

PowerChart Maternity RN

Cadillac Hospital

Introduction

- Instructor
- Learners
- Fire Exits, Restroom locations



Why We're Here Today *and* Why We're Moving to Oracle Health

Today's Purpose: To officially kick off our "Drive to 1/25" as we enter the home stretch of our One Patient Record journey.

MHC's Vision: To be our communities trusted source of compassionate, seamless care for another 100 years.

Why We're Moving to Oracle Health: Moving to One Patient Record is an integral part of our vision, allowing us to ensure patients have a seamless experience across our system with one centralized EHR platform.

No matter which door a patient walks through in our system, One Patient Record will better prepare our Healthcare Team to deliver the care our patients need, where and when they need it.

Disclosures

- Successful completion requirements:
 - Attend entire education activity
 - Complete post-session evaluation
- No one in control of educational content has any relevant financial relationships with ineligible companies to report.

Munson Medical Center is approved as a provider of nursing continuing professional development by Wisconsin Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.



Class Overview

- Class flow:
 - Length: 8 hours total with breaks and 30 minute lunch break
 - Layout: Guided hands-on scenarios, then self-guided practices
- Education environment:
 - This is a training environment and may differ from what the live applications look like



Learner Expectations

- Stay with Instructor
- Raise your hand with questions or if assistance is needed
- Cell Phones on silent and put away
 - Please no email checking or texting during instruction



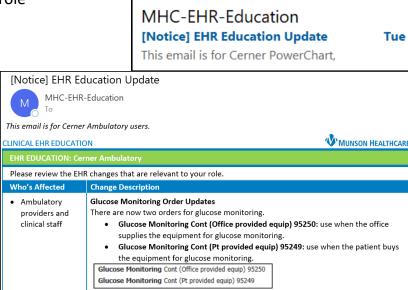
Class Agenda

- Navigation
- Documentation
- SurgiNet
- Barcoding: Continuous IV and Titratable IV Drips with rate changes
- Discharge Process



Communications

- Email Communication make sure you are checking at least daily
- EHR Education Emails
 - Standard emails every Tuesday. During implementation may be more frequent. Check for updates
 - Contains information on changes or reminders for electronic platforms related to your role



- IT/IS Updates may include Cerner updates, downtime updates or other important information
- Compass-Munson Healthcare emails, regularly scheduled every Monday, Wednesday, and Friday and updates at other times as needed.
- One Patient Record Updates
 - Communication specific to the One Patient Record launch.
 - Email: OnePatientRecord-Questions@mhc.net





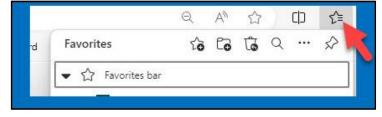
Clinical EHR Education Website

In preparation for the January 25th One Patient Record launch:

1. Navigate to the 'End User Specific' website section.



- 2. On the left side of the page next to your role, click on the down arrow to access a list of topics and review the education resources.
- 3. Add this website section to your Favorites bar.



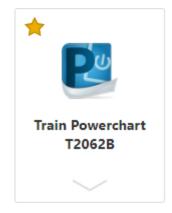




Login

- Login to your computer using your personal Munson user ID and password.
 - Use your PRIMARY Munson healthcare login. If you have multiple accounts, do not use your #2 or #3 login

- Login to TRAIN Powerchart T2062B
 - Open Citrix Storefront
 - Use the login card on your desk and enter the username and password provided





Navigation: You will Learn...

- PowerChart Basics Review
- Maternity Tracking Board
- Chart Navigation
- Adding a Pregnancy



Cadillac Hospital Maternity Tracking Board

Tracking Board

Labor Beds OB - CAD

All Beds OB - CAD | Baby Beds OB - CAD | Assigned Nurses OB - CAD



Documentation: You will learn...

