

MORNING CMO REPORT

06.17.2015

FROM THE DESK OF:

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

UPSTATE
UNIVERSITY HOSPITAL

Change to Rapid Response Team (RRT) Physician Staffing

Downtown Campus Only

RRT Changes
Alert

Rapid response teams (RRT's) have gained widespread acceptance within hospitals as a mechanism to identify, and quickly intervene on, hospitalized patients whose condition is deteriorating. While the efficacy of RRT's in actually saving lives has come into question (see for example Winters et al, 2007 or Chan et al, 2010), the literature does suggest that they can provide an important early warning system to avoid out-of-ICU codes and appropriately reassess the resources needed to provide safe care.

On the Downtown Campus of Upstate, RRTs are staffed by a SWAT Nurse, a Respiratory Therapist, and the Administrator on Call (to facilitate transfers, if necessary). The physician response to the RRT has been provided by a rotation between the MICU and SICU services, no matter where the patient is located or which service is assigned as the primary service. These two services have provided a superb response, but at the expense of pulling them away from even sicker patients already in the hospital's ICUs.

In response to concerns raised by these services regarding this burden, we have had several meetings to discuss staffing options for physician coverage of RRTs, including conversation with the Resuscitation Committee, Inpatient Services Committee, and Clinical Chiefs. No easy answers emerged from these discussions. Ultimately, the best near-term solution to emerge was to require the primary service assigned to the patient to serve as the first point of contact as part of the RRT call. In many ways this makes sense, as the team of record for this patient is most knowledgeable about their condition and ultimately responsible for their wellbeing.

Therefore, **beginning on July 1st**, any RRT will now require immediate response by the primary service caring for the patient showing signs of difficulty. The resident will receive a page with floor extension number followed by 911. Working in conjunction with the experienced SWAT Nurse, the Respiratory Therapist, and the patient's assigned care team, the primary physician will be responsible for assessing and directing the care of this patient. As per hospital policy, the patient's attending physician will also be made aware of the RRT and will provide input into the plan of care. Should the primary team require additional **URGENT** assistance, they should consult other services, including MICU or SICU, **who will provide an immediate response to the patient's bedside**, particularly if ICU transfer is a potential end result. And as always, if the patient meets criteria, a code should be called to bring immediate life-saving care to the bedside.

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.

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We average about 45 RRTs per month, housewide, and two-thirds of these occur within the Department of Medicine. Different services may arrange to cover this responsibility differently, though involvement of more senior housestaff may be warranted given the likely acuity of these patients. Whatever the arrangement, there should be no question as to whom the primary floor nurse should call for any individual patient, in the event of an RRT.

As with any major change in the hospital, we will be monitoring this closely. I have asked that any failures to respond to the floor immediately be brought to the joint attention of me and the Chief of that Service. We will also be reviewing early experience with this new arrangement and making changes if necessary, as we want to be sure that the RRT, in whatever structure it is configured, is optimally serving its purpose in protecting our patients.

I realize that this change is coming on short notice and I apologize for any delays I may have introduced into the process through deliberation. I do believe this is the best solution we have at present with the resources on hand, and I hope you will help me to be sure this gets rolled out successfully. If you have questions or concerns, please let me know so we can try to get them addressed prior to July 1st, if possible.

Laboratory Updates

Applies to **Downtown Physicians**

Please be advised the Critical Values of the laboratory will be changed to reflect the new Upstate University Hospital Critical Values and Test Policy, CM P-24 on 6/24/15. See link below for details:

http://www.upstate.edu/policies/documents/intra/CM_P-24.pdf

In addition, the Clinical Pathology Laboratory will be changing the reference laboratory testing to LabCorp on 6/29/15. Send out testing will be sent to LabCorp as of this date. Both of these changes do not apply to any testing done at the LACNY (Community Campus) lab.

For further questions, please feel free to contact Linda Underwood at 4-6771.

Lab Updates
Informational

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Department of Health Urges Travel History be Identified

[Applies to All Physicians](#)

DOH Update
Informational

With recent outbreaks of infectious disease such as Middle East Respiratory Syndrome coronavirus (MERS-CoV) in South Korea and Ebola in West Africa, the New York State Department of Health (DOH) is urging healthcare providers to ask ill patients about any travel history and to report suspect cases immediately. Travel history is critical for early identification of many infectious diseases. Delays in identification, isolation, and reporting of suspect patients and improper use of personal protective equipment can result in staff and community exposures, which can be dangerous to those exposed and impact hospital operations.

Community Outreach Award: Kudos to “*She Matters*”

[Applies to All Physicians](#)

She Matters
Informational

Congrats to Maxine Thompson, Assistant VP in Upstate’s Diversity and Inclusion; Linda Veit, Special Projects Manager in the Upstate Cancer Center and Bill Simmons, Executive Director of Syracuse Housing who were presented with the Award for Excellence in Community Relations by the SUNY Council for University Advancement (SUNYCUAD) for the development and implementation of the Healthy Neighbors/She Matters program.

SUNYCUAD is a professional organization whose membership includes SUNY employees from every campus who work in all areas of advancement, including government and community relations, media relations, development, marketing, and others.

She Matters is program of the Upstate Cancer Center and the Syracuse Healthy Neighbors Partnership with Upstate that has the goal of reducing breast cancer health disparities in low income women, with a specific focus on African American women. The *She Matters* program uses Resident Health Advocates (lay people who live and work in the community they serve) to increase the breast cancer awareness and to increase the rates of screening mammography in underserved women.

The successful *She Matters* program, funded by the Susan G Komen CNY Foundation has demonstrated the effectiveness of using Resident Health Advocates to educate peers about breast cancer prevention and the importance of screening and early detection, to increase the number of women who get annual mammograms.

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I mention it as a nice example of the type of innovative programming we will need to continue to develop to meet the needs of patients even outside the walls of our 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:

Emergency Department at CC – I would rate outstanding! Bless that young doctor (Dr. Stirpe) who helped me and got me directed to the specialties I need.

Physician Report at CC – Dr. Halleran is an excellent doctor.

Physician Report at CC – Dr. Battula was my anesthesiologist. He was incredibly kind, patient, thorough & compassionate.

5A – Dr. Kittur because he was kind and compassionate.

10E – Dr. Lemke went way above the call of duty.

Dental Service – Dr. Elizabeth Cappadonia possesses an excellent doctor to patient ability in a friendly and courteous manner.

Joslin Center – Dr. Weinstock is exceptional; takes her time and listens to concerns.

Surgery @ Harrison Center – Dr. Ali is kind, professional and listens.

University Cardiology – Dr. Carhart was very understanding and explained very clearly. Dr. Bhatta was very thorough and nice.

Upstate Urology – Dr. S. Vourganti was very informative on my first visit with him and other follow-up visits. He explained everything and answered every question very thoroughly.

Dr. Makhuli sets a standard for patient care that he and the staff follow. It is not only impressive, but the reason I continue to seek his care and advice. It is second to none and I truly appreciate and respect it.

Dr. Bratslavsky, also Jen clinical assistant. Called me on phone four times to see how I was doing. Dr. B. also called me on the weekend from home. Love him.

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