



September 2017

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Calendar of Events

OCTOBER

- 10 / 11 - Pediatric EPT & Primary Care EPT**
- 10 / 23 - Obstetrics EPT**
- 10 / 25 - Medicine EPT**

NOVEMBER

- 11 / 8 - Critical Care EPT & Council of Chairs**
- 11 / 9 - Anesthesia EPT & Radiology EPT**
- 11 / 13 - Cardiac EPT**
- 11 / 29 - Infectious Disease EPT**

SLC CMO's Corner

DOAC / BMI

The epidemic of obesity in the United States has created many medical consequences. We know that obesity carries increased risks of developing many medical problems. The list seems endless. Nevertheless as practicing physicians we are obligated to provide all of our patients with the best possible care regardless of whether they are underweight, normal weight, overweight or obese.

Recently a subcommittee of Saint Luke's Care composed of a cardiologist, a hospitalist, a hematologist, a primary care physician and three pharmacists carefully evaluated the clinical efficacy of prescribing DOACs (direct oral anticoagulants) in patients that have a BMI greater than 40 or a weight greater than 120 kgs. Their extensive and careful review created the following recommendation:

Normal dosing of DOACs (direct acting oral anticoagulants) is recommended for patients with a BMI less than 40 and body weight less than 120 kg. If a patient's BMI is greater than 40 or their body weight is more than 120 kg, supporting data for DOACs is less robust and warfarin should be considered as an alternative anticoagulant. If a DOAC is considered, apixaban and rivaroxaban have been shown to be as efficacious as warfarin but the sample size for this patient population (BMI > 40 or weight > 120 kg) is limited and under dosing may be a concern. Dabigatran is not appropriate for a patient with a BMI greater than 40 or a body weight over 120 kg.

An implementation proposal for clinical content build will undergo the normal process through the appropriate EPTs and committees for approval.

So the next time you need to anticoagulate a patient who weighs more than 120 kg or has a BMI greater than 40, I hope you consider utilizing the recommendations of this committee.

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

September 2017

Transforming Clinical Practice Initiative (TCPI) Updates

Saint Luke's Health System has been participating in the CMS Transforming Clinical Practice Initiative (TCPI), which over a four-year period (September 2015—2019) seeks to assist primary and specialty care providers in transforming their practices with the end goal of positioning clinicians to succeed under MIPS/MACRA and alternative payment models. Vizient (formerly VHA-UHC) was selected by CMS to be one of 29 Practice Transformation Networks (PTNs) across the nation to assist provider practices in enhancing care delivery methods and processes to achieve better health outcomes by providing technical assistance, collaboratives, best practices, and transformation tools.

In November 2015, Saint Luke's joined the Vizient PTN and initially enrolled all Saint Luke's primary care and endocrinology practices. Enrollment was later expanded in early 2017 to include all Saint Luke's Physician Group (SLPG) eligible practices (72 practices and over 700 providers).

Practice Assessment Tool

Every six months enrolled practices complete the TCPI Practice Assessment Tool (PAT). The PAT is a self-assessment designed to show progress through the CMS designated 5 Phases of Transformation (right).

All practices completed baseline PATs in May 2017.

Results revealed the following common opportunities:

Specialty Care Practices:

- ⇒ Quality Improvement (QI) Strategy: Use an organized approach (PDCA, Lean, etc.) to identify opportunities and empower staff to innovate and improve.
- ⇒ Transparent Measurement & Monitoring: Produce and share reports at the organization and care team levels on a regular basis.
- ⇒ Patient & Family Engagement: Encourage patients to collaborate in goal setting and self-management.

Primary Care Practices—Clinton, Cushing, Lansing:

- ⇒ Population Management: Use a data-driven approach to assign patients to a provider panel.
- ⇒ Organized Evidence-based Care: Ensure care addresses the whole person, including mental and physical health, and provide access to behavioral health providers.

What's next?

Over the coming months, TCPI work will be focused on establishing consistent QI methodologies and building staff QI skills by deploying training and education sessions with enrolled practices. These education sessions will provide a solid foundation for future TCPI improvement projects. In addition, all TCPI enrolled practices will be completing follow up assessments in November 2017 with updated results available in December.



September 2017

In case you missed it...Earn CME *WHILE* you Work!

WHO: SLC Provider Members *AND*
Advanced Practice Providers

WHAT: INMED, our accrediting agency, allows us to offer
CME via educational emails

WHEN: *While* doing your job!

