

# Nuclear Stress and Charging Talking Points

This document provides information regarding significant changes in workflow from the heritage/legacy system to Epic. This is not a training document and users must attend training to gain access to the system.

## What's New



### Nuclear Stress Scheduling

- One order creates five individual appointments to be scheduled to appropriate resources in Epic.
- Each appointment is sequenced to accommodate both the required procedural time and the time between appointments.

### Nuclear Stress Ordering and Administering Isotope

- At the time of the **first** appointment, the Technician will need to **place** the "Stress Interpretation of Nuc Stress" order and **link** it to the base procedure order. This allows for resulting of both the Nuclear imaging order placed by the provider and the Stress portion that is sent to Muse for interpretation by the cardiologist. This step is **required** prior to "Begin Exam".
- Radiopharmaceutical Agents are ordered via an order set in the Begin Exam Navigator during each injection appointment. Documentation of the Isotope administration is completed in the End Exam Navigator.

### Non-Invasive Cardiology Automatic Charging

- Charging is automatic and based on the order – no manual charge entry is required.
  - The Technical Charge drops when the Technician marks the exam as Ended.
  - The Professional Charge drops when the physician signs the final report. Depending on location, the final report may be interfaced to Epic from Phillips ISCV.

## Learn More



### Learning Home Dashboard: Non-Invasive Cardiology Learning Home Dashboard

Remember – Tip sheets on the Learning Home Dashboard.

The changes identified in this document are significant to your hospital. Please reference the following:

Tip Sheets:

- Nuc Stress Workflow – Somerset, Rahway, Hamilton

- Nuc Stress Workflow – Clinics
- Nuc Stress Result Print/Scan Workflow – Clinics
- Order, Link, Schedule Appointments for Cardiology Clinic
- TEE and Nuc Med Log Review and Reconciliation

#### Guides:

- Non-Invasive Scheduling Guides
- Administer Meds from the MAR
- Document Lines
- Place Orders

Note that the information on the Learning Home Dashboard is current. If you download or print a copy of the Tip Sheet, it may not reflect the most up to date information. Make it a habit to view Tip Sheets within Epic frequently.

### Remember



#### Playground

Once you complete your training, and utilizing the login information provided in the classroom via your workbook, you may access the Epic Playground environment. Use the general sign on information (listed in the Training Companions and Exercise Booklets) to access the Playground environment to continue your education, and practice the new Epic workflows.

Focusing on the changes identified in this document will help your hospital in the successful implementation.

As part of the Playground environment, you will have access to the Learning Home Dashboard to learn about other changes.

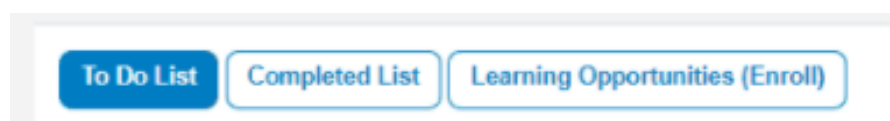
### You Can Also



#### View the demonstration of these changes

A demonstration was held and recorded for these significant changes in your workflow. The demonstration is loaded to NetLearning and the user can assign it to themselves. The name of the demo is Change Management CUP2 Nuclear Stress and Charging.

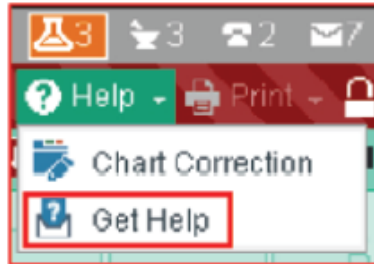
Utilize the Learning Opportunities (Enroll) button and search for Change Management. A full list of demonstrations will present and the user can select the session they would like to watch.



**Questions** should first be sent to your site and department Leads. If they cannot answer the question, you may submit a question to the Training Team through the ServiceNow process.

How to:

- Pre-production: Contact the Service Desk and submit the question to the Training Team via ServiceNow ticket.
- In production: from the patient chart or the screen, you have a question on, submit a ticket via Get Help within Epic.



**URGENT** assistance should be requested via the Service Desk. They will help you triage the issue and prioritize your ticket accordingly. How do you know if it is urgent? See your department leads or your SuperUsers. If patient care is impacted, call the Service Desk.
