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

June 24, 2021

Cardiovascular Service Line Announcement

by Dr. G. Randall Green and Dr. Amy Tucker

We are pleased to announce that Rich Wilmoth, FACHE joined Upstate as Administrator for the Upstate Heart Institute on March 15.

In partnership with physician and hospital leadership, Rich is responsible for creating the first formal cardiovascular service line at Upstate and with the planning and design of a centralized facility that houses the Upstate Heart Institute. Rich will also oversee the administrative operations for cardiovascular services provided within Upstate to include inpatient and ambulatory services.

Rich is an accomplished executive with over 25 years of cardiovascular leadership experience, most recently service as Regional Vice President of Heart & Vascular Programs and of the Heart & Vascular Center at Mount Carmel Health System in Columbus, Ohio. He was also a member of Trinity Health's Clinical Excellence Committee for Cardiovascular Services. Prior to his role at Mount Carmel Health System, Rich was the Regional Vice President of the Adventist Heart & Vascular Institute at Adventist Health Midwest in Chicago, IL.

Rich started his career in healthcare as a Radiographer, focusing early on as a Cardiovascular Technologist, and rising quickly into leadership roles of increasing scope and responsibility.

Rich received his Masters of Science Management, Healthcare Administration degree from Southern Nazarene University in Bethany, Oklahoma.

He is a member of the American College of Cardiology's Cardiovascular Management Leadership Council and has taught Healthcare Administration as an Associate Profession in the University of Oklahoma College for Allied Health.

In his new role as Service Line Administrator for the Upstate Heart Institute, Rich will report jointly to the Director of the Upstate Heart Institute and the Chief Medical Officer.

We are delighted to have recruited Rich to Upstate. Please join us in welcoming him.

Hand Hygiene and Swipe Sense Survey

by Dr. Telisa Stewart, Paul Suits and Julie Briggs

A team of infection control and public health experts at Upstate developed a brief, five-minute, survey to help us understand hand hygiene practices at Upstate. We aim to understand thoughts and behaviors about the new SwipeSense monitoring system. We value your input, comments and concerns to improve our use of the system.

The survey is anonymous and can be found here: https://redcap.upstate.edu/surveys/?s=WRDAFYE4AR. The survey is also available on PCs throughput campus as an icon on the desktop.

ALERT — IMMEDIATE ACTION REQUIRED
ADVISORY — PRIORITY BUT NOT FOR IMMEDIATE ACTION
UPDATE — FOR INFORMATION; UNLIKELY TO REQUIRE ACTION

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Please respond by July 9th. If you have any questions or concerns about the survey, or to receive a paper copy of the survey, please email Julie Briggs at briggsj@upstate.edu.

Telemedicine Survey

by Maryann Gross, IMT

Our IMT team would like to understand your current practices and future telemedicine needs, along with your suggestions for improvement.

Please take a few minutes to complete a brief survey regarding the delivery of telemedicine services through your department at Upstate Medical University, using the link below:

https://redcap.upstate.edu/surveys/?s=K93NDMXN8K

We appreciate your feedback as we continue to work to serve our care providers, patients and community better.

Drug Diversion Prevention and Awareness

Please see attached PowerPoint presentation regarding Drug Diversion Prevention and Awareness.

Mebrofenin Shortage **by Dr. Mary McGrath**

There is a temporary shortage of the hepatobiliary imaging agent, Mebrofenin, used to obtain Hepatobiliary Iminodiacetic Acid (HIDA) scans. As a result, HIDA scans will not be performed as emergency studies during the evening and weekends, with limited use during the normal work day hours. Those urgent studies requested at night to rule out cholecystitis will be performed the following morning or Monday morning if requested on the weekend. We will reschedule the HIDA with ejection fraction studies to the end of July and onward, when the supply is scheduled to return to normal.

Revised COVID-19 Policies of Special Interest for Clinicians

- COVID-19: Bed Management and Throughput (COV B-03): High risk patient group changed to international travelers only to match policy COV D-04. Updated algorithm for testing priority.
- PPE Requirements During COVID-19 Pandemic (COV P-08): Updated table for ambulatory areas, pg. 9
- Visitor Restriction During Prevalence of COVID-19 (COV V-08): Effective 6/24/21 - GCH permits three designated visitors >18 yrs of age with no more than two visitors at bedside at any one time. Procedural patients may have a companion accompany patient to procedural area for intake but must depart once patient is settled, visitor/support person will be asked to return home or to their vehicles to wait.

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Clinical Documentation Improvement (CDI)

by Dr. Emily Albert and Dr. Ali Khan, Co-Directors, CDI

All conditions, acute or chronic, requiring clinical validation. Validation includes acuity assignment, discussion of etiology, relative physical exam findings, specific treatment plan, and response to treatments provided. Every diagnosis should be carried through to the Discharge Summary – your documentation is the end product to justify each hospitalization and capture the outstanding care provided to our patients at Upstate! Please refer to the attached tip sheets for more information and contact the CDI Hotline with questions at 315-464-5455.

Lab Formulary Committee Updates

by Dr. Matthew Elkins

Medicine and laboratory testing are constantly changing. In an attempt to keep us all on the same page, the Laboratory Formulary Committee regularly sends out emails with recent updates and guidance. Below are the short versions of relevant changes. Attached are more in-depth resources about the changes.

Testing Tier rules live: Effective June 7, 2021, inpatient and ED laboratory tests classified as Tier 1 can be ordered in Epic by trainees. Laboratory tests classified as Tier 2 or 3 require a second sign by an attending, physician, Physician's Assistant, or Nurse Practitioner. Epic will alert the ordering trainee that a second sign is ordered and the order requiring a second sign are easily identified in the Epic chart. Please see guidance at Ordering Tier 2/Tier3 Lab Orders and Second Signing Tier2/Tier 3 Lab Orders.

High Sensitivity Troponin testing: On June 10th, troponin testing performed at Upstate transitioned to the new 5th generation troponin. Interpretation of this new testing is different. Please see the attached 8 slide .ppt guidance for more information (a single page guidance is also attached for posting, if needed).

For prior guidance, please visit: https://upstate0.sharepoint.com/sites/LaboratoryFormularyCommitteeLabchanges

Outstanding Physician Comments

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

Adult Medicine: I appreciated my "in-person" visit with **Dr. Lynn Cleary** instead of a telemedicine visit. She answered all of my questions and provided some suggestions which have turned out to be very helpful.

Breast Care Center: I think **Dr. Lisa Lai** is wonderful! I recommend **Dr. Lisa Lai** to everyone! I always love to see **Dr. Lisa Lai**. I am so grateful that she is my doctor.

ENT at Community Hospital: I travel over an hour to see **Dr. Brian Nicholas** and glad I made the decision to have him as my ENT. He takes his time with me and answers any questions I may have. I referred **Dr. Brian Nicholas** to a friend of mine.

