



May 2017

Alzheimer's Dementia

SLC CMO's Corner

Table of Contents

- **SLC CMO's Corner** **pg 1**
- **EPT Updates** **pg 1**
- **NEW SLC Staff Members** **pg 2**
- **Earn SLC CME While You Work** **pg 3**
- **Treatment of Acute DVT - Online CME** **pg 4**
- **SLC Shout Outs!** **pg 4**
- **SAVE LIVES: Clean Your Hands - Call to Action** **pg 5**
- **GI Panel & C-DIFF PCR Lab Orders** **pg 6**
- **NEW Order Sets & Documents** **pg 7**

Calendar of Events

JUNE

6 / 7 - Medicine EPT

6 / 21 - Radiology EPT

6 / 28 - Spine IPU

AUGUST

8 / 9 - Critical Care EPT

8 / 10 - Anesthesia EPT

Alzheimer's Dementia is one of the most common and frustrating clinical problems that physicians face. It is estimated that 5 percent of patients over 65 have dementia increasing to 35 to 50 percent for patients over 85. It is estimated that 29 to 76 percent of patients with dementia or probable dementia are undiagnosed.

In April 2017, a dementia Smart Set developed by the Behavioral Medicine, Neurosciences, and Primary Care Evidence-based Practice teams was launched in EPIC. It utilizes two screening tests for detection of cognitive impairment, the Mini-Cog and the Montreal Cognitive Assessment (MoCA). You may be wondering why SLC decided not to use the Folstein Mini Mental Status Test (MMSE). First, the MoCA is more sensitive for the detection of mild cognitive impairment and samples a wider range of cognitive domains than the MMSE. Secondly, the MMSE has a copyright and to legally use the MMSE, a physician should pay \$1.23 for each MMSE form used. The fact that physicians of a certain age, myself included, can administer the test from memory does not preclude paying for use of the test.

It is my hope that those of you treating geriatric patients with dementia will find the new Smart Set helpful in facilitating your management of this very frustrating disease. I wish I could state that our treatments for Alzheimer's Dementia were tremendously effective, but as most of you know their effectiveness is generally marginal at best.

Thanks for taking the time to stay connected through *Saint Luke's Care Connect*. I hope you have a great Saint Luke's day!

William M Gilbirds II, MD

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 view the most recent SLC Monthly Update. Please contact the SLC staff with any questions at saintlukescare@saint-lukes.org.

May 2017

Welcome SLC's *NEWEST* Staff Members



Tracy Zaragoza became a Saint Luke's Care team member in May. She was born and raised in Kansas City, MO and spent most of her professional career at Black & Veatch in The Training and Development field. Tracy brings a vast knowledge of coordination and program management skills which will undoubtedly benefit her as our Medical Protocols and Standing Orders Coordinator!

Married with two children, Mia (12 yrs) and Anthony (8 yrs) who are both in competitive sports; keeps Tracy and her husband very busy! In her spare time she enjoys hanging out with her family and watching the KC Royals. They are HUGE Royals fans! During the summer the family enjoys going to the Lake of the Ozarks!

Please join Saint Luke's Care in welcoming our newest team members and wishing them the greatest success in their new roles!

Sarah James joined the Saint Luke's Care team as a Clinical Project Coordinator in April. Originally from SE Kansas, followed by 17 years in Lawrence; she recently moved to the Northland and loves every minute of it. Sarah brings nursing experience from KU Med, the VA and Humana as a previous ICU nurse, Clinical Documentation Improvement Specialist, and Utilization Review nurse respectively. Sarah holds a BSN from Baker University and a BS in Atmospheric Science from KU.

Sarah is excited to join the current team of excellent Clinical Project Coordinators, to learn from them, support them in their current roles and manage EPTs of her own. She's hoping to step into any specialty team or project and help facilitate evidence-based practice for the EPTs.

Sarah enjoys doing fun activities with her two sons, Hayes (8 yrs) and Sawyer (10 months). They can be found at her favorite petting zoo Deanna Rose, Power Play, Worlds of Fun or Grand Lake.



May 2017

Earn SLC CME *While* You Work

WHO: SLC Provider Members *AND* Advanced Practice Providers

WHAT: SLC has been approved by INMED, our accrediting agency, to offer CME via educational emails

WHEN: *While* doing your job!

