



# THE UX BOUNTY HUNT

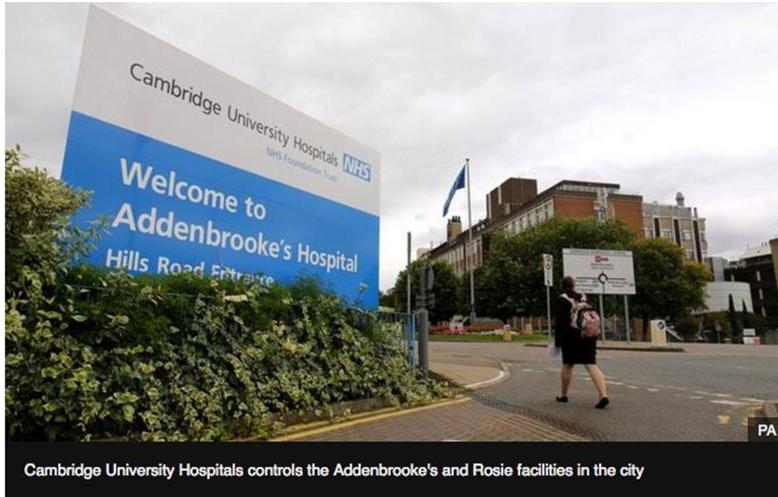
HOW WE ARE GOING TO MAKE THE **EPIC** USER EXPERIENCE PERMISSIBLE

Cambridge University Hospitals   
NHS Foundation Trust

# Addenbrooke's and Rosie hospitals' patients 'put at risk'

22 September 2015 | Cambridgeshire

Share



Cambridge University Hospitals controls the Addenbrooke's and Rosie facilities in the city

One of the UK's biggest NHS trusts has been placed in special measures after inspectors found it was "inadequate".

Cambridge University Hospitals Trust, which runs Addenbrooke's and the Rosie Birth Centre, was inspected by the Care Quality Commission in April and May.

Inspectors expressed concerns about staffing levels, delays in outpatient treatment and governance failings.

But they said workers were prepared to go the extra mile for patients, rating the quality of care as "outstanding".

'Slap in face'

LIVE BBC Local Live:  
Cambridgeshire

## Top Stories

### Aleppo defeat 'not the end for rebels'

The fall of rebel-held eastern Aleppo would not mean the end of the Syrian uprising, the opposition says.

30 minutes ago

### Ohio campus attacker was 'Somali refugee'

3 hours ago

### White House rebuts Trump vote fraud claim

3 hours ago

## Features & Analysis



### Wildlife in focus

Stunning images of the beauty and power of the natural world



 CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

# 'Major incident' declared for flagship IT project

25 NOVEMBER, 2014 | BY JAMES ILLMAN

Cambridge University Hospitals Foundation Trust has apologised to local GPs after 'a significant number of problems' with the implementation of its new electronic records system.



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- Latest intelligence on NHS policy and agenda
- Which healthcare leadership teams are getting it right and why
- How innovation is driving quality and efficiency



## 'Slap in face'

Prof Sir Mike Richards, the Care Quality Commission's (CQC) chief inspector of hospitals, said while hospital staff were "extremely caring and extremely skilled", senior management had "lost their grip on some of the basics".

"[Patients] are being put at risk," he said. "It is not that we necessarily saw actual unsafe practice but we did see they would be put at risk if you don't, for example, have sufficient numbers of midwives for women in labour."

The trust, which is said to be predicting a £64m deficit this year, has apologised to patients.



Monitor, the health service regulator which has placed the trust in special measures, said it had an average overspend of £1.2m a week.

The trust's chief executive Dr Keith McNeil, who unexpectedly quit last week, told the BBC he left because he did not believe he had the right skills to deal with the hospital's financial crisis rather than the damning CQC assessment.

He reiterated that he **felt the verdict was wrong**, adding the trust was "naive" about the inspection.



## Missing Tyrone

Teenager's death focuses Australia on LGBT bullying



## Bigger than Madonna

Why airport security is so popular on Instagram



## Changed tactics?

How cricket views the bouncer since Phillip Hughes' death



## 'Pretty cancer cell'

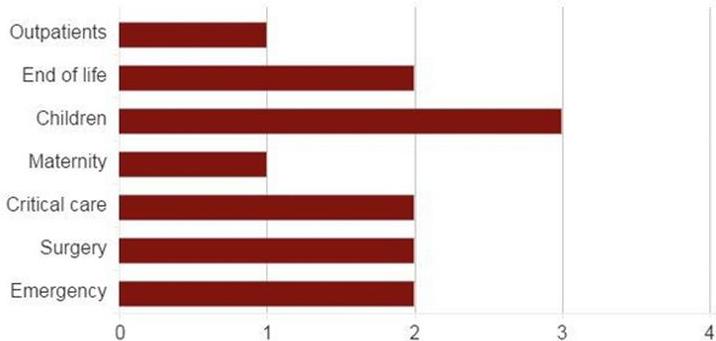
Rebellious Hong Kong lawmaker fights the government

Spokesman Stuart Tuckwood said: "To be told that the hospital is inadequate... is a slap in the face to our members and the healthcare staff that work there."