Family Medicine: **Dr. Kaushal Nanavati** always impresses me! **Dr. Kaushal Nanavati** is the best doctor! I have recommended **Dr. Kaushal Nanavati** several times to several people! **Dr. Rupali Singla** is an excellent communicator and doctor. This was my first time

meeting **Dr. Rupali Singla** in person. She is going to be a wonderful healthcare provider. She is thorough, pleasant, communicative, and supportive. **Dr. Rupali Singla** was wonderful. I have nothing but good things to say about her professionalism and thoroughness. Most of all, she is very personable. **Dr. Rupali Singla** was thorough, detailed and friendly. **Dr. Rupali Singla** is always great. **Dr. Rupali Singla** is a wonderful doctor, knowledgeable and a good communicator. **Dr. Rupali Singla** was extremely open to spending time on this first visit to let me know she is available to support me in managing my many conditions. As a veteran, I also get care at the VA and she coordinates/communicates with women's health, as well as my specialists.

Family Medicine at Community Hospital: **Dr. R. Eugene Bailey** – great person, very pleasant, and cares a lot about his patients. **Dr. R. Eugene Bailey** – great! It seemed very warm that day in the office and **Dr. R. Eugene Bailey** let me know that they were working on the A/C. **Dr. R. Eugene Bailey** is great and really cares about your health and never rushes me in our appointment. **Dr. R. Eugene Bailey** has been my main doctor for over 25 years and I would follow him anywhere. **Dr. R. Eugene Bailey** always considers me as a whole person. **Dr. R. Eugene Bailey** takes his time to listen and reflect. He does not rush even though I know he is very busy. **Dr. R. Eugene Bailey** is truly concerned about his patients. **Dr. R. Eugene Bailey** is inspiring. The detail he takes for what I am going though for my visits is extraordinary. Any question I come up with, he already has the answer. He does not treat me just like another patient. He treats me like I am different and unique. He gives me options for referrals and lets me know every detail of what I am going through or will be. I look up highly to him and know that I will always be in good hands and I don't have to be so scared. Gave me hope and helped me prepare for the future. I was very impressed with the bedside manner, care, and medical knowledge shown by **Dr. Joseph Cincotta** during my appointment. I like **Dr. Joseph Cincotta**. He was easy to talk with and let me explain to him my health background. I would like to see Dr. Joseph Cincotta for more of my routine visits. **Dr. Joseph Cincotta** is a gem! **Dr. Joseph Cincotta** was fantastic. I would recommend him to anybody I speak with in need of a PCP. **Dr. Joseph Cincotta** was very professional and personable. **Dr. Joseph Cincotta** is very personable, put me at ease from the start, and had an understanding for my quirkiness. I appreciated that he prepared for my visit and was understanding. He is a true "old time" doctor with compassion and caring attitude. **Dr. Joseph Cincotta** – calm, compassionate, and understanding. **Dr. Heather Finn** is the best PCP I have ever worked with. **Dr. Igor Kraev** was very attentive. **Dr. Igor Kraev**, as always, was concerned for my well-being. This time he showed the same concern for my wife's well-being. She is currently undergoing treatment and he told me he could not imagine what I must be going through. I want to thank him and **Dr. Alexander Banashkevich** for the immeasurable compassion and respect for both my wife and myself. **Dr. Sana Zekri** – expressed concern. **Dr. Sana Zekri** – excellent healthcare provider, caring, communicates well, and provides pertinent information to patient concerns.

Inclusive Health Services: **Dr. Angana Mahapatra** saw that we were concerned about other things than the test that I was there for.

Joslin Center for Diabetes: **Dr. Barbara Feuerstein** is the best! **Dr. Barbara Feuerstein** – knowledgeable, kind and shows interest in her patients.

Multidisciplinary Programs Cancer Center: **Dr. Mashaal Dhir** – very professional and thoughtful.

Pediatric Cancer Center: **Dr. Jody Sima** is a great physician.

Pulmonology Clinic: **Dr. Kartik Ramakrishna** was wonderful. He explained all of the test results in great detail. He was very thorough. He answered all of our questions. He took his time explaining everything. We felt so comfortable during our visit. **Dr. Kartik Ramakrishna** impressed us with the way he listened, answered all questions showing care and concern, very nice personality, we give him an A+!

SUNY Upstate – Virtual: **Dr. Andrea Berg** talked with my daughter and myself to confirm I understood everything. **Dr. Eduardo Bonilla** is wonderful. I feel very comfortable working with **Dr. Sharon Brangman** because she reviews previous concerns, asks questions, listens to my responses and wraps up giving me information that helps me be aware of the things to look out for and to

do regarding my health. I feel heard and it is easy to understand **Dr. Sharon Brangman** because she is very straightforward, uses language that is easy to understand, and sometimes repeats my words when clarifying or asking a question. **Dr. Sharon Brangman** is amazing. She listens and responds in such a patient, intelligent, and kind manner. **Dr. Jayne Charlamb** was wonderful. She took the time to answer all of my questions and showed a great amount of caring and concern. I would highly recommend her to anybody with breast concerns. **Dr. Ruban Dhaliwal** is very professional and personable. **Dr. Ruban Dhaliwal** was able to show results of the recently completed bone scan performed from earlier in the morning. **Dr. Nienke Dosa** is very compassionate, takes her time to listen to you and answers all questions clearly. I had a wonderful experience as always with **Dr. Barbara Feuerstein**! **Dr. Barbara Feuerstein** is a true gift! She provides exceptional care to me always! She doesn't just listen to my concerns, she hears me! **Dr. Markus Gutsche** was excellent! **Dr. Shahram Izadyar** – best doctor we have ever had. **Dr. Shahram Izadyar** is a great doctor. I was very happy with **Dr. Joseph Jacob**. **Dr. Stephen Knohl** spent a lot of time with me discussing my concerns and how to move forward. I never feel rushed. Definitely would recommend **Dr. Leslie Kohman** to friends. **Dr. Jenny Meyer** is outstanding. She truly listens to my concerns and discusses new symptoms, the effects of new treatments, and whether adjustments are needed. I would highly recommend her to those with neurological conditions. I am very pleased with **Dr. Jenny Meyer**. She definitely shows her care and concern of her patients. I feel very comfortable discussing issues with her. **Dr. Jenny Meyer** is a very caring and knowledgeable doctor. **Dr. Jenny Meyer** demonstrates great concern for her patient's well-being. **Dr. Kaushal Nanavati** seemed intent on finding an answer. **Dr. Elizabeth Asiago - Reddy** always explains to me what I could expect or how something would work when she recommends trying a new avenue. If I have questions that she may not immediately have an answer to, she always gets back to me with information. **Dr. Rupali Singla** was very easy to speak with. **Dr. Zafer Soultan** – the very best! My video with **Dr. J Trussell** was excellent. **Dr. Heather Wasik** always takes the time to communicate clearly and in terms a younger patient can understand. She listens very closely to questions and concerns. She clearly states the plan for care and shows great interest, clinical expertise, and empathy during all visits whether in person or via telemedicine. Love **Dr. Catherine White's** approach and ability to really listen. This was my first appointment with **Dr. Awss Zidan**, and I came away pleased. He listened to concerns and I am optimistic for the future. I am already feeling improvement from the new medication. **Dr. Awss Zidan** is very good. **Dr. Awss Zidan** was wonderful. He was very kind, patient, answered my questions and I did not feel rushed. I felt like he was listening to me.

