

From the Office of Clinical Informatics Nursing & Clinical Staff Newsletter "INPATIENT"

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Referral to NEDS (New England Donor Services)

Referrals to NEDS are now automated through documentation in iView.

Nursing should **always** submit an eReferral **first** prior to calling New England Donor Services (NEDS). An eReferral is documentation of a heart beating or asystolic referral in the **Patient Expiration** band in iView. Upon signing the documentation, the referral is electronically sent to NEDS, and a follow-up phone call is then placed.

⊿ Timely Donation Referral	
Send Referral and All Updates to NEDS	Send Referral and All Updates to NEDS 🗙
NEDS Referral Number	Yes, heartbeating referral
	Yes, asystolic referral

Click <u>here</u> for additional information on the Patient Expiration iView band and the automated referral workflow

Labor & Delivery Referrals

For fetal demise referrals to New England Donor Services (NEDS), do NOT make the eReferral in the mother's chart in iView if a chart **has not** been made for the infant. Instead, place a phone call to NEDS. If the baby does have a chart at time of referral, documentation should occur in the **Patient Expiration** band in iView which sends an electronic referral to NEDS from the baby's medical record. Guidelines for fetal demise referrals are included in the reference text attached to the DTA **Send Referral and All Updates to NEDS**.

IV Placement

The IV Placement task in LaunchPoint was updated to allow nurses to document that the task was done. Previously, the option to select **Done** was dithered out and staff were selecting **Not Done** and **Already Documented**. Now, charting done takes the nurse into iView to document that the IV was started.

1 Patient Care		
IV Placement Start: 02/16/23 9:41:00 EST, Stop: 02/16/23 9:41:00 EST, ED Peripheral IV Insertion Comments: Assess every shift		
	Document	Close

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COMFORT Behavior Assessment

The COMFORT Behavior Assessment section was added back to the PICU Systems Assessment Navigator Band. The assessment continues to be in the Sedation and Delirium Assessment in the PICU Liberation Bundle Band and ICU Liberation Bundle Band. Documentation flows across these sections

Telemetry Necessity Form Update

The **Telemetry Necessity** form was updated to include **Other** in the **Patient Receiving** options. If **Other** is selected, a free-text box opens to be completed with the necessity reason. This assists clinical staff with adding a reason for telemetry necessity when the option is not available on the designated list.

ned on: 01/25/2023 🗘 v 13:09 🗘 EST **Telemetry Necessity** Patient is Receiving C Central IV Citical Care Potes IV Adenosine IV Amiodarone (Nexterone) C IV Propranoiol (Inderal) C IV Verspani C Sotalol PO Loading / Ahopine / Diliszem (Cardizem) D Loading within past 3 day V Dopatnine V Ibutilide (Corvert) V Labetalo Patient Had Any of the Fc Episodes of syncope Episodes of chest pain otassium Level less that Magnesium Level less than 1 Systolic BP less than 35 Heart Rate less than 45 or gre Respiratory rate less than 8 or Admitted with CHF OK Cancel Vascular reconstruction sur SaO2 less than 92% hoke Tach/V Fib (runs of 4 beats or more) ardiac Rhythm pauses greater than 4 se Cardiac Rhythm pauses greater than 4 s New onset of 2nd or 3rd degree heart bit Prolonged QTc greater than 0.5 second Polonged la to yo Positive traponins Seizues with high sisk of antystimia (ide ntilied by provider in Telemetry Monitoring a

PCA Documentation

Documentation of a patient's PCA is done within the Interactive View and I&O. The PCA Dynamic Group is located within the Lines Devices Procedures iView band. If the PCA section is not in view, pull it in using **Customize View**. For complete step-by-step directions, including documenting in the Intake and Output Band, please refer to this <u>flver</u>.

<u>NOTE</u>: Documentation of PCA volumes is not completed on the IV Medication Drips PowerForm. This form is for standard continuous medication infusions.

X Adult Lines Devices Procedures	02/01/202
Peripheral IV Midline IV	Customize View
Central Line Preprocedure Time-Out	
Straight/Intermittent Catheter Urinary Catheter	△ PCA Settings
Arteriovenous Access Badial Compression Device	PCA Activity Initiate RN Witness
PCA	PCA Concentration 1 mg/mL
X Adult Crit Care Quick View	Mode (mg) Backgrou.
Yeriop Lines Devices Procedures	♦ Number of Patient R ♦
YPICU Lines Devices Procedures	Patient Request Dos A Background Dose In
Yediatric Quick View	Loading Dose (mg) 1
V Periop Quick View	Background/Patient

Cerner Patient Observer (Virtual Patient Observation) Reminders

Patients with C-Diff are excluded from being observed with the camera.

