

PREVENTION OF VENOUS THROMBOEMBOLISM

By Mark Greenberg, MD

Venous thromboembolism (VTE) refers to occlusion within the venous system. It includes deep vein thrombosis (DVT), typically of the lower extremities, and embolism to the pulmonary vasculature. In general, without prophylaxis, DVT occurs after approximately 20% of all major surgical procedures and pulmonary embolism in 1 to 2%. In addition, up to 16% of patients admitted with medical conditions will develop DVT in the absence of prophylaxis. A large number of randomized controlled trials and high quality meta-analyses have documented the efficacy and cost efficiency of VTE prophylaxis. Given the large impact and quality of available prophylactic regimens, the National Quality Forum has designated DVT prophylaxis as a “*core safety process*” for all patients admitted to a hospital.

Over the last 12 months, Dr. Steve Hannan has met with key LMHS clinical service leaders (physicians and nursing) in an attempt to standardize VTE prophylaxis regimens. The primary reference, or guideline, has been the Sixth ACCP Consensus Conference on Antithrombotic Therapy. Baseline data by chart audit has been generated for all of the major service lines. Order sets have been updated or newly developed to comply with the current DVT prophylaxis guidelines and most are already in wide use. This has been a huge

undertaking and Dr. Hannan should be commended for his efforts to improve patient safety.

Finally, an algorithm has been developed that calculates the risk of VTE. It will be placed in all charts and physicians are strongly encouraged to make use of it to assess the risk of VTE. In addition, appropriate prophylaxes regimens are also listed. We also urge all physicians to clearly document that either the patient is being placed on appropriate VTE prophylaxis (e.g. early ambulation, pneumatic compression stockings, medication) or that prophylaxis is not clinically indicated.

Finally, clinical outcomes will be measured. Pre-initiative rates of DVT and pulmonary embolism have been generated and post-initiative rates will be carefully tracked. In addition, nursing and physician compliance with the screening protocols will also be assessed and reported to all of the relevant units and sections. The algorithm should become available on charts by the first week of January 2004.

All LMHS physicians are invited to attend a CME Dinner on “DVT: Prevention and Treatment for the Medically Ill Patient” at Gulf Harbour on Tuesday, December 2, 2003 from 6:30 – 8:00 PM. The speaker is Franklin Michota, Jr., MD from The Cleveland Clinic Foundation in Ohio. Call the CME office at 574-0397 to register.

I N • T H I S • I S S U E

- Prevention of Venous Thromboembolism • LMHS is recognized: Top 100 and Employer of Choice
 - Pharmacy News: Safe Use of Dilaudid
- Case Management and Concurrent Review of the JCAHO Core Performance Indicators
 - Palliative Care Services at HealthPark Care Center • Library News
- Physician Notes • Image Enhancement Agents for Echocardiography • CE Broker Not Required for MDs
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LMHS HOSPITALS ACHIEVE RECOGNITION: TOP 100

Cape Coral Hospital, HealthPark Medical Center and Lee Memorial Hospital each were named one of the nation's 100 Top Hospitals[®] by Solucient, the leading source of health care business intelligence.

The award recognizes hospitals that have achieved excellence in quality of care, operational efficiency, financial performance, and adaptation to the environment. This is the second time the three LMHS hospitals have been recognized with this honor.

The 10th edition of Solucient's 100 Top Hospitals: National Benchmarks for Success study appears in a special supplement to the

September 29, 2003 edition of *Modern Healthcare* magazine.

"To have all three Lee Memorial Health System acute care hospitals among the 100 Top Hospitals in the nation is truly an honor for our entire community," says Jim Nathan, President, Lee Memorial Health System. "To be ranked among the most clinically and operationally effective hospitals in the U.S. demonstrates the collaboration and talent assembled among the physicians, nurses, other care givers, support staff, volunteers, board members and leadership focused on serving the residents and visitors of Southwest Florida."

EMPLOYER OF CHOICE

Lee Memorial Health System has been awarded one of the most prestigious organizational recognitions possible by becoming only the third health system in the nation to be named "Employer of Choice." This phenomenal honor is given to very few employers and is based on onsite observation

and statistical data looking at our culture; our leadership; our care for our employees; opportunities for growth, development and meaningful work; employee loyalty; compensation and benefits; performance results; and data that the organization is truly making a difference for the people we serve.

PHARMACY NEWS: SAFE USE OF DILAUDID

By Suzanne Turner, Pharm.D.

