

CMO REPORT

FROM THE DESK OF

Amy Tucker, MD, MHCM, Chief Medical Officer, Upstate University Hospital
Associate Dean for Clinical Affairs, College of Medicine

UPSTATE
UNIVERSITY HOSPITAL

May 18, 2022

COVID Update

| # Positive | # ICU | # Vent |
|------------|-------|--------|
| 28 | 5 | 2 |

EMTALA

By Michelle Zoanetti

This is a reminder that once a patient signs into the Emergency Department, essentially requesting care, they must have a medical screening exam performed by the Emergency Medicine providers.

Surgical Consents and DNV Compliance

By Julia Heberger

Our annual DNV visit is right around the corner and there are some areas for improvement in the peri-operative area. An audit was conducted and over the past 6 months our compliance rate for Surgical Consent completion is below 50%. There are many fields that are being left empty (DNR status, procedure verification, vendor names w/company, section 12 allowing picture/video capture), dates and times are being used by an arrow or not filled in at all, and surgical procedures are being abbreviated. All members of the surgical team have the responsibility to make sure consents are filled out completely and correctly. We are holding our nurses accountable to ensure compliance is at 100%. Attached is a PowerPoint presentation of the education we are giving to all of our staff. Please feel free to reach out to Julie Heberger at Hebergej@upstate.edu or 315-492-3635 if there are any additional questions.

Clinical Documentation Improvement (CDI)

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

Quality Communication Matters - Upstate has note writing tools for Malnutrition and Sepsis to facilitate quality communication and documentation through the record. These tools are a starting point, meant to get the ball rolling, and are not meant to replace the many other components of complete and accurate documentation. Updates are coming, look for information through the month!

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

Revised

- [ED Guidelines During COVID Pandemic \(COV E-01\)](#): Removed arrival process under policy. Streamlined triage section B. Removed flexing of R.O COVID rooms. Revised BVM section H.4. Removed no students or shadows statement.

Archived

- Annual Health Assessment During COVID-19 Pandemic (COV A-07): No longer needed.

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- Guidelines for Cystic Fibrosis Sputum Collection During the Prevalence of COVID-19 (COV C-02): No longer needed.
- Pediatric COVID-19 Clinical Pathway (COV P-11): No longer needed; part of current Pediatric Pathway.
- Guidelines for Tracheostomy During COVID-19 Pandemic (COV T-02): Being incorporated into clinical policy [CM T-06](#).

Exceptional Teacher Recipient for May 2, 2022

By Dr. Lawrence Chin



Dr. Iyerus Tariku is the May 2022 recipient of the Exceptional Moments in Teaching recognition. The College of Medicine recognizes exceptional teachers with the monthly “Exceptional Moments in Teaching” program. Honorees are selected via student assessments from courses and clerkships. Recognized teachers — including medical faculty, residents, nurses and other educators — are those who challenge students and provide an exceptional learning experience. <https://www.upstate.edu/ume/exceptionalteacher.php>

Congratulations Dr. Tariku!

Outstanding Physician Comments

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



Adult Hematology Oncology: Dr. Ranjna Sharma – compassionate.

Boards: Dr. Elizabeth Ferry was superb!

Breast Care Center: Dr. Lisa Lai makes me feel that I am well cared for. Dr. Lisa Lai was very caring and a true professional. A true asset to us all. We are so grateful to her. She gets ten stars. Dr. Ranjna Sharma is one of the most professional and kind providers I have ever encountered. Dr. Ranjna Sharma – great bedside manner. Dr. Prashant Upadhyaya – fabulous!

Center for Devel. Behavior and Gen.: Dr. Robert Roger Lebel was very kind, warm, patient, and seems like a great person and doctor.

ENT at Community: Dr. Mitchell Gore did a great job!

Family Medicine: 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 beautiful health partnership with him, and can only wish him well as he moves forward. Dr. Rupali Singla – caring, competent, and concerned about my health and any issues I have. Dr. Rupali Singla impressed me with thorough and prompt communication both during and after my appointment. Dr. Rupali Singla is not only professional but kind. You can tell she actually cares about your medical needs and concerns. She takes the time to explain things well and has genuine empathy for her patients. Dr. Clyde Satterly is very easy to talk to. He shows a genuine concern for my well-being.

