

MORNING CMO REPORT

06.07.2017

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

UPSTATE
UNIVERSITY HOSPITAL

Changes to Acetaminophen Policy

[Applies to All Physicians](#)

Acetaminophen
Informational

Based upon the rising cost of IV acetaminophen (Ofirmev®), the Pharmacy and Therapeutics Committee has instituted a new policy change to reduce IV acetaminophen use in patients readily able to take oral medications. IV acetaminophen is currently >1000 times the cost of oral and the majority of available data does not demonstrate superiority of IV acetaminophen over oral acetaminophen. This new restriction will not affect peri-operative use or use in patients who are truly NPO. The following policy verbiage has been added to CM A-32 and will be executed by the pharmacy department on both campuses. Thank you for your help and awareness on this initiative.

IV acetaminophen (Ofirmev®) is >1000 times more expensive than oral acetaminophen and is therefore restricted to patients who are absolutely NPO. According to the majority of available evidence, IV acetaminophen has not demonstrated superiority over oral acetaminophen for pain or fever control. It is the responsibility of prescribers to assess a patient's ability to tolerate oral medication therapy or enteral nutrition prior to prescribing IV acetaminophen. To help conform to this policy, Pharmacy will institute with the following procedure:

1. If a provider determines that IV to PO substitution is not clinically indicated, he/she must enter "DAW" or "do not substitute" into the Note to Pharmacy section of the EMR order screen. Pharmacy will review each order for the presence of this notation.
2. For all new or existing orders of IV acetaminophen, the patient's medication administration record (MAR) will be reviewed by Pharmacy to assess whether the patient is actively being prescribed and administered oral medications.
3. If a patient is actively prescribed and receiving oral medications, Pharmacy will substitute the order for IV acetaminophen with oral acetaminophen at the same dose and frequency (Doses may be rounded to within 10 % of the IV doses according to the Medication Dose Standardization Policy CM M29).
4. If a patient is not actively ordered and receiving oral medication therapy, orders for IV acetaminophen will be modified to a duration of no longer than 24 hours. After 24 hours, prescribers must re-assess the patient's ability to tolerate oral therapy before considering an extension of IV acetaminophen therapy.

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Please contact Christopher Miller if you have any questions at 464-4214.

Transitions in Care Symposium

Applies to All Physicians



**4TH ANNUAL
 TRANSITIONS IN CARE
 SYMPOSIUM**
 IDENTIFYING AND ADDRESSING DRIVERS OF HIGH
 UTILIZATION FOR VULNERABLE POPULATIONS

TUESDAY, JUNE 13
 8 A.M. TO 5 P.M. • ONCENTER • SYRACUSE, NY

REGISTRATION ONLINE:
WWW.UPSTATEFOUNDATION.ORG/UPSTATECON

WHO SHOULD ATTEND

Acute and community-based healthcare service providers, nurses, physicians, nurse practitioners, physician assistants, case managers, social workers, pharmacists, physical therapists, occupational therapists, dietitians, administrators and other individuals interested in improving person-centered quality healthcare services and supports for persons who transition from one healthcare setting to another.

SYMPOSIUM PURPOSE

The Transitions in Care Symposium is a one-day event focusing on topics relevant to individuals involved in a patient's journey across the continuum of care. This year's Symposium is focusing on populations with patterns of high utilization.

The symposium brings together the interdisciplinary team, leaders of hospitals, community-based organizations, payers and others who are actively involved in innovations and strategies designed to identify and address drivers of high utilization for vulnerable populations.

This dynamic event will include national, regional and local innovators from across the care continuum who will share insights and expertise on whole person innovative practices designed to manage this vulnerable population.

