

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

March 30, 2021



Happy Doctor's Day!

The past 12 months have been unprecedented in modern healthcare. Upstate has been at the vanguard of the COVID response—locally, regionally, and globally. Your dedication, innovation, and leadership has helped us become even stronger in 2021 than we were in 2020. Thank you for providing cutting-edge frontline clinical care to our patients; for pitching in to help off-service colleagues during our surge; for creating policies and practices to keep yourselves and your teams safe; for finding innovative ways to remain accessible for your patients; for educating staff, patients, and the public; for doing those clinical trials that provided new therapeutics and vaccinations. You showed up every day dedicated to our mission; this day is dedicated to you...with profound gratitude. ~Amy

Expansion of Telemedicine Services by Mary Ann Gross

As Upstate continues to provide telemedicine services, that you have all worked so hard to implement this past year, **IMT has temporarily partnered with two additional vendors**, Doximity and Doxy.Me, to support your continued success. These additional solutions provide audio and video capabilities to allow you to continue to complete telemedicine visits, as we complete the process of selecting a permanent integrated solution with Epic.

Please take a look at the tip sheet, using the link below, which outlines the features of each tool and explains how to get started or how to link your existing account to Upstate.

<https://epic.upstate.edu/documents/intra/mobiletelemedicineoptiontipsheet.pdf>

Thank you for your continued dedication and partnership in the development of telemedicine solutions.

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Can a U-TURN Save Lives? by Dr. Bettina Smallman

Yes – it can!

Healthcare is the largest employer in the US. Upstate University Hospital in Syracuse, NY is the largest regional employer.

Despite our best intentions, we are faced with a conundrum: on one hand, our mission is on optimizing patient-centered health care ultimately serving our clients in a safe and conflict-free positive environment; on the other, inter-personal conflict permeating large organizations at every level creates a constant internal struggle. The result is one of the biggest distractors from optimal performance, employee conflict. The fact is well documented -- up to 80% of patient errors in Health Care result from negative conflict and poor communication.

This is where the U-TURN makes a difference. It is a simple communication tool that was developed by the Caregiver Collaboration Taskforce, implemented in our Institution and imbedded in the [Healthy Workplace Environment policy \(W-07\)](#). Following the principles of a U-TURN, two individuals can resolve a conflict between themselves in a short period of time. The tool gives ownership to the individuals for a problem that would have been previously escalated up the administrative chain. In addition, we have demonstrated through an impact study that conflict decreases in patient areas, at the same time as patient care, performance and productivity increase.

The strategic approach to a U-TURN can be reviewed by visiting the following link: <https://www-upstate-edu.libproxy2.upstate.edu/uturn/intra/index.php>, or simply entering “U-TURN” in the I-Page search button. You will be able to review short videos that illustrate the concept. Additional individual and departmental information can be obtained through the Department of Professional Development & Learning (464-5463). Furthermore, we do have neutral third-party mediators to help when conflict is escalated.

We have enhanced our performance to care for patients through complex training, but we can easily jeopardize our care because of performance distractors, such as negative conflict and miscommunication. We have a simple tool available that can make a difference in patient care.

Physician Wellness Fund by Dr. Leslie Kohman

The Upstate Foundation has established a Physician Wellness Fund that supports opportunities to foster the well-being of Upstate physicians / trainees (e.g., provide a meal, support an event, sponsor an educational opportunity, etc.). The fund was started with a seed gift of \$5,000 from the Upstate Foundation and is open for donations.

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

New Policies

- [Operating Room and Labor and Delivery: Cleaning and Handling COVID-19/Rule Out Cases \(COV C-04\)](#)

Revised Policies

- [Infection Control for Aerosol Generating Procedures During COVID-19 \(COV A-02\)](#): added that policy applies to ALL patients having AGP's, clarified exclusions.
- [COVID-19: Bed Management and Throughput \(COV B-03\)](#): added clarification for high-risk population placement for pediatrics, updated appendix A.
- [Discontinuation of Transmission Based Precautions of Patients with COVID-19 \(COV D-04\)](#): travel guidance reference to COV T-09 policy.
- [Personal Protection Equipment \(PPE\) Table for COVID-19 Exposure Scenario \(COV P-01\)](#): updated interim testing guidance for exposed staff.
- [Perioperative Guidelines for Downtown and Community Hospital During COVID Crisis \(COV P-09\)](#): updated bed availability for surge volumes.
- [Anticoagulation Management in Adult Critically Ill and Non-Critically Ill COVID-19 Positive Patients \(COV T-05\)](#): incorporation of suggested diagnostic and anticoagulation strategies for the prevention and treatment of venous thromboembolism based on recent literature, addition and removal of references.
- [Travel Advisory and Return Procedure During COVID-19 \(COV T-09\)](#): clarification to "staff" definition on page 2.
- [Visitor Restriction During Prevalence of COVID-19 \(COV V-08\)](#): calls for exceptions to the visitation policy for adult inpatient both hospitals may be called to the administrative supervisor listed in AMION for University or Community hospital.

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

Acute Kidney Injury (**AKI**), Acute Tubular Necrosis (**ATN**), and Chronic Kidney Diseases (**CKD**) contribute greatly to your patients' mortality risk adjustment and are among Upstate's top risk variable with opportunity for improvement in capturing. Please validate with the baseline Creatinine (SCr), and include any additional evaluation, treatment and monitoring in your documentation. Also include the **underlying etiology**. Your complete documentation will give Upstate the opportunity to continue providing the best care to our community! Please refer to the attached tip sheet for more information and contact the CDI Hotline with questions at 315-464-5455.

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Outstanding Physician Comments

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



Adult Hematology Oncology: Dr. Diana Gilligan – made me feel secure with treatment. Dr. Stephen Graziano is a very caring physician.

