

- Q:** Acuity level should not be entered by the registration staff; it is a clinical function.
- A:** After some discussion during our rev cycle demo on March 20, 2013, we decided to grey out the acuity field in the arrival info section of the arrival navigator (making it read only). The users doing the arrival should not be entering this, only the triage nurse.

Arrival Information

Expected date: Expected time:

Arrival date: 3/20/2013 Arrival time: 1121

Escorted by: Friend Arrival status: Waiting

Means of arrival: Car Acuity:

Service: Emergency Medicine Admission type: Emergency

Complaint:

Restore Close F9 Cancel

- Q:** Does the MDM section become an official part of the chart? (so that the differential is there, and the billing company can see that we reviewed outside records etc...)
- A:** Yes; The MDM does become part of the chart in your note- it generates text in your note based on the selections you make, just like the other tabs in the NoteWriter (as seen below).

NoteWriter

HPI ROS Physical Exam **MDM**

Number of Diagnoses or Management Options

Pneumobilia

minor established, improving established, worsening new, no workup new, need workup

Amount and/or Complexity of Data Reviewed

Clinical lab tests <input type="checkbox"/> ordered <input checked="" type="checkbox"/> reviewed	Tests in the radiology section of CPT® <input type="checkbox"/> ordered <input checked="" type="checkbox"/> reviewed
Tests in the medicine section of CPT® <input type="checkbox"/> ordered <input checked="" type="checkbox"/> reviewed	Discussion of test results with the performing providers <input checked="" type="checkbox"/>
Decide to obtain previous medical records or to obtain history from someone other than the patient <input type="checkbox"/>	Obtain history from someone other than the patient <input checked="" type="checkbox"/>
Review and summarize previous medical records <input checked="" type="checkbox"/>	Discuss the patient with another provider <input type="checkbox"/>
Independent visualization of image, tracing, or specimen <input type="checkbox"/>	

Risk of Significant Complications, Morbidity, and/or Mortality

Presenting problems Minimal **Low** Moderate High

New Note

HPI ROS Physical Exam **MDM**

Service: Date: 3/20/2013 Time: 04:33 PM

Cosign Required

Review of Systems

Physical Exam

There were no vitals taken for this visit.

Physical Exam

ED Course

MDM

Number of Diagnoses or Management Options

Pneumobilia: established and worsening

Amount and/or Complexity of Data Reviewed

Clinical lab tests: ordered

Tests in the radiology section of CPT®: ordered

Discussion of test results with the performing providers: yes

Obtain history from someone other than the patient: yes

Review and summarize past medical records: yes

Risk of Complications, Morbidity, and/or Mortality

Presenting problems: low

Diagnostic procedures: moderate

Q: How do providers delete macros if they don't want one anymore?

A: Using the Macro Manager (Epic -> Tools ->Macro Manager), you can hide or delete a macro

Rank	Active	Name	Display Name	Restrictions	Hide	Delete
1	Yes	INFANT ROS	infant ROS	0-1 Years	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Yes	MNSADULTMALE	MNSADULTMALE	13+ Years, Male	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Yes	SOB	nml	13+ Years	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	Yes	COUGH	cough	13+ Years	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Q: How do I change the frequency for home meds if reordering?

A: After selecting Order, click on the summary sentence. You can change the details of the order there, just like any other order.

Orders Needing Review

metoprolol tartrate (LOPRESSOR) tablet 12.5 mg
 12.5 mg, Oral, 2 times daily, First Dose Today at 2100
 This order was created from metoprolol tartrate (LOPRESSOR) 100 MG tablet

Buttons: Order, Replace, Don't Order, Discontinue, Accept, Cancel

Previous Sig: As of 3/20/2013: Take 100 mg by mouth 2 (two) times daily.

Dose: 12.5 mg (selected), 25 mg, 50 mg, 100 mg

Administer Dose: 12.5 mg
 Administer Amount: 0.5 tablet

Route: Oral (selected)

Frequency: 2 times daily (selected), Daily, Q8H SCH, Q12H SCH

For: Doses (selected), Hours, Days

Starting: 3/20/2013 (selected), Today, Tomorrow

First Dose: Include Now (selected), As Scheduled

First Dose: Today 2100 Until Discontinued

Scheduled Times: Hide Schedule, Adjust Schedule

3/20/13	2100
3/21/13	0900, 2100
3/22/13	0900, 2100

Order has no end date or number of doses, so more times will be scheduled at a later date.

