

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)*

## ❖ Fentanyl Infusion! *Effective Thursday 3/15/18*

The titration instructions for ad hoc fentanyl infusion orders and fentanyl infusion orders contained in the **Anesthesia Volume Ventilator Weaning/Cardiovascular Surgery Post and Ventilator Care AW powerplans** have been modified to the following:

*Default Normalized Rate = 25 mcg/hr*

*Order Comments to state:*

*Initial Rate equivalent to Normalized Rate field above.*

*The following elements are required:*

*Titration Increment: 25 mcg/hr*

*Titration Interval: Q10 minutes*

*Max Rate: 200 mcg/hr*

*Goal: Titrate to maintain patient's pain goal or CPOT score 0-2*

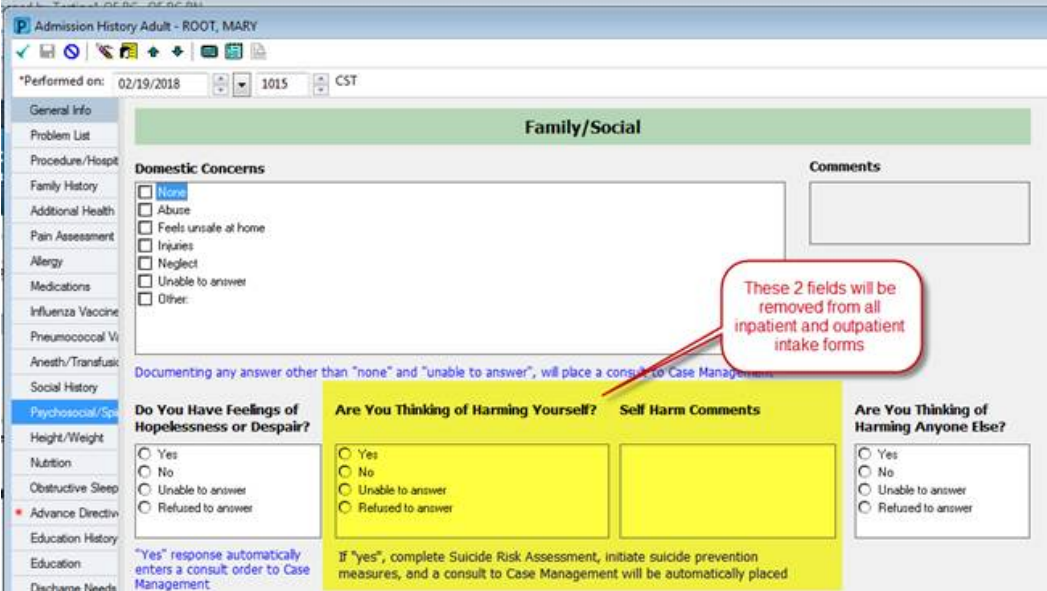
*-----  
CONC = 10 mcg/mL*

*This change was approved by the Interdisciplinary Critical Care Committee on 3/1/18.*

*For any questions contact John Canepa [john.canepa@Ascension.org](mailto:john.canepa@Ascension.org)*

## ❖ New Suicide Screening *Effective now*

- To better meet the needs of our patients, we have moved to the use of an evidence based tool for suicide risk screening.
- Inpatient admission history PowerForms, ED Assessment PowerForms, and Outpatient Intake PowerForms have been revised.



The screenshot shows the 'Family/Social' section of an EHR form. It includes a 'Domestic Concerns' section with checkboxes for Abuse, Feels unsafe at home, Injuries, Neglect, Unable to answer, and Other. Below this is a new suicide screening section with three questions: 'Do You Have Feelings of Hopelessness or Despair?', 'Are You Thinking of Harming Yourself?', and 'Are You Thinking of Harming Anyone Else?'. Each question has radio button options for Yes, No, Unable to answer, and Refused to answer. A red callout box points to the 'Are You Thinking of Harming Yourself?' and 'Are You Thinking of Harming Anyone Else?' sections, stating: 'These 2 fields will be removed from all inpatient and outpatient intake forms'.

