

EPIC – GI PROCEDURE ENDOSCOPIST WORKFLOW

CHECKLIST:

- Pre-Procedure
 - Log on to the right department.
 - Find patient on the GI Procedure status board.
 - Determine the type of procedure, indication and any special instructions.
 - Review the history, allergies, and medications. Update if needed and mark as reviewed.
 - Ensure at least one problem on the problem list.
 - Obtain informed consent (paper for now).
 - Write H&P using smart text (“amb gi ...”).
 - For conscious sedation cases only add a pre-anesthesia assessment to the H&P.

- Intra-procedure
 - After scope is out confirm the procedure type and diagnosis with the nurse.

- Post-procedure
 - ProVation: write, sign, and print one copy of the procedure report to your local printer and two copies of the post-procedure instructions to the nursing station printer.
 - In chart review find your just signed procedure report and route to referring physician(s).
 - Cosign any orders.
 - Open medication reconciliation section to:
 - Review orders: resume, modify, or discontinue home/procedure medications.
 - New orders: write any new orders. Open, edit, and accept the discharge order.
 - Review and sign.
 - Meet with the patient and family.

DETAILS:

Below is a step-by-step guide to using EPIC and ProVation in GI Procedures. The guide is intentionally detailed to help us at GoLive. This amount of detail makes the process seem far more difficult than it actually is. After we do this several times it will become automatic, just as our pre-EPIC workflow has been.

In EPIC there are often multiple ways to do the same thing. Here we focus on the most straightforward approaches. Over time we will discover new methods and also optimize the software to better meet our needs. Also, the build is still ongoing so some of this may change sooner than later. Please let me know if you find errors or better ways to do things. We will keep an updated version of this guide on our internal website (www.uncgi.com).

Pre-procedure Workflow

1. Login and select the department where you are performing procedures (search for “GI” and then select either GI PROCEDURE UNCMH, GI PROCEDURES MMNT 300, or MOB GI OR WATER).
2. One way to view your own personal schedule by clicking on the calendar icon. This will show patients scheduled to see you in both procedures and clinic. You can star the calendar icon (star located on the right) and it can default here.

Schedule

CHAPEL HILL INTERNAL MEDICINE GASTROENTEROLOGY Depart...

Inf Risk	Time	Patient Name/A Visit Type	Room	Procedure	Brief Op	I Op Note	Transfer	Discharge	Imaging Status	Provider	Referrin
	11:00 AM	Aeneas, G (44 y.o. F) Office Visit								Physician Gastro, MD	Referrin
	11:00 AM	Ajax, G (44 y.o. F) Office Visit								Physician Gastro, MD	Referrin
	11:00 AM	Castor, G (44 y.o. F) Office Visit								Physician Gastro, MD	Referrin
	11:00 AM	Celaeno, G (44 y.o. F) Office Visit								Physician Gastro, MD	Referrin

3. Open the GI Procedures Status Board by clicking the “status board” icon on the EPIC toolbar

- a. Note: the first time you logon you will be asked to pick one of many status boards. Select the status board that corresponds to the procedures unit you are working in (see below). If desired, designate a default status board by clicking the default box in the lower left corner. Then click run.

Status Board Settings - Temporary Report [13952962]

Available Settings

- UNCMC BSMT HLD Status i
- UNCMC Cardiac REX Echo /
- UNCMC Cath EP Cases Str
- UNCMC Cath EP Labs Statu
- UNCMC Cath EP Post-Call S
- UNCMC Cath EP Pre-Call St
- UNCMC Cath EP Prep & Re
- UNCMC CHILD "All Areas" |
- UNCMC CHILD Intra-op Stati
- UNCMC CHILD OR "My Cas
- UNCMC CHILD PACU Appoi
- UNCMC CHILD PACU Outlyi
- UNCMC CHILD PACU Statu
- UNCMC CHILD PHASE II St
- UNCMC CHILD PREOP Stat
- UNCMC CYSTO Status Boa
- UNCMC Echo Adult & Peds
- UNCMC GI Front desk "in-wr
- UNCMC GI HBR Periop Sta**
- UNCMC GI HBR Post-op Ca
- UNCMC GI MEM Intraop Sta
- UNCMC GI MEM Motility Str
- UNCMC GI MEM Periop Sta
- UNCMC GI MEM Post-op C
- UNCMC GI MEM Return Vis
- UNCMC GI MMNT Periop S

Criteria Display Appearance Summary Print Layout General

Start date: 6/5/2020 Show dates? Start time:

End date: End time:

Cases Appointments Messages

Current location

Locations

- HBR MOB GI PROCEDURES U

Show empty rooms?

Rooms

Case Progress Statuses

- Arrived
- Pre Procedure
- Scheduled
- Procedure
- Recovery
- Phase II

Patient Location Areas

Patient Locations

- UNCH HILLSBOROUGH MO
- UNCH HILLSBOROUGH MO
- UNCH HILLSBOROUGH MO
- UNCH HILLSBOROUGH MO

Hide empty patient locations?

Hide filtered patients in patient locations?

Turn-off automatic coloring

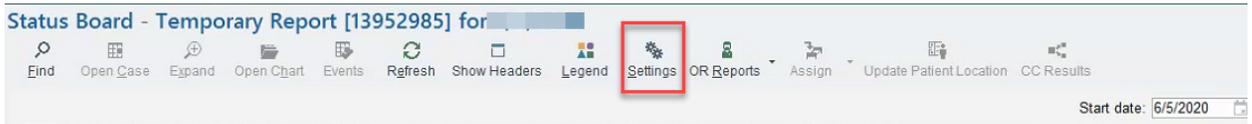
Launch MAR on Barcode?

