

EPIC ADVISOR ENHANCEMENTS

January 30, 2024 Meeting

Ambulatory -

Approved for Production: Move on 02/06/2024

Item Name	Description	ER #
None		

Acute -

Approved for Production: **Move on 02/01/2024**

Item Name	Description	ER #
Behavioral Health Advance Directive Build	New 2024 Measures for Psychiatric/Medical Advance Directive for Inpatient Behavioral Health. Currently, charts for Inpatient Behavioral Health are failing the measure which is causing a loss in revenue.	EPREQ0017822

Approved for Production: **Move on 02/06/2024**

Item Name	Description	ER #
Last Admission Medication Reconciliation Column	Add Last Admission Medication Reconciliation Completed column to Regulatory and Quality Reporting and Data Collection Reports for HBIPS/IPFQR measures.	EPREQ0018333
Birth Weight for Pharmacist Storyboard	Add Birth Weight to Pharmacist Storyboard for patients < 1 month old.	EPREQ0004321
Labor & Delivery Nursing: Create a Charges Preference List	Obstetrics Inpatient Nurses do not routinely drop charges from the charge capture activity. The one exception is for steroid injections and/or Rho(D) Immunoglobulin administration during outpatient encounters scheduled specifically for that purpose. This change displays the correct charge in the preference list to remove the need to search for the correct charge.	EPREQ0017686
RWJBH Buprenorphine Home Induction Instructions	This change automatically embeds custom Buprenorphine Home Induction Instructions within the IP or ED AVS when the patient is prescribed suboxone or buprenorphine after discharge or the ED MOUD SmartSet has been activated.	EPREQ0016853

Other (Ancillary, Access/Revenue, Digital, Data & Analytics) -

Approved for Production: **Move on 01/31/2024**

Item Name	Description	ER #
Front Desk & Security: New Columns for Visitor Restrictions and Violence	The In-House Census activity and the Today's Patients Report now contain specific columns to increase visibility into information regarding CLOVER, Visitor Restrictions, and VAT (Violence Assessment Tool).	EPREQ0007510

Approved for Production: **Move on 02/06/2024**

Item Name	Description	ER #
Inpatient Physical Therapy (IP PT) Navigator	Add Occulo - Vestibular Test to IP PT Navigator.	EPREQ0016625
Screening Form for Inpatient Rehab	Update Screening Form for inpatient rehab to be efficient for use by rehab staff.	EPREQ0016721
Custom List Values for Discharge Recommendation	Update Custom List Values for Discharge Recommendation.	EPREQ0017177

Ambulatory - PROVIDER

Approved for Production: Move on 02/06/2024

Item Name	Description	ER #
None		

Acute - PROVIDER

Approved for Production: **Move on 02/06/2024**

Item Name	Description	ER #
Corrected Cytogenetics Report Update	There will be a new result component on cytogenetics reports to allow for documentation of corrections/amendments made to the original report.	INC1404407
New BPA for Sickle Cell or Thalassemia Diagnosis	A new Best Practice Advisory (BPA) will be created to alert when ordering blood for patients with a diagnosis of Sickle Cell or Thalassemia. It will recommend adding a blood special requirement for sickle cell negative blood.	EPREQ0013579
RWJBH Buprenorphine Home Induction Instructions	This change automatically embeds custom Buprenorphine Home Induction Instructions within the IP or ED AVS when the patient is prescribed suboxone or buprenorphine after discharge or the ED MOUD SmartSet has been activated.	EPREQ0016853

Approved for Production: **Move on 02/13/2024**

Item Name	Description	ER #
Blood Order Consent Question Revised	The consent question on the blood orders has been revised.	EPREQ0007226

Other (Ancillary, Access/Revenue, Digital, Data & Analytics) - PROVIDER Approved for Production: **Move on 02/06/2024**

Item Name	Description	ER #
None		

ACUTE

Admission Medication Administration Completed Column

Application: Behavioral Health

Owner: Dave Atlas

EPREQ0018333

Request to add a new column to Behavioral Health Regulatory Quality Reporting reports to display the last date and time admission medication reconciliation was completed.

My Patients 48 Patients

Refreshed just now Search RWJBH All H...

