

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 9, 2021

COVID Update

# Positive	# ICU	# Vent
------------	-------	--------

49	16	6
----	----	---

2W Employee COVID Testing Process

by Stacey Keefe

To assist our front-line direct care staff, a **rapid** COVID testing process has been implemented at Upstate University Hospital. This process should only be used by front-line direct care delivery staff who meet the criteria below:

- Residents/fellows who have obtained permission from the program director
- Attending physicians with symptoms atypical for COVID or with concerns about exposure
- USTs, HCTs, RNs, NPs, PAs who deliver direct bedside care with symptoms atypical for COVID or with concerns about exposure

There are a limited number of rapid tests available, so the rapid tests should not be used for personal travel.

Those with respiratory or other symptoms typical for COVID should leave work, get tested at our Water Street or Suite 1K testing facilities, and go home.

Location: 2W Lab Draw Station at Upstate University Hospital Downtown Campus

Hours: Monday through Friday, 8:00 am – 4:00 pm

To register for an appointment to be tested:

- Log onto Self-Serve to pre-register for a COVID test
- On the upper left side of the page, click the 3-line graphic, choose My Information, and choose Request COVID Test
- Complete the required information and submit request
- Click link at the bottom of the page to go to MyChart and schedule an appointment
- You will receive an email confirmation when your registration and order are completed. **After receiving the email confirmation**, please proceed to 2W. If you arrive at 2W prior to receiving the confirmation email, there will be wait time as registration staff and nursing complete the process.

Upon your arrival to 2W, staff will hand you a kit and provide you with directions to room 1206 UH where you will be swabbed. The fastest way to get your results is via MyChart. If you do not have an active MyChart account, COVID hotline staff will call you with negative results – this call could take 24 hours. If you are positive, Employee/Student Health will call you.

We have secured a space for you to wait the approximately 3 hours for results in the CAB, room 122. Please stay socially distanced and masked while you wait.

ALERT —
ADVISORY —
UPDATE —

IMMEDIATE ACTION REQUIRED
PRIORITY BUT NOT FOR IMMEDIATE ACTION
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

September 9, 2021

Cath Lab Diversion – Saturday, September 11th

by Amy Tetrault, RN, BSN

On Saturday, September 11th, the Heart and Vascular Center (HVC) will have a shutdown lasting approximately 12 hours. The shutdown is scheduled to start at 06:00 and last until 18:00. This is due to work to support the construction of the Hybrid OR in this space. The procedural labs will have no med gases and access to the rooms will be semi-restricted to patient movement.

Emergent endovascular procedures will be performed in the OR or Cancer Center and coordinated by the HVC team and Vascular Surgeon. **Emergent Cardiac Cath cases will have to be diverted to Crouse. Arrangements have been made with Crouse. See attached workflow.**

COVID-19 Vaccine Friday Forum

A Friday Forum on COVID-19 vaccines will be held September 10 at noon presented by Drs. Stephen Thomas, Jana Shaw, and Telisa Stewart. They will update us on the current science around COVID vaccines and vaccine hesitancy.

Speaker and registration information for the virtual forum will be forthcoming. Look for an announcement in Upstate Announcements.

The forum will be recorded and posted for later viewing.

Important Message for Surgical Colleagues on OR Access and Capacity by the OR Efficiency Tiger Team

Due to staffing shortages requiring repetitive mandations, we have temporarily closed inpatient beds and reduced our non-urgent surgical volumes. The process for scheduling surgical cases is outlined by the Surgical Tiger Team below:

Outpatient Cases (Discharged the same day)

- DO NOT need approval for scheduling.
- Cases will be triaged to 550 Harrison Center and Upstate Community Hospital

Elective Inpatient and Overnight Cases

- Require Department Chair approval for scheduling.
- Currently limited to 60 beds PER WEEK across all campuses.
- Cases without approval WILL NOT be added to the schedule until approved.
- Patients who are inpatient status do NOT need approval and should go ASAP as add-ons.

Additional Bed Availability

- Schedulers will reach out to office schedulers to pull patients forward on schedule to fill all open gaps.

ALERT —
ADVISORY —
UPDATE —

IMMEDIATE ACTION REQUIRED
PRIORITY BUT NOT FOR IMMEDIATE ACTION
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

September 9, 2021

- “We have available bed allocation for this week. Please let us know if there are cases that have been approved by the Department Chair that you would like to move up or add-on due to the urgent nature.”

Tiger Team / Moonshot Group Update

- Looking at utilization of Surgical LOS data to support future bed allocation.
- Weekly updates will be sent to nursing, surgeons, anesthesia, and schedulers to ensure consistent communication

Thank you for your engagement, feedback, and support as we continue through capacity and staffing challenges. Drs. Dewan and Corona are advocating tirelessly for competitive payment and other improvements for our staff. We would like to restore usual operations as soon as is feasible and very much appreciate your patience.

