

# MORNING CMO REPORT

02.01.2017

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

**UPSTATE**  
UNIVERSITY HOSPITAL

## Commissioner Zucker's January 2017 Letter to Physicians [Applies to All Physicians](#)

Letter to  
Physicians  
Alert

Please find Commissioner Zucker's January 2017 letter to physicians attached regarding: Candida auris, Mumps and the next Commissioner's Grand Rounds on Feb. 8, 2017: Technology and the Doctor-Patient Relationship.

This is an Informational message from the New York State Department of Health.

## Hepatitis C Screening

[Applies to All Physicians](#)

Hep C  
Advisory

Upstate will be instituting a new hepatitis C screening procedure starting on February 6th. Upstate is currently using a nurse driven protocol for screening the baby boomer cohort (1945-1965) for hepatitis C. While effective in meeting the NYS law to offer screening, this approach has resulted in only 8 percent of targeted population getting tested.

There will now be a BPA (best practice alert) that will appear on the screen for all patients born between 1945 and 1965 who have no documentation of hepatitis C testing. This BPA will prompt the provider to either order the test or provide the reason why it was not. Consent for the test is covered by the blanket consent signed on admission. As per CDC guidelines, a HCV RNA assay will automatically be performed for screen-positive samples to determine current patient infection status.

Any questions about the procedure can be directed to IMT Help Desk (464- 4115). Any questions about the policy (H-16) can be sent to Dr. Miitchell Brodey (brodeym@upstate.edu). Any question about the testing itself can be directed to the Immunology lab Downtown Campus (464-4463).

Attached are the screens shots for Inpatient and Ambulatory settings.

**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.

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## Patient Safety Week

Applies to All Physicians

Just wanted to alert you to upcoming Patient Safety Week information:

Patient Safety  
Informational

[Patient Safety Awareness Week Is March 12-18, 2017](#)

### WEBINAR:

**Patient Safety: What Patients Want (and Need) to Know**

Tuesday, March 14, 2017 | 1:00-2:00 pm ET

[9405 A/B East Tower](#)

### WEBINAR:

**The Voice of the Patient and the Public**

Wednesday, March 15, 2017 | 2:00-3:00 pm ET

[12405 A/B East Tower](#)

### Speakers:

Tejal K. Gandhi, MD, MPH, CPPS President and CEO National Patient Safety Foundation and the NPSF-Lucian Leape Institute		Rosemary Gibson Senior Advisor The Hastings Center
Marshall Allen Reporter ProPublica		Martin J. Hatlie, JD President and CEO Project Patient Care



**SAVE THE DATE!**

**NATIONAL PATIENT SAFETY WEEK  
WITH GRAND ROUNDS**

**Thursday, March 16, 2017**

**New Academic Building – Room 4414 B/C  
Community: Select Sessions to be Streamed live**

**Variety of speakers throughout the day on  
Quality and Patient Safety**

*Presented by:*

**Upstate University Hospital**

*Targeted to all Upstate Staff both Clinical and Non Clinical*

*Purpose: To increase knowledge of Quality and Patient Safety in the health care setting.*

*More details of the program including individual speakers and times will be released soon*

*For more information, please contact Julie Briggs at: [BriggsJ@upstate.edu](mailto:BriggsJ@upstate.edu)*

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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

Comments  
Informational

**Emergency Department** – Dr. Wirtz was very diligent in keeping us informed.

**Emergency Department** – Dr. Thornton was so concerned with our daughter's condition and pain and was determined to find out what was causing her condition. He took personal interest and kept us informed thoroughly.

**5A** – Dr. Ilko was always there to answer my questions and concerns about my procedure.

**6B** – Dr. Kohlitz was outstanding. He treated my mom with such respect and compassion. He spoke up so she could always hear him. He was careful to explain what was going on, what treatment options she had. He came back to follow up when he said he would. I cannot say enough great things about him.

