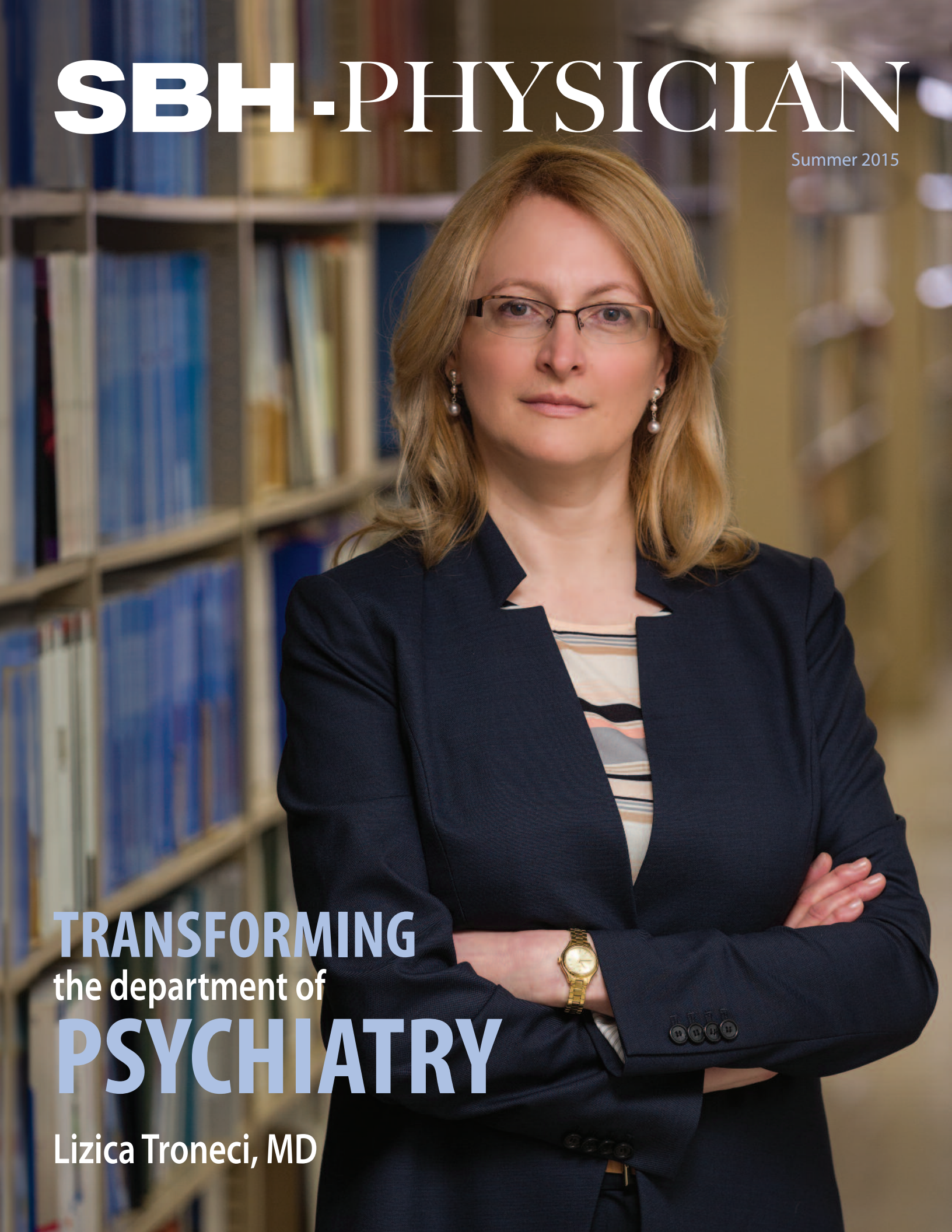
SBH-PHYSICIAN

Summer 2015



TRANSFORMING
the department of
PSYCHIATRY

Lizica Troneci, MD

from the

Chief Medical Officer *and* President of the Medical Board

David Perlstein, MD, MBA

Ernest Patti, DO, FACOEP

Dear Colleagues,

This is our 4th issue of the ***SBH Physician*** and the 2nd of three issues we plan to publish this year. In our cover story, we are very pleased to introduce Dr. Lizica Troneci, our Chair of the Department of Psychiatry. As in previous issues we welcome new attending staff to the SBH family and sadly say goodbye to some respected colleagues.

This is also the time of year when we celebrate the fine work of our graduating residents and welcome a whole new class to the organization!

Finally, we are in the midst of a period of great change and are thrilled to be both leading and participating in the transformation of healthcare delivery in our Bronx borough. From Patient-Centered Medical Home (PCMH) recognition to DSRIP and beyond, we are so very proud of the accomplishments and dedication of our Medical Staff. We hope that this publication helps keep you well informed about the exciting changes that are occurring at SBH Health System. Continue to send your ideas for future issues. ***SBH Physician*** is our magazine and depends upon your suggestions and contributions for its success. Plans are already underway for our fall 2015 publication.

Sincerely,

David Perlstein, MD, MBA
Executive Vice President
Chief Medical Officer

Ernest Patti, DO, FACOEP
President, Medical Board
Director, Medical Media Affairs

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Summer 2015 Vol. 2 • No. 2

SBH Physician is published by
SBH Health System
4422 Third Avenue, Bronx, NY 10457

SBH Health System
BRONX

4422 Third Avenue
Bronx, NY 10457
www.sbhny.org

Albanian President Bujar Nishani and his wife, Odeta, paid a special visit to the SBH cardiac catheterization lab where they were welcomed by Dr. Sulejman Celaj, director of the lab and co-divisional director of cardiology. They were also greeted by SBH medical residents of Albanian heritage: Dr. Azem Dushaj, Dr. Ermal Molla, and Dr. Blerim Arifi.

SBH-PHYSICIAN

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Transforming the **Department of Psychiatry**

By Lizica Troneci, MD, Chair, Psychiatry

"Biology gives you a brain. Life turns it into a mind."

—Jeffrey Eugenides
Author, *Middlesex*

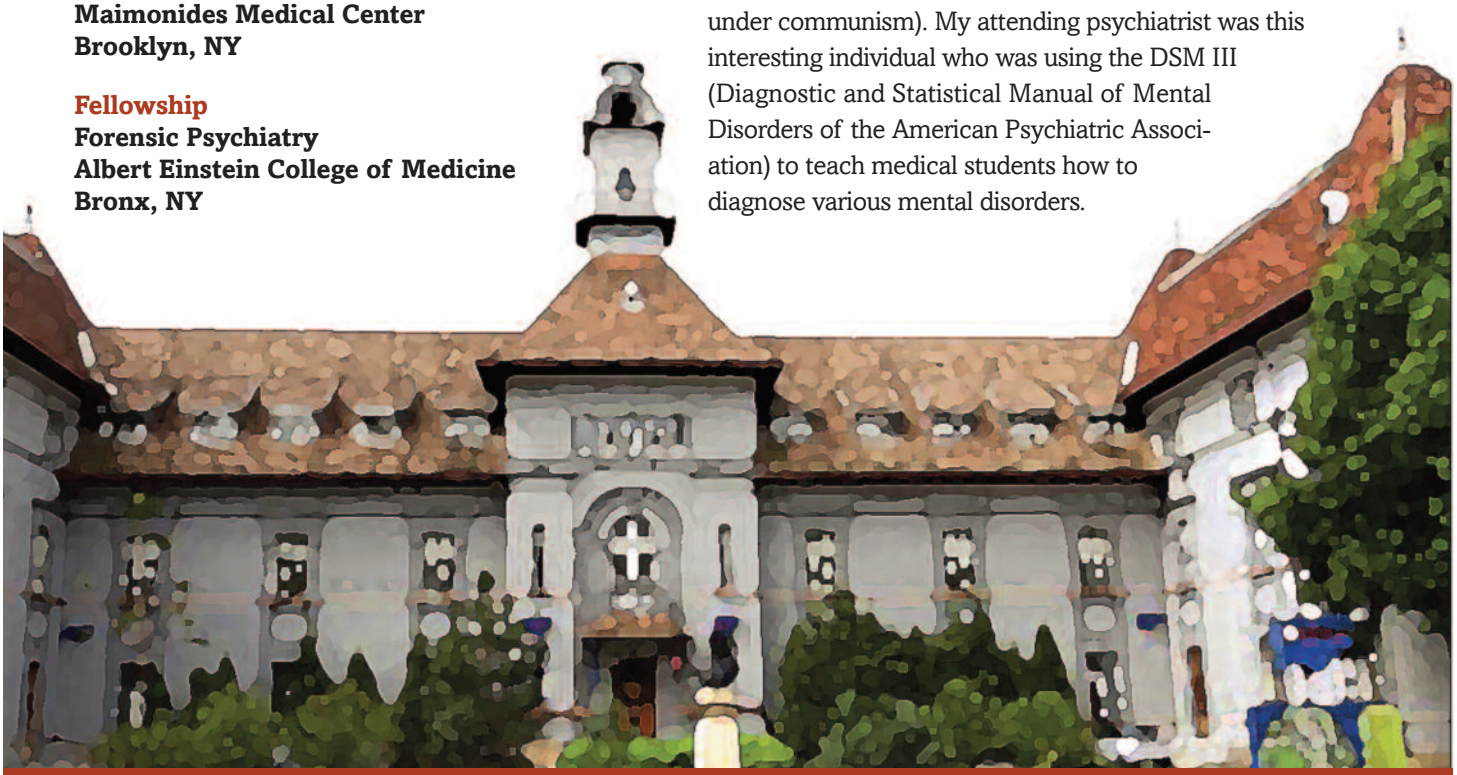
LIZICA TRONECI, MD

MD
Carol Davila University of Medicine and Pharmacy
Bucharest, Romania

Internship/Residency
Psychiatry
Maimonides Medical Center
Brooklyn, NY

Fellowship
Forensic Psychiatry
Albert Einstein College of Medicine
Bronx, NY

A mute and immobile severely depressed woman sitting on a bench, a disheveled man pulling a shoe on a leash (whom he believed was his dog) and two patients sharing a bed on an acute inpatient unit. All of them treated with few choices of medications on a poorly structured inpatient environment. It was 1992, two years after the fall of communism in Romania, and I was completing the required clerkship in the main psychiatric hospital in Bucharest, Romania. Mental illness was a taboo topic and the word "psychiatry" was associated with political dissidents (as it was used during the years under communism). My attending psychiatrist was this interesting individual who was using the DSM III (Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association) to teach medical students how to diagnose various mental disorders.