Limited Exemptions for COVID-19 Vaccination

The NY State vaccination mandate for NY State hospital workers requires first dose vaccination by September 27, 2021. The mandate offers no provision for religious exemptions and the medical exemptions will be limited. There are very few medical contraindications to the COVID vaccination; hence, at this time, medical exemptions will be narrow, including prior allergy or severe reaction to previous COVID. Pregnancy, planning to get pregnant, breastfeeding, or current autoimmune disease are not considered contraindications to COVID vaccination and therefore will not constitute medical exceptions.

Reminder – New Clinical Decision Support Mechanism for Advanced Imaging to Go-Live on September 13th!

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 diagnostic imaging for all patients. Upstate has contracted with CareSelect to provide this clinical decision support mechanism.

With the implementation of CareSelect software, imaging orders that have been personalized on a user preference list or order set will be impacted as follows:

- ED/IP Imaging Orders Only: all pre-populated values on a user preference list or order set for all imaging orders will be reset to the default values.
- OP Imaging Orders Only: any pre-populated reason for exam values on a user preference list of order panel for impacted advanced care imaging orders will be cleared. All other defaults will remain.

Please see attached tip sheet for guidance on resetting your customizations.

The attached [tip sheet](#) will be able to assist you in resetting your customizations.

ALERT —
ADVISORY —
UPDATE —

IMMEDIATE ACTION REQUIRED
PRIORITY BUT NOT FOR IMMEDIATE ACTION
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

September 9, 2021

Tip Sheet: Monoclonal Antibodies Orders

by Tiffany Bell

Our ILI clinic at UHCC is providing monoclonal antibody infusions for qualified COVID positive patients both within and outside Upstate. Attached please find step-by-step instructions on how to order monoclonal antibody infusions. For guidance and questions, please call the ILI clinic at 315-464-5955.

Teletracking Go-Live Summary

by Scott Jessie

We are just over two weeks into our TeleTracking implementation and we have accomplished a lot. We are fully live with the Transfer Center and Clinical Management Suite applications across all areas. Staff is continuing to become more familiar with changes to their workflow, and we continue to roll out operational changes to improve throughput and patient care.

It is clear that this roll out was challenging technologically and from an operations perspective but we did it! We continue to learn, adjust, and optimize the system to make it as user friendly and efficient as possible.

We will start having live data soon as well and the Throughput Operations Center will have new dashboards in the next 1-2 weeks. These tools will help us drive systemwide improvement. We can't thank all of you enough for your efforts and patience. Below is a go-live summary:

GO-LIVE SUMMARY

WINS

- Phase One Implementation completed 8/24/21 for Transfer Center and Clinical Management Suite

CHALLENGES

- Go live issues recorded as education, configuration changes, approved enhancement requests, future enhancements: 181 items recorded and 22 ongoing.
- Continued integration efforts will remain in order to close workflow gaps

ONGOING SUPPORT PLAN

- Week of Sept 6th - Continue to provide onsite support
- Continue development / education of Upstate Support Team
- Continued triage remaining issues
- Week of Sept 13th Kathy Menefee will be returning to continue to work with the pilot units and plan for the next focus area for optimization.
- Week of Sept 20th RMO Team returning onsite to continue data collection / analysis and continued application / process flow support

ALERT —
ADVISORY —
UPDATE —

IMMEDIATE ACTION REQUIRED
PRIORITY BUT NOT FOR IMMEDIATE ACTION
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

September 9, 2021

- Week of 27th continued onsite support
- Week of Oct 4th Performance Optimization Visit - Onsite review post live activities and provide a performance/ financial ROI analysis with targeted next step actions
- Continuing cadence communication for Issue Log Management
- Continued Remote Integration Development / Support

The team will make every effort possible to anticipate and discuss any potential workflow changes for APPs and physicians as a result of TeleTracking implementation.

Do you want to help influence and guide University Hospital?

by Dr. Leslie Kohman

Submit a self-nomination for an at-large seat on the Medical Staff Executive Committee. Please send a one-paragraph statement of why you would like to be elected to this position.

Send to Leslie Kohman, MD, Chair, MEC Nominating Committee and Beth Erwin, Medical Staff Services.

