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

August 23, 2021

COVID Update

# Positive	# ICU	# Vent
29	10	4

Workforce Staffing and Support—Bed Closures & Restriction of Elective Cases

Upstate is experiencing unprecedented increases in patient volume at both of our hospitals and Emergency Rooms, coincident with the most severe staffing shortage in our history. We are losing staff faster than we can hire and are mandating nurses on a daily basis. To prevent further strain on access and staffing, we have balanced the loads across the system by moving inpatients and OR cases to Community; however, we have now exceeded the capacity we can safely staff at both campuses. We have reached the point where we must reduce elective cases and temporarily close some inpatient beds in order to achieve safe staffing and decrease mandations.

On Wednesday, August 25, we will return to limiting elective surgical cases. We will follow the established policy, COV P-09, that we used during COVID. We will use the "Red Level" which means that the Surgical Chairs will have to approve all cases. We will do as many cases as we can safely support and are engaged in a variety of initiatives to improve staffing so that we can reopen to full capacity as quickly as possible.

Along with the restriction on elective surgeries, we will be closing some inpatient beds and increasing the percentage of ambulatory care provided by telemedicine. Stay tuned for specific information on inpatient bed closures, soon to follow.

Hospital leadership has created a dedicated Incident Command team to address staffing issues and potential solutions.

In addition to expansion of our staff and compensation adjustment, some of the initiatives under discussion include:

- Expanding student roles to include hospital work to support frontline staff
- UUP titles working expanded roles—clinical and non-clinical
- Extensions for time accruals or buy-back offers
- Shorter job application process
- Incentives for preceptors and charge nurses working overtime
- Receive overtime pay sooner than four weeks post work

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

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

August 23, 2021

Additionally, the team is looking at:

- Increasing the safe areas for breaks, meals, and work spaces
- Increasing staff resources like runners and labor pool
- Shifting staff to cover inpatient/ED areas by reducing elective ambulatory services, procedures and surgeries
- Exploring a walk-in clinic to decompress the ED and expansion to provide care for lower acuity patients in the UH ED
- Increasing telemedicine visits
- Establishing criteria for acceptance of patient transfers

More information on these, and additional, initiatives will be forthcoming. Thank you for all you are doing to help keep Upstate's workforce strong.

Breaking News – Pfizer COVID-19 Vaccine Given Full FDA Approval this AM for Individuals 16 and Up!

More information can be found at:

https://www.fda.gov/news-events/press-announcements/fda-approves-first-covid-19-vaccine

https://www.nytimes.com/2021/08/23/us/politics/fda-approval-pfizer-vaccine.html

COVID Testing and Vaccination Resources

by Joey Angelina and Stacey Keefe

Upstate COVID/Vaccine Hotline

Patients and their family members in need of COVID testing, vaccination, or booster shot can contact the Upstate COVID/Vaccine Hotline at 315-464-3979, Monday – Friday, 8 am – 7 pm. Hotline representatives are available to help identify a testing location/vaccination site that is close to them based on the request. Nurses are also available to provide guidance on possible COVID symptoms and directions on next steps.

Available COVID Testing Sites:

1. 800 East Water Street, Syracuse, NY 13210
   - Hours: Monday – Friday (8:00 am – 4:00 pm) and Saturday (8:00 am – 1:00 pm)
   - Individuals must have an appointment to be tested at 800 Water Street. There are several options for scheduling an appointment:

- Both active MyChart users and non-MyChart users can self-schedule a COVID test by visiting: https://mychart.upstate.edu/;
- Call 315-464-2778, press 0 and follow the prompts;
- Email covidtesting@upstate.edu with legal name, data of birth, and phone number. Individuals will receive a phone call to register and schedule a test.

2. Suite 1K, Upstate Community Hospital, POB South (4900 Broad Road, Syracuse, NY 13215)
   - Hours: Monday – Friday, 8:00 am – 4:30 pm
   - This is a walk-in testing site – no appointment is necessary

3. Outside of Upstate, several local pharmacies, such as Walgreens and Rite-Aid, offer COVID testing; appointments can be made by visiting their websites. WellNow has dedicated four sites as COVID testing centers for asymptomatic individuals, temporarily suspending urgent care services. Appointments can be made online at the following WellNow locations:
   - 1600 Erie Boulevard East, Syracuse
   - West Taft Road, Liverpool
   - West Genesee Street, Fairmount
   - Route 31, Clay

UHCC ILI Infusion Center

by Nancy Walkett MSN, RN CML

- Scheduling assistance is available 24/7 by calling 315-464-5955

- SARS-CoV-2 monoclonal antibody infusion
  - Regeneron: casirivimab/imdevimab is administered together, for the treatment of mild to moderate coronavirus disease 2019 (COVD-19) in adult and pediatric patients (12 years of age and older weighing at least 40 kg) with positive results of direct SARS-CoV-2 viral testing, and who are at high risk for progressing to severe COVID-19, including hospitalization or death.

  - Limitations of Authorized Use - Regeneron is not authorized for use in patients:
    - Who are hospitalized due to COVID-19, or
    - Who require oxygen therapy due to COVID-19, or
    - Who require an increase in baseline oxygen flow rate due to COVID-19 in those on chronic oxygen therapy due to underlying non-COVID-19 related co-morbidity.

  - Please refer to the following website for more information and patient eligibility: https://www.regeneron.com/downloads/treatment-covid19-eua-fact-sheet-for-hcp.pdf

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

August 23, 2021

2021 DNV Survey Findings

by Joyce Mackessy

DNV conducted their 2021 survey of Upstate University Hospital, remotely, on August 3rd – August 5th, 2021. We received 4 non-conformities (NCs) compared to the 7 NCs we had in 2019 and in 2020. For this year, here are our findings:

- NC1 – Conditional (CL-1): need for a ligature free environment on inpatient psychiatric units at Upstate University Hospital and Upstate Community Hospital.
- NC1-1: Nursing/Medical Record Services - need for post-epidural assessment and monitoring documentation.
- NC1-2: Life Safety - need to close out timely issues identified on fire damper testing.
- NC2-1: Infection Prevention - need for pre-treating instruments that are awaiting high-level disinfection.

DNV also noted issues that did not formally get written in their report that are opportunities for improvement we need to work on before next year's re-accreditation survey for CMS. Things we can do better with are:

- Post-survey O2 orders not matching what patients are getting when leaving the OR for PACU (nasal cannula versus masks).
- Behavioral Health: need to see short- and long-term goals and have patients involved in their treatment plan documented.
- Medication orders covering drips when leaving OR – propofol orders not matching rates the medication was running at.
- Complete consent documentation

A few things that DNV was impressed with were:

- Magnet Status
- Zero CLABSI for more than two years (5A)
- Vaccination Rates
- Steady improvement toward goal of being a Vizient 3-Star hospital

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

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

August 23, 2021

Trauma Verification

by Jolene Kittle, MS, RN, ACCNS-AG, NE-BC, CCRN-K, CEN, CFRN, TCRN

The Adult Trauma Program was surveyed virtually by the American College of Surgeons on August 11, 2021. I am pleased to report that the site surveyors will be recommending re-verification! The final report is expected in 8-10 weeks. Thank you to our Upstate Team for your dedication and commitment to being a Level I Trauma Center, serving 14 counties and 1.7 million people!

Teletracking Go-Live August 24th

by Scott Jessie and Dr. Amy Tucker

Despite all of the recent challenges with staffing, capacity, and increase in COVID, we made it! After all of your months of hard work – from the initial discovery and design to the integration and education phases – we're ready to go live. Our goal is to ensure that no one will ever have to wait for the care they need. TeleTracking go-live is set for August 24th at 0700.

We do want to set some realistic expectations for the go-live because, while we anticipate that things will run smoothly, we also know there will be some moments of chaos as we start using the system in real time. Here are a few things to expect:

- A little bit of confusion as everyone remembers the steps,
- Role confusions within the system,
- "Ah ha" moments as training is recalled and reference guides are used!

All of us have given maximum effort to get to this point. Implementing the TeleTracking software platform, even in the difficult times we are experiencing will help us start to see real improvements in patient flow and movement. These changes won't happen overnight, but as we improve our operations and use the system, we will see the benefits.
We look forward to hearing your feedback on how the solutions are working out and how they will give us more time to focus on our most important job – caring for our patients.

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.

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

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

August 23, 2021

Reminder: Care Select Go-Live September 13th

by Jennifer Carey

Upstate has contracted with Care Select to provide this clinical decision support mechanism.

Ordering providers are required to consult AUC for all Advanced Diagnostic Imaging Service (CT, MRI, and Nuclear Medicine). Consultation is required in all applicable settings as outlined by the Centers for Medicare and Medicaid Services (CMS).

These requirements include hospital inpatient and hospital outpatient departments (including emergency department).

Please see attached for detailed information.

Auto Note Release of Lab, Path, and Radiology Results to MyChart

by Laura Cuff and the Auto Notes Workgroup

Effective **August 30th, 2021** all Lab, Pathology and Radiology results will be released to MyChart upon result and will not be held for provider review for any period of time in the Ambulatory, ED, and Inpatient settings. There are times where this may mean a patient will receive their test results at the same time as the provider and will review them prior to the provider being able to.

The ONC 21st Century Cures Act legislation passed in March of 2020 requires all health care organizations to transparently and quickly share requested health information. Failure to do so is regarded as information blocking and can lead to significant fines for both the organization and individual provider. This includes not sharing electronic health information to a patient portal in a timely manner.

Recently, guidance was released to provide clarity on how this legislation impacts sharing of patient test results to the patient portal. As an example, the guidance outlines the following: “It would likely be considered an interference for purposes of information blocking if a health care provider established an organizational policy that, for example, imposed delays on the release of lab results for any period of time in order to allow an ordering clinician to review the results or in order to personally inform the patient of the results before a patient can electronically access such results (see also 85 FR 25842 specifying that such a practice does not qualify for the “Preventing Harm” Exception).”

This legislation will cause a significant shift in our current practices and the way we talk to patients about their test results. It may be helpful to have a discussion with patients regarding their test result availability in MyChart and to let them know they will receive their test results at the same time as the provider.

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

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

August 23, 2021

Reference: https://www.healthit.gov/curesrule/resources/information-blocking-faqs

Revised COVID-19 Policies of Special Interest for Clinicians

- COVID-19: Bed Management and Throughput (COV B-03): Changed algorithm in Appendix A. Testing priority section moved to policy COV T-08. Pediatric COVID positive, r/o or high-risk may go to 11E, 12E, 12F unless UGCH on surge protocol.

- Symptoms Screening, Masking and Physical Distancing during COVID-19 Pandemic (COV M-02): Updated statement pg. 2 – masking required for offices with more than one person. Updated references. Removed Executive Order No for Mask/Face Covering.

- Pediatric COVID-19 Clinical Pathway (COV P-11): Procedure Pathway changed to form F95462

- COVID-19: Testing at Upstate University Hospital Locations (COV T-08): Changed from symptom-based COVID testing to testing all admissions and pre-op/pre-procedural patients regardless of symptom or vaccination status.

Advanced Practice Virtual Symposium 2021

by Melissia Wheeler, Asst Director of APS

Advanced Practice is pleased to announce the 2021 Virtual Symposium. This self-led symposium is open to all NPs, Pas, CNSs, MDs, Dos, Nurses, Residents, Fellows and students and will explore topics presented by members of the Upstate team, including: Sepsis, Pain and Addiction, Neurology, Care of the LGBTQ population, PrEP and PEP, Enhancing Patient Experience, Palliative Care and Wellness.

Registration is now open through November 5, 2021. Registration fee: $65; 8 CME credits will be awarded upon successful completion. Registration link: https://www.upstate.edu/cme/online-register.php.

Questions can be sent to APPSymposium@upstate.edu. Please see the attached brochure for full details.

Clinical Documentation Improvement (CDI)

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

Acute Respiratory Failure must always include documentation by a provider of the underlying cause with symptoms to match. Please include subjective and/or objective clinical indicators used to formulate the

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

August 23, 2021

diagnosis in your diagnostic statement. Please see attached tip sheets for more information and contact the CDI Hotline with questions at 315-464-5455.

Outstanding Physician Comments

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

ENT at Community: **Dr. Mitchell Gore** is the best! **Dr. Brian Nicholas** is fantastic. I highly recommend him to anyone.

Family Medicine: I have never had a doctor like **Dr. Kaushal Nanavati**. He is responsive, compassionate, and one of my favorite people. **Dr. Kaushal Nanavati** understood the issues and scheduled referrals during the visit. Outstanding! **Dr. Clyde Satterly** is an excellent doctor. **Dr. Rupali Singla** explains everything thoroughly and treated me with kindness and respect. **Dr. Rupali Singla** – knowledgeable and professional.

