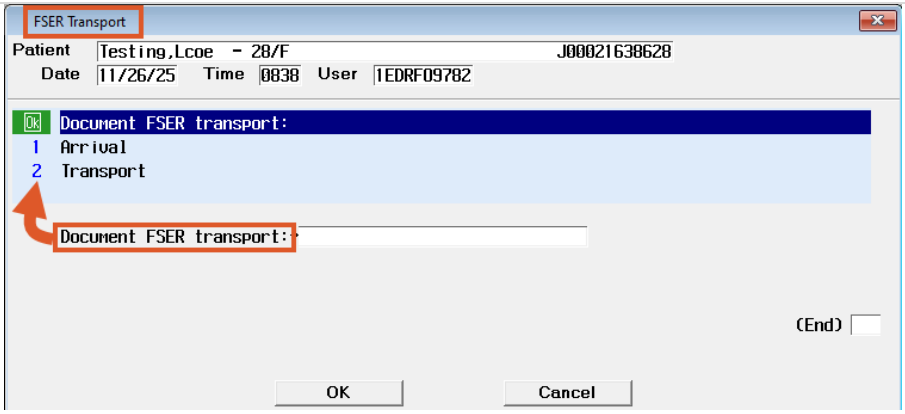
Nursing & EDM Modules

Enhanced Solution for FSER Transport Documentation

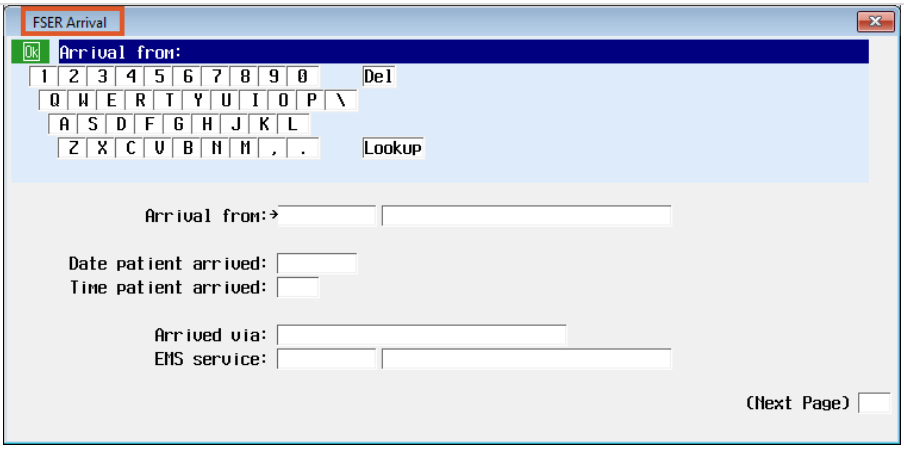
Many facilities document patient movements on the **Disposition of Interfacility Transfer** intervention, but this is not correct. A FSER to or from the Main/Parent facility transport is not considered a transfer and using this intervention risks incorrect data appearing in the EMTALA Central Log. The **FSER Transport** intervention should be used for transfers to parent facility.



"Transport Screen FSER" has been updated to **FSER Transport** and is used when a patient transports between the FSED and the Main/Parent facility.

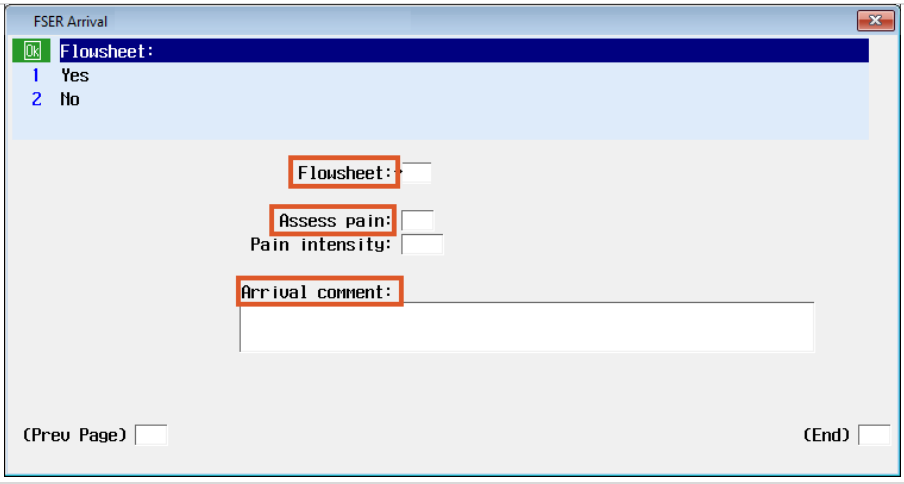
Select the appropriate disposition:

- Arrival
- Transport



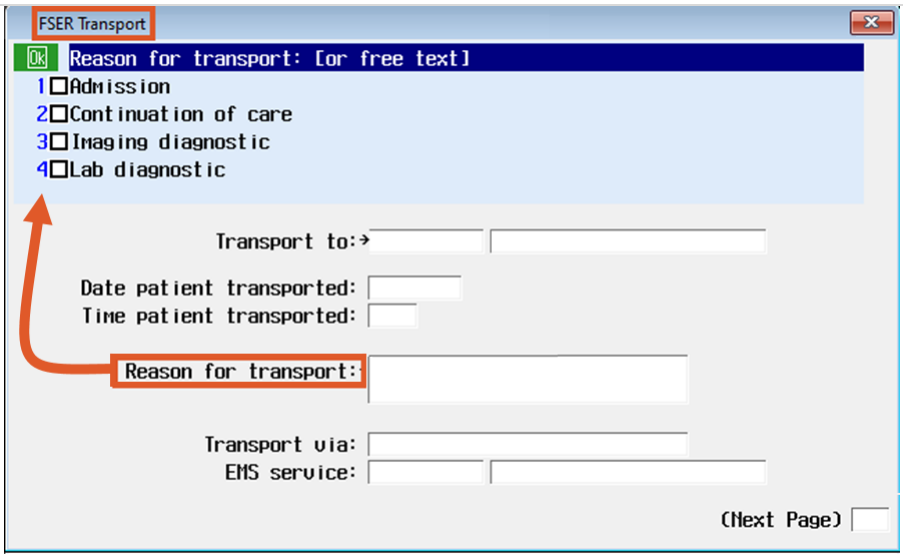
In Arrival, users are taken through the Arrival fields on the beginning page:

- Arrival from
- Date patient arrived
- Time patient arrived
- Arrived via
- EMS service



The next page of the Arrival assessment has the following fields:

- Flowsheet
- Assess pain
- Arrival comment

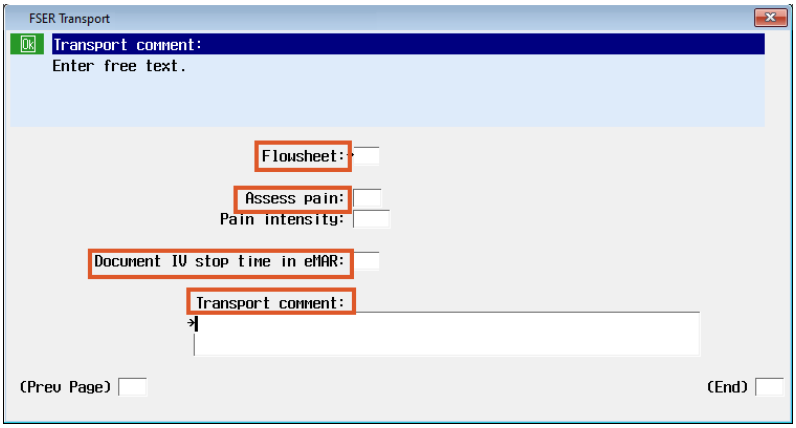


In Transport, users are taken through the Transport fields on the beginning page:

- Transport to
- Date patient transported
- Time patient transported
- Reason for transport
- Transport via
- EMS service

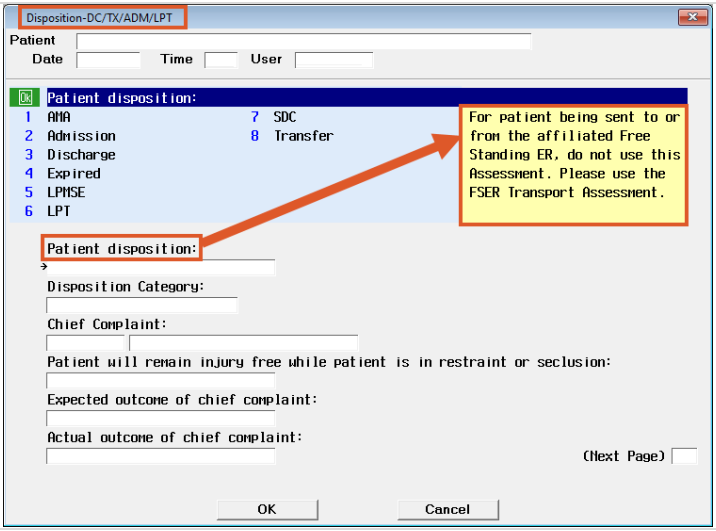
The responses for *Reason for transport* have been updated to:

- Admission
- Continuation of care
- Imaging diagnostic
- Lab diagnostic
- Free text



The next page of the Transport assessment has the following fields:

- Flowsheet
- Assess pain
- Document IV stop time in eMAR
- Transport comment



Disposition-DC/TX/ADM/LPT

For *Patient disposition*, the new yellow informational box provides additional guidance:

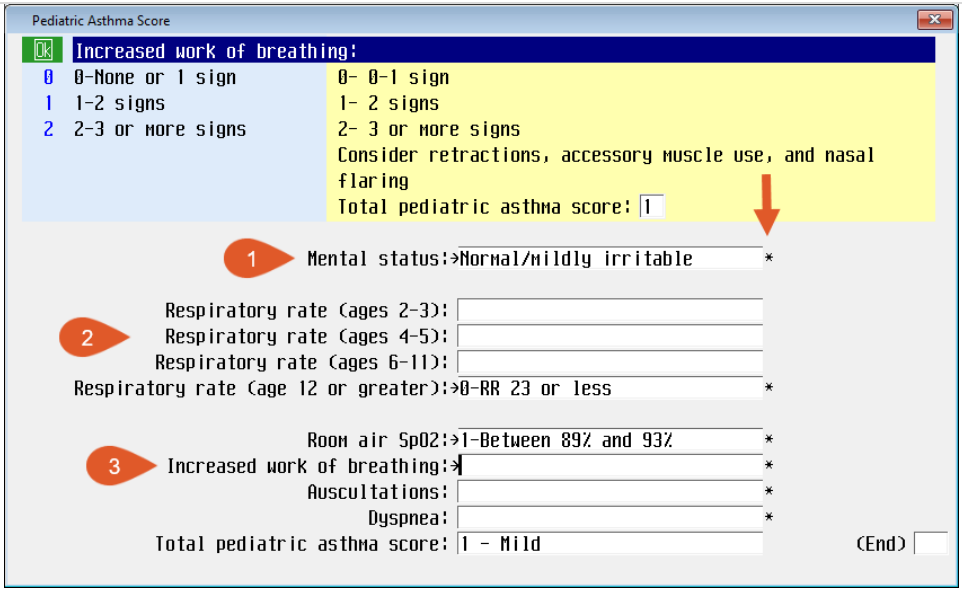
> For the patient being sent to or from the affiliated Free Standing ER, do not use this Assessment. Please use FSER Transport Assessment.

