



EPIC Charting Guidelines Meeting Minutes 3/23/2015

*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	Sponsor:
Date: 3/23/2015	Scribe: Megan Hellrung	Timekeeper: MH
In attendance: Suzanne Sortman, Shauna Sutton, Kaci Meddings	Location: Suzanne's Office	Time: 0800-0900

Topic	Discussion/Action/FU	GPS Component	Magnet Component	Discussion Leader	Time
<p>MICROBIOLOGY ✓ THORACIC MICROBIOLOGY ✓ NURSING BLOOD TRANSFUSION CHEMISTRY PANELS HEMATOLOGY Orders - MISC (STONE ANALYSIS) Priority: Routine vs. STAT ✓ Frequency: ONCE STARTING: IDG TIME DRAWN/GIVEN TO COLLECTOR ✓ SPECIMEN SOURCE: ✓ COMMENTS → NAME ✓</p>	<p>Discussion:</p> <ul style="list-style-type: none"> - Recognition knowledge deficit to HOLD or SIGN orders <ul style="list-style-type: none"> a. ✓ Any orders requested or completed <u>within the OR/Intraoperative phase of care must be SIGNED</u> b. No orders should be pending/entered in the EHR by the circulating nurse that will not be provided as an intervention in the OR - The name of the attending/provider who delegates the order must be correctly charted <ul style="list-style-type: none"> a. If the primary attending/provider delegating the order does not auto-populate, the check box ("Filter providers by treatment team members") next to the Provider's name must be deselected and the primary attending/provider delegating the order may be searched for by name - ✓ Agreed The order mode's appropriate for OR include: <ol style="list-style-type: none"> 1. Verbal, with read back verification 2. Telephone, with read back verification 	1,2,3,5	1,3,5	MH	0800-0810
<p>CS ITEM ↓ P: STAT → NEEDED FOR CARE ✓ QUANTITY # FREQUENCY - ONCE Order Sets " " COMMENT → INCLUDE FOR WHAT ORC # PROCEDURE/NURSING - COAGULATION # ORDERLY - PROCEDURES WILL PICK UP.</p>	<p>Discussion:</p> <ul style="list-style-type: none"> - ✓ Selecting Routine/STAT per KM all OR specimens including microbiology, pathology etc. are treated like STAT specimens. (Put per surgeon preferences) - ✓ Agreed staff need to correctly identify "SOURCE" and is appropriate to complete <u>verbal read back verification with surgical team</u> (i.e. Tissue, Fluid, Bone etc.) <p>Follow Up: - MH to email Diane Wilkison to confirm if Routine/STAT is to</p>	1,2,5	1,3,5	MH	0810-0815



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Clinician Communication	<p>be selected for request forms/orders both for the Lab's requirements and for uniformity in staff charting practices</p> <ul style="list-style-type: none"> - MH to email Briann Turney to discuss/review Thoracic Order Set/possibly create "General Culture Set" to support staff correctly selecting all requested testing <p>Discussion:</p> <ul style="list-style-type: none"> - Agreed that any/all critical communication needs including lab values/test results related to the patient in the OR are to be transferred to Anesthesia <p>RATIONALE: The anesthesia team is the most likely/adequate member(s) of the surgical team to:</p> <ol style="list-style-type: none"> Assess and record the value/result To treat the value/results as needed <ul style="list-style-type: none"> - Agreed that only in the case of an emergency/busy case is it appropriate for the circulating nurse to take the critical lab value/test result and must be charted following the <u>telephone, read back verification communication model</u> under the clinician communication tab. - Agreed that in no circumstance is it appropriate for the circulating nurse or any member of the surgical team including Anesthesia/surgical attending to take critical communication including lab values/test results on any other patient that is not currently being cared for in the OR <p>SUPPORTS A CULTURE OF SAFETY</p> <ol style="list-style-type: none"> Decided that the circulating nurse is to address the surgical team/anesthesia to find an <i>alternative team member</i> (intern, resident, etc.) not currently caring for the patient in the OR to address the other patient(s) needs. <p>Follow Up:</p> <ul style="list-style-type: none"> - Suzanne request that as this roles out, if/when staff 	1,2,3,5	1,2,3,4,5	MH	0815-0825



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Timing Events	<p>experience difficulty/persecution for this to direct their concerns to herself or Jose Melendez.</p> <p>Discussion:</p> <ul style="list-style-type: none"> - Agreed and confirmed that only Robotics utilize this section of the EHR to record console start and console end time - Transplant will continue to record significant timing events related to the procedure under the transplant section that populates when a transplant case/chart is created 	1,2,3,5	3,5	MH	0825-0830
Incisions/Wounds	<p>Discussion:</p> <ul style="list-style-type: none"> - Discussed and agreed that multiple incision sites at the same anatomical site requires individual entries of incisions in the EHR <p>RATIONALE: EPIC was designed to address each LDA individually, however in the case of a laparoscopic procedure, it is expected that multiple access sites are required to complete the procedure and the staff that will be caring for the patient postoperatively anticipate the assessment and care for multiple sites</p>	1,2,5	1,2,3,5	MH	0830-0835
Site Completion	<p>Discussion:</p> <ul style="list-style-type: none"> - Confirmed that Chloraprep and Duraprep contain long-acting antimicrobial ingredients and should be left on the patient per the manufactures recommendations - Confirmed that betadine, chlorhexidine and baby shampoo contain residues and should be cleaned from the patient's skin postoperatively 	1,2,5	1,2,3,5	MH	0835-0840
Post-op Skin	<p>Discussion:</p> <ul style="list-style-type: none"> - Discussed that each category that applies to the care of the patient must be selected and assessed accordingly - Discussed how overall skin assessment and positioning assessment should include pressure 	1,2,5	1,2,3,4,5	MH	0840-0845

