Ascension Columbia St. Mary's

Hospital EHR - Medical Staff Newsletter

March 2020, Volume 7, Issue 2

DME - critical update regarding order placement

Durable Medical Equipment (DME) is often ordered at hospital discharge. **To ensure reimbursement, it is critical to follow the ordering guidelines that support** CMS and Home Care Medical requirements, including the following.

- **Ordering Providers must have both an NPI# and PECOS certification.** (Most Resident Physicians are not PECOS certified and are therefore not eligible to write DME orders.)
- Order must contain specific information including NPI#. Only ePrescribe prescriptions contain these requirements.
- Attestation of need must be in Provider documentation separate from the order.

Patients may experience burdens and delays if the above process is not followed.
Easily meet the requirements by utilizing ePrescribe for the order and PowerNote for the attestation.

Required Workflow
✓ ePrescribe for order
✓ DME Attestation within PowerNote template
✓ If you work with Resident Physicians, confirm that they have PECOS certification before they prescribe DME for your patients

Do not use this workflow
❌ "Post Discharge" or other hospital order
❌ non-standard location for attestation documentation

The attached Job Aid, "Ordering Hospital Discharge DME", has detailed instructions as well as information regarding pre-built DME prescriptions and order sentences.

Tips for an Accurate Discharge Medication List

During Discharge Medication Reconciliation (aka Discharge Med Rec), the Home Medication List is updated with additions, deletions and/or modifications.

The Home Medication List populates three documents that follow the patient at discharge:
- **(1)** Physician Discharge Summary (PowerNote signed by Physician)
- **(2)** Patient Discharge Summary and **(3)** Transition of Care (both "Finalized and Printed" by RN from Depart)

If the Discharge Med Rec is done after the above documents are finalized, the Home Medication List will not be accurate.

In order to assure that the Medication List is accurate, it is critical to follow these steps <u>in order</u>:
Step 1: Discharge Med Rec completed
Step 2: Discharge Summary PowerNote populated with Home Medications (ST)
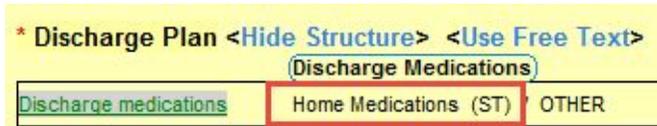

Step 3: Discharge Order placed (signal to RN that "safe" to Finalize and Print Depart documents)

If Step 1 is completed or repeated after Step 2 or 3, the following must happen.
- Notify RN that changes have been made to the Medication List. The RN will need to Finalize and Print Depart documents a second time if needed.
- Update the Home Medication List in the PowerNote Discharge Summary
  - Saved PowerNote (2 methods)
    - Use "Refresh" to re-populate the *Home Medications (ST)*

    - Manually "Clear" and repopulate the *Home Medications (ST)*
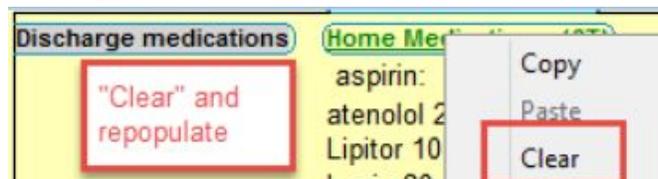
  - Signed PowerNote
    - Right click over note and "Modify"; select Revise; follow Saved PowerNote steps above

New - Staph Aureus Bacteremia PowerPlan, 3.4.20

A new PowerPlan was created for treatment of Staph Aureus Bacteremia (SAB) based on recommendations from the Antimicrobial Stewardship and Infection Committee of Ascension. It will be available starting 3.4.20.

Staph aureus Bacteremia Management - Adults AH

The Powerplan is recommended for confirmed and suspected SAB and includes these evidence based practices:
- Infectious Disease Consult to assist with assessment and antibiotic duration
- Echocardiogram orders
- Antibiotics for MRSA and MSSA

SHRI transition to Provider electronic documentation, 3.2.20

Until now, Sacred Heart Rehabilitation Institute (SHRI) Medical Staff have been documenting both electronically and on paper progress notes. This split record creates challenges for Medical Staff and associates.

Starting March 2,2020, all documentation by Physicians and Advanced Care Practitioners at SHRI must be paperless. Most documentation will be completed using Cerner PowerNote. The option to use dictation where applicable (H&Ps, Consult notes, and Discharge Summaries) remains available, but paper forms and hand written progress notes will no longer be utilized.

Other staff, including nursing, therapists, and case managers will continue paper documentation of notes, vital signs, etc. We are, though, working on a future transition to electronic documentation for them also.

