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Calendar of Events

JANUARY

Behavioral Medicine EPT - 1/31

FEBRUARY

Infectious Disease EPT - 2/6

Neurosciences EPT - 2/21

MARCH

Critical Care EPT - 3/5

Council of Chairs - 3/6

Anesthesia EPT - 3/7

A MESSAGE FROM THE SAINT LUKE'S CARE CMO

Improve Patient Outcomes with Teamwork & Communication

This month is traditionally the time that many people make “New Year’s Resolutions” in the hopes of improving bad behaviors or bettering themselves in some way. The success rate in adherence to those resolutions is unfortunately not particularly good. Many of us have heard or read that habits can be formed in 21 days. This is based on misinterpretation of the works of Dr. Maxwell Maltz, a plastic surgeon who practiced in the 1950’s. The reality (aka evidenced-based answer) is that it takes significantly longer to establish a habit. A follow-up study in the European Journal of Social Psychology showed that it took an average of 66 days to establish a new habit with extreme individual variation regarding the actual length of time it takes.

Interestingly rather than choosing a New Year’s Resolution, Melinda Gates (Co-Chair, operator of Bill & Melinda Gates Foundation) chooses a single word to live by in the New Year. In 2018, that word was grace. She believes that applying one word on a daily basis brings her guidance and is more effective than a number of resolutions that she may or may not keep.

So how does each of the above apply to us as members of Saint Luke’s Care? I would like to relate the following: I was attending the Saint Luke’s Health System Clinical Quality Leadership committee in November of 2018. There was an excellent presentation from a Saint Luke’s East Hospital radiology technician.

Improve Patient Outcomes with Teamwork & Communication

The technician expressed how teamwork from every individual of the clinical team could improve the outcome for a patient. As an example, the technician noted that the clinical comments section of a given radiology order was rarely ever completed by the ordering provider. Communication between team members (the ordering provider and radiology) in this way could facilitate reporting of a more focused clinical imaging result and better meet the needs of the provider and the patient.

So for 2019 as Saint Luke's Care members I would suggest our word of the year be TEAM. With regards to improving our behavior as members of the healthcare team, I would suggest striving to always fill out the clinical comments section of the imaging studies that we order. It will help the supporting members of our team and ultimately improve the care delivered to our patients.

Happy New Year! 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 (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

NEW Order Sets & Documents

Total Joint Hip Replacement Post-Op Orders EPIC-1423

Total Joint Knee Replacement Post-Op Orders EPIC-1424

Total Joint Shoulder Replacement Post-Op Orders EPIC-1425

- Live 1/9/19
- Replaced previous Total Joint order sets EPIC-604, 916, 917, 918, 920 that will retire 2/20/19
- Developed by Chris Maeda, MD; Robert Gardiner, MD; Danny Gurba, MD; Scott Wingerter, MD; Andrew Palmisano, MD; Daniel Weed, MD; Linda Orr; Stacy Byrne; Brittany McDowell; Candy Strauss; & Joan LeMon
- Approved by the Surgery EPT

NEW Order Sets & Documents

Bladder Scanning Algorithm SYS-REF-204 - Live 1/9/19

- Led by nursing Britany Eichenauer, Brianna Dunn, & Jennifer Davis
- Developed using nursing evidence-based practice and the American Nurses Association guidelines to reduce CAUTIs
- Approved by the Infectious Disease, Surgery and Medicine EPTs & Coordinating Council
- Extensive effort to socialize this change throughout the health system - see below for further details
- Click link to view: [Bladder Scanning Algorithm \(SYS-REF-204\)](#)

Patient Exclusions to the Bladder Scan Algorithm

- ⇒ NICU
- ⇒ Labor & Delivery
- ⇒ Any patient with recent urological procedure/placement
- ⇒ Pelvic Surgery (GYN/Rectal surgery)
- ⇒ Recent surgery involving bladder or urinary tract
- ⇒ Bladder injury
- ⇒ Inpatient Rehab

