

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

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### Tips and Tricks – “Add On” Lab Order

The purpose of the “Add on Test Request” in the EHR is to enable additional testing to be done on specimen samples already in the Laboratory (consolidating testing and preventing additional patient sample collections).

▼ Details for **Add on Lab Request**

Details
  Order Comments
  Diagnoses

\*Requested Start Date and Time:   CDT
 \*Specimen Type:

\*Requested Tests: 
 Original Date/Time:

**Follow these guidelines to avoid inappropriate use of the order which can cause delays in patient care.**

- Do Not use both “Add on Test Request” and individual lab order. This creates a duplicate order.
- Do Not order more than 3 tests for one blood specimen.
- Do Not order tests that are sent for external testing or require special tubes or handling, such as
  - Any Blood Bank Test
  - Blood Cultures
  - Ammonia
  - Quantiferon
  - ABG, Venous or Mixed Venous O2 Sat
  - PTH Related Peptide
  - Any HLA testing
- Do Not use if in Emergency Department as FirstNet has an alert to better support ED needs.

**If there is any doubt as to whether a test can be added on to a specimen in the Laboratory, please contact the Laboratory at 414-585-1872 (CSM-Milwaukee) or 262-243-7402 (CSM-Ozaukee).**

## Dietician Consult Alert, Effective 10.29.18

Patient admission intake assessments, completed by nursing staff, include a nutritional assessment. If a patient is identified as being at high risk for malnourishment, a Dietician Consult is automatically triggered. Starting 10.29.18, this automatic consult will only be activated for patients with an "Inpatient" status. For other statuses, such as Observation and Bedded Outpatient, the following alert will trigger in place of the automatic consult.



The screenshot shows a notification window with the following content:

- Logo: **erner**
- Header: **\*\*\*NUTRITION ALERT\*\*\***
- Text: "Your patient, OPTESTG11, MATT. . had a risk of malnourishment identified on RN intake admission screening."
- Text: "If Dietician Consult indicated for further evaluation and recommendations, please select order below."
- Section: "Add Order for:"
- Dropdown menu: "Consult Dietitian -> Start Date T.N. Routine" (highlighted in blue)
- Button: "Continue"

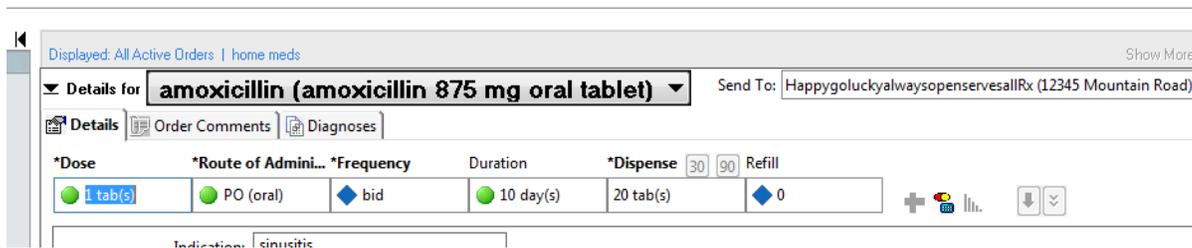
This change is being made for two reasons:

- 1- An order signed by a Provider is required for any non-Inpatient hospital stay.
- 2- An automatic consult is not necessarily appropriate during an Observation stay due to patient out of pocket expenses. In such cases it may be preferred to defer dietician consult to the outpatient setting.

## Duration Visible on Home Meds PowerNote Smart Template, Effective 10.29.18

Effective 10.29.18 the Home Meds Smart Template utilized in PowerNote will be enhanced to include duration. This change will better support communication within PowerNote Discharge Summaries.

As shown here, the duration field on the ePrescribe prescription for amoxicillin is listed as 10 day(s) and is visible in PowerNote.



The screenshot shows the ePrescribe interface for amoxicillin. The "Duration" field is highlighted in green and contains the text "10 day(s)".

*Dose	*Route of Admini...	*Frequency	Duration	*Dispense	Refill
1 tab(s)	PO (oral)	bid	10 day(s)	20 tab(s)	0

### Discharge Medications

amoxicillin 875 mg oral tablet: 1 tab(s) PO (oral) bid Duration 10 day(s)  
atorvastatin 10 mg oral tablet: 1 tab(s) PO (oral) qDay  
lisinopril 10 mg oral tablet: 1 tab(s) PO (oral) qDay  
naproxen: 500 mg PO (oral) bid Duration 7 day(s)

## Urine Culture Clinical Decision Support, Effective 10.29.18

Current Ascension hospital initiatives are focused on the reduction of unnecessary urine culture orders and inappropriate antimicrobial utilization for asymptomatic bacteriuria. Organisms present in a urine culture do not necessarily indicate a urinary tract infection. Reflex cultures and culturing of patients likely to be colonized result in unwarranted antimicrobial use and the propagation of resistance, and may also result in delay of accurate diagnoses. Urinalysis to reflex culture on asymptomatic inpatients or those not suspected to have a urinary source of infection is not recommended, especially for patients with indwelling catheters.

