

## Hospital EHR – Medical Staff Newsletter

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For questions, comments, or suggestions regarding the EHR or this newsletter, please contact me directly.

Suzanne Wilkerson, MD\_ Medial Director Hospital Clinical Informatics

[swilkers@columbia-stmarys.org](mailto:swilkers@columbia-stmarys.org), 414-326-2519 (office), 414-557-6860 (Pager)

### Topics this month

**Denial Management and Patient Status/Admission Orders, 12.5.16**

**Culture Results Smart Template, 12.5.16**

**Plan for Enhanced Reciprocal EHR access between Wheaton and CSM**

**PowerNote Tip – use of underscore and F3 in pre-completed notes**

**In-House Support Reminder**

### Denial Management and Patient Status/Admission Orders, 12.5.16

Patient Status/Admission orders are necessary for both billing and patient bed placement. **Starting Monday 12.5.16, these orders and affected PowerPlans will be updated.** (PowerPlans will not be disabled, but will need to be resaved.)

#### **Orders are being updated in support of the following**

- Standardization of data for future use metric analyses
- Limit payer denial related to duplicate or missing Patient Status/Admission orders
- Simplification of post-procedure orders

#### **Order Details**

- Non-mandatory fields have been removed.
- All orders will still require *Level of Care*.
- Inpatient orders only will still require *Reason for Inpatient Status*.
- **Diagnosis is a NEW requirement.** While this requirement will have a small use adjustment period, rest assured that it has been in use by the ED physicians without incident. If you are not familiar with this process, please review the information further below and the attached job aid.

#### **Patient Status Change orders - NEW**

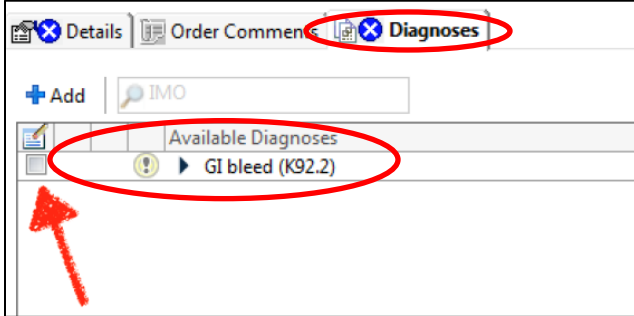
Sometimes, due to change in patient clinical condition or an error in initial order placement, a patient's Status needs to be changed. **Physicians can upgrade a patient status as needed using the NEW *Patient Status Change to Inpatient order*.** A patient cannot have a downgrade to Observation Status without the Case Management Utilization Review RN completing a "Code 44" process. If the process confirms the change, **the *Patient Status Change to Observation (Code 44 only)* order will be placed as a TORB by Case Management. This order should NEVER be used without Case Management engagement.**

## Two methods for entering Diagnosis on Patient Status Order

### Diagnosis Entry - Method 1:

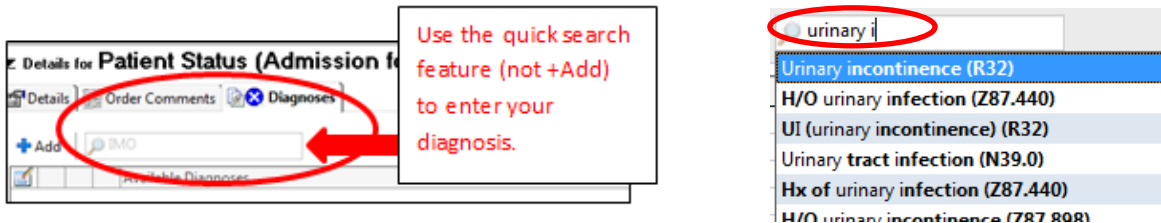
Previously entered diagnoses will be visible as shown on the Diagnoses Tab.

Select by clicking the box as indicated by the arrow.



