



Ascension Columbia St. Mary's

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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[Urinary Catheter Order Enhancement, Effective 3.12.19](#)

In June 2018 Ascension Wisconsin adopted a uniform policy to support standard guidelines for insertion and management of urinary catheters. The policy is attached for your reference.

Key features of this new policy that differ from our prior policy are as follows:

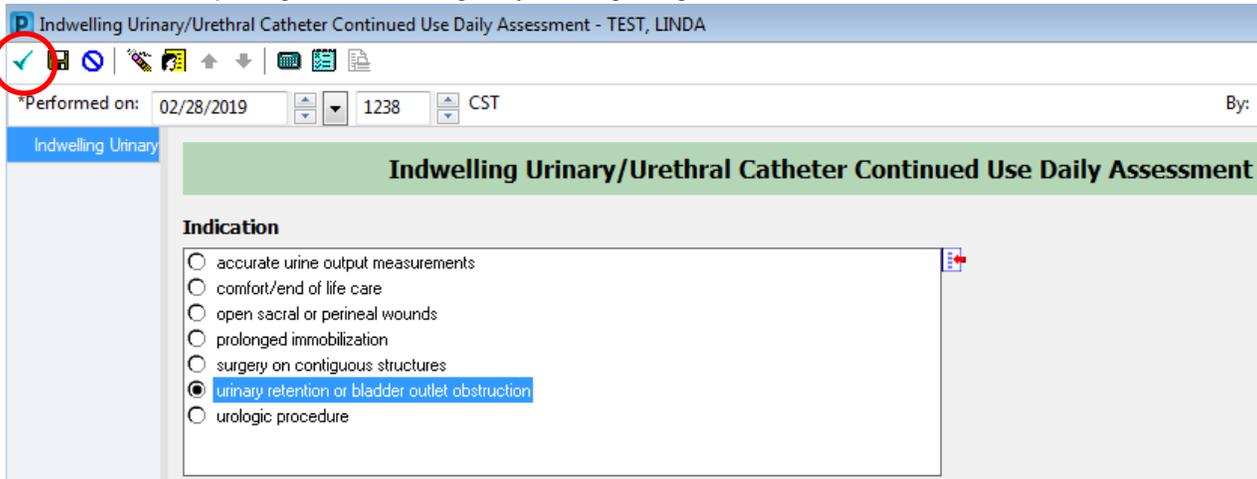
1. Indications for insertion
2. Requirement for daily assessment of need for continued use of catheter

Upcoming EHR design and workflow changes to support new policy:

1. Modification of indications for urinary catheter insertion
2. Replacement of separate 24-hour and 7-day orders with a single insertion order. (This order only needs to be placed once upon insertion. Daily order renewal will no longer be required.)
3. PowerForm for documentation of required daily assessment of need
4. New daily actionable alert will assist workflow

PowerForm – Must be completed daily on ALL patients requiring urinary catheter for more than 24 hours.

- Indication carries forward but can be adjusted with any changes in clinical situation
- After completing indication, “sign” by clicking the green checkmark



The screenshot shows a web-based form titled "Indwelling Urinary/Urethral Catheter Continued Use Daily Assessment" for patient TEST, LINDA. The form includes a toolbar with a green checkmark icon circled in red. Below the toolbar, the "Performed on" field is set to 02/28/2019 at 1238 CST. The form content shows a section for "Indication" with a list of radio button options: accurate urine output measurements, comfort/end of life care, open sacral or perineal wounds, prolonged immobilization, surgery on contiguous structures, urinary retention or bladder outlet obstruction (which is selected), and urologic procedure.

Reminder Alert

- Click [Document](#) for direct link to required PowerForm daily assessment
- Select "[Discontinue Urinary Catheter](#)" order if catheter no longer needed
- If you are not the physician responsible for the urinary catheter order you can simply click [Continue](#)

Cerner | **Indwelling Urinary/Urethral Catheter Assessment**

Your patient, TEST, LINDA, has an indwelling urethral catheter.

Daily assessment of the need for continued use of the catheter is required.

If there is continued need for the catheter, please select "Document" and choose the appropriate indication.

