



A MESSAGE FROM THE SAINT LUKE'S CARE CMO

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Calendar of Events

JUNE

Emergency Medicine EPT - 6/20

JULY

Primary Care EPT - 7/11

AUGUST

Infectious Disease EPT - 8/8

Critical Care EPT - 8/14

Anesthesia EPT - 8/16

PSI 12 - Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate Opportunity

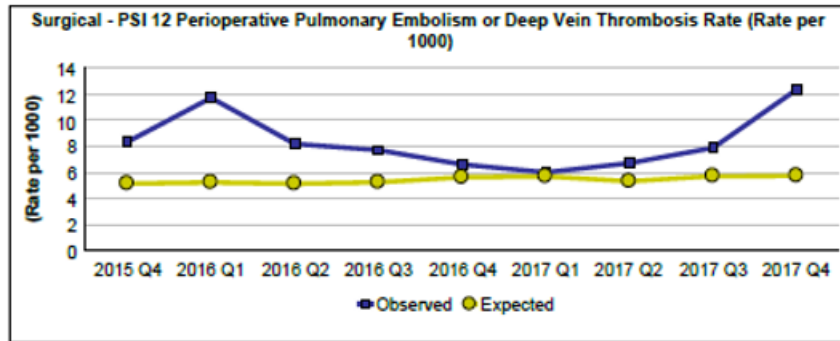
Patient Safety Indicators (PSI) were developed by the Agency for Healthcare Research & Quality (AHRQ). At each entity in the Saint Luke's Health System, we monitor 16 different PSI's. Currently the PSI that we have the most "fallouts" is PSI 12 which represents perioperative thromboembolisms, either deep vein thrombosis or pulmonary emboli. These "fallouts" are particularly troublesome at Saint Luke's Hospital.

In an effort to reduce the frequency of these complications, a multi-disciplinary team consisting of physicians, nurses, pharmacists and quality documentation specialists has been meeting at Saint Luke's Hospital. One process that this quality improvement team believed could reduce these perioperative complications was to perform a thromboembolic risk assessment preoperatively on patients and then encourage surgeons to utilize a more aggressive approach to thromboembolism prophylaxis in patients with a higher risk of experiencing a thromboembolic event.

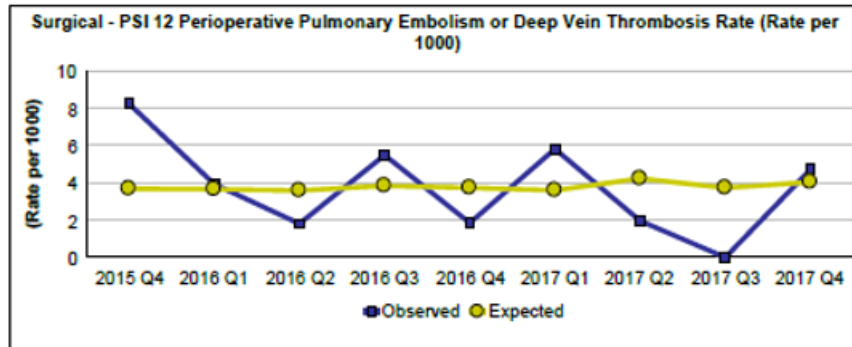
After review of the literature, the Caprini VTE Risk Assessment tool was chosen as the best way to risk stratify these preoperative patients. The Caprini VTE Risk Assessment tool is currently available in the Clinical Reference tab in Epic for easy reference. We eventually will build this tool in Epic perhaps as a clinical decision support tool to allow our surgical teams to choose the best DVT/PE prophylaxis for any surgical patient. I encourage all surgical team members (either operating surgeons or physicians doing pre-operative assessments) to check it out and use the tool to better protect your patients.