SYMPOSIUM OBJECTIVES

- Identify characteristics and drivers of utilization for vulnerable populations with high utilization patterns
- Identify best practices and evidence-based strategies designed to manage populations at risk for high utilization
- Gain an enhanced understanding and knowledge of community-based programs designed to meet the needs of this population
- Describe opportunities and enhanced understanding of data collection and analysis for the purpose of identifying and managing at-risk populations

Accreditation

7.5 CE will be provided for the educational event for nursing, social work, and healthcare executives.

Institute for Continuing Nursing Education at SUNY Upstate Medical University is an approved provider of continuing nursing education by the New Jersey State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Provider Number: NNP263-11/14-17

SUNY Upstate Medical University is recognized by the New York State Education Department's (NYSED) State Board for Social Work as an approved provider of continuing education for licensed social workers #2091

As an independent chartered Chapter of the American College of Healthcare Executives, the Healthcare Management Association of Central New York is authorized to award 7.5 hours each of ACHG qualified education credit towards advancement or recertification in the American College of Healthcare Executives

Disclosure: All planners and speakers for this activity have disclosed they have no financial relationships with commercial interests

Presented by:

Upstate University Hospital, Transition Care Services and
 SUNY Upstate Medical University, College of Nursing

Sponsored by:



TRANSITIONS IN CARE SYMPOSIUM

IDENTIFYING AND ADDRESSING DRIVERS OF HIGH UTILIZATION FOR VULNERABLE POPULATIONS

Tuesday June 13
8 am - 5 pm

Network by a receptionist
 Onsite: 800 South State Street, Syracuse, NY
 Parking fee in the Oncenter parking garage
 Registration at:
www.upstatefoundation.org/upstatecon

SYMPOSIUM SCHEDULE

- 8-10 am** **Welcome**
 Nancy Kaye, CMO (Upstate University Hospital)
 Keynote Speaker: Identifying and Addressing Drivers of High Utilization for Vulnerable Populations
 Amy Roswell MD, MPP, President, Collaborative Healthcare Strategies
- 10-10:30 am** **BREAK**
- 10:30-11 am** **Panel - Strategies**
 • Pediatric Health Home - Elizabeth Mink, MD, MPH - Health Change Strategy Children
 • Elderly Resilience - Ma Ta Duhin, MPP - How Primary Care Improving Health Outcomes
 • Q. Geriatric Care Program - Jennifer Page, PhD
 • Syracuse Behavioral Health - Raymond Knight, Director of Behavioral Services
- 11-11:30 am** **Applications of Population Health Management Technologies in the Management of High Utilizing & Vulnerable Populations**
 Joseph Riley, MPH, Chief Information Officer, Central New York Care Collaborative
- 11:30-1 pm** **LNCH and Networking**
- 1-2 pm** **The Upstate Emergency Medicine Bridge Clinic: An Emergency Department's Response to the Opioid Epidemic**
 Ron Sullivan, M.D., Assistant Professor, Upstate Department of Emergency Medicine, Director of Medical Emergency Consultation Service
- 2-2:45 pm** **Panel - Resources**
 • Community Care Access Center - Andrew Scola, Director - Long Term Care Services and Support
 • Program Collaborative Project - Heidi Pardo
 • Health Connections - Jeff Brinkley, MD, Family Care Medical Group
 • Upstate - Susan Proctor - Value Based Incentive
- 2:45-3 pm** **REGISTRATION**
- 3-4 pm** **Afternoon Special Needs, Trauma & Estate Practices**
 Daniel L. Rankin Esq., Associate Professor & Estate Counsel
- 4-5 pm** **Community Violence & Public Health Crisis**
 Lawrence Williams, Director - Syracuse Safe Our Youth
- 5-6 pm** **Wine and Cheese Reception**



Keynote speaker:
Amy Roswell MD, MPP

Dr. Roswell is President of Collaborative Healthcare Strategies, a thought leadership and technical consulting firm that addresses delivery system and population health issues nationally. Dr. Roswell also serves as a senior advisor to various academic institutions and healthcare systems on topics including value-based care, population health, and quality improvement. She is also the President of the National Center for Quality Improvement, a national organization focused on quality improvement. Dr. Roswell has also worked with the National Center for Health Quality Improvement, the National Center for Health Quality Improvement, and the National Center for Health Quality Improvement. She is also the President of the National Center for Health Quality Improvement.

