

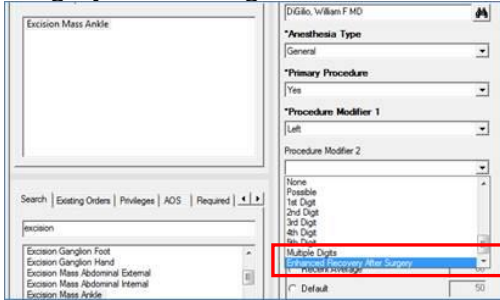
Please post / share this communication within 24 hours in your department/unit.

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

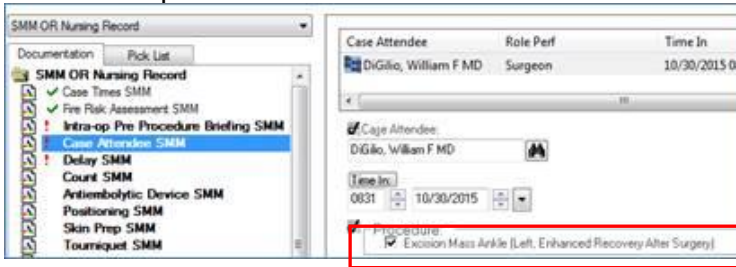
❖ **Identification of ERAS in the EHR (Effective 11/11/15)**

Enhanced Recovery After Surgery (ERAS) will now be identified within surgery schedules, intraop documentation and tracking boards:

Surgery Scheduling:



In the Intraop:



Daily Report of Schedule:

Surgery Schedule						
CSM-M OR Columbia St Mary's Hospital						
Milwaukee						
FRIDAY 10/30/15 - FRIDAY 10/30/15						
***** CONFIDENTIAL INFORMATION - Please Dispose of After Use. Thank You.						
10/30/15						
OR 05 SMM						
09:30	DiGilio, William F MD	TEST, REG1	SMM-001234	Day Surgery	General	
10:30		Excision Mass Ankle (Left, Enhanced Recovery After Surgery)				TESTTINGING
		TEST				

Tracking Board:

Perioperative Tracking

CSMM Materials | CSMO Materials | CSMM Surgery Schedule Main | CSMO

Filter: Equipment Needed Total Cases: 1

Patient	Primary Procedure	Surgeon	Date
RT	Excision Mass Ankle (Left, Enhanced Recovery After Surgery)	DiGilio, William F MD	10/30

For questions, contact Jean Strobel or Sue Bode, RN, Clinical Informatics, at sbode@columbiastmarys.org

EHR Hospital Communication: November 11, 2015

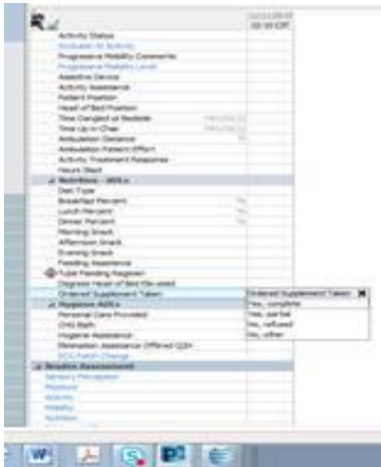
❖ **Wound/Pressure Ulcers/Skin Tears PowerPlan (Effective 11/12/15)**

Two new orders called Apply Barrier Ointment (Critic-Aid Clear) will be added:

1. Apply Barrier Ointment (Critic-Aid Clear)
 - a. qid to peri area
 - b. tid to peri area
2. Apply Barrier Ointment (Critic-Aid Clear)
 - a. prn to peri area after each episode on incontinence and for skin protection

❖ **Ordered Supplement taken (Effective 11/16/15)**

Section added to PCA Nutrician band in Activities of Daily Living



❖ **POP UP ALERT FOR MATERNAL TRIPLE/QUAD SCREEN (Effective 11/16/15)**

An issue has been identified where the Laboratory is not routinely receiving a completed Maternal Triple/ Quad Screen Form with collected specimens for the same. This causes significant delays being able to process the specimen and send the result to the provider.

Whenever any of the following procedures are activated in the EHR, a pop-up window will open to remind the individual collecting the specimen that the completed form must accompany the specimen:

- Maternal Quad Screen
- Maternal Triple Screen
- Maternal AFP

An example can be seen below: Whomever activates the order answers the prompt as **OK** phlebotomist completes the form, draws the blood and forwards to the laboratory for testing.



