July Activities

Trinity Health

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The Clinical Leadership Update (CLU) provides Trinity Health clinicians information on current clinical activities and the opportunity to offer feedback on best practices and proposed system standards. All physicians and clinicians across our shared Ministry are encouraged to provide feedback on the proposed clinical practices in your respective specialty.

This edition of the CLU provides an overview of the general activities of our clinical framework teams over the previous month.

For more information on the Clinical Framework teams, click the link below:

https://mytrinityhealth.sharepoint.com/sites/SO-ClinicalLeadershipCouncil
Note: Link to site accessible only when connected to Trinity Health Network

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KEY: Feedback Final Decision based upon feedback

Implementation Bundle Information

Feedback: *Team has placed a clinical or operational standard/best practice out for clinician response.*
Final Decision Based Upon Feedback: *Team has identified a clinical or operational standard/best practice and is presenting initial information for implementation.*
Implementation Bundle: *Team has identified a clinical or operational standard/best practice and is delivering the detailed implementation bundle.*
Information: *Team information – no action required.*

Clinical Operations Clinical Excellence Council

Intended Audience: Clinicians providing in-rehabilitation care

Information: Inpatient Rehabilitation Facility - Patient Assessment Instrument (IRF-PAI)

Effective October 1, 2022, CMS will implement a new version of the IRF-PAI (Inpatient Rehabilitation Facility Patient Assessment Instrument). As a result of this change, IRF-PAI abstractions in Epic will use the IRF-PAI 4.0 standard instead of the 3.0 standard. The CEC

reviewed the 14 regulatory documentation and reporting elements that were added/changed from the previous 3.0 version. The changes were unanimously approved by the CEC. The SBAR detailing these changes is attached.

IRF-PAI Changes SBAR

Intended Audience: Case Managers, Social Workers

Feedback: Improvement of Case Management and Social Work Documentation Tools

In the inpatient arena, Social Work (SW) and Case Management (CM) need one comprehensive area to document in. The proposed flowsheet/navigator will pull in elements from three currently existing flowsheets within Epic: the CM/SW Initial Assessment flowsheet, the Discharge Planning flowsheet, and the Discharge Assessment flowsheet. In the attached SBAR Option 2 (new build) is recommended. Please see the SBAR for the details on the proposed new build.

Improvement of Case Management and Social Work Documentation Tools SBAR

Click here for survey

Intended Audience: Providers (e.g. hospitalists, primary care providers) of patients needing inpatient care, infection preventionists, and infectious disease specialists

Feedback: Enhancing Clinical Effectiveness of Orders for C. difficile Infection in TogetherCare

A substantial proportion of providers are not ordering tests to identify Clostridioides difficile (C. diff.) infection (CDI) based on clinically appropriate criteria. A positive C. diff. test in the absence of appropriate criteria results in unnecessary antibiotics, poor outcomes for patients, and financial and quality penalties. Many providers are overriding the current best practice alert (BPA) in TogetherCare without reassessing when a patient meets one of the SHEA and IDSA guidelines on inappropriate testing. The recommendation is to optimize the current BPA by pulling information directly from the patient's TogetherCare EHR as described in the SBAR below.

Enhancing Clinical Effectiveness of Orders for C. difficile infection in TogetherCare SBAR

Click here for survey

Intended Audience: Clinicians working with Procedural Sedation Order Sets

Feedback: Procedural Sedation Order Set

A procedural sedation order set is not available in Epic TogetherCare. This has led to inconsistent medication ordering, patient monitoring, and documentation that is a patient safety and regulatory concern. To ensure appropriate ordering and documentation of the high-risk medications and patient monitoring requirements for procedural sedation, the request is to build a "Procedural Sedation" order set. The SBAR below contains the details of this proposed order set.

Procedural Sedation Order Set SBAR and References

Click here for survey

Intended Audience: Clinicians ordering MLDC, ALDC laboratory testing

Feedback: Optimize use of the Manual Leukocyte Differential

Unnecessary manual leukocyte differential counts (MLDC) provide less accurate differential counts, needlessly delay turn-around-time, are more labor intensive to perform, and more costly than automated leukocyte differential counts (ALDC). An updated process is recommended, which includes a standard workflow of ordering CBC with ALDC. MLDC testing could be added on through communication

Optimize use of the Manual Leukocyte Differential

Click here for survey

Email: jim.vandewarker@trinity-health.org
Leader: Jim Vandewarker, R.N., director clinical transformation; and Tammy Lundstrom, M.D., J.D., senior vice president and chief medical officer.

