



ARE YOU EPIC TRAINED?

Physicians and other health care providers who plan to do clinical work at Upstate University Hospital must be trained in the new Epic electronic medical record system.

The typical training involves three courses that total 12 hours. Sign up by calling 1-315-464-EPIC (3742.) There is no charge.

Neal Seidberg, MD, Upstate's chief informatics officer, says physicians who complete EPIC training at St. Joseph's Hospital Health Center will have fewer requirements at Upstate – and vice versa. The two Syracuse hospitals provide reciprocity to Central New York physicians who practice in both hospitals and require only a brief course for physicians trained at the other hospital.

Upstate University Hospital became the first local hospital in Central New York to fully integrate electronic medical records throughout outpatient and inpatient services. The downtown campus converted to the Epic electronic medical record system in March, and the Community campus converts in May. St. Joseph's is also installing Epic.

Epic is a dominant EMR system used in many hospitals and medical practices throughout the

world. It is estimated that 40 percent of the U.S. population has its medical information stored in an Epic electronic medical record.

The inpatient rollout of Epic occurred in a relatively smooth fashion, with members of the information management team fielding questions around the clock. Every physician, nurse and other clinical staff provider underwent Epic training in the months leading up to the conversion.

Outpatient areas of Upstate began using Epic in 2012, offering patients access to an online patient portal called MyChart. Through MyChart, patients can view their medical records, securely message their healthcare team, request prescription renewals and appointments, see test results and view their bill.

“The major issue here is that seamless data about a patient is available to everybody who took care of them,” says Seidberg. “If you are a patient, your care now comes home with you. It doesn't just stop at the doctor's office. And it follows you from office to office.”

People can join MyChart when they become patients of any Upstate physician. ■

UPSTATE IS THE PLACE TO GO FOR TRAUMA CARE

Upstate University Hospital and Upstate Golisano Children's Hospital are the first in the state to receive national verification as a Level 1 trauma center by the American College of Surgeons in recognition of the optimal trauma care the center provides patients.

Verification as Level 1 trauma centers for adults and children followed an intensive two-day onsite review, held in December, by medical experts in the field of trauma. They reviewed information related to patient outcomes, physician and nurse training

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UPSTATE VERIFIED FOR TRAUMA CARE

and credentialing, facilities, trauma education and outreach, staffing and administrative functions.

“The work that goes on in our trauma center to save lives throughout Central and Upstate New York is a testament to those employees who enter our doors every day committed to providing the best care, even in some of the gravest of situations,” says Upstate University Hospital Chief Executive Officer John McCabe, MD.

The state has previously designated trauma centers, but this action, known as verification, is the first national review of Upstate’s trauma services and the first to separately highlight the pediatric trauma service.

Thomas Welch, MD, medical director of Upstate Golisano Children’s Hospital, says, “We have been providing complex trauma care to children in the region for decades, and we have always believed that we did a good job of it. What this development means is that a very rigorous external review of every component of our program, ranging from policies and personnel to outcomes, has provided an objective expert opinion confirming the high quality of our trauma care.”

Verified trauma centers must meet essential criteria that ensure trauma care and institutional performance, as outlined by the American College of Surgeons’ Committee on Trauma in its current Resources for Optimal Care of the Injured Patient manual.

The onsite review team assessed the ability of Upstate’s trauma team—emergency department physicians, nurses, surgeons, respiratory therapists,



The trauma service at Upstate serves a 14-county region and receives between 200 and 275 patients by helicopter each year. The majority of traumatic injuries are for blunt trauma, often as a result of motor vehicle crashes, but 8 percent of adult and 3 percent of pediatric patients suffer penetrating traumas which are associated with violent crime.

In 2013, 2,200 of the 11,000 pediatric emergency patients were treated for trauma, as were 17,531 of the 66,827 adult emergency patients.

lab technicians, ICU staff and social workers—to mobilize quickly when a trauma call comes into the hospital.