"The one thing that came out as really outstanding was the care delivered by our members and by all the staff at the hospital, so they can really hold their heads up and say they've done a good job under really trying conditions."

### How services rated

1 - inadequate 2 - requires improvement 3 - good 4 - excellent



Source: Care Quality Commission

The CQC found staff shortages and long-standing "serious" problems had been ignored.



Will the golfer's comeback be worth the wait?



### Lewd comments

How innocent photos of children have been exploited on Twitter

### Most Popular

Read Watched

Russian chess master in fatal fall **1**

Auschwitz ruling marks 'dramatic change' **2**

Church massacre accused to defend himself **3**

WTO rules Boeing's state subsidies illegal **4**

Football abuse coach Bennell in hospital **5**

Army seizes third of rebel-held Aleppo **6**

Millions voted illegally, Trump claims **7**

Barrier Reef coral bleaching 'worst ever' **8**

# Addenbrooke's Hospital chief executive Keith McNeil resigns

14 September 2015 | Cambridgeshire

Share



The NHS trust which runs Addenbrooke's Hospital has a deficit of about £1.2m a week

**The chief executive of a major NHS hospital has resigned a week before a care watchdog report is published.**

Dr Keith McNeil, who was appointed to the job at Addenbrooke's Hospital in Cambridge in November 2012, said the hospital faced "serious challenges".

Chief finance officer Paul James has also resigned from the hospital, which is running a deficit of £1.2m a week.

Both have stepped down ahead of a Care Quality Commission report, which is due to be published on 22 September.

LIVE BBC Local Live:  
Cambridgeshire

## Top Stories

### Aleppo defeat 'not the end for rebels'

The fall of rebel-held eastern Aleppo would not mean the end of the Syrian uprising, the opposition says.

30 minutes ago

### Ohio campus attacker was 'Somali refugee'

3 hours ago

### White House rebuts Trump vote fraud claim

3 hours ago

## Features & Analysis



### Wildlife in focus

Stunning images of the beauty and power of the natural world



# The NHS's chaotic IT systems show no sign of recovery

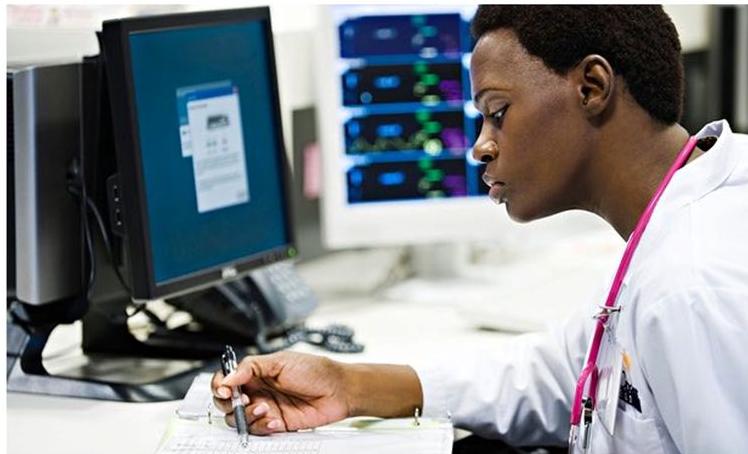
Paperless patient records are a necessity, but a new, US-made system at Addenbrooke's in Cambridge is a chronic misreading of patient needs

John Naughton

Sunday 21 December 2014 04.45 EST



67



Back to the drawing board: the NHS badly needs a paperless health-records system, but the move to IT has been chaotic. Photograph: Alamy

When you walk into my GP's surgery, the first thing you see is a screen on the receptionist's counter. Displayed on it are the words (all in capitals) "TOUCH THE SCREEN TO ARRIVE FOR YOUR APPOINTMENT". Being pedantic, the first time I saw it I pointed out to the receptionist that I had arrived for my appointment. She grimaced. I then asked if the medical implications of asking every patient to use the same touchscreen during, say, a flu epidemic had been considered. Another grimace. It was, she explained, "a new system".

This system was provided by [Epic Systems](#), a US corporation based in Wisconsin, which may explain why its software designers seem unfamiliar with the verb "to arrive". It was a sight to see a nurse show up to give the patient a recall for a

## Most popular in US



'Alt-right' online poison nearly turned me into a racist | Anonymous



Delta bans passenger for life after pro-Trump outburst at Clinton supporters



Standing Rock protest: North Dakota governor orders immediate evacuation



Melania Trump wants to be a 'traditional' first lady like Betty Ford. Good luck with that



Trump aides launch 'defense fund' as Jill Stein's election recount efforts hit snag

Rebecca McBeth

25 February 2016



Related content:

**news +****Feature****An Epic journey**

2 July 2015

**Judy Faulkner: Epic interview**

3 December 2015

**News****Cambridge to use MyChart PHR**

2 July 2015

**Cambridge chief exec resigns**

15 September 2015

**Cambridge put in special measures**

22 September 2015

**Kelsey: EMRs must be 'fit for purpose'**

5 October 2015

# EPR implementation led to 'catastrophic loss of confidence'

14



**Image:** Cambridge University Hospitals is in the midst of implementing a £200 million, ten-year eHospital programme that includes the first UK deployment of the Epic electronic patient record.