Link *to team materials accessible only when connected to Trinity Health Network:* Clinical Operations CEC Homepage

Laboratory Clinical Leadership Group

Intended Audience: Physicians, Lab Directors

Final Decision based upon feedback: Standardize eGFR – Without Regard to Race

The Laboratory Clinical Leadership supported the General Lab Expert Panel's recommendation to adopt the CKD-EPI Creatinine Equation as suggested by the NKF and ASN. Changes in current race-based calculations are now with TogetherCare for build and deployment in the near future. Non-TogetherCare HMs will make the necessary changes individually and this effort will be driven by the HMs local Lab Leader.

Standardize eGFR equation – Without Regard to Race SBAR

Intended Audience: Physicians, Lab Directors

Final Decision based upon feedback: Trinity Health System Standard, Massive Transfusion Protocol (MTP)

The Laboratory Clinical Leadership Group supported the Blood Bank/Patient Blood Management Expert Panel's recommendation based on CLU feedback to make minor revisions to the MTP submitted in the April CLU, which did not fundamentally change the MTP. Many of the suggestions made were HM site specific and can be adopted locally and added to this guidance as appropriate.

This final MTP will be rolled out by each HM's local Lab Leader in collaboration with their respective stakeholders.

Trinity Health System Standard Massive Transfusion Protocol (MTP)

Email: John.Hilton@trinity-health.org
Leader: John Hilton, vice president, laboratory services, and Robert Moser, M.D., chief of pathology and CMIO

Link *to team materials accessible only when connected to Trinity Health Network:* Laboratory CLG Homepage

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Oncology Clinical Excellence Council

Intended Audience: Oncology Pharmacists, Oncology Administrators

Feedback: Pharmacy Member and Oncology Administrator Representative Needed

The Oncology Clinical Excellence Council (CEC) is seeking an oncology pharmacist and an oncology administrator to serve as a system-wide representative on their team. The Oncology CEC provides clinical leadership in defining excellence in oncology care across the system and meets on the 2nd Tuesday of each month from 5:30 – 7 pm EST. Interested applicants should forward their resumes for consideration to Carole Stout at the email below.

Email: carole.stout@trinity-health.org
Leader: Dawn Pedinelli, R.N., M.B.A., director, research and Adam Boruchov, M.D.

***Link** to team materials accessible only when connected to Trinity Health Network:* Oncology CEC Homepage

Pharmacy and Therapeutics Committee

P&T Committee Decisions

Intended Audience: Physicians, nurses, pharmacists, employee health, physician clinics

Final Decision based upon feedback: Non-Influenza Vaccines All Classes of Trade

This non-flu vaccine overview includes all classes of Trade: Acute, Ambulatory, Physician Clinics. Back in 2019 Trinity n Health Trust contracting decision at that time. Currently, Merck made significant changes to their contract where they tied discounts to pneumococcal vaccines Market Share. Trinity P&T made a decision to make Prevnar 20, a preferred pneumococcal vaccine and didn't add Vaxneuvance to formulary. As a result, we no longer qualify for Merck's discount and that includes vaccine that compete directly with GSK. Trinity Health Pharmacy and Therapeutics Committee endorsed the decision to established therapeutic equivalency between classes of vaccines and to align to the GSK and Pfizer Vaccine portfolio for non-influenza vaccine all classes of trade.

Non-Influenza Vaccines All classes of Trade SBAR

Intended Audience: Physicians, nurses, pharmacists, neurologists, emergency department prescribers

Final Decision based upon feedback: Tenecteplase for Stroke

Six randomized controlled trials have found Tenecteplase to be at least as effective or more effective than alteplase for neurological improvements after Acute Ischemic Stroke (AIS). Tenecteplase 0.25 mg/kg had superior outcomes compared to standard-dose alteplase for all efficacy outcomes, including greater reperfusion on imaging studies (79.3% vs 55.4%), improvement in NIHSS from baseline at 24 hours (8 points vs 3 points), and absence of serious disability at 90 days (72% vs 40%). Patients receiving tenecteplase 0.25 mg/kg trended toward greater early neurological improvement at 24 hours compared to those treated with standard-dose alteplase (40% vs 24%) and a higher rate of good neurological outcome at 90 days (28% vs 20%). The Trinity Health Pharmacy and Therapeutics Committee endorsed the decision to Based on demonstrated safety and efficacy in AIS, recommend designate Tenecteplase 0.25 mg/kg (maximum 25 mg) as the sole agent for management of AIS in Trinity Health. There is a significant cost savings of $2.3 million dollars annually moving to Tenecteplase. Alteplase will need to be maintained on formulary for non-ischemic stroke indications (e.g. interventional use, pulmonary embolism, and catheter clearance).

