May 2, 2014

Dear Providers,

**Re: May 6 Epic Clinical Optimization (ECO) Program Release**

Below is a list of changes **pertinent to anesthesiologists** scheduled to take effect May 6 to the Providence build of Epic. These changes are from the third release package of the Epic Clinical Optimization (ECO) Program. Major optimizations occur approximately every three months.

Each link below jumps to its update in the APPENDIX (the full May 6 ECO Program Release) or to the change order on the Providence intranet [Requires Providence intranet access].

### Anesthesia

- **New Intra-op/Post-op Anesthesia Final type**
  Final Anesthesia Type (Intra-op/Post-op)  [Requires Providence intranet access]

- **Anesthesia Pre-Evaluation Quick Eval. Single eval form with combined ROS/Physical Exam/Ane Plan.**
  Pre-Eval Quick Eval  [Requires Providence intranet access]

- **LDA Updates**
  Updates to multiple Anesthesia LDA’s  [Requires Providence intranet access]

### Sleep Apnea

- **Anesthesia Sleep Apnea Screening Tool**
  Sleep apnea screening tool  [Requires Providence intranet access]

- **New flowsheet and documentation**
  Documentation updates  [Requires Providence intranet access]

### Neuraxial

- **Replace existing order sets**
  New Neuraxial order sets  [Requires Providence intranet access]
Epic provider web pages
View the Providence Health Care Epic provider pages at www.phc.org/Epic to find this document, information on EpicCare Link, Dragon Dictation and other important Epic news. We’ve also newly posted tips and tricks related to Blood Ordering.

Support continues
For Epic support and issues, contact our clinical informaticists directly during heavy patient care times by calling (509) 474-CARE (2273), x4-2273 at SHMC and via page during the off hours for critical patient issues by calling the same number.

Sincerely,

Jeff Collins, MD, Chief Medical Officer
Frank Otto, MD, Chief Medical Information Officer
Paula Cleanthous, RN, Chief Nursing Information Officer, Paula.Cleanthous@providence.org
As of April 29, 2014

APPENDIX
ECO Program Release Document
Changes take effect May 6, 2014

AVS | BLOOD GAS | EDIE | INSULIN | MEWS | NEURAXIAL | PATIENT STORY
PERITONEAL DIALYSIS | SLEEP APNEA | SURESCRIPTS | TRANSPLANT

Miscellaneous changes by application:

AMBULATORY | ANESTHESIA | ASAP | CLINDOC | MYCHART | OPTIME | ORDERS | RADIANT | WILLOW

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After Visit Summary

This release represents the culmination of AVS revisions at Providence. On May 6 all of Providence's AVS documents now have a consistent, organized, patient friendly format. Optimization changes include cosmetic updates to logos, patient friendly language and an improved sequence of information.

Ambulatory AVS revamp
Affects: All Ambulatory Physicians, Nurses and other clinicians excluding Elderplace and HOD Departments
A new and improved AMB After Visit Summary
• Added logos for PHS and CC clinics
• Unified look and feel between Inpatient and Outpatient
• More patient-specific and patient-friendly
  ▪ Larger fonts
  ▪ Readability
• Organized – grouped similar information

Update on April 29: The new AVS will still be available for the May 6 release, however due to some unforeseen printing issues, access to the new AMB After Visit Summary report called “AMB – AFTER VISIT SUMMARY” can be viewed and printed for testing purposes from the snapshot activity. Caregivers can search “after visit” in the report search box to find this report. The current Amb AVS will remain available in the encounter.

New Improved Ambulatory AVS [Requires Providence intranet access]

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ED AVS revamp
Affects: ED Caregivers
The ED After Visit Summary has been updated with the following criteria:
Meaningful Use updates:
• Patient demographics have been added
• Procedures and tests performed during the visit have been added
Other Updates:
• The page header has been removed and replaced by a footer that displays the patient name and page number.

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- The title page has been updated to be more ED-specific including showing the ED phone number instead of the hospital number.
- The order of the information has been organized into subjects and ordered to be more patient friendly while keeping the relevant information as close to the front as possible.
  - Diagnosis, Discharge Instructions and Follow-up
  - Medication Instructions
  - Emergency Department Stay Summary
  - Access your health care information online
  - You are the Most Important Factor in Your Recovery
    - This section has been filtered out so only patients in Washington will receive it.
    - This section has been cleaned up and organized
- Remove Duplicate Patient Headers
- The extra patient signature line on the AVS has been removed
- When a patient is written a Warfarin discharge prescription, specific instructions for that medication will be included.
- The Medication Refrigerator List has been removed from the report.
- The administered medications print group has been changed and will no longer show comments.
- The AVS Signature page has been reworked and cleaned up.
  - Extra department information has been removed
  - The signature/date lines have been separated to allow for more room.
  - The text has been updated to include the right facility.

After Visit Summary Report Changes - ED [Requires Providence intranet access]

All procedure performed during admission will display
Affects: All users who print the AVS
The “Procedures performed during your hospitalization” section of the AVS has been fixed. It will now include all procedures performed during the admission and exclude canceled cases.

