

# EBCD MEDITECH Content Updates – 2024.2

## All Modules

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### 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 [EBCD Release Education Section](#) of the [EBCD Atlas Connect page](#).






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 
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:*

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## Summary of Revisions

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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.

The screenshot shows the 'Gastrointestinal Ostomy' screen with a keypad for 'GI stoma size cm' and a data table for 'Last 15 Documented Values'.

GI stoma size cm: [Keypad]

GI ostomy type: >

GI ostomy location: >

GI ostomy healed, moist and pink: >

GI stoma condition: >

GI stoma size cm: >

GI peristomal skin intact: >

GI peristomal skin: >

Date ostomy device changed: >

Mucous fistula: >

Last 15 Documented Values (Searching last 14 days)  
Press <ENTER> to Return to Documentation Screen

Date	Time	Value
1/10	1031	2.5

*GI stoma size cm* is a new field utilizing the keypad function.

Press F1 to see all prior documentation.

*Note: The F1 functionality is not applicable in the EDM Module.*

This update affects the following interventions/assessments:

Nursing	Emergency Department	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.

The *Weight source* field has been updated with two new soft stops.

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

Estimated 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.*

Height/Weight Measurement

Click OK or Press Enter to continue.

Height ft: >   
 Height in: >   
 Height cm:   
 Height source: >

Weight gm:   
 Weight kg: >8.182  
**Weight source: >Estimated \***

Weight change gm:   
 Total weight change since birth gm:   
 Percent weight change since birth:

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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.*

Error

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

Ok

Rapid Flowsheet

Weight source:

1	Bed scale	7	Sling scale	- Calculated Value -
2	Chair scale	8	Standing scale	
3	Estimated	9	Stated/Reported	The equivalent: 181b, 0.61oz
4	Infant scale	10	Wheelchair scale	
5	Pediatric emergency tape	11	Not applicable	
✓ 6	Refused			

Weight gm:   
 Weight kg: >8.182 \*  
**Weight source: >Refused \***

Head circumference cm:   
 BMI calculated: 24.0

Document orthostatic vital signs: >   
 Document bilateral blood pressures:   
 Glasgow coma scale:   
 PEDS non pharmacy daily weight kg:

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This update affects the following interventions/assessments:

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 following fields have been removed:

- *Wish to be dead or to not wake up in the past 6 months*
- *Non-specific active suicidal thoughts in the past 6 months*
- *Active suicidal ideation with plan and intent in the past 6 months*
- *Active ideation without method, plan or intent in the past 6 months*
- *Active ideation with some intent and without plan in the past 6 months*

The image displays three screenshots of the 'BH Suicide/Homicide Assessment' form. Each screenshot shows a question and its corresponding response options. Red boxes highlight the fields that have been removed from the assessment:

- Top Screenshot:** Question: "Wish to be dead or to not wake up in the past month:". Options: 1 Yes, 2 No. The question text is highlighted in yellow. The removed fields are: "Wish to be dead or to not wake up in the past month:" (checkbox), "Wish to be dead or to not wake up in your lifetime:" (checkbox), "Non-specific active suicidal thoughts in the past month:" (checkbox), and "Non-specific active suicidal thoughts in your lifetime:" (checkbox).
- Middle Screenshot:** Question: "Active ideation without method, plan or intent in the past month:". Options: 1 Yes, 2 No. The question text is highlighted in yellow. The removed fields are: "Active ideation without method, plan or intent in the past month:" (checkbox), "Active ideation without method, plan or intent in your lifetime:" (checkbox), "Active ideation with some intent and without plan in the past month:" (checkbox), "Active ideation with some intent and without plan in your lifetime:" (checkbox), "Active suicidal ideation with plan and intent in the past month:" (checkbox), and "Active suicidal ideation with plan and intent in your lifetime:" (checkbox).
- Bottom Screenshot:** Question: "Attempted, plan to attempt, or prepared to end life in your lifetime:". Options: 1 Yes, 2 No. The question text is highlighted in yellow. The removed fields are: "Attempted, plan to attempt, or prepared to end life in your lifetime:" (checkbox) and "Attempted, plan to attempt, or prepared to end life in the past 3 months:" (checkbox). Below this, there are fields for "Calculated suicide risk level:" and "Document suicide risk detail assessment:". At the bottom, there are "(Prev Page)" and "(Next Page)" buttons.

