

MORNING CMO REPORT

08.16.2017

FROM THE DESK OF:
Anthony P. Weiss, MD, Chief Medical Officer,
Associate Dean for Clinical Affairs,
Upstate University Hospital

UPSTATE
UNIVERSITY HOSPITAL

Medical Director Announcements

[Applies to All Physicians](#)

I am excited to mention the addition of two new medical directors to the organization. Dr. Jeremy Joslin is now serving as the Medical Director for the Transfer and Triage Center and in that capacity will assist Joey Angelina and the other Transfer and Triage nursing staff in coordinating our acceptance of referrals from around the region. Dr. Joslin received his medical training at St. George's University, School of Medicine in Grenada and has been a member of the Upstate faculty since 2010 in the Department of Emergency Medicine. He also serves as Medical Director of the Adult and Pediatric Emergency Departments. I am thrilled to have his assistance with this important component of the organization.

Dr. Housam Hegazy is now serving as the Medical Director for Utilization Management. In this capacity Dr. Hegazy will be working with the new Director of Utilization Management, Bobbie Jo Massena, to be certain we are appropriately using the resources of our organization-particularly as it relates to bed utilization. He received his medical training at the University of Damascus, in Syria, and has been an important member of our Upstate Hospitalist service since 2010. He has already made a big impact on our efficiency, and will play an even more central role in the weeks and months ahead, as we meet the challenges associated with growing volumes of patients who seek our care.

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Safety Companion vs “Suicide Watcher”

Applies to All Physicians

Want to bring to your attention some policy changes related to “sitters” and a new policy regarding medical marijuana.

Purpose of Education:

- A. To reduce usage and increase productivity of Safety Companions (“sitters”)
 - B. To clarify the ordering process for a Safety Companion vs a “Suicide Watcher”
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- A. **Use of a Safety Companion for At-Risk Patients** [Safety Companion Policy CM S-13](#)
 - A safety companion order is a **Nursing Order** (As an example: Safety companions are used for violent, aggressive, increased risk to fall patients)
 - The RN may discontinue a provider’s order for a safety companion if the patient does not meet criteria.
 - If a Licensed Medical Provider requests or writes an order for a safety companion, the RN needs to perform a “Safety Assessment” prior to safety companion implementation to determine the need and level of need such as 1:1, 2:1, direct observation within 20 feet, purposeful rounding (more than hourly), or patient safety rounding (up to 12 patients).
 - B. **Use of Suicide Precautions “Suicide Watcher”** [Suicide Precautions Policy CM S-09](#)
 - RN can initiate Suicide Precautions for patients with active suicidal thoughts and/or behaviors or for those admitted following an attempted suicide
 - RN notifies MD-who evaluates **within one 1 hour** and then the **MD order** will state whether to continue or not
 - A psychiatric consult must be ordered by the MD to further determine need to continue
 - MD order is required to D/C

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Medical Marijuana Therapy During Hospitalization

Applies to All Physicians

New Policy: [CM M-30](#)

Continued use of prescribed medical marijuana or an investigational cannabinoid product during hospitalization may be allowed for inpatients, provided that the following steps for approval are taken and documented in the medical record:

1. The patient or caregiver provides copies of the Certification issued by the certifying provider and the Registry Identification Card issued by the NYS Department of Health;
2. The attending physician consults with the certifying provider and the certifying provider recommends the use of medical marijuana by the patient continue during hospitalization with the patient's own supply
3. The attending physician consults with the Chair of the Department of Pediatrics (or designee) for pediatric patients or the Chair of the Pharmacy and Therapeutics Committee (or designee) for adult patients and the Medical Director and obtains the approval of both for continued use by the patient of the prescribed medical marijuana
4. The attending physician will contact the certifying provider and the Hospital's Pharmacy Department and communicate official therapy approval and document this communication in the patient's EMR
5. The attending physician will enter a non-formulary medication order into the EMR specifying the use of the patient's own supply of medical marijuana.

