

McLaren Greater Lansing

CPOE/WSP Upgrade

Version 12.0.975

Go Live February 6, 2014

# System Downtime

- Prior to go-live, there will be a significant DOWNTIME (estimated 16 hours) in order to update the LIVE system to 12.0.975
- **Downtime- Users will need to log out by 1:00 am on 2/6/14**
  - System should be available by 5:00pm on 2/6/14.

CPOE/Web Station for Physicians- **Will be Unavailable**

PIE will be Available during downtime

- **Census- Available in Patient Placement Office or call Ext. 57456**
- **Physician Orders/Med Rec- Use Paper Order Forms**
- **Reviewing Results- Results will be printed and placed in Patient Chart**
- **Nurse charting- Will be placed in Patient Chart**

# Enhancements

- Most orders will be auto processed making for faster turnaround
- Can view Pre-Arrival Medications (those given by EMS)
- CPOE -Order Queue defaults to show only current admission orders
  - Setting can be changed to view all.
- Retired Text Medications no longer visible
- Search for single medications- drop downs for dose and frequency
- Screening alerts are addressed once for each order entered
  - Can modify or discontinue current medication from alert
  - Must address all alerts.

# Patient Data Refresh

Note the **red** refresh in the banner bar. This will refresh your page

The icon turns from **gray** to **red** when there is data that needs refreshing for your patient

The screenshot displays the Paragon WebStation for Physicians interface. At the top, the browser title is "MS Paragon WebStation for Physicians". The main header area includes "Allergies" with a green checkmark, "Code Status" with a yellow question mark, and a red "NO DIET" alert. A navigation bar contains various icons, including a red refresh icon circled in red, which is pointed to by an arrow from the text above. Below the header, a patient information bar shows "TEST, FIVE (3000000588)" and various patient details: "AdmWt AdmHt Ht Wt CrCl BSA BMI Bed: 0312-01 Facility: MCLAREN GREATER LANSING TEST Age: 58Y Gender: F AdmComplaint: abdominal pain AdmDate: 12/16/2013 13:42 LOS: 3". A menu bar below this contains tabs for "Prob. & Proc.", "Pre-arrival Meds", "Home Meds", "Adv Dir", "Demog", "Implants", "Newborn", "Blood", "Immun", "Pat Alerts", "Pain", "Visit", "Financial", "Contacts", "Soc Hx", "Vitals", "Alcohol", "Tobacco", and "Rec Drug". A secondary menu bar includes "Census", "Action List", "CPOE", "Deficiencies", "Health Info Exchange", "Assignments", "Orders", "Results", "Med Rec View", "Meds", "Vitals", "Clinical Assess", "Pat Sched", "Reports", "Caregiver Sched", "Covering", "Misc.", "URLs", and "PDL". A red warning message at the bottom of this menu bar reads "The clinical decision support intervention systems currently not available." The bottom of the interface features four large buttons: "Order Queue", "Search", "Favorite Orders", and "Medication Reconciliation".

# Managing Alerts

- Use the drop down menu to select reason for Override. Free Text Option available
- If you click on the **big red [X]** in the corner your orders will be **Unsubmitted**. You must put in an override reason to submit each order

Order Alerts -- Webpage Dialog

HedRecon Required Alert Actions

Depakote 10 mg/kg orally 3 times per day

Severity Not Available      DOSE

Drug: Depakote Oral  
Single Dose Message: No dosing information specific to maximum single dose is available from the database. Duration Message: No dosing information specific to duration is available from the database. Frequency Message: No dosing information specific to frequency is available from the database.

Override order

( \* reason required for override)

Override

Return to Medication Reconciliation

Free Text Here

Click on Override

Returns to Medication Reconciliation

# Linking- Medications

- ▶ **Linking home meds to inpatient meds** results in clearer discharge instructions for the patient
- ▶ In V12.0.975 you may be presented with the option to **LINK** a patients home medication, to the same medication that was ordered in the hospital
- ▶ This function exists in any of the Med Recs
- ▶ If you are presented with the option to **LINK** medications, close out of the screen **WITHOUT** Linking
- ▶ Call Pharmacy or contact Satellite Pharmacy if you would like to have medications **LINKED**

# Linking Medications cont'd

Medication Reconciliation Linking

Grouping by: ETC Desc ▲

Home Med	Inpatient Med
<b>Antidepressants</b>	
<input type="radio"/> CELEXA 40 mg PO every day	<input type="radio"/> CeleXA 40 mg PO qday
<b>Diuretics</b>	
<input type="radio"/> HYDROCHLOROTHIAZIDE 25 mg PO every day PRN	
<b>Peptic Ulcer Therapy</b>	
<input type="radio"/> OMEPRAZOLE 20 mg PO 2 times per day	

