

MORNING CMO REPORT

04.01.2015

FROM THE DESK OF:

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

UPSTATE
UNIVERSITY HOSPITAL

Change in Drugs of Abuse Confirmatory Testing

Applies to All Physicians

Drugs of Abuse
Advisory

Historically, urine drugs of abuse screen (UDS) assays have automatically triggered send-out confirmatory testing. This confirmatory testing, while required in forensic testing, is rarely required in order to provide medical care. This has resulted in the waste of a large amount of resources which could be better used providing patient care. After discussions with toxicology, psychiatry, emergency medicine, and the medical executive committee over the last year, **starting April 1, 2015** this confirmatory testing will no longer be automatically ordered on positive UDS. If confirmatory testing is desired for a specific result, the care team should contact the Clinical Pathology front desk (464-4460) and the laboratory staff will guide the provider through the steps to enter a placeholder in Epic and will collect the needed information for the proper assay to be sent off. These instructions are provided in the results comment of the UDS in Epic. The final results of the confirmatory testing will be reported in Epic, in the same way that current UDS confirmatory results are reported.

Pathology is continuing to work with Epic to further streamline this process and provide direct orders for the confirmatory tests through Epic.

If you have any questions, please contact Matthew Elkins, MD, Ph.D., at 464-6754.

Anticipated Day of Discharge – New Expectation

Applies to All Physicians

ADOD
Advisory

Last week there were 31 patients at outside hospital who needed the higher level of services we are able to provide here at Upstate, but were refused transfer because of lack of bed availability. In addition, our ED has increasingly needed to go on diversion (now called “partial bypass”) due to back-ups and poor access. These are critical issues that adversely impact our mission to care for those patients in the region who need our help.

In response to these issues, we are exploring the option of opening and staffing more beds – we currently staff fewer beds than we are allowed from our CON and therefore could expand, both here and at Community. Of course this would not only increase staff expense, but would also require capital to refurbish units that have been silent for a few years, capital that we do not currently have access to. So in addition to consideration of this type of access expansion, we need to consider one other potential mechanism to create more beds – by increasing the flow through the hospital.

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

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The current length of stay for a patient here at Upstate is **over a day longer than national averages**, even after adjusting for their higher level of acuity. On our surgical services, the excess number is closer to 2 days. By bringing these numbers closer to national benchmarks, we can create more room for new patients who need our help acutely.

We are examining several options that would allow for more timely discharges, and indeed the creation of the Transitional Care Unit at Community Campus was one piece of this strategy. One important component we'd like to now implement is **the identification of an anticipated day of discharge (ADOD) at the time of admission for every patient in a bed at Upstate**. By identifying a goal date for discharge up front, the entire team (including the patient and family) are enlisted in helping to make this happen. There is a target to aim for.

Starting two weeks from today, on April 15th, there is an expectation that every patient in a hospital bed at Upstate will have an anticipated day of discharge identified by their admitting physician. This day will be posted on the white board in the room and communicated to the patient and their family. This date is a guess, based on the physician's clinical judgment of their condition, and knowledge of any social or logistical barriers that may exist. This date will likely change over the course of a patient's stay, but by identifying a target we can begin to mobilize and prioritize our case management, social services, psychiatric, physical therapy, financial services and other resources to assist you in getting the patient to the next phase of care.

Over the next couple of weeks I anticipate hearing from some of you regarding the difficulties with this new approach. Certainly there is room for tweaks on the concept. But the overall goal will stand – we need to work smarter, not harder, and we need to work in a more coordinated manner. By setting an ADOD we begin that process.

Outstanding Physician Comments

[Applies to All Physicians](#)

Physician
Comments
Informational

Each week we receive written comments from our patients regarding the care we provide within the Hospital. I thought it would be nice for other physicians to begin to see the positive feedback we are receiving. After a suggestion from a reader last week, we are now adding ambulatory comments as well. Below are this week's comments from grateful patients receiving care on the units at Upstate:

Neurology - Dr. Mejico & Liz always teach me something new & genuinely care for me

Joslin Center - Dr. Concilla was very good. I thought his exam was thorough.

Surgery UH - The doctors & entire staff.

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- University Geriatricians** - Christine Heagle-Bahn very good at listening to problems & concerns of patient & caregiver.
Christine Heagle-Bahn - she is very professional, knowing, & special!
- Pediatrics** - Dr. Kresel was kind, thoughtful and listened. She did not patronize me and respected my knowledge of my son's medical history.
We love Dr. Schurman and Betty!
- University Center for Vision Care** - Dr. Hinkle. He cared enough to call us the following day after the injury to check on my son!! He needs KUDOS. It was like an old fashioned house call!!!
- University Cardiology** - Dr. Hani Kozman, of all the doctors I see is the VERY best! Always relieves my cares & worries. Explains every need & procedure. He is the BEST.
- Transplant Center** - Dr. Leggat and the entire transplant team whom I deal with during each appointment are exceptional.
- 5A** – Dr. Kittur: He was always ready to answer questions and spend time explaining everything. He is a Wonderful doctor.
- 7A** - Dr. Harley - taking his time in making sure everything was understood. Answering all questions and just caring about us.
- 6B** – Dr. Dhamoon he was very pleasant and treated me with the upmost respect.

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