

Clinical and Collaboratives News

March 26 Monthly Update

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 (APPs) and your team.

Announcements

Epic Efficiency Hours

Clinicians can attend Epic-hosted Efficiency Hours at no cost to become more proficient in key areas. Epic experts will present tips and answer questions from attendees. Physicians who attend can also earn physician CME credit from the University of Wisconsin.

Epic is now offering core workflow and quick-win classes on a more frequent basis. You can review the [Epic Efficiency calendar](#) to sign up for classes.

Previous Efficiency Hours sessions got great feedback, with 95% of attendees saying they'd recommend the sessions, so please share the information with your colleagues.

System Updates

Update to CRP Infection flag

To provide clear and consistent communication, the infection flag for CRP has been updated to CRPA. This change is reflected in the Storyboard infection flag and was implemented on March 20.

On Tuesday, March 26, the following updates will go into effect.

Ambulatory

Calculate Level of Service (LOS) based on time

There is a new estimated time field in the LOS Activity. This helps determine how time-based charges are calculated for patient encounters. This is only intended as a guide for helping to determine Total Time, on which charges are based.

The new timer pauses when switching to another patient encounter or a non-encounter workspace such as the In Basket. The timer always pauses when the encounter workspace is closed or when the workstation is secured. Previously, the timer accrued time for any open encounter workspace.

Select the green plus sign to choose the estimated time for your LOS or select one of the speed buttons for total time spent with the patient.

Calculate LOS based on time

Patient Type:

Total time (min.): 10 20 30
40

Estimated time: + 22 Min. ⓘ

N2	N3	N4	N5	E2
E3	E4	E5	No LOS	PE 40-64
PE 65+	PE 18-39	MC-Welc	TCM M	NPE 40-64
NPE 65+	NPE 18-39	MC-Init	TCM H	5-10 Min
11-20 Min	MC-Subseq			

Consider using G2211 E/M code

The G2211 E/M code is now available at the bottom of the LOS window.

Level of Service

N2	N3	N4	N5	E2
E3	E4	E5	No LOS	PE 40-64
PE 65+	PE 18-39	MC-Welc	TCM M	NPE 40-64
NPE 65+	NPE 18-39	MC-Init	TCM H	5-10 Min
11-20 Min	MC-Subseq			

Additional E/M Codes

G2211

An alert will appear when it may be appropriate to include.

A warning will appear when G2211 is inappropriately included.

Level of Service

ⓘ Level of service will not be saved because of the following:
PR COMPLEX E/M VISIT ADD ON

This encounter does not meet the criteria for the usage of G2211 because modifier 25 is applied to the Level of Service. This code should be removed from the Additional E/M codes.

When signing a visit in a Primary Care, Internal Medicine or Family Medicine department, this recommendation will appear.

Level of Service

ⓘ Level of service has the following warnings
Inappropriate LOS code: PR OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN

This encounter may meet the criteria for the usage of G2211. Consider adding this code as an Additional E/M code if appropriate.

Sign Visit Notes Review

↻ Refresh

⚠ Recommended

This encounter may meet the criteria for the usage of G2211. Consider adding this code as an Additional E/M code if appropriate.

View the complete details in this [tip sheet](#).

Inpatient

Order set updates

Review the comprehensive [Order Set Update communication](#) for a detailed summary of updates to the following order sets. Order sets revised this month with a summary include:

Order Set Update	Change Summary
Stroke Post – Thrombectomy [4075]	Orders from Post – Procedure – Cerebral Angiography Neurosurgery/Neurointerventional Inpatient [3026] have been added to Stroke Post – Thrombectomy [4075].
Pre-Op Total Pancreatectomy & Intraportal Islet Autotransplant [3099]	New pre-op order set for patients undergoing pancreatectomy/autoislet cell transplants.

For more information related to customizing order sets, please view the [Personalization Reference Guide](#) on the [Enterprise Training Site](#) and view the latest Order Set Inventory [here](#).

Communicate timed lab collections

A Timed priority status has been added to lab order composers to specify a collection time for time-sensitive orders such as peak and trough orders.

Tobramycin Level, Peak

Add-on: Timed orders should not be added to an existing specimen

Frequency: 1 Time STAT

At: 2/6/2024 Today Tomorrow 1600

Priority: Timed Routine Timed

Release to patient: Standard Release Delay 14 Days Permanently Blocked

- Select a Priority of Timed and specify the desired collection time in the frequency field.

Consult Sign Off order expanded to more facilities

The Consult Sign Off order and workflow will be expanded to more facilities.

