

Anesthesia Upgrade

Epic 2017
November 12

Background on Epic 2017 Upgrade

Why upgrade?

- Epic has identified “new features” with impacts to end-user workflows and improvements to quality of care and productivity.
- Provide BSWH staff with most current Epic EMR software version and capabilities.
- BSWH must be within 1 release version of the current Epic software to remain under the Epic support and maintenance agreement.



Upgrade Dates

2017v Playground Epic (ACEPLY) will be
available on
October 16, 2017

Lockdown Phase – November 5 – 12, 2017

Some functionalities will be limited for changes
during this time.

Go Live – November 12, 2017



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Cross-Role Updates



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Fewer Buttons, Same Abilities in the Snapboard Resource Sidebar



The Snapboard has a cleaner look, making your most frequently used activities more accessible. Click the buttons along the top to view needs and to populate, update, and filter the staff list.

The screenshot shows the Snapboard Resource Sidebar interface. At the top, there is a "Needs" dropdown menu, followed by four icons: a plus sign, a pencil, and two arrows. Below these is a "Find:" search box with left and right navigation arrows. A yellow warning icon is present above a message: "No resources to display. Use the Add button to add resources." Below this is a table with the following columns: Roles, Name, Assign..., and Shifts. The table lists seven roles, each with a corresponding icon:

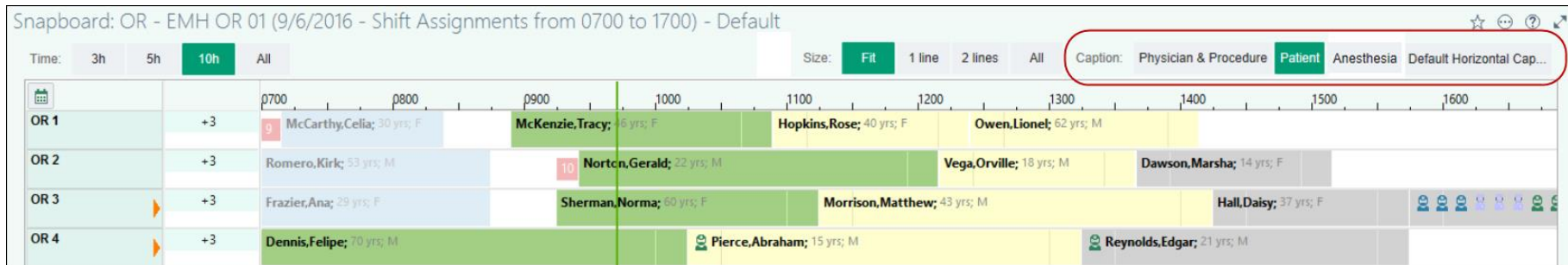
Roles	Name	Assign...	Shifts
	Anesthesiologist		
	CRNA		
	Circulator		
	Scrub Person		
	Anesthesia Resident		
	Anesthesia Fellow		
	Anesthesia Request		

Cross-Role Updates

Choose from Several Default Captions on the Snapboard



On your Snapboard, you can use new caption selection buttons to help you see information that's most relevant to different cases and appointments, and size buttons that let you adjust the number of lines you see on the captions. Use the default captions set by your administrator, or add your own in Snapboard settings.



Cross-Role Updates

Check for Conflicts Based on Real-Time Schedule Projections



The Snapboard now shows case time projection, helping you stay up-to-date and identify and troubleshoot potential problems:

- Red bars indicate cases that are running late and running over.
- Conflict-checking warnings are based on projected times, not the originally scheduled times. (These times might be the same.)

Time:	3h	5h	10h	All	Size:	Fit	1 line	2 lines	All	Caption:	Physician & Procedure	Patient	Default Horizontal
OR 1	Cox, Gretch... +2	McCarthy,Celia; 3... Edwin; Abdominal	McKenzie,Tracy; 46 yrs; F Edwin; Abdominal Hysterecto...	Hopkins,Rose; 40 yrs; F Edwin; Tubal Ligation	Owen,Lionel; 62 yrs; M Edwin; Arteriovenous Fist...								
OR 2	Brady, Daisy (...) +2	Romero,Kirk; 53 yrs; M Kelly; Radical Cystectomy	Norton,Gerald; 22 yrs; M Kell; Inguinal Hernia Repair	Vega,Orville; 18 yrs; M Douglas; Appendect...	Dawson,Marsha; 14 y... Douglas; Appendect...								
OR 3	McLaughlin, ... +2	Frazier,Ana; 29 yrs; F Shelly; Mastectomy	Sherman,Norma; 60 yrs; F Shelly; Mastectomy	Morrison,Matthew; 43 yrs; M Shelly; Excision Of Melanoma	Hall,Daisy; 37 yrs; F Shelly; Breast Biopsy								
OR 4	Taylor, Deb... +2	Dennis,Felipe; 70 yrs; M Rodney; Total Knee Replacement	Pierce,Abraham; 15 yrs; M Dustin; Fractured Rib	Reynolds,Edgar; 21 yrs; M Dustin; Rotator Cuff Repair									
OR 5	Rogers, Rita ... +2	Garrett,Bobby; 24 yrs; M Jeffery; Femoral Herniorrhaphy	Jimenez,Terry; 37 yrs; F Jeffery; Laparoscopic Cholec...	Hansen,Adrienne; 47... Bethany; Tubal Ligat...	Quinn,Arturo; 32 yrs; M Bethany; Laparoscopic Chole...								
OR 6	Moran, Mag... +2	Casey,Jaime; 68 yrs; M Ada; Coronary Artery Bypass Graft	Abbott,Debbie; 59 yrs; F Darrin; Transmyocardial Revascularizat...										
OR 7	Cox, Alison (0... +2	Brewer,Misty; 21 yrs; F Fredrick; Vertical-Ba...	Francis,Erick; 35 yrs; M Fredrick; Gastric Bypass	Obrien,Marion; 35 yrs; F Fredrick; Gastric Bypass	Jenkins,Ashley; 4... Fredrick; Sleeve G...								
OR 8	Cunningham... +2	Barker,Wilfred; 39 yr... Jessica; Carotid Endo...	Singleton,Stephen; 82 yr... Jessica; Ca otid Stenting	Lloyd,Claude; 65 yrs; M Troy; Ambulatory Phl...	Bowers,Julian; 53 yrs; M Troy; Thrombectomy								
OR 9	Norton, Gra... +2	Pittman,Jason; 38 yr... Dixie; Laparoscopic ...	Perry,Cameron; 38 yrs; M Hope; Colectomy	Chavez,Brandy; 42 yrs; F Lee; Hemorrhoidectomy									
OR 10	McKinney, A... +2	Walker,Erika; 56 yrs; F Christine; Abdominal Hys...	Harris,Colin; 29 yrs; M Christine; Vasectomy	Castillo,Janis; 46 y... Rosemary; Breast...	Schwartz,Richard; 64... Rosemary; Arterioven...								
OR 11	Simmons, An... +2	Porter,Delia; 28 yrs; F Ortega; Mastectomy	Green,Tiffany; 31 yrs; F Ortega; Mastectomy	Boyd,Vincent; 43 yrs; M Ortega; Incisional Biopsy	Barnes,Brenda; 40 yrs... Cobb; Breast Biopsy								

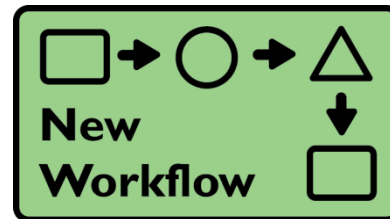
Cross-Role Updates

Anesthesiologist Updates



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Manage Orders in Anesthesia



You can now use the **Manage Orders** activity for anesthesia-related documentation to review and place orders in the one place and it can appear as a **sidebar** for use while viewing the **Intraprocedure** activity.

The screenshot displays the anesthesia management software interface. On the left, a sidebar titled "Responsible Provider: Anne Moore, MD" contains various navigation and monitoring tools. The main area shows a patient's chart for "Test, Anna" with a table of medication orders and a vitals section. On the right, a "Manage Orders" sidebar is open, showing options to place new orders or order sets, and a list of "New Orders" including "Type and screen" and "CBC and differential".

