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



July 13, 2021 Network Downtime on University Hospital Downtown Inpatient Units by David Hanson

Starting on Thursday, July 15th, and over about a two-week period, Network Services will be upgrading network equipment on each floor (one floor per day) at Upstate University Hospital (East Wing and East Tower excluded).

On the day we do each individual floor, the following is what can be expected.

- Upgrade will be a total network outage in your area, including PCs, Wireless Devices, Vocera and anything else connected to the Upstate network.
- Impact is a total network outage that will last about 10-15 minutes.
- Wireless and Vocera will be down only during the time of the total outage.
- After the total outage, wired devices will come back on-line over the next 30-45 minutes.
- This will not impact the East Wing.

Attached is the schedule and rooms affected. Nursing Unit Managers have been notified.

A Celebration of Life Ceremony for Dr. Jessica Summers by Dr. Leslie Kohman

It is with great sadness and shock that we grieve the sudden death of Dr. Jessica Summers, burn surgeon, who passed away while in church on July 4th, 2021 of natural cause.

In her time at Upstate, Dr. Summers had become well known as tough but fair, an outstanding educator, and a passionate patient advocate.

Her sudden death has greatly affected many of us in a manner akin to second victim syndrome. This is truly a critical incident for the Upstate family. The current post-COVID climate has left many of us highly stressed, and well-being is at an all-time low among workers in clinical fields. The unexpected loss of a colleague can exacerbate depression, anxiety, and distress in many of us. We want to share a list of resources for those who would like help coping with the death of Dr. Summers or any other mental health or well-being concern. All efforts to maintain your privacy, dignity, and self-respect will be made. Please take advantage of them as you feel necessary to help you in taking better care of your own mental and emotional health. If you or anyone you know is having concerns, please seek out any of the resources below and share with your colleagues.

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

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July 13, 2021

Resources for mental health and wellness available to Upstate Staff, July 2021

EAP: Individualized information, assessment and referral service, confidential (except where the information is required by law to be disclosed): Sarah Lee Ritchie, Coordinator, <u>ritchies@upstate.edu</u> 315-464-5760 24 hour line: 800-822-0244	For anyone in Upstate Family
CPSP-CNY : limited, confidential peer support from a trained peer at another	Physicians, medical staff, residents and
institution in the region:	fellows, nurses
clinicianpeertopeer@bassett.org	(You are welcome to refer a colleague who
607-547-3244, No cost	seems to be struggling)
MSSNY Peer Support (P2): limited, confidential peer support from a trained peer supporter in NY (Support, empathy and perspective) <u>P2p@mssny.org</u> 844-P2P-PEER (844-727-7337); No cost	Physicians, residents and fellows
Resident and Fellow Counseling Services (RFCS) – Partnership with	
Psychological Healthcare 315- 491-3676	Residents and Fellows
Insurance only, takes Empire Plan	
CONTACT Hotline (any kind of distress or need, or just to talk) 315-251-0600	
Crisis text line: <u>https://crisistextline.org</u>	Anyone
National Suicide Prevention Lifeline 24/7 800-273- 8255; Chat by text:	
https://suicidepreventionlifeline.org/chat	Anyone
Physician Support Line, staffed by volunteer psychiatrists 800-409-0141	Physicians
Trained Peer Supporters: look for Upstate staff wearing a blue "Peer	
Supporter" button throughout the hospital and ask them for help or a referral	
to additional resources.	Any clinical worker, for yourself or another
Chief Wellness Officer Upstate <u>kohmanl@upstate.edu;</u>	For connection to appropriate individual
315-447-5679	counseling or therapeutic support group
Assistant Dean for Wellness nanavatk@upstate.edu	Residents, Fellows and Students
Chief Wellness Officer Upstate <u>kohmanl@upstate.edu;</u> 315-447-5679	counseling or therapeutic support gro

A Celebration of Life Ceremony for Dr. Jessica Summers will be held on Wednesday, August 11th, at 10:00 am, at Sacred Heart Church in Cicero, NY. A reception will follow in the basement level.