Problems with the introduction of the Epic electronic patient record at Cambridge University Hospitals NHS Foundation Trust led to a catastrophic loss of confidence in the system that took months and a "huge amount of effort to rebuild", the president of the Royal College of Surgeons has said.

Clare Marx, who is also chair of the strategic clinical advisory group to the National Information Board, was speaking about a visit to Cambridge at a Westminster Forum on electronic patient records this month.

Cambridge went live with Epic in October 2014 as part of a £200 million eHospital programme. It is the first and only trust in the country to have deployed the EPR, which is widely used in the US.

Marx said the trust had made a real effort to improve its services with its eHospital programme, but: "When they went live problems arose and staff, patients and management rapidly and catastrophically lost confidence in the system. That took months and a huge amount of effort to rebuild."

**+ Jobs****PMO Support**

South East / £150 - £195 per annum

**Senior Integration Engineer / Senior Applications Engineer**

South East / £50000 - £70000 per annum + Bonus &amp; Benefits

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**IT Recruitment Consultant**

London / £15,000 - £25,000

**Clinical Coder**

East Midlands / £200 - £230 per day

**Clinical Software most viewed**

WEEK

MONTH

- 1 [Ireland to go-live with national maternity electronic record](#)
- 2 [Months after IT crash, Leeds still using paper for tests](#)
- 3 [University College London Hospitals set for Epic adventure](#)
- 4 [Lincolnshire's Path Links moves to digital](#)

# Patient Engagement

Give patients the tools to be healthier with MyChart



Patients have personal and family health information at their fingertips with MyChart. They can message their doctors, attend e-visits, complete questionnaires, schedule appointments, and be more involved in managing their health.



Patients in the hospital can use a tablet to stay in touch with their care team, review their schedule, access personalized patient education materials, and request help.



Prospective patients can become new patients through easy online scheduling.

# Clinicals

Help improve your patients' health and care with EpicCare

## Tailored to fit

Screens, workflows and specialty applications are fast, flexible and can be personalized.

## Discovery

Recruit study participants more quickly; conduct independent research and incorporate your findings into clinical care.

## Deliver safe and high-quality care

Predictive analytics and embedded decision support tools support clinical practice to yield better outcomes.

## Productivity

Rated by healthcare providers as the best acute and best ambulatory EMR for physician productivity and effectiveness.

## Help your physicians thrive

Common tasks are streamlined to get the job done fast. Mobile apps keep you connected wherever you go.



# Community Connect

Extend your system to independent practices and hospitals



## Share your Epic

Extend your system to independent practices and hospitals with the ability to keep billing and scheduling separate.

## Share a link to community providers

Keep community providers in the loop with an integrated portal that lets them stay up-to-date with their patients, submit referrals, order labs & imaging, schedule visits, and more.



# Healthcare Reform and Regulatory Compliance

Keep up with federal regulations and evolving payment models



More Epic physicians have attested to Meaningful Use Stage 2 than users of any other system - [See the data.](#)

[Click here for certification details](#)



Position your organization for success with tools for Meaningful Use, ICD-10, PQRS, ACOs, and many more regulatory requirements.



## Care at a Distance

Organizations across the Epic Community are leveraging telehealth in all sorts of cool ways

### Specialist Referral Services

- Remote & rural primary care
- Teledermatology
- Telecardiology
- Telepsych
- Telestroke
- Teleradiology
- Tele-emergency
- Genetics consults
- Abuse evaluations
- Interpretation

### Patient Monitoring

- ICU monitoring
- Remote ICU
- Chronic disease management
- Case management & discharge planning
- Central deterioration monitoring
- Remote intensivist coverage

### Peer-to-Peer Consultation

- Second opinion services
- Patient transport

### Ongoing Patient Care

- Video visits
- Telerrounding
- School nurse consults
- Employer consultations
- Prison video visits
- Postsurgical follow-ups
- Virtual hospitals
- Financial counseling



New feed articles every Monday

Pricing & Limitations

\*as required by ONC



New feed articles every Monday



# STORIES & SNAPSHOTS



## Take Your Dog to Work Day

Every Friday, Epic employees can bring their furry friends into work. Here, Kaiser poses with his new dog friend while sniffing around campus.

Nov 14, 2016

[Read more](#)



## Commuting on the Prairie

Epic's rural campus is connected to downtown Madison by bike trails. An Epic bike commuter took this shot on the Military Ridge bike trail on a bright fall morning last week.

