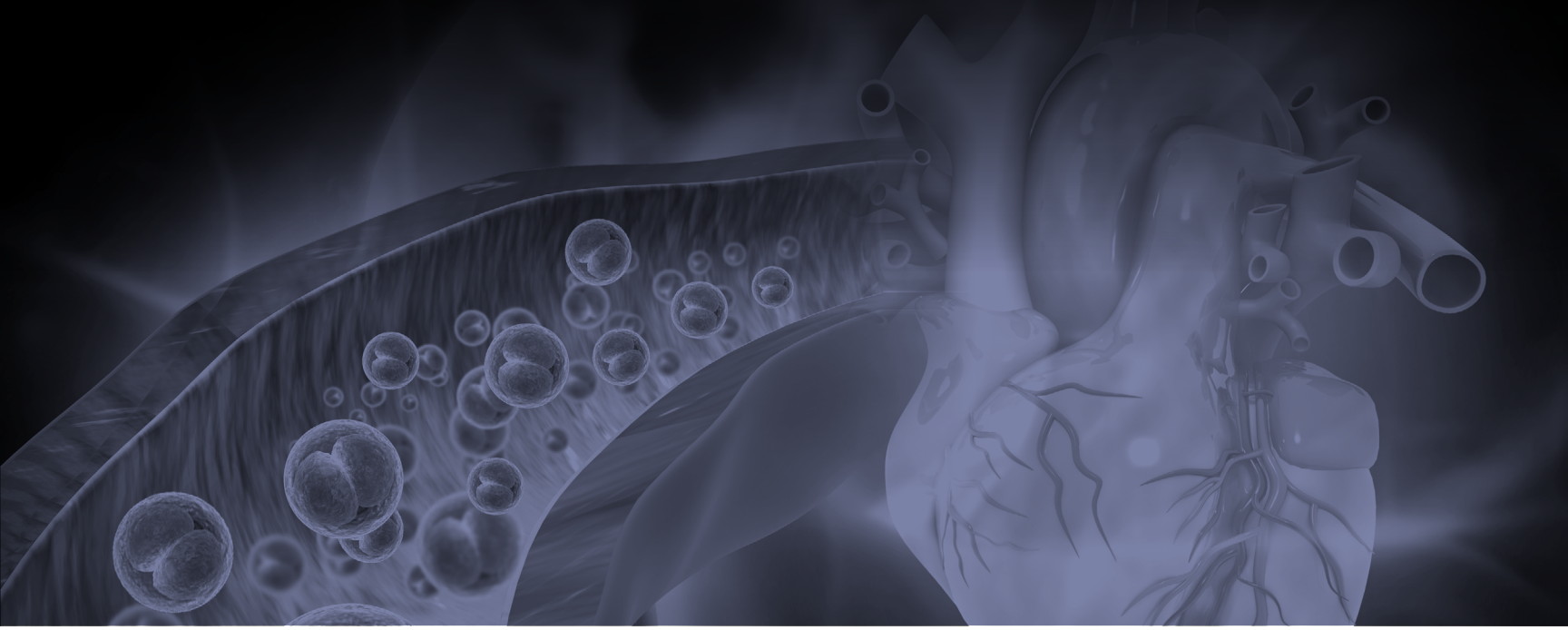
For Health Systems Using Cerner®

CV RISK MANAGEMENT:

Using EHR PowerPlans, Auto Text, Flowsheets, and Discharge Summaries to Support Documentation and Treatment of Patients With Cardiovascular Risk

For Patients With Very High-Risk (VHR) Atherosclerotic Cardiovascular Disease (ASCVD), Who Have Had a Recent Myocardial Infarction (MI)



EHR=Electronic Health Record

STANDARDIZE

Use PowerPlans to group standard orders together and promote consistent care

SIMPLIFY

Use Auto Text and Flowsheets to simplify authorizations and documentation

INFORM

Use Discharge Summaries to share clinical and educational information for follow-up care

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About This Guide

Amgen has developed this overview guide for educational purposes only, to assist health systems in configuring their Cerner® capabilities to help improve outcomes for very high-risk atherosclerotic cardiovascular disease (VHR ASCVD) patients who have had a myocardial infarction (MI).

This resource provides insights and examples to help implement automated EHR functionalities that can help standardize and simplify health system protocols for treatments and follow-up care for VHR ASCVD patients who have had an MI. It does not constitute guidance for medical advice or treatment.

Important Reminders:

- The information listed in this resource is based upon Cerner's® 2018 version
- Functions and features may change as new software versions are released
- This resource is meant to serve as summary information only and should not replace detailed instructions provided to you by your internal or external EHR support resources
- Screen images shown within represent hypothetical screens in Cerner®
- Amgen makes no claims or warranties about the applicability or appropriateness of this information
- Amgen does not endorse specific EHR systems

See Glossary of Terms for Cerner®.

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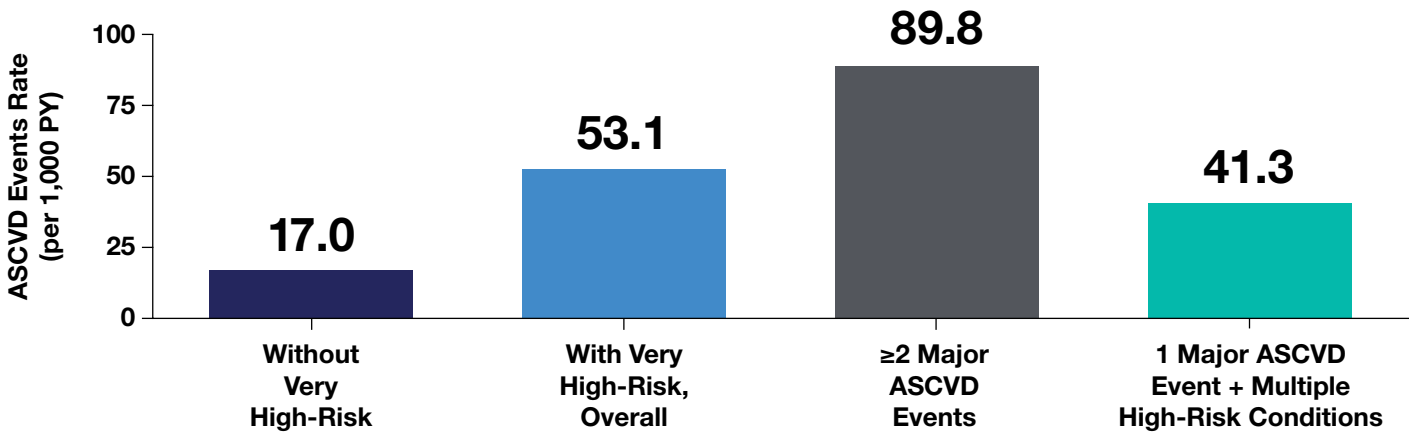
Millions of Americans Have VHR ASCVD[1] and Are at Higher Risk for Recurrent Cardiovascular (CV) Events,[2] Yet They Are Undertreated According to 2018 AHA/ACC/Multi-Society Guideline[3,4]

Patients With VHR ASCVD Are at Higher Risk for Recurrent CV Events Compared to Non-VHR ASCVD Patients[2]

Among patients with VHR ASCVD, those with multiple major ASCVD events had the highest risk of further ASCVD events[2,*]



The ASCVD event rate was 3 times higher among those who met the definition of VHR in the 2018 ACC/AHA/Multi-Society Guideline than for those who did not meet this definition.[2,*]

~43% of ASCVD patients are considered very high-risk.[5]

*Analysis of 27,775 US adults with a history of ASCVD from the MarketScan database (Truven Health Analytics, IBM Watson Health). A history of ASCVD was defined as a history of myocardial infarction (MI), stable angina, unstable angina; previous coronary artery bypass grafting (CABG) or percutaneous coronary intervention (PCI); ischemic stroke, transient ischemic attack, carotid endarterectomy, carotid, vertebral, or basilar stenting; peripheral artery disease (PAD); artery aneurysm, or endovascular stent graft placement. All available claims prior to January 1, 2016, were used to define very high ASCVD risk. Consistent with the 2018 ACC/AHA blood cholesterol guideline, a very high ASCVD risk was defined as a history of multiple major ASCVD events or 1 major ASCVD event in addition to multiple high-risk conditions.[2]

The 2018 ACC/AHA/Multi-Society Guideline Recommends Reducing CV Risk by Optimizing LDL-C Management in VHR ASCVD Patients[3]

In patients with VHR ASCVD, the guideline recommends a threshold of LDL-C ≥70 mg/dL. For some patients, non-statin therapies may be needed to achieve this LDL-C level.[3]

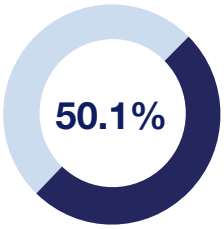
The 2022 ACC Expert Consensus Pathway to Address Gaps in LDL-C Management Lowers LDL-C Thresholds[6]

The 2022 ACC Consensus Pathway recommends a lower LDL-C threshold for ASCVD patients:

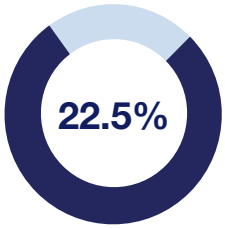
- ≥ 55 mg/dL for adults with ASCVD at very high-risk†
- ≥ 70 mg/dL for adults with ASCVD, not at very high-risk[6]

Though the Relationship Between LDL-C Reduction and CV Risk Management Is Clear for ASCVD Patients, Few Receive Guideline Recommended Treatment[4]

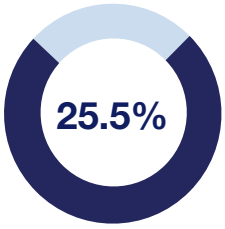
In a retrospective cohort study of pharmacy and medical claims data from a commercial health plan including 601,934 patients with established ASCVD, significant clinical inertia was shown. Statin use on an index date of January 31, 2019 was evaluated:[4]



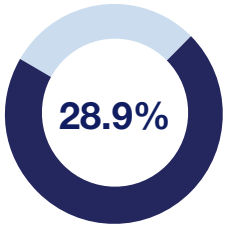
Only **50.1%** of ASCVD patients are prescribed a statin at all



Only **22.5%** are appropriately prescribed a high intensity statin



Only **25.5%** of patients had been tested for LDL-C in the past 12 months



Only **28.9%** of those tested met the current recommended goal of ≤70 mg/dL

†Nonstatin pharmacologic options are considered after optimizing lifestyle, controlling ASCVD risk factors, adhering to guideline-recommended statin therapy (and increasing to high-intensity statin if not already taking), and evaluating for statin intolerance.[6]

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EHR Capabilities Can Help Standardize and Simplify Care Which May Help Improve Outcomes for VHR ASCVD Patients Who Are Undertreated

- Clinical Champions can support the implementation of health system-wide EHR functions to help standardize and simplify care for VHR ASCVD patients who have had an MI
- Population health programs using EHRs can successfully identify high-risk ASCVD patients and significantly improve guideline-directed LDL-C control[7]

STANDARDIZE

Use PowerPlans to group standard orders together and help promote consistent care.

PowerPlans help promote consistency of care and efficiency with ordering by allowing healthcare providers to select multiple orders at once.

SIMPLIFY

Use Auto Text and Flowsheets to simplify authorizations and documentation.

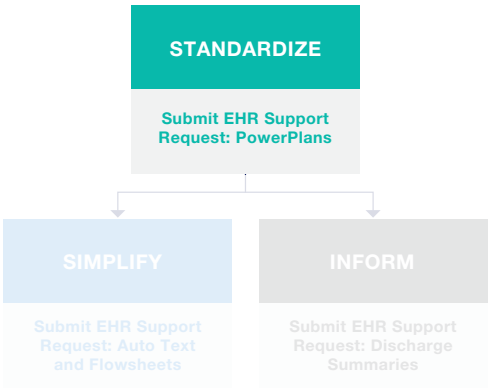
Auto Text includes Phrases, Templates, and Tokens that can be configured to pull-in predetermined content and clinical data and simplify the completion of Chart Notes. PowerPlans may also be used for authorization forms and letters. Flowsheets provide a visual summary of a patient's progress over time.

INFORM

Use Discharge Summaries to share clinical and educational information for follow-up care.

It is important to share clinical information and medical history of the patient's hospital stay with their primary care provider. Discharge Summaries can include follow-up care instructions and patient education materials.

Role of PowerPlans



PowerPlans

A PowerPlan provides a list of common orders grouped together for easy selection, usually listed by diagnosis in the EHR. PowerPlans enable healthcare providers to select multiple orders at the same time and help promote consistency of care and efficiency with ordering.

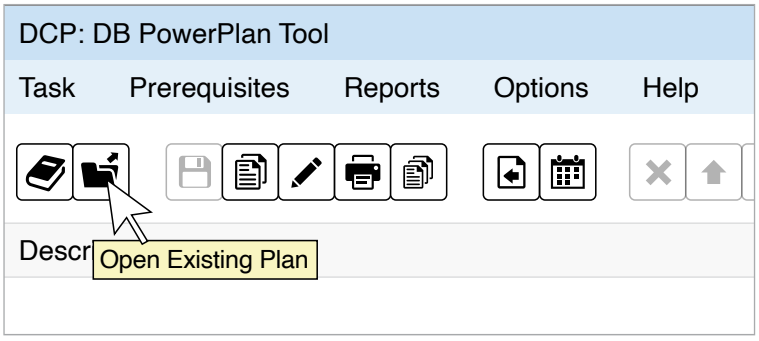
Cerner® enables the practice to build PowerPlans of frequently written groups of orders for easier selection. PowerPlans can be based on published treatment protocols and enable consistency of care and efficiency of ordering.

If the practice has existing PowerPlans, it may be efficient to modify an existing PowerPlan to include new therapies. If the practice does not have existing PowerPlans, a new PowerPlan can be created.

Updating existing PowerPlans or adding new PowerPlans is typically managed by the Health System EHR Support Team using an established process for requesting, approving, and implementing EHR changes. Clinical decision makers, along with their EHR Support team determine what categories, as well as, what specific items are included in the PowerPlans used by the health system.

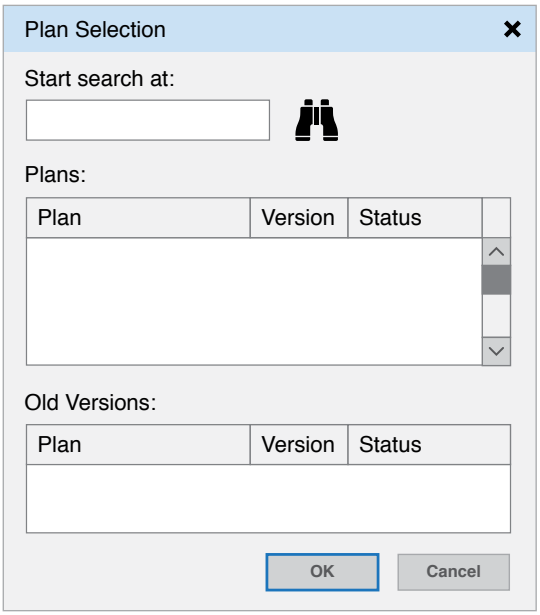
Adding Orders to an Existing PowerPlan

1. From the DCP Tool, launch the PowerPlan Tool. Select **Open Existing Plan**.



Example of the PowerPlan Toolbar.

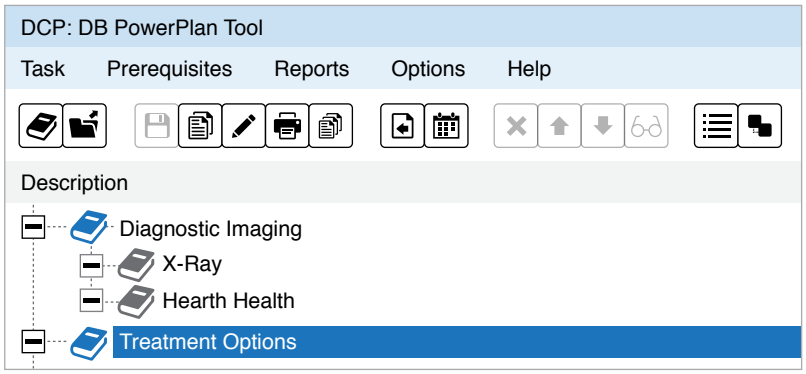
2. From the **Plan Selection** window, select the appropriate **Plan**.



Example of searching for a PowerPlan.

3. Select **OK**.

4. If the PowerPlan has multiple phases, from the Description column, select the phase.



Example of multiple phase selection.

5. Select the **Order** tab in the lower-right section of the main window.

6. Enter text into the **Start Search At** box and click the **Find** button to search for orderable items. *(See Appendix A for examples of appropriate Orderable Items.)*

7. Filter by types (Mnemonic, Catalog, or Activity) as desired to narrow your search.

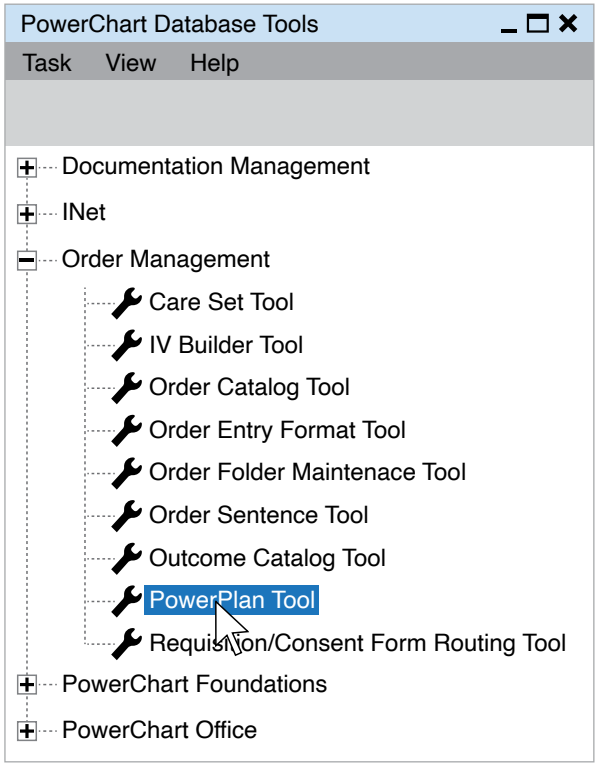
8. Select the item or items in the **Synonym** box you want to add to the PowerPlan. Click the right arrow to add the selected orderable item(s) to the **Current List**. To remove an item from the list, select it and click the **X**.

   Note: Once the order component is added to the Current List, the default clinical category is displayed. Select a different clinical category from the list to display the orderable item in a category other than the default.

9. When an orderable item is selected in the **Current List** box, the Subcategory column becomes active. Select a subcategory from the list.
10. Enter appropriate details for the item selected.
11. Select **Add** to add the items in the **Current List** to the plan. The component is displayed in the **Description** column.
12. Select **Save**.

Creating a New PowerPlan

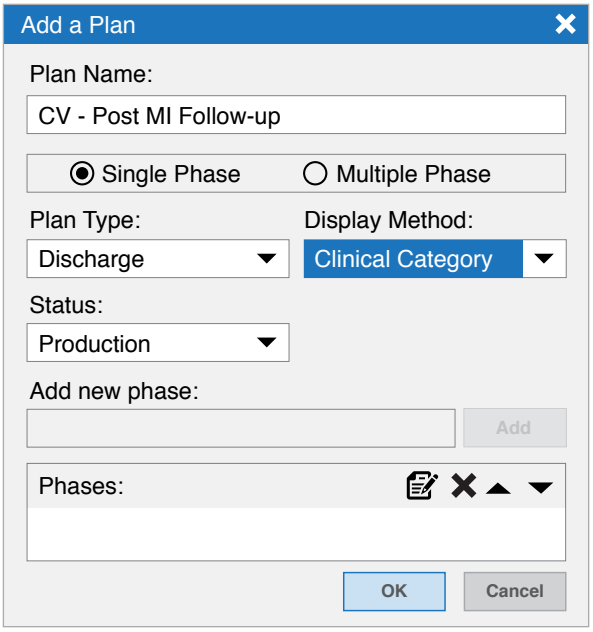
1. From the DCP Tool, launch the PowerPlan Tool.



Example of PowerPlan selection.

2. Select **New Plan**.
3. In the **Add a Plan** window, enter **Plan Name**, and select either Single Phase or Multiple phase option as appropriate.
4. Select **Plan Type** and **Display Method**.

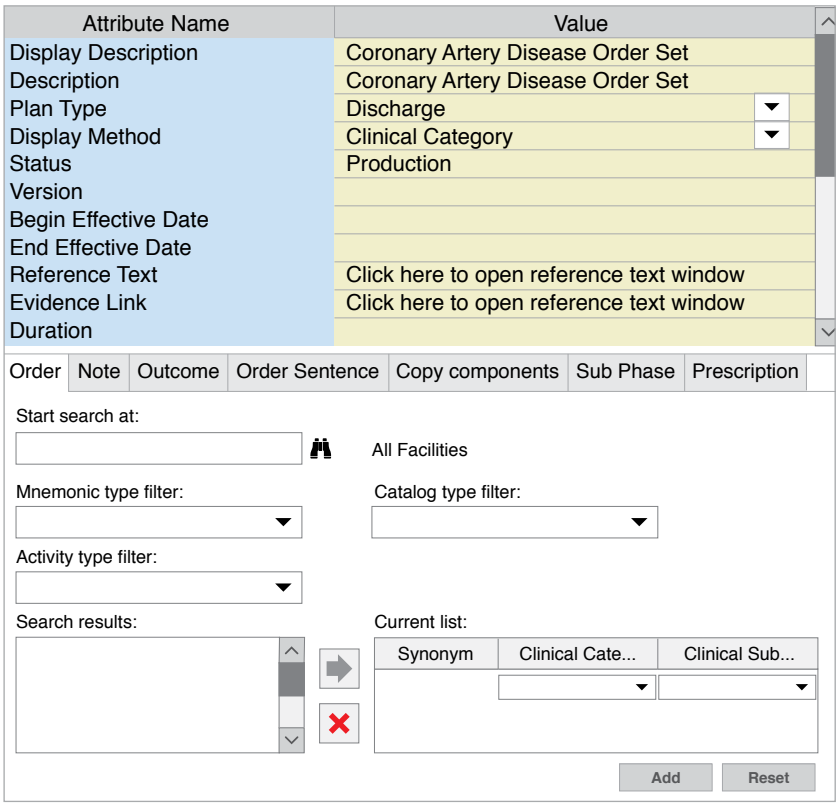
5. If the Multiple Phase option is chosen, select **Add Phases**. Then add Phase names and rearrange using the up/down arrows.
6. Select **OK**.



Example of entering new PowerPlan settings.

Add Orders to the PowerPlan

1. In a single phase PowerPlan, select the Order tab to begin adding orders. For a PowerPlan with multiple phases, select the phase to which the item(s) belong.
2. Select the **Order** tab in the lower-right section of the main window.
3. Enter text into the **Start Search At** box and click the **Find** button to search for orderable items. *(See Appendix A for examples of appropriate Orderable Items.)*
4. Filter by types (Mnemonic, Catalog, or Activity) as desired to narrow your search.

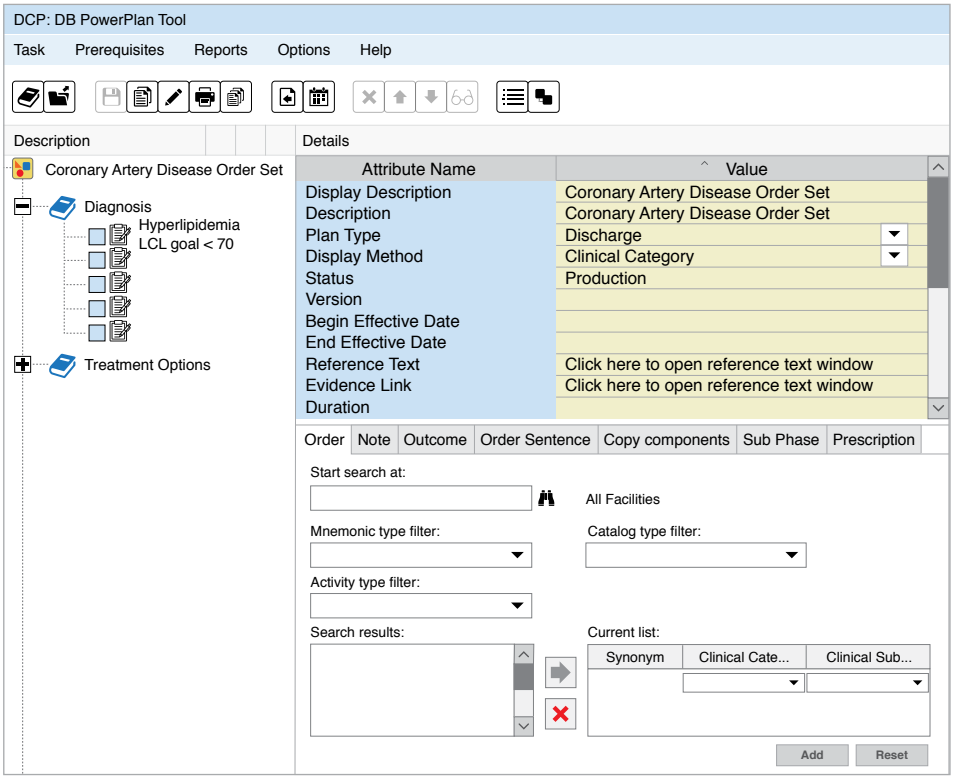


Example of selecting orderable items and setting values.

5. Select the item or items in the **Search Results** box you want to add to the PowerPlan. Click the right arrow to add the selected orderable item(s) to the **Current List**. To remove an item from the list, select it and click the **X**.

   Note: Once the order component is added to the Current List, the default clinical category is displayed. Select a different clinical category from the list to display the orderable item in a category other than the default.

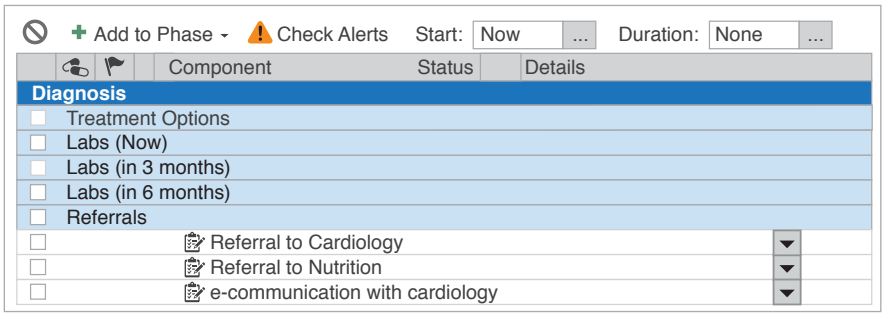
6. When an orderable item is selected in the **Current List** box, the Subcategory column becomes active. Select a subcategory from the list.



Example of a PowerPlan in the PowerPlan Tool.

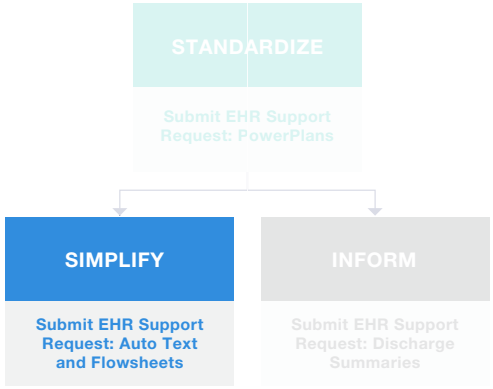
7. Select **Add** to add the items in the **Current List** to the plan. The component is displayed in the **Description** column.

8. Select **Save**.



Example of a PowerPlan in the Provider Workflow.

Use of Auto Text



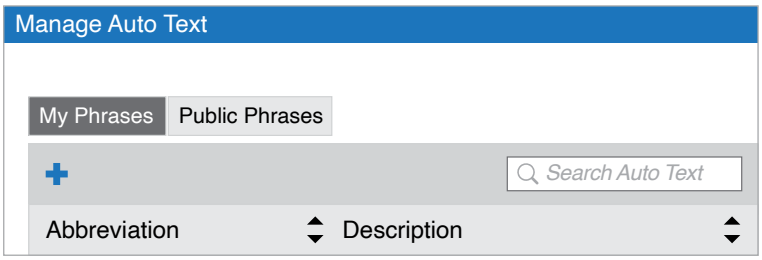
This guide outlines how to use sharable Auto Text phrases, Templates, and Tokens to enhance visit documentation or to create letters. The criteria can be changed to align with the healthcare organization's guidelines. These items can be used and viewed from both PowerChart and Dynamic Documents.

Adding text quickly can be done using Auto Text phrases, Templates, and Tokens. Auto Text phrases are commonly referred to as 'quick text' or 'dot phrase.' These phrases can be saved in real time by a user. Healthcare professionals can also use a personal phrase or share it with others. Auto Text is used in Notes and free-text boxes. Some templates or tokens (data points) can be added with Auto Text.

Templates (both Standard and Smart) populate documentation with more significant amounts of text. Standard Templates can be associated with specific progress note types. Smart Templates can be built to include detailed chart data using Cerner Command Language (CCL). Smart Templates can allow the provider to select options from dropdown lists.

Create Auto Text Phrases for Visit Notes

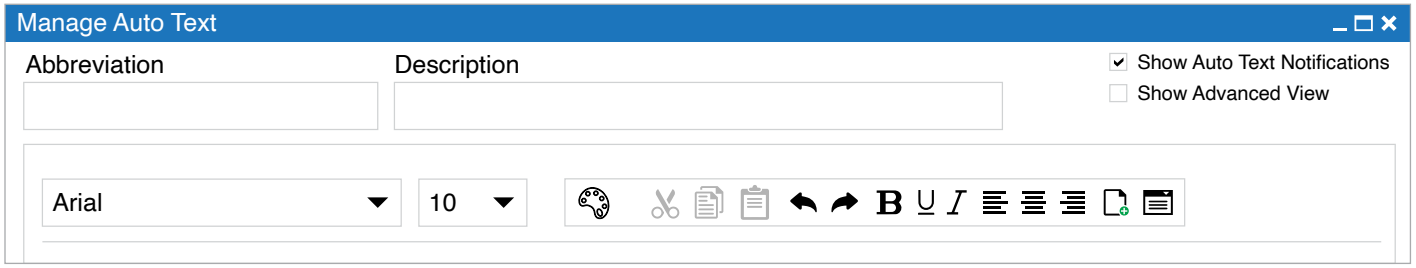
1. From a free text area, click the mouse to set focus within the textbox. Select the **Manage Auto Text** icon from the toolbar.
2. In the **Manage Auto Text** window from the **My Phrases** tab, select the **Add New Phrase** + (Plus) icon.



