

CMO REPORT

UPSTATE
UNIVERSITY HOSPITAL

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 23, 2021

2021 DNV Hospital Accreditation Survey

by Joyck Mackessy

We expect four surveyors from DNV, our hospital's accrediting body, to survey us **the week of August 2nd**. The survey will be remote and will include medical record reviews, virtual environment of care tours, and medical staff review. **The attached .PDF contains an outline from DNV with a sample of areas they will likely focus on this year.** We also anticipate they will ask a lot of questions on how we handled our COVID-19 pandemic surge. The report from this year's survey will not be going to CMS as this is just an annual survey, and not our CMS recertification survey.

PREPARATION:

- Plan for cross-coverage if a key team player is going to be away
- [Review our DNV Survey Guidebook: DNV Healthcare Survey Information Guidebook for 2021](#)
- Decide in patient care areas who is the best/most experienced team person to navigate medical records for the surveyors
- Make sure staff have had a performance evaluation in the last 12 months, all staff have had their required annual employee health assessment and all staff have done their mandatory training.
- Post the weekly DNV Accreditation Tip Sheets for your staff to review
- Clear out clutter and equipment stored in hallways

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. All fire safety issues should be reviewed monthly and procedures reviewed annually.
- 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.

TIP: Assess if equipment (i.e., computers or tablets) are cleaned between patients for infection control and safety. Remember to wash your hands between patients.

- How long should you wash your hands with soap and water?

ANSWER: See [Hand Hygiene Policy/Procedure \(IC D-01\)](#) 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.

- Staff should know what the dwell times are for Clorox wipes and PDI wipes used for unit/clinic cleaning.

ANSWER: Clorox wipes require a 3-minute dwell time before wiping dry. PDI wipes require a two-minute dwell time before wiping dry.

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.

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- We expect DNV will focus their attention on how we have responded to the COVID-19 pandemic and infection control. It is important that staff know the COVID-19 policy manual is located at: <https://upstate.ellucid.com/manuals/binder/477>

KEY WEBSITES TO BE AWARE OF:

- [Accreditation/Regulatory Resources](#)
- [Safety Data Sheets](#)
- [Clinical Nutrition Manual](#)
- [Patient Handbook](#)
- [Policy Management System](#)
- [Electronic Death Registry Sign-Up](#)
- [Patient & Parent Rights and Responsibilities \(B-01\)](#)
- [Interpreter Services for Patients with Limited-English Proficiency \(LEP\), Deaf/Hard of Hearing, or Speech Impairments \(I-07\)](#)

- Autopsy Management:
 - [Autopsy/Post-Mortem Examination Authorization Policy \(A-11\)](#)
 - [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 \(CM E-15\)](#)

- [EMTALA \(E-13\)](#)

- 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: [Anesthesiology Services \(A-03\)](#)

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Teletracking Education Plan

by Scott Jessie, RN and Dr. Amy Tucker

Please see attached document with details on the Teletracking education plan. Links for training opportunities are included.

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 CDI@upstate.edu and someone will get back to you. For more information, please see attached "A-Z's of Documentation" tip sheet for July.

Word of Wellness

by Dr. Leslie Kohman

One of the top virtual educational experiences on physician and healthcare worker wellness is now available at a 75% discount – only \$50! If you are interested in this topic, this program is of very high quality, and illustrates the use of the Mayo Well-Being Index, to which we subscribe. Please consider this limited time opportunity. To register, please visit:

https://www.eventbrite.com/e/champions-of-wellness-virtual-summit-2021-tickets-155721518253?discount=WBICHAMPION&utm_medium=email&_hsmi=142803865&_hsenc=p2ANqtz-91bXIVpHKCuV2_H3ATB4dPO6Q6GRmVSsRhNFqYMDW5i1V3wjKVTv2I-Mk_OKUAP0UblInZKWaki-3KOFJEPPhxKOMwTiw&utm_content=142803865&utm_source=hs_email

Revised COVID-19 Policies of Special Interest for Clinicians

- [Novel Coronavirus 2019, Care of the Patient in the Family Birth Center \(COV F-01\)](#): Added that 2 support persons can be present throughout stay. Deleted full enhanced PPE for ALL deliveries. Deleted taking temperatures on the unit.
- [Symptoms Screening, Masking and Physical Distancing During COVID-19 Pandemic \(COV M-02\)](#): Updated screening process information for all locations. Updated references.
- [PPE Requirements During COVID-19 Pandemic \(COV P-08\)](#): Updated policy and grid that eye wear no longer required for all patient care.
- [Visitor Restriction During Prevalence of COVID-19 \(COV V-08\)](#): Revised inmates section on page 3 to receive visitors with current restriction guidelines.