This update affects the following interventions:

Emergency Department		
Disposition-DC/TX/ADM/LPT	FSER Arrival	FSER Transport

Pediatric Asthma Scoring (PAS) Update

The **Pediatric Asthma Scoring** is not based on the most current evidence-based practice guidelines and facilities are utilizing different tools. A new Pediatric Asthma Scoring Tool has been adopted.



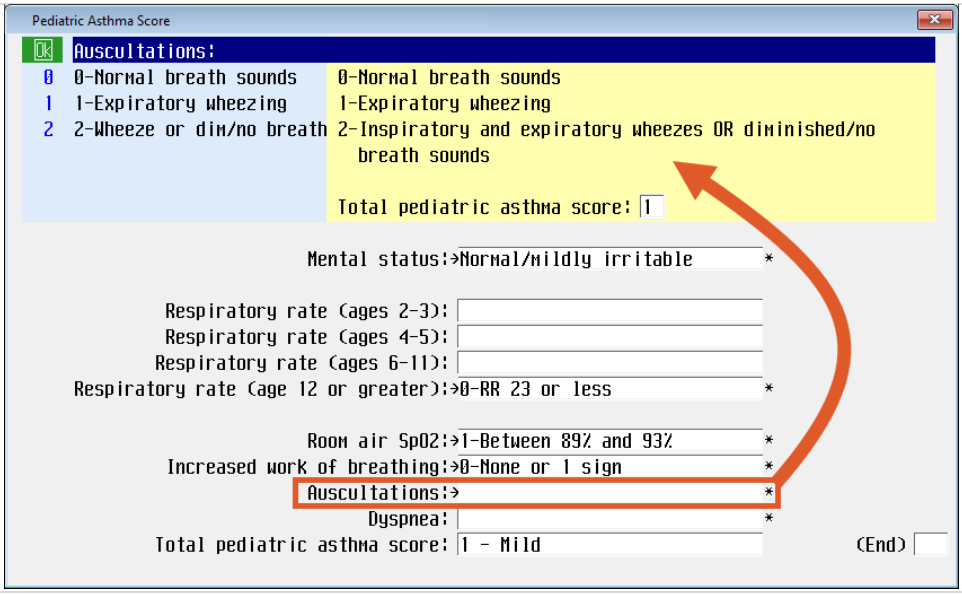
The **Pediatric Asthma Scoring Tool** order has been updated.

All responses will be ***required**** and the tool will auto calculate a score based upon responses selected.

1 - *Mental status* is the first ***required**** field and is *not* part of the calculated score.

2 - **Respiratory rate** age ranges have been updated.

3 - *Retractions* has been renamed ***Increased work of breathing***.



The response options for *Auscultation* have been updated:

- 0-Normal breath sounds
- 1-Expiratory wheezing
- 2-Wheeze or dim/no breath

The **Yellow Information Box** offers additional guidance for '2-Wheeze or dim/no breath':

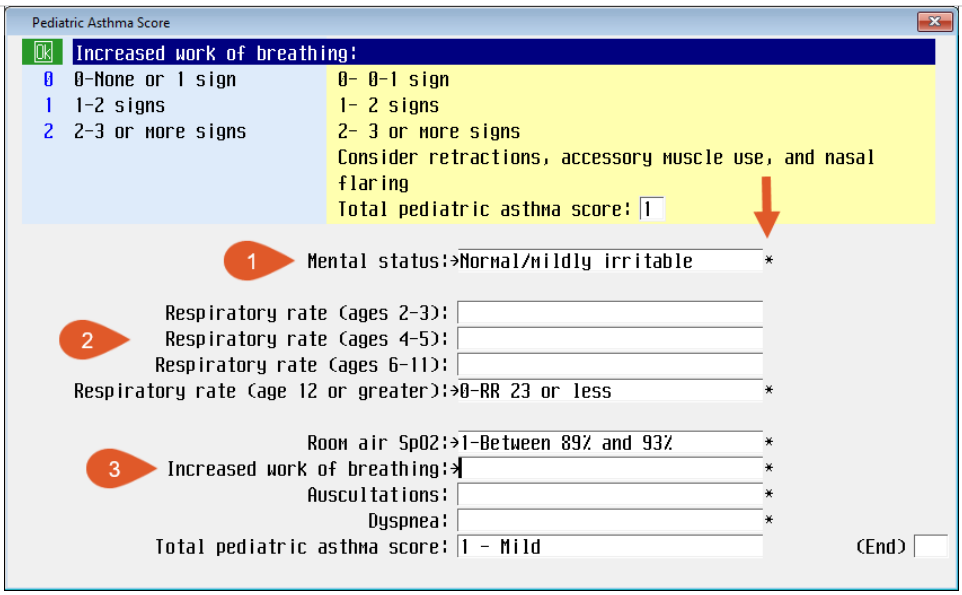
> 2- Inspiratory and expiratory wheezes OR diminished/no breath sounds

This update affects the following interventions:

Nursing	Emergency Department
Pediatric Asthma Score	Pediatric Asthma Score
RT PED: Asthma Score	

Pediatric Asthma Scoring (PAS) Update – High Altitude

The **Pediatric Asthma Scoring (High Altitude)** is not based on the most current evidence-based practice guidelines and facilities are utilizing different tools. A new Pediatric Asthma Scoring Tool has been adopted.



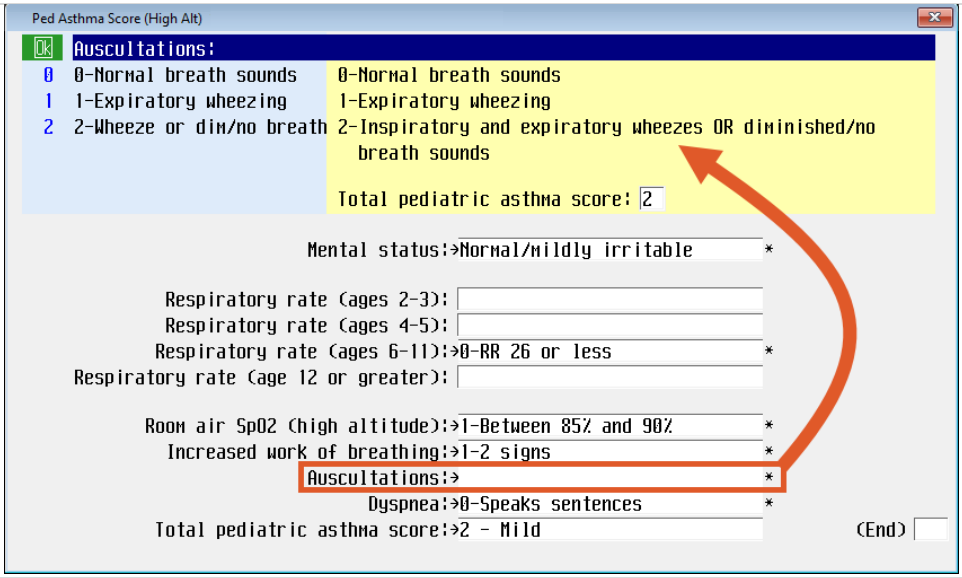
The **Pediatric Asthma Scoring Tool** order has been updated.

All responses will be ***required**** and the tool will auto calculate a score based upon responses selected.

1 - *Mental status* is the first ***required**** field and is *not* part of the calculated score.

2 - **Respiratory rate** age ranges have been updated.

3 - *Retractions* has been renamed ***Increased work of breathing***.



The response options for *Auscultation* have been updated:

- 0-Normal breath sounds
- 1-Expiratory wheezing
- 2-Wheeze or dim/no breath

The **Yellow Information Box** offers additional guidance for '2-Wheeze or dim/no breath':

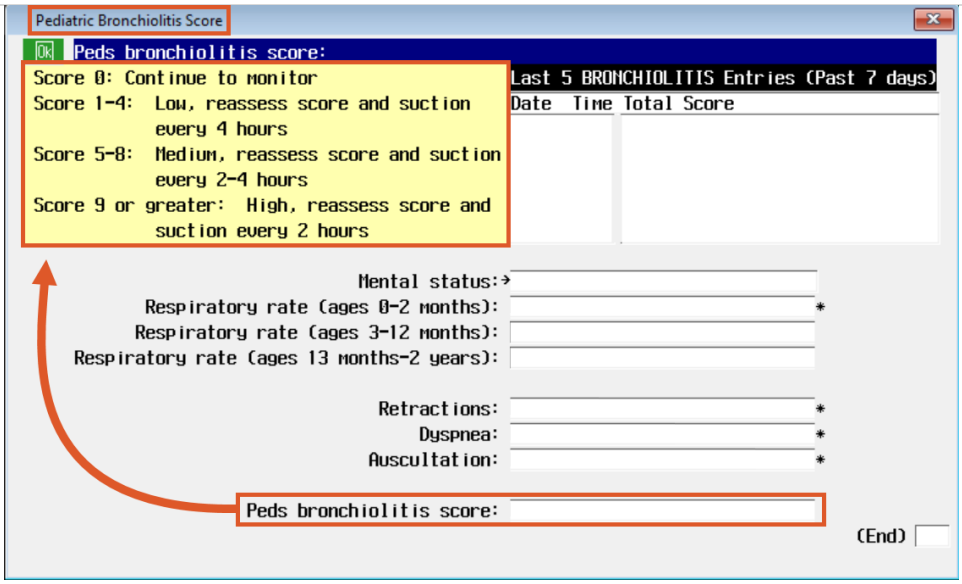
> 2- Inspiratory and expiratory wheezes OR diminished/no breath sounds

This update affects the following interventions:

Nursing	Emergency Department
Pediatric Asthma Score (High Altitude)	PED Asthma Score - High Alt
RT PED: Asthma Score (High Altitude)	

Pediatric Bronchiolitis Score

This update introduces the Pediatric Bronchiolitis Scoring Tool. A total score is generated based on the patient assessment and will automatically populate Provider Pediatric documentation templates.



