

MORNING CMO REPORT

09.28.2016

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

UPSTATE
UNIVERSITY HOSPITAL

Cranberry Surgical Scrubs

Applies to All Physicians

Scrubs
Update

Several months ago I mentioned the need to improve our performance in the area of surgical site infections and the importance of enforcing our current policies for sterile and sub-sterile areas.

One component of policy CM S-31, (Surgical/Procedural Attire) prohibits all staff from wearing cranberry scrubs outside. Unfortunately, we have once again been receiving reports of Upstate staff/physicians on Marshall Street and beyond in these OR scrubs.

These activities undermine the culture of safety we are trying to implant here at Upstate. Physicians and residents seen wearing these scrubs outside the organization will be held accountable for a breach of policy with repercussions determined via the Medical Staff or GME Office. Please help us to keep our patients safe.

Electronic Death Registry System (EDRS) Redux

Applies to All Physicians

EDRS
Informational

The primary purpose of an EDRS is to enable multiple death registration system users (funeral firms, hospitals, nursing homes, physicians, and medical examiners and coroners) to file death records electronically with local and state registrars, within the required 72-hour window after a death occurs.

We have started using the EDRS system as part of a pilot program for natural deaths of admitted patients as of Sept 15, 2016. Note: fetal deaths or medical examiner cases are not using the system at this time. Patient Access Services is able to help providers with questions on the system at either campus.

The Electronic Death Registry System (EDRS) is active. The New York State Department of Health (DOH) has developed an online system for reporting deaths. Onondaga County is the third county to pilot this system; the pilot includes hospitals and funeral homes in each county. The DOH plans to have the Electronic Death Registry System (EDRS) up throughout NY by the end of the year, and plans then to discontinue the use of the current paper forms. Physicians, PAs and NPs who are able to certify a death must have a Health Commerce System (HCS) account to use the EDRS; this is the same account used to check iStop for schedule II,III and IV controlled substances. In addition, once a provider has a HCS account they have to enroll as "Medical death certifier" in the HCS system at the hospital campus where they will be covering. **Providers need to print off their HCS User ID page to provide to the Upstate HCS coordinator (UH Patient Access Services - 464-5280) who will assign your EDRS role.**

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

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Provider Education on the electronic system is available online for Upstate University Hospital physicians and other medical certifiers:

http://www.upstate.edu/medstaff/forms/elec_death_reg_system.php.

There is also training on blackboard for those interested in learning more: Course ID UH 458738
Tracker code EDRS BB.

Which patients are to be included in the EDRS at this time?

Inpatients who die of natural causes (any death that does not involve a Medical Examiner or coroner) other than fetal deaths that will be handled by a participating funeral home. Patient Access personnel will inform the provider if the death certificate will be started in EDRS or the traditional paper certificate.

Who needs to be trained?

All physicians (including residents), NPs, and PAs who certify deaths on inpatients.

Training:

Departments and individuals can call Gayle Hyde at 315-464-4253 to inquire about training options for attending physicians, NPs and PAs. Post-Graduate trainee education is being completed through Graduate Medical Education.

Independent training is also available. [NY State DOH Training resources](#) include the following:

- [“Logging into EDRS”](#)
- [“Registering a Case in EDRS \(Full process flow\)”](#)

At the bottom of the page, you can access a 'Training Schedule and Programs' grid. The last column to the right contains hyperlinks to prerecorded sessions.

Patient Access personnel can assist you in accessing the EDRS.

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How do I obtain a password to log in to the system?

You must have a New York State Health Commerce Account. If you do not already have one, you may contact the Commerce Accounts Management Unit (CAMU) at 1-866-529-1890.

Health Commerce System (HCS) log in and forgotten password features are available online: https://commerce.health.state.ny.us/public/hcs_login.html. Print your HCS log in information and call or present to Patient Access (or call 464-5280).

Additional EDRS information:

- [EDRS Informational brochure](#)
- [EDRS Quick Reference Guide for physicians/Medical Certifiers](#)
- [Registering a Case in EDRS \(Full process flow\)](#)

Removal of Insulin Detemir (Levemir®) from Inpatient Formulary at

Upstate

Applies to All Physicians

Detemir
Advisory

Summary: Starting in October 2016, insulin detemir is being removed from the inpatient formulary at Upstate for both the Downtown and Community Campuses. The formulary preferred long-acting insulin product will be insulin glargine (Lantus®). All orders for insulin detemir will be substituted with insulin glargine on a unit by unit basis per the Hospital's Therapeutic Substitution Policy (CM T-13). This change has been approved by the Pharmacy and Therapeutics Committee coincident with consultation and support from the Division of Endocrinology.

Why is Upstate making the change to only use insulin glargine as the formulary-preferred long acting insulin product?

- Insulin glargine is the product utilized for the Adult Basal/Bolus Subcutaneous Insulin Protocol. Insulin detemir is not supported by this policy.
- Upstate continues to align the medication formularies at the Downtown and Community Campus. Insulin detemir will be removed from formulary at both campuses.

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- By consolidating down to one long acting insulin product, the institution will benefit from a reduction in medication spend.

What will happen to my patient who is managed on insulin detemir at home and requires hospitalization at Upstate?

