

EPIC PROVIDER ENHANCEMENT REQUEST WEEKLY UPDATE

October 03, 2023 Meeting

Instructions and Example

On the appropriate “**Approved for Production**” slide, enter the following:

1. **Item Name**
2. Brief **Description** of the enhancement
3. **ER #**

Within the appropriate Tower section of the PPT, complete a slide for each change item:

1. Name of item in slide Title
2. Name of Application and Owner
3. Description of item in blue box
4. Screenshots to the right of blue box to illustrate the change, **including before and after images, as appropriate**

Approved for Production <Date>

Item Name ¹	Description ²	ER # ³
IP Obstetric Nursing Users	New Sidebar Report to easily access Med-Surg flowsheets for use with GYN patients.	RITM0092099

1 OB Nursing – New Sidebar Report

2 Application: Owner:

A new Sidebar report was created to provide easier access to Med-Surg flowsheets while caring for GYN patients who are bedded in an obstetrics unit (L&D, Antepartum and Postpartum).

Users can click on the title of each flowsheet to be navigated to that flowsheet.

3

OB Nursing Sidebar Index

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Flowsheets to Use for GYN Patients

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IV Assessment

Daily Cares

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Blood

Restraints (NV)

Adult/OB Interventions (Care Plan)

Patient Safety Watch Checklist

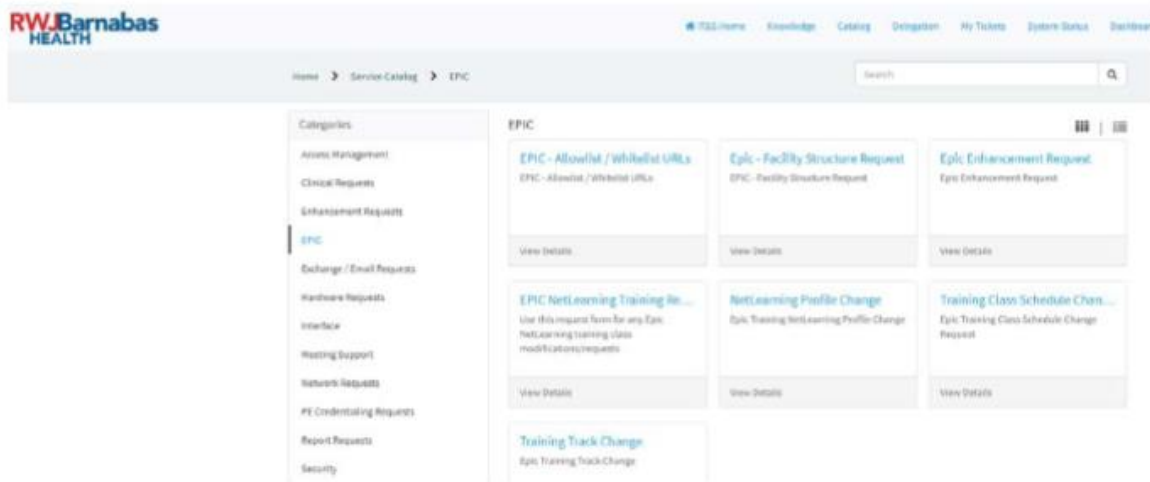
Room/Environmental Checklist for Suicidal/Violent Patients

4

Epic Optimization Process

□ Service Now Submission process

□ <https://rwjbh.service-now.com/sp>



The screenshot shows the 'Epic Enhancement Request' form in Service Now. The form includes fields for 'This request is for' (Myself), 'Requesting for' (Nicole Martinez), 'Site/Facility' (RWJBH University Hospital - Somerset), 'Department' (ADMINISTRATIVE SERVICES), 'Phone Number' (732) 309-4517, and 'Email Address' (Nicole.Martinez@RWJBH.org). It also has sections for 'Which EPIC module is this request for?', 'What Problem/Issue are you trying to resolve?', and 'Summary/Description of Enhancement'. A 'Submit' button is located at the top right, and an 'Add attachments' link is at the bottom right.

