# EBCD MEDITECH Content Updates – 2024.2 All Modules

#### **Overview**

This Pilot document is a high-level overview for end user education purposes about significant changes within the Nursing, ED, and OR Module screens, including Behavioral Health routines. Additional enhancements may be seen in the <u>EBCD Release Education Section</u> of the <u>EBCD Atlas Connect page</u>.

Inpatient Rehab Facility Enhancements education will be posted separately.

#### How to use this guide

The enhancements are listed by intervention. They include which module(s) are affected along with the impact associated with the intervention.

The enhancements are listed in alphabetical order and provide a rationale behind the change and screenshot example(s). This document focuses on end user enhancements designated as high and medium impact.

#### **Impact Legend:**

Safety/Regulatory	Clinical Initiative	Impacted by
	-	Women's and Children's
	Fig.	
Reimbursement/Billing	Enhancements/Wins	

Be aware the enhancements may not be in your test environment at the time this document is published. Your facility/IT Division support team will notify you when the updates will be available in your software.

Please read the MEDITECH selected prompts and follow the yellow information boxes onscreen as you become aware of changes in the documentation.

Click the topic name to be taken to the specific documentation within this update:

Summary of Revisions	2
Nursing, ORM and EDM Modules	3
Gastrointestinal Ostomy	3
Pediatric Weight Source Updates	4
Suicide/Homicide Updates	6
Nursing and OR Modules	8
Heart Sounds/Murmur Update	8
Nursing and ED Modules	9
CRRT	9
ED Module	10
Behavioral Health: Level of Care Assessment	10
Heart Sounds/Murmur Update	11
Point of Care CBC	12
NUR Module	13
Behavioral Health: Level of Care Assessment	13
Health History Update	14

# **Summary of Revisions**

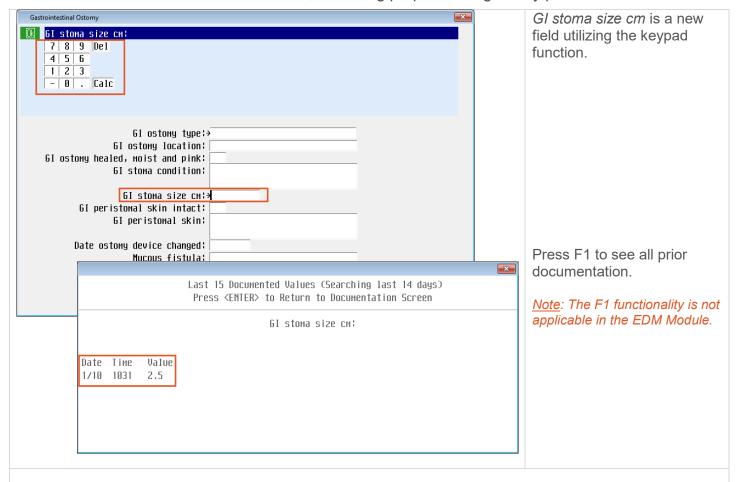
Date	Revision	
02/20/2024	Updated Gastrointestinal Ostomy and Pediatric Weight Source verbiage	
02/21/2024	Added Behavioral Health: Level of Care Assessment section to ED and NUR Modules	
03/08/2024	Added Health History Update: Social Determinants of Health to NUR Module	

# **Nursing, ORM and EDM Modules**

# **Gastrointestinal Ostomy**



The **Gastrointestinal Ostomy** screen has been updated to include *GI stoma size cm* so the stoma size is documented and able to be tracked, indicating proper healing or any possible acute events.