- Admission Activities/Task Documentation
- IPOCS- initiation
- Clinical Reconciliation: Problems, Allergies, Medication, Immunizations
- Documentation of patient assessment and care
- Result copy and Related Records



Scenario

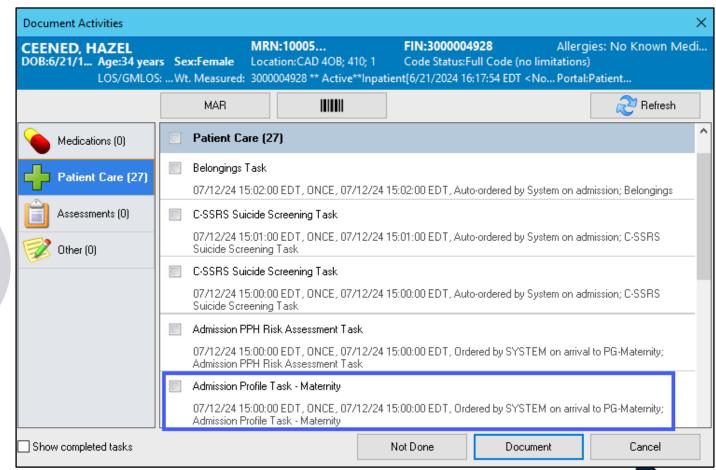
Your patient is sent over from the OB clinic in active labor.

- G1, P0. EGA 40 weeks.
- Uncomplicated pregnancy.



Maternity Admission Tasks

- Admission Profile
- Admission PPH Risk Assessment
- Admission Skin Assessment
- Fall Risk Assessment
- Precaution Review
- C-SSR Suicide Screening
- Admission Ht/Wt
- Sepsis Screening Task OB
- Belongings Task



Focus Notes Explain

- Unusual or unexpected events
 - Condition changes
 - MRT/Code Blue
- Nursing/medical interventions
 - Oxygen level changes with treatment/patient response
 - BP and HR level changes with treatment/patient response
- Emotional or psychological needs of the patient/family
- Abnormal patient finding that needs in-depth explanation
- Do not use specific times when documenting focus notes unless you know the exact time an event occurred.





IPOC: Interdisciplinary Plans of Care

- Problem based
- Individualized for the patient
- Initiated upon Admission
- Reviewed and documented each shift



Data Populates into IPOCs

☐ IPOC OB Altered Comfort/Pain Management (Initiated) 7/8/2024 4:29 PM EDT							
⊙ Goal-Experience Relief or Control of Pain ***Alteration in Comfort *** - Met							
 Goal-Verbalizes Understanding of Pain Management***Alteration in Comfort*** - Met 							
■ Use Appropriate Pain Rating Scale for Patient - Done							
☐ Pain Interventions ✓ 7/8/2	2024 5:00 PM EDT						
Ambulation, Cold, healing touch 🗸 7/8/2	2024 5:00 PM EDT						
□ Image: Pain Level (0 - 10) - 0 or 1 - Mild Pain or 2 - Mild Pain X 7/8/2	2024 5:00 PM EDT						
4 - Moderate Pain X 7/8/2	2024 5:00 PM EDT						
☐ IPOC OB Postpartum VAGINAL (Initiated) 7/8/2024 3:54 PM EDT							
Goal-Achieve Healing Without Complications - Met							
🛮 🖫 🔟 Complete Patient Assessment and Obtain Vital Signs per Policy Vaginal Delivery - Done							
☐ Perineal Description - Perineum intact or Episiotomy/laceration well approximated ✓ 7/8/2	2024 5:00 PM EDT						
Episiotomy/laceration well approximated 🗸 7/8/2	2024 5:00 PM EDT						
18 -	2024 5:00 PM EDT						
anesthetics							
	2024 5:00 PM EDT						



Clinical Reconciliation

What?

Why?

Where?

The process of verifying clinical data that exists within the HER is consistent with external sources.

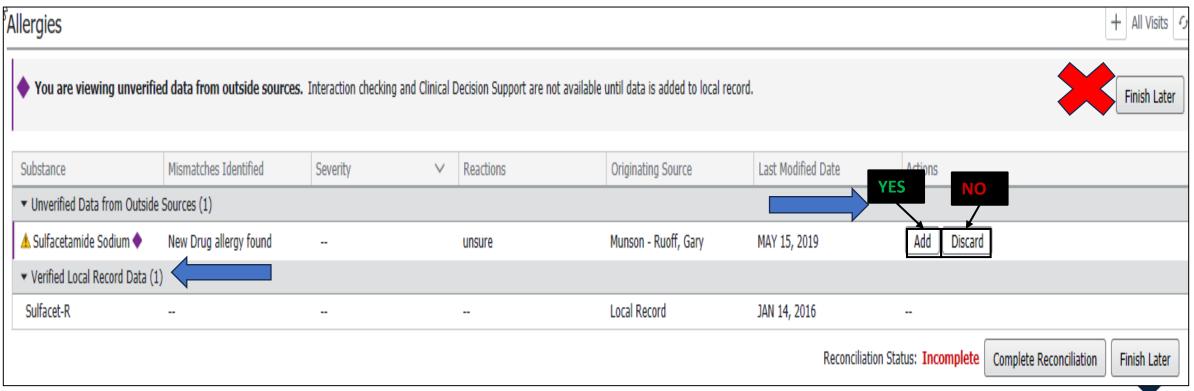
Government requirement for reimbursement of Medicare and Medicaid patients. Benefits the patient by validating history.

