

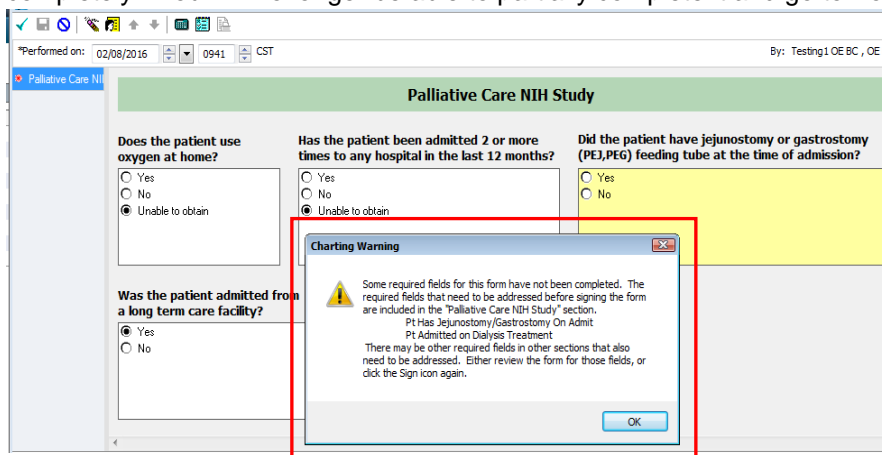
Please post / share this communication within 24 hours in your department/unit.

Remember: Many answers/clarifications on EHR processes can be accessed through the EHR Intranet site or EHR Learning (Learning Live)

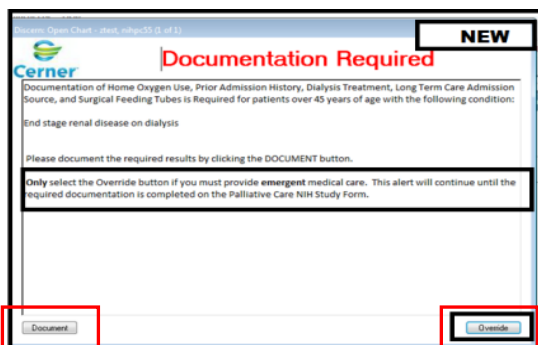
❖ **IMPORTANT CHANGE: Palliative Care NIH Study PowerForm fields now REQUIRED (Effective Now)**

The 5 questions on the form were originally NOT required. We received information on 2/8/16 from the NIH collaboration group telling CSM the form WILL BE required. ALL questions have to be answered in order for the patient to be eligible for the study. Making all questions required will satisfy this requirement of the study.

If you start the form, but don't answer all 5 questions, you will not be able to sign it. You will get the alert below. Click **OK**. You need to finish answering all the questions & then sign **OR** click the X in the right corner to dismiss the form and any documentation until you are able to answer all 5 questions completely. You will no longer be able to partially complete it and go to Form Browser to modify.



REMINDER: If you see the NIH Palliative **Documentation Required** alert “pop up”, click **Document** to be taken to the Palliative Care NIH Study PowerForm. If you are unable to complete, click **Override**. When able return to the form and complete, the form is located in AdHoc, called Palliative Care NIH Study.



NOTE: If charting is not completed on the form upon initial notification, the pop-up will continue every time the chart is opened (after at least 5 minutes in between openings) until the data is charted on or until after admission Day 1 at 1500.

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

❖ **IMPORTANT REMINDER: Review your Quality Measure Widget**

This is your “check list” to view if the measure requirements were completed or not completed. It is found on the Nursing Communication page.

