

Chair's letter for Administration (Fixed Term Track):

- I. Introduction
 - a. Reason for the recommendation letter (appointment or promotion including current rank and the new rank, with modifiers). Include secondary appointments if applicable.
 - b. Proposed effective date
 - c. Reason for the appointment/promotion (research, clinical activity, teaching, administration or community professional service)
 - d. Vote of assembled full professors (format of "x in favor of, x opposed to and x abstain")
 - i. Any negative votes and/or abstentions explained
 - e. Contingency statement
- II. Education and employment history
- III. Information regarding the candidate's accomplishments in administration
- IV. Information regarding the candidate's publications
- V. Information regarding the candidate's funding
- VI. Information regarding the candidate's clinical activity (if applicable)
- VII. Information regarding the candidate's teaching activities
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- VIII. Administrative appointments (if applicable)
- IX. Awards (if applicable)
- X. Professional Service activities
- XI. Conclusion

An example of this area of excellence is below.

August 5, 2013

William L. Roper, MD, MPH
Dean, School of Medicine
Vice Chancellor for Medical Affairs
CEO, UNC Health Care System
4030 Bondurant Hall
CB# 7000

**RE: Promotion of [REDACTED] MD from Clinical Associate Professor to the
Clinical Professor of Emergency Medicine**

Dear Dean Roper:

I am pleased to recommend the promotion of [REDACTED] MD from Clinical Associate Professor to Clinical Professor of Emergency Medicine in the Fixed Term track effective 12/11/2013 through 12/10/2014. This recommendation is proposed on the basis of excellence in administration. This recommendation is supported by the full professors of the Department of Emergency Medicine, four voted in favor with none opposed and none abstaining.

Dr. [REDACTED] received his undergraduate degree with honors (1990) as well as his MD degree (1993) from the University of Florida. He completed an internship in Internal Medicine at the University of Florida Shands Hospital and a residency in Emergency Medicine at the University of California San Diego in 1997. He was recruited to join the faculty at the University of North Carolina as a Clinical Instructor in 1997 and was promoted to Clinical Assistant Professor in 1998. He received certification from the American Board of Emergency Medicine in 1998 and was recertified in 2008. He served as the Assistant (1999-2003) and then Associate (2003-2007) Residency Program Director. In 2002, he assumed the duties of the Medical Director of the Emergency Department and has served capably in that role for the last eleven years. After demonstrating excellence in administrative duties and clinical scholarship, he was promoted to Clinical Associate Professor in 2005. Dr. [REDACTED] served capably as Interim Chair of the Department from August 2007 to January 2008.

CRITERIA COMMON TO ALL CLINICAL FACULTY ON THE FIXED TERM TRACK

Professional Service

Dr. [REDACTED] dedication to professional service is quite extraordinary. Within the Department of Emergency Medicine, Dr. [REDACTED] currently leads our clinical mission as the Medical Director for the UNC Emergency Department (ED), a position he has from April of 2002 to the present. When there was a gap in leadership within the Department of Emergency Medicine, Dr. [REDACTED] capably stepped into the void and successfully led the department during a time of leadership transition (August 2007-January 2008). He is a member of the Patient Complaints Monitoring

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Education and employment history

Professional Service activities

Committee and has served as the chair of the Clinical Operations Group, the leader of the Department of Emergency Medicine Electronic Medical Record Initiative, a member of the Emergency Department Patient Safety Board and the Emergency Medicine Informatics Group.

Dr. [REDACTED] service to the UNC School of Medicine and UNC Hospitals is extensive and includes critical committees such as the Medical Staff Executive Committee and the Quality Council. In addition, he is currently a Physician Service Line Leader (2009 – Present), and serves on the Trauma Advisory Committee, Multidisciplinary Trauma Committee, Infection Control Committee, Emergency Department-Psychiatry Clinical Operations Group. He is a critical member of the current design team for the new Hillsborough Campus for UNC Hospitals, having previously contributed as a member of the North Carolina Cancer Hospital Design Team.

Previously Dr. [REDACTED] has been a member of the Neurosciences Service Line Group, Computerized Provider Order Entry Steering Committee, Medical Information Management Committee, Clinical Management Committee, Clinical Resource Management Committee, Emergency Psychiatry Space Initiative Sub-committee, and the UNC Physicians and Associates advisory committee for Technology.

