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 25, 2020

Orders and Pre-Registration Needed for Water Street Testing **by Dr. Jeremy Joslin**

For COVID testing at 800 Water Street, each patient requires a valid order entered by the surgeon's or proceduralist's office, and each patient needs to be registered and have an appointment made before arrival. The appointment can be made for the same-day if slots are available, but we recommend booking as early as possible. Patients who arrive without an appointment or registration may need to be turned way.

Coming Soon: Fast Pass Lane for Screening Chatbot Users! **by Dr. Dinesh John**

Users of the upgraded and streamlined Self-Assessment Health Screening Chat Bot will now be able to use a dedicated Fast Pass Lane for rapid access on the Downtown Campus. The Fast Pass Lane will be first rolled out at the 2nd floor bridge entrance at the Upstate Downtown Hospital from 6 am – 9 am on weekdays.

Starting October 2nd, the bridge will serve as a dedicated **entrance** to the facility from 6 am – 9 am, in order to accommodate the Fast Pass Lane. During this time frame, staff should exit the building through the main lobby. The lane on the left side of the bridge will be **solely** for Fast Pass users. Everyone else will continue to use the right lane.

Employees are strongly encouraged to use the Self-Assessment Health Screening Chat Bot to expedite the screening process for the benefit of themselves and others, including visitors and patients, who are dependent on our screeners to be interviewed and have their temperatures taken.

The Self-Assessment Health Screening Chat Bot can be found here:

https://www.upstate.edu/emergencymgt/trending/coronavirus/self-screen.php

It is easy to create a shortcut on your smartphone home screen to further streamline this.

ZOOM to Require Passcodes for Meetings

Beginning Monday, September 28th, Zoom will require a passcode on all meetings. Beyond that, recurring appointments will need to be resent with a password included. For more information, please visit: https://support.zoom.us/hc/en-us/articles/360045009111-FAQ-Meetings-Waiting-Room-and-Passcode-Requirements-July-202

ALERT — IMMEDIATE ACTION REQUIRED
ADVISORY — PRIORITY BUT NOT FOR IMMEDIATE ACTION
UPDATE — FOR INFORMATION; UNLIKELY TO REQUIRE ACTION

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 25, 2020

ViaValve® IV Safety Catheter **by Susan Mulcahey, MS, RN-BC**

ViaValve® is a new product which will be replacing our current IV catheters on October 1, 2020 in all areas, with the exception of Pediatric areas. The ViaValve® IV Safety Catheter has an integral valve in the hub that provides blood control to help reduce the risk of blood exposure and contamination. Please see attached document for further details.

Reminder: New Workflow for Release of Body Process **by Janean Stewart, BSN, RN**

As of June 2020, Upstate has been documenting deceased discharges and completing the Release of Body form electronically. This workflow is now an EPIC only workflow and no longer a paper process. The Release of Body process should be initiated by medical staff by selecting "Deceased Discharge" under the discharge navigator in EPIC. Please remember to complete all of the components of the deceased discharge navigator paying special attention to indicating if a patient meets requirements for a Medical Examiner's case and if an autopsy is requested. Nursing staff is available to witness autopsy consent forms and complete the Release of Body process.

The following links, to EPIC Tip Sheets, are available for providers to reference:

- Inpatient Physician's EPIC Tip Sheet to Complete Release of Body Workflow: https://epic.upstate.edu/documents/intra/ip_prov_release_of_body_upstate_tip_sheet.pdf

- Emergency Department Physician's EPIC Tip Sheet to Complete Release of Body Workflow: https://epic.upstate.edu/documents/intra/upstate_epic_tip_sheet_ed_md_release_of_body_form_final.pdf

The following Upstate policies are also available for reference:

- Medical Examiner's Cases (E-04)
- Autopsy/Post-Mortem Examination Authorization Policy (A-11)

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

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

New Policies:
- Annual Health Assessment During COVID-19 Pandemic (COV A-07)

Revised Policies:
- Visitor Restriction During Prevalence of COVID-19 (COV V-08) – updated process for maximum of two visitors or extended hours of visitation for essential discharge teaching, provision of disposable, digital thermometers for visitors with exception to stay

ALERT — IMMEDIATE ACTION REQUIRED
ADVISORY — PRIORITY BUT NOT FOR IMMEDIATE ACTION
UPDATE — FOR INFORMATION; UNLIKELY TO REQUIRE ACTION

>12hrs; TCU guidance if + COVID result for staff or patient on unit, visitor exception for end of life re-assessment at 48hrs post exception being granted.

