

EHR Hospital Communication: March 16, 2016

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

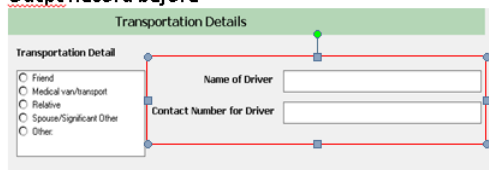
Remember: Many answers/clarifications on EHR processes can be accessed through the EHR Intranet site or EHR Learning (Learning Live)

❖ **Documentation Optimization (Effective 3/22/16)**

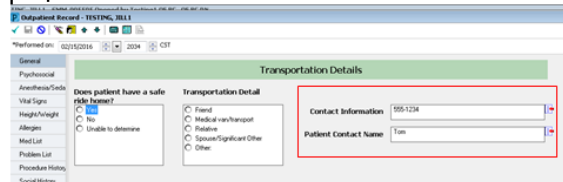
Day Surgery/PACU staff from CSMO, CSMM, and River Woods have been meeting to optimize and reduce double documentation. This work has resulted in the following changes in the EHR:

- In Outpatient Record>Transportation Details, Name of Driver and Contact Number for Driver will change to **Contact Information** and **Patient Contact Name**. These fields match the current fields in Peri Procedure Checklist>Patient Preparation, so the information documented in the Outpatient Record will flow to the Peri Procedure Checklist.

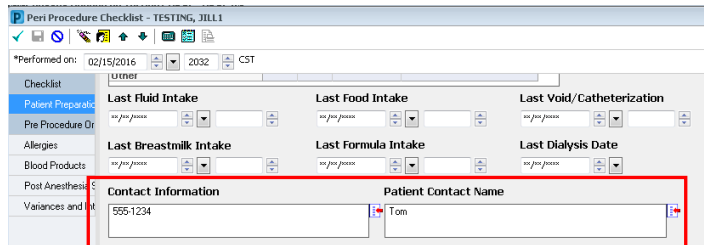
Outpt Record before



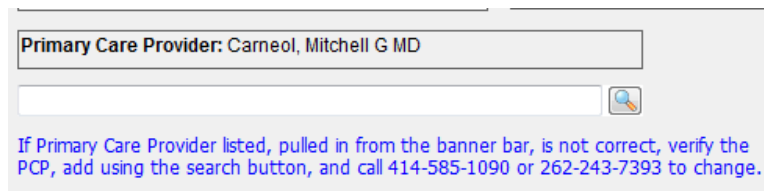
Outpt. Record After



Flows to Peri Procedure Checklist

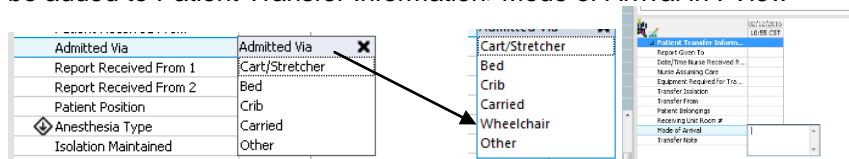


- In Admission History Adult, added a read-only PCP box that populates from the banner bar. Reference text below the search box will be changed to read **“If Primary Care Provider listed, pulled in from the banner bar, is not correct, verify the PCP, add using the search button, and call 414-585-1090 or 262-243-7393 to change”**.



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- Tubes** section in the PACU band will default open (currently it defaults closed for all locations)
- Temperature Tympanic (DegF)** will be added as an option to choose under the **Vital Signs** section in I View.
- ENT section** will be added off-view to the Post Operative Assessment band in I View
- Wheelchair** added as another option to choose in Admitted Via listing in I View. This list will then be added to Patient Transfer Information>Mode of Arrival in I View



- **Foot** added as a selection in the PACU band>Tubes>Surgical Drains/Tubes>dynamic group under Surgical Drain, Tube Locations.

For questions, contact Sue Bode, RN, Clinical Informatics, at sbode@columbia-stmarys.org

❖ **Modifications to the Multidisciplinary D/C Plan/Summary (Effective 3/23/16)**

The following additions will be made to the **Readmission Interview** section of the **Multidisciplinary D/C Plan/Summary** PowerForm:

- 1) An additional question **“Who is being interviewed”** will be added with the following multi-select options:
 - Patient
 - Caregiver
 - Spouse
 - Other
- 2) The **Primary Caregiver** field will be renamed to **Primary Caregiver (who provides care at home) name and contact information**. Reference text will be added to instruct the interviewer to “Enter the primary caregiver name, address, and phone number here”

For questions, contact Jill Kortebein, RN, Clinical Informatics, at jkortebe@columbia-stmarys.org

EHR Hospital Communication: March 16, 2016

❖ **Muse (ECG Viewing) Downtime (Effective 1800 on 3/22/16 until 0830 on 3/23/16)**

There will be a Muse Downtime in order to consolidate the CSMM, CSMO and Orthopedic Hospital Muse sites into one Muse Database.