- The Columbia-Suicide Severity Rating Scale (C-SSRS), a simple series of questions, has been added to all the forms.
- A Pediatric version is also available.
- A Risk Assessment will be completed if the screen is positive

For questions contact [Meghan.Lorbiecki@Ascension.org](mailto:Meghan.Lorbiecki@Ascension.org) or [Nicholas.Larkin@Ascension.org](mailto:Nicholas.Larkin@Ascension.org)

## ❖ Modifications to the Columbia-Suicide Severity Rating Scale (C-SSRS) Adult and Pediatric (Effective – 3/16/2018)

- ❖ Reference text has been added to Question 6 on both the adult and the pediatric screening tools. Conditional logic has been added to Question 6b as well, so that it becomes available only if the answer to Question 6 is “yes”.

### Adult

**6. Have you done anything, started to do anything, or prepared to do anything to end your life?**  Yes  No

Ask question 6b if answer to question 6 is "yes"

**6b. How long ago did you do any of these?**  Within the past 3 months  Greater than 3 months ago

### Pediatric

**6. Did you ever do anything to try to kill yourself or make yourself not alive anymore? What did you do? Did you ever hurt yourself on purpose?**  Yes  No

Ask question 6b if answer to question 6 is "yes"

**6b. How long ago did you do any of these?**  Within the past 3 months  Greater than 3 months ago

For questions contact [Meghan.Lorbiecki@Ascension.org](mailto:Meghan.Lorbiecki@Ascension.org) or [Nicholas.Larkin@Ascension.org](mailto:Nicholas.Larkin@Ascension.org)

## ❖ Reference text for “Availability of lethal means” question (Effective – 3/16/2018)

Reference text, describing the nature of the lethal means, has been added to the “Availability of lethal means” question found in BH and ED documentation

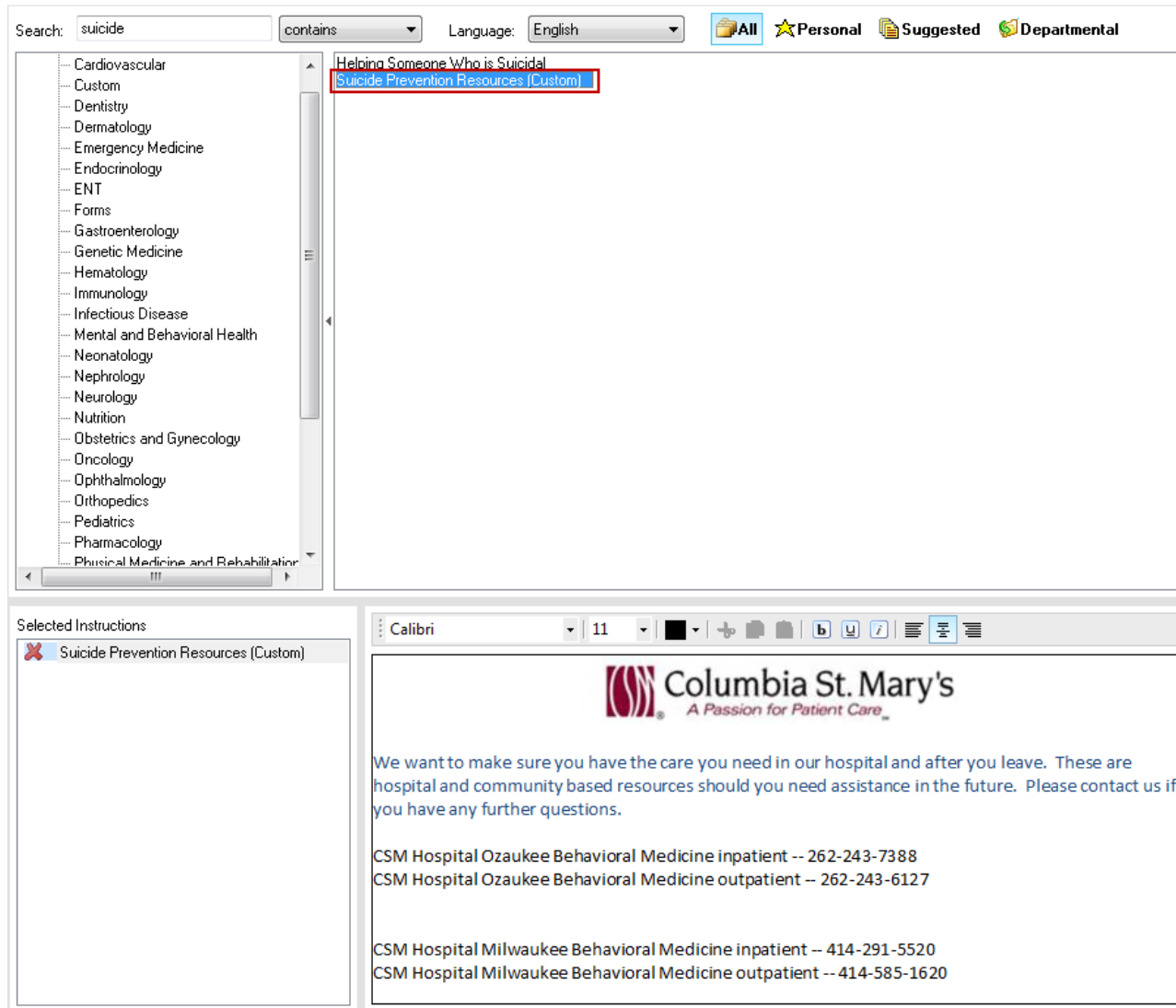
**Availability of Lethal Means**  Yes  No

