



**Office of Clinical Research
Lunch & Learn**



Epic Recruitment Tools

Thursday, February 18th, 2021

UC Health Clinical Research Orientation and Training (CRO&T)

Thursday, March 11th, 2021
9:00 am - 3:00 pm
Virtual presentation

Friday, March 5th, 2021 is the last day to register!

Please contact Nate Harris
Nate.Harris@UCHealth.com
for information and registration

Research Billing Tips:

UC Health Research Approval Submission:

Selecting that a study has no research billable items, any charge associated with an encounter linked to that study will bill to the patient/third party payer. Please be certain that there are no items that need to bill to a research account when selecting this.

MCA/CA (Coverage Analysis Drafts):

Please review your coverage analysis drafts. The CPT codes for the billing items in this draft will be the codes that end up in the research billing review, and potentially on invoices for the study.

Please ensure that the items description match what you expect from the study protocol and that “S” (study billed) items match what you expect as well.

The MCA/CA informs the research encounter form, and later on will inform PRL(billing calendar) builds in Epic.

Please refer to the following SOP:

UCH-OCR-REV-SOP-002-06: Submission Process for UC Health Research Approval

All OCR SOPs are accessible from the UC Health intranet home page utilizing the Compliance 360 policy search function, or reach out to the Office of Clinical Research with any questions or concerns.

February 2021 Study of the Month

FASTEST Trial Survey

We need your input on an emergency care Exception From Informed Consent (EFIC) research study of bleeding in the brain.

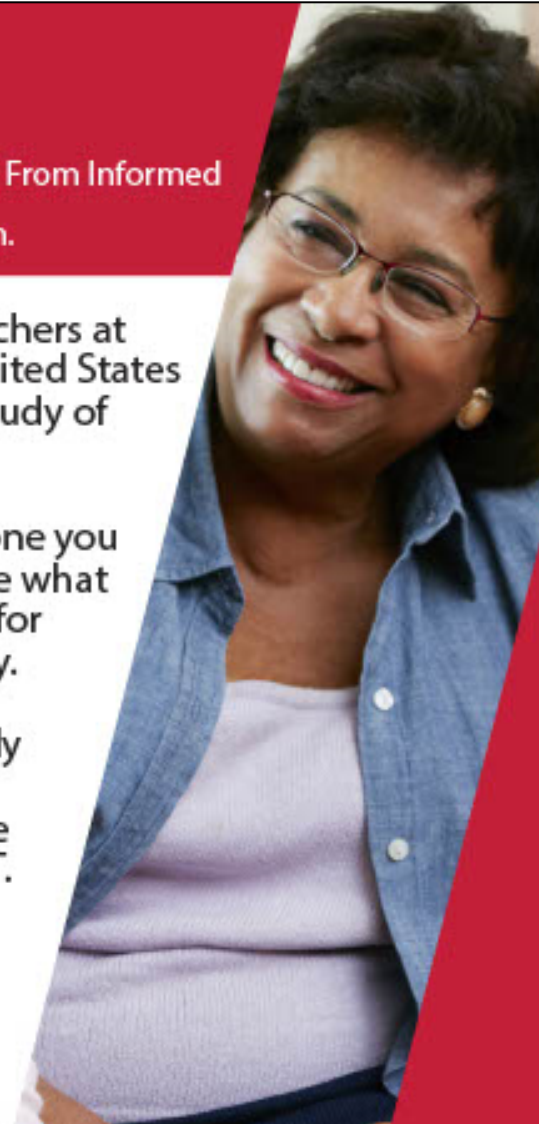
The University of Cincinnati is joining researchers at more than 100 other hospitals across the United States and other countries to conduct a research study of bleeding in the brain called FASTEST.

This research study may affect you or someone you know, and we need to find out ahead of time what the community thinks about it. THANK YOU for your help and time in completing this survey.

Your participation in this survey is completely voluntary. To complete the survey, contact Stephanie Thomas at 513-558-4536, scan the QR Code, or visit <https://redcap.link/FASTEST>.

 UC Health.

01-21 Advarra IRB # 55U00117646



 UC Health™



**Office of Clinical Research
First Friday**

Friday, March 5th, 2021

Tips for Maximizing Your Virtual Work Experience

Ed Armbruster

Training & Organizational Development Consultant

Today's Presentation: Epic Recruitment Tools

An overview of the research participant recruitment tools available in EPIC, deciding the best recruitment tool for each study, submitting requests for Epic recruitment tools, and best practices and tips.

Akke Wheatley, RN BSN

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UC Health

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Research Lunch & Learn

Epic Research Recruitment Tools

Overview

- Outreach Options
- Epic Options
- How to decide which tool
- Find Patients in Epic – Intro
- Translate Protocols into Epic Data
- How to request Epic tools
- Working with IS+T
- Contacts

Outreach Methods/Options

Outside of Epic

- Brochures, Flyers, Letters , Bulk Mailing

Epic

- MyChart – Epic Reporting Workbench
- Point of Care Alert- Provider Facing Alert
- Silent Point of Care Alert- Epic IB message

Non Epic Outreach Tools

- ❑ Printed Recruitment materials (Tear pads, Flyers, Brochures, Posters, Door/Wall Clings)
- ❑ Online Recruitment Options (ResearchMatch, StudyKik, TrialFacts, CCHMC Listserv, UC Health The Link Featured Study, OCR Study of the Month)
- ❑ Paid Advertising (Social Media, Newspaper, Radio/TV Commercials)

- Upcoming Lunch & Learn: ResearchMatch Demonstration and Recruitment Options Overview
 - April 2021

Epic Outreach tools

MyChart

Point of Care

In Basket-Silent Point of Care

MyChart Recruitment Message

- **CRC** will – work with OCR to identify Inclusion/exclusion criteria (one time)

Ongoing....

