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Calendar of Events

AUGUST

Primary Care EPT - 8/7

SEPTEMBER

Obstetrics EPT - 9/4

Opioid Stewardship Program - 9/11

Critical Care EPT - 9/24

SLC Leadership Council of Chairs - 9/25

OCTOBER

Anesthesia EPT - 10/17

Cardiology EPT - 10/30

A MESSAGE FROM THE SAINT LUKE'S CARE CMO

HPV Prevention Saves Lives

Last newsletter I talked about how common practices in the area of prevention save lives. I described how simple steps to improve health outcomes such as wearing seatbelts, getting immunized for influenza, avoiding mosquito bites to prevent mosquito borne diseases, hand washing to prevent infections, and getting enough sleep were effective and underutilized interventions.

This month I would like to concentrate on one of our most underutilized immunizations, HPV vaccine, which has been available for many years. In the United States (U.S.), 80% of adults will develop an HPV infection in their lifetime. There are approximately 33,700 cases of six different types of cancer attributable to HPV in the U.S. annually. It is estimated that if pre-teens and adolescents were appropriately vaccinated 31,200 of these cases could be prevented.

So here is the bad news. Saint Luke's Care (SLC) looked at the vaccination rates for patients between 10 and 26. We looked at a two-year period between January 2017 and December 2018 for identified Saint Luke's Health System (SLHS) patients. Our rate of completing the three dose vaccine series was only 5.3% based on what is documented in the chart. The CDC reports HPV vaccination rates for 2017 in Missouri and Kansas for youth between 13 and 17 of 57.8% and 52.4% respectfully. So clearly we have opportunities for improvement.

In an effort to improve our HPV vaccination rates, Saint Luke's Care created a total of six best practice advisories (BPA's) to prompt physicians to order an HPV vaccine, if indicated. Unfortunately, the BPAs have not been helpful in improving our HPV vaccination rates.

HPV Prevention Saves Lives

Consider the following information to improve our vaccination rates:

- ◆ Children ages 9 to 14 only need a two shot series of the HPV vaccine to be fully vaccinated - One shot, then repeat in 6 to 12 months
- ◆ Bundling the Tdap, meningococcal, and HPV vaccines all of which are recommended at age 11
- ◆ It is not contraindicated to give the HPV vaccine to a patient with a known HPV infection, an abnormal pap smear, or genital warts. Although it will not protect against the HPV serotype that caused the infection, the HPV vaccine will offer protection against multiple other HPV serotypes
- ◆ The vaccine has a great safety record

The Primary Care Evidence-Based Practice Team will continue to consider interventions to improve our HPV vaccination rates. In the meantime, if you happen to see a patient between 9 and 26 that has not had the HPV vaccine, encourage the patient or the patient's parent to request the vaccine.

Thank you for reading and have a great Saint Luke's Day!

William M Gilbirds II, MD

Saint Luke's Care Highlights in ePulse

Saint Luke's Care has worked closely with Marketing throughout the years on a variety of projects. Recently, we have been granted the ability to host exciting information or education on the ePulse homepage listing. Marketing also shares our information within the Saint Luke's Physician Group (SLPG) newsletter based on the relevance of material to the physicians and leaders of SLPG. Please look for more from us in the future!

Video Presentation: New Pathway for Colorectal Surgical Procedures Proves to be Successful

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Megan McNally, MD, recently gave a presentation to nursing and clinical nutrition team members at Saint Luke's Hospital on Enhanced Recovery After Surgery (ERAS) and the efforts she and other members of Saint Luke's Care are doing around this topic.

As the physician chair for the Surgery Evidence-based Practice Team in Saint Luke's Care, Dr. McNally has been focused on improving the quality of care and outcomes for surgical patients at SLHS. She, along with **James Stuart, DO**, and the ERAS Committee, have developed and implemented a new surgical pathway that has proven to be successful. From preliminary data, the ERAS pathway has shown an almost two-day reduction in the median length of stay when compared to pre-program data. The ultimate goal of the pathway is to help with early recovery of patients. The other goals include decreased length of stay, improved recovery, reduced pain, and decreased narcotic use.

[Watch this presentation](#) by Dr. McNally and see the [PowerPoint slides](#) to learn more about this new process and how it is impacting patients

QUICK LINKS

- WORKDAY SELF SERVICE Payroll, Benefits, Jobs, a
- SmartSquare Scheduling
- Historical access to Kronos
- Kronos Schedule Sign-up
- INFORMATION SERVICE
- HEALTHSTREAM
- SLHS POLICIES & PRO
- STANDING ORDERS & I PROTOCOLS
- PATIENT MOVEMENT M

Saint Luke's Care Connect: Bringing Medicine Back to the Basics

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Saint Luke's Care focuses their efforts on achieving clinical excellence and quality patient care at every interaction. Every two months, the Saint Luke's Care team publishes a newsletter on their efforts and upcoming areas of focus. In the [May issue](#), you will learn some new preventative initiatives we have implemented. Past issues are also available at the bottom of the [Saint Luke's Care page](#).

QUICK LINKS Personalize

- WORKDAY SELF SERVICE Payroll, Benefits, Jobs, and More
- SmartSquare Scheduling
- Historical access to Kronos
- Kronos Schedule Sign-up
- INFORMATION SERVICES AND TRAINING

NEW Order Sets & Documents

Heart Failure Orders EPIC-1443 - Live 6/12/19

- Developed by Bethany Austin, MD; Anthony Magalski, MD; - Heart Failure Medical Directors and Evelyn Dean - Heart Failure Program Manager
- Can be used if a patient was admitted under another order set and was given a subsequent diagnosis of Heart Failure
- Contains an abbreviated version of the same disease management orders without the admission elements
- Accompanied by a BPA that will fire when patients meet criteria for Heart Failure and links to the orders
- Approved by the Heart Failure Program

SLC Primary Care Heart Failure Orders, EPIC-1511 - Live 6/12/19

- Championed by Carl Dirks, MD
- Includes options for patients to track their blood pressure and weight in My Chart
- Reviewed and approved by the Primary Care EPT

ICD BPA for Advanced Heart Failure Therapy - Live 7/30/19

- Championed by Bethany Austin, MD and Daniel Steinhaus, MD
- Alerts Cardiology providers in the Ambulatory setting
- BPA Criteria
 - ⇒ 2 ejection fraction measurements of $\leq 35\%$ 6 months or more apart with no ICD in place
 - ⇒ Not been seen by Electrophysiology (EP) in the past 12 months
 - ⇒ Excludes patients who already have an ICD with codes/diagnoses for anything matching “defibrillator”, “ICD”, or “AICD” or “CRT-D”
 - ⇒ Excludes patients with NYHA class IV heart failure

Crittenton Rapid Response Standing Orders EPIC-1486 - Live 7/10-19

- Developed and approved by the Crittenton Medical Executive Committee, led by Manual Hernandez, MD; Janet Dempski, Pharmacist and Belva Giesing, CNO
- Approved by the Behavioral Medicine EPT

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