

Clinical and Collaboratives News

This monthly communication highlights recent and upcoming Epic improvements to ambulatory and inpatient workflows and other clinical news. Please share with physicians, advanced practice providers and your team.

Announcements

RESULT MANAGEMENT IN THE NEWS

An article published in the [New England Journal of Medicine Catalyst Innovations in Care Delivery](#) features the results from a 13-month period of using artificial intelligence natural language processing to identify Northwestern Medicine radiology reports that contained lung and adrenal-related findings requiring follow-up. More than 29,000 imaging studies were flagged (more than 70 findings per day) as containing lung-related follow-up recommendations. More than 2,400 follow-ups have been completed. Read more in [Stat](#), and on the [Results Management page](#) on NM Interactive. Information about an adrenal nodule best practice advisory (BPA) is in this newsletter.

HSCC INFORMATION

View a list of active Health System Clinical Collaboratives as well as completed projects, key decisions and other information on the [Health System Clinical Collaboratives page on NMI](#).

The following updates will be made on Tuesday, March 29, unless otherwise noted.

System updates

ADVISED ORDER QUESTION UPDATES

Order questions that were previously flagged as Advised ⚠️ will no longer display this alert.

Then

Activity / Positioning with Mobility

⚠️ Restriction:

⚠️ Positioning: Head of Bed Elevate Ext Elevate Heels off Bed Lo Turn Patient Other - Spe

⚠️ Weight Bearing Restrictions:

Comments:

Now

Activity / Positioning with Mobility

Restriction:

Positioning: Head of Bed Elevate Ext Elevate Heels off Bed Lo Turn Patient Other - Spe

Weight Bearing Restrictions:

Comments:

Ambulatory updates

ADDITIONAL HEALTH MAINTENANCE TOPICS ENABLED FOR DISCONTINUE

These Health Maintenance topics have been enabled for the Discontinue feature:

- Address PSA
- Hepatitis C Screening
- HIV Screening
- Breast Cancer Screening
- Osteoporosis Screening

View [more information](#).

NEW REFERRAL AVAILABLE FOR HOME INFUSION TREATMENT

A new outpatient referral for Home Infusion Therapy streamlines workflows.

Px Code	Name	Type	Pref List
REF659	HOME INFUSION TREATMENT REFERRAL	Outpat Ref	NM AMB OP REFERRAL PREFERE...

HOME INFUSION TREATMENT REFERRAL

Referral: Priority:

To provider:

To prov spec:

Geog areas: Default Areas

Primary Infusion Medication Type:

Anticipated Start Date:

Dose:

Rate:

Frequency:

Route:

Dispense Order: 10 days or less of drug, supplies, and equipment necessary for IV access and administration of medic ...

Duration of Therapy:

Flushing Order: Flush with 5mL 0.9% sodium chloride before & after infusion (peripheral IV)
 Flush with 10mL 0.9% sodium chloride before & after infusion (PICC)
 Flush with 10mL 0.9% sodium chloride before & after infusion; lock with 5mL of 100 unit/mL heparin a ...
 Flush with 10mL 0.9% sodium chloride before & after infusion; lock with 5mL of 10 units/mL heparin a ...
 Flush with 10mL 0.9% sodium chloride before & after infusion; lock with 3mL of 100 unit/mL heparin a ...

De-clotting Order: Cathflo Activase, per protocol, as indicated for occluded access device

NEW MYNM (MYCHART) QUESTIONNAIRES FOR OB/GYN OFFICES

Patients who are new to OB-GYN clinics and have MyNM accounts will automatically receive questionnaires after they schedule their first appointment. Submitted responses will be viewable in the patient's chart.

ADRENAL NODULE BPA

The adrenal nodule best practice advisory (BPA) will again display in the Result Management workflow. Review the [Protocol Reference](#) and [Results Management](#) tip sheets. Both documents will also be available in the BPA.

Result Management (1)

Follow-up Needed: Adrenal Nodule

There is a finding that needs your clinical review. A general follow up interval is listed below, please refer to the report for specific findings and recommendations.

Order Linked to this Finding: XR CHEST PA LAT [1163533627]

Ambiguous Imaging
 Recommended on: Mar 9 on Xray Chest PA Lateral
 Read by: Zz_P1_Ip_Attending, MD (312-926-5858)
 Finding: **Adrenal Nodule**
 Acuity: **Significant**

Documentation Links:
[NM Result Management Protocol](#)
[Click here for workflow tipsheet](#)

Open SmartSet Do Not Open Result Management - Adrenal Nodule Preview

View Full Report/Images

Acknowledge Reason

Transfer Responsibility Follow-up Done Outside NM Postpone Patient Declined Not Applicable for Patient

Managed by Oncology

Inpatient updates

ORDER SET UPDATES

Order sets receive regular updates based on new clinical research or to align care across NM.

