Physician Newsbrief
A NEWSLETTER FOR COLUMBIA ST. MARY'S MEDICAL STAFF

December 2012

Inside

CMO Corner

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Vice President Medical Affairs
and Chief Medical Officer

Gatherings and Wakefulness

Well, the holiday season is whooshing upon us. Which we will get back to a bit later. The true time of stopping, the solstice, which we discussed last month, is nearly upon us as well. The sun will momentarily stop its southward climb on 5:12 am this December 21 and, turning around, will immediately bring longer days and eventually warmth to this our northern Midwest outpost.

Many, if not all, religions have had holiday celebrations around this time. This makes sense really as it is felt to have begun in the eras preceding recorded histories, then brought forward to pagan and Greek times, then Hebraic and Christian Solstice timed rites. Pagan, a term that originally meant rustic or country dweller, became a pejorative (I guess because it is so cool to live in the city) in the 4th century to mean one dwelling outside of the Abrahamic (monotheistic) religions. Nonetheless, the solstice holidays marking the time that the days began to get longer and the sun became closer and the spring was not far behind all seemed worth celebrating and, from the beaches of New Zealand to the Northern fjords, merriment and gatherings were had by all.

From these early beginnings much has been added on. Our celestial connections, which at one time were obviously central to our existence, have taken a somewhat lesser role in most of our consciousnesses. With heat, clothing, lighting, and each technologic advance, our connection to this earth and earth's spatial relationship with its nearest star dwindles over time. Eventually, when the Sun burns out, I suppose it will become of some added interest; or as the polar caps continue to melt and Wisconsin becomes a January beach resort with yearlong agriculture, this too might increase our collective thoughts of how we fit into this our environment. That, though, still seems solidly a part of our collective future. At least it was certainly not a part of any recent presidential election.

During the holidays, we who are lucky enough come together primarily in our friend and family units. We feel a bond with these people. We are part of them and over time have developed a sacred bond with them. The shared experience and culture creates the grand feeling of interconnectedness that somehow translates into the sacredness that we feel and project at the best times of our holiday gatherings. We feel other bonds as well. To the people we church with, or work with, or sing with, or play with. In a book I read recently, two philosophers, one from each coast, opined, of all things, that sports could give us an obvious example of the shared human experience of whooshing up. More so at Lambeau than elsewhere perhaps, but who hasn't been simply transformed by watching the perfect pass, the daring run, the perfect double play, the ultimate goal or basket displayed merely on pixels in front of us? They argue that this whooshing up is essentially a sacred experience of shared human commonality. This sacred bond that we hold with our loved ones as well as our fellow Packer (?Bears, ??Go Blue) fans and all the groups in between is the essence of our humanity. It is this essence that we strive to share in this holiday season. Remembering and celebrating this bond that now elevates all gatherings, feasts, and festivities, as it has since well before history had the good sense, if that is what it is, to be recorded.

Happy Holidays.

New CSM Medical Staff Leadership

Effective January1, 2013, Dr. Richard Shimp will be the new Medical Staff President for CSM Hospital Milwaukee, succeeding Dr. Gary Gerschke who has served in that role since July 2010. At CSM Hospital Ozaukee, Dr. Bruce Rowe will be the new Medical Staff President, replacing Dr. Robert Roth who has been President since January 2008.

The CSM Medical Staff Council elected Dr. Robert Lyon to continue as Chief of Staff of the CSM Medical Staff. He has served in that position since January 1, 2012.

Congratulations to the incoming Presidents and returning Chief of Staff ... and thank you to our outgoing Presidents for their service, dedication, and leadership.

Code Alert Changes - Overhead Announcement

Pat Gosch RN, MS
Chairperson CSM Emergency Management Committee

What Changes?
December 17, 2012, Columbia St. Mary's will begin to announce all emergency color codes using clear (plain) language. Using clear language provides a clear and concise understanding of the emergency.

Why are we changing?
In 2010 the Wisconsin Hospital Association (WHA) established a Task Force to address the feasibility of standardizing overhead code announcements. The Task Force identified significant variation among hospitals on the use of colors (for instance Code Black had 10 different meanings across hospitals). The Task Force was asked to evaluate current state systems as well as systems in other states and make a recommendation for Wisconsin hospitals.

