INTRODUCTION:

Transition of the inpatient and outpatient electronic medical records to Epic has led to significant improvements in streamlining patient care at Jefferson. Melinda Ashton, MD in her 11/2018 *NEJM* article “Getting Rid of Stupid Stuff” outlines 3 major sources of frustration with EMR development and deployment:

1. Workflows developed prior to EMR deployment that have become unnecessary
2. Workflows developed for the EMR that could be improved to increase efficiency
3. Workflows that have been optimized for the EMR but that clinicians are unaware of or are underutilizing

Overcoming these frustrations requires not only an in-depth understanding of the EMR but also a practical understanding and bedside experience of clinical workflows.

The Getting Rid Of Stupid Stuff (GROSS) committee was formed with the goal of identifying these areas for improvement and working with Epic implementation groups to adjust the system in a way that will allow us to standardize and improve patient care.

OBJECTIVES:

- Identify specific mechanisms for submitting and implementing improvements to the Epic environment
- Standardize high-use order sets
- Incorporate high-value modular components into existing order sets
- Create new order sets to streamline resident workflows
- Improve communication between stakeholders

METHODS:

- Identify high-use order sets and valuable modular components of existing order sets
- Identify specific changes to these order sets that will make their use in direct patient care more streamlined
- Work with the Epic implementation groups and attending owners of individual order sets to adjust existing order sets to reflect our committee findings

PROJECTS TO DATE:

- Creation of IP SUR postoperative pain medication order sets
- Creation of Colorectal Bowel prep order set
- Revision of SICU inpatient admission order sets

ENDPOINTS:

- Measures of utilization, including frequency of order set use
- Measures of efficiency, including time spent and clicks required by residents working within individual order sets
- Measures of clinical impact, such as overall use of opioids in the immediate postoperative period

ANTICIPATED FUTURE PROJECTS:

- Creation of IP SUR preoperative pain medication order set
- Continue to review and update existing order sets
- Educate residents on changes to order sets
- Obtain feedback on changes via survey