

Hospital EHR – Medical Staff Newsletter

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

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Topics this edition

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Titratable Infusion Order enhancements, 9.6.17

Based on the TJC guidelines, Infusion Instructions for all Titration Medication orders will be updated 9.6.17 per the following format:

- Initial Rate
- Titration Increment
- Titration Interval
- Max Rate
- Goal

In addition, for ease of ordering, most titratable infusions will have these parameters completed with default instructions. Default instructions were developed in cooperation with pharmacy and physician leaders. **Ordering providers are always responsible for reviewing the infusion instructions and adjusting based on a patient’s clinical situation.**

As all 5 elements are required, if any are incomplete, the ordering provider will be contacted for clarification.

Example for diltiazem:

Base Solution	Bag Volume	Rate	Infuse Over
Dextrose 5% in Water	100 mL	5 mL/hr	20 hr
Additive	Additive Dose	Normalized Rate	Delivers
diltiazem	100 mg	5 mg/hr	Every Bag
Total Bag Volume		100 mL	

Weight:

Infusion instructions
Initial Rate equivalent to Normalized Rate field above.
The following elements are required:
Titration Increment: 2.5 mg/hr
Titration Interval: Q5 minutes
Max Rate: 15 mg/hr
Goal: to keep HR < 110 and SBP > 90

CONC = 1 mg/mL

Code Status (Resuscitation) order enhancement, 9.6.17

The Code Status (Resuscitation) order will have some minor changes in language starting 9.6.17. These changes better assure that the order appropriately correlates our updated DNR policy.

Document in order consensual discussion with decisional patient. If patient not decisional, then note in the order the alternate person involved in the discussion.

*Resuscitation Status:	Full Code	▼
*Discussed Consensually With:		▼
Special Instructions:	Decisional Adult Patient Healthcare POA of non-decisional patient Spouse of non-decisional patient Adult child of non-decisional patient Parent of non-decisional patient Legal Guardian of non-decisional patient Other: Specify in Special Instructions	

After an order is placed, the order details can be visualized by hovering over the order.

Details:

Start Date: 08/28/17 17:23:00 CDT, Resuscitation Status DNR/DNI, Discussed Consensually Healthcare POA of non-decisional patient

External Records Access to Wheaton Epic – September (exact date TBD pending final testing)

Soon, Cerner EHR will have access to external Ascension Wisconsin Wheaton Franciscan Epic patient records.

The attached job aid has details on how you can access these records.

Records will include:

- Allergies and Medications
- Active medications
- Active Problems
- Immunizations
- List of recent visits/encounters
- Most recent vital signs
- Most recent lab, imaging, and pathology results
- Documents –identified as follows
 - Continuity of Care Document – patient level summary (information from multiple encounters/visits)
 - Encounter/Visit level summaries - titled by Encounter type as in these examples
 - Hospital Encounter
 - Surgery
 - Office Visit

(At this time we will be receiving visit summaries only and not full Physician Notes. We expect to move forward with full notes as we enhance the interface.)

Please keep in mind that Epic records are being made available via a custom interface between Epic and Cerner. Our job aid and knowledge on data transfer is limited to work we have done in a test domain. When real patient data starts moving things may look a little different and there could be problems that we did not predict. As such, I would very much appreciate it if you reach out to me with any concerns you have or ideas for improvement.

PRBC Transfusion Order and Alert Enhancements, 9.7.17

As we better align our blood product stewardship efforts with those of Ascension, we will be making some changes in the EHR to both our indication options and clinical decision support (CDS) alerts.

As shown here, the indication options have been narrowed.

Current PRBC Transfusion Indications

Acute blood loss >30% of blood volume
Hgb <10 & CAD or MI or pulmonary diseases
Hgb <10 & organ ischemia
Hgb <10 & symptomatic anemia
Hgb <7
Hgb < 8 & comorbid conditions
Keep Hgb above 7 & bone marrow failure
Massive transfusion

Transfusion Indications starting 9.7.17

Decompensated Cardiac patient; Hgb <=8
Hgb <=7
Medical pts with other conditions
Rapid Blood loss >30% Blood volume
Surgical pts with other conditions

Following are situations that will trigger a CDS alert:

- Any indication, except *Rapid Blood Loss*, if no Hgb result within prior 72 hours.
- Indication of <=7 selected, but patient Hgb result >7
- Patient Hgb > 8 and any of the following indications chosen:
 - Decompensated Cardiac patient
 - Medical pts with other conditions
 - Surgical pts with other conditions

All alerts provide guidance and alternative options as shown in examples here.

