

Epic Go-Live Toolkit: **Pod 1 hospitals (AMH, BJSPH, CH, PWH)**



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How to Use This Guide

On December 2, Pod 1 hospitals (AMH, BJSPH, CH, and PWH) will go live on Epic. This document is intended as a reference guide for leadership and hospital staff in preparation for the clinical and operational changes as a result of the upcoming Epic Go-Live.

You are encouraged to review late-breaking clinical updates with providers and staff to ensure awareness ahead of Go-Live. Providers and staff should regularly refer to their Learning Home Dashboard for tip sheets and other communication updates ahead of and during Go-Live. Examples of these topics are included in the Appendix.

Provided in this document are examples of frequently-reported Go-Live issues, how they are communicated to the Command Center, and the support staff in place to help troubleshoot. Also detailed is what to expect after Go-Live, as providers and staff's needs shift from issue resolution to user workflow enhancements.

Thank you for your role and support in ensuring this will be a successful Go-Live.

A message from Rich Liekweg, BJC President

Colleagues,

After months of your hard work, preparation and training, you are now ready to go-live with Epic!

The Epic team has put together this toolkit to help ensure your first few days and weeks after implementation go as smoothly as possible. You'll also have many other resources, including tip sheets, Super Users, at-the-elbow support, and a well-staffed command center to make your Go-Live experience a success.

In the flurry of last-minute preparation and activities, please remember why we are making this change to Epic. Having a single, integrated medical record will help us give our patients the best care possible. Epic will allow better coordination among providers and has many features to enhance patient safety and convenience – all of which will ultimately help us to advance our mission of improving the health and well-being of the people and the communities we serve.

Thank you,



Richard J. Liekweg
President, BJC HealthCare

Pre Go-Live Checklist for Providers

Perform the following housekeeping items for each patient prior to Go-Live.

1. Clean up and discontinue unnecessary active orders
2. Ensure each patient has an Assign Patient Status order
3. Discharge Instructions should not be entered on patients expected to be admitted after December 1
4. Do not transfer patients to other floors on December 1 unless for a higher level of care. Hold transfers until December 2 (Go-Live).

5 Things every Provider Must do for a new Epic Inpatient Admission

1. Reconcile, update and mark as reviewed all allergies, histories, and medications in the Admission Navigator
2. Update and mark as reviewed the Problem List either in the Admission Navigator or the Problem List Activity
3. Review all active orders and co-sign/second sign any outstanding orders in the Orders Activity
4. Review all lab/diagnostic results in either the Chart Review or Results Review Activity
5. Review your In Basket for outstanding items needing your attention

CLINICAL UPDATES

MUST READ before Go-Live!

The following topics were not finalized prior to Provider Training but are essential to know as part of your daily activities. Please read, understand, and follow the topics below.

Code Status Ordering

Order Entry

Overview: When Epic goes live at your facility, the nomenclature of Code Status will change. In current state at community hospitals, Code Status is documented by Code 1, 2, & 3. In future state with Epic, Code Status will be documented by Full Code, Do Not Resuscitate, & Limited Code.

Code Status orders have been included on all Admission/Post-Op order sets, which will allow providers to ensure each patient has an appropriate Code Status.

General Admission: Contains general orders common to most admissions rather than to specific conditions.

General

Admission

Inpatient:

Anticipate greater than or equal 2 midnights consider Admit to Inpatient status, must also meet Medical Necessity.
Inpatient Only Approved Procedures - exempt from 2 midnight benchmark (less than 2 midnight stay may be anticipated).

Outpatient:

Observation - A short term service including ongoing treatment / assessment of patient's condition leading to either discharge or admission as an inpatient
Outpatient in a Bed

Extended Recovery - S/P (Reason for Admission), continue routine post-procedural recovery care (following either diagnostic or outpatient surgery), unexpected event

Ancillary Treatment Room - Planned treatment for (Reason for Admission), such as chemotherapy, transfusion or infusion

OB Triage - A short term service in the obstetrics area for evaluation

SDS: Same Day Surgery does not require a patient status order

- Assign Patient Status
 - Facility: BHC Main Campus
 - Hospital Service: Neurology
 - Patient Status: Inpatient >= 2 Midnights

Code Status

- Full Code
- Do Not Resuscitate
- Limited Code

Once a Code Status order has been selected, the provider see an [explanation](#) of

can

the new policy by viewing the Process Instructions (red box on the above screenshot) which can be observed by opening the order. These Process Instructions will be the same for all 3 Code Status orders.

Priority-Based Pain Medication

Note: This is a significant change from historical workflow!

When Epic goes live at your facility, providers will be required to follow a different process when ordering pain medication. The BJC Pharmacy and Therapeutics Committee made the decision for providers to order **PRN** pain medication using a priority-based (first line, second line, third line) approach as opposed to the current intensity-based (mild, moderate, severe) approach. Priority-based ordering is gaining in popularity nationally, and has already been successfully implemented at St. Louis Children's Hospital. This new ordering approach meets regulatory standards and allows us to promote a consistent strategy for pain management.

Future state ordering example:

Medication A will be ordered as the "1st line for pain."

Medication B will be ordered for the "2nd line for pain," etc.

The first line is given first **every time** when the patient complains of pain. If insufficient pain control has been achieved, the second line agent is then given

If the patient's condition suggests priority based orders will not address the pain, **consultation with the provider** is warranted. Consideration should be given to altering the first line PRN medication, or placing the patient on a routine pain medication rather than only PRN.

Epic will have several standard ordering options using progressive panels of analgesics

- Multi-select scheduled orders and PRN choices

▼ Medications

▼ Analgesics Scheduled

If ordering scheduled acetaminophen, avoid ordering any other acetaminophen containing products. Total daily dose should not exceed 4 gm/day.

NSAIDs should be used with caution in patients:

- with renal impairment
- undergoing anticoagulation therapy
- with cardiovascular risk factors or disease
- with CHF

- acetaminophen (TYLENOL) tablet
1,000 mg, oral, Every 6 hours scheduled Indications: Pain
- NSAID (ibuprofen PO or ketorolac IV) panel
- gabapentin (NEURONTIN) capsule
300 mg, oral, Every 12 hours Indications: Pain

▼ Analgesics PRN

The choice of an alternate opioid to morphine may be prudent in patients with baseline renal impairment or rapidly changing renal function. Although clearance of morphine is similar to patients with normal renal function, glucuronide metabolites (M3G [inactive as an analgesic; may contribute to CNS stimulation] and M6G [active analgesic]) accumulate in renal impairment resulting in increased sensitivity; patients may experience severe and prolonged respiratory depression which may even be delayed.

- Acetaminophen Based Regimens
- HYDROcodone or oxyCODONE Based Regimens
- IV Opioid Based Regimens

- Some panel selections allow for repeat doses before 2nd line opioid is used

○ Progressive Panels oxyCODONE to IV Opioid

oxyCODONE (5 mg) to Morphine (2 mg)

oxyCODONE (5 mg) to HYDROmorphine (0.2 mg)

oxyCODONE (ROXICODONE) tablet 5 mg
5 mg, oral, Every 4 hours PRN, 1st line for pain, Starting Today at 0747
May repeat in 1 hour if pain is uncontrolled or increasing after 1st dose.
Indications: Pain

HYDROmorphine (DILAUDID) injection 0.2 mg
0.2 mg, intravenous, Every 4 hours PRN, 2nd line for pain, Starting Today at 0747
May administer 1 hour after second dose of 1st line analgesic agent for uncontrolled or increasing pain.
Indications: Pain

Frequently Asked Questions (FAQ)

- **If the patient required more intense therapy last time, should I restart with the 1st line agent again?**
 - Yes, the 1st line agent should still be given first and the process started again. This allows for de-escalation of therapy as the patient's condition improves. If a 2nd or 3rd line PRN agent is consistently utilized, contact the prescriber to evaluate/validate the sequence in which medications are prescribed.
- **What if the patient reports a pain score than seems beyond the 1st line therapy?**
 - In this case, the provider should be notified to consider changing the ordered medications. The hope is to minimize this by ordering appropriate 1st line therapy for the patient's anticipated pain and by encouraging more use of foundational analgesia with scheduled medications, when appropriate.
- **When should 2nd or 3rd line agents be given?**
 - Moving to successive agents should happen after the patient has received a medication and continues to have pain on reassessment after the first agent has sufficient time to take effect. For most medications, a reassessment after 30 minutes should be adequate.

- **Will Epic prevent giving the 2nd line medication prior to the 1st line medication?**
 - The PRN order requires starting with the 1st line medication every time.
 - If a patient needs the 2nd line agent outside the parameters of the order, the RN must contact the provider for a new order.

Phases of Care

Phase of Care is how you can indicate when orders should be carried out in the course of a patient's care. Assigning a phase of care to an order or procedure communicates to nursing, pharmacy and other clinicians when the order should be active. It also drives certain functions behind the scenes in Epic. For example, Epic will automatically discontinue orders with some phases of care when a patient transfers out of an area. The Phase of Care also defines when an order will become active: **certain** orders are active immediately and others are **signed and held** and need to be released later.

Common Phases of Care

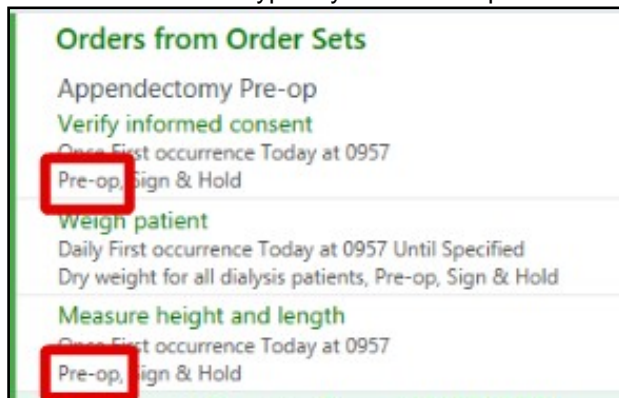
Phases of Care for Perioperative / Procedural Orders

When ordering users place procedural or surgical orders, clinicians have two options for queuing them up:

- **Load Orders From an Order Set**

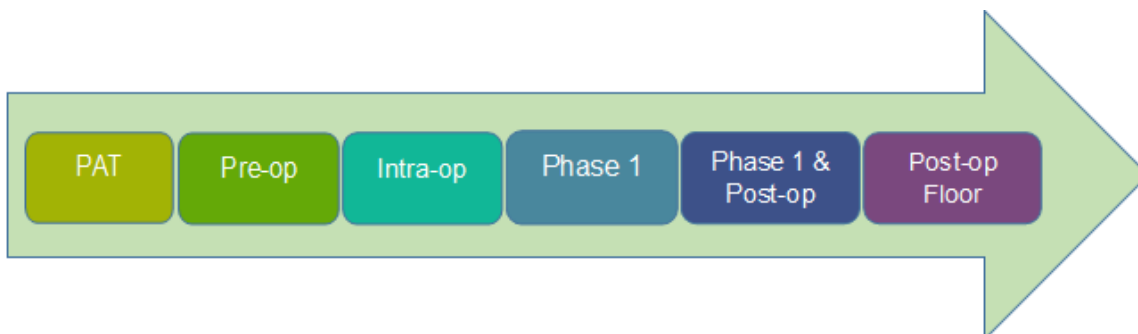
Users can load an order set from the Manage Orders activity, encounters like Prep for Case or Orders Only, or Transfer and Discharge navigators. Orders within order sets already have a Phase of Care assigned to them.

Orders in an order set typically contain the phase of care in the order details.



- **Search for Individual Orders**

Individual orders can also be placed from these tools. However, **orders that are placed outside of an order set are not automatically assigned a phase of care**. If the ordering provider intends for the order to be used in procedural or surgical areas, a Phase of Care should be manually assigned at order entry. Users can select the Options button and choose Phase of Care to load a grid allowing Phase of Care selection. Select the check box for the appropriate phase of care and either **sign** or **sign & hold**.



Note: You can click the plus sign at the top left of the Phase of Care window to select additional phases of

care that are not displayed.

New Orders

diazePAM (VALIUM) injection 2.5 mg
2.5 mg, intravenous, Once, Today at 1500, For 1 dose

Interactions
Providers
Edit Multiple
Phase of Care

Options ▾

Review Phase of Care

Phase of Care +

	Pre-Admission Testing	Pre-Op	Intra-Op	Phase I	Phase I & Post-op Floor	Post-Op/Floor	Sign	Sign & Hold
acetaminophen (TYLENOL) tablet 650 mg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

✓ Accept ✗ Cancel

Benefits to Phases of Care

- Phases of care makes it easier for downstream clinicians to see when orders are intended to be carried out. Epic will organize orders by phases of care to make it easier for users to see orders that pertain to their area.
- Some phases of care will cause orders to discontinue automatically when patients leave a care area. For example, Epic will discontinue orders with a PACU phase of care when the patient is transferred to the floor. This makes order management easier for nurses downstream.
- Many Phases of Care default to Sign and Hold with the intent to be released by nurses or other staff at the appropriate time. Note: A Phase of Care should always be assigned as opposed to just signing and holding because downstream functionality such as auto-discontinuation and routing of medications to the appropriate department depends on it.

