

COMPASS Update

Physician Tips & Tricks

COMPASS Improvements Made

Oct. 25 – Nov. 15 2011

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For all Medical Practitioners regardless of Specialty

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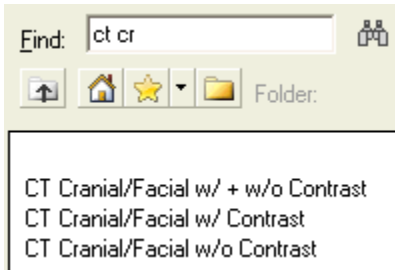
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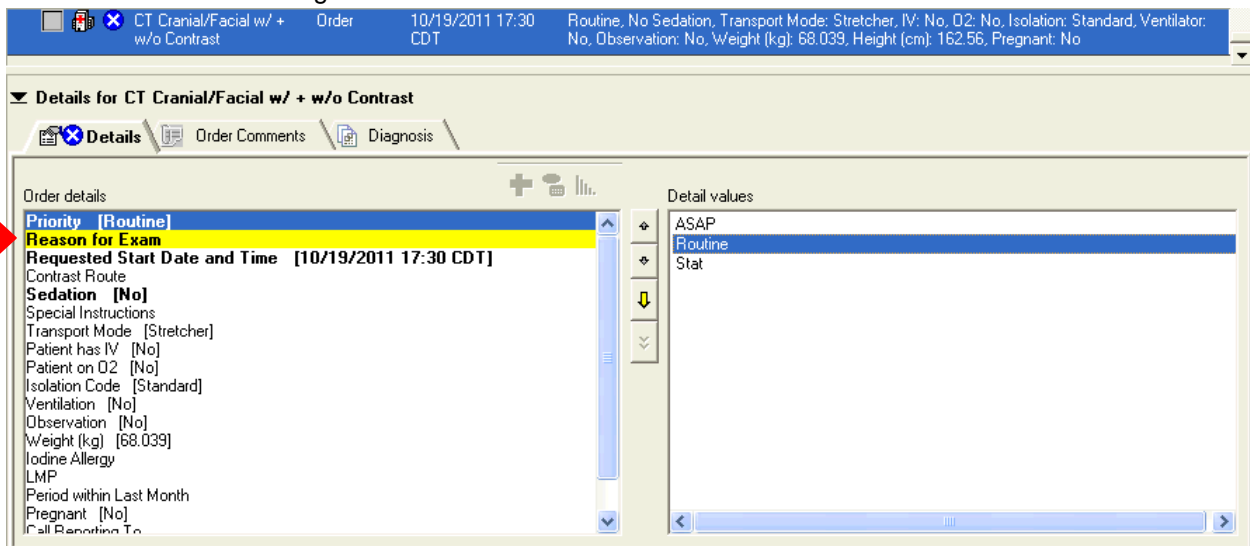
New CT Craniofacial orders for SHL only on October 25

Summary of Additions

- Addition of 3 new **CT Cranial/Facial** orders available to SHL:
 - CT Cranial/Facial with & without Contrast
 - CT Cranial/Facial with Contrast
 - CT Cranial/Facial without Contrast



- Steps:
 - Select appropriate exam
 - Fill out appropriate order entry details
 - **Reason for Exam** is a required field
 - “Rule out” is not an appropriate reason for exam
 - Sign the order



Blood Gas Analysis Changes on Nov 9 2011

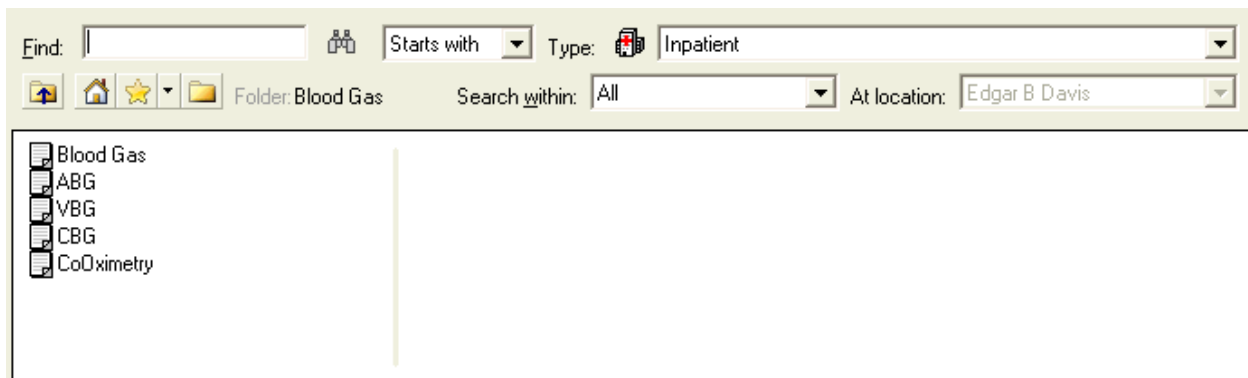
Rationale:

- To respond to the Respiratory Therapy Department's request for accurate ordering to improve workflow
- Addition of Respiratory Therapy POC equipment.
- To streamline e-order entry process for the clinician.