The camera should be cleaned between uses with Sani-Cloth wipes. **NO BLEACH** products or wipes containing bleach can be used on the camera.

The cameras MUST be stored plugged in so the camera can receive updates.

• Onboarding a patient will take longer with cameras that have not been plugged in during storage because the camera takes updates when the camera is turned on.

DO NOT turn the camera around when **privacy** is needed for the patient.

- Wave in front of the camera to get the monitor technicians attention and ask for Privacy Mode. The technician will usually keep the audio on during privacy mode so they can hear you when you tell them you are all done.
- If the monitor technician is trying to redirect a patient, they may not respond immediately because they can only talk into one room at a time. It is okay to proceed with your care and the monitor technician will change the camera to Privacy Mode. (The monitor technician is in a closed room.)
- When care is completed, wave at the technician to let them know you are all done.
- When in Privacy Mode, the technician sees a white background with an outline of the furniture and people in the room sort of like an Etch-a Sketch drawing.

Click <u>here</u> for additional information on cleaning the camera.

Click here for additional information on nursing workflow for the camera.

Social Determinants of Health (SDoH)

The **Social Determinants of Health** PowerForm was updated to include an **Attestation** at the bottom of the PowerForm. **Nine questions** must be answered in addition to the **abuse/neglect** questions found in the **Social History** section that need to be completed annually.

The SDoH & Abuse/Neglect social history questions, completed today section which is at the bottom of the PowerForm need to be answered: Yes, along with the date entered at the top. SDoH Questions 1-9 Completion date field is what satisfies the recommendation to populate SDoH due date in one year.

Food Insecurity 1. Within the past 12 months we worked whether our food would run out before we got anoney to long annet?		SDall questions 1-9 completion date Database +				
		Within the past 12 months the food we bought just didn't la and we didn't have movey to get move?				
C Never	C Alvan	C Somefrees C Did not answer	O Never	C Alman	C Sonatines	C Did not anower
C Never C Ravely	C Sometimes C Othern	C Always C Did not anomar	O Yes O No	C Did not ann C Does not sp	NE Chr	
Questions 1 Social Histor	-9 of Social Deter or questions com	minants of Health & Abuse/Negle sktod today	ct 🖲 Yes			

Remember that completing the SDoH PowerForm **annually** is a requirement for all **Inpatient** and **Ambulatory** patients.

Click here to review the system policy for Social Determinants of Health: NL System Policy for SDoH (page 17).

Problem List Diagnosis Assistant Tool Reminder: Diagnosis assistant tool can be used to further specify the unspecified problems and change how the diagnosis displays on the problem list. TESTING, PROD23 Click the icon on the Problem List. **STEP 1**: R07.9 Chest pain. 120.1 Angina pectoris with documented spas Click **box** for code. **STEP 2:** Clinical Core Clinical Subset **STEP 3:** Click Select from list. Code Name 71 results 689.12 Acute post-thoracotomy pair **STEP 4**: Select a diagnosis from pop-up window. **✓ I20.1** Angina pectoris with docume 120.9 na pectoris, unsi graft(s) with ang 125.721 Ath sis of autologous arter ary artery byn with docum STEP 5: Click Save. Set Display As Chest pain Donel toris with documented spasn Angina pectoris with documented spas Search Term The display on the problem list will change. SNOMED CT Coronary artery spars Angina pectoris, variant Coronary artery spasm oronary artery ronary vas..., inzmetal angina Save Cancel 5 Problem List Classification All ~ Add as This Visit ar ∨ Add problem Q Code Priority **Problem Name** Onset Classif Actions Resolve $1 \checkmark$ (HCC) Angina pectoris, variant I20.1 (ICD-1... --Medical ✓ This Visit V Chronic

Medication Clinical Decision Support (mCDS) Updates – effective 02/22/23

Sorting

In the mCDS window, interactions are automatically sorted in the respective interaction sections by severity and alphabetically.

<u>Allergy</u>

With the enhancement, section headings in the mCDS window will display (0) if no interaction is found.

Duplicate Therapy

If an interaction is selected to be discontinued from mCDS and the same order qualified for other drug-drug or duplicate interactions, the other rows for the interactions are updated with the information for the discontinue action.