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Calendar of Events

MAY

Infectious Disease EPT - 5/22

JUNE

Radiology EPT - 6/4

Anesthesia EPT - 6/6

Saint Luke's Care Board Meeting - 6/20

Collaborative Care Management - Primary Care and Cardiology - 6/24

A MESSAGE FROM THE SAINT LUKE'S CARE CMO

Bringing Medicine back to the Basics

Sometimes the most basic concepts are the most underutilized. For instance, although seat belt usage has steadily increased over several decades (89.6% in 2018); in 2016 there were 23,714 motor vehicle deaths in the United States. Over half of the fatalities under the age of 44 were not wearing seat belts.

Influenza deaths in the United States for the 2017-2018 flu season totaled approximately 80,000 people. While we do not know the precise number of adult mortalities that were unvaccinated, we do know that 80% of pediatric influenza deaths this past season were not vaccinated against influenza.

Many of us have prescribed malarial prophylactic drugs for a patient traveling to an area where the risk of malaria infection was present. However, did we take the time to tell the patient that the best way to prevent a mosquito borne disease is to avoid getting bit. Pretty simple guidance would be to wear mosquito repellent, avoid going outside at night, and use mosquito netting if available.

As clinicians, we all know that one of the best ways to prevent infection is to wash our hands before and after we have contact with a patient. In the past several months, some of the units at St. Luke's Hospital have been using a tracking system that utilizes RFID (radio-frequency identification) technology to track when a member of the medical team (nurse, provider, etc.) enters a patient's room and cleansed their hands appropriately with the hand sanitizer device. Because the data was individually attributable, all team members took pride in their compliance. Interestingly after the RFID technology went live, the hand sanitizers had to be refilled with sanitizer solution much more frequently. Technology increases hand washing compliance and lowers hospital acquired infection rates. We can all live with that.

Bringing Medicine back to the Basics

At this month's Medicine Evidenced Based Practice Team, Dr. Ryan McNellis championed that we need to work on allowing hospitalized patients to have a more restful and uninterrupted sleep, a pretty simply concept. I bet even your mother cautioned you to get enough sleep. It turns out there is a tremendous amount of evidenced based data that supports this concept. This will involve a culture change of not waking up hospitalized patients unless absolutely necessary and changing our processes to make this happen. It will take a lot of time and effort, but it will provide a great benefit to our hospitalized patients. Saint Luke's Care is proud to help work on this initiative.

So there you have it. Doing the basic things matter. I hope all of you have a great St. Luke's Day!

William M Gilbirds II, MD

Welcome Saint Luke's Care NEW Team Member

Saint Luke's Care would like to welcome our newest team member Maggie Pope. Maggie joined the team this May as a Clinical Project Coordinator and Informatics Liaison.

Maggie has been an RN for 30 years in the critical care and float pool settings with a specialty in Perianesthesia. Most recently she managed at Saint Luke's Hospital in a variety of departments that constitute Perianesthesia.

Maggie lives a rural lifestyle in Kearney, MO with her amazing husband and 3 children aged 11, 13, and 15. She is "super excited and honored to be here." Please join us in welcoming her to the SLC team.



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

Crittenton Hypoglycemia Management Orders EPIC-1484 - Live 4/17/19

- Developed and approved by Crittenton Pharmacist, Janet Dempski; Patrick Bowman, MD and Manual Hernandez, MD
- Content is based off of the Hypoglycemia Management Orders EPIC-680 with modifications for Crittenton

Cardiac Amyloid Evaluation Order Set (Inpatient) EPIC-1488 - Live 4/17/19

- Reviewed and approved by Cardiologist, Ibrahim Saeed, MD
- Based on a request for an inpatient version of the Cardiac Amyloid Evaluation Smart Set (Outpatient)
- Non-formulary medications were removed as options

Close Observation Brain Trauma Orders (SLH Only) EPIC-1295 - Live 4/1/19

- Reviewed and approved for content and workflow (including a SLH unit) by the Neurosciences EPT, Trauma Services, Neurosurgery and Nursing leadership
- Developed to support management and monitoring of patients with an isolated mild ICH in a non-ICU setting when criteria is met (GCS 15 without clinical progression of neurological condition, Isolated mild traumatic subdural hemorrhage less than 4 mm in size or Isolated intraparenchymal hemorrhage less than 1 cm)
- Patients will be admitted to Neuro 2 at SLH

Respite Care Orders (Critical Access Hospitals) EPIC-1483 - Live 4/3/19

- Developed and approved by Chris Hulett, DO and HMC Medical Informatics Liaison, Cally Johnson

Heparin Order Set changes - affects multiple order sets - Live 5/1/19

- Updated by a pharmacy team (Dana Dutcher, Chip Hayes, Tom Johnson, Leigh Ann Milburn)
- Added a nomogram option with aPTT monitoring instructions for patients with recent oral Xa inhibitor exposure
- 3 distinct heparin nomograms based on aPTT, which correspond with existing antiXa-based nomograms
 - ◇ ACS heparin nomogram
 - ◇ ACS heparin nomogram with no boluses
 - ◇ Afib/VTE heparin nomogram

Pharmacy

- ⇒ AntiXa assays are still the preferred heparin monitoring test
- ⇒ AntiXa assay only reflects a drug level and not the ability of a patient to form a clot (hemostasis measure)
- ⇒ Oral antiXa inhibitors (apixaban, betrixaban, edoxaban and rivaroxaban) interfere with the antiXa assay and render it useless for monitoring IV heparin
- ⇒ Certain situations exist in which aPTT monitoring may be more appropriate or even preferred to antiXa monitoring
- ⇒ A standardized aPTT monitoring option is needed so providers can safely place these orders

Beginning July 1st, the Joint Commission will begin enforcing anticoagulation practices by expanding the current National Patient Safety Goals. TJC is stating that only approved protocols for anticoagulant dosing/monitoring based on current guidelines should be utilized. Having smart texts / dot phrases for dosing heparin would not be in line with this patient safety goal, so it will be very important that we try to discontinue that practice.

"I, as well as my partners, strongly feel that the drug level measurement often does not coincide with the ability to form a clot as stated above. This places postop patients at a higher risk for bleeding given the influence of the postop state to coagulation beyond that of just heparin."

Megan McNally, MD

Click [HERE](#) for more education