



3/2/15

**EPIC CHARTING GUIDELINE MEETING MINUTES 2/3/15-**

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<b>Purpose:</b> Review EPIC charting guidelines questions/concerns	<b>Facilitator:</b> Kristi Schuessler	<b>Sponsor:</b>
<b>Date:</b> 3/2/15	<b>Scribe:</b> Kristi Schuessler	<b>Timekeeper:</b>
<b>In attendance:</b> Suzanne Sortman, Shauna Sutton, Kaci Meddings, Kristi Schuessler	<b>Location:</b>	<b>Time:</b> 0800-0900

Topic	Discussion	Recommendations/ Actions	Follow-up	GPS Component	Magnet Component
Delays	<ul style="list-style-type: none"> <li>Delay should only be charted if turnover time is greater than <u>30 minutes</u></li> <li>If case starts later than scheduled time but turnover time was appropriate, no delay is charted</li> <li>No delay is charted if an RFT follows in your room</li> <li>Ensure delay code and reason matches anesthesia</li> </ul>			1,2,5	3,4,5
Nursing Notes	<ul style="list-style-type: none"> <li>Meg &amp; Kristi will bring a few template options for patient education to a future meeting</li> <li>Frozen section communication will be charted in the Clinical Communication tab, not the Nursing Notes. This is charting that is "highly recommended" but not required.</li> </ul>	<ul style="list-style-type: none"> <li>Put together patient education templates</li> <li>Follow-up with Kezia about whether family communication can be seen on the legal record if charted in Debrief/Handoff</li> </ul>		1,2,5	3,5
Lines/Drains/Airway	<ul style="list-style-type: none"> <li>Should we reconsider how lines placed by anesthesia are charted in EPIC – currently PACU will chart them after the procedure since anesthesia's charting does not flow into ours.</li> <li>Drains – need to assign a number to each drain charted, and it would be helpful if we write the assigned number on the associated physical drain</li> <li>If the Foley is placed in the OR, the nurse should chart an assessment of urine at time of placement.</li> <li>If a drain is placed in the OR, the nurse is not the one to place it and therefore the output should be assessed by the receiving unit</li> </ul>	<ul style="list-style-type: none"> <li>Kaci will follow up with Michelle Ballou to ensure that PACU RNs should still be the ones charting lines that anesthesia places during a procedure.</li> <li>Will find out how to find the section in Summary tab that shows what anesthesia has charted on lines</li> <li>Will follow up with Chris Lace to determine how much of an assessment is charted by anesthesia provider when patient</li> </ul>		1,2,5	2,3,4,5



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Topic	Discussion	Recommendations/ Actions	Follow-up	GPS Component	Magnet Component
Braden Scale	<ul style="list-style-type: none"> <li>If preop RN does not chart the Braden scale, the OR nurse should chart the scale and consider the patient pre-operatively, not intra-operatively.</li> <li>Staff requested a review of wound classification – will be addressed.</li> <li>Do not need to make notes in the procedure tab to specify the exact procedure performed unless it does not match the populated procedure (added additional procedures, etc).</li> <li>Should not chart explants in the comment section here, as some staff currently do. Explants should be charted in the implant screen as explants. Even if the specifics of the explant are not known, number of items and a description should be charted (if company / size of explant, etc is unknown, simply chart “screw” or “plate” and how many were explanted).</li> <li>Surgical site – this is to be considered the part of the body being operated on, not necessarily where skin incision is made (ex – would chart “spine cervical”, not “neck”, or would chart “bladder” for a cystoscopy)</li> </ul>	<p>arrives with lines/drains related to input and output</p> <ul style="list-style-type: none"> <li>Follow up with Sarah F and Jenny W (skin champions) to ensure we appropriately chart the Braden.</li> </ul>		1,2,5	2,3,4,5
Procedures Tab	<ul style="list-style-type: none"> <li>Previously discussed serial numbers and need for charting</li> <li>An accurate list of what instrument pans were used during a procedure does not need to be charted here. A barcode scanning system might be coming in the future to track specific instrument pans for infection control purposes, but for now there is no benefit to keeping this list updated in EPIC <sup>OR PEACH</sup></li> <li>Accurate list of equipment that does not affect the patient does not need to be kept (ex – equipment page populates with headlights, suture carts, etc from preference card).</li> </ul> <p><b>NOTE:</b> These items are only in the chart due to population from the preference card.</p>	<ul style="list-style-type: none"> <li>Follow up with EPIC to see how surgical site was intended to be charted – as the incision site or the part of the body being affected</li> </ul>		1,2,5	3,4,5
Equip/Instruments				1,2,5	3,4,5



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UCHealth Global Path to Success						
1. Quality and Patient Experience	2. Engaged Workforce	3. Growth	4. Clinical & Non-Clinical Integration	5. Deliver Superior Value	6. Academic Enterprise	7. Mission, Vision and Brand Awareness
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

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.