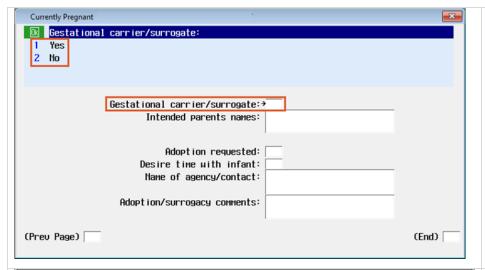
#### **SUR Module**

#### **Admission Health History: Currently Pregnant Updates**



#### **Surrogacy Updates**

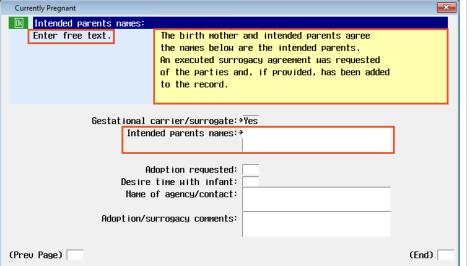
Currently, the **Admission Health History** form does not have a space to list the names of the intended parents for a gestational carrier or surrogate. Under the domain of surrogacy, proper documentation of the intended parents supports patient safety and the validation of parentage under the terms of a gestational agreement. With this change, a new field has been added to the **Admission Health History** intervention to document the names of the intended parents.



Gestational carrier/surrogate has the following responses:

- Yes
- No

If 'Yes' is selected, it will default to the *Intended parents names* field.



Intended parents names is a new, free-text enabled field, where multiple names can be added.

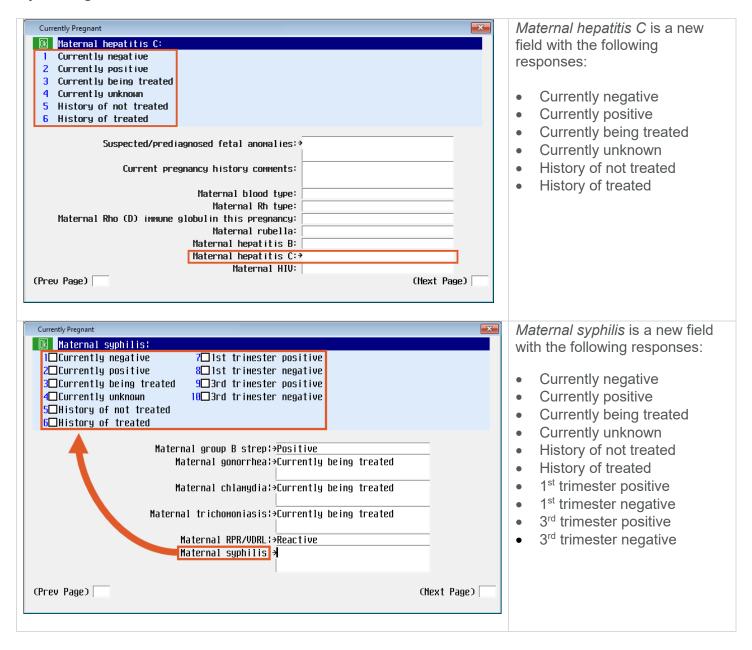
The Yellow Information Box offers additional guidance:

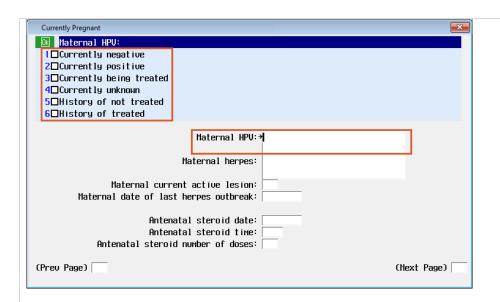
The birth mother and intended parents agree the names below are the intended parents.

An executed surrogacy agreement was requested of the parties and, if provided, has been added to the record.

#### **Maternal Status Updates**

Currently, Maternal hepatitis C results, Maternal syphilis result & testing trimester and Maternal HPV results are not documented. With recommendation from the American Obstetricians and Gynecologists, these fields are now available for documentation.





*Maternal HPV* is a new field with the following responses:

- Currently negative
- Currently positive
- Currently being treated
- Currently unknown
- History of not treated
- History of treated

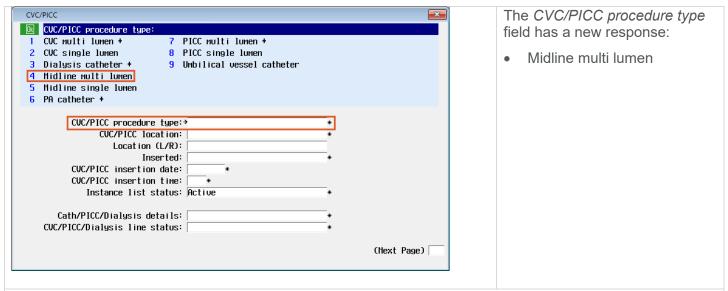
These updates affect the following interventions/assessments:

Nursing	Surgery
Admission Health History	SURG: Admission Health History
BH: Health History Assessment	

## **CVC/PICC: Midline Multi Lumen Update**



The CVC/PICC screen has been updated and now includes a new option to accurately document midlines and clearly differentiate between single and multiple lumens.