He has been highly sought-after as a critical member of multiple process improvement teams within UNC Hospitals including the STEMI Performance Improvement team, UHC Sepsis Care Improvement initiative, Speedy ED Process Improvement Team, Non ST Elevation Myocardial Infarction Continuous Process Improvement Team, Stroke Continuous Process Improvement Team, Conscious Sedation Committee, and the Asthma Steering Committee of UNC Asthma Workgroup.

In 2003, when Chapel Hill was the only site in the United States with a confirmed case of SARS, Dr. [REDACTED] was a valuable and effective member of the SARS response team assisting with management of patient care, contact screening, and public information. As you can see, Dr. [REDACTED] has dedicated a substantial portion of his time and effort to improving the safety, quality, and efficiency of the care our patients receive at UNC Hospitals. He has been an effective leader on these committees and made substantial contributions.

Teaching

Dr. [REDACTED] is a highly sought-after speaker and well respected among his colleagues in Emergency Medicine as an expert on clinical management of emergency patients. He is a frequent lecturer to Emergency Medicine faculty, house staff and students on key topics in emergency care including emergency management of airway, respiratory emergencies, and eye trauma. Dr. [REDACTED] has been invited to give talks at a number of prestigious meetings and at several academic institutions.

He is an excellent lecturer who is uniformly in demand by the UNC medical students and house staff for his lectures on clinical care. He is highly rated by the residents and students for his teaching style and ability to convey complex topics in a digestible format. The formal rankings that are generated by the department to assess the effectiveness of our teaching programs demonstrate him to be an excellent teacher who contributes substantially to the academic and educational environment in the department.

Information regarding the candidate's teaching activities



Previously, Dr. [REDACTED] engaged in teaching medical students through the fourth year Capstone Course where he taught procedural skills including airway management, intravenous access and lumbar puncture. He served as an evaluator in the Objective Structured Clinical Exam (OSCE), UNC School of Medicine for second year medical students and was an active lecturer for the fourth year emergency medicine elective leading weekly case-based discussions of clinical diagnosis and management for students.

While an assistant, and then associate, residency director, Dr. [REDACTED] launched several major educational initiatives including a morbidity and mortality conference for emergency medicine residents. Identifying appropriate cases, Dr. [REDACTED] worked with residents to develop their presentations, and moderated the discussion. He successfully led the initiative to develop an ultrasound curriculum and credentialing process for emergency medicine residents (and attendings). This major undertaking has changed the practice of emergency medicine faculty and significantly improved the care of our patients. He developed and led an emergency medicine resident radiology conference integrating case-based learning as well as a comprehensive procedure lab using a cadaver model.

Information regarding the candidate's clinical activity



Clinical Activities

Dr. [REDACTED] is clinically active and continues to spend most of his faculty effort seeing patients in the UNC Hospitals Emergency Department. He currently serves at 0.69 clinical FTE load (10 eight-hour clinical shifts per month). He excels in his clinical activities and is respected for his patient-centered clinical focus by peers, nursing staff, house staff and our patients.

CRITERIA SPECIFIC TO THE ASSOCIATE PROFESSOR FIXED TERM ADMINISTRATION TRACK

Information regarding the candidate's accomplishments in administration



Documentation of substantial administrative activity and productivity:

Dr. [REDACTED] excels in his administrative activity and productivity. The American College of Emergency Physicians has published a list of Emergency Department Director responsibilities and in review of Dr. [REDACTED] CV it is apparent that he exemplarily fulfills each and every one of the duties:

A. Department Management

Dr. [REDACTED] promotes and participates in a collaborative, interdisciplinary ED leadership team. He collaborates with nursing and physician leadership to ensure that departmental performance meets or exceeds standards described in medical staff rules and regulations, the hospital bylaws, departmental policies, the JCAHO Manual of Accreditation, and in other appropriate local and national standards. He works with ED leadership team to ensure that the department meets or exceeds its defined objectives for improvement, growth, and expansion of services. In conjunction with the ED leadership team, Dr. [REDACTED] helps build enthusiasm, stability, teamwork, and competence among employees through supervision, individualized evaluation and counseling, training, and praise for a job well done. He ensures departmental policies are known, understood, and implemented by the emergency physicians. He monitors correctness and appropriateness of the emergency department records; implements corrective intervention as

required in association with medical records and quality assurance mechanisms. He participates in personnel, purchasing, and procedural changes in the emergency department, in cooperation with appropriate personnel and hospital managers. Dr. [REDACTED] is available for counseling, advice, information, and general support to the physicians and other department members. Together with nursing leadership, he ensures adequacy of EMS communications and physician EMS command. He maintains a department office and is accessible during usual business hours for routine department business.

