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Calendar of Events

FEBRUARY

- Cardiology EPT - 2/8
- Primary Care EPT - 2/14
- Behavioral Medicine EPT - 2/20

MARCH

- Critical Care EPT - 3/6
- Anesthesia EPT - 3/8
- Medicine EPT - 3/8

APRIL

- Infectious Disease EPT - 4/4
- Radiology EPT - 4/18

A MESSAGE FROM THE SAINT LUKE'S CARE CMO

Incident Reporting: Why it Matters

Virtually every hospital in the United States utilizes an incident reporting system. Although these systems began initially as a risk management tool, effective incident reporting has been recognized as a means of advancing patient safety. Unfortunately this tool is underutilized as it is estimated that less than 10 percent of incidents are reported. The vast majority of incidents are reported by nurses, with physicians accounting for only 1-3 percent of incident reports. However in a landmark study of adverse events in hospitals 94 percent of those events involved physician care.

Thankfully not every incident results in patient harm and unfortunately those incidents that do not result in patient harm may not be reported. But any incident is indicative of a process failure and fixing the failed process cannot occur unless it is first identified.

The field of aviation has encouraged the reporting of mistakes and near misses for decades with the underlying reason being an attempt to prevent an aviation accident. Pilots can report any deviation from safe and legal operation to the NASA Aviation Reporting System. These reports are distributed monthly to pilots so that they may learn from others mistakes. After making the report, a pilot has immunity from prosecution if he or she inadvertently violated a Federal Aviation Regulation.

So the next time you are delivering patient care and realize that something happened that should not have happened or if you see a potential process failure, I would encourage you to report it. It is simple to do. Click on the Clinical Reference tab in Epic and then click on "Risk Management (Marsh ClearSight)". Enter the event that happened and be sure to designate the severity of the event. You can also access Marsh ClearSight from the Marsh ClearSight Risk Management icon in Citrix.

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

IV Fluids Shortage

This message is sent on behalf of Greg Teale, PharmD, BCPS, System Pharmacy Director, and William M. Gilbirds, II, MD, FAAFP, Chief Medical Officer for Saint Luke's Care and Medical Director of Quality for Saint Luke's Health System

Saint Luke's Health System has stayed ahead of the IV fluid shortage issue by implementing several changes across all our hospitals and clinics. The shortage has not resolved and we continue with the initiatives that have been put in place. With the winter months ahead of us, we can expect our hospitals to be very busy. In addition, SLHS will be partnering to start our Community Hospitals. The demand on our supply of IV fluids will only increase as the supply remains critical.

We asked a group of physicians to develop recommendations around patients who would benefit from oral hydration versus starting IV fluids. Listed below are the recommendations developed by the team. To help conserve our IV fluids for the most critical patients, please be judicious in ordering IV fluids for the patients you are caring for.

Characteristics of Patients to consider holding IVFs:

1. If patient meets all of the below, may not require IVFs:
 - a. Not admitted for true sepsis (elevated lactate or hypotension)
 - b. Not severe acute dehydration
 - c. Tolerating oral intake
2. Examples of Common Diagnoses that may not require IVFs:
 - a. Stroke/TIA
 - b. Infection (UTI, PNA, cellulitis, colitis, etc.) without elevated lactate or hypotension
 - c. COPD
 - d. Intractable headache
 - e. Chest pain

Characteristics of Patients to consider oral hydration:

1. Patients admitted for infection with SIRS that do not have elevated lactate or hypotension and are tolerating oral intake
2. Patients with mild acute renal insufficiency and are tolerating oral intake
3. Abdominal pain without intractable vomiting

Characteristics of Patients that may require IVFs:

1. Sepsis with elevated lactate or hypotension. If only SIRS criteria + infection but tolerating oral intake, may tolerate oral hydration
2. Severe dehydration that is not tolerating oral intake. If tolerating oral intake and only mild dehydration, consider scheduled oral hydration replacement
3. Ureteral stone if anticipating need for surgery. If tolerating oral intake & small stone, try aggressive oral hydration
4. Anticipate prolonged NPO – SBO, pancreatitis, intubated/bipap if not for pulmonary edema

For questions on the recommendations, please contact, Jessica Lee, DO at jlee@saint-lukes.org.

Asymptomatic Hypertension Treatment Recommendations Order Set Update

Hospitalist Ryan McNellis, MD (physician champion) with input from the Hypertension Committee developed the Asymptomatic Hypertension Treatment Recommendations Order Set (EPIC 1088) that went live August 9, 2017. The order set has embedded clinical decision support to guide treatment of the chronic condition hypertension, while patients are receiving treatment for acute conditions.

