

# EPIC PROVIDER ENHANCEMENT REQUEST WEEKLY UPDATE

July 25, 2023 Meeting

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

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

# Acute -

## Approved for Production: Move on 08/01/2023

Item Name	Description	ER #
<a href="#">C diff BPAs</a>	Reactivate C diff Best Practice Advisories (BPAs).	INC1211199
<a href="#">Tube Feed Modular – Multi Response</a>	LQL's for Tube Feeding Modulares changed from Single response to Multi response.	EPREQ0010415
<a href="#">Care Coordination Note Alerts</a>	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 #
<a href="#">Update to Mammogram Health Maintenance</a>	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.	
<a href="#">Update to Diabetic Retinopathy Health Maintenance</a>	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.

# 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

[Return to Agenda](#)  
**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**

[Return to Agenda](#)

**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.

<sup>®</sup>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	<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		<input type="checkbox"/>		

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) ☐ Accordion ☐ Expanded ☒ 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 12/16/2022 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.

[Return to Agenda](#)

**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 'Level of Service' dropdown menu. A red arrow points to a 'LOS Validation' dialog box that appears over the 'Wrap-Up' tab. The dialog box contains the following text:

**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.

Below the dialog box, the 'Level of Service' dropdown menu is visible, showing the selected code 'PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN [99213]' and a list of other codes including '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', and 'Tel 3'.



# 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', 'To dept', '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

# 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:

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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 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 timeline view. A yellow alert banner at the bottom of the main content area reads: "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, and Brief Description.

**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** [Timeline](#)

**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.

