Indiana University Health

Clinical Effectiveness Monthly Update

Overview: This update highlights anticipated decisions and key points for May and April 2025. For more details, contact Daphne Bryant at dbryant11@iuhealth.org.

Reminder: All new product requests, one-time use items, disposable items for capital equipment, and line extensions must be entered through IU Health's new request platform Lumere (previously MedApproved).

May 2025 Clinical Council Decisions

Emergency Medicine
5/7/2025

Quality Care Variation

- **Pediatric Emergency Medicine Updates:**
  - Non-weight-based dosing (mcg/min) for Epi/Norepi is removed from the pediatric >40kg library. Education pending; Go-Live expected end of May.
  - Pediatric Measles ED guideline available via IUH Emergency Medicine-PEMCET SharePoint Page or the Brand Center | IU Health by searching the title.

- **CT Utilization Reduction**: System ED goal ≤ 21.9% for discharged patients aged 19-59. Current state: 23.7% (2024). Data Source: ED CT Scans - Power BI

- **Troponin and NTproBNP/Chest pain protocol**: As IU Health transitions several lab assays from Beckman Coulter to Roche, there will need to be some provider education and adjustments. Council will work offline in collaboration with cardiology to update the chest pain algorithm. Updates will be shared with providers once available.

- **ED Maternal Care Taskforce**: A subcommittee of the council launched in May 2025 to develop a system-wide approach to consistently triage and assess current and recently pregnant patients in every IU Health emergency department. The group will work to develop action plans for OB patient identification, acuity levels, and standardized transfer processes. Updates will be shared with the council quarterly to support system adoption.

Process Improvement:

- **Radiology Results Notification**: Council received an update on progress to implement Backline+ (formerly Diagnotes) as the standard process for reporting non-urgent incidental findings. Direct phone call list approved; Imaging Council final approval pending. Go-Live anticipated Q3 2025.

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OB/GYN
05/13/2025

Quality Care Variation

- **Perinatal Metrics Update:** Reviewed 2024 metrics and 2025 reporting. **PC06 'Unexpected Complications in Term Newborn'** at **3.4**%; system goal ≤ 3.5%.
- **Opioid Stewardship:** Q1 2025 MME data for c-sections and hysterectomies reviewed. Targets met for c-sections and minimally invasive hysterectomies; open hysterectomy target exceeded.
  - C-Section: Q1 System at 124 (Target MME ≤150)
  - Minimally Invasive Hysterectomy: Q1 System at 110 (Target MME ≤ 100)
  - Open Hysterectomy: Q1 System at 168 (Target MME ≤150)
- **Surgical Site Infection (SSI) Improvement:** The council discussed the current state of SSIs in hysterectomies, inclusion and exclusion criteria, and received updates on the system approach to improving SSIs.
- **Robotic Hysterectomy**: Reviewed survey results and next steps.
- **Testing and Orders:**
  - Primary HPV Testing: Reviewed new primary HPV screening proposal.
  - Spinal and Postpartum Pain Orders: Discussed reducing errors.

Nephrology
5/13/2025

Pharmacy

- **Mircera:** Council approved the request to add to formulary for outpatient setting. Effective for managing anemia secondary to ESRD on dialysis. Mircera is a more convenient and effective way to manage anemia secondary to ESRD on dialysis.
- **Continuous Renal Replacement Therapy (CRRT) Updates:** Vendor, Fresenius, transitioning codes to new bags. No component differences; single connection port on the new bag.

Clinical IIS & Technology

- **New CRRT Power Plan**: Reviewed and approval pending with a few minor changes. Go-live expected TBD.

Anesthesia
5/13/2025

Quality Care Variation

- **Drug Label Standardization:** The council discussed ongoing work for the standardization of drug labels in the Metro Region and system-wide.
- **GLP-1 Variation**: The council discussed pre-operative management practices across facilities for GLP-1 drugs. The council recommended additional follow up with PAT and other service lines to work towards standardizing across the system.

