

EPIC NON-PROVIDER ENHANCEMENT REQUEST WEEKLY UPDATE

July 25, 2023 Meeting

Ambulatory -

Approved for Production: Move on 08/01/2023

Item Name	Description	ER #
None		

Acute -

Approved for Production: Move on 08/01/2023

Item Name	Description	ER #
New Version of Interoperable Drug Library for Baxter Pumps	Version 14 of the Interoperable Drug Library used by Epic-Baxter integration functionality will be published.	INC1196006
C diff BPAs	Reactivate C diff Best Practice Advisories (BPAs).	INC1211199
Nursing: Remove COVID-19 Questions from Travel Screening	This change removes the COVID-19 questions from the Travel Screening.	Informatics Request
Nursing: Remove COVID-19 and Mpox Sections from Admission Navigator	This change removes the COVID-19 Vaccinations History and Mpox sections from the Admission navigator.	Informatics Request
Nursing: Move Covid-19 history question to 'Vaccination section in Admission Navigator and Remove COVID-19 Vaccination History from Req Doc	This change moved 'Covid –19 Vaccine history question to 'Vaccinations' section in Admission Navigator and removes the COVID-19 Vaccination History rule from Admission Req Doc.	Informatics Request

Other (Ancillary, Access/Revenue, Digital, Data & Analytics) - Approved for Production: **Move on 08/01/2023**

Item Name	Description	ER #
None		

ACUTE

New Version of Interoperable Drug Library for Baxter Pumps

Application: Willow IP
Owner: Steven DePaolo

Version 14 of the interoperable drug library used by Baxter pumps for the Epic-Baxter integration functionality is ready to be published. Medication records in Epic affected by this update have been tested to ensure a smooth transition to the new version. These drug library changes will be published to Production after a week from the day of approval.

❑ The drug library changes in this version can be categorized below:

- ❑ Modified "Ciprofloxacin" starting rate & upper soft limit from 133 mL/hr to 200 mL/hr for 400 mg/200 mL drug entry
- ❑ Created "Andexanet-Load" fixed concentrations (800 mg/80 mL) & (400 mg/40 mL) with dose mode "mL/hr"
- ❑ Added "Andexxa 1 Bag" drug entry to Cath Lab Care Area
- ❑ Added "Acetaminophen" variable concentration "mg/mL" with dose mode "mL/hr"
- ❑ Added "Fosaprepitant" & "IV Fluids-20 mEq KCl" drug entries to Peds, Peds ED, Peds OP Infusion & PICU Care Areas
- ❑ Created "TPN-Neonatal" drug entry with "mL/hr" dose mode for NICU Care Area
- ❑ Created "IVIG (mL/kg/hr)" drug entry with "mL/kg/hr dose" for Pediatric Care Areas
- ❑ Added several existing drug entries to Pediatric Care Areas to improve Pump Integration Compliance

Anesthesia
Anesthesia Peds
Burn Adult
Burn Peds
Cath Lab
Code Adult
Critical Care
CSH
CTICU
ED
EMS
Hospice
L&D
Med Surg
NICU
Oncology Adult
OP Infusion
Peds
Peds ED
Peds OP Infusion

Drug Library Information		
Library Name :	RWJBHDSoselQ_AP_v13.SDS	
Creation Date/Time :	Mar 09, 2011 10:25:44 AM	
Security Level :	Full Access	
User Name :	stdepaolo	
BASIC Drug ID :	1225000000	
Care Areas :	26	
Modifiers :	59	
Clinical Advisories :	62	
Drugs :	Master Drug Totals	Care Area Drug Totals
Total :	1828	1616
Continuous :	1825	1614
Cyclic TPN :	0	0
Amount/Time :	1	1
Volume/Time :	2	1
Saved Date/Time :	Jun 06, 2023 10:59:02 AM	

Drug Library Information		
Library Name :	RWJBHDSoselQ_AP_v14.SDS	
Creation Date/Time :	Mar 09, 2011 10:25:44 AM	
Security Level :	Full Access	
User Name :	stdepaolo	
BASIC Drug ID :	1225000000	
Care Areas :	26	
Modifiers :	59	
Clinical Advisories :	63	
Drugs :	Master Drug Totals	Care Area Drug Totals
Total :	1834	1601
Continuous :	1831	1599
Cyclic TPN :	0	0
Amount/Time :	1	1
Volume/Time :	2	1
Saved Date/Time :	Jul 17, 2023 11:59:35 AM	

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Epic together.

C diff BPAs

Application: Orders
Owner: Jean Bjugstad

Best Practice Advisories (BPAs) will be reactivated:

1. Fire alert when C diff order is placed on pt with laxatives, tube feeds, or oral contrast in the last 48 hours.

BestPractice Advisory - Nouwick, Fleur

Important (1)

ⓘ C Diff testing is contraindicated on this patient due to the following:

✓ Laxatives administered in the last 48 Hours

For clinically stable patients (e.g. patients without fever, abdominal pain/distention, or leukocytosis), please wait 48 hours after last administration prior to assessing for ongoing diarrhea. If patient is taking a daily laxative please consider whether patient's stool frequency or consistency is worse than their baseline.

Click '**Accept**' to remove the order from 'Order Entry'.

Remove the following orders? _____

Remove

Keep

🚚 Clostridium difficile PCR
Once, today at 1619, For 1 occurrence Stool, Per Rectum

Acknowledge Reason _____

Concern for severe disease; diagnosis ca...

