

Epic Advisor

A Live-Site Newsletter for Clinical Care Teams / Ambulatory & Inpatient Staff

Tuesday, May 16, 2023



Advisor Top Stories

Attn: Managers and
Leaders! These key items
must be addressed in your

Daily Huddles:

Ambulatory and Inpatient Huddle Topics:

- **Exciting Update!** Once a performing provider signs their portion of an e-consent, they can [push the consent to the patient's MyChart for the patient/designee signature.](#)
 - This is especially helpful when a provider needs to obtain patient consent via telehealth or over the telephone.
- **Please promote MyChart to your patients.**

Inpatient Huddle Topics:

- Please use the Rover device when scanning the barcode of blood products.
- **Level of Care defined:**
- The order entry mode utilized with one click meds in the procedural narrators used by the nursing staff has been corrected to default to the correct mode of "verbal-read back" order mode which requires co-



signature by the ordering provider.

- **Outpatient in a bed Patient Status Order Clarification** - Appropriate for outpatient surgery patients not yet ready for discharge to home.
- **Wave 4 Inpatient Nursing: Admission - Home Medication Review** is a priority.

The Epic Advisor Is Your News Source for Updates on Items Related to Epic!

- **Wave 4 Readers**, this begins the last week of CSI At-The-Elbow (ATE) support.
- RWJBH Epic Training Team will provide ATE support for the next 2 weeks (Through June 9).
- Please see below for vest and lanyard information to identify your help.

Role	Vest	Supporting
Front desk ATEs	Blue	 All non-clinical roles
Clinical ATEs	Red	 All Providers & Clinical Support roles
Epic floaters	Green	 Supporting multiple roles

Wave 4 Top Ten

Wave 4 Top Ten

- Currently no open issues to report.

Wave 4 Go-Live Tip Sheets

- Below please find a listing of the newly created Epic tip sheets.

Title	Audience	Description

Help Patients Sign Consent in MyChart	RNs	Help patients log into MyChart on their personal device to sign consents
Sending E-Consents to MyChart	Providers	Learn how to send E-consents to patient's MyChart to obtain signature at the bedside.
RDU - Sign In and Patient Assignments	RN and PCTs in CMC	How to sign in and assign self to patients in the RDU at CMC
CMC Discharge Readmit to TCU	CMC Providers	How CMC providers will place discharge readmit orders to TCU
Haiku Notifications Tip sheet	Providers	How to turn on/off notifications in Haiku
Vocera Vina General Commands	Inpatient Clinicians	How to login into Vocera Vina and explore the available command prompts
Procedure and Specimen Order Panels	Providers	How to create order panels for procedures that require labs or specimens



- If you identify a need for a tip sheet, you [must open a Help Desk Ticket](#) requesting the new training tool.
 - **All tip sheets must be created, approved, and disseminated by the Epic Training Team.**
- [Click here](#) to learn more about the [Tip Sheet Process](#) and the process to have customized training tools created by our expert, brilliant Epic Training Team!

- Remember that ***all tip sheets*** are readily available on your Learning Home Dashboards!

- Press **F1** to access training tools at your fingertips!



Thank you, **Epic Together Training Team**, for developing training curriculum, building a true-to-life training environment, providing dynamic training, and for **all these tip sheets!**

Inpatient Nursing and Allied Health Focus

Exciting One-Click Med Order Entry Update!

One-Click Med Order Entry Mode Defaults to "Verbal-Read Back!"

- The order entry mode utilized with one click meds in the procedural narrators used by the nursing staff has been corrected to default to the correct mode of "verbal-read back" order mode which requires co-signature by the ordering provider.

ED and Inpatient Nurses: Anonymous Patient Reminder

Anonymous arrival should only be used in the case of a trauma or unidentified patient arrival in the ED.

ED Registrars will do everything possible to try and identify the anonymous patient and change the preferred name in the patient's chart.

Once identified, the anonymous patient record must be marked for merge – this will ensure that if the patient has an EHR with RWJBH that those are merged **at discharge**.