Admin. Inst.: Click to add text
 Priority: Routine

Additional Order Details

Med List Status: Complete Status Comment: None Entered Add Note Find Orders Needing Reconciliation Sign Cancel

Q: How do you remove medications from a subsequent visit if they are no longer taking?

A: Use the discontinue option.

Q: How will nurses know who the admitting provider is?

A: You can see the details of the order in the ED Admit Trackboard Report. The orders team is in the process of adding questions to the admission order so the admitting physician can enter their name.

Q: What discharge instructions will be used?

A: ExitCare; <http://www.exitcare.com/>, for a list of titles, please go here [https://collaborate.johnshopkins.edu/sites/Epic/advisorygroups/Nurse Allied Health/Plan of Care Education Work Group/default.aspx?RootFolder=%2Fsites%2FEpic%2Fadvisorygroups%2F%2FNurse%5FAllied%5FHealth%2FPlan%5Fof%5FCare%5FEducation%5FWork%5FGroup%2FShared%20Documents%2FExit%20Care%20Content%20%2D%20ED&FolderCTID=0x012000813C670F8C68C84F93263A1208EA419F&View=%7b826C81B7-ED27-4AF3-898D-86C0A842AFB3%7d&InitialTabId=Ribbon%2EDocument&VisibilityContext=WSSTabPersistence](https://collaborate.johnshopkins.edu/sites/Epic/advisorygroups/Nurse_Allied_Health/Plan_of_Care_Education_Work_Group/default.aspx?RootFolder=%2Fsites%2FEpic%2Fadvisorygroups%2F%2FNurse%5FAllied%5FHealth%2FPlan%5Fof%5FCare%5FEducation%5FWork%5FGroup%2FShared%20Documents%2FExit%20Care%20Content%20%2D%20ED&FolderCTID=0x012000813C670F8C68C84F93263A1208EA419F&View=%7b826C81B7-ED27-4AF3-898D-86C0A842AFB3%7d&InitialTabId=Ribbon%2EDocument&VisibilityContext=WSSTabPersistence)

Q: Why does the current TST environment lacks peds-specific NoteWriter content?
A: The HPI template content will not be updated for the 6/1/13 go-live due to the time commitment required to make changes: currently approximately 40 hours per form due to the advanced functionality of the NoteWriter tool. These forms are all undergoing a major revision currently at Epic (including the addition of ~40 peds-specific forms) and the streamlined, updated HPI templates will be in the available in the fall of this year, as well a new tool available at the same time that will allow for the project team to create custom HPI forms in 3-4 hours.

Q: What is the ED to IP (inpatient) workflow?

A: We were able to adhere very close to the 'Epic model system.'

The ED provider will document

- ED Decision to Admit
This will trigger a bed request order and serve as the start time stamp for the CMS ED throughput measure
- or -
- ED Decision to Place in Observation
This will trigger a bed request order

At HCGH and Sibley, an admission order and/or observation order will be documented in ClinDoc by the accepting, inpatient attending.

The emergency department attending remains the physician of record until the patient is moved from an ED bed.

Inpatient orders written in ClinDoc are signed and held, except for the admission order, which is auto released. The admit order at HCGH and Sibley, placed by the inpatient, accepting physician, will convert the patient status to inpatient.

The nurse or provider in the emergency department can release all, or some orders, while the patient remains in the ED. (Please remember, we cannot restrict a nurse's ability to selectively release orders, but by policy they are not allowed to selectively release orders.)

The boarder navigator is available for use anytime throughout this process in ASAP.

Q: Will there be a Sepsis Protocol built?

A: Yes, but this is on the optimization list and will not be ready for the June 1st go-live.

Q: When will the TDR (technical dress rehearsal) be held?

A: This will be coordinated with the ED managers for the week of April 15, and April 22 if additional time is needed.

Q: Will there be a full end-to-end demo of Epic?

A: Yes, this is currently scheduled for April 29th in Rockville for HCGH and Sibley only; more information to follow.

Q: Is there a cut over plan for legacy systems?

A: Yes, this is being led by Gary Dunn. The first planning meeting was held on Friday, March 29, 2013.

