

# 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 18, 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>
Several zip codes in Onondaga County are condition yellow.	1,755 per 100,000 cumulative cases  39 per 100,000 new cases daily average	4.3% for Onondaga County  7.5% for Upstate's Lab	1.46 for Onondaga County

Please see attached COVID Update Report for details.

## Announcement: Adult and Pediatric Influenza–Like Illness Clinic (ILI) Officially Opens! by Tiffany Bell, BSN, RN

We are excited to announce the official opening of the Adult and Pediatric Seasonal Clinic, also known as the Influenza-Like Illness (ILI) clinic, at 550 Harrison Center, Suite H. The clinic is designed to support our Upstate Family Medicine, Medicine, Inclusive Health, and Pediatric patients that cannot be managed via triage, testing or telemedicine and require an in-person visit for physical exam and evaluation of ILI. The ILI clinic will provide a designated location for symptomatic patients to be safely evaluated. This is a temporary location as we work on permanent space to open at UHCC in several weeks.

The ILI clinic will be open Monday – Friday, 12:30 pm – 4:30 pm. The primary care clinics should schedule patients directly on the ILI clinic schedule in Epic. Visitor restrictions apply per the visitor policy. The clinic planning group will continue to meet and consider needs for any future expansions.

## COVID Surge Provider Staffing Plan Outline by Dr. Sri Narsipur

I have received input from most of you regarding faculty who may be called up for inpatient work if the COVID surge exceeds expectations. I cannot know how many or when these people may be needed, but rely on the statistical forecasts and predications we get periodically. We have a basic outline for staffing and house-staff needs that I hope will suffice. These are the working premises:

- Our surge will occur sometime in the next few weeks based on escalating new infections and hospitalizations.
- Somewhere between 120-160 ICU beds and 280-400 inpatient beds will be occupied by Cov + patients when at full cap.

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- Most of the surge work will be assumed by Department of Medicine (DOM) internists and sub-specialists, assuming perfect scenarios and perfect conditions. I and my team are and will manage this. Staffing, however, is the most precarious part of this scenario as you are already aware of how many people have been sidelined.

This is where you come in:

If and when our human resources for managing these patients is exceeded, we will need YOU to call upon the “bench”. These are the faculty and house-staff who many need to fill in for those who become ill, exhausted, quarantined, etc. We estimated 30% over the perfect scenario. These are our working premises on this part:

- Based on your feedback, I will assign each department a certain number of FTEs for each of the 4 “scopes” of work I have previously mentioned (triage, x-cover, inpatient, intensivist. In other words: ED triage, resident level, APP or equivalent level, vent management level).
- We will have defined individuals monitor needs and contact you if they appear to be approaching, at which time you will reach into your department and send forward a faculty member. I am not going to contact individuals. You will. See draft comment below.
- Those people called up will work for approximately 1 week, 12 hours on / 12 hours off. Then you will need to send up the next person.
- Prep any way you can (I’ve sent online resources previously). See also: [https://www.upstate.edu/medresidency/incoming/miscellaneous/emergency\\_medicine.php](https://www.upstate.edu/medresidency/incoming/miscellaneous/emergency_medicine.php) but be prepared for plenty of on-the-job training. Make rounds now and help the teams while things are controlled if you want. You are welcome to shadow. Brush up now.

A close parallel plan will occur for the entire house-staff, including residents in your department (who may have done a prelim year in Internal Medicine). More to come in separate channels for your PDs.

The link below provides an outline on our Surge Staffing Plan:

[https://upstate.mediaspace.kaltura.com/media/t/1\\_qpp3x5of/158295501](https://upstate.mediaspace.kaltura.com/media/t/1_qpp3x5of/158295501)

Final notes: please feedback suggestions through your chairs to me. We will take responsibility for your PPE, preparation, and safety, and have provided the above so you can do some advanced work while we have time. The DOM faculty will everything possible to support you – no one will be left out on a limb. Protecting you is critical to a successful surge plan.

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## Universal COVID Testing for Inpatients by Catherine Stephens, MSN, RN, NEA-BC, CNRN, SCRNP

Starting on Thursday, November 19, 2020 at 0700 we will be testing all inpatient admissions for COVID-19 at Upstate University Hospital, Golisano Children's Hospital, and Community Hospital.

In the admission navigator under vaccines, there will be a series of questions regarding COVID-19 status. If the questions indicate that the patient has not been tested at any Upstate location in the last 24-hours, a BPA will fire in EPIC for a nasopharyngeal swab test. The RN will accept the order and administer the test.

Patients being admitted to Upstate's psychiatric units, rehabilitation units, or the Transitional Care Unit will not receive a test since they would have a negative test result prior to being admitted to the unit. Patients who have had a test prior to admission for surgery will be retested post-operatively. Children in the 3N OR at Upstate University Hospital will receive a test prior to the end of their surgery while under anesthesia.

While test is pending, standard precautions during COVID apply while providing care (*i.e., ear loop face mask and eye protection - goggles, face shield*). If the test returns positive, the patient will be placed on enhanced airborne precautions isolation and moved to a COVID unit. Since standard precautions during COVID were in place, this would not be considered an exposure.