Surgery – UH: **Dr. Michael Archer** is extremely knowledgeable and thorough. Highly recommend! **Dr. Michael Archer** – extremely knowledgeable and very thorough. Explained everything in detail including drawing pictures. **Dr. Michael Archer** was courteous, patient, and understanding. He spent a great deal of time with me.

Surgery – UH LL022: The compassion of **Dr. Jeffrey Albright** stood out to me. **Dr. Jeffrey Albright** exuded compassion while he explained my condition and recovery period to me. He made sure I understood post-care for myself, and that I could also call the office if I had any further questions. **Dr. Moustafa Hassan** is a great surgeon and provided excellent care. He kept me informed and ensured I was well taken care of. I am grateful to him. **Dr. Moustafa Hassan** – down to earth and immediately made me feel comfortable. He was professional, compassionate, and provided me with a definitive diagnosis and care plan. I was very pleased with the outcome. **Dr. Moustafa Hassan** made me feel very well taken care of and I would recommend him to anyone seeking acute surgery. **Dr. Moustafa Hassan** went out of his way to make me comfortable, explain everything, and put my mind at ease. I was extremely impressed with him.

UHCC – Neurology: **Dr. Nicole Brescia** always exceeds our expectations. She is a well-mannered physician that we trust with our son. **Dr. Nicole Brescia** always goes above and beyond with us. She explains everything, is thorough with her exams, and makes sure we do not leave until all of our questions are answered. **Dr. Tinatin Chabrashvili** – professional, knowledgeable, and personable. **Dr. Tinatin Chabrashvili** spent an hour at least getting my history and listening to my concerns followed by her detailed examination and explanations of same. I greatly respect her, her knowledge, and her procedure at the exam. I very much enjoy my visits with **Dr. Anuradha Duleep**. She makes my visits great and most importantly she cares! **Dr. Anuradha Duleep** is a great medical doctor. She listens, informs, and cares about me as a patient and human being. **Dr. Anuradha Duleep** is phenomenal. Her level of sincere care and well-being is apparent. **Dr. Corey McGraw** spent the time to hear our questions and gave us honest

feedback regarding potential outcomes. **Dr. Luis Mejico** – like, informative, congenial, and responsive. I like **Dr. Jenny Meyer**. She expresses concern, is thorough, and communicates well.

University Cardiology: **Dr. Robert Carhart** is fantastic. He always takes my concerns seriously and gives me the time necessary to answer all of my questions and concerns. **Dr. Robert Carhart** is very thorough and caring. He is also very knowledgeable and willing to go the extra mile.

University Center for Vision Care: **Dr. Robert Swan** was excellent, compassionate, and very patient oriented.

University Geriatricians: I cannot say enough good things about **Dr. Andrea Berg**. **Dr. Andrea Berg** is exceptionally remarkable. She listens to the family's concerns and suggests appropriate and creative solutions to our mother's issues and her communication skills with our 93-year old mother are outstanding. I could not imagine a better doctor for our mother.

University Internists: I like **Dr. Tingyin Chee** very much. **Dr. Tingyin Chee** – professional, knowledgeable, caring and friendly. I was very pleased with **Dr. Tingyin Chee**. She's professional, knowledgeable, and friendly. I am looking forward to having her be my doctor. **Dr. Amit Dhamoon** is very interested in all aspects of symptoms and is extremely thorough in follow through and follow up. **Dr. Amit Dhamoon** is excellent! **Dr. Vincent Frechette** is very professional. **Dr. Vincent Frechette** – clinical acumen, compassion, comforting and easy to trust. The bar by which others should be measured. **Dr. Vincent Frechette** – top notch!

Upstate Pediatrics: **Dr. Yekaterina Okhman** and **Dr. Jacklyn Sisskind** - amazing!

Upstate Urology: **Dr. Gennady Bratslavsky** – excellent! **Dr. Gennady Bratslavsky** cares for me in addition to my medical issues. **Dr. Gennady Bratslavsky** – one of the kindest, caring, and empathetic doctors I have ever met! Always showed concern for me and my family. I always look forward to seeing **Dr. Joseph Jacob**. I have recommended a friend to see **Dr. Joseph Jacob**. **Dr. J Trussell** – outstanding!

Thank you for all you do!

Amy

Drug Diversion Prevention and Awareness

Upstate University Hospital

(Downtown, Community Campus)

Objectives & Outcomes

- Increase awareness of opioid and diversion trends
- Know demographics of “typical” diverters
- Gain knowledge of all levels of risk involved
- Understand where the risk points of diversion are
- Understand your role in diversion prevention
- Recognize the “red flag” signs and symptoms of diversion
- How to report suspicious activity

Definitions

Drug misuse – The use of prescription drugs without a prescription or in a manner other than as directed by a doctor, including use without a prescription of one's own; use in greater amounts, more often, or longer than told to take a drug; or use in any other way not directed by a doctor.

https://www.cdc.gov/drugoverdose/opioids/terms.htm

Definitions (con’t)...

Opioid use disorder – A problematic pattern of opioid use that causes significant impairment or distress.

A diagnosis is based on specific criteria such as unsuccessful efforts to cut down or control use, or use resulting in social problems and a failure to fulfill obligations at work, school, or home, among other criteria

https://www.cdc.gov/drugoverdose/opioids/terms.html

Definitions (con’t)...

Drug Diversion - “Diversion” means the transfer of a controlled substance or other drug from a lawful to an unlawful channel of distribution or use.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3538481/

What are some common drugs that are diverted?

- Opioids
  - Morphine, fentanyl, oxycodone, hydrocodone, hydromorphone
- Stimulants
  - methylphenidate
- Sleep Medications
  - zolpidem
- Benzodiazepines
  - Lorazepam, midazolam
- Seizure meds
  - Gabapentin, pregabalin
- Propofol
- Secondary Drugs (withdrawal masking)
  - Benadryl, ondansetron, promethazine

Common risk points of diversion...

- Procurement
  - Purchasing processes within pharmacy
- Preparation and Dispensing
  - IV manufacturing, in-house unit dose packaging
- Prescribing
  - Verbal orders created but not verified, unlinked orders
- Administration
  - False administrations, waste protocol failure, tampering
- Waste and Removal
  - Waste removed from receptacle, expired meds diverted

Drug Diversion Related Fines….

