

CLINICAL INSTITUTE UPDATE

JANUARY 2010

INSIDE THIS ISSUE:

PRIMARY CARE 2
OUTPATIENT

PRIMARY CARE 2
INPATIENT

CRITICAL CARE 2

SURGICAL CARE 3

ORDER SETS 3
**WITH P&T AP-
PROVAL**

ORDER SETS IN 3
PROGRESS

PHYSICIAN 4
SPECIALTY LIST

NEW PROTOCOLS

- **Therapeutic Hypothermia Protocol**
- **Hepatitis B protocols**
- **Suggested Antimicrobial Prophylaxis Selection for Surgery and Procedures IF Antibiotics Indicated**

A WORD FROM THE MEDICAL DIRECTOR

The past year has been an active one for Clinical Institute physicians in promoting the highest standards of medical care for our patients. The teams have been developing and promoting Evidence Based order sets and protocols at a robust pace. The Clinical Institute team leaders and their physician team members deserve special recognition for their hard work and commitment.

We now find ourselves at a point in the evolution of the Clinical Institute where we must begin to focus on even more ambitious goals for 2010. The Clinical Institute Advisory Board has identified several areas of focus for this year including development and implementa-

tion of a Governance model for team members and leaders, involvement of additional membership in active work within teams (as team members, order set review, research, general meetings, implementation of guidelines and protocols, or any combination thereof), hosting two general meetings of the Clinical Institute (with target dates of May and November), strengthening the MEC liaison role, further development of Evidence Based order sets and protocols, as well as ensuring the efforts of the Clinical Institute provide value to your practice.

The resources available to Clinical Institute members include discounts on group purchasing, fee-free evaluation of

comprehensive business and personal insurance needs, and office manager assistance so that

your practice can obtain maximum savings.

Work continues on the implementation of the AEMR, Health Information Exchange (HIE) and ePrescribe for Clinical Institute physicians. These tools will greatly enhance your ability to run an efficient practice with the best resources.

As always, thank you for your commitment to the Clinical Institute.



NEW TEAMS

Hepatitis B. The Primary Care Outpatient team has recruited more primary care physicians as well as gastroenterologists. Doctors Hardeep Singh, Samuel Rabinowitz, Laura Cho, Susan Ban, and Won Yu are developing both screening and treatment protocols for Hepatitis B.

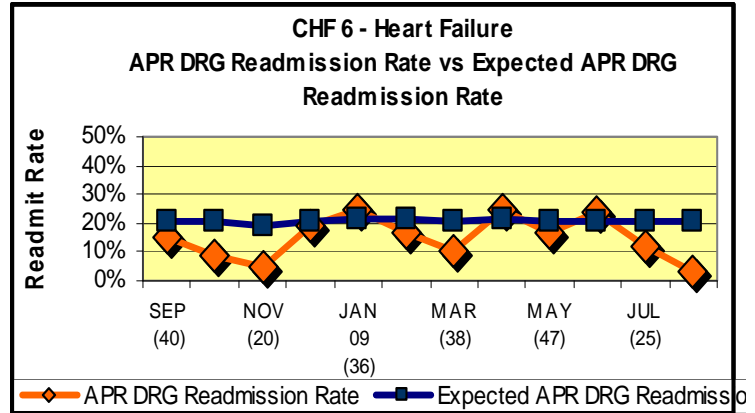
Stroke. The Primary Care Inpatient team has grown to include stroke. The team is in the process of creating order sets for the transient ischemic attack, ischemic stroke, and hemorrhagic stroke patient populations. A very special thank you is extended to Dr. Richard Dauben for his leadership.

Women's Health. This team has taken on the big hairy audacious goal of analyzing two years worth of data to determine where our attention should be focused. Stay tuned!

PRIMARY CARE OUTPATIENT: HEART FAILURE

During the last year this team has developed many resources to assist the primary care physician deliver evidenced based care to the heart failure patient. Dr. Susan Ban has initiated multi-specialty and multi-disciplinary meetings to work toward standardizing HF care in the outpatient setting. This team collabo-

rates with the inpatient heart failure committee chaired by Dr. Maged Azer. Doctors Susan Ban, Larry Ehrlich, and Don Mahon have meticulously worked to create heart failure algorithms and patient teaching information posted on the Clinical Institute website.



Positive Downward Trend!

PRIMARY CARE INPATIENT: END OF LIFE

Dr. Brian Boyd and Dr. Peter Smethurst presented Grand Rounds in November to a standing room only auditorium. Physicians were briefed on the requirements surrounding Physician Ordered Life Sustaining Treatment (POLST) as well as given the opportunity to experience a bad Patient

Family Conference and a good Patient Family Conference. Use of the Hospice General Inpatient (GIP) order sets is in full swing. Through collaboration with Emergency Medicine physicians, patients can now be evaluated for Hospice GIP while still in the Emergency Department, thus

more quickly aligning patient care with patient desires. The Sacred Care Trigger Tool has also helped identify the unpreventable death, allowing for this alignment of patient care with patient desires. Family satisfaction of end of life care has improved from 83.73% to 99.42%!

Family satisfaction of end of life care has improved from 83.73% to 99.42% from August 2008 to September 2009.