- Infection Control for Aerosol Generating Procedures During COVID-19 (COV A-02) – added to section 1 A if an AIIR is not available then a HEPA filter can be used, defined COVID testing time frame.
- Respiratory Procedures During Prevalence of COVID-19 (COV R-01) – changed policy to be consistent with changes to COV A-02, removed material already covered in COV A-02, added (EPPE) to provide consistency, and added COVID status as a qualifier for enhanced PPE.
- COVID-19 Testing at Upstate University Hospital Locations (COV T-08) – revised criteria for using rapid tests.
- Discharge Procedure for COVID-19 Patients, including Patients Unable or Unwilling to Comply with the Quarantine Order (COV D-02) – added section IV, removed reference to inpatient, to include ED patients; added inpatient only under section I.
- Discontinuation of Transmission Based Precautions of Patients with COVID-19 (COV D-04) – clarified what defines COVID-19 onset to allow further clarification that asymptomatic positive patients are to be tested 7 days from initial positive COVID-19 result, changed test-based algorithm to reflect policy change.
- Enhanced Airborne Precautions (COV A-01) – updated CDC recommendations for patient placement in a single room with door closed, added AIIR for AGP's, updated the reference link to the CDC guidelines.

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

Please contact the CDI Hotline with questions at 315-464-5455.

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 25, 2020

Outstanding Physician Comments

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

Adult Hematology Oncology: **Dr. Jeffrey Pu** always makes me feel at ease and tells me a joke. I never feel like he's rushing me and he listens to any questions I have - very happy with him. **Dr. Stephanie Rice** – fantastic, professional, friendly and really cares about you and your treatments. **Dr. Stephanie Rice** and **Dr. Rahul Seth** have truly impressed. Both doctors have made me feel like I am their only patient and that they care about their patients. Always understanding, compassionate and make you also feel loved which to me is so important. Their staff must have learned from them because they also provide those same feelings. Thank you, Upstate Cancer Center, for employing such wonderful people. **Dr. Sam Benjamin** and **Dr. Anna Shapiro** – fabulous! I called them the dream team. **Dr. Brittany Simone** – wonderful doctor, caring and compassionate. **Dr. Stephanie Rice** and **Dr. Abirami Sivapiragasam** have been not only professional, but very compassionate and encouraging to me during my treatment. I have great faith in both. **Dr. Ranjna Sharma** was very professional, compassionate and thorough at every visit. **Dr. Abirami Sivapiragasam** impressed me greatly - was the first to give me and my family hope!

Breast Care Center: **Dr. Lisa Lai** is a very kind and compassionate caregiver. I have recommended her to several people. **Dr. Lisa Lai** is awesome. She takes the time to listen to me and my concerns and answers all my questions. She is a great doctor!!

Center for Devel., Behavior and Gen.: **Dr. Nienke Dosa** is thorough and kind. She cares about the whole child and family. We are so blessed to have **Dr. Nienke Dosa** in our community. **Dr. Nienke Dosa** took extended time to listen. She cares so much about her patients. She is a wealth of knowledge of community resources.

Family Medicine: I'm very happy and satisfied with my care provided by **Dr. Kaushal Nanavati**. He was clear, thoughtful, and gave me his full attention. Best doctor I've ever had. **Dr. Kaushal Nanavati** explains everything in a way that I trust him. **Dr. Kaushal Nanavati** has been extremely professional and thoughtful. Very caring and smart. I feel comfortable with him and well cared for. **Dr. Clyde Satterly** is fantastic. He listens and spends time on his answers. **Dr. Clyde Satterly** provided overall excellent care – professional. **Dr. Clyde Satterly** – the best, caring, compassionate, always takes his time, wonderful! **Dr. Clyde Satterly** displays in-depth knowledge and total focus on me/concerns.

Joslin Center for Diabetes: **Dr. Nidhi Bansal** – excellent, listened and gave clear explanations, showed great concerns on my health. **Dr. Ruban Dhaliwal** – very caring physician! **Dr. Barbara Feuerstein** is always compassionate and listens to everything. **Dr. Yanping Kong** was excellent in creating a partnership with me in shared decision making about going the treatment route that I wanted which is a bit different than normal – thank you! **Dr. Ruth Weinstock** is phenomenal! **Dr. Ruth Weinstock** is most impressive. **Dr. Ruth Weinstock** has always gone above and beyond to ensure my diabetes stays under control. I believe she has been instrumental in me maintaining great A1C levels and caring about my own health and well-being.