	1452	1453	1454	1504	1505	Totals
propofol (DIP... (mg)						300 mg
propo... (mcg/kg/min)						
midazolam 1 ... (mg)						
rocuronium (mg)						
neostigmine 1... (mg)						
fentaNYL (S... (mcg)						
ePHEDrine in... (mg)						
phenyle... (mcg/min)						
lidocaine 1% (mL)						
lidocaine PF (... (mL)						
glycopyrrolate ... (mg)						
succinylcholin... (mg)						
dexamethaso... (mg)						
LR (mL/hr)				50		
ondansetron ... (mg)						
Voided Urine (mL)						
Est Blood Loss (mL)						
Other (mL)						
NG/OG Tube ... (mL)						
Vent Mode						
PCWP (mmHg)				8.88	9.14	8.88

Vitals

X NIBP	200
BP	
X MAP	
HR (ECG)	150
Pulse	
NIBP (Mean)	

Anesthesia clinicians can keep an eye on vitals in the Intraprocedure activity while placing orders in the Manage Orders sidebar.

CLOSE X

New Look for Manage Orders Activity



- There is no longer a border around **linked orders** in the window that appears when there are similar orders or for the discontinuation of keystone orders.
- On the **Active** tab and **Review Unsigned Orders** window, an icon appears for linked orders instead of a bar to the left of the linked orders.
- Clicking anywhere on the row for a modified or reordered item on the **Active** tab opens the Order Composer.

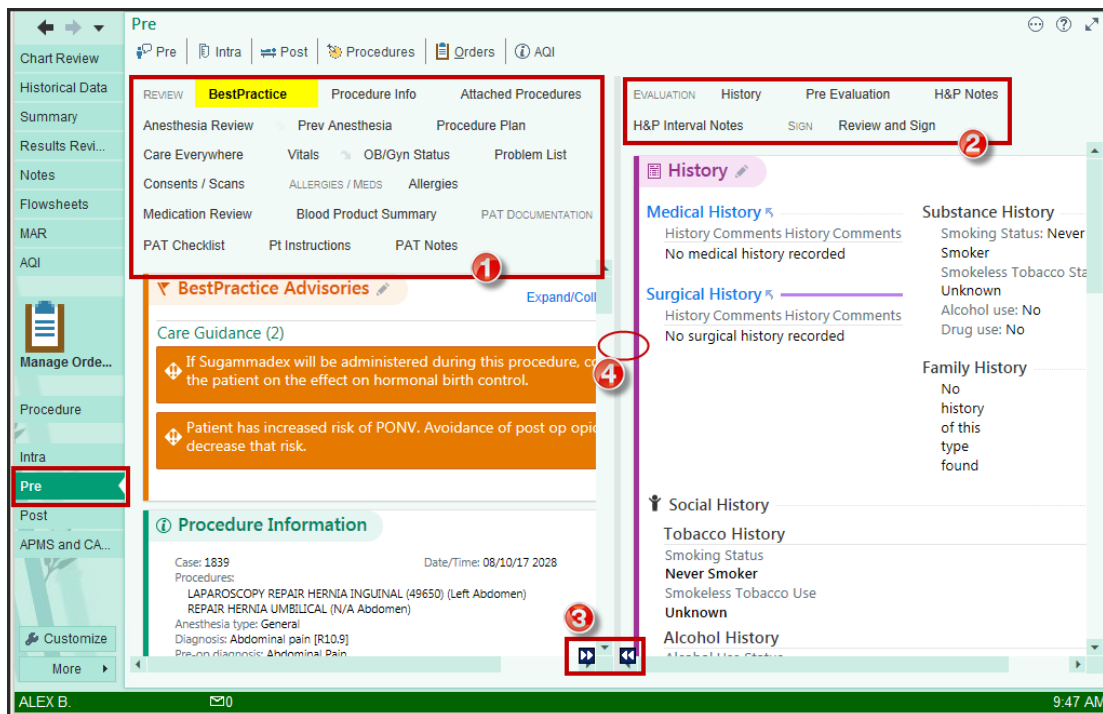
A screenshot of a software interface window titled "Similar active orders that may be duplicates". The window has a light green border and a white background. It contains three rows of order information. Each row includes the medication name, strength, and dosage form, followed by the dose, frequency, and start date. To the right of each row is a "Discontinue" button. At the top right of the window is a "Discontinue All" button. A blue link icon and text "Followed By" are positioned between the first and second rows. The first row is for warfarin (COUMADIN) tablet 10 mg, 10 mg, Oral, DAILY, First dose on Thu 9/8/16 at 1510, For 2 doses. The second row is for ibuprofen (MOTRIN) chewable tablet 100 mg, 100 mg, 3 TIMES DAILY, First dose on Sat 9/10/16 at 1510, Until Discontinued, Oral. The third row is for warfarin (COUMADIN) tablet 5 mg, 5 mg, Oral, DAILY, First dose on Thu 9/8/16 at 1510, For 3 doses.

Anesthesia Pre/Postprocedure Navigators uses Widescreen View



The **Preprocedure navigator** now uses **widescreen view**:

- The screen is now divided into **two panels** with the Section Names (**1** and **2**) displayed at the **top** of each panel. The **Postprocedure navigator** is organized in the same way.
- The **arrows** at the **bottom** (**3**) **expand** either the left or right panel width.
- You can also use the **mouse** to **manually** expand either panel (**4**).



Decide When to Open an Anesthesia Record



- Clinicians no longer have to select or create an anesthesia record when they first open an encounter to be able to later document or review information in anesthesia navigator sections or activities.
- Now they can wait to open an anesthesia record until they have to complete **anesthesia-specific documentation**. For instance, an anesthesiologist can **open a patient's chart**, examine past results in **Chart Review**, and document some **allergies** without creating an anesthesia record for the case.
- He has to select or create an anesthesia record only if he opens the **Preprocedure Navigator, Intraprocedure activity, or any navigator section that documents information in the anesthesia record.**

NoteWriter Notes Open in the Sidebar by Default

New
Feature



- The text of NoteWriter notes now opens in the sidebar, giving you more space to browse to other activities while writing. If the sidebar is collapsed, click the **Edit Note** link in the NoteWriter to expand it. You can still edit non-NoteWriter notes in the main workspace in places like navigator sections. Clinicians can open the text of their notes in a floating window instead of the sidebar from the Edit Note menu.

The screenshot displays the Epic NoteWriter interface. In the top-left sidebar, the 'Edit Note' link is circled in red. A red arrow points from this link to the 'Edit Note' menu in the main workspace. The 'Edit Note' menu is expanded, showing a dropdown with the text 'Edit Note'. Below the menu, the 'My Note' section is visible, containing the following information:

- ROS: Physical Exam
- Service: [Searchable input field]
- Date of Service: 8/2/2016 [Calendar icon]
- Time: 10:19 AM [Clock icon]
- Cosign Required

Additional UI elements include a 'Bookmark' button and a 'Details' button with an upward arrow. The sidebar also shows various clinical categories like 'Constitutional' and 'HENT' with associated checkboxes and controls.

