



To: Various Committee Meetings and Departments in GBHS, HDH, SBGHC

From: Andrea Rawn, Program Coordinator, Evidence-Based Care Program
Chair GBHN Order Set Committee

Date: September 14, 2015

RE: 2nd and 3rd Quarter Report 2015 - 2016 from GBHN Evidence Based Care Program and Order Set Committee

Please note that all Order Sets developed MUST have a clear physician/department based stakeholder(s) list. Protocols may be developed, but are not limited to, different disciplines outlining their scope of practice, with the understanding that ALL protocols must have an Authorized Provider order to initiate them and that the contents cannot be altered. All Authorized Providers are required to know the content of the protocols before initiating them.

Please also note that the policy and procedures to accompany new order sets are the responsibility of the corporations that utilize them. Stakeholders are encouraged to ensure ALL involved parties have been properly consulted and supporting documentation is in place.

For more in-depth description of changes, please refer to the Order Set Committee Meeting Minutes by contacting the Administrative Professional – Barb Purdy at bpurdy@hdhospital.ca or the Program Coordinator - Andrea Rawn at arawn@gbhs.on.ca

NEW ORDER SETS AND PROTOCOLS RELEASED FOR USE:

- NEW - GBHS Owen Sound site only – ICU Continuous Enteral Feeding Order Set** – Because of the complexity of the patients in ICU it was thought that they would require their own set for workflow and complexity. It is designed to align with the current Enteral Feeding Protocol so as to just have one within the GBHS corporation and not multiple sets for like circumstances. This order set will be owned and maintained by the Intensivist group with cooperation and input from the Registered Dietitians.
- NEW - GBHS Owen Sound site only – PAEDIATRIC: Tonsillectomy / Adenoidectomy PRE-OPERATIVE Order Set** - this order set was brought forward by Dr Eric Brown on behalf of the anesthesiology group to better manage this population arriving in day surgery for preparation. The workflow of the order set is to be determined by the departments involved and not the undertaking of the Order Set Committee. It is hopeful that this order set will also improve the documentation around follow up instruction regarding safety. This order set is owned by the Anesthesiology group in cooperation with Day Surgery and Pre Admit Clinic.
- NEW – Clostridium Difficile Recurrence – Fidaxomicin Initiation Protocol** - as submitted by Justin Cook in pharmacy for the treatment of C Diff recurrence not responsive to other therapy. This drug is approved by P & T and will be available with a pharmacy consult. It was suggested that the title be changed to Clostridium Difficile Recurrence Fidaxomicin Protocol. There is an addition of a consult to pharmacy before the drug should be dispensed due to cost. There is also the addition of some clarification around which recurrence this drug is to be considered for, which is generally a 4th occurrence.
- NEW – Total Shoulder Replacement Post-Operative Order Set** - as submitted by Dr Michael Gladwell who is the new orthopedic surgeon doing upper limb surgery and will be owned by the orthopedic group, although at this point he is the only surgeon doing this procedure.



MODIFIED ORDER SETS (Change Request Forms CRF) AND PROTOCOLS:

- CRF – Complex Continuing Care Admission Order Set** – some wordsmithing required under the diet section for texture and some standardization of terms. Request was for pre-selection of multi-disciplinary teams as indicated and approved by allied health.
- CRF – Owen Sound only – Complex Newborn Admission Order Set** –
- CRF – GBHS Only – Enteral Feeding Order Set** – clarification around blood work for refeeding syndrome on day 2 and 3; increase in volume of water to unclog feeding tubes. Changes to residual volumes and how to manage them. Unselection of Metoclopramide for high residuals over concerns of prolonged ST. This however is not within the guidelines and will be readdressed in terms of preselection in the future based on how many times it is required to get a separate order. To be monitored by the dietitians.
- CRF - GBHS Only – Enteral Feeding Clinical Protocol** – this protocol was altered slightly to accommodate the creation of the Intensive Care Enteral Feeding order set so that there was no need to create an additional protocol. All sets were modified to find middle ground that was within the guidelines and create just one.
- CRF – GBHS Owen Sound Site only – Transesophageal Echocardiogram (TEE) Pre-Procedure Order Set** – this procedure is now done on inpatients and needs screening tool completed while in hospital. This is reflected in the set.
- CRF – GBHS Owen Sound Site only – Transesophageal Echocardiogram (TEE) Post-Procedure Order Set** – same rationale as above for inpatient – outpatient.
- CRF – ACS Admission Order Set (Non ST Elevated MI/Unstable Angina)** – for those patients waiting for referral to St Mary's and date not known, a misc nsg task has been added to remind staff to get pre procedure orders so that the prep is not missed on this population. This adds safety and satisfaction to the set so that the apt does not need reschedule. Dietitians have requested un-selection of their consult as this population is often discharged before they can be seen. Zopiclone dosing reduced according to Health Canada Safety bulletin.
- CRF - Fractured Hip Post Op Order Set** – clarification around when to give the second dose of Tranexamic Acid post op. Pharmacy doses not receive the dosing time in OR and that has been added to order set so they receive that information. Parameters have been added around holding B/P meds and an additional entry for Ancef 2 gms. Zopiclone dose reduction included.
- CRF – Fractured Hip / Total Hip Post Op Order Set (Receiving Hospitals)** – Same changes as above
- CRF – Total Hip Replacement Post Op Order Set** - same changes as above with the exception of the Zopiclone change as this is covered in the PCA order set and eliminates the chance of duplication.
- CRF - Total Knee Replacement Post Op Order Set** – same changes as Total Hip Replacement above
- CRF – GBHS Owen Sound only – Intensivist Led Unit Admission Order Set** – the population using this admission order set has all other orders discontinued and this set implemented when in ICU. Therefore a notation was added as a task to do this. The order set also underwent some updates in removing Kcal entry which is no longer available.
- CRF – HDH only – Patient Controlled Analgesia (PCA) Post-Operative Order Set** – HDH has switched to Sapphire pumps and is updating their order sets accordingly with a slightly different programming mechanism. To accompany this order set will be a new Sapphire programming sheet associated document.

WITHDRAWN CHANGE REQUEST/ ORDER SETS/ PROTOCOLS

NEW – GBHS EMERG – Owen Sound site only – Opioid Withdrawal Management using Buprenorphine / Naloxone Order Set - this is a new initiative to be taken on in the EMERG department in response to a project involving a new Rapid Access Addiction Medicine Clinic in Withdrawal Management for alcohol and opioid addiction and withdrawal to avoid hospitalization if possible. The emergency department will design a workflow process with Addiction Services for workflow and follow up. This order set will be jointly owned by the ER Medical group in cooperation with Addiction Management. **WITHDRAWN.** This proposed order set is still under a study design/ research project and content should not be altered, introducing new variables to the study.

NEW – GBHS EMERG – Owen Sound site only – Alcohol Withdrawal Management In EMERG – this initiative is related to the study being conducted in emerg as outlined above. The supplied template for the study will be used and labelled as such indicating a draft and research copy. This order set will be for the population being diverted to Addiction Management. **WITHDRAWN**
NOTE: Any persons being admitted for alcohol withdrawal is outside the scope of this research project and this population will therefore use the Admission Order Set for Alcohol Withdrawal as currently published.

BI-ANNUAL REVIEWS

BAR – Swallowing Assessment Protocol – Formerly titled Speech Language Pathology Consult Protocol – the title has been changed to this to reflect changes in the function of the protocol and

BAR – Registered Dietitian Consult Protocol – Formerly titled Registered Dietitian/Clinical Nutrition Consult Protocol. This protocol has been updated to reflect scope of practice for the Registered Dietitians with TPN and Enteral Feeding and to act as the conduit for their discipline for delegated ordering privileges.

BAR – DVT Treatment Clinical Protocol – this order set has been updated and wording clarified. However there continues to be challenges with workflow and follow up with pts who have authorized provider support vs orphaned patients vs coverage over a weekend.
This change was deferred for further discussion around workflow.

MODIFIED PATHWAYS:

BAR – Pregnancy and Birth Patient Pathway – due to the adoption of the baby friendly initiative implementation in the network the documentation has been updated accordingly.

