

Please post / share this communication within 24 hours in your department/unit.

Remember: Many answers/clarifications on EHR processes can be accessed through the EHR Intranet site or EHR Learning (Learning Live)

❖ Jehovah's Witness – Blood/Blood Product Refusal

Workflow in review:

Religion Code: JEH	Religion Desc: JEHOVAH WITNESS
Congregtn Code: ---	Congregtn Name: -----

1) Registration

At the point of registration, staff need to ensure Religion is documented on arrival.

2) Nursing

While completing the Admission History Adult PowerForm, staff need to confirm Religion and Transfusion needs. Documentation in EHR include the following locations:

- Admission History Adult PowerForm**

Under **Psychosocial/Spiritual**, confirm **Religious Preference** field is populated with patient's religion if applicable. If not, confirm with patient and notify the HUC to enter in Invision.

The screenshot shows the 'Psychosocial/Spiritual' section of the Admission History Adult PowerForm. The 'Religious Preference' field is highlighted with a red box and contains the text 'No qualifying data available.' Other fields include 'Cultural/Spiritual Practices to be Continued' and 'Hospital Chaplain to Visit'.

Under **Anesthesia/Transfusion**, record **Willing to Receive Blood/Blood Products***

The screenshot shows the 'Anesthesia/Transfusion' section. The 'Willing to Receive Blood/Blood Products' field is highlighted with a red box and contains radio buttons for 'Yes' and 'No'. Other fields include 'Transfusion History' and 'Type of Transfusion Reaction'.

***Note:** this documentation does not carry forward each visit (hospital, clinic, etc). Information needs to be documented each time.

- Problem List – NEW!**

Enter **Refusal of blood transfusions as patient is Jehovah's Witness** problem.

Type "jehovah" in Search: box

***Note:** this information does carry forward with any CSM visit (hospital, clinic, etc.). During subsequent visits, confirm with patient that this is current.

The screenshot shows the 'Problem Search' interface. The search box contains 'jehovah'. The search results table shows a single entry: 'Refusal of blood transfusions as patient is Jehovah's Witness' with code 'V62.6'.

Documentation as noted above, will display face up on the Nurse Communication Page, Inpatient Summary, Ambulatory Summary, ED Summary and Perioperative Summary pages under Problems and Psychosocial Factors widgets. **The Psychosocial Factors widget will be released in June.**

The screenshot shows the 'Problems (5)' widget. The list of problems includes 'Chronic migraine without aura with status migrainosus, not intractable', 'Hypertension', 'Pain in back', and 'Refusal of blood transfusions as patient is Jehovah's Witness (V62.6)', which is highlighted with a red box.

The screenshot shows the 'Psychosocial Factors (5)' widget. The 'Willing to Receive Blood Products' field is highlighted with a red box and shows a dropdown menu with 'No' selected.

3) Providers (Physician/PA/APN)

Attending physician shall discuss with the patient alternatives to the administration of blood and/or blood products that are available at CSM.

Physician will provide full discussion with the patient regarding the possible risks of refusal of blood.

If after the patient/physician discussion, the patient requests that no blood or blood derivatives be administered during his/her hospitalization, the patient, physician and a witness shall execute a hospital form titled, "Refusal to Permit Blood Transfusion."

This form needs to be completed each visit following patient/physician discussion.

4) Blood Bank

Review patient facesheet for indicated religion. If the religion is listed as Jehovah's Witness, call and confirm that the blood bank testing/product is really needed.

Once patient consent or refused is confirmed, this information is entered into the Blood Bank history--which is only visible in the Lab system and not in the EHR.

If there is no religion listed in the religion field look in the EHR and double check that no religion is listed. If needed, call the RN to confirm what the religion is or if the patient has consented to blood transfusions.

5) Chaplain

Receives a patient report, by unit, each morning that includes the patient's religion.

Note Policies: Blood/Blood Product Administration (#545263), Refusal of Blood Transfusion or Administration of Blood Products (#217606) and Patient Care: Consent, for Treatment/Procedures (#239840).

