

Next chapter

Notes on the Epic transition



September 2020

Congratulations! Ballad Health has been awarded Honor Roll status by Epic! Honor Roll gives special recognition to organizations based on criteria such as provider proficiency, best practices, access and revenue metrics and good install. “This is a great achievement under normal circumstances,” says Linsey Shannon, Ballad Health’s Epic BFF. “But to do it remotely during a global pandemic is even more amazing.”

Thrive After Live: If you went live in June, make sure you register for Thrive After Live in HealthStream where you’ll learn tips and tricks to increase your efficiency in the Epic system. Courses are available for Ambulatory and Cadence Aug. 10–Sept. 17.

Buzzwords

Epic Go-Live Support: Team members assisting their colleagues during the first couple weeks of going live with Epic in October. Specific definitions of team members’ roles:

ATE: At-the-elbow support. During go-live, ATEs are identifiable by a blue vest. These support resources can also be contacted through Vocera and by calling the Epic Go-Live Command Center.

Super User: A long-term resource for new Epic users whose support can be leveraged post-go-live. This individual has had extra Epic training and experience and serves as the first line of support to their colleagues needing help using Epic.

Playground: A Ballad Health Epic environment that contains fake usernames and patients so learners can practice workflows. Use exercise booklets referenced during training to guide practice. This environment is refreshed daily, so anything documented today is wiped out tomorrow. Learners cannot log in to the Playground with their REAL username and password. Training User IDs and passwords used during class can be used to log in to Playground. Go to this website for more information: <https://www.bepictoday.org/training/epic-playground/>

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- The Provider Readiness Team (PRT) reviewed Stroke Management and Decision Support high-risk workflows at the August meeting.
- The Clinical Readiness Day was held on Aug. 11 and featured a patient scenario which highlighted key high-risk workflows; the recordings are available [here](#).
- The September meeting on Sept. 15 will focus on the metrics dashboard and reporting.
- Provider Readiness reported yellow at the 60-Day Go-Live Readiness Assessment (GLRA) due to training concerns.
- While a virtual option has been added to all provider

classes, the training team feels attending class in person is more effective.

- If you need help getting registered or logged in to HealthStream, please call 423-975-7090.

Sept. 18-29: Provider Personalization Labs:

In these Personalization Labs, providers will learn how to customize order favorites, write custom notes and create other preferences that match their professional practice and streamline their clinical workflow processes.

Completion of the e-Learnings, provider class, post-test and attendance at a Personalization Lab are required for Epic access at go-live.

Key features to look forward to in October:

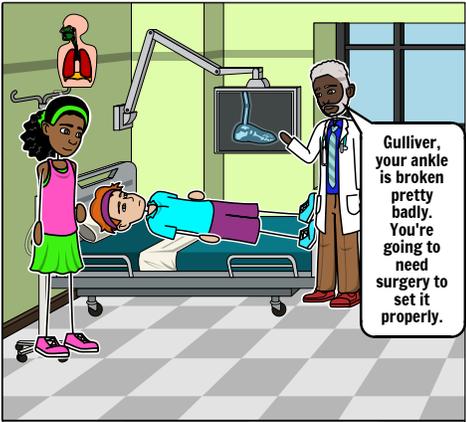
Providers	<ul style="list-style-type: none"> • Consult workflows are streamlined by providing consult lists to easily find patients and note templates for easy documentation. • Admitting patients is easier since the providers can see all the ED documentation during admission. • Documentation tools, such as smart phrases, macros, etc. (customizable), will make charting clear and efficient.
Surgeons	<p>Surgeons can:</p> <ul style="list-style-type: none"> • Place their pre-op orders from the clinic. • Write their H&P from the clinic and “review forward” H&P prior to surgery. • Use tools to manage their consults easily, regardless of where the patient is in the hospital. • Easily complete procedural documentation using SmartTools.
Anesthesiologists/CRNAs	<ul style="list-style-type: none"> • Vitals will automatically pull into flowsheets. • They can review and update all of their previously-documented clinical prep data. • System functionality and rules will help users stay compliant for billing, reducing chart correction time.
Cardiologists	<ul style="list-style-type: none"> • Cardiologists will have the ability to view the study from Epic. • Ballad Health cardiologists are now in one EHR system.
ED Physicians	<ul style="list-style-type: none"> • Physicians will be able to use M*Modal and SmartTools for documentation, making thorough charting more efficient. • They’ll receive pre-hospital charting from EMS through Epic flowsheets. • It will be easier for the physicians to access charts post-discharge. • Providers can have multiple addresses.
Radiologists	<ul style="list-style-type: none"> • Being able to see all of the patient information and easily access the chart will improve the reading workflow (they can look back at the notes as well). • Having a schedule for the day will improve their efficiency (today they walk around to different modalities to see what comes next). • Accessing patient history will improve the quality of the final interpretation done by the radiologist.
Oncology Physicians	<ul style="list-style-type: none"> • Standardized chemotherapy protocols will make treatment management more streamlined across the organization. • Med interaction checking will improve order accuracy and ultimately be safer for patients. • Using protocols will increase ordering efficiency and reduce clarification needed from pharmacists.

