



January 2017

Welcome SLC's *NEW* Medical Director - William Gilbirds, MD

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Calendar of events

FEBRUARY

- 2 / 1 - Infectious Disease EPT**
- 2 / 8 - Primary Care EPT**
- 2 / 15 - Spine IPU**

MARCH

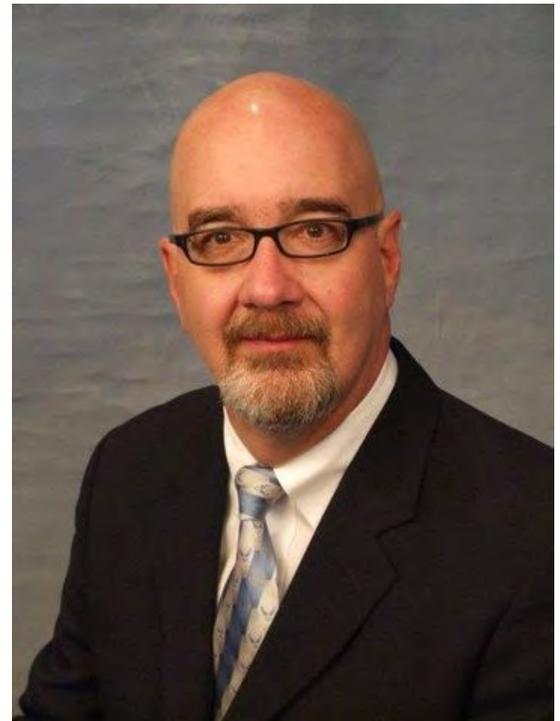
- 3 / 1 - Critical Care EPT**
- 3 / 2 - Anesthesia EPT**

William (Bill) M. Gilbirds, II, M.D. has recently been named the Chief Medical Officer of Saint Luke's Care and Medical Director of Quality for the Saint Luke's Health System.

He brings over 30 years of clinical experience to the job including working as a family physician and flight surgeon in the U.S. Air Force, working as a full time emergency room physician, practicing in a private practice, and joining Saint Luke's Primary Care Group in 2002.

Over his career, he has served in many different physician leadership roles including most recently serving as the Quality Physician Leader at SLN Hospital for the past three years.

After graduating from the University of Missouri-Kansas City, School of Medicine, (he is a proud Roo!) he completed his family medicine residency at St. Mary's Hospital in Kansas City, MO. He served over 23 years in active and reserve service with the United States Air Force Reserve, retiring as a colonel in 2004.



"I am humbled by being given the opportunity to serve as CMO of Saint Luke's Care and Medical Director of Quality for the Saint Luke's Health System." William M Gilbirds, II, MD

In addition to being board certified by the American Board of Family Medicine, he also holds a Certificate of Added Qualification in Geriatrics from the American Board of Family Medicine. A licensed commercial pilot, he also is an FAA Senior Aviation Medical Examiner and certified FAA Ground Instructor. He has been married for over 34 years to Julie Hartung, M.D., a retired obstetrician/gynecologist.

Please join the Saint Luke's Care staff in congratulating Dr. Gilbirds on his new role!

January 2017

NEW SLHS Fecal Microbiota Transplant (FMT) Program

A new Fecal Microbiota Transplant (FMT) program was recently launched at Saint Luke's Hospital of Kansas City and Saint Luke's North with plans to implement the program at Saint Luke's South in the near future.

The proposal to establish a FMT program was a result of a C. diff A3 Quality event held last year by the Process Excellence Team. Sarah Boyd, M.D., Infectious Disease, Fadi Hamid, M.D., Gastroenterology, and Nick Bennett, Pharm.D, took the lead on the project. The Antimicrobial Stewardship Program, Saint Luke's Care and the Infectious Disease EPT provided support for the initiative and a multidisciplinary work group formed to develop the program structure and supporting documents – policy and procedure, informed consent, pre and post procedure order sets and patient education documents.

Fecal transplantation is a procedure in which donor stool is administered to an infected C. diff patient in an attempt to re-establish a balanced colonic microbiome which is disrupted secondary to antibiotic use. Systematic reviews reveal fecal transplantation success rates between 83 and 92%. In an open-label, single center, randomized trial, 81% of the participants were cured at 10 weeks and 94% of the participants after a second infusion was administered. The results were quite impressive when compared to a 31% success rate with oral vancomycin.