REGISTRATION FEE

\$125 per person
 Includes on-site registration, light refreshments, and lunch.

FOR MORE INFORMATION

Indie Brown Esq. MSW, Director
 Continuing Nursing Education
indie@upstate.edu

REGISTRATION ONLINE: WWW.UPSTATEFOUNDATION.ORG/UPSTATECON



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American Heart Association Get With The Guidelines Stroke- Target: Stroke Gold Plus, Honor Roll Elite Plus [Applies to All Physicians](#)

Stroke
Informational

Upstate's Comprehensive Stroke Center has been awarded Gold Plus, Honor Roll Elite Plus from the American Heart/American Stroke Association. This is the second year in a row that the stroke program has earned this award.

Gold Plus, Honor Roll Elite Plus means that Upstate's Stroke Program consistently demonstrates stroke quality measures that exceed national benchmarks. The program must also demonstrate the fastest treatment times with 75% of all IV tPA cases in 60 minutes or less and 50% of all IV tPA cases in **45 minutes or less**. In 2016, 100% of our IV tPA cases were in 60 minutes or less and 78% were treated in 45 minutes or less. Less than 15% of hospitals are able to achieve this level award, so congratulations to the entire stroke team on performance excellence.

Outstanding Physician Comments [Applies to All Physicians](#)

Comments
Informational

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:

Emergency Department - Dr Wirtz – 100% committed to my care. Very impressed by his attentiveness thoroughness and care.

Dr. Albanese also excellent and very informative as to my care.

Inpatient @ Community Campus – Dr. Azer is my surgeon and I'm very happy with him. Trust him totally and love the fact that he cares about me and my health.

8F – Dr Villarreal, Dr Virk were fantastic. **Dr Virk** went above and beyond in helping me after I was discharged

Family Medicine - I always experience top notch, impeccable service from **Dr Clyde Satterly**.

I've been with **Dr. Manetti** since I was 16 years old, and I'm 31 years old. He's the BEST doctor there is!!

I have nothing but the most utmost respect and admiration for **Dr. Clyde Satterly**

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Dr. Clyde Satterly continues to be an excellent physician, one whom I've seen since I was a child.

Dr. Satterly has been my dr. for years and he always has been able to help me when others couldn't figure out what's going on. He's a blessing and I never want to lose him as my dr. ever.

Dr. Greenwald is responsive and readily engages with his patients. He has demonstrated an astute ability to listen, an emphasis on understanding symptoms, root issues and treatments that have made sense for me, as well as members of my family. This coupled with his breadth of medical expertise and ability engenders confidence.

I have been a patient of **Dr. Nanavati** for the past 15+ years and he is the very best Dr. I have ever dealt with.

I feel blessed to have **Dr. Nanavati** as my primary care doctor - He is THE BEST! Always - in all ways. Don't know what I'd do without him.

Dr. Nanavati is an exceptional physician. He works to heal the whole person, not just to treat obvious symptoms.

Dr. Finn - she is compassionate and knowledgeable.

UHCC Neurology - I am truly thankful to have **Dr. Young** as my provider. She spends time explaining everything to me in great detail and genuinely seems to care about my well being.

Dr. Young is very knowledgeable and efficient, yet kind, compassionate and communicative. She answers our questions and I feel like she genuinely cares about me as a patient. I feel confident in her care, and guidance during this disease.

Dr. Ko is an amazing gem of a Doctor. I've never had anyone so thoroughly care for every detail and be so genuine. She is also very intelligent and a very good communicator. Always goes out of her way to get me in when something is urgent. Always goes out of her way to make sure I understand everything.

Dr. Shah! before I came to him I went to 3 different neurologists. They never helped but he took the time to listen to me and figured out the reason why I had so many headaches. By now I am having a lot less headaches. I am sad that he is leaving but he will always be my hero.

