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Clinical Documentation Improvement (CDI)
Tip of the Month – "Anemia in August"
Applies to all providers

✓ Acute blood loss anemia requires complete documentation that supports the severity of the condition

- o Documentation needs to reflect clinical significance best achieved by documenting the following:
    - ▪ What the anemia is due to and listing concerns when further monitoring is required.
    - ▪ Your evaluation of the patient as well as how you are treating or why further monitoring is required (cardiac conditions, age, symptoms, large amount of blood loss, ongoing bleeding, etc.)
        - ✓ Treatment with a blood transfusion is not required to validate acute blood loss anemia.
        - ✓ Examples of symptoms to include: fatigue, pallor, dizziness, sweating, weakness, delayed cap refill, tachycardia, tachypnea.
- o When a baseline H&H is known, please document your evaluation of the comparison of the acute labs with the baseline (especially when there is an element of chronic anemia).
- o If there is an estimated blood loss (EBL) please include discussion of it, quantifying how much blood was lost and what it was due to, whenever possible.
- o Please be sure to document if this form of anemia was present on admission, especially in Trauma patients.

✓ Complete documentation may require discussion of two separate problems
Example documentation of two problems with their etiology

Problem #1	*Problem #2*
Coagulopathy due to Warfarin complicating retroperitoneal bleed	*Acute blood loss anemia due to retroperitoneal bleed.*

Even if your clinical judgement determines that it is an expected amount of blood loss, if there is evidence of anemia due to the blood loss, document it so you can get credit! Especially if it required further monitoring and did not require treatment.

✓ CDI Hotline – 464-5455
for help with anything
documentation related

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

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August 31, 2020

New Mask Mandate from Dr. Mantosh Dewan

One of the most important responsibilities I have as interim president of Upstate Medical University is to ensure the safety and security of our campus and all who work here, learn here, seek care here, and visit here.

To date, we have done exceptional work. This terrible pandemic, which continues to run its dangerous course throughout the country, has been temporarily tamed in Syracuse because each one of you did all the science-based, proven, effective activities every day: distanced, screened, wore masks, and washed hands. This is the necessary new normal.

Of these, wearing a mask properly (nose and mouth covered) is the most essential since good clinical care and teaching sometimes require working closely together. Therefore, wearing an Upstate-issued mask properly at all times is mandatory. The only exceptions are while eating (when you must be 6 feet apart); when you are alone in an office with the door closed; or if you have a medical condition that prevents you from wearing a mask. Each one of you recognizes that any one of us NOT scrupulously following these rules endangers not just themselves but all of us.

With the virus still in our community and increasing in other states, we must continue to be vigilant in keeping ourselves, each other and our campus safe. Wearing a mask properly remains mandatory as per Upstate policy (based on the expert advice of Drs. Mitchell Brodey, Jana Shaw, Stephen Thomas and others), State Executive Order and regulations and Federal guidelines. This must be done.

The seriousness of wearing a mask is underscored by the State's strict mask regulations subjecting any individual who does not comply to a $1,000 fine. Additionally, any business not in compliance may also be subject to significant fines. Upstate's Medical Staff have also taken a strong and clear stance. The Medical Staff Executive Committee has affirmed that failure to comply with the requirement to wear a mask unless alone in a closed room will result in an immediate professional review action. All medical staff members will soon receive a description of the actions that will be taken against those who do not comply.

Appropriate actions will also be taken with any other members of our workforce who are not compliant with this rule. Employee / Labor Relations should be contacted at 315-464-5872 or https://www.upstate.edu/hr/intra/directory/ask.php?cid=117 as soon as possible if any Upstate or other employee is observed not adhering to the mask requirement. University Police should also be contacted if anyone on the Upstate campus refuses to adhere to the mask requirement, absent a medical reason for which an accommodation is required.

Our unions have been early and strong supporters of universal masking and UUP has donated thousands of masks and isolation gowns.

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To emphasize Upstate's position:

- Wearing a mask – and wearing it properly – is mandatory
- Wearing a mask protects you and each one of us
- Please wear one and gently remind others to wear it properly and at all times
- Staff to staff infection can – and must – be prevented
- To protect you and all of us, the mandate to wear a mask will be strictly enforced

I thank each one of you for having done all the right things which has enabled our campus to be fully open. We have enjoyed welcoming back our staff and students. It is now imperative that we continue to follow all the precautions to guard against the spread of COVID-19. This responsibility must be shared by each and every one of us. Our actions dictate how well our institution rises above this crisis. We cannot have an outbreak within our University and have to close again. We need you to keep us all health and Upstate Strong.