HOW: Read about published order sets via email or SLC's website and claim credit for being educated on the new material, then utilize the most up-to-date, evidence-based orders

Objectives

At the conclusion of this activity, be able to:

- ⇒ Discuss the order set in terms of current evidence-based information
- ⇒ Analyze the content and sources of the order set
- ⇒ Utilize the order set into practice

This is what you will see on the CME emails

Attention SLC Physicians:
REVIEW THIS EMAIL AND RECEIVE UP TO 1 HOUR OF CME CREDIT from Saint Luke's Care!

See links/CME instructions below
[CME Overview Page](#)

Currently available CME

Click [HERE](#) for Dementia Assessment Tools and Smart Set

Click [HERE](#) for Treatment of Acute PE Order Sets

INMED **SLC Credit Claim Form**
 Please complete form to receive credit for this activity.

Host: Saint Luke's Care
 Joint-Provider: INMED

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Missouri State Medical Association through the joint-providership of the Institute for International Medicine (INMED) and Saint Luke's Health System. The Institute for International Medicine is accredited by the Missouri Medical Association to provide continuing medical education for physicians.

NOTE: Credit can not be offered if the activity information is not current for the event you are claiming credit for.

Coupon Code:

Please choose the activity you completed: *

Author:
 Naina Patel, MD (Saint Luke's Health System): Nothing to disclose
 Planning committee:
 Micah Flint, MPA, RN, DIPH (INMED): Nothing to disclose
 Susan Spiers, MT (ASCP), MBA (Saint Luke's Care): Nothing to disclose
 William M. Gilbirds II, MD (Saint Luke's Care): Nothing to disclose

Institute for International Medicine designates this live activity for a maximum of 0.5 AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of the participation in the activity.

Full Name *
 First Name: Last Name: Credentials:

E-mail *

How much credit are you claiming?
 (0.25, 0.5, 0.75, or 1)

Enter Coupon Code [SLCare-17](#) & Choose the CME from the drop down menu

Enter your information & the amount of time spent reading the informational email - up to 1 hour. Click Submit

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Missouri State Medical Association through the joint-providership of the Institute for International Medicine (INMED) and Saint Luke's Health System. The institute for International Medicine is accredited by the Missouri Medical Association to provide continuing medical education for physicians. Institute for International Medicine designates this live activity for a maximum of 1 AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of the participation in the activity.

May 2017

Treatment of Acute DVT - Online CME

Saint Luke's Care hosted its first ever Grand Rounds, **Treatment of Acute DVT** on February 17, 2017. This interactive event featured a panel of VTE Committee members that included the following physicians:

- John Borsa, MD - Interventional Radiology
- Carl Dirks, MD - Chief Medical Information Officer
- Andrew Schlachter, MD - Critical Care / Pulmonary
- Sally Ling, MD - Hospitalist
- Nisreen Haideri, MD - Hematology / Oncology
- Staci Reintjes, DO - Emergency Medicine

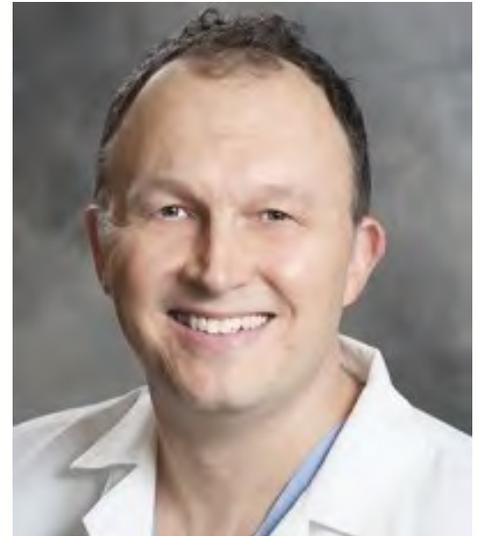
Since that time, the presentation has been converted to an online CME module that can be viewed at your convenience (SLC Providers AND Advanced Practice Providers).*

Course Objectives

- ⇒ Describe the journey of the VTE Committee
- ⇒ Review meaningful recent changes in evidence based treatment of DVT
- ⇒ Demonstrate use of the algorithm and order set to optimize patient care through case review

Presenters

Created & approved by: John Borsa, MD & the SLHS VTE Committee
Click [HERE](#) to access the **FREE** CME using **Coupon Code SLCare-17**



SHOUT OUTS!

