Columbia St. Mary's
A Passion for Patient Care℠

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 month

Sepsis Enhancements and Sepsis Risk Alert, 4.11.16

Since October 2015, The Center for Medicare and Medicaid Services (CMS) has required data collection for patients with diagnoses of Severe Sepsis and Septic Shock.

To assist us with quality patient care and adherence to CMS requirements, an **automatic sepsis risk monitoring system, aka St. John's Agent,** will be introduced into the EHR for both ED and hospital patients. Also, **updates will be made to PowerPlans (order sets) and the Sepsis Screening PowerForm.**

A heightened awareness of Sepsis risk and a strong understanding of treatment standards of care are necessary basic building blocks for our success. The EHR additions and enhancements are meant to supplement (not replace) critical thinking, communication, and team work.

The **Sepsis Risk Alert** will be seen by nurses, not providers. Nursing workflow, when an alert is seen, will include assessing the accuracy of alert data elements and notifying the Attending Physician for a verified sepsis screen.

Improvements in the Sepsis Admission PowerPlan include isolation of ICU related care measures and treatments into a separate "subphase." This **allows the plan to be used in both ICU and non-ICU settings.**

The new Sepsis Screening PowerForm has improved auto-population functionality and also conditional logic so only relevant boxes are available for completion. For example, if you specify that there is not a concern for infection, you can simply sign the form as there is no need to enter further information.

Attending physician workflow when suspecting Severe Sepsis/Shock or notified by nursing of an alert:
1. Verification and completion of Sepsis Screening PowerForm (forwarded to inbox by RN).
2. Utilization of Sepsis Admission PowerPlan (with or without ICU subphase) as appropriate.
3. In patients with Septic Shock, utilization of the Severe Sepsis/Septic Shock PowerNote template for documentation of re-evaluation after fluid bolus administration.

Detailed diagrams outlining nursing and attending physician workflow are attached.

Lactic Acid Lab Order Alert, 4.11.16

The EHR lab order catalog has two lactic acid orders: "lactic acid" and "lactic acid reflex." **The proper order when screening for sepsis or treating sepsis is "lactic acid reflex."** The reflex order is designed to automatically place a repeat single lactic acid order, 4 hours after original, if original result is >2.0 mmol/L. The non-reflex order should only be used in non-sepsis situations.

The alert fires in ED and hospital every time a non-reflex test is ordered, as most cases of ordering the non-reflex test are inadvertent. If you receive the alert in a non-sepsis situation you can choose "continue to place order for Lactic Acid." Otherwise you should cancel the "lactic acid" order and add order for "lactic acid reflex" as shown here.

Lab Clinical Decision Support Alerts – Coagulation tests, 4.11.16

As we continue down our path of improving proper utilization of lab tests in the hospital, the Lab Utilization Committee is releasing additional Clinical Decision Support tools specific to coagulation tests.

The following tests will have "hard stops" in both the ED and hospital. The committee determined that though these tests may be indicated for a patient, it is reasonable to defer testing to the post-discharge care setting. If your patient is in a unique situation and the test is needed in the hospital, the on-call pathologist can be contacted to review the case.

- APC Resist Profile with Reflex FV Leiden
- Factor V Leiden
- Protein S Activity (Functional)
- Protein S Total
- Protein S Antigen Free
- Protein C Activity (Functional)
- Protein C Antigen
- Thrombosis Panel Screen
- Antiphospholipid Panel

The following tests have alerts that are meant for clinical decision guidance only and are not hard stops.

- Factor X Assay Activity
- Heparin Assay
- Heparin Low Molecular Weight Level
- Factor X Chromogenic Assay Activity
- Factor V Assay Activity
- Factor II Assay Activity

Below is an example of a Clinical Decision Guidance alert.

Proper Use of Lab Order Collection Priority Choices (including recurrent frequency labs)

Hospital Lab Orders have 4 priority options:

- *Timed Collect*
- *Today Collect*
- *Future AM Collect*
- *Stat Collect*

Improper use of the lab priority options can lead to a delay in specimen collection and lab results. Please review the following guidelines.

Timed Collect

a. *Timed Collect* is used if you want a draw at a specific time due to monitoring drug levels, etc.

b. *Timed Collect* should be used for ALL recurrent lab orders (Q6 hours, QAM, etc.).

Most specimen collection times will round to the nearest hour, but there are exceptions as follows:

Q10min – rounds to the nearest 10 minutes

Q15 min – rounds to the nearest 15 min

q5min – rounds to the nearest 5 min

q1hr – rounds to the nearest 30 min

q30min - rounds to the nearest 30 min

Today Collect

Specimen will be collected at the next routine scheduled collection time. You can expect most specimens to be collected within 4 hours or less of order placement. (Exception - if a patient has a scheduled *Timed Collect* order later in the day, the *Today Collect* order will be combined with the previously requested *Timed Collect* order.)

Future AM Collect

Specimen will be collected the next day with routine morning lab collection. (Beware – if you place this order during the evening after midnight, the specimen will not be collected until the following day. In this scenario, use of *Today Collect* is most appropriate.)

