

MORNING CMO REPORT

01.04.2017

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

UPSTATE
UNIVERSITY HOSPITAL

Notice for Single Sign On

[Applies to All Physicians](#)

Coming in the New Year- More efficient log ins!

Single Sign On
Informational

In January we will be introducing the ability to use your ID badge as a log in for computer systems. Every time you would use your password, you will be able, instead, to log in by touching your ID to a reader next to the keyboard. This should significantly speed time through the system. You will be able to use this for many of our clinical systems including, Epic, PACS, Groupwise and others.

The process will be piloted on in early January on 12F first and then on 11G, Ortho (Fly Road and CC) and Multi-D (Cancer Center). We hope to have the complete rollout begin at the end of the month.

Please note: this will only be available in clinical areas to start. You will still need to enter your password periodically to confirm you have possession of your ID. E-prescribing will require a secondary authentication as it does now.

FilmArray Meningitis/Encephalitis Panel

[Applies to Downtown Physicians](#)

FilmArray
Informational

Beginning **January 12, 2017**, the UH Microbiology Laboratory will replace our current HSV and Enterovirus CSF PCR assays with the FilmArray Meningitis/Encephalitis (ME) Panel. The FilmArray panel detects multiple viruses, bacteria, and *Cryptococcus* (see Table) and will be available 24/7.

Bacteria	Viruses
<i>Escherichia coli</i> K1	Cytomegalovirus
<i>Haemophilus influenzae</i>	Enterovirus
<i>Listeria monocytogenes</i>	Herpes simplex virus 1
<i>Neisseria meningitidis</i>	Herpes simplex virus 2
<i>Streptococcus agalactiae</i>	Human herpesvirus 6
<i>Streptococcus pneumoniae</i>	Human parechovirus
Fungi	Varicella zoster virus
<i>Cryptococcus neoformans/gattii</i>	

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

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Test Code: CSFP (CSF Pathogen Panel)

The ME panel is not a replacement for culture. CSF bacterial culture must be ordered in addition to the panel. If no culture order has been placed at the time of receipt, the ordering provider will be contacted.

Specimen: Cerebrospinal fluid collected by lumbar puncture only. **CSF collected by other means cannot be tested.** Minimum volume is 1 mL.

Due to the theoretical possibility of sample contamination, it is important that all personnel present wear surgical masks during the collection process.

- *S. pneumoniae*, *H. influenzae*, and *N. meningitidis* can be shed from the respiratory tract of healthy individuals.
- HSV may be shed from active cold sores.
- Cross-reactivity with human rhinoviruses may occur.

Transport: Samples should be transported at room temperature immediately following collection.

Turn-around time: 2 hours from time of receipt.

Notes:

- If cryptococcal meningitis is suspected, the cryptococcal antigen test is recommended as an adjunct to the ME panel.
- This assay does not distinguish between latent and active CMV or HHV-6 infections.
- Viral shedding into the CSF often occurs in cases of zoster; VZV may not be the cause of CNS disease in these cases.
- Non-K1 E. coli serotypes and non-encapsulated strains of N. meningitidis are not detected by this panel.

Zoll Connector Fast Facts

[Applies to All Physicians](#)

Zoll
Informational

Effective February 1, 2017, The 5 lead ECG cable will be removed from the rear panel ECG port of the Zoll and replaced with the connector plug (cap). ECG leads will be secured (zip-tied) to the Zoll. OneStep Electrode Pads will be utilized for all functions: cardiac monitoring, defibrillation, cardioversion and external pacing. For Providers using this technology, see attached pictures.