See Reports, Notewriter and the Note in one screen



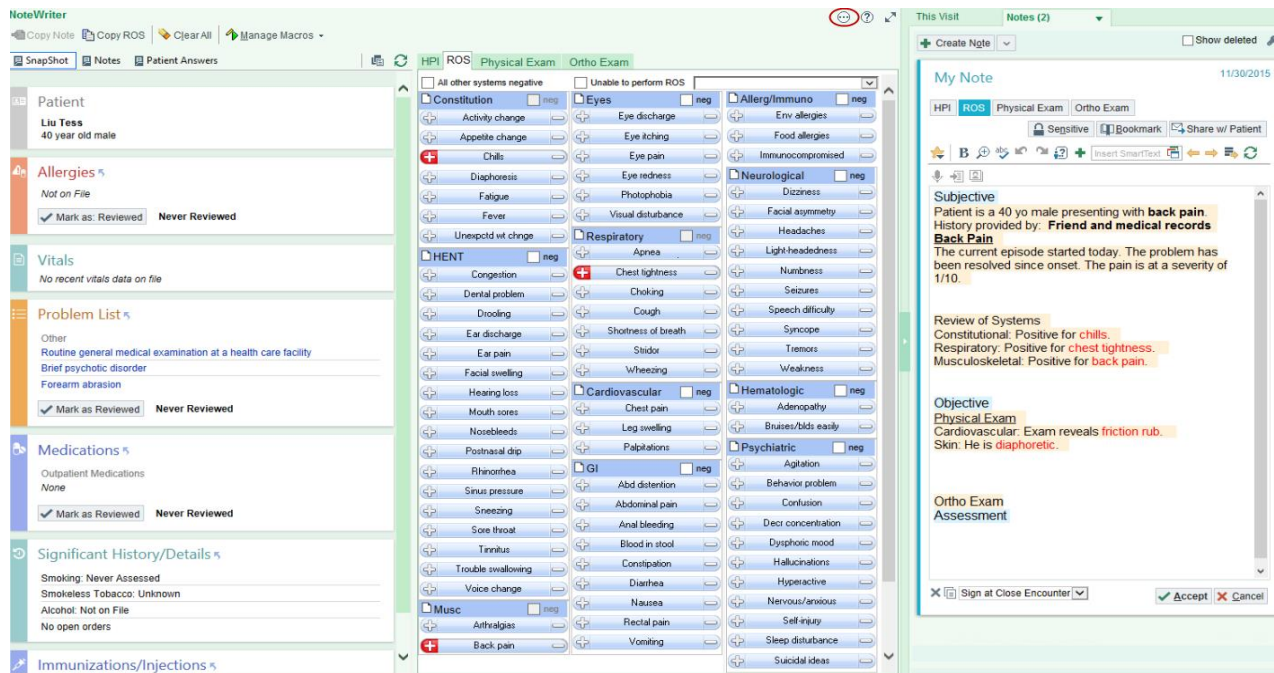
- A clinician can now view reports and her note at the same time while she documents in the **NoteWriter**.

The screenshot displays the NoteWriter software interface. On the left, a patient profile for "Liu Tess, 40 year old male" is shown with sections for Allergies, Vitals, Problem List, Medications, and Significant History. The central area is a comprehensive checklist of medical symptoms, organized into categories like Constitution, Eyes, Allerg/Immuno, Neurological, HENT, Respiratory, Cardiovascular, Hematologic, GI, Musc, and Psychiatric. On the right, a "Notes (2)" window is open, showing a "My Note" for 11/30/2015. The note content includes a "Subjective" section with text about back pain, a "Review of Systems" section listing findings for chills, chest tightness, and back pain, and an "Objective" section with findings for physical exam, cardiovascular exam, and skin. The interface includes various navigation and editing tools.

Additional Notewriter Features



- If a clinician moves her note to the sidebar, she can use the new **Actions** menu in the NoteWriter to select either **Show Report on Left** or **Show Report on Right** to view her reports alongside the SmartForm that she's documenting on. If she doesn't want to see any reports, she can select **Hide Report** in the Actions menu to hide the reports. (Sidebar Report does not display by default)



Additional NoteWriter Reports

New
Feature



- Clinicians who had configured user preferences in a version prior to Epic 2017 now see reports in the NoteWriter again.

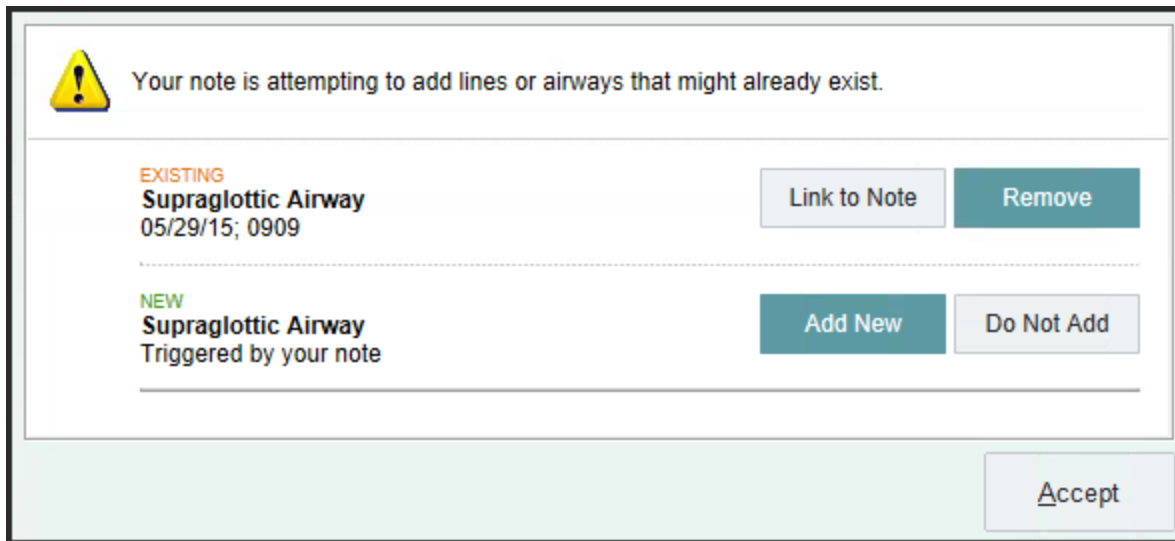
The screenshot shows the Epic NoteWriter interface. At the top, there are tabs for 'This Visit', 'Notes (10)', and 'Edit Note'. Below the tabs, there are navigation buttons for 'Notes', 'SnapShot', and 'MR NoteWriter Notes'. A red circle highlights the 'Actions' menu, which is open and shows two options: 'Hide Report' and 'Show Report on Left'. The 'Show Report on Left' option is highlighted with a blue selection bar. Below the navigation buttons, there is a 'Specialty Comments' section with a star icon and the text 'Recurrent strep infections'. To the right of the 'Specialty Comments' section, there are buttons for 'Edit', 'Show All', and 'Report'. Further right, there are buttons for 'Procedures', 'ROS', 'HPI', and 'Physical Exam'. Below these buttons, there is a checkbox for 'Cosign Required'. At the bottom of the interface, there is a toolbar with various icons, including a star, bold text, a plus sign, a question mark, and a plus sign, followed by the text 'Insert SmartText' and a left arrow.

This clinician's screen is configured to show reports on the right. A clinician can use the Actions menu to control where the reports appear or to hide the reports.

Procedure Documentation and LDAs



When clinicians document **LDA insertion in a NoteWriter** procedure documentation note, the system can now **automatically create flowsheet documentation** for the LDA with information from the note.

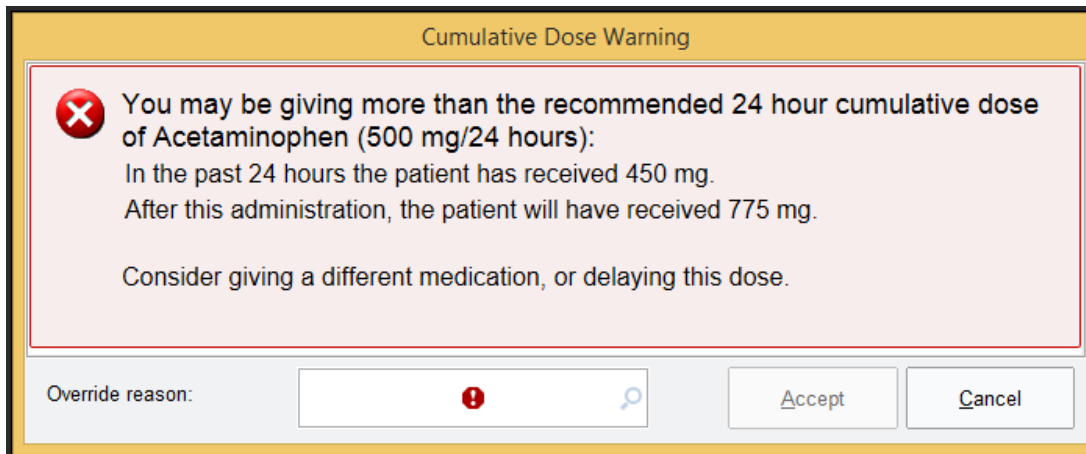


A clinician documenting that she replaced an existing LDA

Cumulative Dose Warnings Appear in Intraop Activity



- The Intraprocedure activity now uses **cumulative dose tracking**. Cumulative dose tracking calculates how much of a medication has been administered within a configured lookback period, compares it to a configured safe amount, and **warns clinicians** if they attempt an administration beyond the safe amount. This feature was already available in the MAR, and it now also works in the Intraprocedure activity.