Blood Gas

The Point of Care Blood Gas theme has been a work in progress. There is a significant amount of clinical variation with point of care testing across the system, which has made it challenging to define a good standard solution that will work everywhere.

On May 6, Respiratory Therapists in all regions will now see Blood Gas Lab Orders display in the Respiratory Overview

A new RT lab widget
Affects: Respiratory Therapists
At times non RT orders for ABG related draws are placed so a new widget for RT Labs was created. This will give RT an ability to see ABG orders within the Overview Respiratory report that have been entered using Lab order. You can access the order details in the same way you do for Respiratory Orders – by clicking the link and selecting the report section you wish to view. This widget will only be seen when one of the LAB orders for ABGs has been placed AND the
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Respiratory Therapist has to see the patient/open the chart. If no Lab ABG orders are active the widget will not display
New RT Lab widget for the Overview Respiratory report [Requires Providence intranet access]

EDIE

In February, Washington State went live with the EDIE application in Epic to support emergency department clinical workflows. Oregon requested implementation of the EDIE application to support a standard build and workflow for clinicians. This optimization release offers the ability for providers and nursing teams to access EDIE reports within Epic.

Washington and Oregon inpatient clinician access to EDIE results
Affects: Inpatient Physicians, Nurses and other clinicians in Washington and Oregon Emergency departments in Washington and Oregon will receive a fax notification from EDIE each time a patient that falls under the EDIE criteria is arrived to the ED. This will be identified by an icon in the EDIE column on the ED trackboard. When these patients are then admitted to the hospital, users will be able to access this information on the inpatient chart. This information may be particular helpful with discharge planning/needs.
Washington and Oregon inpatient clinician access to EDIE results [Requires Providence intranet access]

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EDIE Notification to Oregon EDs; Trackboard report optimization
Affects: All ED Staff in Washington and Oregon
All emergency departments in Oregon will start receiving EDIE notifications on May 6th. Each Track Board view will have and EDIE column and that column will display an icon if there is a result. There is a track board report that contains the narrative information as well as ED-specific FYIs. The narrative can also be seen in Results Review and Chart Review (Other Orders tab).
The link below provides tip-sheet details the workflow and functionality of where to view the results and how to get to the EDIE website within Epic for more information on the patient. There is an optimization being made to the EDIE Track Board report and this affects all WA and OR EDs. The report will have an additional print group added that will display the details of FYIs the patient has. The report name has been updated to ED FYI/EDIE to align with the changes. There are three FYI flag types that will show in this report; ED Care Plan, Medication Agreement and Security Risk.
EDIE Notification to Oregon EDs [Requires Providence intranet access]
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Insulin

There is a need to update columnar insulin documentation to support nursing workflows, and to include a carb count flowsheet documentation row to support nursing teams who track carb count when dieticians are not available. Lastly, there are changes to the working of IV-to-subcutaneous insulin transition instructions on several insulin order sets to accommodate the consensus reached by our diabetes SME’s.

**Column Number added to the Insulin drip group**

**Affects:** Inpatient Clinicians

To accommodate the need to document the Column of the protocol being used with an insulin drip a new row called “Column Number” has been added to the Insulin Drip group. This is a free text numeric field. When you are charting the infusion administration in the MAR you can also document the “Column Number” by scrolling to the bottom of the Administration screen to the embedded row. The “Column Number” will appear in the Glucose Monitor report from the Index page.

**Estimated Carb Count**

**Affects:** Inpatient Clinicians

For Short Acting Insulin adjustments based on the Carb Count - we have created an “Estimated Carb Count” row and added it to the “Frequent Cares” group of the Quickchart. When you are charting the insulin administration in the MAR you can also document the “Estimated Carb Count” by scrolling to the bottom of the Administration screen to the embedded row. This “Estimated Carb Count” will appear in the Glucose Monitor report from the Index page.

**Nutritional Insulin timing changed to BEFORE MEALS in order sets**

**Affects:** Inpatient Clinicians

- **INSULIN**
- **INSULIN – CARB COUNT**

Nutritional insulin order and correctional insulin order were timed differently; one was timed WITH MEALS, the other was BEFORE MEALS. This contributed to patients receiving more “pokes” than necessary at times. Unifying the default frequency in order set brings consistency. This change does not affect other insulin order sets that already have consistent frequency between nutritional and correctional insulin orders.

**Changes to insulin transition protocols in Insulin orders**

**Affects:** Providers who order subcutaneous insulin

In 3 Order Sets for ordering SC Insulin, **INSULIN (1661)**, **INSULIN - CARB COUNT (2188)**, **INSULIN - TUBE FEEDS (1673)**, there are sections with instructions for converting from IV insulin to SC insulin. These have been modified.
The Modified Early Warning System (MEWS) is a system to improve early recognition and intervention for patients experiencing clinical deterioration. Since implementing the modified early warning system (MEWS) back in late 2010 and early 2011 via Amalga, countless lives have been saved through earlier recognition of and intervention for patients with a deteriorating clinical condition. The rate of respiratory and cardiovascular arrests outside of the ICUs has declined more than 20% across the Providence ministries.

