

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

November 10, 2020

COVID Update

Cluster Action Initiative	Onondaga County Incidence <i>last 7-day average</i>	Positive Tests <i>last 7-day average</i>	Reproduction Number (Rt) <i>last 7-day average</i>	Vacant COVID beds across both hospitals
Several zip codes in Onondaga County are condition yellow	1,409 per 100,000 cumulative cases 22.6 per 100,000 new cases daily average	2.6% for Onondaga County 2.4% for Upstate's Lab	1.34 for Onondaga County	0 COVID ICU beds open (several could potentially open) 2 COVID med/surg beds open 7 COVID med/surg beds able to open in 24 hr. notice

Please see attached COVID Update Report for details.

Magnet Site Survey is Nov. 10 to 13 by Nancy Page, MSN, RN, NEA-BC

It is my absolute pleasure to inform the Upstate community that the first historic Magnet site survey for Upstate will take place November 10 – 13, 2020. The four-day survey visit will take place virtually and the team of four appraisers will visit all nursing units within the four days across our acute and ambulatory settings. The site visit will verify, amplify and clarify the evidence submitted in Upstate's Magnet document.

The American Nurses Credentialing Center provides an opportunity for any staff member to have an individual and confidential conversation with an appraiser if requested during the site visit. If participating virtually, staff will enter the virtual meeting "lobby" and be allowed into the virtual session one at a time by the meeting host to ensure anonymity. The in-person sessions will be conducted similarly, with one staff member allowed into the meeting room at a time. All staff from any discipline are welcome to participate.

If you would like to meet one on one with an appraiser, time is carved out on the agenda Thursday, November 12th, from 11:15 am to noon in 1328B at Upstate University Hospital and 1518 conference room at Upstate Community Hospital. Or, join via Zoom at: <https://upstate.zoom.us/j/95497016154?pwd=RXVHazdKZ1czSjczbWNXTkhKMUZTUT09>

**Please note that the session has been changed to the Zoom platform instead of WebEx as indicated in the e-mail announcement last week. Please refer to the link above and disregard link sent previously.

The contributions and support of every team member along this journey have been critical to achieving this first site survey. Leadership is thrilled for Upstate's front-line teams to share their stories with Magnet surveyors.

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Travel Policy by Julie Briggs

For travel outside of New York State (NYS): Essential staff members may continue to work as COVID-19 test results are pending ONLY if they are asymptomatic. These essential staff members who have traveled outside of NYS upon arrival back to NYS will need to “at home” quarantine (when not at work) for 3 days. On day 4 they must obtain another COVID test and if both tests come back negative the staff member may exit the “at home” quarantine early upon receipt of the second negative diagnostic test. The first test should have been completed prior to returning to NYS.

Secure Chat Etiquette by Dr. Neal Seidberg

Secure Chat is a powerful communications tool at Upstate. We use it to send ~13,000 messages per day. There are a few caveats you need to keep in mind when using it.

Please follow these etiquette rules to ensure communication is safely sent and received.

Do not use Secure Chat for emergent communications

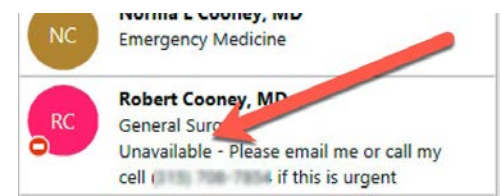
Secure Chat is good for routine communications. Emergencies require methods that are more assured to be seen timely. For emergent communications phone calls and pagers are a better option.

If you are unsure how to reach someone in an emergency, please look in AMION for their preferred method.

Make sure the person you are sending the message to is available

In Secure Chat, a user can set themselves as “Available” or “Unavailable”. They can also leave this setting blank or add a comment if they like. Please respect your colleague’s wishes if they set themselves “Unavailable” and use another form of communication.

In the example to the right, Dr. Cooney has both set himself to unavailable and has provided an alternative method to reach him. If you need to send him a message, please use the alternative he provided.



Dr. Cooney is listed “Unavailable”

Like all communications, you are responsible for ensuring the message was received

If you send a message, you cannot assume it was seen unless you have confirmation. This is similar to making a phone call- if no one answers you need to call back or try another solution. Leaving a message does not ensure it will be heard.

