

## Hospital EHR – Medical Staff Newsletter

June 2016, Volume 3, Issue 6

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

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### Topics this month

**Tool Bar Link Improvements**

**Tips/Tricks - Identifying Erroneous Information in PowerNote**

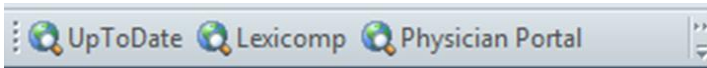
**Autopopulation of PowerNotes – Take Caution**

**How to Correct PowerNote with Wrong Note Type, Title, or Date of Service**

**Urinalysis Orders - Reminder**

**In-House Support Reminder**

### Tool Bar Link Improvements



Starting Thursday June 9th, improvements to the Tool Bar links will be implemented. These **links are designed for quick access to both intranet and internet web pages**. Each Provider has 2 categories of links. One category is shared across the organization and the other is sub-categorized and determined by primary practice location and/or specialty. Our current subcategories include: ED, Clinic, Hospital, Oncology, Ob/Gyn, and Neonatology. Following are the planned links.

#### Organizational Links

UpToDate  
PDM (WI Prescription Drug Monitoring)  
Lexicomp  
Physician Portal - DocPort

#### ED Links

PDMP – IL (IL Prescription Drug Monitoring)  
CDC  
WIR  
InQuicker  
WISHIN  
Library Intranet  
EHR Learning Intranet

#### Clinic Links

WIR (WI Immun. Registry)  
CDC  
NSC (Neonatal Sepsis Calculator)  
Bili Tool  
FRAX Tool  
Library Intranet  
Indigo  
EHR Learning Intranet

#### Hospital and OB/Gyn Links

CDC  
Library Intranet  
EHR Learning Intranet

#### Oncology Links

NCCN  
Carboplatin Calculator  
Library Intranet  
EHR Learning Intranet

#### Neonatology Links

Bili Tool  
NSC (Neonatal Sepsis Calculator)  
PMC (Prematurity Mortality Calc)  
CDC  
Library Intranet  
EHR Learning Intranet


Additional information on some of our new links:

**PDM (Wisconsin Prescription Drug Monitoring website)** <http://dsps.wi.gov/pdmp/access>

“This webpage is for healthcare professionals who are authorized to prescribe, administer, or dispense monitored prescription drugs and their delegates. In accordance with the law, these healthcare professionals and their delegates are able to register for accounts with the PDMP and query the PDMP database for information about patients or potential patients to whom they are rendering assistance. “

**Library Intranet** <http://csmtranet.columbia-stmarys.org/Library/index.html>

The Library page contains helpful research links as well as the contact information for Kellee Selden.



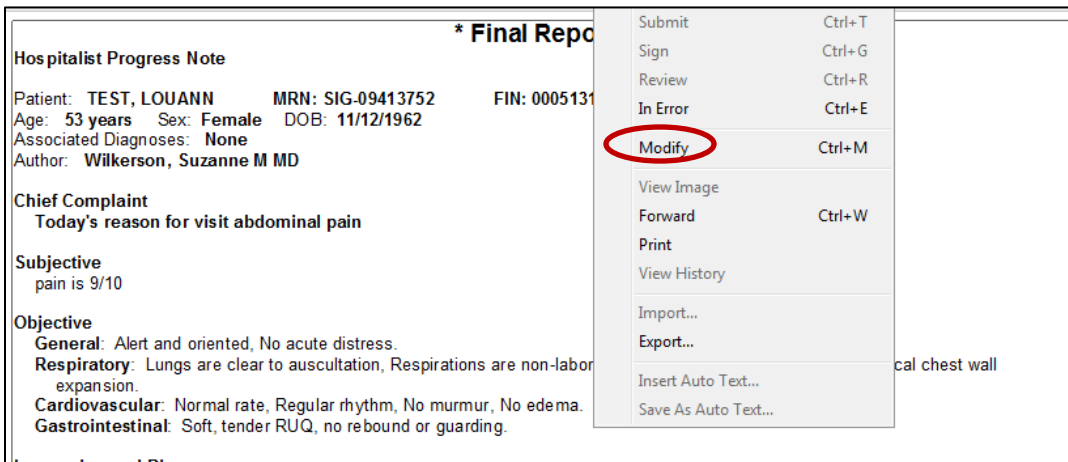
|  |
|--|
| <b>Mission Statement</b>   |
| The mission of the CSM library is to provide knowledge -based information resources and services in support of the patient care, education, research, administrative, decision-making and community outreach needs of the CSM hospitals and clinics. |