Please note:

- *The changing of the patient preferred name can only be done if the patient is not admitted and/or there are no active orders.*
- *Once an encounter becomes active, legal name cannot be changed until Discharge.*
- *Once an admit order has been placed, patient preferred name cannot be changed until discharge.*
- *Patients can be found under Patient Lookup window by using either the Legal Name or the Preferred Name.*

What is Level of Care?

Entered by the provider at the time a Patient Status Order, Transfer Order, or Patient Status Update Order is placed.

Level of Care is:

- Provider designated determination of the level of care the patient requires at the time.
- Drives inclusion/exclusion criteria for clinical decision support rules and alerts.
- Medicare and payor required fields that are tied to billing charges.
- Do not assume Level of Care automatically by patient location. For example, although most cases in the ICU have Intensive Care, we may encounter boarder patients with a lower acuity.

Admit to inpatient

Service:

Hospital Area:

Level of Care: Acute Intensive Care Intermediate Care

Estimated Length of Stay: days

Diagnosis:

Admitting Provider: INPATIENT, ATTENDIN

Attending Provider:

Justification for Admission

Failed Outpatient Treatment Moderate to High Risk of Progression of Disease Evidence of Hemodynamic Instability

Possibility for Major Organ System Failure High Level of Intensity of Services Required: Can only be Delivered in an Inpatient Care Environment Other

Bed request comments

Process Inst.: Based on my clinical assessment, after consideration of the patient's risk factors, age, comorbidities, and presenting symptoms and acuity, I expect that this patient will remain in the hospital for at least two (2) midnights and the services needed warrant inpatient care because of these criteria: Risk factors, admitting diagnosis, services to be provided and anticipated plan for discharge.

Class: Ancillary Pe

Show Additional Order Details

Next Required Accept Cancel

Outpatient in a Bed Patient Status Order Clarification

- "Outpatient in a Bed" is the correct patient class for outpatient surgery or outpatient procedure patients who need **extended recovery time** before discharge.
- While "Observation" may seem correct, all charges for a patient's outpatient surgery are included in the surgery case. Therefore, Observation Patient Class, dropping hourly bed charges, is an incorrect Patient Status Order for extended recovery scenarios.
- When Outpatient Surgery/Outpatient Procedure patients require **extended recovery time**, please place an "**Outpatient in a Bed**" patient status order.

[Click here to review the Patient Status Order Tip Sheet for more information.](#)

Wave 4 Inpatient Nursing: Admission Home Medication Review Remains a Priority!



- While Admission Medication Reconciliation is a provider responsibility, nursing is required to support efficient completion of the **home medication review** in this important documentation.

- The **Home Medication Review** process is important because it:
 - Ensures that all **home medications** are available to the provider to **continue** in the hospital if appropriate.
 - Ensures that when the patient is discharged, **all necessary home medications will be available to be continued and/or prescribed as needed**, even if they were not administered in the hospital.

Sepsis SBAR

Clinicians will need to call the operator for all Medical Alert - Sepsis Response Team Activations.

Situation

As we transition to Epic, the Epic Sepsis Alert does not send a message to the operator for overhead announcement of Sepsis Response Team.

Background

Epic has a Sepsis Alert that will fire to the clinician when they are logged into Hyperspace (desktop). This alert is based on the St. John's Model.

Assessment

Epic uses the same criteria, but the platform works differently. The nurse and provider will receive a Best Practice Advisory (BPA) alert while in the chart. They will need to select an intervention (either order the Order Set or initiate the Sepsis Huddle).

Below please see a screenshot of the Provider Sepsis BPA alert.

Critical (1)

⌚ Sepsis Alert!!!

Sepsis Alert: TIME SENSITIVE

The following information suggests the patient may have Severe Sepsis or Septic Shock.

Do not assume that these criteria are the result of a condition that is already identified. Complete further clinical review and / or a sepsis huddle.

Please initiate the Sepsis Order Set to order appropriate antibiotics and fluids.