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Family Medicine at Community: I feel very fortunate to have **Dr. Igor Kraev** as my family doctor. He is patient, informed, thorough, concerned, listens well, and gives me the time I need to deal with my issues.

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. Barbara Feuerstein** always impresses me with her knowledge and kindness. I look forward to seeing her when it's time for my appointment. **Dr. Rachel Hopkins** is one of the few doctors who seem to truly listen to their patients. **Dr. Rachel Hopkins** has been a source of strength and support throughout my care. Her ability to listen to my concerns and questions about my care and her answers to those questions and concerns is both compassionate and highly professional. **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.

Joslin Pediatric Center: **Dr. David Hansen** is kind, gentle, and sensitive.

Multidisciplinary Programs Cancer Center: **Dr. Mashaal Dhir** was very up front about the MRI and the next steps in the process of a diagnosis. **Dr. Mark Marzouk** was great and outstanding as usual. **Dr. Mark Marzouk** is an exceptional and excellent surgeon and a personally amicable and compassionate person. **Dr. Mark Marzouk** was very concise and to the point in the explanations of my medical issues as well as my ongoing treatments. **Dr. Gloria Morris** was personable and clearly cares about helping patients understand the importance of genetic testing. **Dr. Kaushal Nanavati** – impressive! **Dr. Kaushal Nanavati's** perspective as an integrative specialist was excellent and a new experience for me. I think his addition to the multidisciplinary team is invaluable, not only for cancer patients, but for all patients, especially those with chronic disease or with a condition/injury likely to require long-term care. He is outstanding. **Dr. Ruham Alshiekh Nasany** was 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. **Dr. Abirami Sivapiragasam** seems very knowledgeable, skilled, and personable.

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

Pediatric Cancer Center: My child has been seen by **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. Michaela Kollisch-Singule** was very professional, obviously current in her practice for our son's condition, took her time, was excellent with us and our son, and provided us with research for the options presented. **Dr. Jennifer Stanger** - wonderful and helpful.

Pulmonology Clinic: **Dr. Angela Love** was great, professional, compassionate, and easy to talk to. This was my first time meeting **Dr. Angela Love** and, well, I just 'love' her attitude and her positive ways. I felt like I was visiting friends. Thank you! **Dr. Dragos Manta** always impresses me.

Regional Perinatal Center: **Dr. Dimitrios Mastrogiannis** – so happy I got to meet him and I feel much safer with him delivering my baby and dealing with my personal health risks for this pregnancy. **Dr. John Nosovitch** assured me of the

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procedure I was undergoing and that he would find the best surgeons available within a week's time to perform my surgery. He kept his word and assured me with comfort from my first consultation, to my initial admittance the day of my surgery, during the procedure, and after my time in the recovery area. He's a true gift to Upstate and to my new family.

Rheumatology Clinic: **Dr. Hiroshi Kato** is an exceptional doctor. I have been to many rheumatologists over the years, no one compares to his kindness, concern and knowledge. I am blessed to be a patient of his. I feel very fortunate and lucky to have **Dr. Hiroshi Kato** as my rheumatologist, as he is extremely knowledgeable in regards to research and new treatments, in addition to being an excellent clinician. He regularly coordinates care with my other providers, which has immensely helped my overall care. I highly recommend **Dr. Hiroshi Kato** and feel that his clinical recommendations have saved my life many times. **Dr. Hom Neupane** – listens, explains, and I truly feel he cares about the people he takes care of. He will answer any question you have and will give the best advice. **Dr. Hom Neupane** is great! **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 grateful for **Dr. Gennady Bratslavsky's** time, attention, and expertise. Excellent experience! I consider **Dr. Gennady Bratslavsky** to be the finest in his field and I feel fortunate to have him as a doctor. **Dr. Gennady Bratslavsky** clearly explained the test results and its significance. Additionally, his assurance that I should contact him with any question or concern was greatly appreciated and comforting. **Dr. Stephen Knohl** is very pleasant and professional. I would highly recommend **Dr. Sarah Lappin** to my friends and family. **Dr. Philip Monteleone** was excellent! We loved him. **Dr. J Trussell** is great!