Example of Manage Auto Text.

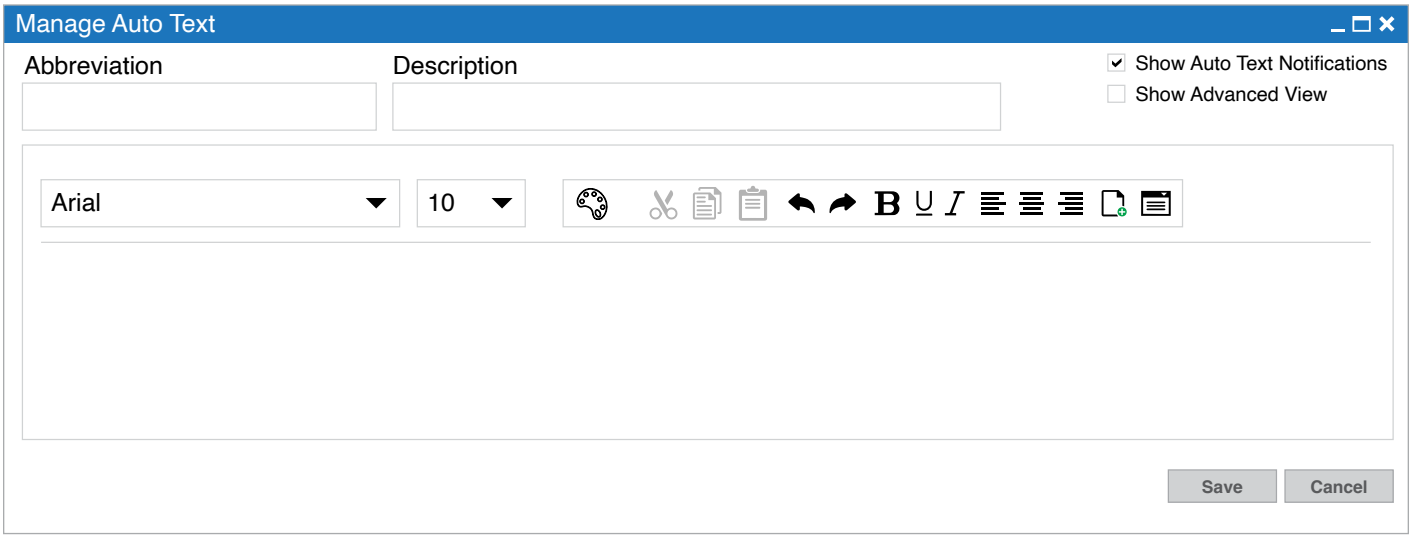
3. Enter an abbreviation that starts with a special character. This example will use a (.) period. For example, **.NewPhrase**.

4. Enter a description to identify how the phrase will be used.



Example of creating a new Auto Text phrase.

5. In the textbox, build the Auto Text phrase by entering boilerplate text as appropriate.

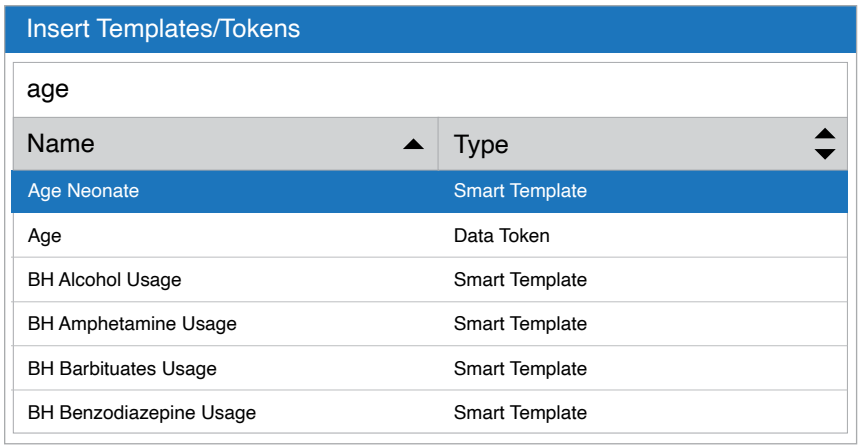


Example of the full Auto Text.

6. To include data from the patient chart in the Auto Text phrase, select the **Insert Templates/Tokens** icon from the toolbar.

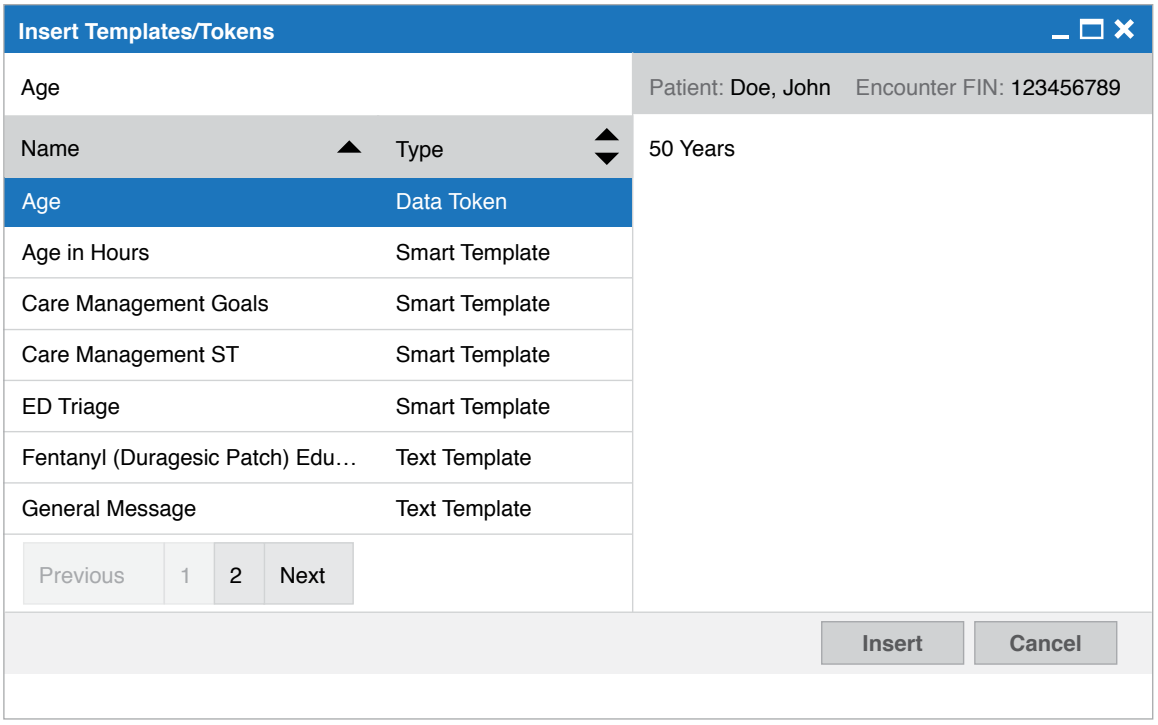
Example of the Manage Auto Text toolbar.

7. From **Insert Templates/Tokens**, search for the desired item. Appropriate Tokens, Templates, and Smart Templates are included in the search.



Example of the Templates/Token search.

8. Select the desired option. If the data exist in the chart in use for creating the Auto Text phrase, an example of the item will display.

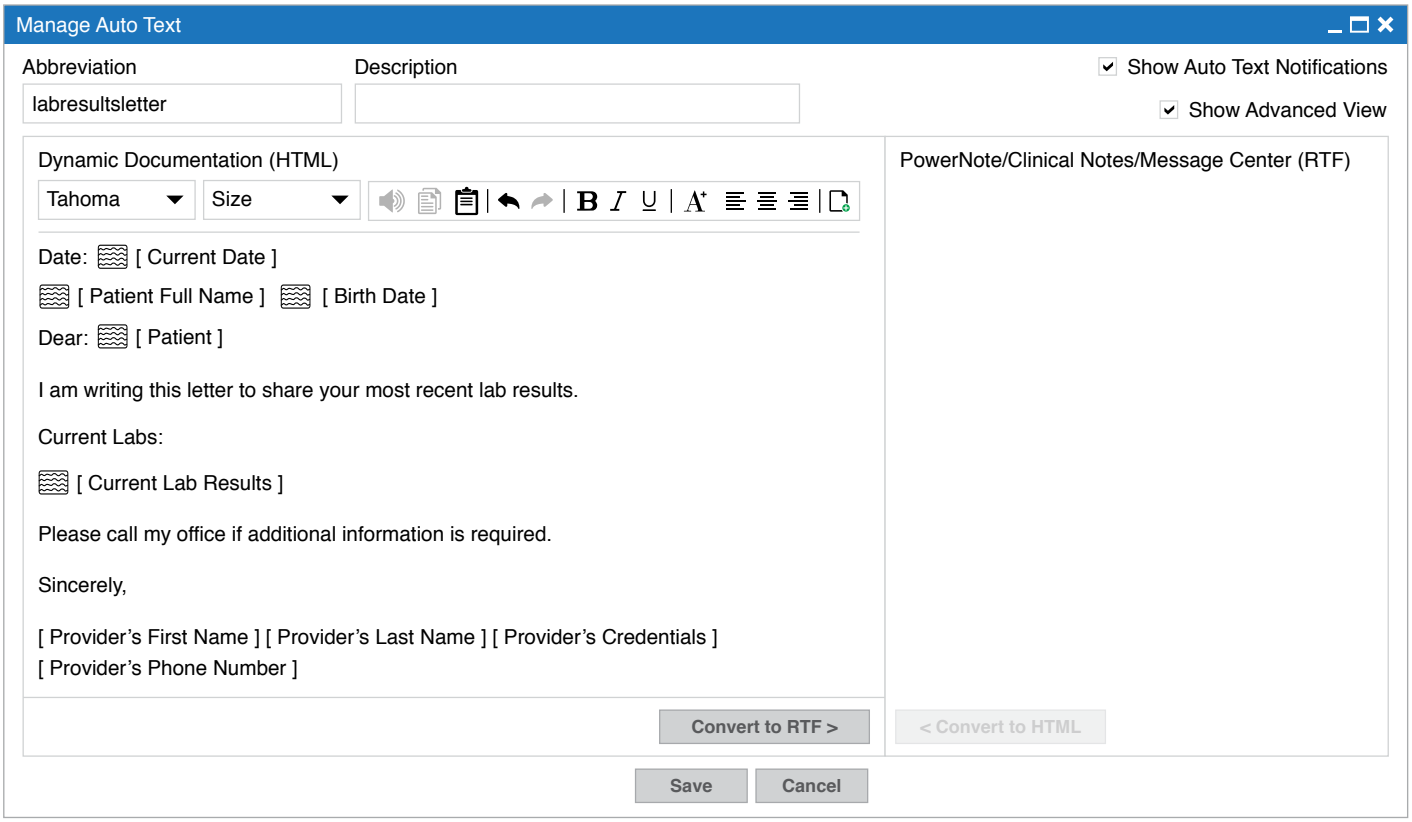


Example of the preview of a selected Data Token.

9. Select **Insert**.

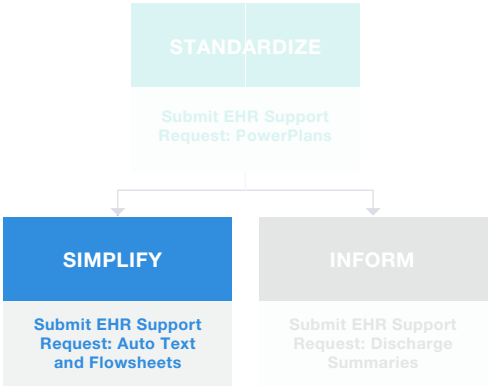
10. Check the **Show Advanced View** to determine how the phrase will appear when used in both PowerChart and Dynamic Documentation views.

11. Select **Save** to complete the phrase.



Example of Auto Text with Smart Templates.

Role of the Results Review Flowsheet Event Set



Build Considerations:

- The analyst must have access to coreeventmanager.exe and have a general understanding of how the Event Set Hierarchy works
- It should be noted that this tool stores and organizes all clinical events for a given domain, and any changes can have significant user impacts
- Additionally, the analyst will need access to privmaint.exe, prefmaint.exe, taskaccess.exe, and a general understanding of each
- The instructions listed are for Oracle Cerner. While these instructions have been tested, they are not guaranteed to work for all available versions
- Capabilities vary based on each individual EHR system

Note: The Core Event Manager stores and organizes all clinical events for a given domain and any changes can have significant user impacts and domain implications. The analyst creating a flowsheet(s) should understand the Event Set Hierarchy (ESH) and how it operates. Additionally, the analyst will need access to and understanding of the Privilege Maintenance Tool (privmaint.exe), the Preference Maintenance Tool (prefmaint.exe), and the Task Access tool (taskaccess.exe).

Step 1: Building a Clinical Event Set Structure

***Considerations**: The All Results Section contains event sets that are displayed in the All Results Flowsheet. No duplicate event sets are permitted under the All Results Sections. The All Results Flowsheet is the default flowsheet view for results.*

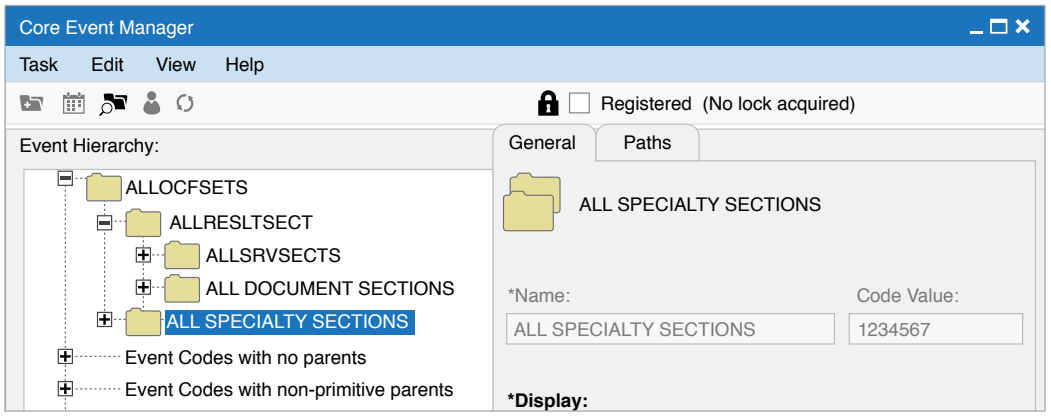
The All Specialty Sections node contains event set codes that are sorted into specialty groupings. Each grouping has its own custom flowsheet. Event sets can be duplicated on this side. Event sets and event codes built under this node should also be built on the All Results side.

Step 1A: Creating the New Event Set

To create a new Event Set ("LDL and Medications Flowsheet") within the **All Specialty Sections** hierarchy: Access the **Core Event Manager** (coreeventmanager.exe).

coreeventmanager

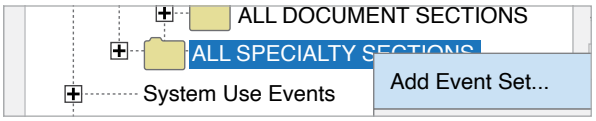
1. Check **Registered** to lock out the Event Set Hierarchy (ESH).



Example of the Core Event Manager.

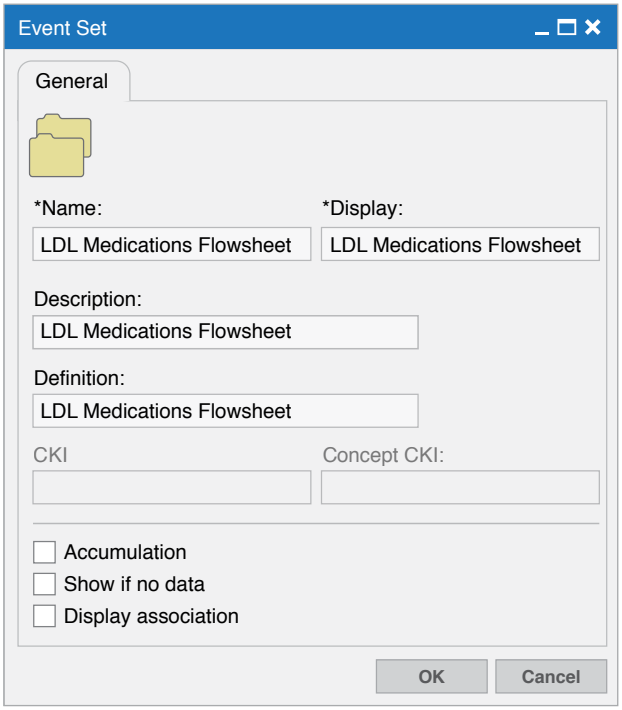
Note: Saving a local copy of the ESH prior to making changes is recommended.

3. Right-click on the **All Specialty Sections** folder to create a unique **Event Set View**. Select **Add Event Set**.



Example of the Add Event Set context menu.

4. In the Event Set window enter the desired **Flowsheet Name**, **Display, Name**, **Description**, and Definition; for example, "LDL and Medications Flowsheet." Select **OK**.



Example of the creating a new Event Set window.

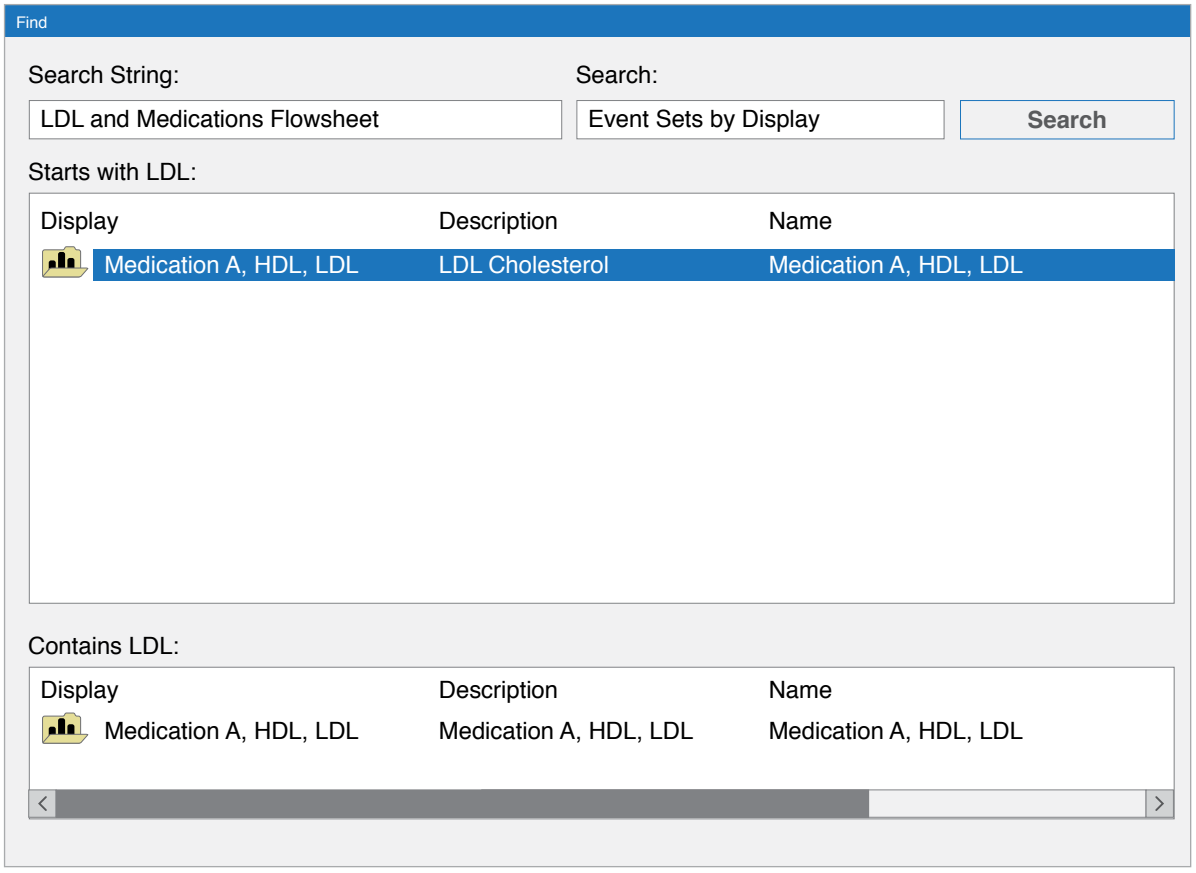
Step 1B: Copying Event Sets From the All Results Section

To copy existing Event Sets from the All Results Section of the ESH to the newly created Event Set ("LDL and Medications Flowsheet") within the **All Specialty Sections** hierarchy:

1. Select the Search Icon.

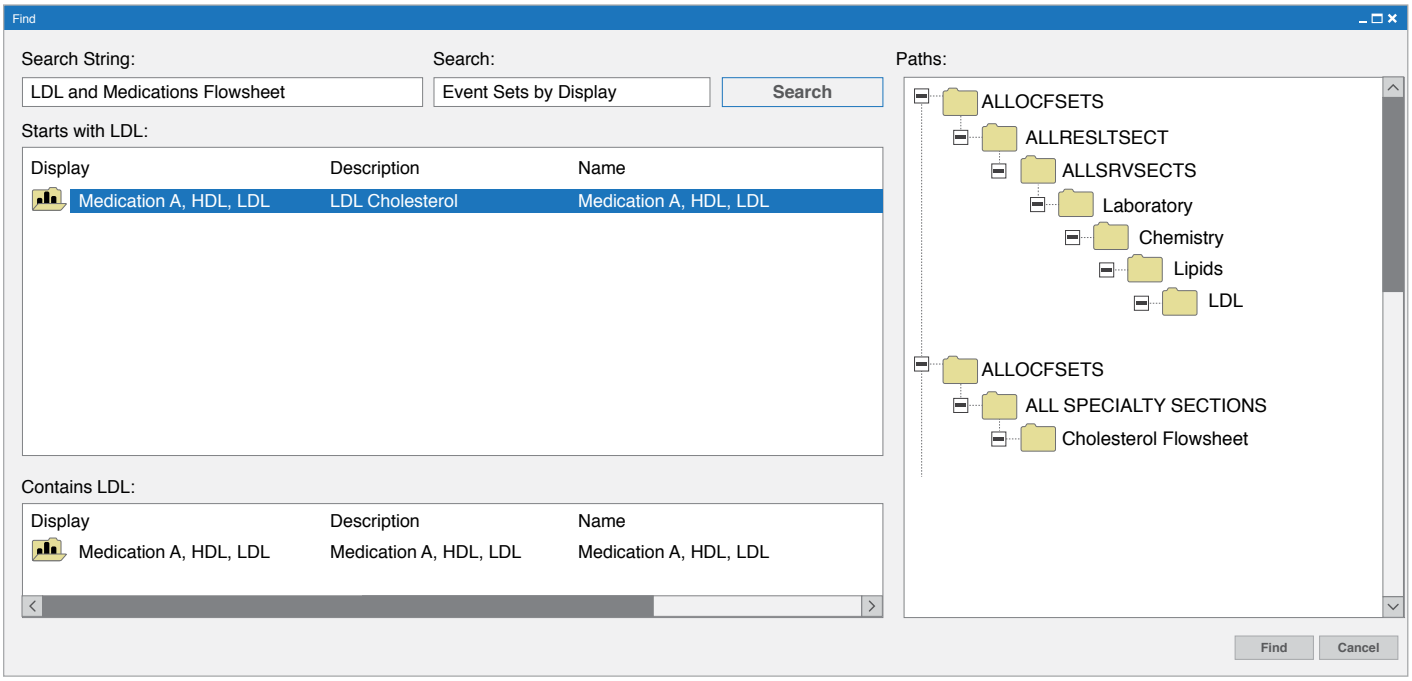
Example of the Core Event Manager.

2. In **Search String**, enter the name of the desired event set, for example, **LDL**, and select **Search**.



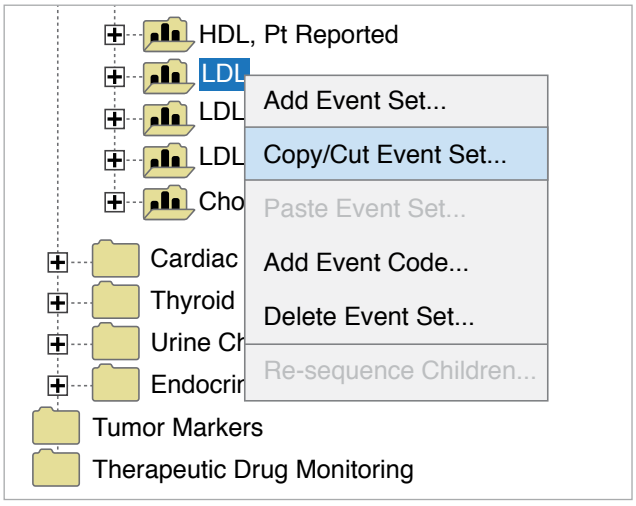
Example of search for an Event Set.

3. Highlight the desired result and select **Find**. Selecting **Find** navigates to the chosen **Event Set** within the **ALLRESLTSECT**.



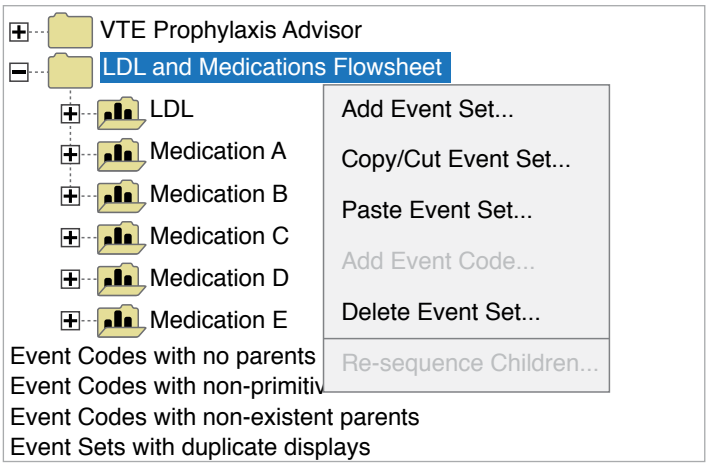
Example of Search and Paths Panes.

4. Right-click and choose **Copy/Cut Event Set**.

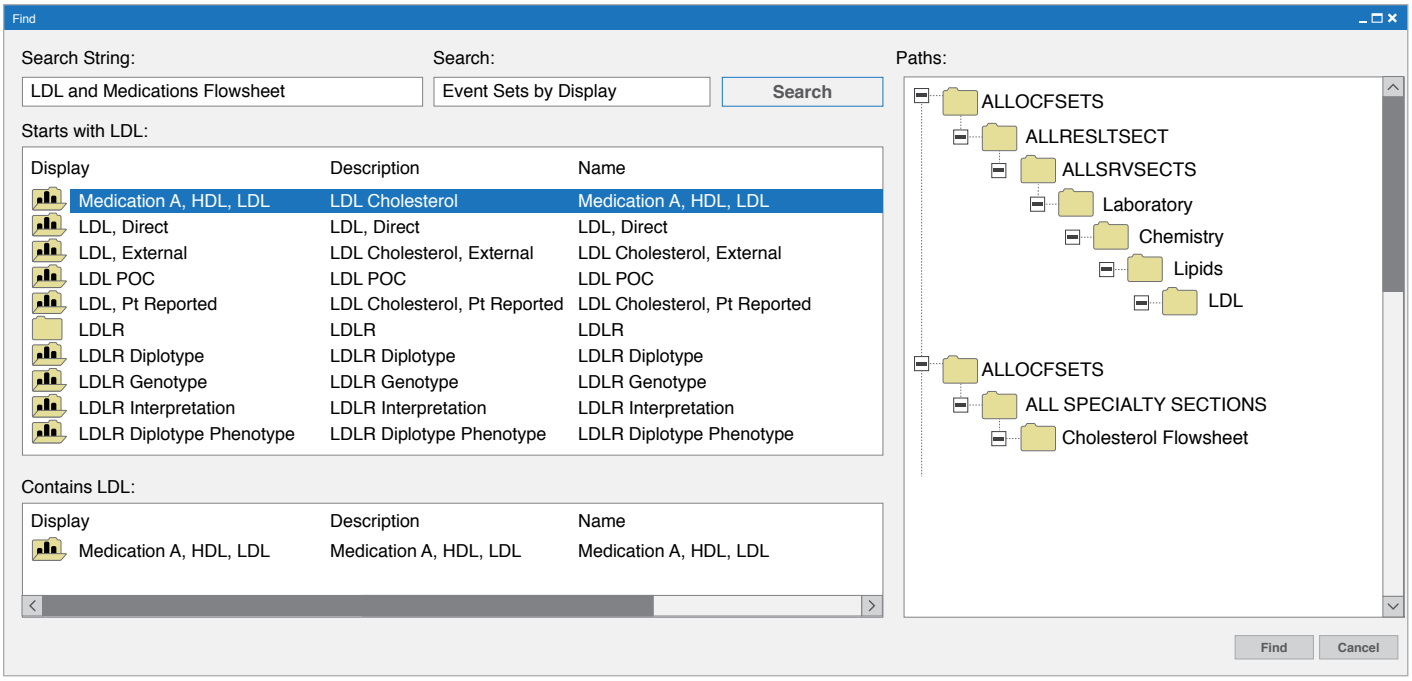


Example of the Event Set context menu.