The **Pediatric bronchiolitis score** will auto-calculate based on the following fields:

- Respiratory rate
- Retractions
- Dyspnea
- Auscultation

The yellow information box provides nurses with next steps based off the bronchiolitis score with the following guide:

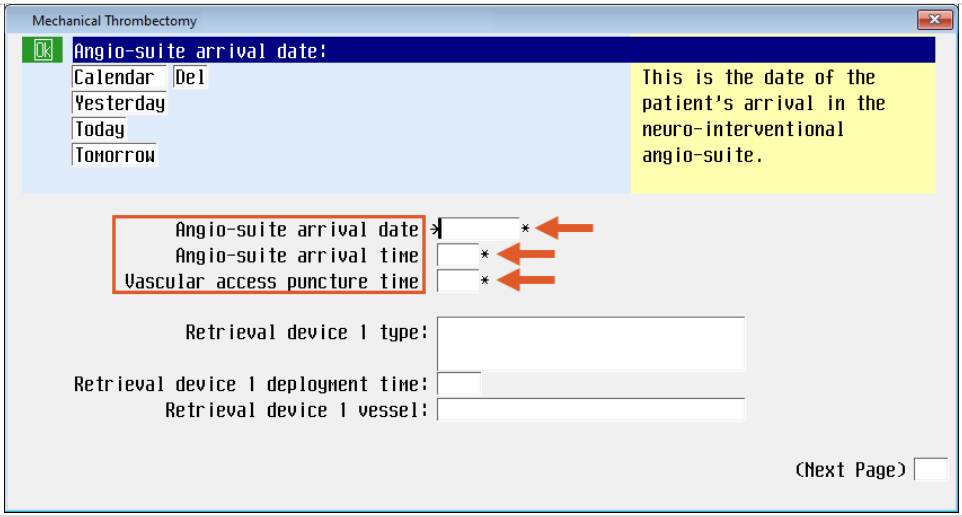
- **Score 0**: Continue to monitor
- **Score 1-4**: Low, reassess score and suction every 4 hours
- **Score 5-8**: Medium, reassess score and suction every 2-4 hours
- **Score 9 or greater**: High, reassess score and suction every 2 hours

This update affects the following interventions:

Nursing	Emergency Department
Pediatric Bronchiolitis Score	Pediatric Bronchiolitis Score +
RT PED Bronchiolitis Score	

Stroke Mechanical Thrombectomy Documentation

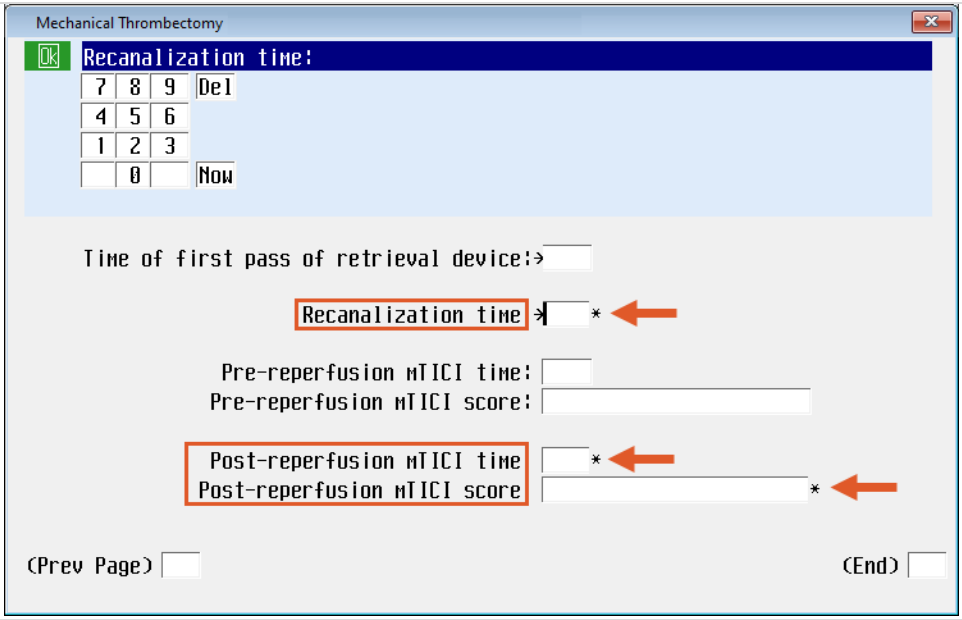
To gain insight into our advanced stroke centers, necessary documentation has been made ***required**** to track/trend the performance and outcomes of our advanced stroke center patients.



The **SURG: Mech Thrombectomy Intra Op** has been updated.

The following fields are now ***Required****:

- Angio-suite arrival date
- Angio-suite arrival time
- Vascular access Puncture time



On page 2, the following fields are now ***required****:

- Recanalization Time
- Post-reperfusion mTICI time
- Post-reperfusion mTICI Score

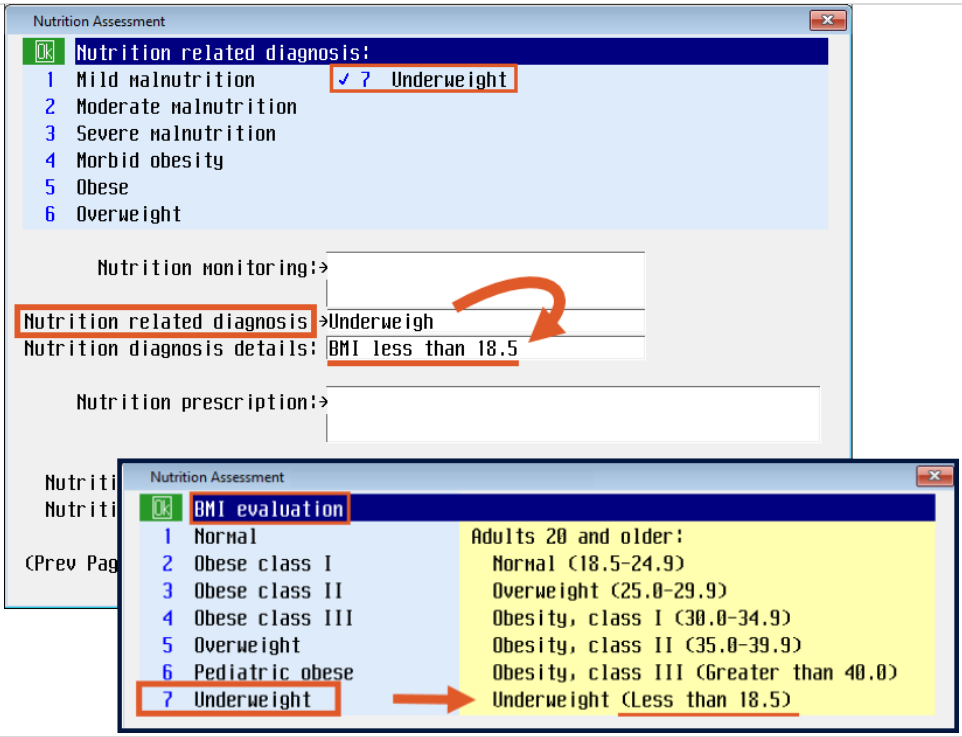
This update affects the following interventions:

Surgery
SURG: Mech Thrombectomy Int

Nursing & Ancillary Module

Clinical Nutrition - Nutrition Related Diagnosis Update

Conflicting definitions of 'Underweight' identified in the **Nutrition Assessment** has been resolved.



In the **Nutrition Assessment**, the *Nutrition diagnosis details* for an 'Underweight' has been updated to **BMI less than 18.5**.

Previously listed as *BMI less than 19.9*, this update resolves the conflict between the *Nutrition diagnosis details* and the *BMI evaluation* fields in the **Nutrition Assessment** intervention.

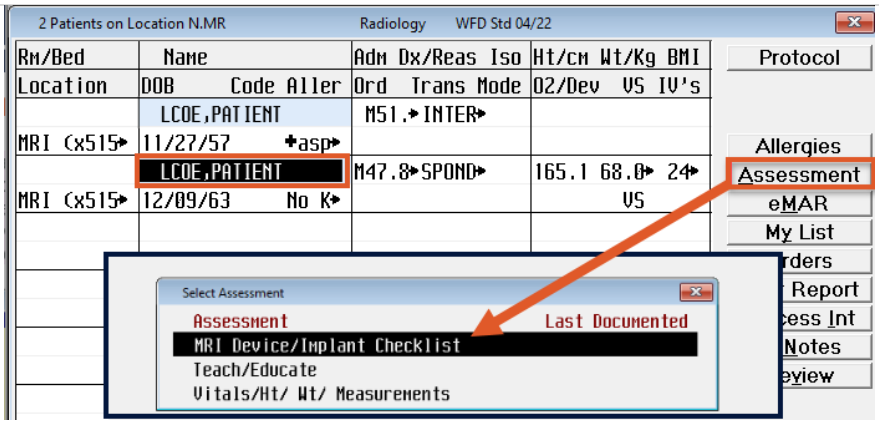
This update affects the following interventions:

Nursing
Nutrition Assessment +

MRI Device/Implant Checklist

The **MRI Device/Implant Checklist** was developed to provide a standardized method for MRI technologists in documenting required MRI safety investigations for patients with implanted devices.

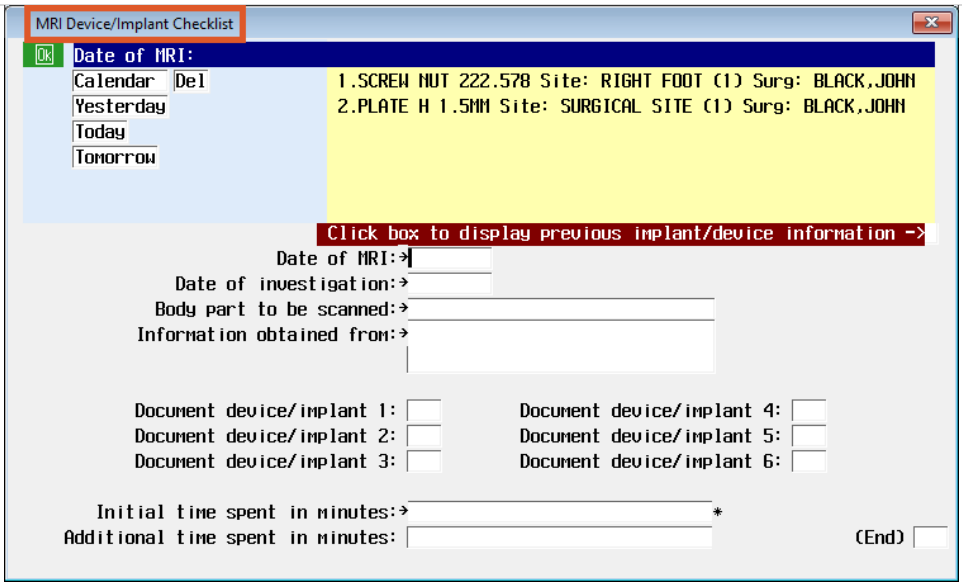
This checklist can be accessed via the **Assessments** routine in the **Nursing** module and supports the use of newly introduced CPT codes that recognize MRI technologists' time and effort associated with implant safety investigative activities.



