

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)

❖ **PACU PowerPlan (Effective Now)**

- Removed the 2 discharge orders from PACU
- Replaced with "Transfer to" order

❖ **CSM-M PACU (Effective Now)**

The CSM-M PACU is now live on clinical documentation and BMDI. Nursing documentation and vital signs are now located in the EHR.

❖ **CHANGE IN DISPLAY OF CBC RESULTS ON FLOWSHEET (Effective Now)**

On Tuesday, September 17, 2013 CSM hospital laboratories implemented the use of Beckman Coulter Hematology Analyzers and will change the way CBC results display. The greatest impact as a result of this equipment change will be in the display of differential results.

The screenshots below show a comparison between the display of current results and how they will display after the implementation of the new analyzers.

CURRENT Flowsheet View of CNC/MDIFF

Physician Office/Clinic View	08/02/2013 Friday
Routine Hematology	
WBC - White Blood Count	7.0 thou/mcl
Red Blood Cell Count	L 3.42 M/ul
Hemoglobin	L 11.3 gm/dL
Hematocrit	L 33.7 %
Platelet Count.	390 thou/mcl
MCV	98.5 fl
MCH	33.0 pg
MCHC	33.5 gm/dL
RDW	H 55.7 fl
MPV	10.3 fl
Myelocytes	
Bands	H 13 %
Segs	L 39 %
Lymphocytes	29 %
Monocytes	H 15 %
Eos	2 %
Basos	2 %
Abs# Neutrophils	3.6 thou/mcl
Abs# Lymphocytes	2.0 thou/mcl
Abs# Monocytes	H 1.1 thou/mcl
Abs# Eosinophils	0.1 thou/mcl
Abs# Basophils	0.1 thou/mcl

NEW Flowsheet View

06:05 is a manual diff, 06:00 is auto diff

Physician Office/Clinic View	08/02/2013 6:05 CDT	08/02/2013 6:00 CDT
Routine Hematology		
WBC - White Blood Count	5.1 thou/mcl	H 11.5 thou/mcl
Red Blood Cell Count	4.97 M/ul	4.17 M/ul
Hemoglobin	H 15.5 gm/dL	13.5 gm/dL
Hematocrit	H 50.1 %	42.8 %
Platelet Count.	L 132 thou/mcl	227 thou/mcl
MCV	H 100.6 fl	H 102.8 fl
MCH	31.2 pg	H 32.5 pg
MCHC	L 31.0 gm/dL	L 31.6 gm/dL
RDW	H 15.2 %	H 14.4 %
MPV	*H 11.7 fl	H 12.1 fl
Neutrophils		83.8 %
Lymphocytes	0.0 %	12.9 %
Monocytes	10.0 %	2.8 %
Eosinophils	10.0 %	0.2 %
Basophils	0.0 %	0.3 %
Blasts	H 10.0 %	
Promyelocytes	H 10.0 %	
Myelocytes	H 10.0 %	
Metamyelocyte	H 10.0 %	
Bands	H 10.0 %	
Segs	H 10.0 %	
Plasma Cell	H 10.0 %	
Other Cells	H 10.0 %	
Wbc RBC/100 WBC	H 4 /100 W	
Abs# Neutrophils	L 1.0 thou/mcl	H 9.7 thou/mcl
Abs# Lymphocytes	L 0.0 thou/mcl	1.5 thou/mcl
Abs# Monocytes	0.5 thou/mcl	0.3 thou/mcl
Abs# Eosinophils	0.5 thou/mcl	0.0 thou/mcl
Abs# Basophils	0.0 thou/mcl	0.0 thou/mcl
Type	MANUAL	AUTO/DIFF

❖ **SurgiNet: Intra-Op Pre-Procedure Briefing Section (Effective 9/23/13)**

In order to capture the required SCIP documentation elements for timely administration of prophylactic antibiotics, these fields will be added in the Pre-Procedure briefing section:

- Medication Administered, Dose, Start Time and by whom.

❖ **PT/aPTT Changes (Effective week of 9/23/13)**

The following PowerPlans will have PT/aPTT changes as per the previously distributed notification from Liz Wolfson & Lab regarding ranges for monitoring patients on Heparin Therapy:

- STEMI/LBBB
- Argatroban
- Thrombolytic TPA/PE
- Thrombolytic infusion therapy (IR)

New Patient Access, New Processes, New Geography, New Ways to Engage

❖ Insulin Infusion Subphase & Diabetic Ketoacidosis/Hyperosmolar Hyperglycemic Syndrome Admission (Effective week of 9/23/13)

Insulin Infusion Subphase

- Review and edits by Dr Drobny – Endocrinology
- Insulin Infusion Subphase had edits only to the Glucose Goal:
 - CRITICAL CARE UNITS ONLY: RNs may adjust infusion rates to achieve glucose goal of 110-140mg/dL except in DKA or HHS (see DKA/HHS PowerPlan for glucose goals and infusion rates)
 - NON-CRITICAL CARE Glucose Goal: 110-180 mg/dL.

Diabetic Ketoacidosis/Hyperosmolar Hyperglycemic Syndrome Admission

- Content from subphase brought out – face-up for end-user to see
- Goal ranges edited

❖ Pre-Op and Pre-Procedure Prophylactic Antibiotics (Effective week of 9/23/13)

• Surgery Pre PowerPlan

- Selected edits to improve preop process include admission status, surgery preps, and lab order corrections
- Antibiotic choices will be presented as condition-specific subphases in the PowerPlan:
 - ✓ CABG, other cardiac or vascular subphase
 - ✓ Hip/knee arthroplasty, or other orthopedic procedures subphase
 - ✓ Colon subphase
 - ✓ Gastric – Biliary subphase
 - ✓ Genitourinary subphase
 - ✓ Hysterectomy, cesarean section or other lower abdomen with or without gut wall entry subphase
 - ✓ Neurological subphase
 - ✓ Oral, head and neck subphase
 - ✓ Other subphase

Content Example:

Hysterectomy, cesarean section or other lower abdomen with or without gut wall entry subphase

Usual choice

Cefoxitin 2gm

OR

Cefazolin 2gm

β-lactam allergy MUST CHOOSE TWO ANTIBIOTICS

Metronidazole 500mg

PLUS

Ciprofloxacin 400mg

❖ Advance Directives in Banner Bar (Effective 9/24/13)

The **Advance Directives** field will change to **Adv Dir** to provide additional space in the banner bar.

TESTPATIENT, THOMAS PCP:	DOB:01/03/1974 Age:40 years	Sex:Male Loc:	MRN:SIG-20011570 Fin#:	Allergies: codeine Inbox Message CSMConnect: Yes
Advance Directives:Yes				

TESTPATIENT, ELIZABETH PCP:Sala, Guglielmo C MD	DOB:01/01/1989 Age:24 years	Sex:Female Loc:	MRN:SIG-20046606 Fin#:	Allergies: ibuprofen, Pet Inbox Message CSMConnect: Ask Patient
Adv Dir:				

New Patient Access, New Processes, New Geography, New Ways to Engage