The team set inclusion and exclusion criteria and eligible candidates for fecal transplant include patients with two or more recurrent episodes of C. diff who fail to respond to standard treatments (*some exceptions; see policy for more details*).

Any provider can refer a patient for fecal transplant; however, a GI consult will be performed prior to the procedure to evaluate and screen the patient unless the referral is generated from an Infectious Disease provider.

Gastroenterologists will administer the sample via colonoscopy (preferred), upper endoscopy or nasoenteric tube on an inpatient and outpatient basis. Saint Luke's has partnered with a nonprofit stool bank, OpenBiome, for the pre-screened, frozen material. Patients should stop C. diff antibiotics 48 hours prior to the procedure. For the upper delivery route, a proton pump inhibitor or a high dose histamine receptor blocker will be administered the night before and morning of the procedure. For the lower delivery route, a bowel prep will be considered. Patients will be closely followed post procedure with a standardized 1 week phone call and 8 week office visit.

For questions contact: Sarah Boyd, M.D., Fadi Hamid, M.D., Nick Bennett, Pharm.D (ASP), or Megan Hibler, SLC

EPT Updates

Saint Luke's Care Evidence-based Practice Teams (EPTs) are continuously meeting to address the needs of providers and other clinicians. Creating and modifying order sets and other clinical documents are just a few of the activities.

In order to keep up-to-date on all of the initiatives, the Clinical Project Coordination team publishes summaries that are shared with the EPT members and Saint Luke's Health System Administration.

For more information on EPT activities and Saint Luke's Care's multidisciplinary projects, click [HERE](#) to review the most recent SLC Monthly Update. Please contact the SLC staff with any questions at saintlukescare@saint-lukes.org.

January 2017

Saint Luke's Care - 2016 Annual Report

Saint Luke's Care had yet another eventful year with significant work completed by the Evidence-based Practice Teams, the Integrated Practice Unit and several multi-disciplinary system initiatives. Below is an excerpt from the EPT Overview portion of the annual report.

Under the vision and leadership of the Saint Luke's Care Medical Director, Will Daniel, MD and Director, Terrie Bauer, 2016 was a progressive year for Saint Luke's Care and the Evidence-Based Practice Teams. The vision was achieved by transitioning the EPTs from individual silos to truly integrated multidisciplinary and multispecialty teams tackling cross-cutting efforts and setting clinical standards. Meaningful ideas were brought to life with physician leadership and engagement, adoption of the most up-to-date guidelines, setting clinical standards for Saint Luke's Health System and leveraging the supporting structures including the IT components to embed best practices into the day-to-day workflow. Saint Luke's Care's mission to support evidence-based medicine served as the foundation for the work this year. Patient-centered care and continual improvement efforts also served as the groundwork.

"When doctors work together to share best practices and develop clinical standards we help people live as well as they can, for as long as they can. We create value with better outcomes, safety, service and access for our patients at lower cost. Saint Luke's Care is a physician led organization dedicated to quality care. Members seek ways to improve clinical standards and put evidence-based medicine into practice."
Will Daniel, MD

Click [HERE](#) to view the annual report in its entirety.

Saint Luke's Care Annual Report

Saint Luke's Care Staff

Saint Luke's
HEALTH SYSTEM

Mission Statement: Saint Luke's Care (SLC) is a faith based, not for profit, physician-led organization. SLC is committed to evidence based medicine in providing health care and health related services in a caring environment. As a member of Saint Luke's Health System, we are dedicated to enhancing the physical, mental, and spiritual health of the patients we serve.

saintlukescare.org

Saint Luke's Care Annual Report

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HEALTH SYSTEM

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SHOUT OUTS!

Medical Informatics Liaisons (MILs) - Erica Bosko, Amber Gormanson, Brittney Swift and Brittany Weatherspoon – We would like to thank the MILs for their strong support during the personal version EPIC update. The team went above and beyond to provide timely assistance in updating provider and end user personal order set versions. We really appreciate your dedication and leadership on this effort!

Melissa L Rosado de Christenson, MD - Physician author of the SLC Lung Cancer Screening CME module launched in November 2016.

James F Stuart, DO - Physician author of the SLC Acute Postoperative Pain Management CME also launched in November 2016.

