

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)

❖ **Nurse and Provider EHR Survey (Available NOW through 7/10/15)**

WHO: Nurses and Providers

WHAT: EHR Survey (Navigate to Hospital section)

WHEN: NOW through July 10, 2015

WHERE: Link to Survey Locations from the following:

- <http://webform/machform/view.php?id=70793>
- CSM Intranet Site>EHR Home
- Docport

WHY: Results of the survey will help monitor and optimize the function and effectiveness of the EHR as well as drive enhancements and support.



**Let your VOICE be HEARD:
Fill out the EHR Survey!!**

For questions, contact Barb Pilliod, Director of Clinical Informatics, at Barbara.Pilliod@columbia-stmarys.org

❖ **Calculator (Effective 7/7/15)**

A calculator will be added to all Virtual Desktop -Tap & PIN computers. It will be found in the Start menu.

❖ **PathNet is Coming in August!**

In August our lab system, Cerner Classic, will be replaced by PathNet. This will mean changes for staff not only in the lab departments, but in the clinics, outpatient areas, and nursing units as well.

Nursing staff can expect to see job aids and a WBT mid-July to introduce them to the new Specimen Collect function. Specimen Collect uses bar code scanning to improve the accuracy of patient and specimen identification when non-lab personnel collect lab specimens.

In preparation, lab staff would like anyone labeling specimens to follow a few simple rules, both now and after the PathNet conversion:

- LEGIBLY PRINT your 1st initial and last name (or, even better, your Cerner user ID)
- LEGIBLY PRINT the date and time of collection
- LEGIBLY PRINT the type of sample for any urine (clean catch, void, cath)
- LEGIBLY PRINT the site for blood cultures
- When sending spinal fluid, apply the label so it doesn't cover the tube number
- Labels should be applied to tubes with the left side of the label at the top end of the tube

For questions, contact Karen Shapiro, RN, at kshapiro@columbia-stmarys.org

❖ **Palliative Care NIH Grant/Study (Implemented week of July 27, 2015)**

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.

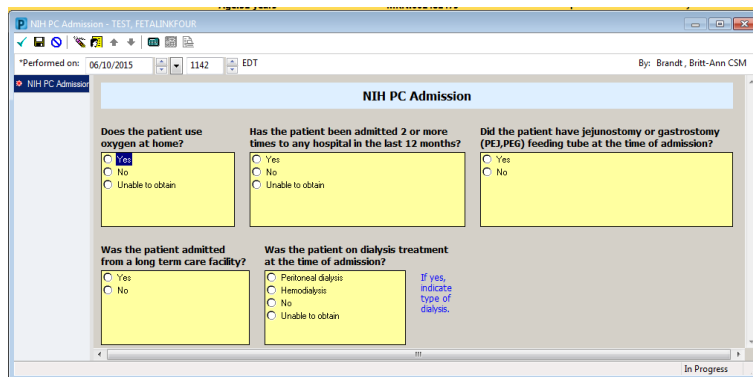
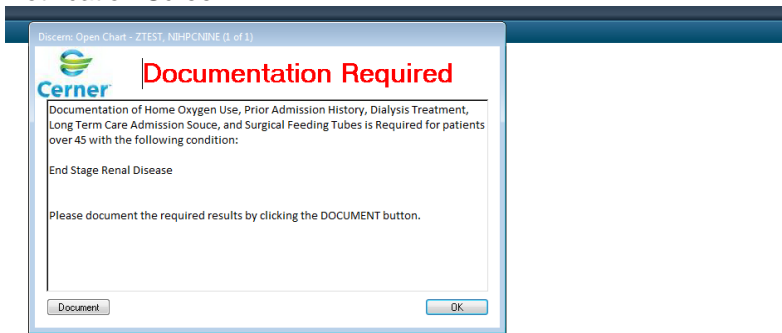
This clinical trial benefits greatly from the participation of Ascension hospitals with established palliative care teams. The trial has been carefully designed to improve access to palliative care consultative services for seriously ill patients meeting designated triggers.

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