

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)

❖ **Antimicrobial Stewardship (Available 7-26-16)**

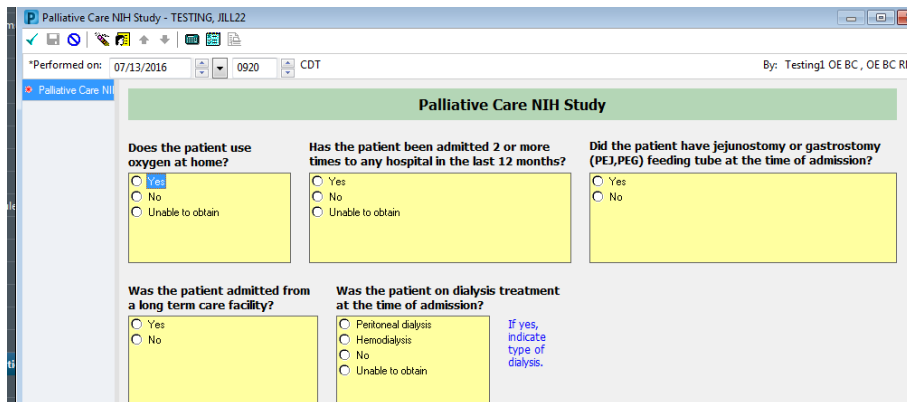
- Pre- and post-surgical PowerPlans and sepsis subphases were evaluated against best practice, CDC, and IDSA recommendations,
- Our local antibiogram reviewed with Infectious Disease as well as multiple other stakeholders.
- This work was done in an effort to impede antimicrobial resistance, reduce rates of hospital acquired infections (CDI), and improve outcomes by decreasing length of stay and lowering costs.
- The PowerPlans/Subphases incorporate elements of antimicrobial stewardship such as automatic stop dates of antibiotics (necessitating provider review), improved vetting of documented penicillin and cephalosporin allergies, and bias against default empiric combination therapy in patients with risk factors for multidrug resistant organisms.
- In all, approximately 48 pre/post-surgical PowerPlans and 28 sepsis subphases are affected by these changes.
- Although a favorite PowerPlan will not be disabled with these changes, there may be an alert stating that changes have occurred
- Resaving the favorite with the same name will turn off the alert.
- Favorites will not need to be redone

Contact John Canepa or Laura Alar if questions or concerns

❖ **Reminder Palliative Care NIH Grant/Study**

Ascension Health (AH) is partnering with University of Pennsylvania to undertake a NIH-funded clinical trial related to palliative care. This research study builds upon AH's ongoing palliative care initiatives for providing spiritually centered, holistic care to its most seriously ill patients.

CSM's requirements of 90% compliance for completion of the Palliative Care NIH Study PowerForm has declined. Please continue to complete the documentation on the NIH Palliative Care Study PowerForm.



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

❖ **Medication Database Maintenance (Effective August 3, 2016 from 0100 to 0300)**

Enhancements and maintenance will be done to our medication database. Interaction checking, interaction alerts, or access to drug leaflet information may be unavailable during this time.

For questions or issues, contact the IS Service Desk at 414-326-2085

Access * Quality * Experience * Value * Model Community

❖ **Reminder “Admit-to” Order Generates a Task to HUC and PCA/PCT Task List**

When “Admit to” orders are placed on a patient, it generates a task on the HUC and PCA/PCT Task List. This task needs to be “Completed” in EHR, after verifying the admission status in Invision. Following are the steps to complete the “Admit-to” task. This workflow is for the HUC, and any PCA/PCT working in a HUC role for the shift.

1. Physician places an “Admit to” order. The order is then in “ordered” status.

Displayed: All Active Orders | All Inactive Orders | All Orders (All Statuses)

		Order Name	Status	Dose ...
Active		Admit to (Admission for Inpatient Servic...	Ordered	
		HIPAA-Restricted Release of Patient Infor...	Ordered	
Diet				

2. The order generates a task to the HUC/PCA/PCT Task List

Activities

Task retrieval completed

	Task Status	Scheduled Date and Time	Task Description
	Pending	07/11/2016 14:17 CDT	Admit to

3. Verify or update the admission status in Invision and then click in the yellow box next to the task.
 - A green checkmark will display next to the task indicating the task has been completed
 - Refresh the screen to clear the task

Activities

Task retrieval completed

	Task Status	Scheduled Date and Time	Task Description
	Complete	07/11/2016 14:17 CDT	Admit to

4. The order status then changes to “Completed”

Displayed: All Active Orders | All Inactive Orders | All Orders (All Statuses)

		Order Name	Status	Dose ...
Active		HIPAA-Restricted Release of Patient Infor...	Ordered	
Inactive		Admit to (Admission for Inpatient Servic...	Completed	
Diet				

For questions, contact Dani Wanek, RN, Clinical Informatics, at Danine.Wanek@columbia-stmarys.org or Anagha Kulkarni, Clinical Informatics, at Anagha.kulkarni@columbia-stmarys.org

❖ **Bowel Surgery Pre - ERAS Edits (Effective week of 7/18/16)**

- New order will be added: Celecoxib 200mg (1) dose P.O preop with sip of water
- The name “Clearfast” will be removed from the Carbohydrate Rich Beverage order as the brand name no longer exists but the beverage does.
- New pre-checked order will be added that states: “Obtain consent for bilateral TAP block and Spinal Narcotic Injection”

For questions, contact Julie Kreckow RN, Clinical Informatics, at jkreckow@columbia-stmarys.org or Sherrie Ponting

❖ **VAC Veraflow Therapy – New Order Added to Vacuum Assisted Closure VAC**
(Effective week of 7/18/16)

The Vac Settings field will be removed.

