



Ascension Columbia St. Mary's

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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Topics this edition	Page
Home Oxygen and DME Order Enhancements, Effective 10.1.18	1
Outpatient Blood Product Transfusion Orders, Effective 10.4.18	1
Documenting Procedure History in the Postoperative Procedure Note	1
Medicare requires nebulizer medication Rx to have ICD10 Diagnosis code	2
Sleep Navigator	2
eRx Acetaminophen-Oxycodone combination	2
Erroneous cancellation of Problems on Problem List	3
Medication List on Patient Discharge contains Indication	3
Quick Pick Folder Available for Admission and other Standard PowerPlans	4
Local EHR Support	4

Home Oxygen and DME Order Enhancements, Effective 10.1.18

The following eRx enhancements will better support a complete order for home oxygen and DME.

1. Electronic signature for both Oxygen and DME prescriptions will be available on printed Rx. (This had previously been removed due to issues with medical prescriptions but is allowed for DME.)
2. Per request of oxygen supply companies, required field “Length of Need” has been added to Oxygen order. If oxygen need is estimated to not be for “Lifetime”, then choose Other and enter length of need in Special Instructions.

*Length of Need:

Requested Refill Date:

Medicare typically covers oxygen only for chronic, lifetime indications. Drop down choice available for ease of use as indicated.

Outpatient Blood Product Transfusion Orders, Effective 10.4.18

The new *Blood Bank Product & Transfusion (Out-patient)* PowerPlan can be selected from a clinic encounter or hospital encounter prior to discharge. **Details regarding ordering are available on the attached job aid.**

Documenting Procedure History in the Postoperative Procedure Note

The PowerNote template, Postoperative Procedure Note, contains a quick link to procedure history. By utilizing this link a permanent record of the procedure can be entered into the EHR in addition to the note. **Further instructions are available on the attached job aid.**

Medicare requires nebulizer medication Rx to have ICD10 Diagnosis code

Unlike most prescription medications, **Medicare requires each prescription for a nebulizer solution medication have associated ICD10 diagnosis code because they are utilized with DME (the nebulizer machine) and similarly are billed under Part B.** Conversely, metered dose inhalers are billed as Part D and do not require ICD10.

More information available at <https://www.medicare.gov/coverage/nebulizers-nebulizer-medications>

To assure that the receiving pharmacy or printed Rx has the appropriate ICD10 code, please enter this in “Special Instructions” within the Rx as shown here. Special Instructions must be utilized as neither the Indication field nor Diagnosis transmit electronically to the pharmacy.

Also, with use of “Special Instructions,” the Dx will stay linked to the Rx for both refills and saving as a favorite.

Details for **albuterol (albuterol 1.25 mg/3 mL (0.042%) inhaled solution)**

Details | Order Comments | Diagnoses

*Dose	*Route of Admin...	*Frequency	Duration	*Dispense	Refill
3 mL	Nebulized	qid		360 mL	0

Indication:

*PRN: Wheezing

Special Instructions: Dx - COPD with asthma (J44.9)

Tip: Click on the Diagnoses tab for quick access to finding the necessary ICD10 code. Also, favorites can be created with common ICD10 codes.

Sleep Navigator

Effective 10.1.18, Sleep Navigators will be notified of all hospital patients scoring a STOP BANG of 5 or greater on the Sleep Apnea screening tool used during the RN Admission Intake process. They will then contact the attending physician regarding a Sleep Apnea risk assessment and patient education consult. The Sleep Navigators will also have the capacity to order a post-hospital sleep study per the attending physician to help with discharge care utilizing the new “Post Discharge Sleep Evaluation w/study” order. All interactions between the patient and sleep navigator will be documented in the medical records. Questions regarding this workflow can be directed to Dr. Jay Balachandran.

Details for **Post Discharge Sleep Evaluation w/Study (Post Discharge Sleep Eval w/Study)**

Details | Order Comments | Diagnoses

*Requested Start date and Time: 09/26/2018 2249 CDT

Future Order: Yes No

*Reason for Sleep Evaluation and Study:

Other: (free text):

eRx Acetaminophen-Oxycodone combination

Due to infrequent use by Physicians and inconsistent availability at pharmacies, the 300mg acetaminophen-oxycodone combination has been removed from available eRx choices. The following combinations are still available for use.