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Department of Corrections Correspondence

[Applies to All Physicians](#)

For those members of the medical staff who care for prisoners via the DOCS program, please the attached memo regarding limitations on narcotic prescribing.

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Outstanding Physician Comments

[Applies to All Physicians](#)

Each week we receive written comments from our patients regarding the care we provide within the Hospital. Below are this week's comments from grateful patients receiving care on the units and clinics at Upstate:

University Cardiology – Dr. Szombathy is an excellent Doctor.

Dr. Michiel is the very best and most through doctor I have ever been to and very caring for his patients. He is the best I feel I am in best of hands.

I have the upmost respect for **Dr. Szombathy** & plan on being with him the rest of my life. He cares about me as a complete person, not just my heart.

I have been seeing **Dr. Bhatta** since 2008, and I could not ask for a better provider. She is always timely, courteous and respectful. Very attentive to my medical needs, and always explains things to me clearly and patiently. Thank you, **Dr. Bhatta!**

As always, to be blessed with an excellent Doctor (**Robert R Michiel**) is a comfort.

University Geriatricians – Dr Berg was excellent! She was very personable and took time to make sure we all understood things. She treated Mom with great care and made her feel like she was the most important person in the world to her.

Upstate Urology - Dr Shapiro has been excellent in handling me for the follow-up appointment.

Dr. Trussell is kind, knowledgeable and caring. He makes you feel comfortable while still giving you the facts about your condition. I respect, appreciate and trust in him completely.

Dr. Makhuli is always the perfect gentleman and superb physician. His patients are most fortunate and privileged to be under his care.

Dr. Bratslavsky, his knowledge and skill saved me from a very different life.

Dr. Ginzberg because of her knowledge and manner.

Dr. Nikolavsky was very (extremely) knowledgeable and was very helpful. I was impressed how involved he was in my treatment.

Upstate Internists - Dr. Krenzer is the best!! Caring, understanding, knowledgeable!

Dr. Frechette always spends so much time with me and my husband and never rushes, carefully listening to all our concerns. He totally relaxes us and seeing him is like visiting a good friend. He is always professional, yet friendly and compassionate.

Dr. Swarnkar is excellent!

Dr Krenzer is very thorough medically, and truly listens to her patients. She's an excellent example of what a primary care physician should be.

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I never feel rushed during appointments, and he (**Dr. Frechette**) is always willing to spend time addressing my concerns.

Dr Swarnkar spent a great deal of time with me and it was very appreciated. She was kind and was a good listener. Her resident was also pleasant and knew what he was doing!

Dr. Frechette makes each appointment very enjoyable. Always feel at ease with him and confident in his knowledge and advice.

I have known and had **Dr Frechette** as my primary care physician for many years. He is always concerned, up to date on medical knowledge and a pleasure to see.

Family Medicine - Excellent provider. **Dr. Greenwald** has gone above and beyond to treat my medical needs!

Dr. Nanavati is the most polite, professional caring MD I have ever had.

Dr. Bailey was very personable, listened to my concerns, and showed great empathy. He was extremely thorough and made sure I understood everything. Thank you!

Dr. Finn is by far the best doctor I've seen. She is knowledgeable and caring, cannot say enough good things about her.

Urology at Community Campus – Dr. Shapiro is excellent and would definitely recommend him to any family or friends who needed care. Very confident in his care.

UHCC Neurology – I have complete confidence in **Dr. El Dokla**.

Dr. Bradshaw is terrific!

Dr. Beach. He makes me feel comfortable and I feel that he knows who I am. It is nice to talk to a doctor that is aware of my problem. He never rushes through my appointment and always show a concern for me and how I am doing. He is one of my favorite doctor's and I am glad that I am his patient.

Breast Care Center - Dr. Lai is a wonderful, caring and truly attentive physician! She did a wonderful job listening to my concerns and providing me with excellent follow-up instructions. I will highly recommend her to anyone.

