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

September 11, 2020

Rapid Testing

We are having challenges with our supply chain for rapid COVID tests. Unfortunately, our last few shipments of supplies for these tests have been significantly reduced without warning.

Despite best efforts, we anticipate running out of rapid tests either late this weekend or early next week. We continue to have adequate supply of our routine priority tests available, and we continue to do everything in our power to make rapid tests available to you again.

We request that you order routine COVID tests unless a patient's need requires a rapid priority. Admissions, transfers, discharges, and pre-op/procedural indications should be ordered with routine priority until our rapid testing platform supplies are replenished.

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

"Severe Sepsis" in September is in full swing at Upstate – watch for weekly Clinical Documentation Improvement initiatives focusing on Sepsis Identification, Protocolized Management (The Bundle), the required assessment, and requirements for complete documentation to help discuss how your documentation helps our patients in Surviving Sepsis (tip sheets attached)!

In order for Severe Sepsis to be captured with an ICD-10 code, "Severe Sepsis" must be stated in the medical record OR any/all sepsis associated organ dysfunctions must be directly linked to sepsis, using terminology such as "due to", "secondary to", "from" ("in the setting of" or "with" does not create a cause and effect relationship. If you say "sepsis with hypotension", that does not qualify for severe sepsis – this will result in a query to clarify the etiology of hypotension).

Please note, there are two definitions of Septic Shock, as designated by the Center for Medicare and Medicaid Services (CMS):

1. Persistent hypotension despite adequate (30 cc/kg) fluid resuscitation (with or without the use of vasopressors)
2. Initial lactate >4 + another sepsis associated end organ dysfunction

Outstanding Physician Comments

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

2E at Community Hospital: **Dr. Matthew O'Connor** spent plenty of time talking with me and considered our request to go home.

4N at Community Hospital: I was astounded by the attentiveness displayed by **Dr. Joseph Jacob**.

11E: **Dr. Brian Kistler** was amazing. He was fantastic at explaining things and listening to concerns. Love and trust **Dr. William Lavelle**.

11G: **Dr. Karen Teelin** was excellent.

12E: **Dr. Emily Langan** – love!

September 11, 2020

Adult Hematology Oncology: **Dr. Sam Benjamin** has been very good in explaining the treatment processes and side effects; he exhibits excellent doctor / patient interactions. **Dr. Sam Benjamin** leads the team that stays on top of my needs thru my cancer. Greatness starts at the top but shines through everyone. I am truly grateful for you. **Dr. Jeffrey Bogart** and **Dr. Stephen Graziano** – impressive! **Dr. Mashaal Dhir** and **Dr. Rahul Seth** – wonderful! **Dr. David Duggan** is caring, compassionate, professional, amazing. The whole package as far as a medical professional. **Dr. Stephen Graziano** – very caring, meets my needs. **Dr. Stephen Graziano** is the best! He is very respectful to my wishes and smiles all the time! **Dr. Michael Lacombe** – amazing! **Dr. Lisa Lai** – thoughtful, goes the extra mile, listens to concern and talented. **Dr. Mijung Lee** is amazing, truly cares, and takes the time to answer all questions. **Dr. Mijung Lee** is very intelligent and also caring. She explains the reason for her choices and makes sure I am on the same page with treatment plan. **Dr. Mijung Lee** is professional, very caring, and takes time to listen to my concerns. I am very happy with her. **Dr. Dorothy Pan** – articulate, intelligent, caring, optimistic – 5 stars! **Dr. Bernard Poiesz** has been very informative when I ask questions. He tells it like it is and is kind. **Dr. Bernard Poiesz** – professional. **Dr. Rahul Seth** – wonderful personality, helped so much emotionally. **Dr. Rahul Seth** – wonderful! **Dr. Rahul Seth** is truly the best. I would highly recommend him to anyone who has cancer. **Dr. Rahul Seth's** expertise, compassion and follow-up during office visits and treatment, a wonderful human being and doctor.

Gamma Knife: **Dr. Lawrence Chin** did great and saved my life. **Dr. Michael Mix** was very straight forward and knowledgeable – great rapport with group. **Dr. Michael Mix** provided very helpful information on what to expect in the procedure. **Dr. Michael Mix** – informative, easy to understand, and very knowledgeable.

Radiation Oncology: **Dr. Rinki Agarwal** – very good results with her surgery for me. **Dr. Brittany Simone** – very knowledgeable, professional, supportive. **Dr. Brittany Simone** – professional, informative and supportive. **Dr. Brittany Simone** explained the radiation treatment very well and answered all my questions.

