

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 19, 2022

DNV Update

By Julie Briggs and Joyce Mackessy

Upstate University Hospital had its annual DNV re-accreditation site visit on August 16 – 18, 2022 along with its ISO re-certification survey and OMH re-certification survey of our inpatient psychiatric units. This year was especially important as we were surveyed for accreditation by the Centers for Medicare and Medicaid Services (CMS) and the report of our findings is provided to CMS. Accreditation by CMS allows us to treat and bill Medicare and Medicaid patients, and their insurances, for the services that we provide.

It was a busy 3 days as we had a total of nine surveyors traveling from the roof tops to the basements of Upstate University Hospital and Upstate Community Hospital, through a variety of our inpatient units, and to numerous off-site locations such as the Joslin Center, UHCC and 550 Harrison to name a few.

What did the surveyors find?

- We received a total of six Level 1 Non-Conformities (NC-1), including one conditional, and four Level 2 Non-Conformity (NC-2) findings from DNV for our CMS re-accreditation survey. These findings were related to ligature risk, physical environment, infection prevention (e.g., handling of instruments awaiting high level disinfection, storage in cardboard boxes and biohazardous bags), patient rights regarding the important message from Medicare letter, and blood infusion times.
- We received a total of five Level 1 Non-Conformity (NC-1) findings from DNV for the Inpatient OMH Psych Survey, including one conditional NC-1 finding for ligature risk, and one Level 2 Non-Conformity (NC-2). These findings were related to safety management, including unsecured risky objects in the environment, life safety, measurable performance measures for medical staff credentialing, nursing plan of care, evidence of physician participation in care plans, and proper restraint order renewals.

For both surveys, we will need to submit evidence of compliance to DNV within 60 days for our NC-1 findings and the conditional findings will require a follow up survey by DNV to validate corrections are made.

Culture of Safety Survey

By Dr. Robert Corona, Marylin Galimi, Scott Jessie, and Dr. Amy Tucker

Please help us by participating in Upstate's 2022 Culture of Safety Survey!

At Upstate, we take the safety and well-being of our patients and clinicians very seriously. We strive for a culture that balances transparency and accountability, and works continuously, to improve the systems and processes that directly affect the safety and well-being of our patients and clinicians.

We need your help to measure our progress and to identify ways that we can promote staff well-being and keep our patients safe. Our Culture of Safety survey is a tool to do just that.

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 19, 2022

Since our last survey in 2019, we have journeyed together through the pandemic and are now looking at a much brighter and more hopeful future. We understand that we continue to face many challenges, especially where staffing is concerned, so now more than ever we would like to hear your thoughts about your work environment and our culture of safety.

Please take a few minutes to complete this anonymous, short, survey to help us better understand our opportunities to improve. The survey can be accessed at the following link: <https://www.surveymonkey.com/r/SRXGQ9Y>.

We are eager to hear from you. Please send your responses by September 30, 2022.

Notice from the Medical Executive Committee

The Medical Executive Committee is the elected body representing all members of the medical staff as an entity separate from the hospital and the university. It meets monthly (currently one the 4th Tuesday at 5:30 PM) to review, vote and act on matters important to the members of the medical staff. All members of the active staff from either campus are eligible to run.

If you would like to have a stronger voice in medical staff affairs at Upstate and help steer our future as practitioners here, submit your nomination for yourself or suggest others who might be suitable. A brief personal statement about your qualifications and why you would like to join the Medical Executive Committee will be needed September 15, prior to the election in October.

For further information, you may contact Beth Erwin, Dr. Leslie Kohman as Chair of the nominating committee, or the other members of the nominating committee: Paula Trief, Scott Van Valkenburg, and Melissa Schafer.

Seasonal Flu Vaccinations

By Linda Goff

Flu vaccine season is here! Flu vaccines are currently available through Employee Student Health. Anyone with a valid Upstate ID can get a flu vaccine at the Employee Student Health Office at Upstate University Hospital or Upstate Community Hospital. Appointments are available via the [Employee Student Health Portal](#) or by calling 315-464-4260 (UUh) or 315-492-5624 (UCH). They will be offered at one of the Employee Student Health flu vaccine clinics (see attached schedule) and mobile carts will be available on some evenings and weekends in October. As we add more times, the schedule will be updated on the [Employee Student Health Website](#) and announced via overhead page/Vocera. Questions? Please email ESHealth@upstate.edu.

Updated Monkeypox Guidance Document

By Christopher Dunham

Please be advised the monkeypox guidance document has been merged with policy [IC D-13, Management of a Suspect Case of Smallpox, Monkeypox, or other orthopox virus-associated infections](#).

