



October Activities

Published: November 1, 2023 UPDATED LINKS 11.10.23



It was brought to our attention the Orthopaedic and Emergency Care CEC had links that were not working. Emergency Care CEC had two separate links to the same document. One has been removed. The other broken links have been updated. Please use this update to forward.

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		1.Membership			1.Electrophysiology

CEC		Request 2.Membership Request			Physicians 2. Electrophysiology Physicians, Manager / Director with Responsibly with Cardiac Devices and Procedures
Clinical Operations CEC	1.Nova Note #830511	2.SBAR #558 Pathology- Cytology Results Releasing Timing Default			1.Primary Care Physicians, Ambulatory Advanced Practice Providers 2.Physician and Advanced Practice Providers
Emergency Care CEC	1.Review/Revise Stewardship of Antibiotic Use in Uncomplicated URI 2.Review Low Risk Chest Pain Guidelines - NO Revision				1.Urgent Care Providers, Ambulatory Care Providers, Emergency Care Providers, Emergency Care Nursing staff. 2. Emergency Care Providers, Emergency Care Nursing staff
Laboratory CLG		1.Membership Request			1.Laboratory medical directors and pathologists
Orthopaedic CEC	1. Update on Patient Reported Outcomes Measures (PROMs) for hip and knee surgery				1. Orthopaedic Hip and Knee Replacement Surgeons, Orthopaedic Service Line Leaders and Orthopaedic Joint Coordinators / Managers
Pharmacy CLG		1.Membership Request			1. Ambulatory Pharmacy Leaders
Pharmacy: P&T Committee		1.Membership Request	2.SBAR: Four factor PCC (KCentra) 3.SBAR: Lecanemab (Leqembi) 4. COVID Vaccines 5.RSV Vaccine Adult 6. Niresevimab RSV pediatrics Monocolonal 7.Pneumococcal Vaccine Update		1.Infectious Disease and Antimicrobial Stewardship Pharmacists 2. Physicians, nurses, pharmacists, cardiac surgeons 3. Physicians, nurses, pharmacists, neurologists 4. Physicians, nurses, pharmacists. 5. Physicians, nurses, pharmacists 6. Physicians, nurses, pharmacists, neonatologists 7. Physicians, nurses, pharmacists.
Social Care CEC		1.Membership Request			1. Acute Care Managers,

					Community Health & Well-Being Leaders, Patient Experience Officer and Community Health Workers
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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.

Cardiovascular Clinical Excellence Council

Intended Audience: Electrophysiology Physicians

 **Feedback: Members Needed**

The Cardiovascular Clinical Excellence Council is accepting applications for an Electrophysiology Physician to participate on the council. The calls are the 3rd Tuesday of the month from 530-700 pm EST. Please send questions or your CV if interested to Jim Vandewarker: jim.vandewarker@trinity-health.org

Intended Audience: Electrophysiology Physicians, Manager / Director with Responsibility with Cardiac Devices and Procedures

 **Feedback: Expert Panel Members Needed**

The Cardiovascular CEC is developing an Expert Panel focusing on Electrophysiology Physicians including cardiac ablations, device implants and LAAO procedures. Dr. Jason Meyers, (Iowa Heart) will chair this new group with 10-12 Electrophysiologist experts and including manager/directors with responsibility with cardiac devices and procedures. This Expert Panel is a recommending body to the full Cardiovascular Clinical Excellence Council. Calls would be in the evening quarterly. Please send questions or your CV if interested to Jim Vandewarker: jim.vandewarker@trinity-health.org

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: Primary Care Physicians, Ambulatory Advanced Practice Providers

 **Information: Nova Note #830511 Upgrade: Refresh to Charge Capture.**

Clinical Operations reviewed Nova Note #830511 Upgrade: Refresh to Charge Capture. Discussion to move forward with diagnoses associated with charges in the Charge Capture pop-up window will file to the visit diagnoses. Clinical Operations supported Nova Note to move forward for build. Please see PowerPoint slides for additional information.