To achieve this:

- We will be transitioning to the Community Medical Record # (CMRN), vs. Medical Record #, as the patient identification number in Muse. This will allow us to complete serial comparisons across all sites. This consolidation will result in one site, Columbia St. Marys.
- The CMRN can be found under Patient Information in the EHR. The patient's Medical Record # can no longer be used to search for EKGs; the patient's first name, last name and Date of Birth (DOB) are the two patient identifiers to be utilized.

The new consolidated Muse site will contain EKGs on patients done within the last 11 years, and if the patient was a pediatric patient at time the EKG was done, an additional 18 years after that date. If the EKG was completed outside that timeframe, you will have to change site in Muse, and go to the hospital site the patient had that EKG at. This can be done in Muse by selecting Tools/Change Site.

Information critical to know for this downtime:

- **During the Muse downtime patient's previous EKG images will not be available for viewing, either through Muse print out, Muse or through the EHR.**
- **Serial comparisons will also not be available during this downtime.**
- **The written report will be available through the EHR.**

Additional information will be sent to the clinical areas that complete EKGs, prior to the downtime.

Questions about Muse Downtime: At CSMM, contact Joy Levin at jlevin@columbia-stmarys.org or 414-585-1255. At CSMO, contact Cherie Mauer at Cheryl.Mauer@columbia-stmarys.org or 262-243-7304.

Issues with Muse after downtime is completed, call the IS Service Desk, at 414-326-2400, and reference Muse in your call.

❖ **Patient Community Medical Record Number (CMRN) added to Test Requisitions (Effective 3/22/16)**

CSM will be transitioning to the use of the Community Medical Record Number (CMRN) as the patient identification number in the Muse EKG Storage System. To support associate workflow with this change, we have added the CMRN to requisitions .

For questions, contact Joy Levin at jlevin@columbia-stmarys.org or 414-585-1255.

❖ **Weights Task Force: EHR Updates (Effective 4/04/16)**

In order to optimize documentation and viewing of weights, the following changes have been approved for the EHR:

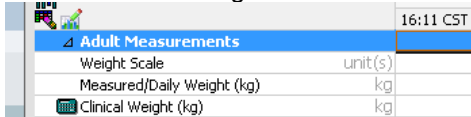
- The scale used for Clinical Weight , documented on Admission or from Height & Weight PowerForm, will populate I View

Adult Measurements		10.20 C31	10.19 C31	10.18 C31
Scale Type			Standing ...	

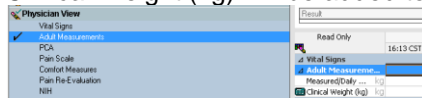
- The Scale Type selection in Height and Weight and Admission PowerForms will change to match those currently listed in I View.



- Measured/Daily Weight lb** will be removed from I View. This will prevent the inadvertent documentation of kg in the lb location



- Clinical Weight (kg) will be added to Physician View band in I View



- To help clarify the use and meaning of “Clinical Weight” for hospitalized patients, additional reference text will be added to the Clinical Weight area in all PowerForms where Height & Weight PowerForm is used along with Height & Weight PowerForm:

- “For hospitalized patients, clinical weight is their admit weight, and should be entered here only on admission, or dramatic weight change (e.g. amputation, etc.). After admit, all daily weights should be entered in I View”.

Clinical Weight (kg)

This is the weight to be used for medication dosing and growth chart graphing.

For hospitalized patients, clinical weight is their admit weight, and should be entered here only on admission, or dramatic weight change (e.g. amputation, etc.) After admit, all daily weights should be entered in I-View.

- Measurements and Weights section (widget) is currently located in all Summary Pages (mPages) but is defaulted closed in Nursing Communication Page. It will now default open in order to clearly see last, previous, and change in weight

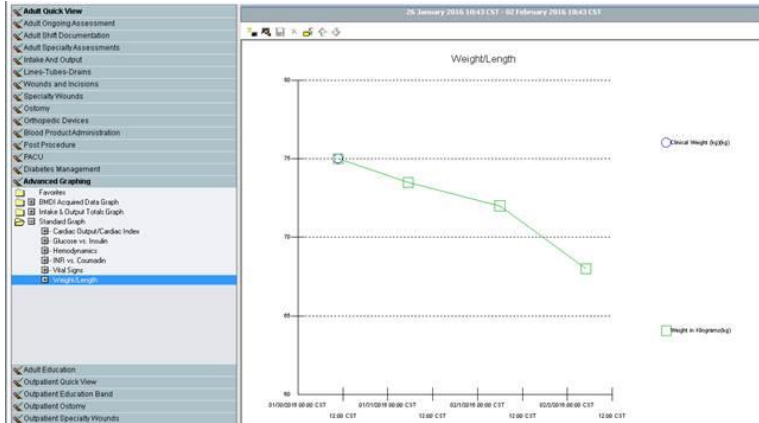
Measurements and Weights (4)			
Selected visit			
	Latest within	Previous within	Change
Weight in Kilograms	89.2 kg 6 hrs	95.2 kg 30 hrs	-6.0 kg
Clinical Weight (kg)	92.6 kg 12 days	--	--
Height (cm)	182.88 cm 12 days	182.88 cm 12 days	0.00 cm
Estimated Height	Yes 12 days	Yes 12 days	

For questions, contact Sue Bode, RN, Clinical Informatics, at sbode@columbia-stmarys.org or Kathy Phillips, CNS.