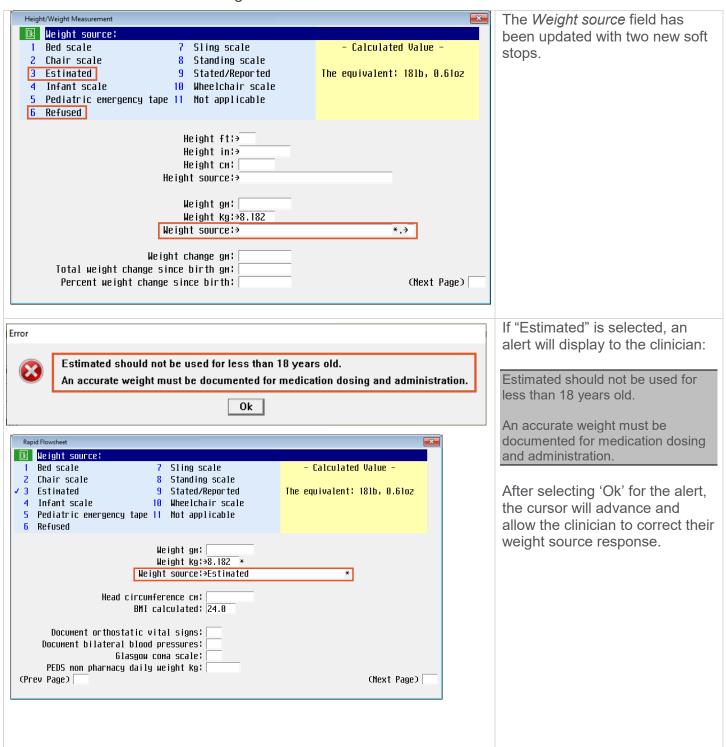
This update affects the following interventions/assessments:

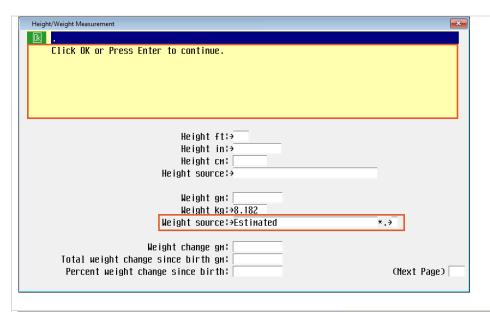
Nursing	<b>Emergency Department</b>	Surgery
Critical Care Flow Record	Newborn Stabilization	SURG: Lines, Drains, Airways Intra-op
Lines, Drains, Airways	Ostomy Care	SURG: Lines, Drains, Airways PACU
		SURG: Lines, Drains, Airways Pre-op

### **Pediatric Weight Source Updates**



Pediatric weights are essential for weight-based medication dosing, thus estimated weights should not be used for medication dosing.





Note: Some assessments have additional programming added to prevent the cursor from advancing to the next page after acknowledging the alert.

Error		
×	Refused should not be used for less than 18 years old. An accurate weight must be documented for medication dosing and administration.	
Ok		

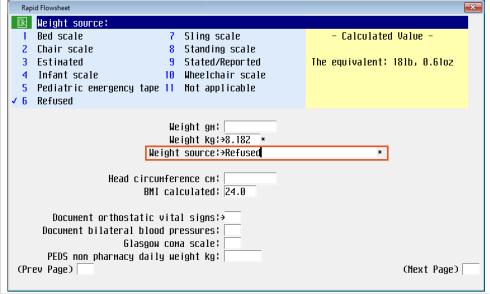
If "Refused" is selected, an alert will display to the clinician:

Refused should not be used for less than 18 years old.

An accurate weight must be documented for medication dosing and administration.

After selecting 'Ok' for the alert, the cursor will advance and allow the clinician to correct their weight source response.

Note: Some assessments have additional programming added to prevent the cursor from advancing to the next page after acknowledging the alert, as noted above.



