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 29, 2020

Dr. Jeremy Joslin Appointed as Clinical Operations Officer by Amy Tucker

I am delighted to announce the appointment of Jeremy Joslin, MD, MBA as Clinical Operations Officer for Upstate University Hospital, effective May 11, 2020. Dr. Joslin has served as the Assistant Chief Medical Officer for Capacity and Clinical Operations since 2018. Over the past 2 years, he has worked across multiple stakeholder groups to coordinate a united effort to improve patient care efficiency and smooth operations. During his time as Associate CMO for Capacity and Clinical Operations, he collaborated with nursing, physicians, and IMT leadership to develop process improvement initiatives and innovations that are used to guide our hospital's daily decisions on admissions, discharges, and transfers. During Upstate's response to COVID-19, Dr. Joslin served as the Incident Command Planning Section chief, leading a multi-disciplinary team that drafted the hospital's surge and re-opening plans.

"Throughout my time as Associate CMO, I have been impressed with the dedication of our staff who go above and beyond expectations to ensure our patients receive the most timely care, expertly delivered at the most optimal location within our system," Dr. Joslin said.

Prior to his post as ACMO for Capacity and Clinical Operations, Dr. Joslin served as the University Hospital Emergency Department Medical Director from 2014 to 2018. He has also served as Medical Director of the Upstate Transfer Center and Medical Director for our Transitions of Care Department.

Dr. Joslin earned his medical degree from St. George's University, Grenada. He joined Upstate in 2007 for residency training in Emergency Medicine, after which he completed a fellowship in EMS and Disaster Medicine at Upstate and earned the distinction of Fellow of Wilderness Medicine from the Wilderness Medical Society. Soon after, he developed and directed the Wilderness and Expedition Medicine fellowship program at Upstate, one of the first fellowships of its kind in the United States. He has provided medical direction, operations support, and risk mitigation for sporting events and TV production companies in some of the world's most austere environments.

In 2018, Dr. Joslin completed a Master's degree in Business Administration from SUNY Oswego. In his new role as Clinical Operations Officer, he will report to the Chief Medical Officer. He will continue to work closely with Scott Jessie, MS, RN, NEA-BC, Upstate's Executive Director of Nursing, to meaningfully manage patient logistics and hospital throughput. The Clinical Operations Officer will also oversee the hospital's Pharmacy, Laboratory, and Radiology services.

ALERT — IMMEDIATE ACTION REQUIRED
ADVISORY — PRIORITY BUT NOT FOR IMMEDIATE ACTION
UPDATE — FOR INFORMATION; UNLIKELY TO REQUIRE ACTION

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 29, 2020

Swing Bed Process by Robert Seabury

Upstate has received authorization to use a swing bed designation for patients who are medically appropriate to return to the facility from which they were admitted, but who have not met the regulatory requirement for a negative COVID test. Once the patients are medically appropriate for discharge, they will be discharged and re-admitted as a Swing Bed patient. The attending physician will need to complete all necessary orders.

Should the patient's condition deteriorate during their time in swing bed status and they must return to acute status, they will need to be discharged and re-admitted as acute. Again, the attending physician would need to complete all orders.

Rob Seabury is working with IMT and Dr. Housam Hegazy to implement the appropriate processes for transferring patients from acute to swing bed status. We anticipate the process will start in early June. Please contact Robert Seabury at seaburro@upstate.edu or 315-464-8057 with any questions.

New Visitor Exception Process

Any exceptions for bedside visitation during COVID-19 were previously approved through the hospital officers. The responsibility for making these determinations has now been transferred to, and graciously assumed by, the Administrative Supervisor on-site at University Hospital or Community Hospital. Ambulatory services should contact the Administrative Supervisor at the closest hospital.

The Administrative Supervisor can be reached via Vocera at 315-464-1400 (Downtown) or 315-464-4200 (Community).

