

MORNING CMO REPORT

05.25.2016

FROM THE DESK OF:

Anthony P. Weiss, MD, Chief Medical Officer,
Associate Dean for Clinical Affairs,
Upstate University Hospital

UPSTATE
UNIVERSITY HOSPITAL

Commencement Awards

[Applies to All Physicians](#)

Awards
Informational

Congratulations to **Dr. Amit Dhamoon** who received the Medical Alumni Association Clinical Faculty Teaching Award for the 4th year in a row. He also received the Leonard Tow Humanism in Medicine Award which is awarded to those who best demonstrate the Foundation's ideals of outstanding compassion in the delivery of care; respect for patients, their families, and healthcare colleagues; and clinical excellence. For those of you who are lucky enough to know and work with Dr. Dhamoon, I think you can see why he was an obvious selection for this honor.

Congratulations, also, to the Department of Medicine on receiving the Medical Alumni Association Clinical Department Teaching Award! A real tribute to the commitment of that Department to the teaching mission of our organization.

Stroke Gold Plus Achievement Award

[Applies to All Physicians](#)

AHA Award
Informational

Upstate University Hospital has received the American Heart Association/American Stroke Association's Get With The Guidelines®-Stroke Gold Plus Achievement Award with Target: Stroke Honor Roll Elite Plus. The award recognizes the hospital's commitment to providing the most appropriate stroke treatment according to nationally recognized, research-based guidelines based on the latest scientific evidence.

This award speaks to Upstate's ability to continuously improve on the quality of stroke care. The stroke team at Upstate has worked diligently over the past year to evaluate our process, develop improvement initiatives, implement those initiatives and evaluate the process changes that were made. This commitment to stroke quality ultimately impacts patient outcomes and provides the best environment for stroke care in our region.

ENT Coverage at Community Campus

[Applies to Community Physicians](#)

ENT
Informational

On Call and consultation coverage of the Upstate Community Campus by Upstate Otolaryngology will begin on June 1, 2016.

Coverage will be 24/7/365. The residents and attendings assigned to cover the Community Campus will be listed on AMION. The provided services to our patients will be in accordance with Medical Staff Bylaw MSB R-09, Rules and Regulations of OnCall Coverage and Consultation Responsibilities.

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COMMUNICATION. This is a critical element to safe, patient-centered care, and we can always do better. Specifically, our providers requesting a consult need to be very clear whether their consult need is emergent, urgent or routine. The consultant then needs to be clear on how they will deliver that level of care being requested. The request (order) for the consult needs to be entered in EPIC, and the communications between requesting provider and the consultant need to be documented.

PATIENT-CENTERED. Consultants need to respond to the requesting provider. They are the ones at the patient bedside who evaluated that patient. Take care of the patient. If there are differences about the consult, (for example appropriateness, or professionalism, etc.), that can be discussed and resolved **after** the patient has been cared for.

When a patient's treatment requires the operating room or ICU, the patient should be treated at the Community Campus whenever possible and clinically appropriate. There should be no transports to the Downtown Campus based on physician/provider convenience.

If any questions or problems arise, please contact the nursing supervisor at any time, and Dr. Bonnie Grossman or Dr. Robert Kellman will be contacted if needed.

The Community Campus welcomes our ENT providers, who will expand our services and quality of care to our patients.

Surgical/Procedural Attire

[Applies to All Physicians](#)

The Upstate University Hospital Medical Staff Office, Quality Office and Infection Control Department would like to take this opportunity to thank you all for your adherence to the changes with policy CM S-31 (Surgical/Procedural Attire). As you will remember we are implementing several measures to improve reliability of antimicrobial therapy and decreasing bio-burden in all surgical areas; the changes to our attire were just one component of these efforts. Your assistance with these changes is important to our patients and the quality of care we provide to them.

