ASAP 2014 Upgrade Guide



Epic 2014 Release

Table of Contents

In This Document	2
ALL USERS	
New Chart Search Function	3
Chart Review Activity Search	4
Distinguish Between Similar or Same Names	5
Critical Results Tracking in Chart Review	5
View Clinician Information in the Staff List	6
Clearer Indication When Editing Events	6
NURSE ONLY	
Simplified Blood Administration	7
NURSE AND PROVIDER ONLY	
Enlarged Sign Button	8
Code Sign Off	8
New Dashboard Graphs	10
Fix to ED Events after Admission and Discharge	10
PROVIDER ONLY	
Order Set Management	11
New Orders Quick List	11
Updated Follow-up Navigator Section	12
HCGH PEDIATRIC NURSE ONLY	
ED Unit Map Has a New Look and Feel	13

This document summarizes the top enhancements for the Epic 2014 release for the Johns Hopkins ASAP application.



2

New Chart Search Function

Chart Search allows you to search menus and a patient's chart for quick access to relevant activities and documentation. There are two modes in which you may use the Chart Search feature: Generic or Patient Mode.

Generic Mode:

When the patient's chart is closed, use Chart Search to access activities in Hyperspace.



The Chart Search field is on both the Menus under Epic button and the Main toolbar.

Patient Mode:

When the patient's chart open, use Chart Search to search the patient's chart and to access activities in Hyperspace.

		éPrint 🗸 🧟 Log Ou
	🖹 🖆 Test,Frank 🛛 🛛 🔛 🔄 🖉 history	
est, Frank (AKAs): None	Prel Nam, MRN: Age/S., Adm Cert: On File Jump to Q. Search the (CSN: 101., DOB., Bed: B01 CC: Head Injury History History	Chart
4	Chart Review (Last refresh: 10:37:10 AM)	
art Review	Encounters SnapShot Notes Surgeries Anesthesia Records Labs Micro Pathology Imaging Cardiolog	y Procedures
	🕅 Refresh 📲 Review Selected 🛛 🔩 Route 🛛 🚝 Historical Scanned Documents 🗔 Preview 🗸	
Suits Review	Report	Descr
apShot	Immunization Summary	Patier
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7	Financial Summary	Finan
	MyChart - Patient Message Review Report	MyCh
view Visit	Diabetes Management Summary	Diabe
V / 114	JHM Medication List	Patier
	JHM PAM Summary	Proble
	JHM IP AFTER VISIT SUMMARY	Inpati
Note	JHM IP Transfer to Non-Epic Facility	Trans
oress Note	IP Microbiology Results	Trans
	JHM IP Transfer Procedure Report	Trans
estation Note	JHM IP PT/OT/SLP Progress Notes	Trans
cedure Note	JHM IP Transfer Report Dialysis - SMH	Trans
R.L.	JHM IP Transfer Report Dialysis - HCGH	Trans
-	IP Facesheet	Faces
e Activities 🕨	Chart Review: Routing History	Full re

The Chart Search field appears at top right, under Log Out button. Once a search has been initiated, you will be directed to the Chart Review Activity within the patient's chart.



Chart Review Activity Search

With Chart Search, clinicians can easily and efficiently search a patient's chart for problems, notes, medications, lab results, imaging results, procedures, and other orders. What's more, it's fully integrated into the Epic user interface: just click the small search bar we've added to the upper-right corner of Hyperspace, type in a search term, and the results appear in a sortable list. Clinicians can also press Ctrl+Spacebar to jump to the search bar without using their mouse.