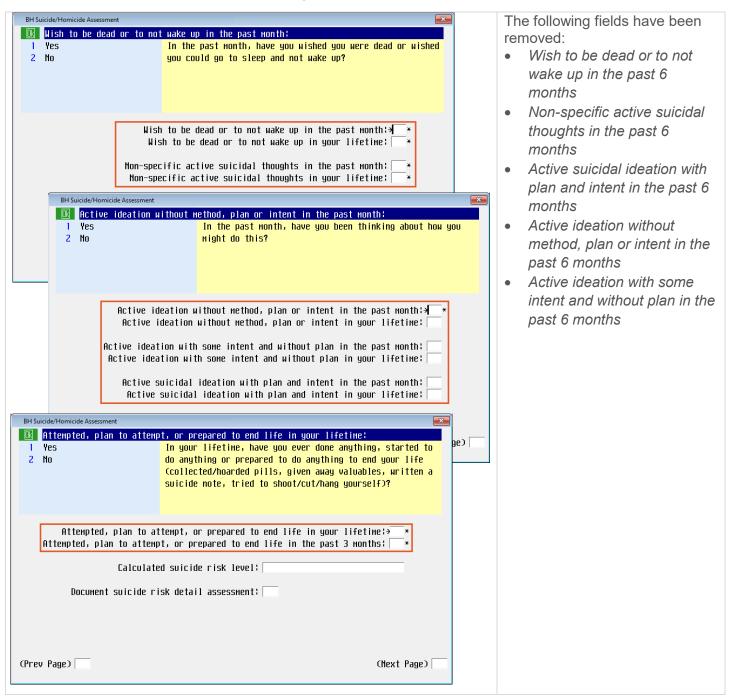
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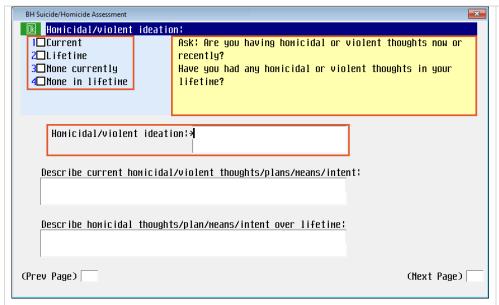
Nursing	Emergency Department	Surgery
MRI Procedure Screening	Detailed Flowsheet	SURG: Height/Weight Intra-op
Pre-Procedure Checklist	Rapid Flowsheet	SURG: Height/Weight Pre
Six Minute Walk	Rapid Initial Assessment	SURG: MRI Procedure Screening Pre
RT: Six Minute Walk	Triage Reassessment	SURG: Pre-Procedure Checklist, Pre
Vitals/Ht/Wt/Measurements	Pre-Procedure Checklist	SURG: Admission Health History
	Six Minute Walk	
	MRI Procedure Screening	
	Paramedic Intake	
	Disposition-DC/TX/ADM/LPT	

### **Suicide/Homicide Updates**



The Hospital-Based Inpatient Psychiatric Services (HBIPS) regulatory requirements have been updated for the suicide and homicide assessments. Nurses are no longer required to document suicidal and homicidal ideation in the last 6 months.





The *Homicide/violent ideation* field has removed the following response:

- Past six months
- None in past six months

The Yellow Information Box has been updated to reflect the update for the clinicians:

Ask: Are you having homicidal or violent thoughts now or recently? Have you had any homicidal or violent thoughts in your lifetime?

Describe homicidal thoughts/plan/means/intent over past 6 months field has been removed.

This update affects the following interventions/assessments:

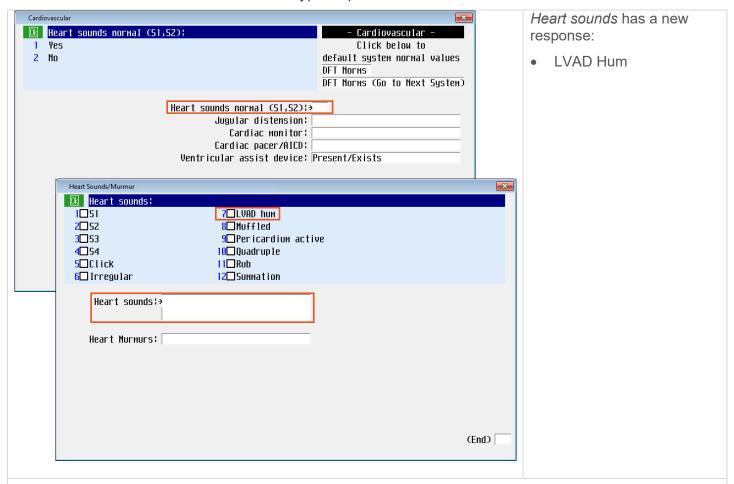
Nursing	Surgery	Emergency Department
BH: Outpatient Initial Nurse Assessment	SURG: Safety/Risk/Regulatory	BH Level of Care Assessment
BH: RN Reassessment	SURG: Safety/Risk/Regulatory Int	BH Suicide/Homicide Assessment
BH: Psychosocial Assessment (PSA)	SURG: Safety/Risk/Regulatory PAC	BH Suicide/Homicide Reassessment
Safety/Risk/Regulatory		Homicide Assessment
BH: Level of Care Assessment		
BH: Suicide/Homicide Screen		
Homicide Assessment		
BH: Initial Nurse Assessment (INA)		