Announcement: Department of Surgery Welcomes Dr. Stephen Waterford!

The Department of Surgery at SUNY Upstate Medical University is pleased to announce the appointment of Stephen D. Waterford, MD, MS as Assistant Professor of Surgery in the Division of Cardiac Surgery. Dr. Waterford completed his medical degree at Harvard Medical School, his residency in general surgery at the University of California – San Francisco and Massachusetts General Hospital, and a fellowship in cardiothoracic surgery at Washington University.

Dr. Waterford comes to us from Mount Sinai Hospital in New York City where he worked as a cardiac surgeon on the mitral valve repair service. Mitral valve repair offers many benefits for properly selected patients with degenerative mitral valve disease. He is experienced with classic techniques of mitral valve repair and looks forward to contributing to the growth of the mitral valve repair practice at Upstate. In addition, he hopes to expand clinical trials at Upstate for new technologies such as trans-catheter mitral valve repair and replacement devices.

Dr. Waterford served as the director of arrhythmia surgery at Mount Sinai Hospital. Dr. Waterford seeks to expand the atrial fibrillation program at Upstate to include a multi-disciplinary approach to atrial fibrillation, from catheter ablation to minimally invasive surgical options. This program will provide quality options for patients with symptoms from atrial fibrillation, those who have had bleeding events while on anticoagulation, and those with congestive heart failure in the presence of atrial fibrillation.

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Dr. Waterford is also focused on surgical treatment of pulmonary embolic disease, with a particular interest in developing a program for chronic thromboembolic pulmonary hypertension (CTEPH). He looks forward to participating in a multi-disciplinary team approach for providing the best treatment options for these patients.

Dr. Waterford is now accepting new patients. Dr. Waterford will see patients at the Upstate Heart Institute, located at Upstate University Hospital.

Auto Notes (Open Notes) for Information Blocking

On March 9, 2020, the Office of the National Coordinator for Health Information Technology (ONC) published the "21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program" final rule. This rule implements provisions of the 21st Century Cures Act requiring providers, health information exchanges and networks, and health IT developers to not engage in "information blocking" by knowingly interfering with the access, exchange, or use of electronic health information (Information Sharing and Interoperability – Summary).

Violations to this legislation include knowingly participating in a practice that is unreasonable and likely to interfere with a patients' access to their electronic health information. This includes offering a patient portal, but not providing the following U.S. Core Data for Interoperability (USCDI) data classes on said patient portal:

- Allergies
- Assessment and Plan of Treatment
- Care Team
- Clinical Notes
- Goals
- Health Concerns
- Immunizations
- Labs
- Medication
- Demographics
- Problems
- Procedures
- Provenance
- Smoking Status
- Unique Device Identifiers for Implants
- Vitals

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Health IT developers and health information networks and exchanges can be information blocking if they "know or should know" that a practice is likely to interfere with access, exchange or use of EHI. The penalty is up to $1 million per violation. Additionally, providers can be required to pay back previously earned incentive dollars if found to be in violation of this rule.

At this time, UH is sharing less than 1% of patient notes through the manual note sharing process. To improve compliance, "open notes" also referred to as "auto note sharing" will need to be turned on to ensure compliance. Open Notes will need to be turned on by November 2, 2020 to assist in the prevention of both institutional and individual provider penalties.

A workgroup is being formed to develop a plan for auto notes which will be shared with and approved by those groups identified by UH leadership. A communication strategy will also be developed by the workgroup to ensure all providers are aware of the changes and have an opportunity to ask questions and or adjust their note writing practices.

This is phase 1 in ONC's plan to improve the sharing of electronic health information. It is anticipated in May of 2022 that they will require all EHI be shared, not just those specified as a USCDI data class.

New Provider Notification Note in EPIC by Sharon Klaiber and Tina Poppe

Effective September 14, 2020 there will be a new note type in EPIC titled Provider Notification Note. This was initiated as a result of numerous instances during chart reviews and patient care that nursing notes were hidden in nursing flow sheets (which are very difficult to access by medical providers). This new note can be easily found under the new Note Tab 'Provider Notified'. This note type will be used to document the two-way conversation with a Provider regarding critical lab values and change in the patient's status. It will be used in the following areas: Inpatient Nursing, Pre-Op, PACU, ED Boarder and all HOD areas. This note will be a permanent part of the patient's medical record.