BAR – Having Your Baby in a GBHN Hospital (Associated Document) – this document has been updated for telephone contact and visiting hours, as well as Baby Friendly initiatives.

GENERAL ORDER SET CHANGES (REQUESTS INVOLVING ALL ORDER SETS)

Lorazepam dosages switching to Trazadone doses for hs sedation only.

Zopiclone dose reduction as per Health Canada Warnings for dosing recommendations – to be reduced to 3.75 mg as starting dose.

HgbA1C to be the standard abbreviation eliminating variations including A1C, HgA1C, HbA1c.

ABG / Venus Blood Gas / Arterial Blood Gas - ordered on an order set for general use must also include “POC Blood Gas – notify” as there is now a POC option

POWERPLAN / POWER ORDER UPDATES;

The COPD electronic Power Plan has been approved for release and details pending.



EBC Activity/Discussion:

Terms of reference updated and modifications to quorum were done to state that 2/3 of the organizations need to be represented and that order sets that are site specific do not require sign off of other organizations, although input from an outside source is welcomed. Member names have been removed and just the position left and that front line staff should be added as much as possible.

Follow up to this was an invitation to all managers to invite staff to join the order set committee.

There was also discussion around how the evidence gets translated into the order sets. It was agreed by the group that those submitting requests for change or new order sets are responsible for having the most up to date knowledge in championing the change. It is not required of the order set committee to be responsible for the evidence, but to be made confident that the best evidence has been put forward by the experts of those fields.

Discussion around the revised dysphasia screening tool in that it is being interpreted as being the go ahead for a diet order, when it is to screen for swallowing safety and consistency of food once order is obtained from physician. The new medical directive authorizes the Registered Dietitian and the SLP to order the diet as appropriate because of their scope, but not the general population completing that tool.

Follow up required by HDH and SBGHC on how this tool has been received and utilized at their organizations.

There has been a request by the Registered Dietitians to research the scope of practice of nursing to increase diets according to the instruction on the ortho order sets that says "sips to regular diet" and how that translate to the computer and subsequently the kitchen. This will be taken back to the ortho group by the dietitians and Andrea Rawn will research the nursing scope of practice in regards to increasing diet with the order of sips to regular diet.

Clarification of the equation for the Anion Gap on the Diabetic Ketoacidosis order set so that there is no confusion on how to calculate. This is a physician only calculation and not to be undertaken by nursing. There was also some discussion about the number of calls to the physician regarding blood sugars and calculations. The order set is designed with the guidelines outline and any changes to numbers of calls can be dictated by the ordering physician at the time of the last call.

ORDER SET INCIDENTS TO REPORT

Trazadone on St. Mary Cardiac Catheterization

- it has been discovered that when the Lorazepam was being transitioned to Trazadone for hs sedation according to recommendations, that the Lorazepam on this order set was also changed to Trazadone with a dosage of QID PRN. It is unknown if anyone received this drug, and the error occurred 1 and one half years ago with no reported concerns. A Risk Monitor Pro has been completed.

REQUESTS FOR NEW AND UNDER DISCUSSION:

Insulin Drip/ Dose Adjustment Order Set/Protocol (outside of Critical Care)

Paediatric Insulin Pump Application Order Set

Delirium, Dementia, Depression Admission Order Set

Amputation Pre-op Order Set

GBHS only - Post Oncology Clinic Chemo Order Set for Admitted Patients

Request for EMERG specific order sets

- EMERG - Smoke Inhalation Treatment Order Set

- EMERG – DVT Treatment Order Set

- EMERG – Owen Sound site only - CIWA-ar / Discharge to Detox Order Set

Wound Vac Order Set/Protocol

Warfarin Dosing Protocol

Diabetes Pathway

HDH only - PICC Line Placement Order Set

Palliative Care Admission Order Set

Critical Care Sepsis Order Set

Therapeutic Phlebotomy Order Set

Same Day Admission Post-op Order Set

Owen Sound only - Clozapine Initiation Order Set

Paediatric Psychiatric Admission Order Set