

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

October 29, 2020

COVID Update

Cluster Action Initiative	Onondaga County Incidence last 7-day average	Positive Tests last 7-day average	Reproduction Number (Rt) last 7-day average	Vacant COVID beds across both hospitals
Syracuse is in Tier 1 for geographic area, but currently NOT under any restrictions (<i>not in a cluster hotspot</i>). Would need ≥ 10 per 100,000 new cases over 7-day average AND $\geq 2.5\%$ positive tests over 7-day average.	1,184 per 100,000 cumulative cases 10.3 per 100,000 new cases daily average (<i>meets criteria for Yellow Precautionary Zone</i>)	1.0% for Onondaga County (<i>does NOT meet criteria for Yellow Precautionary Zone</i>) 2.9% for Upstate's Lab	1.17 for Onondaga County	(1) ICU (5) Med/Surg (10) Med/Surg able to open in 24-hour notice

Please see attached COVID Update Report for details.

A Message on Safety

by Dr. Amy Tucker and Dr. Robert Corona

With COVID widespread in our community, it is essential that staff and students always wear masks properly so they cover nose and mouth at all times, except when eating or drinking; maintain physical distance at work and outside of work; and call the Upstate Employee Resource Line at 315-464-8436 with any questions about COVID and COVID testing. We have no higher priority than your safety!



Renewed COVID Visitation Restrictions in Effect Thursday, October 29

by Nancy Page, MS, RN, NEA-BC; Dr. Amy Tucker, Dr. Matthew Glidden, Dr. Jeremy Joslin and Dr. Dinesh John

Due to the rising rate of COVID infections in the region, it is felt the safest decision to protect our patients and staff is to again restrict visitation across the Upstate system. [The Visitor Restriction During Prevalence of COVID-19](#) (COV V-08) is attached, but significant changes are highlighted below. Policy must be referred to for specifics per specialty;

1. Adult inpatient, rehabilitation, behavioral health (includes 7W adolescent), 7U secure unit and Transitional Care Unit (TCU) will return to no visitation. Exceptions for end-of-life decision-making can be made by contacting the adult visitation officer on-call in AMION. Please continue to facilitate phone and video conferencing visits for family.

ALERT —
ADVISORY —
UPDATE —

IMMEDIATE ACTION REQUIRED
PRIORITY BUT NOT FOR IMMEDIATE ACTION
FOR INFORMATION; UNLIKELY TO REQUIRE ACTION

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2. Discharge teaching may require that one visitor enter the hospital for bedside teaching. For adult units, the administrative supervisor may be contacted for this exception, for pediatrics the Golisano Children's Hospital (GCH) visitation officer in AMION should be contacted for discharge teaching visitation needs.
3. Pediatrics: GCH continues with 2 parents/support persons at bedside, but they must remain for the duration of child's hospitalization. Pediatric surgery patients in the Center for Children's Surgery/3N may have one parent/support person accompany them. Pediatric ED and Pediatric After-Hours patients 18 years old or less may have 2 parents/support persons remain while receiving care in those areas. Siblings are not permitted to accompany patient and parent/support person to any ambulatory/clinic visits.
4. Family Birth Center continues with one support person and one doula if mother requests. The support person must remain in the hospital for duration of stay.
5. Ambulatory clinics and the Upstate Cancer Center remain with restricted visitation. Visitors are permitted for mobility purposes, cognition concerns for patients, and for case discussion requiring family/support person presence based on individual clinic lists. Otherwise, visitors should not accompany the patients into the clinic building.
6. Adult Emergency Department (ED) patients at University Hospital or Community Hospital: visitors are not permitted unless patient is imminent end-of-life or has an intellectual and/or developmental disability (I/DD), or have cognitive impairments, including dementia. An ED attending and ED charge RN may grant permission in those instances.

The COVID visitation policy is a living document and must be revised to protect our patients and staff. The amount of stress this causes our patient's families and our frontline staff is not underestimated. Please reassure patients and families that Upstate is making these decisions in the interests of all we serve as a provider of health care and an employer. Please do not hesitate to reach out to any of the visitation officers with concerns and questions.

Stay Safe!

Swipe Sense Contact Tracing and Hand Hygiene Reminder

by Rhonda Susman and Dr. Dinesh John

If you work on the inpatient units, please ensure that you are wearing a Swipe Sense badge at all times. These badges are instrumental in real-time contact tracing if there is a possible exposure to an infectious disease, which is an essential step in limiting the spread of the infectious pathogens.

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There have already been instances where staff who may have been exposed to COVID-19 were not wearing their Swipe Sense badges, making it challenging to perform real-time contact tracing. You can play your part in the fight against COVID-19 by performing hand hygiene every time you enter or exit a patient room, and by wearing your Swipe Sense badge at all times on the inpatient units. Please help protect yourselves and one another.

