

Tips & Tricks

Visual Changes for Upgrade 8.11.2019

There are some major visual changes to the **Activites** and to the **Header** (which is now called the Storyboard) They each have their own tip sheet (within your playlist)

The following changes are effective 8.11.2019

- | | | | |
|------------------------------|---------------------------------|---------------------------------|--------------------------------|
| AVS | Medications | Personalization | Visual Changes |
| Chart Review | BH | Secure Chat | Orders |
| Brain | MyChart Bedside | Data Validate | |

A. AVS

a. Medication instructions will be printed in language the rest of AVS is printed in.

Medication sigs will display in Spanish if the patient's preferred language is Spanish

If the sig is not already in Spanish in the system, there will be a warning highlighted in yellow telling the patient to check with their nurse regarding instructions on how to take.

	Por la mañana	Por la tarde	Por la noche	Al acostarse	Según sea necesario
<p>levothyroxine sodium 150 mcg tablet También conocido como: SYNTHROID Tome una tableta (150 mcg de dosis) por vía oral diariamente.</p>					
<p>oxyCODONE HCl 5 mg immediate release tablet También conocido como: ROXICODONE Take one tablet (5 mg dose) by mouth every 6 (six) hours as needed for Pain.</p>					
<p>⚠ Pide a su médico o a otro personal médico que le explique cualquier instrucciones que no entienda.</p>					

B. Medications

a. Linking lines now mandatory

The screenshot shows the Medication Administration Record (MAR) interface. A 'Link Line' dialog box is open, displaying a list of lines to link to. The warning message is highlighted in yellow.

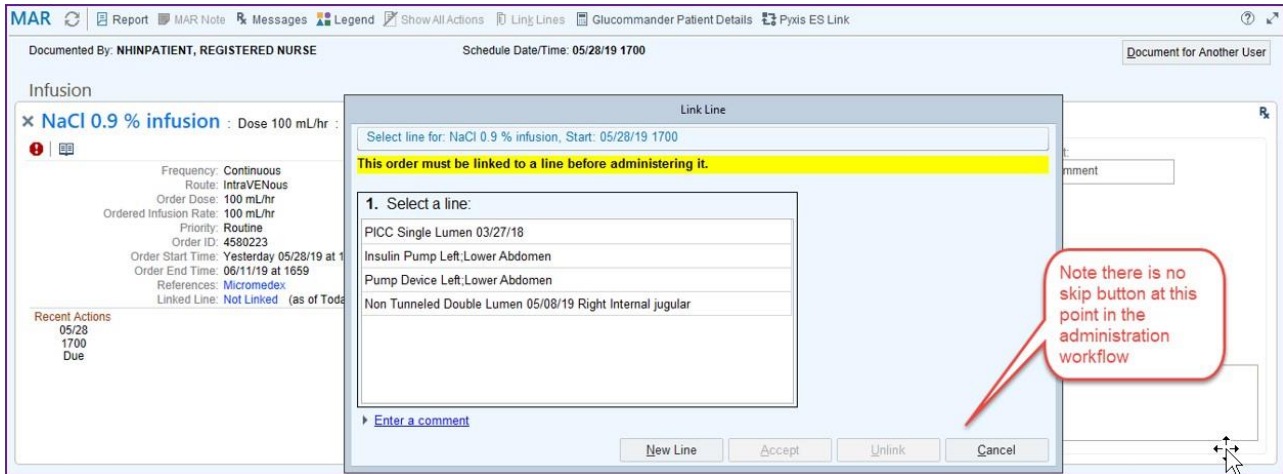
Select line for: NaCl 0.9 % infusion, Start: 05/28/19 1700

This order must be linked to a line before administering it.

