

FOR THE *Record*

The monthly newsletter of our Epic Project

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Improving Safety

A bar-code system improves accuracy of patient records, minimizes errors and enhances overall safety of care. The Yale New Haven Health System hospitals are incorporating bar-code technology when administering medications to patients. In Epic, when an inpatient physician places a prescription order for a patient, that information flows directly into the patient chart and the hospital pharmacy. The pharmacist will verify that the medication order is appropriate for the individual patient by reviewing specific patient parameters such as weight, age or lab values. The medication will have a manufacturer bar-code as part of the package or the pharmacist will place a label with a bar-code on all dispensed medications. The nurse, using a bar-code reader, will administer the medication to the patient.

With this bar-code system in place, the nurse scans the wristband to identify the patient with a bar-code reader that is linked to a workstation. This scan will open the patient's medication administration record. The nurse then scans the bar-code on the medication. Epic software then compares the medication information stored in the bar-code to information in the patient's medication administration record to ensure that the patient should be receiving this medication at the indicated dosage, method and time. The nurse will administer the medications after getting a confirmation on the computer screen.

An audible beep and a pop-up box accompany discrepancies and incorrect medication matches. When a warning beep or pop-up occurs, the nurse must investigate to determine the reason before administering the medication. Finally, because nurses sign into Epic to administer the medication, their login ID automatically records them as administering the medication. The system provides another tool for nurses to use to verify the five rights for medication administration.

Here are the steps for a nurse to meet bedside medication verification:

- 1 To identify the patient, the nurse logs into Epic.
- 2 The nurse scans the bar-code on the patient's wristband. This represents the patient's identification number (ID).
- 3 The computer then displays the medications that are "due," based on the time the wristband is scanned.
- 4 Scanning the medication helps to verify the right medication, dose, route and time and automatically documents the medication in the electronic medication administration record.



Pharmacy: Ensuring accurate prescriptions and dosing

To place the order, the physician selects the product, guided by dosing buttons based upon the indicated age and weight of the patient. In the pharmacy, the order is reviewed for processing. In fulfilling the order, the pharmacist takes into account the dosing administration before dispensing medication. For example, neonatal patients need a certain concentration based on age, and it's better to give medication via a syringe. Once the order is filled, the pharmacist will place a bar-code label on the medication before delivering to the patient floor. When the pharmacist closes that order in Epic, the nurse will receive an alert that patient medication is ready.

Medication standardization

As part of Epic rollouts, the system hospitals are standardizing the medications used at the system hospitals. The Formulary Integration Committee (FIC), is a YNHHS committee through which the three hospitals work to review requested medications for the formulary and approve standardized drug-use policies, guidelines, protocols and standing orders across the system. Before adding to or deleting from the new YNHHS Formulary, FIC members evaluate medications based on evidence-based literature that assesses efficacy, safety and cost effectiveness.

Improving Epic in Ambulatory Settings

While documenting a patient's visit using Epic, you may encounter something you would like to change or something that needs an immediate fix. Here's an overview of how we will handle immediate issues and develop a system of continuous improvement for Epic.

First 60 Days After Go-Live

To start off, the focus will be on critical fixes that prevent staff from using the system or pose a patient safety problem; for instance, someone is unable to log in to Epic or use the system to order a colonoscopy. In other cases, what appears to be a problem with the system may just require a quick training refresher. Staffing schedules should return to 100% after 30 days. If there are issues that continue after the first month of post go-live, resource assistance like our Service Desk and Enhanced Clinical Support team are available.

After 60 Days: "Continuous Improvement" Begins

As we step out of "go-live," we begin to manage the continuous improvement process, which will include the ongoing enhancements to the system, overseeing upgrades and training for new and existing users.

Improvements to Epic may include how data is viewed or changes that help clinicians work more efficiently, such as creating or changing Smart-Sets. Beyond upgrades recommended by the Epic Corporation, there may be additional updates that are determined by a team of Epic Medical Directors who review our evolving needs and decide which requested changes should be made first.

