

CMO REPORT

FROM THE DESK OF

Amy Tucker, MD, MHCM, Chief Medical Officer, Upstate University Hospital
Associate Dean for Clinical Affairs, College of Medicine

UPSTATE
UNIVERSITY HOSPITAL

January 7, 2022

COVID Update

# Positive	# ICU	# Vent
107	26	9

COVID Treatment Updates

By Dr. Elizabeth Asiago-Reddy

The majority of cases of COVID in our area are caused by the Omicron variant. The proportion of cases caused by this variant is higher in urban compared to rural areas, and in Onondaga County compared to in surrounding counties. Downstate, the Omicron variant accounts for virtually all COVID cases. Currently, we do not have a way to determine if any given patient has Omicron or a different variant, though this is being worked on.

Vaccination and booster doses for those who are eligible remain the most effective ways of preventing severe COVID in the vast majority of people. Standard of care for patients who are hospitalized due to COVID has remained similar over the last several months, despite the emergence of the Omicron variant.

Patients who require oxygen are recommended to receive a combination of dexamethasone and remdesivir, with escalation to Jak-inhibitors or IL-6 inhibitors in patients with progressive COVID-related oxygen requirements. Recommendations are summarized at: <https://www.covid19treatmentguidelines.nih.gov/management/clinical-management/clinical-management-summary/>.

Standard of care for OUTPATIENTS with COVID or inpatients who have mild COVID that would not otherwise have resulted in admission (incidentally identified during hospital testing, coincident but not a prime cause for admission, or nosocomially acquired) has changed as a result of the Omicron variant. Outpatient treatment is currently challenged by significant medication shortages. *Bamlanivimab/etesevimab and Casirivimab/imdevimab (Regeneron) are NOT active against the Omicron variant.*

Sotrovimab is active against the Omicron variant but is in severely short supply and is only recommended for patients who are at highest risk of progression to severe COVID. These include moderately to severely immune compromised patients regardless of vaccine status, and UNVACCINATED patients who are 65 and older with at least one comorbidity, summarized at: https://coronavirus.health.ny.gov/system/files/documents/2021/12/prioritization_of_mabs_during_resource_shortages_20211229.pdf.

In order to preserve supply of Sotrovimab, it is recommended to use other agents, if possible, and to consult with infectious disease if use is being considered in the inpatient setting while supplies remain critically low.

A 3-day course of remdesivir (200mg IV x 1, followed by 100mg daily x 2 days) has also been found to significantly reduce the risk of progression to severe COVID in people who have at least one risk factor for severe disease. This study looked at unvaccinated individuals so it is less clear how much benefit exists for vaccinated individuals, but NIH

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guidelines has added this to their recommendations. While remdesivir supplies have typically been well-stocked, uptick in usage of remdesivir may result in shortages. It is important to confirm with pharmacy the supply status when ordering this medication for patients not on oxygen.

Oral Agents

- Paxlovid (nirmatrelvir/ritonavir) is a 5-day course of pills which has shown to significantly reduce progression to severe COVID in patients with risks for severe disease. This is NOT currently available to inpatients.
- Molnupiravir is a 5 days course of pills which has been shown to moderately reduce the risk of progression to severe COVID in patients with severe disease. This is NOT currently available to inpatients.
- Paxlovid and molnupiravir are only available at select New York State designated commercial pharmacies, listed in this document: <https://coronavirus.health.ny.gov/oral-antivirals>

A list of conditions associated with progression to severe COVID is located at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/underlyingconditions.html>. This document does NOT take into account risk reductions from vaccination, which are very significant, especially patients have received booster doses as well

COVID Vaccination Boosters

By Brian Pratt

COVID booster activity began at Upstate on September 17th. In the background, staffing shortages began to emerge as an impending staffing crisis. In this setting, Upstate was fortunate to be able to partner with an external partner, Kinney Drugs, to accomplish providing COVID vaccine boosters. The Employee Student Health office has been present at these events to ensure that vaccination records are accurately recorded in student/staff health records. The contract that allowed Kinney to come on-site concluded at the end of December, though this is going through the process to be renewed through March. When the contract is updated, we will ensure that vaccine clinic dates/times are circulated widely.

Upstate was able to secure closed vaccine clinics specifically for Upstate Staff, Students, AND their family members hosted by Wegmans at Driver's Village. Over three clinic days, ~700 Upstate staff, students, and family members were able to receive vaccine doses! We are actively looking to align calendars to provide additional vaccine events like this. It is worth noting that both of these retail pharmacy partners, Kinney Drugs, and Wegmans, have been working with Dr. Steven Blatt's pediatric network to support school-based vaccination events for the 5-12 age groups.

