# EBCD MEDITECH Content Updates – 2025.1 All Modules

#### **Overview**

This document is a high-level overview for end user education purposes about significant changes within the ED Module screens. Additional enhancements may be seen in the <u>EBCD Release</u> <u>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
	39-	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:Summary of Revisions2eMAR Updates3Metformin Contrast Media Alert3EDM Module4ECMO Documentation Update4MAP Autocalculation6PEWS Update7Point of Care Test Update8Pre-Arrival Antibiotics Administered by EMS9

# **Summary of Revisions**

Date	Revision

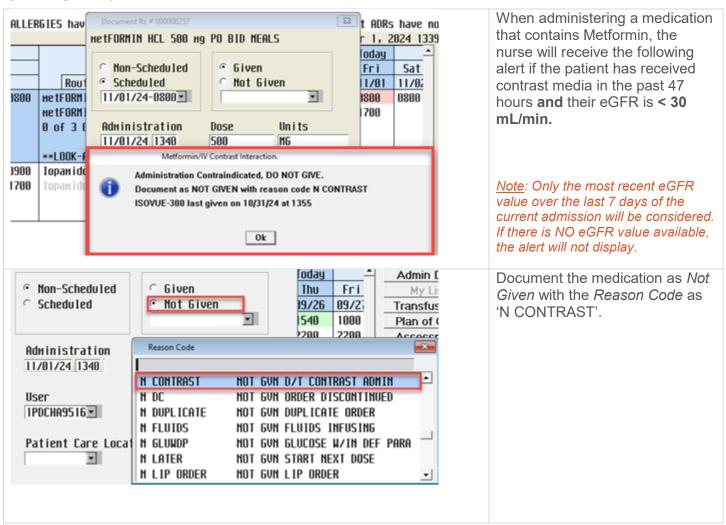
# **eMAR Updates**

#### **Metformin Contrast Media Alert**



Within eMAR, nurses will now only receive an alert upon documentation for Metformin-containing medications if IV Contrast Media has been administered to the patient within the last 47 hours and the patient has an eGFR <30ml/min.

<u>Note</u>: Radiology guidelines no longer recommend that Metformin-containing products are held or discontinued by nursing if the patient has an eGFR value of >/= 30ml/min and has received IV Contrast Media.