Patients admitted prior to Thursday, November 19<sup>th</sup>, 2020 at 0700 will not require testing unless they become symptomatic or medical condition requires. Please keep in mind that the patient's admission test only indicates the patient's status at the time the test was performed. Patients may be in a window period. Patients who develop new symptoms should be rested and standard precautions during the time of COVID (*ear loop mask for provider and patient; and eyewear for provider*) should be followed at all times.

## OR Update by Dr. William Marx and Barbara Walczyk, MSN, RN

- Clinicians are reminded to wear their N95 masks covered with a surgical mask while in the OR.
- Since November 11, 2020 we have been in L2 of OR Patient Bed Utilization Control with a gentle reduction in OR cases needing post-operative beds. A team has been meeting daily to review the next 5-7 days of bed requests with consideration for COVID occupancy, bed capacity and staffing levels.
- Because of an increase in COVID admissions we will be postponing the Surgical Admit cases that are not medically necessary or time sensitive but require a bed. Existing inpatient and scheduled outpatient cases will not be impacted at this time.

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- Surgeons are asked to notify their patients that their surgery may be postponed to a later date due to the high increase in COVID cases. Patients also receive reminders at their Pre-Admission Testing (PAT) appointment / phone call and Pre-Op the day prior.
- Surgeons are asked to emphasize to patients to follow the pre-operative 14-day quarantine guidelines.
- We will be initiating restrictions to vendor access to the ORs.

## **PPE and Aerosol Generating Procedures** by Paul Suits

As our COVID admissions increase, reminders on Personal Protective Equipment (PPE) use and the Aerosol Generating Procedures (AGP) policy are as follows:

**Aerosol Generating Procedures:** if the patient(s) has an unknown or positive COVID-19 status and is undergoing AGP procedures, it is imperative staff protect themselves first with Enhanced Personal Protective Equipment (EPPE).

**Enhanced PPE:** N95 or Powered Air Purifying Respirators (PAPR), face shield, gown, gloves.

**Current Aerosol Generating Procedures (AGP) are listed and updated in policy [COV A-02](#) and below (refer to [policy](#) for future updates):**

- Airway surgeries/procedures (e.g., ENT, thoracic, trans-sphenoidal surgeries)
- Intubation
- Extubation
- Chest Compressions
- Nebulization
- High flow oxygen, including nasal canula, at > 15L without an ear loop mask
- Non-invasive positive pressure ventilation (e.g., CPAP, BIPAP)
- Oscillatory ventilation
- Sputum induction
- Open suctioning of tracheostomy or endotracheal tube (ETT)
- Tracheostomy change
- Manual ventilation (e.g. manual bag-mask ventilation before intubation) or disconnecting patient from ventilator
- Upper endoscopy (including transesophageal echocardiogram)
- Lower endoscopy
- Ventilator circuit manipulation
- Dental procedures
- Fiberoptic laryngoscopy and anterior nasal endoscopy with biopsy or manipulation

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## What PPE Do I Wear?

- Staff are to always wear an ear loop mask except when eating. When you are eating lunch ensure that you are 6 feet away from others.
- Staff are to wear eye protection and an ear loop mask when caring for a non-COVID-19 patient.
- Staff are to wear EPPE when caring for COVID-19 patients, this requires a face shield
- Staff are to wear EPPE when caring for a patient with unknown or positive COVID-19 status undergoing an AGP as stated above.
- If you respond to a situation and assess that individuals are not wearing the proper PPE, please remind or assist them in securing the proper PPE to ensure protection for themselves and others.

Questions about PPE or AGPs, email [AskTeamIC@upstate.edu](mailto:AskTeamIC@upstate.edu)

## Launch of New Chatbot for Return to Campus/Work Clearance After Absence Due to COVID, Flu, or Notice of Quarantine by Dr. Jarrod Bagatell

Staff and students seeking clearance to return to campus/work after an absence related to COVID-19, influenza, or a Notice of Quarantine will be directed to complete the Return to Campus/Work Clearance chatbot within the day prior to the anticipated date of return.

Upon successful completion of this chatbot, individuals will be provided a clearance email notice that can be shared with their manager/direct supervisor.

This chatbot link can be found on Upstate's Employee Health web-page and is **distinctly separate from the COVID-19 Screening Assessment Tool** that is used for daily screening purposes.

Any Notices of Quarantines issued by the Department of Health should be sent to [ESHealth@upstate.edu](mailto:ESHealth@upstate.edu) (type "Quarantine Notice" in subject line of email).

Thank you in advance for your support and cooperation with this initiative.

