



COMPASS Update

Tips & Tricks for UMCB Physicians

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Policy Changes

Computer Timeouts

Based on recent Catholic Healthcare Audit Network recommendations, the **Seton Family of Hospitals adopted the following universal security standards:**

- All SSO-enabled computers and FloCarts in clinical areas of DCMC, SMCW and UMCB will lock **after 30 minutes of idle time for all users.**
- Physician desktop computers *in secure areas*, such as physician lounges and the physician charting area of the ED, will lock after **60 minutes of idle time.** FloCarts will lock after 30 minutes of idle time regardless of location.



Once a computer locks, users will need to re-enter their log on information to continue their session. Please note that existing application timeouts will remain the same and may log off or shut down after a shorter period of inactivity.

Med Rec Reports

The Seton Med Red Executive Committee has decided that all facilities within the Network will use a universal Med Rec report and have chosen the version used at DCMC as the universal report. On October 20, the universal "Admission Medication Reconciliation" report was added to COMPASS and the previously used "Med Rec Report" was removed.

Information for Emergency Department Physicians

Documentation

- Ancillary Consults within the Events column on Tracking Board will now have three distinct icons:
 - Social Service Consult (paper and pen icon) 
 - Case Manager Consult (blue book icon) 
 - Childlife Consult (child's head icon) 

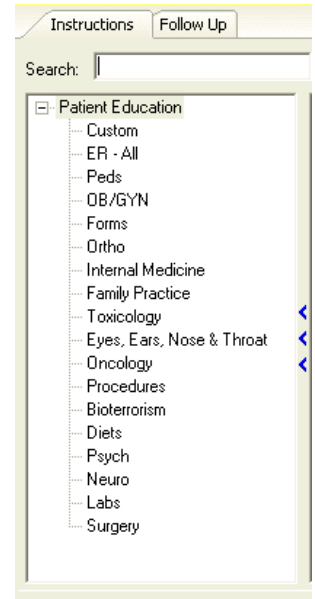
Information for Emergency Department Physicians

New Order

- A Consult/Referral Outpatient Hand Clinic order was added to the order catalog and the ED folder.

Documentation

- Within ExitCare:
 - The default language was changed from English to *All Languages* at the request of ED physicians.
 - When launching ExitCare from the Depart Process, it now defaults to the category **ER-ALL**. When searching for instructions, it will **not** return any custom instructions and should result in quicker searching. If you would like to search for custom instructions, click on **Custom** in the drop-down menu.
- A red crescent icon will now appear when critical vital signs are entered on a patient.



BH All Beds BH Crash BH Step GB BH Annex HS GB BH Express Zone GB BH Treatment GB BH Imaging GB BH WR BH														
All beds (137/137)														
	L	Avg	Bed	NFP	Name	EN	EP	A	Age	All	Chief Complaint	Events	OBS	VS
			30		NEW PATIENT	KMP			19 ye		ANKLE PAIN			Start

New Critical Vital Signs Indicator

Information for All Physicians Regardless of Department

Changes to Existing Orders

- The default for order communication type has changed from written to telephone for orders entered by pharmacy staff. This may increase the number of orders physicians need to sign in their MessageCenter Inbox, but is the accurate selection for the majority of orders pharmacy receives.
- The following orders **no longer** require physician signature:
 - Activities of Daily Living Unlicensed
 - Fall Risk Assessment
 - Ongoing Assessment Newborn
 - Ongoing Assessment OB
 - Postpartum Assessment
 - Shift Assessment Adult
 - Shift Assessment SFH
- The following orders **do** require physician signature:
 - Bedside Swallow Nursing Assessment
 - Burn Assessment
 - Confirm Latex Allergy Armband Presence
 - Document Latex Precautions
 - Fall Risk Protocol
 - Negative Pressure Wound System Assess
 - Safe/Effective use Medical Equip Instruc

