

**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)

❖ **IView / I&O Display Changes (Effective July 22, Day Shift)**

Current View:

- 24 hour 'start/end time is 2200. 24 hour definition is Night Shift + Day Shift + PM Shift (in this order).
- View has been slightly confusing. When you look at 24 Hour Total it reflects today's information and part of yesterday's night shift.

17 May 2013 22:00 CDT - 20 May 2013 21:59 CDT									
Today's Intake: 1700 Output: 900 Balance: 800			Yesterday's Intake: Output: Balance:						
	Clinical Range Total	24 Hour Total	Evening Shift	05/20/13 14:00:00 - 21:59 CDT	Day Shift	05/20/13 06:00:00 - 13:59 CDT	Night Shift	05/19/13 22:00:00 - 5:59 CDT	24 Hour Total
<b>- Intake Total</b>	1700	1700							
<b>- Continuous Infusions</b>	1100	1100			300	300	800	800	
Dextrose 5%/Lact Ringers w/ KCl 20 mEq/L 1,000 mL	1100	1100			300	300	800	800	
<b>- Oral</b>	600	600			200	200	400	400	
Oral Intake	600	600			200	200	400	400	
<b>- Enteral Tube Feedin...</b>									
Abdominal wall Gastr...									
Enteral/Tube Feeding...									
<b>- Output Total</b>	900	900			300	300	600	600	
<b>- Urine Output</b>	900	900			300	300	600	600	
Urine Voided	900	900			300	300	600	600	
<b>- Stool Output</b>									
Stool Count									
<b>Balance</b>	800	800			200	200	600	600	

24 hour view

Enhancement Highlights:

- 24 hour 'start/end time will be 0600. 24 hour definition is Day Shift + PM Shift + Night Shift (in this order). Another way to think of it is "start of the day" until the next "start of the day."
- View will reflect one "date" of 24 I&O information/totals. It still will include a full night shift by time, just not display as a different date. The thinking behind this is that the "day" starts with day shift.

18 May 2013 6:00 CDT - 23 May 2013 5:59 CDT										
Today's Intake: Output: Balance:			Yesterday's Intake: 4400 Output: 2000 Balance: 2400							
	24 Hour Total	Night Shift	05/20/2013 22:00:00 - 5:59 CDT	Evening Shift	05/20/2013 14:00:00 - 21:59 CDT	Day Shift	05/20/2013 06:00:00 - 13:59 CDT	24 Hour Total	Night Shift	05/19/2013 22:00:00 - 5:59 CDT
<b>- Intake Total</b>	4400	1700	1700	1400	1400	1300	1300	1200	1200	1200
<b>- Continuous Infusions</b>	2400	800	800	800	800	800	800	800	800	800
Dextrose 5%/Lact Ringers w/ KCl 20 mEq/L 1,000 mL	2400	800	800	800	800	800	800	800	800	800
<b>- Oral</b>	2000	900	900	600	600	500	500	400	400	400
Oral Intake	2000	900	900	600	600	500	500	400	400	400
<b>- Output Total</b>	2000	800	800	500	500	700	700	600	600	600
<b>- Urine Output</b>	2000	800	800	500	500	700	700	600	600	600
Urine Voided	2000	800	800	500	500	700	700	600	600	600
<b>- Stool Output</b>										
Stool Count										
<b>Balance</b>	2400	900	900	900	900	600	600	600	600	600

24 hour view

\*\* With the new enhancement, it also cleans up the printed medical record. It is much easier to read and interpret I&O in the new format.

**RN Tasks for July 22**

- Night Shift RNs should document a Progress Note at the end of the shift (prior to 0600 on 7/22) after recording I&O that states "last I&O recorded prior to new view."
- Day Shift RNs should document a Progress Note at the end of the shift (prior to 1500 on 7/22) after recording I&O that states "first I&O recorded with new view."