Locations of Bladder Scan Algorithm

- ⇒ Individual orderable – indications are for more than just post-cath status
 - * Added in admission order sets in Nursing Interventions Section
 - * Pre-selected or de-selected depending on individual EPT and provider feedback or exclusionary criteria
 - * Most order sets that had bladder management orders (bladder scan or straight cath orderables) will be impacted by this change.
- ⇒ Embedded in the Foley Catheter Insertion and Management Orders
 - * Added to the Foley Cath Insertion and Management Order Set (EPIC-652)
 - * Added to the Foley Cath Order Panel – any order set that had a Foley Cath Order panel will be impacted by this change
 - * Pre-selected or de-selected depending on individual EPT and provider feedback or exclusionary criteria
- ⇒ If provider has a preferred URV, they can save the order set with a pre-selected URV as a favorite

The screenshot displays the Epic EHR interface for the 'Bladder Scanning Algorithm' order set. The top navigation bar shows 'Bladder Scanning Algorithm', 'Bladder Mgmt', and 'SLHS IP GENERAL NURSING... NUR990'. The main content area is divided into two panels.

Bladder Scanning Algorithm Configuration:

- Priority: Routine
- Frequency: Until discontinued
- For: Hours, Days, Weeks
- Starting: 1/8/2019, Today, Tomorrow, At: 0550
- Starting: Today 0550, Until Specified
- Scheduled Times: 01/08/19 0550
- Bladder Scan Volume Greater Than or Equal to: 300 mL, 500 mL, Other (See Comment)
- Comments: If patient develops any of the following:
 - Bladder distended on palpation
 - Patient discomfort
 - No void 6 hours after catheter removal
 - Void amount less than 180 mL in past 6 hours
 - No void 6 hours post-op
 - Assist patient to void
 - If patient unable to void - perform Bladder Scan
 - If urine residual is greater than the Bladder Scan Volume, perform a Straight Catheterization
 - After 3rd straight catheterization, NOTIFY Provider

Foley Catheter Insertion and Management Orders Panel:

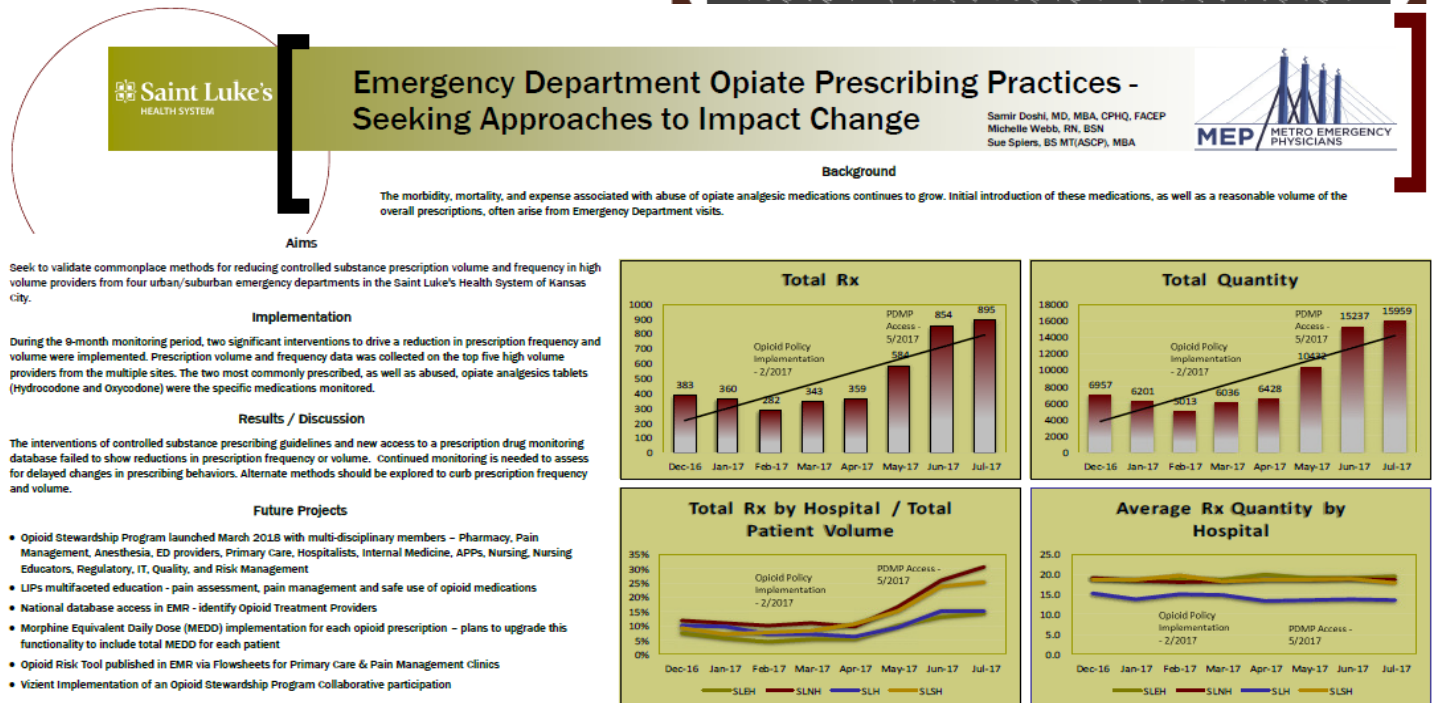
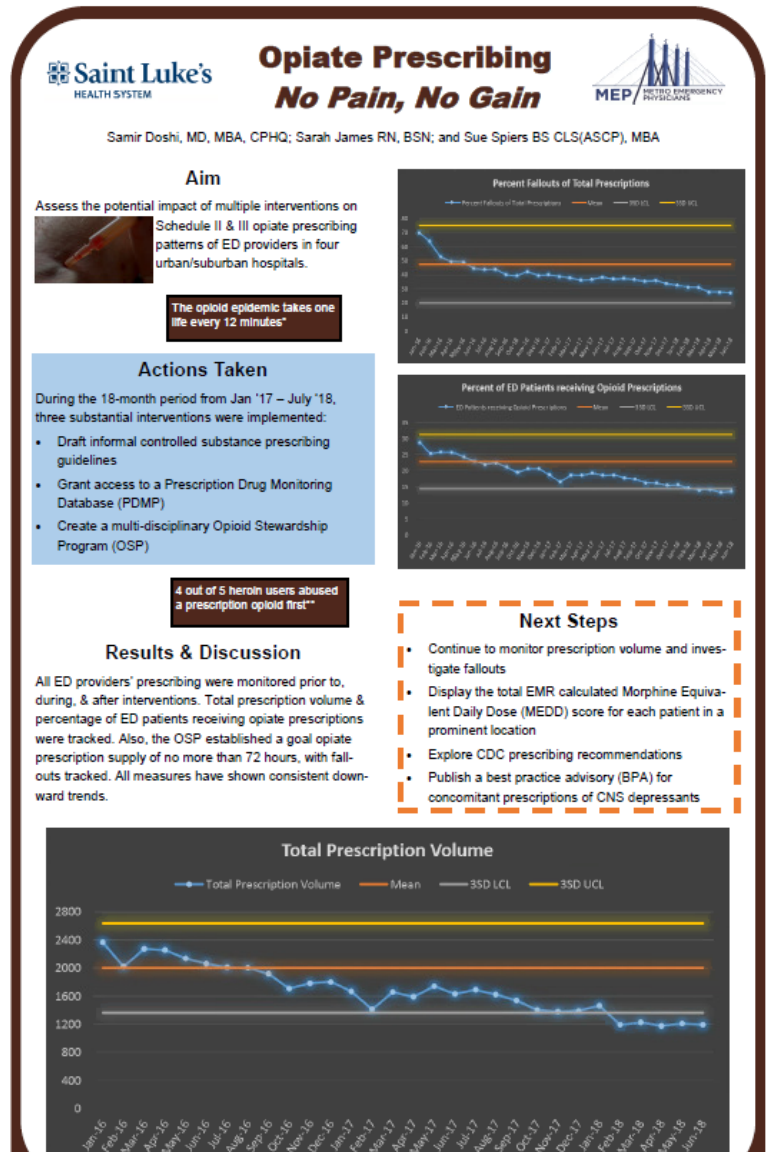
- Excludes Mother/Baby
- General
- Nursing Interventions
 - Initiate Foley Catheter Management
 - Foley catheter - insert
 - Routine, Once First occurrence Today at 0619
 - For penile insertion, if patient has enlarged prostate or anxiety due to catheter insertion: dependent drainage
 - Evaluate daily and remove catheter when no longer meets the indication -
 - Routine, Once First occurrence Today at 0619
 - If foley catheter no longer meets the indication, remove and document in medical
 - Bladder Scanning Algorithm
 - Routine, Until discontinued starting Today at 0619 Until Specified
 - If patient develops any of the following: - Bladder distended on palpation - Patient Assist patient to void