ECG Interpretation Smart Template, available now

A Smart Template that populates PowerNote with ECG interpretations from the encounter is now available

Any part of any PowerNote can be populated with results. For this example, it will be placed in the "ECG interp" sentence of the Hospital Progress Note template.
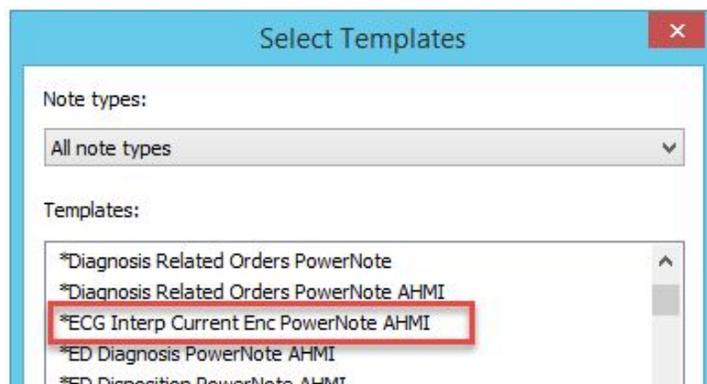
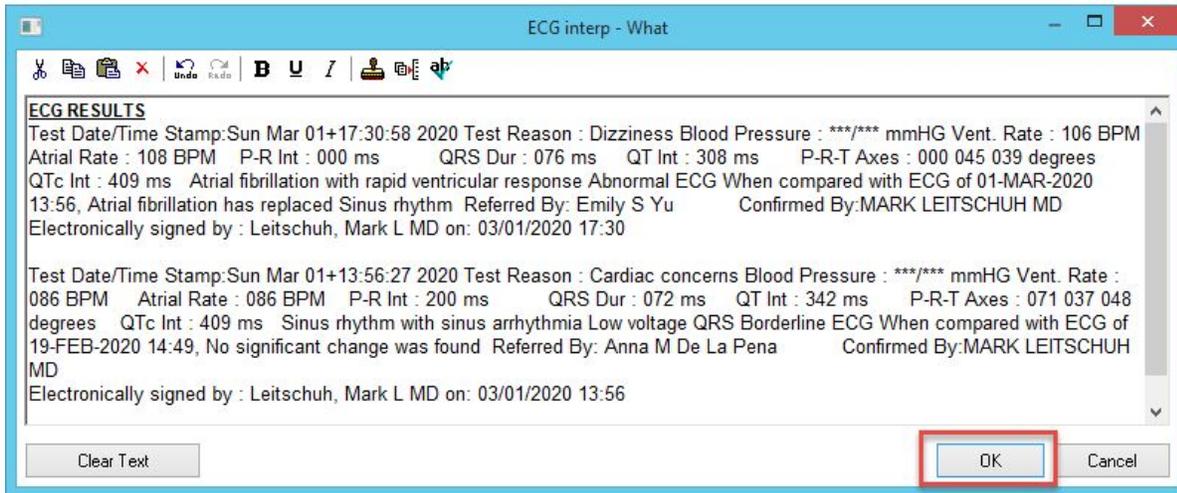1. Select OTHER to open a free text box.
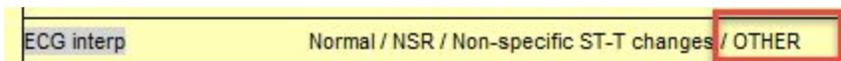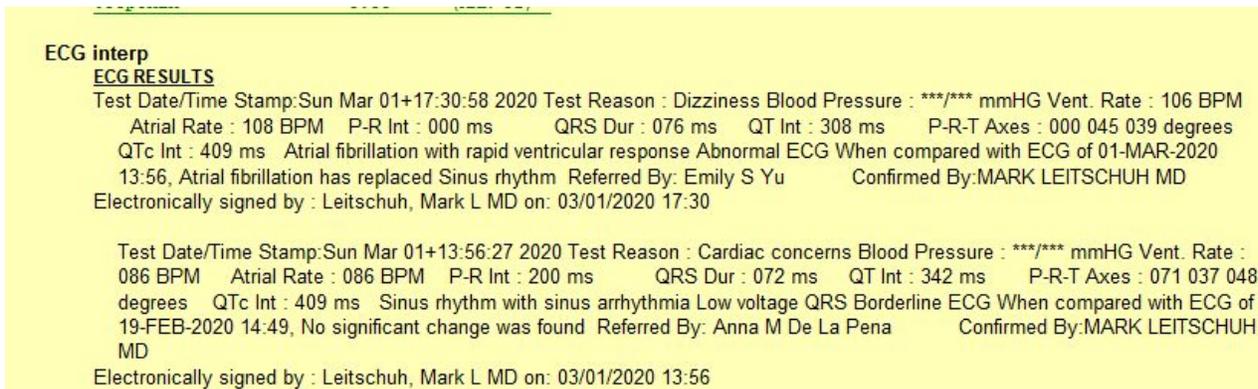

