ST. JOSEPH HOSPITAL

Medical Staff Newsletter

A Quarterly Newsletter for the St. Joseph Hospital Medical Staff

Summer 2001

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"What we have here is failure to communicate" - *Cool Hand Luke*

According to Hugh Greeley, this phrase could well be used to describe the situation in hospitals thought out the U.S. The focus of practice for many physicians has shifted from the hospital to the office. At the same time hospital care has become more complex and more regulated. Time is stretched and physicians no longer have the chance to hang out in the lounge, cafeteria, or department meeting. The opportunity for physicians to learn of strategic plans and to discuss alternatives is continually decreasing.

Organizational success both for the Medical Staff and the hospital is critically dependent on open two-way communication. Medical Staff officers, department chairs, and hospital managers are all aware of the need to increase exchange of information and to re-establish dialog. Physicians are in a unique position to influence the practice of medicine both locally and regionally. Hospitals are in a unique position to develop a symbiotic partnership with physicians in the delivery of patient care. It is only through ongoing dialog that both parties can work together to advance common interests and to meet the needs of our community.

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"If you just communicate, you can get by. But if you communicate skillfully, you can work miracles."

- *Jim Rohn*

What's Happening at Medical Executive Committee?

The MEC has opened a discussion about the role of Complementary and Alternative Medicine (CAM) at St. Joseph Hospital. There is a growing demand for CAM in our community and a growing number of providers in our system that would like to meet that demand. As of 1999, 11.8% of all US hospitals were involved in CAM. This number is increasing by 30% a year. In 1993, New England Journal of Medicine (Eisenberg, Kessler, Foster, 1993) reported that one in three individuals use at least one type of alternative health care ~ of which, 75% or more was not covered through insurance or managed care.

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Failure to Communicate, *continued from page 1*

This newsletter represents one attempt to improve communication. In addition to the news, it will contain letters and comments from members of the Medical Staff, hospital staff, and the greater community. For it to be a useful tool, content must come from all those involved.

One vehicle will not reach such a diverse group, and we will need to employ other means to talk and to listen to each other. This includes a Medical Staff section on the St. Joseph Hospital website (www.stjosephhospital.com). There are pages for the CME schedule, Medical Staff Committee schedule, and library information with links to various sites. The Bylaws, Rules & Regulations and Medical Staff policies are posted on another page. There is an electronic bulletin board that can be used for questions and answers as well as comments and recommendations. Good ideas to improve hospital efficiency or patient care are always welcome. Newsletters are posted and archived for future reference as well as emailed to those with e-mail addresses. The web presence can be found under the Medical Staff Affairs button on the left hand navigation bar.

Other opportunities for communication still exist. Bulletin boards in the Medical Staff mail room and medical records can be used for announcements and for physicians to post comments. The Medical Staff Survey will be distributed quarterly to 25% of the Staff to elicit timely physician input and to measure physician satisfaction. Face to face meetings in the hallways, at the regular CME secessions or at Medical Staff committee and department meetings continue to be valuable opportunities for discussion. An attitude of openness and a willingness to participate can help to fix Luke's failure to communicate.

Look What's New…

Medical Staff section on the St. Joseph Hospital website!!

User: sjh-msa
Password: L8&fdd24

What's Happening at the MEC?, *continued from page 1*

Dr. Robert Quirbach, President, Medical Staff

A White Paper on the topic has been developed which among other things addresses a primary issue with CAM practices, the "deficiency of evidence based treatment practices and protocols. This is not to say that CAM practices are not effective ~ just that their efficacy has yet to be documented in a manner equivalent to traditional healthcare treatments and pharmacotherapeutic agents. The uncontrolled, unchecked growing use of CAM practices, represents a concern to many within the healthcare system." To control such risks, the MEC is considering an oversight sub-committee on CAM that would be responsible for:

- Assessing safety of CAM practices and treatments
- Researching efficacy and documented studies of CAM practices and treatments
- Recommending action on CAM to the Board of Directors
- Reviewing credentials of CAM practitioners and therapists
- Developing patient education information on CAM practices and treatments

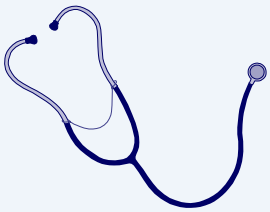
If you are interested in more information on our discussions or in participating on an oversight committee, please let your department chair, Bob Quirbach, Mark Dubay or Bill Stephan know. We are looking for individuals who want to be involved in this growing and potentially exciting area.

What Do We Expect of our Colleagues on the Medical Staff?

Drs. Robey, Houston and Rothfleisch have been working on a document that outlines what we expect of each other as members of the Medical Staff. Below is a draft based on the bylaws and general principles of professional conduct. Please review the expectations and let us know your reactions, thoughts and recommendations.