- Usage: 49 times since go-live
- Baseline data was collected prior to the use of IV anti-hypertensives. The goal is to see a reduction of IV anti-hypertensives used within the health system
- CME is available to review the literature used to develop the order set - Click [HERE](#) to access using Coupon Code **SLCare-18**

**1088 - SLC ASYMPTOMATIC HYPERTENSION
ALGORITHM-BASED ORDER SET**
EPT owner: Cardiac
Date reviewed: 2017 Q3
Next review date: 2020 Q2

Month Used						Grand Total
2017						
Q3	Q4					
August	September	October	November	December		
6	5	8	20	10		49

Number of Orders	Go Live											
	2017	2017	2017	2017	2017	2017	2017	2017	2017	2017	2017	2017
NAME	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
HYDRALAZINE 20 MG/ML INJECTION SOLUTION	525	433	566	529	467	483	450	493	486	506	441	268
LABELALOL 5 MG/ML INTRAVENOUS SOLUTION	316	294	235	159	235	257	277	336	267	278	280	151
METOPROLOL IVPB		12	2		3	6	2	4	2	2	2	
ENALAPRILAT 1.25 MG/ML INTRAVENOUS SOLUTION	10	10	15	11	10	14	7	15	5	14	17	7
METOPROLOL TARTRATE 5 MG/5 ML INTRAVENOUS SOLUTION	303	293	278	321	268	214	279	283	251	274	298	197
Grand Total	1154	1042	1096	1020	983	974	1015	1131	1011	1074	1038	623

NEW Documents and Order Sets

Inflectra (Infliximab-dyyb) Inpatient Orders EPIC-1177 – Live 11/29

- Non-formulary medication and if approved by a system P & T committee representative for emergency inpatient use, this order set is the tool to order the medication
- Approved by the Medicine EPT
- For questions, contact Leigh Ann Milburn or Erin King

Pediatric PACU Post Op EPIC-1149 - Live 12/22

- Championed by Joe Dietrick, CRNA at HMC and WMH
- Reviewed and approved by the Anesthesia EPT
- Intended to be used for all pediatric patients instead of Anesthesia PACU Post Op EPIC-91, which will have the Children section removed

Pituitary Evaluation Smart Set EPIC-1073 - Ambulatory

- Developed and approved by a multispecialty group of providers: Neurosurgeon and Neuro EPT Physician Chair, Brian Milligan, MD and Endocrinologists, Brian Allenbrand, MD; Arpeta Gupta, MD; Renato Sandoval, MD; and Dorota Walewicz, MD.
- Comprehensive Smart Set that includes a panel of initial laboratory studies, advanced laboratory testing orders, follow-up laboratory studies, internal/external imaging orders, referral section, and three medication sections: replacement, suppressive and thyroid medications
- For utilization in both the Neurosurgery and Endocrinology clinic settings

SHOUT OUTS

Cindy Bauml

Thanks for completing a comprehensive list of Transforming Clinical Practice Initiative (TCPI) program practices receiving Patient Satisfaction Surveys and the types of surveys received. This material will be valuable to the Saint Luke's Physician Group (SLPG) TCPI practices when addressing this important piece of measuring and monitoring Patient and Family Engagement.

Carl Dirks, MD and Scott Russell, MD

Big thanks to these two Epic gurus on spending extra time with SLC staffers for the Ambulatory Heart Failure project. We are so appreciative of their efforts for crossing the bridge between the EPT world and Epic implementation. Their commitment to SLC and this project will have a huge impact on our final outcome. THANK YOU!

Bethany Austin, MD and Evelyn Dean

KUDOS to these wonderful individuals who are a joy to work with and are true experts in the realm of heart failure. We have so much respect for the work they do throughout the health system. Most recently, they are volunteering as content experts for a major collaborative between Cardiology and Primary Care. We appreciate your leadership and engagement!

National Shortage of IV Opioids

This message is sent on behalf of Greg Teale, PharmD, BCPS, System Pharmacy Director, and William M. Gilbirds, II, MD, FAAFP, Chief Medical Officer for Saint Luke's Care and Medical Director of Quality for Saint Luke's Health System

Situation: National Shortage of IV Opioids (morphine; hydromorphone; fentanyl)

Background: A variety of manufacturing issues has impacted the supply of IV opioids nationally. As key manufacturers have shut down production, this puts a strain on the remaining manufacturers to meet the increased demand. The remaining manufacturers have developed their own supply issues and either have product on allocation or on backorder. We have received information directly from manufacturers and the American Society of Health System Pharmacists regarding this drug shortage. [View information from ASHP here.](#)

Assessment: SLHS is currently facing a severe shortage of morphine and hydromorphone. We have been able to receive allocations for fentanyl over the past several weeks. Pharmacy continues to move product between sites to help maintain an inventory. Below is information received over the past week.

