

EPIC PROVIDER ENHANCEMENT REQUEST WEEKLY UPDATE

July 25, 2023 Meeting

Ambulatory - Approved for Production: Move on 08/01/2023

Item Name	Description	ER #
<u>New Pediatric Diabetes Flowsheet</u>	This request is for a new flowsheet template for use in tracking pediatric diabetes patients.	EPREQ0006643
<u>New Blood Marrow Donor History Questionnaire</u>	This request addresses an update to the CINJ Blood/ Marrow Donor History Questionnaire.	EPREQ0005890
<u>New Flowsheet to Document Wheelchair Weight</u>	This request is for a new flowsheet template for use in calculating wheelchair weight.	EPREQ0003756
<u>Level of Service Hard Stop for Encounters Scheduled to a Generic Provider</u>	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
<u>New Interpreter Services SmartForm</u>	This request is to provide a documentation tool to capture information about Interpreter Services.	EPREQ0009018
<u>Two New ENT Procedures: VivAer and RhinAer</u>	This request is to implement two new procedure orders.	EPREQ0009362

Acute -

Approved for Production: Move on 08/01/2023

Item Name	Description	ER #
<u>C diff BPAs</u>	Reactivate C diff Best Practice Advisories (BPAs).	INC1211199
<u>Tube Feed Modular – Multi Response</u>	LQL's for Tube Feeding Modulars changed from Single response to Multi response.	EPREQ0010415
<u>Care Coordination Note Alerts</u>	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) - Approved for Production: Move on 08/01/2023

Item Name	Description	ER #
<u>Update to Mammogram Health Maintenance</u>	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.	
<u>Update to Diabetic Retinopathy Health Maintenance</u>	Updated Diabetic Retinopathy to 1-year frequency from the current 2-year frequency. This update aligns with Quality Standards.	



AMBULATORY

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.**

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Epic together.

New Pediatric Diabetes Flowsheet Template, Continued

Application: Ambulatory
Owner: Faye Erickson/
Amy Byers

Flowsheets

File Add Rows LDA Avatar Add Col Insert Col Device Data Hide Device Data Last Filed

Ped Endo Clinical Rev... Vitals Carb Count for Bolusing Growth Chart Events Insulin 70/30 **Ped Diabetes**

Accordion Expanded View All

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

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

Visit Information Health Maintenance History Self-Management Data Review Pump Review Meter Review Sensor Review

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.

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

New Blood Marrow Donor History Questionnaire, Continued

Application: MyChart & Ambulatory
Owner: Faye Erickson
 MarkStockdale 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:

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 Effient Brilinta Plavix Ticlid Zomig	piroxicam prasugrel ticagrelor clopidogrel ticlopidine vorapaxan	2 Days 3 Days 7 Days 14 Days 1 Month
Anticoagulants or "blood thinners" (usually taken to prevent blood clots in the legs and lungs and to prevent strokes)	Arixtra Eliquis Fragmin Lovenox Pradaxa Savaysa Xarelto Coumadin, Warfarin Jantoven Heparin, low-molecular-weight heparin	fondaparinux apixaban dalteparin enoxaparin dabigatran edoxaban rivaroxaban warfarin	2 Days
Acne treatment	Accutane Amnesteem Absorica Claravis	Myorisan Sotret Zenatane	isotretinoin
Multiple myeloma	Thalomid	thalidomide	1 Month
Rheumatoid arthritis	Rimso-50 Propacela	leflunomide	
Hair loss remedy	Proscar	finasteride	
Prostate symptoms	Avodart Jalyn	dutasteride	
Immunosuppressant	Celcipt	mycophenolate mofetil	
HIV Prevention (PrEP and PEP)	Truvada, Descovy, Tivicay, Isentress	tenofovir, emtricitabine dolutegravir, raltegravir	
Basal cell skin cancer	Erivedge Odomzo	vismodegib	
Relapsing multiple sclerosis	Aubagio	teriflunomide	
Rheumatoid arthritis	Arava	leflunomide	
Hepatitis exposure	Hepatitis B Immune Globulin	HBIG	
Experimental Medication or Unlicensed (Experimental) Vaccine	Soflatane Tegison	acitretin etretinate	
HIV treatment also known as antiretroviral therapy (ART)			36 Months
			Ever

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.