The verification report also highlighted not only the professional education programs offered by the trauma team, but the significant public outreach, most notably the “Let’s Not Meet By Accident” program (a reality based trauma prevention/alcohol education program for teens who are new drivers) and the bicycle helmet program that gives away several thousand free bike helmets annually. ■

FINDING YOUR WAY AROUND CAMPUS IS EASIER NOW

Upstate is providing visitors with two new tools that make finding your way around campus easier: an interactive wayfinding kiosk and a multi-platform web application. Both tools, which were provided by the Foundation for Upstate Medical University, allow a visitor to input a starting and ending point and receive step-by-step directions on how to get from point A to point B.

“As Upstate’s footprint continues to expand, we understand that this means patients, visitors, staff and students are asked to navigate not only the Downtown and Community Campus, but numerous other Upstate locations across the area,” said Evan Simmons, project planner for the hospital. “We’ve worked diligently to provide accurate wayfinding and directional signage in and around our buildings, but the kiosk and web application provided an opportunity to take it a step further.”

Staff at Upstate’s multiple information desks have traditionally doled out directions to patients and visitors in need. Using the kiosk allows the visitor to print out a comprehensive set of walking directions that may be carried with them for repeated reference as they navigate corridors, elevators and different service areas.



Upstate University Hospital Chief Operating Officer Paul Seale, project planner Evan Simmons and former Chief Nursing Officer Katie Moonie stand next to the lobby kiosk with hospital Chief Executive Officer John McCabe, MD and treasurer Rita Reicher and chairman Paul Mello of the Foundation for Upstate.

The web application – at upstate.yourdirectroute.com – allows a patient to plan for their visit, print directions and bring them along.

“Upstate University Hospital administrators thought that a wayfinding system would be an important patient priority,” said Eileen Pezzi, vice president for development at Upstate. “The Foundation board agreed and approved the expense. We are pleased to support a project that directly serves the patient care facet of Upstate’s threefold mission.”

GET DIRECTIONS

Visit upstate.yourdirectroute.com online before you arrive on campus. Or, visit the wayfinding kiosk in the main lobby of the downtown hospital. ■

VASCULAR SURGEON SPECIALIZES IN DIABETES

A vascular surgeon at Upstate who specializes in limb salvage can make a profound difference in the lives of patients with diabetes who are at risk of amputation.

Palma Shaw, MD says doctors who manage diabetic patients need to make sure they go to regular podiatry appointments, in addition to tracking sugar levels and monitoring high blood pressure, coronary artery disease and kidney function.



Palma Shaw, MD

If the disease has led to neuropathy in the lower limbs and retinopathy that compromises their vision, diabetic patients may develop wounds on their feet without seeing or feeling the wounds. About 60 percent of lower leg amputations are in people with diabetes.

“We’re really fighting to prevent that in these very at-risk patients,” says Shaw. She treats infections but also determines if the patient’s blood supply can be improved.

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REDUCING STROKE RISK IN PATIENTS WITH A-FIB

Upstate neurologist Antonio Culebras, MD, is the lead author of a new guideline from the American Academy of Neurology that promotes prescribing oral anticoagulants to reduce the risk of stroke in patients with atrial fibrillation.

“These guidelines are not commandments. They are recommendations,” Culebras says, acknowledging that some patients may be at greater risk of bleeding than of stroke.

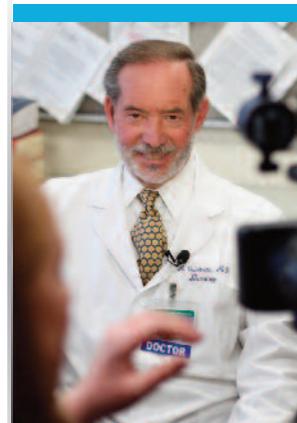
The guideline, endorsed by the World Stroke Organization, appears in the Feb. 25, 2014 print issue of *Neurology*, the academy’s medical journal.

Atrial fibrillation is a major risk factor for stroke that affects an estimated 0.5 percent of the population worldwide. The irregular heart rhythm can alter the circulation of the blood, causing blood to sit in the corner of the heart which it may form into a clot that later migrates to the brain, causing a stroke.

