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

August 7, 2023

Welcome, Dr. Marek Polomsky!

By Dr. Robert Cooney

I am very pleased to announce the arrival of Dr. Marek Polomsky as an Assistant Professor of Surgery in the Division of Cardiac Surgery. Marek will serve as the Medical Director of Cardiac Surgery Critical Care effective immediately.

Dr. Polomsky received his Bachelor of Science in Psychology and Biological Sciences from Northwestern University and his MD from the University of Maryland School of Medicine. He completed General Surgery training at the University of Rochester, where he also conducted a research fellowship in Thoracic/Foregut Surgery. He completed his Cardiothoracic Surgery training at Emory University.

Over the last ten years, Marek has had several cardiac surgery positions, most recently as the Quality Chair in Cardiothoracic Surgery and the Surgical Director of Mechanical Circulatory Support Program at the University of Vermont Medical Center in Burlington, VT. Marek is board certified in Surgery and Cardiothoracic Surgery. His clinical interests include valve repair and replacement, thoracic aortic aneurysm surgery, coronary artery bypass grafting (CABG) including off-pump (beating heart) coronary artery bypass surgery and multi-arterial revascularization, minimally invasive cardiac surgery, transcatheter valve surgery, arrhythmia surgery, and advanced heart failure surgery including mechanical circulatory support and ECMO. Marek has participated in numerous national clinical trials, conducted quality and outcomes research, and has a strong interest in surgical performance education.

We are delighted to welcome him to the Department of Surgery and Upstate University Hospital. Please join me in welcoming Marek to Upstate. We look forward to his leadership, clinical expertise and dedication to both patient care and resident education in Cardiac Surgery.

Learn to help your colleagues better…

By Dr. Leslie Kohman

Upstate's Crisis Response Team (CRT) has selected Critical Incident Stress Management (CISM) as the preferred response method, which is an intervention protocol developed specifically for dealing with traumatic events. It is a formal, highly structured, and professionally recognized process for helping those involved in a critical incident to voluntarily share their experiences and thought processes, learn about stress reactions and symptoms, and receive referrals for further help if required. It is not psychotherapy.

The CRT has arranged for a 3 full-day training in CISM this fall where attendees will receive skills training to facilitate support for individuals and groups across Upstate.

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

CMO REPORT

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

UPSTATE UNIVERSITY HOSPITAL

August 7, 2023

We are looking for **2 members of the medical staff** who are interested in refining our response protocol and becoming campus wide (Community, Downtown, Ambulatory) facilitators who could respond to critical incidents. A willingness to participate in the training does not obligate an individual to every incident but would add them to a list of potential responders, so it is not always falling on the same individuals. Likely to be more than a few times per year.

Do you meet the following criteria?

- Willing to commit to the program for at least a year.
- Interested in and comfortable providing critical incident emotional support to staff members (individuals and groups) OUTSIDE of your own unit.
- Have flexibility in your position to provide occasional "on-call" support (typically given 1-2 days' notice).
- Availability to attend a MANDATORY 3-day training on 9/26, 9/27, and 9/28 (there is no financial cost to you or your department).

If you are interested, please email Dr. Leslie Kohman at KohmanL@upstate.edu for the registration link. Since there are only 2 openings for medical staff members, the first 2 will be accommodated. We are sure to have more trainings next year, so others will be placed on a waiting list.

Roll Out of EPIC Integrated Enterprise Solution for Telemedicine Visits

By Mary Ann Gross

A new Epic integrated enterprise solution for telemedicine visits, ExtendedCare, is being rolled out to ambulatory departments. **All departments are slated to be live with this new platform by November 2023.** The Enterprise contracts through IMT, for the telemedicine platforms, Doxy.me and Doximity will expire at the end of the year and will not be renewed. An open forum will be held on the second Wednesday (7:30-8am) and fourth Thursday (4:30-5pm) of every month for the Upstate Community to learn more about ExtendedCare. Please join using the following link: https://upstate.webex.com/meet/greenfma. For any questions or concerns please contact program manager, Margie Greenfield at greenfma@upstate.edu

Clinical Documentation Improvement (CDI) Tip for August 2023

By the CDI Physician Advisory Group

Respiratory Failure – Identification and treatment of respiratory failure is rooted in medical decision making. There is no minimum oxygen requirement or method of oxygen delivery for respiratory failure. Support for the condition is based on provider documentation. Please see this month's CDI Tip (attached) for examples! For questions, please contact the CDI Hotline at 315-464-5455.