Family Medicine at Community: **Dr. Sana Zekri** – wonderful, very informative, respectful, on top of things. I like that. **Dr. Sana Zekri** is super!

Inclusive Health Services: **Dr. Angana Mahapatra** is an exceptionally skilled physician with a very empathetic manner and attitude. She listened to me and echoed back what I said. She made me feel very comfortable and looked after.

Joslin Pediatric Center: **Dr. David Hansen** is wonderful in the portal. We liked **Dr. David Hansen** very much! He was very nice and we felt very comfortable with him. Highly recommend him!! Love **Dr. David Hansen**! We love **Dr. David Hansen**! We really liked **Dr. David Hansen**. He was just very personable and concise with his explanations. **Dr. David Hansen** – he is so prompt, educates you, and doesn't make you feel rushed.

Multidisciplinary Programs Cancer Center: **Dr. Kristen Kelly** made a personal phone call to me and then to my father. What he is going through is difficult and mentally draining but his spirits were lifted after he spoke with **Dr. Kristen Kelly**. She took time out of her extremely busy day to make time for my father and his questions. She is exceptional and we are thankful for her knowledge and compassion for those who are seeking additional treatment.

Pediatric Cancer Center: We love **Dr. Jody Sima**. She appears genuinely concerned. Loved her explanations. **Dr. Jody Sima** is such a wonderful, amazing, doctor and I'm truly glad that she is my aftercare doctor. She's a really fantastic person and I greatly appreciate her.

Pediatric Gastroenterology: **Dr. Aamer Imdad** was excellent! He was very caring and sincere in all regards to

our child's condition and past issues. We were well informed and it was refreshing to find such a caring doctor especially since our son was turning 18 shortly after the initial visit.

Pediatric Multispecialty Clinic: We have been patients of **Dr. Joseph Domachowske** since my twins were born and he and his staff are absolutely incredible. **Dr. Christopher Fortner** is always caring, clear, reliable, and knowledgeable. He always supports us and does what is best.

Peds Neph, Rheum, Integrative Medicine: **Dr. Scott Schurman** always takes time to explain my child's health to me which puts me at ease. **Dr. Caitlin Sgarlat Deluca** is so polite and respectful. She takes charge and makes amazing decisions for her patients.

Rheumatology Clinic: **Dr. Hiroshi Kato** is very good, will not see any other provider. **Dr. Hiroshi Kato** is very caring, always has the best in mind for his patients, takes his time to explain the treatment he thinks is best for you and his bedside manners are excellent, reassuring and encouraging. **Dr. Hiroshi Kato** is by far the best doctor I have seen period! He has remarkable knowledge in the field and provides the best care while being friendly, honest, and caring. I have told others how caring **Dr. Hom Neupane** really is.

SUNY Upstate – Virtual: Always enjoy speaking with **Dr. Timothy Byler**. He is the best! Always have very good experiences at setting up my appointments with **Dr. Dragos Manta**. I am so thankful of the care I receive from **Dr. J Trussell** and his staff. So much so, that I insisted my husband contact **Dr. J Trussell** when his primary care doctor said he should consult with a urologist. Thank you for your professionalism, kindness, and knowledge. Much appreciated. **Dr. Jianghong Yu** is very compassionate, knowledgeable, and understanding of my individual health needs.

Surgery – UH: If I knew someone else with my problems I would certainly recommend **Dr. Michael Costanza**. **Dr. Michael Costanza** is very smart and capable surgeon. The nurses talk and say he is the best. I agree. **Dr. Michael Costanza** is always professional and shows compassion and concern when I visit with him. Impressed with **Dr. Jason Wallen's** communication skills. He gave me one piece of information that previous provider had not. He took time making sure I understood what he was saying.

UHCC Neurology: **Dr. Sara Ali** – great concern! **Dr. Deborah Bradshaw** – her continued care and concern for my well-being. **Dr. Anuradha Duleep** is very caring and takes the time to listen and address problems. **Dr. Corey McGraw** was willing to spend whatever amount of time that it took to thoroughly examine me and my history to develop a plan of care moving forward with this horrific disease. I really like **Dr. Corey McGraw**. **Dr. Corey McGraw** is an outstanding doctor. He is extremely professional, patient focused, and caring. I consider myself very lucky to have him as a doctor. **Dr. Luis Mejico** was absolutely phenomenal! He was very thorough, kind, intelligent, and he truly saved my eye. His explanations were fantastic and well-informed. I would recommend **Dr. Luis Mejico** to anyone and everyone who has the opportunity! **Dr. Luis Mejico** was absolutely fantastic! He was very attentive and thorough with all of the testing and explanations. I would

recommend him to everyone!!! He saved my eye! **Dr. Luis Mejico** was excellent! **Dr. Jenny Meyer** – caring, respectable, and all around great doctor.

University Center for Vision Care: I would definitely tell my family and friends about **Dr. Robert Swan** and what an excellent ophthalmologist he is. **Dr. Robert Swan** was very knowledgeable, concerned and caring. He had a great bedside manner and explained my options in a very understanding manner. **Dr. Robert Swan** – treats me with respect and takes care of my health. **Dr. Robert Swan** saved my life.

University Geriatricians: **Dr. Andrea Berg** is just wonderful! She took time and explained everything. **Dr. Andrea Berg** was very professional and personable throughout the meeting. **Dr. Andrea Berg** answered questions thoroughly, was kind, considerate and caring! I have already referred one of my patients to **Dr. Andrea Berg**. **Dr. Andrea Berg** is the BEST! **Dr. Andrea Berg** was active in finding a solution. I definitely felt heard. My stress level decreased. **Dr. Vikrant Tambe** was very courteous and answered all questions. He took time and didn't rush us.

University Internists: **Dr. Vincent Frechette** – very knowledgeable and stays on top of coordinating with my specialists treating my rare disease. **Dr. Vincent Frechette** – always very professional and takes the time to talk and answer questions. **Dr. Vincent Frechette** is professional, down to earth, and puts effort into being a vital part of the team that treats my rare disease. **Dr. Vincent Frechette** – impressed with his knowledge, interest, and engaging manner. **Dr. Vincent Frechette** is amazing. He always takes the time to answer my questions, is very thorough in review of my bloodwork and symptoms, and is always updated on the reports from my specialists and coordinating my labs and treatment with my other physicians. Polite, professional, and caring. **Dr. Vincent Frechette** – knowledgeable, engaging, empathetic. **Dr. Vincent Frechette** is the best internists you could have, he is an excellent diagnostic, zeros in on important things quickly, excellent and understanding listener, easy to talk with and always helps me get to the best place I can be in for my condition and situation. I trust him completely with my care and I always feel better and hopeful when I leave the office which isn't easy in my particular situation. **Dr. George Gluz** – awesome! **Dr. George Gluz** listened carefully to what my concerns were. **Dr. George Gluz** simply sits and talks with me. We discuss me. I am #1 when I am there. **Dr. Catherine White** explains everything in a clear and precise manner. **Dr. Catherine White** is very thorough and asked many questions. She also listens completely.

Upstate Pediatrics: **Dr. Travis Hobart** – excellent as usual! Thank you, **Dr. Travis Hobart**! I am glad you chose this practice to work for.

Upstate Urology: **Dr. Gennady Bratslavsky** persevered until he found the source of my recent problem! **Dr. Joseph Jacob** made me feel comfortable. **Dr. Joseph Jacob** – excellent! I can't say enough. He is a true professional in his care and is concerned about his patients. **Dr. Joseph Jacob** is very personable. I have been to at least a dozen urologists and none of them compared to the excellent results that I got from **Dr. Dmitriy Nikolavsky.** He is my hero! Dr. Dmitriy Nikolavsky is #1 in my bookI would recommend him to anyone! **Dr.**

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

August 23, 2021

Oleg Shapiro is very caring and always listens to our questions and concerns! I was very impressed by **Dr. Oleg Shapiro**. He was very welcoming and treated me with dignity and respect. I was particularly impressed by his taking time to explain the results of my recent ultrasound and scan and extending an open invitation to contact his service in the future as needed.

Vascular Surgery at Community: **Dr. Palma Shaw** is amazing! **Dr. Palma Shaw** is the absolute best. She is kind and truly cares about her patients. She listens and takes her time to be sure that everything I was to discuss is addressed.

Wound Care Center: **Dr. Deepali Sharma** – cares and takes wonderful care of everyone.

Thank you for all of the fantastic work you do! Amy

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

PAMA (Protecting Access to Medicare Act) Compliance and Incentives

July 1, 2018 – December 2019

Early adoption of AUC provides a high weight MIPS credit

January 2022 – Onward

Ordering providers must consult AUC from a qualified Clinical Decision Support Mechanism (qCDSM) for advanced imaging orders (Medicare part B only)

Priority Clinical Areas

- Cancer of the Lung
- Cervical or Neck Pain
- Coronary Artery Disease
- Headache
- Hip Pain
- Low Back Pain
- Shoulder Pain
- Suspected Pulmonary Embolism

Additional Details

- CY 2021: Education year – Consultation must occur
- CY 2022: 1st year of measurement for outliers
- Adherence to AUC will be measured within Priority Clinical Areas
- Future rulemaking expected to refine requirements

What's In It For Me?

