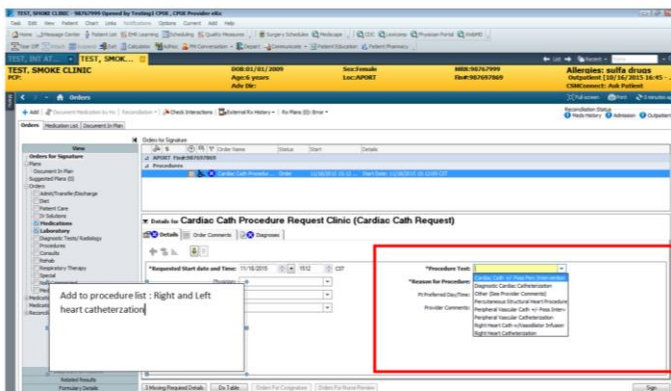


Please post / share this communication within 24 hours in your department/unit.

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

- ❖ **Hemogram with Manual Differential (Effective Now)**
Additional synonym is CBC with Manual Diff
- ❖ **Scale Type field in I View for PCA/PCT (Effective 11/30/15)**
Weight scale type will be added to to PCA/PCT I View Adult Measurements band
- ❖ **Dialysis Catheter Post (Medical Imaging) PowerPlan (Effective 11/30/15)**
Central Venous Access – Post Insertion Care Subphase will be pre-checked
- ❖ **Cardiac Cath Procedure Request Clinic Order (Effective 11/30/15)**
Right and Left Heart Catheterization will be added to drop-down



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

❖ **Enhancements to Nutritional Screen section of Adult and BH Admission (Effective 11/30/15)**

Nutritional Screen

Usual Weight

Weight Gain 5 lbs or Greater in the Last Week Yes No Unsure (1)

Recent Weight Gain

Rapid weight gain of 5 lb or greater within the last week may indicate fluid volume excess. Additional evaluation recommended.

Have you lost weight recently without trying? Yes No Unsure (1)

If yes, how much weight (lbs) have you lost?
 2-13 lb (1)
 14-23 lb (2)
 24-33 lb (3)
 greater than 33 lb (4)
 Unsure (2)

Have you been eating poorly because of decreased appetite?
 Yes (1)
 No (0)

Malnutrition Score

A score of 2 or more indicates a risk of malnourishment and will place a consult for Nutrition Services

Nutritional Risk Factors	Yes	Comment
Difficulty eating		
Gastric/Enteral Feedings		
New Diagnosis of Diabetes Mellitus		
Skin breakdown or Pressure ulcer		

Eating Difficulties
<input type="checkbox"/> Chewing
<input type="checkbox"/> Loose teeth
<input type="checkbox"/> No teeth
<input type="checkbox"/> Swallowing
<input type="checkbox"/> Other

- Fields to document “lb” will be added to “Usual Weight” & “Recent Weight Gain”
- “Weight Loss” box will be removed
- “Recent weight loss greater than 7 lbs” & “Constipation” will be removed from Nutritional Risk Factors

For questions, contact Sandy Christoffel-Brewer

❖ **CIWT Change Requests (12/1/15 through 1/11/16)**

For the month of December and until Jan 11th please forward all change enhancement requests to a clinical informatics member or Barb Pilliod.

Access * Quality * Experience * Value * Model Community

EHR Hospital Communication: November 25, 2015

- ❖ **Repeat frequency Chest XR and AP Abdomen Orders (Effective 11/30/15)**
 Currently, **One view Chest XR** and **AP Abdomen XR** orders can be ordered with a set frequency for repetitive daily testing as necessary. As the current design of the orders does always not communicate with the Medical Imaging Department at the proper time to assure early morning testing, **we will be updating the orders as follows:** “qDay” will no longer be a choice. All repetitive daily testing should be indicated with use of the frequency “qAM.”

Current State (3 choices)



Future State (two choices)



For questions, contact Dr. Suzanne Wilkerson at swilkers@columbia-stmarys.org or pager 414-557-6860.