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Outstanding Physician Comments

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

Adult Hematology Oncology: Dr. Maashal Dhir and Dr. Abirami Sivapiragasam – the best! Dr. Allison Roy has gone above and beyond to help my mom with her treatments – exceptional!

Breast Care Center: Dr. Lisa Lai is the perfect balance of compassion, information, and confidence. I am grateful to be in Dr. Lisa Lai's capable care. Dr. Lisa Lai deserves high praise. She met with my husband and I, took all the time we needed, and I never felt rushed and I know she squeezed us in. We were both so impressed by Dr. Lisa Lai. She is a tremendous asset to your organization. Dr. Prashant Upadhyaya did a fabulous job with my reconstruction! I'm very grateful.

ENT: I believe I had the best with Dr. Sherard Tatum.

EU at Community Hospital: Dr. Victoria Titoff was great! Dr. Victoria Titoff met me at the hospital when I came in and the care she gives is amazing. Every test is run to make sure I'm ok.

Family Medicine at Community Hospital: Dr. R. Eugene Bailey – efficient, polite, compassionate, and welcoming whenever my children or myself attend our appointments. Dr. Igor Kraev – kind and compassionate. Dr. Igor Kraev really listens to my concerns and answers all of my questions.

Family Medicine at University Hospital: Dr. Kaushal Nanavati is the most knowledgeable and caring doctor I have ever seen. Dr. Clyde Satterly is the very BEST! Dr. Clyde Satterly – excellent!

Inclusive Health Services: Dr. Elizabeth Asiago-Reddy was thorough and very informative. She gave me good information and I appreciate that she has taken the time to learn my history and help develop a healthcare plan for me. I never felt rushed during our appointment or that she was in a hurry to move on. We had an informative discussion about the plan forward. I'm very pleased with the care I am receiving from Dr. Elizabeth Asiago-Reddy. Dr. Elizabeth Asiago-Reddy is always interested in me as a person and as a patient. I enjoy our visits. Dr. Elizabeth Asiago-Reddy – when using MyChart, responses are quick and helpful. I always look forward to seeing Dr. Elizabeth Asiago-Reddy. Dr. Angana Mahapatra – all around great and can tell she enjoys what she does and wants to help people. Dr. Joseph Valentino is awesome. He answered all my questions and even joked with me. That put me at ease immediately. Dr. Joseph Valentino is very knowledgeable and expertly answered all my questions, considered all my concerns, and included me in determining treatment options.

Joslin Pediatric Center: Dr. Barbara Feuerstein – excellent provider! Dr. Barbara Feuerstein always takes time with me and I never feel rushed. She is very thorough and caring. I have had several thyroid doctors before Dr. Barbara Feuerstein and she is far above any of them. I don't mind driving over an hour to see her as I know she will give me good care. Dr. Ruban Dhaliwal – concerned, knowledgeable, patient, focused on my issues, took a lot of time to talk with me. Dr. Ruban Dhaliwal was very nice and very knowledgeable. I would recommend Dr. David Hansen for the pediatrics care for my daughter and others! Dr. David Hansen went above and beyond to meet our need and make my little girl feel safe with her care. I know he had the best care in mind! Thank you so much! Dr. David Hansen is professional and very personable. He was great with my daughter and addressed all of our questions and concerns. Dr. David Hansen – thank you! Dr. Rachel Hopkins is the best! I feel like I can talk to her and she will listen and help me come to a decision. Dr. Roberto Izquierdo is kind, thorough and rational. He is a model physician. I have always enjoyed the time and attention Dr. Roberto Izquierdo has given me.

Multidisciplinary Programs Cancer Center: Dr. Mashaal Dhir really made me feel at ease and was very thorough about everything involved. Dr. Mashaal Dhir – team approach and studied my situation prior to entering the room. Dr. Mark Marzouk gave

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exceptional care. He was very attentive and caring.