Important Notice

This newly built intervention ***Must*** be accessed and documented on via the Nursing module using the **Assessment** routine.

This workflow may differ from the usual Radiology Technologist process.

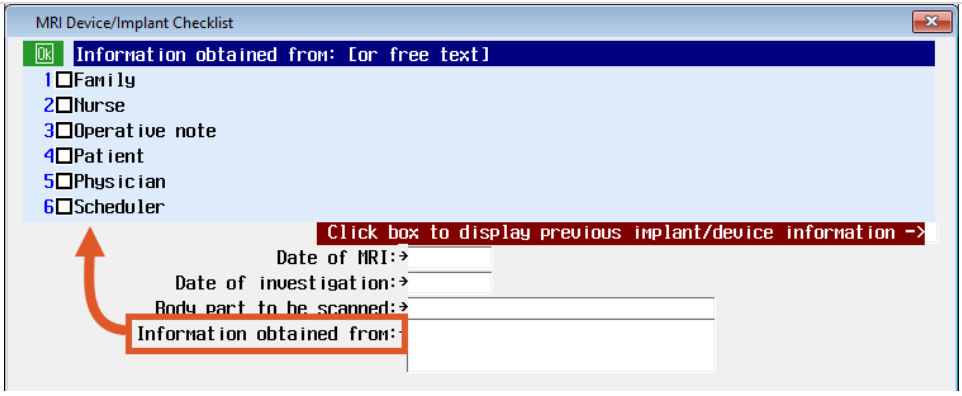


The **MRI Device/Implant Checklist** will display any devices/implants placed at the facility in the yellow information box.

Fields included on the checklist:

- Date of MRI
- Date of investigation
- Body part to be scanned
- Information obtained from
- Document device/implants 1-6
- Initial time spent in minutes
- Additional time spent in minutes

Note: *Initial time spent in minutes* is the only **required*** field upon initial documentation.
Additional time spent in minutes will become available only if the user files this document as unverified and then goes back in to finish documentation.

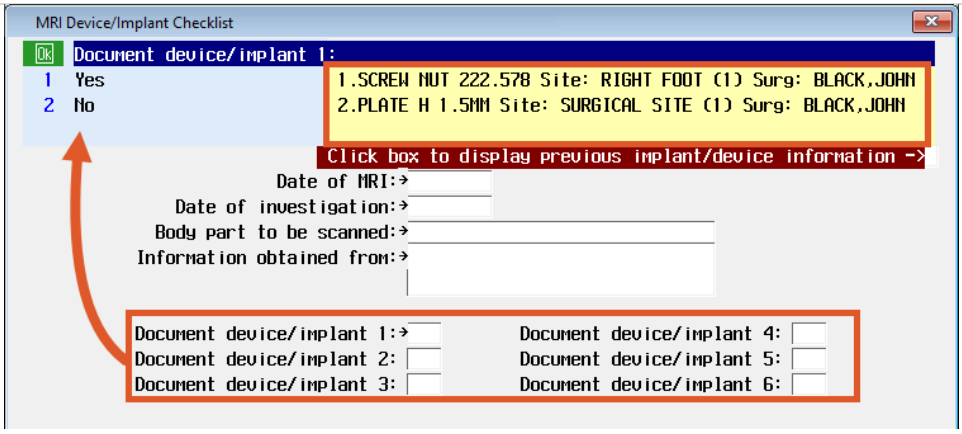


The first two fields, *Date of MRI* and *Date of investigation* accepts date responses.

Body part to be scanned is a 'free text' response field.

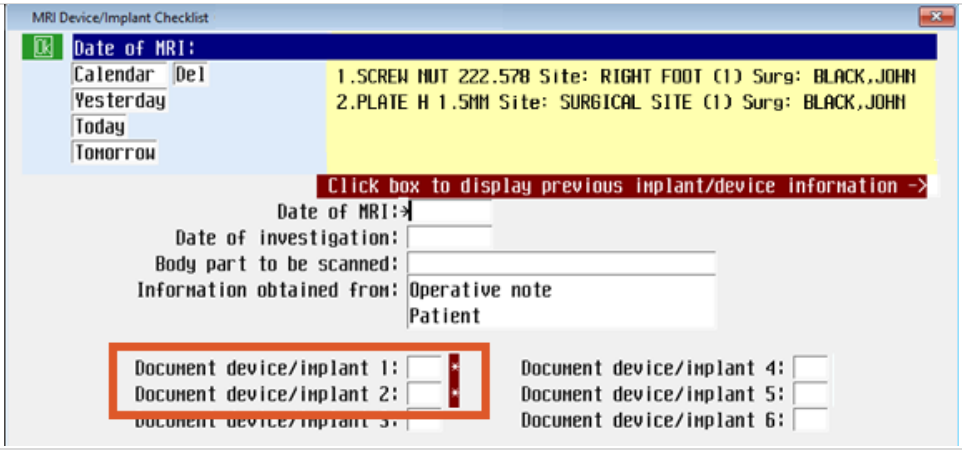
Information obtained from has the following responses:

- Family
- Nurse
- Operative Note
- Patient
- Physician
- Scheduler
- Free text

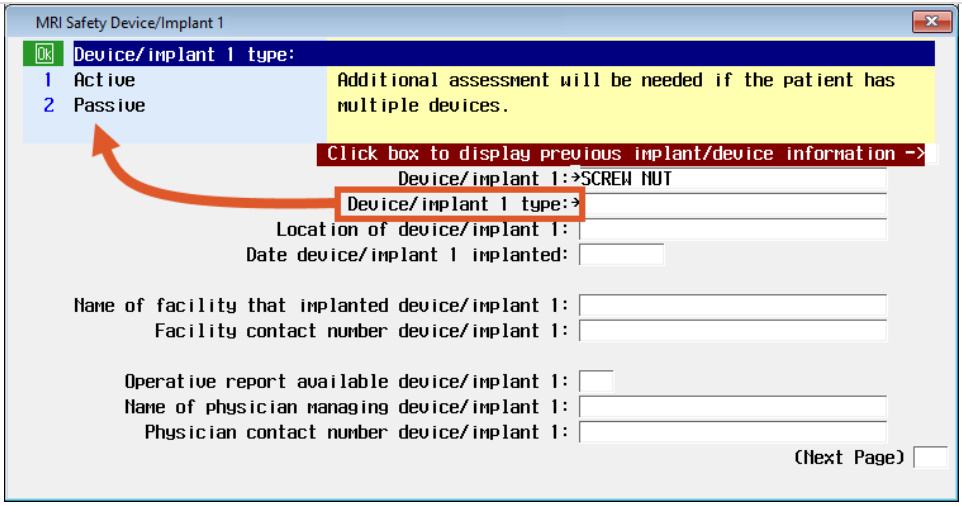


Document device/implant 1-6 has a 'Yes' or 'No' response.

Note: The yellow information box contains previously documented data from the assessment and/or implant documentation found in the OR module within the Market. devices/implants documented in the OR Module or from previous documentation.



When information has been previously recorded in Device/Implant fields 1–6, a red background asterisk (*) will be shown next to the corresponding field.

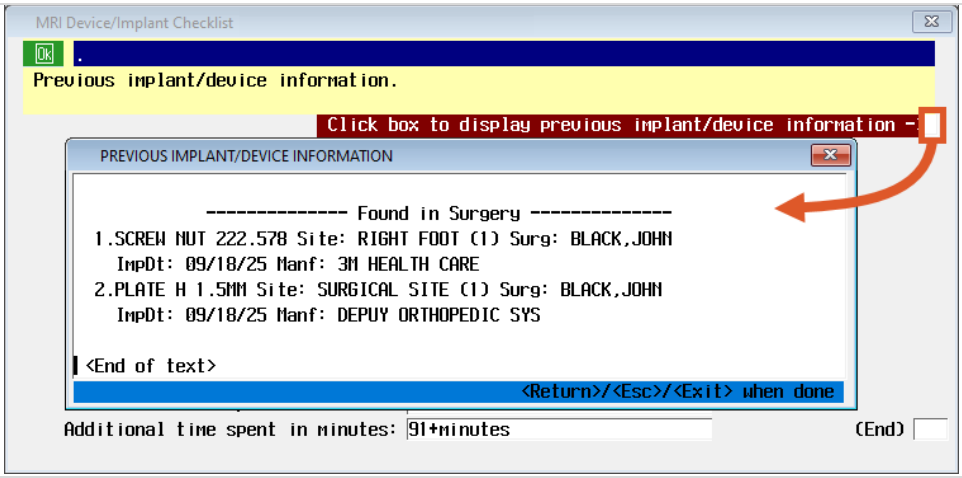


When 'Yes' is entered into *Document device/implant 1,* MRI Safety Device/Implant 1 screen displays.

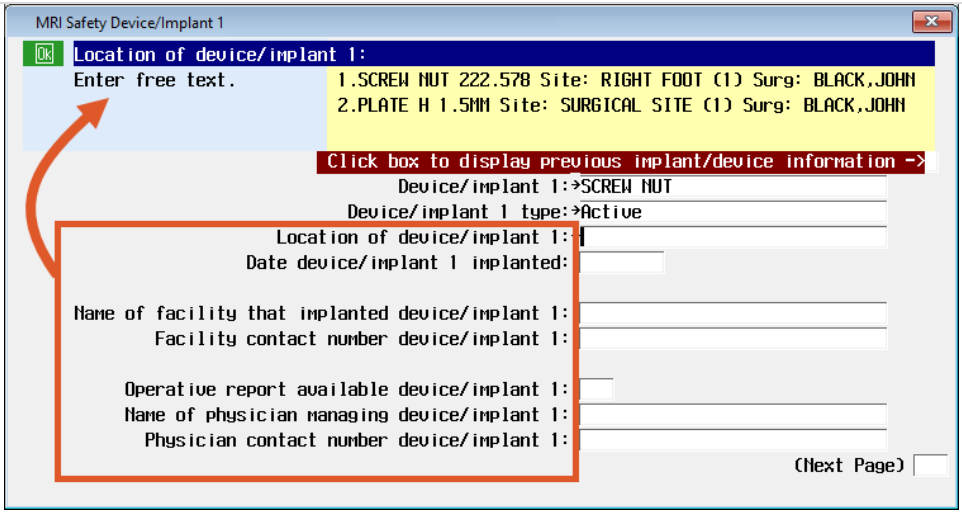
Device/implant 1 is a free text field.

The field *Device/implant 1 type* has an 'Active' or 'Passive' response.

