

Epic Documentation Guide

An approach to documenting advance care planning, goals of care, and family meetings



Epic's Advance Care Planning (ACP) section provides a place to document important goals-and-values-related information to help guide patient care. This guide provides an overview of ways to document in Epic's ACP section and how to find important information in it when you need it most.

The ACP section contains:

- Code status
- Substitute Decision Maker (SDM) contact information, and POA scanned document if applicable
- ACP/GOC/Family Meeting notes

Click the patient's code status from the storyboard to open up the ACP section.

I. Viewing Family Meetings or GOC notes in Epic's ACP section

1 Click on the patient's code status from the storyboard

The screenshot shows the Epic EMR interface for a patient named Kareem-MEDCOMBO Achilles. The patient's code status is 'FULL RESUS (no ACP docs)'. The 'Advance Care Planning' section is open, showing a list of 'ACP Notes'. A 'Notes' window is open, displaying a table of ACP notes. The table has columns for 'Date of Service', 'Author', and 'Author Type'. A 'Close' button is visible at the bottom of the 'Notes' window.

Date of Service	Author	Author Type
19/05/22 1613	Attending Physician Inpatient, MD	Physician

2 Click 'ACP Notes'

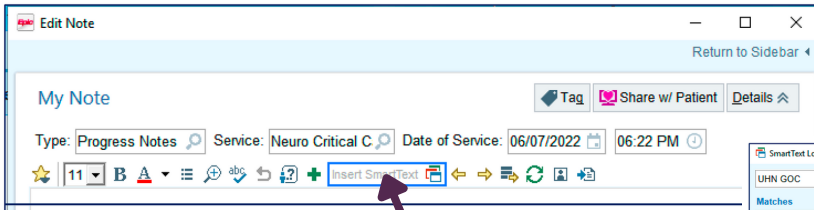
3 All notes created using the 'UHN GOC' smartphrase or bookmarked using **.ACPBEGIN** and **.ACPEND** will appear here. See next pages to learn how to document here.

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II. Documenting a Family Meeting

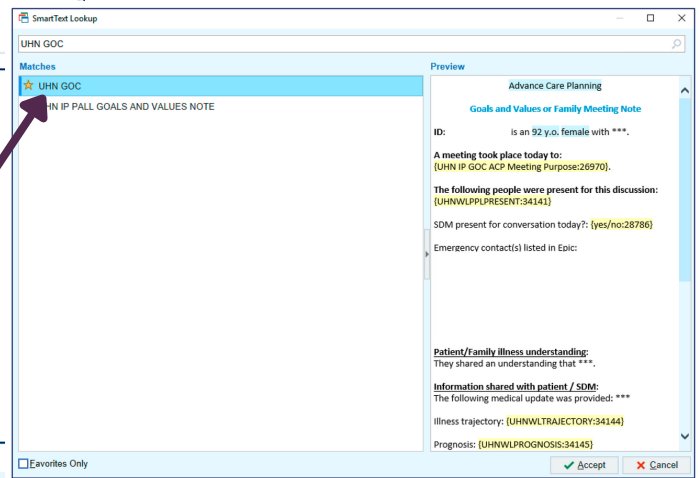
- a template is available that helps you address what matters most with patients and families
- it is structured so that you will know where to look for needed information with ease
- automatically saves in Epic's ACP section so everyone can easily locate it when needed
 - To view notes, click on the patient's code status in storyboard; then click 'ACP notes'