Chart R	leview (Last ref	resh: 8:23:17 A	M) (? Close X	Search 🔻
Encour	nters Notes La	bs Imaging (Cardiology Proced	lures Med: 🕨	hypertension
≢ Filte	rs 🔯 <u>R</u> efresh 🤞	Route 🖺 Rev	ie <u>w</u> Selected	More -	@ All (20) 😵 Problems (1) 🖹 Notes (3) 🔗 Meds (7)
5 recor	rds match filters,	all records load	ed	Cl <u>e</u> ar All	Labs (9) Maging Procedures
Filters	: Default f	ilter			
A B	V	Open/Closed	Туре	Depar	Whypertension Noted 1/19/2011
	11/26/2013 08/09/2012	Open Closed	Lab Requisition Office Visit	EMH I EMC I	
	05/23/2012	Closed	Office Visit	EMC	metFORMIN (GLUCOPHAGE) 850 MG tablet Take 1 tablet (850 mg total) by mouth 2 (two) times a day with
	07/28/2011	Closed	Office Visit	EMC I	meals., Starting 5/23/2012, Until Discontinued, Print
	01/19/2011	Closed	Office Visit	EMC I	hydrochlorothiazide (HYDRODIURIL) 25 MG tablet
					Take 1 tablet (25 mg total) by mouth daily., Starting 5/23/2012, Until Discontinued, Print
					fexofenadine-pseudoephedrine (ALLEGRA-D 24 HOUR) 180- 240 MG per 24 hr tablet
					Take 1 tablet by mouth daily., Starting 5/23/2012, Until Discontinued, Print
					BASIC METABOLIC PANEL Collected 11/26/2013 Potassium 4.0

The Chart Search has been redesigned to be intuitive for Epic users. It uses synonyms and related concepts to drive its search results, so a search for arrhythmia also returns results for fibrillation. Plus, clinicians who know exactly what they're looking for can use quotation marks and the AND operator to refine their searches and find specific items or phrases in a patient's chart. Examples include:

- A search for "arrhythmia" returns only results where that exact word appears.
- A search for arrhythmia, without quotation marks, returns results where that word or any synonyms or related concepts appear.



Distinguish Between Similar or Same Names

Avoid cases of mistaken identity with new tools to identify patients with matching names. Patients with similar first and last names, not just the same last name, are now indicated to help avoid confusion. When patients with the same or similar names are in the ED, the names appear **bold** and *italicized* compared to other names in the ED Manager and the Track Board.

 pected (5)
Patient A
Bryan, Daniel (33 y.o. M)
Daniel, Brie (34 y.o. F)
Daniel, Bryan (33 y.o. M)
Five, Quebec D (144 y.o. U)
Womack, Sarah (30 y.o. F)

Critical Results Tracking In Chart Review

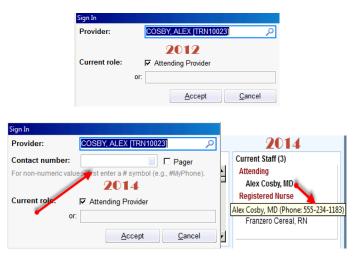
Critical results tracking has now been expanded to have columns in the Imaging tab in Chart Review and Patient Lists. Clinician users can see at a glance whether a patient has critical results.

Char	t Revi	iew (Last refres	sh: 9:31:53 Al	M)										
Enc	ounter	s SnapShot	Notes Surge	eries 🛛 Anesthesia I	Records	Labs Mi	cro Patho	logy	magin	9 Cardiology	Procedures	Other Orders	Meds	Episod
1 re	cord n	natches filters, a	all records load	ded	•	Hide canc	eled orders	🗖 Res	ults On	ly				
Filt	ers:	Canceled of	orders						_					
Ρ	S	Ordered	Exam Date	Procedure					Ha	s Critical Resul	t? Status		Result da	ate
	03/16/2015 XR ABDOMEN SUPINE AND ERECT				No		Final		3/16/201	5				



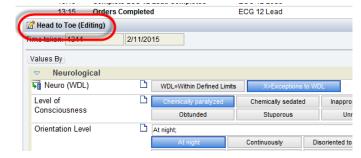
View Clinician Information In the Staff List

To make it so users can see clinicians' contact information in the Staff List, clinicians can now update their contact information in the new Contact number field of the Sign In window when they sign in for their shift. That updated contact information then appears in the Staff List tooltip when a user hovers over a clinician's name. Clinicians can enter a pager number or a phone number with or without an area code in the Contact number field. If the number is a pager number, they can select the Pager check box. If the clinician enters a pound sign (#) in the field first, they can enter any string of numbers or letters, such as #Team2. After a clinician enters their number, it's stored in their provider record and appears in the Sign In window automatically the next time that they sign in. However, they can still choose to edit or delete this number at any time if their contact information has changed.