Note: The yellow information box stating that additional assessments will be needed if the patient has multiple devices.

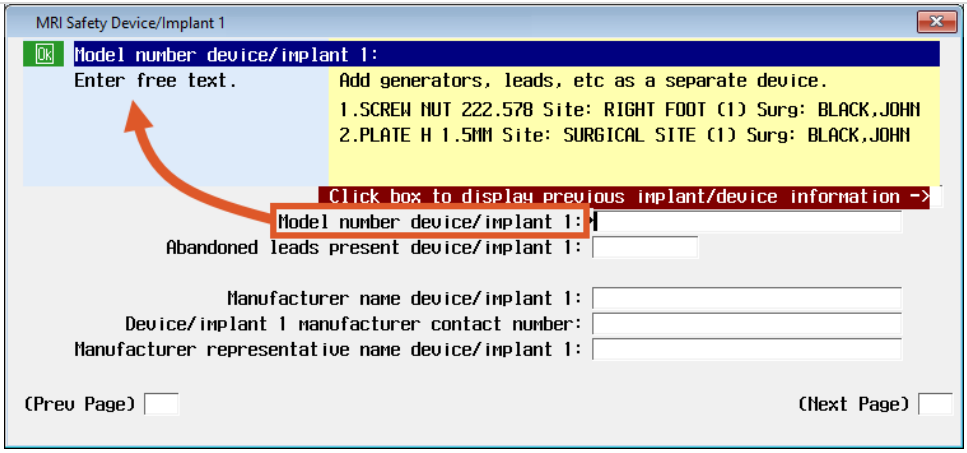


The Click box provides further details on implants, as well as how the information was obtained, e.g. a previous MRI Device/Implant assessment or the OR module.



The remaining fields on the initial page are free text:

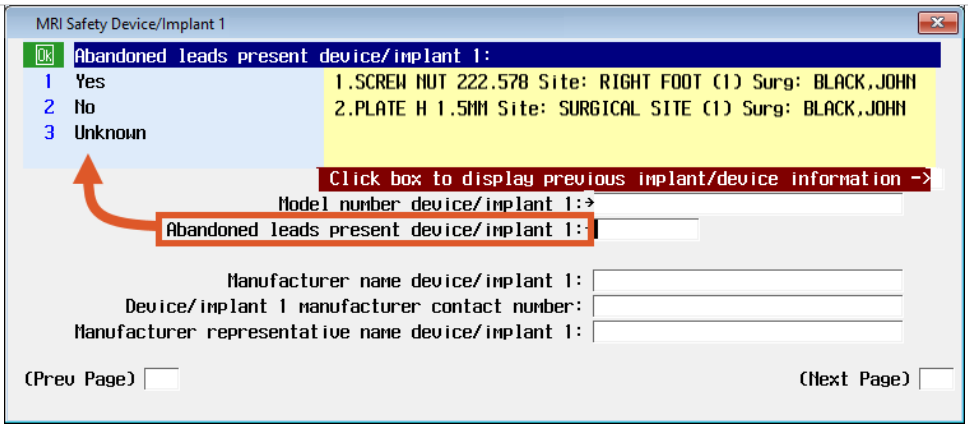
- Location of device/implant 1
- Date device/implant 1 implanted
- Name of facility that implanted device/implant 1
- Facility contact number device/implant 1
- Operative report available device/implant 1
- Name of physician managing device/implant 1
- Physician contact number device/implant *1*



The next screen has fields specific to the device/implant.

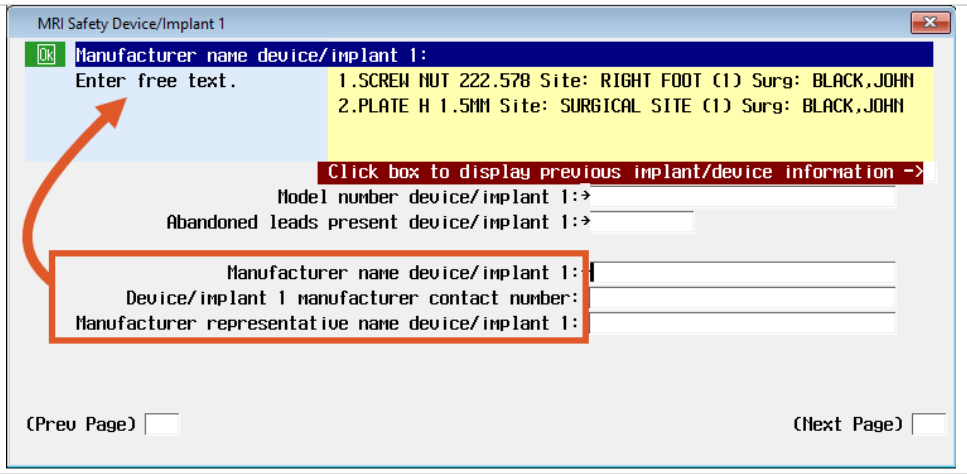
Model number device/implant 1 is a free text field.

Note: The yellow information box provides guidance to Add generators, leads, etc as a separate device.



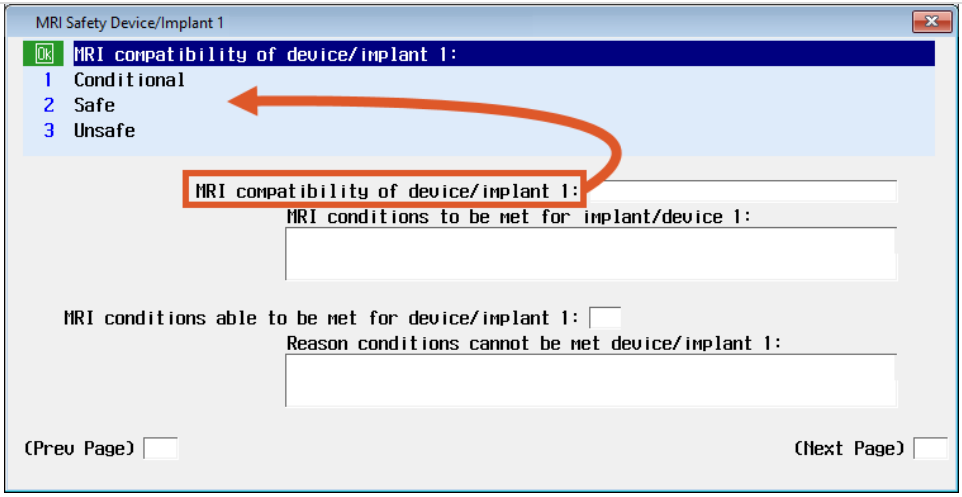
The field *Abandoned leads present device/implants 1* has the following responses:

- Yes
- No
- Unknown



The remaining fields on this screen allow free text entry:

- Manufacturer name device/implant 1
- Device/implant 1 manufacturer contact name
- Manufacturer representative name device/implant 1

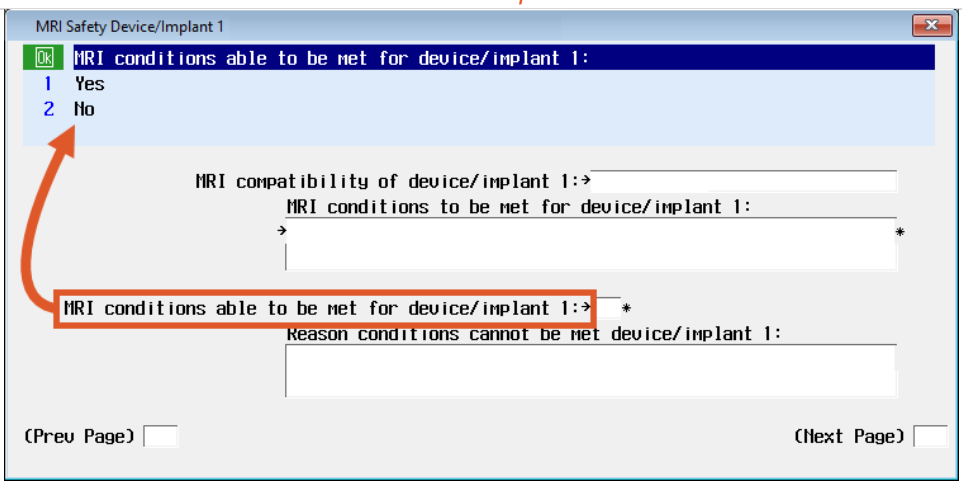


Note: When Safe or Unsafe are selected for *MRI compatibility of device/implant 1*, users are skipped to the next screen, bypassing *MRI conditions to be met for implant/device 1*, *MRI conditions able to be met for device/implant 1*, and *Reason conditions cannot be met device/implant 1.*

The next screen has fields specific to device/implant compatibility.

MRI compatibility of device/implant 1 has the following responses:

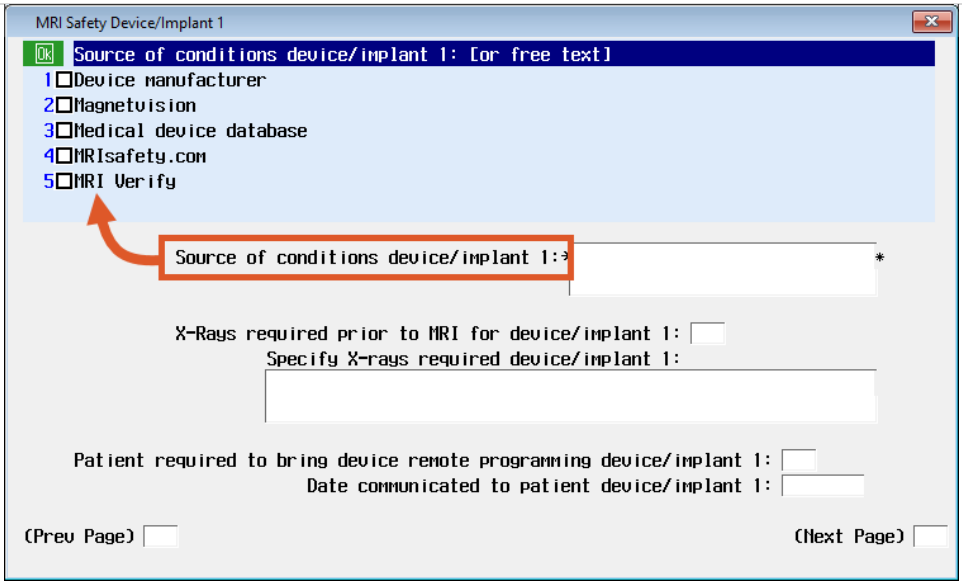
- Conditional
- Safe
- Unsafe



When "Conditional' is selected for *MRI compatibility of device/implant 1*, the following field becomes required:

- MRI conditions to be met for implant/device 1
- MRI conditions able to be met for device/implant 1
- Reason conditions cannot be met device/implant 1