THE MAIN PSYCHIATRIC HOSPITAL IN BUCHAREST, ROMANIA

The fall of communism allowed medical students like me to dream of practicing medicine, and hopefully psychiatry, in a different society and a different culture. In 1998 I was accepted as a psychiatry resident at Maimonides Medical Center in Brooklyn. I cared for the same severely depressed and often bizarre patients, but was able to treat them in a multidisciplinary approach, with a combination of pharmacotherapy and psychotherapy, on a structured inpatient unit.

The adult psychiatry training was followed by a one year forensic psychiatry fellowship at Albert Einstein College of medicine that introduced me to the concept of "bad versus mad."

The life and training experiences prepared me for what came next as an inpatient psychiatrist at Bronx Lebanon Hospital, a South Bronx facility, treating patients with mental illness and multiple other needs. Over the next 11 years, I continued to develop as a Psychiatrist, Residency Program Director and Vice-Chair which just last October culminated with the position entrusted to me by SBH Health System: to lead an expanding Department of Psychiatry in an expanding and growing institution.

TO NEW TIMES, A NEW DEPARTMENT

The Department of Psychiatry is in the midst of a profound transition. Our structure has changed and our culture is transforming rapidly. We strive to provide empathic, evidence-based, efficient and collaborative care to our patients, to expand the presence of behavioral health in various departments across the institution and in the community and to provide psychiatric education and research opportunities to future trainees.

SBH Behavioral Health (formerly Fordham-Tremont Community Mental Health Center) has become an integral part of our department as it provides the outpatient psychiatric treatment to over 4,200 patients from all age groups. We hope this closer relationship will enhance communication and coordination of care between the two settings (the hospital campus and the clinics). Psychiatry presence in the ED has expanded and improved as our staff maintains continuous connection with the ED staff.

Dr. Troneci with members of the Department of Psychiatry team.

We are adding new psychiatrists, developing new programs and forging new relationships with other community providers to make SBH Health System a strong and reliable behavioral health provider in the South Bronx.

INTEGRATED CARE

The integration of primary care and behavioral health presents new opportunities for our psychiatrists. Effective collaboration with primary care and other medical providers will provide a patient-centered and integrated health experience to our patients.

Our goal is to create two systems: one of providing behavioral health in our primary care clinics and the second one of incorporating primary care in the existent behavioral health clinics. Under the first system, the psychiatric consultant will advise the primary care treatment team by: providing "curbside consultations"; providing direct patient care on diagnostic or treatment challenging patients or participating in case review meetings.

Because most patients with serious mental illness (SMI) are more likely to receive care through outpatient psychiatric clinics, the second system will focus on bringing primary care services to these existent clinics.

NEW PSYCHIATRY RESIDENCY PROGRAM

Medical education in the new healthcare system requires new vision and new approaches. Building a psychiatry residency program with emphasis on public health and collaborative care is such a vision. A major effort is focused on enhancing the educational enterprise, thereby attracting psychiatrists with strong interest in education, residents and medical students.

SBH Health System provides the right environment for a psychiatry residency program: a culturally diverse patient population, with multiple medical and psychosocial needs, along with a variety of settings and services to deliver patient care. We need a robust behavioral health workforce in our community to meet the increasing demand. The institution has a well-established tradition in educating medical students and residents. The psychiatry residency will join the other residency programs, enriching our future residents' experiences and contributing to the academic environment of SBH.

THE FUTURE

The next years will be years of transformation and discovery. DSRIP and Medicaid reform will promote collaboration with other agencies to implement innovative projects focusing on system transformation, clinical improvement and population health improvement. Through recruitment of new psychiatrists and opening of a residency program, we are forging a readiness to deliver patient care to this community.

This vision would not be possible without the support of SBH leadership. I am appreciative of their continuous help and guidance. I am confident the current and future staff of the Department of Psychiatry will continue to work with me to make this vision a reality. ■

Dr. Mary Bassett, Commissioner of Health of the New York City Department of Health & Mental Hygiene, with Dr. Jitendra Barmecha, SBH Chief Information Officer (left), and Dr. Edward Telzak, Chair of the Department of Medicine.

Addressing the Epidemic of Prescription Opioid Analgesics in the Bronx

By Steven Clark

The statistics speak for themselves. Deaths from overdoses of opiate prescription drugs have quadrupled nationally in the last decade – 16,000 people died from opiate analgesic overdoses in 2013, compared to 4,000 deaths 10 years earlier. And the number of opiate analgesic prescriptions written? It's hardly a coincidence, but they have also quadrupled in number over this time.

New York City has not escaped this epidemic. There were nearly 800 unintentional drug poisoning deaths in New York City in 2013 – an increase of 256 percent since 2000 – including a death every other day due to an opioid analgesic overdose. Meanwhile, emergency department visits more than doubled from 2004 to 2011.

This was the focus of a recent grand rounds at St. Barnabas Hospital, presented before a standing-room-only audience of attendings and residents by Dr. Mary Bassett, Commissioner of the city's Department of Health and Mental Hygiene and Assistant Commissioner Dr. Hillary Kunins, who heads its Bureau of Alcohol and Drug Abuse.

"Opioid analgesic misuse and overdose is a deadly epidemic that disproportionally harms Bronx residents, which is why we are educating physicians across the Bronx about judicious prescribing and providing supportive resources," said Commissioner Bassett in her remarks. "Together, using a multi-prong approach, including judicious opioid prescribing, we can save lives and reduce mortality in the Bronx."

The presentation announced the launch of a public health campaign in the Bronx, which has the second highest rate of opioid analgesic overdose deaths in New York City and the second highest rate of high-dose prescriptions (i.e., any prescription with a calculated morphine equivalent dose greater than 100). It follows a similar campaign conducted by the agency in Staten Island, which was responsible for a 29 percent decrease in opioid analgesic overdose deaths from 2011 to 2013.

AN UNDERAPPRECIATED RISK

Part of the of the reason for the increase in prescriptions written for opioid drugs over the years, said Commissioner Bassett, was an underestimation on the part of both patients and providers. Contrary to the myth that there was less than a one percent risk of addiction in chronic pain patients to opioids, research has since shown that more than 30 percent of patients on opioids for chronic pain had an addiction.

"Both patients and providers didn't understand the inherent risks," she said. "They figured that because it was a prescription – and almost all opioid analgesics involved in overdoses originate from prescription – it was not as dangerous as an illicit drug like heroin, which has a similar biochemical mechanism and acts on the same receptors in the brain."

Assistant Commissioner Kunins succinctly pointed out the dangers of opioids by adding, "This is heroin in a pill."

The Bronx continues to run #1 in heroin poisoning deaths (which have increased over 100 percent from 2010 to 2013). She acknowledged the transition between opioid analgesics and heroin and how addressing the opioid issue can impact on heroin use.

Dr. Hillary Kunins, Assistant Commissioner, Bureau of Alcohol and Drug Use, presented at the grand rounds with Commissioner Dr. Mary Bassett.

AN APPROACH TO OPIOID ANALGESICS

The health department presenters offered the following multi-prong approach as a way for physicians to help combat the opioid epidemic:

1. **Avoid prescriptions where possible.** This involves choosing not to prescribe opioids for non-cancer, non-end-of-life pain, such as low back pain, arthritis and headaches.
2. **Limit the supply and duration.** A three-day supply for when opioids are warranted for acute pain is usually sufficient as most pain resolves within this time. This will also reduce the supply of unused medication available for misuse.
3. **Prescribe lower doses.** It is advised to consider other options when dosing reaches 100 MME. (The health department has developed an app for helping providers calculate the total daily MME.)
4. **Avoid prescribing for patients taking benzodiazepines or other CNS depressants.** Studies have found a greater risk of overdosing when the two are taken in combination.

THE BRONX CAMPAIGN

It was explained that the campaign in the Bronx, to run over an eight-week period, seeks to conduct brief, one-on-one interactions with healthcare providers that will lead to the adoption of judicious opioid prescribing practices. This also includes:

- Raising awareness of the risks of prescription painkillers through public service announcements (such as one using the story of a woman whose teenage son had died of an overdose after becoming hooked on opioids prescribed by his doctor after a sports-related injury in high school).

- Expanding overdose prevention. This includes increasing access in primary care and emergency departments to naloxone, the drug that can reverse the effects of an overdose.
- Improving access to effective treatment for individuals with substance use disorders. The DOH is promoting such treatments as methadone and buprenorphine (Suboxone).

Following the presentation, Dr. Edward Telzak told a local TV reporter, "We need to educate all physicians, both at St. Barnabas Hospital and throughout the Bronx community, about what the alternatives to opioids may be."

Dr. Edward Telzak during an interview with News 12 the Bronx.

Expansion of Urology Services

JOSEPH SILLETTI, MD

Director, Division of Urology

MD
New York University School of Medicine
New York, NY

Internship/Residency
Urology
Brigham and Women's Hospital
Boston, MA

Beginning in December of 2014, SBH Health System embarked on an exciting venture to improve the urologic care for the patients of the Bronx. Through the leadership of Dr. Ridwan Shabsigh, Chairman of the Department of Surgery, and through a partnership with Bronx-Lebanon Hospital Center, a unique program was established to offer the full breadth of urologic care to patients at SBH Health System. This unique program allows patients from both institutions to access state-of-the-art care with experts in many disciplines of urologic care.