More Information in the Anesthesia Record Select Window



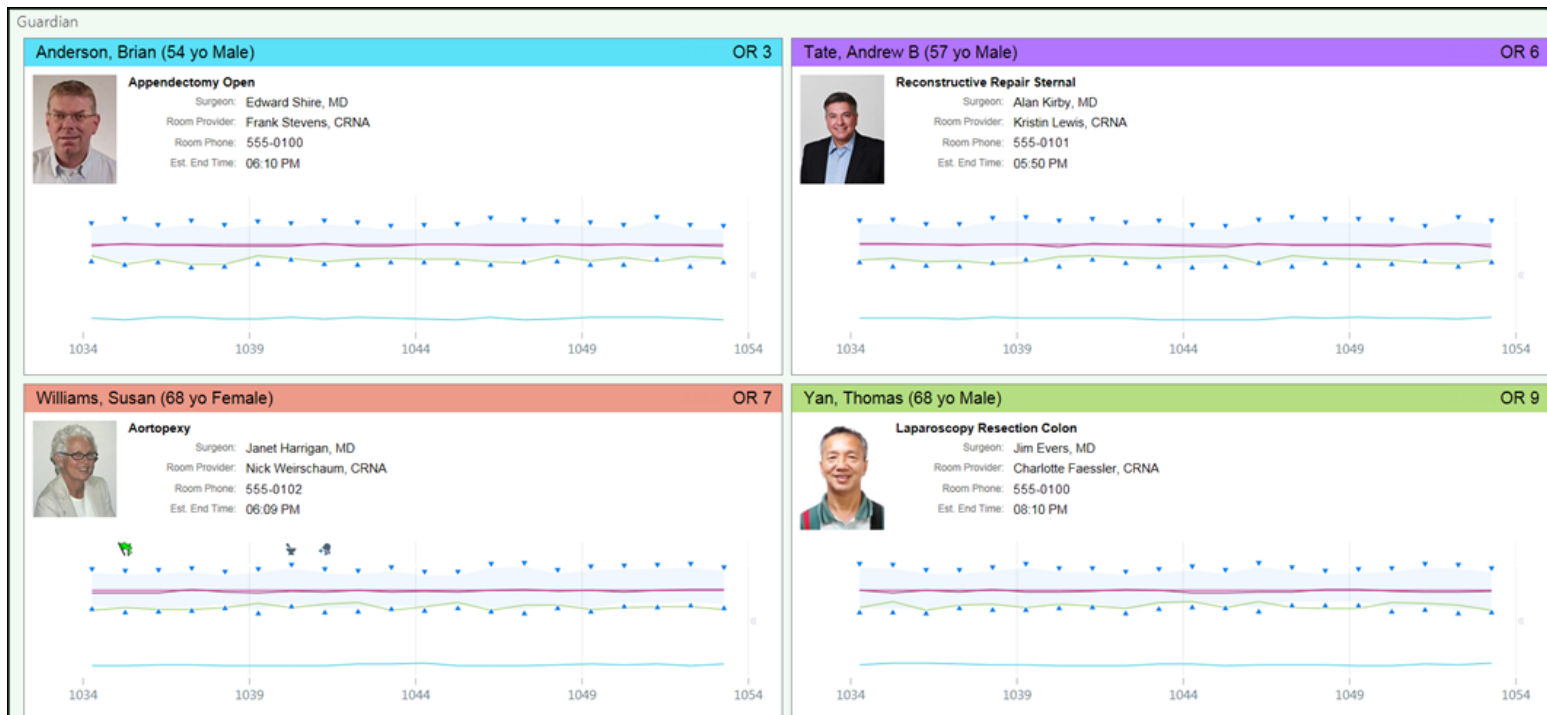
- We've updated the **Anesthesia Record Select window** so that anesthesiologists can more easily **find the right procedures to link** to their anesthesia encounters. Anesthesiologists can now:
- **Open a preview report** directly from the window to see more information about a case, appointment, or anesthesia episode before linking it to the anesthesia record.
- **Create new ad hoc procedures** with a single click using buttons instead of a menu.
- **See the responsible anesthesiologist** and most recent anesthesia event for a procedure if the information has been documented.

Supervise Cases Remotely

New
Feature



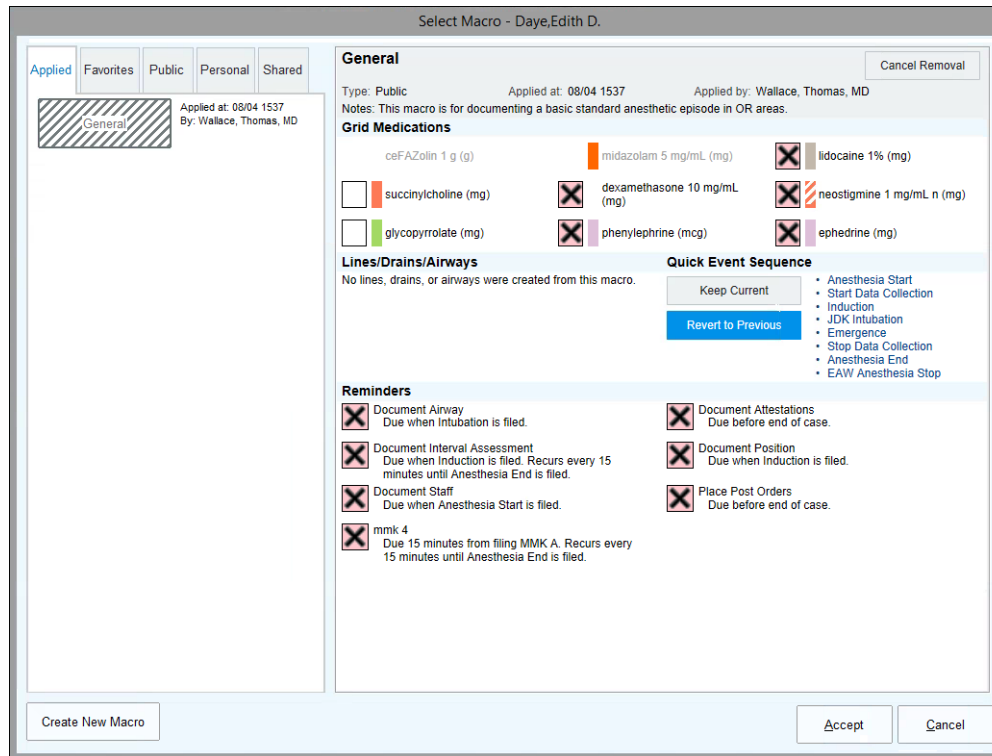
Keep track of the patients you're responsible for during procedures from any workstation. Procedure and patient information, as well as trending vitals for every active case, helps you identify issues right away without opening the Intraprocedure activity.