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CVI: Structural Heart Disease 5/15/2025	**Quality Care Variation** • **Transcatheter Aortic Valve Replacement** (**TAVR) Registry Review**: Quality team will present data on readmissions and mortalities. – **Case Review**: Insights from nurse-led sedation for TAVR procedures from Bloomington. **Clinical IIS & Technology** • **CVIT Projects and Enhancements:** IIS will provide updates on ongoing projects and the new request process. **Supply Chain** • **TAVR Rebates:** Supply Chain will provide updated rebate amounts for each region. • **Update on ASD-9 Commitment:** An update on this commitment will be given. To receive preferred vendor pricing, a 50-unit commitment needed to be signed with Abbott. Without commitment, each unit would cost an extra $1,000. • **Lumere Request updates:** The Clinical Advisor will give updates on various products and their status.
Orthopedics - Total Jt. 5/21/2025	**Quality Care Variation** • **Opioid Stewardship:** Discuss prescribing trends for Hip and Knee Arthroplasty. • **Hip and Knee Arthroplasty Episode:** Discuss opportunities for improvement in post-acute spending.
General Surgery 5/22/2025	**Quality Care Variation** • **Colorectal Surgical Site Infection (SSI) Reduction Bundle**: Updates on completed tasks and next steps. – **Monthly Facility-Based Meeting:** Discuss kick-off meeting with local QI teams. – **Data Extraction:** Update on data extraction and dashboard development. – **Charting Standardization:** Update on Cerner enhancement requests. **Clinical IIS & Technology** • **Pre-Op Order Set Consolidation**: Review and endorsement vote for consolidated draft. **Supply Chain** • **Topical Skin Adhesives Trial**: Discuss upcoming trial of J&J/Ethicon to Medtronic TSA – Liquiband and possible conversion. Multiple councils will be consulted before final decision.

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Neurosurgery /Spine
05/29/2025

Quality Care Variation

- **SMARTForms:** The ASR Registry (cervical and lumbar spine procedures) was set up to be a direct data feed from the medical record to the registry. Unfortunately, manual collection of procedural data elements is required due to current EMR build limitations.
  - Forms will need to be completed in the operating room and scanned into the patient's electronic medical record. The forms are barcoded to ensure they populate a specific folder within the patient's EMR, allowing the registry team to find the information.

Supply Chain:

- Spinal Implant Vendors: Reviewed vendor category spend and strategy recommendations.

April 2025 Clinical Council Decisions

CVI: Heart Failure
4/2/2025

Quality Care Variation

- **Heart Failure (HF) Mini Order Set Revisions**: Endorsed revisions to streamline order & increase usage.

- **Novel Wearable Sensor (Zoll Patch):** The South and East regions use this sensor patch to detect rhythm defects in heart failure patients. Both regions shared feedback about seeing patients with skin tears from the adhesives on the patch. Vendor consultation ongoing. Both regions will continue to update the council on outcomes.

- **Vizient Readmission Data:** The council was presented with data showing the last 12 months of readmission data for heart failure patients. Discussed 7-day follow-up appointments and 48-hour post-discharge phone call compliance, with concern for a correlation between readmissions and lack of follow-up. Clinical Effectiveness will investigate the 7-day appointment and 48-hour phone call follow-up to see if there is data that suggests its effectiveness in preventing readmissions.

IU Health Heart Failure Readmissions

Cohort	Facility	%ile Rank	30-day Readmit %	Encs.	Readmits
AMC	AHC	69	16.29	495	80
LSMC	Bloomington	48	17.90	396	70
LSMC	Ball	25	19.80	503	99
CMC	Arnett	45	17.31	366	63
Comm	North	89	10.40	202	21
Comm	West	54	15.27	408	62
Sm Comm	Saxony	90	5.75	89	5

* Range: February 2024 - January 2025

Clinical IIS & Technology

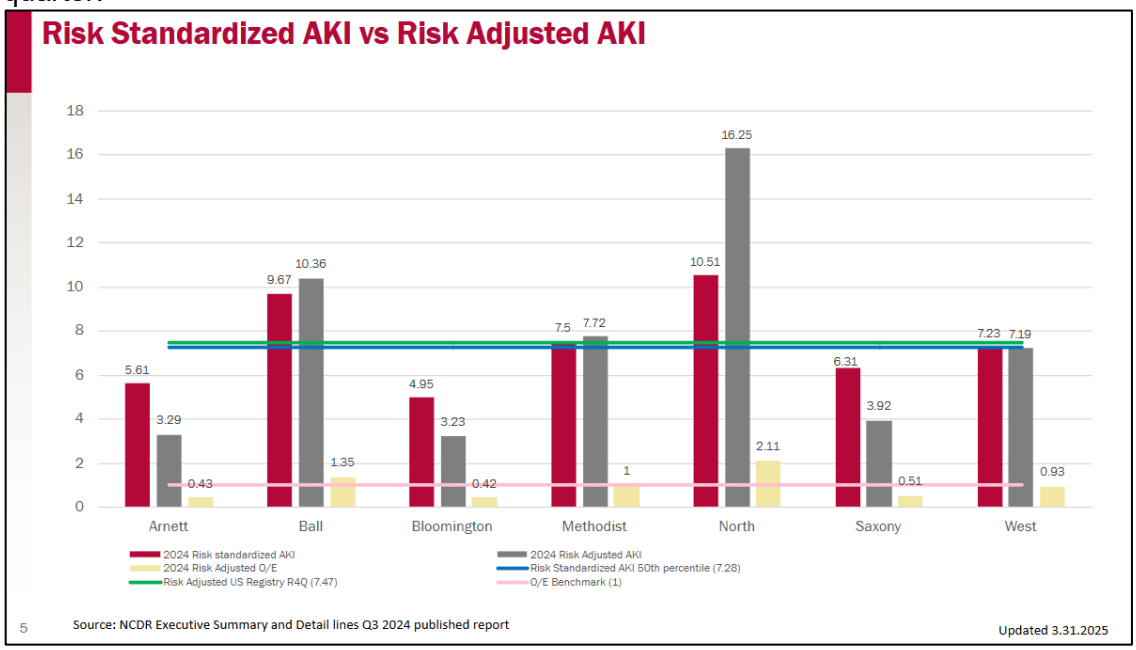
- **Clinical IIS and Technology Requests:** provided an update on current and upcoming projects and enhancements.
  - CV Synapse v7 upgrades are nearly finished. The East Region will go live the week of April 7th, and the remaining Metro sites will go live near the end of April.

