



Safe. Trusted. Ready.

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Stroke Awareness Month

Lakewood Ranch Medical Center is proud to be a Primary Stroke Center and to have been recognized last week by the American Heart Association for year end Get With The Guidelines Stroke award. Our stroke management program is dedicated to ensuring quality care and processes to promote improved outcomes through reduced door to needle times for eligible ischemic stroke patients. In the fall of 2019 LWRMC added the ability to perform CT Perfusions, which has allowed us to extend our window to treat eligible candidates up to 24 hours. Computed tomography (CT) perfusion imaging shows which areas of the brain are adequately perfused with blood and provides detailed information on blood flow to the brain. Our partnership with Manatee Memorial Hospital ensures timely treatment for endovascular therapy, as well.

ER providers play a vital role in the initial treatment of our stroke patients, as time is brain. We strive to meet a door to needle goal of 60 minutes and average 49.5 minutes year to date. The use of Emergency Stroke Order Sets and Timeline helps to ensure the patient receives all the necessary treatment for top notch and timely stroke care. Upon arrival to inpatient units, we continue to follow best practice guidelines to provide the best stroke care. Dr. Gonzalez serves as the medical director of the stroke program and assisted in developing 5 stroke-related power plans that incorporate all elements of stroke care. For assistance in ordering stroke power plans, please call the Physician Support Desk at 941-745-7575. For any additional questions please contact Stroke Coordinator, Lisa Johnson at 941-782-2318.

COVID-19 Orders & Isolation

Cerner offers two options when ordering a COVID-19 PCR test. On the COVID-19 Lab Orders, in the required order entry field "Reason for Testing COVID-19", there are two values in the dropdown: Diagnostic and Screening.

Use "Diagnostic" when suspecting COVID-19 disease in symptomatic patients.

- A "Diagnostic" order will automatically generate an order for COVID-19 isolation
- Isolation will stay in the record until the result is obtained and the nursing team consults with the provider to remove isolation.

Use "Screening" in asymptomatic patients being evaluated for surveillance purposes (Surgery, Discharge to SNF, etc.)

- When a COVID-19 lab order is placed for "Screening", no isolation order will generate
- For patients being screened, a COVID-19 Isolation Order WILL be placed if the result returns as positive and the patient is not currently in isolation

P&T Committee - Formulary Changes

Urea oral powder

- Urea 15 gm powder packets are available for the treatment of euvolemic and hypervolemic hyponatremia.
- This product works by inducing osmotic secretion of free water.
- Urea is a safe and cost effective alternative to other agents, such as oral tolvaptan, for treating hyponatremia.
- Possible side/adverse effects are: hypernatremia, dehydration, N/V.
- **After reviewing the data surrounding the success of this product, the committee voted to approve addition of Urea 15 gm packets to the formulary.**

Melatonin

- The current formulary for insomnia includes, but is not limited to, benzodiazepines (i.e. temazepam), non-benzodiazepines (i.e. zolpidem), and diphenhydramine.
- Melatonin is a natural hormone that is secreted by the body's pineal gland to regulate the sleep-wake cycle.

- Melatonin is a dietary supplement that is used for various sleep disorders.
- Possible side/adverse effects are: headache, dizziness, nausea, sleepiness.
- Many studies have been done with melatonin that have shown favorable results, such as decreasing sleep onset latency and increasing total sleep time.
- **The committee voted to approve adding Melatonin 3 mg tablets to the formulary.**

Formulary Deletions

- After a thorough review of the entire LWRMC formulary, many items were identified as suggested agents to be considered for removal from the formulary. LWRMC has alternate formulary items that may be considered for use in place of these agents. These medications were approved for formulary removal.
- See P&T Newsletter for a full list of deletions: [\\LWR-SRV005\Pharmacy Published Documents\P&T Newsletters\2020\05 - P&T Newsletter May 2020.pdf](#)

Antimicrobial Stewardship Program

- The 2020 Antibiogram and Spectrum of Activity charts are now available. To reference these charts, you may access them in the LWRMC shared drive: [\\LWR-SRV005\Pharmacy Published Documents\Antibiogram\2020](#)
- The antibiogram shows an upward trend in terms of susceptibility for many organisms!

EASE App- “Snapchat for hospitals”

Lakewood Ranch Medical Center is pleased to announce the launch of the EASE app in July 2020. The surgery department and cath lab will begin using EASE (Electronic Access to Surgical Events), which is a HIPPA-compliant communication platform for the secure transmission of custom texts, photos and videos from medical professionals to their patients and loved ones. All messages disappear after 60 seconds and nothing is saved to the mobile device. EASE is sometimes call “Snapchat for hospitals”.