$10,000 - minimum potential fine for EACH incident

$575,000 - average fine for each diverter in 2019*

$180,000,000 - total of all DEA fines issued from 2010-2020

*https://www.prnewswire.com/news-releases/183m-lost-due-to-healthcare-workforce-diverting-drugs-from-patient-care-in-2019-301131566.html

Source: DEA.gov

Drug Diversion is a Multi-Victim Crime

Employee Risks:

- Health - morbidity and death
- Progression to illicit substances
- Risky behaviors
- Incarceration
- Loss of employment
- Revocation of license

Patient Risks:

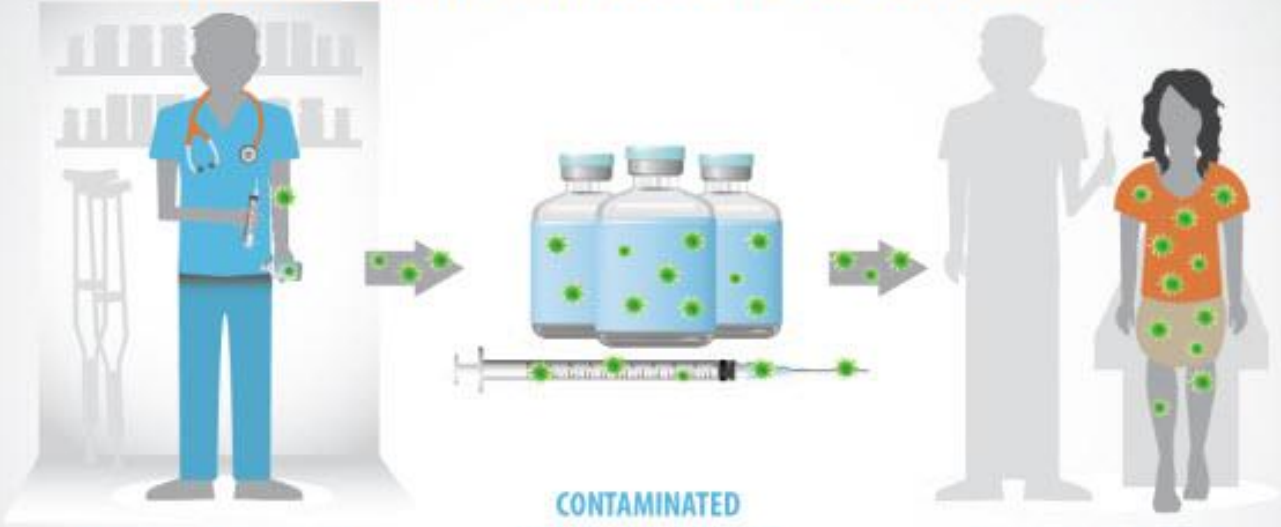
- Lack of pain control
- Infection risk
- Care by an impaired employee

Health System Risks:

- Patient harm -- *CDC estimates ~30,000 people exposed to Hep C in last decade by infected hospital workers using narcotics intended for patients.*
- Civil and regulatory liability
- Reputation and brand at risk

*

DRUG DIVERSION* SPREADS INFECTION FROM HEALTHCARE PROVIDERS TO PATIENTS



HEALTHCARE PROVIDER
with Hepatitis C or other bloodborne infection tampers with injectable drug

CONTAMINATED INJECTION EQUIPMENT AND SUPPLIES
present in the patient care environment

EXPOSURE OF PATIENT
results from use of contaminated drug or equipment for patient injection or infusion

*Drug diversion occurs when prescription medicines are obtained or used illegally by healthcare providers.

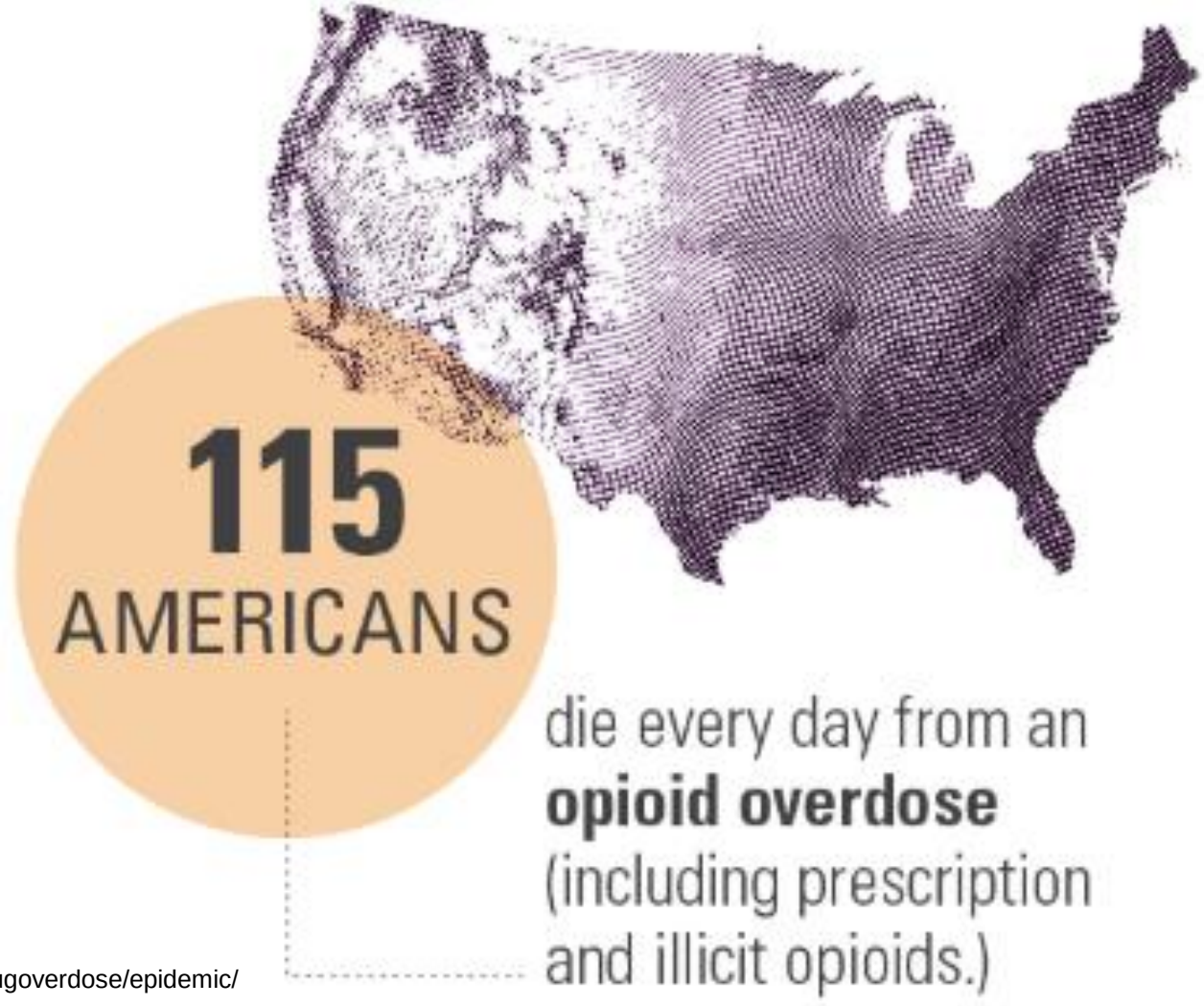
FOR MORE INFORMATION, VISIT CDC.GOV/INJECTIONSAFETY/DRUGDIVERSION

1 ONE NEEDLE, ONE SYRINGE, ONLY ONE TIME.

Main takeaway:

DEA and other regulatory bodies are emphasizing the burden of responsibility is on the **HOSPITAL** to prevent, detect, and report accordingly

Diversion Statistics



Source:
https://www.cdc.gov/drugoverdose/epidemic/index.html

Local Statistics (Onondaga County)

