



Lakewood Ranch Medical Center

PHYSICIAN NEWSLETTER

VOL. 7, ISSUE 5

NOVEMBER 2021

Safe. Trusted. Ready.

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Medical Staff Policy Revisions

NEW

- MRSA Screening and Surveillance Testing
- Probiotic Protocol

REVISED

- Emergency Transfusion Release
- Escalation / Chain of Command
- Ethical Issues and Conflict Resolution Related to Patient Care
- Hand Hygiene
- Just Culture Policy
- Patient Grievance/Complaint Management
- Patient Safety Event Reporting
- Sedation
- STEMI Alert: Patient Care and Management
- Transfusion Usage Formulary
- Workplace Violence Prevention Plan

To obtain a copy of any of these policies, contact Carla Anzalone in the Quality Assurance and Infection Control Department

Phone: 941-782-2182

Email: carla.anzalone@lwrmc.com

P &T Committee Update

In 2018, the FDA issued **three** new Black Boxed Warnings and revised warnings for Fluoroquinolones (FQ):

Aortic Dissections or Ruptures

Hypoglycemic Coma

Mental Health side effects

Previous FDA alerts in 2008, 2013, and 2016 issued Black Box Warnings to warn prescribers about serious risks of:

Tendon rupture and tendonitis

Peripheral neuropathy and sensorimotor damage

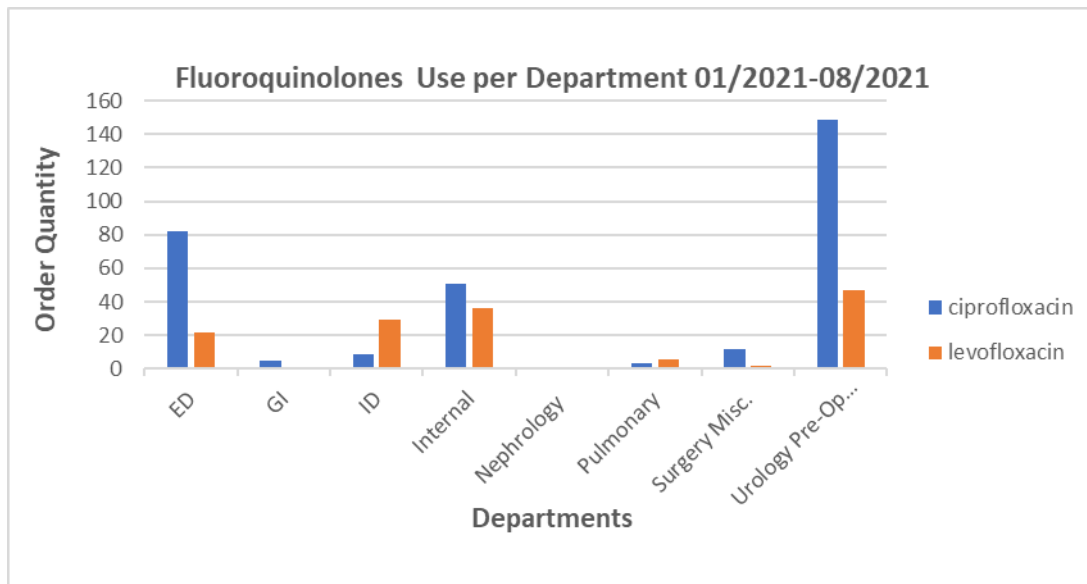
CNS adverse effects

In January 2019, Lakewood Ranch Medical Center averaged 90 Days of Therapy (DOT)/1000 Patient Days (PD) for oral and IV FQ. In response to the risks associated with FQ, the hospital started a house wide initiative to reduce the use of this class of drugs with a goal <40 DOT/1000 PD. By the end of Q1 2020, we met this goal. By the end of 2020, we reduced that number to 20 DOT/1000 PD.

In 2021, the Antimicrobial Stewardship Committee set forth a goal of <20 DOT/1000 PD. We are making great progress; however, we have identified areas of opportunity where other agents could have been used. Data below shows FQ use per department 2021 year to date.

Guideline Recommended Options for Pre-operative urology procedures: Cefazolin, Sulfamethoxazole/Trimethoprim (SMZ-TMP), or no antibiotic for healthy adults for certain procedures.

Guideline Recommended Options for ER visit: Community Acquired Pneumonia: Ceftriaxone plus Azithromycin; UTI: Ceftriaxone or SMZ-TMP Oral



For any other alternative options, please contact pharmacy at 941-782-2330. We appreciate your understanding and assistance with selecting the safest antibiotics.