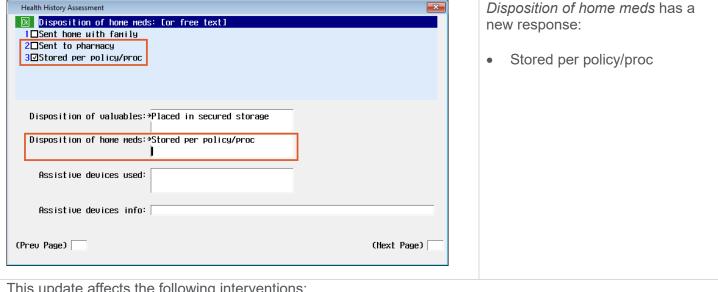


Nursing	Emergency Department	Surgery
Critical Care Flow Record	CVC/PICC	SURG: Lines, Drains, Airways Intra-op
Lines/Drains/Airways	Newborn Stabilization	SURG: Lines, Drains, Airways Pre-op
		SURG: Lines, Drains, Airways PACU

## **Disposition of Home Meds**



The **Health History Assessment** has been updated to provide a new response option to document that a patient's home medications were secured or stored during the admission process. See the Discharge Instructions update for information regarding the alert for Disposition of valuables and home meds.



Nursing	Surgery
Admission Health History	SURG: Admission Health History
BH: Health History Assessment	

# Discharge Instructions: Disposition of Valuables and/or Home Medications Alert



Currently, there is not an efficient way for discharging staff to know that a patient's valuables and/or home medications were secured on admission. Based on responses to valuables and/or home medications, the **Discharge Instructions** will display an alert to provide awareness that there may be items to return to the patient.



An alert will display if the following responses were selected for the *Disposition of valuables* and/or *Home medications*:

- Placed in secured storage
- Sent to pharmacy
- Stored per policy/proc

This will alert the clinician to items that may need to be returned to the patient.

**Note:** If free text was entered in addition to one of the above group response options, the 'Free Text' will also be displayed. If only 'Free Text' was entered on admission, no alert will display.

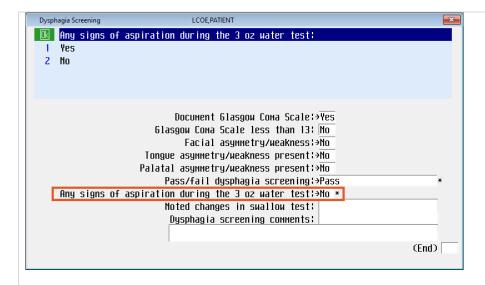
This update affects the following interventions/assessments:

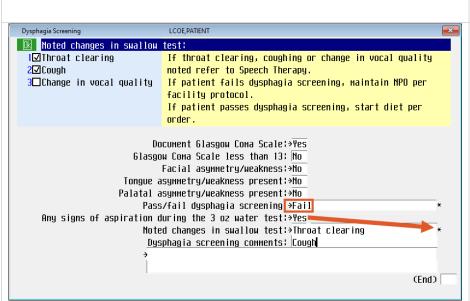
Nursing
Discharge Instructions
BH: Discharge Instructions Home

#### **Dysphagia Screening – Water Test**



Currently in the **Dysphagia Screening** assessment, the field "Any signs of aspiration during 3 oz water test" can be bypassed and the screening will still auto populate a '*Pass*'. With this update, the 3 oz water test will be required to evaluate the patient's ability to swallow if applicable.





If "No" is answered for:

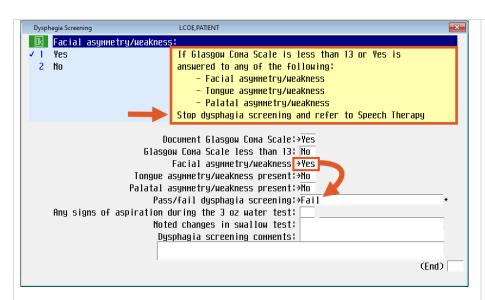
- Glasgow Coma Scale less than
   13
- Facial asymmetry/weakness
- Tongue asymmetry/weakness
- Palatal asymmetry/weakness

Then Any signs of aspiration during the 3 oz water test becomes **Required** to complete the **Dysphagia Screening**.

Once the 3 oz water test is performed and there are no signs of aspiration, the patient passes the dysphagia screening.

If 'Yes' is answered for Any signs of aspiration during the 3 oz water test then Noted changes in swallow test becomes **required**\* and the patient will **Fail** the test.

**Note:** In this scenario, the *Pass/fail dysphagia screening* programming response will change when the user goes to the next field (*Dysphagia screening comments*) or upon filing after all *required\** fields have been answered.