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 19, 2022

New Monkeypox Lab Order Panel (Isolation/Infection Status)

By Paul Suits

A new lab order set is available in Epic to help manage and identify Monkeypox cases (see attached). Early identification will aid clinical staff in setting up proper precautions to help prevent the spread of the virus. These new orders have been created in accordance with the policy [Management of Suspect Case of Smallpox, Monkeypox and other Orthopoxvirus-associated Infections \(IC D-13\)](#). For questions, please reach out to Paul Suits by email at SuitsP@upstate.edu or by phone at 315-464-4178.

Employee/Student Health Blood/Body Fluid Exposure Follow Up Policy Revised

By Linda Goff

The policy for [Employee/Student Health \(ESH\) Blood/Body Fluid Exposure Follow Up](#) (ESH B-01) has been updated and changed, for both source patients and the exposed employee or student.

Below are some highlights of the changes made.

Source patient:

1. **EVERY** source patient will have HIV antibody/antigen combo screen **AND** RNA viral load, independent of previous HIV status or risk factors.
2. Every source patient will get a Hep C AB, which will automatically reflex to a viral load if positive.
3. Every source patient will be screened for Hep B with both an AB and Ag.

Epic order set name: **"Blood Borne Pathogen Exposure – Source Patient Testing"**

Exposed healthcare worker seen in the ED:

1. CBC, HCG no longer indicated. NO need for full acute hepatitis panel.
2. Obtain baseline HIV, Hep B AB, Hep C AB and CMP on every exposed HCW.
3. NO contraindications to starting PEP during pregnancy or breastfeeding. The medications are not an issue during breastfeeding, rather the risk of HIV transmission if infected.

Epic order set name: **"ED Blood Exposure/Needle Stick"**

Please review the policy for more specific recommendations and guidance. If you have any questions, please contact Employee/Student Health at ESHealth@upstate.edu or 315-464-4260

Thank you for all you do!

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 19, 2022

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

REVISED

- [COVID-19 Exposure Protocol \(COV P-01\)](#): added statement on return-to-work masking requirements (#3 under table).

DELETED

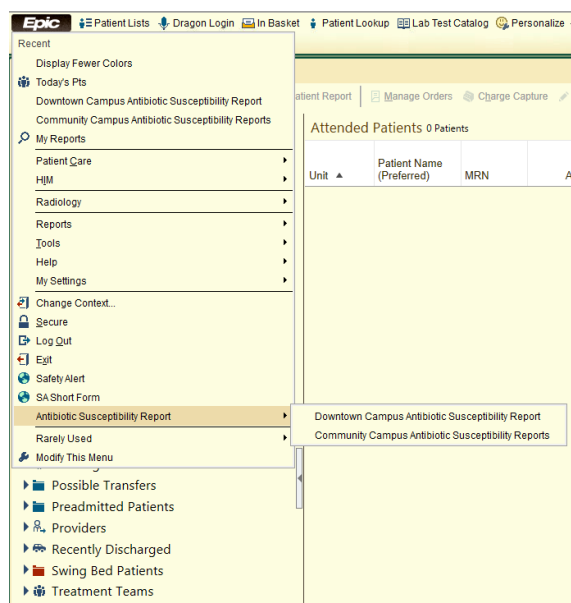
- Pediatric Resuscitation (Code White) Guidelines (Excludes ED) During COVID-19 (COV R-03): it has been incorporated into the Pediatric Emergency Medical Response (Code White) policy (CM P-77).

Quality Tip

By Dr. Matthew Glidden

When considering antibiotic selection for empiric treatment of inpatient or outpatient acquired infections, Upstate Microbiology provides an antibiotic susceptibility report for both Upstate University Hospital and Upstate Community Hospital for both inpatient and outpatient bacterial and fungal isolates.

This can be reviewed by selecting the EPIC icon in the upper left corner and selecting Antibiotic Susceptibility from the drop-down box (see below).



When ordering empiric antibiotics on adult inpatients, please use the *Adult ID Approved Antibiotic Order Set* for selection of empiric antibiotics based on diagnosis. Please contact the Infectious Diseases team with questions or need to deviate from this order set.

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 19, 2022

Clinical Documentation Improvement (CDI) Tip for the Month – Talking Sepsis

By Dr. Emily Albert and Dr. Abha Harish; Co-Directors, CDI

Upstate has many tools to assist with documentation and treatment of sepsis, as well as a hospital policy for sepsis identification and management! These tools serve as a guide to excellent patient care, ensuring the best patient outcomes, as well as, satisfying multiple required components of Sepsis Core Measure compliance. Please review this month's tip sheets (attached) for more information.

