MORNING CMO REPORT

03.05.2014

FROM THE DESK OF:
Anthony P. Weiss, MD, Chief Medical Officer,
Associate Dean for Clinical Affairs,
Upstate University Hospital

UPSTATE
UNIVERSITY HOSPITAL

EPIC

EPIC Update

Thank you to all physicians, particularly the Chairs and Chiefs, for your assistance in making the initial phase of this installation a success. The pre-work leading up to this past weekend, as well as on the ground support for this massive effort, were most helpful. Although too early to say "mission accomplished," the fact that clinical care has not been interrupted during a complete transition to a new documentation and billing system exemplifies the hard work involved by everyone.

I will also be looking for opportunities to better use the data within Epic to improve processes and contribute to our clinical research mission. As challenges arise please keep me posted so that I can continue to advocate for improvements within the system. There is still work ahead.

Action Needed:

Please communicate above information to all Providers affiliated with the areas checked below

Area(s) Effected:

	Downtown	Community
Ambulatory		
Emergency Department	✓	✓
Inpatient	✓	✓
Operating Room	✓	✓

Category:

	Downtown	Community
Clinical Practice	✓	✓
Compliance, Policy &/or Regulation		
Education		
IT	✓	✓
Privacy		

ALERT-Highest priority emergency communication; warrants immediate action or attention by the recipient.
HIGH ADVISORY-High priority does not warrant immediate action but recipients should be aware.
ADVISORY-Provides very important information for a specific incident or situation that does not require immediate action.
UPDATES TO ALERTS AND ADVISORIES-Provides updated information regarding an incident or situation; unlikely to require immediate action.
INFORMATIONAL MESSAGE-Provides timely information, important for review or serves as a reminder for an action that should be taken.

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Antibiotic Stewardship

Antibiotic Stewardship Advisory

Several changes have been made to the antibiotic restriction procedure to coincide with the rollout of EPIC. The goals of these changes are to optimize empiric antimicrobial choice, harmonize practices between the Downtown- and Community campuses, and use EPIC to facilitate the antimicrobial restriction procedure.

The most significant changes are outlined below:

- To facilitate appropriate selection of antimicrobials, especially in the empiric setting, *ceftriaxone, piperacillin-tazobactam and vancomycin can be used without approval from Infectious Diseases (ID) for at least 3 days*.
- *Piperacillin-tazobactam (Zosyn) has been added to the list of restricted antibiotics, but can be used for several indications without ID approval* (e.g HAP, complicated intra-abdominal infection, etc.)
- *Clindamycin has been added to the restricted list of antibiotics* as data indicates that restricting clindamycin use can reduce rates of *C. difficile* infection.
- *Antibiotics may now be ordered via order sets, or may be ordered a la cart*.
- When antibiotics are ordered outside of an order set, the prescriber must enter an indication for the antibiotic.
  - *For restricted antibiotics, if the indication matches one of the available selections, ID approval is not required*
  - *When restricted antibiotics, it will be apparent in EPIC when approval is needed*
  - *When restricted antibiotics are recommended by ID via a consultation or approved by ID when a request is made, the prescriber may indicate that when ordering the antibiotic*
  - *Pharmacy will no longer be routinely notifying prescribers when approval from ID is needed*

Contact Waleed Javaid, MD at 464- 5815 and/or Jeff Steele, PharmD at 464-4210.

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Inpatient	✓	✓
Operating Room		

Category:

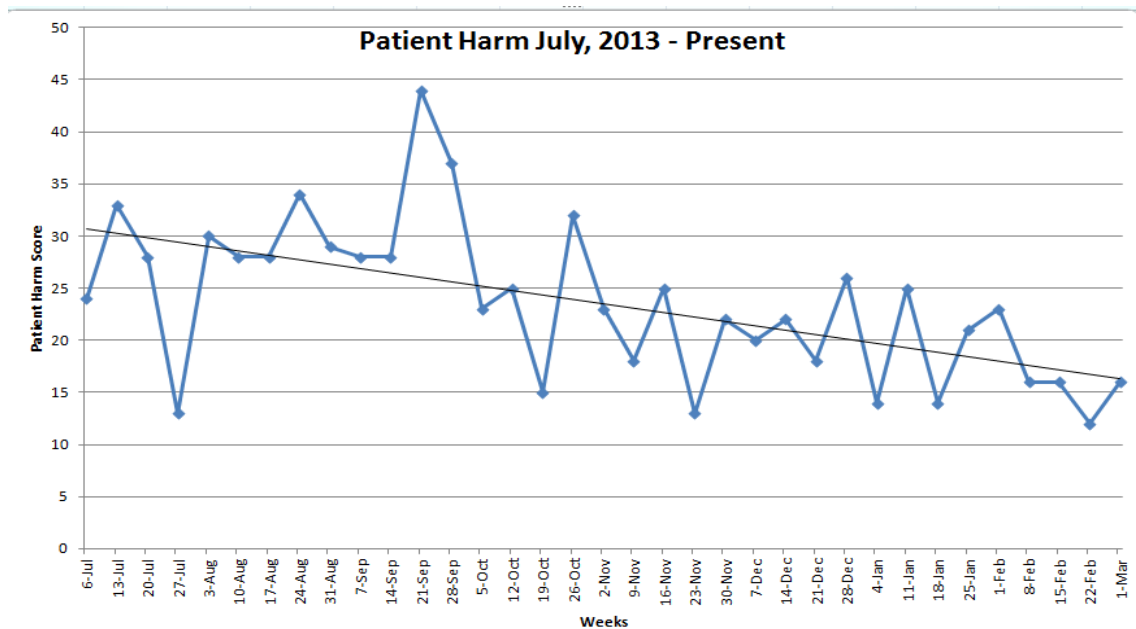|	Downtown	Community
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Improvements in Patient Safety

Patient Safety
Informational

I wanted to bring to your attention some positive and impressive data generated by Michelle Nolan-Bell from the Department of Nursing. Michelle has been tracking the number of "patient harm" events per week across several categories including patient falls, pressure ulcers, mis/unlabeled specimens and major hospital acquired infections. The graph above shows a dramatic reduction in the number of these events occurring over the past nine months; from a rate of over 30/week to a rate of 16/week. This is due in large part to improvements in basic hand hygiene as well as attention to the appropriate use of catheters.

Please encourage your staff to continue to participate in these important aspects of quality improvement. Also, good to take a moment to congratulate ourselves on the progress made thus far. More to come…

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