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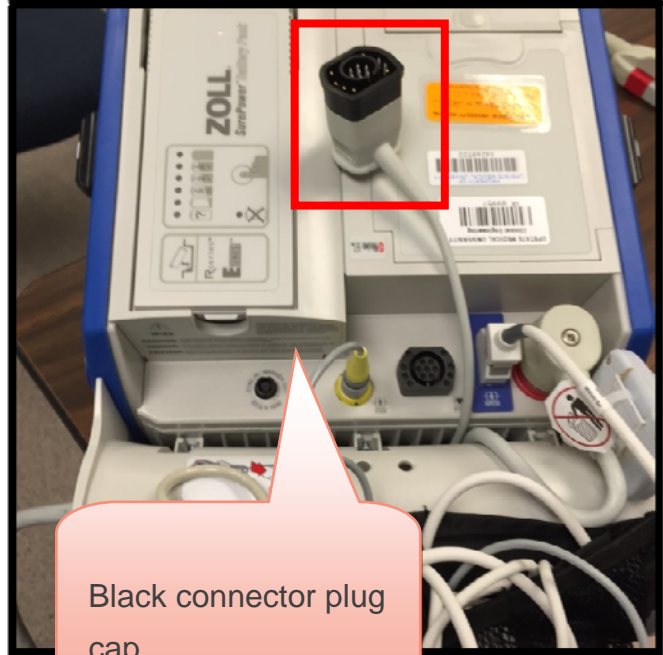
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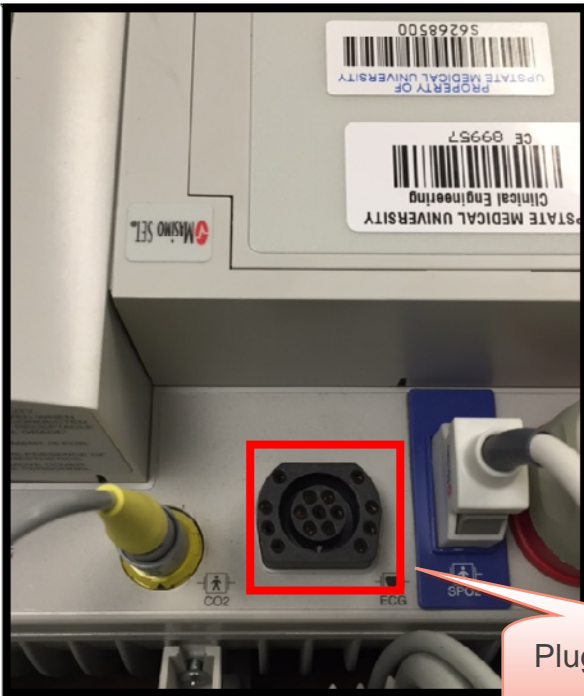
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OLD: Current Zoll set up



Black connector plug cap



Plug in connection

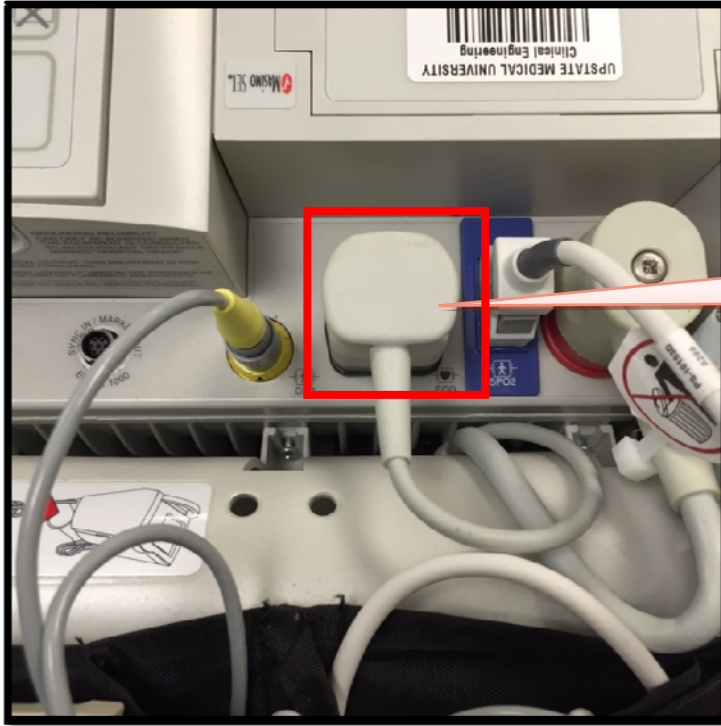
ADVISORY-Provides very important information for patient. Requires immediate action.
UPDATES TO ALERTS AND ADVISORIES-Provides updates on patient status; unlikely to require immediate action.
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New set up as of 2/1/17

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Lace + Index

[Applies to All Physicians](#)

Lace +
Informational

The LACE+ Index predicts risk of mortality or urgent readmission within 30 days of discharge from the hospital. The score is calculated by a set of criteria that is highly predictive for recidivism and mortality within 30 days. The score should be used as a tool to drive multidisciplinary planning rounds, the utilization of post-acute partners and the need for palliative care and hospice.

LACE+ score is based on the following criteria:

- ✓ Age
- ✓ Sex
- ✓ Length of stay
- ✓ Comorbidities
- ✓ Whether the patient was admitted through the ED
- ✓ Teaching status of the discharge hospital
- ✓ Number of ED visits in the six months prior to admission
- ✓ Number of days on alternative level of care during admission

For inpatient providers the LACE+ score can be seen on the attached documents.

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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:

Breast Imaging – Dr. Adhikary – very professional, very caring and very personable.

The Surgery Center - CG – Dr. Paonessa was very clear and patient in answering my numerous questions!

Dr. Sopp - Great!

