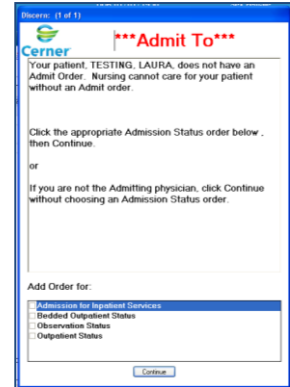


Please post / share this communication within 24 hours in your department/unit.

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

❖ **Missing Admit Order Alert (Effective week of 5/19/14)**

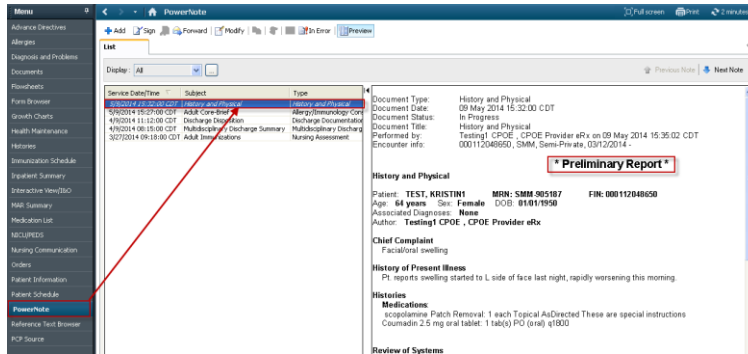
The *****Admit To***** alert will appear when initiating a PowerPlan or placing an order on a patient who has not been admitted. Nursing staff will click **Continue** to close the alert. The admitting physician should then be notified of the missing admission order.



For questions, contact Tom Ramlow at tramlow@columbia-stmarys.org

❖ **PowerNote "View Only" Access (Effective 5/19/14)**

Nursing and other clinical staff (OT, PT, speech therapy, HIM, case management) will now have access to view PowerNote. This will allow the clinician to view notes in a preliminary status, which are not displayed in the **Documents** section. This includes any notes by residents or midlevel providers still requiring a co-signature from the supervising MD.

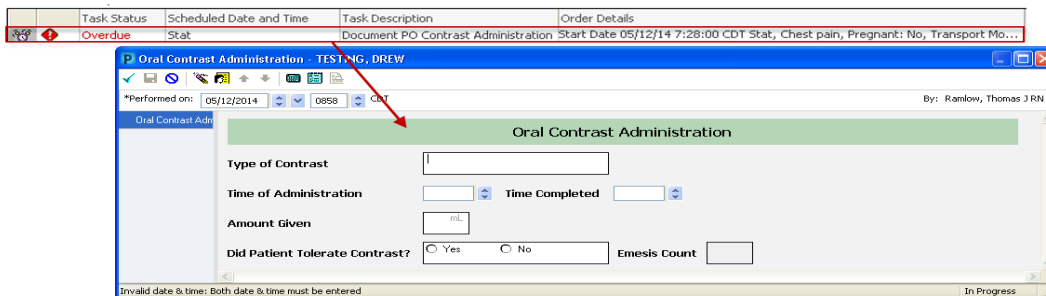


IMPORTANT: These preliminary notes are a useful source of information, but are not final notes, and are subject to change.

For questions, contact Tom Ramlow at tramlow@columbia-stmarys.org

❖ **New task for PO Contrast Administration (Effective week of 5/19/14)**

Nursing will now be tasked to complete the **Oral Contrast Administration PF** when a radiology exam using oral contrast is ordered. The priority or time/date of the exam will appear on the task, and the task itself will link the nurse to the PowerForm.



For questions, contact Tom Ramlow at tramlow@columbia-stmarys.org

❖ **tPA Eligibility Criteria PowerForm: (Effective 5/21/14)**

One of the stroke quality measures is looking at delivery timeliness of tPA for stroke patients. We monitor door time to time of tPA bolus, and the recommended goal is < 60 minutes. We now have allowable “reasons for delay” if tPA is delivered in > 60 minutes.

tPA Eligibility Criteria Documentation

Inclusion Criteria for tPA Administration (All criteria must be checked before proceeding.)