Clearer Indication When Editing Events

When a user clicks the name of an event in the Event Log to edit it, he now sees a clearer indication that he's editing the event rather than creating a new one. The text (Editing) appears next to the name of the event.





Simplified Blood Administration

[*TIP SHEET AVAILABLE*] Blood administration in narrators is now simplified, and all related tasks are conveniently located in one toolbox group in narrators. This simplified process saves clinicians time and increases efficiency. In addition, because the MAR toolbox group is updated after each part of the process, clinicians can easily identify their next steps. Instead of performing different aspects of this workflow in different activities or parts of a narrator, clinicians can now do all of the following from the MAR toolbox group:

- Review and release blood orders
- Document blood administrations
- Stop blood transfusions with one click
- Complete units of blood

ED Na	rrator	
💽 <u>R</u> ef	resh 🏾 🕄 Code 🦉 Sedation	ψį) Ε
🗧 Exp	and All 🕆 Collapse All 🍘 🛊 🤋	☆
	Vitals	-
	🕂 Vitals/Pain	
MAR (0) 5 MAR 🔤 🛞	
D E	dit MAR Note	
	eview Blood Orders ood Administration	
	sfuse RBC (
	b be released) urrently active released units	
140 00	arenay acave released units	
Vitals/I	&O (S)	
-	als/Pain	$\boldsymbol{\mathcal{I}}$
	asive Vital Signs	
- ă	thostatic Vitals	
<u> </u>	ake/Output in Assessment	

Enlarged Sign Button

No more searching for the sign button. It has been enlarged so that users do not forget to click sign nor have trouble finding it.



Code Sign Off Reminder

Users will now get an In Basket message reminder if they were present during a Code. A message will appear in their Chart Completion folder reminding them to sign off on documentation without opening a patient's chart.

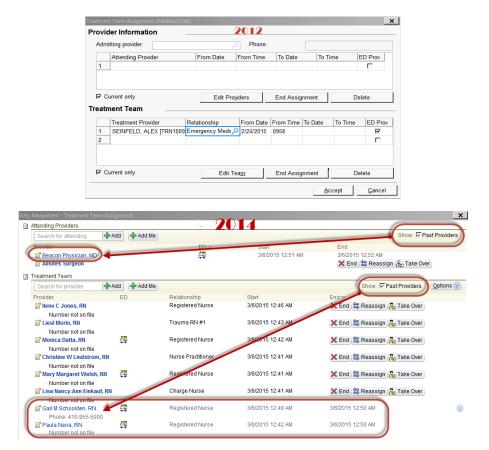
In Basket			? Close X
😰 New Msg 👻 🎴 Patient Msg	🕅 R <u>e</u> fresh 🞇 Edit <u>P</u> ools 🍓 Settings 🧳	Search 🀴 Manage QuickAction:	s - 🖧Attach 🕱Out ≌Properties -
Hy Incomplete Charte (2)	Hospital Chart Completion 57 u	nread, 64 total	S <u>o</u> rt & Filter 👻 📄 ᄸ 🔑 🥝
🔁 illy incomplete Notes (4)	🛱 Chart Completion 📓 Jump T 🛛 🖋 S	ign YEdit 🔿 Decline 🗙 Ignore	Reassign
	👽 Due Date 🛛 Patient	Department	Test, Frank - 5 Howard Acct: 100 02/11/15 Hos
	3/1/2015 11:59 Brooks, Phil	Hcgh Emergency 📥	MRN: HC000 CSN: 10 Head Injury
	Deficiency: Ed Narrator Sign Off Status: E-Signature Needed		Views: 📄 Details More 👻 🕞 🏸
	Encounter Dt: 02/09/15	Disch Date:	Defeieneu
	Other Staff. Multiple		Deficiency Ed Narrator Sign Off
	3/1/2015 11:59 Test, Frank Deficiency: Ed Narrator Sign Off	Hcgh Emergency	Status: E-Signature Needed
	Status: E-Signature Needed		Due: 3/1/2015 11:59 PM
	Encounter Dt: 02/11/15	Disch Date:	Other Assigned Staff: Gabor David Kelen, MD
	Other Staff: Multiple		ind in the second secon
	2/27/2015 11:5 Four, Extendedca Deficiency: ED Provider Note	re Hcgh Emergency	Other Assigned Staff: Peter Magdy Abadir, MD
	Status: Open Reminder Encounter Dt: 02/16/15	Disch Date:	·
			Code Sign Off
	2/27/2015 11:5 Four, Extendedca Deficiency: ED Clinical Impression		
	Status: Open Reminder		Code: Today 0819 to 0821

