

McLaren Macomb CPOE/WSP Update

Version 12.0.975

GO LIVE DATE February 22

Version 12.0.975 is currently in WSP test.

McLaren
HEALTH CARE

WebStation for Physicians Landing Page

Paragon Upgrade Fix "[Download](#)", for Browser Settings and Failed Clipboard Messages.

Java 6.31 "[Download](#)"

McLaren Flint
McLaren Flint WebStation for Physicians
Password Reset
Password Reset Instructions
New Info
WSP/CPOE Training Materials

McLaren Macomb
McLaren Macomb WebStation for Physicians
Password Reset
Password Reset Instructions
CPOE Education and Issue Reporting Form
Newsletter

McLaren Oakland
McLaren Oakland WebStation for Physicians


McLaren Lapeer Region
McLaren Lapeer Region WebStation for Physicians
Password Reset

McLaren Bay Region
McLaren Bay Region WebStation for Physicians
Password Reset
Newsletter
Orderset Table of Content

McLaren Greater Lansing
McLaren Greater Lansing WebStation for Physicians
Password Reset
EMR Physician Newsletter
CPOE Training
CPOE/WSP Version 12 Upgrade
Order Set Table of Contents
Lab Orders/HLAB Rules

McLaren Central Michigan
McLaren Central Michigan WebStation for Physicians
Password Reset

[Link](#)
wsp.mclaren.org

Click here and go to Macomb  [Test Websites](#)

What to expect...

Prior to go live there will be a significant “downtime” period (estimated 16 hrs) in order to update the live system to 12.0.975

All orders will be on paper during downtime

Preprinted common CPOE orders for the following will be on the units:

Admissions

Discharge

Postops

ER Bridging and Fast Track

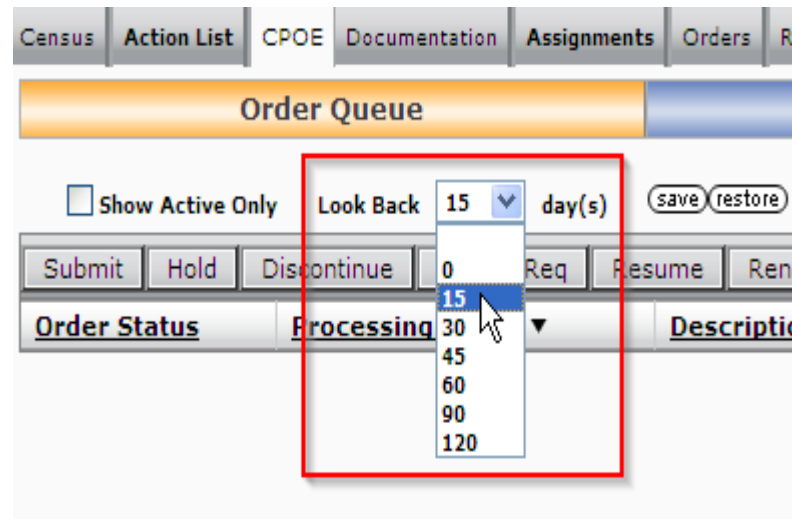
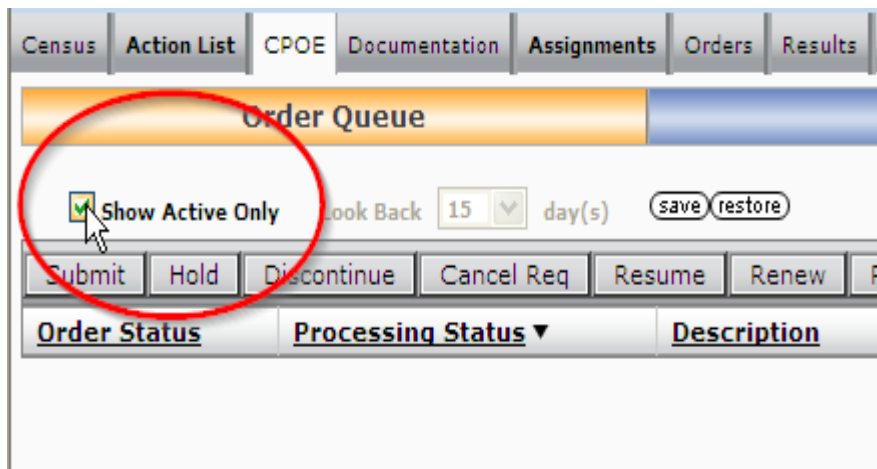
- ▶ **Downtime for CPOE begins @ Midnight 2/22/14**
- ▶ **During downtime to get updated census and consults list go the skills lab**
- ▶ The upgrade should be complete and system operational by approximately 8pm 2/22.
- ▶ Expect overhead announcements for this.
- ▶ Pie will be available during downtime allowing you to view test results, see the census

