

**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)*

❖ **NEW: Invasive Device Report (Available NOW)**

(Replaces the Invasive Device Paper Flowsheet #01-6100-47)

A new report has been developed within EHR to help better track invasive devices that were inserted and discontinued, especially for the long-stay patients. It will give a quick summary of all devices that were inserted and discontinued since admission.

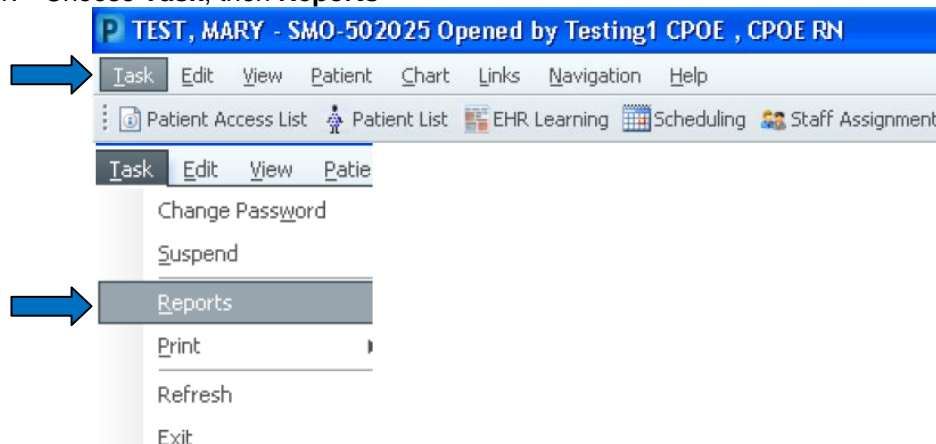
SINCE THIS REPORT PULLS FROM CHARTING DONE IN EHR THIS IS NOT A PERMANENT PART OF THE RECORD, AND SHOULD BE DISCARDED BEFORE SENDING PAPER CHART TO MEDICAL RECORDS.

Background information about the report:

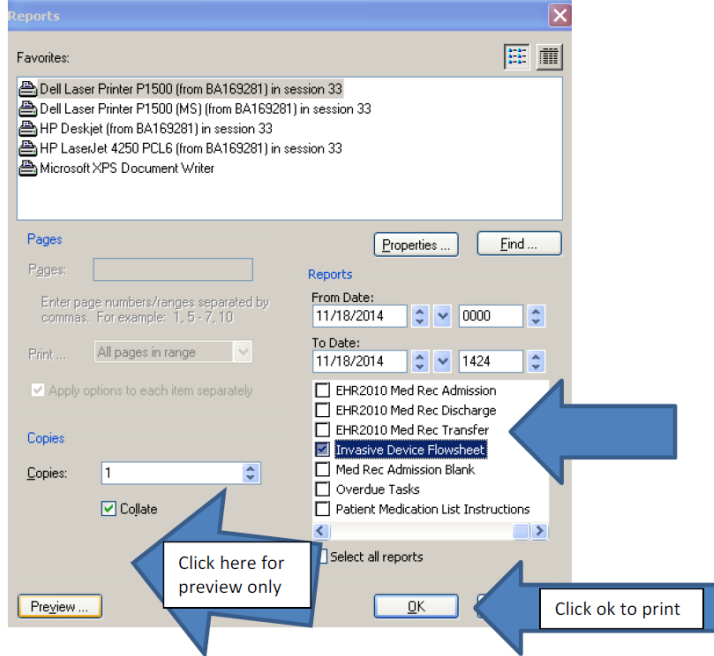
- The report is only as good as the information charted. If there are flaws in the charting, they will be reflected on the report (it might help us however to see the flaws more easily, and still be able to correct the incomplete/inaccurate documentation).
- Since there are some inconsistencies in charting (e.g. insert/discontinue), when those EHR fields have not been documented, the first/last charted entry will populate the insert/discontinue column.
- If the report is printing "today" (whatever day you print), some devices might populate as discontinued because the last charted entry appears "today". It will include the last charted entry such as "assessed". But, since we should know devices that are currently in place "today", hopefully this won't create confusion.
- The report is in order of date, but by two separate sections. Those with a dynamic group (field with exact location, type of line/device, etc.) appear at the top of the report. Those without a dynamic group (e.g. urinary catheter, ventilator) will appear at the bottom of the report under "Other Devices". It was not possible to combine the sections.
- Artificial airways and ventilator devices were the most difficult to capture in the report. Since inconsistencies in charting can occur, we tried to capture the EHR fields that most likely indicated that those tubes were still in place. The calculated vent days is a number calculated by the computer when one of those fields were charted as being present (this will vary slightly from the RT entered Vent days – which may/may not capture all days patient has been on the ventilator if there were multiple episodes).

