

# Clinical Leadership Update



## May 2023 Activities

Published: June 1, 2023



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:

- [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 (No Survey this Month)	 Final Decision based on feedback	 Implementation Bundle: Action Required	Intended Audience
<a href="#">Clinical Operations CEC</a>	1. Procedural Sedation Order Set				1. ED Physicians, ICU Physicians, Anesthesiologist, Nurses, Pharmacist
<a href="#">Emergency Care CEC</a>		1. Expert Panel Members Needed	2. Add Clinical Opioid Withdraw Scale (COWS) to ASAP Scoring Tools		1. Emergency Care Providers, Emergency Care Nursing staff 2. Emergency Providers and Nursing Colleagues
<a href="#">Oncology CEC</a>		1. CEC Member Needed			1. Medical Oncologist
<a href="#">Pharmacy P&amp;T Committee</a>			1. Anifrolumab (Saphnelo) 2. Inebilizumab-CDON (Uplinza) 3. Dexamethasone Intraocular Suspension (Dexycu) and Dexamethasone Ophthalmic Insert (Dextenza) 4. Bezlotiximab (Zinplava)		1. Physicians, Nurses, Pharmacists 2. Physicians, Nurses, Pharmacists, Neurologists, Ophthalmologists 3. Physicians, Nurses, Pharmacists, Ophthalmologists 4. Physicians, Nurses, Pharmacists, Gastroenterologists, Infectious Disease.
<a href="#">Pulmonary &amp; Critical Care CEC</a>		1. CEC Member Needed			1. Palliative Care Physician or Advance Practice Providers
<a href="#">Radiology CLG</a>			1. Abbreviated Breast MRI Protocol 2. Radiologist Home Reading Station Standards		1. Radiologists, Imaging Leadership, Imaging Colleagues 2. Radiologists, Imaging Leadership

			3. MR Non-Conditional Cardiac Implantable Electronic Devices		
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					3. Radiologists, Cardiologists, Imaging Leadership, Cardiology Leadership, Imaging Colleagues
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KEY:



Feedback



Final Decision based upon feedback



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.

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## Clinical Operations Clinical Excellence Council

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**Intended Audience:** ED Physicians, ICU Physicians, Anesthesiologist, Nurses, Pharmacist



### **Information: SBAR # 357 Procedural Sedation Order Set**

Recommendations of this SBAR were approved by ClinOps CEC in May. The request was development of a procedural sedation order set in TC establishing a standard for ordering, procurement, and documentation for non-emergent procedures requiring sedation.

[Procedural Sedation Order Set SBAR #357](#)

**Email:** [Jim.Vandewarker@Trinity-Health.org](mailto: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](#)

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## Emergency Care Clinical Excellence Council

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**Intended Audience:** Emergency Care Providers, Emergency Care Nursing staff



### **Feedback: Expert Panel Members Needed**

The Emergency Care Clinical Excellence Council is requesting volunteers to participate in the following Expert Panels:

- **Improving Care Delivery** – ED and Behavioral Health Providers and Nurses needed to address projects such as clinical guidance to reduce variation in clinical practice regarding optimizing care of behavioral health patients held in the ED, optimizing care of the agitated dementia patient and guidelines to optimize care of septic patients in the ED.
- **Reducing Unnecessary Utilization** – ED Nursing representatives needed to address projects such as clinical guidance to reduce variation in clinical practice in CT utilization in non-traumatic headache, CT utilization in Syncope and clinical guidelines for management of patient with syncope as well as reducing unnecessary IV Hydration in adults and pediatric patients in the ED.
- **Improving Caregiver Resilience and Patient Experience** – ED Providers and Nurses needed to provide guidance for projects such as improving communication strategies for colleagues to manage expectations of patients/families while waiting for care in the ED, Strategies to improve comfort and experience during periods of waiting and improving education for discharged patients

• Email: [hjjacka@trinity-health.org](mailto:hjjacka@trinity-health.org)

**Intended audience:** Emergency Providers and Nursing Colleagues



### **Final Decision based upon feedback: SBAR #603 Addition of COWS to ASAP Scoring Tools for Providers**

The EC CEC has requested that the expansion of Clinical Opioid Withdraw Scale (COWS) to Clinical Scoring Tools within ASAP for Providers to assist with treatment of opioid withdrawal. COWS is an existing standard, but providers did not have access to it. In addition, a systemwide smart link will be created that will displays the COWS score in clinical documentation.

