

MORNING CMO REPORT

11.18.2015

FROM THE DESK OF:

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

UPSTATE
UNIVERSITY HOSPITAL

New Medication Approved for Specific Reversal of Dabigatran (Pradaza®)

Applies to All Physicians

New Med
Advisory

In October, the FDA approved idarucizumab (Praxbind®). Idarucizumab is a humanized monoclonal antibody fragment that binds specifically to dabigatran and its metabolites. This agent is FDA approved with an indication to reverse the effects of dabigatran during emergency surgery, urgent procedures, or for life-threatening or uncontrolled bleeding. Idarucizumab will not reverse the effects of other anticoagulants. Approval of idarucizumab was largely predicated on results from the phase III RE-VERSE AD study. This study demonstrated that idarucizumab rapidly and completely reversed the anticoagulant effect of dabigatran in 88 to 98% of subjects who had elevated clotting times. The median time to cessation of bleeding in subjects who had uncontrolled or life-threatening bleeding secondary to dabigatran was 11.4 hours. No safety concerns with idarucizumab were detected in the study.

Who would benefit from idarucizumab therapy: patients actively prescribed dabigatran therapy who are suffering from a severe and/or life-threatening bleed; or dabigatran-treated patients who require emergent surgery or procedures.

Dosing guidance: Idarucizumab is prescribed as a standardized 5 gram dose. It is administered intravenously as two 50ml bolus infusions, each containing 2.5 grams of idarucizumab and administered no more than 15 minutes apart. This standardized dose is the current default dose in EPIC. There are limited data to support the prescribing of additional doses of idarucizumab.

Cost: \$3,500 per 5 gram kit

Upstate's response: Idarucizumab has been added to formulary and is currently stocked by the Upstate Pharmacy. It has also been added to EPIC. The current dabigatran reversal procedure (CM A-30B) is being updated to include idarucizumab as part of the reversal procedure. In consideration of its FDA indication, clinical data, and cost, it is recommended that idarucizumab only be used in patients that meet its FDA-approved indication. If patients do not have severe or life-threatening bleeding, or if patients do not require an emergent surgery or procedure, dabigatran-induced coagulopathy should be managed by discontinuing or holding therapy and applying supportive measures as necessary.

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

11.18.2015

FROM THE DESK OF:

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

UPSTATE
UNIVERSITY HOSPITAL

New Clinical Documentation Improvement Query

Applies to All Physicians

CDI
Advisory

A new Clinical Documentation Improvement Query process went "live" on 11/11/15 within EPIC and will help ensure that the documentation accurately reflects the diagnoses and co-morbidities involved and whether they were present upon admission. This process allows for any provider on the healthcare team to address, document and sign-off on a CDI query, a process only the attending of record could previously accomplish. If a CDI query exists for an inpatient it will appear in the sidebar any time a provider opens the chart until completed. **Acknowledging and signing off on the query also requires that the diagnoses are documented in the assessment and plan of a provider's note with a comment that these conditions require monitoring, treatment, nursing care or have an impact on length of stay.**

Faculty should ensure that the expectations and responsibilities of all the healthcare providers they supervise, including consultation services, include thorough and specific clinical documentation and addressing CDI queries. It is ultimately the attending of record's responsibility to ensure the record is appropriately documented and CDI queries answered. It is expected that CDI queries are addressed within 24 hours.

Please refer to the following link for a brief explanation of the new CDI query process.

http://epic.upstate.edu/documents/intra/provider_cdi_query_workflow_update_system_update_bulletin_pn_jac.pdf

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:

Community Emergency Dept - Dr. Blue had a wonderful bedside manner and put me completely at ease.

Dr. Blue is an asset to your Emergency Department.

Community Inpatient – Dr. Paonessa is extremely involved in her patients. She is by far the best of the best – my hat is off to her!

Joslin – Dr. Moles is very professional!

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

11.18.2015

FROM THE DESK OF:

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

UPSTATE
UNIVERSITY HOSPITAL

Transplant Center – Dr. Whitney is very comforting no matter what the circumstances are. She is always there to answer any questions during office hours and after office hours.

Upstate Urology – Dr. Vourganti spent considerable time and answered all questions.

Emergency Dept Peds – Dr. Thornton – very responsive, caring, courteous and genuinely concerned for our child's well being.

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.

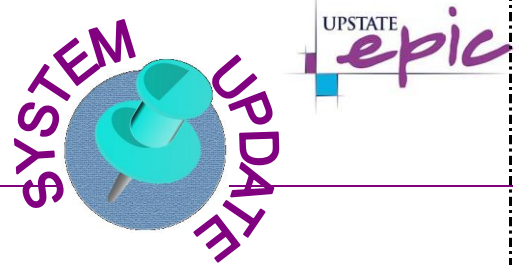
UPDATES TO ALERTS AND ADVISORIES-Provides updated information regarding an incident or situation; unlikely to require immediate action.

INFORMATIONAL MESSAGE-Provides timely information, important for review or serves as a reminder for an action that should be taken.

INPATIENT PROVIDERS

CDI Query

Clinical Documentation Improvement Workflow



Overview of Feature/Changes

Effective **11/11/2015**, Utilization Review will utilize the CDI Query as part of the Clinical Documentation Improvement (CDI) program in order to communicate with providers to obtain quality documentation within the health record.

CDI Query Workflow for Providers

If there is an outstanding query on a patient, the **sidebar** will be expanded upon the opening of the patient's chart to the **CDI Query Review** activity.

The activity displays a brief "**How to**" section at the top followed by the **outstanding query note** and the **Problem List**.

Responding to the Query

1. Select the **Edit** button.
2. Below the nurse's note / info there is a SmartList. Press F2 to respond to the query.
3. Select the appropriate response (I agree vs. I do not agree).
4. Share the note by clicking **Share**.

By sharing the note, this will change the author of the note from the CDI Nurse to the Provider. Additionally, the authorship displays in the CDI Query Review activity allowing other providers to know if a query has already been addressed by another member of the treatment team.

Updating the Problem List (if appropriate)

In the **CDI Query Review** activity (sidebar), providers can scroll to the bottom or select **Problem List** at the top to easily enter and **update the Problem List** if appropriate.