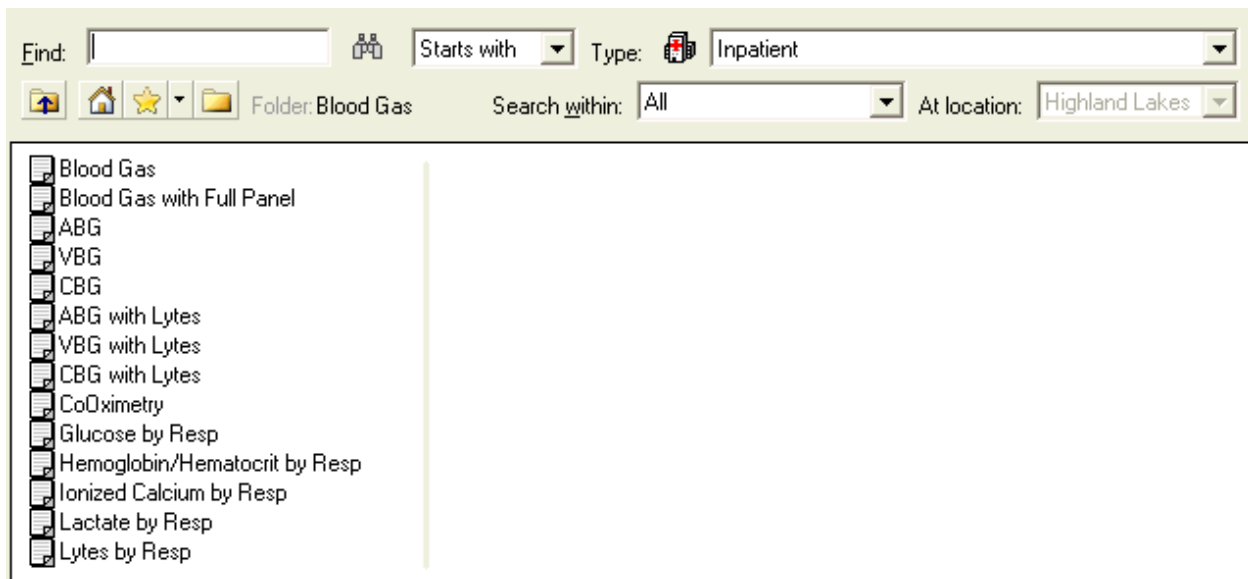
Key Points

- Blood gas orders are available as single orders and within PowerPlans
 - Viewable blood gas orders vary by site (ex: SHL and SEBD will have fewer available orders).

SEBD




SHL

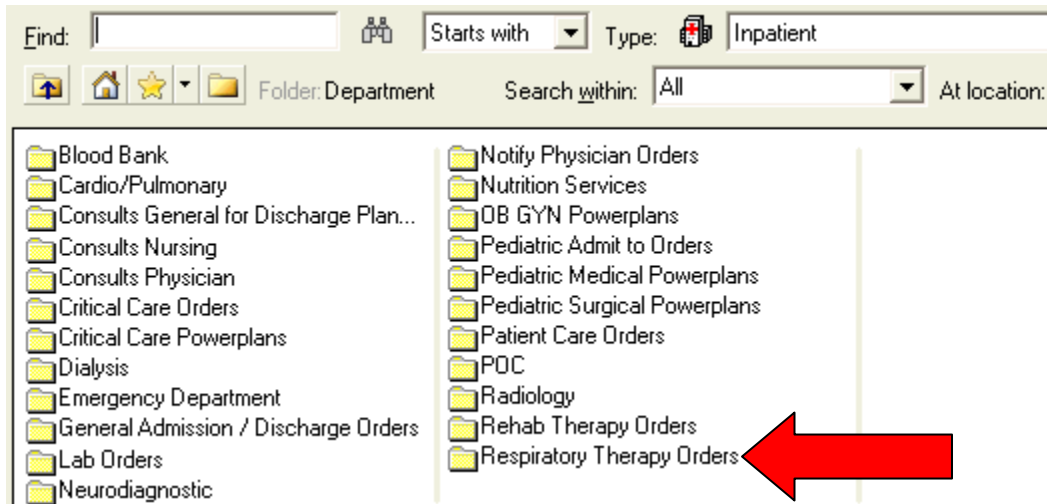


Summary of the Change:

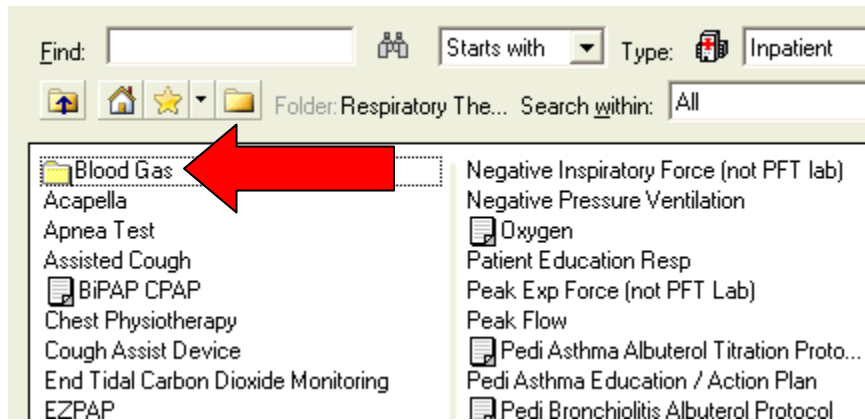
Single Orders

- Steps to ordering a blood gas:
 - Select appropriate blood gas order

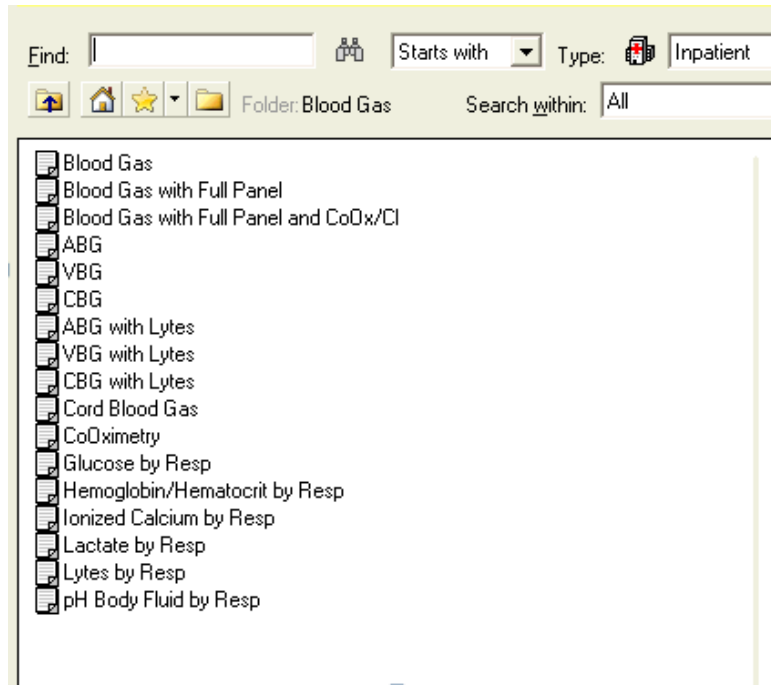
- Select the appropriate order sentence
 - **Modify** the order sentence within the **order entry details** window, if needed
- A new folder within the **Respiratory Therapy Orders** folder has been created to find all available blood gas orders
 - Select 
 - Select the **Respiratory Therapy Orders** folder




- Select the **Blood Gas** folder



- A list of available blood gas orders for that site will be viewable



- Reference text  has been added to provide the clinician information on which labs can be run using the Benchtop Analysis and/or the POC (Epoc) Analysis equipment (if applicable)