Hyperbaric – Dr. Santiago, thank you for everything!

Center for Children's Surgery – Dr Marzouk, very pleasant, informative, friendly.

12E – Dr. Trust was amazing!

Emergency Department - Dr Sarsfield was amazing – totally attentive to my condition throughout my ED stay. Very concerned, knowledgeable and quick to make things happen.

University Cardiology - Dr Michiel is the best doctor of anything that my family has been seeing. He always helps with all concerns and questions we have. He is like a family member that cares for his patients.

Dr. Carhart and staff are exceptional in their practice and care for patients.

University Pediatrics – We love that Dr Sisskind gets to know us and answers all our questions.

Dr. Sisskind has the best bedside manners! We never feel rushed with her; she goes through everything thoroughly with us. My kids are blessed to have her as their doctor.

Dr. Kresel and the Upstate Peds Team are outstanding.

Medicine Subspecialties- Dr Chakravarty returns my calls and spends as much time as I need; he explains everything.

Dr. Neupane is awesome. He is my most favorite doctor. He is so easy going; and gives you a choice of a recommended medicine that he might suggest. He is so personable. I really look forward to my appointments. With Dr. Neupane, I know that I will get the best care!

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- Joslin-** Dr. Izquierdo has been my doctor for years – in good times and bad he has been my rock. He always is there for me, calms me down when things are rough.
- Adult Medicine –** Very pleased with Dr. Cleary. Been with her for 30 years; she listens to me when I call her.
- University Geriatricians –** Dr. Burke is very knowledgeable, professional, caring and helpful.
- Transplant Center -** Dr Pankewycz is an excellent medical provider; he shows compassion, listens to all my concerns and questions and then answers me with laymans terms that I understand.
- 5A –** Dr. Hegazy was fabulous!

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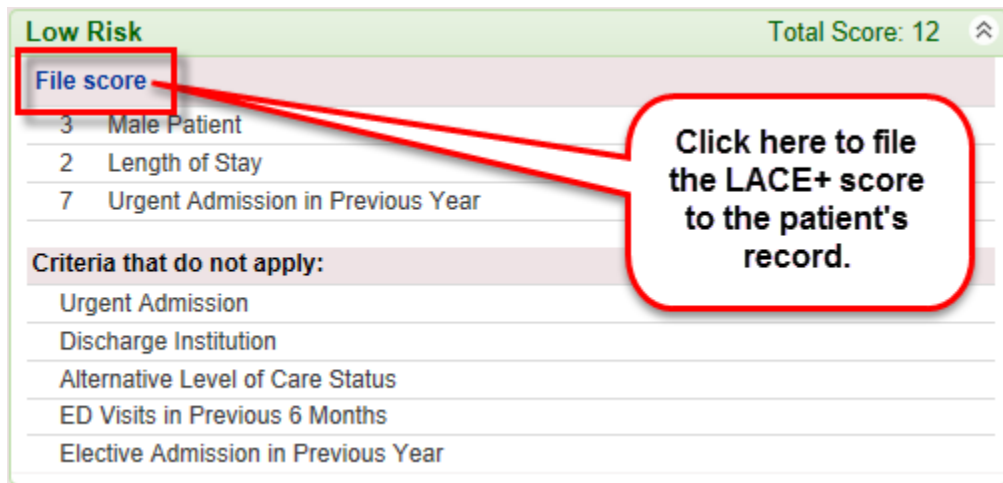
LACE+ Score for Readmission Risk (Rev. 12/8/16)

The LACE+ replaces the readmission risk assessment that was previously done by inpatient nurses during admission. LACE+ scores range from 0-90 and help to predict the likelihood of readmission or death within 30 days of discharge. It is automatically calculated by the system based on 8 different criteria:

- Male patient
- Length of stay
- Urgent admissions in the previous year
- Urgent admission for current encounter
- Discharge institution
- Alternate Level of Care status
- ED visits in the last 6 months
- Elective admission in previous year

It is Nursing's responsibility to file this score upon admission AND upon Discharge. There will be a section in both Admission and Discharge navigators to access the score and file it.

What does it look like?



<p>0-28 = Low risk 29-58 = Moderate risk 59-90 = High risk</p>
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The LACE+ score can be found in many different places within the chart, depending on your discipline. Although the system calculates the score, it does not file it; that must be done manually by clicking on the blue **File score** hyperlink.

Where can I find it?

Inpatient nurses can find the LACE+ score in the **Summary activity** → **Overview** report, as well as in the **Admission and Discharge navigators**.

Case Managers and Utilization Reviewers can find it in the **CM/UM activity**.

It can also be found as its own report in the Summary activity (search for LACE+), as a Patient List report, and as a column in Patient Lists.