

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
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October 7, 2021

COVID Update

# Positive	# ICU	# Vent
53	19	12

Happy National Physician Assistant Week!



SUNY Upstate is fortunate to have over 130 credentialed Physician Assistants caring for patients in numerous clinical specialties across our entire enterprise. Physician Assistants at Upstate are crucial to our care delivery system contributing their recognized clinical expertise, patient focus, and dedication towards professional excellence. Upstate has thankfully recognized their professional voice and in recent years assured their equal Medical Staff voting rights. Although this week kicks off with the Nation's recognition of Physician Assistants, their significant work and contribution to Upstate's success is obvious each and every day. Thank you, sincerely, Physician Assistants. We are honored to work with you and thankful for your clinical practice excellence at Upstate!

Update on OR Access and Capacity

We continue to have significant workforce shortages necessitating ongoing reductions in the number of our staffed beds and surgical cases, but have been able to reopen some of our surgical capacity.

As of this week:

- 5E has 6 rooms open to perform cases classified as A, B, C. As staffing allows, 5E flexes up to 9 rooms to accommodate inpatient cases, facilitating inpatient throughput.
- Community Campus has 7 open rooms to perform cases classified as A, B, C and select previously scheduled outpatient class D cases.
- 550 Harrison Center has been able to reopen 4 rooms to perform previously scheduled outpatient cases.
- 3N has 3 open rooms performing cases classified as A, B, C.

The OR Access team meets regularly to reassess our ability to open to additional surgical cases. For now, surgeons are asked to please continue to submit non-urgent cases to your Chair for approval as appropriate. We appreciate your patience and will make every effort to restore usual operations as soon as possible.

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Upstate Quality and Safety Update

by Dr. Matthew Glidden

Upstate partners with Vizient for its Quality and Safety improvement program. Vizient is the nation's leading healthcare performance improvement company. Vizient serves more than half of the healthcare organizations across the United States – from large integrated delivery networks and academic medical centers to community hospitals, pediatric facilities, and non-acute care providers.

Upstate's Quality and Safety goal for 2022 is achieving a Vizient three-star rating in its 5-star Quality and Accountability Performance Rating Scorecard. This ranking considers the 6 quality and accountability domains of mortality, effectiveness, efficiency, safety, patient-centeredness and equity. Our 2021 rating continues to show consistent improvement with an improved ranking of 84 out of 101 comprehensive academic medical centers up from 87 with an overall score improving from 38.94% to 40.92%. Upstate showed significant improvement in patient safety and also improved in mortality and efficiency.

