eBridge Training for Respiratory Therapy

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What is eBridge?

- A simple inpatient note documentation application built in Apprentice for use starting 12/3/13
- Fills the gap between Acute Care Documentation (ACD) which was cancelled in April, 2012 and the planned implementation of eCare (Epic) in 2016
- Improves the quality of care by making patients’ medical history easily accessible to all who treat them
Documentation That Will Remain **On Paper**

- **Flow sheets** - nursing and respiratory care
- **Hospital forms** - bronchoscopy, universal protocol and high risk delivery form, etc
- **RC Notes in ED**
  - Use the current Word Template, print the note, file in patient’s respiratory flow book
- **Outpatients in procedural areas** – Blake 4 Endoscopy, Interventional Radiology (IR), Center for Perioperative Care (CPC), Center for Interventional Cardiology (Cath Lab)
  - Notes are either handwritten or using Word Template, depending on the situation.
eBridge and Inpatient Scanning

**Electronics**

- **eBridge Notes**
  - MD Progress Notes
  - All Nursing Notes
  - Spiritual Care, Respiratory Therapy, Case Management, Pharmacy Notes
- **LMR Notes**
  - MD Admit/Consult Notes
  - PT, OT, Speech, Social Services Notes

**Paper**

- **Still in Grey and Green Book**
  - Procedure Notes
  - Consents
  - Brief Op Notes
  - A small % of physician notes
  - Outside hospital info
  - Flowsheets

**Complete Inpatient Record Available Electronically in CAS / Results / Notes**

**Health Information Services**
Electronic Medical Record

- Paper documentation will be scanned into patient’s electronic medical record after discharge.
- Respiratory Care ventilator and non-vent flow sheets will be viewable in CAS
- *Patient identification label is required on ALL sides of paper documents*
Respiratory Care eBridge Training

- **GO LIVE date is Tuesday, Dec. 3**

- **Required:** All MGH respiratory therapists must complete this Healthstream module and computer based tutorial (CBT)

- **Optional:** Individualized training offered in EL 401
  - Tuesday, Nov. 26 at 2pm
  - Monday, Dec. 2 at 7:30 and 10am

- **Required:** November staff meetings (November 21 – 27)
  - Demonstration of the application
  - Sample notes for various types of patients
  - Forum for questions about ebridge
EBridge Support: RT Super Users

- Support department staff before and after GO LIVE
- Respiratory Therapy Super Users:
  - Day shift - Carolyn LaVita, Leslie Smith, Danielle Doucette, Kevin Strong, Ryan Lussier, Erik Nansel
  - Night shift - Dan Charest, Gary Collymore, Christine Eno, Werner Henneberg, Clorinda Suarez
- Assistance to be provided by Super Users
  - How to use eBridge
  - Work flow questions
  - Department policy questions
Ebridge Support

- On-unit support (24/7) by eBridge team first 1-2 weeks
- Phone support from eBridge command center, phone number should be posted in units
- eBridge support materials will be available
  - Specifically designed for MGH respiratory therapists
  - Road map to help you navigate
  - Note examples for typical patients
GO LIVE Details for Respiratory Care

◊ GO LIVE: Tuesday, December 3rd

➢ Write new notes using the eBridge template for all your assigned patients
➢ Write notes in eBridge for new patients
➢ Write notes in eBridge for patients admitted from the ED to the ICU
How to access eBridge/Apprentice

Start Menu >> Partners Applications >> MGH eBridge
Create/update your patient list

♦ Subscribe to a Care Unit
  ➢ All patients in unit are added to your list
  ➢ Automatically updates list with new admissions and discharges

♦ Edit your list to add individual pts. from other units

♦ Open Notebook view to see your patient list

♦ Select a patient to open RC template
# Respiratory Care Note Template

## Respiratory Care Note

### Current Situation

- **Reason for hospitalization**
  - *e.g.* admitting diagnosis, trauma, surgery

- **Reason for artificial airway**
  - Mechanical ventilation
  - Bypass upper airway obstruction
  - Hypercapnic and/or hypoxemic
  - Other

- **Reason for invasive ventilation**
  - Hypercapnic respiratory failure/COPD
  - Other

- **Reason for noninvasive ventilation or CPAP**
  - Obstructive or complex sleep apnea
  - Other
  - Administer aerosolized medication
  - Provide patient education about respiratory care

- **Reason for other respiratory care services**
  - Administer high flow oxygen
  - Measure pulmonary mechanics
  - Obtain induced sputum specimen
  - ECLS
  - Postoperative ventilation support
  - Acute pulmonary edema
  - Neuromuscular disease
  - Other
Sections of RT Note Template

- Current Situation
- Background
- Events
- Assessment of Gas Exchange
- Assessment of Chest and Airway
- Aerosolized Medications Administered
- Assessment of Breathing Pattern
- Patient and Family Communication
- Assessment of ECLS System
- Sputum Induction
- Bedside Pulmonary Mechanics
- Respiratory Care Goals/Recommendations
More Steps for Writing a Respiratory Care Note

- Document in only those sections applicable for the patient
  - Do not need to document in all sections for certain patients
    - Example- when administering a med via a Pari neb you only need to write in the Aerosolized Medication Administered section and include BS in your pre and post treatment assessment

- If nothing is written in a certain section it will not appear once the note is signed and then saved in the note section of CAS
  - Example- most patients will not have anything written under ECLS, so that section will not appear in CAS
More Steps for Writing a Respiratory Care Note

- Unsigned note will be saved on the template for completion later in the shift.
- Add other contributors, such as a student or colleague, when applicable
- Preview and Sign
  - Pop-up shows how it will look once it is signed
  - Go back to template to make any necessary changes before signing
- Sign using your clinical key, which means:
  - “I certify that this information is a true and accurate reflection of my examination/findings, assessment and plan.”
- A signed note will appear in CAS as well as under the Signed note list on the left
Preexisting Respiratory Care Note

♦ The content entered will remain in the Template, available for use by the next respiratory therapist writing a note.

♦ Next respiratory therapist will delete or change any information that is not current for this shift.

♦ Preview and make any corrections needed
  ➢ Check/correct spelling as there is no spell check

♦ Sign with clinical key

♦ Remember signing with your clinical key means:
  ➢ “I certify that this information is a true and accurate reflection of my examination/findings, assessment and plan.”
Making Changes to Signed Notes

- **Amend**
  - Opens the note to allow line by line edit
  - Only the note’s signer can amend the note

- **Addend**
  - No changes to the content of the note
  - Allows any RT to add a narrative addendum with date and time stamp

- **Retract**
  - Retracts the entire note if written on wrong patient
  - Original note is still visible in CAS
Downtime Procedure

- If system goes down:
  - Write notes using current Respiratory Care templates saved on your H drive
  - Print notes and place in patient’s respiratory care record as you did before eBridge
Computer Based Training (CBT)

- Complete CBT for general eBridge instructions
- Copy and paste this link into internet address bar and enter

http://clinicalhelp.partners.org/eBridge_Demos/eBridge_Phase2_fs.htm