The Dr. Jessica Summers Memorial Scholarship Fund has been created to sponsor an annual mission trip to Honduras for a young medical professional. Dr. Summers was passionate about her missionary work in this area. To make a donation to the Dr. Jessica Summers Memorial Scholarship Fund, please visit the Upstate Foundation at: https://www.upstatefoundation.org/jessicasummers

We wish peace to her and her family during this trying time and also to each of you and your families.



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2021 DNV Healthcare Hospital Accreditation Readiness

by Joyce Mackessy

Our 2021 DNV Healthcare Hospital Accreditation survey has not been announced as of yet. We anticipate this year's survey will be conducted on-site, and not remote, and expect at least 4-6 surveyors.

GENERAL TIPS:

- All operating room/surgical suite personnel, including physicians and surgeons, need to be taught general safety practices for the operating rooms for **fire prevention** when hired and annually updated on surgical fire safety.
- For infection control, staff need to be aware of equipment that they take in and out of patient rooms and they need to know how to properly clean and disinfect this equipment between patients. Assess if equipment (including computers and tablets) is being cleaned between patients for infection control and safety. Surveyors will be watching staff to be sure the equipment is being cleaned between patients.
- Staff should know what the dwell times are for cleaning and disinfecting with Clorox wipes and PDI wipes. Note: the Clorox wipes require a 3-minute dwell time before wiping dry. The PDI wipes require a 2-minute dwell time before wiping dry.
- All staff should know how long they should be washing their hands with soap and water. See <u>Hand Hygiene Policy/Procedure (IC</u> <u>D-01</u>) which follows CDC guidelines. *The CDC recommends vigorous rubbing together of all lathered surfaces for at least 15-20 seconds, followed by rinsing in a flowing stream of water. If hands are visibly soiled, more time may be required.*

IMPORTANT NOTES:

- Some providers will be scheduled to meet with DNV and could receive a Zoom invitation in advance. Others could be asked to join a session at the last minute if possible. If you are asked to join a Zoom meeting with DNV, please try to connect so your face can be seen by the surveyors.
- We expect DNV will focus their attention on how we have responded to the COVID-19 pandemic and how we have enhanced our infection control processes. It is important staff know the COVID-19 policy manual is located at: <u>https://upstate.ellucid.com/manuals/binder/477</u>.
- Be aware of the CMS (1135) waivers that are in place here at UH during the pandemic. These may be terminated when the pandemic officially ends. Unless other regulations are put into place to cover the waivers, we may be required to return to previous processes in place pre-pandemic.

KEY WEBSITE LINKS:

- <u>Accreditation/Regulatory Resources</u>
- <u>Safety Data Sheets</u>
- <u>Clinical Nutrition Manual</u>
- Patient Handbook
- Policy Management System
- <u>Electronic Death Registry Sign-Up</u>

KEY POLICIES:

• Patient & Parent Rights and Responsibilities (B-01)



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- Interpreter Services for Patients with Limited-English Proficiency (LEP), Deaf/Hard of Hearing, or Speech Impairments (I-07)
- Autopsy Management:
 - <u>Autopsy/Post-Mortem Examination Authorization Policy (A-11)</u>
 - Post Mortem Care/Patient Expiration (CM P-08)
 - Post Mortem Care Procedure/Patient Expiration (PROC CM P-08A)
 - Post Mortem Flow Chart for Inpatients (PROC CM P-08C)
- Emergency Preparedness:
 - Disaster Plans
 - Emergency Recall and Staffing Plan for Credentialed Providers (DIS P-09)
 - Incident Command Emergency Communications Plan & Capabilities (DIS J-00)
 - Emergency Medical Response Teams: Code Blue/Code White/Code C/Code Pink/EMS (CM E-15)
- <u>EMTALA (E-13)</u>
- Advance Directives:
 - End of Life, Including DNR¹ and MOLST² (CM E-17)
- Quality:
 - Quality Management System QM.2, ISO 9001 4.4 (QM S-01)
 - Patient Safety System (QM S-09)
 - Event/Occurrence & Injury Reports, Patients & Visitors (I-03)
- Documentation:
 - Rules and Regulations: Medical Records (MSB R-03)
 - Pain Assessment and Management (CM P-26)
 - Informed Consent/Refusal (C-07)
 - Restraint Standards for Non-Psychiatric Patient Care Units (CM R-13)
 - Restraint and Seclusion Standards for Inpatient Psychiatric Units (PSY R-06)
 - Required Pre, Intra and Post Anesthesia Documentation/ Sedation Responsibilities: <u>Anesthesiology Services (A-03)</u>