Radiology: **Dr. Ravi Adhikary** was very thorough through whole biopsy process and did a great job. He made me feel confident in his work. **Dr. Ravi Adhikary** could not have been nicer. Made me feel comfortable and at ease, especially on a stressful day. I liked **Dr. Katherine Willer**. **Dr. Katherine Willer** was fantastic! **Dr. Andrij Wojtowycz** called me and explained the results the day of the test – professional and empathetic.

The Center for Children's Surgery: **Dr. Rahila Bilal**, the anesthesiologist, took great and careful care of carrying him out of the room. **Dr. Mark Marzouk** – amazing! Dr. Rivera is amazing.

The Surgery Center - CG: **Dr. Leah Andonian** went above and beyond to ensure I would not be nauseous after surgery. **Dr. Elizabeth Ferry** – wonderful care and professionalism. **Dr. Mary Ellen Greco** – excellent. I have so much confidence in **Dr. Lisa Lai** and **Dr. Prashant Upadhyaya**. **Dr. Ranjna Sharma** – friendly, upbeat and competent. **Dr. Katherine Willer** – excellent.

Thank you for all you do!

Amy

UPSTATE
UNIVERSITY HOSPITAL

CDI Tip of the Month - Severe Sepsis in September

Documenting Severe Sepsis

If you don't follow protocol, please document your reasons why!

Documentation for Severe Sepsis	Example
Criteria used to diagnose	Tachypnea and tachycardia + Complicated UTI
Link to infection source	Sepsis due to complicated UTI
Link to presumed or known organism	Severe Sepsis likely due to E. Coli UTI
Link end organ dysfunction/failure	Metabolic Encephalopathy, Lactic Acidosis, and Hypotension due to Severe Sepsis
Severe Sepsis specific treatment plan	Blood Cultures x2, 30 cc/kg IV fluid resuscitation, broad spectrum antibiotics
Progression of Care	Worsening, Improving, Improved, Resolved
Documented Reassessment	Required one hour after identification and every 3 hours until resolved
Present on Admission (POA) Status	Specify when diagnosis is not confirmed in ED Notes or H&P by documenting POA

Documentation Example

Severe Sepsis due to E. Coli UTI with Septic Shock (POA)

- Organ dysfunction due to sepsis: acute metabolic encephalopathy, lactic acidosis, and persistent hypotension
- Blood cultures x2, urine culture, sputum culture ordered
- IV fluid resuscitation 30 cc/kg administered with persistent hypotension
- Broad spectrum antibiotics Vancomycin and Zosyn administered
- At one hour reassessment, patient remains with persistent hypotension despite fluid resuscitation, cap refill > 3 seconds, cool/clammy skin, and SBP <90 – vasopressors initiated
- Repeat Lactic Acid q3 hours x3 per sepsis protocol – next due 2100

Utilizing the Sepsis Note in Notewriter

The Sepsis Note is a procedural note that can be found in your Notewriter Activity. If not defaulted as a "main note", simply search "Sepsis" and it will be the only option. This activity helps capture all required areas of sepsis documentation, as regulated by NYSDOH and CMS.

What you say and what you do matters! Take credit for all the hard work being done. Telling a story is important. Help your peers that follow you know what has happened and what has already been done – this will help them figure out what is next!

UPSTATE
UNIVERSITY HOSPITAL

CDI Tip of the Month - Identification and Diagnosis of Severe Sepsis

- Utilizing the Sepsis Note in Notewriter -

The Sepsis Note is a procedural note that can be found in your Notewriter Activity. If not defaulted as a "main note", simply search "Sepsis" and it will be the only option. This activity helps capture all required areas of sepsis documentation, as regulated by NYSDOH and CMS.

Organ Dysfunction or Failure must be documented as directly linked to sepsis to meet criteria for severe sepsis.

Below are the CMS defined sepsis related end organ dysfunctions:

<table>
<tr><td>Hypoperfusion

• POC (iSTAT) or Serum Lactic Acid >/= 2.0
• Capillary refill > 3 seconds
• Skin mottling
• Cold extremities</td><td>Acute Kidney Injury

• Healthy Kidney: Serum creatinine > 2.0 mg/dL
• CKD with baseline creatinine > 2: Serum creatinine increase >/= 0.5 mg/dL above baseline
• Urine output <0.5 mL/kg/hr for at least 2 hours with documented monitoring</td></tr>
<tr><td>Hypotension

• SBP < 90
• MAP < 65
• Decrease in SBP > 40mmHg</td><td>Encephalopathy

• Acute metabolic encephalopathy
• Altered mental status, confusion</td></tr>
<tr><td>Acute Respiratory Failure