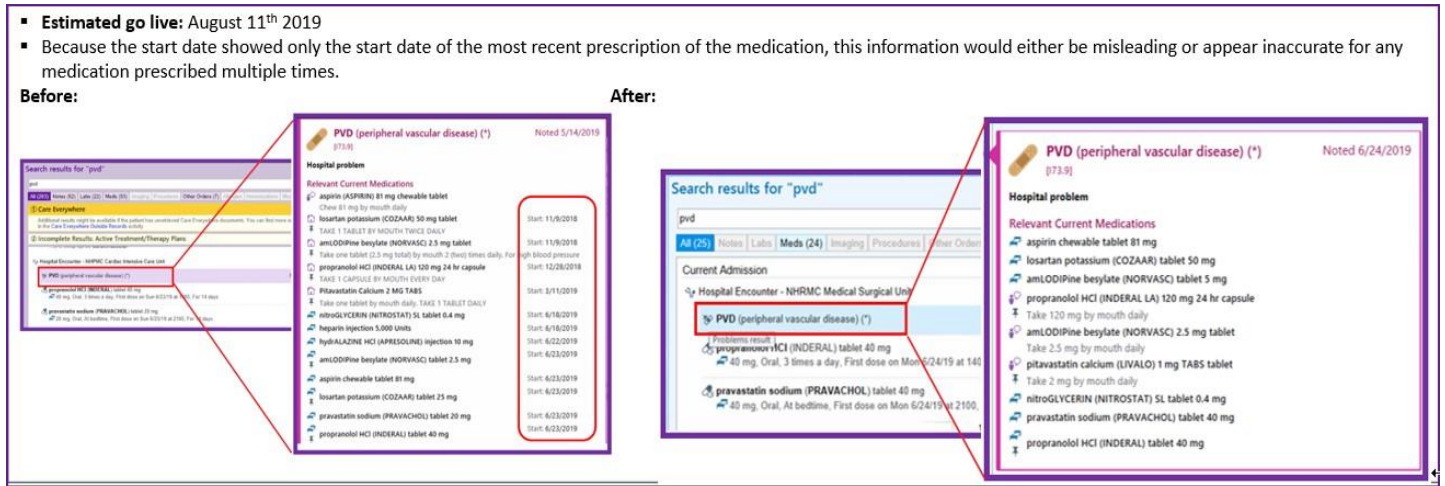
1. Select a line:

- PICC Single Lumen 03/27/18
- Insulin Pump Left, Lower Abdomen
- Pump Device Left, Lower Abdomen
- Non Tunneled Double Lumen 05/08/19 Right Internal jugular

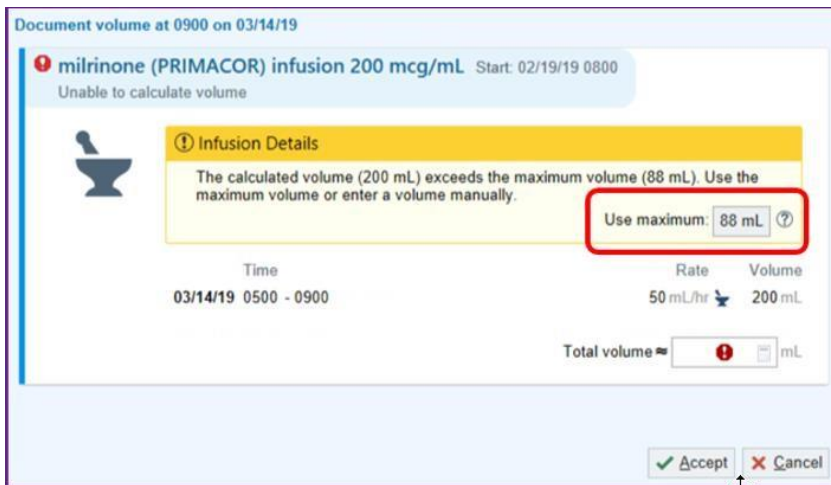
Buttons: New Line, Accept, Unlink, Skip



b. Hover bubble does not have start/stop time for meds



c. Suggested volume when calculated volume exceeds expected volume



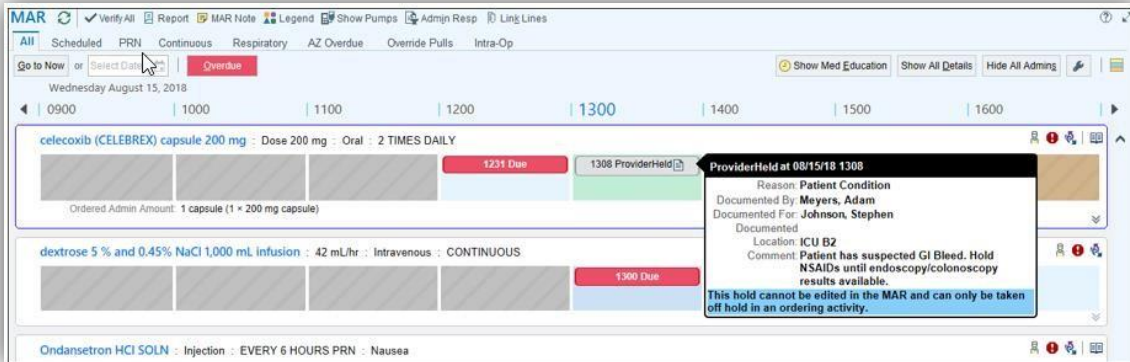
d. When changing med dose, so system creates a new order, there is now verbiage notifying that this is not a first time med order.

e. Removing Med from Hold or putting Med on Hold from Manage Orders.

