

RWJBarnabas HEALTH

Go-Live Provider Pocket Guide

Wave 4



DISCLAIMER: This document is intended to provide support and information during Go-Live.

After the Go-Live, you will always find the latest tip sheets by accessing your Learning Home Dashboards in Epic (press F1).



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Glossary of Terms

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Go-Live Help at a Glance

Issues



In **Epic** press **F1** for the **Learning Home** Dashboard



To submit an **Epic issue ticket**: use the "Get Help" button.

Epic "How to Get Help" flyer »

😳 Report EHR Issue

Report an Epic workflow issue/problem. If your issue requires immediate escalation please call 855-453-1950





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Go-Live Help at a Glance

Enhancements



To submit an **enhancement request**: use the **"Get Help"** button. Save your ticket #s.

Report EHR Issue

Report an Epic workflow issue/problem. If your issue requires immediate escalation please call 855-453-1950

Report Issue

Submit Enhancement Request



I My Tickets

Check the status of your submitted tickets and enhancements.

View my Tickets



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Go-Live Help at a Glance

24/7 Inpatient Assistance

Informatics extensions from inside the hospital (on a hospital phone):

CMC	12780
MMC	36001
MMCSC	24800
BHBH	24800
JCMC	72240

At The Elbow (ATE) Support

Role	Vest	Supporting	
Front desk ATEs	Blue	All non-clinical roles	





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Provider

For "How To..." questions, call:

Epic Provider Training Hotline (732) 658-4820

April 29 - April 30: 8am - 4pm Monday - Friday: 8am - 4pm

For immediate help with Epic issues/build-fix requests call:

Enterprise Service Desk (855) 453-1948



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Clinical Care Teams, and Ambulatory and Inpatient Staff

For immediate help with Epic issues/build-fix requests call:

Enterprise Service Desk (855) 453-1950



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Using the Provider Learning Home Dashboard

Training tools are grouped for easier identification

- Distinct sections differentiate between outpatient and inpatient training tools.
- User-friendly headings group tip sheets under master topics.



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Provider Learning Home Dashboard Cont...

Tip sheets are consolidated into collapsible lists, grouped by the subject header to avoid excessive scrolling.

 Click the subject header to expand the section and view a complete list of related tip sheets in alphabetical order.



Admission Navigator Advance Care Planning Attestation and Cosign Notes Completing Inpatient Consults Create Speed buttons for Inpatient Notes Cosign Notes and InBasket Message Discharge Navigator Discharge Discharge Med Rec and Display on the AVS **Documentation Bundle Requirements** Documenting Difficult Intubation E-Consents in Epic E-Consents-To Complete the eSignature on iPad E-Consent Video Face to Face Assessment Flowsheet Navigation Handoff Report Tipsheet

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Provider Learning Home Dashboard Cont...

Search functionality is enabled only in subject headers that are expanded

To leverage search functionality, expand the subject header(s) of the category(ies) you wish to search. Use **Ctrl + F** to filter tip sheets based upon search criteria to efficiently locate a tip sheet.

It's helpful:

 If you know the word you're looking for and you have those categories open.

 To quickly locate a Tip Sheet, expand a category, press Ctrl + F, and type a search word. The matching search criteria will be highlighted yellow (See screenshot):



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Provider Learning Home Dashboard Cont...

Search Example:

Inpatient Guides & Tip Sheets

- > Orders
- > Patient List
- > Operating Room-Procedural
- Blood Transfusion

Blood Product Transfusion Future Scheduled State Order Blood Product Transfusion Order eConsents in Epic E-Consents-To Complete the eSignature on iPad Pediatric Aliquot Ordering Talking Points Placing a Blood Transfusion Order for the OR Splitting Units Blood Order

Ctrl + F to search keywords!

	Type and Scree	Find				Х
>	Documentation- Med	Find:	Blood			
>	Charging	-	Match whole word only	Г	Match case	
>	Faxing/Printing				J Mater Case	
>	General Tips-Efficent		→ Highlight all matches	_		<u> </u>
>	Neurology			Previous	Next	



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Tips

Unit-to-Unit Crosswalk

Unit/Department Names in Epic may be slightly different.

Click the correct link below to view your Hospital Location's Unit Crosswalk Document.