Bed/Location	Patient	Primary Problem	Last Treat Plan	Restraint Order Ends	1:1 order	Psych Certification Status	IP Admit Date/Time	CSSRS (Lifetime) Risk Score	Legal Status	Code Status	New Rslt Flag	New Note	Cosi Note	Cosi Ord	Expi Ord	Metabolic Screening Complete?	Last Admission Med Rec Completion
02-B	Him, Test Four Ip... 23 y.o. / ND	Anorexia (Principal Hospital Problem)	—	No order found	—	30 Day Re...	3/30/23 2:25 PM	!! High Risk	—	Assume Full	🧪	📄	—	💬	—	●	1/30/2024 2:33 PM
0333-A	Genericip, Patience 44 y.o. / F	Chest pain (Principal Hospital Problem)	—	No order found	—	—	2/7/22 4:44 PM	—	—	FULL	🧪	—	—	💬	—	●	No medication reconciliation found
07-A	Him Ip Bh, Three 23 y.o. / F	Lower gastrointestinal distress (Principal Hospital Problem)	—	No order found	—	12 Day Re...	3/30/23 1:58 PM	—	—	FULL	!	📄	—	💬	—	●	No medication reconciliation found
09-B	Willow Amb, Chri... 54 y.o. / F	Anxiety (Principal Hospital Problem)	—	No order found	—	30 Day Re...	8/1/23 11:12 AM	—	—	FULL	🧪	—	—	💬	—	●	No medication reconciliation found
101-A	Cooperman, Behave 33 y.o. / F	MDD (major depressive disorder), recurrent episode, mild (CMS/HCC)...	—	No order found	—	12 Day Re...	9/12/23 1:02 PM	—	Inv...	FULL	!	📄	👤	💬	—	●	1/19/2024 10:42 AM
103-B	Wavefive, Bhone 45 y.o. / F	Anxiety (Principal Hospital Problem)	—	No order found	—	12 Day Re...	8/7/23 11:48 AM	!! High Risk	—	FULL	🧪	—	—	—	—	●	1/30/2024 2:22 PM
105-A	Testpess, Pmia 34 y.o. / M	MDD (major depressive disorder), recurrent episode, mild (CMS/HCC)...	—	No order found	—	12 Day Re...	9/13/23 9:22 AM	⚠	Inv...	FULL	🧪	—	—	💬	—	●	10/24/2023 8:59 AM
109-A	Cbmc, Mobilescreen 31 y.o. / M	Anxiety (Principal Hospital Problem)	—	No order found	—	12 Day Re...	9/13/23 12:34 PM	⚪	Vol...	FULL	—	—	—	💬	—	●	10/24/2023 8:56 AM
1101-B	Wavefour, Bhtwo 45 y.o. / F	Severe episode of recurrent major depressive disorder, without psychotic features...	—	No order found	—	12 Day Re...	1/10/23 2:59 PM	!! High Risk	Vol...	FULL	—	📄	—	💬	—	●	No medication reconciliation found
1102-B	Wavefour, Adultt... 51 y.o. / F	Depression (Principal Hospital Problem)	—	No order found	—	12 Day Re...	10/31/22 10:16 AM	—	Vol...	FULL	—	—	—	💬	—	●	No medication reconciliation found
1103-A	Wavefour, Bhthree 45 y.o. / F	Acute depression (Principal Hospital Problem)	—	No order found	—	12 Day Re...	1/10/23 2:59 PM	—	Vol...	FULL	—	—	—	—	—	●	No medication reconciliation found
1109-B	Wavefour, Bhsix 45 y.o. / F	Acute depression (Principal Hospital Problem)	—	No order found	—	12 Day Re...	1/10/23 2:59 PM	No Risk In...	—	Assume Full	—	📄	—	💬	—	●	No medication reconciliation found
1120-A (NBR ENDOSCOPY)	Wavefour, Adultf... 51 y.o. / F	Eating dirt (Principal Hospital Problem)	—	No order found	—	30 Day Re...	10/31/22 10:16 AM	—	Vol...	FULL	—	📄	—	💬	—	●	9/15/2023 1:12 PM
1123-B	Wavefour, Adultei... 51 y.o. / F	Depressed	—	No order found	—	30 Day Re...	10/31/22 10:16 AM	—	—	Assume Full	🧪	📄	—	💬	—	●	9/15/2023 1:09 PM
182-B	Bhresidential, Mike	Depression (Principal	—	No order	—	12 Day Re...	5/23/22 8:24	!!	—	FULL	—	📄	—	💬	—	●	No medication reconciliation

New Advance Directive Build

[Moving to Production 2/1/2024]

Application: Behavioral Health

Owner: Dave Atlas

EPREQ0017822

New 2024 Measures for Psychiatric/Medical Advance Directive for Inpatient Behavioral Health. Currently, charts for Inpatient Behavioral Health are failing the measure which is causing a loss in revenue. The updated build will combine both medical and psychiatric advance directives, which include new questions surrounding the surrogate/decision maker. These changes have been vetted by Behavioral Health operational and quality Subject Matter Experts (SMEs).

Clinical Documentation

Admission

Discharge

Assessments

INTAKE

BestPractice

Access Center R...