[Clinical Opioid Withdraw Scale \(COWS\) to ASAP Scoring Tools SBAR # 603](#)

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

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## Oncology Clinical Excellence Council

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**Intended Audience: Medical Oncologist**



### **Feedback: Oncology CEC Member Needed**

The Oncology CEC is seeking membership for the Medical Oncology Expert Panel. Anyone interested in serving on this panel should please contact Carole Stout, Director Clinical Transformation at [stoutcl@trinity-health.org](mailto:stoutcl@trinity-health.org).

Email: [stoutcl@trinity-health.org](mailto:stoutcl@trinity-health.org)

Leader: Carole Stout, R.N., director, clinical transformation and Adam Boruchov, M.D.

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

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## Pharmacy Clinical Leadership Group

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Pharmacy & Therapeutics Committee Decisions

**Intended audience: Physicians, Nurses, Pharmacists**



**Final Decision based upon feedback: Anifrolumab-fnia (Saphnelo)** Anifrolumab is a new treatment option for patients with moderate to severe systemic lupus erythematosus (SLE). Anifrolumab is a human IgG1k monoclonal antibody that binds to subunit 1 of the type I interferon receptor (IFNAR) with high specificity and affinity. This binding inhibits type I IFN signaling, thereby blocking the biologic activity of type I IFNs. Anifrolumab also induces the internalization of IFNAR1, thereby reducing the levels of cell surface IFNAR1 available for receptor assembly. Blockade of receptor mediated type I IFN signaling inhibits IFN responsive gene expression as well as downstream inflammatory and immunological processes. Inhibition of type I IFN blocks plasma cell differentiation and normalizes peripheral T-cell subsets. Trinity Health Pharmacy and Therapeutics committee added anifrolumab (Saphnelo) to formulary restricted outpatient to infusion centers.

[Anifrolumab-fnia \(Saphnelo\) SBAR](#)

**Intended audience: Physicians, Nurses, Pharmacists, Neurologists, Ophthalmologists**



### **Final Decision based upon feedback: Inebilizumab-CDON (Uplinza)**

Inebilizumab-cdon is indicated for treatment of neuromyelitis optica spectrum disorder (NMOSD). It is the first and only medication in its class. It is to be administered intravenously at an infusion center at week 0, 2 and then every 6 months. Due to high risk of developing an infusion reaction, in addition to monitoring during infusion and 1 hour post infusion, pre-medication with corticosteroid, antihistamine and antipyretic is recommended. Drug also needs to be infused via a 0.2 or 0.22 micron in-line filter. Prior to initiating inebilizumab-cdon, patient should be screened for hepatitis B virus and TB. Patient should get a quantitative serum immunoglobulin test and receive any recommended live vaccinations at least 4 weeks prior to initiation. Monitoring for infections (TB, Hepatitis B, PML) and levels of IgG and IgM should continue throughout treatment. Inebilizumab-cdon is contraindicated in patients with a history of life-threatening infusion reaction, active hepatitis B infection and active or untreated latent TB. Most common adverse reactions include Urinary tract infection (11%), decreased neutrophils (2% to 12%), antibody development (6%), arthralgia (10%), back pain (7%), nasopharyngitis (7%) and infusion related reaction (9%). Women of childbearing potential should use contraception while on medication and 6 months after last infusion due to drug crossing the placental barrier and causing harm to the fetus due to B-cell depletion. There is no data in lactation. Trinity Health Pharmacy and Therapeutics Committee added inebilizumab-CDON to TH formulary restricted to outpatient/infusion center, neurology and ophthalmology.