Self-Assessment Health Screening Chatbot and Fast Lane – Updates, Rewards and More! by Kristin Bruce and Dr. Dinesh John

All staff entering Upstate University Hospital Downtown and Community Campus are requested to pre-screen for COVID using the Self-Assessment Health Screening Chat Bot. There is currently a 'Fast-Lane' for Chat Bot users on the 2nd Floor Downtown Bridge Entrance, and one that will be rolled out at the main lobby of the Community Campus starting November 4th.

Beginning the week of October 12th, two Self-Assessment Health Screening Chat-Bot users, selected at random, have been receiving an Upstate Stars scratch-off card, redeemable at the Community Cafe, Cafe 750, UHCC, or Betty's Bistro. In addition, starting November 20th, and every month following, one Chat Bot user will be chosen to receive a \$50 Wegmans or Amazon gift card. The more you use the Chat Bot, the greater the chances of getting a scratch-off or gift card. For example, if you use the Self-Assessment Health Screening Chat Bot every day you work, you will have that many entries in the weekly/monthly drawing.

During peak hours of 6-9 AM, employees who do not use the Chat Bot will be directed to enter the building through alternate entrances, such as the main entrance of the Downtown campus. This change is being made to safely accommodate two lanes on the 2nd floor bridge—one for incoming staff who utilize the Chat Bot and visitors, and one lane for staff who are leaving the facility.

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

<https://www.upstate.edu/emergencymgt/trending/coronavirus/self-screen.php>. Instructions on how to put the Self-

Assessment Health Screening Chat Bot or QR code on your mobile device for easy use, please go to:

<https://www.upstate.edu/emergencymgt/trending/coronavirus/intra/>

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Your Opinion Matters! by Dr. Leslie Kohman and Dr. Amy Tucker

Your input on how to improve EPIC here at Upstate, as well as, your personal state of well-being is important. Help guide the medical staff and the new Chief Wellness Officer in best serving your needs by taking this 8-minute survey on Electronic Health Record (EHR) satisfaction and burnout. Your responses will be noted and addressed. Thanks!

[https://urldefense.com/v3/_https://klasresearch.az1.qualtrics.com/jfe/form/SV_4HZupX8RPbLAR5X_!!GobTDDpD7A!ZS78lv7D_rQu58_jtBs2K-Dhk1fITbaX958ycjQmdCWdvLuRk1_FJ0ATn2o_GNVN-w\\$](https://urldefense.com/v3/_https://klasresearch.az1.qualtrics.com/jfe/form/SV_4HZupX8RPbLAR5X_!!GobTDDpD7A!ZS78lv7D_rQu58_jtBs2K-Dhk1fITbaX958ycjQmdCWdvLuRk1_FJ0ATn2o_GNVN-w$)

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

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

New Policies:

- [COVID-19/SARS-CoV-2 Testing Results Delivery Responsibilities \(COV T-11\)](#)

Revised Policies:

- [Discontinuation of Transmission Based Precautions of Patients with COVID-19 \(COV D-04\)](#): defined when to test patients for administrative COVID-19 testing.
- [PPE Requirements During COVID-19 Pandemic \(COV P-08\)](#): universal precautions are now mandatory-ear loop mask and eye protection, added ambulatory high-risk population to the droplet category and removed from Enhanced Airborne category.
- [Personal Protection Equipment \(PPE\) Table for COVID-19 Exposure Scenario \(COV P-01\)](#): revised exposure scenario to add that staff need a face shield for patient interactions, added that exposed staff are required to get tested twice a week to continue to work.
- [COVID-19 Testing at Upstate University Hospital Locations \(COV T-08\)](#): changed language for rapid test usage from admission to bed request, added asymptomatic psych admit to be eligible for rapid test, added that patients on quarantine need to wait until the quarantine is over to be tested for surgery, removed high-risk.
- [Specimen Collection for COVID-19/SARS-CoV-2 Testing \(COV S-01\)](#): added information on obtaining specimens at the off-site location, added a note regarding how to handle difficulty obtaining a specimen.

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- [COVID-19: Bed Management and Throughput \(COV B-03\)](#): changed COVID testing for psychiatric patients from routine to rapid testing, updated appendix C, updated pediatric asymptomatic high-risk patients need droplet precautions.
- [Guidelines for COVID-19 Testing of Asymptomatic Pediatric Patients \(COV T-10\)](#): negative patients who have spent \geq 3 days at outside hospital will be retested upon admission

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

It is Shoctober – shocking that your patient is on pressors...wouldn't you agree? Shock is a vaso-pressing condition requiring immediate intervention. Document etiology, physical findings, specific treatment, and treatment response.

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

Thank you for all you do! Please stay safe *in here* and *out there*, and do what you can to help protect those around you.

