



## Safe. Trusted. Ready.

### In this issue:

- Cerner Changes: tPA
- Nurse Driven Urinary Catheter Protocol
- Maintaining Patient Confidentiality
- CDI: Nicotine Dependence & Withdrawal
- P&T Committee Update
- HB 831 Electronic Prescribing
- Medical Staff Policy Revisions

---

### Cerner Changes: tPA

Effective 8/10/2021 there was removal of tPA from the Alteplase/Activase (tPA) Module for Ischemic Stroke PowerPlan name

- tPA has been deemed an error prone abbreviation by the Institute for Safe Medication Practices and should not be used in the healthcare setting
- Physicians should only search for Tissue Plasminogen Activators by the medication name (i.e. Alteplase, Tenecteplase, etc.)

---

### P&T Committee Update

#### Formulary Review

- In the past, **Fosfomycin** was restricted to ID prescribers only for all indications. The restriction was modified as per below:
  - ID consult is only required for complicated UTIs with MDR uropathogens.
  - Any provider may now order for uncomplicated cystitis with suspected or documented MDR uropathogens, such as E. coli, E. faecalis, MRSA, ESBL, and CRE organisms.
- **Tocilizumab (Actemra®)** – Ordering is limited to ID and pulmonary providers **for single-dose use**. May now be used with **remdesivir** when ordered by an ID prescriber. Patients that have been admitted to the ICU within the **prior 72 hours** (previously 24 hours) are now eligible to receive this medication. All other inclusion and exclusion criteria still apply.

#### Formulary Deletions

- **Balsalazide**: - 5-aminosalicylic acid derivative anti-inflammatory agent used for treatment of mild to moderate ulcerative colitis. Consider mesalamine, a 5-aminosalicylic acid derivative, as alternative.

#### Formulary Restrictions

- **Tocilizumab** – LWRMC has recently added this new medication to the COVID-19 treatment options. It is approved with restricted use to infectious disease and pulmonary as a one-time dose. Inclusion criteria for use includes COVID-19 positive patients currently taking corticosteroids or requiring invasive or non-invasive mechanical ventilation or heated high-flow nasal cannula oxygen.

## High Alert Medication Policy!

- **Tranexamic acid** was added to the list of medications that require independent double check.
  - Independent double check includes patient, order, dose, rate and/or volume as appropriate.
  - Administration by IV route for non-critical or urgent situations requires the completion of the contraindications checklist before dispensing.

## Stroke Order Set

- Previously, the SBP parameters for ischemic and hemorrhagic stroke for **labetalol** and **nicardipine** were the same. The order set was updated such that **ischemic** and **hemorrhagic strokes** now have **different** SBP parameters.
- The provider will now have to select on the order set the type of stroke being treated.

## Antimicrobial Stewardship Program

- **Vancomycin** dosing will be changing from trough based to **AUC/MIC** beginning July 1<sup>st</sup>. This will allow LWRMC to provide patients more individualized antimicrobial therapy that improves safety and reduces the risk of nephrotoxicity.
- The new dosing protocol will utilize 2 point kinetics.
- AUC 1, or a “peak” level, will be scheduled by pharmacy to be drawn 1-2 hours after completion of vancomycin infusion.
- AUC 2, or the traditional “trough”, will be scheduled by the pharmacy to be drawn 30 minutes prior to the next scheduled dose of vancomycin.
- Timing of the vancomycin draws is crucial and will necessitate timely communication between nursing, pharmacy, and lab. If the timing of a dose is altered, nurses should contact the pharmacy immediately. Training for nurses, physicians, lab and pharmacists will begin in June.

---

## Nurse Driven Urinary Catheter Protocol

The Medical Executive Committee has passed a Nurse Driven Urinary Catheter Protocol. Patients excluded from this protocol include surgical patients, patients with urology consulted for the current hospitalization, and patients with “Do Not Remove” indicated in the urinary catheter order. Starting on August 3<sup>rd</sup>, the order for an indwelling urinary catheter will say “Urinary Catheter Protocol.” The nurse will continue to use the IPOC CAUTI Needs Assessment to evaluate Urinary Catheter necessity. If they answer “no” to all of the screening questions and the patient meets criteria to discontinue the catheter, this will automatically discontinue the Urinary Catheter Protocol order.