"This is the best urology care north of Manhattan," said Dr. Shabsigh. "Patients with complex problems such as prostate cancer, bladder cancer, complicated kidney stones and urethral stricture disease no longer need to travel great distances to find outstanding urologic care."

Leading the team is Dr. Joseph Silletti, Director of the Division of Urology. He obtained his medical degree at New York University School of Medicine, and trained at the Harvard-Longwood program in Urology. Dr. Silletti has been the Chief of the Division of Urology at Bronx-Lebanon Hospital Center since 2010. Under his leadership, expansion of urologic care now includes state-of-the-art minimally invasive procedures such as robotic surgery, only the second program in the Bronx.

Dr. Silletti's team includes fellowship-trained urologists in many subspecialty fields. Beginning with oncology, Dr. Marc Bjurlin, Director of Urologic Oncology, is leading the effort in care for our patients with urologic cancers.

"There is a significant amount of prostate and bladder cancer in the Bronx," said Dr. Bjurlin, who completed his fellowship in urologic oncology in 2014 at New York University School of Medicine. "We are on the forefront of treating these cancers in a multimodal fashion using both open and robotic surgery when necessary, radiotherapy and chemotherapy."

Dr. John Carlucci is both a general urologist and an expert in robotic surgery. He performed his fellowship at The Mount Sinai Hospital under the tutelage of Dr. David Samadi, one of the preeminent robotic surgeons.

Dr. Jacob Cohen is a leader in advanced endoscopic and kidney stone disease. Having completed a fellowship in endourology at North Shore-LIJ Lenox Hill Hospital, he is now one of the regional leaders for percutaneous surgery for staghorn kidney stones. He excels in advanced surgical techniques for kidney stones and any clinical prevention of stones.

Dr. Daniel Lehman completed his fellowship and training in laparoscopy at Columbia University. During his fellowship he learned minimally invasive techniques for kidney and adrenal cancers. Dr. Lehmann also treats other urologic conditions including voiding dysfunction and BPH.

Dr. Christopher Dixon completed his fellowship and training at University of California San Francisco in urologic trauma. He is one of two fellowship trained urologic trauma surgeons in the City of New York. His expertise lies in repair of advanced urethral stricture disease, which may be caused from trauma or prior sexually transmitted diseases.

Finally, Dr. Shabsigh wears a second hat as a leader in male sexual dysfunction, and erectile dysfunction. He is fellowship trained in the placement of penile prostheses and artificial urinary sphincters for incontinence. In addition, his research interest includes testosterone therapy for hypogonadism.

"We have assembled an outstanding team to treat urologic conditions both large and small," said Dr. Silletti. "Whether needing advanced endoscopic surgery, robotic surgery or open techniques, this team can handle all comers. We look forward to working with the physicians and staff at SBH Health System, and making a difference in the lives of our patients."

Department Heads Take 'Sleep Challenge'

By Steven Clark

Four SBH Health System department chairs – Dr. Ridwan Shabsigh, Surgery; Dr. Edward Telzak, Medicine; Dr. Lizica Troneci, Psychiatry; and Dr. David Rubin, Pediatrics – took the "sleep challenge" during National Sleep Week (March 2 – 8), testing the advanced CPAP machines now available in the hospital's Sleep Center.

The four physicians took the masks home with them and tried them in their own beds at night.

"Both Dr. Telzak and Dr. Troneci reported how impressed they were with how silent the modern CPAP devices were," said Dr. Daniel Erichsen, the center's medical director. "They both said they had expected much more noise."

Dr. Telzak admitted that using a full face mask was a challenge and this led to a discussion on how to improve mask tolerance.

"We discussed having patients set up with CPAPs here at the hospital instead of at home to allow more time for education and mask fitting," said Dr. Erichsen.

The center offers patients both in-hospital and at-home sleep tests.

Dr. Troneci used a nasal pillows mask and was struck by how refreshing CPAP was in terms of clearing the nasal passages.

"She said she could imagine how CPAP could help patients with sinus problems," said Dr. Erichsen. "Like the other chairs, she found it difficult to use CPAP for a long period of time."

Dr. Shabsigh found the CPAP mask to be difficult to fall asleep with. However, he shared with Dr. Erichsen a personal anecdote about a family member who had lost his job due to sleepiness. Per Dr. Shabsigh's recommendation, the man had a sleep study, was found to have severe Obstructive Sleep Apnea, and was able to resume work without issues once on CPAP therapy.

Dr. Rubin also found wearing CPAP challenging, but appreciated the small size of the device and the absence of noise.

The hospital has become a leader in the diagnosis and treatment of sleep disorders and offers patients the latest and most advanced treatment options. To refer patients, or for more information, call 718-960-9122.

Dr. Ridwan Shabsigh, Chair, Department of Surgery

Dr. Edward Telzak, Chair, Department of Medicine

Dr. Lizica Troneci, Chair, Department of Psychiatry

Dr. David Rubin, Chair, Department of Pediatrics

Pulmonary Medicine Merged with Critical Care Services

By Steven Clark

The integration of pulmonary medicine with critical care within the Department of Medicine is already starting to make a difference for patients at SBH Health System – with the expectation that services and quality will continue to grow in the months ahead.

"Pulmonary and critical care, by the nature of the services that are provided, are critical to the functioning of our inpatient service," said Dr. Raghu Loganathan, Divisional Director for Pulmonary and Critical Care at SBH Health System. "They play a very important role in the management of conditions that are highly prevalent in our population."

RAGHU S. LOGANATHAN, MD

Divisional Director, Pulmonary and Critical Care

Specialties
Pulmonary Medicine, Critical Care

Board Certification
American Board of Internal Medicine with sub-certifications in Critical Care Medicine, Pulmonary Medicine, and Internal Medicine

MD
Kasturba Medical College, Mangalore, India

Residency
Internal Medicine, Bronx-Lebanon Hospital Center, Bronx, NY

Fellowship
Pulmonary Medicine, Memorial Sloan-Kettering Cancer Center, New York, NY
Critical Care Medicine, Montefiore Medical Center, Bronx, NY

"We are trying to structure our pulmonary and critical care services around the needs of our patients, providing comprehensive care that will assist with early recovery, avoid hospital re-admissions and improve their quality of life. This means rendering timely critical care, offering self-directed treatment plans for conditions like asthma and educating patients on how they can better manage and control their conditions so they can avoid having to come to the emergency department in the middle of the night," said Dr. Loganathan, who is board certified in critical care, neuro-critical care, pulmonary medicine and internal medicine.

The new changes within the pulmonary and critical care services are centered on the six quality dimensions as defined by the Institute of Medicine report, ***Crossing the Quality Chasm: A New Health Care System for the 21st Century***. Examples of changes that have been implemented in the past few months are described below:

Safe:

- Implement a robust and structured patient safety program within the ICU that is responsible for preventing hospital acquired infections, deep venous thrombosis, unplanned extubations, pressure ulcers and patient falls. "There is a huge problem with critically ill patients, particularly in regard to central line bloodstream infections and urinary catheter infections," said Dr. Loganathan.
- Develop a simulation program to train multidisciplinary staff to respond to critical situations efficiently and effectively. "We have embarked on a high level of training for residents and staff so they are more comfortable in treating critically ill patients. We now offer simulated training on the fifth floor for those residents who rotate through the ICU."
- Implement a structured lung nodule detection and management program that will lead to early diagnosis and management.

Effective:

- Implement evidence-based standardized protocols for sedation and delirium management, mechanical ventilators, sepsis, insertion and maintenance of central lines and urinary catheters.
- Formation of a multi-disciplinary Critical Care Committee that is responsible for overseeing the implementation of policies for managing critically ill patients throughout the institution and have an effective QA program that addresses identified opportunities for improvement in critical care.

Patient-centered:

- Focus on improving transitions of care (especially asthma and COPD patients who have high rate of healthcare utilization) and patient participation in care delivery.
- Provide a safety net for all admitted inpatients through timely consultation by onsite intensivist.
- Implement an EMR-based action plan that can help with self-directed management of common conditions.

Timely:

- Improved access to patients with asthma, smoking related pulmonary conditions and obstructive sleep apnea by decreasing wait times in the Center for Comprehensive Care (CCC), the ambulatory setting for pulmonary medicine. Patients can avail consultative services with pulmonary, sleep specialists, dedicated pharmacists who can teach appropriate use of inhalers and an onsite spirometry lab during the same visit at the CCC.
- Establish an "ICU service without walls" where consultation is timely and care is transitioned at the site of consultation utilizing the existing 24/7 Attending Physician coverage of the intensive care units.
- Effective use of specialized contingency teams (e.g., rapid response, Team-1, stroke teams).

Efficient:

- Use evidence-based practices in the ICU and decrease costs, e.g., avoiding daily chest X-rays, daily laboratory tests and use of nebulization instead of MDIs.
- Effective use of antibiotics in the ICU, including but not limited to rapid de-escalation and monitoring for the development for drug resistance.
- Implement a robust set of EMR tools to assist with patient flow and inter-disciplinary communication (examples include ICU clinical summary tab, ICU sign-out tool, decision support embedded in order sets, real time Central line utilization data, structured ICU progress notes to assist with compliance with ICD coding, billing and compliance.)

Equitable:

Provide care that is aligned with the mission of SBH Health System: high quality and equitable care to our community with emphasis on cultural and language sensitivity.

The Bronx has the city's highest incidence of asthma and COPD, as well as smoking-related lung conditions. The need for comprehensive pulmonary services won't stop at the borders of St. Barnabas Hospital, as asthma care is a key component of DSRIP. That's why the goal, according to Dr. Loganathan, is to standardize care not just here, but to offer to patients at sites throughout the Bronx.

Plans call for adding specialized procedures like endobronchial ultrasound (EBUS) in the months ahead. Dr. Loganathan also has plans to implement a research program over the next six months. Initially, the research effort will examine the outcome of critically ill patients in the inner city, and determine risk factors, especially those that are highly prevalent in our community and potentially modifiable that might contribute to a poor outcome, such as obesity.

