

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

September 21, 2021

COVID Update

# Positive	# ICU	# Vent
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42	19	13
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Critical Operations Status--Workforce Shortages and High Census

Like the rest of the country, Upstate is experiencing a workforce crisis. Across CNY, the workforce shortages are occurring simultaneously with record high demands for Emergency Department care, leading to increased diversion hours, long EMS offload times, record boarding hours, and heightened scrutiny by DOH. I would like for you to be aware of the situation and of the changes we are making to address the challenge.

For context, our current workforce does not support fully open operations. Our RN vacancy rate is 22%--we are short 400 nurses--much higher than we have experienced in the past. All areas of nursing are impacted; however, the most critical shortages are felt in our ICUs and EDs. By mid-October, we project that we will lose an additional 90 nurse travelers, after which we will have enough nurses to meet 56-77% of the staffing needs in the EDs. There have been over 280 nurse mandation events since June 26, 2021, meaning that a nurse who completed their shift was required to stay for additional time. We anticipate that we will lose additional nurses through our compliance with the NYS and Federal vaccination mandates. Nursing shortages are the result of burnout, retirements, and higher overtime and traveler wages outside of our area.

We are holding a multidisciplinary Incident Command to address the issues, with caring for our workforce and patients as our highest goals. Some of the efforts to date have included:

- Drs. Corona and Dewan have engaged in tireless advocacy to increase compensation for nurse overtime and for travelers and to obtain shift differential for CSEA employees.
- Hiring over 70 paid students to serve in nursing support roles
- Temporarily closing over 30 inpatient and 15 rehab beds
- Limiting inpatient surgical cases to 60 beds per week. Time-sensitive medically necessary cases are reviewed and prioritized according to the clinical urgency by the surgical chairs and the Surgery Tiger Team.

We will be having ongoing discussions among leadership from nursing, physicians, and administration to determine additional steps to take.

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Vaccination Mandate

The New York State Department of Health (DOH) has issued a mandate requiring all employees of SUNY Upstate Medical University to be fully vaccinated against COVID-19, with the first dose to be received by September 27, 2021. In addition, COVID-19 vaccination is required for health clearance as a member of the SUNY Upstate medical staff (see policy [OMS P-03](#)).

If you have been vaccinated:

Please confirm that your Covid-19 vaccination information is on file with Employee Student Health (ESH) using one of the following methods:

- Email a copy of your vaccination card to ESHealth@upstate.edu
- Fax a copy of proof to 315-464-5471

Please indicate on your email the "Subject" as "COVID-19 Vaccine" if you are e-mailing ESH, and include your employee ID#.

If you have not been vaccinated:

Based on the DOH Vaccine Mandate you are directed to receive at least an initial vaccine dose, or an approved medical or religious exemption, by Monday, September 27, 2021 if you have not already done so; Kinney Drugs is offering vaccine clinics at this time. You can visit www.vaccines.gov to locate a vaccination site.

Further guidance will be forthcoming about the consequences to staff who fail to comply.

For those of you wishing to apply for medical or religious exemption, please follow the guidance outlined in the email from UUH Medical Staff on 9/20/21.

Welcome Mr. Jeffrey Stevens, Vice President for Human Resources

Please join us in welcoming, Mr. Jeffrey Stevens as our new Vice President for Human Resources. Mr. Stevens previously served as the Executive Vice President/Chief Human Resources Officer at Jefferson University & Jefferson Health System in Philadelphia, prior to which he was Vice President of Human Resources/Chief Human Resources Officer at the University of Rochester Medical Center. He comes to us with over 20 years of executive experience in Human Resources and we are delighted to have him join us at Upstate.

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Healthcare Transformation Grand Rounds – September 22, 2021 at Noon

Upstate University Hospital will host a Healthcare Transformation Grand Rounds next Wednesday, September 22, 2021 from noon – 1:30 pm. Dr. Kevin Grumbach, Chair, Department of Family and Community Medicine, at the University of California San Francisco Medical Center (UCSF) will present “To Be An Excellent Academic Health Center Requires Excellence in Primary Care”.