Intake – Nursing Workflow



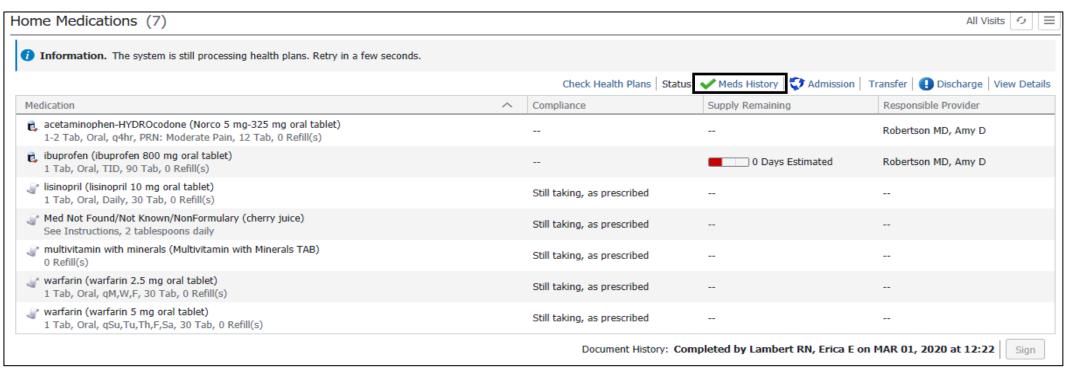
Clinical Reconciliation - Allergies

Outside Sources Present



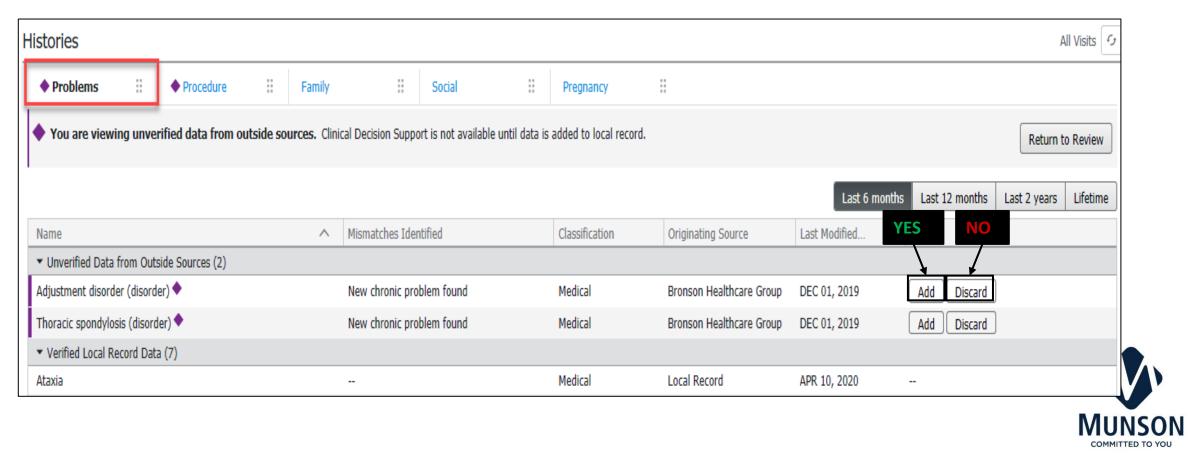
Clinical Reconciliation – Home Medications