[Charge Capture Refresh Nova Note Decision Education](#)

Intended Audience: Physician and Advanced Practice Providers



Feedback: SBAR #558 Pathology-Cytology Result Release Timing

SBAR 558 Pathology-Cytology Results Releasing Timing: Default Immediate Release of Lab & Radiology Results with Options for Delays. Clinical Operations supports an updated SBAR 558, which recommends that, by default, all lab and radiology results in TogetherCare are immediately available to patients via MyChart. Upon ordering, a provider may request a three-day delay or indefinite release with an accompanying selection of an explanation. Routine use of delayed results contravenes the [Information Blocking provisions of the 21st Century Cures Act](#), so such behavior would be monitored for abuse. Please review accompanying SBAR and slides for details.

[SBAR #558: Pathology-Cytology Result Release Timing](#)

[SBAR #558: Pathology-Cytology Result Release Timing Education](#)

[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](#)

Emergency Care Clinical Excellence Council

Intended Audience: Urgent Care Providers, Ambulatory Care Providers, Emergency Care Providers, Emergency Care Nursing staff



Information: SBAR # 59: Antibiotic Stewardship in Uncomplicated Upper Respiratory Infection in Adults

The EC CEC and THMG have reviewed and revised the algorithm for Uncomplicated Upper Respiratory Infection in Adults. The revised Algorithm will be updated in TogetherCare. See the Algorithm below for revisions.

[SBAR #59: Antibiotic Stewardship in Uncomplicated Upper Respiratory Infection](#)

[URI Antibiotic Use Guide](#)

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



Information: Guideline for Rapid Diagnosis of Low-Risk Chest Pain in Trinity Health Emergency Departments. (Reviewed. No Revision Needed)

As part of the routine review process to ensure that we practice in an evidence-based way, the EC-CEC Has reviewed the Standard for managing Low-Risk Chest Pain in the ED. The evidence reviewed is consistent with our current guidelines and there is no compelling reason to revise the guidance at this time. The reviewed guideline is attached.

[Algorithm Low Risk Chest Pain in ED Reference](#)

Email: hojnacka@trinity-health.org

Leader: Kelly Hojnacki, R.N., director, clinical transformation and Jim DeVecchio, M.D., medical director, emergency care.

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

[Laboratory Clinical Leadership Group](#)

Intended Audience: Laboratory Medical Directors and Pathologists



Feedback: Member Request

The purpose of the Lab CLG is to define strategies, interventions, metrics, and technologies to optimize laboratory operations in ways that support emerging population needs for both inpatients and outpatients; including the provision of appropriate and accountable people-centered care for higher quality, safety and value across the Trinity System. Variation causes fragmentation and inconsistencies in patient care that can be addressed by development of standard clinical content and clinical processes. The Lab CLG is a multidisciplinary group that strives to look to design new lab testing approaches to improve clinical consistency, efficiency and quality across the entire TH system. Lab CLG is looking for medical directors across Trinity that want to join the LCLG membership to fulfill that purpose.

Email: Jeff.Wood@trinity-health.org

Leader: Jeff Wood, 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](#)

[Orthopaedic Clinical Excellence Council](#)

Intended Audience: Orthopaedic Hip and Knee Replacement Surgeons, Orthopaedic Service Line Leaders and Orthopaedic Joint Coordinators / Managers



Information: CMS Requirements for Patient Reported Outcomes Measures (PROMs)

CMS requirement starts July 1, 2024, for Patient Reported Outcomes Measures (PROMs) for hip and knee surgery. TogetherCare PROMs went into production on October 18th for TogetherCare Health Ministries (except for St. Peter's Health Partners, Saint Joseph Syracuse, and Trinity Health Muskegon). This is a hospital-based requirement for inpatients, outpatients' rules are still pending currently. The attached PowerPoint was presented during the Quality Contacts call in September. Contact Jim Vandewarker with questions. Jim.vandewarker@trinity-health.org

[Hospital Level THA PRO Measure PowerPoint](#)

Email: Jim.Vandewarker@Trinity-Health.org

Leader: Jim Vandewarker, R.N., director clinical transformation; Mark Pinto, M.D., medical director, orthopedics; Bryan Pack, M.D.

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

[Pharmacy Clinical Leadership Group](#)

Intended Audience: Ambulatory Pharmacy Leaders



Feedback: Members Needed

The Pharmacy Clinical Leadership Group (CLG) is requesting nominations for Director of Pharmacy to fill a voting member vacancy 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 hoernerb@trinity-health.org.

