

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

January 8, 2021

COVID Update

# COVID Inpatients	# ICU	# staff vaccinated
116	30	6,172

Please see attached COVID Update Report for details.

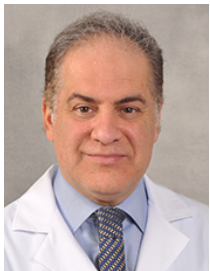


Hoping you and yours had a safe and happy holiday season and that 2021 brings brighter days for all.

Leadership Announcements in Surgery by Dr. Robert Cooney

Dr. Reza Saidi named the Chief of Transplant Surgery

I would like to thank Mark Laftavi, MD, Professor of Surgery and Interim Chief of Transplant Surgery for his many contributions to the Upstate Transplant program over the last several years. Dr. Laftavi joined the faculty at Upstate in 2016 and started the Pancreas Transplant program shortly after his arrival. He assumed leadership of the Transplant program in the summer of 2017 after Dr Gruessner's departure to Downstate. He has provided leadership to the program during a difficult transition period in which both hospital and institutional leadership have changed. Dr. Laftavi has grown the waiting list for kidney transplantation, enhanced industry sponsored transplant research and helped improve the outcomes for graft survival. He has asked to step down as interim chief and will continue his duties as Director of Pancreas transplantation and remain on the faculty as a senior surgeon.



Effective January 1, 2021 Dr. Reza Saidi will become the Chief of Transplant Surgery at Upstate Medical University. Dr. Saidi earned his medical degree from Tehran University of Medical Sciences in Tehran, Iran. He did his General Surgery training at the University of Kentucky, University of Tennessee and Providence Hospital in Southfield, MI. Following a Transplant Fellowship at the Massachusetts General Hospital Dr. Saidi joined the faculty at the University of Massachusetts Medical Center. Following this he spent several years on the faculty at Brown University and at

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Tehran University. He joined the faculty at Upstate Medical University in January of 2020 as Associate Professor of Surgery and Medical Director of the Kidney Transplant program.

Please join me in thanking Dr. Laftavi for his contributions to Transplant Surgery and congratulating Dr. Saidi on his new leadership position in the Transplant Program.

Dr. Michael Costanza named Chief of Vascular Surgery



Dr Michael Costanza has served as the Interim Chief of Vascular Surgery since Dr. Gahtan's departure in July of 2019.

Effective January 1, 2021 Dr. Costanza will become the Chief of Vascular Surgery at Upstate Medical University. Dr. Costanza attended Harvard University as an undergraduate and the Ohio State University College of Medicine, he did his Surgery Residency at the Cleveland Clinic and University of Tennessee Medical Center in Knoxville, TN. After completing his Vascular Surgery fellowship at the University of Maryland he joined the faculty at Upstate Medical University in 2004. He has risen through the academic ranks and was appointed Professor of Surgery in 2016. Mike has held multiple leadership positions including his service as the Director of Endovascular Surgery at Upstate since 2009, Chief of Vascular Surgery at the Syracuse VAMC and as Co-Director of Surgical Quality in the Department of Surgery here at Upstate University Hospital.

Over the last year and a half Dr. Costanza has helped to stabilize and provided leadership to the Division of Vascular Surgery through the turbulent world of the Covid pandemic.

Please join me in congratulating Dr. Costanza in his new leadership role.

Symptoms after the second COVID-19 Vaccination by Dr. Amy Tucker

A fair number of people are reporting symptoms after the second dose of their COVID vaccination series. If you have mild symptoms without fever, then it is safe to work. If you develop fever then you should remain home until you are no longer febrile. Generally, unless your fever lasts >48 hours OR you have respiratory symptoms, you do not require COVID testing for symptoms following the second shot in the series. Respiratory symptoms are not attributable to the vaccine.

Diagnostic Imaging Reduction by Dr. Amy Tucker

Please defer routine diagnostic imaging that can safely wait 4-6 weeks so that we can deploy staff to the inpatient surge mission.

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Reduction in Ambulatory Service Volumes

Ambulatory services did a great job transitioning to more than 50% of visits completed to telehealth. As you know, the inpatient COVID census continues to grow at a dramatic pace and are expected to worsen over the coming weeks. As a result, the amount of staff support you will have for telemedicine and in-person visits will be significantly curtailed. There will be mandatory deployments of additional ambulatory staff to inpatient care areas.

Hospital leadership recognizes the invaluable and unique patient care activity each ambulatory service provides. However, as COVID census grows, it is essential that we balance our staff to assist in inpatient areas. To prepare for this, we ask that Medical Directors work with their clinic staffs in the following ways:

- Each area is asked to defer any visit for the next 6 to 8 weeks where the delay will not cause serious harm to the patient. This includes in-person and telehealth visits.
- Any service that keeps patients out of the Emergency Room or the Hospital should continue.
- Telehealth remains an option, but providers will need to do this with less staff assistance. For example, providers will need to work independently, without a nurse to assist.
- Visits that typically generate new orders/procedures (e.g., EEG's, Mammograms, MRI's, etc.) will need to change workflow as all services across Upstate will be significantly curtailed. Ordering things "Stat" without valid justification for stat results is not a viable option.
- Areas are being asked to look for opportunities to consolidate offices and services to more efficiently utilize remaining staff.

Duck Season is Ending Soon by Dr. Jarrod Bagatell

"Duck-bill" Halyard N95 masks will soon become extinct. If you have ONLY been fit-tested to wear a Halyard ("duck-bill") N95 Regular Mask then you must be re-fit-tested for another respirator mask ASAP.

If you are in need of a mask re-fit-test, please schedule an appointment through the Employee/Student Health portal at <https://eshportal.upstate.edu/> Subject Line: Mask Fit.

N-95 mask information can be found on [Upstate's iPage COVID-19 Resources](#).

Successfully Fit Tested – Keep on Wearing It!

- If you have been successfully fit tested for a N95 mask, and sized, then you are all set. Keep on wearing the Fit-Tested N95 mask. If you have a Fit-Tested N95 mask, Employee Health fit-tested you and provided with a Mask Fit

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Certification card. Your card confirms your N95 mask model and size. Only wear the N95 model on your card. If you lost your card, please contact Employee/Student Health at ESHealth@upstate.edu with subject line: Mask Fit.

- Our supply chain is changing and new N95 masks are available. ONLY the 8210 and 8210 Plus masks are interchangeable. You do not need a new fit test and may want to consider writing this down on your card. Be careful as not every mask is interchangeable. Only wear masks that are on your Mask Fit Certification card or by special notification.

When to Re-Do Your Fit Test

- Your N95 mask is reported to be in limited supply. If you were only tested for the Halyard “Duck Bill” appearing mask, you will need a new Fit-Test.
- Significant change in weight or facial structure
- Please contact Employee/Student Health at ESHealth@upstate.edu with the subject line: Mask Fit to make an appointment.
- Fit testing locations and clinics are in development and dates/times will be posted through Incident Command.

Don't Have a Fit-Test?

- If you have not been fit-tested, and are required to wear one as part of your duties, then notify your manager/supervisor to arrange for fit-testing.

