

# 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

September 27, 2024

## Reminder to Complete Title VI Training by September 30, 2024

Per SUNY Chancellor Mandate: Title VI Training for All Medical Staff...

Dr. John King, Chancellor of the State University of New York, issued a mandate that all medical staff (Active, Associate, or Teaching) need to complete [Title VI education](#) before **September 30, 2024**.

The education video and post-test (being delivered via [SurveyMonkey](#)) can be accessed online via the [Medical Staff Services Web-Page](#) under the heading [Title VI Education](#) (see below). For ease of access, hyperlinks are included.



A screenshot of the Upstate Medical Staff Services website. The header includes the Upstate Medical University logo and the text "Medical Staff Services". A navigation bar contains links: HOME, FORMS &amp; APPLICATIONS, SERVICES AND LINKS, BYLAWS, FAQs, CONTACT US, RESIDENTS, and MEDICAL EXECUTIVE COMMITTEE. The "FORMS &amp; APPLICATIONS" section is active, showing a list of forms: Attending Physician Application, Health Professionals Application, and Resident Information. The "Medical Staff Services forms" section is highlighted, with a red arrow pointing to the "Title VI Education" link. Below this link, there are two bullet points: "Title VI Education" (with a key icon) and "SurveyMonkey education completion" (with an external link icon). A second red arrow points to the "SurveyMonkey education completion" link. On the right side, there are "MEDICAL STAFF SERVICES PAGE LINKS" and "QUICK LINKS" sections.

The video takes approximately 30-minutes. You do not need to answer the questions embedded in the video or enter your name and personal information at the end. Instead, please complete the [SurveyMonkey Education Completion Form](#) to document your compliance with this education before the September 30, 2024 deadline.

## 2024 Influenza & COVID-19 Vaccine Clinics

By Employee / Student Health Services

Flu season is almost upon us and COVID-19 continues to be endemic with an anticipation of increased COVID-19 cases this Fall and Winter. Employee / Student Health will be holding flu / COVID-19 vaccine clinics at the following dates, times, and locations:

DATE	TIME	DESCRIPTION	LOCATION
Weds, 9/25/2024	9:00 AM-3:00 PM	Students/Faculty	New Academic Building (NAB)
Friday, 10/4/2024	9:00 AM - 12:00 PM		Room 1144

**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

UPSTATE  
UNIVERSITY HOSPITAL

September 27, 2024

Weds, 10/2/2024 Thurs, 10/3/2024 Tues, 10/8/2024 Weds, 10/9/2024 Weds, 10/16/2024 Thurs, 10/17/2024 Tues, 10/22/2024 Weds, 10/23/2024 Tues, 10/29/2024	7:00 AM - 4:00 PM 7:00 AM - 4:00 PM 7:00 AM - 4:00 PM 7:00 AM - 4:00 PM 7:00 AM - 4:00 PM 7:00 AM - 12:00 PM 7:00 AM - 12:00 PM 7:00 AM - 4:00 PM 7:00 AM - 12:00 PM	Staff/Students By Appointment Only  Weds ONLY: Walk-Ins Accepted 11 AM - 2 PM	UH 2 West New "Satellite" EHS office  (Former Transplant Clinic)
Monday, 10/7/2024	7:00 AM – 3:00 PM	Community Hospital Staff/Students	Community Hospital Community Room
Friday, 10/25/2024	7:00 AM – 3:00 PM	Community Hospital Staff/Students	Community Hospital EHS office
Thursday, 10/31/2024	10:00 AM – 1:00 PM	Students/Faculty (Well-o-Ween)	"Bubble Room" 1st Floor Weiskotten Hall

We will be offering influenza vaccine and updated 24-25 Moderna Spikevax COVID-19 vaccine. Walk-ins are accepted (other than where not noted) but priority will be given to those with appointments.

You may sign up for an appointment via the Employee / Student Health portal and by following these steps:

1. Log on to the portal using your Upstate credentials
2. Click on "Appointments" on the left-hand side of the web-page
3. Click on "Schedule an Appointment"
4. Choose "Flu Clinic".
5. Fill in your cell phone number – this will enable us to send a QR code and reminder to your phone.
6. Search for the date and choose your preferred location from the drop-down menu.
7. Choose your appointment time and click "Confirm".
8. This will generate a barcode. You can either print this and bring it with you to your appointment or you can show the barcode that will get emailed to you.
9. The day of your appointment you will get a reminder text and prompts to complete the consent form ahead of time.

Please note, the flu vaccine and COVID-19 vaccines are currently not mandatory, but are strongly recommended. For those in clinical areas, the NYS Health Code requires a mask to be worn during flu season if you do not receive the flu vaccine. If

**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

UPSTATE  
UNIVERSITY HOSPITAL

**September 27, 2024**

you receive the vaccine(s) elsewhere, please upload the documentation to your record via the Employee/Student Health portal or email to [ESHealth@upstate.edu](mailto:ESHealth@upstate.edu).