- **CRC - run a report** to send messages to potential prescreened patients
- **CRC- Receive In Basket messages** for patient responses (interested, declines, or both) .[Pool]

MyChart message-Patient Facing

The screenshot shows a MyChart interface with a navigation bar at the top containing icons for home, messages, appointments, and other services. The main content area features a message about a clinical research study. The message text is: "Based on your medical record, you have been identified as potentially eligible for these studies. Click 'I'm Interested' to notify the research team that you may want to participate in the study." Below this is a paragraph: "Living with treatment resistant depression is difficult and frustrating. If you are currently depressed and have not responded to antidepressant treatments, you may qualify for a clinical Research Study." To the right of this paragraph are two buttons: "I'M INTERESTED" (green) and "NO, THANK YOU" (blue). Below the paragraph is a line of text: "Are you still depressed despite having been treated with an antidepressant? Participation in a local clinical res... details". A red rectangular box highlights a section titled "Migraine Research Study". To the right of this title are two buttons: "I'M INTERESTED" (green) and "NO, THANK YOU" (blue). Below the title, there are two columns of text. The left column lists the "Principal Investigator" as Lesley M Arnold, MD, and the "Study Coordinators" as Nurse Alicia H, Research Coordinator Integrated. The right column has a "Description" asking "Do you have Migraines?" and stating "You may qualify if you are between the ages of 18-80 with migraine headaches. For more information contact Alicia Heller at: alicia.Heller @uc.edu.com". Below the description is a "Links" section with a URL: <https://clinicaltrials.gov/ct2/show/NCT03700320?term=NCT03700320&rank=1>.

Health. Log Out

Based on your medical record, you have been identified as potentially eligible for these studies. Click "I'm Interested" to notify the research team that you may want to participate in the study.

Living with treatment resistant depression is difficult and frustrating. If you are currently depressed and have not responded to antidepressant treatments, you may qualify for a clinical Research Study.

Are you still depressed despite having been treated with an antidepressant? Participation in a local clinical res... [details](#)

Migraine Research Study I'M INTERESTED NO, THANK YOU

Principal Investigator Lesley M Arnold, MD	Description Do you have Migraines? You may qualify if you are between the ages of 18-80 with migraine headaches. For more information contact Alicia Heller at: alicia.Heller @uc.edu.com
Study Coordinators Nurse Alicia H Research Coordinator Integrated	Links https://clinicaltrials.gov/ct2/show/NCT03700320?term=NCT03700320&rank=1

Point of Care – Provider Facing

- **CRC** will – work with IST to identify Inclusion/exclusion criteria (one time)

Ongoing....

- **MD** – will review Provider facing message with patients
- **CRC**- Receive **In Basket messages** for patient responses (interested, declines, or both) .[Pool]

Inpatient-Provider Facing- Rounding

Palladino, Testin

Testin Palladino
Male, 28 y.o., 3/21/1991
MRN: 06501164
Bed: UNSI-16
Code: Not on file (has ACP docs)

Search

Allergies: **Almond**

ADMIT TO ICU: 3/15/2019 (89D 2H)
Intractable migraine without aura and with status migrainosus

Mary Albers, MD
Attending

Ht Last Wt BMI
— 187 lb —
(84.8 kg)

NO NEW RESULTS, LAST 36H

NO ACTIVE MEDS

Summary Chart Review Results Synopsis Problems History Notes Rounding

Rounding

BestPractice

Low Risk Pharmacological VTE Prophylaxis Contrain...
Mechanical VTE Prophylaxis Contraindicat... Patient Refused

Accept

Other (1)

MIGRAINE Research Study. Does your patient suffer from migraine headaches? They may qualify if they are between the ages of 18 and 80 and have a history of migraines. For more information contact Alicia Heller at: alicia.Heller @uc.edu.com

Respond to Study Do Not Respond

ARNOLD-ARNOLD - ALLERGAN MIGRAINE STUDY 3101-301-002-UCPC

Declined
 Interested

Accept All

Restore Close Previous Next

Point of Care- Provider facing – Plan Activity

The screenshot displays the Epic EHR interface for a patient named Researchthree, Appoint. The patient's information includes MRN: 06500772, BMI: None, Pt Primary Plan: None, Allergies Unknown: Not on File, and Research: Active. The current visit is dated 6/12/2019 with Sso Fammd, MD for an ESTABLISHED PATIENT. The interface shows a navigation bar with tabs for Problem List, Visit Diagnoses, BestPractice, Goals, Review, SmartSets, Meds & Orders, Follow-up, and Consents. Two BestPractice Advisories are visible:

- BestPractice Advisory (2):** Research: Active. The advisory states: "The prior to admission (PIA) medication list has not been verified during this encounter. PIA medications should be reviewed within 24 hours of patient admission." It includes a "Review PTA Meds" link, an "Acknowledge Reason" field with a "Provider is aware" button, and an "Accept" button.
- MIGRAINE Research Study:** Does your patient suffer from migraine headaches? They may qualify if they are between the ages of 18 and 80 and have a history of migraines. For more information contact Alicia Heller at: alicia.Heller @uc.edu.com. It includes "Respond to Study" and "Do Not Respond" buttons, radio buttons for "Declined" and "Interested", and an "Accept" button.

At the bottom right, there is an "Accept All" button. The left sidebar contains navigation options: Express Lane, SnapShot, Chart Review, Rooming, Screening, Notes, and Plan. The bottom of the screen shows a "Patient Goals" section.

Silent Point of Care – IB Messages

- **CRC** will – work with IST to identify Inclusion/exclusion criteria (one time)

Ongoing....

- **System** – will send IB message when onsite patient chart is opened
- **CRC-** Receive **In Basket messages** for patient responses (interested, declines, or both) .[Pool]

In Basket Research Recruitment Messages

The screenshot displays an EHR interface with a sidebar on the left and a main content area on the right. The sidebar includes sections for 'My Messages', 'Results (2)', 'My Open Encour', 'Letter Queue (6)', 'BestPractice', 'MyChart Notific', 'Patient Questior', 'Performance Im', 'Pt Advice Reque', 'Research ADT E', and 'Research Recruitr' (highlighted with a red box). The main content area shows a 'Research Recruitment' message for patient 'Test Lqffix'. The message details include the patient's name, MRN (08503490), CSN (2100134158), and a status change to 'Interested' for the 'GOLDSTICK-TRAILBLAZER-ALZ 2-UCPC' study. A detailed description of the study is provided in a blue box at the bottom of the message.