Easily Remove Applied Intraprocedure Macros



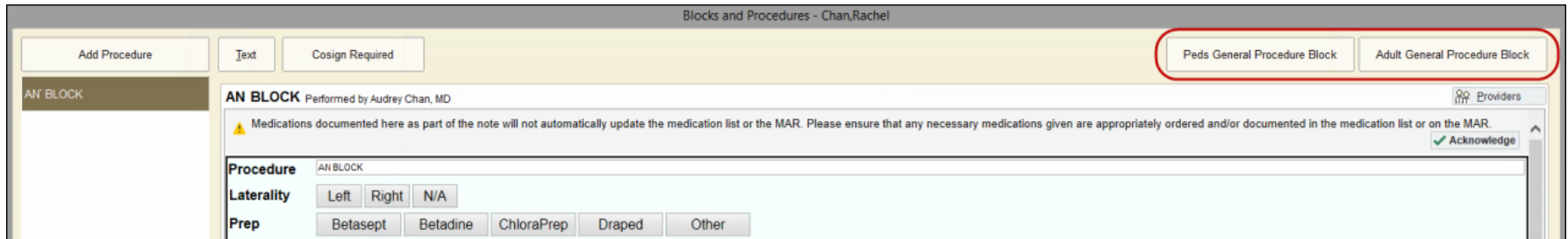
You can now easily remove applied intraprocedure macros in whole or in part using the Macro Select window. Click **Remove Macro** in the top-right corner of the screen and choose which pieces of the macro to keep or remove.



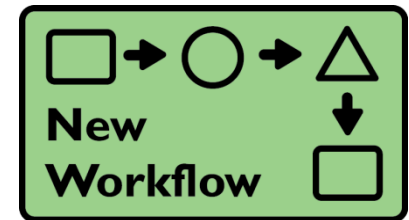
Apply a Macro to a Block Note with One Click



You can now simply click the macro you need in the header of a block note to apply the macro, instead of clicking the **Apply Macro** button that opened a menu of macros. The macros are associated with block notes using the Macro Manager.



Share or Pend Preprocedure Evaluation Notes



A single patient can have **multiple preprocedure evaluation notes**, meaning you no longer need to update the same note repeatedly to document each pre-admission visit. Create a new note by opening the PreProcedure Evaluation section. You can also edit, pend, and share notes with other providers.

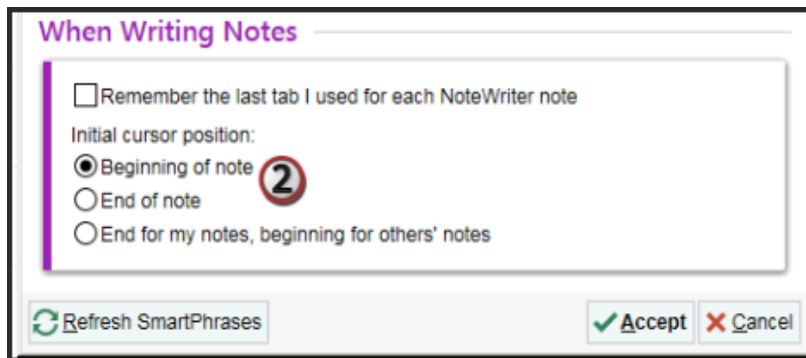
Note: This feature is **automatically installed** with the 2017 Upgrade. **The current practice of PAT nurses using the Incomplete Note checkbox should be continued. Notes should not be shared, pending, or cosigned.**

A screenshot of a software interface for creating a note. The title is "My Note" and the subtitle is "Anesthesia Preprocedure Evaluation". There are two tabs: "ROS/Med Hx" (selected) and "Anes Plan". A "Details" button with an upward arrow is on the right. Below the tabs, the "Date of Service" is set to "8/14/2017" and "08:43 AM". There is a checkbox for "Cosign Required" which is currently unchecked. At the bottom, there is a rich text editor toolbar with icons for bold, italic, link, unlink, insert smart text, undo, redo, and print. Below the screenshot, there are three buttons: "Pend" with a checkmark and a clock icon, "Sign" with a checkmark, and "Cancel" with a red X.

Anesthesia - Set the Default Cursor Position in Notes



- Clinicians can click the **wrench icon** in a **note editor** to open their **personalization** settings and choose one of three options for the initial cursor position:
- Beginning of note
- End of note
- End for my notes, beginning for others' notes



Jump from One Reminder to the Next



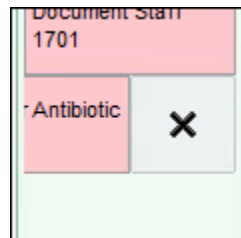
After completing a reminder, you can now click the new reminder button to move to the next one, instead of closing the window and clicking the next reminder on the checklist.

The screenshot shows the "Anesthesia Checklist" interface for "Kirsch, Candace". The left sidebar contains various navigation options: "Go to", "Checklist 0950", "Macro", "Position 0952" (circled in red), "Meds", "Antibiotic 1007", "Px Note", "Intake/Output", "Staff", "Post Orders", "Attest", "Blood", "Memo", "Msg", "Handoff", "LDAs", "Start Data Collection", and "MedExc". The main checklist area is titled "Anesthesia Checklist" and includes sections for "Anesthesia Checklist", "Ancillary Equipment", "NIBP Site", "Cardiac", "Leads", and "TEE". At the bottom of the checklist, there are buttons for "Apply Macro", "Clear All", "0952 - Position" (circled in red with a mouse cursor), and "Close".

Easily Delete Reminders



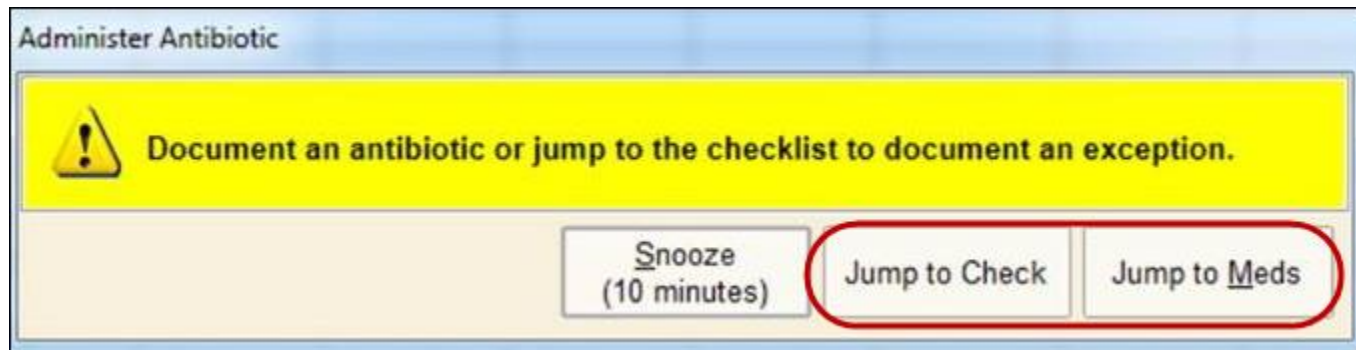
You can now delete reminders in two easy clicks. Right-click on an active reminder to make the delete button appear and click it to delete the reminder.



Complete Tasks Quickly with Additional Reminder Action Button



The reminder popup window now has two action buttons, one with the standard action for the activity you're in and one with an alternate action. To complete the alternate action, you no longer have to snooze the reminder and find the appropriate documentation tool on the checklist to complete the task, saving you time and clicks.



Easily Distinguish Between Inactive and Completed Reminders



Completed reminders in the Reminder Manager now have a check mark. Inactive reminders have a clock.

Add New	
Administer Antibiotic 2357	
Document Position Induction not yet filed.	🕒
Document Interval Assessment Induction not yet filed.	🕒
Document Staff 2301	✓

View Anesthesia Information in Care Everywhere Documents



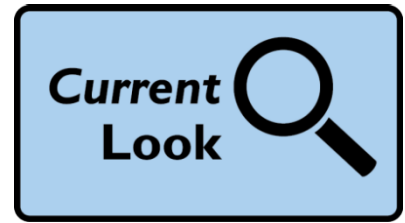
You can now access anesthesia information in Care Everywhere. The new Anesthesia Record section includes anesthesia events, LDAs, and administered medications, agents, and blood units. You can find anesthesia notes in the OR Notes section.