How to Keep Yourself Safe

- ALWAYS perform a seal check after donning an N95 and before entering a patient's room.
- How to perform the Seal Check:
 1. Cup your hands around the N95
 2. Forcefully exhale into the N95
 3. Should you detect an air leak, adjust the N95 until leak is corrected
- If you are unable to successfully seal the N95:
 1. Please obtain a new N95 and repeat the above steps
 2. If that doesn't correct the problem, notify your manager/supervisor

UHCC Adult & Pediatric Seasonal Clinic Monoclonal Antibody Infusion Process by Nancy Walklett

Balmanivimab and casirivimab/imdevimab are authorized for the treatment of mild to moderate COVID-19 in adults and pediatric patients with positive results of direct SARS-CoV-2 viral testing who are 12 years of age and older

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weighing at least 40 kg, and who are at high risk for progressing to severe COVID-19 and/or hospitalization within 10 days of diagnosis.

Scheduling: Influenza Like Illness (ILI) staff at 550 Harrison Center are available to assist 8:00 am – 4:30 pm M-F by calling 315-464-5955.

ILI Infusions at UHCC:

- UHCC space – opened Monday, January 4th
- Six infusions per day – (3) AM and (3) PM

Referring Groups:

- Ambulatory Care Providers
- Triage and Transfer Center
- ID Providers on call in AMION
 - Will serve as a liaison for provider questions or assistance related to infusions
 - IHS APPs will complete orders and triage for non-Upstate providers and the Triage & Transfer Center

Referring Office Responsibilities:

- Complete triage to determine patient eligibility (see attached)
- Educate patient about EUA and infusion
- Complete order & document patient verbal consent
- Contact ILI clinic at 315-464-5955 to scheduled 8:00 am – 4:30 pm M-F

ILI Clinic at 550 Harrison Center:

- Will schedule patient within acceptable time frame required for infusion
 - Verify order
 - Notify pharmacy infusion lab (315-464-4048)
- Contact the patient to review information related to appointment
 - Date, time, length, COVID restrictions, arrival time
 - Instruct patient to call 315-464-5941 upon arrival & follow instructions from staff on entering the building
- Day of appointment
 - Staff will meet patient at the front door and escort them directly to an exam room
 - Patients will register over the phone with 550 ILI staff
 - RN staff will provide patient with EUA fact sheet
 - Address any concerns prior to infusion
 - Alternative infusion methods: PICC appropriate to use or port would need clearance from Hem/Onc provider

Infusion Provider Coverage:

- Provider availability three-tiered response
 - 1-Ordering MD
 - Routine questions related to order

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- 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 available for pediatric patients
 - Non-urgent in person evaluation needs
 - Possible reaction, difficult IV...
- 3-EMS/911 – critical emergency, anaphylaxis

Clinical Documentation Improvement (CDI) by Dr. Emily Albert and Dr. Ali Khan, Co-Directors, CDI

With a new year comes new beginnings for our CDI team. As many of you are aware, we have the privilege of working with Vizient to learn ways to improve our processes, to ensure the greatest success in CDI at Upstate! This is sure to have a positive impact on you, the providers we serve, but as we transition to new workflows things may look a bit different and we want you to know we are still here to serve you. If you need anything, please reach out to our CDI team by calling the CDI Hotline at 315-464-5455 or by contacting Danielle Synborski by phone (315-247-6920) or email at synborsd@upstate.edu.

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

New / revised / deleted policies of special interest for clinicians include:

New Policies

- [Pandemic Diversion Plan \(COV D-07\)](#)
- [Pediatric COVID-19 Clinical Pathway \(COV P-11\)](#)

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Revised Policies:

- [Infection Control for Aerosol Generating Procedures During COVID-19 \(COV A-02\)](#): as COVID-19 infections have increased in the community, this policy has been revised to state all patients regardless of COVID-19 status, during the COVID-19 pandemic, will be placed on Enhanced Airborne Isolation when undergoing an AGP and staff treating these patients will wear EPPE for AGP procedures.
- [Adult Patients Admitted to Upstate Golisano Children's Hospital During COVID-19 \(COV A-08\)](#): addition of adult (20-40 years old) COVID positive patients admitted to PICU, formatting.
- [COVID-19: Bed Management and Throughput \(COV B-03\)](#): updated high risk population to match COV D-04, changed roommate exposure droplet precautions from 14 days to 7 days to match policy COV P-01, clarified that Transport will wear gown if entering patient room
- [Decontamination of N95 Mask and Storage Process \(COV D-03\)](#): added sanitization of face shield.
- [PPE Requirements During COVID-19 Pandemic \(COV P-08\)](#): added specific area title to grids on page 9 and 10, clarified PPE requirements for staff on pages 9 and 10.
- [Perioperative Guidelines for Downtown and Community Hospital During COVID Crisis \(COV P-09\)](#): additional criteria for booking cases during COVID crisis, significant changes throughout document.
- [Surgical/Procedural Cases During Prevalence of COVID-19 \(COV S-02\)](#): clarified UV cleaning in Addendum A
- [COVID-19 Testing at Upstate University Hospital Locations \(COV T-08\)](#): added disclaimer to inpatient testing section that admit test can be waived per the requirements noted in the Emergency Department section.

Outstanding Physician Comments

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

Adult Hematology Oncology: Dr. Alina Basnet continues to provide great care and communicates well with the family. Dr. Stephen Graziano and Dr. Michael Mix have treated me very good.

Breast Care Center: I have already recommended Dr. Ranjna Sharma to people. She is the most caring doctor we have ever met.

Family Medicine: I have been seeing Dr. Clyde Satterly for two decades and he has always given good advice and listens actively.



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Peds Neph, Rheum, Integrative Med: Dr. Anjali Sura took his symptoms seriously, treated him as an adult, provided great information, and answered all of his questions.

Radiology: Dr. Ravi Adhikary – wonderful, explained everything he was doing which helped to put me at ease, and has a calm demeanor which helps when a patient is undergoing a stressful procedure.

SUNY Upstate – Virtual: It is always a pleasure to speak with Dr. Brian Gallay. He is always informative and immediately gets a hold of me if he doesn't have an immediate answer. I am so pleased with Dr. Rachel Hopkins. I have been in her care for several years. She is intelligent and compassionate which are qualifications of a 5-star physician. If I were rating on a scale from 1 to 10 she would be a 20! This was the first time I met with Dr. Corey McGraw and I was very satisfied. Great care by Dr. Clyde Satterly!

University Cardiology: Dr. Kwabena Boahene used pictures and diagrams that were easy to comprehend to show me how the heart operates normally, how mine was acting, the procedures that might help, recommended which was best and set up appointments for me. Dr. Robert Carhart was great, listened.

University Center for Vision Care: Dr. Samuel Alpert is exceptional!

University Pediatric & Adolescent Center: Dr. Alicia Pekarsky is very knowledgeable, compassionate, and has a great way with kids and teens.

Upstate Pediatrics: My daughter and I love Dr. Ellen Schurman. She is always wonderful with my daughter. Dr. Tobey Kresel is the only reason we are still with the practice. Great doctor with tons of knowledge.

Upstate Urology: I feel fortunate to have Dr. Dmitriy Nikolavsky and his staff as my caregivers.

05B: Dr. Andreea Nitu-Marquise – superb “bedside manner”!

6th Floor at Community Hospital: Dr. Scott Van Valkenburg – excellent!