Surgery – UH: **Dr. Michael Archer** – very impressed with his knowledge. **Dr. Anthony Feghali** is just wonderful. He inspires trust and confidence, and is genuinely concerned for my well-being.

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

Transplant Center: I was comfortable talking to **Dr. Reza Saidi**.

UHCC – Neurology: **Dr. Deborah Bradshaw** is simply awesome. She is real and treats her patients like human beings. **Dr. Deborah Bradshaw** is the best and most conscientious doctor I have ever had. She goes the extra mile, always. **Dr. Antonio Culebras** – concerned, spent time with me, years of experience. **Dr. Corey McGraw** is kind, understanding and thorough. I was having a rough day and he acknowledged my frustrations and we worked together to put a plan in place. **Dr. Eufrosina Young** – most caring physician I have ever met. **Dr. Awss Zidan** was very knowledgeable and professional. The medication he prescribed for me is working very well. I look forward to my follow-up appointment.

University Cardiology: **Dr. Robert Carhart** is excellent, he listens, validates, and provides excellent care. **Dr. Hani Kozman** impressed me.

University Center for Vision Care: I liked **Dr. Robert Swan** very much. **Dr. Robert Swan** is great!

University Geriatricians: **Dr. Andrea Berg** is genuine, compassionate, and impressively informed/prepared prior to the visit.

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University Internists: We met **Dr. Tingyin Chee** for the first time and both my wife and I are very impressed with her knowledge and patience. She appears to be caring and interested in our wellbeing. We feel fortunate to have found our ideal primary doctor. **Dr. Tingyin Chee** was very thorough and listened to my concerns. She was considerate, a good listener, and very understanding. Enjoyed coming to see her. **Dr. Vincent Frechette** is always caring, concerned, and concise. Pleased with **Dr. Sarah Lappin**. **Dr. Catherine White** was very present during my appointment. She actively listened and explained everything in simple but complete detail. I felt included and listened to as we planned out my care. I would (and will) highly recommend **Dr. Catherine White**. **Dr. Catherine White** took all the time I needed to ask my questions and discuss strategies to deal with my issues. I feel confident she will do everything she is able to do to help deal with my ongoing medical concerns. **Dr. Catherine White** made me feel very comfortable and well cared for.

Upstate Pediatrics: **Dr. Tobey Kresel** has always been very kind and professional and makes you feel very comfortable when expressing any concerns.

3West at Community Hospital: **Dr. David Halleran** and his excellent staff could not have attended to my needs any better.

06B: **Dr. Brian Changlai** spent time answering my questions with great patience. **Dr. Brian Changlai** for his gentle responses and willingness to discuss my problem at the time, considering history, and how to go forward. A true gentleman and fine doctor. Too bad he is not in private practice!

06K: I value and appreciate the compassionate and committed service and care provided by **Dr. Erik Rufa**. He was very attentive in listening and responding to my questions concerning my diagnosis and provided insight and practical ways to apply to self-care.

07A: **Dr. Manju Paul** was excellent.

11E: **Dr. Kathryn Palomino** is amazing!

12E: **Dr. Ian Dargon** was excellent! **Dr. Ian Dargon** – very knowledgeable and excellent doctor, listened. **Dr. Melissa Schafer** – tremendous doctor.



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SURGICAL CONSENTS AND DNV COMPLIANCE

REGULATORY REQUIREMENTS AND CMS PAYMENT

- In order to be appropriately reimbursed for surgical procedures from CMS, regulatory requirements must be followed and in compliance with DNV standards.
- An ongoing issue has been noted with surgical/procedural consent forms
- Consents must be thoroughly completed
- The following slides will highlight common mistakes/ issues that have been noted on surgical consents

PATIENT LABEL

UPSTATE
UNIVERSITY HOSPITAL

External - for Referring Physicians

Patient Name: [Patient label] _____

Account #: _____

[Patient Label]

5/2/2022 0900 _____ John Doe _____
Date Time Signature of Patient Print Name

Proceduralist Verification for invasive or operative procedures
I verify that the patient has been identified. The consent is accurate, complete and signed. I have marked the operative site if applicable and have reviewed pertinent radiographic images. Any images needed for the procedure are available to me in the OR/ procedural area. I have checked that any implants, equipment needed to complete the procedure are available. If this is an operative procedure or if anesthesia is planned, the H&P has been done within 30 days and reviewed within the last 24 hours and updated as necessary and I have written a pre-procedural attending note.