Multi-Disciplinary Programs Can. Ctr.: **Dr. Kaushal Nanavati** is hands down, the best doctor I have ever dealt with. He is so caring and interested in helping me that it shines through in our visits. Great doctor.

Nephrology Clinic: Great experience with **Dr. William Elliot**. **Dr. William Elliot** has always listened to my needs and is very patient in explaining medical lingo. I am very impressed with him.

Pediatric Gastroenterology: **Dr. Prateek Wali** is great!

ALERT — IMMEDIATE ACTION REQUIRED
ADVISORY — PRIORITY BUT NOT FOR IMMEDIATE ACTION
UPDATE — FOR INFORMATION; UNLIKELY TO REQUIRE ACTION

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 25, 2020

Pediatric Surgery: We adore **Dr. Tamer Ahmed**, he actually explains everything in ways we can understand. **Dr. Andreas Meier** always impresses me!

Pulmonology Clinic: **Dr. James Sexton** took the time to explain test results and how we should proceed.

Regional Perinatal Center: **Dr. Robert Silverman** was very concise, straight forward, and clear. I appreciated this very much. **Dr. Robert Silverman** was great!

Rheumatology Clinic: **Dr. Eduardo Bonilla** is one of the best rheumatologist doctors. I will never change him. **Dr. Hiroshi Kato** shows concern that I am doing well and always asks if I have any questions about my treatment. **Dr. Hom Neupane** is one of the best doctors I have had. I pray that he remains with Upstate for a very long time.

Surgery – UH LL022: **Dr. Jeffrey Albright** – helpful and responsive to my questions and concerns. **Dr. Moustafa Hassan** was extremely competent and had a wonderful bedside manner.

The Surgery Center – CG: **Dr. Jeffrey Albright** – amazing, thank you! **Dr. Richard Davila** was excellent, informative, and caring. **Dr. Elizabeth Ferry** was very compassionate and helpful! **Dr. Mark Marzouk** – A+! **Dr. Ranjna Sharma** – very caring, did very best to answer any questions. I like **Dr. Prashant Upadhyaya**. He clarified everything both before and after surgery and made sure he was clear on my wishes.

UHCC – Neurology: **Dr. Anuradha Duleep** has been one of the most comprehensive, helpful, specialists I have seen with my condition. **Dr. Shahram Izadyar** was very good at explaining things and getting me scheduled with other providers whose specialized expertise was needed. I am always comfortable being treated by him. I feel he is very kind, caring, and a very competent neurologist. **Dr. Corey McGraw** – great! **Dr. Luis Mejico** always knows all about the newest medicines for helping his patients. Also, he is very kind and makes you feel safe. You know that he will always take care of you. **Dr. Luis Mejico** is well informed and takes the time to explain things so they are understood.

University Center for Vision Care: **Dr. Robert Swan** is an excellent doctor, professional! **Dr. Robert Swan** – the best! Dr. Robert Swan had my best interest and treatment as a priority.

University Geriatricians: **Dr. Andrea Berg** listened and explained everything.

University Internists: **Dr. Amit Dhamoon** was thorough, compassionate, listened to my health history, and desire to help me find answers. I appreciate the fact that **Dr. Amit Dhamoon** takes the time to explain things to me. **Dr. Amit Dhamoon** – best doctor my husband and I ever had!!! Five-star doctor!! **Dr. Vincent Frechette** is an amazing clinician. He is extremely attentive and never makes you feel rushed. Lucky to have him as my primary medical doctor. I am fortunate to have **Dr. George Gluz**. **Dr. Barbara Krenzer** is a great internist and is willing to be an excellent teacher for medical students as well. I have the highest regard for her knowledge and ethics.

Upstate Urology: I love **Dr. Gennady Bratslavsky**. He is great! **Dr. Gennady Bratslavsky** used the elbow pump instead of shaking hands which I appreciated. **Dr. Gennady Bratslavsky** – great! I feel honored to have **Dr. Gennady Bratslavsky** and his team take my case. **Dr. Joseph Jacob** – outstanding! **Dr. Joseph Jacob** was terrific! **Dr. Sergey Kravchick** explained things thoroughly and clearly. **Dr. Sergey Kravchick** was extremely knowledgeable and professional. I was so impressed that **Dr. Zahi Makhuli** himself called to tell

me my test results. Top notch and much appreciated from a patient's perspective. **Dr. Zahi Makhuli** was thorough, honest, and compassionate with my situation. **Dr. Zahi Makhuli** – excellent! **Dr. Oleg Shapiro** – very good!
2 East at Community Hospital: **Dr. Brian Thompson** – great! **Dr. Brian Thompson** – kind, skilled, listened to my concerns and birth plan.