You can now remove a Hold on meds or put a med on Hold from the Manage Orders activity.

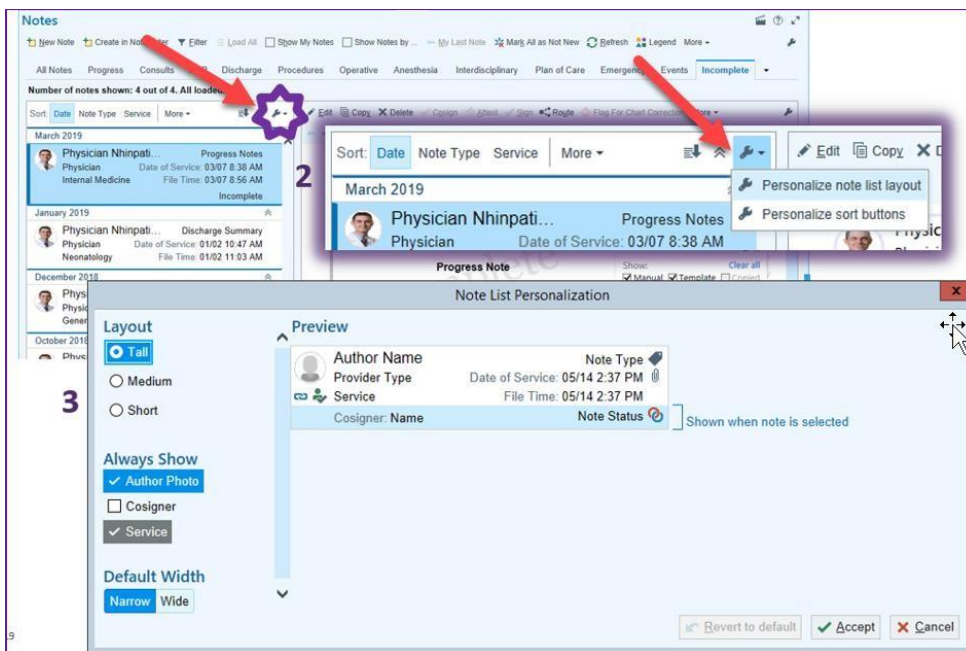
Once a med is placed on Hold, it will show as held in the Orders section of the brain or in Manager orders.

In the MAR, you will see who ordered the med held and the reason, along with directions on where to go to take the med off hold – Manage Orders.

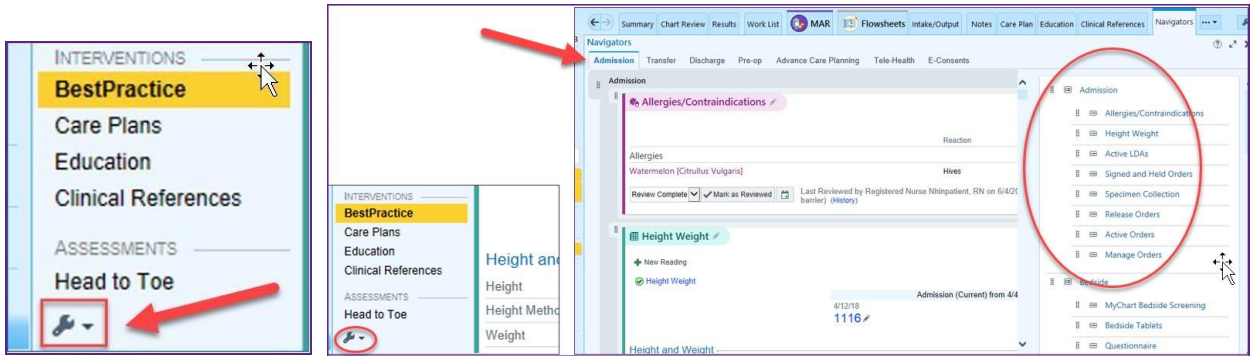


C. Personalization

a. Notes



b. Navigators



D. Visual

a. Like name bold, italicized

Bed	Patient
01	<i>Carlton, Clemson (M)</i>
06	Qoppatwo, Qoppa (F)
07	<i>Sri, Testarr (F)</i>
17	Foodie, Fred (F)
19	Digammatwo, Digan
DIS 01	Boger, Diagnosis "D
H07	Facorg, Daniel (M)
H08	<i>Sri, Testarrival (F)</i>
	Danger, Pohpoh (M)
	Sicklecell, Ped O (F)
	Realname, Leah (M)
	Selfpay, Fatest (M)
	<i>Carlton, Eclly (F)</i>
	<i>Carlton, Smoker (M)</i>
	<i>Carlton, History (F)</i>