Information for All Physicians Regardless of Department

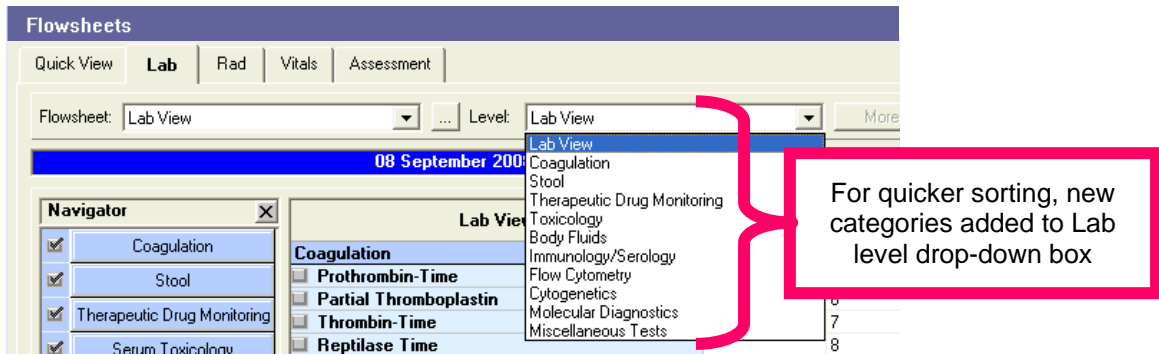
Changes to Existing Orders

- The XR Pelvis + Hips Infant/Child has two new additional synonyms which can be used when searching for the order:
 - XR Hips + Pelvis (Frog Legs)
 - XR Pelvis + Hips (Frog Legs)
- Wheezing has been added as an PRN reason for Albuterol.
- MRSA Culture was renamed *MRSA Screen Culture*.
- The *Dressing Change/Check (surgical)* order was removed from COMPASS and replaced with two new orders:
 - Dressing Check-Nursing
 - Dressing Change-Nursing

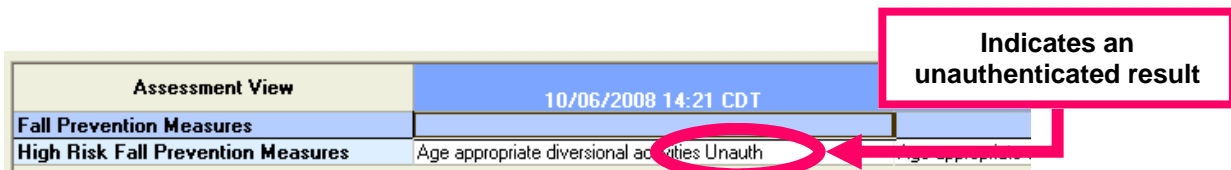
This change should help eliminate confusion on what action the nurse is being directed to take. Any PowerPlan with the former *Dressing Change/Check (surgical)* order now contains the new orders for your selection.

Flowsheet Improvements

- On the *Lab View* of the Flowsheet, clinicians can now sort all labs using the Lab level drop-down box. Previously this could only be performed for lab categories that had sub-groupers. Sortable categories now included are: Blood Gases, Coagulation, Stool, Therapeutic Drug Monitoring, POC Fern Test, Immunology/Serology, Flow Cytometry, Cytogenetics, Molecular Diagnostics and Miscellaneous Tests.



- On the Flowsheet and the vertical MRP, any results that have not been authenticated will show "Unauth" in the value cell.



Documentation

- The Record of Death form and the Fetal/Neonatal Record of Death form were removed from COMPASS. These will remain on paper.
- Verified I&O values once again populate the Clinical Summary Tab.

Information for All Physicians Regardless of Department

Documentation

- The following fields and assessments were revised in IView and on PowerForms to better mirror workflow and simply documentation:
 - Neurological Devices
 - Respirations
 - Chest Symmetry
 - Crepitus Location
 - Suction Route
 - Sputum Color
 - Abdomen Description
 - Stoma Description Ostomy
 - Ostomy Skin Description
 - Stoma System Assessment
 - Skin Color
- After much collaboration between clinical and Information Services teams, the Caredex, an electronic version of the paper Kardex, was installed in COMPASS on Thursday, October 30.
 - Accessed through the new **Caredex—TEST** tab on the Table of Contents. After the initial testing and piloting phase, the Caredex will eventually replace the Pt Care Summary tab.
 - Caredex is a “Genview” - data is posted to the tab for *viewing only*. It cannot be altered.
 - An *Alert Section* will list special warnings to staff. Examples: If a radioactive isotope was given (nuclear medicine isotope injected) or if a patient presents a danger to himself or others.