## **Bedside Procedures Available at Upstate Community Hospital**

**By Sherradyn Mack**

On September 9, 2024, bedside procedures at Upstate Community Hospital became available. The Procedure Team is available for consults Monday – Friday from 0800 – 1630. To request a consult, please place an order in EPIC and page the Procedure Team per AMION. Please note, this is not an emergency consult service, and the Procedure Team has 24 hours to perform a procedure. The team is primarily located at Upstate University Hospital. Therefore, consults may be batched, and the team will come to Upstate Community Hospital on an as needed basis.

The Procedure Team looks forward to working with the nursing team to ensure timely completion of the procedure verification checklist / time out. All labs being requested from the procedure are expected to be placed by the consulting team. Once the procedure is completed, the Procedure Team will reach out to the consulting provider to advise them of the outcome and provide any recommendations, such as albumin administration. A procedure note will be placed in the chart in a timely fashion.

We have had a successful first few weeks and are grateful for the continued support!

## **Telemedicine Clinical Practice Guidelines**

**By Mary Ann Gross**

Please see the attached Telemedicine Clinical Practice Guidelines developed by the Telemedicine Committee, which assembled a diverse group of experts. These guidelines aim to help practitioners determine appropriateness of telemedicine utilization, by considering clinical, social, and financial factors.

## **Prescription Monitoring Program Registry Multi-Factor Authentication Implementation**

**Sent on behalf of the New York State Department of Health...**

The Health Commerce System is implementing Multi-Factor Authentication functionality for the Prescription Monitoring Program Registry application in the Health Commerce System. Multi-Factor Authentication protects applications and data by using a second source of validation to verify user identities before giving them access to critical systems.

**Effective September 2024**, all Health Commerce System users are required to use Multi-Factor Authentication to access the Prescription Monitoring Program Registry.

To ensure continuity of access, users needing access to the Prescription Monitoring Program Registry are strongly encouraged to set up Multi-Factor Authentication using the Multi-Factor Authentication Enrollment tool as soon as possible. Types of available authentication are Voice, SMS (text message), Time-Based One-Time Password Authenticator (e.g., Google Authenticator), or RSA token (only available to New York State employees).

**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

UPSTATE  
UNIVERSITY HOSPITAL

September 27, 2024

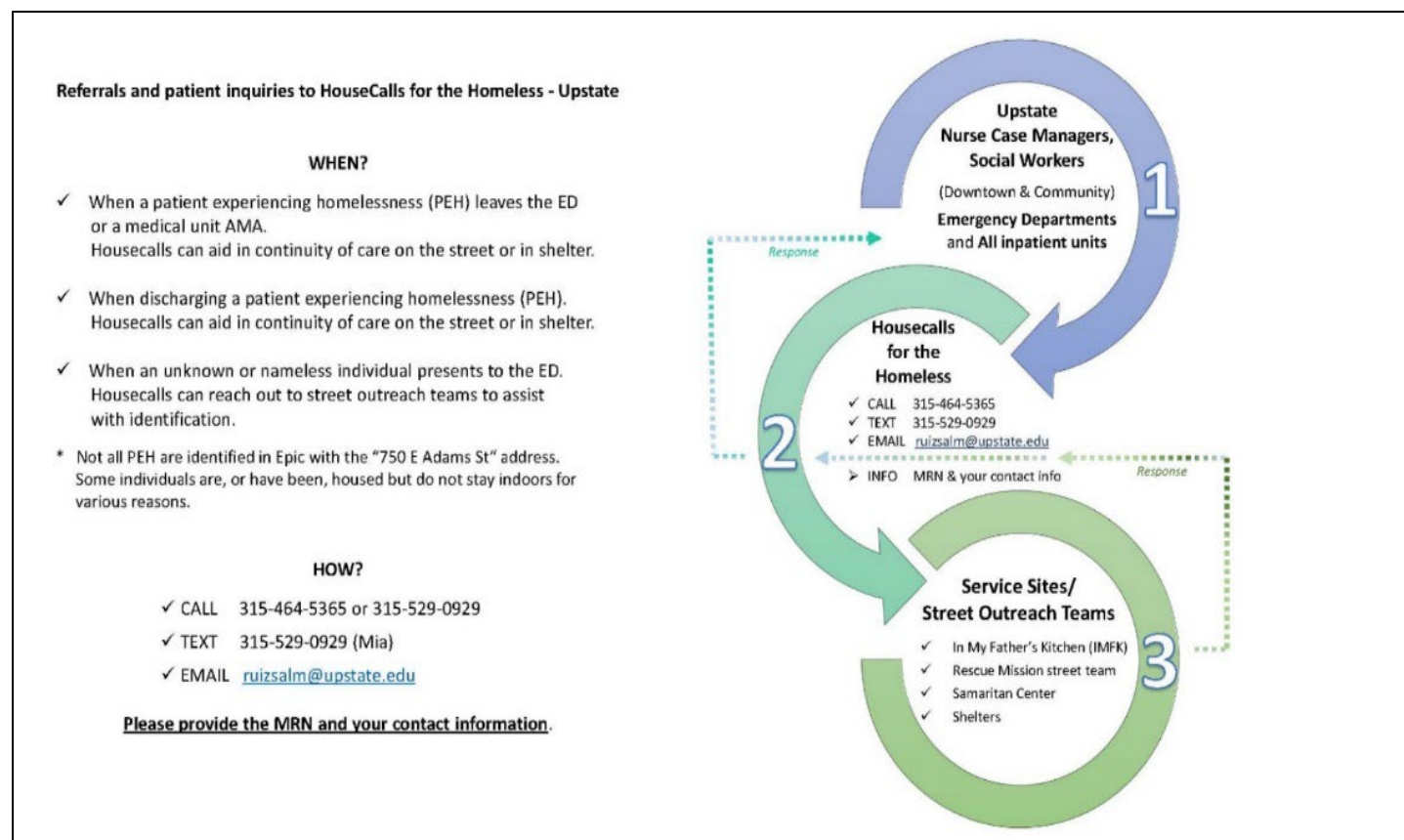
To enroll:

- Log in to the **Health Commerce System** > **My Content** > **All Applications** > **M** > **MFA Enrollment** and follow the prompts.
- IMPORTANT:** The first and the last name on the Health Commerce System account must match the first and the last name on the NYS Driver License or Non-driver ID Card.
- Step-by-step instructions are also attached.

The Department of Health is committed to protecting the privacy and confidentiality of New Yorkers whose information is housed in the Department's databases. The Department recognizes that while Multi-Factor Authentication may impose an additional burden on users, maintaining a secure Prescription Monitoring Program Registry portal is of utmost importance. For questions or issues regarding Multi-Factor Authentication setup, please contact the Commerce Accounts Management Unit by phone: (866) 529-1890 or email: [camu@health.ny.gov](mailto:camu@health.ny.gov).

## Housecalls for the Homeless - Protocol for Referrals & Inquiries at Upstate

By Dr. David Lehmann



**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

UPSTATE  
UNIVERSITY HOSPITAL

September 27, 2024

## Improved Supply of Injectable Benzodiazepines

By Christopher Miller

After dealing with a critical shortage of injectable lorazepam and diazepam over the last several months, the supply of both these therapies has improved. As such, we can now return to normal prescribing practices for these therapies. Alert messages about the shortage and alternative therapy recommendations have been turned off in EPIC. Pharmacy will provide updates should the supply issues return. Thank you for your attention and efforts in dealing with this medication shortage issue.

## Clinical Documentation Improvement (CDI) Tips for September 2024

By the CDI Physician Advisory Group



Sepsis Tools – Sepsis documentation and protocolized management are streamlined at Upstate, by creation and use of the Sepsis Notewriter & Sepsis Order Set! Use these tools to ensure rapid identification, assessment, and intervention in patients with sepsis to promote optimal outcomes. Help our patients Survive Sepsis at Upstate! Please refer to the attached tip sheets for further details. If you have any questions, please email the CDI Team at [CDI@upstate.edu](mailto:CDI@upstate.edu).

## Exceptional Teacher Recipient for September 2024

By Dr. Lawrence Chin



Mina Michael, MD, an Assistant Professor of Neurology at the Norton College of Medicine at Upstate Medical University, is the September 2024 recipient of the Exceptional Moments in Teaching recognition.

The Norton 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.

Comments from Dr. Michael’s students:

*“Dr. Michael was incredible in med student education. He allowed us to see our patients, ask him any questions we had, and then discuss the case with him and go over plan and management of the patient. His interactions with the medical students made us feel like we were residents. Dr. Michael asked me to go on a deep dive through a patient’s history to try to uncover what could be exacerbating their current symptoms. We spent time together talking about which parts of the history were relevant to the case, and the manner in which they were relevant. This fostered a great learning environment.”*

*“I felt like I improved every day with more effective feedback as I started to implement it more and more. I was more confident by the end to give a presentation knowing exactly what Dr. Michael was looking for. There was no guesswork in the process. Whenever I asked a question, no matter how small, he would provide answers that were thorough and educational. Even if small curiosities not related to the case came up, he would be as interested and make sure we knew the answer to the extent*

**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

# UPSTATE

UNIVERSITY HOSPITAL

**September 27, 2024**

*we wanted. He encouraged and pushed us to make our interpretations, which was an important skill rather than relying on the charts. He taught me that getting my history is just as important as any exam. He made me feel comfortable enough to ask any question no matter what it was."*

## Welcome New Clinicians!

Please join me in offering a warm welcome to the following new clinicians at Upstate Medical University:



### ANESTHESIOLOGY

Sandra Hansen, MD

### EMERGENCY MEDICINE

Lexi Sirota, DO

Tonia Tiewul, MD

### FAMILY MEDICINE

Julia Schmutz, MD

### GERIATRICS

Andrea Jones, NP

### MEDICINE

Vishal Busa, MD

Manasa Chitneni, MD

Rafael Da Silva, MD

Dominique DeMatties, NP

Idan Goren, MD

Kathleen Hergert, NP

Mikaella Metcalf, NP

### MEDICINE (cont.)

Eusha Abdul Raffay, MD

Nisij Shrestha, MD

Waseem Sous, DO

Erin Tomeny, NP

David Urciuoli, MD

Reba Varughese, MBBS

Zheng Zhou, MD, PHD

Mishaal Zia, MD

### NEUROLOGY

Odai Abdalla, MBBS

Rubina Bakerywala, MD

Sanjay Kumar, MD

### OB/GYN

Alessia Field, MD

Katherine Frega, MD

### ORTHOPEDICS

Ryan Cox, MD

Mylene Jumalon, NP

### PATHOLOGY

James Corines, DO

### PEDIATRICS

Kathleen Andrews – Wood, MD

Sarah Baluta, MD

### PSYCHIATRY

Christine Roback, NP

Kristi Springall, NP

Lindsay Urbinelli, MD

Madeline Bleier, NP

Sophia MoXi Capri, LMSW

Casey Griffin, PSYD

Kimberley Klimowicz, NP

Marisa Mendel, MD

Moe Moe, NP

Maha Moses, NP

Ranjanpreet Nagra, NP

Kerry Pritchard, NP

Alisha Waterstripe, NP

Anastasia Wilhelm, PSYD

Mykola Zubko, PSYD

### RADIOLOGY

Jonathan Breslau, MD

Lawrence Briggs, MD

Kelcey Elsass, MD

David Pinter, MD

Thomas Powers, MD

Christopher Stark, MD

### SURGERY

Callistus Ditah, MD

Elizabeth Magowan, MD

Daniel Ruter, MD

Amy Wilson, NP

Anna Wu, MD

**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

UPSTATE  
UNIVERSITY HOSPITAL

September 27, 2024

## Outstanding Physician Comments

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



**Breast Care Center:** My experiences with **Dr. Lisa Lai** were top-notch! **Dr. Lisa Lai** is a very skilled, compassionate, and caring surgeon. She insists on doing follow up herself and seemed to come in after holidays for just a few of us! She is a dedicated physician!

**Emergency Department at Community Hospital:** **Dr. Michael Keenan** was very nice. While doing a procedure on me, he was very gentle and asked several times if I was doing ok. He even told me I could call on his cell phone if I had a problem with getting an appointment with burn clinic.

**Family Medicine:** **Dr. Afika Nazim** was knowledgeable and pleasant. I always enjoy interacting with **Dr. Clyde Satterly** and his nurse.

**Family Medicine at Community Hospital:** **Dr. Julia Schmutz** is amazing. Dr. Julia Schmutz helped me identify health issues that have been going on for 10 years that I have just accepted as part of my life. Now four days after my appointment, I am already feeling better than I have and I am so grateful that she took the time to listen and didn't just suggest that my issues were GERD or that I should try a low FODMAP diet. Instead, she provided a differential diagnosis and explicitly listened to my questions and concerns and has an excellent plan moving forward for me. I'm really grateful to be under her care.

**GYNONC MI:** I have never ever had a bad experience with **Dr. Mary Cunningham** and her staff.

**Inclusive Health Services:** **Dr. Elizabeth Asiago-Reddy** is very thorough. She speaks at patient level and ensures you understand discussion. She includes patient in treatment plan.

**Joslin Center for Diabetes:** **Dr. Ricardo Lundi** does a thorough exam of my feet. I appreciate the time he gives to answer my questions and provide advice. Though I wish **Dr. Jason Sloane's** practice was closer to where I work and live, clearly I will travel to wherever he is because I have been the healthiest since I have been in his care! I incredibly admire the technology and skill of **Dr. Jason Sloane** and his team. I respect and appreciate **Dr. Jason Sloane** so much that I have recommended a co-worker and my friend's son. He is an anomaly!! **Dr. Jason Sloane** is amazing. Best doctor I have had in my 62 years of life. I recommend **Dr. Jason Sloane** to everyone who has diabetes. He truly is the very best doctor! **Dr. Jason Sloane** is an amazing doctor! He is extremely knowledgeable and really listens during your appointment. He asks questions and genuinely listens to your responses. I'm so thankful to have him as my doctor. **Dr. Jason Sloane** is a true professional. He is an extremely knowledgeable and talented doctor. This area is truly blessed to have such an amazing doctor and I feel truly blessed that he is my doctor. We followed **Dr. Jason Sloane** to Upstate. He is at the top of my list of excellent doctors. **Dr. Jason Sloane** is a very caring, friendly, professional who takes his time with you as a patient. **Dr. Ruth Weinstock** has always been exceptional providing the best care, concern for issues, and answering any questions I have for my care.

**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

UPSTATE  
UNIVERSITY HOSPITAL

September 27, 2024

**Multidisciplinary Programs Cancer Center:** Dr. Michael Archer was extremely easy to talk to and very helpful guiding through my diagnosis and explaining the procedure process. I am very relaxed, informed, and confident in Dr. Michael Archer's expertise. Dr. Michael Archer made me feel at ease and confident he will do whatever arises during my surgery. Dr. Michael Archer – very friendly, knowledgeable, professional, and exacting with his discussions.