Quality

✓Reduce unnecessary exposure to radiation

✓Correct exam for the indication

Patient Safety

✓Correct exam is ordered the first time

✓Exams are supported by evidence-based practice

Ease of Use

✓Epic integration through Best Practice Advisories

Potential Cost Savings

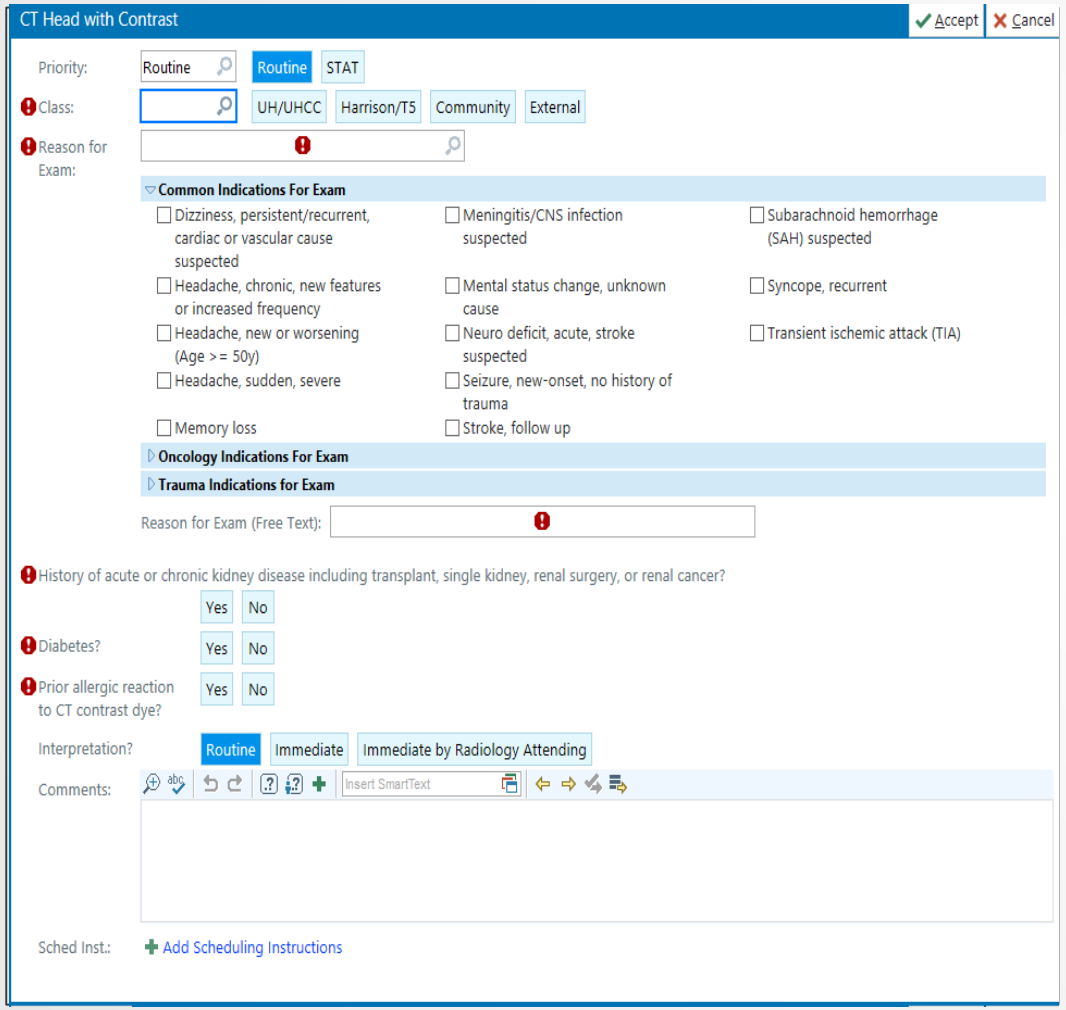
✓Appropriate utilization of resources

✓Reduced prior auths for imaging exams

Regulatory Compliance

✓Meet Jan 1, 2022, mandate

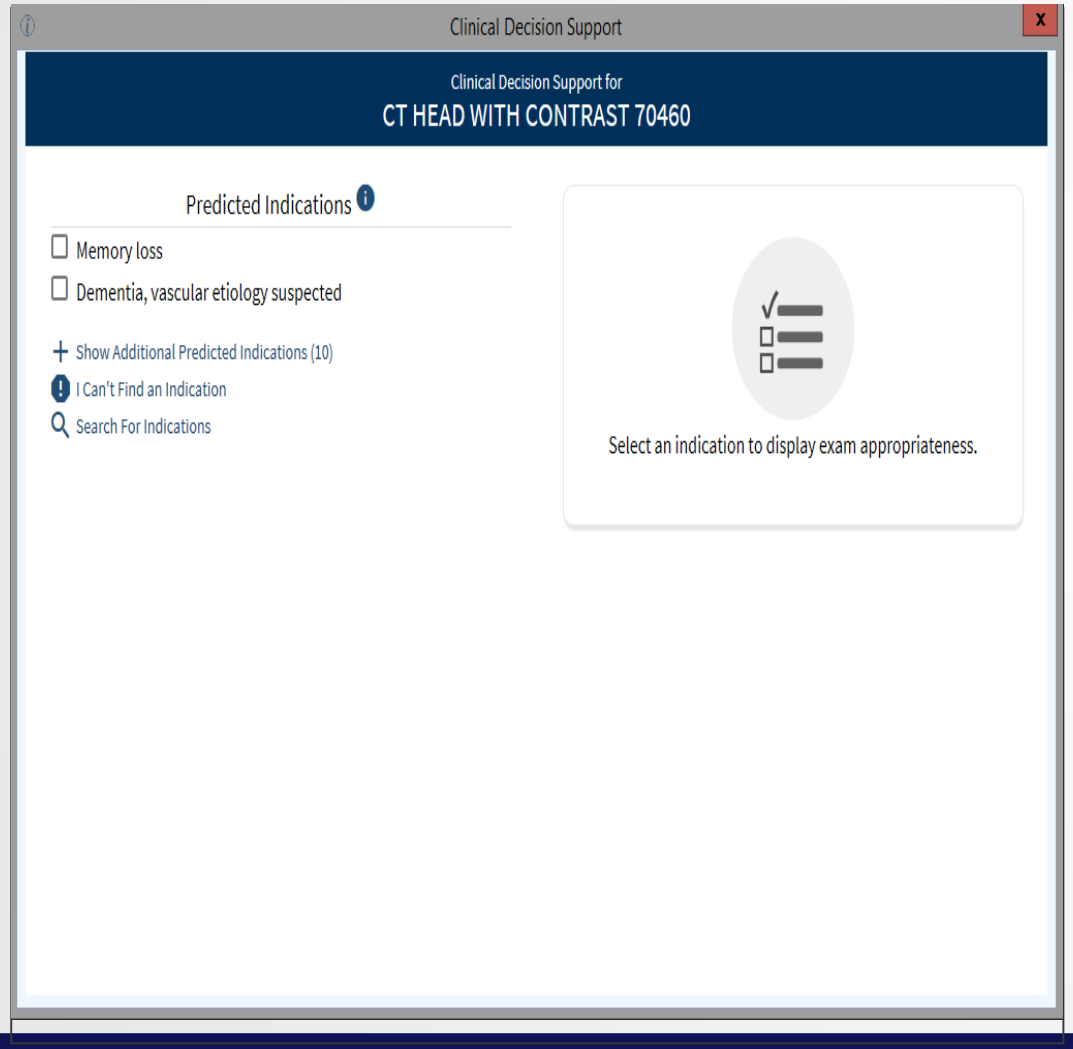
How will this affect my orders workflow?



What if I can't find the indication I want?

- You can still search in the Reason for Exam field for an appropriate indication. Only a subset of the most common are shown as quick selections.
- Help us help you make the most of this functionality. Please provide feedback.
- We will receive reports regarding ordering practices for educational purposes.

How will this affect my orders workflow?



Indication Selection

- Choose from short list of indications presented, if appropriate
  - Predicted Indications is intended to display most relevant indications
- Select 'Show additional Predicted Indications' to view additional indications
- Use 'Search for Indications' to complete a lookup of all available indications
- Select 'I Can't Find an Indication' to proceed with order. This will send feedback to the CareSelect vendor (NDSC) to review for future content updates.

What happens after the Best Practice Advisory (BPA)?

- 'Confirm and Order' original exam or 'Replace and Order' alternate higher-scoring exam
- You may need to complete additional order questions for an alternate exam (e.g. pacemaker/implant question if switching from CT to MRI)

Who will receive the Best Practice Advisory?

- Physicians
- Advanced Practitioners
- All ordering providers
- All users who place imaging orders inside of EPIC
- BPA will fire if score indicated is equal to or less than a score of 6

Can I still order what I want?

- Absolutely, CareSelect does not prevent providers from ordering the exam they want performed.
- You will have the ability to move forward with your original intended exam.
- For low-scoring choices, you will be able to document a reason for bypassing the feedback. Common reasons would be:
  - Patient cannot tolerate modality, or
  - Contraindication to modality (e.g. pregnancy, allergy, implant
- Please note that we will also be studying and sharing data related to utilization of the BPAs to improve the ordering clinician's experience.

Questions?

THANK YOU

Getting Started with

CareSelect™ Imaging for Epic

Welcome

This guide serves as an introduction to the CareSelect Imaging for point-of-order clinical decision support for high tech imaging studies. Upstate Medical University has implemented CareSelect Imaging with Epic for the following modalities and patient care settings:

Modalities

- CT
- MRI
- NM
- PET
- SPECT

Physician Groups

- All Ordering Clinicians

What is CareSelect Imaging?

CareSelect Imaging is a qualified Clinical Decision Support Mechanism (qCDSM) that integrates directly within Epic. The CareSelect content relies on evidence-based criteria for the appropriate use of high-tech imaging studies from qualified provider-led entities (qPLEs) including the American College of Radiology (ACR), the National Comprehensive Cancer Network (NCCN), the American College of Cardiology (ACC), and the Society for Nuclear Medicine and Molecular Imaging (SNMMI). CareSelect Imaging is designed to reduce unnecessary imaging by providing guidance directly at the point of order.

Why CareSelect Imaging?

Clinical Decision Support (CDS) has been shown to improve the likelihood that the most useful test will be ordered at the first point of order entry, which improves the diagnostic accuracy, shortens time to diagnosis, and improves patient satisfaction.

Additionally, the Protecting Access to Medicare Act (PAMA) legislation requires all providers to consult a qCDSM for AUC when ordering advanced imaging studies for Medicare Part B patients. The new Reason for Exam question and its associated indications are being deployed in preparation for implementing PAMA-compliant CDS.

Need Help? For questions, comments, and support, please contact: 315-464-4115

Information on the CareSelect Imaging Appropriateness Criteria Scoring

As mentioned above, the CareSelect Imaging Appropriateness Criteria was created by expert panels using evidence and professional opinions. The American College of Radiology (ACR), the Society of Pediatric Radiology (SPR) and the Society of Nuclear Medicine and Molecular Imaging (SNMMI) prefer to give their scores numerically on a scale of 1 to 9, which is divided into three groups based on order and indication combination appropriateness: 1-3 (Usually Not Appropriate), 4-6 (May Be Appropriate), and 7-9 (Usually Appropriate). The American College of Cardiology (ACC) and National Comprehensive Cancer Network (NCCN) give their recommendations textually and are divided into the same three groups that can be equivocated numerically to the average of each numerical group.

The first category is “Usually Not Appropriate” (represented by the color red) which includes numerical scores of 1, 2, and 3, as well as the “Not Recommended” textual score (average numerical score of 2) used by ACC and NCCN. This category indicates that the harm of doing the procedure generally outweighs the benefits. The second category is “May Be Appropriate” (represented by the color yellow) that includes numerical scores of 4, 5, and 6, as well as the “May Be Appropriate” textual score (average numerical score of 5) used by ACC and NCCN. This middle category is used when the risks and benefits are equal or unclear. The third category is “Usually Appropriate” (represented by the color green) that includes numerical scores of 7, 8, and 9, as well as the “Recommended” textual score (average numerical score of 8) used by ACC and NCCN. This category indicates that the benefits of doing the procedure usually outweigh the harms or risks.

Some risks or benefits may vary due to specific patient information or scenarios. Because of this, the final decision made by the provider may be different than what the medical evidence and expert opinion suggest.

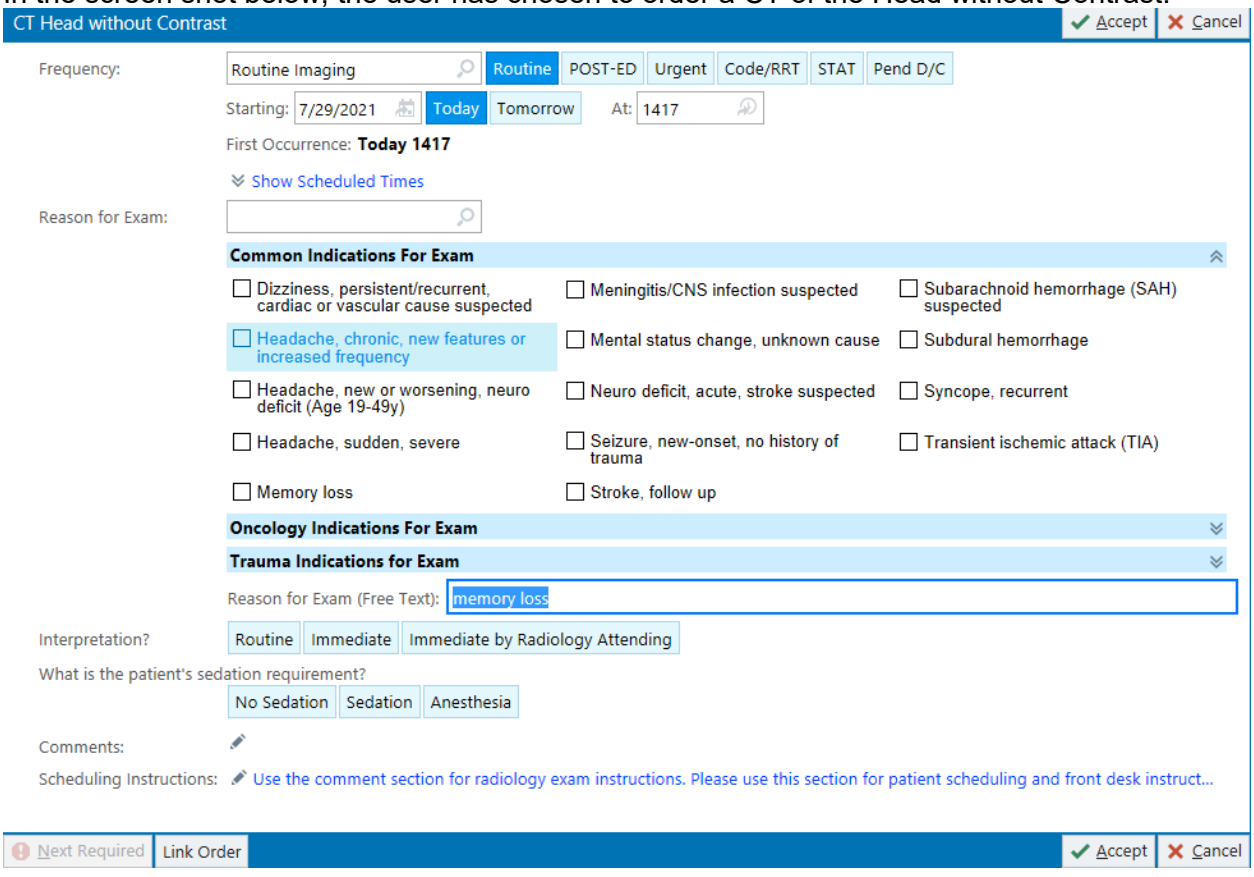
For some scenarios, all exams presented to the ordering provider may be scored in the red range (scores of 1, 2, or 3, as well as the “Not Recommended” textual score used by ACC and NCCN). In these cases, research indicates that imaging is usually not appropriate.