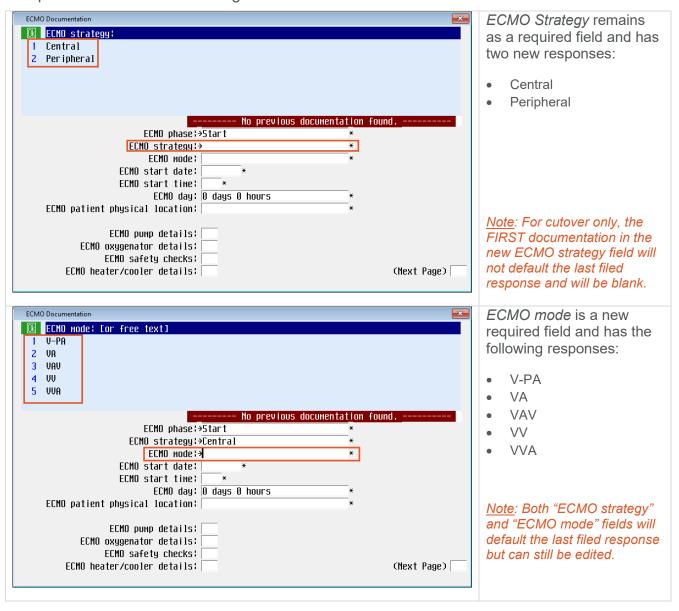


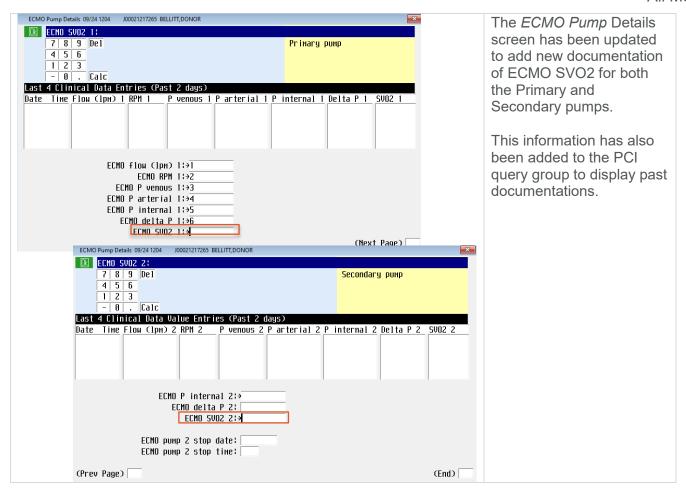
# **EDM Module**

#### **ECMO Documentation Update**



The **ECMO Documentation** intervention has been updated to separate the ECMO strategy and the new ECMO mode documentation. In addition, two ECMO SVO2 fields were added to the ECMO Pump Details Screen for trending.



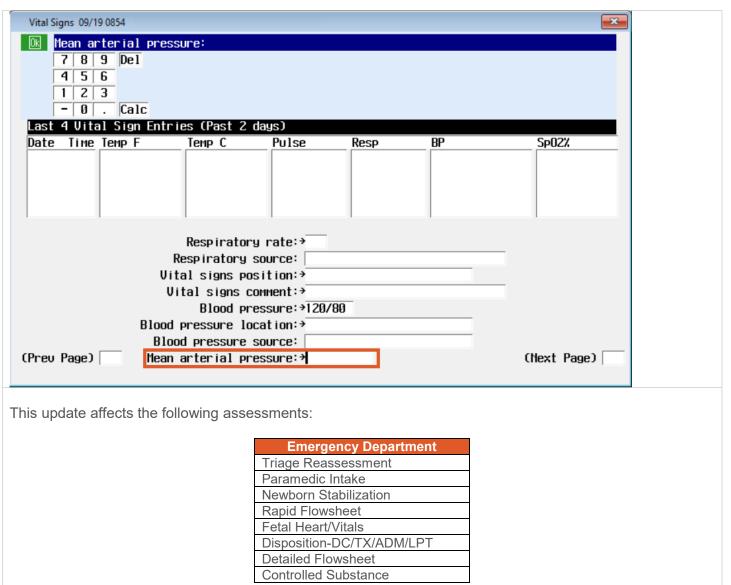


#### **MAP Autocalculation**



Currently, when vital signs are manually entered on the Vital Signs screen, the Mean arterial pressure (MAP) is auto-calculated based on the systolic and diastolic blood pressure values. The monitor or vital sign machine uses a different formula to calculate MAP, which results in a variation. The value displayed on the monitor being used to guide clinical decisions is the value that must be entered/saved in the EHR. With this change, the *Mean arterial pressure* field will no longer populate an auto-calculated value. The nurse must manually enter the value from the vital sign machine or monitor.

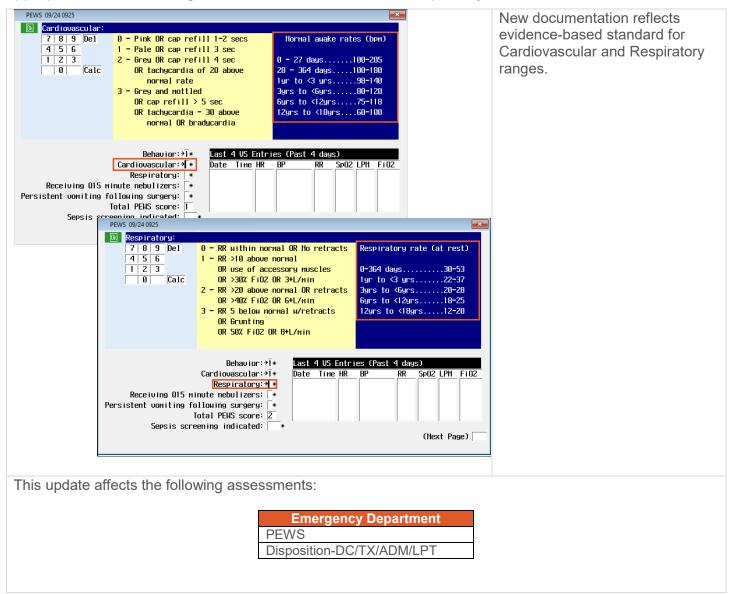
<u>Note</u>: This change primarily affects nurses in clinical areas without a monitor integration. In settins with an integration, the Blood pressure and Mean arterial pressure values will interface directly from the monitor to the EHR for validation.