For questions, please contact Patty Haugh at phaugh@columbia-stmarys.org or Deb Verhagen at dverhage@columbia-stmarys.org

❖ ECG Patch Change – New I View Documentation (Effective 5/28/14)

As part of TJC safety goals to reduce alarm fatigue. One of the evidence-based strategies is to implement changing of patches daily. **ECG Patch Change** documentation will be added to I View under Hygiene ADLs. Nursing and/or PCAs can document ECG Patch Change. **Note:** This documentation is highlighted in blue, indicating a reference document is available. Click on **ECG Patch Change** to review instructions.

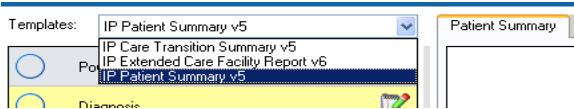
For questions, please contact Kathy Phillips at kphillip@columbia-stmarys.org

❖ **UPDATED: Depart Changes - Meeting Meaningful Use** (Effective 6/2/14)

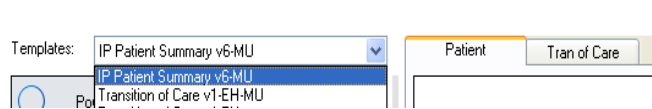
To comply with Meaningful Use, changes have been made to Depart:

1. **Extended Care Facility** and **Care Transition Summary** currently in Depart are being replaced by one document titled **Transition of Care**. A template will not have to be selected – both Transition of Care and Patient Discharge Summary print automatically for every patient when **Finalize and Print** is clicked. **Transition of Care** should be given to the patient so they can provide it at their follow up appointment. **Transition of Care** will be stored in Documents, along with **Patient Discharge Summary**.

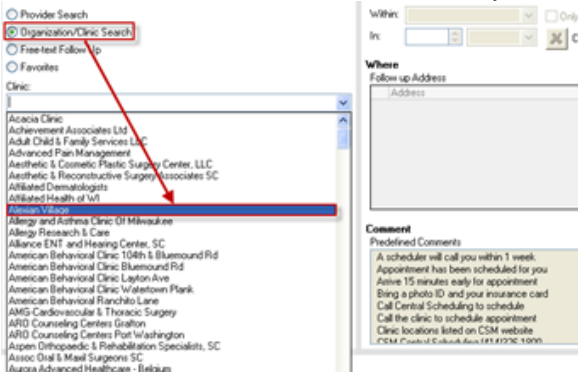
Current



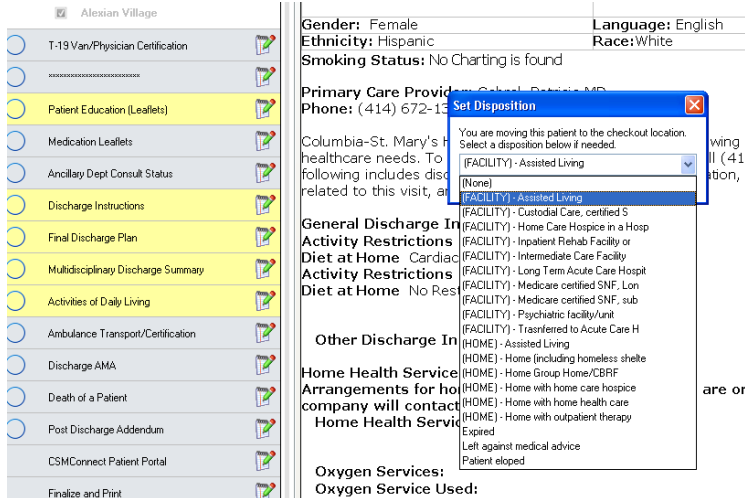
New



2. When transferring a patient to the care of a non-CSM physician, a **Transition of Care** summary must be sent electronically to the receiving clinic/facility for 10% of all discharges. Use the follow up module to document where care is being transitioned to, whether it be a single provider or a facility. In order to avoid changing nursing workflow, Medical Records will send the **Transition of Care** document electronically behind the scenes when an outside facility is selected in Depart.