Guidance at The Point-of-Order

National Decision Support Company and Epic have collaborated to ensure an optimal user experience. The entire workflow takes place directly in Epic with minimal changes to your existing order entry workflow. Feedback is immediate, so there is no disruption to the doctor-patient relationship.

When CareSelect is enabled, the user is first presented with a BestPractice Advisory that contains a list of **clinical indications** based on the free-text reason for exam, the provider's specialty, the patient care setting, and a number of additional factors. Upon selecting a clinical indication, the CareSelect Imaging tool provides feedback related to the appropriateness of the order being placed as well as any suggested alternatives (each scenario includes links to supporting evidence which the user may choose to view). After reviewing the guidance, the user may proceed with the original order or select one of the alternates. The CareSelect Imaging knowledge base has also been integrated into Epic's Active Guidelines workflow as a reference tool to aid in researching care pathways and as a patient engagement tool.

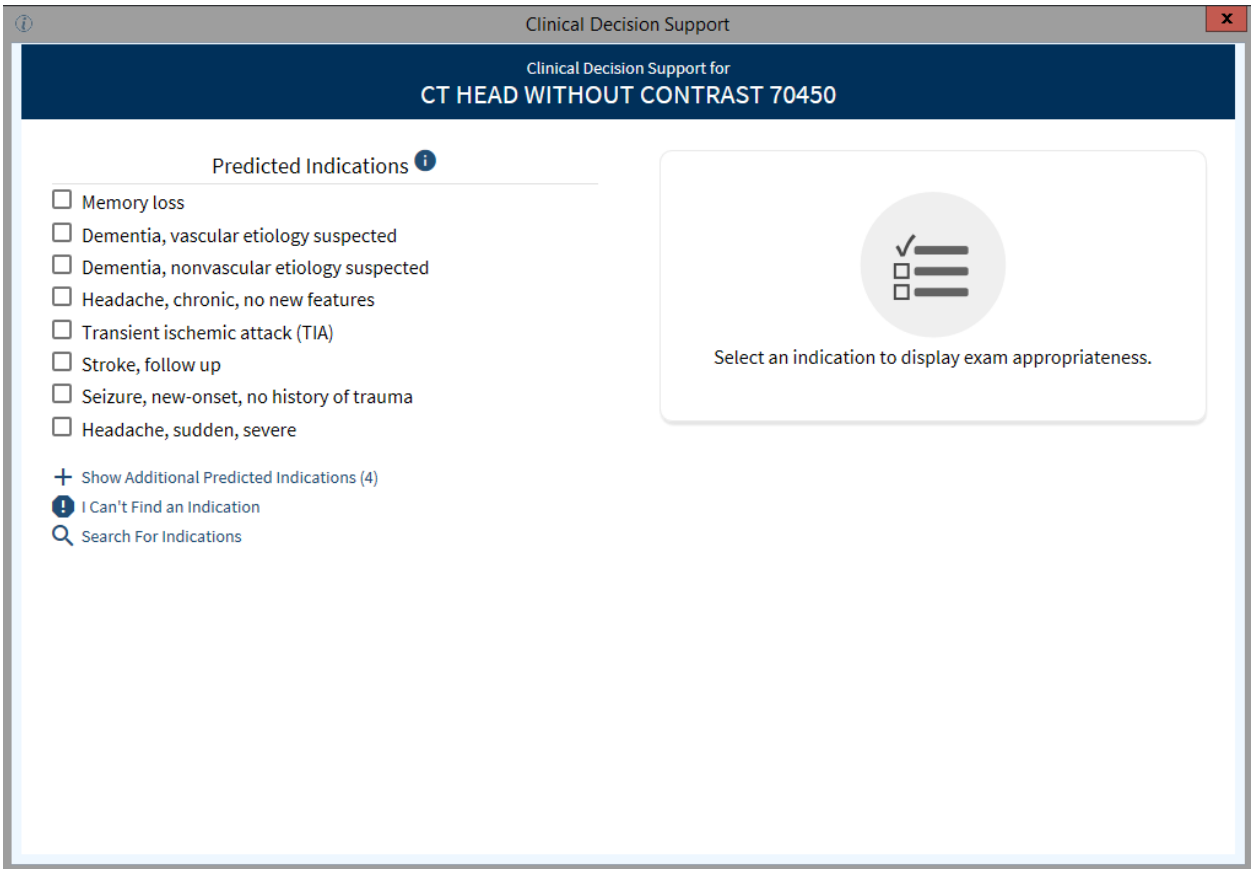
In the screen shot below, the user has chosen to order a CT of the Head without Contrast.



Caption: The order composer might look a little bit different based on the addition to Reason for Exam loading as a searchable field as well as the Common, Oncology and Trauma indications for exam pick list.

Minimal Changes to Your Existing Order Entry Workflow

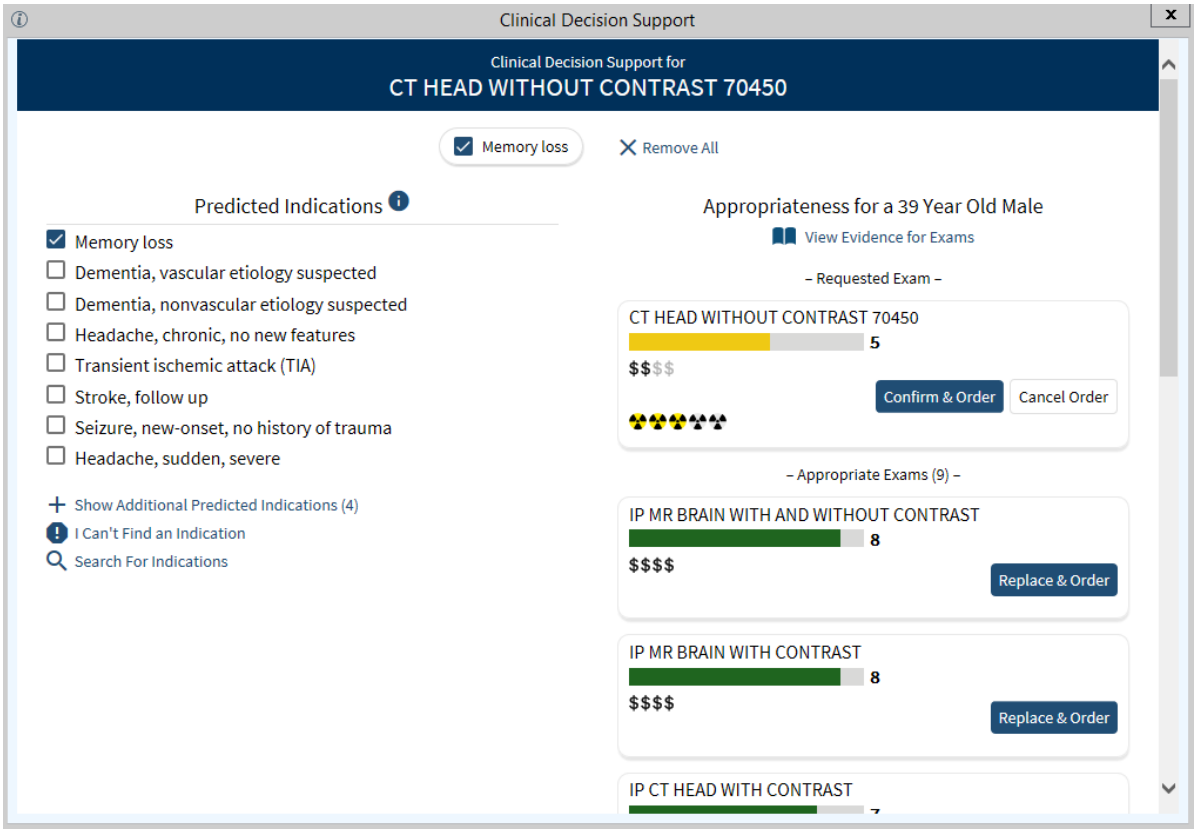
When enabled, CareSelect presents a context-aware list of structured clinical scenarios for selection. After selecting an exam, responding to any order questions and signing the exam, a list of potential clinical scenarios is presented to the user.



Caption: Based on their selection, CareSelect has presented a list of clinical scenarios that match the exam.

Scoring Feedback Presented to User

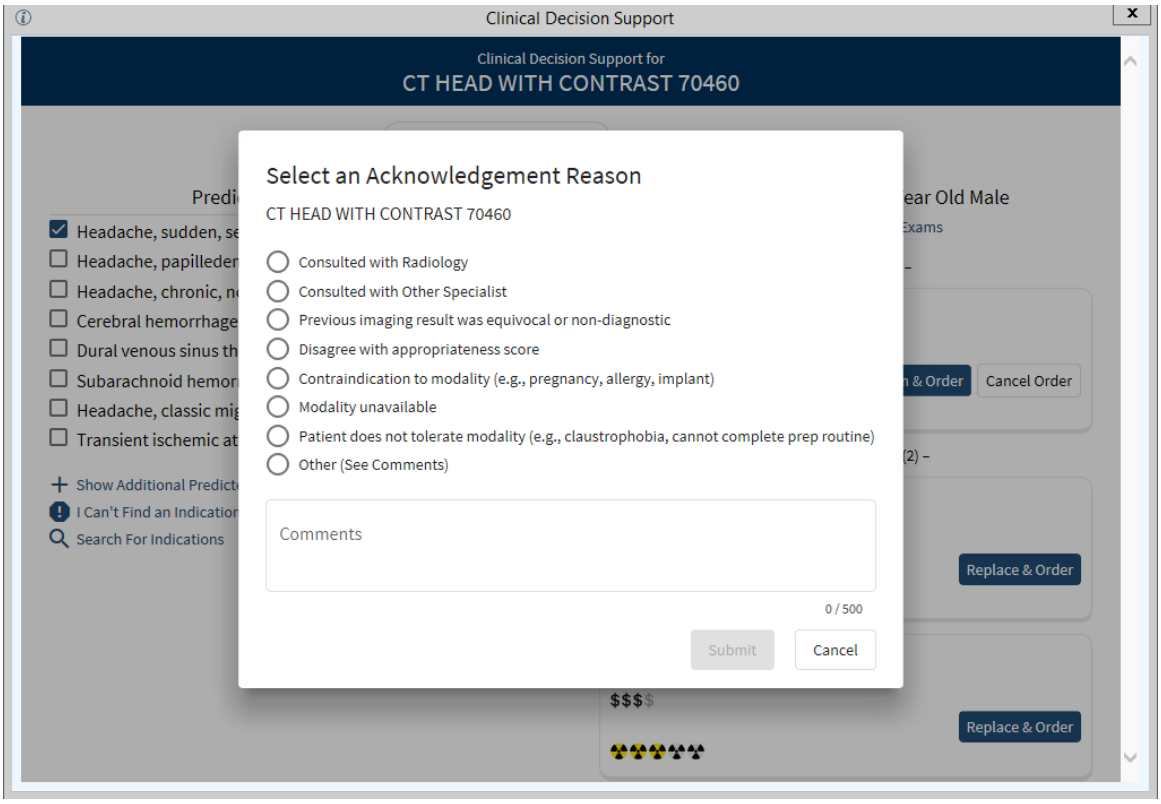
Once the **clinical indication** is selected, the user will see the Appropriate Use Criteria scoring for the scenario. The user will be presented with a list of alternative exams that may be more appropriate than the original order. The user is also presented with a link provided by CareSelect to read detailed rationale for the appropriateness scores provided.



Caption: The user is presented with a soft stop and may elect to continue placing the order, or choose to place an order for a new exam from the list of alternate exams.