For questions, contact the Laboratory

❖ **VTE Prevention - I View Band Change** *(Effective week of 11/16/15)*

To improve monitoring and workflow around VTE prevention, changes to the following I View bands will be made:

- Adult Shift Documentation
- OB Ongoing-Shift Assessments
- Postpartum Care - PCA
- Recovery and Postpartum
- BH-Adult Shift Documentation

Changes include:

1. New section at the top of each band identified above called **VTE Prevention**.
2. **Antiembolism Device** and **Antiembolism Device Status** will be moved from the **Activities of Daily Living** section and placed in the new **VTE Prevention** section.
3. The **VTE Prevention** section will populate with anticoagulants documented on the MAR as well as INR results.

Old:

Activities of Daily Living	
Activity	
Activity Status	
Exclusion to Activity	
Progressive Mobility Comments	
Progressive Mobility Level	
Head of Bed Position	
Antiembolism Device	
Antiembolism Device Status	

New *(Effective week of 11/16/15)*:

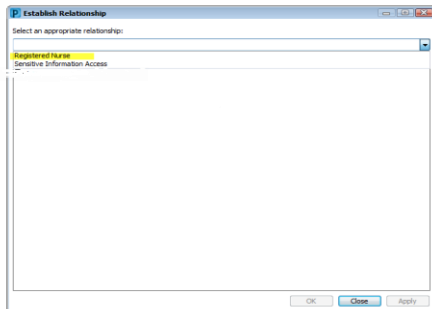
	12:25 CDT	9:33 CDT	9:28 CDT	16:03 CDT	12:06 CDT	11:59 CDT
VTE Prevention						
Mechanical Prophylaxis						
Antiembolism Device					Intermitt...	
Antiembolism Device Status					Active in ...	
Pharmacologic Prophylaxis						
warfarin	mg			4		
enoxaparin	mg					40
Lab						
INR		1.0	1.0			
Activities of Daily Living						
Activity						
Nutrition - ADLs						
Hygiene ADLs						
Braden Assessment						

For questions, contact Anne Putzer or Suzanne Wilkerson, MD

❖ **REMINDER: Documenting Historical Immunizations**

Past immunizations can be documented using the Immunization Schedule tab on the Venue menu. You do not need to know the exact calendar date that the vaccine was administered to enter past immunization history. The historical immunization documented will automatically populate to the Immunization History on the Immunization Schedule and the Immunizations section on the Nursing Communication page. Documenting historical immunizations will help clinicians to identify whether the patient has received the influenza vaccine during flu season for any subsequent admissions. Please refer to the **Documenting Historical Immunizations** job aid posted on the *CSM Intranet* > *EHR Home* > *Just Job Aids* > *Documentation* > *Documenting Historical Immunizations* or [here](#) for details.

❖ RN Relationship Window (Effective 11/18/15)



The RN relationship window currently pops up every 72 hours for a RN who already established the relationship with a patient. The time will now change to every 16 hours. Meaning, when the RN comes in on Monday, they select the registered nurse relationship. That relationship will then be active from then + 16 hours. At the end of the 16 hours, the relationship will be inactivated, and the nurse will no longer be eligible to receive notifications, however if the RN is taking care of the patient over the 16 hours, the relationship window will pop up again. If the nurse is still caring for that same patient their next shift/day on Tuesday, the RN will be prompted to establish the relationship “Registered Nurse” once more. This process will continue each day. This change is due to the St. John’s Sepsis Module that will be in EHR spring of 2016. More to come on St. John’s Module.

For questions, contact Danine Wanek, RN, Clinical Informatics, at danine.wanek@columbia-stmarys.org

❖ SMARTCare Research Project (Effective 11/17/15)

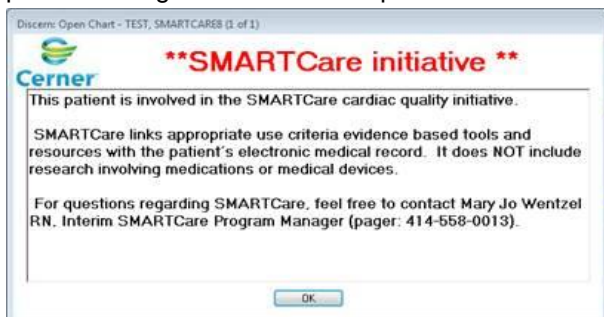
Columbia St. Mary’s will be participating in a research project called SMARTCare. SMARTCare is:

- Physician initiated, quality improvement project developed by Florida and Wisconsin Chapters of American College of Cardiology (ACC), based on scientific evidence and shared decision making.
- Links evidence based tools & resources, patient education & decision aids with the EHR

Targeted Objectives of the program are:

- Improve rates of procedure appropriateness
- Improve Patient Safety and Experience
- Document similar or improved patient outcomes and a lower total episode cost of cardiology care for patients with stable ischemic heart disease.