Multi-Institutional Well-Being Grand Rounds

by Dr. Leslie Kohman

Thursday, Sept. 9	5:30 – 6:30 PM
Monday, Sept. 13	Noon – 1:00 PM

****ZOOM Virtual Meetings****

Please click this URL to join: <https://bassett.zoom.us/j/97387913429?pwd=Z0hwSTBvU2ViK0prN0dXNmdoejRGQT09>
Passcode: 689803

Establishing Psychological Safety in the Workplace: Key Driver of Patient Safety and Clinician Wellbeing
A conversation about psychological safety and behavioral trust

Special Guest, Dr. Jo Shapiro, MD, FACS
Associate Professor, Otolaryngology-Head and Neck Surgery Harvard Medical School Consultant,
Massachusetts General Hospital Department of Anesthesia, Pain and Critical Care Principal Faculty, Center for Medical Simulation Boston, MA

Objective #1: Identify behaviors that undermine psychological safety and behavioral trust.
Objective #2: Recognize the effects of unprofessionalism on patient safety, clinical burnout and the learning environment.
Objective #3: Employ strategies for speaking up and giving tough feedback.

Bassett Medical Center is accredited by the Medical Society of the State of New York to provide continuing medical education for physicians.

ALERT —
ADVISORY —
UPDATE —

IMMEDIATE ACTION REQUIRED
PRIORITY BUT NOT FOR IMMEDIATE ACTION
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

September 9, 2021

Bassett Medical Center designates this live activity for a maximum of 1 hour of *AMA/PRA Category 1 Credit(s)*.™ Physician should claim only the credit commensurate with the extent of their participation in the activity.

Bassett Medical Center is approved as a provider of nursing continuing professional development by the Northeast Multistate Division Education Unit, an accredited approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Bassett Medical Center designates this live activity for a maximum of 1 contact hour of continuing nurse education credit.

DISCLOSURE STATEMENTS: Bassett Medical Center relies upon planners and faculty participants in its CME activities to provide educational information that is objective and free of bias. In this spirit and in accordance with the guidelines of MSSNY and the ACCME, all speakers and planners of CME activities must disclose any relevant financial relationships with commercial interests whose products, devices or services may be discussed in the content of a CME activity, that might be perceived as a real or apparent conflict of interest. Any discussion of investigational or unlabeled uses of a product will be identified. The planners and faculty participants do not have any financial arrangements or affiliations with any commercial entities whose products, research or services may be discussed in these materials.

This educational activity does not include any content that relates to the products and/or services of a commercial interest that would create a conflict of interest.



This program is funded by a generous grant from the NYSHealth Foundation. Co-sponsored by the New York Chapter of the American College of Physicians.

Revised COVID-19 Policies of Special Interest for Clinicians

- [Personal Protection Equipment \(PPE\) Table for COVID-19 Exposure Scenario \(COV P-01\)](#): Removed 10-minute reference for exposures. Removed eye protection under Staff PPE. Added high-risk exposure reference for vaccinated and unvaccinated staff. Updated interim return to work guidance. References updated.
- [COVID-19/SARS-CoV-2 Testing Standing Order and Protocol \(COV T-07\)](#): Removed section on unlicensed staff being able to assist in collecting COVID test samples.
- [COVID-19 Testing at Upstate University Hospital \(COV T-08\)](#): Updated stated turnaround time for rapid COVID test results. Added UH 2W employee testing process.
- [Visitor Restriction During Prevalence of COVID-19 \(COV V-08\)](#): Revised visitation. Limited visitation in the ED. Limited visitation for COVID patients. Added TCU information. Reduced number of visitors for Pediatrics. Updated links to visitor forms. Added reference to travel policy. Updated requirements for vendors to include a negative test. Adjusted GCH to UGCH to be consistent with current naming.

Outstanding Physician Comments

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

4West at Community Hospital: Dr. David Halleran is the best!

6thFloor at Community Hospital: Dr. Sana Zekri is the BEST I've ever had honor of meeting and knowing. He "gets me", he UNDERSTOOD me and my symptoms. I love him!

06A: Dr. Pratishtha Gupta was very informative. Dr. Pratishtha Gupta for her knowledge of diagnosis for mother's condition and compassion and concern for family of patient as well as patient. Very informative.

ALERT —
ADVISORY —
UPDATE —

IMMEDIATE ACTION REQUIRED
PRIORITY BUT NOT FOR IMMEDIATE ACTION
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

September 9, 2021

07A: Dr. Michael Galgano came by every day.

07C: Dr. Ilona Chepak – outstanding, understanding, talked with me like I was her grandmother, was so personal and yet professional. I was and am so grateful for her counsel.

08E: Dr. Mashaal Dhir – always concerned, listened to my concerns, excellent care by him and his team.

10G: Dr. Mashaal Dhir – caring and wonderful.

11G: Dr. Matthew Mittiga did his best to rule out what he could to get us closer to finding out what is going on with our child. He talked with her PCP and helped in facilitating consults.