1 Open new note

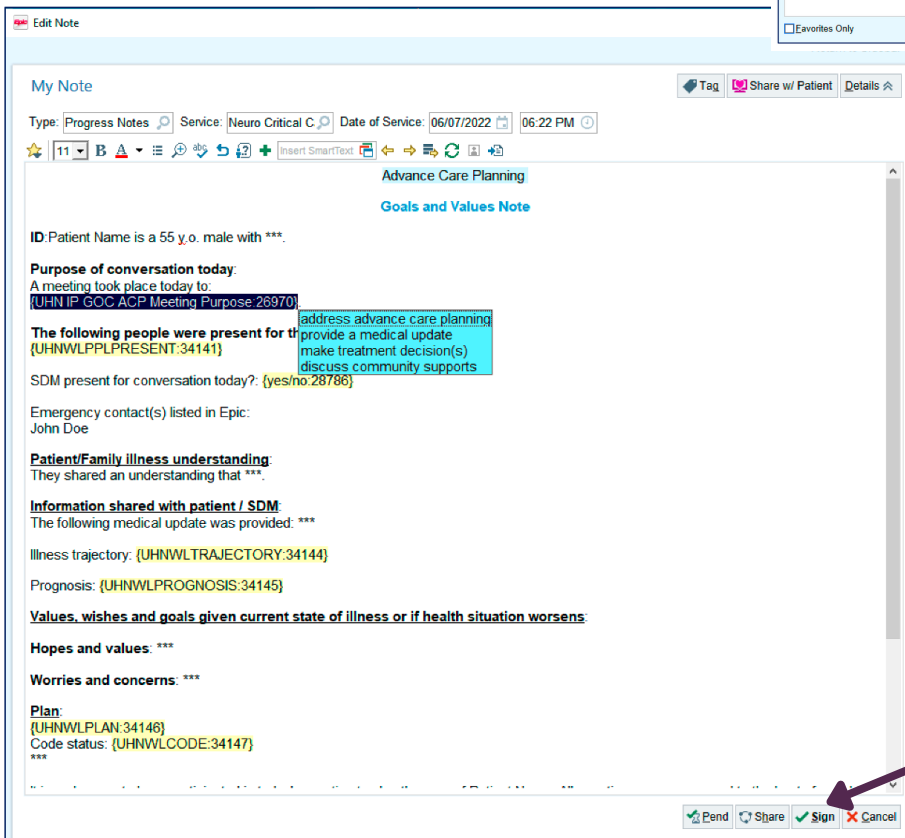


2 Type 'UHN GOC' in the SmartText box

3 A new screen appears. Click on 'UHN GOC'



4 Then click 'Accept'



5 A structured template is populated to document your conversation using free text and drop-downs. It follows the conversation guide available [here](#).

6 Click 'Sign' when finished documenting

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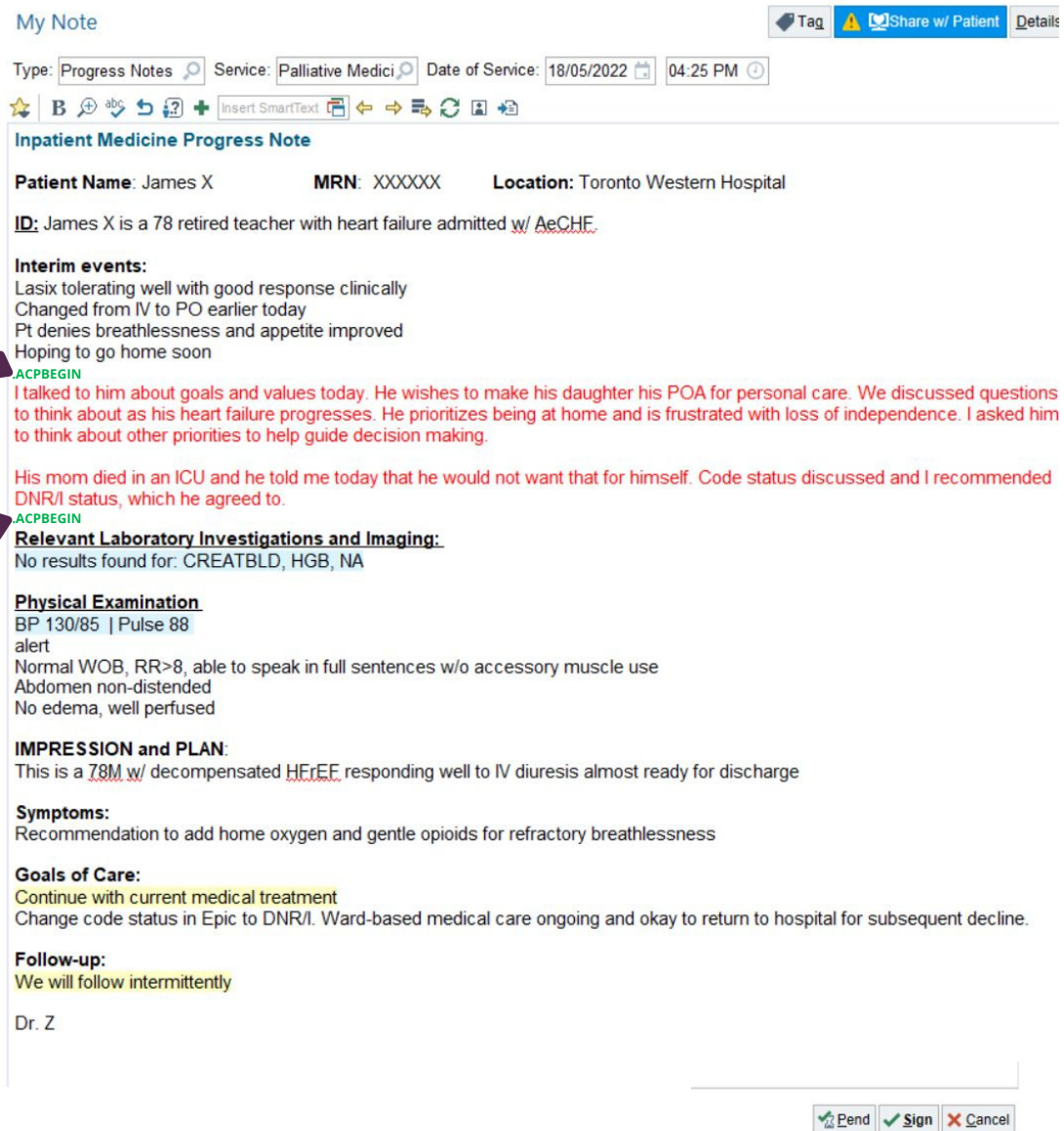
III. Bookmarking: auto-saves relevant parts of a note in the ACP section

