# **NK7-1 Evidence Based Practice Oversight Committee**

## Centura**Location:** Service Center, Board Room

## **Date:** October 3rd,2012 (in-person preferred when possible, info at bottom of agenda)

**Time:** 4:00 – 5:30

**Invitees:** Heade, Kimberly; Benz, Julie; Chambers, Jodi; Fisher, Donna; Fulton, Jane; Garko, Candace; Mydler, Todd;

Schottstaedt, Louise; Trainor, Jodee; Walsh, Peter; Ward, Rhonda; Watson, David L.; Charnsangavej, Chutaporn;

Camplese, Lisa; Trujillo, Tana; Thomas, Mack; Reed, Sean; Feaster, Amy; Oster, Cynthia; Sime, Natalie; Long, Rhonda;

Coniglio, Ray; Ferris, Linda; Woods, Jeffrey; Dookeeram, Dave; Sandoval, John; Dickinson, Matthew;

Kimminau, Krystina; Bernard, Noreen; Kirby, Sharon B; Ceci, Carol, Bonnie Andrews, Donna Park, Karla Barber,

| **Time** | **Content** | **Discussion** | **Follow-up** | **Responsible** |
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| 4:00-4:10 | Reflection  Attendance  Approval of Minutes | Amy Feaster  Minutes & Project Planning Event Notes can be found at  [S:\Centura EBP\3 Key Communication\EBP Oversight Group Minutes](file:///S:\Centura%20EBP\3%20Key%20Communication\EBP%20Oversight%20Group%20Minutes) | October Reflection: Amy Feaster | Amy |
| 4:10-4:20 | Non-Medically Indicated Deliveries prior to 39 weeks | Candace Garko provided update. Group did meet 5 times and have created 80-90% toolkit that is ready to submit out to the entity champions and for Dr. Watson to take to Joint Council. The biggest change is the hard stop scheduling leading to tentative scheduling until those that are not on the approved indication list are reviewed by the review committee. This review process is in place at the University Hospital with success. Toolkits are created for each of our stakeholders and the team leads will provide a conference call to the facility champions to better facilitate the handoff. Various stakeholders may be impacted depending on who does scheduling at each facility and how many non-indicated deliveries occur.  Go live for December 4, 2012 to prepare for January 1 2013 reporting giving a month to report educate. |  |  |
| 4:20-4:30 | Post Op Sepsis Prevention - Metrics | Overall rate looks good for prophylactic antibiotics but colon surgery is largely varied. Jodi suggested that perhaps it could be due to CPOE roll out. Also, Matt suggested that the post op sepsis issues in Ortho may be due to practice in the OR.  Data has improved the past few months. Drill down from data for quarterly report has shown that the colon surgery issue may be due more to antibiotic selection than timing.  The group suggested pulling the NHSN hip/knee cases as well looking at overall post orthopedic infection. | Pull orthopedic data and look at overall infections in that group  Send any recent literature review | Mack |
| 4:30-4:45 | EBP Metric Tracking – Quarterly Report Action Plan for Q1 | Mack showed FY12 Q4 metrics. For those trending down   1. RSV- Doesn’t know the goal. Wonder if this is an issue as most are not admitted as the group believes it may not be a long LOS that we are achieving right now. Penrose suggests that the volume spikes in the fall to about n=10 or 11. 2. Induction prior to 39 weeks – current team is underway. Also this may be an artificial rise due to variance in manual data collection by the facilities and inconsistent reporting 3. VAP rate – changes in infection control personnel at various hospitals and a difference in how these various things are calculated to meet NHSN definitions starting in January which will also increase the incidence.   It would be helpful to tease out the hypo and hyper metrics for the insulin management data. The group discussed sunsettng the FY10 and FY11 project tracking. The sepsis identification and surveillance board metric tracking limitations and barriers to implementation was discussed | 1. Contact the team leads (Jan DeBruin/Michael Selvage) for goal/target Avg LOS 2. Tease out the data more for facility drill down 3. Separate hypo and hyper occurrence data for patients on a IV drip 4. Amy/Matt/Jodi to follow up on the sepsis surveillance | Mack/Jan  Amy/Matt/Jodi – next few days at SAH |
| 4:45-5:00 | Fifth Event –look at COPD readmissions decision | Mack showed the data. We saw the system rate was at 0.14 and there was significant variance throughout the system.  Patients similar to HF patients in that they are frequent bounce backs and the same strategies we use for HF could work for COPD | SAH and PSF to have conversation about variance in practices  Look to see if we can pull patient level data on discharge medications as well as SOI score | Mack, Pete, Matt |
| 5:00-5:15 | Clinical Informaticist Feedback: 1.EBP communication to champions, 2. standard toolkit delivery 3. Maintenance of clinical content questions (e.g. CAUTI PDOC changes) | 1&2) LIVE meeting is a good place to start and help. The informaticist like the toolkit all compacted into an organized simple document.  3) Work within clinical content manager and committee in the future. In the current process, involve EBP team lead and team with the committee. Differentiate between an active EBP team and inactive EBP team.  Also, consider which requests we should be considering, it is an evidence based request, how long have we had the intervention in place, etc. to set a process in place between EBP champion/team, content management, oversight, group | 1&2) Pull informaticist on a subcommittee team to look at standard toolkit template  3. Sharon, Jodi Lisa, Kim, Kelly (clinical content manager), Todd etc. form small workgroup to address | Sharon, Kim |
| 5:15-5:25 | EBP Budget | Lisa wanted everyone to be aware of the EBP budget that allows us to pay for non-employed physicians and hourly clinical staff for 24 hour of work for our 6 scheduled projects. For exempt staff, we can’t transfer hours. For hourly staff, we can help support that for transferring hours. We do have to be mindful of our limitations as we can cover 2 physicians per project and be more mindful of who can be involved and 4-6 clinical staff per project. If someone approaches you to ask about transferring hours, direct those questions to Lisa or Kim to address early on and make accommodations accordingly. Also, we would like to use more of our medical directors to be good stewards of our dollars. |  |  |
| 5:25-5:30 | Adjourn – November Meeting | Next EBP Meeting: November 7th  FYI, Hayes presentation will be on the Oct. 18th Joint Council meeting agenda – if not on your calendar, please let Carol Ceci know to forward invitation. |  |  |