Click Here to Close the Link

Link Close

# Auto Processing

- ▶ Most orders will be processed immediately and not stop at the clerk.
- ▶ Orders that require additional information will stop at the clerk for processing.
  - ▶ Examples include:
    - ▶ All diet orders
    - ▶ Radiology (mode of transportation required, or reason for exam)
    - ▶ Blood products
    - ▶ Nurse collect orders (urine, sputum)



# Therapeutic Duplication Screening

- ▶ This screening will be *turned off* when Physicians are writing orders
- ▶ Pharmacy *will continue to receive these alerts*- to screen for Therapeutic Duplication.
- ▶ Physicians can view all Medications orders using the Meds Tab
- ▶ Sort by either the Generic or Brand name, by clicking on the description

Pharmacy Orders (save) (restore)

Time: <ALL> Active Orders  (reset)

✓	RX#	Type	Generic Name/Desc	Brand Name	Dose	Route	Freq/Rate Description	PRN	Status
<input type="checkbox"/>	1213624	MED	SULFAMETHOXAZOLE-TRIMETHOPRIM 800-160 MG 1 TAB ORAL	BACTRIM DS	1 TAB	ORAL	TWICE A DAY		Active
<input type="checkbox"/>	1213638	MED	SODIUM CHLORIDE 0.9 % FLUSH 2 ML IV	BD POSIFLUSH NORMAL SALINE	2 ML	IV	EVERY 12 HOURS		Active
<input type="checkbox"/>	1213639	MED	SODIUM CHLORIDE 0.9 % FLUSH 2 ML IV	BD POSIFLUSH NORMAL SALINE	2 ML	IV	AS NEEDED	✓	Active
<input type="checkbox"/>	1213642	MED	DiphenhydrAMINE 50 MG ORAL	BENADRYL	50 MG	ORAL	FOUR TIMES A DAY AS NEEDED	✓	Active
<input type="checkbox"/>	1213973	PB	IBUPROFEN 800 MG/8 ML IV	CALDOLOR	800 MG/8 ML	IV	GIVE IN PACU ONLY	✓	Active
<input type="checkbox"/>	1213993	PB	CefoTetan-D5W (DUPEX) 2 GM/50 ML IV	CEFOTETAN IN DEXTROSE, ISO-OSM	2 GM/50 ML	IV	EVERY 12 HOURS		Active
<input type="checkbox"/>	1213623	MED	WARFARIN 4 MG ORAL	COUMADIN	4 MG	ORAL	DAILY		Active
<input type="checkbox"/>	1213973	PB	DEXTROSE 5% 250 ML IV	DEXTROSE 5 % IN WATER (D5W)	250 ML	IV	GIVE IN PACU ONLY	✓	Active
<input type="checkbox"/>	1214001	PB	DEXTROSE 5% 250 ML IV	DEXTROSE 5% IN WATER (D5W)	250 ML	IV	EVERY 6 HOURS		Active
<input type="checkbox"/>	1214000	MED	FENTANYL PATCH 75 MCG/HR 75 MCG TRANSDERMAL	DURAGESIC	75 MCG	TRANSDERMAL	EVERY 72 HOURS		Active
<input type="checkbox"/>	1213999	MED	FENTANYL PATCH 25 MCG/HR 25 MCG TRANSDERMAL	DURAGESIC	25 MCG	TRANSDERMAL	EVERY 72 HOURS		Active
<input type="checkbox"/>	1213997	MED	SELEGILINE 9 MG/24 HR 9 MG TRANSDERMAL	EMSAM	9 MG	TRANSDERMAL	DAILY		Active
<input type="checkbox"/>	1213996	MED	SELEGILINE 6 MG/24 HR 6 MG TRANSDERMAL	EMSAM	6 MG	TRANSDERMAL	DAILY		Active

# Searching for a Single Medication

- ▶ To filter the search, un-check the “Common Orders Only”

Order Queue Search Favorite Orders Medication Reconciliation

cancel Dose: [ ] Frequency: [ ] patient education monograph  Common orders only  PRN orders only  Ignore age specific dosing

options

	Description	
Save	Warfarin 2 mg PO qday	
Save	Warfarin 2 mg PO once	
Save	Warfarin 3 mg PO once	
Save	Warfarin 4 mg PO qday	
Save	Warfarin 4 mg PO once	
Save	Warfarin 5 mg PO qday	
Save	Warfarin 5 mg PO once	
Save	Warfarin 7 mg PO qday	
Save	Warfarin 10 mg PO qday	

