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: Barcode Medication Administration Activation Support Coverage** *(Effective NOW through month of March)*
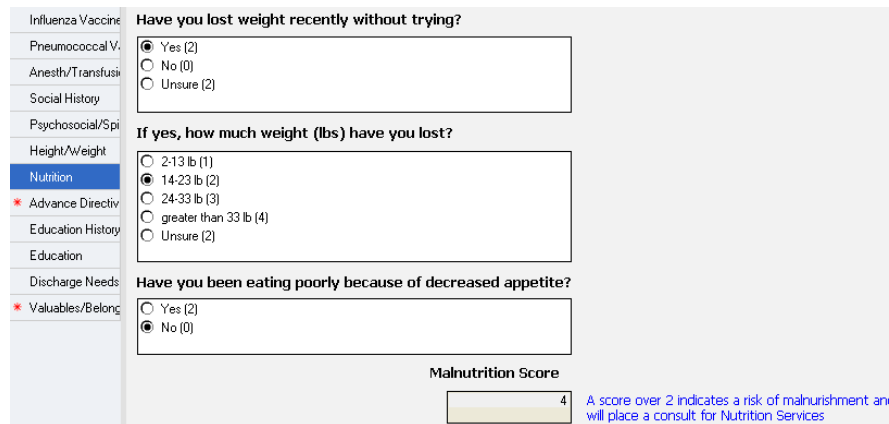
- Command Center hours will be 0600-0100 for the first two days after a unit/dept. goes live. Command Center hours will be 0600-2300 all other days.
- Refer to the EHR Intranet site for more details, including the full schedule and FAQs, and super user meeting minutes.

For questions, contact Andrew Tietyen at Andrew.Tietyen@columbia-stmarys.org

❖ **Malnutrition Screen in the Admission History** *(Effective 3/25)*

o Joint Commission recommends patients are to be screened for nutrition risk within 24hours of admission. Nutrition Services has revised the screening tool that is embedded in the nursing admission assessment.

o The new tool is evidenced based to identify those at risk for malnutrition in the acute care setting. The assessment is focused on intake prior to admission and recent weight loss. The total score is generated automatically based on the RN responses, and a score over 2 will trigger a Nutrition Services consult.

PLEASE NOTE: If patient is unable to quantify weight loss, select "unsure".

The Nutritional Risk Factors remain on the Admission History, and will continue to trigger Consults to Nutrition Services.

For questions, contact Tom Ramlow at tramlow@columbia-stmarys.org

❖ **Two New RN Tasks** *(Beginning 3/27/14)*

   1) Review Patient Pharmacy   [Patient Pharmacy]

     This task will fire, once, on admission along with the Adult Admission History and Order Entry Details task. Actions on this task are only Chart Done/Not Done. This serves as a reminder to review patient's preferred pharmacy from the Patient Pharmacy tab in the toolbar.

     It's important to review documented information and update it soon after admission to ensure accuracy of electronic prescription routing on discharge. Once reviewed and updated, Chart Done on the task. If unable to update due to patient condition, leave as an unfinished task, report to next RN caring for patient. When able review and update information and complete task.

   2) Review Patient Education   [Patient Education]

     This task will fire once the patient is admitted qShift. This serves as a reminder to review patient education and update patient teaching performed during your shift. Check for education PowerForms in Form Browser first, then modify to update.

     If no form found, then begin a new form from AdHoc tab.   [AdHoc]
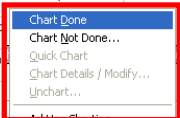
     Record educational material (i.e. folders, booklets, leaflets, etc.) given to patient/caregiver in Patient Education tab in the toolbar.

Orders tab > Patient Care   Task List

For questions, contact Kristin Schmidt at kristin.schmidt@columbia-stmarys.org

❖ **Pain Disability Index PowerForm for Pain Clinic** *(Effective week of 3/17/14)*
Created new powerform seen below
- Each field the user will enter a value of 0-10, which will total up in the score at the bottom.
- The score will post to the flowsheet in the Pain Assessment section. This is needed to track a person's disability and function over time

For questions, contact Mitch Carneol, MD, at 414-319-3000 or mcarneol@columbia-stmarys.org or
Julie Kreckow at Jkreckow@columbia-stmarys.org

❖ **Discharge PowerPlan Electronic Ordering and New Medicare Requirements for DME** *(Effective on/after 3/19/14)*

- As per letter sent from Medical Staff Office on March 5, CMS now requires specific details on orders for certain DME items and oxygen as well as documentation of a face-to-face evaluation. Required order details are available on electronic prescriptions but not hospital CPOE orders. As such, these orders have been removed from the discharge orders PowerPlan.
- Steps for CMS compliant ordering of DME items and oxygen are available on the physician portal.

