

EHR Hospital Communication: January 24, 2017

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)

❖ **Scripts to Go Program – Name Changed to Meds to Beds (Effective now)**

Why change the name? - The name change to **Meds to Beds** better conveys the message that we can bring the medications directly to the patient's bedside, not just pick them up in the pharmacy on the way out.

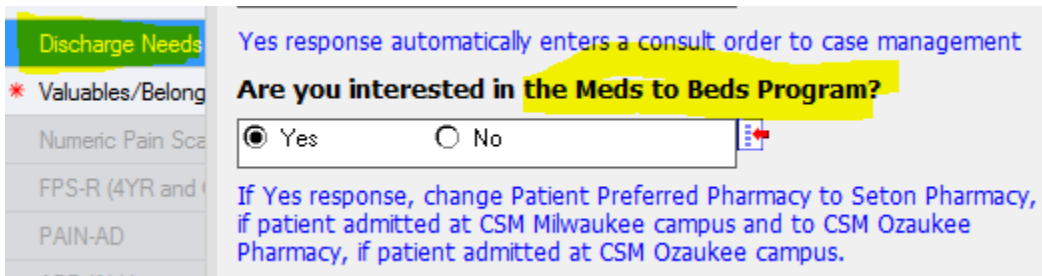
New - Discharge Pharmacist for CSM – Milwaukee

We are happy to announce that the Seton Pharmacy now has a Discharge Pharmacist, Heather Biancuzzo, available for bedside delivery of medications for your patients. Below is the procedure to be used to start the process with Heather. Please feel free to call her on Vocera with any questions.

Meds to Beds is the prescription filling and bedside delivery service offered to all patients admitted to the hospital inpatient units. Additional documentation was added into the EHR a few months ago to streamline the process and improve awareness and communication between nursing, pharmacy, and care management of patient's interest in the Meds to Beds Program.

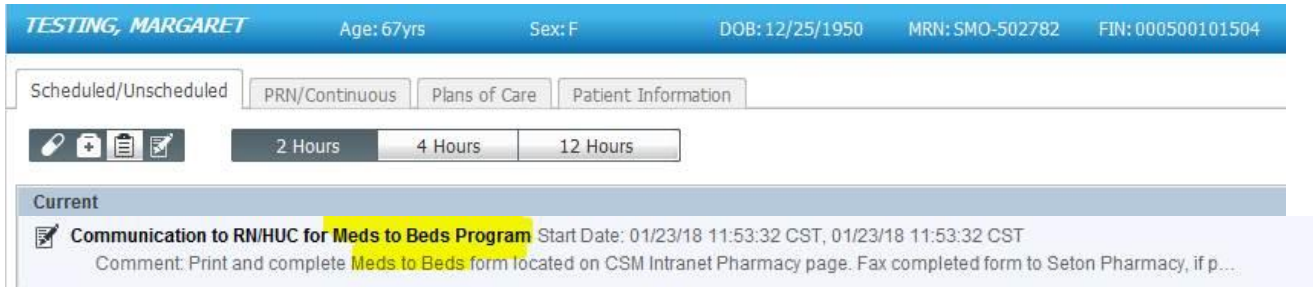
Admission Workflow:

- 1) Admitting RN to ask if the patient is interested in the Meds to Beds Program and document patient's interest on **the Admission History Adult PowerForm** in the **Discharge Needs** section. *Note: This documentation will pull forward to the Pharmacy Clinical Interventions (PCI) PowerForm and to the Multidisciplinary D/C Plan/Summary > Discharge Plan Section*



- 2) Admitting RN to change the Patient Preferred Pharmacy to the appropriate pharmacy based on patient location (reference text added below question to instruct RN)
- 3) Admitting RN updates the white board to indicate patient's interest in the Meds to Beds program
- 4) The RN, HUC, and PCT will receive a **Communication to RN/HUC for Meds to Beds Program** Done/Not Done task instructing to print the Meds to Beds form on CSM Intranet Pharmacy page and fax completed form to appropriate pharmacy. This task will also appear on the CareCompass Activities Window

Task



Orders

Patient Care		Status	Start Date: 01/23/18 11:53:32 CST, 01/23/18 11:53:32 CST
<input checked="" type="checkbox"/>	66° Communication to RN/HUC for Meds to ...	Ordered	Print and complete Meds to Beds form located on CSM Intranet Pharmacy page. Fax completed form to Seton Pharmacy
<input checked="" type="checkbox"/>	66° Review Patient Pharmacy	Ordered	Communication to RN/HUC for Meds to Beds Program
<input checked="" type="checkbox"/>	66° Order Entry Details	Ordered	Details: Start Date: 01/23/18 11:53:32 CST, 01/23/18 11:53:32 CST
<input checked="" type="checkbox"/>	66° Review Patient Education	Ordered	Order Comment: Print and complete Meds to Beds form located on CSM Intranet Pharmacy page. Fax completed form to Seton Pharmacy, if patient admitted at CSM-Milwaukee, or CSM Ozaukee Pharmacy, if patient admitted at CSM Ozaukee.
<input checked="" type="checkbox"/>	66° Admission History Adult	Ordered	