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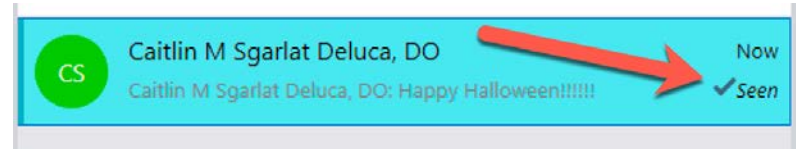
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In Secure Chat, if you do not see a message has been viewed in an expected time frame, please resend it using an alternative (pager, phone call, etc.).

It is easy to check if your message was seen: Look at the message list. Messages will have a checkmark and will be labeled as seen once they have been open. The example message to Caitlin Deluca shows this. If you do not see "✓Seen" you can assume the message is still not viewed.



Dr. Deluca has seen this message

Additionally, if you open a message, the initials of the persons you sent the message to will show the furthest point they have read in the conversation

New / Revised COVID-19 Policies of Special Interest for Clinicians

New / revised / deleted policies of special interest for clinicians include:

Revised Policies:

- [Infection Control for Aerosol Generating Procedures During COVID-19 \(COV A-02\)](#): added the requirement of a HEPA filter when performing AGPs, added AGP's can only be performed if there is no solid enclosed room available.
- [COVID-19: Bed Management and Throughput \(COV B-03\)](#): updated time frame for removing isolation from High Risk patients from 3 days to 4 days, added clarification for psychiatric patients going through the Emergency Room.
- [Novel Coronavirus 2019 Care of the Patient in the Family Birth Center \(COV F-01\)](#): added support person and doula must remain within the department at all times #9, removed face shield section in #14
- [Symptoms Screening, Masking and Physical Distancing during COVID-19 Pandemic \(COV M-02\)](#): added clarification about temperature not needing to be taken for users of the self-assessment COVID screening Chatbot, updated information about the mandatory use of hospital-supplied eye protection when providing patient care.
- [Personal Protection Equipment \(PPE\) Table for COVID-19 Exposure Scenario \(COV P-01\)](#): updated guidance for exposure at home to require staff to stay home, updated guidance for travel restriction to refer to the COVID travel policy, added information related to staff exposure without a mask to be evaluated for 14-day quarantine.
- [Specimen Collection for COVID-19/SARS-CoV-2 Testing \(COV S-01\)](#): removed requirement to collect from both nares for NP swab.
- [Travel Advisory and Return Procedure During COVID-19 \(COV T-09\)](#): clarified update to the new testing guidance from NYS DOH and staff quarantine for essential workers and "at home" quarantine.

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

Thinking malnutrition, ask a dietician! Nutritional status is very important as it impacts mortality rates, length of stay (LOS), and severity of illness and should be addressed in your documentation. As always, please make sure your physical exam findings are congruent with your assessment and plan and include the POA status.

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

November Exceptional Teacher Recipient by Dr. Lawrence Chin



Dr. Michael Kuhn is the November 2020 recipient of the Exceptional Moments in Teaching recognition. The College of Medicine recognizes exceptional teachers with the monthly "Exceptional Moments in Teaching" program. Honorees are selected via student assessments from courses and clerkships. Recognized teachers – including medical faculty, residents, nurses and other educators – are those who challenge students and provide an exceptional learning experience.

Comments from Dr. Kuhn's students:

"Dr. Kuhn is one of the best attendings I have ever worked with. He treated us all as full members of the team and took time to mentor us not just about clinical medicine but also about leading happy and productive lives in medicine as a whole. He is extremely compassionate at the bedside and taught us at every opportunity despite his workload."

"Dr. Kuhn cares about student education. From the first day we worked together, one of his primary concerns was teaching us students and finding educational cases. He set clear expectations of us. He was active in involving students in medical procedures, which is hugely appreciated. He conducted a one-hour shelf review session, which was interactive, informative and fun. He was also a great physician and would spend extra time with patients who needed it (e.g., one family was concerned about the frequent change in doctors and had many questions, so Dr. Kuhn spent 40-plus minutes with them to help settle concerns and clarify treatment goals). Overall, great attending to work with. He was always kind and a positive role model. It will be a pleasure to work with him again."

