

William H Greene, M.D.

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EXECUTIVE SUMMARY

Dr Greene is an accomplished senior executive and thought leader in the fields of healthcare quality, patient safety and performance improvement. He provides expert consultation in these clinical disciplines as well as in infection prevention. He has had extensive prior experience as a full-time medical school faculty member in infectious diseases, as hospital epidemiologist at two prominent university hospitals in the United States, as a Chief Quality Officer at a university hospital and as the Chief Medical Officer and Senior Vice-President for Patient Safety and Loss Prevention at a large captive medical malpractice insurance company. Recently, he helped found a multidiscipline consulting group specializing in surgical safety across the continuum of perioperative care.

PROFESSIONAL EXPERIENCE

ORDX + RX: SOLUTIONS FOR SURGICAL SAFETY, OYSTER BAY, NY AND WELLESLEY, MA, OCTOBER 2016 - PRESENT
(WWW.ORDXRX.COM)

- **Consultant and Founding Member**

- ❖ Multidisciplinary group of surgeons, anesthesiologists, senior operating room nursing, hospital and nursing administration and patient safety and quality officers with expertise in inpatient and outpatient surgical care
- ❖ Emphasis includes pre-operative optimization, peri-operative safety and quality, avoidance of post-operative complications and mortality, medical malpractice implications and quality and safety metrics
- ❖ Consulting engagement is tailored to the institution or practice size, the nature of the issues of clinical concern and the desire of the contracting institution or practice for guidance with post-assessment information delivery or implementation

WILLIAM GREENE HEALTHCARE QUALITY AND PATIENT SAFETY CONSULTING, OYSTER BAY, NY, SEPTEMBER 2015 - OCTOBER 2016 (NOW INCORPORATED INTO *OR DX + RX*)

• **Principal Consultant**

- ❖ Expert in the design, implementation and execution of systems for:
 - The delivery of high quality care utilizing medical staff structure and function, medical record tools, and institutional and national benchmarks and dashboards
 - The prevention, detection and management of adverse clinical outcomes at the institutional, clinical program and individual patient level.
- ❖ Familiar with the principles of: high reliability, a strong and just patient safety culture, effective and efficient medical peer review and medical staff credentialing for quality and safety.
- ❖ Particularly knowledgeable in regard to the relationship between institutional and clinical practice patient safety and quality efforts and the prevention and management of medical liability exposure.

MCIC-VERMONT, INC, NEW YORK, NY (A RECIPROCAL RISK RETENTION GROUP), JUNE 2012 - SEPTEMBER 2015

• **Chief Medical Officer and Senior Vice-President for Patient Safety and Loss Prevention, New York, NY**

- ❖ Directed the Division of Patient Safety and Loss Prevention with responsibility for working with the insured institutions and their leadership and staff to:
 - Create, design and apply patient safety initiatives to clinical disciplines and medical settings disproportionately associated with adverse events leading to medical malpractice allegations and judgments
 - Enhance the data and analytics available to MCIC and insured institutions' leadership and staff to:
 - Help create, support and augment institutional clinical patient safety initiatives;

- Design relevant dashboards reflecting performance and goal achievement
- Initiate predictive analytics, i.e., the ability to predict patients and settings at high risk for future medical error and injury leading to allegations of medical malpractice
- ❖ Selected Accomplishments:
 - Initiated a multi-institution surgical safety collaborative focusing on timely pre-operative patient evaluation and management for elective surgical procedures
 - Broadened existing obstetric and emergency medicine patient safety initiatives with emphasis on simulation and training, effective communication
 - Developed digital frameworks and metrics for initiative-related dashboards reflecting performance at the collaborative, institutional and process change-levels
 - Created a test-case predictive analytic model utilizing MCIC liability data correlating with patient-level discharge data-sets from each academic medical center (AMC) (totaling >1 million patient records)
 - Initiated regular meetings of each AMC's senior executives with MCIC Patient Safety and Loss Prevention leadership accompanied by an AMC-specific dashboard

**STATE UNIVERSITY OF NEW YORK (SUNY) AT STONY BROOK
SCHOOL OF MEDICINE AND STONY BROOK UNIVERSITY
HOSPITAL (SBUH) STONY BROOK, NY SEPTEMBER 1985 - MAY
2012**

- ❖ **Associate Professor of Clinical Medicine, Division of Infectious Diseases, Department of Medicine, School of Medicine**
- ❖ **Hospital Epidemiologist and Director, Department of Infection Control, SBUH, 1985 - 1998**
 - Recruited to SUNY to establish and build the Department of Infection Control at the University Hospital (SBUH)
- ❖ **Senior Associate Medical Director for Quality and Safety, SBUH Medical Staff, 1995 - 2012**
 - Responsible for oversight of the medical staff peer review process and for medical staff-centric performance measurement and improvement

