

THE PHC CERNER LEARNER

From the desk of Dr. Janet Simons

Your by physicians, for physicians source for CST Cerner information at PHC



THANKS FOR YOUR PATIENCE

This is a combined Spring/Summer Edition of the *Learner* since Spring got a little away from me as I welcomed my own little one!

Thanks to all for your well wishes and understanding during this time. I'm back at it now and hope you are looking forward to some great new tips and tricks.

I'm also pleased to welcome Dr. Chris Murray of psychiatry to the Informatics team as Medical Director. As always, reach out directly to me (or Chris) via email or Signal chat with any concerns, questions, or requests for content!

~Janet

DIFFICULT DIAGNOSES

Those of you who like to be precise with your Active Issues names may have run into this issue:

This annoying window is an unfortunate consequence of using one set of more 'user friendly' diagnoses (called the IMO catalogue) on the front end of Cerner, while the backend is required to use the ICD-10 codes.

There are two ways to handle this pop-up. One is to manually do the conversion. This may be worthwhile if you frequently want to use that particular diagnosis. Step by step on how to do that is on page **three**.

For most of us though, it's likely more facile to choose a less descriptive diagnosis which is already properly mapped and then change the display name to properly reflect the patient's condition. A step by step for that is on page **two**!

PRE- (OR POST-) DATE YOUR DOCUMENTS

Prepping a Monday discharge on the Friday? Or perhaps you are finishing off a complex consult note you started early in the day and now the clock has ticked past midnight, but you want your note to reflect the day you actually saw the patient. You can modify the date of documents in Cerner on the sign/submit window. Just click the little calendar icon next to the date and you can change this to your heart's content. The date will impact the order in which the note displays in the documentation list, so a post-dated note will sit at the top, helpful for a pre-written discharge summary, so that everyone will see at the top of the documents list that the discharge documentation has been completed.

UPDATED LABS SECTION FOR PROGRESS NOTES

In an effort to reduce the dreaded ‘note bloat,’ the Enterprise Provider Working Group decided to make a change to the way that lab results are pulled into inpatient progress notes. Instead of pulling in every lab value reported in the last 24h (which may or may have relevance to your note, or may lack context of previous results), the Laboratory Results section of Progress Notes will now be **blank** by default.

If you do want to pull in common labs from the last 24 hours easily, there is a new lab autotext you can use:

„labscommonresultsINT24hours

It produces an output like this:

MOST RECENT WITHIN LAST 24 HOURS:	
HEMATOLOGY	CHEMISTRY
Hemoglobin: 140 g/L	Creatinine: 70 umol/L
Neutrophils: 3 x10 ⁹ /L	Glomerular Filtration Rate Estimated: 60 mL/min
Platelet Count: 300 x10 ⁹ /L	Potassium: 3.8 mmol/L
WBC Count: 5 x10 ⁹ /L	Sodium: 143 mmol/L

Additional labs and labs from previous days can be brought into the labs section by tagging the results. The hope is that this allows for cleaner, more specific documentation and promotes clinical thinking in our trainees. Any feedback on this change, please reach out! Currently this only affects the Progress Note template but if feedback is positive we will look to extend to the SOAP note template as well.

MODIFYING ACTIVE ISSUES DISPLAY

Regardless of what diagnosis you choose for an active issue, you can change the display name of this issue so that a more accurate or fulsome description of that issue will be pulled forward into your notes, including the Issues list in Progress Note and the Diagnosis list in Consult and Discharge notes. Here’s how, it’s as easy as 1, 2, 3:

1. Click the diagnosis you wish to update in Active Issues
2. Click Modify
3. Update the display name in the “Display as” field

MAPPING DIAGNOSES

Now, if you wish to go above and beyond and want to map some of the more specific diagnoses (such as “Periventricular Hemorrhagic Venous Infarct”), you can. This will stop the mapping window from popping up for you (and only you, unfortunately) in the future. I’d only bother to do this if you commonly use one of these less common diagnoses in your personal practice.

How-to:

1. Enter the diagnosis for a patient. The mapping window will pop up.

CPTET, DENTISTRY - Convert

DOB: 02-Jan-2000 MRN: 740011574 Code Status: Process: Location: SPH SCD CSSU; CSSL; 02
Age: 22 years Enc: 7400000024327 Disease: Enc Type: Inpatient; Discharged
Gender: Female PHN: 9874882378 Dosing Wt: 77 kg (05-NOV-2022) Isolation: Attending:

Allergies: No Known Allergies

1. Select an item to map.

Term Code
Periventricular Hemorrhagic Venous Infarct 32932453

2. Select a target.

*Search: Periventricular Hemorrhagic Venous Infarct Contains Within Terminology
Search by Name Search by Code

Terminology: ICD-10-CA Terminology Axis: <All terminology axes>

Term < >
<No matches found>

2. Clear the search bar and enter what you think the proper ICD-10 code is, click search.

CPTET, DENTISTRY - Convert

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Age: 22 years Enc: 7400000024327 Disease: Enc Type: Inpatient; Discharged
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Allergies: No Known Allergies

1. Select an item to map.

Term Code
Periventricular Hemorrhagic Venous Infarct 32932453

2. Select a target.

*Search: Cerebral infarction Contains Within Terminology
Search by Name Search by Code

