

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

June 16, 2020

NYSDOH Changes to the Requirements for Pre-Surgical COVID Testing

On June 14, 2020, New York State Department of Health (NYSDOH) issued updated guidance for resumption of non-essential elective surgeries and non-urgent procedures in hospitals, Ambulatory Surgery Centers (ASCs), office-based surgery practices, and diagnostic and treatment centers.

The original directive, issued on 4/29/20, included requirements that:

- 1) hospitals test all patients receiving elective surgeries and procedures for COVID-19 within 3 days of their scheduled surgery
- 2) patients test negative for COVID-19 using a molecular assay for detection of SARS-CoV-2 RNA prior to the surgery or procedure

Two changes were made in the presurgical testing requirements:

- 1) the requirement to administer the test has been revised from 3 days prior to the surgery or procedure to **5 days prior**,
- 2) the requirement has been extended to include **both inpatients and outpatient procedures**. Test results must be received and reviewed before conducting the surgery or procedure, except in emergent cases where testing prior to surgery may not be feasible.

The Hospital Association of New York State (HANYS) has been working to clarify the recommendation and suggests that **all patients undergoing a non-emergent surgery or procedure, for whom there is time to do so, get tested.**

COVID Order Sets in EPIC by Paul Suits and Dr. Dinesh John

COVID Order Sets which are currently in Epic include:

- 1) Respiratory Panel & COVID-19 with Isolation Orders – if both tests are needed for a patient.
- 2) COVID-19 with Isolation Orders – if only the COVID test is needed for a patient.
- 3) Confirmation of COVID Negative for Discharge: for the patient population who need to be retested to be confirmed negative, before they can be discharged.
- 4) COVID-19 Rule Out Status: the status will display in Storyboard if 'Symptomatic' is selected.

Please contact www.askteamIC@upstate.edu if you have any questions about COVID testing.

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ADVISORY —
UPDATE —

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FOR INFORMATION; UNLIKELY TO REQUIRE ACTION

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Self-Screening Tool to be Used to Gain Entry into Upstate Buildings

Effective June 11, 2020, the Upstate community is asked to use a new self-screening tool to assess symptoms for possible COVID-19 before entering an Upstate facility.

Following a one-time registration, you will be asked to complete a brief questionnaire on current symptoms.

The screenshot shows the Upstate Medical University logo at the top. Below it, a welcome message states: "Welcome to Upstate's student and staff COVID-19 self-assessment tool! In order to ensure the safest possible environment at Upstate, please complete the following short assessment. By completing this assessment, you attest the responses are accurate to the best of your knowledge. You must complete this assessment every day you plan to enter an Upstate location." Below the message is the question "Have you registered before?" with two radio button options: "Yes" and "No".

If the screening is negative, you will receive a clearance email, to be shown at any of the entrances staffed with screeners.

You are Cleared



Upstate ID: XXXXX

Valid Until: X/XX/XXXX, 9:00 AM

Be prepared to show your pass upon arrival at any Upstate location. You must complete this screening every day you plan to enter an Upstate location.

DO NOT REPLY TO THIS EMAIL.

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At entrances with no screening staff, signs will direct you to use the provided hand sterilizer and take one new ear loop mask for the day.

If the screening is positive, showing a risk for COVID-19, you will be asked to call 315-464-THEM to receive further guidance.

Self-screening each day prior to arrival will save time at Upstate entrances, reduce contact with screeners, and satisfy the requirements set forth in New York State guidance for re-opening.

To register and self-screen, visit the following link from a computer or mobile device: www.upstate.edu/selfscreen. The self-screening tool is also available via the Upstate iPage.

Addiction and Pain Medicine Services by Dr. Sunny Aslam

Upstate Addiction and Pain Medicine is open to all referrals at this time: walk-ins with a support person (though calling to schedule appointment preferred to avoid wait times) and telemedicine (video, phone). Any addiction including drugs, alcohol, tobacco, gambling, sex and food/carbohydrates can be treated. We offer detoxification, drug free treatment and buprenorphine maintenance for opioid disorder. A prescriber supervises all visits. Also, our pain clinic is open to referrals as well. Appointments can be scheduled by calling 315-464-3130.

COVID-19 Helpline for NYS Physicians

The Medical Society of the State of New York has established a helpline for NYS physicians experiencing COVID-19 related stress. Please contact 518-292-0140 to access this support service.

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

All conditions, acute or chronic, require clinical validation. Validation includes acuity assignment, discussion of etiology, relative physical exam findings, specific treatment plan, and response to treatments provided. Every diagnosis should be carried through to the Discharge Summary – your documentation is the end product to justify each hospitalization and capture the outstanding care provided to our patients at Upstate!

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

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Outstanding Physician Comments

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

Center for Children's Surgery: Dr. Tamer Ahmed – fantastic! Dr. Tamer Ahmed – amazing! Dr. Matthew Mason – amazing! Dr. Patrick Smith – very patient, helpful, and explained everything well.

Adult Hematology Oncology: Dr. Dorothy Pan – impressive, goes the extra mile. Dr. Rahul Seth is the best doctor I have ever been to for any reason. He is very knowledgeable and has the best personality. He made me feel so much better than I had been feeling.

The Surgery Center – CG: Dr. Ranjna Sharma has a comforting and compassionate personality that put me at ease.

4North: Dr. Joseph Jacob – highest level of patient care, very knowledgeable, personable, unrushed, honest and responsive.

05A: Dr. Jiri Bem – top notch!

05B: Dr. Jiri Bem is amazing! Dr. Oleg Shapiro was fabulous. Very kind, caring and competent. Gave me all the time I needed to answer questions and be reassured.

6thFloor: Dr. Robert Sherman – amazing surgeon.

07A: Dr. William Lavelle always stopped in to see how I was doing.

08G: I just love Dr. Mark Crye. I was scared to death before surgery and he held my hand and assured me all would go well. Dr. Timothy Ford – exceptional and kept me informed with what he found and what he was doing during the procedure. Dr. G. Randall Green – exceptional!

10E: Dr. Dorothy Pan's care and attention to me was excellent.

12E: Dr. Angela Mojica Sanabria was excellent.

12F: Dr. Matthew Mittiga and Dr. Angela Wratney – amazing!



Thank you for all you do,

Amy

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Clinical Documentation Improvement (CDI)

Tip of the Month – “Justify June”

Applies to all providers

- ✓ Use specific diagnostic statements like hypokalemia, hypernatremia, hypotension
 - Avoid symbols or terms like “high, low, soft”, etc.
- ✓ Documentation needs to show clinical significance
 - Best achieved by documenting etiology
 - What is this diagnosis **due to**?
 - Is it known, suspected, or likely **due to**?

What it was...	What it is now!!
Septic Shock	Septic Shock due to Severe babesiosis infection and possible translocation of gut bacteria due to ischemic gut due to hypotension/hypoxia
Acute kidney injury	Anuric AKI due to septic shock due to severe babesiosis infection
Acute hypoxic respiratory failure, Intubating to protect airways	Acute respiratory failure due to encephalopathy and hematemesis, inability to maintain open airway due to worsening metabolic encephalopathy, GCS 5
GI Bleed	Possible mesenteric ischemia with gut sloughing and multiple blood bowel movements due to septic shock and hypoxia associated with hemolysis due to babesiosis
Acute metabolic encephalopathy	Acute metabolic encephalopathy due to septic shock

- ✓ Most accurately reflects severity of illness and risk of mortality – you do hard work, take credit for it!

CDI Hotline – 464-5455

for help with anything
documentation related