Ambulatory -

Approved for Production: Move on 10/05/2023

Item Name	Description	ER #
None		

Acute -

Approved for Production: Move on 10/05/2023

Item Name	Description	ER #
Problem List with ICD10 Codes Smartlink	Create a new Smartlink to pull in Problem List with ICD10 codes.	EPREQ0009353
Zosyn Panel Order Composer	Update default dose & frequency options in the Zosyn Extended Infusion & Zosyn Once panels.	EPREQ0003224
Add External Weblink Menu to Provider Main App Menu	The external Weblink menu is moving to the Epic main App menu.	EPREQ0009437
Direct Peritoneal Resuscitation Order Panel	Create a new order panel for dialysate.	EPREQ0004316
Transfusion Free Medicine and Surgery Screening	Updating the screening tool for Transfusion Free Medicine to clarify wording and additional questions.	

Other (Ancillary, Access/Revenue, Digital, Data & Analytics) - Approved for Production: **Move on 10/05/2023**

Item Name	Description	ER #
MyChart Scanslated Integration	Add print group with Scanslated link to radiology test results displayed in MyChart.	

ACUTE

Problem List with ICD10 Codes Smartlink

Application: Orders
Owner: Penny John

Create a new Smartlink to pull in the Problem List with ICD10 codes.

You can search .problem or .ICD10 to pull in the Problem List with ICD10 codes.

EPREQ0009353

□ Current:

(K95.89) Complication of bariatric procedure

(R06.02) SOB (shortness of breath)

(I63.513) Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle cerebral arteries (CMS/HCC)

(S73.005A) Hip dislocation, left (CMS/HCC)

(R06.02) Shortness of breath on exertion

(J45.909, Z79.51) Asthma dependent on inhaled steroids

.DIAGXPROSEICD

Principal Problem:

Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle cerebral arteries (CMS/HCC)

Active Problems:

Asthma dependent on inhaled steroids

Hip dislocation, left (CMS/HCC)

SOB (shortness of breath)

.HPROBL

	CD-10-C	
1. Complication of bariatric procedure	K95.89	Colonoscopy Colonoscopy CT Head Without Contrast CT Head Without Contrast US Carotid Duplex Bilateral US Carotid Duplex Bilateral
2. SOB (shortness of breath)	R06.02	US Dialysis Access AV Graft Upper Right US Dialysis Access AV Graft Upper Right Hepatitis B Surface Antigen, Qualitative, Serum Hepatitis B Surface Antigen, Qualitative, Serum Hepatitis B Surface Antigen, Qualitative, Serum clonoSEQ MRD Tracking, Blood clonoSEQ MRD Tracking, Blood clonoSEQ MRD Tracking, Blood clonoSEQ MRD Tracking, Blood
3. Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle cerebral arteries (CMS/HCC)	I63.513	clonoSEQ MRD Tracking clonoSEQ MRD Tracking
4. Hip dislocation, left (CMS/HCC)	S73.005A	clonoSEQ Clonality ID clonoSEQ Clonality ID
5. Shortness of breath on exertion	R06.02	clonoSEQ MRD Tracking clonoSEQ MRD Tracking
6. Asthma dependent on inhaled steroids	J45.909	clonoSEQ Clonality ID

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Epic together.

Problem List with ICD10 codes Smartlink, continued

Application: Orders
Owner: Penny John

Create a new Smartlink to pull in the Problem List with ICD10 codes.

You can search .problem or .ICD10 to pull in the Problem List with ICD10 codes.

EPREQ0009353

□ New:

Medical Problems				
Problem List		Date Reviewed: 10/2/2023		
	.ICD10			
	.PROBLEM	ICD-10-C M	Priority	Noted
* (Principal) Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle cerebral arteries (CMS/HCC)		I63.513	High	12/8/2021
Asthma dependent on inhaled steroids		J45.909, Z79.51	Medium	1/8/2021
Hip dislocation, left (CMS/HCC)		S73.005A	Medium	4/1/2021
Complication of bariatric procedure		K95.89	Medium	4/1/2021
SOB (shortness of breath)		R06.02	Medium	4/6/2022

Zosyn Panel Order Composer

Application: Willow IP
Owner: Andrew Raphelt

Only show 4.5 g dose button.

Only show Q8H & Q12H frequency buttons.

This dispenses dextrose or sodium chloride depending on what is carried by the pharmacy.