- <u>Community Medical Center Unit Crosswalk</u>
- Jersey City Medical Center Unit Crosswalk
- **Monmouth Medical Center Unit Crosswalk**
- **Monmouth Medical Center Southern Campus Unit Crosswalk**
- **RWJBH Behavioral Health Center Unit Crosswalk**

Helpful Hint: Press Ctrl + F on your keyboard and type search criteria in the "Find" pop-up to quickly access either the heritage department name, or the new Epic department name.

<u>Wave 4 Unit Crosswalk Master (Excel Spreadsheet)</u>

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Tips

Press OK when "tapping in."

When you "tap in" to one of the Hyperdrive workstations on the RWJBH network with your ID card, you are presented with a login screen for Hyperspace that makes it look like you must enter your credentials manually. However, if you have "tapped in," all you have to do is click "OK," and you will be signed in.

Searching for patients

Click on the tab for recently seen patients (displayed in

order from most recent). When searching for a name, check the "My Patients" box and you will only see patients you have seen previously.



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Tips

SmartLink for End of Encounter Medications: .encmedtaking

- Providers can use the .encmedtaking SmartLink to pull in only outpatient medications that were marked as "Taking" during the rooming process of the current appointment or visit.
- If a medication is added during the visit, refresh the SmartLink to see updates.

MyChart Encounters

When a patient sends you a message via MyChart, you can

take actions such as renewing a prescription or placing orders

and reply to the patient in a single encounter by using the

MyChart Encounter option.

Learn more about MyChart Encounters »

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Accessing Heritage Data

Displaying Heritage labs in a flowsheet view Click here for a detailed PDF »

- From the "Lab Results" view under Chart Review Labs, select any number of results.
- To select a contiguous group of results, click on the first one, scroll to the last one, and Shift-Click on the last one.
- To select non-contiguous results, use Ctrl-Click on each result.
- Click on the "Lab Flowsheet" button.

) To save tim	e, not all records have b	een loaded and sorte	d. Load All Records	Now	Hjde		
A R.	Date/Time	Test	Abnormal?	Status		Auth Prov	
R	03/12/2022 18:22	Complete Blood Coun		Active - Needs to be C.		Frank A Sonnenberg,	
Months Ag	70						
	09/10/2021 10:37	LAB GENERAL		Comple	eted - Final result	Frank A Sonnenberg.	
9	09/10/2021 00:00	Leukocyte Count,	Blood Abnormal	Comple	eted - Final result	Frank A Sonnenberg.	
	09/10/2021 00:00	Vitamin D 25-Hyd	roxy	Comple	eted - Final result	Frank A Sonnenberg.	
	09/10/2021 00:00	9/10/2021 00:00 Thyroid Stimulating H Completed - Final resu		eted - Final result	Frank A Sonnenberg.		
2	09/10/2021 00:00	Triglyceride, Seru	m,	Comple	eted - Final result	Frank A Sonnenberg.	
	100 C			120000	CONTRACTOR OF	The second s	



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Accessing Heritage Data Cont...

Displaying Heritage labs in a flowsheet view cont..

- The results will not necessarily be grouped as they would be in "Results Review."
- This view will remain open in a separate tab labeled "Lab Inquiry."

Chart Synopsis History Allergies Problems immun.	- Demo Encounter	Orders wote Lette	cas man /	
aboratory Results				() ×
Component	Latest Ref Rng & Units	9/10/2021 WW		
Basophils	0-2%	1.6	10 A	
BLOOD GLUCOSE, FASTING	65 - 99 mg/dl	97	<u> </u>	
Bilirubin, Total	0.2 - 1.2 mg/dL	0.8		
Albumin/Globulin	1.0 - 2.5	1.7 (CALC)		
(DC) ABSOLUTE BASOPHIL COUNT (GE CENTRICITY)	0 - 200 cells/mcL	59		
(DC) ABSOLUTE EOSINOPHIL COUNT (GE CENTRICITY)	15 - 500 cells/mcL	41	d.	
(DC) ABSOLUTE LYMPHOCYTES (GE CENTRICITY)	850 - 3900 K/uL	966 CELLS/UL	8	
(DC) ABSOLUTE MONOCYTE COUNT (GE CENTRICITY)	200 - 950 cells/mcL	392	<u> </u>	
(DC) ABSOLUTE NEUTROPHIL COUNT (GE CENTRICITY)	1,500 - 7,800 cells/mcL	2,242		
Albumin	3.6 - 5.1 g/dL	4.4		
(DC) ALKALINE PHOSPHATASE, SERUM (IN BLOOD) (GE CENTRICITY)	37 - 153 units/L	69		
UREA NITROGEN (BUN)	7 - 25 mg/dL	10	8	
UREA NITROGEN (BUN)/CREATININE	6 - 22	NOTE (CALC)		
CALCIUM	8.6 - 10.4 mg/dL	9,4		
GFR AMONG BLACKS	>=60 mL/min/1.73m2	96		
Egfr If Not African American	>=60 mL/min/1.73m2	83	<u>/</u>	
EOSINOPHILS % OF BLD LEUKOCYTES (GE CENTRICITY)	0-8%	1.1		
Chloride	98 - 110 mmol/L	97 (L)		
CHOLESTEROL TOTAL/CHOLESTEROL IN HDL	<5.0	2.1 CALC		
CHOLESTEROL, SERUM	<200 mg/dl	247 (H)		
CARBON DIOXIDE (CO2)	20 - 32 mmol/L	29		
Total CK	29 - 143 units/L	68		
Creatinine	0.60 - 0.88 mg/dL	0.60	8	
Globulins Serum Total	19.37 mid	12.6 G/DL (CALC)		



