

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

❖ **CSM Clinical Informatics Team – Staffing Update**

The Clinical Informatics team is currently undergoing significant staffing challenges, which includes both the E.H.R. support and clinical informatics analyst roles.

Our current E.H.R. support team member, Kevin Lane has accepted a position within AIS and his last day will be Dec 29th. I would like to recognize Kevin and his contributions to the support role over the last two years. In addition to the loss of Kevin, we will be experiencing extremely limited support within the clinical informatics analyst role. We have worked with executive leadership on prioritizing requests and projects and they are aware of the current, and near future, staffing situation.

Please communicate the following timeline and expectations to your teams as appropriate –

Clinical Informatics Analyst –

- Our current full-time team members will be unavailable January 15th through February 12th.
- During this timeframe, send any high priority requests, ie those impacting patient care, to Melissa Rader via email. These requests will need to be assessed for priority on a case-by-case basis.
- All other, non-urgent matters will be reviewed upon the return of our full-time team members.

E.H.R. Support –

- Beginning Jan 2nd, we will have only one associate available to provide on-site E.H.R. support.
- E.H.R. Support will be based at the Milwaukee campus and will provide remote support for the Ozaukee campus using Bomgar until a replacement has been hired and trained.
- Special consideration for provider support, via appointment, at the Ozaukee campus will be an option. Contact the E.H.R. Support Line via Vocera or call the office directly at (414)585-6288.
- E.H.R Support will be available, Monday-Friday 0800-1600. Connect directly to support by accessing Vocera and requesting “EHR support.”
 - Ozaukee Vocera Phone: 262-243-6707
 - Milwaukee Vocera Phone: 414-585-1995

During times of high call volume and when conducting provider training, a voice message for support should be left on the support office voice mail. Please expect a delay in response time of up to four hours in most cases and possibly the next business day depending on when the message was received.

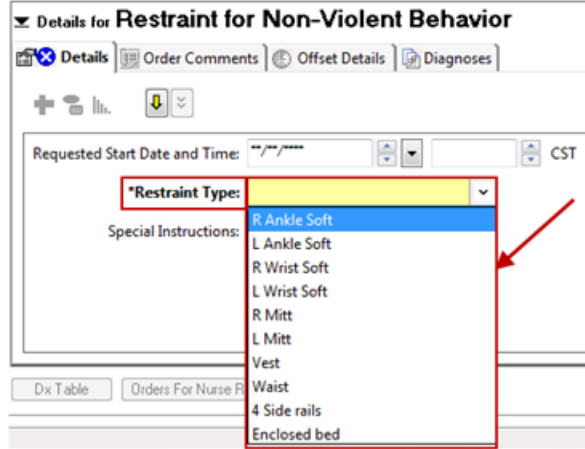
For questions contact Melissa Rader, Manager, Clinical Informatics, AW South Region at Melissa.Rader@ascension.org

❖ Restraint Documentation Changes (Effective – 1/4/2018)

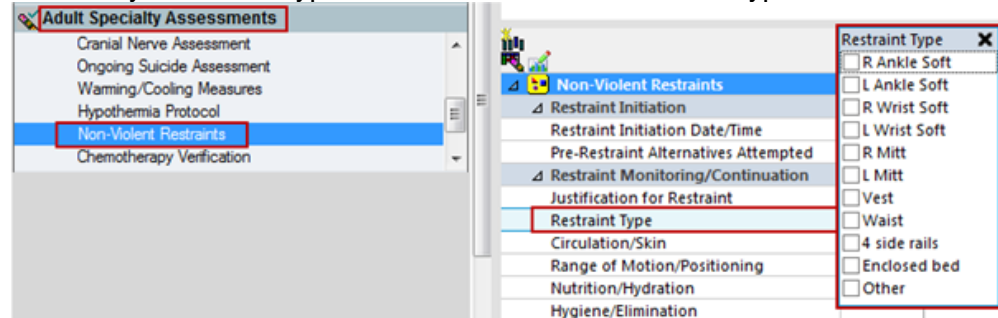
In order to capture accurate documentation, the following changes have been made to Restraint documentation.

