



## EPIC Charting Guideline Meeting Minutes 2/23/2015

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<b>Purpose:</b> Review EPIC Charting Questions/Concerns	<b>Facilitator:</b> Megan Hellrung, Kristi Schuessler	<b>Sponsor:</b>
<b>Date:</b> 2/2/2015	<b>Scribe:</b> Megan Hellrung	<b>Timekeeper:</b>
<b>In attendance:</b> Shauna Sutton, Kaci Meddings, Kezia Windham, Megan Hellrung, Kristi Schuessler	<b>Location:</b>	<b>Time:</b> 0800-0900

Topic	Discussion/Action/FU	GPS Component	Magnet Component	Discussion Leader	Time
Counts					
- "2 <sup>nd</sup> procedure closing/final " count	<p>Discussion:</p> <ul style="list-style-type: none"> <li>- Multiple procedures/additional incisions done on a single patient (i.e. trauma: ankle fracture &amp; wrist fracture) require counts for <u>each</u> operative site                             <ul style="list-style-type: none"> <li>o Additional Counts may need to be added to the EHR to account for all procedures and/or sites</li> </ul> </li> <li>- Encourage staff to utilize free text comment section to recognize what procedure is associated with the count (i.e. " final count completed for ankle ORIF procedure")</li> </ul>	1,2,5	1,2,3,5	KS, MH	0800-0805
- Incorrect Counts	<p>Discussion:</p> <ul style="list-style-type: none"> <li>- Agreed that in the case of an incorrect count a note must be charted in the free text comment section of the count screen indicating the facts of the incorrect count:                             <ul style="list-style-type: none"> <li>o Specific name and number of item(s) missing (i.e. 1 raytec or 2 vessel loops)</li> <li>o Action(s) taken to locate item (above and beyond Room Search and X-Ray)</li> <li>o Name of Attending Physician</li> <li>o Name of Radiologist reading X-Ray</li> <li>o Acceptance/Denial of X-Ray</li> </ul> </li> <li>- Agreed in the case of an incorrect count, an <b>Additional Count</b> would be added to the EHR to recognize the other remaining items on the count that were correctly accounted for (i.e. Correct count</li> </ul>	1,2,5	1,2,3,5	KS, MH	0805-0815



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	<p>for Sponges , Sharps, Instruments completed when 2 vessel loops are missing)</p> <ul style="list-style-type: none"> <li>- Agreed that no information regarding SI Reporting/RISK needs to be charted within this section</li> <li>- <b>High Risk Criteria:</b> Surgical team to advocate addressing these criteria prior to initiating counts. Review laminated signs hanging by circulator desk. Charting in EHR to recognize these criteria.</li> </ul> <p>Follow Up:</p> <ul style="list-style-type: none"> <li>- KS/MH to build a template/example outlining the correct information needed in the free text comment section for an incorrect count</li> <li>- KS /MH to build a template outlining High Risk Criteria for Nursing Note addressing: number of factors met, avocation for an X-Ray and acceptance/denial of X-Ray per Attending Surgeon</li> </ul>				



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- Spine (ALIF) Count	<p>Discussion:</p> <ul style="list-style-type: none"> <li>- Agreed a flat plate X-Ray read by a Radiologist would be <b>mandatory when an incorrect count/concern with implants</b> (i.e. cervical plate cover) occurs</li> <li>- Agreed when there is no concerns with the surgical count and/or implants, the MWE will include the <b>credentialed surgeon</b> to interpret the fluoro to validate the absence of a retained surgical item                             <ul style="list-style-type: none"> <li>o Documentation in the EHR as well as dictation in the surgeon's operative note must discuss verification of no RSI's</li> <li>o If the surgeon is not credentialed or is unable to reconcile that no RSI's are present, a flat plate X-Ray must be ordered and read by a Radiologist</li> </ul> </li> </ul> <p>Follow Up:</p> <ul style="list-style-type: none"> <li>- KS contact Spine Service Specialist (Maddison Libby) to review Spine Attending Surgeon Radiology Credentials</li> <li>- Review Radiology Competency required for credentialing and provide necessary education/access for 7 Spine Attending Surgeons to obtain/renew Fluoroscopy Credentials</li> <li>- MH meeting with Spine Service Specialist (Maddison Libby) to discuss adding a circulator reminder to the ALIF preference cards about charting a Nursing Note recognizing completion of a MWE under the fluoroscopy</li> <li>- KS/MH build a template smarttext phrase for Nursing Note recognizing Anterior Spine MWE with fluoroscopy</li> </ul>	1,2,5	1,2,3,5	KS, MH	0815-0825
- "Other" Count	<p>Discussion:</p> <ul style="list-style-type: none"> <li>- Agreed this tab must be proactively added to the "Items Counted" list when additional items that do</li> </ul>	1,2,5	1,2,3,5	KS, MH	0825-0835