# **Nursing and OR Modules**

### **Heart Sounds/Murmur Update**



The **Heart Sounds/Murmur** screen has been updated to include the 'LVAD Hum' response. Evidence based practice supports that listening to the 'LVAD hum' is vital to the assessment on an LVAD patient. While the 'hum' should be present, the S1 and S2 can still be heard if the patient is pulsatile with the LVAD. Therefore, having the ability to document the 'LVAD hum' in LVAD patients is the most accurate assessment for these type of patients.



This update affects the following interventions/assessments:

Nursing	Surgery
Admission/Shift Assessment	SURG: Admission Assessment
	SURG: Admission Assessment Int
	SURG: Assessment PAC

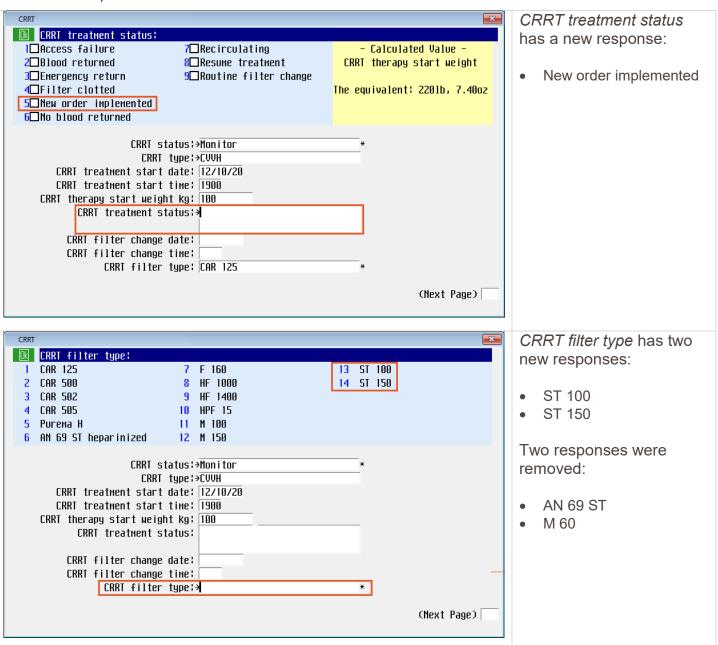
Pilot Documentation pg. 8

# **Nursing and ED Modules**

#### **CRRT**



Two new filters have been added to the **CRRT** intervention to aid the clinicians to accurately document which filter is being utilized. This screen has also been updated to align with the **SLED/SCUF** updates.

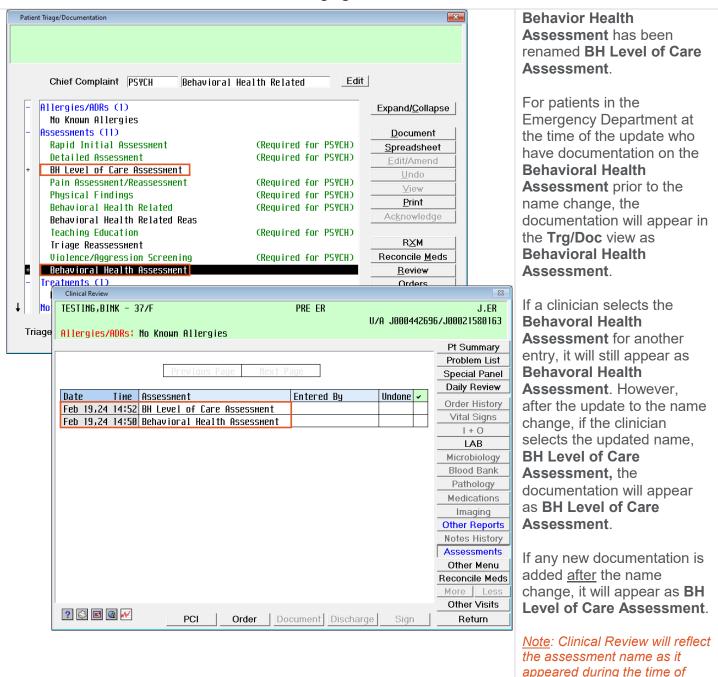


# **ED Module**

#### **Behavioral Health: Level of Care Assessment**



The Behavioral Health Assessment is changing to BH: Level of Care Assessment.