In Basket New Msg Patient Msg Refresh Edit Pools Manage Pools Preferences Search Manage QuickActions Attach Out Properties

My Messages

Results (2)

My Open Encour

Letter Queue (6)

BestPractice

MyChart Notific

Patient Questior

Performance Im

Pt Advice Reque

Research ADT E

Research Recruitr

Research Recruitment 0 unread, 4 total Sort & Filter

Msg Date	Msg Time	Patient	Research Study	Pool?
09/25/2020	2:16 PM	Lqffix, Test	GOLDSTICK-TRAILBLAZER-ALZ 2-UCPC [TRAILBLA...	NO
09/24/2020	5:13 PM	Orvis, Abby	WHITESIDE-WALASER-UCPC [WALASER-UCPC]	NO
? 07/02/2020	10:33 AM	Test, Charlie	NELSON-ASCERTAIN TRD-UCPC [ASCERTAIN TRD...	YES
? 06/30/2020	3:08 PM	Igloo, Iris	NELSON-ASCERTAIN TRD-UCPC [ASCERTAIN TRD...	YES

Done Chart Research Studies Msg to Pt

Message Patient Info Meds and Problems Vitals and Labs Help

TL

Test Lqffix

Female, 55 y.o., 4/3/1965
MRN: 08503490
CSN: 2100134158

PCP: None
Primary Cvg: None

Research Recruitment

This patient's enrollment status has changed as the result of a recruitment workflow. Please follow up with the appropriate recruitment steps.

Interested - GOLDSTICK-TRAILBLAZER-ALZ 2-UCPC
via BestPractice Advisory at 9/25/2020 2:16 PM

Patient may meet criteria for a study to evaluate the safety and efficacy of donanemab in patients with early symptomatic AD (prodromal AD and mild dementia due to AD) with the presence of brain tau burden. This study will assess whether removal of existing amyloid plaque can slow the progression of the disease. Please contact Sarah Ross at hitism@ucmail.uc.edu or 937-535-5013 with any questions

My Chart

1. Submission is reviewed by OCR- bi weekly
2. IRB Approved **Pt Facing message** / HIPAA waiver submission
3. Approval of final Message built by IST team
4. MyC- Work with OCR regarding Inclusion /Exclusion Criteria Report used to send messages to patients
5. CRC- Running Reports → creates Enrollments status_ contacted response
6. CRC- IB Pt Message responses are reviewed
7. CRC- Maintain pt status in Epic can
 1. PDF (Find Patients Report)

Point of Care

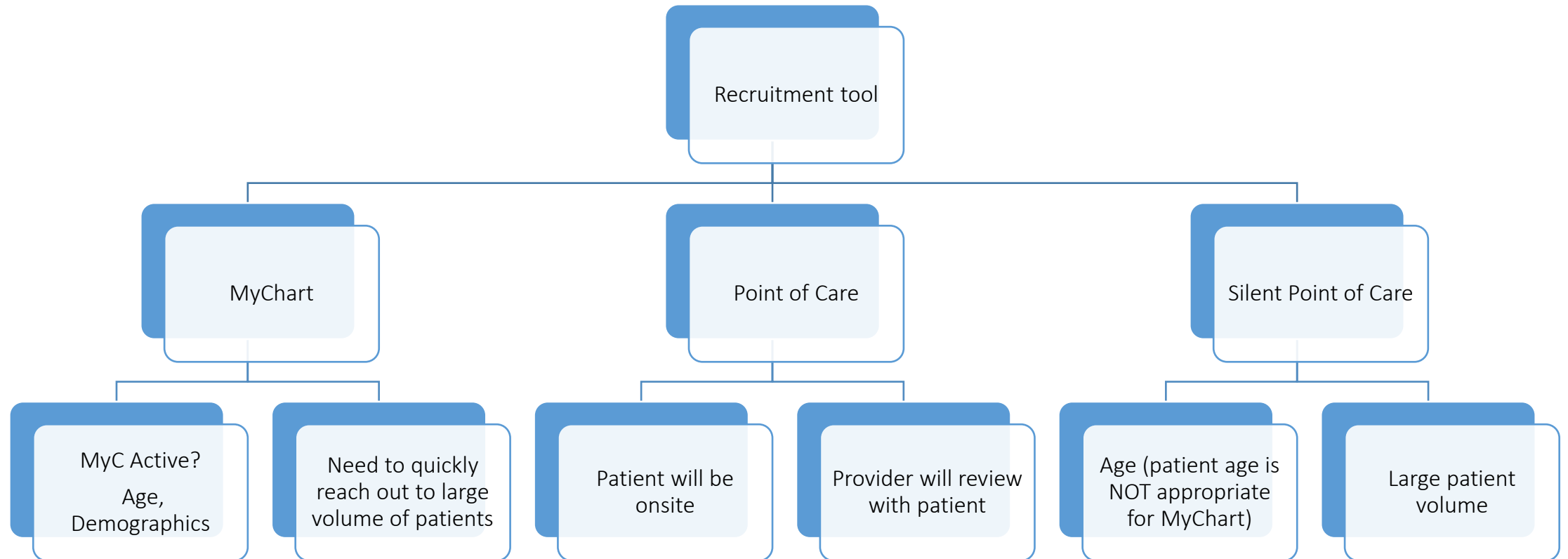
1. Submission is reviewed by OCR- bi weekly
2. **Provider Facing message** - with study description
3. Approval of final Message built by IST team
4. POC- Work with IST regarding Inclusion/Exclusion Criteria used to trigger messages to patients
5. Approve final build.
6. CRC- IB Pt Message responses are reviewed
7. CRC- Maintain pt status in Epic can
 1. PDF (Find Patients Report)

How to Decide Which Tools.....