- View [Order Set Updates](#) for new and updated Order Sets this month.
- View the latest [Order Set Inventory](#).
- For information related to customizing order sets, view the [Personalization Quick Start Guide](#) on the [Epic Enterprise Training site](#).

DESIGNATE AN ATTENDING PHYSICIAN

A patient's attending physician can be assigned within the Treatment Team or Care Team Activity. Please note these changes:

- **Past:** Designate Attending physician in the Role field or by selecting the Attending Provider field. This did not appropriately update the patient's Treatment Team, Storyboard or billing record.
- **Future:** Attending Physician will be removed from the Role selection list. You can complete one of two workflows below to designate an attending physician.

Assign Me from the Patient List

1. Right-click on a patient from the Patient List activity to view options.
2. Choose Assign Me. The Assign Provider window will display.
3. Select Attending Provider field.

Assign Provider

Role

Attending Provider or

Assignment Start

1358 3/15/2022

Assignment End

Assign Attending from the Treatment Team or Care Team

1. Open the Treatment Team or Care Team from patient Storyboard, Patient List or other activity.
2. Choose the Add Me button next to the Add Attending field or search for a clinician using the Add Attending field.

The screenshot shows a 'Care Teams' window with a 'Current Encounter Team' section. It contains several input fields with search icons and 'Add Me' buttons. The 'Add Attending' field and its corresponding 'Add Me' button are highlighted with a red border. Other fields include 'Add Admitting', 'Add Additional', and 'Add Provider Team' with an 'Add Team' button.

DISCHARGE WORKFLOW MANAGEMENT

To help patients continue appropriate care and treatment after they leave the hospital, it's important to communicate discharge expectations clearly and efficiently to patients and staff members. View the [Discharge Workflow Management](#) for steps to manage the discharge process.

Review Order Classes in the table below for prescribed or changed medications that transmit the order to a retail pharmacy or generate a printed prescription.

Order Class	System Outcomes and Usage	Transmits	Prints
E-prescribe (default)	Automatically transmits the medication order to the selected retail pharmacy.	X	
Over-the-counter (OTC)	Designates the medication as non-prescription and instructs the patient to purchase it.	n/a	
Phone-in	<ul style="list-style-type: none"> Ambulatory: Sends a message to an In Basket pool to call the pharmacy Hospital and ED: Indicates that a clinician called in the prescription 	n/a	
Print	<ul style="list-style-type: none"> Select Print to obtain a paper script from the printer programmed for that workstation (cannot select a printer). The paper script requires a wet signature of the prescribing clinician. 		X
No Print	Select No Print when a patient: <ul style="list-style-type: none"> Is transferred to another NM facility, skilled nursing facility or external facility Has medication at home but the dosage has changed 	n/a	
Sample	The patient receives a sample medication. Indicate lot number, quantity and expiration date.	n/a	
Fax	<ul style="list-style-type: none"> Select Fax to electronically fax a prescription if E-prescribe is not available for the selected pharmacy. Faxing is less efficient and not as secure as E-prescribing. 	X	
Historical Med	This is the default in PTA Medications and Patient-reported Medications activities for these scenarios:	n/a	

	<ul style="list-style-type: none"> • If a PTA medication was missed during Admission Order Reconciliation. • When entering a Patient Reported Medication in the Order toolbar. 	
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DIALYSIS ORDER ENHANCEMENTS

The following dialysis orders have cascading functionality that will display available options by facility.

Order Set	Dialysis Order
Hemodialysis [3149]	Hemodialysis [DIA30]
Continuous Renal Replacement Therapy (CRRT) [3223]	Continuous Renal Replacement Therapy (CRRT) [DIA8]
Peritoneal Dialysis [3224]	Peritoneal Dialysis [DIA34]
Plasmapheresis - CDH, Delnor, KH, VWH, HH, MCH & WS [3793]	Plasmapheresis [DIA1]

Hemodialysis example for a patient admitted to Kishwaukee Hospital

Hemodialysis ^

▼ **General**

- ▶ **Nursing Assessments** Click for more
- ▶ **Nursing Interventions - Dialysis - CDH, Delnor, KH, VWH, MRH, HH, MCH, WS & PH** Click for more
- Hemodialysis**
 - Kishwaukee**
 - Hemodialysis**
Routine, ONE TIME, today at 1342. For 1 occurrence
Facility: Kishwaukee Hospital

