

Clinical Leadership Update



September Activities



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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


In this issue:


- [FAQ for the CLU](#)
- [TogetherCare Decisions](#) (Includes all Clinical Framework decisions made in the last 45 days. For more information on these decisions, please contact your local Informatics representative.)

Clinical Teams	 Information	 Feedback: Action required	 Final Decision based on feedback	 Implementation Bundle: Action Required	Intended Audience
Cardiovascular CEC			1. Heart Failure Clinical Guidance		1. Primary Care Physicians, Primary Care APPs, Cardiologist, Heart Failure APPs, Heart Failure Nurses, Heart Failure Clinics
Clinical Operations CEC	1. IRF-PAI Changes 2. Cures Act Information		4. Improvement of Care Management & Social Work		1. Continuing Care, Rehabilitation facilities, Behavioral Health, Patient Access

	3. Palliative Care Quality Collaborative Registry		Documentation Tools 5. Enhancing Clinical Effectiveness...C. difficile...in TogetherCare 6. Optimize use of Manual Leukocyte Differential		2. Health Information Management, Patient Access, Medical Records, Lab Leaders, Ambulatory, Inpatient and Emergency Providers 3. Palliative Care providers and Nurses, Quality Professionals 4. Case Managers, Social Workers 5. Hospitalists, PCPs of patients needing inpatient care, Infection Preventionists, Infectious Disease Specialist 6. Clinicians ordering MLDC, ALDC Laboratory Testing
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Pharmacy CLG	1. Updated Pharmacy CLG Roster	2. Pharmacy Directors Needed			1. Pharmacy Directors 2. Pharmacy Directors
Pharmacy & Therapeutics (P&T) Committee	1. TH P&T – Antimicrobial Stewardship Expert Panel		2. 4 Factor Prothrombin Complex Concentrate (4F-PCC) Fixed Dose Initiative		1. Physicians, Pharmacists, Nurses 2. Physicians, Nurses, Pharmacists, Emergency Department Providers, Surgeons, Intensivists
Pulmonary & Critical Care CEC		1. Members Needed		2. Family Meetings Within 72 Hours of ICU Admission	1. Critical Care Providers, Nurses and Support Staff 2. Critical Care Providers, Nurses, Support Staff
Surgical Services CEC		1. Patient-Centered Approach to Improving Perioperative Antimicrobial Selection			1. Surgeons, Anesthesiologist, APN's, Pharmacy

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.

Cardiovascular Clinical Excellence Council

Intended Audience: Primary Care Physicians, Primary Care Advanced Practice Providers, Cardiologist, Heart Failure Advanced Practice Providers, Heart Failure Nurses, Heart Failure Clinics



Final Decision based upon feedback: Heart Failure Clinical Guidance

The Heart Failure Expert Panel reviewed all feedback and made appropriate adjustments to the Heart Failure Guidelines for the Primary Care Setting. Attached is the final document.

[Heart Failure Clinical Guidance Reference](#)

Email: Jim.Vandewarker@Trinity-Health.org

Leaders: Jim Vandewarker, R.N., director clinical transformation and Russell Silverman, M.D., medical director, cardiovascular services.

Link to team materials accessible only when connected to Trinity Health Network: [Cardiovascular CEC Homepage](#)

Clinical Operations Clinical Excellence Council

Intended Audience: Continuing Care, Rehabilitation facilities, Behavioral Health, Patient Access



Information: IRF-PAI Changes

Review section N Medications Indications including the regulatory requirement of documentation of six drug classes for inpatient rehab patients receiving these medications

at admission and discharge. Clinical Operations supported option 1 for build in TogetherCare.

[IRF-PAI Changes SBAR](#)

Intended Audience: Health Information Management, Patient Access, Medical Records, Lab Leaders, Ambulatory, Inpatient and Emergency Providers



Information: Cures Act Information Blocking 2022

Reviewed requirements of the law mandating changes to EHRs removing delays that are currently in place for patient information. This change allows result immediate release of all DRS data elements (except HIV test results). Option 1 supports the intent of the law and allows compliance for Trinity Health. Clinical Operations supported option 1 for build in TogetherCare.

