

**Candidate Statements
MEC Member-at-Large Election
2010**

Jim Faix, MD

Pathologists need to become more involved in the overall management of healthcare delivery. I have enjoyed providing oversight of point-of-care testing at Stanford, in addition to my role as director of the laboratory's Clinical Chemistry & Immunology service, because it has allowed me to work with many different physicians and nurses, as well as hospital administrators, to solve problems. Recently, I have also volunteered to represent my department with regard to the review of order sets in EPIC. I wish to build on these positive experiences, and help advance the overall quality of care at Stanford Hospital in other ways. I believe that serving as an at-large member of the Medical Executive Committee would allow me to do so.

Amreen Husain, MD

I am honored to be nominated as a candidate for member-at-large on the Medical Executive Committee. I believe I am well qualified for this position as I have served and continue to serve on several department and hospital committees including as co-chair of the Gynecology PPEC, the surgical quality Council, the OR committee and the DVT/PE management committee. I am committed to quality assurance and improvement at Stanford Hospitals and Clinics and believe that this can only be achieved by active participation physicians. I work with multi-disciplinary teams at the Cancer Center and within the Department of Obstetrics and Gynecology and bring the unique combination of perspectives of oncology, surgery and women's health. I have also been developing my leadership skills through several programs at Stanford including the School of Medicine Faculty fellow program, the Stanford Hospital Physician leadership program as well as on a national level in the American Society of Clinical Oncology Leadership Program. I am committed to serving the Stanford community and helping us achieve the highest standards of patient care in a respectful professional environment where physicians are active participants in the governance of the hospital.

Richard A. Lafayette, MD, FACP

I hope you will support me as a Member-at-Large of the Medical Staff of Stanford University Hospital. My peers have nominated me for this position and I believe I am well qualified to carry out the responsibilities and to enhance this role. I have been a member of the medical staff for 14 years. As a faculty nephrologist, I care for a broad group of patients in all of the care areas of the hospital, ranging from the GCRC to the ICUs, and have even scrubbed in as an observer to multiple cases in the OR. I believe that Stanford Hospital can easily become the top hospital in the nation, not only in measures of patient satisfaction and outcome, but also in terms of employee and staff pride and sense of achievement.

I have enjoyed extensive participation in hospital projects to enhance outcomes, and improve satisfaction and clinic flow over time. This has included participation in the Collaborative for Operational Excellence, being an IHI speaker representing the clinics, ongoing efforts in hospital committees for the past 7 years (Finance committee, previously the Professional Services Contracts committee, Stockamp clinic flow committee and the Professional Revenue Cycle management committee), ongoing work in the Clinic Chiefs committee, as well as efforts as a founding member of the A and P committee for the ACF. During my tenure as Associate Chair of Medicine, I was directly involved in program development in general and to expand specific services such as endoscopy, echocardiography and the EP service. We worked with the hospital and school in developing communication between the practices and administration to find optimal ways to support physicians, build programs and provide outstanding and efficient care. We initiated the first department-based quality improvement committee and examined ways to measure, establish and incent best practices. My own professional development included participating in some business school coursework and completing the Stanford Leadership Course. I believe my local and national leadership

experiences in major organizations (such as the National Kidney Foundation and the American College of Physicians) will allow me to be more skilled in helping the medical staff towards a brighter future.

I believe the new rules allowing direct involvement of the medical staff in governance of the hospital has been a very positive step. I think there has been stronger participation and leadership of the medical staff in efforts to move care towards better health outcomes, better international recognition of our hospital and greater patient and staff satisfaction. I hope that I can help and bring even more attention to the issues that confront the hospital and to a greater extent than before, the ambulatory practice, in continuing this very positive process. I am eager to push forward programs that will strengthen care in the hospital and clinics while assuring that Stanford is a wonderful and highly supportive environment in which to practice and spend much of our time. I would be delighted to lend my skills, energy and enthusiasm in making Stanford Hospital the very best it can be.

Ami Laws, MD

I have several reasons for wanting to serve on the MEC. First, having long strived to obtain excellent care for my own patients at Stanford Hospital and Clinics, I now want to be involved on an institutional level promoting excellence for all patients who receive their care at Stanford. Over the past several years, there have been notable improvements in patient care and safety at Stanford, but there is more to do. Communication among house officers, attendings, community physicians and family members caring for patients has improved, but can be better still. Collegiality and collaboration should be broadly fostered since everyone benefits. Another area that has seen improvement is access to subspecialty clinics and to radiology services. However, for some departments, access is still problematic.