Blood Culture Practice Reminders for the General Adult Population

by Lisa Brackett

When ordering for blood cultures x 2:

- ALL blood cultures MUST be drawn from a separate venipuncture site.
- Blood cultures SHOULD NOT be drawn from any *existing* central line (CVC, PICC, Arterial Line, etc.) per Policy/PROC CM B-O8A <u>https://upstate.ellucid.com/documents/view/4008</u>
- Exception: Policy CM C-34 (<u>https://upstate.ellucid.com/documents/view/3678</u>) states cultures can be drawn off central lines when ordered in Apheresis and Heme-Onc patients only.



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CMO REPOR



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• Nursing will call the provider per policy if unable to obtain the second set and the provider should draw a venipuncture for the second set. Please do not ask the nurse to draw off a central line for the second set.

Please refer to attached .PDF document for details.

Pre-Operative/Pre-Procedure COVID Testing

by Dr. Jeremy Joslin

Surgeons and Proceduralists (or their offices) should begin ordering COVID tests for their patients who still require a negative result per our updated policy. <u>With changes of the Governor's executive orders, nurses are unable to order</u> the test at our testing facilities anymore.

Below is a Best Practice Advisory (BPA) that fires when the SUR-01 order is entered. It takes vaccine history into account if it is on file. Please take a moment to order the patient's COVID test to avoid any delays in their surgical/procedural booking.

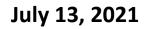
BestPractice Advisory				
If the patient is NOT CURRENTLY ADMITTED OR PENDING ADMISSION, please order the Covid test to clear the patient for this surgery.				
No Covid Immunizatio	No Covid Immunizations documented			
Order	Do Not Order	COVID-19 PCR		
		✓ <u>A</u> ccept	<u>C</u> ancel	

Revised COVID-19 Policies of Special Interest for Clinicians

- <u>Specimen Collection for COVID-19/SARS-CoV-2 Testing (COV S-01)</u>: Removed reference to BinaxNOW test as it is not being utilized.
- <u>Visitor Restriction During Prevalence of COVID-19 (COV V-08)</u>: Added at the patient or family/parent/support
 persons request, one clergy from outside of Upstate may visit the patient in addition to designated visitors. The
 designated clergy's name will be added to visitor exception list in EPIC by nursing.

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Clinical Documentation Improvement (CDI)

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

Did you know Upstate has a CDI team made up of 11 Registered Nurses? They are here to help ensure that the documentation of the care you provide is consistent, specific and clear. If you need help with a query or have any documentation questions, please ask them as they're here to help. You may contact your CDI Specialist through EPIC Secure Chat or email the team at <u>CDI@upstate.edu</u> and someone will get back to you. For more information, please see attached "A-Z's of Documentation" tip sheet for July.

Outstanding Physician Comments

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



Adult Hematology Oncology: Dr. Rahul Seth – straight forward. Dr. Abirami Sivapiragasam – engaging and attentive.

Breast Care Center: Dr. Lisa Lai – professional. Dr. Prashant Updadhyaya is a gem. A surgeon who combines top notch clinical skills with a genuinely comparing bedside manner. Dr. Prashant Upadhyaya has made breast cancer less terrifying than I thought it would be.

Family Medicine: I love Dr. Kaushal Nanavati to pieces. He sees me, not just my health concerns. We talk about everything. He never makes me feel hurried and I know he has my best interests at heart. Dr. Clyde Satterly – kind and caring. Dr. Rupali Singla is very thorough and very professional. Dr. Rupali Singla was very helpful and was able to work with my other doctor. Continue to receive kind, excellent and thorough care from Dr. Rupali Singla.