[Cures Act Information Blocking 2022 SBAR](#)

Intended Audience: Palliative Care providers and Nurses, Quality Professionals



Information: SBAR 100 Palliative Care Quality Collaborative Registry

A new registry combining three prior programs into a new comprehensive database focusing on quality in Palliative Care. The national registry captures both program and patient level quality data. This registry is required for Palliative Care residency programs. Registry includes inpatient and community-based programs. Approved build is option 1 which includes required and core data elements.

[Palliative Care Quality Collaborative Registry SBAR](#)

Intended Audience: Case Managers, Social Workers



Final Decision based upon feedback: SBAR 181 Improvement of Care Management & 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. ClinOps approved option 2 in the SBAR.

[Improvement of Case Management and Social Work Documentation Tools SBAR](#)

Intended Audience: Providers (e.g., hospitalists, primary care providers) of patients needing inpatient care, Infection Preventionists, and Infectious Disease Specialist



Final Decision based upon feedback: SBAR 363 Enhancing Clinical Effectiveness of orders for C. difficile Infections 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. ClinOps approved option 2 of the SBAR.

[Enhancing Clinical Effectiveness of Orders for C. difficile infection in TogetherCare SBAR](#)

Intended Audience: Clinicians ordering MLDC, ALDC Laboratory Testing



Final Decision based upon feedback: SBAR 276 Optimize use of 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. Feedback and Expert Panel recommendations were reviewed and approved.

[Optimize use of the Manual Leukocyte Differential SBAR](#)

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](#)

Medical Groups Clinical Leadership Group

Intended Audience: All Inpatient and Outpatient Clinical Staff



Feedback: Lab Results Trending

The Trinity Health Medical Group Clinical Content Committee (THMG CCC) reviewed a previous decision regarding trending like lab results together, such as HgbA1c results that come from both point care testing and local labs. The THMG CCC recommends trending all like lab result components together in TogetherCare activities such as Synopsis and Chart Review. This includes, but is not limited to, results that come from point of care tests, external labs, and reference labs. The THMG CCC is requesting feedback about this SBAR.

[Lab Results Trending SBAR](#)

[Click here for survey](#)

Email: dweiswasser@trinity-health.org

Leaders: Mark LePage, senior vice president medical groups and ambulatory strategy

Link to team materials accessible only when connected to Trinity Health Network: [MG CLG](#)

[Homepage](#)

[Pharmacy Clinical Leadership Group](#)

Intended Audience: Pharmacy Directors



Information: Updated Pharmacy CLG Members

The previous vacancies for the Clinical Pharmacy Leader (Acute Care), Community/Retail Pharmacy Leader, Ambulatory Pharmacy Leader, and Retail/Specialty Pharmacy Leader have been filled. The Pharmacy CLG roster has been updated and is available on the Pharmacy CLG SharePoint page via the homepage link at bottom of the Pharmacy Clinical Leadership Group section.

Intended Audience: Pharmacy Directors



Feedback: Pharmacy Directors Needed

The Pharmacy Clinical Leadership Group (CLG) is requesting nominations for two directors of pharmacy to fill voting member vacancies on the Clinical Leadership Group. The Pharmacy CLG provides system-level executive decision making for pharmacy practice across Trinity Health and meets virtually from 12 – 2 p.m. EST, on the third Wednesday of each month.

Interested candidates should submit a resume or CV to Becky Hoerner at hoernerb@trinity-health.org.

[P&T Committee](#)

Intended Audience: Physicians, Pharmacists, Nurses



Information: Trinity Health Pharmacy and Therapeutics Committee – New Antimicrobial Stewardship Expert Panel

The Pharmacy and Therapeutics Committee's newly formed Antimicrobial Stewardship (ASP) Expert Panel has filled its inaugural membership. The initial ASP Expert Panel roster is now available on the [Pharmacy and Therapeutics Site](#).