Treatment Team Window Improvements

[TIP SHEET AVAILABLE] Clinicians use the treatment team window to view and edit a patient's treatment team assignments. It has been updated to be more flexible and intuitive. With this new window, clinicians can still perform all of the same workflows, including adding and removing providers and changing the dates and times for each provider. They can also perform the following new actions:

- Sort the providers and teams. Clinicians can click the column headers to sort by relationship or start date, for example.
- View and edit the provider's specialty.
- View provider's contact information, including their email address, pager, phone, and fax.
- Select which columns appear. Clinicians can click Options and then Choose Columns to select from columns, including Specialty, Contact numbers, and Email.

Additionally, ED treatment teams now respect settings used in EpicCare Inpatient that control whether gaps or overlaps between provider assignments are allowed.





New Dashboard Graphs

The *Patients in the ED* and *Bed Utilization* report screen has been updated with improved graphic design.

Patients in the ED		2012		* ≡ -
Status	Total	Overdue	Avg Time	
In Triage	1	1	12 hr 58 min	
Waiting for Room	2	2	13 hr 6 min	
Waiting for Provider	21	21	15 hr 22 min	
In Process	27	27	17 hr 41 min	
Ready for Re-Eval	8	8	14 hr 12 min	
Ready for Discharge	6	6	1 day(s) 13 hr 52	! min
Ready for Admit	9	9	18 hr 1 min	
Ready for Hospitalized Obs	1	1	17 hr 16 min	
Ready for ED Obs	8		18 hr 10 min	
No Status	3		N/A	
Refresh as of 11:22:08 AM				
	0	Ormulad	Quadaux	
vea .	Open	Occupied	Overflow	Held
Area Arrival	1	0	0/0	Held 0
Area Arrival Critical Care	1	0	0/0 0/0	Held 0 0
Arrea Arrival Critical Care North	1 6 1	0 0 27	0/0 0/0 0/0	Held 0 0 0
Arrea Arrival Critical Care North EACU	1 6 1 7	0 0 27 11	0/0 0/0 0/0 0/0 0/0	Held 0 0 0 0 0
Arrival Arrival Critical Care North EACU Internal Reception	1 6 1 7 1	0 0 27 11 0	0/0 0/0 0/0 0/0 0/0	Held 0 0 0 0 0 0
Arrival Arrival Critical Care North EACU Internal Reception External Reception	1 6 1 7 1 0	0 0 27 11 0 18	0/0 0/0 0/0 0/0 0/0 0/0 0/0	Held 0 0 0 0 0 0 0
Arriva Arrival Critical Care North EACU LACU Internal Reception External Reception	1 6 1 7 1 0 5	0 0 27 11 0 18 4	0/0 0/0 0/0 0/0 0/0 0/0 0/0 0/0	Held 0 0 0 0 0 0 0 0 0 0
Vea Arrival Critical Care North EACU External Reception External Reception South A	1 6 1 7 1 0 5 7	0 0 27 11 0 18 4 3	0/0 0/0 0/0 0/0 0/0 0/0 0/0 0/0	Held 0 0 0 0 0 0 0 0 0 1
Vea Arrival Critical Care North EACU Internal Reception External Reception South A South B Psychiatry	1 6 1 7 1 0 5 7 2	0 0 27 11 0 18 4 3 8	0/0 0/0 0/0 0/0 0/0 0/0 0/0 0/0 0/0	Held 0 0 0 0 0 0 0 1 1 0
Arrival Arrival Contical Care North EACU Internal Reception External Reception South A South B Psychiatry ED Intake	1 6 1 7 1 0 5 7 2 7	0 0 27 11 0 18 4 3 8 4 4	0/0 0/0 0/0 0/0 0/0 0/0 0/0 0/0 0/0 0/0	Held 0 0 0 0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0
Bed Utilization Vea Arrval Arrval Critical Care North EACU Internal Reception External Reception South A South B Psychiatry ED Intake Rapid Queue	1 6 1 7 1 0 5 7 2 7 1	0 0 27 11 0 18 4 3 8 4 0	0/0 0/0 0/0 0/0 0/0 0/0 0/0 0/0 0/0 0/0	0 0 0 0 0 0 1 0 0 0 0
Arrival Arrival Contical Care North EACU Internal Reception External Reception South A South B Psychiatry ED Intake	1 6 1 7 1 0 5 7 2 7	0 0 27 11 0 18 4 3 8 4 4	0/0 0/0 0/0 0/0 0/0 0/0 0/0 0/0 0/0 0/0	Held 0 0 0 0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0