Amy

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UPDATE —

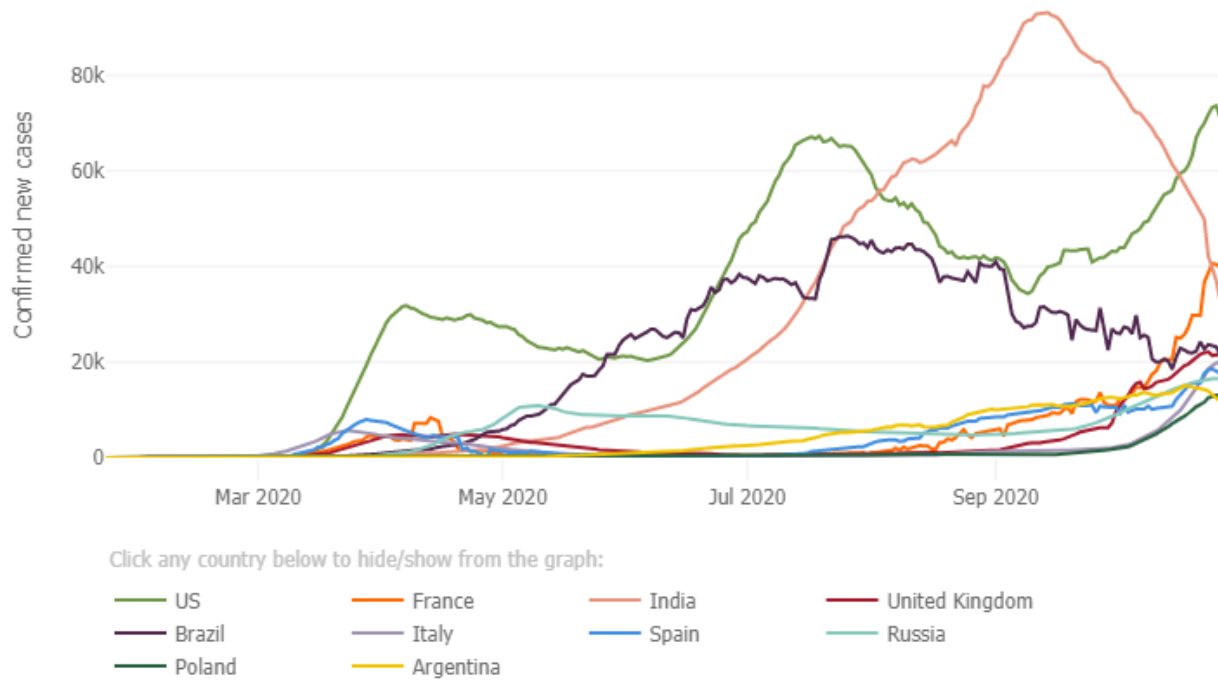
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International

DAILY CONFIRMED NEW CASES (7-DAY MOVING AVERAGE)

Outbreak evolution for the current 10 most affected countries

Last Updated 10/28/2020 John Hopkins - Coronavirus Resource Center



National Trends

Trends for confirmed cases for all 50 states

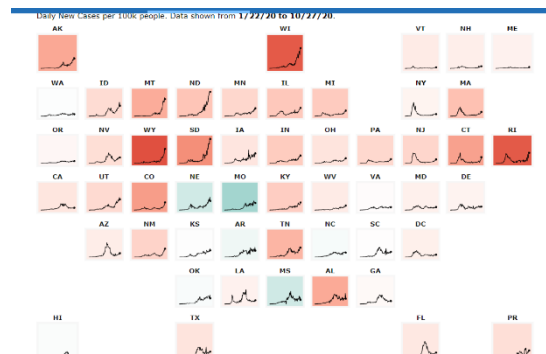
Daily New Cases per 100k people. Data shown from 1/22/20 to 10/28/20.

Last Updated 10/28/2020 - John Hopkins - Coronavirus Resource Center

Confirmed cases by population



Last Week



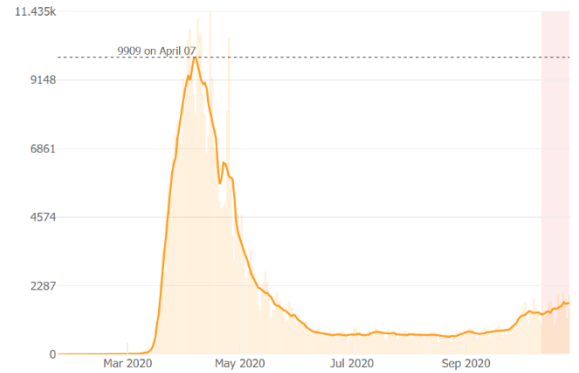
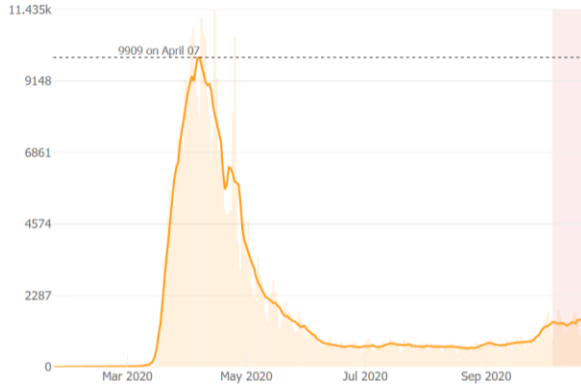
This Week

