

MORNING CMO REPORT

04.29.2015

FROM THE DESK OF:

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

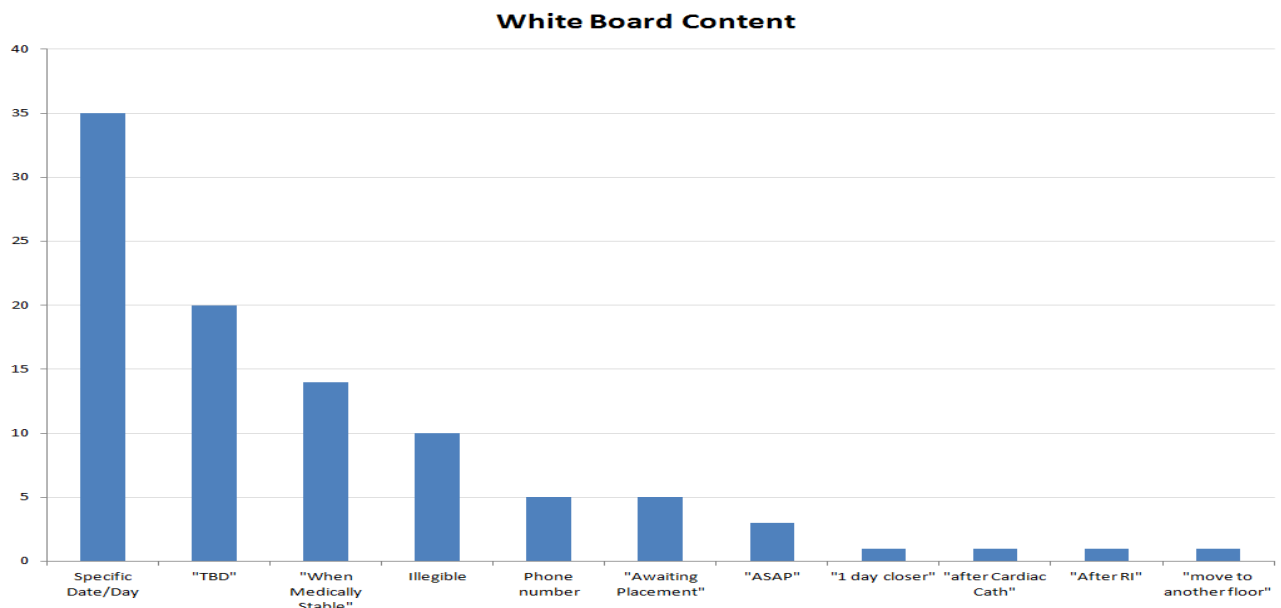
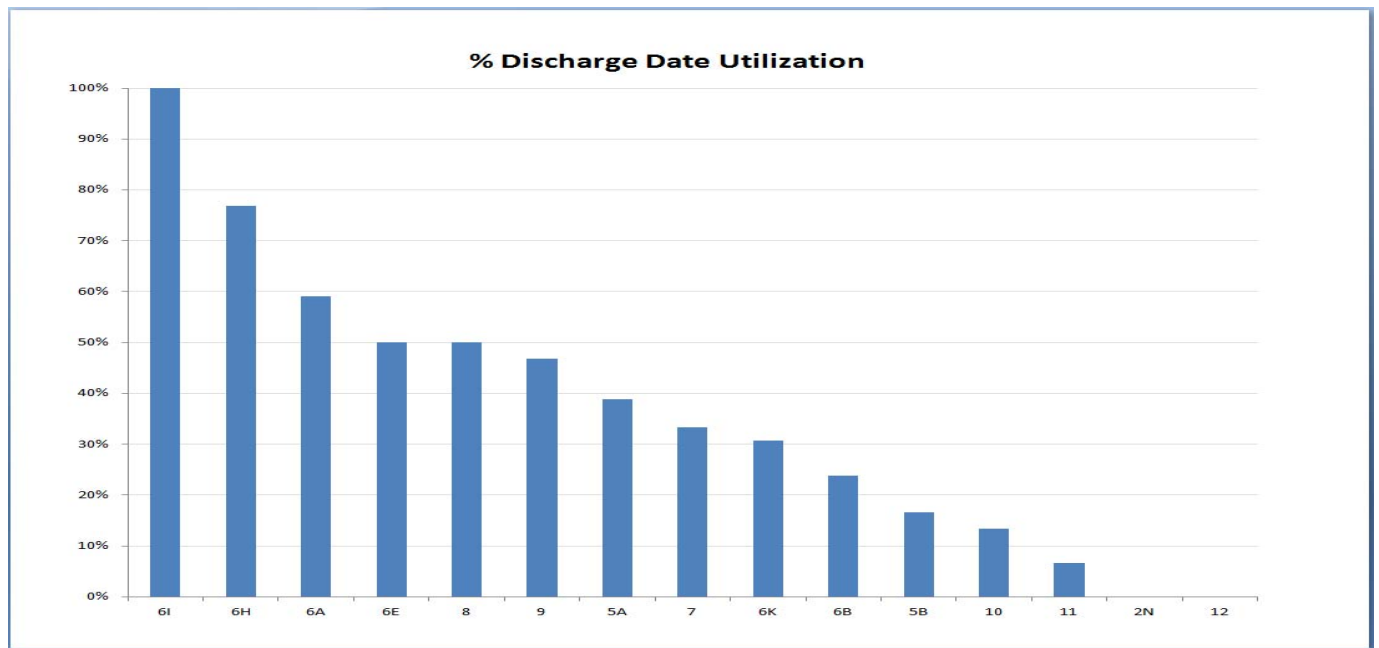
UPSTATE
UNIVERSITY HOSPITAL

