



EPIC CHARTING GUIDELINE MEETING MINUTES 2/9/15

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 guidelines questions/concerns	Facilitator: Kristi Schuessler	Sponsor:
Date: 2/9/15	Scribe: Kristi Schuessler	Timekeeper:
In attendance: Suzanne Sortman, Shauna Sutton, Erin Lund, Kezia Windham, Kaci Meddings, Kristi Schuessler	Location:	Time:

Topic	Discussion	Recommendations/ Actions	Follow-up	GPS Component	Magnet Component
Serial Numbers	<ul style="list-style-type: none"> Discussed staff comments related to charting equipment serial numbers <ul style="list-style-type: none"> Staff wondering why serial numbers need to be part of the chart and why they cannot be charted in an incident report only if there is a problem with equipment <ul style="list-style-type: none"> Serial numbers need to be charted in EPIC because a patient may incur an injury from a piece of equipment that is not discovered until after the patient leaves the OR. The equipment that was used for that patient must be able to be tracked down later and checked out by BioMed. Discussed which equipment need serial numbers documented <ul style="list-style-type: none"> Any equipment that can cause a thermal injury in the patient (cautery of any kind, warming equipment of any kind, even stat pads). Discussed staff concerns that serial numbers are not very visible on our equipment – need to make the correct serial number easily visible 	<ul style="list-style-type: none"> Make serial numbers more visible on equipment that requires they be charted <p>INCLUDE LIST OF EQUIP:</p> <ul style="list-style-type: none"> ESM TRIAD HARMONIC GYRUS ABC THUNDERBEAT BIPOLAR MASC BAR HILBER WARMING BLANKET <p>SCD ?</p> <p>DRILL/ANCA</p> <p>BASER</p> <p>DEFIBS</p> <p>OTHERS?</p> <p>NEOPROPEL</p> <p>TRAUMATICS</p>	1,2,5	3,4,5	



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	for staff to chart.				
Pre/Post op Skin	<ul style="list-style-type: none"> Preop skin assessment of "Overall" is adequate <ul style="list-style-type: none"> Staff expected to make comments describing skin issues under the "Overall" section Postop skin assessment <ul style="list-style-type: none"> Discussed idea of adding checkbox to EPIC that indicates that major pressure points were observed post-operatively 	<p>AUDITS INCLUDE CHARTING:</p> <ul style="list-style-type: none"> - WARMING - OPERATIVE - POSITIONING - OVER-ALL (FLOWS DOWN FROM PRE-OP SKIN) - GROUNDING - TOURNIQUET 		1,2,5	3,4,5
Patient Education	<ul style="list-style-type: none"> Patient Education <ul style="list-style-type: none"> Discussed the need for a template for staff to use to chart education. Need to compile a few options so we can evaluate and discuss further what items are necessary Nursing Notes are more accessible in the patient's legal record and cannot be changed once charted on, in contrast to the OR PreOp Checklist, which can be changed <ul style="list-style-type: none"> Should suggest staff use a template in Nursing Notes Updating family - Kezia will look into whether the area in Debrief/Handoff for family communication can be accessed on the legal record. Discussed whether this would be better charted in Nursing Notes or in Debrief/Handoff. If the information can be accessed on the legal record for 	<ul style="list-style-type: none"> Meg and Kristi will compile options for a patient education/pre-op interview template Kezia will determine if family communication can be seen in the legal record if charted in the Debrief/Handoff section 		1,2	1,2,3,4,5



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Debrief/Handoff	<p>Debrief/Handoff, this should be charted here in the designated spot.</p> <ul style="list-style-type: none"> Discussed encouraging staff to use the "shift to shift" report button to indicate that report was given to relief RN. 	<p>→ DOES NOT FLOW INTO LEGAL CHART PER KEZIA → INFO NEED TO REFLECT IN LEGAL CHART FLOW INTO NN.</p>		1,2	3,4,5
Assessments	<p>Discussed whether the OR RN should be charting an assessment of incision, lines, drains, etc.</p> <ul style="list-style-type: none"> Our initial placement of a line does not require an assessment – the 1st assessment will be completed at the receiving unit Chart an assessment of anything the patient came to the OR with (including wounds, drains, non-anesthesia lines) Desire to improve our OR RN assessments will be discussed further. 	<p>• → EMAIL PER DR. LACE 3/10/15 → ∅ Δ TO WAY OR PN ASSESSMENT</p>		1,2	3,4,5

UHealth Global Path to Success						
1. Quality and Patient Experience		2. Engaged Workforce		3. Growth		4. Clinical & Non-Clinical Integration
Ensure universal, distinctive standard of quality and patient experience.	Attract, retain and excite a unified and engaged workforce.	Enhance reach and relevance through growth.	Interprofessional collaboration to ensure patient safety resulting in high-quality outcomes.	Integrate clinically and non-clinically across our system.	Deliver superior value to remain an option for most payor plans.	Enhance messaging around the mission, vision and brand
5. Deliver Superior Value		6. Academic Enterprise		7. Mission, Vision and Brand Awareness		

Magnet Model Components		
1. Transformational Leadership	2. Structural Empowerment	3. Exemplary Professional Practice
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.
4. New Knowledge, Innovations & Improvements		5. Empirical 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.