---

## HB 831 Electronic Prescribing

### Effective July 1, 2021

HB 831 Electronic Prescribing, which was signed into law by Governor DeSantis. The bill provides important new requirements for prescribers to generate and transmit all prescriptions electronically. The bill was effective beginning January 1, 2020 and allowed until July 1, 2021 to transition. The Information Services team at Lakewood Ranch Medical Center team can work with providers to ensure enrollment. Dial extension 57575 from a hospital phone or call 941-745-7575 from outside the facility. The following link outlines the information from the Florida Board of Medicine.

<https://flboardofmedicine.gov/latest-news/electronic-prescribing-requirements/>

---

## Maintaining Patient Confidentiality

**The Risk:** Patient confidentiality breaches pose a significant risk in the healthcare setting. HIPAA and Florida State Law govern your obligation to maintain the confidentiality of protected health information (PHI) in all healthcare settings. Staff and providers must be aware that hospital and routine office practices, including telephone contact, verbal discussions, and computer use, inherently carry the risk of patient confidentiality breaches.

### Recommendations:

- Stay educated, at a minimum annually, regarding HIPAA and patient confidentiality.
- Your conversations regarding patient care should not be audible to other patients and visitors.
- Never discuss patients outside the healthcare setting, including the use of social media.
- Assess the flow of patients through the facility to determine how best to maintain the privacy of PHI.
- Computer screens should not be visible to patients or visitors.
- Computers in exam rooms should not be left on or active when staff or providers are not present.
- Electronic device used for transmission of PHI must be encrypted and have regular software updates.

by Angela Flack, MBA, CPHQ, LSSGB, Director of Risk, Compliance, and Patient Safety  
Angela.Flack@lwrmc.com

---

## Medical Staff Policy Revisions

### **NEW**

- Cranberry Juice UTI Policy
- ER @ Fruitville Emergency Operations Plan (EOP)
- Post-Catheter Removal, Urine Retention Evaluation
- Post COVID-19 Positive Surgical Assessment & Testing

### **REVISED**

- Animal Disposition
- Anticoagulation Therapy Program
- Blood Culture Collection
- Patient Identification
- Restraint and Seclusion
- STEMI Alert: Patient Care & Management
- Pharmacokinetic Consultation and Monitoring
- Reporting Adverse Medical Device Incidents-SMDA Policy
- Central Venous Access Device Initiation and maintenance (CVAD)/PICC
- Communication Needs of Patients Nutrition Education for Patients and Families
- Peripheral Intravenous Therapy Initiation and Maintenance
- Medication Ordering and Clarification
- LWRMC EOP Response Plan Hurricane
- High Alert Medications
- Informed Consent
- Medication Administration
- Tobacco Free Campus

**To obtain a copy of these policies or any other policy,** open LWRMC View folder from a LWRMC computer, select PolicyTech and utilize Search function. Or contact Carla.Anzalone@lwrmc.com.

---

## Nicotine Dependence & Withdrawal

Documenting to support quality – Nicotine dependence (alone) does not increase the patient’s portrayed level of illness in ICD-10. However, withdrawal (or active treatment and control) does support a higher level of illness. Withdrawal from nicotine dependence (or any drug) adds weight to the principal diagnosis.

Not “Sick” (no increased weight)	CC (moderate increased weight) ↑ “Sick”	MCC (major increased weight) ↑↑↑ “Very Sick”
Nicotine dependence Tobacco use disorder Tobacco abuse	Nicotine dependence <u>with</u> withdrawal	--
COPD	COPD Exacerbation	Acute Respiratory Failure
Respiratory Insufficiency	Chronic Respiratory Failure	Acute Respiratory Failure

**Effective Coding Language: “Nicotine dependence with withdrawal symptoms controlled on NicoDerm.”**

Establish dependence on nicotine, e.g.,

- Actively smoking and pack-years
- Number of cigarettes (or packs) per day
- The time to first cigarette of the day

Communicate manifestation of withdrawal symptoms (now, or in the past), e.g.,

- Irritability, soothed by a dose of nicotine
- Time between cigarettes before craving

Document active treatment of withdrawal symptoms

- NicoDerm, Chantix, Nebulized nicotine (vape)

Source: <https://brundagegroup.com/tips/nicotine-dependence-withdrawal/>

---