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Pegasus Emergency Medicine

New Team – One Family

Welcome to our newsletter, “*Spotlight on Emergency Medicine*”. This is the first edition of our newsletter and we hope you enjoy and join in. Included in this issue are new faces from different places that bring talent, enthusiasm and excitement to our community. Also, you will see some familiar faces who are inspired to use their skills like never before. Together we will move into a new and improved time in our Emergency Department.

(continued on page two)

AMH Emergency Nurses: *Excellence in Action*

Anne Leone, RN
ED Nurse Manager

The first Association for Emergency Room Nurses was founded in 1970 in Rochester, NY. This was the first point at which Emergency Room Nursing was recognized as a separate type of nursing which demanded its own individualized education, training and voice. Through the formation of this organization Emergency Nurses worldwide have gained a voice. Emergency Nurses Association (as it is known today) is a world-wide advocate for Emergency Room Nurses.

Emergency Nurses Week has been celebrated since 1989. It is a weeklong celebration recognizing emergency nurses for their dedication, service and commitment to their patients and communities. Special focus was given on Emergency Nurses Day (Oct. 12) to honor nursing professionals who provide care to patients and families whose lives have been touched by life’s tragedies.

Emergency Nurses Day was celebrated by providing lunch and dinner to all staff. Flyers were hung throughout the facility to bring attention to what these dedicated professionals do. In addition the physician group supplied totes which included small tokens of our appreciation.

I recently had a nurse tell me that “we are nurses, dietitians, grief counselors, traffic control, social workers...” This statement is a true reflection of what an

ER nurse does. This job encompasses all aspects of care, not nursing.

Emergency Room nursing is a challenging, fast paced, stressful, sometimes comical and frustrating job, but ultimately it is enriching. Nurses within this department see people at their ultimate worse times and handle it with professionalism and compassion. To be an ER nurse it takes a special kind of person. These nurses are the best of the best. They develop abilities to multi task and critically think in some very demanding and stressful situations.

I want to say thank you to all nurses within my departments. You are recognized and appreciated. Without all of you (Unit Secretaries, Techs, and RN’s) this unit would not be able to function to the best of its ability.

New Staff announced on page 7.



Kerry Hogan RN and Karen Bisonnette RN

**One team of committed medical professionals united by one goal:
Provide high quality, efficient and compassionate care to every
member of our community.**

Focus on Quality



Michelle Quash, MD
Chief Quality Officer, Emergency Medicine

The Call Back System ~ *Reaching Out to Our Patients*

We are pleased to announce the start of our new Call Back System, which began on October 3rd of this year. The Call Back System was designed to enable ED providers to reconnect with our patients after discharge. The ED is the frontline for patients entering the hospital and often functions as the patient's only access to healthcare or immediate access when they are unable to schedule prompt appointments with their primary care providers. One of our greatest concerns in Emergency Medicine is ensuring continuity of care through appropriate outpatient follow-up. Successful implementation of the Call Back System will not only address this issue, but it will also improve patient satisfaction while demonstrating to our patients that

we care about them on an individual basis.

Monday through Friday, a physician assistant contacts our ED patients that were treated and released the preceding day. The phone call consists of a short list of questions, which we feel are most relevant after discharge. Patients are asked how they are feeling since discharge, if their symptoms have improved. They are advised to return if it worsens. The provider will also address any concerns regarding discharge prescriptions and most importantly, ensure the patient has appropriate follow up with his/her primary care physician or in one of our Urgent Care Centers.

In addition, this system also

helps decrease our "left without being seen rate". The charge nurse contacts each patient that leaves the ED without being seen in real time and encourages him/her to return the same day for appropriate treatment. Those that are unable to return are advised to follow up with their doctor as soon as possible.

By contacting the patients within 24 hours of discharge, we are able to identify potential complications based on chief complaint and arrange immediate follow up. Overall, this process sends a message that we care about our patients and thereby will increase the likelihood of the patient returning to Auburn for his/her next ED visit.

New Team – One Family (continued from front page)

Our **Performance Excellence Team** has now been established and it consists of registrars, nurses, physician assistants and doctors. We are committed to one goal: To provide high quality, efficient and compassionate care to every member of our community!

You may have already begun to notice some improvements taking place. **"Improvement cannot occur without you!"** The changes can sometimes seem cumbersome and they are different from what we have become accustomed.

