MORNING CMO REPORT

09.07.2016

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

UPSTATE UNIVERSITY HOSPITAL

Gender Identity Education

Applies to All Physicians

Identify Education
Informational

On January 20, 2016, the New York State Division of Human Rights adopted new regulations that prohibit discrimination and harassment on the basis of gender identity and transgender status under the New York State Human Rights Law. Governor Andrew M. Cuomo issued a press release the day the regulations took effect to affirm that "discrimination against transgender persons is **unlawful** and will not be tolerated anywhere in the state of New York." This includes Upstate Medical University and University Hospital.

If it is determined harassment or discrimination has occurred, the Commissioner of Human Rights may award job or other benefits, back and front pay, compensatory damages for mental anguish, civil fines and penalties, and may also require policy changes and additional training as appropriate. The law provides that civil fines and penalties can be up to $50,000 or up to $100,000 if the discrimination is found be "willful, wanton or malicious" and, unlike its counterpart under federal law, compensatory damages to individuals under the NY Human Rights Law are not capped.

While the above-referenced regulations are indeed new, the Human Rights Law now reflects Upstate's long-standing Non-Discrimination policy that recognizes both gender identity and expression as protected categories. In support of its mission and this policy, Upstate also requires our entire faculty, staff, and students to become educated about how best to respect and support transgender individuals, including patients who seek healthcare services from us and their families.

In furtherance of such important education, enclosed with this letter are Fast Facts, which provide basic information, proper terminology, and best practices about Gender Identity that were distributed to all levels of Upstate's staff throughout the month of July 2016.

As physicians and physician extenders, we also provide the below additional resources that may be useful in providing guidance to you and your practice:

http://www.transgenderlegal.org/media/uploads/doc_22.pdf

http://www.lgbthealtheducation.org/

Thank you in advance for your assistance to ensure inclusive practices at Upstate. If you have any questions, please feel free to contact Maxine Thompson at 464-5234.

Sepsis Quarterly Feedback

Applies to All Physicians

Sepsis Informational

Within the attached sepsis report we find good news in the form of reduced numbers of patients being diagnosed with severe sepsis and septic shock over the past year. This may be a result of early treatment arresting the disease process or more accurate documentation of disease state. KUDOS!

That said we have work to do:

1. Treat our septic patients consistent with our protocols either through using sepsis order-set or ordering ALL of appropriate bundle elements at recognition of sepsis: trends have shown a decline in this area.
2. Clear consistent documentation: Start first with infection, then support with dysfunction/SIRS due to the infection. If another source of organ dysfunction becomes apparent rule out sepsis as origin.
3. Organize your team: Great sepsis care is a collaborative process. We count on you to establish the concept of the team and as the team leader set clear time goals.

Public reporting of our sepsis performance is anticipated later this fall. We can best tell our quality story through solid clinical support of sepsis diagnosis in documentation and consistently treating with respect to established guidelines or clearly documenting clinical exceptions to care.

Brian Pratt, MS, RN, CNS, ACCNS-AG, CCRN
Sepsis Coordinator
Medical Quality Office

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Pharmacy MedRec Progress Note

Applies to All Physicians

MedRec
Informational

In the comings months, the Pharmacy Team will be ramping up its existing efforts to support the medication reconciliation process with additional staff to secure medication histories for more patients admitted through the ED or as direct admits. In an effort to improve the communication of findings related to these medication history activities, a progress note will be entered for each patient a pharmacist evaluates. The note will contain a list of prior to admission medications secured from a combination of claims adjudication databases, patient/caregiver interviews, home pharmacy and/or provider queries. Additionally, each note will explain any medication discrepancies identified, recommended corrective actions, and specific pharmacy follow up plans. This approach will allow for universal communication of findings among multi disciplinary team members and will complement any ongoing direct communication with providers to address time sensitive matters. Eventually, this information may be programmed into the EPIC medication reconciliation space.

Inpatient Pneumococcal Vaccine

Applies to All Physicians

This process has been changed to meet the current requirements contained in the NYS Public Health Law

Pneumococcal
Informational

The vaccine will only be offered at Upstate to patients 65 years and older who have not been vaccinated with PCV-13, have no contraindications, and who agree to receive the vaccine. The RN will enter a non-specific patient order for PCV-13 in the Electronic Medical Record (EMR).

The Advisory Committee on Immunization Practices (ACIP) recommends to administer PSV-23 at least 12 months after PCV-13. **For patients who receive PCV-13 as an inpatient, a recommendation for PSV-23 should be written by the provider in the patient's discharge AVS in the EMR.** Please refer to the following policy and procedure:

Policy CM P-38 **Pneumococcal Vaccine Administration Order and Protocol**
and Proc_CM_P-38A **Pneumococcal Vaccine Administration Order & Protocol-Procedure**

ALERT-Highest priority emergency communication; warrants immediate action or attention by the recipient.
HIGH ADVISORY-High priority does not warrant immediate action but recipients should be aware.
ADVISORY-Provides very important information for a specific incident or situation that does not require immediate action.
UPDATES TO ALERTS AND ADVISORIES-Provides updated information regarding an incident or situation; unlikely to require immediate action.
INFORMATIONAL MESSAGE-Provides timely information, important for review or serves as a reminder for an action that should be taken.

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Susan Mulcahey MS RN
Clinical Educator-OTD
Upstate University Hospital
315-464-3931
e-mail mulcahes@upstate.edu

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:

7A– Dr. Lavelle is excellent! I saw him at times when I did not expect to!
6E– Dr. Dolinak is one exceptional doctor. She saved my leg from amputation; will always be thankful.
7U– Drs. Marzouk and Romero are GREAT! I love them both!
8F – Dr. Carhart – good man.
8G – Dr. Coates was particularly impressive with his actions for my care and his overall care giving style.
9G – Dr. Esrig was very knowledgeable about my condition and referred me to the appropriate place for further treatment. Thanks to him I am alive.
10E – Dr. Gentile and her staff – very polite, caring, professional.
11E - Dr. Katz was attentive and super about helping with pain management. We trust her!
12E – Dr. Tovar-Spinoza is the best!
Medicine Subspecialties – Dr. Yu is extremely bright and the care gets better and better each time I have an appointment and she gets to know me.
Dr. Ghimire is outstanding. I have complete faith in him.
Dr. Bonilla and staff were professional, respectful and friendly.
Dr. Kato; I am blessed to have him as my doctor. He explains options and treatment in a clear manner. I trust him with my life.
Dr. Neupane is the greatest doctor; he spends time with his patients.