At the conclusion of Dr. Grumbach’s presentation, participants will be able to:

- Recognize why a primary care strategy is essential in the emerging health marketplace
- Identify the 10 building blocks of high performing primary care
- Understand the steps to implement the 10 building blocks

CME credits are being offered. Advance registration is required: bit.ly/3kOmALy. Please see attached flyer for more information and feel free to share with anyone with interest.

COVID-19 Discharge Vaccine Initiative

by Stacey Keefe

As you may know, an executive order is in place that states all Article 28 hospitals are required to offer the COVID-19 vaccine to medically eligible patients being discharged to a nursing home or other long-term care facility. At Upstate, we are offering the vaccine to all medically eligible patients, regardless of discharge destination. We have worked across disciplines to put a process in place to comply with the executive order. This process was launched May 10, 2021.

During the admission process, unvaccinated patients are asked if they are interested in receiving the COVID-19 vaccine. Case managers confirm vaccine interest and guide providers in how to place orders for eligible patients that providers have approved as medically appropriate. At this time, we are offering the Janssen vaccine for the discharge vaccination initiative.

Please contact Stacey Keefe at KeefeS@upstate.edu or 315-464-9673 for assistance, questions, or feedback regarding the inpatient COVID vaccination process.

Care Select Imaging

by Jennifer Carey

The Protecting Access to Medicare Act (PAMA) requires all ordering providers to consult Appropriate Use Criteria (AUC) through a qualified Clinical Decision Support Mechanism (CDSM) prior to ordering advanced

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diagnostic imaging for all patients. Upstate contracted with CareSelect and launched this new clinical decision support mechanism on Monday, September 13, 2021.

Selecting the Appropriate Reason for Exam:

During the process of ordering an advanced imaging exam for a patient, **pediatric** or **adult**, please be certain that the **Reason for Exam** corresponds correctly with the patients age. Selecting a **Reason for Exam** that is age mismatched will cause multiple issues downstream in Radiology and delay patient care. This inconsistency is represented in the example below:

Tom Test Male, 58 y.o., 4/17/1963 MRN: 6060905 04B-04120-1	Other Reasons ✓ Chest pain (Ped 0-18y) Reason for Exam (Free Text):
--	--

Revised COVID-19 Policies of Special Interest for Clinicians

- [Visitor Restriction During Prevalence of COVID-19 \(COV V-08\)](#): Psychiatry visitors changed to two visitors per visit.

Clinical Documentation Improvement (CDI)

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

We're talking about improving your documentation of Sepsis this September. It's important to remember to link the etiology of the sepsis and all organ dysfunctions as well as to reflect the progression of care in your documentation, consistently, throughout the record. Watch for more Clinical Documentation Improvement tips to help reflect all you do in helping our patients Survive Sepsis!

Reduced Staffing in Mailroom and Service Change

by Stephanie Shattuck

The mailroom is experiencing reduced staffing levels which is causing delays in mail delivery service. We are attempting to address these delays by offering OT and runner role opportunities to help complement existing staff.

In addition to the above, we need your assistance. To help manage the mail volume and permit us to operate as efficiently as possible with reduced staff, we are implementing a service change. Effective 1 October 2021, mail will be delivered to the location addressed on the envelope. Over the past year, staff moved and

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changed work locations, but may not have shared the new mailing address/location with individuals or agencies sending mail. This causes a significant delay in mail delivery as our staff must manually sort this mail. If you are receiving mail addressed to a former work location, we ask you to contact individuals, agencies, companies and subscriptions and provide them with your current work mail address to include department and/or office location.

We also recommend you check and validate your work location in Self-Serve. The mail room staff uses Self-Serve to locate individuals when in-coming mail does not have a department or office location listed.