Expected Go-Live dates:

- March 26 at Central DuPage Hospital, Kishwaukee Hospital and Valley West Hospital
- April 30 at Huntley Hospital, McHenry Hospital and Woodstock Hospital
- June 2 at Lake Forest Hospital and Palos Hospital

The Consult Sign Off order improves discharge workflow by:

- Improving care team communication by clearly signaling a consultant has signed off
- Eliminating confusion caused by multiple discharge orders (The attending should only place one discharge patient order.)
- Reducing phone interruptions to the consulting provider during the discharge process

- Improving patient satisfaction by reducing the length of time to process patient discharge
- Improving nursing workload by reducing the need for discharge plan clarifications from the physician or APP

To prepare for Go-Live consulting physicians and APPs should:

- Review the Consult Sign Off order and Workflow [tip sheet](#).
- Watch the Discharge Consult Sign Off [video](#).

RBC transfusions available at Marianjoy Rehabilitation Hospital

The Blood Administration – Inpatient [2753] order set with the RBC Transfuse order is now available at Marianjoy Rehabilitation Hospital to eliminate the need to transport patients to CDH for blood transfusions. Use the Blood Administration – Inpatient [2753] order set to access and place orders to prepare and transfuse RBCs.

- Only planned RBCs admins will be given, any urgent needs will follow previous workflow.
- Only RBCs will be transfused at this time, any other blood products will follow previous workflow.

Review the [Blood Product Orders Workflow](#) tip sheet for additional information.

ECMO/VAD/IABP/Impella SmartLink information

Documentation for ECMO, VAD, IABP and Impella has been streamlined for clinical staff. As a result, flowsheet rows have been updated. If you previously used a configured SmartLink to include ECMO, VAD, IABP and Impella documentation in a note, update your personal SmartPhrase as follows or consider using a system-released SmartLink.

Personal SmartPhrase updates

Access your personal SmartPhrase from the Epic button > Tools > My SmartPhrases. Edit the desired SmartLinks within your SmartPhrases with the Group and Row IDs per the [ECMO/VAD/IABP/Impella SmartLink Information](#) document.

Available system SmartLinks

Type a SmartLink within a note to display device setting documentation for VAD devices:

- HeartMate III: .HM3FLOWS
- HeartMate II: .HM2FLOWS
- HeartWare: .HWFLOWS

NPO and SGLT2 inhibitor best practice advisories implemented

Euglycemic DKA is a known adverse effect of SGLT2 inhibitors (sodium/glucose co-transporter 2) with the largest risk factor being patients who are fasting or NPO. Best Practice Advisories (BPA) have been implemented to advise clinicians in the following scenarios:

- SGLT2 Inhibitor and NPO ordered at the same time
- Patient is NPO and an SGLT2 is ordered
- SGLT2 medication is active and NPO is ordered
- Patient had SGLT2 administered and NPO is ordered
- Patient had an SGLT2 administered, medication is still active and NPO is ordered

Keep orders, remove orders, discontinue orders, or acknowledge the BPA as appropriate. Review the [NPO While on SGLT2 Inhibitor Best Practice Advisory](#) communication for additional information.

Provider Notification Group added to Summary Reports

The Provider Notification Group has been added to the following Summary Reports:

- Index – MD
- Pulmonary Rounding Report
- ICU Rounding

Summary

Index - MD Snapshot - MD MD/APN Report

Vitals and Flowsheet Data

- Consolidated Patient Summary (Timeline)
- ICU Rounding
- Rounding Report 24H
- Overview
- Vitals (24hrs)
- Vitals Graph (Timeline)
- Weights & Height
- RN Shift Assessment (Timeline)
- RN Shift Assessment Pediatrics (Timeline)
- Isolation/Infection Documentation
- LDA Documentation (Timeline)
- View-only Doc Flowsheets
- Orthostatics
- CMP Longitudinal Plan of Care
- Bowel Prep

Provider Notification

Flowsheet Row	Most Recent Value
Reason for Communication	Evaluate
Critical Lab/Test Name	testing
Critical Lab/Test Result	testing
Critical Lab/Test Value confirmed with readback	Yes

Pulmonary Rounding Report

Go to now: 2/25/2024 02/25/24 - Today 24 Hrs 8 Hrs 4 Hrs 1 Hr 15 Min

NM C... 03/13
Time: 1248

RASS Score
RASS - Every 4 Hours & Start/Stop/Ch... RASS - Ever...