Reference

ABC

CarePlan information
 Chart guide
 Nurse preparation

Blood Gas Order Reference Text

Chloride and Co-Oximetry cannot be performed through POC analysis

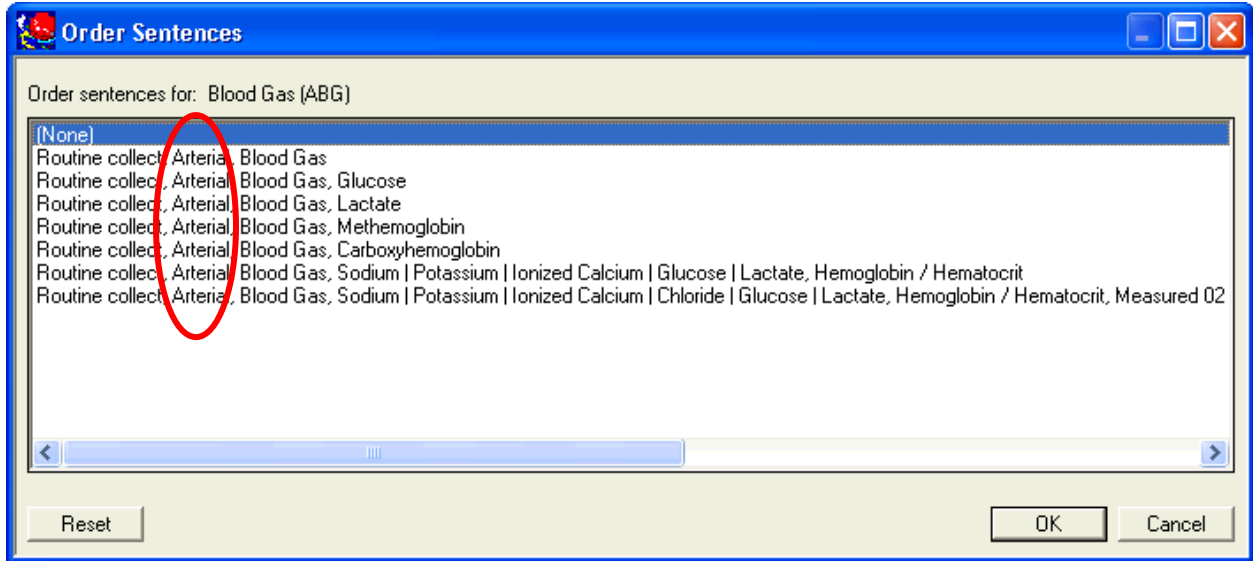
Benchtop Analysis

Blood Gas
Sodium
Potassium
Ionized Calcium
Chloride
Hemoglobin / Hematocrit
Measured O2 Saturation
Carboxyhemoglobin
Methemoglobin
Glucose
Lactate

POC (Epoc) Analysis

Blood Gas
Sodium
Potassium
Ionized Calcium
Hemoglobin / Hematocrit
Glucose
Lactate

- All blood gas orders will have order sentences available for a more simplified workflow.
- Order sentences are built to contain the synonym of the order selected
 - Example:
 1. **ABG** order selected
 2. Order Sentences available will auto-populate **Arterial** as the **Blood Source**



- The **order entry details** window will have a different format.
 1. If **(None)** is selected as an order sentence, **Blood Source** will now be a required field
 2. When selecting **Lytes** and/ or **Co-Oximetry**, you must address in detail window. They have multiple selection details.

Before:

▼ Details for Blood Gas Lab Analysis

Details Order Comments

Order details

Collection Priority [Routine]

Frequency
Duration
Duration Unit
Blood Source
Blood Gas
pH Only
Hemoglobin / Cal Hct
Measured O2 Saturation
Carboxyhemoglobin
Methemoglobin
Sodium
Potassium
Ionized Calcium
Chloride
Glucose
Lactate
PRN Order
PRN Reason
Special Instructions
Requested Start Date and Time [10/26/2011 12:57 CDT]

After:

▼ Details for Blood Gas

Details Order Comments

Order details

Collection Priority [Routine]

Frequency
Duration
Duration Unit
Blood Source
Blood Gas
Lytes
Hemoglobin/Hematocrit
Co-Oximetry
pH Only
PRN Order
PRN Reason
Special Instructions
Requested Start Date and Time [10/13/2011 13:45 CDT]

1 →

← 2

PowerPlans

- Below is a list of all PowerPlans affected by these changes (reminder: SHL and SEBD will have limited plan selection).

Apparent Life Threatening Event Pedi/Neo	ED OBS Asthma/COPD Exacerbation
Asthma Admission to Med/Surg Pediatric	ED Poisoning/Toxic Effects Adult
Atrial Fibrillation Admission to Med/Surg	ED Psych/ETOH Medical Assessment Adult
A-V Fistula/Thrombectomy Orders	ED Seizure Adult
Bronchoscopy OUTPATIENT	ED Sepsis (Suspected)
Bronchoscopy	ED Sickle Cell Crisis Adult
CABG/Open Heart PostOp ICU/IMC	ED Suspected Stroke Protocol
CABG/Open Heart PreOp	ED Trauma ALERT
Diabetes Admission to Med/Surg Pediatric	ED Trauma Pediatric
Diabetic Ketoacidosis/Hyperosmolar Hyperglycemic State (DKA/HHS)	ED Trauma STAT
Dyspnea/Shortness of Breath	ED Vomiting/Diarrhea/Dehydration
ED Alcohol Withdrawal Syndrome	Fever/Neutropenia Admission to Med/Surg Pediatric
ED Allergy/Envenomation/Anaphylaxis Adult	Hypotension Shock Comorbid Orders Adult
ED Arrhythmia/Palpitations Adult	ICU General Admission
ED Burns Adult	Induced Hypothermia Post Cardiac Arrest Protocol
ED Cellulitis/Leg Swelling Adult	Initial Organ Donation
ED Chest Pain	Kinetic Therapy
ED Coagulopathy Head Trauma Alert	Major Thoracic Surgery Admission Med/Surg or PICU Pediatric
ED Common Orders Adult	Major Thoracic Surgery Admission to Med/Surg or ICU Adult
ED Cough/Asthma/Croup Pediatric	Naloxone (Narcan) NURSING ORDERS Only
ED Cough/Dyspnea	Pancreatitis Acute
ED DKA Pediatric	Pneumonia CAP, Over 28 days of Age Admission to Med/Surg Pedi
ED Female Abdominal/Pelvic Pain	Seizures Admission to Med/Surg Pediatric
ED Flank Pain	Sepsis Protocol
ED GI Bleed Adult	Syncope and Collapse
ED Intubation Protocol Pediatr	Transfer from ICU
ED Intubation Protocol	Trauma Admit
ED Male Abdominal/Testicular Pain	Trauma Cases Admission to Med/Surg or PICU Pediatric
ED Mental Status Change/Weak and Dizzy Adult	Tumor Lysis Syndrome Management Protocol Pediatric
ED Nausea/Vomiting/Diarrhea/Dehydration Pediatric	VATS/Thoracic Surgery PostOperative Orders