Order a lactic acid level if needed AND/OR Initiate the Sepsis protocol with the attached order set
OR

Click "Treating Associated Infection" if the patient is being treated for an infection that is a known cause of these abnormalities

OR

Click "Trigger criteria unrelated to Sepsis" if you feel that this alert is not related to Sepsis at all

The recent clinical data is shown below:

Temp: (!) 40 °C (104 °F)

Heart Rate: (!) 100

Resp: (!) 95

Lab Results

Component	Value	Date
WBC	100	04/14/2023
BANDSPCT	100 (A)	04/14/2023

BP: (!) 150/110

MAP (mmHg): 123

Lab Results

Component	Value	Date
LACTATE	100.0	04/14/2023
BILIRUBIN	100	04/14/2023
INR	100	04/14/2023
CREATININE	100	04/14/2023

[Open Order Set](#)

[Do Not Open](#)

MED SEPSIS - Sepsis Diagnosis Treatment Bundle Preview

[Open Sepsis Navigator](#)

[Acknowledge Reason](#)

[Treating associated infection](#)

[Trigger criteria unrelated to Sepsis](#)

[Accept](#)

Below please see a screenshot of the Nurse Sepsis BPA alert.

● Sepsis Alert!!!!

Sepsis Alert: TIME SENSITIVE

The following information suggests the patient may have Severe Sepsis or Septic Shock.

Please call a Code Sepsis (via Vocera or the hospital operator) and assess and monitor the patient immediately. Please use the Sepsis Narrator for continued sepsis documentation.

The recent clinical data is shown below:

Temp: (!) 40 °C (104 °F)

Heart Rate: (!) 99

Resp: (!) 95

Lab Results

Component	Value	Date
WBC	100	04/14/2023
BANDSPCT	100 (A)	04/14/2023

BP: (!) 80/40

MAP (mmHg): 53

Lab Results

Component	Value	Date
LACTATE	100.0	04/14/2023
BILIRUBIN	100	04/14/2023
INR	100	04/14/2023
CREATININE	100	04/14/2023

IF CODE SEPSIS ACTIVATED, DOCUMENT IN SEPSIS NARRATOR!

● Acknowledge Reason

I'll activate Code Sepsis; call RRT/Alt...

Sepsis treatment in progress

 Accept

Recommendation

Clinicians should contact the operator directly to report Medical Alert - Sepsis Response Team Activations if a patient within their care is demonstrating signs and symptoms of sepsis.

Exciting Inpatient MyChart E-Consent Update!

- Once a performing provider signs their portion of an e-consent, they can push the consent to the patient's MyChart for the patient/designee signature.
 - This is especially helpful when a provider needs to obtain patient consent via telehealth or over the telephone.

[Click here to review the Help Patient's Sign Consents in MyChart Tip Sheet.](#)

- Look for the green checkmark on Storyboard

to see if a patient has an active MyChart Account and is able to complete e-signatures of their consents via MyChart.



- Patients with an inactive MyChart Account will have this icon on their Storyboard.
- **Please promote MyChart to your patients.**

When the performing provider attempts to push the e-Consent document to a patient's inactive MyChart, the e-Consent appears like this:

Wave 4 Inpatient Nurses, Other Clinicians, and Allied Health:

Helpful Tip Sheets for Key Epic Workflows:

- Wave 4 Inpatient Nursing, **Congratulations on Going Live on Epic!**
- Each day will improve your efficiency working in this robust Electronic Health Record (EHR)! You're doing fantastic!
- We are listening to your feedback and are providing links to helpful Tip

Sheets below.

