

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

November 11, 2021

COVID Update

# Positive	# ICU	# Vent
39	13	7

Happy National Nurse Practitioner Week!

This week marks National Nurse Practitioner Week and we would like to take this opportunity to recognize our incredible Upstate Nurse Practitioners for their profound contributions. Our NPs are experts in clinical practice, working to the top of their license and scope of practice, to ensure that our patients receive the absolute best in patient care! They continue to improve the quality and patient experience at Upstate via their professional dedication and their drive to advance their clinical knowledge and expertise. This is exemplified in their pursuit of Doctoral degrees and specialty certifications, their commitment to expanding their clinical privileges, and in their painstaking assurance that our patients and families receive Upstate's best. They are making all the difference and we are so appreciative. Please take time to personally thank the NPs you work with this week.



Golisano Children's Hospital is Recognized by the New York Regional Solutions for Patient Safety Network



Our Golisano Children's Hospital was recently recognized by the New York Regional Solutions for Patient Safety (SPS) Network for having ZERO CLABSI's per 1000 line days, ZERO unplanned extubations (UE) per 100 ventilator days, and ZERO pressure injuries per 1000 patient days. Performance in those areas was an SPS goal set prior to the pandemic, and our Golisano teams have been working on them all along despite multiple limitations. In 2019 we were a negative outlier in CLABSI and UE, and are now at the vanguard, pulling the region toward ZERO! Congratulations everyone for your hard work!

Thanksgiving Day Meals

by Dr. Robert Corona

SUNY Upstate Medical University celebrates the Thanksgiving Day holiday by providing a complimentary staff meal on Thursday, November 25, 2021.

ELIGIBILITY: Hospital staff members who work a shift on the holiday are eligible for one of these meals.



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COMPLIMENTARY MEAL SERVING TIMES:

- November 25 5:00 AM – 8:00 AM (THANKSGIVING BREAKFAST)
- November 25 11:00 AM – 2:00 PM (THANKSGIVING DINNER)
- November 25 4:00 PM – 8:00 PM (THANKSGIVING DINNER)

TO PLACE AN ORDER FOR TICKETS:

E-mail Tara Wilhoit at wilhoitt@upstate.edu by 4:00 pm on Friday, November 19th to order tickets for your staff working on November 25th.

TO PICK UP THE TICKETS:

Tara Wilhoit will be handing out the tickets on Monday, November 22nd and Tuesday, November 23rd from 9:00 am – 4:00 pm in Room 1218 UH.

PLEASE NOTE:

- Meal tickets will not be mailed to any department
- Tickets are valid on Thanksgiving Day only and are for the Thanksgiving meal being offered
- The cafeteria will not provide a meal without a valid meal ticket. Copies of meal tickets will NOT be accepted in the cafeteria.
- On Thanksgiving Day, if you need an extra meal ticket for eligible staff, you can contact the Administrative Supervisor.

THANK YOU AND HAPPY THANKSGIVING!

Loan Repayment Programs

by Cindy Jaconski



Did you know that working at Upstate allows you to potentially qualify for several student loan repayment programs? These programs also assist with recruitment and retention of clinicians. Current loan repayment programs include:

Doctors Across New York Physician (DANY) Loan Repayment Program:

- Physicians can apply for \$40,000 per year for three years for loan repayment who agree to work in an underserved area during the three-year period.
- Up to \$9 million is available and approximately 75 awards will be made.
- Applications will be accepted from **November 3, 2021 to December 22, 2021**. More information can be found at:

https://www.health.ny.gov/professionals/doctors/graduate_medical_education/doctors_across_ny/

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National Health Service Corps (NHSC) Loan Repayment Program:

- Upstate's Adult Medicine, Dental, and Child and Adult Psychiatry Clinics have the NHSC designation. Primary care medical, dental and mental/behavioral health clinicians who work at these clinics can apply to receive up to \$50,000 to repay their student loans in exchange for a two-year commitment.
- Eligible disciplines are: physicians, nurse practitioners, physician assistants, certified nurse-midwives, dentists, dental hygienists, psychiatrists, health service psychologists, licensed clinical social workers, psychiatric nurse specialists, marriage and family therapists, and licensed professional counselors.
- Applications are being accepted through **December 16, 2021**. More information on the application process and qualifications can be found at: <https://nhsc.hrsa.gov/loan-repayment/nhsc-loan-repayment-program>

Peer Support Training

by Dr. Leslie Kohman

The Clinician Peer Support Program of Central New York is offering a virtual peer support training program on Monday, November 29, from 9:00 am – 11:30 am.

This peer support training is open to any empathetic, respected physicians, nurses, residents, behavioral health specialists, respiratory therapists or hospital chaplains at Upstate or members of the ANA-NY. Any clinicians already trained may participate as a refresher. Please share this opportunity to become a peer supporter in the program with colleagues.