Row coloring: Color entire row

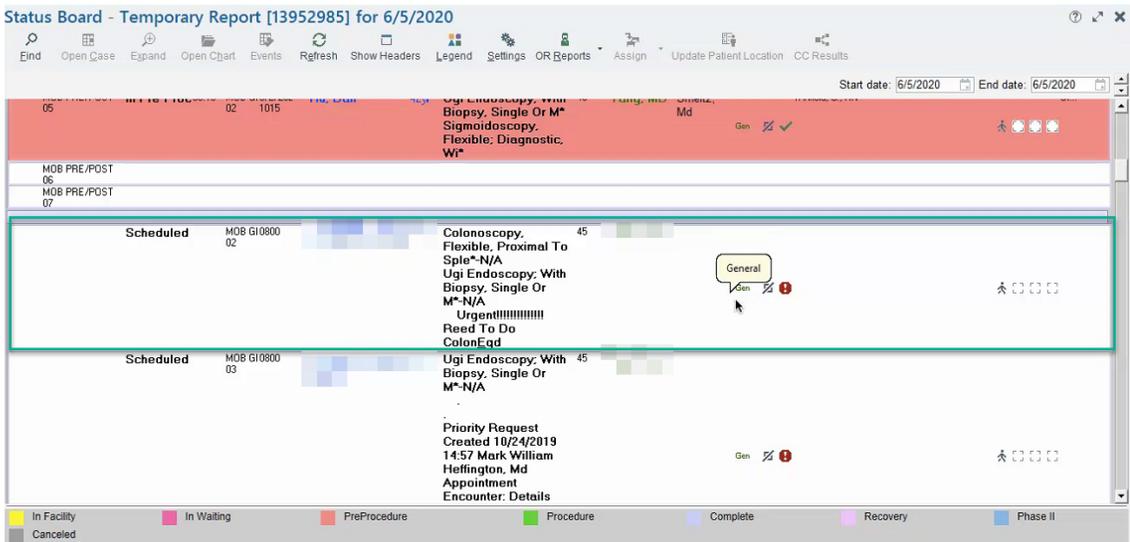
Show headers?

Run Delete Restore Print Cancel

- b. If you set one location as the default but later scope somewhere else, click the settings icon at the top of the status board, pick the new location, and click “run”.

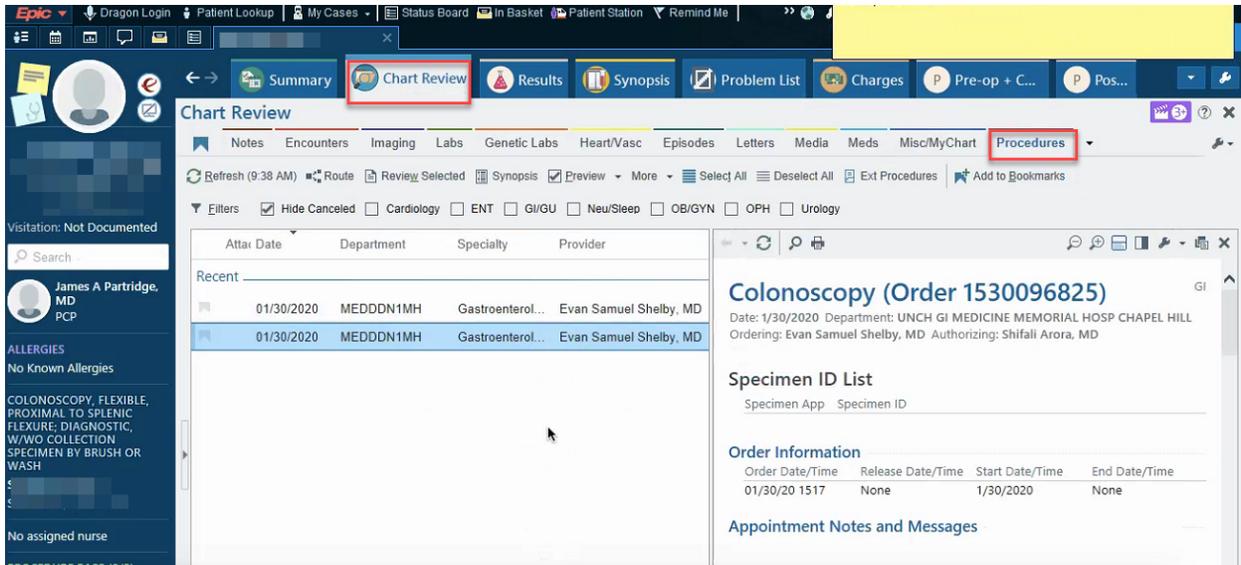


- 4. **Open the patient’s record** by double clicking on the patient’s name.