Intake

LV	8.7	LV	
sodium chloride 0.9% with KCl 20...	8.7	sodium chlor...	
Total In	8.7	Total In	

Output

I/O Net	8.7	I/O Net	
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Lines/Drains/Airways
None

Provider Notification

Flowsheet Row	Most Recent Value
Reason for Communication	Evaluate
Critical Lab/Test Name	testing
Critical Lab/Test Result	testing

Summary

Index - MD Snapshot - MD MD/APN Report Results Since Admission ICU Rounding

Vitals/Hemodynamics Timeline

View Graph
None

Respiratory Timeline

Blood Gas (Last 24 hours)
None

Oxygen Data (Last 24 hours)
None

Provider Notification

Flowsheet Row	Most Recent Value
Reason for Communication	Evaluate
Critical Lab/Test Name	testing
Critical Lab/Test Result	testing
Critical Lab/Test Value confirmed with readback	Yes
Notification details	testing
No Call Placed	Per protocol
Provider Name	Dr:Test
Provider Role	Physician
Method of Communication	Face to face, In department
Response	No new orders
Shift Event	Other

Behavioral Health Core Measure SMD -1 (BHS only)

If a patient is in a Behavioral Health Services (BHS) Department, has not had a lipid panel or HbA1C lab resulted in the last year and an antipsychotic has been ordered, a passive BPA will appear within the Admission Navigator.

The physician can either order the metabolic screening labs or document the reason that the labs do not need to be ordered. Additionally, there are acknowledge reasons. If you select Remind Me Later, the BPA is suppressed for one hour. Select the Accept button when complete.

Admission

BestPractice Advisories

Important (1)

⚠ Patient is missing one of the required IPFQR metabolic screening elements for psychiatric patients prescribed antipsychotics. Order the missing lipid panel and HbA1C labs or document the reason for not completing a metabolic screening below.

- Last GLUF: Not on file
- Last HGBA1C: Not on file
- Last HDL: Not on file
- Last LDL: Not on file
- Last LDLCALC: Not on file
- Last CHOL: Not on file
- Last VLDL: Not on file
- Last TRIGLYCERIDE: Not on file

Order Do Not Order IPFQR METABOLIC SCREENING LABS

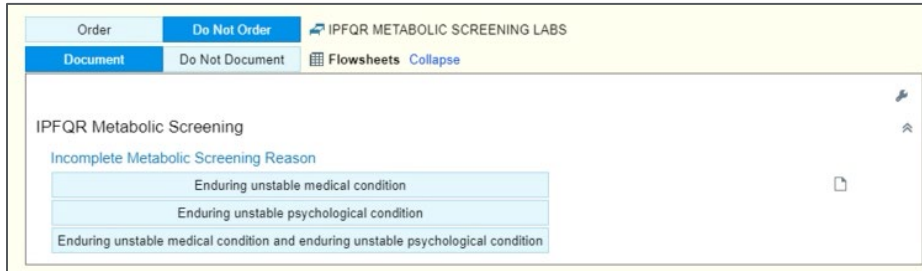
Document Do Not Document Flowsheets

Acknowledge Reason

Remind Me Later Not Primary Provider for Patient Labs Completed from External Source

Accept (1)

If you select documentation, a flowsheet appears within the BPA. Choose accordingly.



If you try to close the chart, a hard stop will appear.

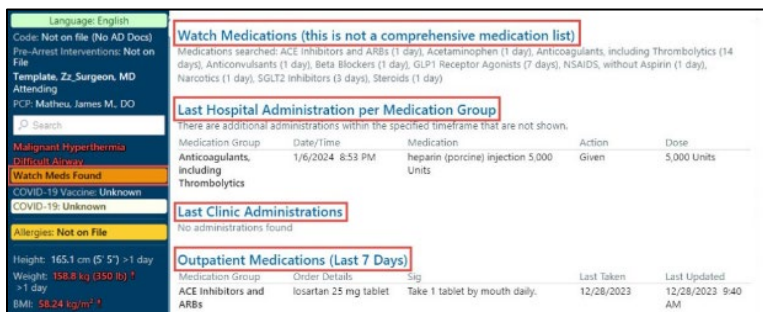


Watch Meds report and Storyboard update

The Watch Meds notification and reports are available to surgeons and peri-op nurses. The medications listed below are part of the Watch Meds report.

- ACE inhibitors and ARBs
- Acetaminophen
- Anticoagulants, including thrombolytics
- Anticonvulsants
- Beta blockers
- GLP1 receptor agonists
- Narcotics
- NSAIDS, without aspirin
- SGLT2 inhibitors
- Steroids

The Watch Meds Found banner will appear with an orange highlight on the storyboard. Hover over the banner in the storyboard to see report details.



This report displays:

- Watch Meds information
- Last Hospital Administration per Medication Group
- Last Clinic Administrations
- Outpatient Medications

Review the [Watch Meds Report](#) tip sheet for additional information.

Upcoming Epic Releases

- Monthly release: April 30
- Quarterly upgrade: June 2

- Monthly release: June 25

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

This newsletter is sent to practice managers and directors, clinical leaders, physician Super Users, and APPs and physicians who have requested it. If you would like to subscribe or add others to the distribution list, email [clinical and collaboratives news@nm.org](mailto:clinical_and_collaboratives_news@nm.org).