

EHR Hospital Communication: February 17, 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)

❖ **EHR Upgrade & Downtime (Effective 2/17/16 2300 – 2/18/16 0500)**

Due to a software upgrade, the EHR will be unavailable from 2330 on Wednesday, February 17, until 0500 on Thursday, February 18.

- **EHR Upgrade details - refer to the separate Hospital Upgrade Communications**
- **EHR Downtime details - refer to Weekly Message Board and below information:**
 - To those whose departments use 724Access computers for EHR Downtime, there are prerequisites to using these devices and recommended processes to ensure that these get followed for both planned and unplanned downtimes:
 1. A computer that is designated for downtime 724Access should be logged into the network as CSMSTAFF
 2. The EHR 724 application must use the username of 724access, and the password must be the password provided by the IS Service Desk (help desk)
 3. The job aid for the 724 computer should always remain next to the 724 computer

Detailed instructions and user guide located on CSM Intranet>EHR Home>EHR Downtime

For issues/questions during the downtime, contact IS Service Desk at 414-326-2400

❖ **Patient Education Templates Update (Effective 2/17/16 2300 – 2/18/16 0500)**

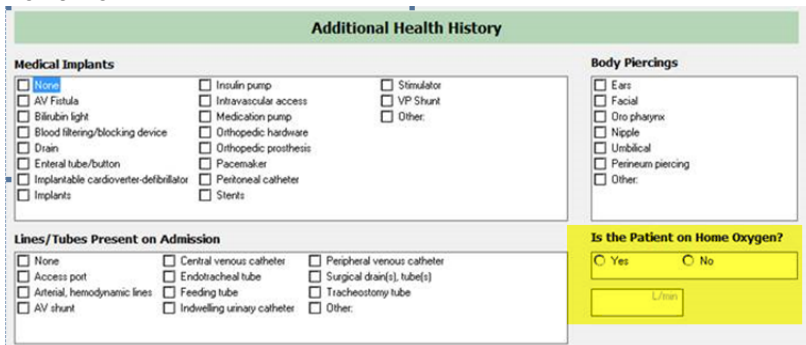
The standard patient education leaflets will be updated in the EHR. This is a quarterly update that brings new best practice information into the education leaflets and does not include any changes in functionality. During this update the online education leaflets will be unavailable and downtime procedures should be followed.

You must review any saved favorite education leaflets for accuracy and replace with updated leaflets as necessary.

For questions, contact the IS Service Desk, at 414-326-2400

❖ **Home Oxygen Question added to Admission History Adult PowerForm (Effective 2/19/16)**

“Is the Patient on Home Oxygen?” has been added to the Additional Health History section of the PowerForm

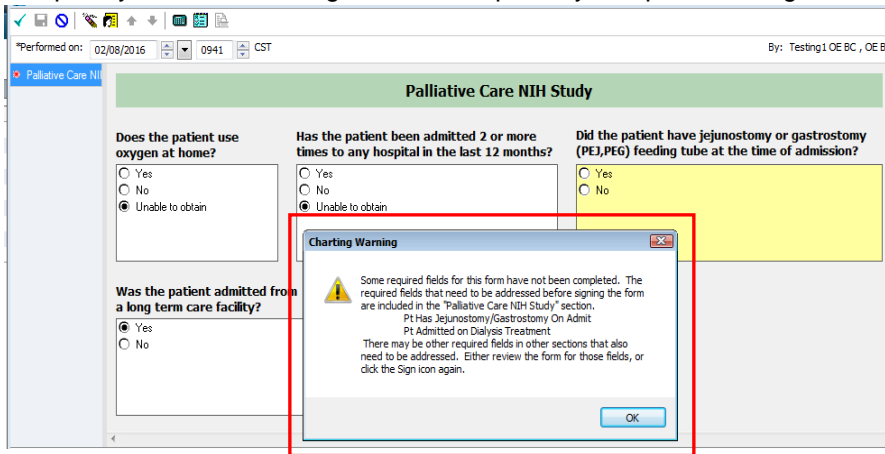


For questions contact Dani Wanek, RN, Clinical Informatics, danine.wanek@columbia-stmarys.org