**Non-heroin opioid deaths

- Onondaga County (per 100,000 population)
  - 2017 - 55
  - 2020 - 20 *(45% decrease from 2017)*

*Approximately 94 people died in 2020 from non-heroin opioid overdoses

Source: https://www.health.ny.gov/statistics/opioid/data/pdf/nys_jan21.pdf

Why it’s important, now more than ever…

- Current Opioid Crisis
  - Opioid Overdose now the leading cause of death in people under age 50 in the US*
  - Approx. 40-50% of all related opioid deaths involved a prescription opioid*
  - Approx 10% of population have history or current substance abuse problem*

*Source: CDC, New York Times

1 Davenport, Courtney. 'Aug. 19, 2014, PNLR E-Newsletter'. Justice.org. N.p., 2015.

ADDICTION IS PREVALENT AMONG HEALTH CARE WORKERS

103,000+[1]

Known drug abusers among physicians, nurses, medical technicians, and aides

THE COST OF DIVERSION

CODEINE

FENTANYL (DURAGESIC)

HYDROMORPHONE (DILAUDID)

MORPHINE (MS CONTIN)

OXYCODONE (OXYCONTIN)

TOTAL **$25 BILLION** PER YEAR[4]

(INDUSTRY ESTIMATES BY DEA)

Pharmacists[2]

19% reported controlled substance use without Rx

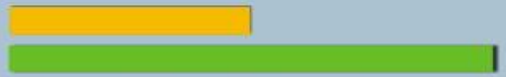
Physicians[2]

17.6% reported controlled substance use for self treatment

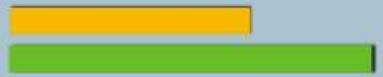
Nurses[2,3]

20% admitted to misusing prescriptions (one or more):

60% used opioids
45% used tranquilizers
11% used sedatives
3.5% used amphetamines
1.9% used inhalants



2x more likely to divert with easy access to controlled meds



1.5x more likely to use controlled meds with poor workplace regulation

[1]Davenport, Courtney. "Aug. 19, 2014, PNLR E-Newsletter". Justice.org. N.p., 2015. [2]Compliance with Recommendations for Prevention and Detection of Controlled substance Diversion in Hospitals Steven R. McClure, Brian C. O'Neal, Dennis Grauer, Rick J. Couldry, Allison R. King. Am J Health Syst Pharm. 2011;68. [3] Survey Data Siegel, J, Forrey, R. Four case Studies on Diversion Prevention. Pharmacy Purchasing & Products, Vol. 11 #3 p8. [4]Inciardi, James A. et al. "Mechanisms of Prescription Drug Diversion Among Drug-Involved Club- and Street-Based Populations." Pain medicine (Malden, Mass.) 8.2 (2007): 171-183. PMC. Web. 26 May 2015.

37%

According to a 2017 survey study, 37% of all reports of diversion and abuse stemmed from a hospital medical center

No healthcare institution type is safe from diversion

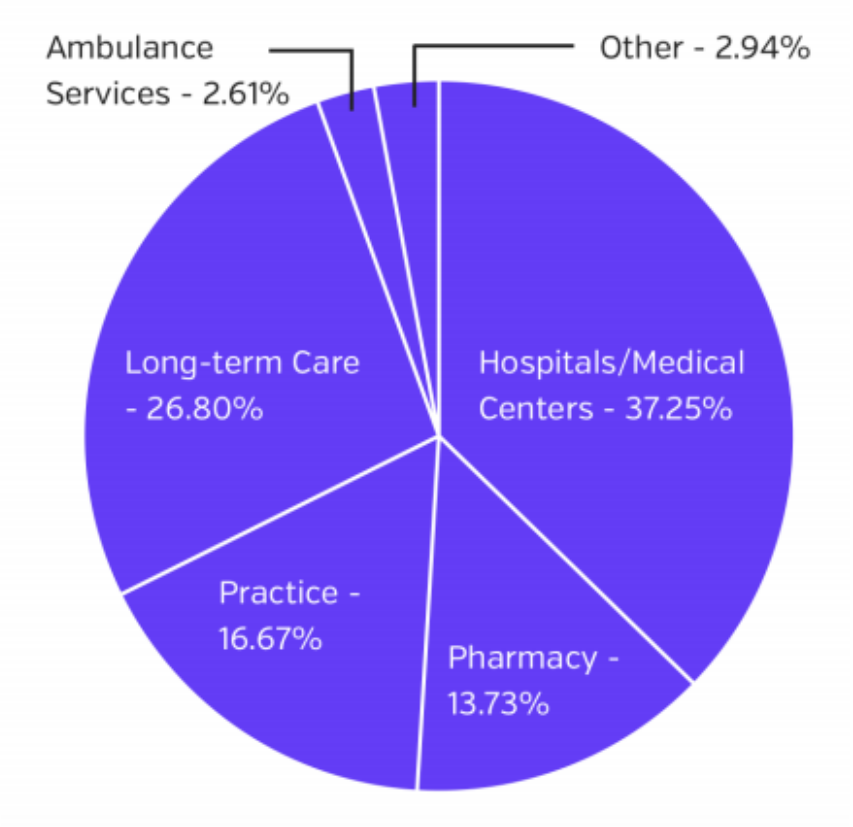


Figure 1. Types of institutions where incidents occurred, 2017 public diversion incidents

Source: Protenus

Diversion Prevention Program

Structure and Overview

Purpose of a Drug Diversion Program

- Prevent drug diversion
- Mitigate risks - KEEP EVERYONE SAFE!
- Use proactive approach for early detection and prevention
- Encourage proper procedure and Controlled Substance compliance
- Discourage diversion through education and awareness
- Multidisciplinary Team administrative approach
- Intervene as appropriate
- Rapid closure and follow up on suspected diversion cases

Controlled Substance Diversion Prevention Program (CSDPP) @ Upstate

- Drug Diversion Specialist position
- Formed multidisciplinary CSDPP charter and committee team
- Drug Diversion Response Team
- Monitoring & Analytics (Pharmacy data, Pyxis data, Epic data, etc.)
- Dissemination of useful monitoring data to Teams
- Peer reporting of suspected diversion
- ** Med Room Audits & Interviews
- ** Education & Awareness

Analytics and Reporting

Risk points where diversion is known to occur….

- Override medication removal without linked orders
- Cancelled transactions
- Undocumented wastes
- Complete wastes
- Duplicate doses
- Administering meds outside of reported pain scale
- Timely administrations and wastes
- Witnessing where required

Your Role in Drug Diversion Prevention

How do YOU prevent Drug Diversion?

- EVERYONE who handles or orders a Controlled Substance has the responsibility to ensure the safety and security of the system.
- ALL staff should pay attention to signals, report incidents, and be authorized to “Stop the Line”.
- TRUST, but VERIFY.

How do YOU prevent Drug Diversion

Drug Diversion Prevention is already built into our day to day policies and procedures.

1. By maintaining FULL 100% compliance within your responsibilities and duties, you are automatically helping to prevent drug diversion.
2. Education and awareness of Drug Diversion will help to ensure and strengthen our prevention program.