12E: Dr. Olamide Ajagbe spent a lot of time with us upon admittance and **Dr. Melissa Schafer** did in the next couple days. **Dr. Kimberly Rush** – AMAZING, took time with us to explain everything.

Adult Hematology Oncology: Dr. Alina Basnet is wonderful. **Dr. Alina Basnet** is kind, listens, informative, and makes expert decisions for my treatment plan. I am comfortable and confident that I am getting the best care. **Dr. Alina Basnet** - wonderful, caring, special, and compassionate. **Dr. Sam Benjamin** – amazing to me and treats me with the upmost respect. Truly cares for my health. **Dr. Stephen Graziano** has been excellent at keeping me informed about my lung cancer, getting me involved in a study, and giving me hope for a long life.

Breast Care Center: Dr. Jayne Charlamb was great and I appreciate the sensitivity to my situation. **Dr. Mashaal Dhir** was very thorough and did an ultrasound and bloodwork while I was in the office that day even though they had not been previously scheduled. I appreciated not having to come back for a separate appointment for those procedures.

ENT at Community Hospital: Dr. Brian Nicholas – wonderful! **Dr. Brian Nicholas** is a doctor that I highly recommend to others. **Dr. Brian Nicholas** – amazing, lifeline to my hearing wellness!

Family Medicine: We have been with **Dr. Clyde Satterly** since our first child was born and followed him to Upstate and love it there! My wife and I both enjoyed being cared for by **Dr. Clyde Satterly**.

Family Medicine at Community Hospital: Dr. Sana Zekri arrived right on time for the appointment. **Dr. Sana Zekri** listens and sets a care plan based on patient results and individual needs. **Dr. Sana Zekri** is very professional and helpful. I feel lucky to be under **Dr. Sana Zekri's** care.

Multidisciplinary Programs Cancer Center: Dr. Kristin Kelly spent much time with her before and after a difficult Whipple surgery. Always a professional and informed my wife every step of the way. Highly recommend **Dr. Kristin Kelly**.

Nephrology Clinic: Dr. Haris Mobeen made things concerning my health very clear.

Pediatric Cancer Center: Dr. Andrea Dvorak – the best, fully explains things, and listens to my concerns. She cares for

ALERT —
ADVISORY —
UPDATE —

IMMEDIATE ACTION REQUIRED
PRIORITY BUT NOT FOR IMMEDIATE ACTION
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

September 9, 2021

her patients and it shows in her exemplary work.

Radiation Oncology: Dr. Brittany Simone was excellent, provided information, was concerned and compassionate.

Rheumatology Clinic: Dr. Hom Neupane is wonderful! He takes the time needed and is always pleasant! One of my favorites!!

SUNY Upstate – Virtual: Love Dr. Eduardo Bonilla! Dr. Mashaal Dhir is genuine. I can always count on his honest answers. He makes me feel at ease. He performed major surgery two years ago, yet he still follows my diagnosis even after other treatments from other doctors. Great man! Dr. Sriram Narsipur is the best!

Surgery – UH: Dr. Jeffrey Albright is A++++! Everyone was great, but I especially want to say how much I appreciate the kindness and expertise shown to me by Dr. Crystal Whitney.

UHCC – Neurology: Dr. Anuradha Duleep is wonderful and has been very patient in my treatments. Dr. Dragos Mihaila – thorough, caring, respectful. Dr. Victoria Titoff is the reason I stay with Upstate. Dr. Victoria Titoff is amazing and I'm so thankful to have her in my network of doctors. Dr. Victoria Titoff always goes above and beyond for her patients and genuinely cares. I never get doctors like her anymore. I hope she continues to stay at Upstate as she's helping people like me who didn't have any hope to start believing again there might be a chance for a cure. I spent more time with Dr. Awss Zidan than I did waiting!

University Geriatricians: Dr. Andrea Berg – made me feel comfortable and answered any questions we had. She truly cared about me.

University Internists: Dr. Tingyin Chee listens to me and explains. Dr. Tingyin Chee was very easy to talk with. A good first impression. Dr. Tingyin Chee is very patient and listens to my concerns. Dr. Sarah Lappin is very good with knowing my history and reviewing questions with me to detect any changes. Clear communication. I like her style and pleasant attitude. Seems happy to be seeing me and evaluating my situation. Very happy with Dr. Sarah Lappin.

Univ Pediatric and Adolescent Center: Dr. Jenica O'Malley took time to answer my questions and concerns.

Upstate Pediatrics: Dr. Yekaterina Okhman was wonderful. She was so kind and made my son feel so comfortable.