**ONC OSW:** Dr. Rahul Seth – wonderful, caring professional.

**Pulmonology Clinic:** Dr. Markus Gutsche was excellent. He made sure I understood everything.

**Radiation Oncology:** Dr. Anna Shapiro is an exceptional provider both in terms of skill and patient-focus.

**Surgical Subspecialties at CC:** Dr. Jeffrey Albright from the first meeting I felt reassured that I had nothing to worry about.

**Transplant Center:** Dr. Matthew Garner showed abundant care and concern for me and took the time to talk to me and answer my questions and explain everything to me.

**UHCC – Neurology:** Dr. Antonio Culebras – knowledgeable in many topics. Dr. Anuradha Duleep is very good. Dr. Anuradha Duleep is an excellent physician. Kind, approachable, very respectful, knowledgeable, and extremely intelligent and skilled. Always helpful, kind, and compassionate. I have several physicians that provide care for me, but by far, she is the best. She is held in such high regard in her profession and this community. She is hardworking and gives very thorough care. Her gentleness and humility are inspiring. Dr. Anuradha Duleep – pleasant and professional. Dr. Kimberly Laxton was very professional and addressed my concerns. Very impressed! Dr. Kimberly Laxton has a wonderful and caring bedside manner. She takes her time and I have never felt rushed during my appointments. Dr. Michael Vertino was very impressive. Friendly, easy to talk to, listened attentively. Was invested in the patient care. Complete and comprehensive history and exam. Methodical and systematic in his evaluation. Genuine, sincere, took pride in his work, willing to educate students and fellow and patient. Reassuring and made himself available if symptoms worsened. Valued the patient's impression, thoughts, and concerns. Excellent provider, clinician, and instructor. His attention to detail was appreciated while he developed and shared concepts. Appreciated all his efforts and undivided attention.

**University Cardiology:** Dr. Robert Carhart is a very good, thorough physician. Good listener and very caring! Dr. Saktipada Mookherjee – very kind and gentle, explained any issues carefully, and gave sensible advice. Dr. Saktipada Mookherjee – very kind and reassuring.

**University Center for Vision Care:** Dr. Robert Swan – very personable and concerned.

**University Geriatricians:** Dr. Jacey Pudney was very considerate and informative during our first visit.

**University Internists:** Dr. Tingyin Chee explains everything to me in a very clear manner. She listens to my concerns. I am always impressed by how much Dr. Vincent Frechette knows about so many different aspects of medicine. He explains things well and gives options for care rather than dictating one treatment plan. I have a long-term relationship with Dr. Vincent Frechette. I am very comfortable with him and the practice. Dr. George Gluz – very helpful and professional. As always, Dr. George Gluz was very helpful and took his time explaining things to me. Dr. George Gluz was excellent. He

**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

UPSTATE  
UNIVERSITY HOSPITAL

September 27, 2024

decided the time had come to be aggressive in solving my problems. He made referrals to a neurology and PT and made medication changes as well. I was very pleased. **Dr. Matthew Hess** is an excellent doctor. It was my first visit with him and look forward to my follow up visit.

**Upstate Brain and Spine Center:** **Dr. Harish Babu** because of his knowledge, caring attitude, responsiveness to our concerns, and friendly disposition. **Dr. Harish Babu** kept us well informed and thoroughly answered any questions we had. His pleasant demeanor and genuine concern was of great comfort to us. By far our doctor and we would highly recommend him to anyone. **Dr. Harish Babu** is one of the kindest doctors/surgeons/human beings I have ever known. **Dr. Harish Babu** is a treasure to have at our Upstate University Community. We are all so fortunate to have him. From the minute we consulted with him regarding my brain tumor we knew he was the surgeon for us. His brilliance is matched by his compassion. A true gifted combination. Thank you, **Dr. Harish Babu**. **Dr. Harish Babu** was outstanding, kind, compassionate, very thorough, and detailed. **Dr. Zulma Tovar-Spinoza** is always caring, compassionate, and thorough. She's the best!

**08G:** **Dr. Hayas Haseer Koya** was fabulous!

**11E:** **Dr. Anthony Mortelliti** – great!



Amy

**ALERT —**  
**ADVISORY —**  
**UPDATE —**

IMMEDIATE ACTION REQUIRED  
PRIORITY BUT NOT FOR IMMEDIATE ACTION  
FOR INFORMATION; UNLIKELY TO REQUIRE ACTION

## CDI Tip of the Month

### Sepsis Documentation for Pediatrics

When diagnosing sepsis, documentation should include the following:

- Age appropriate criteria used to make diagnosis (SIRS + source)
- Source of infection, as well as link to known or suspected organism, when known
  - When infection source is unknown, please state in documentation
- Link to end organ dysfunction or failure, when present, stating 'due to', 'from', 'resulting from' sepsis, or other accepted linking language
  - Please note, the term 'with' does not create a causal association per ICD-10 coding guidelines
- Specific treatment provided – this includes fluid bolus, antibiotics, or supportive treatment when sepsis is resulting from a viral illness
- Response to treatment – whether patient is improving, condition has resolved, condition is worsening, condition is stable/unchanged, or when the condition is ruled out

