

MORNING CMO REPORT

11.08.2017

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

UPSTATE
UNIVERSITY HOSPITAL

Associate Chief Medical Officer

[Applies to All Physicians](#)

I am pleased to announce, after a nationwide search, that Dr. Matthew Glidden has been selected as the Associate Chief Medical Officer, effective November 16, 2017. He has served in the interim role since June 1st of this year. Dr. Glidden is a graduate of Upstate's medical school and residency program and has been on the faculty since 2006. Previously, he served as Director of Utilization Review and Clinical Documentation Improvement and is a respected and valued member of the Upstate medical staff. Dr. Glidden is very enthusiastic to carry on his support and furthering the growth of our Community Campus and Upstate in general. I look forward to working together to continue to enhance and strengthen our physician and staff relationships.

Argatroban Dosing per Pharmacy Protocol: A new medication management option available for prescribers at the Downtown Campus

[Applies Downtown Physicians](#)

Starting in November 2017, the Pharmacy Department will begin to offer a pharmacist-driven argatroban dosing protocol at the Downtown Campus for adult patients. The process will be similar to the existing nurse-driven heparin infusion policy. Pharmacy monitoring and dosing will be dictated by an updated Argatroban Policy and Procedure: CM A-21 / CM A-21A, which contains pre-defined dosing and aPTT monitoring nomograms.

Prescribers will order argatroban infusion through an argatroban order set. Within this order set, the prescriber may choose to have pharmacy or the medical team oversee dosing and monitoring. The prescriber will still be required to order the initial argatroban infusion and laboratories through this order set. If pharmacy oversight is chosen, pharmacy will monitor aPTT values and adjust the argatroban infusion as necessary per the approved dosing nomogram (see example below). The goal of this new dosing option is to improve the time within target therapeutic aPTT range among argatroban-treated patients.

An EPIC screen shot from the argatroban order set is shown below for your review. If you have questions during the process, please do not hesitate to ask your satellite pharmacist or the main pharmacy.

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.

MORNING CMO REPORT

11.08.2017

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

UPSTATE
UNIVERSITY HOSPITAL

Order Sets

Order Sets

Search Results

Argatroban Infusion Order Set IP

Suggestions

ED Adult Antimicrobial ED Syncope (Ped)

ED Adult Sepsis Sepsis Management Adult IP

ED Stroke Suspected CVA VTE Prophylaxis IP

Open Order Sets Clear Selection Remove Open

Orders

Order Sets

Multiple Versions of User Order Sets

You can now save multiple versions of user order sets. Click the Manage My Version link below to begin.

Argatroban Infusion Order Set IP

- Argatroban Procedure

▼ **Prescriber would need to choose one of the following:**

▼ **Argatroban Dosing Per Pharmacy:**
By using the pharmacist-driven procedure, pharmacy will oversee and make dose adjustments based upon measured PTT values. Please choose the appropriate starting infusion and corresponding laboratory tests below. Pharmacy will make subsequent dosage adjustments based upon a protocol-based argatroban dosing nomogram (See policy CM A-21).

Argatroban critically ill dosing infusion

Argatroban hepatic impairment dosing infusion

Argatroban standard dosing infusion

▼ **Argatroban Dosing Per Provider:**
By choosing this option, it will be the provider's responsibility to monitor aPTT values and make subsequent dose adjustments. Please choose the appropriate starting infusion and corresponding laboratory tests below.

Argatroban critically ill dosing infusion

Argatroban hepatic impairment dosing infusion

Argatroban standard dosing infusion

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.

MORNING CMO REPORT

11.08.2017

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

UPSTATE
 UNIVERSITY HOSPITAL

Example dosing nomogram per Policy/Procedure CM A-21A

CRITICALLY ILL PATIENTS AND/OR THOSE WITH MULTI-ORGAN DYSFUNCTION DOSING NOMOGRAM

Initial dosing: 0.2 mcg/kg/min*
 Adjustment protocol: based on aPTT drawn every 4 hours