Upstate Urology: I have been in the office for over 6 years and this was my first time seeing Dr. Joseph Jacob. I am super happy with the way everything went. Dr. Joseph Jacob was great! He knew where my trouble spots were in my bladder and went right to it and found a small tumor. Dr. Joseph Jacob was very clear and thoroughly explained my situation. Continue to be impressed by Dr. Joseph Jacob. His empathy and technical knowledge is comforting.

Urology at Community Hospital: Dr. Scott Wiener gave me very good information on what could be done to rectify my condition. Dr. Scott Wiener – wonderful!

ALERT —
ADVISORY —
UPDATE —

IMMEDIATE ACTION REQUIRED
PRIORITY BUT NOT FOR IMMEDIATE ACTION
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

September 9, 2021

Vascular Surgery at Community Hospital: Dr. **Scott Surowiec** is very caring and kind. He answers all my questions and takes the time with you.

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

ALERT —

ADVISORY —

UPDATE —

IMMEDIATE ACTION REQUIRED

PRIORITY BUT NOT FOR IMMEDIATE ACTION

FOR INFORMATION; UNLIKELY TO REQUIRE ACTION

Cath Lab Diversion Upstate to Crouse

September 11 2021

Upstate Cardiac Cath Lab will be on diversion to Crouse Hospital starting at @ 06:00 September 11th until approximately 18:00. Notification will be sent when Cath Lab is open



If an Upstate patient is identified who needs an Emergent or Urgent Cardiac Catheterization, Dr. George at Crouse should be notified at 315-373-4947 who will activate the Crouse Cath lab team



Upstate nursing supervisor (Administrative Supervisor on Vocera 464-1400) may be of assistance if needed for arranging transport. Demographic info. will need to be sent to Crouse Admitting, Fax to 470-7014 and follow with phone call to 470-2946 and press physician option so request will go to top of the list. (Back up number is 470-1065) Patient will need to be transported to Crouse Cath Lab by Upstate Staff. Please call prior to transport to ensure Crouse team is there, phone # 470-5808. Crouse Cath lab is located on the 1st floor of Crouse.



Upon completion of Cath at Crouse, if patient is to be transported back to Upstate, Dr. George will notify Upstate Service Cardiologist and Crouse Cath Lab will notify Upstate Nursing Supervisor (Administrative Supervisor on Vocera 464-1400). Nursing Supervisor will send assistance to the Upstate side of the tunnel, to guide Crouse staff to assigned area.

Contact #s

Crouse Cath Attending	Dr. George 315- 373-4947
Crouse Admitting	470-7361
Crouse Cath Lab	470-5808
Upstate Cardiologist	Dr .O'Hern 315-440-0023
Upstate Service Cardiologist	Dr. Carhart 315-345-2694
Upstate Cardiology Fellow	Pager 315-467-5555
Upstate Nursing Supervisor	Vocera, 464-1400; Phone 464-6158; Pager 467-7280
Amy Tetrault	315-329-1612

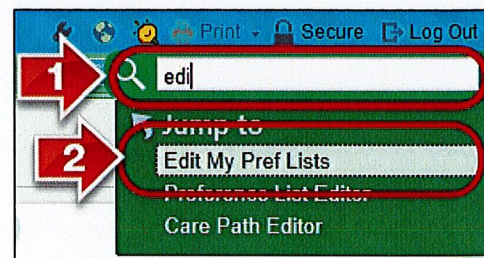
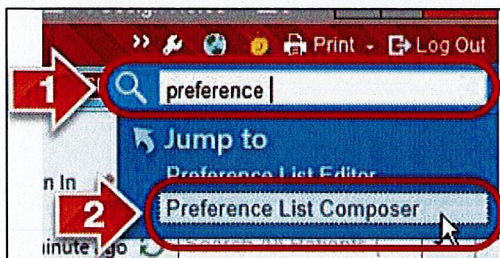
EPIC SYSTEM UPDATE

