

**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)

## ❖ **Changes to Lab Label Printing for Blood Specimens (starting 9/4/13)**

1. Lab labels will print primarily in lab. This change is designed to simplify the process of collecting “nurse draw” lab samples. Labels will be sent up to nursing units (via the tube system, or re-printed on demand at the lab label printer on the nursing station) prior to scheduled draws.

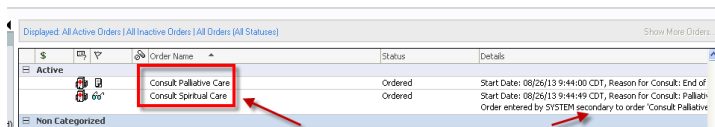
**Exceptions:** STAT “nurse collect” lab labels will continue to print to nursing units. Timed orders placed within 10 minutes of the next scheduled collection time (0850 for a 0900 lab draw) will print to nursing units. **If lab label prints to the floor and patient is a “lab draw,” lab must be called.**

2. When “Nurse Collect=Yes” is selected in the Order Entry Details, “Nurse Collect”, will appear on lab stickers. This will assist lab in determining which lab labels are sent to patient care areas.
3. **If Order Entry Details are incorrect, an incorrect label will print! If “nurse collect” designation is in error, the Order Entry Details PowerForm must be modified. All labs ordered with wrong details must be corrected by nurse after Order Entry Detail PowerForm is updated.**

## ❖ **Consult Palliative Care and Consult Spiritual Care Order (Starting 9/4/13)**

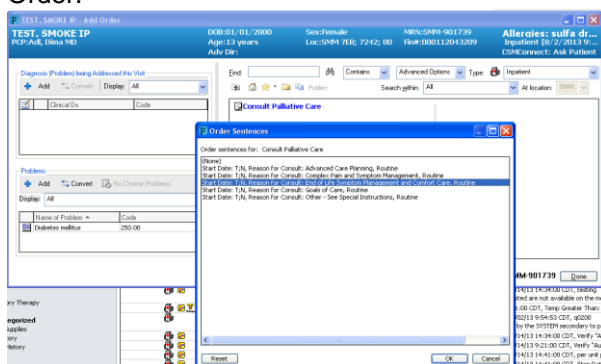
Ascension has a system wide goal of increasing spiritual care services for patients in need of palliative care. CSM’s Palliative Care Committee has determined the best option to meet our needs using EHR.

**All palliative care consult orders will create an automatic spiritual care order.** Once the order is signed, the **SYSTEM** automatically generates the “**Consult Spiritual Care**” Order. If ordering physician determines that a spiritual care consultation is not indicated, the physician can choose to discontinue the System triggered spiritual care order.



Order Name	Status	Details
Consult Palliative Care	Ordered	Start Date: 08/26/13 9:44:00 CDT, Reason for Consult: End of
Consult Spiritual Care	Ordered	Start Date: 08/26/13 9:44:49 CDT, Reason for Consult: Palliat Order entered by SYSTEM secondary to order 'Consult Palliative

For ease of ordering, we have added option of pre-defined order sentences to Palliative Care Consult Order.

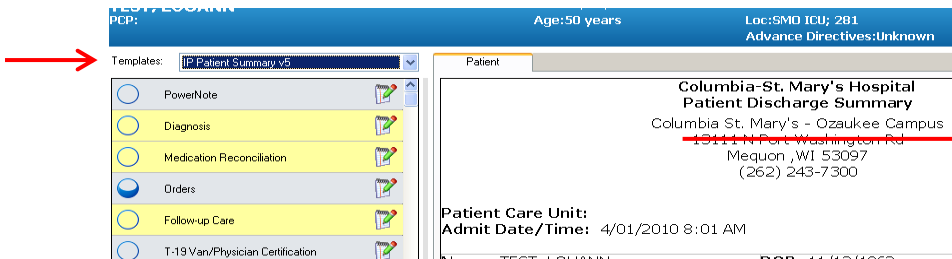


## ❖ At Discharge – Patient Discharge Summary and Extended Care Facility Report

At Discharge, **every** patient/caregiver should receive a paper copy of the **Patient Discharge Summary**. (Note: When opening Depart, IP Patient Summary v5 template is the defaulted template.)

Patient Discharge Summary includes:

- Discharge instructions, medication information, recent health information related to this visit and patient education materials.