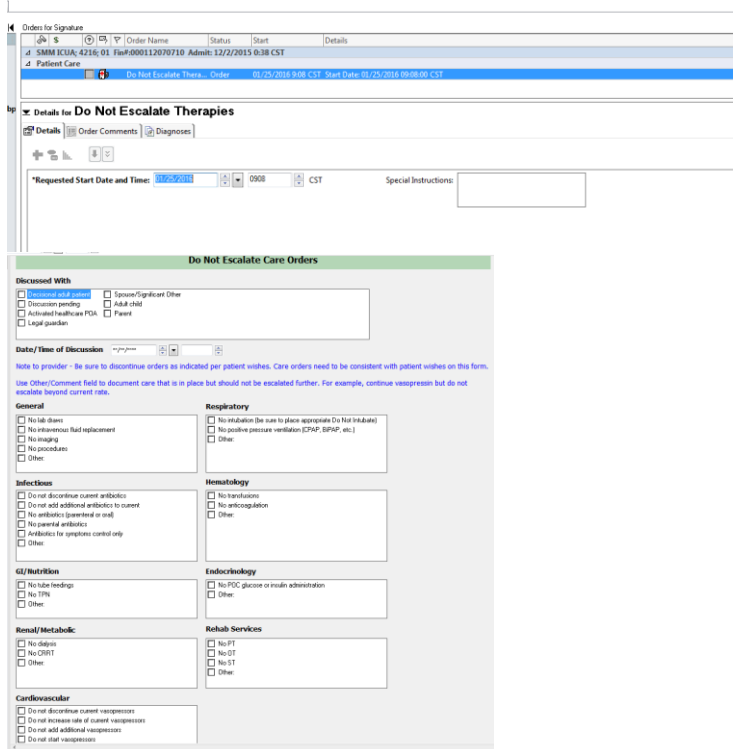
- Currently VTE and STK quality measures are found on the Widget
- Starting April 11, 2016 Sepsis will be added to the widget.

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

❖ **New Order: “Do Not Escalate Therapies” (Effective Now)**

In the clinical setting, decisions regarding “escalating therapies” are not clearly communicated or coordinated amongst providers. End of Life decisions amongst providers and patients/families require careful communication and coordination. In the ICU setting, patients, their families, along with their providers, may not have made a decision regarding transitioning to comfort measures only or to hospice. However, decisions regarding the goals and therapies have been discussed and made. This new order will make all clinicians aware of the patient needs.

The order is called “Do Not Escalate Therapies”. When the provider orders this, a powerform will pop up and the provider can then document the needs. As with any powerform, once signed it can be found in form browser.



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

❖ **Sepsis PowerPlan(s) Review**

- Clinical review of Sepsis PowerPlans is very important and are currently being reviewed and edited by multidisciplinary teams.
- If you have been invited to review any sepsis PowerPlans (inpatient or ED), please review, comment on the individual order and then review again to see other reviewer’s comments

For questions about the review process, contact Julie Kreckow, RN, Clinical Informatics, at jkreckow@columbia-stmarys.org

EHR Hospital Communication: February 24, 2016

❖ **Changes to Personal Risk Factors for Stroke Section (Effective NOW)**

Documentation that a patient was provided education of his/her Personal Risk Factors for Stroke is one component of the Stroke Quality Measure. CSM has had fallouts due to Personal Risk Factors for Stroke not being documented.

Changes have been made in the following PowerForms to facilitate documentation of patient's Personal Risk Factors for Stroke:

- The **Stroke/VTE Education** section of the **Multidisciplinary D/C Plan/Summary**
- The **Education** section of the **Quality Measure: Stroke Education**

The changes include:

- 1) The **Did the Written Instructions Given to the Patient /Caregiver Address Risk Factors for Stroke?** question has been placed directly above the **Personal Risk Factors for Stroke** section.
- 2) Reference text has been added to instruct the nurse to complete the **Personal Risk Factors for Stroke**.
- 3) When **Yes** is chosen, the Personal Risk Factors for Stroke section will become available for documentation
- 4) In the Personal Risk Factors for Stroke section:
 - a) **History of Atrial Fibrillation** and **Sickle Cell Disease** have been added as additional options
 - b) The TIA option is now **Prior stroke, TIA, or heart attack**

Did the Written Instructions Given to the Patient/Caregiver Address Activation of the Emergency Medical System (EMS) if Signs or Symptoms of Stroke Occur?
 Yes No

Did the Written Instructions Given to the Patient/Caregiver Address Follow-Up With a Physician/APN/PA After Discharge?
 Yes No

Did the Written Instructions Given to the Patient/Caregiver Address All Discharge Medications?
 Yes No **1**

Did the Written Instructions Given to the Patient/Caregiver Address Risk Factors for Stroke?
 If Yes selected, document Personal Risk Factors for Stroke. **2**

