Agenda
Clinical Decision Support Committee
Thursday, July 22, 2021
12:00 – 1:00 pm
WebEx

Michael Bristow, Heidi Albrecht – Co-Chairs

Agenda Items:

	Topic	Attachment Pages	Action	Presenter(s)	Start Time
1.	Agenda Review	1 - 2	Approval	Michael Bristow	12:00
2.	Minutes Review	3 – 7	Approval	Michael Bristow	12:02
3.	New Co-Chair: Nicole Virnig	---	Informational	Heidi Albrecht	12:04
	New Requests				
4.	Change in Colorectal Cancer Screening Recommendations	8	Approval	Michael Bristow Sandy Hamilton	12:05
5.	Old Colonoscopy Modifiers – Request to remove from patient records.	9	Approval	Sandy Hamilton	12:10
6.	Health Maintenance Topics • Changes to Chlamydia • Changes to DEXA	10 11	Approval	Sandy Hamilton	12:15
7.	PHQ-9 Depression Screen Health Maintenance – Use Discontinue and Reason to remove from topic rather than a Modifier	12 – 14	Approval	Sandy Hamilton	12:25
8.	AMB Wound Assessment Due	15	Approval	Sandy Hamilton	12:35
9.	Bugsy BPA's	16	Approval	Michele Held	12:40
	Up for Review				
10.	Review 3 Ambulatory BPA's • Amb Methotrexate Folic Acid Base • Amb Plaquenil Eye Exam • Amb Plaquenil Eye Exam Overdue	17 – 18	Approval	Sandy Hamilton	12:45
11.	Review Pharmacy BPA's • See corresponding sheet for list	19 - 21	Approval	Ryan Lamberg	12:55
	Review for Next month				

Topic	Attachment Pages	Action	Presenter(s)	Start Time

12. Ambulatory BPA's
 	
    • Amb Aspirin Primary Prevention
 	
ASAP BPA's
    • ASAP SUICIDE LOW LEVEL CONCERN PROVIDER – BASE
    • ASAP SUICIDE MODERATE LEVEL CONCERN NURSE – BASE
    • ASAP SUICIDE HIGH LEVEL CONCERN NURSE – BASE
    • ASAP SUICIDE MODERATE LEVEL CONCERN PROVIDER – BASE
    • ASAP SUICIDE HIGH LEVEL CONCERN PROVIDER - BASE
    • ASAP SUICIDE LOW LEVEL CONCERN NURSE – BASE
    • ASAP SUICIDE HIGH LEVEL CONCERN HEADER - BASE				

13. **Adjournment**				

Minutes
Clinical Decision Support Committee
Thursday, June 10, 2021
12:00 – 1:00 pm
WebEx

Topic	Discussion/Findings	Actions/Follow Up
Call to Order	The meeting was called to order at 12:00 pm by Michael Bristow, Provider Informaticist.	
Approval of Agenda	No changes, approved.	
Approval of Minutes	No changes, approved.	
New Requests		
3. Opioid BPA Updates: Current MEDD BPAs: Acute Pain (retire), Chronic Pain (modification), Replace acute with New (MME Outpatient Orders) Inpatient MEDD BPAs to fire in the background to start gathering data	This request is to help align our BPA's with the State of Minnesota guidelines to help providers know when they are meeting and/or exceeding guidelines. This request has been reviewed with the Integrative Pain Steering Committee and Informatics. Every opioid prescription will display the MEDD and MME. Will start with acute pain MME in background for 30 days. Analysis will be done to make sure it is firing correctly before turning on and the medication dosages are appropriate on order sets. Retire Acute Pain MEDD BPA with the start of this new BPA. There are 2 new inpatient BPA's that will be turned on in the background to see how they behave and bring the information to the Integrative Pain Steering Committee and then bring back for approval. This grouping of BPA's was approved by the CDS Steering Committee.	
4. Update to Social Worker BPA to include all sites	Due to the 'Assistance in Completing Health Care Directive' flowsheet row criteria being removed from the Case Manager BPA, it was determined that all sites need to be added to the Social Worker BPA that was currently firing only for SCH. This will ensure that all sites continue to get the BPA to consult the social worker if the patient would like assistance with completing a health care directive. This change was put into place with the Case Manager BPA changes that went live on Tuesday, June 8th. This was discussed and approved at the Clin Doc Review Committee on Wednesday, May 5th so coming here as informational.	