Another reason for wanting to serve is to promote evidence-based and cost-effective medicine. Our EMR is available to help us in this effort, but we are not using it for maximum effectiveness. For example, I reviewed the chart of an 80 year old patient who had had 4 CT's or CT angios of the brain in the space of 2 years, each time for the same symptoms, and each time negative. We need to work with our EMR so that it not only logs data but also provides feedback for optimal medical decision-making.

I have been at Stanford for decades in a number of different roles. The extensive network of colleagues I have built over many years of service will enhance the work I can do on the MEC. In addition, my current roles as businesswoman and medical entrepreneur give me a unique vantage point that I did not have when I was a full time physician at Stanford Medical Group. In my, "Concierge," practice, I have patients who have many choices about where they can get their care. I want to promote a level of quality that will cause them to choose Stanford.

The depth of talent at Stanford on all levels is truly remarkable. Putting it all together to achieve a world-class organization is an ongoing challenge. I hope to contribute to that process on the MEC.

Alex Macario, MD, MBA

I am very honored to be considered for a position as Member at Large for the Medical Executive Committee.

I have been at Stanford since 1991 when I started anesthesia residency, and then went on to Chief Resident, Fellowship, and Faculty. Having grown up professionally at Stanford I have participated in many aspects of hospital activities including Quality Improvement initiatives and operating room efficiency projects.

Since 2006 I have been Professor of Anesthesia and (by courtesy) of Health Research & Policy (MCL) as well as Program Director for the Anesthesia Residency which has almost 70 housestaff. I take great pride in the quality of care delivered to patients at Stanford Hospital and Clinics, and look forward to the opportunity to work with the Medical Executive Committee to improve the clinical care, research, and education missions at the hospital.

John Morton, MD, MPH, FACS

I am asking for your support to be your At-Large Representative to the Medical Executive Committee. Many changes are taking place in both health care at large and our own Stanford Hospital. It is vital that we are both well-positioned and prepared to meet these challenges. One of the most important tasks that we have as Stanford Physicians is to be unified as a medical staff so our collective voice is heard. I would appreciate the opportunity to be your voice on the Medical Executive Committee.

I believe my current experience as Director of Bariatric Surgery, Faculty Senator at Large, and Co-Director of Quality for Surgery and Surgical Sub-Specialties afford me the capability to serve as your representative to the Medical Executive Committee. My clinical mission is caring for the obese patient and, in my capacity as Bariatric Surgery Director over the past 7 years; I have had the privilege of working with all specialties community physicians and academic alike in this mission. Stanford Weight Loss Surgery is a multidisciplinary effort that includes anesthesiology, cardiology, endocrinology, gastroenterology, gynecology, internal medicine, pediatrics, psychiatry, radiology, sleep medicine and plastic, transplant and vascular surgery resulting in Stanford's Level 1A Bariatric Center of Excellence Designation from the American College of Surgeons. From this rich clinical experience, I have thoroughly enjoyed working with you all and am very grateful for all the support you all have provided to our patients. I hope to carry forth this example of different specialties working together towards a common goal as your representative to the Medical Executive Committee. As a faculty Senator, I have been able to be part of the academic conversation particularly as it may affect our clinical practice. In my Quality Director role, I have seen Stanford Hospital undergo much improvement; but, more work remains to be done particularly at the level of the individual clinician. The past 2 years have demonstrated that quality improvement requires persistence and a team approach. We all benefit when we work together.

As your representative to the Medical Executive Board, I pledge to make your views and concerns heard. Physician involvement is critical in our clinical management and imperative as we move into our new hospital. We need to create opportunities to enhance our sense of community such as hospital-wide grand rounds, social thank you events, and an on-site gym. Finally, I can pledge that I will work hard to serve you well and very much appreciate the opportunity to be your At-Large representative to the Medical Executive Committee.

Christopher Sharp, MD

I have been a Member at Large on the Medical Executive Committee since 10/06. I have been Chair of the Medical Executive HIM Committee since 3/09. I have served on ad hoc Medical Executive subcommittees. In my administrative activities around Information Technology, I interact with medical staff across the hospital both inpatient and ambulatory.

