Admission History
10/15/14

Admission Assessments have been optimized and renamed as *Admission Information...*

The forms are customized for Pre-Surgical/Procedural and Outpatient areas.

All physical assessment data will now be collected in I-View Shift Assessment.

Refer to the Education Module on HealthStream for more details about the changes

Admission Information Part 1 and 2
- No change to current workflow
- Information is good for 30 days

Admission Information Pre-Surgical/Procedure
- Designed to meet the workflow of collection of information over the phone in PAT OR collection of information occurring on the same day as surgery or procedure
- Both sections include OSA and STOP BANG
- OSA is required in both sections
- STOP BANG opens in Part 1 to collect information, but will not score due to the missing neck measurement. In Part 2, STOP BANG is required based on the answers to OSA questions
- If Part 1 was completed within the last 30 days, only Part 2 is required on the day of surgery

Admission Information Outpatient
- Part 1 will be completed on first Outpatient visit
- On each Outpatient visit after this, Part 2 is opened and completed
- If there are changes, Part 1 can be opened and information reviewed, changes made

Discharge Instructions

Nursing and Case Management – 10/7/14

S	• Patients reported the Discharge Instructions are confusing and it's difficult to identify critical information within the document • Facilities receiving a patient post discharge have requested additional information to help them with providing care for the patient
B	A multi-disciplinary team was charged with the review and redesign of documentation capture and output for patient discharged from Saint Thomas Health hospitals
A/R	Discharge Instruction document was redesigned to separate patient discharge information (activity, diet), follow up appointments, medication list
R	Redesign of the information captured at discharge and printed on the patient discharge instruction and transfer facility information

DEPART - Discharge Documentation Capture Sections

Open Patient Chart	Opens the patient chart
Follow-up	Utilized to document follow up appointments with physicians and clinics
Education	Document education provided and outcomes of the teaching
Patient Education Handouts	Patient education leaflets-which can be customized to meet specific patient needs
Referrals by Care Management	Case management document discharge planning information *Case Management will utilize the Follow-up tool to document all follow-up appointments*
Discharge Instructions	Documented for all patients - *discharged home **or** transferred to another facility*
Transfer Facility	Documented for patients who are Transferred to another facility
Departure Information	Documented for all patients - *discharged home **or** transferred to another facility*
Discharge	Discharge-will open PM Registration to discharge the patient from the system

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Printing Discharge Instructions

Select the correct Tab to print Discharge Instructions
- **Discharge Home** - Print this document for patients discharged to their home
- **Transfer to Facility** - Print this document for patients who are transferred to another facility

Kangaroo Care Documentation - iView

OB RNs - 10/15/14

S/B	No current documentation fields for Kangaroo Care in iView
A	Incomplete documentation of Kangaroo Care offered and provided
R	Add Kangaroo Care documentation to iView > NICU Quick View

iView > NICU Quick View > Kangaroo Care…

Figure 1 - Select Kangaroo Care Offered> Yes > Kangaroo Care Performed > Yes> Kangaroo Care Length > enter minutes

Figure 2 - Select Kangaroo Care Offered> No > Kangaroo Care Education; Reason Kangaroo Care… documentation fields

Adding NICU Quick View Navigator Band:
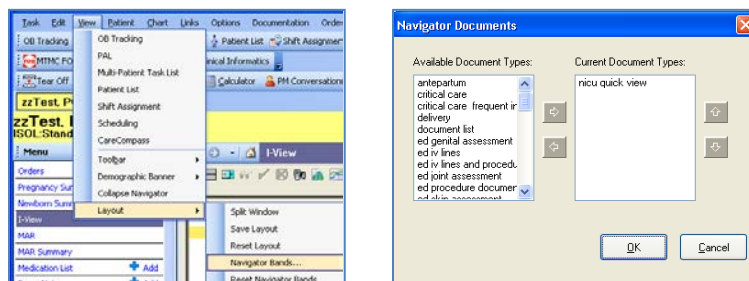
OB tracking shell > select a patient > iView

Figure 3 – iView > View > Layout > Navigator Bands…> add "nicu quick view" to Current Document Types> OK > close patient chart > open patient chart > iView – NICU Quick View band will be available

VTE Documentation *– iView Revisions*

Nursing　　　　*9/16/14*

S	VTE Prophylaxis documentation in iView was not being documented and/or pharmacologic was selected when the drug did not meet prophylaxis criteria
B	• VTE Prophylaxis had both nursing care and type of prophylaxis in one menu • It did not appear face up so it was often not selected for documentation
A	VTE Prophylaxis Activity is related to nursing care and is separated from the Type of Mechanical VTE Prophylaxis that will assist with data to the Quality VTE Dashboard
R	• Separate Nursing Care and VTE Prophylaxis documentation • Change iView > VTE prophylaxis to Mechanical VTE Prophylaxis • SCDs, TEDs, and Foot Pumps removed from Equipment in Use • Include Pharmacologic Prophylaxis on the MAR (remove from iView) • Chart initiation time for Mechanical VTE Prophylaxis once – pull forward