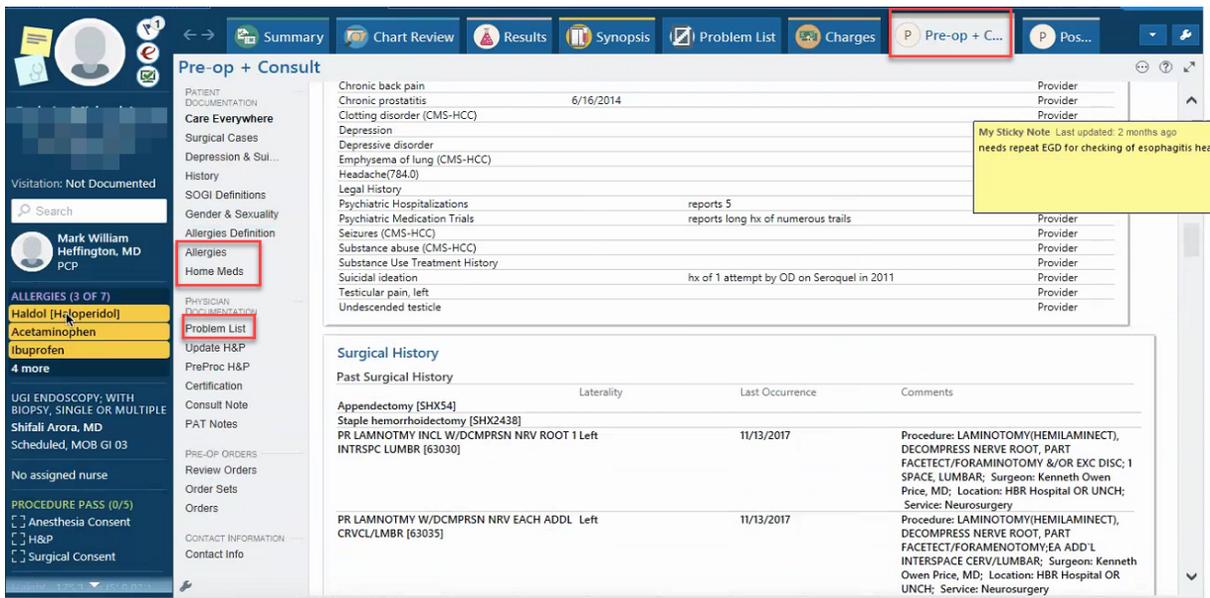


- 5. **Review the reason for the procedure and special instructions, if any.**

- a. Inpatients will not have an order. Instead, GI Fellows will directly enter case request forms that you will not be able to access. You can discuss the case with the inpatient consult team and/or review the record in chart review.
- b. Outpatients who are sent from outside UNC will not have an EPIC order either (at least not initially). You can review their GI Procedure referral form in Care Everywhere if it is a local hospital. It also may be scanned into the media tab in Chart Review.
- c. Outpatients who are sent from a UNCHCS provider will have a GIP order in EPIC. Go to chart review, click the “procedures” or “referrals” taab, find the procedure referral and scroll down to the bottom. You can then click “order details” to open the order details or click “encounter” to see the details of the encounter that resulted in the order. You can also review other parts of the chart to learn more about the patient.



6. Click on the **“Pre-op + Consult”** activity icon located on top activity bar and use the left side navigator to work your way through Pre-Op tasks. You will use this activity throughout the pre-procedure process.



7. Within the pre-op + consult activity, **review the patient’s history, allergies, and home medications.**
 - a. Within the left-sided patient navigator, click the headers (outlined in red) to review a section without opening it. If you are satisfied with what is written you do not need to open the section – simply click “mark as reviewed” and move on to the next section. If you need to update/edit a section click the name of the section or the pencil next to the name and then update as needed. When done close and click “mark as reviewed”. Then move on to the next sections.

Pre-op + Consult

ALLERGIES Definition

Remember to ask about **Medications - Food - Environmental Allergies** in the Allergies section Below

Allergies/Contraindications

Reaction	Severity	Reaction Type	Noted	Valid Until
Penicillins	Hives	High	Allergy	5/29/2020
Egg Yolk	Nausea And Vomiting	Medium	Allergy	5/29/2020

Mark as Reviewed Unable to Assess Last Reviewed by Colon Oscopy, MD on 6/2/2020 at 12:08 PM [History](#)

Home Meds

Medication	Taking?	Last Dose	Start Date	End Date	Provider
albuterol (PROVENTIL HFA;VENTOLIN HFA) 90 mcg/actuation inhaler			05/30/18	--	Historical Provider, MD
fexofenadine (ALLEGRA) 60 MG tablet			01/27/20	--	Historical Provider, MD
hydrocortisone 2.5 % cream			04/28/20	--	Historical Provider, MD
ibuprofen (ADVIL;MOTRIN) 200 MG tablet			05/15/20	--	Historical Provider, MD

Mark as Reviewed Last Reviewed by Oscopy, Colon, MD on 5/29/2020 at 10:28 AM [History](#)

- Review the problem list.** If satisfied click mark as reviewed. To receive meaningful use credit a patient must have at least one problem. To add a problem type the problem into the search box and click add. Then accept and accept again. (If the patient truly has no problems then enter “colon cancer screening” or something similar).

Pre-op + Consult

Problem List

Show: Past Problems

Diagnosis	Hospital	Principal	Sort Priority	Resolved	Updated
Non-Hospital (Problems not being addressed during this admission)					
Abdominal pain	<input type="checkbox"/>		Unprioritized	<input checked="" type="checkbox"/>	-4 days Oscopy, Colon, MD
Rectal bleeding	<input type="checkbox"/>		Unprioritized	<input checked="" type="checkbox"/>	-4 days Oscopy, Colon, MD
Multidisciplinary					
General Plan of Care					

Mark as Reviewed Last Reviewed by Oscopy, Colon, MD on 6/2/2020 at 11:06 AM

Database Search - Birthday,Geoffrey

Search:

ID	Name	ICD-9 Codes	ICD-10 Codes	HCC C:
367163	Colon cancer screening	V76.51	Z12.11	
1928734	Colon cancer screening declined	V64.2	Z53.20	
731080	Family history of colon cancer requiring screening colonoscopy	V16.0	Z80.0	
731081	Family hx of colon cancer requiring screening colonoscopy	V16.0	Z80.0	
369056	Screening for colon cancer	V76.51	Z12.11	
1928735	Screening for malignant neoplasm of colon declined	V64.2	Z53.20	
1931964	Screening for malignant neoplasm of colon performed	V76.51	Z12.11	

7 loaded. No more to load.

New Problem

Problem: DxReference

Display:

Priority: Noted: Chronic Hospital problem

Class: Resolved: Share with patient Principal problem

Present on admission?

Overview:

9. **Obtain informed consent.**

- a. You will have the patient sign a physical consent that will be witnessed by a secondary witness (most likely nurse or clinical staff). This consent will then be scanned into the Media tab in Epic and you will document in your H & P that you received consent.

10. Document **pre-procedure H&P.**

- a. Click “H&P Notes” on the left sided navigator and under Pre-Proc H& P, select “Create Note”.

Pre-op + Consult

PATIENT DOCUMENTATION	Colon Oscopy, MD	H&P (View-Only)	Signed	05/29/2020 1133	Edit Note
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Care Everywhere

Surgical Cases

Depression & Sui...