- ▶ Type in the dose desired, and then TAB. Dose will be selected
- ▶ Choose a frequency from the drop down
- ▶ The medication will be available to order

Order Queue Search Favorite Orders Medication Reconciliation

cancel Dose: 9 units Frequency: once patient education monograph  Common orders only  PRN orders only  Ignore age specific dosing options

	Description	
Save	Insulin Aspart 9 units IV Push once	

# Ordering a Dose Range Medication During Med Rec or Single Order

- ▶ Choose “Edit Full Order” at bottom of screen
- ▶ Enter lowest range in the Dose Field
- ▶ In Note to RPh field- Enter the Dose Range desired.

**Order Detail**

**Ord Med Text:** Insulin Aspart Sub-Q (*Insulin Aspart 9 units Sub-Q once*)

**Dose:\*** 1 unit

**Frequency:\*** 3 times per day

**PRN:**

**Anatomic Site:**

**Start Date:**  Next Scheduled Time

**Stop Date:**

**STAT:**

**Patient's Own Medication:**

**Dose Limit:**

**Ordering Physician:** PARCELLS, LISA D.

**Order Source Type:**

**Instructions:**

**Note to RPh:** 1-8 units

**Order Status:** Unsubmitted  
**CPOE #:** 1589998  
**Read Back:**

submit save cancel edit cancel order screen **edit full order**

Edit Full Order Here

# Admission /Transfer Med Rec

## Home Meds

- Option to Continue, Defer or Modify only. (D/C will not be available)

## Bolded Meds

- These are free texted drug name, Dose Range medications, or dose/Freq not available in the drug database

The screenshot displays a software window titled "Admission Draft - Home & Inpatient Meds". At the top right, there is a dropdown menu for "List Meds" set to "by therapeutic class (IV's separate)". Below this, a "Grouping by:" section shows "Therapeutic Class" selected. The main area is a table with columns for "Name" and "Dose, Route, Frequency".

Name	Dose, Route, Frequency	
<b>Analgesics - Narcotic</b>		
TRAMADOL (Tramadol Oral)	50 milligram Oral every 6 hours PRN for pain	Cont Def Mod D/C
<b>Antiemetics</b>		
ZOFRAN (Zofran Oral)	4 milligram Oral every 8 hours PRN for nausea and vomiting	Cont Def Mod D/C
<b>Beta Adrenergic Blockers</b>		
ATENOLOL	50 MG ORAL ONCE A DAY	Cont Cnd
<b>Migraine Therapy</b>		
SUMATRIPTAN (Sumatriptan Oral)	100 milligram Oral every other day PRN for migraine headache	Cont Def Mod D/C

At the bottom of the window, there are several buttons: "complete", "save as draft", "cancel draft", "Link Meds", "View Previous Report", and "Add Order".

# Discharge Med Rec

Preferred  On  On Formulary UNK Unknown  Non Formulary, Not Reimbursable Insurance: Unknown

Discharge Draft - Home & Inpatient Meds

List Meds: by therapeutic class (IVs separate)

Grouping by: Therapeutic Class ---> Therapeutic Class within IV

Name	Dose, Route, Frequency	
<b>Alternative Therapy - Unclassified</b>		
UNK <input checked="" type="checkbox"/> BLACK COHOSH (Black Cohosh PO)	40 mg PO every day	Cont Mod DC Rplc Awr
<b>Analgesic, Anti-inflammatory or Antipyretic - Non-Narcotic</b>		
UNK ACETAMINOPHEN (TYLENOL EXTRA STRENGTH)	500 MG - 1,000 MG BY MOUTH EVERY 3 HOURS AS NEEDED	Cont Mod DC
UNK <input checked="" type="checkbox"/> ACETAMINOPHEN TABLET	500 - 1000 MG ORAL Q3HP (EVERY 3 HOURS AS NEEDED) PRN	Cont Mod DC Rplc Awr
<b>Analgesics - Narcotic</b>		
UNK MORPHINE PCA (MORPHINE (PF))	30 MG/30 ML INTRAVENOUS EVERY 4 HOURS	Cont DC
<b>Antacids and Combinations</b>		
UNK ALUM-MAG HYDROXIDE-SIMETH 200-200-20 MG/5 ML (MAALOX)	30 ML BY MOUTH AS NEEDED	Cont Mod DC
<b>Antibacterial Agents</b>		
UNK Clindamycin 300 mg PO q8h		Cont Cncl
<b>Anticoagulants</b>		
UNK <input checked="" type="checkbox"/> WARFARIN (Warfarin PO)	4 mg PO every day for at 1800	Cont Mod DC Rplc Awr
UNK <input checked="" type="checkbox"/> WARFARIN (Warfarin PO)	1 mg PO 4 times per week for at 1800 on m, w, f, sat	Cont Mod DC Rplc Awr
<b>Antiemetics</b>		
UNK ONDANSETRON ODT (ZOFRAN ODT)	4 MG DISSOLVE IN MOUTH EVERY 24 HOURS AS NEEDED	Cont Mod DC
UNK <input checked="" type="checkbox"/> ONDANSETRON ODT TABLET ODT	4 MG DISSOLVE IN MOUTH Q24HP (EVERY 24 HOURS AS NEEDED) PRN	Cont Mod DC Rplc Awr
<b>Antiprotozoal-Antibacterial Agents</b>		
UNK		