What does the typical diverter look like?

EVERYONE is capable of drug diversion!

Possible Signs and Symptoms of the Diverter...

- Psychosocial signs: Defensiveness, anxiety, increasing isolation, etc.
- Physical signs: Hangover symptoms, runny nose, etc.
- Behavioral signs: Patterns- med administration, work habits, off-shift appearances, personal appearance, patient care

Education & Awareness

- Build the Culture
  - Beware of a “Culture of Trust”
  - Build a “Culture of Compliance”
  - Provide feedback and input

How to report concerns of suspected Drug Diversion

It's your *duty and legal obligation* to report any suspicious diversion activity.

- Any one of the following methods will activate our Diversion Response Team:
  - Anonymous: **SI Event**: Medication-related issues / Drug diversion/theft
  - Email - Diversion@upstate.edu
  - Compliance - 464-6444
  - Direct Report to Nurse Manager

Good practice habits

- Removals
  - Only remove medications for your assigned patients
  - Only remove current doses of medication for your patient

Sourse: Siegel, J. A Multidisciplinary Approach to Proactive Drug Diversion Prevention

Good practice habits

- Documentation
  - Properly document medication administration and pain scores
  - All wastes of CS medications must have a documented witness
  - Don’t be a “virtual witness” to CS medication wasting - actually witness!
  - Return unused medications timely & according to procedure

Sourse: Siegel, J. A Multidisciplinary Approach to Proactive Drug Diversion Prevention

Good practice habits

- Reporting
  - Report and repair medication discrepancies promptly
  - Report attempted inappropriate access to medications
  - Report witnessed or suspected medication diversion

Sourse: Siegel, J. A Multidisciplinary Approach to Proactive Drug Diversion Prevention

Takeaways

- Understand the multiple layers of risk involved
- People are intelligent...drug diverters are intelligent AND desperate
- Governing bodies (DEA) will continue to increase scrutiny and firmly hold institutions liable
- Diversion prevention is a multidisciplinary TEAM effort

Takeaways (cont.)

- Early intervention is imperative for patient safety and employee recovery
- A visible diversion program is a major deterrent to diversion
    - Help be the eyes and ears to strengthen the program!

THANK YOU!!

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Clinical Documentation Improvement (CDI)
Tip of the Month – "Justify June"
Applies to all providers

- ✓ Use specific diagnostic statements like hypokalemia, hypernatremia, hypotension
    - Avoid symbols or terms like "high, low, soft", etc.

- ✓ Documentation needs to show clinical significance
    - Best achieved by documenting etiology
    - What is this diagnosis **due to**?
        - Is it known, suspected, or likely **due to**?

What it was…	What it is now!!
Septic Shock	Septic Shock **due to** Severe babesiosis infection and possible translocation of gut bacteria **due to** ischemic gut **due to** hypotension/hypoxia
Acute kidney injury	Anuric AKI **due to** septic shock **due to** severe babesiosis infection
Acute hypoxic respiratory failure, Intubating to protect airways	Acute respiratory failure **due to** encephalopathy and hematemesis, inability to maintain open airway **due to** worsening metabolic encephalopathy, GCS 5
GI Bleed	Possible mesenteric ischemia with gut sloughing and multiple blood bowel movements **due to** septic shock and hypoxia associated with hemolysis **due to** babesiosis
Acute metabolic encephalopathy	Acute metabolic encephalopathy **due to** septic shock

- ✓ Most accurately reflects severity of illness and risk of mortality – you do hard work, take credit for it!

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CDI Query escalation – Refresher

Applies to all providers

Physicians/Providers must reply to all CDI queries in a timely fashion. The attending provider's response rate will be monitored and reported.

Residents can continue to respond to queries and update the documentation whenever appropriate, but the attending of record is still responsible for the overall accuracy of the documentation.

Please ensure that query responses should always be documented within the query, using the 'Reply' function, and updated documentation should reflect consistency of this response and be carried through subsequent Progress Notes.

Please don't ever hesitate to reach out with questions, cdi@upstate.edu – we're here to help!

Query Escalation Policy & Procedure

* You will have 3 business days to reply to a query and update the documentation regarding medical decision making and the plan of care.

* On the **second business day**, after a query has been in place, the CDI nurse responsible for the query will attempt within reason to contact you via EPIC secure chat/phone/pager to notify you of the still open query. *If this was a verbal query, it will be converted to a written query in EPIC.

* On the **third business day**, if the query is still not answered, you will receive an escalation email from the CDI specialist, (To include the attending provider queried and team as well as the CDI service line physician advisor assigned. It will also include Danielle Synborski, Amy D'Andrea-Durney, Dr Hegazy and Bobbie Jo Massena.) The CDI physician advisor may follow-up on any case where the provider queried disagrees with the query for discussion. This email will not be sent prior to 72 hours of a query being placed.

* On the **fifth business day**, after communication from our physician advisors, if the documentation has still not been updated then a final email (to include the CMO, CDI service line specific physician advisor, CDI Leadership and HIM Leadership) will be sent and the query will be closed and categorized as a "No Response." This final email will not be sent prior to 96 hours of a query being initiated.
*Please note the query will remain open in EPIC until a response is received.

Please remember, this is in effort to maintain our remarkable response rates and to maintain documentation integrity across the institution, while also working with you to make a positive impact on hospital-wide improvement initiatives.

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We appreciate your time!

Thank you,

cdi@upstate.edu
for help with anything
documentation related

How to use hs-cTnT testing – Acute MI

For Rule Out/Rule In Patients Suspicious for Acute MI

Time 0 hs-cTnT Epic Code: LAB9290

< 10 ng/L Female
< 15 ng/L Male
AMI ruled out

> 10 ng/L Female
>15 ng/L Male
Draw 2nd hs-cTnT at 2 hours from time 0

Increase in hs-cTnT < 3 ng/L
AMI ruled out

Increase in hs-cTnT > 3 ng/L and < 10 ng/L
Draw 3rd hs-cTnT at 6 hours from time 0

Increase in hs-cTnT > 10 ng/L
AMI ruled in

Increase in hs-cTnT < 12 ng/L from time 0
AMI ruled out

Increase in hs-cTnT > 12 ng/L from time 0
AMI ruled in

- **All rule-ins and rule-outs should be further stratified with history, EKG, age, and other risk factors**
- **Critical value** (called to clinical team by lab) **= 100 ng/L**

Circulation 2020; 141:1937-39.