Yes No **3**

Personal Risk Factors for Stroke

<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Heart disease	<input type="checkbox"/> Carotid artery disease	<input type="checkbox"/> Does not meet criteria for assessment
<input type="checkbox"/> Cigarette smoking	<input type="checkbox"/> Obesity	<input type="checkbox"/> High cholesterol	
<input type="checkbox"/> Diabetes mellitus	<input type="checkbox"/> Prior stroke, TIA or heart attack 4b	<input type="checkbox"/> History of atrial fibrillation	
<input type="checkbox"/> Physical inactivity	<input type="checkbox"/> Excessive alcohol intake	<input type="checkbox"/> Sickle Cell Disease 4a	

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

❖ **ICU Ventilation Documentation Changes (Effective 2/25/16)**

To increase patient safety, facilitate documentation of the new Ventilator Weaning bundle, and improve communication between respiratory therapy and nursing, a number of changes will be made made to ventilator documentation in the EHR. See separate EHR ICU Communication for additional information.

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

❖ **New PowerForm: “Pulse Oximetry with Ambulation-RN” (Effective 02/29/16)**

To facilitate discharge planning, **RNs at CSM-Milwaukee** will now assess home oxygen needs instead of RT. A new PowerForm, “Pulse Oximetry with Ambulation-RN”, is available for documenting the patient's oxygen needs at rest and with ambulation.

For questions, contact Andi Gust, Respiratory Therapy, or Karen Shapiro, RN

EHR Hospital Communication: February 24, 2016

❖ **Vesicant Chemotherapy on eMAR (Effective 3/1/16 – this was previously communicated as being effective 2/19/16 but was delayed until 3/1)**

The CSM Nursing Policy “Administration of Chemotherapeutic-Cytotoxic-Biotherapy Agents for Cancer Treatment” has been revised as of January 2016. Ascension has mandated that Vincristine and Vinblastine no longer be given IV Push and must be put in a minibag for infusion. Since these drugs are vesicants, revisions were made to the policy to address vesicant administration (Refer to policy under Administration #6 Vesicant Administration).

For safety reasons, all vesicants will be identified with a new mandatory field - ‘**Acknowledge drug as vesicant**’, with one drop-down option, ‘**Yes**’, which displays on the MAR for the meds listed below: (Refer to policy under Administration #6F)

- a. Doxorubicin
- b. Epirubicin
- c. Idarubicin
- d. Vinblastine
- e. Vincristine
- f. Vindesine
- g. Vinorelbine
- h. Mechlorethamine
- i. Dactinomycin
- j. Mitomycin
- k. Daunorubicin

The screenshot shows the eMAR entry for Vincristine (vinCRISStine/NS 50 mL). The 'Acknowledge drug as vesicant' dropdown menu is highlighted with a red box and is set to 'Yes'. Other fields include 'Performed date / time: 12/23/2014 0933 CST', 'Performed by: Sandona Kamenski, Sheri', and 'Total Volume: 50 ml'.

vinBLASStine (vinBLASStine/NS 50 mL)	11 mg, IV Piggyback, Infuse Over 10 minute(s), Start Date: 12/22/14 16:00:00 CST, Stop date: 01/05/15 15:07:00 CST, 366 mL/hr, Day 1, 15	
Target Dose: vinBLASStine/NS 50 mL 6 mg/m ²	12/22/2014 14:58:56	<VESICANT
vinBLASStine	11 mg Auth IV	
Sodium Chloride 0.9%	50 mL Auth IV	
Acknowledge drug is vesicant	Yes Auth Yes	
vinCRISStine (vinCRISStine/NS 50 mL)	3.56 mg, IV Piggyback, Infuse Over 10 minute(s), Start Date: 12/22/14 14:59:00 CST, Stop date: 12/22/14 15:00:00 CST, 321.36 mL/hr, Day 1	Day 1
Target Dose: vinCRISStine/NS 50 mL 2 mg/m ²	12/22/2014 14:58:39	<VESICANT
vinCRISStine	3.56 mg	Not given within 5 days
Sodium Chloride 0.9%		
Acknowledge drug is vesicant		

For questions, contact Karen Sullivan, RN, Oncology Clinic Coordinator