Anticipated Date of Discharge Initial Audits

[Applies to All Physicians](#)

ADOD
Informational

To follow up on the roll out of the white board documentation of the Anticipated Date of Discharge (ADOD), we have done audits of over 300 white boards throughout the hospital. We have found variable compliance with this new initiative. I am proud to say that in our Medical ICU (6H & 6I) we have seen almost universal employment of this concept (see graphs below):



MORNING CMO REPORT

04.29.2015

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

UPSTATE
UNIVERSITY HOSPITAL

However, on some units, including our Pediatric units, our compliance rates have been very low. In addition, those units that are using the whiteboard will, often times, not include a specific date but rather document general concepts such as “TBD” and “ASAP”. I believe that a specific estimate of the date of discharge, even if only a best guess, provides a goal for patients, families and, most importantly, the care team to aim for. Please help me by documenting an anticipated date of discharge on every patient as we aim to improve the flow throughout the hospital.

Stroke Gold Plus & Target Stroke Elite Honor Roll Award 2015

[Applies to All Physicians](#)

Stroke Gold Plus
Informational

I am honored to say Upstate University Hospital has been awarded from the American Heart Association and American Stroke Association [Get With The Guidelines-Stroke GOLD PLUS Achievement Award](#). This recognition encompasses achieving 85% or higher compliance with all Get With The Guidelines®-Stroke Achievement Measures and 75% or higher compliance with five or more Get With The Guidelines®-Stroke Quality Measures for two or more consecutive years and achieving Time to Intravenous Thrombolytic Therapy ≤ 60 minutes in 75% or more of applicable acute ischemic stroke patients treated with IV tPA to improve quality of patient care and outcomes

I am proud to recognize all team members who have worked so hard to achieve this accomplishment!

[Ketorolac Injection - Drug Shortage Update](#)

[Applies to All Physicians](#)

Drug Shortage
Update

In late January, Medstaff was alerted to an acute drug shortage with IV Ketorolac. As an update, the shortage is resolving and the Pharmacy Department is now receiving ample supply to cover our typical patient care needs.

[Recent FDA Alerts](#)

[Applies to All Physicians](#)

FDA
Update

Want to bring to your attention three recent FDA alerts:

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

04.29.2015

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

UPSTATE
UNIVERSITY HOSPITAL

FDA updates label for Chantix (varenicline) to include potential alcohol interaction, rare risk of seizures, and studies of side effects on mood, behavior, or thinking (3/9/15)

FDA Alerts
Update

The FDA is warning that the prescription smoking cessation medicine Chantix (varenicline) can change the way people react to alcohol. In addition, rare accounts of seizures in patients treated with Chantix have been reported. Until patients know how Chantix affects their ability to tolerate alcohol, they should decrease the amount of alcohol they drink. Patients who have a seizure while taking Chantix should stop the medicine and seek medical attention immediately.