- The RFP for the cardiac device monitoring is underway, looking at PaceMate and Murj. The plan is to have a platform selected and built into EPIC so that the platform will go live with EPIC in 2027.

CVI: Coronary & Ischemic Heart Disease
4/9/2025

Quality Care Variation

- **CathPCI Registry**: Reported improvements in AKI data and a new Quality of Care Composite measure. Currently, 5 sites are meeting this measure, compared to 3 last quarter.



- **CathWorks FFRangio Device Review**: Discussed usage data and insights on non-invasive FFR for angiograms. Currently, being utilized in 1 cath lab at Saxony, by 4 physicians. Advised that this device requires several procedures to gain comfort and familiarity.

Pharmacy

- **Pre/Post Fluid Utilization Data**: Study shared on LVEDP Hydration Protocol and patient outcomes. Data showed that the use of this protocol could help identify patients who need more hydration fluids to improve outcomes after a procedure.
  - While the data was insightful, more than the LVEDP protocol needs to be reviewed and considered to make patient recovery decisions. It was suggested to send out a survey to physicians to get input on how to utilize the protocol.

Supply Chain

- Drug-Eluting Stents (DES): IU Health is pursuing RFP for better pricing; potential savings of $200,000 to $400,000.

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Newborn
4/15/2025

Quality Care Variation

- **Managing 35-week Newborns**: Discussion of IU Health Ball's new approach for managing 35-week newborns. Literature shows that most 34-week infants go to the NICU, while most 36-week infants stay with parents. Data shows 14% of Ball NICU admissions were born at 35 weeks. Beginning June 1st, infants born at 35 weeks will go through the golden hour and, if stable, be admitted to NICU for a minimum of four hours, then determine the best location.

- **Safe Sleep**: Discussed using a Microsoft Form for safe sleep auditing that can be used system-wide in the newborn and NICU settings. The form would allow for data to be easily shared and accessed through Power BI without manual entry. The Council would like the form to mirror the system-wide Safe Sleep Policy currently under development.

- **Patient Education in Krames:** Riley has identified Krames handouts that are most commonly used and has had them translated into 7 languages to be used for patient education. The handouts are now available in Krames.

- **Nirsevimab Administration**: System-wide consent approved; availability for all infants regardless of insurance status.

- **Neonate Quality Dashboard**: Reviewed Q1 2025 performance; renewed focus on Hepatitis B administration.
  - Vitamin K Administration
    - Q1 2025 = 98.94% (Goal – 98%)
  - Hepatitis B Administration
    - Q1 2025 = **85.45%** (Goal – 93%)
  - Erythromycin Administration
    - Q1 2025 = **97.01%** (Goal – 98%)
  - Breastfeeding Rate (infants received NO formula during stay)
    - Q1 2025 = 57.1% (OB/Gyn goal of 50%)

Clinical IIS & Technology

- **Hyperbilirubinemia Calculator in Cerner**: Cloud version working properly; old version to be removed.

Orthopedic Fracture
4/16/2025

Quality Care Variation

- **Osteoporosis:** Embraced 'Own the Bone' philosophy; discussed follow-up care strategies. The surgeons aim to identify at-risk patients and ensure the availability of necessary resources for their care.
  - Currently, 11.8% of the total at-risk patients with a fragility fracture received follow-up evaluation for osteoporosis.
  - Council is diving into the next steps with the possibility of alerts, creating order sets, and referrals for evaluation.

Supply Chain

- Ortho Fracture Vendors: Reviewed vendor category spend and strategy recommendations.