Attire
Informational

FDA Drug Safety Communications

[Applies to All Physicians](#)

In April there were two especially notable FDA drug safety communications that the Pharmacy and Therapeutics Committee felt important to share with medical staff. A full review of these and

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other communications can be found at the following web address:
<http://www.fda.gov/Drugs/DrugSafety/default.htm>

A summary of these communications are as follows:

FDA
Informational

- 1. Metformin labeling changes in patients with renal dysfunction:** Labeling changes are occurring with metformin that will allow for the expansion of its use in certain patients with reduced kidney function. Metformin was previously contraindicated in men with a serum creatinine ≥ 1.5 mg/dL or women with a level ≥ 1.4 mg/dL. These contraindications have now been removed, and metformin prescribing should now be based upon eGFR instead of a serum creatinine value alone. New labeling recommendations from the FDA include the following:
 - Before starting metformin, obtain the patient's eGFR.
 - Metformin is contraindicated in patients with an eGFR below 30 mL/minute/1.73 m².
 - Starting metformin in patients with an eGFR between 30-45 mL/minute/1.73 m² is not recommended.
 - Obtain an eGFR at least annually in all patients taking metformin. In patients at increased risk for the development of renal impairment such as the elderly, renal function should be assessed more frequently.
 - In patients taking metformin whose eGFR later falls below 45 mL/minute/1.73 m², assess the benefits and risks of continuing treatment. Discontinue metformin if the patient's eGFR later falls below 30 mL/minute/1.73 m².
 - Discontinue metformin at the time of or before an iodinated contrast imaging procedure in patients with an eGFR between 30 and 60 mL/minute/1.73 m²; in patients with a history of liver disease, alcoholism, or heart failure; or in patients who will be administered intra-arterial iodinated contrast. Re-evaluate eGFR 48 hours after the imaging procedure; restart metformin if renal function is stable.
- 2. Possible increased risk for miscarriage with systemic fluconazole use:** The FDA is evaluating the results of a Danish study published in the January Edition of the Journal of the American Medical Association that concluded there is a possible increased risk of miscarriage with the use of oral fluconazole (Diflucan) for yeast infections. The FDA is also reviewing additional data and will communicate their final conclusions and recommendations when the review is complete. **Health care professionals** should be aware that the Centers for Disease Control and Prevention guidelines recommend only using topical antifungal products to treat pregnant

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women with vulvovaginal yeast infections, including for longer periods than usual if these infections persist or recur.

The current FDA drug label states that data available from studies in people do not suggest an increased risk of problems during pregnancy or abnormalities in developing babies when women are exposed to a single 150 mg dose of oral fluconazole to treat vaginal yeast infections. However, high doses of oral fluconazole (400-800 mg/day) taken by pregnant women for much longer than a single dose have resulted in reports of abnormalities at birth. In the Danish study, most of the oral fluconazole use appeared to be one or two doses of 150 mg, conferring concern even to this dosing approach.

Until FDA's review is complete and more is understood about this study and other available data, the FDA is advising cautious prescribing of oral fluconazole in pregnancy.

Outstanding Physician Comments

[Applies to All Physicians](#)

Each week we receive written comments from our patients regarding the care we provide within the Hospital. Below are this week's comments from grateful patients receiving care on the units and clinics at Upstate:

Upstate Golisano After Hours Care – Dr. Mittiga is great!

Pain Program Cancer Center – Dr. McGinn is excellent; very knowledgeable and great bedside manner too!

Adult Medicine – Dr. Lax and his office have shown the utmost proficiency. They are #1 in my book as far as being professional is concerned.

Upstate Urology - Dr. Shapiro is great!

Dr. Makhuli; his knowledge, energy and friendly demeanor truly impresses me.

UHCC Neurology – Dr. Culebras really cares; recommends and follows through.

8G – Dr. Singh was beyond very good. Could not have been more considerate, informative, and took more time than I would ever hope for.

ENT – Dr. Suryadevara; my start to finish exams, conversations, procedure were of the upmost quality.

Breast Care Center – Dr. Albert is exceptionally good. The whole team is awesome; Drs. Upadhyaya and Albert all care about me as a patient; they take time for questions.

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Surgery – UH – Dr. Gahtan is very professional, concerned, and understanding. Very easy to talk with, always feel relaxed in her company.

Surgery – Harrison Center – Dr. Bem and his staff had compassion.

University Geriatricians – Dr. Brangman is so knowledgeable and thorough.

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