B. Liaison

As the medical director, Dr. [REDACTED] ensures that the emergency department has effective communications with the many entities among which are patients and their families, nursing leadership and clerical supervisors, hospital administration, hospital department heads and medical staff. In serving as the liaison with medical staff, Dr. [REDACTED] interfaces directly with physicians from other departments to ensure timely and appropriate medical care in the Emergency Department, encourages use of new services in the ED, and reviews complaints to reach an amicable resolution.

C. Committees - Hospital/Department

In fulfillment of his duties as Medical Director and through his passion for excellent clinical care, Dr. [REDACTED] serves on numerous hospital committees, including the Medical Staff Executive Committee. He is the physician service line leader for the Emergency Services Service Line, having previously served as a member of the Neurosciences Service Line Group and the Emergency Services Service Line Group.

He is an active member of the Quality Council, working to improve the safety and quality of care delivered to the citizens of North Carolina. Dr. [REDACTED] participates on committees tackling some of the most critical problems in emergency care. UNC Hospitals is a Level I Trauma Center. As part of that mission, Dr. [REDACTED] is a member of the Trauma Advisory Committee and the Multidisciplinary Trauma Committee. He works with the Infection Control Committee to reduce the incidence of hospital acquired infections. During the 2003 SARS episode, Dr. [REDACTED] led the Emergency Department response as a key member of the UNC SARS response team.

Dr. [REDACTED] has taken a particular interest in informatics technology, leading the effort within the Emergency Department to move to an electronic medical record through the Emergency Medicine Informatics Group and as the leader of the Department of Emergency Medicine Electronic Medical Record Initiative. He has served on the UNC Physicians and Associates Advisory committee for Technology, the Computerized Provider Order Entry Steering Committee, and the Medical Information Management Committee.

He has also made significant contributions to the Emergency Department interface with the Psychiatry Department through the ED-Psychiatry Clinical Operations Group. His work with the Clinical Management Committee and the Clinical Resource Management Committee has led to improved interdisciplinary care. He has been a member of the Speedy ED Process Improvement Team and has chaired the Clinical Operations Group for the Department of Emergency Medicine.

D. Quality Assurance

In collaboration with the hospital quality assurance and risk management department, Dr. [REDACTED] has established and maintains the ED Quality Assurance/Risk Management program. He actively identifies departmental problems and develops appropriate remedial policies and procedures. He provides written documentation of problems reviewed and subsequent action taken for inclusion in the annual emergency department report.

Dr. [REDACTED] has worked actively for patient improvement throughout the hospital on the STEMI Performance Improvement team, the UHC Sepsis Care Improvement initiative, the Non ST Elevation Myocardial Infarction Continuous Process Improvement Team, the Stroke Continuous Process Improvement Team. He has also served on the Conscious Sedation Committee and the Asthma Steering Committee of UNC Asthma Workgroup.

Dr. [REDACTED] works with the ED Leadership Team to prepare the department for site visits and surveys by appropriate licensing/accrediting agencies. He collaborates with the ED Leadership Team to ensure rules governing the function of the ED are followed. He actively engages in patient care improvement activities by monitoring and reviewing standing orders in the ED and ensuring a system for providing patient discharge instructions.

E. Peer Reviews

Establishing an effective system for ongoing monitoring of physician/physician extender performance and remedial action for problem areas, Dr. [REDACTED] serves as the supervising physician for all of our nurse practitioners. He interacts with ED nursing and clerical staff in areas of patient care and education and collaborates with appropriate agencies to ensure intervention and referral of cases such as sexual assault, child or elder abuse, and psychiatric crises. He has served as a member of the Patient Complaints Monitoring Committee and the Emergency Department Patient Safety Board.

F. Planning

Dr. [REDACTED] participates in long-range planning for facility design or modification, equipment acquisition, and new services. He is currently an active and engaged member of the design team for the new Hillsborough Campus of UNC Hospitals. Previously, he served as a design team member for the North Carolina cancer Hospital. He has also participated in structural redesign teams to create a psychiatric emergency assessment center. He monitors advances in emergency care and initiates change as needed to ensure that ED services and capabilities are dynamic and progressive. Embracing a team collaborative approach, he works with the ED Leadership Team including emergency nursing leadership and others as indicated to plan for and manage the change process.

