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## Calendar of Events

### APRIL

- SLHS Opioid Stewardship Program - 4/10
- Primary Care EPT - 4/16
- Emergency Medicine EPT - 4/17
- Cardiology EPT - 4/24

### MAY

- Medicine EPT - 5/1
- SLHS Opioid Stewardship Program - 5/8
- Infectious Disease EPT - 5/22

### A MESSAGE FROM THE SAINT LUKE'S CARE CMO

## PreP

As kids, we all remember the television commercials for products that would start out “9 out of 10 doctors agree...”. Well sometimes even though doctors agree with the clinical evidence, it doesn’t always translate to putting it into practice.

Recently Saint Luke’s Care was asked to analyze how many physicians had prescribed “PreP” (Truvada, tenofovir/emtricitabine) for prevention of HIV infection in at risk individuals. The results were not encouraging. In the past six months in our health system, PreP was prescribed only 75 times by all providers. Clearly we have seen more than 75 high risk patients in our offices or hospitals in the past six months.

PreP works. In high risk patients that took PreP daily, their risk of becoming HIV infected decreased by 92%. Not many things in clinical medicine are that effective.

I think this situation requires a two pronged approach. The first issue to be addressed is asking about and documenting sexual orientation and gender identity (SOGI) in all of our patients. Documentation of SOGI information is easily done in Epic, but unfortunately it is frequently left blank. Shame on us.

The second issue is for our physicians to become comfortable prescribing and managing patients on PreP. The SLC Infectious Disease EPT recently developed a smart set (next page) for PreP that streamlines the ordering process and includes follow up monitoring. There are also several free online CME courses available.

# PreP

Listed below are several online references about prescribing and managing PreP for high risk patients. I would encourage all of us to “get up to speed” on this preventative therapy and utilize the smart set for prescribing. There are many patients in our practices that need it.

Pre exposure Prophylaxis (PrEP) for HIV Order Set Personalize

This order set is only for Pre-exposure and should **not** but used in cases of Post exposure.

▼ General

▼ Diagnosis

High risk sexual behavior [Z72.51] Select Specific Diagnosis

▼ Initiation of PrEP

▼ Initiation of PrEP

Initiation of PrEP

Medication

▼ Follow up monitoring of patient on PrEP

▼ Follow up monitoring of patient on PrEP

Follup up Monitoring of Patient on PrEP-Every 3 months

▼ Additional Orders

Search

Online references for PreP:

[https://www.cdc.gov/hiv/pdf/PrEP\\_fact\\_sheet\\_final.pdf](https://www.cdc.gov/hiv/pdf/PrEP_fact_sheet_final.pdf)

[https://www.cdc.gov/hiv/pdf/prep\\_gl\\_clinician\\_factsheet\\_pregnancy\\_english.pdf](https://www.cdc.gov/hiv/pdf/prep_gl_clinician_factsheet_pregnancy_english.pdf)

[https://www.sgim.org/File%20Library/SGIM/Resource%20Library/Forum/2017/SGIMMay2017\\_05.pdf](https://www.sgim.org/File%20Library/SGIM/Resource%20Library/Forum/2017/SGIMMay2017_05.pdf)

<https://www.aafp.org/news/opinion/20170301questedprep.html>

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](mailto:saintlukescare@saint-lukes.org)

# NEW Order Sets & Documents

## **Electrolyte Replacement Medical Protocols (Standard, SYS-PRT-561 and Aggressive, SYS-PRT-562) - Live 2/6/19**

- Championed by Ryan McNellis, MD
- Approved by the Medicine EPT, Surgery EPT, Cardiac EPT, SLC Nephrologists, System Pharmacy & Therapeutics Committee, Entity Medical Executive Committees and Chief Nursing Officers

### ***Content highlights:***

- ⇒ Potassium and Magnesium lab ranges were shifted on the standard protocol to decrease medically unnecessary electrolyte replacement
- ⇒ Telemetry and Non-telemetry options were replaced with either Standard or Aggressive order panels
- ⇒ Order panels exist as a stand-alone order set, EPIC - 116 and within the applicable order sets so providers can choose to initiate
- ⇒ Changes include the new Effervescent Potassium (Effer-K), which replaced the liquid potassium on formulary
- ⇒ Eliminated the old nursing instruction order and replaced with the Standard and Aggressive order panels. Nursing was fully educated on these changes

## **Cardiac Transplant Anti-Thymocyte Globulin - Rabbit (Thymoglobulin) Order Set EPIC - 1325 - Live 3/6/19**

- Championed by Andrew Kao, MD and Kedra Blunck, Pharm.D., BCPS-AQ
- Approved by the Cardiac EPT

## **Outpatient Treatment of Clostridium Difficile Smart Set EPIC - 1437 - Live 3/6/19**

- Championed by Carl Dirks, MD, Sarah Boyd, MD and Nick Bennett, Pharm.D., BCPS
- Approved by the Primary Care EPT and Infectious Disease EPT