To update your location information, please follow the below steps:

- Access Self-Serve
- Select My-Information
- Select Employee Details
- Select Work Location and Telephone
- Click on Work Location/Contact Information
- Update your information
- Save your changes

We appreciate your assistance while we work through this difficult time. If you have any questions, please contact Don Sadeckas at 315-464-6421.

Outstanding Physician Comments

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

Breast Care Center: Dr. Ranjna Sharma was very patient and she answered all my questions so that I understood. God bless her and all she does. Dr. Ranjna Sharma was a very good listener, she gave me her undivided attention and she explained things to me. I appreciated her time that she spent with me. She is an awesome doctor.

ENT at Community Hospital: Dr. Mitchell Gore was very friendly, easy to talk to, and listened to my concerns. Great experience.

Family Medicine: Dr. Kaushal Nanavati is one of a kind. My family has been seeing Dr. Clyde Satterly for 20 or so years and just love him. Dr. Clyde Satterly – the best, would not go anywhere else! Dr. Clyde Satterly sat and talked to me extensively about COVID-19 and the medical reasons pros/cons of vaccination. This visit was my first with Dr. Clyde Satterly, but his excellence was consistent with my previous experience at this practice. Dr. Rupali Singla listened to my concerns and empathized. Dr. Rupali Singla saw me promptly and

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spent as much time with me as I needed. **Dr. Rupali Singla** was attentive and thorough. She gave me the most thorough physical exam I have ever had. My physician, **Dr. Rupali Singla**, did not rush the time with her. I felt genuine concern for my health. **Dr. Rupali Singla** – very thoughtful and professional. **Dr. Rupali Singla** is an awesome doctor. She is good at listening and explaining what course of action we are taking to treat me.

Family Medicine at Community Hospital: **Dr. Igor Kraev** is a very thorough and caring doctor.

Joslin Center for Diabetes: **Dr. Runa Acharya** – professional, good communicator, appreciated explanations and answers to questions. **Dr. Robert Izquierdo** – very professional and concerned about increasing my quality of life.

Multidisciplinary Programs Cancer Center: **Dr. Mashaal Dhir** was wonderful. He made me feel at ease and also that my concerns were his first priority. **Dr. Kaushal Nanavati** – very knowledgeable and caring. **Dr. Thomas Vandermeer** spent a great deal of time explaining his plan for my care.

Nephrology Clinic: **Dr. Syed Bukhari** listened intently to ALL my many questions and provided useful information to go along with the explanations.

Pediatric Cancer Center: Missed my appointment but **Dr. Jody Sima** was still able to accommodate us after showing up 2 hours after original appointment.

Pediatric Multispecialty Clinic: **Dr. Zafer Sulttan** is the most amazing and caring doctor around. We would follow him 4 hours away if we had to. **Dr. Zafer Sulttan** always goes above and beyond during our visit with him to ensure that we understand what's going on. He also includes her in the conversation by explaining things to her and using words that she will understand at her age which is a big help and makes her feel she is a part of her own care.

Peds Neph, Rheum, Integrative Med: **Dr. Scott Schurman** did a great job explaining my child's condition (to my child), giving facts without alarming him.

Rheumatology Clinic: **Dr. Hom Neupane** – always patient, takes his time with you, listens and takes what you have to say into account. **Dr. Jianghong Yu** is very patient and empathetic. She answers all my questions.

SUNY Upstate – Virtual: **Dr. Deborah Bradshaw** is an excellent physician who combines superior clinical skills with a real human concern for her patients. No delays, in fact, **Dr. Timothy Byler** was able to call earlier than scheduled which was convenient. **Dr. Timothy Byler** always answers any questions I might have and explains them in words I can understand. He is attentive to my concerns and needs. **Dr. Timothy Byler** was punctual as always. I was so pleased to meet with **Dr. Dmitriy Nikolavsky**. He was so knowledgeable and was able to provide me with information that I had failed to receive from three other competent urologists but had failed

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to educate me about my conditions and my options. He also had a great personality and level of care and kindness shown to me as a new patient. **Dr. Ruth Weinstock** is a very knowledgeable and caring physician!