Concern for ileus due to C. difficile

Pt has been on laxatives & diarrhea was ...

Pt has been on tube feeds & diarrhea was...

Other (Comment)

✓ Accept

C diff BPAs, Continue

Application: Orders
Owner: Jean Bjugstad

Best Practice Advisories (BPAs) will be reactivated:

2. Fire alert when C diff order is placed on pt with an existing order, a previous positive in the last 14 days, or a previous negative in the last 7 days.

BestPractice Advisory - Wiggum, Clancy

Important (1)

⚠ C Diff testing is contraindicated on this patient due to the following:

- ✔ Positive C diff result in last 14 days

Click '**Accept**' to remove the order from 'Order Entry'.

Remove the following orders? _____

Remove	Keep	
☐	☐	 Clostridium difficile PCR Once, today at 1012, For 1 occurrence Stool, Per Rectum

Acknowledge Reason _____

Reason for Ordering

✔ **Accept**

Nursing: Remove COVID-19 Questions from Travel Screening

Application: Clin Doc/Stork
Owner: June Mandap/Ben Emanuels

This change removes the COVID-19 questions from the Travel Screening.

Note: This change was specifically requested by Nursing Informatics.

Travel Screening

Communicable Disease Screening

Have you been in contact with someone who was sick?



Do you have any of the following new or worsening symptoms?

☐ None of these	☐ Unable to assess	☐ Abdominal pain
☐ Bruising or bleeding	☐ Chills	☐ Cough
☐ Diarrhea	☐ Fatigue	☐ Fever
☐ Joint pain	☐ Loss of smell	☐ Loss of taste
☐ Muscle pain	☐ Rash	☐ Red eye
☐ Runny nose	☐ Severe headache	☐ Shortness of breath
☐ Sore throat	☐ Vomiting	☐ Weakness



Employed in Healthcare?



Resident in a congregate care setting (including nursing homes, residential care for people with intellectual and dev disabilities, psych treatment facilities, group homes, board and care homes, homeless shelter, foster care or other setting):



Travel History

Have you traveled internationally or an outbreak area in the last month?

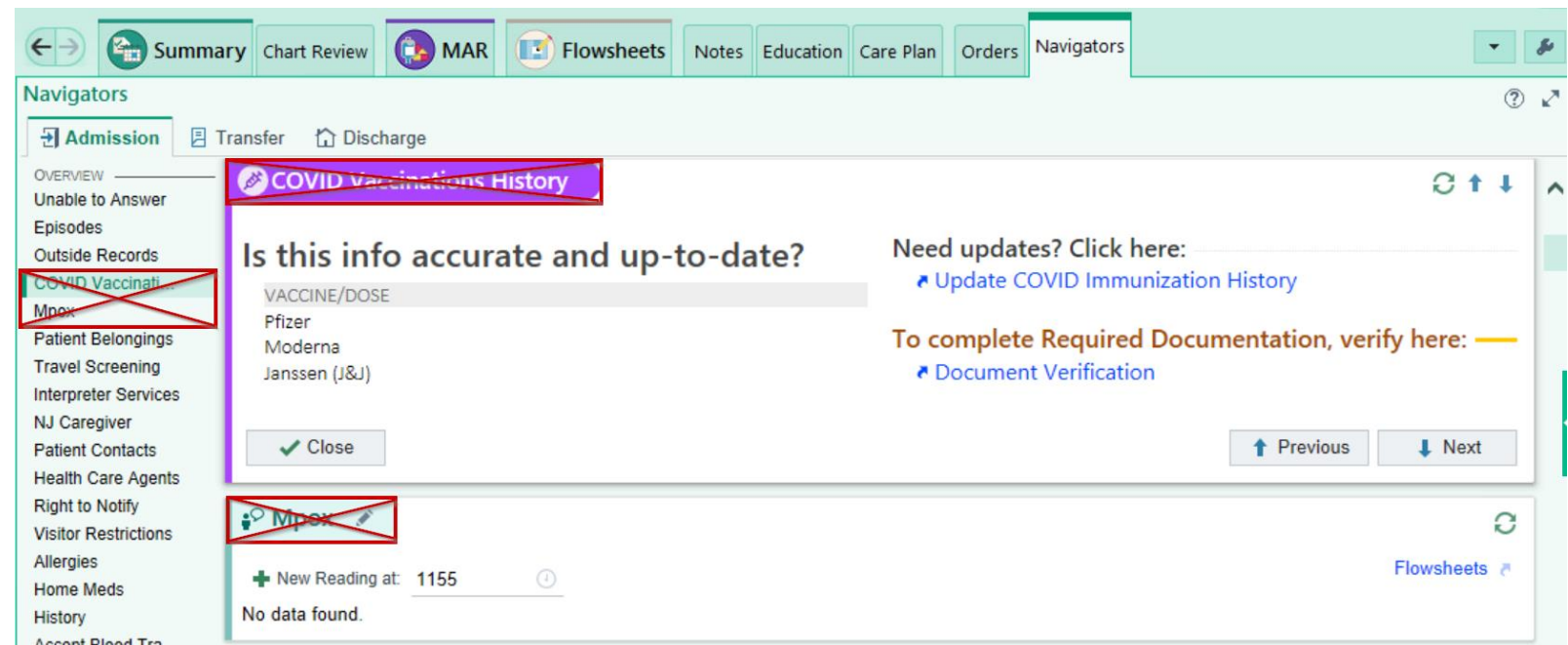


Nursing: Remove COVID-19 and Mpox Sections from Admission Navigator

Application: Clin Doc/Stork
Owner: June Mandap/Ben Emanuels

This change removes the COVID-19 Vaccinations History and Mpox sections from the Admission navigator.