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

CMO REPORT

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

UPSTATE UNIVERSITY HOSPITAL

August 7, 2023

Pharmacy Shortage and Backorder Updates

By Peter Aiello and Joe Burczynski

Recent pharmaceutical supply chain disruptions have increased national drug shortages dramatically, which can compromise or delay medical treatment and increase the overall risk of medication errors. Raw material shortages, manufacturing and quality problems, transportation delays and low profit margin product discontinuations have become routine.

The Chief Medical Officer and Upstate Pharmacy leadership are seeking to keep our Upstate clinicians informed about the most critical drug shortages affecting our organization and offer substitutions whenever possible. Sometimes substitutions are not possible due to severe supply chain constraints or sole-source manufacturers no longer producing products at all. Please ensure communication with the Pharmacy Department regarding product substitutions recommendations.

DRUG	DESCRIPTION	POSSIBLE PRODUCT SUBSTITUTIONS AVAILABLE
Clindamycin injection	Extremely difficult to obtain, currently short across both campuses	Consult pharmacy for patient-specific recommendations for alternatives
Lidocaine with epinephrine	Continues to be on national backorder, small sporadic shipments of various strengths/vial sizes have become available from time-to-time; however, the hospital could run out of supply at any moment. Please check with the inpatient pharmacy to determine which strength/formulations are available at the time.	Lidocaine without epinephrine, bupivacaine with epinephrine
Ketamine injection	Continues to be very difficult to obtain due to a national backorder. The hospital could run out of supply at any time. The inpatient pharmacy currently has a very small supply of multiple strengths available.	Opioids, benzodiazepines, barbiturates
Lidocaine patches	Backordered, currently unable to obtain additional stock. Both campus pharmacies do have ample supplies as	Lidocaine gel

	of this writing; however, may be difficult to obtain in the community setting	
Amoxicillin suspension	Backordered, currently have ample supplies for inpatient use, may be difficult to obtain in the community setting	Chewable tablets, alternative penicillin/cephalosporin

Primary Care Education Sessions

By Darcy DiBiase

The next Primary Care Task Force Education Session will be held virtually on Wednesday, August 9, from 12:15 pm – 1 pm. Please join our guest, Upstate Stroke Program Manager, Josh Onyan, MSN, RN, SCRN for an update on the Upstate Stroke Center program including the post-stroke clinic and what you should know about current treatment options for stroke and support for stroke survivors. To access this presentation, please visit: https://upstate.webex.com/upstate/j.php?MTID=m04df7ae784b9673442f0e397b168203d

These sessions are held virtually on the second Wednesday of the month, from 12:15 pm – 1 pm, specifically designated for Upstate Primary Care Providers. Presenters offer a short clinical presentation with opportunities for questions and discussion. In addition, we review when and how to make the most efficient referral to improve patient care. These are not CME credit-bearing activities but are vital opportunities to connect with your Upstate colleagues and expand your knowledge as a patient care provider. All sessions are recorded and posted online for later viewing here: https://www.upstate.edu/primary-care/task-force.php

Future presentations (each with a unique link) include:

- **October 11: PSA Testing and Treatment Options**
  https://upstate.webex.com/upstate/j.php?MTID=m8a0bf7ac29dc9af07091a14e6a4f4483
- **November 8: Connect Care at the Nappi Wellness Institute for Primary Care Providers**
  https://upstate.webex.com/upstate/j.php?MTID=m6687c4170ad37a28941a0150e53d5f2d
- **December 13: Advanced Treatment Options for Urinary Incontinence**
  https://upstate.webex.com/upstate/j.php?MTID=md714e3c7712bc295b0ed3e988b0de7c6