Anesthesia Record			
Procedure Summary			
Procedure Name	Responsible Anesthesiologist	Anesthesia Start Time	Anesthesia Stop Time
APPENDECTOMY OPEN (N/A Abdomen)	Jairaj S Ranchod, MD	12/21/15 0808 CST	12/21/15 0852 CST
Events			
Date	Time	Event	Comment
12/21/2015	0808 CDT	Anesthesia Start	
12/21/2015	0852 CDT	Anesthesia End	
Meds		Agents	Blood
Name	Total	Name	Total
PROPOFOL (SIMPLE MED)	300 mg	O2	UNMATCHED RED BLOOD CELLS 400 mL
morphine 0.5 mg/mL	0.7 mL	N2O	
Lines, Drains, and Airways			
Type	Details	Placement	Removal
Peripheral IV	12/02/15; 1545; 1; Right; Forearm	12/02/15 1545 CST by Jairaj S Ranchod	

Anesthesiologist Updates



Clutter-Free Flowsheets



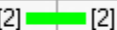



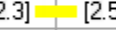
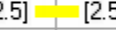

Previously, redundant device data could clutter flowsheets.

	1730	1800	1830	1900	1930		
Air (L/min)		[0]	[0]	[0]	[0]		
O2 (L/min)		[0]	[0.64]	[7]	[2]	[8.1]	[1.9]
Sevoflurane (%)				[0.3]	[0.5]	[0.8]	[1]
N2O (L/min)		[0]	[0]	[0]	[0]	[0]	[0]
inN2O (%)			0	[0]	[0]	[0]	[0]
lidocaine 2% (SU... (mL)							

Clutter-Free Flowsheets



Now, flowsheets no longer show redundant device data so that you can easily see and review relevant data.

	1730	1800	1830	1900	1930	
Air (L/min)						
O2 (L/min)			[2] 	[2] 	[2.5] 	[2.5] 
Sevoflurane (%)				[2.3] 	[2.5] 	[2.5] 
N2O (L/min)						
inN2O (%)						
lidocaine 2% (SU... (mL)						

BPAs Available in the Intraop Activity



The **Intraprocedure** activity now **automatically performs BPA checks every minute**. If any new BPAs are discovered, all active BPAs appear in an **advisory window**. If there are active BPAs, the advisory window also appears automatically regardless of whether there's a new BPA after a preconfigured amount of time. Clinicians can manually access the **advisory window** whenever they want by **clicking the advisory list**.

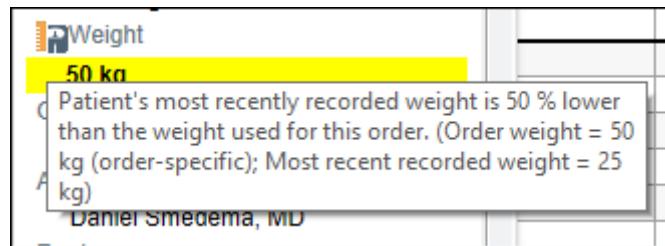
A screenshot of a software advisory window. The title bar reads "Very Important (1)" with an upward arrow icon. The main content area has an orange header with a warning icon and text: "This patient has a >50% chance of suffering from PONV. Verify that at least two prophylactic antiemetic agents are given preoperatively or intraoperatively if the patient will be undergoing a procedure under an inhalational general anesthetic." Below this are three links: "Place antiemetic orders", "Exclude this patient from this requirement", and "Guidelines for the prevention and treatment of PONV". There is a text input field for "Acknowledge Reason" with two buttons below it: "Low Risk" and "Follow-up Action Taken". At the bottom right are two buttons: "Accept" (with a green checkmark) and "Dismiss".

The BPA window

See Reminders About Weight Changes That Might Affect Dosing



If your patient's weight is significantly different from the dosing weight of one of their weight-based orders, the Intraprocedure Medication Administration window now lets you know about the discrepancy. You'll see a Weight icon, a tooltip with details about the difference, and a highlighted dosing weight.



Manage Concurrency Warnings from Current Case



You can now manage concurrency warnings from the Responsible Staff window in the Intraprocedure activity without leaving your current case. If you have a concurrency warning, your name appears in yellow and a warning appears at the top of the screen. You can click your name to manage your concurrent cases.

⚠ Please review the following warnings:

- Kate Schultz, MD is exceeding their maximum concurrency on cases from 0830 to 0845.

Add new staff		0700	0830	0845	0915	1210													
Kate Schultz, MD	▼		Anesthesiologist																+
Concurrent Anesthesia Records For Kate Schultz, MD																			
Schumann, Elliot TONSILLECTOMY	Kat Dunar, MD		CRNA																
	Kate Schultz, MD		Anesthesiologist																

Anesthesiologist Updates

Concurrency Warnings in the Snapboard



- Anesthesia schedulers can now see **concurrency warnings** for anesthesia providers by clicking the **Show Schedule button** in the resource sidebar.

Anesthesia Concurrency Warnings

⚠ Thomas Wallace is exceeding their maximum concurrency on cases from 1245 to 1415.

SJV CHOLECYSTECTOMY for Baratheon, Stannis at SJV OR 03:
1245-1415 ⬆

Thomas Wallace (Anesthesiologist): 1245-1415

⚠ Potential Concurrency Conflicts from 10:45 AM to 12:15 PM

Conflict Time	Procedure/Visit Type	Room/Department	Other Anesthesia Providers
10:45 AM - 12:15 PM (PDT)	CHOLECYSTECTOMY	OR 03	
10:45 AM - 12:15 PM (PDT)	APPENDECTOMY	OR 01	

Preprocedure Problem List Enhancement



Preprocedure **problem list navigator** sections now include **quick button preference lists of common diagnoses** above the actual list of problems while a preprocedure evaluation note is open in the patient's anesthesia record. The preference list includes different **tabs** to group similar diagnoses together.

A screenshot of a software interface titled "Problem List". At the top, there is a navigation bar with tabs for various medical specialties: BASIC, HEENT, NEURO, **CARDIO** (highlighted), PULMONARY, GI, GU/RENAL, ENDO, HEM/ONC, and DERM/IMM/RHEUM. Below the tabs, there are several buttons for common cardiac and vascular conditions: "History of acquired heart d...", "History of artificial heart va...", "Cardiac arrhythmia", "Atrial septal defect", "Ventricular septal defect", "Congenital heart disease", "Vascular occlusion", "Congestive heart failure", "Coronary artery disease", "Hypertension", "Benign heart murmur", "Murmur", "Pacemaker", "H/O heart transplant", and "H/O heart and lung transpl...". Below these buttons is a search bar labeled "Search for new problem" with a "+ Add" button. To the right of the search bar are buttons for "View Drug-Disease Interactions" and "Show: Past Problems". The main content area is a table with columns for "Diagnosis", "Resolved", and "Updated". It lists two "Anesthesia Problems": "Malignant hyperthermia" and "Abdominal pain, unspecified site". Each problem entry has a "+ Create Overview" button, a "Change Dx" button, a "Resolve" button with a green checkmark, and a timestamp "Today" followed by the user "A, Jms User, MD" and a dropdown arrow. At the bottom left, there is a "Mark as Reviewed" button with a checkmark and a "Never Reviewed" button.

Automatically File a Patient's Emergent Status to The Log



The system will now use the **emergent status** that's documented in the **anesthesia record's preprocedure note** and file that status to the associated **surgical or procedural log**. If a log doesn't already exist for an anesthesia record, **a log is automatically created** when the emergent status is filed.

Easily document Intraop orders that are continued from Preop.



When the clinician chooses the order to document, he sees a MAR button in the Medication Administration window. The clinician sees the button and can click it to document any relevant information about the order.