Nephrology Clinic: Dr. William Elliott – so glad he is on my team.

Pediatrics After Hours at Community Hospital: Dr. Elizabeth Janet Hobson-Bolourchi was an excellent provider and gave us good information all along the way.

Pediatric Cancer Center: Dr. Kathryn Scott is amazing. She explained everything thoroughly so we could understand test results and the recommended course of action.

Pediatric Gastroenterology: Dr. Marcus Rivera was amazing. He was very compassionate, listened to our concerns, but also listened to our wishes. Thank you.

Pediatric Urology: Dr. Anthony Tracey was excellent, very knowledgeable, and informative.

Pulmonology: Dr. Dragos Manta is wonderful. He is knowledgeable, patient, and caring.

Surgery – UH: We were surprised at how much time Dr. Jason Wallen spent with us answering our questions. Dr. Wallen impressed us because he didn't automatically recommend surgery and explained why. We were very pleased with the appointment.

Surgery – UH LL022: Dr. Jeffrey Albright was very professional and informative. He advised me of everything I should expect before, during, and after both procedures. Dr. Roseanna Guzman-Curtis is a wonderful doctor and surgeon. I highly recommend her to anyone!

SUNY Upstate – Virtual: We love Dr. Angela Mojica Sanabria. She is a fantastic provider.

Transplant Center: Dr. Matthew Hanlon is the best!

UHCC – Neurology: Dr. Tinatin Chabrashvili impressed me with her questions and respect for what I said. I felt comfortable talking with her. Dr. Tinatin Chabrashvili is excellent! We consider ourselves fortunate to be her patient. Dr. Tinatin Chabrashvili was an excellent physician. She made me feel comfortable. She proceeded with the evaluation with dispatch and respect. Dr. Anuradha Duleep is the best doctor I've ever had. Dr. Ahmed Eldokla as always was great at listening. Dr. Corey McGraw – absolutely fantastic! Dr. Jenny Meyer is awesome! I felt Dr. Jenny Meyer was thorough and listened. I felt very relaxed.

University Cardiology: Dr. Robert Carhart was exceptional in how he used language that I understood and made me feel valued with my medical issues. Dr. Robert Carhart is a caring doctor. Makes you feel comfortable. Dr. Robert Carhart – wonderful! Dr. Robert Carhart is the best at listening and making connections.

University Center for Vision Care: Dr. Preethi Ganapathy – caring and professional!

University Geriatricians: I was really impressed by Dr. Andrea Berg. She really took the time to explain everything to me. Dr. Andrea Berg was very compassionate. I was very pleased to talk to her, and was able to understand all that she said to me. I would recommend her to any family member and any of my friends. We think highly of Dr. Andrea Berg.

University Internists: This was my first contact with Dr. Tingyin Chee and I felt very comfortable with her approach and understanding of me. Dr. Vincent Frechette is always prompt. I very rarely have to wait more than 10 minutes. Dr. Vincent Frechette is excellent! Dr. Vincent Frechette is the most, finest, doctor I have ever encountered. Dr. Vincent Frechette – absolute

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best! I arrived an hour early and **Dr. George Gluz** saw me well before my scheduled appointment. Very much appreciated. Thank you! After only doing computer visits, I was going to be scheduled for a time I would not be in town. I expressed my concern and **Dr. Sarah Lappin** fit me in. **Dr. Sarah Lappin** is the best! This was my first visit with **Dr. Catherine White**. She is a breath of fresh air. She spent a long time with me, listened to everything I had to say, was very understanding, compassionate and caring. **Dr. Catherine White** – friendly, helpful, appreciate how well she listened and put me at ease.

Upstate Pediatrics: **Dr. Ellen Schurman** makes child very important and she was always so attentive and smiling.

Upstate Urology: **Dr. Timothy Byler** – great! **Dr. Natasha Ginzburg** was great and answered all my questions. **Dr. Dmitriy Nikolavsky** was very pleasant and did his very best to make myself and wife comfortable with the serious surgery I was having. I have given **Dr. Dmitriy Nikolavsky's** name and contact information to a few other men with stricture disease and other underlying issues nationwide.

Wound Care Center: Love **Dr. William Santiago**. He's the best!