Applies to: Frequent Intensive bands and PACU band
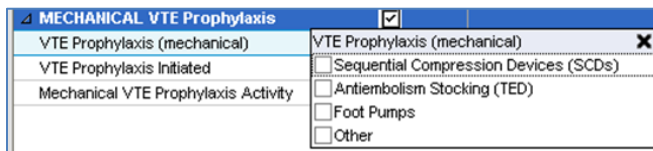

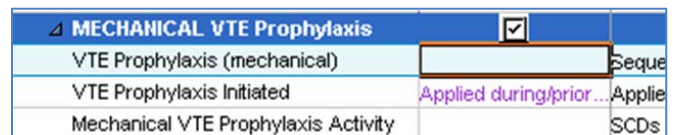**Figure 1 - Charting items for VTE Prophylaxis (mechanical)**

Figure 2- VTE Initiated pulls forward once it is documented
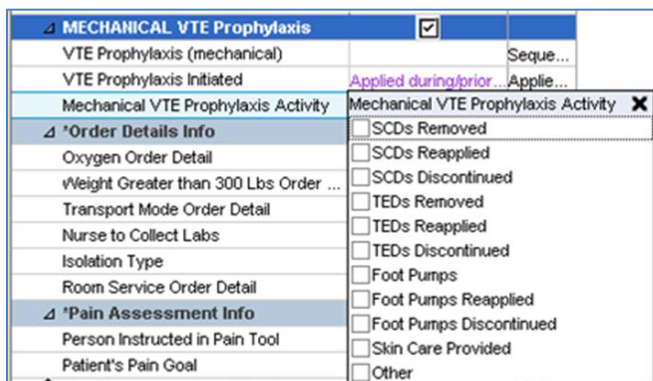

Figure 3 - Mechanical VTE Prophylaxis Activity Documentation

Note: Set iView to display Mechanical VTE Prophylaxis face-up (default open)
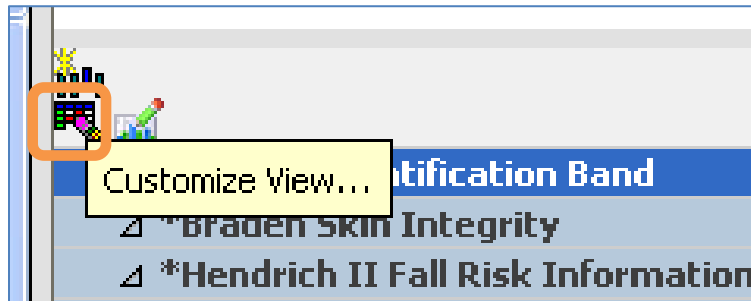
iView – Default Open Settings

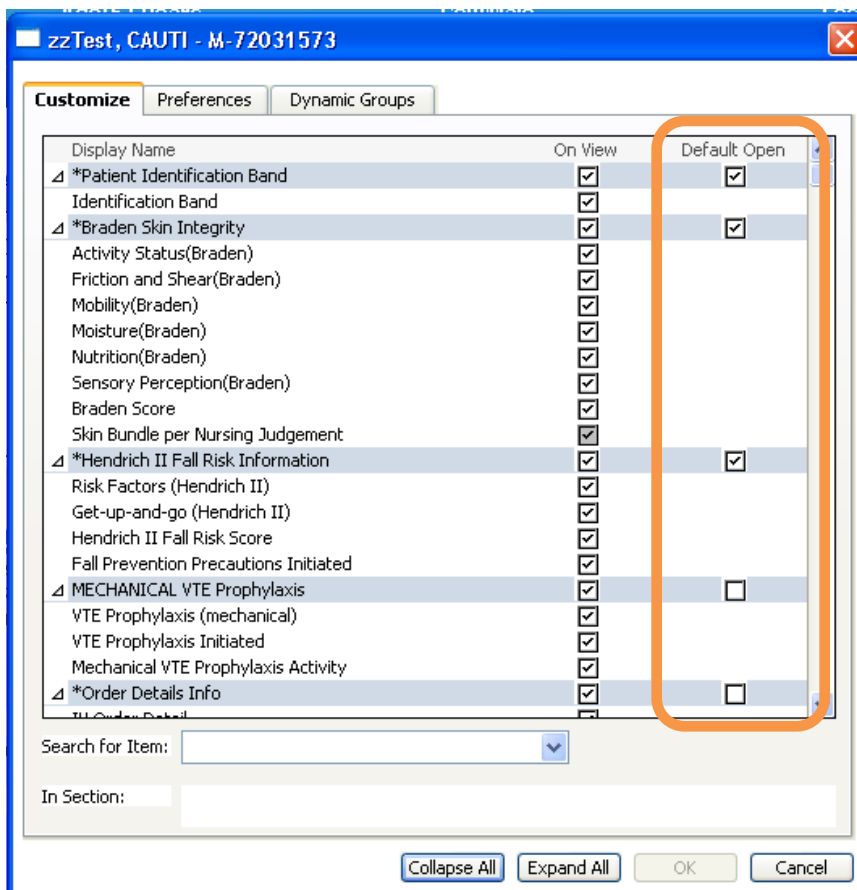**Figure 1 - Select the "Customize View" button just above the documentation columns in iView**