General Considerations

- Patients Base (know your patients and when to capture them)
 - Admitted vs recently discharged
 - Ambulatory setting
 - Age
 - Provider Base (have you worked with your provider?)
 - Are they aware of the requested tools? This will increase tool success.
 - Study Duration
 - Urgency /Prioritization
-
- Do NOT cut and paste in the inclusion/ exclusion criteria

How to Decide which tool to use



How to Decide which tool to use

MyC → Is Volume key ? Is patient MyC appropriate ?

pros: speed of reach to large vol at 1 time,
provides a list of contacted patients
now avail cell phone

Can repeat recruitment efforts by simply re- running the report

Considerations : requires patients active on MyC

Point of Care → Provider facing

pro: target patients at point of care- Specialty Dept restriction is recommended – (E.g.: CA specialty Provider to see CA Trials

considerations: requires patient onsite to trigger
requires Provider to review w patient

Silent Point of Care → Triggers In Basket Message to Team Pool

pro: Can target broader facility than specialty department

Useful for patients who may not be appropriate for MyC

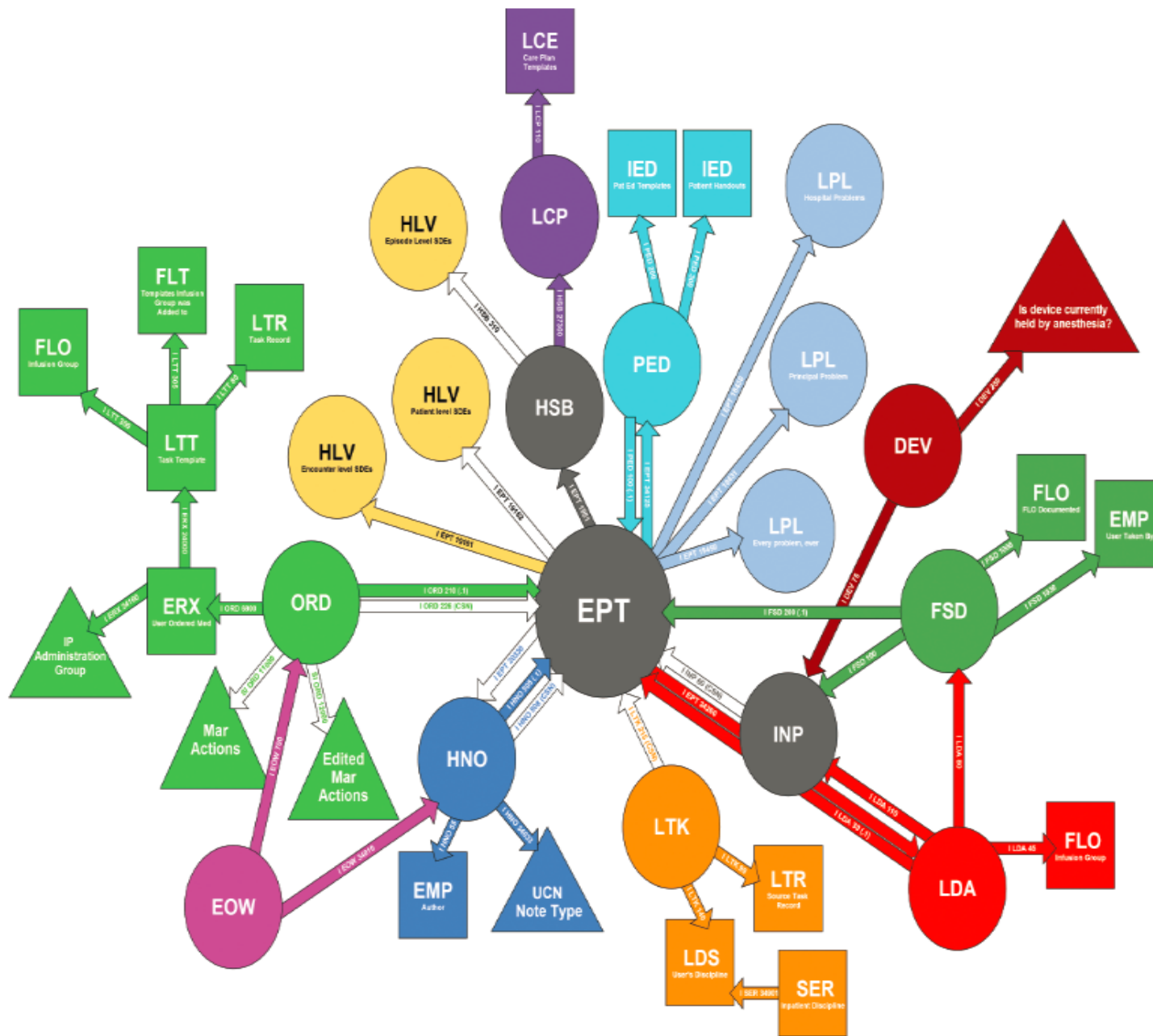
Considerations: Requires patient onsite to trigger

Finding Patients in Epic

- ❑ Epic is like a File Cabinet System with patient data stored in **discrete files** and **connected**

 - ❑ To Find patients that meet specific criteria we need to
- Define the Patient criteria that is stored in discrete fields
 - Search the discrete data

Legend:



Discrete Data

➤ Balance search with mix of specific (narrow) and broad

☐ Diagnosis

- Diagnosis= **specific ICD 10 Code** (Narrow scope) - on Problem List OR on Medical History
- Diagnosis Group= list of related ICD 10 Codes (broad scope) – on Medical History , problem List

☐ Labs

- **Lab Component** = Potassium > 5.5 mmol/L in last 60 day

☐ Medications

- **Medication Name** = *Metformin ER 500MG Tablet Extended Release 24H (narrow specific)*
- Medication **Pharmaceutical Class** = *Antihyperglycemi (broad scope)*
- Medication Generic Name = *Metformin HCL (broad scope)*

Translate Protocols to Epic Data

Inclusion Criteria -

- 1) **Diagnosis of idiopathic PD** as defined by the Movement Disorder Society Clinical Diagnostic Criteria for Parkinson's disease;
- 2) **PD Hoehn and Yahr stage 2-4;**
- 3) **A score of 2 (mild) or above on the Sleep Problems question of the MDS-UPDRS Part 1;**
- 4) **Stable dose of all PD medications** for at least 30 days prior to randomization;
- 5) **Willingness to wear an Actiwatch and complete daily sleep logs;**
- 6) **Age 45 or above**

Which Medications??

