



EPIC Charting Guidelines Meeting Minutes 3/16/2015

*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: 3/16/2015	Scribe: Megan Hellrung	Timekeeper: MH
In attendance: Megan Hellrung, Kristi Schuessler, Shauna Sutton, Kaci Meddings, Kezia Windham	Location: AIP 1 2128	Time: 0800-0900

Topic	Discussion/Action/FU	GPS Component	Magnet Component	Discussion Leader	Time
<p>Intra-op Meds</p> <p>↳ Med name & dose - - order by - given by - dose - action - route - # site - comment - time administered -</p> <p>↳ RIGHTS vs. & RIGHTS?</p>	<p>Discussion:</p> <p>1. PRN MEDS ✓ - Agreed that timing for all medication administration may be charted as Cut Time</p> <p>a. Any medication administration that occurs as a pre-procedure interaction (before Cut Time) such as administration of local anesthetics (i.e. 1% Lidocaine with Epinephrine in crani/spine etc.) <u>must be charted at the time given by the surgeon/resident/ NP or PA</u></p> <p>✓ • If a local anesthetic is given to the patient in doses, (i.e. 7 cc %1 Lidocaine with Epinephrine 1:100,000 is given prior to cut time and additional 23 cc given prior to the dressings being placed, the time each individual administration occurred must be charted</p> <p>✓ - Agreed that it is appropriate to chart "PRN" for medications such as Irrigation, hemostatic agents (i.e. floseal, gelfoam, surgical etc.) or medications used on the field where the amount given to the patient is charted as an application (i.e. Bacitracin ointment, sterile jelly, Duraseal, etc.)</p> <p>✓ b. "GIVEN BY"</p> <p>- Agreed that the surgical team member that directly administered the medication to the</p>	1,5	1,3,5	KS	0800-0830
				- search medication	

1. Patient
2. Medication
3. Dose
4. ROUTE
5. TIME
6. DOCUMENTATION
7. REASON
8. RESPONSE

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

PHARM- TRADE BRAND

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	<p>patient, not the staff member who administers the medication to the field, must be recorded in the EHR</p> <p>c. SITE</p> <ul style="list-style-type: none"> - ✓ Discussed how "Other" is an appropriate site for medication administration when medication application is provided to the patient indirectly (i.e. bladder irrigation via the Foley in Transplant/Dr. Wilson cases) - ✓ Agreed that if multiple surgical sites are required for a procedure(s), a free text comment addressing anatomical location is required to identify which operative site medication administration is being applied to. - Discussed when a medication does not populate to the Intra-op Med screen to refer to the MAR. <ul style="list-style-type: none"> ✓ • If a medication is not seen in the Intra-op Med screen or within the MAR, contact Pharmacy to populate the medication to the Intra-op Med screen. If Pharmacy cannot get a medication to be added to the EHR, a Nursing Note is appropriate to chart the administration of the medication due to accessibility of this section of the chart throughout the hospital. <p>Follow Up:</p> <ul style="list-style-type: none"> - KW to follow up to see if timing administration of PRN medications such as irrigation, hemostatic agents etc. flow into the MAR - MH to follow up with Joanne/Mike to review Floseal, confirming will stay as a Medication and should continue to be charted as such. - MH also reach out to service specialist to discuss 				