Hospitalists	<ul style="list-style-type: none"> • Being able to see what the nurses have documented will reduce review time. • Documentation tools, such as smart phrases, macros, etc. (customizable), will make charting clear and efficient. • Admitting patients from the ED will be more streamlined and take less time because it's on the same system.
Outpatient Physicians	<ul style="list-style-type: none"> • The patient's complete medical record will have information across the clinics. • Computerized physician ordering will improve patient care — and lots of useful education tools will be provided to residents. • Reporting will be greatly improved, making physician productivity easy to gauge and improve. • E-prescribing will reduce paper and the chance of having to rewrite scripts.
Patients	<ul style="list-style-type: none"> • MyChart puts care in the hands of the patient and improves the overall management of their health. • Less repeat information will be asked of patients, improving the clinical integrity of patient data and reassuring patients that thorough care occurs throughout the organization. • Care Everywhere will make their information available at 60% of hospitals across the nation.

ARC insight

Access & revenue cycle

In this edition of 'Next chapter,' we highlight the clinical documentation and checkout times that are key to a healthy revenue cycle.



Clinical Documentation
<ul style="list-style-type: none"> • Imaging results fully completed

Clinical Documentation
<ul style="list-style-type: none"> • Surgical notes completed and signed • Supplies documented • Start and stop times documented

Checkout
<ul style="list-style-type: none"> • Patient instructions given to patient • Follow-up visits scheduled

Vital signs

Clinical team members

COMPLETE EPIC TRAINING

No Epic training = No Epic access = Inability to perform job functions on Oct. 1

The Clinical Readiness Team (CRT) reviewed the Labor & Delivery Essential Documentation, Critical Lab Results Communication and Lab Specimen Collection workflows during the August and September meetings. Clinical Readiness Day was well attended; the patient scenario demo was recorded and is available [here](#).

Surgical and Imaging Services kicked off Shadow Charting in August. The Surgical Services team converted all cases and orders from SIS to Epic in August and is preparing for the appointment conversion activities on Sept. 12-13. Epic project teams are visiting your departments to ensure hardware is ready for October as part of the Technical Dress Rehearsal. Many SLDS meetings featured Workflow Dress Rehearsals during their August and September meetings.

Key features to look forward to in October:

Everyone	<ul style="list-style-type: none"> • One Chart, One Record, One Patient Story
Ambulatory/HODs	<ul style="list-style-type: none"> • Ability to quickly see information from the patient's ED or hospital stay without logging in to a separate EHR. • Utilize Canto to upload Wound Care photos directly to the patient's chart without saving it to any third-party devices, which increases security. • Providers and staff are able to finish up work efforts that may linger from their time spent in inpatient while working their day in the outpatient clinic.
ASAP (Emergency Services)	<ul style="list-style-type: none"> • All documentation is in one system for better tracking and enhanced patient care visibility. • ED manager and trackboard with patient statuses make it easy to look at the department as a whole. • Consult tracking will be easier to manage and more accurate. • Easily pull department reports and see each unit census to better help with patient movement and admit. • Physicians will be primarily responsible for entering patient orders.
Beacon	<ul style="list-style-type: none"> • Providers will place their own orders, increasing nursing/patient time. • Med interaction checking will improve patient safety. • The synopsis activity will improve patient care as it provides an at-a-glance view of patient's most important oncology information. • Med interaction checking will improve order accuracy and ultimately be safer for patients. • Utilizing one EHR will allow for greater use of best practice advisories across disciplines.
ClinDoc (IP Nursing)	<ul style="list-style-type: none"> • Nursing can scan and administer medications inside of Epic instead of using two different programs. • Blood administration workflow is electronic and will utilize scanning of the patient and product for increased patient safety. • Documentation is shared across levels of care that flows from ED to inpatient. • The Brain is Epic's solution to the piece of paper nurses carry around to remind them of significant nursing tasks. It is a one-stop-shop for nurses and includes required documentation, medication, dressing changes, assessments and other tasks necessary to provide comprehensive care to their patients.
HIM	<ul style="list-style-type: none"> • Identity Unmerge functionality that allows patient records merged in error to be restored to their pre-merge state. • Identity ability to perform vector merging for MPI loads/conversions to reduce the patient duplicate rate. • Release of Information (ROI) functionality called Chart Gateway for releasing records on automated life insurance requests. • Functionality for automated coding workflows called Simple Visit Coding. • Deficiency Tracking functionality which allows system auto-assigned deficiencies at patient admission and discharge or surgical cases.

HODs	<ul style="list-style-type: none"> • Wound Care and Sleep: Epic is providing electronic routing of signed orders and progress notes to the DME companies, Home Health agencies and referring providers. • Wound Care: Wound Care Manager and Wound Registry will allow wound care managers and providers to see trends in the wound care metrics, such as healing rates, days to heal, or risk of pressure injuries; Wound Registry finds patients based on LDA wound documentation to help you report on healing rates and wound care quality. • Wound Care: Utilize Canto to upload Wound Care photos directly to the patient's chart. Not having to save photos to third-party devices increases security. • Cardiopulmonary Rehab: New initial assessment flowsheet for the patient's individual treatment plan that they can complete in flowsheets; clinical staff will be able to route this electronically to the cardiologist's inbasket to sign off on the plan of care and eliminate the paper trail and delays for sign-off. • Therapy: Therapists will have the ability to complete their initial evaluations in Epic and route them electronically to the referring providers to review and sign off on. • EpicCare Link has provided a way to allow the therapists to communicate and route evaluations to external providers. • Pediatrics has new Therapy Notewriter templates that allow the therapists to work in one area of the chart without jumping around. • Niswonger Children's Hospital - Ability to quickly see information from the patient's ED or hospital stay without logging in to a separate EHR. • Providers and staff are able to finish up work efforts that may linger from their time spent in inpatient while working their day in the outpatient clinic.
Imaging	<ul style="list-style-type: none"> • Cupid Scheduling tool and Tech Worklist within Epic. • Ability to view the cardiology study from Epic. • Ability to send reminder letters for CT Lung Screening. • Ballad Health cardiologists are now in one EHR system. • Radiologists can have multiple addresses in Epic.
OpTime	<ul style="list-style-type: none"> • OR to IP Handoff will be easier because staff can see the same thing, at the same time. • Surgical nurses will see documentation completed by the IP nurse, reducing prep time. • Orders from MD office will be available in Epic and sorted by phase of care.
Orders	<ul style="list-style-type: none"> • Consult workflows are streamlined by providing consult lists to easily find patients and note templates for easy documentation. • Admitting patients is easier since the providers can see all the ED documentation during admission. • Documentation tools, such as smart phrases, macros, etc. (customizable), will make charting clear and efficient.
Willow	<ul style="list-style-type: none"> • Charge on Admin will be a big advantage. • Therapeutic alternatives for non-formulary items. <ul style="list-style-type: none"> • Documenting interventions without needing another application. • First dose education available for nursing. • IMS for mixture and IMS - one IV and one oral solid order to choose from and Epic does the rest. • Prebuilt taper orders (prednisone) vs. entering each order manually. • Electronic communication between pharmacists within verification queue. • Automated carts - currently techs have to run each batch manually. • Eligibility for 340B carve-in (not for user, more of a system benefit).

Epic veteran updates

Current Epic users

Order set alignment is complete with 98% of the aligned order sets in production. All changes to Soarian, Allscripts and Epic are frozen until after go-live unless there is an issue involving one of the following:

- Patient safety
- Regulatory requirement
- Significant financial impact

Expect hardware upgrades and Windows 10 upgrades in the coming months.

