

Stony Brook School of Medicine
Faculty Senate Meeting
November 28th, 2006

Dr. Cedric Priebe (Presiding)
Dr. Scott Johnson (Recording)
Attendance: Please see attendance roster.

Dr. Priebe called the meeting to order at 5:06 pm.

I. Review of Minutes of Meeting of October 24th 2006:

Dr. Johnson

- Minutes of the October 24th meeting were accepted with the following correction. Dr. Steigbigel, Professor of Medicine and Director of the Comprehensive AIDS center at SBUMC, pointed out that the minutes as written were incorrect pertaining to the HIV program. The minutes stated there was “HIV program concerns-some protocols have not been updated in 15 years.” Dr. Steigbigel indicated that the minutes as written suggested that the AIDS center was deficient in its clinical policies and protocols, when in fact the deficiencies related to polices and procedures in a manual pertaining to issues such as fire extinguisher placement and other non-clinical issues. The Comprehensive AIDS center encompasses a multidisciplinary approach to management of patients with HIV infection and is at the forefront of HIV care. The minutes will be corrected to reflect Dr. Steigbigel’s edits.
- Dr. Priebe suggested that if anyone had any further questions or concerns regarding the previous minutes they should be addressed to him or S.Johnson.

II. Report from the Dean of the SOM

Dr. Williams

- Dr. Peter Williams, Vice Dean of Academic and Faculty Affairs, presented a report from the Dean’s office in Dr. Fine’s absence.
- Dr. Williams reported on 3 issues:
 1. SBUMC has appointed a new CEO, Steven L. Strongwater, M.D., Dr. Strongwater is an experienced and highly regarded hospital administrator who since 2000 has headed John Dempsey Hospital at the University of Connecticut. He will begin his tenure as CEO in January 2007.
 - Dr. Strongwater will appoint a new COO once he arrives.
 - Dr. Williams commended Mr. Fred Sganga for doing a great job as interim CEO.
 2. The Berger commission report was released and was very supportive of SBUMC and it’s relationships with other hospitals. It supported affording SBUMC more liberty in developing contractual relationships with other hospitals.
 - The report recommended that the 4 east-end hospitals (Eastern Long Island Hospital, Southampton hospital, Peconic Bay Medical Center, and Brookhaven Memorial Medical Center) form a conglomerate and then affiliate with SBUMC
 3. The Clinical Skills Center (Simulation center) will have its Grand Opening December 15, 2006 at 3:30pm.
 - The center will be utilized by medical students this weekend.

III. Report of the Committee on Academic Standing

Dr. Larson

- Dr. Susan Larson, Professor, Department of Anatomical Sciences and Chair of the Committee on Academic Standing (CAS) reported on the activities of the CAS,

particularly on the subject of marginal academic performance. The following is Dr. Larson's presentation:

- **Mission of CAS:**
 - *Policies and Procedures* Document:

“The Committee on Academic Standing (CAS) is the body the faculty has charged with interpreting and applying the provisions herein.”

“The Committee on Academic Standing is appointed by the faculty senate to monitor students' adherence to professional and academic standards.”
- CAS reviews cases of students who lose **good standing**, as outlined in the *Policies and Procedures* document, to determine appropriate action.
 - **Good standing:**
 - Having passing grades in all courses, clerkships, electives, standardized patient exams and other mandatory exercises.
 - Achieving passes on Steps 1 and 2 of the USMLE in a timely manner.
 - Behaving in accordance with high standards of professional and academic ethics.
- Nearly all cases coming before the CAS concern academic rather than professional issues
 - So far no cases have been referred from the student Honor Code committee
- Past 12 months CAS reviewed 14 student cases:
 - 4 first year, 2 second year, 6 third year, 2 fourth year students.
 - Half of these students have been before CAS more than once.
 - Dismissal was recommended for one second year student, but student was allowed to withdraw.
 - One student failed to complete first year requirements and was invited to repeat year.
- Past 12 months CAS reviewed 14 student cases:
 - Most students were brought to CAS because of **chronic marginality**.
- **Marginality** in student performance:
 - *Policies and Procedures* Document:
 - *During pre-clinical years:*