Topic	Discussion/Findings	Actions/Follow Up
5. Request to update Current BPA for CT Imaging with IV Contrast (Informational – Next Steps with Radiology groups	The BPA for CT Imaging with IV Contract presented at the last meeting is being worked on with the various Radiology groups as next steps. It will come back to this group for approval once a consensus is reached.	
6. Hepatitis C Testing Health Maintenance	Dr. McFarling mentioned this is a good update to align the functionality like HIV Health Maintenance topic. This does not need to go back to EPAC as it has already been approved pending this committee. This was approved at CDS Steering Committee.	
Up for Review		
Review for Next Month		
Ambulatory BPA's • Amb Aspirin Primary Prevention • Amb Methotrexate Folic Acid Base • Amb Plaquenil Eye Exam • Amb Plaquenil Eye Exam Overdue ASAP • ASAP SUICIDE LOW LEVEL CONCERN PROVIDER – BASE • ASAP SUICIDE MODERATE LEVEL CONCERN NURSE – BASE • ASAP SUICIDE HIGH LEVEL CONCERN NURSE – BASE • ASAP SUICIDE MODERATE LEVEL CONCERN PROVIDER – BASE • ASAP SUICIDE HIGH LEVEL CONCERN PROVIDER - BASE		Ryan Lamberg requested provider assistance for RX CHF/EF<40/NO ACE OR ARB – BASE. Dr. McFarling suggested to follow up with Dr. Skramsted and Pop Health team (as this one is potentially tied to quality metrics).

Topic	Discussion/Findings	Actions/Follow Up
• ASAP SUICIDE LOW LEVEL CONCERN NURSE – BASE • ASAP SUICIDE HIGH LEVEL CONCERN HEADER - BASE Pharmacy BPA's • RX BUPIVACAINE LIPOSOMAL 96 HOURS - BASE • RX BUPRENORPHINE (BELBUCA) ACTIVELY TAKING - BASE • RX CCH INFLUENZA LATEX OR THIMEROSAL ALLERGY PHARMACY CONSULT - BASE • RX CEFTRIAXONE IN PEDS (<28 DAYS)-BASE • RX CENTRAL LINE/PICC IN PATIENTS ON PROBIOTICS - BASE • RX CHF/EF<40/NO ACE OR ARB - BASE • RX CRRT BPA 2 - BASE • RX CRRT BPA - BASE • RX DEXRAZOXANE CONCENTRATION VERIFICATION - BASE • RX DOFETILIDE 11 HOUR LIMIT - BASE • RX DOFETILIDE ADMIN CHECK - BASE • RX EPIDURAL AND ANTICOAGULANTS - BASE • RX EPIDURAL DC - ALERT TO PHARAMCISTS - BASE • RX EPOPROSTENOL VERIFICATION ALERT (BASE) • RX EXTRANEAL VOLUME - BASE • RX FENTANYL PATCH (BASE)		

Topic	Discussion/Findings	Actions/Follow Up
• RX FERUMOXYTOL (FERAHEME) ALERT TO PHARMACIST IN VERIFICATION - BASE RX FIDAXOMICIN (DIFICID) RESTRICTIONS - BASE		
Adjournment	The meeting was adjourned at 12:39 pm.	

Next Meeting: **July 8, 2021**

Minutes Taken by: Heidi Albrecht

Attendance:

A/P	Name w/Professional Designation (MD, RN, LPN, SW, etc.)	Education (BSN, DNP, BA, etc.)	National Certification (CCRN, CEN, NE-BC, etc.)	Job Title (Director, Educator, etc.)	Department / Location
P	Albrecht, Heidi			CCH Director Informatics	I.S.
	Anderson, Julie	MD		Family Medicine	Simplicity Health
	Anderson, Kathy	RN		Patient Care Coordinator	SCMC
	Baker, Susan	MA, MAOL		Epic Manager	Epic Inpatient (orders, ClinDoc)
	Barry, Melissa	MD		Hospitalists	Hospital Medicine
P	Birr, Megan				CHI St. Gabriel's Health
P	Bristow, Michael			Provider Informaticist	Information Systems
	Butler, Robbea				SCMC
	Campbell, Rebecca	MD		Hospitalists	Hospital Medicine
P	Christensen, Lindsay	RN		Mgr. Clinic Nursing	CC Sauk Centre
P	Dubay, Jacob	DO		CCC OB/GYN	Obstetrics&Women's Health
	Grove, Kristine	RN		RN	SCH - ICU
P	Hamilton, Sandy			SR Application Analyst	Epic Ambulatory
	Jahn, Teresa	APRN, CCNS, CCRN		Clinical Nurse Specialist	Heart Center
	Jorschumb, Stacey			CCH Manager	Epic Optimization
P	Knoblock, Bailey	PA-C		Physician Assistant	Med Spec Gastrointestinal
	Kockler, Holly	RN		Informatics Nurse	
	Kruse, David	MD		Pediatrics	Pediatrics
	Kruse, David	MD		Pediatrics Qualified	Pediatrics
P	Lamberg, Ryan			SR Application Analyst	Epic Willow