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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)

use Indicators Individual Treatment Patient Weight Calcul... Patient Weight Cal...

Flowsheet Template Order

Override Template Order

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

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

Accept Cancel

Flowsheets

File Add Rows LDA Avatar Add Col Insert Col Data Validate Hide Device Data Last Filed Reg Doc Graph Go to Date Responsible More

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

12/16/22 1048

Reading from Scale

Office Visit from	Appointment from 12/16...
1000	2/16/2022
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	

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

Hard Stop message:

The screenshot shows the Epic EHR interface with a 'Hard Stop' message. The main window displays a patient's chart for 'Acrd E. ChargeTestingop II'. The 'Wrap-Up' tab is active, showing 'Patient Instructions' and 'Communications' sections. A 'Follow-up' section is open, showing a dropdown menu for 'Follow up in' (4 Weeks, 3 Months, 6 Months, 1 Years) and a checkbox for 'PRN'. A red arrow points from the 'Inappropriate LOS code' message in the main window to the 'Follow-up' section. A modal window titled 'LOS Validation' is displayed, stating: 'Inappropriate LOS code: PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN [99213]'. It also contains the message: '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 'OK' button is at the bottom right of the modal. To the right of the modal, a 'Level of Service' dialog box is open, showing the selected code 'PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN [99213]' and various modifiers and time ranges.

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Epic together.

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.

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Epic together.

Interpreter Services SmartForm, Continued

Application: Ambulatory
Owner: Jose Aponte-Lopez
Amy Byers

Rooming

This screenshot shows the 'Rooming' tab of the SmartForm interface. The 'Interpreter' section is active, indicated by a green bar. The 'Interpreter' tab is also highlighted in green. The form displays a table with a single row, showing 'Time taken: 1033' on 6/22/2023. Below the table, there is a section for 'Interpreter Service' with a dropdown menu set to 'Interpreter Needed? Yes'. At the bottom are buttons for 'Restore', 'Close', and 'Cancel'.

Interpreter

This screenshot shows the 'Interpreter' tab of the SmartForm interface. The 'Interpreter' section is active. The form displays a table with a single row, showing 'Time taken: 1033' on 6/22/2023. Below the table, there is a section for 'Interpreter Service' with a dropdown menu set to 'Interpreter Needed? Yes'. The 'Services Used' section shows 'Over the Phone Interpreter' selected. The 'Language' section shows 'Spanish' selected. At the bottom are buttons for 'Restore', 'Close', and 'Cancel'.

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.

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Epic together.

Two New ENT Procedures, Continued

Application: Ambulatory
Owner: Jose Aponte-Lopez
Amy Byers

VivAer - (ENT30)

VivAer

Class:	Clinic Perfo	<input checked="" type="button"/> Accept <input type="button"/> Cancel
Referral:	<input type="checkbox"/> Override restrictions	
To provider:	<input type="text"/>	
To dept:	<input type="text"/>	
Status:	Normal <input type="radio"/> Standing <input checked="" type="radio"/> Future	
Expected Date:	<input type="text"/> Today <input type="radio"/> First Available <input type="radio"/> Tomorrow <input type="radio"/> 1 Week <input type="radio"/> 2 Weeks <input type="radio"/> 1 Month <input type="radio"/> 3 Months <input type="radio"/> 6 Months	<input type="checkbox"/> Approx.
Comment:	<input type="text"/> After Procedure <input type="radio"/> After Tests <input type="radio"/> Before Next Visit <input type="radio"/> Before Procedure <input type="radio"/> Other (specify)	
Expires:	<input type="text"/> 7/24/2024 <input type="radio"/> 1 Month <input type="radio"/> 2 Months <input type="radio"/> 3 Months <input type="radio"/> 4 Months <input type="radio"/> 6 Months <input checked="" type="radio"/> 1 Year <input type="radio"/> 18 Months	
Show Additional Order Details		
<input type="button"/> Next Required		<input checked="" type="button"/> Accept <input type="button"/> Cancel