For questions, please email the CDI team at cdi@upstate.edu. Thank you to all providers for your strong work in improving documentation!

Upcoming Primary Care Education Opportunities

By Darcy DiBiase

As we get the kids back to school and shift towards our fall routines, I wanted to share with you the upcoming Primary Care Task Force Education Sessions.

These sessions are created for PCPs with focused information to help you better manage conditions before you refer, know when to refer and what's needed when the referral is made. These are held on the second Wednesday of the month, 12:15-1 online.

Add these to your calendar to save the date:

12:15 pm, Wednesday, October 12: Diane Nanno, RN

Director Transitional Care

Upstate Hospital at Home for the Primary Care Provider

<https://upstate.webex.com/upstate/j.php?MTID=m4db685d95d604ad985ea0d6cf633ca4a>

12:15 pm, Wednesday, December 14: Rachel Hopkins, MD

Associate Professor of Medicine, Director of Pituitary and Transgender Medicine Program

Transgender Care in the Primary Care Setting

<https://upstate.webex.com/upstate/j.php?MTID=mda0ec5c20c45baf351a4bcbced1a8a1e>

12:15 pm, Wednesday, January 11: Robert Swan, MD

Associate Professor of Ophthalmology and Visual Sciences

Ophthalmology in the Primary Care Setting, Part 2

<https://upstate.webex.com/upstate/j.php?MTID=m834ad87f96ae3bc43f9db853b64bda16>

12:15 pm, Wednesday, March 8: Savio John, MD, AGAF, FACG

Associate Professor of Medicine, Division Chief of Gastroenterology

Care of Patients with Cirrhosis in the Primary Care Setting

<https://upstate.webex.com/upstate/j.php?MTID=mab03b3f60f7b740a019ebb84c3dd8f19>

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 19, 2022

All past presentations (managing seizures, gout, tinnitus, new developments in monitoring type 2 diabetes) can be accessed from the Primary Care Task Force web page here: <https://www.upstate.edu/primary-care/task-force.php>

Please let me know if questions or if you have suggestions for future engagement opportunities.

3rd Annual Advanced Practice Symposium **By The Advanced Practice Symposium Planning Committee**

We are so excited to share that registration for the 3rd Annual Advanced Practice Symposium is now open at: <https://www.upstate.edu/aps/symposium/index.php>.

Once again, this will be a virtual offering running from September 19 – October 31, 2022. A total of 8 Category 1 CMEs will be offered upon completion of the program. The cost to attend this year is \$100, with a discounted rate of \$30 for residents and students. If you are employed through the Advanced Practice Services Department, your CME funds can be used to cover this cost.

Please see the attached flier for covered subject areas. This year's featured speakers are:

- ❖ Dr. Elizabeth Asiago-Reddy
- ❖ Dr. Sunny Aslam
- ❖ Jessica Dow, NP
- ❖ Sara Eckrich, NP
- ❖ Dr. Teresa Gentile
- ❖ Vicki Keeler, RN
- ❖ Dr. Gloria Morris
- ❖ Dr. Jennifer Rapke

For more information, visit www.upstate.edu/aps/symposium or email Christine Lopez at lopezca@upstate.edu. Please share this information with your friends and colleagues. Those outside of Upstate are also welcome to attend!

Campus Activities Building (CAB) Athletic Facilities **By Dr. Leslie Kohman**

Are you aware of the benefits of exercising close to your workplace? Check out the CAB! The CAB offers a variety of athletic programs and excellent athletic facilities such as:

- Indoor Pool (5 lanes, 25 yards)
- Sauna
- Aerobic Bikes, Rowers, Treadmills, and Elliptical Machines
- Racquetball/Handball Court
- Cybex Exercise Room

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 19, 2022

- Free Weight Workout Room
- Gymnasium
- Two Outdoor Tennis Courts
- Outdoor Running Track
- Modern Locker Rooms

All matriculated Upstate Medical University students, visiting students and staff, employees, alumni, retirees, and immediate families (spouses/domestic partners and children 19 years of age and younger) are eligible to use the CAB.

An individual membership to the CAB is \$130 a year. A family membership is \$165 a year. A family membership is defined as spouse and dependent children 19 years of age and younger, and any domestic partners who meet NYS domestic partner guidelines. All individuals wishing to use the facilities who will be at Upstate less than a year may take advantage of the \$25 monthly membership.

Employees, alumni, and visiting students and staff may pay the appropriate membership fee at the CAB Information Center, located in the lobby of the CAB, during all hours that the building is open. Employee CAB members are also entitled to discounts on event ticket and travel program purchases. Monthly memberships do not qualify for discounts.