A/P	Name w/Professional Designation (MD, RN, LPN, SW, etc.)	Education (BSN, DNP, BA, etc.)	National Certification (CCRN, CEN, NE-BC, etc.)	Job Title (Director, Educator, etc.)	Department / Location
	Larson, Stephanie	RN			Tri-County
P	Leaders, Nicolette			Vaccine Med & Safety Nurse	Ambulatory Care
	Lee, Grant	MD		Surgeon	Surgery General
	Lorentz, Dustin				Alomere Health
P	McFarling, Lynn	MD		CMIO	Information Systems
P	McGraw, Michelle			Clinic Informatics Mgr.	Meeker Memorial
	McNab, Lance	PharmD		Supervisor of Clinical Pharmacy	Pharmacy
	Meichsner, Elizabeth				SCMC
	Miller, Jody				SCMC
	Morales, Holly			Physician Assistant	Willmar Family Medicine
	Morris, George	MD		VP PE	Performance Excellence
	Rutledge, Daniel			Registered Nurse	SCH Med2/MPCU
	Schmidt, Shaneen				Tri-County
	Seezs, Sadie	BSN, RN, ONC		Educator	SCH Bone and Joint
	Skramsted, Jeremy	MD		Hospitalist	SCH
	Taunton, Kelly	CNP		Provider Informaticist	Willmar Oncology
P	Tuchtenhagen, Laura			Pop Health Consultant	CCH Pop Health
P	Uselman, Cindy				Alomere Health
	Wallace, Wendy	LPN, CAHIMS			Tri-County
	Warzecha, Gloria	MLS		Director Clinical Systems	Information Systems
P	Watson, Jennifer			SCH Medication Safety Pharmacist	SCH Pharmacy Dept
	Youngs, Julie	MD		Preventive Care Champion	Fam Med Paynesville
P	Zenzen, Abby			Operations Analyst	SCMG Northwest

Guests:

A/P	Name w/Professional Designation (MD, RN, LPN, SW, etc.)	Education (BSN, DNP, BA, etc.)	National Certification (CCRN, CEN, NE-BC, etc.)	Job Title (Director, Educator, etc.)	Department / Location
P	Kockler, Holly				
P	Michele Held				

Epic Clinical Decision Support Meeting Request

Request Title: Change in Colorectal Cancer Screening Age
Recommendation

Today's Date: 7/22/2021
Request Submitted By: Dr. Bristow
Requesting Group: Preventive Services Steering Committee
Presenter(s): Dr. Bristow
Time Needed: 5 min
Outcome: (Approval, Review, Discussion, Informational, etc.?): Approval
Affects (inpt/outpt/both): outpatient
Guests to invite:

Request Description:

Recommendation Update USPSTF made an update to their recommendation for Colorectal
Cancer screening. The category B recommendation is now to screen patients 45-49. The
category A recommendation remains the same at 50-75. Typically, we use A & B
recommendations for Health Maintenance Topics.

There continues to be the need for shared decision making, there may not be coverage for all
patients. Prior authorization may be needed for the younger age group. Per Jenna Malikowski,
manager of prior authorizations, all colonoscopy request orders automatically create a referral,
regardless of patient age. The referrals are worked by referral staff. They check with the
patient's insurance to determine if they have coverage for the procedure—"yes" or "no". They
do not determine the patient's actual benefits. Each patient may have a different deductible,
out of pocket determination, etc. and it is up to the patient to understand their benefit package
and/or contact their insurance company if they are uncertain.

Dr. Meyerhofer recommended bringing this to Clinical Decision Support for approval, they will
then bring to EPAC. Dr. Meyerhofer and Dr. Youngs agree that this has been in the media for
quite some time and makes sense to implement. They would also like to have scripting
available when talking with patients. Cologuard may also be highly utilized in this population
due to ease of use. Support for approval given by Drs. Youngs, Meyerhofer, Bristow, and Tracy.

Topic will be taken to Clinical Decision Support Committee and EPAC for approval of starting
CRC screening at age 45 and implementation in Health Maintenance.

Epic Clinical Decision Support Meeting Request

Request Title: Old Colonoscopy Modifiers – Request to remove from patient records.

Today's Date: 6.23.2021
Request Submitted By: Sandy Hamilton
Requesting Group: Build team
Presenter(s): Sandy Hamilton
Time Needed: 5 minutes
Outcome: (Approval, Review, Discussion, Informational, etc.?): Approval
**Affects (inpt/outpt/both): Outpatient.**
Guests to invite:

Request Description:
In December 2017, there was a clean-up project for Colonoscopy Health Maintenance where we utilized one standard plan for Colonoscopy and edited the frequency to 1 year, 2 years, 5 years, or 7 years, as desired. The individual plans and modifiers for each time frame were no longer necessary.