Dr. Jianghong is very knowledgeable and seems very concerned with my being.

Breast Care Center – Dr. Upadhyaya explained everything to me and listened to all my concerns. He is the best!

Surgery UH – We have great faith and appreciation for Dr. Amankwah. He is awesome!
Dr. Wallen explained everything to me and is very nice.

University Geriatricians – Dr. Berg is the best doctor I've ever been associated with!
Dr. Berg is the best. I am blessed to be in her care.
Dr. Berg because she is very caring and compassionate for her patients and family. She asks questions and listens to your concerns. I think she is the way all doctors should be but aren't.
Dr. Berg is sensational. Pleasant, professional, kind, sensitive, caring patient. A great listener, inquirer, advisor; she has my complete confidence; she is great!
Dr. Berg's team and support staff are also top notch! It is obvious that she is a super captain to her team.

Upstate Urology – Dr. Byler was absolutely fantastic! The doctor and his assistant were extremely professional and made me feel very comfortable during the entire procedure.
Dr. Trussell is a very patient, friendly doctor who makes you feel welcome and answers all questions.
Dr. Makhuli talks clearly to patients and listens to them carefully.
Dr. Byler was the ultimate professional.

Dental Service – Dr. Wanamaker because of his kindness and concern he has toward his patients.

University Center for Vision Care – Dr. Salloum was calm and respectful; honest with what to expect. We felt confident in her care. Thank you for going above and beyond.

Joslin Center – Dr. Weinstock is a very caring person.

Surgery Harrison Center – Dr. Bem impressed me. Very professional, knowledgeable and caring in explaining and presenting me with not so great news.

Adult Medicine – Dr. DiRubbo was very smart and nice.
Dr. Karkee is dedicated, educated and experienced; has a terrific beside manner.

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University Cardiology – Dr. Carhart was very nice. He put me at ease on my first visit.

Transplant Center – Dr. Pankewycz was wonderful!
Dr. Narsipur is very patient, knowledgeable, and kind. I enjoy my doctor appointments with him.

Upstate Pediatrics – Dr. Kresel; I trust her completely with my daughter's care.

UHCC Neurology - Drs. Shaw and O'Dwyer were both professional and knowledgeable about my condition.

ROC – Dr. Rodner has been excellent in addressing my emotional needs along with Dr. Sivalingam

Community Campus – Dr. Creamer kept me well informed.

2E - CC – Dr. Marziale and nurse were wonderful during the labor and delivery of our baby.

6th Floor - CC – Dr. Battaglia – great, patient surgeon.

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UPSTATE Medical University
Gender Identity Awareness: The Frontline
FAST FACTS Education

Policy: UW E-01: Non-Discrimination & Equal Opportunity Policy

Target Audience: All University Hospital employees including Credentialed Providers, Volunteers, University Police, Morrison, and Contracted staff.

Target Date: July 1-31, 2016

Method of Education: Blackboard FAST FACTS course

Reason for Education: New York State regulations effective October 2015

Time to Complete: 10 minutes

Tracker Code: GENDERIDFF

Contact: Office of Diversity & Inclusion at 315-464-5234 or email at ODAA@upstate.edu

FAST FACTS

Introduction: Upstate is committed to providing an environment free from discrimination and harassment and ensuring that everyone has equal access to quality health care and education.

Background: Governor Cuomo issued state-wide regulations prohibiting harassment and discrimination on the basis of gender identity or transgender status.

- The New York State Division of Human Rights adopted new regulations that ban discrimination and harassment against transgender people. The regulations affirm that transgender individuals are protected under the state's Human Rights Law. All public and private employers should know that discrimination against transgender persons is unlawful and will not be tolerated anywhere in the state of New York.

- All employees are expected to follow the law and treat transgendered persons with respect, consistent with Upstate's mission to serve the community.

TERMINOLOGY

Gender Identity: A person's internal sense of being a man, woman, both, or neither. Gender identity usually develops at a young age.

Gender Expression/Role: The way a person acts, dresses, speaks and behaves in order to show their gender as feminine, masculine, both, or neither.

Birth Sex: The sex (male or female) assigned a child at birth, based on a child's genitalia.

Transgender: People whose gender identity is not the same as the sex they were assigned at birth.

Gender Non-Conforming: People who express their gender differently than what is culturally expected of them. A gender non-conforming person is not necessarily transgender (for example, a woman who dresses in a masculine style but who identifies as female; a boy who likes to play with girl dolls but identifies himself as a boy, etc.).

Transition/Gender Affirmation Process: For transgender people, this refers to the process of coming to recognize, accept, and express one's gender identity. Most often, this refers to the period when a person makes social, legal, and/or medical changes, such as changing their clothing, name, sex designation, and using medical interventions. This process is often called gender affirmation, because it allows people to affirm their gender identity by making outward changes. Gender affirmation/transition can greatly improve a transgender person's mental health and general well-being.

Gender dysphoria : DSM-5 diagnosis for individuals who have a strong and persistent cross-gender identification and a persistent discomfort with his or her sex, or sense of inappropriateness in the gender role of that sex

Female-to-Male (FTM) or Transgender Man: A person born with female genitalia at birth who feels they are male/a man and lives as male/a man. Some will just use the term male.

Male-to-Female (MTF) or Transgender Woman: A person born with male genitalia who feels they are female/a woman and lives as female/a woman. Some will just use the term female.

Transsexual: A term used to describe a subset of transgender individuals who have transitioned to the opposite sex, often but not always through a combination of hormonal therapy and sexual reassignment surgery.

Genderqueer: A relatively new term, genderqueer is used by some individuals who do not identify as either male or female; or identify as both male and female.

Trans: Abbreviation for transgender.

Sexual Orientation: Sexual orientation is about how people identify their physical and emotional attraction to others. It is not related to gender identity. Transgender people can be any sexual orientation (gay, lesbian, bisexual, heterosexual/straight, no label at all, or some other self-described label).

Terms to Avoid!: The following terms are considered offensive by most and should not be used: she-male, he-she, it, tranny, "real" woman or "real" man.

What does this mean for me?