Patient Contacts

History

Psych Treatments

Gender Identity/...

Military History

Interpreter Services

Treatment Team

Episodes

Pharmacy

ASSESSMENT

Psychosocial

Education

Disability Status

Employment/Fin...

Advance Directives

Cultural/Spiritual...

Strengths and Ba...

Trauma Evaluation

Trauma History

VAT

Violence Risk

Advance Directives

Responsible Create Note

☐ Show Row Info ☒ Show Last Filed Value ☐ Show Details ☒ Show All Choices

Advance Directives

Do you have an appointed surrogate decision maker for Medical and Behavioral Health if you are unable to make your own decisions?

Yes No

Does the patient have a Medical Advance Directive?

Yes No

Does the patient have a Psychiatric Advance Directive?

Yes No

WRAP (Wellness Recovery Action Plan)

Yes No

Safety Plan

Yes No

Restore

Close

Cancel

Previous

Next

New Advance Directive Build, continued

[Moving to Production 2/1/2024]

Application: Behavioral Health

Owner: Dave Atlas

EPREQ0017822

Behavioral Health team consolidated both Medical and Psychiatric advance directives into one assessment called "Advance Directive." Additional flowsheet rows were created to ask if the patient has a surrogate decision maker, if the patient has a Medical/Psychiatric Advance Directive, and if the patient refused or if they would like to complete the advance directive.

Advance Directives

Responsible Create Note Show Row Info Show Last Filled Value Show Details Show All Choices

Advance Directives

Do you have an appointed surrogate decision maker for Medical and Behavioral Health if you are unable to make your own decisions?

Yes No

Surrogate Decision Maker Name and Number

Does the patient have a Medical Advance Directive?

Yes No

Patient was provided information about Medical Advance Directives

Yes No

Does the patient have a Psychiatric Advance Directive?

No taken 1 week ago

Yes No

Patient was provided information about Psychiatric Advance Directives

Yes taken 1 week ago

Yes No

Psychiatric Advance Directive

Patient has MH advance directive, copy in chart; Patient has MH advance directive, copy not in chart

Copy requested from clinic Copy requested from family Copy request

MH Advance Directive not in Chart

Copy requested from other (Comment)

WRAP (Wellness Recovery Action Plan)

Yes No

Safety Plan

Yes No

Patient was provided information about Medical Advance Directives

Yes No

After receiving the information, does the patient want to complete a Medical Advance Directive?

Patient Refused Patient would like to complete Medical Advance Directive

Does the patient have a Psychiatric Advance Directive?

No taken 1 week ago

Yes No

Patient was provided information about Psychiatric Advance Directives

Yes taken 1 week ago

Yes No

After receiving the information, does the patient want to complete a Psychiatric Advance Directive?

Patient Refused Patient would like to complete Psychiatric Advance Directive

[Return to Agenda](#)

Epic together.

New Advance Directive Build, continued

[Moving to Production 2/1/2024]

Application: Behavioral Health

Owner: Dave Atlas

EPREQ0017822

Updated Required Documentation for Inpatient Behavioral Health departments to consolidate into one task called "Advance Directives." Updated Advance Directive required documentation logic to reflect newly created rows.

Created new Discharge Required documentation task to trigger for Social Workers if the patient does not have a WRAP plan.

🕒 Required within 24 Hours of Admission

Last Updated: 0928

🔴 Overdue (8)

➤ Advance Directives

➤ Alcohol Screening

➤ Discharge Planning Assessment

➤ Drug Screening

➤ Psychosocial Assessment

➤ SDOH

➤ Trauma and Abuse Assessment

➤ Values and Beliefs Assessment

🕒 Required Before Discharge

Last Updated: 0955

🕒 Not Completed (4)

➤ After Visit Summary Printed

➤ Patient Education Resolved

➤ TOC Transmission

➤ WRAP

12/11/23

Advance Directives

👤 Responsible ✚ Create Note

☐ Show Row Info ☒ Show Last Filed Value ☐ Show Details ☒ Show All Choices

Advance Directives

🔴 Do you have have an appointed surrogate decision maker for Medical and Behavioral Health if you are unable to make your own decisions?

Yes No 📄 ⌵ 🗑

🔴 Does the patient have a Medical Advance Directive?

Yes No 📄 ⌵ 🗑

🔴 Patient was provided information about Medical Advance Directives

Yes No 📄 ⌵ 🗑

🔴 Does the patient have a Psychiatric Advance Directive?