EPREQ0003224

☒ piperacillin-tazobactam (Zosyn) extended infusion New Orders (load and maintenance) - Adult

If loading dose has already been administered can unselect from this group

☒ Loading Dose over 30 minutes

☒ piperacillin-tazobactam (Zosyn) 4.5 g in sodium chloride 0.9% 100 mL IVPB
4.5 g, intravenous, at 200 mL/hr, Administer over 30 Minutes, Once, today at 1000, For 1 dose
Suspected Indication (Select all that apply): Bacteremia

☒ Maintenance Dose over 4 hours

☒ Maintenance Dose over 4 hours

☒ Normal Renal Function

☒ piperacillin-tazobactam (Zosyn) 4.5 g in sodium chloride 0.9% 100 mL IVPB ☒ Accept

Reference Links: [Neofax](#) [Micromedex](#) [Pediatrics](#)

Report: **No Creatinine Clearance results found.**

Dose:

Calculated dose: 100 mL

Route:

Frequency:

At

Admin Duration:

Starting For

First Dose

First Dose: **Today 1400** Final Dose: **Sat 10/7 0600**
Number of doses: **15**

10/02	10/03	10/04	10/05	10/06	10/07
1400	0600	0600	0600	0600	0600
2200	1400	1400	1400	1400	
	2200	2200	2200	2200	

Admin Duration:

☒ piperacillin-tazobactam (Zosyn) 4.5 g in sodium chloride 0.9% 100 mL IVPB ☒ Accept

Reference Links: [Neofax](#) [Micromedex](#) [Pediatrics](#)

Report: **No Creatinine Clearance results found.**

Dose:

Calculated dose: 100 mL

Route:

Frequency:

At

Admin Duration:

☒ piperacillin-tazobactam (Zosyn) extended infusion New Orders (load and maintenance) - Adult

If loading dose has already been administered can unselect from this group

☒ Loading Dose over 30 minutes

☒ piperacillin-tazobactam (Zosyn) 4.5 g in dextrose 5% 100 mL IVPB ☒ Accept

Reference Links: [Neofax](#) [Micromedex](#) [Pediatrics](#)

Report: **No Creatinine Clearance results found.**

Dose:

Calculated dose: 100 mL

Route:

Frequency:

At

Admin Duration:

[Return to Agenda](#)

Epic together.