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

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

### Revised Policies:

- [Discontinuation of Transmission Based Precautions of Patients with COVID-19 \(COV D-04\)](#): changed travel to be managed the same as high-risk patient. Symptomatic high-risk patients stay on Enhanced Airborne regardless of test results. Changed the day we remove isolation to day 4 under high-risk categories.
- [Surgical / Procedural Cases During Prevalence of COVID-19 \(COV S-02\)](#): added letter I regarding maximum number of staff per case.
- [COVID-19 Testing at Upstate University Hospital Locations \(COV T-08\)](#): updated language for universal testing of all inpatients within 8 hours of admission. Updated language for post-operative testing for patients admitted through pre-operative areas.
- [COVID-19/SARS-CoV-2 Testing Results Delivery Responsibilities \(COV T-11\)](#): changes made to method of delivering test results in table.
- [Visitor Restriction During Prevalence of COVID-19 \(COV V-08\)](#): Peds ED changed to one support adult. Exceptions granted through charge nurse and attending. Updated Ambulatory visitation section.

### Deleted Policies:

- Guidelines for COVID-19 Testing and Placement of Asymptomatic Pediatric Patients (COV T-10): archived and retired in MCN on 11/18. Please refer to policy [COV T-08](#).

## 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.

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## Outstanding Physician Comments

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

**Adult Hematology Oncology:** Dr. Alexander Banashkevich is always kind and willing to answer any concerns about my treatment. He showed compassion during both my radiation treatments.

**Adult Medicine:** Dr. Andrea Shaw is an excellent doctor providing efficient and tangible service – thank you for your kindly effort.

**Breast Care Center:** Dr. Jayne Charlamb is always professional, caring, and takes time to ask you about you. Dr. Ranjna Sharma is wonderful. Dr. Ranjna Sharma is a very warm and empathetic doctor with a great bedside manner. I would definitely recommend Dr. Ranjna Sharma. I just love Dr. Ranjna Sharma. She is caring, always listens and makes sure you understand everything. She really is a doctor who cares about her patients. Dr. Ranjna Sharma was delayed but she made sure to have a nurse come in and let me know about the delay and asked if I needed anything. Dr. Prashant Upadhyaya explained the procedure very well and I left feeling confident about the surgery that is forthcoming. Dr. Prashant Upadhyaya is outstanding, patient, kind, thorough and an excellent plastic surgeon with excellent results. He is the best!!

**Family Medicine:** Dr. Igor Kraev is very good, explained and answered all my questions. Dr. Igor Kraev is very thorough, eased my fears and is an excellent doctor. I would recommend him highly. Dr. Clyde Satterly treats me exceptionally well. Dr. Clyde Satterly always wants to make sure you are getting the help you need. Dr. Clyde Satterly – great! Dr. Rupali Singla was attentive and followed thru on her conversation and recommendations very quickly.

**Immune Health Services:** Dr. Rahul Mahapatra is charming, knowledgeable, and empathetic.

**Joslin Center for Diabetes:** Dr. J Kurt Concilla listens and is engaged in the conversation. Dr. Roberto Izquierdo was patient, thorough and kind. Dr. Ruth Weinstock is personable, a good listener, and very well informed. Dr. Ruth Weinstock is consistently a top-notch, compassionate and caring expert.

**Joslin Pediatric Center:** Dr. David Hansen has a wonderful and calm demeanor.

**Multidisciplinary Programs Cancer Center:** Dr. Mark Crye was very kind and took the time to explain everything - highly recommend. Dr. Kaushal Nanavati was knowledgeable and had a great demeanor. Dr. Kaushal Nanavati is a great listener, answered my questions thoroughly and explained his plan in detail. He is a very good doctor and didn't rush. Dr. Jason Wallen is clear, concise, and put my mind at ease. Dr. Jason Wallen – wonderful!

**Nephrology Clinic:** Dr. Ramya Bhargava is very knowledgeable and caring towards her patient. She explains procedures well and answered all of my questions.

**Pediatric Cancer Center:** Dr. Kathryn Scott was very competent, knowledgeable, and set an easy tone for patient and parent.



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**Pediatric Multispecialty Clinic:** Dr. Robert Hingre was absolutely wonderful, went above and beyond, and we are very grateful.

**Peds Neph, Rheum, Integrative Med:** Dr. Scott Schurman always takes the time to thoroughly explain everything to me and my child. We never feel rushed and he is very knowledgeable.

**Pulmonology Clinic:** Dr. Manju Paul is very easy to talk to and took the time to explain areas of concern.

**Rheumatology Clinic:** Dr. Eduardo Bonilla – great! I highly recommend Dr. Eduardo Bonilla. Dr. Eduardo Bonilla is an attentive listener, empathetic, calm, reassures you, and explains everything very well. Dr. Jihad Ben Gabr was amazing, very knowledgeable about all my conditions, and is a pleasure. Dr. Jianghong Yu has impressed me with her prompt replies to my messages in MyChart.