Figure 2 – Check or uncheck the "default open" checkboxes as appropriate > select "OK" when done

Alert – Warfarin Ordered without INR

CPOE Providers, Nursing and Pharmacy – 10/13/14

S	Prescribers currently do NOT get a warning if warfarin is actively ordered and there has not been an INR result in the past 72 hours
B	STTC approved rule to warn prescribers for this scenario
A	• Rule will fire an alert to prescriber if any order is placed in Powerchart and the conditions described above are met • The prescriber will be able to add order for INR within the rule alert
R	Go live Oct 13. See snapshot

Discern: (1 of 1)

WARFARIN without INR Warning

*All warfarin orders must have INR or INR POC result within the previous 72 hour period.

* If no INR result in previous 72 hours, please add order for INR by CLICKING ON BOX to the left of INR order below, then click OK. The INR order may be modified if other frequency desired.

Add Order for:

☐ INR -> Blood, Stat collect, T;N, Lab Collect

OK

FOD Form Removal – *ORDER: Major or Life Threatening Bleeding Anticoagulant Reversal Standing Orders (Kcnetra, PCC, FEIBA, NovoSeven)*

Providers and Nursing- 10/7/14

S/B	The form *ORDER: Major or Life Threatening Bleeding Anticoagulant Reversal Standing Orders (Kcnetra, PCC, FEIBA, NovoSeven)* was inadvertently left in Forms On Demand
A	When available PowerPlans should be utilized and the FOD form should be removed
R	Remove Order from FOD, utilize appropriate PowerPlan

FOD Form:

Select	Number	Name
☐	OR00390	ORDER: Major or Life Threatening Bleeding Anticoagulant Reversal Standing Orders (Kcentra, PCC, FEIBA, NovoSeven)

PowerPlan:

CC Major or Life Threatening Bleeding Anticoagulant Reversal using Kcentra, Feiba, or NovoSeven

RBC Transfusion Indications *-REVISION*

Physicians, NPs/PAs/ Nursin, Blood Bank – 10/7/14

S	Physicians requested additional indications for RBC Transfusion indications
B	These were approved thru the Blood Bank Pathologists and MEC
A/R	Specific patient populations have been included in the transfusion indications

Per Commercial Payer Authorization

New Ordering Physician Communication Type

PowerOrders Users/Reviewers - October 1, 2014

FOR USE BY UTILIZATION REVIEW STAFF ONLY

NOTE: Nursing and Providers will <u>not</u> select this Communication Type

Therapeutic Substitutions

CPOE Providers, Nursing and Pharmacy – 10/7/14

S	Therapeutic substitutions (TSubs) for CPOE must be built using *product level* names in order to ensure accuracy. Some changes will need to be made to medication orders to accomplish this task.
B	STTC and MECs have approved all TSubs.
A	This build helps ensure 1:1 matches from non-formulary meds ordered to the approved formulary meds. • *Product level* names will need to be used (see examples below) • Powerplans and Quick Orders will NOT be impacted • EDs will NOT be impacted since they are currently using *product level* names for home meds documentation and ePrescribing
R	Resave favorites, if applicable, with the appropriate *product level* names. See examples below. Roll out of new and improved TSub batches begins 10/7/14.

Examples

Brand name saved as Favorite: Zocor

Resave as product level name: Zocor 20 mg oral tablet

Brand name saved as Favorite: Vytorin 10/40

Resave as product level name: Vytorin 10 mg-40 mg, oral tablet Key Point

NOTE: Nonformulary meds will be converted to product level names in Cerner starting Oct 7, 2014.

Evaluate favorites and resave any with appropriate product level names.