- Acetaminophen-Oxycodone 325 mg – 2.5 mg
- Acetaminophen-Oxycodone 325 mg – 5 mg
- Acetaminophen-Oxycodone 325 mg – 7.5 mg
- Acetaminophen-Oxycodone 325 mg – 10 mg

Erroneous cancellation of Problems on Problem List

Recently we identified a design flaw that was causing inadvertent cancellation of certain Problems on patient Problem Lists of previously hospitalized patients. Evaluation revealed that this was related to implementation of IPOCs (Interdisciplinary plans of care) for hospitalized patients in February. Corrective measures were implemented on 8.17.18 to prevent further issues.

Unfortunately, reactivation of cancelled Problems is a manual process. It is expected that all will be corrected by mid-October. In the meantime, please pay close attention to the Problem lists of any patients hospitalized between 2.27.18 and 8.17.18. Cancelled Problems can be found by sorting the Problem List display to "All".

The screenshot shows the 'Problems' interface with a dropdown menu for 'Display' set to 'All'. The table below shows a list of problems:

Last Updated	Vocabulary	Classification	Annotated Display
06/14/2018	ICD-9-CM	Nursing	H/O Paroxysmal atrial fibrillation

Follow these instructions to reactivate the Problems or notify me for assistance if needed.

1. Double click on the identified Problem. This will open the modification window revealing the erroneous system based change to *Nursing* Classification and *Canceled* Status.

The screenshot shows the modification window for 'Paroxysmal atrial fibrillation'. The 'Classification' is set to 'Nursing' and the 'Status' is set to 'Canceled'. The 'Comments' field contains: '06/14/2018 13:24 CDT - SYSTEM Problem updated automatically by system based on discharge of patient who had a Cardiac Output/Ineffective Cardiac Perfusion IPOC.'

2. Update to *Medical* Classification and *Active* Status.

The screenshot shows the modification window for 'Paroxysmal atrial fibrillation'. The 'Classification' is updated to 'Medical' and the 'Status' is updated to 'Active'.

Medication List on Patient Discharge contains Indication

When the Indication field is completed on a prescription, it is visible on the Discharge Medication list as "Taking For." Completion of the Indication field provides helpful information for patients, family members, and healthcare providers.

MEDICATION LIST

Give a copy of this medication list to your Primary Care Provider.

If you have any medications at home that are not on this list, DO NOT take them until you contact your Primary Care Provider for clarification.

Contact your pharmacist or healthcare provider if you have any questions about these medications.

hydroCHLORothiazide-moexipril (hydroCHLORothiazide-moexipril 12.5 mg-7.5 mg oral tablet) 1 tab(s) Take by mouth once a day. Refills: 0.

ibuprofen (ibuprofen 100 mg oral tablet) 1 tab(s) Take by mouth every 6 hours as needed for pain for 5 Days.

ibuprofen (ibuprofen 400 mg tab) 1 tab(s) Take by mouth every 4 hours as needed for fever for 5 Days.

labetalol (labetalol 100 mg oral tablet) 1 tab(s) Take by mouth 2 times a day. Refills: 0. Taking For: High Blood pressure