2021 Comprehensive Academic Medical Center Quality and Accountability Upstate University Hospital Performance Scorecard



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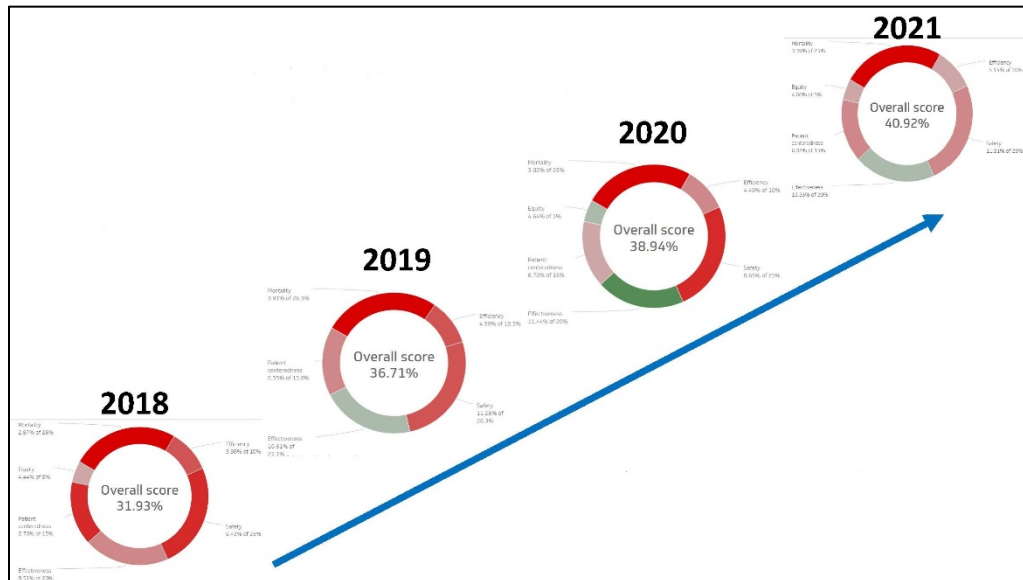
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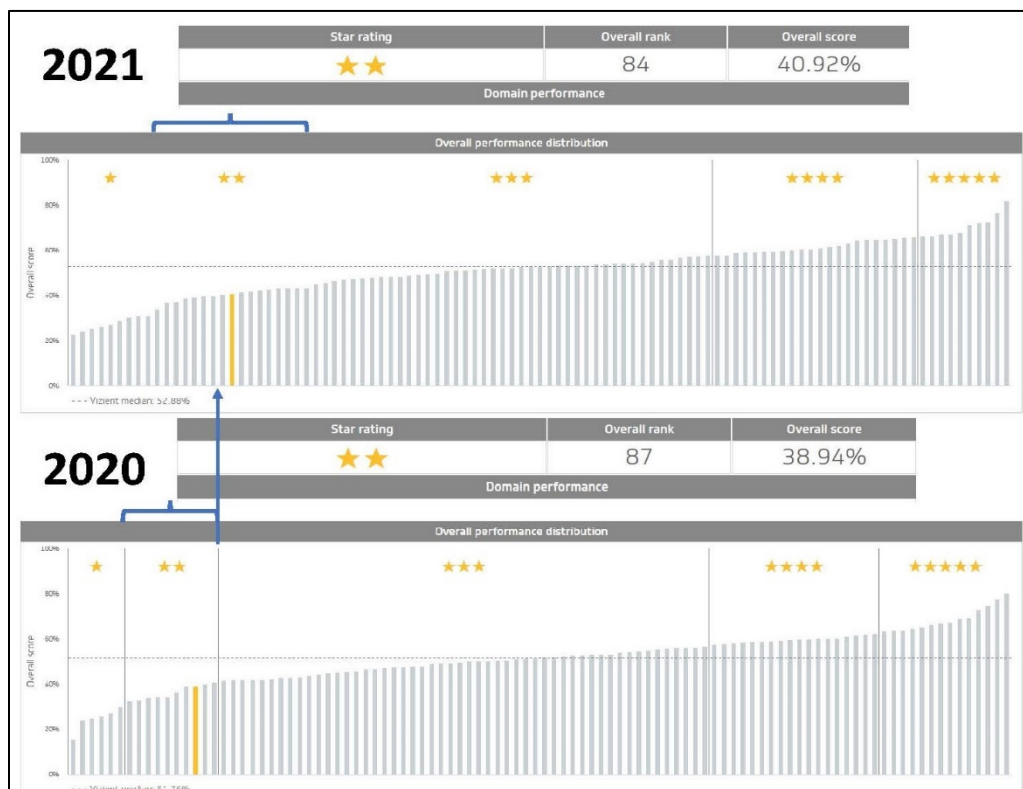
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Upstate University Hospital Has Improved Steadily Since 2018



Upstate University Hospital Remains a 2-Star Hospital with Changes in the Vizient Scale



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Upstate University Hospital Showed Improvement in Patient Safety, Efficiency, & Mortality

2021

Domain performance table						
Domain	Rank	Weight	Score	Weighted score	Vizient median	Vizient top performer
Overall	84	100.00%	40.92%	40.92%	52.88%	82.10%
Mortality	96	25.00%	13.56%	3.39%	53.02%	92.96%
Efficiency	53	10.00%	51.38%	5.14%	52.23%	88.32%
Safety	69	25.00%	46.05%	11.51%	52.04%	72.99%
Effectiveness	48	20.00%	51.27%	10.25%	50.76%	74.33%
Patient centeredness	69	15.00%	40.14%	6.02%	53.43%	96.28%
Equity	57	5.00%	92.07%	4.60%	94.58%	100.00%

