Introduction to the Parking Lot

In ARK Epic training sessions, “The Parking Lot” is used to capture all questions for which your trainer may not have an immediate answer during session. Your ARK Epic Training Team collects these questions and follows up with participants post-training. These are the results of further investigation and in some cases, the source of locating “bugs” and identifying fixes and improvements in the system.

Inpatient Nurse Level 100 – Questions/Answers

Question:

“Why do Cosign Orders appear twice in that same list (My List)?”

Answer:

That was a bug. Thanks for drawing it to our attention. It is now fixed.

Question:

“The .me function requires that you have to click on it then hit enter for it to place the name... why can’t we just click the accept button? .me(enter)”?

Answer:

You can either click “enter” or double-click on it with your mouse. This interaction is a standard within the user interface design of the Epic system.

Question:

“How long will the discontinued meds stay on the med report on the index?”?

Answer:

Index does not contain discontinued meds. Look on the MAR to view discontinued meds.
Question:
“Can we change the color of the Sticky Notes’ text or make the background lighter”?

Answer:
No. This is not a setting that can be adjusted in the Epic software at this time.

Question:
“Can we make the work list default to all tasks instead of my discipline?”

Answer:
Yes. In response to your question and suggestion, we have changed the default.

Question:
How do we chart a patient “off unit” when a task was due?

Answer:
Update the patient location in Access. In Tasks –Insert a comment on the item. Note that you cannot comment in the Worklist. Comments should be recorded on the flowsheet or in the Med/MAR.

Question:
Why is the Birth weight range warning wrong? It’s set to 8 pounds.

Answer:
This error is currently being corrected.

Question:
Why don’t we have more information on the charge capture section? Items should be there so that the nursing staff should be able to practice charging for.

Answer:
The Orders team is developing this information now. Documentation has been completed and has been given to the Training team to incorporate in upcoming class sessions.
Question:

The height and weight is not the same for Ped’s and Adults. Can you adjust this to make these the same?

Answer:

This change has been made in the system. The height method was added in Ped’s as it is for Adults in the system. The only difference between the two now is that Ped’s includes head circumference.

Question:

When a patient is discharged, how long will the patient stay on the nurses’ “My List” before falling off or without the nurse ending her assignment?

Answer:

An assignment by the treatment team removes the patient automatically when discharged.

Question:

How long will a patient stay on the nurses’ “My List” if the patient was manually added to my list and is not part of the system list?

Answer:

Forever.

Question:

Can there be a link on the SBAR report for the end of shift and beginning shift so that the nurses will not have to go into the navigator section each time?

Answer:

This functionality is linked to the shift hand off. Your suggestion will eventually be included as an improvement in the system when we start working on optimization tasks in order to get the most value out of the system. (Post-Go Live).
Question:
Can the NICU also have the sedation narrator?

Answer:
Yes. This has been completed.

Question:
In the pain type row, surgical pain is not available. Please consider changing it to acute pain.

Answer:
Yes. This change was completed January 3rd, 2012.

Question:
*When a patient is discharged, how long will the patient stay on the nurses’ “My List” before falling off or without the nurse ending her assignment?*

Answer:
An assignment by the treatment team removes the patient automatically when discharged.

Question:
*If you don’t verify “Device Integration” will the devices “disappear? Should we delete the devices we don’t want? Whose initials or name shows as the individual documenting.*

Answer:
The device integration information is purged after three days. The person who validates this information is whose name appears.
Question:
How is data from devices saved? How far back can we see/save info that hasn't been verified?

Answer:
The data must be validated to be saved. Again, the data is purged after 3 days.

Question:
If the patient is deceased, how long will he stay on myList if the RN doesn’t’ end the assignment?

Answer:
When the patient is "d/c"ed from the system. Unless manually added, the patient will fall off the list.
Inpatient Nurse Level 200 – Questions/Answers

Question:
Can I change WDL definitions?

Answer:
WDL’s are set at the Compliance, Regulatory, Nurse Practice Counsel level and cannot be changed. But, you can always add a comment.

Question:
Where do I document ‘Specimen collect’?

Answer:
Specimen collection is completed on either the worklist or Index report on patient summary. You do go to the navigator and click specimen collect either unit or lab.

Question:
Does HUC have security to select ‘specimen collection’? Can they?

Answer:
Yes. HUC’s can collect specimens in the system off of the worklist or index report of the patient summary. They would then enter the name of the RN or initials of the person who actually collected the specimen.
**Question:**

What is the timing with lab orders? When order signed>goes to lab>label prints? OR Will RN need to mark specimen collect prior to lab orders placed?

**Answer:**

Labs are immediately sent to lab upon signing of order as soon as they are signed. Labs are immediately sent to lab upon signing of order.

**Question:**

Where can I print labels?

**Answer:**

They do have the ability to print labs from the index report or the worklist...HUCs and PCTs also have the ability to print labels.

**Question:**

What if I can’t talk to a patient or relative to get information on allergies?