5. Navigate to the newly created Event Set *"LDL and Medications Flowsheet."* Right-click to display the context menu, and choose **Paste Event Set**…

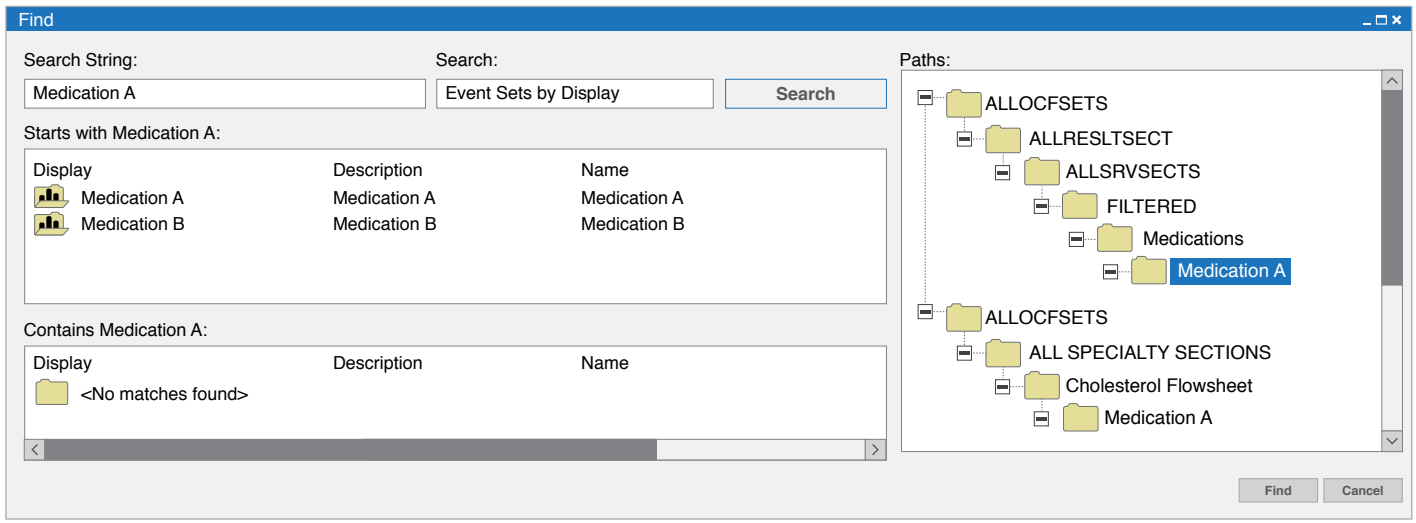


Example of the Paste Event Set menu.



Example of the Event Set pasted into the new Flowsheet.

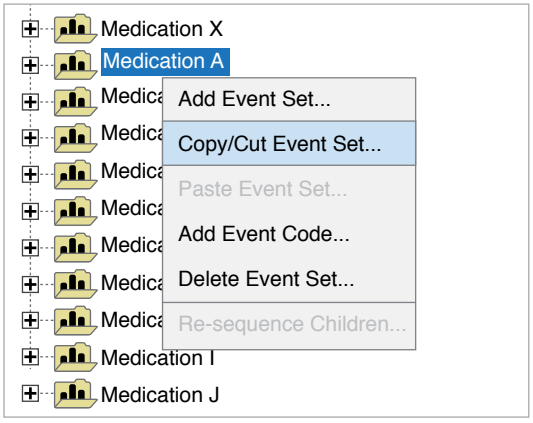
6. From the **Find** window, search for a medication, for example, “Medication A.”



Example of the Medication hierarchy.

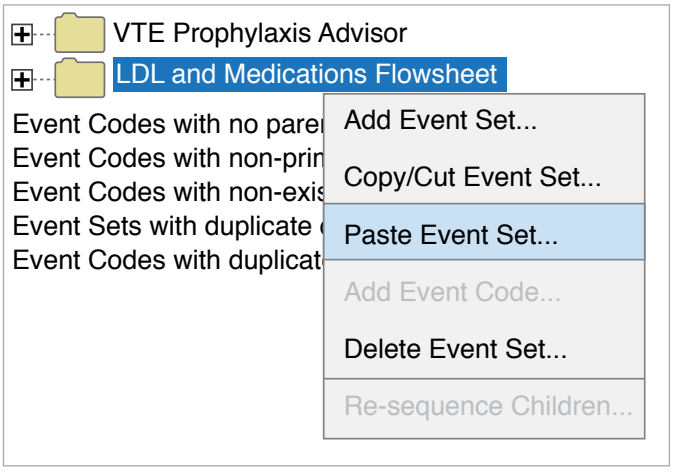
Note: All the medications can be found within the ESH, All Results Section in the Medications folder. Based on Multum content storage, these medications will be generic.

7. Select **Find**, Right-click “Medication A” and choose “**Cut/Copy Event Set**”



Example of the Cut/Copy Event Set.

8. Navigate to the new *“LDL and Medications Flowsheet”* Event Set. Right-click and choose **Paste Event Set**…

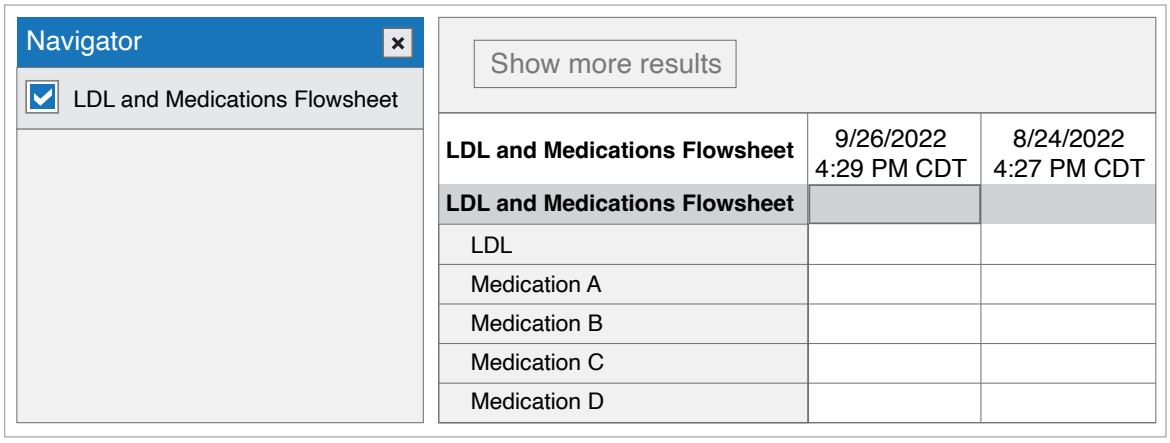


Example of the Paste Event Set.

9. Repeat step 6-8 for all desired Event Sets.

10. Once all desired Events have been copied to the new Custom Flowsheet, un-Register the Event Set Hierarchy and Cycle the flowing servers:
    - Cycle-entry 80
    - Cycle-entry 102
    - Cycle-entry 103
    - Cycle-entry 106
    - Cycle-entry 112
    - Cycle-entry 120
    - Cycle-entry 121
    - Cycle-entry 200
    - Cycle-entry 205
    - Cycle-entry 209
    - Cycle-entry 250
    - Cycle-entry 352

11. After cycling servers and if the patient in context has had those items resulted, this is what the newly created flowsheet will look like:



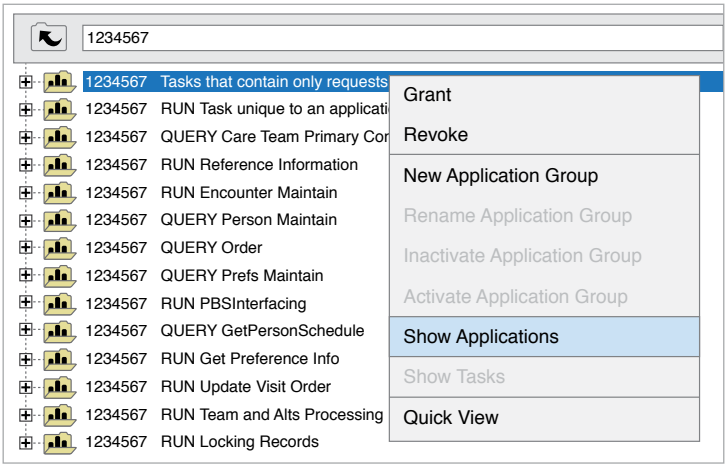
LDL and Medications Flowsheet	9/26/2022 4:29 PM CDT	8/24/2022 4:27 PM CDT
LDL and Medications Flowsheet		
LDL		
Medication A		
Medication B		
Medication C		
Medication D		

Example of the new Flowsheet.

STEP 2: Reviewing Tasks to Application Group Associations

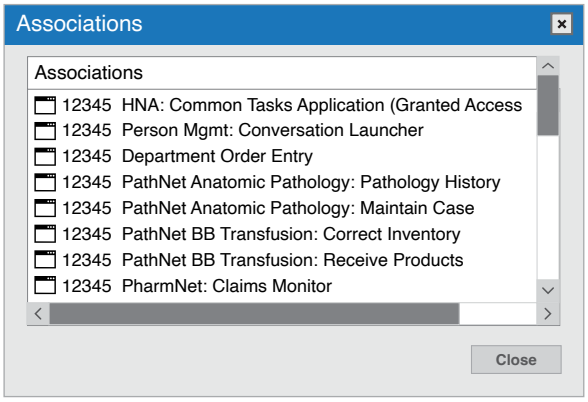
***Considerations**: If the Results Review is already associated with the Position, then these tasks may already be available to an Application Group that is also associated with the Position.*

1. For each of the tasks below, review the associated applications. **Show Application**.
   - 3202004 (Tasks that contain only requests that read or query data)
   - 600015 (QUERY dcp default flowsheet)
   - 600107 (QUERY Powerchart – Clinical Event Query)
   - 600105 (CareNet: misc group)



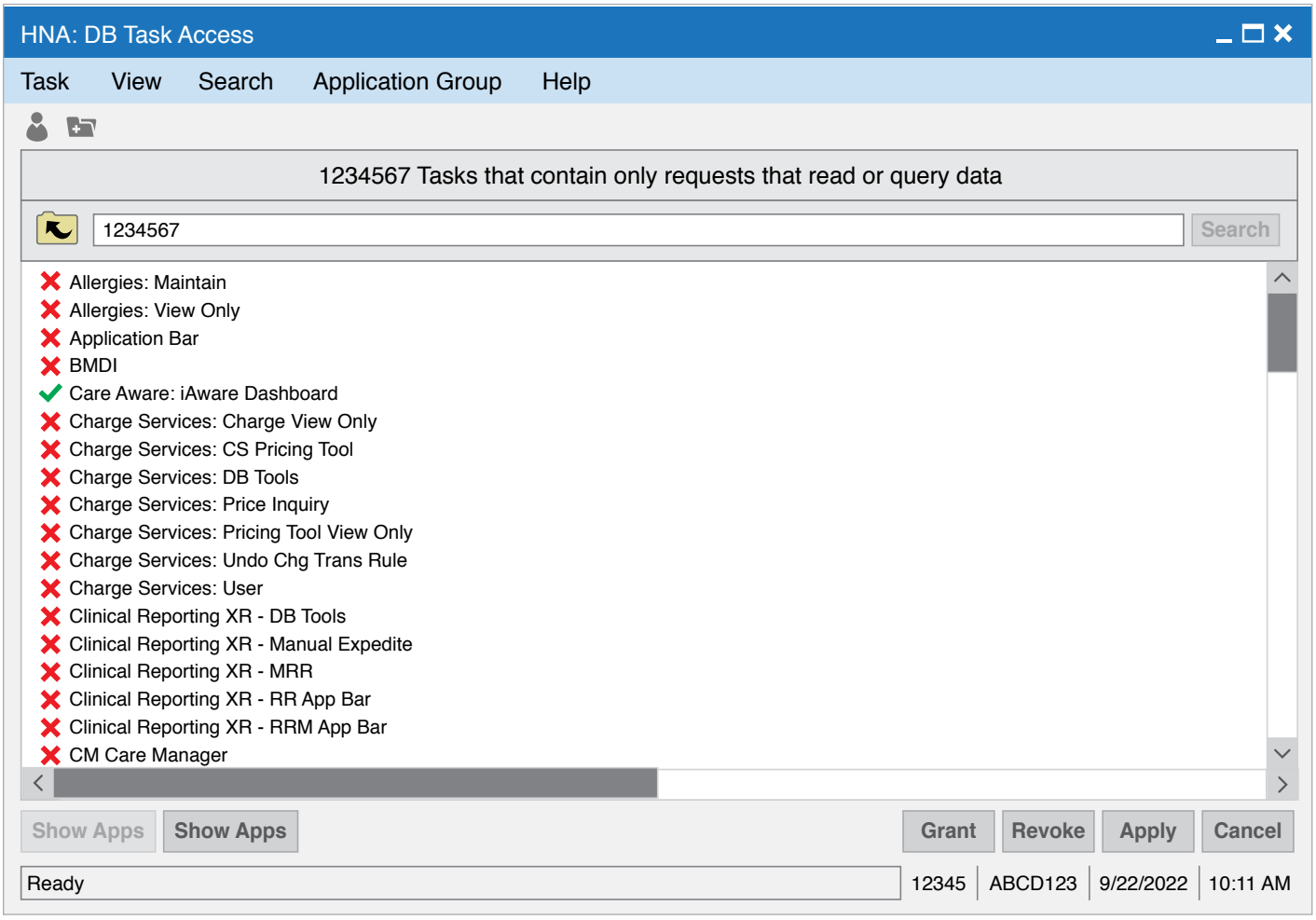
Example of viewing Task/Application associations.

2. Cross-reference the list of task Application Groups with the Application Groups associated with the Position.



Example of the Associations list.

3. To associate a non-associated task with an existing Application Group, select the task in the **Associations list**. Select the appropriate group from the list. Choose **Grant**, then **Apply**.



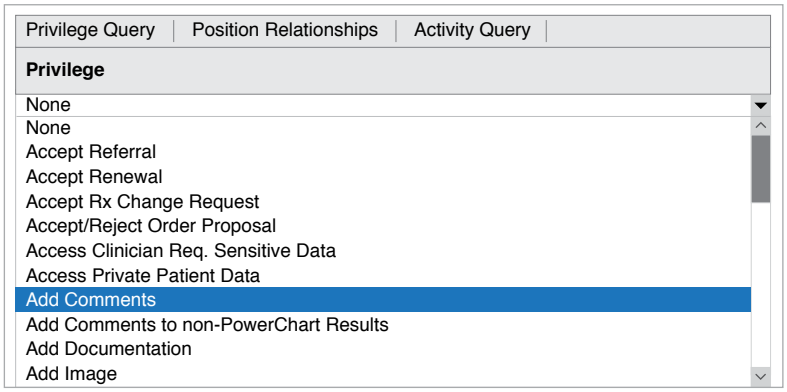
Example of associating a task with an application group.

STEP 3: Review Applicable Privileges

***Consideration**: If the Results Review is already associated with the Position, then these Privileges may already be granted.*

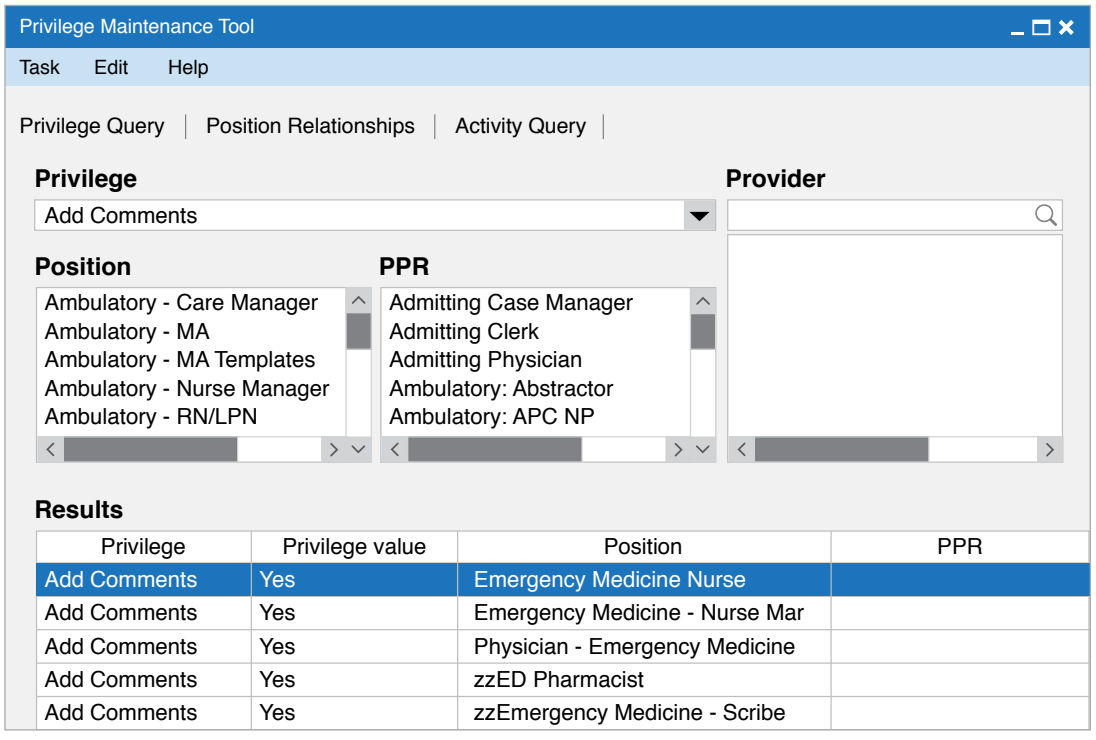
Refer to Appendix B for the List of Privileges for review.

1. Using the **Privilege Maintenance Tool**, review the privileges for each position. For example, select "**Add Comments**."



Example of Privilege Maintenance Query tab.

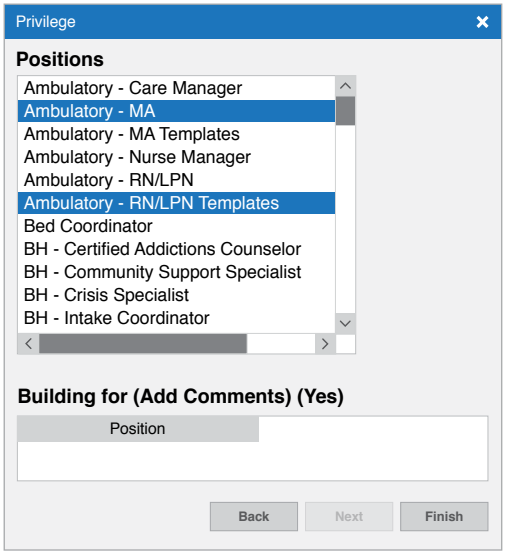
2. Select **Show Privileges** button to view existing Privileges.
3. Cross-reference the position(s) in this list with the position(s) in the new flowsheet.



Example of viewing by Privileges.

4. If the privilege is not granted in the new flowsheet, select the **Add Privilege** button. Select privilege **Value** (Yes) and **Context** (Position).

5. Select **Next**. Select position(s) to which the Privilege should be granted, then select **Finish**.

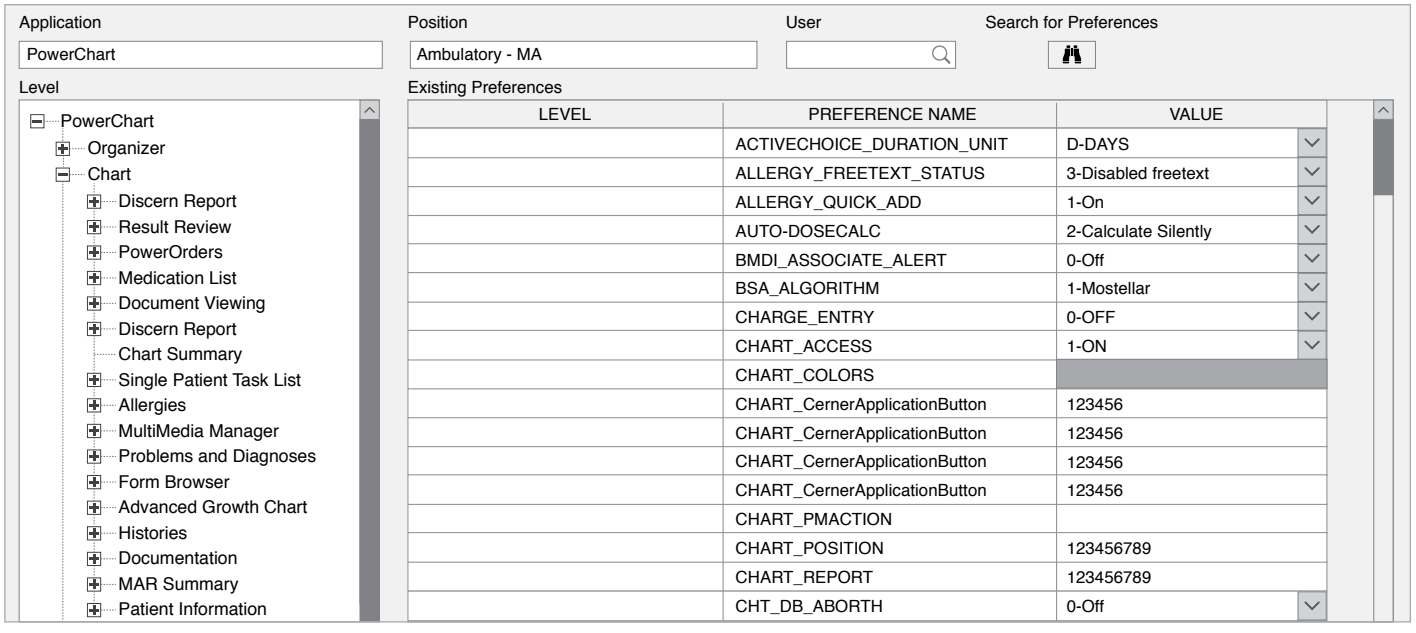


Example of multi-selected positions being added.

STEP 4: Review Applicable Preferences

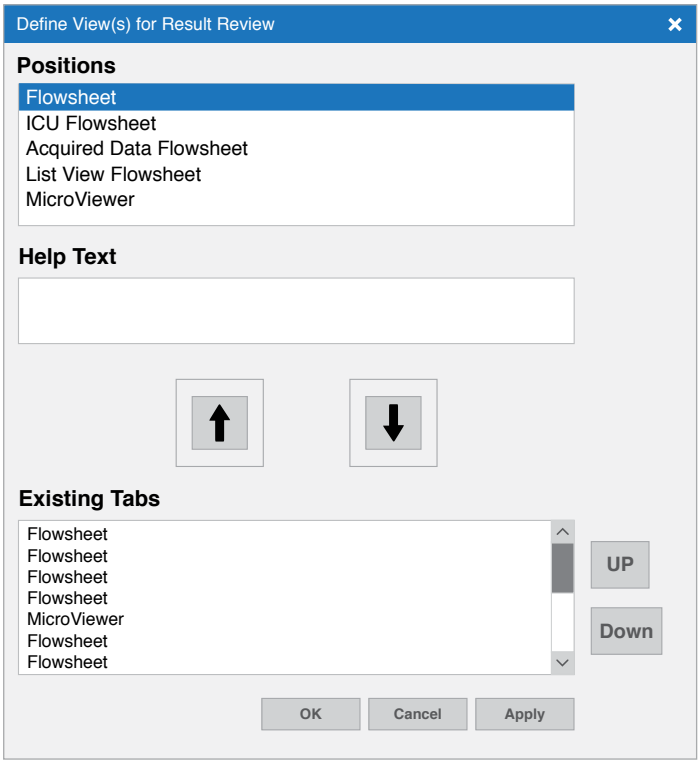
***Considerations**: Preferences may already exist for the Positions being configured. If the Results Review is already associated with Position(s), these Preferences may be already granted or can be copied from a current custom flowsheet.*

1. Access the Preference Maintenance tool. Locate **Results Review**. Right-click and select **Add Tab**.



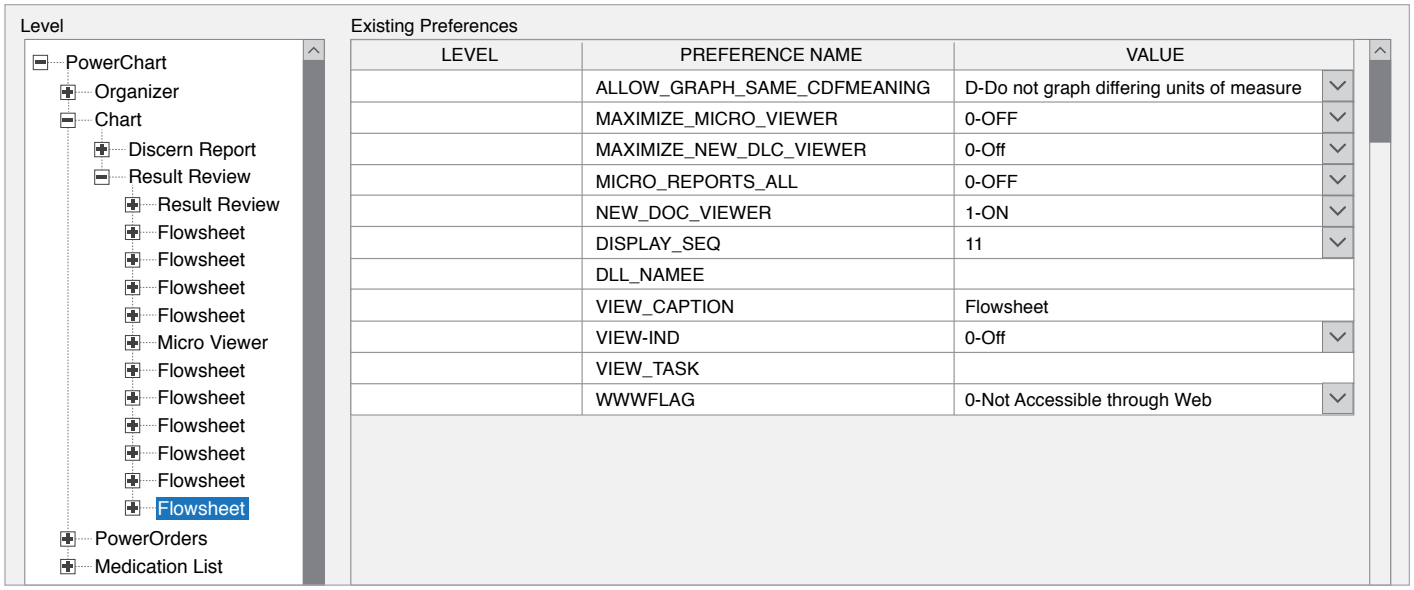
Example of reviewing the Preferences for appropriate positions.

2. Define the new Tab view as a Flowsheet.



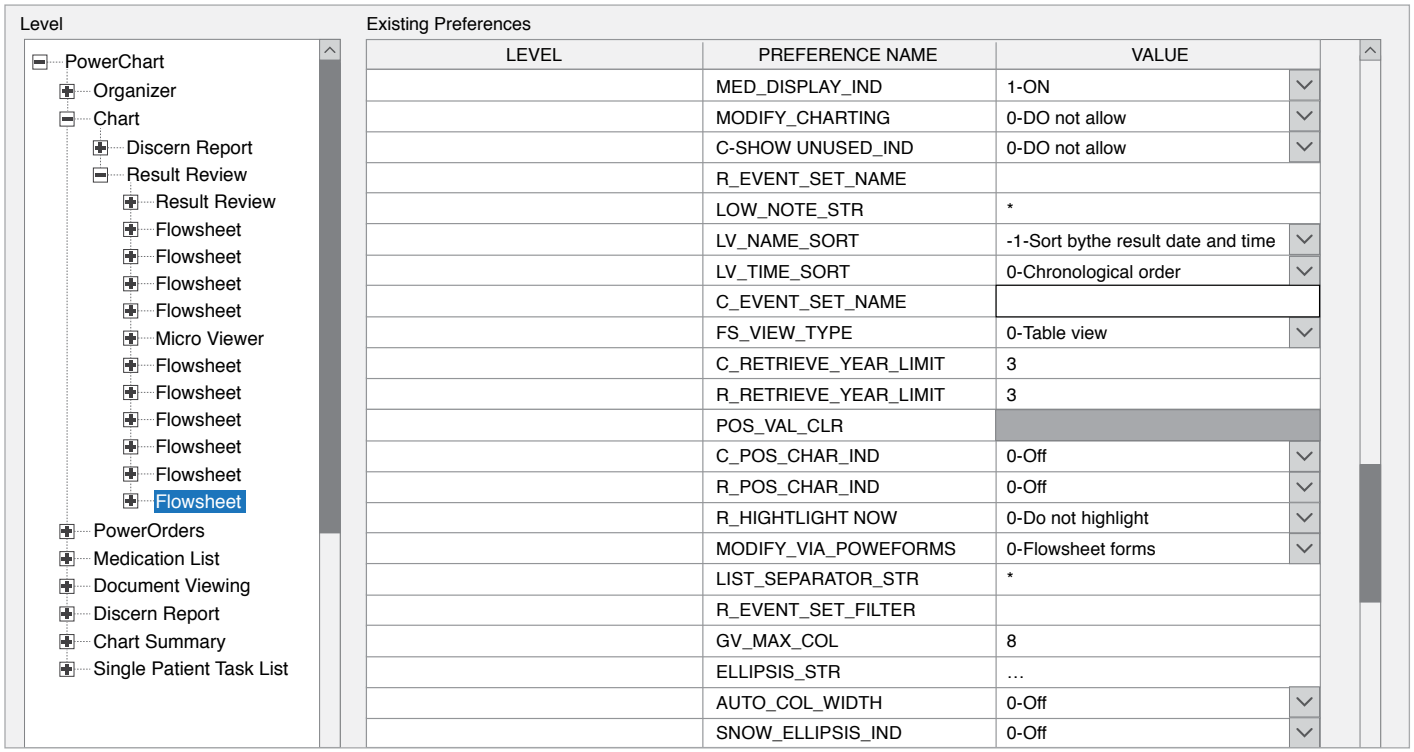
Example of defining the new Flowsheet view.

3. Select the new Flowsheet (from the bottom of the list). Edit the **View_Caption** preference value to the desired display name of the flowsheet, for example, *"LDL and Medications Flowsheet."*



Example of selecting the Flowsheet.

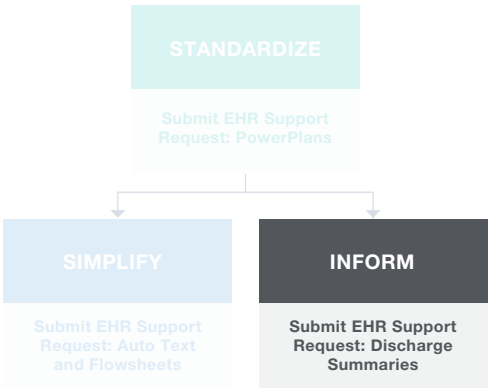
4. Expand the new Flowsheet, then select the **Key** level to view predefined preferences. Define the C_EVENT_SET_NAME preference as the Event Set Name built in Step 1. Review the preferences as needed.



Example of adding the new Flowsheet as a preference.

Note: Repeat as needed for all positions requiring access to the new flowsheet.

Role of Discharge Summaries



Discharge summaries provide the patient with important information from the hospital care team. The report often includes clinical information about what occurred during the hospital stay, follow-up care instructions, and patient education materials.

Using discharge summaries can help engage the patient by communicating the need for follow-up care and by providing educational information about their condition and instructions for at-home care. It is important to remember that as an Amgen representative, you cannot view the EHR screen or provide any instruction on completing the fields. All decisions are the responsibility of the healthcare provider.