Sepsis Note Order-Sets Live in EPIC by Gregory Briddick

We would like to announce the completion of the Sepsis Note and our updated Sepsis Order-Sets. We would like to thank the Sepsis Committee and the large number of Medicine, Surgery, and ED providers and Residents who have contributed to the process. Both the Sepsis Note and Order-Sets align with our institutional goal to be a high reliability organization and assist in standardizing the order and documentation processes.

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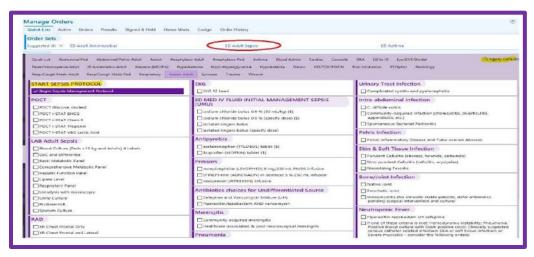
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The Sepsis note will allow us to quickly and concisely document elements required within CMS and NYSDOH Sepsis Measures

The Sepsis Note will assist in the patient's transition from ED to Inpatient by facilitating the patient's progression through the Sepsis Bundle Process.

We are currently are failing a large number of bundles by missing lactate re-checks and missing documentation of a Statement of Reassessment.

The ED Sepsis Order-Set has seen several changes, including the addition of the Adult Sepsis quick list.

Adding Sepsis to the quick list will allow for easier access to the order-set.

The Inpatient Sepsis Order-Sets have also been updated and streamlined to support easier workflows.

We will be monitoring the use of both the Sepsis Note and Sepsis Order-Sets and reporting their use to the Sepsis Committee. Please help us as we work to improve our processes. If you have feedback or suggestions about the Sepsis Order-Sets or Sepsis Note, feel free to email Gregory Briddick, Sepsis Program Coordinator (BriddicG@upstate.edu).

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

Acute blood loss anemia requires documentation to reflect the clinical significance of the condition, such as a sudden, significant loss of blood, and its etiology. Please also document observed symptoms related to the condition, as well as evidence of your evaluation and treatment measures, by discussing comparison of any baseline H&H with the significant change observed in the acute labs.

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

Replacing the MoCA (Montreal Cognitive Assessment) by Stephanie Zieno

As of September 2020, the MoCA will require certification to administer, and should no longer be the primary means to determine cognitive impairment, as individual therapists (OTs and Speech Language Pathologists) will not be certified through Upstate. To replace the MoCA, PM&R – Rehab Therapies department has decided on using the SLUMS (SLU Mental Status Examination Tool). Similar to the MoCA, the SLUMS is a quick cognitive screen, to detect mild cognitive impairment. These screens should not be utilized to solely determine functional cognition and recommendations of level of assist and safety. In conjunction with the SLUMS, therapists will utilize functional cognition testing, i.e. Executive Function Performance Test and assessments of functional performance in Activities of Daily Living and IADL (medication / finance / home management, community reintegration) tasks. Please see Cognition section in OT, and SLP notes for test scores and / or details on functional cognition and recommendations.

Hematopathology, Cytogenetic, and Molecular CoPath Orders by Julie Relf

Effective September 29, 2020, Hospital initiated orders were created in Epic for Hematopathology, Cytogenetics and Molecular Oncology / Non-Oncology orders. Implementation of these Copath interfaced orders will give providers and nurses a clear and consistent ordering process and enhance the results review with results posting back to the original order in Epic. These orders were created using a series of nested questions, making it easier and more streamlined for providers when placing electronic orders. The new orders are intended to replace the current paper forms. Upon release from Epic the orders will print a requisition at the user's location that should be sent with the specimens. Labels will also generate for collection, either through Collection Manager or on a label device in the office/floor.

Please refer to the attached tip sheet for more information and reach out to Julie Relf, Senior Training Coordinator, Clinic Applications at relfj@upstate.edu or 315-464-9735 with any questions or concerns.