- If the blood gas orders are currently located under the **Respiratory Therapy** category, then those orders will be moved to the **Laboratory** category

Before:

Respiratory Therapy	
<input type="checkbox"/> Protocol Resp: Evaluate and Treat	
<input type="checkbox"/> Nasotracheal Suctioning (NTS (Nasotracheal Suctioning))	PRN Order
<input type="checkbox"/> Oxygen	In-Patient Protocol
<input type="checkbox"/> Blood Gas Lab Analysis (ABG by Resp Care)	Arterial, PRN, respiratory distress



After:

Blood Gases		
<input type="checkbox"/>	Blood Gas	Stat collect, Arterial, Blood Gas, PRN Order Other (see order comment), Respiratory Distress
<input type="checkbox"/>	Blood Gas	AM collect, Arterial, Blood Gas, Respiratory Distress

4. ED PowerPlans, listed above, will have blood gas order sentences default to **full panels** (excluding Chloride, Carboxyhemoglobin and Methemoglobin)
 - a. Modify the order as needed to include Chloride, Carboxyhemoglobin and Methemoglobin

Example:

<input type="checkbox"/>	Blood Gas	Stat collect, Arterial, Blood Gas, Sodium Potassium Ionized Calcium Glucose Lactate, Hemoglobin / Hematocrit
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5. Non-ED PowerPlans will have an additional order sentence in the ellipse to include **full panels** (excluding Chloride, Carboxyhemoglobin and Methemoglobin)

Before:

<input type="checkbox"/>	Blood Gas Lab Analysis	AM collect, Arterial, Blood Gas	
<input type="checkbox"/>	Blood Gas Lab Analysis	AM collect, AM collect, Arterial, Blood Gas	
<input type="checkbox"/>	Blood Gas Lab Analysis	AM collect, AM collect, Arterial, Blood Gas, Hemoglobin / Cal Hct, Measured O2 Saturation, Carboxyhemoglobin, Meth	
<input type="checkbox"/>	Osmolality Serum	Blood, AM c	

After:

<input type="checkbox"/>	Blood Gas	Stat collect, Arterial, Blood Gas	
<input type="checkbox"/>	Blood Gas	Stat c	
<input type="checkbox"/>	Blood Gas	Stat c	
<input type="checkbox"/>	Cortisol	Blood	
<input type="checkbox"/>	Urinalysis with Microscopic	Urine	

- a. Use the ellipse option to choose the appropriate order
- b. Modify the order as needed

FAQ: How to Handle Dosage Calculator Pop Ups When Initiating a Power Plan

Rationale:

- Education requested
- To ensure that the weight based drug dose remains as the prescribing practitioner intended when planning the orderset.

Summary of the Change:

- N/A already in PROD

Key Points: (if necessary)

- When initiating the order set, nurses should **not change the dose and should not select “apply dose”**.
- Select **“cancel”** to close the dose calculator and retain the dosing information as entered by the provider.
- When a nurse “Initiates” a previously planned order set with **weight based** medications, the Dosage Calculator window opens for each weight based medication contained within that plan.
- The Dosage Calculator displays:
 - 1) Target dose-- dose per weight parameter
 - 2) Calculated dose -- the calculation based on the target dose and patient weight
 - 3) Reduced dose-- window that allows clinicians to adjust calculated dose
 - 4) Final dose—the dose the clinician has chosen for the patient.
- These fields help the clinician to determine how to correctly order a weight-based drug.