PSI 12 - Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate Opportunity

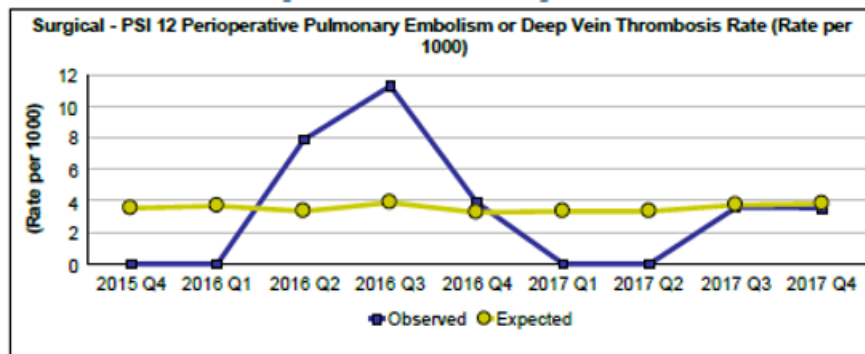
Saint Luke's Hospital



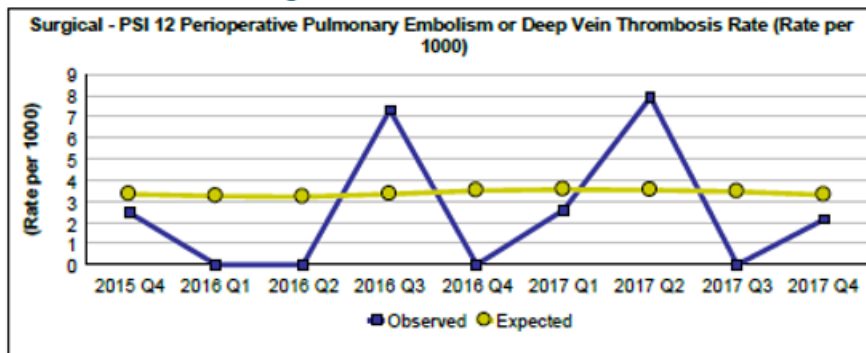
Saint Luke's East Hospital



Saint Luke's North Hospital - Barry Rd



Saint Luke's South Hospital



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

NEW Order Sets & Documents

Northland ASC Surgery Pre-op Orders EPIC-1261 - Live 5/2/18

- Developed for the new Ambulatory Surgery Center (ASC) Shoal Creek opening May 2018
- Restricted to Shoal Creek location
- Only includes orders that are offered at this entity
- Approved by the Surgery EPT

SLC Crittenton Insulin Pump Orders EPIC-1162 - Live 4/18/18

- Developed by Janet Dempski
- Order set applies to Crittenton only
- Approved by the Behavioral Medicine EPT

Dementia Work Up Ambulatory Smart Set and BPA EPIC-1229 - Live 4/17/18

- Developed by Stanley Fisher, MD
- There is a BPA “attached” to it via the diagnosis grouper within the smart set. The BPA is for discrete documentation of the dementia assessment in the Wellness Flowsheets
- Approved by the Neuro EPT

Treatment of Hyponatremia Order Set EPIC-1170 - Live 4/4/18

- Combined previous order sets Treatment of Asymptomatic Hyponatremia, EPIC-740 and Treatment of Symptomatic Hyponatremia, EPIC-741 into one with in-line clinical decision support
- Developed and approved by the Medicine EPT, championed by:
 - Ryan McNellis, MD, Hospital Medicine
 - Richard Capling, DO, Nephrology
 - Andrew Schlachter, MD, Critical Care/Pulmonology
 - Blake Miller, Pharmacy
 - Rachel Corl, RN, Medicine Practice Council Chair, Med EPT Representative
 - Debbie Wilson, SLH CNO and Critical Care Practice Council Executive Sponsor
 - Bonnie Johnson, Senior Council and System Director of Risk

Spine Pre-Op Order Set EPIC-1226 - Live 3/21/18

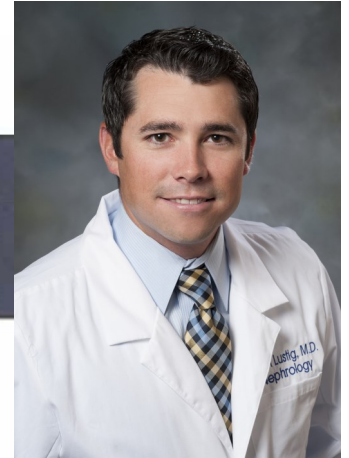
- Developed by Cheerag Upadhyaya, MD, Brady Johnson PA-C and the Spine Surgery Program Improvement Collaborative Committee
- The order set was developed to support and enhance the Spine program and to incorporate evidence-based practices specific to this patient population
- Approved by the Neurosciences EPT