- ❖ **Medication Database Maintenance (Effective 12/2/15 from 12 midnight to 0200)**
 Enhancements and maintenance will be done to our medication database. Interaction checking, interaction alerts, or access to drug leaflet information may be unavailable during this time.

For questions or issues, contact the IS Service Desk at 414-326-2085

- ❖ **REMINDER: Palliative Care Alert**

Ascension Health (AH) is partnering with University of Pennsylvania to undertake an NIH-funded clinical trial related to palliative care(PC). This research study builds upon AH’s ongoing palliative care initiatives for providing spiritually centered, holistic care to its most seriously ill patients. Eligible patients will be over 45 years old with end-stage renal disease, oxygen-dependent COPD, and advanced dementia.

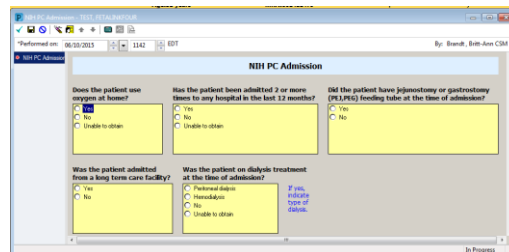
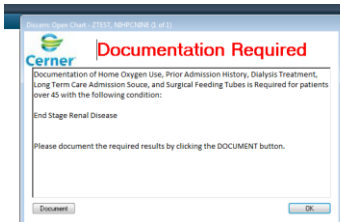
This clinical trial benefits greatly from the participation of Ascension hospitals with established palliative care teams. The trial has been carefully designed to improve access to palliative care consultative services for seriously ill patients meeting designated triggers.

New PowerForm to capture required NIH details and Notification Screen

Logic will evaluate the information in the patient’s electronic medical record for the presence of the NIH PC Study criteria if the patient’s age is 45 years or older, and they have been admitted to inpatient or observation status.

A new PowerForm called **NIH PC Admission** will be used to capture required NIH details. Once this nursing form is completed and signed, if the problems and/or diagnoses (COPD, ESRD, or Dementia) are found without the additional screening criteria [Oxygen use at home, admitted >2 times in the last 12 months at any facility, PEG or PEJ feeding tube on admission, admitted from a long term care facility, or patient dialysis status upon admission], a pop-up will display to nursing staff when they open the chart advising that more information is needed. If charting is not completed on the form upon initial notification, the pop-up will continue until the data is charted on or until after admission Day 2.

Notification Screen:



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

EHR Hospital Communication: November 25, 2015

❖ **Reminder: Medication History Snapshot**


The Medication History Snapshot is the most accurate way to identify new medications, dose changes, and discontinued medications at discharge.