07A: Dr. Richard Tallarico – top notch!

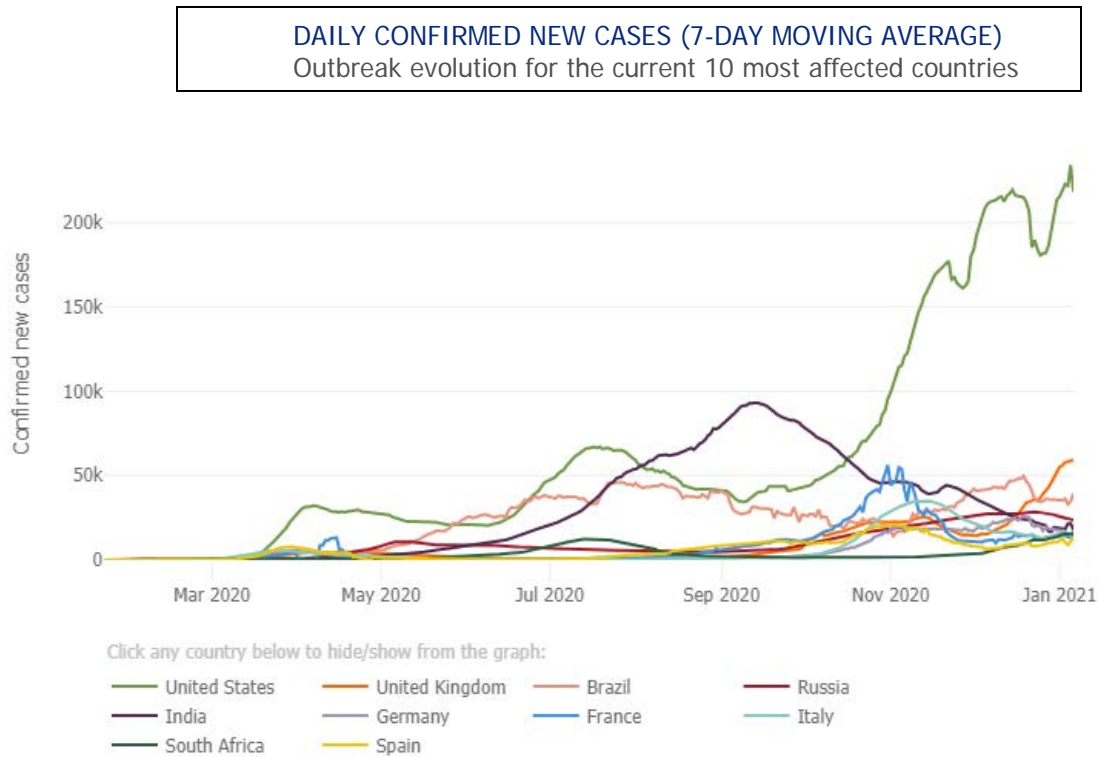
Thank you for all you do! Please stay safe *in here* and *out there*, and do what you can to help protect those around you.

Amy

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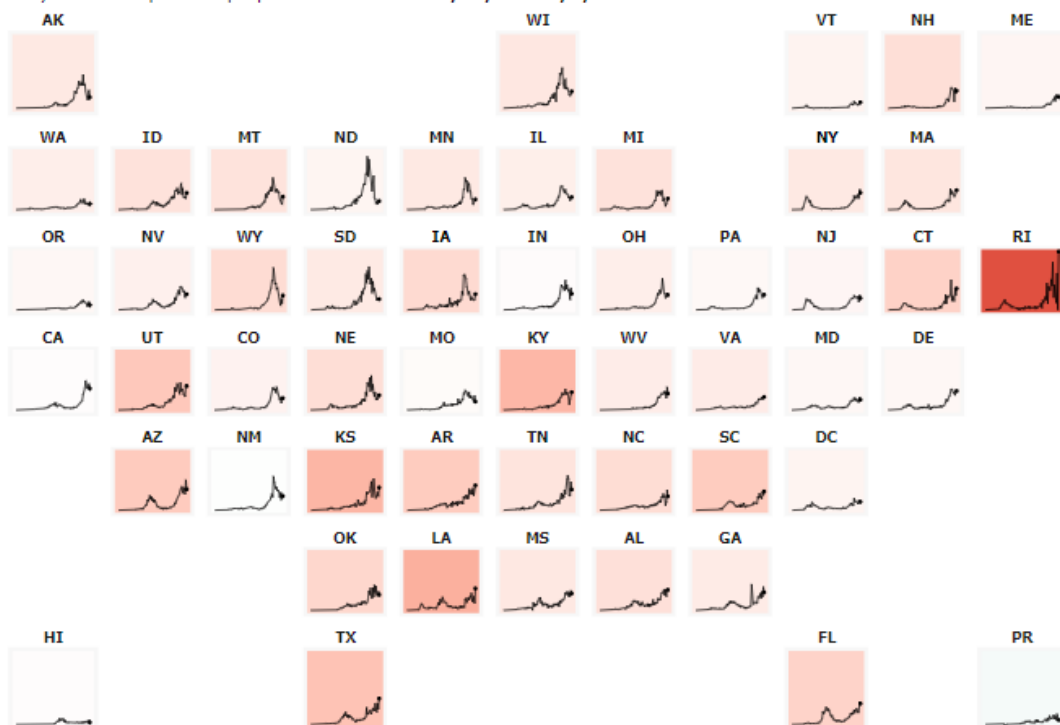
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1. Global trends (source <https://coronavirus.jhu.edu/data/new-cases>)
Graph updated 1.7.2021