Epic Upgrade

Project Epic is preparing a second upgrade to our Epic EMR. This Denali upgrade will take place the weekend of December 8, 2012. The training team is compiling tip sheets and e-learning modules to help prepare you for some of the new enhancements to the system. Please look for this upgrade information on Skillport: <http://ynhhs.skillport.com>

FAQs



Q. Where will I go for training classes?

A. Most of the physician classes will take place in the hospital. Additional locations may be identified as we get closer to go-live. Shuttle services will be available. As more information becomes available, we will share it with you.

Q. What do I do if I can't find a class scheduled when I need it or where I need it?

A. With over 3,000 courses held during various times of the day, we make an effort to accommodate everyone's schedule. If you have a problem, please speak with your manager who can work with the training team.

Q. When will training take place?

A. Epic classroom instruction for Yale-New Haven Hospital York Street staff begins November 26, 2012. Before each of your courses, remember to complete the e-learning assignments associated with each course. These online lessons are the underpinning for classroom instruction. Skillport tracks both classroom attendance and completion of e-learning assignments.

Q. Do you cancel or delay classes due to weather?

A. Employees can call 203-200-3742 by 6 am to learn about delays or cancellations. Generally, we are not looking to cancel classes but recognize that storms and inclement weather may affect early morning operations.

Q. How can I check my registration status?

A. It is important that you provide your email address when you register for a course on Skillport. If you do not enter your email address, you will not receive a registration confirmation.

Q. Who will conduct my training?

A. Principal Educators and Credentialed Trainers, who have gained expertise in particular applications and workflows will teach the courses. Some will be health system employees; others will be hired externally. Super Users – staff members from the hospital trained to support their peers – will help you in the classroom, at go-live and post go-live.

Q. What is the Project Epic class cancellation policy?

A. If an unplanned event interrupts your Epic training schedule, you may withdraw from a course. Instructions on how to withdraw from a course can be found in your "Registration Guide for Epic Training." It is your responsibility to withdraw from the course and enroll in another class. If you do not withdraw, the Training Team notifies your manager that you missed a training class.

Q. Will I have to pass a test?

A. Yes, it's a quiz. The quiz or "End User Proficiency Assessment" happens at the end of each class. As a user, you should follow the training curriculum outlined for you, including completing the e-learning assignments, classroom instruction and practice in the Playground. We are confident that you will be proficient and meet the necessary skill checks at the end of each training class.

Improvements at Greenwich Hospital

The Team made the following improvements:

- Identifying names for Lines, Drains and Airways were shortened to better allow users to see the description of the line.
- Pain Assessments will now appear on the following areas for ease of documentation for nursing:
 - a.) Doc flow sheet assessments
 - b.) MAR (for pre-medication assessment and when medication is scanned, it will appear on the nurses' work list for post medication pain assessment)
 - c.) Vital sign flow sheet
- CHF Core Measure-Standard statement has been added to the After-Visit Summary.
- Antepartum order set and labor observation is available for use.



Meaningful Use

Together we achieve Meaningful Use

You will receive a report from the Project Team showing your baseline information on how your practice is doing in meeting measures.

■ Because you use our certified Epic EMR system, your practice is halfway to achieving Meaningful Use. Project Epic handles the technical matters like conducting the security risk analysis on the EMR technology; exchanging key clinical data with other clinicians using Care Everywhere; providing best practices advisories; enabling drug-drug and drug-formulary checking.

■ Your practice support staff handles about 30% of the responsibilities in Epic that help you achieve Meaningful Use. Your registration desk captures patient demographics. Your registered nurses and medical assistants document a patient's vital signs, smoking status, as well as review their active medication lists and update any allergies. Before the patient leaves the office, the front desk staff gives the patient a copy of their After-Visit Summary (AVS).

■ The remainder of activities – about 20% – is what you have to do as a provider. In Epic, you review and update a patient's active problem list. You electronically enter medication orders for your patient as well as e-prescribe their medications to their pharmacy. Engage your patients to be active in their health care by including education or instructions in their After-Visit Summary (AVS).