Culebras says in patients who suffer a stroke for which doctors can find no cause, “we strongly suspect atrial fibrillation is the culprit.” The guideline also suggests that these people be evaluated for atrial fibrillation, which may require wearing a heart monitor for several days.

New anticoagulant pills have been developed since the academy’s last guideline on this topic, published in 1998. The current guideline determined that the new anticoagulants – dabigatran, rivaroxaban and apixaban – are at least as effective if not moreso than the established treatment of warfarin and have a lower risk of bleeding in the brain. In addition, the new drugs do not require the frequent blood testing that warfarin needs.

The guideline also extends the value of this type of blood thinner to many people who are generally undertreated – such as the elderly, those with mild dementia, and those at moderate risk of falls – and whose health status was long thought to be a barrier to use. It also addresses special circumstances that may pertain to developing countries where new anticoagulant pills are not available or affordable. ■



Antonio Culebras, MD

VASCULAR SURGEON, CONTINUED

“If they don’t have good blood supply to their foot, then you can give all of the antibiotics that you want, but the antibiotics go in the blood, and the blood can’t get to the foot. So therefore you have an untreated infection, which can act like an abscess, and the patient can quickly lose the limb.”

Sometimes she is able to improve blood flow with minimally invasive surgery. Some situations require open surgery “where we can use the vein as a conduit to bring the blood back down to the foot and save the foot.”

After about four weeks, cells at the site of a wound stop working toward healing. These chronic wounds are treated first by debridement and other efforts to

“wake up” the wound. Sometimes it is possible to remove the wound surgically or through use of enzymatic chemicals.

Some insurance companies do not pay for more expensive advanced treatments including hyperbaric therapy and cell therapy, unless the wound has developed into osteomyelitis, a bone infection, Shaw says.

Her goal is to salvage as much of the foot as possible. “The longer portion of the foot you can preserve, the better off the patient will be with respect to walking.”

For referrals, reach her at 315-464-VASC (8272). ■

50 YEARS LOOKING BACK

Fifty years ago, Upstate’s hospitals opened their doors and the US Surgeon General issued the first report on Smoking and Health, linking cigarette smoking to lung cancer and heart disease. That report laid the foundation for the tobacco control efforts that we know today.’

In 1964, close to half of adults in the United States smoked. Televisions blared cigarette commercials, and newspapers were filled with ads promising tobacco’s “good taste never quits” and enticing people to “refresh while you smoke.” Hospital gift shops sold cigarettes, and Upstate’s president smoked in the medical school’s corridors and during campus events.

Today, it’s hard to imagine that people ever smoked in hospitals. But Cindy Cary and Linda Veit, both of whom have worked at Upstate for 28 years, remember when social norms were very different, and second-hand smoke was rampant.

“There were ash trays at nurses’ stations. Patient rooms were smoking and non-smoking,” explains Cary, who was a respiratory therapist and is now director of Upstate’s smoking cessation program.

Veit, who was a lab technician and now is special projects manager for the Upstate Cancer Center, remembers that “researches were in the lab studying



the effects of smoke inhalation. Down the hall, secretaries were smoking cigarettes. Most people knew smoking shouldn’t happen in a hospital, but they still did it.”

Today, Cary and Veit have dedicated their careers to tackling lung cancer and tobacco use. Cary runs free smoking cessation classes, year-round, at multiple locations through Upstate’s HealthLink program. Veit administers a lung cancer screening program as part of her work for the Upstate Cancer Center.

Upstate became the first smoke-free campus within the State University of New York System in 2005.

Do you have old photos or memories related to the planning or building of the hospitals of Upstate Medical University? Please share with the hospital anniversary committee through Susan Keeter at keeters@upstate.edu ■



DO YOU RECEIVE UPSTATE HEALTH?

Developmental pediatrician **Nienke Dosa, MD** is featured on the cover of the most recent Upstate Health magazine with one of her patients.