For questions about the electronic ordering process, contact Suzanne Wilkerson, MD, at 414-326-2519 or Swilkers@columbia-stmarys.org
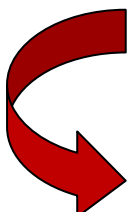
For questions about CMS requirements, contact Evelyn Brewer of Home Care Medical at 414-291-1888

Quality Measures – Tip o' the Week

Workflow:
1) Open patient chart, Nursing Communication Page displays
2) **Review Widget**
3) Review remaining patient info
4) Continue to MAR, Flowsheets, etc. for further patient review

- First, look for a number.
  - For every inpatient, over the age of 18, you should see "**(5)**", which means the VTE Quality Measure order has been placed and VTE is activated on the Widget

  - "**(0)**" means there are no Quality Measures active on the Widget and no orders have been placed. If your patient is admitted as an inpatient and is over the age of 18, then a VTE Quality Measure order needs to be placed.

- Other numerical values
  - Indicate more than one Quality Measure is active for the patient
  - ***TIP*** Use the **Filter By** drop down and review *one measure at a time*
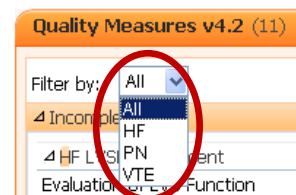
For questions, contact Kristin Schmidt at kristin.schmidt@columbia-stmarys.org

❖ **Revised Sepsis PowerPlan (and ED Sepsis)** *(Effective week of 3/24/17)*
The orders are being revised with the intent to make it easier for providers & staff to complete critical interventions for severe sepsis. Some of the major changes include:
- A section near the top of the orders listing the critical orders within the 3-hr. & 6-hr. bundles
- Pre-checked orders to facilitate completion of the critical bundle orders
    - <u>Pre-checked blood cultures</u> (from two *different* sites)
    - <u>Pre-checked lactate</u> (lactic acid)
    - <u>Pre-checked 30 ml/kg fluid bolus</u> to be given within 3 hrs. for hypotension or lactate > 4 mmol/L
    - <u>Pre-checked vasopressors</u> (norepinephrine & vasopressin) for hypotension.
        - These are ICU orders only, and should be discontinued prior to transfer out of the ICU.
        - As with any vasopressors that are no longer required, medication orders should be discontinued by the physician when no longer being used. Example: If patient hasn't needed vasopressors, or has been weaned off, ask physician for a discontinue order. If patient has repeat episode of hypotension requiring vasopressors, a phone call & new order should be obtained.
    - <u>Pre-checked repeat of lactate if the initial lactate was abnormal</u> (abnormal lactate is > 2.2 mmol/L) to be repeated at 3-hrs. & 15 minutes after ED triage or diagnosis of severe sepsis.
- **<u>Revised dosing for Piperacillin/tazobactam (Zosyn)</u>. The initial dose is given over 30 minutes. The second dose is given 6 hrs. later (over 4 hrs.) and all subsequent doses are given over a 4 hours (25ml/hr.) period every 8 hours. WE KNOW THIS IS A BIG CHANGE FOR TYPICAL ANTIBIOTIC DOSING: If you have questions, please contact your pharmacist.**
    - This will provide both improved antimicrobial coverage as well as help to reduce costs.
    - Nursing care: Zosyn will be infusing for a longer period of time, so incompatible medications would need to be given in a separate line. For sepsis patients, they often have a central line or multiple peripheral lines so we don't anticipate issues related to new dosing schedule.
- <u>Bundle orders already done in the Emergency Department</u>?
    - If the critical sepsis bundle orders have already been completed in ED, as with any orders written that way, we don't repeat the orders again.
    - Were the blood culture completed in ED?   Then no need to repeat.
    - Did patient get the full 30 ml/kg fluid bolus in ED when indicated?
        - If yes, then the admission orders for fluid bolus can be completed as already given.
        - If no, determine how much of the bolus was given in ED, the remainder should be given with patient admission.
    - The same holds true for other "if not already done in ED orders"

For questions, contact Patty Haugh at <u>phaugh@columbia-stmarys.org</u> or Anne Putzer <u>aputzer@columbia-stmarys.org</u> (the week of 3/24 please contact Anne Putzer – Patty will have some limited access to e-mail).