Yes No 📄 ⌵ 🗑

🔴 Patient was provided information about Psychiatric Advance Directives

Yes No 📄 ⌵ 🗑

Psychiatric Advance Directive

☐ Patient has Psychiatric advance directive, copy in chart ☐ Patient has Psychiatric advance directive, copy not in chart 📄 ⌵ 🗑

🔴 WRAP (Wellness Recovery Action Plan)

Yes No 📄 ⌵ 🗑

🔴 Safety Plan

Yes No ⌵ 🗑

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Epic together.

Birth Weight for Pharmacist Storyboard

Application: Willow IP
Owner: Andrew Raphelt

EPREQ0004321

Pharmacists want access to birth weight when checking neonatal doses. This column only appears on the Pharmacist Storyboard for patients who are less than 1 month old and have a birth weight documented.

Allergies: No Known Allergies

ADMIT TO ICU: 1/16/2024 (10D 9H)

Patient Class: **Newborn**

Expected Discharge: 4 d

Trisomy 18

CrCl: None

Len: 50 cm (52%)

Wt: 2560 g (<1%)

BMI: —

BSA: 0.19 m²

NO NEW RESULTS, LAST 36H

Birth Weight and Last Weight:

Birth Wt: 2810 g (12%),

Last Wt: 2560 g (<1%)

Opioid Use Disorder/Overdose

Allergies: Morphine

ADMITTED: 1/25/2024 (1 D)

Patient Class: **Inpatient**

Expected Discharge: 2 d

COVID-19

CrCl: 125 mL/min

Height: 170.2 cm

Wt: 99.8 kg

BMI: **34.46 kg/m² !**

BSA: 2.17 m²

i-Vents: 1 Open

NEW RESULTS (LAST 36H)

 Lab (9)

 Imaging (1)

 Other (1)

Opioid Use Disorder/Overdose

Labor & Delivery Nursing: Created a Charges Preference List

Application: Stork
Owner: Grace Ogot

EPREQ0017686

Obstetrics Inpatient Nurses do not routinely drop charges from the charge capture activity. The one exception is for steroid injections and/or Rho(D) Immunoglobulin administration during outpatient encounters scheduled specifically for that purpose. This change displays the correct charge in the preference list to remove the need to search for the correct charge.

Requested by Revenue Integrity.

Charges

Charge Capture

Service Date: 1/9/2024 | Department: CBMC 3500 L&D | Place of Service: Cooperman Barnabas | Service Provider: ObstetricsId, Nurse, RN | Billing Provider: Obstetrics-Gynecology | Referring Provider:

Search for new charge + Add

EpicCare Inpatient Charges Enter

Refresh System Filter Pers

No charges to display

Close

Preference List Browser - Stork, Lisa

Preference Lists

Charges

HC IM/SQ INJECTION NONCHEMO

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Epic together.

RWJBH Buprenorphine Home Induction Instructions

Application: ASAP/Clin Doc
Owner: Ben Emanuels

EPREQ0016853

This change automatically embeds custom Buprenorphine Home Induction Instructions within the IP or ED AVS when the patient is prescribed suboxone or buprenorphine after discharge or the ED MOUD SmartSet has been activated.

- This change was validated by ED physician leadership.

For additional information, [click here for the RWJBH Buprenorphine Home Induction Instructions.](#)

After Visit Summary

Selected Documents

 IP AVS - Discharge 

Available Documents

Asthma Action Plan 

COVID-19: Share the F... 

COVID-19: Overview &... 

COVID-19: What to Do i... 

Medication Calendar 

Medication PMI 

New Jersey Universal T... 

Rx Savings Offers-Medi... 

E-sign 1 documents

 E-sign

Print 1 documents

 Print

Resolve these issues before printing  

IP AVS - Discharge Selected to print

Starting Suboxone after STOPPING opioids 
(Suboxone, Subutex, "Subs", BUPE)

When do I start?

- Stop using. Wait until you are in withdrawal. Taking BUPE too early will CAUSE WITHDRAWAL.
- The more withdrawal you have the better BUPE will work.
- Wait until you have AT LEAST 5 of the symptoms below. If you do not five, then WAIT LONGER.
→ In general wait at least 24 hours since you last used.
- Yawning • Sweating • Bone or muscle pain • Vomiting
- Runny Nose • Unable to sit still • Hot flashes • Stomach Cramps
- Goose Bumps • Shaking • Muscle twitches • Nausea

Things NOT TO DO with BUPE

- DON'T use BUPE while you are high, you WILL get sick!
- DON'T binge on alcohol or benzos (Xanax, Klonopin, Valium, Ativan, Librium).
The combination is extremely dangerous.
- DON'T use BUPE if taking opioid pain killers (Percocet, Vicodin) unless you talk to you doctor.
- DON'T swallow BUPE, it will not work. It only works if it melts under your tongue.