	Status	2014 Percent of Patients	Total A	verage Time	
27	Waiting for Triage	26%		1 day(s) 11 hr 45 min	
	In Triage	4 %	1 2	5 day(s) 23 hr 5 min	
	Screening Complete	2 %	1 5	day(s) 19 hr 6 min	
	Waiting for Provider	7%	2 1	1 day(s) 21 hr 35 min	
tients in the ED	In Process	26%	7 1	1 day(s) 19 hr 12 min	
	Ready for Re-Eval	4 %	1 1	1 day(s) 16 hr 55 min	
	Ready for Discharge	4 %	1 1	1 day(s) 16 hr 55 min	
	Ready for Admit	7%	2 2	2 day(s) 10 hr 35 min	
	Ready for Observation	2 96	1 1	1 day(s) 21 hr 41 min	
	No Status	15%	4 N	I/A	
efresh as of: 11:	02:32 AM				
Bed Utilizatio	on				▼≣
-	Area	Percent Full	Open	Occupied	н
	Blue Zone	16%	21	4	
51	RED Zone	25%	21	7	
	Purple Zone	30%	7	3	
	Rapid Evaluation	50%	2	2	
Open Beds	Off the Floor		0	0	

Fix to ED Events After Admission or Discharge

Previously, the event logs would not update with documented tasks marked completed after a patient was admitted or discharged. This fix corrects this issue and presents an accurate and complete log of events for a patient's visit to the emergency room after they have left.



Order Set Management

[*TIP SHEET AVAILABLE*] Clinicians can now manage User Order Sets more intuitively so that they can easily create, edit, delete, and switch between multiple versions of their User Order Sets. Clinicians can also open the original Order Set if it fits their needs. The Manage My Version link now appears next to the Order Set a clinician is working with. When users click the link, a menu with management options appears. **USERS WILL ONLY BE ABLE TO CREATE A NEW VERSION OF AN EXISTING ORDER SET AND NOT BE ABLE TO CREATE A BRAND NEW ORDER SET.**



New Orders Quick List

[Will not initially go-live at SMH EDs, HCGH Peds ED and SH Peds ED] Selecting commonly placed orders for ED patients is now simple. Speed up ordering for physicians with a new feature that lets them select from a targeted set of orders without having to search. In the new Quick List tab of the Manage Orders activity, physicians check off medications and procedures like they would on paper but with the accuracy and consistency of Epic. The Quick List is especially useful for physicians who frequently place the same small number of orders.