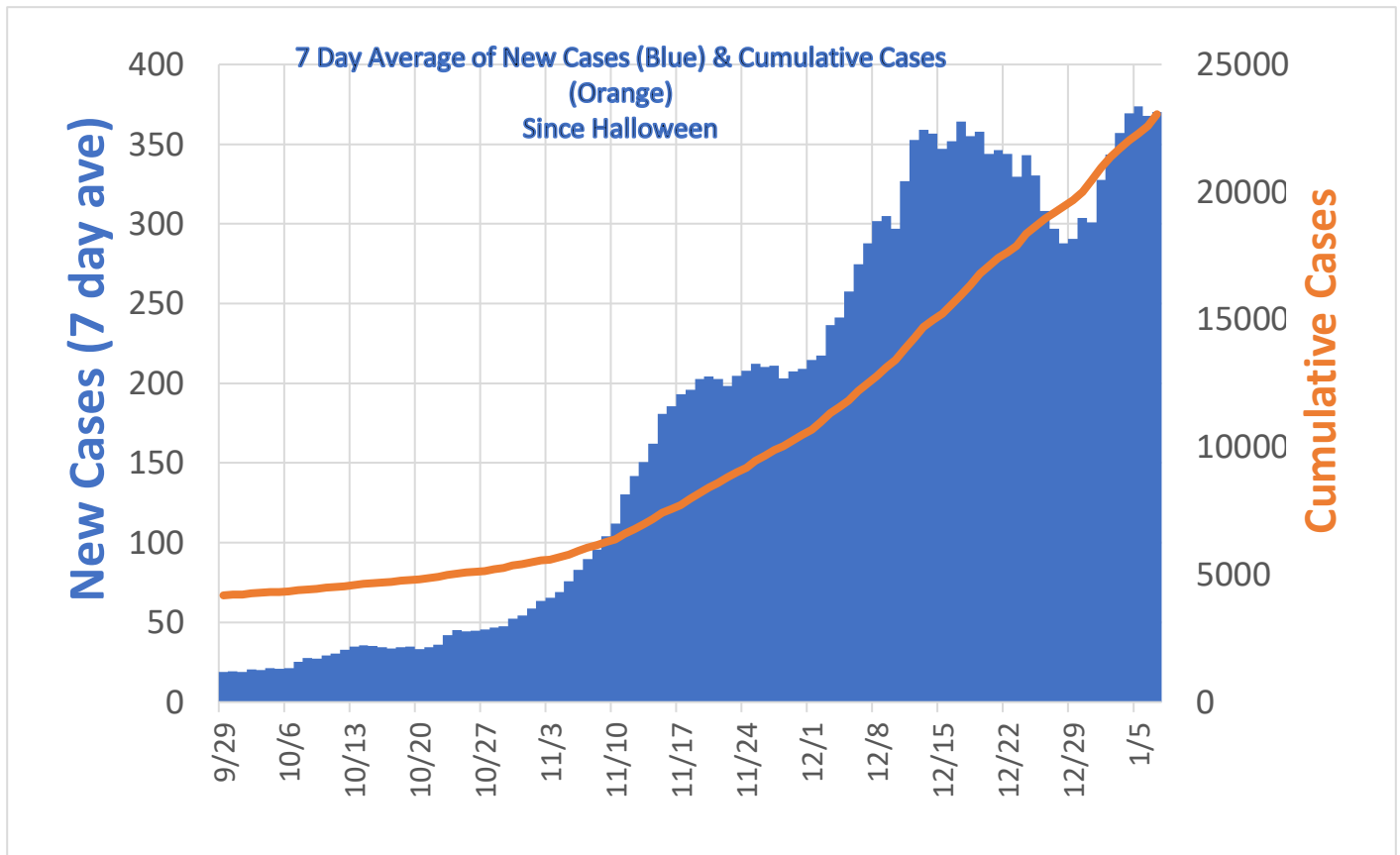


2. Statewide trends (source <https://coronavirus.jhu.edu/data/new-cases-50-states>)

Daily New Cases per 100k people. Data shown from 1/22/20 to 1/6/21.



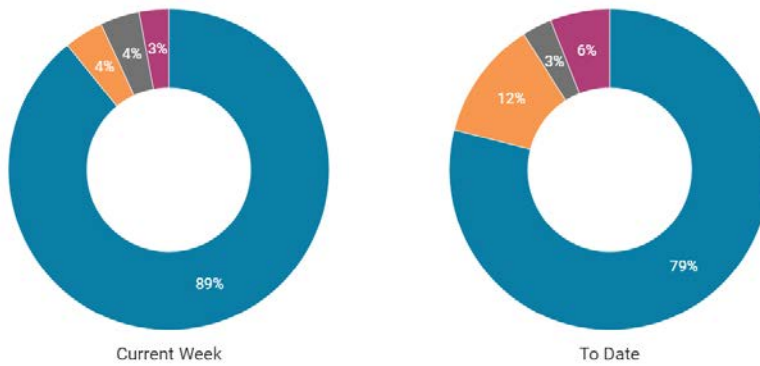
3. Numbers of confirmed COVID-19 cases per day in Onondaga county (orange: cumulative cases of COVID, blue: 7-day average of new daily cases; calculated by K. Anderson)



Date	Cumulative Cases	New Cases	7 Day Avg
1/1/2021	20959	499	327.6
1/2/2021	21361	402	343.6
1/3/2021	21683	322	357.0
1/4/2021	22010	327	369.4
1/5/2021	22287	277	373.9
1/6/2021	22580	293	367.7
1/7/2021	23051	471	370.1

Likely Exposure Type

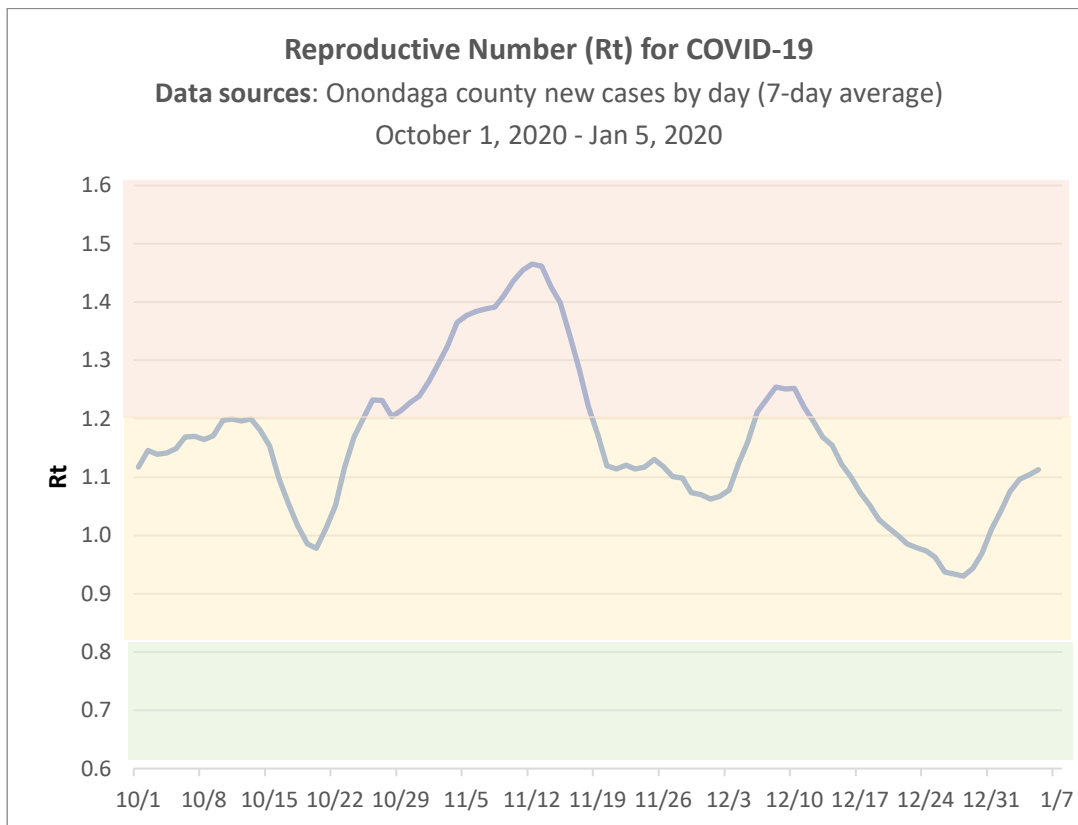
Community Senior Facility Unknown Travel