#### General Documentation Tips

- Sepsis and Bacteremia are not interchangeable terms
- Document treatment provided and response to treatment
  - Include diagnosis in the Discharge Summary
- When SIRS are present and not related to sepsis or infection, specify the underlying cause

**Did you  
know...**

***Upstate has a Pediatrics website dedicated to Pediatric Clinical Pathways? Use the QR code below to have access to all Pediatric Clinical Pathways, including the Sepsis pathway!***



## CDI Tip of the Month – Sepsis Documentation & Tools

*Applies to all providers*

### Sepsis Note

*Two ways to access the sepsis Notewriter activity:*

1. In any note type **.sepsis** & an option for Sepsis Workup Smartblock will populate. Just click it and you are in the sepsis note!
2. Click create Notewriter and select procedures. A list of procedures will open up, type **Sepsis** in the empty box and Smartblock opens up, click it and you are in the sepsis note.

The screenshot shows the 'My Note' interface. At the top, there are fields for 'Type: H&P', 'Service: Medical ICU', 'Date of Service: 8/22/2022', and 'Time: 03:49 PM'. Below these, there is a 'Summary' field and a toolbar with various icons. A search bar contains the text '.sepsi'. Below the search bar, a list of results is shown, with 'SEPSIS' highlighted in blue. To the right of 'SEPSIS', the text 'Sepsis (please document POA status)' is visible. Below 'SEPSIS', there is a link 'SEPSISDETAILS'.

The screenshot shows the 'IP SEPSIS WORKUP SMARTBLOCK' form. It is divided into several sections:

- Sepsis Workup Summary**: Includes a section for 'Most likely infectious source:' with radio buttons for Pneumonia, Intra-Abdominal, Bone and Joint, Urinary Tract, Meningitis, Intravascular, Skin/Soft Tissue, and Febrile Neutropenia. There is also a section for 'Specific Source, once known:' with a text box.
- Severe Sepsis Workup Summary**: Includes a section for 'Organ Dysfunction Criteria Present:' with checkboxes for Hyperbilirubinemia, Coagulopathy, AKI, Lacticemia, Thrombocytopenia, Hypotension, Acute Respiratory Failure, and Metabolic Encephalopathy.
- Septic Shock Workup Summary**: Includes a section for 'Was the initial lactic acid > 3.9 mmol/L, indicating septic shock is present?' and a section for 'Was one of the following criteria of hypotension persistent after infusion of 30 mL/kg of crystalloid, indicating septic shock is present?'.

On the right side of the form, there is a section for 'SEPSIS MANAGEMENT' with a 'Notified' checkbox and a 'Sepsis Reassessment' checkbox.

The Notewriter covers all components of initial required documentation for Sepsis Core Measure compliance!

**Initial identification of sepsis, associated end organ dysfunction, and septic shock using the Sepsis Notewriter activity is a great starting point! Documentation should also include:**

- Consistency of diagnosis through the record
- Treatment provided & response to treatment
- Clear documentation when the condition is no longer being considered and is subsequently ruled out
- Documentation of the condition in the Discharge Summary

**Refer to the Epic Training Tool to learn how to address content of the Sepsis Adult Management BPA when sepsis is present at hospital admission!**



### EPIC SYSTEM UPDATE

## Overview of Feature / Changes

**Effective Wednesday June 22, 2022:** When documenting sepsis present on admission in the Assessment & Plan section of the **Medicine History and Physical (H&P) Note**, the **Sepsis Adult Management BPA** appears. Follow the steps below to see this workflow.

### Updated Content

1. In the Assessment & Plan section of the Medicine H&P Note, select **yes** in the Sepsis Present SmartList.
2. Complete and **Sign** the note.

My Note  
H&P

ROS Physical Exam

is a 51 y.o. female who is here for

Active Problems:  
\* No active hospital problems. \*

Sepsis Present: {SEPSIS PRESENT ON ADMISSION:25151} **Yes** **1**  
No - Sepsis not present.