<u>aPTT</u> (seconds)	Hold Argatroban (minutes)	Rate change	Next <u>aPTT</u>
< 35	0	Multiply current rate by 1.50 (50% dose increase)	Re-check <u>aPTT</u> in 4 hours
35-44	0	Multiply current rate by 1.25 (25% dose increase)	Re-check <u>aPTT</u> in 4 hours
45-90	0	NO CHANGE	Re-check <u>aPTT</u> in 4 hours. If therapeutic x 2; then pharmacist to change <u>aPTT</u> lab order frequency to every 6 hours.
91-100	0	Multiply current rate by 0.75 (25% dose decrease)	Re-check <u>aPTT</u> in 4 hours
101 -115	60	Multiply current rate by 0.50 (50% dose decrease)	Re-check <u>aPTT</u> in 4 hours
>115	STOP infusion	Hold infusion until <u>aPTT</u> < 90 seconds, Multiply previous rate by 0.5 and resume at this reduced rate.	Repeat <u>aPTT</u> q 4 hours until <u>aPTT</u> < 91 seconds

*MAXIMAL RATE NOT TO EXCEED 10 mcg/kg/min – unless discussed with physician

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.

MORNING CMO REPORT

11.08.2017

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

UPSTATE
UNIVERSITY HOSPITAL

Credentials Committee

[Applies to All Physicians](#)

The Upstate Medical Staff Credentials Committee is seeking a few new members; one to two physician members, and an NP member, at minimum. The Credentials Committee makes recommendations to the Medical Executive Committee regarding all initial and reappointment applications, requests for privileges, focused evaluations of credentialed medical providers, medical staff policies, and other items pertinent to privileges and membership on the Medical Staff at Upstate. The Chair of the committee is Robert Carhart, MD, and support is provided by the Medical Staff Services office. The committee usually meets on the second Monday of each month at 3 PM in room 1100 UH, Downtown. Meetings can last from 1.5 to 2.5 hours, and there is some work to be done between meetings via electronic review. If you have an interest in Medical Staff governance and are interested in this opportunity to do important work on behalf of the Medical Staff, please reach out to Beth Erwin (erwine@upstate.edu) or Nicole Cormier (cormiern@upstate.edu).

Urine OS Tip Sheet

[Applies to All Physicians](#)

Please review the new urine order set menu. This was created as a result of review by infection control of ordering practices. We found that providers were sometimes ordering urinalysis or urine cultures multiple times or ordering either of these tests when the other was actually required. This likely was the result of how these orders show up in the ordering menu. In order to clarify and to add information about the recent testing, this menu will display most recent urinalysis results, as well as explanation of these tests.

Please feel free to contact us with any questions

Waleed Javaid, MD and Paul Suits, MT, CIC
Infection Control
[315 464 5258](tel:3154645258)

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.

MORNING CMO REPORT

11.08.2017

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

UPSTATE
UNIVERSITY HOSPITAL

**Inpatient
Providers -
Downtown UH
Campus**

Urine Order Set IP



Overview of Feature/Changes

Effective Wednesday October 4, 2017, the Urine Order Set IP is available. This order set contains orders with help text for Urinalysis with microscopic examination, Urinalysis with microscopy and reflex urine culture, and Urine Culture.

Urine Order Set IP

Search for and select the order set via the Manage Orders activity.

Order Sets

Urine Order Set IP

Urinalysis is performed to assess the levels of various normal and abnormal components of urine. Urine will be evaluated for clarity, color, specific gravity, pH, leukocyte esterase, nitrates, protein, red blood cells, hemoglobin, bilirubin, glucose, and ketones. Urine cultures are performed to identify bacteria or fungi present in the urine and to determine antibiotic sensitivities.

▼ **Urinalysis**

▼ Urinalysis with microscopic examination (UH)

Urine will be evaluated for clarity, color, specific gravity, pH, leukocyte esterase, nitrates, protein, red blood cells, hemoglobin, bilirubin, glucose, and ketones. Urine cultures are performed to identify bacteria or fungi present in the urine and to determine antibiotic sensitivities. The urine will also be examined microscopically for organism, casts and crystals.

Urinalysis with microscopic

▼ Urinalysis with reflex urine culture

▼ Urinalysis with microscopy and reflex urine culture (UH)

In addition to the above, a urine culture will be started from this sample if any of the following is present: Leukocyte esterase positive, nitrates positive, WBC positive, or organism positive.

Urinalysis/urine culture (UH)

▼ Urine Culture

▼ Urine Culture (UH)

Urine Culture (UH)

▼ Additional SmartSet Orders

Search

Recent, existing, urinalysis results will display here upon opening the Order Set.