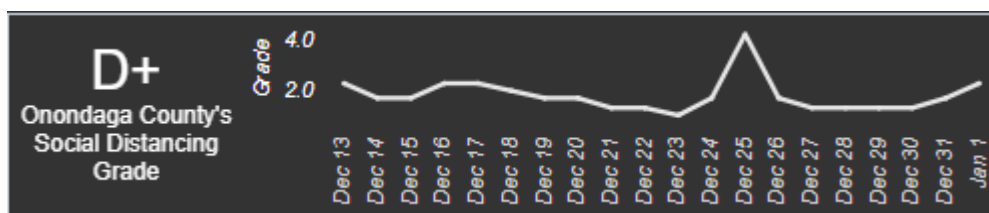
Current week reflects data for the most recently completed MMWR week. Due to delays in testing and reporting, these data may be incomplete. This graph will be updated weekly as new information becomes available. Last update: 1/5/2021

Source: OCHD • [Get the data](#) • Created with [Datawrapper](#)

4. Estimates of Rt over the last month (Calculated by D. Wang)

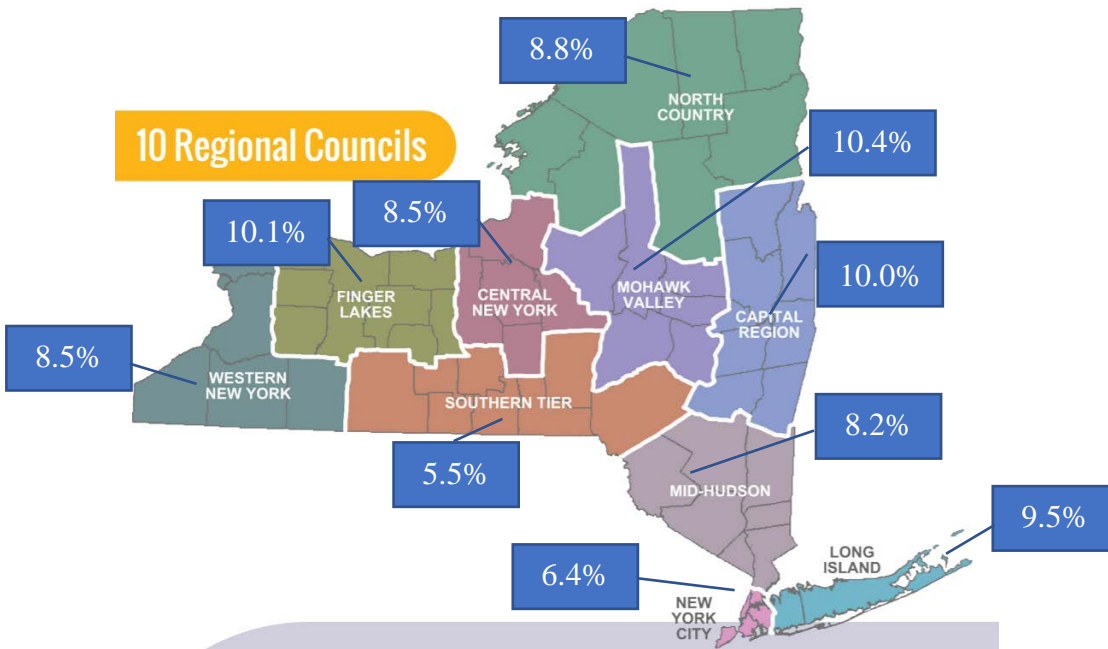


5-day average (Jan 5, 2020): **1.11**

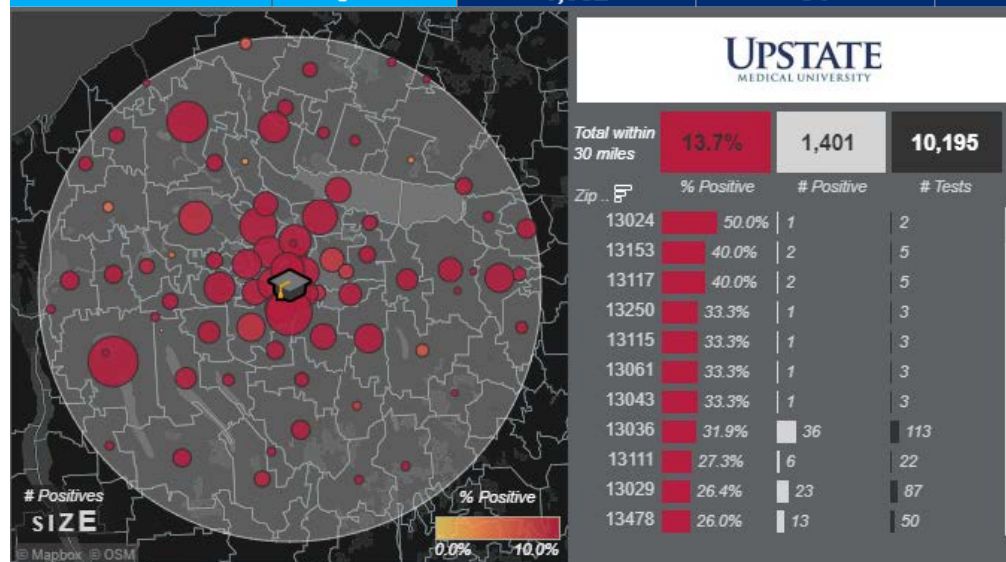


5. Percent of tests resulting as positive as of 1/6, updated on 1/7/21 - 7 day average

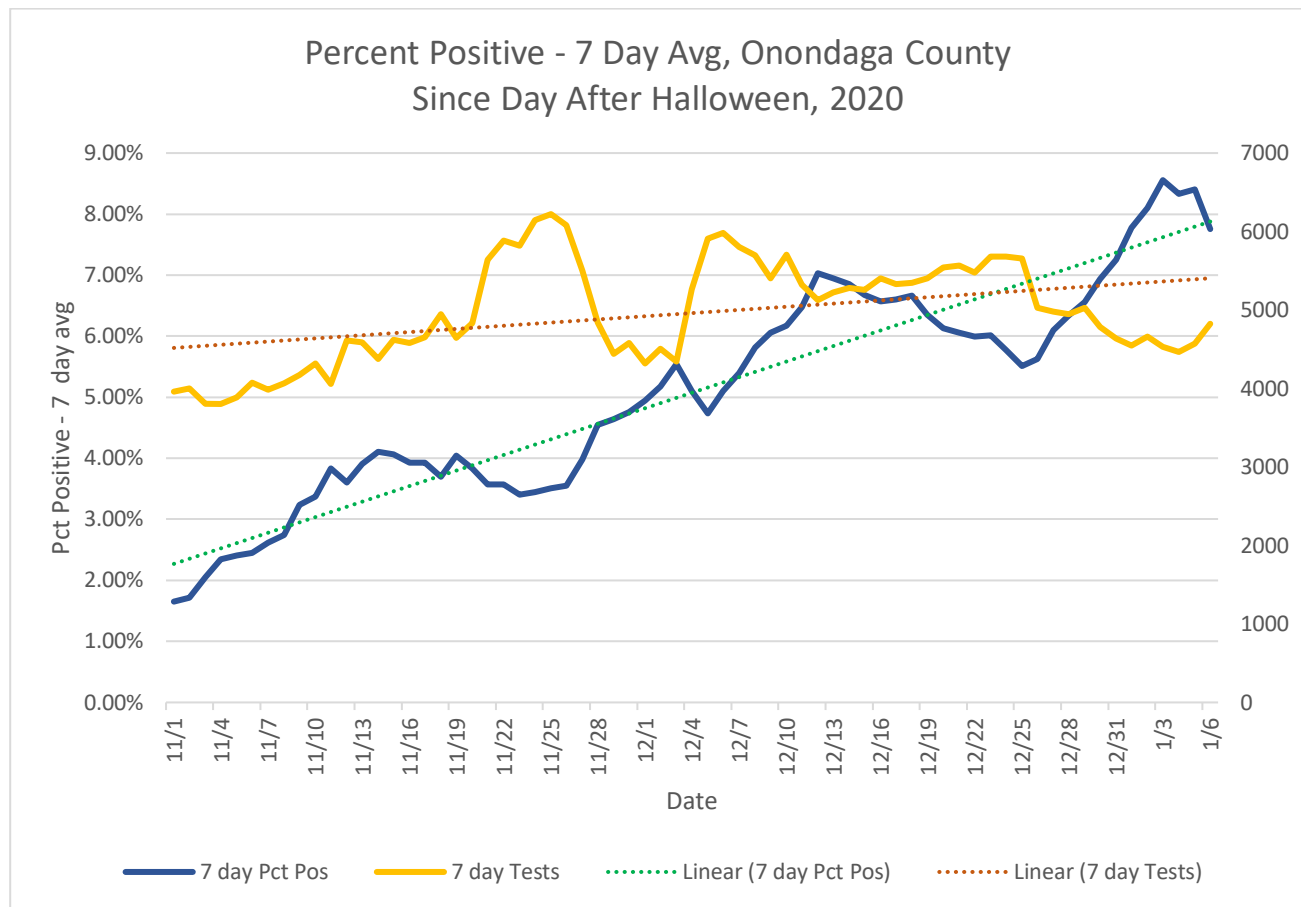
New York State*	7.9%→	* https://forward.ny.gov/percentage-positive-results-region-dashboard
NYC*	6.4%→	
Central NY (region)*	8.5%↓	
Monroe County - Rochester	9.6%	
Erie County - Buffalo	7.6%	
Albany County - Albany	10.2%	**Calculated by Upstate team using data from health.data.ny.gov .
Onondaga County (7 day average)**	7.8%↑ (-.6 change)	
Within 30 miles of Upstate over last week^	13.7%↓ (-3.4 change)	^Radius drawn from SUNY Restart Tableau dashboard, Upstate team



Central New York	Cayuga	1,064	97	9.1%	12.0%
	Cortland	603	48	8.0%	8.0%
	Madison	840	49	5.8%	8.5%
	Onondaga	7,836	417	5.3%	7.8%
	Oswego	1,082	84	7.8%	9.7%



Percent Positive calculated by C. Morley from: <https://health.data.ny.gov/Health/New-York-State-Statewide-COVID-19-Testing/xdss-u53e/data>