Nov 07, 2016

[Read more](#)

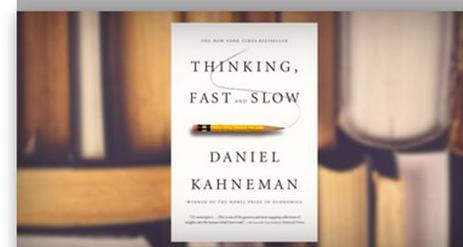


## From Our Kitchen



## Seared Tuna with Pineapple, Cashews, and Citrus Ginger Vinaigrette

## Bookmarks



**Thinking, Fast and Slow**  
Daniel Kahneman

**Access to this system or subsequent systems is For Authorized Users Only.  
Continued access by users represents that they are authorized users. All  
information processed, stored, accessed or transmitted to or from this  
system is subject to monitoring and recording at all times. Users should  
assume no expectation of privacy in using this system.**

**Epic**  
**HYPERSPACE®**  
Epic 2012

User ID:

Password:

EXIT

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U.S. Patents 5,781,891 and 5,301,105. Other patents issued and pending.  
Additional copyrights apply. CPT®, copyright AMA. SNOMED CT® copyright IHTSDO. More

## Addendum:

Private? No [2] CSN Ht: 162.6 cm (5' 4") Code: **FULL** Isolation: None Attending: Malignant Hyperthermia: None Loc: 4  
MRN Wt: 93.7 kg Allergies: **Gantrisin** Infection: None Patient FYIs: **FYI** Difficult Intubation: None Surgeons

Female, 67 y.o.

? Resize

## Post-Procedure

[Pre](#) [Intra](#) [Post](#) [Orders](#) [Procedures](#) [Epidural](#)
 Complete

Chart Review

Patient Summary

Results Review

Notes

Orders

Intraprocedure

Pre-Procedure

Post-Procedure

MAR

Pain Procedure

Care Everywhere

TEE Procedure

FYI

Documentation Complete

 Post Evaluations  Follow-up Need...  Sign/Route Add...
 Complete click to open
 More Information  Type Performed
 Complete click to open

## Anesthesia Type

 Bier block  epidural  general  MAC  regional  spinal
 Complete click to open

Go to Doc Flowsheets

## Vitals

 New Reading

	11/16/16 1810	11/16/16 1820	11/16/16 1830	11/16/16 1840	11/16/16 1850	11/16/16 1900	11/16/16 1910	11/16/16 1920
--	------------------	------------------	------------------	------------------	------------------	------------------	------------------	------------------

## Vitals

Temp	36.4 (97.5)	Temporal Artery (forehead)	36.5 (97.7)	Temporal Artery (forehead)
Temp Source	77	79	82	87
Heart Rate	77	Monitor	16	18
Heart Rate Source	Monitor	16	16	15
Resp	18	100/66	108/59	124/66
BP	104/59	100/66	108/59	124/66
SpO2	96 %	95 %	96 %	95 %
Oxygen Delivery Device	None (Room air)	Nasal cannula	Nasal cannula	Nasal cannula

 Complete click to open Administration Report

## Intake/Output

Time: 1711 11/16/2016 Go to Transfer of Care &amp; Report Given

Volume (mL) Total

Intake	1,000 mL at 1624	Stopped	3,000 mL
lactated ringers (LR) infusion (mL/hr)	700 mL at 1711	Stop	700 mL
lactated ringers (LR) INFUSION (mL/hr)			0 mL
Cell Saver			4,700 mL
Intake Total			7,29 PM

More Activities

## NoteWriter

## ROS/Med Hx

DRAFT

Reviewed:  Patient summary  
 Nursing notes  
 Labs

Hx of anesthetic complications  neg

<b>Pulmonary</b>	<input checked="" type="checkbox"/> neg
Asthma	
COPD	
Pneumonia	
Recent URI	
Shortness of breath	
Sleep apnea	
Smoker	
<b>Neuro/Psych</b>	<input type="checkbox"/> neg
Chronic pain	
CVA	
TIA	
Migraines	
<input checked="" type="checkbox"/> Psychiatric Hx	
bipolar	<input checked="" type="checkbox"/> depression
Neuromuscular disease	
Seizures	

Reviewed EKG

## Physical Exam

<b>Cardiovascular</b>	<input type="checkbox"/> neg
Exercise tolerance:	<input type="checkbox"/> <4 METS <input checked="" type="checkbox"/> 4-10 METS <input type="checkbox"/> >10 METS
Angina	<input checked="" type="checkbox"/>
CAD	<input checked="" type="checkbox"/>
MI	<input checked="" type="checkbox"/>
CABG	<input checked="" type="checkbox"/>
Stent	<input checked="" type="checkbox"/>
CHF	<input checked="" type="checkbox"/>
Dyspnea	<input checked="" type="checkbox"/>
Dysrhythmias	<input checked="" type="checkbox"/> neg
AICD	<input checked="" type="checkbox"/>
Pacemaker	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> HTN	<input type="checkbox"/> controlled <input type="checkbox"/> uncontrolled
Hyperlipidemia	<input checked="" type="checkbox"/>
PVD	<input checked="" type="checkbox"/>
Valve Disease	<input checked="" type="checkbox"/>

## Anes Plan

<b>G/I/Hepatic/Renal</b>	<input type="checkbox"/> neg
Bowel prep	<input checked="" type="checkbox"/>
GERD	<input checked="" type="checkbox"/>
Hepatitis	<input checked="" type="checkbox"/>
Hiatal hernia	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Inflammatory bowel Dx	<input checked="" type="checkbox"/>
ulcerative colitis	<input checked="" type="checkbox"/>
Liver disease	<input type="checkbox"/>
PUD	<input type="checkbox"/>
Renal disease	<input checked="" type="checkbox"/>