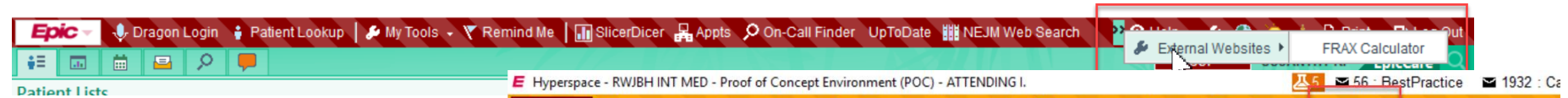
External Weblink Menu Added

Application: Orders
Owner: Diane Massi

EPREQ0009437

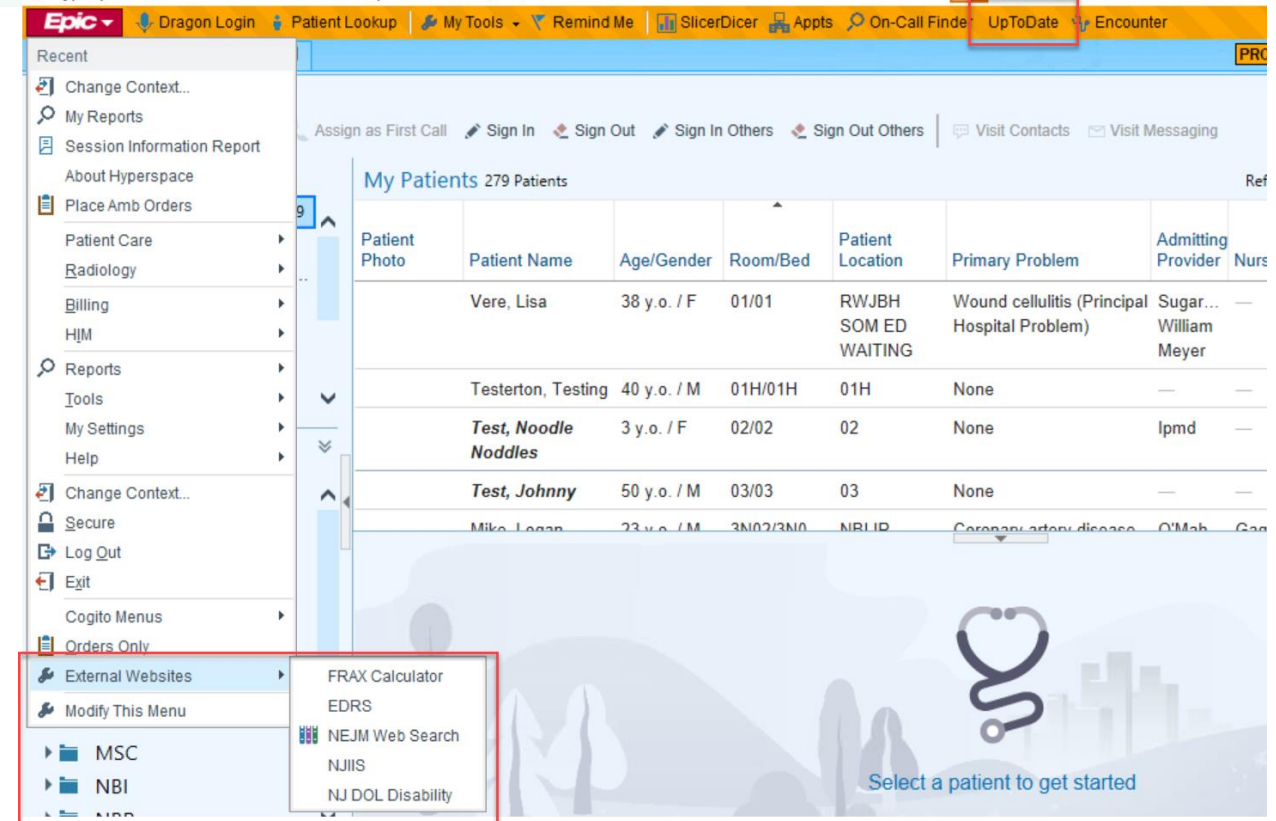
The external weblink menu is growing in size and is moving to the Epic Main App Menu. Due to the small size of real estate on the main toolbar, the Epic Weblinks menu is moving to the Epic main App menu. This will allow for providers to more easily customize their toolbar with frequently used weblinks.

BEFORE – some providers had access to the weblink menu on the main toolbar



AFTER – all providers have access. The menu is in the Main App Menu.

- NEJM has moved from the main toolbar to the external weblink menu.
- UpToDate remains on the toolbar
- 3 new external links have been added:
<https://edrs.nj.gov/edrs/>
<https://www.nj.gov/labor/>
<https://njiis.nj.gov/>



Direct Peritoneal Resuscitation (DPR) Order Panel

Application: Willow
Owner: Alfredo Balleras

New order panel requested by RWJ New Brunswick. There are three single select option:

- Bolus + Continuous
- No Weight Recorded (Bolus + Continuous)
- Continuous

Panel was presented to Critical Care Operations by Sharon Mindel on 09/21 and was approved.

Direct Peritoneal Resuscitation

☐ Bolus + Continuous - dianeal low calcium with dextrose 2.5 % peritoneal dialysate

☐ NO WEIGHT RECORDED > Bolus + Continuous - dianeal low calcium with dextrose 2.5% peritoneal dialysate

☐ Continuous - dianeal low calcium with dextrose 2.5 % peritoneal dialysate (\$\$\$)
1.5 mL/kg/hr, intraperitoneal, Continuous, NOT FOR IV USE. Infuse through directed drain. Infuse until abdominal closure or discontinued. Change bag every 24 hours.

Next Required

Accept

Direct Peritoneal Resuscitation (DPR) Order Panel, continued

Application: Willow
Owner: Alfredo Balleras

New order panel requested by RWJ New Brunswick. There are three single select option:

- Bolus + Continuous
- No Weight Recorded (Bolus + Continuous)
- Continuous

Direct Peritoneal Resuscitation

☒ Bolus + Continuous - dianeal low calcium with dextrose 2.5 % peritoneal dialysate

dianeal low calcium with dextrose peritoneal dialysate bolus from bag 500 mL
500 mL, intraperitoneal, at 500 mL/hr, Administer over 60 Minutes, Once, today at 1200, For 1 dose

Remove

☒ Followed By

dianeal low calcium with dextrose 2.5 % peritoneal dialysate (\$\$\$)
1.5 mL/kg/hr × 68 kg (102 mL/hr), intraperitoneal, Continuous, Starting today at 1200, For 90 days
** NOT FOR IV USE **
Infuse through directed drain. Infuse until abdominal closure or discontinued.
Change bag every 24 hours.

