Ascension Columbia St. Mary's

Hospital EHR – Medical Staff Newsletter

July 2019, Volume 6, Issue 4

For questions, comments, or suggestions regarding the EHR or this newsletter, please contact me directly.
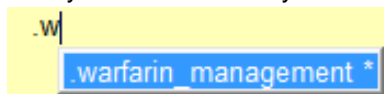Suzanne Wilkerson, MD_ Medical Director Hospital Health Informatics
Suzanne.wilkerson@ascension.org, 414-557-6860 (Pager)

PowerNote Warfarin Auto text (dot phrase)

Be sure to utilize the new Auto text **.warfarin_management*** for documenting warfarin management of your patients in the hospital. This is especially important on the Discharge Summary so that it can be reviewed by Primary Care Providers and others who manage warfarin and monitor INR results.

In any free text area of your PowerNote, begin typing the auto text and then select.

.w

.warfarin_management *

The auto text populates with last five results for H/H, platelet count, and INR, as well as the last five warfarin doses administered.

Reason warfarin prescribed_

H&H, Platelet, INR (Current ENC)
H&H and Platelet:
Hemoglobin: 9.6 gm/dL Low (07/19/19 07:35:00 CDT)
Hematocrit: 30.3 % Low (07/19/19 07:35:00 CDT)
Platelet Count: 100 thou/mcL Low (07/19/19 07:35:00 CDT)
INR:
INR: 1.6 High (07/23/19 07:30:00 CDT)
INR: 1.9 High (07/22/19 06:25:00 CDT)
INR: 2.1 High (07/21/19 06:55:00 CDT)
INR: 2.2 High (07/20/19 06:52:00 CDT)
INR: 2.6 High (07/19/19 07:35:00 CDT)
Previous 5 warfarin doses, if applicable:

Medication Name	Admin Date/Time	Strength Dose/Unit
warfarin(warfarin)	07/22/19 17:29	3 mg
warfarin(Coumadin)	07/21/19 17:23	2 mg
warfarin(Coumadin)	07/20/19 17:45	2 mg
warfarin(Coumadin)	07/19/19 18:00	2 mg

Don't forget to enter the reason for warfarin treatment.

For ease of use on subsequent PowerNotes, this auto text can be saved within a pre-completed note.

EEG Order enhancements, available now

As previously announced, 24/7 Stat EEG coverage was introduced in May. The end of June EEG orders were modified to better support these service changes.

Two types of EEG orders are available:

1. ***EEG***
   a. This is a self-limited test of approximately 60-minute duration
   b. Synonyms available for order searching
      - EEG Routine
      - EEG Stat
      - Electroencephalogram
2. ***Video EEG Monitoring Continuous***
   a. Testing continues indefinitely until Physician enters "Discontinue Video EEG Monitoring" order
   b. Synonyms available for order searching
      - Continuous EEG
      - EEG Continuous
   c. Continuous EEG monitoring without video is not available

Reminder – all after hours Stat EEGs must meet the following criteria:
- Patient unresponsive or there is reasonable clinical suspicion of status epilepticus/non-convulsive status epilepticus
- Ordering provider must contact Dr. Morris through the Access Center (414-585-6683) to initiate the request
- Rapid Deployment Team will be called by the Access Center based on neurologist approval of the STAT study

Enhancement of Discharge Summary PowerNote, available now

The Discharge Summary PowerNote now has added quick pick options for documenting why a patient with Inpatient status was discharged prior to 2 midnights.

> * Reason patient dischargedDeath / Transfer to hospice / Transfer to another medical facility for this reason:=== / Clinical status improved unexpectedly for this reason:=== / Inpatient Only Surgery / earlier than expected Left AMA / OTHER

In addition to the above, for ALL patients with Inpatient Status remember to clearly document in Hospital Course the thought process behind selection of this status as determined by acuity of patient illness and intensity of services.

Tips and Tricks – Viewing PowerNotes in Preliminary status

Preliminary status documents are unverified and not yet signed by the author. While definitive care decisions should not be made based on unverified documentation, some Clinicians and Providers find access to this information to be helpful. While transcribed documents in Preliminary status are visible in documents, PowerNotes in Preliminary status are not.

Preliminary PowerNotes, though, are **visible via PowerNotes if the Display is set to "All PowerNotes"** as shown here.

Warning - Be sure always to reach out to the document author if you need to verify details of Preliminary status documentation.
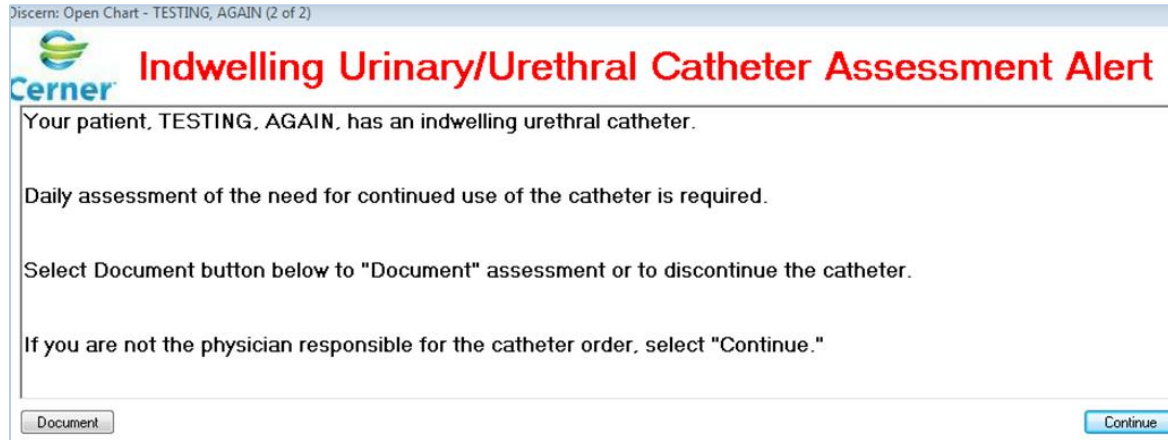
Indwelling Urinary Catheter – Enhanced Alert, effective 8.6.19