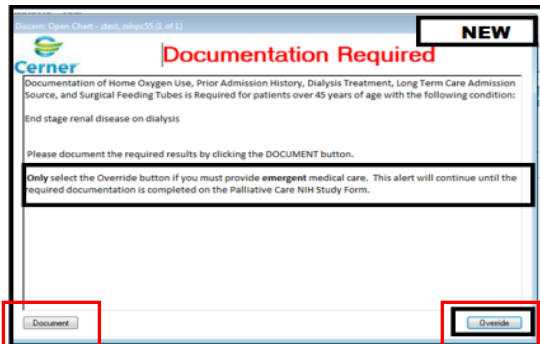
❖ **IMPORTANT CHANGE: Palliative Care NIH Study PowerForm fields now REQUIRED (Effective Now)**

The 5 questions on the form were originally NOT required. We received information on 2/8/16 from the NIH collaboration group telling CSM the form WILL BE required. ALL questions have to be answered in order for the patient to be eligible for the study. Making all questions required will satisfy this requirement of the study.

If you start the form, but don't answer all 5 questions, you will not be able to sign it. You will get the alert below. Click **OK**. You need to finish answering all the questions & then sign OR click the X in the right corner to dismiss the form and any documentation until you are able to answer all 5 questions completely. You will no longer be able to partially complete it and go to Form Browser to modify.



REMINDER: If you see the NIH Palliative **Documentation Required** alert “pop up”, click **Document** to be taken to the Palliative Care NIH Study PowerForm. If you are unable to complete, click **Override**. When able return to the form and complete, the form is located in AdHoc, called Palliative Care NIH Study.



NOTE: If charting is not completed on the form upon initial notification, the pop-up will continue every time the chart is opened (after at least 5 minutes in between openings) until the data is charted on or until after admission Day 1 at 1500.

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

❖ **Flurazepam Level no longer available (Effective after 2/18/16)**

Flurazepam will no longer be available as an option to order. Typically, the order used for this type of drug testing is “Benzodiazepines Quant Urine”.

For questions, contact the CSM Laboratory

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- ❖ **Creatine Kinase Reflex Test Order will be Removed (Effective 2/22/16)**
 - Due to recommendations from the Chest Pain Accreditation agency to use only the Troponin test for diagnosis of Cardiac patients, the CK Reflex test is no longer needed.
 - The order will be inactivated and removed from the lab test menu

For questions contact Laura Schnell in CSM Laboratory

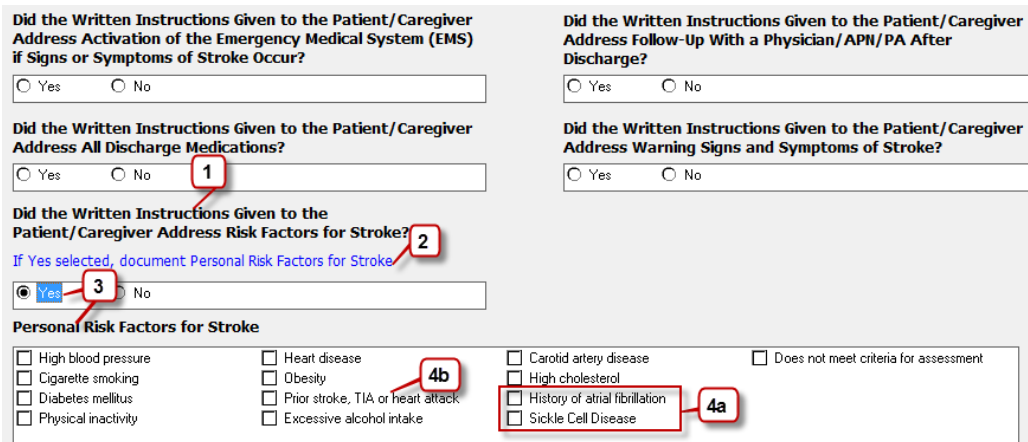
- ❖ **Changes to Personal Risk Factors for Stroke Section (Effective 2/22/16)**
 Documentation that a patient was provided education of his/her Personal Risk Factors for Stroke is one component of the Stroke Quality Measure. CSM has had fallouts due to Personal Risk Factors for Stroke not being documented.