The app also alleviates communication burdens for families during stressful hospital events. EASE messages reach an unlimited number of selected people anywhere in the world interested in the updates as long as they have the app. The expansive reach of updates not only improves the experience for families, but also impacts the perception and reputation of hospitals and physicians.

AirStrip ONE Patient Monitoring

LWRMC will soon launch AirStrip ONE patient monitoring system. The AirStrip ONE app allows clinicians to capture and display waveforms on their mobile device., view telemetry monitoring, EKG rhythms, waveforms such as Spo2 and invasive pressure monitoring, as well as alarms in near real-time from anywhere they have internet access.

More information will be coming soon. Contact Lyn Swann, Cardiac Cath Lab Director, at 941-782-2273 with any questions.

High Sensitivity Troponin Implementation

UHS Laboratories are transitioning to **High Sensitivity Troponin**, which is an enhancement from the current traditional Troponin assay.

- This transition will occur in July 2020, after which the traditional troponin will no longer be available.
- The High Sensitivity Troponin Assay enhances early detection, risk stratification, and outcomes assessments for patients presenting with acute coronary syndrome (ACS) and non-ACS myocardial injury
- Order sets will be updated to reflect the new High Sensitivity Troponin Assay
- A 24-hour overlap will occur between traditional testing methodologies and the High Sensitivity Troponin for patients currently in the testing process
- Because of the high sensitive nature of the assay, **almost all patients will have a troponin value.** The goal is to look at the trend (rise and fall), however final decision-making should always include individual cardiovascular risk, clinical findings, and other diagnostic tools.

High sensitivity brings a change in units of measure and gender specificity to the Reference Ranges:

| Siemens Reference Range | Plasma (ng/L) | |
|-------------------------|---------------|--------|
| | Male | Female |
| Vista | <78.5 | <53.7 |

Serial testing will be as follows:

Emergency Departments: 0 and 1 hours (adding a 3rd draw at 3 hours for indeterminate cases)

- If a disposition is made after the second Troponin, the third will need to be cancelled.
- Patients should not wait in the ED for the 3-hour draw if not pertinent to the clinical disposition.

Inpatient/Observation: 0, 3, and 6 hours

The method of drawing the blood, associated workflows, and timing of laboratory “in-process” times remain unchanged.

Wound Care Center Update

Good News! We have been taking every precaution for the safety and well-being of your patients during this unprecedented pandemic and continue to treat patients with chronic wounds so their situations do not get worse, which can result in severe treatment and disability. We are **Open. Safe.** and **Ready.** to serve your patients!

Great News! Our center has been named a “Center for Distinction” for 2019. Lakewood Ranch Medical Center, Center for Wound Healing and Hyperbaric Medicine achieved outstanding clinical outcomes for twelve consecutive months, including patient satisfaction higher than 92 percent, and a minimum wound healing rate of at least 92 percent within 28 median days. Only 60% of centers eligible for the Center of Distinction award achieved the honor.

Medical Staff Policy Changes

New

- LWRMC Emergency Operations & Response Plans 2020 (replaced LWRMC Comprehensive Emergency Management Plan (CEMP))
- LWRMC Quality Plan 2020 (replaced LWRMC Quality Plan 2019)
- LWRMC Risk Management / Patient Safety Plan 2020 (replaced LWRMC Risk Management/ Patient Safety Plan 2019)

Revised

- Antimicrobial Stewardship Program
- Critical Calcium Protocol
- LWRMC EOP Response Plan Emerging Infectious Disease
- LWRMC EOP Response Plan Emerging Infectious Diseases (formerly LWRMC CEMP ANNEX Hurricane Plan)
- LWRMC EOP Response Plan Tornado/Severe Weather (formerly LWRMC CEMP ANNEX Code Brown Severe Weather Tornado)
- Pharmacokinetic Consultation and Monitoring (formerly Pharmacokinetic Dosing and Monitoring Services)

Retired

- Black Box Warnings
- Clarification of Medication Orders by a Pharmacist
- Director of Pharmacy
- Fentanyl Patch Administration, Removal, and Disposal
- License and Certifications
- LWRMC Comprehensive Emergency Management Plan (CEMP)
- LWRMC Quality Plan 2019
- LWRMC Risk Management / Patient Safety Plan 2019
- Medication Orders Transmission to Pharmacy
- Pharmacists

For a copy of any Medical Staff policy, please contact Carla.Anzalone@lwrmc.com.