For patients who are allergic to morphine, Dilaudid (hydromorphone) is a common choice for pain management since Demerol (meperidine) is no longer recommended due to toxic metabolites that cause CNS toxicities. The prescribing information for Dilaudid listed below is from the reference book, McCafferty M, Pasero C: *Pain, Clinical Manual 2nd edition* 1999, Mosby.

- Although it is a known fact that dilaudid is more potent than morphine, the equivalence ratio has been highly debated. The general

consensus for comparing single IV doses is 1.5 mg dilaudid = 10 mg morphine.

- Recent changes to various dosing recommendations were made based on reported adverse events in opioid-naïve patients. Your current references may NOT reflect the changes which now read:

Initial IV: 0.2-0.6 mg Q2H PRN, patients with prior opiate exposure may tolerate higher initial doses. Doses should be titrated to prevent or relieve pain. These guidelines do not necessarily represent the maximum doses for all patients.

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- Because Dilaudid has a short half-life and no clinically relevant metabolites, it may be a better drug than morphine for patients with renal insufficiency.
- Drug and dose changes should be individualized to each patient based on their prior and current pain medication use, current pain level and presence of side effects.

CASE MANAGEMENT AND CONCURRENT REVIEW OF THE JCAHO CORE PERFORMANCE INDICATORS

By Mark Greenberg, MD

JCAHO has implemented core performance measures for Acute Myocardial Infarction, Community Acquired Pneumonia, Congestive Heart Failure, Surgical Infection Prophylaxis, and Pediatric Asthma. As a result, LMHS is required to have a compliance plan in place which currently consists of order sets, chart attachments (orange indicator alert sheets), and retrospective chart audits with individualized feedback to physicians. Performance to date has been average and, as a result, the System is moving to concurrent review of indicator compliance with the aid of Softmed computer screens. Case managers will review charts for documentation of compliance with the various indicators and, if absent, request physicians to provide appropriate documentation. Please

note that JCAHO is also requiring specific documentation of contraindications of treatment (e.g. chronic cough while on ACE inhibitors). **Compliance will then be annotated on the Softmed screens.**

In the not too distant future, we anticipate that federal regulatory agencies will make hospital and physician performance on these core indicators available to the public. As a result, we view concurrent review as a preemptive process with the potential of attaining near 100% compliance with the core performance indicators by the time public reporting becomes a reality. LMHS looks forward to a collaborative effort with physicians on this important initiative which should begin during the first week of December, 2003.

PALLIATIVE CARE SERVICES AT HEALTHPARK CARE CENTER

The HPCC now offers Palliative Care services as well as Skilled Nursing and Long Term Care services. This recent addition allows them to provide a comprehensive continuum of appropriate residential care. Their Palliative Care Mission is to provide the best professional

care for the comfort and dignity of those residents with non-curative illnesses. Care will be designed individually to fulfill the wishes and needs of both the patient and their family. For more information contact HPCC at 433-4647.

LIBRARY NEWS

By Narges Ahmadi, Medical Librarian

SKOLAR, the database provided by OVID is available as a free trial to physicians until December 4, 2003.

It searches full-text medical books, drug information, evidence-based medicine databases, Medline, patient education information, clinical trials, ICD-9-CM, Performance Improvement guidelines, FDA MedWatch Voluntary Reporting and Vaccine Adverse Event Reports.

To access SKOLAR, please go to: <http://md.skolar.com>

Call the Medical Library: 334-5410 to obtain user ID and password.

MedWeaver, a differential diagnosis program offered by OVID, is now available as a free trial to physicians on staff at Lee Memorial Health System. The trial will last until December 15, 2003.

Physicians, who already have passwords to OVID, will find MedWeaver listed on the OVID menu, when they access OVID from their home or office computers.

Others are welcome to try it at any of the 3 LMHS libraries – link is provided from an icon on a desktop of every PC in every library.

Please share your comments with the medical librarian at:

Narges.ahmadi@leememorial.org

MD Consult is now available to physicians and staff of LMHS. MD Consult provides access to daily medical news, drug information, full-text medical books, journals and yearbooks, practice guidelines, CME modules and patient handouts in English and Spanish. It also has Palm or Pocket PC device connectivity that will allow users to record and initiate searches from handheld devices, receive the daily feeds of medical news, weekly drug updates and abstracts of the articles from hundreds of medical journals.

LMHS employees may access MD Consult from computers in all 3 hospital libraries or from their home or office computers after registering with MD Consult. **Call the Medical Library at 334-5410 to register.**

CME OFFERINGS IN THE LIBRARIES FROM THE NETWORK FOR CONTINUING MEDICAL EDUCATION – NCME

- “2003 Update on HIV/AIDS”
- “Prostate Problems: An Update for the Primary Care Practitioner”

Both of these programs provide 2 CME credits and are available in both video and CD.

