# MORNING CMO REPORT

10.29.2014

#### FROM THE DESK OF:

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



#### **Adult Insulin Pilot**

Applies to All Physicians

About 25 % -35% of hospitalized patients have diabetes.

Adult Insulin Informational Good inpatient Diabetes management has been shown to have positive impact on morbidity, mortality and length of stay. Both hypoglycemia and hyperglycemia can have adverse effects on hospital outcomes. Many medications used in the outpatient management of diabetes are not suitable for inpatient use and insulin remains the main medication available to treat hospitalized patients.

Insulin use allows rapid titration and flexible dosing capability suitable to address glycemic control in hospitalized patients with unstable and rapidly changing conditions.

Basal /bolus insulin therapy (with long acting basal insulin such as Glargine together with bolus therapy with rapid acting lispro insulin) has been shown to be effective and safe way to address glycemic control in hospitalized patients.

But insulin has a narrow therapeutic index and is one of the common medications associated with adverse events such as severe hypo or hyperglycemia.

Common problems associated with improper insulin use include the availability of too many insulin preparations leading to inadvertent wrong choice of insulin, giving patient fixed dose insulin without attention to patient's nutritional intake which is often variable in hospitalized patients.

To address these issues and improve patient safety, a pilot insulin order set will be implemented on **November 3**<sup>rd</sup>, initially on one floor - 10 G.

Salient features of this pilot include:

- 1. Use of one basal (Glargine) and one bolus (lispro) insulin for inpatient use.
- 2. Use of bolus insulin adjusted for nutritional intake of patient and insulin sensitivity.
- 3. EPIC compatible/provider friendly order set.

We plan to use the information obtained during the pilot to modify the order set with a goal to improve patient safety and outcome for future hospital wide use.

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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## **Charge Posting in CAIS**

Applies to All Physicians

Charge Posting Informational

Effective **November 1, 2014** charge posting in CAIS will be shut off. Therefore, it is imperative that any open encounters for dates of service prior to 3/1/14 at the downtown campus are closed. If the encounter isn't closed and there is hospital charges related to that date of service the Hospital will be unable to bill for those services. This represents a potential loss of revenue for the Hospital and may also impact our DSH reimbursement as well. In light of the financial pressures we currently face, I am asking your assistance in resolving any open encounters over the next two weeks. Thank you.

## **Outstanding Physician Comments**

**Applies to All Physicians** 

Physician Comments Informational Each week we receive written comments from our patients regarding the care we provide within the Hospital. I thought it would be nice for other physicians to begin to see the positive feedback we are receiving. Below are this week's comments from grateful patients receiving care on the units at Upstate:

6B – Dr. Brian Changlai – Best person I had contact with. Not enough space here to list all the things he did for me. Please have Dr. McCabe give him a handful of gold stars.

7A - Dr. Pletka is AWESOME!

7A – Very good physician – Kisler

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