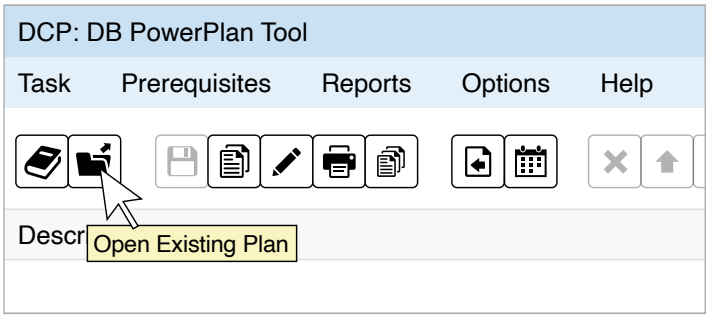
Base Criteria

This section of the guide outlines adding orders to the Discharge Summary. The criteria can be changed to align with the healthcare organization's cardiovascular guidelines.

All interactions and orders during the duration of the stay are included in the Discharge Summary. Orders appropriate for discharge are added to the Discharge PowerPlan. Orders issued at the time of discharge are automatically included in the Discharge Summary whether ordered on the fly or as part of the Discharge PowerPlan.

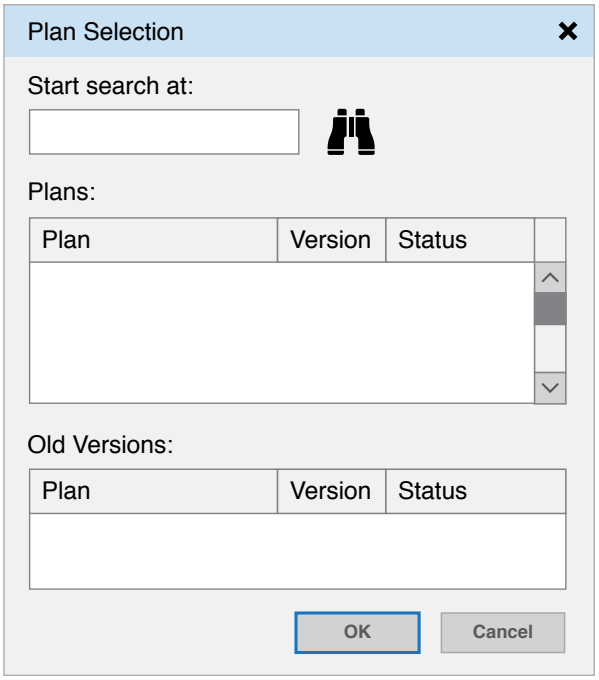
Adding Orders to an Existing PowerPlan

1. From the **DCP Tool**, launch the **DB PowerPlan Tool**. Select **Open Existing Plan**.



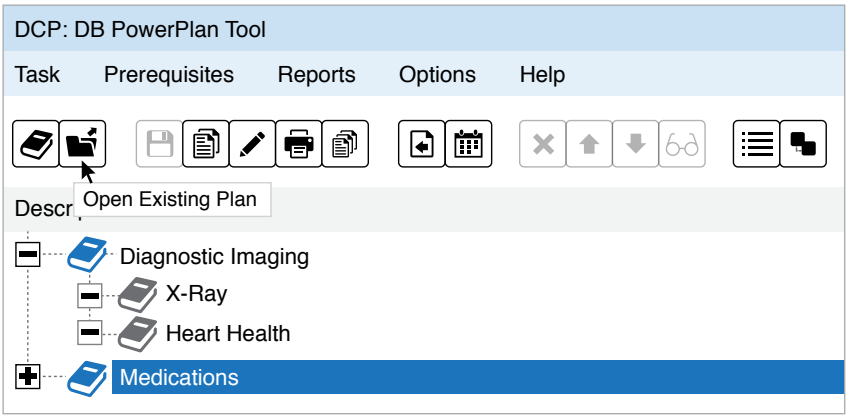
Example of the PowerPlan Tool.

2. From the **Plan Selection** window, search for and select the appropriate discharge plan.



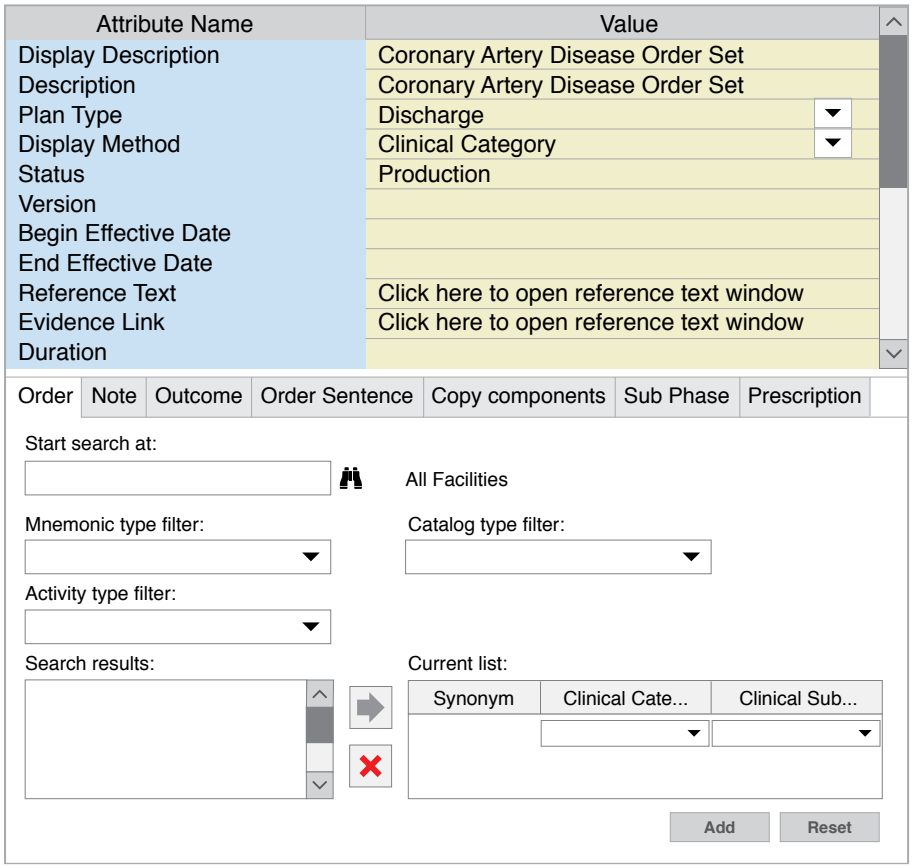
Example of a PowerPlan search.

3. Select **OK**.
4. Select the appropriate phrase from the **Description** column if the PowerPlan has multiple phases.



Example of multiple phase selection.

5. Select the **Order** tab in the lower-left section of the main window.



Example of selecting orderable items and setting values.

6. Enter text into the **Start Search At** box and click the **Find** button to search for orderable items. *(See Appendix A for examples of appropriate Orderable Items.)*

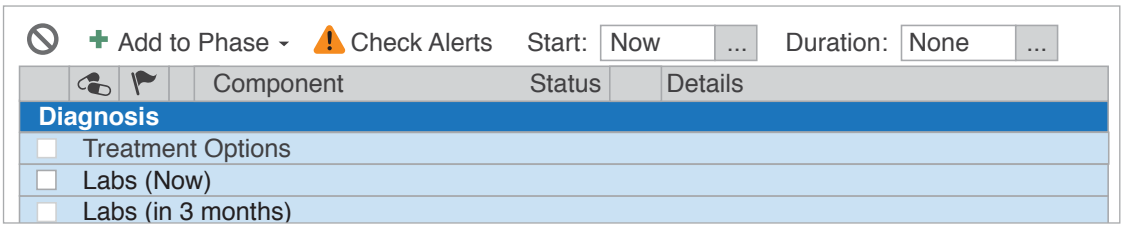
7. Filter by types (**Mnemonic**, **Catalog**, or **Activity**) as desired to narrow your search.

8. Select the item or items in the **Synonym** box you want to add to the PowerPlan. Click the right arrow to add the selected orderable item(s) to the **Current List**. To remove an item from the list, select it and click the red **X**.

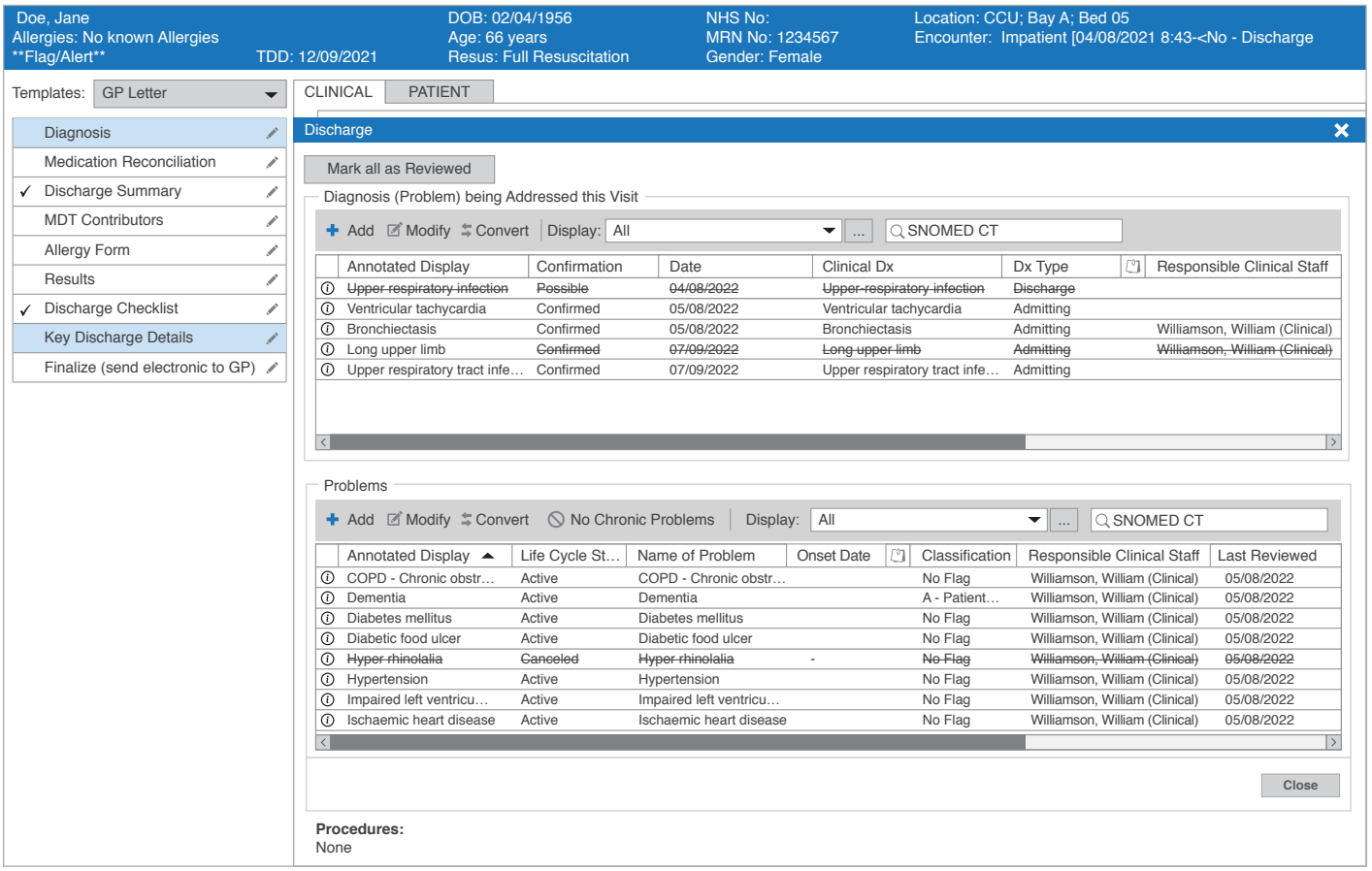
   Note: Once the order component is added to the Current List, the default clinical category is displayed. Select a different clinical category from the list to display the orderable item in a category other than the default.

9. When an orderable item is selected in the **Current List** box, the Subcategory column becomes active. Select a subcategory from the list.

10. Enter appropriate Attributes and Values for the item selected in the detail fields at the top of the window.
11. Select **Add** to add the items in the **Current List** to the plan. The component is displayed in the **Description** column.
12. Repeat steps 4 – 11 to include items in other phases if appropriate. *(See Appendix A for examples of appropriate Orderable Items.)*
13. Select **Save** when all items have been added.



Example of a Discharge PowerPlan within the Discharge process.



Example of a Discharge PowerPlan.

Using Auto Text Phrases in Discharge Summary

Auto Text phrases can be used for consistency and efficiency in commonly used text details on orders and in the Discharge Summary patient directions or information.

Auto Text Phrases can be included in available textboxes within the discharge process.

To Create an Auto Text Phrase

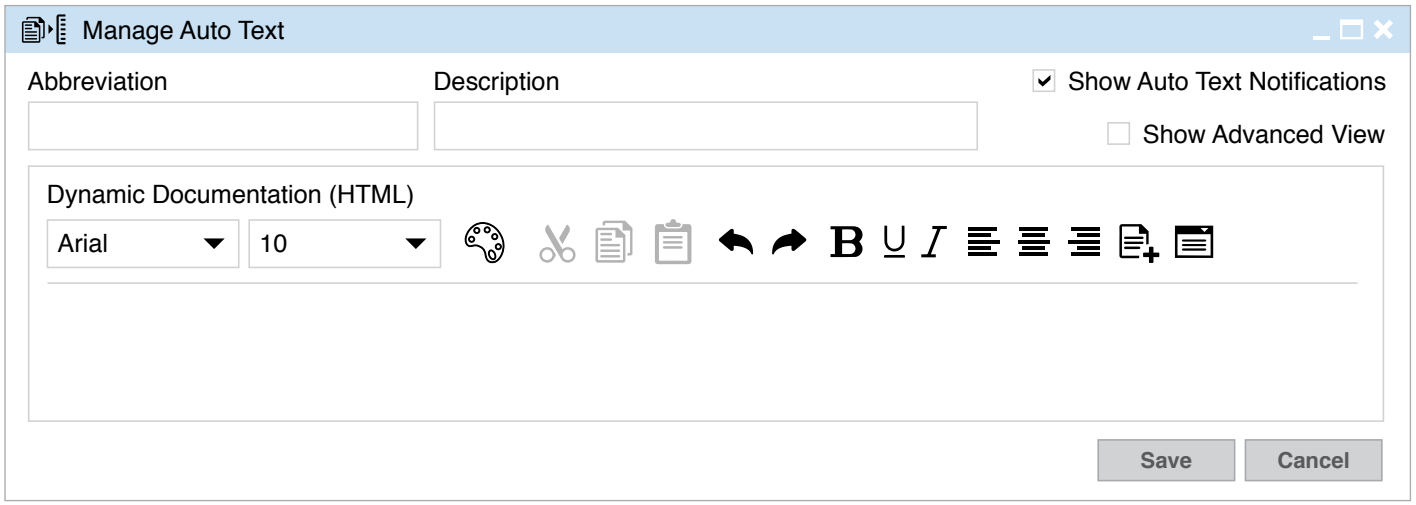
1. Navigate to **Knowledge Editor**. From the **Tools** menu, select **Manage Auto Text**.
2. In the **Manage Auto Text** window, select the **New Phrase** + (Plus) icon.

Example of Manage Auto Text window.

3. Enter an **Abbreviation** that starts with a special character.
4. Enter a **Description** to identify how the phrase will be used.

Example of creating a new Auto Text Phrase

5. In the textbox, build the Auto Text phrase by entering boilerplate text as appropriate.

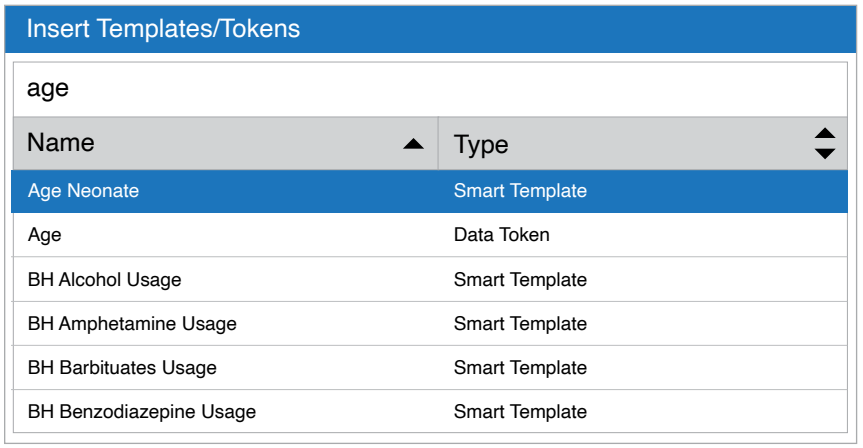


Example of the full Auto Text window

6. To include data from the patient chart in the Auto Text phrase, select the **Insert Templates/Tokens** icon from the toolbar.

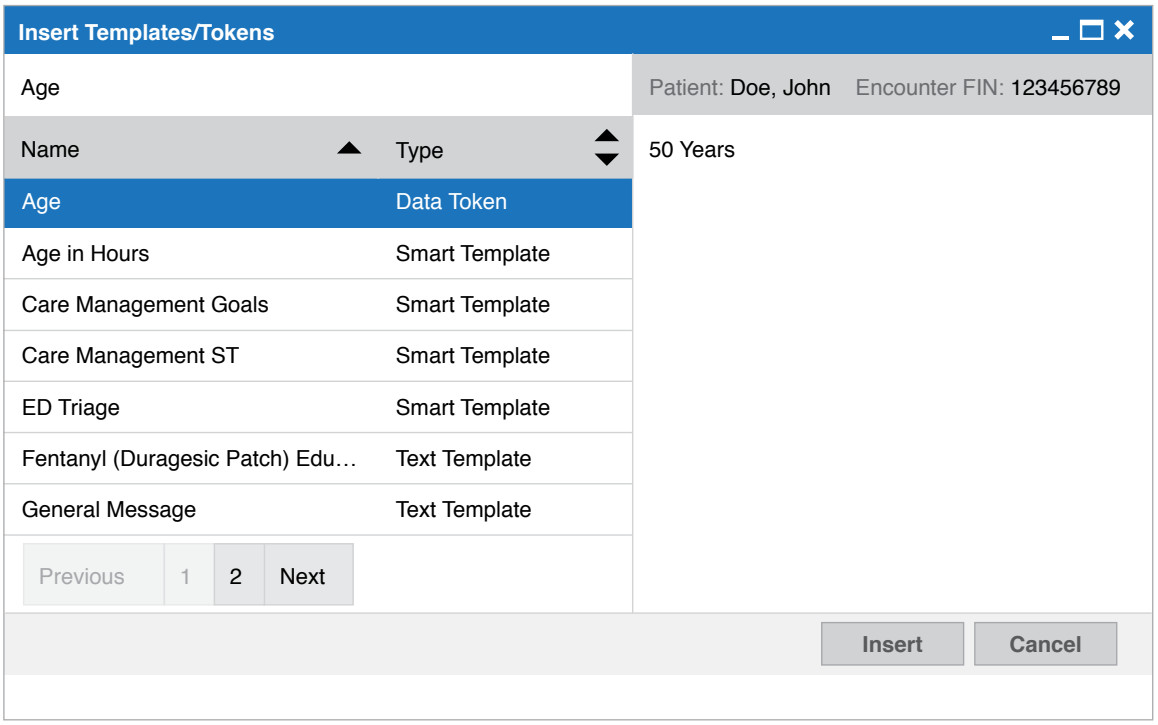
Example of the Manage Auto Text toolbar

7. From **Insert Templates/Tokens**, search for the desired item. Appropriate Tokens, Templates, and Smart Templates are included in the search.



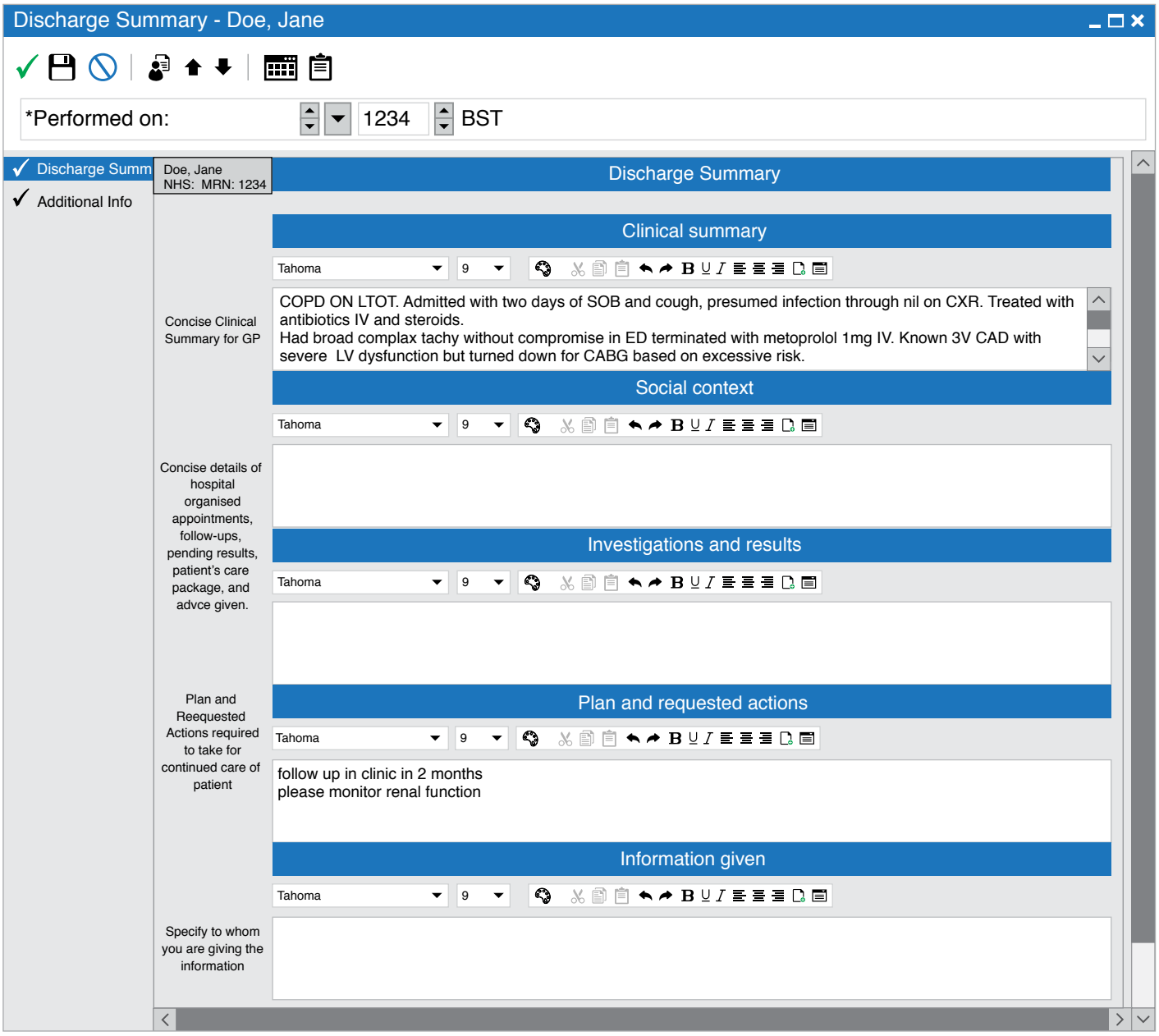
Example of the Templates/Token search.

8. Select the desired option. If the data exist in the chart in use for creating the Auto Text phrase, an example of the item will display.
9. Select **Insert**.



Example of the preview of a selected Data Token.

10. Select **Save** to complete the phrase.



Example of Discharge Summary textboxes in which Auto Text can be used.

Appendix A

Examples of Orderable Items that might be added to a PowerPlan and Discharge PowerPlan:

- Medications
- Labs
- Patient Education
- Referrals

Appendix B – List of Privileges for Review

Privilege Name	Description
Add Comments	Determines whether the user can add Comments to results and is required to add/modify comments on the flowsheet. The privilege is evaluated in conjunction with the MODIFY_CHARTING preference.
Add Documentation	Determines whether the user can add documentation to the patient's chart and is required to direct chart on the flowsheet.
Document Section Viewer	Determines whether specific sections of a document are viewable in the Doc Viewer(s).
Forward Documentation	Determines whether the user can forward items to another user's Inbox/ Message Center.
Modify Documentation	Determines whether the user can modify existing documentation in the patient's chart and is required to modify results from the flowsheet. The privilege is evaluated in conjunction with the MODIFY_CHARTING preference.
Result Inquiry	Determines whether the user can view a result in PowerChart.
Search Event Set Hierarchy in Flowsheet	Determines if the ellipses (...) button in Flowsheet should be enabled to allow the user to search and select the event set hierarchy.
Sign PowerForms	Determines whether the user can Sign/Authenticate a PowerForm. The privilege is evaluated in conjunction with the MODIFY_USING_ POWERFORMS and MODIFY_CHARTING preferences when a user attempts to modify a result on the flowsheet.
Unchart Documentation	Determines whether a user can unchart or In Error a result on the flowsheet. The privilege is evaluated in conjunction with the MODIFY_CHARTING preference.
View Comments	Determines whether a user can view existing comments for a result when viewing result details in the application.

Glossary of Terms

EHR Term	Definition
Auto Text	Auto texts or “dot phrases” are keyboard shortcuts that can be used in Cerner® to quickly populate a note with information from the chart.
Clinical Champion	A key decision maker within the health system who believes in implementing EHR changes to help improve healthcare.
Discern Alerts	A Cerner®-specific term for reminders that display in the EHR for the healthcare professional, based upon the patient meeting certain criteria.
Flowsheets	A spreadsheet of a selected patient’s clinical results for a certain time span.
Inclusion/Exclusion Criteria	Information that is used to determine whether a patient should not be included in a report, or whether a Discern Alert should be displayed for a patient or not. Criteria include (but are not limited to) diagnosis, gender, age, lab results, medication history, and procedure history.
Patient Follow-Up	Communication with patients generated from within the EHR using a variety of methods.
Phrases	Customized auto texts that are created by healthcare professionals to quickly add a commonly used statement or note.
PowerPlans	A list of common orders grouped together for easy selection to help promote consistency of care and efficiency with ordering by allowing healthcare providers to select multiple orders at once.
Templates	Standard and smart templates can be created for specific process note types and used to populate documentation with prewritten options.
Tokens	Data points that are added into forms using auto text.
Workflow	A collection of forms arranged in a specific order for collecting and editing information that follows the patient’s healthcare evaluation and treatment.

References: 1. Klimchak AC, Patel MY, Iorga ŞR, et al. Lipid treatment and goal attainment characteristics among persons with atherosclerotic cardiovascular disease in the United States. *Am J Prev Card.* 2020;1:100010. **2.** Colantonio LD, Shannon ED, Orroth KK, et al. Ischemic event rates in very-high-risk adults. *J Am Coll Cardiol.* 2019;74:2496-2507. **3.** Grundy SM, Stone NJ, Bailey AL, et al. 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA guideline on the management of blood cholesterol: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *Circulation.* 2019;139:e1082-e1143. **4.** Nelson AJ, Haynes K, Shambhu S, et al. High-intensity statin use among patients with atherosclerosis in the U.S. *J Am Coll Cardiol.* 2022;79(18):1802-1813. https://www.jacc.org/doi/abs/10.1016/j.jacc.2022.02.048. **5.** Virani SS, et al. Very High-Risk ASCVD and Eligibility for Nonstatin Therapies Based on the 2018 AHA/ACC Cholesterol Guidelines. *J Am Coll Cardiol.* 74;5:712-714. **6.** Lloyd-Jones DM, Morris PB, Ballantyne CM, et al. 2022 ACC expert consensus decision pathway on the role of nonstatin therapies for LDL-cholesterol lowering in the management of atherosclerotic cardiovascular disease: a report of the American College of Cardiology Solution Set Oversight Committee. *J Am Coll Cardiol.* 2022. **7.** Plutzky J, Benson MD, Chaney K, et al. Population health management of low-density lipoprotein cholesterol via a remote, algorithmic, navigator-executed program. *Am Heart J.* 2022;243:15-27.

USA-145-84295 12/22

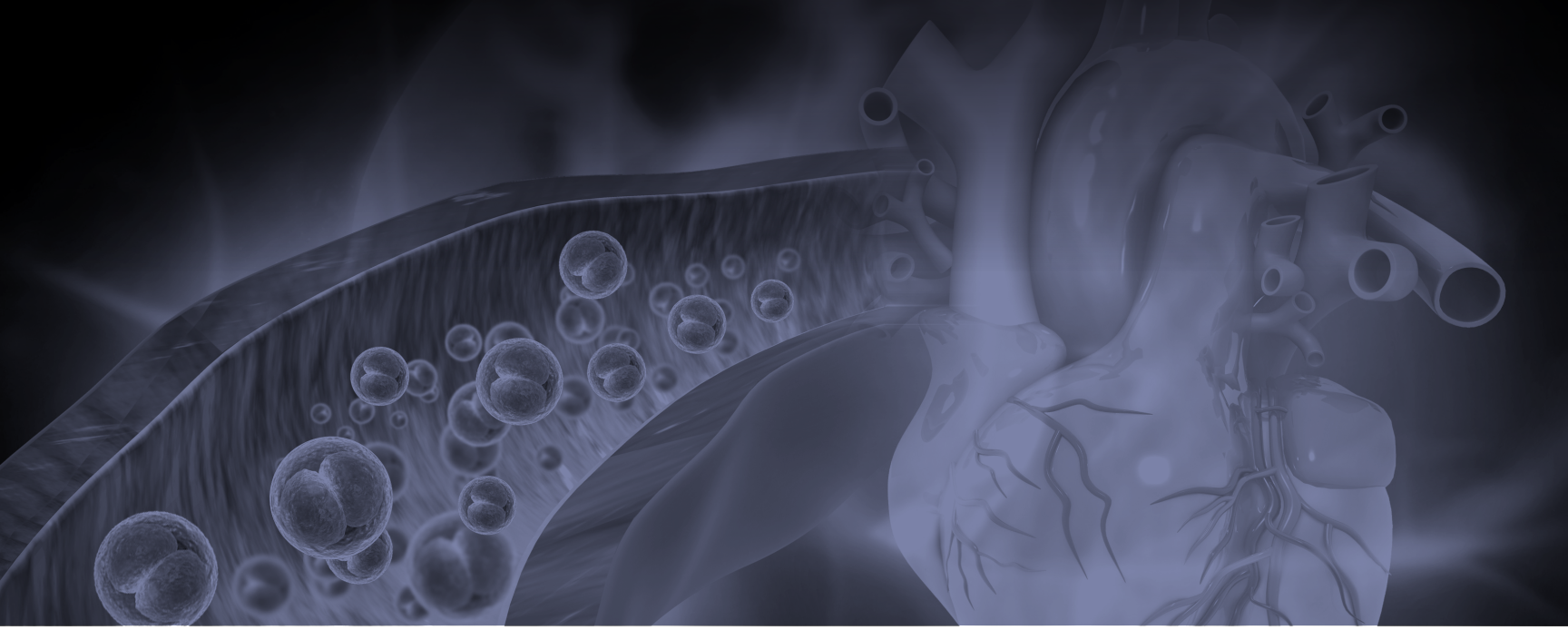
Cover, Back, & Tabbed Pages: 9" x 11" (flat size)
Other interior pages: 8 1/2" x 11"
.125" bleed

For Health Systems Using Cerner®

CV RISK MANAGEMENT:

Using EHR PowerPlans, Auto Text, Flowsheets, and Discharge Summaries to Support Documentation and Treatment of Patients With Cardiovascular Risk

For Patients With Very High-Risk (VHR) Atherosclerotic Cardiovascular Disease (ASCVD), Who Have Had a Recent Myocardial Infarction (MI)



EHR=Electronic Health Record

STANDARDIZE

Use PowerPlans to group standard orders together and promote consistent care

SIMPLIFY

Use Auto Text and Flowsheets to simplify authorizations and documentation

INFORM

Use Discharge Summaries to share clinical and educational information for follow-up care

Table of Contents

About This Guide

Amgen has developed this overview guide for educational purposes only, to assist health systems in configuring their Cerner® capabilities to help improve outcomes for very high-risk atherosclerotic cardiovascular disease (VHR ASCVD) patients who have had a myocardial infarction (MI).