The report can either be previewed or printed. To run the report:

1. Choose **Task**, then **Reports**



2. Reports screen will appear. Select **Invasive Device Flowsheet** (you need to scroll to the right at the bottom of the report window to see the report name)



3. For most situations, **Preview** might be adequate. If not, choose **OK** to print. **Remember, this report is not a permanent part of the medical record.**

### Sample report

**Invasive Device Flowsheet**

Note: Discontinued date may reflect last time device was charted for today's date

Name: [redacted]    MRN: [redacted]    DOB: [redacted]    Admit Date: [redacted]    Room: [redacted]

Activity	Insert Dt/Tm	Discontinued Dt/Tm
*** DEVICES WITH DYNAMIC LABELS *** Non-tunneled CVC Triple lumen Subclavian vein Right 11/6/2014 11:37:00	11/05/2014 11:00 Assessment	11/12/2014 11:00 Discontinue
Oral Orogastric	11/05/2014 08:00 Assessed	11/18/2014 12:00 Assessed
Femoral artery Right 11/5/2014 11:28:00	11/05/2014 11:00 Assessment	11/06/2014 14:00 Discontinue
Peripherally inserted central catheter (PICC) Triple lumen Cephalic vein Right 11/2/2014 13:42:00	11/02/2014 12:55 Start/Insert	11/18/2014 12:00 Assessment
Y angio I/V Whit Left 24 gauge 11/2/2014 13:33:00	11/02/2014 13:32 Start	11/03/2014 18:02 Discontinue
Y angio I/V Whit Right 22 gauge 10/30/2014 16:11:00	10/30/2014 16:11 Start	11/02/2014 00:00 Discontinue
Inner Forearm Right 22 gauge 10/30/2014 05:42:00	10/30/2014 05:41 Start	11/02/2014 00:00 Discontinue
Y angio I/V Forearm Right 22 gauge 10/29/2014 20:04:00	10/29/2014 20:04 Assess	10/30/2014 00:15 Discontinue
Nostril, right 16 French Nasogastric	10/29/2014 11:00 Inserted, Secured, Secured with Bridle	10/29/2014 17:42 Discontinued
Y angio I/V Antecubital Left 20 gauge	10/27/2014 05:54 Start	10/29/2014 20:04 Discontinue
*** OTHER DEVICES *** Urinary Catheter	11/03/2014 10:00 Insert	11/18/2014 12:00 Assessed and patient
Rectal Tube	11/1/2014 00:00 Insert	11/18/2014 12:00 Assess

For questions, contact Patty Haugh at 414-291-1148 or Cheri Bell at 414-291-1130

- ❖ **New PowerPlans (Effective 1/28/15)**
  - Adalimumab (Humira) Inpatient Starter Program
  - Resistant Alcohol Withdrawal (ICU Only)

For questions, contact Julie Kreckow, RN at [jkreckow@columbia-stmarys.org](mailto:jkreckow@columbia-stmarys.org)

