

CMO REPORT

FROM THE DESK OF

Amy Tucker, MD, MHCM, Chief Medical Officer, Upstate University Hospital
Associate Dean for Clinical Affairs, College of Medicine
Vice President, Ambulatory Services and Population Health, Upstate Medical University

UPSTATE
UNIVERSITY HOSPITAL

May 26, 2020

550 Harrison Center COVID-19 Testing-Site Move

In order to accommodate growing clinical demand, the COVID-19 testing-site at 550 Harrison Center will move to 800 Water Street on Wednesday, May 27th.

Peer Support by Dr. Leslie Kohman

Peer support is now available to clinicians from Bassett healthcare, Upstate Medical University, Mohawk Valley Health System and Oneida Health through a grant from the New York State (NYS) Health Foundation.

Peer support is effective in reducing clinician distress and burnout. Bassett recently received a grant from the NYS Health Foundation to establish a Multi-Institutional Peer Support Network (MIPS-CNY) between Bassett Healthcare, Upstate Medical University, Mohawk Valley Health System and Oneida Health. Confidential peer support is now available for physicians, advanced practice clinicians, nurses, residents and behavioral health clinicians. In this emotionally stressful time, clinicians can speak with a trained peer supporter from outside their home organization. If particularly stressful situations are identified, the trained supporters will reach out proactively to offer peer support.

The MIPS-CNY program is now available. To self-refer or to refer a colleague, email clinicianpeertopeer@bassett.org or call (607) 547-3244 with the needed contact information. A trained peer supporter will reach out with an email to arrange for a mutually convenient time to talk. The program is confidential. Once the connection between the clinician and the peer supporter is made, all contact information will be destroyed. The program is completely voluntary.

Seven members of the Upstate medical staff have been trained as peer supporters, along with several residents and nurses. They will be a resource to peers at the other institutions, who will do the same for us.

If you have any questions about this program, please contact Dr. Leslie Kohman at KohmanL@upstate.edu.

SwipeSense by Katherine Evertz RN and Dr. Dinesh John

Background: The safety of Upstate patients and employees continues to be of the utmost importance, especially during these difficult times. As we continue our journey toward zero harm, preventing hospital-acquired infections is a top priority. Proper hand washing is one of the easiest yet most effective evidence-based practices we can use to prevent infections. Done right, it can help us achieve our quality goals to reduce the risk of staff and patient exposures, reduce hospital acquired infection rates, and (arguably) improve the patient experience.

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Current State: In 2019, pre-COVID hand hygiene compliance was well below WHO recommendations of >90% hand hygiene compliance to reduce the risk of infection transmission (utilizing manual methods of data collection).

A Way Forward: Upstate has joined forces with SwipeSense, an innovative platform that uses RFID technology to help protect our patients and employees from potentially infectious pathogens. By using a combination of Swipe Sense badges, hygiene sensors and communication / location hubs, we can capture reliable data to improve hand hygiene compliance, rapidly identify staff and caregiver exposures to infectious pathogens such as SARS-CoV-2, and aid in the fight against hospital-acquired infections. Studies have indicated that by partnering with electronic hand hygiene monitoring systems, hospitals can reduce their HAIs by 49%.

What You Need to Know: Installation of this system will occur the week of May 25th on our inpatient units. All staff who work on inpatient units will receive and are expected to wear Swipe Sense badges in early June. I ask that you perform hand hygiene each and every time that you enter and exit your patients' rooms, in accordance with hospital policy. Let's aim for 100%. Lofty as it may be, this goal is 'in our hands' after all!

Any questions related to Swipe Sense can be redirected to www.askIC@upstate.edu



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Clinical Documentation Improvement (CDI) by Dr. Emily Albert and Dr. Ali Khan, Co-Directors, CDI

Why does your documentation matter?

Not only are you using it to communicate your patients' conditions, your plan for their care and their response to it, but it represents corresponding codes in the ICD system which are used for Quality / Risk adjustment. Thankfully, you don't need to know these codes, that's why you have CDI specialists.

We work closely with all of you and our hospital coding department to ensure accurate and complete code assignment. Be sure to answer queries and continue complete documentation throughout the hospital record into the discharge summary – it's one of the most important documents in the medical record.

Please refer to the attached tip sheet for more information and contact the CDI Hotline with questions at 315-464-5455.

