

# 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

**December 2019**

**Here's wishing you and yours a Happy New Year...**

**Applies to All Clinicians**

and health and happiness for 2020! I have been reflecting on 2019 with gratitude for all you do and for the teamwork that helped us achieve a very successful year.

Thanks to you all!

Amy

## **Highlights From 2019...**

On December 21, in partnership with Onondaga County and the Syracuse Crunch, the War Memorial Arena was renamed the Upstate Medical University Arena at the Onondaga County War Memorial. The arena will serve as an ongoing venue for community outreach and education.

In October, the Upstate multispecialty practice opened at Township 5 in Camillus. The T5 location adds access for new patients and for preexisting patients on the west side of town. Volumes have been robust.

The Cardiovascular Group of Syracuse joined Upstate on September 1, adding two outpatient offices and eight Cardiologists to our faculty. Patients have immediate access to state-of-the-art equipment, and the choice of additional outpatient cardiology offices in Liverpool and Fayetteville. This is part of our strategic focus to grow cardiovascular services and create a Heart Institute.

Upstate welcomed our first class of Family Medicine residents in July. The Family Medicine Residency is a joint program with the Syracuse VA. Recruitment was successful—we filled all 6 positions. We are receiving abundant applications for the upcoming year from very strong candidates.

Our Vizient ranking improved from 1 to 2 Stars, with the greatest improvement noted in readmissions and patient experience. Our top 3 quality priorities for 2020 are reduction of mortality O/E, improved sepsis care and improved patient satisfaction.

The Hip and Knee programs at both campuses were awarded Blue Distinction from Excellus, and the Downtown campus also received this distinction for spine surgery.

Medical Imaging introduced several new systems for advanced imaging. The MammoVan became operational, and three new CT scanners at the Downtown Campus and a new 3T MRI at Harrison Center were installed.

In March, Upstate acquired the NeuroOmega Microelectrode Recording (MER) System for the implantation of Deep Brain Stimulation (DBS) electrodes for the treatment of neurological (Parkinson's Disease) and psychiatric diseases. The NeuroOmega system also allows advanced brain mapping for tumors and epilepsy cases. The NeuroOmega system represents the latest technology in neurosciences.

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**ADVISORY —**  
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In 2019, we doubled the number of outpatient pharmacy prescriptions dispensed at our Retail Pharmacy, and volumes continue to increase. The Meds-to-Beds (M2B) program also expanded. Patients enrolled in the M2B program have a low readmission rate of  $\leq 5\%$ . Clinic-based pharmacy resources have been added in rheumatology, cystic fibrosis and endocrine. Additionally, the Oswego Oncology Clinic Pharmacy has transitioned to a University Hospital owned operation.

Surgical case volumes have increased by 23.1% at 550 Harrison Center and by 8.8% at our Community Campus. Thanks to Bill Marx and Barb Walczyk for their efforts to optimize our OR operations.

Dr. Matthew Glidden was honored as the Community Campus Provider of the Year for 2019 and Alyssa Steckel, PA was honored as the Downtown Campus Provider of the Year for 2019! Congratulations Matt and Alyssa! And thank you for all you do for Upstate.

We are also proud of all the successful surveys and recognitions we have received this past year:

- ❖ DNV-GL Hospital CMS Re-Accreditation
- ❖ OMH Inpatient Psych Units Re-Certification
- ❖ ISO 9001 2015 Re-Certification
- ❖ DNV Comprehensive Stroke Certification
- ❖ New NYS Comprehensive Stroke Center Designation
- ❖ DNV Hip & Knee Replacement Program Re-Certification
- ❖ 1<sup>st</sup> American Burn Association Validation for Burn Unit Program
- ❖ Annual Transitional Care Unit Survey
- ❖ Chronic Pediatric Dialysis Program Approval
- ❖ National Marrow Donor Program Survey
- ❖ New York State Department of Health Radioactive Materials Survey at Community
- ❖ Radiation Oncology Re-Licensing Survey
- ❖ Blood Bank Survey
- ❖ HLA Lab Survey
- ❖ Laboratory Accreditation Survey
- ❖ Molecular Diagnostic Biotech Accelerator Survey
- ❖ Hematopoietic Progenitor Cell / Tissue Bank Survey
- ❖ PFI9430 Lab Survey
- ❖ Nursing Geriatric Eldercare Exemplar NICHE Status
- ❖ American Heart Association Get with the Guidelines for Stroke: Gold Plus & Target Stroke / Honor Roll Elite Plus
- ❖ American Heart Association Get with the Guidelines for Heart
- ❖ CEO Gold Standard for Oncology
- ❖ American College of Surgeons Adult & Pediatric Trauma Verification