New York State

Trends in confirmed cases New York state

Daily confirmed new cases – 3 day moving average

Last updated 10/28 - John Hopkins - Coronavirus Resource Center



Last Week

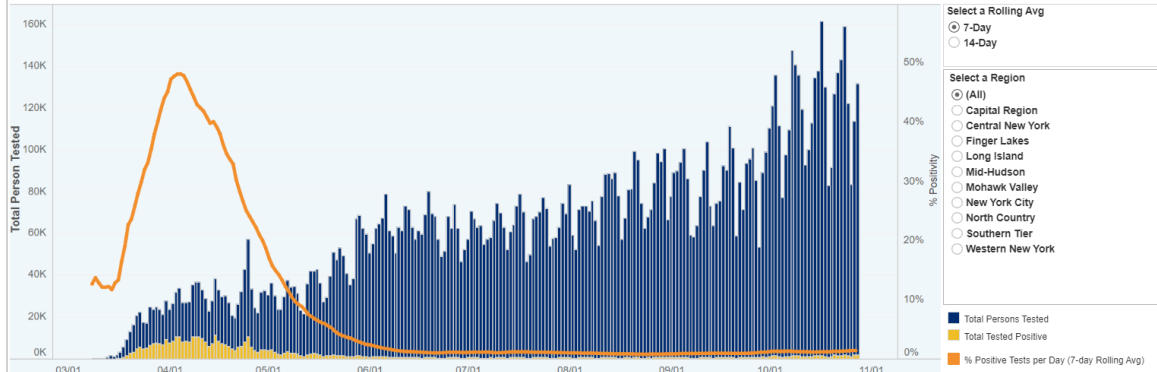


This Week

NY Regional Council

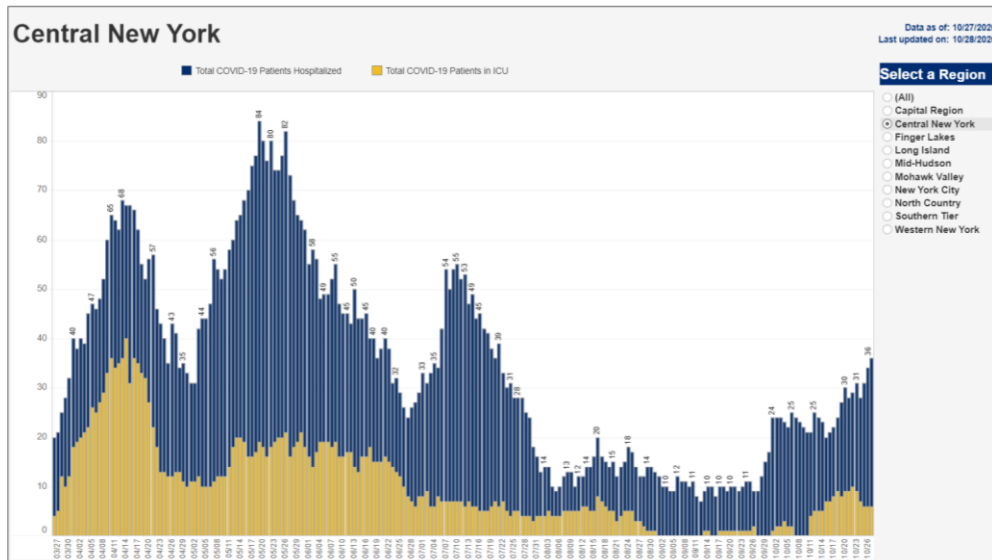
% Positive Results Over Time - All Regions