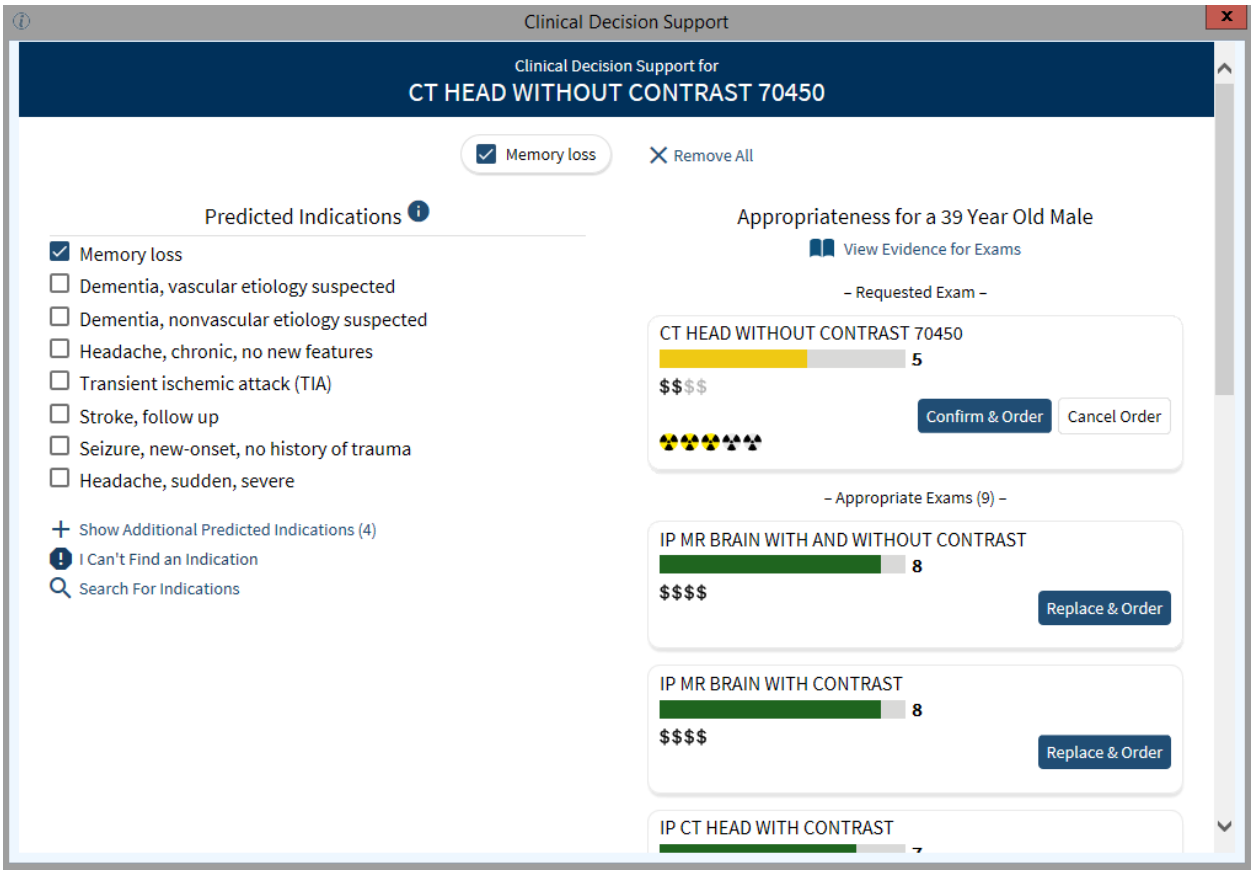
Soft Stop

If the user determines the exam is clinically necessary despite the low appropriateness score, they may be required to select an acknowledgment reason or provide additional comments.

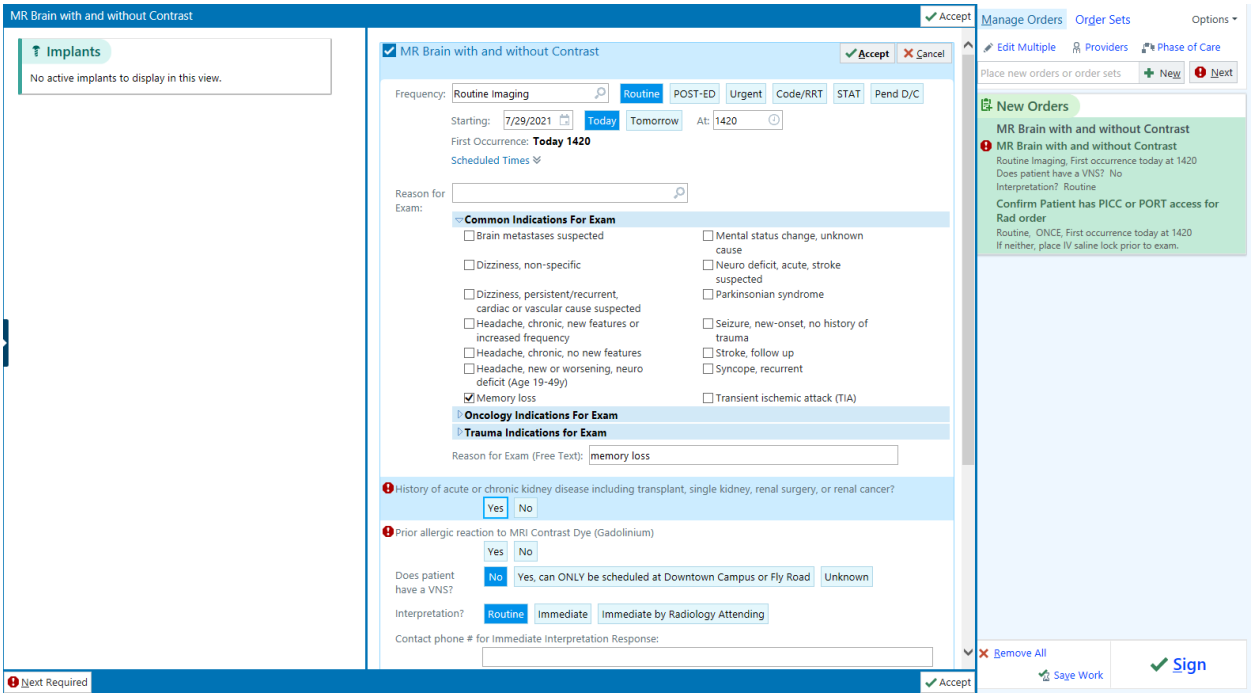


Placing an Alternate Order

If the user determines they will place an alternate order, they will need to select one of the alternate procedures offered in the BPA window. Upon selecting the alternate order by choosing “replace and order”, the original order will be removed, and the new order will be queued in the order composer.



Caption: The user in this scenario picks the "IP MR BRAIN WITH AND WITHOUT CONTRAST" higher scoring exam suggested by CareSelects appropriate use criteria



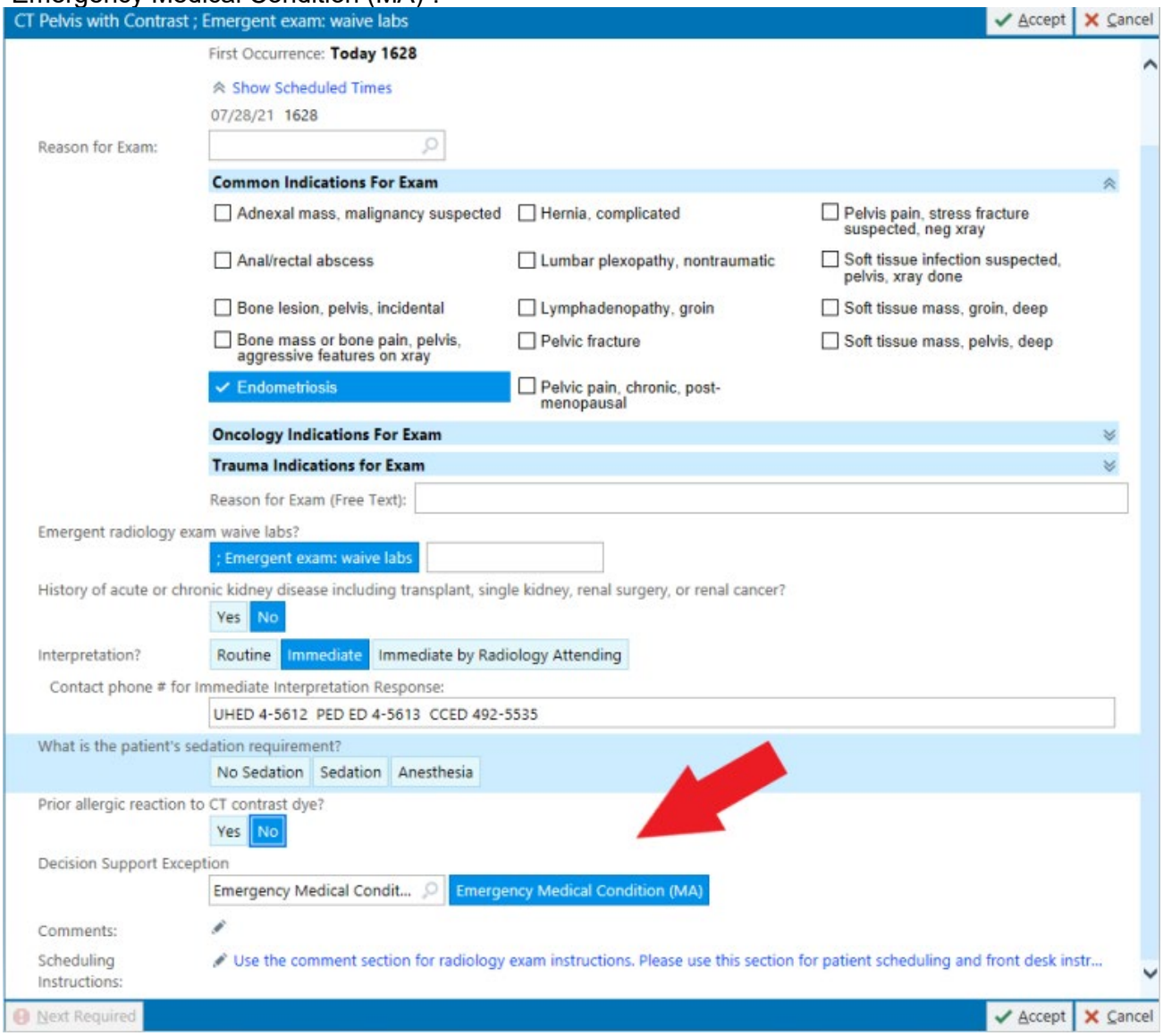
Caption: The system removes the CT Head With Contrast exam from the users list of unsigned orders and replaces it with the MR Brain With and Without Contrast orderset. The ordering user will need to enter any new required questions on the replacement exam and sign the order.

Orders Placed in the Emergency Department

Not all orders that are placed on patients registered in the emergency department will result in the Clinical Decision Support Best Practice Advisory (BPA) to fire and return an appropriateness score. In the following two scenarios when the patient is in the Emergency department, the BPA will be suppressed:

1. Patient has an ESI (Emergency Severity Index) of 1 or 2.
   As there is a pressing nature to patients who are assigned these ESI scores, the BPA is programmed to never fire for the ordering provider if the patient has a score of 1 or 2.
2. The order is being placed in an ED Trauma Order Sets where a Decision Support Exception question has been pulled in and the provider has answered the question as

"Emergency Medical Condition (MA)":



The medical exception question will only be available when the ED provider is in a Trauma, STEMI or Stroke orderset. It should be used when the condition is too severe to require calculating a score for advanced imaging exams.

CareSelect™ Imaging Predicted Indications

Overview

The Protecting Access to Medicare Act (PAMA) requires referring providers to consult AUC prior to ordering advanced diagnostic imaging services – CT, MRI, Nuclear Medicine and PET – for Medicare Part-B patients.

CareSelect Imaging is a Clinical Decision Support (CDS) tool that uses clinical criteria such as the patient's age, sex, the study ordered, clinical indication(s), problem list and encounter diagnoses to help determine the most appropriate imaging study for a patient based on appropriate use criteria (AUC) supplied by medical societies such as the American College of Radiology (ACR).