While you wait

- You may have received prescription medication to decrease your withdrawal symptoms while you wait. Check the label for how to take the medication and use it as needed until you are ready to take the bupe.

ANCILLARY

Add Occulo - Vestibular Test to Inpatient Physical Therapy Navigator

Application: Rehab
Owner: Silverio Derikito

EPREQ0016625

Affected users: PT IP Only

Request: Expansion of vision section or addition of vestibular section

Navigators

Evaluation | Treatment | Discharge | Outcome Measures

Oculo-Vestibular Testing

Responsible | Create Note | Show Row Info | Show Last Filed Value | Show Details | Show All Choices

Oculomotor/Vestibular Test

Oculomotor/Vestibular Test

✓ Oculomotor Test | ✓ VOR Test | ✓ Position Test | ✓ McTSIB

Oculomotor Tests

Vestibulo-Ocular Reflex (VOR) Test

Positioning Test

Modified Clinical Test of Sensory Interaction on Balance (MCTSIB)

Restore | Close | Cancel | Previous | Next

General Assessment

New Reading

ED to Hosp-Admission (Current) from 12/11/2023 in NBI A6 MED SURG TELEMETRY with Ahmad, Nausher, MD, Choksi,...

12/27/2023 1634 | 1/19/2024 0917

PT Assessment

PT Assessment Results	Decreased strength; Decreased endurance; Decreased mobility; Impaired balance; Decreased cognition; Impaired judgement; Decreased safety awareness	Decreased strength; Decreased endurance; Decreased mobility; Impaired balance; Decreased cognition; Decreased range of motion; Pain
Patient Clinical Presentation	Moderate Complexity - The clinical presentation is evolving with changing characteristics	Re-Evaluation
PT Evaluation (Moderate) Time Entry	0	0
PT Re-Evaluation Time Entry	0	0
PT Eval Assessment	pt tolerated PT session fairly. Pt demonstrated impaired balance, endurance, and overall functional mobility.	pt tolerated PT session fairly. Pt demonstrated impaired balance, endurance, and overall functional mobility.
Prognosis	Fair	Fair
PT Assessment Comments	Pt stated that "tomorrow" they would be willing to attempt standing.	Pt stated that "tomorrow" they would be willing to attempt standing.
Treatment Emphasis to focus on	Pain Management; Increasing Strength; Increasing Endurance; Gait Training; Improving posture; Improving Balance and Safety; Stair Training; Patient/caregiver education; Improving comfort/positioning	Pain Management; Increasing Strength; Increasing Endurance; Gait Training; Improving posture; Improving Balance and Safety; Stair Training; Patient/caregiver education; Improving comfort/positioning

[Return to Agenda](#)

Epic together.

Update Screening Form for Inpatient Rehab

Application: Rehab
Owner: Silverio Derikito

EPREQ0016721

Affected users:
PT/OT/SLP IP Only

Request: Screening tool
needs to be changed to
be efficient for use by
rehab staff.

Current

The current interface shows a 'Rehab Screening Form' with a header bar containing 'Responsible' and 'Create Note' buttons. Below the header, there are checkboxes for 'Show Row Info', 'Show Last Filed Value', 'Show Details', and 'Show All Choices'. The form is divided into several sections: 'Reason for screening' with checkboxes for 'Signs/Symptoms of Stroke', 'Use of therapy services at home up to 1...', 'PT', 'OT', 'SLP', 'Speech deficit', 'Greater than 3 falls in the last 2 months', 'Swallowing difficulty', and 'Other (comment)'; 'Patient medical history' with checkboxes for 'Multiple diagnosis which may have a negative impact on functional ability', 'New diagnosis which may have a negative impact on functional ability', 'Limited diagnosis that have a minimal impact on functional ability', and 'Other (comment)'; 'Pertinent functional history' with checkboxes for 'Patient presently at prior level of function', 'Patient has limited potential for independence or improvement with...', 'Patient uses alternative means of nutrition', 'Patient was unable to communicate independently prior to admission', 'Patient had a VSS in the past two months', and 'Patient has adequate support system at home'; and 'Recommendation based on review' with a table of checkboxes for 'Order skilled occupational therapy for this patient', 'Order skilled physical therapy for this patient', 'Order skilled speech therapy for this patient', 'Order skilled dysphagia therapy for this patient', 'Order Physiatry consultation', 'No Physical Therapy indicated at this time', 'No Occupational Therapy indicated at this time', 'No Speech Language Pathology indicated at this time', and 'Other (comment)'. At the bottom, there are buttons for 'Restore', 'Close', 'Cancel', 'Previous', and 'Next'.

