

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)

Provider Reminder: As per the August 5th and 9th letters sent from Medical Staff Office and posted on DocPort, please be aware that on Tuesday, September 17th there will be system changes that will impact some PowerPlans and associated favorites. Not all PowerPlans will be affected, and no individual order favorites will be affected. Many, but not all of these changes, were driven by a recent Rapid Improvement Event (RIE) at CSM that focused on improving Pharmacology, Imaging, and Lab order processes.

❖ **Urinary Catheter PowerPlan Updates (Starting 9/17/13)**

In order to improve Joint Commission and SCIP urinary catheter order compliance, there will be updates to the Urinary Catheter PowerPlan. There will now be two PowerPlans:

- Urinary Catheter Insertion/Continuation – Medical
- Urinary Catheter Insertion/Continuation – Surgical

- Pre-completed details on Medical subphase:
 - Insert order pre-checked (indication details incomplete)
 - Catheter care order pre-checked
 - Continuation order 24 hour, pre-checked (indication details incomplete)

- Pre-completed details on Surgical subphase:
 - Insert order pre-checked (indication details incomplete)
 - Catheter care order pre-checked
 - Continuation order 24 hour, pre-checked (indication details incomplete)
 - Discontinuation order pre-checked; orders pre-completed for discontinuation next day

- All **single** urinary catheter orders pertaining to indwelling catheters will be removed from surgical PowerPlans. There will only be a Urinary Catheter Insertion/Continuation Surgical Subphase in these PowerPlans

As with all PowerPlans, the provider has the option to adjust pre-completed and pre-checked details to meet the needs of the individual patient and situation.

❖ **VTE Prophylaxis Medical Subphase (Starting 9/17/13)**

- The **VTE Prophylaxis Medical Subphase** will be added to the following **PowerPlans**:
 - STEMI LBBB New
 - Percutaneous intervention Post
 - Electrophysiology/Ablation Pre
 - Electrophysiology/Ablation Post
 - Coronary Syndrome W/O CVL Admission
 - Cardioversion / Transesophageal Echocardiogram (TEE)
 - Cardiovascular Adult Pre
 - Cardiac Implantable Device Pre
 - Cardiac Implantable Device Post
 - Atrial Fibrillation/Flutter
 - Cardiac Cath Post Adult

❖ Pre-Op and Pre-Procedure Prophylactic Antibiotics (Starting week of 9/17/13)

• 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

• Post-operative Prophylactic Antibiotics

- Cardiovascular Surgery Post
- General and Vascular Surgery Post
- Hip Fracture Surgery Post
- Hip/Knee Replacement Surgery Post
- Intra-Abdominal GYN Surgery Post

The above listed PowerPlans will have two edits:

- Add to comment section of all post Antibiotics: “Per SCIP guidelines, post-op antibiotics should be discontinued within 24 hours of surgery unless otherwise specified. Orders continued beyond 24 hours must have an indication for continuing.”
- Add new order to scip measured post-op ATB’s PowerPlan – **Reasons for extending the duration of post-operative prophylactic antibiotic with a drop down of choices.**

❖ Lab (Starting the week of 9/17/13)

Created new orderables and inactivated ones no longer needed:

- Created Chlamydia trachomatis NAAT – inactivate old orderable Chlamydia DNA PCR Genital
- Created Chlamydia/GC NAAT – inactivate old orderable Chlam/GC DNA PCR Genital
- Created Neisseria gonorrhoeae NAAT – inactivate old orderable GC DNA PCR Genital

❖ **Heparin PowerPlans (Starting end of week of 9/17/13)**

Heparin full dose infusion therapy (VTE/PE) subphase

Heparin Low Dose Infusion therapy

- Change requested because the reagent used in the lab for aPTT testing is changing and reported normal values are different.

❖ **Pre Anesthesia Assessment Paper Form (Available Now)**

- The Pre Anesthesia Assessment form has been edited to include an expanded airway assessment and to change the wording of Med Rec Reviewed to Medication List Reviewed (top of form).
- The revised form should be ordered from print shop, or in emergency, printed from the web site (Forms & Flow sheets - Anesthesia section)
- It is Surgical Services responsibility to remove old copies and replace with the 09/13 version

• **Withdrawal Stabilization Service REMINDER**

REMINDER: “New Visions” has been replaced by **Withdrawal Stabilization Service**. This will affect any PowerPlans, orders, or documentation referring to “New Visions”.