Reconciliation Completed





Clinical Reconciliation - Problems



Clinical Reconciliation - Immunizations

nmunizations							All Visits
You are viewing	j unverified (data from outside sources. C	Clinical Decision Suppo	ort is not available until data is added to	local record.		Return to Review
Vaccine	^	Mismatches Identified	Administ	Originating Source	Last Action	Last Action Date	YES NO
▼ Unverified Data fro	om Outside So	urces (10)					
influenza virus, live,	attenuate 🔷	New immunization found		MHC Grayling Physician Network	Administered	SEP 08, 2014	Add Discard
influenza, high dose	seasonal, 🔷	New immunization found		MHC Grayling Physician Network	Administered	SEP 12, 2018	Add Discard
influenza, high dose	seasonal, 🔷	New immunization found		MHC Grayling Physician Network	Administered	SEP 27, 2017	Add Discard
influenza, high dose	seasonal, 🔷	New immunization found		MHC Grayling Physician Network	Administered	SEP 15, 2016	Add Discard
influenza, seasonal, i	njectable 🔷	New immunization found		MHC Grayling Physician Network	Administered	SEP 05, 2015	Add Discard
influenza, seasonal, i	njectable 🔷	New immunization found		MHC Grayling Physician Network	Administered	OCT 02, 2008	Add Discard
influenza, split virus,	pur surf •	New immunization found		MHC Grayling Physician Network	Administered	SEP 04, 2013	Add Discard
influenza, split virus,	pur surf •	New immunization found		MHC Grayling Physician Network	Administered	SEP 24, 2010	Add Discard
pneumococcal 13-va	ent conj 🔷	New immunization found		MHC Grayling Physician Network	Administered	OCT 20, 2015	Add Discard
tetanus/diphth/pertu	ss (Tdap) 🔷	New immunization found		MHC Grayling Physician Network	Administered	MAY 07, 2014	Add Discard
▼ Verified Local Reco	ord Data (0)						



IPOC Charting

- Goals
 - Chart every shift at the end of each shift
 - Chart ALL Goals at discharge
 - For Unmet Goals, chart the plan
- Interventions
 - Chart only those appropriate
- From Orders Tab, discontinue any components if NEVER needing to be addressed again.

Key Points/Summary: Can you...?

- Document Activities & Tasks
- Initiate and update IPOCS
- Compete Clinical Reconciliation: Problems, Allergies, Medication, Immunizations
- Document assessments for maternal and newborn patients
- Complete Result copy and Related Records



SurgiNet

Maternity



You will learn

Scheduling and Canceling a case

Perioperative Doc

Preop, Intraop, and Postop documentation for C-Section

New Preprocedure Checklist PowerForm

View the Finalized Record

IView Documentation



Scheduling Appointment Book

Scheduled appointment is a **prerequisite** for all Periop Documentation and the Anesthesia record.

Used by Unit Clerks, Nurse Assistants, Nurses



ICD-10 Codes for Surginet Scheduling

• O82 – Encounter for C-Section, without indication

Z30.2 – Encounter for Elective Sterilization



Preop Process

Check in Patient – Initiate CAD Preop Record LD in Perioperative doc

Orders & IPOCs entered

Associate to FetaLink

Preprocedure Checklist, consent task completed

Add pregnancy history before Adding Pregnancy

Chart Admission Profile

Allergies & Meds by Hx completed

IView-OB Preg Band-has baby A been added?

- 3 required sections & OB system assessment
- IV start, foley insertion, etc. documentation

Complete and finalize CAD Preop Record LD



Intraoperative Documentation

Primary Circulating RN

- ✓ Documents and finalizes the case in Perioperative Doc for the CAD Intraop Record- LD
- ✓ Documents mother's delivery information in IView-Delivery Band

Secondary Circulating RN

✓ Documents the newborn data in IView-Delivery Band of the mother's chart.



Interactive View- Delivery Band

Delivery Band -mother

- Delivery type
- Delivery Date/Time
- Maternal Complications
- Delivery provider, primary and secondary circulating RNs, Anesthesiologist, etc.