(Access to firearms, access to medications for overdose, etc...)

For questions contact [Meghan.Lorbiecki@Ascension.org](mailto:Meghan.Lorbiecki@Ascension.org) or [Nicholas.Larkin@Ascension.org](mailto:Nicholas.Larkin@Ascension.org)

❖ **“Suicide Prevention Resources” patient education now available (Effective – 3/16/2018)**

“Suicide Prevention Resources” patient education is now available within the patient education module in EHR. This hand out should be given to all patients who answered “Yes” to questions 1 or 2 on the C-SSRS. Reference text on the form advises you to provide the patient with this handout.



Search: suicide    contains    Language: English    All    Personal    Suggested    Departmental

Helping Someone Who is Suicidal  
**Suicide Prevention Resources (Custom)**

Selected Instructions  
 X Suicide Prevention Resources (Custom)

Calibri 11

**Columbia St. Mary's**  
*A Passion for Patient Care™*

We want to make sure you have the care you need in our hospital and after you leave. These are hospital and community based resources should you need assistance in the future. Please contact us if you have any further questions.

CSM Hospital Ozaukee Behavioral Medicine inpatient -- 262-243-7388  
 CSM Hospital Ozaukee Behavioral Medicine outpatient -- 262-243-6127

CSM Hospital Milwaukee Behavioral Medicine inpatient -- 414-291-5520  
 CSM Hospital Milwaukee Behavioral Medicine outpatient -- 414-585-1620

For questions contact [Meghan.Lorbiecki@Ascension.org](mailto:Meghan.Lorbiecki@Ascension.org) or [Nicholas.Larkin@Ascension.org](mailto:Nicholas.Larkin@Ascension.org)

❖ **Managing Your Pain at Home - New AW Pain Discharge Education Form – Available now**

A new pain education handout related to pain management at home is now available. This handout was created by Ascension Wisconsin, with the new JC pain standards in mind.

- Should be given on discharge to ALL patients who have pain
- MUST be given to anyone with a narcotic Rx on discharge
- Is available in both FirstNet (for ED) and PowerChart (for inpatients and outpatients)
- It is acceptable to give additional pain education handouts currently available in the EHR for source-specific pain, but this handout is **required**

Note that this handout will list 1<sup>st</sup> with any search for pain, and the title clues you in that this is a “Must give for pain”.

For questions, contact [Paul.Abegglin@Ascension.org](mailto:Paul.Abegglin@Ascension.org)

❖ **Coping with labor algorithm now added to the “PRN Response” powerform (Effective – 3/16/2018)**

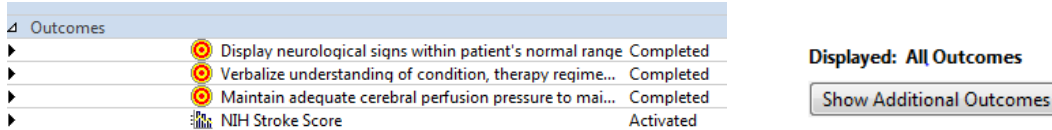
To effectively capture the PRN response of patients in labor, the Coping with Labor algorithm will now be available within the “PRN response” powerform.