Gamma Knife: Dr. Michael Lacombe – awesome!

Heart and Vascular: Dr. Palma Shaw gave time to speak to my husband who had been waiting - thank you!

Joslin Center for Diabetes: Dr. Barbara Feuerstein – truly caring and willing to take the time necessary to properly deal with issues. Dr. Roberto Izquierdo is the only doctor I have and will ever see for my condition. You can tell he is passionate for this field.

Multidisciplinary Programs Cancer Center: Dr. Jesse Ryan is always ready to listen and answer any questions as well. He is very thorough with his examinations and that is very important to me.

Pediatric Cancer Center: Dr. Irene Cherrick is warm, precise, and excellent at follow up.

Pediatric Gastroenterology: Dr. Marcus Rivera was great!

Pediatric Multispecialty Clinic: Dr. Christopher Fortner – approachable, nice, good, quick responses through email as well! We adore **Dr. Robert Hingre!** He is one of the most caring, compassionate providers I've ever met. He is constantly up to date on all the newest treatments and therapies. He recalls my daughter's history like it was his own. **Dr. Robert Hingre** – always a pleasure to see him.

Pediatric Surgery: Dr. Tamer Ahmed was wonderful! He was a terrific listener and certainly gifted in his ability to communicate the medical problem and potential solutions. Couldn't be happier with our visit and his generosity with his time.

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

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Pulmonology Clinic: Dr. Sumendra Joshi was very good to me! Would recommend him to anyone! Dr. Angela Love was very personable and very knowledgeable about my issues and explained them thoroughly without overwhelming me. I believe you are lucky to have her.

Regional Perinatal Center: Dr. Robert Silverman seemed incredibly knowledgeable and really helped my severe anxiety about this pregnancy. I'm feeling much more confident after speaking with **Dr. Robert Silverman**.

SUNY Upstate – Virtual: It was very helpful to talk with Dr. Kriti Devkota. She answered my questions very clearly and set my mind at ease. Dr. Leslie Kohman is a good listener.

Surgery - UH LL022: Dr. Joseph Valentino - excellent person!

The Surgery Center – CG: Dr. Timothy Byler – thank you! Dr. David Halleran – tops excellent! Dr. Fadi Makhlouf was so wonderful, glad I found him as my doctor. Dr. Hadley Narins is top!

UHCC – Neurology: Dr. Deborah Bradshaw shows concern and genuine caring. She really listens and hears what is said. Dr. Deborah Bradshaw is amazing and I've already recommended her to three people! She is so professional and knowledgeable, but at the same time, I felt like I was visiting with a friend. Dr. Anuradha Duleep is the best doctor I've ever had. Dr. Anuradha Duleep is very smart and empathetic. Dr. Anuradha Duleep is a true professional. Dr. Anuradha Duleep went way beyond normal spending time and answering questions. Dr. Jenny Meyer was very professional and spent a lot of time thoroughly explaining my issues. I did not feel rushed and felt very confident in her care. We love Dr. Victoria Titoff and are very happy to have her – thanks! Dr. Awss Zidan spent more time that I expected. Seemed sincerely concerned about me. Dr. Awss Zidan – through, listened, and explained.

University Cardiology: Dr. Robert Carhart – professional and understanding. **Dr. Robert Carhart** took the time to make me feel comfortable and at ease in the office, also worked on getting my medicine gluten free! **Dr. Hani Kozman** – thoughtful and caring! **Dr. Avneet Singh** – exceptional!

University Center for Vision Care: Dr. Samuel Alpert – outcome of surgery was excellent! Dr. Hiroshi Kato was very compassionate and really worked hard to figure out what was wrong with me. It is very comforting and instructional being helped by Dr. Robert Swan.

University Geriatricians: Dr. Andrea Berg – caring and supportive. **Dr. Andrea Berg** is one of the most caring, knowledgeable and compassionate medical professionals I've ever met. **Dr. Andrea Berg** – kind. **Dr. Andrea Berg** – outstanding professional, addresses concerns with compassion, and understanding. I feel very lucky to be care for by her. **Dr. Vikrant Tambe** is a very caring physician.