The Committee on Academic Standing may recommend that a student who fails the year may be dismissed or invited to repeat the year. Even though a student has not failed any courses, the Committee on Academic Standing may also recommend that the student repeat a year or be dismissed when the Committee finds the student has exhibited **a consistent or repeated pattern of marginal performance sufficient to cast doubt on their preparedness for clinical training.**

“Marginal Performance” is determined by the number of Failing or Low Pass grades a student receives. **An F or LP in the following courses will constitute 2 points each: The Body, Cells, Neuroscience 1, Physiology, Pathology, Foundations, Microbiology, Pharmacology, and MCS2. An F or an LP in any of the ten System Course Segments will constitute 1 point each.** A student who aggregates 14 points will be considered to have marginal academic performance irrespective of other grades. A pattern of marginal academic performance exposes a student to the risk of being put on probation, repeating a year, being suspended or dismissed.
- **Marginality** in student performance
 - During clinical years:

A student who fails two subject exams will come before CAS to help them identify what is going wrong and find remedies

A student who fails a single clerkship exam, if part of a pattern of incompletes and remediation, may be asked by CAS to stop until he or she has successfully completed the course.
- **Marginality** in student performance

- Students who are given the opportunity to repeat a year will do so on **probation**, and be expected to demonstrate improved performance as reflected in at least 50% of their grades being "P" or better.
- Assuming successful completion of the repeat year, the student will remain on probation during the year following the repeat.
- While on probation, the student will come before CAS after the first "LP" or "F" earned in a course.
- If the student is successful in maintaining at least an average performance (as reflected in at least 50% of their course grades being "P" or better) during these two years, he/she will be taken off probation.
- Failure to maintain at least an average performance while on probation may be grounds for dismissal.
- **Marginality** in student performance
 - **Ending Probation:**
The Committee on Academic Standing may remove a student from Academic Probation after the student has, to the satisfaction of the Committee, remediated the problem giving rise to probation.
- **Marginality** in student performance
 - Identification of students at risk and in need of academic assistance
Ongoing student performance is tracked by the Dean's Office, and in particular, by Dr. Latha Chandran who gives proactive recommendations to try to help students having difficulties.
- Dr. Priebe queried how successful this process was in changing students' patterns of marginality. Dr. Larson responded that this policy was only implemented in the last 12 months, so it is a little premature to assess its efficacy.
- Someone queried if there was any correlation between marginality and passing standardized exams. Dr. Larson responded in her experience yes, although there is little data. Experience is that is usually the same students who develop a pattern of failure, then remediation. It is usually those students who score low pass grades, with an occasional failure who then fail exams and require remediation.
- Someone asked whether data could be collected to correlate marginal performance with MCAT scores and admission data to try to identify and filter out those student candidates who may be predisposed to marginal performance and not admit them to the SOM. Dr. Larson responded that this was a good idea and she believed the Dean's office tracks the marginal students SOM entrance qualifications and shares data with the Committee on Admissions.
- Dr. Fuhrer has apparently studied this issue and has found that it difficult to predict those students who will perform marginally in medical school.
- Some discussion ensued regarding the remediation and probation process. Concerns were expressed that the policy allows students to come off probation and are then only required to pass 50% of their classes. This allows a student to get 50% low pass and failure grades and still remain off probation. This perhaps fosters a culture where less than mediocre performance is acceptable.

IV. Report from the Hospital Regulatory Office

Dr. Greene

- Dr. Greene, Associate Medical Director for Quality Management and Associate Director for Medical/Regulatory Affairs, gave a presentation and overview describing hospital regulatory issues, providing a synopsis of the recent events that resulted in intense scrutiny from several regulatory agencies.
- Dr. Greene's first powerpoint presentation was on the chronology of regulatory agency visits.