A screenshot of the "Medication Administration - Testfour,Kerry" window. The window title is "Medication Administration - Testfour,Kerry". The main content area shows a medication order for "0.9% NaCl infusion (mL/hr)" with a rate of "100 mL/hr (New Bag) at 1013". Below the medication name, there are three tabs: "Rate", "Volume", and "Other". The "Rate" tab is selected. In the "Actions" section, there are three buttons: "New Bag", "Continue from Pre-op", and "Stop". The "Continue from Pre-op" button is highlighted with a red box. A red arrow points from the "0.9% NaCl infusion (mL/hr)" text in the medication list on the left to the "Continue from Pre-op" button. The medication list on the left includes "ceFAZolin (ANCEF) 2 g premix 100 mL NS (g)", "ceFAZolin (ANCEF) 1 g in sodium chloride 0.9 % 50 mL IVPB-MBP (g)", and "0.9% NaCl infusion (mL/hr)". The "Continue from Pre-op" button is highlighted with a red box. The "New Bag" button is also visible. The "Stop" button is also visible. The "Other rate (mL/hr)" section is visible with a text input field and buttons "1", "2", "3", and "Clear". The "0.9% NaCl infusion (mL/hr) at 1014" section is visible with fields for "Rate", "Volume", and "Authorized by".

Updates to Anesthesia's In Basket Messages



- **Anesthesia messages** now contain information seen elsewhere in Hyperspace, with cleaner layouts, a new design, richly formatted text, and more.
- **Anesthesia messages now include a sidebar** with more details about the current patient.

These messages now include a **Help report tab**, which provides information about those messages and how to handle them.

A screenshot of a software interface for an anesthesia message. At the top, there is a "Done" button and three notification icons. Below that is a navigation bar with three tabs: "Addendum Information" (selected), "Anesthesia Summary", and "Help". On the left is a patient sidebar for "Crutchfield, Harper", a 38-year-old female with MRN 2273. The main content area shows an "Addendum Notification" received today, which is a system-generated message about a patient pool. Below this are sections for "Changes made in addendum", "Session level changes", and "Charges" (with "Expand All" and "Collapse All" links). The bottom of the message shows the ID "H1600001 - ANESTH,LOCAL" and "Sent to Anesthesia Batch TAR-934988".

Anesthesiologist Updates

Hyperspace User Interface Changes



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More Colors Throughout Hyperspace



You'll see extra splashes of color just about everywhere in Hyperspace, from the orange icon that indicates high-priority In Basket messages to the brighter, more vibrant colors everywhere else.

The screenshot shows the Epic ED Track Board interface for the Emergency Department (EMC). The top navigation bar includes "My Reports", "Print", and "Log Out". The main header displays "ED Track Board (Emergency Dept, EMC)" and "My+Unassigned (18) All Patients". A patient profile for Anthony Vater (Male, 70 y.o., 10/13/1945) is shown with a yellow "FYI" badge. The interface is divided into several sections: a patient list on the left, a "Vitals" section with a "NEW" badge and a table of vital signs, an "Imaging" section with "NEW" badge and X-ray results, a "Labs" section with "NEW" badge and abnormal results for CBC, Amylase, and Hepatic Function Panel, and an "ED Course" section for clinical notes. The bottom status bar shows "CHRIS EDDISON" and "5:22 PM".

05/22	Temp	Pulse	Resp	BP	SpO2	O2
1758	38.7 °C	92	! 24	120/65	98 %	---
1639	38.8 °C	94	! 26	120/76	97 %	---
1610	38.5 °C	95	! 24	130/76	97 %	---
1600	36.8 °C	82	16	130/85	96 %	---

Test	Value
Hemoglobin	15.2
Hematocrit	! 53.0
RBC's	4.7
Amylase	! 365

Hyperspace User Interface Updates



Simpler Hyperspace Themes



With four new, simpler themes, each designed around a single color—Altitude, Lavender, Verdant, and Deep Blue—it's easier to focus on the content you care about the most. These themes replace most themes that were previously available.

A screenshot of the Epic Hyperspace user interface. The interface is clean and organized, featuring a light blue header with navigation options like "Review", "Remind Me", and "SlicerDicer". The main content area is divided into several sections: a patient summary at the top left, a "Review" section on the left with sub-sections for Allergies, Problem List, and Medications, a central "Strep Throat" section with progress notes, visit diagnoses, orders, level of service, follow-up, and patient instructions, and a "Notes" section on the right. The patient summary includes details for Vince Dayton, a 74-year-old male, with vital signs and medical history. The "Strep Throat" section shows a diagnosis of streptococcal pharyngitis and associated orders for azithromycin. The "Notes" section contains a detailed clinical note with subjective, objective, and assessment/plan sections. The interface is designed to be user-friendly and easy to navigate.

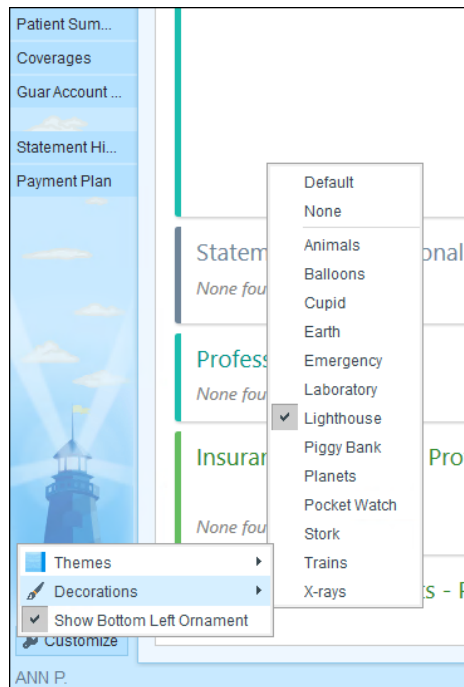
Hyperspace User Interface Updates



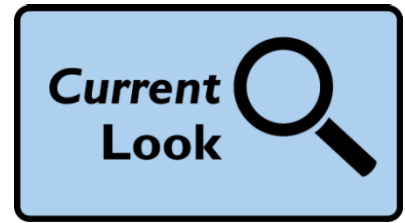
More Customization Options for Themes



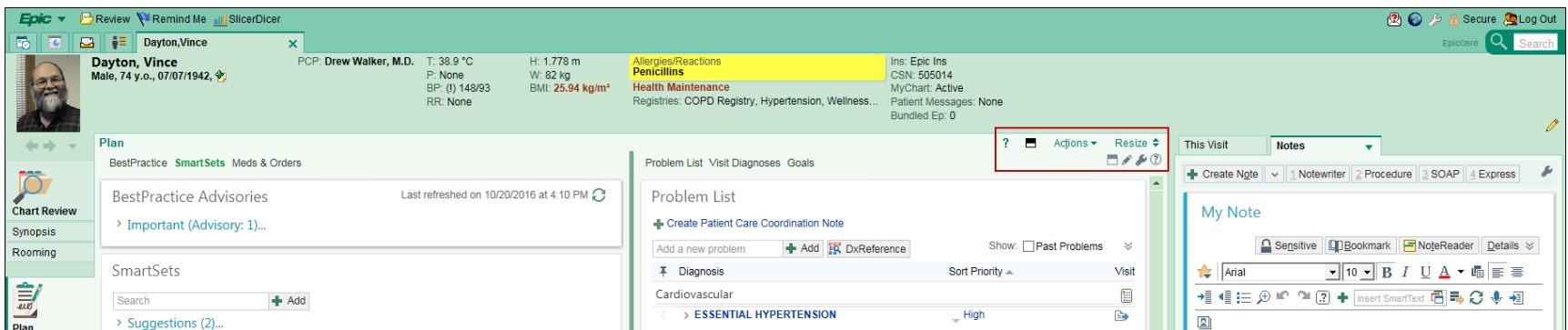
Make each theme your own by choosing the decorations you want to see. Right-click the Hyperspace toolbar or the list of activity tabs to change your decorations, or even turn them off entirely. Certain decorations are available only from the Altitude, Lavender, and Verdant themes.