University Internists: We feel very fortunate to be patients of Dr. Tingyin Chee. We feel she is bright, thorough, and kind. Dr. Amit Dhamoon is an excellent physician. Dr. Amit Dhamoon – fantastic! Dr. Amit Dhamoon is the most knowledgeable, caring and compassionate primary care physician I have had the pleasure to know. He always took the time to listen and to explain. Dr. Amit Dhamoon – excellent! Dr. Vincent Frechette always impresses me with his concern for my condition and helping me sort my next steps in treatment to improve my quality of life. Dr. Vincent Frechette is an excellent doctor and very patient with me.

Upstate Pediatrics: Dr. Jaclyn Sisskind is a fantastic pediatrician. She listens well and put my child at ease in a sensitive manner. We never feel rushed through an appointment. **Dr. Jaclyn Sisskind** makes sure her patients are well taken care of.

Upstate Urology: Dr. Stephen Blakely is a very concerned doctor. Dr. Stephen Blakely – caring and excellent doctor. Dr. Gennady Bratslavsky – clear, concise, caring. Dr. Timothy Byler – clear, concise, caring. Dr. Joseph Jacob – compassionate and



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knowledgeable about my cancer. He explained thoroughly what the surgery would entail and what would be removed and what it would be like and what to expect after the surgery. Also, how to prepare my body to be ready pending the surgery. **Dr. Dmitriy Nikolavsky** – my hero!

Urology at Community Hospital: Nice talk with Dr. Scott Wiener. Dr. Scott Wiener is very good at what he does.

Vascular Surgery at Community Hospital: Dr. Palma Shaw is always positive and easy to talk to. I feel like she really cares.

2East at Community Hospital: Dr. Jennifer Marziale – absolutely amazing! **Dr. Jennifer Marziale** made sure I felt completely involved and safe. She is one of a kind.

3West at Community Hospital: Dr. Omar Hadzipasic – listened and explained very well. Dr. Omar Hadzipasic – concerned about me, made sure my care was correct, and checked on me all the while I was there. I appreciate his service. Dr. Michael Kuhn made me feel important and explained everything so well. Dr. Michael McGrattan was excellent throughout my stay.

4West at Community Hospital: Dr. Ali Khan was very caring and compassionate and made me feel positive about my condition.

06A: Dr. Sakshi Dutta – stand out and kept in contact with through the last couple days before discharge. She spent the extra time to answer questions that I had which was greatly appreciated!

06B: Dr. Hayas Haseer Koya - thank you!

07A: Dr. Mike Sun was wonderful.

08G: Dr. G. Randall Green – wonderful, no question that was never answered, fantastic bedside manner. **Dr. G. Randall Green** was amazing with Q&A, his care, and concerns. There are not enough words to express my appreciation to **Dr. G. Randall Green** who dedicates his life and career to help and take care of all of us patients. I had heart bypass surgery and am still recovering at home. It is not easy and pretty painful, but without you, I may not even be here. Thank you very much!

09E: Dr. Timothy Beutler saved my life! Dr. Shernaz Hurlong – informative.

11E: Dr. Ian Dargon – phenomenal! Dr. Daryll Dykes – amazing! Dr. Michaela Kollisch-Singule came by to see our daughter on her own time. She was wonderful! Dr. Jennifer Stanger – fabulous, answered every question I had, never made me feel dumb, and came in multiple times a day to check on my baby.

12F: Dr. Kimberly Rush and Dr. Angela Wratney – amazing!

Thank you for all you do!

Amy





Clinical Documentation Improvement (CDI) Tip of the Month for July " $A \rightarrow Z$'s of documentation" Applies to all providers

✓ Did you know Upstate has a CDI team made up of 11 Registered Nurses? They are here to help ensure that the documentation of the care you provide is consistent, specific and clear. If you need help with a query or have any documentation questions please ask them they're here to help. Contact your CDI Specialist through EPIC Secure Chat or email the team at <u>CDI@upstate.edu</u> and someone will get back to you.

