

EHR Hospital Communication: April 9, 2014

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)

❖ Quality Measures – Tip o’ the Week

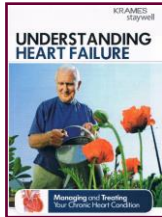


HEART FAILURE – Clinical Pathway

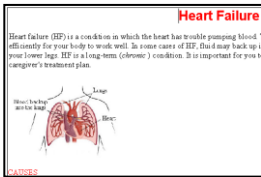
- Active Diagnosis
 - Paper Clinical Pathway is **required**
- History of
 - Paper Clinical Pathway is **not required**

 Columbia St. Mary's A Passion for Patient Care...		
HEART FAILURE Clinical Pathway		
DATE:		
FOCUS	ADMISSION PHASE ARRIVAL TIME: _____ (Target Time: 4-12 hrs post arrival)	STABILIZATION (Target 48 hrs post Ad) APPROXIMATE

HEART FAILURE – Patient Education



- New or Active Diagnosis
 - **Heart Failure Folder**
 - **Congestive Heart Failure DVD/Video**

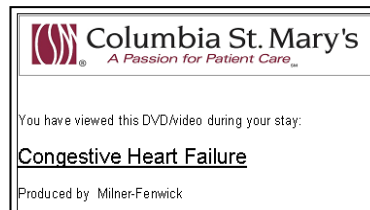
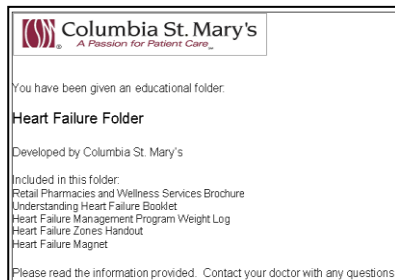


- History of
 - **Heart Failure Folder** if patient has not received prior to current hospital stay **-or-**
 - **Heart Failure** leaflet in Patient Education

HEART FAILURE – Documentation of **written**** materials given to patient/caregiver

****REQUIRED** – Patient Discharge Summary must include documentation of written education materials given to patient/caregiver for **ALL** measures

- From Patient Education tab
 - Select **Heart Failure Folder** to document HF Folder given **-or-** **Heart Failure** leaflet to document printed leaflet given
 - Select **DVD Video Congestive Heart Failure (Custom)**

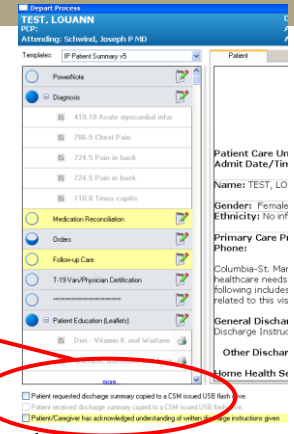


For questions, contact Kristin Schmidt at kristin.schmidt@columbia-stmarys.org

❖ Depart – USB Flash Drive Options – **Beginning April 10th**

The 2 boxes of information on the lower left of the Depart window is being removed. Meaningful Use reporting is no longer being driven from this documentation.

- Patient requested discharge summary copied to a CSM issued USB flash drive.
- Patient received discharge summary copied to a CSM issued USB flash drive.



Patients/Caregivers wishing electronic medical record information should be directed to the patient portal, **CSM Connect**. Follow your unit/department process for signing up patients.

For extensive medical record information (i.e. copies, etc), please refer them to Medical Records.