2020

Domain performance table						
Domain	Rank	Weight	Score	Weighted score	Vizient median	Vizient top performer
Overall	87	100.00%	38.94%	38.94%	51.76%	80.26%
Mortality	96	25.00%	12.07%	3.02%	51.70%	92.12%
Efficiency	67	10.00%	44.89%	4.49%	49.40%	89.50%
Safety	89	25.00%	34.60%	8.65%	50.46%	79.36%
Effectiveness	23	20.00%	57.22%	11.44%	50.82%	79.68%
Patient centeredness	59	15.00%	44.69%	6.70%	49.59%	96.21%
Equity	47	5.00%	92.71%	4.64%	92.42%	100.00%

Congratulations on continued growth and improvement in quality, safety, and high reliability!

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The Bronze Puppies

Upstate Medical's Bronze Puppies will compete for the title of "Most Rockin' Band" at the Redhouse on Friday, November 5th. The Bronze Puppies is a band featuring our very own Upstate faculty, including Drumming Dean Chin, along with Rachel Hopkins, Jean Ball, Jim Greenwald, Gary Johnson, and Paul Klawitter. Tickets are \$10 in advance or \$15 at the door. Proceeds will benefit the Redhouse Arts Center. Please come out and support our Upstate band!

redhouse

Rockin' the Redhouse

A Benefit Concert

Rockin' the Redhouse, at the Landmark Theatre
November 5, 2021
Doors open at 5:30pm, Concert starts at 7:00pm



Upstate Medical University
Bronze Puppies



Lockheed Martin
Defense Mechanism



Anheuser-Busch
Six Pack



Bond, Schoeneck & King
VagaBONDS



Bousquet Holstein
The Verdict



Opening Band
Ponytail James



Advanced Automation Corporation
The Tyler Band

Tickets
\$10 in advance,
\$15 at the door

Tickets available
via a band member or
at theredhouse.org

Come Support Upstate Medical's The Bronze Puppies
and help us win the Title of MOST ROCKIN' BAND!
OPEN TO THE PUBLIC

Tickets: theredhouse.org | Redhouse Arts Center, 400 S. Salina St, Syracuse, NY 13202 | (315) 362.2785

THANK YOU TO OUR EVENT SPONSORS & SUPPORTERS

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Community Giving Campaign

The Upstate Community Giving Campaign began on Monday, September 13. The annual fundraising campaign to benefit the United Way / SEFA agencies.

Our community faces poverty, hunger, addiction and abuse, and the agencies that tackle these issues are hurting themselves. Now more than ever, these local charities need our financial support.

To learn about the leadership societies, please visit the CGC website [here](#).

Please take one minute to hear from Kylee Deese, Nurse Manager, MS, RN, NE-BC:

“Caring for Patients, Care for the Community”: <https://www.youtube.com/watch?v=PWq7tT-qrmA>

Please donate through Upstate’s Self-Serve site by using your Upstate username and password to login. You will be able to donate online by either payroll deduction, a one-time gift or credit card.

Link to pledge: <https://selfserve.upstate.edu/ais/applications/marketing/sefa/eplodge/>

Words of Wellness

by Dr. Leslie Kohman

Tensions boiling over? How to calm stressed health care colleagues.

AMA NEWS: OCT 6, 2021

Tanya Albert Henry

Perhaps it’s a particularly chaotic day in the hospital for everyone. Maybe a colleague at the clinic doesn’t seem to have the focus or patience that he or she usually displays while treating patients or interacting with peers. Or maybe you are witnessing someone who may be about put themselves or patients in harm’s way.

When a colleague is experiencing a stress injury leading to this behavior, how can you calm the situation in the moment and for the long hall to ensure physical and psychological safety?

“We know that presence is important. Showing up and standing by and asking, ‘Is there anything I can do to help?’” said Richard Westphal, PhD, co-director of the Wisdom and Wellbeing Program at the University of Virginia School of Nursing in Charlottesville. “And in the patient-care environment, if there is a risk to the safety of a co-worker or patient, then you just say, ‘Stop. Freeze. Let’s look at what we’re doing.’”