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

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

➢ New Policies:
- Guidelines for COVID-19 Testing of Asymptomatic Pediatric Patients (COV T-10)
- Physical Distancing and Masking for Training and Education (COV D-05)

➢ Revised Policies:
- COVID-19 Testing at Upstate University Hospital Locations (COV T-08) - revised criteria for using rapid tests and combined COVID Testing Priority (COV T-03) into policy.
- Symptoms Screening, Masking and Physical Distancing during COVID-19 Pandemic (COV M-02) – added single-use office mask requirements.
- Travel Advisory and Return Procedure During COVID-19 (COV T-09) – added international information; changed title to all travel; noted that students are equal to essential staff.
- Discontinuation of Transmission Based Precautions of Patients with COVID-19 (COV D-04) – patients that have traveled to high risk states or internationally will be quarantined in a private room.
- COVID-19: Bed Management and Throughput (COV B-03) – high risk patient population changed from 7-day isolation to 3-day isolation to match COV D-04.
- Surgical / Procedural Cases During Prevalence of COVID-19 (COV S-02) – changed amount of time HEPA filter needs to be in room from 1 hour to 15 minutes. Removed amount of maximum staff allowed in the room. Corrected Adult Resuscitation title and added reference to Pediatric Resuscitation COVID policy.
- Visitor Restriction During Prevalence of COVID-19 (COV V-08) – revised to reflect GCH policy for two support persons to remain at the bedside from 6 AM to 6 PM. One support person may remain at bedside overnight in GCH. Exceptions will be discussed with the officer / director on-call for visitation exceptions at GCH.
- Infection Control for Aerosol Generating Procedures During COVID-19 (COV A-02) – removed guidance on bronchoscopies from policy and referenced Bronchoscopy policy COV B-02. Removed PPE for low risk procedures as standard precautions will be followed and there are no longer low risk procedures noted.
- Bronchoscopy Procedures During the Prevalence of COVID-19 (COV B-02) – revised wording clarifying where bronchoscopy can be done – removed Micron trade name and replaced with air filtration device to be consistent with changes in COV A-02.
- Heart and Vascular Center Procedures During Prevalence of COVID-19 (COV H-01) – made changes to less restrictions to scheduling of out-patients.
- Clinical Neurophysiology Procedures During Prevalence of COVID-19 (COV N-01) – added B8-Outpt to attend apt alone unless medically necessary or peds patient.
- Pulmonary Function Testing During the Prevalence of COVID-19 (COV P-10) – removed first sentence of #3 – since this type of testing is now allowed. Added Methacholine should be scheduled at the end of the day.

➢ Deleted Policies:
- Guidelines: COVID Testing Priority (COV T-03) - combined into COVID-19 Testing at Upstate University Hospital Locations (COV T-08) policy.

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

Adult Medicine: I am very impressed with **Dr. Peter Cronkright**. **Dr. Peter Cronkright** explains every part of my medications and care to me.

Breast Care Center: **Dr. Jayne Charlamb** always impresses me. She is very attentive and accommodating. **Dr. Jayne Charlamb** – excellent and caring. **Dr. Jayne Charlamb** is an awesome doctor. **Dr. Mashaal Dhir** was so thorough and explained everything to me about my upcoming procedure. **Dr. Ranjna Sharma** – very caring individual. **Dr. Ranjna Sharma** was very concerned with answering my questions and did not act rushed at all to listen to my concerns. I would highly recommend **Dr. Ranjna Sharma** with her professional and kind care to me as a patient and also taking the time to listen to my husband's concerns.

Dental Service: **Dr. Patrick Smith** is such a wonderful dentist, very concerned and makes you very comfortable being there. Thank you!

Family Medicine: **Dr. Kaushal Nanavati** is outstanding! **Dr. Clyde Satterly** was very easy to speak with and express my concerns about my medical conditions. He takes the time to listen and involve me in the decision process. **Dr. Clyde Satterly** – attentive to my needs and always treats me with respect. **Dr. Clyde Satterly** continues to go above and beyond for his patients. I'll never go to anyone different. **Dr. Clyde Satterly** is the absolute best doctor around! **Dr. Clyde Satterly** has been excellent since I started going to see him back in 2003. Dr. Rupali Singla was exceptionally attentive and went out of her way.

Joslin Center for Diabetes: **Dr. Ruth Weinstock** knows all about diabetic needs and how to help me take care of them.