Changes to Restraint for Non-Violent Behavior Powerplan

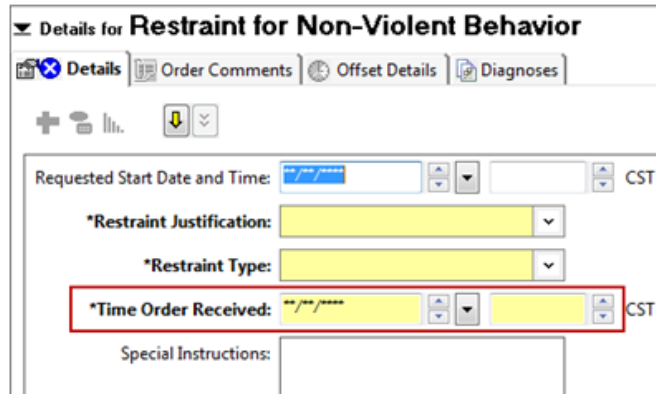
1. Modify Restraint Type to include limb location/laterality



2. Modify Restraint Type in Iview to match the restraint type within the order



3. Add “Time – Order Received” field back to The order details and make it required.



4. Remove tasking for Restraint Discontinue Order.

Changes to Restraint/Seclusion for Violent Behavior Powerplan

1. Add Restraint Initiation to the Restrain/Seclusion for Violent Behavior Powerplan and task to restraint initiation Powerform.

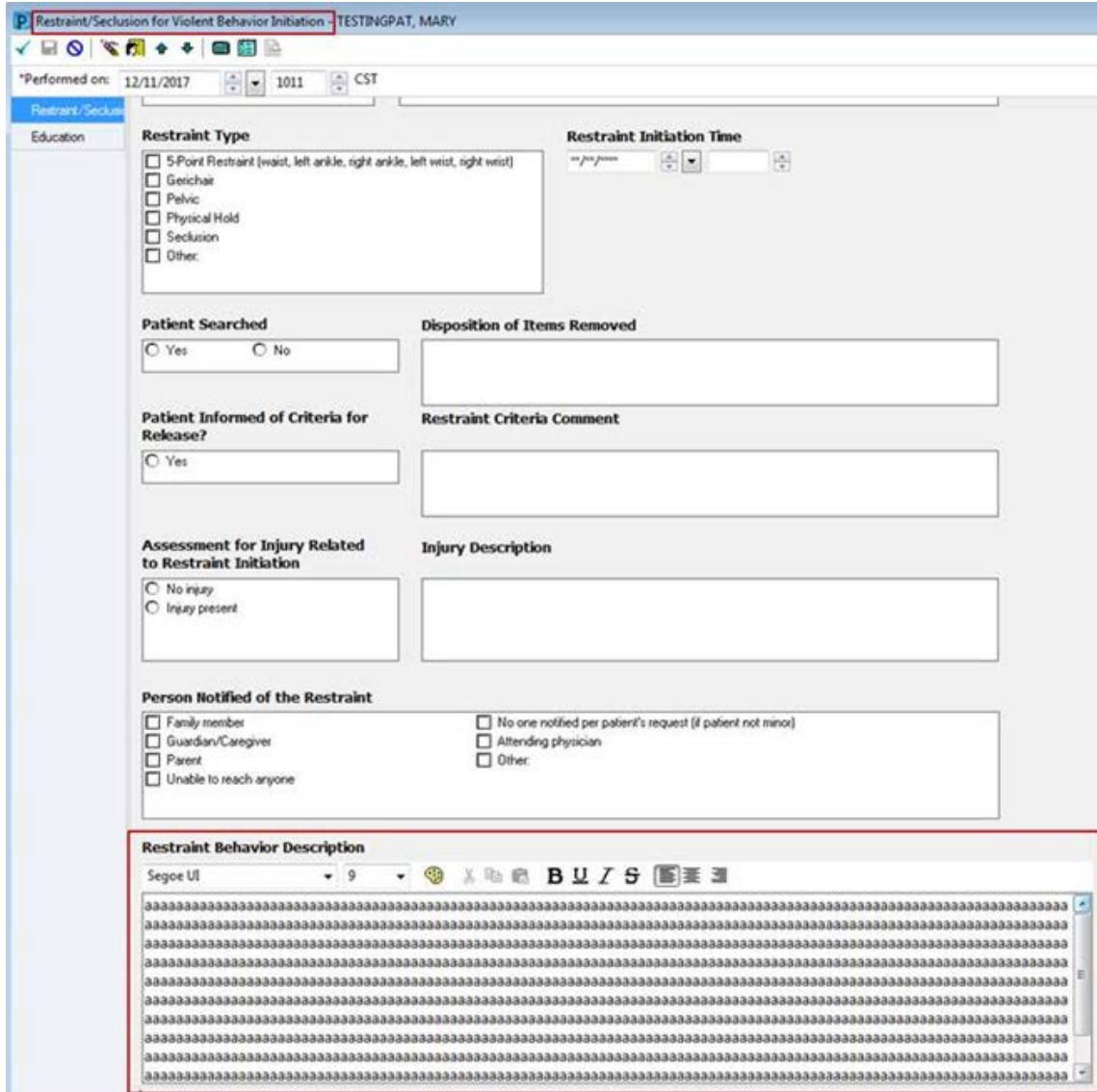
Restraint/Seclusion for Violent Behavior (Initiated Pending)	
Patient Care	
	Face-to-face physician evaluation to occur within 1 hour of initiation
	If restraint and/or seclusion continues, re-evaluation by physician for patients 18 and older; every 2 hours for patients ages 9-17; and every 4 hours for patients ages 0-8
	Seclusion is allowed only in the Behavioral Health Unit
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Communication Order to RN
Assessments	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Restraint/Seclusion Monitoring - Violent Behavior
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Restraint/Seclusion for Violent Behavior Initiation
Interventions	