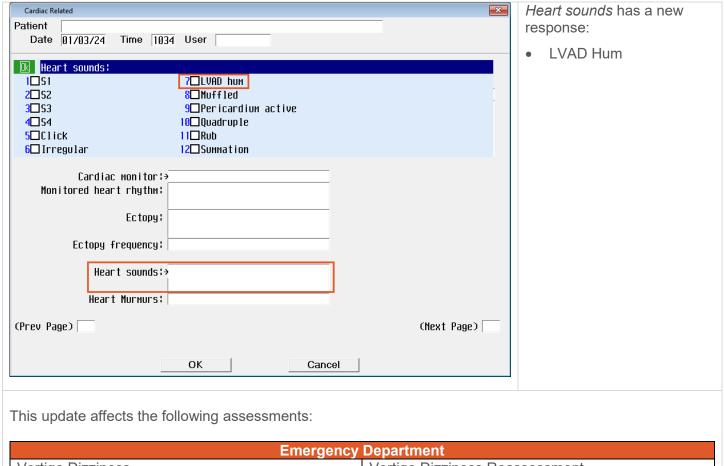
Pilot Documentation pg. 10

documentation.

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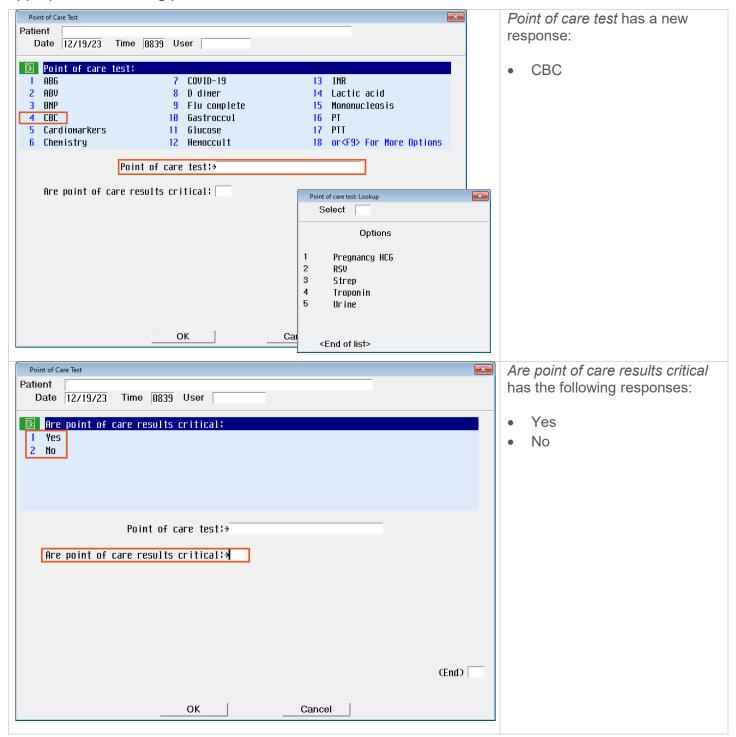


Emergency Department		
Vertigo Dizziness	Vertigo Dizziness Reassessment	
Trauma MVC	Trauma MVC Reassessment	
Neonatal Physical Findings	Physical Findings	
Change Mental/Neuro Status	Change Mental/Neuro Status Reassessment	
Cardiac Related	Cardiac Related Reassessment	

#### **Point of Care CBC**



A new **Point of Care CBC** treatment has been created for clinicians to accurately document appropriate labs being performed at the bedside.