Thanks to the both of you for taking the time to create and submit this valuable content for SLC membership CME. Online CME modules can be accessed through the SLC website and are provided FREE to SLC members using the coupon code **SLCare-17**. Click [HERE](#) to access Dr.'s Rosado, Dr. Stuart's, and others' CME.

New Documents and Order Sets

New Document

Sepsis CMS Core Measures, SYS-REF-156

- Developed by Majdi Hamarshi, M.D. in collaboration with Quality department representatives

New Order Sets

Emergent Oral Xa Inhibitor Reversal with Kcentra (Prothrombin Complex Concentrate) Order Set, Epic 534

Emergent Warfarin Reversal with Kcentra (Prothrombin Complex Concentrate) Order Set, Epic 532

- Developed by Joe Blunck, Pharm.D. in collaboration with Brian Milligan, M.D.; Larisa Zhurav, M.D.; Donald Campbell, M.D.; Marc Larsen, M.D.; and Aaron Kaus, M.D
- Approved by the Critical Care, Emergency, Medicine and Neuro EPT's
- The Coagulopathy Correction (for stroke/ICH/SAH patients only) Order Set, EPIC 1863, was archived

Peripheral Vascular Surgery Post Op Order Set – SLEH Only, EPIC 600

- Developed by Megan McNally, M.D. and Dianne Rood
- Approved by the Surgery EPT
- The Plaza Order Set was used as template for the build and a few modifications were made for the new SLEH version

New Medical Protocol

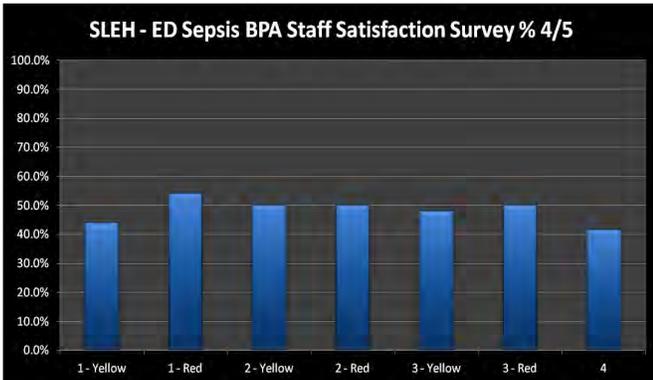
Initiation and Management of the Adult Patient on High Frequency Oscillatory Ventilation (HFOV) Medical Protocol - SLH only

- The new medical protocol was developed by Andrew Schlachter, M.D., and Kelly Bower, RRT
- Approved by the Critical Care EPT

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Sepsis Summit Updates - Screening Projects

Continuing to pursue changes to the existing Sepsis Yellow and Red BPAs, groups from Saint Luke's East (SLEH) and Saint Luke's Northland (SLNH) Hospitals began *pilot* projects in fourth quarter 2016. Nursing management, nursing staff (all shifts), quality, IT, and SLC personnel met separately at both locations to address the current state and future state of Sepsis screening in the Emergency department. Staff satisfaction surveys were conducted prior to the two day events to gain insight into BPA issues and solicit feedback for solutions. Each facility will pilot until March 31, 2017 at which time the teams will meet together to discuss outcomes and system recommendations.



Saint Luke's East Hospital Team

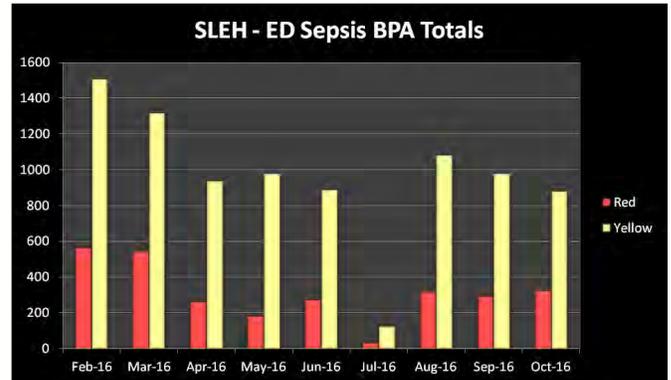
Management: Kishana Daniels, Susie Krug, & Kelsea Cox

