

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

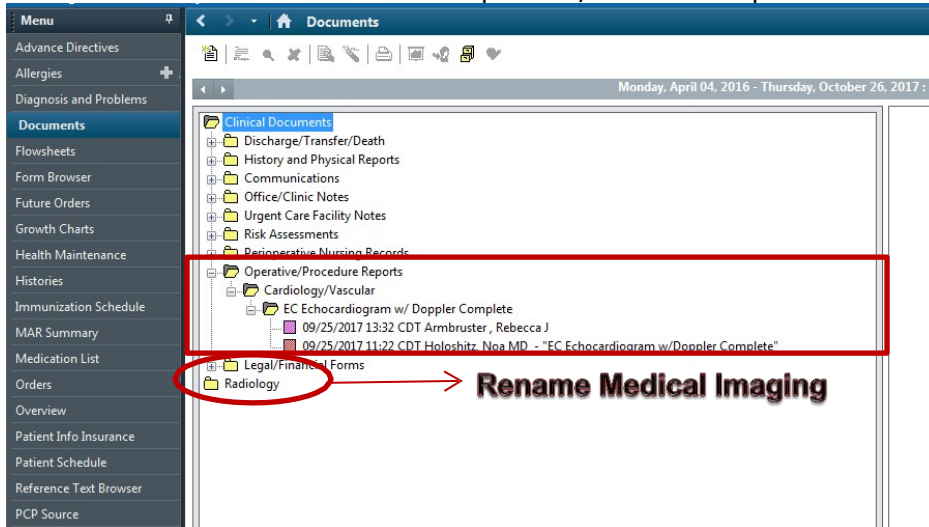
*Remember: Many answers/clarifications on EHR processes can be accessed through the EHR Intranet site or EHR Learning (Learning Live)*

❖ **Radiology and Cardiology result documents changes effective October 10th, 2017.**

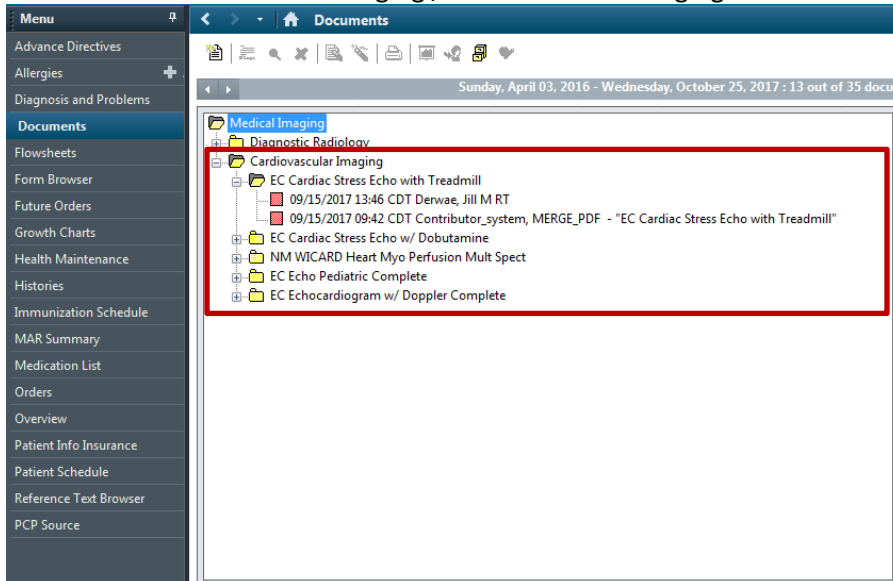
Please note changes to Radiology and Cardiology result documents (exam reports and image links):

1. Under Documents, the **Radiology** folder will be renamed **Medical Imaging**
2. **Echocardiograms** and **WICARD Nuclear** exam result documents (reports and image links) will be relocated to fall under the **Medical Imaging** folder