Opioid Stewardship National Poster Presentations

Saint Luke's Health System recently presented projects at the national level regarding the Opioid Stewardship Program (OSP) efforts. Samir Doshi, MD, MBA, CPHQ, reviewed Emergency Department-specific opioid data in an attempt to understand provider prescribing behaviors and the effect of targeted interventions. Sue Spiers, BS CLS(ASCP), MBA assisted in aggregation of data and poster creation; while Sarah James, BSN, RN, assisted with the review of aggregated data and the addition of OSP activities. Both Sue and Sarah are members of the Saint Luke's Care team.

The team was invited to present the poster presentations at the National Association for Healthcare Quality (NAHQ) and Institute for Healthcare Improvement (IHI) conferences in 2018.

The Opioid Stewardship Program was formed in response to the growing concerns with increased mortality, influence on societal norms, and the financial burden of opioid addiction. Keep up-to-date with ongoing SLHS Opioid Stewardship Program efforts via Departments/Opioid Stewardship Program via ePulse at [SLHS Opioid Stewardship Program](#).



TCPI: SLPG Exemplary Practice Stories

Last year the Transforming Clinical Practice Initiative (TCPI) focused on highlighting participating practices through the submission of ‘exemplary practice stories’ on a quarterly basis. The TCPI program defines an exemplary practice as, “one that is worthy of imitation” and that “actively redefines its culture from reactive to proactive, keeps the patient at the center of all change, and promotes joy in the workplace for both staff and clinicians.” These exemplary practice stories showcase practices that embody the defined attributes above, but that have also demonstrated improvement in the overarching TCPI program aims, including health outcomes, unnecessary hospitalizations, cost savings, and unnecessary testing or procedures.

In December 2018, fourth quarter exemplary practice stories were submitted for Saint Luke’s Cardiovascular Consultants (SLCC) and Saint Luke’s Cancer Specialists. The details from the exemplary practice stories are highlighted below.

Saint Luke’s Cardiovascular Consultants (SLCC)

Locations: Plaza, South, North, and East

- **TCPI Aim – Unnecessary Hospitalizations**
 - ⇒ Implemented “Code Heart Failure” project to standardize and streamline the care of heart failure patients in the Emergency Room
 - ⇒ Utilization of CMS Heart Failure readmit risk score and associated Epic BPA regarding best practice recommendations (Plaza only)
 - ⇒ Created heart failure support groups and community awareness events (Plaza only)
 - ⇒ Implemented real-time review of readmissions by care coordinators and Heart Failure Program Manager to determine contributing factors (Plaza only)
- **TCPI Aim – Unnecessary Testing & Procedures**
 - ⇒ Implemented BPA in Epic to limit lower-value Inpatient Echocardiograms which resulted in the cancellation of short-term repeat TTE orders
 - ⇒ Published article in the American Journal of Cardiology
- **TCPI Aim – Health Outcomes (Hypertension)**
 - ⇒ Developed Medical Assistant (MA) training for taking blood pressure (with demonstrations of appropriate technique)
 - ⇒ Purchased automatic blood pressure machines for use in the ambulatory clinics
 - ⇒ Initiated multidisciplinary hypertension project across SLPG divisions
- **TCPI Aim – Health Outcomes (Access)**
 - ⇒ Blocked 20 percent of appointment slots for new patients
 - ⇒ Track and review third next available appointment on a monthly basis

SLHS ECHO BPA DATA - ORDERS REMOVED BY MONTH			
Month - Year	Remove EAP single order	Grand Total (Orders)	Removal Rate
January 2018	59	186	31.7%
February 2018	63	172	36.6%
March 2018	63	211	29.9%
April 2018	51	190	26.8%
May 2018	60	217	27.6%
June 2018	44	166	26.5%
July 2018	66	219	30.1%
August 2018	64	186	34.4%
September 2018	54	175	30.9%
October 2018	56	195	28.7%
November 2018	53	183	29.0%