- Chair of the Medical Staff Quality Assurance Committee
- Member, Medical Board and Medical Executive Committee (Ex-officio)

❖ **Chief Quality Officer, SBUH, 2008 - 2012**

❖ Directed the Division of Quality and Safety encompassing the Departments of:

- Continuous Quality Improvement
- Clinical Analytics
- Infection Prevention
- Nursing Quality Management
- Regulatory Affairs
- Patient Safety

❖ Selected Accomplishments:

- Consolidated patient safety and quality departments into a unified hospital division as an aligned, efficient and effective resource for hospital and medical school service lines to:
- Created service-line specific multi-disciplinary leadership groups with relevant dashboards and administrative support
- Provided clinical analytic (decision support) and performance improvement/patient safety personnel resources for clinical quality and patient safety improvement at project-, service line- and institutional levels
- Designed and deployed a strategy for creating high reliability in healthcare at the clinical unit level
- Designed a strategic plan for patient safety and quality that encompassed:
 - The incorporation and use of external metrics for comparative performance including abstraction and submission of data to and use of:
 - University HealthSystem Consortium (UHC) dashboards;
 - National Surgical Quality Improvement Project (NSQIP) comparative standings for general and vascular surgery;

- Society for Thoracic Surgery (STS) feedback for thoracic and cardiothoracic surgery;
- CMS reporting of process and outcome indicators for inpatient and outpatient core measures, patient satisfaction and readmissions
- Successfully led and coordinated the patient safety/quality elements required for compliance with the triennial Joint Commission visits and occasional New York State Department of Health inspections related to accreditation and regulatory standards
- Revamped the Medical Staff peer review process to focus physician review efforts on that smaller group of adverse events for which a greater likelihood of medical error existed. Replaced subjective criteria for a focused physician practice evaluation (FPPE) with objective, easily understood and reproducible criteria.

YALE UNIVERSITY SCHOOL OF MEDICINE (YSM) AND YALE-NEW HAVEN HOSPITAL (YNHH), NEW HAVEN, CT JULY 1975- JUNE 1985

- Associate Professor of Clinical Medicine (YSM), Division of Infectious Diseases, Department of Medicine, July 1980- June 1985
- Assistant Professor of Clinical Medicine (YSM), Division of Infectious Diseases, Department of Medicine, July 1975-June 1980
- Hospital Epidemiologist and Director of Infection Control (YNHH), July 1984- June 1985
- Assistant Hospital Epidemiologist (YNHH), July 1975 - June 1984
- Liaison to the Yale Comprehensive Cancer Center from the Division of Infectious Diseases (YSM), July 1975-June 1985

EDUCATION AND TRAINING

YALE COLLEGE, NEW HAVEN, CT.

Bachelor of Arts, Philosophy

STATE UNIVERSITY OF NEW YORK DOWNSTATE MEDICAL CENTER SCHOOL OF MEDICINE, BROOKLYN, N.Y.

M.D., Cum Laude, Alpha Omega Alpha

YALE-NEW HAVEN HOSPITAL, NEW HAVEN, CT.

- Intern (PGY1) in Internal Medicine
- Resident (PGY2) in Internal Medicine

BALTIMORE CANCER RESEARCH CENTER, DIVISION OF CANCER TREATMENT, NATIONAL CANCER INSTITUTE, NIH, BALTIMORE, MD.

- Clinical Associate
- Senior Clinical Associate

YALE SCHOOL OF MEDICINE AND YALE-NEW HAVEN HOSPITAL, YALE UNIVERSITY, NEW HAVEN, CT.

- Fellow in Inflammatory Diseases (Infectious Diseases, Rheumatology and Clinical Immunology)

BOARD CERTIFICATIONS

- Internal Medicine
- Medical Oncology
- Infectious Diseases
 - Fellow, Infectious Diseases Society of America
 - Fellow, Society of Hospital Epidemiologists of America

OTHER POSITIONS

HOSPITAL ASSOCIATION OF NEW YORK STATE (HANYS) STATEWIDE QUALITY COMMITTEE

- Member, as CQO at Stony Brook University Hospital - 2008-2012
- Member, Quality Advisor - 2012-present
- Member, Subcommittee on High Reliability - 2016-present
- Member, Subcommittee on Clinical Analytics - 2016-present