"I love improvement! It is the change I can't stand!" This is a familiar saying and I expect some bumps along the way. Nevertheless, I know that together we can do what needs to be done to make our lives and our customers' time with us as smooth and pleasant as possible in their time of need.

So, if you haven't joined in, now is the time.

I am calling all people with skill, talent and dedication to our community and to our practice of Emergency Medicine to join the team!

AMH
ED Nurses

"we are
nurses,
dietitians,
grief
counselors,
traffic
controllers,
social
workers..."

Department Bulletin Board

CNY EMS

8th Annual Glow Golf Tournament

Thanks to the efforts of Sammy Suriani PA, and his dedicated service within the Central New York Emergency Medical Services organization, a \$1,000 ACE sponsorship was purchased by Pegasus on behalf of the Emergency Medicine Department at Auburn Memorial Hospital. This event raises funds to assist in the day to day operations of local EMS agencies.

Opportunity to Make a Difference

Department meetings are held the third Monday of each month at 0700 hours. Beginning in November and on a rotating basis, a representative from the ED Nursing Unit will be invited to attend. Please see Anne Leone if you are interested.

ED Foursome Hits the Links for the Annual AMH Golf Classic

The 2011 annual Auburn Memorial Hospital Golf Classic was held at the beautiful Skaneateles Country Club on what could be called a brilliant late summer's day. The field of over one hundred golfers was joined by the Pegasus Team of Dr. Paul Koenig, Laurie Nagell RN, Kerry Hogan RN and standing in for Dr. Archinard, Kerry's husband "Hoggie". Mike



Thanks For All YOU DO!

National Emergency Medicine Nurses Week was October 9th through 15th. Posters were placed throughout the Hospital to increase awareness of this special breed of nurse. On October 12, a catered meal was given to the entire ED staff and both Urgent Care Centers for a job well done.

National Physician Assistant Week was October 6 through 12th. A small token of appreciation was provided to our PA's for their hard work and dedication to their profession and to the people of this community.



"Hoggie" Hogan was our ringer as he is PGA professional golfer!

The team got off to a mixed start on the first nine holes with one birdie and one eagle only to be marred by two bogeys! The second nine holes was par golf with 2 birdies thrown in.

Kerry had a great game matching her husband with off the tee drives. "Hoggie" was a real pleasure to play with and he kept the team in play all the time. As the round went on, Laurie's game got better and better. Dr. Koenig had the most number of lost balls.

All in all a great time was had by the Pegasus Foursome and we really appreciated the chance to participate in the fund raiser and play the beautiful Skaneateles course. Due to our low handicap level (and our two bogeys), we didn't place in our flight, but we did share in the 'skins' bet with our eagle...and we are very happy with that!

Jeff Hall, PA ~ Deploys to Afghanistan

To all my friends and co-workers at Auburn Memorial Hospital and Pegasus:

I am now heading out for a month of training in California for the Army National Guard. This is to prepare us for our upcoming deployment to Afghanistan later this year. I am the Battalion Physician Assistant, which means it is my job to see to the healthcare of all of the soldiers in the battalion. When deployed, I will be taking care of everything from blisters and diarrhea to combat wounds from weapons and explosive devices. During the past year I have taken courses in Combat Casualty Care and Tactical Combat Medicine to help me prepare for the more intensive aspects of my job.

This past week, I have been learning how to be an infantry soldier. That has involved shooting rifle and pistol while wearing body armor and helmet, during daylight, and at night with night vision scopes, and also while wearing a gas mask.

Due to OpSec (Operations Security), we have not been given our overseas address or contact information. I will try to let send occasional updates to Melonne on my status over the course of the next year. I wish to thank everyone for their support. I will see you when I return.

Take care Jeff. We'll see you soon!

Clinic Update

Paul Koenig, MD
Manager of Urgent Care Clinics

Serving our Community 365 Days a Year

At a recent social gathering, a local businessman asked me, "When does someone go to Urgent Care instead of the Emergency Department?"

As I replied to him I was thinking to myself that such decisions by lay persons are not as simple or intuitive as it is for those of us in the field of emergency medicine. My answer was; if you have a minor injury or illness and your doctor cannot see you, the Urgent Care is the best place to go. But for major injuries or illnesses such as chest pain, profuse bleeding, difficulty breathing or stroke like symptoms, go to the Emergency Department.

The Emergency Department is truly the community's "safety net" and gateway to hospital care.