- Ask patients for their preferred name and respect /do not question the answer.
- If a 'preferred name' is documented, refer to the patient by the preferred name.
- If a 'preferred pronoun' is documented, refer to the patient by the preferred pronoun (he, she or they.)
- If you have any confusion about whether a patient is male or female, just respectfully request clarification, by asking the patient what is their preferred pronoun (he, she or they.)
- When two identifiers are required, legal name and date of birth should be used, not sex.

CASE SCENARIO 1

Jenny, a 25 year old transwoman (male to female), presents to the emergency department. She has not legally changed her name so her medical record displays her legal male name, James. She recently started

the process of transition, dresses in t-shirts and jeans and still produces facial hair (which is exposed). She appears to be shy, jittery and very nervous and does not look anyone in the eyes.

What would be the most appropriate way to start the encounter with Jenny?

- The greeter should ask, 'What brings you to the Emergency Department today?' After the patient tells them why they are there, the patient must be asked to state their full legal name and date of birth Once the patient has confirmed their legal name & DOB, they should be asked 'do you have a name that you prefer to be called?'
- Preferred name is a field in the electronic medical record that should be valued whenever a patient goes by a name other than their legal name. Patient legal name will be used for patient identification purposes but the patient should be addressed as and referred to by their preferred name at all times.

CASE SCENARIO 2

This case offers an example of a positive client interaction. The scenario is between Claire Brooks, a transgender woman, and Danielle Colatino, a front desk receptionist. Claire's birth name was Charles, and her birth sex was male. When Claire first started going to her health center, she was still using the name Charles and expressing her gender as male, even though she always felt female. Over the last few months, she has begun the gender affirmation process and is now asking people to call her Claire. Her primary care provider is aware that Claire is transitioning, but Claire's medical records, registration, and insurance forms remain under the name Charles Brooks, and her sex is listed as male.

When Claire comes in for an appointment, she approaches Danielle at the registration desk:

Danielle: Good afternoon. How may I help you?

Claire: Hello. I have an appointment with Dr. Brown at 2:30.

Danielle: Your name please?

Claire: Claire Brooks.

Danielle: Thank you. I'm sorry but I don't have you listed here. Might your appointment be under a different name?

Claire: Oh yes. It is probably under Charles Brooks. I've changed my name recently, but I guess it isn't in the records yet.

Danielle: Okay, it must not be. I have the appointment under Charles. Just to be sure we are using the right records, would you mind giving me your birth date and current address?

Claire: Sure. It is November 12, 1987. I live at 10 Maple St. in Durham.

Danielle: Great. And are you still with the same insurance?

Claire: Yes I am.

Danielle: Okay, thank you. I will put a note in here that your preferred name is now Claire. I will let Shavonne, the medical assistant know, and also Dr. Brown. For billing purposes, the insurance records will need to remain under Charles unless you make the change yourself. Unfortunately, they won't let us do that for you but Shavonne can refer you to a website on how you can make that change. Do you have any questions?

Claire: No, that's fine. Thank you.

Danielle: Have a nice day.

BEST PRACTICES	EXAMPLES
When addressing patients, avoid using gender terms like "sir" or "ma'am."	**"How may I help you today?"**
When talking about patients, avoid pronouns and other gender terms. Or, use gender neutral words such as "they." *Never* refer to someone as "it".	**"Your patient is here in the waiting room."** **"They are here for their 3 o'clock appointment,"**
Politely ask if you are unsure about a patient's preferred name.	**"What name would you like us to use?"** **"I would like to be respectful—how would you like to be addressed?"**
Ask respectfully about names if they do not match in your records.	**"Could your chart be under another name?"** **"What is the name on your insurance?"**
Did you goof? Politely apologize.	**"I apologize for using the wrong pronoun. I did not mean to disrespect you."**
Only ask information that is required.	**Ask yourself: What do I know? What do I need to know? How can I ask in a sensitive way?**

Clearly, it is not always possible to avoid mistakes, and simple apologies can go a long way. If you do slip, you can say something like: "I apologize for using the wrong pronoun/name. I did not mean to disrespect you."

Thanks for reading this information on tools for gender affirmative care. A more comprehensive training module is under development and our goal is to have training provided for ALL departments. If you have questions or would like more information please contact the Office of Diversity & Inclusion at 315-464-5234 or email at ODAA@upstate.edu.

CQI Sepsis Updates: Quarter 2, 2016

You are receiving this update as requested through CQI. Department specific reports will be sent to Department Quality Officers, Chairs and others as requested.

This document presents institution level performance.

Goals for Coming Quarter

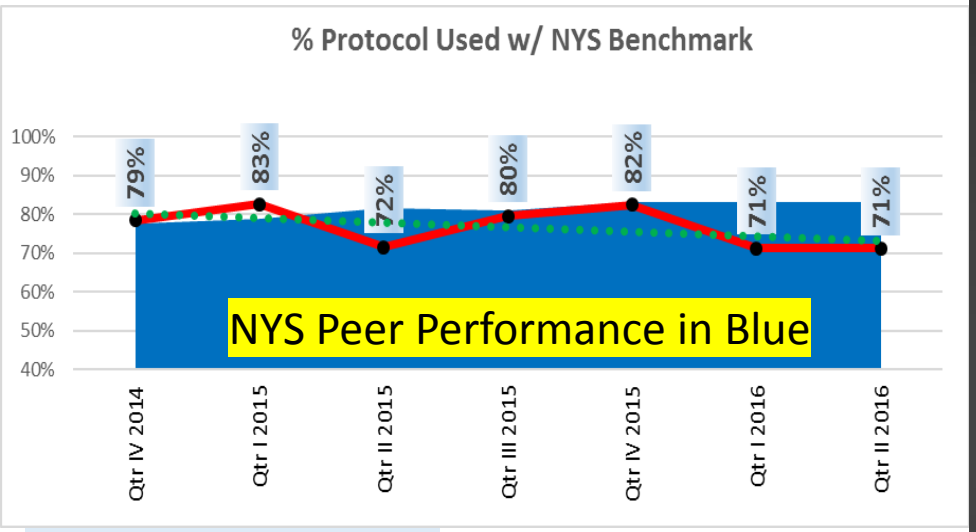
1. Increase rate of protocolized management to >80%
2. Increase rate of 3-Hr bundle compliance to rate >60%
3. Improve documentation of severe sepsis/septic shock by supporting presence of diagnosis with clinical factors **DUE** to the Infection