❖ **Pneumonia Admission and ED Pneumonia PowerPlans** *(Effective week of 3/24/14)*
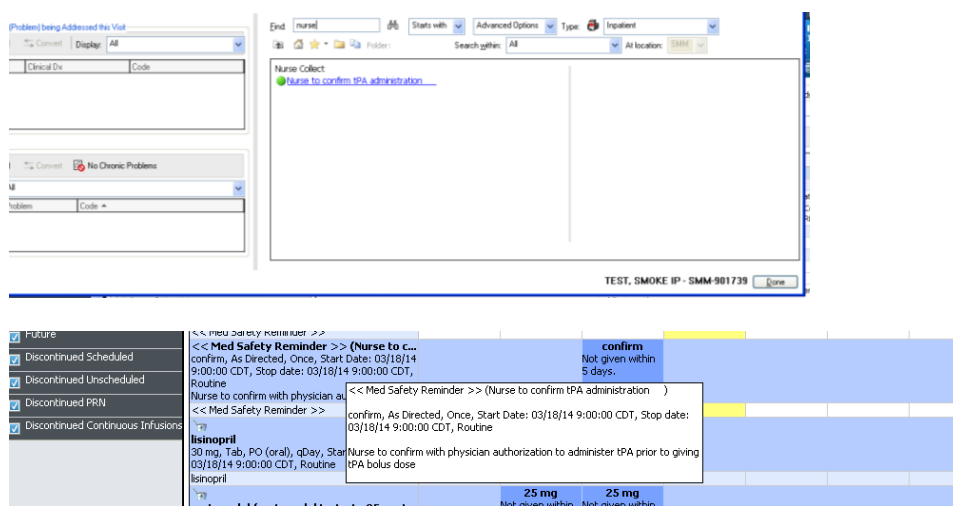- To improve patient care outcomes these powerplans have received total review and edits
- The antibiotics are now in subphases – for example:
    - Source of Infection Lung Subphase - Community Acquired Pneumonia
    - Source of Infection Lung Subphase - Community Acquired Pneumonia ED
    - Source of Infection Lung Subphase - Community Acquired Pneumonia, Beta Lactam-Allergic
    - Source of Infection Lung Subphase - Community Acquired Pneumonia, Beta Lactam-Allergic ED

For questions, contact Dr. Connolly, Liz Wolfson at <u>Elizabeth.Wolfson@columbia-stmarys.org</u> or Julie Kreckow at <u>jkreckow@columbia-stmarys.org</u>

❖ **<u>NEW: Medication Safety Reminder Order</u>** *(Effective 3/24/14)*

- tPA confirmation – Nurse to confirm with Provider authorization to administer tPA prior to giving tPA Bolus Dose – improves patient safety
- This order works like a medication order and will go to the MAR
- The RN will document as if administering a medication – this confirms that the nurse had one last discussion with the provider about administering tPA
- "Nurse to confirm tPA administration" Comment – "Nurse to confirm with physician authorization to administer tPA prior to giving tPA bolus dose
- This will be the one last confirmation prior to tPA administration for safe patient care
- REMINDER: tPA is <u>exempt</u> from barcode scanning

For questions, contact John Canepa at jcanepa@columbia-stmarys.org or Sue Godersky at sgodersk@columbia-stmarys.org

❖ **<u>NEW: ED Protocol-Stroke Symptoms PowerPlan</u>** *(Effective 3/24/14)*

- To be initiated by the ED RN upon recognition of stroke symptoms and ED physician unavailable
- This will facilitate timely treatment of our stroke patients

For questions, contact Deena Smaniotto at dsmaniot@columbia-stmarys.org

❖ **<u>Stroke Alert PowerPlan</u>** *(Effective 3/24/14)*

- This replaces the ED Stroke Alert PowerPlan. Used for both inpatient and ED
- In order to streamline patient care, there have been edits made to labs

For questions, contact Dr. Riepenhoff in ED or Julie Kreckow at jkreckow@columbia-stmarys.org

❖ **<u>Stroke Ischemic tPA Therapy Power Plan changes</u>** *(Effective 3/24/14)*

In order to streamline patient care and improve patient safety:

- "Stroke Ischemic tPA Therapy" changed to "Stroke tPA Alert"
- Added order "Activate tPA Alert"
- Labetalol
  - Precheck: In the pre-tPA section of the PowerPlan – both the 10 mg and 20 mg
- Nicardipine
  - Precheck and change parameters:
  - Titrate up to desired effect by increasing 2.5 mg/hr every 5 min to maximum dose of 15 mg/hr.
  - Maintain blood pressure to desired range: at or below SBP 185 mm Hg; DBP 110 mm Hg.
  - Add to the pre tPA section

For questions, contact Dr. Riepenhoff in ED or Julie Kreckow at jkreckow@columbia-stmarys.org