"Although it may be a little too early to see if we've made sustainable progress, we strongly believe that over time, we will see significant improvement in numerous patient-centered outcomes in both of our areas of concentration: critical care and pulmonary medicine," Dr. Loganathan stated. In particular, with an ICU service, the main aim is to provide a safety net for our sickest patients in the institution, and that's the aim and goal I have in mind in terms of delivering critical care service," stated Dr. Loganathan.

New Frontiers for the Clinical Division of the Department of Pharmacy

By Antonia Alafris, PharmD

Dr. Ruth Cassidy Hospital Pharmacy Director of the Year

Chief Pharmacy Officer Ruth Cassidy, PharmD, has been named Hospital Pharmacy Director of the Year by Health Connect Partners. Dr. Cassidy joined SBH in January 2013 as assistant vice president and was named vice president of clinical services in 2014. She is a Fellow of the American College of Healthcare Executives and has spent more than 30 years in clinical and administrative positions. Dr. Cassidy holds a doctorate in pharmacy from the University of Florida and an undergraduate degree in pharmacy sciences from St. John's University.

The Clinical Division of the Department of Pharmacy now consists of clinical pharmacists specializing in Ambulatory Care, Critical Care, Infectious Diseases, and Transitions of Care. In fact, at the January Medical Board meeting, the credentialing of Clinical Pharmacists and the first Collaborative Drug Therapy Management (CDTM) agreement were voted on and passed. The first CDTM agreement was approved for the management of smoking cessation between Dr. Valery Chu, Clinical Pharmacist Specialist in Ambulatory Care at the Center for Comprehensive Care and Dr. Richard Stumacher.

CDTM is a pharmacy law that was enacted in New York State in September of 2011 which allows qualified pharmacists to have an agreement with a physician or a group of physicians to optimize the drug therapy of the physician's patients according to the protocol(s) outlined in the agreement. The activities that a pharmacist can automatically carry out include adjustments to the patient's existing drug therapy (e.g., drug strength; frequency of administration; route of administration) based on efficacy and safety. Patients must give consent in order to receive this management from the qualified pharmacist. The pharmacist engaged in CDTM can write prescriptions as long as the participating physician's name is printed on the prescription. The pharmacist can also evaluate clinical laboratory tests and he/she may order laboratory tests as outlined in the protocol(s) of the CDTM agreement. The pharmacist is also required to indicate in the patient's medical record any change(s) that were made to the patient's medical record. The most common disease states that have a CDTM agreement in NYS include anticoagulation, diabetes, HIV, antimicrobial management, heart failure, asthma, and smoking cessation.

For the first time at SBH Health System, clinical pharmacists will be required to be credentialed in order to practice. Since the pharmacists hired in the clinical division have completed a pharmacy residency specializing in a specific area (e.g., ambulatory care) and are expected to pursue board certification in their area of expertise, the credentialing process will be used to validate their professional licensure, clinical experience, and preparation for specialty practice.

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Establishment of a Transition of Care Team-based Pharmacy Model

By Rachel Sussman, PharmD

Beginning in April of 2014 pharmacy joined the interdisciplinary efforts at SBH Health System to improve care transitions and reduce readmissions. As the hospital's Transitions of Care Clinical Pharmacist, I have been working to integrate pharmacy services into the care transitions team with the aim of decreasing hospital 30-day readmissions and improving patient care. In concert with the care transition team, pharmacy has worked on several initiatives, including root cause analysis of 30-day readmissions, streamlining medication access for indigent patients, the New York State Partnership for Patients (NYSPFP) pilot projects, establishing a referral service to an outpatient clinical pharmacist, and beginning a discharge medication counseling program.

Ambulatory Pharmacy Patient Liaison Empowerment (APPLE)

Through pharmacy's unit-based activities and assessing the patients' needs at SBH Health System, it was recognized that a major gap in care transitions was medication access. Our patients face many barriers to medication access at discharge, which have the potential to lead to improper disease management and hospital readmissions. Thus, to aid patients with obtaining medications at discharge, an innovative, new position was created, the Ambulatory Pharmacy Patient Liaison Empowerment (APPLE). The role of the APPLE was designed to serve as the liaison between the inpatient and outpatient care teams to solve issues surrounding medication access.

Marilyn Flores, CPhT, joined the care transitions team as the APPLE in January of 2015. She came to SBH Health System with many years of experience in community pharmacy in the Bronx. She is working to obtain her Bachelor's Degree in Health Sciences at Long Island University, is fluent in Spanish, including medical Spanish, and is a certified pharmacy technician. Additionally, she has experience working with our patients while volunteering at the Ambulatory Care Center and Emergency Department. These experiences make her an ideal match for the APPLE position at SBH Health System.

Ms. Flores works very closely with the inpatient team, as well as outpatient community pharmacies to assure medication access for patients at discharge. To coordinate fulfillment of discharge prescriptions, she attends interdisciplinary discharge rounds and interacts daily with social work, the medical team, and nurses. Ms. Flores has a myriad of daily functions and interventions including interviewing patients for medication history, outpatient pharmacy activity prior to admission, preferred pharmacy, and barriers to medication access. At the time of discharge, she contacts outpatient pharmacies to discuss discharge prescriptions, working through insurance issues and reviewing co-pays.

This information is then communicated to the patient to discuss the ability to cover co-pays and with the medical team as necessary. Other daily functions of the APPLE are inclusive of reviewing discharge prescriptions, providing the inpatient team and patient with projected discharge prescription cost information, assisting with prior authorization processes, and working with 340B pharmacies and prescription saving programs for indigent patients to ensure patients have their medications at their community pharmacy of choice. Additionally, Ms. Flores assists patients with insurance challenges, identifies and refers patients to the Transitions of Care Pharmacist who require medication education, and also performs follow-up phone calls post-discharge to pharmacies and patients. The pharmacy care transition team is also working to establish a bedside medication delivery program at SBH Health System.

The impact of the team-based pharmacy model will be measured through increased discharge prescription capture and outpatient prescription savings, increased patient satisfaction scores, and decreased 30-day readmissions due to medication access issues.

Meet the New (and Improved)

Office of Medical Staff and Academic Affairs

By Steven Clark

Students from Sophie Davis training in the SBH Emergency Department.

David Perlstein, Executive Vice President and Chief Medical Officer, SBH Health System, realized he had a problem on his hands when he needed to find out exactly how many students were being trained at the hospital between the facility's relationships with NYCOM, Albert Einstein, Ross and Sophie Davis.

"I was frustrated because I ended up going to eight different places," he said. "There was no central document that outlined the number of people that were here in terms of medical students and visiting residents in any given week. It took me two weeks to get this information together."

That's when he asked Susan Diaz, Director of Medical Staff Affairs, to identify a new electronic credentialing system that would allow all residents and medical students to be managed through a central organization. This, said Dr. Perlstein, couldn't come soon enough with changes made by the national accreditation bodies for professional medical education beginning this year and the Sophie Davis School of Biomedical Education – which has become a fully accredited medical school, serving an underserved, diverse population – prepared to send the hospital 80 additional medical students for clerkships in 2018.

This is behind the creation of the newly named Office of Medical Staff and Academic Affairs. Dr. Malcolm Phillips, former Chair of the Department of Medicine, who was responsible for establishing one of the most desired third-year clerkship rotations for Albert Einstein Medical School students, has assumed the role of Medical Director of Student Affairs, and Diaz has agreed to take on expanded responsibilities.

"The new electronic credentialing system (MD Staff) will enable us to enter information about every resident that comes through so we can house it centrally rather than within each department," said Dr. Perlstein, who added that there was no longer physical space available to house this massive amount of information. "This will streamline the process for credentialing docs and managing their files. With our new relationship with Sophie Davis and our continued relationship with outside medical schools, this will allow us to better manage the throughput of bodies through St. Barnabas Hospital."

Problems with process and communication in the past, he said, had resulted in "too many students on a rotation, too little supervision and 'bad will' as students signed up to do rotations and went to medical floors only to be told 'we already have too many people here.'" Dr. Perlstein saw this personally as an attending on a pediatric floor that had two residents, four medical students and three patients.

"There also wasn't a lot of consistency in the orientation we were offering," he said. "Each department would serve as the focus point for that orientation, which meant students didn't always learn what SBH policies were, only getting the perspective from the department, and that didn't always jive. This will allow us to become more accountable."

Changes made by the graduate medical education organizations were the impetus behind the need to centralize allopathic and osteopathic residency programs. The AOA, ACGME and AACOM agreed to a single accreditation system for graduate medical education programs in the U.S., with AOA-accredited training programs to transition to ACGME accreditation between July 1, 2015 and June 30, 2020.

Dr. David Rubin, who was in charge of the ACGME-Approved Allopathic Programs for the hospital's internal medicine and pediatrics specialties, will be the designated officer for all medical residency programs, and Dr. Daniel Lombardi, who will continue to run the AOA-Approved Osteopathic Programs for emergency medicine, family practice, general surgery and osteopathic manipulative medicine, will report to him.

"The changes we've made will allow everyone to speak with one voice, so we're no longer doing anything in a vacuum," said Dr. Perlstein. "By centralizing and better organizing the new office of Medical Staff and Academic Affairs, we'll be giving both students and doctors a better experience."

OMM Scores at National Conference

By Susan Kapsis

Dr. Hugh Ettlinger, director of the osteopathic manipulative medicine division and director of the OMM residency program, delivered the Harold A. Blood Memorial Lecture at the AAO Convocation held in Louisville, Kentucky, in March 2015.

The Blood Memorial Lecture is awarded in recognition of exceptional success as a mentor to osteopathic medical students, interns and residents; outstanding commitment to osteopathic philosophy, principles and practice; and recognition by peers as a superb clinician who integrates osteopathic manipulative medicine into his/her unique practice of osteopathic medicine.

