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Subject: FW: TogetherCare Update for Physicians: We're LIVE!
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Another newsletter for MD Connect. Call this one:

3/19/23 **TogetherCare Update for Physicians: We're Live!**

March 19, 2023

We're Live!

TogetherCare is LIVE!

After much teamwork and determined commitment, TogetherCare is live at St. Joseph's Health! This accomplishment is no small feat, and we applaud the hard work, dedication, and collaboration that you put in to make it happen.

At 3:51am EDT Saturday, colleagues at all St. Joseph's Health sites began using TogetherCare. More than 400 Super Users are providing at-the-elbow support and escalating issues as needed, as TogetherCare users adopt the new platform to help provide better care.

As our first Epic-to-Epic conversion for TogetherCare, this Go-Live presented unique challenges. Your ability to overcome these is a testament to your ability, professionalism, and unwavering commitment to delivering quality patient care and experience.

We appreciate all that you do. You are making a real difference in the lives of patients, families, and the communities we serve.

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 and also be available via ZenWorks window after the downtime.

Both applications will also be available under the Connect Portal.

Virtual Super User Available 24/7

Virtual super user support is available for clinicians. Whether the super user assigned to your location is with another user or if you do not have in-person support, this service connects providers with an experienced super user to get support when issues arise. Virtual support sessions are conducted through a chat with the option to screen share if needed. The virtual super user is available 24/7 and can assist with all clinical roles.
To access double-click the TogetherCare Virtual Super User icon in your ZENworks window. For step-by-step instructions, see this tip sheet.

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.

Urgent TogetherCare Safety Advisories for Providers and Inpatient Nursing

- Please verify that all patient *Prior-to-Admission Medications and Allergies* match our previous Epic version (Legacy). We found that some *Prior-to-Admission Medications and Allergies* were not fully pulled into TogetherCare, which poses the risk of missing medications during admission and discharge reconciliation, and not triggering a medication allergy alert. We are working on a solution to address this issue.

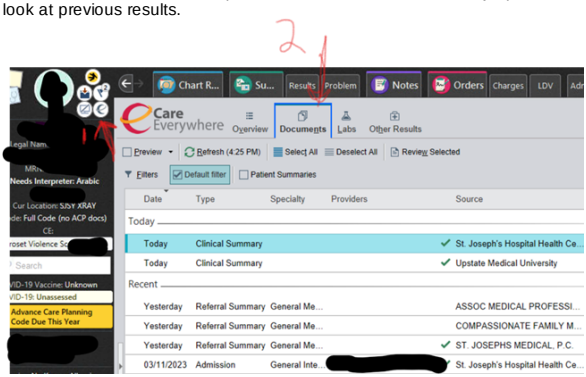
- Please note that all results for micro-bio labs or any other labs sent to LACNY, with specimens collected prior to 3/18, will only be available in Legacy Epic (not TogetherCare). Please check Legacy Epic for results in lieu of calling the lab. Use this ICON from Zenworks

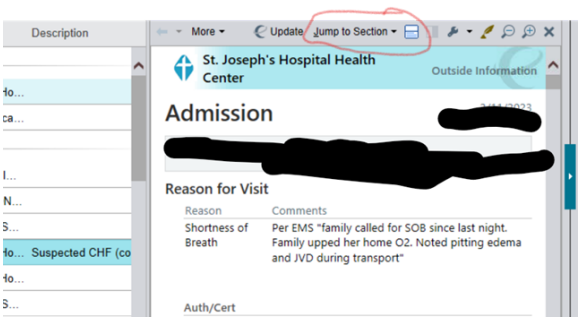
to access

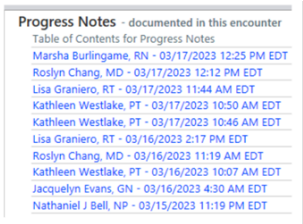
Legacy Syracuse Epic:

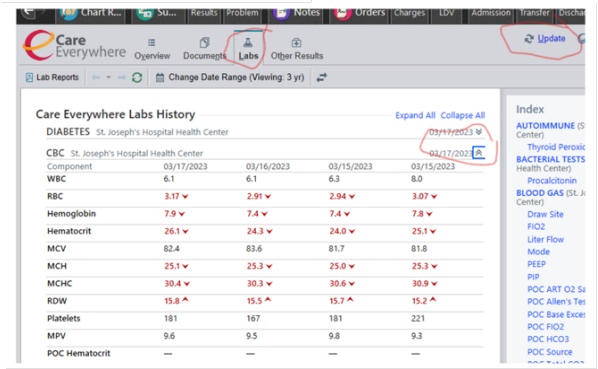
Accessing Pre-Go Live Progress notes and labs within TogetherCare via Care Everywhere (instead of using read-only version of legacy Epic.)