HOW: Read order set education emails
or

**This is what will appear in 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](#)**

Released Order Set Education CME

NOTE: Some CME are still under construction for addition to the Saint Luke's Care website

Dementia Assessment Tools and Smart Set

Treatment of Acute PE

Venous Access Evaluation order set,
EPIC #40

Asymptomatic Hypertension Treatment
Recommendations

Volume Based Enteral Nutrition, EPIC #799

Objectives

At the conclusion of these activities, 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



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: *

- Dementia Assessment Tools and Smart Set
- Treatment of Acute PE
- Venous Access Evaluation order set, Epic #40
- Asymptomatic Hypertension Treatment Recommendation

Full Name *

First Name Last Name Credentials

E-mail *

ex: myname@example.com

How much credit are you claiming? *

0

Submit

**Look for MORE
of these EASY
to USE
CME in 2018!**

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.

September 2017

New Documents and Order Sets

Multimodal Postoperative Pain Management Orders - EPIC 826

- Replaced the existing pain medication orders in the Orthopedic Post-op order sets
 - ⇒ Ortho General Post-op Orders - EPIC 108
 - ⇒ Total Joint Replacement Post-op Orders - EPIC 604
 - ⇒ Total Joint Replacement Post-op Left Hip - EPIC 920
 - ⇒ Total Joint Replacement Post-op Right Hip - EPIC 918
 - ⇒ Total Joint Replacement Post-op Left Knee - EPIC 917
 - ⇒ Total Joint Replacement Post-op Right Knee - EPIC 916
- Designed to factor in patient age, renal function and previous exposure to opioids
- Developed by Greg Teale, Pharm.D., BCPS
- Approved by the Surgery and Anesthesia EPTs

Craniotomy for Invasive Electrode Placement with Video-EEG Monitoring (SLH only) - EPIC 1113

Developed by Stephen Griffith, MD; Ron Fields, MD; John Croom, MD, PhD; and Donna Hunt

- Approved by the Neurosciences EPT

Induced Hypothermia Post Arrest Orders & Medical Protocols

- Designed to distinguish between cooling orders to 33 degrees versus 36 degrees
- Developed by Majdi Hamarshi, MD; Chip Hayes, and Marci Ebberts
 - ⇒ Targeted Temperature Management Medical Protocol 33 Degrees - EPIC 807 (SLH, SLEH, SLSH, SLNH)
 - ⇒ Targeted Temperature Management Medical Protocol 36 Degrees - EPIC 1109 (SLH, SLEH, SLSH, SLNH)
 - ⇒ Induced Hypothermia Post Arrest Orders - EPIC 603 (SCH, WMH, HMC, ACH)
 - ⇒ 33 Degrees - SYS-PRT-521
 - ⇒ 36 Degrees - SYS-PRT-551
- Approved by the Critical Care and Emergency Medicine EPTs

ED Code Heart Failure Order Set - EPIC 1608512 including development of an ED Heart Failure Narrator

- Developed by Alie Scholes, MD & approved by the Emergency Medicine EPT

Acute Hyperkalemia Adult Treatment Order Set - EPIC 953

- Approved by the Medicine EPT

Cardiac Consult order for Hip Fracture affecting the following order sets

- Fracture Initial Orders - EPIC 271 - SYS 1274
- GFP Hip Fracture Patient Care Orders - EPIC 806 - SYS 1608
- Approved by the Cardiac, Anesthesia, and Medicine EPTs

▼ Physician Consults

Consult to Orthopedic Surgery

Consult to Hospitalist

Consult to Anesthesiology
Please see patient as soon as possible

Consult to Cardiology with Hip Fracture

Consult to Physical Medicine and Rehabilitation

Asymptomatic Hypertension Treatment Recommendations Order Set - EPIC 1088 with supporting Asymptomatic Hypertension Treatment Algorithm

- Developed by Ryan McNellis, MD; Tom Johnson, pharmacy; and the Hypertension Committee
- Provides optional Clinical Decision Support in the form of cascading questions and oral medications recommendations
- Approved by the Cardiac EPT

September 2017

New Documents and Order Sets

Anderson County Residential Living Center Admission Orders - EPIC 1071

- Championed by Mary Gedrose and Emily McAdam in preparation EPIC go-live
- Approved by the Medicine EPT

Residential Living Center (RLC) Common Orders - EPIC 1110

- Developed to assist with the complexity of inpatient versus outpatient common orders in for preparation for EPIC go-live
- Reviewed and approved by Mackenzie Peterson, MD; Wendy Belcher, MD; and the Medicine EPT

Lipid Rescue for Local Anesthetic Toxicity - EPIC 1072

- Reviewed and approved by physician champion, Michael Davenport, DO, Peggy Leland, and the Anesthesia EPT

Anesthesia Peripheral Nerve Block Catheter Infusion Orders - EPIC 1083 (SLEH only)

- Championed by Jacob Miller, MD; Mark Steinbeck, pharmacy; Austin Jones, education; and Cristen Shelton, surgery manager (SLEH)
- Approved by the Anesthesia EPT

Perioperative Code Status change SMART FORM and BPA

- Utilized to notify providers on the day of surgery when a patient has a previously documented DNR for code status change
- Championed by Terry Anderson, DO; Carey Cannell, and Peggy Leland
- Approved by the Anesthesia EPT

SHOUT OUTS!