5/2/2022 0915 _____ Attending Signature _____ Attending, title _____
Date Time Proceduralist Signature Title Print Name

List below all Non University Hospital personnel present in the OR/Procedure Room at the time of surgery/procedure. Inform the patient/patient representative about their presence.

| NAME/TITLE | NAME/TITLE |
|----------------------|------------|
| DeRuy Synthes Trauma | |
| Lance Hogan | |
| | |
| | |
| | |

[Patient label]

Each individual page/side of the consent must have a patient label in place, with all data visible.

DNR STATUS

DNR status must be addressed— whether the patient is DNR or not.

11. I have a current **Do Not Resuscitate (DNR)** Order in place. (Check the box) ☐ Yes ☒ No
If I checked **yes** and have a DNR Order and I am undergoing a procedure requiring moderate sedation and/or services provided by an anesthesiologist.

a. I wish to maintain DNR status during my operation/procedure. (Check the box) ☐ Yes ☐ No
If Yes, Attending Surgeon or designee must initiate physician to physician communication with Attending Anesthesiologist. OR

b. I wish to discontinue DNR status during my operation/procedure. I understand that my DNR status will be resumed when I am discharged by the Anesthesiology Service. (Check the box) ☐ Yes ☐ No

c. Not applicable because I am not having moderate sedation or general anesthesia. ☐ N/A

CONTINUED ON BACK →

11. I have a current **Do Not Resuscitate (DNR)** Order in place. (Check the box) ☒ Yes ☐ No
If I checked **yes** and have a DNR Order and I am undergoing a procedure requiring moderate sedation and/or services provided by an anesthesiologist.

a. I wish to maintain DNR status during my operation/procedure. (Check the box) ☐ Yes ☐ No
If Yes, Attending Surgeon or designee must initiate physician to physician communication with Attending Anesthesiologist. OR

b. I wish to discontinue DNR status during my operation/procedure. I understand that my DNR status will be resumed when I am discharged by the Anesthesiology Service. (Check the box) ☒ Yes ☐ No

c. Not applicable because I am not having moderate sedation or general anesthesia. ☐ N/A

CONTINUED ON BACK →

PATIENT SIGNATURE

Patient Label

5/2/2022 0900 John Doe John Doe

Date Time Signature of Patient Print Name

The patient should always be the person signing to consent to the procedure. The only acceptable exception is if the patient lacks capacity to consent for themselves (i.e. unconscious, altered mental status, patient is a minor).

Verbal or Telephone Consent

Written consent should be obtained whenever possible for situations as described in Section 2 above. However, if written consent cannot be obtained, consent may be obtained by verbal (i.e., oral) or telephone consent. Although verbal consent is allowed (except in the case of autopsies within 48 hours of death - see Policy A-11, Autopsy/Post-Mortem Examination Authorization Policy), such consent may be difficult to verify. Therefore, written consent should be obtained whenever possible. A registered nurse or practitioner (other than the practitioner obtaining the consent) must witness the patient or ADM communicate verbal consent and document this on the consent form.

CONSENTING PARTY OTHER THAN PATIENT

Who May Consent

- (a) Adult patients, 18 years of age or older, who possess the capacity to make health care decisions may consent to their own medical care.
- (b) Minors in certain circumstances and ADMs on their behalf (see Appendix 3).
- (c) For adults who lack capacity to make health care decisions due to developmental disability, (see Appendix 2).
- (d) For adult patients who lack capacity to make health care decisions for reasons other than developmental disability, the process is outlined below.²

The hospital shall make efforts to ascertain, to the extent reasonably possible, the patient's wishes and preferences about his/her medical care, and whether the patient has committed them to writing. These findings shall be recorded in the patient's medical record.