## Voice Recognition is Coming!

**Applies to All Clinicians**

### A message from Mark Zeman, Chief Information Officer...

We are pleased to announce that the Office of State Comptroller (OSC) has approved the Nuance contract for Dragon Medical One Voice Recognition software. Nuance is currently working to assign Upstate Medical a project manager so that we can begin the technical and software implementation planning. We are also focused on scheduling training dates for deployment of this functionality to users as soon as possible. Nuance will provide approximately 16 (2 hour) sessions of hands on training. They recommend inviting 80 to 100 physicians to participate in the initial training phase.

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Physicians and Physician Super Users will also receive their user credentials after training in anticipation of our go-live. Stay tuned for more updates and milestones to be announced!

## **Central New York Care Collaborative – 2020 Innovation / Integrated Delivery System Grant Fund** **Applies to All Clinicians**

Central New York Care Collaborative has announced the 2020 Innovation / Integrated Delivery System Grant Fund. This funding is for 12-month demonstration projects that address social and behavioral determinants of health and community health needs, improve the system of care for patients with Medicaid and who are uninsured and address identified service gaps in the region. Funding available is capped at \$1M, proposals are due February 14, 2020. New this year, organizations are limited to three project submissions, which must be developed collaboratively with the Department of Health. For questions, please contact Cindy Jaconski (jaconskC@upstate.edu).

## **Clinical Documentation Improvement** **Applies to All Clinicians**

**Your monthly tip from Dr. Emily Albert and Dr. Ali Khan, Co-Directors, Clinical Documentation Improvement...**

**Excisional Debridement December** – Don't cut corners when you do a debridement. Complete it with an accurate description of the procedure. See attached tip sheet: location, instrument, depth, and **removal of tissue** are the keys to distinguish excisional from non-excisional.

Please call the CDI Hotline with questions at 315-464-5455. Thank you to all providers for your strong work in improving documentation!

## **Behavioral Restraints** **Applies to All Clinicians**

Upstate was cited by DNV in August 2019 with a NC1 for lack of documentation of our face-to-face assessments within one hour of behavioral restrain placement. Currently, in December 2019 we are still only 78% compliant with our documentation.

Face-to-Face reassessment of necessity for behavioral restrains must be documented by the physician within an hour of placement. In addition to documentation of the time of the encounter, the elements required in face-to-face documentation include:

- Patient's immediate situation (event):
- Patient's reaction to the intervention:
- Patient's medical and behavioral condition (diagnosis):
- Plan (need to continue or terminate restraint for seclusion):

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EPIC has built a note containing each of the elements required for complaint face-to-face documentation. Use **•PostrestraintF2F** to access the note template.

## Annual Care Provider Patient Experience Awards

**Applies to All Clinicians**

Each year, Upstate University Hospital celebrates achievements that have enhanced the patient experience and improved the lives of those we care for. The Annual Care Provider Patient Experience Awards celebrate those whose performance is recognized in the top 1-5% of patient satisfaction scores as reported by our patients and families. Congratulations to the following clinician awardees:

- |                         |                        |
|-------------------------|------------------------|
| ❖ Dr. Jamal Ahmed       | ❖ Wendy Gellert, NP    |
| ❖ Dr. Traian Anghel     | ❖ Dr. Jesse Gutnick    |
| ❖ Dr. Janice Bach       | ❖ Dr. Erin Hanley      |
| ❖ Erin Blair, NP        | ❖ Dr. Robert Hingre    |
| ❖ Dr. Jennifer Campoli  | ❖ Dr. Travis Hobart    |
| ❖ Dr. Robert Carlin     | ❖ William Linsky, NP   |
| ❖ Dr. Xue Chi           | ❖ Dr. Nick Liu         |
| ❖ Dr. Melanie Comito    | ❖ Dr. Hesham Masoud    |
| ❖ Dr. Michael Costanza  | ❖ Dr. Gaddum Reddy     |
| ❖ Maia Czarnecki, PA    | ❖ Dr. Jody Sima        |
| ❖ Dr. William DiFilippo | ❖ Dr. Scott Schurman   |
| ❖ Dr. Jean DiFlorio     | ❖ Melina Shaw-Lund, PA |
| ❖ Dr. Robert Dracker    | ❖ Kelsey Stack, DO     |
| ❖ Dr. Risa Farber-Heath | ❖ Kelly Stewart, NP    |
| ❖ Brooke Fraser, NP     | ❖ Dr. Ann Sveen        |
| ❖ Dr. Natasha Ginzburg  |                        |

