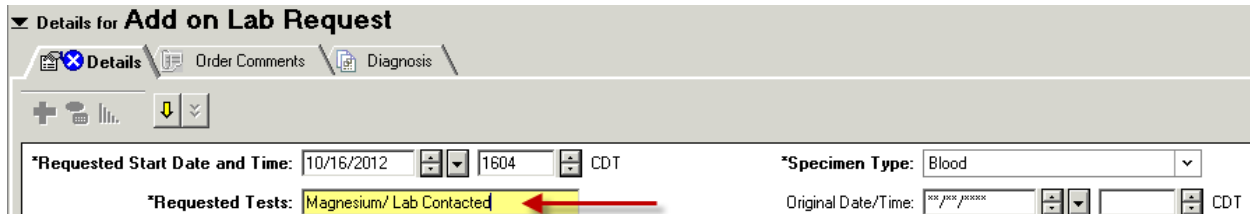


Please post this communication within 24 in your Department/Unit.

❖ Add- On lab order

- As a physician you have 2 options:
 - Call Lab and specify what you would like done
 - Lab will place the order it into their system, if there is an appropriate blood sample available in lab.
 - THEN, place "Add on Lab Request" order, to have order in the system.
 - Please indicate on that order that Lab has been contacted, so HUC/RN does not also contact Lab
 - Place an "Add on lab Request" order.
 - The order gets tasked to the HUC and RN and they will call the lab for you



Details for **Add on Lab Request**

Details | Order Comments | Diagnosis

*Requested Start Date and Time: 10/16/2012 1604 CDT *Specimen Type: Blood

*Requested Tests: Magnesium/ Lab Contacted Original Date/Time: see page previous CDT

❖ Naming PowerPlans As Favorites

- **Caution** is advised in naming Saved PowerPlans (favorites)
- The PowerPlans (names) are stored as part of the patient's permanent record

❖ Process for PowerPlan design change

- Similar to the process in place for paper ordersets
- Changes begin with a request: Either to Department Lead or Julie Kreckow RN, BSN - Physician Orderset & Patient Care Documentation Coordinator
Columbia - St. Mary's 4425 N Port Washington Road | Milwaukee, WI 53212
Work 414.326.1939|fax 414.326.2088 |email: jkreckow@columbia-stmarys.org
- Design and vetting through review process with providers, clinicians, and analysts
- Final approval is through the PowerPlan/PowerForm/Documentation committee

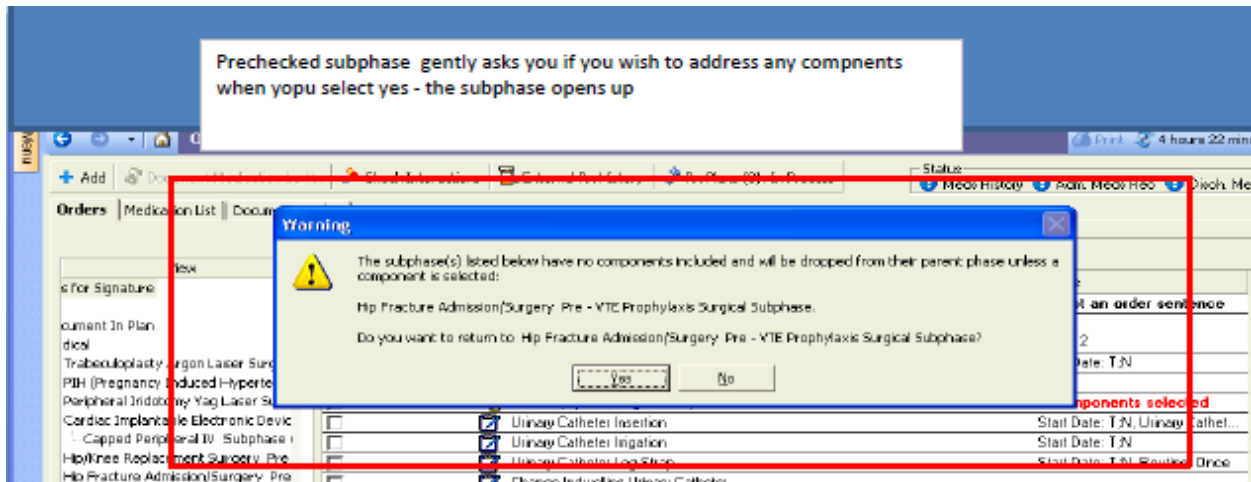
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New Patient Access, New Processes, New Geography, New Ways to Engage

