

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.

University of Colorado Hospital

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	200		
Topic	Discussion/Action/FU	GPS Component	Magnet Component	Discussion Leader	Time
Timing Events			•		
	Discussion:		3,4,5		
	 Concern when multiple sites/multiple procedures 				
	done as a single case & book as "one blocked procedure"				
	 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				
	procedures can be accessed through different areas of				
	the Intra-Op Chart including:				
 Procedure Start/Procedure End 	 Positioning change for additional procedures occurs (i.e. A/P Spine case) 	1,2,3,5		KS, MH	1110-1120
	 Secondary surgical team arrival/departure times (i.e. Plastics/Neuro case) 				
	- If no position change occurs and there is no change of				
	surgical teams, there is currently no need to				
	(i.e. Trach/Peg case)				
	Follow Up:	~~~			
	- Include in EPIC Charting Guideline importance and				
	necessity of "time stamping" actions including				
	positioning and appropriate staffing in/out times to				

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 Events Panel Cut Time Sweep of Operative Site Close Time Ready for OR Discharge 	Topic
CUT TIME: Agreed that CUT TIME is always when the physical cut to skin occurs • Anesthesia concerns with Mayfield pin placement/local injection and/or spinal needle localization placement is covered by Procedure Start SWEEP OF OPERATIVE SITE: > Methodical Wound Exploration ("MVVE") • Needs to occur prior to the closing count beginning CLOSE TIME: Agreed that CLOSE TIME is when the wound is CLOSED; right before dressings are placed READY FOR OR DISCHARGE: More — discussion/information required at this time to confirm purpose. Concern for billing/coding R/T utilizing this or not Follow Up: - Ask Raelynn/ Jen Allen about adding or changing Sweep to MWE with options to select WHO & WHEN was completed (via email MH to follow up) * method for tracking accountability R/T RSI'S, frequency utilized by stoff, continuing education etc. Encourage circulator/scrub to vocalize to the surgical team that a methodical wound exploration needs to be completed prior to the closing count being initiated education to Surgeons/Fellows/Residents about verbalizing completion of the MWE to prompt an organized and timely closing count - Ask Mike/Ashley/Joanne about purpose of READY—FOR OR DISCHARGE BUTTION and effect on billing/coding • Confirm determination on when to appropriate utilize this button PACU hold vs. right before rolling out of room/case complete, patient stable (via email KS to follow up)	Discussion/Action/FU
 2/19/11 2/19/11 2/19/11 2/19/11 2/19/11	GPS Component
 2/19/15 PER JENNIFER ALLEN 2/19/15 PER JENNIFER ALLEN 2 FUNCTIONS. 2 FUNCTIONS. 2 PIBHT BEFORE OUT OF OR TIME OR TIME OR TIME OR TIME OR THE MANYS 1120-114 2/19/15 DOES NOT DRIVE OHMPLES (PER ASHLEY WALSH)	Magnet Component
NIFER AL BOND AL CONTRACTOR	Discussion Leader
2/19/15 PER JENNIFER ALLEN 2 FUNCTIONS. 1. OPERATIONAL ISSNES (i.e. PAC) 2. PIGHT BEFORE OUT OF 2. PIGHT BEFORE OUT OF OR TIME OR TIME OR THE 1,2,3,5 NU PSIND SHOULD ALWAYS CHAR 1,2,3,5 NU PSIND SHOULD ALWAYS CHAR OHARDES (PER ASHLEY WALSH) OHARDES (PER ASHLEY WALSH)	Time



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Topic	Discussion/Action/FU Discussion:	GPS Component	Magnet Component 1,3,4,5	Discussion Leader	Time
	irculator				
	 Follows model of 8 Medication/Procedure Rights utilized by nurses on the floor prior 				
	to administering any medication/procedure				
and the second s	(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				as well as a
Allergies	patient to identify if any additional	1,2,3,5		KS,MH	1140-1150
	allergies/sensitivities and concerns that				
	receive/come into contact with lie laster				· · · · ·
	allergy				
	 Legal perspective recognizes the importance of 				
	clarifying reactions symptoms associated with an				
	allergy as well as promptly adding new allergies as				
	needed			to the second se	
	 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			ACCORDING TAXABLE	
	Discussion:		1235		
	 Standing expectation for all staff (of any department) 				
	is to list them in the chart including all visitors/vendors				
Staff	 Multiple radiology personnel must be 	1,5,7		ĭ E	1150-1200
	charted accordingly (if the primary tech				
	does not stay for the entire case or is				
	relieved, the relief person or additional tech				

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must be added into the staffing list) - 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) Follow Up: - 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	must be added into the staffing list) - 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) Follow Up: - 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 carsey/present how continuity of care with assignments not only helps build rapport with staff in room but supports efficiency throughout day	Topic	Discussion/Action/FU	GPS Component	Magnet Component	Discussion Leader
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day	day		of care with assignments not only helps build rapport			
			day			

experience.	experience.	Workforce.	growth.	system.	most payor plans.	enterprise.	vision and brand
Magnet	Magnet Model Components	ents					
1. Trans							

UCHealth Global Path to Success

Ensure universal, distinctive standard of

Attract, retain and excite a unified and engaged

Enhance reach and relevance through

Integrate clinically and non-clinically across our

remain an option for

Deliver superior value to

Maintain, enhance and

leverage the academic

Enhance messaging around the mission,

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EPIC Charting Guideline Meeting Minutes 2/18/2015

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