UPDATE on **CPSI** Documentation

Effective Monday, June 2, 2014, six (6) new widgets have been added in the CPSI system, and they will help us to capture quality measure data.

1. Arrival to Inpatient Unit

Applicable Departments: Med-Surg, Telemetry, ICU, Pediatric, and MCH

In the "INITIAL ASSESSMENT/SCREENING" E-Form for M/S, Tele, and ICU, two (2) new text boxes had been added to capture the Arrival to Inpatient Unit Date & Time. They are located under the Admission Decision Date & Time boxes. Both are required fields to be completed before saving and exiting the e-form.

Similar ADMISSION DATA section has been added to Pediatric and Perinatal "INITIAL ASSESSMENT" e-form.

27	Monterey Park Hospita	d				
MONTERLY PARK HOSPITAL	900 S Atlantic Blvd Mon	terey Park, CA 91754				
ARMIC	(626) 570-9000					
	INITIAL A	SSESSMENT/SC	REENING			
PATIENT INFORMATIC	DN					
Last Name:	First Name:	Middle N	ame:			
Account Number:	MR #	oom # Date of Admis	ssion:			
Date of Birth:	Gender Age:	ng Physician:				
ADMISSION DATA	<u>/</u>					
Admission Decision I	Date Admi	ssion Decision Time				
Arrival to Inpatient Ur	nit Date Arriv	al to Inpatient Unit Time				
Admitted from C	lome C Emergency C Direc	t Admit O ECF O Board	& Care O Other			
Mode of Arrival O Ambulatory O W/C O Gurney O Other						
Reasons for hospitalization (patient's words)						
						

2. Comfort Measures Only

Applicable Departments: <u>Med-Surg, Telemetry, & ICU</u> Under the "Nursing Care" section of the above named departments' Assessment Flowchart, a new question, "Comfort Measures Only" has been added.

] 🗳 🏠	ICU: Asse	essment	Flowch	art for (CPSI TE	ST		:PL:	Z	
	•	Dates	• •									
		Dressing:										
		Scd/Compression Stockir	ig:									
▲		Catheter Insertion Date:										
		Catheter Removal Date:										
	g Car	Patient Level of assistanc	e needed									
	lursin	Equipment needs for repo	sitioning in bed									
l₹	~	Equipment need for Latera	al Transfer (Bed									
		Equipment need for total li	ft fromb ed t									
		Equipment needed for Sit	to Stand Lift f									
		Comfort Measures Only										

Example shown in ICU Assessment Flowchart

Once you click the "Comfort Measures Only" question, a separate Window will show as follows. Please answer the question and select one of the three options appropriately. This question will be part of the Initial Assessment, and the nursing staff should review and update the patient comfort measure status every shift. If a patient changes to Palliative or Hospice Care in the middle of the hospital stay, please re-visit this question and change accordingly.

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	WOND CART
3. Click the "X" button to exit	AR OSPITAL
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Comfort Measures Only	
Date/Time: 05/21/2014 14:40	
Is the patient receiving or is there an order for comfort measures only?	
C No C Palliative Care C Hospice Care	
1. Select the appropriate answer	
2 Click the "Save" button to save	
2. Chek the Save Button to save	
🛃 Save 🚫 Cancel 😥 Change Date/Time	

Once exiting out from the above Window, you will return to the flowchart, and the font color of the "Comfort Measures Only" question will turn red, which indicated this question has been address. You will not be able to see the answer in the answer box next to it.

		ICU: As	sessment	Flowch	art for (CPSI TE	ST			:PL:	
	44	Dates 🕨									
		Dressing:									
		Scd/Compression Stocking:									
		Catheter Insertion Date:									
	æ	Catheter Removal Date:	The fo	nt col	or will	turn 1	red on	ce			
$\overline{}$	g Car	Patient Level of assistance needed	this question has been addressed								
H	Nursin	Equipment needs for repositioning in t	uns qu	iestioi	i nas l	been a	uuress	eu.			
Ð	_	Equipment need for Lateral Trans	ed								
		Equipment need for total lif									
		Equipment needed for Sit t									
		Comfort Measures Only									

3. VTE Prophylaxis

Applicable Departments: <u>Med-Surg, Telemetry, ICU, & MCH</u> There are several changes to the "VENOUS THROMBOEMBOLISM (VTE) ASSESSMENT & PROPHYLAXIS ORDER" E-Form.