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Accessing Heritage Data Cont...

Where to Locate Heritage Data

- With the Epic implementation spanning the next several years, the location of patient information will be in flux until Epic is fully live at all sites.
- Data from our heritage systems will continue to be incrementally loaded into Epic over the next several months.
- You will still need to access heritage systems to view some data which has not yet been imported into Epic.

Reference for Finding Heritage Data »

Downloadable one-page reference



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Inpatient Provider Change Readiness Topics

Admission Orders placed in the ED default to Held

 Orders placed in the Admission Navigator default to be held until the patient gets to the receiving unit. If orders need to be activated sooner, the provider should release them manually. As a safety net, if patients are still located in the ED four hours after the admission order was placed, the ED tracking board will display, and the Nurse will receive an alert to release and activate all sign and held orders.

Admission Med Rec and Discharge Med Rec

Admission Med Rec ensures that all outpatient medications

are either continued or held, as appropriate, during the hospitalization. Discharge Medication Reconciliation, ensures that all necessary medications are continued, stopped, or prescribed, as appropriate, at discharge.

Together, this ensures accurate patient communication in the After Visit Summary.

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Inpatient Provider Change Readiness Topics

Patient Status Orders (from ED to Inpatient)

- Patient Status Orders are used to place a patient in a bed, including inpatient and observation.
- Regardless of inpatient or observation, you will need to enter an Admitting Provider and an Attending Provider in the Patient Status Order.
 - Admitting Provider The provider who decides and has privileges to admit a patient to their site.
 - Attending Provider The provider who has the primary responsibility for a patient's medical care during admission or encounter.



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Inpatient Provider Change Readiness Topics

Revised Code Status (DNR/Partial Code)

Our revised Code Status in Epic includes the following three statuses:

- **1. Full Code:** Provide Intubation / Provide Chest Compressions.
- **2. Do Not Resuscitate (DNR):** NO Intubation / NO Chest Compressions.
- 3. Partial Resuscitation:
 - Provide Intubation / NO Chest Compressions
 - NO Intubation / Provide Chest Compressions

Problem List Update

 A single problem list for each patient is shared throughout the enterprise. Providers are responsible for maintaining an accurate problem list because this drives clinical decision support, proper communication and documentation, quality, and risk adjustment for reimbursement and reporting.

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Inpatient Provider Change Readiness Topics

Order Set Familiarity

 Standardized with best evidence and system-wide approval to promote best practice and reduce care variation. Over 300 enabled in Epic.

Ordering Outside of the Post-Op Navigator

• Awareness of the default phases of care to ensure orders are released in the correct location.

E-Consents

 Electronic consent required when performed within the hospital. Consents can be obtained only by a Competent Performing Provider.

E-Consents tip sheet »

E-Consents 2-page flyer »

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Inpatient Provider Change Readiness Topics

Automatic Suspension and Chart Completion

 Review the policy on documentation standards including deficiency, the automatic suspension process, and which orders and notes require co-signatures to complete documentation.

Consults, Provider Care Teams, and Qgenda

 Ordering a consultation in Epic aids in documenting, tracking, and automated list population for consults.
However, it does not replace required provider-to-provider

communication of the consult.



