



Physician Connection

November 2009

Bronson Working Toward Preventing Post-Op Respiratory Failure

Bronson has identified the need to reduce the incidence of post-operative respiratory failure after seeing an upward trend over the last two to three years in our Medicare population. Early in 2008, Steve Pollens, MD, co-chair of the Patient Safety Committee, was asked to chair a task force to evaluate the causes and make recommendations for improvements. Action items are being reviewed and implemented such as enhanced pulmonary hygiene and early ambulation.

Mass Casualty Research Published

Annals of Surgery recently published a trauma research article titled, "Surgical response to multiple casualty incidents following single explosive events." Dr. Scott Davidson, medical director of Bronson Trauma Surgery Services, and Sheri VandenBerg, BS, RN, trauma research nurse, in collaboration with surgeons from Lackland Air Force Base assessed transfusion, surgical and intensive care resource requirements. The study included data collected from three mass casualty events while Dr. Davidson was serving our country in Iraq. This research may translate into useful resource utilization guidelines for emergency planners worldwide.

Propper B, Rasmussen T, Davidson S, VandenBerg S, Clouse WD, Burkhardt G, Gunst M, Gifford S, Johannigman J. Surgical Response to Multiple Casualty Incidents Following Single Explosive Events. Annals of Surgery. August 2009; 250(2), 311-15.

Ordering a Portable Chest X-Ray? Radiology Needs Details

When you order a portable chest X-ray, please include a Reason for Exam with more clinical information than just "resp status." Radiologists need a diagnosis, clinical signs, or symptoms. A few good examples: "respiratory failure on ventilator," or "follow up abnormal chest X-ray."

Awareness has already improved Bronson's post-operative respiratory failure rate in Medicare patients from 12.26 in 2008 to 5.79 for January – August 2009. Performance will continue to be monitored for post-operative respiratory failure in Medicare patients and for general surgical patients through the National Surgical Quality Improvement Project (NSQIP) database with Mark Dittenbir, MD serving as the physician champion.

Vascular Studies — Use Billable Indications When Ordering

The Vascular department is experiencing issues with receiving appropriate (billable) indications for vascular studies being ordered. Please help by including appropriate indications (e.g. Venous Ultrasound DVT Indicators edema, tenderness, inflammation, pre-op, post-op, or trauma versus non-billable "rule out DVT" or "at risk for DVT") on your order. See the Physicians tab on the Bronson intranet for additional information.

Find Referral Resources Faster

Bronson recently launched a new Referrals to Bronson Practices and Services web page. Resources available on this page include referral forms, outpatient order forms, links to Bronson practice and testing locations and maps, and much more. To access the Bronson Practices and Services web page, visit the Physician tab on the Bronson intranet (<http://inside.bronsonhg.org>). If you have any questions, contact your physician liaisons: Heather Oestrike at (269) 341-8208 or oestrikh@bronsonhg.org or Jill Vroegindewey at (269) 341-8860 or vroeginj@bronsonhg.org.

Flu Update

- **Get vaccinated!** Bronson requires all medical staff to send documentation of seasonal and H1N1 influenza vaccinations to the Medical Staff Office at Box 39 or fax to (269) 341-8294. Call (269) 341-8557 with questions.
- **Limit visitors** — To safeguard patients from flu exposure, Bronson and Borgess Hospitals have implemented guidelines to limit visitors until the flu season subsides in 2010. Under the new guidelines, hospital visitors are limited to healthy persons 15 years old or older. Visitors to OB areas are limited to immediate family and family members are recommended to wear a mask. Visitors to Emergency Departments are limited to two visitors per patient. The hospitals encourage *limited* visitation within all hospital areas.
- **Stay away if you're ill** — All physicians with a fever should stay away from Bronson until they are afebrile for at least 24 hours.
- **Get clinical guidance** — Visit <http://inside.bronsonhg.org> for the most up-to-date information on clinical recommendations.

E-mail questions to fludoctor@bronsonhg.org

Discharge Module Pilot on AMU

Select hospitalists will pilot the next version of the discharge tool on the Adult Medical Unit. The expansion of the application has received multidisciplinary input throughout development and will include medications, appointments, therapies and other discharge instructions. This two-week pilot will enable the team to assess what next steps to take to improve the quality of discharge instructions we provide to our patients.

PNT Update

The following items and policies were approved at the Medical Executive Committee meeting September 2009.

New Formulary Medications

Prasugrel (Effient) is a new antiplatelet agent that is similar to clopidogrel (Plavix). This new tablet is indicated for the reduction of thrombotic cardiovascular events in patients with acute coronary syndrome who are to be managed with PCI. It is contraindicated in patients who weigh less than 60kg, had a prior stroke or TIA, or patients that are 75 years of age or older. Prasugrel must be held for 7 days prior to surgical procedures (compared to 5 days with clopidogrel).

