Procedure Verification for Surgical and Invasive Procedures, Policy S-19

The Procedure Verification for Surgical and Invasive Procedures policy, S-19, was recently updated to require the Attending Anesthesiologist or CRNA to calculate and verbally communicate the patient's ASA (American Society of Anesthesiology) score to the surgical team prior to the start of an operative or invasive procedure. The full policy can be viewed at:

Guidelines for Copy Functionality for Documentation in the Electronic Medical Record, Policy C-37

The Guidelines for Copy Functionality for Documentation in the Electronic Medical Record policy (policy C-37) was recently approved by the Medical Executive Committee. These guidelines, which are new, provide guidance on the use of copy functionality. The guidelines provide clear information about the legal responsibilities of providers to cite and summarize reports, and to attribute care appropriately. Also spelled out are inappropriate uses of information from one part of the medical record in another area. The Guidelines are attached for your convenience.

General Education For Observation Patients Undergoing Procedure in Either IR, Endoscopy, 3N or The Operating Room

CMS rules state that a patient cannot go to IR or Endoscopy for a procedure as an Observation patient. The admission designation team (ADT) associated with Utilization Management has been having problems with Observation patients being changed to Inpatient inappropriately to allow them to receive the procedure.

If an Observation patient is to undergo a procedure in IR, Endoscopy, 3N or the OR, an order for Place in Outpatient/Ambulatory Procedure-Non Operating Room should be placed from the Admit order set by the patient's providers if the patient is not receiving general anesthesia. If the observation patient is receiving general anesthesia for the procedure then an order to Place in
Outpatient/Ambulatory Surgery-Operating Room should be placed as it is the general anesthesia that determines the different level of care not the location.

If the patient is to remain outpatient/observation for the normal recovery period for the procedure performed they can remain at one of the above mentioned levels of care until discharge and need not be switched back to Observation. If at any time before or after the procedure the patient meets Inpatient criteria then they should be admitted to Inpatient.

If there are any questions, please contact Matthew Glidden, MD, Medical Director of Utilization Management and Clinical Documentation Improvement, at 464-5774 or 464-1775.

Outstanding Physician Comments

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:

Community General Hospital 4N – Dr. Creamer and staff took the time to listen!
University Cardiology – Dr. Carhart is very friendly and easy to talk with. He spends the amount of time needed and does not rush the visit.
11G – Dr. Rivera was absolutely amazing!
12F – Dr. Spinoza is amazing! She promised to take care of my baby – she gave him a new lease on life.
9F – Dr. Gould was very friendly and competent.
Emergency Department – Dr Farber and her resident Dr. Rossettie were kind and caring.
Dental Service – Dr. Lonnen is great.
Breast Care Center – Dr. Upadhyaya has great expertise while friendly and courteous.
Joslin – Dr. Concilla takes care of me when I visit; I get great care.
Dr. Mols explains, ask questions, is friendly.