complete save as draft cancel draft Link Meds view previous report Add Home Medication

Drop down option to Filter on Alpha, Class or Type


Where a physician completes, saves or cancels a discharge med rec

# Tips for Discharge Med Rec

- ▶ If patient is going home on a new dose of medication, CONT the in-house medication.
- ▶ The Home Med will be D/C'ed automatically and you won't need to address the home med.

Beta Adrenergic Blockers				
UNK		CARVEDILOL (carvedilol PO)	6.25 mg PO 2 times per day	<input type="button" value="Cont"/> <input type="button" value="Mod"/> <input checked="" type="button" value="DC"/> <input type="button" value="Rp/c"/> <input type="button" value="Awr"/>
UNK		<u>CARVEDILOL (COREG)</u>	3.125 MG BY MOUTH TWICE A DAY	<input checked="" type="button" value="Cont"/> <input type="button" value="Mod"/> <input type="button" value="DC"/>
IV				
Minerals & Electrolytes Magnesium				

## Home Medications

 LOPRESSOR (Lopressor Oral)

25 milligram Oral 2 times per day

- ▶ **CONT**- Continue the order as is as a home medication
- ▶ **MOD**- Modify the dose or frequency before continuing the order
- ▶ **DC**- Discontinue the home med and obsolete it on the patient's active home meds list
- ▶ **RPLC**- Gives the physician the chance to replace with a different medication
- ▶ **AWR**- This allows the physician to address the home medication by stating he is aware the patient is taking it but without actually saying whether to continue or discontinue. This option only appears on home medications.

## Inpatient Medications

METOPROLOL (LOPRESSOR)

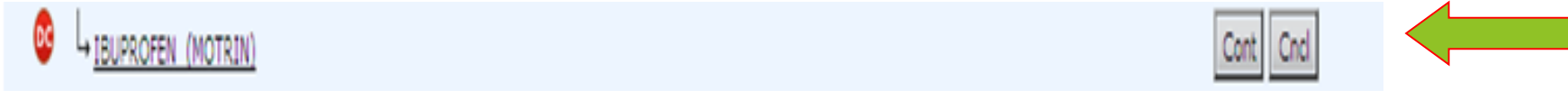
25 MG ORAL TWICE A DAY



- ▶ **CONT**- Continue the order as is as a home medication. A second screen will appear asking the physician to verify they want to add this to the patient's active home meds list.
- ▶ **MOD**- Modify the dose or frequency before continuing the order
- ▶ **DC**- Discontinue the medication




# Pending Order Request- Not yet verified by Pharmacy





- **CONT**- This continues the pending request which is indicated by the icon next to the medication. To hit the CONT button on this pending DC would be to continue discontinuing the medication.
- **CNCL**- Choosing this button will cancel the pending request, the pending discontinue would disappear and this order would stay active

# Home Medications

- ▶ This is what is displayed when the patient has only been on this medication at home.
- ▶ Green House Icon indicates a Home Medication

<u>Name</u>	<u>Dose, Route, Frequency</u>	
Alternative Therapy - Unclassified		
UNK  <u>BLACK COHOSH (Black Cohosh PO)</u>	40 mg PO every day	<input type="button" value="Cont"/> <input type="button" value="Mod"/> <input type="button" value="DC"/> <input type="button" value="Rplc"/> <input type="button" value="Awr"/>

# Exact Medication

 NORCO (Norco Oral 5 mg-325 mg)	1 tablet Oral every 4 hours prn pain	<input type="button" value="Cont"/>	<input type="button" value="Mod"/>	<input type="button" value="DC"/>	<input type="button" value="Relc"/>	<input type="button" value="Avr"/>
 <u>NORCO 5-325 MG 5-325 MG (HYDROCODONE-ACETAMINOPHEN)</u>	1 TABLET ORAL EVERY 4 HOURS AS NEEDED	<input type="button" value="Cont"/>	<input type="button" value="Mod"/>	<input type="button" value="DC"/>		

- This is where our formulary item matches the home med exactly.