Dosage Calculator ampicillin

1) Target dose: 50 mg/kg

2) Calculated dose: 500 mg

3) Reduced dose: 500 mg 100 %

4) Final dose: 1,000 mg

Dose Forms: ampicillin

- ampicillin 1 gm injection
- ampicillin 10 gm injection
- ampicillin 125 mg injection
- ampicillin 125 mg/5 ml oral liquid
- ampicillin 2 gm injection
- ampicillin 250 mg injection
- ampicillin 250 mg oral capsule
- ampicillin 250 mg/5 ml oral liquid
- ampicillin 500 mg injection

Reference Data

Date of birth: 01/08/1997 (14 Years)

Gender: Female

Height: cm

Actual weight: 10 kg

Adjusted weight: 10 kg

Serum creatinine: mg/dL

CrCl (est.): mL/min

Body surface area: m2

Source: Manually entered

Source: 02/22/2011 15:06 10.000 kg

Adjustment: Actual (no adjustment)

Source: Manually entered

Algorithm: Schwartz - full term Missing data

Algorithm: Mosteller Missing data

Last Dose Calculation

Formulae...

Apply Dose Cancel

SCIP Post Op order set (live Oct. 25 2011)

Rationale: The SCIP (Surgical Care Improvement Project) order set has changed to facilitate compliance with SCIP guidelines.

Summary of changes:

- **Before**

SCIP PostOp (Planned Pending)		
Non Categorized		
SCIP Reference Link		
Nursing Orders		
Urinary Catheter Removal is to be done on POD #1 or POD #2. Please document on POD #1 or #2 in the progress notes or physician orders the reason Foley catheter must remain.		
<input type="checkbox"/> +1 day	<input checked="" type="checkbox"/> Discontinue Urinary Catheter	On POD #1
<input type="checkbox"/>	<input checked="" type="checkbox"/> Urinary Catheter to Dependent Drainage	Continue Foley Catheter after POD #2 due to patient admitted to ICU with diuretics being administered.
<input type="checkbox"/>	<input checked="" type="checkbox"/> Urinary Catheter to Dependent Drainage	Continue Foley Catheter after POD #2 due to urological procedure.
<input type="checkbox"/>	<input checked="" type="checkbox"/> Urinary Catheter to Dependent Drainage	Continue Foley Catheter after POD #2 due to epidural in place. Discontinue once epidural removed.
<input type="checkbox"/>	<input checked="" type="checkbox"/> Urinary Catheter to Dependent Drainage	Continue Foley Catheter after POD #2 due to need to closely monitor urine output.
**** VTE Prophylaxis - Mechanical ****		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Antiembi Hose	Knee High, Legs Bilateral
<input type="checkbox"/>	<input checked="" type="checkbox"/> SCDs (Sequential Compression Device)	Legs Bilateral

- Removed all reasons for continuing Foley catheter after POD #2 orders

<input type="checkbox"/>	<input checked="" type="checkbox"/> Urinary Catheter to Dependent Drainage	Continue Foley Catheter after POD #2 due to patient admitted to ICU with diuretics being administered.
<input type="checkbox"/>	<input checked="" type="checkbox"/> Urinary Catheter to Dependent Drainage	Continue Foley Catheter after POD #2 due to urological procedure.
<input type="checkbox"/>	<input checked="" type="checkbox"/> Urinary Catheter to Dependent Drainage	Continue Foley Catheter after POD #2 due to epidural in place. Discontinue once epidural removed.
<input type="checkbox"/>	<input checked="" type="checkbox"/> Urinary Catheter to Dependent Drainage	Continue Foley Catheter after POD #2 due to need to closely monitor urine output.

- The offset (+1 day) from the Discontinue Urinary Catheter order was removed. Requested Start Date & Time was added on the back end to ensure tasks fire at the correct time.



- **After**
 - Please note instructions on where to document catheter removal

SCIP PostOp (Planned Pending)		
<input type="checkbox"/>	Non Categorized	
	SCIP Reference Link	
<input type="checkbox"/>	Nursing Orders	
	Urinary Catheter Removal is to be done on POD #1 or POD #2. Please document on POD #1 or #2 in the progress notes or physician orders the reason Foley catheter must remain. (Examples: patient admitted to ICU with diuretics being administered, urological procedure was performed, an epidural is in place, patient is intubated/sedated, or the need to closely monitor urinary output).	
<input type="checkbox"/>	Discontinue Urinary Catheter	On POD #1
	**** VTE Prophylaxis - Mechanical ****	
<input type="checkbox"/>	Antiemboli Hose	Knee High, Legs Bilateral
<input type="checkbox"/>	SCDs (Sequential Compression Device)	Legs Bilateral



FAQ: How do I Order Durable Medical Equipment

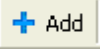
Rationale:



- Education requested.
- To encourage use of Prescription Writer in COMPASS

Summary of the Change:

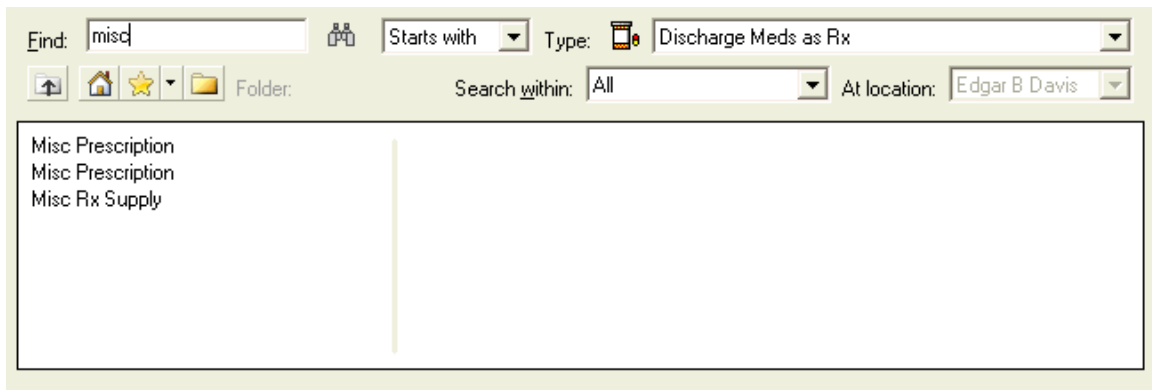
- N/A

Key Points: (if necessary)

1. From the **Menu** view or **Orders** view, click the  button.
2. Change the **Catalogue** from “Inpatient” to “Discharge Meds by Rx”.

Note: The icon changes from  to .

3. Type *Misc* in the **Search** box.



4. Select the **Misc Prescription** or **Misc Rx Supply**. These are synonyms for same order.
5. A message box appears → Click **OK**.



Note: Pharmacy cannot check for drug-related interactions with miscellaneous prescriptions.

6. Close the Orders window.

7. Enter type of DME or Rx supply in Drug name field.

Misc Rx Supply (walker) Order 10/27/2011 4:42 CDT walker, See Instructions, As Directed, 1 each, 0, 0

▼ Details for Misc Rx Supply (walker)

Details Order Comments

Order details + 📊 📄

Order details	Detail values
Substitutable Orders	
Drug Name [walker]	walker
Dose [See Instructions]	
Route of Administration [See Instructions]	
Frequency [See Instructions]	
PRN	
Duration [See Instructions]	
Special Instructions [As Directed]	
Dispense Quantity [1]	
Dispense Quantity Unit [each]	

8. Enter “See Instructions” for Dose. Note that Route & Frequency will auto-populate with same information.

9. Enter “As Directed” for Special Instructions. If you want to note any special instructions for use of the DME, free text that information here.

10. Enter number of devices in Dispense Quantity, e.g. 1.

11. Enter “each” in Dispense Quantity Unit.

12. You must complete all required yellow fields.

13. Click **Sign** and **Refresh**.

14. Print the prescription, sign, and give to nurse or case manager who will use to obtain DME for patient.

This same process may be used for ordering diabetic home supplies (lancets, insulin syringes, etc.) or home oxygen, home nebulizers, etc.

Artificial Airway Order Changes on Nov. 15 2011

Rationale:

- To create a shared workflow for Nursing and Respiratory Therapy with respect to artificial airway orders

Summary of the Change:

- Trach Weaning** and **Reposition Endotracheal tube** orders moved from Nursing Orders category to Respiratory Therapy category

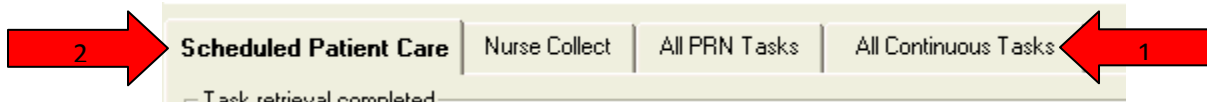
Before:

Nursing Orders					
<input type="checkbox"/>		Reposition Endotracheal tube	Order	08/24/2011 15:27 CDT	Advance ET Tube 2 cm
<input type="checkbox"/>		Trach Weaning	Order	08/24/2011 15:27 CDT	Downsize to 6CFS on 8/25, Continuous Order

After:

Respiratory Therapy					
10/20/2011 13:55 CDT	<input checked="" type="checkbox"/>		Trach Weaning	Ordered	Downsize to 6 CFS on 8/25., Continuous Order
10/21/2011 11:48 CDT	<input checked="" type="checkbox"/>		Reposition Endotracheal tube	Ordered	Advance ET Tube_2_cm

- Nursing and Respiratory Therapy will receive notification of new orders via the **PAL**
- Artificial airway orders will be a shared **Task** for both Nursing and Respiratory Therapy



- Trach Weaning** is a continuous order and can be found under the **All Continuous Tasks** tab

Reposition Endotracheal tube is a one-time order and can be found under the **Scheduled Patient Care** tab

PowerNote Pilot at Seton Medical Center Hays

Rationale:

- To obtain feedback from select physicians regarding documentation template design and functionality
- To determine best process for education delivery

Summary of the Change:

- N/A

Key Points: (if necessary)

- PowerNotes is the documentation tool within COMPASS.
- Select physicians will pilot use of this documentation.
- The pilot has begun and will continue through end of the year.
- Lessons learned from the pilot will be used to help spread electronic physician documentation to other physicians, sites, and specialties.
- The date for extension of PowerNotes to other sites and specialties has not been determined.