Joslin - Dr. Kelly provides excellent patient care. It's a partnership where she provides me with information so I can make an informed decision regarding my treatment.

Dr. Weinstock is simply the best endocrinologist/caregiver I have encountered in Central NY

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Dr Kelly, she truly cares about her patients!

Dr. Dhaliwal is always very helpful and thoughtful.

Surgery - UH - Dr. Dunton is the best.

Dr. Gahtan professional, courteous, competent, genuine.

Adult Medicine - Dr. Cleary is the best care giver and she is so aware of all my medical needs. I feel as if she knows more about my health than I remember, myself!

Dr. Cleary is a warm & caring doctor. She also was my father's doctor & is my mother's doctor. She's very gentle & understanding! I've never had a doctor like her!

Dr. Lynn Cleary I just admire my doctor!! She's super brilliant and always up to date on every medical/medicine etc!!!

University Cardiology - Dr. Michiel is always caring and spends a lot of time with me.

Dr. Liu is a very good doctor - has contact with my personal physician and discussed treatment for my ongoing situations. Very knowledgeable about my health problems.

Upstate Urology - Dr. Bratslavsky has been exceptionally clear and detailed about procedures and my results following surgery. His concern for my welfare is readily apparent, and I am very fortunate that I was referred to him for surgery.

Dr. Nikolavsky has taken away my pain! He is my hero!

Dr. Byler was amazing!

University Internists - Dr. Frechette is far better than "very good", he's incredible.

Dr. Frechette is truly an exceptional physician and healer.

Urology at Community Campus – Dr. Paonessa saw to it that the surgery, service and care I received was exceptional. I hope people are proud of her service!!

Dr. Khanna always take the time to clearly address all my options and concerns.

Pediatric Urology - Dr. Mason explained our son's surgery in detail and gave us the opportunity to provide input on decisions.

Dr. Matthew Mason - so great; very smart & informative; explained things so well & discussed everything thoroughly.

Medicine Subspecialties - Dr. Ghimire is very approachable. He truly cares about each of his patients. Always a pleasure.

Vision Care - Dr. Swan exhibits a genuine passion for his field of study (uveitis); as well as an intensity in his focus to help an individual patient like me. He is making a big difference in my eye condition and quality of life, which has been a problem for twenty years.

Breast Care Center – Dr. Lai was calm, kind, listened and organized my continuing care which was exactly the purpose of my visit.

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ENT - Dr. Woods - he is very attentive and understanding and has the ability during trying circumstances to make you feel as comfortable and makes sure that you understand he has a heart and expresses that in all he does and says.

University Geriatricians - Dr. Sharon Brangman - highly knowledgeable & caring physician.

Outpatient Surgery Center - Dr. Albert exceeded my expectations. He was a compassionate, informative, and wonderful surgeon that gave me the best possible care.

Pediatric and Adolescent Center - We love **Dr. Schurman!** Very kind, gentle listens and helps.

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Policy Number: **CM A-32**

Approved by: Nursing Congress, Management Forum

Issue Date: 06/10/2013

Applies to: Downtown and Community

Value(s): *Respect, Integrity, Innovation*

Page(s): 1 of 3

Acetaminophen Dosing

Review Date:	Change Description:
05/23/2017	
Revised Date:	Change Description:
05/23/2017	NPO sections rewritten for both adults and pediatrics; references updated.

Applies to:

Pharmacists, Medical Providers, Nurses

Policy:

ADULTS:

In adults, the maximum amount of acetaminophen from all sources that should be administered to a patient in a rolling 24 hour period is 3000mg.

If a patient is identified as receiving more than 3000mg (for adults) acetaminophen within a 24 hour period, the pharmacist may change a combination (codeine or oxycodone plus acetaminophen) medication order “per policy” to the single opioid component at the same dose/frequency/parameter originally ordered to reduce cumulative acetaminophen exposure.