**OLD LOCATION** –Clinical Documents –Operative/Procedure Reports–Cardiology/Vascular:



**NEW LOCATION** – Medical Imaging / Cardiovascular Imaging:

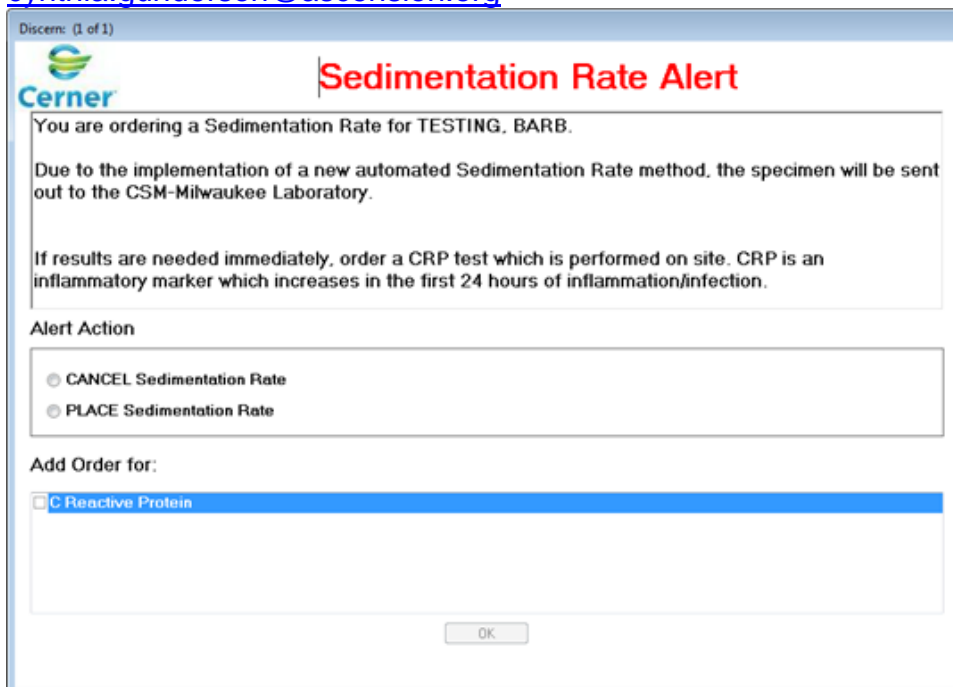


## ❖ ESR (Erythrocyte Sedimentation Rate) Testing at Columbia St. Mary's Milwaukee Laboratory (Effective Monday, October 9, 2017)

- CSM Milwaukee Laboratory will implement an automated ESR using the Roller 20 PN analyzer. This will replace the manual modified Westergren ESR as the primary method of testing. The modified Westergren will remain as a back-up method during instrument downtime.
- CSM Ozaukee Laboratory will no longer perform ESR testing on site; testing will be sent to the Milwaukee Laboratory. CRP (C-Reactive Protein), an inflammatory marker which increases in the first 24 hours of inflammation/infection, has been added to the Ozaukee Laboratory's on site test menu.
- The new automated ESR test methodology utilizes photometric-kinetic technology and transforms results to Westergren values (mm/hour).
- In most cases, results compare well between methods; however, unlike the modified Westergren method, the automated method is less affected by changes in erythrocyte size, shape, number and other analytical factors that are unrelated to inflammation.
- Reference ranges will remain the same for both methods.
- Reportable Range:  $\leq 2$  to  $\geq 120$  mm/hour

For questions or concerns, please contact:  
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## ❖ CSM Influenza Vaccine Nursing Influenza Season 2017-2018

- This communication is a reminder regarding upcoming influenza season and the importance of utilizing the CSM influenza vaccine reports and identifying who will be responsible for running them on your inpatient units.
- Influenza vaccination screening and administration of the vaccine to eligible inpatients 6 months of age and older is a quality measure which CSM monitors and reports to the Centers for Medicare and Medicaid Services (CMS). Multiple “bookend” strategies or “layers of defense” were integrated into nursing workflow last year in order to improve CSM’s quality outcomes and create sustainable change
- The Influenza Season **begins October 1st** and ends April 30<sup>th</sup> at Columbia St. Mary’s (CSM). Patients discharged after October 1 are under review for core measure Influenza screening. Please keep this in mind for patients that have been admitted prior to October 1 as they may not have been screened for influenza on admission. Therefore, all nursing staff is reminded to use the Adult Immunizations PowerForm to **reassess patients that were admitted in September** (not officially flu season), but will be discharged in October, when flu season officially begins, to avoid fall-outs.
- Please begin running the influenza vaccine report daily effective **September 28<sup>th</sup>**, paying close attention to patients that you anticipate will be discharged on or after October 1st. Be mindful that October 1<sup>st</sup> occurs over a weekend—it is on a Sunday. Integrate Cerner influenza vaccine reports into **daily Care Coordination Rounds** discussions.

