



# MEDICAL SOCIETY OF THE STATE OF NEW YORK

Office of the President

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DATE: September 8, 2015  
TO: MSSNY Councilors  
From: Joseph R. Maldonado, MD, MSc, MBA  
Subject: Hospital Outreach in Your Territory

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You may have seen an email on this that I asked Eunice Skelly to send you earlier this month.

One of my goals this year is to create a structured approach to membership recruitment that is based on peer to peer contact and utilizes the vast untapped resource we have in our leaders and members.

I am requesting your assistance in updating our data on hospitals in your area and in spearheading our effort to maintain a sustained outreach to physicians in your county or district through their hospital medical staffs.

I hope that you will help us by reaching out to your colleagues to gather updated information on each of the hospitals in your area of responsibility.

Attached to this memo is an information sheet with questions I hope you can help answer for each of your hospitals. The questions appear in spreadsheet form as an attachment to the email from Eunice. **If you can provide updates via the spreadsheet that will be best.**

Feel free to share it with colleagues who may be affiliated with the hospitals and can provide the information for you. If you do receive help, please let us know which of your colleagues to thank!

While this is clearly not an undertaking you can complete at once, any updates and insights you can offer in the coming weeks will be a great help in advancing membership proposals in your area.

Many thanks for your help with this project!

JRM

*Your help in gathering the information requested below will be greatly appreciated. A spreadsheet has been sent to you for providing updates. If you would find it easier to complete one of these forms for each hospital, please print clearly. Forms or updated spreadsheets can be returned to: MSSNY, Membership Division, 865 Merrick Ave, Westbury NY 11590 -- or FAX: 516-616-9285 -- or [eskelly@mssny.org](mailto:eskelly@mssny.org)*

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Hospital Name: \_\_\_\_\_ County: \_\_\_\_\_

Has hospital closed? \_\_\_\_\_

Has hospital's name changed? (If so, new name): \_\_\_\_\_

Is it associated with a larger institution? (Which one?): \_\_\_\_\_

Approximate percent of the medical staff employed by the hospital? \_\_\_\_\_ %

Medical Staff President: \_\_\_\_\_

Email address: \_\_\_\_\_

Medical Director: \_\_\_\_\_

Email address: \_\_\_\_\_

Are you in a position to propose an institutional membership agreement at this hospital? \_\_\_\_\_

Can you arrange to speak at an upcoming medical staff meeting? \_\_\_\_\_

Quarterly meeting dates: \_\_\_\_\_

Influential physicians or administrators who may be supportive:

Name	Title	Contact Info
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Name	Title	Contact Info
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Issues: \_\_\_\_\_

Advice/Suggestions: \_\_\_\_\_