"Dr. Hugh Ettlinger is revered nationally in the OMM community," according to Chief Resident Courtenay Deane, "and the OMM residency at St. Barnabas is where everyone going into the field wants to train."

"At conferences," she added, "Dr. Ettlinger can always be found surrounded by followers." Resident Christopher Brown agrees. "Dr. Ettlinger is uniquely gifted in his ability to communicate: he never talks down, but can bring things down to a level that everyone can grasp."

In June Dr. Ettlinger will deliver the coveted Sutherland Lecture at the Cranial Academy Annual Conference in Naples, Florida.

A Clean Sweep

OMM case presentation posters submitted by our chief residents took first, second, and third place at the Louisa Burns Osteopathic Research Committee Poster Presentation at the American Academy of Osteopathy (AAO) Convocation (National Osteopathic Conference) in Louisville, KY, in March 2015.

FIRST PLACE

An Osteopathic Approach to the Treatment of Plagiocephaly: A Case Report

Courtenay Deane, DO, PGY 3, Chief Resident

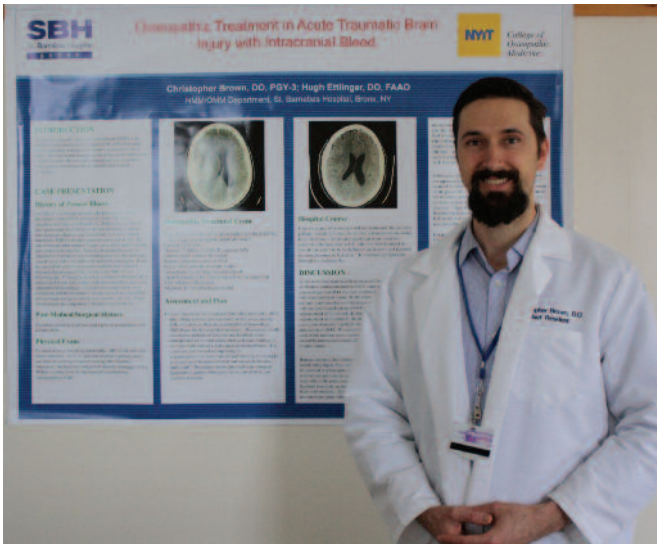
Dr. Deane is going into private practice in New Jersey.

SECOND PLACE

Fractures, Fascial Strains and Fluid Flow—OMM in the Setting of Acute Trauma

Stasia Blyskal, DO, PGY3, Chief Resident

Dr. Blyskal is going into private practice in Brooklyn and Manhattan. She says the only reason she went to medical school was because of OMM. She had been a professional modern dancer and suffered many injuries that convinced her of the value of OMM, so she entered a post baccalaureate program at CUNY, went to the University of New England Medical School, trained at SBH, became chief resident and is now heading out to practice the healing art.



THIRD PLACE

Osteopathic Treatment in Acute Traumatic Brain Injury with Intracranial Bleed

Christopher Brown, DO, PGY3, Chief Resident

Dr. Brown is joining a practice in Berkeley, CA.

“ This really made me rethink the dynamics between us and the patients after discharge. This will change the way we practice.”

— Dr. Padageshwar Sunkara

By Christine Zhuang

Community Dive Enlightens Residents

As a flurry of white coats gathered outside the Braker Building one early March morning, the anticipation was palpable. The group, comprised of internal medicine residents ranging from PGY-1 through 3, prepared for their first community dive.

The idea of a community dive as an educational tool for SBH residents was conceptualized by Dr. Victoria Bengualid, director of the internal medicine residency program, who wanted her residents to immerse themselves in the world of patients and familiarize themselves with the community they serve.

Accompanying Dr. Bengualid and the group were Dr. Edward Telzak, chairman of medicine; Arlene Ortiz-Allende, senior vice president; and Lynette Alvarado, director of cultural and intergovernmental affairs. As the bus drove past neighboring parks, Dr. Telzak pointed out his old haunts and shared fond memories of growing up in the Bronx.

The Botanica sells alternative folk medicine, religious candles, amulets and any products thought to have magical properties.

First on the itinerary were the offsite clinics affiliated with SBH Health System: Bronx Park Medical Pavilion, Southern Medical Group, UCHC 2021 and UCHC E. 188th Street. While some of these locations were familiar to residents through their rotations, others still held surprises. The Teen Health Center was one such discovery for Dr. Na Zhu who remarked, “I can now take care of not just the patients, but their family as a whole.”

The next stop was Original Products Botanica. A botanica is a store that sells alternative folk medicine, religious candles, amulets, and any products thought to have special or magical properties. They are common in Latin American countries and communities with large Latino populations. Original Products Botanica, which has been touted by the ***New York Times*** as the “home depot of spirituality,” has been in operation since 1959 and is a neighborhood hotspot.

The piney scent of incense hung in the air and every square inch of the store

Residents examine the many herbal remedies.

The Botanica's walls are packed with herbs.

was covered in charms and relics. The area holding the most interest was the herbal section where a vast wall of drawers filled with exotic roots and plants serves as a veritable pharmacy courtesy of Mother Nature.

"Insulina is very popular. Our customers brew it as a tea to treat diabetes," explained Rita Martinez, an herbal specialist at the botanica. Other popular items include mint (for colds and headaches), cornsilk and horsetail (for kidneys), hibiscus (for high blood pressure) and fenugreek (for diabetes). As the residents poured over the different plants, many were reminded of home, which includes India, Dominican Republic, Pakistan, and El Salvador.

"I knew that there were botanicas back home, but I didn't realize that people used them in the U.S. as well," said Dr. Ricardo Velsquez. "I'm glad to learn about these resources and know what the patients have at hand."

The final leg of the trip took place back at SBH where admitting physicians invited the residents to participate in an open forum discussion with current patients. Patients were asked to speak candidly about their perception of healthcare and personal experiences.

Miriam Nicole, a long-time SBH patient, praised the staff's caring attitude and gentle manner and said she had formed a bond with the clinicians who treat her. Unfortunately, she pointed out, this is not true for everyone.

"Sometimes you just see the white coat and not the face," Miriam shared. "People become afraid and end up walking around with a bag of medications that they don't use."

The importance of communication was echoed by other patients who emphasized mutual respect and continuing education for both parties.

As the session came to a close and residents began to leave for their afternoon rotations, it was clear that a lasting impression had been made and a new mood had taken over.

"We want to cure, not just treat," said Dr. Padageshwar Sunkara. "This really made me rethink the dynamics between us and the patients after discharge. This will change the way we practice."

Grand Rounds Highlights Patient Safety Week

By Susan Kapsis

Dr. Jason Adelman, Patient Safety Officer at Montefiore Medical Center (center right) with SBH Chief Quality Officer Dr. Ann Marie McDonald, Patient Safety Officer Dr. Dan Lombardi and Chief Medical Officer Dr. David Perlstein.

"Voluntary reporting greatly underestimates the number of wrong patient errors."

—Jason Adelman, MD,
Chief Patient Safety Officer, Montefiore Medical Center

Wrong Patient Errors happen all over healthcare, said Dr. Jason Adelman, Patient Safety Officer at Montefiore Medical Center, in his introductory remarks at grand rounds presented at SBH on March 11, midway through National Patient Safety Awareness Week. Citing both current and historical examples, Dr. Adelman discussed a range of wrong patient errors, from adverse events to near misses to unsafe conditions. "What do we know about wrong patient errors? How do we learn about them? How are they reported?" Voluntary reporting, he asserted, severely underestimates their occurrence.

At Montefiore, a "Just Culture" framework has been instituted that avoids blaming doctors and others involved in patient care when errors occur, Dr. Adelman reported. In a non-punitive environment, errors are more likely to be reported. Another key component, he explained, has been the implementation of a just culture tool that analyzes errors in detail, exposing how the systems in place allowed the error to happen. By analyzing all aspects of the error, solutions can be found and put in place to improve patient safety.

Presentations *and* Publications

PRESENTATIONS

- **Jitendra Barmecha, MD, MPH, FACP**, 2014 Update in Internal Medicine – ABIM MOC SEP at NY-ACP Annual Scientific Meeting in West Harrison, NY Feb 6, 2015

- **Nick Avitabile, DO, Emergency Medicine**, "An Assessment of the Emergency Ultrasound Curricula of Osteopathic Emergency Medicine Residencies."
  March 2015: American Institute of Ultrasound in Medicine
  April 2015: American Association of Colleges of Osteopathic Medicine/ Association of Osteopathic Directors and Medical Educators
  May 2015: Society of Academic Emergency Medicine

PUBLICATIONS

- **Nicholas C. Avitabile**, Nicole L. Kaban, Sebastian D. Siadecki, Resa E. Lewiss, and Turandot Saul. Two Cases of Heterotopic Pregnancy: Review of the Literature and Sonographic Diagnosis in the Emergency Department JUM March 2015 34:527-530.

- **Heather J. Becker**, MD and Kirsten Bechtel, MD. Recognizing Victims of Human Trafficking in the Pediatric Emergency Department. Pediatric Emergency Care, Volume 31, number 2, February 2015.

- **Antonia Alafris, PharmD**, Associate Director of Pharmacy – Clinical Services and **Valery L. Chu**, PharmD, Pharmacy Clinical Coordinator at the Comprehensive Care Center, co-authored two separate chapters in Casebook in Clinical Pharmacokinetics and Drug Dosing, a clinical pharmacy textbook by Henry Cohen, published by McGraw-Hill Education, 304pp. Dr. Alafris co-authored the chapter on "Phenytoin and Fosphenytoin" and Dr. Chu co-authored the chapter on "Warfarin."

- An article on the SBH Pharmacy's RIVA system titled $1 Million Reasons to Invest in Robotics: Cost savings, improved patient safety make compelling case for the C-suite was published in Pharmacy Practice News, January 2015.