On May 6th MEWS will transition from Amalga to Epic. The initial phase of this transition is designed to replace existing functionality from Amalga to Epic for medical/surgical units. Many elements of MEWS will be the same in Epic; however, one change is the display of MEWS Scores in Epic.

- The key difference for nurses will be the display of MEWS Scores on the vital signs flowsheets used on medical/surgical, behavioral health, and critical care units.
- The key difference for physicians will be the display of MEWS Scores on the Epic vital signs reports available via the Patient Summary tab.
- The key difference for the ED will be the display of MEWS Scores on the banner and the ongoing vitals reports.

MEWS total scores and alerting in the inpatient setting
Affects: Physicians, Nurses, Rapid Response teams
There are a number of ministries that currently have paging and response processes for MEWS score =>4. The ministries currently using MEWS paging via Amalga will continue to receive these pages from Epic when MEWS transitions on May 6. In addition to the paging functionality, the MEWS total score will now be visible to all caregivers in specific flowsheets and reports. The score will calculate for patients greater than or equal to 18 years of age.

MEWS scores in ASAP [Requires Providence intranet access]
This theme addresses several requested updates to Neuraxial ordersets to remove clutter and increase usability. On May 6, new ordersets will replace existing ordersets.

All users will see updated management orders and process instructions to allow for maintenance, titration and post-removal of epidurals for adults and OB patients. Additional questions and documentation for precautions and notification parameters are also included in this update, along with an updated IV Fluids section that includes pre-mixed bags for facilities that use them.

The Single Dose neuraxial order will be updated with the same changes; the only difference between the single dose order and the management order is that the single dose order is designed to auto-expire after 24 hours while the management orders are designed to stay in place until manually discontinued. **Affects:** Anesthesiologists, nursing and ancillary staff caring for patients with neuraxial infusions.

Three new ordersets are being created which will replace existing ordersets of the same name. The new ordersets have the following names and IDs:

- Anesthesia Neuraxial Adult (New) - 2796
- Anesthesia Neuraxial Labor (New) - 2799
- Anesthesia Neuraxial Single Dose (New) - 2807

They will replace the existing ordersets:

- Anesthesia Neuraxial Adult Protocol - 30435016
- Anesthesia Neuraxial Labor - 30400000361
- Anesthesia Neuraxial Single Dose - 3040000898

For complete information about changes for each orderset, please refer to the crosswalk documents that are linked below.

New Neuraxial order sets  [Requires Providence intranet access]

Patient Story

It is difficult for the health care team to determine the inter-professional processes of care as it applies to the patient story and goals. A Patient-Centered Record Workgroup was developed and sponsored by Ruth Schleyer, Chief Nursing Information Officer, Debbie Burton, Senior VP and PH & S Chief Nursing Officer, and Katie McRae, PH&S Director of Clinical Practice Transformation. This group of subject matter experts from acute ministries performed chart audits focused on reading the patient’s course of care, identified gaps based on the audit findings, and developed recommendations for improvement. The Work Group members identified recommendations that included Epic build optimization and gaps in Epic reports.

The May 6th release is the first phase of this work, including updates to Professional Exchange, Adult Profile, Comprehensive and Overview Reports.

**Affects:** Nursing
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Professional Exchange Report has been completely revised. It is now utilizing an Overview style with colored widgets, 3-column format, and better organization of content. Some of the Overview widgets are being re-used, along with several new ones to help provide the best perspective of the patient.
This is a NEW report, so users who have wrenched changes to their toolbar will have to re-wrench this.
Links to various reports, specifically all patient population reports are imbedded in this report.
Some few “widgets” in the report aren’t actually true widgets, so will not resize like a true widget if user resizes the screen.

Peritoneal Dialysis

The peritoneal dialysis build will NOT be released on May 6. While we feel we have made improvements to the current build, there is still work to do to ensure a smooth and safe workflow between pharmacy and nursing. We will continue to pilot in Spokane and intend to pilot at a second sight prior to rolling this solution out system wide.

Sleep Apnea

There is a gap in Epic content to support identifying and managing patients that are at high risk for life-threatening breathing irregularities after receiving anesthesia/post-surgical narcotics. Sleep apnea risk needs to be evaluated for all operative patients, and based on the assessment specific interventions or studies are needed. A complete "end-to-end" solution to this problem was presented at the Epic User Group Conference. We are leveraging this work as a guide for our Providence build which ultimately will include improvements to and development of Clinical Documentation, Smart Phrases, Index Reports, Navigators, BPA's, Orders, and Order Sets. Melody Craft is leading a Clinical Programs Sleep Focus Group to partner with us in this Epic Optimization work. The group is working to develop a clinical pathway associated with this patient population. This release represents the first phase of this work and includes changes to Clinical Documentation, Smart Phrases, Index Reports, and Navigators.

Affects: Anesthesiologists, Pulmonologists, PMG Primary Care/Specialty Providers, Nurses, Sleep Techs, Respiratory Therapists, Medical Assistants

Introduction of a sleep apnea flowsheet and documentation will now available in multiple reports: Adult & OB Profile reports as well as “Sleep Apnea-OSA” in the PeriOP Summary section of the Index.