- Note: This change was specifically requested by Nursing Informatics.



Nursing: Move Covid-19 history question to 'Vaccinations' section in Admission Navigator and Remove COVID-19 Vaccination History from Req Doc

Application: Clin Doc/Stork
Owner: June Mandap/Ben Emanuels

This change moved 'Covid-19 Vaccine History' question to 'Vaccinations' section and removes the COVID-19 Vaccination History rule from Admission Req Doc.

- Note: This change was specifically requested by Nursing Informatics.

The screenshot shows the 'Admission Navigator' interface. On the left is a sidebar with a list of categories: OVERVIEW, Unable to Answer, Release Orders, Episodes, Outside Records, Patient Belongings, Travel Screening, Interpreter Services, NJ Caregiver, Patient Contacts, Health Care Agents, Right to Notify, Visitor Restrictions, Allergies, Home Meds, History, Accept Blood Tra..., Gender Identity, OB/Gyn Status, Immunizations, Vaccinations (highlighted with a red box), Directives, Implants, Care Plans, and Education. The main content area is titled 'Vaccinations' and contains three sections: 'Pneumococcal Vaccine Screen - Year Round' with a question 'Have you ever had a pneumonia vaccination?' and buttons 'Yes (Comment Date)', 'No', and 'Unsure'; 'Influenza Vaccine Screen - October Through March Or When Vaccine Available' with a question 'Have you had a recent influenza vaccination (All patients over the age of six months are eligi...' and buttons 'Yes (Comment Date)', 'No', and 'Unsure'; and 'Covid-19 Vaccine History' with a statement 'Patient/Family has confirmed accurate COVID immunization history' and buttons 'Yes', 'Patient refused', 'Unable to verify', and 'Other (Comment)'. At the bottom of the Vaccinations section are buttons 'Restore', 'Close', and 'Cancel'. Below the Vaccinations section is a 'Healthcare Directives' section with a '+ New Reading' button.

The screenshot shows a list of tasks 'Required within 24 Hours of Admission'. The list includes: 'Last Updated: 1159' with a 'Refresh' button; 'Overdue (28)' with a red clock icon; and a list of tasks: 'ADL Devices Assessment', 'AM-PAC ADL', 'Accept Blood', 'Active LDAs', 'Advance Directives Assessment', 'Basic Assessment', 'COVID-19 Vaccination History' (highlighted with a red box), 'COWS Assessment', 'Discharge Planning Assessment', 'Domestic Abuse Assessment', 'Four Eyes Skin Inspection', 'Gender Identity', 'History Reviewed', 'Home Med List Complete', 'Influenza Vaccine Screen', 'Interpreter Services', 'Learning Assessment Filed', 'Malnutrition Screening', 'NJ Caregiver', 'Nutrition Screening', and 'PHQ-2'.

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Epic together.

Ambulatory - PROVIDER

Approved for Production: Move on 08/01/2023

Item Name	Description	ER #
New Pediatric Diabetes Flowsheet	This request is for a new flowsheet template for use in tracking pediatric diabetes patients.	EPREQ0006643
New Blood Marrow Donor History Questionnaire	This request addresses an update to the CINJ Blood/ Marrow Donor History Questionnaire.	EPREQ0005890
New Flowsheet to Document Wheelchair Weight	This request is for a new flowsheet template for use in calculating wheelchair weight.	EPREQ0003756
Level of Service Hard Stop for Encounters Scheduled to a Generic Provider	This request adds a new hard stop when entering Level of Service with an encounter scheduled to a generic provider. It will require providers to change the provider from the generic resource to the appropriate real provider. Currently, this is being implemented for Hospital Outpatient Specialty clinics and a few Ambulatory clinics.	N/A Revenue Integrity/Billing Initiated
New Interpreter Services SmartForm	This request is to provide a documentation tool to capture information about Interpreter Services.	EPREQ0009018
Two New ENT Procedures: VivAer and RhinAer	This request is to implement two new procedure orders.	EPREQ0009362

Acute - PROVIDER

Approved for Production: Move on 08/01/2023

Item Name	Description	ER #
C diff BPAs	Reactivate C diff Best Practice Advisories (BPAs).	INC1211199
Tube Feed Modular – Multi Response	LQL's for Tube Feeding Modulares changed from Single response to Multi response.	EPREQ0010415
Care Coordination Note Alerts	Two new alerts added to show providers that the patient has a care coordination note. One is a chart open alert, and the other shows in the storyboard.	

Other (Ancillary, Access/Revenue, Digital, Data & Analytics) - PROVIDER Approved for Production: **Move on 08/01/2023**

Item Name	Description	ER #
Update to Mammogram Health Maintenance	Updated mammogram to 2-year frequency from the current 1-year frequency. This update aligns with Quality Standards. Providers will still have the override option to update individual patients to a 1-year frequency if needed.	
Update to Diabetic Retinopathy Health Maintenance	Updated Diabetic Retinopathy to 1-year frequency from the current 2-year frequency. This update aligns with Quality Standards.	