The tools have all been available individually, and for this project are linked together through our EHR. The following “alert” will appear as a caregiver (MD, NP, PA, RN, & MA) logs into a patient’s EHR to alert appropriate departments and staff members of the patient’s participation in the program. The alert will appear only once for a particular caregiver per patient encounter (as long as the patient is enrolled into the program). The message is informational. Click **OK** and the alert will disappear. Cardiologists and other specified staff will be using this information to ensure they care for their patients using the SMARTCare protocol.



For questions, call Mary Jo Wentzel RN, Interim SMARTCare Program Manager (Pager: 414-558-0013. Office: 414-585-2216).

❖ Communication Orders to RN/HUC for Echos, Stress Echos, and TEEs *(Effective NOW)*

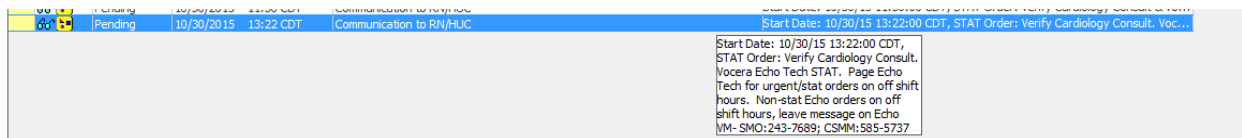
Echocardiograms, Stress Echos, and TEEs required to be done on weekends, and holidays (i.e off shift hours) are not being completed, or not completed in a timely manner, because the echo tech on call is not alerted to the need for an echo study. In addition, cardiologists are not being consulted prior to ordering of stat studies.

To facilitate timely completion of urgent/STAT Echos, Stress Echos, and TEEs ordered during off shift hours, a new pre-checked **Communication to RN/HUC** order has been added to the Echo, Stress Echo, and TEE PowerPlans. When the PowerPlan is placed, the order will generate a task to the **Scheduled Patient Care** tab of the RN and HUC task lists as a reminder to notify the Echo tech of an Echo study.

The Communication to RN/HUC order will task as follows:

- When an **Echocardiogram LTD or FU, Echocardiogram w/Doppler Complete, Echo Pediatric Complete, or Echo Pediatric Limited or FU** is ordered via PowerPlan with any priority (NOTE: 2 new pediatric ECHO PowerPlans have been added):
 - Communication to RN/HUC** task will fire to Scheduled Patient Care tab for RNs and HUCs
 - Done/Not Done** task
 - Verbiage of the **Order Details** section of task:

“Stat order: Verify Cardiology Consult & Vocera Echo Tech STAT. Page Echo Tech for urgent/stat orders on off shift hours. Non-stat Echo order on off shift hours, leave message on Echo VM-CSMO: 243-7689; CSMM: 585-5737”
 - You will need to hover over **Order Details** of task to see the complete message.



- When a **TEE, Echocardiogram Stress, or Echocardiogram Dobutamine Stress** is ordered via PowerPlan with any priority:
 - Communication to RN/HUC** task will fire to Scheduled Patient Care tab for RNs and HUCs.
 - Done/Not Done** task
 - Verbiage of the **Order Details** section of task:

“If ordered after business hours, on weekends or holidays, page on call Echo Tech through hospital operator”
 - You may need to hover over **Order Details** of the task to see the complete message.

Scheduled Patient Care		All Continuous Tasks	All PRN Tasks
Task retrieval completed			
Task Status	Scheduled Date and Time	Task Description	Order Details
Pending	11/3/2015 11:28 CST	Communication to RN/HUC	Start Date: 11/03/15 11:28:00 CST, If ordered after business hours, on weeken...
Pending	10/29/2015 3:00 CDT	POC Blood Glucose	Start Date: 10/29/15 3:00:00 CDT
Pending	11/03/2015 11:28:00 CST	Communication to RN/HUC	Start Date: 11/03/15 11:28:00 CST, If ordered after business hours, on weekends or holidays, page on call Echo Tech through hospital operator.
Pending	10/29/2015 1:00 CDT	POC Blood Glucose	Start Date: 10/29/15 1:00:00 CDT

NOTE: All individual Echo, Stress Echo, and TEE orders will be hidden. The PowerPlan should be used when ordering Echo studies.