Dosa cares for children with physical disabilities such as cerebral palsy and spina bifida, and she says dance is a good way for them to experience movement and motor learning and to be part of a group.

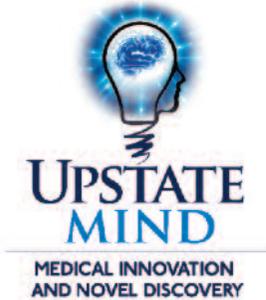
Her story is one of those packed into the most recent issue of the consumer health magazine produced by Upstate Medical University. You can obtain copies for your office by calling 1-315-464-4836 or emailing your request to Whatsup@upstate.edu. ■

UPSTATE ROUND UP

TECHNOLOGY AND MEDICINE

A focused innovation center called Upstate MIND (Medical Innovation and Novel Discovery) will help transform ideas into useful, tangible ways to improve the human condition and the delivery of health care.

The center will be lead by Robert Corona, DO, in the newly created position of vice president for Innovation and Business Development. He will also remain as professor and chair of Upstate's Pathology Department. Corona, an experienced neuropathologist and leader in bioinformatics and the application of technology in medicine, says that Upstate MIND will be open to anyone who has a good idea and is looking for collaboration with those who have complementary skills.



"All ideas are on the table as long as they add value to the practice of medicine," he says. "If the idea is of value, we will support the innovator in every way possible to bring their idea to the bedside or to market."

Reach Corona at coronar@upstate.edu or through Kathy Pazaras at 315-464-9288.

CHILD MENTAL HEALTH

Upstate Medical University and ARISE Child & Family Services have joined forces to provide mental health services to children. The collaborative program, based at Upstate Health Care Center in Presidential Plaza, began in the fall using startup funds from the State Office of Mental Health. Children who already receive care at the center and who need mental health services are referred to ARISE Integrated Care therapist Erica Riker. Her office is on the same floor.

"We are so appreciative of ARISE offering our patients this exceptional opportunity," says Steven Blatt, MD, director of general pediatrics at Upstate. "Erica has become a valuable member of our treatment team."

MEDICAL HOME DESIGNATION

Upstate Golisano Children's Hospital's University Pediatric and Adolescent Center achieved designation as a Level 3 Patient-Centered Medical Home. This is an acknowledgement by the National Committee for Quality Assurance that a facility and its staff are in compliance with a huge number of standards related to care quality and coordination. This is the first clinical program at Upstate to achieve this recognition.

The center, located at Presidential Plaza in downtown Syracuse, sees about 20,000 patient visits annually and provides care for children and adolescents, including a large number of international refugees and all children in Onondaga County Foster Care.

The Patient-Centered Medical Home model emphasizes care coordination and communication. Research shows medical homes can lead to higher quality and lower costs while improving patients' and providers' reported experiences of care.

ECUADORAN PARTNERSHIP

The Center for Global Health and Translational Science at Upstate is collaborating with Enfarma, a public pharmaceutical company in Ecuador, to establish research and translational science projects with Ecuadoran universities and research institutes.

As part of a five-year memorandum of understanding signed March 6, Upstate has agreed to aid in the creation of a research center in Ecuador where clinical trials for vaccines and diagnostics could be conducted, especially for dengue and other infectious diseases, says scientist Anna Stewart Ibarra, PhD, Latin America research coordinator at Upstate's center.

"This formalizes our collaborations and paves the way for future scientific and educational initiatives," she says.

ENLARGED SLEEP CENTER

The Upstate Sleep Center in February opened its new location at Medical Center West in Camillus. The center, previously located at the hospital's Community Campus, provides diagnosis and treatment recommendations for sleep-related problems in adults and children. The capacity of the center has doubled to now offer 12 sleep study rooms, which operate seven days and nights per week, including four dedicated pediatric beds/cribs.

"This new facility really offers patients a comfortable, hotel-like environment," says co-medical director, Dragos N. Manta, MD. "These comforts of home cater to the patient, while the team of sleep technicians has access to state-of-the-art sleep study equipment to collect the most accurate data, which helps our team of physicians provide the most complete diagnosis."