❖ Where to Find Weights in EHR Today

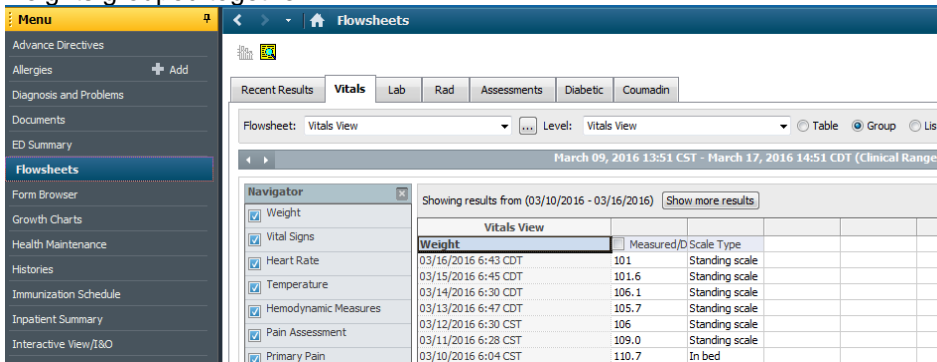
In I View:

- Click on **Advanced Graphing** band. Click on + next to **Standard Graph**, then click **Weight/Length**. It graphs clinical and measured weight without having to scroll back in I View.



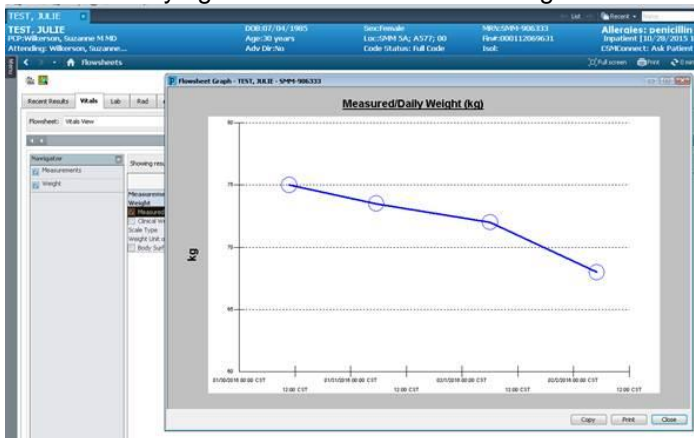
In Flowsheets:

- From Venue Menu, click **Flowsheets**. Once in Flowsheets, click **Group**, then **Weight** to see weights grouped together.



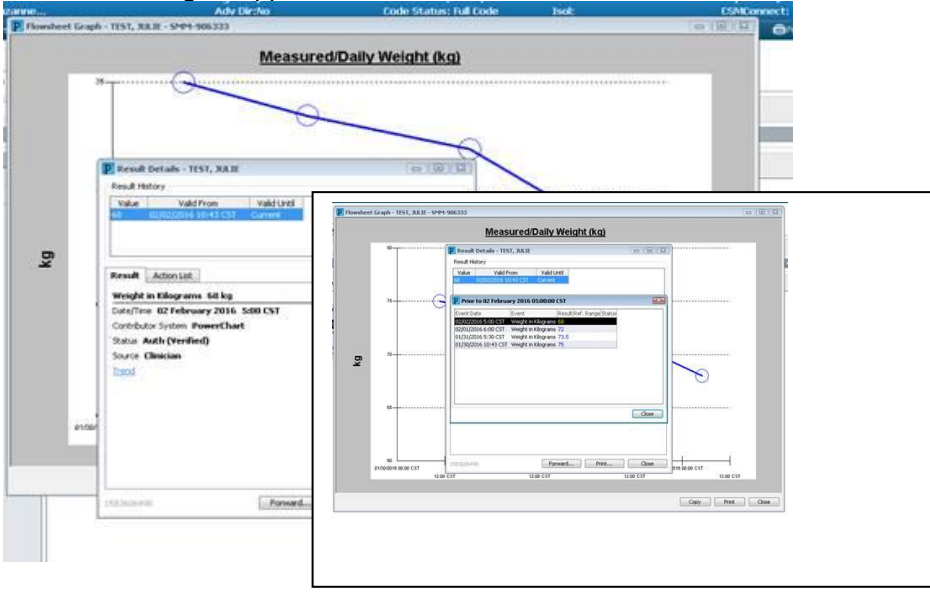
OR

- From Venue Menu, click **Flowsheets**. Once in Flowsheets, click **Vitals** tab at top of page, then click box in front of **Measured Weight**. Click on **Graph** icon at top left of page (Clicking on Vitals instead of staying in Recent Results allows a greater date range of values).



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- To see weight trends in list form, click on the most recent result on graph. Click **Trend**. A list of the weights appears in the box



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