TCPI: SLPG Exemplary Practice Stories

Saint Luke's Cancer Specialists

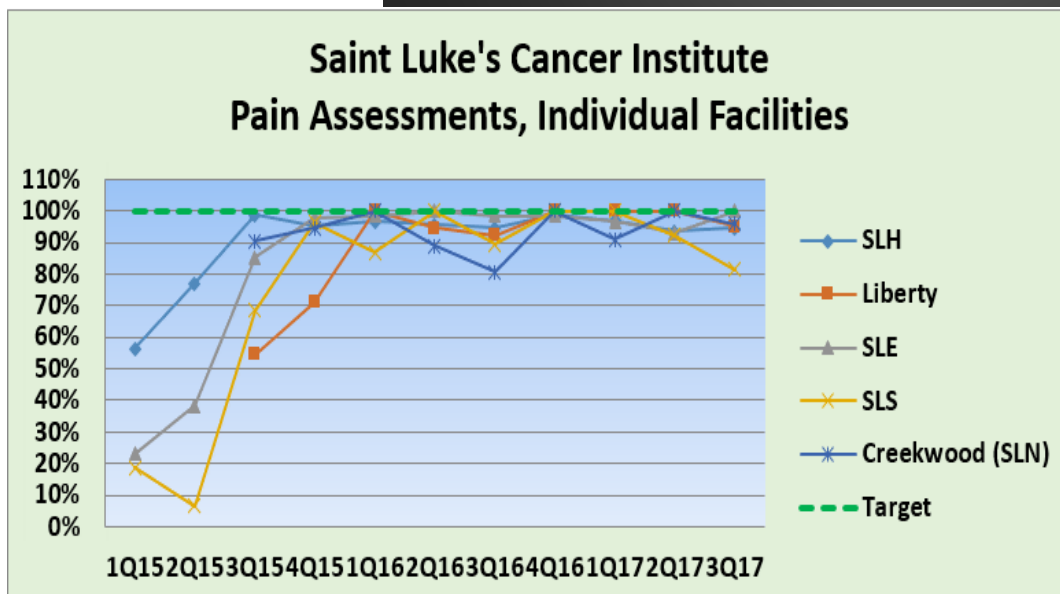
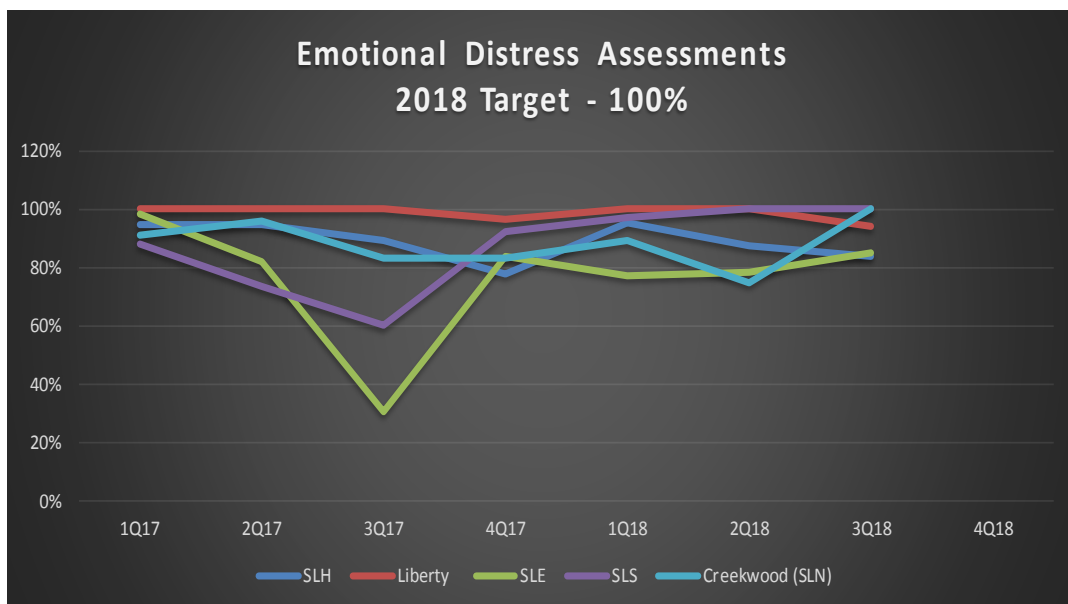
Locations: Saint Luke's Cancer Specialists – Plaza, Liberty, East, South, and North; Saint Luke's Cancer Specialists Gynecology Oncology – Plaza, Saint Luke's Breast Center – Plaza; Saint Luke's Koontz Center for Advanced Breast Cancer