- The HUC completes the Meds to Beds form, faxes it to the Seton or CSM Ozaukee Pharmacy, and places the form in the kardex/bedside folder
- The HUC acknowledges the task either on the CareCompass Activities Window or on the Task List.

Discharge Workflow:

- Provider completes discharge medication reconciliation and then, places discharge order.
- Once discharge order placed, RN checks the whiteboard to verify if patient has elected the Meds to Beds service
- RN calls retail pharmacy via landline (press "0" to reach pharmacy staff) to confirm receipt of prescriptions and coordinate either bedside delivery or that patient will pick up prescriptions at the pharmacy.

Note: Another useful indicator and final double-check of patient's interest in the Meds to Beds Program is on the Discharge Plan section of the Multidisciplinary D/C Plan/Summary

Medication

- | | |
|---|---|
| <input type="checkbox"/> Confirm community pharmacy | <input type="checkbox"/> Secure 30 days supply of Meds to Beds |
| <input type="checkbox"/> Provide 2 weeks' worth of medication under CSM Charity Policy | <input type="checkbox"/> Confirm medication coverage through community pharmacy |
| <input type="checkbox"/> Set up appointment with free/low income clinic that may assist with meds | <input type="checkbox"/> Other: |

The detailed workflow has been posted on CSM Intranet > <http://csmtranet.columbia-stmarys.org/pharmacy/PharmacyForms.htm>

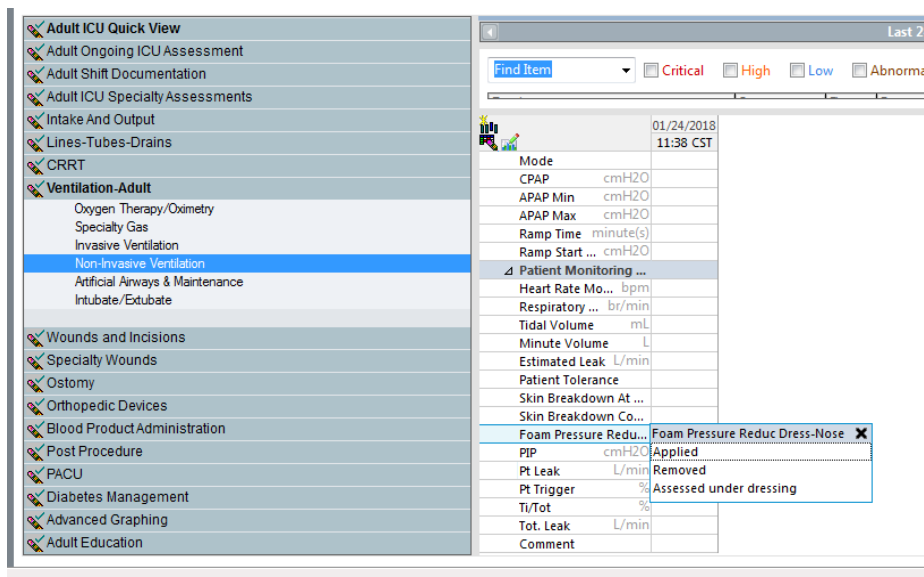
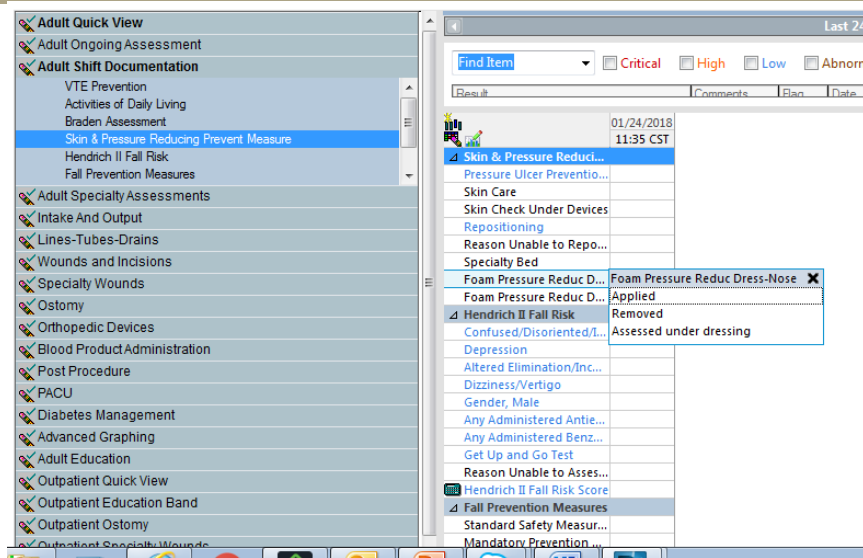
For questions, contact Heather Biancuzzo, Discharge Pharmacist, at Heather.Biancuzzo@Ascension.org or John Canepa, Lead Staff Pharmacist, at John.Canepa@Ascension.org.