For more information on CAB membership, please contact the Office of Campus Activities at 315-464-5618 or by email at campact@upstate.edu.

Are You a Physician Who Would Like a Stronger Professional & Social Connection with Your Colleagues?

By Dr. Leslie Kohman

Community Building at Upstate (CBU) is a new grant-funded program intended to improve wellbeing and build a stronger sense of community among ALL medical staff at Upstate Medical University.

If you are interested in meeting over a meal in a small group with colleagues from various departments to discuss issues you are facing at Upstate, send an email to Deb Emerson at EmersonD@upstate.edu.

The groups are made up of six to eight colleagues, along with a facilitator; that will come together over a subsidized meal in an informal environment for mutual support and enhanced self-awareness. Goals are to cultivate a stronger sense of community within our medical staff, to increase professional and social connections, to enhance a sense of purpose for the participants, and to promote personal fulfillment at Upstate Medical University. Focus is on promoting professional satisfaction and making Upstate a place you can experience the joy of working in healthcare and finding a long-term professional home.

For more information, call or email Deb Emerson emersond@upstate.edu, 315-464-4234 or Chief Wellness Officer Leslie Kohman kohmanl@upstate.edu, 315-447-5679. You may also contact either of the Co-PIs of the project, Nayla Khoury khouryn@upstate.edu and Justin Meyer, meyerj@upstate.edu

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 19, 2022

Exceptional Teacher Recipient for January 2022

By Dr. Lawrence Chin



Dr. Joshua Bonville, Assistant Professor of Pediatrics, is the September 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.

Comments from Dr. Bonville’s Students:

“Dr. Bonville was incredible. He answered all my questions in such an inviting way. He also made the course fun and engaging. I loved his energy, and he always made me feel better about myself. He was also very real with us about medicine and gave us “real world” tips and tricks. He truly made my MS1 experience so much better, and I cannot thank him enough for the positive influence he had on me.”

“Facilitated understanding of background topics related to patient cases, including medical calculators. Extensively explained purpose behind current medical recommendations. Demonstrated effective strategies to perform exams on patients who are “fussy.” Modeled an affable bedside manner for pediatric patients and their families, as well as an efficient neurological assessment.”

“Dr. Bonville has a deep understanding of his field and the cases he’s presented with. He promotes a positive learning environment and allows students to talk through their thought processes. He was incredibly kind and made me feel like an important team member. He treats his patients and their families with respect.”

Congratulations, Dr. Bonville!

Medical Staff Recognition Award

By Darcy DiBiase

The Medical Staff Member Recognition Award recognizes exemplary patient care practitioners who improve Upstate’s culture, quality, and safety. Any Upstate employee can nominate a member of the medical staff, by sharing examples of this work by October 1, 2022. If selected, the winner will be honored at the Medical Staff Annual Meeting. To submit a nomination, please visit: www.upstate.edu/medicalstaffaward.

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 19, 2022

Outstanding Physician Comments

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



Adult Hematology Oncology: Dr. Sam Benjamin has gone to great lengths to explain what is going on with my cancer and the treatment options he is exploring, as well as the others with whom he is consulting to make decisions. He also includes me in those decisions. I appreciate the fact that he is always willing to break it down for me so that I can understand what will happen going forward. I never feel rushed or like I cannot ask questions. He is extremely knowledgeable, professional, patient, and caring. I cannot tell you how much I appreciate that. **Dr. Stephen Graziano** – a great, caring, doctor! **Dr. Bernard Poiesz** was extremely kind and efficient helping me change providers.

Breast Care Center: Dr. Jayne Charlamb is truly one of the nicest doctors I have met. She was very patient and informative. I had an excellent experience with Dr. Jayne Charlamb. She was very thorough and took her time with my appointment. I walked out of there feeling like I was in excellent hands.

Dental Service: Dr. Patrick Smith is so gentle. I don't worry about coming to see him. I had tongue cancer and he is always aware of that and treats me kindly.

Family Medicine: Dr. Kaushal Nanavati – outstanding. I appreciate the time and attention I was given by Dr. Kaushal Nanavati. Appreciated the time spent with Dr. Clyde Satterly. He spent considerable time listening.

Family Medicine at Community: Dr. R. Eugene Bailey accommodated us last minute despite having a packed schedule. We did not feel rushed despite this. He is very knowledgeable and provides his assessment/plan but is also willing to discuss other options. I saw Dr. Igor Kraev yesterday. I am very lucky to have him as my provider. He reviewed all my medications and medical histories very thoroughly. All my questions were answered. He takes time and listens. Ideal doctor. I give him a rate of 10!