The Indwelling Urinary Catheter alert is a reminder to either discontinue the catheter if no longer needed or to document the indication for continued use. The alert will be updated to fire upon chart open and will support direct order cancellation.
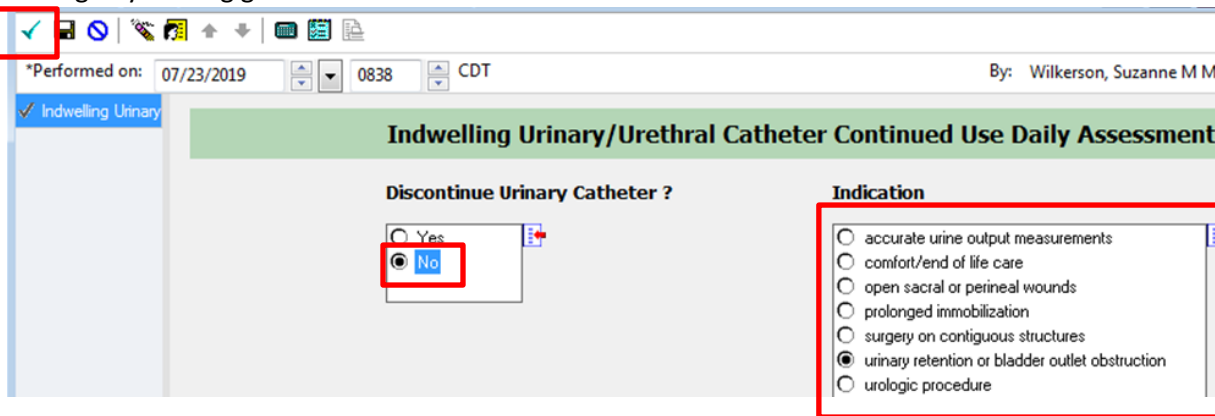
3 options with alert:
1. Link to PowerForm for **documentation of indication of need** for continued use of the catheter
2. Link to PowerForm for **direct cancellation** of catheter if no longer needed
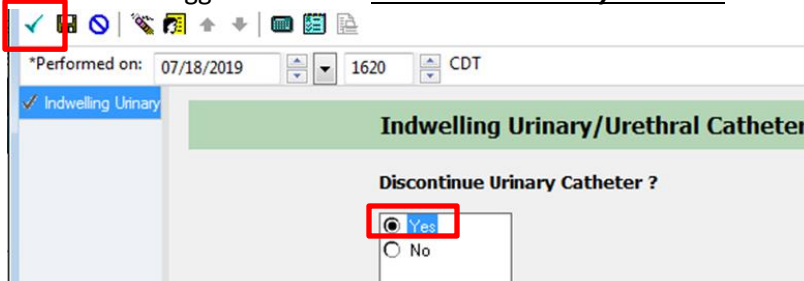3. Bypass alert if not responsible for catheter

Document Indication for continued use of Urinary Catheter

1. Select Document.
2. Select "No" to question "Discontinue Urinary Catheter?" and then select the Indication.
   (Indication carries forward if previously documented though option to change is available if needed.)
3. Sign by clicking green checkmark.

Discontinue Urinary Catheter directly from PoweForm

1. Select Document.
2. Select "Yes" to question "Discontinue Urinary Catheter?".
3. Sign by clicking green checkmark.
4. This will trigger automatic **Discontinue Urinary Catheter** order and will also discontinue the **Catheter Care** order.

Discharge/Depart Process for patients boarded in Emergency Department location

Periodically due to high hospital census, admitted Inpatient and Observation status patients are boarded in the Emergency Department. Most of these patients are subsequently transferred to a Medical Unit but occasionally a patient may stabilize for discharge home directly from the boarded location. As depart functionality in these situations is slightly different, be sure to reference the attached job aid as needed.

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.

Job Aid – Physician Workflow for Patient Discharge from EDBD location (Boarded in Emergency Dept.)
5/22/19

Depart Outline View
The Depart outline guides the physician and RN in completion of required documentation prior to discharging a patient. This outline also provides direct access to the appropriate documentation areas within the medical record.

Because Depart outline design and layout varies by patient location, **it is not possible to have the usual Inpatient outline visible when a patient is in a boarded ED bed.**

Hospital Depart Outline   **ED Depart Outline and Discharge Med Rec**

Access Depart from tool bar

Depart Documentation Steps for EDBD patient:
1. **Discharge Medication Reconciliation** – This cannot be accessed from Depart with EDBD patients. You can find this in orders in same location where you find Admission Med Rec.
2. **Diagnosis** – Access from ED Depart
3. **Patient Education and Follow up -** Access from ED Depart
4. **Discharge Order -** Access from ED Depart via "Disposition Order" link
5. "Provider" and "Prescriptions" are designed for Emergency Department discharge workflow and should NOT be used for EDBD Discharge.