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Special Invitation: EPIC4Me...We Are Making Time for You!

Would you like Epic experts to attend your next division meeting, to allow them the opportunity to share time-saving Epic tips for you and your colleagues to better understand how we can enhance your Epic experience as Clinical Users?

If yes, please let us know by responding [HERE](#) or by scanning the QR code to the right.



Topics of interest may include, but are not limited to:

- Express Lanes
Minimize documentation time and boost productivity with Express Lanes. A view where physicians and providers document straightforward visits on a single screen with just a few clicks. With Express Lane, you can enter all of the necessary documentation while in the room with a patient. [Click here to learn more about Express Lanes and see an example of the Well Woman Express Lane.](#)
- User Dictionary
Type less and make few corrections with a custom dictionary that is created by you. For example, save time and type ARF and your note can say Acute Renal Failure. Learn how to use shortcuts to enter common and often misspelled words using the User Dictionary. It's now easier to update and manage your personal spell check dictionary with a new editor that shows everything on a single screen. [Click here to learn more about the User Dictionary.](#)
- Chart Search
Save time and clicks with Chart Search. Use Chart Search to find the clinical data you frequently need in a patient's chart. A search will return information in the following areas: Notes, Labs, Meds, Imaging Procedures, Allergies, Immunizations, Problems, Media and Care Everywhere. [Click here to learn more about Chart Search.](#)
- QuickActions
Reduce your Inbasket time for routine scenarios. Create QuickActions to eliminate clicks when managing Result Notes, Quick Notes, Letters, Secure Patient Messages, Staff Message and Rx Requests. [Click here to learn more about Inbasket QuickActions.](#)

Do you have an idea or suggestion on how we can enhance your Epic experience? [Share your idea here.](#)

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

NEW

- [SUNY Healthcare Facility COVID-19 Vaccination Mandate Policy \(UW C-16\)](#)

REVISED

- [Personal Protection Equipment \(PPE\) Table for COVID-19 Exposure Scenario \(COV P-01\)](#): Removed NP swab collection from high risk procedure category. Updated testing guidance for vaccinated staff to day 3 and day 7 for high risk procedure exposures and household/community exposures. Updated references.

Clinical Documentation Improvement (CDI)

by Dr. Emily Albert, Dr. Brian Changlai, and Dr. Abha Harish; Co-Directors, CDI

SHOCK – if your patient is hypotensive and looking **GHOULISH (pale, diaphoretic, cyanotic)** consider **SHOCK!** Shock is a vaso-pressing condition requiring immediate intervention. Document cause, diagnostic criteria including physical findings, specific treatment (vasopressors or large volume resuscitation), and treatment response. Please see attached tip sheet for more information and contact the CDI Hotline with questions at 315-464-5455.

Outstanding Physician Comments

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

2East at Community Hospital: Dr. Jennifer Marziale made me feel like a top priority during my delivery and was truly magical in her ability to deliver.

4North at Community Hospital: Dr. David Halleran provided excellent diagnostic work and preparation for surgery from the ER through surgery and discharge.

6thFloor at Community Hospital: Dr. Matthew Hess went above and beyond spending time with us explaining and answering questions. He was fabulous!

05A: Dr. Kristina Go was amazing, always kept me informed, and explained everything to me and her concerns. Great!

05B: Dr. Dmitriy Nicolavsky – top rate skill and genuine caring for patients' wellbeing.

06B: Dr. Jennalee Cizenski – her notes were the most accurate and I felt like she really got it.

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08G: Dr. Dana Aiello did my ECHO so that I could be discharged. Dr. G Randall Green kept me informed and was concerned for my needs.

09F: Dr. Avneet Singh was great. He was friendly, personal, and patient. He spoke with me in an easily understood manner and answered my questions.

09G: Dr. Anuradha Duleep – played an integral role in my care at Upstate and should be acknowledged for the exceptional care she provides. Her willingness to help, thoroughness, compassion and concern did not go unnoticed. I am very grateful for the care I received.

10E: Dr. Parth Desai – pampered and treated me with respect, just like family! Dr. Stephen Graziano – outstanding, showed me kindness.