Stat Collect

Specimen will be collected within 15 minutes of lab notification. **As with all STAT requests, in addition to placing the order in the EHR, the RN should ALWAYS be verbally notified at the time of order placement.**

Reminder - DO NOT specify frequency with any order priority except *Timed Collect*. (Unfortunately Cerner functionality does not allow us to inactivate frequency option on other priority types even though it will cause those orders to not function properly.)

**Examples of proper use of recurrent frequency orders**
- If you want an order each morning, order *Timed Collect* to start at 0600 with frequency Qday. (Do not order *Future AM Collect* with recurrent frequency.)
- If you want a recurrent test with first specimen to be collected "now," place a *Timed Collect* order with appropriate frequency. For example, BMP *Timed Collect* Q3h x3 placed at 10:15 am will have specimens collected at 11:00, 14:00, and 17:00. (Do not order *Stat Collect* with recurrent frequency.)

Echo reports

Due to a recent update of the Cardiology report software (Merge Cardio), you will notice changes in the documents folder. For each Echo completed, there are two documents. Both are located within the *Cardiology/Vascular* subfolder of the *Operative/Procedure Report* folder*.* The document with the Echo tech's name provides access to the image. **The document with the name of the interpreting physician provides access to the report.**
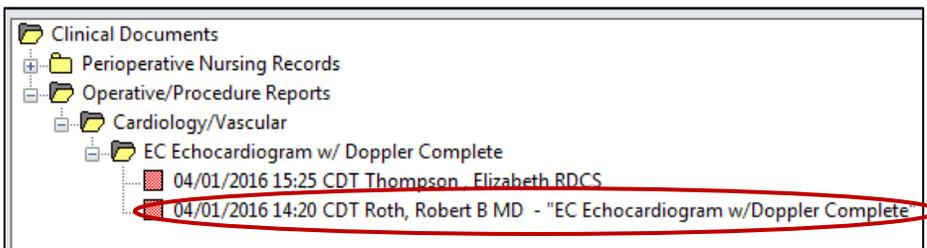
The blue link within the report document must be opened to view the report.
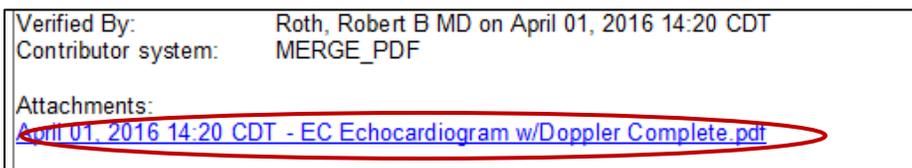
eRx defect

A defect has been identified when ePrescribing with "Misc Prescription." The system will not allow an order to be ePrescribed if the entered dose is less than 1. For instance, if the provider would enter in 0.5 tabs or 0.25 tabs, the system will generate an error upon signing indicating that the prescription failed to electronically route.

It is expected that the defect will be corrected by April 15th at the latest. In the meantime, **please take these precautions when using "Misc Prescription."** For doses less than 1, enter "See Instructions" in the dose field. Then, include the Dose, Frequency, Duration information in the "Special Instructions" field as shown here.

In-House Support

In-house support is available <u>Monday through Friday from 8am to 4pm</u> on both Ozaukee and Milwaukee campuses. To contact a support team member, dial Vocera and request "**EHR support.**" Vocera numbers vary by campus.