Releasing Orders

- Sign and Held orders should be released by the nurse in the receiving department (pre-op would be the periop nurse and post-op the floor nurse). Release should occur after transfer. Here is a screenshot of the Releaser in the Sign and Held filter of the Manage Orders activity available to nurses:

The screenshot displays the Epic Orders management interface. The top navigation bar shows the patient ID 'CSN: 76715' and the current filter 'Signed & Held'. Below the navigation bar, there are tabs for 'Active', 'Signed & Held', 'Home Meds', 'Manage Labs', and 'Order History'. The 'Signed & Held' tab is selected. The interface shows a list of orders categorized by phase of care: 'Signed & Held Orders - Pre-Op (0 orders)', 'Signed & Held Orders - Phase I (0 orders)', 'Signed & Held Orders - Post-Op/Floor (0 orders)', and 'Signed & Held Orders - Pre-Procedure (GI) (1 order)'. The 'Pre-Procedure (GI)' category is expanded, showing a list of orders. The first order is 'Adult NPO Diet Sips with meds', which is checked. The order details include 'Ordered at: 9/18/17 1005', 'Reason for holding: RN Will Release', and 'Diet effective now, Starting Mon 9/18/17 at 1005, Until Specified'. The order is also noted as 'NPO except: Sips with meds' and 'NPO Diet 6 Hours Prior to Exam., Pre-Procedure (GI)'. At the bottom of the order list, there are buttons for 'Select All Pre-Procedure (GI)', 'Release', and 'Save Changes'.

Perioperative Phases of Care

Pre-Admission Testing - Outpatient orders to be performed prior to the procedure during Pre- Admission Testing. These orders are scheduled in the PAT department and released on patient arrival for an ambulatory encounter that can occur days to weeks before surgery.

- Default sign behavior is "Sign."
- Orders auto discontinue after transfer out of Perioperative area.

Preop - Inpatient orders to be performed prior to the procedure, to be released when the patient is in the pre-procedural area day of surgery.

- Default sign behavior is "Sign & Hold."
- Orders auto discontinue after transfer out of Perioperative area.

Preop/Floor - Orders to be performed prior to the procedure by the inpatient/preop nurse.

- Default sign behavior is "Sign."
- Orders auto discontinue after transfer out of Perioperative area.

Intraop - Orders to be performed during the procedure.

- Default sign behavior is "Sign."
- Orders auto discontinue after transfer out of Perioperative area.

Phase 1 - Orders written by anesthesia provider to be performed during the patient's immediate post-procedure/operative care.

- Default sign behavior is "Sign & Hold."
- Orders auto discontinue after transfer out of Perioperative area.

Phase 1 & Post-op floor - Orders normally written by the surgeon to be performed on the floor, can be started in PACU.

- Default sign behavior is "Sign & Hold."

Postop/floor - Orders to be performed after the procedure is done by the inpatient nurse.

- Default sign behavior is "Sign & Hold."

GI Phases of Care

Preop/floor (GI) - Orders to be performed prior to GI procedure.

- Default sign behavior is "Sign."
- Orders auto discontinue after transfer out of Procedural area.

Pre-procedure (GI) - Orders to be performed prior to GI procedure.

- Default sign behavior is "Sign & Hold."
- Orders auto discontinue after transfer out of Procedural area.

Intra-procedure (GI) - Orders to be performed during the GI Procedure.

- Default sign behavior is "Sign."
- Orders auto discontinue after transfer out of Procedural area.

Recovery (GI) - Orders to be performed during the immediate postop care of the GI procedure

- Default sign behavior is "Sign & Hold."
- Orders auto discontinue after transfer out of Procedural area.

Interventional Radiology (IR) Phases of Care

Pre-op/Floor (IR) - Orders to be performed prior to the procedure by the inpatient/preop nurse.

- Default sign behavior is "Sign."

Pre-procedure (IR) - Used for orders to be performed prior to the procedure in interventional radiology areas.

- Default sign behavior is "Sign & Hold."

Intra-procedure (IR) - Used for orders to be performed during the procedure (Inter-op) in Interventional Radiology.

- Default sign behavior is "Sign."

Recovery (IR) - Used for orders to be performed in Recovery areas for interventional radiology exams.

- Default sign behavior is "Sign & Hold."

Interventional Cardiology (CV) Phases of Care

Preop/Floor (CV) - Orders to be performed prior to the procedure by the inpatient/preop nurse.

- Default sign behavior is "Sign."
- Orders auto discontinue after transfer out of Procedural area.

Pre-procedure (CV) - Orders to be performed prior to the procedure in the interventional cardiology areas.

- Default sign behavior is "Sign & Hold."
- Orders auto discontinue after transfer out of Procedural area.

Intra-procedure (CV) - Orders performed during the procedure, all orders given by MD and received verbally.

- Default sign behavior is "Sign."
- Orders auto discontinue after transfer out of Procedural area.

Recovery (CV) - Orders to be performed in the recovery area as post procedural care. (this can be two locations, all outpatients who have received conscious sedation for either Cath/EP will recover in Pre/Post area. Inpatients will recover in their room).

- Default sign behavior is "Sign & Hold."

Lessons Learned from Go-Live

- Assigning the correct phase of care helps assure that orders are available to the correct care area. E.g., An order for a Lab: If no Phase of Care is assigned, the default behavior is Signed, and the order is automatically released immediately, making it an active order for the patient's current care area and therefore not available in the procedural area. If this lab order was meant to be performed in a procedural area, it must have a procedural area Phase of Care, which will make the default behavior Signed & Held. The order will then be released by the nurse in the procedural area.

Discharge Medication Reconciliation Efficiencies

Performing a Discharge Medication Reconciliation can be overwhelming especially when you are treating a patient with a large list of Home Medications. This guide is meant to highlight the tools Epic has to make Medication Reconciliation quicker and easier for providers. Although you may approach this differently, the Epic1 recommended workflow is the following.

1. Sort the medications by Outpatient and Inpatient. This will organize all outpatient medications for the patient at the top of the screen with any associated inpatient orders (for example if the patient is on aspirin as an outpatient and this was continued inpatient the two orders are grouped together).
2. You should work through each outpatient medication and resume the home medication or prescribe the medication if the patient needs a new Rx. If the sig for the drug is changing you can either modify the outpatient order or write a new Rx from the inpatient order. Once you either act on the inpatient or outpatient order for a drug, Epic will automatically stop the other orders to save you clicks.
3. Once you've worked through all your outpatient orders, you can manage the isolated inpatient orders. Most of these orders you will not continue unless they are a new medication you started during this admission. We recommend going through this list and clicking prescribe on the medications you want the patient to continue.
4. Once you've addressed these medications, you can click the "Mark unreconciled DON'T PRESCRIBE" to mark all the remaining medications as stopping.
5. We always recommend double checking your work, significant patient safety issues can occur during medication reconciliation and cause harm to patients.

Discharge Orders

Review Home Medications 1. Review Orders for Discharge 2. New Orders 3. Review and Sign

Reconcile Meds for Discharge

Sort by **Outpatient and Inpatient** 1 2 3 Mark Unreconciled RESUME Mark Unreconciled DON'T PRESCRIBE Next

Pharmacy No Pharmacy Selected

Outpatient

- metoprolol (LOPRESSOR) 100 mg tablet
 - Take 50 mg by mouth 2 (two) times a day. Indications: Chronic Heart Failure, hypertension, Informant: Mother, Last Dose: Not Recorded
 - Similar To
 - metoprolol (LOPRESSOR) tablet 25 mg
 - 25 mg, oral, Daily, First dose on Sun 8/27/17 at 0900
 - Dose changed from "50 mg" to "25 mg". Frequency changed from "2 times daily" to "Daily".
 - metoprolol (LOPRESSOR) tablet 12.5 mg
 - 12.5 mg, oral, Daily, First dose on Sun 8/27/17 at 0900
 - Dose changed from "50 mg" to "12.5 mg". Frequency changed from "2 times daily" to "Daily".
- omeprazole-sodium bicarbonate (ZEGERID) 40-1.1 mg-gram per capsule
 - Take 1 capsule by mouth daily before breakfast. Last Dose: Not Recorded

Inpatient

- acetaminophen (TYLENOL) 160 mg/5 mL (5 mL) oral solution 160 mg
 - 160 mg, feeding tube, Once, Mon 5/8/17 at 1345, For 1 dose
- HYDROMORPHONE (PF) syringe 1 mg
 - 1 mg, Injection, at 0.1 mL/hr, Once, Mon 5/8/17 at 1345, For 1 dose
- morphine cassette
 - Basal Rate: 0 mg/hr
 - Patient Bolus Dose: 1 mg
 - Lockout Interval: 10 Minutes
 - One Hour Dose Limit: 6 mg
 - intravenous, Continuous, Starting Mon 5/8/17 at 1345
 - Indications: Pain
- naloxone (NARCAN) injection 0.04-0.4 mg
 - 0.04-0.4 mg, intravenous, Every 10 min PRN, other, excessive sedation/respiratory depression, Starttime Mon 5/8/17 at 1304.

4 Find Orders Needing Reconciliation Cancel

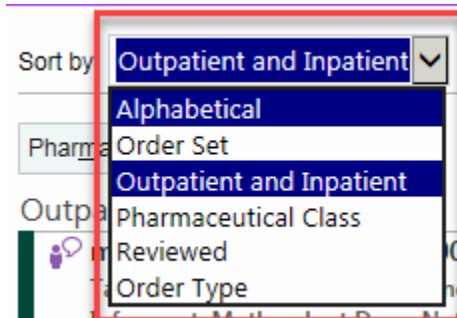
Previous Next

Orders Need Reconciliation 5

Needs review for Discharge

- acetaminophen (TYLENOL) 160 mg/5 mL (5 mL) oral solution 160 mg
- HYDROMORPHONE (PF) syringe 1 mg
- metoprolol (LOPRESSOR) 100 mg tablet
- metoprolol (LOPRESSOR) tablet 12.5 mg
- metoprolol (LOPRESSOR) tablet 25 mg
- morphine cassette
- naloxone (NARCAN) injection 0.04-0.4 mg
- omeprazole-sodium bicarbonate (ZEGERID) 40-1.1 mg-gram per capsule

- The "Sort By" drop down will allow you to sort your orders in a more meaningful way that makes reconciliation flow better for you. Available sort options are :



- The "Mark Unreconciled Resume" button will automatically mark the previous Home Medication as **Resume** and will mark the Inpatient version of the Home Medication as **Don't Prescribe** that have not yet been reconciled.

Sort by **Outpatient and Inpatient** 1 2 3 Mark Unreconciled RESUME Mark Unreconciled DON'T PRESCRIBE Next

Pharmacy No Pharmacy Selected

Outpatient

- metoprolol (LOPRESSOR) 100 mg tablet
 - Take 50 mg by mouth 2 (two) times a day. Indications: Chronic Heart Failure, hypertension, Informant: Mother, Last Dose: Not Recorded
 - Similar To
 - metoprolol (LOPRESSOR) tablet 25 mg
 - 25 mg, oral, Daily, First dose on Sun 8/27/17 at 0900
 - Dose changed from "50 mg" to "25 mg". Frequency changed from "2 times daily" to "Daily".
 - metoprolol (LOPRESSOR) tablet 12.5 mg
 - 12.5 mg, oral, Daily, First dose on Sun 8/27/17 at 0900
 - Dose changed from "50 mg" to "12.5 mg". Frequency changed from "2 times daily" to "Daily".

Modify / New Prescription **Resume** Stop Taking

Prescribe **Don't Prescribe**

Prescribe **Don't Prescribe**

- The "Mark Unreconciled DON'T PRESCRIBE" button will then mark the rest of the unaddressed Inpatient orders as **Don't Prescribe**.

Discharge Orders

Review Home Medications

1. Review Orders for Discharge

2. New Orders

3. Review and Sign

Reconcile Meds for Discharge

Sort by: Outpatient and Inpatient

Mark Unreconciled RESUME Mark Unreconciled DON'T PRESCRIBE Next

Similar To

metoprolol (LOPRESSOR) tablet 25 mg
25 mg, oral, Daily, First dose on Sun 8/27/17 at 0900
Dose changed from "50 mg" to "25 mg". Frequency changed from "2 times daily" to "Daily".

Prescribe Don't Prescribe

Similar To

metoprolol (LOPRESSOR) tablet 12.5 mg
12.5 mg, oral, Daily, First dose on Sun 8/27/17 at 0900
Dose changed from "50 mg" to "12.5 mg". Frequency changed from "2 times daily" to "Daily".

Prescribe Don't Prescribe

omeprazole-sodium bicarbonate (ZEGERID) 40-1.1 mg-gram per capsule
Take 1 capsule by mouth daily before breakfast. Last Dose: Not Recorded

Modify / New Prescription Resume Stop Taking

Inpatient

acetaminophen (TYLENOL) 160 mg/5 mL (5 mL) oral solution 160 mg
160 mg, feeding tube, Once, Mon 5/8/17 at 1345, For 1 dose

Prescribe Don't Prescribe

HYDROmorphone (PF) syringe 1 mg
1 mg, Injection, at 0.1 mL/hr, Once, Mon 5/8/17 at 1345, For 1 dose

Prescribe Don't Prescribe

morphine cassette
Basal Rate: 0 mg/hr

Prescribe Don't Prescribe

- The "Find Orders Needing Reconciliation" button will allow you to quickly find and skip to, any unaddressed orders.

Find Orders Needing Reconciliation

- The "Orders Need Reconciliation" banner will remain **red** until all orders have been reconciled. Once all orders have been reconciled the banner will change colors to **green** and say "All Orders Reviewed".