IV acetaminophen (Ofirmev®) is >1000 times more expensive than oral acetaminophen and is therefore restricted to patients who are absolutely NPO. According to the majority of available evidence, IV acetaminophen has not demonstrated superiority over oral acetaminophen for pain or fever control. It is the responsibility of prescribers to assess a patient’s ability to tolerate oral medication therapy or enteral nutrition prior to prescribing IV acetaminophen. To help conform to this policy, Pharmacy will institute with the following procedure:

- 1. If a provider determines that IV to PO substitution is not clinically indicated, he/she must enter “DAW” or “do not substitute” into the Note to Pharmacy section of the EMR order screen. Pharmacy will review each order for the presence of this notation.**
- 2. For all new or existing orders of IV acetaminophen, the patient’s medication administration record (MAR) will be reviewed by Pharmacy to assess whether the patient is actively being prescribed and administered oral medications.**
- 3. If a patient is actively prescribed and receiving oral medications, Pharmacy will substitute the order for IV acetaminophen with oral acetaminophen at the same dose and frequency (*Doses may be rounded to within 10% of the IV doses according to the Medication Dose Standardization Policy, CM M-29*).**
- 4. If a patient is not actively ordered and receiving oral medication therapy, orders for IV acetaminophen will be modified to a duration of no longer than 24 hours. After 24 hours, prescribers must re-assess the patient’s ability to tolerate oral therapy before considering an extension of IV acetaminophen therapy.**

PEDIATRICS:

In pediatric patients, a single dose of 35-40mg/kg is allowed, at medical provider's discretion, as a single dose in the PACU, OR, or pre-op holding.

The amount of acetaminophen from all sources that should be administered to a pediatric patient in a rolling 24 hour period is the lesser of 3000mg or 75mg/kg, except in the initial 24 hour postop period during which the above noted large single dose combined with prn orders may exceed 75mg/kg and/or the medical provider may elect to administer acetaminophen every 4 hours around the clock. If orders for around the clock dosing which exceed the above noted dosing limits are not modified by the medical provider within 24 hours of therapy initiation, pharmacists are authorized to change such orders to a prn pain status "per policy".

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1. If a provider determines that IV to PO substitution is not clinically indicated, he/she must enter "DAW" or "do not substitute" into the Note to Pharmacy section of the EMR order screen. Pharmacy will review each order for the presence of this notation.
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4. If a patient is not actively ordered and receiving oral medication therapy, orders for IV acetaminophen will be modified to a duration of no longer than 24 hours. After 24 hours, prescribers must re-assess the patients' ability to tolerate oral therapy before considering an extension of IV acetaminophen therapy.

Corresponding Clinical Procedure(s):

None

Patient Education/Related Resources:

Medication Dose Standardization Policy, CM M-29

Form Name(s) and Number(s):

None

Originating Department: Pharmacy

Contributing Department(s): Peri-Operative Division

Evidence-Based Reference(s) for Policy:

Practice consistent with clinical expertise focused on patient safety and patient preferences; no external evidence found in literature published within the last five (5) years.

Evidence-Based Reference(s) for Procedure:

Jibril F, et al. Intravenous versus Oral Actaminophen for Pain: Systemic Review of Current Evidence to Support Clinical Decision-Making. *Can J Hosp Pharm.* 2015; 68(3): 238-247.

Peacock WF, et al. A randomized study of the efficacy and safety of intravenous acetaminophen compared to oral acetaminophen for the treatment of fever. *Acad Emerg Med.* 2011; 18(4): 360-6.

Politi JR et al. Randomized Prospective Trial Comparing the Use of Intravenous Versus Oral Acetaminophen in Total Joint Arthroplasty. *J Arthroplasty.* 2016; 5403(16): 30745-8.

Nichols DC et al. Intravenous versus oral acetaminophen for pain control in neurocritical care patients. *Neurocrit Care.* 2016; 25(3): 400-406.