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.

*Heart sounds has a new response:*

- LVAD Hum

This update affects the following interventions/assessments:

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



# 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.

CRRT

**CRRT treatment status:**

<input type="checkbox"/> 1 Access failure	<input type="checkbox"/> 7 Recirculating	- Calculated Value - CRRT therapy start weight The equivalent: 220lb, 7.40oz
<input type="checkbox"/> 2 Blood returned	<input type="checkbox"/> 8 Resume treatment	
<input type="checkbox"/> 3 Emergency return	<input type="checkbox"/> 9 Routine filter change	
<input type="checkbox"/> 4 Filter clotted		
<input checked="" type="checkbox"/> 5 New order implemented		
<input type="checkbox"/> 6 No blood returned		

CRRT status: Monitor \*

CRRT type: CVVH

CRRT treatment start date: 12/10/20

CRRT treatment start time: 1900

CRRT therapy start weight kg: 100

CRRT treatment status: \*

CRRT filter change date:

CRRT filter change time:

CRRT filter type: CAR 125 \*

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*CRRT treatment status* has a new response:

- New order implemented

CRRT

**CRRT filter type:**

1 CAR 125	7 F 160	<input checked="" type="checkbox"/> 13 ST 100
2 CAR 500	8 HF 1000	<input checked="" type="checkbox"/> 14 ST 150
3 CAR 502	9 HF 1400	
4 CAR 505	10 HPF 15	
5 Purena H	11 M 100	
6 AN 69 ST heparinized	12 M 150	

CRRT status: Monitor \*

CRRT type: CVVH

CRRT treatment start date: 12/10/20

CRRT treatment start time: 1900

CRRT therapy start weight kg: 100

CRRT treatment status:

CRRT filter change date:

CRRT filter change time:

CRRT filter type: \*

(Next Page)

*CRRT filter type* has two new responses:

- ST 100
- ST 150

Two responses were removed:

- AN 69 ST
- M 60

# ED Module

## Behavioral Health: Level of Care Assessment



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

Patient Triage/Documentation

Chief Complaint PSYCH Behavioral Health Related Edit

Allergies/ADRs (1)  
No Known Allergies

Assessments (11)  
Rapid Initial Assessment (Required for PSYCH)  
Detailed Assessment (Required for PSYCH)  
**BH Level of Care Assessment**  
Pain Assessment/Reassessment (Required for PSYCH)  
Physical Findings (Required for PSYCH)  
Behavioral Health Related (Required for PSYCH)  
Behavioral Health Related Reas  
Teaching Education (Required for PSYCH)  
Triage Reassessment  
Violence/Aggression Screening (Required for PSYCH)  
**Behavioral Health Assessment**

Treatments (1)

Expand/Collapse

Document  
Spreadsheet  
Edit/Amend  
Undo  
View  
Print  
Acknowledge  
RXM  
Reconcile Meds  
Review  
Orders

Clinical Review

TESTING,BINK - 37/F PRE ER J.ER  
U/A J000442696/J00021580163

Allergies/ADRs: No Known Allergies

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Date	Time	Assessment	Entered By	Undone	✓
Feb 19,24	14:52	<b>BH Level of Care Assessment</b>			
Feb 19,24	14:50	Behavioral Health Assessment			

Pt Summary  
Problem List  
Special Panel  
Daily Review  
Order History  
Vital Signs  
I + O  
LAB  
Microbiology  
Blood Bank  
Pathology  
Medications  
Imaging  
Other Reports  
Notes History  
Assessments  
Other Menu  
Reconcile Meds  
More Less  
Other Visits  
Return

PCI Order Document Discharge Sign

**Behavior Health Assessment** has been renamed **BH Level of Care Assessment**.

For patients in the Emergency Department at the time of the update who have documentation on the **Behavioral Health Assessment** prior to the name change, the documentation will appear in the **Trg/Doc** view as **Behavioral Health Assessment**.