History

SOGI Definitions

Gender & Sexuality

Allergies Definition

Allergies

Home Meds

PHYSICIAN DOCUMENTATION

Problem List

Update H&P

PreProc H&P

Certification

Consult Note

Pre-Proc H&P

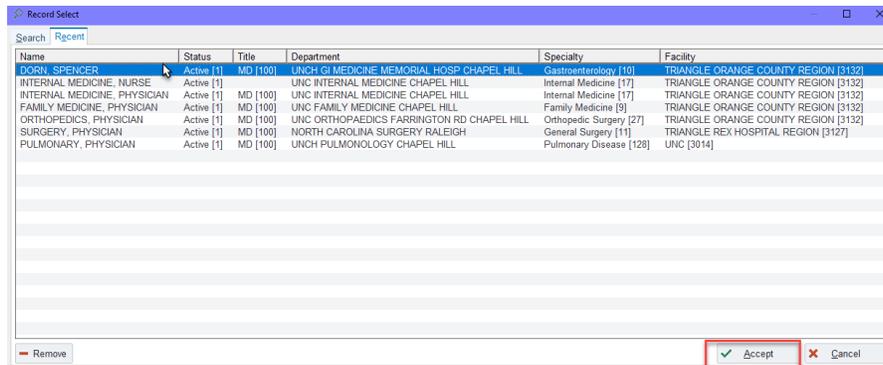
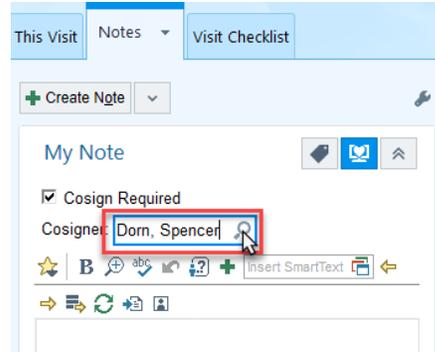
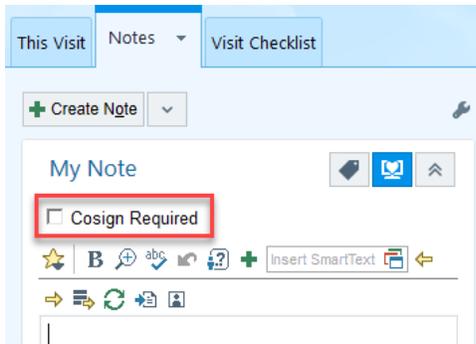
You have no filed Non-Billable H&P for this patient within the last 24 hours.

Certification

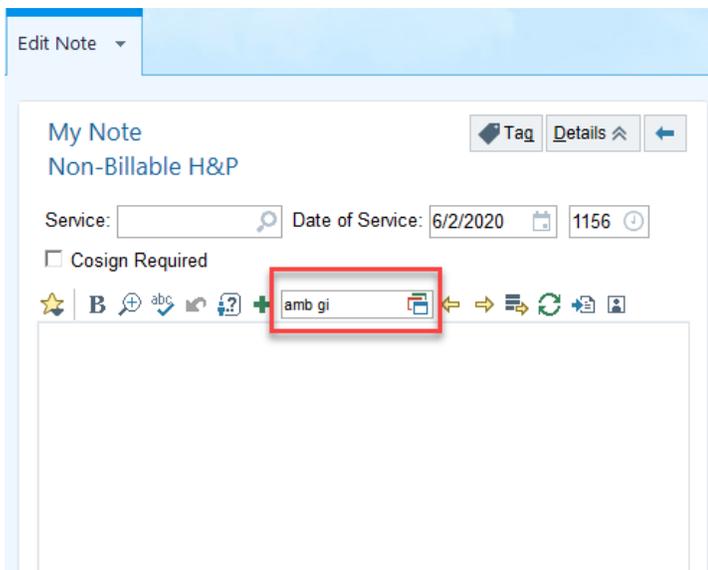
No Certification have been filed for this patient within the last 24 hours.

Consult Note

- b. Make sure to add your note co-signor (the Attending) to the co-sign box this will CC the note to the Attending after it is signed to be reviewed.



c. Type "AMB GI" into the smart text search box and click enter.



d. Choose AMB GI PRE-PROCEDURE H&P and click accept. You can also add this to your favorites by choosing the star next to it.

SmartText Lookup

amb gi

Matches

- ☆ AMB GI BIOFEEDBACK FUJ NOTE
- ☆ AMB GI BIOFEEDBACK NEW
- ☆ AMB GI CATHETER TRAINING
- ☆ AMB GI FIBROSCAN
- ☆ AMB GI INTERVAL HISTORY NOTE
- ☆ AMB GI PRE-ANESTHESIA ASSESSMENT
- ☆ AMB GI PRE-PROCEDURE H&P
- ☆ AMB GI PREPROCEDURE NORM PE
- ☆ AMB GASTROENTEROLOGY CONSULTATIO...
- ☆ AMB GASTROENTEROLOGY RETURN VISIT (...)
- ☆ AMB LIVER CONSULTATION NOTE (aka GI co...)
- ☆ AMB LIVER RETURN NOTE (aka GI consult)

Preview

PRE-PROCEDURE HISTORY AND PHYSICAL EXAM

Geoffrey Birthday presents for his scheduled COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; DIAGNOSTIC, W/WO COLLECTION SPECIMEN BY BRUSH OR WASH.
The indication for the procedure(s) is Colon Cancer Screening.
There have been no significant recent changes in the patient's medical status.

Past Medical History:

Diagnosis	Date
• Headache(784.0)	

Past Surgical History:

Procedure	Laterality	Date
• TONSILLECTOMY AND ADENOIDECTOMY		

Allergies

Allergen	Reactions
• Penicillins	Hives
• Egg Yolk	Nausea And Vomiting

Medications
albuterol, fexofenadine, hydrocortisone, and ibuprofen

Physical Examination
There were no vitals filed for this visit.
There is no height or weight on file to calculate BMI.
{AMB EXAM GI PREPROCEDURE:2102471801:::0}

Favorites Only

- e. Review the note and edit where needed. Click F2 to advance to and open the single physical exam smart lists and complete. If the patient will receive monitored anesthesia care then sign the note and skip to step 11. If the patient will receive conscious sedation case do not sign the note. Instead, go to step 10e (immediately below).

My Note Tag Details ⤴

Non-Billable H&P

Service: Date of Service: 6/2/2020 1201

Cosign Required

★
B
⊕
abc
↶
?
+
Insert SmartText
↶
↷
↷
↶
↷
↶
↷
↶
↷

PRE-PROCEDURE HISTORY AND PHYSICAL EXAM


 Geoffrey Birthday presents for his scheduled COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; DIAGNOSTIC, W/WO COLLECTION SPECIMEN BY BRUSH OR WASH. The indication for the procedure(s) is Colon Cancer Screening. There have been no significant recent changes in the patient's medical status.