These modifiers were inactivated in the system so they could no longer be added to new patients, however, they were left on the existing patients as a reference for providers. Since 4 ½ years have passed, we would like to clean up these patients and run a utility to remove these modifiers from patient records.

Search for patients with a status of "Alive" returns:
1. 22 patients with "Colonoscopy yearly due to history" modifier
2. 21 patients with "Colonoscopy every 2 years due to history" modifier
3. 146 patients with "Colonoscopy every 3 years due to history" modifier
4. 850 patients with "Colonoscopy every 5 years due to history" modifier

New Workflow:
No new workflow—patient records updated to remove inactive modifiers.

End-users Affected:

Epic   **Clinical Decision Support Meeting Request**

Request Title: Changes to Chlamydia Health Maintenance Topics

Today's Date: 6.23.2021
Request Submitted By: Sandy Hamilton
Requesting Group: Build team
Presenter(s): Sandy Hamilton
Time Needed: 10 minutes
Outcome: (Approval, Review, Discussion, Informational, etc.?): Approval
Affects (inpt/outpt/both): Outpatient only
Guests to invite:

Changes to Chlamydia Health Maintenance Topics
During review of the rules, it was noticed that users had the ability to override this topic with a completion date, which does not align with our standard requirement for a lab value to be enter/edited into the patient's record in order to complete the topic. Also added the ability to discontinue the topic, as this is in alignment with recent build standards.

1. Ability to override topic was removed.
2. Set the topic to allow the topic to be discontinued, using reason "Patient Declined".

New Workflow:

1. Users will have the ability to discontinue to the Chlamydia topics with a reason of "Patient declined". Users will no longer be able to override the topic with a date only.
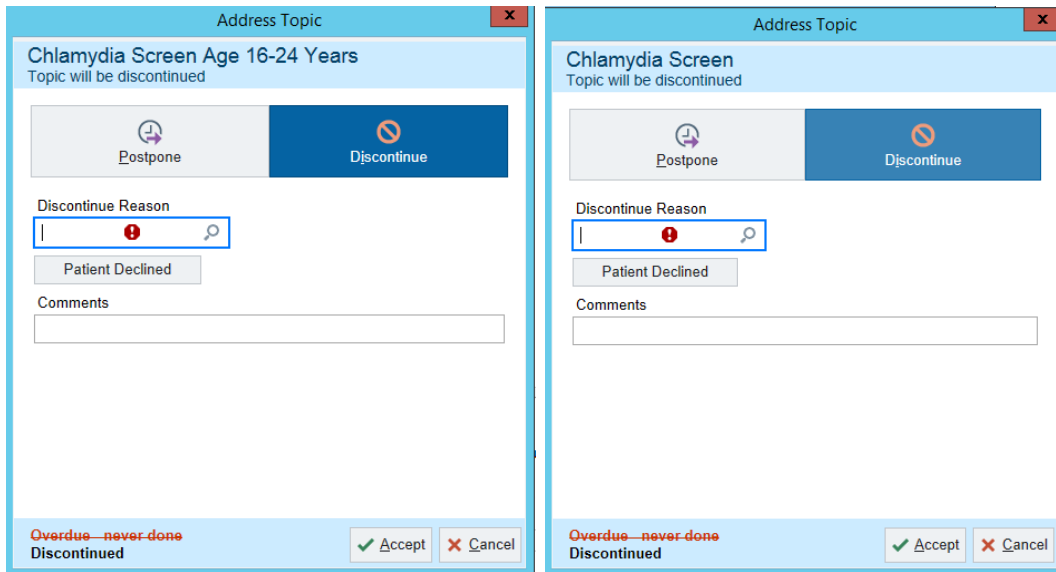
2. When users add the "Medical condition warrants removal from health maintenance" modifier, all topics, with the exception of immunization topics, will be removed.

End-users Affected: CCH, Carris, and Affiliate users

Epic   **Clinical Decision Support Meeting Request**

Request Title: Rename Dexa Health Maintenance Topics & Plan records to "Osteoporosis Screening"

Today's Date: 7/12/2021
Request Submitted By: Sandy Hamilton
Requesting Group: Clinical Informatics
Presenter(s): Sandy Hamilton
Time Needed: 5
Outcome: (Approval, Review, Discussion, Informational, etc.?): Approval
Affects (inpt/outpt/both): Outpatient
Guests to invite:

Request Description:
To align with the naming convention for other preventive screening topics and plans, request to rename the Dexa Scan Health Maintenance topics to "Osteoporosis Screening". This will also change the display name patients see in their MyChart accounts.