Questions contact Sharon Brandenburg [Sharon.Brandenburg@ascension.org](mailto:Sharon.Brandenburg@ascension.org) or Greg Bruder [Gregory.Bruder@ascension.org](mailto:Gregory.Bruder@ascension.org)

## ❖ Outside Records MPage (Effective – October 3rd)

Outside Records MPage will be available on October 3<sup>rd</sup> 2017.

This MPage will import clinic and hospital data for patients seen by Ascension Wheaton Franciscan Healthcare providers along with data from other organizations that are connected to the CommonWell Alliance.

To view organizations that are part of the alliance, visit the CommonWell web page at <http://www.commonwellalliance.org/providers/>.

A technical ability exists to save a document to the CSM record.

Job Aid and a list of FAQs for the Outside Records MPage is available [here](#).

### Things You Need to Know:

- The patient banner will have an indicator letting you know if there are new records available since the last query was done.

TEST, CSM BABY PCP:	DOB:07/01/1997 Age:20 years Adv Dir:	Sex:Female Loc:PMC 3A	MRN:ATH-01038945 Fin#:6413470 Outside Records: (6) New	Alter Outp CSM
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- Data will include info from the Ascension Wheaton Franciscan Epic system as well as records from other outside facilities.
- This MPage will conduct a query and pull data from outside facilities whenever an Athena/Invision encounter is created if the patient match criteria has been met.
  - The initial query will look back 180 days and import data.
  - Subsequent queries will look back 30 days from the last query.
    - ✓ If my first query is done Oct 1, the system will look back and pull data from 4/1/17-10/1/17.
    - ✓ If the next time I open the record is Jan 1, the system will pull data from 9/1/17-1/1/18.

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

- The Documents tab will display outside documents:
  - Documents will display in date order of the query, most recent documents listed first.
  - Documents will not purge, but each time a query is performed if new documents are present, they will be added to the list.
  - Saved documents will display in Health-Care Facility Chart External and be saved by the date of the document.

For questions please contact IS Service Desk at 414-326-2400

## ❖ Heart Failure Education *(Effective- Now)*

- The Transition of Care Workteam has been evaluating current workflows and documentation in an effort to decrease readmission rates for heart failure patients.
- As part of that work, the CHF education PowerForm has been redesigned. The questions in the grids now echo the stoplight zone diagram to improve the patient's ability to recall information.
- Patient's ability to teach back the information will be evaluated not only before discharge, but also via post discharge phone calls.

Heart Failure Signs and Symptoms							
	VU	PP	TB	FI	UC	DI	Comment
What are some symptoms of Heart Failure?							
Why is it important to watch for symptoms of Heart Failure?							

Self-Management							
	VU	PP	TB	FI	UC	DI	Comment
Tell me what you should do every day:							
Weigh yourself							
Take your medicines							
Check for swelling							
Eat low salt food							
Pace yourself and take rests if needed							
How do you know everything is ok? (i.e., you're in the Green Zone)							
No change in weight							
No increased swelling							
Breathing is OK							
No chest pain							

Heart failure action plan							
	VU	PP	TB	FI	UC	DI	Comment
When should you call the doctor? (i.e. you're in the yellow zone)							
You have a weight gain of 2 pounds or more in a day							
You have a weight gain of 5 pounds or more in a week							
You have more swelling							
It's harder to breathe or you're coughing more							
Your chest feels heavy but it gets better with rest or medicine							
You feel more tired or weak							
Which doctor should you call?							
When should you call 911? (i.e. you're in the red zone)							
It's hard to breathe at rest							
You have chest tightness that doesn't get better with rest or medicine							
You're coughing up pink, foamy liquid							
You're confused or not thinking clearly							

- The new education grids will be in PowerChart Sept. 25. Education documented prior to that date can be reviewed by viewing the form in Form Browser.

For questions, contact [Anne.Putzer@Ascension.org](mailto:Anne.Putzer@Ascension.org) or [Karen.Shapiro@Ascension.org](mailto:Karen.Shapiro@Ascension.org).

