

MORNING CMO REPORT

09.23.2015

FROM THE DESK OF:

Anthony P. Weiss, MD, Chief Medical Officer,
Associate Dean for Clinical Affairs,
Upstate University Hospital

UPSTATE
UNIVERSITY HOSPITAL

5E OR Shutdown Columbus Weekend

[Applies to All Downtown Physicians](#)

5E OR
Alert

The 5E OR at University Hospital is in need of HVAC renovations which require complete shutdown for 3 days over Columbus Day weekend from Friday 10/9/15 through Monday 10/12/15. This will start Friday night after all cases are completed (approximately after 6 pm) and be in effect till 7 am EST on Tuesday 10/13/15. During this time surgeons will not be able to operate in the 5E operating room and will not be able to schedule any "elective cases" during this weekend.

Starting Friday evening, the "weekend staffing" for the 5E OR will be moved to 3N to accommodate adult and pediatric emergency cases during this weekend. Any emergency cardiac surgery cases will be done in the Heart and Vascular Center. 5E operations are anticipated to return to normal on Tuesday 10/13 at 7am

Please feel free to contact either Roxanne Taylor, RN, or Robert Cooney, MD, at 464-5549 if you have any questions. Thanks in advance for your help and cooperation with this much needed upgrade to our 5E Operating Room facilities.

OR Scrubs on Marshall Street

[Applies to All Physicians](#)

Scrubs
Advisory

As many of you know, Upstate used to have Blue scrubs a couple of years ago. The institution changed to "Cranberry scrubs" with the intention that they would be worn **primarily in the OR** and "not leave" the institution. The reasons for this should be straight forward to all of us.

Wearing scrubs on the street and outside the hospital can result in their contamination with environmental pathogens which may result in a higher rate of surgical site infections in our patients. The other concern is that scrubs may be contaminated with nosocomial pathogens from patients, which may actually place our family members at risk.

Unfortunately, many people seem to have forgotten this concern, and routinely Upstate faculty, residents and staff in Cranberry scrubs are seen walking in and out of the hospital; at least half a dozen people donned in cranberry have been encountered walking around Marshall street. It is like "hand washing" - some times we all need to be reminded. Over the coming weeks we will be monitoring this more closely. Please take a few moments to change your clothes appropriately to protect both our families and patients.

Thank you.

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HIGH ADVISORY-High priority does not warrant immediate action but recipients should be aware.

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Adult Rapid Response Team Provider Reminders

[Applies to Downtown Physicians](#)

RRT
Update

Just a reminder to all house staff that the change in RRT coverage went into effect July 1st, 2015. Primary team is responsible to respond to the floor for assessment, treatment and plan of care for the patient. When a page is received with floor extension number followed by *911, **this is an RRT**. Call the extension number **IMMEDIATELY**, and respond directly to unit.

Comprehensive Stroke Center Recognition

[Applies to All Physicians](#)

Stroke Center
Informational

The Comprehensive Stroke Center at Upstate University Hospital is proud to be recognized as a top performer in the 2016 edition of US News and World Report's Best Hospitals. This recognition validates the important work we do every day. We have achieved the Gold Plus designation for "Stroke: Get with the Guidelines" as a result of our ability to provide the highest quality of care; and have also achieved the Honor Roll Elite designation for "Target: Stroke" indicating our ability to maintain consistency with the delivery of that care. Thank you to all providers and staff involved with their service.

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Protocol Change to Improve Heparin Therapy Monitoring

Applies to Downtown Physicians

Heparin
High Advisory

The Department of Pharmacy and the Core Laboratory at Upstate University Hospital, Downtown Campus, are implementing new protocols for monitoring patients on unfractionated heparin (UHF) therapy. A Heparin Level Unfractionated assay will replace the Partial Thromboplastin Time (PTT) as a measure of unfractionated heparin activity.

A reliable test for monitoring UFH, the Heparin Level Unfractionated provides more rapid achievement of anticoagulant goals, with fewer blood draws and dose adjustments. The result is a lower incident of bleeding and thromboembolism. The Heparin Level Unfractionated assay is based on an anti-Xa assay and is similar to the Heparin Level Low Molecular Weight assay that is already used at Upstate for monitoring low-molecular-weight heparin. Please note, however, that these are two different tests with separate, distinct orders in EPIC.

