

# *Medical Staff Matters*

## **2002 Governing Council**

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Vol. 4, Issue 2 - Fall 2002

## *A MESSAGE FROM THE PRESIDENT OF THE MEDICAL STAFF* *Fall 2002* *Marcia Blacksin, MD*

I always feel the winds of change blowing in September. Perhaps it is because summer is over and it's time to get down to some serious work. This year promises to be interesting from a political point of view - new Board of Trustee members, possible takeover by Rutgers, and of course, the Prime 2005 initiative.

I can feel the tension building between administration and faculty over the Prime 2005 plan, and it is tough to find an easy solution. I was the only non-Chair, non-basic science person, non-administrative person to sit on the Measures and Compensation Committee. You know, the committee-that-decided-the-point-system, committee. It was an uphill battle, particularly on getting any points awarded for peer-reviewed papers. And, after all was said and done, we all had a big retreat with administrative and faculty representatives to introduce the system. One very big conclusion of this retreat was that the "infrastructure" problems in the hospital had to be fixed in order for any growth and productivity objectives to be achieved.

I do have one suggestion and I would like to now put it on the table. My dream is that the Dean and the CEO both come to the hospital on weekends, afternoons and evenings in disguise--just jeans and a sweatshirt will do. Armed with phony ID cards, they should see just how user-friendly University Hospital is by trying out what it's like to be one of us or our patients: **really** walk in our shoes and the shoes (slippers?) of our patients. I am certain that the experience will open their eyes, first hand, to the many infrastructure concerns that were clearly identified in the employee satisfaction survey many months ago.

I think most of the medical staff is tired of information being filtered upward through administrators. Many of us would really like those making the rules (like Prime 2005) to experience our absolute frustration. One really has to be in our shoes to know why **we** know that there will never be 5% growth per department per year without someone to care about the nitty, gritty details of our lives as practitioners at UH. I think some faculty resentment stems from the inability of administration at both UH and the medical school to see what is going on, because they are always listening to information that has sanitized. After a while, one is made to feel like the squeaky wheel, just pointing out the same problems or potential solutions over and over again, until some disaster, financial, or otherwise prompts change.

# TRANSITIONS - at University Hospital

## < News in the Department of Medicine

**New Chair** -Dr. Jerrold J. Ellner has accepted the position of Professor and Chair of the Department of Medicine at New Jersey Medical School effective June 1, 2002. Dr. Ellner was recruited to New Jersey Medical School in 1999 as Director of The Center for Emerging Pathogens. He was honored to be appointed the first University Professor at UMDNJ and served as Vice Chair for Research for the Department of Medicine before becoming Interim Chair in May 2001. Dr. Ellner is internationally recognized for his research in Tuberculosis and its interactions with HIV infections.

### Other News -

- ◆ Dr. Dennis Quinlan has been appointed Vice Chairman of the Department.
- ◆ Dr. Leonard G. Meggs has been appointed Vice Chair for Academic Affairs.
- ◆ Dr. Jo-Ann Reteguiz has been appointed Vice Chair for Education.
- ◆ Dr. Nancy Connell, Ph.D has been appointed Vice-Chair for Research.
- ◆ Dr. Jonathan S. Harrison has been appointed Chief of the Section of Hematology in the Division of Hematology and Oncology.
- ◆ Dr. Steven F. Vatner has been appointed Chief of the Division of Experimental Cardiology.
- ◆ Dr. Larry D. Budnick has been appointed Interim Chief of the Division of General Internal Medicine.
- ◆ Dr. Ted Dwyer has been appointed as Interim Division Chief of the Division of Cardiology.
- ◆ Dr. Merwin Richards has been appointed Interim Chief of the Cardiac Catheterization laboratory.
- ◆ Dr. Mark J. Sterling has been appointed Interim Chief of the Division of Gastroenterology.

## < Interim UMDNJ Foundation President

Effective August 15, 2002 Dr. George Heinrich, Vice Chair of the UMDNJ Foundation Board of Trustees and Assistant Dean of Admissions at NJMS has agreed to serve as Interim President of the UMDNJ Foundation. He will oversee the Foundation's ongoing work in fundraising and management of our endowment and lead the

search for a new president.