Jeff Cunningham, Pharm.D., Pharmacy Clinical Coordinator

941-782-2329

Jeff.Cunningham@lwrmc.com

Stuart Offner, MD, Antimicrobial Stewardship

Committee Chairperson

CDI Tips: Chronic Respiratory Failure

Chronic Respiratory Failure is more common than you may think.

Criteria:

1. Continuous (24/7) home oxygen therapy (not just overnight)

Note: No need to demonstrate hypoxemia, as oxygen therapy only covered by insurance for home use if specific hypoxemia requirements have previously been met

2. Normal serum pH with a pCO₂ > 50 mmHg (i.e. – chronic compensation on an ABG)

Note: An elevated serum bicarbonate level on a BMP indicates a compensatory metabolic alkalosis which may be due to a chronic respiratory acidosis (i.e. the patient likely meets the criteria for chronic respiratory failure!)

3. Home ventilator usage with tracheostomy

Not Sick No Severity	CC (Sick) Moderate Severity	MCC (Very Sick) Maximal Severity
On home O ₂	Chronic Respiratory Failure	Acute on Chronic Respiratory Failure

The cause(s) of the respiratory failure should be stated, such as:

- COPD
- Interstitial lung diseases
- Obesity Hypoventilation Syndrome
- Cystic Fibrosis
- Muscular Dystrophies
- Pulmonary Hypertension
- Spinal cord injuries

Clinical Language that is <i>not</i> effective for coding purposes	Highly effective language that will support metrics
COPD on home oxygen	COPD with chronic respiratory failure, on home oxygen

Reference: <https://brundagegroup.com/wp-content/uploads/2019/10/Chronic-Respiratory-Failure.pdf>

Patient Experience Update

- Congratulations to our Patients' Choice Award winners for this year. These providers received the most compliments from our patients in their surveys and discharge phone calls. If a patient compliments their provider in a survey or during a discharge phone call, the physician is eligible for the Patients' Choice Award. The provider with the most compliments for that quarter is the winner.
 - 1Q21 Dr. Huan Wang
 - 2Q21 Dr. Robert Browning
 - 3Q21 Dr. Vivek Kumar
- HCAHPS survey results will now be posted in the Physician's Lounge. These scores will be updated throughout the year. Questions or concerns? Contact Judy Weiser, Manager Patient Experience at x22317 or just stop by her office in the Quality suite.

- The HCAHPS survey is a government survey created by CMS and reimbursement is tied to our results. A survey is mailed or emailed to discharged patient from our survey vendor, Press Ganey. The Communication with Doctors domain consists of the following three questions. The results of these three questions are averaged to give the domain score.
 - During this hospital stay, how often did doctors treat you with courtesy and respect?
 - During this hospital stay, how often did doctors listen carefully to you?
 - During this hospital stay, how often did doctors explain things in a way you could understand?
- LWRMC's 2021 year-to-date Communication with Doctors HCAHPS domain ranks in the 32nd percentile. Advice from some of our own providers who consistently rank high and are frequently mentioned in a positive manner by patients was made into the acronym, PAUSE:
 - **P**resent / Introduce yourself to the patient
 - Knock before entering room. "Hi, I'm Dr. Kumar. I'm a cardiologist here at LWRMC. Do you mind if I sit down?"
 - **A**cknowledge why you are there
 - "Dr. McCullen asked me to see you because she was concerned about your heart."
 - **U**nderstand
 - "Please tell me what's going on." Stop and listen.
 - **S**ummarize
 - Review what you heard the patient say and confirm accuracy. Give your thoughts and proposed plan. Ask patient if they agree with the plan and if they have questions.
 - **E**mpathize
 - Express feelings of understanding. Share in their pains and improvements. Let them know you are there for them. Thank them for allowing you to care for them.

Jennifer McCullen, MD, LWRMC Vice Chief of Staff, is leading the physician patient experience improvement effort as part of the Medical Staff Performance Improvement Committee initiatives. Feel free to contact Dr. McCullen to discuss PAUSE and physicians' impact on Patient Experience.

Upcoming Physician Networking Events

Wednesday, November 17 6-8pm

Manatee Healthcare System brings you "Evening Rounds with Loaded Cannon Distillery"

@ Urban Lofts, Bradenton

Contact MaryEllen.Woska@lwrmc.com or (941) 782-2181 for more information and to RSVP

Thursday, December 2 6-8pm

Manatee County Medical Society Annual Holiday Social

@ The Home of Dr. Aaron and Lori Sudbury

Contact Vvale@Manateemed.org or (941) 755-3411