- **TCPI Aim – Health Outcomes (Emotional Distress Assessments & SOARS Referrals)**

- ⇒ Conducted a Quality Data Study to identify the rate that Emotional Distress Assessments were completed
- ⇒ Discussed Emotional Well-Being Assessments with Oncologist to determine strategies
- ⇒ Implemented performance improvement metrics: Assessment Rates, Referral Types (Total Social Work, Total Psychology, New Patient Psychology, Total Genetic, Total Nutrition)
- ⇒ Conducted staff education and training
- ⇒ Altered workflow to increase assessments to every clinic visit, built assessment within Epic and modified EPIC to assist with referral processes to supportive services (SOARS)

- **TCPI Aim – Health Outcomes (Pain Assessment & Management)**

- ⇒ Conducted a Quality Data Study to identify the rate that Pain Assessments were completed
- ⇒ Discussed Pain Assessments with Oncologist to determine strategies
- ⇒ Implemented performance improvement metrics: Assessment Rates
- ⇒ Conducted staff education and training
- ⇒ Altered processes, built assessment within Epic and modified EPIC to place assessments within clinic workflow for increased performance
- ⇒ Continued work in Phase 2 to enhance Pain Management for patients scoring ≥ 4



SHOUT OUTS

Maggie Pope, MSN, RN, CPAN & Carolyn Monaco, RN

Thank you for your work with the Anesthesia EPT and respiratory therapy to optimize the Obstructive Sleep Apnea (OSA) order set and Best Practice Advisory (BPA). This initiative will provide more monitoring for patients who are at risk for post-operative complications. Way to go!

Jacob Miller, MD

SLC appreciates your help leading an initiative with the Anesthesia EPT to standardize treatment for surgery patients with hyperglycemia. He will work with a multi-disciplinary group to create proposed workflow and treatment recommendations for this population. Thank you Dr. Miller for your willingness to lead this important project!

Jennifer Elliott, MD & Katherine Jessop, MD

Thank you for reviewing the IV Ketamine infusion order sets and process for patients who receive this to manage acute/chronic pain. This will help make sure patients who receive this medication will be monitored and dosed appropriately. Thank you for ensuring our patients are safe and their pain is managed appropriately.

Majdi Hamarshi, MD; Becky VanScoy, APRN; Maddie Bahlinger, OT; Jamie Buttram, RN; Britany Eichenauer, RN; Lorra Embers, PT, MHSA, FACHE; Sheila Luetkemeyer, OT; Kristin Meyer, RN; Lyndea Rose, RN; Amanda Smith, PT; Diana Stanley, RN; & Elena Stoyanova, RN

SLC recognizes your efforts coming together to create a standardized process for PT/OT consults in the ICU setting. The goal will be to get progressive mobility integrated into the ICU care and ensure the right patients get the consults when needed. What a valuable project! Thanks to all in this group for working on this important initiative!

Jessica Langdon - Marketing Director

A special thank you for the development, build, and oversight of the Opioid Stewardship Program Department page in ePulse - [SLHS Opioid Stewardship Program](#).

Celeste Burks - Marketing

SLC would like to thank you for your continued support and organization of the SLC Annual Report process with SLC staff members, designers, marketing oversight and printing services. Each year we continue to be impressed with the improved ease of submissions and the very professional final product!

Carrie Lavin, RN, BSN, OCN & Mark Monn - Saint Luke's Cancer Specialists

A humble thank you for your timely responses and expertise during the holiday season to meet the request for Exemplary Practices submissions under the Transforming Clinical Practice Initiative (TCPI) program. Your constant commitment to quality and cutting edge patient care is evident in the story you provided!

Melissa Matthews, RN, BSN

Thank you for all your assistance in the completion of the TCPI Exemplary Practice story for Saint Luke's Cardiovascular Consultants. The internal TCPI team truly appreciates your continued support and engagement throughout the duration of the program. We cannot thank you enough!

Evelyn Dean, RN, ACNS-BC, CHFN

Thank you so much for pulling and compiling multiple heart failure readmissions data sets to accompany the submission of the TCPI Exemplary Practice story for Saint Luke's Cardiovascular Consultants. The data you provided was a key component of meeting the required submission for the TCPI program.