Congratulations Dr. Kuhn!

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Outstanding Physician Comments

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

11G: Dr. John Andrade and Dr. Jennifer Nead consulted with my child's team of doctors from many hospitals and offices to determine the best treatment plan. They are very knowledgeable and a team leader in the care of my daughter.

Breast Care Center: Dr. Jayne Charlamb was wonderful! I received a wealth of information and she was animated, interested in what I said, and very charming. I am so pleased and grateful to be her patient. Dr. Ranjna Sharma is wonderful. She listens, cares, is down to earth, did a great job on my surgery, and treats her co-workers/staff decently. You are lucky to have her.

Joslin Center for Diabetes: Dr. Barbara Feuerstein always listens to my concerns and addresses them.

SUNY Upstate – Virtual: Dr. Gennady Bratslavsky does an excellent job, good communication skills, and top-notch technological performance. Dr. Nienke Dosa – great care and professional! Dr. Natasha Ginzburg is always extremely caring and asks questions and answers all questions I have.

UHCC Neurology: Dr. Anuradha Duleep is a wonderful, caring, doctor. Dr. Hesham Masoud is excellent! Dr. Jenny Meyer went out of her way to research different treatment options and possible studies. Time spent was appreciated. Dr. Awss Zidan was a very congenial and friendly doctor. I actually couldn't give him enough compliments.

University Cardiology: Dr. Robert Carhart – great! Dr. Robert Carhart made me feel very comfortable.

University Center for Vision Care: Dr. Robert Fechtner's communication skills are as outstanding as his sutures. Dr. Robert Swan was very thorough, took a lot of time with me, and explained everything completely.

University Geriatricians: Dr. Andrea Berg is a gem.

University Internists: Dr. Barbara Krenzer is a thoughtful, knowledgeable, caring and empathetic physician who is a very good listener. Dr. Catherine White – very nice and professional.

Upstate Urology: Dr. Stephen Blakely always answers my concerns. Dr. Oleg Shapiro – great, listens!

Thank you for all you do! Please stay safe *in here* and *out there*, and do what you can to help protect those around you.

Amy



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CDI Tip of the Month – Nutrition November

Applies to all providers

Are you thinking malnutrition? Ask a Dietician! Nutrition Consults are available for all inpatients and will be performed by Registered Dietitians.

- Be sure to review the Dietician's Note and document findings in your Assessment and Plan
- Document if you institute the Nutrition Recommendations for management of malnutrition and, if not, address the reason in your documentation.
- Document validation of your diagnosis – this includes physical signs, symptoms, and characteristics
- Acuity and etiology of malnutrition is always important, as well as discussing treatment.

Physical Findings

Malnutrition typically results in changes to the physical exam, please ensure that your documentation does not have inconsistencies due to template usage and copy/paste. The RD may perform a physical exam and document any of exam findings below as an indicator for malnutrition.

Body Fat	Loss of subcutaneous fat (orbital, triceps, fat overlaying the ribs)
Muscle Mass	Muscle loss (wasting of temples, clavicles, interosseous muscles, shoulders, scapula, thigh, and calf)
Fluid Accumulation	Generalized or localized fluid accumulation evident on exam (extremities, scrotal/vulvar edema, ascites). Weight loss is often masked by fluid retention and weight gain may be observed.
Reduced Grip Strength	Normative standards should be documented.
A minimum of two characteristics are recommended for diagnosis of either severe or non-severe malnutrition.	

Keep in Mind

- ❖ As a licensed independent provider, you have the final say. It is your patient and diagnosis.
- ❖ Height and weight should be actual and measured, rather than estimated, to determine BMI.
 - ❖ Usual weight should be obtained in order to determine the percentage and to interpret the significance of weight loss.
- ❖ Basic indicators of nutritional status such as body weight, weight change, and appetite may substantively improve the refeeding in the absence of inflammation.
- ❖ Serum proteins such as albumin and prealbumin are not included as defining characteristics of malnutrition because recent evidence analysis shows that serum levels of these proteins do not change in response to nutrient intake.

