

**Trending in IT** 

#### For Everyone Stay Alert for Cyberattacks FBI warns of imminent threat to health care facilities

Houston Methodist is on high alert for potential cybersecurity threats following recent attacks to health care facilities across the country. An advisory sent from the US Cybersecurity and Infrastructure Security Agency (CISA), indicates these are credible threats and we must take necessary precautions to protect our data. Since Tuesday, at least four health care facilities have been attacked. The cyberattacks described in the advisory, are known as ransomware attacks. This means the cybercriminals hold data hostage until the organization pays a set ransom. The attacks have affected patient wait times, at the impacted organizations, and in some cases the need to divert patients to other facilities. Click here for more on this story from CNN.

Employees should remain vigilant about potential threats and continue practicing the following security protocols:

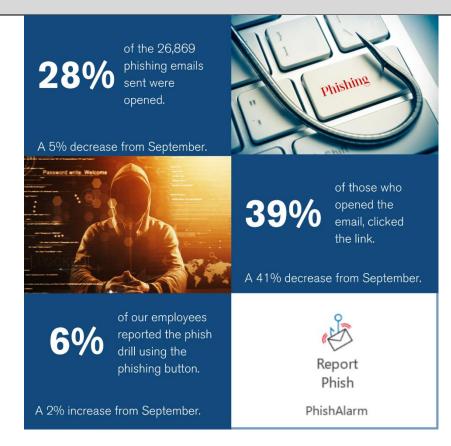
- Use HM email, because it has several layers of security.
- Don't open attachments from your Gmail, Yahoo or other non-HM email from your work computer.
- Watch out for suspicious emails, including phishing messages (see article below). Use the Phish Alarm button in Outlook.
- Use only secure Wi-Fi connections.
- Turn off Bluetooth when you're not using it.
- Utilize two-factor authentication, when available.

#### For Everyone

#### **Results from Our October Phishing Drills**

Phishing emails account for nearly 70 percent of hospital-related data breaches according to the Healthcare Information and Management Systems Society. These disguised messages look like emails from people you know or trust, but they disrupt computer systems and steal sensitive data.

Results from the October phishing drills at HM indicate an improvement from September, but there is still a significant need for more training and drills.



#### How do I recognize a phish?

- External Email Look for [External] in the subject line. This should alert you that the email is coming from someone outside our organization. Before you click make sure the sender is someone you know.
- Urgency Be wary of emails that have a strong sense of urgency. Asking for your attention or action right away should be a red flag.

### If you suspect a message is a phishing email, follow these steps:

- If you use Outlook, while on the network, click the **Report Phish Phish Alarm** button on your Outlook toolbar.
- If you use Outlook from a mobile device, click the three dots by the sender's name and select the **Report Phish** button (<u>click here</u> for a visual aid).

If you access Outlook via webmail, click on the three dots next to the email to view the **Report Phish** button.

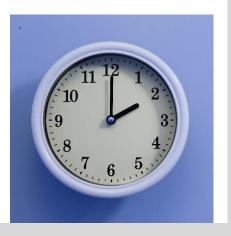
# For Everyone

#### Daylight Saving Time Ending – Are You Ready? Sunday, Nov. 1

**On Sunday, Nov. 1**, we adjust our clocks back one hour due to the end of daylight saving time (DST). If you're working during this change, follow these instructions for Epic and LaborWorkx.

### Epic

Epic won't automatically correct the time and some data may need to be manually entered twice from 0100-0200 CDT (before the time change) and 0100-0200 CST (after the time change) for the repeat fall-back hour. Be sure to validate all times for accuracy as



documentation, event times, some BPAs and ADT events may be impacted.

To maintain continuity of care, review your department's instructions here: <u>it.houstonmethodist.org/dst-nov-2020</u>.

## LaborWorkx

Badge readers and Quick Badge will update at 2 a.m. on Sunday. LaborWorkx will automatically add the extra hour worked and generate an exception message stating the hours were adjusted for DST change.

If you notice any problems with a badge reader or for clocking questions contact the IT Help Desk.

### For Everyone **MyMethodist Patient Tablets Foster Patients** *Rolling Launches Underway Systemwide*

MyMethodist Patient tablets preloaded with useful apps to educate, entertain and engage our patients, have started rolling out to more than 2,250 patient rooms systemwide. These Apple® iPads provide quick, convenient and easy access to help patients:

- Stay connected with family and loved ones, including use of video calling.
- View their HM MyChart accounts for available test results and details specific to their condition, treatment or recovery.
- Review educational materials related to their conditions or diagnosis.
- Access the HM Patient Guide.
- Play games, listen to music and watch movies or TV shows.
- Order physician and dietician-approved meals at select HM hospitals.