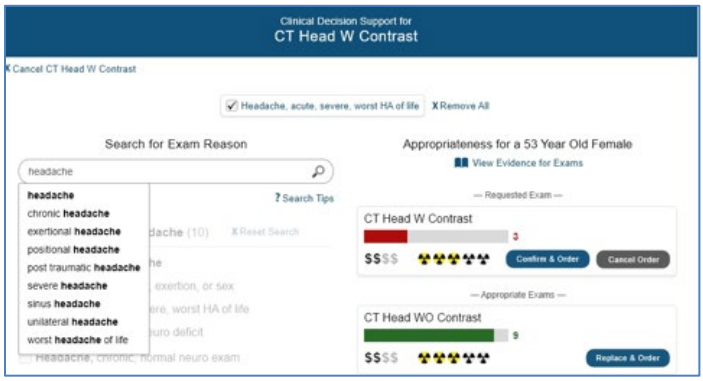
CareSelect employs the appropriate use criteria (AUC) as evidence-based guidelines to assist referring physicians and other providers in making the most appropriate imaging or treatment decision for a specific clinical condition. Appropriateness is displayed in number and color:

- **Red**: Most Likely Not Appropriate (1-3)
- Yellow: May be Appropriate (4-6)
- **Green**: Most Likely Appropriate (7-9)

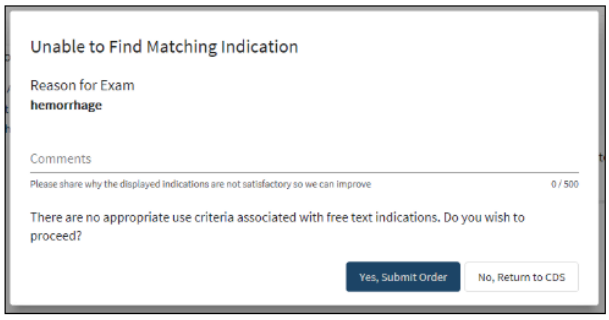
Placing Orders

1. Place and sign the imaging order.
2. Select from the list of Predicted Indications or utilize one of the additional options below the indication(s):
   - ***Show Additional Predicted Indications*** expands the list of available indications

- ***Search for Indications*** allows you to search for an available indication not listed in the list of Predicted Indications

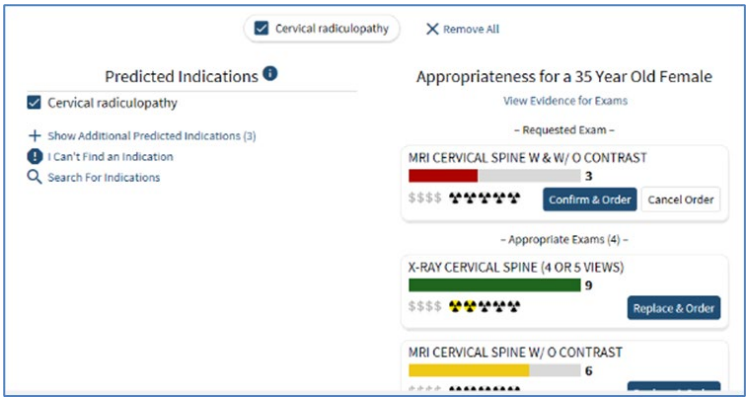


- ***I Can't Find an Indication*** allows you the opportunity to provide feedback (optional) to the CareSelect vendor when no predicted indication is reflective of the clinical scenario and proceed with the order



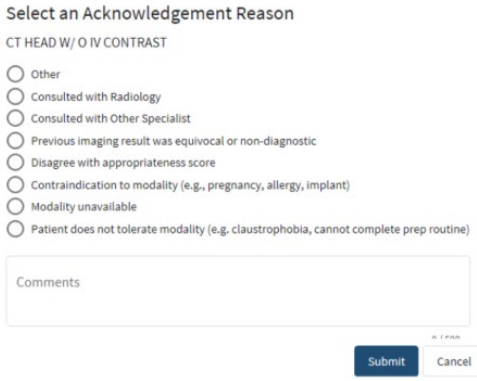
3. Choose one of the following:

- ***Confirm & Order:*** Continue with current order
- ***Cancel Order:*** Cancels current order and another order must be searched and placed
- ***Replace & Order:*** Removes the current order and replaces with the selected



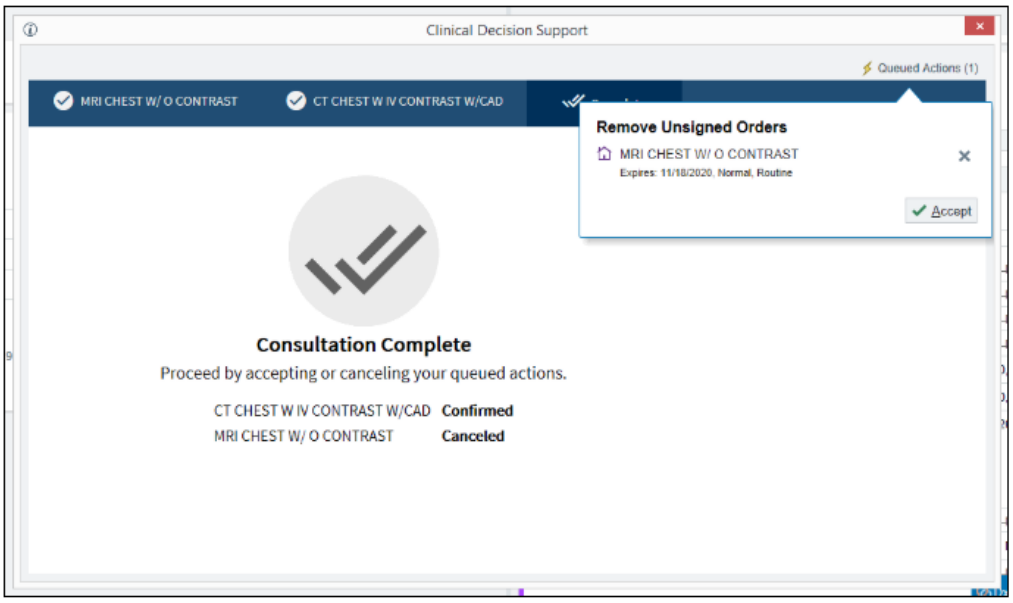
Acknowledgement Reasons when placing a less appropriate exam

If the ordering provider decides to proceed with a less appropriate exam, depending on the exam score, you may be required to 'Select an Acknowledgement Reason' to document the reason for proceeding.



Multiple Orders

If multiple orders are placed, the Predicted Indications will launch into a tabbed view, with each order having their information on a separate tab. Clinicians will complete the order on the first tab by selecting one of the finishing actions (Confirm, Replace, or Cancel). They will then be automatically taken to the second tab to complete the workflow there. Once all tabs have had their workflow complete, the window will either automatically close (if all orders were Confirmed) or a summary page will display and the queued actions pop-over will appear for them to Accept and complete the workflow

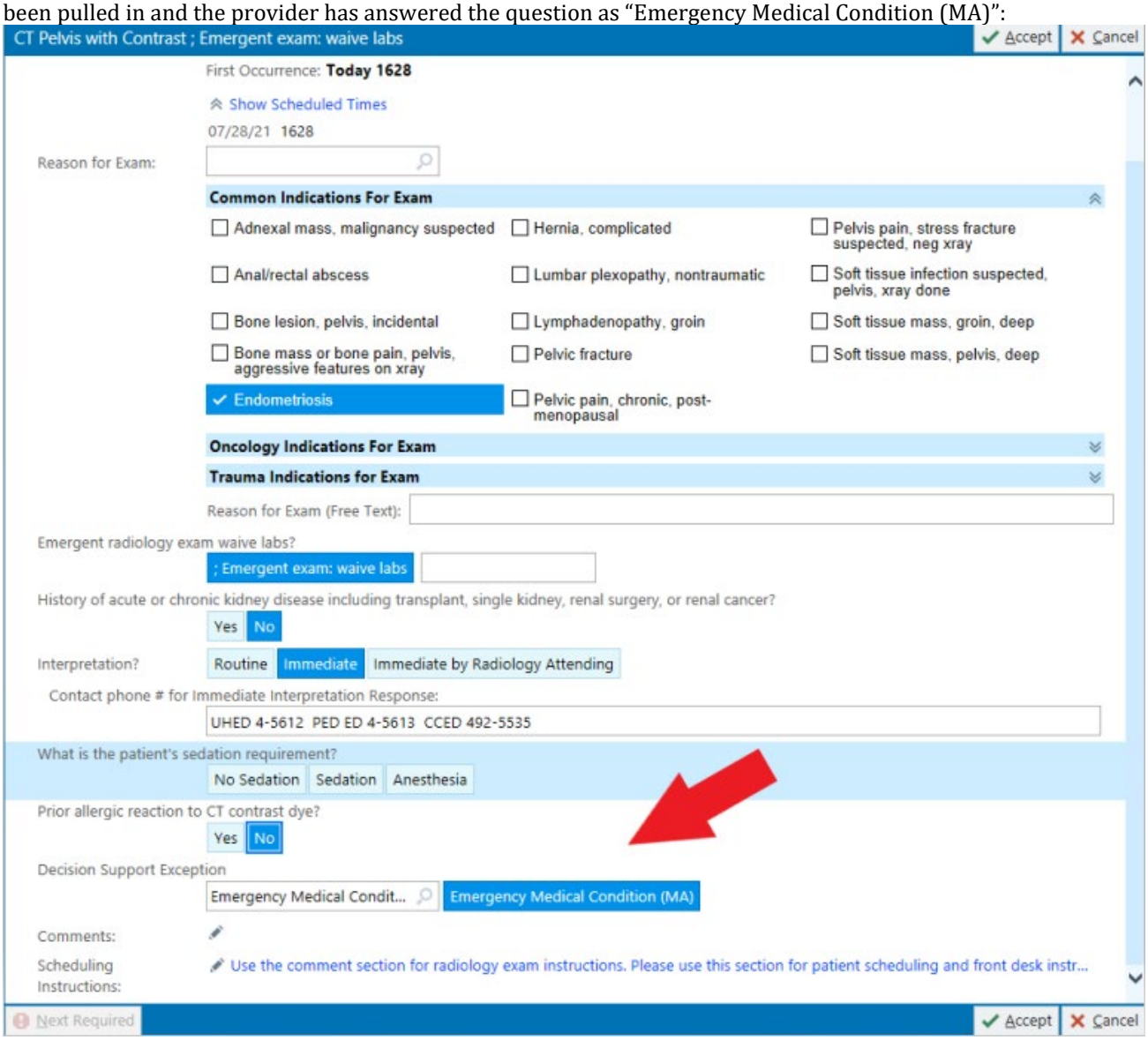


Multiple Orders workflow with a Cancel action

Orders placed in the Emergency Department

Not all orders that are placed on patients registered in the emergency department will result in the Clinical Decision Support Best Practice Advisory (BPA) to fire and return an appropriateness score. In the following two scenarios when the patient is in the Emergency department, the BPA will be suppressed:

1. Patient has an ESI (Emergency Severity Index) of 1 or 2.
   As there is a pressing nature to patients who are assigned these ESI scores, the BPA is programmed to never fire for the ordering provider if the patient has a score of 1 or 2.
2. The order is being placed in an ED Trauma Order Sets where a Decision Support Exception question has been pulled in and the provider has answered the question as "Emergency Medical Condition (MA)":



The medical exception question will only be available when the ED provider is in a Trauma, STEMI or Stroke orderset. It should be used when the condition is too severe to require calculating a score for advanced imaging exams.

CareSelect™ Imaging Structured Indication Selection

Overview

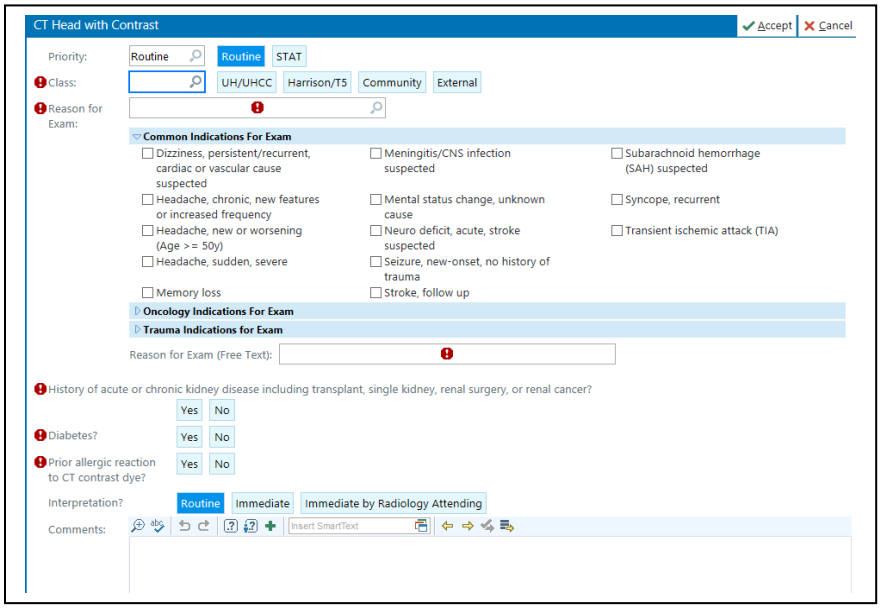
The Protecting Access to Medicare Act (PAMA) requires referring providers to consult AUC prior to ordering advanced diagnostic imaging services – CT, MRI, Nuclear Medicine and PET – for Medicare Part-B patients.