3West at Community Hospital: **Dr. Matthew Hess** was amazing in explaining all of my treatments and needs of new medications.

09F: **Dr. Michael Costanza** – outstanding!

10G: **Dr. Maashal Dhir**, my surgeon, kept me informed of all medical procedures. He was very courteous to my family as well keeping them informed with my care.

Thank you for all you do! Have a great weekend!

Amy

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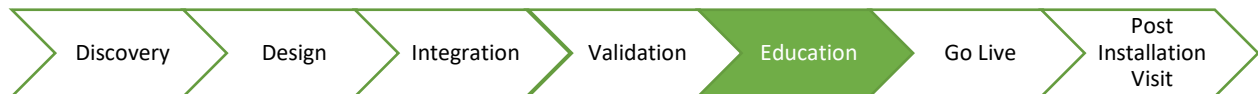
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UPSTATE

MEDICAL UNIVERSITY

Dear Upstate Community,

We are pleased to share that the TeleTracking operational improvement project is moving into the final phases and we have launched the Education component.



This is an exciting phase for us because our super-users—the people who will not only master the system for their department, but will also teach their peers—have the opportunity to show everyone this new system! All end-users will have a chance to try out the solutions and make sure they're comfortable and confident. Training registration for superusers can be found at the following link:

<https://www.upstate.edu/pdl/intra/register/index.php?category=73>

As part of learning more about TeleTracking and its impact, please take a few moments to read how it helped a health system improve patient flow in their emergency department:

["Carilion Clinic Transfer and Communications Center Helps Improve ED Patient Flow, Outcomes"](#)

By improving operations across the care continuum, we will improve patient flow, staff satisfaction, and discharge-before-noon percentages, resulting in decreased ED diversion and boarding hours.

We are very excited to continue this journey with you as we work diligently to ensure that no patient waits for the care they need.

Scott Jessie, MSN, RN, NEA-BC
Interim Chief Nursing Officer

Amy Tucker, MD, MHCM
Chief Medical Officer
Associate Dean for Clinical Affairs, College of Medicine
Vice President, Ambulatory Services & Population Health

Remote Survey Session Outline

SESSION OUTLINE

Time	Session Topic	Key Process (not all inclusive)	Requested Documents	Requested Staff (participate in the session)
75 min	Infection Prevention All Surveyors	<ul style="list-style-type: none"> Isolation procedure/process Monitorig of negative pressure areas COVID training process What is the impact to the Antibiotic Stewardship Program What processes have been put in to place to instruct individuals of what to do upon entrance to the facility including off-sites Is there a process to document HCP that enter a COVID patient room Is there a process for auditing adherence to recommended PPE use and hand hygiene How are laundry and food service items managed How are exposure to staff tracked and monitored Has the visitation policy been revised and are visitors screened Terminal cleaning process 	<ul style="list-style-type: none"> Infection Prevention Plan and Risk Assessment Review of COVID training / competency documents Any data currently being measured and monitored for variation. 2021 Infection Prevention minutes Isolation Procedures Policy Terminal Cleaning Policy 	<ul style="list-style-type: none"> Infection Control Officer or Representative Employee Health Environmental Services Representative Physical Environment Representative Pharmacy Representative Anyone the organization would like to include