- Age 18 years or older
- Symptoms and signs consistent with ischemic stroke
- Clear onset of symptoms less than 4.5 hours ago, while awake
- CT head negative for subarachnoid hemorrhage, intracranial hemorrhage, or acute ischemic changes
- Diagnosis of ischemic stroke causing measurable deficit

No factors predisposing to risk of bleeding including:

- Platelet count < 100,000/mm³
- Heparin or LMWH within the past 48 hours resulting in prolonged PTT
- Current use of warfarin resulting in INR > 1.7 or PT > 15 seconds

Absolute Contraindications (All boxes must be checked to administer IV tPA. If unable to check every box, thrombolysis is not appropriate.)

- No current active internal bleeding
- No factors predisposing to risk of bleeding (see reference text)
- No history of any intracranial hemorrhage
- No history of brain tumor, cerebral vascular malformation, or brain aneurysm
- No stroke, serious head trauma, intracranial surgery or intracranial surgery in the past 3 months
- No signs or symptoms suggestive of subarachnoid hemorrhage
- At time of treatment: Systolic BP > 185 mm Hg and Diastolic BP > 110 mm Hg
- No current use of direct thrombin inhibitors or direct factor Xa inhibitors with elevated sensitive lab tests (such as aPTT, INR, platelet count, and ECT, TT, or appropriate factor Xa activity assay)
- CT does not demonstrate signs of large acute infarction
- Glucose not < 50 mg/dL
- No arterial puncture at a noncompressible site in the past 7 days

If tPA initiated >60 minutes after hospital arrival, document eligible reasons

- Social/Religion
- Initial refusal
- Care team unable to determine eligibility
- Hypertension requiring aggressive control with IV medications
- Further diagnostic evaluation to confirm stroke for patients with hypoglycemia (blood glucose < 50), seizures, or major metabolic disorders
- Management of concomitant emergent/life-threatening conditions such as cardiopulmonary arrest, respiratory failure (requiring intubation)
- Investigational or experimental protocol for thrombolysis

For questions, contact Susan Abelt at sabelt@columbia-stmarys.org

❖ **FYI: Communication to Pharmacy: Warfarin/Heparin Overlap (Effective 5/21/14)**

A new **Communication to Pharmacist** order will now be included in the **Heparin Full Dose (VTE/PE) Infusion PowerPlan** to remind the pharmacist to ensure the patient has an adequate warfarin overlap prior to discharge. The communication states:

Patients with confirmed acute DVT or PE receiving UFH or LMWH need minimum of 5 days overlap with warfarin therapy AND until the INR is >2.0 for at least 24 hours before discontinuation of parenteral anticoagulation.

For questions, contact Tom Ramlow at tramlow@columbia-stmarys.org

❖ **REMINDER: Discharge Prescriptions – What Pharmacy did it go to?**

In order to assure discharge prescriptions are routed to the correct patient pharmacy, it’s important during the admission process to confirm with the patient, the pharmacy they currently use. It is also helpful if at discharge, that it is reviewed as a double check prior to the discharge med rec.

Once the discharge med rec is completed, to view what pharmacy prescriptions were sent to:

- 1) From **Medication List** click on **Prescriptions** in left venue menu

Ordering Physician	Status	Start	Stop	Order Name	Dose
Bull, Mariam MD	Prescribed	5/7/2014 10:20 CDT		rosuvastatin (Crestor 40 mg oral ta...	40 mg = 1 tab(s)
Pawlak, James R MD	Prescribed	7/9/2012 8:26 CDT		Misc Rx Supply (ONE TOUCH ULTR...	ONE TOUCH ULTI
Pawlak, James R MD	Prescribed	2/20/2014 12:04 CST		Misc Medication (ONE TOUCH ULTR...	See Instructions,
Bull, Mariam MD	Prescribed	2/11/2014 9:48 CST		metFORMIN (metFORMIN 1000 mg...	1,000 mg = 1 tab
Bull, Mariam MD	Prescribed	5/7/2014 10:20 CDT		lisinopril (lisinopril 2.5 mg oral tablet)	2.5 mg = 1 tab(s)