Peer-to-Peer Excellence in Medicine Award Honors Manisha Kulshreshtha, MD

By Susan Kapsis

"We followed the same path," said Dr. Jitendra Barmecha in presenting the award. "We both trained in medicine at SBH and went on to become chief residents."

SBH Hospitalist Manisha Kulshreshtha garnered the Peer-to-Peer Excellence in Medicine Award bestowed at the Bronx County Medical Society's 2015 Doctors' Recognition Day celebration on March 25 at the Hutchinson Metro Center. Highly esteemed by colleagues, patients and staff alike, "Dr. Kul," —as she is known at SBH—accepted the award surrounded by supporters that included senior administrators, clinical department chairs, doctors, nurses, social workers, medical residents, administrative assistants, and others.

"Your colleagues recognize the contributions that you have made to enrich the lives of the patients you care for"

—Bronx County Medical Society

When asked about Dr. Kul's achievements, SBH Chief Medical Officer Dr. David Perlstein said, "Dr. Kulshreshtha is invaluable to us. Manisha is a Doctor's Doctor who is seemingly indefatigable and committed to her patients and SBH as a whole. We are extremely grateful of all of the work she does for us and are very pleased to see her being recognized by the Medical Staff and honored by the Bronx County Medical Society."

There was an unprecedented turnout for Dr. Kulshreshtha as more than 30 SBH colleagues cheered and crowded around to congratulate her on her award.

Performance Improvement Fair 2015

The top spot among the three winning posters at this year's Performance Improvement Fair went to "Readmissions Reduction Project," a multidisciplinary project submitted by an interdisciplinary team comprised of Care Transitions, Medicine, Nursing, Pharmacy and Nutrition. Pediatrics garnered the second spot with "Role of Bronchiolitis Order Set in Improving Compliance with Clinical Guidelines," and third place went to internal medicine for "Invitation to Reduce Heart Failure Readmissions."

SBH CMO and poster judge Dr. David Perlstein was impressed with the 2015 submissions: "More than ever before, the posters on display this year reveal that people are totally embracing performance improvement," he remarked.

Row 1: *Michael Swanwick, Director of Social Work; Dr. Ann Marie McDonald, VP- Chief Quality Officer; Dr. Lorraine Barnett, Assistant Director of Social Work; Najwah Williams, Social Worker 3 North.* ***Row 2:*** *Grace Ortiz, Assistant Director of Case Management; Naldeen Hector, Case Manager, 3 North; Wanda B. Kelly, Director of Case Management; Dr. Manisha Kulshreshtha, Medical Director-Care Transitions & Physician Practice, Hospitalist Director; Dr. Ricardo Velasquez, Resident 3 North; Dr. Mohammad Azam, Assistant Hospitalist Director, 3 North; Dr. Rachel Sussman, Clinical Pharmacy Coordinator, Transitions of Care.*

Dr. Meryl Grimaldi
Named Vice Chair of Obstetrics and Gynecology

By Susan Kapsis

Dr. Mark Rosing announced the appointment of Dr. Meryl Grimaldi as vice chair of the department of OB/GYN, a new role for the expanding department. As vice chair, Dr. Grimaldi will focus on clinical quality, clinical practice guidelines, and staff mentoring, as well as serve as a critical member of the OB/GYN service line leadership committee and member of the credentialing committee.

A respected member of the OB/GYN clinical team, Dr. Grimaldi joined the department in 2001. "During her tenure," Dr. Rosing stated, "she has contributed in innumerable ways to the quality of care, patient experience, and staff experience in our department and the institution."

Dr. Grimaldi earned her MD degree at the University of Buffalo, State University of New York, School of Medicine and Biomedical Sciences and trained at Buffalo General Hospital.

"She is fully committed to SBH's Drive to Patient-Centered Excellence and embodies its goals in her clinical and administrative practice," said Dr. Rosing.

Dr. Jeffrey Lazar
Named Vice Chair of Emergency Medicine

Jeffrey Lazar, MD, emergency medicine, recently joined SBH Health System as vice chair and medical director of the department and is working closely with Dr. Daniel Murphy, chair of emergency medicine, and Dr. David Perlstein, chief medical officer, in managing the daily operation of the department. As vice chair, Dr. Lazar is both on the frontlines in emergency care and behind the scenes assisting with operational needs, working on scheduling and staffing strategies, revising policies, ensuring that professional standards are upheld, participating in the education of students and residents, and much more.

Dr. Lazar came to SBH from the department of emergency medicine at New York Presbyterian-Lower Manhattan Hospital and previously worked as an attending physician at St. Vincent's Hospital Manhattan. He earned his MD and MPH in a combined program at Tufts University School of Medicine and trained in emergency medicine at Yale in the department of surgery, section of emergency medicine, where he was also chief resident. During his residency Dr. Lazar was a Johnson and Johnson Physician Scholar in International Health in Zambia.

Honors *and* Awards

By Susan Kapsis

Dr. Daniel Lombardi, our chief patient safety officer, was selected for the Clinical Quality Fellowship Program (CQFP) sponsored by Greater New York Hospital Association and the United Hospital Fund. The 15-month fellowship teaches clinicians the skills they need to lead quality improvement and patient safety initiatives at their hospitals. Participants learn how to use a wide variety of tools and strategies to advance quality and patient safety from a faculty of quality improvement leaders drawn from the region.

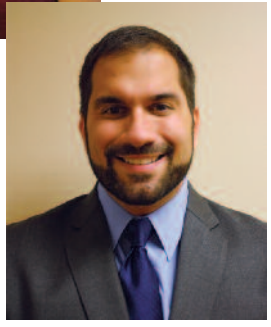
The CQFP Fellowship culminates with the presentation of capstone projects by each of the fellows. Dr. Lombardi will be looking at how to decrease near-miss events by examining "wrong patient orders" related to the use of the EMR.

Dr. Ernest Patti, senior attending emergency physician and former chairman of the department of emergency medicine, has been named an Honorary Police Surgeon by the New York City Police Department. He was sworn in by Police Commissioner William J. Bratton (right) on March 10. Honorary Police surgeons are called when an officer is hurt. They deal with many types of injuries ranging from car accidents to simple lacerations to major stab wounds. The police surgeon is consulted by phone, or if possible, in person, often at the hospital.

Dr. Patti (left) was further honored with a Proclamation from the City of New York naming him Physician of the Year. A representative from City Councilmember Ritchie Torres' office presented the proclamation during Emergency Services Week.

Dr. Scott Leuchten, associate program director, emergency medicine was honored with the Research Mentor Award for outstanding leadership at this year's Resident Research Day celebration. Dr. Jitendra Barmecha and SVP Arlene Allende, co-chairs of the Medical Education and Research Fund, presented the award.

Dr. Nick Avitabile, emergency medicine, was made clinical instructor for the department of radiology at the Philadelphia College of Osteopathic Medicine.



Dr. Charles Gropper was named to the New York Super Doctors 2015 list published in the May 10 issue of the ***New York Times*** Sunday Magazine and online at www.superdoctors.com

Physician Engagement Committee (PEC) Update

By Judith Berger, MD, PEC Chair

The Physician Engagement Committee has entered its second year. We are now a subcommittee of the medical board and report to the medical board.

Our dedicated committee continues to effect changes in Communication, Recognition, Community building and Practice-based solutions.

In communication, Wi-Fi is now available throughout the institution and cell phone dead zones are being eliminated. IQ-Max, a secure texting app, is available and continues to be developed for medical staff. The SBH telephone operators' system is being updated to provide excellent communication for healthcare workers and patients.

The PEC survey went out to all medical staff and we reported the results at the annual medical staff meeting. We will continue to disseminate information from the PEC via the Physician Magazine and email. Recognition of physicians and advanced practitioners' accomplishments and contributions is a major goal of the PEC. The Ron Ciubotaru Physician-to-Physician Award and the Medical Staff Achievement Award were given to Dr. Joe Edwards of Surgery and Dr. David Rubin of Pediatrics respectively. In addition, we instituted recognition for the many physicians who work hard chairing committees. Dr. Rubin Silverman was given an award for his vital role in chairing the Value Analysis Committee.

Our goals are to continue to improve systems in clinical care, to address the concerns of the medical staff, to engage medical staff in the workings of the hospital, recognize and appreciate their work, disseminate information, and enhance the camaraderie of the staff.

Please watch for updates and announcements in your email from the PEC and we look forward to your involvement in the process.

Doctors Day Awards 2015

LEADERSHIP AWARD

Chief Medical Officer David Perlstein presented Dr. Rubin Silverman, co-divisional director of cardiology, with a leadership award for his service as chair of the Medical/Surgical Value Analysis Team, 2013-2015.

"Dr. Silverman was the first to take on this new role, which he carried out with great professionalism and concern," said Dr. Perlstein. Dr. Silverman joined SBH in 1983.

MEDICAL STAFF ACHIEVEMENT AWARD

Dr. David Rubin, chair of pediatrics, received the Medical Staff Achievement Award, presented by Dr. Emily Spengler and given in grateful appreciation for years of outstanding service and dedication. "Dr. David Rubin is not only a role model for clinical care and research, but also the kindness that he extends to everyone in the hospital. He is dedicated and inspires us all to do the same," said Dr. Spengler.

Dr. Rubin joined SBH in 1999 as director of pediatrics. During his tenure he established the division of pediatric emergency medicine and the hospital's first pediatric residency program.

RONALD L. CIUBOTARU AWARD

Dr. Joseph Edwards received the Ronald L. Ciubotaru Award that was established in 2014 in the memory of a beloved SBH physician who embodied the highest values and standards. The award acknowledges the recipient as an exceptional clinician, dedicated mentor and valued colleague, characterized by integrity and humility and deeply committed to teaching and the delivery of compassionate care. Dr. Joseph Edwards joined SBH in 1984 and became director of surgery in 1987.