## Note

<b>Hematology/Oncology</b>	<input checked="" type="checkbox"/> neg
Anemia	<input checked="" type="checkbox"/>
Breast cancer	<input checked="" type="checkbox"/>
Clotting disorders	<input checked="" type="checkbox"/>
Head/Neck Cancer	<input checked="" type="checkbox"/>
Leukemia	<input checked="" type="checkbox"/>
Lung cancer	<input checked="" type="checkbox"/>
Thrombocytopenia	<input checked="" type="checkbox"/>

## Musculoskeletal

 neg

## Arthritis

## C-spine cleared

## Snapshot History Results Imaging

## Procedure Summary

## Case:

Date/Time: 11/16/16 12:16

Procedure: ROBOTIC REVISION OF PRIOR GASTRIC BYPASS converted to open, takedown of gastro-gastric fistula, with revision of gastrojejunostomy, partial gastrectomy (N/A)

Anesthesia type: Choice

Diagnosis: Gastogastric fistula [K31.6]

Pre-op diagnosis: gastogastric fistula with likely stenosis at gastrojejunostomy

Location:

Surgeon:

## Lines, Drains, and Airways

Type	Details	Placement	Removal
Peripheral IV	Size 20 G; Orientation Right; Location: Forearm; Site Prep: 2%; Chlorhexidine, Inserted By Placed by RN; Insertion Attempts: 1	11/16/16 0905 b	
ETT	11/16/16, 1228; Size 7.5; Cuffed; Standard; Insertion Attempts: 1; Device: Macintosh; Blade Size: 3; Stylet: Yes; Atraumatic: Yes; RSI: No; Grade View: 1; Adjuncts: PreO2, Easy Mask	11/16/16 1228 b	11/16/16 1708 b
Peripheral IV	Size 20 G; Orientation Left; Location: Forearm; Inserted By Placed by Other; Insertion Attempts: 1	11/16/16 1230 b	

## Allergies\*

GANTRISIN

Current Medications as of 11/16/2016 7:30 PM

## Outpatient Medications

	Quantity	Refills	Start	End
clotrimazole (LOTRIMIN) 1% cream	30 g	0	8/25/2016	8/25/2017
lisinopril (PRINIVIL,ZESTRIL) 10 MG tablet	90 tablet	2	8/29/2016	
omeprazole (PRILOSEC) 40 MG capsule	30 capsule	3	9/27/2016	
potassium chloride SA (K-DUR,KLOR-CON) 20 MEQ tablet			7/31/2015	
spironolactone (ALDACTONE) 25 MG tablet	45 tablet	2	9/27/2016	
traMADol (ULTRAM) 50 mg tablet	360 tablet	0	9/13/2016	
triazolene-hydrochlorothiazide (MAXZIDE-25) 37.5-25 mg tablet	90 tablet	1	4/25/2016	
venlafaxine (EFFEXOR-XR) 37.5 MG 24 hr capsule			11/27/2015	

Accept Cancel

## Other ROS/Med HX

Insert SmartText



Canceled Ord Future/Standing Orders

7:30 PM

11/16/2016

Meds

Oxygen  
Sevoflur

Resp

Air  
N2O

V/O

midazol  
fentaNY

propofol

lidocain

rocuroni

famotidi

ceFAZol

phenyle

phenyle

ondans

neostigri

Vitals SpO2

Heart

NIBP

NIBP

Resp

EtCO

ST 1

ST 2

ST 3

Add New

Active	Analgesia Induction	Cardiovascular	Antibiotics	Antiemetics Gi	Electrolytes Fluids	Metabolic	Anticoag	Local Anesthetics
--------	---------------------	----------------	-------------	----------------	---------------------	-----------	----------	-------------------

Oxygen (L/min)

albuterol sulfate 2.5 mg /3 mL (0.083 %) nebulizer solution 2.5 mg

famotidine (PEPCID) 20 mg/10 mL IV syringe 40 mg 20 mL

metoprolol tartrate (LOPRESSOR) injection 5 mg

Sevoflurane (%ET)

calcium carbonate 500 mg/5 mL (1,250 mg/5 mL) oral suspension 1,250 mg

fentANYL (SUBLIMAZE) injection 25-50 mcg

midazolam (VERSED) injection 2 mg

Air (L/min)

ceFAZolin (ANCEF) IV syringe 2 g

glucagon (human recombinant) (GLUCAGEN) injection 1 mg

nalOXone (NARCAN) syringe 0.1 mg

N2O (L/min)

ceFAZolin (ANCEF) IV syringe 2 g

hydrALAZINE (APRESOLINE) injection 10-20 mg

ondansetron (ZOFRAN) 4 mg/2 mL injection 4 mg

N2O (%ET)

dextrose 50 % (D50W) IV syringe 25gm/50ml

HYDROmorphine (DILAUDID) 1 mg/mL PCA

ondansetron (ZOFRAN) 4 mg/2 mL injection 4 mg

midazolam (VERSED)  
1mg/mL (mg)fentaNYL (SUBLIMAZE)  
50mcg/mL (mcg)propofol (DIPRIVAN) bolus  
10mg/mL (mg)lidocaine (PF)  
(XYLOCAINE-MPF) injection  
2% (mg)rocuronium (ZEMURON)  
10mg/mL (mg)famotidine (PEPCID) IV  
20mg/10mL (mg)ceFAZolin 2G (ANCEF) IV  
syringe (g)phenylephrine 100 mcg/mL  
Injection (mcg)

diazepam (VALIUM) injection 2.5-5 mg

HYDROmorphine (DILAUDID) syringe 0.2-0.4 mg

potassium chloride 20 mEq, multivitamin, adult (INFUVITE) 3,300 unit- 150 ...