## < UMDNJ Leadership Positions

- ◆ Denise Mulkern, Vice President for Finance and Treasurer, will serve as Interim Senior Vice President for Administration and Finance.
- ◆ Christopher O. Kosseff, M.S., President and CEO of University Behavioral HealthCare, will serve as Interim Vice President for Administration.
- ◆ Steven Andreassen, Manager of State Government Relations, will serve as Interim Vice President for Government and Public Affairs.

## < News in the Department of Surgery

- ◆ Dr. David Livingston has been appointed the Acting Director of the Adult Emergency Service.v

### Save the date

The first University Hospital Medical Staff Gala Dinner Dance has been scheduled for June 7, 2003 at NJ Performing Arts Center. Join your colleagues for a spirited evening of fine food, dancing, and entertainment.

If you would like to participate on a Gala Committee, please email Anne Egan - [eganag@umdnj.edu](mailto:eganag@umdnj.edu) or call (973) 972-1800.

Flu Vaccinations are available FREE to Faculty and Staff.

Occupational Medicine Service  
Bergen Building  
Suite GA 167  
Monday through Friday  
7:30 am to 4:00 pm

No Appointment Necessary

# F Y I - About University Hospital

## Φ University Hospital Meet and Greet

University Hospital held its first "Meet and Greet" on September 30<sup>th</sup> to welcome the new members of its medical staff. Hosted by Dean Russell Joffe, and University Hospital CEO Sidney Mitchell, along with Medical Staff President, Marcia Blacksin, MD, the newest members of each of the hospital's services were invited to get acquainted over light refreshments in the Rosemary Gellene Room. The event was well attended. Look for notices of new Medical Staff appointments on the Medical Staff bulletin board outside of the cafeteria and posted in the Medical Staff Lounge.

## Φ New Director of Regulatory Affairs and Accreditation

Regina Bradshaw is now responsible for regulatory affairs and accreditation reporting to the Vice President for Quality and Performance Improvement. She will also provide management support to the Medical Staff Office (medical staff credentialing) reporting to the Chief of Staff. Ms. Bradshaw's office is located in ADMC-Bldg 1816, phone ext. 2-3498 or by beeper 973-218-3131 or by email bradshrf@umdnj.edu.

## Φ Election of Medical Staff Officers

Names have been submitted to the Nominating Committee for the election of Officers and At-large members of the Medical Staff Governing Council, which will be held in November. All members in good standing are eligible to vote in the Medical Staff election. The Governing Council of the Medical Staff of University Hospital, your only elected hospital representation, is charged with making your voice heard to the Administration of University Hospital, the New Jersey Medical School and the University of Medicine and Dentistry of New Jersey. In this capacity, we keep the interests of our physician, dental, and professional staff foremost in our minds throughout all administrative meetings with senior hospital staff.

University Hospital dues notices were mailed during the month of May for the period July 1, 2002 through June 30, 2003. In order to remain a member in good standing, dues must be paid in full. Payment can be sent to Anne Egan, UH F244a. The Medical Staff Lounge (UH244a) is for the convenience and comfort of dues-paid medical staff members only, and is off-limits to sales reps, residents, and students.v

## Welcome New Appointees

The following individuals have recently been appointed to the UH Medical Staff (Approved at the April, May, June, July and September, 2002 UMDNJ Board of Trustees Meetings):

### Anesthesiology

Mahiya Dulcenea, CRNA  
Elizbieta Samojluk, CRNA  
Thomas Pallaria, CRNA  
Douglas Jackson, CRNA  
David Rathburn, CRNA  
Miyoko Bell, CRNA

### Dental Medicine

Shahid Aziz, DMD

### Family Medicine

Margaret Rodriquez, MD

### Medicine

Arezou Fatemi, MD  
David Alfand, MD  
Irmgard Behlau, MD  
Frank Casella, DO  
Kevin Fennelly, MD  
Alex Stegnaro-Green, MD  
Debra Goldson-Prophete, MD  
Jacob Hatt, MD  
Jayesh Kanuga, MD  
Theresa Michele, MD  
Debbie Mohammed, MD  
Raphael Osheroff, MD  
Bernard Silverman, MD  
Jeffrey Whitworth, MD