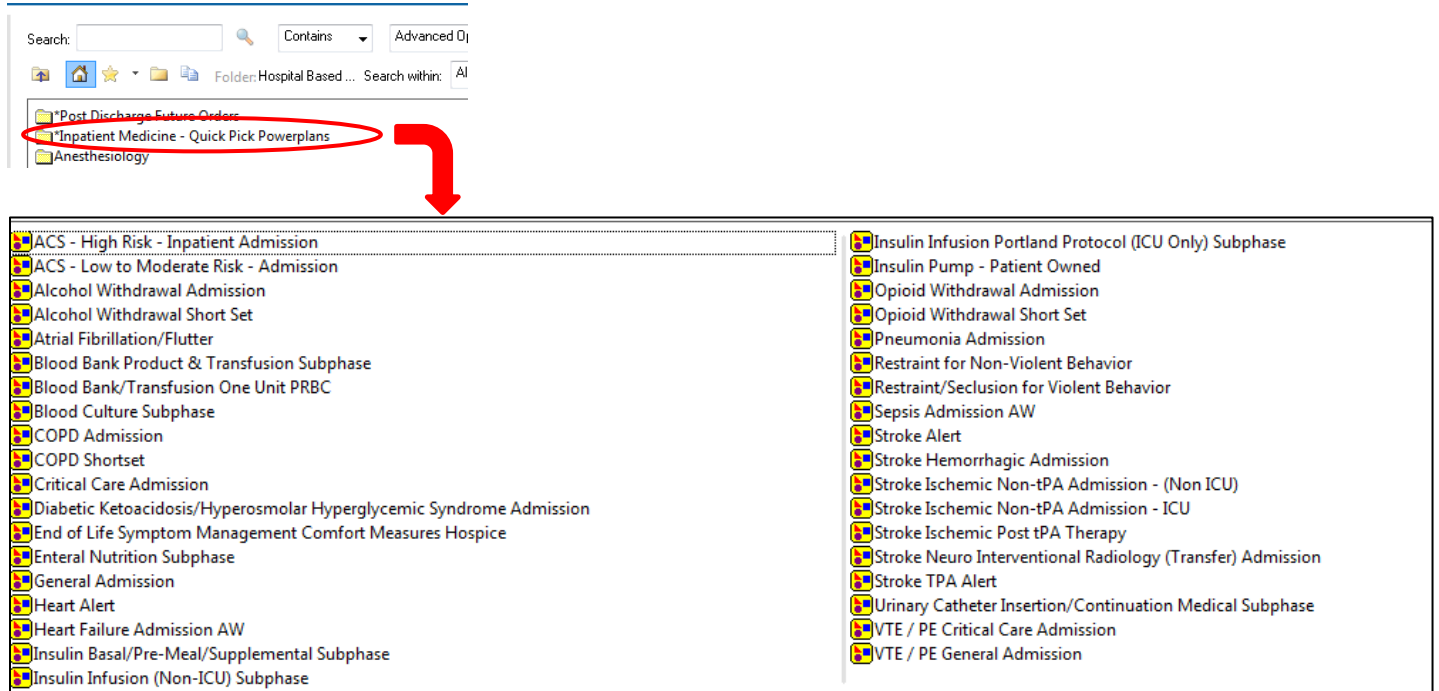
quinapril (quinapril 10 mg oral tablet) 1 tab(s) Take by mouth once a day. Refills: 0.

sugammadex (Bridion 100 mg/mL intravenous solution) Intravenous infusion once.

The screenshot shows the medication details for 'labetalol (labetalol 100 mg oral tablet)'. The 'Indications' field is filled with 'High Blood pressure'. Other fields include 'Dose: 1 tab(s)', 'Route of Administration: PO (oral)', and 'Frequency: bid'.

Quick Pick Folder Available for Admission and other Standard PowerPlans

A system folder is available in orders to provide easy access to most Admission PowerPlans as well as common therapies.



The screenshot shows a file explorer window with a search bar and a folder list. The folder 'Inpatient Medicine - Quick Pick Powerplans' is highlighted with a red circle. A red arrow points from this folder to a detailed list of power plans below.

ACS - High Risk - Inpatient Admission	Insulin Infusion Portland Protocol (ICU Only) Subphase
ACS - Low to Moderate Risk - Admission	Insulin Pump - Patient Owned
Alcohol Withdrawal Admission	Opioid Withdrawal Admission
Alcohol Withdrawal Short Set	Opioid Withdrawal Short Set
Atrial Fibrillation/Flutter	Pneumonia Admission
Blood Bank Product & Transfusion Subphase	Restraint for Non-Violent Behavior
Blood Bank/Transfusion One Unit PRBC	Restraint/Seclusion for Violent Behavior
Blood Culture Subphase	Sepsis Admission AW
COPD Admission	Stroke Alert
COPD Shortset	Stroke Hemorrhagic Admission
Critical Care Admission	Stroke Ischemic Non-tPA Admission - (Non ICU)
Diabetic Ketoacidosis/Hyperosmolar Hyperglycemic Syndrome Admission	Stroke Ischemic Non-tPA Admission - ICU
End of Life Symptom Management Comfort Measures Hospice	Stroke Ischemic Post tPA Therapy
Enteral Nutrition Subphase	Stroke Neuro Interventional Radiology (Transfer) Admission
General Admission	Stroke TPA Alert
Heart Alert	Urinary Catheter Insertion/Continuation Medical Subphase
Heart Failure Admission AW	VTE / PE Critical Care Admission
Insulin Basal/Pre-Meal/Supplemental Subphase	VTE / PE General Admission
Insulin Infusion (Non-ICU) Subphase	

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.