All Orders Reviewed

Resume on Discharge

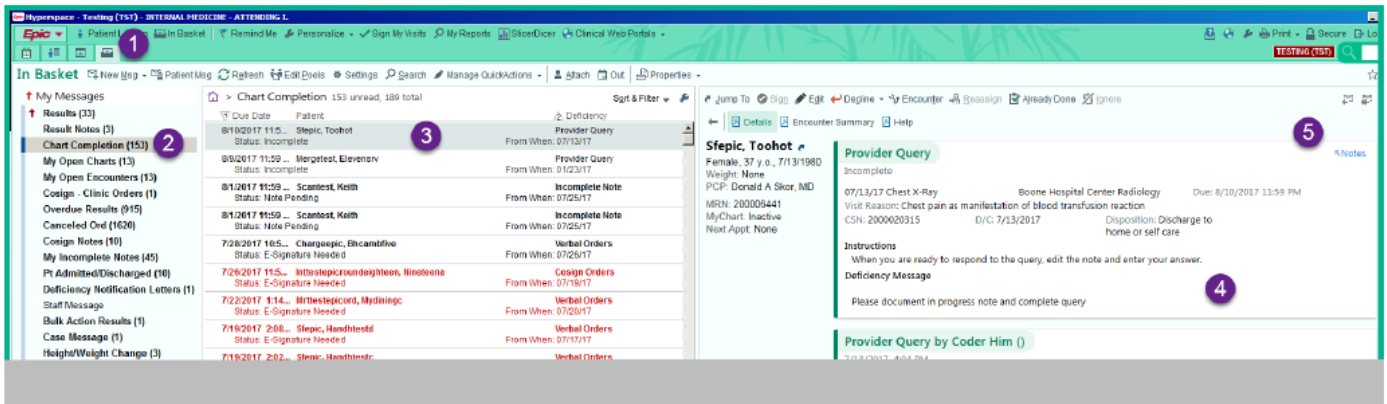
metoprolol (LOPRESSOR) 100 mg tablet
omeprazole-sodium bicarbonate (ZEGERID) 40-1.1 mg-gram per capsule

Don't Order on Discharge

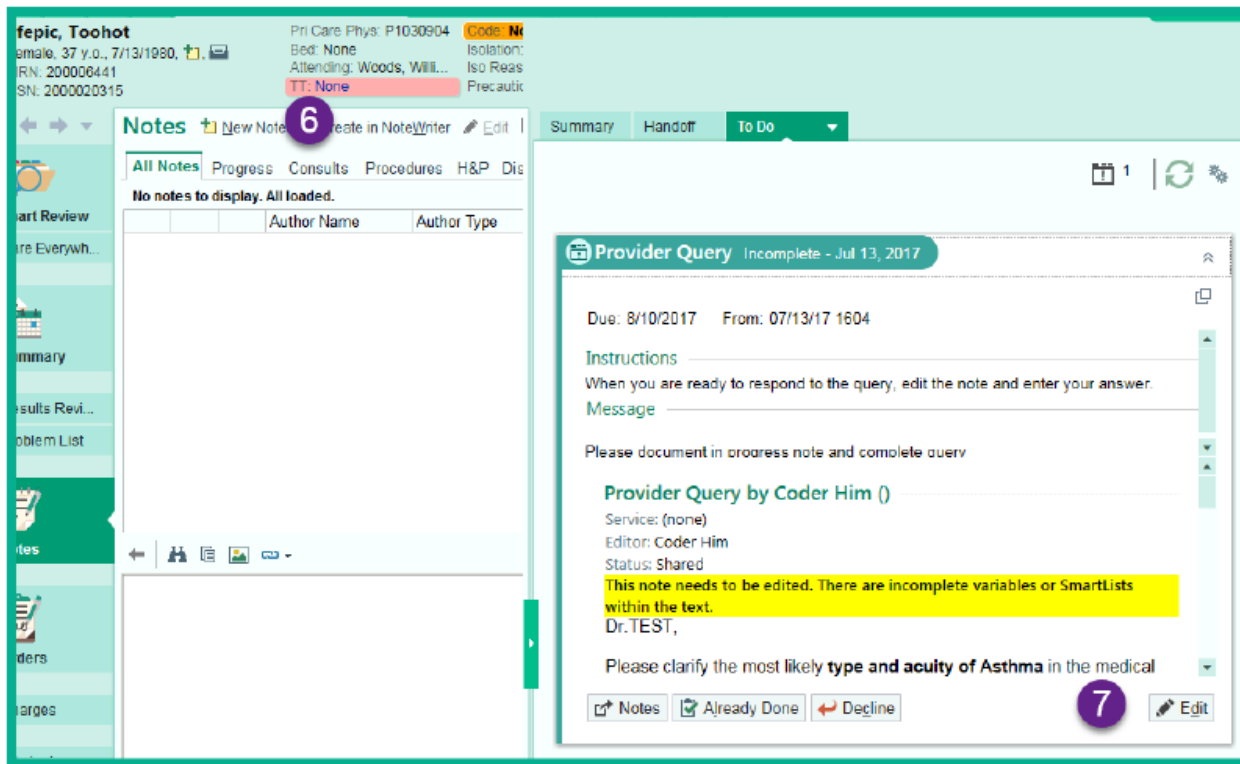
acetaminophen (TYLENOL) 160 mg/5 mL (5 mL) oral solution 160 mg
HYDROmorphone (PF) syringe 1 mg
metoprolol (LOPRESSOR) tablet 12.5 mg
metoprolol (LOPRESSOR) tablet 25 mg
morphine cassette
naloxone (NARCAN) injection 0.04-0.4 mg

Completing a CDI Provider Query

- Click the **In Basket** tab located under the **Epic** button
- Click the **Chart Completion** folder
- Click once on the **Provider Query** message once to display it in the display window
- Find instructions in the body of the query
- Jump to the **Notes** activity



6. Click **New Note** to create a progress note to document on the patient's chart
7. After documenting in the record, click the **Edit** button on the query



8. Press F2 to jump to any wildcards that need to be filled out
9. Click **Sign**
10. Close the patient's chart to return to your In Basket

Order Entry Workflows

Orders entered on behalf of the provider, faxed orders, TO/VO Orders

1. If the provider has access to Hyperspace from their office, they are encouraged to enter pre-procedure/direct admission/diagnostic exam orders into Epic themselves.
2. If the provider chooses not to enter orders themselves, their office staff can do this on their behalf.
 - These orders **will** require **Second Sign** before they are **active**. To **Second Sign** orders, the **Provider will** need to go to their **In Basket**.
 - This will require **mandatory training** in order to provide **security access** for office staff to enter orders on the **Provider's** behalf
3. If the provider chooses not to enter orders for themselves nor by their staff, then they can fax signed paper pre-procedure/direct admission orders to the hospital. This method will sunset as staff get trained and providers become more familiar with Epic. It is still being determined if paper diagnostic exam orders will ever sunset.
 - For faxed/paper orders

- Faxed/paper treatment/care orders will be transcribed by licensed clinical staff into Epic.
- Faxed/paper medication orders will be scanned to the pharmacy for pharmacist transcription or licensed clinical staff will transcribe into Epic.
- * These orders will **not** require Second Sign

Inpatient Electronic Order Entry Expectation

- Providers will be expected to enter ALL inpatient orders once the patient presents to the hospital.
 - This includes Post-Op orders.
 - “Telephone/verbal orders with read-back are allowed in defined cases such as emergency situations, during a surgery/procedure, or when the provider does not have **ready** access to a computer for system access. It will be up to each site’s MEC to enforce by each use case.”

Case Request

Scheduling a patient in a procedural area (OR, GI, Cath Lab, Pain Management)

- The Case Request order transmits the request to perform a specific procedure in a procedural area to the scheduler.
 - Ex: Dr. Bones will order a case request on Susan Smith to perform a Right Hip Arthroplasty in 2 weeks at the MBMC OR.
- The Case Request will also capture the providers preference card when they are entering the desired procedure.
- If the requested date/time are unavailable, the provider/office will be contacted by the scheduler.

The screenshot shows the 'Case Request operating room' form. At the top right, there are 'Accept' and 'Cancel' buttons. The form is divided into several sections:

- Header:** Provider, Location, Procedure Date, Patient Class.
- Panel 1:** Procedure 1 (Procedure/CPT(R) with a search icon and a 'Possible' checkbox, Procedure description, Laterality (Left, Right, Bilateral, N/A), Anesthesia, Comments (with a 'Click to add text' link), and an 'Add Procedure/CPT(R)' button).
- Postop pain regional request:** A search field for CPT(R) and a list of options: Single shot nerve block as appropriate, Epidural as appropriate, Continuous infusion nerve block as appropriate, Intraoperative IV regional with Dexmedetomidine as appropriate, and No block for postoperative pain.
- Referring Provider:** A search field.
- Pre-op diagnosis:** A search field with a red error icon.
- Add on case?:** A search field and 'No'/'Yes' buttons.
- Pre-op visit required?:** A search field and 'No PAT Needed', 'PAT Screening Call', and 'PAT Appointment' buttons.
- Requested Start Time:** A date/time picker.
- Special needs:** A search field.
- Medical:** A search field and a list of options: AICD, Generator, Metallic Implants/Devices, Pacemaker, Prosthesis, Ventricular Assist Device, Baclofen, Braces, Metal Tracheostomy, Programmable VP Shunt, and Vagal Nerve Stimulator.
- Radiology Needed?:** A search field and 'No'/'Yes' buttons.

How-To Guides

How to Prepare Your Physician for Go-Live

Our goal is to prepare our physicians for Epic Go-Live and the weeks following. These practical tips are focused on physician inpatient documentation options in Epic to aid with your transition and fully optimize and integrate Epic into your practice.

One of the most critical steps in preparing for Go-Live is attending Personalization Labs. Providers are required to attend for approximately one to two hours in order to complete the following:

- Document in Epic's production environment
- Verify provider log-in
- Personalize Preference Lists/Order Sets
- Create macros (Epic terms: SmartPhrases, SmartTexts, dot phrases, etc.)
- Customize toolbars and menus

Providers are encouraged to regularly monitor their Learning Home Dashboard for posted tip sheets and other supplemental information ahead of Go-Live.

Documentation Options

How can physicians document in Epic?

- **Epic SmartTools:** Documentation tools in Epic that speed up documentation through quicker, personalized data entry. **SmartTools** can be used in Epic in any area where the **SmartTools** toolbar appears. **SmartTools** include:
 - **SmartPhrases** – Also referred to as “dot phrases” – typing a period, followed by a few simple keystrokes, such as “.name” or “.age,” for example, pulls in words, sentences and even paragraphs of information, making documentation easier. There are many preconfigured **SmartPhrases** that exist within Epic, and physicians can also create their own. It's especially useful to create custom **SmartPhrases** for those sentences physicians find themselves typing over and over. **SmartPhrases** may also contain **SmartLinks**, which include discrete data within the patient's chart. When summoned with a few keystrokes, **SmartLinks** can bring in a patient's name, age, date of birth, current medications, problem list and more.
 - **SmartLists** – Pick lists embedded within **SmartPhrases** that allow physicians to make quick selections based on the context of their documentation.
 - **SmartText** – Text templates for charting that can include text, **SmartPhrases**, **SmartLists**, and **SmartLinks**. These templates are frequently used to document progress notes. Many preconfigured **SmartTexts** are available, and these can also be customized to meet specific physicians' needs.
- **NoteWriter:** An activity in Epic that allows physicians to use point-and-click functionality for history of present illness, review of systems, and physical exam, generating text (and images, if desired) in the progress note.

Dictation/Speech to Text Options

What dictation options are available for providers?

- In the effort to streamline clinical documentation, the Epic Program, in concert with BJC and Washington University School of Medicine (WUSM) leadership, have selected M*Modal Fluency Direct as the system-wide voice recognition solution to replace Nuance Dragon. Refer to the Appendix for more information on M*Modal and how to complete training.

Immunization and Vaccination	Horizon Clinicals	Discrete	All Active as of 12/1/2017	
History: Medical, Surgical, Family, Social	N/A			History was only converted from NextGen (ambulatory EHR)
Allergies	CDR	Discrete	All Active	Only convert discrete active data
Problems List	N/A	Discrete	All Active as of 12/1/2017	Problems were only converted from NextGen (ambulatory EHR)
Ambulatory Medications	N/A			Medications is only being converted from NextGen (ambulatory EHR)
Infection Control Flag	CDR	Discrete	All Active	Patient Level infections only

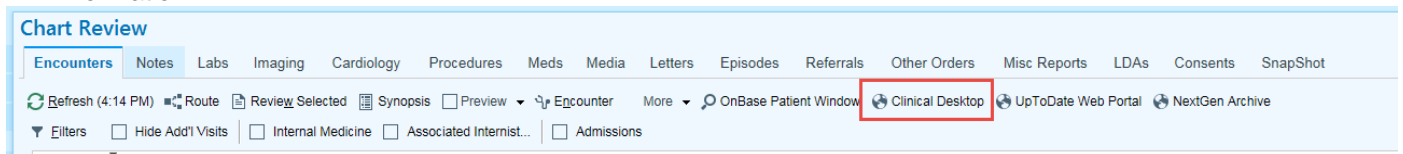
CDR = Clinical Data Repository = ClinDesk
MPF = McKesson Patient Folders (for Advance Directives)

Note:

- Not all ClinDesk data was converted into Epic
- The below table does not include details related to the NextGen data conversion