Urine Order Set IP Update System Update Bulletin / Created: 10.03.2017 JAC / Revised: 10.04.2017 JAC
© This material contains confidential and copyrighted information of Epic Systems Corporation.

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.

MORNING CMO REPORT

11.08.2017

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

UPSTATE
UNIVERSITY HOSPITAL

Privacy FAQ's

Applies to All Physicians

As noted in the recent memorandums from the President and Dean, we have an obligation as physicians to respect the integrity of the privacy of the medical record. Many questions have arisen regarding what is appropriate access in the context of clinical, research or academic responsibilities here at Upstate. Below is a memorandum from Darlene Noyes, RN, CHC, CCEP, Chief Ethics & Compliance Officer, which will begin to serve as a FAQ's to help address some of these questions.

Q. If you are a physician and are an authorized EPIC user, does that mean you can look at any and all records in EPIC?

A. No. You may only access records in which you are involved in some way with treatment, payment or operations based on your clinical judgment. Additional guidance may be viewed at FAQ for Professionals on the Office of Civil Rights website at <https://www.hhs.gov/hipaa/for-professionals/faq>

Treatment =

1. Provision, coordination or management of health care and related services among health care providers or by a health care provider with a third party, including sending a copy of the patient's medical record to a specialist who needs the information to treat the patient.
2. Consultation between health care providers regarding a patient and their treatment.
3. Referral of a patient from one health care provider to another.

Payment = Various activities of health care providers to obtain payment or be reimbursed for your services, including, but not limited to:

1. Determining eligibility or coverage under a plan and adjudicating claims
2. Risk adjustments
3. Billing & collection activities
4. Reviewing health care services for medical necessity, coverage, justification of charges, etc.
5. Utilization review activities

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.

MORNING CMO REPORT

11.08.2017

FROM THE DESK OF:

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

UPSTATE
UNIVERSITY HOSPITAL

Operations = Administrative, financial, legal and quality improvement activities that are necessary to run the business and support our core functions of treatment and payment and include:

1. Conducting quality assessment and improvement activities
2. Case management and care coordination
3. Reviewing competence or qualifications of health care professionals
4. Evaluating provider and health plan performance
5. Training health care and non-health care professionals
6. Accreditation, certification, licensing or credentialing activities
7. Conducting or arranging for medical review, legal and auditing services, including fraud and abuse detection and compliance programs
8. Business planning and development such as conducting cost-management and planning analyses related to managing/operating the entity
9. Business management and general administrative activities
10. Customer service
11. Resolution of internal grievances

Q. Is it okay to look at records where I am not nor am I going to be a treating provider, such as family and friends who I know are being treated here?

A. No. If you are looking for an unwarranted reason to see why the family, friend, coworker, etc are here or to see if you agree with someone else's treatment plan without being asked to do so, this is considered snooping and constitutes a breach of privacy and the hospital is required to notify the patient whose records have been breached.

Additionally, if something happens in the community such as an accident, shooting, etc. and you look at the records after hearing about this on the news just to find out what happened, this is a breach even if you did not do anything else with the information except look.

Q. Why does HIPAA permit certain activities yet our policies seem to prohibit the same activities?

A. HIPAA sets a floor of privacy protection but is preempted if other federal laws or state law are more stringent or offer privacy protection such as but not limited to HIV Confidentiality, Mental Health,

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.

MORNING CMO REPORT

11.08.2017

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

UPSTATE
UNIVERSITY HOSPITAL

Reproductive Health, Genetic Information, and Substance Abuse. Our policies must reflect state law, other federal laws, and HIPAA.

Q. If I have a question regarding Privacy Rules and our privacy policies who should I contact?

A. You can contact our Privacy Officer, Cindy Nappa, at 315-464-6135 or nappac@upstate.edu.

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:

Adolescent Medicine - Dr. Teelin is a blessing from God.
We LOVE Dr. Teelin.

Genetics – Dr. Gloria Morris she is excellent! Very knowledgeable and caring.

Hepatobiliary Clinic –Dr. Jain as he explained everything to me and answered all my questions!

Upstate Pediatric & Adolescent Center – Dr. Baker and Dr. Sveen great suggestions on how to care for infant.

Dr. Blatt is always very attentive.

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.