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Subject: FW: TogetherCare Update for Physicians: It's Almost Time!
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Please create a spot on MD Connect for **TogetherCare Newsletters**.

Call this one:

3/17/23 **TogetherCare Update for Physicians: It's Almost Time**



March 17, 2023

Less than 1 Day to Go Live!

St. Joseph's Health is set to go live on TogetherCare, our integrated electronic health record (EHR) and revenue cycle platform powered by Epic, on **Saturday, March 18, 2023**. Legacy Epic downtime is scheduled for Friday, March 17 – Saturday, March 18 while we move to TogetherCare. **The Legacy Epic system will be unavailable starting at 11:00pm until approximately 5:00am**. TogetherCare will be operational at approximately 4am.

A Message from President and CEO Steven Hanks, M.D.




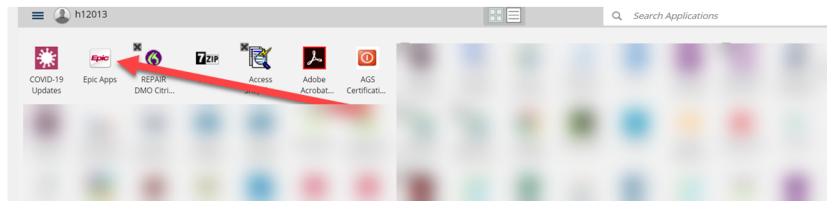
Earlier today, a message from Dr. Hanks was shared by email with all colleagues.

This is an exciting time for St. Joseph's Health. I am honored to be a part of this effort and appreciate each of you – you have my sincere thanks as we look towards the launch early Saturday morning. As many of us have said in countless meetings leading up to now – and here on the cusp of the launch it has never been more true – this is truly going to be Epic!

[Click HERE](#) to read the full message.

Access to TogetherCare

All users will be able to access TogetherCare (Epic) from the ZenWorks window via the Epic Apps icon. The Legacy Epic icon will change to  and also be available via ZenWorks window after the downtime. Both applications will also be available under the Connect Portal.



Welcoming Super Users

To support our TogetherCare go-live, more than 400 Super Users are coming to Syracuse from other RHM's. Thousands of Super User shifts have been scheduled to provide at-the-elbow support to end users.

Super Users are vital to our successful go live. Please be sure to make them feel welcome and provide assistance, directions, etc. We will be welcoming our Super Users at the Welcome Center, located at the end of the "Main Street" hallway, outside the Surgical Waiting Room.

For your reference, Super Users who specialize in helping colleagues will be wearing **orange** vests and Super Users who will help physicians will be wearing **blue** vests.



Super User Schedule Posted

Our Super User schedule is posted [here](#). Please note, this document will continue to be edited.

How to Get Assistance with Epic During the TogetherCare Implementation

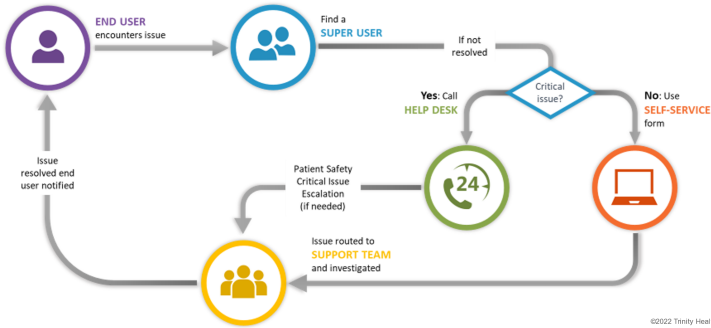
During the first three weeks following the TogetherCare Go-Live, there will be several resources available to support you. In order to get the most out of each of these resources, it is important to understand when to engage them. To ensure the most efficient resolution to your Epic-related issue, review this [TogetherCare Go-Live Issue Submission document](#) and follow the processes outlined.

For **non-urgent issues** that have no immediate impact on patient care or work stoppage, consult with a Super User before submitting via the [Wave 6 Incident Reporting form](#) online. The online form can be launched several ways; see [TogetherCare Go-Live Issue Submission document](#) for details.

If you are facing an **urgent issue** or a workflow stoppage, look for a super user or other at-the-elbow support in your area. This is the best option to resolve your issue quickly. If at-the-elbow support cannot resolve your issue, and there is critical impact to patient care, a call should be placed to the TogetherCare Help Desk by calling 315-448-5607.

Support Flow – Wave 6

IMPORTANT! We need to keep the Help Desk phone lines open for patient safety, critical issues



Live 24/7 Chat



Clinical Super User support is available through our partner, Deliver Health, in addition to our own Regional Health Ministry Super Users. When a Super User is not available for at-the-elbow support, you can utilize Deliver Health's virtual support via chat and/or screen share. An icon will be pushed out to your Zenworks and it will be available from 3/18 – 4/14 for clinical support.

