

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)

❖ The IPOCs are here! *Effective now*

- IPOCs, or Interdisciplinary Plans of Care, allow nurses to document their plans of care within the EHR, including goals, outcomes, interventions, and progress towards goals.
- Please see the FAQ (Frequently Asked Questions) document being sent with this newsletter for answers to - you guessed it - many of your frequently asked questions.

For any questions contact Catherine.Zyniecki@Ascension.org or Karen.Shapiro@Ascension.org.

❖ New Suicide Screening *Effective now*

- To better meet the needs of our patients, we have moved to the use of an evidence based tool for suicide risk screening.
- Inpatient admission history PowerForms, ED Assessment PowerForms, and Outpatient Intake PowerForms have been revised.

The screenshot shows the 'Family/Social' section of an EHR form. It includes a 'Domestic Concerns' section with checkboxes for Abuse, Feels unsafe at home, Injuries, Neglect, Unable to answer, and Other. Below this are four suicide screening questions with radio button options for Yes, No, Unable to answer, and Refused to answer. A red callout box points to the 'Unable to answer' and 'Refused to answer' options, stating: 'These 2 fields will be removed from all inpatient and outpatient intake forms'. A note at the bottom of the form states: 'Documenting any answer other than "none" and "unable to answer", will place a consult to Case Management'. A yellow box highlights the 'Are You Thinking of Harming Yourself?' and 'Self Harm Comments' sections.

- The Columbia-Suicide Severity Rating Scale (C-SSRS), a simple series of questions, has been added to all the forms.
- A Pediatric version is also available.
- A Risk Assessment will be completed if the screen is positive

The screenshot shows the 'Columbia - Suicide Severity Rating Scale Adult' form. It contains six numbered questions about suicidal thoughts and actions, each with radio button options for Yes, No, Patient unable to respond, and Patient declines to respond. Question 6 includes a sub-question '6b. How long ago did you do any of these?' with options: Over a year ago, Between three months and a year ago, and Within the last three months. Below the questions, there are instructions for different patient types: 'For Inpatient (including Women's Health and Periprocedural areas): Initiate suicide precaution measures, and a consult to Case Management will be automatically placed. Behavioral health patients will be assessed within the department.', 'For ED: Initiate suicide precaution measures. ED Provider to complete Columbia Suicide Risk Assessment.', and 'For Outpatient: Ensure safety of patient and transport to ED. If patient refuses, call police for a wellness check.'

For questions contact Meghan.Lorbiecki@Ascension.org or Nicholas.Larkin@Ascension.org

Access * Quality * Experience * Value * Model Community

❖ **Managing Your Pain at Home - New AW Pain Discharge Education Form – Available now**

A new pain education handout related to pain management at home is now available. This handout was created by Ascension Wisconsin, with the new JC pain standards in mind.

- Should be given on discharge to ALL patients who have pain
- MUST be given to anyone with a narcotic Rx on discharge
- Is available in both FirstNet (for ED) and PowerChart (for inpatients and outpatients)
- It is acceptable to give additional pain education handouts currently available in the EHR for source-specific pain, but this handout is **required**

Note that this handout will list 1st with any search for pain, and the title clues you in that this is a “Must give for pain”.

For questions, contact Paul.Abegglin@Ascension.org

❖ **Update-Restraint for Non-Violent Behavior PowerPlan Effective 3/7/2018**

The Restraint for Non-Violent Behavior PowerPlan has been updated so that the language used in the restraint orders mirrors the language in policy. Restraint orders, once placed by the Provider, are valid **through the next calendar day**. Previously the orders stated they were valid for no more than 24 hours, which sometimes led to difficulties contacting a Provider to renew the order in the middle of the night.

For questions, contact Rachel.Braasch1@Ascension.org or Suzanne.Wilkerson@Ascension.org



IPOC - Frequently Asked Questions 3/6/2018

Questions	Answers	Screenshots
<p>My goal completed—is that because I charted “Met”? But I was told in class there would be goals that should be met repeatedly-the example given was no falls in a fall risk patient.</p>	<p>The goal completed because the Target date was reached. It is important to pay attention to the Target date and extend it if the problem/goal are still active for the patient.</p>	
<p>We used to have paper End of Life careplan. What should I use now?</p>	<p>We have suggested this plan to Ascension Wisconsin. Pain management, Ineffective Coping could be individualized for now.</p>	

IPOC - Frequently Asked Questions 3/1/2018

Questions	Answers	Screenshots
<p>Why isn't there an IPOC for alcohol withdrawal?</p>	<p>Alcohol withdrawal is not a nursing diagnosis, it is a medical problem. Some appropriate IPOCs might be Risk for Injury, Nutritional Deficit, or Ineffective Coping.</p>	