|  |                                 |             |              |
|--|---------------------------------|-------------|--------------|
| <b>CSM-Milwaukee Health Sciences Library</b>   |                                 |             |              |
| <b>Hours:</b>  | Monday-Friday, 8:00AM to 4:00PM |             |              |
| <b>Phone:</b>  | 414-585-1626                    | <b>Fax:</b> | 414-585-1278 |
| <b>Kellee L. Selden</b><br>Medical Library/Informatics<br>Women's Hospital – 2nd floor<br>2323 N Lake Dr.<br>Milwaukee, WI 53211<br><a href="mailto:kellee.selden@columbia-stmarys.org">kellee.selden@columbia-stmarys.org</a> |                                 |             |              |

## **Tips/Tricks – Identifying Erroneous Information in PowerNote**

In addition to adding an addendum to the bottom of a PowerNote, it is **possible to cross-out erroneous information within the note by taking the following steps.**

Step 1: Over the body of note, right click and choose “Modify.”



|  |   |        |        |      |        |        |        |          |        |               |        |            |  |         |        |       |  |              |  |           |  |           |  |                     |  |                      |  |
|--|---|--------|--------|------|--------|--------|--------|----------|--------|---------------|--------|------------|--|---------|--------|-------|--|--------------|--|-----------|--|-----------|--|---------------------|--|----------------------|--|
| <b>Hospitalist Progress Note</b><br>Patient: TEST, LOUANN    MRN: SIG-09413752    FIN: 0005131<br>Age: 53 years    Sex: Female    DOB: 11/12/1962<br>Associated Diagnoses: None<br>Author: Wilkerson, Suzanne M MD<br><b>Chief Complaint</b><br>Today's reason for visit abdominal pain<br><b>Subjective</b><br>pain is 9/10<br><b>Objective</b><br><b>General:</b> Alert and oriented, No acute distress.<br><b>Respiratory:</b> Lungs are clear to auscultation, Respirations are non-labor expansion.<br><b>Cardiovascular:</b> Normal rate, Regular rhythm, No murmur, No edema.<br><b>Gastrointestinal:</b> Soft, tender RUQ, no rebound or guarding. | <table border="1"><tr><td>Submit</td><td>Ctrl+T</td></tr><tr><td>Sign</td><td>Ctrl+G</td></tr><tr><td>Review</td><td>Ctrl+R</td></tr><tr><td>In Error</td><td>Ctrl+E</td></tr><tr><td><b>Modify</b></td><td>Ctrl+M</td></tr><tr><td>View Image</td><td></td></tr><tr><td>Forward</td><td>Ctrl+W</td></tr><tr><td>Print</td><td></td></tr><tr><td>View History</td><td></td></tr><tr><td>Import...</td><td></td></tr><tr><td>Export...</td><td></td></tr><tr><td>Insert Auto Text...</td><td></td></tr><tr><td>Save As Auto Text...</td><td></td></tr></table> | Submit | Ctrl+T | Sign | Ctrl+G | Review | Ctrl+R | In Error | Ctrl+E | <b>Modify</b> | Ctrl+M | View Image |  | Forward | Ctrl+W | Print |  | View History |  | Import... |  | Export... |  | Insert Auto Text... |  | Save As Auto Text... |  |
| Submit   | Ctrl+T  |        |        |      |        |        |        |          |        |               |        |            |  |         |        |       |  |              |  |           |  |           |  |                     |  |                      |  |
| Sign   | Ctrl+G  |        |        |      |        |        |        |          |        |               |        |            |  |         |        |       |  |              |  |           |  |           |  |                     |  |                      |  |
| Review   | Ctrl+R  |        |        |      |        |        |        |          |        |               |        |            |  |         |        |       |  |              |  |           |  |           |  |                     |  |                      |  |
| In Error   | Ctrl+E  |        |        |      |        |        |        |          |        |               |        |            |  |         |        |       |  |              |  |           |  |           |  |                     |  |                      |  |
| <b>Modify</b>  | Ctrl+M  |        |        |      |        |        |        |          |        |               |        |            |  |         |        |       |  |              |  |           |  |           |  |                     |  |                      |  |
| View Image   |   |        |        |      |        |        |        |          |        |               |        |            |  |         |        |       |  |              |  |           |  |           |  |                     |  |                      |  |
| Forward  | Ctrl+W  |        |        |      |        |        |        |          |        |               |        |            |  |         |        |       |  |              |  |           |  |           |  |                     |  |                      |  |
| Print  |   |        |        |      |        |        |        |          |        |               |        |            |  |         |        |       |  |              |  |           |  |           |  |                     |  |                      |  |
| View History   |   |        |        |      |        |        |        |          |        |               |        |            |  |         |        |       |  |              |  |           |  |           |  |                     |  |                      |  |
| Import...  |   |        |        |      |        |        |        |          |        |               |        |            |  |         |        |       |  |              |  |           |  |           |  |                     |  |                      |  |
| Export...  |   |        |        |      |        |        |        |          |        |               |        |            |  |         |        |       |  |              |  |           |  |           |  |                     |  |                      |  |
| Insert Auto Text...  |   |        |        |      |        |        |        |          |        |               |        |            |  |         |        |       |  |              |  |           |  |           |  |                     |  |                      |  |
| Save As Auto Text...   |   |        |        |      |        |        |        |          |        |               |        |            |  |         |        |       |  |              |  |           |  |           |  |                     |  |                      |  |