anage Orders active ED Orders Signed & Held Home Meds	Cosign Pended Quick List	🥐 🖪 Actions 👻 Resize 🗘 Cl
Core Labs	Toxicology	ADT Orders
Amylase	Toxicology Screen, Urine	ED Decision to Admit
C-Reactive Protein	Lyme Antibody Screen, with Reflex to WB	ED Decision to Obs
Complete Blood Count (CBC) + Auto Diff	Phenytoin level, total and free	ED Send to L&D
Comprehensive metabolic panel	Microbiology	Imaging
D-Dimer, Quantitative	Bacterial Culture, Urine	ECG 12 Lead
HCG, Serum, Qualitative	C. diff Toxin A/B w/Reflex to PCR	XR Chest PA and Lateral
Lactic Acid, Plasma	Rapid Strep Group A Screen	XR Shoulder Left Minimum 2 VWS
Lipase	Stool Culture	XR Shoulder Right Minimum 2 VWS
Magnesium		CT Head/Brain WO Contrast
Pro Time INR	Pain Meds	MRA Head WD Contrast
T4	Generic Tylenol	Case Request IRCV Lab
Т3	Dilaudid	
Urinalysis	ibuprofen (ADVIL,MOTRIN) tablet	Nursing
Urine Dipstick	meperidine (DEMEROL)	Nursing Swallow Screening
Chemistry	fentaNYL (SUBLIMAZE) 50 mcg/mL injection	Insert Peripheral Saline Lock
·	IVs	Glucose Monitoring, Bedside
Acetone		Visual Acuity Screening
Phosphorus	Banana Bag	Insert Indwelling Urinary Catheter
Potassium	lactated ringers infusion	Cardiac Monitor
	sodium chloride 0.9 %	



Updated Follow-up Navigator Sections

[TIP SHEET AVAILABLE] New, more intuitive tools for creating follow-up instructions allow clinicians more customization ability and will save them time by letting them do the following:

- Search for follow-up providers, departments, and locations using a single field.
- Create their own quick buttons for commonly used follow-up reasons.
- See and edit contact information directly in the navigator section instead of having to open a new window.
- Select from multiple addresses for providers, rather than automatically using the primary address.
- Add follow-ups with care team members with the click of a button.
- Instruct patients to follow up by going to a particular department or location by using the new 'Go To' button.

Baseballcap Patient (AKAs): Nor	, Rich Pref Name CSN: 434	e: MRN: H Age/Sex: 957 DOB: 11/ Bed: TR	Admission Certification: On File or. CC: None	Code: N Weight: MOLST: BP: None	Temp: N Resp: N Pulse Pulse: N Pain: None Allerg	
•••	Discharge				? 🔳	Clos
SnapShot				nded Orders 🖌 Orders	🖌 Discharge Inst 🖌	E
	Comm Mgt 🖌 Work	/School Excuse 🖌 Preview/F	rint AVS 🖌 Disposition 🕤 Orde	er Sets 🖌		∱ ↓
Review Visit	Follow up with	Details	Why		Contact info	
1	A					
My Note	+ Ne <u>w</u>	PCP + This depa	artment 🛛 🕂 🕂 Care Team		X Delete	
Progress Note Attestation Note	With:	Search: Other:	Å	Q		
Procedure Note	Contact info:			1		
	How:	Call Make a	ppointment Go to			
Discharge	When:		3 Days 1 Week 🖉 Veeks Months Da	te 3/6/2015		
Admit	Why:	As needed If symptoms	worsen For suture removal Fo	r wound re-check 🦻		

• See buttons in a more intuitive arrangement.



ED Unit Map Has A New Look and Feel

[Will only pilot at HCGH Peds ED] The Unit Map has been revamped to function better than versions. This redesigned map gives clinicians and other staff a bird's-eye view of their department. By laying out the Unit Map in the shape of your emergency or L&D department, you can make it easy for clinicians to see where patients are at a glance. In addition, clinicians can take action on patients, such as moving them between beds or care areas, see multiple levels of detail from one activity, and open their charts right from the map.