New Workflow:
Users will see "Osteoporosis Screening" display in Health Maintenance Epic Hyperspace. Patients will see "Osteoporosis Screening" display in their Preventive Services section of MyChart.

End-users Affected:
CCH, Carris, Affiliate users, all MyChart patients eligible for this screening.

Request Title: PHQ-9 Depression Screen Health Maintenance – Use Discontinue and Reason to remove from topic rather than a Modifier
Purpose: File exceptions for eCQM CMS-2.

Today's Date: 6.29.2021
Request Submitted By: Sandy Hamilton
Requesting Group: NA
Presenter(s): Sandy Hamilton
Time Needed: 10 minutes
Outcome: (Approval, Review, Discussion, Informational, etc.?): Approval
Affects (inpt/outpt/both): Outpatient
Guests to invite:

Request Description:
ACO reporting for CQM's will change in reporting year 2022. The Web Interface option and list of measures is no longer available. For reporting year 2022, only 3 measures will be reported.
1. CMS 2: Preventive Care and Screening- Screening for Depression and Follow-Up Plan
2. CMS 122: Diabetes: Hemoglobin A1c Poor Control
3. CMS 165: Controlling High Blood Pressure

CMS ACO Quality Measures: 2021

10 WI Measures OR **3 eCQMs**

WI Measures		eCQMs
PREV-12 (ACO 18): Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan**	PREV-10 (ACO 17): Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS 2 - Preventive Care and Screening: Screening for Depression and Follow-Up Plan
DM-2 (ACO 27): Diabetes: Hemoglobin A1c Poor Control	PREV-6 (ACO 19): Colorectal Cancer Screening	CMS 122 - Diabetes: Hemoglobin A1c Poor Control
HTN-2 (ACO 28): Controlling High Blood Pressure	PREV-5 (ACO 20): Breast Cancer Screening	CMS 165 - Controlling High Blood Pressure
CARE-2 (ACO 13): Falls: Screening for Future Fall Risk	PREV-13 (ACO 42): Statin Therapy for the Prevention and Treatment of Cardiovascular Disease**	
PREV-7 (ACO 14): Preventive Care and Screening: Influenza Immunization	MH-1 (ACO 40): Depression Remission at 12 Months**	

**will not be scored for 2021

The patient population reported changes from a subset of ACO beneficiaries to all patients who qualify for the measure under the ACO participant TIN, regardless of insurance.

Web Interface Measures vs eCQMs
Patient population for reporting

Web Interface measures	eCQMs
A subset of ACO beneficiaries	All patients (regardless of payer) that qualify for the measure and are seen under an ACO participant TIN

![Epic] **Clinical Decision Support Meeting Request**

The submission method for eCQM's for reporting year 2022 will involve generation of TIN-level QRDA-III documents which are filed to the QPP website. We cannot edit these reports as Epic has certified them with the Office of the National Coordinator for Health Information Technology (ONC). Epic has reviewed the eCQM's and created logic for each measure. Our task is to review their logic and assure workflows accurately capture all of the required data, including exclusions and exceptions, for the measures to assure we can achieve optimal scores for each measure. The report logic for these three eCQM's was reviewed and an opportunity for score optimization was identified for CMS-2.

> **eCQMs**
>
> Login and upload an aggregate APM Entity QRDA III file to the QPP website

Some quality measures include both exclusions and exceptions:
- Measure exclusions: Situations in which the patient should not receive the care indicated by the numerator. If they patient meets an exclusion criterion, they are reported as excluded regardless of whether the clinician performs the care indicated by the numerator.
- Measure exceptions: Situations in which the patient does not necessarily need to receive the care indicated by the numerator, but is still considered appropriate care if they do. If the patient qualifies for an exception criterion, they are included in the initial population only, unless they also receive the care indicated by the numerator, in which case they are excluded in the numerator.

CMS-2: Screening for Depresssion and Follow Up Plan Criteria
Denominator/Initial Population: All patients 12 year of age and older at the beginning of the measurement period with at least one eligible encounter during the measure ment period.

Numerator: Patients screen for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the eligible encounter.

Exclusions: Patients who have been diagnosed with depression or bipolar disorder

Exceptions:
- Patient Reasons—Patient Refuses to participate
- Medical Reasons—Cognitive, functional, or motivational limitations that may impact the accuracy of results; patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status.

Epic's certified report looks only to the following standard checks for these "Negation Rationale" for a "Medical Reason".