*** POWERPLAN CHANGES ***

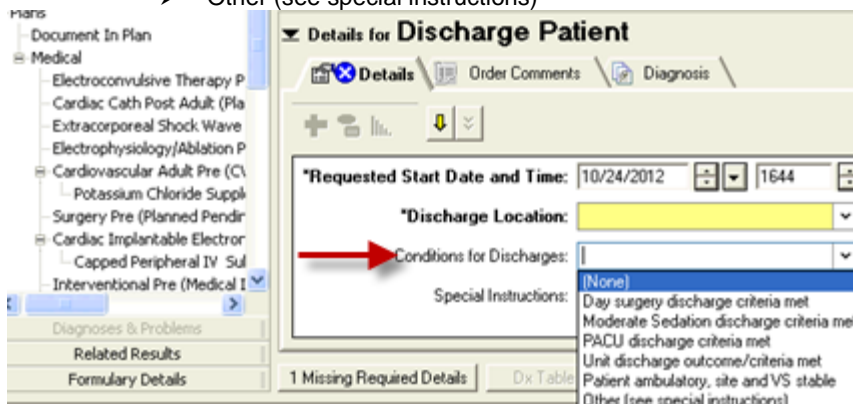
❖ VTE Subphase (effective 10/31/12)

- In the Abdominoplasty Surgery Post, Cardiovascular Surgery Post, Ortho Minor Surgery Post PowerPlans, VTE Subphase will be added and be prechecked
- If nothing is done within the subphase, upon closing chart, a pop up alert will fire asking if you'd like to return to the VTE subphase to place orders or simply close by selecting No
- This decision was made based on improving Core Measures compliance



❖ Discharge Patient Order (effective 10/23/12)

- Within the listed Post-Op and Post- Procedure PowerPlans there will be a single **Discharge Patient** order embedded and have a mandatory Discharge Location field
 - Specific Same Day Surgery Post-Op
 - Interventional Radiology
 - CVL
- This order will now include an updated field: **Conditions for Discharge**
- Conditions for discharge (code set) dropdown includes:
 - Day surgery discharge criteria met
 - Moderate Sedation discharge criteria met
 - PACU discharge criteria met
 - Unit discharge outcome/criteria met
 - Patient ambulatory, site and VS stable
 - Other (see special instructions)

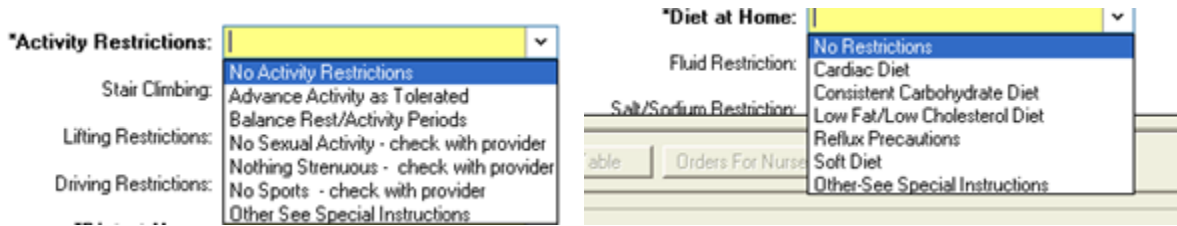


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New Patient Access, New Processes, New Geography, New Ways to Engage

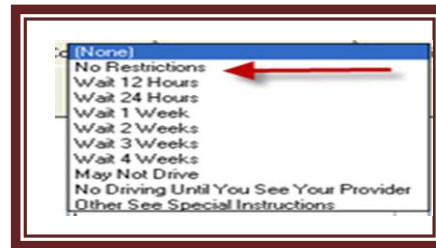
❖ Discharge Instruction Order (effective 10/23/12)

- In the listed Post-Op and Post-Procedure PowerPlans, the **Discharge Instruction** order will be embedded within the plan
 - Specific Same Day Surgery Post-Op
 - Interventional Radiology
 - CVL
- There will be 2 mandatory fields (in yellow): **Activity Restriction** and **Diet at Home**

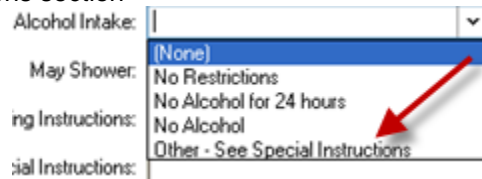


- Under each instruction: If applicable, there will be a **No Restriction** Option. There are new choices added to many of the instruction drop downs

- Activity Restriction
- Stair Climbing
- Lifting Restrictions
- Driving Restrictions
- Diet at Home
- Fluid Restriction
- Salt/Sodium Restriction
- Alcohol Intake



- Many drop downs offer an **Other** choice. This should then be clarified in the Special Instructions section



- Wound/Dressing Instructions and Special Instructions now have a character limit of 250, up from 40 characters

- Wound/ Dressing Instructions
- Special Instructions



Continued...