The FDA has also updated the *Warnings and Precautions* section of the label to include information about several studies that investigated the risk of neuropsychiatric side effects on mood, behavior, or thinking occurring with Chantix. These included observational studies,²⁻⁵ as well as analyses that Pfizer conducted of randomized controlled clinical trial data.⁶ These studies did not show an increased risk of neuropsychiatric side effects with Chantix; however, they did not examine all types of neuropsychiatric side effects, and they had limitations that prevented us from drawing reliable conclusions.

Full details can be found at: <http://www.fda.gov/Drugs/DrugSafety/ucm436494.htm>

FDA cautions about using testosterone products for low testosterone due to aging; requires labeling change to inform of possible increased risk of heart attack and stroke with use (3/3/15)

The FDA cautions that prescription testosterone products are approved only for men who have low testosterone levels caused by certain medical conditions. The benefit and safety of these medications have not been established for the treatment of low testosterone levels due to aging, even if a man's symptoms seem related to low testosterone. The FDA is requiring that the manufacturers of all approved prescription testosterone products change their labeling to clarify the approved uses of these medications. They are also requiring these manufacturers to add information to the labeling about a possible increased risk of heart attacks and strokes in patients taking testosterone. Health care professionals should prescribe testosterone therapy only for men with low testosterone levels caused by certain medical conditions and confirmed by laboratory tests.

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

04.29.2015

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

UPSTATE
UNIVERSITY HOSPITAL

In addition, based on the available evidence from published studies and expert input from an Advisory Committee meeting, FDA has concluded that there is a possible increased cardiovascular risk associated with testosterone use. These studies included aging men treated with testosterone. Some studies reported an increased risk of heart attack, stroke, or death associated with testosterone treatment, while others did not.

Full details can be found at: <http://www.fda.gov/Drugs/DrugSafety/ucm436259.htm>

FDA warns of serious slowing of the heart rate when antiarrhythmic drug amiodarone is used with hepatitis C treatments containing sofosbuvir Harvoni or Sovaldi in combination with another Direct Acting Antiviral drug (3/24/15)

The FDA is warning that serious slowing of the heart rate can occur when the antiarrhythmic drug amiodarone is taken together with either the hepatitis C drug Harvoni (ledipasvir/sofosbuvir) or with Sovaldi (sofosbuvir) taken in combination with another direct acting antiviral for the treatment of hepatitis C infection. We are adding information about serious slowing of the heart rate, known as symptomatic bradycardia, to the Harvoni and Sovaldi labels. We are recommending that health care professionals should not prescribe either Harvoni or Sovaldi combined with another direct acting antiviral, such as the investigational drug daclatasvir or Olysio (simeprevir), with amiodarone. Patients should not stop taking any of their medicines without first talking to their health care professionals.

Full details can be found at: <http://www.fda.gov/Drugs/DrugSafety/ucm439484.htm>

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

04.29.2015

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](#)

Physician
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:

UHCC Neurology – Dr. Amy Sanders – she made numerous phone calls to agencies on my behalf and went out of her way to help me. She is a terrific, caring doctor.

Dr. Sanders – explained everything so I could understand.

Cardiology – Dr. Bhatta. Truly concerned. Took a lot of time & felt very confident with her.

Dr. Carhart is a great provider. Easy to talk to and he listens to my concerns.

Joslin Center for Diabetes – Dr. Rachel Hopkins is a very good doctor. She is always very nice and explains things well to me and lets me voice my concerns.

Upstate Pediatrics – Dr. Sisskind is a lovely person and wonderful doctor. I feel so lucky that we ended up with her.

Dr. Sisskind; she is such a kind, down to earth doctor. She was very reassuring to us as new parents and gentle and sweet with our baby boy.

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.