Dr. Lai is professional and knowledgeable, while being compassionate and respectful. She has a positive demeanor and always made me feel comfortable.

Dr. Albert is the best.

Joslin - Dr. Hopkins has been blessing while dealing with my condition and very helpful.

Dr Daliwahl deserves an excellent category for all of above.

Dr Daliwahl is by far the best doctor I have ever been treated by - she all of the qualities that make a doctor outstanding -- knowledge combined with a genuine sense of caring for

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each person as an individual – a sincere personality who inspires confidence to others and trust. I value her as a wonderful provider and terrific person!

Dr. Dhaliwal is one of the nicest, most competent intelligent physicians I had met. She explains the choices for treatment of my condition carefully and I have total confidence in her guidance.

Dr Lipeski has been great! excellent provider and great, kind doctor!

To be honest **Dr. Weinstock** provides EXCEPTIONAL care, I have never had a doctor that I trusted more. She truly exceeds my expectations at every visit and has for over twenty years.

Dr. Ruth Weinstock is a good Doctor. I trust her. Follow her advice.

Have been with **Dr. Feuerstein** for a trillion years. I trust her.

Medicine Subspecialties- love Dr Yu!!

Dr. Elliott. Knowledgeable, Converses readily with me, answers my questions. Very easy to have faith in, and to recommend to others.

Dr. Bonilla-Trejos has been very kind and very interested in the progress I have made. I would highly recommend him to others.

Dr. Anish Desai, pulmonologist. The physician exceeded my expectations in every way. He was highly knowledgeable, had an excellent bedside manner, and actually listened to my concerns. He even called me at home on more than one occasion to discuss lab and test results and review treatment plan. He is an asset to your organization. I felt like a priority while under his care.

Dr. Kato - Very thorough, professional. knowledgeable, concise. Good listener.

ENT - Dr. Marzouk is very caring professional.

Pediatric Urology – We love Dr. Mason.

6th Floor at Community – Dr. Setter – his bedside manner is second to none.

Dr. Kevin Setter is an excellent physician.

Interventional Radiology – Dr. Carmel was helpful and caring.

Vascular Surgery Clinic at CC - Dr Surowiec was a ROCK when I was told I needed surgery ASAP, I was terrified and shocked I put my trust in his hands completely he saved my life!

Dr Surowiec was an excellent surgeon and explained the entire procedure to us. Would highly recommend him.

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For CMS report...



Corrections and Community Supervision

ANDREW M. CUOMO
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

August 1, 2017

Dear Consulting Specialist:

The New York State Department of Corrections and Community Supervision has instituted the attached policy, in keeping with the trends in the community, to control the use of medications with abuse potential.

In our correctional environment, we find abuse of medications that are not control or schedule drugs in the community (e.g. muscle relaxants and Neurontin to name a few).

We request that, in your recommendations for treating our patients, you consider limiting recommendations for medications with abuse potential and make recommendations in line with FDA approved indications for such medications. This will help us get a handle on the abuse problem, reduce friction between patient and primary care provider, as well as assist in creating a unified front in dealing with an often difficult patient population.

We appreciate your attention to this and your expert assistance in providing the highest quality care to our patient population.

Sincerely,

Carl J. Koenigsman, M.D.
Deputy Commissioner/Chief Medical Officer

CJK/lb
Attachment

cc: Facility Health Services Directors
Regional Medical Directors

New York State Department of Corrections and Community Supervision Division of Health Services POLICY	Title: Medications with Abuse Potential Section: Health Care Services	Number 1.24
Supersedes:	Page: 1 of 2 Date: 6/1/17	
References:		
Approved by: <i>Carl Haurigian MD</i>		

I. POLICY:

All inmates in the Department of Corrections and Community Supervision (DOCCS) will have access to medically appropriate medications. DOCCS will require the review and approval of a Regional Medical Director (RMD) for the use of potentially unsafe medications that have abuse potential.