G. Legal Considerations

Finally, Dr. [REDACTED] acts as an interface between hospital legal representative and risk management personnel concerning emergency department legal issues. He cooperates with the hospital management and nursing leadership to ensure departmental policies and procedures

exist for dealing with legal issues in clinical care, e.g., crime, STD, coroner's cases, alcohol and substance abuse, minors, and child abuse.

A record of one or more of the following:

Evidence of novel and/or innovative program development and implementation

Dr. [REDACTED] effectiveness as an administrative leader is most evident through his work improving patient care in the Emergency Department. Through his collaborative approach to problem solving and patient care, Dr. [REDACTED] developed a unique initiative that has resulted in significant changes in Emergency Department length-of-stays and patient satisfaction. Called PaCE (Patient Centered Evaluation), this creative program takes patients from initial triage to an evaluation area when the Emergency Department is full and no beds are available. In the evaluation center, through a series of carefully crafted standing orders, blood is drawn, EKGs are performed, and radiology studies are completed. As beds open up in the Emergency Department, patients are placed in open beds with their evaluation nearly complete. The physician can then perform a history and physical and quickly arrive at a patient diagnosis and disposition.

He created another unique program called Bed First. In this physician-nurse collaborative effort, patients presenting for emergency care bypass triage and come directly to an available bed, having triage, registration, and assessment all performed at the bedside. This has shortened the interval from patient presentation to initiation of emergency care and has shortened emergency department length of stay and improved patient satisfaction. These projects resulted in a 30% reductions in ED length of stay despite 4% overall annual increases in ED patient volumes.

Another successful initiative designed to improve patient flow and satisfaction is our Fast Track. This specially designed area segregates patients with minor complaints to a particular area of the ED where they are efficiently cared for. This has greatly improved our throughput times and resulted in improved patient care and satisfaction. The Fast Track area is staffed by attending physicians, residents, and nurse practitioners. The Nurse Practitioner program was developed by Dr. [REDACTED] to address practitioner shortages and has been extremely successful. Dr. [REDACTED] serves as the physician oversight for our nurse practitioner program, supervising all aspects of their practice.

Two other major initiatives led successfully by Dr. [REDACTED] are our Behavioral Health Emergency Department and the Ultrasound in Emergency Medicine initiative. The Behavioral Health Emergency Department is a newly created area dedicated to the assessment and care of Behavioral Health patients in the Emergency Department. This area is designed to be a safe and pleasant environment of r psychiatric patients with acute behavioral health crises. The ultrasound initiative created an education and credentialing pathway for our faculty and residents to bring state-of-the-art care to the bedside. This initiative has changed emergency practice at UNC and has created a more efficient and clinically safe patient management pathway.

Scholarship related to primary administrative area

Information regarding the candidate's publications

Dr. [REDACTED] has fourteen first authored book chapters as well as several published peer-reviewed manuscripts as part of a multidisciplinary research team.

Evidence of a major leadership role in a department or a center

As previously noted, Dr. [REDACTED] is the Medical Director for the UNC Department of Emergency Medicine. In every sense of the word, Dr. [REDACTED] is a leader. He leads by example and motivates and guides our faculty toward the highest peak of clinical excellence. His quiet leadership style allows him to hear the concerns and suggestions of our nursing, nursing assistant, clerical and physician staff. He then works creatively and collaboratively to solve problems getting buy-in from all the players along the way.

Invited presentations at regional or national meetings:

Dr. [REDACTED] is a highly sought after speaker. His lectures on clinical and management issues for our residents always receive high evaluation scores but more importantly, his talks result in changes in practice that are clearly visible in the Emergency Department. Speaking on clinical management of emergency airways, respiratory emergencies, and eye trauma, he has been an invited lecturer at regional meetings throughout the Southeast.

Conclusion

Summary

In summary, I enthusiastically support the promotion of Dr. [REDACTED] from Clinical Associate Professor to Clinical Professor of Emergency Medicine in the Fixed Term track on the basis of excellence in administration. Dr. [REDACTED] is an accomplished administrator with extensive service, a track record of innovation, and a passion for excellence. The skill, knowledge, and intellectual vigor he brings to the University of North Carolina is greatly valued and his contributions to the School of Medicine make this a more clinically efficient, safe and effective environment for our patients and staff.

Sincerely,

Signature line for the Chair

Charles B. Cairns, MD, FACEP, FAHA
Professor and Chair
Department of Emergency Medicine
University of North Carolina

CBC/ch

Signature line for the Dean (signed
by SOM HR)

William L. Roper, MD, MPH
Dean, School of Medicine