The change will occur around November 1st, 2015 (exact date to be determined). Initial dosing will remain the same. The target range will be 0.3-0.7 U/mL for high-dose protocols and 0.3-0.5 U/mL for low-dose protocols.

The Core Laboratory has made changes in the procedure to improve turn-around time. Results will be available within 45 minutes, similar to other routine coagulation tests, such as the PT or PTT. The PTT test will still be available to evaluate or screen for coagulopathy.

Specimen: 4.5 mL blood, citrate (blue top) - standard for coagulation studies

Transport: Room temperature, ASAP

Order: Heparin Level Unfractionated (EPIC code: LAB6412)

Turn-around Time: 45 minutes, performed 24/7

References:

Smythe, Maureen A., Joan C. Mattson, et.al. "The heparin anti-Xa therapeutic range: are we there yet?" CHEST Journal 121.1 (2002): 303-304.

David J. Guervil, Amy F. Rosenberg, et.al. "Activated Partial Thromboplastin Time versus Antifactor Xa Heparin Assay in Monitoring Unfractionated Heparin by Continuous Intravenous Infusion" The Annals of Pharmacotherapy. 2011; 45(8):861-868.

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Fecal Occult Blood Test – Fast Facts

Applies to Downtown Physicians

Fecal Occult
Advisory

Beginning November 1, 2015, the University Hospital Microbiology Laboratory will be implementing a new Immunochemical Fecal Occult Blood Test (Hemoccult-ICT).

Advantages:

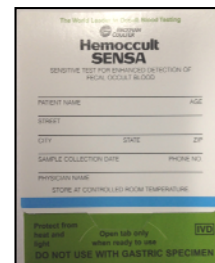
- More sensitive and specific than guaiac-based products due to specific detection of human hemoglobin
- No special dietary restrictions are required

Limitations:

- Hemoccult-ICT is specific for bleeding in the lower gastrointestinal (GI) tract, therefore, it is unlikely to be positive in patients with upper GI bleeding
 - Due to this limitation, the guaiac-based product (Hemoccult-SENSA) will be maintained for patients with potential upper GI bleeding

Test order names:

- Fecal Occult Blood, Upper GI (Hemoccult-SENSA)
 - Guaiac test that will detect both upper and lower GI bleed
- Fecal Occult Blood, Lower GI (Hemoccult-ICT)
 - Immunochemical test that will detect lower GI bleeding



Specimen:

- Acceptable – Inoculated card received ≤ 14 days after collection
- Unacceptable – Raw or preserved stool, inoculated card received collection.



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ICD-10 Documentation Requirements

[Applies to All Physicians](#)

Remember, October 1st we Go Live with ICD-10...and this time it's for real. As we begin internal audits on ICD-10 preparedness, we are already seeing a need for greater specificity; "more adjectives" as Dr. Glidden puts it. Here are a few examples of what we need you to document...:

Doc Requirements
Informational

- **Documenting Acute Myocardial Infarction**
 - Focus clinical documentation on identifying the date of onset of the MI and duration from onset of MI along with the type (STEMI, NSTEMI, Demand ischemia), anatomic location (artery involved), and consequences of the MI.
- **Documenting Asthma**
 - Focus clinical documentation on the severity of asthma and relationship to other diseases when applicable.
 - Documentation supporting mild intermittent, mild, moderate, or severe persistent asthma will be needed.
- **Documenting Cerebrovascular Diseases**
 - Focus documentation on specific type of hemorrhage or infarction, artery affected, and laterality. Providers can also specify occlusions or stenosis to an artery and laterality.
- **Documenting Coma**
 - Focus documentation on ensuring that all components of the GSC scale are completed, and that the seventh digit accurately reflects when the scale was recorded.
- **Documenting Diabetes**
 - Focus documentation on the type or etiology of diabetes, controlled or uncontrolled, body system affected, and any complications affecting that body system.
- **Documenting Fracture/Orthopedics**
 - Focus documentation efforts on fracture type, laterality, and type of encounter. Specify the fracture type, such as greenstick, the specific anatomical site, displacement status, laterality, routine versus delayed healing, nonunions, and malunions. Of these new choices, laterality and type of encounter are significant components for the code expansion. Some fracture categories also include a seventh character extension to designate the type of open fracture, based on the Gustilo open fracture classification.
- **Documenting Pregnancy**
 - Focus documentation on trimester in number of weeks, counted from the first day of the last menstrual period. In cases of multiple gestations where complications affect one or more of the fetuses, identify the fetus for which a complication occurred when possible.