- Q:** Will there be any opportunity for physician/provider customization?
- A:** Yes, Drs. Desai and Hill will be working on a personalized option guide. The customizations will be accommodated during the two weeks prior to go-live, during and after.
- Q:** Will a bridging order be available in ASAP?
- A:** Yes, the ED provider will have an order available with the minimum requirements to send a patient to an inpatient unit, should the inpatient provider be unavailable to write orders.
- Q:** Will we have access to reports at go-live?
- A:** Yes, Joanna Kai has worked to validate and build the reporting workbench and Clarity reports, and distributed this information to the department managers.
- Q:** Will our lab interface remain the same?
- A:** Yes, the following lab interfaces will remain and the abnormal results will be sent to the Epic Results InBasket folder. The abnormal settings are controlled by the lab.
- Meditech; HCGH
 - SunQuest; Sibley
- Q:** When will 'ready for registration' be triggered in ASAP?
- A:** This will occur when the start exam event is triggered by a QMP (qualified medical provider). In order to satisfy EMTALA, CMS has always been adamant about the difference in triage and the medical evaluation necessary to rule out the existence of an unstable emergency medical condition. The triage nurse is not considered a QMP.
- Q:** What will our work flow/process be with Epic for positive cultures (tests that may come back hours to days after the ordering physician finished the shift)?
- A:** These results will appear in the Results InBasket and a result note is available if follow-up is needed.
- Q:** Can we have Epic playground installed in our unit?
- A:** Typically users are given access after their first training class. It would be published to an account, not a specific computer.
- Q:** Can the admission list be changed?
- A:** No, but you can set up a preference list.
- Q:** Can the follow-up referral list be changed?
- A:** No, that is not configurable.
- Q:** Where can a provider document when he/she starts an IV?
- A:** There is not currently a place for a provider to document an IV, only nursing.
- Q:** Where can a provider document a venous stick for blood only (like a fem stick for labs)?
- A:** Smart Text will be used to create something in this regard.
- Q:** Is there a clinical impression preference list that we can build or attach? When searching for "alcohol intoxication" for example, there's an overwhelming amount of results that appear, when only a few are used with any regularity.

- A:** It is not Epic's recommendation to do so, we actually intentionally unattached the clinical impression preference list. The reason we do this is because IMO (the vendor that we get the ICD codes from) has some logic built in that helps with effective searching- attaching a preference list negates that logic and actually makes searching for a diagnosis a bit less effective.
- Q:** The HCGH Peds ED nurses also work in the MCU and NICU, inpatient units. Will they need inpatient training as well?
- A:** Yes, they will need to attend both training classes for ED and Inpatient.
- Q:** How many charts can providers have open at one time?
- A:** The default is two (2).
- Q:** Will we have a preview screen (ED010)?
- A:** Yes, you will have the pre-login view.
- Q:** How will prescriptions be sent to a pharmacy or available to a patient?
- A:** EPrescribing will default eRx and override to print
- Q:** Where will ED patient ultrasound images be stored?
- A:** Ultrasound images will be stored as they are now:
- DR Systems at HCGH
 - GE/IDX PACs at Sibley
- Q:** Will there be an ultrasound procedure template available in ASAP?
- A:** Smart text will be used for now, there is not time to build this template prior to the June 1, 2013 go live.
- Q:** What will appear in the InBasket if not documented in the triage navigator?
- A:** A variety of charting reminders will appear; chief complaint, acuity, allergies, history and home meds.
- Q:** Does the triage nurse need to sign up for the patient on the care team?
- A:** No, it is not necessary.
- Q:** Does the lab status update when one result is back or all results?
- A:** It will update with one result, but the counter is more useful.
- Q:** How will ready for Radiology reevaluation be triggered at night when there are no final imaging results?
- A:** This will be a build follow-up, the status won't trigger at night. Placed on the optimization list.
- Q:** What triggers the attestation icon on the trackboard?
- A:** The attestation icon is triggered when the midlevel is assigned.
- Q:** How can I view all ED provider notes at once?
- A:** The ED notes report/academic report will be updated to show shared notes, not just signed notes, and all note types.

Q: What information/data from previous visits will be available in Epic?

A: The data conversion plan is as follows:

10 years academic medical centers

- Encounters, Labs, Radiology Results, Image Links, Documents, Immunizations (EPR JHH, EPR BMC, SCM), Harriet Lane Clinical Vitals, Ophthalmology, Insurance

All data (7 – 8 years) JHCP

- Encounters, Allergies, Medication, Problems, Labs, Immunizations, Documents, Clinical Observations

3 years community division hospitals

- Encounters, Labs, Documents, Image Results, Image Links, Charges