10G: I found Dr. Mark Crye professional and answered all my questions. Dr. Mark Crye showed me the upmost respect. Dr. Eman Shaban answered all my questions and even got Medtronic for me to test my defibrillator which did show I had some episodes and my machine needed to be adjusted. She did an awesome job and I was feeling much better when I left. Her actual words to me were “I want you to be comfortable with the treatment you received before you leave.” I was already satisfied with her honesty and effort. She was really trying. Thank you!

11E: Dr. William Lavelle was amazing and very happy with outcome of surgery.

11G: Dr. Jill Majeski is a great doctor. She is easy to talk to about our concerns for our daughter and checks in on her frequently.

12E: Dr. Ian Dargon was great and explained everything in detail which made it more comforting to know the doctor knew what he was doing and talking about. Dr. Lauren Lipeski was in to see our daughter both days and was super informative.

Adult Hematology Oncology: We feel very confident in Dr. Bernard Poiesz and his knowledge of my husband's condition and treatment. Dr. Rahul Seth – the best!

ENT at Community Hospital: Dr. Mitchell Gore is the best! Dr. Brian Nicholas – wonderful! Dr. Brian Nicholas is fantastic. I would highly recommend him to anyone. Dr. Brian Nicholas came highly recommended and has been great on all my visits. Looooove Dr. Brian Nicholas. Dr. Brian Nicholas is a doctor that I highly recommend to others. Dr. Brian Nicholas – amazing, lifeline to my hearing wellness! Dr. Brian Nicholas – wonderful! Dr. Brian Nicholas has always treated us kindly and professionally. He is knowledgeable, confident, and caring; great qualities that make us feel at ease when he cares for our son.

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Family Medicine at Community Hospital: Dr. Sana Zekri listens and sets a care plan based on patient results and individual needs. Dr. Sana Zekri arrived right on time for the appointment. Dr. Sana Zekri – wonderful!

Radiation Oncology: The humility, human relationship, and cordiality of Dr. Michael Lacombe converts him into a high quality professional. Dr. Anna Shapiro – excellent!

Thank you for all of the fantastic work you do! Amy

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CDI Tip of the Month

SHOCTOBER

Applies to all providers

If your patient is hypotensive and looking **GHOULISH (pale, diaphoretic, cyanotic)** consider **SHOCK! Shock** is a vaso-pressing condition requiring immediate intervention.

Document cause, diagnostic criteria including physical findings, specific treatment (vasopressors or large volume resuscitation), and treatment response.

Physical Exam Findings of Shock

Consistent with evidence of hypoperfusion

Hypotension	Gray or pale skin	Urine output <30cc/hr
Encephalopathy	Delayed cap refill	Irregular respiration
Cool or clammy skin	Weak, rapid pulse	Perioral cyanosis

Low blood pressure should not be a prerequisite for defining shock: patients can compensate through vasoconstriction. Also, review lab results for lactic acidosis.

Conditions Associated with Shock

The cause, or etiology, of shock must always be defined and documented.

Sepsis	Septic Shock
Acute MI/Post Cardiac Arrest	Cardiogenic Shock
Trauma	Traumatic Shock
Volume Depletion	Hypovolemic Shock
Hemorrhage/Blood Loss	Hemorrhagic Shock
Allergic Reaction	Anaphylactic Shock
Spinal Cord/Brain Injury	Spinal/Neurogenic Shock

Review documentation of hypotension, taking into consideration any additional signs of hypoperfusion and whether they are associated with any of the above conditions.

Shock Treatment

Treatment varies based on the etiology and type of shock you are treating, please document what you are treating with your treatment.

IV fluid resuscitation	Vasopressors	Inotropes
Transfusions	Volume Expanders	Antibiotics
Positioning	Trauma/MAST Pants	IABP

Examples of improved documentation

Severe sepsis with septic shock due to gram negative pneumonia
Cardiogenic shock due to demand ischemia secondary to sepsis
Hemorrhagic shock due to acute blood loss secondary to GI bleed
Hypovolemic shock due to dehydration secondary to DKA