This resource provides insights and examples to help implement automated EHR functionalities that can help standardize and simplify health system protocols for treatments and follow-up care for VHR ASCVD patients who have had an MI. It does not constitute guidance for medical advice or treatment.

Important Reminders:

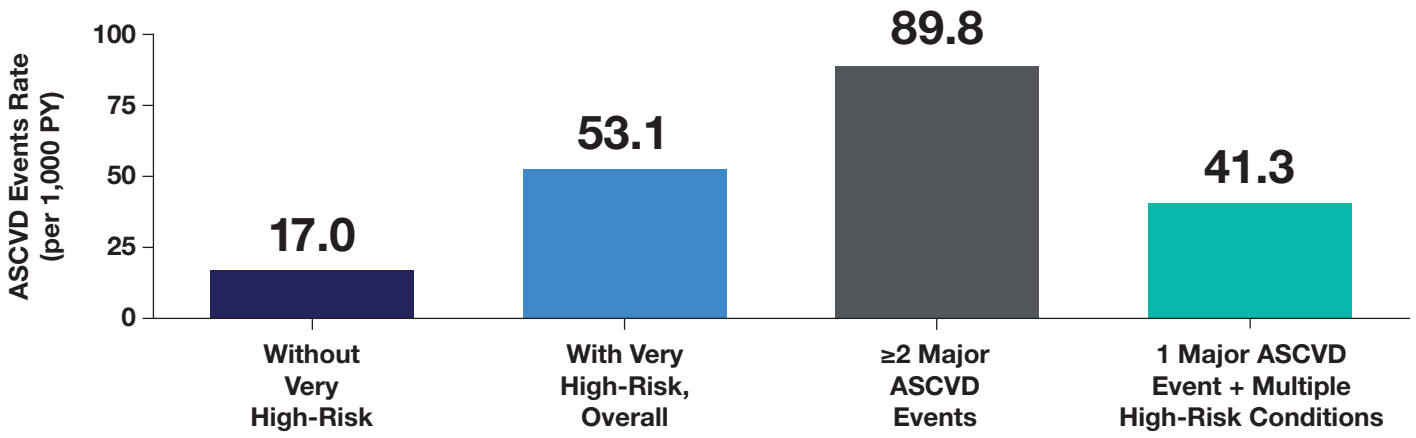
- The information listed in this resource is based upon Cerner's® 2018 version
- Functions and features may change as new software versions are released
- This resource is meant to serve as summary information only and should not replace detailed instructions provided to you by your internal or external EHR support resources
- Screen images shown within represent hypothetical screens in Cerner®
- Amgen makes no claims or warranties about the applicability or appropriateness of this information
- Amgen does not endorse specific EHR systems

See Glossary of Terms for Cerner®.

Millions of Americans Have VHR ASCVD[1] and Are at Higher Risk for Recurrent Cardiovascular (CV) Events,[2] Yet They Are Undertreated According to 2018 AHA/ACC/Multi-Society Guideline[3,4]

Patients With VHR ASCVD Are at Higher Risk for Recurrent CV Events Compared to Non-VHR ASCVD Patients[2]

Among patients with VHR ASCVD, those with multiple major ASCVD events had the highest risk of further ASCVD events[2,*]



The ASCVD event rate was 3 times higher among those who met the definition of VHR in the 2018 ACC/AHA/Multi-Society Guideline than for those who did not meet this definition.[2,*]

~43% of ASCVD patients are considered very high-risk.[5]

*Analysis of 27,775 US adults with a history of ASCVD from the MarketScan database (Truven Health Analytics, IBM Watson Health). A history of ASCVD was defined as a history of myocardial infarction (MI), stable angina, unstable angina; previous coronary artery bypass grafting (CABG) or percutaneous coronary intervention (PCI); ischemic stroke, transient ischemic attack, carotid endarterectomy, carotid, vertebral, or basilar stenting; peripheral artery disease (PAD); artery aneurysm, or endovascular stent graft placement. All available claims prior to January 1, 2016, were used to define very high ASCVD risk. Consistent with the 2018 ACC/AHA blood cholesterol guideline, a very high ASCVD risk was defined as a history of multiple major ASCVD events or 1 major ASCVD event in addition to multiple high-risk conditions.[2]

AMGEN®

The 2018 ACC/AHA/Multi-Society Guideline Recommends Reducing CV Risk by Optimizing LDL-C Management in VHR ASCVD Patients[3]

In patients with VHR ASCVD, the guideline recommends a threshold of LDL-C ≥70 mg/dL. For some patients, non-statin therapies may be needed to achieve this LDL-C level.[3]

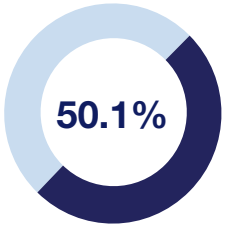
The 2022 ACC Expert Consensus Pathway to Address Gaps in LDL-C Management Lowers LDL-C Thresholds[6]

The 2022 ACC Consensus Pathway recommends a lower LDL-C threshold for ASCVD patients:

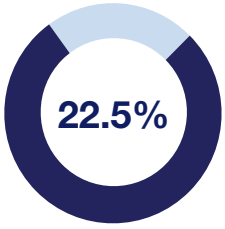
- ≥ 55 mg/dL for adults with ASCVD at very high-risk†
- ≥ 70 mg/dL for adults with ASCVD, not at very high-risk[6]

Though the Relationship Between LDL-C Reduction and CV Risk Management Is Clear for ASCVD Patients, Few Receive Guideline Recommended Treatment[4]

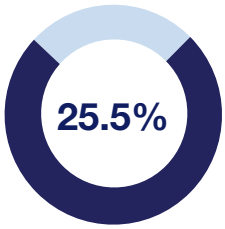
In a retrospective cohort study of pharmacy and medical claims data from a commercial health plan including 601,934 patients with established ASCVD, significant clinical inertia was shown. Statin use on an index date of January 31, 2019 was evaluated:[4]



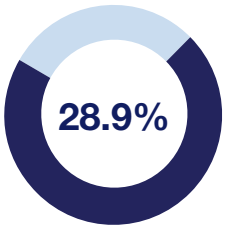
Only **50.1%** of ASCVD patients are prescribed a statin at all



Only **22.5%** are appropriately prescribed a high intensity statin



Only **25.5%** of patients had been tested for LDL-C in the past 12 months



Only **28.9%** of those tested met the current recommended goal of ≤70 mg/dL

†Nonstatin pharmacologic options are considered after optimizing lifestyle, controlling ASCVD risk factors, adhering to guideline-recommended statin therapy (and increasing to high-intensity statin if not already taking), and evaluating for statin intolerance.[6]

EHR Capabilities Can Help Standardize and Simplify Care Which May Help Improve Outcomes for VHR ASCVD Patients Who Are Undertreated

- Clinical Champions can support the implementation of health system-wide EHR functions to help standardize and simplify care for VHR ASCVD patients who have had an MI
- Population health programs using EHRs can successfully identify high-risk ASCVD patients and significantly improve guideline-directed LDL-C control[7]

STANDARDIZE

Use PowerPlans to group standard orders together and help promote consistent care.

PowerPlans help promote consistency of care and efficiency with ordering by allowing healthcare providers to select multiple orders at once.

SIMPLIFY

Use Auto Text and Flowsheets to simplify authorizations and documentation.

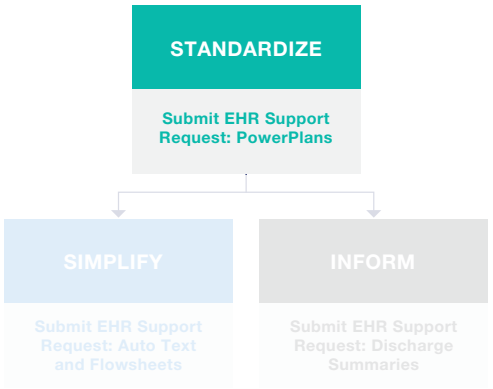
Auto Text includes Phrases, Templates, and Tokens that can be configured to pull-in predetermined content and clinical data and simplify the completion of Chart Notes. PowerPlans may also be used for authorization forms and letters. Flowsheets provide a visual summary of a patient's progress over time.

INFORM

Use Discharge Summaries to share clinical and educational information for follow-up care.

It is important to share clinical information and medical history of the patient's hospital stay with their primary care provider. Discharge Summaries can include follow-up care instructions and patient education materials.

Role of PowerPlans



PowerPlans

A PowerPlan provides a list of common orders grouped together for easy selection, usually listed by diagnosis in the EHR. PowerPlans enable healthcare providers to select multiple orders at the same time and help promote consistency of care and efficiency with ordering.

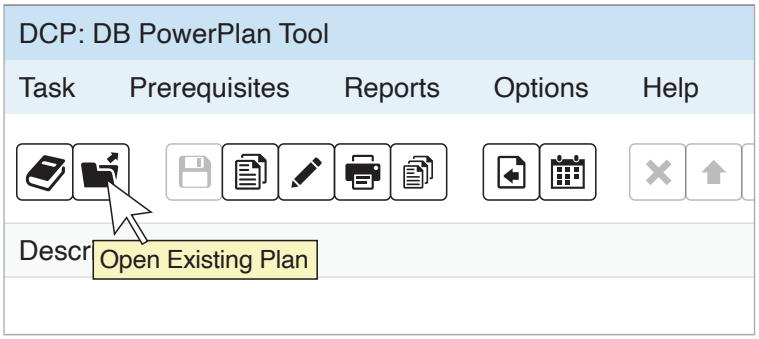
Cerner® enables the practice to build PowerPlans of frequently written groups of orders for easier selection. PowerPlans can be based on published treatment protocols and enable consistency of care and efficiency of ordering.

If the practice has existing PowerPlans, it may be efficient to modify an existing PowerPlan to include new therapies. If the practice does not have existing PowerPlans, a new PowerPlan can be created.

Updating existing PowerPlans or adding new PowerPlans is typically managed by the Health System EHR Support Team using an established process for requesting, approving, and implementing EHR changes. Clinical decision makers, along with their EHR Support team determine what categories, as well as, what specific items are included in the PowerPlans used by the health system.

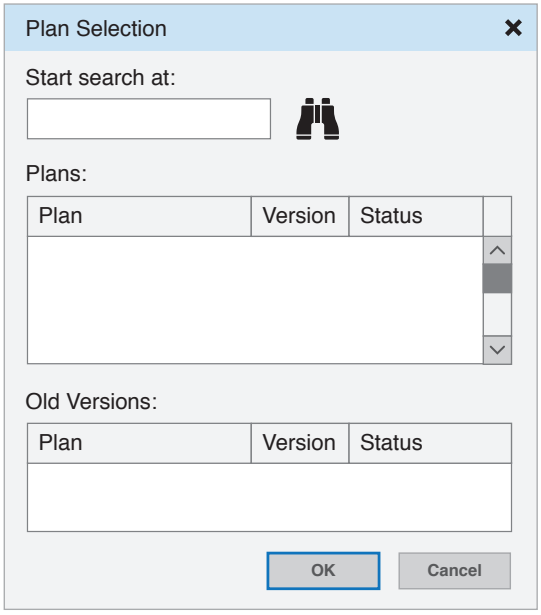
Adding Orders to an Existing PowerPlan

1. From the DCP Tool, launch the PowerPlan Tool. Select **Open Existing Plan**.



Example of the PowerPlan Toolbar.

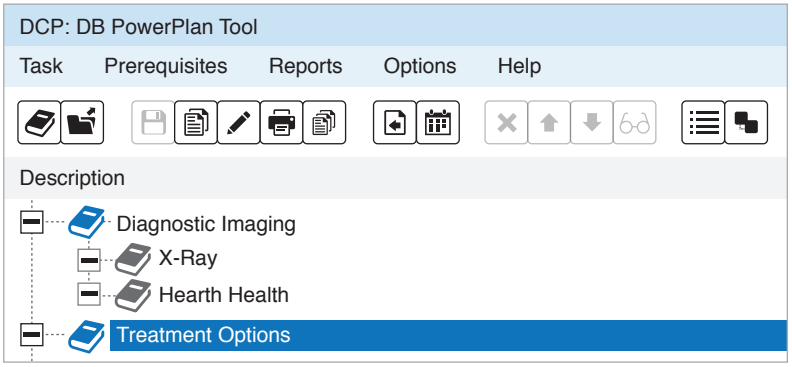
2. From the **Plan Selection** window, select the appropriate **Plan**.



Example of searching for a PowerPlan.

3. Select **OK**.

4. If the PowerPlan has multiple phases, from the Description column, select the phase.



Example of multiple phase selection.

5. Select the **Order** tab in the lower-right section of the main window.

6. Enter text into the **Start Search At** box and click the **Find** button to search for orderable items. *(See Appendix A for examples of appropriate Orderable Items.)*

7. Filter by types (Mnemonic, Catalog, or Activity) as desired to narrow your search.

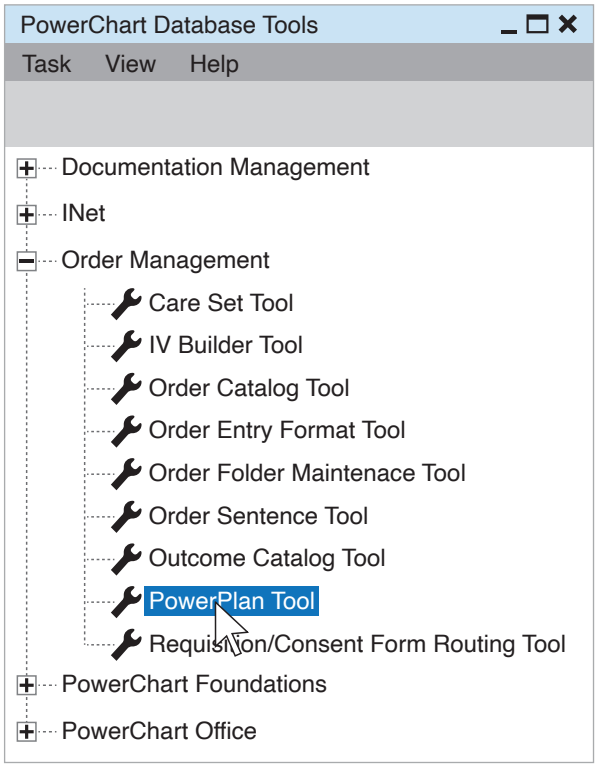
8. Select the item or items in the **Synonym** box you want to add to the PowerPlan. Click the right arrow to add the selected orderable item(s) to the **Current List**. To remove an item from the list, select it and click the **X**.

   Note: Once the order component is added to the Current List, the default clinical category is displayed. Select a different clinical category from the list to display the orderable item in a category other than the default.

9. When an orderable item is selected in the **Current List** box, the Subcategory column becomes active. Select a subcategory from the list.
10. Enter appropriate details for the item selected.
11. Select **Add** to add the items in the **Current List** to the plan. The component is displayed in the **Description** column.
12. Select **Save**.

Creating a New PowerPlan

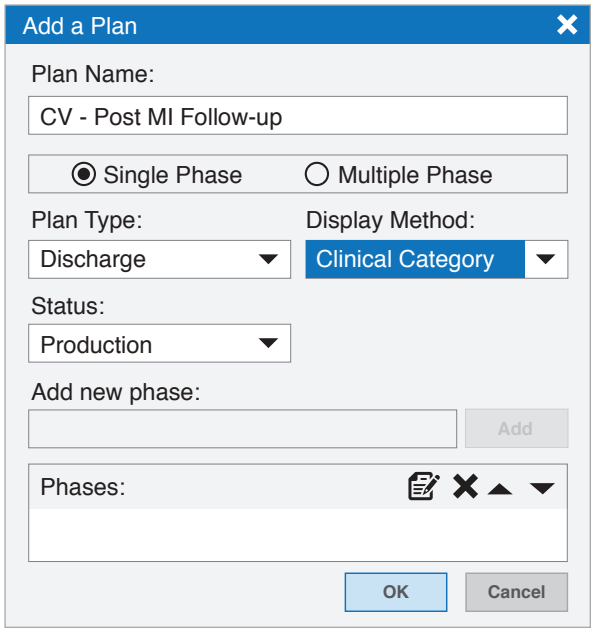
1. From the DCP Tool, launch the PowerPlan Tool.



Example of PowerPlan selection.

2. Select **New Plan**.
3. In the **Add a Plan** window, enter **Plan Name**, and select either Single Phase or Multiple phase option as appropriate.
4. Select **Plan Type** and **Display Method**.

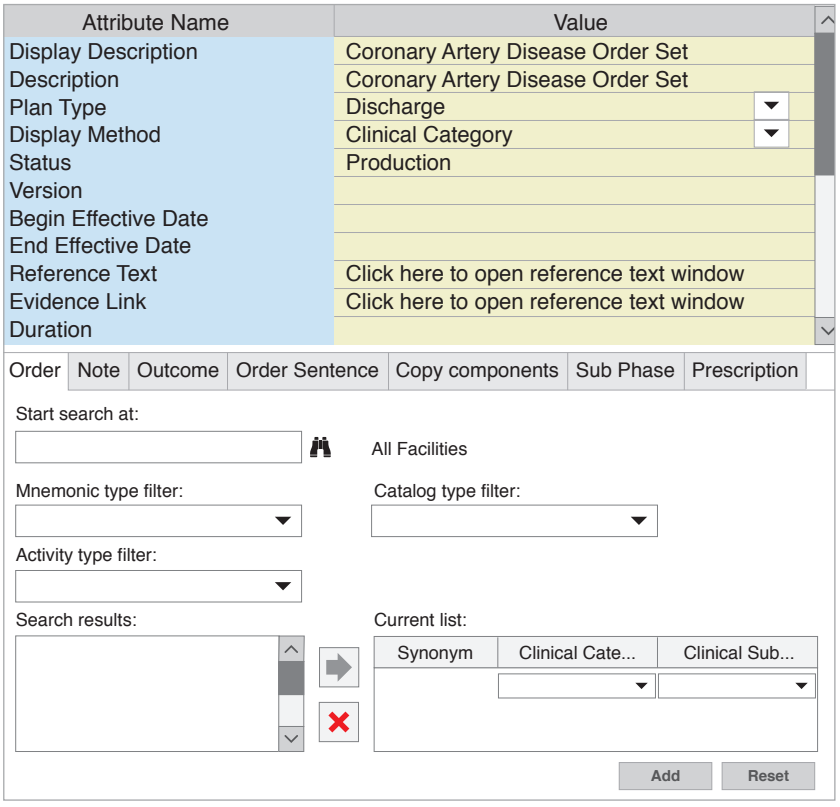
5. If the Multiple Phase option is chosen, select **Add Phases**. Then add Phase names and rearrange using the up/down arrows.
6. Select **OK**.



Example of entering new PowerPlan settings.

Add Orders to the PowerPlan

1. In a single phase PowerPlan, select the Order tab to begin adding orders. For a PowerPlan with multiple phases, select the phase to which the item(s) belong.
2. Select the **Order** tab in the lower-right section of the main window.
3. Enter text into the **Start Search At** box and click the **Find** button to search for orderable items. *(See Appendix A for examples of appropriate Orderable Items.)*
4. Filter by types (Mnemonic, Catalog, or Activity) as desired to narrow your search.

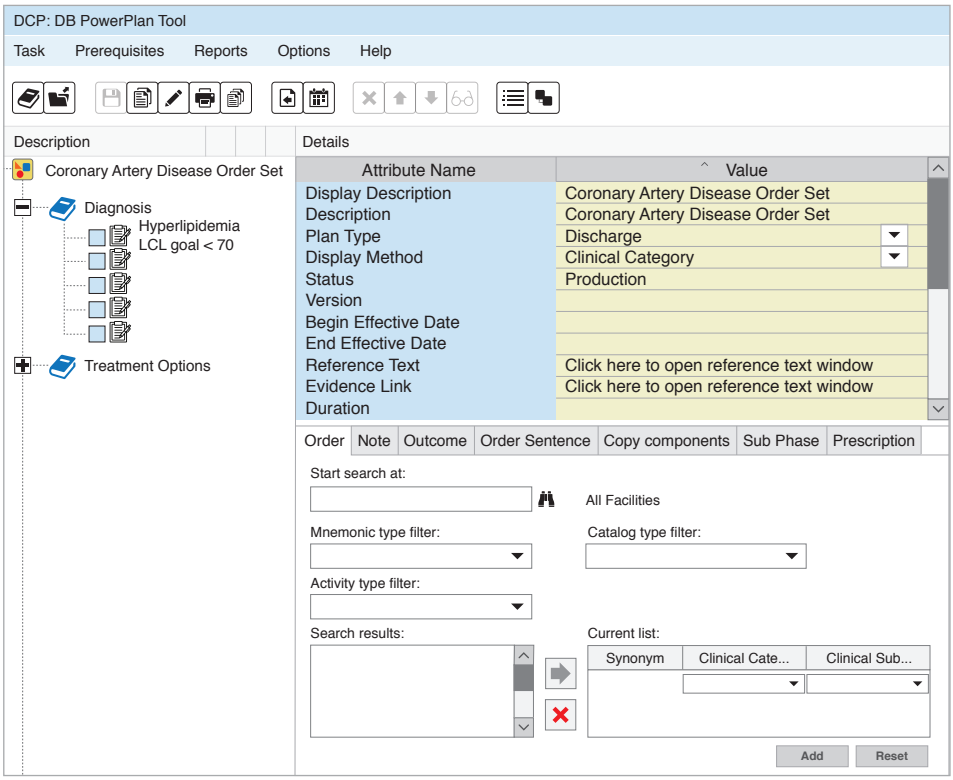


Example of selecting orderable items and setting values.

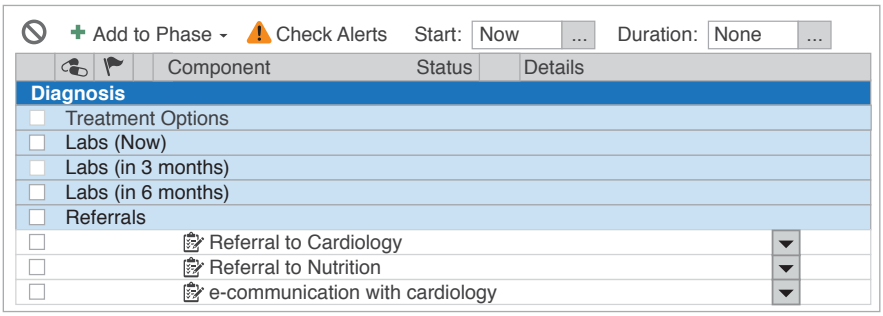
5. Select the item or items in the **Search Results** box you want to add to the PowerPlan. Click the right arrow to add the selected orderable item(s) to the **Current List**. To remove an item from the list, select it and click the **X**.

   Note: Once the order component is added to the Current List, the default clinical category is displayed. Select a different clinical category from the list to display the orderable item in a category other than the default.

6. When an orderable item is selected in the **Current List** box, the Subcategory column becomes active. Select a subcategory from the list.



Example of a PowerPlan in the PowerPlan Tool.

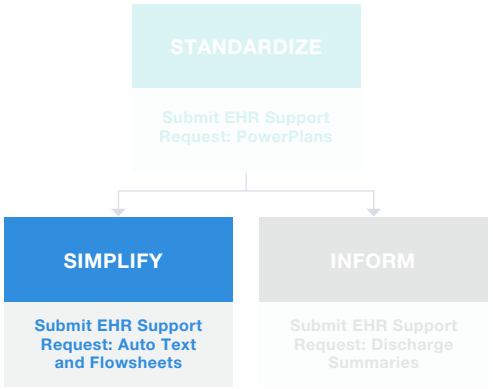


Example of a PowerPlan in the Provider Workflow.

7. Select **Add** to add the items in the **Current List** to the plan. The component is displayed in the **Description** column.

8. Select **Save**.

Use of Auto Text



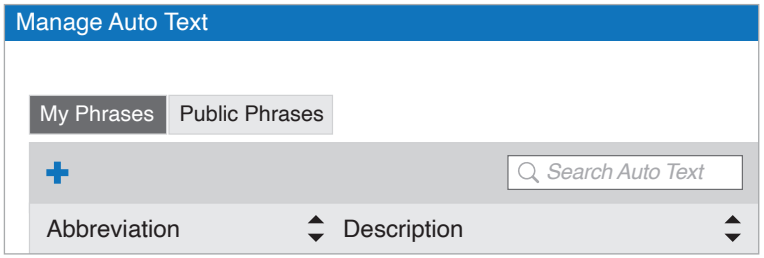
This guide outlines how to use sharable Auto Text phrases, Templates, and Tokens to enhance visit documentation or to create letters. The criteria can be changed to align with the healthcare organization's guidelines. These items can be used and viewed from both PowerChart and Dynamic Documents.

Adding text quickly can be done using Auto Text phrases, Templates, and Tokens. Auto Text phrases are commonly referred to as 'quick text' or 'dot phrase.' These phrases can be saved in real time by a user. Healthcare professionals can also use a personal phrase or share it with others. Auto Text is used in Notes and free-text boxes. Some templates or tokens (data points) can be added with Auto Text.

Templates (both Standard and Smart) populate documentation with more significant amounts of text. Standard Templates can be associated with specific progress note types. Smart Templates can be built to include detailed chart data using Cerner Command Language (CCL). Smart Templates can allow the provider to select options from dropdown lists.

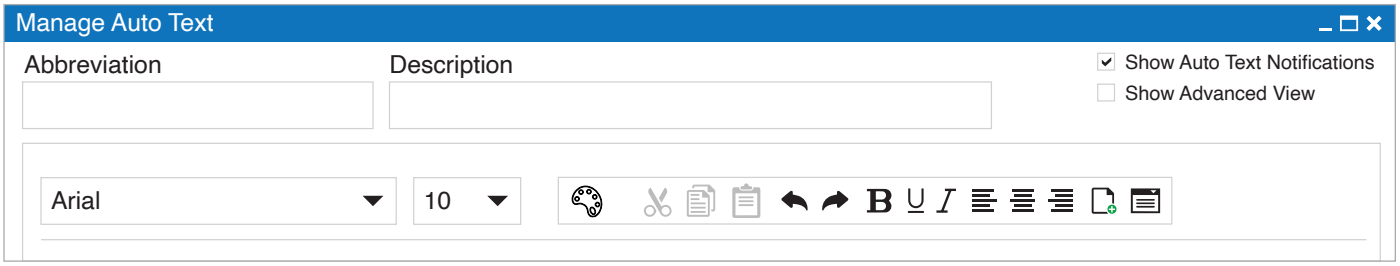
Create Auto Text Phrases for Visit Notes

1. From a free text area, click the mouse to set focus within the textbox. Select the **Manage Auto Text** icon from the toolbar.
2. In the **Manage Auto Text** window from the **My Phrases** tab, select the **Add New Phrase** + (Plus) icon.



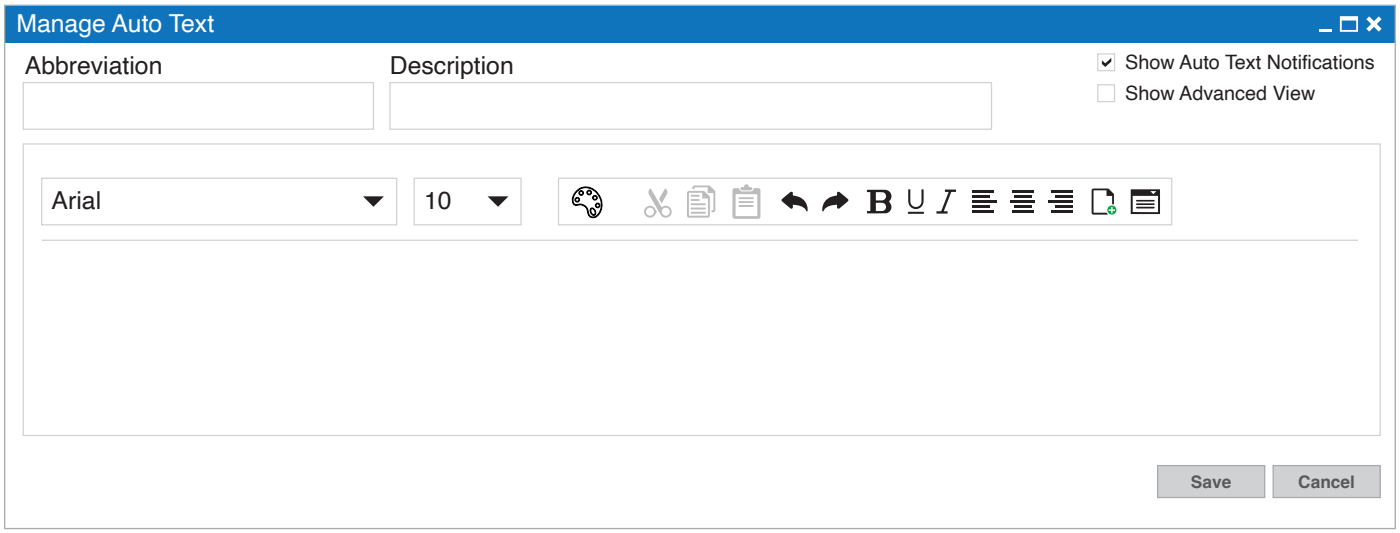
Example of Manage Auto Text.