Returning to Work

By Paul Suits

Staff member positive for COVID:

- Fully vaccinated staff are out of work for a minimum of 5 days if asymptomatic or mildly symptomatic. Defined as:
 - Not have a fever for at least 72 hours without fever-reducing medication
 - Have resolution of symptoms or, if still with residual symptoms, then all are improving
 - Not have rhinorrhea (runny nose)

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- Have no more than minimal, non-productive cough (i.e., not disruptive to work and does not stop the person from wearing their mask continuously, not coughing up phlegm)
- N95 respirator required at all times for front line HCW with patient care responsibilities until day 10. When respirator is removed to eat/drink, social distancing will be maintained.
- All others wear a well-fitting ear loop mask at all times. When mask is removed to eat/drink, social distancing will be maintained.
- The individual should be restricted from contact with severely immunocompromised patients until day 10.
 - Cancer patients- actively undergoing chemotherapy.
 - Bone Marrow Transplant patients
 - Organ Transplant Patients on chronic immunosuppressant therapy.
 - Severe HIV (CD4<200)

Staff member who has had a work exposure

- Boosted, fully vaccinated
 - CDC Contingency Strategies: No work restrictions
- UN-boosted, fully vaccinated
 - CDC Contingency Strategies: No work restrictions with negative tests on days 1, 2, 3, and 5-7
- Not fully vaccinated
 - CDC Contingency Strategies: No work restrictions with negative tests on days 1, 2, 3, and 5-7

Personal Protection Equipment (PPE) Table for COVID-19 Exposure Scenario:

<https://upstate.ellucid.com/documents/view/10492/active/>

Proctoring and Increases

By Beth Erwin

As a result of a DNV finding during a survey earlier this year, our proctoring policy ([OMS P-16](#)) and forms have been revised. Effective immediately, all increase in privilege requests (or initial privileges requiring proctoring) will require additional documentation in order to be considered by the medical staff committees.

Attached are excerpts from the revised policy, including:

1. Applicant / Proctored Clinician responsibilities
2. Proctor responsibilities
3. Forms for documenting proctored cases and evaluations

Please carefully review this policy and the attached responsibilities. Important points from this policy include:

1. If there are multiple proctors, then each would fill out a sheet.
2. If it is the same proctor for all procedures, then they would do 1 form.
3. The proctor and proctored practitioner should be listed on the appropriate consent forms for every proctored case.

Questions can be directed to Beth Erwin, Director, Medical Staff Services, or Robert Carhart, MD, Chair, Credentials Committee.

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COVID Testing Resources in the Community

By Stacey Keefe

If you need up to date information regarding where to go to get a COVID test or vaccine, the Upstate COVID Hotline is the best resource. Upstate employees should call 315-464-THEM and the public can call 315-464-3979. The Upstate COVID Hotline hours of operation are:

Monday – Friday: 8:00am – 7:00pm

Saturday: 8:00am – 4:00pm

Sunday: 8:00am – 12:00pm

Anonymous COVID Vaccine Survey – Takes Less Than 5 Minutes!

by Dr. Steven Blatt, Dr. Christopher Morley, Dr. Jana Shaw, and Dr. Telisa Stewart

The pediatric COVID-19 vaccine is safe and effective. However, vaccination rates for kids under 18 remain low. A team of vaccination and public health experts at Upstate developed a brief, five-minute survey to better understand Upstate employees' preferences for vaccinating children against COVID-19. The information will help us to better understand barriers to vaccine uptake and improve access.



The survey is anonymous and can be found here: <https://redcap.link/nk913hpy>

The survey link is also available on PCs throughout campus as an icon called, “Children COVID Vaccines” on the desktop.

Please respond by Monday, January 10th.

Exceptional Teacher Recipient for January 2022

By Dr. Lawrence Chin



Dr. Ian Dargon, Assistant Professor of Pediatrics & Medicine is the January 2022 recipient of the Exceptional Moments in Teaching recognition.

The College of Medicine recognizes exceptional teachers with the monthly “Exceptional Moments in Teaching” program. Honorees are selected via student assessments from courses and clerkships. Recognized teachers — including medical faculty, residents, nurses and other educators — are those who challenge students and provide an exceptional learning experience. <https://www.upstate.edu/ume/exceptionalteacher.php>

Congratulations Dr. Dargon!

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New / Revised COVID-19 Policies of Special Interest for Clinicians

New

- [Nursing Guidelines for Completion of Plan of Care During COVID Pandemic](#) (COV P-14)

Revised

- [Visitor Restriction During Prevalence of COVID-19](#) (COV V-08): Changed number of visitors allowed in the UGCH, adult units, behavioral health, Emergency Departments and Ambulatory.
- [Adult Patients Admitted to Upstate Golisano Children's Hospital During COVID-19](#) (COV A-08): Max age changed to ≤21 years old. Removed option to admit adults to 12F.