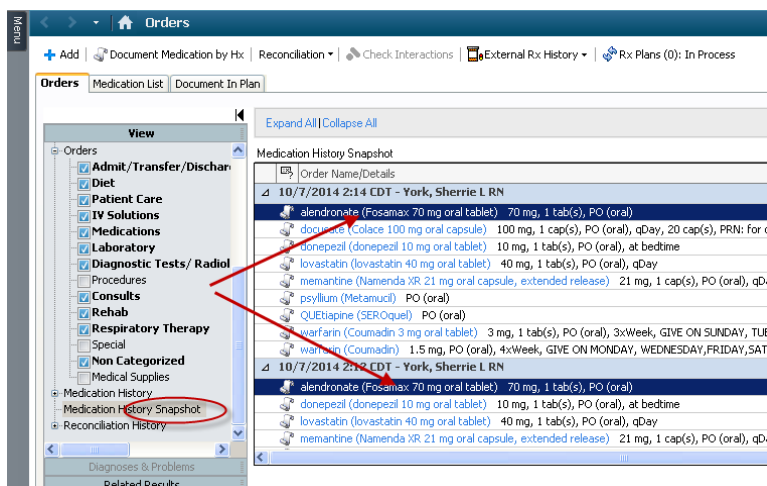
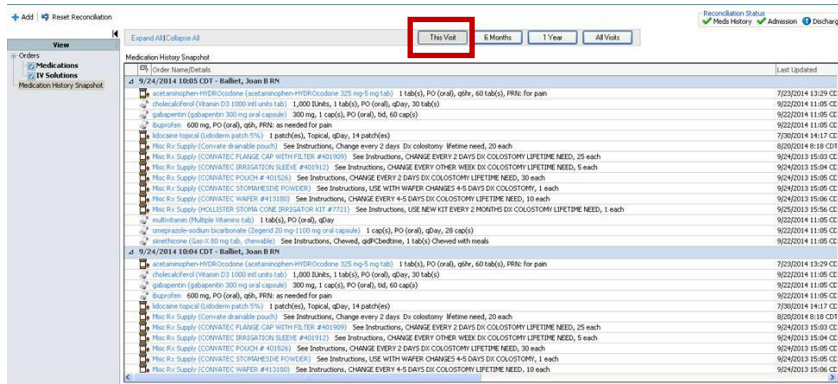
The Medication History Snapshot provides a static view(s) of a patient's home medication list (Documented Meds by Hx and Prescriptions) at known points in time. It is available from the navigator viewer within Orders and Medication Reconciliation screens.

The snapshot header includes date/time stamp of when the snapshot was captured and the care giver that triggered the snapshot. The Medication History Snapshot shows med list at certain dates/times. Snapshots are taken when:

- Medication History is gathered at admission
- Any additional Documented Meds by Hx or Prescriptions are added to the Med List
- When any Documented Med by Hx or Prescription has been modified, cancel/discontinue
- Change in Hx or Rx status due to Medication Reconciliation
- Compliance information is updated

Medication History Snapshot view from **Orders**:

- The default view is **This Visit** with snapshots from current encounter only (most recent at top).
- The three most recent snapshots will default expanded for each view.
- Selecting a medication from one snapshot will highlight the same medication in other Snapshots. Look closely at the order details to check for any dose changes.
- If the medication is not highlighted in any other snapshot, look at the date **Last Updated** and whether a pill bottle  is next to the medication name. This will provide clues as to whether this is a new med. Clicking blue reference text on the medication name will bring up the Order Details box to check what date/time the prescription was written and to what pharmacy it was routed.



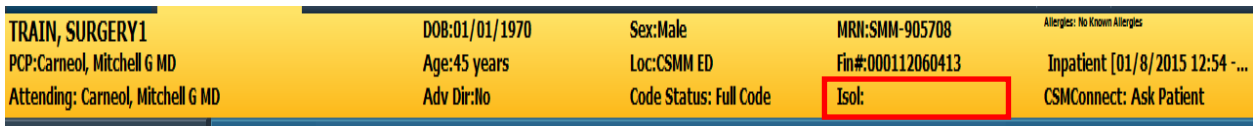
❖ **Isolation Status in Banner Bar (*Effective Now*)**

Isolation Status will be visible in the banner bar for all hospital patients, located under the FIN#. The isolation type and indication will be listed. If you see more than one isolation type has been ordered, you will need to hover to see all of the information.

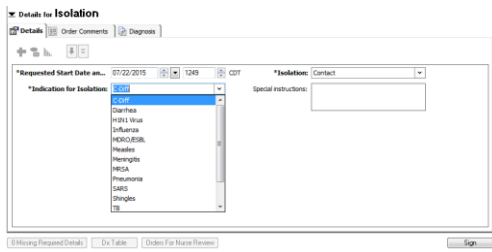
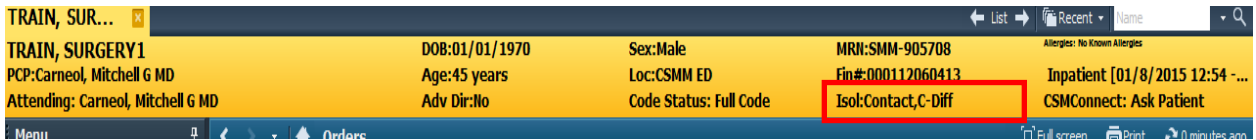
Isolation status is linked directly to active orders and is encounter specific. Listing isolation status in the banner bar gives clinicians immediate information without having to sort through orders. All staff who access the EHR will be more aware of isolation orders and be better able to comply with treatments/isolation procedures required by TJC.