- Useful when ACP/GOC is only part of your note. With this option you choose only relevant information from your note to be duplicated and auto-saved into the ACP section. The relevant information appears in both notes (e.g., in your progress note and copied into the ACP section too).
- Only content bookmarked between **.ACPBEGIN** and **.ACPEND** will be auto-saved in the ACP section so that important GOC-related information is easily retrievable later on.

1 Type or dictate your note

2 Type **.ACPBEGIN** before ACP/GOC content

3 Type **.ACPEND** after ACP/GOC content



My Note

Tag Share w/ Patient Details

Type: Progress Notes Service: Palliative Medicine Date of Service: 18/05/2022 04:25 PM

Inpatient Medicine Progress Note

Patient Name: James X MRN: XXXXXX Location: Toronto Western Hospital

ID: James X is a 78 retired teacher with heart failure admitted w/ AeCHE.

Interim events:
Lasix tolerating well with good response clinically
Changed from IV to PO earlier today
Pt denies breathlessness and appetite improved
Hoping to go home soon

.ACPBEGIN
I talked to him about goals and values today. He wishes to make his daughter his POA for personal care. We discussed questions to think about as his heart failure progresses. He prioritizes being at home and is frustrated with loss of independence. I asked him to think about other priorities to help guide decision making.

His mom died in an ICU and he told me today that he would not want that for himself. Code status discussed and I recommended DNR/I status, which he agreed to.

.ACPEND
Relevant Laboratory Investigations and Imaging:
No results found for: CREATBLD, HGB, NA

Physical Examination
BP 130/85 | Pulse 88
alert
Normal WOB, RR>8, able to speak in full sentences w/o accessory muscle use
Abdomen non-distended
No edema, well perfused

IMPRESSION and PLAN:
This is a 78M w/ decompensated HF rEF responding well to IV diuresis almost ready for discharge

Symptoms:
Recommendation to add home oxygen and gentle opioids for refractory breathlessness

Goals of Care:
Continue with current medical treatment
Change code status in Epic to DNR/I. Ward-based medical care ongoing and okay to return to hospital for subsequent decline.

Follow-up:
We will follow intermittently

Dr. Z

Pend Sign Cancel

4 Sign note

The GOC text in red above is duplicated and auto-saved in the ACP section of the chart. It stays in this note too.