I. VTE Risk Level has been changed to the following:

	New Risk Level	Previous Risk Level
0 – 1 Point	Very Low Risk	Low Risk
2 Points	Low Risk	Low – Moderate Risk
3 – 4 Points	Moderate Risk	Moderate Risk
5 or Greater Points	High Risk	High Risk

II. New Widget Link

A new widget link has replaced the previous text area for "No prophylactic treatment reason".

MONTEREY PARK HOSPITAL: Venous Thromboembolism (VTE) Assessment & Prophylaxis Order

Patient Name:	Account #:	MR #:	Page 2 of 2					
Step 4: CALL MD TO GET ORDER (note requirement for hip, knee, colorectal surgical patient)								
Dr	calle	ed @ Date Time						
Assessment completed by Date Time								
	PHYSICIAN ORDERS							
PHYSICIAN ORDER MUST BE PRINTED UNLESS ELECTRONICALLY SIGNED. IF MEDICATION IS ORDERED, PRINT & FAX SIGNED ORDER TO PHARMACY.								
Total Points	Incidence of VTE	Risk Level	Recommendations					
0-1	2%	Very Low	SCD or Heparin OR SCD + Heparin					
□ 2	10%	Low	SCD or Heparin OR SCD + Heparin					
□ 3-4	20 - 40%	Moderate	SCD or Heparin OR SCD + Heparin					
5 or greater	40 - 80%	High	OR Enoxaparin + SCD					
VTE Prophylaxis WIDGET								

Once you click on the widget link, a separate Window will show as follows:

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VTE Prophylaxis	
Date/Time: 05/21/2014 15:29	
Patient's risk for VTE:	< Select >
Reason for not administring mechanical VTE prophylaxis:	< Select >
Reason for not administring pharmacologic VTE prophylaxis:	< Select >
🛃 Save 🔇 Cancel 😥 Change Date/Time	

Select the patient's VTE risk level from the drop box menu, and it should be consistent with the documentation in the E-form.

VTE Prophylaxis

Date/Time: 05/21/2014 15:29		
Patient's risk for VTE:	< Select >	
Reason for not administring mechanical VTE prophylaxis:	< Select > Very Low	
Reason for not administring pharmacologic VTE prophylaxis:	Low	
	Moderate	
	High	

Document the reason for not administering mechanical or pharmacologic (for HIGH risk patient). Please select the reason from the drop down menu and document the specific medical reason in the appropriate text box.

Reason for not administring mechanical VTE prophylaxis:	< Select >	
Reason for not administring pharmacologic VTE prophylaxis:	< Select > N/A	
	Medical Reason	
	Patient Refusal	

Click the "Save" button at the bottom of the screen and click "X" button at the upper right corner to exit.

4. Stroke Admission

Applicable Departments: Med-Surg, Telemetry, ICU, & Emergency Room

<u>ER Department:</u> The NEURO section in the "ER TRIAGE FORM" e-form has been changed. A new widget linked has been added.

NEURO						
Mental Status_						
□ Oriented x □ □ Alert □ Uncooperative □ Violent □ Lethargic □ Agitated □ Unconscious □ Confused						
Speech						
L Appropriate for Pt L Silent L Slurred L Moaning						
Stroke Adm Widget - REQ FOR ALL POSSIBLE STROKE PT						

<u>MS/Tele/ICU:</u> Under the "NEURO" section of the Assessment Flowchart, a new question, "Stroke Admission" has been added.

