

MORNING CMO REPORT

11.19.2014

FROM THE DESK OF:

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

UPSTATE
UNIVERSITY HOSPITAL

Adult Pain Medication Order Set Now Available

Applies to All Physicians

Pain Order Set
Advisory

After a sentinel event related to opioid therapy, we have instituted several measures to improve the safety of opioid prescribing and administration. One component of this plan was to create an institutional order set for the treatment of acute pain. Accordingly, a new order set named "Adult Pain Medication Order Set IP" has been created in EPIC and provides therapy options based upon severity of pain. Prescribers are encouraged to review and utilize this order set when deemed appropriate for their patient's care.

Admission Order Panel

Applies to All Physicians

Order Panel
Advisory

Patients in a hospital bed receiving services at University hospital require an accurate level of care assignment. Patients are not simply admitted to the hospital. To CMS and commercial payers the term "admit" means inpatient level of care. The level of care has significant billing, compliance and denial implications for the hospital and the physician, as well as serious financial implications for the patient. The attending of record is ultimately responsible for the level of care order placement and accuracy. EPIC uses an "admit" order set to assign the patient to the proper level of care and refers to that order as the admission discharge transfer (ADT) order. The admit order set should be used for all patients placed in a bed ("admitted") for hospital services, including procedures and surgeries, to assign the proper level of care and is as follows:

Accept

Admit Patient

Admit to Inpatient order should be used if the patient:

- Is in the ED or a direct admit. Patient meets severity of illness and risk criteria for Inpatient and is expected to stay over 2 midnights.
- Is scheduled for an elective admission and is expected to stay over 2 midnights, such as a major surgery or a planned medical treatment that will require an inpatient admission
- Has had an outpatient procedure and has had a significant complication with a procedure and is expected to stay over 2 midnights
- Requires hospice care

Place Patient in Observation order should be used if the patient is:

- Is in the ED or a direct admit and has a medical/surgical problem that will require diagnostic tests and/or treatment for a brief period (usually < 2 midnights) to determine the need for inpatient admission, outpatient surgery, or inpatient surgery or discharge.
- **Do NOT use for Post-Surgery patients.**

Place in Outpatient/Ambulatory Surgery-Operating Room order should be used if the patient is:

- In the ED or a direct admit that is an Outpatient going to the operating room and not expected to stay greater than 2 midnights

Place in Outpatient/Ambulatory Procedure-Non Operating Room order should be used if the patient is an:

- In the ED or a direct admit that is an Outpatient going to a procedural area (endoscopy suite, cath lab, EP lab, IR, etc)

Place Outpatient In A Bed order should be used if the patient:
Is an outpatient who is having a blood transfusion or infusion (chemo, ketamine, etc 11G)

Admit to Inpatient

Admit Patient to PMR (UH 2N or CC 4E)

Admit Patient to PSY (UH 4B)

Admit to Inpatient PSY (CC 5W)

Admit Patient to Transitional Care Unit (CC 5E)

Place in Outpatient/Ambulatory Surgery-Operating Room

Place in Outpatient/Ambulatory Procedure-Non Operating Room

Place Patient in Observation

Place Outpatient In A Bed

Next Required

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Please familiarize yourself with the different levels of care and when they should be used. This is explained within the order set. Excluding psychiatry or rehab/TCU placement the primary level of care assignments are ADMIT to INPATIENT, PLACE in OBSERVATION, PLACE in OUTPATIENT/AMBULATORY SURGERY, PLACE in OUTPATIENT/AMBULATORY PROCEDURE. Outpatient in a bed level of care should rarely be used except for very specific obstetric and Heme/onc services. The Utilization Management department can be contacted via AMION for appropriate level of care questions. For general education on level of care contact Matthew Glidden MD at gliddenm@upstate.edu.

Outstanding Physician Comments

[Applies to All Physicians](#)

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 at Upstate:

Physician
Comments
Informational

5A – “Dr. Hsu is exceptional. Good sense of humor and great professionalism.”

6A – “Dr. Kato – outstanding. I had similar symptoms in my feet for one year – saw multiple physicians and he was the first to accurately diagnosis the cause.”

9G – “Dr. Krishnamurthy and his team are very professional and good at their work. I would recommend this amazing team to everyone!”

5B – “Dr. Shapiro saved my life twice - two surgeries - excellent dr. surgeon.”

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.