



## Table of Contents

Helping Each Other Avoid Physician Burnout	1,2
Video Presentation: New Pathway for Colorectal Surgical Procedures Proves to be Successful	2
NEW Order Sets & Documents	3
EPT Updates	3
Sleep Rx: Go-live!	4

## Calendar of Events

### OCTOBER

- Radiology EPT - 10/8
- Anesthesia EPT - 10/17
- Cardiology EPT - 10/30

### NOVEMBER

- SLC Board Meeting - 11/7
- Critical Care EPT - 11/12
- Opioid Stewardship Program - 11/13
- Infectious Disease EPT - 11/20

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

## Helping Each Other Avoid Physician Burnout

As I am writing this on September 11th, 2019, I can't help but think about what I was doing 18 years ago today when our country was attacked. I was driving to my office after making hospital rounds at St. Luke's North Hospital as Hospitalists did not yet exist then. As a general aviation pilot, I noted it was what we pilots call a "bluebird" day - light winds and not a cloud in the sky. I thought about how fun it would be to play "hooky" from my office clinic and go flying. However as I listened to the car radio, I was stunned by what was happening and I soon realized that our country was changed forever. We all should never forget that day.

All of us are pretty skilled at never forgetting the needs of our patients, but do we have the same dedication to supporting our colleagues? Currently the national rate for physician burnout is greater than 40%. There are lots of contributing causes to physician burnout, but the arrival of the electronic health record (EHR) receives the largest share of the blame.

I recently attended the Epic User Group Meeting (UGM) in Madison, Wisconsin. While there I went to several seminars on ways to lessen physician burnout. The bad news is that there is not one formula to entirely eliminate or cure physician burnout. Turns out it is a chronic disease. But there are ways to lessen the severity of the burnout. One common theme is to provide physicians extensive training initially and also recurrently to help the physician use the EHR in the most efficient manner possible. Another common theme is to utilize the entire healthcare team in a "team based care" model to reduce some of the documentation burden of the physician. Dr. Sanjaya Gupta of SLPG's Cardiology division gave an excellent presentation regarding this model.

# Helping Each Other Avoid Physician Burnout

A final consideration that was raised is that our clinical notes are too long, which causes physician stress both in the construction of a long note and physician stress from the physician that has to read through the long note in order to find the relevant clinical facts that he or she is looking for. I am not sure where I stand on the length of note issue, but I do know that when I get a three page, single spaced, office note from a CVS Minute Clinic about my patient that was seen with a viral URI.....there is a problem!

One thing that was not talked about at the meeting was how physicians can provide support to each other. This is an area where I think all of us miss opportunities daily. How often do we just review notes in our inbox by other physicians, but never take the minute or so it would take to send a staff message in Epic to that physician and thank them for the excellent care that they provided to our patient? How often do we take the time to send an e-mail or a text to another physician when we observed them doing great work or exhibiting behavior that we admire? We are blessed in the St. Luke's Health System by being able to practice medicine alongside some of the best and the brightest physicians anywhere. Let's all make an effort to let them know they are appreciated.

Thanks for reading and I hope you have a great St. Luke's day.

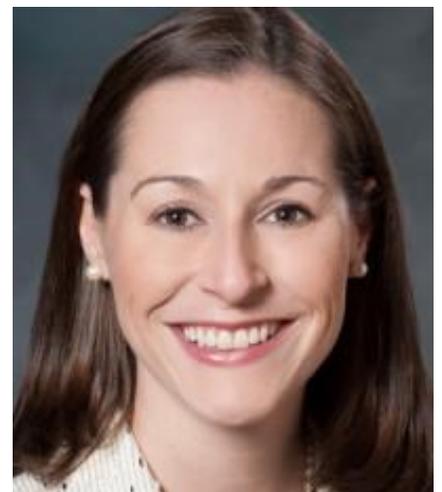
William M Gilbirds II, MD

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

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.