Gamma Knife: Dr. Seung Shin Hahn – top notch!

GYNONC MI: Dr. Douglas Bunn was happy to answer any and all questions and I did not feel rushed at all. Dr. Douglas Bunn was kind and friendly. Dr. Douglas Bunn is very personable, great sense of humor, and has the ability to make me feel confident and comfortable with treatment. Dr. Douglas Bunn is fantastic! Dr. Mary Cunningham truly went above and beyond in caring for me. She has called me from a medical conference, checked on me in the ER, and generally has exceeded my expectations in every aspect of my care. I wish every cancer patient could have a physician like her in charge of their treatment plan. Dr. Mary Cunningham – outstanding! Dr. Mary Cunningham was able to encourage me to get a colonoscopy. I have confidence in her skills and feel grateful for her care.

Heart and Vascular Center: Dr. Kiran Devaraj prepared everything very well.

Joslin Center for Diabetes: Dr. Runa Acharya was very accommodating. Dr. Runa Acharya is excellent. Dr. Roberto Izquierdo was excellent, kind, and explanatory. Always impressed with Dr. Roberto Izquierdo and his attention to my

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 19, 2022

questions as well as listening to me and involving me in decision making. **Dr. Roberto Izquierdo** is always prompt in getting back to me when I use the portal.

Multidisciplinary Programs Cancer Center: **Dr. Jeffrey Albright** – so knowledgeable and kind. **Dr. Ruham Alshiekh Nasany** cares about my diagnosis and is doing everything she can to help me live a longer life. **Dr. Joseph Valentino** is very knowledgeable in his job, and it showed when explaining the procedure and all the possible surgical outcomes.

Nephrology Clinic: **Dr. Syed Bukhari** was very thorough and informative. He took his time with the exam and explanations. **Dr. William Elliott** is very concerned and caring for my health.

Pediatric After Hours at Community: **Dr. Marissa Smith** was fantastic!

Pediatric Cancer Center: **Dr. Irene Cherrick** is fantastic. We're grateful to have her involved in our daughter's care.

Pulmonology Clinic: **Dr. Birendra Sah** was gracious, knowledgeable, thorough, and made his explanations understandable.

Radiation Oncology: **Dr. Alexander Banashkevich** and the rest of his team were wonderful! I know that he always has my best interests in mind. I will never forget that at one appointment he remarked to me that he treats me as he would treat his mother and sister. That was so nice to hear and makes me trust him implicitly. **Dr. Alexander Banashkevich** always keeps me informed along the way and shares his knowledge. He is a professional, caring, and compassionate doctor. **Dr. Linda Schicker** and her staff have done an extraordinary job of helping with the anxiety dealing with doctors. **Dr. Brittany Simone** was very good. She explained what she was doing every step of the way evening stating 'you will hear a lot of rattling right now as I open material' and smiled a lot so you would be relaxed. **Dr. Michael Mix** – we are lucky to have him working with us. He cares and explains things at our level.

SUNY Upstate – Virtual: Had a good talk with **Dr. Michael Archer**. Very pleased with **Dr. Gennady Bratslavsky**. **Dr. Marisa Desimone** was very thorough with my visit, and I appreciate all her help. **Dr. Matthew Mason** did a WONDERFUL job of explaining everything! He has excellent bedside manner. He answered all of my questions and never made me feel rushed.

Surgery – General: **Dr. Michael Luca** – excellent!

Surgery – UH LL022: **Dr. Kristina Go** was very thorough and careful in answering my questions. Many doctors are upset by my questions, but she handled them honestly and didn't make me feel like I was wrong in asking them. Thank you. I was very nervous. **Dr. Joseph Valentino** and his entire team were professional and made a difficult situation very manageable.

Surgical Specialties at Community: **Dr. Jeffrey Albright** – very knowledgeable and concerned. **Dr. Jeffrey Albright** was very nice and sincere. He explained everything and made me feel at ease.

The Surgery Center – CG: **Dr. Emil Azer** was very informative and caring.

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 19, 2022

Transplant Center: Dr. Rauf Shahbazov spent at least 30 minutes with me, explained everything, and answered all my questions. Very caring bedside manner.