Subcutaneous Treprostinil (Remodulin®) Infusion SYS-1433, EPIC-914 - Live 3/7/18

- Championed by Mark Yagan, MD and Kedra Blunck
- Existed previously on paper prior to EPIC go live (SYS-1433)
- Only used at plaza campus only
- Approved by Critical Care EPT

Saint Luke's Care Celebrates the 800th Member

We are pleased and very proud to announce that Saint Luke's Care has reached an all-time high of 834 physician members! Congratulations to Ryan Lustig, MD for being the 800th member and to ALL of our members for your continued support!



Ryan M Lustig, MD

Saint Luke's Care

In recognition of your enrollment as the 800th physician member



Saint Luke's Health System

May 2018

William M. Sullivan, MD
Signature

13 May 2018
Date

Terrill L. Bauer
Signature

15 May 2018
Date

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@saint-lukes.org

Enhanced Recovery after Surgery Program and Initial Data

On July 1, 2017, an **Enhanced Recovery after Surgery (ERAS) program** officially launched for Colorectal Surgical procedures at the Metro facilities. General Surgeon, Megan McNally, MD and Anesthesiologist, James Stuart, DO led the project with the support of Saint Luke's Care and the Evidence-Based Practice Teams.

The ERAS Committee is comprised of surgeons, anesthesiologists, surgical department managers, rehabilitation and nutrition services, surgical department nurses, physical and occupational therapists, registered dietitians, outpatient clinic staff, and Saint Luke's Care team members.

The pathway starts in the clinic and extends through the patient's hospital stay into the post-discharge care in the clinic.

The committee developed supporting program documentation:

- *A Clinic Checklist/Assessment Tool*: Prehabilitation, Pre-assessment Testing, Nutrition Screening, Glycemic Control for the Diabetic population, Smoking/Alcohol Cessation and Medication Management
- *A Comprehensive Patient Education Packet*
- *Epic Documentation*: Diet and Bowel Prep Recommendations, Enhanced Recovery Order Sets, Anesthesia Epic Care Guideline

The multidisciplinary committee is set to reconvene this summer to review current state and discuss further optimization efforts.

ERAS Program Objectives:

Preoperative Phase of Care: Optimization, Consider prehabilitation, Selective bowel prep, Reduce preoperative fasting, Carbohydrate-rich drinks, No long acting sedatives

Intraoperative Phase of Care: Laparoscopic surgery, Nerve blocks or epidural, PONV prophylaxis, Avoid tubes/drains/lines, Multimodal analgesia, Anesthesia guideline

Anesthesia Intraoperative Phase of Care: Maintain Normothermia, Normotension, Normocarbia, Euglycemia, and Euvolemia while avoiding fluid/salt overload, blood transfusions, nitrous oxide, opioids, and excessive benzodiazepine use

Postoperative Phase of Care: Immediate diet, Ileus prophylaxis, Saline Lock IV, Immediate mobilization, No Foley or out post-op day #1, Multimodal analgesia, Daily care maps, Discharge criteria