**SUNY Upstate – Virtual:** Dr. Ruban Dhaliwal does a very good and thorough job of explaining recommended treatments or why she is not recommending something. I had my first appointment with Dr. Brian Gallay and it was like I had been his patient for years. Dr. Natasha Ginzburg is very understanding! Dr. Rachel Hopkins was clear, concise and understandable. I would recommend Dr. Zahi Makhuli to anyone – excellent experience! Always wonderful to connect with Dr. Kaushal Nanavati. I have full confidence in Dr. Kaushal Nanavati. This was my second telehealth visit with Dr. Sriram Narsipur – easy and seamless! Dr. Sriram Narsipur is an excellent doctor, has calm and easy-going demeanor, and I feel like he really listens to me. Dr. Sheetal Rayancha – thank you! Dr. Jianghong Yu is very knowledgeable and empathetic. I have recommended her to others and will continue to in the future.

**UHCC – Neurology:** We are very pleased with the care shown and the time spent with Dr. Sara Ali. She did a very thorough job with her examination and asked questions about health issues, current medications, and treatments. Dr. Anuradha Duleep is extremely informative, answers all questions, and is thorough in explaining any concerns I had. Dr. Anuradha Duleep is the best! Dr. Anuradha Duleep was very caring and compassionate. Even after my visit, she has been very accessible through the MyChart portal to give advice about my situation. Dr. Luis Mejico always remembers me and family. I have been with Luis Dr. Mejico for 16 years – very good! Dr. Jenny Meyer is compassionate and knowledgeable. Dr. Jenny Meyer is very respectful and caring, with a true desire to help me.

**University Center for Vision Care:** Dr. Samuel Alpert was informative and calming. I am glad I was referred to Dr. Robert Fechtner. I am doing so much better since I have been seeing Dr. Robert Fechtner. I have recommended Dr. Robert Swan to anyone that has told me they need an optometrist.

**University Geriatricians:** Dr. Andrea Berg was just so caring, listened to both my concerns as the primary care giver and that of my mom! Dr. Andrea Berg always takes as much time as we need and I never feel rushed. Dr. Andrea Berg is the BEST. We just love her!!! Dr. Andrea Berg really listened to my mother's concerns and was kind and considerate with her situation.

**University Internists:** Dr. Amit Dhamoon is very caring, understanding, and put me at ease. Dr. Amit Dhamoon is the best! I was impressed with Dr. Amit Dhamoon. He took time to listen, I did not feel rushed, kind, caring,

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compassionate, and has a good sense of humor! **Dr. Vincent Frechette** is a very caring person. **Dr. Vincent Frechette** always takes the time to listen, explain things, and recommends steps that I trust. **Dr. Barbara Krenzer** was very professional, compassionate, caring, and knowledgeable. **Dr. Barbara Krenzer** is always compassionate, caring, and a wonderful provider. **Dr. Sarah Lappin** – outstanding bedside manner, listened, and made good suggestions. It was a pleasure being one of her patients. I had a very good visit with **Dr. Jessica Mayer**. She is very respectful and I am looking forward to my next visit. **Dr. Catherine White** listened intently and was extremely professional.

**Upstate Urology:** I felt very fortunate to be scheduled with **Dr. Gennady Bratslavsky** and felt at ease because I knew I was seeing a true professional in his field. **Dr. Timothy Byler** is very good with his interpersonal skills, listens, and explains so that I understand completely what his view is toward my situation. **Dr. Timothy Byler** is the best! **Dr. Joseph Jacob** is always so kind and friendly. I didn't see him for a year and he still recognized me and remembered the issues he was treating me for. **Dr. Oleg Shapiro** is the best!!!

**Wound Care Center:** **Dr. William Santiago** is awesome at what he does.

**11E:** **Dr. Tamer Ahmed** was amazing with my son! Thank you for helping him.

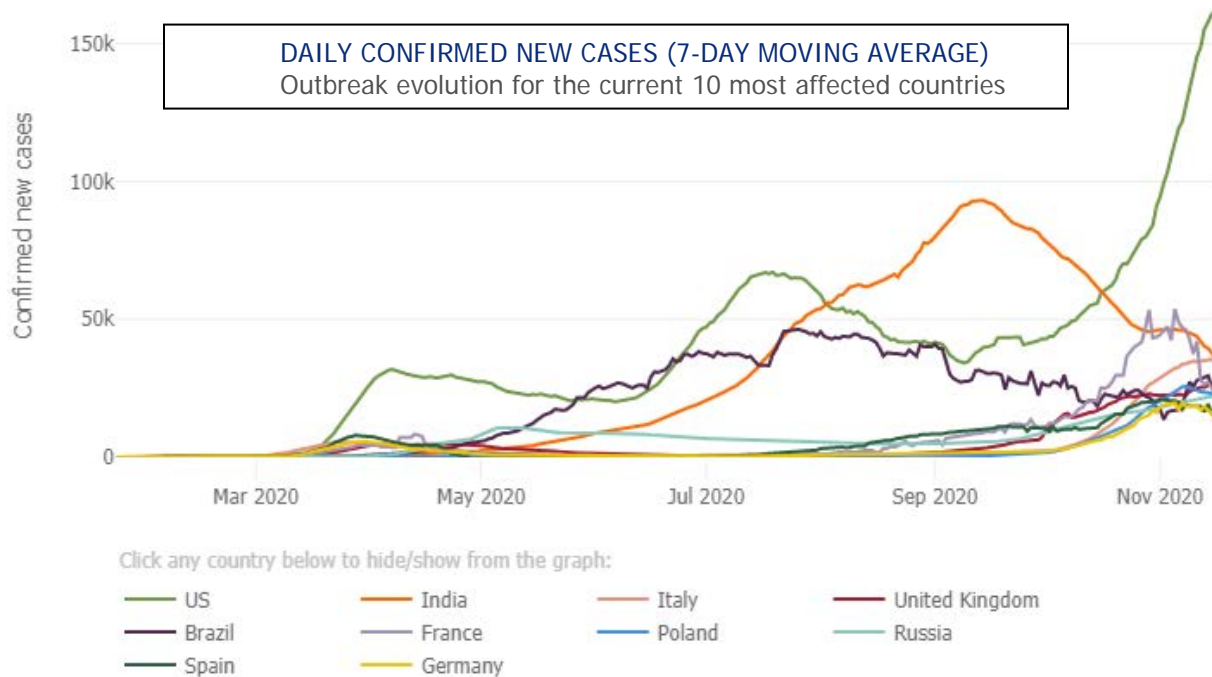
Thank you for all you do! Please stay safe *in here* and *out there*, and do what you can to help protect those around you.