Brett Nelson, RPh, BCPP - SLC would like to echo the words of Naina Patil, MD and thank Brett for his work on the Dementia algorithm. "Brett who is our clinical champion, did an excellent review for the medication part and made it user friendly for the algorithm. He has also done a great job to get our Smithville providers involved with our Behavioral Medicine EPT."

SLEH & SLNH ED Sepsis BPA Pilot Teams - Thank you to the team members of SLEH and SLNH that attended lengthy planning and follow-up meetings, consistently monitored results, and completed many cycles of re-education to make the pilots a wonderful success. Staff efforts and feedback helped provide a system recommendation to meet the needs of both staff and patients. See page 7 for a list of team members.

John Borsa, MD & the SLHS VTE Committee - SLC would like to thank this team for all of their wonderful work creating a Grand Rounds panel presentation for the Treatment of Acute DVT. This material was developed into an online CME module that providers can access at their convenience. We appreciate all the efforts of the VTE Committee as they continue to disseminate and educate their colleagues around this innovative body of work.

*This activity has been planned and implemented in accordance with the Essential Areas and policies of the Missouri State Medical Association through the joint-providership of the Institute for International Medicine (INMED) and Saint Luke's Health System. The institute for International Medicine is accredited by the Missouri Medical Association to provide continuing medical education for physicians.

Institute for International Medicine designates this live activity for a maximum of 1 AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of the participation in the activity.

May 2017

“SAVE LIVES: Clean Your Hands” Call to ACTION

May 5, 2017 was The World Health Organization's annual “SAVE LIVES: Clean Your Hands” call to action regarding the importance of hand hygiene to improve health outcomes and decrease antibiotic resistance. You can read more about this effort on this webpage:

<http://www.who.int/gpsc/5may/en/>

Not only is improper hand hygiene a global health problem, but we also have great room from improvement in our personal compliance with appropriate hand hygiene at the local level of Saint Luke's Health System facilities.

My 5 Moments for Hand Hygiene: The WHO has defined key moments when healthcare workers should perform hand hygiene.



This evidence-based, field-tested, user-centered approach is designed to be easy to learn, logical and applicable in a wide range of settings. This approach recommends health-care workers to clean their hands:

1. **Before touching a patient**
2. **Before clean / aseptic procedures**
3. **After body fluid exposure/risk**
4. **After touching a patient**
5. **After touching patient surroundings**

Most behavioral scientists agree that it takes 21 days to effectively establish a new habit. *I would challenge each Saint Luke's Care Member to establish a personal 100% compliance rate for their hand hygiene over the next 21 days to help the Saint Luke's Health System deliver the safest patient care with the best outcomes as we go forward.* This simple compliance will decrease the number of hospital acquired infections and will also decrease antibiotic resistance.

Thank you for taking the time and thank you in advance for your compliance efforts going forward.

May 2017



GI Panel and C-Diff PCR Lab Orders

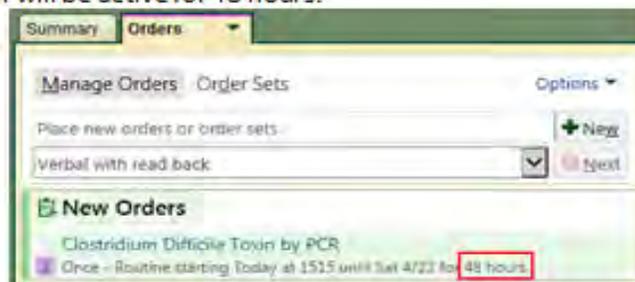
Currently, when specimens are not collected for GI Panel and C-diff Lab orders because the patient is not symptomatic, the orders remain active. Going forward these orders have been changed so that they will expire after 48 hours when the specimen has not been collected. These orders will automatically discontinue 1 hour after expiration.