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

❖ **Isolation Status in Banner Bar** (*Effective NOW*)

Isolation Status will be visible in the banner bar for all hospital patients, located under the FIN#. The isolation type and indication will be listed. If you see more than one isolation type has been ordered, you will need to hover to see all of the information.

Isolation status is linked directly to active orders and is encounter specific. Listing isolation status in the banner bar gives clinicians immediate information without having to sort through orders. All staff who access the EHR will be more aware of isolation orders and be better able to comply with treatments/isolation procedures required by TJC.

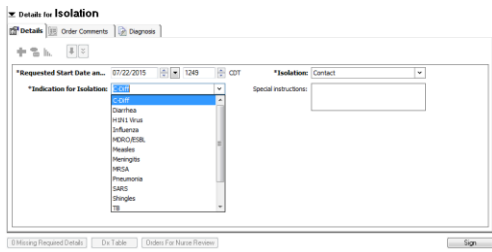
What will I see in the Banner Bar?

1. **Blank** – This indicates that there are no active isolation status orders. If the clinical situation warrants, the appropriate isolation status should be placed.

TRAIN, SURGERY1	DOB:01/01/1970	Sex:Male	MRN:SMM-905708	Allergies: No Known Allergies
PCP:Carneol, Mitchell G MD	Age:45 years	Loc:CSMM ED	Fin#:000112060413	Inpatient [01/8/2015 12:54 - ...
Attending: Carneol, Mitchell G MD	Adv Dir:No	Code Status: Full Code	Isol:	CSMConnect: Ask Patient

2. **Single Order listed with isolation status** – Nursing staff should verify that proper isolation precautions based on policy have been implemented.

TRAIN, SURGERY1	DOB:01/01/1970	Sex:Male	MRN:SMM-905708	Allergies: No Known Allergies
PCP:Carneol, Mitchell G MD	Age:45 years	Loc:CSMM ED	Fin#:000112060413	Inpatient [01/8/2015 12:54 - ...
Attending: Carneol, Mitchell G MD	Adv Dir:No	Code Status: Full Code	Isol:Contact, C-Diff	CSMConnect: Ask Patient



3. **“Multiple Orders”** – caused by multiple processes for placing the isolation order (system triggered orders due to history in Invision, PowerPlan orders, individual order from RN, etc.). Banner bar cannot pull in multiple orders at once with associated details.

TRAIN, SURGERY1	DOB:01/01/1970	Sex:Male	MRN:SMM-905708	Allergies: No Known Allergies
PCP:Carneol, Mitchell G MD	Age:45 years	Loc:CSMM ED	Fin#:000112060413	Inpatient [01/8/2015 12:54 - ...
Attending: Carneol, Mitchell G MD	Adv Dir:No	Code Status: Full Code	Isol: Multiple Orders	CSMConnect: Ask Patient

Nursing staff should verify accuracy of orders and consolidate into a single order that will fully display on the banner bar. That will allow the banner bar to be a source of immediate and accurate information on the type and reason for all isolation statuses.

Workflow for Consolidating Multiple Orders:

1. Enter one order with multiple isolation types and indicators, holding down the Ctrl key to choose multiple options in both categories as needed. Sign>Refresh>Banner bar will indicate all options chosen. Hover to see those that aren't face-up.

Details for Isolation

Details | Order Comments | Diagnosis

Requested Start Date and Time: 07/22/2015 1249 CDT

*Indication for Isolation: C-Diff

*Isolation: Contact | Droplet

Special instructions:

- Airborne
- Burn
- Contact
- Droplet
- Neutropenic Precautions
- Reverse
- Standard
- Special

Details for Isolation

Details | Order Comments | Diagnosis

Requested Start Date and Time: 07/22/2015 1249 CDT

*Indication for Isolation: C-Diff | Pneumonia

*Isolation: Contact | Droplet

Special instructions:

- C-Diff
- Diarrhea
- H1N1 Virus
- Influenza
- MDRO/ESBL
- Measles
- Meningitis
- MRSA
- Pneumonia
- SARS
- Shingles
- TB

One active isolation order will be visible in Orders, and the Banner bar will reflect the type(s) and Indication(s).