2. Within free text box click the "Template" icon

3. Select the "*ECG Interp Current Enc PowerNote AHMI" template.

4. Review and edit as needed, then select OK
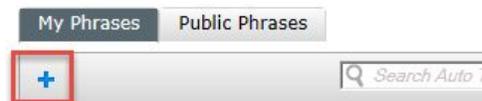

5. The PowerNote populates

Creating an Autotext can expedite this process:
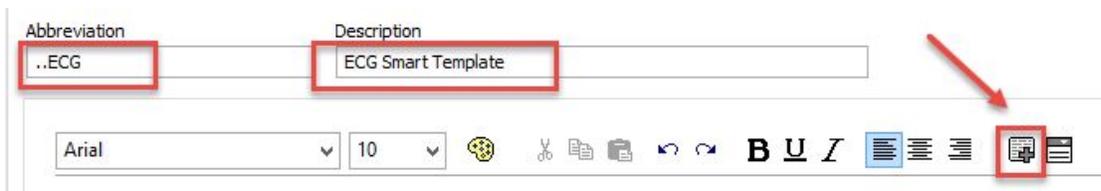1. Within a free text box select the "Autotext" icon.

2. Select +

3. Enter personal Abbreviation and Description, then select "Insert Templates/Tokens" icon

4. Highlight the smart template and select "Insert"

Insert Templates/Tokens

Search Templates/Tokens

Patient: HOWARD, FLORENCE   Encounter FIN: 000522261866

Name ▲	Type
* Urine Drug Screens	Smart Template
* Date of birth	Smart Template
* Diagnosis Related Orders	Smart Template
* Health Maintenance	Smart Template
* Health Maintenance Recom A…	Smart Template
* Invasive Ventilation PowerNot…	Smart Template
* IV Drips PowerNote AHMI	Smart Template
* Medication List	Smart Template
* Medication List AHMI	Smart Template
* Medication List with Complian…	Smart Template
*Allergies PowerNote	Smart Template
*Allergies PowerNote AHMI	Smart Template
*Aminoglycoside Monitoring Re…	Smart Template
*Diabetic Labs 1 Year PowerNo…	Smart Template
*Diagnosis Related Orders Pow…	Smart Template
*Diagnosis Related Orders Pow…	Smart Template
*ECG Interp Current Enc Power…	Smart Template
*ED Diagnosis PowerNote AHMI	Smart Template

Previous 1 2 3 4 5 32 Next

ECG RESULTS
Test Date/Time Stamp:Sun Mar 01+17:30:58 2020 Test Reason : Dizziness Blood Pressure : ***/*** mmHG Vent. Rate : 106 BPM   Atrial Rate : 108 BPM   P-R Int : 000 ms   QRS Dur : 076 ms   QT Int : 308 ms   P-R-T Axes : 000 045 039 degrees   QTc Int : 409 ms   Atrial fibrillation with rapid ventricular response Abnormal ECG When compared with ECG of 01-MAR-2020 13:56, Atrial fibrillation has replaced Sinus rhythm Referred By: Emily S Yu
Confirmed By:MARK LEITSCHUH MD
Electronically signed by : Leitschuh, Mark L MD on: 03/01/2020 17:30

Test Date/Time Stamp:Sun Mar 01+13:56:27 2020 Test Reason : Cardiac concerns Blood Pressure : ***/*** mmHG Vent. Rate : 086 BPM   Atrial Rate : 086 BPM   P-R Int : 200 ms   QRS Dur : 072 ms   QT Int : 342 ms   P-R-T Axes : 071 037 048 degrees   QTc Int : 409 ms   Sinus rhythm with sinus arrhythmia Low voltage QRS Borderline ECG When compared with ECG of 19-FEB-2020 14:49, No significant change was found Referred By: Anna M De La Pena   Confirmed By:MARK LEITSCHUH MD
Electronically signed by : Leitschuh, Mark L MD on: 03/01/2020 13:56

Insert   Cancel

5. Select "save"

Manage Auto Text

☑ Show Auto Text Notifications

Abbreviation
..ECG

Description
ECG Smart Template

Arial   12   B U I

[*ECG Interp Current Enc PowerNote AHMI]

Save   Cancel

6. Autotext with smart template now available

Electronic Prescribing of Controlled Substances, Summer 2020

Electronic Prescribing of Controlled Substances (EPCS) is expected to be available in Cerner mid to late summer. Further updates will be available closer to that time. Thank you for your patience as we implement necessary steps to support two-factor authentication security measures required by the DEA.

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.