Multi-Disciplinary Programs Cancer Center: **Dr. Mashaal Dhir** – excellent to talk to. **Dr. Kaushal Nanavati** – so kind and understanding, giving you as much time as you need. **Dr. Jesse Ryan** is very upfront and lets my daughter and I know what is going on and what needs to be done.

Pediatric Cancer Center: **Dr. Melanie Comito** is very thorough and even though she is very professional, we always feel well taken care of personally as well as professionally.

Pediatric Multispecialty Clinic: We love **Dr. Robert Hingre**! He is so knowledgeable and genuinely cares about his patients and their families. **Dr. Zafer Soultan** has changed my daughter's life. We couldn't be more thankful for him.

Pediatric Surgery: **Dr. Andreas Meier** – always so helpful!

Pediatric Urology: I love **Dr. Anthony Tracey**. He has worked along side of us to help us decide what the best plan of action to pursue and my daughter is doing great now!

Pulmonology Clinic: **Dr. Dana Savici** – very attentive and caring.

Radiation Oncology: **Dr. Stephanie Rice** – excellent in every way.

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Regional Perinatal Center: Overall my experience has been positive, especially with **Dr. Dimitrios Mastrogiannis**. I found that **Dr. John Nosovitch** was very professional and has a great sense of humor as well.

Rheumatology Clinic: **Dr. Jihad Ben Gabr** was not rushed and took her time to explain things until they were clear. **Dr. Hiroshi Kato** – always very attentive. **Dr. Hiroshi Kato** is a great provider. He pulled me out of a horrible medical situation with his care from the day I walked into the practice.

Surgery – UH: **Dr. Jeffrey Albright** was outstanding, apologized for wait time, was professional, looked at me directly in the eyes, knowledgeable, discussed options, took time to ensure that my questions and comments were answered / clarified, discussed a plan and followed through. **Dr. Michael Costanza** – true professional, saved my life. **Dr. Michael Costanza** – the man! He saved my life. **Dr. Joan Dolinak** from the first time I met with her in February to now she has been the most kind, professional, and intelligent doctor I have ever met.

SUNY Upstate – Virtual: So happy to have such a caring and dedicated physician as **Dr. Sharon Brangman** – wonderful person. **Dr. Mashaal Dhir** is wonderful! **Dr. Nienke Dosa** is always a wealth of knowledge! **Dr. Robert Hingre** is an amazing provider. He has been my child's pulmonologist for seven years and I couldn't be happier. **Dr. Yanping Kong** is great. **Dr. Jennifer Stanger** is a wonderful person and dedicated professional. She was very comforting and supplied us with detailed information regarding our questions. Although we hope to not need her services, we are reassured that **Dr. Jennifer Stanger** would take excellent care. Thank you! **Dr. Zafer Soultan** – very pleasant, enjoy our visits. **Dr. J. Trussell** made this appointment stress free along with the highest quality and care. I continue to have complete trust and confidence in **Dr. J. Trussell** and appreciate his time, expertise, care, and concern for my health. I would recommend **Dr. Leonard Weiner** highly. **Dr. Xiangping Zhou** was really good, called us to make sure we understood the plan. We are happy with **Dr. Xiangping Zhou** and the care she gives.

UHCC – Neurology: **Dr. Karen Albright** spent a deal of time asking questions about his medical condition, symptoms, and concerns. I appreciated that **Dr. Karen Albright** was very thorough gathering this important information. I also appreciated that **Dr. Karen Albright** used layman's terminology to describe the medical issues. Thank you! **Dr. Robert Beach** always shows concern and communicates well. **Dr. Corey McGraw** – so caring! **Dr. Jenny Meyer** – wonderful, caring, professional, friendly, knowledgeable and supportive. **Dr. Jenny Meyer** – very caring! **Dr. Jenny Meyer** is excellent – very thorough! Highly recommend her – cares for the patient! **Dr. Dragos Mihaila** spent time with me, was thorough, explained as he went, was very kind, and expressed genuine concern for my condition and treatment.

University Cardiology: **Dr. Robert Carhart** is the BEST!

University Center for Vision Care: **Dr. Robert Swan** – friendly, respectful, and very caring. **Dr. Amirfarbod Yazdanyar** – smart, caring and a good listener! **Dr. Amirfarbod Yazdanyar** is awesome!

University Geriatricians: **Dr. Andrea Berg** is certainly someone you can recommend easily. **Dr. Andrea Berg** doesn't miss anything. She looked out for me all the way. Only good things to say.