- All orders for insulin detemir will be substituted with insulin glargine on a unit by unit basis. If insulin detemir was being dosed twice daily, it will be converted to a once daily dose of insulin glargine based upon the total daily dose on insulin detemir. Upon discharge, the patient can resume insulin detemir. Pharmacy-driven medication reconciliation efforts will be targeting patients who are prescribed insulin at both admission and discharge to improve transitions of care.

What if I still wish to treat my patient with insulin detemir and do not want their therapy switched to insulin glargine?

- Insulin detemir will be removed from the order screen in EPIC. If the prescriber feels there is a compelling clinical need to use insulin detemir relative to insulin glargine, pharmacy will ask the prescribing team to consult Endocrine to get their approval.

Employee Student Health Update

[Applies to All Physicians](#)

ESH
Informational

Dr. Jarrod Bagatell will be appointed Director, Employee/Student Health Services. He will begin part time effective November 3, 2016 and proceed to full-time with the beginning of the new year. Dr. Bagatell joins us with over 20 years of experience practicing family medicine locally.

Dr. Bagatell is an alumnus of SUNY Health Science Center, Class of 1993. He is a graduate of SUNY Binghamton and completed his residency training in family medicine at St. Joseph's Hospital.

Raised in Brooklyn and Long Island, Dr. Bagatell is a lifelong resident of New York. He has lived in Syracuse since attending medical school in 1989, so he feels a special homecoming with respect to the Upstate campus. Dr. Bagatell lived in Jacobsen Hall, home to Employee/Student Health Services, during his first year of medical school.

Dr. Bagatell will follow Dr. K. Bruce Simmons, who will be retiring after serving as the Director of Employee/Student Health Services for 25 years. Please join us in welcoming Dr. Bagatell back to our Upstate community and thanking Dr. Simmons for his many years of dedicated service.

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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

6B– Dr. George was fantastic!

7A– Dr. Damron is an excellent surgeon.

10E– Dr. Stevens – empathetic, caring, friendly! Excellent physician!

5B – Drs. Hurlong and Coats – their overall care was exceptional. The detailed explanations, and patience were over and beyond what we could have asked for.

8F – Dr. Constanza is a complete and total professional, caring doctor.

5A – Dr. King – AAA+

Breast Care Center – I have complete trust and confidence in Dr. Upadhyaya.

Dental Service – Dr. Smith is a #1 doctor. Love his professionalism and his concern for his patients! He makes everyone feel welcomed!

University Center for Vision Care - Dr. Swan has given me hope that someday my vision will improve. He is very intelligent and confident but is also willing to admit he does not have all the answers. I have absolute confidence and faith in his care for me. Upstate is very lucky to have him as part of their staff.

Dr. Alpert is amazing and cares about his patients!

Surgery UH – Dr. Dunton is wonderful.

ENT – Dr. Farrah took excellent care of me throughout the entire day I was in his office.

University Cardiology – Dr. Carhart is awesome! Out of every doctor I have ever gone to he is the best. He and his staff always make me feel I am important to them.

University Geriatricians – Dr. Bishop is so very caring for both patient and family members. We very much appreciate her!

Transplant Center – Dr Pankewycz is an outstanding physician; caring, thorough with all care provided; goes above and beyond.

Upstate Urology– Dr Bratslavsky was very impressive.

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Upstate Pediatrics – Dr Schurman is wonderful; always caring! Trust her advice and care; doesn't rush the appointment and shows genuine concern.
Dr. Hobart is a wonderful doctor.

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Operating Rooms and Sterile Areas Best Practice to Reduce Surgical Site Infections

❖ Surgical/Procedural Attire- policy CM S-31

○ Attire:

- Disposable surgical attire should be donned daily in designated dressing area before entry into semi-restricted and restricted area.
- Undergarments that exceed scrub attire length are not acceptable.
- Attire worn in the restricted area **is not** to be worn into or out of the institution.
- Hospital surgical attire **is not** to be worn to work or taken home.
- A disposable surgical head cover or hood that covers the head, confines all hair (including facial hair), and minimizes microbial dispersal (not jeweled or decorative) must be worn.
- Disposable coveralls and hats will be available for non-OR staff that needs to enter restricted area: this includes family members going into the operating room with patients for induction.
- Jewelry must be secure for all personnel and covered or removed when at the operating field.

○ Mask:

- All personnel in arenas where surgery is being performed must wear surgical masks except as stated below. These masks should fit snugly so breathing is through the mask, not around it, to help prevent droplet contamination of the patient's wound(s).
- Masks **are not** to be saved by hanging them around neck or tucking them into pocket for future use. Masks should be removed carefully by handling only the ties and should be discarded immediately.

○ Eye Protection:

- All personnel in the operating room arena where surgery and/ or procedures are being performed must wear protective eyewear masks and/or face shields.

○ Finger Nails:

- **Fingernails will be kept short. If fingernail polish is used, it will be kept in good repair. Artificial fingernails may not be worn (Any application that is not your natural nail).**

○ Lanyards:

- Lanyards can harbor bacteria such as MRSA, Enterococcus and Enterobacteracia and should not be worn at all.
- ID badges should be clipped on and disinfected regularly.

Evidence-Based Reference(s) for Policy:

CDC. Guidelines for Hand Hygiene in Health Care Settings. MMWR. 2002; 51; No. RR-16:1-56.

AORN. 2015. Guidelines for Perioperative Practices. Guideline for Surgical Attire. P97-119.