Surgery – UH LL022: **Dr. Roseanna Guzman-Curtis** was very sensitive to my needs and explained everything clearly. She was great! **Dr. Roseanna Guzman-Curtis** was wonderful. She explained everything fully and allowed ample time for Q&A. We were very pleased. **Dr. Moustafa Hassan** – technically sound exam and explanations but also connected with patient. I can't say enough about **Dr. Moustafa Hassan**! **Dr. Michael Luca** – he is very personable, easy to talk to, is very knowledgeable in his area of expertise, and proposed a very reasonable care plan. **Dr. Crystal Whitney** was very good and concerning. **Dr. Crystal Whitney** is professional and has a friendly, empathetic nature which makes her a credit to her profession. **Dr. Thomas Vandermeer** is definitely 'on his game' and I feel comfortable putting my health issues in his hands. **Dr. Thomas Vandermeer** definitely fills a room with his presence, knowledge, and bedside manners. I was very impressed with **Dr. Thomas Vandermeer**. I am also very happy with his recommendations going forward. I am impressed!

UHCC – Neurology: **Dr. Corey McGraw** – kind, attentive, and made me feel as though I was his top priority. I love having **Dr. Corey McGraw** in my corner. I trust his judgement and knowledge. **Dr. Luis Mejico** has been my provider for a complicated medical history for 16 years now. I would recommend him due to his medical knowledge and his bedside manner. I only hope that his medical students know what an honor it is to have someone like him to learn from. They will gain both specialized medical knowledge and truly unique people skills that scared patients like me depend on when we come in. **Dr. Ai Sakonju** has been AMAZING. We have seen her twice in person and once via telemedicine last summer due to the pandemic. She's always been receptive, helpful, comforting, and has never talked above us or down to us. My daughter has mentioned every time after we leave that she enjoys seeing **Dr. Ai Sakonju** and I (as a parent) respect that she listens to my concerns as well as my teen's. She's a fantastic doctor. **Dr. Ai Sakonju** – down to earth, helpful, sympathetic, but very clear in what the risks/concerns are for my daughter's type of epilepsy. I am so thankful she's been my daughter's neurologist. **Dr. Michael Vertino** always demonstrates concern with regard to my understanding of Parkinson's Disease and takes the time to explain and respond to any questions that I have.

University Cardiology: I have the highest regard for **Dr. Kwabena Boahene**. He is very caring and compassionate. We need more doctors like him. **Dr. Robert Carhart** – we discussed a medical and ethical problem I have run into with my health and he was compassionate and reassuring. **Dr. Robert Carhart** is a consummate professional, he is probably the best active listener of any provider that I have visited in these past 50 years.

University Center for Vision Care: **Dr. Robert Fechtner** is an outstanding physician in all aspects of care. **Dr. Fechtner** is a highly competent and professional doctor. **Dr. Preethi Ganapathy** is a great doctor who cares.

University Internists: This was not my first visit at the practice, but it was my first visit with **Dr. Tingyin Chee**.

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She was very prepared. I felt like she went through my records carefully before our visit. She asked good questions and listened carefully to all of my answers. She also called me after the appointment to follow up with lab results and next steps. I feel like she's very responsive and available. **Dr. Vincent Frechette** is very knowledgeable, easy to talk to, and quick to listen. I am always pleased with **Dr. Vincent Frechette**. He is very knowledgeable and takes the time to explain everything. **Dr. Vincent Frechette** was excellent as usual. **Dr. George Gluz** was very encouraging regarding my work to improve my blood glucose readings. This was my husband's first visit with **Dr. Sarah Lappin** and he was very pleased with her concern and relaxed personality. He was made to feel comfortable right from the start.

University Pediatric & Adolescent Center: **Dr. Jenica O'Malley** – very helpful.