University Internists: **Dr. Khadija Ahmed** heard my concerns and was able to recommend a neurologist, she took time to explain and discuss my health with my daughter, plus she had a student she was teaching, a lot to manage and I was pleased with the visit. **Dr. Barbara Krenzer** – pleasant, professional, efficient and considerate. **Dr. Vincent Frechette** is just such a pleasure. I actually

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enjoy going to the appointment and never worry about it. **Dr. Vincent Frechette** has been my primary care physician for many years. He has always been outstanding: medical knowledge and bedside manner. **Dr. Barbara Krenzer** is a superb physician. I love her.

Univ Pediatric & Adolescent Center: **Dr. Joseph Nimeh** was excellent. So caring and personable. We trust him fully and feel he is part of the family.

Upstate Pediatrics: We love **Dr. Tobey Kresel** – always so kind and good to our kids! **Dr. Ellen Schurman** is always great with my daughter – very nice and always answers any questions I have. She truly cares for her patients.

Upstate Urology: **Dr. Timothy Byler** – outstanding! I was very impressed by **Dr. Joseph Jacob's** very thorough professionalism and competence. **Dr. Joseph Jacob** – awesome! **Dr. Joseph Jacob** was very thorough, intelligent, communicative and perceptive. I travel an hour to see **Dr. Dmitriy Nikolavsky**, like the doctor, talented. **Dr. Oleg Shapiro** was very pleasant and knowledgeable. **Dr. J Trussell** was exceptionally good. Dr. J. Trussell was very caring, compassionate and friendly. **Dr. Leonard Weiner** took the time to explain his plan of care in language I could understand.

3 West at Community Campus: **Dr. Zaher Oueida** was very attentive and friendly. He was available whenever I needed him. Fantastic!

Thank you for all you do,

Amy

Legislation: On March 9, 2020, the Office of the National Coordinator for Health Information Technology (ONC) published the "21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program" final rule. This rule implements provisions of the 21st Century Cures Act requiring providers, health information exchanges and networks, and health IT developers to not engage in "information blocking" by knowingly interfering with the access, exchange, or use of electronic health information (Information Sharing and Interoperability – Summary).

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Penalties: Health IT developers and health information networks and exchanges can be information blocking if they "know or should know" that a practice is likely to interfere with access, exchange or use of EHI. The penalty is up to $1 million per violation. Additionally, providers can be required to pay back previously earned incentive dollars if found to be in violation of this rule.

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Plan: A workgroup is being formed to develop a plan for auto notes which will be shared with and approved by those groups identified by UH leadership. A communication strategy will also be developed by this workgroup to ensure all providers are aware of the changes and have an opportunity to ask questions and or adjust their note writing practices.

Future Considerations: This is phase 1 in ONC's plan to improve the sharing of electronic health information. It is anticipated in May of 2022 that they will require all EHI be shared, not just those specified as a USCDI data class.

Information Sharing and Interoperability – Summary. (2020).
file:///C:/Users/cuffl/Downloads/Information%20Sharing%20and%20Interoperability%20-%20Summary%20(4).pdf

EPIC SYSTEM UPDATE: Effective September 29, 2020

Overview of Feature / Changes

Hospital Initiated Orders were created in Epic for Hematopathology, Cytogenetics and Molecular Oncology/Non-Oncology orders. Implementation of these CoPath interfaced orders will give providers and nurses clear and consistent ordering process and enhance the results review with results posting back to the original order in Epic.

These orders were created using a series of nested questions, making it easier and more streamlined for providers and nurses when placing electronic orders. **The new orders are intended to replace the current paper forms.** Upon release from Epic, the **orders will print a requisition** at the user's location that should be sent with the specimens. **Labels will also generate for collection**, either through Collection Manger or on a label device in the office/floor.

Oncology, Hematopathology, Cytogenetics and Molecular Orders:

Providers and nurses can place orders for each individual order or they will have access to the Hematopathology Panel. The panel gives users access to all testing related to the Hematopathology, Cytogenetics and Molecular Oncology orders similar to what they would have on a paper requisition. Using the order panel, the user will need to check each order they are requesting and answer the questions. Questions vary based on specimen submission.