Delivery Band –baby

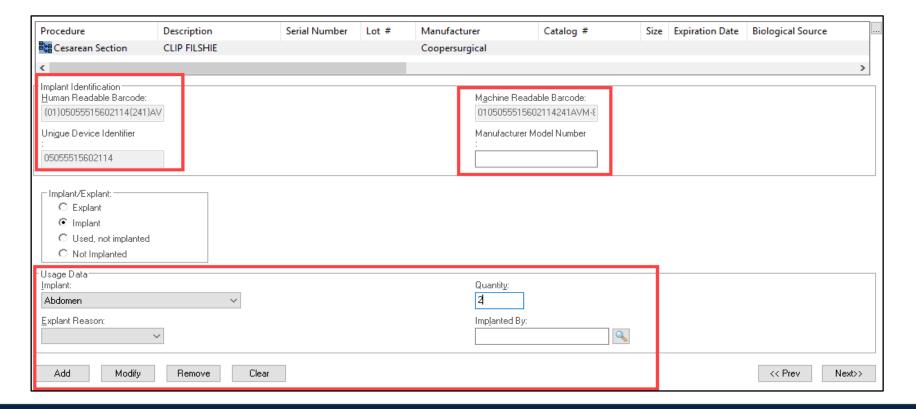
- Gender
- Outcome
- Risk Factors
- Birth wt, length, head/chest circumference
- Apgars



Implant Scanning



Barcode Scar	n - Use Mode											×
Remove	Item Nbr	Item Desc	Mfr Name	Catalog Nbr	Location	Segment	Procedure	Serial Nbr	Lot Nbr	Exp Date	Mfr Date	Donor Nbr
Remove	13729	CLIP FILSHIE	Coopersurgical	AVM-851J	OB ∨	MMC Intraop OB - Imp ∨	Cesarean Section 🗸					





Interactive View — Recovery Band

- Provider enters Orders for mother
- RN enters initial orders for the baby
- RN
 - Scans mother's IV
 - Documents Recovery Assessment
 - Newborn documentation Systems Assessment in Newborn's chart
 - Result Copy at end of Recovery Period



Key Points/Summary: Can you....?

Schedule and cancel	Schedule and cancel cases
Check in	Check in a case
Document	Document the Perioperative process in Perioperative Doc
Document	Document the IView details
View	View Completed Operative Reports

BCMA Review

- Continuous and Titratable IVs
- IV Rate Changes
- I & O Volume



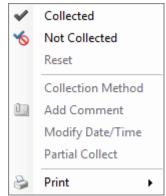
Orders: Review

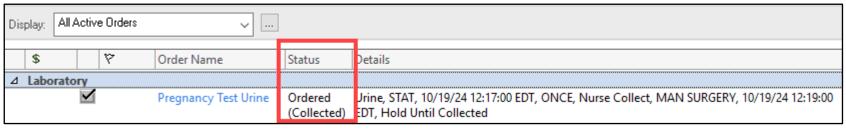
- Order Entry with Specimen Collect
- OR Specimen Orders



Specimen Collect

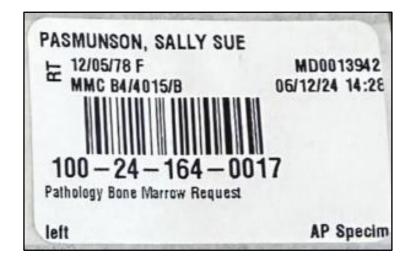


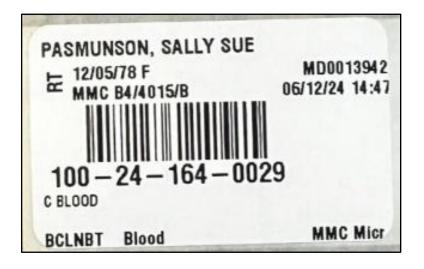






Specimen Labels







Discharge Nursing Workflow

- Closing a Pregnancy
- Discharge Documentation Requirements
- Discharge from system



Key Points/Summary: Can you...?

- Close a pregnancy
- Complete required discharge documentation Mom and Baby
- Discharge Mom and baby from system



Next Steps for You

- Complete the Class Evaluation
- Complete or redo the HealthStream assignments for practice
- Review educational documents and videos on the Clinical EHR Education website
 - Instructional Videos and Interactive Demos
 - Job Aids, Quick Tip Sheets, and Specialty Practice Info
- Attend any other required training sessions
 - Take advantage for optional training sessions
 - Add specifics for roles (sandbox domain etc)
- Watch for communications leading up to and following the launch



Class Evaluation





Hospital and Emergency Department Go Live Support

- At the Elbow support by solution experts
 - Two to three weeks duration depending on solution, previous experience, and adoption
 - Ratios vary based on solution, patient and staffing volumes, and user experience
 - Daily monitoring will occur to adjust support as needed
 - Total Number 200+
- First call resolution with solution project team members only a phone call away





Thank You!