Step 2: Highlight the information you want to cross-out and click the “Strikethrough” icon.

A screenshot of an EHR note editor. The toolbar at the top shows the 'Strikethrough' icon circled in red. The note content includes patient information, a chief complaint of abdominal pain, and an objective section where 'No acute distress' is highlighted in blue.

Hide Note Details Strikethrough

\*Type: Progress Note-Provider \*Author: Wilkerson, Suzanne M MD

\*Date: 06/06/2016 1507 CDT Status: Auth (Verified)

Subject: Hospitalist Progress Note

Patient Level Document:

**\* Final Report \***

**Hospitalist Progress Note**

Patient: TEST, LOUANN MRN: SIG-09413752 FIN: 000513120931  
Age: 53 years Sex: Female DOB: 11/12/1962  
Associated Diagnoses: None  
Author: Wilkerson, Suzanne M MD

**Chief Complaint**  
Today's reason for visit abdominal pain

**Subjective**  
pain is 9/10

**Objective**  
General: Alert and oriented, No acute distress  
Respiratory: Lungs are clear to auscultation, Respirations are non-labored, Breath sounds are equal, Symmetrical chest wall expansion.

Step 3: Documentation in the addendum section is required before signing the note.

The screenshot shows the addendum section of the note. The text 'Insert Addendum Here: Correction above. Patient is in moderate distress.' is circled in red.

**Objective**  
General: Alert and oriented, ~~No acute distress~~  
Respiratory: Lungs are clear to auscultation, Respirations are non-labored, Breath sounds are equal, Symmetrical chest wall expansion.  
Cardiovascular: Normal rate, Regular rhythm, No murmur, No edema.  
Gastrointestinal: Soft, tender RUQ, no rebound or guarding.

**Impression and Plan**  
RUQ pain worse after high fat meal. Possible Cholecystitis.  
abdominal ultrasound planned

**Discharge Planning**  
Discharge Planning  
Anticipated Discharge Date: 06/07/2016.

**\*Insert Addendum Here:**  
Correction above. Patient is in moderate distress.]

### **Autopopulation of PowerNotes – Take Caution**

Per Columbia-St. Mary’s policy, **Copy and Paste Functionality - CPF for Documentation in the EHR**, “All Clinician Authors documenting in an EHR (as with other records) are responsible for the accuracy and integrity of their documentation whether the content is original, copied, pasted, imported from another source, reused, or created by voice recognition.”