Search: pd

%	ID	Name	ICD-9 Codes	ICD-10 Codes
	250768	PD (Parkinson's disease) (CMS Dx)	332.0	G20
	263654	PD (perceptive deafness)	389.10	H90.5
	309198	PD (perceptive deafness), asymmetrical	389.16	H90.5
	309190	PD (perceptive deafness), unilateral	389.10	H90.5
	735353	PD (personality disorder) (CMS Dx)	301.9	F60.9
	732570	PD catheter dysfunction (CMS Dx)	996.56	T85.611A
	956107	PD catheter dysfunction, initial encounter (CM...	996.56	T85.611A
	953600	PD catheter dysfunction, sequela (CMS Dx)	909.3	T85.611S
	952893	PD catheter dysfunction, subsequent encount...	V58.89, 996...	T85.611D
	250769	PDA (patent ductus arteriosus)	747.0	Q25.0
	264420	PDD (pervasive developmental disorder)	299.90	F84.9
	359781	PDD (pervasive developmental disorder), active	299.90	F84.9

Exclusion Criteria -

- 1) Atypical or secondary forms of parkinsonism;
- 2) Co-existent significant sleep apnea at screening, as determined by the PI's clinical assessment; adequately treated sleep apnea, as assessed by sleep apnea machine download (CPAP download) will be permitted;
- 3) Co-existent symptomatic **restless legs syndrome (RLS)** (as assessed by the International Classification of Sleep Disorders (ICDS) diagnostic criteria for RLS) at screening;
- 4) Cognitive impairment as determined by a **Mini Mental State Examination score <25** at screening;
- 5) Presence of moderate depression defined as a **Beck Depression Inventory II (BDI-II) score ≥20** at screening;
- 6) Current **untreated hallucinations or psychosis** (drug-induced or spontaneous) with a score of 2 or above on the **Hallucinations and Psychosis question** of the MDS-UPDRS Part 2;
- 7) Use of **hypno-sedative drugs for sleep** or **stimulants**, unless the participant has been on a **stable dose for at least 60 days prior to the screening;**
- 8) Ongoing or recent (within 30 days prior to screening) **Cognitive Behavioral Therapy for Insomnia;**
- 9) **Use of antidepressants**, unless the participant has been on a stable dose for at least 60 days prior to the screening;
- 10) **Work hours between 10 PM and 6 AM**, within 60 days prior to randomization or anticipated during the 16 weeks after screening;
- 11) **Travel between 3 or more time zones** within 45 days prior to study screening or anticipated such travel during the 16 weeks after screening;
- 12) **Unstable or serious medical illness;**

Which Medications??

Search: rls

%	ID	Name	ICD-9 Codes	ICD-10 Codes
	303699	RLS (restless legs syndrome)	333.94	G25.81
	333.94.IC...	Restless legs syndrome (RLS)	333.94	G25.81

Search: hallucination

%	ID	Name	ICD-9 Codes	ICD-10 Codes
	197101	Hallucination	780.1	R4
	285887	Hallucination of body sensation	780.1	R4
	214574	Hallucination, drug-induced (CMS Dx)	292.12	F1
	271573	Hallucination, hypnopompic	780.1	R4
	703895	Hallucination, visual	368.16	R4
	780.1.IC...	Hallucinations	780.1	R4
	186203	Auditory hallucination	780.1	R4
	271586	Dissociative hallucination	780.1	R4
	271575	Elementary hallucination	780.1	R4
	186206	Gustatory hallucination	780.1	R4
	259496	Haptic hallucination	780.1	R4
	271593	Hypnopompic hallucination	780.1	R4
	186208	Lilliputian hallucination	368.14	H5
	271612	Mood congruent hallucination	780.1	R4

Translating Protocol into Discrete Data Criteria –typical criteria

+ Allergies

+ BestPractice Advisory

+ Care Paths

+ Diagnoses

+ Extension

+ Flowsheets

+ FYIs

+ Genomic Indicators

+ Goals

+ Health Maintenance

+ Infections and Isolations

+ Lab Components

+ Linked Criteria

+ Medications (Exclude)

+ Medications (Include)

+ Patient To Do List

+ Predictive Model

+ Procedures (Include)

+ Quality Measures

+ Questionnaires

+ Research Studies

+ Rule

+ SmartData Elements

+ Surgical History

+ Web Service

1-Diagnosis Options- types, where +when

- 4 types:

Encounter Diagnosis	1
Hospital Problem Diagnosis	6
Medical History Diagnosis	3
Principal Problem Diagnosis	5
Problem List Diagnosis	2

- Consider when a Diagnosis is placed..
 - Encounter- current encounter at end /after visit when MD is completing charts
 - Hospital Problem- current encounter
 - Principle Problem- current encounter (e.g. Main problem of Admission/encounter)
 - Medical History- any encounter- Active and Resolved Problem list Dx
 - Problem List- any encounter- Active

Diagnosis- ICD-10 (Specific)

ID	Name	ICD-9 Codes	ICD-10 Codes
193889	Diabetes (CMS Dx)	250.00	E11.9
743298	Diabetes 1.5, managed as type 1 (CMS Dx)	250.00	E13.9
743299	Diabetes 1.5, managed as type 2 (CMS Dx)	250.00	E13.9
865291	Diabetes due to underlying condition w oth circulatory comp (CMS Dx)	249.70	E08.59
865023	Diabetes due to underlying condition w oth complication (CMS Dx)	249.80	E08.69
865003	Diabetes due to underlying condition w oth diabetic arthrop (CMS Dx)	249.80, 716.80	E08.618
864986	Diabetes due to underlying condition w oth oral comp (CMS Dx)	249.80, 528.9	E08.638
864902	Diabetes due to undrl condition w oth diabetic kidney comp (CMS Dx)	249.40, 583.81	E08.29
864654	Diabetes due to undrl condition w oth diabetic neuro comp (CMS Dx)	249.60, 349.89	E08.49
864727	Diabetes due to undrl condition w oth diabetic oph comp (CMS Dx)	249.50, 379.8	E08.39
746626	Diabetes education, encounter for	V65.49	Z71.89
321927	Diabetes in pregnancy	648.00	O24.919
732192	Diabetes in undelivered pregnancy	648.03	O24.919
256943	Diabetes insipidus secondary to vasopressin deficiency (CMS Dx)	253.5	E23.2
213267	Diabetes insipidus, nephrogenic (CMS Dx)	588.1	N25.1
193892	Diabetes insipidus, neurohypophyseal (CMS Dx)	253.5	E23.2
178949	Diabetes mellitus (CMS Dx)	250.00	E11.9
1488903	Diabetes mellitus affecting pregnancy	648.00, 250.00	O24.919
1488797	Diabetes mellitus affecting pregnancy in first trimester	648.03, 250.00	O24.911