1. Enter an abbreviation that starts with a special character. This example will use a (.) period. For example, **.NewPhrase**.
2. Enter a description to identify how the phrase will be used.



Example of creating a new Auto Text phrase.

5. In the textbox, build the Auto Text phrase by entering boilerplate text as appropriate.

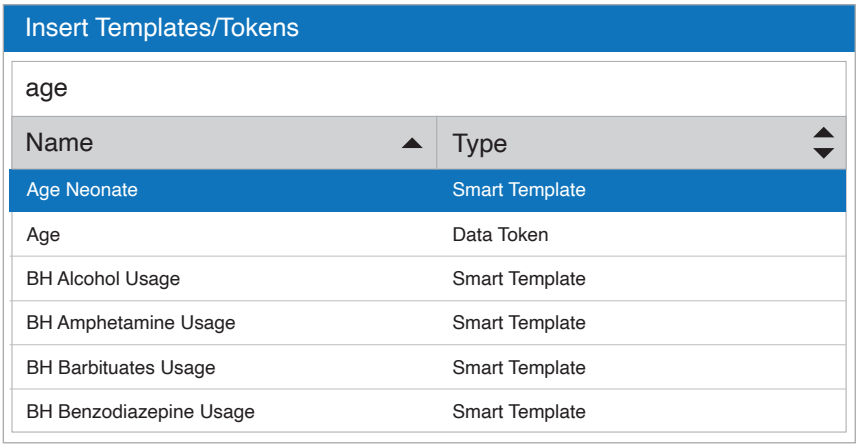


Example of the full Auto Text.

6. To include data from the patient chart in the Auto Text phrase, select the **Insert Templates/Tokens** icon from the toolbar.

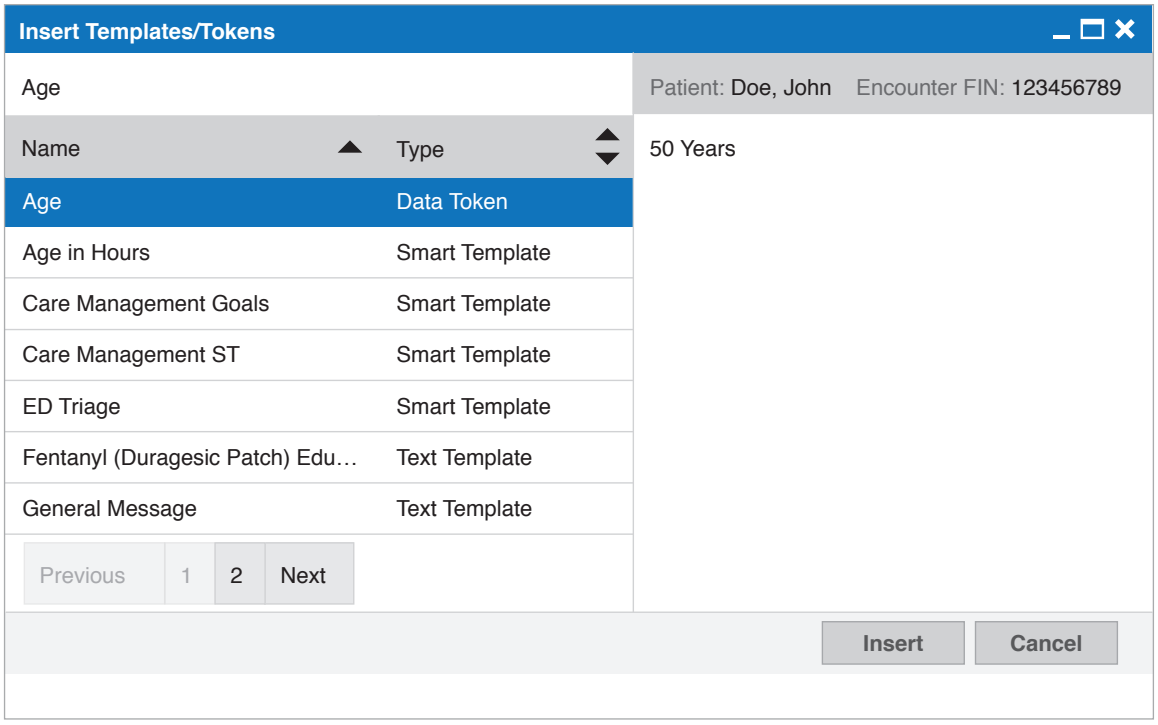
Example of the Manage Auto Text toolbar.

7. From **Insert Templates/Tokens**, search for the desired item. Appropriate Tokens, Templates, and Smart Templates are included in the search.



Example of the Templates/Token search.

8. Select the desired option. If the data exist in the chart in use for creating the Auto Text phrase, an example of the item will display.

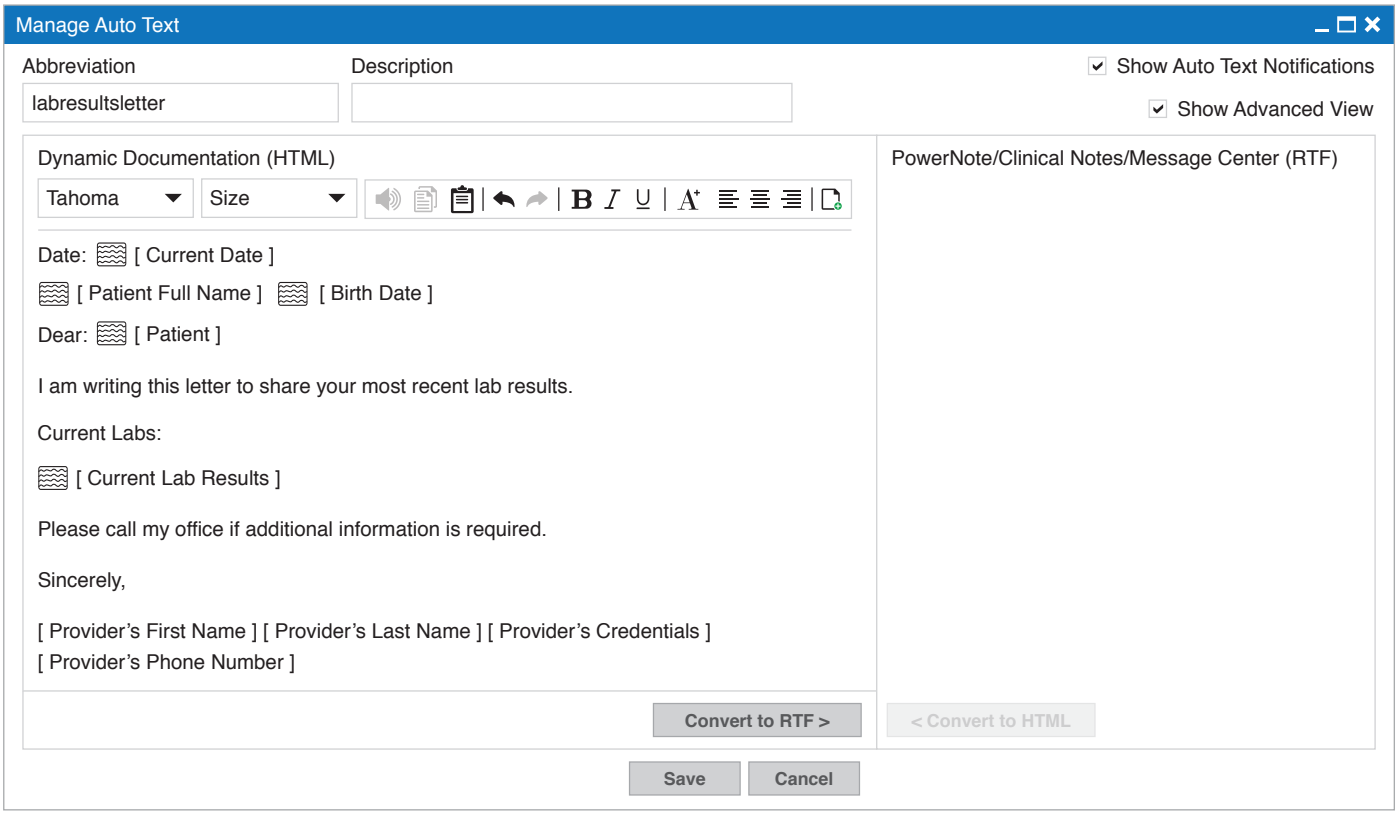


Example of the preview of a selected Data Token.

9. Select **Insert**.

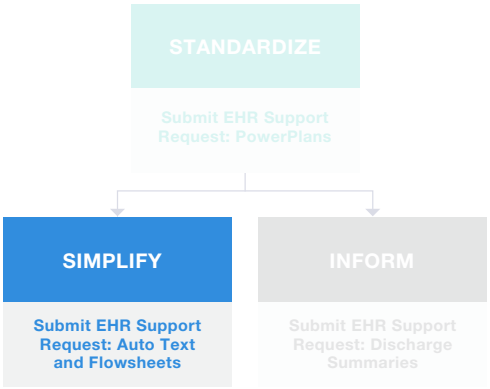
10. Check the **Show Advanced View** to determine how the phrase will appear when used in both PowerChart and Dynamic Documentation views.

11. Select **Save** to complete the phrase.



Example of Auto Text with Smart Templates.

Role of the Results Review Flowsheet Event Set



Build Considerations:

- The analyst must have access to coreeventmanager.exe and have a general understanding of how the Event Set Hierarchy works
- It should be noted that this tool stores and organizes all clinical events for a given domain, and any changes can have significant user impacts
- Additionally, the analyst will need access to privmaint.exe, prefmaint.exe, taskaccess.exe, and a general understanding of each
- The instructions listed are for Oracle Cerner. While these instructions have been tested, they are not guaranteed to work for all available versions
- Capabilities vary based on each individual EHR system

Note: The Core Event Manager stores and organizes all clinical events for a given domain and any changes can have significant user impacts and domain implications. The analyst creating a flowsheet(s) should understand the Event Set Hierarchy (ESH) and how it operates. Additionally, the analyst will need access to and understanding of the Privilege Maintenance Tool (privmaint.exe), the Preference Maintenance Tool (prefmaint.exe), and the Task Access tool (taskaccess.exe).

Step 1: Building a Clinical Event Set Structure

***Considerations**: The All Results Section contains event sets that are displayed in the All Results Flowsheet. No duplicate event sets are permitted under the All Results Sections. The All Results Flowsheet is the default flowsheet view for results.*

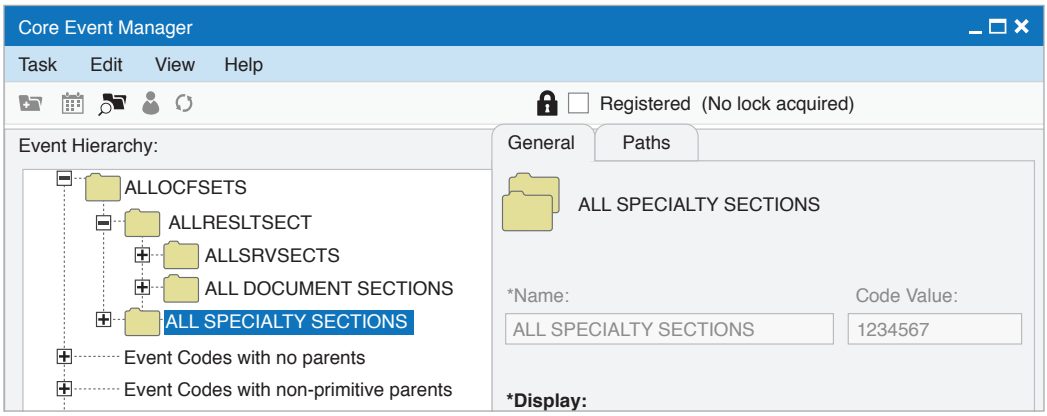
The All Specialty Sections node contains event set codes that are sorted into specialty groupings. Each grouping has its own custom flowsheet. Event sets can be duplicated on this side. Event sets and event codes built under this node should also be built on the All Results side.

Step 1A: Creating the New Event Set

To create a new Event Set ("LDL and Medications Flowsheet") within the **All Specialty Sections** hierarchy: Access the **Core Event Manager** (coreeventmanager.exe).

coreeventmanager

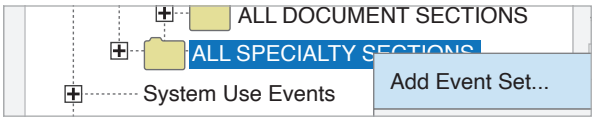
1. Check **Registered** to lock out the Event Set Hierarchy (ESH).



Example of the Core Event Manager.

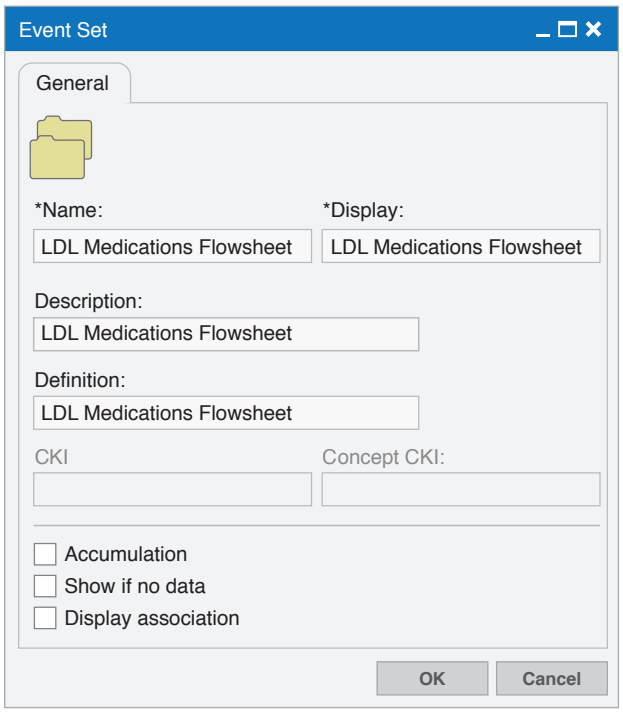
Note: Saving a local copy of the ESH prior to making changes is recommended.

1. Right-click on the **All Specialty Sections** folder to create a unique **Event Set View**. Select **Add Event Set**.



Example of the Add Event Set context menu.

4. In the Event Set window enter the desired **Flowsheet Name**, **Display, Name**, **Description**, and Definition; for example, "LDL and Medications Flowsheet." Select **OK**.



Example of the creating a new Event Set window.

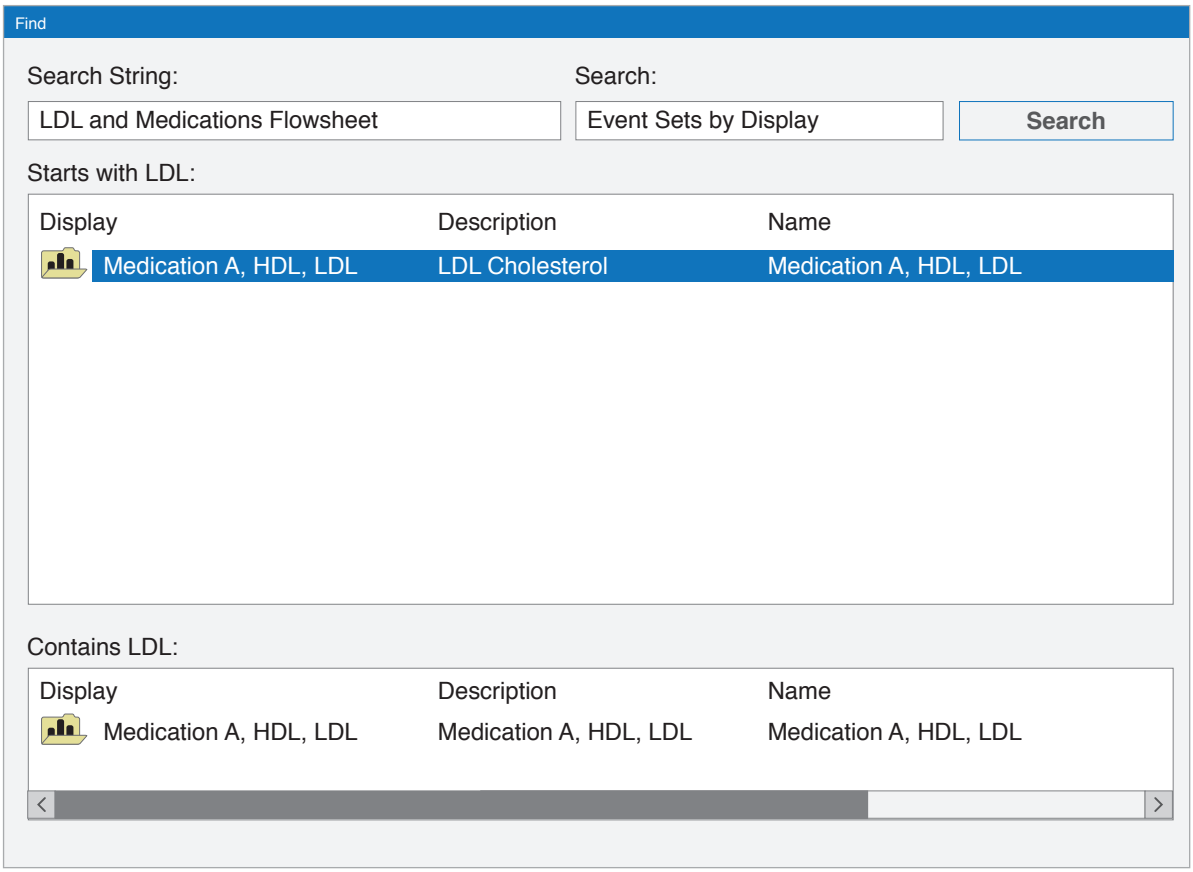
Step 1B: Copying Event Sets From the All Results Section

To copy existing Event Sets from the All Results Section of the ESH to the newly created Event Set ("LDL and Medications Flowsheet") within the **All Specialty Sections** hierarchy:

1. Select the Search Icon.

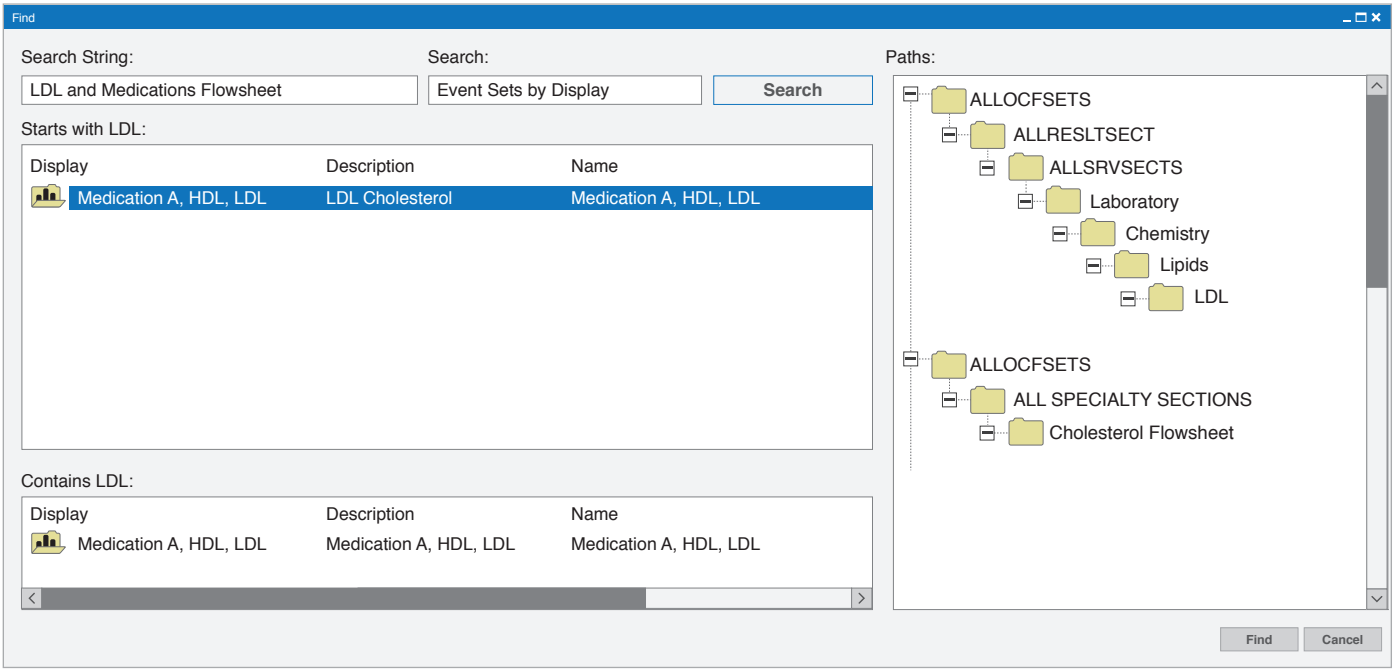
Example of the Core Event Manager.

2. In **Search String**, enter the name of the desired event set, for example, **LDL**, and select **Search**.



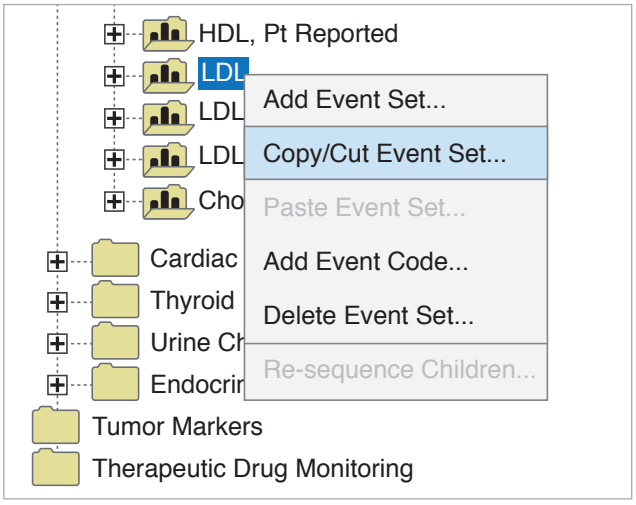
Example of search for an Event Set.

1. Highlight the desired result and select **Find**. Selecting **Find** navigates to the chosen **Event Set** within the **ALLRESLTSECT**.



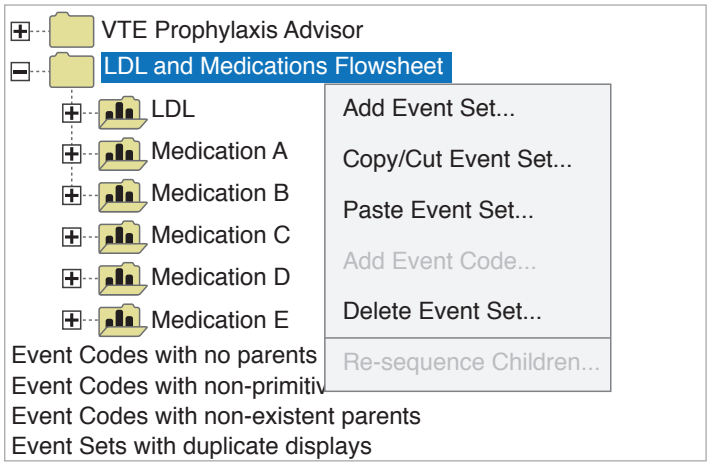
Example of Search and Paths Panes.

4. Right-click and choose **Copy/Cut Event Set**.

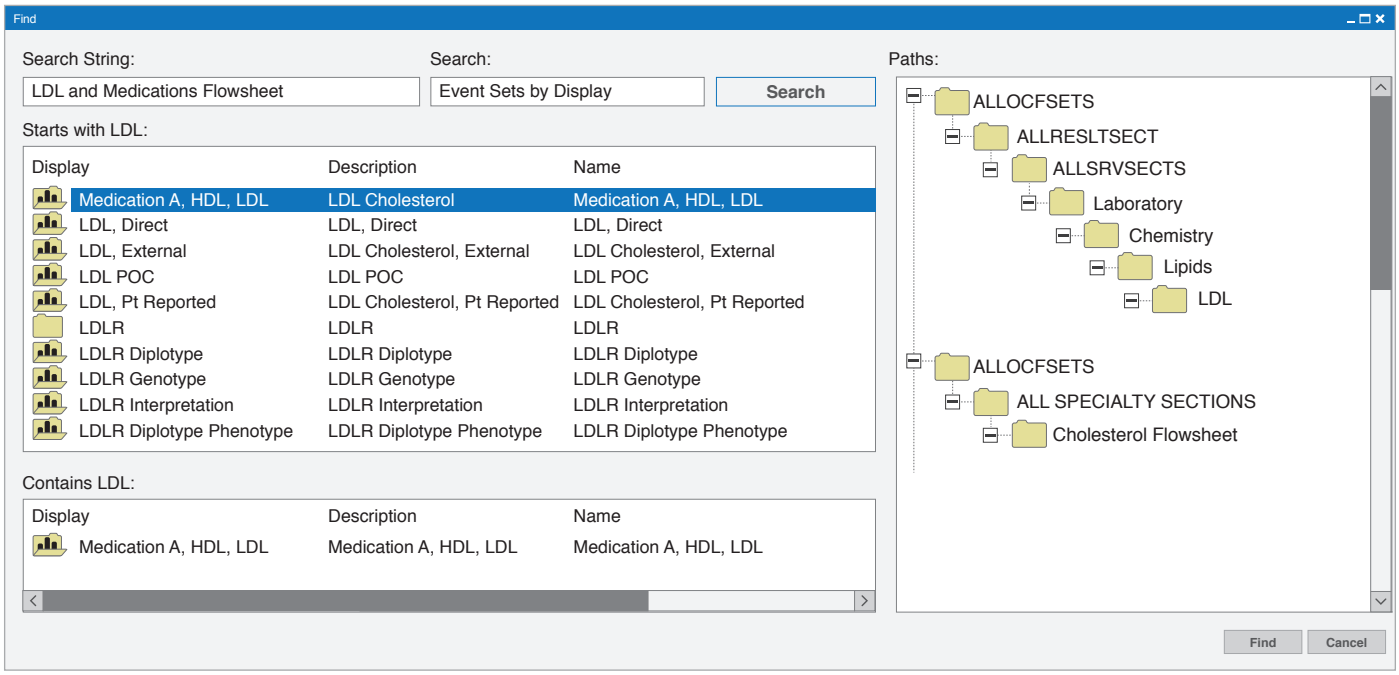


Example of the Event Set context menu.

5. Navigate to the newly created Event Set *"LDL and Medications Flowsheet."* Right-click to display the context menu, and choose **Paste Event Set**…

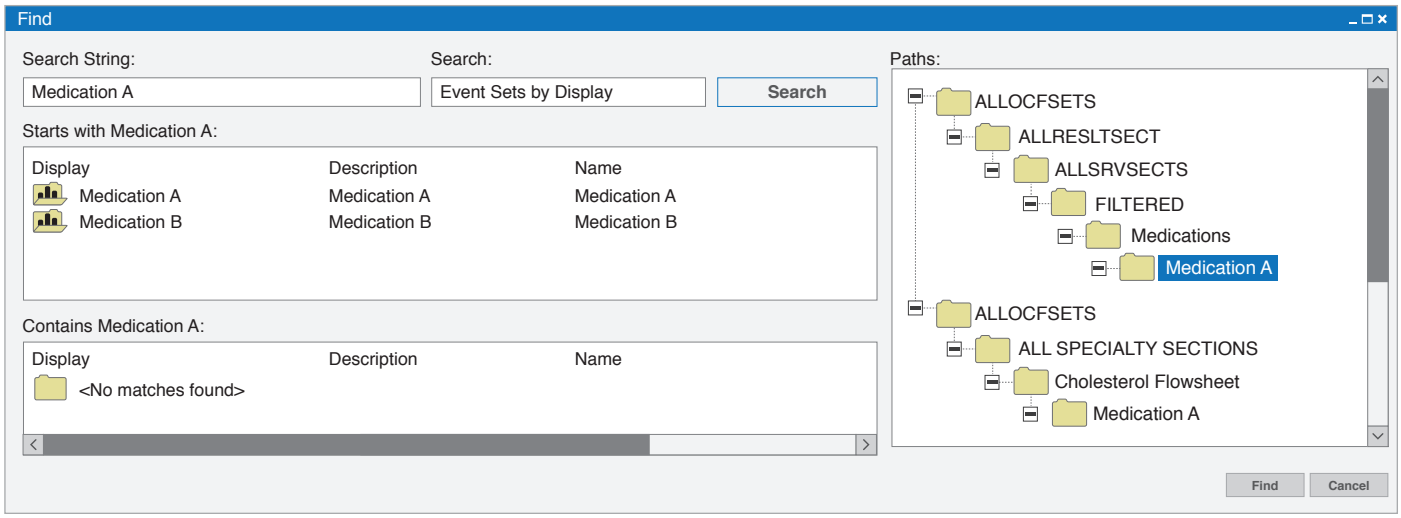


Example of the Paste Event Set menu.



Example of the Event Set pasted into the new Flowsheet.

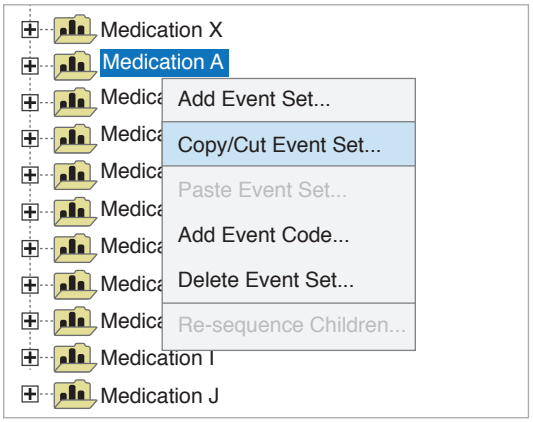
6. From the **Find** window, search for a medication, for example, “Medication A.”



Example of the Medication hierarchy.