Enhancements

- ▶ The order Queue will no longer show 90 days of orders, unless you choose for it to do so
- ▶ Ability to document pre-arrival medications if there were any given by EMS
- ▶ Most orders will auto-process allowing for faster turnaround time (excluding medications)
- ▶ More options to drill down search options when ordering medications
- ▶ Retired Text is no longer visible when ordering medications
- ▶ You will be able to discontinue a medication from the alert screening
- ▶ Changes to the alert settings have been made within the pharmacy module in order to help reduce the number of alerts received when placing medication orders - these were agreed on Corporate wide
- ▶ You will have the ability to link a home medication to an inpatient medication allowing for a more clear picture on discharge med reconciliation
- ▶ Graying out of orders when selecting them from the search window is gone

Order Queue

- ▶ When you open the Order Queue, you will now see a 'Show Active Only' option, as well as a drop box menu to look back a selected amount of days to view orders
- ▶ By selecting 'Show Active Only' you will see only the Active orders for your patient
- ▶ To look back at all orders, uncheck the 'Show Active Only' box and then select a timeframe from the 'Look Back' drop down menu



Patient Data Refresh

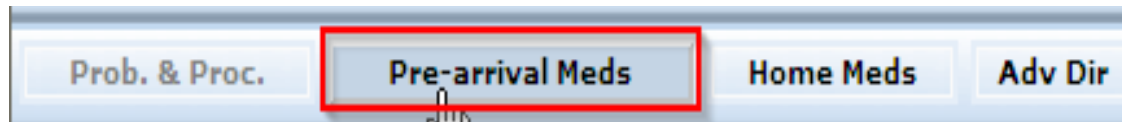
Notice the **red** refresh in the banner bar. A refresh on your patient is needed.

Clicking on the **red** turns the refresh gray

The screenshot shows a web browser window titled "Paragon WebStation for Physicians". The main content area displays patient information for "TEST, FIVE (3000000588)". A red refresh icon is visible in the top right corner of the patient information banner. A green arrow points from the text above to this icon. Below the patient information, there are several tabs for different data categories: "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". At the bottom, there are four main sections: "Order Queue", "Search", "Favorite Orders", and "Medication Reconciliation".

Pre-Arrival Medications

- ▶ If the patient was given, or took any medication prior to arrival to the hospital, the nurse has the ability to document this information. If anything has been documented, then the 'Pre-arrival Meds' tab will be available for you to click on. Once you open it, you will see the medications the patient received. In the example below, the patient received 325mg of Aspirin prior to arrival.



<u>Pre-arrival Meds</u>	<u>Dose</u>	<u>Route</u>	<u>Frequency</u>
Aspirin	325 milligrams	PO	once

Auto-Processing of Orders

- Some of the orders are designated to auto-process, meaning that they will no longer stop at the unit clerk for them to push through the system. This will allow for a faster turnaround time on these orders. You will be able to tell if your order was auto-processed by going to your Order Queue and checking on the status of the order. If the order is in a 'future' or 'active' status, it was auto-processed. If it's in an 'add pending' status, it will need additional information input by the nurse or the unit clerk prior to the order going through. No pharmacy orders will auto-process, they must still be verified by the pharmacist.