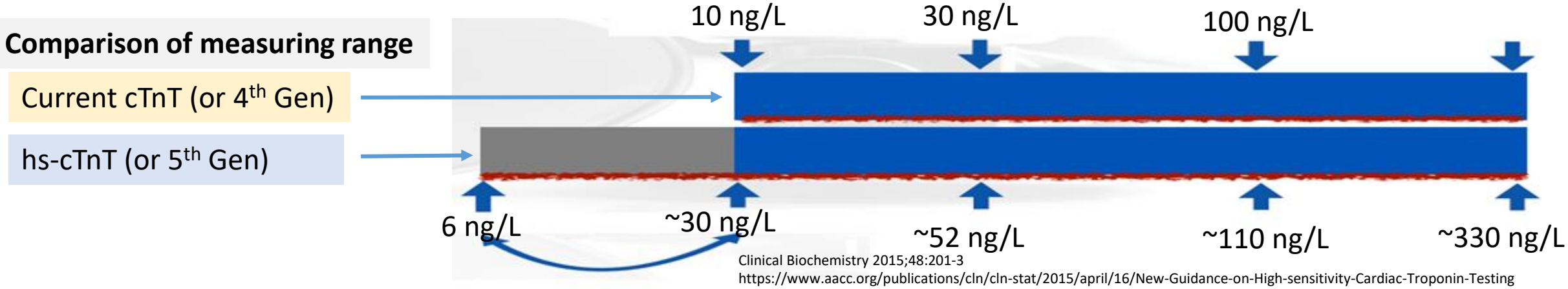
High Sensitivity Cardiac Troponin T (hs-cTnT)

How to use and comparison to existing troponin testing

Why do we need High sensitivity cardiac Troponin (hs-cTnT)?

- Current troponin assays cannot accurately measure low levels of troponin – we cannot detect trends at lower levels or increases warning of cardiac ischemia
- High sensitivity Troponin can accurately measure low levels of troponin

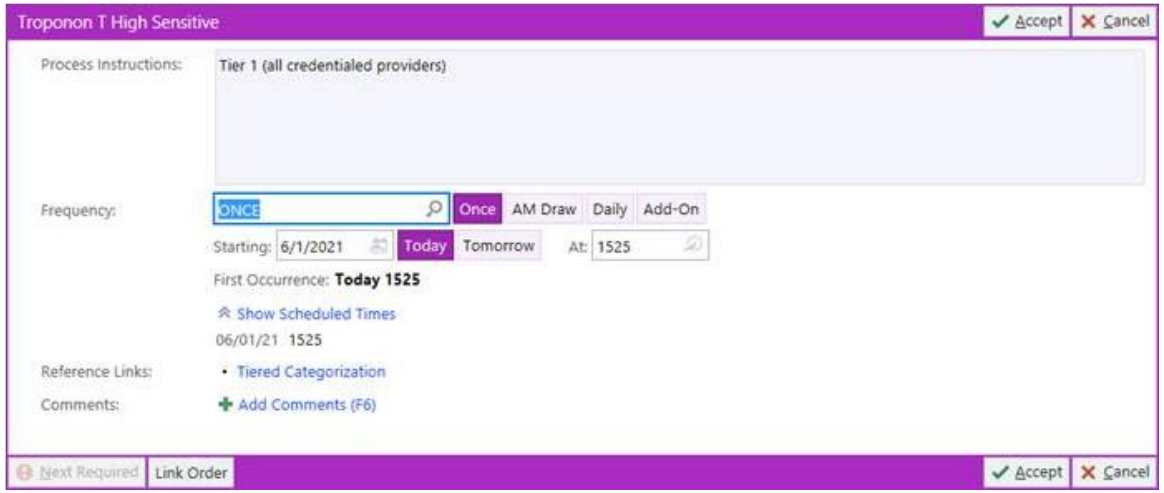
Comparison of measuring range



Clinical Biochemistry 2015;48:201-3
https://www.aacc.org/publications/cln/cln-stat/2015/april/16/New-Guidance-on-High-sensitivity-Cardiac-Troponin-Testing

This increased sensitivity allows us to:

- Diagnose early MI
- Reduce the time to rule-in and rule-out acute MI
- Improve clinical accuracy of testing
- Improve MI patient outcomes
- Reduce turnaround time in the ED for MI rule-out patients



hs-cTnT provides greater sensitivity for MI in women

- Current Troponin assay has a single cut-off for both sexes (10ng/L) for suspicion of MI
- The increased sensitivity of hs-cTnT allows use of a lower cutoff for female patients
- Using hs-cTnT we can use sex-specific thresholds for risk of cardiac damage
  - Normal female patients have less than 14 ng/L of Troponin as measured by hs-cTnT
  - Normal male patients have less than 22 ng/L of Troponin as measured by hs-cTnT

➢To ensure that no MIs are missed, we use thresholds of 10 ng/L (females) and 15 ng/L (males) to rule out MI on the initial testing

➢As with current Troponin assay, patients are best evaluated with serial hs-cTnT testing

https://www.accessdata.fda.gov/cdrh_docs/pdf16/K162895.pdf

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Increase in hs-cTnT > 3 ng/L and < 10 ng/L
Draw 3rd hs-cTnT at 6 hours from time 0

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Increase in hs-cTnT < 12 ng/L from time 0
AMI ruled out

Increase in hs-cTnT > 12 ng/L from time 0
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- **All rule-ins and rule-outs should be further stratified with history, EKG, age, and other risk factors**
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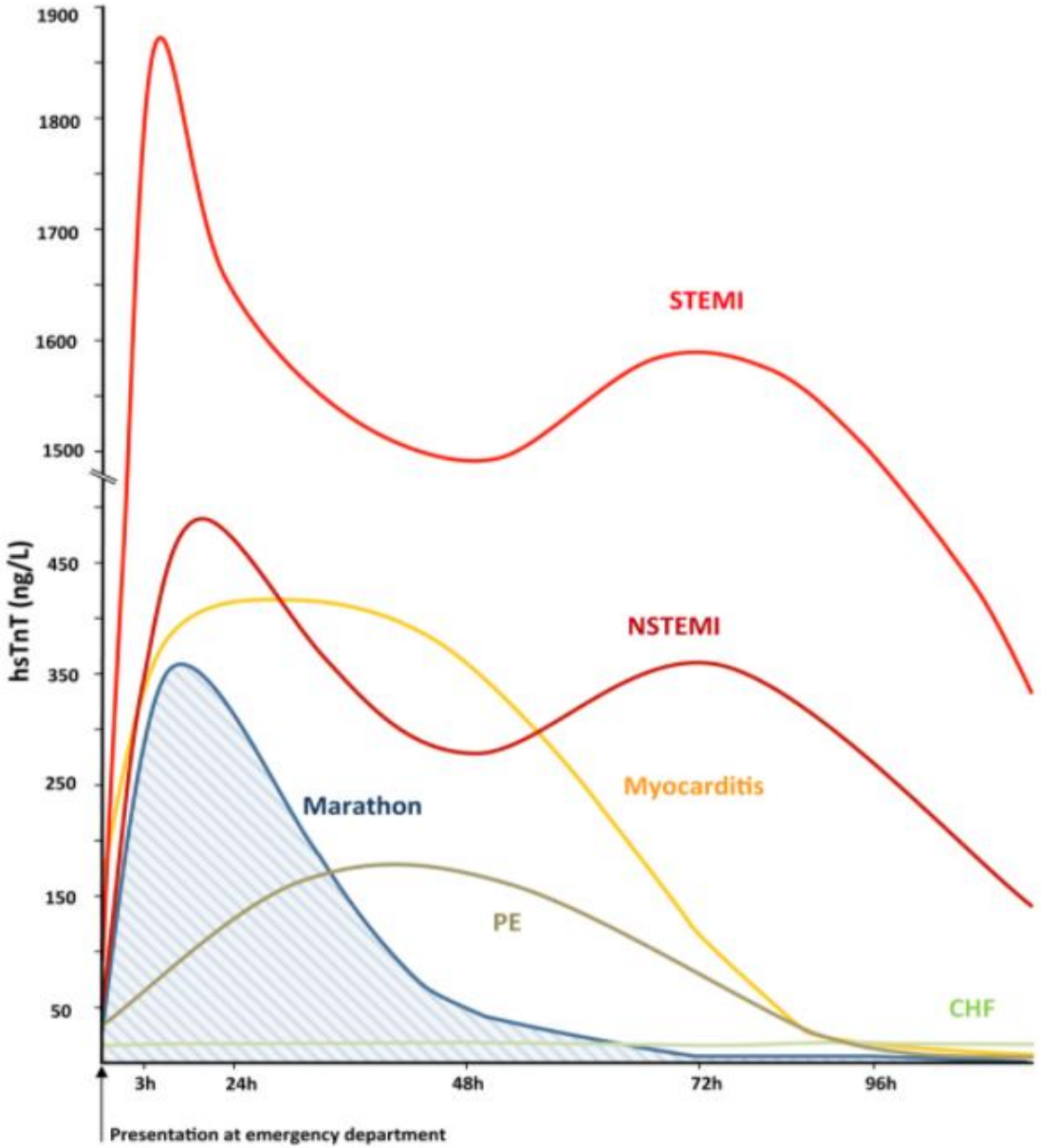
Circulation 2020; 141:1937-39.