Select a specific diagnosis

[Calculator](#) [List](#)

Diabetes mellitus type:

Diabetes mellitus long term insulin use:

Diabetes mellitus complication status:

Diabetes mellitus complication detail:

Visit Diagnosis:

Diagnosis Groupers- (Custom Specific list)

Grouper Editor

Record name: ID: 2101

Provider-friendly name:

External ID type: External ID:

Description: This grouper is based on the ICD-9-CM and ICD-10-CM codes in the Chronic Condition Algorithms document published in September 2014. The current (as of September 2015) Chronic Conditions Data Warehouse is developed by CCW under contract with the Centers for Medicaid Services (CMS).

Master file: Type:

Allow inactive record selection
 Hide from SlicerDicer

General Info | Grouper Info | Problem Template | Clinical Settings

	Code Set	ICD Code	Code Label
1	ICD-9-CM	331.0	Alzheimer's disease (CMS Dx)
2	ICD-9-CM	331.11	Pick's disease (CMS Dx)
3	ICD-9-CM	331.19	Other frontotemporal dementia (CMS Dx)
4	ICD-9-CM	331.2	Senile degeneration of brain (CMS Dx)
5	ICD-9-CM	331.7	Cerebral degeneration in diseases classified elsewhere(331.7) (CMS Dx)
6	ICD-9-CM	290.0	Senile dementia, uncomplicated (CMS Dx)
7	ICD-9-CM	290.10	Presenile dementia, uncomplicated (CMS Dx)
8	ICD-9-CM	290.11	Presenile dementia with delirium (CMS Dx)
9	ICD-9-CM	290.12	Presenile dementia with delusional features (CMS Dx)
10	ICD-9-CM	290.13	Presenile dementia with depressive features (CMS Dx)
11	ICD-9-CM	290.20	Senile dementia with delusional features (CMS Dx)
12	ICD-9-CM	290.21	Senile dementia with depressive features (CMS Dx)
13	ICD-9-CM	290.3	Senile dementia with delirium (CMS Dx)
14	ICD-9-CM	290.40	Vascular dementia, uncomplicated (CMS Dx)
15	ICD-9-CM	290.41	Vascular dementia with delirium (CMS Dx)
16	ICD-9-CM	290.42	Vascular dementia with delusions (CMS Dx)
17	ICD-9-CM	290.43	Vascular dementia with depressed mood (CMS Dx)

Diagnosis Concept

External ID:
diagnosis records related to AIDS.

Reference Concept Browser

Home Back More Search : Find

Search results :

ID	Name	External ID
3399070	Diabetes care by hospital only	SNOMED#134389002
3629770	Diabetes care by hospital only	SNOMED#367040002
3634266	Diabetes care by hospital only	SNOMED#367269003
7018139	Diabetes clinic	SNOMED#702706001
3557530	Diabetes clinic satisfaction questionnaire	SNOMED#273411009
7068778	Diabetes clinical management plan	SNOMED#736284000
3517793	Diabetes-deafness syndrome maternally transmitted	SNOMED#237619009
3594910	Diabetes dietitian	SNOMED#309417009
7018280	Diabetes foot care clinic	SNOMED#702848001
7018281	Diabetes in pregnancy clinic	SNOMED#702849009
3427628	Diabetes insipidus	SNOMED#15771004
3733674	Diabetes key contact	SNOMED#408290003
3720579	Diabetes medication review	SNOMED#394725008
3474380	Diabetes mellitus with nephropathy NOS	SNOMED#190342007
3678833	Diabetes mellitus	SNOMED#73211009
3558431	Diabetes mellitus, adult onset, with no mention of complication	SNOMED#267380002
3475572	Diabetes mellitus, adult onset, with other specified manifestation	SNOMED#190419001
3476579	Diabetes mellitus, adult onset, with unspecified complication	SNOMED#190424003
3665455	Diabetes mellitus AND insipidus with optic atrophy AND deafness	SNOMED#70694009
6160723	Diabetes mellitus associated with cystic fibrosis	SNOMED#426705001
3659682	Diabetes mellitus associated with genetic syndrome	SNOMED#5969009
3657494	Diabetes mellitus associated with hormonal etiology	SNOMED#59079001
3652787	Diabetes mellitus associated with pancreatic disease	SNOMED#51002006
3639999	Diabetes mellitus associated with receptor abnormality	SNOMED#42954008
7069446	Diabetes mellitus caused by chemical	SNOMED#737212004
7042847	Diabetes mellitus caused by drug without complication	SNOMED#367391000119102
3571068	Diabetes mellitus diet education	SNOMED#284350006
6158927	Diabetes mellitus due to cystic fibrosis	SNOMED#427089005
7014062	Diabetes mellitus due to genetic defect in beta cell function	SNOMED#609568004
7014063	Diabetes mellitus due to genetic defect in insulin action	SNOMED#609569007

