



Ascension

Ascension Columbia St. Mary's

Hospital EHR - Medical Staff Newsletter

January 2020, Volume 7, Issue 1

Topics this edition	Page
PowerNote Discharge Summary Enhancement, Effective 1.14.20	1
Update - Electronic Prescribing of Controlled Substances	2
Warning - Avoid Duplicate Code Status and Diet Orders	3
Four tips for writing visit notes suitable for your patients to see	4
Local EHR Support	4

PowerNote Discharge Summary Enhancement, effective 1.14.20

The PowerNote Discharge Summary will be enhanced to include a template that will automatically populate with pending lab orders that have been collected but not yet resulted.

Current Design

Pending lab results are documented manually in the "Post Discharge Plan of Care" section.

* Post Discharge Plan of Care	
* Recommended Future Labs	None / OTHER
* Recommended Future Imaging	None / OTHER
* Pending Imaging	None / OTHER
* Pending Labs/pathology	None / OTHER
* New medications requiring monitoring	None / OTHER M
* Outpatient rehabilitation ordered (PT,OT, or ST)	None / OTHER M

Design as of 1.14.20

Pending labs will be documented in the "Results Review" section and can auto-populate with the Smart Template

* Results Review <Hide Structure> <Use Free Text>	
Laboratory results	OTHER
Positive Culture and Sensitivity Results	Pos Bacterial Culture & Sensitivity (ST) - C
Pathology results	Launch Path from flowsheet / OTHER
Radiology results	Launch Radiology from flowsheet / OTHER
Other Diagnostic tests	OTHER
* Lab test results pending at discharge	Pending Labs/Pathology (ST) / None / OTH
* Imaging results pending at discharge	None / OTHER

Pending Labs/Pathology Smart Template in Discharge Summary PowerNote

When starting a Discharge Summary, the template is available in the Auto Populate window.

Auto Populate Document

Patient Name: TEST, TEST MRN: SMM-0999919

Terms Available for Auto Population

- Discharge destination from flowsheet
- halothane acyclovir Bactrim DS levoFLOXacin Peanuts
- Hemogram(CBC no Diff) - Hematology Lipid Panel Calc LDL - Chemistry

Alternatively, you can manually select the template from the “Results Review” section.

* **Results Review** <Hide Structure> <Use Free Text>

Laboratory results	OTHER
Positive Culture and Sensitivity Results	Pos Bacterial Culture & Sensitivity (ST) - Current Encounter only / OTHER
Pathology results	Launch Path from flowsheet / OTHER
Radiology results	Launch Radiology from flowsheet / OTHER
Other Diagnostic tests	OTHER
* Lab test results pending at discharge	Pending Labs/Pathology (ST) None / OTHER
* Imaging results pending at discharge	None / OTHER

Sample final document

Results Review

Lab test results pending at discharge

- Hemogram(CBC no Diff) - Hematology
- Lipid Panel Calc LDL - Chemistry
- Hematology Pathology Review - Hematology
- Extra Labels - Client Services
- HIV 1 and 2 Screen - Chemistry
- Thyroid Stimulating Hormone(TSH) - Chemistry

Update - Electronic Prescribing of Controlled Substances

Due to mandates from some pharmacies and state governments, Ascension is rolling out Electronic Prescribing of Controlled substances in 2020. They are starting with the hospitals and clinics in states that have mandates.

The present plan for Ascension Columbia St. Mary's is to begin work in Cerner in May, with a targeted go-live in September, though these dates may change. In the meantime, Walmart and OptumRx will continue to accept paper prescriptions from Ascension providers.

Warning - Avoid Duplicate Code Status and Diet Orders

Code Status

To assure clear Code Status orders, do not ignore the ****Duplicate Order Alert**** when ordering. In addition, regularly review the Banner to assess for accuracy.