Documentation updates  [Requires Providence intranet access]

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Affects: OpTime users of the Pre-op navigators
The users of the Pre-op, Pre-op phone call, Pre-op Clinic Visit, and Pre (Anesthesia) navigators will notice a new “Sleep Apnea Screen” tool. For the Pre-op and Pre-op visit navigators, you will find the tool listed under the “Screens” topic. The new tool will be listed under the “Planning” topic in the Pre-op phone call navigator and under the “Review” topic in the Pre anesthesia navigator. The tool uses a number of cascading rows and starts with just one question. The tool automatically calculates the risk based on the responses documented.
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Surescripts Rollout

Surescripts “dispense” functionality provides end-users the ability to view meds fulfilled at pharmacies to help inform/populate the PTA med list. Optimization for this project includes updating clinician navigator sections to support the data collection and addition to PTA med lists.

PTA Meds - Outside Meds / Surescripts
Affects: Inpatient Nursing, Providers, Optime users
A button, “Review Outside Meds” has been added to the Review PTA Meds navigator section. Clicking this button will open a special report in the sidebar. This report looks at information from our 3rd party vendor (Surescripts) for recently dispensed medications. This list can assist clinicians in determining the most complete list of medications that a patient takes at home. Having the Outside Dispensed Med list next to the PTA Meds workflow will greatly enhance these efforts.

Review Outside Meds [Requires Providence intranet access]
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Transplant

Spokane has the only renal and cardiac transplant programs in the Providence system. Currently, transplant teams are managing order sets via a specially built preference list. For the May 6 go-live, new cardiac transplant order sets will be available for Spokane transplant teams to facilitate the highly complex/matrixed workflow end-to-end.

Affects: Sacred Heart Medical Center Physicians, nurses, transplant coordinators
4 new order sets have been created for heart transplant patients:

- Heart Transplant Preop (2783)
- Heart Transplant Postop (2732)
- Heart Transplant Postop – Before Extubation (2822)
- Heart Transplant Postop - After Extubation (2793)

Additionally, the IV Insulin – Open Heart order set has been modified by removing the orange notices that instruct any current insulin orders to be discontinued and to not use the set for treatment of DKA and also removing the consistent carbohydrate diet order. Since the intent of the set is to be used immediately postop when there should be no insulin orders present and the patient is NPO, these were determined to not be necessary.

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**AMBULATORY**
The following changes affect both inpatient and outpatient. For a full list of Ambulatory changes for May 6, click [here](#). [Requires Providence intranet access]

**New Smartlink: .LASTIPADMIT2**
**Affects:** All caregivers
The Smartlink .LASTIPADMIT2 displays the date of the patient's last IP admission prior to the selected encounter. This Smartlink will be available for MR Charting, MR Letter, MR Letter Template, and MR Hospital Charting.

**NEW** [LASTIPADMIT2] [Requires Providence intranet access]

**New Snapshot report that includes Breastfeeding and OB/GYN status**
**Affects:** All caregivers
A new snapshot report is available for users which include the Last vitals, Breastfeeding and the OB/GYN status.

**NEW** [Snapshot report] [Requires Providence intranet access]

**New Smartlink: .PTMEDSWITHDATES to pull in medications with start and end date**
A new SmartLink .PTMEDSWITHDATES has been created to pull in the start and end date for medications that were ordered, modified or discharged during the current encounter.

**NEW** [PTMEDSWITHDATES] [Requires Providence intranet access]

**New Smartlink: .PROBUPDATEDALL**
**Affects:** All caregivers
This SmartLink will pull in ALL problems that are updated in the current encounter, except problems that have been deleted. Please note the difference between the PROBUPDATEDALL SmartLink and the current PROBUPDATED Smartlink.

**NEW** [PROBUPDATEDALL] [Requires Providence intranet access]

**OB/Gyn Status section has been added to the Telephone/Refill and Orders only encounters**
**Affects:** All caregivers
The Telephone/Refill and Orders only encounters now include the OB/Gyn Status section to allow pharmacists to document lactation/breastfeeding status during a refill encounter.

**NEW** [Telephone/Refill and Order only encounter] [Requires Providence intranet access]

**ANESTHESIA**
**Affects:** Anesthesia providers
**New Intra-op/Post-op Anesthesia Final type**
This workflow will consolidate all information surrounding the anesthesia type in a single encounter, from the Pre-Eval to Post-op.