**8G** – Dr. Wallen was excellent. I am blessed to have had him for a physician and surgeon. He is also very caring, compassionate and has a pleasing personality. He puts you at ease, takes time with you and answers all questions. Dr. Wallen is an asset to Upstate Cancer. Excellent.

**5B** – Dr. Whittaker performed great surgery under difficult circumstances.

**7A** – Dr. Dhamoon – outstanding listening skills, immediately addressed my concerns, quiet manner.

**University Cardiology** – I love Dr. Villarreal! I appreciate him and his medical expertise. I find Dr. Szombathy knowledgeable and willing to listen and answer questions.

**Medicine Subspecialties** – Dr. Yu is wonderful. So pleasant and wonderful.

Dr. Yu took the time to talk with me, call me and follow up; such a pleasant woman and professional.

Dr. Kato is the first RA doctor I've been to who actually shows that he cares for my health and comfort. He has the best bedside manners I've experienced. He explains everything and makes sure I leave with an exact understanding of everything going on.

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Dr. Bonilla is extremely knowledgeable; asked pertinent questions; very impressed.

**UHCC Neurology** – Dr. Duleep was very friendly and concerned.

Dr. Jubelt is a very dedicated attending who diagnosed and care for me six years ago. I always appreciate seeing him again.

**Surgery Harrison Center** – I am thankful to Dr. Moustafa.

**Upstate Urology** – Dr. Nikolavsky operated on me and I am very thankful for the success of the operation. I would certainly recommend him very highly.

Dr. Bratslavsky was very professional and at the same time friendly; put me at ease.

**University Center for Vision Care** – Dr. Allison was very thorough to answers questions asked.

**Joslin** – Dr. Stred was very thorough and knowledgeable; was very impressed and pleased.

**ENT** – Dr. Marzouk is wonderful. He exceeds my expectations and is wonderful to see.

**Adult Medicine** – Dr. Patel – his genuine concern for me and any problems.

**Transplant Center** – Dr. Pankewycz not only cares for you as a provider but he stops in the hall if he sees you and says hi. You are not just a patient but a human being worth knowing and caring for!

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## Department of Health

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**SALLY DRESLIN, M.S., R.N.**  
Executive Deputy Commissioner

January 2017

Dear Colleagues:

I want to wish you all a healthy and happy 2017. Here at the New York State Department of Health (Department), we have already had a busy start to our year. Many exciting new health initiatives were included in the Governor's State of the State addresses and Executive Budget, including initiatives to improve water quality, protect New Yorkers from soaring prescription drug pricing, and aggressively combat every angle of the opioid crisis in New York State (NYS). I will update you on these and other proposals as they progress throughout the coming months. This month though, I will focus on two important infectious diseases that have recently emerged or re-emerged in New York; *Candida auris* and Mumps.

***Candida auris***: *C. auris* is an emerging fungus that presents a serious global health threat. This multi-drug resistant yeast has recently been identified in the United States and, more specifically, in NYS. There are a few reasons to be concerned about this organism. *C. auris* is often multi-drug resistant, making treatment difficult. Some *C. auris* infections are resistant to the three main classes of antifungal medications. *C. auris* is also known to cause outbreaks in health care facilities. The fungus is associated with severe illness and has the potential to cause significant morbidity and mortality.

In response to this global threat, the Centers for Disease Control and Prevention issued an alert to clinicians in June 2016 and, subsequently, a 2013 NYS case was retrospectively identified. In response, throughout the fall of 2016 and to the present, additional cases have been identified among residents of long-term care facilities and in patients admitted to hospitals, all in the metropolitan New York City area. New York currently has 26 cases and the number continues to rise. Patients with *C. auris* typically have multiple co-morbidities and transfers between long-term care facilities and hospitals, potentially having resided in multiple facilities. The first seven cases nationally were described in a *Morbidity and Mortality Weekly Report* (MMWR) in November, including the initial three cases in New York ([https://www.cdc.gov/mmwr/volumes/65/wr/mm6544e1.htm?s\\_cid=mm6544e1\\_w](https://www.cdc.gov/mmwr/volumes/65/wr/mm6544e1.htm?s_cid=mm6544e1_w)).