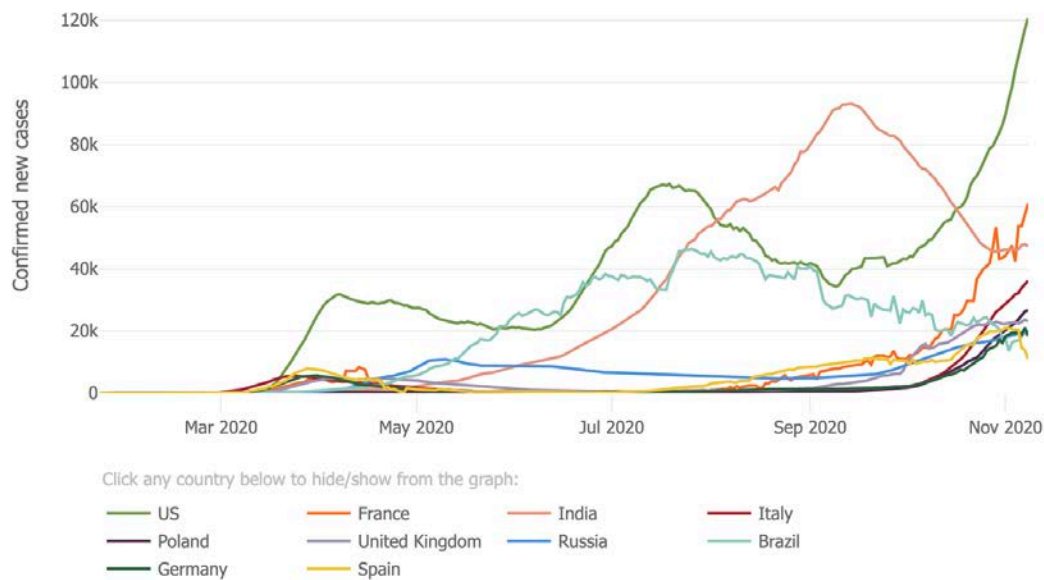
CDI Hotline – 464-5455

for help with anything
documentation related

1. Global trends (source: JHU)

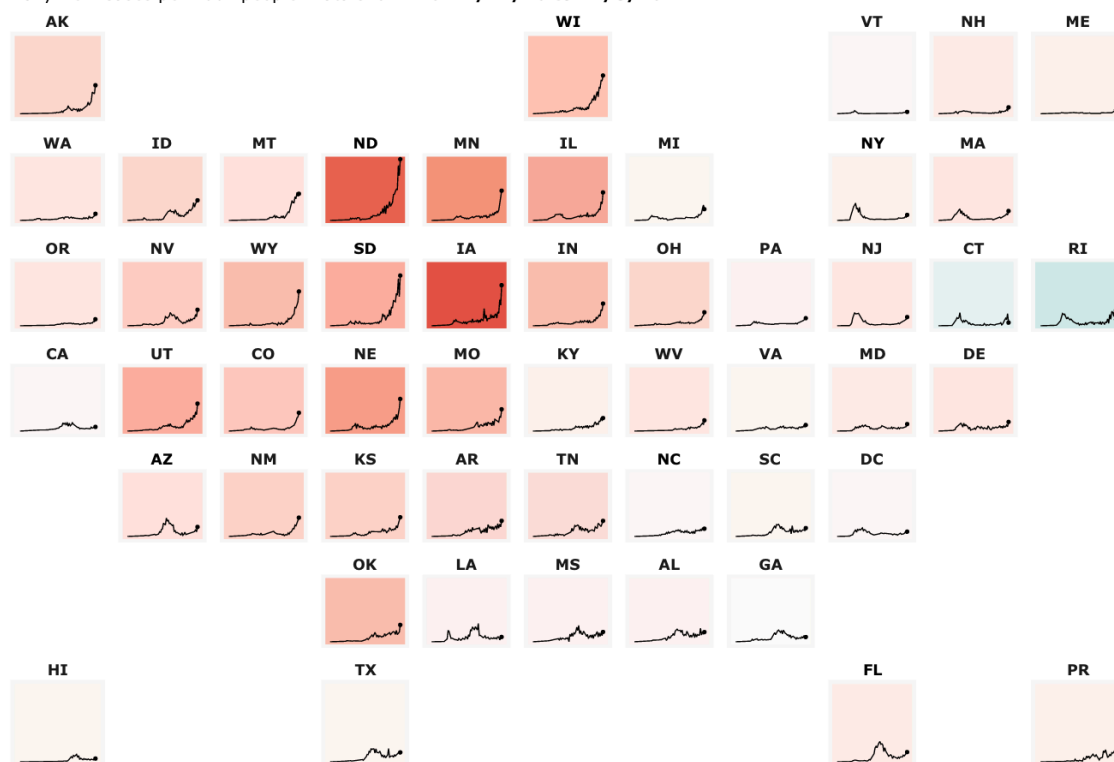
DAILY CONFIRMED NEW CASES (7-DAY MOVING AVERAGE)