Date	New Positives	# Tests	Pct Pos	7 day Pct Pos
12/23/2020	471	7746	6.08%	6.02%
12/24/2020	333	6143	5.42%	5.77%
12/25/2020	297	6377	4.66%	5.51%
12/26/2020	115	2283	5.04%	5.63%
12/27/2020	418	4528	9.23%	6.09%
12/28/2020	293	3139	9.33%	6.34%
12/29/2020	380	4975	7.64%	6.56%
12/30/2020	488	6065	8.05%	6.94%
12/31/2020	362	5084	7.12%	7.25%
1/1/2021	418	5752	7.27%	7.77%
1/2/2021	287	3115	9.21%	8.10%
1/3/2021	484	3566	13.57%	8.56%
1/4/2021	183	2688	6.81%	8.33%
1/5/2021	467	5710	8.18%	8.41%
1/6/2021	417	7836	5.32%	7.76%

6. Hospitalized and Bed Occupancy

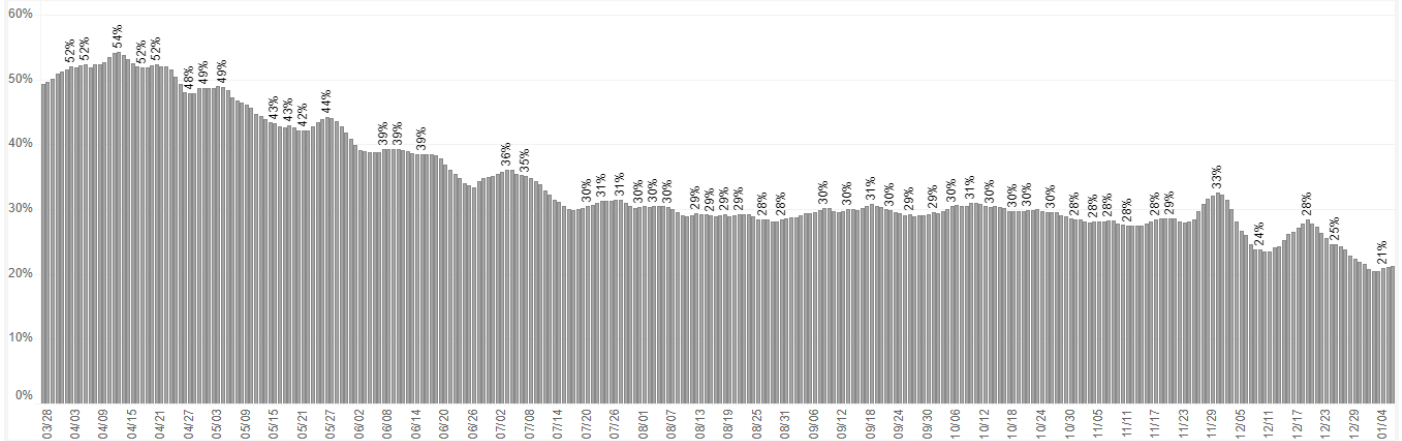
COVID-19 Early Warning Monitoring System Dashboard - Central New York

Data as of: January 6, 2021
Last updated on: January 7, 2021

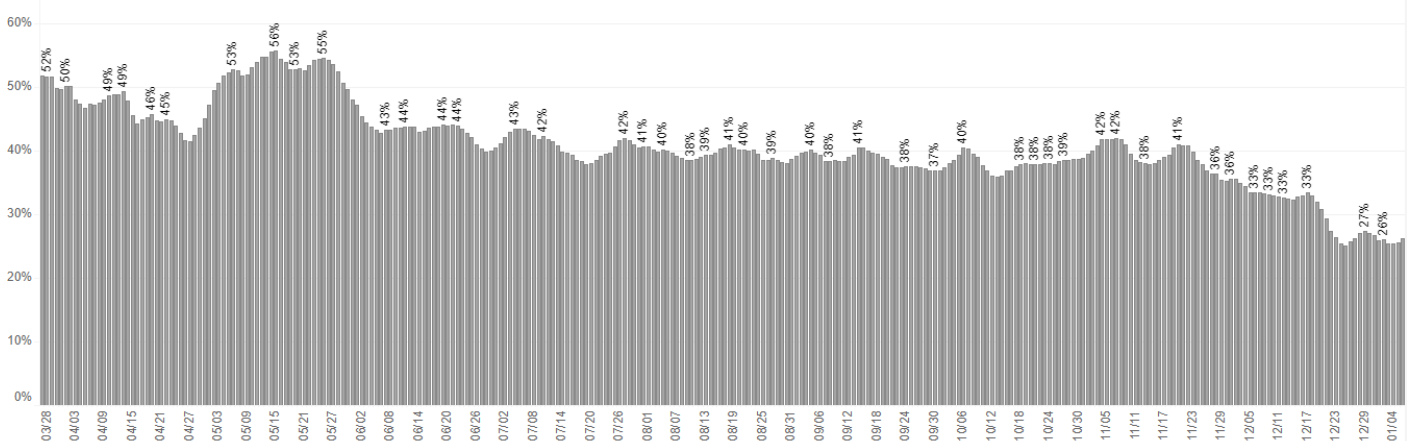
Testing/Tracing Targets		New Infections		Severity of Infection	Hospital Capacity	
Maintain 30 per 1,000 Diagnostic Tests	Maintain Required Case and Contact Tracing Capacity	% Positive Tests per Day (7-Day Rolling Avg)	New Cases per 100K (7-Day Rolling Avg)	Gross New Hospitalizations per 100k (7-Day Rolling Avg)	Share of Total Hospital Beds % Available (7-Day Rolling Avg)	Share of ICU Beds % Available (7-Day Rolling Avg)
7,376 / 775	458	8.5%	80.96	4.92	21%	26%
Show Trend		Show Trend	Show Trend	Show Trend	Show Trend	Show Trend