#### **PEWS Update**



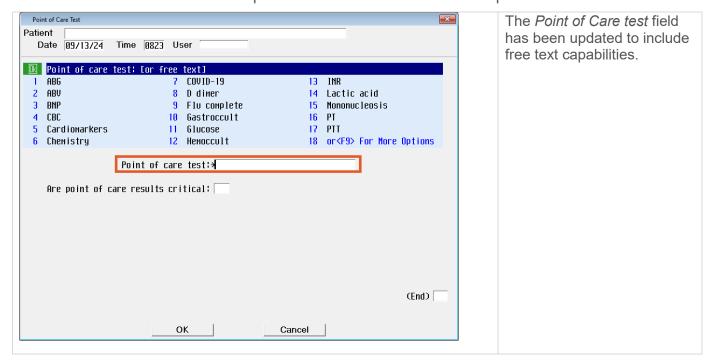
Current documentation within the **PEWS** intervention does not display corporate, evidence-based standards for normal heart and respiratory rate. Reference ranges are used to designate the cardiovascular and respiratory sub scores which impact overall score. Future state will reflect appropriate reference ranges in the Cardiovascular and Respiratory fields.



# **Point of Care Test Update**



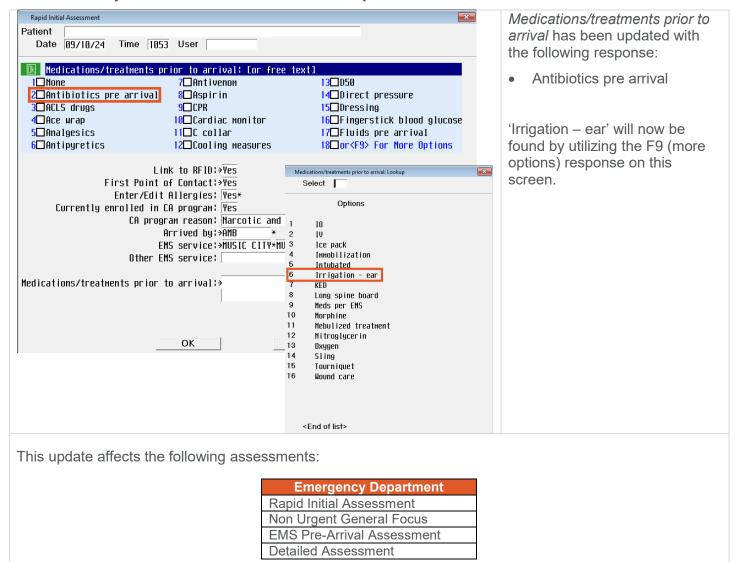
Current documentation does not have the option for "other" when documenting Point of Care tests. New state will allow a free text response for instances when the test performed is not listed.



# **Pre-Arrival Antibiotics Administered by EMS**



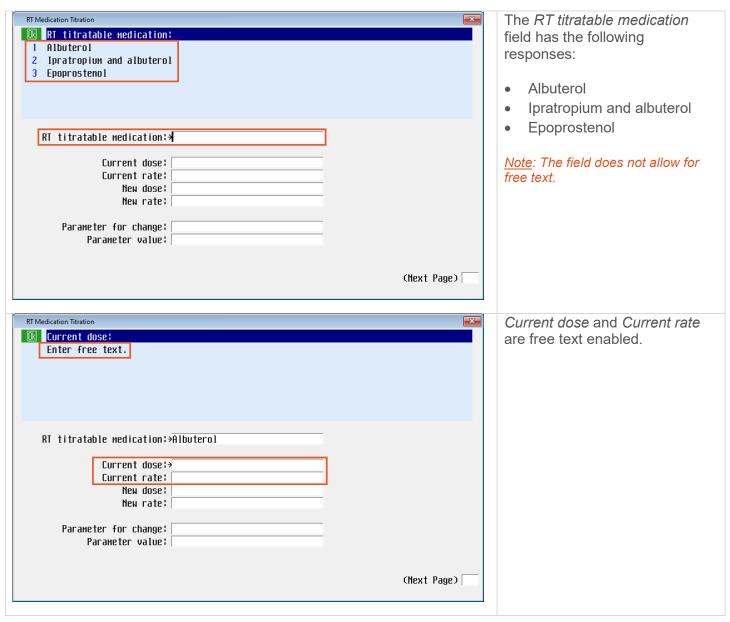
Current documentation shows antibiotics administered prior to arrival being documented on the EDM run sheet, which is not captured as part of Sepsis metrics. Future documentation will allow Antibiotics administered by EMS to be documented in the **Rapid Initial Assessment**.