- The regulatory agency inquiries and scrutiny initially focused on the 3 unexpected deaths of pediatric patients from May 2006 to July 2006:
 - Case 1-11 month old who died from an accidental papaverine overdose in the OR while attempting to repair the vascular injury sustained from an inadvertent femoral artery puncture.
 - Case 2-7 yr. old with Duchenne muscular dystrophy undergoing adenoidectomy in OR who went into cardiac arrest while in the OR.
 - Case 3- 24 week old with multiple complications of prematurity who died from a PDA too unstable for closure surgery.
- These cases were erroneously and disingenuously linked to the Pediatric Cardiac Surgery program by the media, particularly articles in Newsday.
- The DOH requested that Root Cause Analyses (RCA) be performed on the above 2 sentinel events; the 24 week old patient was NOT a sentinel event.
 - Case 1 (5/25/06) – 1 week DOH investigation.
 - Resultant Statement of Deficiency (SOD) 8/17/06
 - Plan of Correction (POC) filed by SBUMC 9/1/06
 - Case 2 (7/17/06)
 - Resultant Statement of Deficiency (SOD) 8/17/06
 - Plan of Correction (POC) filed by SBUMC 9/1/06
 - Case 3 (7/27/06)
 - Resultant Statement of Deficiency (SOD) 8/17/06
 - Plan of Correction (POC) filed by SBUMC 9/1/06
- A “surgical services” related complaint investigation occurred 8/29-9/12/06.
 - An exit conference occurred on 10/17/06 with a team of investigators from Long Island, NYC, and Albany.
 - Resultant Statement of Deficiency (SOD) 11/1/06
 - Plan of Correction (POC) filed by SBUMC 11/13/06
- These investigations prompted interest from CMS. The DOH is deemed the inspection agent for CMS.
 - 8/11/06-CMS performed a Conditions of Participation (CoPs) survey. Conditions of Participation (CoP) are the minimum health and safety standards that providers and suppliers must meet in order to be Medicare and Medicaid certified.
 - Resultant Statement of Deficiency (SOD) 9/19/06
 - Plan of Correction (POC) accepted 11/2/06
- 9/1/06- notification received that SBUMC out of compliance with 2 CoPs. This triggered a full survey for additional CoPs.
- 11/7-11/13/06 – DOH article 28/CMS Title XVIII investigation
 - the exit conference was 11/13/06.
 - There have not yet been any comments from the DOH regarding this investigation.
- 8/21-8/25/06 – JCAHO decided to perform the unannounced triennial survey.
 - 7 surveyors performed the survey. 6 surveyors are customary but 1 surveyor was added for “special cause” related to the 3 Peds cases. This added surveyor’s role was to investigate for any imminent danger for hospital patients. This surveyor left after a 1 day investigation which revealed no imminent danger.
- Full JCAHO accreditation was granted on 11/1/06.
- 11/20-11/21/06- an announced “for-cause” survey was performed by 3 surveyors.
- Some Requests for Information (RFI) are expected, but not yet received.
- 8/06-11/06 – requests for multiple RCAs related to possible/probable sentinel events.
- Most of these regulatory agency visits were due to accounts published in Newsday.
- Dr. Greene presented a 2nd powerpoint presentation, summarizing the JCAHO findings pertaining to physician issues.