Changes will be made in the following PowerForms to facilitate documentation of patient's Personal Risk Factors for Stroke:

- The **Stroke/VTE Education** section of the **Multidisciplinary D/C Plan/Summary**
- The **Education** section of the **Quality Measure: Stroke Education**

The changes include:

- 1) The **Did the Written Instructions Given to the Patient /Caregiver Address Risk Factors for Stroke?** question will be placed directly above the **Personal Risk Factors for Stroke** section.
- 2) Reference text will be added to instruct the nurse to complete the **Personal Risk Factors for Stroke**.
- 3) When **Yes** is chosen, the Personal Risk Factors for Stroke section will become available for documentation
- 4) In the Personal Risk Factors for Stroke section:
 - a) **History of Atrial Fibrillation** and **Sickle Cell Disease** will be added as additional options
 - b) The TIA option will now be **Prior stroke, TIA, or heart attack**



The screenshot shows a form with several questions and a list of risk factors. Red callouts are placed as follows:

- 1**: Points to the 'No' radio button for the question 'Did the Written Instructions Given to the Patient/Caregiver Address All Discharge Medications?'.
- 2**: Points to the question 'Did the Written Instructions Given to the Patient/Caregiver Address Risk Factors for Stroke?'.
- 3**: Points to the 'Yes' radio button for the same question.
- 4a**: Points to the 'History of atrial fibrillation' checkbox in the 'Personal Risk Factors for Stroke' section.
- 4b**: Points to the 'Prior stroke, TIA or heart attack' checkbox in the same section.

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

- ❖ **Sepsis PowerPlan(s) Review**
 - Clinical review of Sepsis PowerPlans is very important and are currently being reviewed and edited by multidisciplinary teams.
 - If you have been invited to review any sepsis PowerPlans (inpatient or ED), please review, comment on the individual order and then review again to see other reviewer's comments

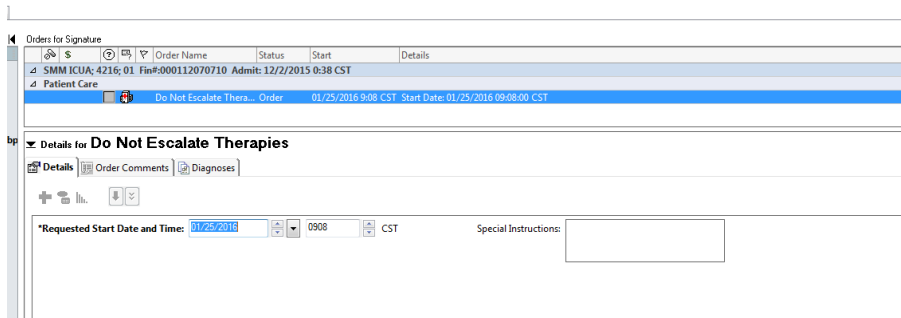
For questions about the review process, contact Julie Kreckow, RN, Clinical Informatics, at jkreckow@columbia-stmarys.org