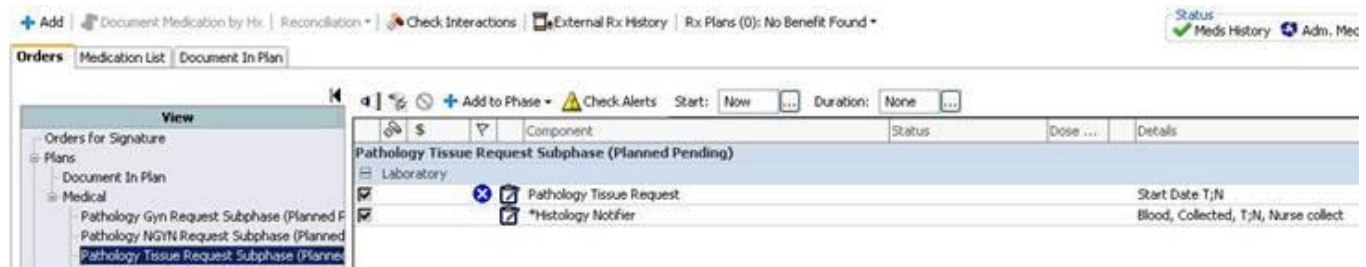
For questions, contact Chris Kalies at Christine.Kalies@columbia-stmarys.org

❖ Micro Orders - Required Source Fields (Effective 4/14/14 for Clinicians and Providers)

- Completed to see if certain information can default and speed up the ordering process on these tests.
- A review was completed with IS and Lab and a spreadsheet was filled out with the specific build changes.
- Defaulting specimen description and/or specimen source since they are both required fields.
- Affects 17 PowerPlans, and will not lose favorites
- Examples include:
 - ✓ source & descr: Vaginal/Rectal
 - ✓ source & descr: Bronchial Alveolar Lavage
 - ✓ source & descr: Bronchial Alveolar Lavage
 - ✓ source & descr: Sputum
 - ✓ source & descr: Cerebrospinal Fluid

❖ Pathology Order Changes (Effective 4/15/14 for Clinicians and Providers)

Currently, pathology orders are a two order subphase. These orders include Pathology Request, Pathology NGyn Request, and Pathology Gyn Request.



On 4-15-2014 we will be simplifying the process and allowing you to place these as one inclusive order without use of a subphase.

For questions contact Suzanne Wilkerson, MD @ swilkers@columbia-stmarys.org

❖ Updated Change Enhancement Request Form (Effective Now)

Located on the CSM Intranet>Physician Orders & Toolkits>Change Enhancement Request

- ❖ **Diabetic Ketoacidosis/Hyperosmolar Syndrome** *(Effective week of 4/14/15 for Clinicians and Providers)*
 - For patient safety and quality care: Precheck the box under IV solutions to start fluids containing D5 once the glucose falls below 250

- ❖ **Foot and Ankle Surgery Post PowerPlan** *(Effective week of 4/14/15 for Clinicians and Providers)*
 - Scheduled review with edits

- ❖ **Hemodialysis PowerPlan** *(Effective week of 4/21/14 for Clinicians and Providers)*
 - Newly designed, reviewed and approved
 - Training of Davita staff completing next week

- ❖ **Body Fluids Lab Tests** *(Effective Week of 4/21/14 for Clinicians and Providers)*
 - Standard Laboratory tests are routine tests performed in the laboratory according to manufacturer's recommendations as approved by the FDA without method or instrument modifications.
 - Accordingly, testing is restricted to the specimen type listed in the package insert which does not include body fluids.
 - To fulfill regulatory requirements (CLIA '88), analysis of body fluids require extensive validation equivalent to laboratory developed tests.
 - The following body fluid tests will no longer be performed by Columbia St. Mary's Laboratory and would need to be ordered as a miscellaneous test and sent to the ARUP reference lab:
 - Chloride, Body Fluid (FCL)
 - Sodium, Body Fluid (FNA)
 - Total Bilirubin, Body Fluid (FTBIL)
 - Potassium, Body Fluid (FK)
 - Urea Nitrogen, Body Fluid (FBUN)
 - Uric Acid, Body Fluid (FURIC)

 - The following body fluid tests have been validated and will continue to be performed by Columbia St. Mary's Laboratory:
 - Albumin, Body Fluid (FALB)
 - Amylase, Body Fluid (FAMY)
 - Creatinine, Body Fluid (FCREAT)
 - Glucose, Body Fluid (FGLU)
 - LDH, Body Fluid (FLD)
 - Total Protein, Body Fluid (FPROT)
 - Triglycerides, Body Fluid (FTRIG)

If there should be any questions regarding the Body Fluid testing changes please contact:

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