(+) new skin condition
 ↳ overall (flows from prep)
 ↳ operative
 ↳ tourniquet
 ↳ gowning
 ↳ performance
 ↳ positioning
 ↳ warming
 (comments section)



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<p>1. Development of the PNDS SUSAN V.M. KLEINBECK JULY 1999. Vol. 70, 15-18, 24-23, 26-28 Perioperative Nursing Data Set - nursing diagnoses, interventions & outcomes</p>	<p>points of the patient - Discussed adding a category of pressure points and assessment column Follow Up: - KS to talk with Diane Wilkison about skin SI's regarding pressure sores/ulcers obtained in the OR - EL to follow up with EPIC committee inquiring if a sub-section to condition may be added to address pressure points</p> <p>Discussion: - ✓ Agreed that the when an intervention does not apply to the procedure or does not apply to the care required for the patient or an appropriate intervention is provided to support the diagnosis, it is appropriate to "un-check" a diagnosis and "deleted" subsequent interventions (i.e. laser, latex allergy etc.) - Agreed that any diagnosis that includes a risk for a condition should always be "checked" because the patient is incapacitated</p>	2,3,5		MH	0845-0850
<p>2. Suzanne C. Beyea Standardized Language- Making Nursing Practice Count. NOV. 1999 Vol. 70, 15, 831-832, 834, 837-838</p> <p>Verify</p>	<p>Follow Up: - MH to review PNDS wording of diagnoses, (i.e. risk for urinary retention versus urinary retention)</p> <p>Discussion: - Agreed that the chart should be verified by the circulating nurse after the patient has been safely transferred and phase of care report has been completed in the PACU. The circulating nurse needs to come back to the OR to complete a final review of the chart and may then sign and close the EHR. ✓</p>	1,2,3,4,5		MH	0850-0853
Debrief/Handoff	<p>Discussion: - Reviewed that the Debrief/Handoff section is not a part of the "printable" legal chart, but may be readily accessible as needed - Discussed that the most appropriate place for a note</p>	1,2,3,4,5		MH	0853-0855



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	<p>to be charted (i.e. family update) is and readily seen by any employee with access to the EHR is within the Nursing Notes. → ADDRESS IN NN SECTION</p> <p>- Agreed that handoff report time to PACU is to be completed when the patient is physically within the PACU and a <u>verbal handoff is completed at the bedside</u> by the circulating nurse and receiving PACU nurse.</p> <p>✓ ○ Discussed that PACU handoff requires the circulating nurse to relay information concerning:</p> <ul style="list-style-type: none"> • Correct & complete procedure • LDA's • Local/Regional Anesthetics • Belongings/Special Needs <p>- ✓ Agreed that to both promote socialization and teamwork between OR and PACU staff, the handoff report should record the name of the primary nurse who will be taking care of the patient, in PACU, not the PSC's who answers the PACU call and assigns a recovery bay</p> <p>✓ Agreed that nurses should complete the staff changes in the staff timing screen as well as in the Debrief/Handoff screen by selecting either "Relief" or "Shift-to-Shift" handoff report section as needed in the case of breaks/lunches or permanent shift relief</p>				
OR Pre-op Checklist	<p>Discussion:</p> <p>- ✓ Agreed that the OR-Preop Checklist is to be filled out by the admitting nurse in the PreOp area</p> <p>a. ✓ If the circulating nurse will be Preop-ing the patient (nights, weekends, unit/floor) it is appropriate for the circulating nurse to complete this with the patient or in conjunction with the primary nurse caring for the</p>	1,2,5,7	1,2,3,4,5	MH	0855-0900



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	<p>patient on the unit/floor</p> <p>Discussed that the most appropriate place for a note to be charted (i.e. patient education and "skinny chart" review) is and readily seen by any employee with access to the EHR is within the Nursing Notes</p> <p>Follow Up:</p> <p>-MH to meet with Yuliya Kaganskaya to review how preop-ing is completed on the floor and if it is appropriate for the primary nurse caring for the patient on the unit/floor to complete the checklist</p> <p>-MH to contact Jen Allen with EPIC if the OR Nurse needs to chart/ time-stamp a review of the checklist or may be visually reviewed with no additional entry made</p>	?			

UCHealth Global Path to Success						
1. Quality and Patient Satisfaction	2. Engaged Workforce	3. Growth	4. Clinical & Non-Clinical Integration	5. Patient 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	

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



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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.
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