- [Click here to review the Blood Administration Tip Sheet](#)
- [Click here to review the Rhogam Tip Sheet](#)
- [Click here to review the Rhogam Nursing/Provider Tip Sheet](#)
- [Click here to review the Pyxis Tip Sheet](#)
- [Rover and Vocera Vina Job Aid](#)



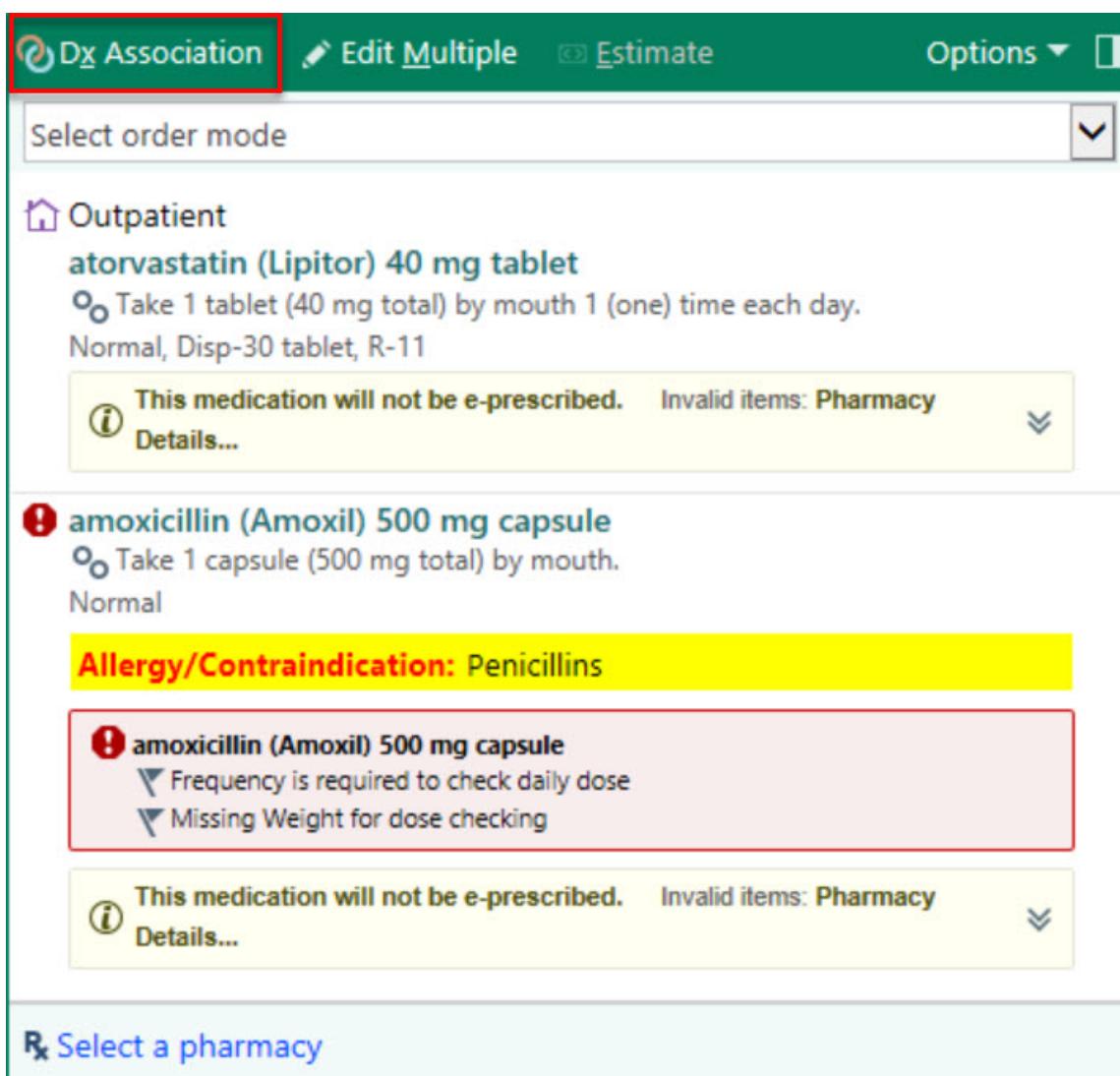
- Remember that ***all tip sheets*** are readily available on your Learning Home Dashboards!
- Press **F1** to access training tools at your fingertips!