**NEW** [Final Anesthesia Type (Intra-op/Post-op)] [Requires Providence intranet access]

**Anesthesia Pre-Evaluation Quick Eval. Single eval form with combined ROS/Physical Exam/Ane Plan.**
**NEW** [Pre-Eval Quick Eval] [Requires Providence intranet access]
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LDA Updates
Updates to multiple Anesthesia LDA’s [Requires Providence intranet access]

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Anesthesia Sleep Apnea Screening Tool
Sleep apnea screening tool [Requires Providence intranet access]

←return to provider letter

ASAP
New stuff on the ED Event Log
Affects: All ED Staff
Adding the Disability Screen, Consults tracking, and Rad tracking to the ED Event Log so when there is documentation on any of these items they will appear in the log
Rad Tracker, Consults, and Disability Screen to ED Event Log [Requires Providence intranet access]

New ways to access disability screening in the ED
Affects: ED Nurses
Disability Screen added to the Triage Navigator and the ED Narrator under Screens and Scales Section [Requires Providence intranet access]
Adding ED Nurse Critical Care Time item in the Charges section of the Disposition Navigator.
[Requires Providence intranet access]

CVP flowsheet row updates
• Flow sheet row for CVP documentation has been relocated within the Vitals template to a more prominent position. It is now is showing directly and does not require use of the trigger row to open it. This is not a change in content within the template as CVP already exists here. The change is having the CVP row open and available without the user needing to open it with a trigger button or clicking on anything else. See the screen shots below for details.
• CVP readings have been added to the ASAP Ongoing Vitals report.
CVP Flow Sheet Row Moved in Vitals Template [Requires Providence intranet access]

MEWS score added to patient banner and ongoing vital report
Affects: All ED Staff
MEWS (Modified Early Warning System) score to display in Patient Banner and Ongoing Vital Signs Report/ ASAP [Requires Providence intranet access]

Clarifiiying choices for EKG Trackboard icon
Affects: ED Nurses and Techs
Change text on item from “Discontinued Order” with options of “Yes or No” to “Set EKG Trackboard Icon as Complete” with choice of “Yes”. Changing the text to give accurate information in documentation as this does not “discontinue” the order.
Set EKG icon to complete. [Requires Providence intranet access]
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**New ED Navigator**
**Affects:** ED Providers
There is a new navigator for the ED Physicians with 15 Scores & Scales to use while caring for patients. The navigator is located under the ‘More Activities’ menu within the patient’s chart. Each Smart Phrase is built to pull in the documentation for the associated Score/Scale. You can find a list of all the new smart phrases in Notewriter report called ‘SmartLinks’

**New MD Scales & Scores Navigator with Associated Smart Phrases.** [Requires Providence intranet access]

**ED orders changed from routine to STAT for 2 order sets**
**Affects:** ED Caregivers
In order sets, ED Pneumonia Treatment, and ED Abdominal Pain Treatment, the orders were updated from Routine to STAT priority.

**ED Psych Holding Orders**
**Affects:** ED Caregivers
For all the diet orders in the Inpatient Diets section of the ED Psych Holding Orders order set, we set the default additional restriction to “Paper Service” to indicate that the food trays for these patients must not include unsafe utensils.

**EDIE Notification to Oregon EDs; Trackboard report optimization**
**Affects:** All ED Staff in Washington and Oregon
All emergency departments in Oregon will start receiving EDIE notifications on May 6th. Each Track Board view will have and EDIE column and that column will display an icon if there is a result. There is a track board report that contains the narrative information as well as ED-specific FYIs. The narrative can also be seen in Results Review and Chart Review (Other Orders tab).
The link below provides tip-sheet details the workflow and functionality of where to view the results and how to get to the EDIE website within Epic for more information on the patient. There is an optimization being made to the EDIE Track Board report and this affects all WA and OR EDs. The report will have an additional print group added that will display the details of FYIs the patient has. The report name has been updated to ED FYI/EDIE to align with the changes. There are three FYI flag types that will show in this report; ED Care Plan, Medication Agreement and Security Risk.

**EDIE Notification to Oregon EDs** [Requires Providence intranet access]

**ED Providers have access to physician references through More Activities**
**Affects:** All ED Providers (Non-Community Connect)
All Providence ED Providers will have access to a set of physician references. This list will be in the More Activities menu in the bottom left portion of the screen. Each of the links will open a browser window and load the web page.

**Physician Reference links** [Requires Providence intranet access]

**Addition of the Read-Only Intake/Output Activity for Physician**
**Affects:** ED Physicians, ED Mid-Levels, ED Residents
ED Physicians will now have the ability to access a Read-Only version of the Intake/Output Activity under the More Activities button within a patient chart.

**Adding intake/output activity** [Requires Providence intranet access]
New Screening section to the Disposition Navigator
Affects: ED Nurses
Adding a new section to the Disposition Navigator called Screening and adding the following screening tools to that section: Fall Risk, Skin Assessment, Disability Screen (moving from the Admit/Pre-op section), and Suicide Risk

FYI Column will no longer display (None) when no value is present
Affects: ED Physicians, ED Mid-Levels, ED Residents, ED Nurses
Previously on the ED Trackboard the FYI Flag column would display (None) when no values were present, new Epic functionality has allowed us to hide this value, making the column easier to read when FYI’s are present.

Blood Admin template removed from some ED narrators
Affects: All Inpatient and ED staff using Code, Trauma, and Code Narrators
Removing the Blood Admin template link from the Blood Admin sections of the Code, Trauma, and ED Narrators. Users document blood admin from the Blood Admin Doc Flowsheet. This is current practice as the template does not always work correctly

Remove Temporary Patient Functionality
Affects: All ED Users
All Providence ED users that use the patient lookup window will no longer have the temporary patient functionality. The check box in the patient lookup window is being removed.