Nursing: Kayla Marler, Jason Stokes, & Audrey George

Quality: Mel Bowen & Staci Lane

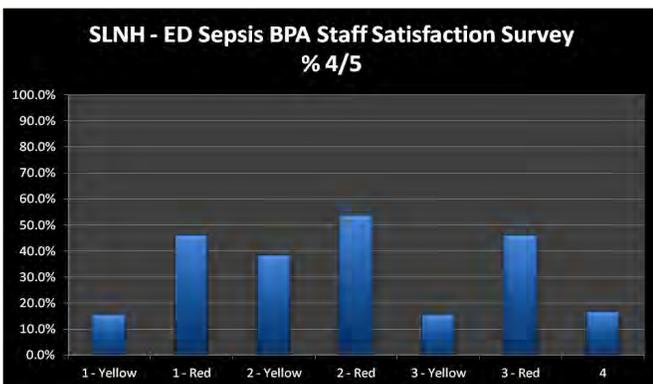
IT: Jon Schwier

SLC: Sue Spiers



Pilot Plan

- Retire the Sepsis flow sheet documentation process since ED staff use Narrators
- Create a Sepsis portion of the ED Narrator for Provider notification and follow-up documentation
- Retire the Yellow Sepsis BPA
- Maintain the Red Sepsis BPA
- Set up a restriction on the BPA so that it will not fire in triage

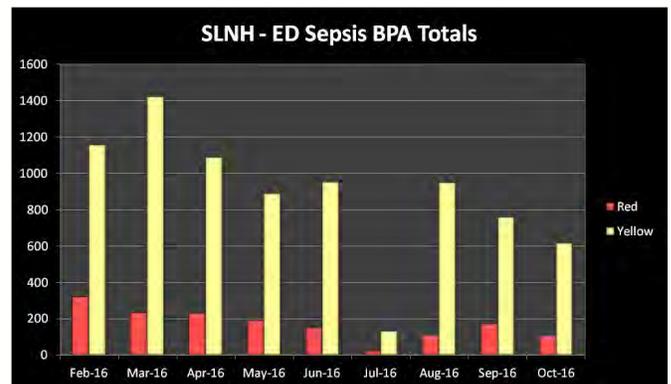


Saint Luke's Northland Hospital Team

Management: Michael Garcia & Tom Modin

Nursing: Enrique Gonzalez-Garcia, Danielle Jessee, Joy Strathman, & Amanda Dalton

SLC: Sue Spiers



Pilot Plan

- Retire the Sepsis flow sheet documentation process since ED staff use Narrators
- Create a Sepsis portion of the ED Narrator for Provider notification and follow-up documentation
- Retire the Yellow Sepsis BPA
- Maintain the Red Sepsis BPA with slight criteria modification

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CMS SEP-1 Focused Exam Documentation

CMS SEP-1 measure dictates that if Septic Shock is present and hypotension or initial Lactate is ≥ 4 , that volume status must be checked and a tissue perfusion assessment must be performed. These activities would occur within 6 hours of Septic Shock onset.

Although the assessment will likely not occur outside of the ICUs, a dot phrase has been created for use by Providers in the Emergency Department, inpatient units, and ICUs.

The EPIC dot phrase may be accessed within notes by searching “.sepsis” and is titled **Sepsis Documentation**. Portions will auto-populate where applicable. See the screenshot below for details.

Sepsis Documentation

1. Fluid assessment:

The patient received {fluid bolus:27295} *** (ml/L) fluid bolus at *** and continued to be {fluid assessment:27296}

2. Presence of Vasopressors:

The patient was started on vasopressors: {Yes/No:27301}

3. Vital Signs:

@VS@

4. Cardiopulmonary exam:

I examined the patient at *** {Time; am/pm:27287}

Findings included:

HEART: {heart findings:27289}

LUNG: {lung findings:27290}

PULSES: {pulse findings:27291}

CAPILLARY REFILL: {capillary refill findings:27292}

SKIN EXAMINATION: {skin exam:27293}

+++ OR +++

(CHOOSE TWO OF THE FOLLOWING)

1. Measure CVP: {Yes/No:27297}

2. Measure ScVO2: {Yes/No:27298}

3. Bedside Cardiovascular Ultrasound was performed {Yes/No:27288};

I performed a {tests performed:27294} on this patient: {Yes/No:27299}

4. Passive Leg Raise performed: {Yes/No:27300}

I certify that a sepsis focused exam has been performed.