MORNING CMO REPORT

08.10.2016

FROM THE DESK OF:

Anthony P. Weiss, MD, Chief Medical Officer, Associate Dean for Clinical Affairs, Upstate University Hospital



ECRI Safety Alert Regarding One-Step Defibrillation Pads

Applies to All Physicians

Clarification of self-test wire and chance of patient harm or delay

ECRI Alert

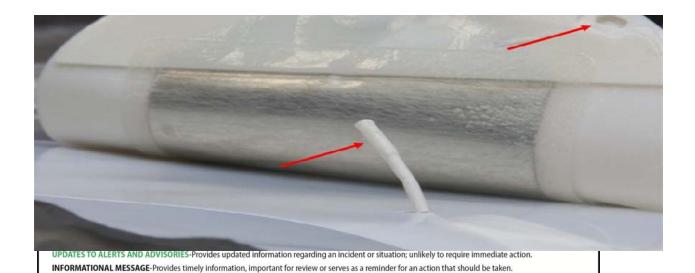
Issue:

- 1. The self-test wire, which connects the two electrodes in the packaging, IS INTENDED to detach. For clinicians who are not aware of this, they may believe that the electrodes are damaged, thus delaying therapy for the patient.
- 2. If the package is opened incorrectly, and the self-test wire does not properly detach, arcing may occur. In an oxygen-rich environment, arcing can cause patient burns or fires.

Recommendations:

- All clinical staff should be aware of the function of the self-test wire, with the understanding that the wire should not remain attached to the electrodes when in use. (see attached photo)
- When opening package, verify that the self-test wire has properly disconnected. If the self-test wire remains connected after removal from the package:
 - 1. Remove the self-test wire prior to defibrillation, cardioversion, or pacing
 - 2. Visually inspect the electrodes to confirm that they have not been damaged
 - 3. Consider using another set of pads

Any questions can be directed to Ellen Anderson, RN, at 464-6124 or Carlos Lopez, MD, at 464-4890.



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Emergency Department Admissions

Applies to All Physicians

ED Information A subcommittee of the Medical Executive Committee and the Department of Emergency Medicine recently met to review University Hospital's policy on ED admissions, CM E-14. The goal of the policy is to ensure good communication between services and efficient patient throughput. Efficient patient throughput is associated with decreased adverse events, is an expectation of both CMS and NYS DOH, and impacts our hospital's quality rating. The policy's associated procedure has been revised to more clearly reflect the communication loops that should occur for admissions.

When a request for consultation is made to a service for the purposes of admission and responded to by a resident it will be the residents' responsibility to notify their service Attending on call as soon as possible. The results of the consultation should be reported back to the emergency department when complete. If the Attending physician feels the patient would be better cared for on an alternative admitting service it is that Attending's responsibility to notify the Attending on call for that service. It is that Attending's responsibility to respond promptly to discuss the patient in question.

In general, there is good consensus between the ED and the admitting services. An agreement between the potential admitting services should be delivered to the ED attending within 30 minutes. If consensus cannot be achieved, the ED attending will notify the service Attending felt to be most appropriate to receive the admission.

Abbreviated admission orders will be entered by the ED after the hand-off communication has been completed.

Here is the complete policy & procedure:

http://www.upstate.edu/policies/documents/intra/CM_E-14.pdf
http://www.upstate.edu/policies/documents/intra/procedures/PROC_CM
_E-14A.pdf

ALERT-Highest priority emergency communication; warrants immediate action or attention by the recipient.

HIGH ADVISORY-High priority does not warrant immediate action but recipients should be aware.

ADVISORY-Provides very important information for a specific incident or situation that does not require immediate action.

UPDATES TO ALERTS AND ADVISORIES-Provides updated information regarding an incident or situation; unlikely to require immediate action.

INFORMATIONAL MESSAGE-Provides timely information, important for review or serves as a reminder for an action that should be taken.