DVT Prophylaxis: {PPx:19625}  
GI Prophylaxis: {GI PPx:304333555}  
Disposition: {Disposition:304333557}  
Advance Care Planning:  
Patient has capacity to assign health care proxy: {Capacity to Discuss HCP:24938}  
Patient has: {Health Care Proxy:24937}  
MOLST Form reviewed: {MOLST Review:24864}  
Patient has capacity to discuss goals of care: {Capacity to Discuss GOC:24939}  
Code Status: {IP MED Code Status:24866}

**2** **Sign**

3. The **Sepsis Adult Management IP** order set BPA appears.
4. Click **Accept** to Open the Order Set.

BestPractice Advisory -

**3** **Open Order Set** **Do Not Open** **Sepsis Management Adult IP Preview**

Acknowledge Reason **BPA Declined: See Comments**

**4** **Accept**

## 5. Complete the Sepsis Management Adult IP Order Set.

Orders

5

Clear All Orders

Sepsis Management Adult IP

Manage User Versions Remove Order Sets

- CM S-32: Sepsis Recognition and Guidelines

▼ Initial Sepsis Management

▼ Begin Sepsis Management Protocol

☒ Begin Sepsis Management Protocol  
Routine, ONCE, today at 1417, For 1 occurrence

▼ Labs and Diagnostics

☒ Blood Culture (Peds > 15 kg and Adults) Site 1 - Draw prior to antibiotic administration  
Blood culture ; Peripheral  
ONCE, today at 1417, For 1 occurrence  
Draw prior to antibiotic administration  
Specimen Type: Peripheral  
Tier 1 (all credentialed providers) Two cultures should be ordered for peds > 29 lbs & all adult pats PEDS 2-13 kg (4-29 lbs) 1-3mL 1 pediatric bottle PEDS 13-36 kg (30 - 80 lbs) 20 mL (10mL per bottle) in 2 adult aerobic bottles PEDS & ADULT > 36 kg (>80 lbs) 40mL (10mL per bottle) in 2 adult aerobic and 2 anaerobic bottles When feasible, each bottle or set (aerobic/anaerobic) should be collected from a separate venipuncture site  
And  
Blood culture ; Peripheral  
ONCE, today at 1417, For 1 occurrence  
Draw prior to antibiotic administration  
Specimen Type: Peripheral  
Tier 1 (all credentialed providers) Two cultures should be ordered for peds > 29 lbs & all adult pats PEDS 2-13 kg (4-29 lbs) 1-3mL 1 pediatric bottle PEDS 13-36 kg (30 - 80 lbs) 20 mL (10mL per bottle) in 2 adult aerobic bottles PEDS & ADULT > 36 kg (>80 lbs) 40mL (10mL per bottle) in 2 adult aerobic and 2 anaerobic bottles When feasible, each bottle or set (aerobic/anaerobic) should be collected from a separate venipuncture site  
☒ Blood Culture (Peds > 15 kg and Adults) Site 2 - Draw prior to antibiotic administration  
Blood culture ; Peripheral  
ONCE, today at 1417, For 1 occurrence  
Draw prior to antibiotic administration  
Specimen Type: Peripheral  
Tier 1 (all credentialed providers) Two cultures should be ordered for peds > 29 lbs & all adult pats PEDS 2-13 kg (4-29 lbs) 1-3mL 1 pediatric bottle PEDS 13-36 kg (30 - 80 lbs) 20 mL (10mL per bottle) in 2 adult aerobic bottles PEDS & ADULT > 36 kg (>80 lbs) 40mL (10mL per bottle) in 2 adult aerobic and 2 anaerobic bottles When feasible, each bottle or set (aerobic/anaerobic) should be collected from a separate venipuncture site  
And  
Blood culture ; Peripheral  
ONCE, today at 1417, For 1 occurrence  
Draw prior to antibiotic administration  
Specimen Type: Peripheral  
Tier 1 (all credentialed providers) Two cultures should be ordered for peds > 29 lbs & all adult pats PEDS 2-13 kg (4-29 lbs) 1-3mL 1 pediatric bottle PEDS 13-36 kg (30 - 80 lbs) 20 mL (10mL per bottle) in 2 adult aerobic bottles PEDS & ADULT > 36 kg (>80 lbs) 40mL (10mL per bottle) in 2 adult aerobic and 2 anaerobic bottles When feasible, each bottle or set (aerobic/anaerobic) should be collected from a separate venipuncture site  
☐ POCT i-STAT VBG Lactic Acid (UH)  
STAT  
☒ Lactic Acid Level, Plasma  
EVERY 3 HOURS, First occurrence today at 1500, Last occurrence today at 2100, For 3 occurrences  
To be run STAT. For repeated lactate only - Inpatients and ICU, Tier 1 (all credentialed providers)  
☒ CBC and Differential  
ONCE, today at 1417, For 1 occurrence  
Is this a part of an oncology treatment plan? No  
Tier 1 (all credentialed providers)  
☒ Urinalysis/Urine Culture  
Tier 1 (all credentialed providers) , STAT, today at 1417, For 1 occurrence  
☒ Sputum Culture;  
ONCE, today at 1417, For 1 occurrence  
Tier 1 (all credentialed providers)  
☒ XR Chest Frontal Only  
STAT, 1 TIME IMAGING, today at 1417, For 1 occurrence  
Interpretation? Immediate  
Portable? Yes

## FACULTY EXCEPTIONAL MOMENTS IN TEACHING



**Mina Michael, MD**, an assistant professor of Neurology at the Norton College of Medicine at Upstate Medical University, is the **September 2024** recipient of the **Exceptional Moments in Teaching** recognition.