Order Queue		Search				Favorite Orders				Medication Reconciliation			
<input checked="" type="checkbox"/> Show Active Only		Look Back		15	day(s)	save	restore						
Submit	Hold	Discontinue	Cancel Req	Resume	Renew	Reorder	RX Relationships	RX Alerts	Co-Sign	Clipboard	<input type="checkbox"/> Group by Area		
Order Status	Processing Status	Description	Area	Type	Freq	Start	Stop	Original Ordered By	Changed By	Note	Visit	CPOE #	
	Add Pending	Chest 1 View	RD	XRY	Once	12/11/2013	12/11/2013	WOOLMAN, ERIKA				536550	
Today		CBC (Electronic Differential)	LB	HEM	Once	12/11/2013	12/11/2013	WOOLMAN, ERIKA					

Ordering Medications

- ▶ When your ordering medications, you will now have the option to choose from drop down menus to drill down your search by Dose(1) and Frequency(2), print patient education(3), and narrow your search by selecting common orders only, PRN options or choose to ignore age specific dosing options as they are in the current system(4). Retired Text no longer shows!
- ▶ Current View:

Order Queue	Search	Favorite Orders	Medication Reconciliation
cancel	patient education monograph	<input checked="" type="checkbox"/> Common orders only	<input type="checkbox"/> PRN orders only <input type="checkbox"/> Ignore age specific dosing options
Description			
Save	*** RETIRED TEXT*** morphine 0.5 mg intravenously Push every 2 hours		▶
Save	*** RETIRED TEXT*** morphine 0.5 mg intravenously Push every 2 hours prn pain		▶
Save	*** RETIRED TEXT*** morphine 0.5 mg intravenously Push every 1 to 2 hours prn pain		▶
Save	morphine 0.5 mg IV Push q1-2h prn pain		▶
Save	*** RETIRED TEXT*** morphine 0.5 mg intravenously Push every hour		▶
Save	*** RETIRED TEXT*** morphine 0.5 mg intravenously Push every hour prn pain		▶
Save	morphine 0.5 mg IV Push q30min		▶
Save	morphine 0.5 mg IV Push q5min		▶
Save	morphine 1 mg IV Push once		▶
Save	*** RETIRED TEXT*** morphine 1 mg intravenously Push every 2 hours		▶
Save	*** RETIRED TEXT*** morphine 1 mg intravenously Push every 2 hours prn pain		▶

Version 12.0.975 View

cancel **1** Dose: **2** Frequency: **3** patient education monograph **4** Common orders only PRN orders only Ignore age specific dosing options

	Description	
Save	morphine 0.5 mg IV Push q1-2h prn pain	
Save	morphine 0.5 mg IV Push q30min	
Save	morphine 0.5 mg IV Push q5min	
Save	morphine 1 mg IV Push once	
Save	morphine 1 mg IV Push q2h prn pain	
Save	morphine 1 mg IV Push q1-2h prn pain	
Save	morphine 2 mg IV Push once	
Save	morphine 2 mg IV Push q1-2h prn pain	
Save	morphine 4 mg IV Push q4-6h prn dyspnea	
Save	morphine 4 mg IV Push q4-6h prn pain	

Pharmacy Alerts

- ▶ In V12.0.975 some of the pharmacy settings have been changed so that you do not receive as many alerts when ordering medications.
- ▶ The alert screen itself has changed as well too. With the changes in the alert settings, you will no longer see the “red alerts” as red text. All alerts come across in black text, and all alerts will need to be acknowledged.
- ▶ The only alerts you will now see will be those that were previously a “red alert” and duplicate therapies.
- ▶ You will have the ability to discontinue the medication from the alert screen.

Medication Order Alerts

- ▶ The layout of the Alert Screen has changed. You will now receive a pop-up box that shows what the alert is for (1), your drop-down menu of choices for why you are choosing to override the alert (2) and the ability to discontinue the medication right from the alert (3).

Order Alerts -- Webpage Dialog
http://10.14.11.66/WSP/CPOESoftStopActions.aspx

CPOE Required Alert Actions

Ibuprofen 200mg po q6h prn
DUPLICATE THERAPY 1
Use of ASPIRIN and IBUPROFEN may represent a duplication in therapy based on their association to the therapeutic drug class Non-Steroidal Anti-Inflammatory (NSAID) & Salicylates.

2 * 3

(* reason required for override)

Acetaminophen 650mg po q4h prn
DUPLICATE THERAPY
Use of ACETAMINOPHEN and ACETAMINOPHEN may represent a duplication in therapy based on their association to the therapeutic drug class Non-Narcotic Analgesic/Antipyretic, Non-Salicylate.