diphenhydrAMINE (BENADRYL) capsule

insulin regular (HumuLIN R,NovoLIN R) injection 3-15 Units

promethazine (PHENERGAN) injection 6.25-12.5 mg

diphenhydrAMINE (BENADRYL) injection 25 mg

lactated ringers infusion

scopolamine (TRANSDERM-SCOP) 1.5 mg (1 mg over 3 days) patch

Electrolyte Protocol - Med Surg

lactated ringers infusion

simethicone (MYLICON) 40 mg/0.6 mL oral drops 40-120 mg

enoxaparin (LOVENOX) syringe 40 mg

lisinopril (PRINIVIL,ZESTRIL) tablet

triamterene-hydrochlorothiazide (MAXZIDE-25) 37.5-25 mg tablet

enoxaparin (LOVENOX)

meperidine (PF) (DEMEROL) 25 mg/mL

venlafaxine (EFFEXOR-XR)

Addendum:

Private? No [2] CSI Ht: 162.6 cm (5' 4") Code FULL Isolation: None  
 MRN Wt: 93.7 kg Allergies: **Gantrisin** Infection: None Attending: **Patient FYIs: FYI**  
 Malignant Hyperthermia: None Loc: 4  
 Difficult intubation: None

Procedure: ROBOTIC REVISION SURGEONS

Female, 67 y.o.

## Report Viewer

Report History [1] View Pane 1 [2] View Pane 2 Split Up/Down Split Left/Right Detach Window

H [1] 11/16/2016 09:48 11/16/2016 Admission (Current)  
 Back

## Patient Information

Patient Name

Sex

DOB

SSN

Female

## Interval H&amp;P Note by

at 11/16/2016 9:48 AM

Author:

Filed: 11/16/2016 9:48 AM

Service: Bariatric Surgery

Note Time: 11/16/2016 9:48 AM

Author Type: Physician

Related: Original note: H&P (View-Only) b  
filed at 10/24/2016 3:33 PM

Editor:

Status: Signed

The patient was seen and examined. The relevant chart notes, laboratory results and imaging findings have been reviewed. There have been no interval changes since my last visit with her. See EPIC chart and/or Elysius clinical messaging for additional information or scanned documents.

11/16/2016  
9:48 AM

Electronically signed by

at 11/16/2016 9:48 AM

## Source H&amp;P Note

Author:

Filed: 10/24/2016 3:33 PM

Service: (none)

Note Time: 10/24/2016 1:44 PM

Author Type: Physician

Note Type: H&amp;P (View-Only)

Status: Signed

## Bariatric Surgery Consultation

Editor:

Referring provider:

**HPI:** I had the pleasure of seeing \_\_\_\_\_ today in the Franciscan Center for Weight Management for evaluation of revisional weight loss surgery. As a review and for my records, \_\_\_\_\_ is a 67 y.o. female with morbid obesity. She underwent a Laparoscopic Roux Y gastric bypass by \_\_\_\_\_ in 2004. Apparently, post-op she developed a leak and required an emergent diagnostic laparoscopy. Details are not clear. She states she spent 11 days in the ICU at that time. She did OK, but then started to regain her weight. About 6-8 months ago, she began experiencing increasing dysphagia to solid foods. She tends to eat oatmeal and ice cream as more solid foods cause emesis and epigastric pain. An UGI series reveals a gastrogastro fistula with preferentially flow thru the fistula. An EGD confirms the gastrogastro fistula and shows some erythema and erosions around the prior gastrojejunostomy. The scope could traverse thru the gastrojejunostomy but it was a bit difficult. Her weight is 209 pounds and height is 5 feet and 4 inches. Body mass index is 35.86 kg/(m<sup>2</sup>).

## Past Medical History

Diagnosis

Date

- Hypertension
- Hyperlipidemia
- History of duodenal ulcer
- Anxiety
- Menopausal syndrome
- Arthritis
- Diverticulosis

## Post-Procedure

Pre

Intra

Post

Orders

Procedures

Epidural



Chart Review

Patient Summary

Results Review

Notes

Orders

Intraprocedure

Pre-Procedure

Post-Procedure

MAR

Pain Procedure

Care Everywhere

TEE Procedure

FYI

Postprocedure Handoff

 Transfusion Fre... BestPractice Procedure Info Type Performed Vitals I/O Airway Removal Lines Removal Diagnosis Transfer and R...

Documentation Complete

 Post Evaluations Follow-up Need... Sign/Route Add...