Historical Data Not Converted

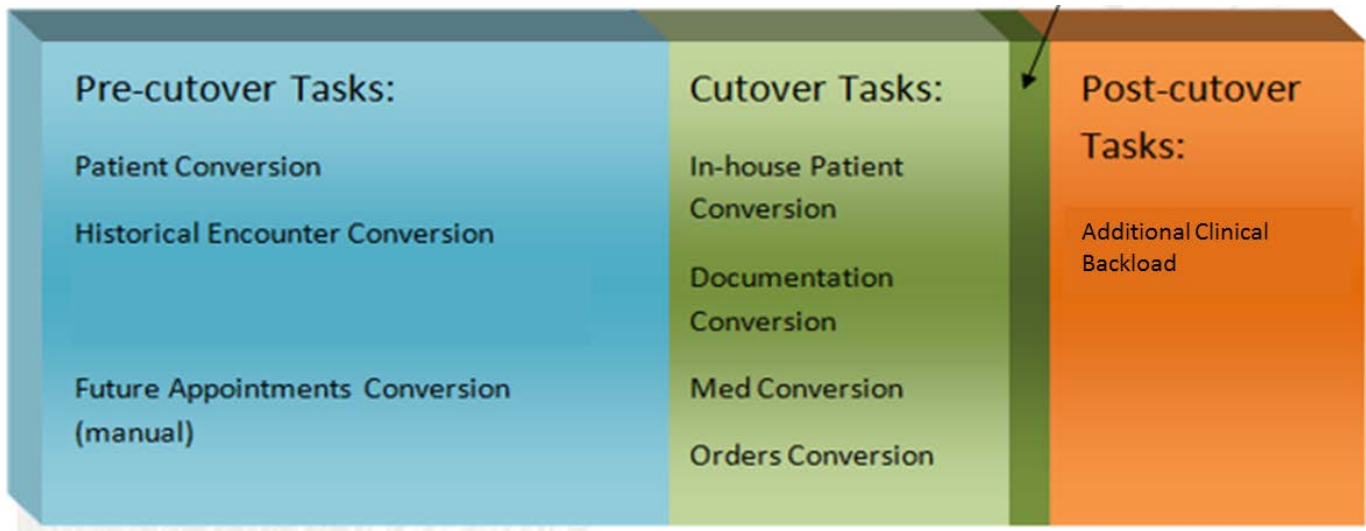
- Current legacy EMR systems will be accessible for view access 3-6 months post Epic Go-Live, with exceptions to certain specialty systems
- Clinical Desktop will remain available at least through 2020
- Historical data will be archived and accessible to the clinicians and physician
- For data not in scope or that may not be loaded yet, users can access ClinDesk in Chart Review for historical information:



System Backload/Cutover

- **Conversion (n.)**- Bringing data over from one system to another.
- **Cutover (n.)** – The period of time it takes to switch users from one system to another.
- **Epic-only instant (n.)** – the moment when the Epic system is made available to **all** end users (“end user go-live”, EOI)

Timeline Strategy



Clinical Backload Logistics

- Reports from HC and HMM for current patients
 - Run reports by units (in specified order)
 - Catch-up reports throughout the day
- Cutover Navigator
 - One-stop-shop for entering backload information
 - Documentation of progress to track completion
- Ordering
 - Attending physician will be physician for all orders
 - Special “Entered During Backload” order source

Post Cutover Clinical Backload

End of Night Shift Checklist

- Confirm and Update Height, Weight, and Allergies
- Enter I&O totals by categories for past 0700-0659
- Acknowledge Orders
- Review and Update Active medication orders
- Entry of Lines, Drains, Airways & Wounds
- Review and Update Code Status
- Update ALL non-medication orders
- OB Mom-Baby Link
- Document medication administration during downtime
- Standard downtime nursing note

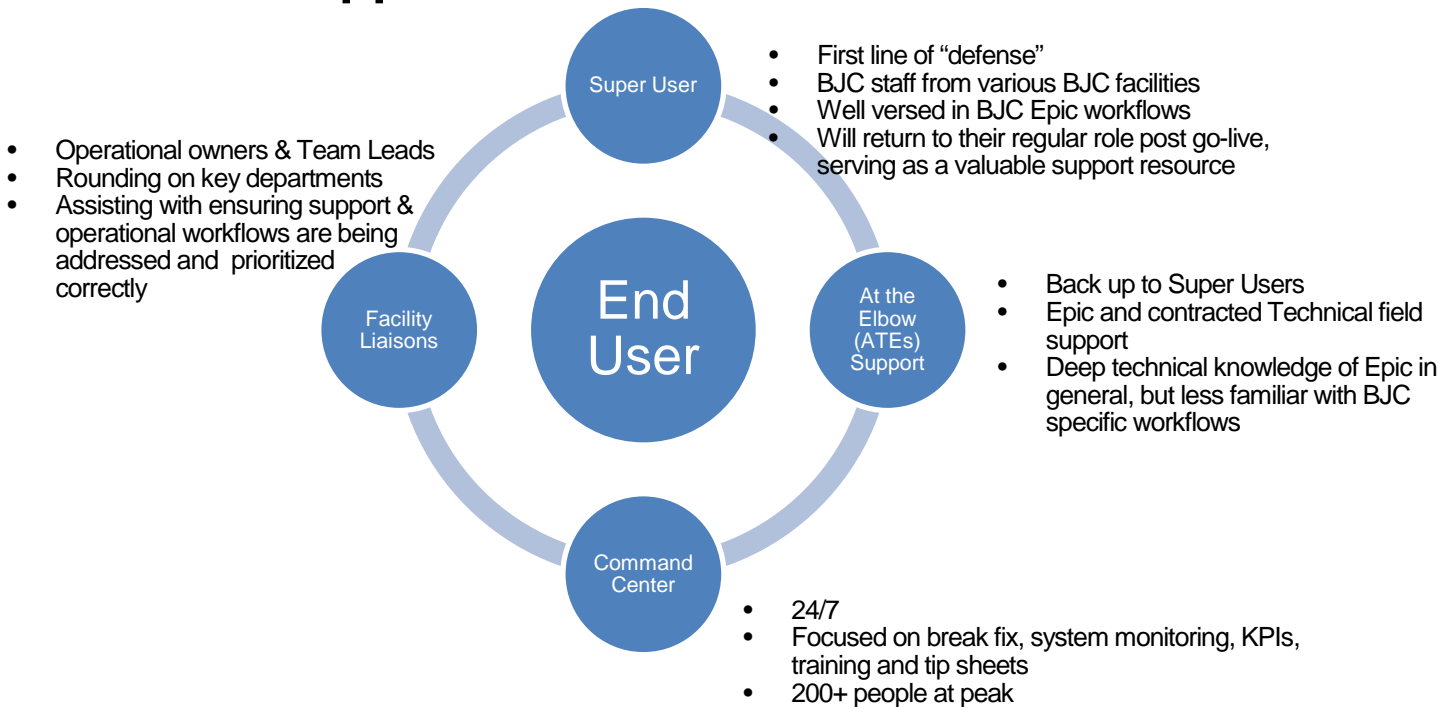
First Day shift Checklist

- Complete Nursing Admission Navigator
- FYI flags
- Care Plans
- Patient Education
- OB Result Console (If not in Epic)
- OB Delivery Summary (Limited Scope- NICU baby)

POD 1 HOSPITAL CUTOVER TIMELINE	
Timing	Activity
Friday, 12/1 7:00 a.m.	- Clinical backload begins at CH

12:00 p.m. 11:59 p.m.	- BJSP, PWH, AMH - Clinical Backload complete
Saturday, 12/2 12:00 a.m.	- Downtime and technical cutover begins
Saturday, 12/2 3:00 a.m. 7:00 a.m. 7:00 p.m.	- Epic Go-Live - First night shift checklist complete - First day shift checklist complete

Go-Live Support Model



- Out of Staffing Super Users are removed from their current clinical role to fully support Epic during Go-Live. They are the first line of defense.
- In Staffing Super Users will support ONLY if available and not treating patients. This team will be a critical part of the ongoing support of Epic in your practice after Go-Live.
- Look for At the Elbow staff and Super User shirts to get the quickest support.
 - Gray – Provider Epic support
 - Blue – All Other (non-provider) Epic support
- 552 Super Users for Pod 1 and around 154 contracted.



HOSPITAL	SUPER USERS	ATE
Alton	109	39
Christian	288	64
Progress West	64	23
St. Peters	91	28

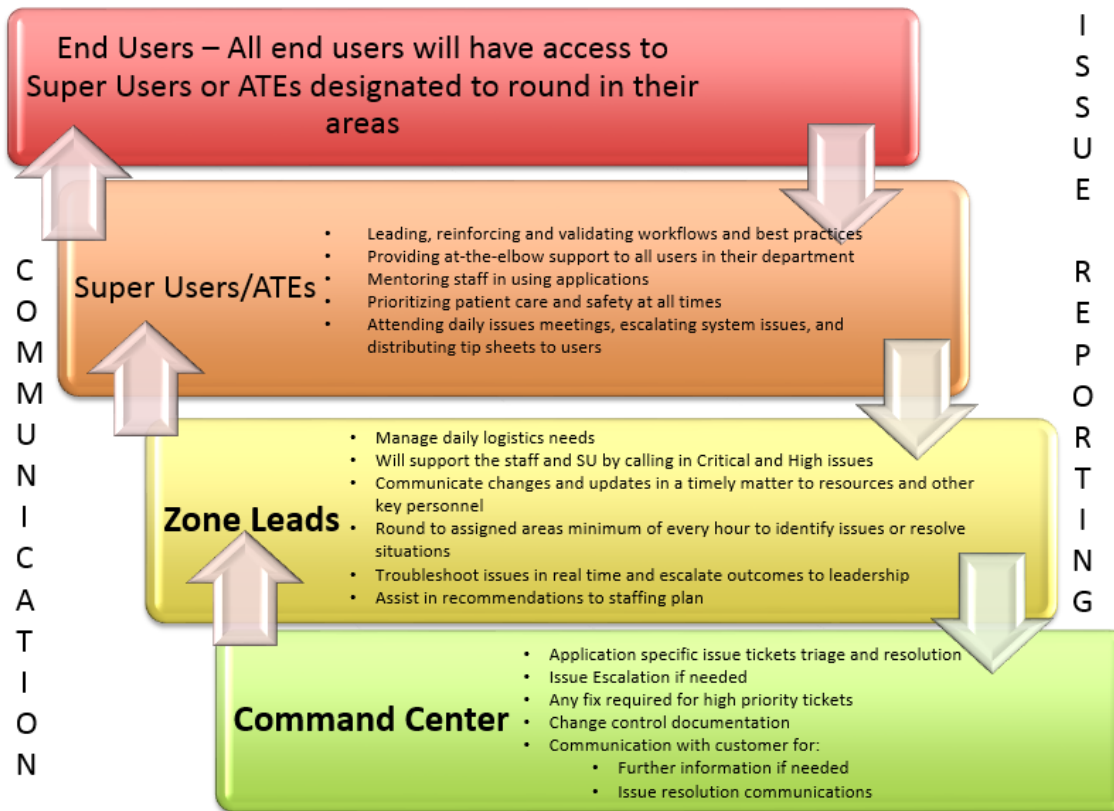
- At the Elbow support staff have been identified and trained. They are:
 - Support for all practices

- Frontline support and frontline representative for Epic in your department.

Super User Responsibilities:

- Help end users resolve issues Consult with HCI Epic Support person if unable to resolve end user concerns
- Escalate unresolved issues to the Command Center
- Attend meetings
- Identify trends and communicate with support leadership.
- Communicate, review any post Go-live updates in department
- Document enhancement suggestions

Key Go-Live Support Roles



Pod 1 Command Center

- Members of the Epic1 (formerly HIP team) and Epic teams will work on the intake, prioritization and resolution of assigned tickets.
- They will appropriately document resolutions and close out requests through communication with users.

Pod 1 Hospital Leadership

- Senior leadership will provide daily support and participate in rounding during the first several weeks of Go-Live.

Trainers

- Trainers will create/update tip sheets to help address any issues that arise at Go-Live and be available in the Command Center for “How To” questions.
- Remember, all tip sheets will be available through the Learning Home Dashboard within Epic Hyperspace. Tip sheets and changes will be communicated through the daily Go-Live newsletter titled “Epic Action Report.” The Command Center staff will notify all ATE support of new tip sheets so they can assist staff with retrieval.

Tip sheets are available under each user’s Learning Home Dashboard in Epic. My Dashboards/Learning Home provides a customized list of tip sheets based on your role.

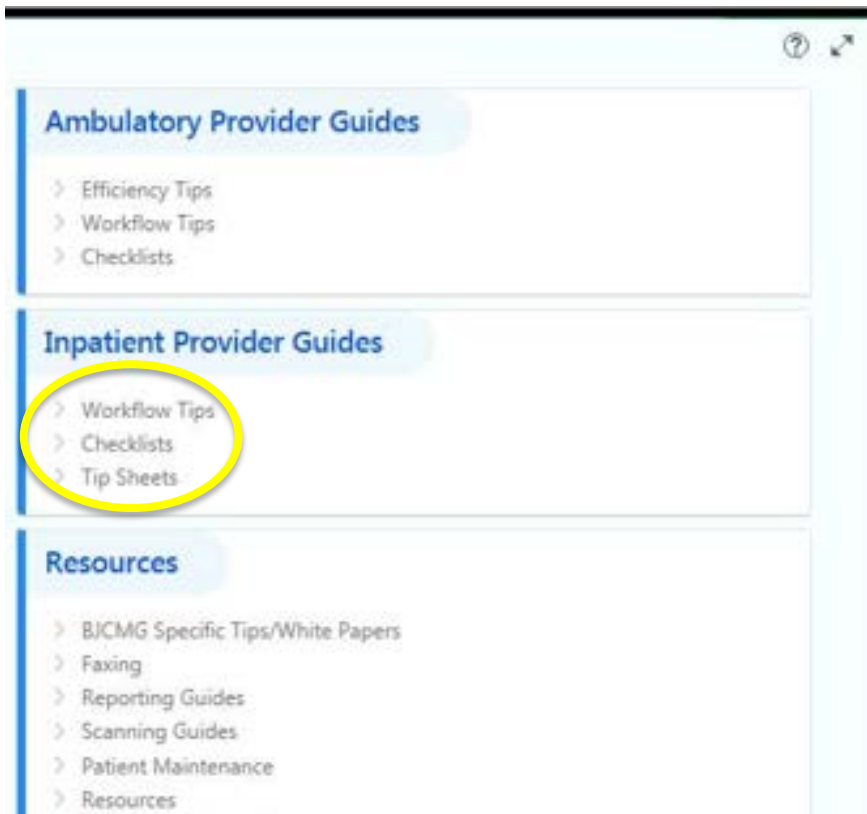
Instructions:

1. Log in to Epic.
2. You have a My Dashboards/Learning Home tab.
3. Look for the ‘icon below’ for the ‘My Dashboards’ (some call it a pie chart, others call it a pac man tab).