- 2) Locate Active prescription and hover over **Details** to see where prescription was routed

metFORMIN (metFORMIN 1000 mg... 1,000 mg = 1 tab(s), PO (oral), bid, # 180 tab(s), 02/1

lisinopril (lisinopril 2.5 mg oral tablet) 2.5 mg = 1 tab(s), PO (oral), bid, # 180 tab(s), 02/11/14 9:48:47 CST, Pharmacy: Wal-Mart

insulin glargiin

Diabetic Suppl

clopidogrel (Plavix) 75 mg oral tablet

If the prescription was sent to the wrong pharmacy, contact ordering **Physician** to **Cancel/Reorder** the prescription and route to correct pharmacy*.

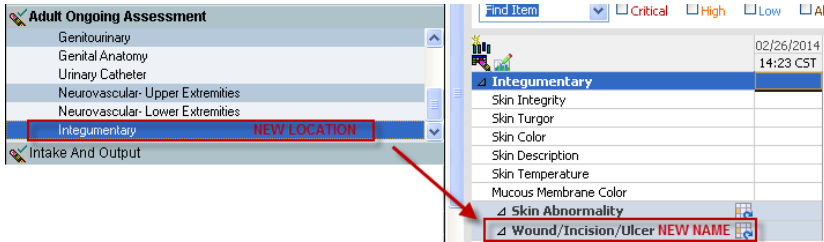
***Note:** A phone call to the first selected pharmacy is needed to cancel the incorrectly routed prescription.

❖ **Wound Care Documentation** *(NOTE: NEW DATE Effective 5/21/14)*

The new **Wound/Incision/Ulcer** Dynamic Group will be live starting the morning of 5/21.

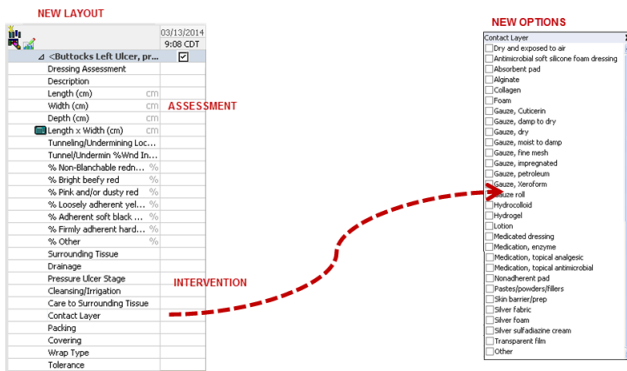
To avoid confusion, this will inactivate any existing documentation in the old Dynamic Groups. The nurse will be required to create a new Dynamic Group for each wound, and re-chart wound/dressing assessments at that time.

All nursing documentation for wounds will be done in the **Wound/Incision/Ulcer Dynamic Group**.



The new Wound/Incision/Ulcer Dynamic Group, the result of combining several wound care sections, will be included in the Integumentary Assessment Section of **Adult Ongoing Assessment** and **Adult Ongoing ICU Assessment Bands**.

- The assessment and intervention sections have been combined, to simplify documentation.
- A new field, **Care to Surrounding Tissue** has been added.
- New options have been added to the **Contact Layer** section.