In summary, **when populating your note with information from Problem List, Social History, etc. , it is your responsibility to confirm the accuracy of the information.** If you discover inaccurate information, be sure to correct it in your documentation and to notify the source of the original erroneous information. If you have trouble identifying the original source owner, please contact HIM (Medical Records Department).

## How to Correct a PowerNote with Wrong Note Type, Title, or Date of Service

A document created using an incorrect Encounter Date or Note Type will result in that document being electronically misfiled in the patient's chart. **Please review the attached job aide for instructions regarding how to correct a PowerNote signed under the wrong Note Type, Title, or Date of Service**

(NOTE - This process will not correct a PowerNote created in the wrong encounter)

## Urinalysis and Urine Culture Orders – Reminder

Below are the available options for urinalysis and urine culture orders. **In order to avoid duplicative orders, please be aware of previously placed orders and be sure to choose the correct order for your needs.** If you have further questions regarding the different test types please contact the lab.

| Order name<br>(Order synonym name)  | Primary Testing Performed:  | Additional Reflexive Testing:   |
|---|---|---|
| UA Macro Only<br>(Urinalysis Macroscopic Only)  | Color, Clarity, Glucose, Bilirubin, Ketones, Sp. Gravity, pH, Blood, Protein, Urobilinogen, Nitrite, and Leukocyte Esterase   | No Reflexive Testing  |
| UA Micro Only<br>(Urinalysis Microscopic Only)  | WBC, RBC, and Bacteria<br>(Epithelial Cells, Casts, Crystals, and Yeast are reported if present)  | No Reflexive Testing  |
| UA Macro and Micro<br>(Urinalysis Macroscopic and Microscopic)  | UA Macroscopic:<br>Color, Clarity, Glucose, Bilirubin, Ketones, Sp. Gravity, pH, Blood, Protein, Urobilinogen, Nitrite, and Leukocyte Esterase<br><br>UA Microscopic:<br>WBC, RBC, and Bacteria<br>(Epithelial Cells, Casts, Crystals, and Yeast are reported if present) | No Reflexive Testing  |
| UA Macroscopic Rflx Microscopic<br>(Urinalysis Macroscopic Rflx Microscopic)<br><br><b><u>DOES NOT</u> reflex Culture</b> | Color, Clarity, Glucose, Bilirubin, Ketones, Sp. Gravity, pH, Blood, Protein, Urobilinogen, Nitrite, and Leukocyte Esterase   | Reflexes to UA Microscopic based on following criteria:<br>Abnormal Color, Cloudy Appearance, Positive for Blood, Nitrites, Leukocyte Esterase or $\geq 30$ Protein   |
| UA Macroscopic Rflx Micro Rflx Culture<br>(Urinalysis Macro Rflx Micro Rflx Culture)                                      | Color, Clarity, Glucose, Bilirubin, Ketones, Sp. Gravity, pH, Blood, Protein, Urobilinogen, Nitrite, and Leukocyte Esterase.  | Reflexes to UA Microscopic based on following criteria:<br><ul style="list-style-type: none"> <li>Abnormal Color, Cloudy Appearance, Positive for Blood, Nitrites, Leukocyte esterase or <math>\geq 30</math> Protein</li> </ul> Reflexes to Culture based on following criteria:<br><ul style="list-style-type: none"> <li>Positive for Nitrites or Leukocyte Esterase</li> <li>WBC &gt; 10/hpf</li> <li>Bacteria is present in Cath specimen</li> </ul> |
| UA Macro Micro Rflx Culture<br>(Urinalysis Macro Micro Rflx Culture Subphase)   | UA Macroscopic:<br>Color, Clarity, Glucose, Bilirubin, Ketones, Sp. Gravity, pH, Blood, Protein, Urobilinogen, Nitrite, and Leukocyte Esterase<br><br>UA Microscopic:<br>WBC, RBC, and Bacteria<br>(Epithelial Cells, Casts, Crystals, and Yeast are reported if present) | Reflexes to Culture based on following criteria:<br><ul style="list-style-type: none"> <li>Positive for Nitrites or Leukocyte Esterase</li> <li>WBC &gt; 10/hpf</li> <li>Bacteria is present in Cath specimen</li> </ul>  |

## **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.**