05A: Appreciated **Dr. Mark Marzouk's** honesty and courtesy.

06B: **Dr. Fadar Otite** made us feel like family – thank you! **Dr. Parth Desai** was VERY informative and the MOST helpful. **Dr. Parth Desai** and **Dr. Kartik Ramakrishna** – great!

07A: **Dr. Matthew Sullivan** – great surgery on my leg.

07U: **Dr. Mark Crye** – love!

08G: **Dr. Ankur Chawla** was amazing. He took time to talk to my family and answer any questions.

09G: **Dr. Jay Brenner** – thorough and explained what needed to be done in layman's terms – appreciated it. **Dr. Hesham Masoud** made multiple visits and explained everything to me and wife.

10G: **Dr. Brian Changlai** was caring, knowledgeable, and compassionate. **Dr. Reza Gorji** was a godsend – I knew I was in good hands – always my advocate.

11E: **Dr. Tyler Greenfield** took whole history into consideration, specifically the week prior to our visit when symptoms started – didn't dismiss them, found them helpful in figuring out what was wrong, pushed for additional testing, was kind and made us feel as though we were his only patient. Thank you!

12E: **Dr. Asalim Thabet** in the Children's ER was above and beyond wonderful! She spoke to us in a way that made sense. We are very thankful for her.

Thanks for all you do,

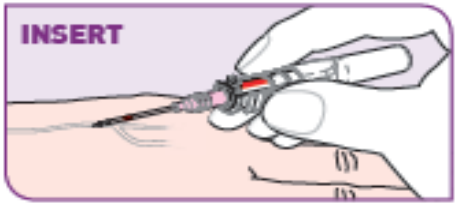
Amy

Guide for Successful Insertion of ViaValve™ Safety IV Catheters

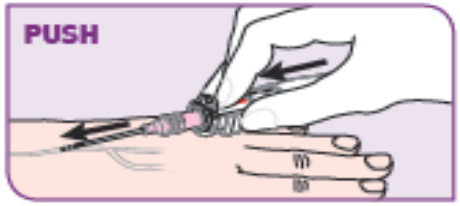
UPSTATE UNIVERSITY HOSPITAL

When needle is disconnected, one-way valve prevents back flow of blood from the hub until connected.

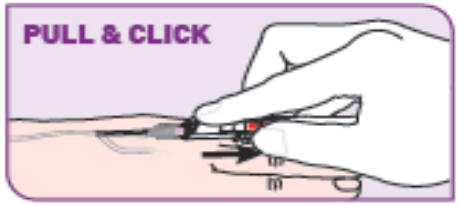
One-Handed Technique



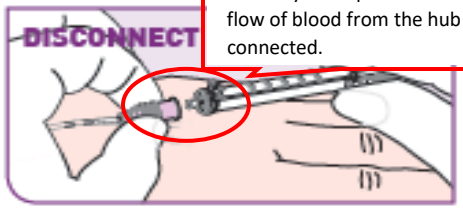
- Apply tourniquet and prepare site according to policy.
- Hold catheter by ribbed needle housing with thumb and fingers to insert needle into skin.
- Visually inspect to confirm that needle bevel and push-off tab are facing up.
- Anchor vein with gentle skin traction.
- Insert needle at appropriate angle.



- Observe for flashback.
- If needed, slightly advance catheter and needle together to achieve full catheter entry into vein lumen.
- Place index finger behind the primary push-off tab and **PUSH** catheter to thread to desired length.
- **DO NOT REINSERT NEEDLE INTO CATHETER AT ANY TIME.**

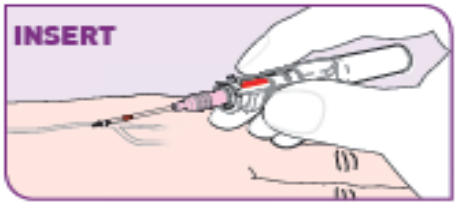


- Stabilize device at push-off tab with index finger.
- Holding ribbed needle housing, **PULL** needle into needle guard until you hear a **CLICK.**
- **THE CLICK AND VISUAL INSPECTION INDICATE THAT SAFETY DEVICE HAS ENGAGED SUCCESSFULLY.**

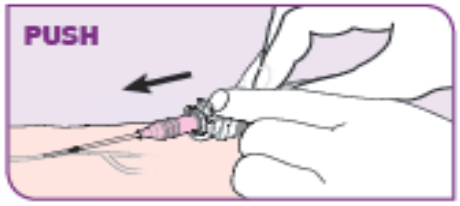


- Remove tourniquet.
- Apply digital pressure as needed beyond catheter tip.
- Hold catheter hub and needle housing.
- Disconnect needle housing by pulling backwards with a slight upward motion.
- Connect Luer-lock or tubing to hub per manufacturer's recommendation.
- Secure connection with firm push and twist.
- Stabilize and dress according to policy.