4. Then click on the plus sign + (on the left hand side) and select the **Learning Home** to access Quick Start Guides and Tip Sheets.

Clicking on the arrow to the left of Workflow Tips will cascade available tip sheets.



Additional tip sheets will be added during Go-Live and can be found on your Learning Home Dashboard. Support staff will also receive a copy daily. You can also help troubleshoot and avoid many common issues by taking the simple steps below.

Where to Go for Help With Go-Live Issues

Please Follow This Four Step Process

Troubleshoot on your own	1. While in Epic, use My Dashboards/Learning Home
	2. Reference Go-Live Newsletter for FAQs, reminders and tips.
Get help from Super Users or ATE	3. For immediate resolution or to report an issue, talk to your local Super User or At-the-Elbow (ATE) Support Team Member
	4. If your Super User or ATE is not available, escalate to your Manager or Director (Zone Lead) assigned to your area.

Resolving Common Go-Live Issues

Security and Login

Issue(s)	Resolution(s)
I can't log in.	1. NOT COMPLETED TRAINING: You will not have access. Contact your manager who will call the Command Center for instructions on completing Epic training.

	2. COMPLETED TRAINING: Consult your Super User or At-the-Elbow (ATE) support and they can call the Command Center to troubleshoot the issue.
I'm not seeing what I expect when I log in.	<ol style="list-style-type: none"> 1. If you have multiple login departments, be sure you selected the correct one when you logged in to Epic. 2. Ensure you are in Epic Production and not a Playground version of Hyperspace. 3. Consult your Super User or ATE support team member. They can call the Command Center to troubleshoot <p>Helpful tips for quick resolution:</p> <ul style="list-style-type: none"> • Have your BJC-NT or WUSTL ID ready • If there is someone in your department that appears to have the correct access, please provide that user's name • If the issue is patient specific, please have the patient MRN available for the staff in the call center • If the issue is preventing you from doing your job and there is no available workaround, please inform the person taking the call

Printing and Print Routing

Issue(s)	Resolution(s)
Something didn't print where I expected.	<ul style="list-style-type: none"> • You cannot resolve this issue individually. Consult your Super User to troubleshoot and resolve. • Please have the type of document you were trying to print (prescription, lab, AVS, or consent) ready as well as the desired printer name for the Super User. • For assistance with printing your Patient List, refer to the Appendix section of this document.

Accessing Reports

Issue(s)	Resolution(s)
I can't find reports.	<ul style="list-style-type: none"> • Search the Library by selecting the Epic Button>Reports>My Reports. Then select the Library tab. Enter the topic of the report you are looking for in the search field.
I want to run/edit a report.	<ul style="list-style-type: none"> • Select the desired report and click the "Run" or "Edit" icons. • Some staff members do not have Epic security to edit a report. Please report this issue to your direct manager or supervisor who can request and validate the need for your role to be able to edit a report.
I need to save a report to run regularly.	<ul style="list-style-type: none"> • Click the star icon to the left of a report name to save it as one of your favorites that you will see when you access "My Reports."

Refer to the Learning Home Dashboard for a tip sheet on report types and dashboards.

Cutover, Conversion and Data Access

Issue(s)	Resolution(s)
Some historical patient data is incorrect.	<ul style="list-style-type: none"> • You should be able to correct most data issues without support. Physicians should reconcile all converted patient data in Epic upon first patient encounter and update any data that is not accurate.

Can I reconcile medications from a Surescripts interface?	<ul style="list-style-type: none"> • Yes- This can be done by following the same process you would use to reconcile information from CareEverywhere.
Where can I find Neurodiagnostic/Sleep lab results?	<ul style="list-style-type: none"> • They can be found in the Procedures tab of Chart Review.
How will I review EKGS?	<ul style="list-style-type: none"> • EKGS will be interfaced into Epic and you will be able to review them from Chart Review

How Issues Will Be Prioritized and Resolved

How Issues Will Be Prioritized

All issues will be assigned a priority based on data reported from the caller using the criteria listed below. The tickets are reviewed again by a Call Center Lead who will validate priority and assign to the appropriate Epic1 Team support group in Service Now.

Critical

- Major systems outages, physical disasters, entire database outages
- High risk to patient safety with no workaround
- Poses a significant financial risk to organization

High

- High risk to patient safety with a workaround
- Staff workflow impacted where staff can't complete work
- Can't log in

Medium

- Impact to staff workflow but staff can complete work in the system via a workaround

Low Priority

- Staff request changes to workflow/content/optimization

Command Center leadership will report daily on top issues and priorities via the Daily Go-Live Top 10 at 10 Update. Pod 1 Hospital leadership has a chance to validate and comment on prioritization during these calls. Top issues are prioritized using the criteria listed below.

Category	Impact Score	Description	Weight
Patient Safety	3 = Significant Impact	Immediate HIGH RISK patient safety issue with NO WORKAROUND	*1.75
	2 = Moderate Impact	Immediate HIGH RISK patient safety issue with AVAILABLE WORKAROUND	
	1 = Low Impact	Potential LOW RISK patient safety issue with NO WORKAROUND	
	0 = No Impact	No Impact	
Quality of Care	3 = Significant Impact	Immediate HIGH RISK to quality of care issue with NO WORKAROUND	*1.5
	2 = Moderate Impact	Immediate HIGH RISK to quality of care issue with AVAILABLE WORKAROUND	
	1 = Low Impact	Potential LOW RISK to quality of care issue with NO WORKAROUND	
	0 = No Impact	No Impact	
Regulatory Compliance	3 = Significant Impact	Clear CMS or Joint Commission mandate with no exceptions	1
	2 = Moderate Impact	Policy Standard	
	1 = Low Impact	Standard of Care	
	0 = No Impact	No Impact	
Productivity	3 = Significant Impact	Affecting MULTIPLE USERS in HIGH VOLUME area.	1
	2 = Moderate Impact	Affecting LIMITED USER GROUP in HIGH VOLUME area	
	1 = Low Impact	Affecting MULTIPLE USERS in LOW VOLUME area.	
	0 = No Impact	No Impact	
Revenue Impact	3 = Significant Impact	More than \$1M per month	1
	2 = Moderate Impact	Between \$500k and \$1M per month	
	1 = Low Impact	Between \$100k and \$500k per month	
	0 = No Impact	No Impact	
Organizational Impact	3 = Significant Impact	System Wide	1
	2 = Moderate Impact	Multiple Sites / Many Users	
	1 = Low Impact	Multiple Departments / Some Users	
	0 = No Impact	No Impact	

Clinical Content and Workflow Change Requests

In order to provide consistent high quality care across BJC, and to ensure we will be able to maintain our EHR reliably, BJC system and hospital leaders have committed to maintaining an enterprise implementation of Epic. Over the last two+ years, hundreds of BJC physicians, nurses, and other clinical staff came together in a carefully orchestrated process to design our build of Epic. This required a lot of consensus building on the clinical content. BJC won't be able to provide significant site-to-site variations in the Epic build. Fortunately Epic provides a wealth of personalization tools so that providers can have an environment that has been heavily customized to their preferences within the context of this consistent enterprise build.

Getting used to workflows in Epic (which is different in many ways from how they worked in McKesson), and learning to use the personalization tools optimally will take time. During site visits to other health systems, we have heard consistently to minimize changes to clinical content during the Go-Live period, since many changes requested mostly reflect a lack of familiarity with the Epic environment.

There will be items that were simply overlooked during the build phase that will need correcting quickly during Go-Live. Every request for change in clinical content (e.g. order sets, documentation templates, clinical workflows) will be carefully reviewed. We will have BJC patient safety experts in the command center to assess true patient safety issues. Things that are truly broken, content that was overlooked, and patient safety issues will be addressed as quickly as possible. However, most request for clinical content change will be flagged for "optimization." That doesn't mean they will wait until Epic has been rolled out across the system. It does mean those issues will be referred to the appropriate operations or clinical group for assessment to ensure we don't inadvertently undo the two years of careful work in designing a truly enterprise EHR.

How You Will Get Status Updates for Your Issues

- **Opened:** When your issue is reported, you will receive an email notification confirming it has been logged.
- **Working:** Command Center staff will contact you or your Super User if more information is needed to troubleshoot and resolve your issue.
- **Closed:** When your issue is closed, you will receive an automated email notification with brief explanation.
 - **Reopening:** If the same issue continues to occur, you can reopen the problem ticket within 3 days using the link in the email you received when it was closed.

- **Added to Optimization:** This issue will be addressed outside of Go-Live resolution as part of Optimization. You will receive an email notification from ServiceNow.

Widespread issues will be tracked and reported out daily by the Command Center using a daily newsletter titled, “Epic Action Report.” All end users will receive an electronic copy.

How Issues Will Be Reported

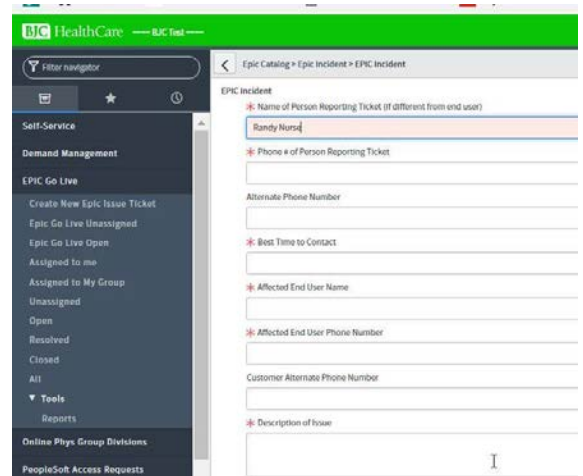
- With operational and project leadership involvement and input
- Executive and operational updates throughout the day:
 - At-The-Elbow/Super User huddles
 - Application/department huddles (Lab, Radiology, ED, Pharmacy, OR, Cardiology, Home Health)
 - Revenue Cycle huddles
 - Executive and leadership updates
 - Daily email newsletter
 - Ad-hoc communication via email for urgent and widespread issues

How and When You Will Hear About Issues

The following methods of communication will be used to keep you informed of key issues during Go-Live.

Super User/At-The-Elbow Feedback

- At-the-Elbow staff (from the HCI company) will have direct communication from the Command Center on widespread and critical issues.
- The onsite support team will be able to assist the staff with solutions and/or timeline of resolution.
- The Command Center team will report back resolutions to all users when issues are resolved via ServiceNow (as shown in image)
 - End user may receive a call back
 - End user will receive an email from ServiceNow



Daily Newsletter

- Distributed by 6:30 p.m. to Pod 1 end users, support staff, and Epic1 team
- Sent by HSO Communications
- Titled “Epic Action Report” with daily Go-Live issues and updates

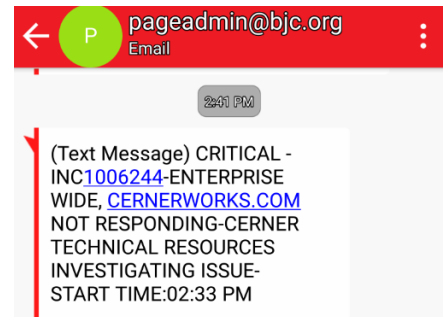


Real-Time Updates from Command Center

- Email updates will be sent for urgent updates from the Command Center (*email subject line is displayed as "Important Epic Update"*) for issues that have broad impact or need to be communicated immediately.
- Email updates will be sent to end users by HSO Communications.

Text Alerts

- End users signed up for text alerts will receive a text update when a P1 issue is submitted and resolved



What to Expect After Go-Live

Week 1 (12/2-12/9)

- Thousands of issues with varying criticality will be reported.
- Issues will be prioritized based on impact (see below).
- You will receive communication whether an issue is in progress, resolved, or marked for Optimization.

Week 2 (12/10-12/16)

- Issues will grow in complexity.
- Command Center still staffed appropriately to address "How To" Questions and "Quick Wins."

Weeks 3-4 (12/17-12/23)

- Your comfort level using Epic will increase and operations will begin to return to normal.
- At-the-Elbow support will be reduced.
- Most critical/immediate issues will have been resolved and the focus will shift to making changes that help improve and enhance user workflows and efficiencies.

Weeks 4+

- Operations return to normal.
- Please report any issues directly to the Customer Service Center (Help Desk) at 573-815-3801.

What to Know In Case Of Downtime

Epic Downtime Processes

Epic Business Continuity Access (BCA) is Epic's functionality to ensure access to information that is most critical for patient care in the event of downtime.