I am committed to bringing forward the agenda of the medical staff to achieve the safest and most efficient care delivery, highest physician satisfaction, and most beneficial work environment possible.

My activity with the Medical Executive Committee helps me to stay aware of and aligned with the needs of the medical staff. My administrative activities allow me to be effective and an active member when called upon.

I appreciatively welcome the opportunity to continue to serve on the Medical Executive Committee.

Rosaline Vasquez, MD, MBA

I have been associated with Stanford virtually all of my adult life. I completed my undergraduate degree and all of my medical training at Stanford. I was a part of the full time faculty at Stanford Hospital for a year. I then left Stanford and had a full time practice in a two physician practice and in a large multispecialty group for several years. Since about 1988, I have had a weekly clinic at Stanford at the General Internal Medicine Clinic and regularly do inpatient attending on the Medicine service. I have served several times on the Bylaws Committee. I initiated the recent effort to address the discharge medication process for the

Medicine inpatients at the Stanford Hospital and Clinics', SHC's, inpatient wards. I have also been involved with the issues of appropriate outpatient follow up following inpatient discharge.

My unique background combining clinical work in academic and private practice settings, health care administration, research, hospital and group practice operations, health care technology, Medicare compliance, patient safety, quality, and strategic planning will allow me to contribute to SHC as a member of the Medical Executive Committee.

I have consulted with hospitals on a variety of issues including information technology, governance, patient safety and Medicare compliance, and readmissions. I have held a variety of positions in health care administration. I am experienced in overseeing administrative issues, interfacing with Boards, leading organizations, chairing committees, addressing policy issues, and interacting with the press and the legislature. In a previous role I oversaw the credentialing, quality, and utilization of over 8,000 physicians in hospitals, medical groups and private offices in 23 counties of Northern California and Oregon. I have chaired quality, credentialing, and grievance committees as well as pharmacy and therapeutics committees. I have overseen outcome measurements, and clinical studies and have interfaced with a large variety of constituencies including, unions, professional associations, and politicians. I believe that my experience will be invaluable in my participation in the Medical Executive Committee and will afford me the perspective to understand differing needs and points of view.

I am extremely committed to Stanford and would welcome the opportunity to actively participate in addressing the multitude of ongoing challenges and opportunities facing SHC as it continues to grow with new facilities and services, as it continues to fine tune EPIC, and as it continues to define and implement quality, patient care, academic and translational medicine activities. I see a great opportunity for the Medical Staff to have increased involvement and participation in the variety of activities and programs at SHC. My experience in the broad activities of medical staffs and hospitals, and academic and private practice will allow me to help in effectively addressing the multitude of issues at SHC.

Please feel free to contact me at rosvasquez@stanfordmed.org or 650 387-9142.

Richard Whyte, MD, MBA

I have been at Stanford since 1997 and have held a number of committee and leadership positions—both compensated and uncompensated. My involvement in a leadership capacity began as the Chief of Thoracic Surgery—a position that put me on the OR Medical Committee. When the Hospital Administration decided to appoint a formal OR Medical Director, I was offered the position and held it for four years. This was one of two part-time compensated positions, the other being one of several Medical Informatics Directors—a position that ended a year and a half ago after completion of the inpatient EMR installation. My involvement with the MEC began when I was OR Medical Director but continued after I relinquished that position and I was voted a member-at-large two years ago. I have participated in numerous medical staff committees (By-Laws, QIPSC, Care Improvement, Physician Well-Being to name a few) as well as several “quality” focused task forces including those concerning DVT reduction and the current Patient Transfer projects. Through the position as OR Medical Director, I have also had the opportunity to experience hospital administration for a more inside perspective and have participated on several hospital leadership committees including the Capital Budget Committee, the IT (information technology) Steering Committee, and the steering committee for SUMIT, the institution's captive risk management alliance. Over the past several years, I have attended MEC and medical staff committee meetings regularly and, hopefully, contributed meaningfully to the discussions. Currently, my academic title is that of Professor and Associate Chair for Clinical Affairs for the Department of Cardiothoracic Surgery and I maintain a busy clinical practice in general thoracic surgery. I welcome the opportunity to continue to contribute to the Medical Staff as an active member of the MEC and, in advance, thank the Nomination Committee for its endorsement.