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Implants	<p>removing Floseal from picklist and adding to medications portion of cards to prompt staff to pull Floseal and chart it appropriately</p> <p>Discussion:</p> <ul style="list-style-type: none"> - Discussed that tissue tracking is to be completed for all implants. <ul style="list-style-type: none"> • The circulating nurse is expected to either select YES/NO if the implant is considered a tissue/tissue derivative (i.e. skin, bone, other) <ul style="list-style-type: none"> √ a. IF YES is selected, the circulating nurse is only expected to record any information on the tissue that occurs within the intraoperative phase of care. - Discussed that all numbers of implants (ID #, SN#, LOT# etc.) should be recorded either in assigned section or in the free text comment section to assure correct and complete documentation for tracking and reordering purposes <ul style="list-style-type: none"> • Reviewed that Tissue ID# is frequent SN# - KW reviewed that SMDA is related to FDA/Off Label use of a tissue/implant and is NOT to be charted at this point in time - KW reviewed that when an implant is being removed for a lawsuit/legal reasons (i.e. hip implants, vaginal mesh etc.) it is to be recorded as an explant either within the Implant History or Implant screen (SEE BELOW) and a Pathology form is to be completed as well. <ul style="list-style-type: none"> • Agreed that in a lawsuit/legal case, always confirm with the surgeon if 	1,3,4,5			
<p>SEARCH BY REF # / PRODUCT # ✓</p> <p>One time implant ✓</p> <p>↳ Model / Cat # ✓</p> <p>Expire date: if app. ✓</p> <p>Size: if app. ✓</p> <p>SN #: ✓</p> <p>LOT #: ✓</p> <p>MANUFACTURER. ✓</p> <p>SUPPLIER: ✓</p> <p>IMPLANT #: ✓</p> <p>ACTION (E W. I & E) ✓</p>	<p>TISSUE ✓</p> <p>↳ ANTOLOGOUS</p> <p>PREP WITH → RECONSTITUTION</p> <p>PREP METHOD → RINSING</p> <p>TYPE → SKIN, STERILIZATION</p> <p>1,2,5,7</p> <p>BONE, OTHER (COMMENT) MH 0830-0840</p> <p>OLUTION</p> <p>TYPE, LOT #, EX DATE</p> <p>TISSUE DESCRIPTION</p>				



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	<p>explant will be sent as fresh or permanent pathology.</p> <ul style="list-style-type: none"> - Discussed any implant that is explanted must be charted in the EHR. 1. If the implantation of the "hardware" occurred within the UCH system, the implant may be reviewable within the Implant History and should be explained in this section, including the number of "hardware" explanted 2. If the implantation of the "hardware" did not occur within the UCH system, the Implant History section may be empty, therefore any hardware removed from the patient should be recorded in the Implant section of the chart and should be recorded as EXPLANT and include as much information as possible on the implant(s). ✓ EL reviewed skin implantation/wasting. 1. When either xenograft or allograft skin is wasted, as 2nd encounter must be added to the Implant screen recorded as WASTED with the square centimeters of skin being recorded within the "Number Used" 	<p>✓ IV. IMPLANT HISTORY B. 2. a.</p>			
<p>Collected by: Date TIME</p> <p>Specimens ID. PERM 1, 2, 3 FROZEN A, B, C FRESH. I, II, III</p>	<p>Discussion:</p> <ul style="list-style-type: none"> - Agreed it is appropriate to pre-populate a specimen requisition when it is a standard of the procedure to send frozen section/pathology or when an attending surgeon directly informs the circulating nurse that pathology will be a part of the procedure. - Agreed that the circulating nurse needs to update the time to adequately reflect when a frozen section/pathology specimen is obtained if 	1, 2, 3, 5, 6, 7	1, 3, 4, 5	KS	<p>0840-0900 ↓ NCH OR SPECIMEN - SURGICAL PATHOLOGY REQUISITION OR ROOM PHONE # CONTACT NAME: ATTENDING / DESIGNATED RES. / FOLLOW UP PGR #</p>

DESCRIPTION: NAME
TYPE: TISSUE VS T. IN FORMAIN 1. PERM REQUEST Page 4 of 5
2. FROZEN
3. FRESH ORGAN REQUEST
ROUTINE → all treated as STAT
INSERT SMARTTEXT NCH PATH



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	<p>a pre-populated requisition is utilized.</p> <ul style="list-style-type: none"> - Discussed that the circulating nurse needs to print 2 copies of the pathology requisition form each time. <ul style="list-style-type: none"> • 2 copies are required because the Lab utilizes one copy as a "dirty copy" that follows the specimen throughout testing and the second copy is utilized as a "final copy". 				

UCHealth Global Path to Success							
1. Attract, Retain and Engage a Unified and Excited Workforce		2. Enhance Reach and Relevance through Growth		3. Integrate Clinically and Non-Clinically across our System		4. Deliver Superior Value	
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	7. Mission, Vision and Brand Awareness

Magnet Model Components			
1. Transformational Leadership		2. Structural Empowerment	
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.
3. Exemplary Professional Practice		4. New Knowledge, Innovations & Improvements	
5. Empirical Outcomes		Measurable outcomes related to the impact of structure and process on patients, staff, and the organization.	