For questions contact Patricia O’Connell at [Patricia.OConnell2@ascension.org](mailto:Patricia.OConnell2@ascension.org)

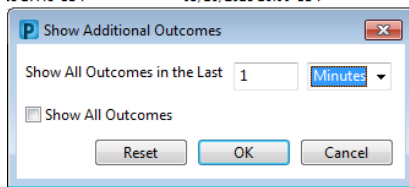
**Access \* Quality \* Experience \* Value \* Model Community**

## ❖ IPOCs—Removing discontinued Outcomes/Interventions from view

Completed or discontinued Outcomes or Interventions will still show in both the Orders and Document in Plan view of the Plans of Care if the display (found at the bottom left of the Document in Plan view) is set to **All Outcomes**.



Reset the display to **Show All Outcomes in the Last 1 Minutes** to display active Outcomes and Interventions.



Remember, if the entire plan has been discontinued, it will still list in the Document in Plan view, but will have dropped to the bottom and have a status of **Discontinued**.

Fall Prevention and Management EBP Adult IPOC, High Risk Fall Management (Initiated) 12/19/2017 10:13 CST			
☐	🟡 Patient Remain Free from Falls and Injury	✓ 12/19/2017 10:13 CST	↕
☐	🟡 Caregiver Verb Understand Fall Risk Care	✓ 12/19/2017 10:14 CST	↕
☐	🟡 Caregiver Takes Action Control Fall Risk		↕
☐	🟡 Educate on Sources of Support		↕
☐	🟡 Educate Patient/Caregiver on Fall Prevention in the Home		➡
☐	🟡 Educate Patient/Caregiver of Home Safety		➡
☐	🟡 Work w Provider to Assure Assistive Device Eval is Complete		↕
☐	🟡 Collaborate With Provider For Post Discharge Care		↕
Pain Management Acute Adult EBN IPOC (Discontinued) 12/19/2017 9:52 CST - 03/14/2018 7:13 CDT			
☐	🟡 Collaborate With Provider When Pain Outcome Not Met	✓ 12/19/2017 10:23 CST	03/14/2018 7:13 CDT ➡

Please make every effort to be attentive, and not document to discontinued Outcomes/Interventions/IPOCs.

For questions contact Karen Shapiro at [Karen.Shapiro@Ascension.org](mailto:Karen.Shapiro@Ascension.org)

## ❖ Inpatient scanning

- The Health Information Management department, formerly Medical Records, will begin scanning all IP documentation into Cerner **starting Monday March 19th**, with complete roll out over the next couple of weeks! **Documents will no longer be scanned into DOMA.** This is for both the Milwaukee Campus and the Ozaukee Campus.
- HIM Dept. must have ALL IP DOCUMENTATION completed and available for pick up during our 7:30 am and 2 pm discharge pick-ups in order for this new process to be a success. If there is a delay in receiving the complete information, there will be a delay in scanning, with a potential impact on continuing care.
- You will still find History & Physicals, Consent forms and Anesthesia forms in their respective folders within Cerner.
- Documentation for the appropriate service codes can be found under the following folders within Cerner:

Service Type	Clinical Documents Folder	Subfolder
LDL	Women's Health Documentation	WH BDO Encounter Document
OBD, OBN, NUR, PED, GYN	Women's Health Documentation	WH IP Encounter Document
MED, BUR, ORT, SUR, URO	Admission Documentation Scanned	Admission IP Encounter Document
MED (MKE Only) AIP, PSY (OZ Only)	Behavioral Medicine Documentation	BH IP Encounter Document
BDO	Admission Documentation Scanned	BDO Encounter Document
OBS	Admission Documentation Scanned	Observation Encounter Document

If you have any questions regarding this new process, please contact Erika Howard  
[ehoward2@R1RCM.com](mailto:ehoward2@R1RCM.com)