Patient Care:

- Provide his patients with care at or above the generally recognized professional level of quality as measured by desirable patient outcomes and efficiency as measured by resource utilization per case.
- Retain responsibility within one's area of professional competence for the continuous care and supervision of patients in the Hospital and to provide or arrange for appropriate and timely medical coverage for patients;
- Request consultations as needed to ensure that each patient is treated by an appropriately qualified practitioner who is competent to deliver the required clinical treatment;
- Respond to requests for patient consultation in a timely manner by seeing the patient and discussing the patient with the referring physician or his covering physician within 24 hours of the consultation request, unless otherwise requested by the attending physician;
- Prepare and complete, in timely fashion, medical and other required records for all patients one admits or in any way provides care to in the Hospital including but not limited to:
  - ✓ Writing orders, progress notes and other chart entries which are legible;
  - ✓ Completing all history and physical examination reports within 24 hours of patient admission;
  - ✓ Completing all operative reports plus entering a written operative note in the patient's chart immediately after surgery, but in all cases within the same day as the surgery;
  - ✓ Completing transfer summaries at the time of transfer;
  - ✓ Completing discharge summaries in a timely manner – not to exceed 30 days.



Performance Improvement:

- Participate in the Hospital wide, multi-disciplinary Performance Improvement program to reduce medical errors, increase the likelihood of desirable patient care outcomes and maximize the efficiency of resource utilization;
- Participate in the development and analysis of clinical practice studies with the Clinical Practice Committee;
- Participate in the monitoring and evaluation activities required of the Staff in monitoring/proctoring of Provisional appointees when assigned by the department Chair;
- Participate in peer review activities as assigned by the department Chair or the MEC.

A QUARTERLY NEWSLETTER FOR THE ST. JOSEPH HOSPITAL MEDICAL STAFF

St. Joseph Hospital Medical Staff Newsletter is published by Medical Staff Affairs. Please submit ideas, comments, and suggestions to
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e-mail at: wstephan@sjh-nh.org
Newsletter Designer: Sheila McLaughlin

SEE US ON THE INTERNET!!
WWW.STJOSEPHHOSPITAL.COM

Upcoming Continuing Medical Education Programs 2001

- **Update in the Management of Heart Failure,** June 20th, 12-1:00 p.m. (Carl Amelio Room)
- **Integration of Chemotherapy in the Treatment of Locally Advanced Head and Neck Cancer,** June 27th, 12-1:00 p.m., 12:00-1:00 p.m. (Carl Amelio Room)
- **Arthritis Topic, Caryn Libbey, M.D.,** September 5th, 12-1:00 p.m. (Carl Amelio Room)

Tumor Conferences:

- **June 22nd,** Ravi Salgia, M.D. of Dana Farber Cancer Institute in attendance, 7:30 a.m. – 8:30 a.m., Board Room
- **July 13th and July 27th,** 7:30 a.m. – 8:30 a.m., Board Room
- **August 10th and 24th,** 7:30 a.m. – 8:30 a.m., Board Room
- **September 14th and 28th** – 7:30 a.m. – 8:30 a.m., Board Room

Colleagues on Medical Staff, *continued from page 3*

Professional Conduct:

- Act in a professional, respectful manner at all times, including times of disagreement, and to refrain from behavior that disrupts hospital function or generates complaints from fellow members of the Medical Staff, the hospital staff, patients and their families, including but not limited to:
  - ✓ Disruptive behavior in meetings;
  - ✓ Impulsive, threatening, disruptive, sexually harassing or disrespectful behavior;
- Ensure physical and mental health status adequate to provide care at the generally recognized professional standard of care.
- Participate in continuing education related to ones delineated clinical privileges.

General:

- Maintain the basic qualifications for Medical Staff membership as set forth in the Bylaws;
- Abide by the Medical Staff Bylaws and its Rules and Regulations and by all other lawful standards, current policies and rules of the Hospital and federal and state statutes;
- Abide by the ethical principles of his profession and the Ethical and Religious Directives of the Roman Catholic Church;
- Discharge such staff, department, committee and Hospital functions for which one is responsible by appointment, election or otherwise;
- Participate in the provision of patient care to any patient in an emergency including participation in the on-call coverage of emergency services and other coverage programs as determined by the department Chair and Medical Executive Committee.
- Pay fees and assessments as determined by the staff and approved by the Board;
- Promptly notify the CEO of the revocation, suspension, lapse or any action that could result in a change of status in his professional license, DEA Registration or professional liability insurance coverage, and imposition of terms of probation or limitation of practice by any State or his loss of privileges at any Hospital or other health care institution.