- ❖ **Urinary Catheter** *(effective 10/31/12)*
 - Within many Post-Op PowerPlans, a Discontinue Urinary Catheter Order will be prechecked for T+1;N Post Op Day 1
 - This order will live outside the sub phase as a separate single order
 - This decision was made to improve compliance with SCIP measure, removing urinary catheter or documenting a reason why not

- ❖ **Nurse Collect Default** *(effective 10/31/12)*
 - For specific Pre-Op and Pre-Procedure PowerPlans, the default for lab collection will be blood T;N Nurse Collect Stat
 - This will ensure that the lab labels print in the correct location and will assist in avoiding potential misses from occurring

- ❖ **Anesthesia Protocol Link and Antibiotic Selection Link** *(effective 10/31/12)*
 - Within selected PowerPlans that currently link to the Anesthesia Protocol, you will find the new updated Anesthesia Protocol and the Antibiotic Selection Link
 - Within Pre-Procedure PowerPlans, there will be some edits to testing due to the new Anesthesia Protocol

- ❖ **PRN acetaminophen-hydrocodone (single order)** *(effective 10/31/12)*
 - Within the Hip/Knee Replacement Surgery Post PowerPlan the PRN acetaminophen-hydrocodone frequency will be changed to q4hr PRN

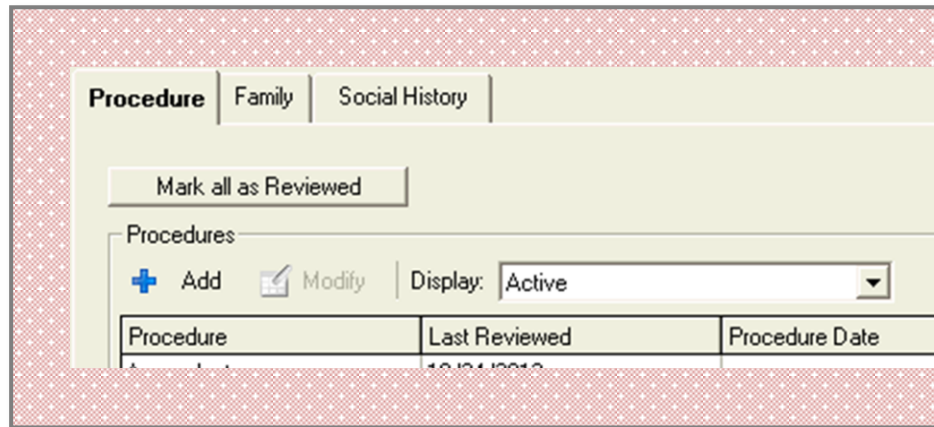
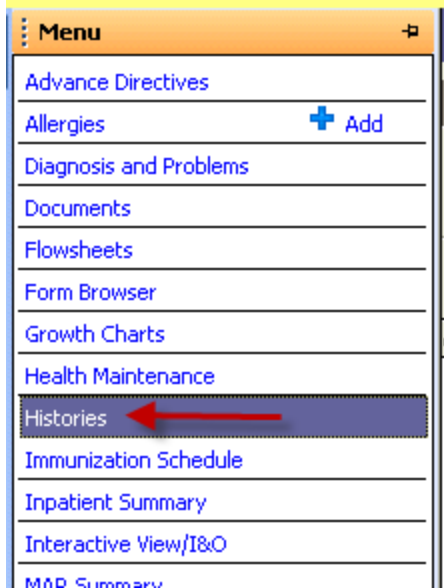
- ❖ **Insulin Drip Subphase** *(effective 10/31/12)*
 - The Insulin Subphase will be removed from the following PowerPlans:
 - General and Vascular Surgery Post
 - Foot/Ankle Post
 - Bariatric
 - When this Subphase is embedded within the Post-Op PowerPlan, the PACU does not have access to the order and cannot begin the insulin drip
 - The RN has been transcribing the order information to paper which causes a serious safety concern
 - The Insulin Drip order should be placed independently as a single order
 - An order placed in this fashion will follow the patient and is not location specific

Continued...

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

❖ Changes To The Venue Menu (effective 10/26/12)

- Histories and Procedures will now only display *Histories* only
- This change was needed as part of the PowerChart Maternity Implementation
- Click on Histories to view or document Procedures as well as view or document Family and Social History



Reminder: Unit based Super Users are your first line of assistance.
For technical support call 414-326-2400