Suzanne Wilkerson, MD   swilkers@columbia-stmarys.org   414-326-2519
Hospital EHR Medical Director

"Dedicate some of your life to others. Your dedication will not be a sacrifice. It will be an exhilarating experience because it is an intense effort applied toward a meaningful end."

Thomas Dooley (1927-1961); Us Navy Physician

Real-Time Support Pilot

Starting 8-4-14, an EHR user support plan will be piloted on the Ozaukee campus. Support will be available Monday through Friday from 8am to 5pm. **Call "EHR support" on Vocera to reach an in-house Clinical Informatics support team member.**

Support areas will include:

- Quick 1:1 assistance for help with using the EHR.

- Coaching sessions for EHR workflow and utilization optimization.

- Assistance with logging tickets for identified problems.

After the Ozaukee Pilot, support will be rolled out to the Milwaukee campus also.

Palliative Care

Starting 8-4-14, **at the direction of the Palliative Care Committee**, you will notice some updates in the EHR. These **changes will be put in place to make it easier to locate previous palliative care documents, and better identify patients who may have continuing palliative care needs.**

- There will be a Palliative Care specific filter in the Documents section of Inpatient Summary allowing quick access, back 6 months, to Palliative Care Consult notes. As the Palliative Care NPs will be putting addendums on all their consult notes prior to patient discharge, these notes will provide a great summary of the care process for a specific hospital encounter from beginning to end.

- Palliative Care Alert will fire for physicians, nurses and other providers if the patient has had a Palliative Care Consult within the preceding 6 months.

More specific details regarding the filter and alert can be found in the EHR weekly communication of 7-23-2014 on DocPort or the Intranet.

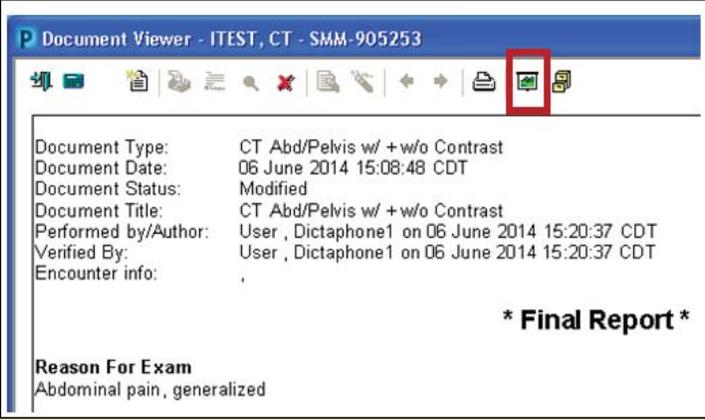# Direct viewing of Radiology Images in EHR

Radiology images created since 7/15/14 are now available for direct viewing from the EHR without having to login separately to PACS.

To access these images complete the following steps.

- Open the image report* from flow sheet.
  *In Progress Images (those with a pending dictated report) are also available for viewing.

- Click the View Image icon.

- To close out the image viewer, click on the close folder icon.

"What we find is that if you have a goal that is very, very far out, and you approach it in little steps, you start to get there faster. Your mind opens up to the possibilities."

Mae Jemison (born 1956); Physician, NASA astronaut

Medication Reconciliation Changes

Discharge Med Rec defaults will be changing 7/30/14.

- To create a safer discharge process, **Home Medications will no longer default to Continue** on the Discharge Med Rec.

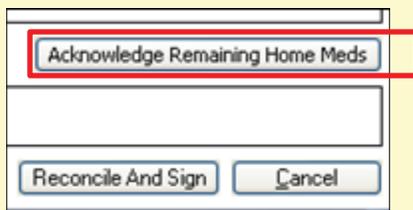 Make sure each medication has a radio button selected: *Continue, Rx, or Discontinue*.

- Some clinic physicians suspend home medications on the home medication list. **If you notice a "suspended" home medication and you want it to maintain its suspended status, you *should not* choose a radio button.**

After choosing the appropriate radio buttons on all non-suspended medications, click the new "Acknowledge Remaining Home Meds" button to maintain the suspended status of any applicable home meds.

The **"Acknowledge Remaining Home Meds" button should only be used for reconciliation of suspended medications.**

- Prior to signing your Med Rec, make sure you do not see the icons representing unreconciled meds 🟠 or prescriptions with incomplete details. 🔵

Tips and Tricks

1. **Consult Orders**
   In addition to completing the Consult order, you must contact the consulted physician, or physician representative. Ideal workflow is to first contact the physician and then to complete the order with the appropriate physicians name. This will prevent consultants from receiving message center consult notifications when they are unaware of a needed consult or unavailable.

2. **Code Status Order**
   While placement of this order is not mandated (except on known community DNR surgical patients), it is highly encouraged. Please be aware of the code status in the banner bar. If the banner bar states "multiple orders," any duplicate code status orders should be discontinued.