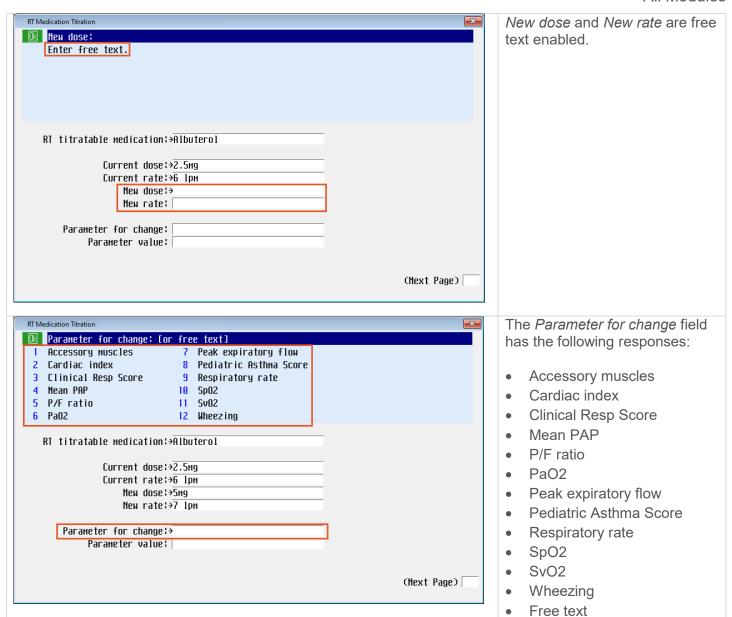


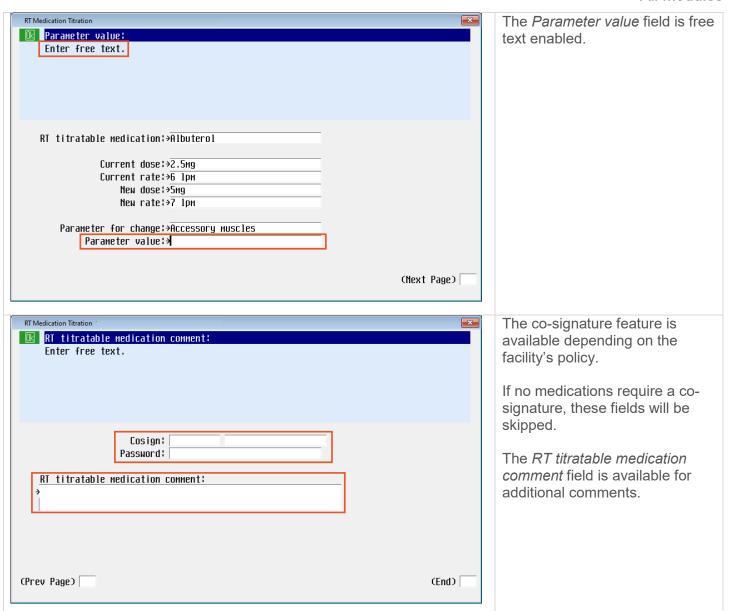
#### **RT Medication Titration**



Respiratory Therapists are currently utilizing notes for documenting titration. To improve communication and aid in determining the last rate and dose, a new intervention has been created to make titration documentation more efficient.