Caredex Print 0 minutes ago

ADMIT DATE: 08/08/08 15:39 **FIN#:** 8070025664 **LOCATION:** 2 ICU SWC;W203;01

ALERTS: High Alert 2, Nuclear medicine isotope injected

ATTENDING PHYSICIAN:

PHYSICIAN CONSULTS:

Consult Gastroenterology Start Date 10/21/08 16:32:00 CDT, Evaluate and treat, Routine
 Consult Internal Medicine Start Date 10/21/08 16:32:00 CDT, Evaluate and treat, Stat

CODE: Limited Support/Chemical Code (IIA)

MEP STATUS: No

REASON FOR VISIT: TEST

DIAGNOSIS:

10/22/08 11:07 Anterior triangle of neck
 10/22/08 11:06 Aching headache

HISTORY:

10/22/08 12:42 Back Surgery

ALLERGIES: NKA

ISOLATION / PRECAUTIONS:

Isolation Start Date 10/22/08 8:23:00 CDT, Isolation: Reverse | Droplet, Testing MEP, Constant Indicator
 Seizure Precautions Start Date 10/22/08 8:24:00 CDT, Continuous Order

CURRENT WEIGHT (kg): 60.000

INITIAL HEIGHT (in):

ACTIVITY:

FALL RISK SCORE: 0 09/25/08 15:01

DIETS:

MEDICATIONS:

amoxicillin ----- Amoxil, 250 mg PO (oral) q8h

PRN MEDS/SLIDING SCALES:

morphine ----- 4 mg IV Push q4h PRN Pain

INFUSIONS:

DOBUTamine 250 mg + Dextrose 5% in Water IV Infusion 0 mcg/kg/min
 DOBUTamine 250 mg + Dextrose 5% in Water IV Infusion 0 mcg/kg/min

LINEs:

LAST BOWEL MOVEMENT: 09/15/08 07:00

TUBES / DRAINS:

NURSING ORDERS:

Admission History Adult SFH Start Date 08/08/08 15:40:05 CDT, Stop Date 08/08/08 15:40:05 CDT, Order entered by the SYSTEM secondary to patient admission.

Basic Patient Information Start Date 08/08/08 15:40:05 CDT, Stop Date 08/08/08 15:40:05 CDT, Order entered by the SYSTEM secondary to patient admission.

Notify Provider Start Date 10/28/08 8:17:00 CDT, Call me If HR is less than 60 bpm
 Order Entry Details 08/08/08 15:40:05 CDT Start Date, q5day, Order entered by the SYSTEM secondary to patient admission.
 Resuscitation Status Limited Support/Chemical Code (IIA), Constant Order, 10/21/08 15:58:00 CDT Start Date
 Review Plan of Care Start Date 08/08/08 15:40:06 CDT, qDay, Order entered by the SYSTEM secondary to patient admission.

LAB:

CBC w/ Indices only Blood, Start Date 10/27/08 17:21:00 CDT, Routine collect, q12h

BLOOD:

Willing to receive Blood? NA
 Blood Type: NA

X-RAY / DIAGNOSTIC PROCEDURES:

XR Chest 2 Views w/ Apical Lordotic Start Date 10/27/08 17:22:00 CDT Routine, Reason: cha cha, Pregnant: No, Transport Mode: Ambulatory, IV: Yes, 02: No, Isolation: Standard, Stop Date 10/27/08 17:22:00 CDT, Ventilator: No, No Sedation.

CARDIAC:

RESPIRATORY:

SKIN CARE:

Braden Score: 23 09/25/08 15:01

WOUND IDENTIFICATION:

Location:
 Wound 1: Buttock

EMERGENCY CONTACT / RELATION / PHONE #:
 BMDI, SMCWBTHIRTEEN / SELF / Home: (123)456-7890

--End of Summary--

The High Alert indicator also appears under the *Problems* section of the Problems & Diagnosis tab and on the Triage Report. This indicator will cross encounters and lists special warnings to staff (i.e. a patient presents a danger to himself or others.)