TRAIN, SUR... Recent Name

TRAIN, SURGERY1 DOB:01/01/1970 Sex:Male MRN:SMM-905708 Allergies: No Known Allergies

PCP:Carneol, Mitchell G MD Age:45 years Loc:CSMM ED Fin#:000112060413 Inpatient [01/8/2015 12:54 - ...

Attending: Carneol, Mitchell G MD Adv Dir:No Code Status: Full Code Isol:Contact | Droplet, C-Diff | Pn... CSMConnect: Ask Patient

Menu Orders Isol:Contact | Droplet, C-Diff | Pneumonia 0 minutes ago

TRAIN, SUR... Recent Name

TRAIN, SURGERY1 DOB:01/01/1970 Sex:Male MRN:SMM-905708 Allergies: No Known Allergies

PCP:Carneol, Mitchell G MD Age:45 years Loc:CSMM ED Fin#:000112060413 Inpatient [01/8/2015 12:54 - ...

Attending: Carneol, Mitchell G MD Adv Dir:No Code Status: Full Code Isol:Contact | Droplet, C-Diff | Pn... CSMConnect: Ask Patient

Menu Orders Full screen Print 0 minutes ago

Advance Directives

Allergies + Add

Diagnosis and Problems

Documents

Flowcharts

Form Browser

Growth Chart

Health Maintenance

Histories

Orders Medication List Document In Plan

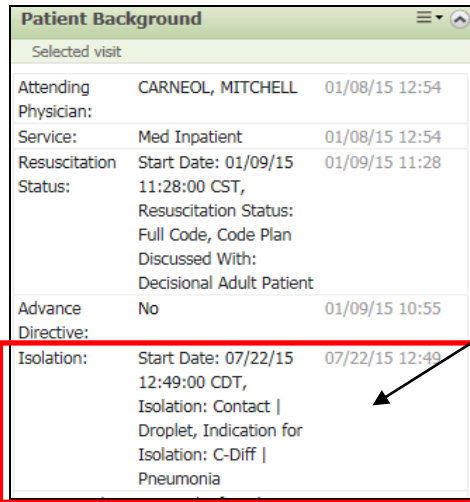
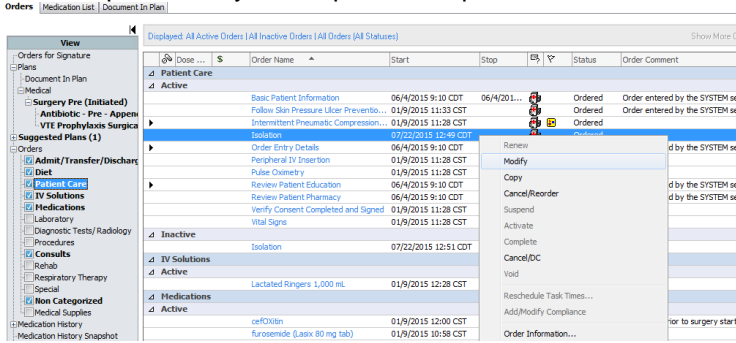
View +

- Orders for Signature
- Plans
- Document In Plan
- Medical
- Surgery Pre (Initiated)
- Antibiotic - Pre - Appen
- VTE Prophylaxis Surgica

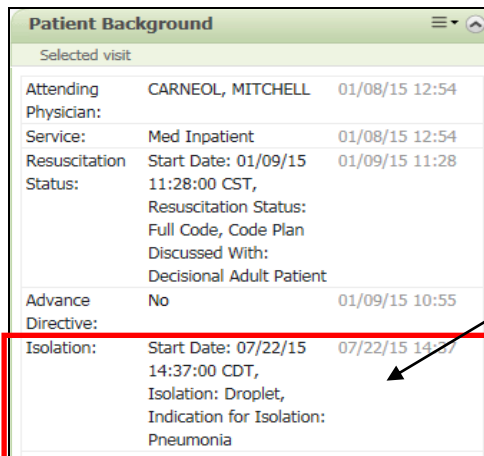
Displayed: All Active Orders | All Inactive Orders | All Orders (All Statuses) Show More Orders...