Α	Arrows	Use diagnoses, not arrows and lab values	
В	BMI	Make sure the actual height and weight are documented. BMI is not reported without a nutritional diagnosis.	
	Baselines	Please include these when known, especially for SCr, functional status and home O2 requirements.	
с	Consult Notes	Please include your opinion, assessment and treatment plan when appropriate. For example - an RD note identifying malnutrition is not enough.	
D	D/C summary	Should reflect the progression of care and document if a diagnosis has been ruled out, don't just stop writing it.	
E	Etiology	Link all conditions to their underlying cause, include if it is the likely, probable or possible cause.	
	Evolution of a Diagnosis	POA status, if the condition is improving, resolved or ruled out.	
F	Functional status What is the patient's baseline functional or mental status the change in the patient from their baseline		
G	GCS scores	Break them down into all 3 (verbal, motor, eye)	
	Gait	Overall functional status matters - bedbound, weakness and immobility	
н	Help! with documentation	We're available by email, EPIC secure chat and will call you back if you leave a message on the CDI Hotline - 45455	

A→Z 2021July



ncidental/Inherent Justify K - Potassium	Regarding post-op complications: please document when "incidental occurrence or inherent to the procedure" so that these are not coded as complications Justify your diagnosis with clinical validation (muscle wasting, abnormal weight loss, cachexia). For acute illnesses the validation in the documentation should include the acuity of the diagnosis, status of improvement and resolution when appropriate. We also need to see validation in the documentation for code assignment – proof that a condition was evaluated, monitored OR treated. Use the diagnosis (Potassium) not replete K	
	abnormal weight loss, cachexia). For acute illnesses the validation in the documentation should include the acuity of the diagnosis, status of improvement and resolution when appropriate. We also need to see validation in the documentation for code assignment – proof that a condition was evaluated, monitored OR treated.	
	abnormal weight loss, cachexia). For acute illnesses the validation in the documentation should include the acuity of the diagnosis, status of improvement and resolution when appropriate. We also need to see validation in the documentation for code assignment – proof that a condition was evaluated, monitored OR treated.	
K - Potassium	Use the diagnosis (Potassium) not replete K	
K - FOLASSIUIII		
Linking	In general, the etiology of any diagnosis when known should be included with the phrase "due to" along with clinical indicators supporting the diagnosis. Linking sepsis to organism, organ dysfunction. Linking SIRS to organ dysfunction.	
Medication	All medications and treatments should have a related diagnosis documented clearly.	
Nutritional diagnosis	Malnutrition, Underweight, Abnormal weight loss, Cachexia (cachectic is not a nutritional diagnosis recognized in coding)	
Notes	Show progression of care in your daily progress notes. Updating daily, not copying and pasting.	
Obesity	Especially Morbid Obesity are always significant	
Overview	verview 2-3 sentences that change daily, demonstrating events of day and night for care progression.	
Problem List The problem list is like a toolbar for the record, it is not part the permanent medical record. Please include these current/managed diagnoses in your progress notes with validation.		
Queries	The entire team's responsibility, please respond in your documentation if you see one when you are writing a progress note.	
	Linking Medication Nutritional diagnosis Notes Obesity Overview Problem List	



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R	"Rule of 3's" whenever possible	For acute conditions, suggest documenting at time of diagnosis, second time to discuss stability (better, worse, resolved) and third time in the D/C summary	
S	Specificity	Please provide specificity whenever known and write unknown if so.	
т	Tests/Reports	Cannot be coded from, please give your impression in your progress notes.	
U	Unapproved abbreviations	Please don't use these, they don't translate to an ICD-10 code.	
v	Value based purchasing	Remember to be clear of all conditions Present on admission (important for HACs, PSIs, Hospital readmission reduction program)	
	Validate	What are the clinical indicators you are using to make your diagnoses?	
W	Weight "What's happening now?"	Must have a current weight Current problems instead of past medical history	
X	X-ray	We cannot code from imaging reports, it's your diagnostic statement	
Y	Your assessment	Make sure your assessment is congruent with the physical exam (cannot be cachectic and appear well-developed and well- nourished	
	You	You are important and appreciated - We're here to help you!	
z	Zoo Codes	Social Determinates of Health-these validate readmission criteria or continued stay	

CDI@upstate.edu

for help with anything documentation related

Adult Blood Culture Policy Reminders:

•ALL blood cultures MUST be drawn from a separate venipuncture site.