What will I see in the Banner Bar?

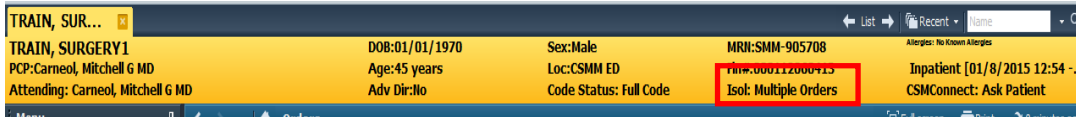
1. Blank – This indicates that there are no active isolation status orders. If the clinical situation warrants, the appropriate isolation status should be placed.



2. Single Order listed with isolation status – Nursing staff should verify that proper isolation precautions based on policy have been implemented.



3. “Multiple Orders” – caused by multiple processes for placing the isolation order (system triggered orders due to history in Invision, PowerPlan orders, individual order from RN, etc.). Banner bar cannot pull in multiple orders at once with associated details.



Nursing staff should verify accuracy of orders and consolidate into a single order that will fully display on the banner bar. That will allow the banner bar to be a source of immediate and accurate information on the type and reason for all isolation statuses.

Workflow for Consolidating Multiple Orders:

1. Enter one order with multiple isolation types and indicators, holding down the Ctrl key to choose multiple options in both categories as needed. Sign>Refresh>Banner bar will indicate all options chosen. Hover to see those that aren't face-up.

Details for Isolation

Requested Start Date and Time: 07/22/2015 12:49 CDT

*Indication for Isolation: C-Diff

*Isolation: Contact | Droplet

Special instructions:

- Airborne
- Burn
- Contact
- Droplet
- Neutropenic Precautions
- Reverse
- Standard
- Special

Details for Isolation

Requested Start Date and Time: 07/22/2015 12:49 CDT

*Indication for Isolation: C-Diff | Pneumonia

*Isolation: Contact | Droplet

Special instructions:

- C-Diff
- Diarrhea
- H1N1 Virus
- Influenza
- MDRO/ESBL
- Measles
- Meningitis
- MRSA
- Pneumonia
- SARS
- Shingles
- TB

One active isolation order will be visible in Orders, and the Banner bar will reflect the type(s) and Indication(s).

TRAIN, SUR...

TRAIN, SURGERY1 DOB:01/01/1970 Sex:Male MRN:SMM-905708 Allergies: No Known Allergies

PCP:Carneol, Mitchell G MD Age:45 years Loc:CSMM ED Fin#:000112060413 Inpatient [01/8/2015 12:54 - ...

Attending: Carneol, Mitchell G MD Adv Dir:No Code Status: Full Code Isol:Contact | Droplet,C-Diff | Pn... CSMConnect: Ask Patient

Menu Orders Isol:Contact | Droplet,C-Diff | Pneumonia 0 minutes ago

TRAIN, SUR...

TRAIN, SURGERY1 DOB:01/01/1970 Sex:Male MRN:SMM-905708 Allergies: No Known Allergies

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Menu Orders Full screen Print 0 minutes ago

Advance Directives Allergies Add Document Medication by Hx Check Interactions External Rx History Rx Plans (0): No Benefit Found Reconciliation Status Meds History Admission Discharge