Testing data as of: 10/27/2020
Testing data last updated on: 10/28/2020

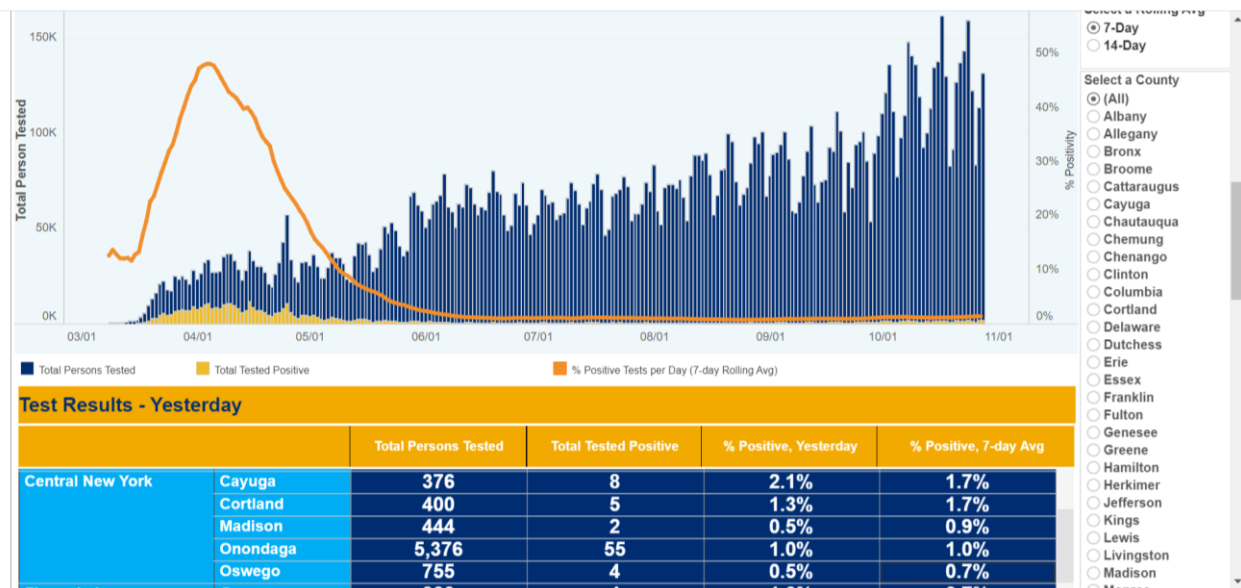


Test Results - Yesterday

	Total Persons Tested	Total Tested Positive	% Positive, Yesterday	% Positive, 7-day Avg
Capital Region	4,930	54	1.1%	1.0%
Central New York	7,351	74	1.0%	1.1%
Finger Lakes	5,339	84	1.6%	1.7%
Long Island	17,286	336	1.9%	1.4%
Mid-Hudson	14,451	307	2.1%	1.9%
Mohawk Valley	4,872	46	0.9%	0.9%
New York City	52,496	837	1.6%	1.3%
North Country	3,209	15	0.5%	0.9%
Southern Tier	12,975	148	1.1%	1.3%
Western New York	6,751	130	1.9%	1.6%



Onondaga County



Number of staffed Beds: 1,736
 Number of Licensed Beds: 1,490
 Number of ICU beds 145

People living in Poverty: 61,143 (American Community Survey)
 Total Population: 464, 243
 Total Population aged 65+: 75,035

Fatality Rate

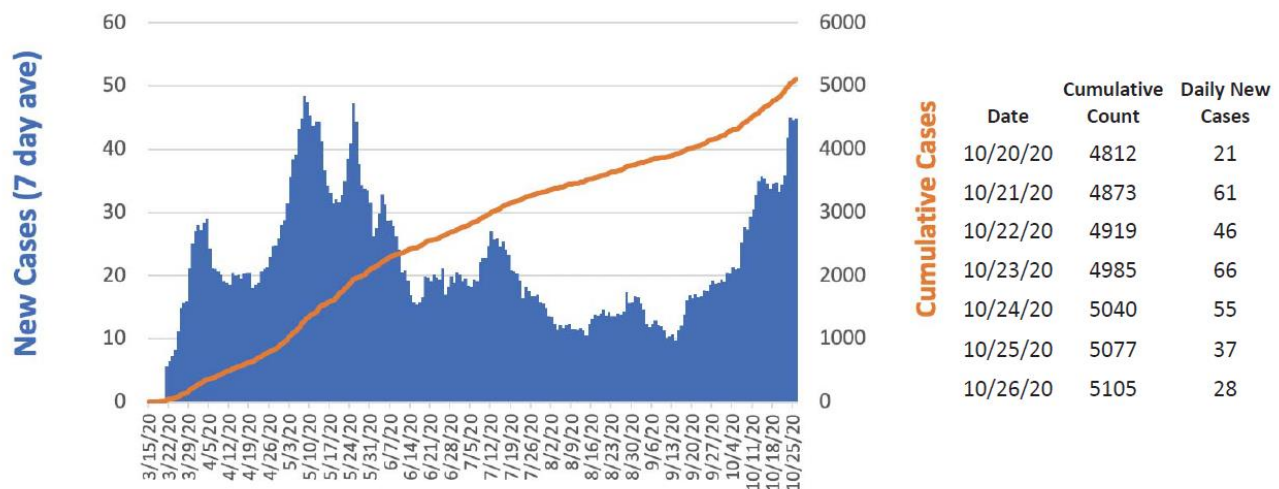
	10/15	10/22	10/28
County Fatality Rate	4.31%	4.04%	3.83%
State Fatality Rate	7.01%	6.63%	6.70%

COVID epidemiology team
Update: Oct 27, 2020

Kathryn Anderson
Telisa Stewart
Jana Shaw
Gary Brooks

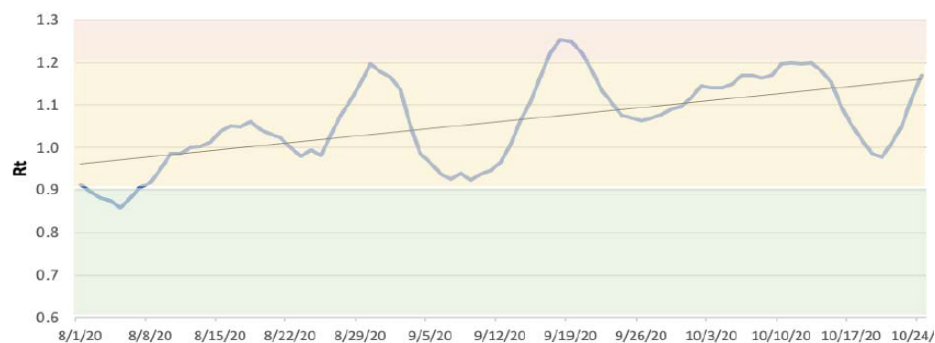
Dongliang Wang
Christopher Morley
Margaret Formica
Don Cibula