### Transfusion Free Review

### BestPractice Advisories

Refresh

Last refreshed on 11/16/2016 at 7:29 PM

### Procedure Information

Case:

Procedure: ROBOTIC REVISION OF PRIOR GASTRIC BYPASS converted

Anesthesia type: Choice

Diagnosis: Gastrogastric fistula [K31.6]

Pre-op diagnosis: gastrogastric fistula with likely stenosis at gastrojejunostomy

Location:

Surgeon:

More Information

### Type Performed

#### Anesthesia Type



Bier block



epidural



general



MAC



regional



spinal

### Vitals



## Chart Review

## Patient Summary

### Results Review

Notes

Orders

#### Intraprocedural

#### Pre Procedure

Post Production

MAP

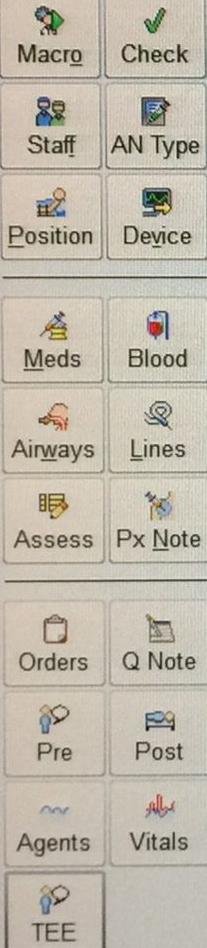
1

## Plan Procedure

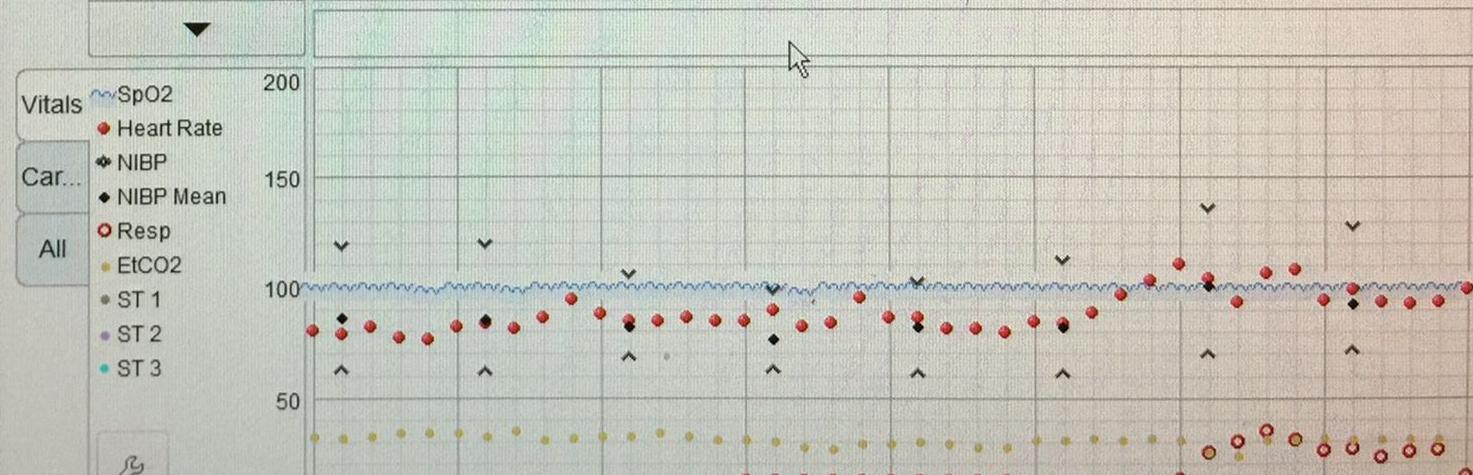
Call Everywhere

## TEE Procedure

FYI



		1625	1630	1635	1640	1645	1650	1655	1700	1705
Meds	Oxygen (L/min)	[1.5]					15			
Resp	Sevoflurane (%ET)	[2.5]	[2.5]	[2.5]	[2.3]	[2.2]	[0.6]	[0.4]	[0.3]	
I/O	Air (L/min)	[0.5]					0			
	N2O (L/min)							0		
	N2O (%ET)	[0]	[0]	[0]	[0]	[0]	[1]	[0]	[0]	
	midazolam (V... (mg)									
	fentaNYL (S... (mcg)						50			50
	propofol (DIP... (mg)									
	lidocaine (PF) ... (mg)									
	rocuronium (Z... (mg)									
	famotidine (P... (mg)									
	ceFAZolin 2G (A... (g)		2							
	phenylephrin... (mcg)									
	phenyle... (mcg/min)									
	ondansetron (... (mg)							4		
	neostigmine ... (mg)							4		