• P/F Ratio < 300
• PaO2 < 70mmHg
• SaO2 < 90%
• Requirement of high flow oxygen evidenced by a new need for invasive or non-invasive mechanical ventilation</td><td>Coagulopathy

• INR > 1.5
• aPTT > 60 seconds
• Thrombocytopenia < 100</td></tr>
<tr><td>Hepatic

• Jaundice
• Hyperbilirubinemia > 4mg/dL
• Transaminitis (increase LFTs)
• Coagulopathy (increased PT)</td><td>Ischemic Bowel

• Splanchnic circulation (absent bowel sounds)</td></tr>
<tr><td colspan="2">Shock
• One organ dysfunction present AND persistent hypotension evidenced by: In the hour after the conclusion of the target ordered volume of crystalloid fluid administration, two consecutive documented hypotensive blood pressure readings
OR
• One organ dysfunction present AND tissue hypoperfusion evidenced by initial lactate level result >=4 mmol/L</td></tr>
</table>

Identification of end organ dysfunction requires initiation of the Sepsis Bundle, including fluid resuscitation of 30cc/kg, measurement of lactic acid, and reassessment after initiation of treatment.

UPSTATE
UNIVERSITY HOSPITAL

CDI Tip of the Month - Severe Sepsis in September

The Sepsis Reassessment

All of the measures outlined in our Sepsis Protocol (Policy CM S-32) are based on the Surviving Sepsis Campaign and align with measures from the Centers for Medicare and Medicaid Services (CMS)

Severe Sepsis Focused Reassessment Components

Statement of Reassessment

- ✓ I have examined the patient for reassessment of sepsis on (date) and (time).

Documented Reassessment Exam that must include all of the following:

- ✓ All vital signs, including MAP and Sp02
- ✓ Cardiac exam: Must reference heart and lungs
- ✓ Capillary refill
- ✓ Peripheral pulses
- ✓ Skin exam (reference color, turgor, temperature)

-OR-

Any two (2) of the following:

- ✓ CVP measurement
- ✓ Central venous oxygen measurement Svo2 or Scvo2 (must be obtained via CVC)
- ✓ Bedside cardiovascular ultrasound
- ✓ Passive leg raise or fluid challenge

When is the Sepsis Reassessment required?

Within **one hour** of severe sepsis identification and initiation of sepsis bundle

Within the **three and six hour** mark of severe sepsis identification and initiation of sepsis bundle

UPSTATE
UNIVERSITY HOSPITAL

CDI Tip of the Month - Severe Sepsis in September

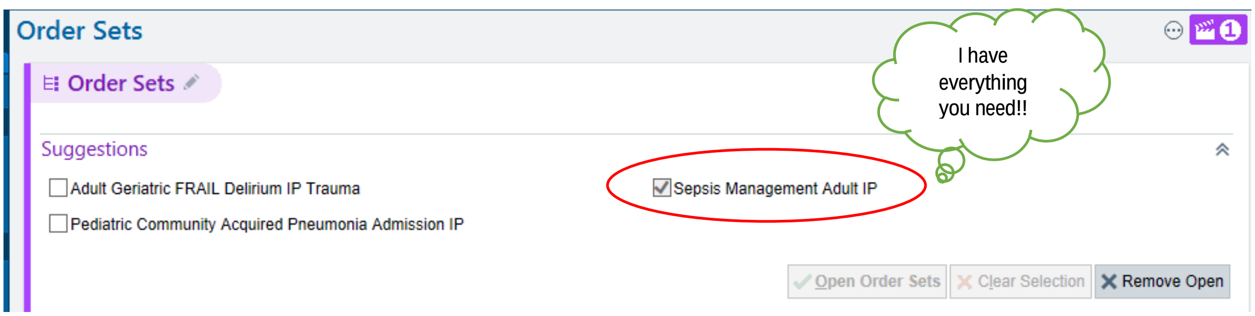
Protocolized Treatment: The Sepsis Bundle

Targeted fluid resuscitation of 30mL/kg must be ordered and initiated when severe sepsis is identified

Lactic Acid measurement every 3 hours from initial until normalized (serum or iSTAT)

Blood cultures must be obtained prior to antibiotic administration

Broad spectrum antibiotics ordered and administered within one hour



Patients require reassessment within one hour after severe sepsis identification and initiation of sepsis bundle protocol management

Documented reassessment every 3 hours is required for sepsis with organ dysfunction as defined by the NYS DOH

- after identification of sepsis -and-
- initiation of sepsis bundle -and-
- until severe sepsis resolves

Document progression of care, status improvement or decline, physical exam findings, vital signs, signs of organ dysfunction