After studying the issue, the WHA Board of Directors approved a recommendation that hospitals use clear language/plain text for overhead pages, beginning January 1, 2012.

What Changes?

What you currently hear announced	What you'll hear beginning December 17
Code Red	"Fire Alarm" + location
Code Blue	"Medical Emergency" + location
Code Pink	"Abduction [or Missing] Person" + description
Code Black	"Hazardous Spill" + location
Code Brown	"Facility Emergency" + type + location
Code Grey	"Severe Weather" + type
Code Orange	"Mass Casualty Disaster Alert" + description
Code Purple	"Security Alert Disruptive Behavior" + location
Code White	"Security Alert Bomb Threat" + location
New Code	"Security Alert Active Shooter" + location
New Code	"Facility [or Area] Evacuation" + location

Staff responses to the overhead alerts do not change.

Questions? If you have questions or need more information, please contact Pat Gosch, Emergency Management Committee Chairperson, (414) 326-1732, pgosch@columbia-stmarys.org.

We continue our EHR Journey....

What is coming next?
- EHR Oncology Module
- Medical Device Integration
- Optimization of documentation and CPOE

Provider EHR Training for Hospital-Based Care

Who: Providers new to CSM and those that did not attend CPOE training

What: Provider EHR Training Content:
- General EHR Overview
- Hospital-Based PowerNote
- CPOE

When: 1st and 3rd Thursday of the month, 3:00-5:00 pm
East Lake Office Center, Training Room LL104
Space is limited. Please register ahead of time.

To Register:
Contact Tom Ramlow, RN, Clinical Informatics at (414) 326-2138 / Tom.Ramlow@columbia-stmarys.org
- Provide your name, contact number & email and date you would like to attend

Pre-Requisite: 2012 CPOE Provider WBT 5/24 Update, Learning Institute Course: 0X0192

Note: *If you have already attended training, but would like additional support with CPOE and/or Hospital-Based PowerNote, please feel free to register and attend!*

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Top 10 ways to avoid calls from pharmacy due to CPOE changes

1. Do NOT utilize RN communication for medication orders
2. Pay attention to alerts - especially allergies and drug/ drug interactions
3. Do NOT free text prn indications - utilize drop downs
4. Include titration parameters in therapeutic infusion orders
5. BE conscious of assigning starting time and date of high-risk medications
6. Do NOT use suspend function on inpatients
7. Accurately complete admission medication reconciliation - verify all order elements are presentand w compliance information when continuing home medications for inpatient use
8. An IV rate change can be modified as opposed DCing and re-entering order
9. Be CAREFUL when using “Cancel/Reorder” versus “Cancel/DC” function
10. On inpatients, utilize order comment field instead of special instruction field on order entry

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Rationale behind top 10 list

1. The pharmacist does not see the RN communication note in Medication Manager (the pharmacy side of CPOE), so the order will not be processed
2. This is self-explanatory - all alerts should be addressed thoughtfully
3. If PRN indication if "free texted" into the indication field instead of using the drop downs, the indication does not show up in Medication Manager - the field is blank. If the drop down indications are not adequate, select "Other (see order comment)" from the PRN drop down list and text the indication in order comments.
4. Titration parameters are required to be a complete medication order per policy
5. Some higher-risk medications may have already been administered in the ED (examples: Lovenox, Tobramycin, Gentamicin etc...). When ordering these medications for inpatient use, assigning an appropriate start date and time reduces the chances of "double-dosing" too soon after the ED dose is given.
6. The suspend function causes documentation issues for nurses and impacts medication reconciliation
7. Many admission med reconciliation orders are being sent to pharmacy that are incomplete (ie. no dose ordered, instructions in special instruction field do not match what is ordered, not paying attention to compliance history, ePrescribed clinic meds may not have updated SIG)
8. If it is just the rate on an IV that is changing, it is easier for all to just modify the rate. Will eliminate some rework in your inbox for signatures
9. When the intent is to discontinue a medication, use "Cancel/DC." When the intent is to discontinue a medication and reorder it with new dosing directions, use "Cancel/Reorder." Some providers have been equating the "Cancel/Reorder" function with just discontinuing a med
10. Causes problems when medications are converted to prescription upon discharge