Any visitors that meet the exception criteria must be screened for symptoms (cough, shortness of breath, or fever) or potential exposure to someone with COVID-19, and the duration and number of visits should be minimized. Visitors will be taught PPE donning and doffing before entering the room.

If one visitor is allowed by the Administrative Supervisor exception, that visitor is expected to remain in the patient's room for the duration of the hospital stay or ambulatory encounter. If an exception is needed to accommodate a visitor's essential / critical need to leave the hospital / ambulatory clinic property and subsequently return, that exception must be discussed with the Administrative Supervisor.

Pre-Elective Procedure Option for COVID Testing by Steve McClintic

A new option has been added to the UH COVID-19 Epic Order Screen labeled "Pre-Elective Procedure Testing". This is to help manage our compliance with the Governor's Executive order that requires COVID-19 testing for all elective procedures within 72 hours of the procedure. Like the "Non-Symptomatic Patient" and "Retest for Discharge" options, it

will not place the patient in a "COVID Rule-Out" status, thus preventing the unnecessary use of PPE and other work flow issues.

COVID-19 PCR Rapid Testing Capacity by Steve McClintic

Our Molecular Lab continues to work on expanding our COVID-19 testing capacity. However, we continue to have a very limited supply of Rapid Test Kits (28/day) and an unreliable supply chain, such that we have run out of these kits on several occasions. Please use extreme discretion when ordering a RAPID COVID-19 test. RAPID COVID-19 tests should be reserved for:

- Symptomatic patients being admitted from the ED
- Inpatient transfers to non-COVID floors who have symptoms which may necessitate placement in a COVID unit
- Patients on non-COVID floors who develop ILI symptoms
- Symptomatic homeless patients who are to be discharged
- Symptomatic patients in active labor
- Patients being admitted from the ED directly to the TCU/2N/4E or a psychiatric unit
- Patients for transplant

We are working with vendors to expand our rapid test capacity, as well as our routine testing capacity. Unfortunately, an international shortage of equipment and reagents has hindered our efforts. We hope to see an improvement in our rapid (1-hour) testing capacity in the next few weeks. In July, we will be installing a Roche 6800 Analyzer which has a daily capacity of over 1,000 tests with a 2-hour turnaround time.

Outpatient COVID Testing Order Process at 800 Water Street by Elizabeth Asiago Reddy MD MS

All patients being tested for COVID at the 800 Water Street site (including symptomatic patients and pre-op/pre-procedural patients) should have the following done PRIOR to them going to the testing site:

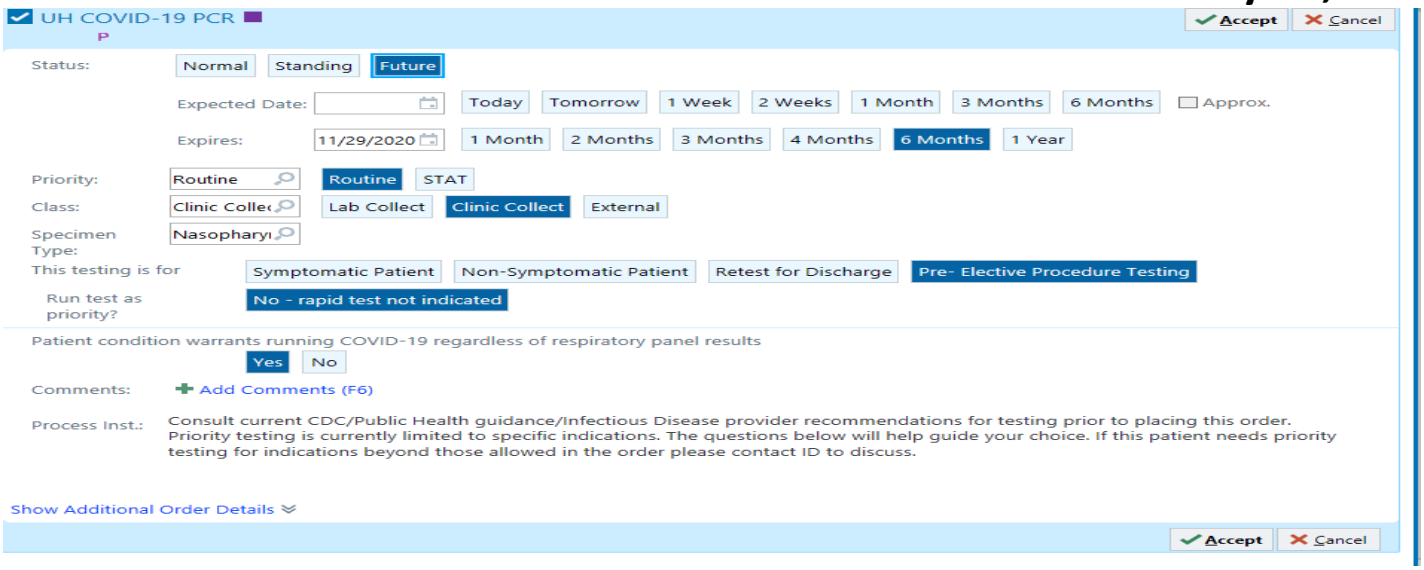
1. An order should be placed in EPIC by the provider (see screenshot below) who is requesting the test (i.e., primary care provider, surgeon, proceduralist) or by pre-admissions testing (PAT)
    a. UH COVID-19 PCR
    b. Order should be placed as FUTURE, CLINIC COLLECT
    c. The reason for testing can be selected by a button
    d. Rapid test is not available and SHOULD NOT be ordered from the Water Street site.

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 29, 2020



2. An appointment should be made for testing BY THE PATIENT. The patient should call 315-464-2778 to schedule and pre-register. They need their insurance information when calling. This will allow faster service on site.
3. If the patient is a SYMPTOMATIC employee or is a member of other special groups identified for testing (e.g. symptomatic EMS), an order will be placed on site. These patients should still call ahead to pre-register.

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 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.

ALERT — IMMEDIATE ACTION REQUIRED
ADVISORY — PRIORITY BUT NOT FOR IMMEDIATE ACTION
UPDATE — FOR INFORMATION; UNLIKELY TO REQUIRE ACTION

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 29, 2020

Outstanding Physician Comments

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

Adult Medicine: **Dr. Kartik Ramakrishna** is absolutely one of the most knowledgeable, kindest and comforting doctors that I've seen and experienced.

Family Medicine: **Dr. Kaushal Nanavati** – great! I have never had a doctor as compassionate as **Dr. Kaushal Nanavati**.

MultiDisciplinary Programs Cancer Center: **Dr. Silviu Pasniciuc** really cares for health and needs.

Peds Neph, Rheum, Integrative Med: I am so thankful for **Dr. Caitlin Sgarlat Deluca** – she is awesome!

Radiation Oncology: **Dr. Stephanie Rice** explained the procedure very good.

The Surgery Center – CG: **Dr. Mark Marzouk** – very helpful and nice.

University Internists: **Dr. Barbara Krenzer** impressed me as an excellent care doctor.

Upstate Urology: **Dr. Joseph Jacob** is second to no one! **Dr. Oleg Shapiro** does an excellent job.

05A: **Dr. Mark Marzouk** – excellent!

06B: **Dr. Ilona Chepak** spent time, was very caring, and explained or found out questions I had.

10G: **Dr. Mashaal Dhir** called my wife at home several times to keep her informed of my status.

11E: My son's doctor (main) was **Dr. Matthew Mittiga**. He is amazing!! He was patient, thorough, and gave me all the options. **Dr. Sarah Talbot** in the ER, she was amazing, and called daily after we were admitted.

UPSTATE
UNIVERSITY HOSPITAL

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