Quarter II 2016

Sepsis Dashboard

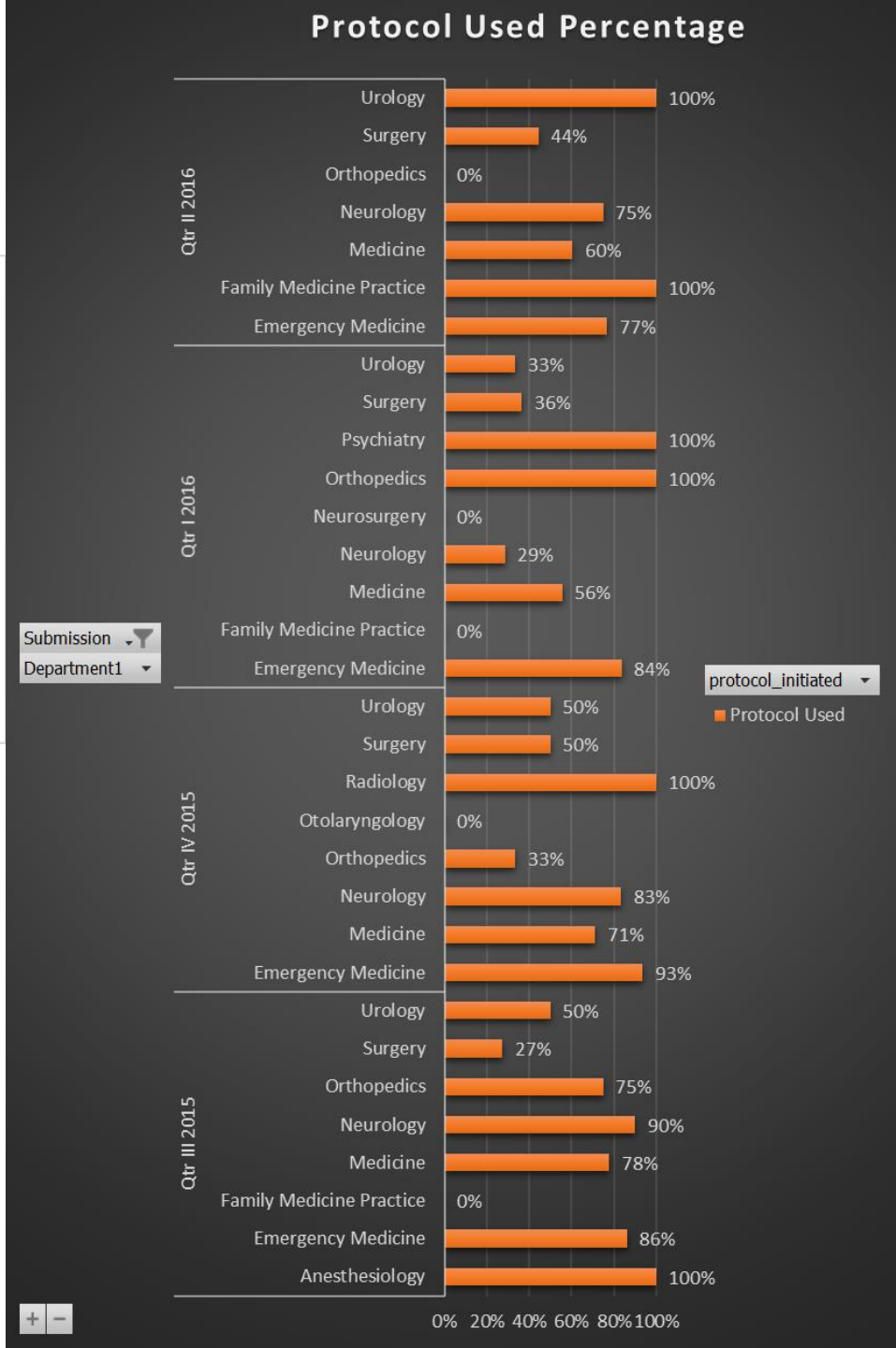
Indicator		FY 2015-2016 Q3-15	Q4-15	Q1-16	Q2-16 Actual	Q2-16 Target
Quality of Care						
	3-Hour Sepsis Bundle	*n = 213*	*n = 217*	*n = 202*	*n = 184*	
Green target is greater than current state average. Yellow is baseline (2014) state average.	A-Lactate < 3-Hours	79%	77%	69%	69%	>79.9%
	B-Blood Cultures Prior to Antibiotics	74%	68%	61%	64%	> 65.4%
	C-Antibiotics < 3-Hours	74%	71%	64%	64%	> 72.8%
	Overall 3-Hour Bundle Compliance	65%	55%	55%	57%	> 60%
6-Hour Bundle eligible population includes all patients w/"Persistent Hypotension", lactic acid >3.9 mmol/L, or provider determination of shock which requires vasopressors. Overall bundle compliance is only "met" when ALL of 3-Hr and 6-Hr elements are completed in appropriate sequence and within requisite time.	D-30mL/kg Crystalloid	38%	36%	31%	25%	>45.7%
	6-Hour Sepsis Bundle	*n = 65*	*n = 65*	*n = 95*	*n = 102*	
	E-Vasopressors	50%	48%	37%	33%	>46.8%
	F-Documentation of Physical Exam (CMS)					
	G-Lactate Reassessment	40%	47%	37%	44%	>44.1%
	Overall 6-Hour Bundle Compliance	15%	16%	18%	13%	>28.8%
Clinical Outcomes						
Mortality Rate	Severe Sepsis/ Septic Shock UH-All Patient	27%	30%	31%	34%	
	Transfer	27%	40%	44%	39%	<28%
	Non-Transfer	27%	28%	26%	33%	
Process Initiation	Protocol Usage Rate	80%	82%	71%	71%	83%
Length of Stay	Average LOS	18.09	14.39	17.29	16.82	UHC LOS
This is reported as an average number of days for each group with division between protocol and non-protocol patients as well as transfers and non-transfers.	Non-Transfer: Protocol Use (LOS)	12.3	11.8	15.2	16.2	Expected
	Non-Transfer: No Protocol (LOS)	38.4	21.75	20.2	17.3	Severe Sepsis
						11.28 Days
	Transfer: Protocol Use (LOS)	20.5	16.9	17.7	15.15	Septic Shock
	Transfer: No Protocol (LOS)	24.1	22.1	23.8	22.7	12.42 days
PSI-13 Post-Operative Sepsis	AHRQ PSI 13 Post-operative sepsis Observed/Expected Ratio per 1,000 elective surgery patients, with length of stay more than 3 days (Both Campuses) (Qtr)	1.2	1.61	4.55	0.8	0.84