Outstanding Physician Comments

Comments from grateful patients receiving care on the units and clinics at Upstate:

Breast Care Center: Dr. Jayne Charlamb – always professional, prepared, knowledgeable.

Joslin Center for Diabetes: Dr. Nidhi Bansal is always upfront and listens. Dr. Barbara Feuerstein is a wonderful, caring, person and doctor. We are more than thankful for Dr. Roberto Izquierdo – excellent care, advice, includes and asks thoughts on decisions that are made. Dr. Yanping Kong – very friendly, concerned and answered all my questions. I felt like he gave me good suggestions about things I needed to do.

Multi-Disciplinary Programs Cancer Center: Thought Dr. Michael Archer explained everything in terms I understood. Dr. Mark Crye has been a great doctor. I was very lucky to have him.

Regional Perinatal Center: Dr. Robert Silverman is extremely knowledgeable and informative. He reviewed potential risks clearly with me and made recommendations on how to proceed with my care.

Rheumatology Clinic: I was nervous about doing an appointment by video but Dr. Sheetal Rayancha did a great job. I am no longer worried about internet appointments. Dr. Sheetal Rayancha has an amazing bedside manner. She is caring and compassionate.

UHCC – Neurology: Dr. Karen Albright is a genuine caring person that is apparent through the way she interacts with me during my visits. She never makes you feel rushed and takes the time required to answer all



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questions to my satisfaction. She is the best! She is truly a credit to her profession. **Dr. Arayamparambil Anilkumar** was so kind and reassuring. I was very pleased with our visit from start to finish. I had a concern about medication and he called me himself to reassure me. He really went above and beyond.

University Internists: **Dr. Amit Dhamoon** is excellent – don't change a thing. **Dr. Vincent Frechette** is very clear on how we are addressing my issues and we are receiving positive results. I have never had a doctor I trusted more than **Dr. Barbara Krenzer**, as a physician, and a wise and caring person, who really knows her patients. **Dr. Barbara Krenzer** listened, responded to my questions, and performed an examination to check on symptoms. I felt she cared for me as a whole person. **Dr. Sarah Lappin** discussed my situation and made a decision based on my description

Upstate Urology: **Dr. Gennady Bratslavsky** is caring for me mentally as well as physically. A pleasure to speak with **Dr. Natasha Ginzburg**. Very pleased with **Dr. Natasha Ginzburg**. It's been nearly four years since **Dr. Oleg Shapiro** removed my cancer and saved my life. I can never thank him enough. Excellent communication and care by **Dr. Oleg Shapiro**.

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Clinical Documentation Improvement

Tip of the Month – Why Documentation Matters

Applies to all providers

Many organizations provide quality rankings for physicians and hospital systems—determined after risk adjustment is applied. Risk adjustment is based on clinician documentation. Only coded diagnoses are included in the risk adjustment.

Did You Know?

There are no ICD-10 codes for the organ-system approach to medical record documentation. You must document specific diagnoses for which there are corresponding codes in the ICD system, and validate each diagnosis, if you hope to receive the credit you deserve for the work you do.

You don't need to know the codes – that's why you have CDI Specialists!

ICD-10 specific documentation is paramount to demonstrating quality!

Quality Measures impacted by risk adjustment based on clinical documentation include:

Mortality Rate/Scoring	Hospital Rankings
Readmission Rates	Length of Stay

Unintentionally downgrading the severity of a patient's clinical condition in the medical record can lead to insurance company denial opportunities.

Physician Queries serve many purposes and can come from Coders and CDI professionals.

During the patient's hospitalization - queries come from CDI

After discharge - queries come from Coding:

To support documentation of conditions that are evident clinically but without complete documentation of corresponding diagnoses or condition.	To clarify diagnoses documented without documentation of clinical validation.
To clarify procedure objectives and details	To support appropriate Present on Admission (POA) code indicator assignment.
To establish acuity and specificity of documented diagnoses, whenever possible	To establish relevance and diagnostic status, "history of" vs. chronic conditions, active or ruled out diagnoses
To resolve conflicting documentation	To establish clear cause-and-effect relationship between medical conditions

Be sure to continue complete documentation & carry all diagnoses through the Discharge Summary! It's one of the most important documents in the medical record and is:

The first document hospital coders review when they start coding any given hospitalization
Considered the final diagnostic statement for the entire hospitalization
The first document Recovery Auditors review in their efforts to deny any given hospitalization and remove important diagnoses