Getting a Ticket Resolved Quickly

Has it been a while since you've submitted a ServiceNow ticket? Check out this [tip sheet](#) on submitting a great ticket into ServiceNow.

What is Cutover?

Cutover occurs March 15 – March 18. Info is [here](#).

What to Tell our Patients

While we have extensively trained and prepared for Go-Live, there could be issues that cause delays in patient care. We are sharing some talking points you may find useful when informing patients of delays.

Acute Care: "We are transitioning to a new electronic health record system which will enable us to provide even better care for you. As part of this change, we'll be updating your name bracelet and re-verifying your identity and may reconfirm medications and other essential information. This process is to ensure your safety. Please bear with us if you encounter minor delays during this period and thank you for your understanding as we work to enhance your overall experience."

Your MyChart patient portal will transition to a new version via Trinity Health. Existing MySt. Joseph's users will receive an email containing information about your new Trinity MyChart account. Please access your Trinity Health MyChart account at your earliest convenience. If you haven't registered for MyChart, we encourage you to do so, as it facilitates communication with our providers and provides easy access to prescription refills and your health information. If you require assistance or have any questions, we're here to help." (provide MyChart information)

Ambulatory Practices: "Thank you for your patience as we transition to a new version of our electronic health record system. During this time, you may experience longer than normal wait times. We will do our best to keep you informed during this process. This new system will allow us to better serve you through improved connection between all of your doctors and sites of care. Thank you for your understanding while we improve your patient experience."

Your MyChart patient portal will transition to a new version via Trinity Health. Existing MySt. Joseph's users will receive an email containing information about your new Trinity MyChart account. Please access your Trinity Health MyChart account at your earliest convenience. If you haven't registered for MyChart, we encourage you to do so, as it facilitates communication with our providers and provides easy access to prescription refills and your health information. If you require assistance or have any questions, we're here to help." (provide MyChart information)

Test Patients in the TogetherCare Production Environment

Our number one priority is keeping our patients safe. We do everything possible to avoid putting them at risk - including creating test patients in our TogetherCare production (PRD) environment. Creating test patients puts patients at risk. It also can have negative downstream regulatory and financial effects on our Ministry.

Never "practice" on real patients. Also, do not create test patients or use existing non-approved test patients in the production environment at any time. Work with the SJH Informatics team if testing for specific scenarios is needed.

As we go live on TogetherCare, it is important to remember that Epic access is for work purposes only, never for personal use, even to access your own information. According to ICP.23 (Appropriate Personal Access and Use of Trinity Health Electronic Health Record Information):

Appropriate Access for Personal Use of Medical Information

Any personal use of the medical information contained in Trinity Health information systems is strictly prohibited.

To support this collaborative goal, the Epic MyChart patient portal is available to all patients, colleagues and physicians who receive care at Trinity Health. Personal use of Trinity Health Information systems related to you and/or your extended family members is strictly limited to the Epic MyChart patient portal account.

SCOPE/APPLICABILITY

This Procedure is intended to apply to colleagues, employed and associate physicians, independent contractors, residents and any and all other persons with access to Trinity Health electronic health records (EPIC/"TogetherCare").

It is important to remember that you should never use yourself as a "test" patient because this could interfere with the integrity of our electronic medical record. TogetherCare has a "playground" for additional training – see your Super Users for assistance.

The Integrity and Compliance team have a robust auditing program and will be monitoring appropriate system access on a weekly basis. Please feel free to reach out to our Privacy Officer, Nicole Lesperance 315-448-5030 or nicole.lesperance@sjhsyr.org with any questions.

Accessing Clinical Forms

Forms on Demand access is changing on Saturday, March 18, 2023. On this date, access to the program will not be available as a link in EPIC. After our transition to TogetherCare, you will only be able to access **Forms on Demand** from SJHEN or from your ZenWorks window. Click on the "FOD" icon and print forms. The option to select patients will be available.



- Users will have to Login to the software using their network credentials.

A screenshot of the 'FORMS ON DEMAND' login page. The page has a blue header with the 'ST. JOSEPH'S HEALTH' logo on the left and the title 'FORMS ON DEMAND' in the center. Below the header, there is a login form with three input fields: 'User Name:', 'Password:', and 'Domain:'. The 'Domain' dropdown menu is currently set to 'trinityhealth'. A green 'Login' button is positioned below the 'Domain' field.

- Automatic patient look up will not be available. Users will have to search for the patient(s).