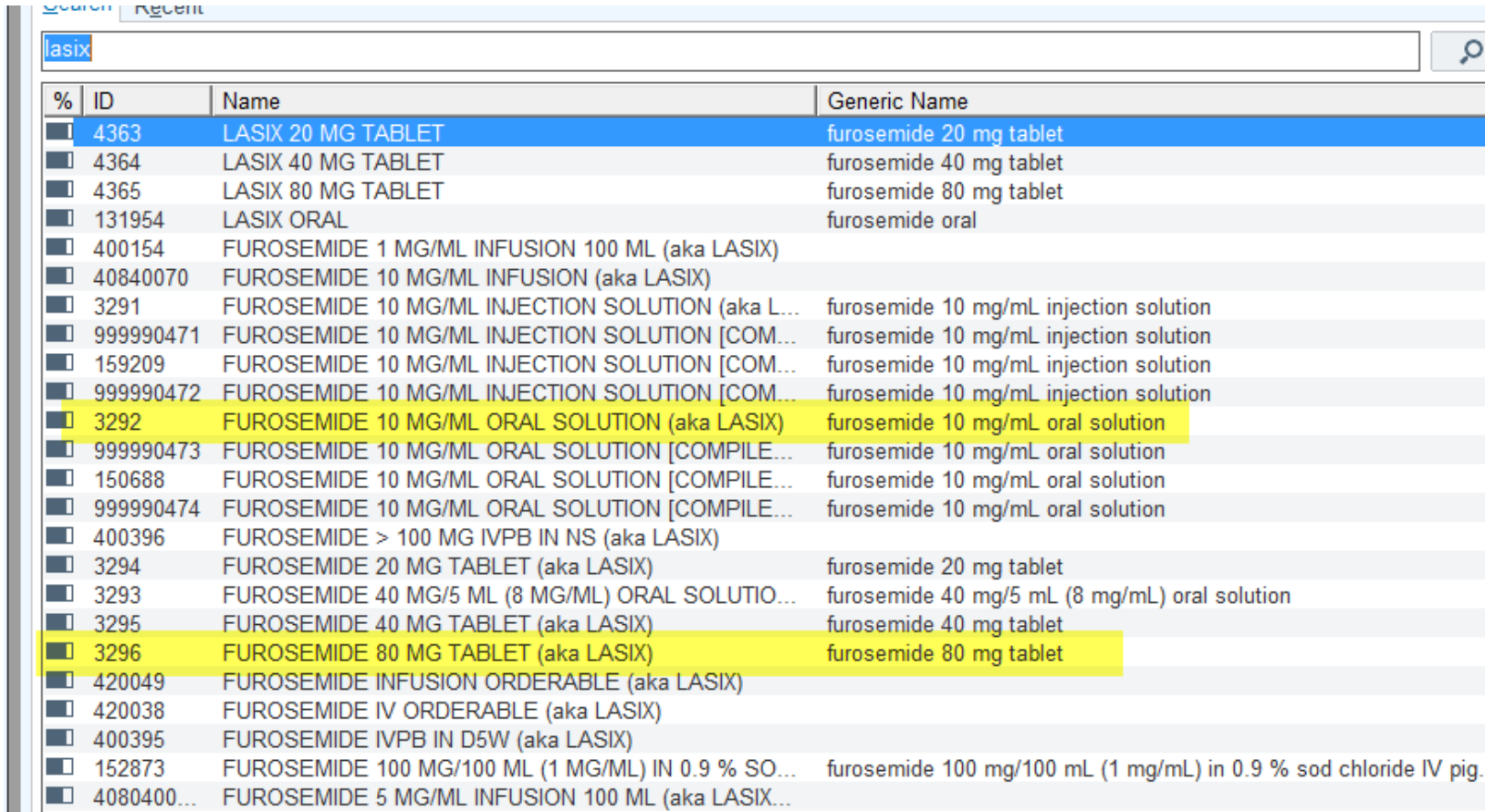
50 records loaded, more records to load. Click a record for detailed information.

Load More Cancel

2-Medications Options

1. **Specific Medication-** as ordered by the MD- sample patient is helpful
 2. **Medication Grouper-** list of several specific medications
 3. Generic Medication Search - every Medication has.....
 1. **Simple Generic Name** of Medication
 2. **Pharmaceutical Class** of Medication
 3. **Pharmaceutical subclass** of Medication
 - We can assist in determining these if we have a Specific Medication
- Work with your PI for sample medications in Epic- IST can work with you to ID Generic Name and Pharm class

Medication- Specific – there are many Lasix meds



Search Recent

lasix

%	ID	Name	Generic Name
	4363	LASIX 20 MG TABLET	furosemide 20 mg tablet
	4364	LASIX 40 MG TABLET	furosemide 40 mg tablet
	4365	LASIX 80 MG TABLET	furosemide 80 mg tablet
	131954	LASIX ORAL	furosemide oral
	400154	FUROSEMIDE 1 MG/ML INFUSION 100 ML (aka LASIX)	
	40840070	FUROSEMIDE 10 MG/ML INFUSION (aka LASIX)	
	3291	FUROSEMIDE 10 MG/ML INJECTION SOLUTION (aka L...	furosemide 10 mg/mL injection solution
	999990471	FUROSEMIDE 10 MG/ML INJECTION SOLUTION [COM...	furosemide 10 mg/mL injection solution
	159209	FUROSEMIDE 10 MG/ML INJECTION SOLUTION [COM...	furosemide 10 mg/mL injection solution
	999990472	FUROSEMIDE 10 MG/ML INJECTION SOLUTION [COM...	furosemide 10 mg/mL injection solution
	3292	FUROSEMIDE 10 MG/ML ORAL SOLUTION (aka LASIX)	furosemide 10 mg/mL oral solution
	999990473	FUROSEMIDE 10 MG/ML ORAL SOLUTION [COMPILE...	furosemide 10 mg/mL oral solution
	150688	FUROSEMIDE 10 MG/ML ORAL SOLUTION [COMPILE...	furosemide 10 mg/mL oral solution
	999990474	FUROSEMIDE 10 MG/ML ORAL SOLUTION [COMPILE...	furosemide 10 mg/mL oral solution
	400396	FUROSEMIDE > 100 MG IVPB IN NS (aka LASIX)	
	3294	FUROSEMIDE 20 MG TABLET (aka LASIX)	furosemide 20 mg tablet
	3293	FUROSEMIDE 40 MG/5 ML (8 MG/ML) ORAL SOLUTIO...	furosemide 40 mg/5 mL (8 mg/mL) oral solution
	3295	FUROSEMIDE 40 MG TABLET (aka LASIX)	furosemide 40 mg tablet
	3296	FUROSEMIDE 80 MG TABLET (aka LASIX)	furosemide 80 mg tablet
	420049	FUROSEMIDE INFUSION ORDERABLE (aka LASIX)	
	420038	FUROSEMIDE IV ORDERABLE (aka LASIX)	
	400395	FUROSEMIDE IVPB IN D5W (aka LASIX)	
	152873	FUROSEMIDE 100 MG/100 ML (1 MG/ML) IN 0.9 % SO...	furosemide 100 mg/100 mL (1 mg/mL) in 0.9 % sod chloride IV pig.
	4080400...	FUROSEMIDE 5 MG/ML INFUSION 100 ML (aka LASIX...	