### Ophthalmology

Debra Firestone, MD  
Steven Madreperla, MD  
Howard Pruzon, MD

### Orthopaedics

Michele Edgar, PA  
Jose Rios, PA

### Pediatrics

Barbie Zimmerman-Bier, MD

### Psychiatry

Gregorio Castillo, MD  
Stuart Belenker, MD

### Radiology/

### Nuclear Radiology

Nasrin Ghesani, MD

### Surgery

Michael Banker, MD  
Jewell Daniels, MD  
Avrim Eden, MD  
Brajesh Lal, MD  
Malti Tewani, DO

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## Oral Cancer Screening UMDNJ- NJDS

Thursday, November 7, 2002

Time: 9am - 12 then 1pm- 4pm

No appointment necessary

Free to all--Faculty, Staff, Patients

The Dental School is a founding member of The Oral Cancer Consortium, which consists of 29 schools, professional societies, governmental agencies, and corporations committed to early detection prevention and a decrease in mortality of this disease that kills 8,000 people each year and affects 30,000 new people each year.

## Pharmacy Corner

**Automatic exchange from IV to P.O. new proposal by P&T Committee:** The Pharmacy and Therapeutics Committee is proposing a new pharmacy policy that will allow an automatic switch from IV empiric antibiotics to the oral route after three days of IV therapy for the following therapeutically equivalent antibiotics: azithromycin (Zithromax®), fluconazole (Diflucan®), levofloxacin (Levaquin®), and linezolid (Zyvox®). Other drugs that will have automatic three day exchange are pantoprazole (Protonix®) and phosphenyton (Cerebyx ®). The switch will only be made for those adult patients already taking another oral medication and will not be implemented for patients in the critical care units (MICU, CCU, NICU, SICU). The pharmacy will not be required to contact the physician prior to making the exchanges; however, if the physician does not want the automatic exchange made, an order stating "do not exchange" must be written on the renewal order. This policy is in draft stage and will be sent to the Medical Executive Committee in the next few months for approval. Questions or comments can be directed to Robert Wallis, MD, Chairman of Pharmacy and Therapeutics Committee, ext. 2-8778.

Date	Drug added to Formulary
<b>04/01</b>	Altace®, Integrilin®, Retavase®, Protoniy®
<b>10/01</b>	Exelon® (rivastigmine) = cholinesterase inhibitor for Alzheimer's dementia
	Herceptin® (trastuzumab = monoclonal antibody for breast cancer
	Fragmin® (dalteparin) = low molecular weight heparin for unstable angina and DVT prophylaxis
<b>12/01</b>	Dioan® (valsartan) = angiotensin II antagonist for hypertension
	Cancidas® (caspofungin) = antifungal for aspergillosis
<b>01/02</b>	Xigris® (drotrecogin) = for sepsis
<b>02/02</b>	Remunyl® (alantamine) = cholinesterase inhibitor for Alzheimer's dementia
<b>03/02</b>	Angiomax® (bivalirudin) = anticoagulation agent for use in PTCA
<b>07/02</b>	Catapress TTS® (clonidine transdermal) = for hypertension
<b>10/02</b>	Geodon® (ziprasidone) = antipsychotic for schizophrenia
	Neulasta® (pegfilgrastm) = granulocyte stimulator for post-chemo neutropenia

The following drugs have been removed from the hospital formulary in 2002: Monopril® (fosinopril), Pravachol® (pravastatin), Timentin® (ticarallin/clavulanate, Sporonox® (itraconazole).

### PATIENT ADVOCACY AND GUEST RELATIONS DEPARTMENT

University Hospital now has a Patient Advocacy and Guest Relations Department. Lois Hull, formerly Director of Special Projects for the CEO, will head the program which is designed to improve the quality of the hospital experience for all patients and families. The new program will be housed in soon to be renovated space on C level adjacent to the visitor waiting area. The department will work cooperatively with all hospital services to ensure the best possible resolution of problems and complaints and, whenever possible, to assist patients, families and staff to avoid serious problems. Patient Advocacy is not a substitute or replacement for the services now rendered by social workers, bereavement counselors, clergy and nurses, all of whom respond to problems and assist patients and family members daily. The office staff will meet with patients and family members with specific problems or complaints and will accept referrals from physicians, nurses or other staff in person, on the telephone, in writing or electronically. Ms. Hull may be reached at ext. 2-6410 or at hullo@umdnj.edu