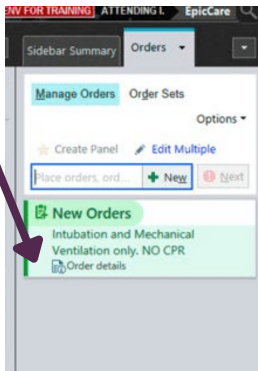
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IV. Documenting high-yield information alongside code status

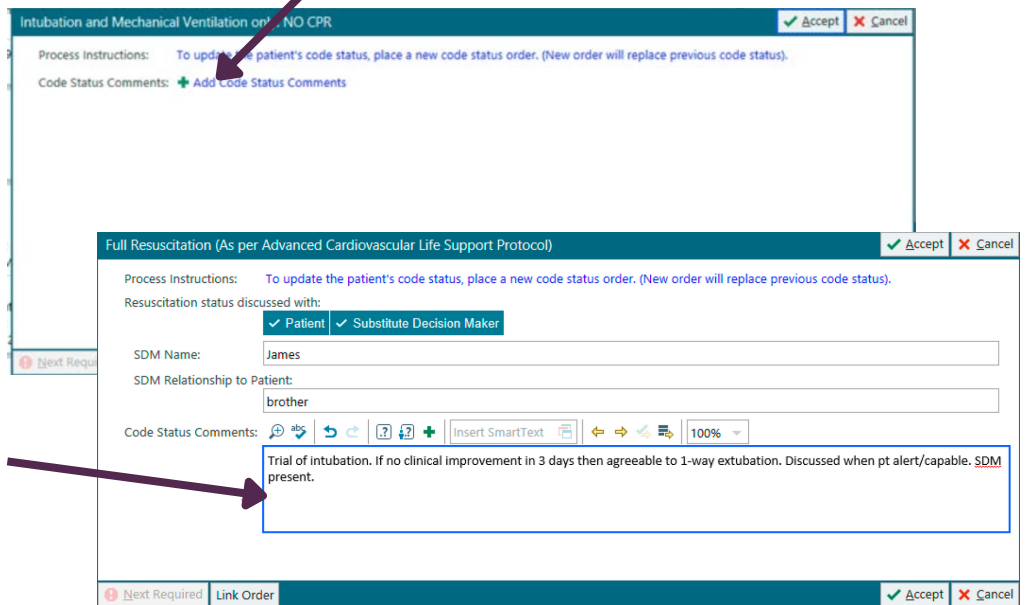
- a place to share brief information about goals of care
- easily viewed when hovering over a patient's code status from storyboard

1 Click 'Orders' and select and accept the appropriate 'code status'

2 Click 'Order details'



3 Click '+ Add Code Status Comments'

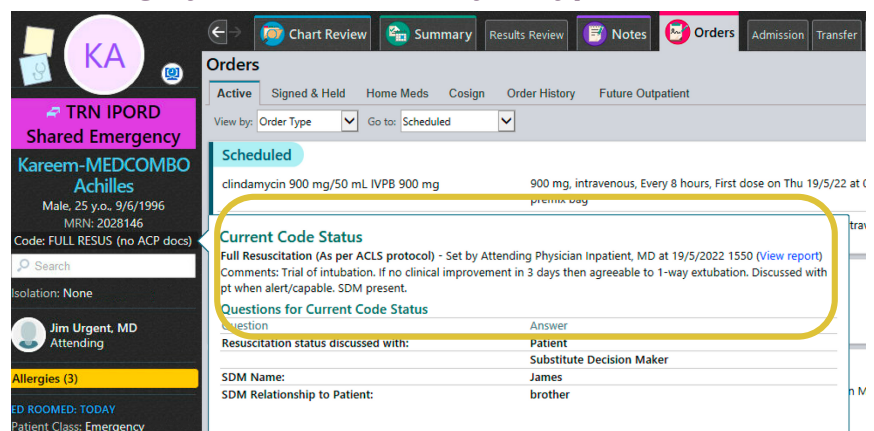
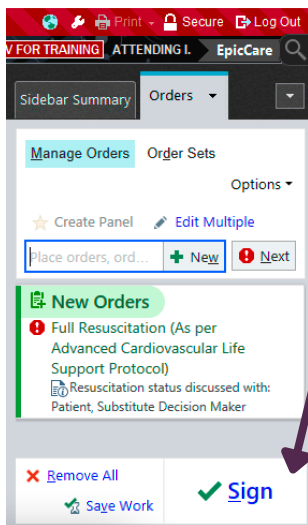


4 Type relevant GOC information in the box

5 Click 'Accept'

6 Click 'Sign'

7 Hover over the newly entered code status from the storyboard to view the high-yield information you typed



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