1. Numbers of confirmed COVID-19 cases per day in Onondaga county (orange: cumulative cases of COVID, blue: 7 day average of new daily cases)



Reproductive Number (Rt) for COVID-19

Data sources: Onondaga county new cases by day (7-day average)
August 1, 2020 - October 24, 2020



7- day average of Rt (Oct 24, 2020) using NYSDOH data: 1.17

7- day average of Rt (Oct 25, 2020) using Onondaga County data: 1.17

3. Percent positive within 30 miles: 1.6%

4. Interpretations: Incidence remains the highest it has been since May 2015. R in recent days is showing more stable transmission *at a higher incidence rate*. We are seeing a rising percent positive test rate in children and spikes in those aged 34-60 (data not shown). We are possibly beginning to see a shift from cases in young adults to children and older adults, the latter has particular importance for inpatient admissions.

Policy Number: **COV V-08**

Approved by: Hospital Officers Leadership Team

Issue Date: 03/16/2020

Applies to: Upstate Medical University

Value(s): *Drive Innovation & Discovery, Respect People, Value Integrity, Serve Community*

Page(s): 1 of 6

Visitor Restriction During Prevalence of COVID-19

Review Date: 10/29/2020	Change Description:
Revised Date: 10/29/2020	Change Description: Removed date of initial travel advisory, added international travel list. Visitation is suspended on all adult inpatient units, rehabilitation, behavioral health, adult EDs and the TCU. Exception may be granted for end of life decision making but requires call to visitation officer in AMION.

Applies to:

This policy applies to both hospitals all inpatient care units, including critical care, behavioral health units, Golisano Children's Hospital (GCH), Peri Op/Procedural, Transitional Care Unit, Inpatient Rehabilitation units, Emergency Departments, Cancer Center and all ambulatory sites.

The provisions of this policy apply to all Upstate employees seeking to visit in addition to external visitors/support persons. The visitor/support person exception applies to internal and external visitors at all sites.

Policy:

General Guidelines: Upstate adult inpatient units, adult emergency departments including physical medicine and rehabilitation, behavioral health and TCU at both University and Community Hospital have suspended general inpatient visitation hours.

GCH permits two parents/support persons at the bedside 24/7 with the provision both parents remain within the hospital.

Family Birth Center (FBC) permits one support person and doula, if mother request, with provision support person remains in the hospital.

Visitors/support persons traveling from designated states and internationally with high COVID infection rates, without the recommended 14 day quarantine period, will not be permitted entry to the institution at any site. See [COVID-19 Travel Advisory – Restricted States](#) and International Travel List [Travel Recommendations By Country](#).

- Essential discharge teaching may require one support person obtaining that teaching. The administrative nursing supervisor or if pediatrics the GCH visitation officer in AMION must be contacted to grant that permission for visitation regarding discharge teaching.
- Visitors/support persons who have exception to enter must be 18 years of age or older, inpatient visitors granted exception must be badged at hospital entry desk, supply name and contact phone number and the name of patient they are visiting.
- Visitors/support persons will have their temperature screened at all entry points and provided education on wearing a mask and handwashing. Additionally, visitors will be screened for symptoms (i.e. cough, shortness of breath, or fever) or potential exposure to someone with COVID-19 or travel to a high risk area.

- Support persons allowed by exception for end of life decision making to be with COVID patients will receive additional education and assistance with PPE if required, see page 2 of this policy. End of life decision makers will not be permitted in a COVID positive patient's room.
- Visitation to any inpatient behavioral health unit are not permitted.
- Inmates may not receive visitors while full visitor restrictions are in place unless end of life decision making exception is made (refer to policy P-11, Inmates/Patients in Custody Using Upstate University Hospital Services).
- Visitors/support person at Family Birth Center at Community Hospital are limited to one labor coach and one doula if applicable for the duration of admission.
- Visitors/support persons who fail to wear a face mask and other PPE will be asked to leave the facility.
- Once in the facility, visitors must remain in the patient's room throughout the visit except when directed by the hospital staff to leave (e.g. during an aerosolizing procedure).
- Visitors may use the designated visitor bathrooms located on the floor of the unit of which they are visiting, and return to the room when finished. The use of patient bathroom for visitors is prohibited, with exception of GCH and FBC.
- Visitors/support persons to non COVID positive or non COVID rule out patients may utilize public sites such as the cafeteria, gift shop, Café Kubal and Perk Up Coffee while on site at either hospital.

