



Lakewood Ranch Medical Center

PHYSICIAN NEWSLETTER

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Safe. Trusted. Ready.

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Overhead Emergency Code Changes

Effective April 1, 2021, overhead emergency codes will be changed to incorporate plain language. Three types of alerts will be issued: Medical, Security and Facility. All alerts will be repeated over the intercom system three times. Please review the short slide deck regarding overhead emergency alerts at <https://www.brainshark.com/uhsinc/vu?pi=zJ6zMupLxzKDtpz0>

Blood Cultures

Blood culture samples are collected by venipuncture using two separate sites. Exceptions to this must be specifically ordered.

HIPAA for Providers

The Health Insurance Portability and Accountability Act (HIPAA) Privacy, Security, and Breach Notification Rules protect the privacy and security of health information and provide individuals with certain rights to their health information. You play a vital role in protecting the privacy and security of patient information.

- The Privacy Rule, which sets national standards for when protected health information (PHI) may be used and disclosed.
- The Security Rule, which specifies safeguards that covered entities and their business associates must implement to protect the confidentiality, integrity, and availability of electronic protected health information (ePHI).
- The Breach Notification Rule, which requires covered entities to notify affected individuals; and, U.S. Department of Health & Human Services (HHS).

For details on each rule please refer to <https://www.HHS.gov/hipaa/for-professionals/compliance-enforcement> and/or visit Angela Flack, Director of Risk, Compliance, and Patient Safety at Lakewood Ranch Medical Center.

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New Readmission Prevention Tool in Cerner

Beginning March 30th, there will be a new Readmission Prevention tool in Cerner which was developed to assist with identifying patients at-risk for readmission and to mitigate those risks through coordinated discharge and transition planning. The solution integrates relevant clinical documentation into a single tool for managing and prioritizing at-risk populations of patients. An algorithm identifies patients that are potential 30-day readmits, patients with high risk procedures such as Total Hip or Knee Replacement, as well as those patients with CMS targeted conditions such as AMI, CHF, COPD and Pneumonia. The solution also identifies socio-economic issues using BOOST criteria. Exclusion criteria includes behavioral health, patients under 18 years of age, Hospice, IP Rehab, Skilled Nursing and OB/GYN.

To generate a predicted Readmission Risk score, documentation such as medications, vitals, BMI, social demographics, labs, and past/present conditions is collected from the patient's EMR. Approximately 40 risk factors have been found to be predictive of readmission. A Readmission Risk Score generates within 4-6 hours of admission and continues to update throughout patient's stay. Patients are categorized as below:

- High (60-100) Intervention Recommended
- Moderate (40-59) Clinical Judgement Recommended
- Low (0-39) No intervention Needed

Refocused Multidisciplinary Workflow:

1. Early and accurate risk stratification of patients
2. Readmission Individualized Plan of Care (IPOC)
3. Improved communication among interdisciplinary team members about discharge plan and interventions for readmission prevention
4. Effective care coordination by ensuring that accurate clinical information is available to support decisions by all involved with the care of the patient.
5. A common transition of care is hospital discharge and the preparation for discharge.
6. Successful transition by adequately educating patients about key elements of care, such as diagnosis and follow-up plans, including follow-up appointments with PCP, or any require services.

Physicians will be able to view the Readmission Prevention component in Workflow MPages.

Readmission Prevention

- ▶ **READMISSION** ↗ **High (65)** 01/12/2017 15:00 _____
- ▶ **Anticipated Discharged to** Home Health Service (UB-06) 05/19/2020 10:30 _____
- ▶ **Recommended Discharged From Algorithm** Home w/Home Health -- _____

CDI Tip: Pathological Fracture

Consider documenting "pathologic fracture" when the patient sustained a fracture from a minor fall/trauma that typically would not break a normal/healthy bone.

Diagnostic Criteria:

- Minor or no trauma (significant trauma is defined as a fall from a height of 6 feet or more); **and**
- Past Medical History / Radiographic findings of:
 - Osteoporosis/Osteopenia
 - Multiple Myeloma
 - Neoplasm
 - Bone cyst; and/or
 - Osteogenesis Imperfecta

<https://acphospitalist.org/archives/2014/05/coding-ICD-10.htm>

CT Heart Score & HeartFlow FFR-CT

CT Heart Score, a screening test that can help detect the amount of calcium deposits in coronary arteries, is available at LWRMC. The test uses specialized CT scan technology to take rapid cross-sectional images of the heart. The noninvasive test takes approximately 15 minutes and requires no needles, dyes or liquids to swallow. CT heart Score is recommended for males age 35-70 or females age 40-70 with any risk factors for heart disease.

