Best Practice Surgical Attire

On May 8 & 9 the Department of Health was at Upstate University Hospital performing a CMS Federal Survey in regards to Surgical Services. The outcome of their survey revealed Medical Providers in the Operating Room arena did not have proper surgical attire - specifically a lack of beard covers, side burns exposed, hair out of bouffant/skull caps and no eye protection.

The Department of Health intends to recommend to CMS what is called a “Condition Level Finding”. This means that if we do not correct our practices immediately when the resurvey occurs we run the risk of losing our CMS reimbursement.

We are mandating that you review and adhere to attached summary of the policy - immediately.

Shortly we will begin real time audits by Infection Control, Surgical Chiefs/Chairs and Hospital Leadership to ensure compliance. Failure to comply will follow our Professional Standards and the Code of Conduct.

Thank you for your attention to this very important message!

Operating Rooms and Sterile Areas Best Practice to Reduce Surgical Site Infections

❖ Surgical/Procedural Attire- policy CM S-31

- **Attire:**
  - Disposable surgical attire should be donned daily in designated dressing area before entry into semi-restricted and restricted area.
  - Undergarments that exceed scrub attire length are not acceptable.
  - Attire worn in the restricted area is **not** to be worn into or out of the institution.
  - Hospital surgical attire is **not** to be worn to work or taken home.
  - A disposable surgical head cover or hood that covers the head, confines all hair (including facial hair), and minimizes microbial dispersal (not jeweled or decorative) must be worn.
  - Disposable coveralls and hats will be available for non-OR staff that needs to enter restricted area: this includes family members going into the operating room with patients for induction.
  - Jewelry must be secure for all personnel and covered or removed when at the operating field.
Mask:
- All personnel in arenas where surgery is being performed must wear surgical masks except as stated below. These masks should fit snugly so breathing is through the mask, not around it, to help prevent droplet contamination of the patient’s wound(s).
- Masks are not to be saved by hanging them around neck or tucking them into pocket for future use. Masks should be removed carefully by handling only the ties and should be discarded immediately.

Eye Protection:
- All personnel in the operating room arena where surgery and/or procedures are being performed must wear protective eyewear masks and/or face shields.

Finger Nails:
- Fingernails will be kept short. If fingernail polish is used, it will be kept in good repair. Artificial fingernails may not be worn (Any application that is not your natural nail).

Lanyards:
- Lanyards can harbor bacteria such as MRSA, Enterococcus and Enterobacteracia and should not be worn at all.
- ID badges should be clipped on and disinfected regularly.

Evidence-Based Reference(s) for Policy:
CDC. Guidelines for Hand Hygiene in Health Care Settings. MMWR. 2002; 51; No. RR-16:1-56.
Celiac Panel

As of May 18, 2017, the Immunology Laboratory will be performing a new Celiac Panel.

- Method: BIO-FLASH Chemiluminescence Immunoassay (CIA)
- Reference Range:
  - <20 Normal (Negative)
  - 20-30 Weak Positive
  - >30 Positive
- The new Celiac Panel will include:
  - TTG-IgA
  - DGP-IgA
  - DGP-IgG
  - IgA level

  If the patient is found to be IgA deficient then TTG-IgG will be automatically performed.

  These tests can be ordered together as a celiac panel or they can be ordered individually.

  **What is changing:**
  
  We are changing the methodology from ELISA to Chemiluminescence so the Reference Range is different.

  Previous DGP test detected a combination of both IgA and IgG antibodies. There will now be two separate tests, one for DGP-IgA and one for DGP-IgG.

  - Performed: Twice/week (Monday, Thursday)
  - Turn-around Time: 4 days
Interim Associate Chief Medical Officer

As some of you may already be aware, Dr. Bonnie Grossman, Associate Chief Medical Officer at the Community Campus, has announced her retirement effective May 31, 2017. She has done incredible work over the last six years incorporating the Community Campus within our organization. She and I have worked closely together – it has been my pleasure. I wish her well in her new post-retirement endeavors.

For those interested in saying farewell, we are planning a reception on Thursday, May 18th in the Community Room at Community Campus from 3:30 - 4:30. Light refreshments and snacks will be served. All medical staff are invited to participate.

A full search for her replacement has been launched and a search committee has been formed with both physician and hospital membership. For those who are personally interested or know of anyone who might be interested and qualified for the role, please encourage them to apply online at: http://www.upstate.edu/hr/jobs/index.php

In the interim, I am pleased to announce that Dr. Matthew Glidden has been selected as the interim Associate Chief Medical Officer beginning June 1, 2017. Dr. Glidden is a graduate of Upstate’s medical school and residency program and has been on the faculty since 2006. Over the past four years he has served as Director of UR and CDI and is a respected and valued member of the Upstate medical staff. I would like to thank Dr. Glidden for stepping forward on such a short notice in this important role and look forward to working with him in this capacity.
Outstanding Physician Comments

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:

**ENT @ Community** – I am very pleased with the care I am receiving w/ Dr. Nicholas.

**Upstate Outpatient Surgery Center** - Dr. Ginzburg - Extraordinarily kind and professional. Very concerned about my knowledge of the procedure and what to expect afterward.

**The Surgery Center CG** – Dr. Daly and Dr. Marziale were great. Thank you!

**Vascular Surgery Clinic - CG** – Dr. Scott Surowiec has been on top of my situation through office visits and hospital stays.

**Interventional Radiology** - Dr. Zhang – I was treated with respect and kindness from the moment I walked in and all through the procedure.

**Dr. Karmel** – Very impressed during my visit!