[O210222004] Hematopathology Panel
 [LABAP2709] Hematopathology
 [LABAP2711] Cytogenetics Oncology
 [LABAP2707] Molecular Diagnostics, Oncology

- **B-Cell Gene Rearrangement**
- **BCR/ABL Quantitative**
- **DPD 5-FU Genotype**
- **FLT3 Terminal Kinase Domain**
- **JAK-2**
- **JAK-2 Exon 12**
- **NPM1 Exon 12 Variants**
- **T-Cell Gene Rearrangement**
- **And More!**

Example of the **Cytogenetics Oncology** and **Molecular Genetics Oncology** orders with mocked up orders:

Cytogenetics Oncology   ✔ Accept   ✘ Cancel

Status: [Normal] Standing Future

Priority: Routine 🔍 [Routine] STAT

Class: Lab Collect 🔍 [Lab Collect] Clinic Collect External

Process Inst.: An Upstate Medical University Pathologist will select medically necessary tests (unless specified by the ordering physician) to provide comprehensive analysis and professional interpretation for the material submitted.

Procedures include Professional Interpretation unless otherwise requested in order comments.

Specimen Requirements:
Peripheral Blood - Collect Dark Green Sodium Heparin tubes (Required 4mL minimum).
Bone Marrow - Collect Dark Green Sodium Heparin tubes (Required 1mL minimum).

Specimen: [Peripheral Blood] Bone Marrow Fluid

Clinical History/Symptoms: Leukocytosis

Clinical Status: [New Diagnosis] Staging Monitoring Other

Cytogenetic Testing: [✔ Chromosome Analysis (Karyotype)] [✔ FISH - Disease Specific]

Diagnosis: Pediatric Acute lymphoblastic leukemia (ALL)   Adult Acute lymphoblastic leukemia (ALL)   Acute myeloid leukemia (AML)
Myelodysplastic syndrome (MDS)   Myeloproliferative disorders (MPN)   Myeloproliferative disorders (MPN) w/eosinophilia
[Chronic Lymphocytic Lukemia (CLL)]   Lymphoma   Plasma cell myeloma   Chronic Myeloid Leukemia (CML)

Chronic Lymphocytic Lukemia (CLL): [✔ D11Z1/ATM (CEP 11/11q22)] ☐ D12Z1 (CEP 12) ☐ D13S319/13q34 (13q14.2/13q34) ☐ TP53/D17Z1 (17p13.1/CEP 17)

Additional Information: ☐ Post Bone Marrow Transplant ☐ COG Protocol ☐ Other [✔ N/A]

Comments: ➕ Add Comments (F6)

Show Additional Order Details

🛑 Next Required

Molecular Diagnostics, Oncology   ✔ Accept   ✘ Cancel

Status: [Normal] Standing Future

Priority: Routine 🔍 [Routine] STAT

Class: Lab Collect 🔍 [Lab Collect] Clinic Collect External

Process Inst.: An Upstate Medical University Pathologist will select medically necessary tests (unless specified by the ordering physician) to provide comprehensive analysis and professional interpretation for the material submitted.

Procedures include Professional Interpretation unless otherwise requested in order comments.

Specimen: Peripheral Blood [Bone Marrow] Fluid

Clinical History/Symptoms: Anemia

Clinical Status: New Diagnosis Staging [Monitoring] Other

Molecular testing: ☐ Quantitative BCR/ABL1 (p210) – monitoring   ☐ Quantitative BCR/ABL1 (p190) – monitoring
☐ Quantitative PML/RARA t(15;17) – monitoring   ☐ B-cell Clonality (IgH/IgK)   ☐ T-cell Receptor Clonality (TCR gamma)
[✔ FLT3] [✔ NPM1] ☐ CEBPA   ☐ C-Kit   ☐ MYD88 (L265P) [✔ JAK-2(V617F)] ☐ reflex to CALR/MPL-ET,PMF
☐ reflex to JAK-2 Exon 12/13 – P. vera   ☐ IDH1/IDH2 [✔ NGS – Next Generation Sequencing] ☐ IGVH ☐ TP53 ☐ BRAF
☐ DPD

NGS – Next Generation Sequencing: [Myeloid] Lymphoid

This is a Send Out test. Please Contact the Molecular Laboratory at 315-464-6806 to obtain a copy of the correct reference laboratory requisition for submission.