Amy

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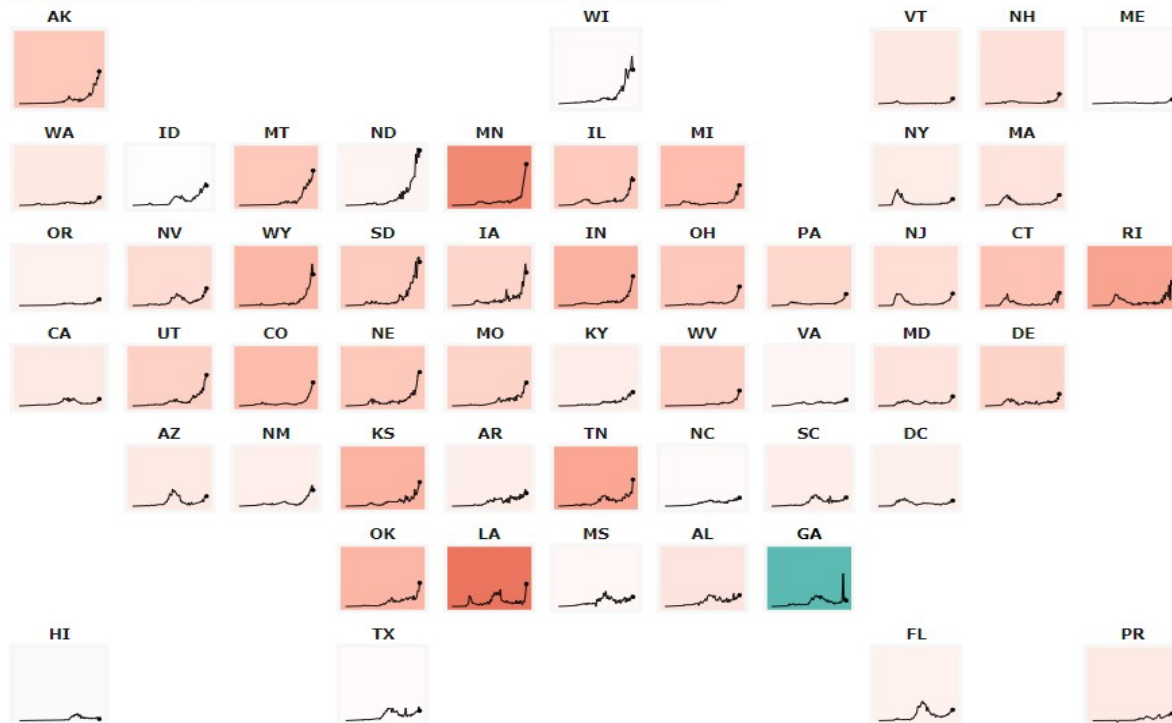
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1. Global trends (source <https://coronavirus.jhu.edu/data/new-cases>)