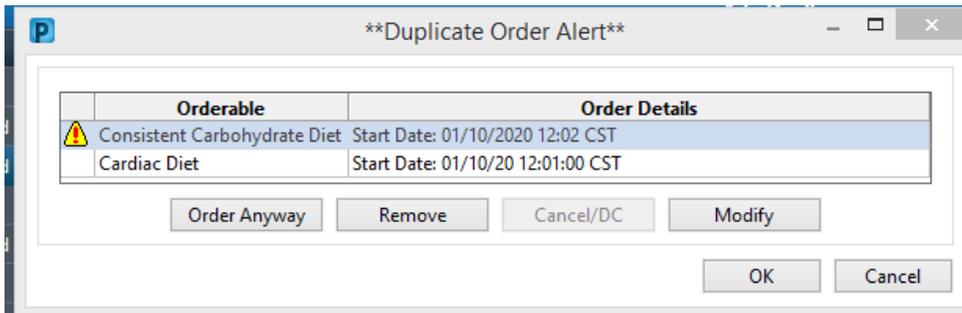
Sex:Female
Loc:SMO ICU; 281; 00
Code Status: No Active Order

- The three resuscitation options from the order are reflected in the Banner Bar:
 - **Code Status: Full Code**
 - **Code Status: DNR/Intubate**
 - **Code Status: DNR/DNI**
- If more than one Code Status is in the chart, the Banner Bar shows **Duplicate Orders**.
- If the patient does not have a documented Code Status order, the Banner Bar shows **No Active Order**.

If you note **Duplicate Orders**, navigate to Orders and cancel unnecessary duplicates. In addition, If you note that your patient has a DNR status but is not wearing a DNR bracelet, immediately notify the nurse.

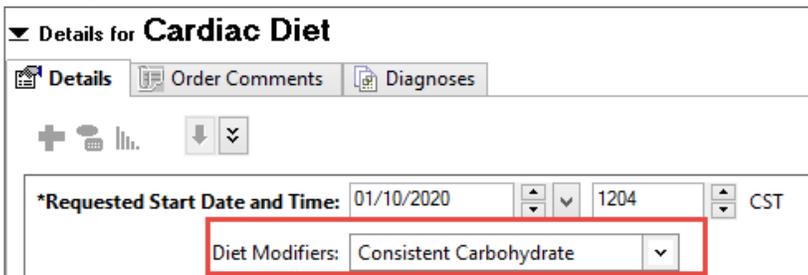
Diet

Diet orders in Cerner populate task lists for dietary staff and determine what type of food will be delivered to your patients. Do not select "Order Anyway" when ****Duplicate Order Alert**** is seen. Instead use remove or cancel one of the orders.



Complex diets should be ordered with modifiers, not duplicative orders.

For example, if a patient has a cardiac diet but also needs carbohydrate consistent: Navigate to orders to find the Cardiac Diet. Right-click over Cardiac Diet and "cancel/reorder", then select a diet modifier. (Use Ctrl key for Multiple modifiers)



Duplicate Exception: Stroke PowerPlans intentionally contain both an NPO order (until dysphagia screen passed) and diet order to be started if passes the screen. The nurse is tasked with either cancelling the diet order when dysphagia screen fails, or cancelling the NPO order if the patient passes.

Four tips for writing visit notes suitable for your patients to see

Blog excerpt from FPM Journal (January 4, 20202)

https://www.aafp.org/journals/fpm/blogs/inpractice/entry/transparent_visit_notes.html?cmpid=em_FPM_20200108

As the push for transparency in health care grows, shared visit notes are becoming more common. Shared notes can enhance communication and engagement among patients, physicians, and family members and can be an important facilitator of shared decision making.

To prepare for increased transparency, physicians can take simple steps to modify their documentation:

- 1. Be consistent and transparent. What you put in the note should reflect your communication in the office. There should be no surprises.*
- 2. Minimize jargon and abbreviations that patients might easily misinterpret, and simplify medical terms where possible. For example, say “short of breath” rather than SOB or dyspneic.*
- 3. Highlight patients’ strengths and achievements in addition to their clinical problems, particularly for mental health issues. For example, when documenting a patient’s depressive symptoms, note encouraging findings as well, such as “Patient has joined a walking group.”*
- 4. Describe behaviors rather than labeling the patient or making judgments. For example, instead of saying “Poor historian,” say “Patient could not recall.”*

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.