If the patient has not already made a decision about proposed health care treatment, consent or refusal may be provided by any of the following in order of descending priority who are willing and competent to act:

- i. A Court through an existing court order;
- ii. Health Care Agent appointed pursuant to a Health Care Proxy;
- iii. Guardian authorized to make medical decisions;
- iv. Spouse (if not legally separated from the patient) or Domestic Partner³;
- v. Adult son or daughter (18 years of age or older);
- vi. Parent;
- vii. Adult sibling (18 years of age or older); or
- viii. Close friend or relative with knowledge of the patient's views⁴.

Upstate Policy C-07- Informed Consent/Refusal

If consenting party is other than patient:

Date

Time

Signature of Consenting Party

Relationship to Patient

ABBREVIATIONS

Abbreviations are not acceptable! All verbiage must be completely and clearly written.
Arrows are not acceptable when documenting time of consent form completed

ACCEPTABLE

5/2/2022 0900
Date Time
If consenting party is other than patient:
Date Time
Consent Form Witness:
5/2/2022 0900
Date Time
Person Explaining Procedure:
5/2/2022 0900
Date Time

Open reduction and fixation Right radius and ulnar shaft
(state nature of procedure first in medical terminology then in layman's terms)

NOT
ACCEPTABLE

5/2/2022 0900
Date Time
If consenting party is other than patient:
Date Time
Consent Form Witness:
Date Time
Person Explaining Procedure:
Date Time

or surgery to be performed upon the
ORIF (R) radius and ulnar shaft
(state nature of procedure first in medical terminology then in layman's terms)

VENDORS

The name of each individual vendor who will be in the room must be listed on the consent form. Simply indicating the name of the company is not acceptable. If the name of the individual is not listed, the vendor will not be allowed in the room

List below all Non University Hospital personnel present in the OR/Procedure Room at the time of surgery/procedure. Inform the patient/patient representative about their presence.

| NAME/TITLE | NAME/TITLE |
|-----------------------|------------|
| De Puy Synthes Trauma | |
| Lance Hogan | |
| | |
| | |
| | |

COVID

Be sure that the consent you use has the appropriate COVID language, otherwise it is not a valid consent document

17. Hospitals must test all patients receiving outpatient elective surgeries and non-urgent procedures for COVID-19 and patients must test negative for COVID-19 using a molecular assay for detection of SARS-CoV-2 RNA prior to any such surgery or procedure. The test must be administered no more than 3 days prior to the surgery or procedure. For the past 14 days I have complied with the guidelines by:
- a. maintaining current social distancing recommendations
 - b. following other preventative measures such as wearing a cloth face covering in public when social distancing might not be possible
 - c. minimizing trips away from home as much as possible
 - d. informing the healthcare provider performing the surgery or procedure if there is any contact with a suspected or confirmed case of COVID-19 or a person with symptoms consistent with COVID-19
 - e. informing the healthcare provider of any symptoms consistent with COVID-19 or a positive test result for COVID-19

