Columbia St. Mary's
A Passion for Patient Care

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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In-House Support Reminder
In-house support is available <u>Monday through Friday from 8am to 4pm</u> 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

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. These interactions are also 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.

Hospital Progress Note – Anticipated Discharge Date, 5.17.16

Starting 5.17.16 the "Anticipated Discharge Date" in the *Hospital Progress Note* template cannot be copied-forward. You must enter a date each time you use the note. Although there is an option to free text instead of using an exact date, the free text option is for adding additional details and is not meant to replace the date. Case Management and other clinical team members rely on use of the calendar for "Anticipated Discharge Date." Even if you are not sure of the discharge date, choose a date based on your best estimation

If you are not the patient's attending physician, you may choose the new option, "Decision to be determined by the attending physician."

Stop Date/Time on prescriptions

For non-maintenance medication prescriptions (such as antibiotics, pain medications, and prednisone,) be sure to complete Stop Date/Time in the Prescription. The EHR will then automatically move the medication to inactive category from active at that Date/Time. This improves the accuracy of the patient's medication list when the patient has return visits to both the hospital and clinics.

CSM Pharmacy Pain Management Protocol, 5.9.16

Starting 5.9.16, all opioid medications will have a reference link when you search for the medication. You can use this link to view the CSM Pain Management Protocol. This link will provide quick access to the document to assist you in treating your patient. The document provides extensive information on opioids in an easy to read format. Information includes dosing, duration of action, and side effects as well as other facts including information related to switching from one opioid to another. Please see a copy of this document attached.

To access the document from the EHR click on the link next to the medication name.

Undue Exposure to Radiation Initiative and Alert, 5.17.16

Recently, Ascension Health has established an initiative with the objective of reducing clinically unnecessary CT radiation exposure by 20% in two clinical situations.

- Ordering a Thorax CT exam on adults to rule out Pulmonary Embolism
- Ordering an Abdomen/Pelvis CT exam on pediatric patients to rule out Appendicitis

This initiative is based on recommendations from the American College of Radiology (ACR).

Clinical Decision Support (CDS) alerts will be available starting 5.17.16. These alerts have been created to guide Providers when ordering imaging for the above clinical situations.

Please read the attached communication and job aide for further details.

Downtime EHR May 16, 12:30-4:30 AM

Due to a software upgrade, Cerner EHR will be unavailable from 12:30 a.m. - 4:30 a.m. on 5.16.16.

1. Patient Data Acquisition
    - 24/7 computers available on each unit. These are cycled every 5 minutes and will make available all data up until at least 5 minutes *prior to downtime*.
    - Tests resulted *during the downtime* will be available on paper in the patient's paper chart. If not available when needed, call the appropriate department.

2. Documentation with Dictation – will be forwarded to message center for electronic signature after downtime
    - H&P – 1100
    - Internal Medicine/Family Medicine Consult – 1400
    - Progress Note (for cross coverage) – *1500*

3. Orders – need to manually date and sign
    - Individual orders on paper order sheet – handwritten on lined orders paper
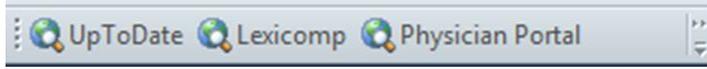   - Paper order sets can be accessed from desktops via this link.

    The paper sets are not as up to date as the electronic order sets so please scrutinize for accuracy if used.

4. Medication Reconciliation – need to manually date and sign
    - RN or pharmacist will complete medication history on paper form
    - Physician will "reconcile" the medications on the same form by indicated if meds should be continued or not. Space to indicate any necessary changes in dosing available.

EHR Maintenance and Sepsis Alert, 5.25.16

On 5.26.16 there will be about 4 hours of EHR system maintenance activities performed that will impact the Sepsis alerts. This will cause a delay in the alerts firing. The alerts may be delayed up to 40 minutes. Expeditious response to the alerts is always imperative but will be even more so due to this delay.

Tool Bar Link Improvements

The Physician Informatics Council has been discussing making improvements to links in the EHR tool bar. These links are designed for quick access to both intranet and internet web pages. One link that is going to be added is the Prescription Drug Monitoring website.

We have two options for adding links: Either share a link across all provider positons or limit it to certain subcategories of physicians. Our current subcategories include: ED, Clinic, Hospital, Oncology, Ob/Gyn, and Neonatology. **If you have any general link ideas or any that are specific to the subcategories, please let me know by May 20th.**