How to use hs-cTnT values – Chronic MI

- Distinguish **acute** from **chronic** MI ➔ look for significant change (rise or fall) of hs-cTnT results
  - Troponin level changes from the time of ischemia and type of injury (see graph)*
  - "Significant change" (rise and/or fall) definition depends if initial hs-cTnT is >10 ng/L (females) or >15 ng/L (males)
    - If the initial result is **below** threshold: a change of at least **50%** is significant
    - If the initial result is **above** threshold: a change of at least **20%** is significant

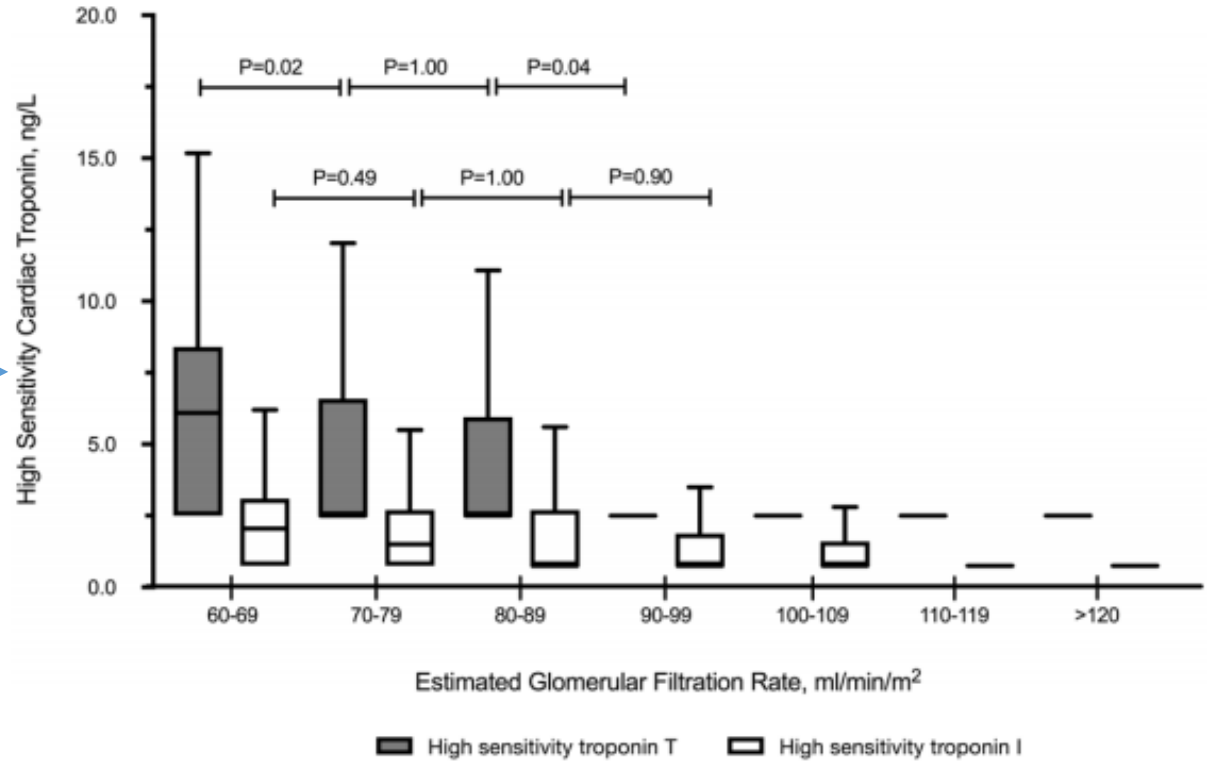
- Collect 2nd sample 2 hrs after 1st sample to determine the pattern of hs-cTnT change (and additional samples if indicated)
- Always interpret hs-cTnT results along with clinical picture (History, ECG, HEART Score, etc.)



*Journal of the American College of Cardiology, August 2018, http://www.onlinejacc.org/content/accj/72/18/2231.full.pdf

What are clinical conditions that can cause ***chronic hs-cTnT elevations*** ?

- Ischemic or non-ischemic heart failure patients with different forms of cardiomyopathy
- Myocarditis,
- Heart contusion,
- Pulmonary embolism
- Stroke
- Subarachnoid hemorrhage
- Hypertensive crisis
- Renal failure
- Sepsis
- Diabetes
- Drug-induced cardiotoxicity
- Critical illness



Differential Dx between acute and chronic hs-cTnT elevations,

- A serial sampling to observe a rise/fall of hs-cTnT above threshold (14 ng/L for females, 22 ng/L for males) **AND**
- Consistent with the clinical assessment, including ischemic symptoms and electrocardiographic changes

Heart Views. 2018;19:54–7; Thygesen et al. 2012.

hs-cTnT vs cTnI on iSTAT

- The point-of-care iSTAT device cardiac troponin test is a **conventional** troponin test.
- The testing results between the iSTAT and the laboratory hs-cTnT are **not** equivalent and should **not** be used interchangeably or as part of the trending to determine acute vs chronic cardiac damage.
- iSTAT POC troponin testing should **only** be used when there is not time to obtain the hs-cTnT testing from the core laboratory.
- If a patient result(s) of iSTAT disagree with result of hs-cTnT tested at core-laboratory, the hs-cTnT result should be used for patient care interpreted with other signs/symptoms.

Apple et al. 2021; Christenson et al. 2017

If testing results do not match patient presentation or for any other questions, contact the Chemistry Laboratory directors for assistance at: 315-464-9175

Email: caoz@upstate.edu or
elkinsm@upstate.edu

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