Morphine (supply is critically low and we are down to a week's supply at several hospitals)

- We do expect a small release of morphine sulfate this week
- We have placed emergent backorders directly with the manufacturers when product is available to be released
- ASHP says more product will be released in late February into the Second Quarter of 2018

Hydromorphone (supply remains critical)

- We have preserved our product through our conservation efforts
- ASHP says product is expected to be released First Quarter of 2018

Fentanyl

- Current inventory is sufficient. We continue to receive weekly allocations from manufacturers

Recommendation:

- Continue to evaluate patients and prescribe oral pain medications when patients can tolerate oral route
- At this time, would recommend the use of fentanyl over morphine or hydromorphone when appropriate

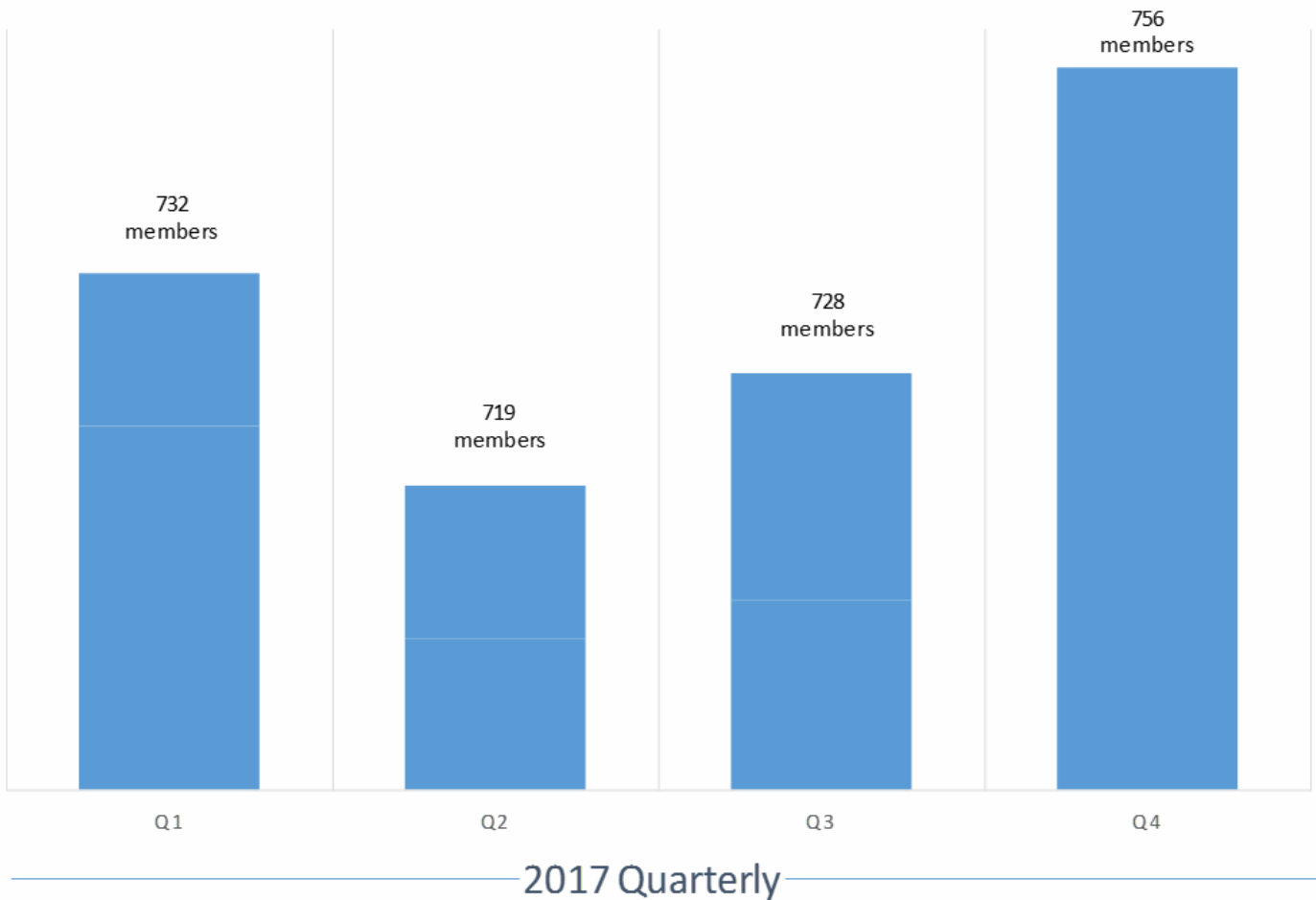
Suggested initial IV doses in opioid naïve adults over 50 kg for acute pain management are:

- ⇒ Fentanyl 25-50 mcg IV q 1 hr (may be ordered more frequently for initial pain control in closely monitored settings such as PACU and ICU)
- ⇒ HYDROmorphone 0.2-0.4 mg IV q 3 hr
- ⇒ Morphine 2-4 mg IV q 3 hr

Saint Luke's Care Physician Membership is on the Rise

Saint Luke's Care membership continues to grow, even after finishing 2017 at an all-time high. With 766 physicians currently enrolled, SLC is moving closer to its goal of having all SLHS physicians become active SLC members.

SLC MEMBERSHIP GROWTH



EPT Updates

Saint Luke's Care (SLC) 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 these activities.

For more information on EPT activities and SLC multidisciplinary projects, click [HERE](#) to view the most recent bi-monthly Update.

Questions? Please contact SLC staff at saintlukescare@saintlukes.org.