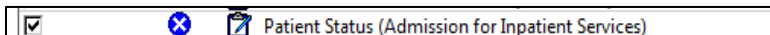
### Diagnosis Entry - Method 2:

**If diagnoses are not visible or not appropriate, use the quick search box to enter a diagnosis.** This process is more streamlined than using the +Add button. Entry can be partial or complete. Start typing your diagnosis and options will be available for selection. The more detailed your entry, the narrower your list of options.

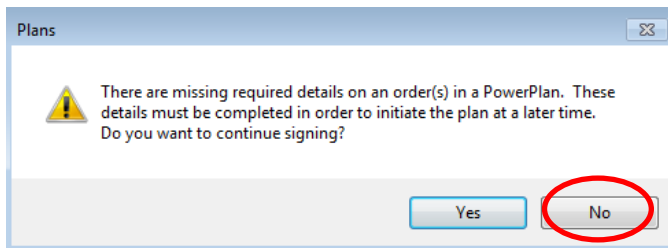


## PowerPlans – Missing details in Planned PowerPlans

**Incomplete orders are designated by a blue circle.** Please be sure to review your PowerPlans and complete all order details prior to signing.



If an attempt is made to Sign/Plan a PowerPlan that contains orders with missing details, the following alert will be seen. **Select “No”. You will be returned to the PowerPlan so that you can complete the missing order details. Prior work will NOT be lost when selecting “No”.**



Select “No” to return to the PowerPlan and complete details.

**If the Patient Status order is incomplete due to missing diagnosis or other details, the PowerPlan cannot be initiated unless the order details are completed or the order is unchecked. RNs who are initiating PowerPlans in this situation have been instructed to uncheck the order and contact the attending physician for a new Patient Status/Admission order.**

## PowerPlan Favorites

Favorite PowerPlans can be saved with a Patient Status/Admission orders. **It will be necessary, though, when utilizing these PowerPlans to complete the diagnosis field on the order for each new patient**

## Peri-Surgical Workflow

Critical aspects are summarized here. The attached document, "Physician Peri-Surgical workflow: Patient Status Admission Orders 2016," has more detailed information.

- Pre-Procedure Physician Workflow

**All Pre-operative PowerPlans should have a Patient Status/Admission order.** Be sure to complete required fields including Level of Care and Diagnosis. Inpatient orders also require Reason for Inpatient Status field.

- Post-Procedure Workflow

ONLY if there is a change in a patient's clinical condition or post-operative situation are you required to select a Patient Status or Level of Care order in the post-procedure PowerPlan. **In most cases, these post-procedure orders will NOT be needed.**

## Culture Results Smart Template, 12.5.16

When the lab EHR system was updated August 2015, the ability to cut/paste culture results into PowerNotes was unavailable. Starting 12.5.16, a new Culture Results Smart Template will be available. This smart template will populate with all positive culture results from the hospital encounter. The template is available on the following PowerNote CSM custom templates: Hospital Progress Note and Discharge Summary.

### Results Review <Hide Structure> <Use Free Text>

Laboratory results	Inpt. Lab results (ST) / Lab results from flowsheet / Microbiology cultures from flowsheet / Additional microbiology cultures from flowsheet /
Positive Culture and Sensitivity Results	Pos Bacterial Culture & Sensitivity (ST) - Current Encouter only / OTHER

PowerNote date will be formatted as follows.

Positive Culture and Sensitivity Results		
Order: C Fungal		
Source: Sputum		
Ordered date: 07/14/16 14:11		
Order Status: Completed		
Collected: 07/14/16 14:11:00		
Final Report: Moderate number of colonies Candida albicans		
Rare colonies Aspergillus fumigatus		
Sensitivity results:		
CANDIDA ALBICANS		
	MIC Interp	MIC Dilutn
5-fluorocytosine	S	<=2
Amphotericin B	S	4
Anidulafungin	S	<=2
Caspofungin	R	32
Fluconazole	S	2
Itraconazole	S	<=2
Micafungin	S	2
Posaconazole	I	8

## **Plan for Enhanced Reciprocal EHR access between Wheaton and CSM**

The Medical Staff Offices of Ascension Wisconsin South Region hospitals and clinics are working with Clinical Informatics, Ascension Wisconsin leadership, and Ascension Information Services (AIS) to improve EHR access to Epic and Cerner for affiliated Providers that are caring for patients in this region. The goal of these efforts is the support of real-time access for Providers to the health records of the patients and populations served at both Legacy Wheaton and Legacy Columbia-St. Mary's (CSM) hospitals and clinics. With lessons learned, going forward these methods could be expanded statewide.