The following new fields will be added:

- VAC Therapy time _____ (hours)
- Soak time (minutes)
- Instill Volume (mL)
- Solution (with the following choices in the drop down):
 normal saline/0.9 sodium chloride,
 Lactated Ringer's solution,
 Dakin's solution
 sodium hypochlorite 0.125%,
 Lidocaine HCl 1% diluted to 0.05%,
 Sulfamylon 5% solution,
 Sulfamylon 2.5% Solution, Other _____)

For questions, contact Julie Kreckow RN, Clinical Informatics, at jkreckow@columbia-stmarys.org or Amy Zunker, RN

❖ **Automated Heart Failure Clinic Consults**

Effective July 19, 2016 an automatic Heart Failure Clinic consult will generate for the following conditions:

- Patient admitted, at either CSMM or CSMO, with an Encounter Class of Emergency or Inpatient or an Encounter type of Observation, Bedded Outpatient, OUPT Observation, or Same Day Admit, who has a diagnosis of heart failure added to his/her Diagnosis (Problems) being addressed this visit.

Order	07/12/2016 09:53:27 CDT
Entered and electronically signed by SYSTEM on 07/12/2016 at 09:53:27 CDT.	
Status	
Order Status	<input type="text" value="Ordered"/>
Department Status	<input type="text" value="Ordered"/>
Details	
Requested Start Date and Time	<input type="text" value="07/12/2016 09:53:27 CDT"/>
Comment	
Order placed by the system upon entering diagnosis of Heart Failure. Heart Failure Provider will determine whether hospital consult and/or transition of care consult for follow up as an outpatient is indicated and will arrange as needed.	
Validations	
Nurse Review Routed to SMM BC	

OR

- Patient admitted, at either CSMM or CSMO, with an Encounter Class of Emergency or Inpatient or an Encounter type of Observation, Bedded Outpatient, OUTPT Observation, or Same Day Admit, who has had a prior Heart Failure Clinic encounter in the last 13 months.

Order	07/12/2016 09:47:30 CDT
Entered and electronically signed by SYSTEM on 07/12/2016 at 09:47:30 CDT.	
Status	
Order Status	<input type="text" value="Ordered"/>
Department Status	<input type="text" value="Ordered"/>
Details	
Requested Start Date and Time	<input type="text" value="07/12/2016 09:47:30 CDT"/>
Comment	
Order placed by the system upon admission. Patient has been seen at the HFC in the last 13 months. Heart Failure Provider will determine whether hospital consult and/or transition of care consult for follow up as an outpatient is indicated and will arrange as needed.	
Validations	
Nurse Review Routed to SMO MSI	

This automated consult supports the Heart Failure Provider/Clinic Referral flow that was approved in 2015, and will read "Consult HF Clinic Provider/HF Transition of Care". Upon receiving this consult, the Heart Failure provider will triage this consult, and determine whether IP consultation is indicated, and/or transition of care consult for patient follow up as an outpatient.

For questions or concerns, contact Dr. Shahid Qamar or Joy Levin

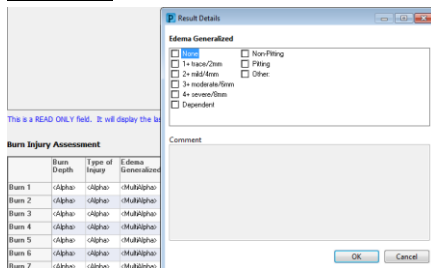
EHR Hospital Communication: July 20, 2016

❖ Changes to Edema Options on Burn Care Ongoing Assessment and Progress/Discharge Wound Therapy PowerForms (Effective NOW)

Trace will be separated out from 1+ under the **Edema Generalized** options on the Burn Care Ongoing Assessment and Progress/Discharge Wound Therapy PowerForms. This is due to a change in the display of edema options on the Pregnancy Summary Prenatal Cards.

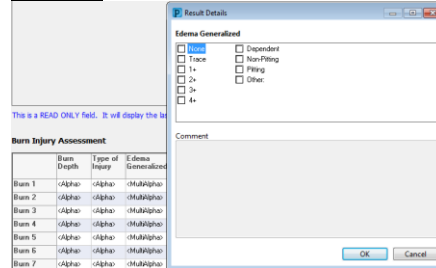
Options will display as **None, Trace, 1+, 2+, 3+, 4+, Dependent, Non-Pitting, Pitting, Other.**

Current:



Burn	Depth	Type of Injury	Edema Generalized
Burn 1	<Alpha	<Alpha	<MultiAlpha
Burn 2	<Alpha	<Alpha	<MultiAlpha
Burn 3	<Alpha	<Alpha	<MultiAlpha
Burn 4	<Alpha	<Alpha	<MultiAlpha
Burn 5	<Alpha	<Alpha	<MultiAlpha
Burn 6	<Alpha	<Alpha	<MultiAlpha
Burn 7	<Alpha	<Alpha	<MultiAlpha

Future:



Burn	Depth	Type of Injury	Edema Generalized
Burn 1	<Alpha	<Alpha	<MultiAlpha
Burn 2	<Alpha	<Alpha	<MultiAlpha
Burn 3	<Alpha	<Alpha	<MultiAlpha
Burn 4	<Alpha	<Alpha	<MultiAlpha
Burn 5	<Alpha	<Alpha	<MultiAlpha
Burn 6	<Alpha	<Alpha	<MultiAlpha
Burn 7	<Alpha	<Alpha	<MultiAlpha

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