

Clinical Leadership Update



June 2023 Activities



Published: July 6, 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	 Final Decision based on feedback	 Implementation Bundle: Action Required	Intended Audience
<u>Clinical Operations</u>	1. Overdue Results for		3. REaL and SOGI Data Collection		1. Infusion Physicians and Nursing

CEC	Infusion Centers 2. Diet Orders Comment Field				2. Physicians, Advance Practice Providers, Nutritionist and Dietary support staff 3. Registration Colleagues in all Care Settings, All System Colleagues
Pharmacy: P&T Committee			1. Lidocaine Infusion... after Surgery 2. Calcium Gluconate Infusion 3. Spesolimab-sbzo (Spevigo)		1. Physicians, Nurses, Pharmacists, Surgeons 2. Physicians, Nurses, Pharmacists, Nephrologists, Emergency Department Prescribers, Intensivists, And Surgeons 3. Physicians, Nurses, Pharmacists
Pulmonary & Critical Care CEC		1. Member Needed		2. Removing Race Correction from PFT Calculations	1. Palliative Care Physician or Advance Practice Providers 2. Pulmonologists, Respiratory Therapists, Critical Care Providers, Nurses, PFT Lab colleagues and Biomedical Engineers
Surgical Services CEC		1. Trocar Conversion 2. Reason for Delay Code Options in Epic			1. Surgeons 2. OR Nursing, Anesthesia, Surgeons, Radiology, 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.

Intended Audience: Infusion Physicians and Nursing



Information: Overdue Results for Infusion Centers

SBAR 471 Overdue Results for Infusion Centers was reviewed at Clinical Operations CEC. Clinical Operations supported Oncology CEC recommendations of option #4. Option 4 list listed under the attached SBAR recommendations. Option 3 is listed and crossed out as it was not feasible.

[Overdue Results for Infusion Centers SBAR](#)

Intended Audience: Physicians, Advance Practice Providers, Nutritionist and Dietary support staff



Information: Diet Order Comment Field Removal

SBAR 525 Diet Orders Comment Field was reviewed at Clinical Operations CEC. Clinical Operations supported option # 2 recommendation removing comment from diet order.

[Diet Order Comment Field Removal SBAR](#)

Intended Audience: Registration Colleagues in all Care Settings, All System Colleagues



Final Decision based upon feedback: REaL and SOGI Data Collection

SBAR 418 REaL and SOGI Data Collection (Race, Ethnicity and Preferred Language and Sexual Orientation, Gender Identity) feedback was reviewed. Accepted changes are in red under recommendations in attached SBAR.

[REaL and SOGI Data collection SBAR 418](#)

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](#)

[Pharmacy Clinical Leadership Group](#)

Pharmacy & Therapeutics Committee Decisions

Intended audience: Physicians, Nurses, Pharmacists, Surgeons



Final Decision based upon feedback: Lidocaine Infusion for Enhanced Recovery after Surgery

The Pharmacy and Therapeutics Committee in collaboration with Surgery CEC

supported that Lidocaine infusions for ERAS should be added to the “Meds: Pain Management” order panel section of the 'General Surgery – Enhanced Recovery After Surgery Postprocedure' and other applicable order sets so the medication can be safely and efficiently ordered by surgical clinicals for this indication along with appropriate prescribing, safety, and monitoring procedures.

[Lidocaine Infusion SBAR](#)

Intended audience: Physicians, Nurses, Pharmacists, Nephrologists, Emergency Department Prescribers, Intensivists, And Surgeons



Final Decision based upon feedback: Calcium Gluconate Infusion

There are medically accepted indications for the use of a calcium gluconate infusion as well as reasons why it may be preferred to a calcium chloride infusion in certain situations, but currently a calcium gluconate infusion is not orderable in Epic. The Trinity Health Pharmacy and Therapeutics Committee supported the addition of calcium gluconate infusion as a panel only medication in TogetherCare for Hungry Bone Syndrome, an alternative for Calcium channel blocker overdose, as well as an alternative to calcium chloride for CRRT.

[Calcium Gluconate SBAR](#)

Intended Audience: Physicians, Nurses, Pharmacists



Final Decision based upon feedback: Spesolimab-sbzo (Spevigo)

Spesolimab-sbzo (Spevigo) is a novel interleukin-36 receptor antagonist for the treatment of generalized pustular psoriasis flares in adults. Trinity Health Pharmacy and Therapeutics Committee added of spesolimab-sbzo to formulary with restricted use to infusion clinic (outpatient setting only). A prior authorization must be obtained from the insurance company, as well as screen for Tuberculosis prior to drug being infused.

[Spevigo 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 for a voting member position. The CEC meets for 90 minutes on the third Tuesday of each month from 2:30p – 4:00p(EST). Positions are also available on two expert panels. Anyone interested should contact Kelly Hojnacki at hojnacka@trinity-health.org.

Intended Audience: Pulmonologists, Respiratory Therapists, Critical Care Providers, Nurses, PFT Lab colleagues and Biomedical Engineers



Final Decision based upon feedback: Removing Race Correction from PFT Calculations

After review of the feedback received in the May Clinical Leadership Update, the Pulmonary and Critical Care Clinical Excellence Council strongly endorses conversion to race-neutral calculations for Pulmonary Function Testing as a standard across the Trinity Health System.

- PFT Laboratories should adopt a race neutral approach to PFT interpretation by reporting and interpreting results using average reference equations. The Global Lung Function Initiative (GLI) average equation, published as GLI Global, is a recommended race-neutral average reference equation that PFT Laboratories should use.
- Laboratories must educate patients and referring clinicians about the rationale for change and the impact on the reported and interpreted values. Replacing GLI 2012 with GLI Global will cause an increase in severity in restrictive impairment for non-white patients and a decrease in the severity of restrictive disease for white patients. Replacing FLI 2012 with GLI Global will have only a minimal change in identification of obstructive impairments.
- PFT results in the EHR and PFT laboratory websites should include standardized scripts that communicate a change to an average reference equation and its anticipated consequences.

[Removing Race Correction from PFT Calculations SBAR](#)

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



Feedback: Trocar Conversion to Applied Medical Trocars

The surgery CEC is seeking feedback on a Trocar conversion to Applied Medical Trocars. A trial with 11 ministries and 186 surgeons was conducted during the month of May. Service lines included: bariatrics, colorectal, general, GYN, GYN oncology, surgical oncology, thoracic, transplant, trauma, urology, vascular. The results of the trial were 95% positive for a conversion to Applied Trocars with 177 surgeons rating the Applied Medical trocars as superior or acceptable and all 177 indicating they were ready to convert to Applied Medical trocar's.

[Trocar Expert Panel Materials](#)

[Trinity Health Trocar Trial Summary](#)

[Click here for survey](#)

Intended Audience: OR Nursing, Anesthesia, Surgeons, Radiology, Pharmacy



Feedback: Reason for Delay Code Options in Epic

The surgery CEC is seeking feedback on an SBAR for Delay Code Options in TogetherCare.

The “Reason for Delay” code options in Epic do not match the delay reasons that Perioperative Services experience. Hospitals across the enterprise worked together to review the current list and compiled a list of proposals (see SBAR and attachment), identifying which codes need to be added, removed, and renamed.

[Reason for Delay Code Options in Epic SBAR](#)

[OR Delay Codes](#)

[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](#)