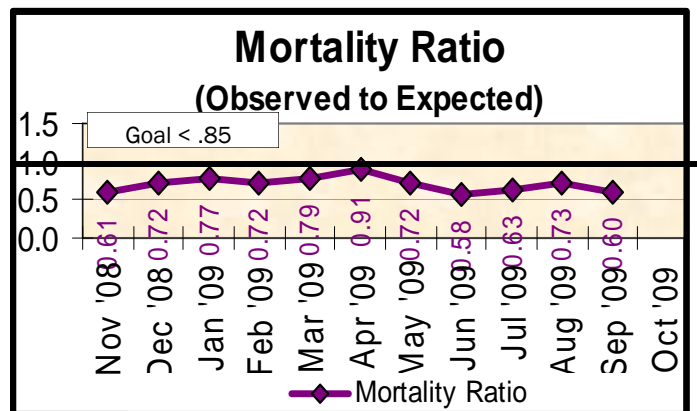
CRITICAL CARE: SEPSIS, PNEUMONIA, REDUCING MORTALITY

Sepsis. The orders have been revised. Physician education is underway regarding early goal directed therapy for the sepsis, severe sepsis, and septic shock patient.

Pneumonia. Two new order sets are in progress. Pneumonia antibiotic orders cover all types of pneumonia and is based upon the Infectious

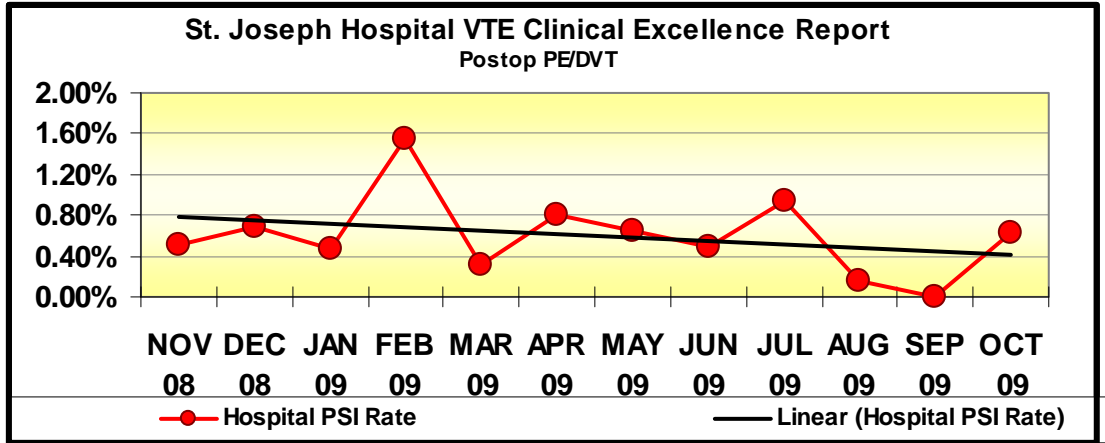
Disease Society of America as well as our internal antibiogram.

Reducing Mortality. Through collaboration with the End of Life Oversight Committee, we continue to review 100% of all mortalities to improve the care of our patients at end of life. Positive trend downward with Mortality Ratio.



SURGICAL CARE

VTE Prevention. The team has recently made revisions to the VTE Prophylaxis Orders, simplifying the process. A nursing risk assessment and self-learning module have been developed to help avoid unnecessary phone calls to physicians.



Positive Downward Trend!

ORDER SETS WITH PHARMACY & THERAPEUTICS APPROVAL

- Liver Surgery (2)
- Vascular (8)
- PCA
- ED—Stroke
- IP—Stroke
- Femoral Nerve Block
- Therapeutic hypothermia
- Newborn Care
- C-Section, Postop
- Post-partum Vaginal Deliveries
- Insulin Drip
- Admitting
- Dialysis (3)
- General Plastic Surgery, Postop
- OP Surgery, Preop
- OP Surgery, OBS Admitting
- PACU
- Orthopedics, Preop
- Thyroidectomy, Postop
- Pneumonia Empiric Antimicrobial Regimens
- Admitting
- Femoral Nerve Block
- Weight Loss, Postop

As we approach Computerized Physician Order Entry (CPOE) the building of evidence based order sets becomes even more important.

ORDER SETS IN PROGRESS

- VTE Prophylaxis
- Skin Prevention & Treatment
- Renal Transplant (3)
- Pneumonia Antibiotics
- Pneumonia
- Outpatient Surgery, Eye
- Colorectal Surgery (2)
- Thrombolysis
- Investigational Drug
- Methadone
- On-Q Pump
- Oxytocin
- GYN, Postop
- Orthopedics, Postop
- Post-partum (2)



We are on the web!

www.clinicalinstitute.org

**THE CLINICAL INSTITUTE
AT ST. JOSEPH HOSPITAL**

1100 W. Stewart Dr.

Orange, CA

92868

Phone: 714-568-5550

E-mail: clinical.institute@stjoe.org



PHYSICIAN LED
EVIDENCE BASED
DATA DRIVEN

“We are committed to improving the human condition by understanding, preventing and treating disease, while continually improving the health and quality of life in the communities we serve. We are an organization that attracts and retains the finest physicians and health care providers to perform consistently to the highest ethical and professional standards. We are committed to practicing evidence-based medicine as a manifestation of this commitment to high professional standards.”

— MISSION STATEMENT

WHO ARE WE?

The Clinical Institute boasts 242 physicians from the following specialties:

Allergy

Anesthesiology

Cardiology

Emergency Medicine

Endocrinology

Family Practice

Gastroenterology

Hem-Oncology

Hospitalist

Infectious Disease

Internal Medicine

Neonatology

Nephrology

Neurology

OB/GYN

Ophthalmology

Pathology

PCP, Family Medicine

PCP, Internal Medicine

Pediatrics

Podiatry

Psychiatry

Pulmonary

Radiation Oncology

Radiology

Renal Transplant

Surgery, Breast

Surgery, Colorectal

Surgery, General

Surgery, Hand

Surgery, Head & Neck

Surgery, Oncology

Surgery, Orthopedic

Surgery, Plastic

Surgery, Plastic Hand

Surgery, Podiatric

Surgery, Thoracic

Surgery, Vascular

Urogynecology

Urology

Urology & Transplant