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60 min.	Quality Management Generalist Surveyor	<ul style="list-style-type: none"> • Discuss internal and external issues and how those are elevated up to management review. And how the strategic plan/direction is updated as needed. • Process for prioritizing risk • Changes in data measuring, monitoring and analysis • Management review process (elevation – outputs) • Internal Audit process changes • Corrective Action 	<ul style="list-style-type: none"> • Quality Oversight Minutes for 2021 • Management Review Minutes for 2021 • Current Quality Data being measured and monitored • Current Internal Audit plan • 2021 Strategic Plan 	<ul style="list-style-type: none"> • Quality Representative • Leadership Representative • Anyone the organization would like to include
60 min	Emergency Services Clinical Surveyor	<ul style="list-style-type: none"> • Screening of patients on arrival with suspected exposure to COVID 19 • Patient placement for triage • Test kit availability and training to collect a specimen • How are COVID cases reported and to whom are they reported • What is the plan for a surge in capacity • Have the community coordination plans been reviewed and updated as necessary – Review plan • Staffing contingency plan • Are there sufficient supplies • Are signs posted at entrances and triage areas • Are mask for patients and hand sanitizer available at each entrance • Are there tissue and no touch receptacles available in the waiting rooms and common areas • Is there a process for receiving suspect cases arriving by ambulance • How is waste handled 	<ul style="list-style-type: none"> • Medical Record Review 	<ul style="list-style-type: none"> • ED Leadership • Anyone the organization would like to include
60 min	Emergency Management Services PE Surveyor	<ul style="list-style-type: none"> • HVA/Plan Review, including EID • 96 hour sustainability and how current inventory is being tracked • Communications Plan • 1135 Waiver Process with regard to alternative care locations • Training – IC, general, just-in time • Drill/Exercise/Event Review/AAR 	<ul style="list-style-type: none"> • Emergency Management Plan • HVA • 96 hour sustainability Plan • Communication Plan • 1135 Waiver process • Exercise Documentation including After Action Reports 	<ul style="list-style-type: none"> • Emergency Management representative • Anyone the organization would like to have included

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60 min	Medication Management Generalist Surveyor	<ul style="list-style-type: none"> • Process for supply shortages • Process for influx • After hours process • Current delivery process during pandemic - to include access for suppliers/vendor • Current structure for elevating medication management concerns - to include committee structure. • Compounding process 	<ul style="list-style-type: none"> • Committee Meeting minutes • Current data being measured and monitored. • After hours policy if applicable 	<ul style="list-style-type: none"> • Pharmacy Representative • Anyone the organization would like to have included
60 min	Critical Care Leadership Clinical Surveyor	<ul style="list-style-type: none"> • How are COVID cases reported and to whom are they reported if identified after admission • What is the plan for a surge in capacity • Staffing contingency plan • Are there sufficient supplies • Are mask for patients and hand sanitizer available at each entrance • How is waste handled • Has the visitation policy been revised • Is there a process for auditing adherence to recommended PPE use and hand hygiene • How are laundry and food service items managed • Isolation Procedures • How many AIIR rooms are available 	<ul style="list-style-type: none"> • Medical Record Review 	<ul style="list-style-type: none"> • Critical Care Leadership • Anyone the organization would like to have included
60 min	Medical Equipment Management PE Surveyor	<ul style="list-style-type: none"> • PM Completion data • Biomed staffing (contract or in house) issues • Camera tour critical equipment and tracing PM records 	<ul style="list-style-type: none"> • Medical Equipment Management Plan • PM Completion report 	<ul style="list-style-type: none"> • BioMed Representative • Anyone the organization would like to include

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60 min	Purchasing (Supply Chain/Material Management) Include - Contract Services Generalist Surveyor	<ul style="list-style-type: none"> • Process for handling vendors, suppliers, and contract services onsite during pandemic • Process for shortage of resources • Reporting process of illness (COVID exposure) from vendors/contract services • Receiving process during pandemic 		<ul style="list-style-type: none"> • Materials Management Representative • Contract Services Representative • Anyone the organization would like to include
60 min	Laboratory Services Clinical Surveyor	<ul style="list-style-type: none"> • Process for routine specimen collection, transportation, and other lab process related to COVID 19 • Education on how COVID 19 images appear • Communication of positive results 		<ul style="list-style-type: none"> • Lab Representative • Anyone the organization would like to include
60 min	Life Safety Management PE Surveyor	<ul style="list-style-type: none"> • Fire Alarm Testing, including interfaced equipment • Fire Sprinkler/other suppression system testing • Fire door testing and inspection • Emergency Lighting Inspection and Testing • Exit light inspection and testing • Fire Drills • Fire Safety Plan Review • Camera tour critical areas (fire panel, main sprinkler valves, fire pump, etc) 	<ul style="list-style-type: none"> • Last Annual Fire Alarm Test Report • Last Annual and most recent quarterly fire sprinkler test report • Fire door test/inspection report • Emergency lighting & exit sign testing reports (annual/monthly) • Fire Drills • Fire Control/fire safety Plan • Generator weekly inspection & monthly load run reports • Medical gas system test reports • Operating rooms humidity • Life Safety Management Plan • Utility Management Plan 	<ul style="list-style-type: none"> • Facilities Representative • Anyone the organization would like to include