Ambulatory Nursing and Allied Health Focus

Ambulatory Nurses, Other Clinicians, and Allied Health: Pend an order for a physician.

- In the Visit Taskbar, at the bottom of the screen, click **Add Order**.
- Enter a few letters of the order name in the Search for new orders field. Orders that you frequently place appear as you type.
 - If you see the order you want, select it from the list.
 - If you don't see the order you're looking for, press Enter. A list of matching orders appears.
- **Helpful Hint:** To narrow down a list of medications, enter the first three letters of a medication's name, followed by the strength. For example, enter "amo500" for amoxicillin 500 mg.
- Double-click an order to select it from the list or click **Select and Stay** to search for and select additional orders. All selected orders appear in an orders cart to the lower right.
- Click the order in the orders cart to modify order details, such as the dose of a medication or the reason for a referral. The red stop sign icon indicates required items.
- After updating the order details, click **Accept**.
- **Helpful Hint:** If you place an order frequently, click **the star icon** to add it to your preference list.

- Click **DX Association** to associate your new orders with diagnoses.
- If you need to add or update a pharmacy, click the **Select a pharmacy** link in the orders cart.
-



The screenshot shows the Order Composer interface with the following details:

- DX Association** button is highlighted with a red box.
- Edit Multiple**, **Estimate**, and **Options** buttons are also visible in the top navigation bar.
- Select order mode** dropdown is set to **Outpatient**.
- atorvastatin (Lipitor) 40 mg tablet** is listed with the following instructions: "Take 1 tablet (40 mg total) by mouth 1 (one) time each day. Normal, Disp-30 tablet, R-11".
- A note indicates: "This medication will not be e-prescribed. Invalid items: Pharmacy".
- amoxicillin (Amoxil) 500 mg capsule** is listed with the following instructions: "Take 1 capsule (500 mg total) by mouth. Normal".
- A note indicates: "This medication will not be e-prescribed. Invalid items: Pharmacy".
- Select a pharmacy** button is located at the bottom.

- Click **Pend** to pend the order for review by a physician.

Enter order details for a medication.

- When ordering a medication, be aware of the following important items in the Order Composer:
 - Select the **Mark long-term** check box if the patient is taking this medication for a chronic condition. This ensures that the medication stays on your patient's medication list even beyond the end date for the order. The **thumb tack** icon appears next to long-term medications on the med list.
 - If you are ordering a brand-name medication and want to ensure it isn't filled as generic, select the **Dispense As Written** check box.

- Verify the class, which determines how the order will be processed. Click **Normal** to e-prescribe the medication.

atorvastatin (Lipitor) 40 mg tablet

Route: oral oral

Frequency: Daily Daily

Duration: 365 Doses Days 30 days 2 months 3 months 4 months 6 months 1 year

Starting: 5/9/2023 Ending: 5/8/2024 First Fill:

Dispense: Days/Fill: Full (365 Days) 30 Days 90 Days

Quantity: 30 tablet Refill: 11 0 1 2 3 4 5 6 11

Total Supply: 360 Days

Do not send renewal requests to me
 Dispense As Written

Mark long-term: ATORVASTATIN CALCIUM

Patient Sig: Take 1 tablet (40 mg total) by mouth 1 (one) time each day.
+ Add additional information to the patient sig

Class: Print AVS only - no ERX

ⓘ This medication will not be e-prescribed. Invalid items: Pharmacy Details...

Note to Pharmacy: [+ Add Note to Pharmacy \(F6\)](#)

Phase of Care:

Renewal:

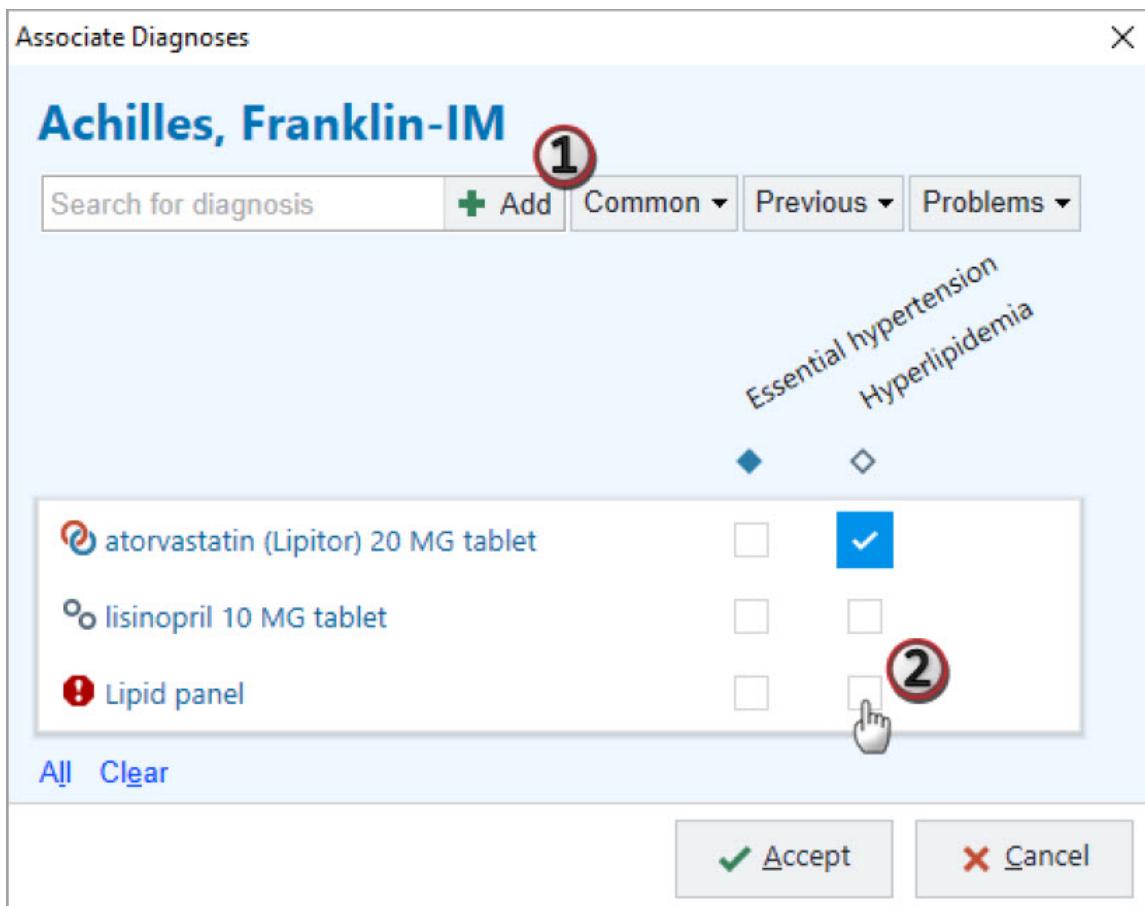
ⓘ Next Required

Enter order details for a lab or procedure.

- Select the order status that indicates when and how the order should be released:
- Select a status of Normal if the test or procedure will occur once, now. For example, use this for a POC test to be done during this visit.
- Select a status of Future if the test or procedure will occur only once, at some point after this visit. For example, use this for a fasting lab that the patient will have drawn in a few days.
- Select a status of Standing if the test or procedure will occur more than once, like a recurring lab test, for example. Then choose the number of occurrences and the interval at which they will occur.
- Select the order class that indicates where the test or procedure will be performed. If you need a specimen to be collected by support staff, select Clinic Collect.
- If your organization uses reference labs, update the Resulting Agency field if the patient needs to go to a different lab. When searching for a lab, you can also look for the appropriate resulting agency in the search window.

Associate diagnoses with orders

- When you sign orders, you'll be prompted to associate a diagnosis with any orders that require it. If the diagnosis you need isn't listed, search for it in the Search for diagnosis field or, select it from the Common, Previous, or Problems drop-down menus.
 - If you want to associate diagnoses with orders before signing them, click **DX Association** in the orders cart. Orders with an icon require an associated diagnosis.
- Click the cell where an order and diagnosis intersect to associate them.
- Click **Accept**.