<p>I initiated a suggested IPOC and it went to a Completed status right away. What happened?</p>	<p>If you initiate a plan that has nothing prechecked in it but an order to add a nursing diagnosis to the problem list, that order completes on signing, and the plan completes. Your plan needs goals and interventions. Accept the plan, customize it, and then initiate.</p>	
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<p>I thought we weren't using GDAR anymore. Why is it still listed in the Progress note templates?</p>	<p>There are areas not using IPOCs (BH, periprocedural areas), and they still need the GDAR format. Select the appropriate template for your location.</p>	
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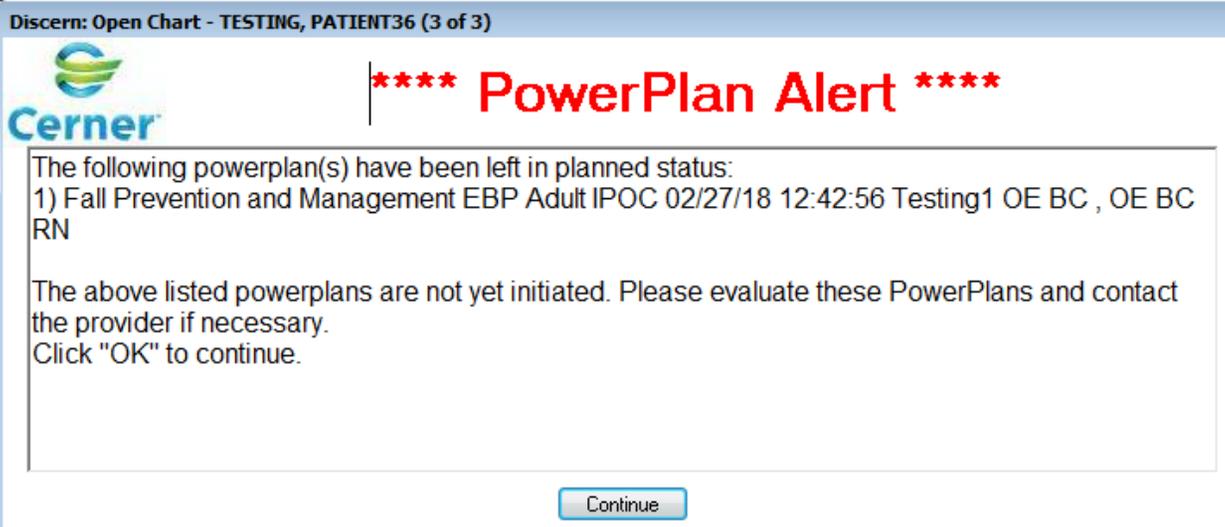
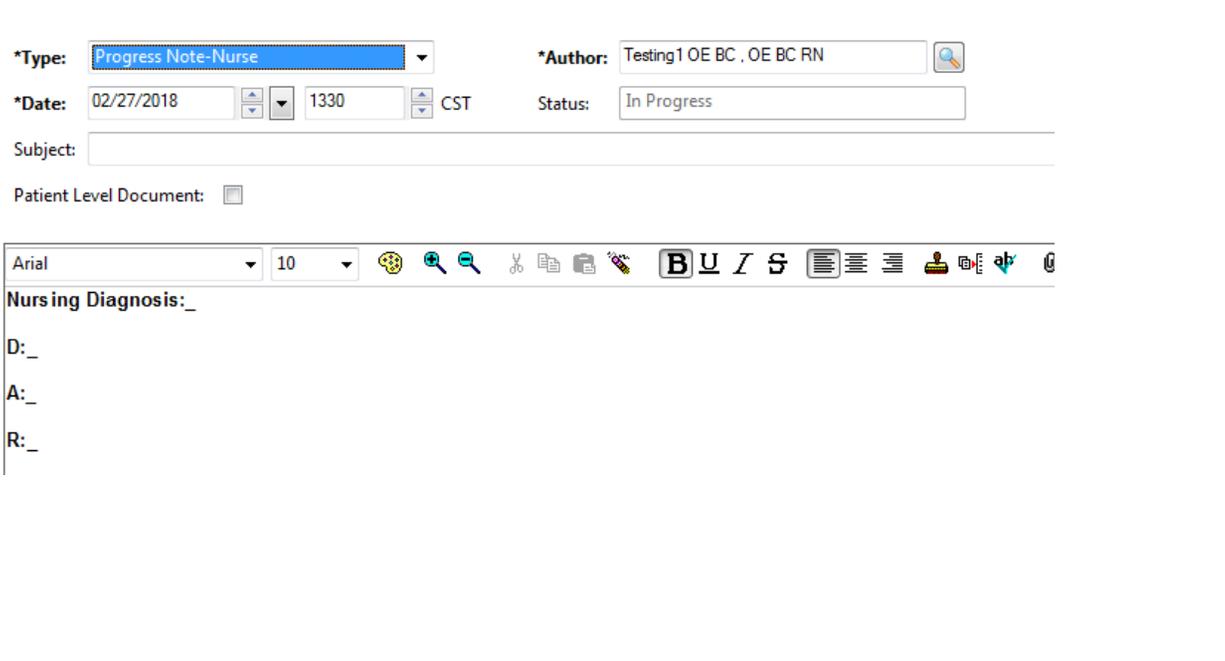
IPOC - Frequently Asked Questions 2/27/2018