Tenecteplase and Alteplase for Acute Ischemic Stroke SBAR

Intended Audience: Physicians, nurses, pharmacists, infusion center physicians.

Final Decision based upon feedback: IV Iron

IV Iron was previously evaluated as a Transforming Operations in 2018 at Trinity Health Pharmacy and Therapeutics. Since the transforming operations work completed, ferumoxytol has been approved as a generic formulation and offers substantial cost savings to Trinity Health. Trinity Health Pharmacy and Therapeutics committee endorsed the decision (1) to not add monoferric to inpatient or outpatient formulary (2) To designate tier 1 outpatient of: iron sucrose (Venofer), sodium ferric gluconate, iron dextran (Infed), sodium ferric gluconate and ferymoxytol (Feraheme) (3) to restrict ferric carboxymaltose (Injectafer) administration to only be used in patients that insurance requires the medication or the patient has a documented failure or intolerance to administration of ferymoxytol (Feraheme). If there was a shift to use of ferumoxytol there is a savings opportunity of approximately $1,100,000 to $1,300,000 annually.

IV Iron Outpatient SBAR

Intended Audience: Physicians, nurses, pharmacists, urologists

Final Decision based upon feedback: Mitomycin Urethral Gel (Jelmyto)

Jelmyto was FDA approved by the orphan pathway. It is the only non-surgical option in a 6000 to 7000 patient per year with projected 3000 new diagnosis per year plus 3,000 to

4,000 recurrent. Round of therapy equals approximately $128,000 for six months. (WAC/GPO). Trinity Health Pharmacy and Therapeutics Committee added Mitomycin (Jelmyto) to outpatient formulary with use restricted to urology for FDA approved indications in patients who have received prior authorization prior to new treatments being initiated.

Mitomycin Ureteral Gel (Jelmyto) SBAR

Email: Pharmacy CLG Contact Email
Leaders: Damon Redding, Pharm.D, MPH, MBA V.P. & Chief Pharmacy Officer

***Link** to team materials accessible only when connected to Trinity Health Network:* Pharmacy CEC Homepage

Radiology Clinical Leadership Group

Intended Audience: Health Ministry Leaders, Radiology Stakeholders

Information: Unified Clinical Imaging Platform (UCIP) Guiding Principles

The Radiology Clinical Leadership Group's Imaging Informatics Governance and Standards Panel(IIGSP) has developed the Guiding Principles for the implementation and productive use of Trinity's Unified Clinical Imaging Platform (UCIP). The Radiology Clinical Leadership Group has endorsed these Guiding Principles and are now in effect. See accompanying document

UCIP Guiding Principles

Intended Audience: All Providers

Information: CMS Indefinitely Delays Penalty Phase of Radiology Clinical Decision Support with Appropriate Use Criteria

The Protecting Access to Medicare Act (PAMA) of 2014, established a new program which necessitated the use of a qualified clinical decision support mechanism (CDSM) which accesses appropriate use criteria (AUC) when ordering advanced imaging tests, e.g., MRI, CT, Nuclear Medicine, and PET scans, on Medicare patients. This CDSM would generate a score that identifies whether the advanced imaging test adheres to AUC based on the reason for the exam.

Failure to address this requirement was supposed to result in financial penalties ("the penalty phase") starting Jan 1, 2023. However, CMS has recently declared the payment penalty phase will not begin January 1, 2023 even if the public health emergency (PHE) for COVID-19 ends in 2022. The penalty phase implementation has been delayed several times over the past 3 years; with the implementation always pushed forward by one year. This time, CMS is unable to forecast when the payment penalty phase will begin and

has placed an indefinite delay on the phase. The Trinity Health Radiology CDS Steering Team will notify you if CMS decides to implement the penalty phase following this delay.

You may continue to use a CDSM if you have it installed on your office electronic medical record system, however, submission of an appropriateness score and what CDSM was used will not be required at this time.

If you have any questions about the implications of this delay, please reach out to Devin Zimmerman at zimmerd@sjrmc.com.