2. Add the term “Seclusion” to the “Restraint for Violent behavior Debriefing” powerform title.

- Restraint/Seclusion for Violent Behavior Debriefing
- Restraint/Seclusion for Violent Behavior Discontinuation
- Restraint/Seclusion for Violent Behavior Initiation
- Restraint/Seclusion RN Q1 Hour Reassessment
- Restraint/Seclusion Re-Evaluation

3. Restraint/Seclusion monitoring for violent behavior tasking to done/not done.

- 4. Increase the character limit for “Restraint Behavior Description” within the “Restraint/Seclusion for Violent Behavior Initiation” powerform.



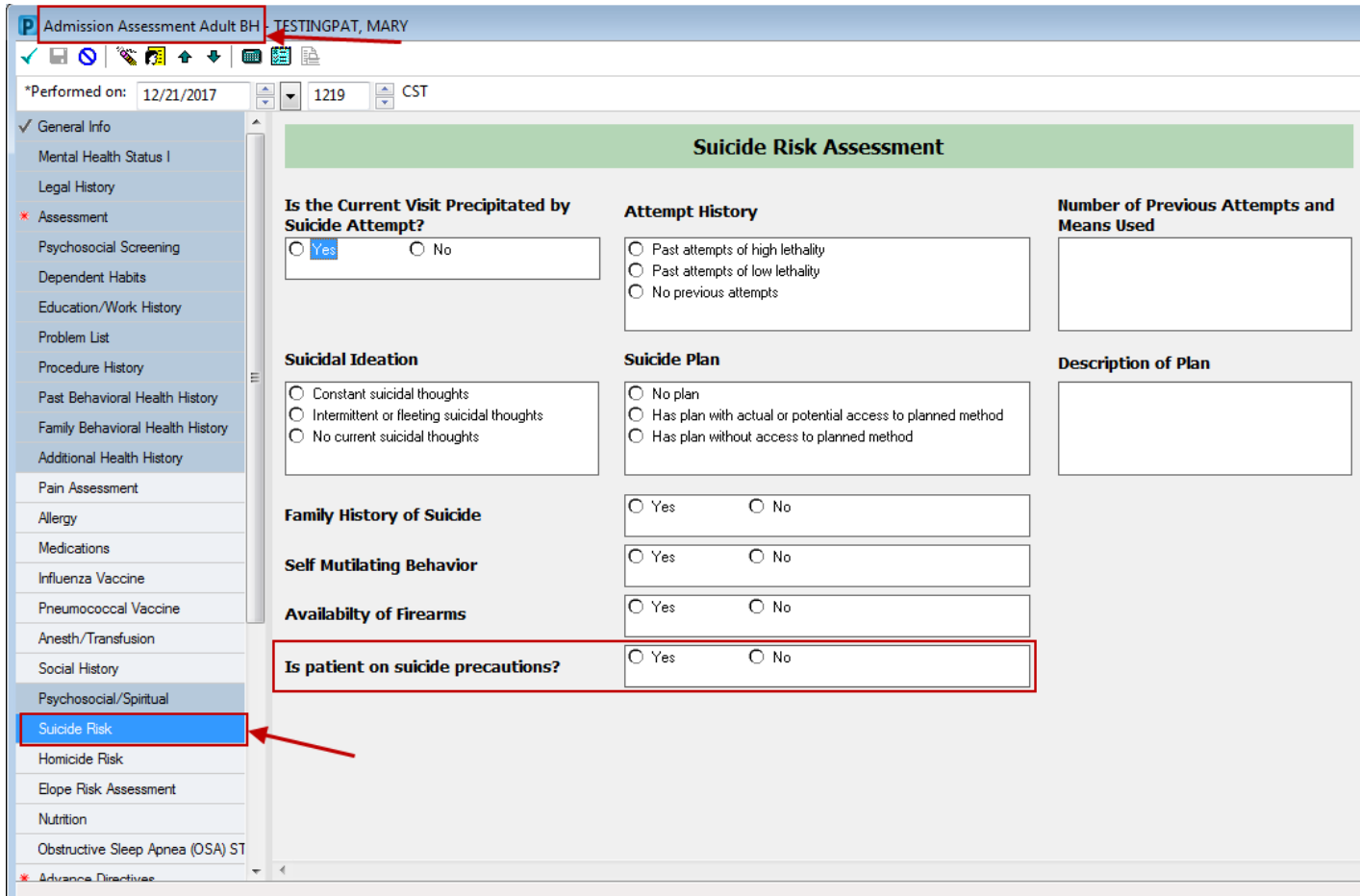
The screenshot shows the 'Restraint/Seclusion for Violent Behavior Initiation' form for patient TESTINGPAT, MARY. The form is dated 12/11/2017 at 1011 CST. The 'Restraint Behavior Description' section is highlighted with a red box and shows a text area with a character limit of 9. The form includes various checkboxes and text input fields for recording details of the restraint or seclusion event.

- 5. Remove tasking for Restrain/Seclusion Teaching Order.

For questions contact Paul Abegglen at Paul.Abegglen@ascension.org or Anagha Kulkarni at Anagha.Kulkarni@ascension.org

❖ Changes to Admission Assessment Adult BH (Effective – 12/29/2017)

The question for “Is patient on suicide precautions” will be removed from the suicide risk section on the Admission Assessment Adult BH powerform



Admission Assessment Adult BH TESTINGPAT, MARY

*Performed on: 12/21/2017 1219 CST

Suicide Risk Assessment

Is the Current Visit Precipitated by Suicide Attempt?
 Yes No

Attempt History
 Past attempts of high lethality
 Past attempts of low lethality
 No previous attempts

Number of Previous Attempts and Means Used

Suicidal Ideation
 Constant suicidal thoughts
 Intermittent or fleeting suicidal thoughts
 No current suicidal thoughts

Suicide Plan
 No plan
 Has plan with actual or potential access to planned method
 Has plan without access to planned method

Description of Plan

Family History of Suicide
 Yes No

Self Mutilating Behavior
 Yes No

Availability of Firearms
 Yes No

Is patient on suicide precautions?
 Yes No

For questions contact Meghan Lorbiecki @ Meghan.Lorbiecki@ascension.org.