	Level Of Consciousness:					
	Pupils-Left:					
	Pupils-Right:					
g	Left Hand Grip To Command:					
Nei	Right Hand Grip To Command:					
	Left Leg Movement To Command:					
	Right Leg Movement To Command:					
	Stroke Admission					

Once you click on the Stroke Admission widget link or the Stroke Admission question in the flow chart, a separate window will show:

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Stroke Admission	
Date/Time: 05/21/2014 16:49 Last known well time: Earliest stroke symptom:	
NIH Stroke Scale score:	
Medical reason for not initiating I∨ thrombolytic therapy:	< Select >
Medical reason for not initiating antithrombotic therapy:	< Select >
Most recent administration of thrombolytic therapy before arrival (last 2 days)	
Save 🚫 Cancel 😥 Change Date/Time	

Answer all the applicable questions. Please refer to the appropriate resource to determine the correct NIH Stroke Scale Score.

Click the "Save" button at the bottom of the screen and click "X" button at the upper right corner to exit.

5. Stroke Discharge

Applicable Departments: Med-Surg, Telemetry, & ICU

In the "HOME CARE INSTRUCTION" E-Form, the Stroke Education Section has been updated. A "Stroke Discharge" widget link has been added.

Monterey Park Hospital: Home Care Instruction				
Patient Name:	Account #:	MR #:		
STROKE EDUCATION		-		
After discharge, if you have sudden onset of one severe headache, please call 911. ** St	e sided weakness, slur troke Discharge**	re en blurred vis	ion, and	
"Stroke-What do you need to know" Booklet G If Yes, in: □ English □ Chinese □ Spanish Booklet Topics include: - Type & Causes of Stroke - Warning Signs For TIA and Stroke - Calling FMS	Given ○ Yes ○ No ○ □ Vietnamese	o N/A		
Your Risk Factors For Stroke (identified in "S Prior Stroke High Blood Pressure Carotid or other artery disease TIAs Excessive Alcohol intake Other	troke-What do you nee Diabetes ☐ Smoking ☐ Atrial Fibrillation or ot	d to know" Booklet): □ High Cholesterol I her cardiac problem	□ Inactivity	

For patient transferring to other acute care facilities, the stroke discharge widget is added on the "TRANSFER ASSESSMENT" e-form as follows:

STROKE DISCHARGE		
	Stroke Discharge Widget	

Once clicking on the widget link, a separate Window will show as below:

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Stroke Discharge	
Date/Time: 05/21/2014 16:49 Reason for not prescribing antithrombotic therapy at discharge: Reason for not prescribing anticoagulant therapy at discharge: Reason for not prescribing statin medication at discharge: LDL result of less than 100mg/dl from the last 30 days on the chart: Reason for not ordering rehab assessment:	
Save 🚫 Cancel 🔗 Change Date/Time	

For questions regarding not prescribing antithrombotic & anticoagulating therapy, statin medication, and not ordering rehab at discharge, select an appropriate answer. If not applicable to the patient, select N/A from the drop down menu.

	< Select >	•
	< Select >	
	N/A	
	Medical Reason	
	Patient Refusal	
I	Patient Refusal	

Click the "Save" button at the bottom of the screen and click "X" button at the upper right corner to exit.

6. Refusal of Education

Applicable Departments: <u>Med-Surg, Telemetry, ICU, MCH, & Pediatric</u> In the "INTERDISCIPLINARY PATIENT FAMILY EDUCATION REC" e-form, a new section with the Refusal of Education Widget link has been added. This new section is above the COMMENTS section toward the end of the e-form.

REFUSAL OF EDUCATION	
	*Refusal of Education**

Once clicking on the link, a separate Window will show as below:

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Refusal of Education Date/Time: 05/21/2014 17:31 Written patient education:							
Pediatric asthma management plan of care: Refused by patient/caregiver							
📙 Sav	e 🚫 Ca	incel 👔	Change (Date/Time			

If patient or caregiver refused written patient education material, click the corresponding box.

For pediatric population, if the patient or caregiver refused asthma management plan of care, click the corresponding box.