If you are a current, high-level Epic user, please consider volunteering your help with at-the-elbow support during the acute go-live for the first three weeks of October. Please contact Epic Training (EpicTraining@balladhealth.org) or Dr. Bill Messerschmidt (William.Messerschmidt@balladhealth.org) if you are interested.

All aboard!

Education & training

Training! Training! Training! Does anyone feel like the “Brady Bunch and Marsha, Marsha, Marsha”? This is the last newsletter before the Oct. 1 go-live date. Managers and leaders should be assessing team members’ progress on completing their Epic role-specific trainings. Has everyone on your team been to training and/or will be completing their training by Sept. 18? Do you have all your team members **registered** in HealthStream for Epic classes they missed and/or for roles where team members transferred into new positions? If your team members have not completed all their required **role-specific** trainings, then please log in to HealthStream and register them before it’s too late. **Epic training for the Oct. 1 go-live will end Friday, Sept. 18, 2020.**

Managers/leaders, are you encouraging your team members to complete their assigned Epic training e-Learnings and class exercises? Are your team members logging in to the Epic Playground? Have your team

members confirmed that they can log in to the Epic PRD system?

Have you given your team members (especially your Super Users) an opportunity to go to another Ballad Health Epic-live facility to observe Epic charting?

As a gentle reminder, if team members and/or providers have not completed Epic training, they will not be granted access to Epic. In addition, due to the volume of team members and providers to support, Ballad Health Epic educators will be at the elbow supporting go-live and will not have the bandwidth to train individuals who did not attend training. Anyone not attending training prior to the Oct. 1 go-live will need to register for “new hire” Epic training classes.

For questions about Epic training, email EpicTraining@balladhealth.org or call 423-975-7090.



Epic uses AI to help warn clinicians if a patient’s condition is likely to deteriorate.

Read more about this and other stories in [Why We Do What We Do](#).

Super Users' spot

If you served as ATE Super User support for the June go-live and still need to return your blue vest, please email ashly.garris@balladhealth.org to arrange for return. Our Super User support will need these for the October go-live.



WANTED:

Blue Super User vests from the June Epic go-live

After many months of preparation, the Epic go-live for acute facilities and a few sites is almost here. By the time next month's newsletter is distributed, you will all be working in an Epic-live environment as experienced Super Users. For those Epic Super Users already experienced, we cannot thank you enough for all your support and hard work toward this upcoming go-live.

Are you ready for the challenges and excitement of a big bang go-live? Below is the list to make sure you are ready to support your peers as their Super User.

- Attended Super User Orientation
- Completed pre-class activity in Playground
- Attended your first role-specific class
- Repeated your role-specific class, if possible
- Participated in other preparedness activities such as assisting coworkers in accessing and practicing in Playground or job shadowing someone in a like role
- Will attend a Go-Live Readiness meeting

Please remember that most of you were chosen to serve as a Super User by your manager because of the quality of skills and positive attitude you possess.

Epic exposé



Ballad Health Epic Senior Project Managers,
Lisa Wilson and Thomas Bellamy

Q: What is your role in the implementation of the Ballad Health Epic go-live?

Ballad PMO has many roles in the upcoming Epic conversion. We have worked on finalizing third-party contracts, managing quarterly upgrades, managing Epic Honor & Gold Star, organizing the setup of five market training centers, and serve as Command Center Captains. In October we will be serving as Command Center Captains in Gray and the four satellite Command Centers.

Q: What do you enjoy most about working on the Epic rollout?

There's a variety of roles within the project, so we work on something different every day; it's a great opportunity to learn and meet new team members.

Q: How will you celebrate once Epic is live throughout all of Ballad Health?

We're looking forward to taking some time off.

Q: What is one thing you have learned working on this project?

It takes a team to get Epic installed: The ability to have a successful implementation and go-live event requires commitment, accountability and leadership from all aspects of the organization. Having a respectable relationship with the vendor and ensuring all objectives are being met in a timely fashion is another measure of success.

Be sure to visit www.bepictoday.org for announcements and past newsletters!

Questions about Epic? Email bEpic@balladhealth.org.