

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)

❖ PathNet Command Center Information

EHR Command Center

CSM Milwaukee Women's Hospital – Sr. Elizabeth Ann Seton #1

- Command Center Help Line: 414-585-1111
- Vocera: "EHR Roamer"
- Online: <http://activationissues>
- IS Service Desk: 414-326-2400

Hours of Operation:

Opens August 16th at 0100

Command Center Hours:

- 8/16 – 8/21: 24 hours
- 8/22 – 8/30: 0400 – 1900

Refer to flyer for more details

❖ Changes to the Task List (Effective 8/26/15)

Beginning August 26, to improve documentation efficiency and optimize task list utilization, several items will be removed from the task list for the inpatient RN position.

To see the list of tasks that will be kept and removed, click [here](#). You may also access this list from CSM Intranet>EHR Home>Clinical Informatics.

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

❖ ICD10 PTE (Physician Transition Early) (Effective 8/25/15)

To increase early familiarity with the new ICD10 codes before 10/1/15, CSM will be implementing a tool in the EHR called PTE (Physician Transition Early). This tool allows dual coding with ICD9 and ICD10 when Providers enter/use the Diagnosis list in the EHR. Anyone viewing Diagnosis list in the EHR will see both ICD9 and ICD10 codes reflected in the list. In addition, you will see icons identifying specified and unspecified codes, which will be the responsibility of the Provider to address.

Mark all as Reviewed

Diagnosis (Problem) being Addressed this Visit

Display: Active

Priority	Annotated Display	Condition Name	Date	Code	Clinical Dx	ICD-10-CM Code	ICD-10-CM Clinical Dx	Vocabulary	Classif...	Confirmation
ⓘ	Hypertension, uncontrolled	Hypertension, uncontrolled	05/30/2015	401.9	Unspecified Essential Hyper...	I10	Essential (primary) hyperte...	ICD-9-CM	Medical	Confirmed

Specified

Mark all as Reviewed

Diagnosis (Problem) being Addressed this Visit

Display: All

Priority	Annotated Display	Condition Name	Date	Code	Clinical Dx	ICD-10-CM Code	ICD-10-CM Clinical Dx	Vocabulary	Classif...	Confirmation
ⓘ	Hypertension, uncontrolled	Hypertension, uncontrolled	05/30/2015	401.9	Unspecified Essential Hyper...	I10	Essential (primary) hyperte...	ICD-9-CM	Medical	Confirmed
ⓘ	Hypothyroid	Hypothyroid	05/30/2015	244.9	Unspecified Hypothyroidism	E03.9	Hypothyroidism, unspecified	ICD-9-CM	Medical	Confirmed

Unspecified

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

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

❖ Patient Discharge Medication List Changes (Effective 9/1/15)

Currently, the medication list patients receive at discharge is causing confusion for some patients. The goal of the current design is to point out changes in comparison to home medications on admission, but in reality it is creating new risks that do not outweigh the proposed benefits. Work is being done to improve clarity with this type of format. In the meantime, **in coordination with the Readmission Reduction Committee, it has been decided to migrate back to a simple list, meaning the categories will be removed.** This will be a cleaner, simpler medication list to help improve patient understanding of their discharge medications.

Current state (old):

MEDICATION LIST

Medications to Continue Taking That Have Changed

START: **hydrochlorothiazide (hydrochlorothiazide 25 mg oral tablet) 1 tab(s)**, Take by mouth, once a day in the morning, Refills: 0
 STOP: **hydrochlorothiazide (hydrochlorothiazide 25 mg oral tablet) 1 tab(s)**, Take by mouth, once a day, Refills: 0

START: **metoprolol (metoprolol-XL (succinate) 25 mg tab, extended release) 1 tab(s)**, Take by mouth, once a day after dinner, Refills: 0
 STOP: **metoprolol (metoprolol-XL (succinate) 25 mg tab, extended release) 1 tab(s)**, Take by mouth, once a day, Refills: 0

Medications to Continue with No Changes

lisinopril (lisinopril 10 mg oral tablet) 1 tab(s), Take by mouth, once a day, Refills: 0

Future state (new):

Medication List

hydrochlorothiazide (hydrochlorothiazide 25 mg oral tablet) 1 tab(s), Take by mouth, once a day in the morning, Refills: 0

lisinopril (lisinopril 10 mg oral tablet) 1 tab(s), Take by mouth, once a day, Refills: 0

metoprolol (metoprolol-XL (succinate) 25 mg tab, extended release) 1 tab(s), Take by mouth, once a day after dinner, Refills: 0

Provider Medication Reconciliation Impact:

- As a reminder, <Notes for Patient> is visible only on the patient list and not on the actual prescription. This feature remains with the new simple list.

Orders Prior to Reconciliation				Orders After Reconciliation			
Order Name/Details	Status	Stop	Continue	Order Name/Details	Status	Stop	Continue
furosemide (Lasix 40 mg oral tablet) 2 tablets PO, qday, 30 tablets	Documented	○	○	furosemide (Lasix 40 mg oral tablet) 2 tablets PO, qday, 30 tablets	Documented	○	○
insulin (NovoLOG Flex 70/30) aspart-insulin aspart protamine 70 units, subcutaneous, daily	Modify	○	○	insulin (NovoLOG Flex 70/30) aspart-insulin aspart protamine 70 units, subcutaneous, daily	Modify	○	○
insulin detemir (Levemir FlexTouch 100 units/mL subcutaneous solution) 30 units, subcutaneous, at bedtime, 15 mg	Modify	○	○	insulin detemir (Levemir FlexTouch 100 units/mL subcutaneous solution) 30 units, subcutaneous, at bedtime, 15 mg	Modify	○	○
insulin glargine (Sanofi-Aventis, subcutaneous, at bedtime)	Discontinued	○	○	insulin glargine (Sanofi-Aventis, subcutaneous, at bedtime)	Discontinued	○	○

- **Some patients admitted from the clinic have suspended medications on their home med list.

insulin aspart (NovoLOG 100 units/mL) Suspended

sliding scale, subcutaneous, qid at bedtime, AC: BS 120-170=1 Unit; 171-220=2 Units; 221-270=3 Units; >270=3 Units. HS: BS 170-220=1 Unit; 221-270=2 Units; >270=2 Units, 10 mL

Unfortunately these medications are not called out as suspended on the new simple medication list. Thus, Providers should discontinue all suspended medications at hospital discharge if they are not being resumed. As a precaution, "Acknowledge Remaining Home Meds" function does not continue suspended medications.

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