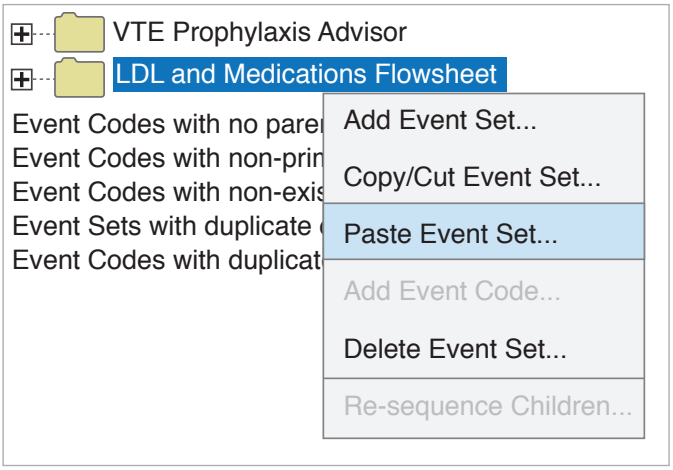
Note: All the medications can be found within the ESH, All Results Section in the Medications folder. Based on Multum content storage, these medications will be generic.

7. Select **Find**, Right-click “Medication A” and choose “**Cut/Copy Event Set**”



Example of the Cut/Copy Event Set.

8. Navigate to the new *“LDL and Medications Flowsheet”* Event Set. Right-click and choose **Paste Event Set**…



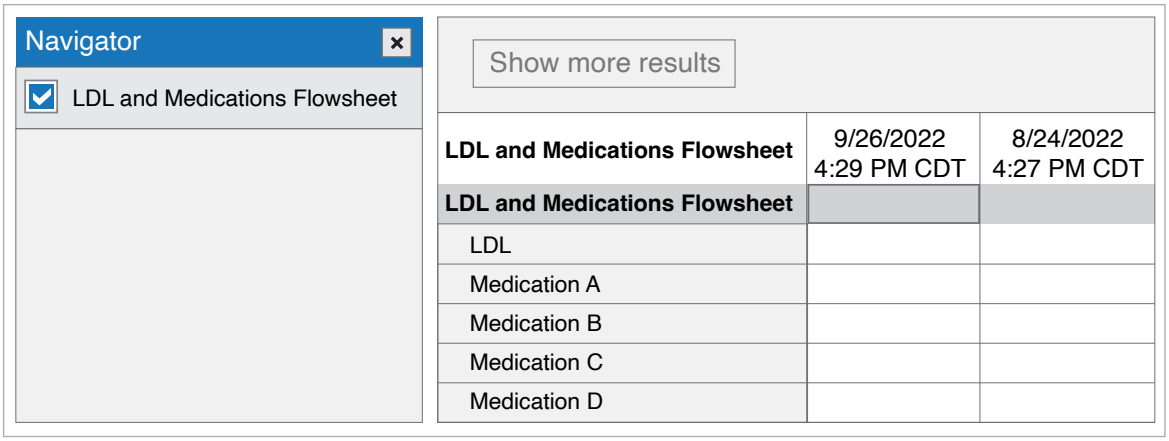
Example of the Paste Event Set.

9. Repeat step 6-8 for all desired Event Sets.

10. Once all desired Events have been copied to the new Custom Flowsheet, un-Register the Event Set Hierarchy and Cycle the flowing servers:

- Cycle-entry 80
- Cycle-entry 102
- Cycle-entry 103
- Cycle-entry 106
- Cycle-entry 112
- Cycle-entry 120
- Cycle-entry 121
- Cycle-entry 200
- Cycle-entry 205
- Cycle-entry 209
- Cycle-entry 250
- Cycle-entry 352

11. After cycling servers and if the patient in context has had those items resulted, this is what the newly created flowsheet will look like:



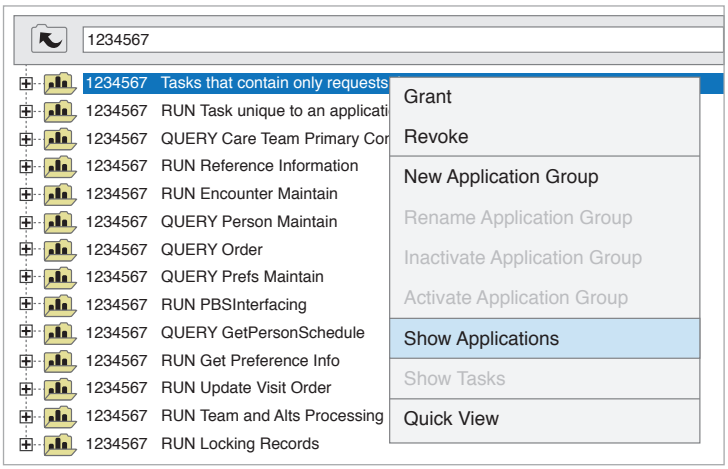
LDL and Medications Flowsheet	9/26/2022 4:29 PM CDT	8/24/2022 4:27 PM CDT
LDL and Medications Flowsheet		
LDL		
Medication A		
Medication B		
Medication C		
Medication D		

Example of the new Flowsheet.

STEP 2: Reviewing Tasks to Application Group Associations

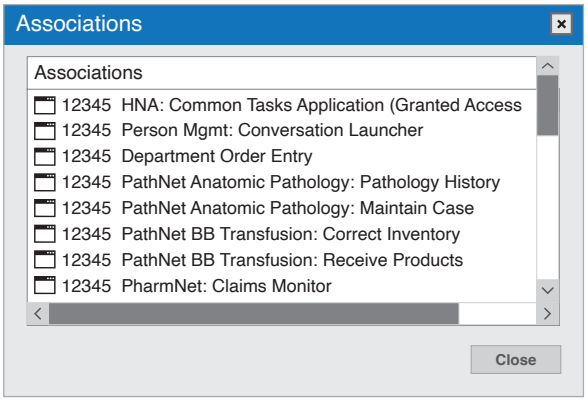
***Considerations**: If the Results Review is already associated with the Position, then these tasks may already be available to an Application Group that is also associated with the Position.*

1. For each of the tasks below, review the associated applications. **Show Application**.
   - 3202004 (Tasks that contain only requests that read or query data)
   - 600015 (QUERY dcp default flowsheet)
   - 600107 (QUERY Powerchart – Clinical Event Query)
   - 600105 (CareNet: misc group)



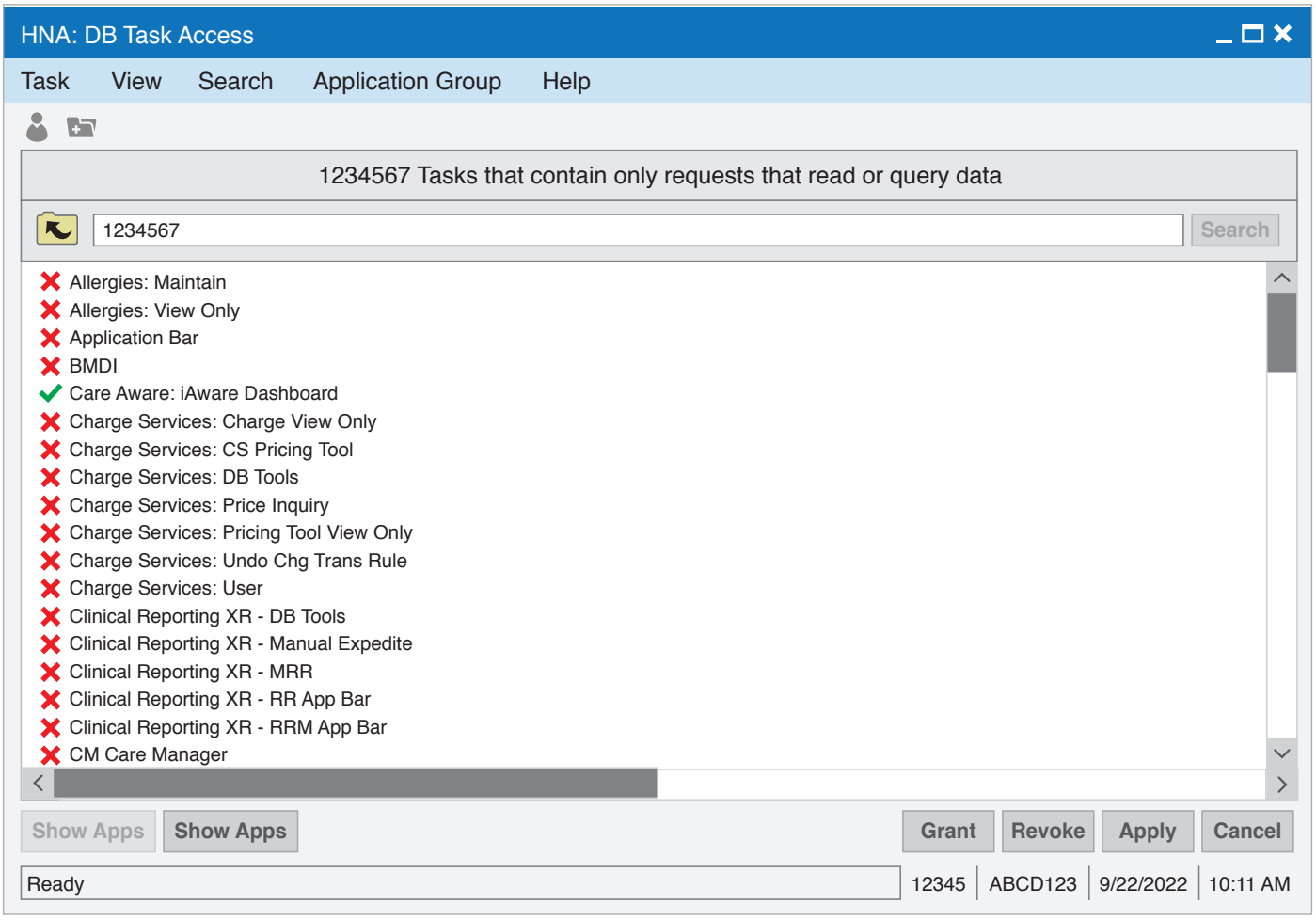
Example of viewing Task/Application associations.

2. Cross-reference the list of task Application Groups with the Application Groups associated with the Position.



Example of the Associations list.

3. To associate a non-associated task with an existing Application Group, select the task in the **Associations list**. Select the appropriate group from the list. Choose **Grant**, then **Apply**.



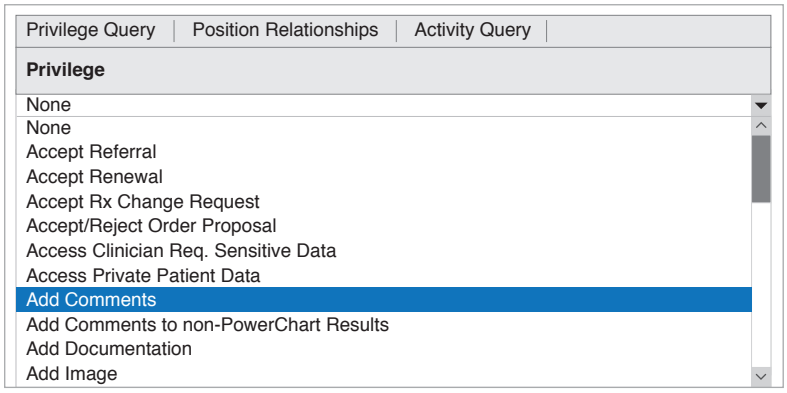
Example of associating a task with an application group.

STEP 3: Review Applicable Privileges

***Consideration**: If the Results Review is already associated with the Position, then these Privileges may already be granted.*

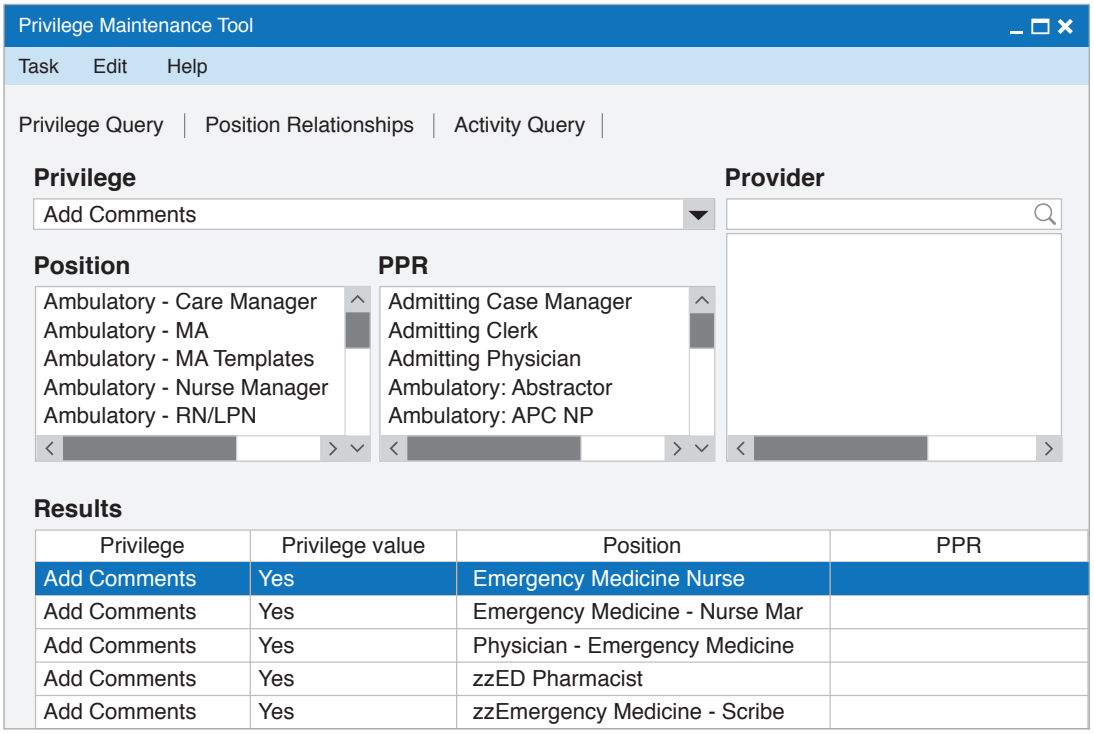
Refer to Appendix B for the List of Privileges for review.

1. Using the **Privilege Maintenance Tool**, review the privileges for each position. For example, select "**Add Comments**."



Example of Privilege Maintenance Query tab.

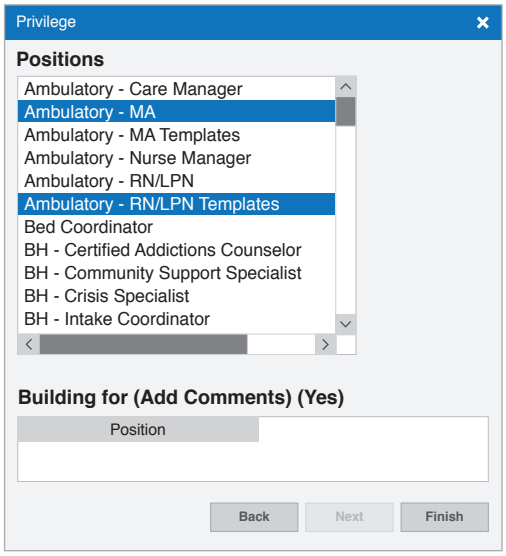
2. Select **Show Privileges** button to view existing Privileges.
3. Cross-reference the position(s) in this list with the position(s) in the new flowsheet.



Example of viewing by Privileges.

4. If the privilege is not granted in the new flowsheet, select the **Add Privilege** button. Select privilege **Value** (Yes) and **Context** (Position).

5. Select **Next**. Select position(s) to which the Privilege should be granted, then select **Finish**.

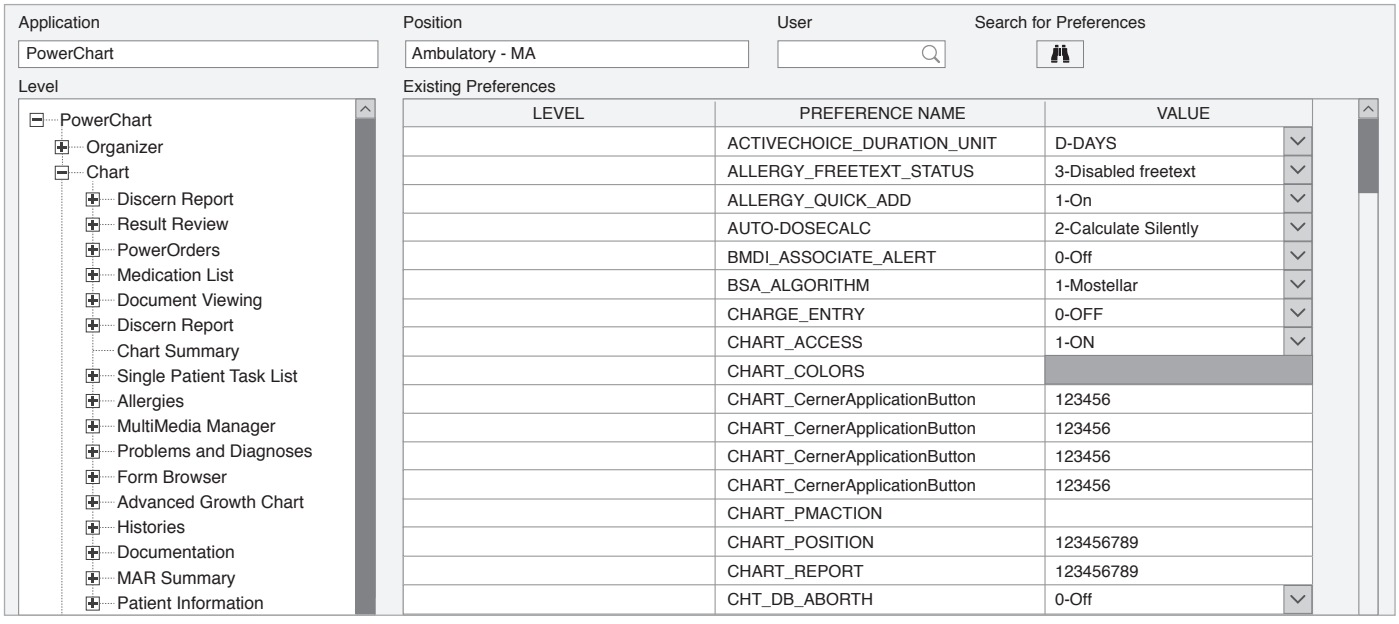


Example of multi-selected positions being added.

STEP 4: Review Applicable Preferences

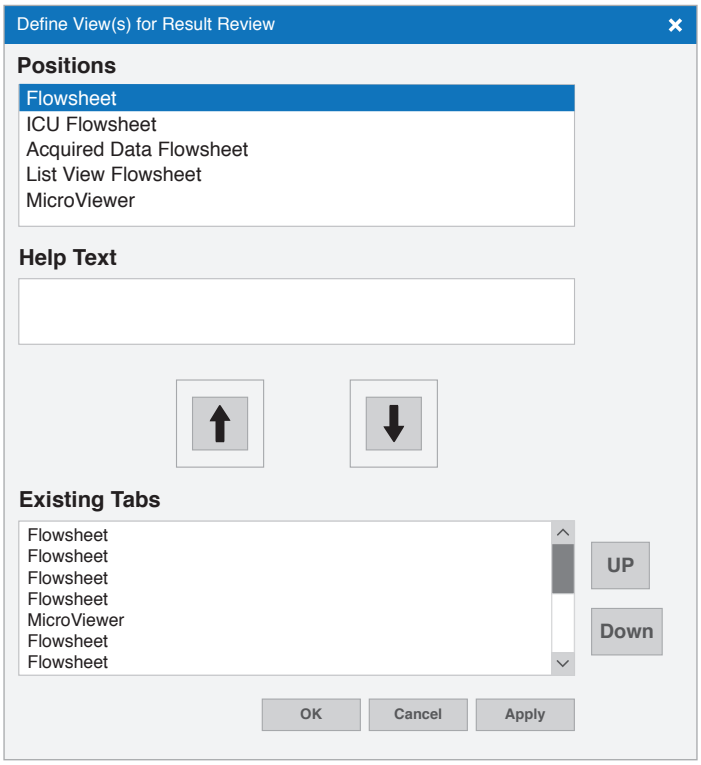
***Considerations**: Preferences may already exist for the Positions being configured. If the Results Review is already associated with Position(s), these Preferences may be already granted or can be copied from a current custom flowsheet.*

1. Access the Preference Maintenance tool. Locate **Results Review**. Right-click and select **Add Tab**.



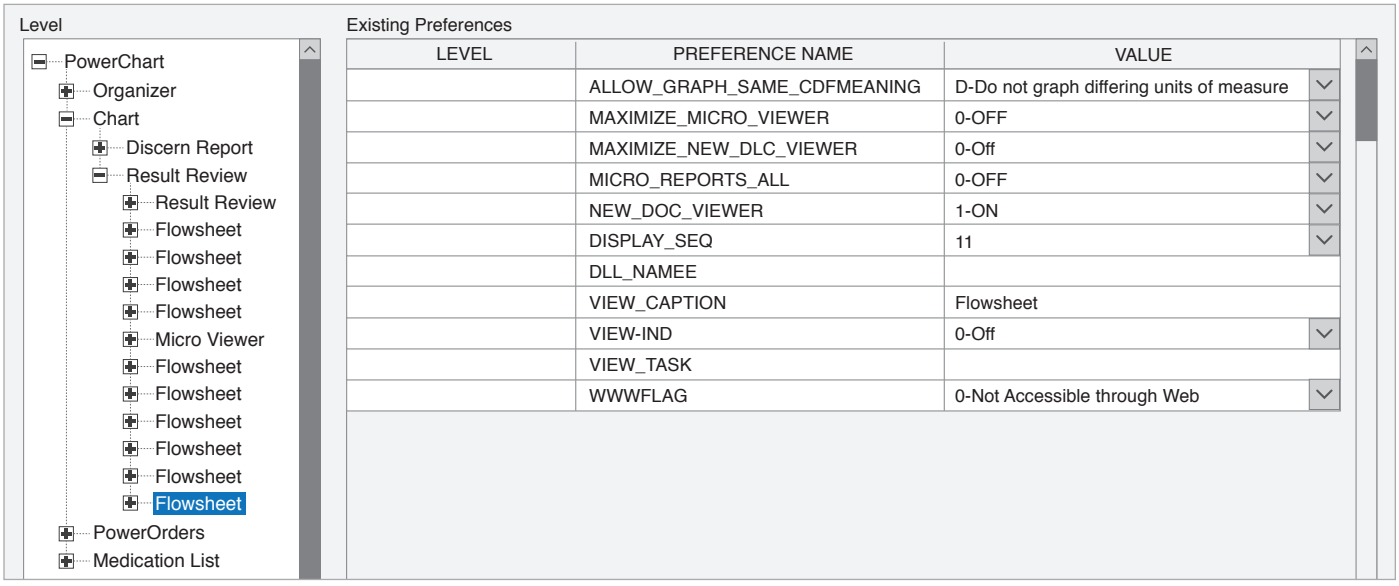
Example of reviewing the Preferences for appropriate positions.

2. Define the new Tab view as a Flowsheet.



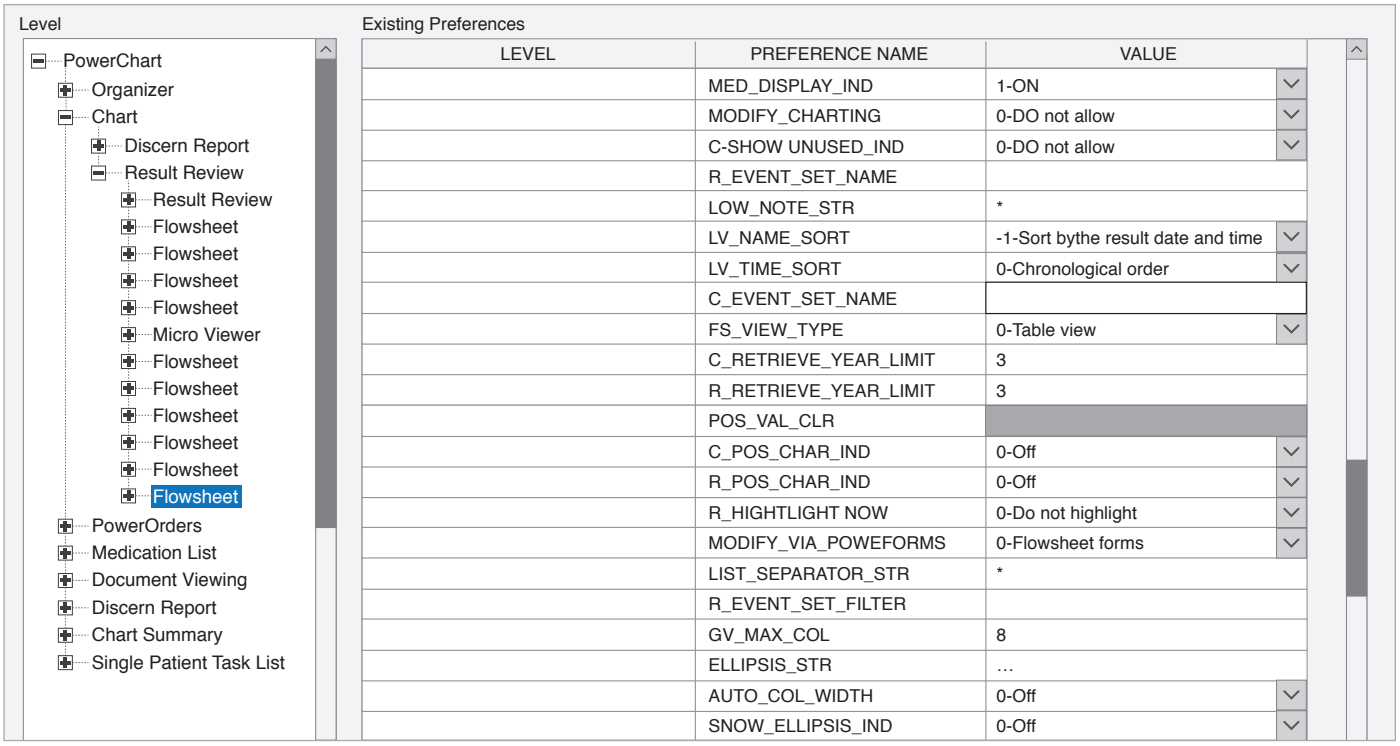
Example of defining the new Flowsheet view.

3. Select the new Flowsheet (from the bottom of the list). Edit the **View_Caption** preference value to the desired display name of the flowsheet, for example, *"LDL and Medications Flowsheet."*



Example of selecting the Flowsheet.

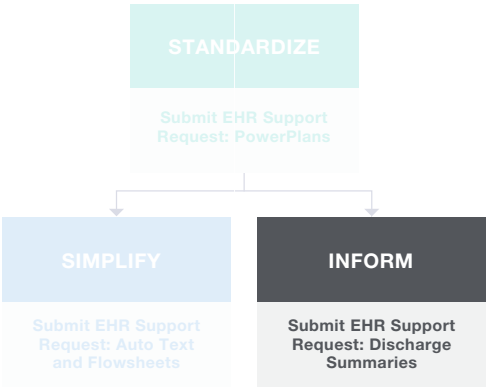
4. Expand the new Flowsheet, then select the **Key** level to view predefined preferences. Define the C_EVENT_SET_NAME preference as the Event Set Name built in Step 1. Review the preferences as needed.



Example of adding the new Flowsheet as a preference.

Note: Repeat as needed for all positions requiring access to the new flowsheet.

Role of Discharge Summaries



Discharge summaries provide the patient with important information from the hospital care team. The report often includes clinical information about what occurred during the hospital stay, follow-up care instructions, and patient education materials.

Using discharge summaries can help engage the patient by communicating the need for follow-up care and by providing educational information about their condition and instructions for at-home care.

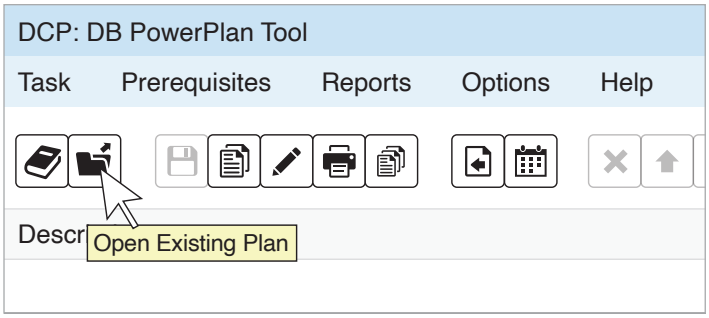
Base Criteria

This section of the guide outlines adding orders to the Discharge Summary. The criteria can be changed to align with the healthcare organization's cardiovascular guidelines.

All interactions and orders during the duration of the stay are included in the Discharge Summary. Orders appropriate for discharge are added to the Discharge PowerPlan. Orders issued at the time of discharge are automatically included in the Discharge Summary whether ordered on the fly or as part of the Discharge PowerPlan.

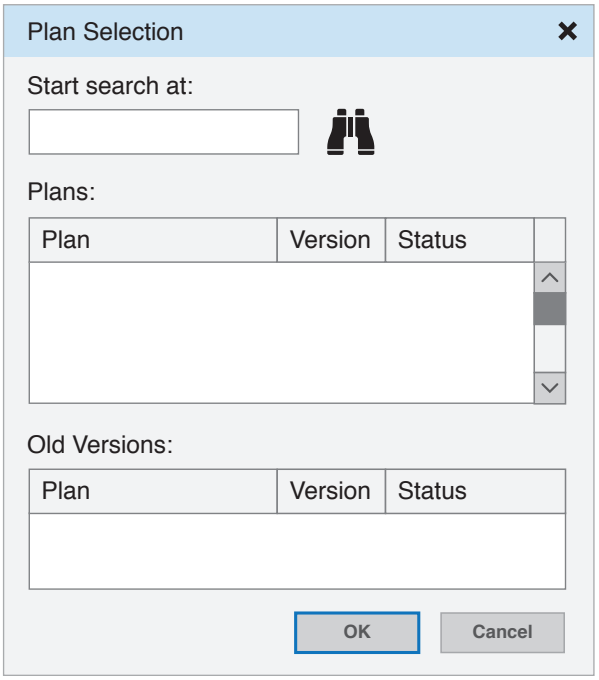
Adding Orders to an Existing PowerPlan

1. From the **DCP Tool**, launch the **DB PowerPlan Tool**. Select **Open Existing Plan**.



Example of the PowerPlan Tool.