- CANCEL Nurse Transfuse Packed Red Blood Cells
- PLACE Nurse Transfuse Packed Red Blood Cells
- MODIFY Nurse Transfuse Packed Red Blood Cells

In addition, if transfusion ordered and patient does not have a recent Hgb level, the alert will offer quick pick option for ordering.

Add Order for:

H&H -> Stat collect

In summary, these alerts are for guidance and are not hard stops. They were developed based on best practice guidelines. Final discretion always rests with the ordering provider.

Reminder - Pre-procedure H&P, Regulatory and Policy Requirements

An H&P must be completed prior to all invasive procedures that require anesthesia. The required elements in the H&P are determined based on the level of anesthesia (see addendum at end of newsletter). Except for moderate sedation, all levels of anesthesia require a comprehensive H&P.

Physician should utilize the correct PowerNote H&P template based on a patient's situation. Examples below:

Comprehensive H&P completed within the prior 30 days

- a. Utilize PowerNote template "History and Physical Update."
- OR -
- b. Use paper H&P update form. You must enter the date of the original H&P and check the appropriate box indicating if there have or have not been any changes since then.

Comprehensive H&P not completed within the prior 30 days:

Utilize Powernote template "Day Surgery H&P." (Though titled "Day Surgery" it is applicable for admissions also.)

Moderate Sedation

Utilize "Moderate Sedation Pre-Assessment H&P"

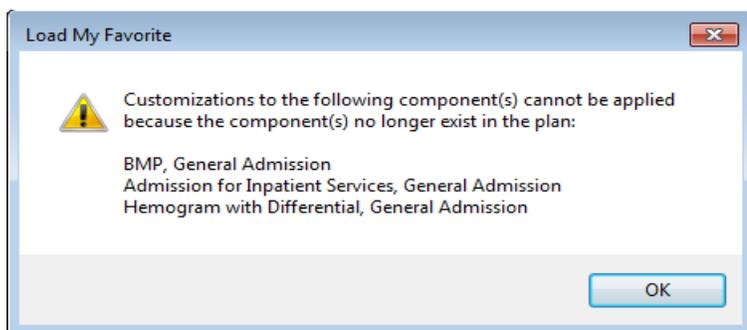
Templates are available in the PowerNote CSM Custom Catalog in Procedures folder as indicated here.

The screenshot shows the PowerNote software interface. At the top, there are fields for *Type (a dropdown menu), *Date (08/31/2017), and CDT (0822). Below these is a Title field. A navigation bar includes tabs for Encounter Pathway, Existing, Precompleted, Catalog, Recent, and Favorites. The Catalog tab is active, showing a dropdown menu for the catalog name, currently set to "**CSM Custom Catalog", and an "Add to Favorites" button. Below this is a table with two columns: Name and Description. The table lists various templates, with several highlighted by red boxes: "Day Surgery H&P", "History and Physical Update", and "Moderate Sedation Pre-Assessment H&P". A red arrow points to the "Procedures" folder in the left-hand pane.

Name	Description
Hospital	Hospital
Procedures	Procedures
Bone Marrow Asp/Bx Procedure	AHMI_2G_Bone Marrow Asp/Bx Procedure
Carotid Artery Stent-Postoperative Note	AHMI_2G_Carotid Artery Stent-Postoperative Note
Clinic_Outpatient Procedure Note	AHMI_2G_Clinic Outpatient Procedure Note
Colonoscopy	AHMI_2G_Colonoscopy
Day Surgery H&P	AHMI_2G_Day Surgery H&P
EGD	AHMI_2G_EGD
ERCP	AHMI_2G_ERCP
History and Physical Update	AHMI_2G-History and Physical Update
M2A Capsule Endoscopy	AHMI_2G_M2A Capsule Endoscopy
Moderate Sedation Pre-Assessment H&P	AHMI_2G_Moderate Sedation Pre-Assessment H&P

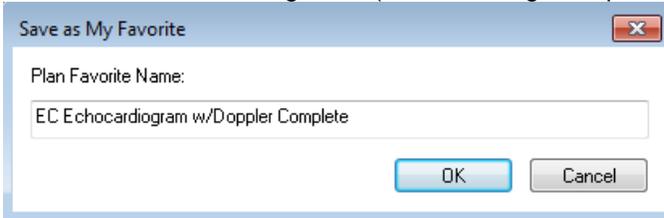
Reminder - Resaving Favorite PowerPlans

Required changes to PowerPlans automatically update previously saved favorites. Unfortunately, though you do not lose the other elements of your favorite plan, you may be bothered by the following alert.