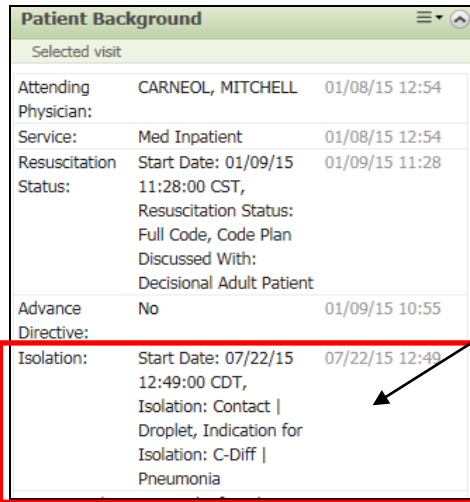
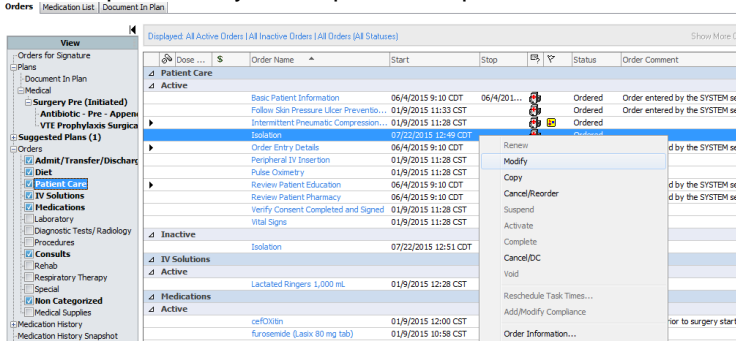
Diagnosis and Problems Documents FlowSheets Form Browser Growth Chart Health Maintenance Histories

Orders Medication List Document In Plan

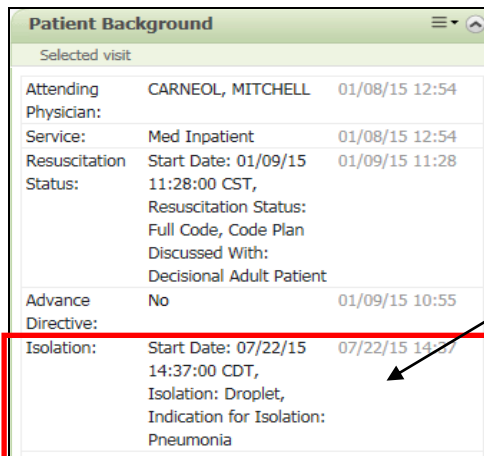
View Orders for Signature Plans Document In Plan Medical Surgery Pre (Initiated) Antibiotic - Pre - Appen VTE Prophylaxis Surgica

Active	Dose ...	\$	Order Name	Start	Stop	ES	Status	Order Comment
			Basic Patient Information	06/4/2015 9:10 CDT	06/4/2015...		Ordered	Order entered by the SYSTEM second
			Follow Skin Pressure Ulcer Preventio...	01/9/2015 11:33 CST			Ordered	Order entered by the SYSTEM second
			Intermittent Pneumatic Compression...	01/9/2015 11:28 CST			Ordered	
			Isolation	07/22/2015 12:49 CDT			Ordered	

2. If there already is a single isolation order and additional isolation needs to be ordered, locate the current, active order under Patient Care in the orders navigator. Right-click>Modify>proceed with steps above to combine all isolation orders into one, single order.
3. If there are multiple isolation orders and you want to combine them into one order, right-click and Cancel/DC all orders except the one you are using to combine into one. Sorting patient care orders alphabetically can expedite this process. Click on the order name column to sort.



When combined into one order, all isolation information will be visible in Patient Background section on the Nursing Communication page and other Summary Pages of the Venue Menu.



If the multiple orders are not combined into one order not only does it affect the Isolation listing on the banner bar but only the most current isolation order shows in Patient Background section.

Even though there are 2 isolation orders (droplet & contact), only the most recent order is visible in section (droplet). Contact isolation is not listed.

For questions, contact Nancy Kellett, RN, Infection Prevention, or Sue Bode, RN, Clinical Informatics, at sbode@columbia-stmarys.org