We are asking any clinician who plans to attend to PLEASE LET US KNOW by EMAILING clinicianpeertopeer@bassett.org and include their role at Upstate. Please also copy Upstate Chief Wellness Officer, Dr. Leslie Kohman (kohmanl@upstate.edu).

More information about the Clinician Peer Support Program of Central New York (CPSP-CNY) is available at: [https://www.bassett.org/sites/default/files/2021-01/Clinician Peer Support Program of Central NY CPSP-CNY.pdf](https://www.bassett.org/sites/default/files/2021-01/Clinician%20Peer%20Support%20Program%20of%20Central%20NY%20CPSP-CNY.pdf)

If you have any questions, please contact the Clinician Peer Support Program of Central New York (CPSP-CNY) by email at clinicianpeertopeer@bassett.org or phone at 607-547-3244.

Revised COVID-19 Policies of Special Interest for Clinicians

- [Perioperative Guidelines for Downtown and Community Hospital During Incident Command for Staffing and Capacity Crisis \(COV P-09\)](#): Updated OR room numbers, surge level definitions, and levels of case definitions.

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- [Visitor Restriction During Prevalence of COVID-19 \(COV V-08\)](#): Added ICU patient clinical conditions for imminent end-of-life situations under exceptions.

Clinical Documentation Improvement (CDI)

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

Improving your documentation of respiratory conditions, such as acute pulmonary insufficiency following surgery and acute respiratory failure can be done simply by ensuring that the acute event and clinical presentation of your patient are clearly described and consistent with the treatment given. It is always good to see when your patient's condition improves after treatment in your documentation and, whenever known, please include what caused your patient's acute respiratory condition.

Outstanding Physician Comments

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

Breast Care Center: Dr. Lisa Lai makes me feel that I'm well cared for. Dr. Ranjna Sharma is one of the most professional and kind providers I have ever encountered.

Center for Devel., Behavior and Gen.: Dr. Robert Roger Lebel is amazing, kind, patient, warm, brilliant and explains things well.

Dermatology Clinic: Dr. Ramsay-Sami Farah came right in to consult appointment.

Family Medicine: I think he was trained by Dr. R. Eugene Bailey and it shows! Dr. Kaushal Nanavati has been our primary care physician for many years, in a few different locations. We are sad to give up this relationship as his responsibility expands in other directions, but feel privileged to have forged such a beneficial health partnership with him, and can only wish him well as he moves forward.

Joslin Center for Diabetes: Dr. Barbara Feuerstein was attentive and listened to my issues and concerns. Dr. Barbara Feuerstein was attentive to my needs and easy to talk to. Dr. Rachel Hopkins is one of the few doctors who seems to truly listen to their patients. Dr. Roberto Izquierdo is probably the nicest doctor I have ever been to. He explains things to me, and he has helped me by giving professional advice about my thyroid. I have friends that have also been to Dr. Roberto Izquierdo and they love him.

Multidisciplinary Programs Cancer Center: I also want to mention that Dr. Ruham Alshiekh Nasany was also impressive. She spent a lot of time with us discussing what we were facing and making sure we understood all that was involved. At no time did we feel rushed. Dr. Jesse Ryan – have recommended prior.

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Nephrology Clinic: **Dr. Ramya Bhargava** is the best.

Pediatric Cancer Center: My child has seen **Dr. Kathryn Scott** for 5 years now. It's always been great. She shows compassion and care for her physical and mental well-being. **Dr. Jody Sima** goes above and beyond for her kids every day. We are lucky to have her. **Dr. Jody Sima** is always amazing. I couldn't imagine trusting anyone else with my child's life more.

Pediatric Surgery: **Dr. Jennifer Stanger** is so wonderful and helpful.

Pulmonology Clinic: **Dr. Angela Love** was great, professional, compassionate, easy to talk to. **Dr. Dragos Manta** always impresses me.

Rheumatology Clinic: **Dr. Hom Neupane** listens, explains, and I truly feel he cares about the people he takes care of. **Dr. Hom Neupane** is great! He will answer any question you have and will give the best advice. **Dr. Jianghong Yu** is everything a patient could ask for in a physician – kind, knowledgeable, intelligent and clear in her instructions. She takes extra time when necessary. Exemplary.

SUNY Upstate – Virtual: Very, very grateful for **Dr. Gennady Bratslavsky's** time, attention, and expertise. I consider **Dr. Gennady Bratslavsky** to be the finest in his field and I feel fortunate to have him as a doctor. **Dr. Stephen Knohl** is very pleasant and professional. **Dr. Philip Monteleone** was excellent! We loved him. **Dr. J. Trussell** is great!