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Infectious Disease
4/22/2025

Pharmacy

- **Pneumococcal Vaccine**: Council endorsed replacing PCV20 with PCV21 for adults; PCV20 remains for pediatrics.
- **Rabies Vaccine**: Council approved converting from Imovax, the current rabies vaccine on formulary, to Rabavert for a considerable savings.
- **Measles**: Post-exposure treatment information shared; new adult powerplan built.
- **Inhaled Tobramycin Restriction**: Council endorsed updated restrictions to include adults and pediatric CF patients.

GI
4/24/2025

Quality Care Variation

- **ASC Internal & External Quality Benchmarking Data:** Reviewed Q1 2025 data; follow-up for sites below target. Most sites were at or above the target goal in all metrics. Council will continue to monitor any trends below the benchmark.
- **GI LOS Reduction**: Discussed documentation opportunities; developing dot phrases for risk variables.

CVI: Peripheral Vascular Disease
4/29/2025

Quality Care Variation

- **VQI Registry:** Opportunities to improve Long Term Follow Up (LTFU), Smoking Cessation Counseling, and PAD Supervised Exercise Therapy (SET) metrics. Both LTFU and Smoking Cessation lag the national benchmarks, and the PAD SET metric lags our IUH goal – only 17% of applicable patients are getting referred to PAD SET.

Summary of PVI CEC 2025 Projects

Type	Quality Improvement Project	Arnett	Ball	Bloomington	Methodist	Saxony	West	IU Health System	VQI Nationwide Benchmarks	IUH CEC Goals
Risk Factor	Tobacco Cessation Counseling (elective procedures)	100%	100%	100%	80%	NA	100%	91%	89%	TBD
Preop Test	Preop ABI/TP NCLI only	100%	33%	100%	82%	0%	80%	76%	67%	≥ 75%
OR	Atherectomy Utilization	8%	6%	5%	2%	0%	3%	4%	11%	≤ 20%
DC Meds	DC Meds (Statin & Antiplatelet)	92%	100%	100%	96%	100%	100%	98%	89%	≥ 95%
	DC Meds (Statin)	92%	100%	100%	98%	100%	100%	98%	92%	≥ 95%
	DC Meds (Antiplatelet)	100%	100%	100%	98%	100%	100%	99%	96%	≥ 95%
LTFU	LTFU Compliance Jan-Jun 2023 cases	56%	4%	83%	84%	85%	33%	54%	54%	≥ 90%

Red = outside IUH CEC Goal; Green = within IUH CEC Goal
Goals per IUH CEC (unless not available, then by benchmarks)

Source: VQI 04/25/2025

Preoperative Exercise Therapy performed within 1 yr prior to NCLI PVI

HIGHER NUMBER IS DESIRABLE

17% of Non-Critical Limb Ischemia cases had some sort of exercise 1-yr prior to PVI

- 7% had Supervised Exercise
- 10% had Unsupervised Exercise

Preoperative Exercise Therapy in Non-Critical Limb Ischemia cases (NCLI)*	2024	2025 ytd
Nationwide	42%	48%
All IUH	17% 36/209	17% 7/41
Arnett	9% 5/56	33% 1/3
Ball	14% 6/42	0% 0/6
Bloomington	12% 2/17	25% 1/4
Methodist	7% 2/29	12% 2/17
Saxony	43% 12/28	100% 1/1
West	24% 9/37	20% 2/10

Unilateral procedures only
Excludes: Aortic procedures and pure aneurysm
Excludes: CLI and ALI
All Physicians (active and inactive)

Source: VQI 04/25/2025

- **Lim Flow and Detour System Case Reviews**: Shared experiences and outcomes from device usage.

Supply Chain

- **Lumere Product Requests:** The Clinical Advisor had three new product requests to present to the council: Neuroguard IEP, Prodigy Thrombectomy System, and Smartclaw. Voting physicians were sent an e-vote during the council to place their approval or disapproval for each product, and all three products received approvals from the physicians.

- **Bard Venovo Contract:** Supply Chain provided an update that our previous contract was for a 90% market share and a minimum of $200,000 in spend. IUH purchased 144 Bard Venovos from 3/1/24 to 2/28/25. The new contract will contain the following: Annual purchase of 101 stents, no minimum market share, no price per unit increase, and no minimum spend amount.

- **Boston Scientific Eluvia Drug-Eluting Stent System:** Supply Chain provided an update on the proposed dual-vendor agreement with Boston Scientific's Eluvia Stent and Cook's Zilver PTX Stent. The dual-vendor agreement in question would require that the Boston Scientific Eluvia be at least 50% of the total spend in this category to receive rebates on the Eluvia. Based on hypothesized volumes, IUH could see an annual increase in annual spend anywhere from $42,000 to $62,000. An e-vote was sent to the voting physicians during the council and is awaiting results to determine whether or not IUH will pursue this proposal or remain with the Cook 90% commitment.