



# Lakewood Ranch Medical Center

PHYSICIAN NEWSLETTER

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## Let's Do Well Together

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### Save the Dates!

MCMS Happy Hour	Thursday, September 14 (6pm) @ Central Cafe
MCMS Gala: Disco Glam	Saturday, October 7 (6pm) @ Grove Ballroom
SCMS White Coats Off	Wednesday, October 18 (6pm) @ Sarasota Yacht Club
<b>2023 Medical Staff Meeting</b>	<b>Thursday, November 2 (6pm) @ Gold Coast Eagle Distributing</b>
MCMS Holiday Social	Thursday, Nov. 16 (6pm) @ Home of Dr. Aaron & Lori Sudbury

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### Transitions of Care: Managing Medication

Safe transitions of care serve as safety nets for exact medication management and good outcomes for patients. Each transition of care is an opportunity to ensure better patient safety across the continuum of care.

Inferior, or lack of, medication reconciliation accounts for significant risk of medication discrepancies, errors and adverse drug reactions that can result in adverse drug events. The most vulnerable populations are those with complex medication regimens, high-risk treatments, and the elderly.

The World Health Organization (WHO) shares that 25 – 80% of patients had a least one medication discrepancy or failure to communicate in-hospital medication changes at discharge.

The Agency for Healthcare Research and Quality (AHRQ) describes the problems in care transitions as “systemic,” and the cause of most adverse events arise after discharge.

Please consider a close review of your transitions of care practice for patients with risk factors that may limit their ability to perform necessary aspects of care, including literacy, recent hospital admissions, and multiple chronic conditions or medications. Involve pharmacists in medication reconciliation whenever possible. Medication reconciliation is a cornerstone in assuring a culture of safety, accountability, and transparency.

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## **P&T Committee Update**

### **Pediatric Diphtheria/Tetanus (DT) toxoid vaccine:**

- DT vaccine is no longer manufactured.
- In the absence of DT, the CDC recommends DTaP vaccine.
- LWRMC will now have DTaP instead of DT.
- Children younger than 7 years of age receive DT or DTaP, while older children and adults receive Td or Tdap.

### **Metronidazole 12-hour vs 8-hour Dosing Regimen:**

- Traditional metronidazole dosing regimens utilize an every 8 hour dosing regimen.
- Studies show that an every 12 hour regimen provides equal efficacy as an every 8 hour regimen for most indications.
- Pharmacy will automatically change metronidazole 500 mg IV/PO Q8H to Q12H regimens for most indications.
- This applies to all indications EXCEPT for: intra-cranial abscess, complicated (perforated) diverticulitis, C. difficile, or parasitic infections.

### **Fosfomycin Utilization:**

- Fosfomycin is a reliable oral option for the treatment of uncomplicated and complicated UTI in patients with multi drug resistant (MDR) uropathogens, such as E. coli, E. faecalis, ESBL.
- Provider may order Fosfomycin for an uncomplicated UTI with an approved MDR organism.
- If a patient has a complicated UTI with MDR organism, Infectious Disease consult is needed to order this medication.

### **Extended Infusion Antibiotics**

- Patients have a better clinical response and reduced length of stay from a longer IV infusion time of certain antibiotics.
- In March 2022, the standard infusion time for IV Piperacillin/Tazobactam changed from 30 minutes to 4 hours.
- Starting in September 2023, Cefepime and Meropenem IV infusions will infuse over 3 hours
- Pharmacy will renal dose adjust per the Renal Dosing Policy.

#### **Meropenem**

- 1gm IVPB once infused over 30 mins, then 1gm IVPB q8H over 3 hours
- 2gm IVPB once infused over 30 mins, then 2gm IVPB q8H over 3 hours (Meningitis indication)

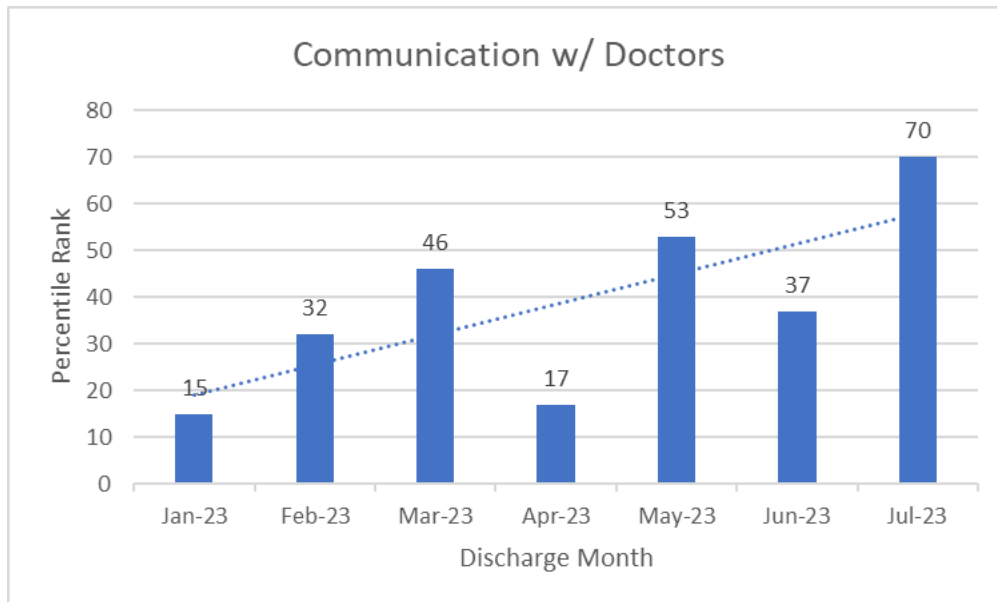
#### **Cefepime**

- 2gm IVPB once infused over 30 mins, then 2gm IVPB q8H over 3 hours
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## Patient Experience Update

The chart below reflects the trendline in the Communication with Physicians domain within the HCAHPS survey year to date. The data shows a consistent upward trend in our physicians communicating with their patients in all three questions.

The questions are: “did doctors treat you with courtesy and respect?”; “did doctors listen carefully to you?”; and “did doctors explain things in a way that you could understand?”



Thank you for making communication with your patients a priority! Should you have any questions about Patient Experience, please contact [Stephen.Arnold@lwrmc.com](mailto:Stephen.Arnold@lwrmc.com) or (941) 782-2317.

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## Medical Staff Policy Updates

### **NEW**

- Media Relations
- Social Media Policy
- Vacuum-Induced Obstetrical Hemorrhage Control Device

### **REVISED**

- All Privacy Policies
- Behaviors that Undermine a Culture of Patient Safety
- Critical Results Reporting
- Disaster Responsibilities for Volunteer Practitioners
- Electronic Health Record (EHR) Use Policy
- High Alert Medications
- Labeling & Dispensing of Medications & Solutions During Interventions
- Medication Administration

- Medication Ordering & Clarification
  - Neonate & Pediatric Standard Concentrations of Intravenous Medications
  - Standard Precautions for Infection Prevention
  - Tobacco Free Campus
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