Like Names are now bolded and italicized

b. Long term care plan report

Summary

Overview Snapshot Peri-Op Orders Labs ED Clinical Summary Facesheet IRF-PAI Report Event Log Intake/Output Baseline Care Plan

Time Range: 04/08/2019 0000 - 06/07/2019 0000

Select Font Size

Baseline Care Plan
(Admission - 06/07/19 0000)

Problem: Diarrhea
Dates: Start: 06/03/19
Disciplines: Nurse

Goal: (C-difficile, other infectious diarrhea illness) : Enteric Precautions will be observed until patient no longer symptomatic and
Disciplines: Nurse

Problem: Toileting
Dates: Start: 04/09/19
Disciplines: Nurse

Goal: Improved Toileting
Dates: Start: 04/09/19 Expected End: 05/09/19
Disciplines: Nurse

Intervention: Assistive device provision - toileting (i.e. bedside commode, urinal)
Dates: Start: 04/09/19
Intervention: Toileting assistance including bedpan, urinal, bedside commode or bathroom transfer (discontinued)

Goal: Improved Toileting
Dates: Start: 06/03/19
Disciplines: Nurse

Goal: Patient participates in bladder program by adhering to implemented toileting schedule
Dates: Start: 06/06/19 Expected End: 06/06/19
Disciplines: Nurse

Diet Orders
(1430h 1m ago through 9h 59m from now)
Start
06/06/19 1355 Mechanical Soft Diet effective now
06/06/19 1355 Dietary nutrition supplements Boost Breeze Once (Routine)

Therapy Orders
(1430h 1m ago through 9h 59m from now)
Start
06/06/19 1355 OT eval and treat: Once (Routine)

Summary

Overview Snapshot Peri-Op Orders Labs ED Clinical Summary Facesheet IRF-PAI Report Event Log Intake/Output Baseline Care Plan

Time Range: 02/06/2019 2300 EST - 04/08/2019 0000 EDT

Select Font Size

From: 5/6/2019 2300
To: 6/6/2019 0000
Default Time Range

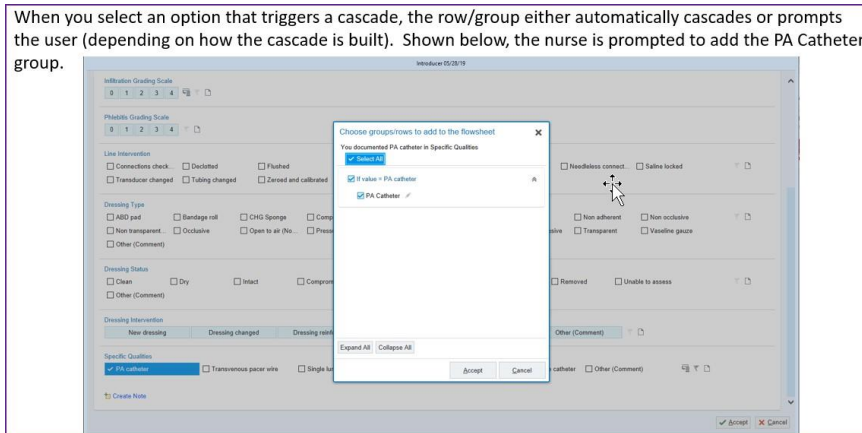
Accept Cancel

Problem: Falls
Description: Consider removal and management of all tubes and lines. The first intervention as appropriate.
Disciplines: Interdisciplinary

