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

Saint Thomas Health
WITH YOU. FOR LIFE.

Clinical Informatics
615.222.4300
Cl@sth.org
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

---

Saint Thomas Midtown Hospital
2000 Church Street
Nashville, TN 37236
(615) 284-5555

**Patient Discharge Instructions/Information**

**Name:** Dake, Duffy  **Age:** 69 years  **DOB:** 02/21/1945

**MRN:** E-429061314  **FIN:** 506501438

Saint Thomas Midtown Hospital would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information regarding your injury/illness.
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

<table>
<thead>
<tr>
<th>S</th>
<th>VTE Prophylaxis documentation in iView was not being documented and/or pharmacologic was selected when the drug did not meet prophylaxis criteria</th>
</tr>
</thead>
</table>
| 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

<table>
<thead>
<tr>
<th>S</th>
<th>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</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>STTC approved rule to warn prescribers for this scenario</td>
</tr>
</tbody>
</table>
| 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 |

**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:

<table>
<thead>
<tr>
<th>Select</th>
<th>Number</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OR00390</td>
<td>ORDER: Major or Life Threatening Bleeding Anticoagulant Reversal Standing Orders (Kcnetra, PCC, FEIBA, NovoSeven)</td>
</tr>
</tbody>
</table>

PowerPlan:

[PowerPlan Image]
RBC Transfusion Indications -REVISION

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

<table>
<thead>
<tr>
<th>S</th>
<th>Physicians requested additional indications for RBC Transfusion indications</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>These were approved thru the Blood Bank Pathologists and MEC</td>
</tr>
<tr>
<td>A/R</td>
<td>Specific patient populations have been included in the transfusion indications</td>
</tr>
</tbody>
</table>

![Transfuse RBCs, adult](image-url)

- Units(s) to transfuse: 1
- Infuse Priority: When available
- Indication(s): Hgb 7 or Hct 21 for non-surg pts
  - Any indication for any patient
  - Acute coronary syndrome
  - Rapid blood loss
  - Sickle cell crisis
  - Increased O2 carrying capacity needed
  - Maternal hemorrhage

Clinical Informatics
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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 not 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**
# Therapeutic Substitution List: p.1/3

<table>
<thead>
<tr>
<th>Category</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACE Inhibitors</td>
<td>moexepril (Univasc), perindopril (Aceon), quinapril (Accupril), trandolapril (Mavik); plus combination products (Accuretic, Lotensin HCT, Lotrel, Tarka, Uniretic, Vaseretic, Zestoretic)</td>
</tr>
<tr>
<td>Antiarrhythmics</td>
<td>propafenone extended release (Rythmol SR)</td>
</tr>
<tr>
<td>Antihistamines, 2nd generation</td>
<td>cetirizine (Zyrtec), desloratadine (Clarinex), fexofenadine (Allegra), levoceptrizine (Xyzal), plus antihistamine combinations that include pseudoephedrine</td>
</tr>
<tr>
<td>Antihypertensive, combinations</td>
<td>spironolactone-hydrochlorothiazide (Aldactazide), BiDil, Dyazide</td>
</tr>
<tr>
<td>Anti-infectives</td>
<td>amoxacilin-clavulanate extended-release (Augmentin XR) 1,000 mg, Ticarcillin-clavulanate (Timentin), Nystatin/triamcinolone cream or ointment, mupirocin (Bactroban) cream or nasal oint</td>
</tr>
<tr>
<td>ARBs</td>
<td>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)</td>
</tr>
<tr>
<td>Beta agonists</td>
<td>levalbuterol (Xopenex), albuterol (Proventil/Ventolin)</td>
</tr>
<tr>
<td>Beta agonist, long acting</td>
<td>salmeterol (Serevent Diskus)</td>
</tr>
<tr>
<td>Calciums, oral</td>
<td>calcium carbonate, -lactate, -citrate, -gluconate, -oxide; calcium-vitamin D</td>
</tr>
<tr>
<td>CCBs</td>
<td>carvediolol CR (Coreg CR), nisoldipine extended release (Sular); plus combinations (Tekamlo)</td>
</tr>
</tbody>
</table>
### Therapeutic Substitution List: p.2/3

<table>
<thead>
<tr>
<th>Category</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Corticosteroid inhalers</strong></td>
<td>beclomethasone (QVAR), budesonide (Pulmicort), ciclesonide (Alvesco), flunisolide (Aerobid), mometasone (Asmanex)</td>
</tr>
<tr>
<td><strong>Corticosteroid plus long-acting beta agonist inhaler</strong></td>
<td>budesonide/formoterol (Symbicort HFA); fluticasone/salmeterol (Advair HFA); formoterol/mometasone (Dulera)</td>
</tr>
<tr>
<td><strong>Estradiol patches</strong></td>
<td>Alora, Climara, Esclim, Estraderm, Fempatch, Vivelle-DOT</td>
</tr>
<tr>
<td><strong>Fenofibrates</strong></td>
<td>Antara, Fenoglide, Fibricor, Lipofen, Lofibra, TriCor, Triglide, Trilipix</td>
</tr>
<tr>
<td><strong>H2 Receptor blockers</strong></td>
<td>cimetidine (Tagamet), ranitidine (Zantac); nizatidine (Axid)</td>
</tr>
<tr>
<td><strong>Iron, oral</strong></td>
<td>carbonyl iron (Feosol), ferrous fumarate (Hemocyte), ferrous gluconate, Feosol Spansule, Slow Iron, polysaccharide-iron complex (Niferex, Poly-iron)</td>
</tr>
<tr>
<td><strong>Magnesiums, oral</strong></td>
<td>magnesium gluconate, -aspartate,-lactate, -oxide; sevelamer (Renagel);</td>
</tr>
<tr>
<td><strong>Miscellaneous</strong></td>
<td>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)</td>
</tr>
<tr>
<td><strong>Nasal steroid sprays</strong></td>
<td>beclomethasone nasal (Beconase AQ), budesonide nasal (Rhinocort AQ), ciclesonide nasal (Omnaris), flunisolide nasal (Nasalide), fluticasone nasal (Veramyst), mometasone nasal (Nasonex), triamcinolone nasal (Nasacort AQ)</td>
</tr>
<tr>
<td><strong>Ophthalmics</strong></td>
<td>brimonidine 0.1%, 0.15%; bimatoprost 0.01%, 0.03%; Travoprost 0.004%; sulfacetamide 10%/prednisolone 0.2% SOP Ophth oint or Ophth susp</td>
</tr>
</tbody>
</table>
## Therapeutic Substitution List: p.3/3

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