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Inpatient Provider Change Readiness Topics

Independent Community Practice Clinical Support Staff

- With the April 29th activation, the office staff who support independent community providers will not have access to RWJBarnabas Health's instance of Epic unless registered and trained.
- Independent Practice administrators should use the <u>Care Link Request Portal</u> and register for access to:
 - Care Link: is a secure web-based application that RWJBarnabas Health makes available to independent community providers and their supporting office staff that provides real-time view and print access to a patient's

information.

 Limited Hyperspace Access: allows independent office staff to view clinical data, enter case request orders to reserve the operating room, and propose orders to RWJBarnabas Health

providers for second signature.

<u>Click here for detailed information »</u>

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Inpatient Provider Change Readiness Topics

Traditional Dictation Will Be Replaced by Dragon

Dragon voice recognition will replace traditional dictation with the April 29 Epic Go-Live.

Instructions for how to download and install on iOS and Android:

Dragon Power Mic mobile »



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Inpatient Provider Change Readiness Topics

Discharge All Components Completion

- There are four sections requiring review and completion in the Discharge Navigator:
 - Review
 - Discharge Documentation
 - Place Discharge Orders
 - After Visit Summary



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Inpatient Provider Change Readiness Topics

Providers: Encourage Patients to Activate and Utilize MyChart

- Patients are more likely to use MyChart if encouraged to do so by their trusted RWJBH provider.
- Consider the many benefits of MyChart:
 - Gives providers a way to stay connected to their patients between visits.
 - Helps patients stay more engaged in their care, while enabling them to manage more on their own.

Click here for MyChart information »

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Inpatient Provider Change Readiness Topics

Nuance Inpatient Guidance (IPG)

- The Nuance Inpatient Guidance (IPG) computer assisted documentation tool is being rolled out to hospitalist services with each Epic Wave.
- Nuance IPG uses AI to present diagnosis and documentation opportunities directly to Providers in real time while documenting in Epic.
- Nuance IPG will go-live at all Wave 4 hospital locations on April 29.



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Ambulatory Provider Change Readiness Topics

In Basket Management

- You can create and receive secure messages to colleagues using In Basket.
- In Basket allows you to link a patient's chart to your In Basket message.
- Click Help to get more information about In Basket messages and the appropriate action to take for a message.
- Pools are groups of people who all receive a single message that requires action from anyone in the group. When one

person in the pool reads the message, the message disappears from all other pool members' In Baskets.

 If you read a message and are unable to act reroute the message back to the pool.







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Ambulatory Provider Change Readiness Topics

Problem List Maintenance

A single problem list for each patient is shared throughout the enterprise. Providers are responsible for maintaining an accurate problem list because this drives clinical decision support, proper communication and documentation, quality and risk adjustment for reimbursement and reporting.

Referrals

In Epic, you must create a referral by placing an ambulatory order for a referral to a specialty, a department, or a specific provider.

- When placing the order for a referral, you must select the correct Referral Class:
 - Incoming Referral: Non-RWJBH to RWJBH (Not used by Providers).
 - Internal Referral: RWJBH to RWJBH.
 - Outgoing Referral: RWJBH to non-RWJBH.
- Update the Department and/or Provider fields to improve scheduling the referral if that information is known.





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Ambulatory Provider Change Readiness Topics

Encounter Closure Policies/Chart Completion

- Ambulatory A best practice is to close your encounters same day.
- Encounter closure within three days is mandatory.
- To avoid escalation, please close your encounters within three days.

Ordering Diagnostic Tests/Selecting Resulting Agency

• You must specify the lab resulting agency / radiology

resulting agency.

- Use "external lab" only for labs that are not interfaced with Epic.
 - If you select "external lab," you must explain why.
- Failure to update this field will cause a pop-up error when attempting to sign the lab order.





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Ambulatory Provider Change Readiness Topics

Non-Oncology Infusions

- Non-Oncology infusions are not ordered frequently by ambulatory providers, so these workflows may be confusing.
- <u>Click here</u> to review the custom Therapy Plans Tip Sheet.
- You can also watch a training video on placing orders for Therapy Plans and adding orders via
 <u>Epic Training, Powered by Symplr.</u>



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Click here for MyChart information »

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Glossary Terms

Epic Terms Glossary

A helpful list of Epic terms and definitions can be found on

our website, **EpicTogetherNJ.org**.

<u>Click here for Epic Glossary Terms </u>»



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