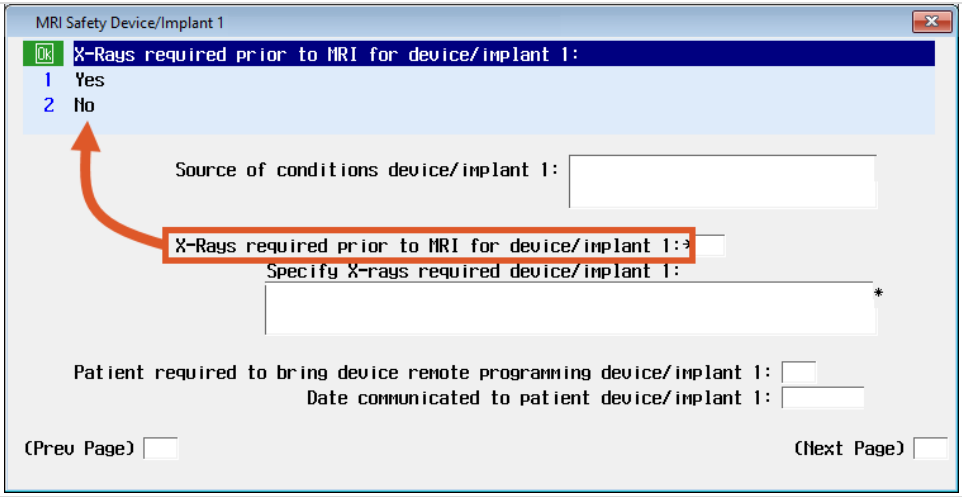
MRI conditions able to be met for device/implant 1 is a 'Yes' or 'No' response.



Additionally, when 'Conditional' is selected for *MRI compatibility of device/implant 1*, the field *Source of conditions device/implant 1* becomes available with the following responses:

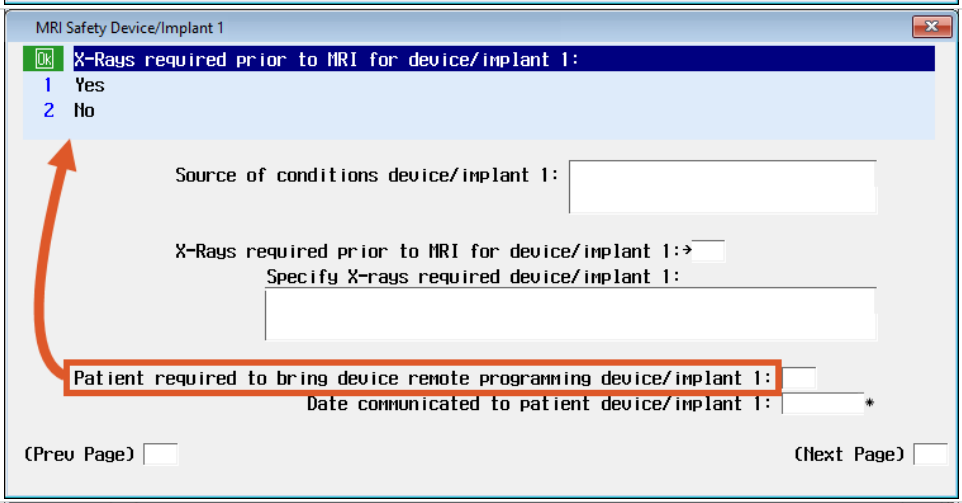
- Device manufacturer
- Magnetvision
- Medical device database
- MRIsafety.com
- MRI Verify
- Free text

Note: When Safe or Unsafe are selected for *MRI compatibility of device/implant 1*, the system skips Source of conditions device/implant 1.



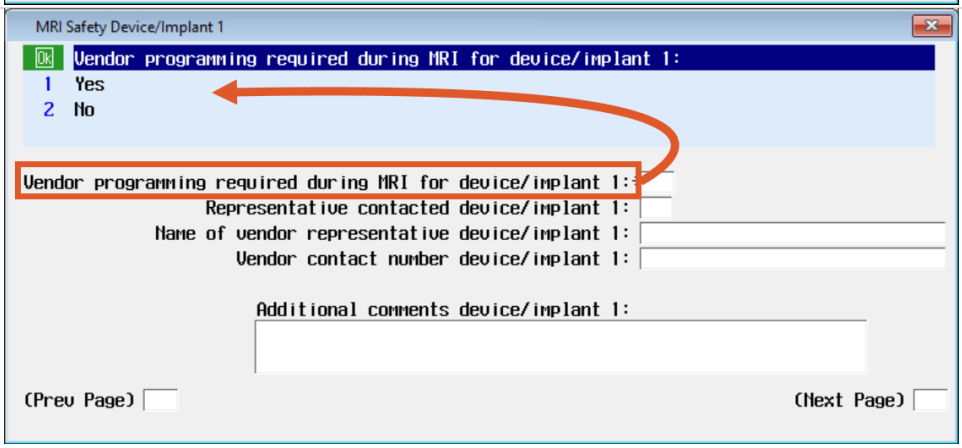
X-Rays required prior to MRI for device/implant 1 has 'Yes' or 'No' response.

Note: If 'Yes' is the response for the *X-Rays required prior to MRI for device/implant 1*, then a free text response is required for *Specify X-rays required device/implant 1*.



Patient required to bring device remote programming device/implant 1 a 'Yes' or 'No' response.

Note: If 'Yes' is the response for the *Patient required to bring device remote programming device/implant 1* field, then the *Date communicated to patient device/implant 1* will be required.

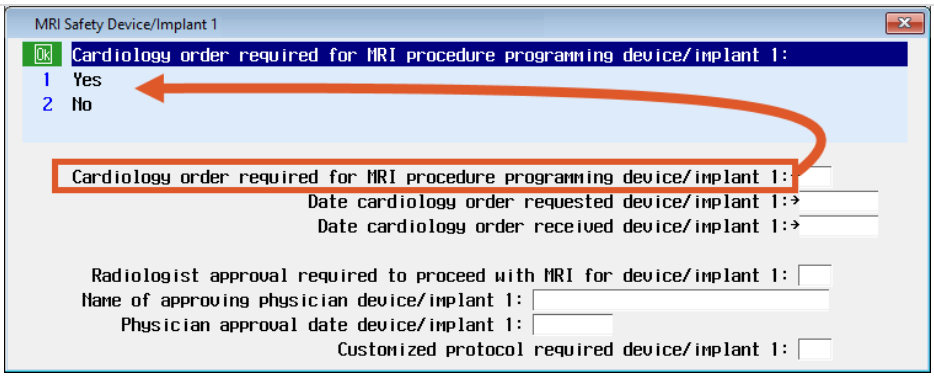


The next screen contains specific fields related to Vendor representation for the device/implant. *Vendor programming required during MRI for device/implant 1* has a 'Yes' or 'No' response.

When 'Yes' is answered, the following fields become required:

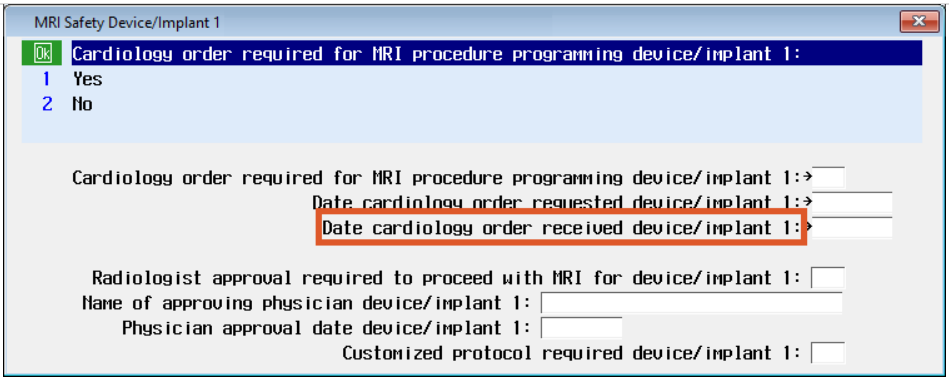
- Representative contacted device/implant 1
- Name of vendor representative device/implant 1
- Vendor contact number device/implant 1

Additional comments device/implant 1 is optional and free text.



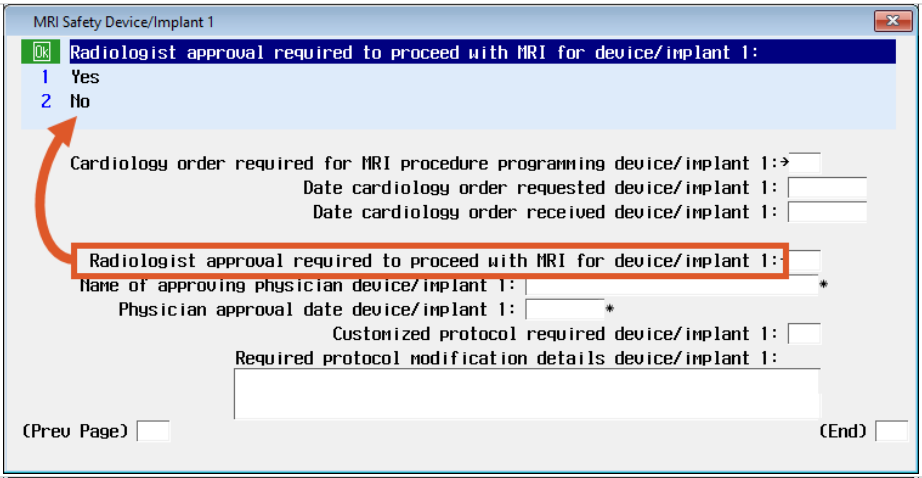
Cardiology order required for MRI procedure programming device/implant 1 has a 'Yes' or 'No' response.

If 'Yes' is selected, *the Date cardiology order requested device/implant 1* becomes required.



Date cardiology order received device/implant 1 is conditionally required if the date has been entered for Date cardiology order requested device/implant 1.