CONSENT FORM EXAMPLE, COMPLETED APPROPRIATELY



UPSTATE
UNIVERSITY HOSPITAL

External - for Referring Physicians

CONSENT FOR DIAGNOSTIC, THERAPEUTIC, INVASIVE OR SURGICAL PROCEDURES

Patient Name: _____

Account #: _____

Patient Label

1. I give permission to the designated practitioner Dr. Matthew Sullivan and the following physician(s) _____ whom are reasonably anticipated by my doctor to be actually involved in the treatment, procedure or surgery to be performed upon myself the following procedure or operation: Open reduction and fixation right radius and ulnar shaft
- I understand that resident physicians and/or other qualified non-physician practitioners who are not identified above may perform important tasks during the surgery or procedure.
2. I understand and it has been explained to me that at this teaching hospital, health care students are routinely part of the treatment team.
3. Initial only if applicable: _____ I have been informed that a health care student may, for educational purposes, perform a vaginal, rectal or genital examination and I give my permission to such examination.
4. The purpose of and the benefit(s) which may be anticipated from the surgery/procedure(s), although not guaranteed, have been explained to me. The main risks and discomforts which may or will result from the surgery/procedure(s) have been explained to me. The consequences of not having this surgery/procedure have also been explained to me.
5. Alternative surgery/procedures, including the alternative of no treatment, have been explained to me along with the potential benefits and risks.
6. In addition to the benefits and risks which are or may be involved in the surgery/procedure(s), I also know that there is always the possibility of unforeseen or unanticipated conditions occurring. If this occurs, I understand that the medical personnel will use their judgment with respect to my care and treatment, which may involve performing additional or different procedures from those stated, or otherwise altering the planned course of action. This may include the **unanticipated** need for blood transfusion and the use of **x-rays or other diagnostic or therapeutic measures**. I authorize them to do so.
7. If applicable, I give permission for:
- The use of moderate sedation medicines. These medicines are given to temporarily decrease the sensation of pain, produce calmness, and a sense of well being and/or pain relief.
 - The use of deep sedation medicines. These medicines cause brief unconsciousness and are administered by a non-anesthesiologist physician.
- I understand that if sedative or analgesic medicines are administered, I will need to be monitored until I am fully awake before being discharged. In addition, I will only be discharged in the care of a responsible adult.
8. If applicable, I consent to the administration of anesthesia and the use of such anesthetics and invasive monitoring as may be deemed advisable in the medical judgment of and under the supervision of an anesthesiologist.
9. I give permission for the disposal of and/or release of any tissue removed to be used for scientific purposes after all necessary diagnostic tests have been completed. I understand that all identifying information will be removed.
10. I give permission for my social security number to be used as required by the FDA Safe Medical Device Act.
11. I have a current **Do Not Resuscitate (DNR)** Order in place. (Check the box) _____ ☐ Yes ☒ No
If I checked **yes** and have a DNR Order and I am undergoing a procedure requiring moderate sedation and/or services provided by an anesthesiologist.
- a. I wish to maintain DNR status during my operation/procedure. (Check the box) _____ ☐ Yes ☐ No
If Yes. **Attending Surgeon or designee must initiate physician to physician communication with Attending Anesthesiologist.** OR
- b. I wish to discontinue DNR status during my operation/procedure. I understand that my DNR status will be resumed when I am discharged by the Anesthesiology Service. (Check the box) _____ ☐ Yes ☐ No
- c. Not applicable because I am not having moderate sedation or general anesthesia. _____ ☐ N/A

CONTINUED ON BACK →

Patient's Name: _____ Account #: _____ MR#: _____

12. For the purpose of medical education, I understand that my condition or the procedure I will have performed is expected by my doctor to be useful for medical education purposes if it is recorded, either through visual and/or audio means, and I have been provided with a full explanation of how it will be recorded and how it will be used, and, I consent to the photography and/or televising audio and/or visual recording of the procedure to be performed provided my identity is not revealed. ☐ Yes ☐ No ☒ N/A
If I am not being asked at this time to consent to the photography, and/or televising audio and/or visual recording for the purposes of medical education, I understand that if my doctor determines during the procedure that it will be useful, that the recording may be performed at the direction of my doctor but will not be used for any purpose unless I later give my consent, and if I do not give my consent the recording will be immediately destroyed.
13. I consent to the presence of additional non-hospital staff during my surgery as directed by my attending surgeon or anesthesiologist. This may include manufacturer representatives or technicians. (List names below)
14. I have been provided with a full opportunity to ask any questions or express any concerns I may have. My questions have been answered and my concerns addressed to my satisfaction. I understand that I may ask for further information and it will be given to me.
15. I have read this entire document and understand its contents. In addition, I have been told that I am free to withdraw any portion of my consent.
16. I have either completed or crossed off and initialed any unacceptable statements above prior to my signing.
17. Hospitals must test all patients receiving outpatient elective surgeries and non-urgent procedures for COVID-19 and patients must test negative for COVID-19 using a molecular assay for detection of SARS-CoV-2 RNA prior to any such surgery or procedure. The test must be administered no more than 3 days prior to the surgery or procedure. For the past 14 days I have complied with the guidelines by:
- a. maintaining current social distancing recommendations
 - b. following other preventative measures such as wearing a cloth face covering in public when social distancing might not be possible
 - c. minimizing trips away from home as much as possible
 - d. informing the healthcare provider performing the surgery or procedure if there is any contact with a suspected or confirmed case of COVID-19 or a person with symptoms consistent with COVID-19
 - e. informing the healthcare provider of any symptoms consistent with COVID-19 or a positive test result for COVID-19