II. APPLICABILITY:

This policy is not applicable to Reception and Classification Centers. Reception inmates that present with a current long term history of a prescribed medication with abuse potential (MWAP) can have the medication continued without having to follow this policy. Documentation regarding the justification for these medications must still be established. Once at the assigned owning facility, this policy will be followed.

III. DEFINITIONS:

Controlled Substances are those drugs defined by the Drug Enforcement Administration list of Scheduled Drugs and/or the New York State Department of Health Bureau of Narcotic Enforcement. These substances are divided into schedules based on whether they have a currently accepted medical use and likelihood of causing dependence when used.

MWAP include those medications on the Medications with Abuse Potential List that DOCCS considers to have abuse potential and/or a likelihood of causing dependence when used.

IV. PROCEDURE:

A. All MWAP requests require the prior approval of the RMD. The prescriber will complete the Medications with Abuse Potential Request Form which will be sent to the RMD. All MWAP approvals or denials will be kept in the Ambulatory Health Record.

1. If approved and formulary, the MWAP Request Form, along with the prescription, will be sent to the Pharmacy.
2. If approved and non-formulary, the Non-Formulary Request Form, as per Health Services Policy 3.09 "Formulary and Non-Formulary Medication", will be completed and sent along with the MWAP Request Form to the Pharmacy.

- B. In time sensitive situations, up to a five day supply of MWAP can be ordered without having to initially fill out an MWAP Request Form. The words "emergency supply" must be written on the prescription. The next business day, an MWAP Request Form will be filled out by a prescriber to cover the order.
- C. In cases of acute pain, no more than a seven day supply of MWAP can be prescribed as per New York State law. According to the 2017 Department of Health Bureau of Narcotics Enforcement training, in most cases, no more than three days of an MWAP is necessary.
- D. All MWAP will be one-to-one nurse administered. Any order to crush or otherwise change the original manufacturer's medication form must be specified in writing on each prescription.
- E. An inmate who is prescribed MWAP will be individually assessed to determine if they can safely participate in programs and other activities and services while in general population. If it is determined the effects of the MWAP may place the inmate at risk while in general population, placement in a more controlled setting may be necessary.
- F. All inmates receiving MWAP will be evaluated by a primary care provider at least monthly. MWAP that are **not controlled substances** can be given with refills once approved by the RMD as per the MWAP Request Form.
- G. Overdose events are to be entered on the inmate's Problem List by using code 977 – Overdose Medication/Accident or Deliberate.
- H. Inmates found or suspected to be diverting these substances (i.e. negative urine drug screen for the MWAP), who test positive for illicit drugs, or are found to be actively diverting medication (cheeking, hoarding) will have all MWAPs discontinued. This will be documented on the inmate's Problem List by entering code 3048 – Substance Abuse/Addiction NOS.
- I. The prescribing provider can contact the designated RMD for clinical guidance. Since pain exacerbations may impact pre-existing mental health issues, the facility Joint Inter-Agency meetings involving both Health Services and Mental Health staff can be utilized where available.
- J. As an alternative to the use of medications with abuse potential, safer treatment modalities to treat acute and chronic pain and chronic medical/psychiatric and or neurological issues will be strongly encouraged by facility medical providers and specialty care consultants like pain specialists, neurologists and psychologists.

Medications with Abuse Potential List

1. All medications on the DEA Controlled Substances List

2. Muscle relaxants (including, but not limited to):

- Cyclobenzaprine (Flexeril)
- Methocarbamol (Robaxin)
- Chlorzoxazone (Parafon Forte)
- Orphenadrine (Norflex)
- Metaxalone (Skelaxin)
- Baclofen (Lioresal)
- Dantrolene (Dantrium)
- Tizanidine (Zanaflex)

3. Other medications:

- Gabapentin (Neurontin)
- Pseudoephedrine (Sudafed)
- Ephedrine
- Loperamide (Imodium)
- Guaifenesin with dextromethorphan (Robitussin DM)
- Loratidine/Pseudoephedrine (Claritin-D)