Remove

☐ NO WEIGHT RECORDED > Bolus + Continuous - dianeal low calcium with dextrose 2.5% peritoneal dialysate

☐ Continuous - dianeal low calcium with dextrose 2.5 % peritoneal dialysate (\$\$\$)
1.5 mL/kg/hr, intraperitoneal, Continuous, NOT FOR IV USE. Infuse through directed drain. Infuse until abdominal closure or discontinued. Change bag every 24 hours.

Next Required

Accept

[Return to Agenda](#)

Epic together.

Direct Peritoneal Resuscitation (DPR) Order Panel, continued

Application: Willow
Owner: Alfredo Balleras

New order panel requested by RWJ New Brunswick. There are three single select option:

- Bolus + Continuous
- No Weight Recorded (Bolus + Continuous)
- Continuous

Direct Peritoneal Resuscitation

✓ Accept

☐ Bolus + Continuous - dianeal low calcium with dextrose 2.5 % peritoneal dialysate

☒ NO WEIGHT RECORDED > Bolus + Continuous - dianeal low calcium with dextrose 2.5% peritoneal dialysate

dianeal low calcium with dextrose peritoneal dialysate bolus from bag 500 mL
500 mL, intraperitoneal, at 500 mL/hr, Administer over 60 Minutes, Once, today at 1200, For 1 dose

Remove

Followed By

dianeal low calcium with dextrose 2.5 % peritoneal dialysate (\$\$\$)
300 mL/hr, intraperitoneal, Continuous, Starting today at 1200, For 90 days
** NOT FOR IV USE **
Infuse through directed drain. Infuse until abdominal closure or discontinued.
Change bag every 24 hours.

Remove

☐ Continuous - dianeal low calcium with dextrose 2.5 % peritoneal dialysate (\$\$\$)
1.5 mL/kg/hr, intraperitoneal, Continuous, NOT FOR IV USE. Infuse through directed drain. Infuse until abdominal closure or discontinued. Change bag every 24 hours.

ⓘ Next Required

✓ Accept

Proprietary and Confidential for Internal Use Only

[Return to Agenda](#)
Epic together.

Direct Peritoneal Resuscitation (DPR) Order Panel, continued

Application: Willow
Owner: Alfredo Balleras

New order panel requested by RWJ New Brunswick. There are three single select option:

- Bolus + Continuous
- No Weight Recorded (Bolus + Continuous)
- Continuous

Direct Peritoneal Resuscitation

☐ Bolus + Continuous - dianeal low calcium with dextrose 2.5 % peritoneal dialysate

☐ NO WEIGHT RECORDED > Bolus + Continuous - dianeal low calcium with dextrose 2.5% peritoneal dialysate

☒ dianeal low calcium with dextrose 2.5 % peritoneal dialysate (\$\$\$)
1.5 mL/kg/hr × 68 kg (102 mL/hr), intraperitoneal, Continuous, Starting today at 1200, For 90 days
NOT FOR IV USE.
Infuse through directed drain. Infuse until abdominal closure or discontinued.
Change bag every 24 hours.

Next Required

Accept

Transfusion Free Medicine and Surgery Screening Tool

Application: Orders
Owner: Tonia Orlandoni

The screening tool used by the Transfusion Free Medicine and Surgery is being updated to include additional questions as well as clarified wording to align across all RWJBH sites.

Before Change

The screenshot shows the 'Transfusion-Free Screening Tool' interface. At the top, there's a header bar with 'Responsible' and 'Create Note' on the left, and 'Show All Choices' on the right. Below the header, the title 'Bloodless Medicine and Surgery Screening Tool' is displayed. The main content area is divided into several sections, each with a title and a list of checkboxes:

- Discussed Declination of Blood Products**
 - ☐ Discussed the declination of blood products with patient
 - ☐ Discussed the declination of blood products with patient's healthcare representative
 - ☐ Not able to assess
- Declination of Blood Products**
 - ☐ Patient declines whole blood and primary blood products (red cells, white cells, plasma and platelets) in a life-threatening emergency and for medicinal purposes
 - ☐ Patient declines all sources of blood transfusions (allogeneic, directed, pre-donated autologous) in a life-threatening emergency and for medicinal purposes
 - ☐ Not able to assess
- Reason for Declination**
 - ☐ Fear of disease
 - ☐ Personal
 - ☐ Previous transfusion reaction
 - ☐ Religious (Jehovah's Witness)
 - ☐ Religious (Other)
 - ☐ Other
 - ☐ Not able to assess
- Advance Directive - Bloodless Medicine**
 - ☐ Advance directive completed this visit
 - ☐ Advance directive on file (reviewed with patient)
 - ☐ Patient decline to complete an advance directiv...
 - ☐ Patient does not have an advance directive on file
 - ☐ Not able to assess
- Bloodless Medicine - Other**
 - ☐ Treatment Option Checklist on file (reviewed with patient)
 - ☐ Treatment Option Checklist completed this visit
 - ☐ A "NO BLOOD" band on patient wrist