After

The updated interface shows a 'Rehab Screening Form' with a header bar containing 'Responsible' and 'Create Note' buttons. Below the header, there are checkboxes for 'Show Row Info', 'Show Last Filed Value', 'Show Details', and 'Show All Choices'. The form is divided into several sections: 'Reason for screening' with checkboxes for 'Signs/Symptoms of Stroke', 'Use of therapy services at home up to 1...', 'PT orders', 'OT orders', 'SLP orders', 'Speech deficit', 'Greater than 3 falls in the last 2 months', 'Swallowing difficulty', and 'Other (comment)'; 'Patient medical history' with checkboxes for 'Multiple diagnosis which may have a negative impact on functional ability', 'New diagnosis which may have a negative impact on functional ability', 'Limited diagnosis that have a minimal impact on functional ability', and 'Other (comment)'; 'Pertinent functional history' with checkboxes for 'Pt is currently performing ADL's independently in the hospital this admission', 'Pt is currently performing functional mobility independently in the hospital this admission', 'Patient presently at prior level of function', 'Patient has limited potential for independence or improvement with rehab (No change...)', 'Patient uses alternative means of nutrition', 'Patient was unable to communicate independently prior to admission', 'Patient had a VSS in the past two months', and 'Patient has adequate support system at home'; 'Clinical Information gathered during chart review and/or observation confirmed with' with checkboxes for 'Family', 'Patient', 'Staff', and 'Other (comment)'; 'Notified of Screening results' with checkboxes for 'Case Manager', 'RN', 'MD', 'Family', 'Patient', and 'Other (comment)'; and 'Recommendation based on review' with a table of checkboxes for 'No Physical Therapy indicated at this time', 'No Occupational Therapy indicated at this time', 'No Speech Language Pathology indicated at this time', and 'Other (comment)'. At the bottom, there are buttons for 'Restore', 'Close', 'Cancel', 'Previous', and 'Next'.

Update Screening Form for Inpatient Rehab, continued

Application: Rehab
Owner: Silverio Derikito

EPREQ0016721

Affected users:
PT/OT/SLP IP Only

Request: Screening tool
needs to be changed to
be efficient for use by
rehab staff.

Halka, Maria Elena, OT
Occupational Therapist
Occupational Therapy

Progress Notes ⚠️📄
Signed

Date of Service: 1/29/2024 9:16 AM

Signed
RWJBarnabas
HEALTH

Rwjuh Somerset
110 REHILL AVENUE
SOMERVILLE NJ 08876-2519

Occupational Therapy Screening Form

Name: Adttrn Twentyninea
DOB: 1/1/1919
Patient Room/Bed: 162/162-B

Date: 1/29/2024
Date of onset: 2/16/2023

Rehab Screening Form
Reason for screening: OT orders
Patient medical history: Multiple diagnosis which may have a negative impact on functional ability
Pertinent functional history: Pt is currently performing ADL's independently in the hospital this admission
Clinical Information gathered during chart review and/or observation confirmed with: Family, Patient, Staff
Notified of Screening results: RN, MD, Family
Recommendation based on review: No Occupational Therapy Indicated at this time

Maria Elena Halka, OT
NJ: 46TR00209100
Date 1/29/2024

Update Custom List Values for Discharge Recommendation

Application: Rehab
Owner: Silverio Derikito

EPREQ0017177

Affected users: PT IP

Request: Replace discharge rec of "home with assistance" with 2 options: "home with family care" and "home with HHA."

Current

PT Discharge Recommendations
[Sub-acute rehab facility](#) taken 3 days ago

☐ Home independent	☐ Home with 24 hour supervisor	☐ Home with assistance	☐ Home PT
☐ Home PT with Services	☐ Outpatient PT	☐ Skilled nursing facility placement	☐ Rehab facility
☐ Sub-acute rehab facility	☐ Inpatient acute rehab facility pl...	☐ Return to facility	☐ Rehab, however working towa...
☐ Other (Comment)			

After

PT Discharge Recommendations
[Sub-acute rehab facility](#) taken 3 days ago

☐ Home independent	☐ Home with 24 hour supervision	☐ Home with family care	☐ Home with Home Health Aide
☐ Home PT	☐ Home PT with Services	☐ Outpatient PT	☐ Skilled nursing facility placement
☐ Rehab facility	☐ Sub-acute rehab facility	☐ Inpatient acute rehab facility pl...	☐ Return to facility
☐ Rehab, however working towa...	☐ Other (Comment)		

ACCESS / REVENUE



Front Desk & Security: New Columns for Visitor Restrictions and Violence

[Moving to Production 1/31/2024]

Application:
Prelude/Cadence
Owner: Sean McGee

EPREQ0007510

The In-House Census activity and the Today's Patients Report now contain specific columns to increase visibility into information regarding CLOVER, Visitor Restrictions, and VAT (Violence Assessment Tool).