UHCC – Neurology: Dr. Tinatin Chabrashvili is an absolute gem. Intelligent, professional, empathetic – and any other adjective to describe a great physician. Dr. Corey McGraw is a wonderful provider. He always makes you feel very comfortable and always has a very positive attitude and outlook. Dr. Dragos Mihaila took over an hour with us. Very careful to explain new devices. Dr. Michael Vertino gets a gold star! There was a student present, and Dr. Michael Vertino was EXCELLENT – explaining to her AND me. Dr. Awss Zidan is always very compassionate and knowledgeable, but when hearing of the passing of my father, he broke from his medical notes and exam to show me a few minutes of basic human compassion. Dr. Awss Zidan has been and continues to be the best in my opinion. I recommend him to anyone. I was early for my appointment. I was taken in very quickly and didn't even have time to read a couple of pages in my book between the nurse leaving and Dr. Awss Zidan's arrival!

University Cardiology: Dr. Robert Carhart is also my dad's doctor and my husband's doctor. I recommend him to many people. Dr. Robert Carhart is the best.

University Center for Vision Care: Dr. Robert Swan is always very upbeat and takes the time to listen to my concerns. When I needed to make a very important decision on where I should go to have eye surgery, he gave me options without being impartial.

University Geriatricians: Dr. Jeanne Bishop asked all the right questions in a professional and yet very caring way and offered very meaningful and experienced advice. Dr. Vikrant Tambe was very kind, and at the same time, had a professional manner when asking and answering questions. Dr. Vikrant Tambe – amazing, kind, caring, thoughtful, understanding. I have never had a doctor call and talk with me and my family as much as Dr. Vikrant Tambe has. He is truly a blessing and he and his staff make us feel like we are not going through this alone and that they really do care about us!

University Internists: Dr. Tingyin Chee is a good listener. Dr. Vincent Frechette is a wonderful doctor. He is caring, great listener, and works with me to help me through my situations. As always, Dr. Vincent Frechette met my high expectations. Dr. Vincent Frechette is a very amazing doctor with tremendous patient care. Dr. Sarah Lappin is just an all-around good clinician and person. Addressed every concern I had. Dr. Sarah Lappin was aware of my past issues and inquired without me having to prompt her. Dr. George Gluz was very thorough, which I appreciate. I felt comfortable talking with Dr. George Gluz. He listened to my concerns and felt I am a healthy candidate for surgery. Dr. George Gluz – is very thorough and cares. Dr. George Gluz is an outstanding doctor. Dr. Catherine White communicates exceptionally well, is warm, and is very receptive to questions and concerns.

Upstate Brain and Spine Center: Dr. Lawrence Chin was thorough and friendly. Very easy to talk to and express our concerns.

Upstate Pediatrics: He hid under the table towards the corner and Dr. Tobey Kresel got down on the floor in the corner to perform the physical. AWESOME JOB! This was her first visit with Dr. Yekaterina Okhman and I sincerely appreciated the care, concern, and compassion she showed.

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 19, 2022

3West at Community: Dr. Rishana Cohen was awesome and extremely caring! She, definitely, put me at ease.

05A: Dr. Kristin Kelly – outstanding!

12E: Dr. Eric MacMaster – very professional and compassionate person.

12F: Dr. Rachel Clarke and Dr. Kimberly Rush went above and beyond in their research to help us try to find a root cause even weeks after we were admitted.

Thank you for all that you do!

~Amy

ALERT —
ADVISORY —
UPDATE —

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

FLU CLINIC SEASON IS HERE!

Help Protect Yourself, Your Patients and
Your Family by Getting a Flu Shot!

Employee/Student Health (ESH) flu vaccine clinics
will be held at the following dates and locations:

Friday 9/9/2022	10:00am - 2:00pm	Student/Faculty	New Academic Building (NAB) 1143
Tuesday 9/13/2022	9:00am - 4:00pm	Student/Faculty	NAB 4414 A
Monday 9/19/2022	11:00am - 2:00pm	Student/Faculty	NAB 1143
Tuesday 9/27/2022	7:00am - 4:30pm	Staff/Students	Kinney Performance Center (KPC)
Tuesday 10/4/2022	7:00am - 4:30pm	Staff/Students	KPC
Friday 10/14/2022	7:00am - 4:30pm	Staff/Students	KPC
Tuesday 10/18/2022	7:00am - 3:00pm	CG Staff/ Students	Community Room (CG Campus)
Monday 10/24/2022	7:00am - 4:30pm	Staff/Students	KPC
Friday 11/4/2022	7:00am - 4:30pm	Staff/Students	KPC

Anyone with a valid Upstate ID is welcome and
encouraged to get vaccinated.