Breast Care Center: I was highly impressed by Dr. Mashaal Dhir - very knowledgeable. Dr. Mashaal Dhir thoroughly explained my diagnosis, potential surgery and recovery. He also performed an ultrasound, explained findings, ordered bloodwork and called me regarding results. Dr. Lisa Lai, not only is she a brilliant surgeon, but she always has time to listen, care and respond to any concerns at follow up appointments. Dr. Ranjna Sharma spent a lot of time with me and explained everything.

Dermatology Clinic: Dr. Ramsay-Sami Farah takes all the time needed to understand the patient's health care concerns, and to treat the individual with respect and outstanding medical care. Dr. Ramsay-Sami Farah's commitment to bringing quality dermatology care to the patients of Upstate is never to be taken for granted – thank you!

ENT: Dr. Charles Woods is very competent and very good to deal with. He is an expert in his field and I trust his judgement.

Family Medicine: Dr. Kaushal Nanavati – kind, courteous and professional. Dr. Clyde Satterly is really nice and takes the time to make you feel like he cares. Dr. Clyde Satterly does a great job always. Dr. Rupali Singla explained the problem, listened carefully, and gave advice accordingly

Joslin Center for Diabetes: I would recommend Dr. Kurt J Concilla. He was very kind and helpful. He also was willing to spend time to answer questions I had. Dr. David Hansen was excellent! Dr. Roberto Izquierdo is the best. Dr. Roberto Izquierdo is a treasure! He was very patient and answered all my questions. He took the time to guarantee that they were all answered. He also explained the procedure to me in a format that I was able to understand readily. I have always had a positive experience with Dr. Yanping Kong.

Multidisciplinary Programs Cancer Center: Dr. Michael Archer and Dr. Mark Crye have provided me with excellent care. Dr. Silviu Pasniciuc was pleasant and caring. Dr. Thomas Vandermeer has called me at home on a Saturday to respond to my concerns. Dr. Thomas Vandermeer listened to my health concerns and included my wife via the phone. He called my oncologist during the appointment to confirm our next step for treatment. I appreciate the communication between the two of them.

Pediatric Cancer Center: We are so thankful to have Dr. Melanie Comito. Dr. Andrea Dvorak – wonderful! Dr. Kathryn Scott explained easy way to understand the issue my child went for.

Pediatric Multispecialty Clinic: Dr. Zafer Soultan – superb, grateful, goes above and beyond, listens, reliable, and truly

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cares. **Dr. Zafer Soltan** is the best. There is no other way to say it. He truly listens to us, allows us to participate in decision making, and is always seeking our daughter's thoughts on decisions to be made. He is amazing!!

Peds Neph, Rhem, Integrative Med: **Dr. William Hannan** called our home on a Friday evening to discuss results. That is true dedication to his patients. **Dr. William Hannan** always impresses us.

Regional Perinatal Center: **Dr. John Nosovitch** took time to meet with me. He answered my questions thoughtfully and I appreciate his approach to labor.

Rheumatology Clinic: **Dr. Hom Neupane** – good, nice, and helpful. **Dr. Hom Neupane** – great! **Dr. Hom Neupane** is a wonderful, caring physician! **Dr. Hom Neupane** is an excellent physician. I have been in awe over the fact that I can visibly see **Dr. Hiroshi Kato** concentrate on my questions when speaking and show his concern for my questions and concerns of my health. **Dr. Hiroshi Kato** is able to diagnose, talk treatment, answer questions of the patient all while teaching his other attending MDs and students. I truly look forward to every visit with **Dr. Sheetal Rayancha**.

12E: **Dr. John Andrade** – fun, friendly, nice and explained things. **Dr. Jennifer Campoli** and **Dr. Nusrat Zaman** were so helpful and knowledgeable.

Thank you for all you do!
Happy Doctor's Day!

Amy

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Clinical Documentation Improvement

Tip of the Month – Renal Failure

Applies to all providers

Acute Renal Failure (AKI) is defined by:

Increase in Serum Creatinine by > 0.3 mg/dl (> 26.5 mmol/l) above the baseline within 48 hours
Increase in Serum Creatinine to > 1.5 times the patient's baseline level, which is known or presumed to have occurred within the prior 7 days
Urine volume < 0.5 ml/kg/h for 6 hours

KDIGO definition (derived from AKIN and Acute Dialysis Quality Initiative (ADQI) RIFLE criteria)

Baseline creatinine is defined as the lowest creatinine value recorded for that patient in the preceding 3 months and must be documented to support your diagnosis.

Acute Tubular Necrosis

Causes of ATN

Contrast nephropathy (following CT scan, cardiac catheterization)	Medications (Antibiotics, Antifungals, Immunosuppressive agents, etc.)
Prolonged ischemia, hypotension and/or shock	Rhabdomyolysis
Sepsis	Hypovolemia

When to consider documenting Acute Tubular Necrosis:

- Acute Kidney Failure lasts for > 3 days after fluid resuscitation
- Your patient's urinalysis demonstrates significant proteinuria, muddy brown casts, or epithelial cell casts
- Your patient's Fractional Excretion of Sodium (FeNa) is $> 2\%$

Chronic Kidney Disease

Renal function is categorized based on estimated GFR.

CKD Stage 1	GFR > 90 ml/min
CKD Stage 2	GFR 60-89 ml/min
CKD Stage 3	GFR 30-59 ml/min
CKD Stage 4	GFR 15-29 ml/min
CKD Stage 5	GFR < 15 without dialysis
End Stage Renal Disease (ESRD)	Chronic hemo or peritoneal dialysis

- **AKI and CKD are Vizient Mortality Risk Variables where Upstate has the biggest opportunity for improvement**

Email synborsd@upstate.edu

for help with anything
documentation related