Coffee with the CMO

All Upstate physicians, APPs, and clinical staff are invited to join me for "Coffee with the CMO" at 7:30 am on the following dates:

- Friday, September 29: Nappi Wellness Institute, NWI 2153
- Tuesday, October 24: Cancer Center Conference Room (C1076 A/B/C)
- Tuesday, November 28: Community Hospital Classroom A & B (CC0256)

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

August 7, 2023

The format is Q&A. Coffee and breakfast snacks will be provided.

Mark your calendar and email Darcy DiBiase, Primary Care Liaison, at DiBiaseD@upstate.edu to reserve your spot!

Outstanding Physician Comments

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

Adult Hematology Oncology: **Dr. Rinki Agarwal**, from the minute I met her instilled hope and confidence. She was positive that even at almost 80 that I was healthy and strong enough to get through surgery and chemo. I wasn't so sure, but there were no other options. She was correct. I got through the surgery and again she explained everything to me that she had removed all the cancer and chemo would be to basically "mop up". Since my body was compromised from surgery and considering my weight and age she opted to put me on a lower dose of chemo weekly rather than a large dose every third week. I am very grateful for that and it is working well. **Dr. Alina Basnet** gives me the best all-around care. I have very much confidence in **Dr. Alina Basnet**. She is an excellent doctor. **Dr. Sam Benjamin** – great! **Dr. Gennady Bratslavsky**, **Dr. Thomas Vandermeer**, and **Dr. Alina Basnet** worked together to prolong my life. I am grateful!! **Dr. Diana Gilligan** – impressive! **Dr. Allison Roy** was outstanding. **Dr. Allison Roy** and **Dr. Brittany Simone** are both very informative and made me feel comfortable.

ED at Community: **Dr. Rishana Cohen** was top notch! **Dr. Paul Klawitter** – great! **Dr. Christian Knutsen** – exceptionally concerned and caring. **Dr. Christian Knutsen** was very kind and spoke well so that we understood her treatment and follow up guidelines very easily. His examination was very thorough and helpful in keeping her calm through the process. **Dr. Deepali Sharma** was extremely attentive and open about what was being done while seeking my input.

EU at Community: **Dr. Shahram Izadyar** is great!!

GEM: **Dr. Matthew Camara** – amazing! **Dr. Jenica McMullen** was exceptional!

GYNONC MI: **Dr. W Douglas Bunn** – very caring, explained everything, put me at ease. Fantastic doctor! **Dr. W Douglas Bunn** was exceptionally kind and knowledgeable. **Dr. W Douglas Bunn** is the best! I have complete faith in **Dr. W Douglas Bunn**, plus he is a nice person. **Dr. W Douglas Bunn** truly knows his stuff and he doesn't come across like a know-it-all. He makes you feel totally cared for and a human being. **Dr. W Douglas Bunn** – awesome!! **Dr. Mary Cunningham** treated me with kindness and respect making a stressful time easier to handle. She is the best at what she does! **Dr. Mary Cunningham** – forthright and understanding as we discussed my care. I think **Dr. Mary Cunningham** is professional and compassionate. **Dr. Mary Cunningham** is amazing. She is intelligent, thoughtful, dedicated, and professional. **Dr. Mary Cunningham** was patient and kind, sharing all options. She listens deeply and offers compassionate care. **Dr. Mary Cunningham** – exceptional! **Dr. Mary Cunningham** – excellent! **Dr. Mary Cunningham** went above and beyond for me throughout surgical and medical treatment. Once she was at a conference and she called me personally from the conference to tell me my treatment plan was changing as a result of new information that was presented there. Truly dedicated. **Dr. Mary Cunningham** – I received excellent treatment of my cancer and

operation. **Dr. Mary Cunningham** – very good! **Dr. Mary Cunningham** – kind, caring, and professional. I'm very happy to be a patient in this office. **Dr. Mary Cunningham** has guided me to the point where I now have a normal life and at the same time know that I am being watched carefully. I am so grateful that I chose her for my gynecologic oncologist. **Dr. Brittany Simone** is excellent, thorough, personable, and caring.