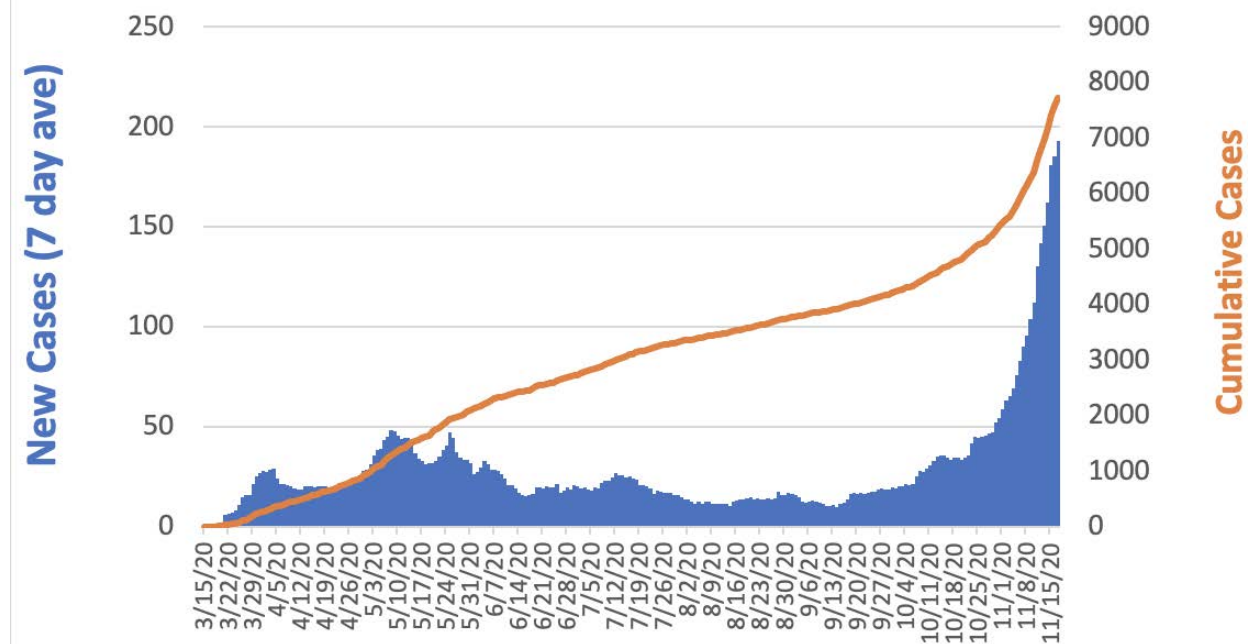


2. Statewide trends (source <https://coronavirus.jhu.edu/data/new-cases-50-states>):

Daily New Cases per 100k people. Data shown from 1/22/20 to 11/16/20.



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; calculated by K. Anderson)



153 on 11/17 (source: <https://covid19.ongov.net/data/#Testing>):

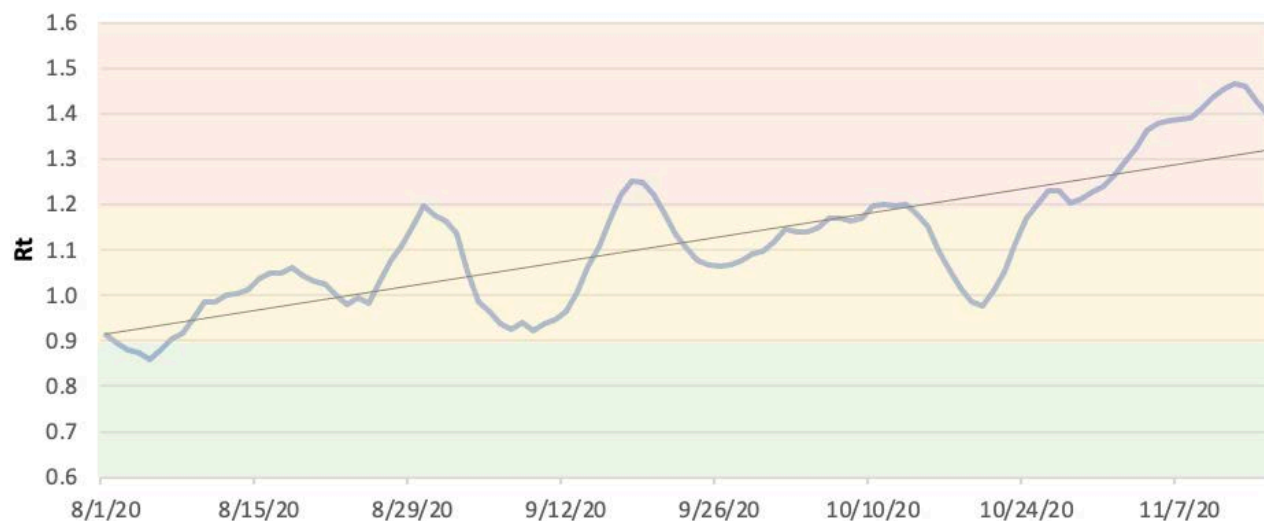
Source	New Cases (#)	New Cases (%)	Cases To Date (#)	Cases To Date (%)
Community	42	27.5	5267	68.2
Travel	3	2	534	6.9
Senior Facility	1	0.7	1263	16.3
Unknown	107	69.9	664	8.6

3. Estimates of  $R_t$  over the last month (Calculated by D. Wang)

#### Reproductive Number ( $R_t$ ) for COVID-19

Data sources: Onondaga county new cases by day (7-day average)

August 1, 2020 - November 15, 2020



7- day average of  $R_t$  (Nov 10, 2020) using NYSDOH data: 1.40

7- day average of  $R_t$  (Nov 11, 2020) using Onondaga County data: 1.46



## 5. Percent of tests resulting as positive on Nov 16, 2020

New York State <sup>1</sup>	3.3%
NYC <sup>1</sup>	4.0%
Central NY (region)*	3.6%
Onondaga County (7 day average)**	4.3%
Within 30 miles of Upstate (7 day average)^	6.5%