> **Standard Checks**
> These standard checks are used to locate mapped records and items for Assessment, Performed (Negation Rationale).
>
> **Flowsheets**
> Checks flowsheet data (I FSD 200) records for documentation of a flowsheet row (I FSD 1000) for the patient.
>
> **HM Discontinue**
> Checks the patient's chart for documentation of a Health Maintenance topic (I EPT 16110) that is discontinued (I EPT 16111 = -99) for an applicable reason (I EPT 16114).
>
> **HM Postpone**
> Checks the patient's chart for documentation of a Health Maintenance topic (I EPT 18665) being postponed for an applicable reason (I EPT 18647).
>
> **SmartData Elements**
> Checks the linked patient (I HLV 295) records for documentation of a SmartData element (I HLV 40) in the encounter or note context (I HLV 270 = "ENCOUNTER" or "NOTE").

We currently don't use Flowsheets to document exceptions, nor do we have any templated notes containing exception information linked to a SmartData Element. We do have the opportunity to use Health Maintenance Discontinue workflows to qualify patients for exceptions for CMS-2.

Epic   Clinical Decision Support Meeting Request

Build needed to effectively create an exception for "Medical Reasons".
- Allow Discontinue functionality, with the only allowed reason "Patient has diminished functional capacity" available as a button. Need to create new reason in EPT 16105 and link in topic record.
- Map this entry to applicable SNOMED code from the Value Set for CMS-2. **Based on Epic's logic for this measure, current use of modifier to remove patient from the topic will not file an exception for CMS-2.**
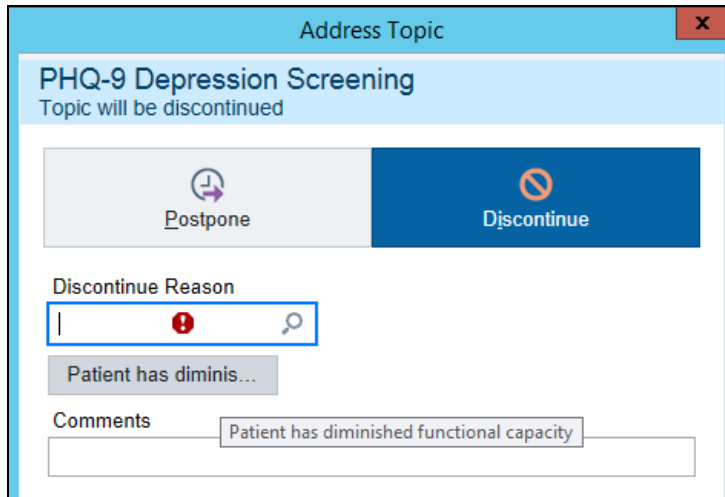
- Inactivate the current modifier #81, Diminished Functional Capacity, used to remove the patient from the topic so it cannot be added to patients.
- Run report to find all patients who currently have modifier #81 added. (As of 6/29/2021, there were 236 patients affected.)
- Determine staff to manually update each of the affected patients by removing the modifier and addressing the topic to discontinue using reason "Patient had diminished functional capacity". Hannah Wieshalla has resources for task completion.

New Workflow:
- End users will be able to discontinue the PHQ-9 Depression screening topic, filing the only allowable reason "Patient has diminished functional capacity". This will file an exception for measure CMS-2.

End-users Affected: CCH, Carris, and affiliate users.

Epic   **Clinical Decision Support Meeting Request**

Request Title: SCH Wound Clinic BPA Request: Reminder to complete 4-week wound assessment Doc Flowsheet and Tobacco History review.

Today's Date: 7/7/2021
Request Submitted By: Sandy Hamilton
Requesting Group: Andy Schramel, Director CentraCare Wound Clinics
Presenter(s): Sandy Hamilton
Time Needed: 5 minutes
Outcome: (Approval, Review, Discussion, Informational, etc.?): Approval
Affects (inpt/outpt/both): SCH Wound Clinic only
Guests to invite:
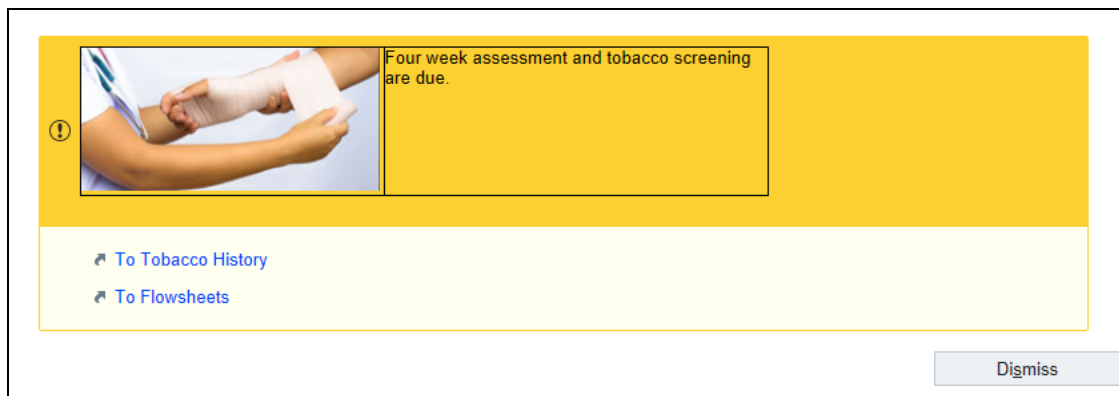
Request Description:
The Wound clinic has requested this BPA to assist nursing staff in identifying wound clinic patients requiring 4-week wound assessment completion. The four-week assessment measures the patient for criteria that can impact wound healing and alerts clinicians to try alternative methods if the patient is not making adequate wound healing progress. This is also a value-based measure for the wound clinic. (A value-based measure is a way to compensate providers for a measure that is deemed important for the clinic.)