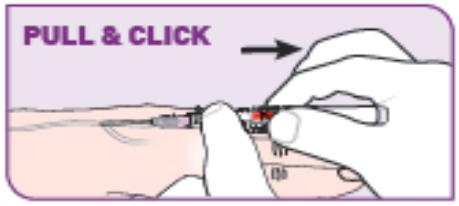
Two-Handed Technique



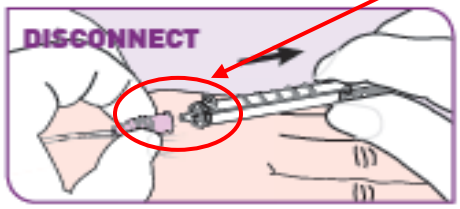
- Apply tourniquet and prepare site according to policy.
- Hold catheter by ribbed needle housing with thumb and fingers to insert needle into skin.
- Visually inspect to confirm that needle bevel and push-off tab are facing up.
- Anchor vein with gentle skin traction.
- Insert needle at appropriate angle.



- Observe for flashback.
- If needed, slightly advance catheter and needle together to achieve full catheter entry into vein lumen.
- Place finger or thumb of other hand behind the primary push-off tab and **PUSH** catheter to thread to desired length.
- **DO NOT REINSERT NEEDLE INTO CATHETER AT ANY TIME.**



- Stabilize device at push-off tab with finger or thumb.
- Holding ribbed needle housing, **PULL** needle into needle guard until you hear a **CLICK.**
- **THE CLICK AND VISUAL INSPECTION INDICATE THAT SAFETY DEVICE HAS ENGAGED SUCCESSFULLY.**



- Remove tourniquet.
- Apply digital pressure as needed beyond catheter tip.
- Hold catheter hub and needle housing.
- Disconnect needle housing by pulling backwards with a slight upward motion.
- Connect Luer-lock or tubing to hub per manufacturer's recommendation.
- Secure connection with firm push and twist.
- Stabilize and dress according to policy.

IMPORTANT INFORMATION:

- ViaValve® is now available with wings for greater clinician choice and enhanced securement.
- ViaValve® Safety IV Catheters feature polyurethane catheter tubes that soften and become more pliable, allowing longer in-dwell.
- ViaValve® Winged Safety IV Catheters feature polyurethane catheter tubes that offer similar handling and performance with improved kink flow recovery.
- Fully encased needle safety design helps prevent needle stick injuries and blood exposure.
- Sliding shield provides greater control during one-handed insertion and threading.
- Catheter's ribbed hub facilitates catheter securement.
- FLASH-VUE® early flash indicator reveals when the needle tip enters a vein, featured on gauges 20 to 24.
- V-point needle helps maximize patient comfort with low penetration force.

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

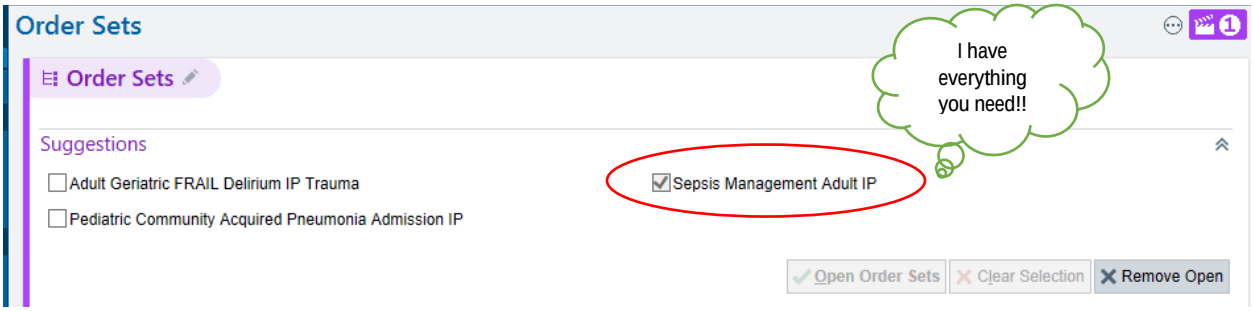
Protocolized Treatment: The Sepsis Bundle

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

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 - 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