Areas that have additional limitations and specific guidelines include GCH, Ambulatory, ED, Peri Op/Procedural, TCU, Family Birth, Acute Rehab units (2N and 4E) addressed in the following sections:

- Any visitors/support person with visitation exception, vendors, external patient transport company personnel and interpreters, noted in this policy, meeting these exceptions, must be screened for a temperature at entry and every 12 hours. Extended hours visitors beyond 12hrs will be provided with a disposable digital thermometer to assess their temperature twice daily. They must also be screened for symptoms (i.e. cough, shortness of breath, or fever) or potential exposure to someone with COVID-19 and the duration and number of visits should be minimized. Visitors/support persons will be taught PPE donning and doffing before entering room appropriate to patient's needs.
- Individuals age 70 years or older, are not encouraged to be support persons at this time due to increased risk of COVID-19 infection.
- If end of life exception visitation for decision making only is granted, permission for such visitation will need to be re-assessed 24 hours after initial approval. End of life exception is made for end of life decision making only not for bedside visitation. Comfort care patients will not have exception granted unless imminent end of life.
- See COVID Adult Visitor Information Document, [F95396](#).

- Visitors are not permitted for COVID positive patients unless there are extenuating circumstances (i.e. End of life, GCH parental exceptions and OPWDD support persons only) and Clinical Officer/Director/Administrator has approved according to medical necessity for a support person only in extenuating cases.

If the support person of a patient with confirmed or suspected COVID-19 has been a close contact of the patient and has already been exposed to COVID-19 these support persons should:

- ♦ Wear a surgical or procedure mask throughout their time in the hospital;
 - ♦ Practice scrupulous hand hygiene;
 - ♦ Remain in the patient's room
 - ♦ While in the room, a gown and gloves should be worn to prevent the person's hands or clothes from becoming contaminated. Eye protection should be worn while in the room if available.
- If the support person of an adult patient with confirmed or suspected COVID-19 has not been a close contact of the patient and does not have a history of confirmed COVID-19, visitation is not permitted.
- Pediatric Inpatient GCH: For hospitalized pediatric patients, the patient or family/caregiver may designate two support people with extended visitation privileges who are 18 years of age or older. Support persons names should be entered in EPIC by bedside RN under FYI/Visitor Exceptions. Two support persons may remain at bedside 24/7.
 - The support person(s) must remain in patient's room unless utilizing public sites such as the cafeteria, gift shop, Café Kubal, and Perk Up Coffee.
 - Meal trays for support persons in GCH may be ordered from hospital food services.
 - Visitation is not allowed at GCH beyond the 2 parents/support person at the bedside. Parents/supports person must remain at the bedside and can not be permitted to come and go from the facility while the child is hospitalized. The Clinical Officer/Director/Administrator on-call in AMION for GCH should be contacted for approval of visitor exceptions regarding end of life decision making outside the standard process of designating two (2) support persons described above. See COVID Visitor Information Document-Pediatrics, [F95397](#).
 - Ambulatory: Visitors/companions are not routinely allowed. One person is allowed in ambulatory (clinic) areas only if essential for the care of the patient, as determined by the clinic, based on visit criteria. Examples are parent/guardian for minor, patient with dementia, mentally challenged, hands-on/return demonstration education needed for patient's after care, visit for care/treatment planning or receiving critical test results, and those needing personal assistance to and from the visit such as any patient arriving via wheelchair. A subset of visit types will be determined by each clinic to authorize a single visitor, and individual clinic site managers would grant the exception for visitors outside those guidelines. Siblings of pediatric patients who are not receiving care are not permitted. All visitors should be expected to accompany patients for the duration of the visit, including exams and to maintain proper social distancing in clinic waiting rooms. Clinics will be responsible for communicating the appropriate visitor expectation during a pre-visit phone call to the patient.