What do we, as physicians, need to know and what can physicians do to address this issue? First, it is difficult for standard laboratory methods to identify this organism. Therefore, it may be misidentified as *Candida haemulonii* or another yeast. Discuss with your laboratory whether they are able to accurately identify this organism. If you or your laboratory suspect a patient has *C. auris*, specimens should be submitted to the Department's Wadsworth Center Mycology Laboratory. Overnight delivery should be mailed to: Virus Isolation Laboratory, David Axelrod Institute, Wadsworth Center, New York State Department of Health, 120 New Scotland Avenue, Albany, New York 12208. If you have questions, call the Wadsworth Center at (518) 474-4177. Second, all health care providers should be aware that, as an emerging communicable disease, *C. auris* is reportable to NYS, and prompt notification is necessary for

immediate public health action. For further detail on identification and reporting of suspected *Candida auris*, see this health advisory: [https://commerce.health.state.ny.us/hpn/ctrldocs/alrtview/postings/Notification\\_21320.pdf](https://commerce.health.state.ny.us/hpn/ctrldocs/alrtview/postings/Notification_21320.pdf).

For those working in hospitals or long term care facilities, it is essential to emphasize the importance of all personnel properly adhering to Standard and Contact Precautions for patients colonized or infected with *C. auris*. Additionally, it is critical that transferring facilities notify receiving facilities when a patient infected or colonized with *C. auris* is transferred.

**Mumps:** As you know, the incidence of mumps has declined dramatically since the MMR vaccine's debut in 1967. There were just 229 reported cases in the United States in the year 2012. Last year, however, across the United States, there were more than 4,200 cases of mumps reported. New York was one of seven states that had more than 100 cases. Particularly concerning, but not unusual for a mumps outbreak, is that the bulk of New York's 2016 cases of this highly-contagious virus were on state college campuses in New Paltz and Geneseo, just before students dispersed for the winter break. Mumps can spread quickly among persons in close contact, such as in college and university settings.

Of note, most of the students infected were up-to-date on their vaccinations, including the recommended two doses of MMR vaccine. This is because one dose of the MMR vaccine is approximately 78% effective against mumps, and two doses are approximately 88% percent effective. Furthermore, it is believed that the antibody response to mumps may wane several years after receiving the MMR vaccination. The Department offered a third dose of the MMR vaccine to exposed students at the New Paltz campus. While there is no routine recommendation for a third dose, in certain situations such as a sustained college outbreak, this may assist in halting the outbreak.

Given this recent outbreak in NYS, and since this is normally a low incidence disease, I want to alert you, as physicians, to test and report any possible mumps cases to the local health department. Patients suspected of having mumps should remain isolated at their college, university or home for five days following the onset of parotitis. The MMR vaccine should be administered to all patients who have not received two doses or are due for a dose, and do not have a medical contraindication to the MMR vaccine. Clinical diagnosis of mumps can be unreliable as some other viruses can cause symptoms that mimic mumps, and suspected cases must be laboratory confirmed. However, mumps is the primary cause of epidemic parotitis. Clinical specimens should be taken from parotid duct fluids for mumps PCR and viral culture and serum should be collected for mumps IgM antibody testing. But even negative lab results among vaccinated persons may not rule out a diagnosis of mumps in communities with an active outbreak. People with a history of mumps vaccination may not have detectable mumps IgM antibody, but PCR is usually positive if the specimen was collected soon after symptom onset. For more information on when and how to obtain a specimen for lab testing, see the Department's [Mumps Outbreak Control Guidelines](#) for health care providers. The guidelines also include information on how to mail the specimen to the Wadsworth Center for testing.