Transfusion Free Medicine and Surgery Screening Tool, continued

Application: Orders
Owner: Tonia Orlandoni

The screening tool used by the Transfusion Free Medicine and Surgery is being updated to include additional questions as well as clarified wording to align across all RWJBH sites.

After Change

Transfusion-Free Medicine and Surgery Clinical Navigator

Visit:

- Discussed patient's wishes regarding the use of blood products
- Discussed patient's wishes regarding the use of blood products with patient's health care representative.
- Patient meets criteria for program.
- Patient does not meet the criteria for program.

Blood Products:

- Patient directs NO whole blood or primary blood components (red cells, white cells, plasma, platelets) be given in a life-threatening emergency or for medicinal purposes.
- Patient unable to communicate

Reason for Declination:

- Religious (Jehovah's Witness)
- Religious (Other)
- Personal
- Fear of Disease
- Previous transfusion reaction
- Other
- Patient unable to communicate

Advance Directive:

- Advance Directive on file; reviewed with patient and copy placed in hard chart.
- Patient does not have an advance directive on file.
- Advance Directive completed this visit; copy placed in hard chart.
- Patient declined to complete an Advance Directive.
- Patient unable to communicate.

Transfusion-Free Medicine & Surgery Program Treatment Options:

- Treatment Options Checklist on file; reviewed with patient and copy placed in hard chart.
- Treatment Options Checklist completed this visit, copy placed in hard chart.
- Patient declined to complete the Treatment Options Checklist.

Other:

- "No Blood" band on patient wrist.
- "No Blood" sticker on chart.
- Minimize Blood Draws signage placed.
- Yes No Pastoral care/PVG visit

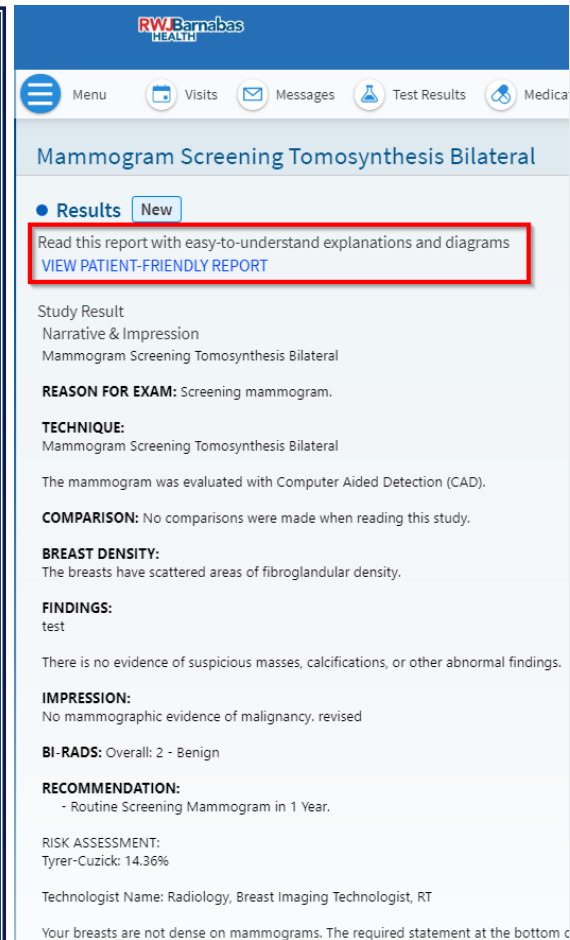
DIGITAL

MyChart Scanslated Integration

Application: MyChart
Owner: Mark Stockdale

Add print group with
Scanslated link to
radiology test results
displayed in MyChart.

Scanslated provides
plain language
explanations and
diagrams to help
patients understand
complex medical
terminology.