Overview of Feature / Changes

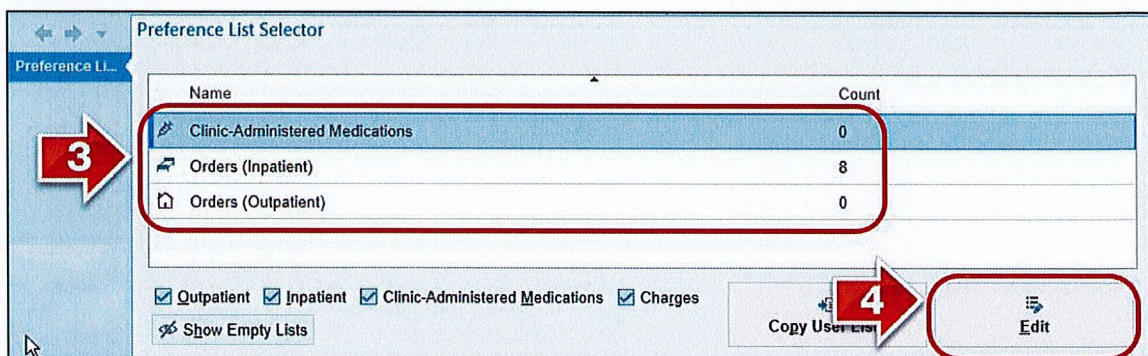
With the implementation of **CareSelect** software for Clinical Decision Support imaging orders that have been personalized on a preference list may reset to the default order settings. This could undo your display names, the order details that you may have customized and any other customization for your imaging orders. For example, a renamed order: **CT Suspected PE** could revert to its official name: **CT Angiography Thorax**. Update customization for these imaging orders through the **Preference List Composer (IP/ED provider)** and through **Edit My Pref Lists (Amb provider)**.

Preference List Composer and Edit My Pref Lists

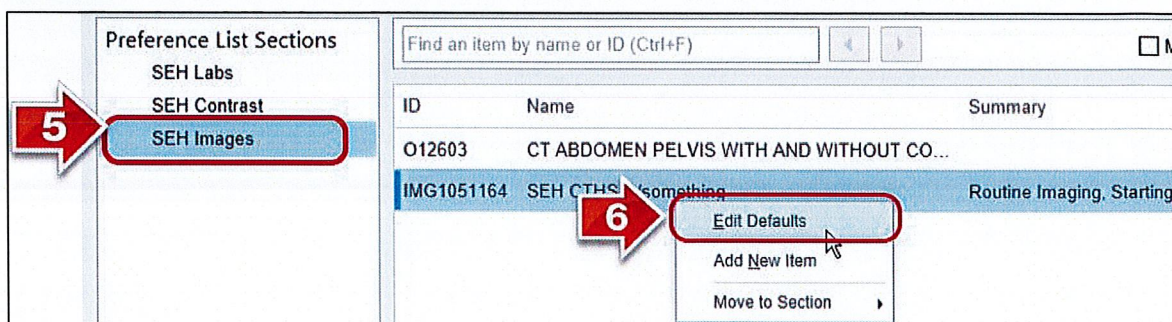
1. Use the search function on the upper right side of Epic to search **preference (IP/ED)** and **edit (Amb)**.
2. Select **Preference List Composer (IP/ED)** or the **Edit My Pref Lists (Amb)**.



3. Select the list that will need to be updated.
4. Click Edit.



5. Choose the order group that your imaging orders are in.
6. **Right click** on the order and select **Edit Defaults** and customize the order.



UHCC ILI Infusion Process

Clinic hours

0800-1630 M-F

Scheduling & Information 24/7

315-464-5955

After hours scheduling support by Triage & Transfer Center Staff

- **Referring office responsibilities**

- Ambulatory care providers
 - Determine patient eligibility see below
 - Eligibility criteria included below based on current Regeneron EUA Provider fact sheet <https://www.regeneron.com/downloads/treatment-covid19-eua-fact-sheet-for-hcp.pdf>
 - Previous Eligibility smart phrases remain available in Epic to assist with documentation
 - Adults .ILIANIBODYELIGIBILTYREVIEWADULT
 - Pediatric patients (Age 12-17)
.ILIANIBODYELIGIBILTYREVIEWAGE12TO17
 - Document patient education on EUA & risk and benefits
 - See *documentation smart phrase below*
 - Consent is covered in the general consent for treatment.
 - Complete smartest order-see *snapshot of order below and please note **Bamlanivimab is no longer recommended and patients will be receiving Regeneron for infusions at this time***
 - Contact ILI clinic/Triage & Transfer Center at 315-464-5955 to schedule
- Dr Reddy/ID associates will complete the same information for the following groups based on information provided by ILI/Triage & Transfer Center staff and discussion with the patient.
 - Non-Upstate providers
 - Triage & Transfer Center
 - Self-referrals
- ID Providers are available on call in AMION and will serve as a liaison for provider questions or assistance related to infusions.
- Pediatric Patients
 - All pediatric patients ≥ 12 years of age being considered for infusion will be discussed by the referring physician with the Pediatric Infectious Diseases faculty on call.
 - Either the referring physician or the Pediatrics Infectious Diseases physician will document the decision-making process in Epic.
 - Pediatric Infectious Diseases will contact the UPAC attending who will then make arrangements for infusion.
 - The UPAC attending will perform a brief history and physical examination upon admission to the Infusion Center and be available to Infusion Center staff during the visit.