Education materials are available to help patients <u>get started with the devices</u> and <u>conduct a video call</u>. As patients are discharged or transferred to a different room, their personal data will automatically be wiped from the tablet's memory. Patients and/or staff can also manually reset the device and erase the previous patient's data by tapping the red app icon beside the **Welcome Guide** in the navigation menu at the bottom of the home screen.

Tablets have been distributed at Jones 9, 10 and 11 and Alkek 7 and 8 at HMH, the birthing center at HMCL and 5N at HMTW, with more units coming online through early December. As MyMethodist Patient is rolled out at each facility, guest relations and IT field ops will provide technical set-up support and guidance for staff.

# Launch Alerts

For Providers and Pharmacy Staff in Select Clinics HM Specialty Pharmacy Expands Rollout HMSL Gynecologic Oncology – MOB 3 and 450 – Sunday, Nov. 1

**On Sunday, Nov. 1**, the new HM specialty pharmacy will become available for HMSL Gynecologic Oncology (MOB 3 and 450). This new service allows us to fill specialty medication prescriptions for our patients, instead of them needing to use a non-HM pharmacy.

### Other November launches include:

- Nov. 16: HMSL (Hematology Oncology MOB 2 and 131)
- Nov. 16: HMH BMT (Walter Tower)

For more information, review the tip sheets on <u>it.houstonmethodist.org/specialtypharmacy</u>. For questions, contact your unit's super users.

For All Physical and Occupational Therapists and Speech Language Pathologists (Except HMSL)

Rover Launching Systemwide on Monday, Nov. 2 (Except HMSL) Reminder: Rover Training Deadline is Today

Rover, a simplified version of Epic on a smartphone, will launch systemwide (except HMSL) on **Monday**, **Nov. 2** for all PT/OT/SLP. Rover allows you to perform several functions on the go, including flowsheet documentation, LDA, bar-coded medication administration and wound care photos.

If this impacts you, required training has been assigned to you in LMS, or you can search for **Rover Virtual Training for Therapy Staff – course #1585007**. Be sure to complete this training today.

For more information, visit it.houstonmethodist.org/rover.

For All Tele-Neurology Providers, Nurses and Staff New Caregility Carts Launch Date Now Launching Monday, Nov. 16

Caregility Carts will replace Vidyo Telestroke carts on **Monday, Nov. 16**, at HMB, HMCL, HMSL, HMTW, HMW and HMWB. The new launch date accommodates scheduling conflicts at some campuses.

### Training

- All impacted roles must complete training before Nov. 16.
- If you missed training, you must be trained before Nov. 16 by someone who attended training.
- For training questions, contact your site's stroke coordinator.

For more information, review the following tip sheets:

- <u>Caregility Telestroke Cart Connecting with Patients</u>
- <u>Caregility Telestroke Cart and iPad Overview</u> (updated)
- <u>Caregility Troubleshooting Guide</u>

# Epic

#### For All Epic Users **Do Not Create "Test" Patients in a Live Epic Environment**

Using Epic for anything but documenting patient clinical care and HM business operations can result in faulty data, business issues, deficiencies with unsigned InBasket messages and many other concerns.

Only use the Epic Playground to create a test patient or test a workflow, order scheduling process. Click <u>here</u> for a tip sheet on accessing the Epic Playground.

#### Here are a few important reminders:

- **Don't create** test patients through any third-party systems.
- **Don't use** your own chart as a test environment.
- Don't create test patients in a live environment when training new employees.

If you must test something in a live Epic environment, send your special exception request to <u>itepicprodtestpatientmonitor@houstonmethodist.org</u>.

For Inpatient and Emergency Care Nursing



## National Institutes of Health Stroke Scale (NIHSS) and t-PA Bolus Rows Added *Effective Today*

New flowsheet rows were added to the MAR for **Alteplase (t-PA) Bolus**. These flowsheet rows were placed on the **MAR** to remind nurses to document a full National Institutes of Health Stroke Scale (NIHSS) within 15 minutes prior to the **Alteplase Bolus Initiation Time**. Additionally, the last documented NIH scores were also added.

- On the left side of the MAR you will see the last flowsheet documented NIH was added. It will be left blank if there isn't one documented.
- On the right, you will see the question to remind nurses to complete and document a full NIHSS within 15 minutes prior to the **Alteplase Bolus Initiation Time**.

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edications to be programmed manuality Order Start Time: Today 10/22/20 at 1400 Administrations Remaining: 0 (-11 progress) References: Lexi-Comp HM Med Link (-11 Linked Linked Link: AL Linked (-as of Today 10/22/20 at 1400)	TO the Alteplase Bolus Initiation Time.				