Protocol Use: Adult UHS Patients

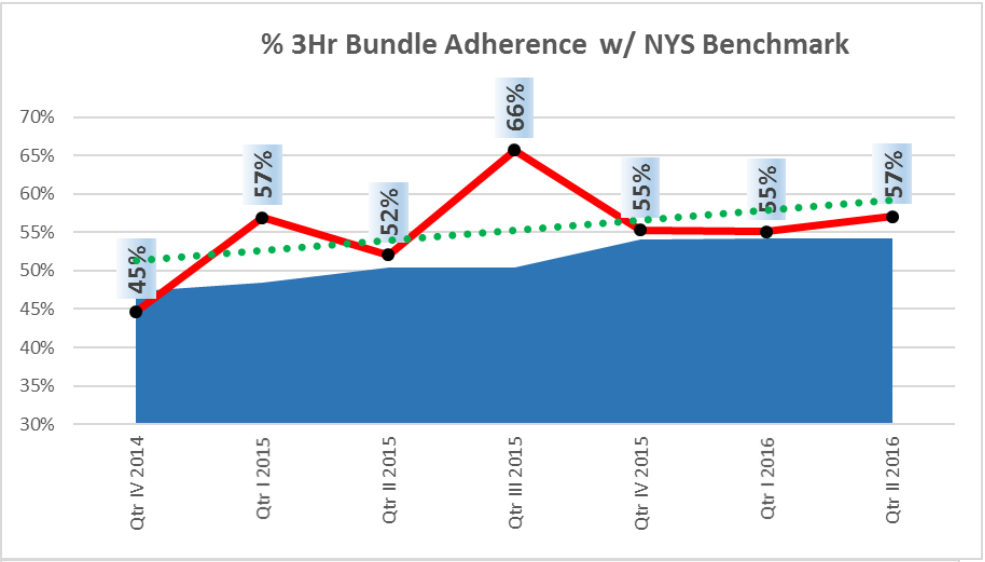


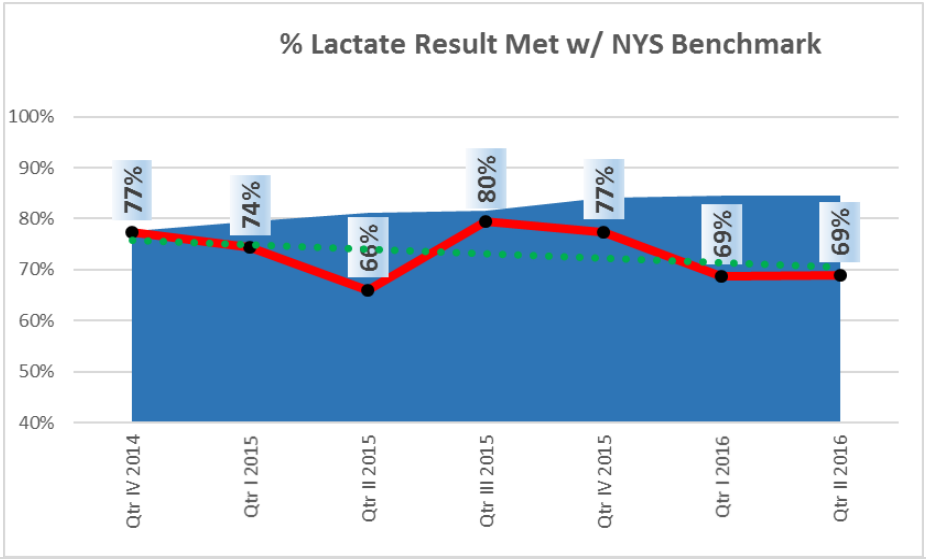
3-Hour Eligible	TRUE
facility_identifier	(Multiple Items)

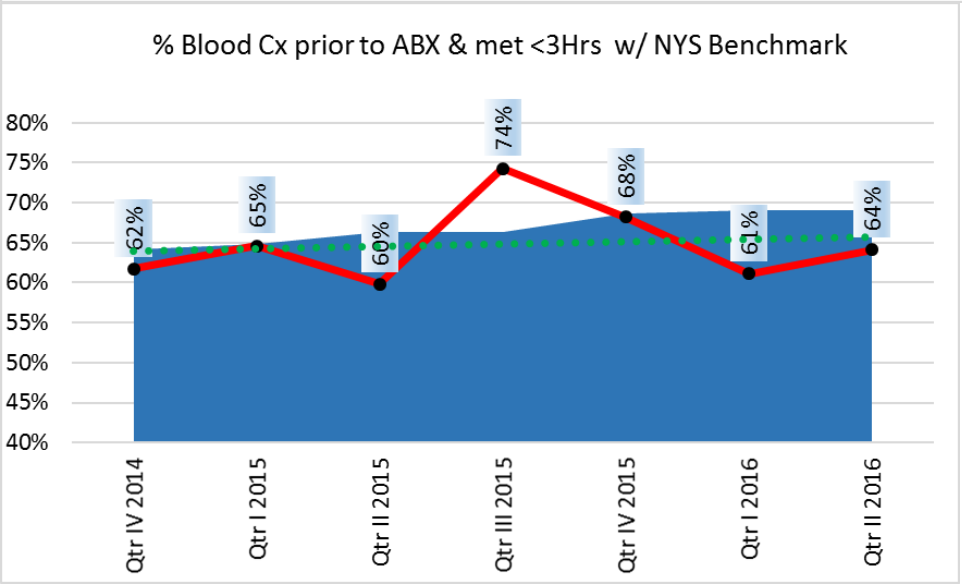
Count of protocol_initiated	Column Labels				
Quarter	No Protocol	Protocol Used	All Cases	Percent Met	Benchmark
Qtr IV 2014	30	110	140	79%	78%
Qtr I 2015	25	119	144	83%	79%
Qtr II 2015	55	139	194	72%	82%
Qtr III 2015	43	167	210	80%	81%
Qtr IV 2015	38	179	217	82%	83%
Qtr I 2016	57	141	198	71%	83%
Qtr II 2016	53	131	184	71%	83%
All Cases	301	986	1287	77%	83%