SOCIETY TO IMPROVE DIAGNOSIS IN MEDICINE

- Member, Committee on Incidental Findings - 2016-present

STONY BROOK QUALITY ASSESSMENT REVIEW BOARD (QARB)

- Member, Ex officio (as Chief Quality Officer)(2008-2012)
- Chair, Quality Subcommittee of QARB (post-departure from Stony Brook)(2012-2013)

SKILLS

- Excellent listening and verbal and written communication skills
- Superior skills in clinical medicine
- Extensive experience with clinical and patient safety/quality research and its presentation and publication (available upon request)
- Broad familiarity with clinical analytics, statistical analysis and data presentation
- Outstanding background in:
 - Medical staff governance and structure
 - Hospital governing body and C-suite interactions and hierarchy
 - Medical malpractice claims analytics, management and prevention
- Excellent strategic and tactical planning
- Strong belief and competence in fostering collaboration across disciplines
- Extensive supervisory experience
- Reasonably well-developed sense of humor

SELECTED QUALITY AND SAFETY PROGRAM HONORS, AWARDS AND PRESENTATIONS

- 2012 US Department of Health and Human Services/Critical Care Collaboratives Outstanding Leadership Honorable Mention Award for “Elimination of Ventilator-Associated Pneumonia”
- 2011 US Department of Health and Human Services/Critical Care Collaboratives Outstanding Leadership Award for: “Elimination of Central Line Infections”
- 2011 National Association of Public Hospitals and Health Systems Safety Net Award for Improving Patient Safety for “Decreased Severe Sepsis”
- 2011 Nassau-Suffolk Hospital Council (NSHC) Excellence in Patient Safety Award Honorable Mention for “Hospital-wide, Multi-disciplinary Approach to Prevention of Central Line Infections”
- 2010 Presentation at ACS/NSQIP Annual Conference “Utilizing NSQIP to Improve Vascular Surgical Site Infection Rates”
- 2010 Healthcare Association of New York State (HANYs) Pinnacle Award for Quality and Patient Safety Honorable Mention for scoring in top ten percentile (of projects submitted) for “Standardization to Prevent Venous Thromboembolism”
- 2010 “Mentor Hospital” Designation by the Institute for Healthcare Improvement for:
 - Acute Myocardial Infarction Care
 - Surgical Safety Checklist
 - Rapid Response Teams
 - Daily Goals and Plan of Care
 - Multidisciplinary Rounding
- 2009 HANYs Pinnacle Award for “High Reliability Organization (HRO) Initiative in the Cardiac ICU”
- 2009 HANYs Pinnacle Award Honorable Mention for scoring in top ten percentile for “First Do No Harm: Proactive Risk Assessment”
- 2009 National Association of Public Hospitals and Health Systems Quality and Safety Award Honorable Mention in Quality Improvement for “High Reliability in High Risk Healthcare” Initiative in the Cardiac ICU
- 2009 NSHC Excellence in Patient Safety Honorable Mentions for:

- “Moving Beyond the Central Line Bundle”
- “First Do No Harm” efforts to introduce high reliability principles and decrease hospital mortality
- “High Reliability Organization” efforts
- “Standardization to Prevent Venous Thromboembolism”
- 2009 One of top three posters for “Improvements in Quality of Care at Stony Brook University Medical Center Driven by Participation in the National Cardiovascular Data Registry (NCDR) Care Registry” at NCDR Annual Meeting
- 2008 NSHC Excellence in Patient Safety Award for “Standardizing the Detection and Treatment of Severe Sepsis”
- 2008 HANYS Excellence in Patient Safety Honorable Mention for “Increasing Growth and Optimizing Nutrition in the NICU”
- 2008 HANYS Pinnacle Award Honorable Mention for scoring in top ten percentile for “Standardizing the Detection and Treatment of Severe Sepsis”
- 2008 Quality Award for Merit at the New York Presbyterian Healthcare System Symposium for Standardizing the Detection and Treatment of Severe Sepsis
- 2008 Permanente Quality Award for “A Guide to a Unit-Based Family Advocacy Board” poster presentation at IHI’s National Forum
- 2008 3rd Place Award for “Using a Wide Range of Reports Based on the UHC Core Measure Database to Drive Accountability at Stony Brook University Medical Center” poster at the United HealthSystem Consortium (UHC) Quality and Safety Fall Forum
- 2007 American Society of Anesthesiology Ellison Pierce Patient Safety Award for “Maternal Hemorrhage: A Proactive Multidisciplinary Approach to Reduce Mortality and Morbidity”
- 2005 HANYS Pinnacle Award Honorable Mention for scoring in top ten percentile for “Improving ED Door-to-Balloon Times”