CareSelect Imaging is a Clinical Decision Support (CDS) tool that uses clinical criteria such as the patient's age, sex, the study ordered, clinical indication(s), problem list and encounter diagnoses to help determine the most appropriate imaging study for a patient based on appropriate use criteria (AUC) supplied by medical societies such as the American College of Radiology (ACR).

CareSelect employs the appropriate use criteria (AUC) as evidence-based guidelines to assist referring physicians and other providers in making the most appropriate imaging or treatment decision for a specific clinical condition. Appropriateness is displayed in number and color:

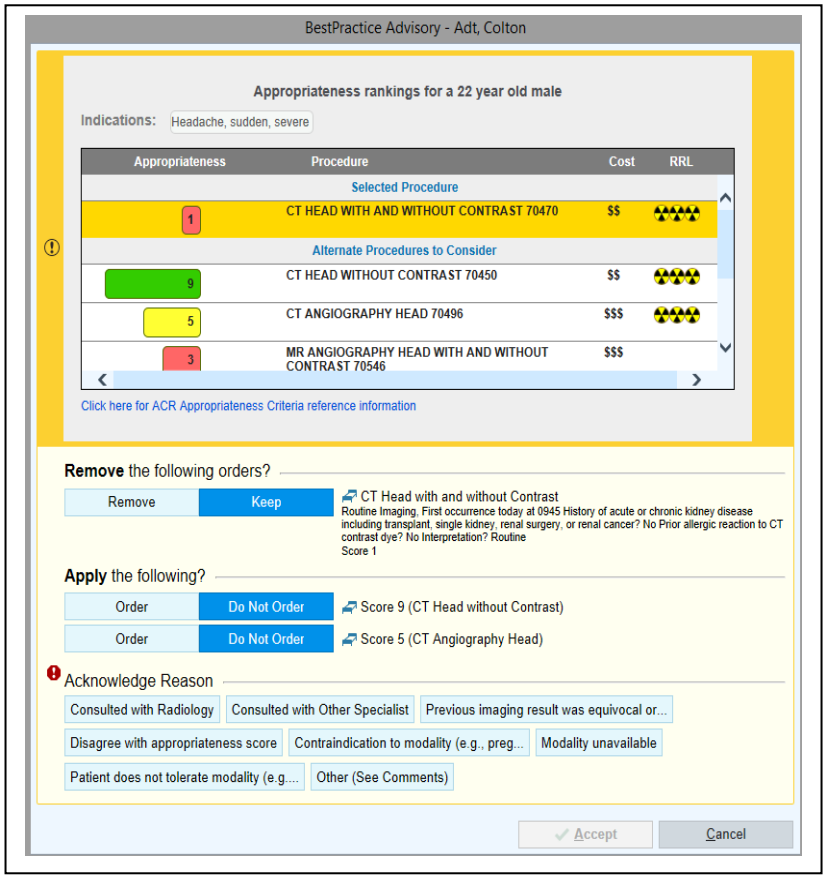
- **Red**: Most Likely Not Appropriate (1-3)
- Yellow: May be Appropriate (4-6)
- **Green**: Most Likely Appropriate (7-9)

Placing Orders – Selecting a Structured Reason for Exam



- ***Indication Groupings*** are determined by CareSelect as the most commonly utilized indications for each category
- ***Search Bar*** allows you to search through a more comprehensive list of Structured Indications. You also can select the Magnifying glass to pull up the complete list of indications for the exam
- The ***Free Text Reason for Exam*** at the bottom of the order composer will utilize the Predicted Indications workflow.

BestPractice Advisory (BPA) Window



Informational Section of the BPA

- Original exam with appropriateness scoring
- Alternate exams and appropriateness scoring
- Evidence Link

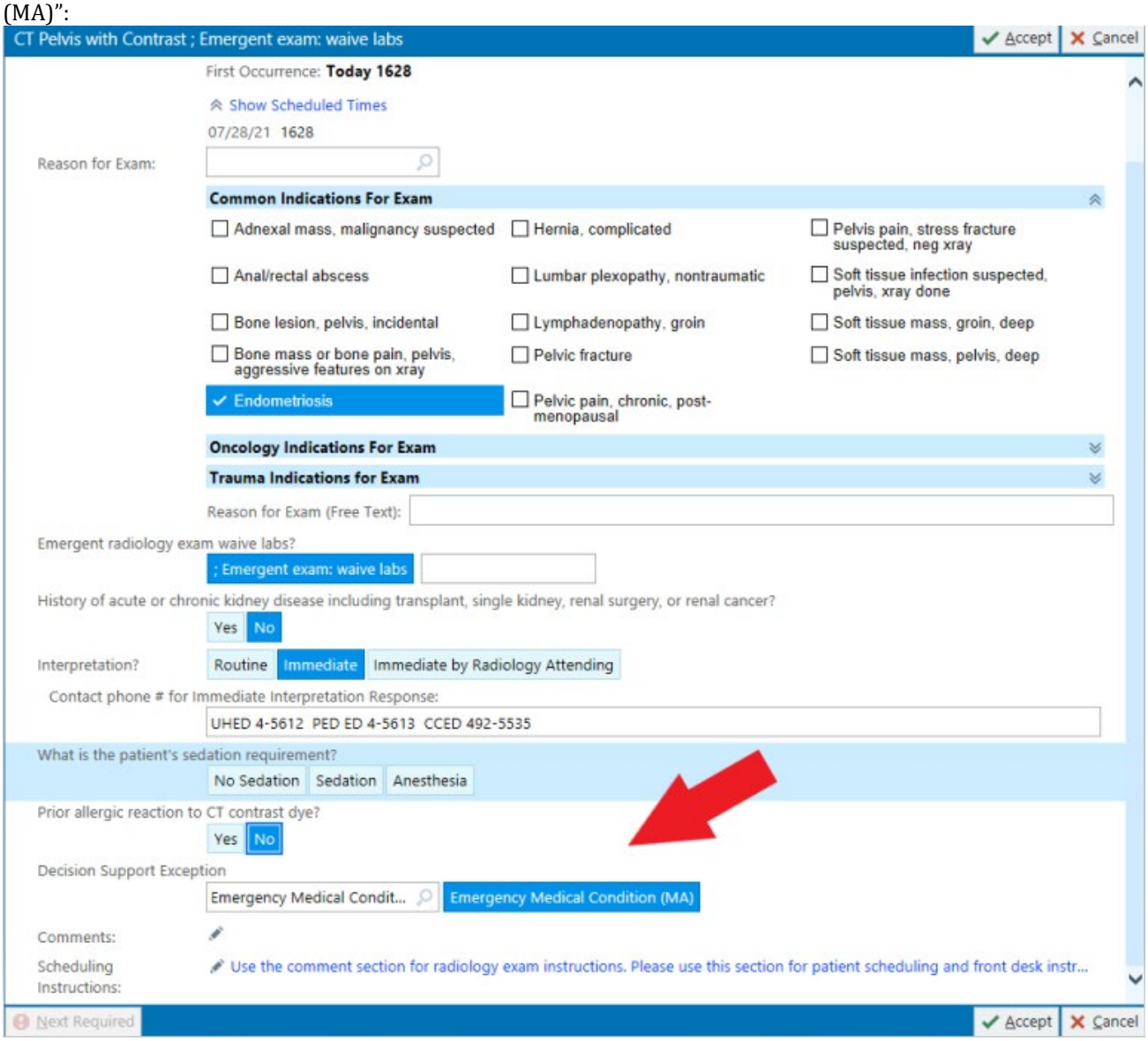
Actionable Section of the BPA

- Choose to either "***Keep***" or "***Remove***" the original imaging order
- Select an alternate imaging exam by selecting "***Order***"
- If proceeding with your original, low scoring exam, please select an ***Acknowledgement Reason***
- To keep your changes made through the BPA, select "***Accept***". To cancel your imaging order, select "***Cancel***"

Orders placed in the Emergency Department

Not all orders that are placed on patients registered in the emergency department will result in the Clinical Decision Support Best Practice Advisory (BPA) to fire and return an appropriateness score. In the following two scenarios when the patient is in the Emergency department, the BPA will be suppressed:

1. Patient has an ESI (Emergency Severity Index) of 1 or 2.
   As there is a pressing nature to patients who are assigned these ESI scores, the BPA is programmed to never fire for the ordering provider if the patient has a score of 1 or 2.
2. The order is being placed in an ED Trauma Order Sets where a Decision Support Exception question has been pulled in and the provider has answered the question as "Emergency Medical Condition (MA)":

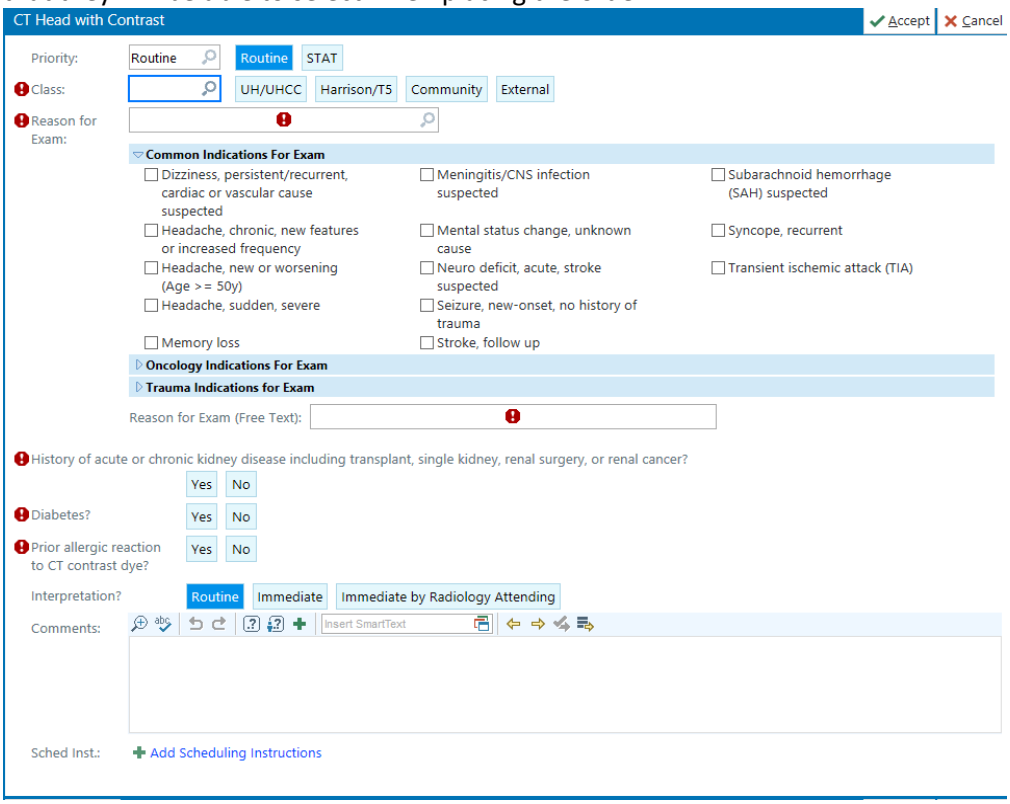


The medical exception question will only be available when the ED provider is in a Trauma, STEMI or Stroke orderset. It should be used when the condition is too severe to require calculating a score for advanced imaging exams.

Saving Orders and Structured Reasons as Favorites

Why can this be helpful?

When placing certain high-tech imaging orders, there can be multiple different structured reasons for exam that the ordering provider can choose from. If the ordering user often selects the same structured reason for exam when placing an order they will have the ability to save that exam and reason for exam combination as a favorite that they will be able to select when placing the order.



Steps that the Ordering user can take to save a Personal Favorite:

1. Place an order and select the reason for exam that will commonly be ordered by the physician. Accept the order so that the order can be signed.
2. Click the “Star” button next to the “sign” order option. This will allow the user to save this exam and reason for exam combination as a favorite.
3. Modify the name of the new order so that is can be easily identified when the user is searching for an exam to place on the patient.
    a. EX) CT Head wo Contrast can be named “CT Head w/o Contrast – Stroke, follow-up”
4. This new exam will now appear in the list of options for the ordering user to select when they search for this exam, giving them the option to select a pre-populated structured reason for exam, or allow them to start with a blank slate.

What Have questions or need assistance? Please contact the Help Desk at 315-464-4115.