24 records total, all records loaded.

Simple Generic name = Furosemide

Therapeutic Class = Diuretic

Pharm Class = Loop Diuretic

Lab Results – K+

- Lab results are components
 - K+ potassium result - may be included in more than one order
 - Orders: K+, Renal Panel
 - Ambulatory order v IP Order
- If you are wanting as many K+ values as possible ask you PI what labs would be typical to find this component-
- IST will then determine the actual Result Component names

Flowsheets- BMI

Flowsheet Row		Function
bmi		
% ID	Display Name	Record Name
<input type="checkbox"/> 1570001000	BMI From External Source	EXTERNAL RECEIVED BMI
<input type="checkbox"/> 2100070002	BMI (Calculated)	MODEL R BMI
<input type="checkbox"/> 21015	BMI	R AMB BC BMI
<input type="checkbox"/> 22062	BMI (Calculated)	R AMB BMI
<input type="checkbox"/> 30195	BMI?	R AMB ENDO BMI
<input type="checkbox"/> 210045102	Patient BMI:	R AMB ENDO SCHEDULING PATIENT BMI

If you are wanting flowsheet data documented in a chart- let us know Where it is documented in the chart (finding a sample patient with the data is helpful)

We can help translate this to the exact Flowsheet row/ discrete data item

Finding Patients in Epic Database

□ Methods:

- CHI- (SQL search) –Extract patients- has access to our data base for data extraction
- Epic Reporting Workbench- Extract patients -for Epic operational purposes- to allow actions
 - AMB Manager Followups- Patient Base- My Patients (typically)
 - IP Manager Compliance Monitoring , monthly reporting
 - Operational
- Epic Slicer Dicer – Extract overview of populations in our database with *XYZ criteria*
 - Analytic- How many patients in DataModel...?

How to Request Epic Tools

- New study
 - Place a request in Redcap
 - <https://survey.uchealth.com/redcap/surveys/?s=RJXFKLN3C7>
- Ongoing study
 - Place a request in footprints
 - See Job Aide
 - Start at UCH Intranet Home Page

Note: IRB approval must be provided prior to going live.

Requests received are reviewed Bi Weekly on Thursdays OCR Approval Team(OCR/IST)

IS+T Service Request ...start point UC Health Intranet Home Page

1. From the UC Health Intranet, select **IT Services Self Service**

The screenshot shows the UC Health Intranet Home Page. The navigation bar at the top includes a dropdown menu with the following items: Home, Employees, Managers, Caregivers, Physicians, Departments, Polices, IS&T, and Epic. The 'IT Services Self Service' option is highlighted in red. The main content area is divided into several sections:

- Quick Links:** A dropdown menu labeled 'Choose from list' and a search bar with a magnifying glass icon and a dropdown for 'All Sites'.
- People & Places:** A section titled 'Directory'.
- News and Events:** A section with links to 'Newsletter Archive', 'UC Health Media Room', and 'UC Health Event Calendar'.
- Locations:** A section listing various UC Health locations: Daniel Drake Center, Lindner Center of HOPE, UC Physicians Company, University of Cincinnati Medical Center, West Chester Hospital, and Institutes.
- Web Sites:** A section with a link to 'UCHealth.com'.
- Shot Information:** A banner featuring images of vials and the text 'Shot Information'.
- COVID-19 VACCINES:** A banner with the text 'COVID-19 VACCINES' and 'A Healthcare Worker's Booklet'. A yellow arrow points from this banner to the 'IT Services Self Service' button.
- Priority Links:** A section with various service buttons: 'Epic', 'Midas' (with sub-links for Incident Report, Clinical Case Review, and Focus Review), 'Compliance Reporting Form', 'Nursing Reference Materials', 'New Employees', 'Employee Resource Groups', 'IT Services Self Service', 'IS&T Service Desk Chat', 'RAVE UC Health Alert', 'Maintenance Request', 'Place My Order', 'REDcap Self-Exposure and Symptoms Reporting', 'Safety Data Sheets', and 'READYSET Employee Health Records'.

Working with IS+T

- Epic tool request are reviewed every other Thursday
- Items reviewed:
 - Number of patients needed
 - Inclusion/Exclusion criteria
 - Desired method consistent with nature of tool and effort of custom build
 - Request approved- building can start
 - Request denied- study will be notified build was denied and why.
 - Other options can be suggested.
- To ensure timely completion of request, please respond timely to email questions.
 - **Point of Care** -builds take longer to complete than MyChart builds.
 - Approvals – email communications will occur throughout the build process for approval.
 - Please note: IS&T will attempt to follow up with ticket submitter 3x prior to closing ticket due to no response.
 - Priorities: FIFO

Q+A

- Questions?

Contacts-IS&T/Training

UC Health Epic support for Research

- **Epic IST Analysts:**
 - Akke Wheatley Akke.wheatley@uchealth.com
 - Emily Ledney Emily.ledney@uchealth.com

- **Epic Trainers**
 - Connie Stiles Connie.Stiles@uchealth.com
 - Angie Maccani Angie.Maccani@UChealth.com
 - (Training Depart: 585-MYTD)

- Users may also contact us through the help desk (585-MYPC)
 - ask for any of the above resources by name

Contacts-OCR

Office of Clinical Research

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