# For Quality NIHSS Now Appears in Stroke Flowsheets Report

To make it easier to view stroke related trends, the **NIHSS** is now visible in the **Stroke Flowsheets Report** under the **Summary Activity**.

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IT MATTERS - October 29, 2020

For Radiology Technologists and Nurses Imaging Note Available in Notes Tab Effective Now

A new note type – **Imaging Note** – was added for imaging technologists and imaging nurses to document patient prep or delays. This makes it easier for ordering providers and inpatient nurses to see notes from imaging during chart review.

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# For All Providers New COVID-19 BPA Alert Effective Thursday, Oct. 29

**Starting Thursday, Oct. 29**, you will receive a new BPA alert to order a COVID-19 test when an admitted patient:

- Hasn't been tested for COVID within the last 14 days or received a negative COVID test result at least 14 days ago.
- And is on a nebulized medication and/or high flow oxygen therapy.

Care Guidance (1)			*				
This patient was <b>COVID Negative</b> at least 14 days or greater or has not had a COVID test in the last 14 days <b>AND</b> on nebulized medication and/or high flow oxygen therapy.							
Please consider ordering a COVID test to screen the patient.							
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Order	Do Not Order	COVID-19 qualitative PCR					
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I am not the appropriat	e provider						
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Order Acknowledge Reason	Do Not Order	COVID-19 qualitative PCR					

For SPG/PCG Providers and Office Staff

Hepatology Referral Enhanced, Supporting New Metabolic Liver Disease Clinic *Effective Sunday, Nov.* 1

The new Metabolic Liver Disease Clinic within the Sherrie and Alan Conover Center for Liver Disease & Transplantation is slated to open in November, providing a multidisciplinary approach to treating NAFLD patients.

To support the new clinic, **starting Sunday, Nov. 1**, the **Hepatology Referral** in Epic will be updated. This will help triage our patients more efficiently and provide better care.

Enhancements include:

- Select your patient's preliminary diagnosis to better direct referrals.
- Acuity information is now provided to the referring service, including FIB-4 fibrosis assessment.

• The FIB-4 fibrosis assessment is included in the notes, defining acuity/severity to the consulting physician and the hepatology service.

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# For All Leaders, Providers and Staff 21<sup>st</sup> Century Cures Act: Share Clinical Notes with Patients Effective Monday, Nov. 2

The 21<sup>st</sup> Century Cures Act covers a wide range of health care initiatives, including a requirement that patients have access to their electronic health record (EHR) information. To meet this requirement, **starting Monday, Nov 2.**, inpatient and outpatient providers can share all USCDI clinical note types with their patients through **MyChart**. This will give our patients access to their important health care information easily and securely.

### What's Changing

- Use the new Share w/ Patient button in NoteWriter to share the completed note with your patient via their MyChart account.
- The Share w/ Patient button will be defaulted off.
- Notes are limited to Signed, Completed and/or Attested Physician Notes.
- Medical student and nursing notes are **not** included.
- HM, the entity or provider can track shared notes using the new **Shared Notes Clarity** report for audit purposes.
- Note types include:
  - Consultation Notes
  - Discharge Summary Notes
  - History & Physical
  - o Imaging Narrative/Results Release
  - Laboratory Report Narrative/Results Release
  - Pathology Report Narrative/Results Release
  - Procedure Notes
  - Progress Notes
- Your patient can also request this information through the **Medical Records Request** form in **MyChart**.

- All post-encounter queries will follow current Epic ROI workflows through **MyChart,** fulfilled by Medical Records.
- When your patient receives your clinical note via MyChart, it will include a standard HM message, outlining the purpose of the note.

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Team: No PCP			Other Visits in Vi	sit Department Spec	cialty		HISTORY OF PRESENT ILLNESS: The pat	ent is
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							office February 15, 2020, with epigastric and i upper guadrant abdominal pain, nausea, dizzi	
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	* Vital Signs /						had established diagnosis of liver cirrhosis. Th	e
None	Vital Signs 2						patient had admission in Gila Medical Center	
5' 6" (1.676 m) 177 lb (80.3 kg)	+ New Set of Vitals				Flowsheets /		epigastric pain, diarrhea, and confusion. He s days in the hospital. From the patient's report	
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	Pulse 117		Tobacco	1.02 11			PHYSICAL EXAMINATION	
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6	Reaction	Severity	Reaction Type	Noted	Valid Until		thyromegaly. LUNGS: Clear to auscultation and percussion	
	Alleration						bilateral. CARDIOVASCULAR: Regular rate and rhythm	
	Allergies						murmurs, rubs, or gallops.	NO
	Bee Pollen Hives	Medium		12/10/2018			ABDOMEN: Not tender, not distended.	
	✓ Mark as <u>Reviewed</u> Unable to Asset	ss 🛱 Last Reviewe	l by Stephanie Braunschweig o	n 8/13/2020 at 7:21 PN	A Past Reviews		Splenomegaly about 4 cm under the costal ma No hepatomegaly. Bowel sounds present.	rgin.