## **Central Venous Catheter (CVC) Standing Order – Outpatient Only EPIC - 1470 (Therapy Plan) - Live 3/6/19**

- Championed by Kenneth Cho, MD, Catherine Hamilton, RN, MSN, NEA-BC and Christina Crapisi, RN, BSN VA-BC
- Replaced the CVC-Outpatient EPIC Order Set EPIC - 971
- Approved by the Radiology EPT

## **Oral P2Y12 Switching Recommendations (SYS-REF-209) - Live 2/25/19**

- Championed by Chip Hayes Pharm.D., BCPS-AQ Cardiology
- Approved by the Cardiac EPT

# Suicidal Ideation Toolset for SLPG

Suicide continues to claim far too many lives and haunt our society. In 2018, Saint Luke's Care (SLC) partnered with IT and Saint Luke's Physician Group (SLPG) to complete an outpatient toolset for patients who express suicidal ideation in the clinic setting.

Behavioral Medicine and Primary Care Evidence-based Practice Teams reviewed, revised, and approved an algorithm for patients who call or show up to an SLPG clinic with suicidal ideation. Providers can now use the validated Columbia Suicide Severity Rating Scale (C-SSRS) to assess patients and can follow specific instruction depending on level of risk and willingness to participate in follow-up care. The algorithm served as the base for the development of an SLPG policy for patients who express suicidal or homicidal ideation on the phone, through electronic communication, or on site. The EPTs reviewed the written policy and offered recommendations on appropriate processes for established vs. non-established patients. Integrated Epic tools include the C-SSRS Wellness Flowsheet (see below) and the Relapse Prevention and Safety Plan Note. These point of care tools can be currently utilized in Epic and the policy will go live shortly.

According to the American Psychological Association in 2019:

30%: The increase in the death rate by suicide in the US between 2000-2016

50%: The increase in suicides among females between 2000-2016

21%: The increase in suicides

10th: Suicide was the 10th leading cause of death in the US in 2016

## C-SSRS Wellness Flowsheet

▼ Ask Questions 1 and 2:

1. Have you wished you were dead or wished you could go to sleep and not wake up?  
 1=Yes  0=No  
Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.

2. Have you actually had any thoughts of killing yourself?  
 1=Yes  0=No  
General non-specific thoughts of wanting to end one's life/commit suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan.

▼ If Yes to 2, ask questions 3, 4, 5, and 6. If No to 2, go directly to question 6.

3. Have you been thinking about how you might kill yourself?  
 3=Yes  0=No  
Person endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "I thought about taking an overdose, but I never made a specific plan as to when where or how I would actually do it...and I would never go through with it."

4. Have you had these thoughts and had some intention of acting on them?  
 3=Yes  0=No  
Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to "I have the thoughts but I definitely will not do anything about them"

5. Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?  
 3=Yes  0=No  
Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.

6. Have you done anything, started to do anything, or prepared to do anything to end your life?  
 1=Yes  0=No  
Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.

7. How long ago did you do any of these?  
 0=Over a year ago  0.0=Between three months and a year ago  2=Within the last three months

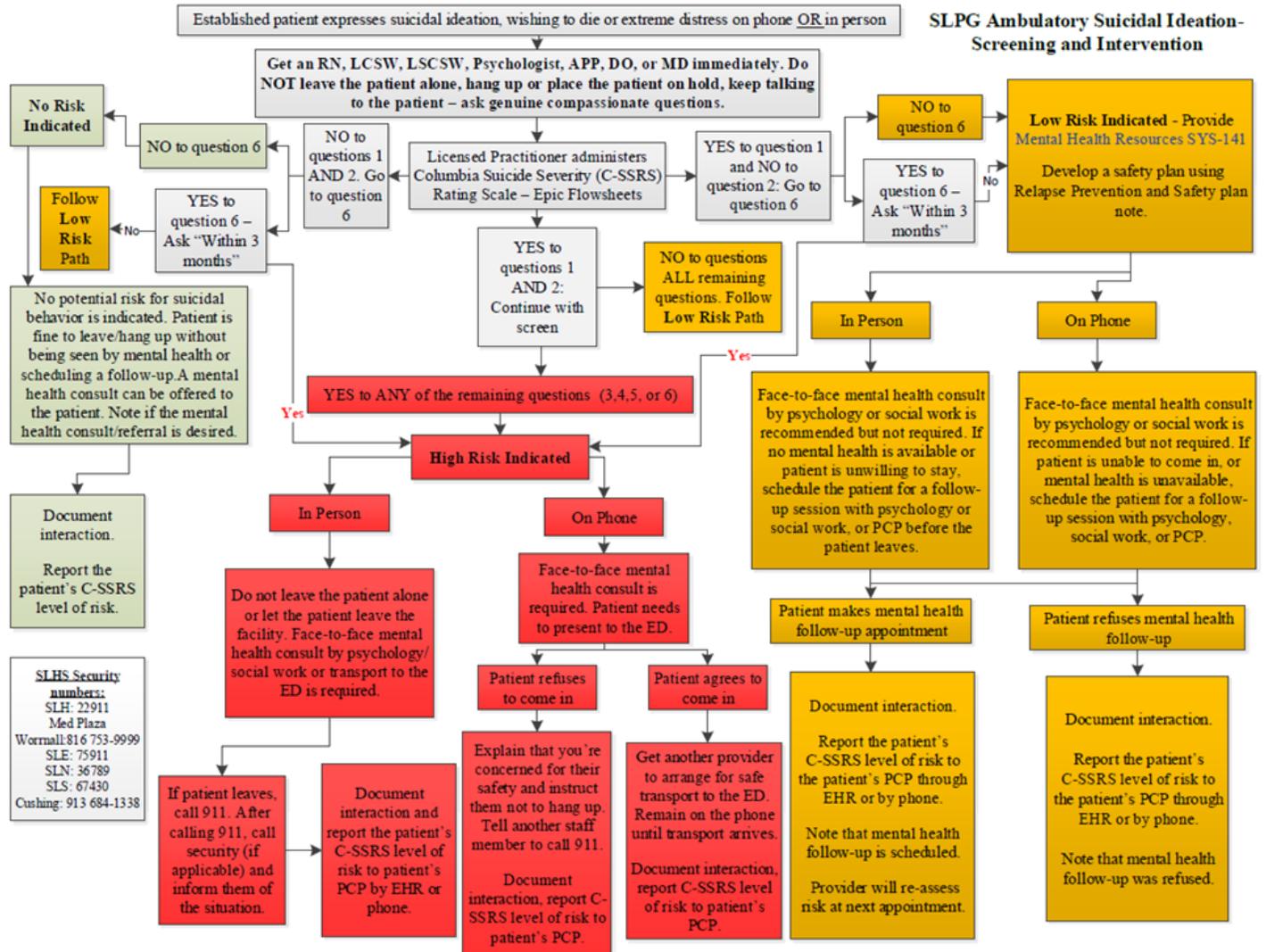
▼ Risk Indicated & Ambulatory SI Algorithm