A screenshot of the 'FORMS ON DEMAND' main page. The page has a blue header with the 'ST. JOSEPH'S HEALTH' logo on the left and the title 'FORMS ON DEMAND' in the center. On the left side, there is a navigation menu with options: 'Home', 'Logout', 'Forms On Demand', 'Print Blank Forms', 'Select Patients', 'Administration', and 'About'. The main content area features a search bar with a dropdown menu set to 'Select' and a search button. Below the search bar, there is a 'Patient Name' input field and a 'Search' button.

- Batching of print jobs is available by clicking "Select Patients" in the left column of the main page selecting the patient and clicking add selection.

If you encounter any issues after Go-Live, please open a ticket by self-service [Homepage - TIS Service Portal \(service-now.com\)](https://www.sjhsyr.org/service-now) or contacting the Service Desk at 313.448-5607. If you do not have access, you may use this [link](#) to create a **Service Access Request for 344- Clinical FOD. Select Syracuse as the site.**

Core Clinical Data Conversion

Do you need a quick reminder about what clinical data will be available in Epic at go-live? These resources will help!

Our conversion team has developed a crosswalk of how our data will convert from our legacy systems over to Epic – based on clinical conversion data type, data sources, and timeframe.

- [Flyer](#)
- [Pocket Card](#)

Legacy Data Viewer

To facilitate the transition to TogetherCare, a web-based viewer is provided in Hyperspace that will pull **specific** clinical information from **select** Legacy EMRs. This viewer provides quick, view-only access from within the clinicians' workflow as they are documenting patient care. Please see the document [here](#).

Updates in Legacy Spic System

Providers will have four weeks after Go-Live to update documentation or do addendums in legacy Epic system.

Documentation Process for Pap Smear Screening

The documentation process for Pap smear screening is changing with TogetherCare. Admission H&P must include history of last pap smear and if it has been more than three years since the last pap, physicians should offer a referral for follow-up after discharge. If the patient accepts, they will be referred to a PCP or OB/GYN at discharge with follow-up information included in the After-Visit Summary. Nurses will not be asking patients if they want a pap smear. Pap smears will no longer be conducted in the hospital by L&D staff or providers. More information is on [MDConnect](#).

Therapeutic Interchange Policy Revision

The medication formulary available in TogetherCare is more restrictive than our current instance of EPIC. Our review of the Trinity System Therapeutic Interchange Policy did not identify any patient care issues during a patient's admission. As a result, we brought the Trinity System Therapeutic Interchange Policy to our Pharmacy and Therapeutics (P&T) Committee for review and approval.

At discharge from the hospital, it will be critical to reconcile inpatient medications back to the patient's home medications (if clinically appropriate) to avoid duplicate therapy. Read [more information](#) on MDConnect. Reach out to Bernie Delello, Director of Pharmacy, at bernie.delello@sjhsyr.org with concerns.

Medication Reconciliation Consults

To place a consult for a medication reconciliation in TogetherCare, please place an order for a **Pharmacy General Consult** then select the option for **"pharmacy to review patient own meds"**. *This will be the only way to alert our medication historians that your patient requires their services.*

Pharmacy General Consult

Priority: Routine

Frequency: **Once**

At: 3/6/2023 1010

Pharmacy to review patient home meds?

Check for drug interactions?

Medication conversion IV to PO Tablet to feeding

Other request?

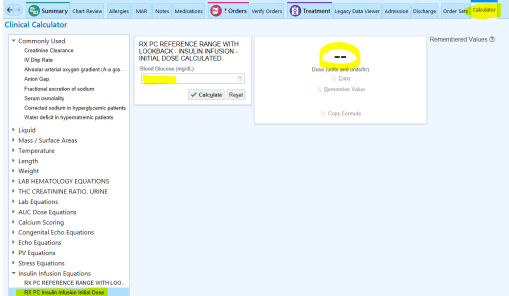
Comments:

New Orders

Pharmacy General Consult
Routine, Once, today at 1010. For 1 occurrence
Pharmacy to review patient home meds? Yes
Check for drug interactions? No

Insulin Management Changes

There are several changes to insulin management in TogetherCare.