If 'Yes' is answered for any of the following fields:

- Glasgow Coma Scale less than 13
- Facial asymmetry/weakness
- Tongue asymmetry/weakness
- Palatal asymmetry/weakness

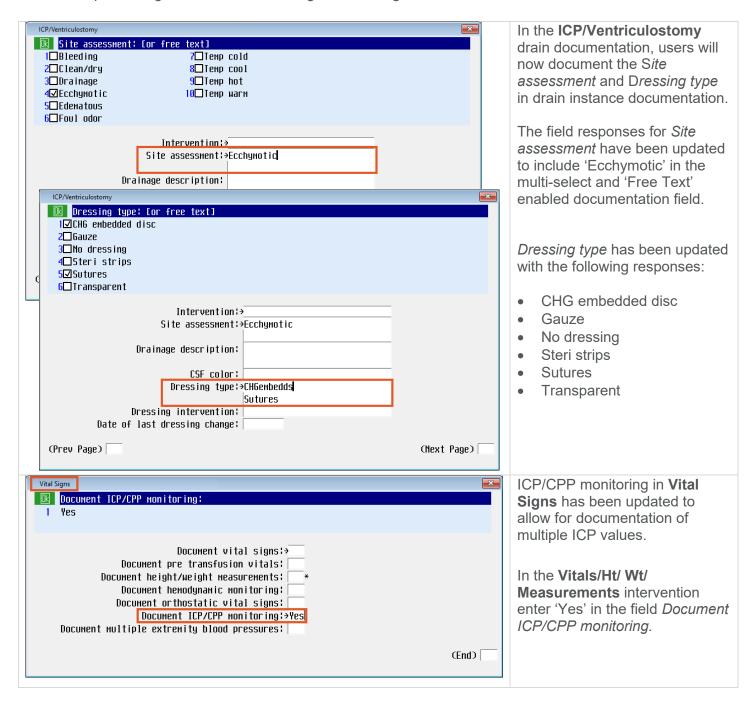
Then patient *Fails* the dysphagia screening and needs to be referred to Speech Therapy.

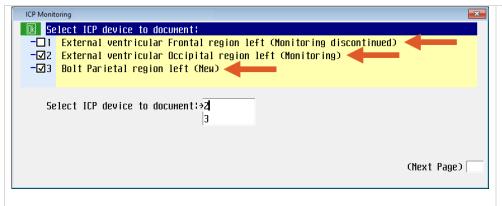
Nursing	<b>Emergency Department</b>	Surgery
Dysphagia Screening +	Dysphagia Screening	SURG: Dysphagia Screening PAC +
Neuro Checks +		

#### ICP Monitoring: External Ventricular Device



Currently, if a patient has multiple EVD drains, nurses may need to monitor two ICP values. The EHR does not allow users to capture two discrete ICP values within the hemodynamic screen, preventing clinicians from tracking and trending these results.

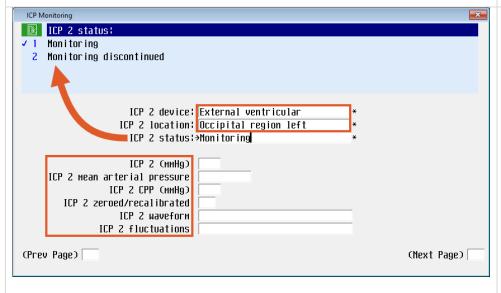




Select ICP device to document is a multi-select response field. A list of devices documented in **Drains** will automatically populate.

**Note:** The ICP drain status will populate in the Yellow comment box. The possible responses are:

- New
- Monitoring
- Monitoring discontinued



ICP device and ICP location will pre-populate to ensure consistent documentation:

ICP status is a new **required**\* field on every device monitoring instance with the following responses:

- Monitoring
- Monitoring discontinued

**<u>Note:</u>** The following fields have been added for each instance:

- ICP (mmHg)
- Mean Arterial Pressure
- CPP (mmHg)
- Zeroed/recalibrated
- Waveform
- Fluctuations

Ext Ventricular Drain ■ Ventricular device drain 1 ml: 7 8 9 Del Bolt Parietal region left (Active) 4 5 6 External ventricular Occipital region left (Active) 1 2 3 External ventricular Frontal region left (Inactive) - 0 . Calc Ventricular device drain 1 ml →3 Ventricular device drain 1:→ Ventricular device location drain 1: Ventricular device drain 2 ml: Ventricular device drain 2: Ventricular device location drain 2: Ventricular device drain 3 ml: Ventricular device drain 3: Ventricular device location drain 3: (Next Page)

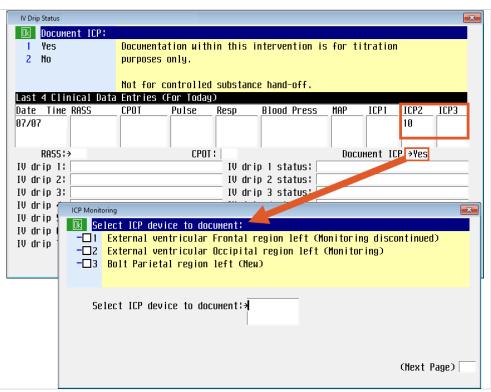
Ventricular Drain output will be documented in the **Intake and Output** intervention.