Patient disposition is documented when Depart process is completed. A prompt automatically displays at **Finalize and Print**.



Refer to the updated **New Depart Functions for Meaningful Use** job aid.

❖ Quality Measures – Tip o’ the Week

STROKE – Order

- Confirm **Stroke Quality Measure** order is initiated and the measure displays on the **Widget**
 - If not, place order
 - Use communication type **Hosp Per Policy – No Cosign**



STROKE – Widget & Documentation

- **Documentation**
 - Dysphagia/Swallowing Screening Tool performed and documented **prior to** administering and documenting anything PO (i.e. meds, etc.).
 - Ensure documentation reflects **actual time** of swallow screen and **actual time** of medication administration
- **Additional Measure Requirements**
 - VTE Prophylaxis
 - Assess patient for rehab
 - **Lipids drawn***, LDL greater than 100 (treat with statin at discharge)
 - **Antithrombotic*** end of day 2

***Note: starred items N/A for Hemorrhagic Stroke**

STROKE – Education: Documentation of **written**** materials given to patient/caregiver

****REQUIRED** – Patient Discharge Summary must include documentation of written education materials given to patient/caregiver for **ALL** measures

- From Patient Education tab
 - Select **Med Surg Stroke Folder English/Russian/Spanish American Stroke Assoc (Custom)**
 - Select **DVD Video Stroke_What Every Person Needs to Know (Custom)**
- From Ad Hoc folder open **Quality Measure: Stroke Education Powerform** or open **Multidisciplinary Discharge PowerForm** (Depart or modify an existing form in Form Browser)
 - Document written discharge instructions or educational material provided to patient/caregiver
 - **Each question needs to be addressed**, Goal is “yes” for each one

Did the Written Instructions Given to the Patient/Caregiver Address Activation of the Emergency Medical System (EMS) if Signs or Symptoms of Stroke Occur? <input type="radio"/> Yes <input type="radio"/> No	Did the Written Instructions Given to the Patient/Caregiver Address Follow-Up With a Physician/APN/PA After Discharge? <input type="radio"/> Yes <input type="radio"/> No
Did the Written Instructions Given to the Patient/Caregiver Address All Discharge Medications? <input type="radio"/> Yes <input type="radio"/> No	Did the Written Instructions Given to the Patient/Caregiver Address Risk Factors for Stroke? <input type="radio"/> Yes <input type="radio"/> No
Did the Written Instructions Given to the Patient/Caregiver Address Warning Signs and Symptoms of Stroke? <input type="radio"/> Yes <input type="radio"/> No	

- At discharge ensure written materials include **folder** listed above and that **all 5 questions** have been addressed on the Multidisciplinary Discharge PowerForm **before** Final Sign and Print

EHR Hospital Communication: May 28, 2014

❖ Valuables and Belongings

Work is underway to modify how patient Valuables and Belongings is documented in EHR for smoother transitioning during patient transfers and discharges. Per *Patient Belongings, Care of*, policy # 241606:

Patient Belongings, Care of

PURPOSE
 To protect patient belongings from loss and/or damage.

POLICY


1. Valuables: Refer to Security Department Policy & Procedure.
2. Initiate documentation of disposition of valuables/belongings in the EHR at point of entry or admission:
 - A. CSM staff (nurse, NT, PCA, tech, HUC, volunteer) can inventory valuables and belongings.
3. Update Valuables and belongings PowerForm at time of transfer:
 - A. The sending unit uses the record as a check list when packing the patient's items.
 - B. The receiving unit uses the record to verify, update, and document the inventory of patient items.
4. Complete Valuables and belongings PowerForm upon discharge, using the Depart Process.
5. If possible, have family take charge of essential belongings. If not possible, transfer essential belongings with patient: hearing aids, glasses, dentures, and other necessary ADL assistive devices (e.g., walker, cane, braces). **Label items** with patient's name if possible.