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- Identify best practices and evidence-based strategies designed to manage populations at risk for high utilization
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- Describe opportunities and enhanced understanding of data collection and analysis for the purpose of identifying and managing at-risk populations

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Healthcare Management Association -
Central New York, a chapter of the American
College of Healthcare Executives

TRANSITIONS IN CARE SYMPOSIUM

IDENTIFYING AND ADDRESSING DRIVERS OF HIGH UTILIZATION FOR VULNERABLE POPULATIONS

Tuesday June 13

8 am - 5 pm

followed by a reception

OnCenter, 800 South State Street., Syracuse NY
Parking free in the Oncenter parking garage

Registration at:

www.upstatefoundation.org/UpstateCON

SYMPOSIUM SCHEDULE

8 - 10 am

Welcome

Nancy Page, CNO Upstate University Hospital

Keynote Speaker: Identifying and Addressing Drivers of High Utilization for Vulnerable Populations

Amy Boutwell MD, MPP, President, Collaborative Healthcare Strategies

10 - 10:15 am BREAK

10:15 - 11 am Panel - Strategies

- Pediatric Health Home - Elizabeth Nolan, LMSW - Health Homes Serving Children
- Liberty Resources- Marta Durkin, LMSW - How Peers are Improving Health Outcomes
- St. Camillus Day Program - Jennifer Page, CTRS
- Syracuse Behavioral Health - Raymond Wright, Director of Residential Services

11 - Noon

Applications of Population Health - Management Technologies in the Management of High-Utilizing & Vulnerable Populations

Joseph Riley, MPH, Chief Information Officer, Central New York Care Collaboration

Noon - 1 pm

LUNCH and Networking

1 - 2 pm

The Upstate Emergency Medicine Bridge Clinic: An Emergency Department's Response to the Opioid Epidemic

Ross Sullivan M.D, Assistant Professor, Upstate Department of Emergency Medicine/Director of Medical Toxicology Consultation Service

2 - 2:45 pm

Panel- Resources

- Onondaga Country Resource Center - JoAnne Spoto Decker - Long Term Care Services and Supports
- Hopeprint Collaborative Project - Nicole Watts
- HealthConnections - Jeff Sneider, MD, Family Care Medical Group
- Upstate - Susan Freeman - Video Remote Interpreting

2:45 - 3 pm

BREAK

3 - 4 pm

Elder Law & Special Needs, Tax & Trusts & Estate Practices

Jaime J. Hunsicker Esq., Associate Hancock & Estabrook

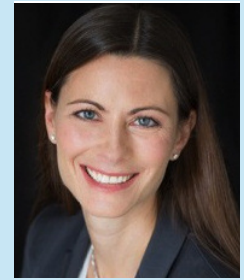
4 - 5 pm

Community Violence a Public Health Crisis

Lawrence Williams, Director - Syracuse Save Our Youth

5 - 6 pm

Wine and Cheese Reception



Keynote speaker: Amy Boutwell MD, MPP

Dr. Boutwell is President of Collaborative Healthcare Strategies, a thought leadership and technical assistance firm that advises delivery system transformation efforts nationally. Dr. Boutwell advises several large-scale collaborative efforts aimed at system redesign to reduce readmissions and improve care across settings and over time. These include several federal initiatives funded by the Centers for Medicare & Medicaid Services (CMS), such as the Quality Improvement Organization "Care Transitions" Aim, the Partnership for Patients Hospital Engagement Networks, and the CMS Learning Systems for Accountable Care Organizations and Bundled Payments. Dr. Boutwell has also worked with the Massachusetts Health Policy Commission, in addition to statewide all-payer readmission reduction efforts in Massachusetts, Michigan, Washington, Maryland, and Virginia; and the New York Medicaid Delivery System Reform Incentive Program "super utilizer" collaborative. Dr. Boutwell also advises providers, provider associations, state agencies, and health information technology and health information exchange agencies.

REGISTRATION FEE

\$125 per person

Includes conference materials, light continental breakfast and lunch.

FOR MORE INFORMATION

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MEDICAL UNIVERSITY