Finally, I want to invite you to the next Commissioner's Grand Rounds on Wednesday, February 8, from 6 to 8 p.m., in room 1306/7 in Fiterman Hall in the Borough of Manhattan Community College. The topic will be "Technology and the Doctor-Patient Relationship." The focus is on the effective use of technology in everyday practice while preserving the ability to communicate with patients. Our speakers will be Richard M. Frankel Ph.D., Senior Scientist, VA HSR&D Center for Health Information and Communication and Professor of Medicine and Geriatrics, Indiana University School of Medicine, and Joseph C. Kvedar, M.D., Vice President,

Connected Health at Partners Healthcare and Associate Professor, Dermatology, Harvard Medical School. You can attend in-person or participate via webinar by registering [here](#).

Thank you for your attention to these important issues, and again, I wish you a healthy 2017.

Sincerely,

A handwritten signature in black ink that reads "Howard Zucker M.D." The signature is written in a cursive style with a large, stylized 'Z'.

Howard A. Zucker, M.D., J.D.



### Overview of Feature/Changes

The Hepatitis C BPA is available in Ambulatory on the Quality Tab/Best Practice Advisories. The recommendation is a once in a lifetime screening for patients born between 1945 and 1965. This BPA will allow you to document and satisfy the requirement easily.

*This is a passive BPA and will not pop up to display even when overdue. The Provider must open the Quality tab to document the BPA.*

### Workflow

1. In the event the patient **has not received the Hepatitis C screening** and is actually overdue, while in an Office Visit Encounter, open the Quality Tab, click on the Best Practice button.

The screenshot shows the Epic EMR interface for a patient named Karen Cpw. The patient's information includes 'Female, 54 y.o., 09/19/...', 'MRN: 6057964', and 'Allergies: Not on File'. The 'Quality' tab is active, and the 'BestPractice' button is highlighted with a red box. A yellow warning banner states: 'This patient does not have a Hepatitis C test on file; order a Hepatitis C test.' Below the banner are buttons for 'Open SmartSet', 'Do Not Open', 'Hepatitis C Screening preview', 'Order', and 'Do Not Order'. There is also a link for 'Hepatitis C antibody'. Underneath, there is an 'Acknowledge Reason' section with buttons for 'Patient declines' and 'Given at another facility'. At the bottom, there is an 'Apply Selected' button with a green checkmark.

The Best Practice Advisory allows for fast ordering or documentation of refusal for the topic.

You can satisfy the BPA two ways:

- Open the suggested SmartSet and place an order for Hepatitis C Screening.
- Select an Acknowledgement reason

Once you have satisfied the BPA it will disappear from the Quality Activity Tab.

- The completion of the screening will satisfy the Health Maintenance topic.



# Inpatient Clinicians

## Hepatitis C Screening & Ordering Changes

Reference: Policy H-16



### Overview of Feature/Changes

**Effective Monday February 6, 2017**, Epic Hepatitis C screening and ordering workflows have been updated in response to recent changes to the Hepatitis C-Related Screening and Testing for Inpatients and Outpatients Policy H-16.

#### What Has Changed for Nurses?

The Hepatitis C screening and ordering workflow will now be Provider/Physician driven instead of Nurse driven.

As a result, nursing can expect the following changes:

- Hepatitis C screening questions removed from the **Nurse Admission navigator** in **Vaccines** and **History**
- Hepatitis C screening removed from **Required Doc**
- **BestPractice Advisories (BPA)** retired

#### What's New for Physicians?

A new **BestPractice Advisory (BPA)** will fire **for providers** for patients who fit the criteria. The BPA will contain a link to **order the Hepatitis C lab orders per policy**. The BPA will fire when a provider **opens an order entry activity** such as **Manage Orders**. It will also display in the **BestPractice sections in navigators**.

The BPA prompt allows physicians to order or not to order the Hepatitis C antibody test. Acknowledgement reasons are available if needed.