If a numerical response is entered in the *Ventricular device ml* field then the following responses become *required\**:

- Ventricular device
- Ventricular device location

<u>Note:</u> The Yellow information box will display the list of documented drains in **Alphabetical Order** starting with **Active** drains followed by **Inactive** drains.

Please ensure the appropriate output is documented on the correct drain.



The IV Drip Titration + intervention has been updated to include additional ICP drain documentation values.

If 'Yes' is answered for Document ICP the user will be directed to the ICP Monitoring documentation section listed in the Vitals/Ht/ Wt/ Measurements intervention.

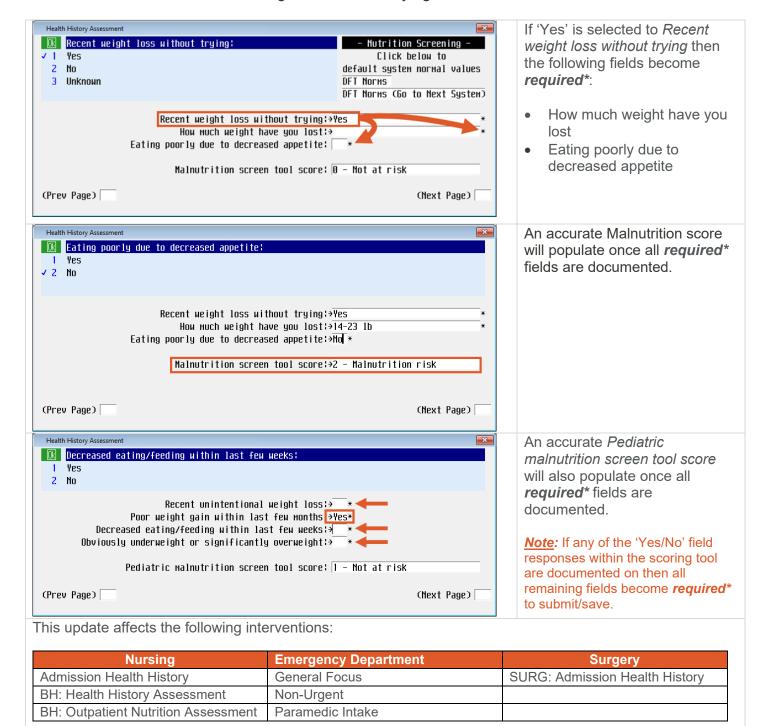
**Note:** A list of documented devices will automatically populate with the ICP drain status in the Yellow comment box.

Nursing	Emergency Department	Surgery
Lines/Drains/Airways	Disposition	SURG: Lines, Drains, Airways Intra-op
Critical Care Flow Record	Flowsheet	SURG: Intake and Output Intra
Intake & Output	ICP/Ventriculostomy	SURG: Lines, Drains, Airways PACU
Vitals/Ht/Wt/Measurements	ICP Monitoring	SURG: Intake and Output PACU
IV Drip Titration	Intake and Output	SURG: Intake and Output Pre-op
	IV Drip Titration	SURG: IV Drip Titration PAC
	Newborn Stabilization	SURG: IV Drip Titration Pre
	Paramedic Intake	
	Triage Reassessment	

#### **Malnutrition Screening Updates**



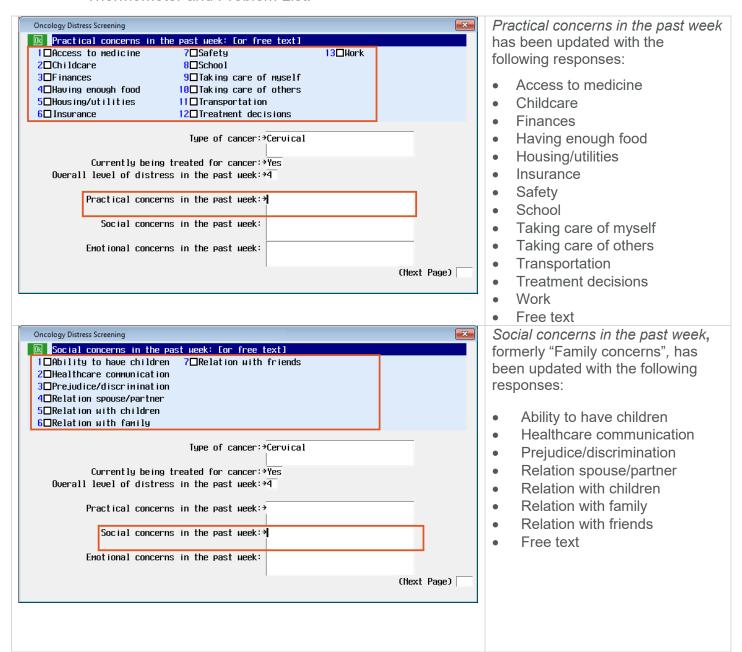
Currently, the Malnutrition Screening allows users to bypass remaining screening questions after answering 'Yes' to *Recent weight loss without trying*. This results in inaccurate and incomplete malnutrition screening, potentially missing patients that may need further evaluation. The update will require the remaining fields be answered if a 'Yes' is entered for *Recent weight loss without trying*.