Pharmacy & Therapeutics Committee Decisions

Intended Audience: Infectious Disease and Antimicrobial Stewardship Pharmacists



Feedback: Trinity Health Pharmacy and Therapeutics Committee – Antimicrobial Stewardship Subcommittee Member Needed

The Pharmacy and Therapeutics Committee is requesting nominations for a pharmacist with Infectious Disease/Antimicrobial stewardship qualification.

The Antimicrobial Stewardship (ASP) works to ensure appropriate antimicrobial use and compliance with regulatory stewardship requirements. This committee provides initiatives and formulary recommendations to the Pharmacy and Therapeutics committee for final approval. The ASP EP meets virtually from 2 – 3 p.m. EST, on the third Monday of each month.

Interested candidates should submit a resume or CV to maria.pusnik@trinity-health.org.

Intended Audience: Physicians, Nurses, Pharmacists, Cardiac Surgeons



Final Decision: Four factor PCC (Kcentra) for Intra and Post-op Cardiothoracic Surgery Patients

Currently, no standardized approach exists at Trinity Health for the dosing of Four Factor Complex Concentrate (4F-PCC [Kcentra]) for intra- and post-op cardiothoracic surgery patients. This has led to delays in drug preparation, delivery, and administration of the medication for these critically ill patients experiencing major bleeding during or after cardiac surgery.

Studies have demonstrated similar efficacy and outcomes between use of flat dosing Kcentra or weight based dosing Kcentra for cardiac surgery. Studies have demonstrated similar efficacy and safety for Factor VIIa and Kcentra. There is a cost benefit for the use of Kcentra in cardiac surgery bleeding. Trinity Health Pharmacy and Therapeutics Committee established standards for fixed dosing Kcentra for cardiac bleeding, and use of Novo7 if the patient has continued bleeding or has Heparin allergy.

[Four Factor Prothrombin Complex Concentrate \(Kcentra\) Dosing for Cardiac SBAR](#)

Intended Audience: Physicians, Nurses, Pharmacists, Neurologists



Final Decision: Lecanemab (Leqembi)

Leqembi (lecanemab) is a: It is FDA-approved for the treatment of Alzheimer's disease in patients with mild cognitive impairment or mild dementia stage of disease. Leqembi is given as an intravenous (IV) infusion over 1 hour every 2 weeks. Leqembi has a black box warning for amyloid related imaging abnormalities (ARIA – E and ARIA - H); potential risks and benefits should be evaluated prior to treatment. ARIA usually occurs early in treatment and is usually asymptomatic, although serious and life-threatening events rarely can occur. Serious intracerebral hemorrhages > 1 cm, some of which have been fatal, have been observed in patients treated with this class of medications humanized monoclonal antibody directed against aggregated soluble and insoluble forms of amyloid beta, thus reducing amyloid beta plaques. Patients who are ApoE ε4 homozygotes (approximately 15% of Alzheimer's disease patients) treated with this class of medications, including Leqembi, have a higher incidence of ARIA, including symptomatic, serious, and severe radiographic ARIA, compared to heterozygotes and noncarriers. Testing for ApoE ε4 status should be performed prior to initiation of treatment to inform the risk of developing ARIA. Prior to testing, prescribers should discuss with patients the risk of ARIA across genotypes and the implications of genetic testing results. Trinity Health Pharmacy and Therapeutics Committee added Lecanemab (Leqembi) to TH formulary, restricted to outpatients aligning with CMS registry restrictions, inclusion, and exclusion criteria. A prior authorization must be obtained from the insurance company.

[Lecanemab \(Leqembi\) SBAR](#)

Intended Audience: Physicians, Nurses, Pharmacists



Final Decision: COVID Vaccines

The 2023-2024 formulas of the Pfizer-BioNTech and Moderna COVID-19 vaccines have approval or authorization for active immunization to prevent COVID-19 caused by SARS-CoV-2 in ages ≥ 6 months. Trinity Health Pharmacy and Therapeutics Committee established Pfizer/Comirnaty as the formulary product for 2023-2024 based on cost analysis and operational advantages. Covid Vaccines will be administered in outpatient areas only (physician offices and retail pharmacies). Exception: allow for vaccination of solid organ transplant patients who are pre-transplant inpatient and who are not anticipated to be discharged before transplant. Additionally, LTAC facilities within Trinity Health will continue to screen for need and administer Covid Vaccine if (clinically warranted) and desired by the patient.