Past Medical History:

Diagnosis

- Headache(784.0)

Past Surgical History:

Procedure

- TONSILLECTOMY AND ADENOIDECTOMY

Allergies

Allergies

Allergen

- Penicillins
- Egg Yolk

Medications

albuterol, fexofenadine, hydrocortisone, and ibuprofen

- f. For conscious sedation cases only we need to complete a pre-anesthesia assessment. To do this, write the H&P as outlined above but do not sign. Instead, put your cursor at the bottom of the H&P text, click in the “insert SmartText” box, type “AMB GI” and click enter.

My Note Tag Details

Non-Billable H&P

Service: Date of Service: 6/2/2020 1201

Cosign Required

amb gi

Medications
albuterol, fexofenadine, hydrocortisone, and ibuprofen

Physical Examination
There were no vitals filed for this visit.
There is no height or weight on file to calculate BMI.
{AMB EXAM GI PREPROCEDURE:2102471801}

ASSESSMENT AND PLAN
Mr. Birthday has been evaluated and deemed appropriate to undergo the planned COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; DIAGNOSTIC, W/WO COLLECTION SPECIMEN BY BRUSH OR WASH.

The patient, or his authorized representative, was provided a printed handout that explained the nature and benefits of the procedure(s), the most frequent risks, and alternatives, if any. I personally reviewed this information with the patient, or his authorized representative, and answered all questions.

g. Select the pre-anesthesia assessment smart text.

SmartText Lookup

amb gi

Matches

- ☆ AMB GI BIOFEEDBACK F/U NOTE
- ☆ AMB GI BIOFEEDBACK NEW
- ☆ AMB GI CATHETER TRAINING
- ☆ AMB GI FIBROSCAN
- ☆ AMB GI INTERVAL HISTORY NOTE
- ☆ **AMB GI PRE-ANESTHESIA ASSESSMENT**
- ★ AMB GI PRE-PROCEDURE H&P
- ☆ AMB GI PREPROCEDURE NORM PE
- ☆ AMB GASTROENTEROLOGY CONSULTATIO...
- ☆ AMB GASTROENTEROLOGY RETURN VISIT (...)
- ☆ AMB LIVER CONSULTATION NOTE (aka GI co...)
- ☆ AMB LIVER RETURN NOTE (aka GI consult)

Favorites Only

Preview

PRE-ANESTHESIA ASSESSMENT

Prior to the procedure, the risks and benefits of the procedure and the sedation options and sedation-related risks were discussed, all questions were answered, and written informed consent was obtained from the {AMB FAMILY:21024723::"patient":0}.

Recent Anticoagulant or Antiplatelet Use
The patient has taken {AMB GI ANTICOAG/ANTIPLATE USE:21024725::"no previous anticoagulant or antiplatelet agents."::0}.

Prophylactic Antibiotics
The patient {AMB GI PROPHYLACTIC ANTIBIOTICS:21024729::"does not require prophylactic antibiotics":0}.

ASA Grade Assessment
{ASA GRADE:110003:::0}

Mallampati Classification
{mallampati score:16733:::0}

Anesthesia Plan
{AMB GI ANESTHESIA PLAN:21024731:::0}

The patient's prior sedation history was reviewed and there {is/is no:19420:::0} known history of sedation-related complications. The anesthesia plan was reviewed with the patient and deemed appropriate for the patient.

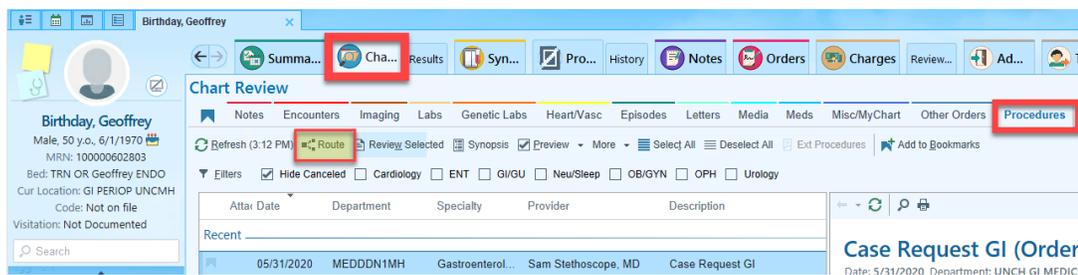
Prior to the initiation of sedation and the start of the procedure, a time-out will be performed and the patient's identification and the proposed procedure will be verified. Immediately prior to administration of medications, the patient will be re-assessed for adequacy to receive sedatives. The heart rate, respiratory rate, oxygen saturations, blood pressure, adequacy of pulmonary ventilation, and response to care will be monitored throughout the procedure. The physical status of the patient will be re-assessed after the procedure.

Accept Cancel

Intra-procedure Workflow: During the procedure the physician workflow remains essentially the same as before EPIC. However, the way the nurses document and place orders is new. Some orders will require our co-signature after the case, while others will not. One key change is the post-procedure timeout where the physician and nurse should determine the post-procedure diagnosis and procedure type (as often the procedure performed differs from what was scheduled – eg. when a screening colonoscopy turns into a colonoscopy with polypectomy). The nurse will then enter this information into EPIC, thereby driving the hospital (not professional) charge.

Post-procedure Workflow

1. Log on to **ProVation** and **write, sign, and print one ProVation procedure report** for the patient only. Reportedly the pathologists no longer want a copy of the report from us. The referring doc will get copies directly from EPIC (see step #3 below). Also **print the ProVation-generated post-procedure instructions** to nursing station (same as normally done).
2. Log on to **EPIC**, open the status board, and double click on patient to open the patient workspace.
3. **Route the report to the ordering physician and care team.** Note: Rumor has it that the procedure note will automatically flow to the ordering physician’s inbasket (UNC HCS physicians only). If confirmed to be true, then skip step 3 if only the UNC physician who ordered the procedure should get the report. If not true or if other UNC physicians and/or external physicians need the report, follow steps 3 a-f:
 - a. After the attending signs the report in ProVation it will flow to EPIC. The attending will therefore be responsible for routing the report to referring physicians, unless other arrangements are made with the fellow involved in the case.
 - b. Click the *chart review* activity tab. Then click on the *procedures tab*. Find the report(s) you just signed and single click on it. Then click the “route button” on the row above the procedure tab.