Outbreak evolution for the current 10 most affected countries

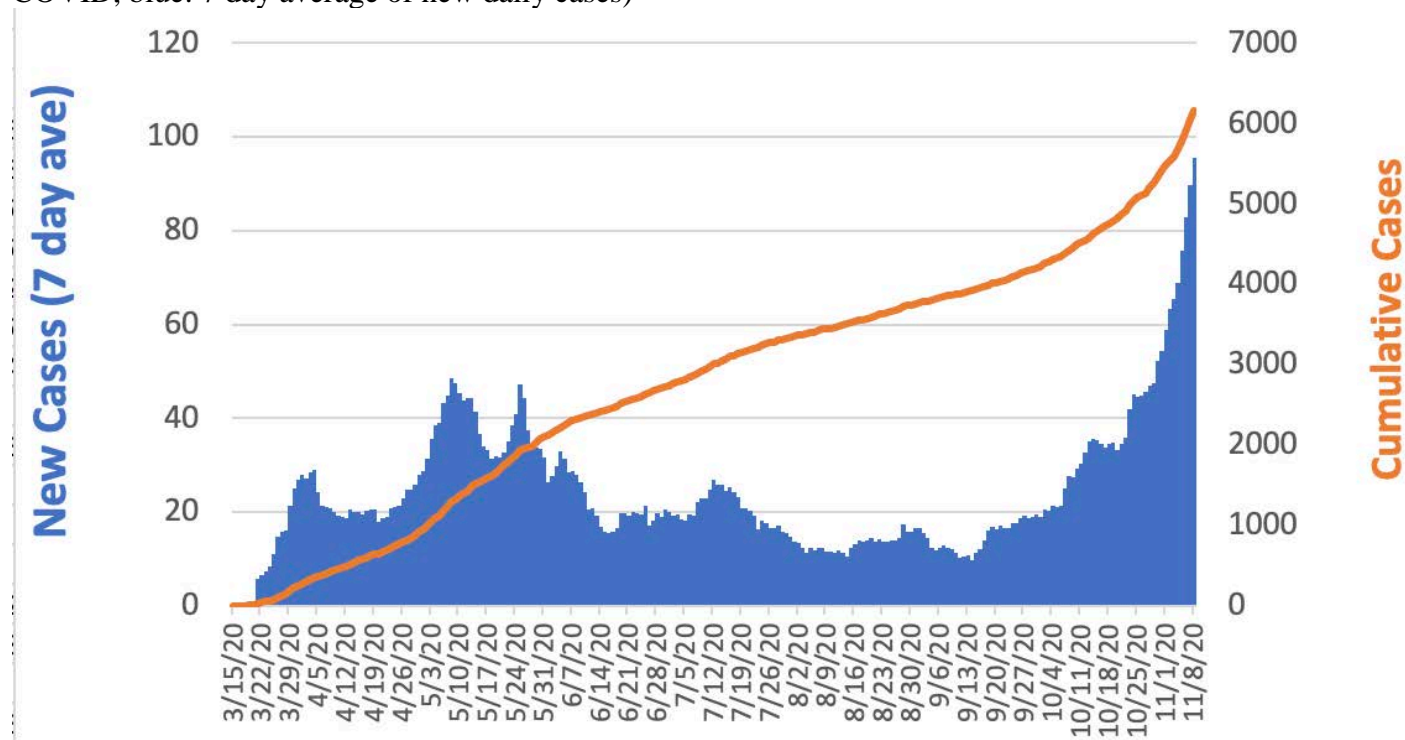


2. Statewide trends (source: JHU):

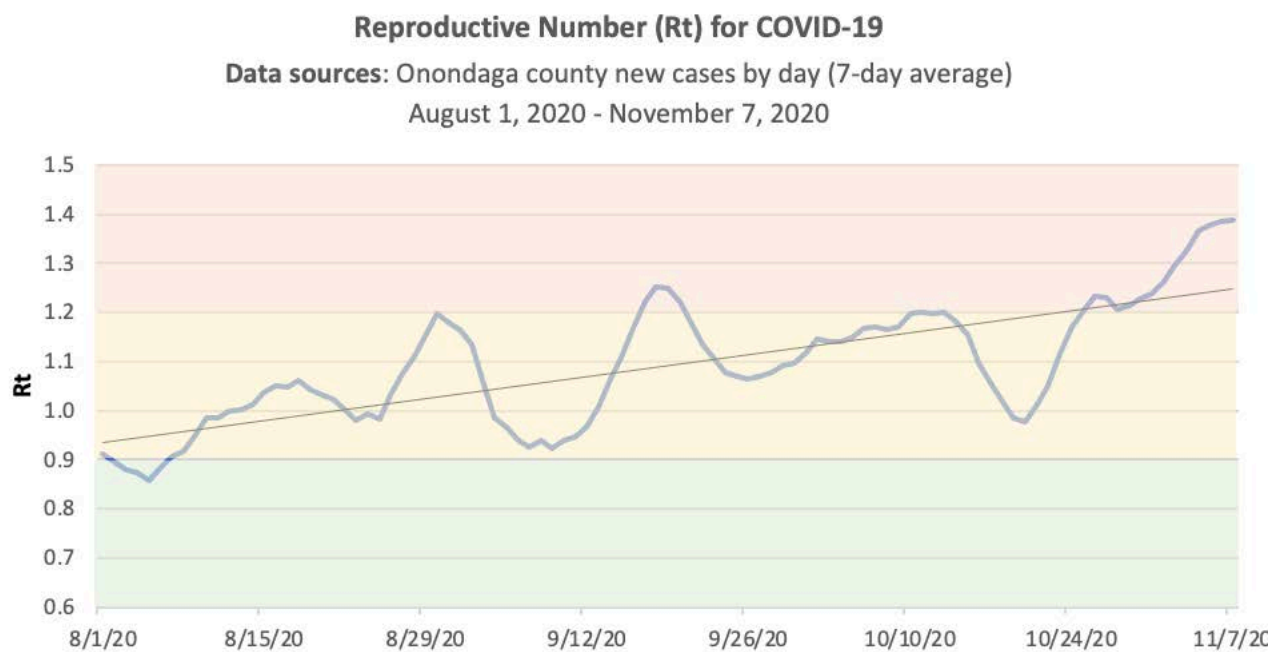
Daily New Cases per 100k people. Data shown from 1/22/20 to 11/8/20.



3. Numbers of confirmed COVID-19 cases per day in Onondaga county (orange: cumulative cases of COVID, blue: 7 day average of new daily cases)