Risk Indicated:

Algorithm - [Suicidal Ideation Algorithm \(SLPG\) \(SYS-REF-202\)](#)

# Suicidal Ideation Toolset for SLPG

## SI Algorithm



SYS-REF-202 (Rev. 10/11/18)

## SHOUT OUTS

### Samir Doshi, MD

Thank you for your valuable input on the Vizient Abstract submission Opioid Prescriptions: *Do ED Opioid Prescription Volumes correlate with Overdose?*

### Sauna Thompson

Thank you for your quick turnaround on the data request that that was used for the Vizient Abstract submission Opioid Prescriptions: *Do ED Opioid Prescription Volumes correlate with Overdose?*

### Shawn Cox, MD

Saint Luke’s Care and their leadership would like to thank you for your seven years of dedication and hard work as the Emergency Medicine EPT Physician Chair.

# SHOUT OUTS

## Ryan Gallagher, MD

Saint Luke's Care would like to thank you for taking on the role of the Emergency Medicine EPT Physician Chair.

## Abby Van Den Haak

Abby's dedication and innovation with the Collaborative Care Management Agreement Epic build has been truly remarkable. She impressed Cardiologists and Primary Care Physicians with the seamlessness of the build during a recent demo. I can't thank her enough for meeting the challenges of this project and exceeding our customers' expectations. She's also been a joy to work with. We look forward to more SLC collaboration with this ASG rising star!

## Melissa Ruddle, Pharm.D., BCPS

Thank you for taking the lead on the creation of the new Obstetrics Antibiotic Advisor Order Set. It will serve as a key evidence-based order set and provide a comprehensive and standardized template for provider use. We really appreciate your ongoing dedication, support and time to the Obstetrics EPT.

## TCPI Practice Performance Improvement

Based on practice self-assessments over a variety of CMS identified focus areas of the Transforming Clinical Practice Initiative (TCPI), Saint Luke's Physician Group leadership has identified two new opportunities for performance improvement. Practices will utilize the PDCA (Plan / Do / Check / Act) performance improvement model to address both of the following:

- **Reduction of unnecessary / duplicate testing or procedures**
- **Reduction of avoidable initial admissions / readmissions / ED visits**

SLPG Directors were presented results and tasked with directing or completing the Plan phase of the PI model to include activities such as those listed below. Practices will begin by evaluating the current state of activities / policies / protocols related to the two areas. Should scores remain low after researching the current state, action plans will be created and presented at an upcoming leadership meeting. This program was chosen and designed to help provide focus, enhance knowledge sharing, and promote SLPGs 2019 Quality objective of engraining PI within the clinical practice settings.

- Describing the situation as it appears now
  - ⇒ Research the CURRENT STATE of processes, policies/procedures, practices to verify that the INTENT of the milestone is being met in some manner
- Exploring what might be causing the problem or issue to occur
  - ⇒ Further investigation into the root cause of the issue(s)
- Drafting what might fix the problem (who, what, by when?)
  - ⇒ Brainstorm ideas & test out countermeasures to improve the issue(s)
- Planning for things to go wrong & how those things may be avoided
  - ⇒ Anticipate road blocks or obstacles & consider options to minimize potential effects

***Updates will be provided and successes celebrated as we continue to progress through this and other performance improvement initiatives***