HIV Postexposure Prophylaxis medication updated to 3 drug regimen
Affects: ED Providers, ED Nurses, Pharmacists
Order set impacted - ED Alleged Sexual Assault and/or Body Fluid Exposure. HIV PEP med regimen has been updated to 3-drug regimen. And the reference link updated. We move the regimen to the top of Medications sections.

CLINDOC
Various and sundry clinical documentation updates
Affects: Inpatient Clinicians
- PICC specific audit report will now be available from the Index. This is identical to the existing LDA report, but will display only PICC line information.
- MD Sedation Document report will be available from the Index, in the Sedation/Code/Trauma section
- Sleep Apnea documentation will be available in multiple reports: Adult & OB Profile reports as well as “Sleep Apnea-OSA” in the PeriOP Summary section of the Index.
- Dispensed Meds List – displays medications dispensed to the patient in the last 2 months, known to the SureScripts vendor. Can assist with resolving PTA Meds questions (“I take a little white pill for ….”). This report is in the Sidebar
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- CPG Guidelines – Interactive report at the bottom of the Sidebar. Allows clinicians to “slice and dice” all the various CPG’s (careplans) available by type, specialty, target population, etc. Presents as a hovering window
- Slight update to the Index, adding a title.
- Updated title/link of report previously known only as “Weights” to be “Height/Weight”. Many clinicians unaware that height was also displayed in this report. Available on the Index.
- Style updates to several widgets available in various reports, including the Overviews
- Length of Stay widget now has added “Expected Discharge Dt” – this information comes from existing provider and case manager workflows.
- Problem List in the Overviews will now separate out the hospital and non-hospital problems. Primary problem will be designated with a blue diamond

New Report for patients with Rapid Response documentation
Affects: All clinicians needing a list of admitted patients who have had a rapid response. This report provides a list of all admitted patients who have documentation on the Rapid Response flowsheet > Time Called row. Clinicians can set how many hours they would like to look back.

New RWB report – PHS IP Patients with Rapid Response Last X hrs. [Requires Providence intranet access]

Washington and Oregon inpatient clinician access to EDIE results
Affects: Inpatient Physicians, Nurses and other clinicians in Washington and Oregon
Emergency departments in Washington and Oregon will receive a fax notification from EDIE each time a patient that falls under the EDIE criteria is arrived to the ED. This will be identified by an icon in the EDIE column on the ED trackboard. When these patients are then admitted to the hospital, users will be able to access this information on the inpatient chart. This information may be particular helpful with discharge planning/needs.

Washington and Oregon inpatient clinician access to EDIE results [Requires Providence intranet access]

Oxygen Therapy Documentation
Affects: Inpatient Nurses, Respiratory Therapist, Physical Therapists
Change to Oxygen Therapy “O2 Device” Flowsheet Row
- Addition of two new O2 device options
  o Home Unit
  o Manual Resuscitation
- Modification to non-invasive ventilation option
  o Description gives example of bi-level

Change to “O2 Device” Flowsheet row [Requires Providence intranet access]

RT Continuous Pulse Oximeter Documentation
Affects: Inpatient Respiratory Therapists
Updating RT “Vitals” group to include Continuous Pulse Oximeter flowsheet row

RT Continuous pulse ox [Requires Providence intranet access]

Confusing pop up suppressed during blood administration workflow
Affects: Nurses and anesthesiologist that administer blood
A pop up message is being suppressed that warns users documenting blood that the unit number they are scanning or entering has been affiliated with another patient’s
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record. Currently Epic does not have true blood matching so this warning served no useful purpose to the anesthesia provider or nurse receiving it, caused much fear and concern and resulted in unnecessary rework between nursing and Blood Bank, delayed transfusions to patients and sometimes returned, non-viable blood products being wasted.  

Fix to Suppress Blood Administration Pop Up That a Unit Has Been Documented on Another Patient  [Requires Providence intranet access]

AM-PAC 6-Clicks Short Form  
Affects: Inpatient Physical Therapist and Occupational Therapists  
Documentation flowsheet to be used by PT and OT Therapist in an acute care setting for determination of discharge location and CMS functional limitation reporting.  

AM-PAC Short Form  [Requires Providence intranet access]  
Updated Provider Notification section on the OB PACU Flowsheet Template  
Affects: OB staff and anyone who utilizes the OB PACU Flowsheet TemplateThe OB PACU Flowsheet Template has been updated to include the same Provider Notification section as the OB PCS.  

OB PACU Flowsheet update  [Requires Providence intranet access]  

Update to Recently Discharged System Lists  
Affects: All  
Creating new 24hr and 4 Day Discharged System Lists for all facilities to include Admission Only lists and Hospital Outpatient Visits lists. Screenshot of what the Discharged Patient Lists is available via the link.  

Recently discharged system lists  [Requires Providence intranet access]  

RT Nitric Oxide Gas Administration Documentation  
Affects: Inpatient Respiratory Therapists  
A new flowsheet row will be available to Respiratory Therapists in “Nitric Oxide” documentation called “Alarms Set Per Policy”. This meets requirements for alarm documentation associated with the INO Vent used to administer Nitric Oxide Gas.  

