February 8, 2022 – Constructive Ways to Work with Hospital Administrations

At the end of the session, there were some contributions in the Chat that we did not have time to address on the air. We value your participation and did not want to overlook your thoughts, so we have provided some additional responses here.

- ***Question: "What would you do as a medical director if your hospital CEO treats pathologists as servants for the surgeons/clinicians? thinking pathologists should do whatever clinicians ask for/expect. e.g. when a surgeon says gold standard for frozen sections accuracy should be 100%, the CEO thinks that's what pathologists need to achieve and ignores the literature being presented."***

  Dr. Sirgi's response: Thank you Dr. Liu for your question. I am sorry that we ran out of time to address it live during the presentation, but I thought it important to address it in our final feedback to the attendees. Indeed, you describe a difficult situation where an administrative executive decides to ignore the presented facts and literature in order to please one or more surgeons.

  This is how I would handle it: First, I would reach out to the surgeon in question and establish a rapport with him/her by asking how I could better support his difficult work as a colleague and a consultant. In the same instance, I would share with him published best FS QA data expectations and show him my department's track record for the last 3-5 years, emphasizing that no specialty of medicine is 100% error free in a complex environment where errors can be multi-factorial.

  Irrespective of whether that approach works, I would reach out to the chair of the surgery department and ask to be placed on their next department meeting agenda. I would prepare a short, to the point, presentation about frozen section quality assurance and quality control based on national best practices and available data. If there is a particular area of surgery that is concerned (breast surgery for example), I would make sure that data specific to that area is covered in my presentation. I would make sure that my presentation is documented in the surgery department meeting minutes.

  The next step would be to give the same presentation to the Peer Review Committee of the hospital and, finally, to present it if still necessary at the Medical Executive Committee meeting.

  Your CEO may be under pressure from a particular surgeon who may or may not be a "heavy-hitter" for the institution, which should not matter one way or another when it comes to quality of care … but unfortunately does impact a CEO's perception of "complaints" or "expectations of care" received by them.

  (continued…)

Also, don't forget the impact of forging a strong relationship with the hospital CMO, if you have one. This is a physician administrator who can play a very important role of bridging communication and understanding between physicians of the hospital and the CEO.

All of the actions suggested above would have a multi-impact effect: 1- Educate the medical staff about national standards of FS quality control (which I am ready to bet most of them are unaware of) 2- Provide the CEO with factual cover if challenged by the surgeon again 3- Document for the institution's QA department realistic FS QA goals and allow that department to validate your department's performance within the boundaries of those goals 5- Demonstrate to your other medical and surgical colleagues your willingness to address these challenges in a factual and un-emotional way, as an equal consultant to all of them.

Dr. Larsen's response: I agree with Dr. Sirgi's recommendations.

The situation that you are describing sounds like it starts with Medical Staff relations and can move up from there. I would also make sure to be visible in the Physician's Lounge, meetings and around the hospital. If there are clinicians with whom you have a strong relationship, enhance that and see if any of them have advice on how to reach the more recalcitrant surgeons and clinicians on the medical staff, or even if they are willing to speak on your behalf with those individuals.

If the venues where you can present Pathology and Lab Quality metrics and information allow, I would expand that presentation on the realities of frozen section quality to include additional quality metrics and PI projects your lab has performed. You can enhance your position with administration by reminding them of everything we were doing in the lab behind the scenes to improve patient care, from the impact of new and improved instrumentation, to blood supply management, to antibiotic stewardship, etc. Any project that impacts the hospital quality metrics that affect reimbursement is of great interest to Administration.

Remember that this is a process and not a quick fix. It will take an investment of time and energy from you and your colleagues, but will be worth it in the end.

- **Comments from Dr. Fody:**

  A couple of my experiences came to mind as I was listening.

  I founded my current practice in 2004. I'm semi-retired - Matt Carr owns it now. After I had been here a few years, I was attending a fund-raising dinner for the hospital. I was speaking with the chief OR nurse, and I asked her how she thought the lab was doing in terms of meeting her needs in the OR. She said she was very pleased, and I asked her what we had done that she liked best - was it the new tests, the new equipment, the new computer, the more rapid turnaround time, just what was it? No, she said, that was all just fine, but what we liked best was that the pathologists actually came up to the OR to work side-by-side with the surgeons on many cases, especially breast. I was astounded. We had spent millions of dollars on building a new lab and buying new equipment, but this activity, which cost nothing (actually, it made a little money for us - there's a CPT code for it) pleased her the most. I never would have guessed.

  The other thing I recalled was something that happened in my first few months on the job. The techs were having trouble deciphering an ambiguous order from the ER. They had called the ER several times, but nobody they spoke to could help. So I said that I would just stroll over to the ER, see the patient and talk to the doctor about what sort of laboratory support was needed. He was very helpful, and I returned to the lab and told the chief tech what the doctor wanted. He was astounded - he couldn't believe I had done that. I was surprised at his reaction, but he said that no pathologist in his experience had ever done such a thing before. He was very grateful.

  So I guess you never really know.