## Outstanding Physician Comments

**Applies to All Clinicians**

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



**Breast Care Center:** Dr. Lisa Lai is wonderful at listening and explaining what she thinks is the best course of treatment.

**Dental Service:** Dr. Jean Diflorio was excellent.

**Family Medicine:** Dr. Kaushal Nanavati is excellent, caring and compassionate. Dr. Kaushal Nanavati is an excellent professional and it is always a pleasure to come for a visit.

**Joslin Center for Diabetes:** Dr. Marisa Desimone is a very caring physician. Dr. Barbara Feuerstein is excellent! Dr.

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**Rachel Hopkins** reviewed my history, explained reasons for medications, listened and discussed concerns and suggested alterations that may fit my work schedule better.

**Medicine Subspecialties:** **Dr. Hiroshi Kato** – very thorough.

**Multi-Disciplinary Programs Cancer Center:** **Dr. Mark Marzouk** is always attentive to my questions.

**Pediatric Gastroenterology:** **Dr. Marcus Rivera** – excellent!

**Peds Neph, Rheum, Integrative Med:** **Dr. William Hannan** is beyond amazing!

**Surgery – UH:** **Dr. Moustafa Hassan** is an excellent doctor in his field. Courteous, friendly, knowledgeable and caring as well. He saved my life!!

**Surgery – UH LL022:** **Dr. G. Randall Green** explained options and reasons for choice or rejection. All very clear and answered all my questions.

**Transplant Center:** **Dr. Brian Gallay** does a good job.

**UHCC – Neurology:** **Dr. Deborah Bradshaw** always takes plenty of time to go over all of my concerns.

**University Cardiology:** **Dr. Robert Carhart** was very good to me and I am glad to be his patient.

**University Center for Vision Care:** **Dr. Mirjeta Abazaga** was amazing! **Dr. Robert Swan** – wonderful to work with. **Dr. Robert Swan** was very personable, patient and helpful. I appreciate all the help, care and concern he constantly provides.

**University Geriatricians:** I can't say enough positive about **Dr. Sharon Brangman**.

**University Internists:** **Dr. Andrea Berg** is the most knowledgeable and caring doctor. Love her! **Dr. Vincent Frechette** is an exceptional listener and healer. We are indeed fortunate to have him as our primary care physician.

**Upstate Urology:** I would recommend **Dr. Joseph Jacob**. All of my appointments with **Dr. Zahi Makhuli** have been positive.

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## **CDI Tip of the Month – Excisional Debridement in December**

*Don't cut corners when you do a debridement.  
Complete it with an accurate description of the procedure.*

*Applies to all providers*

**Physicians/Providers must document “excisional debridement of bone, fascia or muscle,” otherwise the procedure will be coded as *non-excisional debridement***

**The following information must also be documented by the provider:**

- ✓ Description of the area debrided
- ✓ The exact instruments used (scalpel, scissors, forceps, etc.)
- ✓ The deepest tissue depth reached during the debridement in terms of skin, fascia, muscle, tendon, or bone. (Units of measurement, such as centimeters or inches, are not useable for coding purposes.
- ✓ Documentation of removal or cutting away of devitalized tissue, necrosis or slough

**Terms such as “sharp debridement” or statement of use of scalpel alone are not considered sufficient for code assignment of excisional debridement.**

**There is no synonymous term for excisional.**

Coders may not assume that debridement of bone, fascia or muscle is excisional. Nor may they assume that sharp debridement is excisional. The exact wording of “**excisional debridement**” with the supporting documentation as mentioned above must be present. Failure to document appropriately may result in problems with physician reimbursement and/or denials.

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