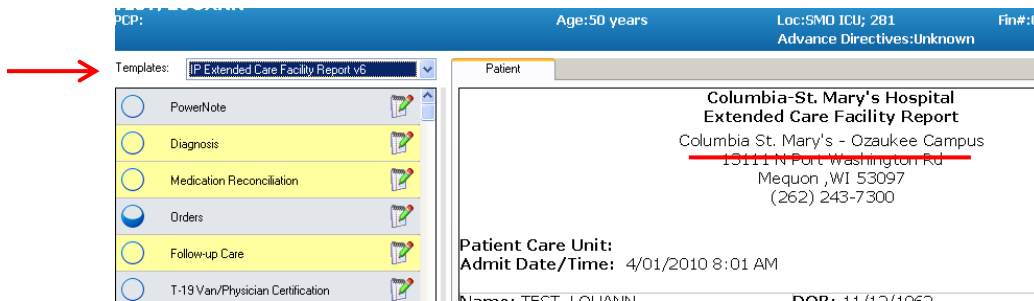


For patients discharging to a Skilled Nursing Facility (SNF), an **Extended Care Facility Report** should be printed in **addition** to the Patient Discharge Summary.

- ❖ Patient Discharge Summary should be given to the patient/caregiver.
- ❖ Extended Care Facility Report should be included in the discharge packet being sent to receiving facility.

Extended Care Facility Report includes:

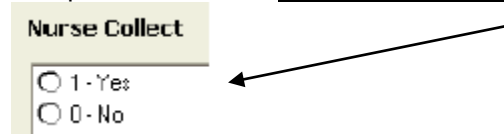
- Summary of care provided in clinical format during hospital stay (Nursing and physician documentation: pain/fall risk, nursing assessment, discharge instructions, activity, nutrition, immunizations, H&P, etc.)



## ❖ UPDATED: ED Order Entry Details

Reminder – Complete **Order Entry Details** PowerForm:

- When patient presents to the ED
  1. Every patient gets an **Order Details Event**
  2. Access PowerForm from FirstNet Toolbar
  3. Complete PowerForm **leaving Nurse Collect blank**

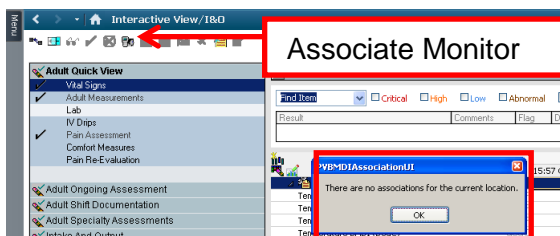


## ❖ **BMDI Safety Alert: REMINDER to Disassociate Patients on Transfer/Discharge**

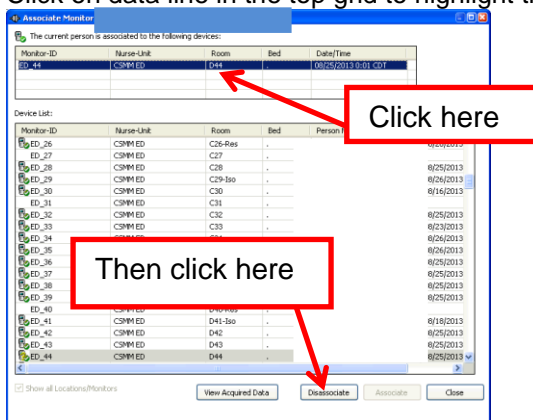
BMDI (Bedside Medical Device Interface) pulls data from monitors to IView. The RN must associate patient to appropriate monitor for data to pull into the flowsheet. **It is essential the RN take the step to disassociate patient** when patient transfers to another unit or is discharged. If this step not taken, vital signs from another patient now on that monitor could potentially pull into the 1<sup>st</sup> patient's chart.

If you activate a time column for documentation and see any vital signs immediately populate any cell, that patient is associated to a monitor. If that is not appropriate (i.e., the patient is on a unit that does not utilize BMDI), the patient **MUST** be disassociated and the VS that pulled in must be cleared.

To disassociate patient: In IView, click on the Associate Monitor icon.



If patient is currently on unit that doesn't utilize BMDI, you may see above pop-up window. Click OK. The Associate Monitor window will open. Click on data line in the top grid to highlight the row, then click the Disassociate button.



If you do not get the top grid, but only the device list, the patient is NOT still associated and you can close the window.

ED and ICUs are currently primary users of BMDI. Because use of BMDI is new we recognize that it may take time for staff in those units to remember to add this step to their workflow. When receiving admission from ED or transfer from ICU, be especially alert to the possibility patient may not have been disassociated from the monitor in those locations. Assist / remind to do so!

## ❖ **EHR Upgrade ISSUE RESOLUTION: Viewing IView Documentation**

- This is an UPDATE to the communication sent out on 7/26/13 pertaining to IView results intermittently NOT viewable upon saving and refresh, forcing user to close / re-open chart to see documented results.
- Our IS dept. installed a package last night that should have resolved this issue. Please report any continued or additional issues to the Help Desk.

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