### COMMENTS FROM DR. MICHAEL'S STUDENTS:

*"Dr. Michael was incredible in med student education. He allowed us to see our patients, ask him any questions we had, and then discuss the case with him and go over plan and management of the patient. His interactions with the medical students made us feel like we were residents. Dr. Michael asked me to go on a deep dive through a patient's history to try to uncover what could be exacerbating their current symptoms. We spent time together talking about which parts of the history were relevant to the case, and the manner in which they were relevant. This fostered a great learning environment."*

*"I felt like I improved every day with more effective feedback as I started to implement it more and more. I was more confident by the end to give a presentation knowing exactly what Dr. Michael was looking for. There was no guesswork in the process. Whenever I asked a question, no matter how small, he would provide answers that were thorough and educational. Even if small curiosities not related to the case came up, he would be as interested and make sure we knew the answer to the extent we wanted. He encouraged and pushed us to make our interpretations, which was an important skill rather than relying on the charts. He taught me that getting my history is just as important as any exam. He made me feel comfortable enough to ask any question no matter what it was."*

The Norton 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.

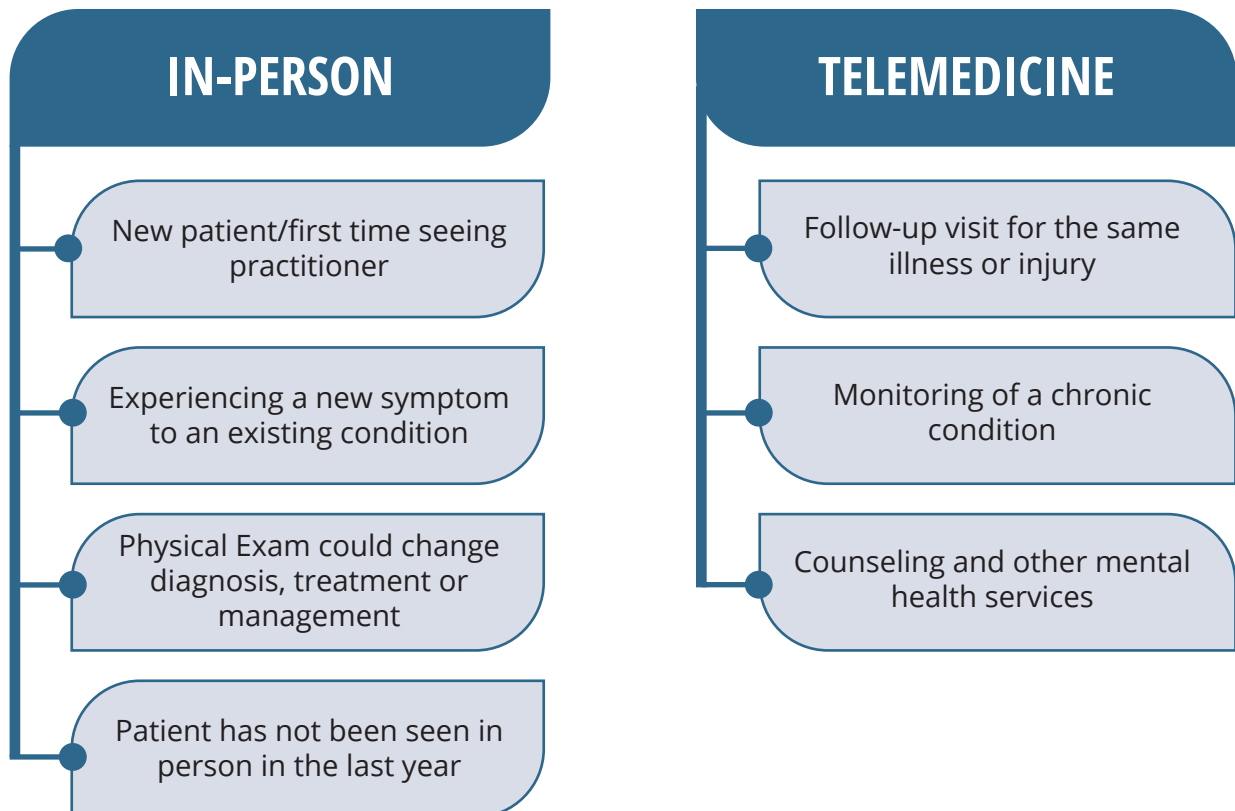




### Considerations for conducting telemedicine visits:

- Has the patient been seen for an in person visit by you or another physician in your practice within the last year?
- Is the patient requesting a telemedicine visit due to weather or transportation challenges?
- Does the patient live more than 1 hour from your practice?
- Financial considerations: for both the patient and the practice

## SHOULD THE PATIENT BE SEEN IN-PERSON OR VIRTUALLY?



\*Upstate practitioners must be licensed in the state where the patient is located at the time of the telemedicine visit.

#### Resources:

<https://telehealth.hhs.gov/providers/best-practice-guides>

<https://telehealth.hhs.gov/patients/understanding-telehealth>

<https://www.mpcp.com/articles/family-health/telemedicine-vs-office-visits-which-one-do-you-need/>