If any of the above items are found after patient has transferred, nursing personnel will deliver items to the patient's new location and communicate to receiving unit.
6. Send non-essential belongings home with family or significant other.
7. If any belongings are found after patient is discharged or expired, label and contact patient if able. Notify Security for pick-up.

Per *Security of Patient Valuables, CM 2016*, policy # 692964:

Current Status: Active **PolicyStat ID:** 692964

Effective Date:	04/2004
Approved Date:	01/2014
Last Revised:	01/2014
Expiration Date:	01/2017
Owner:	Cindy Mangan: Director of Security
Department:	Security
References:	
Applicability:	CSM



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

Security of Patient Valuables, CSM 2016

POLICY STATEMENT

The CSM Security Department is responsible for the safekeeping, return, and documentation of patient valuables and property at the CSM hospital campus. Patients admitted to a CSM hospital are requested and encouraged to send their valuables home. All patient valuables and property given to Security for safekeeping must be documented and tracked on the CSM Security Department Property Inventory Form and logged into the Security Department Valuables Inventory and storage by the security officer who recovered the item(s).

CSM is not responsible for the theft of, loss of, or damage to patient or visitor property left unmonitored and/or unsecured.

It's important to review the statement on the Valuables & Belongings PowerForm with patient/family and document appropriately.

Patient/family advised that we encourage them to send valuables and belongings home. If this is not possible, CSM Security offers locked storage for money and valuables. The patient/family is responsible for personal belongings while at Columbia-St. Mary's. Columbia-St. Mary's assumes no liability for damaged or lost property. The patient/family agree to inform the nursing staff if personal items are added or sent home during the hospital stay.

Yes
 Deferred

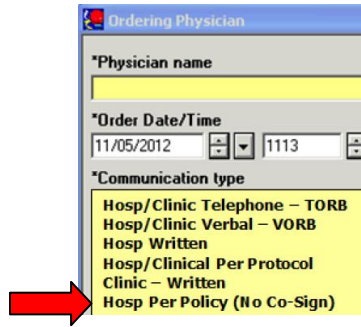
Deferred Reasons

 History only-no contact with patient
 Patient unable to acknowledge due to condition/no family present
 Other:

EHR Hospital Communication: May 28, 2014

❖ **REMINDER: Ordering Physician Communication Type**

When initiating a planned PowerPlan, select the communication type **Hosp Per Policy (No Co-Sign)**. PowerPlans in a planned state have already been “signed” by the ordering Provider (Physician/PA/APN).



Type	**Routed for MD Co-Sign	Description	Example of Use
Hosp/Clinic Telephone - TORB Hosp/Clinic Verbal - VORB	Yes	For order taken over the phone or verbally according to policy.	i.e. RN enters an order obtained by phone or verbally from provider.
Hosp/Written	No	For handwritten paper orders used within hospital walls.	i.e. RN enters orders a provider who sees less than 12 patients/year, handwrites orders on paper. i.e. RN in T&T enters orders received on paper or by fax.
Hosp/Clinic Per Protocol	Yes	For orders considered protocol. Protocols are only used in emergent situations. Unless otherwise specified, meds ordered by the RN according to the OTC med policy so it is routed for MD co-signature.	i.e. Patient presents to ED and triage RN enters and initiates a triage PowerPlan. i.e. RN administers a one time dose of Tylenol for a patient complaining of a headache.
Clinic - Written	No	For CSMCP/MMA use only!	i.e. MA takes a message from a patient for a prescription, sends it to Provider, when he/she responds within EHR.
Hosp Per Policy (No Co-Sign)	No	For orders placed by clinicians that do not need a co-signature or authorization by a provider. For "if/then" order or an order specified by a Nurse Communication or other type of order.	i.e. RN enters a K+ lab for a.m. after administering oral KCL per a signed order in the Potassium Supplement PowerPlan. i.e. RN initiates a PowerPlan a Physician entered in a planned state. i.e. RN upgrades a patient's diet or an activity with an "advance as tolerated" order from Provider. i.e. Dietitian downgrades a patient's diet.