There is a BCA PC in each patient care area

- Identified with red keyboard
- Will run on emergency power
- Connected to a local printer
- Has the BCA PC application installed
- Locally stores pre-defined reports
- Reports can be printed by clinicians to continue patient care
- Outpatient locations typically have one BCA PC per department
- Inpatient locations have one or two BCA PCs per unit

BCA Web

- Read-only environment
- User IDs and passwords the same as Epic
- Secure, web-based utility enabling identified users to log in and access BCA reports during downtime
- Accessible from a workstation that has a browser and a connection to the internal network
- A centralized mechanism to view and print BCA reports without crowding over individual PCs
- Works in conjunction with the regular BCA Reporting functionality

Supports Read-Only (SRO)

- Will be used during the Production Downtime Schedule listed below
- Allows users access to Hyperspace in read-only mode during a production server downtime
- Uses a shadow server, which is near-real-time copy of production (it will only be as up to date as production when it went down)
- Will be used during planned downtimes when the production server is not available, but the network, server and power all are unaffected
- Used often times during Epic upgrades

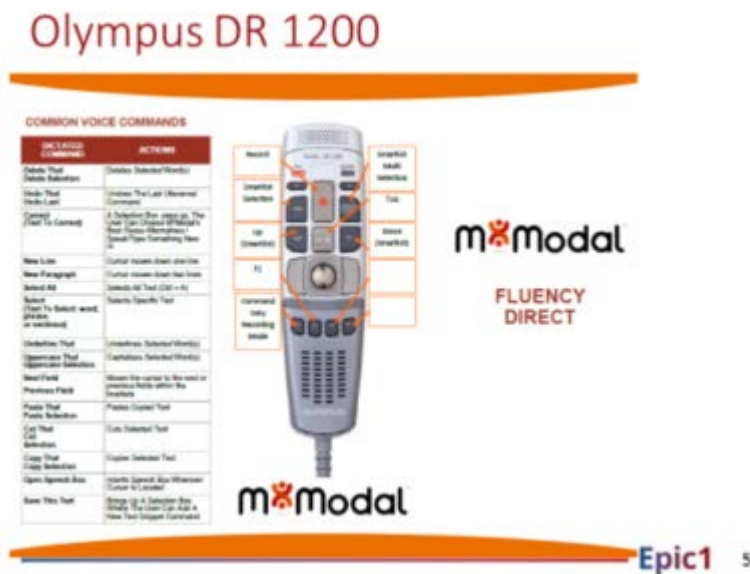
Appendix

M*Modal

As the new voice dictation tool, M*Modal will enable BJC HealthCare and physician partners at WUSM to streamline clinical documentation workflows across the enterprise and enable clinicians to document directly and accurately in their current EHR systems using M*Modal's proprietary Front End Speech Recognition technology.

As each organization begins to migrate to Epic, physicians will be able to easily continue creating complete and compliant notes using the M*Modal advanced documentation system for a smooth transition as well as optimized physician efficiency and satisfaction.

Additionally, Providers can download the Fluency Mobile application on their cell phones to quickly dictate important patient information straight from their mobile device, review audio recording, send to transcription, and review transcribed document, edit/sign documents and more.



[Download this image \(PDF, 236 KB\)](#)

M*Modal classes are now available in Saba (www.bjclearn.org) and began on 11/7/17 for Pod 1 providers.

The M*Modal Fluency Direct class has been added to all provider roles in Saba, but this is an OPTIONAL class and is NOT required for Epic access. The class has been added to Epic curriculum so providers (and those assisting providers with registration) do not have to search for this class in Saba. Classroom training is 60 minutes and, while not required for Epic access, is required for providers who will use M*Modal. The class will also cover use of the M*Modal appl. MSO and CIS are contacting providers for assistance with signup.

- Helpful hints when registering in Saba:
 - After you access Saba, please log into the appropriate site:
 - BJC Employees – use the Green Saba button
 - Contractors – use the Grey Saba Live button



Use Epic on Your Mobile Device: Haiku and Canto

Haiku: Epic's mobile application for [smartphones](#). You can view I&O, trending, vitals and results; take pictures; write orders, and more. Haiku is available for iPhone and Android devices. You can e-scribe with this application.

Canto: Epic's mobile application for [iPad](#).

Haiku/Canto Mobile Enrollment:

Prerequisites

- User profile in Epic must be set to allow Haiku/Canto access (based on user role in Epic)
- (Optional) Users wanting to have AirWatch manage Haiku/Canto updates automatically will need to enroll in AirWatch.

NOTE: While AirWatch is not required, if you use M*Modal Fluency Direct Mobile Mic for dictation it is strongly recommended to ensure your device is on the production network. Using the Guest network is unreliable at best when using the Mobile Mic. The Guest network is sufficient for Haiku/Canto usage, unless you are dictating via these apps as well.

Meeting these prerequisites will allow you to configure your mobile device to access the BJC Healthcare and Washington University School of Medicine instance of the Epic Haiku and Epic Canto applications. This tool will allow you register the following:

- 1 iPad/user with Canto
- 1 iPhone or Android/user with Haiku

If you register a second device of the same type and application, it will replace the existing device and access on the existing device will be removed.

Configuration

AirWatch will automatically prompt to install Haiku/Canto based on the security group you are added to. Accept the installation before proceeding with the steps outlined below. Non-AirWatch users will need to install the app from the App Store or Play Store. NOTE: Canto will only install on an iPad. Haiku can be installed on an iPad, iPhone, or Android device. To begin configuration, open the app you want to configure (Haiku or Canto).

Step 1

Click on "No environment configured"



Step 2

Click on "Identifier" (You may need to hide the keyboard if it popped up)



Step 3

Click "Copy" to copy the Install Identifier to your copy/paste buffer



Step 4

Open your browser to <http://mobileenroll.bjc.org>
Login with your BJC-NT or WUSTLkey account (drop down)



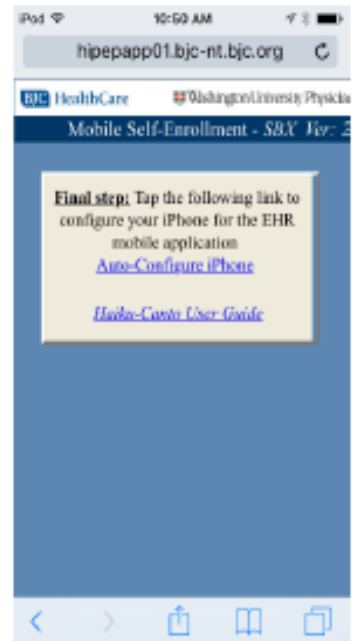
Step 5

Paste your previously copied Install ID.
Verify the device ownership and type before submitting



Step 6

Click on "Auto Configure" link



Step 7

Click on "Production"



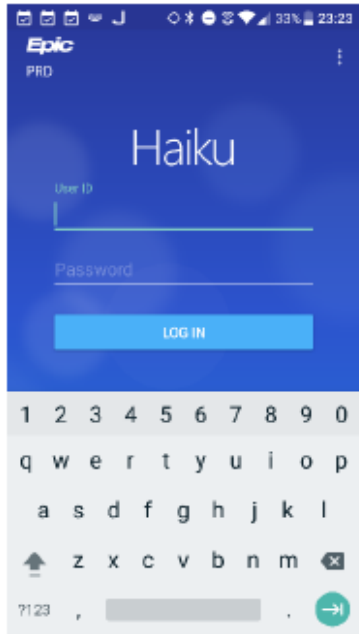
Step 8



Finding the Install ID on Android Phones

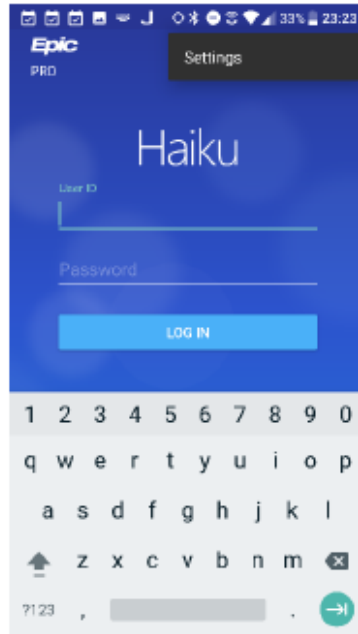
Step 1

Click on the Menu dots on the right



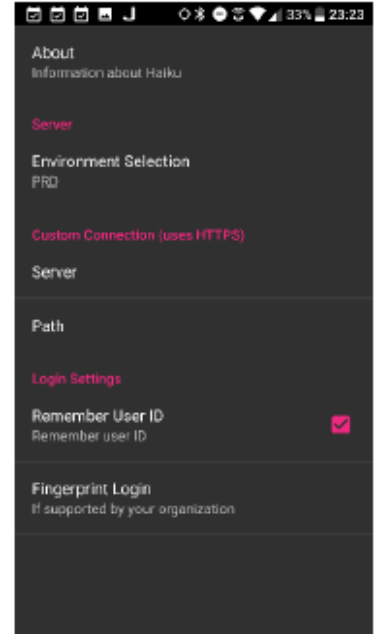
Step 2

Click on "Settings"



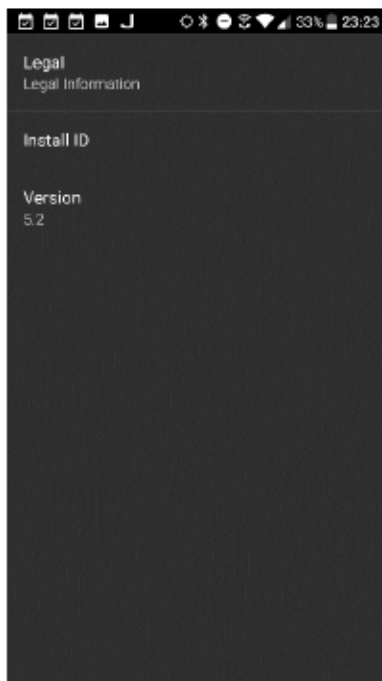
Step 3

Tap the "About" option



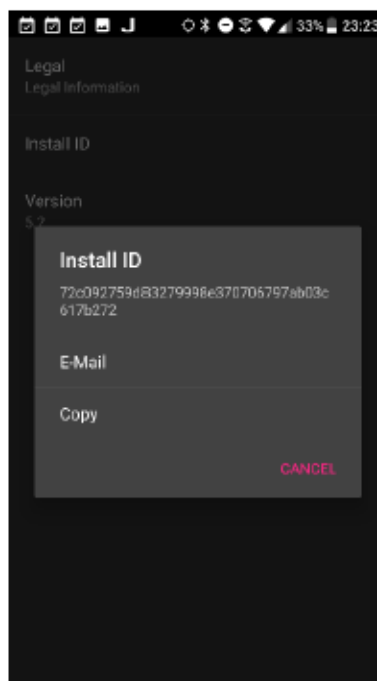
Step 4

Click on the "Install ID" option



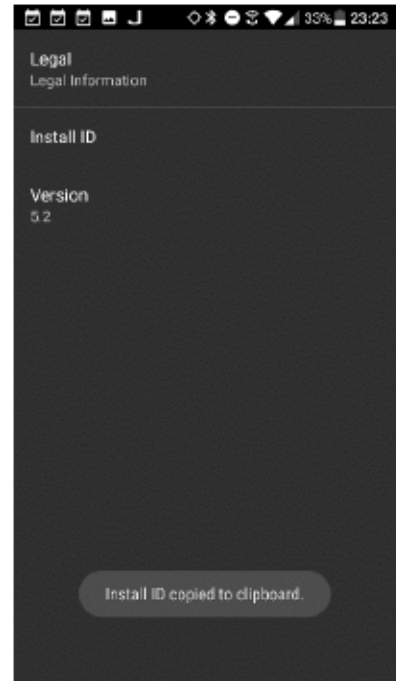
Step 5

Click on "Copy"



Step 6

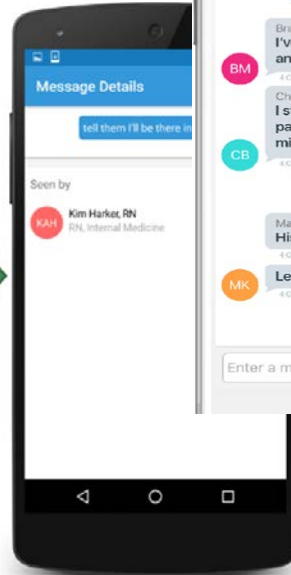
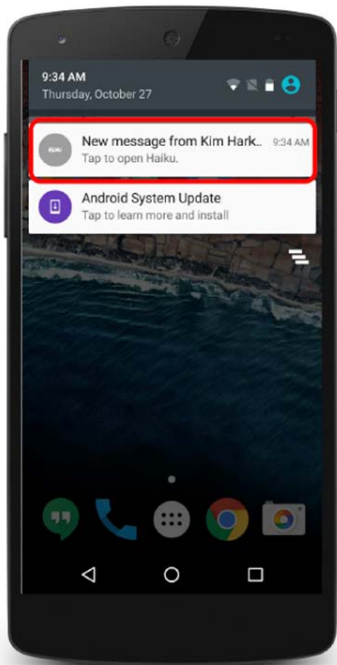
You should see "Install ID copied to clipboard" at the bottom of your screen.



**Please return to Step 4 in the upper section and continue to <https://mobileenroll.bjc.org>

Secure Chat

- Individual and group conversations on Epic's platform (secure/HIPAA compliant)
- Patient-specific conversations, linked to the patient's chart to improve efficiency, safety
- Integrated contact list based on Hyperspace users
- Can be used with Haiku, Canto, and Rover.
- Messages are incorporated into the medical record



BJC Remote Connection Guide

The instructions below guide an Epic User to remote into an Epic Environment using VPN and Citrix. The instructions assume a BJC/NT account is established, AD Groups are assigned (respective to each environment) and an Epic account has been built within the environment (if not using a generic account).