- c. A new window will open. Pick the report recipients using the speed buttons (#1-8). Or you can choose a different provider to send the report to (who is not listed by using the search box on the left).
- d. In the search box type the name of the provider and select “+ Add”.

Routing

Recipients

Search all contacts **+ Add** 1 PCP 2 Referring 3 Care Team 4 All Referring 5 OB Providers 6 Previous 7 Last 8 Free Text

> To: Walt Whitecoat, MD (PCP) ✕

Attachments

Include?	Date	Description
<input checked="" type="checkbox"/>	5/31/2020	MEDDDN1MH, Gastroenterology, Sam Stethoscope, MD
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

Cover Page Message

Insert SmartText

Able to include message here...|

Preview Send Cancel

e. A Recipient lookup pop-up will appear. Select the recipient by clicking once.

Recipient Lookup

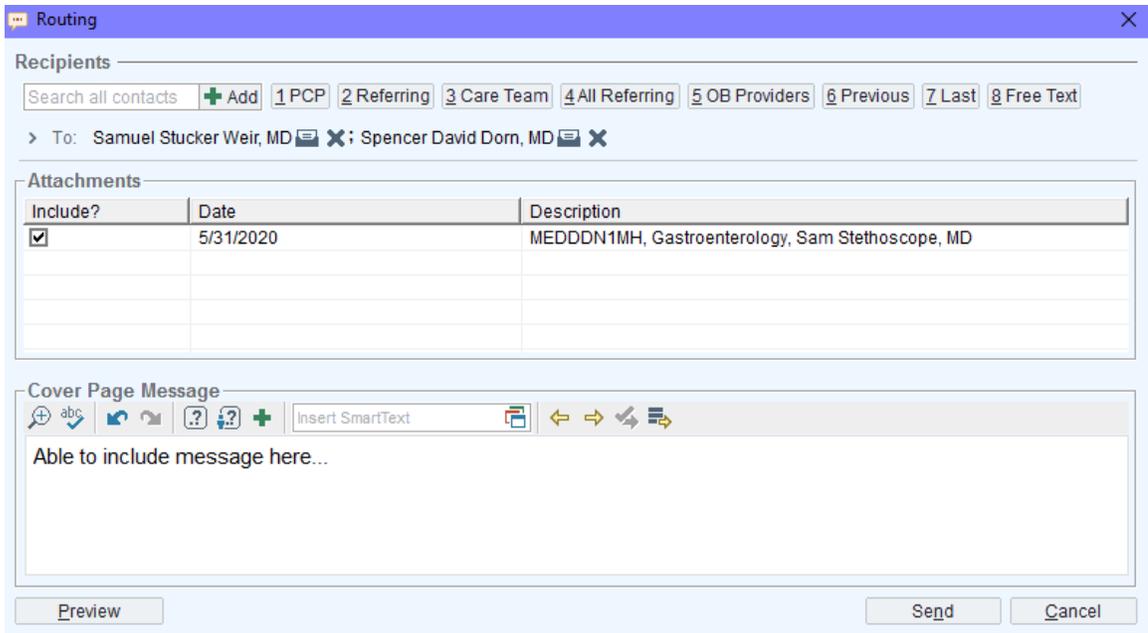
weir Home - 2883 Peace St., Chapel Hill NC 27... Search

Showing results for "weir" near 2883 Peace St., Chapel Hill NC 27514. Most relevant matches on top