Upstate Urology: **Dr. Gennady Bratslavsky** is a very caring person who makes a patient have confidence in his treatment and recommendations. **Dr. Gennady Bratslavsky** – excellent! **Dr. Elizabeth Ferry** was respectful and honest with me. Very impressed by **Dr. Joseph Jacob's** skill and reassurance. **Dr. Joseph Jacob** was really good and explained everything thoroughly. **Dr. Joseph Jacob** is so caring and an excellent surgeon. **Dr. Oleg Shapiro** was very thorough with testing before making recommendations for treatment. I am recovering quickly because of his skilled surgery. **Dr. Oleg Shapiro** – great, informative, professional and courteous. **Dr. Oleg Shapiro** – transparent and clear.

Urology at Community Hospital: **Dr. Scott Weiner** is knowledgeable, caring, professional.

Wound Care Center: **Dr. Monica Morgan** was very knowledgeable and I was impressed with her manner and how she knew all about any concern I might have. **Dr. William Santiago** arrived at the office for his normal 8 am and saw us first so that was fine too.

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

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Grand Rounds Presentation TO BE AN EXCELLENT ACADEMIC HEALTH CENTER REQUIRES EXCELLENCE IN PRIMARY CARE



Presented by: **Dr. Kevin Grumbach**
Chair, Department of Family and Community Medicine
at the University of California San Francisco Medical Center (UCSF)

September 22, 12 pm – 1:30 pm

Intended Audience: all professions and specialties

Following this activity participants will be able to:

- Recognize primary care strategy is essential in the emerging health marketplace
- Identify 10 building blocks of high performing primary care
- Discuss steps to implement the 10 building blocks

Disclosure: None of the planners or speaker have relevant financial relationships with ineligible companies.

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

Credit Designation: SUNY Upstate Medical University designates this live activity for a maximum of *1.5 AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

About Dr. Grumbach: Kevin Grumbach, MD is the Hellman Endowed Professor of Family and Community Medicine and Chair of the Department of Family and Community Medicine at the University of California, San Francisco. He is a Founding Director of the UCSF Center for Excellence in Primary Care and Co-Director of the Community Engagement and Health Policy Program for the UCSF Clinical and Translational Science Institute. His research and scholarship on the primary care workforce, innovations in the delivery of primary care, racial and ethnic diversity in the health professions, and community health improvement have widely influenced policy and practice. With Tom Bodenheimer, he co-authored the best-selling textbook on health policy, *Understanding Health Policy - A Clinical Approach*, and the book, *Improving Primary Care – Strategies and Tools for a Better Practice*.

REGISTRATION REQUIRED:
bit.ly/3kOmALv

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CDI Tip of the Month - “Sepsis September” for Pediatrics

Recognizing SIRS

Fever > 38.5C or < 36.0C plus ONE of below criteria:

Age Group	HR	RR
0-3 months	< 80 or >190	>60
4-24 Months	>170	>40
2-10 years	>140	>30
11-19 years	>100	>20

High Risk Factors

Infant < 6 weeks	Prematurity	Central/Indwelling Line or Catheter	Asplenia
Immune Suppression	Malignancy	Post Transplant	Erythroderma or Purpura

Sepsis bundle, including appropriate fluid resuscitation of 20cc/kg push pull fluid boluses must be initiated and documented

Sixty Minute Resuscitation Bundle

Place IV/IO Access	NS 20mL/kg bolus x 3	Early Antibiotics
Administer oxygen	CBC & BMP	Blood & Urine Cultures

Reassessment

Perform and document reassessment after each fluid bolus
Perform and document reassessment for resolution of poor perfusion

Septic Shock

Below organ dysfunction(s) must be stated as “due to sepsis” and cannot be attributed to any other disease process

Hypoperfusion/Delayed Cap Refill	Encephalopathy
Hypotension SPB <70 + (age x 2)	Acute Organ Dysfunction

Sepsis and Bacteremia are not interchangeable terms – commit to the clinically validated diagnosis

CDI Tip of the Month - Severe Sepsis in September

Documenting Severe Sepsis

If you don't follow protocol, please document your reasons why!