- Select a Region
- ☐ STATEWIDE
 - ☐ Capital Region
 - ☒ Central New York
 - ☐ Finger Lakes
 - ☐ Long Island
 - ☐ Mid-Hudson
 - ☐ Mohawk Valley
 - ☐ New York City
 - ☐ North Country
 - ☐ Southern Tier
 - ☐ Western New York

Share of Total Hospital Beds % Available (7-Day Rolling Avg)



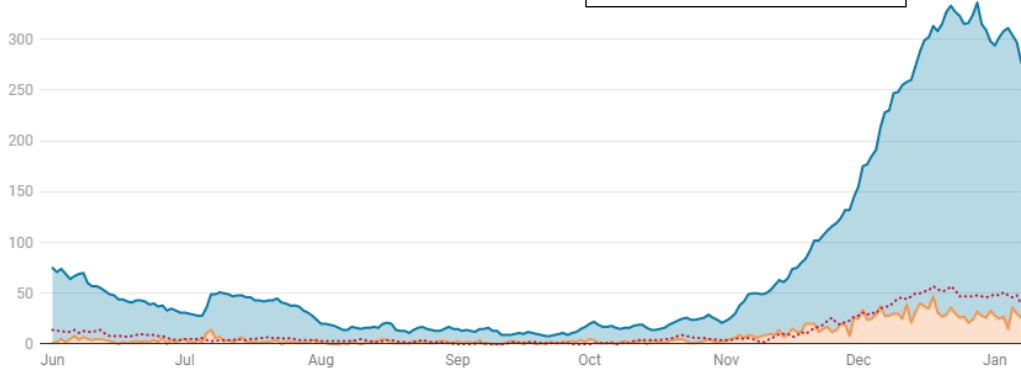
Share of ICU Beds % Available (7-Day Rolling Avg)



Hospitalization Trend

— Total Hospitalized — New admissions ... Total Critical Condition

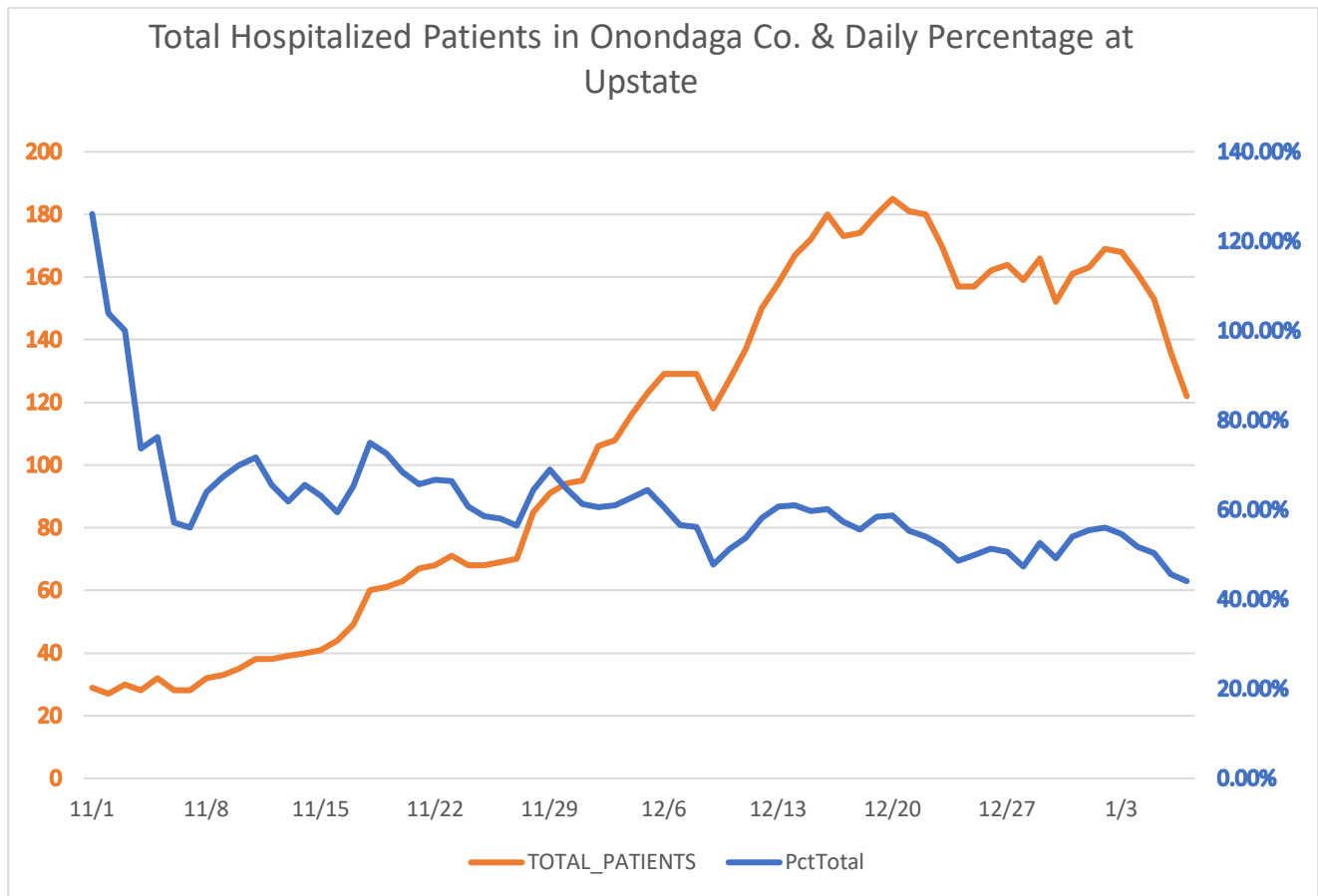
Onondaga County



Data updated daily, last update: 1/7/2021

Source: OCHD • [Get the data](#) • Created with [Datawrapper](#)