Intended Audience: Physicians, nurses, pharmacists, emergency department providers, surgeons, intensivists



Final Decision based upon feedback: 4 Factor Prothrombin Complex Concentrate (4F-PCC) Fixed Dose Initiative

4-Factor prothrombin complex concentrate (4F-PCC, Kcentra) is administered for emergent reversal of anticoagulant medications including warfarin and the direct-acting oral anticoagulants (DOACs) factor Xa inhibitors (e.g. apixaban, rivaroxaban). The Trinity Health Pharmacy and Therapeutics committee adopted a fixed dosing regimen for dosing of 4F-PCC for reversal of warfarin and factor Xa with a redosing option. There is a cost savings opportunity of approximately \$2.6 million dollars annually for Trinity Health.

[4 Factor Prothrombin Complex Concentrate \(4F-PCC\) Fixed Dose Initiative SBAR](#)

Email: Pharmacy CLG: maria.pusnik@trinity-health.org

P&T Committee: rachael.lu@trinity-health.org

Leaders: Damon Redding, Pharm.D, MPH, MBA, V.P. & Chief Pharmacy Officer - Trinity Health Enterprise Pharmacy (THE-P)

Link to team materials accessible only when connected to Trinity Health Network: [Pharmacy CLG Homepage](#)

[Pulmonary & Critical Care Clinical Excellence Council](#)

Intended Audience: Critical Care Providers, Nurses and Support Staff, including; ICU Consultants, Pharmacists, Social Work, Chaplains & Nutrition Services



Feedback: CEC CNO Member and Expert Panel Members Needed

The Pulmonary & Critical Care CEC is in need of a CNO representative. If interested, please contact Kelly Hojnacki at the email link below.

There are several openings on Expert Panels as well. If interested in serving in this capacity or for more information please contact Kelly Hojnacki at the email link below.

Intended Audience: Critical Care Providers, Nurses, Support Staff



Implementation Bundle: Family Meetings Within 72 Hours of ICU Admission

Keeping patients and families informed and involved in their care is a goal for the critical care team. The Pulmonary & Critical Care CEC, in accordance with SCCM, has established holding family meetings within 72 hours of ICU admission as a system standard. The patient for whom family meetings should be held are, at minimum:

- Patients with a complicated clinical course
- Patients post cardiac arrest
- Patients on mechanical ventilation
- Patients with anticipated ICU LOS of 72 hours or greater
- Patients for whom end of life decision making is necessary
- For families that may experience conflicts in care decision-making

Existing TogetherCare functionality will be used to document and track these meetings. An Implementation Bundle will follow to assist ICU leaders.

[Family Meetings Within 72 Hours of ICU Admission Implementation Bundle](#)

Email: hojnacka@trinity-health.org

Leader: Kelly Hojnacki, R.N., director, clinical transformation and Bruno DiGiovine, M.D., M.P.H., medical director, medical specialties

Link to team materials accessible only when connected to Trinity Health Network:

[Pulmonary and Critical Care CEC Homepage](#)

Surgical Services Clinical Excellence Council

Intended Audience: Surgeons, Anesthesiologist, APN's, Pharmacy



Feedback: Patient-Centered Approach to Improving Perioperative Antimicrobial Selection

The surgery CEC is seeking feedback on the Patient-Centered Approach to Improving Perioperative Antimicrobial Selection SBAR. After review by the antimicrobial stewardship committee the surgery CEC supports the recommendations outlined in the attached SBAR.

[Patient-Centered Approach to Improving Perioperative Antimicrobial Selection SBAR](#)

[Click here for survey](#)

Email: stoutcl@trinity-health.org

Leaders: Carole Stout, R.N., director, clinical transformation; Steve Ruby, M.D., medical director, surgical services; Matthew K. Folstein, M.D., FACS

Link to team materials accessible only when connected to Trinity Health Network: [Surgical Services CEC Homepage](#)