Surgery – UH LL022: **Dr. Moustafa Hassan** – very thorough

Transplant Center: I was comfortable talking with **Dr. Reza Saidi**. **Dr. Eman Shaban** spent the most time with me and put me at ease.

UHCC – Neurology: **Dr. Kimberly Laxton** impressed me for her caring, concern of the patient, and explained the decisions and what the treatment plan was for us to make an informative decision. **Dr. Kimberly Laxton** cared about myself as a patient. She was very knowledgeable and showed us the MRI and explained what was going on. She was never in a hurry and waited for all of our questions and answered them fully. I'm so fortunate to have had her as my caregiver. **Dr. Luis Mejico** – great! My appointment was with the PA, however, **Dr. Awss Zidan** made it an effort to be present.

Thank you for all that you do!

~Amy

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Acute Post-Operative Pulmonary Insufficiency

Acute post-op pulmonary insufficiency is an MCC following surgery not categorized as a PSI due to the absence of respiratory failure.

In this condition, the lungs' activity of respiration functions normally. The ICD 10 code for Acute Post-Op Pulmonary Insufficiency was created to capture the cost of treating those patients requiring greater than expected LOS, nursing resources or use of oxygen for hypoxia post operatively.

This is a resource utilization definition and not a clinical standard.

The diagnosis becomes reportable when the post-operative care exceeds the expected or average post op recovery services. Because it is classified as a ICD-10 surgical complication code, coding guidelines require the documentation clearly links the condition to the surgery. Please use words like “due to” if you are documenting acute post-operative pulmonary insufficiency.

Common Causes of Acute Post-Op Pulmonary Insufficiency

Atelectasis	Incisional location causing tidal volume reduction
Interstitial lung edema from volume resuscitation	SIRS from trauma surgery, causing edema in lung parenchyma
Increased ventilation rate due to anxiety causing hyperinflation	Diaphragmatic splinting from pneumoperitoneum, especially following laparoscopic surgery
Reduced lung expansion from post-op pain, supine position, abdominal distension, sedatives, and narcotics	

Variables Predictive of Acute Post Op Pulmonary Insufficiency

Cigarette/marijuana smoking, vaping	COPD/Pulmonary Fibrosis/Interstitial lung disease
Body habitus – Obesity, morbid obesity, frailty, cachexia	Obesity Hypoventilation Syndrome/Sleep Apnea

What is Considered Treatment?

Supplemental oxygen requirement beyond expectations after surgery – either a new requirement or increase from baseline requirement in chronic respiratory failure	
Unexpected ventilator requirement post-operatively, without respiratory failure	
Early ambulation	Pulmonary hygiene/toileting
Deep breathing exercises	ICOUGH/Inspirex/Flutter Valve

Patients often require supplemental oxygen in the immediate post-operative phase, however this is routinely discontinued. When patients require supplemental oxygen post operatively, it is important to distinguish why, especially if it is impacting their length of stay. For example, orthopedic surgeries – many times, a post-op hip can go home in a couple of days. When the patient is requiring supplemental oxygen 4, 5, or more days after surgery, is this part of why they remain in the hospital, therefore impacting their length of stay? Diagnosing and documenting Acute post-operative pulmonary insufficiency will explain resource utilization, impact hospital reimbursement, and affect GMLOS.

Case Example

53-year-old female patient, admitted for elective Whipple for resection of pancreatic cancer. Patient with past medical history of hypertension and pre-diabetes with a BMI of 32. Presents to the hospital on operative day with no complaints, in usual state of health. Pre-op chest x-ray clear and labs are within her normal limits. Post Operatively, patient is successfully extubated to 2 liters. There is an epidural in place for pain management. On POD 2, vitals show patient is desaturating to 89% and supplemental oxygen is increased to 3 liters. The patient denies shortness of breath, appears to be breathing comfortably, with a respiratory rate of 16-20, and reports pain is adequately managed. On POD 3, patient's oxygen saturation is 90-92% and supplemental oxygen is increased to 4 liters. A chest x-ray is obtained showing bibasilar atelectasis. On interview, patient reports compliance with iCOUGH and post-operative pulmonary exercises. The patient's hospital admission is extended 5 days beyond expected due to unexpected post-operative course.

Clinician documents diagnosis of:

Unexpected Acute Post-Op Pulmonary Insufficiency due to atelectasis from diaphragmatic weakness related to incisional location and epidural for pain management following Whipple procedure – desaturations present, patient with increasing oxygen requirements. No SOB or respiratory distress, continue iCOUGH and incentive spirometry, RT to consult.

This diagnosis is both reportable and clinically validated for this patient based on the documentation present in the record. There is a causal relationship established and treatment provided beyond the expected post-op course.