Improving Clinical Documentation

By Manisha Kulshreshtha, MD, Medical Director, Care Transitions & Physician Practice; Hospitalist Director, Internal Medicine

Clinical documentation is the foundation of every patient health record. The electronic health record has the potential of creating significant positive impact on healthcare but only if the information in the record itself is of the highest possible quality. High quality clinical documentation is the goal of every Clinical Documentation Improvement (CDI) program.

The Clinical Documentation Improvement Department functions as a liaison between the clinicians and medical coders. Clinical Documentation Specialists (CDS) aim to enhance the documentation provided to the Health Information Management (HIM) Department for coding. CDS actively review all clinical documents in the medical record for gaps in documentation while the patients are still in the hospital. They directly query physicians asking that documentation clarifications and additions be made in the medical record. They are not querying to influence medical diagnoses or attempting to affect treatment. Their concern is clearer documentation to assist in quality charting and coding. Quality clinical documentation should meet seven criteria. Documentation should be:

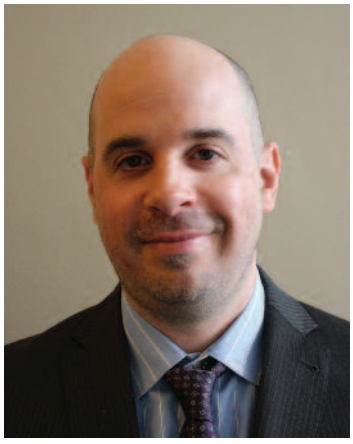
• Legible • Reliable • Precise • Complete
• Consistent • Clear • Timely

The compliance date for ICD-10 is October 1, 2015, and at SBH the transition from ICD-9 to ICD-10 is already well underway. The CDI Department has undergone extensive ICD-10 training through online training modules and intensive boot camp sessions. We have also begun querying clinicians to be compliant with the more stringent ICD-10 documentation requirements. With an increase in the number of available codes from 17,500 in ICD-9CM to 141,449 in ICD-10CM/PCS, each clinician will have to be more specific and comprehensive in their documentation. There will be an increase in the volume of queries generated to physicians from the CDI department, which will require active clinician engagement, prompt responses and an understanding of the changes required by ICD-10.

Physician education is a priority. Educational sessions are ongoing in various clinical departments. Look for weekly CDI tips on the SBH Wiki.

New Faces

John E. Sherman, MD, Director, Division of Plastic Surgery



William M. Wirchansky, MD, Director, Neurological Surgery

George Manis, MD, Trauma/Surgical Critical Care

Stephen Kramer, MD, Psychiatry

Community Physician Profile:
Nader Hanna, MD

By Steven Clark

In gutting an old 99 Cents Only store on East Tremont Avenue to build his modern medical facility, Dr. Nader Hanna admits he was looking for the "wow" factor.

The Egyptian-born family medicine practitioner certainly accomplishes this. Those who enter the building – passing discount stores, cash check places and pizza parlors along the way – are about to enter another dimension. Under 20-foot high ceilings and bright lights lies a magnificent 3,500 square feet two-story edifice that includes a generous waiting room with a large screen TV, nine examination rooms (one as spacious as a master bedroom suite), a lab, private offices, and a full basement that serves as a combination kitchen/dining room/office/family room.

It's that word "family," in fact, that holds special meaning for Dr. Hanna.

"This is not 5th Avenue, but I wanted to create a place my patients would want to come to and feel good about," he says. "I don't necessarily expect to see a return on my investment, but I feel my patients are part of my family, just like my staff and my own family, (which includes his wife, Souzan and three children, Kristina, 18; Stephanie, 16; and Matthew, 10) and I wanted to show respect to them."

He says he has maintained a close relationship with St. Barnabas Hospital for more than a decade – for the last year he's sat on its medical board representing the community physicians – because he believes the hospital's medical staff and management share his vision and commitment to family. He has also been impressed with recent changes at SBH Health System, applauding the addition of new patient services.

Dr. Hanna trained as a heart surgeon in Egypt, which included spending two years in Japan. As the son of a diplomat who worked at the United Nations, Dr. Hanna spent considerable time in New York City during his childhood. He achieved his childhood goal of becoming a physician and practicing in the United States when he arrived permanently here in 1992. However, it was while completing his medical training in Buffalo that he had a change of heart.

"I was working at an outpatient clinic and realized that what I liked best about practicing medicine, and had the most skill for, was giving personal attention to my patients," he says. "This involved sitting down and communicating with them and getting to know their families, which is not something you do as a heart surgeon."

This revelation convinced him to specialize in family practice, where today he has patients from "one month to 97 years old," treating as many as four generations of the same family. This includes a panel of 6,000 patients, many who suffer from chronic illnesses like diabetes, asthma, high blood pressure, coronary artery disease and obesity. And, while the origins of the patients he sees may be changing – today they are as likely to come from West Africa, Mexico, and the Middle East, as Central America and the Caribbean – their needs remain very much the same: high quality care and a physician who is available for them when they need it. He began his practice in the Bronx, across the street from his new building, first working with HIV patients who were not always compliant with their medication.

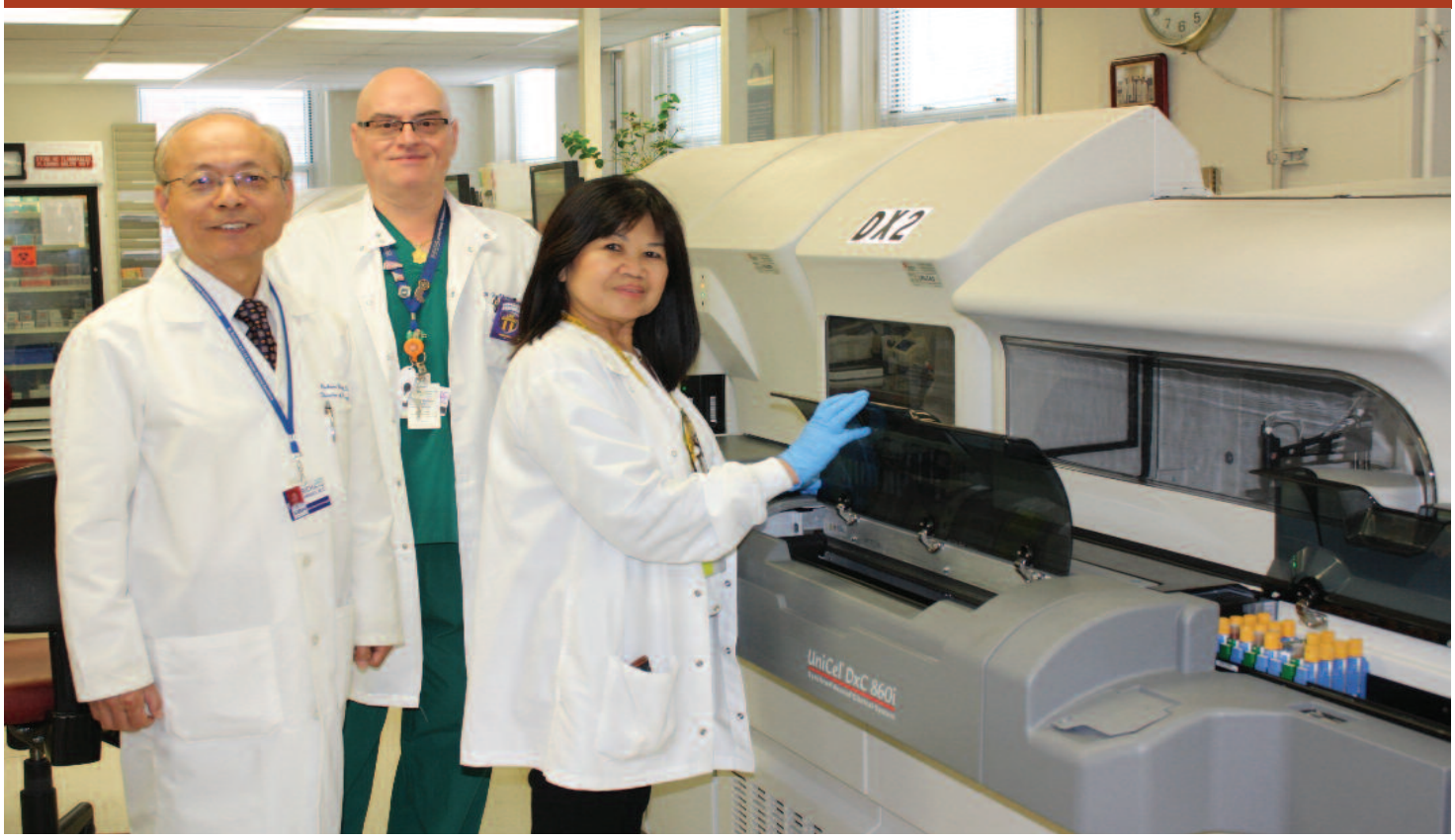
"This is an underserved community that very much needed a family practitioner to fill the gap," says Dr. Hanna. "I've found it very rewarding to make a difference in my patients' lives, and not just when it comes to medical issues."

As a solo practitioner, he routinely sees patient 12 hours a day, six days a week, in addition to a two-hour daily commute from his home in Long Island. It's a demanding life, and one he said he doesn't take lightly. He freely gives patients his cell phone number so they can stay in close touch, and admits to often obsessing about his patients when he's not there. The struggles of dealing with an uncertain insurance climate only add to the challenge.

He said he's keeping his fingers crossed that there might be some help on the way. His eldest daughter just started an eight-year undergraduate/medical school program in Albany.

"I didn't encourage her, in fact I discouraged her from becoming a doctor," he said. "This is something she decided on her own. It would be nice if she joined me one day, but it's a long way off and I'm not holding my breath."

New Lab Equipment Improves Efficiency



Dr. Richard Hwang (left) with Lead Technologist Hector Fradera and Lab Technologist Remedios Perez.

By Susan Kapsis

Remedios Perez loads a specimen in the analyzer.

Placed end to end, the analyzers are a combined 26 feet in length.