If catheter no longer needed, select order "Discontinue Urinary Catheter" order below.

If you are not the physician responsible for the catheter order, select "Continue."

Add Order for:

- Discontinue Urinary Catheter

The alert will fire between 0700 to 2359 at time of "sign" action on any other order.

The alert will be suppressed in the following situations:

- In process of placing "Discontinue Urinary Catheter" order
- Active "Discontinue Urinary Catheter" order
- Daily Need Assessment PowerForm has been completed on same calendar day already

[Clinical Decision Support Alert – Urinalysis with Reflex to Culture, effective 3.4.19](#)

As communicated to Medical Staff the end of January, **local and national Ascension initiatives are focused on the reduction of unnecessary urine culture orders** and inappropriate antimicrobial utilization for asymptomatic bacteriuria. While orders for urinalysis with reflex to culture can support beneficial efficiencies of time and workflow, reflexed urine culture testing does not consider patient signs and symptoms and may lead to unwarranted antimicrobial use, propagation of antimicrobial resistance, misidentification of asymptomatic bacteriuria or contamination as UTI, and delay in identification of alternative diagnoses.

Due to risks associated with use of reflex culture orders, on 2.5.19, Urinalysis with Reflex to Urine Culture was removed from most PowerPlans (order sets) at Ascension Wisconsin Columbia St. Mary's Milwaukee and Ozaukee campuses.

Starting 3.4.19 we are implementing a Clinical Decision Support alert to further discourage inappropriate use of urinalysis with reflex culturing. This alert is a "soft stop". At this time it does not prohibit ordering of the test, but it does stress appropriate indications and also provides alternative options.



Lab Test Warning

You are ordering a Urinalysis Macro Rflx Micro Rflx Culture test for TEST, MARK.

This order should be utilized **ONLY** in the following situations.

- Suspected UTI or symptoms of UTI (dysuria, urinary frequency, urgency, suprapubic pain)
- Pregnancy
- Screening for upcoming urologic procedure that may result in mucosal injury/bleeding

If none of the above situations are apply to your patient, then cancel order and instead select other options below.

Alert Action

- Cancel Urinalysis Macro Rflx Micro Rflx Culture
- Continue to place Urinalysis Macro Rflx Micro Rflx Culture

Add Order for:

- Urinalysis Macroscopic Rflx Microscopic -> T:N, Today collect
- Urinalysis Macroscopic and Microscopic -> Urine., T:N, Today collect

OK

Insulin Prescriptions

Many prescription medications in Cerner have common order sentences pre-built to improve ease of ordering. **Starting the week of March 4th, we will begin rolling out improved insulin prescription order sentences** with the option to choose dosing for both 30-day and 90-day supplies. Choose the dose closest to your patient's regimen and adjust as needed.

Order sentences for: insulin glargine (Lantus 100 units/mL)

(None)

*** 30 Day Supply ***

10 unit(s), SubCUTANEOUS, at bedtime, X 30 day(s), # 10 mL, 30 day supply

15 unit(s), SubCUTANEOUS, at bedtime, X 30 day(s), # 10 mL, 30 day Supply

20 unit(s), SubCUTANEOUS, at bedtime, X 30 day(s), # 10 mL, 30 Day Supply

30 unit(s), SubCUTANEOUS, at bedtime, X 30 day(s), # 10 mL, 30 Day Supply

*** 90 Day Supply ***

10 unit(s), SubCUTANEOUS, at bedtime, X 90 day(s), # 30 mL, 90 day supply

15 unit(s), SubCUTANEOUS, at bedtime, X 90 day(s), # 30 mL, 90 day supply

20 unit(s), SubCUTANEOUS, at bedtime, X 90 day(s), # 30 mL, 90 day supply

30 unit(s), SubCUTANEOUS, at bedtime, X 90 day(s), # 30 mL, 90 day supply

Reminder – rapid acting insulin also has the option to select a sliding scale. The sliding scale has too many characters to transmit to the pharmacy via “Special Instructions” and is instead built within “Order Comments”. “Order Comments” does populate the patient’s Discharge Summary document that is printed at hospital or clinic discharge. This document should be kept for patient as reference.