EHR Hospital Communication: February 17, 2016

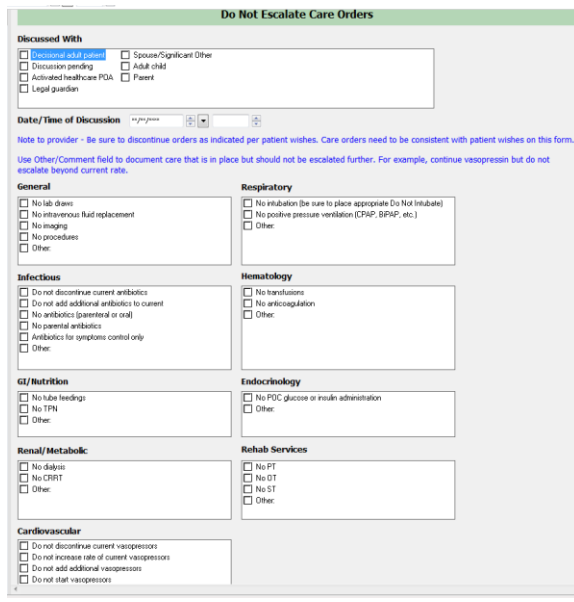
❖ **New Order: “Do Not Escalate Therapies” (Effective 2/24/16)**

In the clinical setting, decisions regarding “escalating therapies” are not clearly communicated or coordinated amongst providers. End of Life decisions amongst providers and patients/families require careful communication and coordination. In the ICU setting, patients, their families, along with their providers, may not have made a decision regarding transitioning to comfort measures only or to hospice. However, decisions regarding the goals and therapies have been discussed and made. This new order will make all clinicians aware of the patient needs.

The order is called “Do Not Escalate Therapies”. When the provider orders this, a powerform will pop up and the provider can then document the needs. As with any powerform, once signed it can be found in form browser.



The screenshot shows the EHR interface for a new order. At the top, there's a table of 'Orders for Signature' with columns for Order Name, Status, Start, and Details. Below this, the 'Details for Do Not Escalate Therapies' form is displayed. It includes fields for 'Requested Start Date and Time' (set to 01/25/2016 09:08 CST) and a 'Special Instructions' text box.



The screenshot shows the 'Do Not Escalate Care Orders' form. It is divided into several sections with checkboxes for different care preferences:

- Discussed With:** Includes checkboxes for 'Discussed with patient', 'Spouse/Significant Other', 'Discussion pending', 'Adult child', 'Activated healthcare proxy', 'Power of Attorney', and 'Legal guardian'.
- Date/Time of Discussion:** A date and time selector.
- General:** Includes checkboxes for 'No lab draws', 'No intravenous fluid replacement', 'No imaging', 'No procedures', and 'Other'.
- Respiratory:** Includes checkboxes for 'No intubation (be sure to place appropriate Do Not Intubate)', 'No positive pressure ventilation (CPAP, BiPAP, etc.)', and 'Other'.
- Infectious:** Includes checkboxes for 'Do not discontinue current antibiotics', 'Do not add additional antibiotics to current', 'No antibiotics (parenteral or oral)', 'No parenteral antibiotics', 'Antibiotics for symptoms control only', and 'Other'.
- Hematology:** Includes checkboxes for 'No transfusions', 'No anticoagulation', and 'Other'.
- GI/Nutrition:** Includes checkboxes for 'No tube feedings', 'No TPN', and 'Other'.
- Endocrinology:** Includes checkboxes for 'No POC glucose or insulin administration' and 'Other'.
- Renal/Metabolic:** Includes checkboxes for 'No dialysis', 'No CRRT', and 'Other'.
- Rehab Services:** Includes checkboxes for 'No PT', 'No OT', 'No ST', and 'Other'.
- Cardiovascular:** Includes checkboxes for 'Do not discontinue current vasopressors', 'Do not increase rate of current vasopressors', 'Do not add additional vasopressors', and 'Do not start vasopressors'.

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

❖ **ICU Ventilation Documentation Changes (Effective 2/25/16)**

To increase patient safety, facilitate documentation of the new Ventilator Weaning bundle, and improve communication between respiratory therapy and nursing, a number of changes will be made to ventilator documentation in the EHR.

See separate EHR ICU Communication for additional information.

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