New Workflow:
This BPA will fire for patients in Dept 10396, SCH Wound Care, for Registered Nurses only if the Nutrition Screen Doc flowsheet hasn't been completed in the past 28 days. The BPA contains links to both the Nutrition Screen Doc Flowsheet Group and a link to the Tobacco History section.

End-users Affected:
Registered Nurses in SCH Wound Care Dept 10396 only.

Epic   **Clinical Decision Support Meeting Request**

Request Title: PATIENT ISOLATION INFECTION ALERT

Today's Date: 7/22/21
Request Submitted By: Michele Held
Requesting Group: BPA
Presenter(s): Michele Held
Time Needed: 5 Minutes
Outcome: (Approval):Approval
Affects (inpt
Guests to invite: Michele Held

New BPA Purpose: Modification 1910000001 BASE ICON PATIENT ISOLATION INFECTION ALERT
and 1910000017 BASE ICON PATIENT ISOLATION INFECTION ALERT NURSING

What workflow modification has been tried prior to BPA request?
Security does not allow any staff to place isolation on the patient from the Infections and Isolation
activity. Centracare will use an orders only workflow. This allows all isolation orders to be found in one
order set.

Importance of BPA:
Important

Has this request been discussed with any group/committee? If so what group?
BPA workgroup, Bugsy workgroup

Who is the target audience (e.g. Inpatient RNs at SCH)? Inpatient RN's and Providers,
The suggested isolation can be seen in the Amb settings but the order set is inpatient orders.

What would you like to trigger the BPA?
The infection on the Storyboard

What is the intended follow-up action?
Order set has all of the isolation orders to choose the correct isolation based on the infection in the
Storyboard. The order set with all isolation orders present to choose.

What conditions will make the BPA stop firing? i.e. lock out
Any order ordered from the order set. Se there is not and infection isolation mismatch in epic.

Request Title: Review 3 AMB BPA's
1. 755 AMB Plaquenil Aralen Health Maintenance Eye Exam Base
2. 777 AMB Plaquenil Aralen Eye Exam Overdue Base
3. 1638 AMB Methotrexate Folic Acid Base

Today's Date: 6.10.2021
Request Submitted By: Sandy Hamilton
Requesting Group:
Presenter(s): Sandy Hamilton
Time Needed: 10 minutes
Outcome: (Approval, Review, Discussion, Informational, etc.?): Approval
Affects (inpt/outpt/both):
Guests to invite:

Request Description:
1. **755 AMB Plaquenil Health Maintenance Eye Exam Base:** This BPA fires for Rheumatology specialty departments only and alerts user regarding the need to manually add the yearly eye exam health maintenance topic.

Suggestions:
- Edit restrictions to include the specialty of "Rheumatology" rather than list out the individual departments. Currently CCH is the only Service Area with this specialty.
- Add verbiage to assist user in adding correct modifier in Health Maintenance.

Previous view:

Updated view:

2. **777 AMB Plaquenil Aralen Eye Exam Overdue Base**

Suggestions:
- Edit restrictions to include the specialty of "Rheumatology" rather than list out the departments. Currently CCH is the only Service Area with this specialty.
- Adding a picture depicting an eye exam and add verbiage to assist user regarding HM.

Epic Clinical Decision Support Meeting Request

Previous view:

Updated view:

3. **1638 AMB Methotrexate Folic Acid Base:** This BPA fires at the time an order is placed for oral or sub-q methotrexate and the patient does not have an active folic acid medication on their med list, nor a folic acid allergy documented. There are no restrictions on this BPA

Suggestions:
- Remove the hyperlink to the Medications Activity as this is a read-only activity. The SmartSet contains both others for pharmacy and no-print options for OTC.
- Add picture and add verbiage to assist user regarding SmartSet and Allergy Activity use.