- **ILI staff**

- Verify order
- Notify pharmacy infusion lab 315-464-4048
- Notify UPAC for any pediatric patients ≥ 12 years of age
- Contact the patient to review information related to apt
 - Date, time, length, COVID restrictions (no visitors), arrival time
 - Patient must be able to sit alone for 3 hours and remained mask in the presence of staff
 - Instruct patient to call 315-464-5955 upon arrival & follow instructions from staff on entering the building
- Day of apt

- Staff will meet patient at the front door and escort them directly to an exam room
- Patients will register over the phone with ILI staff
- RN staff will provide patient with EUA fact sheet
- Address any concerns prior to infusion
- Alternative infusion methods
 - PICCs are appropriate to use
 - Ports-ILI is unable to utilize ports due to staff expertise and resources available.
- **Infusion provider coverage**
 - **Provider availability three-tiered response**
 - 1-Ordering MD
 - Routine questions related to order
 - Pre-infusion patient needs and follow up care
 - Symptomatic patients may be cancelled under the following circumstances
 - Respiratory symptoms
 - Tachypnea, O2 sat 94% or less
 - Requiring O2 or increase in O2 therapy due to COVID
 - Uncontrolled emesis, unable to keep anything down
 - Patient conditions requiring ED evaluation and possible admission
 - 2-Covering provider
 - Adult & Family Medicine “Doctor of the Day” rotating coverage
 - UPAC is available for pediatric patients
 - Non-urgent in person evaluation needs
 - Possible reaction, difficult IV...
 - ILI Department level Smart Phrase-ILI UHCC #128248 ILI PROBLEMNOTE. available for covering providers
 - 3-EMS/911-Critical emergency, anaphylaxis

Eligibility Criteria for Identifying High Risk Individuals

The following medical conditions or other factors may place adults and pediatric patients (age 12-17 years and weighing at least 40 kg) at higher risk for progression to severe COVID-19:

- Older age (for example, age ≥ 65 years of age)
- Obesity or being overweight (for example, BMI > 25 kg/m², or if age 12-17, have BMI ≥ 85 th percentile for their age and gender based on CDC growth charts, https://www.cdc.gov/growthcharts/clinical_charts.htm)
- Pregnancy
- Chronic kidney disease
- Diabetes
- Immunosuppressive disease or immunosuppressive treatment
- Cardiovascular disease (including congenital heart disease) or hypertension
- Chronic lung diseases (for example, chronic obstructive pulmonary disease, asthma [moderate-to-severe], interstitial lung disease, cystic fibrosis and pulmonary hypertension)
- Sickle cell disease
- Neurodevelopmental disorders (for example, cerebral palsy) or other conditions that confer medical complexity (for example, genetic or metabolic syndromes and severe congenital anomalies)
- Having a medical-related technological dependence (for example, tracheostomy, gastrostomy, or positive pressure ventilation (not related to COVID-19))

Other medical conditions or factors (for example, race or ethnicity) may also place individual patients at high risk for progression to severe COVID-19 and authorization of REGEN-COV under the EUA is not limited to the medical

conditions or factors listed above. For additional information on medical conditions and factors associated with increased risk for progression to severe COVID, see the CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>. Healthcare providers should consider the benefit-risk for an individual patient.

Regeneron Order SmartSet

The updated smartset, titled AMB ILI Casirivimab / Imdevimab Infusion (UMU) is now in production.

The 100mL infusion is defaulted, the 250 mL version is still available.

The screenshot displays the Regeneron Order SmartSet interface. At the top, there are tabs for Chart Review, Synopsis, and Orders. Below these, a patient identifier is shown: 3/12/2021 visit with Fam Med Md2 Zzz Not A, MD for Orders Only. A secondary navigation bar includes BestPractice, SmartSets, Verify Rx Benefits, Outside Meds, Nursing Notes, and Progress Notes. The main content area is titled 'BestPractice Advisories' and shows 'No advisories to address.' Below this is the 'SmartSets' section, which includes a search bar and a '+ Add' button. The search results list 'AMB ILI CASIRIVIMAB / IMDEVIMAB INFUSION (UMU)' with a checked checkbox. A second screenshot shows the 'Plan' view with the same 'SmartSets' section. It also lists 'AMB ILI CASIRIVIMAB / IMDEVIMAB INFUSION (UMU)' with a checked checkbox. Below the search results, there is a 'Suggestions' section with 'Hem/Onc Infusions for OPIS' and an unchecked checkbox. At the bottom right of the 'Plan' view, there are buttons for 'Open SmartSets' and 'Clear Selection'. A third section titled 'Infusion' is visible at the bottom, showing two options for 'UMU OPIS CASIRIVIMAB / IMDEVIMAB INFUSION'. The first option is 'casirivimab 600 mg, imdevimab 600 mg in sodium chloride 0.9 % 250 mL infusion' with an unchecked checkbox. The second option is 'casirivimab 600 mg, imdevimab 600 mg in sodium chloride 0.9 % 100 mL infusion' with a checked checkbox. The second option includes instructions: 'Intravenous, at 300 mL/hr, Once, today at 1530, For 1 dose', 'Clinically monitor patients during infusion and observe patients for at least 1 hour after infusion is complete.', 'Clinic Infusion', and 'Please send low protein binding tubing and 0.22 micron in-line filter with the medication. Sign & Hold'.