Physicians at LWRMC also now have access to the non-invasive **HeartFlow Analysis**, a personalized cardiac test that aids in diagnosing coronary artery disease (CAD). The **HeartFlow Analysis** is the first technology that uses standard coronary CTA scans to provide lesion-specific insights into both the extent of an arterial blockage and the impact that the blockage has on blood flow to the heart. This detailed information enables clinicians to determine the next step in the patient's treatment plan.

The **HeartFlow** Process:

1. If a patient has suspected coronary artery disease, a clinician may order a standard coronary CTA scan to look for blockages.
2. If additional information is needed, a HeartFlow Analysis may be ordered to better understand the functional impact of the blockage.
3. Leveraging advanced algorithms incorporating artificial intelligence and computational fluid dynamics, the HeartFlow Analysis digital 3D model is built, showing how each blockage limits blood flow.
4. Within hours, the clinician receives the HeartFlow Analysis via a secure web interface and can assess, vessel by vessel, if sufficient blood flow is reaching the heart to better determine the best treatment path.¹

Built on decades of clinical and R&D research, the **HeartFlow Analysis** has been proven to lower healthcare system costs and support a better patient experience.²

1. As of 31 May 2018 and subject to change.

2. Douglas et al. PLATFORM Trial. Eur Heart J. 2015;36(47):3359-67.

Medical Staff Policy Changes

NEW

- Neuromuscular Blocking Agents in Critical Care
- EMTALA

REVISED

- Admission Criteria for the Intensive Care Unit
- Admission Criteria for Progressive Care Unit
- Continuous Renal Replacement Therapy
- Critical Results Reporting
- Fetal Monitoring during Non-Obstetric Surgery
- Guideline for Medical Management of Methotrexate
- Intraventricular Catheter & Extraventricular Drainage System
- Pain Assessment and Management for Hospital Patient
- Prevention of Retained Surgical Items

RETIRED

- EMTALA Florida On Call Coverage Policy
- EMTALA Medical Screening Examination & Stabilization
- Needle Stick and Sharps Prevention Program

- Radiation Safety Program
- Drug & Alcohol Policy

- Malignant Hyperthermia
- MRSA Active Surveillance Testing
- Code Blue
- Influenza Vaccine
- Rapid Response Team
- Surgical Wound Classification
- Universal Protocol
- VTE Prophylaxis for Adults

- EMTALA Florida Signage Policy
- EMTALA Florida Central Log Policy

P&T Committee Updates from January meeting

The following medications were approved by the P&T committee to be added the LWRMC formulary based on peer reviewed literature which evaluated safety, efficacy, cost, and other clinical measures.

- **Sodium Zirconium Cyclosilicate (Lokelma):** A newly FDA approved oral medication for **treatment of chronic hyperkalemia**. It is a non-absorbed potassium-binding polymer that comes as a powder for suspension that is mixed in water for oral administration. LWRMC currently has Kayexalate on formulary which is used to treat acute hyperkalemia with no ideal activity on chronic hyperkalemia. Kayexalate is not recommended to be used for continuation of patient's home regimens. After clinical and literature review, Lokelma proved to be effective in the treatment of chronic hyperkalemia with minimal side effects. The addition of this medication was approved as presented.
- **Remdesivir (Veklury):** A newly FDA approved medication for the **treatment of severe COVID-19**. It is an antiviral medication that inhibits viral replication in human cells. **It is approved in patients who require hospitalization, are 12 years and older, and weigh at least 40 kg for up to 10 days of therapy**. After literature review, remdesivir showed to be well tolerated and may provide reduction in some clinical parameters, decrease hospital stay, and decreased time to recovery. The addition of this medication was approved based on safety and efficacy, and absence of other approved medications for COVID-19.

LWRMC restricts remdesivir use to Infectious Disease (ID) only.

- **Bamlanivimab:** Since approval of bamlanivimab at our hospital, the Blaze-1 study results were published. The objective of the study was to determine the effect of bamlanivimab on viral load in mild to moderate COVID-19. The results of the study showed no significant difference in viral load reduction from bamlanivimab monotherapy.

At this time, we used all of our allocated stock of bamlanivimab. In light of the Blaze-1 trial, we are discontinuing the use of bamlanivimab at LWRMC. We are exploring the availability of alternative treatments and will keep apprised of any updates in treatment options.
