



# DOWNSTATE TIMES

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The Newsletter for SUNY Downstate  
University Hospital of Brooklyn

## Downstate's Latest Clinical Core Measure Scores –We Did an Outstanding Job!



UHC reports Downstate's core measures data to CMS.

Downstate's second quarter 2013 clinical core measure results have been reported out – and Downstate posted outstanding performance results. Of

115 process-of-care measure results released on December 18, Downstate scored first among all submitters in 55 measures and "substantially better than target range" in a total of 64 measures.

"These are phenomenal results," said Michael Lucchesi, MD, Downstate's Chief Medical and Safety Officer. "They reflect the strength of Downstate's excellence in clinical care."

The data was reported by University HealthSystem Consortium (UHC), a vendor that is Joint Commission-accredited to report

**Downstate scored first among all UHC submitters in 55 measures and "substantially better than target range" in a total of 64 measures.**

outcomes on core measures. UHC members include 120 of the country's 141 academic medical centers, and 300 of their affiliated hospitals. Ultimately, CMS will compare the information submitted by UHC to that of all hospitals nationwide in its hospital database, Hospital Compare.

Core measures report how often hospitals deliver recommended care processes. Measured scores include, among others, those related to acute myocardial infarction (AMI); heart failure (HF); pneumonia (PN); surgical care improvement (SCIP); and hospital-based inpatient psychiatric services (HBIPS).

Downstate also scored well on composite measures, scoring first among all submitters in 3 measures. (Composite scores are developed following Joint Commission methodology. They reflect the combination of multiple individual measures into summary scores. Scores are not weighted or risk adjusted.)

UHC also reports out "Value-Based Purchasing Clinical Process of Care Measures." These are the 12 clinical measures that CMS combines with patient satisfaction scores to determine how much incentive reimbursement, if any, a hospital will receive from Medicare. Downstate's observed performance was 100% in 9 out of 12 clinical measures.

While these are excellent results, Dr. Lucchesi urges continued vigilance. "This is a single quarter's result," he explains, and of the 59 measures in which we ranked first, 33 were scored with an "interpret with caution" notation because the number of cases included in the analysis were small. And there are categories, including ED wait time and offering pneumococcal immunization, in which more work is needed.

Still, he says, "these results are worth cheering about."

### Downstate's 2nd quarter clinical Core Measures by the numbers:

#### All Care Measures:

**115 measures scored**

**First among all submitters in 55 measures**

**"Substantially Better than Target Range" in 64 measures**

#### Composite Measures:

**8 Measures scored**

**First among all submitters in 3 measures**

**"Substantially Better Than Target Range" in 4 measures**

#### Value Based Purchasing Clinical Process of Care Measures:

**12 measures scored**

**Observed performance 100% in 9 measures**

*See page 4 for the full list of "firsts."*



**Jeffrey Birnbaum, MD, MPH**, associate professor of pediatrics, received a Certificate of Recognition, signed by Mayor Michael R. Bloomberg and by NYC Commissioner of Health Dr. Thomas Farley at the Health Department's World AIDS Day observance on December 2, 2013. The award highlighted Dr. Birnbaum's strong efforts in providing care and encouragement to teens with HIV/AIDS.

## Hidden in Plain Sight



Downstate's School of Public Health recently hosted "Hidden in Plain Sight: Sex Trafficking in NYC," a campus-community conference that brought together close to a hundred public health, healthcare professionals, and legal experts to highlight the issue of sexual and labor exploitation, which has reached epidemic proportions nationally.

And, while numbers to document the extent of the problem in Brooklyn aren't

known, Alison Clark Trenk, a representative of the Kings County District Attorney's Office, said the problem is prevalent across all Brooklyn neighborhoods.

"Many of the victims are children," explained LeConte Dill, DrPH, assistant professor of community health sciences. She said that CSEC – commercial sexual exploitation of children – takes the form of emotional and often physical violence.

But human trafficking isn't limited to sexual exploitation alone – many immigrants are subject to labor trafficking which can be found in all industries where exploitation is possible – not just in the sex trade, but also in factories, restaurants, and agricultural concerns.

Dr. Dill said that it can be difficult for victims to access health care. Providers lack experience treating this population and may not recognize the signs of abuse or acknowledge that these patients are victims rather than criminals. And shockingly, the average life expectancy after someone gets caught up in the life is seven years, due to the threats of homicide and AIDS.

The conference was underwritten by the Dr. Mahfouz H. Zaki Memorial Fund, which is dedicated to improving maternal and child health. Dr. Zaki was a brilliant public health physician and a former member of the Downstate faculty.