Medicine: **Dr. Ian Pinto** – felt safe and comfortable, concerns were always addressed and my opinion was always valued, listened with interest and respect.

Radiation Oncology: **Dr. Jeffrey Bogart** and his team always attended to my visits in a very good way. So very kind and caring. **Dr. Anna Shapiro** was very caring and offered me appointments just to talk if needed. **Dr. Seung Shin Hahn** – concerned, compassionate, and overall caring. He's great. **Dr. Seung Shin Hahn** was excellent! He was very thorough at my initial visit. I saw **Dr. Linda Schicker** for most of my weekly visits and she was also excellent!

TCU at Community: **Dr. Mark Emerick** - compassionate, patient's best interest at heart, good communicator.

2East at Community: **Dr. Matthew O'Connor** – very good, personable, sweet, and informative. Great doctor! **Dr. Matthew O'Connor** – wonderful!

4North at Community: **Dr. Ian Gallegos Dargon** was exceptional. He kept me informed of what was going on with my stay and scans I had done.

05A: **Dr. Grahame Gould** – very good experience. **Dr. Grahame Gould** explained exactly what to expect, answered our questions, and was very patient and compassionate. **Dr. Roseanna Guzman-Curtis** – good to me. **Dr. Kristin Kelly** was phenomenal, listened to my concerns, always explained rationale behind treatments. **Dr. Zaher Oueida** was amazing!! I have very rare health issues, and he was very thorough and eased my anxiety. He called me after discharge when blood cultures showed bacteria. He called once on Saturday and twice on Sunday. He's a very compassionate doctor and answered all my questions and concerns.

05B: **Dr. Haris Mobeen** and **Dr. Koh-Eun Narm** were smart, attentive, professional, and caring. **Dr. Oleg Shapiro** stopped by every day to explain what was going on.

06A: We have a few doctors in our family and **Dr. Jivan Lamicchane** and **Dr. Krithika Ramachandran** called and talked to them.

06B: **Dr. Harvir Singh Gambhir** was wonderful. He is 100% hand on. In my experience, very few doctors are in your room to check on you first thing in the morning, during the day, and are willing to stay when there's a problem and personally make sure it's resolved. **Dr. Harvir Singh Gambhir** listens, he cares, and I am thankful he was my doctor during my stay. Upstate is truly lucky to have such a dedicated and talented provider on your team!! Thank you, again, **Dr. Harvir Singh Gambhir.**

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

August 7, 2023

6th Floor at Community: **Dr. Brian Harley** was wonderful to my mom! **Dr. Scott Van Valkenburg** had a good bedside manner, trusting.

07A: **Dr. Ali Hazama** and **Dr. Satish Krishnamurthy** – dream team, the best!

07C: **Dr. Jeffrey Albright** and **Dr. Preethi Ganapathy** were so kind and understanding. **Dr. Timothy Bussert** is never rushed. He spent as much time with me as I required. He speaks with me at eye level. He makes you feel like you are the only patient he has to see that day. **Dr. Timothy Bussert** is always explaining what was happening and why certain things happened. He made sure I had everything I needed to go home and care for myself.