Nate Heckerson, MD; Jessica Lee, DO (physician champions); Anne Hayes, & Laura Bigler (pharmacy champions)
Thanks to these individuals for their engagement through every step in the process and dedication to ensuring standardized, thoroughly vetted, evidence-based content for the long awaited Hyperkalemia order set.

Dana Dutcher, EPIC Willow team

A special thank you to Dana for the medication build and coordination of the Anesthesia Peripheral Nerve Block Catheter Infusion Orders.

Majdi Hamarshi, MD and Scott Aldridge

Thank you for authoring and reviewing the upcoming Agitation Management in the ICU online CME module. The Saint Luke's Care INMED hosted CME website is undergoing a complete reconstruction, so this module will be launched soon with the more user friendly website updates.

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.

September 2017

Nuclear Cardiology Imaging Order Set Update (formerly Myocardial Perfusion Imaging)

SITUATION: There was an order set called Myocardial Perfusion Imaging which recently went through a complete overhaul and is now Nuclear Cardiology Imaging. It includes a BRAND NEW diet – *Sarcoid / Infection Diet*.

BACKGROUND: Naming conventions within the order set were inaccurate, it did not include all nuclear studies that are available, and there is a very specific low carbohydrate diet that **must be followed 24 hours** prior to the FDG PET Infectious Process and FDG PET Sarcoid studies. This diet should be followed by 12 hours of NPO in order for providers to receive accurate test results. Prior to now, the kitchen did not have a specific diet order for this patient population and if the patient received inappropriate food prior to the study, it resulted in the study having to be rescheduled by the nuclear imaging team and for an extended inpatient hospital stay for the patient, impacting patient satisfaction.

ASSESSMENT: Nursing staff, nuclear imaging nursing / providers, and nutrition staff were engaged to determine appropriate dietary recommendations from the latest ASNC guidelines. There is now a *Diet – Sarcoid / Infection* order available in EPIC. The *Sarcoid / Infection Diet* is **ONLY** to be used for the FDG PET Infectious Process study or the FDG PET Sarcoid study.

RECOMMENDATION: Now, when a provider chooses either of these studies (FDG PET Infectious Process/FDG PET Sarcoid), the *Sarcoid/ Infection Diet* is **automatically** selected and scheduled for 24 hours, followed by a NPO order after the 24 hour period. This ensures the correct dietary recommendations are followed prior to the study and eliminates patients from having an extended hospital stay. All other nuclear cardiology imaging studies have a diet order of NPO after midnight that is automatically selected when those studies are ordered.

Nursing staff can document the diet within the dietary flow sheet. There is also a hyperlink to *Sarcoid / Infection Diet* that allows nursing staff to print the food items that the patient is allowed to order from the kitchen to reduce confusion in the nursing staff and patient population. This list is also available in the Forms Library (search Sarcoid diet). See screen shots below.

Saint Luke's Hospital
Kansas City, MO 64111
Perfusion Imaging/Sarcoid Diet

Total number of carbohydrates per meal 5g or less, encourage water.

Breakfast

- Scrambled/boiled/fried eggs
- Turkey sausage
- Chicken or pork bacon

Lunch/Dinner

- Turkey breast
- Pork loin
- Pot roast (no gravy)
- Grilled chicken
- Grilled Salmon
- Tilapia without breading
- Hamburger (without bun)
- Deli turkey/deli roast beef

Nutrition	
Feeding	
Diet Type	
Other Diet Modifiers	
Appetite	
Fluid Restrictions	
Diet Supplements	
Hygiene	
Hygiene	
Oral Care	
Skin Care	
Level of Assistance	
Comfort and Environment Interventions	

Consistent Carbohydrate (105 gm)

Dysphagia (Pureed)

Dysphagia II (Mechanical Soft)

Dysphagia III (Soft)

Esophagectomy, Clear

Esophagectomy, Dysphagia II

Esophagectomy, Full

Finger Food

Comment (F5)

Row Information ⚙

[Perfusion Imaging - Sarcoid Diet](#)