If a clinician selects the **Behavioral Health Assessment** for another entry, it will still appear as **Behavioral Health Assessment**. However, after the update to the name change, if the clinician selects the updated name, **BH Level of Care Assessment**, the documentation will appear as **BH Level of Care Assessment**.

If any new documentation is added after the name change, it will appear as **BH Level of Care Assessment**.

*Note: Clinical Review will reflect the assessment name as it appeared during the time of documentation.*

## 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.

Cardiac Related

Patient: \_\_\_\_\_  
 Date: 01/03/24 Time: 1034 User: \_\_\_\_\_

**Heart sounds:**

<input type="checkbox"/> 1 S1	<input type="checkbox"/> 7 LVAD hum
<input type="checkbox"/> 2 S2	<input type="checkbox"/> 8 Muffled
<input type="checkbox"/> 3 S3	<input type="checkbox"/> 9 Pericardium active
<input type="checkbox"/> 4 S4	<input type="checkbox"/> 10 Quadruple
<input type="checkbox"/> 5 Click	<input type="checkbox"/> 11 Rub
<input type="checkbox"/> 6 Irregular	<input type="checkbox"/> 12 Summation

Cardiac monitor: > \_\_\_\_\_  
 Monitored heart rhythm: \_\_\_\_\_  
 Ectopy: \_\_\_\_\_  
 Ectopy frequency: \_\_\_\_\_

Heart sounds: > \_\_\_\_\_  
 Heart Murmurs: \_\_\_\_\_

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OK Cancel

Heart sounds has a new response:

- LVAD Hum

This update affects the following assessments:

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.

*Point of care test has a new response:*

- CBC

*Are point of care results critical has the following responses:*

- Yes
- No

Point of Care Test

Patient: \_\_\_\_\_  
Date: 12/19/23 Time: 0839 User: \_\_\_\_\_

**Point of care test:**

1 ABG	7 COVID-19	13 INR
2 ABU	8 D dimer	14 Lactic acid
3 BNP	9 Flu complete	15 Mononucleosis
<b>4 CBC</b>	10 Gastrocul	16 PT
5 Cardiomarkers	11 Glucose	17 PTT
6 Chemistry	12 Hemocult	18 or<F9> For More Options

Point of care test:→

Are point of care results critical:

OK Cancel

Point of care test: Lookup

Select

Options

- 1 Pregnancy HCG
- 2 RSU
- 3 Strep
- 4 Troponin
- 5 Urine

<End of list>

Point of Care Test

Patient: \_\_\_\_\_  
Date: 12/19/23 Time: 0839 User: \_\_\_\_\_

**Are point of care results critical:**

- 1 Yes**
- 2 No

Point of care test:→

Are point of care results critical:→

(End)

OK Cancel

# NUR Module

## Behavioral Health: Level of Care Assessment



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

Process Care Items

Current Date/Time SB I: 0/ of 22

Document View Order Add Allergy Change Change >More  
Now History Detail Interv Link Directions Level

Patient RESUSCITATION STATUS Status ADM Ino Room J,BH1  
Admit 05/24/21 Bed I

Attend Dr DR. TERESA SARTAIN, TERESA MD Age/Sex 43 F Loc J,BH  
Start Date 02/20/24 at 0000 End Date 02/20/24 at 2359 Med Edit 02/08 1347 Unit#  
Include A AS,CP,MO,DE,PS 1:99 3L ALL INT Acuity

Care Items	Sts	Frequency	OD	Doc	Src	D	C/N	KI	Prt
History									
-Admission Health History +	A	.2024.2							
-BH: Health History Assessment +	A	.2024.2							
Assessments									
-Admission/Shift Assessment +	A	.2024.2							
-Safety/Risk/Regulatory +	A	.2021.3		old	PS	D			
-Safety/Risk/Regulatory +	A	.2022.1		old	PS	D			
-Suicide Assessment +	A	.2022.1		old	PS			*	
-Suicide Reassessment +	A	.2022.1		old	PS				
-Homicide Assessment +	A	.2022.3			PS				
-Vaccine Screening Assessment +	A	.2024.2		12d	PS				
-BH: Level of Care Assessment +	A	.2022.3			PS				
-BH: Initial Assessment (10)	A	.2024.2			PS				
-BH: Psycho									
-BH: Suicid									