*

(* reason required for override)

http://10.14.11.66/WSP/CPOESoftStopActions.aspx Internet

Medication Clinical Alerts

Severity	Type	Description	Created By	Alert Creation Date ▼	Override Reason
	NOTICE	Unable to check the half-life of item - NO aspirin - patient on another anticoagulant (ie: warfarin). This drug will not be included in any drug screenings.	LINDA DEITERING	12/27/2013 15:49	<input type="text"/>
	NOTICE	Unable to check the half-life of item - VTE Risk Score: 4. This drug will not be included in any drug screenings.	LINDA DEITERING	12/27/2013 15:49	<input type="text"/>
Severe Interaction	DRUG-DRUG	Message: LEVOFLOXACIN IN D5W and amiodarone PO may interact based on the potential interaction between SELECTED QUINOLONES and CLASS IA & III ANTIARRHYTHMICS.	LINDA DEITERING	12/27/2013 15:49	<input type="text"/>
Severe Interaction	DRUG-DRUG	Message: amiodarone PO and ONDANSETRON HCL (PF) may interact based on the potential interaction between AMIODARONE and POSSIBLE QT PROLONGING AGENTS.	LINDA DEITERING	12/27/2013 15:49	<input type="text"/>

Current version shows critical alert in **Red** – also allows physician to **Acknowledge** all non-critical alerts with one click

Medication Clinical Alerts

The screenshot shows a web application window titled "Order Alerts -- Webpage Dialog" with a sub-header "CPOE Required Alert Actions". It displays three medication alerts, each with a "DRUG-ALLERGY" or "DUPLICATE THERAPY" category and an "Unknown" severity. The first alert is for LEVOFLOXACIN 750MG IN D5W 150 ML IVPB EVERY 24 HOURS. The second is for metRONIDAZOLE 500MG / ISOTONIC SOLN 100 ML IVPB EVERY 8 HOURS. The third is for CARVEDILOL 3.125 MG ORAL TWICE A DAY. Each alert includes a "(* reason required for override)" label, a "Modify" button, and a dropdown menu for override reasons. The first dropdown is circled in blue and contains the text "Reviewed alert, benefit outweighs risk". A red arrow points to this dropdown with the text "Enhancement to free text here". The second dropdown is also circled in blue and contains a list of reasons: "Reviewed alert, benefit outweighs risk", "Therapeutic duplication is intentional", "Tolerated well in the past", "Physician aware of interaction risk", "Side effect - not a true allergy", and "Emergency medication". To the right of each alert are "Discontinue" and "Leave Unsubmitted" buttons, which are also circled in blue for the second alert.

New version, each critical alert now appears in black and must be addressed individually.

New version now allows physicians to either Discontinue or Leave Unsubmitted or return to medication reconciliation

Linking Medications

- ▶ In V12.0.975 you will have the ability to link a patients home medication, to the same medication that was ordered in the hospital
- ▶ This function exists in any of the Med Reconciliations
- ▶ If there are medications that are available to be linked to one another, it will automatically prompt you to do the linking when you open the Med Reconciliation
- ▶ Linking the medications will help eliminate duplicates on the discharge Med Reconciliation, allowing for cleaner, safer discharge instructions for your patient

Linking Medications cont.

- ▶ If there are medications available to link, you will receive a automatic prompt to link the medications. In one column there will be the home medication, the other column will have the inpatient medication listed

The screenshot shows a patient profile for 'TEST, BRYAN (56001261)' with a 'Home Meds' list. A 'Med Recon Linking -- Webpage Dialog' is open, showing a table for 'Medication Reconciliation Linking'. The table has columns for 'Home Med' and 'Inpatient Med'. The table is grouped by 'ETC Desc' and lists various medication classes with their respective home and inpatient medications. A green arrow points from the text above to the dialog box.