Stay safe and thank you for all that you do!

~ Amy

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PROCTOR RESPONSIBILITIES

*** Read full policy ([OMS P-16](#)) for additional detail***

1. All members of the SUNY Upstate University Hospital Medical Staff who hold unrestricted privileges to perform the procedures and/or manage the clinical cases to be proctored, may serve as proctors.
 - a. Proctors should perform the same role as the individual being proctored in order to provide acceptable proctoring (e.g.: an NP may proctor a physician in moderate sedation (where the role is the same), but not in robotic cases (where the role is different)).
2. External proctors must provide documentation as outlined in policy [P-20, Visiting Health Care Providers, Section B \(1\)](#) at least two weeks prior to the first scheduled case to be proctored.
3. For concurrent proctoring, the proctor must directly observe the entire procedure being performed.
4. Concurrent proctoring should address: a) the indications and preparation of the patient for the procedure; and b) the technical skill and judgment demonstrated in performing the procedure.
5. The proctor will be expected to make reasonable accommodation to be available for cases that require direct observation.
6. Make a request for extension of the proctoring sufficient to make an informed judgment regarding the clinical performance of the individual being proctored. A request should be made by the proctor and submitted to Medical Staff Services for review and referral to the Medical Staff Executive Committee for action. The appropriate Chief of Service should be copied on proctor requests.
7. The proctor may scrub in, but may not be involved in patient care.
 - a. if the proctor reasonably believes that intervention is warranted to prevent harm to the patient, the proctor may take whatever action is reasonably necessary to protect the patient.

- b. If the case is stopped due to potential harm to the patient, the case is not considered proctored.
 - c. If the proctor is called upon to act as the assistant surgeon, the case cannot be counted as a proctored case.
 - d. If a case is stopped or the proctor is called upon to assist, the events should be documented and attached to the final proctoring evaluation form ([Appendix A](#)).
- 8. The proctor must assure the confidentiality of the proctoring evaluation form. The proctoring evaluation form should be held by the proctor during any periods of review and should not be attached to the patient's medical record.
 - a. When proctoring is completed for each procedure, the proctor must complete the proctoring evaluation form ([Addendum A](#)) within 24 hours of completing the procedure, and provide this form along with all signed consents for each procedure to Medical Staff Services, which will provide copies to the appropriate medical staff committee(s).
 - b. For new privileges, the proctor is responsible to review the Procedure Tracking form ([Appendix B](#)), review the case logs for in and out times, and sign the Procedure Tracking form.
- 9. The proctor is responsible to the hospital and the Medical Staff, not to the individual medical staff member, to make written recommendations regarding the knowledge, skill and judgment of the individual member to carry out the proposed procedure(s).

APPLICANT / PROCTORED CLINICIAN RESPONSIBILITIES

*** Read full policy ([OMS P-16](#)) for additional detail***

1. Pay any fees related to the proctoring activities, regardless of which group has recommended proctoring.
2. Assure that the procedures or medical admissions and the performance of any procedures requiring advanced proctoring are proctored in a timely manner.
3. Notify the proctor of each case where care is to be evaluated and do so in sufficient time to allow the proctor to observe.
4. Must provide the proctor with the patient's clinical history, pertinent physical findings, pertinent laboratory and radiology and other relevant test results, the planned course of treatment or management and the rationale for its use.
5. In circumstances where proctoring is being performed for a new privilege, the requesting clinician must complete and submit a procedure tracking form ([Appendix B](#)) to Medical Staff Services. The number of cases must be sufficient to meet the written criteria as approved by the medical staff; if there are no written criteria, Medical Staff Services must be contacted to determine the number of cases required.
6. Complete the Consent for Diagnostic, Therapeutic, Invasive or Surgical procedures (form 40580) using the proctored practitioner as the Attending, and adding the proctoring practitioner under the line for additional physicians with their role clarified.
7. Any emergency interventions shall be documented by the proctored clinician in the medical record.
8. For a new privilege at Upstate, submit the [Increase in Privilege](#) request form, signed by the applicant and all applicable supervisors.