As a first step in EHR Clinical Decision Support, enhancements will be activated 10.29.18 to guide appropriate testing.

1. **48 hour alert** – Fires if “urine culture” or “UA with reflex to culture” ordered within 48 hours of a previously ordered urine culture or reflex culture.
2. **7 day alert** – Fires if “urine culture” or “UA with reflex to culture” ordered within 7 days of positive culture result.
3. **The following Order Set will be inactivated** because it creates technical limitations with the alert.

### **Urinalysis Macro Micro Rflx Culture Subphase**

This order set contains these orders and if both are desired they must instead be ordered separately:

Urinalysis Microscopic only

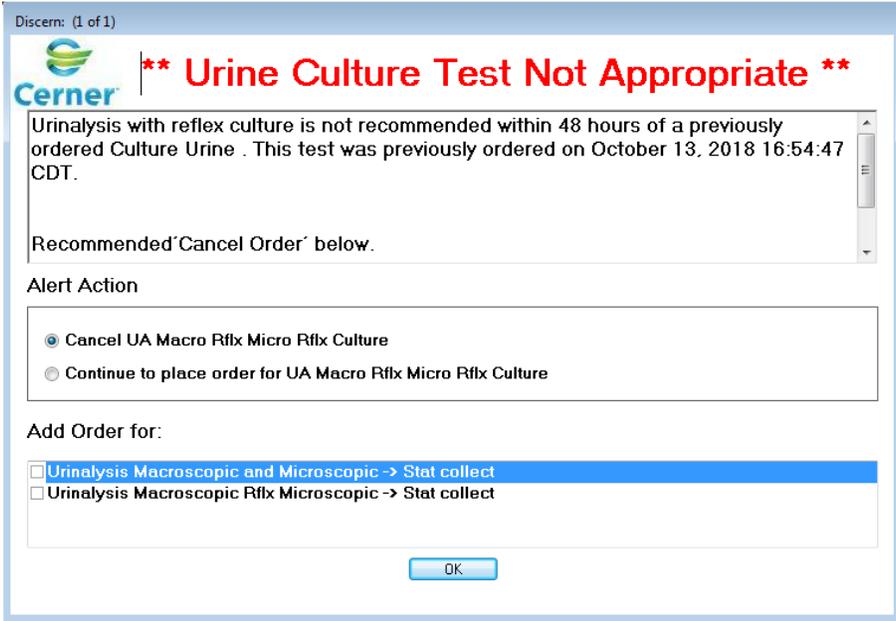
Urinalysis Macro Rflx Micro Rflx Culture

Keep in mind that use of “Urinalysis Macro Rflx Micro Rflx Culture” is likely sufficient in most cases.

The macroscopic test will reflex to a microscopic exam based on the following criteria:

- Color: red, brown, orange, green
- Clarity: cloudy
- Blood: any positive result (trace, small, moderate, large)
- Protein: 30 (will not reflex for trace)
- Nitrites: positive
- Leukocyte esterase: any positive result (trace, small, moderate, large)

\*\* When alert received on UA with reflex order, quick pick options for UA without culture reflex are available. \*\*



Discern: (1 of 1)

**\*\* Urine Culture Test Not Appropriate \*\***

Urinalysis with reflex culture is not recommended within 48 hours of a previously ordered Culture Urine . This test was previously ordered on October 13, 2018 16:54:47 CDT.

Recommended 'Cancel Order' below.

Alert Action

Cancel UA Macro Rflx Micro Rflx Culture

Continue to place order for UA Macro Rflx Micro Rflx Culture

Add Order for:

Urinalysis Macroscopic and Microscopic -> Stat collect

Urinalysis Macroscopic Rflx Microscopic -> Stat collect

OK

For more information regarding clinical testing guidelines, please contact Guillermo Martinez-Torres MD.  
[guillermo.martinez-torres@ascension.org](mailto:guillermo.martinez-torres@ascension.org), 414-585-1448

## Future Orders listed in Patient Discharge Summary, Effective 10.29.18

Enhancements will be made to the **Patient Discharge Summary** which is handed to the patient at hospital discharge. The **Patient Discharge Summary** contains post-discharge care information such as Follow-up appointments, Medication List, and educational materials. (This is not same document as the Discharge Summary completed by the physician.)

Starting 10.29.18 it will include a list of all Future orders as well as DOT (Day of Treatment) PowerPlans. DOT PowerPlans are utilized when a patient needs serial medications or treatments in the hospital outpatient department such as daily IV antibiotics or dressing changes. Active Future orders from both the current hospitalization as well as prior outpatient appointments and hospitalizations will be listed.

Individual orders for labs, imaging, etc. list the time to be completed based on how the order was entered. (This time is usually an approximation.)

### **FUTURE ORDERS:**

The following have been ordered either during this visit or a prior visit.

H&H (In Approximately: 3 day(s))  
Post Discharge PT Eval and Treat (In Approximately: 1 week(s))  
XR Chest 2 V (In Approximately: 1 month(s))  
CefTRIAxone (Out-patient) 7day  
Epoetin Therapy (Out-patient) q2wk

The DOT PowerPlans are identified with "Out-patient".