❖ Documentation for Foam Dressing to Prevent HAPU's related to BIPAP Mask (Effective 1/25/18)

One of the strategies for prevention of hospital acquired pressure ulcers is to place a protective foam dressing under the mask to protect the bridge of the patient's nose and face. New documentation fields will be available in I-View for both RT's and RN's.

For RN's, the documentation will be located in I-view under *Adult Shift Documentation, Skin & Pressure Reducing Prevent Measures*.

The same documentation field will be located in *Ventilation Adult, Non-invasive Ventilation, Patient Monitoring, Non-invasive Ventilation*. Documentation will be visible in both locations.



For questions, contact Tracy Schultz, Wound Ostomy Continence RN, at Tracy.Schultz@Ascension.org or Anne Putzer, Clinical Nurse Specialist, at Anne.Putzer@Ascension.org.

❖ Changes to Ventilator Bundle and Delirium Prevention and Treatment Powerplans *Effective now*

Why are we making these changes?

- Ascension Wisconsin (AW) is currently working on improving overall quality of care, reducing variability and reducing unnecessary costs for the care we provide. This is also in alignment with national Ascension initiatives. To achieve this goal, standard care pathways and orders sets are being created for several focus patient populations. One of the populations includes patients with respiratory failure that are receiving mechanical ventilation. The standardized orderset for this population is based on the Pain, Agitation, and Delirium Guidelines from the Society of Critical Care Medicine and includes the ABCDEF bundle. Dr. Salud and Anne Putzer, CNS have been

facilitating the work and have collaborated with other providers, pharmacists, physical therapists, RN's and RT's from other Ascension WI ministries.

- The good news is we have already been following these guidelines so this is not brand new for CSM. There have been some updates as we have worked with our Ascension WI partners to collaborate and create the new standardized orderset.
- **The changes to the Cerner powerplans are summarized below.**

PowerPlan Title	Replaces
Ventilator Care - Adult AW	Ventilator bundle
Ventilator Settings (Adult Invasive) Sub-phase AW	Ventilator Settings (Adult Invasive) Sub-phase
Ventilator Weaning Management Sub-phase AW	Ventilator Weaning Management Sub-phase
Ulcer Prophylaxis Sub-phase AW	Ulcer Prophylaxis Sub-phase
Neuromuscular Blocking Agents Sub-phase AW	Neuromuscular Blocking Agents Sub-phase
Delirium Management AW	Delirium Prevention and Treatment

- New orders for fentanyl bolusing as option before initiating infusion – same with midazolam
- 2 different max doses for dexmedetomidine based on weight
- Sucralfate removed from Ulcer Prophylaxis orders
- Pain & sedation meds removed from Neuro Muscular Blocking Agent sub-phase
- Ventilator Settings sub-phase
 - New setting: PRVC
 - Link to ARDSnet chart to calculate Vt based on ideal body weight
 - Suggested beginning ventilator settings
 - Change to instructions for when patient has successful SBT, i.e. call provider for further orders
- Weaning sub-phase unchanged – minor tweaks to Ventilator Weaning Protocol – now called Ventilator Weaning Process Instructions
 - RSBI parameter changed to 100 from 105
 - Safety screen parameter for vasopressors moved from SBT to SAT
- Orders for CAM-ICU screening included

- Delirium prevention and treatment powerplan changed to Delirium Management and updated
 - Haldol dosing decreased and more criteria included for choosing dose
 - 2 new lab test options added for ammonia & cortisol levels
 - Activity as tolerated – Early Progressive Mobility Process Instructions (used to be called protocol) can be linked to from PowerPlan
 - Fentanyl titrated to pain assessment scales only, not RASS
- **Documentation/tasking are not changed.**

For questions, contact Anne Putzer, Clinical Nurse Specialist, at Anne.Putzer@Ascension.org. or Dr. Salud, Pulmonary/Critical Care at Antonio.Salud@Ascension.org.