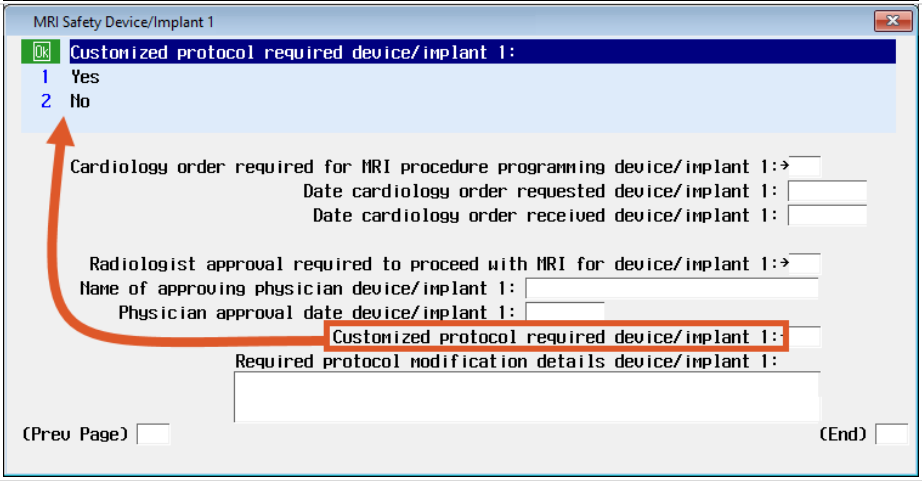
Note: If the cardiology order has not been received, the assessment should be filed unverified. Once the order is received, users should return to the document and enter the date received.



Radiologist approval required to proceed with MRI for device/implant 1 has a 'Yes' or 'No' response.

If 'Yes' is selected, the following fields are required:

- Name of approving physician device/implant 1
- Physician approval date device/implant 1



Customized protocol required device/implant 1 has a 'Yes' or 'No' response.

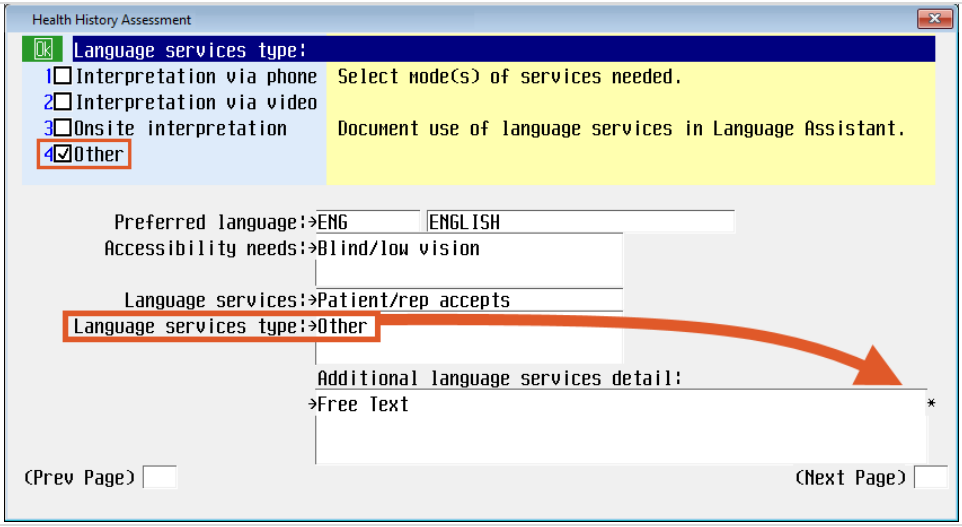
When 'Yes' is selected, *Required protocol modification details device/implant 1* becomes required.

Note: The assessment can be filed unverified at any point to add additional information at any point.

Nursing, EDM & SUR Modules

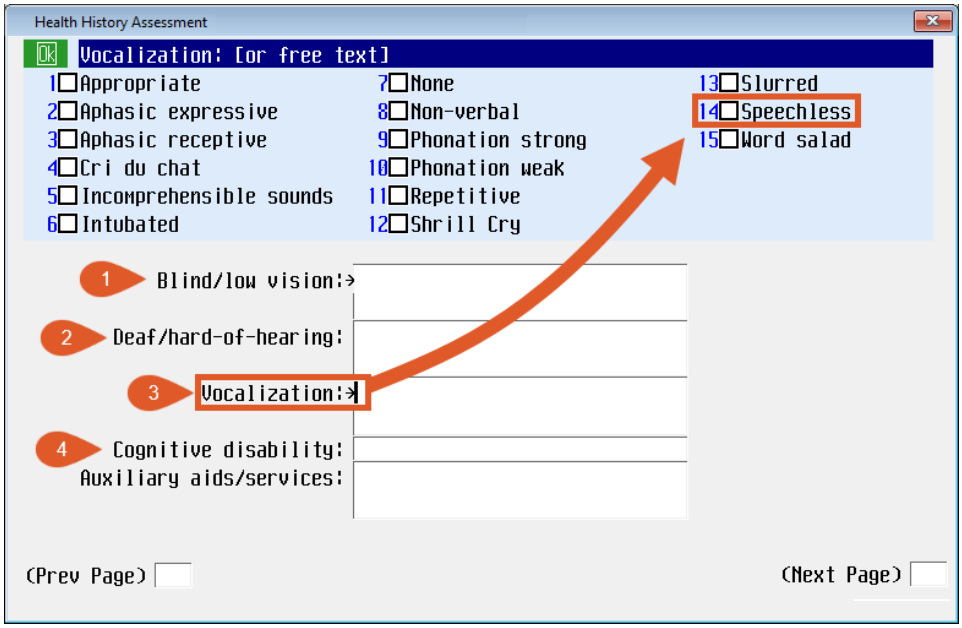
ADA update to Health History

Selected Language fields on the **Health History** Assessment have been updated to enhance identifying patients that need ADA resources as well as ensuring they are offered the correct accessibility services. Verbiage has been updated to align with current ADA recommendations.



Language service type field responses have been updated. 'Other' has been added as an available response.

Note: If Other is selected, then *Additional language services detail* becomes a ***required**** Free Text field in order to provide any additional details about language services needs or preferences.



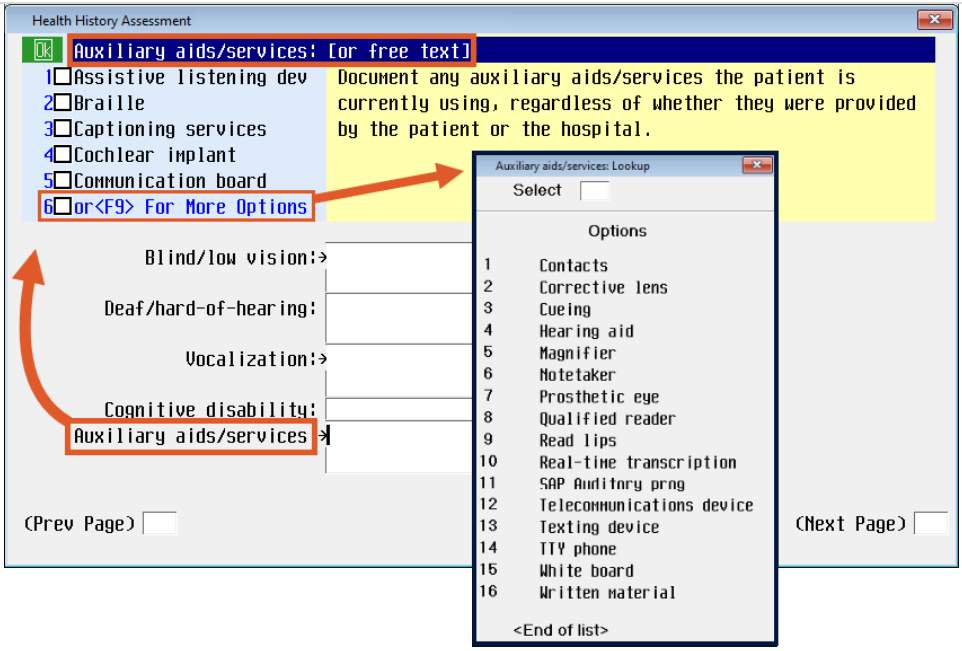
The following verbiage has been updated per ADA recommendations:

1 - *Vision impairment* has been updated to ***Blind/low vision***

2 - *Hearing impairment* has been updated to **Deaf/hard-of-hearing**

3 - Under *Vocalization,* the field response '*Mute'* has been updated to **'Speechless'**

4 - *Cognitive impairment* has been updated to **Cognitive disability**



The **Yellow informational** box provides additional guidance:

Document any auxiliary aids/ services the patient is currently using regardless of whether they were provided by the patient or the hospital.

Auxiliary aids/services is a new multi-select field with the following responses:

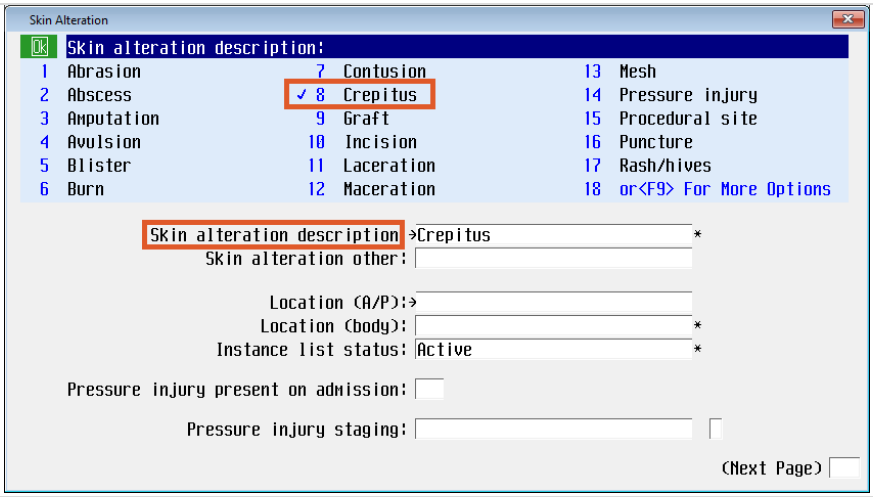
- Assistive listening dev
- Braille
- Captioning services
- Cochlear implant
- Communication board
- Contacts
- Corrective lens
- Cueing
- Hearing aid
- Magnifier
- Notetaker
- Prosthetic eye
- Qualified reader
- Read lips
- Real-time transcription
- SAP Auditory programming
- Telecommunications device
- Texting device
- TTY phone
- White board
- Written Material
- Or 'Free-Text comment'

This update affects the following interventions:

Nursing	Emergency Department	Surgery
Admission/Shift Assessment +	Detailed Assessment	SURG: Assessment PAC +
Admission Health History +	Paramedic Intake	SURG: Admission Assessment +
BH: Level of Care Assessment +	Non-Urgent General Focus	SURG: Admission Assessment Int +
BH: Outpatient Initial Nurse Assessment+	Rapid Initial Assessment	SURG: Admission Health History +
BH: Psychosocial Assessment (PSA) +	First Point of Contact - Onc	SURG: Neurological Assessment Pre +
BH: Health History Assessment +	Recept MOA 1st POC	SURG: Neurological Assessment Int +
Neuro Checks +		SURG: Neurological Assessment PAC +
Neonatal Intervention +		