# EDM and NUR Modules MEDITECH EBCD Update

EHR

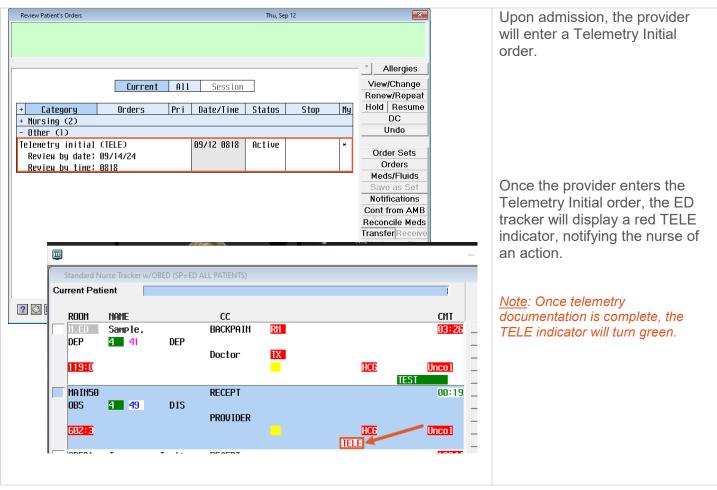
2025.1

**Update** 

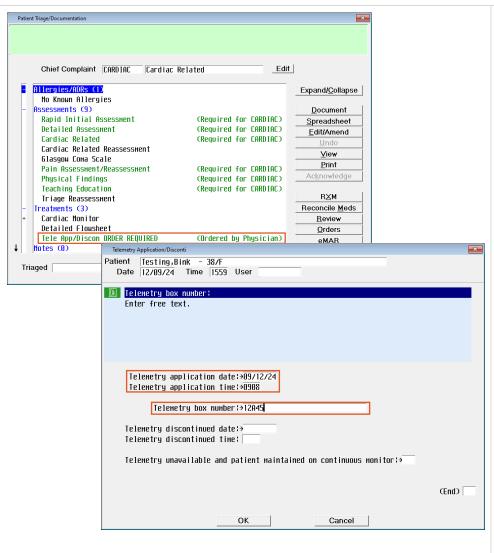
### **Telemetry EDM Documentation and Workflow**

To support consistent documentation of the date and time of telemetry application, for Inpatient Holds, the workflow has been updated. Nurses will now be able to document the application of telemetry monitoring for Inpatient Holds.

<u>Overview of workflow</u>: Once the provider submits the Telemetry Initial order, a red TELE indicator is presented on the ED Tracker, alerting the nurse an action is needed. Once a tele box is placed on the confirmed patient, the nurse will validate the patient, waveform and tele box number with the monitor tech. The nurse will document the application date and time within the Telemetry treatment. This information will auto-populate into the Inpatient telemetry documentation.

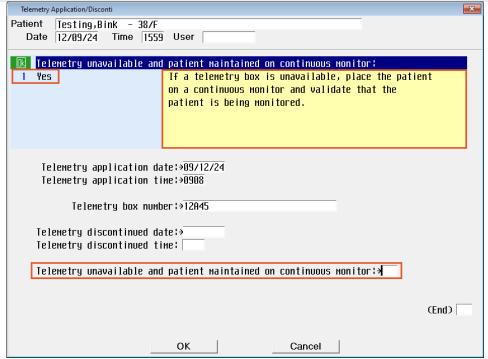






Confirm the patient identifier, waveform and tele box with the monitor tech.

The nurse will document the Tele App/Discon ORDER REQUIRED intervention once the telemetry box is applied and validated.

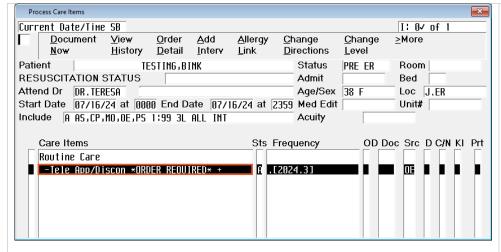


Telemetry unavailable and patient maintained on continuous monitor has a response of 'Yes'.

Use this field if a telemetry box is unavailable. Ensure the patient is placed on an alternative cardiac monitor and continue to document in the Cardiac Monitor treatment screen until a box is available and applied to the patient.

<u>Note</u>: If the 'Telemetry unavailable and patient maintained on continuous monitor' is completed, the TELE indicator will turn green.





Admitting MD:
Attending MD:
Reason for Visit/CC: BONE FRACTURE

Brief History:
Allergies: No Known Allergies

Tele application date:
Tele application time:
Suicide Risk: None Documented
Cardiac Monitor: None Documented
Pain control goal: None Documented
Pain scale utilized:
Diet:

Once the patient is assigned an inpatient bed, follow hospital process for SBAR handoff, as the Tele application date and time documented in the ED will be shown on the ED and Inpatient SBAR reports.

The Inpatient nurse will be able to view the ED nurse's previous documentation. The telemetry start date and time will not need to be edited.

<u>Note</u>: The inpatient nurse will confirm the patient identifier, waveform and tele box number with the monitor tech.

The ED and Inpatient SBAR reports will display the last documented Tele application date and time.

If no documentation has been entered for the Telemetry application date and time, the fields will display as blank on the report.

