

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

## ❖ Frostbite

- Changes to PowerPlan, Frostbite tPA eligibility Criteria PowerForm & Neurovascular Assessment
  - Most of these changes are applicable only to the Burn Unit where patients with Frostbite are cared for. But, there are several clarification & order fixes that will be released 1/18/2018.
- Frostbite Admission (release 1/18/18)
- Additional CT imaging added if additional assessment is required to evaluate risk of tPA administration
  - Orders for CT of head, thorax, abdomen & pelvis now available when indicated

### Frostbite tPA (Release 1/18/18)

- Frostbite tPA Eligibility Criteria PowerForm: Revision of exclusion criteria to more closely align with evidence-base protocol in the literature.
- Removal of Full-dose Heparin infusion: PE/VTE (keeping Full-dose Heparin infusion: No PT/VTE)
- Clarification of duration of heparin infusion (3 day will be routine, with clarification needed from Burn Surgeon if 5 day therapy indicated)
- Adding orders to clarify detail & frequency of circulatory assessment and vital signs (need for assessment of digital, palmar, plantar Doppler pulses per frostbite areas).

### **Neurovascular IView Assessment:** (Available 1-10-18)

Additional detail added to be able to document the required detail for neurovascular assessment as described above.

This can be used for Frostbite or any time a very detailed circulatory assessment is needed.

Neurovascular – upper extremities (adult ongoing assessment)

New line under: other upper peripheral pulse 2

#### **Pulses detailed (frostbite/injury/flap)**

Multi select:

Doppler

Pulses audible all fingers

Pulses audible palm

Not all pulses audible (comment)

Note: comment box now has unlimited characters

|  |   |
|--|---|
| Other Upper Peripheral Pulse 1                 |   |
| Other Upper Peripheral Pulse 2                 |   |
| <b>Pulses Detailed U-Frostbite/Injury/Flap</b> | <b>Pulses Detailed U-Frostbite/Injury/Flap</b> ✕                                |
| Pulses Detailed Comments - Upper               | <input type="checkbox"/> Doppler  |
| LUE Movement: Extend Wrist/Finger              | <input type="checkbox"/> Pulses audible all fingers                             |
| RUE Movement: Extend Wrist/Finger              | <input type="checkbox"/> Pulses audible palm                                    |
| LUE Movement: Thumb Opposition                 | <input type="checkbox"/> Not all pulses audible (enter in comments field below) |
| RUE Movement: Thumb Opposition                 | <input checked="" type="checkbox"/> Other                                       |
| LUE Movement: Finger Abduction                 |   |
| RUE Movement: Finger Abduction                 |   |
| Finger Edema, Bilateral                        |   |
| Finger Edema, Left                             |   |

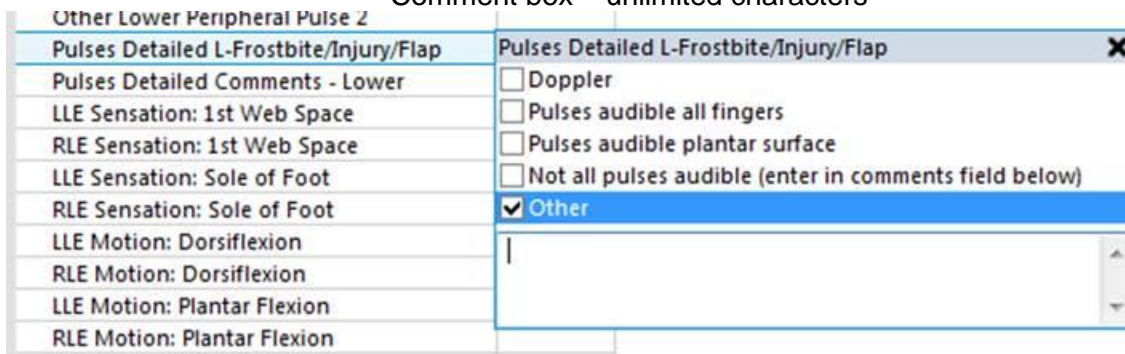
Neurovascular – lower extremities (adult ongoing assessment)

New line under: other lower peripheral pulse 2

### Pulses detailed (frostbite/injury/flap)

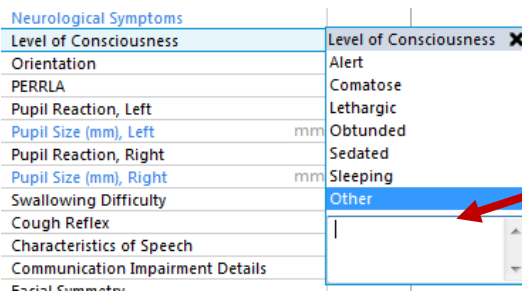
Multi select:

- Doppler
- Pulses audible all toes
- Pulses audible planter surface
- Not all pulses audible (comment)
- Comment box – unlimited characters

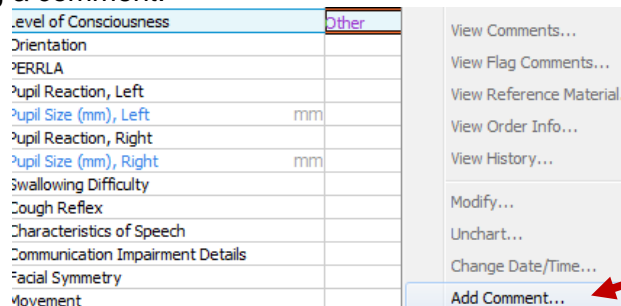


## ❖ “Other” option will not open free text box on multiple fields (Ongoing)

In ongoing preparation for the February IPOC (Interdisciplinary Plan of Care) go-live, multiple fields in IView and some PowerForms will be slightly changed. Currently, when “other” is an option, it often opens a free text box.



In the future, if there is no free text box, “Other” can still be documented by right clicking and adding a comment.



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

## ❖ 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 29<sup>th</sup>. 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 15<sup>th</sup> through February 12<sup>th</sup>.
- 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 2<sup>nd</sup>, 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](mailto:Melissa.Rader@ascension.org)