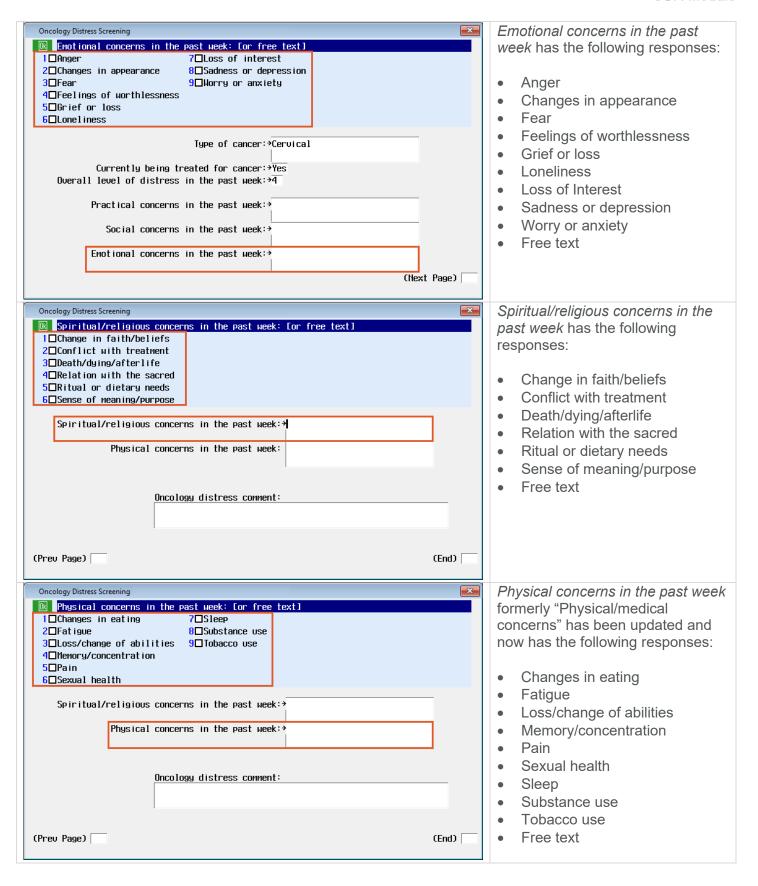


#### **Oncology Distress Screening**



The **Oncology Distress Screening** intervention is outdated and being updated to align with the current version of the National Comprehensive Cancer Network (NCCN) Distress Thermometer and Problem List.





#### **Oncology Distress Screening continued**

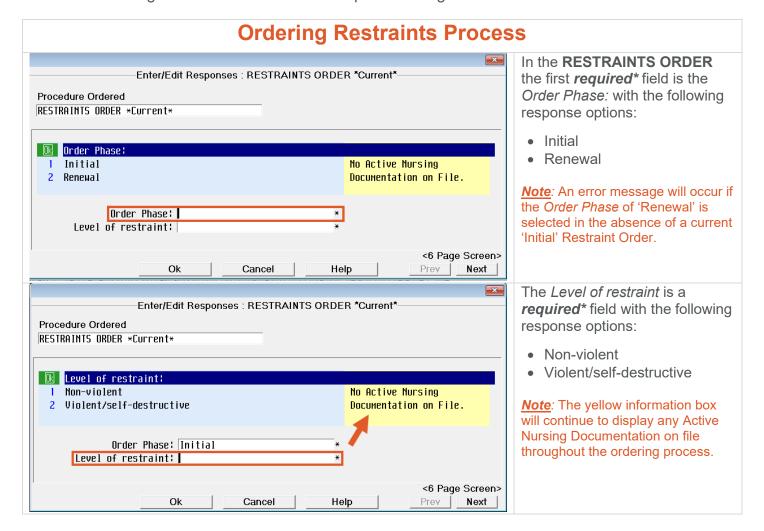
This update affects the following interventions/assessments:

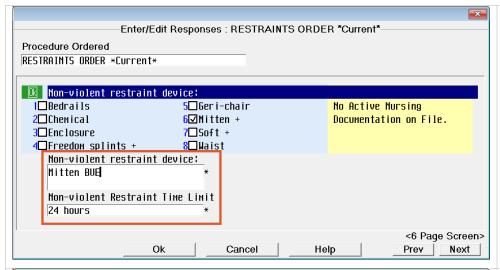
Nursing	Emergency Department	Surgery
Oncology Distress	Detailed Assessment	SURG: Admission Health History
BH: Health History Assessment	Non-urgent General Focus	
Admission Health History	Paramedic Intake	