View Care Item History

Number Description Status From Frequency  
221300 BH: Level of Care Assessment + A PS .2022.3

Activity	Occurred	Recorded	Old Value	New Value			
Type	Date	Time	by	Date	Time	by	or Comment
Create	03/30/22	1207	JR	03/30/22	1207	JR	
Document	02/20/24	0948	SE	02/20/24	0948	SE	

Clinical Review

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Date	Time	Assessment	Entered By	Undone
Feb 20,24	09:48	BH: Level of Care Assessment +	BINKLEY,SAMANTHA	
Feb 20,24	09:45	Behavior Health Assessment +	BINKLEY,SAMANTHA	
Feb 08,24	13:27	Vaccine Screening Assessment	BINKLEY,SAMANTHA	

Pt Summary  
Problem List  
Special Panel  
Daily Review  
Order History  
Vital Signs  
I + O  
LAB  
Microbiology  
Blood Bank  
Pathology  
Medications  
Imaging  
Other Reports  
Notes History  
Assessments  
Other Menu  
Reconcile Meds  
More Less  
Other Visits  
Return

**Behavior Health Assessment** has been renamed **BH Level of Care Assessment**.

When reviewing patients who have been admitted during the update who have had BH: Behavioral Health Assessment documentation in View History, the clinician will select BH: Level of Care Assessment. Prior documentation will appear as BH: Level of Care.

When reviewing the same documentation in Clinical Review, the clinician will see the Assessment name(s) as Behavioral Health Assessment and/or BH: Level of Care Assessment under the Assessments menu.

Assessment	Last Documented
→ Admission/Shift Assessment +	10/12/23 1457
→ Behavior Health Assessment +	02/20/24 1406
→ BH: Health History Assessment	07/26/23 1133
→ BH: Initial Nurse Assessment +	08/03/23 1045
→ BH: Level of Care Assessment	02/06/24 0013
→ BH: Psychosocial Assessment +	08/11/23 1133
→ Vaccine Screening Assessment	02/06/24 0912

From the **Assessments** routine in **View Form**, the clinician will see documentation prior to the update as **Behavioral Health Assessment** and documentation after, as **BH: Level of Care Assessment**.

The **Enter Form** routine will display **BH: Level of Care Assessment**.

## 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**.

Health History Update	
Assess SDOH:	
1	Yes
2	No
Notify family/support:	<input type="checkbox"/> Done
Designated caregiver:	<input type="checkbox"/> Incomplete
Organ donation preference:	<input type="checkbox"/> Incomplete
Advance directive:	<input type="checkbox"/> Done
(BH) Legal directive:	<input type="checkbox"/> Done
Power of attorney:	<input type="checkbox"/> Done
Surrogate decision maker:	<input type="checkbox"/> Incomplete
Conservator/guardian:	<input type="checkbox"/> Incomplete
Abuse screen:	<input type="checkbox"/> Done
Assess SDOH:	<input type="checkbox"/> Incomplete
(BH) Last meal prior to admit:	<input type="checkbox"/> Done
Assess trauma alcohol screening (CAGE):	<input type="checkbox"/> Done
(Next Page) <input type="checkbox"/>	

The Assess SDOH field has the following responses:

- Yes
- No

Select 'Yes' to update the field.

Health History Update 03/06 1552 J00021257116 DEMO,SBINKLEY

**Patient has instability or unmet needs related to:**

None  
 Food  
 Living situation  
 Safety  
 Transportation  
 or <F9> For More Options

Select all that apply if the patient is experiencing instability in any of the five social conditions which may impact their health or well-being. Case Management will be consulted to perform additional screening and potentially identify referrals or other needed services.

Patient has instability or unmet needs related to: >

(Prev Page)

**Patient has instability or unmet needs related to: Lookup**

Select

Options

1 Utility  
 2 Unable to assess

<End of list>

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 well-being. 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.

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