Behind closed doors in a quiet corridor on the third floor of the hospital is an army of pathologists, medical technologists and phlebotomists whose efforts are central to the diagnosis of disease, patient care and patient safety. They are working in the hospital's state-of-the art, high complexity computerized laboratory under the direction of Dr. Richard Hwang.

This past year, the lab's Chemistry Department acquired impressive new equipment, two new Beckman Coulter UniCel DXC 860i integrated chemistry analyzers which deliver a fast and reliable specimen turn-around time. The integrated system has a high specimen throughput per hour and features continuous sample loading. The analyzer features closed tube sampling which is an added safety feature for staff loading tubes on the analyzer.

Lead Technologist Hector Fradera explained that the analyzers perform an incredible range of tests, everything from drug screening to glucose, thyroid function, cardiac markers, tumor markers and liver function, to name a few. There are 1.6 million tests performed annually in the chemistry department.

"These analyzers are not only more efficient than our previous equipment, but they offer more platforms enabling us to do tests that in the past we had to send out," said Dr. Hwang.

As with all of the laboratory's major equipment, the analyzers were purchased as a pair. "We always need two of everything so that we have a backup," he said reassuringly.

Achieving PCMH Recognition for DSRIP

By: Irene Kaufmann, Executive Director, DSRIP • Jeeny Job, DO, Chief Medical Information Officer, DSRIP

These past few months we've all had lots of opportunities to hear about Delivery System Reform Incentive Payment (DSRIP) Program and Bronx Partners for Healthy Communities (BPHC's) 10 DSRIP projects. However, one of the DSRIP requirements less talked about is that of achieving NCQA Recognition for meeting Level 3 Patient-Centered Medical Home (PCMH) 2014 standards. While the State does not consider PCMH Recognition a separate DSRIP project, it maintains that implementing NCQA's PCMH standards is foundational to DSRIP and the State's drive to reform Medicaid's care delivery system.

"The Triple Aim"

To better understand what NYS is trying to accomplish with its DSRIP program, consider that it has adopted the elegant and simple concept developed by the Institute of Healthcare Improvement called the "The Triple Aim." Basically, this concept encourages healthcare organizations to focus on improving the patient's experience of care and the health of populations, while reducing the per-capita cost of care. Healthcare organizations and care delivery systems that adopt and strive to achieve the Triple Aim commit to significant change.

These organizations/health systems enroll and take responsibility for the care of a defined population, they partner with individual patients and their families to customize care that meet their needs, they engage methods for managing the health of the enrolled population, take responsibility for generated outcomes and the financial management of care delivery, and they work toward system integration in order to provide their patients with more effective and efficient access to care. One of the ways that NYS incorporates the Triple Aim into Medicaid delivery system reform is by requiring primary care practices to achieve NCQA PCMH Recognition. With this one requirement DSRIP embeds Triple Aim principles into the primary care micro-system.

PCMH Recognition

As healthcare providers, we have been engaged in redesigning primary care and ambulatory care services for the past decade, and may feel that achieving PCMH Recognition is more a function of submitting a successful application than changing how primary care is delivered. But there are key differences in how PCMH practices are organized and how they operate that make them uniquely effective in anticipating and responding to patient needs and tracking their patient population.

First, the PCMH practice strives to maintain provider continuity and improve access, offering same day visits when appropriate and even 24/7 access to providers. Between visits, patients can access the care team for advice that is linguistically appropriate and culturally sensitive.

Assigned Roles

Second, the physician is part of a team where each member has an assigned role and is contributing their professional knowledge and experience to the care of a defined panel of patients. This may mean that the team leverages the knowledge of nurses to care-manage patients on the team's panel who need help self-managing their chronic condition. It may mean the practice utilizes medical assistants to reach out to patients to coordinate follow-up to key lab and diagnostic tests that need to be scheduled before the next primary care visit. This may take scheduling a patient's appointment or arranging transportation to ensure that patients can reach their destination. It takes a team to effectively care and be accountable for the health outcomes of a panel of patients.

Whole Person Approach

Third, the team has a whole person approach to care. Medical homes help screen and identify behavioral health problems, help patients determine and support them to achieve their wellness goals, and recommend community-based services to help their patients maintain a healthy lifestyle and promote wellness instead of focusing just on the illness that brought the patient to the clinic.

Proactive Care Coordination

Finally, the practice tracks its patients and proactively coordinates their care. This may mean that the practice will reach out to patients who have just been discharged from the hospital and give them ready access to their primary care provider, conduct medication reconciliation and follow through on their care plan. When a patient is seeing multiple specialists, and may encounter differing or conflicting opinions, the PCMH provider will digest this information for the patient, ensuring informed and better decision making for the patient. The practice continuously improves performance by monitoring the health indicators of its patients, identifying those due for preventive screening, reaching out to those who have missed such appointments, or who have been lost to follow-up.

There is evidence that in practices that have taken the journey to transform into a PCMH, patients are more satisfied with and engaged in care, have fewer emergency room visits and, and have fewer avoidable admissions. Given these benefits, it makes sense that the NYS DSRIP program requires all identified primary care practices to achieve PCMH status by 2017.

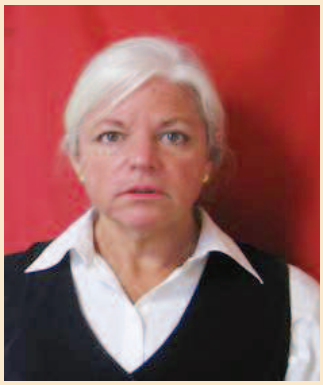
PCMH Transformation Journey

Nonetheless, transformation is hard work, and organizing into team-based

In Memoriam

Dr. Marilyn Cane

By Rita A. DelValle



Marilyn Cane, MD, an Attending in the Department of Psychiatry, passed away on February 7, 2015 after a long and brave struggle with cancer.

Dr. Cane grew up in Florida, attended Smith College in Massachusetts and went to medical school at the Universidad Autonoma de Guadalajara, Mexico. She did her residency training, as well as a fellowship in Child Psychiatry, at the Albert Einstein College of Medicine.

Dr. Cane began her career at St. Barnabas in August of 2005. It was immediately apparent that she was a wonderful addition to the Department. She was well-liked by patients. She was empathic and sensitive to the demographics of the population. She was a team player whose clinical opinions were valued by her peers; and the psychiatric services that she delivered were up-to-date and relevant.

Dr. Cane was well-liked both within the Department and throughout the Hospital. She never forgot a birthday or holiday and was very generous with her gifts and contributions. She loved travel and interior decorating. She was knowledgeable about current events and always knew the latest tidbit about the entertainment industry.

Dr. Cane is survived by her son, Alexander, who will graduate from Georgetown Law School in May, and her ex-husband, Jeffrey Cane, with whom she maintained a very close relationship.

Dr. Cane will be missed.

Trustee Elizabeth (Betsy) Bartlett

By Thomas J. Murray

St. Barnabas mourns the loss of Trustee Elizabeth (Betsy) Bartlett who passed away in February after a long illness. Originally from Shaker Heights, Ohio, she arrived in New York after college and embarked on a successful modeling career, earning the distinction of "Lady Arrow" for the Arrow Shirt Company.

Her association with St. Barnabas began in 1977 when she joined the Women's Auxiliary. She was elected president of the Auxiliary in 1978 and was invited to join the Board of Trustees in1979, one of the first women and the youngest member of the Board. At the time, board meetings were held downtown in the "imposing headquarters" of the Bank of New York, she recalled during an interview with the hospital's publications department in 2006.

As president of the Auxiliary, Betsy was a formidable fundraiser. Respected by fellow board members, she was elected Vice Chairperson of the Board, and in 1997 she was the honored guest at the Auxiliary's annual gala.

Betsy also served on the board of the New York Society for the Prevention of Cruelty to Children and was a member of the Women's Committee of the Central Park Conservancy.

Betsy Bartlett's 35 years of service on the St. Barnabas Hospital Board of Trustees were exemplary. She will be missed by the St. Barnabas Family and all who knew her.

DSRIP *continued from previous page*

practices, providing necessary care management services and implementing electronic records to establish registries, track patient visits, and monitor preventive care require resources and leadership commitment.

BPHC has over 800 PCP's. Only a third, however, have achieved Level 3 PCMH Recognition even though the NCQA PCMH Recognition Program has been active for more than 10 years and NYSDOH Medicaid Medical Home Program has rewarded recognized providers with enhanced reimbursement since 2010.

What we've learned is that the PCMH transformation journey often needs resources and support to succeed. It is our belief that with such support the BPHC PPS will achieve this most challenging of DSRIP requirements and use it as a foundation for building the DSRIP projects we have selected. Whether we establish registries and care plans to advance our DSRIP CVD, Diabetes or Asthma management projects, or implement team-based collaborative care for our behavioral and primary care integration project, or develop processes to improve how we connect discharged and emergency triaged patients into primary care and appropriate care management services, each one of our DSRIP projects manifests or reinforces the standards, elements and factors required by the PCMH Recognition program. Finally, while widespread implementation of PCMH at BPHC will help us meet our DSRIP requirements it will, more importantly, strengthen the PPS's ability to standardize best practices and improve care, manage populations and improve health outcomes, and contain system costs by keeping people healthier and reducing avoidable admissions and emergency care. In other words, widespread PCMH implementation will help BPHC meet the Triple Aim.

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Bronx, NY 10457
www.SBHNY.org

Our Center for Comprehensive Care

SBH Health System's Center for Comprehensive Care provides a new model of care for chronic disease management in an outpatient setting. Located on the 4th floor of St. Barnabas Hospital, the Center promotes coordinated care that extends beyond diagnosis and treatment, incorporating health education, social services, mental health care, nutrition services and chronic disease self-management strategies all designed to help patients avoid re-hospitalization and lead healthier lives.

- Senior Health
- Medication Management
- Asthma
- Diabetes
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- Sleep Center

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