

**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)*

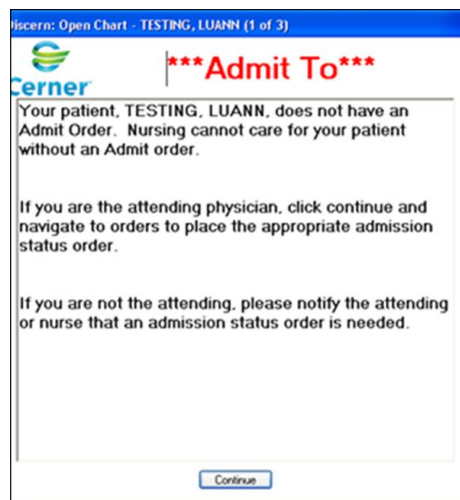
❖ **Missing Admit Order Alert (Effective 12/1/14)**

Columbia St. Mary's has significant revenue loss when patients do not have timely placement of admission status orders. Manual monitoring has not been sufficiently successful to alleviate this problem.

The following alert will fire for nurses, physicians, and case managers if a patient has been registered in our hospital system for more than 6 hours. It will fire when opening a patient's EHR through PowerChart or SurgiNet and is a reminder to physicians who may have inadvertently forgotten to place an admission status order (admit to inpatient, observation status, or bedded outpatient status). We have the 6 hour delay as we do not want it to fire before the physician has had the opportunity to place the order.

**Expected workflow when the alert is seen based on user position:**

1. Attending physician – navigate to orders and place appropriate admission status order
2. Consulting/non-attending physician – notify nurse so that an order can be placed
3. Nurse – notify physician to place order. If physician does not have computer access at the time of notification a TORB can be used.



❖ **Ebola Virus Disease (EVD) Risk Factor Identification Alert (Effective 12/1/14)**

The ED has a screening process in place at time of triage for identification of patients at risk for EVD. Other hospital and clinic intake areas are in the process of integrating screening questions into their EHR workflow also. An alert has been developed that will be visible to all providers and clinicians when opening the chart of a patient with a positive EVD risk factor identification screen as follows:

*This patient is under infectious disease investigation and in isolation.  
Only authorized personnel are allowed to have direct patient contact.  
If you have further questions, please contact:  
Alice Brewer, CSM Director Infection Prevention, page 414-557-5568*

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

# EHR Hospital Communication: November 26, 2014

❖ **Discharge Disposition (Effective 12/2/14)**

Discharge disposition will be added back to Depart for ease of use by multiple disciplines (nursing or case management). This will now be able to be populated without the finalize and print step.

❖ **ePrescribing Upgrade Downtime on 12/6/14**

Due to a hardware upgrade, ePrescribing will experience a downtime at 2300 on 12/6/14 until 0300 on 12/7/14. Electronic prescriptions can be entered into the EHR during this time but will need to be printed out for the patient. They will not be routed to a pharmacy during the downtime.

*For questions or issues contact the IS Service Desk at 414-326-2400*

❖ **Patient Education Downtime on 12/8/14**

Patient Education in the EHR will experience a downtime on 12/7/14 at 0200 in order to upload updated patient education materials. The downtime should last approximately 1-2 hours and during this time you will be unable to access any discharge documents.

*For questions or issues, contact the IS Service Desk at 414-326-2400*

❖ **EHR Password Changes (Effective 12/8/14)**

Effective Monday, December 8th, the rules for the Cerner Millennium EHR passwords will change in order to make them more user friendly while still maintaining our necessary level of security.

The changes are:


1. Password durations will be extended from 90 days to 365 days.
2. The minimum password length will be changed from 6 characters to 8 characters.
3. Passwords will now be case sensitive.
4. A number and a special character (example, !, \$, #, %) are required.

You will be required to choose a password that conforms to these standards the next time your password expires. If you wish to proactively change your password, you can do so by selecting "Task", then "Change Password" in the upper left corner when logged into the EHR.

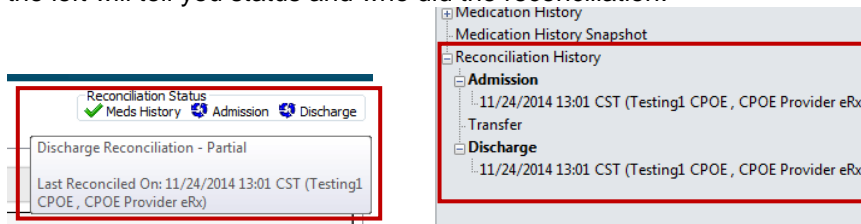
These changes apply to all Health Ministries and were adopted by Ascension after review of industry best practices. Similar changes to other application passwords will take place at a future date.

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

❖ **REMINDER: Partial Medication Reconciliation Icon**

When you see the circle of arrows  in front of medication reconciliation status, it means the provider did a partial reconciliation and you need to contact them to complete the reconciliation.

Remember, hovering over the icons at the top right of the medication list or in the navigator view on the left will tell you status and who did the reconciliation.



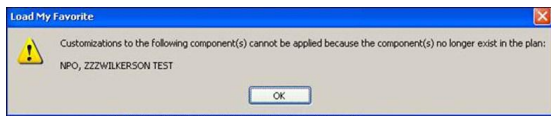
## ❖ **PowerNote Behavioral Medicine Note Types Changes** *(Effective 12/1/14)*

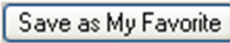
- Addition of new note type – “Behavioral Med Progress Note”  
This note type will be used for daily documentation by Behavioral Medicine Psychiatrists and Psychologists in the hospital medical and behavioral health units.
- Removal of the following note type - “Behavioral Med Progress Note – Psy Con”  
With these changes, the note type does not specify if the follow-up is related to a consult or not. This is consistent with the use of one note type, “Progress Note,” for medical patients by both attending physicians and consultants for daily care.

## ❖ **How to Resave a Favorite PowerPlan** *(Effective Now)*

The following **Alert** will appear when a selected Order from a saved PowerPlan favorite has been removed or modified from the base plan.

The **Alert** below shows that the NPO order has been removed from the plan.



1. Click **OK**.
2. This will open your original saved favorite PowerPlan. This plan will no longer contain the removed orders.
3. Click **Save As My Favorite**. 
4. Click **OK**. This will update and resave your favorite and turn off the Alert.
5. Do not change the Plan Favorite Name prior to choosing OK.