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.
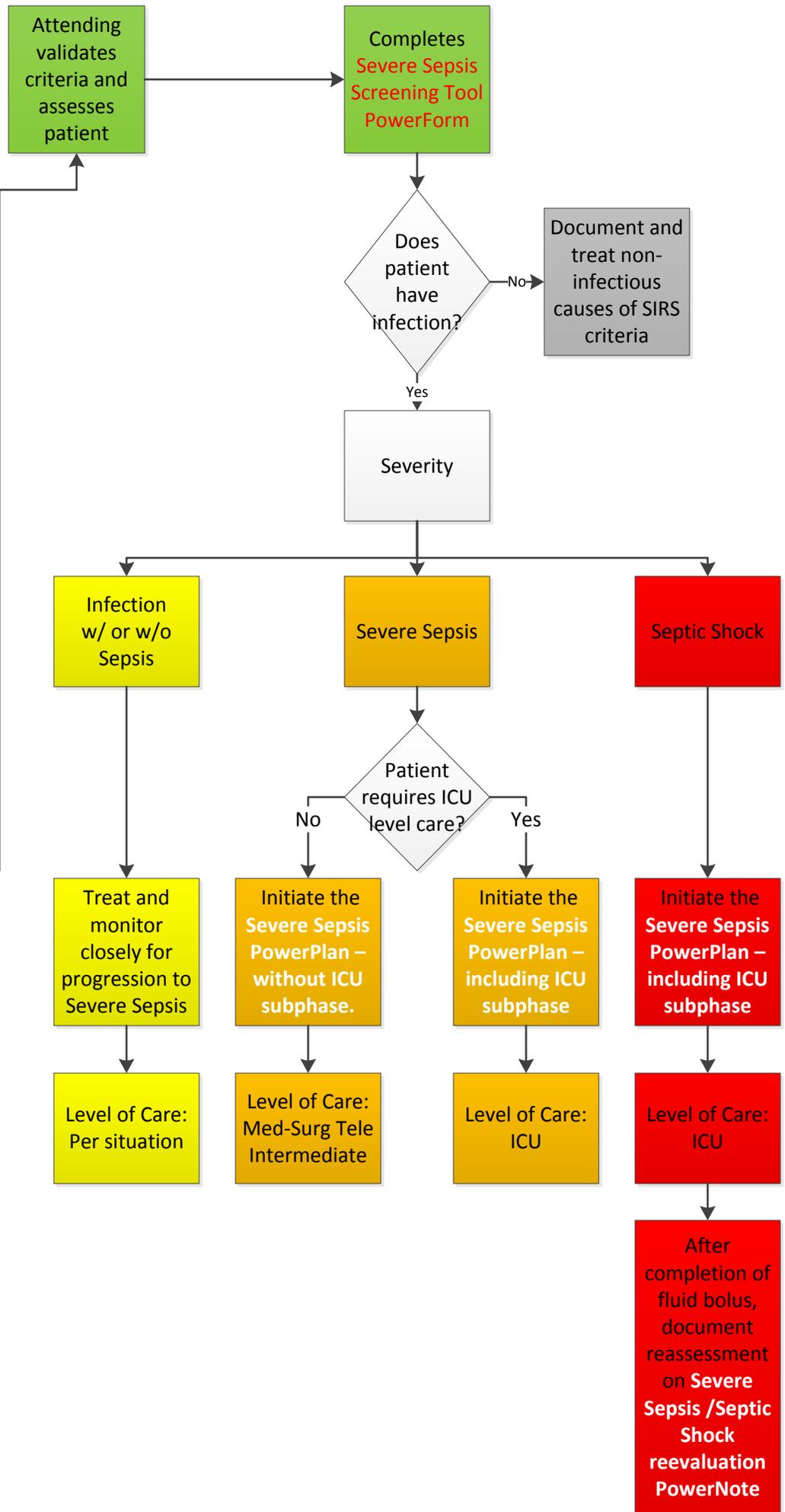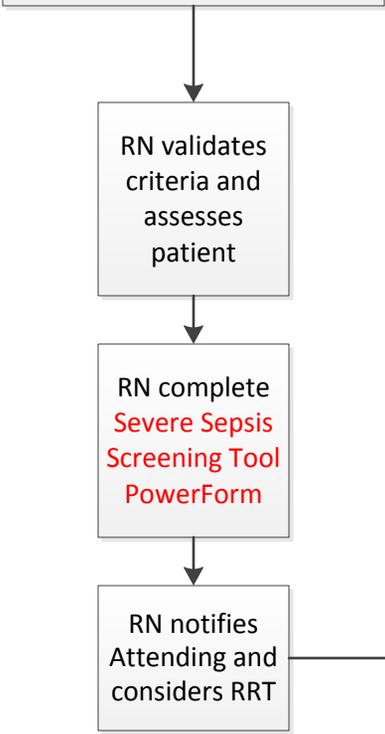
SEVERE SEPSIS/SEPTIC SHOCK ALERT:
Your patient has met the following criteria and may be at risk for Severe Sepsis/Septic Shock.

RN:
-Validate criteria below and assess patient
-Complete the Severe Sepsis Screening Tool
-Notify Attending Physician and consider RRT

RN validates criteria and assesses patient

RN complete Severe Sepsis Screening Tool PowerForm

RN notifies Attending and considers RRT

Attending validates criteria and assesses patient

Completes Severe Sepsis Screening Tool PowerForm

Does patient have infection?

No → Document and treat non-infectious causes of SIRS criteria

Yes

Severity

Infection w/ or w/o Sepsis

Severe Sepsis

Septic Shock

Patient requires ICU level care?

No

Yes

Treat and monitor closely for progression to Severe Sepsis

Initiate the **Severe Sepsis PowerPlan – without ICU subphase.**

Initiate the **Severe Sepsis PowerPlan – including ICU subphase**

Initiate the **Severe Sepsis PowerPlan – including ICU subphase**

Level of Care: Per situation

Level of Care: Med-Surg Tele Intermediate

Level of Care: ICU

Level of Care: ICU

After completion of fluid bolus, document reassessment on **Severe Sepsis /Septic Shock reevaluation PowerNote**

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-Complete the Severe Sepsis Screening Tool
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RN validates criteria and assesses patient

RN complete Severe Sepsis Screening Tool PowerForm

RN notifies Attending and considers RRT

Attending validates criteria and assesses patient

Completes Severe Sepsis Screening Tool PowerForm

Does patient have infection?

No → Document and treat non-infectious causes of SIRS and/or Shock

Yes

Severity

Infection w/ or w/o Sepsis

Severe Sepsis

Septic Shock

Patient requires ICU level care?

No

Yes

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