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60 min	Staffing Management Generalist Surveyor	<ul style="list-style-type: none"> • Process for allocating staff for influx or storages • Competency process for staff coverages during an influx (emergency) – just in time training for example • Relationship with employee health services 	<ul style="list-style-type: none"> • Policy/Procedure on determining and modifying staff • Review of COVID training / competency documents • Staff files (sampling) - includes licenses, certs, annual education, competency, evaluations, etc. 	<ul style="list-style-type: none"> • HR Representative • Education Representative • Anyone the organization would like to include
60 min	Respiratory Therapy Clinical Surveyor	<ul style="list-style-type: none"> • What is the plan for a surge in capacity • Staffing contingency plan • Is there a respiratory protection Program that includes training for respirator use for any added staff • If the patient has to be transported outside of their room how does this get communicated to receiving staff (what is the hand off procedure) 		<ul style="list-style-type: none"> • Respiratory Therapy Representative • Anyone the organization would like to include
60 min	Safety Management / Security Management PE Surveyor	<ul style="list-style-type: none"> • Surveillance rounds, documentation and analysis • Confined Space Program • LOTO program • Access to facility, identification processes • Workplace violence program • Security of sensitive areas • Security staffing and training 	<ul style="list-style-type: none"> • Workplace violence policy • Policies related to identification of visitors and staff • Security Management Plan • Safety Management Plan • Security Vulnerability Assessment (<i>hospital only</i>) • Safety Committee/EOC/PE Committee minutes 	<ul style="list-style-type: none"> • Safety Representative • Security Representative • Anyone the organization would like to include

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Time	Session Topic	Key Process (not all inclusive)	Requested Documents	Requested Staff (participate in the session)
60 min	Dietary Services Generalist Surveyor	<ul style="list-style-type: none"> • Process for influx • Tray handling process for high risk patients • Staff coverage during influx or illness • Dietician processes for high risk patients 	<ul style="list-style-type: none"> • Staff training/competency regarding Isolation/high risk patients 	<ul style="list-style-type: none"> • Dietary Representative • Dietician • Anyone the organization would like to include
60 min	House Supervisor included - bed management Clinical Surveyor	<ul style="list-style-type: none"> • Patient placement how is COVID 19 suspicions or confirmed cases communicated throughout the facility • Holding areas • Capacity issues • Hand off communication • Discharge process and cleaning of room communication 		<ul style="list-style-type: none"> • House Supervisor • Bed Management Staff
60 min	Hazardous Waste Management PE Surveyor	<ul style="list-style-type: none"> • Process for collection, storage, and disposal of biohazard wastes • Processes for collection storage and disposal of hazardous wastes 	<ul style="list-style-type: none"> • Hazardous Waste Management Plan 	<ul style="list-style-type: none"> • Waste Management Process owner or representative • Anyone the organization would like to include
60 min	Previous Year NIAHO/ISO Reports All Surveyors	<ul style="list-style-type: none"> • Corrective Action for Previous Years Nonconformance • Follow-up process for actions taken 	<ul style="list-style-type: none"> • Corrective Action Plans • Follow-up documentation • Medical Record Review 	<ul style="list-style-type: none"> • Quality Representative • Leadership Representative • Anyone the organization would like to include

Clinical Documentation Improvement (CDI) Tip of the Month for July “A→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 CDI@upstate.edu and someone will get back to you.*

A	Arrows	Use diagnoses, not arrows and lab values
B	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.
C	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, what is 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
H	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

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I	Incidental/Inherent	Regarding post-op complications: please document when " incidental occurrence or inherent to the procedure" so that these are not coded as complications
J	Justify	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.
K	K - Potassium	Use the diagnosis (Potassium) not replete K
L	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.
M	Medication	All medications and treatments should have a related diagnosis documented clearly.
N	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.
O	Obesity	Especially Morbid Obesity are always significant
	Overview	2-3 sentences that change daily, demonstrating events of day and night for care progression.
P	Problem List	The problem list is like a toolbar for the record, it is not part of the permanent medical record. Please include these current/managed diagnoses in your progress notes with validation.
Q	Queries	The entire team's responsibility, please respond in your documentation if you see one when you are writing a progress note.

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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.
T	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	Must have a current weight
	"What's happening now?"	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