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	<p>not fit in the sponge/sharps/instruments category are accounted for (i.e. vessel loops, clip bars, scratch pad etc.)</p> <ul style="list-style-type: none"> <li>• "OTHER" should be added in the "Items counted" in almost all procedures when additional radiopaque and radiolucent supplies are on the sterile field</li> </ul> <p><b>**EXCEPTION:</b> Cysto procedure or when no countable items are on the field, therefore under "Items Counted" selection, "None" is appropriate.</p>				
Pre-Op Skin	<p>Discussion:</p> <ul style="list-style-type: none"> <li>- Agreed overall tab for assessment of skin is appropriate for Pre-Op Skin documentation</li> <li>- Other (see comments) may be charted at this point to address pre-existing skin/wound conditions as needed</li> </ul>	1,5	1,3,4,5	KS	0835-0837
Site Prep	<p>Discussion:</p> <ul style="list-style-type: none"> <li>- Agreed staff are more preemptive in addressing prep and appropriate dry time post new grad presentation on preps</li> <li>- Reviewed "Fire Risk Reduction Strategies"                             <ul style="list-style-type: none"> <li>o prep time and prep dry time in charting</li> <li>o additional strategy recognizing dry time</li> </ul> </li> </ul> <p>Follow Up:</p> <ul style="list-style-type: none"> <li>- Erin Lund to follow up with EPIC personnel on possibility of adding checkbox to "Fire Reduction Strategies" list recognizing appropriate dry time was performed prior to draping</li> </ul>	1,5,7	1,3,4,5	MH	0837-0845
Positioning	<p>Discussion:</p> <ul style="list-style-type: none"> <li>- Agreed that primary positioning be charted, with all additional/possible positions pre-selected per preferences be deleted from the EHR if the patient is not to be repositioned for any additional procedures</li> <li>- Agreed need for staff to be specific with placement.</li> </ul>	1,2,5,7	1,3,4,5	KS, MH	0845-0850

- laterality - prep solution  
- site  
- hair removal  
1,5,7  
3/2/15  
ERIN ON AGENDA TO DISCUSS PRESENT THIS TO EPIC COUNCIL



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	<p>and material of additional positioning devices both by selecting appropriate preset options (i.e. "foam pad" versus "foam pad elbow") or free texting comments as needed</p> <ul style="list-style-type: none"> <li>- Agreed all staff involved in positioning the patient must be charted in the positioning screen, especially Anesthesia (supporting patient head/neck, monitoring airway etc.)</li> <li>- Agreed that <b>any variation or concern with positioning</b> related to Surgeon preference or denial of additional positioning safety measures warrants a free text comment recognizing final positioning sanctioned by Attending</li> </ul>	(+) TIME OF POSITION ↳ IMPORTANT IF PT. WAS INJURED/DURATION OF POSITIONING FOR PERFUSION/SKIN TEAR ETC.			
Timeout	<p>Discussion:</p> <ul style="list-style-type: none"> <li>- Agreed that wording of the briefing screen requires modification to clarify the intention of the questions                             <ul style="list-style-type: none"> <li>o <b>None of the questions should ever be answered with the "No" button → present ill-equipped environment/negligence</b></li> </ul> </li> </ul> <p>Follow Up:</p> <ul style="list-style-type: none"> <li>- Erin Lund to follow up with EPIC personnel to propose creation of a Header to the right column of briefing questions stating:                             <ul style="list-style-type: none"> <li>o "Has the Surgical Team addressed these items?":                                     <ul style="list-style-type: none"> <li>o Removal of N/A option from all questions recognizes that each topic has YES been addressed and properly implemented or NO it has not been addressed and requires further discussion prior to the case proceeding</li> </ul> </li> </ul> </li> <li>- Erin Lund &amp; Kezia Windham to follow up with EPIC personnel and Terry (?) to review Beta Blocker question relevance and appropriate charting</li> </ul>	1,2,3,5,7		KS, MH	0850-0900



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### UCHealth 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	
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.					