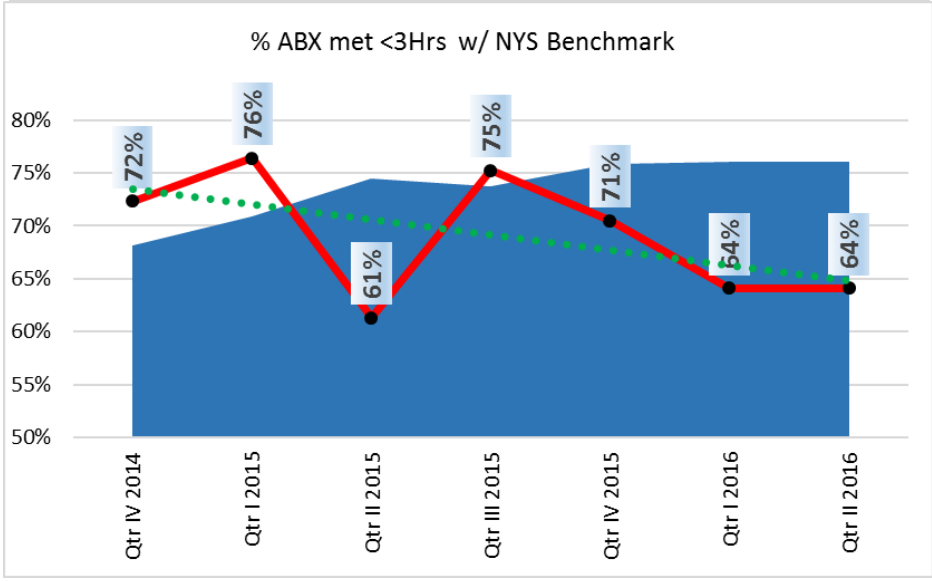


NYS Adult 3Hr Sepsis Bundle Performance

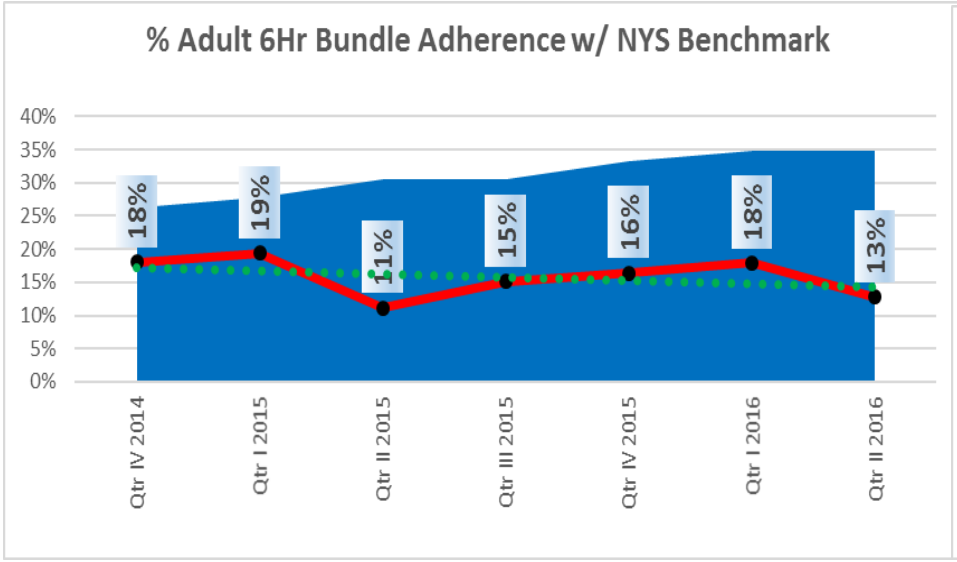


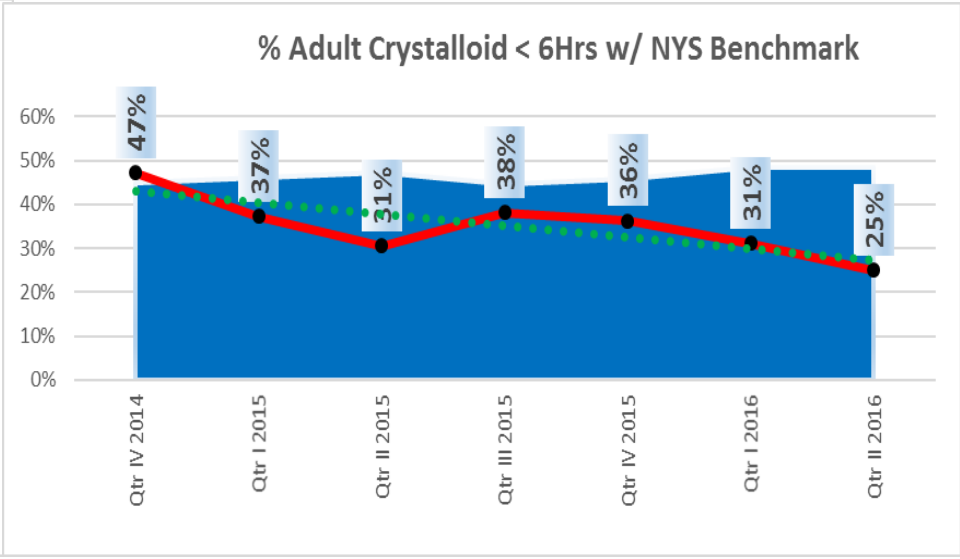


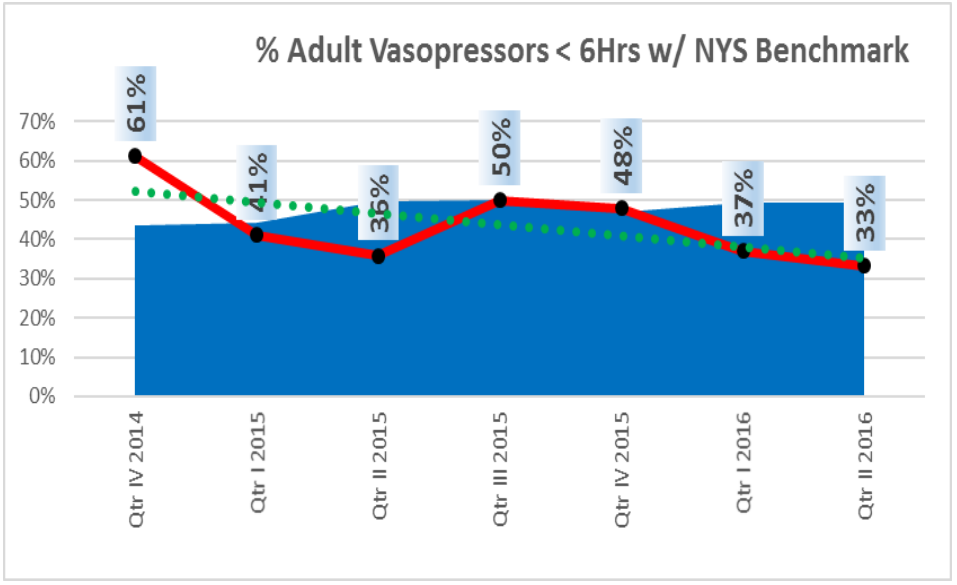


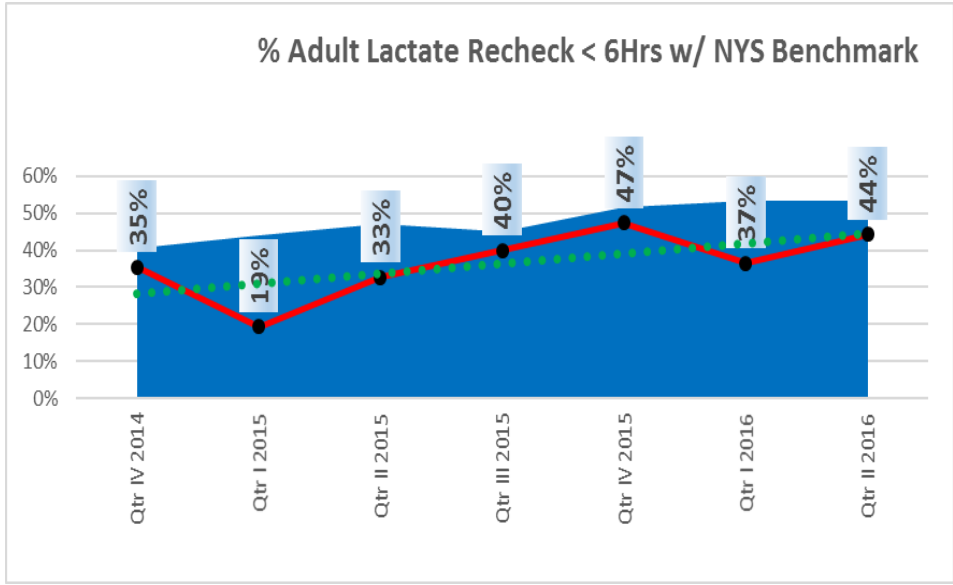