**Answer:**

If you cannot talk to the patient or family select “Unable to Assess”. Add “No Allergy information available”. Put in a note that you are unable to talk with patient or family.

**Question:**

How are we going to address medications brought in from home?

**Answer:**

This is addressed in the Patient Belongings section of the Admission Navigator.
**Question:**

When covering patients for lunch for another RN, should we use “Assign Me”, “Add patient”, or just search on the Unit List.

**Answer:**

Add the patient manually to your MyList.

**Question:**

If a patient is admitted as a peds patient but, is admitted to an adult unit, what flowsheets do I use?

**Answer:**

Flowsheets are displayed by default based on the department or unit the patient is currently on. If the patient is on a peds unit, you will see peds flowsheets and use those to document. If the patient is on an adult unit, you will see adult flowsheets and utilize those flowsheets to document. You will still be able to see data entered in other departments and units. All data flows across all areas so you will still be able to see information documented on the flowsheets while the patient was in a different department or unit.
Inpatient Nurse Level 300 Questions:

**Question:**
“On vital signs, can the mean BP be automatically calculated?"

**Answer:**
*Not at this time. This has been suggested for optimization.*

**Question:**
“For Braden scale, can it create a BPA when score is low and trigger a wound consult, etc.?“

**Answer:**
*The system is capable of this. It is has not been set up in the training environment.*

**Question:**
*Is there a way to develop a tab that only displays what education has been completed?*

**Answer:**
*You can review resolved or ‘completed’ education on the Manage Education tab in Patient Education.*

**Question:**
*How can we see that a critical lab report has been completed and filled out? Is there a place where we can view this information once it has been reported?*

**Answer:**
*In Doc Flowsheets there is a Critical Value Reports Flowsheet.*
**Question:**

If our patient is an OBS patient will we still need to fill out our IPOC?

**Answer:**

The workflow changes a little in that you will now add Observation to the IPOC and document there.

**Question:**

When entering Patient instructions in the discharge navigator we followed a smart text for general inpatient discharge instructions that populated into the AVS. When we viewed the AVS some of the instructions at the bottom were in English and Spanish, but not the items we placed using the smart text. Is there a way to have the entire AVS printed in Spanish including the instructions we just entered via the smart text?

**Answer:**

Part of the AVS is in English and Spanish by default. However, if you have Patient Instructions to include and they need to be in Spanish - the best resource is a translator. There are numerous resources in Spanish and other languages available using References and Attachments link in Patient Instructions.

**Question:**

For areas that have lab collect how will the lab know if the nurse is obtaining the specimen versus lab when the physician writes the order and it goes directly to the lab? (especially if the nurse does not note or acknowledge new orders for some time)

**Answer:**

The Lab will see as soon as the physician signs the order that it is active in Epic and whether it is Lab or Unit Collect. Remember, acknowledging an order does not make it active in the system - it is simply the electronic equivalent of what you do now in initialing orders on the paper chart.
Question:
For outpatient areas like HD, will their existing lines carry over into the new encounter or will they need to re-enter as a preexisting line each time the patient comes in for treatment

Answer:
When a new encounter is created it will not carry over existing lines. However, a comment can be added to note it was an existing line.

Question:
Is there a way to bring a SmartList back if it gets deleted?

Answer:
Yes, use the 'undo' button. It looks like a yellow-looping arrow. It will allow you to go back several selections if need be when documenting using a SmartPhrase.

Question:
Under "Safety/Orientation" in the Admission Navigator is there a way to have an option to pick all the choices when we are orienting the patient/family to the unit instead of clicking each choice.

Answer:
This has been mentioned and sent to the build team for consideration.

Question:
Can techs transfer patients (unit census ~ transfer) if the HUC is out and the nurse is busy?

Answer:
Techs do not have access to transfer or receive patients at this time. It may be a consideration at a later date to allow them the access in Epic to transfer or receive patients.
Question:

In Human Remains section of navigator the Donor Network section doesn’t cascade in when you answer, 'Yes'.

Answer:

It's subtle, but it is working correctly. Just two new questions/rows appear. You might not see them appear if you answer the question when it is at or near the bottom of the screen.

Question:

Patient Education & Care plans: If patient expires, how do you resolve these?

Answer:

For Care Plan there is a selection, 'N/A for this patient'. Patient Education can be resolved by highlighting a title and clicking, 'Resolve', then choosing, 'Change in Patient Condition'.

Question:

If the doctor requests a follow up appt (follow up section of navigators) does this go to the appointment desk to schedule an appointment? Does the appointment desk fill in the info? How does this info get filled in?

Answer:

The physician fills in this information using their version of the Discharge Navigator. Currently it does not go to the appointment desk. It is advised that you explain the situation and make an attempt to schedule the appointment on the patient’s behalf prior to them leaving the hospital.

Question:

For IV sites that are documented on Q1hr is there a WDL that can be used instead of answering the phlebitis and dressing questions?