For All Providers, Pharmacists and Nurses Hypertonic Saline Solutions Require Double Checks Effective Tuesday, Nov. 3

On **Tuesday, Nov. 3**, administration of hypertonic saline solutions will require two verifications in the MAR to be in policy compliance since this is a High Alert/High Risk medication.

Providers will need to enter the final sodium chloride concentration when placing orders. Pharmacy will then validate this information at order verification and nurses will need to obtain a double check on administration, when prompted.

Review this <u>tip sheet</u> for further instructions.

For Imaging Front Desk Staff Access to Changing Diagnosis and Priority Effective Tuesday, Nov. 3

Imaging front desk staff will have access to change the diagnosis and priority for orders placed outside of ancillary orders.

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10/21/2020	10/21/20 11:34 AM	IR Lumbar Puncture by Radiology	Preauth Needed	HMCL SCHED			
10/15/2020	10/22/20 12:00 AM 📵 IM2003		Preauth Needed	HMW SCHED			
10/15/2020	11/15/20 12:00 AM	Cv cta pre afib pulmonary vein mapping	Preauth Needed	HMW SCHED			
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Referring Prov:	TERRY, GREGORY [10438]	○ ♣ ○	Prompt		Answer		
Department:	FAM MED BAYTOWN 2701	0	Location				
		*	Was patient's last mammogram less than 365 days?		No		
Procedure:	Mammo Breast Screen Tomosynthesis I	_eft	Is the patient pregnant?		No		
Priority: Routine	9	Class: Ancillary Performed	Does the patient have lump, nipple discharge, breast or n	pple changes?	No		
Diagnosis		Modifiers	Is the patient breastfeeding?		No		
	Abscess of right breast LEFT SIDE		Has the patient ever been diagnosed with breast cancer?		No		
Abscess of right bre	ast	LEFT SIDE	Does the patient have breast implants?		No		
	1		Follow-up Diagnostic work-up if clinically indicated by scr	ening exam	Yes		
			Lattact that the avertices above have been reviewed		VEC		
			Reason for Exam				

Planned Downtimes and Maintenance							
	Sunday, Nov. 1, 2 a.m.						
Daylight Saving Time	Adjust your clocks back one hour at 2 a.m., due to the end of daylight saving time (DST). If you're working during this change, follow <u>these</u> instructions.						
	Thursday, Oct. 29, 11:55 p.m. – Friday, Oct. 30, 2 a.m.						
LaborWorkx	LaborWorkx will be unavailable during this time. Be sure to print any required items before the downtime. For questions or issues, contact HR Hub at 832.667.6211 or <u>HRHub@HoustonMethodist.org</u> or the IT Help Desk. Note: Badge Readers will be available during this time, but Quick Badge will not.						
LMS	Saturday, Oct. 31, 11 p.m. – Sunday, Nov. 1, 6 a.m.						
	Tuesday, Nov. 3, 10 p.m. – midnight						
QSight	You may experience intermittent or no access. Follow your department's standard downtime procedures.						
	Wednesday, Nov. 4, 6 – 8 p.m.						
Radiology TraumaCad Upgrade	System upgrade will impact all orthopedic providers. For issues, email the IT Help Desk and Cc, <u>IT-</u> <u>Radiology@houstonmethodist.org</u> .						
	Reminders						

# You can see previous issues of *IT Matters* and more at it.houstonmethodist.org.

For Everyone
Phishing Drills – Don't Get Caught!

For All Providers, Lab Staff and Nurses Enhanced Procedures: Ensuring Safe Blood Products Transfusions Automated Process – No Action Needed from Providers

For HMWB Providers and Staff Meds to Beds – HMWB Rollouts Continue WELL Health Bi-Directional Texting Now Live

For All ED and Nursing Family Notification Documentation Moved to Increase Visibility

For All Providers

Respiratory Pathogen Panel (RPP) Test Now includes COVID-19 Result

For HMH Providers and Nurses New BPA Alert for STAT Echo Orders

For All PCG Providers and Administrators HCC BPA Enhanced – Now More Efficient Effective Monday, Nov. 2