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- **Documenting Pressure Ulcer**
 - Focus documentation on specific ulcer documentation such as site, laterality, and stage. Reporting extensive ulcers may require multiple codes or a single code for certain contiguous sites as found in the index.
- **Documenting Respiratory Failure**
 - Focus documentation on acute, chronic or acute-on-chronic respiratory failure along with hypoxemia or hypercapnia.
- **Documenting Sepsis**
 - Focus documentation on severity (severe, shock) and the clinical indicators supporting this diagnosis and severity
- **Documenting renal failure**
 - Focus documentation acute versus chronic and the clinical indicators to support this. Acute renal failure indicators are used after adequate fluid resuscitation. For chronic renal failure indicate the stage.

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Congratulations to the following 2015 Convocation Award Recipients:

STATE UNIVERSITY OF NEW YORK • UPSTATE MEDICAL UNIVERSITY

2015 CONVOCATION AWARD RECIPIENTS

September 16, 2015

SUNY DISTINGUISHED SERVICE PROFESSOR:

Sharon A. Brangman, MD, Department of Medicine

**CHANCELLOR'S AWARD FOR EXCELLENCE IN
SCHOLARSHIP AND CREATIVE ACTIVITIES:**

Steven L. Youngentob, PhD, Departments of Psychiatry
and Neuroscience and Physiology

**CHANCELLOR'S AWARD FOR
EXCELLENCE IN TEACHING:**

Michael L. Vertino, Department of Neurology

**CHANCELLOR'S AWARD FOR
EXCELLENCE IN PROFESSIONAL SERVICE:**

Susan Fiore Shaw, MSN, PNP, ANP,
Palliative Care Service

**CHANCELLOR'S AWARD FOR
EXCELLENCE IN FACULTY SERVICE:**

Vincent E. Frechette, MD, Department of Medicine

**CHANCELLOR'S AWARD FOR
EXCELLENCE IN CLASSIFIED SERVICE:**

Michelle Henderson, Office of Faculty Affairs and
Faculty Development
Danielle Porter, RN, Nursing, Community Campus

**PRESIDENT'S AWARD FOR ADVANCEMENT
OF AFFIRMATIVE ACTION:**

Suzanne Badman, MLIS, RN, Patient Education and
Interpreter Services

**PRESIDENT'S AWARD FOR EXCELLENCE
IN PROFESSIONAL SERVICE:**

Stacy Mehlek, Office of Faculty Affairs
and Faculty Development

**PRESIDENT'S AWARD FOR EXCELLENCE
IN FACULTY SERVICE:**

Ronald D. Saletsky, PhD, Department of Psychiatry

PRESIDENT'S AWARD FOR EXCELLENCE IN TEACHING:

COLLEGE OF MEDICINE, CLINICAL DEPARTMENT
Eugene A. Kaplan, MD, Department of Psychiatry
COLLEGE OF HEALTH PROFESSIONS

Kevin M. Neville, PT, MS, CCS, Department of
Physical Therapy Education
BINGHAMTON CAMPUS

Yahia M. Lodi, MD, FAHA, FANA, Department
of Neurology

**PRESIDENT'S AWARD FOR OUTSTANDING
VOLUNTARY FACULTY:**

COLLEGE OF NURSING
Todd Olrich, RN, MSN, Crouse Hospital
COLLEGE OF HEALTH PROFESSIONS
Ron Angona, MS, CCP, Strong Memorial Hospital,
Rochester

BINGHAMTON CAMPUS
Micah Lissy, MD, MS PT, ATC, CSCS,
UHS Binghamton General Hospital

PRESIDENT'S AWARD FOR DISTINGUISHED SERVICE:

Jim and Juli Boehm

**PRESIDENT'S AWARD FOR EXEMPLARY SUPPORT
OF BIOMEDICAL RESEARCH:**

Carol M. Baldwin Breast Cancer Research Fund
of Central New York

**PRESIDENT'S AWARD FOR EXCELLENCE IN
PHILANTHROPIC SERVICE, CORPORATE:**

TOPS Markets

**PRESIDENT'S AWARD FOR EXCELLENCE IN
PHILANTHROPIC SERVICE, INDIVIDUAL:**

Frederick B. Parker, Jr., MD

ACADEMY OF UPSTATE EDUCATORS:

Pam Youngs-Maher, MEd, Educational Communications/
Information Management and Technology

Awards
Informational

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