[Inebilizumab-cdon \(Uplinza\) SBAR](#)

**Intended Audience: Physicians, Nurses, Pharmacists, Ophthalmologists**



### **Final Decision based upon feedback: Dexamethasone Intraocular Suspension (Dexycu) and Dexamethasone Ophthalmic Insert (Dextenza)**

Dexycu (dexamethasone intraocular suspension 9%) is an anterior chamber intracameral dexamethasone drug-delivery suspension indicated for treatment of postoperative inflammation in patients undergoing cataract surgery. The formulation is delivered via a one-time administration system by physician-controlled injection at the conclusion of cataract surgery. It forms a surface-tension based sphere which is released into the eye as the droplet is absorbed over 21 days. Drug delivery is highest on the day of application, and slowly tapers as the medication dissipates over time. Once the drug depot is fully absorbed, drug delivery stops.

Dextenza (dexamethasone ophthalmic insert) 0.4 mg is an intracanalicular insert placed in the punctum and into the canalculus that delivers dexamethasone to the ocular surface for up to 30 days postoperatively. Dextenza is administered via a single insertion by physician at the conclusion of ophthalmic surgery. It is resorbable and does not require removal, but may be removed by saline irrigation or manual expression if necessary. Trinity Health Pharmacy and Therapeutics Committee designated Dexycu and Dextenza as not formulary and not available.

### [Dexamethasone Intraocular Suspension \(DEXYCU\) and Dexamethasone Ophthalmic Insert \(DEXTENZA\) SBAR](#)

**Intended Audience: Physicians, Nurses, Pharmacists, Gastroenterologists, Infectious Disease**



#### **Final Decision based upon feedback: Bezlotoximab (Zinplava)**

Bezlotoximab is indicated to reduce recurrence of Clostridioides difficile infection (CDI) in patients ≥ 18 years of age who are receiving antibacterial treatment of CDI and are at high risk for CDI recurrence. Approved by FDA on 10/21/2016. Trinity Health Pharmacy and Therapeutics committee added bezlotoximab to formulary restricted to infectious disease or gastroenterologists outpatient infusion and to inpatient restricted to high risk patients with a length of stay that would exceed the benefit window of the medications. See document for additional details.

### [Bezlotoximab \(Zinplava\) SBAR](#)

**Email:** [Pharmacy CLG Contact Email](#)  
[Pharmacy & Therapeutics Contact Email](#)

**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: Palliative Care Physician or Advance Practice Providers**



#### **Feedback: Pulmonary & Critical Care CEC Member Needed**

The Pulmonary & Critical Care CEC is seeking a Palliative Care Provider.

Anyone interested should contact Kelly Hojnacki at [hojnacka@trinity-health.org](mailto:hojnacka@trinity-health.org).

**Email:** [hojnacka@trinity-health.org](mailto: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](#)

### [Radiology Clinical Leadership Group](#)

**Intended Audience: Radiologists, Imaging Leadership, Imaging Colleagues**



#### **Final Decision based upon feedback: Standardization of Approach for Abbreviated Breast MRI**

The Radiology Clinical Leadership Group has made final after reviewing CLU feedback the Abbreviated Breast MRI protocol SBAR.

### [Standardization of Approach for Abbreviated Breast MRI SBAR](#)

**Intended Audience: Radiologists, Imaging Leadership**



#### **Final Decision based upon feedback: Radiologist Home Reading Station**

The Radiology Clinical Leadership Group has made final after reviewing CLU feedback the Radiologist Home Reading Station Standards SBAR.

### [Radiologist Home Reading Station SBAR](#)

**Intended Audience: Radiologists, Cardiologists, Imaging Leadership, Cardiology Leadership, Imaging Colleagues**



#### **Final Decision based upon feedback: MR Non-Conditional Cardiac Implantable Electronic Devices**

The Radiology Clinical Leadership Group has made final after reviewing CLU feedback the MR Non-Conditional Cardiac Implantable Electronic Devices SBAR as co-developed with Cardiology Excellence Council.

### [MR Non-Conditional Cardiac Implantable Electronic Devices PowerPoint](#)

**Email:** [Eric.Colaianni@saintalphonsus.org](mailto:Eric.Colaianni@saintalphonsus.org)

**Leaders:** Eric Colaianni, director, St. Alphonsus Health Systems Services, Radiology Administration and Eric Ferguson, M.D.

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

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