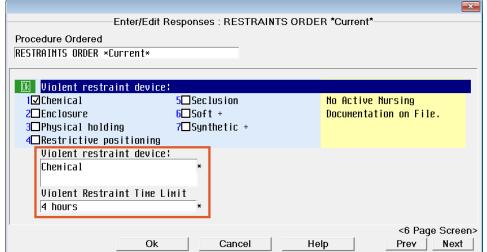
#### **Restraints Initiative Update**

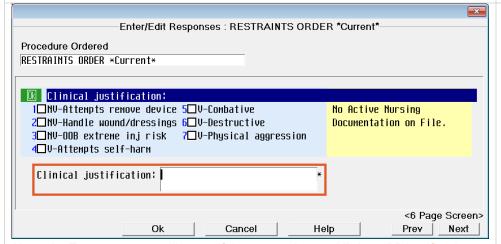


Inappropriate restraint utilization has heightened regulatory risk with inconsistent practices and outcomes for managing restraints effectively. As part of the 2025 Strategic Priorities, we have identified ways to drive appropriate restraint utilization by optimizing both the ordering of restraints and the subsequent nursing documentation.









<u>Note</u>: An Error message will occur if the user selects a **Violent (V)** justification for a **Non-Violent Level of restraint** and if a **Non-violent (NV)** justification is selected for a **Violent Level of restraint**.

If 'Non-Violent' *Level of restraint* is selected, the user will be directed to the approved *Non-violent restraint device* selection types.

Non-violent Restraint Time Limit will pre-populate 24 hours for Order Phase of Initial and 1 Calendar Day for Order Phase of Renewal.

**Note**: Restrictive positioning and Tightly tucked sheets are no longer approved Non-violent restraint devices.

If 'Violent/self-destructive' *Level* of restraint is selected, the user will be directed to the approved *Violent restraint device* selection types.

Violent Restraint Time Limit will pre-populate 4 hours for both the Order Phase of Initial and Order Phase of Renewal for adult patients.

<u>Note</u>: Bedrails, Freedom splints, Geri-chair, Mittens, Seclusion/restraint, Tightly tucked sheets, and Waist are no longer approved Violent restraint devices.

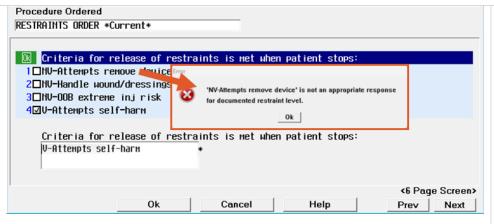
Clinical justification is a required field.

For *Non-violent* (NV) level of restraint, the following justifications may be selected:

- NV-Attempts remove device
- NV-Handle wound/dressings
- NV-OOB extreme inj risk

For *Violent* (V) level of restraint, the following justifications may be selected:

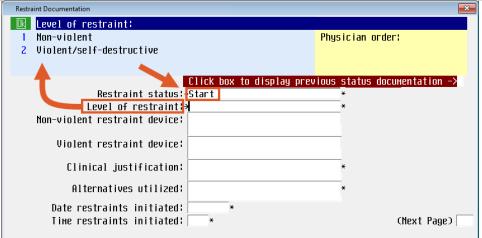
- V-Attempts self-harm
- V-Combative
- V-Destructive
- V-Physical aggression



The response entered for Clinical Justification will default into the Criteria for release of restraints is met when patient stops response field.

Additional responses can be selected; however, an Error message will occur if the user selects a Violent (V) Criteria for a Non-Violent Level of restraint and if a Non-violent (NV) Criteria is selected for a Violent Level of restraint.

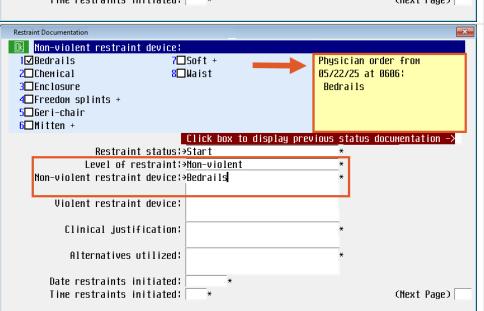
#### NURSING DOCUMENTATION



In the **Restraint Documentation +** intervention,
Restraint status and Level of
restraint are **required\*** fields.

The available *Level of restraint* responses are:

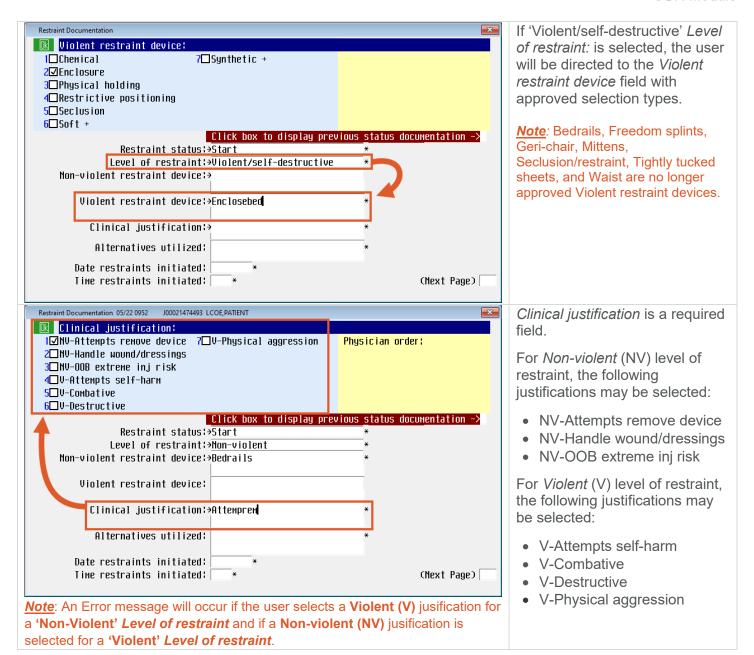
- Non-violent
- Violent/self-destructive

