transition is a smooth one.

To learn more about GRIPA Connect ePrescribing, a free service for GRIPA's clinically integrated providers, call Provider Relations at 585-922-1525.

SPOTLIGHT:

Independent Living for Seniors

Independent Living for Seniors (ILS) is now fully utilizing the GRIPA Connect ePrescribing system (DrFirst) within the GRIPA Connect Portal for all of their prescriptions.

Homecare personnel can now look in DrFirst to see where in the process the prescription is, to help coordinate with CHN and the delivery of the medication to the patient. "We are experiencing less delay in getting new medications," Robin Leckinger, LPN

Complete medication profiles have been entered on each ILS participant which allows them to print an up to date medication profile for any participant seen in the clinic. "DrFirst is easy to access and makes printing med lists for patients simple, our providers can make drug changes and the medication lists are updated instantaneously," Dolores Forbes, RN

Any provider who has contact with an ILS participant can access up to date medication lists if they utilize GRIPA's ePrescribing application. "Now when I get a call from one of the community nurses with a question about medications, I can look at DrFirst and get the answer immediately," Kathy DeVries, LPN

"We had great support from GRIPA staff in transitioning to the new ePrescribing system within the GRIPA Connect Portal. This has allowed a more seamless method of prescribing medications for our participants and has greatly increased our ability to communicate within our system," Anne Olinger, MD

GRIPA
Connect
Clinical Integration
Physicians coming together
for all the right reasons