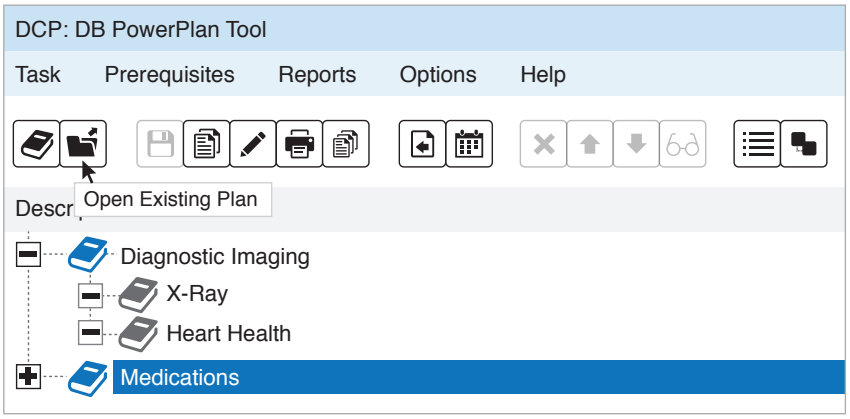
2. From the **Plan Selection** window, search for and select the appropriate discharge plan.



Example of a PowerPlan search.

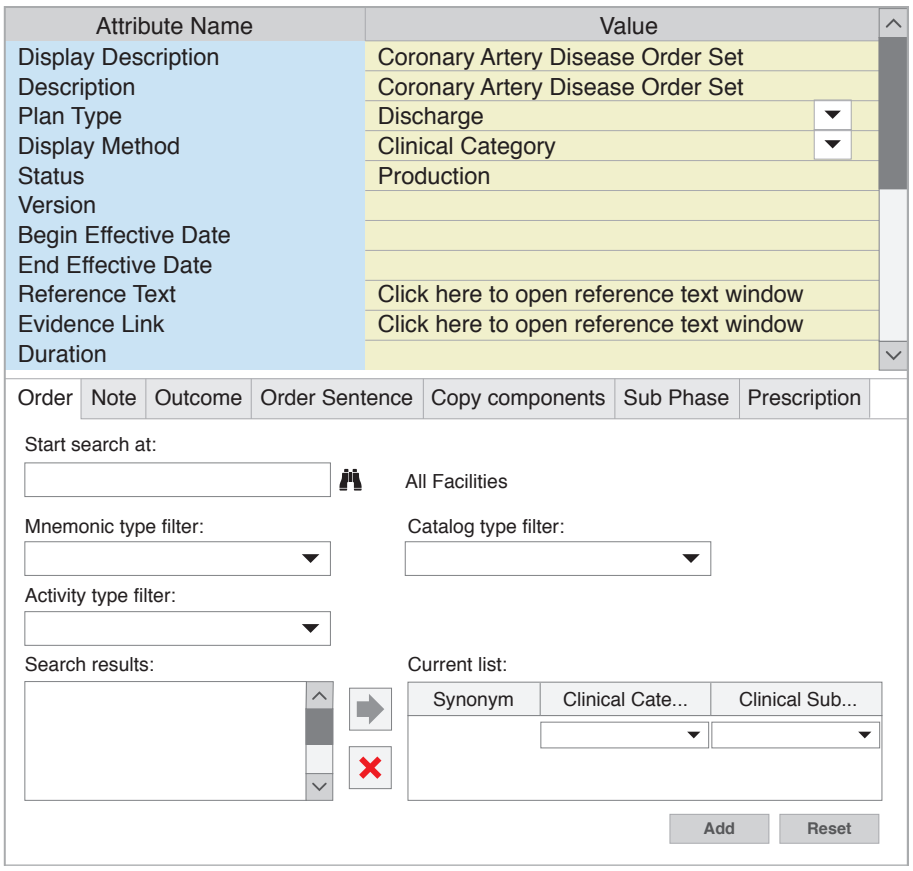
3. Select **OK**.

4. Select the appropriate phrase from the **Description** column if the PowerPlan has multiple phases.



Example of multiple phase selection.

5. Select the **Order** tab in the lower-left section of the main window.



Example of selecting orderable items and setting values.

6. Enter text into the **Start Search At** box and click the **Find** button to search for orderable items. *(See Appendix A for examples of appropriate Orderable Items.)*

7. Filter by types (**Mnemonic**, **Catalog**, or **Activity**) as desired to narrow your search.

8. Select the item or items in the **Synonym** box you want to add to the PowerPlan. Click the right arrow to add the selected orderable item(s) to the **Current List**. To remove an item from the list, select it and click the red **X**.

   Note: Once the order component is added to the Current List, the default clinical category is displayed. Select a different clinical category from the list to display the orderable item in a category other than the default.

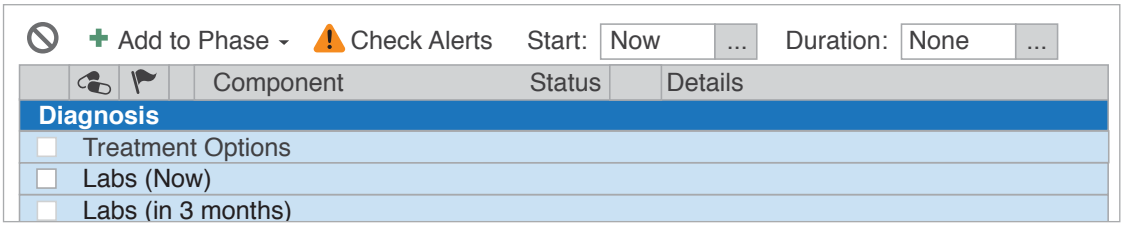
9. When an orderable item is selected in the **Current List** box, the Subcategory column becomes active. Select a subcategory from the list.

10. Enter appropriate Attributes and Values for the item selected in the detail fields at the top of the window.

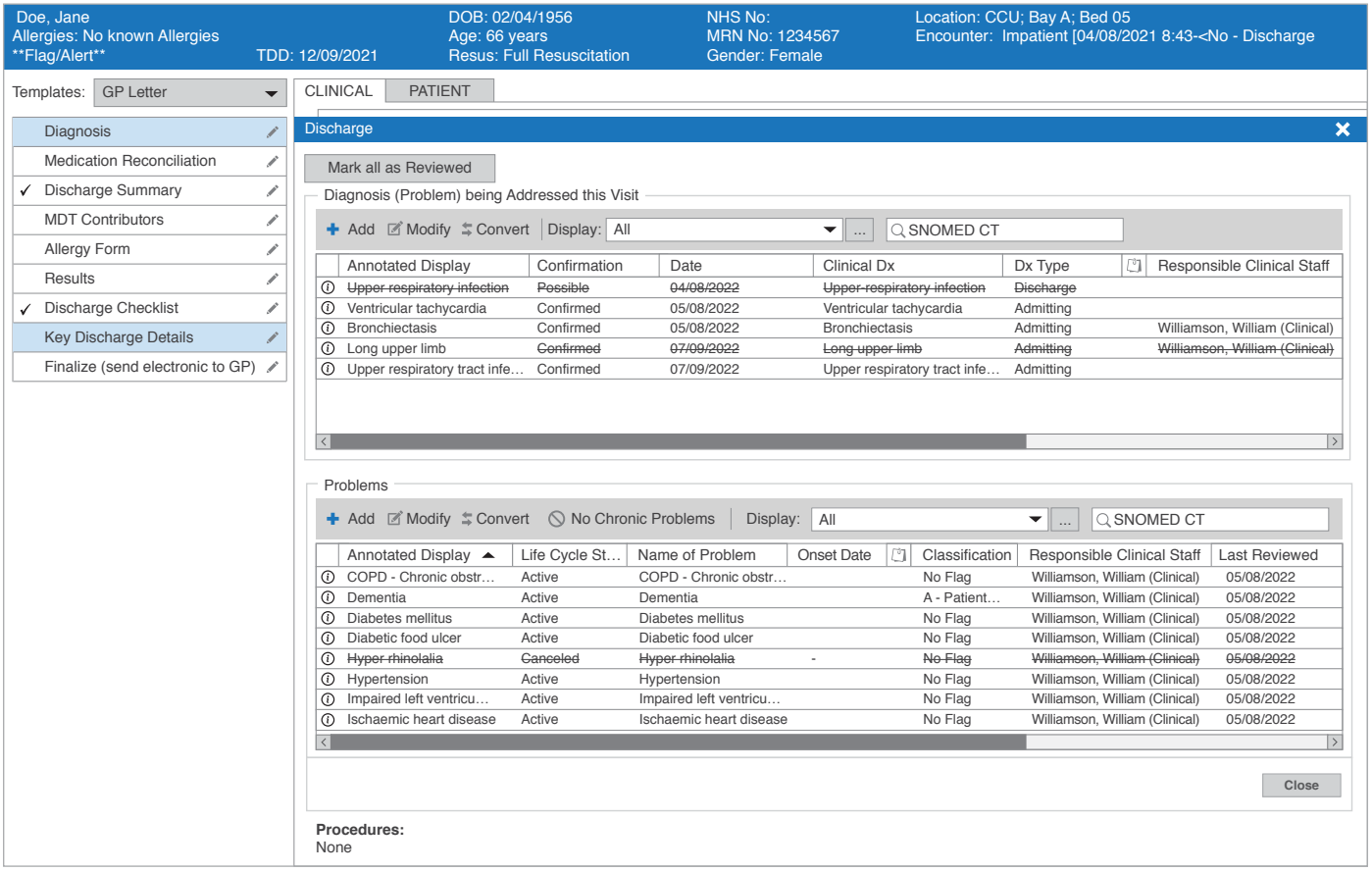
11. Select **Add** to add the items in the **Current List** to the plan. The component is displayed in the **Description** column.

12. Repeat steps 4 – 11 to include items in other phases if appropriate. *(See Appendix A for examples of appropriate Orderable Items.)*

13. Select **Save** when all items have been added.



Example of a Discharge PowerPlan within the Discharge process.



Example of a Discharge PowerPlan.

Using Auto Text Phrases in Discharge Summary

Auto Text phrases can be used for consistency and efficiency in commonly used text details on orders and in the Discharge Summary patient directions or information.

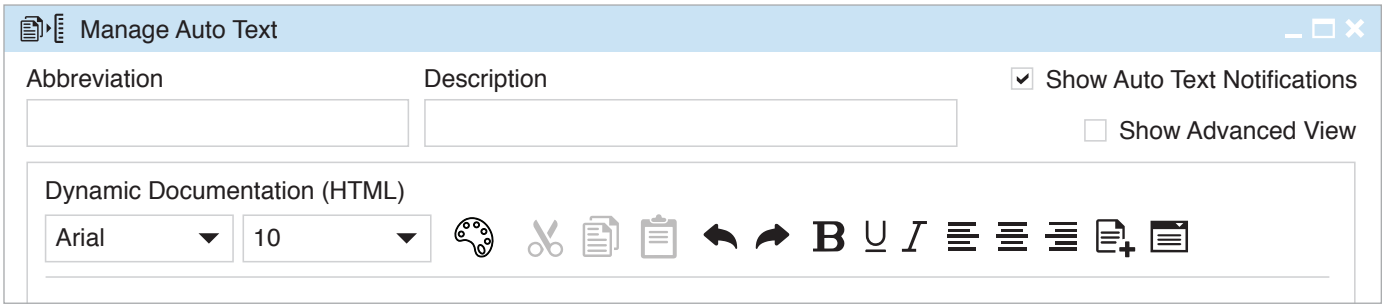
Auto Text Phrases can be included in available textboxes within the discharge process.

To Create an Auto Text Phrase

1. Navigate to **Knowledge Editor**. From the **Tools** menu, select **Manage Auto Text**.
2. In the **Manage Auto Text** window, select the **New Phrase** + (Plus) icon.

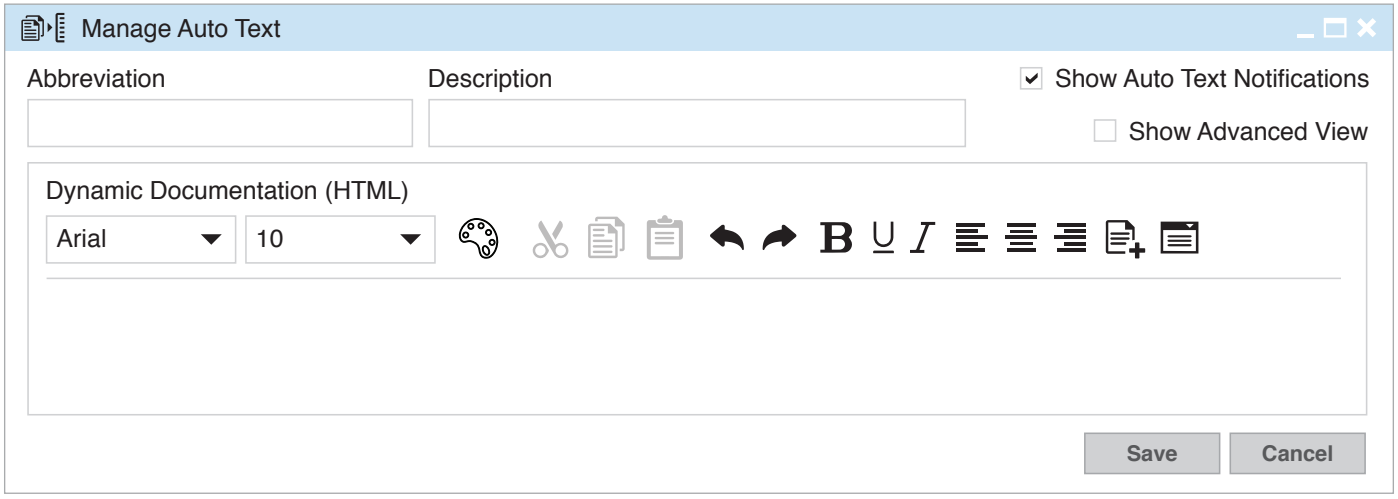
Example of Manage Auto Text window.

1. Enter an **Abbreviation** that starts with a special character.
2. Enter a **Description** to identify how the phrase will be used.



Example of creating a new Auto Text Phrase

5. In the textbox, build the Auto Text phrase by entering boilerplate text as appropriate.

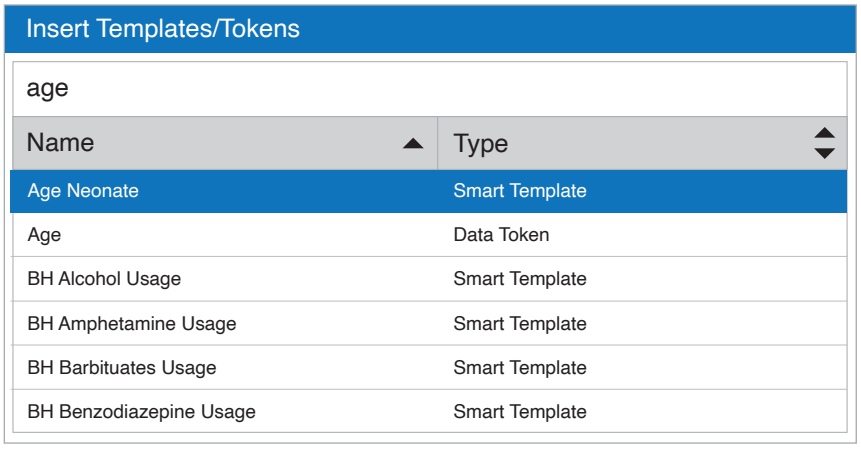


Example of the full Auto Text window

6. To include data from the patient chart in the Auto Text phrase, select the **Insert Templates/Tokens** icon from the toolbar.

Example of the Manage Auto Text toolbar

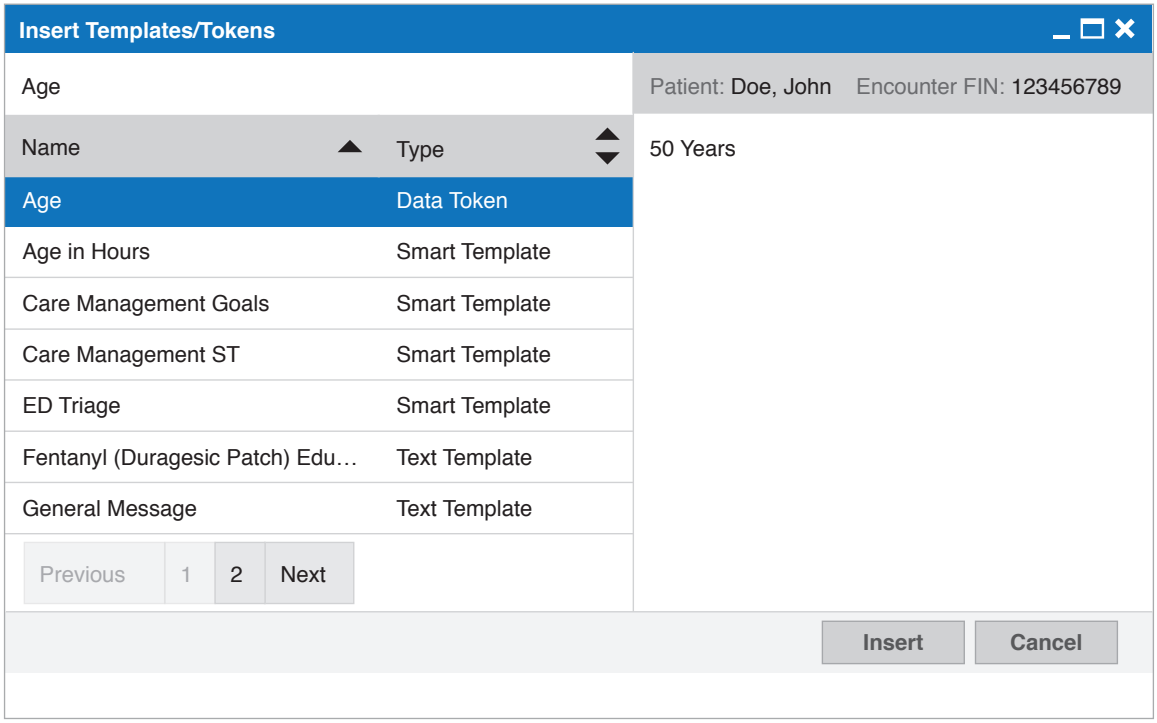
7. From **Insert Templates/Tokens**, search for the desired item. Appropriate Tokens, Templates, and Smart Templates are included in the search.



Example of the Templates/Token search.

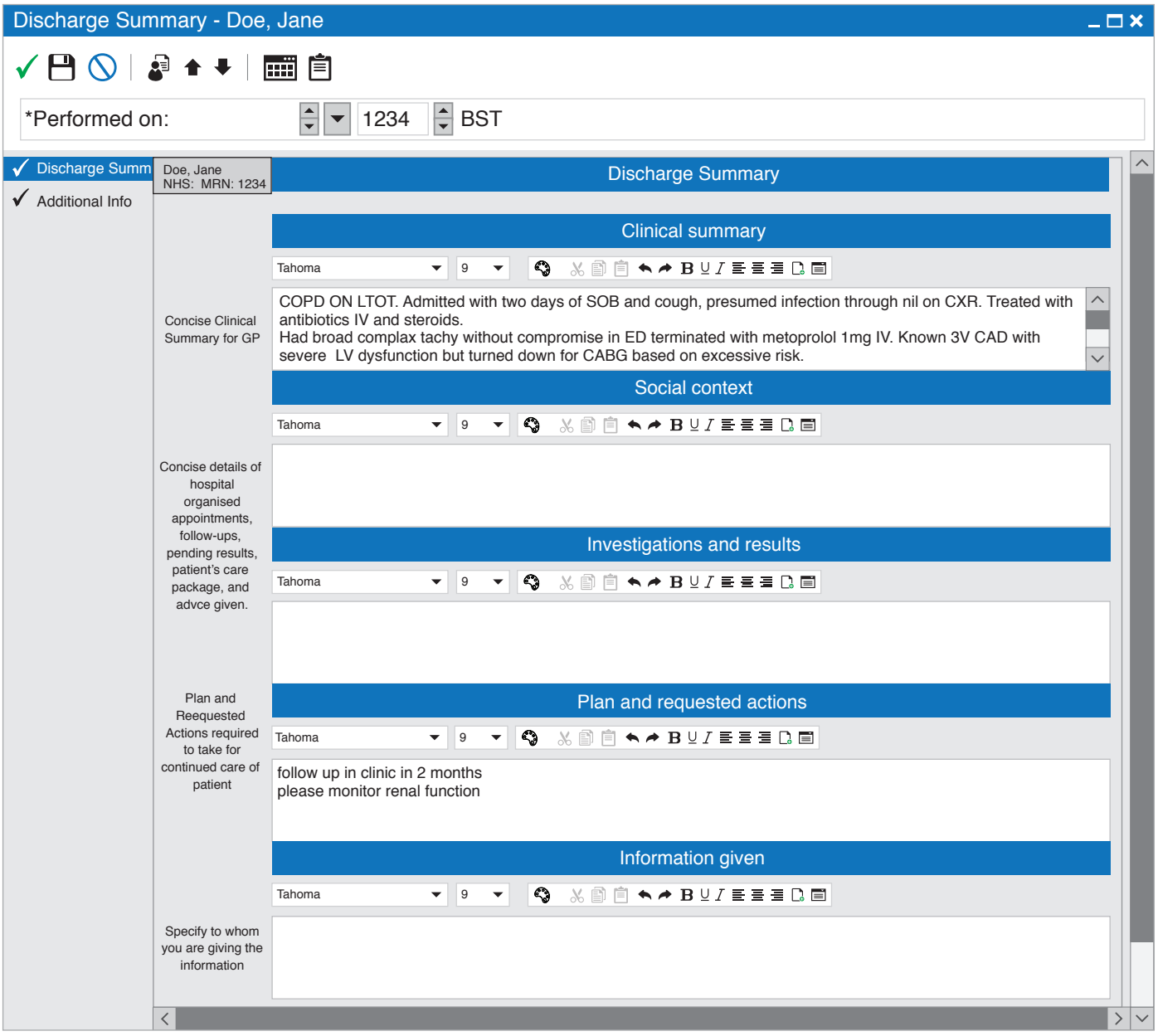
8. Select the desired option. If the data exist in the chart in use for creating the Auto Text phrase, an example of the item will display.

9. Select **Insert**.



Example of the preview of a selected Data Token.

10. Select **Save** to complete the phrase.



Example of Discharge Summary textboxes in which Auto Text can be used.

Appendix A

Examples of Orderable Items that might be added to a PowerPlan and Discharge PowerPlan:

- Medications
- Labs
- Patient Education
- Referrals

Appendix B – List of Privileges for Review

Privilege Name	Description
Add Comments	Determines whether the user can add Comments to results and is required to add/modify comments on the flowsheet. The privilege is evaluated in conjunction with the MODIFY_CHARTING preference.
Add Documentation	Determines whether the user can add documentation to the patient's chart and is required to direct chart on the flowsheet.
Document Section Viewer	Determines whether specific sections of a document are viewable in the Doc Viewer(s).
Forward Documentation	Determines whether the user can forward items to another user's Inbox/ Message Center.
Modify Documentation	Determines whether the user can modify existing documentation in the patient's chart and is required to modify results from the flowsheet. The privilege is evaluated in conjunction with the MODIFY_CHARTING preference.
Result Inquiry	Determines whether the user can view a result in PowerChart.
Search Event Set Hierarchy in Flowsheet	Determines if the ellipses (...) button in Flowsheet should be enabled to allow the user to search and select the event set hierarchy.
Sign PowerForms	Determines whether the user can Sign/Authenticate a PowerForm. The privilege is evaluated in conjunction with the MODIFY_USING_ POWERFORMS and MODIFY_CHARTING preferences when a user attempts to modify a result on the flowsheet.
Unchart Documentation	Determines whether a user can unchart or In Error a result on the flowsheet. The privilege is evaluated in conjunction with the MODIFY_ CHARTING preference.
View Comments	Determines whether a user can view existing comments for a result when viewing result details in the application.

Glossary of Terms

EHR Term	Definition
Auto Text	Auto texts or “dot phrases” are keyboard shortcuts that can be used in Cerner® to quickly populate a note with information from the chart.
Clinical Champion	A key decision maker within the health system who believes in implementing EHR changes to help improve healthcare.
Discern Alerts	A Cerner®-specific term for reminders that display in the EHR for the healthcare professional, based upon the patient meeting certain criteria.
Flowsheets	A spreadsheet of a selected patient’s clinical results for a certain time span.
Inclusion/Exclusion Criteria	Information that is used to determine whether a patient should not be included in a report, or whether a Discern Alert should be displayed for a patient or not. Criteria include (but are not limited to) diagnosis, gender, age, lab results, medication history, and procedure history.
Patient Follow-Up	Communication with patients generated from within the EHR using a variety of methods.
Phrases	Customized auto texts that are created by healthcare professionals to quickly add a commonly used statement or note.
PowerPlans	A list of common orders grouped together for easy selection to help promote consistency of care and efficiency with ordering by allowing healthcare providers to select multiple orders at once.
Templates	Standard and smart templates can be created for specific process note types and used to populate documentation with prewritten options.
Tokens	Data points that are added into forms using auto text.
Workflow	A collection of forms arranged in a specific order for collecting and editing information that follows the patient’s healthcare evaluation and treatment.

References: 1. Klimchak AC, Patel MY, Iorga ŞR, et al. Lipid treatment and goal attainment characteristics among persons with atherosclerotic cardiovascular disease in the United States. *Am J Prev Card.* 2020;1:100010. **2.** Colantonio LD, Shannon ED, Orroth KK, et al. Ischemic event rates in very-high-risk adults. *J Am Coll Cardiol.* 2019;74:2496-2507. **3.** Grundy SM, Stone NJ, Bailey AL, et al. 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA guideline on the management of blood cholesterol: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *Circulation.* 2019;139:e1082-e1143. **4.** Nelson AJ, Haynes K, Shambhu S, et al. High-intensity statin use among patients with atherosclerosis in the U.S. *J Am Coll Cardiol.* 2022;79(18):1802-1813. https://www.jacc.org/doi/abs/10.1016/j.jacc.2022.02.048. **5.** Virani SS, et al. Very High-Risk ASCVD and Eligibility for Nonstatin Therapies Based on the 2018 AHA/ACC Cholesterol Guidelines. *J Am Coll Cardiol.* 74;5:712-714. **6.** Lloyd-Jones DM, Morris PB, Ballantyne CM, et al. 2022 ACC expert consensus decision pathway on the role of nonstatin therapies for LDL-cholesterol lowering in the management of atherosclerotic cardiovascular disease: a report of the American College of Cardiology Solution Set Oversight Committee. *J Am Coll Cardiol.* 2022. **7.** Plutzky J, Benson MD, Chaney K, et al. Population health management of low-density lipoprotein cholesterol via a remote, algorithmic, navigator-executed program. *Am Heart J.* 2022;243:15-27.

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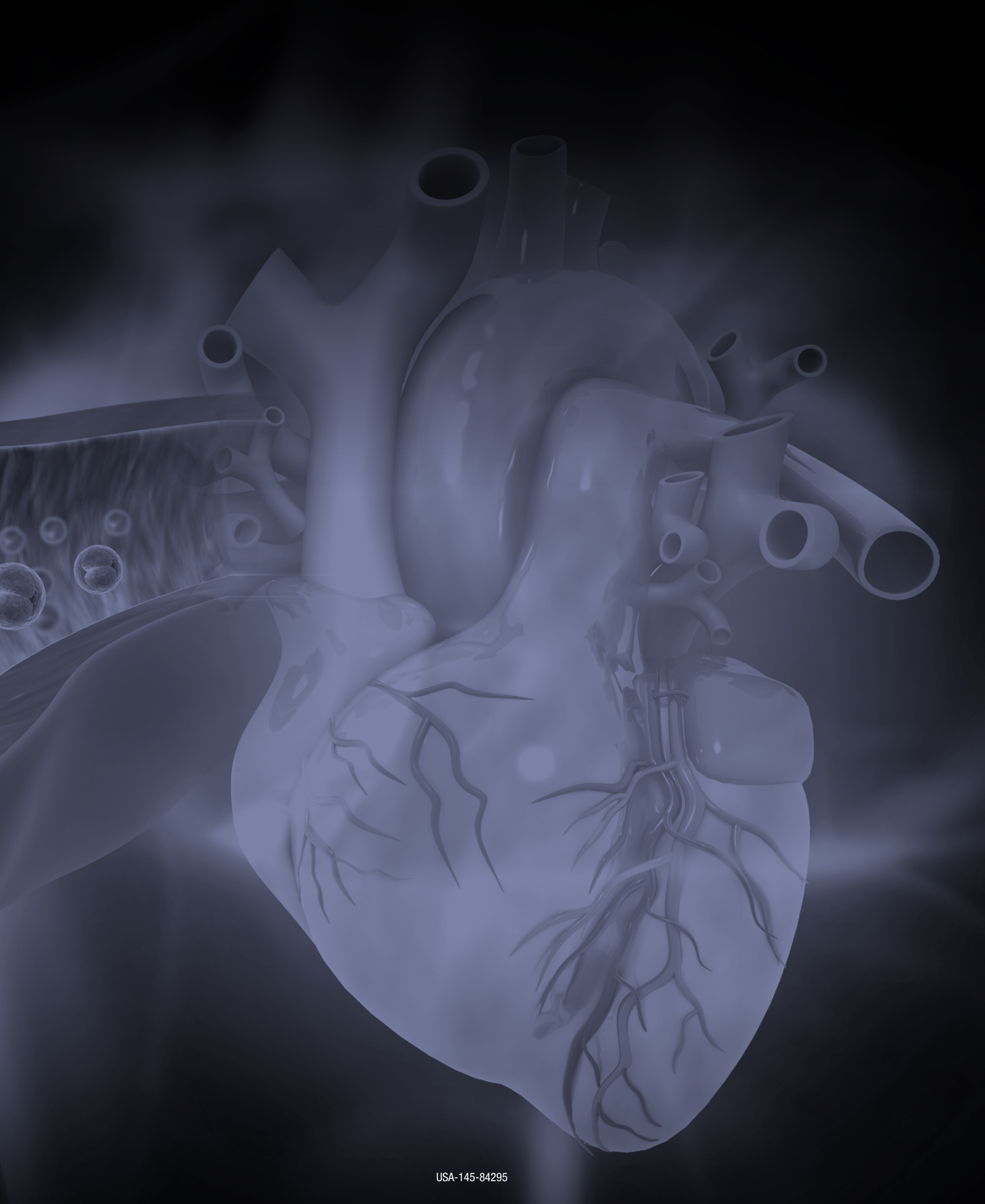

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