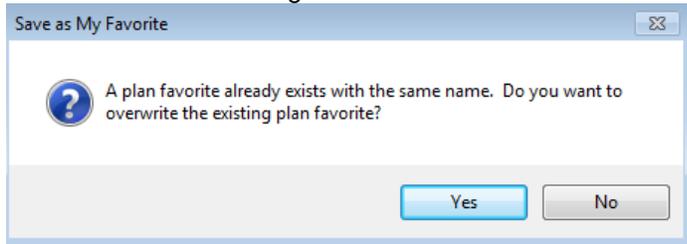


To prevent the alert with each subsequent use of your favorite PowerPlan, perform the following steps:

1. Click **OK**. This will open your original saved favorite PowerPlan. This plan will no longer contain the removed order, but will maintain all other previous favorite customizations.
2. Click **Save as My Favorite**.
3. You will see the following alert. (Do not change the plan name.) Click **OK**.

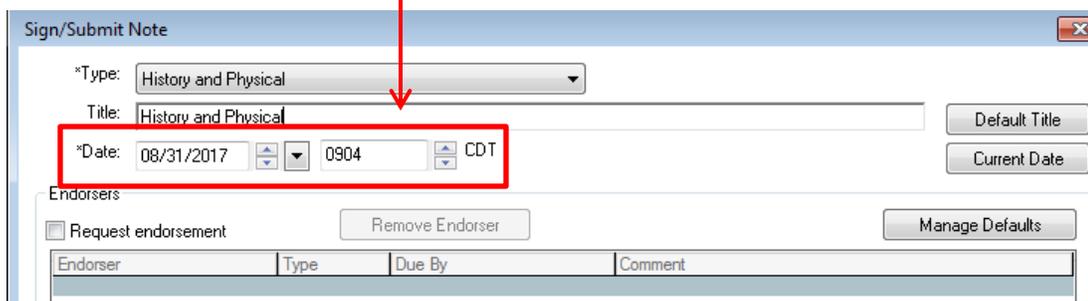


4. You will see the following alert. Click **Yes**.



Caution – Starting PowerNote Documentation early

To improve efficiency, some will start a PowerNote document prior to seeing a patient or performing a procedure. The PowerNote will be saved and then accessed later to complete and sign. In this situation it is **critical that the time/date stamp at the time of signing be updated to match the actual time of the patient evaluation or procedure.**



If you mistakenly do not adjust the time and date appropriately then you should create a new document and "in error" the original erroneous document.

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

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.

Addendum

H&P Requirements for Invasive Procedures¹ Based Upon Level of Anesthesia

H&P ELEMENTS	Level of Anesthesia					
	IV Moderate Sedation	Regional Block	MAC ²	Epidural	Spinal	General
HISTORY						
Symptoms/indications for procedure	X	X	X	X	X	X
Current medications and dosage	X	X	X	X	X	X
Known allergies, including adverse reactions	X	X	X	X	X	X
Comorbid conditions, if any	X	X	X	X	X	X
Complete history, including:						
Chief complaint		X	X	X	X	X
History of present illness		X	X	X	X	X
Past history		X	X	X	X	X
Family history		X	X	X	X	X
Social history		X	X	X	X	X
Inventory of Body Systems		X	X	x	X	X
If the above information is documented in the medical record by someone other than a physician, it must be co-signed by the physician before the invasive procedure/treatment is done.						
PHYSICAL EXAMINATION						
Assessment of mental status	X	X	X	X	X	X
Examination specific to the procedure	X	X	X	X	X	X
Exam specific to any comorbid conditions	X	X	X	X	X	X
Complete physical examination		X	X	X	X	X
Examination of heart and lungs by auscultation	X	X	X	X	X	X
Impression		X	X	X	X	X
Plan		X	X	X	X	X

¹ “Invasive procedure/treatment” is defined as any medical procedure/treatment that invades the body by cutting or puncturing the skin or by inserting instruments into the body.

An H&P is not required when an invasive procedure/treatment is performed on an outpatient basis using local, topical or no anesthesia. However, symptoms/indications for the procedure/treatment must be recorded in the patient record. The face sheet is not to be used for clinical documentation.