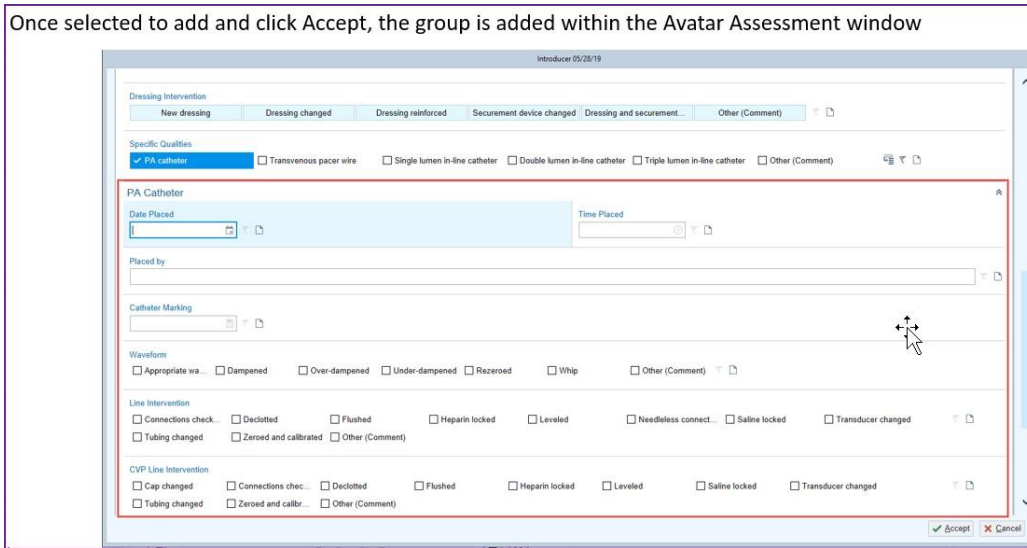
Goal: Absence of falls
Dates: Start: 04/02/19 Expected End: 04/07/19
Description: Interdisciplinary
Disciplines: Interdisciplinary
Intervention: Environmental safety assessment

c. LDA rows cascade out in avatar – can now document everything from LDA avatar

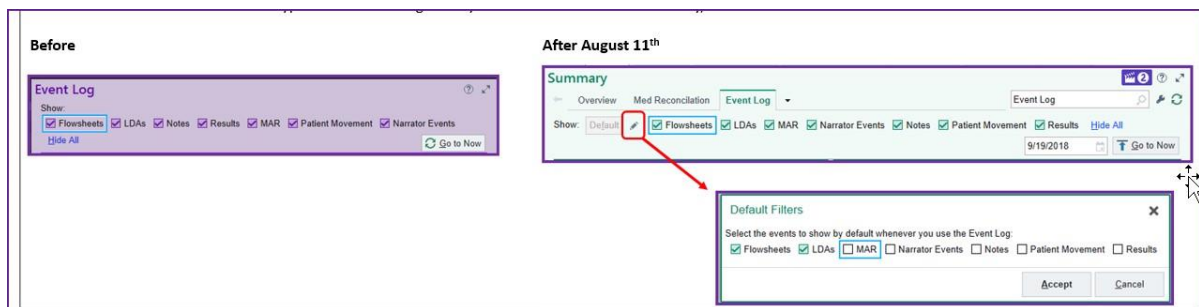
When you select an option that triggers a cascade, the row/group either automatically cascades or prompts the user (depending on how the cascade is built). Shown below, the nurse is prompted to add the PA Catheter group.



Once selected to add and click Accept, the group is added within the Avatar Assessment window



d. Can filter event log to see what you want to see



e. Subscript with c (corrected) or p (pending) to labs if it applies.

When you see a superscript C or P when reviewing lab results, that means the lab result has been flagged as corrected (C) or preliminary (P).

New Lab Results Sorted by update time

Updated	Order		
12/05/18	! CBC WITH AUTO DIFF		
1914	Collected: 12/05/18 0201 Final result		
	WBC	13.5 ! K/uL	MONOCYTES - REL 8 %
	RBC	5.7 M/uL	EOSINOPHILS - REL 4 %
	Hemoglobin	12.2 g/dl	BASOPHILS - REL 1 %
	Hematocrit	44 ^P %	NEUTROPHILS - ABS 9,045
	Mean Corpuscular V...	80.0 ! ^C fl	LYMPHOCYTES - ABS 2,700
	RDW	20.3 ! %	MONOCYTES - ABS 1,080
	PLATELET COUNT	377 K/uL	EOSINOPHILS - ABS 540
	NEUTROPHILS - REL	67 %	BASOPHILS - ABS 135
	LYMPHOCYTES - REL	20 %	

f. Patient list no longer limited characters – will display 30 characters and the rest you can see if you hover- if printed, it will wrap around.

g. OP Care Plans (BH and OP Rehab) now have a list to choose from to pick barriers that goals were not met.

Goal Name
Patient is able to self manage COPD

Timeframe
 Short-Term Long-Range

This Visit's Progress Recent Progress **On track** Priority **High**

Start Date Expected End Date **3/28/2** Compl

Barriers 3

No transportation

- List Will Include:
- Food insecurity
 - Alcohol Use
 - Depression
 - Intimate Partner Violence
 - Physical Activity
 - Stress
 - Housing/Utilities
 - Transportation
 - Interpersonal Safety
 - Employment and working conditions
 - Social safety network/support
 - Tobacco Use
 - Transportation
 - Medication- compliance, cost, side effects
 - Financial need
 - Lack of understanding
 - Insurance
 - Adverse effects
 - Not assessed at today's visit
 - Other (option to free text)

h. You can click on the Care Plan table of contents to jump directly to that area.