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

## ❖ **ACS PowerPlan Revisions (Effective week of 1/26/15)**

- Heart Alert - STEMI/New LBBB
- ED ACS Low Risk
  - Title change from : ACS – Low Risk – HEART Score 0-3
  - Exclusive to ED
- ACS Low – Moderate Risk Admission
  - Title change
  - Combined ACS – Low Risk – HEART Score 0-3 and ACS – Moderate Risk – HEART Score 4-6
  - To be used for observation or inpatient status admission
- ACS High Risk – Inpatient Admission
  - Title change from: ACS – High Risk – HEART Score 7 +
  - Exclusive for inpatient admission
- ACS EKG rule out protocol has been changed to 0 and 6 hours. Please note this when implementing the orders sets for completion of 12 lead EKGS.
- ACS Troponin I rule out protocol has been changed to 0, 2, and 6 hours. Please note this when implementing the order sets and identifying timing of lab draws.
- If patient in Emergency Department at 2 hour mark, and 6 hour mark, these rule out protocols should be utilized.

For questions, contact Joy Levin at [jlevin@columbia-stmarys.org](mailto:jlevin@columbia-stmarys.org) or Julie Kreckow at [jkreckow@columbia-stmarys.org](mailto:jkreckow@columbia-stmarys.org)

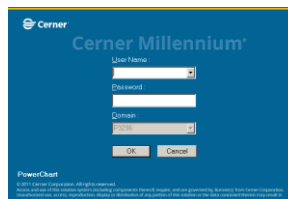
## ❖ **ePrescribe Downtime (Effective 1/24/15, 2300 – 1/25/15, 0300)**

The hardware that supports ePrescribe is being upgraded in order to improve performance and reliability. This will result in a downtime of ePrescribe functions starting **January 24 at 2300 until January 25 at 0300**. Any new prescriptions entered during this timeframe will need to be printed for patients to take with them. In addition, electronic refill requests will not be received and will be sent via phone or fax.

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

## ❖ **Changes to EHR log-on (Effective 1/27/15)**

Beginning January 27, you must log into the EHR with your network ID and password instead of your current EHR User Name and Password. Your network ID and password are the same user id and password you use to access email, the Ascension portal, and many other applications. Be aware you will not receive any reminder to log into the EHR with your network ID and password. You will NOT need to type **WIMIL\** in front of your ID when logging in to the EHR.



If you receive an “Invalid User Name and/or Password” message when logging in, check to make sure you are using your network password rather than your previous EHR password.

The EHR log-on change is part of a broader project that will allow quicker access to many applications and improved remote access from offsite locations.

For questions, contact the IS Service Desk at 414-326-2400.

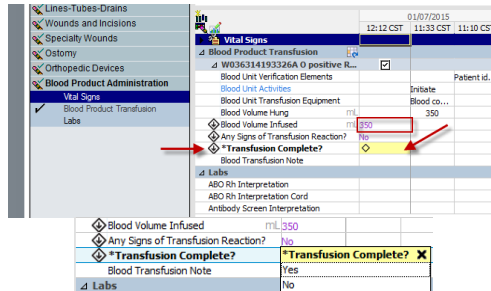
**New Patient Access, New Processes, New Geography, New Ways to Engage**

❖ **Changes to Blood Product Transfusion Section in I View (Effective Now)**

The **Transfusion Complete** field must be documented when a blood transfusion is completed or stopped.

Effective January 20, the **Transfusion Complete** field will be a mandatory field upon documentation of **Blood Volume Infused** in the **Blood Product Transfusion** section in IView. When a volume is entered in the **Blood Volume Infused** field, the **Transfusion Complete** field will automatically open and REQUIRE the nurse to enter **Yes/No** in that field before the section can be signed. Remember you must enter the **Blood Volume Infused** when the transfusion is completed or stopped.

**Note:** Continue to document **Any Signs of Transfusion Reaction** with each assessment and at the end of the transfusion.



For questions, contact Barb Pilliod, Director of Clinical Informatics, at [barbara.pilliod@columbia-stmarys.org](mailto:barbara.pilliod@columbia-stmarys.org)