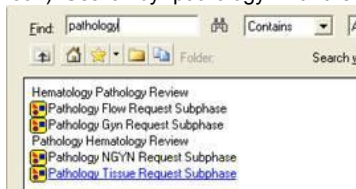
A PowerChart pop up alert will remind nursing of these tasks and briefly explain the changes effective day shift 7/22

## ❖ **Anatomic Pathology Orders/PowerPlans (Effective 7/22/13)**

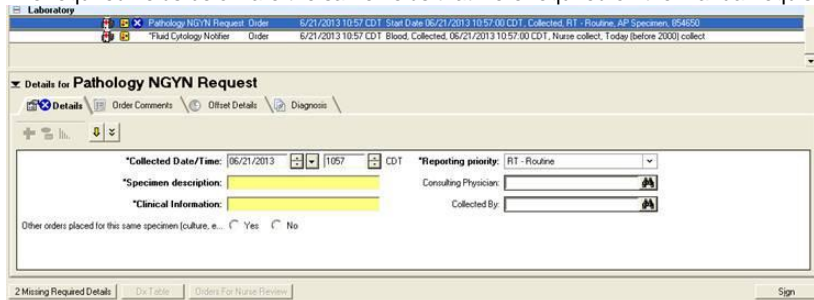
In order to provide more clear communication to the pathology department, the process for pathology CPOE entry will be updated 7/22/2013:

- Four new anatomic pathology PowerPlans will be available in CPOE
- When the pathology PowerPlan is placed, a requisition will print in the pathology department.
  - **A label will also print on the unit from and should be placed on the specimen container**
  - **The source of the specimen, time of collection and initials of the collector should be included on the label**
- A manual paper requisition will not be needed if the order is placed in the EHR
- Pathology PowerPlans should only be entered after the specimen has been collected since the department needs specific information with the order such as the collected date/time.

Below are some additional details and screen shots of what the PowerPlans look like in PowerChart (indicated by the yellow icon). Search by "pathology" with the filter set as "contains."



The required fields below are the same fields that were required on the manual requisition.



- Specimen should be sent to the Lab with required labeling and placed within biohazard bag.
- Consent for autopsy still needs to accompany chart to Pathology and is not orderable in the EHR.

## ❖ **Core Measures Education (VTE) (Effective week of 7/22/13)**

In order to avoid duplicate documentation, *all* core measures education has been removed from IView. This information is now included in the Core Measures Education PowerForms.

The Core Measures teach back will be added to: Cardiac Education PowerForm, Cardiac Rehab Consult PowerForm, and the Multidisciplinary Discharge Summary (already live)

Core Measure: Venous Thromboembolism (must be provided as printed materials)

	VU	PP	TB	FI	UC	DI	Comment
Anticoagulation: Compliance							
Anticoagulation: Drug-food interactions							
Anticoagulation: Importance of follow-up							
Anticoagulation: Possible reactions/interactions							
Diet							

Medication Teaching

	VU	PP	TB	FI	UC	DI	Comment
Medication dosage, route, scheduling							
Medication generic/brand names, purpose, action							
Medication preadministration procedures							
Medication precautions, side effects, food/drug interaction							
Medication special administration, storage							
Self injection							

## ❖ Diabetes Management Updates in IVIEW (Effective 7/22/13)

The following updates will occur in the Diabetes Management band in IVIEW:

- “Diabetes Medications” section will change to “Diabetes Meds Administered”
- Glycosolated Hemoglobin (HGBA1C) will be removed from the Diabetes Labs section.

### Current

### Update

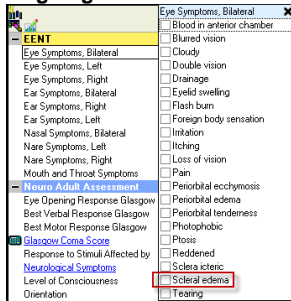
## ❖ MRI Order Enhancements (Effective week of 7/22/13)

Pop-up warning for MRI orders (prior to completing/signing order) created to remind the provider to look for the presence of an implantable device.

1. “Exam need by” (optional free text field): This will allow the ordering provider to enter a time/day they need the exam to be completed. This can be used for routine exams ordered over the weekend, or overnight.
2. “Implanted Electronic Device” (required field): this field will require the provider to address whether the patient has an implanted device (e.g. a pacemaker, etc.). This question is in addition to the MRI Checklist.

❖ **Burn Unit Enhancement in IVIEW (Effective week of 7/22/13)**

IView will include additional assessment data. Nurses can now include “scleral edema” in the EENT section of the **Adult Ongoing Assessment Iview** band.



❖ **PowerPlan Updates**

- Spine Surgery Post PowerPlan: Removed “XR C-Spine 3 Views or Less” and added XR “C-Spine 2 or 3 views”.
- Video-Assisted Thorascopic Surgery (VATS) PowerPlan: Removed all pre-checked orders, removed order for PRN XR Chest, modified daily XR Chest to read “Daily while Chest Tubes in place”