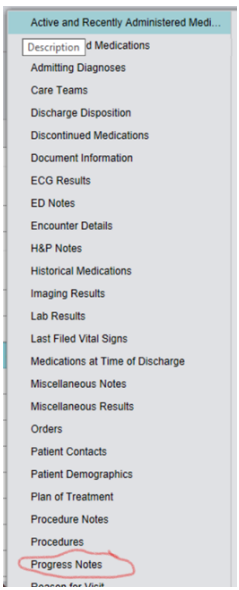
1. Click on the “e” in the top left corner of the page to access Care Everywhere for a patient.
2. Click on “Documents” to pull up recent visits. Find the “Admission” and single click on it.
3. That should bring a sidebar as below. Click “Jump to Section.”
4. From here you can select “Progress Notes.”
5. To look at Labs, click the update button to make sure it is fully up to date. Next, click the “Labs” tab and then click the section (eg. CBC) to look at previous results.











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.

Super-User Tip Sheets

- Lab Specimen Collection Only Visits – Non Beaker
- Ordering in Specimen Navigator at St. Joseph's

Super User Schedule Posted

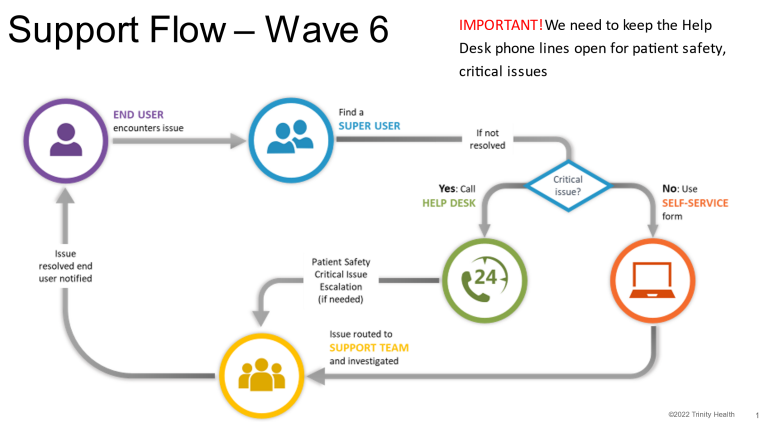
Our Super User schedule is posted here. Please note, this document will continue to be edited.

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.



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 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.

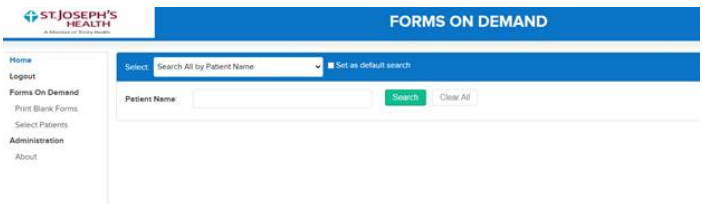
The Integrity and Compliance team have a robust auditing program and will be monitoring appropriate system access on a weekly basis. Please feel free to reach out to our Privacy Officer, Nicole Lesperance 315-448-5030 or nicole.lesperance@sjhsyr.org with any questions.

Accessing Clinical Forms

Forms on Demand access changed. Access to the program is no longer available as a link in EPIC. You can only 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 - Login to the software using their network credentials.

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



- 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, please open a ticket by self-service Homepage - TIS Service Portal (service-now.com) 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.

Signing into the Welch Allyn Spot Device

It has been identified that some users are having difficulty signing into the Welch Allyn Spot device. If you are having difficulty:

- Use the barcode scanner to scan either your employee ID or Workday ID on your badge.
- If one of the ID's does not work, please try the other.

If still unable to scan into the Welch Allyn Spot device please contact the Command Center at 315-744-1000 or x41000.

Safety Advisory for Inpatient Nursing Areas

Please verify all Patient Code Status Orders in TogetherCare to ensure they are consistent with Legacy Epic orders. It was discovered that a number of Code Status Orders were not abstracted completely. The default Code Status in TogetherCare is FULL CODE. The risk is if a patient is truly a DNR but their previous Code Status order was not abstracted to TogetherCare, they will display as FULL CODE.

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.