## AIDS Memorial Quilt Displayed at Downstate

In commemoration of World AIDS Day on December 1, panels from the NAMES Project AIDS Memorial Quilt were displayed in the Atrium of Alumni Auditorium. The quilt is a visual tribute to those who have died from the AIDS pandemic, and an ongoing effort to insure that those who have died are not forgotten. More than 48,000 3-by-6 foot panels comprise the entire quilt and as many as 3,000 blocks of the quilt are displayed every year across the country. Downstate has been displaying the quilt since 2000, thanks to the efforts of Meg O'Sullivan, assistant vice president for student life, her staff in the Student Center, and the Student Center Governing Board, which sponsors the program every year.



## Helping Victims of Typhoon Haiyun

In November, Filipino nurses at Downstate raised \$4,000 to assist victims of Typhoon Haiyun, with donations going to help the relief efforts of Sister Lydia Villegas of the Priory of the Community of Benedictine Sisters in Tacloban City, Philippines – one of the hardest hit cities.

"On behalf of the Philippines Nurses Association of New York, we would like to thank the SUNY Downstate community and administration for their generosity and spiritual support," said Cynthia Margalit, RN, MS, associate administrator and director of nursing-behavioral health and medicine, who has been tireless in helping to galvanize relief efforts.

From left to right, the people in the picture are: Cynthia Margalit, RN, MS; Corina Florece-Ruiz, RN; Adelina Agno, RN; Shirley Mercury, Doretta Bulter, and Aristedes Bravo.

# Back Pain Lecture Draws Full House

by **Sandy Dell**  
 Director of Marketing  
 University Physicians of Brooklyn, Inc.

“Back Pain” proved to be a very popular topic at a recent community health seminar. Dr. Paul A. Pipia, chief of physical medicine and rehabilitation and assistant professor of physiatry in orthopaedic surgery and rehabilitation medicine, said that back pain is the second most common reason—after the common cold—that people visit their primary care doctor. Ninety percent of people will experience neck or back pain in their lifetime.

Anyone can develop back pain at any age, and men and women are equally affected, although smoking and being overweight significantly increase the risk. Other contributing factors are paraspinal sprain/strain, frequent bending and heavy lifting, degenerative arthritis, herniated or bulging disks, depression, and anxiety.

To effectively treat back pain, and hopefully prevent it from becoming a chronic issue, it is important to get an accurate diagnosis. This is the specialty of “physiatrists” such as Dr. Pipia. To determine the cause of back pain, the physician will do a complete physical examination, often followed by diagnostic tests such as x-rays, MRI, ultrasound, nerve conduction studies/EMG, bone scan, etc.

“Most back pain does get better with a combination of medication, physical therapy and activity modification,” said Dr. Pipia. “Surgery is always a last resort.”

Initial treatment usually includes over-the-counter pain relievers, a heating pad to improve blood flow to the area and relax the muscles, or cold packs to reduce the swelling and inflammation. A short period of rest can be beneficial, but Dr. Pipia warned against prolonged inactivity. If this does not work, the physician may prescribe stronger medications or a combination of drugs, along with physical therapy. The physical therapist will teach the patient to strengthen the core muscles that support the back, and perform passive therapies to reduce pain

and inflammation (ultrasound, massage, electrical stimulation (TENS), traction, wearing corsets and braces, etc.). Downstate’s Dr. Tsai Chao also employs complementary approaches such as acupuncture, which some people find effective.

Interventional procedures are another often effective option. Dr. Sanjeev Agarwal, chief of interventional pain management, performs epidural or facet joint injections in which he directs a needle containing an anti-inflammatory and anesthetic drug directly into the problem area under the x-ray guidance of a fluoroscope. If the back pain is related to structural anatomical problems that haven’t responded to conservative therapy measures, the patient may then be referred to a spine surgeon, such as Downstate’s Carl Paulino, MD.

To make an appointment with any of the highly trained and experienced, board-certified specialists in the Department of Orthopaedic Surgery and Rehabilitation Medicine, including all physicians mentioned above, please call **718-270-2045**.



Dr. Paul A. Pipia, chief of physical medicine and rehabilitation

## Chair of Medicine Honored by Local Papers

Moro Salifu, MD, MPH chairman of medicine, was honored by *The Home Reporter* and the *Brooklyn Spectator* as a “King of Kings” for his outstanding leadership and commitment to the community. The honor, which is reserved for Brooklyn’s most influential and active leaders, “pays homage to those who give so much back and help the city thrive,” said *Spectator* Co-Publisher Joshua Schneps.