### **Benefits of this improved access support the Quadruple Aim**

- Enhanced Patient Experience –Patients expect us to be able to quickly access their health information from any Ascension Wisconsin affiliate.
- Improved Health Outcomes – Safe, high quality care is dependent upon knowing a patient's health history in a timely manner.
- Lowered Overall Cost of Care – Duplicate testing is avoided when there is easy access to previously ordered tests and results. Time and resources saved by avoiding record requests via fax or phone.
- Enhanced Caregiver Experience – Fast and convenient access to patient records.

Due to issues related to compliance, contracting, training, and monitoring, this access will be rolled out in a multi-step process as follows.

### **Improved access for Providers that have current privileges and login credentials at both Wheaton and CSM**



- Epic icon link on CSM networked computers - **Activation date 12/5/16**
- Cerner icon link on Wheaton networked computers  
(Activation not confirmed but expected within 2-3 months)

### **EHR access and login credentials for Providers who do not have dual Medical Staff privileges**

(Activation date TBD – more information will be available end of January, including estimated timeline)

- View-only Cerner EHR login credentials for current Wheaton privileged Providers upon request
- View-only Epic EHR login credentials for current CSM privileged Providers upon request

### **Long Range Planning** (tentative goal FY18)

The following do not yet have any specific timelines due to implementation of new technology and processes.

- “Direct Messaging” link between Epic and Cerner allowing electronic communication, including attached documents, between providers.
- Integrated access to reciprocal records from within a patient's local EHR. This process will allow reconciliation of patient data such as Problem list, Allergies, Medications, and Immunizations.

While many Providers have expressed concerns that they currently care for their patients using two disparate systems (Epic and Cerner), there are no current plans to consolidate to one EHR platform across Ascension Wisconsin. In the meantime, we hope that the above measures will provide an improved process for you and your patients.

## **PowerNote Tip – use of underscore and F3 in pre-completed notes**

Place underscores (“\_”) within Free Text areas of your note and use F3 to quickly navigate between them. You can also use underscores within autotext statements.

### **History of Present Illness <Use Free Text>**

Patient presents with \_ which occurred with a \_ onset over the past \_ days.

**Press F3 key:** A gray box indicates your cursor is now on the first underscore. Type the information that needs to be inserted.

### **History of Present Illness <Use Free Text>**

Patient presents with headache which occurred with a \_ onset over the past \_ days.

The underscore is replaced by the word(s) you type. Press F3 to move to the next underscore.

## **In-House Support**

In-house support is available **Monday through Friday from 8am to 4pm** on both Ozaukee and Milwaukee campuses from Caitlin and Kevin of the Clinical Informatics Team. They have offices on each campus and can provide both in person as well as over the phone assistance. Please do not hesitate to contact them directly during these hours.

Connect to them directly by dialing Vocera and requesting “EHR support.”

**Ozaukee Vocera Phone: 262-243-6707**

**Milwaukee Vocera Phone: 414-585-1995**

**Soon we will place stickers with above contact information on the base of all hospital computer monitors.**

Real-Time, In-House Support includes:

- Quick 1:1 assistance for help with using the EHR.
- Coaching sessions for EHR workflow and utilization optimization.
- Assistance with logging tickets for identified problems.

If potential needs are identified by other hospital staff members, you may be referred to Caitlin or Kevin. Please be gracious when you are contacted and use these coaching opportunities to enhance your efficient use of the EHR. The support team members are your allies and they want to help you. Also, these interactions are a good opportunity for sharing your ideas on how to improve the EHR.

**For urgent/emergent EHR technical assistance outside of the above hours, contact the Help Desk at 414-326-2400.**

**When asked for an extension, choose “7” for expedited transfer to a service desk analyst.**