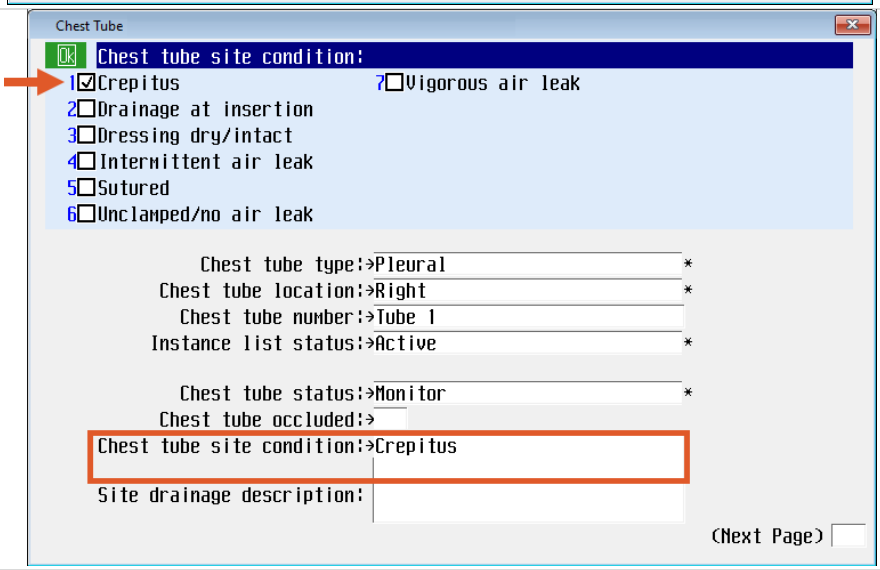
Subcutaneous Emphysema (Crepitus) Update

There is no designated area to document the presence of subcutaneous emphysema (Crepitus). Updates have been made to the **Integumentary Assessments** as a *Skin alteration type* as it can be located in the face, neck, periorbital area, abdomen and even extremities. Updates have also been made to the Chest Tube documentation.



Skin Alteration

In the *Skin alteration* documentation instance, the response 'Crepitus' has been added as an option for *Skin alteration description.*



Drains: Chest Tube

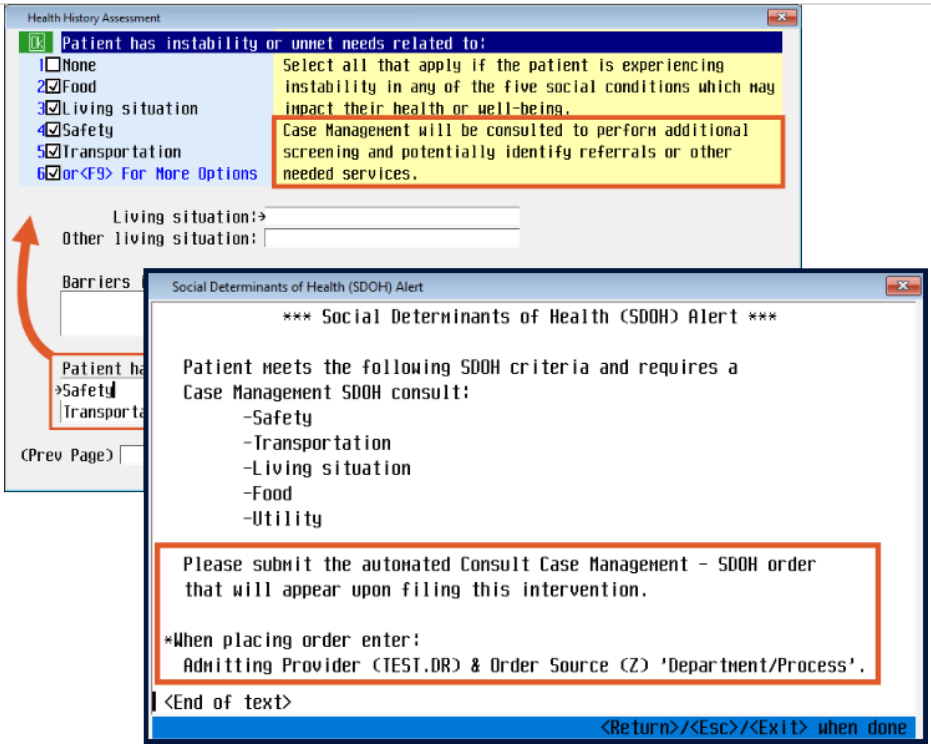
In the *Chest Tube Drain* documentation instance, the response 'Crepitus' has been added as an option for *Chest tube site condition.*

This update affects the following interventions:

Nursing	Emergency Department	Surgery
Lines/Drains/Airways	Chest Tube Treatment	SURG: Lines, Drains, Airways Pre-op
Critical Care Flow Record	Newborn Stabilization	SURG: Lines, Drains, Airways Intra-op
Skin Alteration Instance	Skin Alteration Instance	SURG: Lines, Drains, Airways PACU
		Skin Alteration Instance

Consult Case Management – SDOH Order Alert

In the 2024.1 MEDITECH 5.6 EHR Release, **Social Determinants of Health (SDOH)** was added to the **Health History Assessment.** A Case Management Consult order will reflex when Food, Living Situation, Safety, Transportation and/or Utility are identified as unmet. A new pop-up alert will now remind nursing what the order is for and provide instructions on how to order the consult.

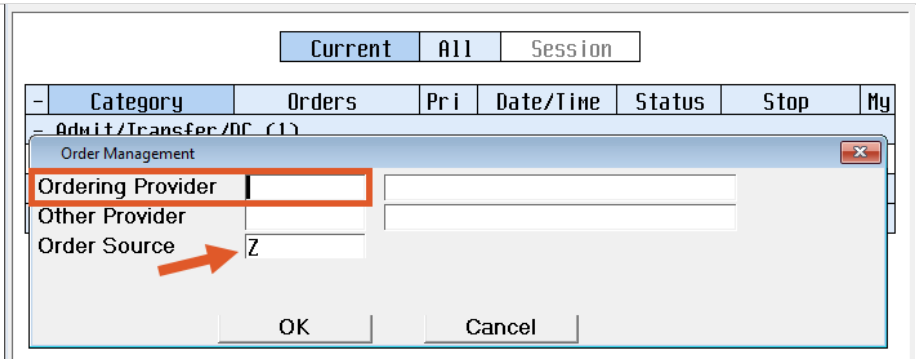


Upon filing the **Health History Assessment**, the **Social Determinants of Health (SDOH) Alert** will serve as a reminder to the clinician to submit a **Consult Case Management – SDOH** order when one or more of the SDOH needs are identified as unmet:

- Food
- Living Situation
- Safety
- Transportation
- Utility

Note: The alert will include guidance when placing the order to:

- Enter the Admitting Provider as the ordering provider
- Use Order Source (Z) 'Department/Process'

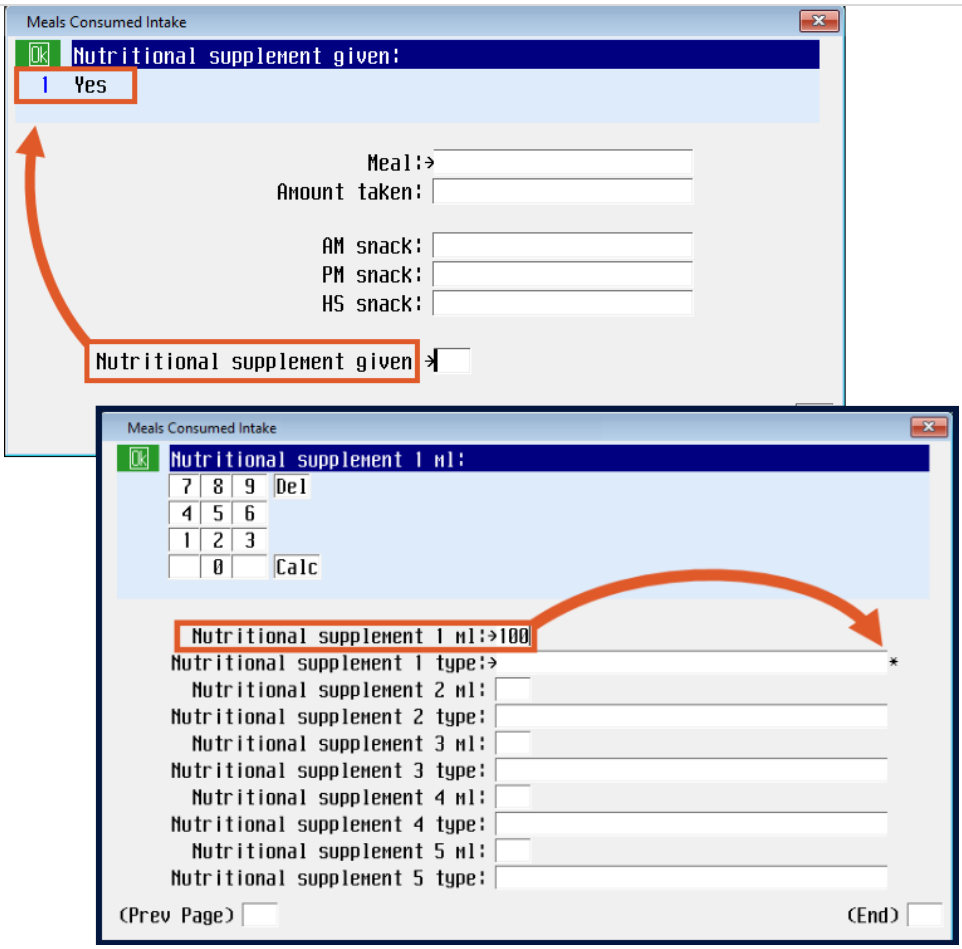


The clinician will be taken directly into **Order Management** where they will then add the:

- **Admitting Provider** as the ordering provider **AND**
- Use **Order Source: 'Z'** (Department/Process) to ensure the consult is properly routed.

Intake Supplement/Additive Documentation

There is currently no way to document the specific nutritional supplement or additive within intake. The nurse can capture the amount of an oral nutritional supplement or "other" intake but there is no free text box or additional fields to identify what was administered or provided.



The **Intake** documentation fields have been updated to allow for additional supplements given.

This update has been added to the following **Intake** selections:

- Infant Nutrition
- Nutrition
- Meals

If 'Yes' is answered for *Nutritional supplement given*, additional **Intake** documentation becomes available.

Users will have the ability to document up to 5 supplements given at one time.

Note: If an *mL amount* is entered for a supplement, the corresponding supplement number field becomes a ***required**** 'free-text' comment field.

This update affects the following interventions:

Nursing	Emergency Department	Surgery
Critical Care Flow Record +	Intake & Output	SURG: Intake and Output Intra-Op +
Intake and Output +	Disposition-DC/TX/ADM/LPT	SURG: Intake and Output PACU +
	Newborn Stabilization	SURG: Intake and Output Pre-Op +