## What Every Employee Needs to Know - “Blue Book” Updated

The Blue Book – *UHB’s Guide to What Every Employee Needs to Know* – has been updated, thanks to Adeola Dabiri, MS, MPA, CPHQ, director of regulatory affairs and a team of contributors from across the campus. The Guide covers everything from Downstate’s Mission and Values to Compliance and Patient Satisfaction information. You can find it on the hospital’s Administrative Policies and Procedures webpage, at [http://138.5.193.254/pnp/xpolicy/employee\\_handbook\\_2013.pdf](http://138.5.193.254/pnp/xpolicy/employee_handbook_2013.pdf) Hard copies will be available shortly.

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## Downstate's clinical core measures scores

### "All Care Measures" in Which Downstate Scored First

(the number after the slash represents the # of hospitals submitting data on this measure through the UHC consortium):

#### AMI (Acute Myocardial Infarction)

1. Aspirin at arrival - 1/153
2. Angiotensin-converting enzyme inhibitors (ACEI) or angiotensin receptor blocker (ARB) administered to prevent left ventricular systolic dysfunction (medications administered to block hormones that cause blood vessels to constrict, therefore reducing the risk of a heart attack) - 1/136
3. Beta blocker prescribed at discharge (beta blockers reduce blood pressure) - 1/151
4. Percutaneous Coronary Intervention (PCI) received within 90 mins of arrival - (PCI is the opening of a narrowed coronary artery using special tools. Doing so within 90 minutes of hospital arrival greatly increases the odds of survival) - 1/117

#### HF (Heart Failure)

5. Discharge instructions - 1/158
6. Evaluation of Left Ventricular Systolic function- this determines if the heart is pumping properly) - 1/158
7. Angiotensin-converting enzyme inhibitors (ACEI) or angiotensin receptor blocker (ARB) administered to prevent left ventricular systolic dysfunction - 1/155

#### PN (Pneumonia)

8. Blood culture within 24 hrs of arrival for patients transferred/admitted to ICU - 1/153
9. Blood cultures in the ED prior to antibiotic - 1/156
10. Antibiotic selection for Community Acquired Pneumonia (CAP) in immunocompetent patient (tracks patients in non-ICUs who were given the appropriate antibiotics) - 1/155
11. Antibiotic selection for CAP in immunocompetent ICU patient - 1/127
12. Antibiotic selection for CAP in immunocompetent non-ICU patient - 1/155 (same as above)

#### PC (Perinatal Care Conditions)

13. Health Care-Associated Bloodstream Infections in Newborns - 1/100

#### Surgical Care Improvement Project (SCIP):

##### SCIP-Card-2 (Surgical Care Improvement Project - Cardiology)

14. Surgery Patients on Beta Blocker Therapy Prior to Admission Who Received a Beta Blocker During the Perioperative Period - 1/161

##### SCIP-Inf-1 (Antibiotic Received One Hour Prior to Surgical Incision)

15. CABG (The appropriate antibiotic administered one hour prior to Coronary Artery Bypass Surgery) - 1/98
16. Knee arthroplasty - 1/152
17. Colon surgery - 1/157
18. Vascular surgery - 1/123

##### SCIP-Inf-2 (Antibiotic Selection for Surgical Patients)

19. CABG (The appropriate antibiotic administered for Coronary Artery bypass Surgery) - 1/98
20. Other cardiac surgery - 1/97
21. Hip arthroplasty - 1/155
22. Knee arthroplasty - 1/152
23. Hysterectomy - 1/151
24. Vascular surgery - 1/123

##### SCIP-Inf-3 (Antibiotics Discontinued Within 24/48 Hours After Surgery End)

25. Overall - 1/162
26. CABG (Proportion of patients whose appropriate antibiotics were discontinued within 24 hours after anesthesia end time, or 48 hours after cardiac surgery end time) - 1/98

##### SCIP-Inf-3 (Antibiotics Discontinued Within 24/48 Hours After Surgery End)

27. Other cardiac surgery - 1/97
28. Hip arthroplasty - 1/155
29. Knee arthroplasty - 1/151
30. Colon surgery - 1/157
31. Hysterectomy - 1/151
32. Vascular surgery - 1/123

##### SCIP-Inf-4 (Cardiac Surgery Patients with Controlled 6 AM Postoperative Serum Glucose)

33. Cardiac surgery patients with controlled 6 AM postoperative serum glucose - 1/99

##### SCIP-Inf-6 (Surgery Patients with Appropriate Hair Removal)

34. Surgery patients with appropriate hair removal - 1/164

##### SCIP-Inf-9 (Urinary catheter removed on postoperative day 1 or 2)

35. Urinary catheter removed on postoperative day - 1/162

##### SCIP-Inf-10 (Surgery patients with perioperative temperature management)

36. Surgery patients with perioperative temperature management - 1/163

##### SCIP-VTE-2 (Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery)

37. Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery - 1/163

#### STK (Stroke)

38. Venous Thromboembolism (VTE) Prophylaxis - 1/121
39. Discharged on Antithrombotic Therapy - 1/121
40. Anticoagulation Therapy for Atrial Fibrillation/Flutter - 1/111
41. Antithrombotic Therapy By End of Hospital Day - 1/120
42. Discharged on Statin Medication - 1/121
43. Assessed for Rehabilitation - 1/121