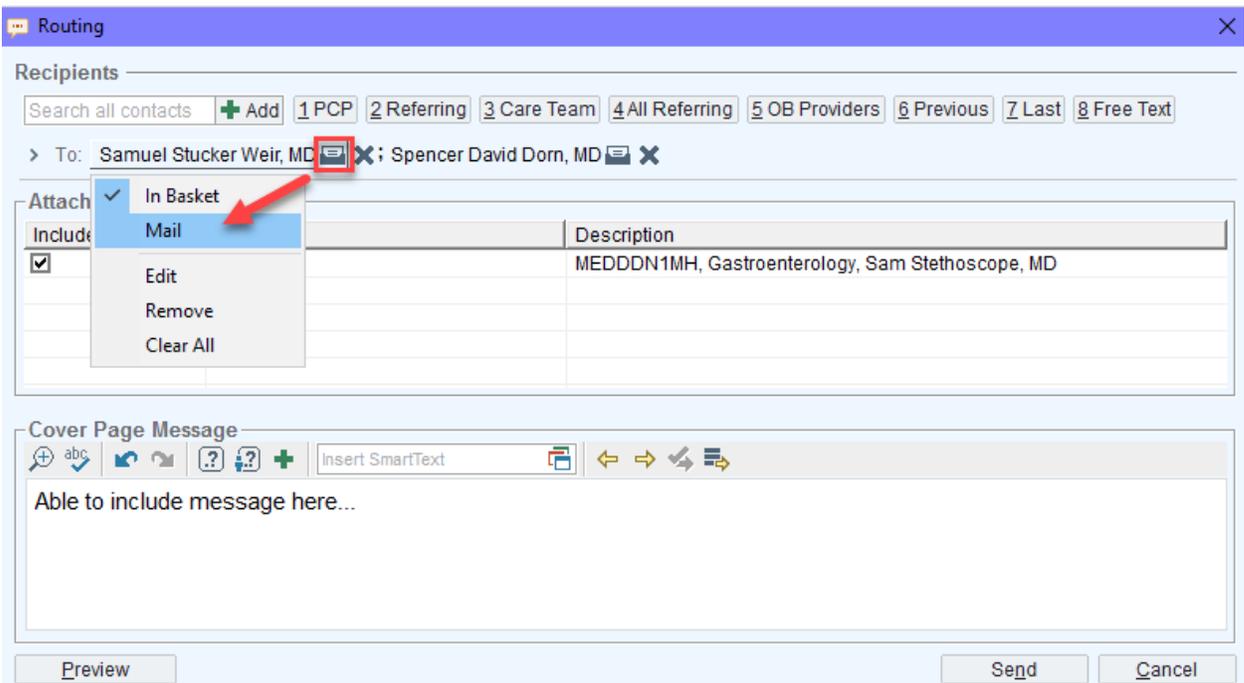
Filter by Clear

- Favorite
- My favorites
- Provider Specialty
- +Add

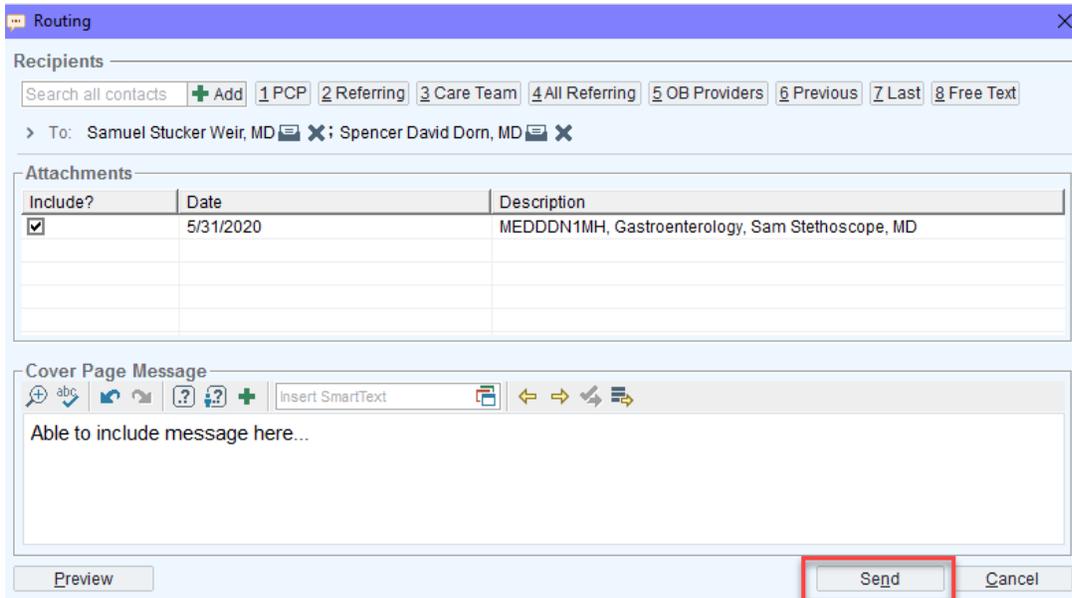
	Samuel Stucker Weir, MD Family Medicine	590 Manning Drive CB#7595 UNC Fam Med/Chapel Hill CHAPEL HILL NC 27599
	Shawnee Dee Weir, MD Endocrinology	3410 EXECUTIVE DRIVE #205 RALEIGH ENDOCRINE ASSOCIATES RALEIGH NC 27609
	Timothy Weir	5821 Falls of neuse rd RALEIGH NC 27609
	Tristan Weir	Student Affairs UNCM
	Naomi Weinstein	1655 WAKE DRIVE SUITE 101 WAKE FOREST NC 27587



- f. Adjust the mode of delivery (if needed) by clicking on the icon next to the recipient names. Reports delivered to providers' In Baskets and via fax will be sent automatically. Reports forwarded by mail will be printed by Accudocs (outside vendor), and mailed to provider.



- g. When done click send.



4. If the patient is going home, open the “Post-Op Discharge” activity tab. If an inpatient returning back to the ward use the “post-op to floor navigator”. This guide only covers discharge home.



5. Go to the **cosign orders** on the left side navigator. Cosign anything that is needed.

HOSPITAL COURSE
Help Text

REVIEW
BestPractice
24-Hr Results
Unresulted Labs
Med Rec Status
Med List
Follow-Up Providers
UNSIGNED Pend...
Discharge Status

PLACE DISCHARGE ORDERS
PDMP Report
Verify Rx Benefits
Review Home Meds
Med Routing
Med Rec Sign

DISCHARGE DOCUMENTATION
Problem List
Cosign Orders
Discharge Summary
Communications...
Clinical References

Orders Needing Cosign

Discharge Summary
+ Create Note | See All Notes | Refresh
No notes of this type filed.

Communications
Send Discharge Summary - Click Here to Go to Communication Management *
Please remember to route this DC Summary to the Care Team (ambulatory specialists involved in the patient's care) by clicking on the above.
As a reminder : DC summaries are auto-routed to PCP and Referring providers as populated in Epic, but not to the Care Team. These outputs are not aware of this patient's admission.

Clinical References and Attachments
References/Attachments
None

EMTALA - Transfer Documentation

6. Go to **Medication Reconciliation** section and following this process.

HOSPITAL COURSE
Help Text

REVIEW
BestPractice
24-Hr Results
Unresulted Labs
Med Rec Status
Med List
Follow-Up Providers
UNSIGNED Pend...
Discharge Status

PLACE DISCHARGE ORDERS
PDMP Report
Verify Rx Benefits
Review Home Meds
Med Routing
Med Rec Sign

DISCHARGE DOCUMENTATION
Problem List

No data found.

Med Rec Sign
Go to Med Rec Sign

Discharge Problem List +
Show:

Review all problems to determine which can be resolved and which still require a plan for treatment after discharge.

Diagnosis	Hospital	Principal	Sort	Priority
Non-Hospital				
Abdominal pain				+ Create Overview ^ Unprioritized
Rectal bleeding				+ Create Overview ^ Unprioritized

✓ Mark as Reviewed | Last Reviewed by Oscopy, Colon, MD on 6/4/2020 at 11:06 AM

- a. Step 1: determine what to do with the patient's home medications and any medications that the patient received while in the GI procedures unit. Options are to continue (in green textbox below), change (yellow text box below), or stop taking (red text box below).

- b. If a patient should hold a medication for a certain number of days select “change” and change the start date to T+7 (or however many days the patient should hold it for).

- c. Step 2: write new orders (e.g., medications) for the patient’s discharge using the search box.

- d. Click “Order Sets” and search “discharge” to open the discharge order and discharge the patient to home.

- e. Finally, review all orders and sign.

Orders ▾

Discharge Order Rec **Order Sets** Options ▾

[Edit Multiple](#) [Phases of Care](#)

Place new discharge orders or order sets **+ New** [Next](#)

After Visit Summary Preview

→ CONTINUE taking your other medications

albuterol (PROVENTIL HFA; VENTOLIN HFA) 90 mcg/actuation inhaler
Inhale 2 puffs daily as needed. Indications: acute asthma attack

fexofenadine (ALLEGRA) 60 MG tablet
Take 60 mg by mouth daily. Indications: seasonal allergic rhinitis

hydrocortisone 2.5 % cream
Apply 1 application topically Three (3) times a day. Indications: skin rash

ibuprofen (ADVIL, MOTRIN) 200 MG tablet
Take 200 mg by mouth Three (3) times a day as needed for pain, mild (1-3).