Patient Label

5/2/2022 0900

Date

Time

John Doe

Signature of Patient

John Doe

Print Name

If consenting party is other than patient:

Date

Time

Signature of Consenting Party

Relationship to Patient

Consent Form Witness:

5/2/2022 0900

Date

Time

Nancy Smith

Signature of Witness

Nancy Smith

Print Name

Person Explaining Procedure:

5/2/2022 0900

Date

Time

Steven Strange

Signature/Title of Attending or other Staff Explaining Procedure

Dr. Steven Strange

Print Name

Patient's Name: _____ Account #: _____ MR#: _____

Proceduralist Verification for invasive or operative procedures

I verify that the patient has been identified. The consent is accurate, complete and signed. I have marked the operative site if applicable and have reviewed pertinent radiographic images. Any images needed for the procedure are available to me in the OR/procedural area. I have checked that any implants, equipment needed to complete the procedure are available. If this is an operative procedure or if anesthesia is planned, the H&P has been done within 30 days and reviewed within the last 24 hours and updated as necessary and I have written a pre-procedural attending note.

5/2/2022

Date

0915

Time

Attending Signature

Proceduralist Signature/Title

Attending, title

Print Name

List below all Non University Hospital personnel present in the OR/Procedure Room at the time of surgery/procedure. Inform the patient/patient representative about their presence.


NAME/TITLE

De Ry Syntex Trauma
Lance Hogan

NAME/TITLE

[Patient label]

CONSENT FORM EXAMPLE, COMPLETED APPROPRIATELY


UPSTATE
UNIVERSITY HOSPITAL
PATIENT ANESTHESIA CARE
CONSENT

Patient Name: Patient Label
Account #: _____

1. **CONSENT.** I hereby consent to and authorize the anesthesiologist, along with residents, certified registered nurse anesthetists, and other health care providers under his/her supervision, to administer anesthesia care, insert a central venous catheter, arterial line and other procedures necessary for monitoring and/or administer blood or blood products as indicated for my proposed procedure: open reduction and fixation right radius and ulnar shaft

2. **PLANNED ANESTHETIC TECHNIQUES.** The following anesthetic technique(s) is/are planned for my procedure:
☒ **General Anesthesia** – The use of drugs to produce a state of unconsciousness during my procedure. This is done by either an injection in my vein or the breathing of gas or both, and it may involve the use of a breathing tube in my windpipe or another breathing device.
☐ **Parental Presence for Induction**
☐ **Regional Anesthesia**
1. **Spinal/Epidural Anesthesia/Analgesia** – The numbing of the lower portion of my body by the injection of drugs through a needle or catheter inserted into the epidural, spinal, or caudal space. General anesthesia may be administered if this method is not making you numb.
2. **Peripheral Block** – The numbing of a part of my body by an injection of drug(s) through a needle or catheter around the nerves. In addition, sedation or general anesthesia may be given to you if needed.
Type of block: _____
☐ **Sedation/Monitored Anesthesia Care** – An injection of medications in my vein or the breathing of a gas or both to make me feel sleepy and relaxed.

3. **OTHER PROCEDURES.**
☒ **Central Venous Catheter/Arterial line** is a catheter inserted into a vein or artery. The central catheter (line) will be placed in a large vein near my heart. My team will determine the safest site for the insertion of my central line. The physician responsible for my care will decide how long the catheter will be left in after my procedure.
☐ **Transesophageal Echocardiography** – After you are asleep, an ultrasound probe will be passed into your esophagus and stomach to image the heart and blood vessels. Complications occur in approximately 1 of every 3,000 patients and include, but may not be limited to, dental trauma, an irregular heartbeat, aspiration, bleeding, and esophageal damage.

There are no known side effects from the sound waves used during the procedures.
☐ **Pulmonary Catheter** – Insertion of a catheter through a large vein to be positioned within the heart and the circulation of the lungs for monitoring body fluid status and heart function.