Answer:

Rather than a WDL you can use the 'copy' feature in Doc Flowsheets.
**Question:**

*Does the Human Remains form get printed so we can send it with the body to the morgue?*

**Answer:**

The Human Remains form is not printed by the nurses.

**Question:**

Do you need to redo the belongings on transfer or does it carry over from the admission navigator?

**Answer:**

You do not have to re-enter the Patient Belongings unless there is a change - family took things home or brought things in.

**Question:**

Do you manually have to change the way that specimens are collected each shift or every day?

**Answer:**

No, you do not have to change the status of specimen collection. However, it is advisable to check and make sure it is accurate.

**Question:**

If you have a IV infiltrate and go to remove it, where do you document physician has been notified?

**Answer:**

*You can enter a comment when ending or starting the new IV.*

**Question:**

If a lab would need to be redrawn due to insufficient specimen, clotted, etc how do we get another label to print out?

**Answer:**

Call the lab for an additional label.
Question:
How do you document some who is leaving AMA?

Answer:
AMA will be a disposition for the physician to select. RN should document in the Progress note.

Question:
How will we print another label for a lab if we have already selected “collected”?----ex: if lab calls and says it is clotted and they need another specimen

Answer:
Call the lab for an additional label.

Question:
Can we add a drain? JP, Chest tube, etc?

Answer:
Yes, make sure you are on the correct flowsheet. You cannot add LDA’s when on a vitals flowsheet. Reference the Quick Start Guide for adding and LDA.

Question:
Who will actually mark the labs a “collected”.

Answer:
It should be done by the phlebotomist that actually did collect.
Inpatient Nurse Level 400 Questions:

Question:
How long do discontinued meds stay on the Med Admin Report? (This could get really long if all discontinued meds stay on the report).

Answer:
The Med Report found in Patient Summary displays medications due through this shift. The MAR Report in the MAR Activity can be optimized to show one day to 10 days at a time and to move the calendar back in time or ahead into the future.

Question:
If an order is released in the wrong phase of care – what do we do? Discontinue? Does a new order need to be written?

Answer:
If you release an order it is now active in the system. Go to Order MGT and click, "Modify' on the order or orders released early. At the bottom of the section is a button, 'Phases'. Click the button and it will bring up a grid. Select the correct status for the order or orders. Then sign the orders.

Question:
Some Pyxis machines have a new computer next to the Pyxis, are we going to be trained on how to use this? Is this for the nurses to look up the MAR at the Pyxis??

Answer:
The New PCs at the Pyxis are for pending medications that require a dual sign-off/verification. This will be helpful with mutli-dose vials and meds that cannot be taken into the room to prepare. These PCs next to the Pyxis are the only computers with Epic access that allow the 'Pended' functionality.
**Question:**

*Volume calculator in the I/O flowsheet: Can we choose the range of time we want added up?*

**Answer:**

You can insert columns for times to calculate volumes. It is probably easier to view the volumes in the Intake/Output Activity and sort the data by different time intervals.

**Question:**

*Will we have access to ED MAR after patient is admitted?*

**Answer:**

*A MAR is a MAR is a MAR. You have access to view everything in the patient chart no matter where they received care with MIHS.*

**Question:**

*When patient meds are sent to pharmacy will there be a receipt?*

**Answer:**

*You will document patient has meds from home in the Admission Navigator and follow the current paper workflow for handing meds over to the pharmacy.*

**Question:**

*Need the PPD to only show up on the MAR to be administered. “If patient refuses PPD draw QTB” needs to be in the BH admission order set.*

**Answer:**

*The QTB if the patient refuses a PPD can be ordered on the Admission Order set. The provider will have to enter a comment to order the QTB if the patient refuses the PPD.*
Question:
If the power goes out and Pyxis and Epic are down, how will we know what meds we can give to patients in an emergency, PRN or Scheduled?

Answer:
There are BCA reports that will automatically print out of the HUCs computer. These are updated q 15 minutes while Epic is up and functioning.
Inpatient Nurse General Questions:

**Question:**
When is it acceptable to view/open a chart for an incoming patient? Example would be if a patient is a pending admission and transfer is cancelled prior to receiving?

**Answer:**
It is acceptable to view a patient's chart if they are a pending admit or transfer. This would be part of normal duties. It is not acceptable to use Epic like the internet and go searching for friends, family, co-workers or other people and view those charts. As long as you are involved in patient care viewing a chart is acceptable.

**Question:**
Will DNR be an option for the FYI flag?

**Answer:**
Code Status will appear in the Patient Header.

**Question:**
Are we going to be able to run a report to see if all patients have been assigned for the day?

**Answer:**
You can check the Patient Profile Report from the Patient List to see who is on the Patient's Treatment Team. Or the column header 'Treatment Team' can be added in a MyList.

**Question:**
If I take the telephone order does another nurse need to acknowledge order or can I acknowledge the order?

**Answer:**
There will no longer be a requirement for verification for telephone orders. However, it’s never a bad idea to have someone check what you entered in Epic for accuracy.