Get your shot without standing in a long
line! Simply log on to the ESH portal and
make your appointment. Scan the QR code
to sign on and sign up!

eshportal.upstate.edu

UPSTATE
MEDICAL UNIVERSITY

Pediatric Sepsis Protocol

Screening / Initial Treatment Bundle

INCLUSION CRITERIA:

Pediatric patient (age 0-19 years) in Peds ED or Peds unit with new onset of SIRS

EXCLUSION CRITERIA:

1. Active infection already under treatment with no clinical change

BACKGROUND:

Sepsis is the most common cause of shock in children. If in shock and etiology unclear (even if afebrile), treat empirically for sepsis.

IPSO QI Collaborative has shown key mortality benefits with using bundles (screening tools, huddles, order sets) and delivering fluid bolus(es) within 1 hour and antibiotics within 3 hours of sepsis identification.

PHYSICIAN EVALUATION:

Should focus on identifying whether SIRS response is due to a known or suspected infection. Confirm risk factors and any abnormalities from RN Sepsis Huddle.

DOCUMENTATION TIPS:

In documentation, name **sepsis** (later address whether confirmed or ruled out and whether a causative organism is identified), comment on severity and end organ dysfunction (as this info becomes apparent), comment on HR, BP, mental status, and capillary refill (especially if normal).

If organ dysfunction is present (i.e. hypoperfusion, hypotension, AKI, acute toxic encephalopathy), link to sepsis as "due to sepsis" in documentation.

For known high risk patients with fever and/or concern for sepsis, Upstate Peds Sub-specialists may call ahead to Transfer Center to preadmit patient and have antibiotics available on arrival to Peds ED

Upstate Transfer Center
315-464-5449



Recognition Bundle: Identification of SIRS

1. **Abnormal Temp** ($\geq 38.5^{\circ}\text{C}$ or $< 36.0^{\circ}\text{C}$) AND,
2. **Abnormal HR or RR**

Age Group	HR	RR
0-3 mo	<80 or >190	>60
4 mo - 24 mo	>170	>40
2 yr - 5 yr	>140	>30
6 yr - 10 yr	>120	>25
11 yr - 19 yr	>100	>20

2020 Surviving Sepsis Guidelines

Tableau Sepsis Dashboard

Signs of Shock:

Poor Perfusion
Hypotension ($\text{SBP} < 70 + (\text{age} \times 2)$)
Altered Mental Status
Organ Dysfunction

High Risk Conditions:

- Infant < 6 weeks or history of prematurity
- Central or indwelling catheter
- Immune suppression
- Asplenia
- Malignancy
- Post Transplant

Alternate Entry:
Afebrile, high concern for sepsis

RN Sepsis Huddle

- ☐ High Risk?
- ☐ Mental Status changes?
- ☐ Cap Refill ≥ 3 sec?
- ☐ BP abnormal?

Any yes

Physician Evaluation

Not Sepsis

Sepsis No
Continue current management

Confirmed Sepsis

RN Start Sepsis Narrator

Sepsis Go - Golden Hour Resuscitation Bundle

Within first 60 minutes:

- ☐ Place IV/IO & give supplemental O₂
- ☐ Bolus with 20 mL/kg **BALANCED** isotonic fluids
Use push-pull, pressure bag, or rapid infuser
May need 40-60 mL/kg depending on severity of sepsis
- ☐ CBC, BMP, Blood and Urine Cultures, and Lactate
- ☐ Early antibiotics

Empiric:	Ceftriaxone (not compatible with LR).
Special Cases (that would alter empiric selection):	
Infants < 60 days old	Add Ampicillin
Risk of/definitive NEUTROPENIA ($\text{ANC} < 500$) or Acute Abdomen	Use Piperacillin/Tazobactam
Evidence/Suspicion of Staph Species or empiric added coverage for pneumococcal meningitis	Add Vancomycin
<small>Use ED Peds Sepsis, Sepsis PED IP, or PICU Sepsis Quick Orders order sets to find dosing parameters. Doses also listed in Epic on the Emergency Sepsis Dosing Sheet. Mixing instructions in Sepsis Kits on override in Pyxis. Following stabilization, consider other antibiotics according to clinical condition including, but not limited to: Acyclovir, Clindamycin, Gentamicin, Oxacillin, etc.</small>	

- ☐ Frequent reassessment for resolution of poor perfusion

Evaluate Response and Improvement in Clinical Endpoints

(+)

(-)

Disease Specific Management

Consider ICU Care / Vasopressors

Delivering Fluids:

DO NOT USE A PUMP!
Use push pull method, pressure bag, or rapid infuser.

For push-pull, need: IVF, solution set, 60 ml syringe, 3-way stopcock

- spike IV bag with solution set and attach stopcock to end of set at IV port closest to patient.
- with stopcock positioned 'off' to the patient, pull syringe plunger to draw fluid into syringe from bag of IVF.
- turn stopcock 'on' to the patient and syringe.
- push syringe plunger to administer fluid.
- repeat process until fluid resuscitation is complete.