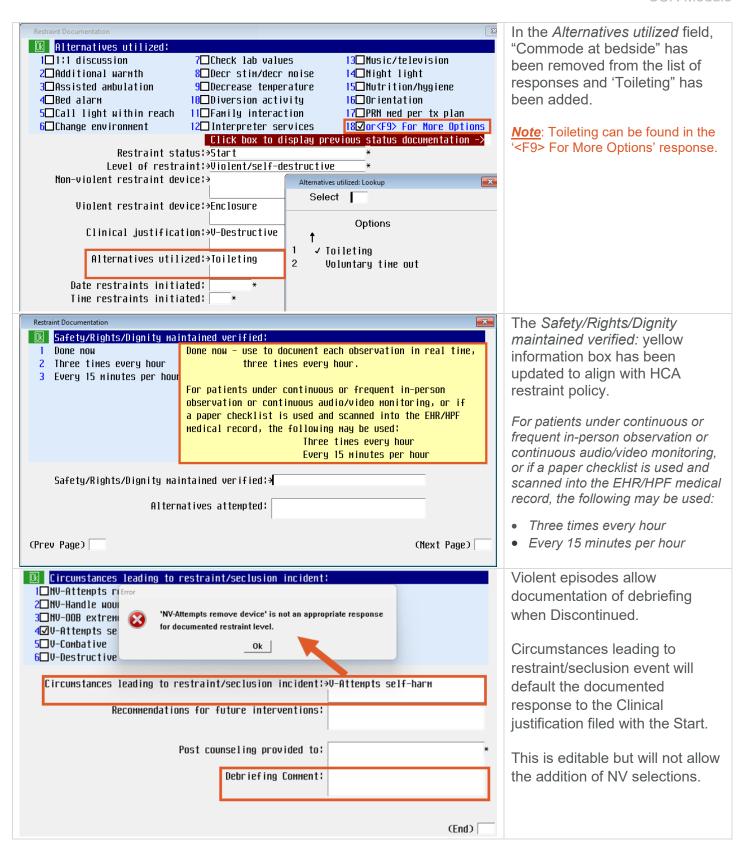


If 'Non-violent' *Level of restraint* is selected, the user will be directed to the *Non-violent restraint device* field with approved selection types.

The yellow information box will continue to display any Physician order information throughout the documentation process.

**Note**: Restrictive positioning and Tightly tucked sheets are no longer approved Non-violent restraint devices.



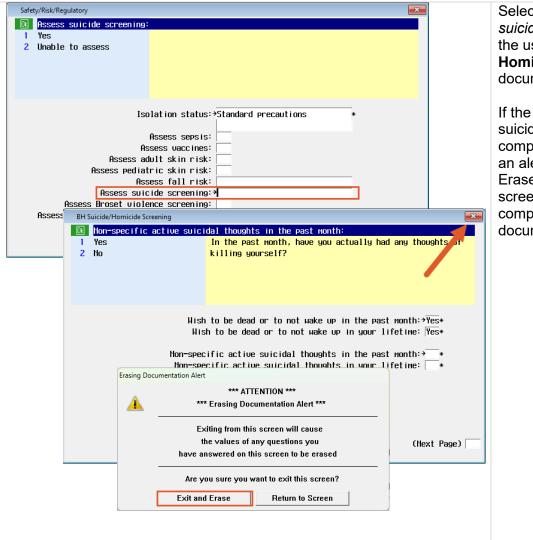


#### **Suicide Screening Functionality Update**



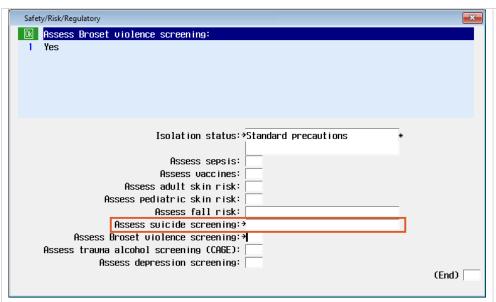
Currently, if the clinician exits the suicide screening without completing documentation, it appears as if the screening was completed, as it retains 'Yes' in the *Assess suicide screening* field. This results in no-risk level being assigned or reported to the provider and is a potential safety concern for patients.

To reduce the potential safety concerns, if the clinician <u>exits</u> the Suicide Screening/Rescreening screen without completing documentation, nothing will display in the field.



Selecting 'Yes' to the Assess suicide screening field will direct the user to the BH Suicide/ Homicide Screening documentation screen.