NYS Adult 6-Hr Sepsis Bundle Performance

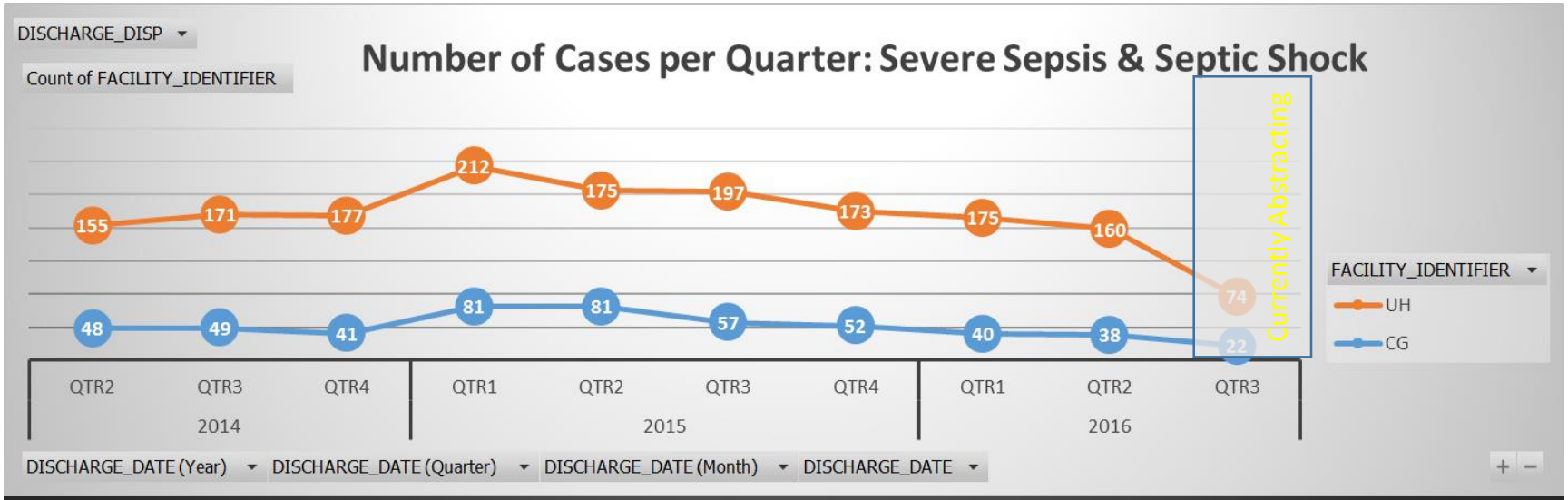


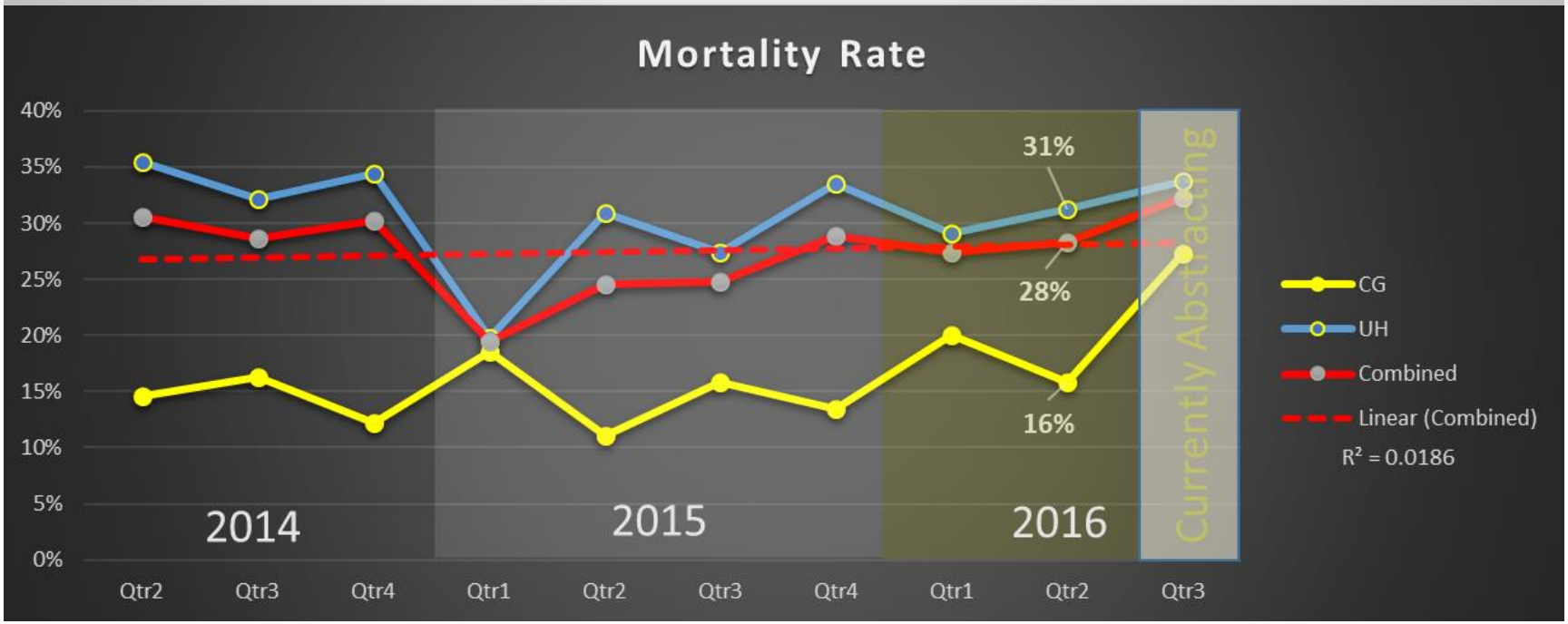




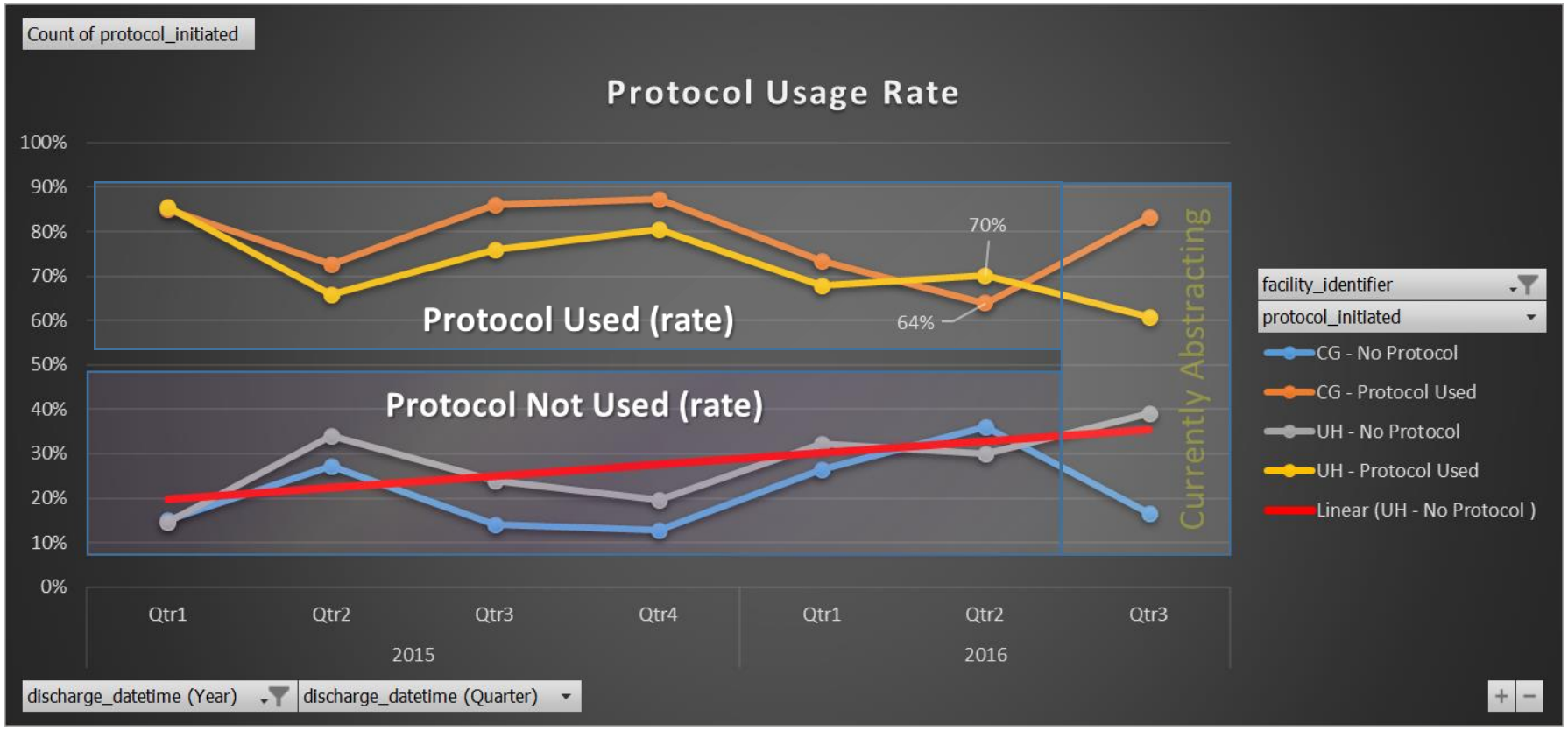


Number of Cases and % Mortality Trends





Protocol Usage Trend…



ICU Days & LOS: Protocol Use Protective?

The intention to treat using Sepsis Bundles is associated with reduced ICU days and shorter LOS. Successful delivery of Sepsis Bundles confers further benefit.
In our most recent quarter, when providers used sepsis bundles, patients spent nearly 3 fewer days in the hospital.