Likewise, the AMH Urgent Care Centers serve the community and

provide definitive care for most presenting problems but also pick up on illness and injuries that require transfer for specialty care and hospitalization.

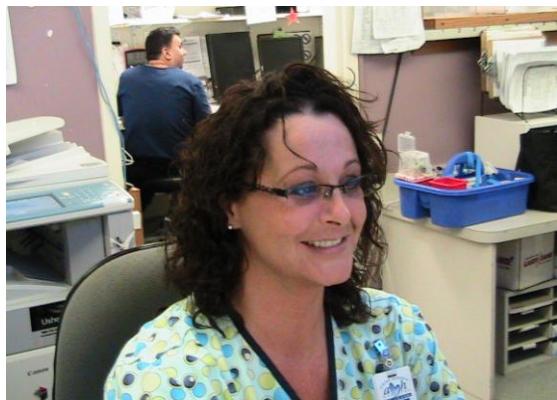
The staff at both Auburn Memorial Hospital Urgent Care Centers are dedicated to provide timely, accessible health care to those who are in need, when in need, 365 days a year.

Photo:
Gerry Ortego, PA (Baldy) and wife Cindy (Smokey) at Environmental Night at Frank Knight Elementary School in Seneca Falls.

Gerry Ortego, PA



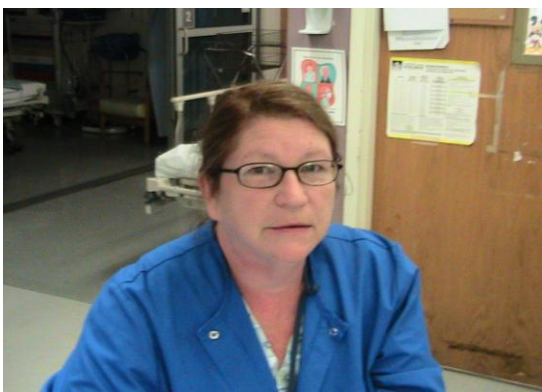
Snapshots



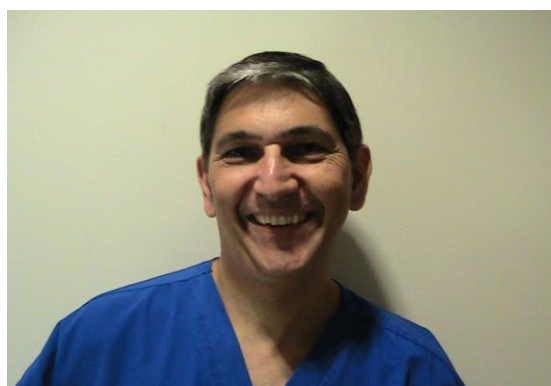
Christy VanOstrand, RN
ED Nurse



Duc Nguyen, PA
ED and Urgent Care Centers



Cindy Wild
ED Unit Secretary



Sammy Suriani
Chief PA



Linda Gentilcore, RN; Dr. Paul Koenig, Clinic Manager,
and Bonnie Leonti, RN
Skaneateles Urgent Care Center



Stacy Chapin-Nunez and Diane Banks
Finger Lakes Medical Care Center Registration

United Way Campaign coming this month to AMH

Customer Service

Sammy Suriani, PA
Chief PA

Change

I have been a PA for nearly twenty five years. I am proud of my profession and the acceptance it has gained as a significant part of health care delivery in the United States. But there was a time when I and the other twenty members of my 1987 graduating class at Wichita State University were a bit uncertain about where we were going or if our career choice was even going to be around in the next 5 years. We didn't get into it for the money. Starting salaries back then weren't much more than I was making as a Chicago paramedic. There was however, one thing we were certain of, and that was the opportunity for us to blazon our own path and make a change in people's lives.

I am writing this on October 6th, National PA day, recognizing the anniversary of the first PA program and the nearly 81,000 physician assistants practicing today. As a relatively young profession, it certainly has had challenges and triumphs over its 44 year history, yet through it all has embraced change to make it a strong, respected organization. What our new graduates now take for granted would not be possible without the vision and determination of their senior colleagues. There once was a time when writing for a medication could only take place in a hospital. Prescriptive privileges, let alone DEA numbers for controlled substances, was unheard of. There were efforts by states, New York included, to automatically grant foreign medical graduates the title of physician assistant, based on the notion that their training was at least at, or above the level of a PA. Those efforts were thwarted however, due to the feverish efforts by PA's to maintain the quality of the profession. We have always supported our role as "dependent" practitioners, working with the supervision of a physician, in a team approach.