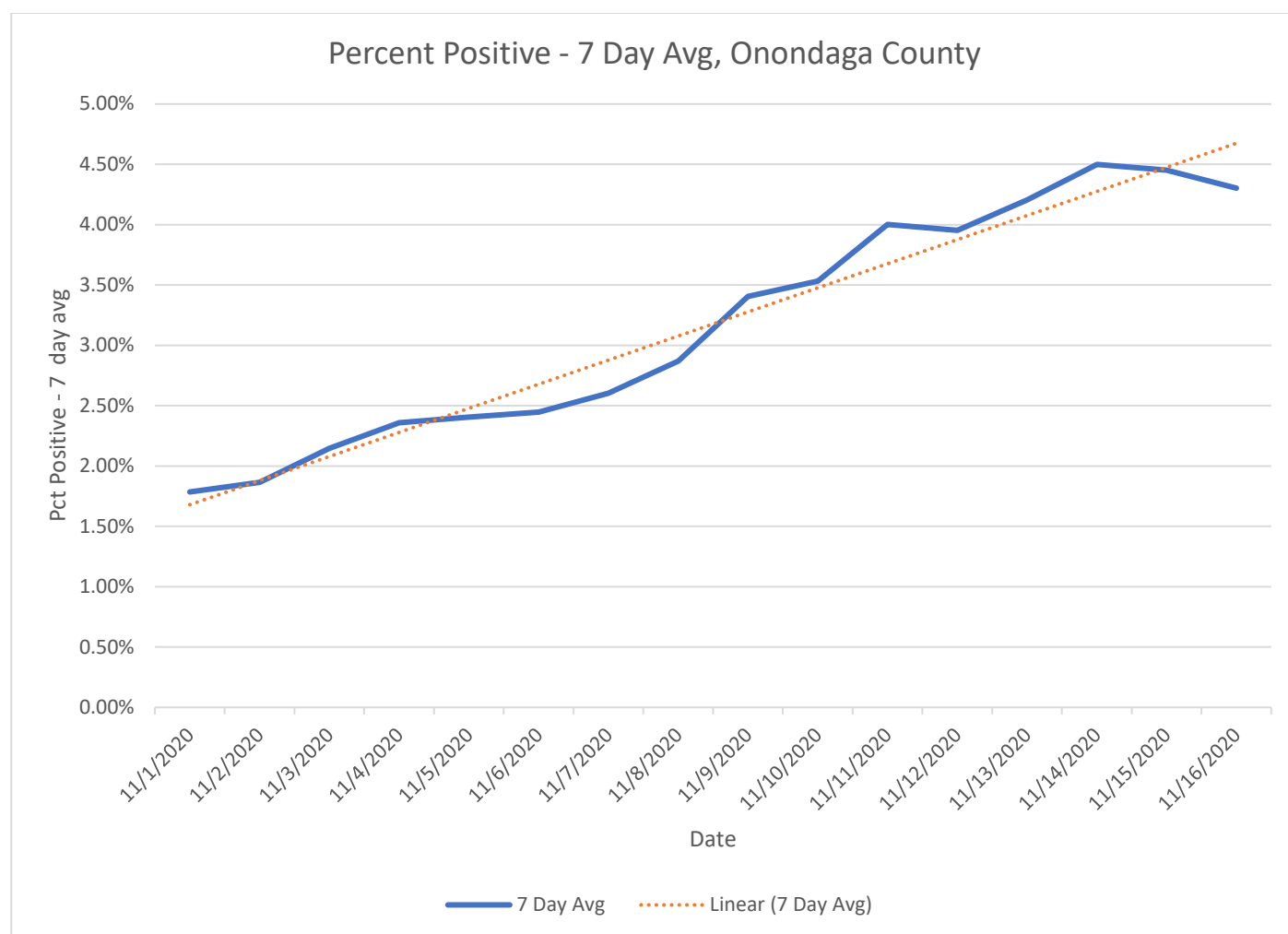
### Sources

<sup>1</sup><https://covid19tracker.health.ny.gov/views/NYS-COVID19-Tracker/NYSDOHCOVID-19Tracker-TableView?%3Aembed=yes&%3Atoolbar=no&%3Atabs=n>

\*<https://forward.ny.gov/percentage-positive-results-region-dashboard>

\*\*Calculated by Upstate team using data from [health.data.ny.gov](https://health.data.ny.gov) (see below)

^Radius drawn from SUNY Restart Tableau dashboard, Upstate team



Percent Positive calculated by C. Morley from:

<https://health.data.ny.gov/Health/New-York-State-Statewide-COVID-19-Testing/xdss-u53e/data>