RhinAer - (ENT31)

RhinAer

Priority:	Routine <input type="radio"/> Routine <input checked="" type="radio"/> STAT	
Class:	Clinic Perfo	
Status:	Normal <input type="radio"/> Standing <input checked="" type="radio"/> Future	
Expected Date:	<input type="text"/> Today <input type="radio"/> First Available <input type="radio"/> Tomorrow <input type="radio"/> 1 Week <input type="radio"/> 2 Weeks <input type="radio"/> 1 Month <input type="radio"/> 3 Months <input type="radio"/> 6 Months	<input type="checkbox"/> Approx.
Comment:	<input type="text"/> After Procedure <input type="radio"/> After Tests <input type="radio"/> Before Next Visit <input type="radio"/> Before Procedure <input type="radio"/> Other (specify)	
Expires:	<input type="text"/> 7/24/2024 <input type="radio"/> 1 Month <input type="radio"/> 2 Months <input type="radio"/> 3 Months <input type="radio"/> 4 Months <input type="radio"/> 6 Months <input checked="" type="radio"/> 1 Year <input type="radio"/> 18 Months	
Comments:	+ Add Comments (F6)	
Show Additional Order Details		
<input type="button"/> Next Required		<input checked="" type="button"/> Accept <input type="button"/> Cancel

Both orders will fall into WQ#14814 for Prior Authorization

ACUTE

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?

 **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)

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 Modulars-LQL's

Application: Orders
Owner: Mary Mulford

EPREQ0010415

Tube Feed (TF) Modulars
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: For:

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):

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 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):

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: For:

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

① Tube feeding bolus (mL):

② 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):

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

ⓘ 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:

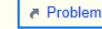
Primary Oncological Condition

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

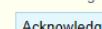
Reason for ED Evaluation or Inpatient Admission

Additional Notes/Comments (if any)

- Name:
- Contact Information:

 Problem list

ⓘ Acknowledge Reason _____

 Acknowledge

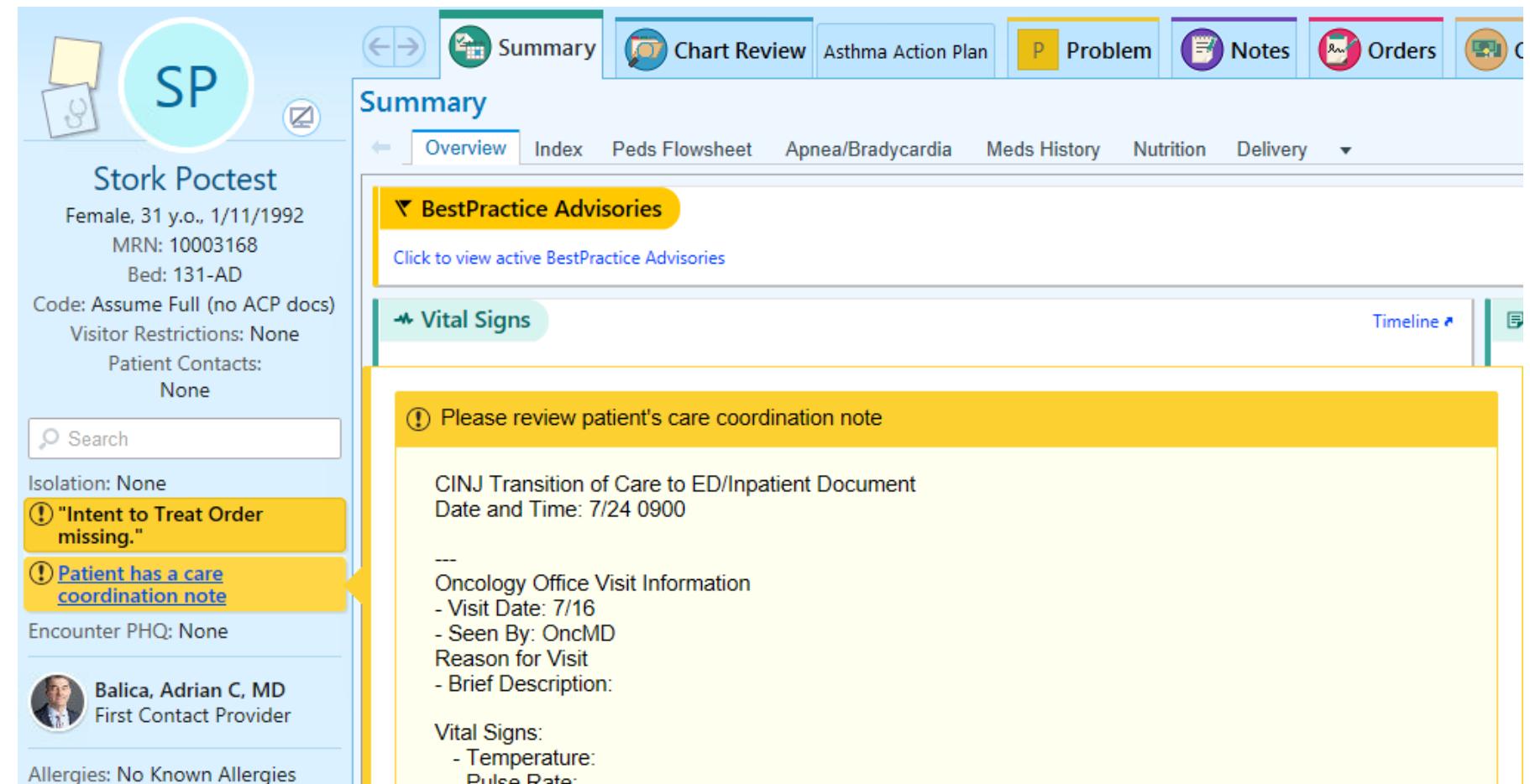
 Accept

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 shows the Epic EHR interface in 'Summary' mode. The patient information on the left includes: 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. A search bar is present. Two yellow callout boxes appear over the patient list: one for "Intent to Treat Order missing." and another for "Patient has a care coordination note". The main summary area shows a yellow box with the message "Please review patient's care coordination note" and details about the CINJ Transition of Care to ED/Inpatient Document (Date and Time: 7/24 0900). It also lists Oncology Office Visit Information (Visit Date: 7/16, Seen By: OncMD), Reason for Visit (Brief Description:), and Vital Signs (Temperature: and Pulse Rate:).

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Epic together.

Update to Mammogram Health Maintenance

Application:
Owner: Jeffery Cummis

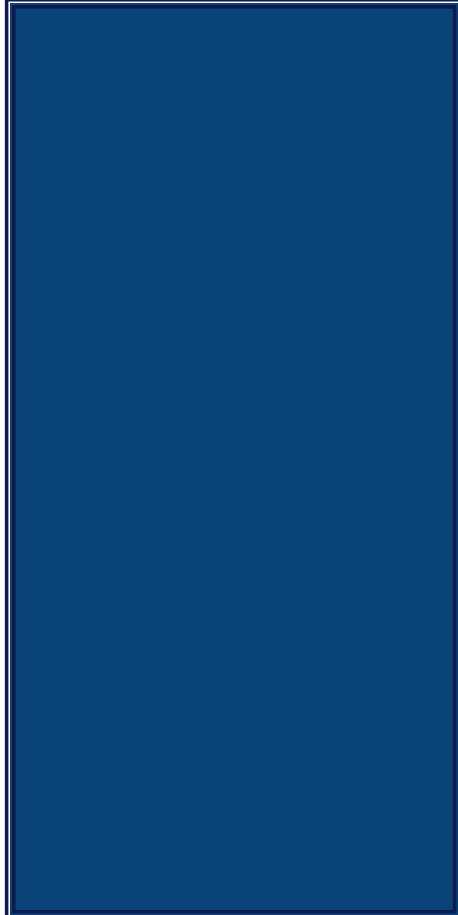
- Updated mammogram to 2-year frequency from the current 1-year frequency.
- This update aligns with Quality Standards.
- Providers will still have the override option to update individual patients to a 1-year frequency if needed.

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.



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