•Blood cultures SHOULD NOT be drawn from any *existing* central line (CVC, PICC, Arterial Line, etc.) per Policy/PROC CM B-08A <u>https://upstate.ellucid.com/documents/view/4008</u>

•Exception: Policy CM C-34 (<u>https://upstate.ellucid.com/documents/view/3678</u>) states cultures can be drawn off central lines when ordered in Apheresis and Heme-Onc patients only.

•Nursing will call the provider per policy if unable to obtain the second set and the provider should draw a venipuncture for the second set. Please do not ask the nurse to draw off a central line for the second set.

- IV. <u>Blood Cultures</u>:
 - A. Blood cultures are used to identify aerobic and anaerobic bacteria, fungi and mycobacteria.
 - 1. It is not recommended to draw blood cultures through central lines (i.e., CVC, IJ, PICC).
 - 2. Exceptions to this may be made per unit-based policies.
 - 3. Butterfly/VacutainerTM method is preferred method for obtaining Blood Cultures from Adults.
 - B. Assemble the correct number and types of blood culture bottles and/or tubes according to the following chart:

	Blood volume	# Bottles or tubes
Adult	40 mL ¹	2 Adult aerobic bottle
	Aerobic bottle: 10 mL	2 Anaerobic bottle
	Anaerobic bottle: 10 mL	
Mycobacteria (AFB)	5 mL	1 Myco/F Lytic bottle
Fungi	Peds < <u>36 kg</u> 1.5 ml	1 1.5 mL Isolator tube
_	Peds > 36 kg 10 mL	1 10 mL Isolator tube
	Adults 10 mL	1 10 mL Isolator tube