- **Emergency Departments: Pediatric ED and Pediatric After hours** would permit two parent/support person for each patient 18 years old or less.
- **In the Adult ED setting** visitors are not permitted unless patient is imminent end of life or has an intellectual and/or developmental disability (I/DD), and/or patients with cognitive impairments including dementia. Visitation is then limited to only one visitor/support person at the bedside. Patient Access Services will document the name and phone number of the visitor if exception is granted, in the patient's electronic medical record.
- **Peri Op (operative surgical services)/Procedural:** visitors/support persons are asked to return home or to their vehicles to wait. Visitors must be from greater than 60 miles away to be directed to the attended waiting space either for University Hospital in first floor patient registration, MRI waiting area or at Community Hospital Physician's Office Building (conference room). Visitors/support persons must leave a contact number to be reached for any questions/ concerns during the intake and discharge process for the patient if a same day procedure. For pediatric patients one parent is permitted to accompany the child and will stay in the preoperative room on 3N during their time in the Children's Surgery Center (Waiting Room will be closed).
- **Transitional Care Unit, (TCU) at Community Hospital:** visitation is suspended at this time.
- **Family Birth Center:** one labor coach is permitted (patient's spouse, partner, sibling, parent or another person of patient's choice), additionally mother may request a doula to be present if they have one. In the event there is a surrogate delivery, the surrogate mother may have one support person as indicated above in addition to the birth parents of infant. Visitors/support person must remain with patient at all times until discharge. If they depart hospital they will not be permitted re-entry for visitation purposes.
- **Acute Rehab Units-** Nurse manager can provide approval for one visitor who is required on site for educational needs to support a safe discharge plan. The visitor will be asked to come immediately prior to teaching appointment and leave immediately after. The visitor will be screened and masked upon entry and be expected to stay with patient during training. When possible, training should take place in the patient room or in an area away from other patients.
- **End of life situations or adult patients with intellectual and/or developmental disabilities (I/DD), and patients with cognitive impairments including dementia may have a visitor/support person exception granted if the visitor/support person has been determined by the clinical team and Clinical Officer/Director on call in AMION for visitor exception to be essential to the care of the patient (medically necessary) including;**
 - For hospitalized patients, especially with prolonged hospitalizations, the patient or family/caregiver may designate two support people; but only one support person may be present at a time.
 - In these inpatient settings, the designated support person(s) will be the only support person allowed to be present during the patient's care and must remain in the patient's room for duration of visit and for the duration of the hospital stay.

- This restriction must be explained to the patient and support person in plain terms, upon arrival or prior to arriving at the hospital as acuity permits.
- Hospital staff should ensure that patients/family fully understand this restriction, allowing them to decide who they wish to identify as their two designated support persons.

VENDORS, EXTERNAL PATIENT TRANSPORT PERSONNEL, POST ACUTE CARE PARTNERS (i.e. Home Care) are only allowed on campus for the following exceptions:

- Patient/family teaching in preparation for discharge limited to one vendor representative for teaching; Vendors are not allowed on the TCU.
- Post-Acute care partners, one representative, may be permitted for screening for placement or home care needs, care coordination and conferencing with caregivers and clinical team for post-acute care planning.
- Operating rooms only in the event vendor must be present for device use or insertion limit one vendor per case; installations of critical equipment. See policies CM V-06, Technical Support Representative in OR/Procedural Area and V-12, Vendor Access, for more details.
- Critical supplies for operations, desktop deliveries, ATM's, and vending machines. All vendors must be temperature checked and wear an ear loop mask.
- Transport companies may come up to patient care units for patient pick up and drop off after screening at entry and must remain masked for duration of presence.

Non-Employee Clinical Observers/ Shadowing: Potential Job Applicants, Students from Non-Credit Bearing Programs, Students from Credit Bearing Programs and Volunteers:

- Limited Upstate students returned to campus week of May 18th with students from outside colleges and training programs beginning return July 1, 2020.
- Student clinical rotations will continue as an essential part of the Upstate mission to serve the region.
- Job Shadowing is not allowed
- Interviewing for potential job applicants should continue as much as possible in a remote method.

CONTRACT STAFF (Contractors, Technicians, Service Technicians)

- Screening consistent with Upstate employees.
- Will also notify contract staff employers to ensure they are also pre-screening staff to be assigned or sent to Upstate locations.
- Security Contractors - will follow same screening procedures as Upstate employees
- Clinically contracted staff, RNs, PT, OT, Radiology Technologists, Respiratory Therapists etc. will continue to be screened thru employee health before employment begins.

INTERPRETER SERVICES

- To preserve PPE, Video-Remote Interpreting (VRI) and Language Line will be utilized first and whenever possible.
- Second to VRI/Language Line phone, Upstate-employed interpreters will be utilized depending on exam/test or nature of the communication if a live interpreter is the only or preferred option.
- Other vendors for interpreters have been contacted and they are pre-screening their staff before deployment, but they will ONLY be used if VRI/Language Line - Phone) or employed interpreter cannot be utilized.

SERVICE ANIMALS

- Refer to Hospital Administrative policy A-24, Americans with Disabilities Act (ADA) Compliance, Including Service Animals.

Education/Related Resources:

Technical Support Representative in OR/Procedural Area, CM V-06

Vendor Access, V-12

Americans with Disabilities Act (ADA) Compliance, Including Service Animals, A-24

Inmates/Patients in Custody Using Upstate University Hospital Services, P-11

Operating Procedures (7U), MED O-01

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

[COVID-19 Travel Advisory – Restricted States](#)

Form Names(s) and Number(s):

COVID Adult Visitor Information Document, F95396

COVID Visitor Information Document – Pediatrics, F95397

COVID-19 Room Entry Tracking, F95395

Originating Department: Infection Prevention

Contributing Department(s): Nursing, Hospital Administration

References/Evidence-Based Reference(s):

CDC COVID-19. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

CDI Tip of the Month – *SHOCKTOBER*

Applies to all providers

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 discussed.

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

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

CDI Hotline – 464-5455

for help with anything
documentation related