AMBULATORY - PROVIDER

New Pediatric Diabetes Flowsheet Template

Application: Ambulatory
Owner: Faye Erickson/
Amy Byers

**Enhancement
Number:**

EPREQ0006643

Requestor:

Dr. Dennis Brenner

Date Reviewed:

3/21/2023

Existing process?

No

Build Required?:

Yes

Background: Dr. Brenner has requested a new flowsheet template for use in tracking pediatric diabetes patients. This request was discussed by the Endocrinology Specialty Advisory Council.

Impact: This flowsheet will be utilized in the Pediatric Endocrinology departments to gather required data for US News and World report recognition qualifications.

Recommendation: Move the existing flowsheet template to PRD and use that for tracking data until a report can be created to collect the data needed. Not all data in the flowsheet exists in the chart, and existing data in the chart cannot be pulled into the flowsheet automatically.

***The flowsheet has been reviewed and approved by the Vetting Council leadership.

New Pediatric Diabetes Flowsheet Template, Continued

Application: Ambulatory
Owner: Faye Erickson/
Amy Byers

Flowsheets

FileAdd RowsLDA AvatarAdd ColInsert ColDevice DataHide Device DataLast Filed

Ped Endo Clinical Rev...VitalsCarb Count for BolusingGrowth Chart EventsInsulin 70/30Ped Diabetes

Search (Alt+Co...)

Hide AllShow All

Visit Information

Health Mainten...

History

Self-Managem...

Data Review

Pump Review

Meter Review

Sensor Review

AccordionExpandedView All

1m5m10m15m30m1h2h4h8h24hInterval Start: 0700ResetNow

Office Visit from 6/...
7/14/2023
1400

Visit Information

Informant

Primary language

Barriers to learning

Last visit

Missed school / work since last

Other medical conditions

Diabetes type

Last adm after diagnosis

Last DKA after diagnosis

Last ER visit after diagnosis

Total DKAs since diagnosis

Last hypoglycemic seizure

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Epic together.

Proprietary and Confidential for Internal Use Only

New Blood Marrow Donor History Questionnaire

Application: MyChart
& Ambulatory
Owner: Faye Erickson
MarkStockdale Amy Byers

Enhancement Number:

EPREQ0005890

Requestor:

Nicole McEntee

Date Reviewed:**Existing process?**

Yes

Build Required?: Yes

Background: Nicole McEntee has requested an electronic version of the CINJ Blood/ Marrow Donor History Questionnaire. Currently, a paper form is being used.

Impact: This form is used by the Blood and Marrow Transplant program providers to prescreen donors for risk of communicable disease.

Solution:

Update the draft flowsheet with the most current questions.

Build out matching Questionnaire questions for display in MyChart

Create medication deferral questions (no longer deferring meds, just asking if they have taken) and attach to MyChart Questionnaire

****See next slide for before/after of the Medication Deferral question changes**

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Epic together.

New Blood Marrow Donor History Questionnaire, Continued

Application: MyChart & Ambulatory

Owner: Faye Erickson
Mark Stockdale Amy Byers

Current state:

Medication Deferral List
DO NOT STOP taking medications prescribed by your doctor in order to donate blood. Donating while taking these drugs could have a negative effect on your health or on the health of the recipient of your blood.
PLEASE TELL US IF YOU:

PLEASE TELL US IF YOU:			
ARE BEING TREATED WITH ANY OF THE FOLLOWING TYPES OF MEDICATIONS:	OR HAVE TAKEN:	WHICH IS ALSO CALLED:	ANYTIME IN THE LAST:
Antiplatelet agents (usually taken to prevent stroke or heart attack)	Feldene	piroxicam	2 Days
	Effient	prasugrel	3 Days
	Brinta	ticagrelor	7 Days
	Plavix	clopidogrel	14 Days
	Ticlid	ticlopidine	
	Zontivity	vorapaxar	1 Month
Anticoagulants or "blood thinners" (usually taken to prevent blood clots in the legs and lungs and to prevent strokes)	Arixtra	fondaparinux	2 Days
	Eliquis	apixaban	
	Fragmin	dalteparin	
	Lovenox	enoxaparin	
	Pradaxa	dabigatran	
	Savaysa	edoxaban	
	Xarelto	rivaroxaban	
	Coumadin, Warfalone, Jantoven	warfarin	
		Heparin, low molecular-weight heparin	7 Days
	Acne treatment	Accutane, Myorisan, Amnesteem, Soloret, Absorica, Claravis	isotretinoin
Multiple myeloma	Thalomid	thalidomide	
Rheumatoid arthritis	Rimvoq	upadacitinib	
Hair loss remedy	Propecia	finasteride	
Prostate symptoms	Proscar	finasteride	
	Avodart, Jalyn	dutasteride	6 Months
Immunosuppressant	Celcept	mycophenolate mofetil	6 Weeks
HIV Prevention (PrEP and PEP)	Truvada, Descovy, Tivicay, Isentress	tenofovir, emtricitabine, dolutegravir, raltegravir	3 Months
Basal cell skin cancer	Erivedge, Odomzo	vismodegib, sonidegib	24 Months
Relapsing multiple sclerosis	Aubagio	teriflunomide	
Rheumatoid arthritis	Arava	leflunomide	
Hepatitis exposure	Hepatitis B Immune Globulin	HBIG	12 months
Experimental Medication or Unlicensed (Experimental) Vaccine			
Psoriasis	Soriatane	acitretin	36 Months
	Tegison	etretinate	Ever
HIV treatment also known as antiretroviral therapy (ART)			

