EHR Hospital Communication: July 27, 2016

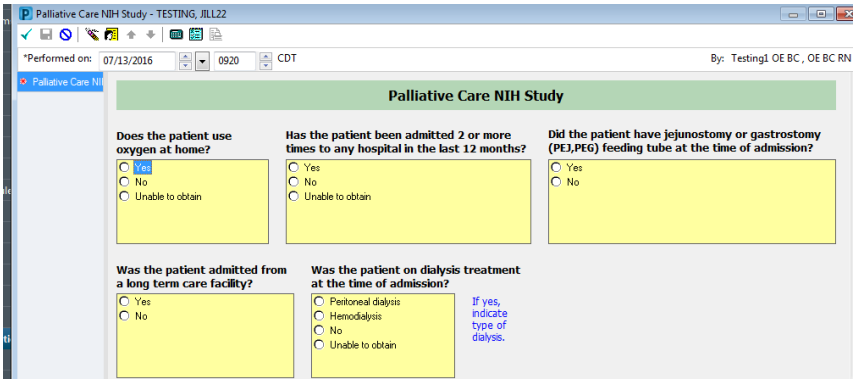
Please post / share this communication within 24 hours in your department/unit.

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

❖ Reminder Palliative Care NIH Grant/Study

Ascension Health (AH) is partnering with University of Pennsylvania to undertake a NIH-funded clinical trial related to palliative care. This research study builds upon AH's ongoing palliative care initiatives for providing spiritually centered, holistic care to its most seriously ill patients.

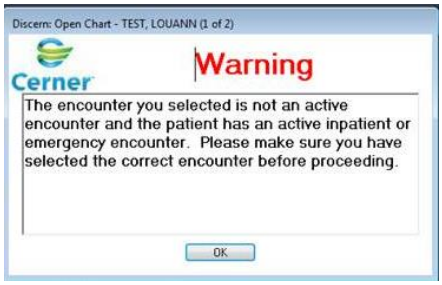
CSM's requirements of 90% compliance for completion of the Palliative Care NIH Study PowerForm has declined. Please continue to complete the documentation on the NIH Palliative Care Study PowerForm.

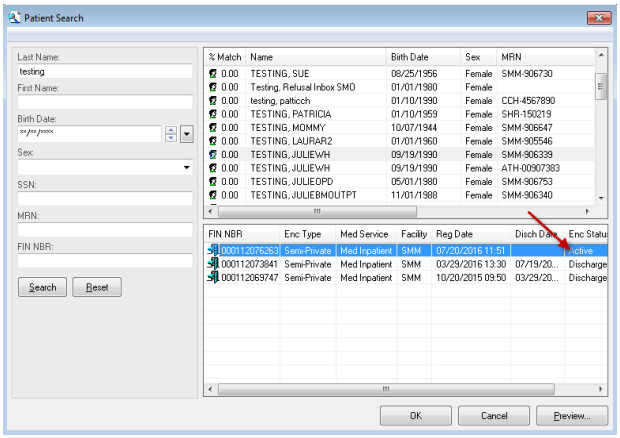


For questions, contact Dani Wanek RN, Clinical Informatics, at Danine.wanek@columbia-stmarys.org

❖ Discharged Patient Alert *(Effective Today)*

Effective today, some positions may notice an alert upon opening the patient's chart on a discharged encounter. Be sure to choose the **active** inpatient encounter in the encounter window, when performing a patient search.





❖ ePrescribe Upgrade *(Effective 7/28/16, 1600 – 1700)*

The hardware that supports ePrescribe will be upgraded in order to improve performance and reliability. This may result in a delay in transmitting electronic prescriptions via ePrescibe on July 28 from 1600 to 1700.

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

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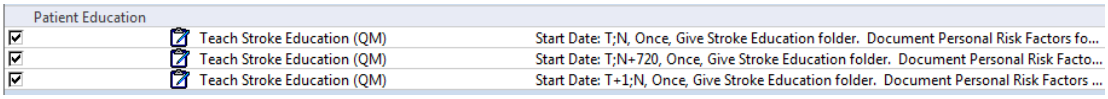
❖ Changes to Stroke Education Tasking *(Effective August 3, 2016)*

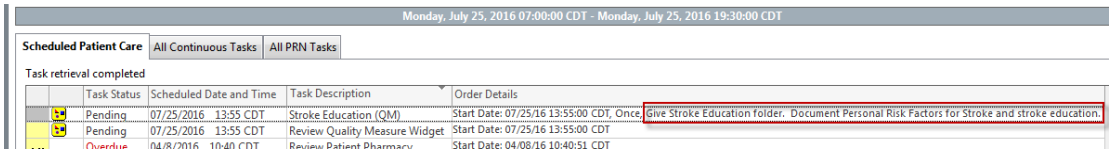
Documentation that a patient was provided education of his/her **Personal Risk Factors for Stroke** is one component of the Stroke Quality Measure. CSM continues to have fallouts due to Personal Risk Factors for Stroke not being documented.

To optimize compliance, the following changes will be made:

1) The **Teach Stroke Education** order will now task once on admission, 12 hours after admission, and 24 hours after admission.