For referrals and details, call 315-492-5877.

PHARMACY HOURS EXPANSION

Upstate University Hospital at Community has expanded its pharmacy services to a 24-hour daily schedule. The on-site pharmacy now processes medication orders and delivers the prepared medications to the hospital departments without interruption.

Prior to this transition, the pharmacy offered its services from 7 a.m. to midnight with a pharmacist available on-call during the off hours.

"The pharmacy's new 24-hour schedule responds to the needs of our patients," said director of Pharmacy Beth Szymaniak. "The expanded hours also enable the team of technicians and pharmacists to operate the pharmacy with greater efficiency."

More than 1,200 orders are processed each day by the pharmacy's team of 12 technicians, 15 pharmacists, and "RxD2," the on-site pharmacy robot.

CYSTIC FIBROSIS HONOR

The Cystic Fibrosis Foundation honored Ran Anbar, MD, director of Pediatric Pulmonary Medicine at Upstate Golisano Children's Hospital, for the body of his work with cystic fibrosis patients and his bountiful research contributions at its second annual 65 Roses Dinner Dance on March 15. Anbar was the first person ever to be honored at this event.

NEW PLASTIC SURGEON

Plastic surgeon Prashant Upadhyaya, MD, has joined the staff of Upstate's Division of Breast, Endocrine and Plastic Surgery as an assistant professor.

He attended medical school in India. Then he completed a residency at Creighton University Medical Center in Omaha and a fellowship at the University of Minnesota. He treats adults and children.

Upadhyaya offers breast surgery and reconstruction, as well as a variety of plastic and cosmetic surgeries.

Reach him at 315-464-8224.



**Prashant
Upadhyaya,
MD**

HOW TO BOOST COLORECTAL CANCER SCREENING RATES

A project that focuses on improving screening rates for colorectal cancer in primary care practices is being conducted by Upstate Medical University's Family Medicine Department in conjunction with faculty from the University of Buffalo and the University of Rochester Medical Center. The project's aim is to determine if educational and administrative support provided to the practices will improve screening rates among their patients.

Practice sites that serve relatively high numbers of uninsured, under-insured, and Medicaid patients, such as community health centers and clinics, are particularly being sought to participate in the project, says principal investigator and director of the project, Christopher P. Morley, PhD.

The project, titled Increasing Cancer Screening through Academic Detailing and Practice Facilitation, is funded by the state Health Department/Health Research Inc., by way of a grant from the Centers for Disease Control and Prevention. The Upstate-Buffalo-Rochester collaborative is New York state's sole recipient of the grant.

To learn more about the project, contact the project coordinator, Emily Mader MPH MPP at (315) 464-6040.

TRANSFERRING, ADMITTING PATIENTS JUST GOT EASIER

Central New York physicians have a simpler time admitting patients or transferring patients into Upstate University Hospital with the creation of the Toxicology, Triage and Transfer Center.

Nurses from a variety of backgrounds share call center space with the Upstate Poison Center, staffed with registered nurses and pharmacists specially trained in toxicology. In addition, medical and clinical toxicologists are available for consultations.

Most of the 15 nurses chosen to be part of the new center have decades of experience, says nurse manager Joey Angelina, RN. "They need to be able to assess a patient without being able to put hands or eyes on them, so they need that extensive experience." Angelina previously worked as an operating room nurse at Upstate and a supervisor at a 911 center.

In addition to overseeing transfers to the hospital, nurses answer calls after hours for a variety of medical offices and group homes. They also offer advice about health issues to the general public through Upstate Connect, (at 315-464-8668.)

"We will triage an injury or an illness for someone who does not have a primary care physician," Angelina says. "We will help a patient find a primary care physician if they need one. We will provide literature for someone who is requesting information on a health issue."

WHERE TO CALL

Physicians and medical staff can reach Upstate

- * for transfers/admissions to the hospital: 315-464-5449
- * for outpatient referrals: 315-464-4842
- * for toxicology consults: 315-464-5369