## 6. Hospital Capacity (<https://forward.ny.gov/covid-19-regional-metrics-dashboard>)

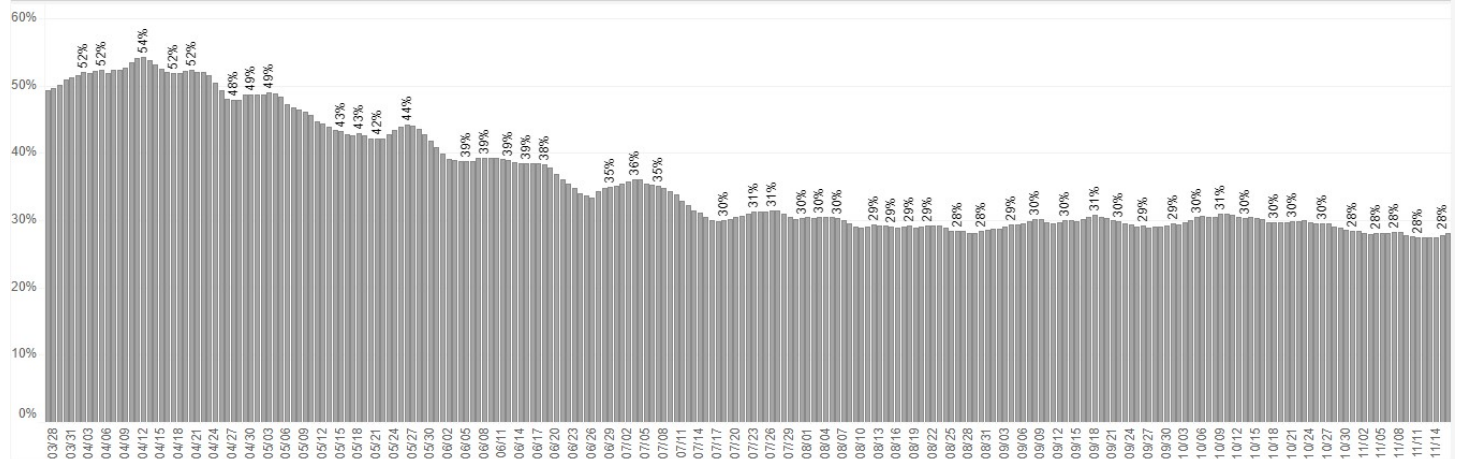
### COVID-19 Early Warning Monitoring System Dashboard - Central New York

Data as of: November 16, 2020  
Last updated on: November 17, 2020

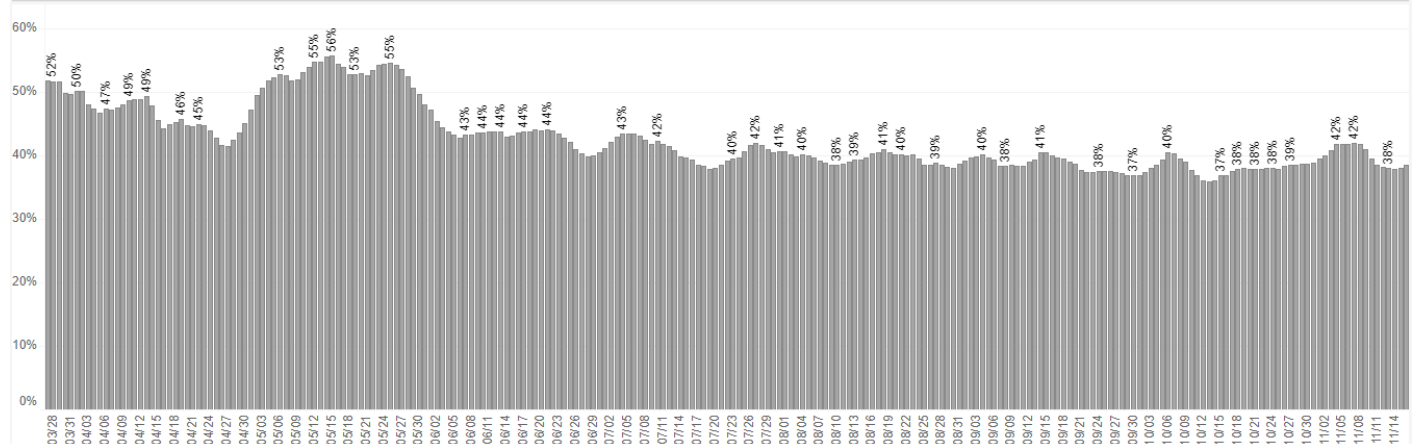
Testing/Tracing Targets		New Infections		Severity of Infection	Hospital Capacity	
Maintain 30 per 1,000 Diagnostic Tests	Maintain Required Case and Contact Tracing Capacity	% Positive Tests per Day (7-Day Rolling Avg)	New Cases per 100K (7-Day Rolling Avg)	Gross New Hospitalizations per 100k (7-Day Rolling Avg)	Share of Total Hospital Beds % Available (7-Day Rolling Avg)	Share of ICU Beds % Available (7-Day Rolling Avg)
6,899 / 775	458	3.6%	31.87	1.88	28%	39%
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 Total Hospital Beds % Available (7-Day Rolling Avg)



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



## 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**

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