- 90% of the findings related to physician behavior; very little related to hospital-related issues.
- Some of the issues:
 - History and Physicals not complete.
 - Individual departments were asked to audit charts and obtain data on all of their processes.
 - 90% compliance is expected
 - at least 70 charts need to be audited, with 90% compliance.
 - Illegible entries in the patient record
 - Use common-sense standard for legibility.
 - Medication orders missing or incomplete
 - ? Verbal orders not documented.
 - Unspecified PRN orders or unspecified route of delivery.
 - Use of prohibited abbreviations
 - QD was most commonly cited.
 - Critical results reported by Radiology
 - Poor process compared to lab's efficient process for notification of critical results.
 - Medication Reconciliation forms
 - Not consistently completed. It is done reasonably well by the nursing staff, but the forms are not being signed off by the physicians.
 - Site verification form signatures
 - Evaluation of outpatient psychiatric treatment plans not up to date.
 - Sample meds not adequately managed by outpatient psychiatric clinic staff.
 - Patient with 1st DNR orders on chart without the requisite documentation or evidence of discussion of DNR with the patient/family.
- Dr. Greene stated that these findings have been onerous and that we must ensure compliance with our own standards. He commented that an institution cannot sustain the intense scrutiny that we have endured without receiving any SODs. We really must pay attention to the rules; some may be arcane but the majority of rules are clinically sound.
- Dr. Steigbigel commented that adherence to these standards and rules is fundamentally important, not only for hospital patient care but for medical students and residents in training. He suggested that we should be dictating notes on-screen, with real-time correction. We need to get into the 21st century with either voice-recognition software or typed notes.
- Dr. Greene responded that information pertaining to our deficiencies and physician compliance for adherence to standards has been disseminated to the department chairs, but regrettably not always disseminated to the entire faculty. He agreed with Dr. Steigbigel that physician compliance must be compulsory. He also stated that the electronic medical record is currently available and is formatted and legible. Voice recognition technology is expensive and may become outdated in a short period of time.
- Dr. Greene commented that the hospital is still profitable, but there has been a substantial decline in the inpatient hospital census. We have not yet defended ourselves well in the press and it may take a while for the medical center to regain its reputation. Every member of the medical staff is an ambassador of the medical center.
- Dr. Fochtman stated that most of the plan to correct medication errors appeared to be at a fairly detailed level. She questioned whether or not broader system issues regarding medication errors have been addressed.
- Dr. Greene responded that new pharmacy systems have been implemented and there has been an enormous emphasis on medication safety as a system. There still exists a

fundamental issue for the medical staff with resident supervision, resident knowledge and attending physician responsibility.

- Communication is critical for good medical staff care. We must ensure that the residents are notifying their attendings when a patient's condition changes or deteriorates. This is currently not being done all the time and investigations as to why this communication does not occur are in progress.
- Several strategies to correct attending supervision issues were discussed; rapid response team guidelines, attendings calling in to the hospital routinely for patient care status updates, and 24/7 attending coverage (like presently exists in OB, anesthesia, ICU) with an in-house "floating" hospitalist.
- Dr. Greene commented that there are various ways to affect positive change ;
 - Perform measurements and see where the improvements are needed.
 - 36 pages of dashboard monitoring are published monthly.
 - Sit down with clinical service groups and see what needs to be measured. Then you must adopt those measures.
 - An example of this is a Code H for patients with an acute MI, which is a collaborative effort between the ED, cath lab team, and EMS. Subsequently, there has been a significant improvement in "door-to-ballon" time for acute MI.
 - Institutional Healthcare Improvement (IHI) teams have been implemented in the NICU, PICU, SICU, and MICU.
- Dr. Bilfinger commented that perhaps the physicians do not feel valued by the institution. Physicians who do not feel valued are probably less likely to be concerned about their performance, as opposed to those physicians, who if feel valued, would be more invested in performance.
- Dr. Steigbigel concurred that measurements are critical to improve performance, but resources and funds are also needed to help recruit the best medical staff.

V. Basic Science Educator track activity

Dr. Priebe

- Dr. Priebe reported that the Basic Science Educator non-tenured track is still being discussed by the APT committee.

VI. Policies for Clinical Research-Office of Research Compliance

Dr. Priebe

- Dr. Priebe wanted the Faculty Senate to be aware of the resources that exist to facilitate faculty research endeavors.
- Dr. Priebe plans to develop a comprehensive research presentation for the SOM faculty at the next plenary Senate meeting. The presentation will be given by a panel of the University's research experts: Dr. Habicht, Ivar Strand, Dr. Bahou, Dr. Nachman, Judy Matuk, Preventive Medicine Dept. members and others.

VII. Election of Senators for 2007-2009

Dr. Priebe

- Dr. Priebe stated that department nominations for SOM Faculty Senators will be distributed to all departments in the beginning of next year.
- Nominations for Faculty Senate President and Secretary are also needed.

VIII. New Business

- No new business discussed.
- The next Faculty Senate meeting will be **Tuesday, January 23rd at 5pm in LH 6.**
- The meeting was adjourned at 6:48 pm.