Interestingly, there has been some spirited debate as of late over the use of the title "doctor" by other health professionals who hold doctorate degrees. I assume that will eventually come to some conclusion, much like we have been designated as "mid-levels" for lack of a better descriptor. I would suggest however, that we embrace the title of "Physician

Associate" to better represent our relationship with our physician colleagues. There is a movement in the profession to do just that and it wouldn't be the first time the idea has been discussed. Even as recent as last week, I was confronted by a family member who informed me that "you're just an assistant, what do you know?" That still stings even this late in my career. By the way, the term Physician Associate was the original name of the profession but was unacceptable to the medical profession at the time. Times change. So should this.

I've been fortunate to work in both hospital based and private practice settings and in several medical specialties, including emergency medicine, cardiology, nephrology, internal medicine and industrial/occupational medicine. One of my more enlightening jobs was at Carrier Corporation where I was the Clinical Coordinator of Medical Services for North American Operations. Carrier always said that they couldn't guarantee you a job, but could guarantee you an education. So not to pass up a good thing, I obtained a graduate degree in Health Services Management and Policy Analysis. It was here where I got to experience and apply what "lean" manufacturing and customer service was all about.

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Spotlight on Emergency Medicine

Contributors:

Tom-meka Archinard MD, Editor-in-Chief
Melonne DiLallo, Associate Editor

Paul Koenig, MD
Anne Leone, NM
Michelle Quash, MD
Sammy Suriani, PA

Guest Contributor - Jeff Hall, PA

Submit your ideas, comments and suggestions to
Melonne DiLallo at mdilallo@auburnhospital.org

Welcome to Our Team!

Anne Leone, RN
ED Nurse Manager

Carol Barbagallo, RN joins us from Upstate Medical Center. She has many years of experience which includes Emergency Room and many other areas of acute care within the hospital setting. Carol will be taking a full time night position.

Rachel Costello, RN joins us from Community General Hospital. She comes to us with a little over a year of acute care experience. Carol will be taking a full time night position.

Karen Bissonette, RN joins us from Van Duyne Nursing Home. She has almost 20 years of experience including supervisory, acute care, outpatient and recovery room. Karen will be taking a full time night position.

Lorie Schott, ED Tech joins us from the phlebotomy department. She has many years experience and has been a PCA in the past. Lorie will be taking the part time night position.

Change (continued from page 6)

Potential clients began insisting on tours of the facilities where their air conditioning units would be made before they signed on the dotted line to a million dollar contract. Some didn't like what they saw. Suffice it to say, perception is everything. If the factory is dingy, dirty, and the workers are fighting with one another or look plain lazy, then the product is perceived as inferior. The same thing held true with the medical department. A nurse would sit behind a half partition and would seemingly do little more than hand out aspirin. The facility looked like a 1960's fallout shelter (it was) and there were still glass jars with red crosses painted on them full of cotton balls or tongue depressors, probably also from the 1960's. With that perception, what kind of medical treatment could a worker or visitor expect?

Customer demand required change. The factories were transformed into bright, well lit operations where everything had a place and every place had a label. Workers learned to keep things tidy and to put equipment back to where it belonged when they were through. The floor was

so clean you could eat off it (Not that you would want to, but you get the idea.)

As a result, sales picked up. Medical, as it was known, took on the new name of Carrier Health Services, to better reflect what we already did and some of the new services we were planning to offer. The phones were answered that way, and hours were expanded so I would be available for all three shifts throughout the week. The reception area was made more comfortable and videos on various health topics were always playing. We also made some cosmetic changes to include new paint, curtains, equipment and clean efficient work stations. No more apothecary jars. Existing rooms were redesigned into a patient consultation/exam room, and an urgent care/trauma room. AED's were installed throughout the campus. Work limitations were written in a positive rather than a negative manner. Department managers were educated in our new procedures. Employees began to come to us instead of their own practitioners for work related injuries which resulted in an improvement in lost time and quicker back to work times. We even ended up saving a life or two along the way.

Change can result in some very good things if you are willing to set forth an effort and have a desire for success. In the weeks and months ahead, changes will be coming to the Emergency Department. The ED Performance Improvement Committee is already working at it. Some of the changes will be physical, many will be philosophical. All will be for the betterment of who we are and what we do. As always, your comments are welcome.



Pegasus Emergency Group