Version 9/2022: adapted from AABB DHQ v2.1 PrEP, PEP, ART

Future state:

MEDICATION DEFERRAL LIST

Please tell us if you have **EVER** taken any of these medications:

- ☐ **Growth Hormone from Human Pituitary Glands** – used usually for children with delayed or impaired growth
- ☐ **Insulin from Cows (Bovine, or Beef, Insulin)** – used to treat diabetes
- ☐ **Hepatitis B Immune Globulin** – given following an exposure to hepatitis B.
NOTE: This is different from the hepatitis B vaccine, which is a series of 3 injections given over a 6 month period to prevent future infection from exposures to hepatitis B.
- ☐ **Unlicensed Vaccine** – usually associated with a research protocol

IF YOU WOULD LIKE TO KNOW WHY THESE MEDICINES AFFECT YOU AS A DONOR, PLEASE KEEP READING:

- Growth hormone from human pituitary glands** was prescribed for children with delayed or impaired growth. The hormone was obtained from human pituitary glands, which are found in the brain. Some people who took this hormone developed a rare nervous system condition called Creutzfeldt-Jakob Disease (CJD, for short). Potential donors who have taken growth hormone from human pituitary glands should be evaluated by the Medical Director.
- Insulin from cows (bovine, or beef, insulin)** is an injected material used to treat diabetes. If this insulin was imported into the US from countries in which "Mad Cow Disease" has been found, it could contain material from infected cattle. There is concern that "Mad Cow Disease" is transmitted by transfusions and transplants. Potential donors who have taken insulin from cows should be evaluated by the Medical Director.
- Hepatitis B Immune Globulin (HBIG)** is an injected material used to prevent infection following an exposure to hepatitis B. HBIG does not prevent hepatitis B infection in every case, therefore potential donors who have taken hepatitis B Immune Globulin should be evaluated by the Medical Director to be sure they were not infected. Hepatitis B can be transmitted, through transfusions and transplants, to a patient.
- Unlicensed vaccine** is usually associated with a research protocol and the effect with regard to stem cell recipients is unknown. Potential donors who have taken unlicensed vaccines should be evaluated by the Medical Director.

[®]Rutgers Cancer Institute of New Jersey Patient Education Committee

Revised 5/23

New Flowsheet to Document Wheelchair Weight

Application: Ambulatory
Owner: Jose Aponte-Lopez
Amy Byers

Enhancement Number:

EPREQ0003756

Requestor:

Dietician Group

Date Reviewed:

3/21/2023

Existing process?

No

Build Required?:

Yes

Background: This addresses a request to create flowsheet to calculate a patient's weight when the patient's health makes it difficult to weigh the patient without his/her wheelchair.

Solution: New flowsheet row to calculates the patient's actual weight. The customer will then enter the calculated value in the Epic-released row for Weight. This was approved by Ambulatory Advisory Council.

New Flowsheet to Document Wheelchair Weight, Continued

Application: Ambulatory
Owner: Jose Aponte-Lopez
Amy Byers

☐ After (Future State)

Flowsheet Template Order

☒ Override Template Order

	Template	Hide if no Data	Display Name	Status
1	AMB BASIC VITALS	☐	Vital Signs	Displayed
2	FALL RISK NAV	☐	Fall Risk	Displayed
3	AMB PHQ-9 DEPRESSION SCALE	☐	PHQ-9 Depression Scale	Displayed
4	ED PROCEDURE TIMEOUT	☐	Time-Out	Displayed
5	ED TRIAGE ABUSE INDICATORS	☐	Abuse Indicators	Displayed
6	AMB PEDS INDIVIDUAL TREATMENT	☐	Individual Treatment	Displayed
7	RWJBH AMB EBC PEDS PROGRAMS	☐	Peds Programs	Hidden, filtered
8	RWJBH WHEELCHAIR WEIGHT	☒	Patient Weight Calculation...	Displayed
9		☐		

Press F4 to insert row / Shift+F4 to delete row

Accept Cancel

Flowsheets

Vital Signs Fall Risk PHQ-9 Depression Scale Time-Out Abuse Indicators Individual Treatment Patient Weight Calcul...

Search (Alt+Comma) View All

1m 5m 10m 15m 30m 1h 2h 4h 8h 24h Interval Start: 0700 Reset Now

Weight for Pt with W... ☒

Office Visit from... Appointment from 12/16/2022

1000 1048

Weight for Pt with Wheelchair	
Reading from Scale	56.7 kg
Weight of Wheelchair	11.34 kg
Calculated Pt Weight in Pounds	45.36
Weight	

12/16/22 1048

Reading from Scale

Comments (Alt+M)

Row Information

This row holds the value of the weight on the scale - patient and wheelchair

Last Filed Values (24 hours)

56.7 kg (125 lb)
by Nurse Family Medicine, RN at 12/16/22 1000

First Filed Value

56.7 kg (125 lb)
by Nurse Family Medicine, RN at 12/16/22 1000

Flowsheet Information

Level of Service Hard Stop for Encounters Scheduled to a Generic Provider

Application:

Hospital Outpatient Specialties and Ambulatory

Owner: Ruben Fernandez
Jose Aponte-Lopez Amy Byers

Enhancement Number: N/A

Requestor:

Revenue Integrity/Billing Team

Date Reviewed:

07/17/2023

Existing process?