1. This should serve as a reference. Individualized patient needs may require dosages above or below what is stated. Clinical pharmacy services should be consulted as needed.
2. Sepsis Go - Resuscitation Bundle should be completed within 1 hour of recognition of sepsis recognition. For Tableau dashboard and quality reporting, this start time is determined by ED triage time (or if blank, roomed time, then arrival time) or by SIRS VS alert (if on floor) (or if blank, sepsis huddle BPA or first use of a sepsis order set).

Pediatric Sepsis Protocol

Summary of Changes

Approved by the Pediatric Sepsis team for implementation:

Originating Department: Pediatrics
Contributing Department(s): Pharmacy, Nursing, Pediatric Emergency Medicine, Pediatric Hospital Medicine, Pediatric Critical Care, IMT
Owner: Melissa Schafer, MD

Initially published as F88987, Pediatric Sepsis Protocol. Rev 1/2021, Review 3/2022.

Version 2.0 - Initially Published

References:

1. Goldstein B, Giroir B, Randolph A, Sepsis ICC on P. **International pediatric sepsis consensus conference: Definitions for sepsis and organ dysfunction in pediatrics.** *Pediatr Crit Care Me.* 2005;6(1):2-8. doi:10.1097/01.pcc.0000149131.72248.e6
2. Stoner MJ, Goodman DG, Cohen DM, Fernandez SA, Hall MW. **Rapid Fluid Resuscitation in Pediatrics: Testing the American College of Critical Care Medicine Guideline.** *Ann Emerg Med.* 2007;50(5):601-607. doi:10.1016/j.annemergmed.2007.06.482
3. Weiss SL, Peters MJ, Alhazzani W, et al. **Surviving Sepsis Campaign International Guidelines for the Management of Septic Shock and Sepsis-Associated Organ Dysfunction in Children.** *Pediatr Crit Care Me.* 2020;21(2):e52-e106. doi:10.1097/pcc.0000000000002198

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 upcoming 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 with the following details:

- Type: H&P
- Service: Medical ICU
- Date of Service: 8/22/2022
- Time: 03:49 PM
- Consent Required: []
- Summary: []
- Search results for '.sepsis':

Abbrev	Expansion
SEPSISCLARIFICATION	Sepsis (please document POA status)
SEPSIS	Sepsis Workup SmartBlock
SEPSISDETAILS	

The screenshot shows the 'IP SEPSIS WORKUP SMARTBLOCK' form with the following sections:

- Sepsis Workup Summary**
 - Most likely infectious source:
 - ☐ Pneumonia
 - ☐ Intra-Abdominal
 - ☐ Bone and Joint
 - ☐ Urinary Tract
 - ☐ Meningitis
 - ☐ Intravascular
 - ☐ Skin/Soft Tissue
 - ☐ Febrile Neutropenia
 - ☐ Unknown/Undifferentiated
 - ☐ Other (Please Specify)
 - Specific Source, once known: []
 - Two or more of the following signs and symptoms associated with infection are present and new to the patient?

Temperature < 36.0 or > 38.3	Heart Rate > 90 BPM
Respirations > 20/min	WBC < 4 k/mcL or > 12 k/mcL or 10% bands
- Severe Sepsis Workup Summary**
 - Organ Dysfunction Criteria Present:

Hyperbilirubinemia (i.e. total Bilirubin > 2mg/dL)
Coagulopathy (i.e. INR > 1.5 or PTT > 60secs)
AKI (i.e. Creatinine > 2.0 mg/dL and/or UOP < 05 mL/kg/hr for 2 hrs)
Lacticemia (Lactate > 2.0 mmol/L)
Thrombocytopenia (i.e. Platelet count < 100,000)
Hypotension (SBP < 90 mmHg or SBP decreases > 40 mmHg from baseline and/or MAP < 65 mmHg)
Acute Respiratory Failure (with mechanical or non-invasive ventilation or PaO2/FiO2 ratio)
Metabolic Encephalopathy (sepsis induced, not delirium or dementia)
 - Are any of the following criteria for organ dysfunction due to the sepsis present and new?

Yes	No
-----	----
- Septic Shock Workup Summary**
 - Was the initial lactic acid > 3.9 mmol/L, indicating septic shock is present?

Yes	No
-----	----
 - Was one of the following criteria of hypotension persistent after infusion of 30 mL/kg of crystalloid, indicating septic shock is present?

Yes	No
-----	----

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