Previous view:

Updated view:

End-users Affected: Listed in each option above.

Epic

Clinical Decision Support Meeting Request

Request Title: Review 13 Pharmacy BPA's for July CDS Meeting

Today's Date: 7/22/2021
Request Submitted By: Ryan Lamberg
Requesting Group: Pharmacy
Presenter(s): Ryan Lamberg
Time Needed: 10
Outcome: (Approval, Review, Discussion, Informational, etc.?): Approval
Guests to invite: none

BPA Number	Name	Description	Recommendation	Fire to?
1504	RX BUPIVACAINE LIPOSOMAL 96 HOURS - BASE	Records indicate that bupivacaine liposomal has been administered less than 96 hours ago. Other formulations of bupivacaine should not be administered within 96 hours following administration of EXPAREL. please review appropriateness of this action.	**Keep** – update to fire for all sites (only SCH and MMHC today)	RPh, RN, MD
3141	RX BUPRENORPHINE (BELBUCA) ACTIVELY TAKING - BASE	Please confirm patient is actively taking Belbuca prior to order verification. Consider a pharmacist med rec consult if needed.	**Keep** – update to fire for all sites (only SCH today)	RPH
1798	RX CCH INFLUENZA LATEX OR THIMEROSAL ALLERGY PHARMACY CONSULT - BASE	Patient has been flagged as having an anaphylaxis allergy to LATEX or allergy to THIMEROSAL - please order the following pharmacy consult to have them evaluate the available products for dispensing and place the appropriate order.	**Keep** – No Changes	RN
3139	RX CENTRAL LINE/PICC IN PATIENTS ON PROBIOTICS - BASE	Due to risk of bacteremia/fungemia, probiotics are contraindicated in high risk patients (patients with central lines or on TNF blockers (Humira, Remicade, etc...). Recommend discontinuing the patients probiotic.	**Keep** – No Changes	MD

1968	RX DEXRAZOXANE CONCENTRATION VERIFICATION - BASE	Please adjust volume of lactated ringers if needed, (usually in 500 ml or 1000 ml) so that the final concentration of this preparation is between 1.3 - 3 mg/ml.	**Keep** – Change to all sites (Just SCH now); add filtering criteria for concentration	RPh
1772	RX DOFETILIDE 11 HOUR LIMIT - BASE	Dofetilide is being administered within 11 hours from most recent administration. Please contact pharmacy to ensure this dose and future doses are timed appropriately for patient safety.	**Keep** – update to fire for all sites (only SCH today); add when last dose was given.	RN
1547	RX DOFETILIDE ADMIN CHECK - BASE	Provider must review EKG prior to each dose of dofetilide during initiation or dose adjustment. Has the provider reviewed the EKG prior to this dose? Note: this does not apply for patients continuing their usual home dose while inpatient."	**Keep** – update to fire for all sites (only SCH today)	RN
2237	RX EPIDURAL AND ANTICOAGULANTS - BASE	This patient is either receiving a medication via epidural route or had an epidural medication administered in the last 24 hours. Anticoagulants are contraindicated in the presence of an epidural catheter. Please contact the on call anesthesiologist before ordering or administering any anticoagulants.	**Keep** – No Changes	MD
789	RX EPIDURAL DC - ALERT TO PHARAMCISTS - BASE	Please reactivate any narcotics placed on hold because of the start of this epidural.	**Keep** – Only fire if any narcotics on hold; add ack buttons.	RPh
1205	RX EXTRANEAL VOLUME - BASE	Pharmacist: If the ordered dose differs from the bag size used, please adjust the amount(s) of medication ordered to be added to ensure the patient receives the proper dose."	**Keep** – Add RMH (currently only SCH); beef up looking if only additives and restrict to straight units.	RPH
690	RX FENTANYL PATCH (BASE)	"DO NOT USE IN OPIOID NAIVE PATIENTS: FOR QUESTIONS REFER TO POLICY	**Keep** – update to fire for all sites (only SCH today); facelift and add ack buttons	RPH

703	RX EPOPROSTENOL VERIFICATION ALERT (BASE)	Please contact Pharmacy's Purchasing Agent, to ensure proper stock levels of this medication.	**Remove** – was firing only for SCH	RPH
714	RX CEFTRIAXONE IN PEDS (<28 DAYS)-BASE	Ceftriaxone should not be used in neonates (less than 28 days of age) if they are receiving (or expected to receive) calcium containing intravenous products. Please consider cefotaxime as an alternative.	**Remove** – FDB alerts and Admin Instructions already present	MD