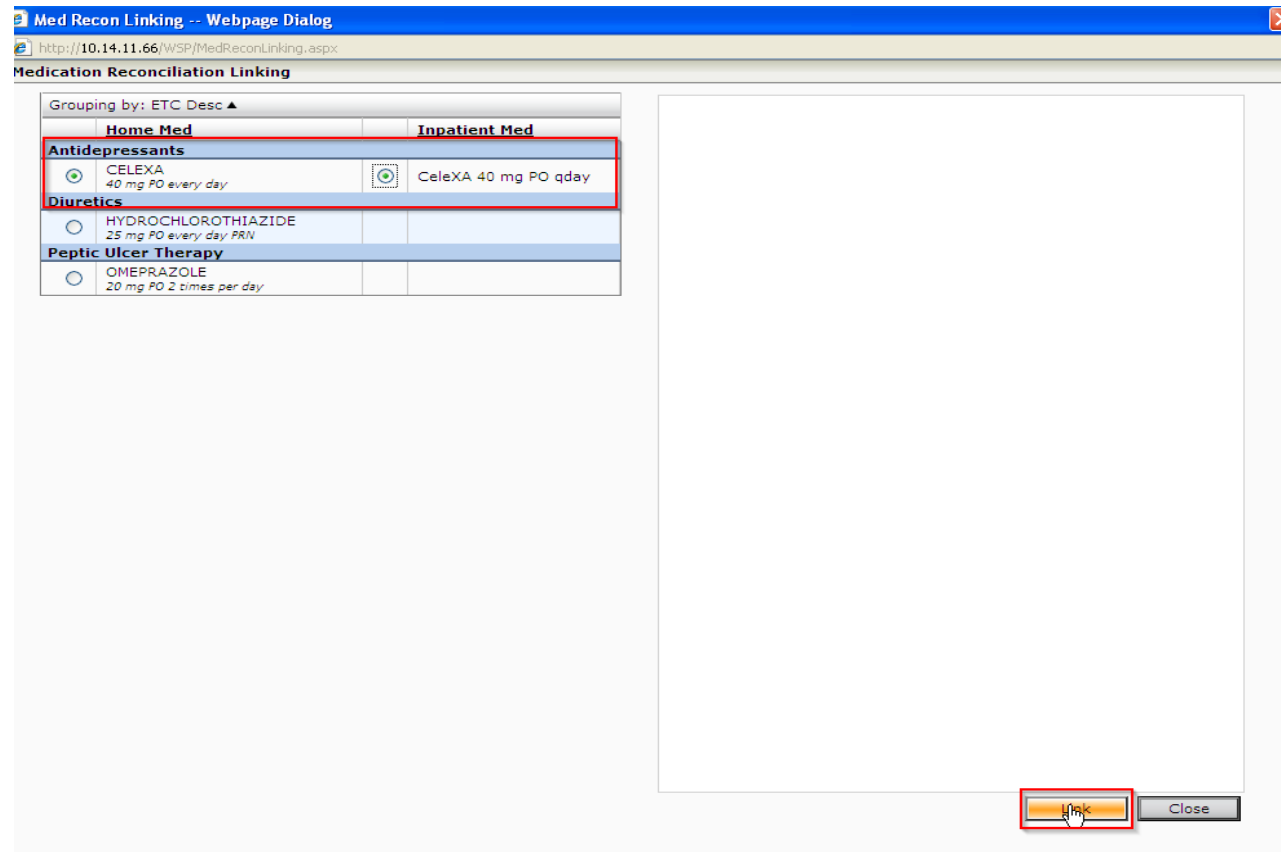
Home Med	Inpatient Med
Analgesic, Anti-inflammatory or Antipyretic - Non-Narcotic	
<input type="radio"/> ASPIRIN 81 milligram Oral every day	
Antihypertensive Therapy Agents	
<input type="radio"/> LISINOPRIL 2.5 milligram Oral 2 times per day	
Diabetic Therapy	
<input type="radio"/> METFORMIN 500 milligram Oral 2 times per day	<input type="radio"/> metFORMIN 500 mg orally 2 times per day
Diuretics	
<input type="radio"/> FUROSEMIDE 40 milligram Oral 2 times per day	
Antianxiety Agents	
	<input type="radio"/> ALPRAZolam 0.25 MG Oral TWICE A DAY
Bipolar Therapy Agents	
	<input type="radio"/> ARIPIprazole 0.5 MG Oral DAILY

Link Close

This demonstrates the linking box open inside a medication reconciliation

Linking Medications Cont

- ▶ To link the patients home medication with the inpatient medication, you would click in the circles next to the medications you are choosing to link together, and then click on link on the bottom right hand corner of the page



Linking Medications cont.

- ▶ Once you close out of linking the medications, you will return to the Med Rec. You will see the home medication and the inpatient medication linked together