<p>What plan should I use for my patient in restraints? I don't see a restraint IPOC.</p>	<p>The Risk for Injury IPOC would be appropriate. Follow policy and orders. Restraints is not a nursing diagnosis.</p>	
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<p>What are we doing with pathways? Everything is addressed there—it doesn't seem like any IPOCs would be needed.</p>	<p>The pathways are another tool and should be used together with the IPOCs. The pathway's purpose is to indicate where your patient should be each day. The Plan of Care indicates how we are addressing specifically things like pain and mobility. Pathways don't indicate what is being done about a problem, and aren't individualized.</p>																																	
<p>How can I quickly see my patient's progress for all his Plans of Care?</p>	<p>Instead of clicking the + before each item, click the + at the top, next to the word "Description". All line items will expand open.</p>	<table border="1"> <thead> <tr> <th>description</th> <th>Last Evaluated</th> </tr> </thead> <tbody> <tr> <td>Fluid Volume Imbalance IPOC (Initiated) 01/19/2018 11:56 CST</td> <td></td> </tr> <tr> <td>Urine Voided</td> <td>01/19/2018 12:01 CST</td> </tr> <tr> <td>500 mL</td> <td>01/19/2018 12:01 CST</td> </tr> <tr> <td>Pressure Ulcer Prevention and Management EBN Adult IPOC, Pressure Ulcer Prevention (Initiated) 01/19/2018 11:22 CST</td> <td></td> </tr> <tr> <td>Head of Bed Position</td> <td>01/19/2018 11:26 CST</td> </tr> <tr> <td>Elevated 30 degrees</td> <td>01/19/2018 11:26 CST</td> </tr> <tr> <td>Antepartum IPOC (Initiated) 01/07/2018 14:57 CST</td> <td></td> </tr> <tr> <td>Systolic Blood Pressure</td> <td>01/07/2018 15:00 CST</td> </tr> <tr> <td>172 mmHg</td> <td>01/07/2018 15:00 CST</td> </tr> <tr> <td>98 mmHg</td> <td>01/07/2018 14:59 CST</td> </tr> <tr> <td>120 mmHg</td> <td>01/07/2018 14:58 CST</td> </tr> <tr> <td>Diastolic Blood Pressure</td> <td>01/07/2018 15:00 CST</td> </tr> <tr> <td>112 mmHg</td> <td>01/07/2018 15:00 CST</td> </tr> <tr> <td>52 mmHg</td> <td>01/07/2018 14:59 CST</td> </tr> <tr> <td>80 mmHg</td> <td>01/07/2018 14:58 CST</td> </tr> </tbody> </table>	description	Last Evaluated	Fluid Volume Imbalance IPOC (Initiated) 01/19/2018 11:56 CST		Urine Voided	01/19/2018 12:01 CST	500 mL	01/19/2018 12:01 CST	Pressure Ulcer Prevention and Management EBN Adult IPOC, Pressure Ulcer Prevention (Initiated) 01/19/2018 11:22 CST		Head of Bed Position	01/19/2018 11:26 CST	Elevated 30 degrees	01/19/2018 11:26 CST	Antepartum IPOC (Initiated) 01/07/2018 14:57 CST		Systolic Blood Pressure	01/07/2018 15:00 CST	172 mmHg	01/07/2018 15:00 CST	98 mmHg	01/07/2018 14:59 CST	120 mmHg	01/07/2018 14:58 CST	Diastolic Blood Pressure	01/07/2018 15:00 CST	112 mmHg	01/07/2018 15:00 CST	52 mmHg	01/07/2018 14:59 CST	80 mmHg	01/07/2018 14:58 CST
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<p>I initiated the Fall Prevention IPOC and now I'm getting pop-up alerts. Why is that?</p>	<p>Several IPOCs, including Fall Prevention and Pressure Ulcer, have more than 1 phase. The alert is firing based on the 2nd phase not being initiated. This has been fixed.</p>	 <p>The screenshot shows a Cerner alert titled "Discern: Open Chart - TESTING, PATIENT36 (3 of 3)". The alert is a "PowerPlan Alert" with the text: "The following powerplan(s) have been left in planned status: 1) Fall Prevention and Management EBP Adult IPOC 02/27/18 12:42:56 Testing1 OE BC , OE BC RN". It also states: "The above listed powerplans are not yet initiated. Please evaluate these PowerPlans and contact the provider if necessary. Click 'OK' to continue." A "Continue" button is visible at the bottom.</p>
<p>I thought the Progress Note template was changing.</p>	<p>The GDAR template is being changed to a DAR format and should be available mid-morning 2/28. GDAR is still available for those areas still using it (such as BH). Picking the IPOC name from a list did not work the way we had hoped—we are still exploring possibilities. Remember, the DAR template only needs to be used when initiating or resolving an IPOC. The template does not need to be used for shift summary notes.</p>	 <p>The screenshot shows the Cerner Progress Note form. Fields include: *Type: Progress Note-Nurse; *Author: Testing1 OE BC , OE BC RN; *Date: 02/27/2018 1330 CST; Status: In Progress. There is a "Patient Level Document" checkbox. Below the form is a rich text editor with a toolbar and the text "Nursing Diagnosis:_" followed by "D:_" "A:_" and "R:_" lines.</p>