Outpatient Clinical Support Quick Start Guide

- [Click here to review the Outpatient Clinical Support Quick Start Guide.](#)
- Remember that *all tip sheets and quick start guides* are readily available on your Learning Home Dashboards!
- Press **F1** to access training tools at your



Access and Revenue Cycle Readiness (ARCR) Corner



End of Shift Help: Balance Your Cash Drawer and Complete Deposit Reconciliation!

- It's your favorite part of the day, end of shift!
- Before you clock out and head home, if you accepted payments, remember to balance your Cash Drawer!
- If you are a clinic manager, remember to complete Deposit Reconciliation.

[Click here to review the Balancing Your Cash Drawer Tip Sheet!](#)

[Click here to review the Cash Drawer Reconciliation Tool Tip Sheet!](#)

Reminder: Hospital Encounters Now Require "Interpreter Needed" field to be Complete (Exception for Specimens)

- For all hospital-based encounters, registration will now require that the "Interpreter needed" field be complete (Yes or No).
 - Specimen encounters will *not* require this field to be completed as an exception.
- The Sidebar Checklist will catch the omission if you forget to complete this field!



All Work No Play Makes for a Dull Day

Happy National Do Something Good for Your Neighbor Day,

LOVING YOUR
NEIGHBOR
AS YOURSELF

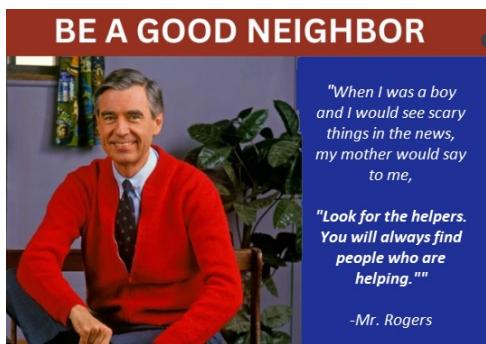


May 16, 2023

National Do Something Good for Your Neighbor Day is celebrated on May 16 to express gratitude to those who are closest to us. In fact, a neighbor is not merely the

person who lives closest to you but can be anyone with whom you share a kinship. Therefore, your colleagues, friends, or fellow commuters also qualify as your neighbors. When we get too caught up in our busy lives, we forget how much fun it is to hang out with our neighbors and have a good chat with them.

Good things happen only when people come together as a community and help each other during good times and bad. This is a day of care and consideration --a day dedicated to helping and kindness and a day to express gratitude and love toward each other. The day is celebrated by acts of compassion, sharing, and caring. So, open up your heart to those in need, as well as those who make your life happier. Get together with your neighbors, at home and at work, to celebrate this day by spreading peace, love, and happiness!



"When I was a boy
and I would see scary
things in the news,
my mother would say
to me,

"Look for the helpers.
You will always find
people who are
helping.***

-Mr. Rogers

- **It's the little things that count:** Send your neighbor or anyone close to you a text or call them to let them know you are thinking about them or drop by with some cookies or flowers as a token of your gratitude!
- **Offer to help your neighbors:** If your neighbors are elderly or live busy lives, help them out with simple chores. Offer to mow the lawn, take out their garbage, or walk their dog.
- **Organize a dinner for your neighbors:** Nothing makes a celebration better than a fun dinner. Invite your neighbors for a potluck dinner to celebrate the day with delicious meals and great conversation.