3/12/2021 visit with Fam Med Md2 Zzz Not A, MD for Orders Only

BestPractice SmartSets Verify Rx Benefits Outside Meds Nursing Notes Progress Notes

Problem List Visit Diagnoses Meds & Orders CC Chart

▼ BestPractice Advisories

No advisories to address.

SmartSets

Search for new SmartSet + Add

Search Results

☒ AMB ILI CASIRIVIMAB / IMDEVIMAB INFUSION (UMU)

Plan

BestPractice SmartSets Meds & Orders Problem List Visit Diagnoses

SmartSets

Search Results

☒ AMB ILI CASIRIVIMAB / IMDEVIMAB INFUSION (UMU)

Suggestions

☐ Hem/Onc Infusions for OPIS

Open SmartSets Clear Selection

▼ Infusion

▼ UMU OPIS CASIRIVIMAB / IMDEVIMAB INFUSION

☐ casirivimab 600 mg, imdevimab 600 mg in sodium chloride 0.9 % 250 mL infusion
Intravenous, at 250 mL/hr, Once, Clinically monitor patients during infusion and observe patients for at least 1 hour after infusion is complete., Clinic Infusion

☒ casirivimab 600 mg, imdevimab 600 mg in sodium chloride 0.9 % 100 mL infusion
Intravenous, at 300 mL/hr, Once, today at 1530, For 1 dose
Clinically monitor patients during infusion and observe patients for at least 1 hour after infusion is complete.
Clinic Infusion
Please send low protein binding tubing and 0.22 micron in-line filter with the medication.
Sign & Hold

Please consider using the following to describe risks and benefits in provider documentation

The available studies show that these infusions reduce the risk of ending up in the hospital with COVID. They are being offered to people with a high risk of becoming seriously ill with COVID, such as in your case (_____ mention specific risks the patient has). Our experience with these infusions at Upstate has been that they are very well tolerated, and studies also show they are well tolerated. As with any medication, there is a small risk of an allergic reaction, but this appears to be extremely rare. Severe allergic reactions have not been reported and we have not seen them among our patients so far. There are medications available to be used on site in case you develop an allergic reaction.

One important point to mention is that it is not recommended to receive the COVID vaccine until 90 days after you have received an infusion. This is because there is a concern that the infusion might interfere with your body developing an effective immune response to the vaccine. This recommendation may change over time, but for now you will be recommended to wait. This should not be a problem because you should be protected from infection for 90 days because of having had COVID.

Documentation-smart phrases created by Dr Reddy

- *VERY basic smart phrase .monoclonaltriage which can be used to document an encounter with the patient, relevant to the Community Campus site*
- *A separate smart phrase has been created .monoclonalinst with the instructions to the patient, specific to the Community Campus site*

This can be adapted to the Downtown site to make sure all the instructions are reviewed; if the patient has My Chart this can be sent them via My Chart

Smart phrase example

Requested to conduct a telemedicine/telephonic visit with this patient in order to assess eligibility for monoclonal antibody infusion for COVID-19.

HISTORY:

Patient referred by:

Date & location of COVID test:

Date of symptoms onset:

Current symptoms:

Reviewed danger signs with patient in order to determine whether patient would require urgent in-person assessment.

Criteria by which patient is eligible for monoclonal antibody infusion:

EXAM:

Patient was able to adequately describe symptoms and ability to present as an outpatient for the infusion.

Not noted to be short of breath during this encounter.

PLAN:

Based on the information provided and my assessment of the patient, @preffname@ is eligible for an outpatient infusion of monoclonal antibody/antibodies to prevent progression to severe COVID-19.

Use of bamlanivimab or casirivimab/indevimab will be determined based on product availability.

Contacted Surgery Center to get the patient scheduled.

The patient has been instructed that they will need to pre-register prior to their infusion, that they must go into the infusion suite unaccompanied (no family/friends allowed in the suite), and that they should call the Surgery Center upon arrival to Community Campus.