Active	Dose ...	\$	Order Name	Start	Stop	ES	Status	Order Comment
			Basic Patient Information	06/4/2015 9:10 CDT	06/4/2015...		Ordered	Order entered by the SYSTEM second
			Follow Skin Pressure Ulcer Preventio...	01/9/2015 11:33 CST			Ordered	Order entered by the SYSTEM second
			Intermittent Pneumatic Compression...	01/9/2015 11:28 CST			Ordered	
			Isolation	07/22/2015 12:49 CDT			Ordered	

2. If there already is a single isolation order and additional isolation needs to be ordered, locate the current, active order under Patient Care in the orders navigator. Right-click>Modify>proceed with steps above to combine all isolation orders into one, single order.
3. If there are multiple isolation orders and you want to combine them into one order, right-click and Cancel/DC all orders except the one you are using to combine into one. Sorting patient care orders alphabetically can expedite this process. Click on the order name column to sort.



When combined into one order, all isolation information will be visible in Patient Background section on the Nursing Communication page and other Summary Pages of the Venue Menu.



If the multiple orders are not combined into one order not only does it affect the Isolation listing on the banner bar but only the most current isolation order shows in Patient Background section.

Even though there are 2 isolation orders (droplet & contact), only the most recent order is visible in section (droplet). Contact isolation is not listed.

For questions, contact Nancy Kellett, RN, Infection Prevention, or Sue Bode, RN, Clinical Informatics, at sbode@columbia-stmarys.org

❖ **REMINDER: Palliative Care Alert**

Ascension Health (AH) is partnering with University of Pennsylvania to undertake an NIH-funded clinical trial related to palliative care(PC). This research study builds upon AH's ongoing palliative care initiatives for providing spiritually centered, holistic care to its most seriously ill patients. Eligible patients will be over 45 years old with end-stage renal disease, oxygen-dependent COPD, and advanced dementia.

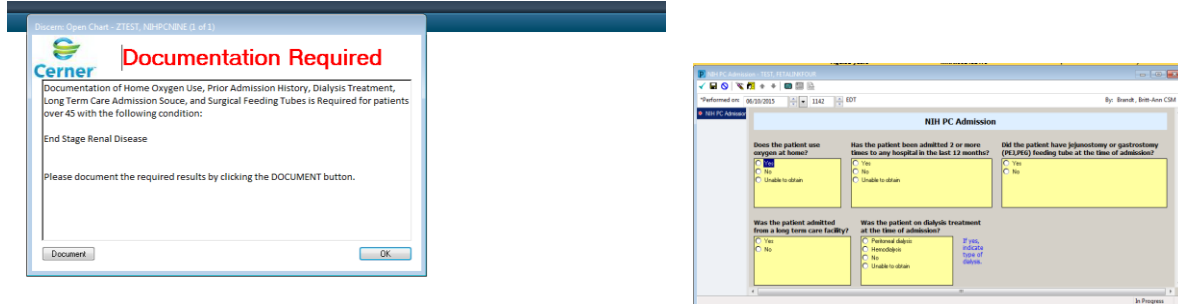
This clinical trial benefits greatly from the participation of Ascension hospitals with established palliative care teams. The trial has been carefully designed to improve access to palliative care consultative services for seriously ill patients meeting designated triggers.

New PowerForm to capture required NIH details and Notification Screen

Logic will evaluate the information in the patient's electronic medical record for the presence of the NIH PC Study criteria if the patient's age is 45 years or older, and they have been admitted to inpatient or observation status.

A new PowerForm called **NIH PC Admission** will be used to capture required NIH details. Once this nursing form is completed and signed, if the problems and/or diagnoses (COPD, ESRD, or Dementia) are found without the additional screening criteria [Oxygen use at home, admitted >2 times in the last 12 months at any facility, PEG or PEJ feeding tube on admission, admitted from a long term care facility, or patient dialysis status upon admission], a pop-up will display to nursing staff when they open the chart advising that more information is needed. If charting is not completed on the form upon initial notification, the pop-up will continue until the data is charted on or until after admission Day 2.

Notification Screen:



For questions, contact Dani Wanek RN, Clinical Informatics at danine.wanek@columbia-stmarys.org

❖ **CIWT Change Requests**

For the month of December and until Jan 11th please forward all change requests to Seth Buchannan and Barb Pilliod. This is not necessary if you are already working with a clinical informatics staff member.