[Covid Vaccine SBAR](#)

Intended Audience: Physicians, Nurses, Pharmacists



Final Decision: RSV Vaccine Adult

Arexvy (RSV vaccine, adjuvanted) and Abrysvo (RSV vaccine) are FDA-approved for active immunization for the prevention of lower respiratory tract disease (LRTD) caused by RSV in adults age ≥ 60 years. Both vaccines are administered as a single intramuscular dose of 0.5 mL. Abrysvo was recently approved in pregnant women 32-36 weeks of pregnancy. There is a cost advantage with the use of Arexvy. Trinity Health added Arexvy to TH formulary restricted to administration in physician clinics or outpatient pharmacies for patients within the ACIP approved criteria as the primary RSV vaccine. For patients who are pregnant and eligible for administration of RSV vaccine, Abrysvo was added to TH formulary restricted to administration in physician clinics or outpatient pharmacies for patients who meet criteria or for patients whose insurance requires administration of Abrysvo.

[RSV Vaccine Adult SBAR](#)

Intended Audience: Physicians, Nurses, Pharmacists, Neonatologists



Final Decision: Nirsevimab (Beyfortus)

Synagis (palivizumab) and Beyfortus (nirsevimab) are FDA-approved for the prevention of respiratory syncytial virus (RSV) lower respiratory tract disease. Providers should aim for nirsevimab administration in the first week of life for infants born shortly before and during the RSV season based on geography. Administration can occur during the birth hospitalization or in the outpatient setting. Infants with prolonged birth hospitalizations because of prematurity or other causes should receive nirsevimab shortly before or promptly after discharge. Nirsevimab should be administered shortly before the start of the RSV season for infants younger than 8 months. Nirsevimab should be administered shortly before the start of the RSV season for infants and children 8 through 19 months of age who are at increased risk of severe RSV disease. Nirsevimab may be given to age-eligible infants and children who have not yet received a dose at any time during the season.

Trinity Health added Nirsevimab to TH formulary restricted (1) for outpatient administration (2) for inpatient limited to Neonatal ICU or Special Care Nursery patients who are at high-risk of hospitalization from RSV(1) as defined by "Updated guidance for palivizumab prophylaxis among infants and young children at increased risk of hospitalization for respiratory syncytial virus infection". Doses should be administered shortly before discharge, just prior to and during the RSV season. See monograph for additional details. If nirsevimab is unavailable at a particular ministry during the 2023-24 RSV season, qualifying patients can receive one dose of palivizumab prior to discharge with education on necessary follow-up for continued protection from RSV. VFC should be used if available and patient is eligible.

[RSV Monoclonal Antibodies \(Nirsevimab\) SBAR](#)

Intended Audience: Physicians, Nurses, Pharmacists



Final Decision: Pneumococcal Vaccine – Update

Prenar 13, Vaxneuvance, and Pevnar 20 are approved for ages ≥6 weeks. Pneumovax 23 is approved for ages ≥50 years or ≥2 years who are at increased risk for pneumococcal disease. ACIP recommends routine vaccination with Pevnar 13 or Vaxneuvance as a 4-dose series at ages 2, 4, 6, and 12-15 months. Trinity Health Pharmacy and Therapeutics Committee added Pevnar 20 to formulary for neonatal/pediatric patients (in addition to adults patients) Based on previous Clin Op decision, routine administration of pneumococcal vaccine will be in physician office and pneumococcal vaccine will not be included in order sets (except for splenectomy) *See Clin Ops Decision SBAR Pneumonia Vaccine October 2019 for additional information, maintained Vaxneuvance (Pneumococcal 15) status as non-formulary. Updates to order sets and panels as well as the status of PCV13 and PCV23 will be determined with the publication of MMWR for pediatrics.

[Pneumococcal Vaccine 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](#)

Social Care Clinical Excellence Council

Intended Audience: Acute Care Managers, Community Health & Well-Being Leaders, Patient Experience Officer and Community Health Workers



Feedback: Members Needed

The Social Care CEC is looking for volunteers and eager to fill four voting vacancies. These roles are for an Acute Care Manager, Patient Experience Leader, Community Health Worker and a Community Health and Well-Being Social Care Lead.

Interested colleagues should send their resume/CV to Maureen Pike (Maureen.Pike@trinity-health.org)

Email: Maureen.Pike@trinity-health.org

Leaders: Maureen Pike, director, social and clinical care integration, communication health and well-being

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