[Acknowledged]

Comments: ➕ Add Comments (F6)

Show Additional Order Details ⌄

🛑 Next Required   ✔ Accept   ✘ Cancel

Non-Oncology Cytogenetics and Molecular Orders:

[LABAP2710] Cytogenetics Non-Oncology
[LABAP2706] Molecular Diagnostics, Genetics
- **Cystic Fibrosis Direct**
- **Factor V Leiden Mutation**
- **Fragile X Direct**
- **Hereditary Hemochromatosis**
- **MTHFR 667 C>T**
- **Prothrombin Gene Mutation**

Example of the **Cytogenetics Non-Oncology** order
Note: **Consent Forms** are hyperlinks in the **Reference Links** section of the order.

Cytogenetics, Non-Oncology Peripheral Blood, Amniotic Fluid and Tissue	✔ Accept ✕ Cancel

Priority: Routine 🔍 | Routine | STAT

Class: Lab Collect 🔍 | Lab Collect | Clinic Collect | External

Process Inst.: An Upstate Medical University Pathologist will select medically necessary tests (unless specified by the ordering physician) to provide comprehensive analysis and professional interpretation for the material submitted. Procedures include Professional Interpretation unless otherwise requested in order comments.

All tests include cell culture. Additional cell counts and or special staining procedures may be required to complete the requested study.

Informed consent form required for inherited or de novo constitutional disorders. See form F82875.

Diagnosis/Clinical Information: Abnormal Ultrasound

Specimen: Peripheral Blood | Amniotic Fluid | Cord Blood | Tissue

Amniotic Fluid: ✔ Chromosome Analysis (Karyotype) | ✔ Fluorescence in situ hybridization (FISH) | ☐ Culture Cells for Future Testing

Date of tap: Today

Gestational age (by dates): N/A

Gestational age (by ultrasound): 17.3 Weeks

Gravida: 3

Para: 1002

Living Children: 2

SAB: 1

Multiple Pregnancy: Single | Twins | Triplets | Other

Fluorescence in situ hybridization (FISH): ✔ Chromosomes 13, 18, 21, X, Y | ☐ Chromosome 13 | ☐ Chromosome 18 | ☐ Chromosome 21 | ☐ Chromosomes X and Y
☐ Metaphase FISH

Comments: ➕ Add Comments (F6)

Reference Links: 1. Cytogenetics Informed Consent FORM F82875 2. Consent for Chromosome SNP Microarray Testing FORM F88925 3. Medical Necessity for Microarray Testing
4. Supplemental Information on Karyotype and FISH (F82875) F91213

🛈 Next Required | ✔ Accept ✕ Cancel

Example of **Molecular Genetics** order:

Molecular Diagnostics, Genetics	✔ Accept	✘ Cancel

Status: [Normal] [Standing] [Future]

Priority: Routine 🔍 [Routine] [STAT]

Class: Lab Collect 🔍 [Lab Collect] [Clinic Collect] [External]

Process Inst.: An Upstate Medical University Pathologist will select medically necessary tests (unless specified by the ordering physician) to provide comprehensive analysis and professional interpretation for the material submitted.

Procedures include Professional Interpretation unless otherwise requested in order comments.

Clinical History/Symptoms: Infertility

Specimen: [Peripheral Blood] [Other]

Genetics Testing: [Cystic Fibrosis Direct Mutation Anaylsis (60 mutations)] [Fragile X detection] [Hereditary Hemochromatosis (C282Y & H63D)] [Factor V Leiden] [Prothrombin 20210G>A] [MTHFR (C677T)]

Pregnancy: [Yes] [No]

Gestation Weeks: 17.3 Weeks

Ethnicity: [Caucasian] [African American] [Jewish-Ashkenazi] [Hispanic] [Native American] [Asian] [Other]

Diagnostic: [Known affected] [Suspected]

Carrier: [No family history] [Family history]

Family History (Please add pedigree information if available): Mother, Sister

Genetic testing requires a reviewed and signed consent form to be submitted with the patient's sample in order to proceed with testing. Select the correct form below under Reference Links.

[Acknowledged]

Comments: ➕ Add Comments (F6)

Reference Links:
1. Molecular Diagnostics DNA Based Genetic Testing Consent Form
2. Cystic Fibrosis Consent Form
3. Fragile X Consent Form
4. Factor V Leiden Consent Form
5. Hereditary Hemochromatosis Consent Form
6. MTHFR Consent Form

Show Additional Order Details ⌄

ℹ Next Required	✔ Accept	✘ Cancel