RWJBarnabas HEALTH

Menu Visits Messages Test Results Medical

Mammogram Screening Tomosynthesis Bilateral

• Results New

Read this report with easy-to-understand explanations and diagrams
[VIEW PATIENT-FRIENDLY REPORT](#)

Study Result
Narrative & Impression
Mammogram Screening Tomosynthesis Bilateral

REASON FOR EXAM: Screening mammogram.

TECHNIQUE:
Mammogram Screening Tomosynthesis Bilateral

The mammogram was evaluated with Computer Aided Detection (CAD).

COMPARISON: No comparisons were made when reading this study.

BREAST DENSITY:
The breasts have scattered areas of fibroglandular density.

FINDINGS:
test

There is no evidence of suspicious masses, calcifications, or other abnormal findings.

IMPRESSION:
No mammographic evidence of malignancy. revised

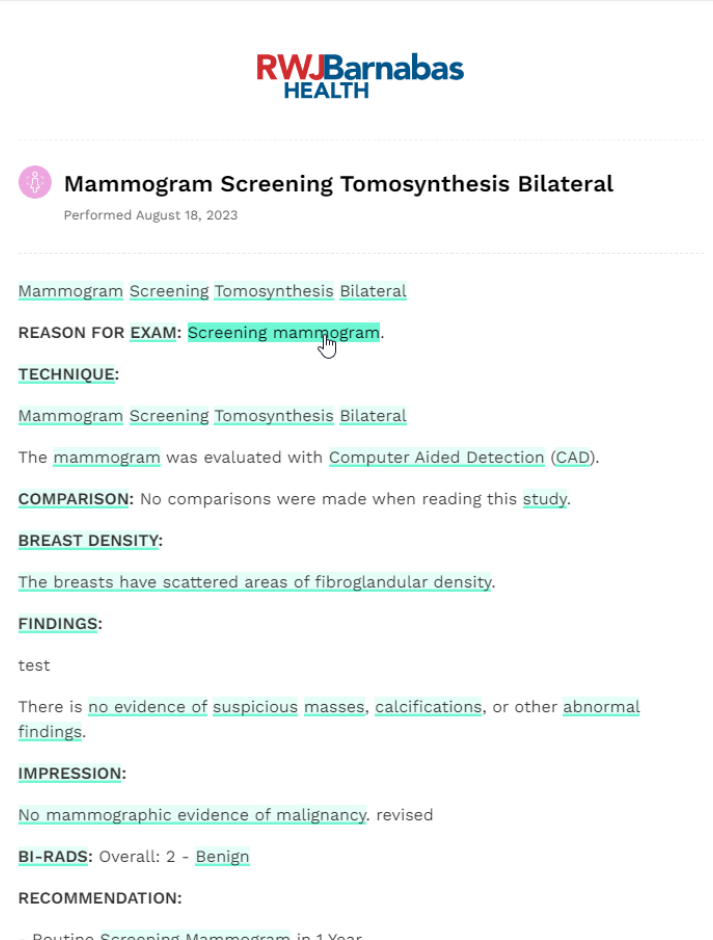
BI-RADS: Overall: 2 - Benign

RECOMMENDATION:
- Routine Screening Mammogram in 1 Year.

RISK ASSESSMENT:
Tyrer-Cuzick: 14.36%

Technologist Name: Radiology, Breast Imaging Technologist, RT

Your breasts are not dense on mammograms. The required statement at the bottom of



RWJBarnabas HEALTH

Mammogram Screening Tomosynthesis Bilateral

Performed August 18, 2023

Mammogram Screening Tomosynthesis Bilateral

REASON FOR EXAM: Screening mammogram.

TECHNIQUE:
Mammogram Screening Tomosynthesis Bilateral

The mammogram was evaluated with Computer Aided Detection (CAD).

COMPARISON: No comparisons were made when reading this study.

BREAST DENSITY:
The breasts have scattered areas of fibroglandular density.

FINDINGS:
test

There is no evidence of suspicious masses, calcifications, or other abnormal findings.

IMPRESSION:
No mammographic evidence of malignancy. revised

BI-RADS: Overall: 2 - Benign

RECOMMENDATION:
- Routine Screening Mammogram in 1 Year.

Screening mammogram

A test that uses x-ray images of the breasts to look for signs of cancer in women who don't have any symptoms or breast problems. This test usually consists of 4 images total (a top-view and side-view for each breast).

ESPAÑOL

SCANSLATED