RT Nitric Oxide gas administration  [Requires Providence intranet access]  

Rehab and Respiratory Therapy Specific Sticky Notes  
Affects: Physical Therapists, Occupational Therapists, Speech Therapists, Recreational Therapists, Respiratory Therapists  
Therapies specific sticky notes, and the patient list column to display it in, will now be available to Rehab Therapy and Respiratory Therapy  

Sticky notes  [Requires Providence intranet access]
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MYCHART
Change to Login / Landing page
Affects: EpicCare Link Users
We wanted to provide you with information regarding a change that will be occurring to the home page for EpicCare Link users.

- The look of the home page will become standard and potentially will not “feel” EpicCare specific to a user.
- The region specific help desk number will be removed. A non-region specific 800 number will be on the landing page where users will still be able to call for assistance if needed.
- The link for first time users to reset a password will be removed. When users log into EpicCare Link for the first time they will automatically be routed to a page to reset their password and then routed back to the login page to login with the new password.
- The landing page changes will go into effect on 05/06/14.

MyChart login page change [Requires Providence intranet access]

ORDERS
Pregnancy testing on GYN preop order set
Affects: Women’s health inpatient providers
GYN PREOP (NEW) (1786) order set will now have 3 Pregnancy Test labs available (and also POC testings in those locations where this is available.)

Pregnancy testing will be available on GYN Preop Order Set [Requires Providence intranet access]

Providers wanting to place a Planned Procedure Order when not in an order set.
Affects: Ordering providers
A generic planned procedure order has been added to facility preference lists. This will enable providers to be able to place the order as a one off. The synonym “verify informed consent” was added to the order. All references to informed consent have been removed from the order but the synonym was added because that is how the order was known.

Synonyms added for Apheresis focused order set
Affects: Providers placing the order set REN IP THERAPEUTIC ApherESIS FOCUSED (3040000136)
Added synonyms Hemapheresis, Stemcell Collection and Plasmapheresis

Order added from GI Endoscopy
Affects: Providers using GI Endoscopy #2045
The “Discharge patient when criteria met” order has been added to the order set. The word (New) is being removed from the title now that the old set is being retired. Hyphens were removed to meet naming conventions.

Provation Order Panel updates
Affects: Providers using the Provation Order Panel # 148906
Panel was alphabetized to make it easier to find the appropriate test. All entries were changed to sentence case.

Order sets being retired
Affects: Ordering providers
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A number of order sets are being retired since they were replaced by new sets in the February release. Click the link below for a list the sets that will be retired on May 6. Additionally, the moniker (NEW) will be removed from the sets that were released in Feb.

**Retiring order sets** [Requires Providence intranet access]

**Promethazine IV removed from GI admission order set**
*Affects:* Gastroenterologists. Pharmacists
Updated antiemetic medication in order set GI IP ACUTE PANCREATITIS ADMISSION to be consistent with other adult admit order sets. This also eliminates from the order set IV promethazine. IV promethazine use is highly regulated in state of California.
IV promethazine remains accessible via facility preference list where allowed by local policy.

**Promethazine IV removed from Hemodialysis Inpatient order set**
*Affects:* Nephrologists. Pharmacists.
Updated PRN – Nausea/Vomiting group in order set Hemodialysis to remove IV promethazine.
IV promethazine use is highly regulated in state of California.

**Lab added to Neonatal Perinatal HIV Exposure order set for Oregon pilot**
*Affects:* Perinatal Clinicians in Oregon
As a pilot in Oregon hospitals only, 2 labs have been added to the Perinatal HIV Exposure order set (NEO PERINATAL HIV EXPOSURE (3040000524)). A lab group has been added that contain LAB293, CBC WITH DIFFERENTIAL and LAB15075, HIV, DNA, NAAT-NEONATAL. The latter is a newly created lab for neonates. Restrictions have been added to make these orders visible only in Oregon hospitals at this time.

**Change to Neurology orderables**
*Affects:* All inpatient clinicians
Neurology orderables (EEGs and others) had been previously given an incorrect default frequency of DAILY. This was changed to ONE TIME. NEU19, EEG Continuous Monitoring, is the exception and its frequency remains DAILY.

**Verify Informed Consent added to Preop and Preprocedure Order Sets in Oregon**
*Affects:* All Preoperative and Preprocedure Nursing in Oregon
In the Preop and Preprocedure Order sets, wording has been add to the Process Instructions of the “Planned Procedure – Nursing Instructions” order that reviews procedure related to obtaining and verifying the proper Informed Consent. This will be seen in Oregon Facilities only.

**CK MB and CK TOTAL labs are no longer standard**
*Affects:* All clinicians who enter orders in order sets
CK-MB (LAB2252) and CK Total (LAB62) are not available for inpatient ordering in California facilities so they are no longer on our list of "standard labs". In addition, these are no longer to be used in any Emergency Department.
This will affect order sets that contain those labs – those orders have been removed from the standard lab group and will be in their own group and viewable only in facilities outside of California for the inpatient sets. These will be removed entirely from ED Order Sets.