Today's Patients Report - Today's Patients Info Desk

Refresh Settings Apps Patient Appointments Patient Station Add Patient Expected Pts Pts Waiting

Search patients

1/29/2024		Yesterday	Today	Tomorrow				
Name	MRN	DOB	Gender	S... T... P	Visitor Restrictions	Adm. Bed	VAT Risk Level	CLOVER
Alteplase, Lynn	30100252	04/10/36	M	x...	Visitor Restricted - Patient Requested		Low	CLOVER
Amb Test, Sboard	10001195	02/03/89	F	x...				
Radiant, Beth	203821	06/04/75	F	x...				

Demographics

Alteplase, Lynn
87 yrs (4/10/1936)
Male
MRN: 30100252
PCP: Not on file
Address: Not on file
Contact Info: Not on file
Patient Contact: Not on file

Current Encounter 233-A

Admission at 3/31/2022 1406

Status: Admission Confirmed
Service: Neurology
Department / Room: SOM 2S ICU/IMCU / 233
Attending Provider: O'Mahony, Stephen P, MD
Bed Phone: None
Isolation?: None
Visitor Restrictions: Visitor Restricted - Patient Requested
Visitor Restrictions Instructions: Example of Visitor Restriction text
Adm. Bed: 233-A
Case #: None

Info Desk Census

Patients In-House

Name (MRN)	Unit	Current Location	Bed Phone Number	CLOVER	Visitor Restrictions	Visitor Restrictions Instructions	VAT Risk Level
Adams, John (10000615)	SOM 2E CARDIOLOGY	275-B (SOM Main Lobby)	64922		Visitor Restricted - Facility/Security	This is required documentation if Visitor Re...	Very High
Adtrns, Transportdemo (204669)	SOM 4W NEUROLOGY	482-A	68952		Visitor Restricted - Patient Requested		
Alpha, Jack (00298853)	SOM MAIN OR	SOM MAIN OR POOL (SOM MAIN OR)					

Print Form
Pt Station

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Epic together.

ACUTE - PROVIDER

Cytogenetics Corrected Reports

Application: Beaker
Owner: Melissa Bloomquist

INC1404407- Currently, there is no clear documentation to indicate that a correction or amendment has been made to a cytogenetics report. A new result component named "Amendment" will be added to these assays to allow for documentation of any changes/corrections that have been made to the report.



DEPARTMENT OF PATHOLOGY & LABORATORY MEDICINE
RWJ University Hospital New Brunswick
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Director: Gratian Salaru, MD

Nbr, Emergency
MRN: 00388361
Sex: F, Age: 49, DOB: 7/8/1974
Encounter #: 10100511701

Report for: Champion, Physician, MD
123 Anywhere Street
MADISON WI 53719

HER-2 / NEU, FISH (Edited)

Amendment

Updated the number of cells counted from 20 to 21.

FISH ERBB2/D17Z1 Interpretation

ISCN KARYOTYPE

nuc ish(ERBB2x xx,D17Z1x xx)[40]

Summary

Equivocal result with average number of HER2 signals ≥ 4 but < 6 per cell.

Clinical Interpretation

Average HER2 (ERBB2) copy number:

Average CEP17 (D17Z1) copy number:

Ratio of average HER2/CEP17:

Number of tumor cells counted: 21+21 Number of observers: 2

Cytogenetics Director Signout

Electronically signed by Hana Aviv, on 01/29/24 at 10:26 AM.

New Best Practice Advisory (BPA) for Sick Cell or Thalassemia Diagnosis

Application: Orders
Owner: Diane Massi

EPREQ0013579

A new BPA will be created to trigger when blood is being ordered on a patient with a diagnosis of Sick Cell or Thalassemia.

The alert recommends that the clinician document a special requirement for Sick Cell Negative blood if appropriate.

BestPractice Advisory - Stroke, Ldamed

Critical (1)

The patient has a diagnosis that indicates Sick Cell (Hgb S) Negative blood should be ordered. Please add SICKLE CELL (HGB S) NEGATIVE option as a SPECIAL REQUIREMENT in the Prepare order. Otherwise document why this is not appropriate for this patient.

Acknowledge Reason

Hgb S Negative will be added in the Prep... Patient does not meet criteria (comment ...)

Accept

Special requirements: ☐ Irradiated ☐ Washed ☐ CMV Negative

☒ Sick Cell (Hgb S) Negative

☒ Save as patient's requirements

RWJBH Buprenorphine Home Induction Instructions

Application: ASAP/Clin Doc
Owner: Ben Emanuels

EPREQ0016853

This change automatically embeds custom Buprenorphine Home Induction Instructions within the IP or ED AVS when the patient is prescribed suboxone or buprenorphine after discharge or the ED MOUD SmartSet has been activated.