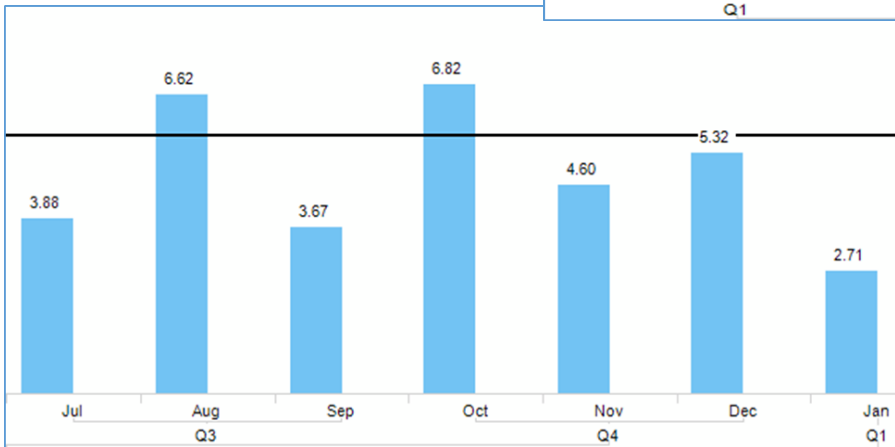
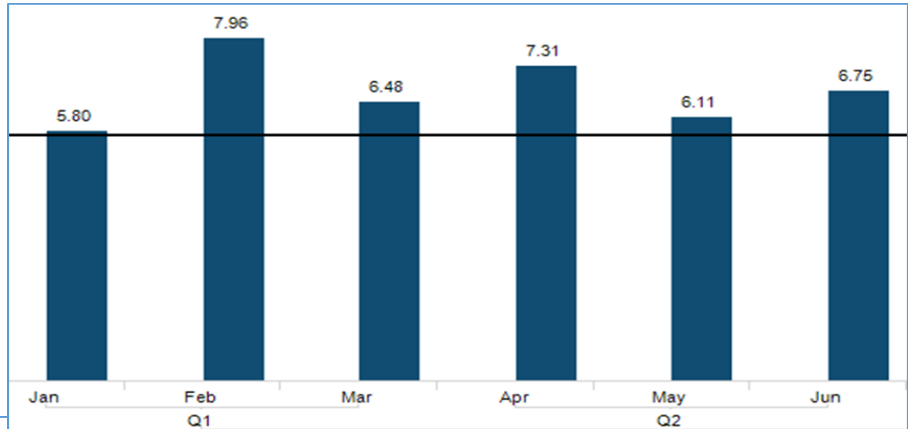
ERAS Program Metrics:

- Length of Stay
- Cost/Charges
- Postoperative Narcotic Use
- Postoperative Ileus
- Surgical Site Infection
- Readmission
- VTE
- Urinary Retention

See page 6 for general surgery initial program data

Initial Program Data for General Surgery

Average Length of Stay
 January 1, 2017-June 30, 2017
 Prior to program implementation (based on charge data)



Average Length of Stay
 July 1, 2017- January 31, 2018
 After program implementation (based on order set usage)

Narcotic Use and the new Multimodal Pain Management Orders

General Summary:

Decreased use of injectable opioids

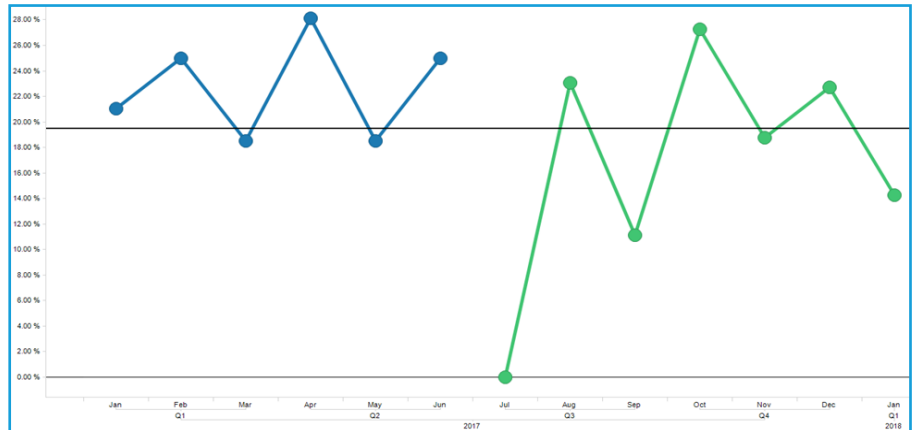
Average injectable opioid count:

- Prior to program implementation: 13.01
- Post program implementation: 9.84

Decreased use of oral opioids

Average oral opioid count:

- Prior to program implementation: 14.47
- Post program implementation: 12.27



90-Day Readmission Rate

“The enhanced recovery after surgery program development has been a multidisciplinary approach to reducing postoperative pain, hospital length of stay and standardizing the care of the colorectal surgical patient. We aim to extrapolate this program and our experience to other surgical specialties in 2018.”

– Megan McNally, MD, Shared after the program launch

Decreased use of oral combination opioids

Average oral combination opioid count:

- Prior to program implementation: 12.59
- Post program implementation: 6.09