Hyperspace Gets a Facelift



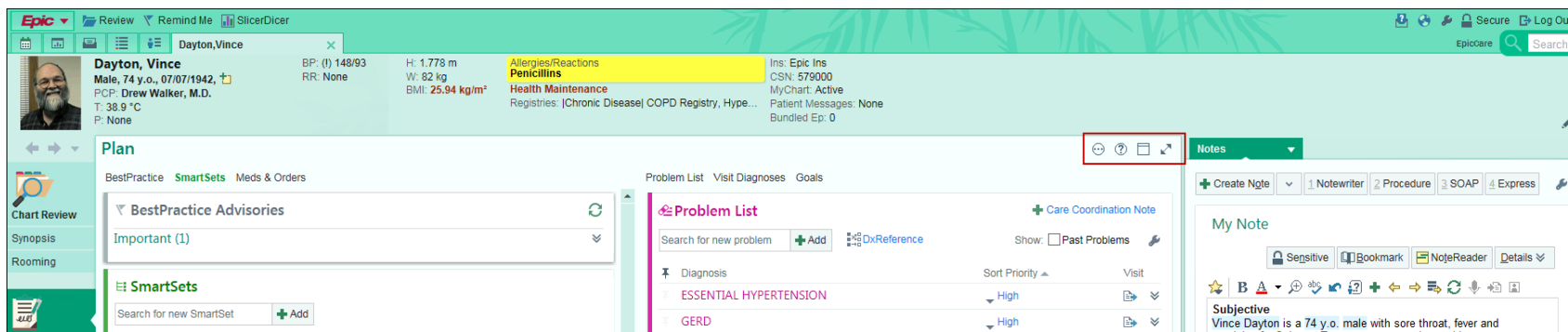
Beyond the theme changes, Hyperspace has a few other differences. For example, this was how the Plan activity looked in Epic 2015.



Hyperspace Gets a Facelift



Now, activities like Plan no longer show labels next to their buttons, like Close or Actions. These buttons also no longer appear in multiple locations. You can still hover over each button to see what it does.



Anesthesia Icons have been updated



The 2017 Upgrade has replaced all of the 2015 Epic icons with new versions. Refer to the **Anesthesia 2017 Icon Updates Tip Sheet** for the complete list. Here is a sample of the changes:

2017 Icon Comparisons				
Epic 2015 Library	Epic 2015 Icon Key	Epic 2015 Image	Epic 2017 Image	Epic 2017 Icon Key
Anesthesia	AIRWAY			Airway
Anesthesia	ALINE			ALine
Anesthesia	AN_TIME_PAUSE			AnesStop
Anesthesia	ANES_BLOOD			AnesBloodDrop
Anesthesia	ANES_HANG_BAG			AnesIVBagAdd
Anesthesia	ANES_RESP			AnesResp

Scheduler Updates



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Overnight Cases Won't Be Projected into the Next Day



- Case length projections on the **Snapboard** now have guardrails in place so that cases from the previous day or an overnight case **don't displace projections for the current day**.
- If a case doesn't have an In Room event documented, whether because documentation hadn't been completed or because the procedure wasn't performed for some reason, **its projection is cut off at the end of the night** so that it doesn't flow into the start of the shift the next day.
- By default, the first case start time is **6 AM** with a buffer time of **30 minutes** to account for possible **setup time**.

Change Cases' Lengths on the Snapboard



When users lengthen or shorten a case by **adding cleanup and setup times, adding or removing a procedure**, or some other means, the **Snapboard now automatically shifts the subsequent cases** to keep them back-to-back and **conflict-free**. Users **no longer have to manually reshuffle** the whole schedule to accommodate the modified case length.

Group Rooms, Departments, and Providers for a Simpler Snapboard



You can now group rooms, departments, and providers so that your Snapboard is condensed and organized. If you need to assign a resource to an entire group of rooms, you can now quickly do that.

A screenshot of a Snapboard interface. At the top, there are controls for "Column Size" (Small, Medium, Large) and "Time Shown" (3h, 5h, 10h). The main area is a grid with columns for rooms: "NORA 1" (blue), "NORA 2" (orange), "MAIN OR 1 | O...", "BEC LD CENTRAL", "ASC OR 1", "ASC OR 2", and "ASC OR 3". A time slot "0700" is visible on the left. A context menu is open over the "NORA 2" room, listing options: "Assign", "Add Shift Assignments", "Add to Group" (highlighted), "Reassign Template", and "Edit Template". A sub-menu for "Add to Group" shows "NORA 2" and "NORA 1". A provider "Custer, Becky, Md" is assigned to the "ASC OR 2" room.

Scheduler Updates

Find Out if a Provider is Assigned Too Many Cases



The schedule summary reports in the Snapboard now include concurrency warnings. Warning icons can also appear in the resource sidebar or on the Snapboard schedule.

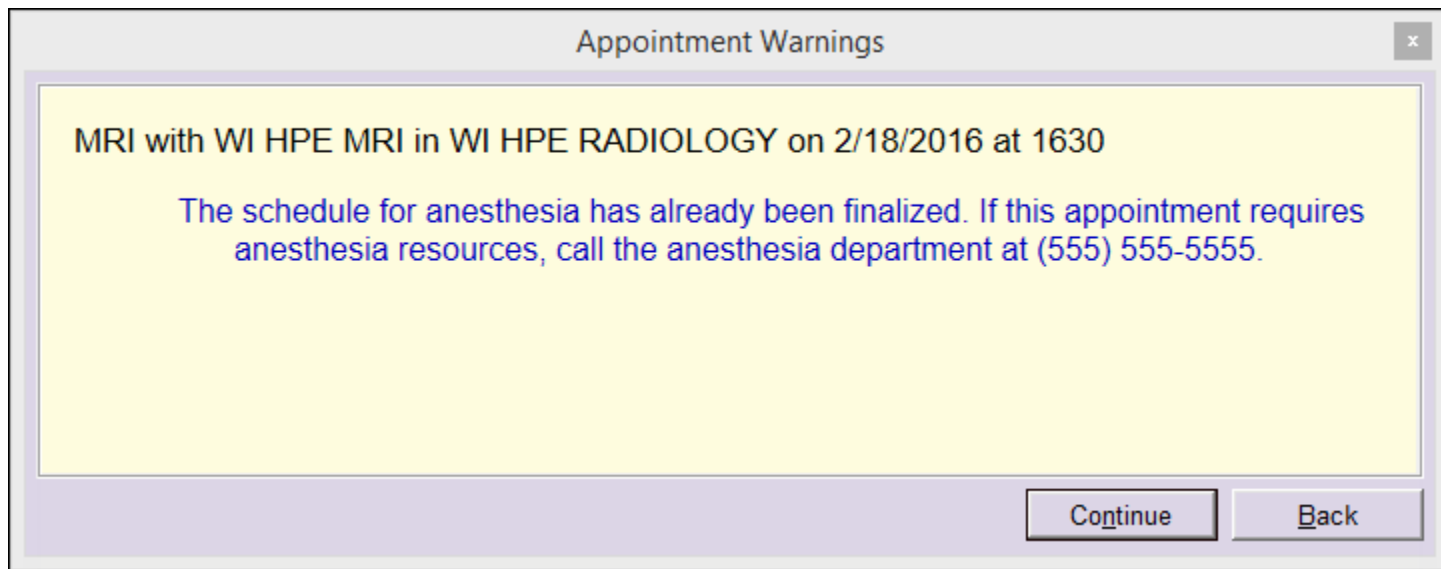
⚠ Potential Concurrency Conflicts from 10:45 AM to 12:15 PM			
Conflict Time	Procedure/Visit Type	Room/Department	Other Anesthesia Providers
10:45 AM - 12:15 PM (PDT)	CHOLECYSTECTOMY	OR 03	
10:45 AM - 12:15 PM (PDT)	APPENDECTOMY	OR 01	

Anesthesia Concurrency Warnings
⚠ Thomas Wallace is exceeding their maximum concurrency on cases from 1245 to 1415.
SJV CHOLECYSTECTOMY for Barton, Stan at OR 03: 1245-1415 ⤴
Thomas Wallace (Anesthesiologist): 1245-1415

Receive Warnings for Possibly Unavailable Anesthesia Resources



If an appointment requiring anesthesia resources takes place outside the operating room, it might take a while to make those anesthesia resources available. You can now receive warnings if you create an appointment requiring anesthesia resources or add anesthesia resources to an appointment too close to when it's set to take place.



What Questions Do You Have?



Please visit the
[Epic 2017 Upgrade](https://www.epic.com/2017upgrade) website

For additional questions please
email EpicUpdate@BSWHealth.org