Report Given

11/16/2016 1711

SBAR complete

16

Time: 1711

Time Entry

X

1711

Hour

Minute



0

0

14

1

1

15

2

2

16

3

3

17

4

4

18

5

5

19

6

20

7



8

Now

9

Accept

Cancel

Signed

Delete

VISION OF PRIOR GAST

e: general

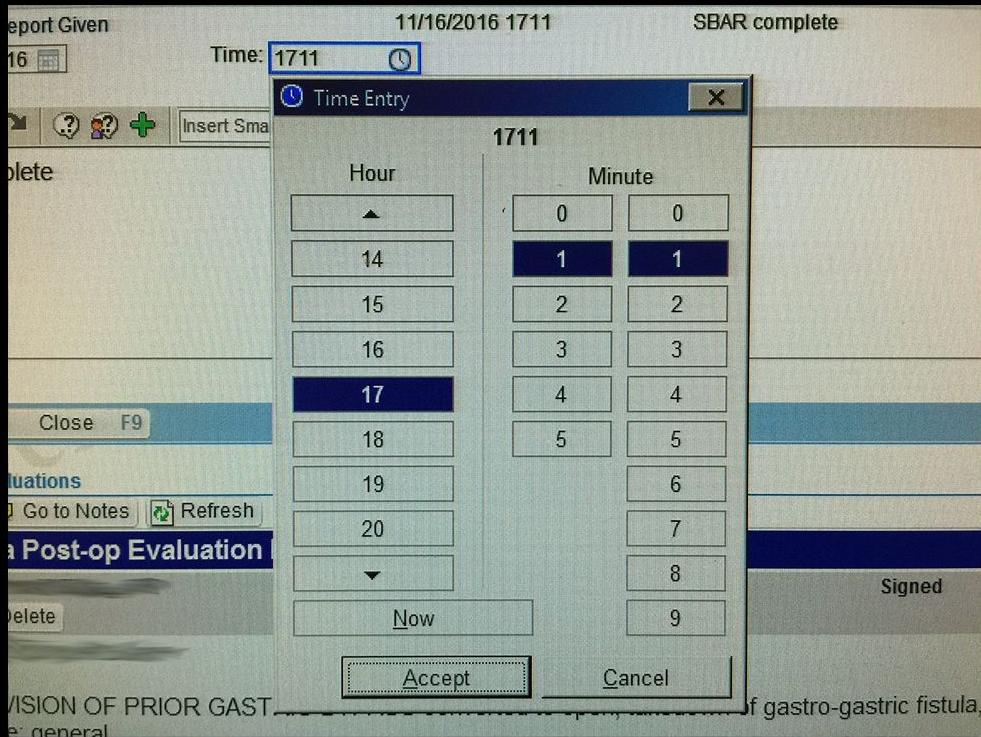
f gastro-gastric fistula,

# What is 1711?

## **17:11 in “Chart Review” notes.**

**5:11 PM** in the “Notes” tab.

## 1711 in the “Orders” tab.



11/16/2016 19:25  
11/16/2016 18:44  
11/16/2016 18:16  
11/16/2016 17:43  
11/16/2016 17:18  
11/16/2016 17:10  
11/16/2016 17:00  
11/16/2016 09:48  
11/11/2016 11:30  
11/10/2016 16:18  
11/10/2016 15:40  
11/10/2016 13:13  
11/09/2016 12:33  
11/08/2016 10:14  
11/04/2016 17:05

Note Time	File Time
11/16/2016 7:24 PM	11/16/2016 7:25 PM
11/16/2016 6:42 PM	11/16/2016 6:44 PM
11/16/2016 6:16 PM	11/16/2016 6:16 PM
11/16/2016 5:43 PM	11/16/2016 5:43 PM
11/16/2016 5:10 PM	11/16/2016 5:18 PM
11/16/2016 10:11 AM	11/16/2016 5:00 PM
11/16/2016 9:48 AM	11/16/2016 9:48 AM
10/24/2016 1:44 PM	10/24/2016 3:33 PM

11/17/16 0900  
11/17/16 0530  
11/17/16 0400  
11/17/16 0400  
11/17/16 0400  
11/17/16 0400  
11/17/16 0400  
11/16/16 2100

# THE UX BOUNTY HUNT

- Every UX issue is assigned a bounty.
- Hunt a UX issue; get the bounty.



Report Given

11/16/2016 1711

SBAR complete

16

Time: 1711



Insert Sma

plete

- Event
- Human

Close F9

Evaluations

Go to Notes Refresh

Post-op Evaluation

Delete

VISION OF PRIOR GAST  
e general

Time Entry

1711

Hour	Minute
▲	0 0
14	1 1
15	2 2
16	3 3
17	4 4
18	5 5
19	6
20	7
▼	8
Now	9

Accept Cancel

Signed

f gastro-gastric fistula,

# THE UX BOUNTY HUNT

- Every UX issue is assigned a bounty.
- Hunt a UX issue; get the bounty.



# THE UX BOUNTY HUNT

- Every UX issue is assigned a bounty.
- Hunt a UX issue; get the bounty.
- Total bounty pool for 2017: \$300,000.
- Traveling UX research team: \$200,000.

PROJECT COST: \$500,000





**The UX Bounty Hunt: Making our UX as pleasant as our campus.**



**The UX Bounty Hunt: Making our UX as pleasant as our campus.**



**The UX Bounty Hunt: Making our UX as pleasant as our campus.**



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**The UX Bounty Hunt: Making our UX as pleasant as our campus.**

Report Given

11/16/2016 1711

SBAR complete

16

Time:

1711



Time Entry



1711

Hour

Minute

	0	0
14	1	1
15	2	2
16	3	3
17	4	4
18	5	5
19	6	
20	7	
	8	
Now	9	

Accept

Cancel

Close F9

Evaluations

Go to Notes Refresh

Post-op Evaluation

Delete

VISION OF PRIOR GAST

general

of gastro-gastric fistula,

Signed