4. Estimates of R_t over the last month

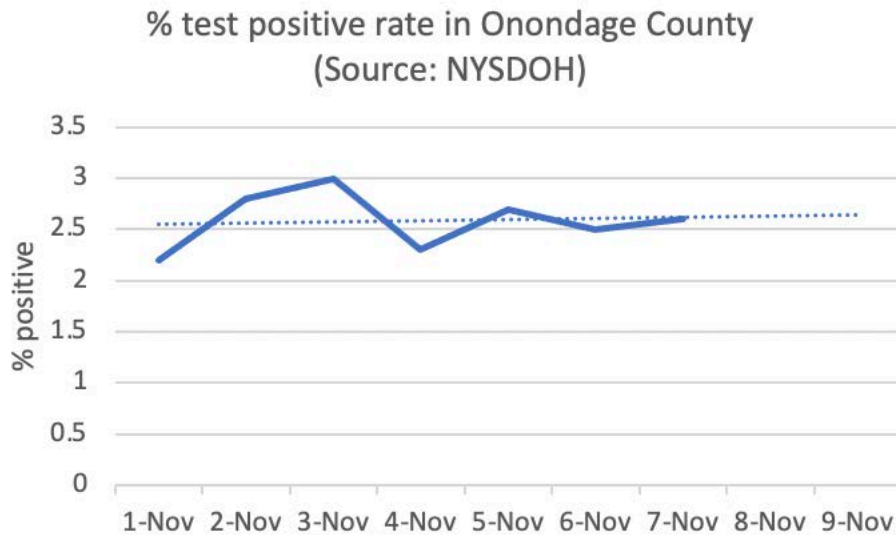


7- day average of R_t (Nov 7, 2020) using NYSDOH data: 1.39

7- day average of R_t (Nov 8, 2020) using Onondaga County data: 1.34

5. Percent of tests resulting as positive on Nov 7, 2020 (source: NYSDOH)

New York State	3.4%
All NYC	4.1%
Central NY (region)	2.4%
Onondaga County	2.6%



6. Hospital Capacity

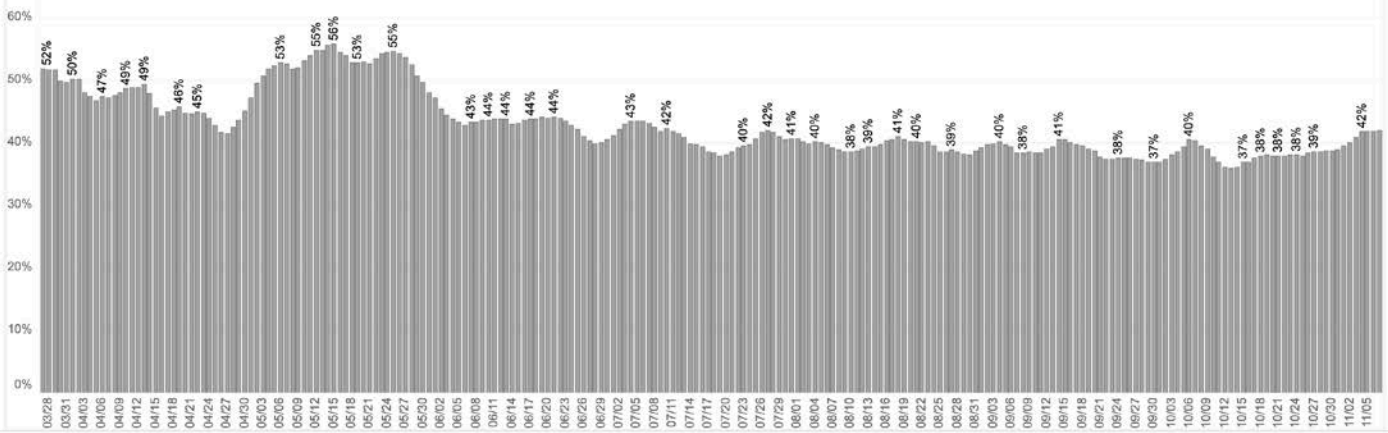
COVID-19 Early Warning Monitoring System Dashboard - Central New York

Data as of: November 7, 2020
Last updated on: November 8, 2020

Testing/Tracing Targets		New Infections		Severity of Infection	Hospital Capacity	
Maintain 30 per 1,000 Diagnostic Tests	Maintain Required Case and Contact Tracing Capacity	% Positive Tests per Day (7-Day Rolling Avg)	New Cases per 100K (7-Day Rolling Avg)	Gross New Hospitalizations per 100k (7-Day Rolling Avg)	Share of Total Hospital Beds % Available (7-Day Rolling Avg)	Share of ICU Beds % Available (7-Day Rolling Avg)
6,066 / 775	458	2.4%	19.09	0.98	28%	42%
Show Trend		Show Trend	Show Trend	Show Trend	Show Trend	Show Trend

- Select a Region
- ☐ STATEWIDE
 - ☐ Capital Region
 - ☒ Central New York
 - ☐ Finger Lakes
 - ☐ Long Island
 - ☐ Mid-Hudson
 - ☐ Mohawk Valley
 - ☐ New York City
 - ☐ North Country
 - ☐ Southern Tier
 - ☐ Western New York

Share of ICU Beds % Available (7-Day Rolling Avg)



Share of Total Hospital Beds % Available (7-Day Rolling Avg)