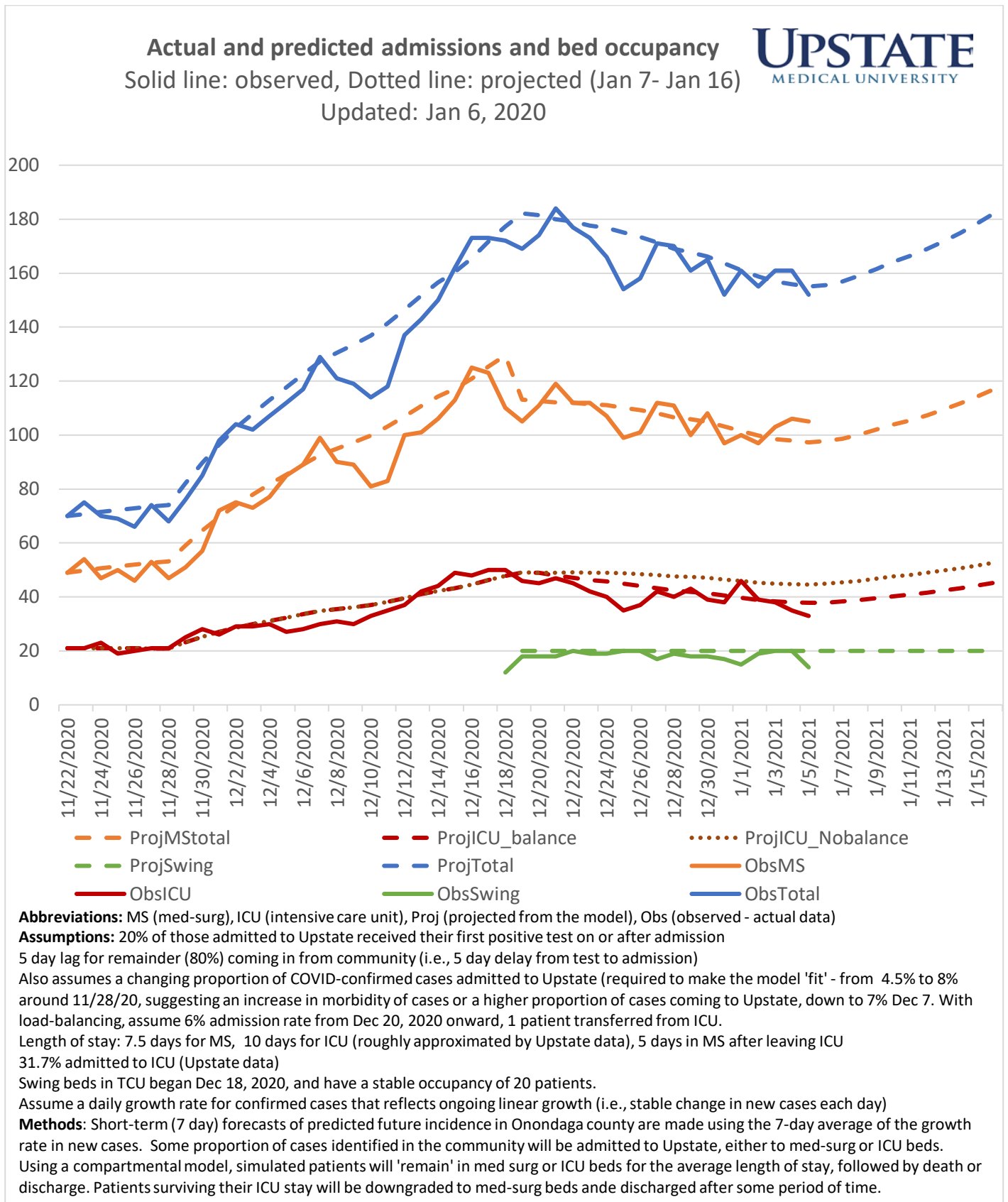
7. Hospitalization – Load Balancing



All Onondaga		Upstate		
CENSUS_DATE	Total Patients	Upstate Patients	Pct Total	Pct ICU vs. Co. Critical
12/27/2020	324	164	50.62%	87.23%
12/28/2020	336	159	47.32%	89.58%
12/29/2020	316	166	52.53%	85.42%
12/30/2020	309	152	49.19%	89.13%
12/31/2020	298	161	54.03%	95.74%
1/1/2021	294	163	55.44%	83.67%
1/2/2021	302	169	55.96%	83.33%
1/3/2021	308	168	54.55%	72.55%
1/4/2021	311	161	51.77%	77.08%
1/5/2021	304	153	50.33%	80.43%
1/6/2021	298	136	45.64%	70.83%
1/7/2021	277	122	44.04%	69.57%

8. Modeling – Dr. Katie Anderson

Given the better case counts in recent days, the projections are improved - cases still rise in this scenario, but more slowly (for now).



Eligibility for anti-SARS-CoV-2 monoclonal antibody infusion

1. Is the patient outpatient, or admitted to the hospital for a reason UNRELATED to COVID-19?
 - a. YES- continue below
 - b. If patient is inpatient due to symptomatic COVID or requires oxygen, the patient is NOT ELIGIBLE
2. Does the patient have any symptoms?
 - a. YES- continue below
 - b. NO- patient should be observed only for development of symptoms; EUA does not cover asymptomatic cases
3. Counting from Day 1 as the 1st day of symptoms, or Day 1 as day of 1st positive test if the test was done prior to the patient experiencing symptoms, is the patient within 10 days of onset of illness?
 - a. YES- continue below
 - b. Patients must receive their infusion on days 1-10 of illness, otherwise they are NOT ELIGIBLE
4. Does the patient have any of the following conditions?
 - a. Diabetes (without mention of A1c)
 - b. Obesity with a BMI ≥ 35
 - c. Chronic kidney disease, including End Stage Renal Disease?
 - d. Immunosuppressive disease or taking immunosuppressive medication?
 - e. If yes to any of the above - ELIGIBLE
 - f. If no to ALL of the above- continue below
5. Is the patient aged 65 or older?
 - a. Yes- ELIGIBLE
 - b. No- continue below
6. Is the patient aged 55 or older?
 - a. Yes -Does the patient have any of the following?
 - i. Hypertension?
 - ii. Coronary artery disease?
 - iii. Chronic obstructive pulmonary disease or other chronic pulmonary disease?
 - iv. If YES to any of the above and the patient is ≥ 55 à ELIGIBLE
 - v. If no to ALL of the aboveà continue below
 - b. No - continue below
7. Is the patient aged 12-17 years old?
 - a. Yes- Does the patient have any of the following?
 - i. BMI ≥ 85 th percentile for their age and gender based on CDC growth charts, https://www.cdc.gov/growthcharts/clinical_charts.htm
 1. sickle cell disease
 2. congenital or acquired heart disease
 3. neurodevelopmental disorders, for example, cerebral palsy, OR

4. a medical-related technological dependence, for example, tracheostomy, gastrostomy, or positive pressure ventilation (not related to COVID-19)
5. asthma, reactive airway or other chronic respiratory disease that requires daily medication for control.
6. If YES to any of the above and the patient is ≥ 55 à ELIGIBLE
7. If no to ALL of the above- PATIENT IS NOT ELIGIBLE FOR MONOCLONAL INFUSION