- This change was validated by ED physician leadership.

For additional information, [click here for the RWJBH Buprenorphine Home Induction Instructions.](#)

After Visit Summary

Selected Documents

IP AVS - Discharge

Available Documents

- Asthma Action Plan
- COVID-19: Share the F...
- COVID-19: Overview &...
- COVID-19: What to Do i...
- Meducation Calendar
- Meducation PMI
- New Jersey Universal T...
- Rx Savings Offers-Medi...

E-sign 1 documents



Print 1 documents



Resolve these issues before printing 7 2

IP AVS - Discharge Selected to print

Starting Suboxone after STOPPING opioids
(Suboxone, Subutex, "Subs", BUPE)

When do I start?

- Stop using. Wait until you are in withdrawal. Taking BUPE too early will CAUSE WITHDRAWAL.
- The more withdrawal you have the better BUPE will work.
- Wait until you have AT LEAST 5 of the symptoms below. If you do not five, then WAIT LONGER.
→ In general wait at least 24 hours since you last used.
- Yawning • Sweating • Bone or muscle pain • Vomiting
- Runny Nose • Unable to sit still • Hot flashes • Stomach Cramps
- Goose Bumps • Shaking • Muscle twitches • Nausea

Things NOT TO DO with BUPE

- DON'T use BUPE while you are high, you WILL get sick!
- DON'T binge on alcohol or benzos (Xanax, Klonopin, Valium, Ativan, Librium).
The combination is extremely dangerous.
- DON'T use BUPE if taking opioid pain killers (Percocet, Vicodin) unless you talk to you doctor.
- DON'T swallow BUPE, it will not work. It only works if it melts under your tongue.

While you wait

- You may have received prescription medication to decrease your withdrawal symptoms while you wait. Check the label for how to take the medication and use it as needed until you are ready to take the bupe.

Blood Order Consent Question Revised

[Moving to Production 2/13/2024]

Application: Orders
Owner: Diane Massi

EPREQ0007226

The question on blood orders asking if the patient has a blood consent was causing issues.

The new answers will cover all scenarios. It will provide clearer, more accurate information for the compliance report, and providers will not be forced to order emergency blood when selecting 'No' to "is consent on file."

Transfusion of blood products requires authorization. The applicable types are as follows.
Informed Consent: Discussed risks, benefits, and alternatives with signed informed consent form.
Implied Consent: Only for Emergencies or Urgencies where a further delay in obtaining informed consent could result in patient harm. The provider must document the justification for using implied consent in the medical record when appropriate.
Court Order: Direction from a judge, court or other approved legal authority allowing transfusion.
Understanding Regarding Declination of Blood Products for Minors: For minors whose parents or guardians declined blood products and no court order can be obtained due to time constraints and blood products are immediately necessary to save the child's life or to prevent grievous bodily harm. The Understanding Regarding Declination of Blood Products for Minors document was reviewed with the parent(s)/guardian(s) and they were offered the opportunity to sign the document.

Prepare leukoreduced RBC: 1 Units

Priority: Routine **Routine** STAT

Prepare: 1 Units **1 Units**

Special requirements: ☐ Irradiated ☐ Washed ☐ CMV Negative
☐ Sickle Cell (Hgb S) Negative
☒ Save as patient's requirements

Transfusion indications:
☐ Active bleeding ☐ Acute coronary syndrome: Hgb 8 to 10 g/dL
☐ Coronary Artery Disease: Hgb <10g/dL ☐ Acute neurological event: Hgb 8 to 10 g/dL
☐ Asymptomatic and Hgb <=7 g/dL ☐ Bone marrow suppression/chemo: Hgb <8 g/dL
☐ Exchange transfusion ☐ Hemodynamically unstable ☐ Sickle cell/thalassemia
☐ Symptomatic anemia ☐ Transfusion dependent chronic anemia
☐ Postop CT surgery: Hgb <=7.5 g/dL ☐ Other (comment)

Type of authorization:

To use implied consent, attest to the following:
I, a physician or medical provider, deem transfusion of blood products an emergency.
The patient or proxy cannot engage in an informed consent discussion due their condition, or that engaging in an informed consent discussion would cause delay and undue harm to the patient.
I believe a reasonable person would agree to transfusion of blood products in a similar situation and attest that to the best of my knowledge I have not been put on notice that the patient refuses this blood product.
I have documented or will document the nature of the emergency in the medical record.

the answers definitions
will be at the top of each
order form.

If Implied consent is
selected the provider
will need to attest to
the statements on the
order form