Dronedarone (Multaq) is a class III anti-arrhythmic with a very narrow indication: to reduce risk of cardiovascular hospitalization in patients with paroxysmal or persistent atrial fibrillation or atrial flutter and other risk factors. It is contraindicated in patients with Class III or IV heart failure, or an ejection fraction less than 35%. Administer with food at a dose of 400mg po bid.

Lacosamide (Vimpat) is a new anticonvulsant that was added to the formulary in the PO formulation. It is indicated for partial seizures with an initial dose of 50 mg ORALLY twice daily; increase weekly by 100 mg/day given in 2 divided doses up to 200 to 400 mg/day.

Not Approved for Addition to Formulary: Clevidipine (Cleviprex). It was **not** added to the formulary due to lack of safety and efficacy studies in the neurologic population.

Neurosurgeon Completes Fellowship



Bratislav Velimirovic, MD, PhD

Bratislav Velimirovic, MD, PhD, medical director of Neurosurgery at Bronson Methodist Hospital, has completed a fellowship in neurosurgery endovascular at Wayne State University. Dr. Velimirovic specializes in spine surgery, neurointerventional and endovascular procedures.

He has practiced at Bronson Neurological Services since 2005.

CHEST Guidelines: Parenteral Anticoagulants Part 1

Parenteral anticoagulants may be either direct or indirect acting. Indirect anticoagulants (unfractionated heparin, low molecular weight heparins, and fondaparinux) have little intrinsic anticoagulant activity and work by converting antithrombin from a slow thrombin inhibitor to a rapid inhibitor. The direct anticoagulants (lepirudin, bivalirudin, and argatroban) inhibit thrombin directly.

Initial dosing for unfractionated heparin (UFH) is weight based and varies with the indication. The dose should be adjusted to maintain the aPTT at the equivalent anti Xa level of 0.2-0.7, depending on the indication. Reversal can be achieved with protamine (one milligram neutralizes 100 units of heparin). Low molecular weight heparins (LMWH) have a more predictable dose-response relationship and monitoring is unnecessary in most situations. Obtaining anti-Xa levels is recommended when used during pregnancy and may be beneficial in obese patients and patients with renal insufficiency. LMWHs have been associated with a lower incidence of heparin-induced thrombocytopenia (HIT) than UFH, but there is cross-reactivity with HIT antibodies. Patients with a CrCl < 30 mL/min who require therapeutic anticoagulation should receive UFH instead of LMWH. Fondaparinux is a synthetic analog of the antithrombin-binding portion of heparin. It can be used in patients with a history of HIT and routine monitoring of anti-Xa levels is not recommended. It is contraindicated in pregnancy and in patients with CrCl < 30 mL/min. Protamine will not reverse bleeding associated with fondaparinux.

Outpatient Diabetic Lab Orders

For your convenience HbA1c, BMP, Urine Microalbumin and Lipid/HDL Cholesterol panel are now located under a "Diabetic" heading on the outpatient lab order form. **November is Diabetes Month.** For more information about how you can help your patients, contact the Bronson Diabetes Education Center at 341-8585.

Mark Your Calendar

It's Legal, But Is It Right? Bronson Ethics Conference 2009

Monday, November 16, 2009
8 a.m. to 3:30 p.m.

Bronson Gilmore Auditorium
Lunch provided

Focus: Exploration of clinical ethical issues, conflicts and struggles throughout the lifespan

Register by November 9.

Fee: MSW \$35.00 / All other \$25.00
5 Continuing education credits applied for MSW and RNs

General Medical Staff Meeting

Wednesday, December 2, 2009
Bronson Gilmore Center Forum Rooms
7 a.m. (breakfast provided)

Presentation: **"Teamwork: Building a Culture of Safety"**

Michael Leonard, MD

Dr. Leonard is the Physician Leader for Patient Safety at Kaiser Permanente and a faculty member at the Institute for Healthcare Improvement (IHI). He is a very engaging and entertaining speaker.

General Medical Staff Meeting

Wednesday, March 3, 2010
Wednesday, June 2, 2010 (Annual Mtg.)
Wednesday, September 1, 2010
Wednesday, December 1, 2010

Thanks, MSPs!

The first week of November is "National Medical Staff Services Awareness Week." We wish to acknowledge and thank medical services professionals (MSPs) for playing an important role in our nation's healthcare system.

MSPs are experts in provider credentialing and privileging. They are dedicated to making certain that all patients receive care from practitioners who are properly educated, licensed, and trained in their specialty.

Physician Connection is published monthly by Bronson Healthcare Group. If you have a topic you would like addressed in this publication, or would like to submit news about a Bronson medical staff member or his or her practice, please e-mail gowenj@bronsonhg.org or call Jodi Gowen at (269) 341-8603 or send your request to Practice Administration, Box 57, 601 John Street, Kalamazoo, Michigan 49007.

Signature requirements for all Bronson outpatient and inpatient orders are effective January 1, 2010. For more info, visit "Inside Bronson" (<http://inside.bronsonhg.org>) and go to the Physicians' tab.