Steps (shorthand)

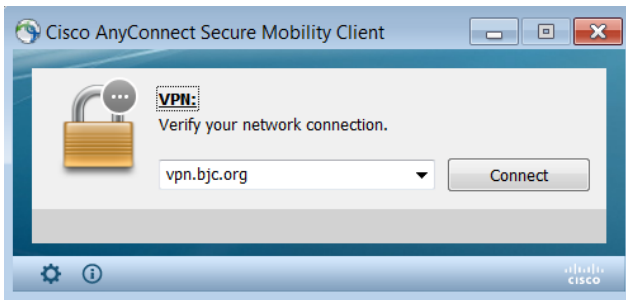
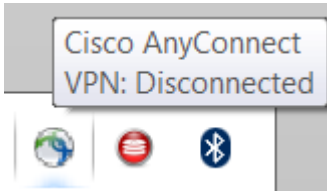
1. Windows (10/7)
 - a. Log in to VPN
 - i. If VPN not present, install from <https://cloud.app.box.com/v/bjcdnloads>
 - b. Verify Citrix is version 4.7
 - i. Win – Install new version of Citrix (4.7)
 - c. In a browser, go to <https://epic-portal.et0965.epichosted.com>, log in with your BJC-NT or WUSTLkey account, and verify you can launch PLY Hyperspace and log in with your training credentials
2. MAC

- a. Log in to VPN
 - i. If VPN not present, install from <https://cloud.app.box.com/v/bjcdownloads>
- b. Verify Citrix is version 12.4
 - i. Uninstall if new version is present, install older version (12.4)
- c. In a browser, go to <https://epic-portal.et0965.epichosted.com>, log in with your BJC-NT or WUSTLkey account, and verify you can launch PLY Hyperspace and log in with your training credentials

Steps (detailed)

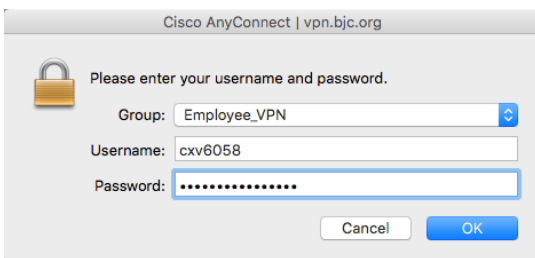
VPN Connection/Request

Before attempting to access Epic through Citrix, you first need to connect to VPN using the VPN-client and either RSA soft-token or hard-token passphrase.



If you do not have a VPN-client/RSA token, please submit a formal request through the following:

- a. If you do not have a RSA Token, please contact CSC Support at 314-362-4700
- b. If missing the VPN-client, please install @ <https://cloud.app.box.com/v/bjcdownloads>
 - For MAC – Select “Mac VPN Clients”, then “anyconnect-macosx-4.1.08005****.dmg”
 - For Windows – Select “Win64 VPN Heavy Client”, then “vpnclient-win64****.exe”
- c. Once installed, you will find it under your applications list (MAC) or on the taskbar and execute
- d. Enter; vpn.bjc.org and “Connect”
- e. Next, select Employee_VPN and enter your BJC-NT credentials, then click “OK”



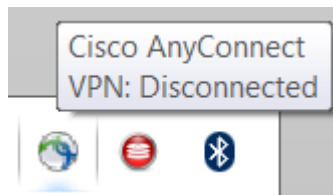
Epic Access Via Offsite “Windows 7/10”

Citrix

- If you have an earlier version of Citrix 4.7, uninstall before continuing
- Connect to Citrix and download version 4.7 for Windows
<https://www.citrix.com/downloads/citrix-receiver/windows/receiver-for-windows-latest.html>
- Install with admin privileges

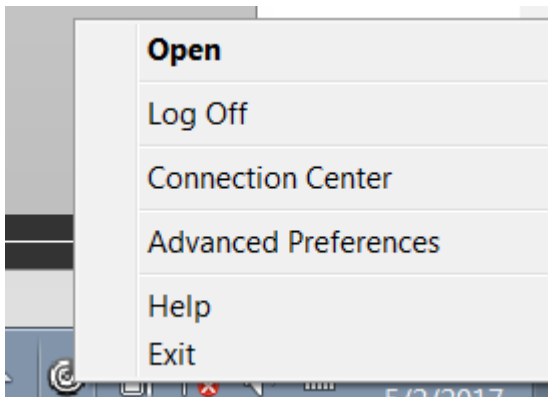
VPN

- Connect to BJC VPN using either soft-token or hard-token passphrase

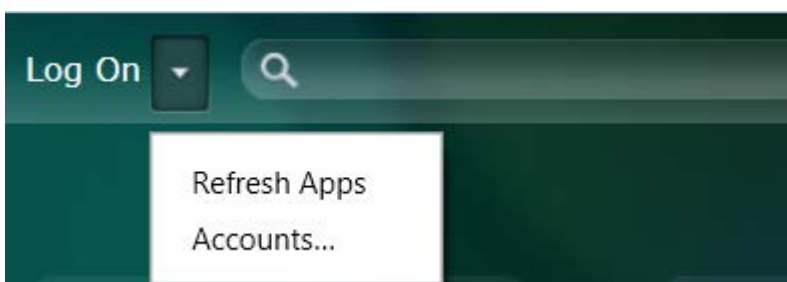


Citrix

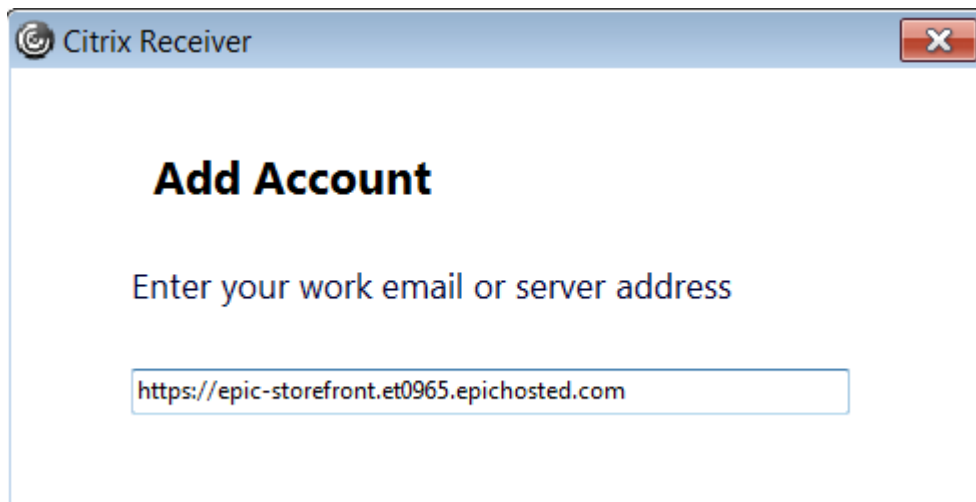
- Next, initiate the Citrix Receiver by clicking on the following icon (usually located at the bottom right on your taskbar)



- Select "Open"
- Now select the dropdown near "Log On" and select "Accounts"



- Next, Click 
- Followed by entering <https://epic-storefront.et0965.epichosted.com> under the server connection

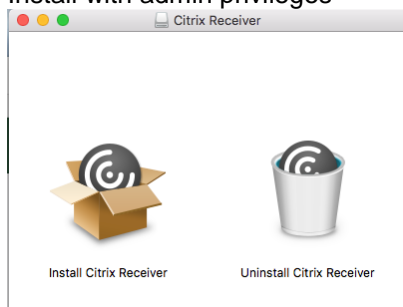


- You will then be prompted to enter your credentials in. These will be the same as your email; BJC-NT username and password. For example, cxv9999 and Pa\$\$word!17
- You should now see either a folder or application within the Portal. Navigate to the correct environment

Epic Access Via Offsite MAC

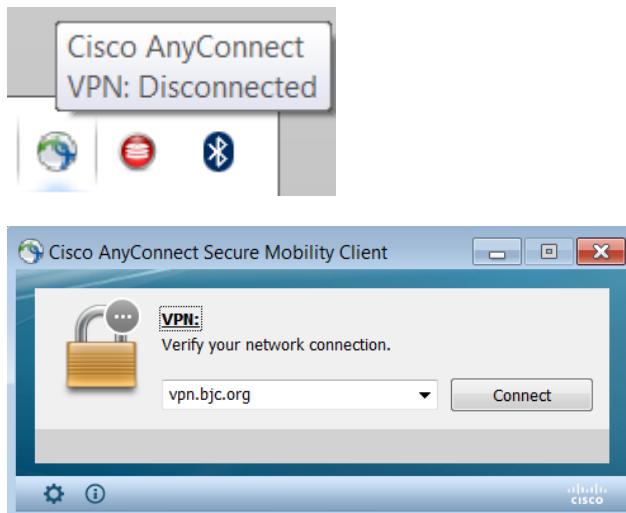
Citrix

- If you have version 12.5, uninstall before continuing (12.5 will NOT work with Epic)
- Connect to Citrix and download version 12.4 for MAC
<https://www.citrix.com/downloads/citrix-receiver/legacy-receiver-for-mac/receiver-for-mac-124.html>
- Install with admin privileges



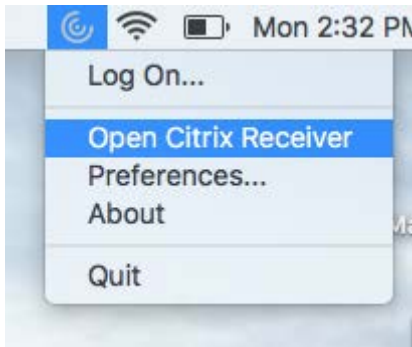
VPN

- Connect to BJC VPN using either soft-token or hard-token passphrase



Citrix

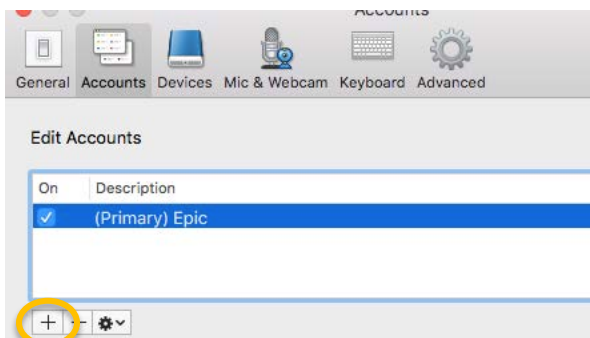
- Next, initiate the Citrix Receiver by clicking on the following icon (usually located at the top right of your screen)



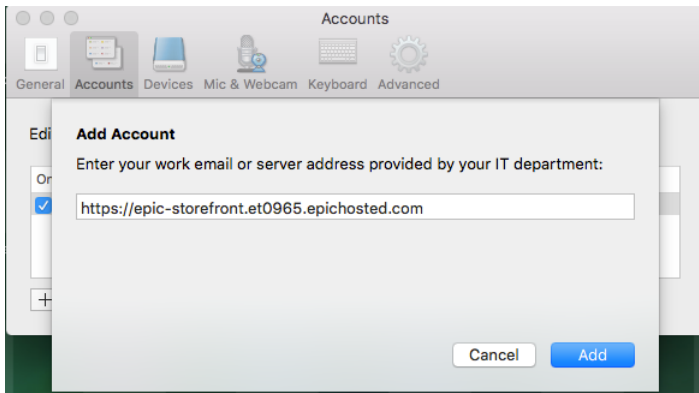
- Next, click Preferences



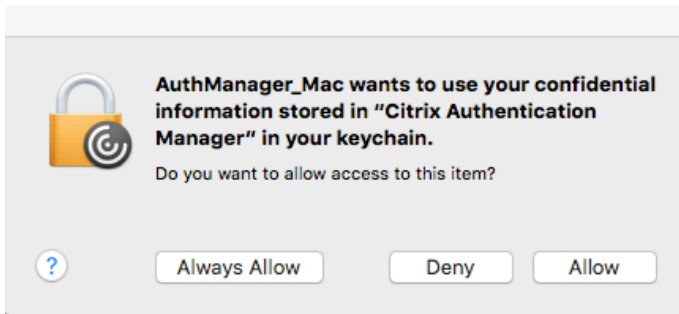
- You are now given a list of accounts; click the + sign to add a new account



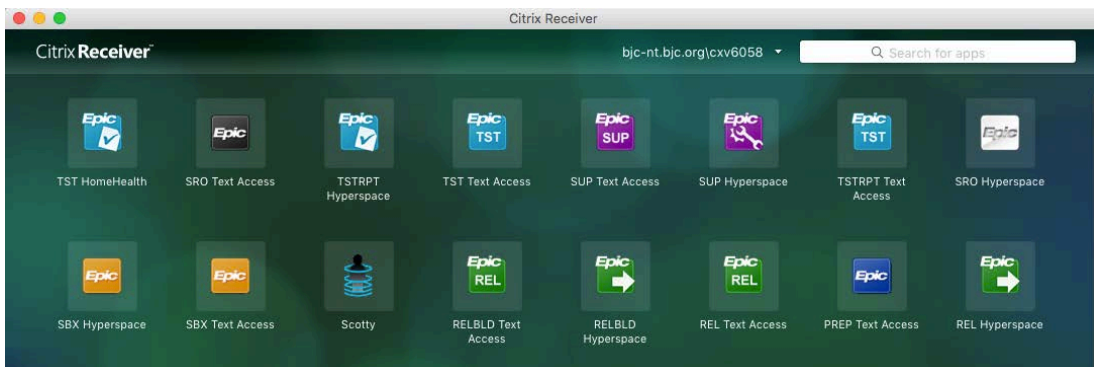
- Add the following server address: <https://epic-storefront.et0965.epichosted.com>



- You may receive a key change request after adding the server. Select “Allow”



- The Citrix Receiver should now be loaded with your corresponding Epic environments and may differ significantly from the screenshot below:



WUSTL Epic Citrix Receiver Access

Requirements

- Citrix Receiver 4.4.3 LTSR or higher required (4.4.3 is the most stable version used with Epic currently)
- WUSTL Key account in an Epic group – currently must request via BJC ServiceNow (<https://bjcprod.servicenow.com> – search Epic Access Request)
- Until training begins, a Foundation user will be needed to login to Epic applications

Access Steps

Once the above are completed, there are two methods to access the Epic Hyperspace applications. The preferred method is to use Citrix Receiver which is the first option.