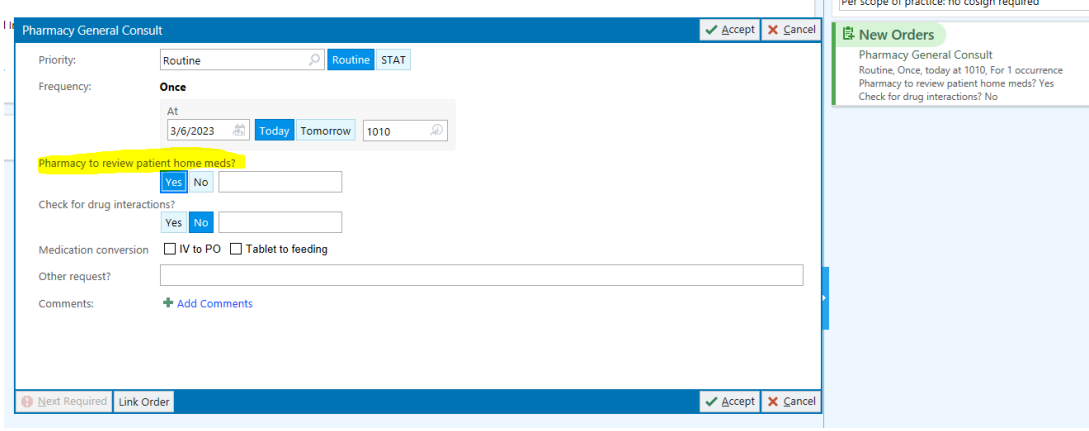
Therapeutic Interchange Policy Revision

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.

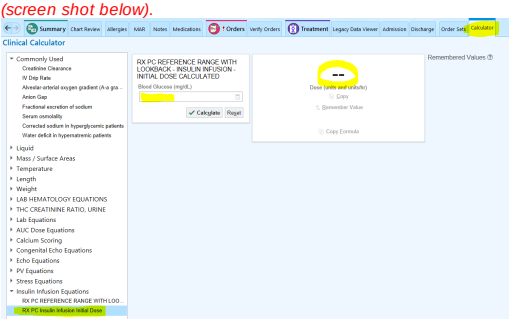
Medication Reconciliation Consults

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.*



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	Traditionally, sliding scales *combine* the prandial insulin coverage a patient requires with a correction dose determined based on the patient's blood sugar. **In TC, the prandial coverage and the correction dose are SEPARATED into 2 orders:** 1. Prandial insulin is ordered TID with meals 2. Correction doses are ordered via a sliding scale (low, moderate or high) **Dose administered** = scheduled prandial dose **+** dose dictated by the sliding scale • *Unless the patient is NPO, then the prandial dose will be HELD* **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. *See this Education Sheet on MDConnect.
Adult DKA & HHS Treatment	Diabetic Ketoacidosis admission and hyperosmolar hyperglycemia	With TC, we will be transitioning to a 2-bag DKA treatment method. This method improves DKA management by infusing *either* 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. 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. *See this Education Sheet and Step-by-Step Ordering Expectations on MDConnect.
Intensive Insulin Protocol *(Pre-op/Intraop orders)*	Insulin Infusion (140-180 goal)	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. There will be no titration protocol in the admin instructions in TC for the nurses to follow. **The insulin infusion calculator is found *inside of the clinical calculator function*** *(screen shot below).*  ***The formula embedded in the calculator is:*** Rate = BG/100
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*)	The enteral feed insulin orders are **vastly different** than what we are accustomed to. 1. 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 • *Unlike the subq insulin protocol, there is NO prandial insulin order, just correction* 2. We recommend only utilizing the regular insulin correction scale options (q6h vs lispro that must be given q4h around the clock) 3. Scale options are titled low dose, moderate dose and high dose. They are MUCH lower than our current scale options,

		*See this Education Sheet on MDConnect.

Radiology Interface Change

The ambulatory radiology interface that we had with St. Joseph's Imaging Associates is no longer available. Ambulatory radiology study results are now being 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

Qliq has been retired. 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 Delvechio Video Togethercare.mp4

Provider Town Hall Recording:
TogetherCare Town Hall for Providers-20230201_170404-Meeting Recording.mp4

Reminders

- 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.

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All content is approved by our Accountable Executives – Meredith Price, senior vice president of acute operations, Philip Falcone, M.D., chief medical officer, and Tom Robert, chief financial officer.
Questions and comments, please contact Kelly Quinn:
kelly.quinn@sjhsyr.org