Adult Inpatient Plan of Care

- Adult Inpatient Plan of Care
 - Plan of Care Review
 - Patient-Specific Goal (Individualization)
 - Absence of Hospital-Acquired Illness or Injury
 - Interventions
 - Identify and Manage Fall Risk
 - Assess patient/caregiver knowledge
 - Prevent VTE (venous thromboembolism)
 - Prevent Infection
 - Optimal Comfort and Wellbeing
 - Interventions
 - Monitor Pain and Promote Comfort
 - Provide Person-Centered Care
 - Readiness for Transition of Care
 - Interventions
 - Mutually Develop Transition Plan
 - Rounds/Family Conference
- Pneumonia (Adult/Obstetrics)
 - Fluid Imbalance (Pneumonia)
 - Fluid Balance
 - Interventions
 - Monitor and Manage Fluid Balance
 - Infection (Pneumonia)
 - Resolution of Infection Signs/Symptoms
 - Interventions

E. Behavior Health

- OP Care plans will have list to choose from for reasons preventing goal completion (see Screen shot above)
- All BH inpatient episodes will auto close for inpatients day after discharge.
- Icons show for medications for BH in AVS

Behavioral Health AVS (Transition Record) Not selected to print

Skin Integrity, Impaired (Non Pressure Related)

Medications

Based on the information you provided to us as well as any changes during this visit, the following is your updated medication list. Compare this with your prescription bottles at home. If you have any questions or concerns, contact your primary care physician's office.

Your Medications List

START taking these medications until otherwise directed

Medication	Instructions
oxyCODONE-acetaminophen 10-325 mg per tablet Quantity: 20 tablet Refills: 0 Dose: 1 tablet Commonly known as: PERCOCET	Take one tablet by mouth every 6 (six) hours as needed for Pain.
warfarin sodium 5 mg tablet Quantity: 30 tablet Refills: 0 Commonly known as: COUMADIN	1/2 to 2 tablets daily as directed by physician, refer to most recent anticoag encounter for current dosing
warfarin sodium 5 mg tablet Quantity: 30 tablet Refills: 0 Dose: 5 mg Commonly known as: COUMADIN, JANTOVEN	Take one tablet (5 mg total) by mouth daily.

ASK your doctor about these medications

aspirin 81 mg chewable tablet Refills: 0 Dose: 81 mg	Chew 81 mg by mouth daily.
carvedilol 12.5 mg tablet Refills: 0 Dose: 12.5 mg Commonly known as: COREG	Take 12.5 mg by mouth 2 (two) times daily with meals.
docusate sodium capsule Refills: 0 Dose: 100 mg Commonly known as: Docusate Sodium	Take 100 mg by mouth 2 (two) times daily.
metFORMIN 750 MG 24 hr tablet Refills: 0 Dose: 750 mg Commonly known as: GLUCOPHAGE-XR	Take 750 mg by mouth with breakfast.

ASK your doctor about these medications

ciprofloxacin 500 mg tablet Quantity: 20 tablet Refills: 0 Dose: 500 mg Commonly known as: CIPRO Ask about: Should I take this medication?	Take one tablet (500 mg total) by mouth 2 (two) times daily.
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Enabling icons. Icons only appear for Start, Change, Stop, and Ask. This is true for the Non-BH 2017 AVS .

F. Chart Review

a. New report called Lifetime

- Clinicians can access Lifetime from buttons in Chart Review and Synopsis (both in inpatient and outpatient settings).

The screenshot shows the 'Chart Review' interface with a top navigation bar containing 'Encounters', 'Labs', 'Imaging', 'Procedures', 'ECG', 'Other Orders', 'Medications', 'Episodes', 'Letters', 'Notes', and 'Misc Reports'. The 'Lifetime' button is circled in red. The main window displays a 'Lifetime' chart for a patient with 'Essential hypertension'. A detailed report is open over the chart, showing a description of the condition, a list of current medications (including Lisinopril), and a table of relevant lab results.

Result Name	Result Value	Most recent result date
HDL Range: 40-100	43 MG/DL	11/5/18
LDL	164 mg/dL	11/5/18
TRIGLYCERIDES Range: 50-150	167 mg/dL	11/5/18

- Additional details display in descriptive hover bubbles, and quickly view a detailed report.
- Clinicians can also jump to relevant areas of the chart

- Clinicians can zoom in on specific time periods. Information viewed can be displayed by months, weeks, days or hours.

