Best Practice Teams

evidence based practices for world-class patient care

Kaweah Health's new Best Practice Teams lead by Dr. Michael Tedalidi are making sure

It's easy to get current best practices to patients that will affect their outcomes!

Power Plan Changes Available Now!

Treatment of
CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Standardized approach with updated treatment recommendations

FOUND IN POWER PLAN:

MED CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) ACUTE EXACERBATION ADMISSION

- Short-acting inhaled Beta2-agonist, with or without anticholinergics as initial treatment
- Separated short acting and maintenance bronchodilators
- Antibiotics only when indicated (Indications noted on power plan)
- Systemic corticosteroids for severe exacerbations
- Reduction in duration of corticosteroids
- Use of oxygen to maintain SpO2 88-92%
- Use of Bipap/Cpap is standard care as the initial mode of ventilation
- New labs- Respiratory Culture with Gram Stain, Biofire Respiratory Panel, Procalcitonin
- Bedside pulmonary function screen post bronchodilator therapy when off O2 or on home level of O2
- Complete pulmonary function test once off O2 or on home level of O2; prior to discharge or outpatient

These changes are based on the GOLD Guidelines. Access these guidelines through the QR code

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Questions or Comments? Please contact Dr. Micheal Tedali at mtedaldi9@gmail.com - Medical Director of Best Practice Teams

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Treatment of AMI: Non-ST Elevation MI

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Standardized approach with updated treatment recommendations

FOUND IN POWER PLANS:

CARD Post Interventional Cath

- Troponin: Q3 hours x 2, pre-checked
- EKG in a.m. x 2 days added, pre-checked

CDU Chest Pain/ACS Observation Admission

- Troponin: Q3 hours x 2 if not done in ED, pre-checked
- EKG: Q3 hours x 2 if not done in ED, pre-checked

CARD ACS/NSTEMI Admission

- Troponin: Q3 hours x 2 if not done in ED, pre-checked
- EKG: Q3 hours x 2 if not done in ED, pre-checked
- Labs: labs added, frequency increased, and/or are pre-checked
- Medications: changes in selected medications based on AHA/ACC guideline recommendations
  - Aggrastat removed
  - Benazepril added
  - Various pain and nausea meds added

ED Chest Pain Suspected Cardiac Origin

- Selected medication options added based on AHA/ACC guideline recommendations and ED Provider input:
  - Opioid and non-opioid pain medication options
  - Zofran
  - Lasix
  - Nitroglycerine drip
  - Lovenox "stat"
- Labs: D-dimer and ED VBG Alert panel added
  Troponins pre-checked and option for 'STAT and Q3 hours x 2'
- EKG: STAT and Q3 hours x 2, pre-checked

These changes are based on the AHA Guidelines, access these guidelines through the QR code

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Treatment of CONGESTIVE HEART FAILURE (HF)

Power Plan Changes Available Now!

Standardized approach with updated treatment recommendations:

- The Heart Failure Admission Power Plan is updated for admitting providers to include medication management based on EF <40% or NYHA ≥ 2.
- **If you care for a patient with HF**, use the information below to ensuring they have proper treatment and encourage them to follow up with their primary care physician:
  - Initial Treatment/NYHA score of I:
    - ACEi
    - Beta Blocker (Metoprolol, Carvediolo, Bisoprolol)
  - NYHA score of II-IV
    - Add Aldosterone antagonists (Serum Creat. <2.5 in men / 2.0 in women and K+ <5)
    - Substitute ARNI for ACEi/ARB if patients have tolerated ACEi and BB well (CrCL >30 and K <5)
    - Hydralazine and Isosorbide Dinitrate (if unable to take an ACE/ARB)

- **Strategies to educate your patient on to prevent readmission:**
  - Take their weight daily. If they notice a gain of 3 pounds in one day or 5 pounds in three days, take an extra dose of Lasix.
  - Follow up regularly with their PCP and Cardiologist.
  - Avoid salty foods and excess fluid intake- no more than 2 liters a day (soda, juice, water).
  - Explain to watch for signs of too much fluid. Ie: leg swelling, inability to lay flat and shortness of breath when you walk.

These changes are based on the AHA Guidelines, access these guidelines

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Power Plan Changes Available Now!

Treatment and Management of COMMUNITY ACQUIRED PNEUMONIA

- **Pneumonia Severity Index (PSI) Scoring Tool Implementation** Level 1 Evidence
  - Assist in establishing appropriate level of care based on patient acuity
  - Potentially reduce unnecessary admissions
  - Ideally performed on initial presentation to the ED
  - PSI tool is automatically linked inside the ED Sepsis Power Plan(s)
  - Data needed to complete tool is pulled in from the medical record. Minimal manual entry required
- **Key CAP Guidelines embedded within ED Sepsis Power Plans:**
  - Promote accurate/timely antibiotic stewardship Level 2 Evidence
  - 1st dose of antibiotic to be given in the ED, ideally within 3 hours of a CAP diagnosis, also standardized with SEPSIS guidelines Level 3 Evidence
- **MED CAP Admission Power Plan Updates:**
  - Nursing interventions to prevent aspiration
  - Addition of enteral nutrition initiation/management sub-phases
  - Early identification of patients who are eligible to transition from IV to PO antibiotics Level 2 Evidence
  - Clinical stability discharge elements to reduce LOS & promote punctual discharge Level 2 Evidence

These changes are based on the ATS/IDSA Guidelines, access these guidelines through the QR code

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