Source: PROC CM B-08A

1 Each bottle set (1 aerobic, 1 anaerobic) <u>must</u> be collected from a separate venipuncture site.



Floor/Switch	Tentative Schedule	Range of potentially affected Rooms/Locations	Hospital Units Affected (Not the same as Switch # A, B, C etc)	Other Potentially Affected Areas	Contacts
		100-600		Nuclear Medicine (200s), Surgical Specialties (608), Cardiac Services Temp Room (220)	Kyle Choquette, Keith Roach, Bill Handy,
sement	Thursday 7/22	100-800, mainly 100s, 400s and 500s		Interpreter Services (619), Radiation Safety (636)	
	5am	100-800		Environmental Services	
		1100-1700		Medical Staff Offices	Paul Waltz, Paul Daugherty, Liz LaDuke, Theresa Discenza, Mark Geramia, Shelly White,
	Monday 7/19	1100-1700		Psychiatry Consulting (1702)	Lisa Gaspe, C P Marthia, Marylin Galimi, Anne Snowden, Cath Stevens, Diane Nanno
t	5am	1100-1200, 1500-1800	Patient Access Services	Registratrion (1320)	Bernadette Lamanna, Tina Passett, Becky Dwyer
		Mainly 1300-1500	Parking Office	University Police (1326), Volunteer Services (1300s), Nursing Recruitment	
		Mainly 1200-1500s and 1700s	Nursing Administration	Hyperbaric Wound Care (1300s)	
		1400s-1800s		Gift Shop, Chapel, Pulmonary Function Lab, Lobby	
		2100s, 2400s, 2600s		Blood Draw Lab (2600s)	Katherine Mahaney, Ryan Knarr, Janine Morris, Diane Nanno
	Tuesday 7/20/2021	2200s, 2400s, 2800s	2N - Rehabilitation	Transplant Services (2400s)	
d	5am	2N, 2100s, 2200s, 2400s, 2600s, 2800s	Food Services	Discharge (2402)	
		2400s, 2600s, 2800s			
		2100s, 2400s, 2600s, 2800s			
		3700s and 3800s mainly	Pediatric Operating Room - 3N	Ultrasound (3400 - 3500s)	Ellen Powers, Gina Farell-Rogers, Jennifer Caldwell,
	*Wed - OR's	OR's, 3100s-3800s Very Spread Out	Radiology		· · · · · · · · · · · · · · · · · · ·
		3100s, 3200s, 3600s, 3700s, 3800s			
	7/21/2021	51003, 52003, 50003, 57003, 58003			
d	4:30-5am Start				
u	4.50-5411 5tart				
			A duile Development of D	A Marth includes Investiget Debastical Haalth Hait and Offices	Mishelle Zepentti Tedel Cabulas Dese Valantine, Esis Chartlef
	T		Adult Psychiatry - 4B	4 North includes Inpatient Behavioral Health Unit and Offices	Michelle Zoanetti, Todd Schuler, Rose Valentino, Erin Shortlef
	Tuesday 7/27		PEDs ED (yes)	4 West includes: Cystic Fibrosis Center & Pediatric Multi-Specialty Center	
	5am			Also Vascular Lab and Orthopedic Offices	
h		4100s-4800s		4 South includes: Trauma, Surgical Specialties Clinics, Acute Care Surgery,	*** Need special Comm with UPD, Administrative Supervisors, Operator ***
				Anesthesiology Offices, Neurology, Orthopedic Spine Clinic and Thoracic	
		/ /	Inpatient - 5A & 5B		
		5200s-5800s (mainly 5300s and 5500s)		Andrology Lab, Investigational Pharmacy Services, Pediatric Faculty Offices	5A Elizabeth Keesler, 5B Mary Martinez 5C Dialysis Anne Snowden
h	Wed 7/28	5300s-5800s (mainly 5400s)			
	5am	mainly 5100s-5300s	Surgical Pathology - 5B	Surgery (5300s)	
		5400s-5800s		Dialysis	
		mainly 6400s-6700s			Amy Tetrault, Jennie Pharoah, Navneet Shergill
		6200s-6700s		Surgical Pathology	
1	Thursday 7/29	6100s-6700s		Case Management (6339)	
	5am	mainly 6300s-6600s		Heart and Vascular Reception area	
		mainly 6500s-6800s		Cardiac Diagnostics	
		6100s-6700s			
		7100s-7700s (mainly 7200s & 7500s)	Adult Orthopedics - 7A & 7B (7100-7300s)	7 West includes: Inpatient Unit & Telemetry Monitoring Room	Rose Valentino, Erin Shorflet, Jim Fitzgerald, Jennie Pharoah, Kerryanna Kershner
1	Tuesday 8/3	7100s-7400s	70	7 West also includes Adolescent Inpatient Psychiatry	
	5am	7200s-7700s (mainly 7200s 7300s & 7500s)	Inpatient Nursing Areas	7 North includes Neurosurgery Offices	
		7100s-7800s (mainly 7700s)		Tobacco Treatment Specialist (7335B)	
		8100s-8800s (mainly 8600s)		8141 - Offices Surgery Dept.	
	7/15 (Thursday)	8600s-8800s		8 North - Resident & Fellows Call Rooms	Dr. Tucker
1	5am	mainly 8200s, 8300s 8700s & 8800s	*Need to Verify this area	8 West - Anesthesiology Education Offices (8604-8606), Surgical Education Offices (8601A-8602)	
		8200s-8800s (mainly 8700s & 8800s)	Ebola Unit	Surgery Offices (8602B-8603), Surgical Schedulers (8601)	
		mainly 8100s & 8800s (mainly 8100s & 8800s)		Anesthesiology Offices (8410-8513), HPB & Surgical Oncology (8401-8402)	
		mainly 81005 & 87005	Residence Rooms	8801 - Cardiac & Thoracic Surgery, 8802 - Surgery Resident Library	
				8804 - Surgical Metabolism Research Lab	
				8702 - Vascular & Endovascular Surgery Services Suite	
				8710 - Administrative Offices	
				8715 - Animal Physiology & Surgical Lab	
				8717 - Patient Safety, Surgical Education and Simulation Lab	
				8719 - Critical Care & Cardiopulmonary Lab	