Appendix A

SUNY Upstate University Hospital PROCTOR EVALUATION FORM

Practitioner Name	
Proctor Name	
Proctoring Date(s)	
Proctored Procedure(s)	
Level of Proctoring	
<ul style="list-style-type: none"> 1. Prospective 2. Concurrent 	
Number of Cases and/or Duration	
Describe the Type of Cases Observed	
Please Evaluate the Practitioner's Performance	
1. Clinical knowledge <ul style="list-style-type: none"> a. General background information b. Indications and contraindications c. Physiology and pathophysiology d. Anatomy e. Limitations of the practitioner f. Economics 	
2. Knowledge of the equipment <ul style="list-style-type: none"> a. Technical aspects of the equipment b. Specific details of the equipment c. Operating details of the equipment d. Safety aspects of the equipment 	
3. Knowledge of the procedure <ul style="list-style-type: none"> a. Physical characteristics of the procedure b. Technique of the procedure c. Preparation of the patient d. Precautions and potential complications e. Limitations of the procedure f. Special techniques g. Advanced techniques 	
4. Judgement during Procedure	
Other Comments or Concerns <i>Proctors must report if the case is stopped due to potential harm to the patient, or if the proctor is called upon to act as the assistant surgeon.</i>	

Proctor Signature

Date

Return form to Medical Staff Services via fax (315-464-8524) or e-mail (medstaff@upstate.edu).

Appendix B

SUNY Upstate University Hospital PROCEDURE TRACKING

Practitioner Name: _____ Proctor Name: _____

CASE #		PROCEDURE	DETAIL	COMPLICATIONS / NOTES
			Patient #: Date:	<input type="checkbox"/> Yes (please explain): _____ _____ <input type="checkbox"/> No
			Patient #: Date:	<input type="checkbox"/> Yes (please explain): _____ _____ <input type="checkbox"/> No
			Patient #: Date:	<input type="checkbox"/> Yes (please explain): _____ _____ <input type="checkbox"/> No
			Patient #: Date:	<input type="checkbox"/> Yes (please explain): _____ _____ <input type="checkbox"/> No
			Patient #: Date:	<input type="checkbox"/> Yes (please explain): _____ _____ <input type="checkbox"/> No
			Patient #: Date:	<input type="checkbox"/> Yes (please explain): _____ _____ <input type="checkbox"/> No
			Patient #: Date:	<input type="checkbox"/> Yes (please explain): _____ _____ <input type="checkbox"/> No
			Patient #: Date:	<input type="checkbox"/> Yes (please explain): _____ _____ <input type="checkbox"/> No
			Patient #: Date:	<input type="checkbox"/> Yes (please explain): _____ _____ <input type="checkbox"/> No
			Patient #: Date:	<input type="checkbox"/> Yes (please explain): _____ _____ <input type="checkbox"/> No
			Patient #: Date:	<input type="checkbox"/> Yes (please explain): _____ _____ <input type="checkbox"/> No
			Patient #: Date:	<input type="checkbox"/> Yes (please explain): _____ _____ <input type="checkbox"/> No

I certify that the above accurately reflects the cases and procedures I have performed, and submit the above as documentation of competence for the procedures I am requesting. A copy of the consent form for each case is attached; I understand that incorrectly completed consent forms will make the involved case ineligible for consideration as a proctored case.

Signature _____

Date _____

I attest that the above accurately reflects the cases and procedures I observed as a proctor, and that I have verified by review of the case logs for these procedures that in and out times for the proctored practitioner and myself for each procedure were accurately documented. I will submit the Proctor Evaluation Form with my assessment of the above cases.

Signature _____

Date _____

* **Return form to Medical Staff Services via fax (315-464-8524) or e-mail (medstaff@upstate.edu).**

STATE UNIVERSITY OF NEW YORK

UPSTATE

MEDICAL UNIVERSITY

COLLEGE OF MEDICINE

EXCEPTIONAL MOMENTS IN TEACHING



Ian Dargon, MD, is assistant professor of Medicine and Pediatrics at Upstate Medical University and the **January 2022** Recipient of the **Exceptional Moments in Teaching Recognition**.

COMMENTS FROM DR. DARGON'S STUDENTS:

"The most incredible teacher I have ever had and probably the smartest person I have met. Dr. Dargon was always was exceptionally respectful to students presenting, even though he clearly knew all of the information. He made sure to teach with every single patient, and did not make you feel inadequate or dumb if you didn't know the answer or didn't understand. He took the time to show me how to change a diaper when I had said that I hadn't changed one. I was amazed an attending would spend their time helping me in that way. Really just an exceptional teacher and fantastic role model."

"During my clerkship, I had an unfortunate encounter with a patient's family member in which they said harmful things regarding my race. Dr. Dargon checked in on me before and after this occurred, and he also said that I didn't need to go back into that patient's room. He made it clear to all students that he would not tolerate abuse towards any of us. Dr. Dargon made me feel safe and alleviated my anxieties regarding the work environment many of us third-year medical students fear."

The College of Medicine recognizes exceptional teachers with the monthly "Exceptional Moments in Teaching" program. Honorees are selected via student assessments from courses and clerkships.

Recognized teachers—including medical faculty, residents, nurses and other educators—are those who challenge students and provide an exceptional learning experience.