Rationale

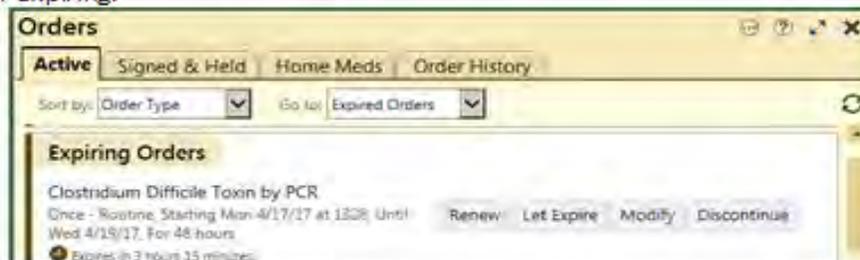
Hospital Acquired Clostridium difficile infection (HAC CDI) is defined as a positive lab test after hospital day 3. Patients with clinically significant diarrhea (3 or more loose stools/day for at least 24 hours) should be tested for CDI if there is clinical suspicion of the disease (i.e., recent antibiotic use, hospitalization, etc.). **When patients are observed for 24 hrs without persistence of symptoms, collection of stool specimens for testing is not recommended unless there is ileus present.** Time-limited orders for CDI reduces the potential risk of unnecessary testing and attribution of a HAC CDI in colonized patients. The test may be re-ordered if the patient again exhibits symptoms.

What this means

1. After signing, the order will be active for 48 hours.



2. The lab order will show under **Expiring Orders** when within 8 hours of expiring. It will auto-discontinue 1 hour after expiring.



FYI

The work list task to document the source for these labs will remain in the worklist. Documenting a source after the order has already expired will still allow the sample to be processed in lab.

May 2017

New Documents and Order Sets

New Order Sets

Enhanced Recovery After Surgery (ERAS)

Project Summary

A multidisciplinary group formed last year to develop the framework for an Enhanced Recovery after Surgery program for St. Luke's. General Surgeon and Surgery EPT Physician Chair, Megan McNally, MD has led the effort. The plan is to pilot the program for 3-6 months in general surgery with colorectal procedures. ERAS pathway data will be compared to baseline data. If proven successful, the program and structure will be modified for different surgical specialties.

Enhanced Recovery Program Objectives

Preoperative Phase

Optimization	Selective bowel prep	Carbohydrate drink
Consider prehabilitation	Reduce preoperative fasting	No long acting sedatives

Intraoperative Phase

Laparoscopic surgery	Fluid balance	PONV prophylaxis	Avoid tubes, drains, lines
Nerve blocks	Normothermia	Anesthesia protocol	

Postoperative Phase

Immediate diet	Heplock IV	No foley or out post-op day #1	Daily care maps
Ileus prophylaxis	Immediate mobilization	Multimodal analgesia	Discharge criteria

Program Metrics

Length of Stay	Postoperative Narcotic Use	Surgical Site Infection	VTE
Total Cost	Postoperative Ileus	Readmission	

New Enhanced Recovery After Surgery (ERAS) program – supporting documentation:

- Clinic Checklist: [Enhanced Recovery After Surgery Pathway - Colorectal Surgery Checklist \(SLPG\) \(SYS-684\)](#)
- Bowel Prep and Diet Instructions Reference Document: [Bowel Prep and Diet Instructions Reference Document \(SYS-REF-168\)](#)
- New Inpatient Bowel Prep and Diet Instructions, Epic 954
- Patient Education Booklet available via the SLHS Print Shop
- Enhanced Recovery orders embedded in the General Surgery, Pre-Op Order Set, Epic 94
- Anesthesia Interventions, Epic Care guidelines
- New Enhanced Recovery, Post- Op Order Set, Epic 974

ED Sepsis Pilot Team Membership

SLEH

Kishana Daniels – Process Owner
Susie Krug – Administrative Leader
Mel Bowen – Quality
Staci Lane – Quality Sepsis Abstraction
Jon Schwier – EPIC Builder
Kelsea Cox
§ason Stokes
Kayla Marler
Audrey George

SLNH

Michael Garcia – Process Owner
Amy Brummer – Administrative Leader
Deb Wriedt – Quality
Jonathon Hanson – Quality Sepsis Abstraction
Jon Schwier – EPIC Builder
Tom Modin
Joy Strathman
Amanda Dalton
Danielle Jessee
Enrique Gonzalez-Garcia