The screenshots show the 'Lifetime' chart at different zoom levels. The first shows a monthly view for 2018 and 2019. The second shows a weekly view for 2019. The third shows a daily view for 2019, with a time line at the bottom.

- Clinician can control their view by clicking on the bar at the top of the screen or manually zooming in or out using the Time Line located at the bottom of the screen

The Time Line control bar shows a zoomed-in view of a specific time period, with a blue bar indicating the current view and a time line below it.

- Clinicians can view data from outside sources alongside data in the patient's local chart.

The Events section shows data from outside sources, with a '24m ago' label and a 'On' button circled in red.

G. Secure Chat

a. More prominent notification when receiving Secure chat message

The screenshot shows a chat message notification with the following details:

- Chat Message
- 1454
- 3 New message from Registered Nurse Nhinpatient4, RN
- Show message details
- Open Conversation
- Close Notification

b. Can sign in as busy, not available, available in Secure Chat

By default, users will have no status. They can set themselves as Available, Busy, or Unavailable in a menu above their conversation list or in the Chat Settings Screen. They can specify an end time for their chosen status, or choose to auto-forward their chat messages to a colleague. When they mark themselves with an availability status, an icon appears next to their name to show others their status.

These statuses do not prevent users from getting Secure Chat messages, nor do they prevent push notifications from being sent to these users.

After the specified end time, they are automatically reverted to having no status.

The screenshot shows the 'Secure Chat' interface. On the left, there's a 'Conversations' list with two entries: 'Matthew Grosse' (3 mins) and 'Sharon Jaco' (7 mins). In the center, the 'Availability' section shows options for 'Available', 'Busy', and 'Unavailable'. Below this, there's a 'Until' field with a date and time selector (1h, 2h, 4h, 8h, 12h) and a 'Message' input field. On the right, there's an 'Auto Forward' section with two radio buttons: 'Don't Auto Forward Messages' (selected) and 'Auto Forward Messages'. To the right of the main interface is a smaller 'Secure Chat' window showing a list of conversations with user avatars and names like 'Matthew Grosse' and 'Sharon Jaco'.

c. Can start conversation with whole treatment team

Users can click an icon next to a single provider to quickly start a chat with them:

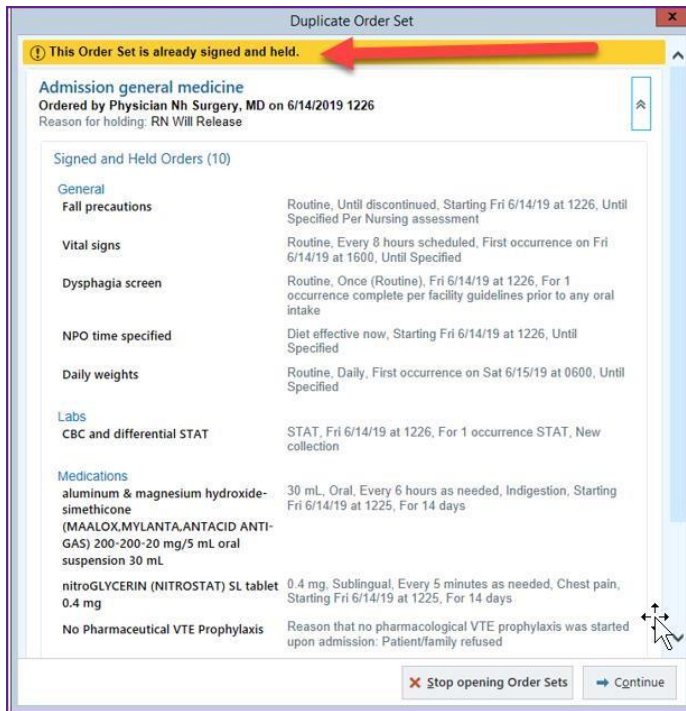
This screenshot shows a 'Treatment Team' list on the left with columns for Provider, Service, Role, and Specialty. A central window displays a detailed view of the 'Treatment Team' with columns for Provider, Service, Role, and Specialty. On the right, there's a 'Chat With All' window showing a user profile for 'Beaker, Chad' (85000003) and a 'To:' field with a dropdown menu showing 'John E Alexander, MD' selected. Below the dropdown is an input field labeled 'Enter recipient or group name'.

Users can also click a link to start a chat with the patient's current treatment team.