ADVANCED PRACTICE SYMPOSIUM 2021

EIGHT VIRTUAL PRESENTATIONS

YOU CAN COMPLETE AT YOUR OWN PACE BETWEEN **SEPTEMBER 13 AND NOVEMBER 19.**

Please join us as we explore trending topics in health care through collaborative guest-speaker presentations. We will share state-of-the art research, strengthening learning across disciplines while discussing new concepts, measures and methods that the advanced practice provider can utilize in daily practice.

This symposium is specially designed for advanced practice providers, APRNs, physicians, nurses, residents and students.

Total time to complete the symposium is estimated at eight hours. Eight hours of CME will be awarded upon successful completion.

OBJECTIVES AND OVERVIEW: Following this activity, participants will be able to demonstrate and utilize enhanced knowledge in some of the key areas impacting clinical practice.

YOU WILL LEARN:

- the epidemiology, etiology and risk factors surrounding sepsis in both adult and pediatric populations
- current treatments, including medications, to treat Substance Use Disorder (SUD), as well as complications of use
- to increase your understanding and awareness of how to provide inclusive care to diverse populations
- how to identify types of strokes, etiologies and therapeutic options
- how to understand HIV prevention and risk reduction with use of PrEP and PEP and the clinical follow up required
- to apply advance care planning and advance directives discussions into everyday practice
- to implement evidence-based interventions of self-care for the health care provider
- to define the patient experience and its importance in health care

REGISTRATION: Registration is open August 15 through November 5. Visit **www.upstate.edu/cme/online-register.php** Registration fee of $65 includes all presentations and handouts, with the option to purchase an additional $10 certificate of completion. Transcripts are available at no additional charge through the CME office.

SYSTEM REQUIREMENTS: Firefox or Chrome. The program will not work with Internet Explorer.

QUESTIONS: About the symposium, contact Advanced Practice at **APPSYMPOSIUM@upstate.edu**. For technology concerns, contact Upstate's IMT Helpdesk at 315-464-4115. Pertaining to CME transcripts, contact Upstate's CME Office at **CME@upstate.edu**.

ACCREDITATION: SUNY Upstate Medical University is accredited by the Accreditation Council for Continuing Medical Education (AACME) to provide continuing medical education to physicians.

CREDIT DESIGNATION: SUNY Upstate Medical University designates this internet enduring activity for a maximum of 8.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

MAGNET RECOGNIZED
AMERICAN NURSES CREDENTIALING CENTER

Presented by

UPSTATE UNIVERSITY HOSPITAL

Advance Practice Services

Register August 15 - November 5 | www.upstate.edu/cme/online-register.php

ADVANCED PRACTICE SYMPOSIUM 2021

EIGHT VIRTUAL PRESENTATIONS

Presentation 1: Health and Wellness

The importance of employee wellness cannot be underscored. When employees create new healthy habits, performance and contentment improve. This presentation will differentiate between wellness, well-being and help improve understanding of wellbeing through the CORE 4 of wellness framework.
Presented by Kaushal B. Nanavati, MD, FAAFP, ABOIM, ABIHM

Presentation 2: Prevention of HIV with PrEP and PEP

HIV continues to be a major global public health issue. Pre-exposure prophylaxis, (PrEP) is an HIV prevention method in which people who do not have HIV can be prescribed HIV medicine to reduce their risk of getting HIV if they are exposed to the virus. This presentation is designed to help understand the need for risk assessment and to identify people who might benefit from PrEP.
Presented by Elizabeth Alexandra Asiago-Reddy, MD, MS

Presentation 3: LGBTQ

Americans' views toward those who identify as lesbian, gay, bisexual or transgender (LGBTQ) have changed substantially in recent years, as has the importance in acquiring a respectful environment for all clients. This presentation will help us improve our understanding of LBGTQ terminology, the health disparities they face, and how to provide inclusive care to this diverse population.
Presented by Jennifer Schumacher, Ed.M., MS, PA-C

Presentation 4: Neurology

Stroke is the No. 5 cause of death and a leading cause of disability in the United States. This presentation explains why strokes occur and how to treat them. It also explores the different types of stroke, their etiologies and the various therapeutic options available.
Presented by Carlos Ynigo Dy Lopez, MD

Presentation 5: Pain and Addiction

The importance for pain control for those with acute or chronic pain is vital to patient care. This presentation will discuss the current treatment options, including understanding of medication management in the setting of opioid withdrawal and substance use disorder. We will also identify the various resources available in the community.
Presented by Theresa Baxter, NP

Presentation 6: Patient Experience

In the face of multiple priorities and limited resources, leaders of health care organizations may question the value of measuring and improving the patient's experience with care. Yet, powerful market and regulatory trends, combined with increasing evidence linking patient experience to important clinical and business outcomes, make a compelling case for improving patient experience as measured by CAHPS surveys. This presentation highlights the importance of patient experience and how it is measured, and emphasizes the various initiatives and measures that support this patient experience journey.
Presented by James Legault, MBA, BS, Tina Passett, MHA, BSN, RN and Karen Wentworth, MSMW

Presentation 7: Palliative Care

Hospice care and palliative care are both synonymous with comfort, but there are important differences. Understanding these differences and the importance of palliative care will ensure patients will receive the right level of care at the right time to improve their quality of life. This presentation serves to increase understanding of the differences between hospice and palliative care, identify strategies for successful goals of care, and advanced directive discussion.
Presented by Arianna Giruzzi-Lupo, MS, FNP-BC, Bridget Schoeneck, MSN, FNP-C, ACHPN, Caitlin Tomko, MSN, FNP-C, ACHPN, Jayne Lewis, LMSW, Kelsey Marks, MSN, FNP-C, Lisa Cico, MSN, ANP-C, Lori-Jeanne West, MSN, FNP-BC, Maura Reilly, MSN, ANP-C

Presentation 8: Sepsis

Sepsis is a life-threatening complication of an infection. It occurs when mediators released in the bloodstream to fight an infection trigger inflammation throughout the body. This presentation helps distinguish differences between adult and pediatric criteria of sepsis and expounds on the early recognition and the significance of early intervention in decreasing morbidity and mortality.
Presented by Ian F. Dargon, MD

YOU CAN COMPLETE AT YOUR OWN PACE BETWEEN SEPTEMBER 13 AND NOVEMBER 19.

Register August 15 - November 5 | **www.upstate.edu/cme/online-register.php**

UPSTATE
UNIVERSITY HOSPITAL

Clinical Documentation Improvement (CDI)
Tip of the Month –Respiratory Failure

Applies to Pediatrics

Acute Respiratory Failure must always include documentation by a provider of the underlying cause, with symptoms to match. Please include subjective and/or objective clinical indicators used to formulate the diagnosis in your diagnostic statement.

Pediatric Respiratory Failure

There is **NOT** a universally accepted definition for respiratory failure in the pediatric population. Respiratory failure is the inability to provide O_2 and remove CO_2 at a rate that meets metabolic demands.

Respiratory Failure Compared to Respiratory Distress:

- Respiratory insufficiency or respiratory distress is sometimes documented when the child clinically meets criteria for respiratory failure. These are lower-weighted, therefore use ***respiratory failure*** when the child meets criteria.

Acute Respiratory Failure

- Not all patients with acute respiratory failure require intubation and mechanical ventilation.
- Any of the following interventions meet the criteria for acute respiratory failure.
  - Supplemental oxygen with a FiO_2 > 30-35% to maintain oxygenation ($SpO_2 \geq$ 90%)
    - Nasal cannula 2-4 LPM in children and adolescents
    - Nasal cannula ½ -2 LPM in infants and toddlers
    - Simple face masks 5-7 LPM
  - High-flow nasal cannula, vapotherm or non-rebreather mask oxygen, CPAP or BiPAP
  - Increased work of breathing, retractions – nasal flaring, subcostal, supraclavicular, substernal with RA sats <88%

Chronic Respiratory Failure

- **Continuous** home oxygen or ventilator support (mechanical vent or nasal BiPAP) **or**
- Having baseline SaO_2 < 88% on room air or pCO_2 > 50 with a normal pH due to a respiratory condition

Acute on Chronic Respiratory Failure

- Chronic respiratory failure is worsening of SaO_2 and/or pCO_2 with symptoms

UPSTATE
UNIVERSITY HOSPITAL

cdi@upstate.edu

Documentation Example:

Upon initial presentation to the Pediatric ED, 8 year old patient was in respiratory distress, noted to have increased work of breathing with retractions both subcostal and intercostal requires 6 L NC. Continued to have respiratory distress with prolonged expirations, tachypnea, not responsive to albuterol. HFNC was started, increased to a max of 30 LPM.

Principal Diagnosis:
Severe Asthma with acute exacerbation
Secondary Diagnosis:

Acute respiratory distress
Severity of Illness – **1, Minor**
Risk of mortality = **1, Minor**
CMS DRG Weight **0.4736**

Principal Diagnosis:
Severe Asthma with acute exacerbation
Secondary Diagnosis:

Acute respiratory failure
Severity of Illness – **3, Major**
Risk of mortality = **2, Moderate**
CMS DRG Weight **0.9377**

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

UPSTATE
UNIVERSITY HOSPITAL

Clinical Documentation Improvement
Tip of the Month –Respiratory Failure

Applies to all providers

Acute Respiratory Failure must always include documentation by a provider of the underlying cause, with symptoms to match. Please include subjective and/or objective clinical indicators used to formulate the diagnosis in your diagnostic statement.

Hypoxic Respiratory Failure

OBJECTIVE	pO2 < 60 mmHg on room air, or SpO2 < 91% on room air, or P/F ratio (pO2/FIO2) < 300 on oxygen, or Baseline pO2 decrease by > 10.
SUBJECTIVE	cyanosis, dusky appearance, respiratory distress, airway occlusion, apnea, respiratory arrest, shortness of breath, dyspnea, stridor, tripoding, inability to speak in complete sentences

Hypercapnic Respiratory Failure

OBJECTIVE	pH <7.35, pCO2 >50, serum bicarb >30 in absence of other metabolic cause
SUBJECTIVE	Somnolence, hyper or hypoventilation, anxiety, encephalopathy, low GCS, asterixis, myoclonus, seizure, papilledema, superficial venous dilation

Acute pulmonary insufficiency

- *Please document this diagnosis when the patient's condition is not severe enough to be deemed respiratory failure.*

Mechanical ventilation following surgery and/or anesthetic (must be less than 48 hours following end of the operation)
Need for pulmonary toilet to prevent deterioration
Need for supplemental low-flow oxygen (more than baseline)
Use of frequent nebulizers (more than baseline)
Need frequent monitoring of respiratory status but does not meet criteria for acute respiratory failure

Documentation Examples

Patient presented from OSH intubated for acute hypoxic respiratory failure – intubated and sedated, maintain on vent

- *Acute hypoxic respiratory failure secondary to airway obstruction – respiratory distress, tachypnea, and stridor present prior to intubation. No desaturations noted, reported perioral cyanosis indicates presumed hypoxia from upper airway obstruction. Maintaining oxygen saturations >92% on 30% FiO2.*

UPSTATE
UNIVERSITY HOSPITAL

Intubated for airway protection secondary to alcohol intoxication - *must make the distinction if this is for prevention or due to acute failure and the patient has lost the ability to maintain their airway*

- *Acute respiratory failure secondary acute toxic encephalopathy causing CNS depression – patient with persistent hypoventilation, periods of apnea, snoring respirations. Intubated for airway protection because the patient lost the ability to maintain their airway GCS 6. No hypoxia noted. Possible component of hypercapnia, will check ABG.*

Patient intubated during RRT, transferred to ICU for respiratory failure and vent management

- *Acute hypercapnic respiratory failure secondary to presumed opiate overdose – patient initially with GCS of 9, and lost their airway, no hypoxia. Asterixis present, minimal response to sternal rub prior to intubation. Per nursing, patient was agitated, encephalopathic prior to becoming obtunded. Serum bicarb 47 with no identifiable metabolic cause. No ABG prior to intubation, ordered.*

Acute pulmonary insufficiency due to weakness from Parkinson Disease and being ill

- *Acute pulmonary insufficiency due to weakness from Parkinson Disease and being ill - patient has some atelectasis with some desats to 88%, placed on 2LNC in the setting of weakness from Parkinson's disease.*

Acute Respiratory Failure is one of the most common diagnoses for insurance denial due to the lack of documented clinical support, or evidence, by providers. Clinical indicators documented by nursing cannot be assumed as clinical evidence, or support, for any diagnosis unless you state it as such. The clinical criteria must be clearly outlined in the diagnostic statement by the provider formulating the diagnosis and treatment plan.