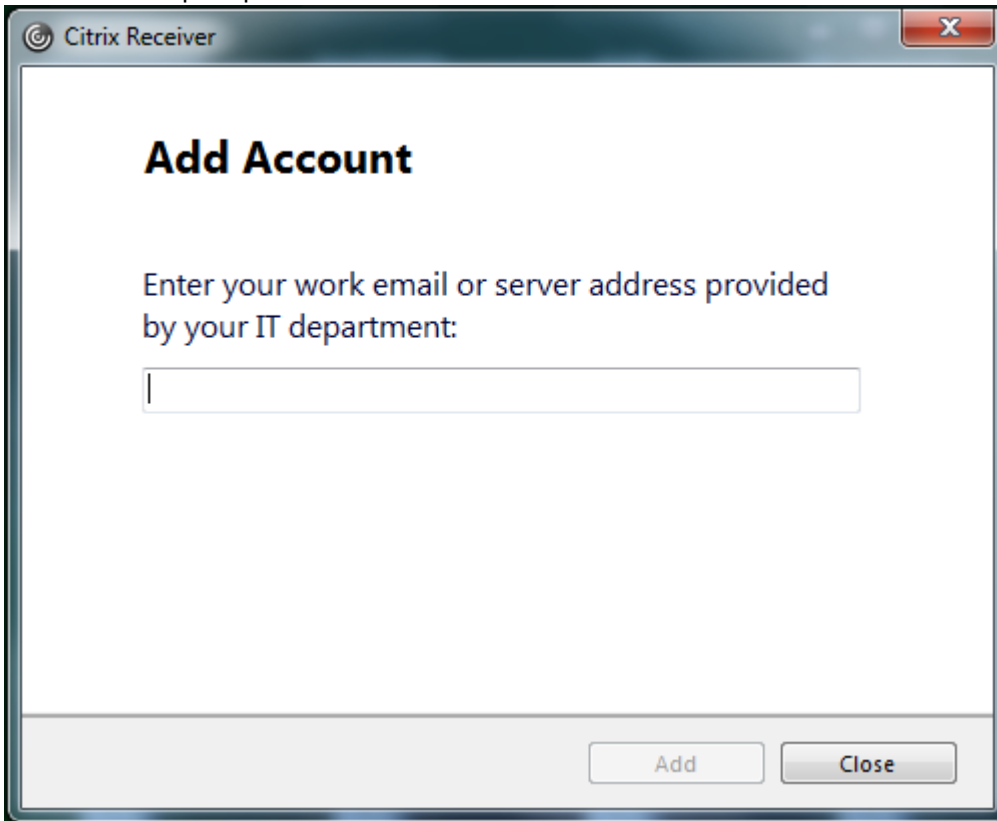
- Using Citrix Receiver
- Using a web storefront: <https://epic-portal.et0965.epichosted.com>

Citrix Receiver

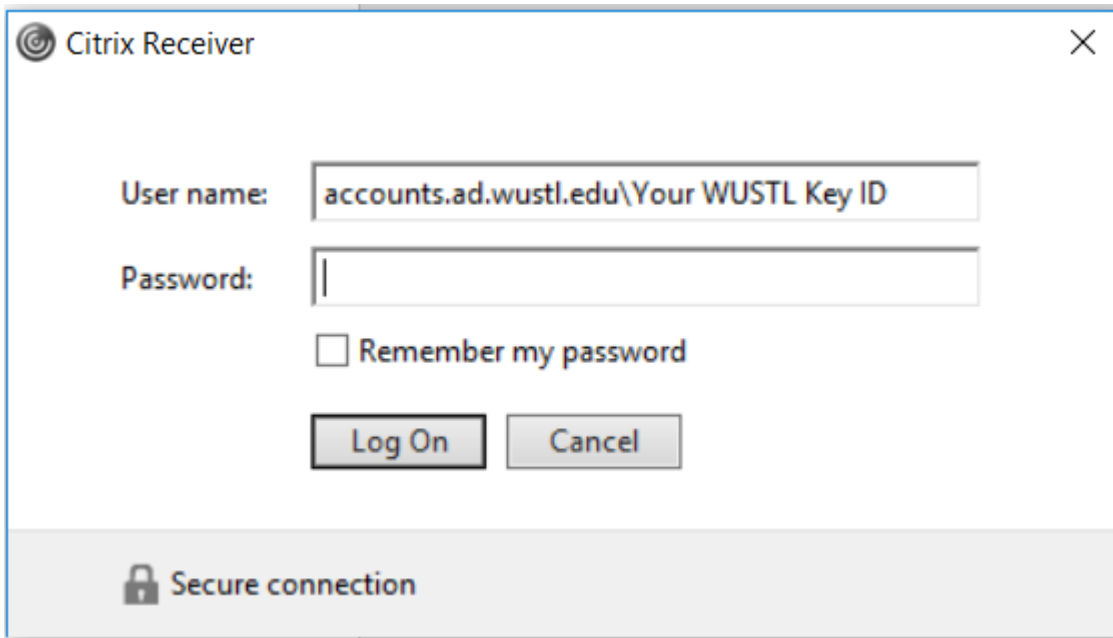
- Because most WUSTL users are not yet using the ACCOUNTS domain, you will need to specify which account Citrix Receiver logs in as.
- Double click on the Citrix Receiver icon in your task bar or open from the Start Menu:



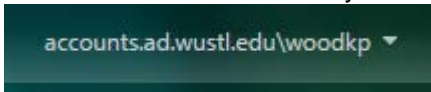
- You should be prompted to Add an Account:



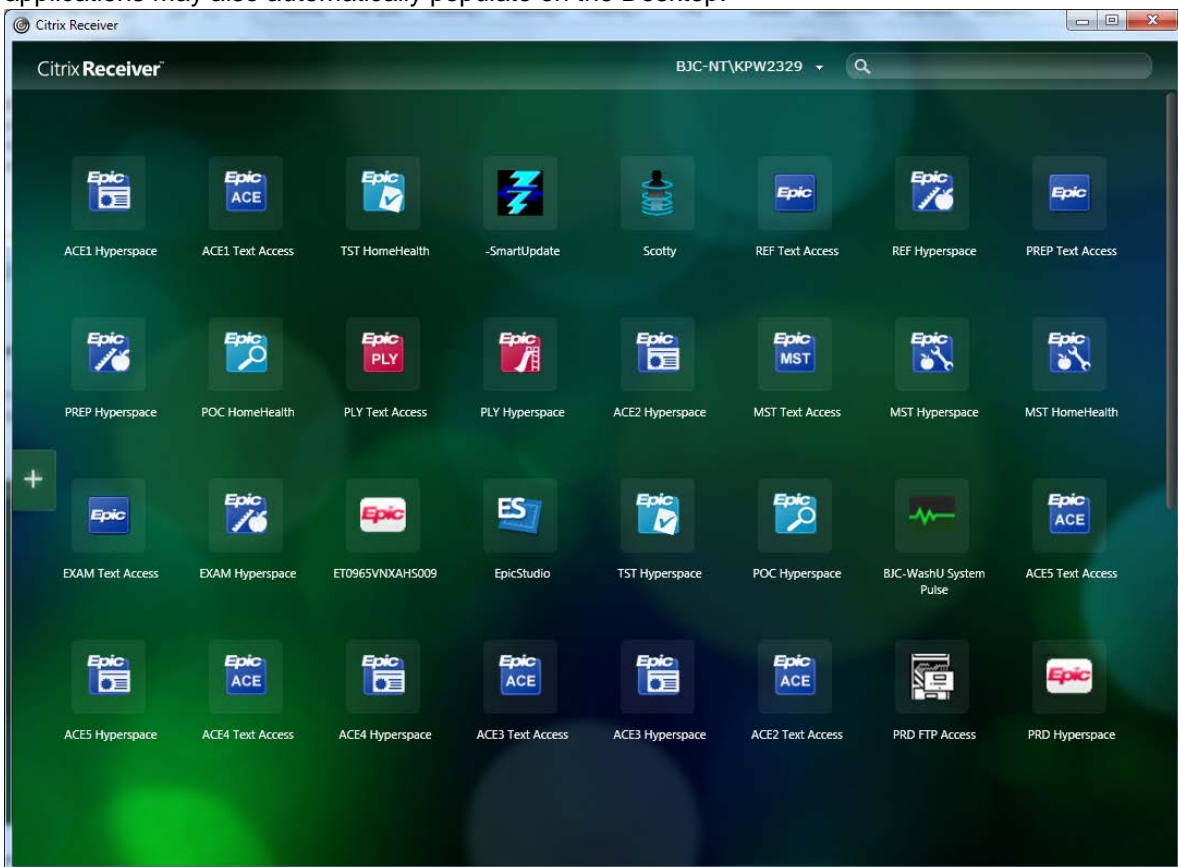
- Enter <https://epic-storefront.et0965.epichosted.com/Citrix/Epic/discovery>
- [You will be prompted for your user name with the screen below. Please type in accounts.ad.wustl.edu\ and add your WUSTL Key ID after the \](#)



- Enter your WUSTL Key Password at the Prompt
- You also need to make sure your WUSTL Key username is listed at the top of Receiver as shown below:



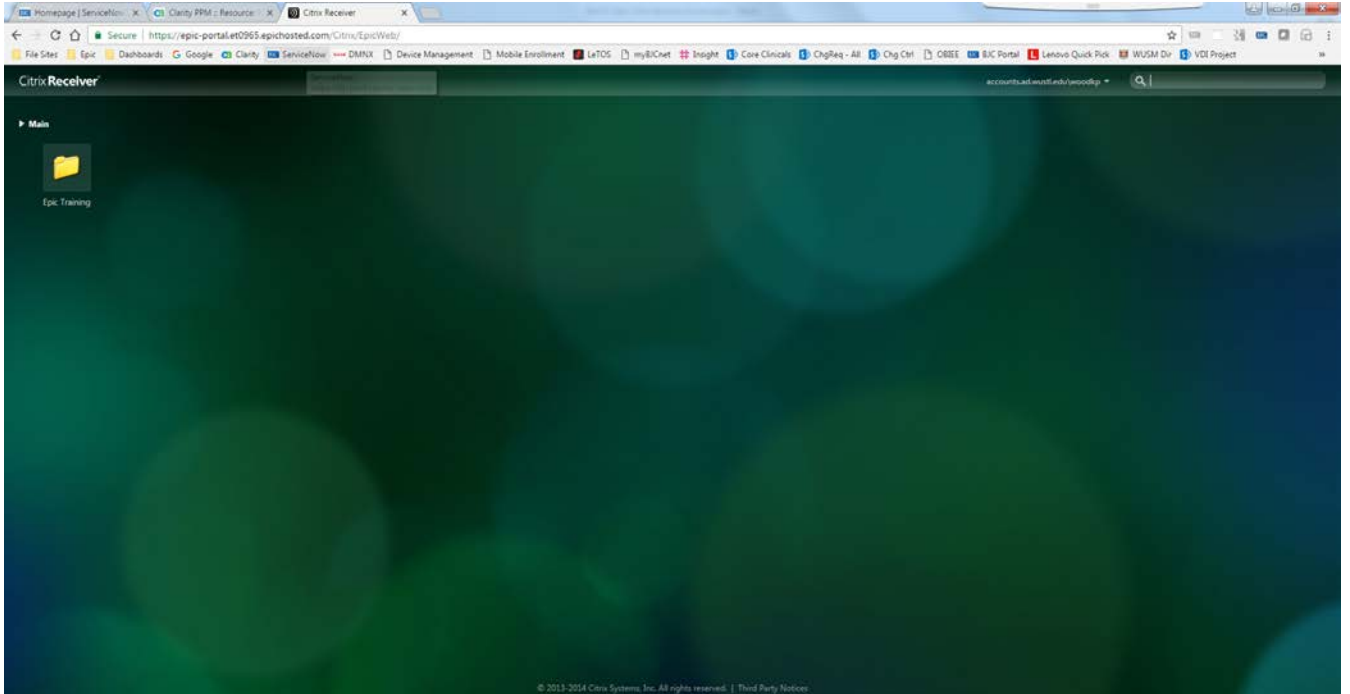
- At this point, you should see a list of available applications populate within Receiver. Some of these Epic applications may also automatically populate on the Desktop.



- For the PLY and SBX environments, you should use a provided Foundation user. For POC, TST, PRD, you should use your WUSTL Key user information.

Web Storefront

- ****This is the recommended method if you currently have Citrix Receiver and use Citrix applications through Receiver****
- Access the link above and login using your WUSTL Key username and password
- Upon successful login, you will see the screen below (the number of folders/applications may vary based on access granted)



- For the PLY and SBX environments, you should use a provided Foundation user. For POC, TST, PRD, you should use your WUSTL Key user information.