#### VTE (Venous Thromboembolism Prophylaxis)

44. Venous Thromboembolism Patients with Anticoagulation Overlap Therapy - 1/154

45. Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol - 1/147
46. Incidence of Potentially-Preventable Venous Thromboembolism - 1/139

#### Hospital-based Inpatient Psychiatric Services (HBIPS)

HBIPS-1 (Assessment of violence risk, substance use disorder, trauma and patient strengths completed)

47. Admission Screening- Overall Rate - 1/51
48. Admission Screening- Adult (18 through 64 years) - 1/49
49. Admission Screening- Older Adult - 1/45

#### HBIPS-4 (Patients discharged on multiple antipsychotic medications)

50. Multiple Antipsychotic Medications at Discharge- Older Adult (>65 years) - 1/64

#### HBIPS-5 (Multiple antipsychotic medications at discharge with appropriate justification)

51. Multiple Antipsychotic Medications at Discharge with Appropriate Justification- Overall Rate - 1/57
52. Multiple Antipsychotic Medications at Discharge with Appropriate Justification- Adult (18 through 64 years) - 1/53

#### HBIPS-6 (Post Discharge Continuing Care Plan)

53. Post Discharge Continuing Care Plan- Overall Rate - 1/72
54. Post Discharge Continuing Care Plan-Adult (18 through 64 years) - 1/70
55. Post Discharge Continuing Care Plan-Older Adult (>65 years) - 1/66

#### HBIPS-7 (Post Discharge Continuing Care Plan Transmitted)

56. Post Discharge Continuing Care Plan Transmitted - 1/72
57. Post Discharge Continuing Care Plan Transmitted - Adult (18 through 64 years) - 1/70
58. Post Discharge Continuing Care Plan Transmitted - Older Adult (>65 years) - 1/66

#### CMS Composite Measures

1. Hospital-based Inpatient Psychiatric Services Composite - 1/72
2. Heart Failure Composite - 1/158
3. Pneumonia Composite - 1/157

#### Value Based Purchasing Clinical Process of Care Measures

100% observed compliance was achieved on the following measures:

1. Surgical Care Improvement Project -Inf-9 Urinary catheter removed on postoperative day 1 or 2
2. AMI-8a PCI received within 90 minutes of arrival
3. Heart Failure-1 Discharge instructions
4. Pneumonia Blood cultures in the ED prior to antibiotic
5. Pneumonia Antibiotic selection for CAP in immunocompetent patient
6. Surgical Care Improvement Project -3a Antibiotics Discontinued Within 24/48 Hours After Surgery End
7. Surgical Care Improvement Project -4 Cardiac surgery patients with controlled 6 AM postoperative serum glucose
8. Surgical Care Improvement Project -2 Surgery Patients on Beta Blocker Therapy Prior to Admission Who Received a Beta Blocker During the Perioperative Period
9. Surgical Care Improvement Project Venous Thrombosis -2 Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery

See Downstate Times online for the full 2nd quarter 2013 results.

## DEPARTMENT AND STAFF NEWS

Kevin Antoine, JD, Chief Diversity Officer, reports that the Office of Diversity and Inclusion's first Global Diversity Initiative, the Women's University in Africa (WUA) Book Donation Project, was very successful. Downstate donated 50 boxes of used text books weighing over 1,300 pounds to WUA, to help expand its library offerings. Mr. Antoine met WUA's founder, Dr. Hope Sadza, at the 2009 National Academy for Public Administration's Social Equity and Leadership Conference hosted by Rutgers University, where both were speakers. Dr. Sadza's powerful and inspirational story of the challenges she encountered while establishing the school – the first school in Zimbabwe established specifically to educate women – compelled Mr. Antoine to help Dr. Sadza collect books for WUA's library. The project is now in its third year, and has grown to be supported by several other SUNY campuses.

The daughter of Rajendrakumar Wadgaonkar, PhD, associate professor medicine and of cell biology, is one of three high school seniors who won the \$100,000 grand prize in the 2013 Siemens Competition in Math, Science, and Technology. Priyanka Wadgaonkar credits her dad with helping to spark her interest in science. Priyanka's team won for finding that plants with multiple copies of genes that help with ozone tolerance are more resistant to environmental impacts – a finding that could potentially lessen crop losses. On Feb 5th, she and her teammates will be going to Wall Street to ring the opening bell.