RISKS AND HAZARDS. I have been informed that anesthesia carries some risks that cannot be eliminated.

Risks of General Anesthesia/Sedation – The usual and most frequent risks and hazards of general anesthesia and sedation include nausea, vomiting, drug reactions, sore throat, tongue or lip numbness, hoarseness, muscle soreness, eye irritation, changes in blood pressure, allergic reaction, aspiration and damage to teeth or dental hardware including chipping, cracking, loosening or removal. Pre-existing poor dentition or dental hardware will increase the risk of dental damage. Rare but serious risks of general anesthesia include heart attack, stroke, visual loss, organ damage, recovery of consciousness during the procedure resulting in awareness of surgery and death.

Risks of Regional Anesthesia – The rare but possible risks and hazards of regional anesthesia include nerve injury resulting in temporary or permanent numbness, paralysis, weakness or pain, bleeding, headache, infection and IV site injury. Regional anesthesia during labor can also affect the course of labor. Rare but serious risks include reaction to medication leading to seizure, depressed breathing, heart failure and/or death.

Risks of Central Venous Catheter/Arterial Line – The usual and most common risks and hazards associated with these procedures include, pain during insertion or at the insertion site, blood vessel irritation, blood clot, bleeding, nerve damage, infection, allergic reaction, heart rhythm problems, inability to place the catheter, lung puncture, movement or breaking of the catheter. A rare but serious risk is death.

5. **TECHNIQUES.** I am aware that unforeseen problems may arise prior to or during the management of my anesthesia care which may require the use of additional or different techniques. If a change in technique is indicated, I hereby request and authorize the use of additional techniques, procedures and treatments deemed by my attending anesthesiologist (or other anesthesia provider) to be medically appropriate.

MR N

Patient's Name: _____ Account #: _____ MR#: _____

6. **PREGNANCY.** I understand that the administration of anesthesia to a pregnant woman may cause harm to her baby. It may be especially hazardous in the early stages of pregnancy, when a woman may not even know that she is pregnant. I understand that it is very important for me to tell the Anesthesiology Department of a known pregnancy or any possibility of pregnancy at this time.

8. **NO GUARANTEE.** I am aware that the practice of medicine and surgery, including anesthesia, is not an exact science and I acknowledge that NO GUARANTEES HAVE BEEN MADE TO ME CONCERNING THE RESULTS OF MY ANESTHESIA CARE OR PROCEDURE(S).

7. **DO NOT RESUSCITATE (DNR).**
☐ Patient has a DNR order. Plan of care regarding continuation or suspension of the DNR order was discussed with the patient or authorized representative as well as the proceduralist and is detailed below.

Patient Label

I acknowledge that the anesthetic techniques listed above, their respective risks and benefits, and the alternatives to the chosen technique, if any, have been explained to me to my satisfaction. I understand that I have the right to refuse any suggested techniques or procedures. I have had the opportunity to ask questions and have them answered to my satisfaction.

5/2/2022 0915 John Doe John Doe
Date Time Signature of Patient Print Name

If consenting party is other than patient:
Date Time Signature of Consenting Party Relationship to Patient

Consent Form Witness:
5/2/2022 0915 Nancy Smith Nancy Smith
Date Time Signature of Witness Print Name

Person Explaining Procedure:
5/2/2022 0915 Dr. William New
Date Time Signature/Title of Attending or other Staff Explaining Procedure Print Name

For Patients with Limited English Proficiency (LEP) or a Sensory Disability (decreased hearing or vision)
☐ Primary Language other than English (including Sign Language): _____ Initials: _____
Interpreter needed:
Interpretation method: ☐ phone ☐ in person ☐ video
Interpreter Agency: _____ Name of Interpreter: _____ Initials: _____
☐ Blind or low vision patients - then consent was read to patient: _____ Initials: _____
Other (Patient refused, patient speaks English): _____ Initials: _____

| Initial | Signature | Print Name/Title | Date/Time | Initial | Signature | Print Name/Title | Date/Time |
|---------|-----------|------------------|-----------|---------|-----------|------------------|-----------|
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