Terminology: ICD-10-CA Terminology Axis: <All terminology axes>

Term	Code	Terminology	Terminology Axis
Cerebral infarction due to cerebral venous thrombosis, nonpyogenic	I63.6	ICD-10-CA	Diseases of the circulatory system
Cerebral infarction due to embolism of cerebral arteries	I63.4	ICD-10-CA	Diseases of the circulatory system
Cerebral infarction due to embolism of precerebral arteries	I63.1	ICD-10-CA	Diseases of the circulatory system
Cerebral infarction due to thrombosis of cerebral arteries	I63.3	ICD-10-CA	Diseases of the circulatory system
Cerebral infarction due to thrombosis of precerebral arteries	I63.0	ICD-10-CA	Diseases of the circulatory system
Cerebral infarction due to unspecified occlusion or stenosis of cerebral arteries	I63.5	ICD-10-CA	Diseases of the circulatory system
Cerebral infarction due to unspecified occlusion or stenosis of precerebral arteries	I63.2	ICD-10-CA	Diseases of the circulatory system
Cerebral infarction, unspecified	I63.9	ICD-10-CA	Diseases of the circulatory system
Other cerebral infarction	I63.8	ICD-10-CA	Diseases of the circulatory system
Sequelae of cerebral infarction	I69.3	ICD-10-CA	Diseases of the circulatory system

3. Select the proper ICD-10 match, then at the bottom select “map for all patients” and click OK.

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1. Select an item to map.

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Cerebral infarction due to unspecified occlusion or stenosis of precerebral arteries	I63.2	ICD-10-CA	Diseases of the circulatory system
Cerebral infarction, unspecified	I63.9	ICD-10-CA	Diseases of the circulatory system
Other cerebral infarction	I63.8	ICD-10-CA	Diseases of the circulatory system
Sequelae of cerebral infarction	I69.3	ICD-10-CA	Diseases of the circulatory system

3. Verify mapping details.

	This Patient	All Patients	To This Visit	Code
Remove	<input type="radio"/>	<input checked="" type="radio"/>	Cerebral infarction due to cerebral venous thrombosis, nonpyogenic	I63.6
			Periventricular Hemorrhagic Venous Infarct - 32932453	

OK Cancel

REPLACED RADIOLOGY EXAMS

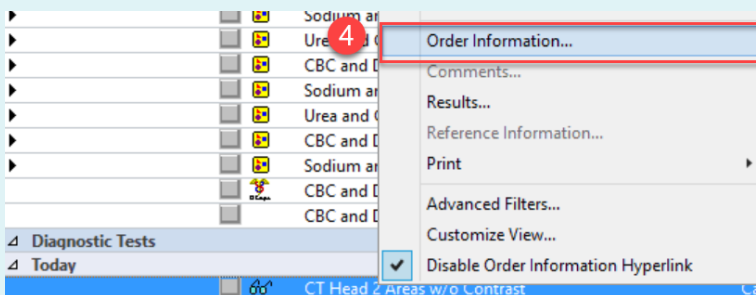
As a follow up to the issue of ‘lost’ Radiology orders in the last Edition of *the Learner*, one of the root causes which came out of that investigation is that many people are unaware of how to check the Orders Profile to see whether an exam was cancelled or replaced, and the reason for that change. Our Provider Informatics team has put together this explainer on how to check the status of an exam.

HAS MY EXAM BEEN REPLACED?

1. Check the “**Status Column**” for status: “**Canceled (Exam Replaced)**” (inpatient orders) or “**Canceled**” (outpatient orders)
2. Check the “**Reason**” under the “**Details**” column. The original reason written when the order was placed should be transcribed to the new order. In this case “*See Requisition, Special Instructions: 2023 April 13*” was transcribed to the new order.
3. Check the start and stop times of these two orders, if the stop time of the original order matches the start time of the new order, it is likely to have been replaced.

Order Name	Dose ...	Details	Status	Start	Stop
MRI Thigh w/o Contrast Left	24-Apr-2023 07:15 PDT, Routine	Reason: See requisition, Special Instructions: 2023 April 13	Completed	03-May-2023 09:10 PDT	03-May-2023 09:10 PDT
MRI Tibia Fibula w/ + w/o Contrast Left	24-Apr-2023 07:15 PDT, Routine	Reason: See requisition, Special Instructions: 2023 April 13	Canceled (Exam Replaced)	03-May-2023 09:07 PDT	03-May-2023 09:10 PDT

4. Open the order information window by right clicking your cancelled order and clicking “**Order information...**”



5. The “**Additional Info**” tab will display a department status “**Exam Replaced**” (inpatient orders) or “**Canceled**” (outpatient orders)
6. The “**History**” tab will display a “**Cancel Reason**” of “**Exam Replaced**”

Details	Additional Info	History	Comments	Validation	Results	Ingredients	Pharmacy
Ordered As: MRI Tibia Fibula w/ + w/o Contrast Left Start Date/Time: 24-Apr-2023 07:15 PDT Stop Date/Time: 24-Apr-2023 07:13 PDT Accession Number: 107-MR-23-0002228 Order ID: 1611154135 Department Status: Exam Replaced	Cancel 24-Apr-2023 07:13 PDT Status: Canceled Department Status: Exam Replaced Details: Cancel Reason: Exam Replaced						

7. If, at this point, you are still unsure whether your order has been replaced, please follow up with the MI department directly for clarification.

BOOKMARK THIS!

The **CST Cerner Help** website has a ton of useful information and step by steps. If you love the content of *the Learner*, you'll find more great stuff on CST Cerner Help. It's hard to find though as the page is not indexed on Google. Save yourself some time and bookmark the site: cstcernerhelp.healthcarebc.ca