Starting with the October 27th program, the NCME will offer their educational programs on DVD as well. The first program in this new format is “Tuberculosis in the Workplace and in the Community.”

PHYSICIAN NOTES

New doctors join Lee Physician Group

Juan C. Bustillo, M.D. has joined the doctors of Lee Physician Group at Bass Road. He specializes in Rheumatology.

Jelin Israel-Cvik, M.D. has joined Drs. Serra and Briseño in their practice specializing in Internal Medicine.

Binh N. Truong, M. D. has joined Drs. Ball, Bowman, Mantell and Lynch in their practice specializing in Internal Medicine.

IMAGE ENHANCEMENT AGENTS FOR ECHOCARDIOGRAPHY

Image enhancement agents for echocardiography allow enhanced identification of endocardial borders in otherwise suboptimal studies. The agent is composed of microbubbles filled with octafluoropropane in a lipid shell. When injected into the vein, these microbubbles reflect sound waves providing improved ultrasound images of the heart. Appropriately trained Sonographers will be qualified to make the determination to use the agent during routine resting echocardiograms or during stress echocardiograms. The agent will be administered via the IV by a Registered Nurse.

Cardiology Section members unanimously recommended that the agent be available for use by way of standing orders in difficult to image patients.

Criteria for use of the imaging enhancement agent can include but are not limited to the following:

- May be used if two or more left ventricular wall segments are poorly visualized
- May be used if apical reflectors suspicious of thrombus are present
- May be used to enhance doppler signals
- May be used to rule out cardiac source of emboli

Contraindications for use of the agent would be:

- Known cardiac shunts
- Known hypersensitivity to octafluoropropane
- History of pulmonary emboli
- Severe emphysema/severe pulmonary hypertension
- By direct intra-arterial injection

Adverse events are very rare with the most common including headache, flushing, nausea or back and renal pain.

There is a charge associated with this material that is reimbursable by Medicare as a supply cost.

The position of the American Society of Echocardiography supports the use of intravenous agents to demonstrate substantial value in the difficult to image patient with comorbid conditions limiting an ultrasound evaluation of the heart. The position statement goes on to encourage this process as a means to provide added diagnostic information and to streamline early detection and treatment of underlying cardiac pathophysiology.

CE BROKER NOT REQUIRED FOR MDS

Please note: The physician license renewal packets included an insert containing inaccurate information.

MDS are **NOT** required to have their CME credits tracked by CE broker in order for them to count toward the education required for relicensure.

The Florida Department of Health will send a follow-up postcard to all licensees renewing in

January of 2004 with a message that corrects the inaccurate claim.

Physicians must continue to maintain proof of CME credits earned by maintaining paper records or employing their own tracking service.

If you have any questions about this information, please call Melissa Carter at the FMA at 800- 762-0233.

MEDICAL STAFF HOTLINE

For Medical Staff Issues or Concerns, Call the Medical Staff Hotline at 334-5700.

CONTINUING MEDICAL EDUCATION – CME

**“UPDATE IN PEDIATRIC ORTHOPEDICS” -
JOHN CHURCHILL, MD**

Thursday, November 6, 2003

7:30 – 8:30

Following Department of Pediatrics Meeting
HealthPark Medical Center Room HP1A

**RSVP by November 4th – Dinner
573-5680**

**“FMA MANDATORY EDUCATION FOR
RELICENSURE”**

**“DOMESTIC VIOLENCE” - COLLEEN
HENDERSON, ACT**

“HIV/AIDS” - MARSHALL D’SOUZA, MD

**“PREVENTION OF MEDICAL ERRORS” -
JERRY WILLIAMSON, MD**

Southwest Florida Regional Medical Center
Auditorium - Fowler Street

Saturday, November 22, 2003

7:45 AM – 12:15 PM

RSVP Breakfast 939-8550

**“DVT: PREVENTION AND TREATMENT FOR
THE MEDICALLY ILL PATIENT” -
FRANKLIN MICHOTA, JR., MD**

The Cleveland Clinic, Ohio
Gulf Harbour Golf & Country Club – The
Club House

Tuesday, December 2, 2003

6:30 – 8:00 PM

RSVP by November 28th

**with Dinner choice: chicken, grouper or
pasta primavera**

574-0397

If you have questions or would like to submit an article
to *Medical Staff News*, please contact

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