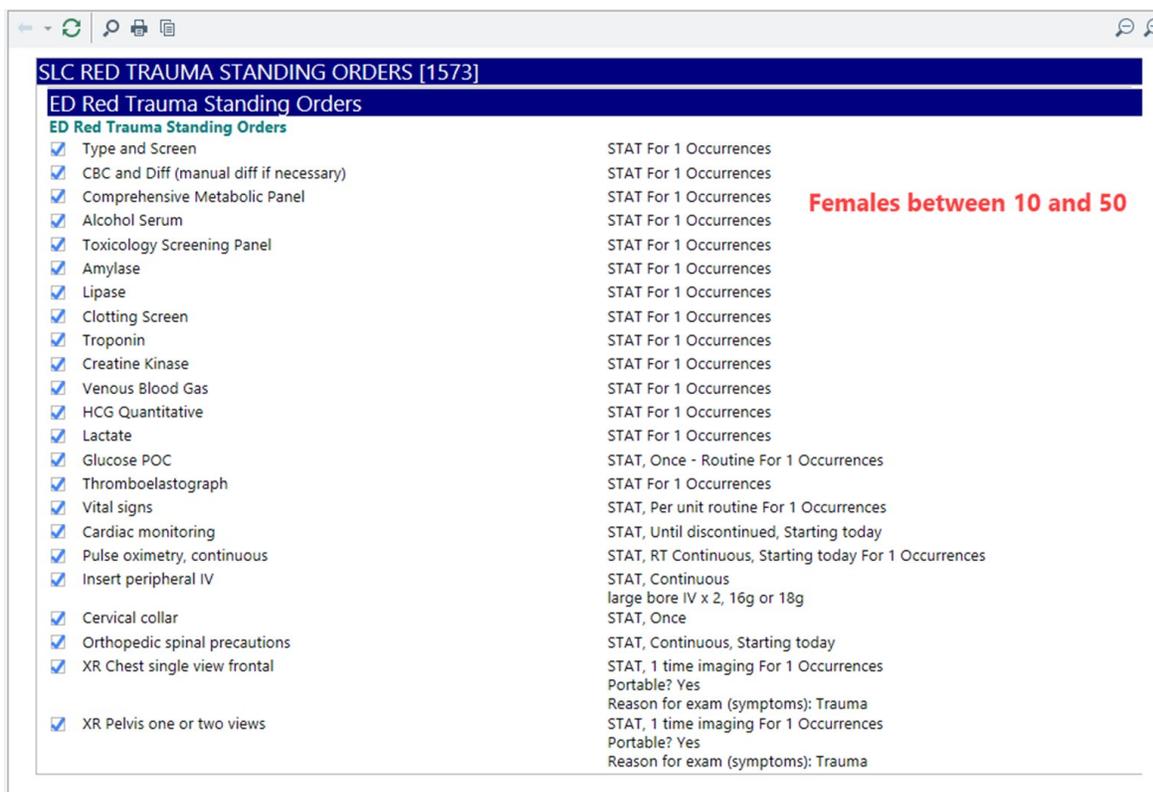
# NEW Order Sets & Documents

## Mass Casualty Incident Red & Yellow Trauma Standing Orders EPIC-1562

- Championed by Theresa “Liz” Robertson, MD; Ryan Gallagher, MD; & Marc Larsen, MD
- Used by Saint Luke’s Hospital (SLH) for mass casualty incidents
- Approved by the Emergency Medicine EPT, SLH Medical Executive Committee, & SLH Chief Nursing Officer

## Red Trauma Standing Orders EPIC-1573 – Live 10/2/19

- Championed by Theresa “Liz” Robertson, MD; Ryan Gallagher, MD; & Marc Larsen, MD
- Used by Saint Luke’s Hospital (SLH) for red trauma activation
- HCG Quantitative pregnancy lab pre-checked for females, age 10-50
- Approved by the Emergency Medicine EPT, SLH Medical Executive Committee, and SLH Chief Nursing Officer



## 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)

# Rx Sleep: Go Live!

Over the past year, Ryan McNellis, MD has led the charge to bring attention to the harm that we cause patients related to poor quality sleep. Vital signs Q 4 hours is a long held healthcare tradition with no evidence to validate this practice. This new order option instructs nursing staff to not wake a patient for the purpose of measuring vital signs for up to 8 hours. This initiative was vetted through the Medicine EPT, System Coordinating Council, and Medicine Practice Council. Nursing policy was updated to align with these changes.

Adult Medical Initial Management Orders, EPIC-139 – ordering providers now must choose between Routine Vitals and Sleep Protected Vital Sign orders. Additional order sets will be considered for the Sleep Protected Vitals Order as this initiative continues to develop.

▼ Vitals

Vital Signs

Vital signs  
Routine

Sleep Protected Vital Signs: Allow for periods of uninterrupted sleep up to 8 hours.

Orthostatic blood pressure

Pulse checks

Neuro checks

Pulse Oximetry, Continuous  
Continuous

**“Don’t wake the patient for routine care unless the patient’s condition or care specifically requires it.”**  
– Choosing Wisely

**Night Rounds!** – Saint Luke’s Care partnered with staff from System Education and Nursing Informatics for Night Rounding for Go Live!



(pictured: Alicia Beebe, RN, Makenzie Stuck, RN, Cara Johnston, RN, Maggie Pope, RN)

SLC CME was sent on September 4th - Collect **ONE HOUR** for reading the email and attached articles!  
Department of Medicine Grand Rounds is scheduled for January 10th with Dr. Ryan McNellis!