No

Build Required?:

Yes

Background: This change is being requested by the Revenue Integrity Team and Billing. When a generic provider is left as the assigned (encounter) provider, there are several downstream affects impacting revenue. To help improve the Change Provider workflow and avoid delays in processing encounter claims, the Hospital Outpatient Specialty team is proposing adding a hard stop when a provider enters the Level of Service (LOS) to make sure a generic provider is not left as the encounter provider, which prevents billing.

Impact: Ambulatory Generic Provider(s), with SER item 13 set to "Yes".

Solution: Put build in place that triggers a hard stop requiring that the encounter provider be changed to a real provider, at the time of LOS entry, in order to close and bill for the encounter. This will have minimal impact on Ambulatory providers initially, but a greater impact to Hospital Outpatient Specialty providers. Eventually, all Ambulatory generic providers will also receive the hard stop.

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Epic together.

Level of Service Hard Stop for Encounters Scheduled to a Generic Provider, Continued

Application:

Hospital Outpatient Specialties and Ambulatory

Owner: Ruben Fernandez

Jose Aponte-Lopez Amy Byers

Hard Stop message:

The screenshot displays the Epic EMR interface for a patient named Acrd E. Chargetestingop II. The interface includes a left sidebar with patient information, a central workspace with tabs for Chart Review, Order Review, Synopsis, Rooming, Plan, Wrap-Up, and Quality Gaps, and a right sidebar with a LOS Validation dialog box. The LOS Validation dialog box displays the message: "Inappropriate LOS code: PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN [99213]. The code selected may be appropriate, however, the appointment provider is still set to a generic provider. Please update using either the Change Provider workflow/functionality or via your Front Desk Staff." A red arrow points to the "OK" button in the dialog box. The background interface shows the "Wrap-Up" section with "Patient Instructions" and "Follow-up" tabs, and a "Level of Service" section with a dropdown menu set to "PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN".

Hard Stop message:

Inappropriate LOS code: PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN [99213]

The code selected may be appropriate, however, the appointment provider is still set to a generic provider. Please update using either the Change Provider workflow/functionality or via your Front Desk Staff.

OK

Level of Service

PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN [99213]

Modifiers: 24 25 57 GC +

Additional E/M codes: +

Billing area: RWJPE Somerset Family Practice [8946252]

Calculate LOS based on time

Telehealth mode: [None]

Patient Type: New Established

Total time (min.): 5 10 20 30 40

Est 2 Est 3 Est 4 Est 5 New 2 New 3 New 4 New 5 Post-Op Proc Only LOS HELP Est 1 Tel 1 Tel 2 Tel 3

Accept Cancel

199213 SIGN VISIT

Interpreter Services SmartForm

Application: Ambulatory
Owner: Jose Aponte-Lopez
Amy Byers

**Enhancement
Number:**

EPREQ0009018

Requestor:

Jennifer Smith

Date Reviewed:

Existing process?

No

Build Required?:

Yes

Background: We are required to offer language services to our patients utilizing a certified interpreter. We need to document the Interpreter ID and we need to be able to monitor usage and compliance.

Impact: All clinical staff.

Solution: Create an Interpreter SmartForm section in the Rooming Tab where Clinical staff and Providers can document the interpreter services, capturing interpreter ID and time spent, when needed.

Interpreter Services SmartForm, Continued

Application: Ambulatory
Owner: Jose Aponte-Lopez
Amy Byers

Rooming

Visit Info Vital Signs Care Everywhere Allergies Verify Rx Benefits Pharmacy Medication Review Answer Qnrs Review Pt QNs History Gender Identity/Sexuality Social Determinants

Goals Hearing/Vision Color Vision Screenings RWJBarnabas Health MyChart Signup MyChart Proxy **Interpreter**

Interpreter

Time taken: 1033 6/22/2023 Values By

Show: ☐ Row Info ☐ Last Filed ☐ Details

+ Add Row + Add Group

▼ Interpreter Service

Interpreter Needed? Yes No Patient Declined

Restore Close Cancel Previous Next

Interpreter

Time taken: 1033 6/22/2023 Values By

Show: ☐ Row Info ☐ Last Filed ☐ Details

+ Add Row + Add Group

▼ Interpreter Service

Interpreter Needed? Yes No Patient Declined

Services Used: Over the Phone Interpreter Remote Video Interpreter In-Person Interpreter Other

Interpreter Name Interpreter ID

Language Spanish Arabic Mandarin Portuguese Hindi Korean Italian Chinese Polish Gujarati Tagalog Other (Comment)

Call Start Time Call End Time

Service Total Time

Restore Close Cancel Previous Next

Two New ENT Procedures

Application: Ambulatory
Owner: Jose Aponte-Lopez
Amy Byers

**Enhancement
Number:**

EPREQ0009362

Requestor:

Erica Quezada

Date Reviewed:

Existing process?

No

Build Required?:

Yes

Background: Two new ENT procedures need an order created in Epic. The orders will be placed by the providers and need prior authorization before the procedures are scheduled. The orders are VivAer (cpt 30469) and RhinAer (cpt 30117). Both will be clinic performed using the generic procedure documentation tool.

Impact: These are for the ENT specialty, but they are able to be found/used by all when searching.