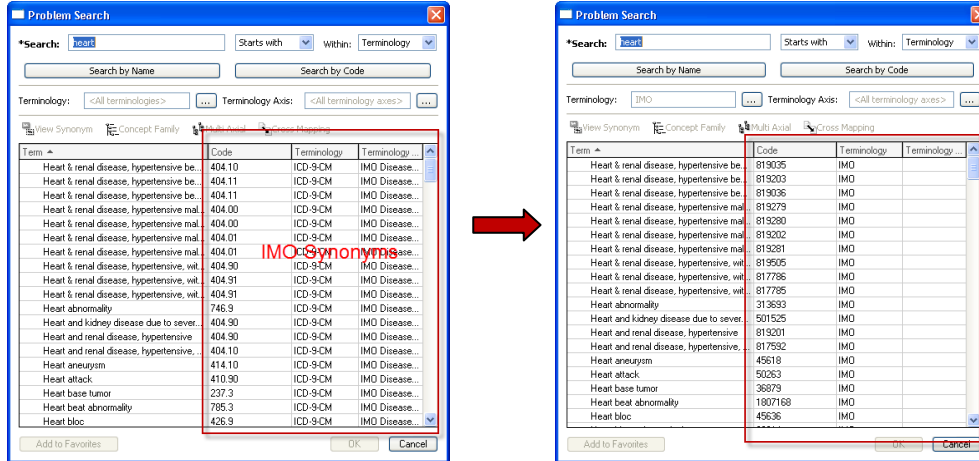


NOTE: The new Wound/Incision/Ulcer Dynamic Group will also replace the existing wound documentation in the following bands. The location of the documentation will not change for these areas, just the dynamic group.

- Wound and Incisions (which will continue to be used by Wound Ostomy nurses)
- NICU Specialty Assessment
- OB Specialty Assessment
- Outpatient Wounds and Incisions
- Outpatient Quick View

❖ **Problem List (Effective 5/27/14)**

A change will be seen when searching for and adding problems to the Problem List. You will notice that in the Problem Search you will see IMO codes instead of ICD-9 codes. This change will not affect **nursing** workflow but the code change will help CSM to meet Meaningful Use Stage 2.



❖ **Quality Measures – Tip o’ the Week**

SCIP – Order

- Confirm **Surgical Care Quality Measure (SCIP Quality Measure)** order is initiated and the measure displays on the **Widget**
 - If not, place order
 - Use communication type **Hosp Per Policy – No Cosign**

Non Categorized	Surgical Care Quality M...	Ordered	04/23/14 18:07:00 CDT
<input checked="" type="checkbox"/>			

Quality Measures v4.2 (6)

Filter by: SCIP

- ▶ Incomplete (2)
- ▶ Complete (4)

SCIP – Widget

- Review the widget **on arrival, as needed throughout perioperative stay and prior to admission/transfer** to post op unit to ensure EHR documentation requirements are complete.
- **Documentation** will complete when **charting** is completed
 - In **SurgiNet**
 - On the **MAR, I View and PowerForms**
 - Placing appropriate **orders**
- **Known Issues**
 - **Preop Antibiotics:** Continue to monitor Orders and the MAR for preop antibiotic orders and administration. The widget still displays any antibiotics given prior to surgery (i.e. inpatient order for antibiotic prior to surgery date, etc.).

SCIP – Surgical Safety Checklist

- Complete the Surgical Safety Checklist throughout the patient's perioperative stay

	<h3>SURGICAL SAFETY CHECKLIST</h3>	Patient Sticker
PREPROCEDURE CHECK - IN In Ambulatory Surgery / Inpatient/Procedural Areas		IN OR/PROCEDURE ROOM Before Induction of Anesthesia
Pre-Op RN and Circulator RN, patient has confirmed the following:		Anesthesia Check Confirmed Prior to Induction:

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

❖ **REMINDER: Medication Administration – Right Route (PO, NG/J/G/PEG Tube)**

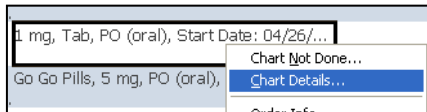
A patient with a temporary or permanent tube may have medications listed with PO as the route of administration.

Nursing:

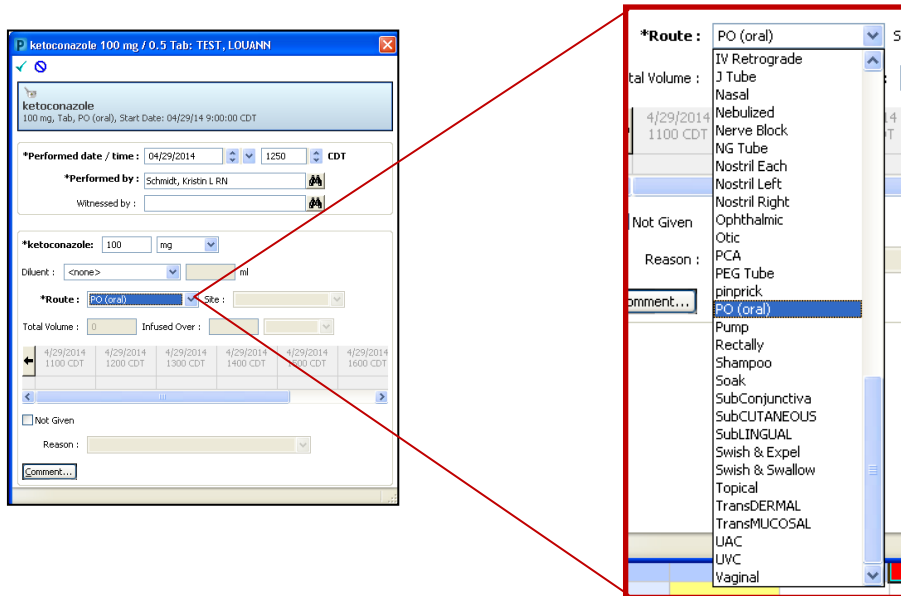
When administering any medications you must document the route you are giving the medication.

For Example: Paul Patient is intubated, NPO, has an NG tube and is able to receive medications via NG Tube.

- While preparing to administer medications, the Nurse must select the appropriate route used to give the patient his medications.
- To document correct route:
 - Perform steps for Barcode Scanning: scan patient, scan medication, etc.
 - Right click under medication details and select **Chart Details**



- From medication window, select appropriate route from dropdown menu and click green checkmark. *Note: the medication falls off the MAW.



- Repeat steps above for each medication to ensure the correct route has been documented
- *Consider contacting the Physician to place an order for a medication route change.

❖ **Minor Addition to Change Request Form**

Added IF A POWERPLAN REQUEST– DOES THE CHANGE AFFECT FAVORITES AND REQUIRE A REDO

❖ Medical Imaging Order Changes *(Effective Now)*

- MA Mammogram Diagnostic Digital Bilat, Left, and Right exam order entry format:
 - If Mass or Lump – Drop down (required)
 - Left breast Both breasts
 - Right breast NA
 - Specify lump location Drop down (required)
 - Upper Outer Quadrant Lower Inner Quadrant
 - Upper Inner Quadrant Not Applicable
 - Lower Outer Quadrant O'Clock Location, specify below

- US Pregnancy / OB exam(s) order entry format:
 - Expected date of delivery (Date & Time) (required)
 - How was EDD established Drop down (required)
 - LMP
 - Ultrasound
 - Other, specify in Special Instructions

❖ Naso/Orogastric Tube Orders *(Effective week of 5/19/14)*

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. <u>Nasogastric insertion:</u>
 Requested start date time
 Requested stop date time
 Suction settings – Drop down: <ul style="list-style-type: none"> ○ Low intermittent (default) ○ Low continuous ○ Continuous ○ Gravity ○ Other (see special instructions) Special instruction field
 2. <u>Orogastric insertion:</u>
 Requested start date time
 Requested stop date time
 Suction settings – Drop down: <ul style="list-style-type: none"> ○ Low intermittent (default) ○ Low continuous ○ Continuous ○ Gravity ○ Other (see special instructions) Special instruction field
 3. <u>Nasogastric care / suction:</u>
 Requested start date time <ul style="list-style-type: none"> ○ Continuous ○ Low continuous ○ Gravity ○ Other (see special instructions) Special instruction field | <p>Requested stop date time
 Suction settings – Drop down:
 Low intermittent (default)</p> <ol style="list-style-type: none"> 4. <u>Orogastric care / suction:</u>
 Requested start date time
 Requested stop date time
 Suction settings – Drop down: <ul style="list-style-type: none"> ○ Low intermittent (default) ○ Low continuous ○ Continuous ○ Gravity
 5. <u>Nasogastric removal:</u>
 Requested start date time
 Requested stop date time
 Priority field
 Frequency field – default once
 Special instruction field
 6. <u>Orogastric removal:</u>
 Requested start date time
 Requested stop date time
 Priority field
 Frequency field – default once
 Special instruction field |
|--|---|