Documentation for Severe Sepsis	Example
Criteria used to diagnose	Tachypnea and tachycardia + Complicated UTI
Link to infection source	Sepsis due to complicated UTI
Link to presumed or known organism	Severe Sepsis likely due to E. Coli UTI
Link end organ dysfunction/failure	Metabolic Encephalopathy, Lactic Acidosis, and Hypotension due to Severe Sepsis
Severe Sepsis specific treatment plan	Blood Cultures x2, 30 cc/kg IV fluid resuscitation, broad spectrum antibiotics
Progression of Care	Worsening, Improving, Improved, Resolved
Documented Reassessment	Required one hour after identification and every 3 hours until resolved
Present on Admission (POA) Status	Specify when diagnosis is not confirmed in ED Notes or H&P by documenting POA

Documentation Example

Severe Sepsis due to E. Coli UTI with Septic Shock (POA)

- ❖ Organ dysfunction due to sepsis: acute metabolic encephalopathy, lactic acidosis, and persistent hypotension
- ❖ Blood cultures x2, urine culture, sputum culture ordered
- ❖ IV fluid resuscitation 30 cc/kg administered with persistent hypotension
- ❖ Broad spectrum antibiotics Vancomycin and Zosyn administered
- ❖ At one hour reassessment, patient remains with persistent hypotension despite fluid resuscitation, cap refill > 3 seconds, cool/clammy skin, and SBP <90 – vasopressors initiated
- ❖ Repeat Lactic Acid q3 hours x3 per sepsis protocol – next due 2100

Utilizing the Sepsis Note in Notewriter

The Sepsis Note is a procedural note that can be found in your Notewriter Activity. If not defaulted as a "main note", simply search "Sepsis" and it will be the only option. This activity helps capture all required areas of sepsis documentation, as regulated by NYSDOH and CMS.

What you say and what you do matters! Take credit for all the hard work being done. Telling a story is important. Help your peers that follow you know what has happened and what has already been done – this will help them figure out what is next!

CDI Tip of the Month - Identification and Diagnosis of Severe Sepsis

- Utilizing the Sepsis Note in Notewriter -

The Sepsis Note is a procedural note that can be found in your Notewriter Activity. If not defaulted as a “main note”, simply search “Sepsis” and it will be the only option. This activity helps capture all required areas of sepsis documentation, as regulated by NYSDOH and CMS.

Organ Dysfunction or Failure must be documented as directly linked to sepsis to meet criteria for severe sepsis.

Below are the CMS defined sepsis related end organ dysfunctions:

Hypoperfusion <ul style="list-style-type: none"> • POC (iSTAT) or Serum Lactic Acid ≥ 2.0 • Capillary refill > 3 seconds • Skin mottling • Cold extremities 	Acute Kidney Injury <ul style="list-style-type: none"> • Healthy Kidney: Serum creatinine > 2.0 mg/dL • CKD with baseline creatinine > 2: Serum creatinine increase ≥ 0.5 mg/dL above baseline • Urine output < 0.5 mL/kg/hr for at least 2 hours with documented monitoring
Hypotension <ul style="list-style-type: none"> • SBP < 90 • MAP < 65 • Decrease in SBP > 40mmHg 	Encephalopathy <ul style="list-style-type: none"> • Acute metabolic encephalopathy • Altered mental status, confusion
Acute Respiratory Failure <ul style="list-style-type: none"> • P/F Ratio < 300 • PaO₂ < 70mmHg • SaO₂ $< 90\%$ • Requirement of high flow oxygen evidenced by a new need for invasive or non-invasive mechanical ventilation 	Coagulopathy <ul style="list-style-type: none"> • INR > 1.5 • aPTT > 60 seconds • Thrombocytopenia < 100
Hepatic <ul style="list-style-type: none"> • Jaundice • Hyperbilirubinemia > 2 mg/dL • Transaminitis (increase LFTs) • Coagulopathy (increased PT) 	Ischemic Bowel <ul style="list-style-type: none"> • Splanchnic circulation (absent bowel sounds)
<p style="text-align: center;">Shock</p> <ul style="list-style-type: none"> • One organ dysfunction present AND persistent hypotension evidenced by: In the hour after the conclusion of the target ordered volume of crystalloid fluid administration, two consecutive documented hypotensive blood pressure readings <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • One organ dysfunction present AND tissue hypoperfusion evidenced by initial lactate level result ≥ 4 mmol/L 	