If the clinician decides to exit the suicide screening prior to completing the documentation, an alert will appear to 'Exit and Erase' to return to the main screen or "Return to Screen' to complete required documentation.



The Assess suicide screening field will now be blank and the system will move the cursor to the next field if the clinician exits the screening prior to completing the screening.

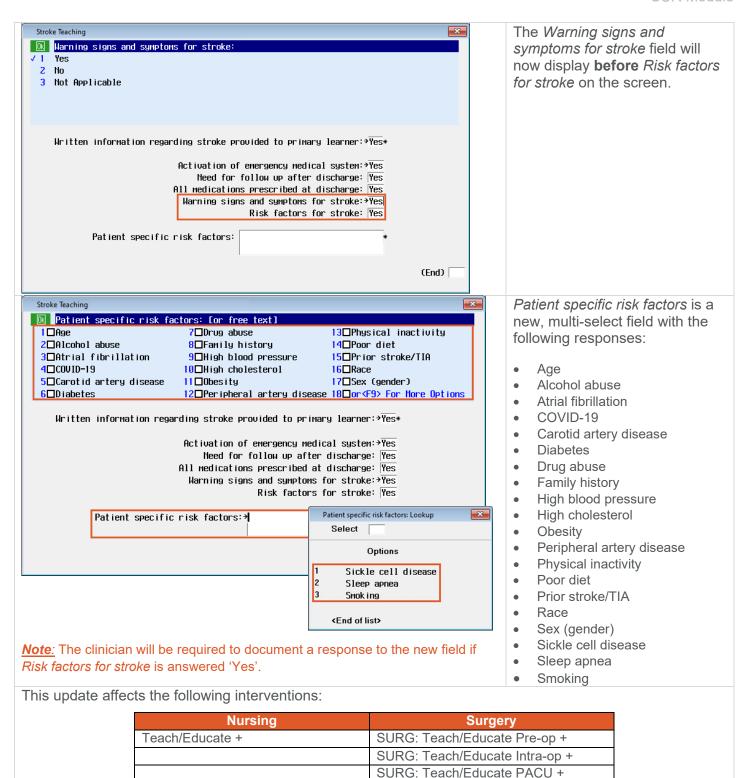
This update affects the following interventions:

Nursing	Emergency Department	Surgery
BH: OP Initial Nurse Assessment+	Detailed Assessment	SURG: Safety/Risk/Regulatory PAC +
BH: Initial Nurse Assessment (INA) +	BH Level of Care Assessment	SURG: Safety/Risk/Regulatory +
BH: Nursing Reassessment	Non-Urgent General Focus	SURG: Safety/Risk/Regulatory Int +
BH: Psychosocial Assessment (PSA) +		
BH: Level of Care Assessment +		
Safety/Risk/Regulatory +		

### **Teach/Educate Update - Stroke Risk Factors**



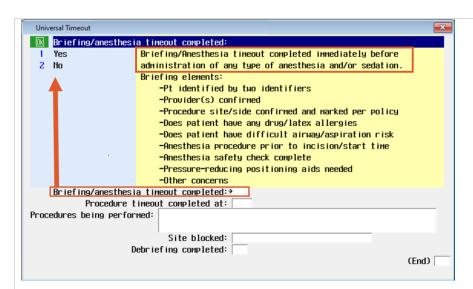
In the **Teach/Educate** intervention, the nurse is unable to document which specific stroke risk factor(s) the patient is being educated on in the Stroke Teaching screen. A new field for patient specific risk factors has been added to the Stroke Teaching screen within the Teach/Educate intervention to align with requirements for Stroke Certification compliance.



### **Universal Timeout Updates**



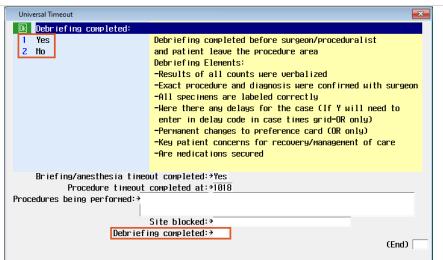
In the **Universal Timeout** intervention, the Briefing information field has been updated to align with corporate policy.



Briefing/anesthesia timeout completed has been updated with the following responses:

- Yes
- No

The yellow information box has been updated to align with corporate policy.



The *Debriefing completed* field has been updated with the following responses:

- Yes
- No

Nursing	Emergency Department	Surgery
Universal Timeout	Universal Timeout	SURG: Universal Timeout Intra-op
Moderate Sedation	Moderate Sedation	SURG: Universal Timeout PACU
Lines, Drains, Airways	Lines, Drains, & Airways	SURG: Universal Timeout Pre-op
OB: OR Record	Temporary Pacemaker	SURG: Moderate Sedation Intra-op
Critical Care Flow Record	Newborn Stabilization	SURG: Moderate Sedation PAC
		SURG: Moderate Sedation Pre
		SURG: Lines, Drains, Airways Intra-op
		SURG: Lines, Drains, Airways PACU
		SURG: Lines, Drains, Airways Pre-op
		Post Procedure Doc (Profile Screens)