▼ Details for **insulin lispro (insulin lispro 100 units/ml)**

Details Order Comments Diagnoses

Dose	Route of Administrat...	Frequency	Duration
See Instructions	See Instructions	See Instructions	See Instructio

Indication:

***Special Instructions:** Follow Sensitive Sliding Scale in the Patient Discharge Summary's Medication List

Requested Start Date/Time: 02/25/2019 0959 CST

Samples:

Type Of Therapy: Acute Maintenance

eRx Note to RPh: Sliding Scale instructions and dispense volume in addition to any scheduled Rx also written

Orders for Signature

▼ Details for **insulin lispro**

Details Order Comments D

Order comments Not transmitted

SQ; Before Meals:BS
120-170=1 Unit
171-220=2 Unit
> 220=3 Unit
At BEDtime:BS
170-220=1 Unit
> 220=2 Unit

Patient Discharge Summary text:

MEDICATION LIST

Give a copy of this medication list to your Primary Care Provider.

If you have any medications at home that are not on this list, DO NOT take them until you contact your Primary Care Provider for clarification.

Contact your pharmacist or healthcare provider if you have any questions about these medications.

**EPS 10.6 TEST STORE (QEPS41), 101 S _____, TX
761082252, (817) 246 - 6760**

insulin aspart (insulin aspart 100 units/mL) Follow Sensitive Sliding Scale in the Patient Discharge Summary's Medication List. Refills: 0., SQ; Before Meals:BS
120-170=1 Unit
171-220=2 Unit
> 220=3 Unit
At BEDtime:BS
170-220=1 Unit
> 220=2 Unit

Communicable Disease Statement

Starting, 3.6.19, the PowerNote template “Discharge Summary” will contain a *Communicable Disease Statement* field. This replaces the paper form that is now utilized for patient transfer to skilled nursing and other healthcare facilities.

* Discharge Information <Hide Structure> <Use Free Text>

* Discharge Summary Information	Admit DATE / Discharge DATE Discharge diagnosis: OTHER DIAGNOSIS / OTHER Secondary diagnosis: OTHER DIAGNOSIS / None / OTHER Primary care physician: PROVIDER / None / OTHER Consulting physician: OTHER PROVIDER / None / OTHER Procedure(s) performed during hospitalization: None / OTHER Discharge Status: Improved / Stable / Fair / Unchanged / Deceased / OTHER Discharge Disposition: Discharge destination from flowsheet / Left against Medical Advice / OTHER / Home: self care / with home health care / with family care / with hospice / OTHER / Facility: skilled nursing / rehabilitation / assisted living / hospice / behavioral medicine / OTHER Code Status: Community DNR bracelet / Full Code / OTHER Allergies: Allergies (ST) / OTHER * Patient Status Verification: Patient is inpatient status at time of discharge+ / Patient is observation status at
Palliative Care	During this hospital stay, patient received: Palliative care / Comfort care / End of life care / Terminal care Principal diagnosis requiring palliative care: OTHER DIAGNOSIS / OTHER Palliative care treatments included: OTHER
Communicable Disease Statement	I certify that this patient is free of communicable tuberculosis and clinically apparent communicable disease.

Reminder – ordering a lab Stat and recurrent

Stat lab orders should be ordered as a one-time order only. They should **NOT** include frequency.

Details for **Prothrombin Time with INR (Prottime with INR)**

Details | Order Comments | Diagnoses

Future Order: Yes No
 Collected: Yes No
 Nurse collect: Yes No
 Frequency: ~~qAM~~
 Duration unit:
 Group ID (Lab use only):

*Specimen type: Blood
 *Requested Start Date/Time: 03/04/2019 1017
 *Collection priority: **Stat**
 Duration:
 ONC Lab Collection Schedule:

If a lab is needed both Stat and with subsequent follow-up frequency two separate orders should be placed:

Order 1: Stat order

Order 2: Timed order with frequency

Local EHR Support

**Local EHR support is available Monday through Friday from 8am to 4pm
from Caitlin and Amy of the Clinical Informatics Team.**

Connect with them directly at **414-585-6288.**

They are also available 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.