Identification of end organ dysfunction requires initiation of the Sepsis Bundle, including fluid resuscitation of 30cc/kg, measurement of lactic acid, and reassessment after initiation of treatment.

CDI Tip of the Month - Severe Sepsis in September

The Sepsis Reassessment

All of the measures outlined in our Sepsis Protocol (Policy CM S-32) are based on the Surviving Sepsis Campaign and align with measures from the Centers for Medicare and Medicaid Services (CMS)

Severe Sepsis Focused Reassessment Components

Statement of Reassessment

- ✓ I have examined the patient for reassessment of sepsis on (date) and (time).

Documented Reassessment Exam that must include all of the following:

- ✓ All vital signs, including MAP and SpO₂
- ✓ Cardiac exam: Must reference heart and lungs
- ✓ Capillary refill
- ✓ Peripheral pulses
- ✓ Skin exam (reference color, turgor, temperature)

-OR-

Any two (2) of the following:

- ✓ CVP measurement
- ✓ Central venous oxygen measurement Svo₂ or Scvo₂ (must be obtained via CVC)
- ✓ Bedside cardiovascular ultrasound
- ✓ Passive leg raise or fluid challenge

When is the Sepsis Reassessment required?

Within **one hour** of severe sepsis identification and initiation of sepsis bundle

Within the **three and six hour** mark of severe sepsis identification and initiation of sepsis bundle

CDI Tip of the Month - Severe Sepsis in September

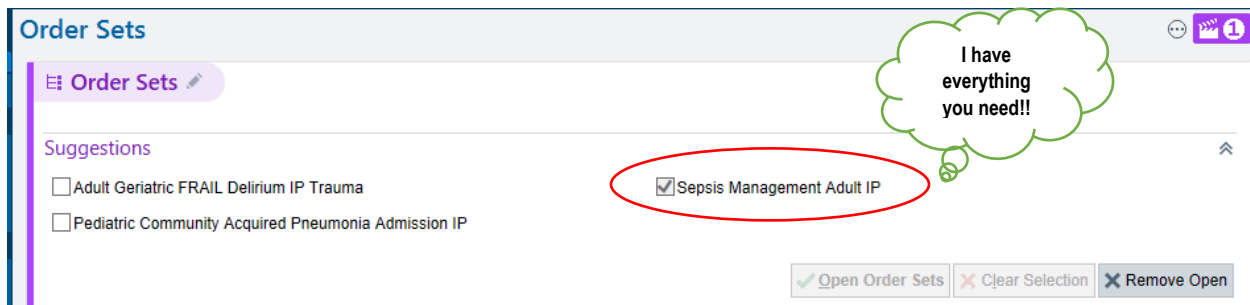
Protocolized Treatment: The Sepsis Bundle

Targeted fluid resuscitation of 30mL/kg must be ordered and initiated when severe sepsis is identified

Lactic Acid measurement every 3 hours from initial until normalized (serum or iSTAT)

Blood cultures must be obtained prior to antibiotic administration

Broad spectrum antibiotics ordered and administered within one hour



Patients require reassessment within one hour after severe sepsis identification and initiation of sepsis bundle protocol management

Documented reassessment every 3 hours is required for sepsis with organ dysfunction as defined by the NYS DOH

- after identification of sepsis -and-
- initiation of sepsis bundle -and-
- until severe sepsis resolves

Document progression of care, status improvement or decline, physical exam findings, vital signs, signs of organ dysfunction