ED Seizure PowerPlan Changes on Nov. 2 2011




Rationale:

- To align with the *Seton OrderSet Style Guide*
- To remove duplicate orders within the **Diagnostic Tests** and **Radiology** categories
- To remove inappropriate information from the **CT Head w/o Contrast** order





Summary of the Change:

- Removing **Diagnostic Tests** category and placing the orders into the **Radiology** category

Before:

Diagnostic Tests		
<input type="checkbox"/>	 CT Head w/o Contrast	ASAP, Reason: Seizures
<input type="checkbox"/>	 CT Head w/ + w/o Contrast	ASAP, Reason: Seizures, IV Contrast per Radiology Protocol
<input type="checkbox"/>	 XR Chest 1 View	ASAP, Reason: Seizures

After:

Radiology		
<input type="checkbox"/>	 XR Chest 1 View	ASAP, Reason: Seizures, Transport Mode: Portable
<input type="checkbox"/>	 XR Chest 2 Views	ASAP, Reason: Seizures
<input type="checkbox"/>	 CT Head w/o Contrast	ASAP, Reason: Seizures
<input type="checkbox"/>	 CT Head w/ + w/o Contrast	ASAP, Reason: Seizures, IV Contrast per Radiology Protocol

- Removing inappropriate **Oral Contrast** order detail within the **CT Head w/o Contrast** order

Before:

<input type="checkbox"/>	 CT Head w/o Contrast	ASAP, Reason: Seizures, Oral Contrast per Radiology Protocol
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After:

<input type="checkbox"/>	 CT Head w/o Contrast	ASAP, Reason: Seizures
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RX Auth Number Changes on November 3, 2011

Rationale:

- To respond to request from outpatient pharmacies related to missing identifiers on COMPASS printed prescriptions.

Summary of the Change:

- Two new prescription templates have been created. Each is unique and populates with known information or creates a "fill in the blank" for when information is needed, so that allied health providers may complete the missing details.

Key Points: (if necessary)

- When using Prescription Writer, validate and verify that your unique prescribing numbers are accurate, e.g. DEA#, NPI, RX AUTH#. If incorrect, contact COMPASS IS help desk at 324-1675 to correct inaccurate information.
- Always include the name of your collaborating physician, and if writing a prescription for a controlled substance, include his or her DEA # too.
- If you are an advanced practice nurse and your RX AUTH # is not displaying, hand write in the blank and follow up with Medical Staff Services. Ask them to send this missing information to COMPASS ACCOUNTS.
- Physician Assistants (PAs) are not issued an RXAUTH#, so their prescriptions will not show this detail. You will not need to enter an RXAUTH # in the blank field.

After Screenshot:

- Example of prescription when COMPASS accounts has information on RX AUTH#.


Z KMcHatton A TestIS, APN

PRINT Collaborating Physician, First and Last Name DEA #

A generically equivalent drug product may be dispensed unless the practitioner hand-writes the words "Brand Necessary" or "Brand Medically Necessary" on the product description line.

Prescribed by: **Z KMcHatton A TestIS, APN**

Brackenridge Hospital 601 East 15th Street Austin, TX 78701 (phone)	DEA #: 4589-DEA NPI #: 12234-NPI DPS #: 412589-ContrSub RXAUTH #: 34567-RX#
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- Example of prescription when COMPASS does not have information on RXAUTH#. Advanced Practice Nurse needs to fill in the details.

Z KMcHatton A TestIS, APN APNs enter RXAUTH #



PRINT Collaborating Physician, First and Last Name DEA #

A generically equivalent drug product may be dispensed unless the practitioner hand-writes the words "Brand Necessary" or "Brand Medically Necessary" on the product description line.

Prescribed by: **Z KMcHatton A TestIS, APN**

Brackenridge Hospital
601 East 15th Street
Austin, TX 78701
(phone)

DEA #: 4589-DEA
NPI #: 12234-NPI
DPS #: 412589-ContrSub

3. Example of prescription that Physician Assistant may see. You do not need to complete the details for APNs enter RAUTH#.

Z KMcHatton P TestIS, PA APNs enter RXAUTH #



PRINT Collaborating Physician, First and Last Name DEA #