Solution: Create new orders, including configuration to route to the prior-auth work queue.

Two New ENT Procedures, Continued

Application: Ambulatory
Owner: Jose Aponte-Lopez
Amy Byers

VivAer - (ENT30)

The VivAer (ENT30) form is displayed with a green header bar containing 'VivAer' and 'Accept'/'Cancel' buttons. The form includes fields for 'Class' (Clinic Perfo), 'Referral' (Override restrictions), 'To provider' (with a warning icon), 'To dept' (with a warning icon), 'Status' (Normal, Standing, Future), 'Expected Date' (Today, First Available, Tomorrow, 1 Week, 2 Weeks, 1 Month, 3 Months, 6 Months), 'Comment' (After Procedure, After Tests, Before Next Visit, Before Procedure, Other (specify)), and 'Expires' (7/24/2024, 1 Month, 2 Months, 3 Months, 4 Months, 6 Months, 1 Year, 18 Months). A 'Show Additional Order Details' link is at the bottom. A green footer bar contains 'Next Required', 'Accept', and 'Cancel' buttons.

RhinAer - (ENT31)

The RhinAer (ENT31) form is displayed with a green header bar containing 'RhinAer' and 'Accept'/'Cancel' buttons. The form includes fields for 'Priority' (Routine, Routine, STAT), 'Class' (Clinic Perfo), 'Status' (Normal, Standing, Future), 'Expected Date' (Today, First Available, Tomorrow, 1 Week, 2 Weeks, 1 Month, 3 Months, 6 Months), 'Comment' (After Procedure, After Tests, Before Next Visit, Before Procedure, Other (specify)), and 'Expires' (7/24/2024, 1 Month, 2 Months, 3 Months, 4 Months, 6 Months, 1 Year, 18 Months). A 'Show Additional Order Details' link is at the bottom. A green footer bar contains 'Next Required', 'Accept', and 'Cancel' buttons.

Both orders will fall into WQ#14814 for Prior Authorization

ACUTE - PROVIDER

C diff BPAs

Application: Orders
Owner: Jean Bjugstad

Best Practice Advisories (BPAs) will be reactivated:

1. Fire alert when C diff order is placed on pt with laxatives, tube feeds, or oral contrast in the last 48 hours.

BestPractice Advisory - Nouwick, Fleur

Important (1)

ⓘ C Diff testing is contraindicated on this patient due to the following:

✓ Laxatives administered in the last 48 Hours

For clinically stable patients (e.g. patients without fever, abdominal pain/distention, or leukocytosis), please wait 48 hours after last administration prior to assessing for ongoing diarrhea. If patient is taking a daily laxative please consider whether patient's stool frequency or consistency is worse than their baseline.

Click '**Accept**' to remove the order from 'Order Entry'.

Remove the following orders?

Remove

Keep

 Clostridium difficile PCR
Once, today at 1619, For 1 occurrence Stool, Per Rectum

Acknowledge Reason

Concern for severe disease; diagnosis ca...

Concern for ileus due to C. difficile

Pt has been on laxatives & diarrhea was ...

Pt has been on tube feeds & diarrhea was...

Other (Comment)

✓ Accept

C diff BPAs, Continued

Application: Orders
Owner: Jean Bjugstad

Best Practice Advisories (BPAs) will be reactivated:

2. Fire alert when C diff order is placed on pt with an existing order, a previous positive in the last 14 days, or a previous negative in the last 7 days.

BestPractice Advisory - Wiggum, Clancy

Important (1)

⚠ C Diff testing is contraindicated on this patient due to the following:

✓ Positive C diff result in last 14 days

Click '**Accept**' to remove the order from 'Order Entry'.

Remove the following orders? _____

Remove

Keep

🛏 Clostridium difficile PCR

Once, today at 1012, For 1 occurrence Stool, Per Rectum

Acknowledge Reason _____

Reason for Ordering

✓ **Accept**

Tube Feed Modulares-LQL's

Application: Orders
Owner: Mary Mulford

EPREQ0010415

Tube Feed (TF) Modulares changed from Single select to Multi select.

All TF Modular LQL updated to Multi select to keep build consistent for all facilities.

112468 - 111413 -
111952 - 112521 -
112477 - 111355 -

T100-65184

Requester: Lori Snable
MMC

Adult Tube Feeding no Tray Bolus; 33; 44; Ensure plus high protein; Full strength; 30; Water; With each bolus ✓ Accept ✗ Cancel

Frequency: **Effective now** Effective tomorrow

Starting: 7/24/2023 Today Tomorrow For: Hours Days Weeks

At: 0921

Starting: **Today 0921** Ending: **Until Specified**

Tube placement: **G-Tube** J-Tube ND-Tube NG-Tube NJ-Tube OG-Tube

Tube feeding type: **Bolus** Continuous **Current State**

Tube feeding bolus (mL): 33

Tube feeding bolus frequency: 44

TF Formula MMC: **Ensure plus high protein** Glucerna 1.2 cal Jevity 1.5 cal Nepro with carb steady Non Formulary Product Promote
TwoCal HN Vital AF 1.2 cal

TF Modular: **Expedite** Prosource **Single Select**

Tube feeding strength: **Full strength** 3/4 strength 1/2 strength 1/4 strength

Tube feeding cyclic (start / stop time):

Tube feeding cyclic rate (mL/hr):