Either one will provide the patient with “continue home medications” instructions

# Therapeutic Substitution

ZOCOR (Zocor Oral)	20 milligram Oral every evening	Cont	Mod	DC	Rolc	Aut
↳ ATORVASTATIN (LIPITOR)	10 MG ORAL ONCE A DAY AT 2100	Cont	Mod	DC		

- The hospital does not carry everything on its formulary and therefore a therapeutic substitution may have occurred while the patient was in the hospital
- To send the patient home on the medication they came in on DC the substitution and CONT the home med


# Duplicate Therapy

 <u>LOPRESSOR (Lopressor Oral)</u>	25 milligram Oral 2 times per day	<input type="button" value="Cont"/>	<input type="button" value="Mod"/>	<input type="button" value="DC"/>	<input type="button" value="Rplc"/>	<input type="button" value="Awr"/>
<u>METOPROLOL (LOPRESSOR)</u>	25 MG ORAL TWICE A DAY	<input type="button" value="Cont"/>	<input type="button" value="Mod"/>	<input type="button" value="DC"/>		

- There may be times a patient gets put on a duplicate medication without it being linked to the home medication.
- DC the inpatient order and CONT the home med to ensure no confusion for the patient on the discharge instructions

# Same Home Medication and In House Not Linked

- ▶ This is how the medications will display if the patient is on the med at home and is also taking it in-house

Anticoagulants					
 <u>WARFARIN (Warfarin PO)</u>	1 mg PO 4 times per week for at 1800 on m, w, f, sat	<input type="button" value="Cont"/>	<input type="button" value="Def"/>	<input type="button" value="Mod"/>	<input type="button" value="DC"/>
<u>Warfarin 4 mg PO hs</u>		<input type="button" value="Cont"/>	<input type="button" value="Cncl"/>		

# On medication in-house, not at home

- ▶ This is what will display when a patient has been started on a medication in-house but has not been on the medication at home
- ▶ A single medication will be listed

Sedative-Hypnotics			
UNK	<u>TEMAZEPAM (RESTORIL)</u>	15 MG - 30 MG BY MOUTH EVERY NIGHT AT BEDTIME AS NEEDED	<input type="button" value="Cont"/> <input type="button" value="Mod"/> <input type="button" value="DC"/>

# Example of Discharge Instructions

## MCLAREN GREATER LANSING TEST Patient Discharge Instructions

Patient Name: IT, TERRI L.

Visit ID: 3000000615

MR Number: 2700587

DOB: 08/24/1946

Discharged:

Attending: ANDREW M DUDA

### Allergies

### Reaction

### Date

MISC-FOOD

Periactin

Strawberry

Abnormal sexual function

### Home Meds

#### Start taking these medications

Insulin Aspart Injection 1 Unit/0.01 MI - 8 Unit/0.08 MI Subcutaneous Four Times A Day,

Ac And Hs (insulin)

Last Dose Taken:

#### Stop taking these medications

Amiodarone 200 Milligram By Mouth Every Wed And Sat

Last Dose Taken:

Note: administer consistently in regards to food/meals

Asacol 600-1200 Milligrams By Mouth 2 Times Per Day

Last Dose Taken:

Ascorbic Acid 500 Milligram By Mouth Every Day

Last Dose Taken:

Aspirin 81 Milligram By Mouth Every Day

Last Dose Taken:

Bisacodyl Supp 10 Milligram Rectally Every Day As Needed Constipation

Last Dose Taken:

Reason for Taking: constipation

Duoneb 3 Milliliter Inhaled 6 Times Per Day

Last Dose Taken:

Hydrochlorothiazide 25 Milligram By Mouth Every Day

Last Dose Taken:



- ▶ Start Taking These Meds
- ▶ Stop Taking These Meds



# Managing Issues and Concerns

▶ **Command Center Ext. 56115**

▶ **Outside 517-975-6115**

Report all issues to the Command Center

## Key Staff

Dr. Linda Peterson

Dr. Aboubakr

Dr. Bohrer

Dr. M. Neyaz

Lisa Parcels

Susan Fehr

Kelly Dunn

Camille Jensen

Michelle Wiljanen

Melissa Rasschaert

Linda Briede

Amanda Lampron