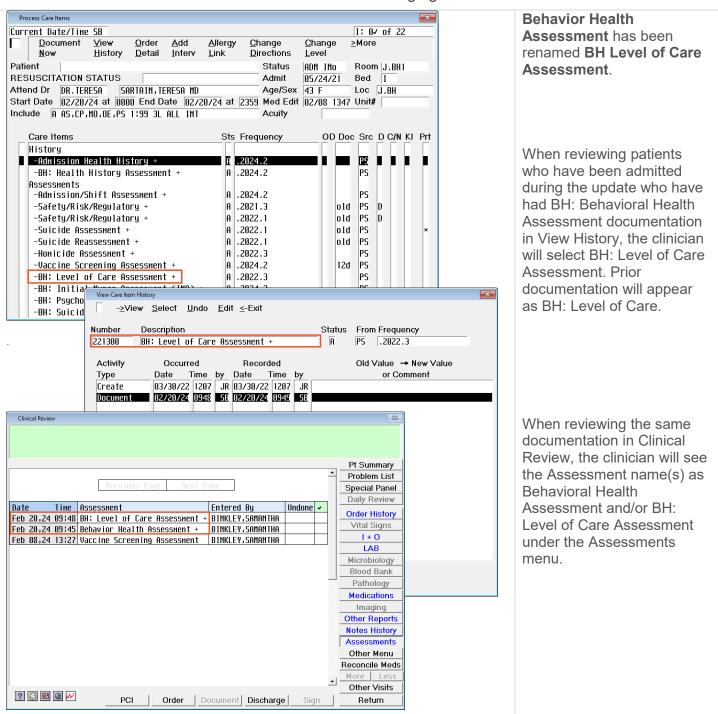


# **NUR Module**

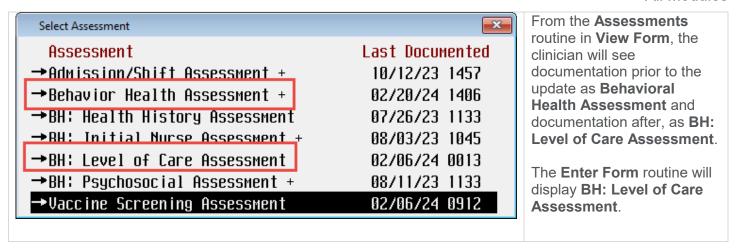
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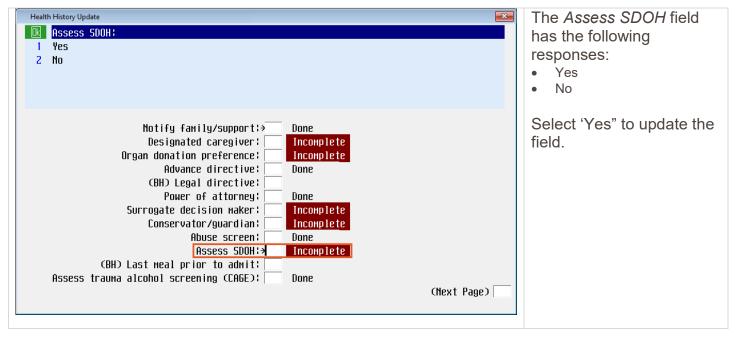
Pilot Documentation pg. 13

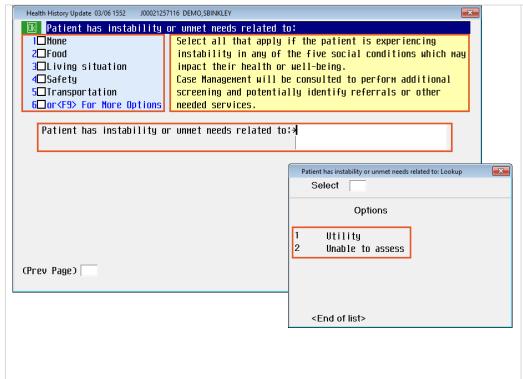


### **Health History Update**



If the Social Determinants of Health (SDOH) field is selected as 'Unable to access' or the patient is admitted through surgery, the SDOH field can be updated in the **Health History Update**.





The Patient has instability or unmet needs related to is a new, multi-select field with the following responses:

- None
- Food
- Living situation
- Safety
- Transportation
- Unable to assess
- Utility

The Yellow Information Box guides the clinician to select the appropriate response:

Select all that apply if the patient is experiencing instability in any of the five social conditions which may impact their health or wellbeing.

Case Management will be consulted to perform additional screening and potentially identify referrals or other needed services.

The nurse will need to file the reflexed order so Case Management will receive the notification. This page intentionally left blank.

Pilot Documentation pg. 16