Hemodialysis ✓ Accept ✗ Cancel

Priority:

Frequency:

Starting: At:

Facility:

Access:

Duration:

Dialyzer:

Blood Flow Rate:

Hemodialysis Bath - Bicarbonate Amount:

Hemodialysis Bath - Calcium Amount:

Hemodialysis Bath - Potassium Amount:

Hemodialysis Bath - Sodium Amount:

Dialysis Flow Rate:

Dialysate Temperature:

TRACHEOSTOMY TUBE CHANGE ORDER UPDATES

Two new required order questions and comments have been added to the Tracheostomy tube change order [RT114]. These additions help to clarify who is the most appropriate party to conduct a tracheostomy tube change, as shown here.

Tracheostomy tube change ✓ Accept ✗ Cancel

Priority: Routine Routine STAT

Frequency: ONE TIME 1 Time

Starting: 3/16/2022 Today Tomorrow At: 1048

Process Instructions: All STAT Respiratory Care Orders must be communicated to the therapist covering the patient care area prior to entry in the computer system.

Initial post-op trach exchange? Yes No

Concern for difficult exchange? Yes No

Is there a preferred trach tube style and size?

Release to patient: Standard Release

Comments: Initial trach change will not be done without the service present at the bedside.

DELIVERY DOCUMENTATION UPDATES

Modified Delivery Note SmartText templates and Delivery Summary speed buttons will streamline delivery documentation and reduce In Basket deficiencies.

Delivery Summary

New Baby Link Baby Delivery Note OR Delivery Note

Use the following new SmartTexts associated with Delivery Summary speed buttons to meet Health Information Management requirements for delivery documentation:

Delivery Summary Speed Button	Delivery Type	Note Type and Applied SmartText
Delivery Note	Vaginal Delivery	L&D Delivery Note: NM OB DELIVERY NOTE VAGINAL
OR Delivery Note	Cesarean Section	Operative Report: NM OB DELIVERY NOTE CESAREAN

Important: Templates automatically update for multiple linked infant records.

View [Delivery Documentation Updates](#) for more information.

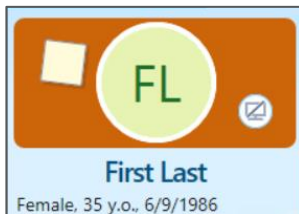
NEW CONTINUOUS PULSE OXIMETRY ORDERS SYSTEM LIST

Continuous Pulse Oximetry Orders will be available in the Central Monitoring Telemetry folder.

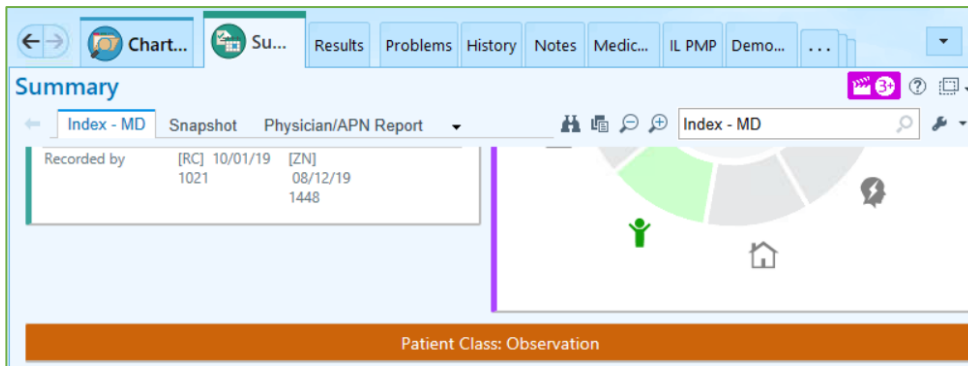


VIEW PATIENT CLASS OF OBSERVATION IN STORYBOARD AND PATIENT SUMMARY

This is a reminder that Patient Storyboard and Patient Summary Index — MD now show an orange background behind the patient photo to help you easily identify the patient as having an Observation patient class.



And, the orange banner indicating Patient Class: Observation will display above the list of indexed reports, as shown below:



Find additional Epic resources on the [Epic Enterprise Training page](#). If you have questions, please call MyNM Service Center at 312.926.4357 (HELP).

Upcoming Epic Releases

- April 26
- May 31
- Quarterly upgrade June 12
- June 28
- July 26
- Quarterly upgrade September 11

The South Region will go live on NM Epic on October 1.

This newsletter is sent to practice managers and directors, clinical leaders, physician Super Users, APPs and physicians who have requested it. If you would like to subscribe or add others, email Jenny Grady at jennifer.grady@nm.org.