This screenshot shows a 'Treatment Team' list on the left with columns for Provider, Service, Role, and Specialty. A central window displays a detailed view of the 'Treatment Team' with columns for Provider, Service, Role, and Specialty. On the right, there's a 'Chat With All' window showing a user profile for 'Beaker, Chad' (85000003) and a 'To:' field with a dropdown menu showing 'John E Alexander, MD' selected. Below the dropdown is an input field labeled 'Enter recipient or group name'.

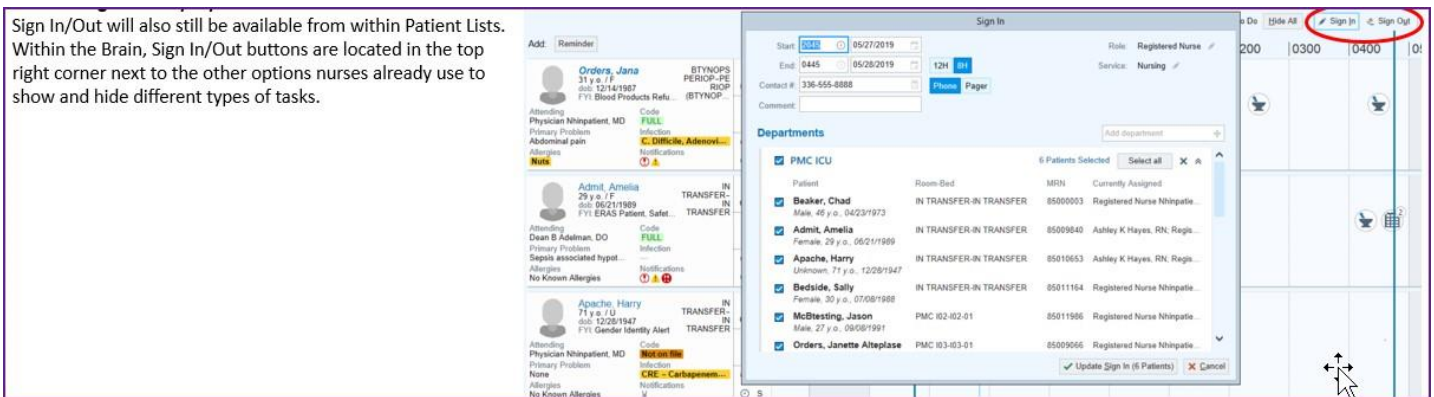
H. Orders

a. If you attempt to enter an order that is already on the chart, in a signed and held state, you will get a warning.

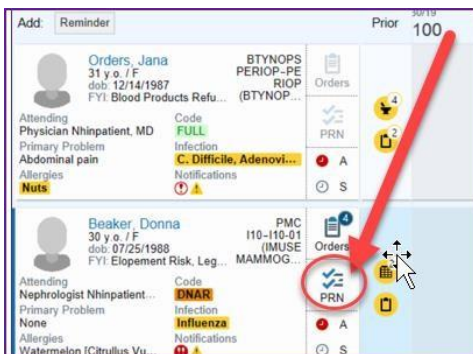


I. Brain

- a. You can Sign In/Sign Out directly from the Brain, providing you are currently signed into at least one patient



- b. There is not a badge count on prn meds any longer



- c. If documentation was misfiled that caused a task to go to the worklist/brain, once that incorrect documentation is removed, the task will be auto removed from the brain/worklist.

Misfiled Flowsheet Documentation:

Task Cancels Automatically:

J. MyChart Bedside

- a. MyChart Mobile app will allow association to their inpatient medical chart, with limited functionality – they will not be able to answer questionnaires, chat, or request things via MyChart Mobile app, but will allow the patient to see things on their chart, such as vitals, medications, notes, and schedules.
- b. My Chart Bedside – new look

- c. MyChart Bedside, will be active in all facilities if the patient brings their own device, and downloads the MyChart Bedside app to their device.

K. Data Validate

You may now validate data one row at a time if desired.

Estimated go live: August 11, 2019
In addition to selecting an interval and time frame, users can now select a specific row or rows of data to validate.
Nurses can now select row/rows to validate data in the Data Validate activity

The screenshot shows the 'Data Validate' window with the following data:

	1930	2000	2030	2100	2130	2200
Vitals						
Heart Rate	98	106	102	100	100	98
Resp	24	48	45	30	37	33
BP						175/80
MAP (mmHg)						109
Oxygen Therapy						
SpO2	88	93	93	92	94	93

Buttons at the bottom: File and Close, File, Close. Selected: 99. This activity will not trigger cascading rows.