SEE NEXT 3 PAGES FOR LIST

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Therapeutic Substitution List: *p. 1/3*

ACE Inhibitors	moexepril (Univasc), perindopril (Aceon), quinapril (Accupril), trandolapril (Mavik); plus combination products (Accuretic, Lotensin HCT, Lotrel, Tarka, Uniretic, Vaseretic, Zestoretic)
Antiarrhythmics	propafenone extended release (Rythmol SR)
Antihistamines, 2nd generation	cetirizine (Zyrtec), desloratadine (Clarinex),fexofenadine (Allegra), levocetirizine (Xyzal), plus antihistamine combinations that include pseudoephedrine
Antihypertensive, combinations	spironolactone-hydrochlorothiazide (Aldactazide), BiDil, Dyazide
Anti-infectives	amoxacilin-clavulanate extended-release (Augmentin XR) 1,000 mg, Ticarcillin-clavulanate (Timentin),Nystatin/triamcinolone cream or ointment, mupirocin (Bactroban) cream or nasal oint
ARBs	azilsartan (Edarbi), candesartan (Atacand), telmisartan (Micardis), eprosartan (Teveten), irbesartan (Avapro), olmesartan (Benicar); plus combination products (Atacand HCT, Avalide, Azor, Benicar HCT, Diovan HCT, Exforge, Hyzaar, Micardis HCT, Teveten HCT, Tribenzor)
Beta agonists	levalbuterol (Xopenex), albuterol (Proventil/Ventolin)
Beta agonist, long acting	salmeterol (Serevent Diskus)
Calciums, oral	calcium carbonate, -lactate, -citrate, -gluconate, -oxide); calcium-vitamin D
CCBs	carvediolol CR (Coreg CR), nisoldipine extended release (Sular); plus combinations (Tekamlo)

Therapeutic Substitution List: *p.2/3*

Corticosteroid inhalers	beclomethasone (QVAR), budesonide (Pulmicort), ciclesonide (Alvesco), flunisolide (Aerobid), mometasone (Asmanex)
Corticosteroid plus long-acting beta agonist inhaler	budesonide/formoterol (Symbicort HFA); fluticasone/salmeterol (Advair HFA); formoterol/mometasone (Dulera)
Estradiol patches	Alora, Climara, Esclim, Estraderm, Fempatch, Vivelle-DOT
Fenofibrates	Antara, Fenoglide, Fibricor, Lipofen, Lofibra, TriCor, Triglide, Trilipix
H2 Receptor blockers	cimetidine (Tagamet), ranitidine (Zantac); nizatidine (Axid)
Iron, oral	carbonyl iron (Feosol), ferrous fumarate (Hemocyte), ferrous gluconate, Feosol Spansule, Slow Iron, polysaccharide-iron complex (Niferex, Poly-iron)
Magnesiums, oral	magnesium gluconate, -aspartate,-lactate, -oxide); sevelamer (Renagel);
Miscellaneous	atenolol/chlorthalidone (Tenoretic), amiloride/hydrochlorothiazide (Moduretic), diclofenac/misoprostal (Arthrotec), dalteparin (Fragmin), donepezil (Aricept) 23mg,; dutasteride (Avodart), dutasteride-tamsulosin (Jalyn),Fleet phosphate enema, megestrol ER (Megace ER) 625 mg susp,; olanzapine/fluoxetine (Symbyax), phenobarbital (15mg, 30mg, 60mg, 100mg), quetiapine extended release (Seroquel XR), omeprazole/sodium bicarbonate (Zegerid)
Nasal steroid sprays	beclomethasone nasal (Beconase AQ), budesonide nasal (Rhinocort AQ), ciclesonide nasal (Omnaris), flunisolide nasal (Nasalide), fluticasone nasal (Veramyst), mometasone nasal (Nasonex), triamcinolone nasal (Nasacort AQ)
Ophthalmics	brimonidine 0.1%, 0.15%; bimatoprost 0.01%, 0.03%; Travoprost 0.004%; sulfacetamide 10%/prednisolone 0.2% SOP Ophth oint or Ophth susp

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Therapeutic Substitution List: *p.3/3*

Opioids	morphine extended release (Avinza, Kadian), tapentadol (Nucynta, Nucynta ER)
Proton pump inhibitors	dexlansoprazole (Dexilant), esomeprazole (Nexium), lansoprazole (Prevacid), rabeprazole (Aciphex), omeprazole (Prilosec), pantoprazole (Protonix) 20mg; Prevpac
Sedatives/Hypnotics	estazolam (Prosom), eszopiclone (Lunesta), flurazepam (Dalmane), ramelteon (Rozerem), zaleplon (Sonata), zolpidem CR (Ambien CR); zolpidem any dose > 5mg for pts >65yo
Statins/Statin Combinations	fluvastatin (Lescol), fluvastatin extended-release (Lescol XL), lovastatin (Mevacor), rosuvastatin (Crestor), simvastatin (Zocor); Advicor, Caduet, Juvisync, Simcor, Vytorin