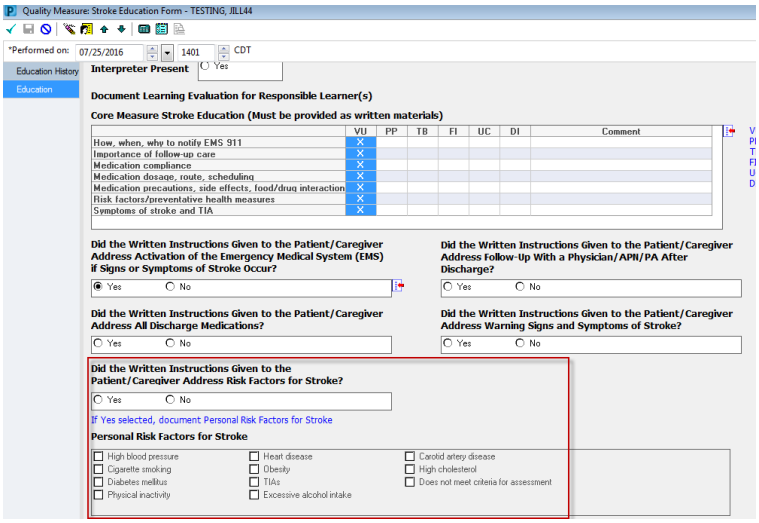


2) The task's Order Details will now contain instructions to provide additional guidance to nursing.



3) Documentation on the **Quality Measure Stroke Education** PowerForm will pull forward for the current encounter so when the next task is accessed, the nurse can see what was previously documented.

Be sure to document **Personal Risk Factor for Stroke** if **Yes** selected to the question **Did the Written Instructions Given to the Patient/Caregiver Address Risk Factors for Stroke?**



For questions, contact Jill Kortebein RN, Clinical Informatics, at jkortebe@columbia-stmarys.org

❖ Medication Database Maintenance *(Effective August 3, 2016 from 0100 to 0300)*

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

❖ Ischemic Stroke Post tPA PowerPlan *(Effective August 1, 2016)*

Additional VS and NIHSS assessments will be added:

- Vital sign - sentence, prechecked T+1;N q2 hours for 24 hours then q 4hours
- NIH Mod Stroke Scale q 2 hr x 24 hrs - sentence, prechecked T+1;N q2 hours for 24
- NIH Mod Stroke Scale q 2 hr x 24 hrs - sentence, prechecked T+2;N q4 hours

❖ Heparin Full Dose Infusion Therapy (Non VTE/PE) *(Effective August 1, 2016)*

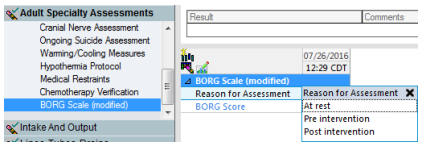
The Heparin Full Dose Infusion Therapy (Non VTE/PE) Subphase will be added to the following PowerPlans:

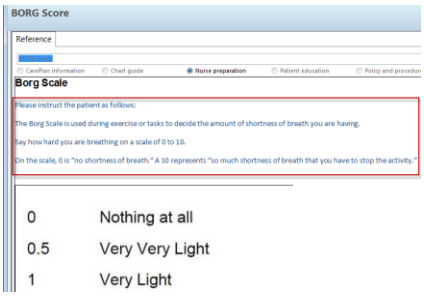
1. ACS – High Risk – Inpatient Admission
2. Frostbite Full Thickness tPA administration
3. Heart Alert
4. Percutaneous Intervention Post
5. Telemetry Admission/Transfer

❖ BORG Scale *(Effective August 1, 2016)*

The **BORG Scale (modified)** will be added to the Adult Specialty Assessments and Adult ICU Specialty Assessments I View bands. The BORG Scale is a component of the new **COPD clinical pathway** and is the patient's own assessment of their breathing at rest, pre-intervention, and post-intervention. Reference text has been added to the BORG Score field to guide the clinician on how to use the BORG Scale. Please enter the patient's self-report of their breathing under BORG Score.

The COPD clinical pathway will be available on the Downtime Powerplans and Toolkits website under Toolkits. Please initiate the COPD pathway on all patients with an exacerbation of COPD or new diagnosis of COPD and provide them with an education folder and document in the EHR. As a reminder, other educational documents are also available regarding inhalers, nebulizers, and the flutter valve. Please provide this information as needed.





For questions, contact Anne Putzer, CNS, Cindy Keller, RT, or Jill Kortebein RN, Clinical Informatics, at jkortebe@columbia-stmarys.org

❖ I View Edits *(Available Week of August 1)*

1) **Adult Shift Documentation –** Skin & Pressure Reducing Prevention Measures Section
   a) New field - Foam pressure reducing dressing (sacrum/coccyx) with multi-select options:
      - ☐ Applied
      - ☐ Removed
      - ☐ Assessed under dressing
   b) Training beginning August 1
   c) Available August 8
2) **Adult Ongoing Assessment** – Integumentary section
   a) Removed required password from the second nurse assessment

For questions, contact Anne Putzer, CNS or Julie Kreckow RN, Clinical Informatics

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❖ **Reminder: Antimicrobial Stewardship** ***(Available 7-26-16)***

- Pre- and post-surgical PowerPlans and sepsis subphases were evaluated against best practice, CDC, and IDSA recommendations,
- Our local antibiogram reviewed with Infectious Disease as well as multiple other stakeholders.
- This work was done in an effort to impede antimicrobial resistance, reduce rates of hospital acquired infections (CDI), and improve outcomes by decreasing length of stay and lowering costs.
- The PowerPlans/Subphases incorporate elements of antimicrobial stewardship such as automatic stop dates of antibiotics (necessitating provider review), improved vetting of documented penicillin and cephalosporin allergies, and bias against default empiric combination therapy in patients with risk factors for multidrug resistant organisms.
- In all, approximately 48 pre/post-surgical PowerPlans and 28 sepsis subphases are affected by these changes.
- Although a favorite PowerPlan will not be disabled with these changes, there may be an alert stating that changes have occurred
- Resaving the favorite with the same name will turn off the alert.
- Favorites will not need to be redone

Contact John Canepa or Laura Alar if questions or concerns