Other Unsigned Actions

+ New Discharge Orders

Discharge patient
Routine, Ancillary Performed

[Select a pharmacy](#)

[Remove All](#) [Save Work](#) **Sign**

7. Bring a copy of the procedure report to the patient and discuss the results.
8. The nurse will provide the patient with a copy of the post-procedure instructions (from ProVation) and an EPIC-generated After Visit Summary (AVS) that includes discharge medications, diagnoses, etc.

Pathology Follow-up and Procedure Recall

- As long as the patient was discharged after the procedure, the pathology results will come back to your In Basket. (Of course, we will continue to keep the provider specimen log as a backup). Click on inbasket (top), click on the result folder (left), click on the pathology result you are interested in, and then click the “letter” button.

The screenshot shows the Epic EMR interface. The top navigation bar includes 'In Basket' and 'Patient Station'. The left sidebar shows 'My Messages' with 'Results (1)' selected. The main content area displays a list of results for patient Chanda-GI Aegea. The selected result is a CBC from 06/01/2020. A 'Letter' button is highlighted in the top right corner of the results view.

Status	Visit Date	Patient	Age	Test
Read	06/01/2020	Aegea, Chanda-GI ...	36 y.o.	CBC, VITAMIN B12
New: 2				Resulted: 2 of 2
Pool?: NO		Auth Provider: Quinn, Mickey, MD		M...: Inact...
NextAppt: None				Def...:
Read	06/03/2020	Aegea, Monica-GI [...]	36 y.o.	CBC
New: 1				Resulted: 1 of 1
Pool?: NO		Auth Provider: Quinn, Mickey, MD		M...: Active
NextAppt: None				Def...:
New	05/30/2020	Aegea, Josie-GI [C<...]	39 y.o.	BASIC META
New: 1				Resulted: 1 of 1
Pool?: NO		Auth Provider: Quinn, Mickey, MD		M...: Active
NextAppt: None				Def...:

- A preloaded GI Pathology letter will appear. Click F2 to open the smart links and quickly populate text, including the name of the procedure and the path results. If the path results do not fit into a template then either delete the smart links or pick the smart link wildcard *** and type in whatever you'd like.
- Afterwards add your name at the bottom (you can build and use a name/contact info smart phrase or type “.mcred” and route to any additional recipients (use Free Text to add External Providers).

The screenshot shows the Epic 'Communications' window. The 'To' field is 'Chanda-GI Aegea (Patient)'. The subject is 'AMB GI ENDO PATH LETTER'. The letter body contains the following text:

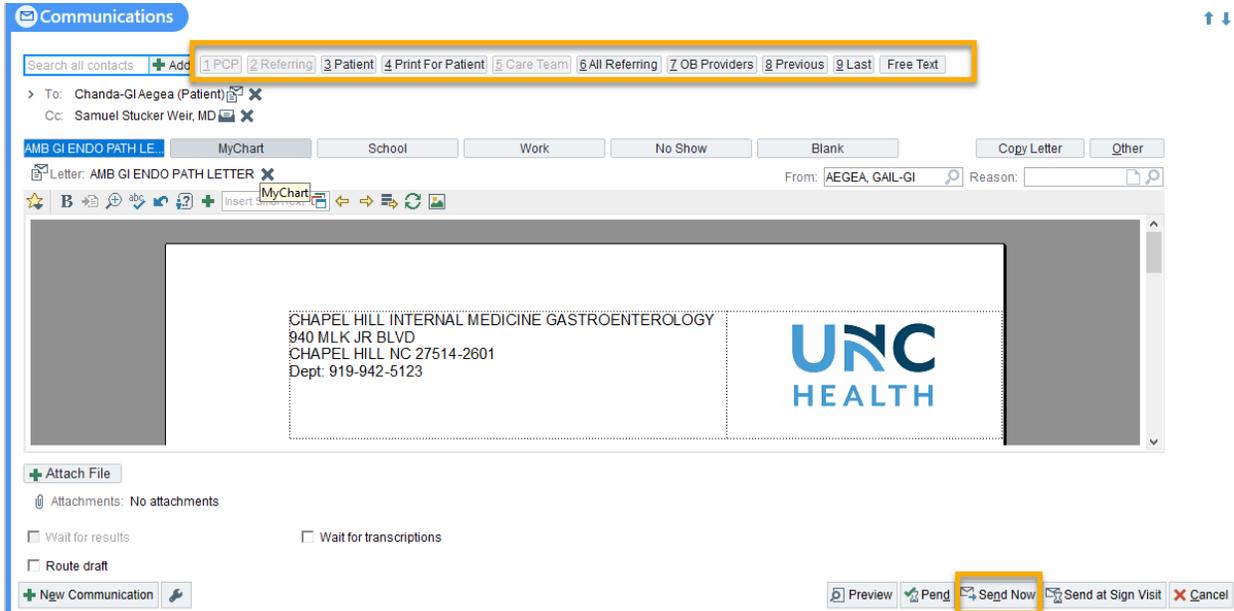
Dear Chanda-GI Aegea,

I am writing to let you know the results of the biopsies that we took during your recent **[GI Procedures:210081]**

I have notified your physician of the results of the following procedures: **[colonoscopy. {colonoscopy:210080}]**, **[upper endoscopy. {upper endoscopy:210083}]**, **[sigmoidoscopy. {sigmoidoscopy:210087}]**, and **[endoscopic ultrasound. {endoscopic ultrasound:210088}]**. NC. If you have any questions or need a recommendation, please contact me.

[.mcred]

- c. To send to the patient automatically (choose MyChart, mail, or fax) and any internal UNC physicians or staff (via In Basket) click “send now” or “send at sign visit”. If that’s all that is needed you are done.



- 2. Patient Recall: we intend to keep this in ProVation for now. But because none of us will use ProVation to f/u pathology any more, we need a new system for updating recall intervals. We are working on a solution.