Tube feeding flush (mL): 30

Flush type: **Water**

Flush frequency: **Every 4 hours PRN** Every 6 hours PRN Every 8 hours PRN **With each bolus**

Free water addition total daily (mL)

Adult Tube Feeding no Tray Bolus; Ensure plus high protein; Full strength; 30; Water; With each bolus ✓ Accept ✗ Cancel

Frequency: **Effective now** Effective tomorrow

Starting: 7/24/2023 Today Tomorrow For: Hours Days Weeks

At: 0932

Starting: **Today 0932** Ending: **Until Specified**

Tube placement: **G-Tube** J-Tube ND-Tube NG-Tube NJ-Tube OG-Tube

Tube feeding type: **Bolus** Continuous **Future State**

Tube feeding bolus (mL):

Tube feeding bolus frequency:

TF Formula MMC: **Ensure plus high protein** Glucerna 1.2 cal Jevity 1.5 cal Nepro with carb steady
Non Formulary Product Promote TwoCal HN Vital AF 1.2 cal

TF Modular: ☐ Expedite ☐ Prosource **Multi Select**

Tube feeding strength: **Full strength** 3/4 strength 1/2 strength 1/4 strength

Tube feeding cyclic (start / stop time):

Tube feeding cyclic rate (mL/hr):

Tube feeding flush (mL): 30

Flush type: **Water**

Flush frequency: **Every 4 hours PRN** Every 6 hours PRN Every 8 hours PRN **With each bolus**

Free water addition total daily (mL)

Care Coordination Note Alerts

Application: Orders
Owner: Bjorn Vanberg

Two new alerts for patients with care coordination notes:

The first alert appears the first time each physician opens the chart for each hospitalization.

After reviewing the alert, it will no longer appear for that user for the rest of the hospitalization.

BestPractice Advisory - Poctest, Stork

① Please review patient's care coordination note

CINJ Transition of Care to ED/Inpatient Document
Date and Time: 7/24 0900

Oncology Office Visit Information

- Visit Date: 7/16
- Seen By: OncMD

Reason for Visit

- Brief Description:

Vital Signs:

- Temperature:
- Pulse Rate:
- Respiratory Rate:
- Blood Pressure:
- Oxygen Saturation:

Primary Oncological Condition

- Primary Malignancy:
- Current Treatment Regimen:
- Chemotherapy:
- Radiotherapy:
- Immunotherapy:
- Surgery:

Reason for ED Evaluation or Inpatient Admission

Additional Notes/Comments (if any)

- Name:
- Contact Information:

[Problem list](#)

ⓘ Acknowledge Reason

Care Coordination Note Alerts, Continued

Application: Orders
Owner: Bjorn Vanberg

The second alert appears in the storyboard.

For the first 72 hours of admission physicians can see the alert and hover for additional details.

The screenshot displays the Epic patient summary interface for a patient named Stork Poctest. The patient's information includes: Female, 31 y.o., 1/11/1992; MRN: 10003168; Bed: 131-AD; Code: Assume Full (no ACP docs); Visitor Restrictions: None; Patient Contacts: None. The provider is Balica, Adrian C, MD, First Contact Provider. The patient has no known allergies and no encounter PHQ. Two alerts are visible in the left sidebar: "Intent to Treat Order missing." and "Patient has a care coordination note". The main content area shows the "Summary" tab with sub-tabs for Overview, Index, Peds Flowsheet, Apnea/Bradycardia, Meds History, Nutrition, and Delivery. Under "BestPractice Advisories", there is a link to view active advisories. Under "Vital Signs", there is a yellow alert box stating "Please review patient's care coordination note". The alert details include: CINJ Transition of Care to ED/Inpatient Document, Date and Time: 7/24 0900, and Oncology Office Visit Information (Visit Date: 7/16, Seen By: OncMD, Reason for Visit, Brief Description). Vital signs for Temperature and Pulse Rate are also listed.

Stork Poctest
Female, 31 y.o., 1/11/1992
MRN: 10003168
Bed: 131-AD
Code: Assume Full (no ACP docs)
Visitor Restrictions: None
Patient Contacts: None

Search

Isolation: None

! "Intent to Treat Order missing."

! [Patient has a care coordination note](#)

Encounter PHQ: None

Balica, Adrian C, MD
First Contact Provider

Allergies: No Known Allergies

Summary

Overview Index Peds Flowsheet Apnea/Bradycardia Meds History Nutrition Delivery

BestPractice Advisories

[Click to view active BestPractice Advisories](#)

Vital Signs

! Please review patient's care coordination note

CINJ Transition of Care to ED/Inpatient Document
Date and Time: 7/24 0900

Oncology Office Visit Information

- Visit Date: 7/16
- Seen By: OncMD
- Reason for Visit
- Brief Description:

Vital Signs:

- Temperature:
- Pulse Rate:

Update to Mammogram Health Maintenance

Application:

Owner: Jeffery Cummis

- Updated mammogram to 2-year frequency from the current 1-year frequency.
- This update aligns with Quality Standards.
- Providers will still have the override option to update individual patients to a 1-year frequency if needed.

[Return to Agenda](#)

Epic together.

Update to Diabetic Retinopathy Health Maintenance

Application:
Owner: Jeffery Cummis

- Updated Diabetic Retinopathy to 1-year frequency from the current 2-year frequency.
- This update aligns with Quality Standards.