Current Order Set Name	TogetherCare (TC) Order Set Name	Critical Differences
Adult Subcutaneous Insulin Orders	SQ Insulin Management	<p>Traditionally, sliding scales <i>combine</i> the prandial insulin coverage a patient requires with a correction dose determined based on the patient's blood sugar.</p> <p>In TC, the prandial coverage and the correction dose are SEPARATED into 2 orders:</p> <ol style="list-style-type: none"> Prandial insulin is ordered TID with meals Correction doses are ordered via a sliding scale (low, moderate or high) <p>Dose administered = scheduled prandial dose + dose dictated by the sliding scale</p> <ul style="list-style-type: none"> Unless the patient is NPO, then the prandial dose will be HELD <p>PLEASE NOTE: When we go live with TC, the pharmacy diabetic stewardship position will NOT be active. Without appropriate reports built, we cannot fill that role. As soon as we are able to get the reports built in TC, the DM Stew position will return. Anticipated return is 1-2 weeks from Go-Live.</p> <p>*See this Education Sheet on MDConnect.</p>
Adult DKA & HHS Treatment	Diabetic Ketoacidosis admission and hyperosmolar hyperglycemia	<p>With TC, we will be transitioning to a 2-bag DKA treatment method. This method improves DKA management by infusing <i>either</i> NS or ½ NS (with or without K+) and D10 w/ ½ NS for a combined rate of 250ml/hr while the insulin infusion is active.</p> <p>While the insulin infusion still has a starting rate of 0.1 u/kg/hr in TC, there is NO bolus dose recommended – this is a deviation from our current protocol.</p> <p>*See this Education Sheet and Step-by-Step Ordering Expectations on MDConnect.</p>
Intensive Insulin Protocol (Pre-op/Intraop orders)	Insulin Infusion (140-180 goal)	<p>While the insulin infusion monitoring parameters haven't changed much with TC, the initial infusion rate and all subsequent titrations are determined utilizing an "insulin infusion calculator" embedded in EPIC. <u>There will be no titration protocol in the admin instructions in TC for the nurses to follow.</u></p> <p>The insulin infusion calculator is found inside of the clinical calculator function (screen shot below).</p>  <p>The formula embedded in the calculator is: Rate = BG/100</p>
Insulin for Continuous Enteral Feed	Enteral Feeding Management (*this is the actual enteral feed order set, insulin orders are embedded in here and can't be accessed elsewhere*)	<p>The enteral feed insulin orders are vastly different than what we are accustomed to.</p> <ol style="list-style-type: none"> If the patient has a TDD of insulin >12u, split the insulin 50:50 between basal and correctional. If the TDD is <12u, just order correctional insulin <ul style="list-style-type: none"> Unlike the subq insulin protocol, there is NO prandial insulin order, just correction We recommend only utilizing the regular insulin correction scale options (q6h vs lispro that must be given q4h around the clock) Scale options are titled low dose, moderate dose and high dose. They are MUCH lower than our current scale options. <p>*See this Education Sheet on MDConnect.</p>

Radiology Interface Change

The ambulatory radiology interface that we currently have with St. Joseph's Imaging Associates will no longer be available once we transition to TogetherCare. Beginning with Go-Live on March 18, ambulatory radiology study results will be electronically delivered to Epic OnBase, a portal where outside reports arrive before distribution. See additional information about remote access [here](#) and information about iConnect [here](#).


New Secure Texting System

Qlik is being retired after the TogetherCare Go-Live on March 18. [Secure Chat](#) will replace it, and Halo, for protected text messaging between providers. Secure Chat is available for everyone with Epic access (Hyperspace). For Secure Chat access from a mobile device, Haiku, a mobile phone app, will be used.

See [MD Connect](#) for more information and instructions.

Helpful Tools

Printable Checklist for Personalization

 [Checklist for Go-Live for Providers and Nurses.docx](#)

Tips and Tricks General for Ambulatory Providers Tip sheet by Dr Tsai/Ruppel

 [Ambulatory_Tips_and_Tricks.url](#)

Inpatient personalization video by Dr Delvichio, a Physician at a Trinity Health Ministry

 [Inpatient_Delvichio_Video_Togethercare.mp4](#)

Provider Town Hall Recording:

 [TogetherCare_Town_Hall_for_Providers-20230201_170404-Meeting_Recording.mp4](#)

Reminder: Training Must be Completed in Order to Work on March 18 and Beyond

Physicians who have not completed their TogetherCare training and End User Proficiency Assessment (EUPA) by implementation day, March 18, will be unable to work. Go into HealthStream and review your classes. Work with your manager to determine a day/time to take the classes so you can have access to TogetherCare.

Reminders

- Providers need to have all charts completed in Epic by end of business Friday, March 17.
- Once we go live, all new patient information must be logged into the new version of Epic (TogetherCare). The old version (Legacy Epic) should be used for viewing only.
- Providers will have four weeks after Go-Live to update documentation or do addendums in legacy Epic system.
- Issue Resolution for **Critical Issues**: If you are facing an urgent issue or a workflow stoppage, look for a super user or other at-the-elbow support in your area. This is the best option to resolve your issue quickly. If at-the-elbow support cannot resolve your issue, and there is critical impact to patient care, a call should be placed to the TogetherCare Help Desk by calling 315-448-5607.

Go-Live Event Calendar

As a thank you for all your hard work over the last few months, please enjoy themed food days, on us. More information [here](#).

TogetherCare Resources on MDConnect

Information about our implementation and Go-Live can be found on our physician-centered online resource, [MDConnect](#). This space includes announcements, resources, and more.