Life in community is so much more exciting! Enjoy doing something good for

May 16, 2023

HAPPY NATIONAL
DO SOMETHING GOOD
For Your Neighbor
DAY

Wave 4 Go-Live Support Info



**Wave 4 Customers, Please Save
these Important Number in your
Phone:**

- Service Now Help Desk: 855-453-1950

Wave 4 Go-Live Help Resources

To be viewed on your mobile device:

- [Provider Go-Live Pocket Guide](#)
- [Nursing Go-Live Pocket Guide](#)



To view the unit crosswalk documents, click the links below:

- [Community Medical Center Unit Crosswalk](#)
- [Jersey City Medical Center Unit Crosswalk](#)
- [Monmouth Medical Center Unit Crosswalk](#)
- [Monmouth Medical center Southern Campus Unit Crosswalk](#)
- [RWJBH Behavioral Health Center Unit Crosswalk](#)

To be printed and posted, click the links below:

- [Wave 4 Go-Live Help at a Glance Flyer](#)
- [Epic: How to Get Help Flyer](#)
- [Wave 4: Where to Locate Heritage Data Flyer](#)
- [Wave 4 QR Code Flyer](#)



Wave 4 Go-Live Help QR Codes



Provider Go-Live Pocket Guide
Wave 4



Nursing Go-Live Pocket Guide
Wave 4



Go-Live Help at a Glance
Wave 4



Wave 4 Go-Live Help Unit-To-Unit Crosswalk



Community Medical Center



Jersey City Medical Center



Monmouth Medical Center



How to find Heritage Data
Wave 4



Epic "How to Get Help"
Flyer



EpicTogetherNJ.org



Monmouth Medical Center
Southern Campus



RWJBH Behavioral Health
Center



Wave 4 Unit Crosswalk Master
(Excel)

Scan the QR codes above with your mobile device for Go-Live Help at your fingertips!

Scan the QR Codes above with your mobile device to view the Unit Crosswalk Documents!

How to "Get Help" With Epic

For 24/7 inpatient assistance, please call informatics extensions from within the hospital on a hospital phone:

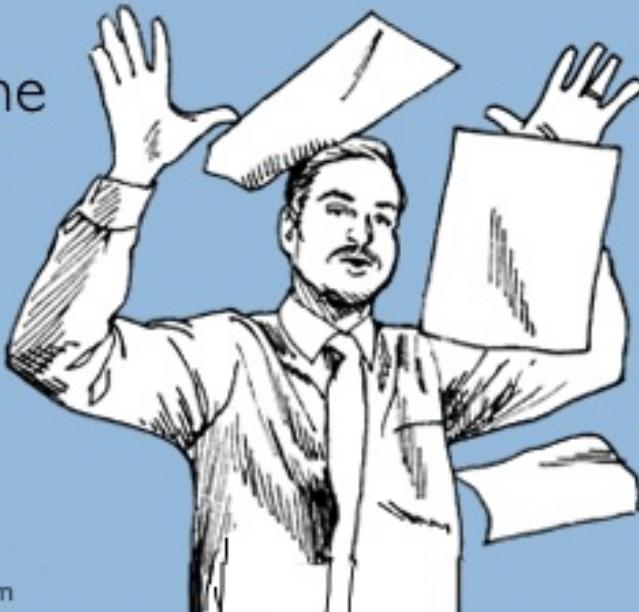
- **Community Medical Center: 12780**
- **Jersey City Medical Center: 36001**
- **Monmouth Medical Center: 36001**
- **Monmouth Medical Center Southern Campus: 24800**
- **RWJBH Behavioral Health Center: 72240**
- **Hamilton: 3284**
- **New Brunswick: 33284**
- **Rahway: 73284**
- **Somerset: 63284**

For immediate help with Epic issues/build-fix requests, call the Enterprise Service Desk at **855-453-1950**.

We have developed this handy "[Epic: How to Get Help](#)" guide that will provide instructions on opening Help Desk Tickets and enhancement

Good Humor

What?! THIRTY minute hold, 12 transfers, and you're telling me it doesn't even REQUIRE a prior authorization?!



your  ecards
someecards.com

If you have a joke to include in a future Epic Advisor newsletter, please email [Epic Communications](#).

Print-Edition of Today's Epic Advisor!

- [Click here for a PDF, printable version of last week's Epic Advisor Newsletter.](#)
- [Click here for a PDF, printable version of today's Epic Advisor Newsletter.](#)



For more information please visit our website at www.EpicTogetherNJ.org

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