These orders can be accessed in your electronic health record at all Ascension Columbia-St. Mary's hospitals and clinics.

If you need a paper copy of an order for use at an external facility, please request that a copy be printed for you.

Some orders can be completed at your Physician's office. Contact them to discuss.

No appointment is needed for routine labs or X-rays at Ascension Columbia-St. Mary's hospitals in Milwaukee and Mequon.

Call for available hours or access the hours and locations via internet.

Milwaukee Lab, 414-585-1704

Milwaukee Medical Imaging, 414-585-1160

Ozaukee Lab, 262-243-7406

Ozaukee Medical Imaging, 262-243-7400

<http://www.columbia-stmarys.org/oth/Page.asp?PageID=OTH101381>

Call Central Scheduling at 414-326-1800 to schedule the following:

- Specialized imaging, such as MRI, Ultrasound, Nuclear Medicine, CT Scan, and Mammography
- Procedures
- Out-patient medications and treatments

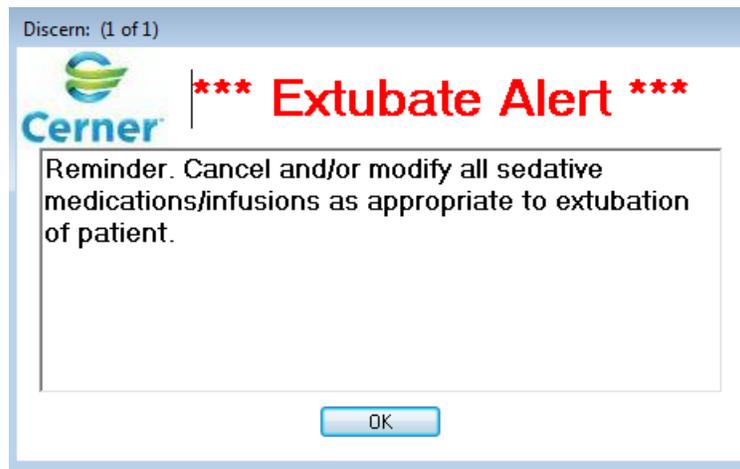
Call Rehabilitation Department at 414-326-2600 to schedule Physical, Occupational, and Speech Therapy.

## New Discontinue Video EEG Monitoring Order

The new order, "Discontinue Video EEG monitoring", supports a standard process and alerts the Neurodiagnostic Tech of the need to discontinue the in-progress video EEG study. Please utilize as appropriate.

## “Extubate” Order Guidance, Effective 10.29.18

Effective 10.29.18 the following alert will be seen when an “Extubate (RT)” order is placed. This alert serves as a reminder to discontinue or modify sedative medications that have been previously ordered and supports safe patient care.



## New Sedation Assessment Scale for Opioid Administration, effective 10.30.18

Pasero Opioid-induced Sedation Scale (POSS) will replace the current 0-3 sedation scale when monitoring opioids administered to manage pain.

### **Best Practice Guidelines:**

- Sedation assessment is required for ALL patients receiving opioid analgesics by ALL routes of administration.
- POSS is used to assess sedation in non-critically ill adult and pediatric patient populations, including OB and Rehab.
- The Richmond Agitation Sedation Scale (RASS) is used to assess sedation in the vented and non-vented, critically ill adult receiving opioids to manage pain.
- Assess sedation prior to and after opioid administration; timing of reassessment is based on drug, dose and route administered. Suggested reassessment is 15-30 minutes after IV administration and 60-120 minutes after oral administration.
- Assessments may be more frequent in select patient populations by clinician order.

### **Departments or patient populations out of scope for POSS**

- Pre-op and PACU
- Adult ICU – RASS is used to assess sedation in the vented and non-vented patient and is also part of the CAM-ICU assessment for delirium.
- NICU – NPASS is used for pain and sedation
- Behavioral Health and Alcohol and Drug Recovery inpatient departments
- Urgent Care
- Diagnostic units and procedures involving administration of moderate sedation regardless of department location; this includes the Emergency Department when moderate sedation is used during procedures. Follow current policy for assessment and monitoring guidelines.

**How does POSS compare to the 0 – 3 sedation scale currently used?**

<b>CSM Scale</b>	<b>POSS</b>
	S = Sleep, easy to arouse
0 – No sedation, patient awake	1 = Awake and alert
1 – Mild sedation, occasionally sleepy, easy to arouse, responds to verbal stimuli	2 = Slightly drowsy, easily aroused
2 – Moderate sedation, frequently drowsy, responds to gentle shake	3 = Frequently drowsy, arousable, drifts off to sleep during conversation
3 – Severe or deep sedation, somnolent, difficult to arouse, responds to sternal rub	4 = Somnolent, minimal or no response to physical stimulation

**EHR Changes to Support these guidelines:**

POSS has been placed within the Pain Assessment documentation in Ivview. Sedation Level is still available for those departments and patient populations that require that documentation.

**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**

Real-Time, Local EHR Support includes:

- Quick 1:1 assistance for help with using the EHR.
- Coaching sessions for CPOE, Power Notes, Patient Lists, and utilization optimization.
- Assistance with logging tickets for identified problems.

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.