



EPIC Charting Guideline Meeting Minutes 2/18/2015

*We improve lives. In big ways through learning, healing and discovery.
In small, personal ways through human connection. But in all ways, we improve lives.*

Purpose: Review EPIC Charting Questions/Concerns	Facilitator: Megan Hellrung, Kristi Schuessler	Sponsor:
Date: 2/2/2015 2/18/15	Scribe: Megan Hellrung	Timekeeper:
In attendance: Shauna Sutton, Kaci Meddings, Kezia Windham, Megan Hellrung, Kristi Schuessler	Location:	Time: 1100-1200

Topic	Discussion/Action/FU	GPS Component	Magnet Component	Discussion Leader	Time
Timing Events	Discussion: <ul style="list-style-type: none"> Concern when multiple sites/multiple procedures done as a single case & book as "one blocked procedure" <ul style="list-style-type: none"> Issue with possibility of a complication occurring during a specific period of a procedure/unknown part of procedure or simultaneous procedures Agreed that additional documentation of multiple sites/multiple procedure done as a single case is not necessary if appropriate "time stamping" for procedures can be assessed through different areas of the Intra-Op Chart including: <ol style="list-style-type: none"> Positioning change for additional procedures occurs (i.e. A/P Spine case) Secondary surgical team arrival/departure times (i.e. Plastics/Neuro case) <ul style="list-style-type: none"> If no position change occurs and there is no change of surgical teams, there is currently no need to document each procedure timing events separately (i.e. Trach/Peg case) <p>Follow Up:</p> <ul style="list-style-type: none"> Include in EPIC Charting Guideline importance and necessity of "time stamping" actions including positioning and appropriate staffing in/out times to support this concern 	1,2,3,5	3,4,5	KS, MH	1110-1120
Procedure Start/Procedure End					



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Allergies	<p>Discussion:</p> <ul style="list-style-type: none"> - Circulator's must CHART allergies have been reviewed prior to performing pre-operative interview <ul style="list-style-type: none"> • Follows model of 8 Medication/Procedure Rights utilized by nurses on the floor prior to administering any medication/procedure (Right Patient, Right Medication/Procedure, Right Dose, Right Route, Right Time, Right Documentation, Right Reason, Right Response) • Encourages patient to correctly identify all allergies and reactions during the Pre-Op interview as well as providing time for the patient to identify/ if any additional allergies/sensitivities and concerns that could affect the care the patient would receive/come into contact with (i.e. Latex allergy) - Legal perspective recognizes the importance of clarifying reactions symptoms associated with an allergy as well as promptly adding new allergies as needed - At this time it is not recommended to remove an allergy from the chart if the patient denies the allergy, rather free text a comment stating the patient verbalized no reaction/allergy to medication or substance <p>Discussion:</p> <ul style="list-style-type: none"> - Standing expectation for all staff (of any department) is to list them in the chart including all visitors/vendors <ul style="list-style-type: none"> • Multiple radiology personnel must be charted accordingly (if the primary tech does not stay for the entire case or is relieved, the relief person or additional tech 	1,2,3,5	1,3,4,5	KS,MH	1140-1150
Staff	<p>Discussion:</p> <ul style="list-style-type: none"> - Standing expectation for all staff (of any department) is to list them in the chart including all visitors/vendors <ul style="list-style-type: none"> • Multiple radiology personnel must be charted accordingly (if the primary tech does not stay for the entire case or is relieved, the relief person or additional tech 	1,5,7	1,2,3,5	MH	1150-1200

Performance Excellence in each Global Path to Success Measure will drive the Mission, Vision and Values of UHealth.



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Topic	Discussion/Action/FU	GPS Component	Magnet Component	Discussion Leader	Time
	<p>must be added into the staffing list)</p> <ul style="list-style-type: none"> - Standing expectation for all staff (of any department) including all visitors/vendors is to time each person (in and out) of the room for both temporary relief (i.e. morning break/lunch/afternoon break) as well as permanent relief (i.e. end of shift) <p>Follow Up:</p> <ul style="list-style-type: none"> - KM reach out to Radiology Department Educator to review/discuss how Radiology Tech assignments are made. Plan to discuss how workflow with assignments affect OR cases/present how continuity of care with assignments not only helps build rapport with staff in room but supports efficiency throughout day 				

UHealth Global Path to Success

Ensure universal, distinctive standard of quality and patient experience.	Attract, retain and excite a unified and engaged workforce.	Enhance reach and relevance through growth.	Integrate clinically and non-clinically across our system.	Deliver superior value to remain an option for most payor plans.	Maintain, enhance and leverage the academic enterprise.	Enhance messaging around the mission, vision and brand
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Magnet Model Components

1. Transformational Leadership	2. Structural Empowerment	3. Exemplary/Professional Practice	4. New Knowledge, Innovations & Improvements	5. Empirical Outcomes
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University of
Colorado Hospital
UNIVERSITY OF COLORADO HEALTH

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Leadership that results in extraordinary outcomes by empowering, influencing, and motivating others.	Strategies used to support shared leadership decision-making, life-long learning and professional development.	Interprofessional collaboration to ensure patient safety resulting in high-quality outcomes.	Integration of evidence-based practice and research into practice. New ways of achieving high-quality, effective and efficient care through innovation.	Measurable outcomes related to the impact of structure and process on patients, staff, and the organization.
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