08G: **Dr. Debanik Chaudhuri** was outstanding and caring. **Dr. Mashaal Dhir** is the best! **Dr. Mashaal Dhir** is a wonderful surgeon! I, along with my sister, had met him at the Cancer Center a few times prior to my surgery. At those appointments, he spent a great deal of time showing us scans, drawing diagrams, talking about the surgical approach he was going to take, and the reasons behind that approach, etc. He welcomed our many questions in those meetings to ease our minds about the surgery. He spoke in terms we could understand and never made us feel rushed, which we both really appreciated. On the morning of the surgery, **Dr. Mashaal Dhir** again met with my sister and me to answer any last-minute questions we had. When my surgery was over, he called my sister and then met with both her and my mother to update them. They, too, appreciated all the time he spent with them in that meeting. Throughout my hospital stay, **Dr. Mashaal Dhir** came in to check on me several times, and when my sister wasn't there, he called her to bring her into the loop. He continued to follow up after I left the hospital as well. I cannot speak highly enough about **Dr. Mashaal Dhir** and the expert care and compassion he provided! I highly recommend him to anyone in need of a similar surgery. I know that from the time I was admitted to the time I left, several other doctors were involved in my care – **Dr. Matthew Dabski** and **Dr. Kristin Kelly** to name a few. I know I am leaving out some, but their efforts do not go unnoticed. I really feel like I was monitored very closely and received excellent care from an entire team of physicians. Thank you all so much! The cardiac team led by **Dr. Rebecca Quigg** was very helpful and informative and attentive to my needs. They also had a great sense of humor and all had input.

09F: **Dr. Harish Babu** – 10 out of 10! **Dr. Harish Babu** is the G.O.A.T in bed side manner for empathy, concern, kindness and being informative.

09G: **Dr. Devin Burke** went above and beyond in explaining everything. Very courteous. **Dr. Ali Hazama** – great!

11E: **Dr. Tamer Ahmed** was equally reassuring and so comforting. **Dr. Tamer Ahmed** was exceptionally patient and kind. **Dr. Michaela Kollisch-Singule** in Surgery was just the nicest doctor. She did surgery on Christmas and the poor lady probably wanted to stay home with her family. She explained everything in layman's terms and was loving, kind, and sincere. Words can't express enough how great she was! I felt 100% confident in everything she said and did. **Dr. Kim Wallenstein** was wonderful!

Best,

Amy

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

UPSTATE
UNIVERSITY HOSPITAL

Clinical Documentation Improvement
Tip of the Month – Respiratory Failure

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

Acute respiratory failure may be present in the absence of hypercapnia or hypoxia when there is a CNS or mechanical mechanism of failure. Acute respiratory failure may also be present with various forms of treatment – nasal cannula, high flow nasal cannula, CPAP, BiPap, or invasive mechanical ventilation.

Hypoxic Respiratory Failure

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

Hypercapnic Respiratory Failure

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

Documentation Examples

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

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

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

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

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

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

August 2023
cdi@upstate.edu
315-247-6920

UPSTATE
UNIVERSITY HOSPITAL

CDI Tip of the Month – The Medical Record as a Quality Communication Tool

The medical record serves as a tool, communicating diagnoses, treatment, outcomes, and barriers to care to various providers and services within the organization.

Each note in the record plays an important role in communication and progression of care for our patients.

Documentation in each of these note types should be addressed individually.

History & Physical	**Guides patient care, work up, and treatment** • Document all confirmed & suspected conditions at the time of admission • Link conditions to known or suspected sources • Document patient's Goals of Care and Health Care Proxy
Progress Notes	**Shows progression of treatment and care, medical decision making** • Document diagnoses for lab abnormalities and link known or suspected sources • Update documentation for each condition daily (improving, worsening, unchanged, etc.) • Document new findings, nursing reported findings, change in events • Document known or presumed health and social barriers to discharge
Discharge Summary	**Provides summary of hospital conditions & care** • Document all conditions confirmed or that remain suspected at time of discharge • Note health & social barriers to community-based providers and services

Documentation is the way hospital providers reflect the severity of patient illness & care given. It also helps ensure our patients receive consistent, high-quality care, prioritizing patient outcomes in the hospital and community.

August 2023
e-mail: cdi@upstate.edu
phone: 315-247-6920