**Impacted order sets** [Requires Providence intranet access]
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Retiring three ophthalmology order sets

**Affects:** Providers using the following order sets

Banners notifying users of impending retirement will be applied 5/6/14; sets will retire 6/10/14

OPH IP CAPSULOTOMY PREOP #3040000120 has been replaced by
- OPH IP POSTERIOR CAPSULOTOMY (BOTH) #2458
- OPH IP POSTERIOR CAPSULOTOMY (LEFT) #2459
- OPH IP POSTERIOR CAPSULOTOMY (RIGHT) #2460

OPH RETINAL LASER PRE-OP #3040000130 has been replaced by
- OPH IP RETINAL LASER (BOTH) #2461
- OPH IP RETINAL LASER (LEFT) #2462
- OPH IP RETINAL LASER (RIGHT) #2463

OPH IP PERIPHERAL IRIDOTOMY #3040000127 has been replaced by
- OPH IP PERIPHERAL IRIDOTOMY BOTH #2441
- OPH IP PERIPHERAL IRIDOTOMY (LEFT) #2442
- OPH IP PERIPHERAL IRIDOTOMY (RIGHT) #2443

Partial code status summary sentence

**Affects:** All clinicians who enter orders in order sets

In order to alert providers to the existence of questions within the partial code order when launched from the code status banner, the order summary sentence will be set to display questions as follows:

**Partial code status** [Requires Providence intranet access]

New Order sets

**Affects:** Ordering providers

Three new order sets will be introduced on May 6:
- Cesium Implant Post op
- Iodine 131 Pre op
- Iodine 131 Post op

OPTIME

**PTA Meds - Outside Meds / Surescripts**

**Affects:** Inpatient Nursing, Providers, Optime users

A button, “Review Outside Meds” has been added to the Review PTA Meds navigator section. Clicking this button will open a special report in the sidebar. This report looks at information from our 3rd party vendor (Surescripts) for recently dispensed medications. This list can assist clinicians in determining the most complete list of medications that a patient takes at home. Having the Outside Dispensed Med list next to the PTA Meds workflow will greatly enhance these efforts.

**Review Outside Meds** [Requires Providence intranet access]
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Access to “Reference” (Krames) from Pre-op - OpTime
Affects: Users logging in to OpTime Pre-op departments
The nurses logging in to the pre-op department will now have access to the “Reference” (Krames) activity via their “More Activities” button.

Access to Krames [Requires Providence intranet access]

Case Scheduling Patient Class update
Affects: OpTime Surgery Schedulers
The Patient Class list for OpTime case scheduling has been modified. The “Emergency” patient class has been removed from the list; this patient class should only be used by the ED. If OpTime schedulers need to designate a case as an emergency they can use the “Urgent,” “Emergent,” or “Trauma” Case Class.

Access to demographics info from the OpTime Case Entry activity
The surgery schedulers will now have access to view and edit the Demographics information from the Case Entry screen. They will see a new button titled “Demographics” that can be used to access the information.

Access to demographics [Requires Providence intranet access]

RADIANT
Implant Navigator
Affects: Radiology Techs and Nurses
Radiology Techs and Nurses will now be able to document historical implants. Techs can access the Implant Navigator through the Begin/End Exam Visit Navigators and the Patient’s Chart (and can now access the patient’s chart from the Tech Worklist via the Chart button). Radiology Nurses can access the Implant Navigator through an open encounter.

Implant Navigator [Requires Providence intranet access]

WILLOW
Promethazine IV removed from GI admission order set
Affects: Gastroenterologists. Pharmacists
Updated antiemetic medication in order set GI IP ACUTE PANCREATITIS ADMISSION to be consistent with other adult admit order sets. This also eliminates from the order set IV promethazine. IV promethazine use is highly regulated in state of California.

Promethazine IV remains accessible via facility preference list where allowed by local policy.

Promethazine IV removed from Hemodialysis Inpatient order set
Updated PRN – Nausea/Vomiting group in order set Hemodialysis to remove IV promethazine. IV promethazine use is highly regulated in state of California.

Alcohol Withdrawal- ICU order set PHENobarbital IVPB changed to IV push order
Affects: Intensivists, ICU RN, inpatient pharmacists
The clinical content of the order set is unchanged. Combined 3 PHENobarbital IVPB orders in to 1 PHENobarbital IV push order. IV push vial is often readily available in ICU Pyxis. This change streamlines medication delivery process and decreases MAR clutter. Either 65mg vial or 130mg vial in Pyxis machine can fulfill the order.

Alcohol Withdrawal - ICU order set [Requires Providence intranet access]
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HIV Postexposure Prophylaxis medication updated to 3 drug regimen
Affects: ED Providers, ED Nurses, Pharmacists
Order set impacted - ED Alleged Sexual Assault and/or Body Fluid Exposure.
HIV PEP med regimen has been updated to 3-drug regimen. And the reference link updated.
We move the regimen to the top of Medications sections.
HIV PEP med regimen [Requires Providence intranet access]
←return to provider letter