

MORNING CMO REPORT

06.08.2016

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

UPSTATE
UNIVERSITY HOSPITAL

Time Out Procedure & Pre-Procedural Verification Checklist

Applies to All Physicians

Time Out
Informational

Please review the following policies/procedures as we will begin real time auditing of the Time Out Procedures in anticipation of DNV any time after July 1, 2016.

<http://www.upstate.edu/policies/documents/intra/S-19.pdf>

- Section C 1. d. H&P must be updated in the Pre-Op arena prior to OR as supported by the Medical Staff Bylaws Section A. 1. "PRIOR TO SURGERY"
- Section F "TIME OUT" IMMEDIATELY BEFORE STARTING THE PROCEDURE as supported by the New York State Surgical and Invasive Procedure Protocol Section F.

Update on the Pre-Procedural Verification Checklist:

- Final confirmation for the Peri-Operative Team that the patient is "OR" ready will now be indicated by an icon on the Status Board. This new icon will be added in the near future and 3 Status Boards will be installed at the 5E Front Desk to replace the White Board.

Antiphospholipid Antibody Assays

Applies to Downtown Physicians

Assays
Informational

Four antiphospholipid antibody tests will be performed in-house, in the Special Hematology Laboratory at the Downtown Campus, starting June 7, 2016. IgA tests remain send-out tests for now and have to be ordered separately.

B2 Glycoprotein IgG and IgM Ab: can be ordered together as a battery or separately.

Cardiolipin IgG and IgM Ab: can be ordered together as a battery or separately.

Method: Fully automated, chemiluminescent immunoassay using antigen-coated magnetic particles (HemosIL AcuStar by Instrumentation Laboratory).

- Cut-off values: 20 U/mL
 - 99th percentile of reference population
 - Harmonized for the four tests
 - Correspond roughly to 40 Units in ELISA assays

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

06.08.2016

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

UPSTATE
UNIVERSITY HOSPITAL

- There will no longer be an intermediate or low-positive range reported (corresponding to 14-40 Units in ELISA kits, or 95-99th percentiles of normals).
- Results from different manufacturers and different methods may vary significantly and should not be compared. The agreement between the AcuStar method and an ELISA method (REAADS) was between 76.6-89.3% for the four tests.
- This method has increased sensitivity, wider linear range and faster results when compared to ELISA.
- Analytical Ranges:
 - Cardiolipin IgG Ab: 2.6-2024 U/mL
 - Cardiolipin IgM Ab: 1.0-774 U/mL
 - B2 Glycoprotein IgG Ab: 6.4-6100 U/mL
 - B2 Glycoprotein IgM Ab: 1.1-841 U/mL

Performed: Monday through Friday, 7 a.m. - 3 p.m.

Reporting: <20 U/mL (Normal)
Negative results do not rule out Antiphospholipid Syndrome. Other APL testing should be considered.

≥20 U/mL (Abnormal)
The persistent presence of ≥20 U/mL antiphospholipid antibody (>99th percentile of the normal range) is a laboratory criterion for the diagnosis of Antiphospholipid Syndrome. Repeat testing at least 12 weeks apart is recommended to establish the persistence presence.

References: Analytical and clinical performance of a new, automated assay panel for the diagnosis of antiphospholipid syndrome. de Moerloose P, Reber G, Musial J, Arnout J. *J Thromb Haemost* 2010; 8:1540-6.

International consensus statement on an update of the classification criteria for definite antiphospholipid syndrome (APS). Miyakis S, Lockshin MD, Atsumi T, Branch DW, Brey RL, Cervera R, Derksen RH, DE Groot PG, Koike T, Meroni PL, Reber G, Shoenfeld Y, Tincani A, Vlachoyiannopoulos PG, Krillis SA. *J Thromb Haemost* 2016;4(2):295.

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

06.08.2016

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

UPSTATE
UNIVERSITY HOSPITAL

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

Community Campus– So glad for Dr. Setter's skill and outcome of surgery.

8E - Dr. Carhart, Dr. Blue were fantastic.

Dr. Blue was very attentive, making sure I knew what was happening, expectation.

She visited my room numerous times. Dr. Carhart was very nice, thorough, explained everything that was happening.

5B– Dr. Merwin was very kind and courteous.

11G – Dr. Beg was wonderful.

University Center for Vision Care – Dr. Andrews was excellent. I would recommend him to everyone who needs a specialist for their eye problem.

Dr. Andrews was very polite, caring and sensitive to my needs. I was very comfortable with him.

I was very impressed with Dr. Swan.

University Cardiology – Dr. Aunsel is very qualified.

Dr. Carhart is a very caring doctor; really goes out of his way to take care of everyone.

Medicine Subspecialties– Dr. Neupane is always very concerned and sensitive to my needs.

UHCC Neurology – Dr. Kirch showed compassion in my care. Took time during my visit; was not rushed to get me out.

The Surgery Center - CG – Dr. McDonald, as always, was a delight. Always very courteous and efficient.

Dr. Sopp is a rock star!

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.