Memo from Murielle Beene, DNP, MBA, MPH, MS, RN-BC, FAAN Senior Vice President and Chief Health Informatics Officer, Trinity Health

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Intended Audience: Radiology department leaders, CT and MRI modality leaders, Radiographers, Radiologists

Feedback: Software Application Standardization: Advanced Visualization MRI & CT

The Radiology Clinical Leadership Group's Imaging Informatics Governance and Standards Panel(IIGSP) has made the recommendation to the Radiology CLG for the naming of co-standard advanced visualization (3D post-processing) applications. The Radiology CLG has endorsed this recommendation. The IIGSP recommends standardizing on Canon's Vitrea and TeraRecon's Aquarius platforms for MRI and CT post-processing. Vitrea and Aquarius offer unique capabilities and vary in their adoption of new imaging modalities and protocols which necessitates the need for both being named a standard application. This is a tier 2 standard, meaning new installations will be with a standard and non-standard applications will be replaced as they reach end of life or another event that supports a transition.

Software Application Standardization: Advanced Visualization MRI & CT SBAR

Click here for survey

Intended Audience: Radiologists, Breast Imaging section leaders, MRI modality leaders, providers referring for breast MRI procedures

Feedback: Standardization of Approach for Abbreviated Breast MRI

The Radiology Clinical Leadership Group (CLG) is requesting feedback regarding the recommendations outlined in the SBAR: Standardization of Approach for Abbreviated Breast MRI. Recommendation: Offer abMR as a form of supplemental screening in women with dense breasts mammographically and average to intermediate lifetime breast cancer risk, with negative screening mammogram within the past 12 months

Standardization of Approach for Abbreviated Breast MRI SBAR

Click here for survey

Email: Joseph.P.McCann@trinity-health.org
Leaders: Joe McCann, director, TIS product management – clinical services, and Eric Ferguson, M.D.

***Link** to team materials accessible only when connected to Trinity Health Network:* Radiology CLG Homepage

Social Services Clinical Excellence Council

Intended Audience: Community Health & Well-Being, Clinically Integrated Networks, Ambulatory and Acute Care Management, Informatics, Diversity, Equity, and Inclusion, Nursing, Pharmacy, Patient Experience, and Medical Group

Feedback: Social Care CEC Members Needed

Trinity Health is recruiting members for a new Social Care Clinical Excellence Council (CEC) in October. It is well established that social influencers of health and their manifestation in individual lives, patient social needs, are the most powerful drivers of health outcomes. Social Care, defined as the services that address health-related social risk factors and patient social needs, by facilitating connections between healthcare and community resources, primarily delivered by Community Health Workers and Social Workers.

The Social Care CEC will meet monthly to provide system-level executive decision making for social care activities affecting all patients, particularly those experiencing poverty and other vulnerabilities. Goals include ensuring a people-centered and community-conscious focus; reducing unwarranted variation in service delivery; optimizing TogetherCare use; and leveraging data and analytics to improve performance.

We are seeking individuals from Community Health & Well-Being, Clinically Integrated Networks, Ambulatory and Acute Care Management, Informatics, Diversity, Equity, and Inclusion, Nursing, Pharmacy, Patient Experience, and Medical Group to join this CEC. Please express your interest by completing the application and a PDF of your CV/resume at www.trinity-health.org/CEC. If you have any questions regarding this CEC, please reach out to maureen.pike@trinity-health.org.

Women's & Newborn's Clinical Excellence Council

Intended Audience: Nurse Midwives, Nurse Leaders, Obstetricians/Gynecologists, RB Clinicians

Feedback: Nurse Midwives and Obstetricians/Gynecologists Members Needed:

The Women's and Newborn's Clinical Excellence Council (W&N CEC) is seeking Nurse Midwife membership on the CEC. W&N CEC is also seeking membership for the OB and GYN expert panels. If anyone is interested in serving on an expert panel, please contact Carole Stout, Director Clinical Transformation at the email below.

Intended Audience: Obstetricians, RN Director/Managers, Educator/Clinical Nurse Specialists

Final Decision based upon feedback: Venous Thromboembolism Prevention

The Women's and Newborn's Clinical Excellence Council has reviewed ministry feedback regarding the VTE guideline that was presented in the May CLU. After careful consideration of the feedback and with minor changes to the guideline the W&N CEC has endorsed the Venous Thromboembolism Prevention Guideline. Please see the final VTE guideline attached here.

VTE Prevention Guidelines for Antepartum/Intrapartum and Postpartum SBAR

Email: stoutcl@trinity-health.org
Leaders: Carole Stout, R.N., director of clinical transformation and Kenneth Baker, M.D., chair of Women's & Newborn's CEC

***Link** to team materials accessible only when connected to Trinity Health Network:* Women's & Newborn's CEC Homepage