

# Engaging with EPIC: Leveraging EHR to Enhance Research

1

## Learning Objectives

- Identify key EPIC features and tools that support efficient daily workflows across clinical, research, and operational roles.
- Apply practical strategies to streamline common tasks such as chart navigation, documentation, and patient tracking.
- Enhance coordination across care teams by leveraging EPIC tools that support shared workflows and information visibility.
- Incorporate best practices for documentation and workflow management to support compliance and data integrity.

2

## Disclaimer: Epic May Vary

Before we begin:

- Epic configurations vary by institution
- Access and functionality depends on role

What you'll see today:

- Examples we demo using Epic Playground
- May not look exactly as yours

3

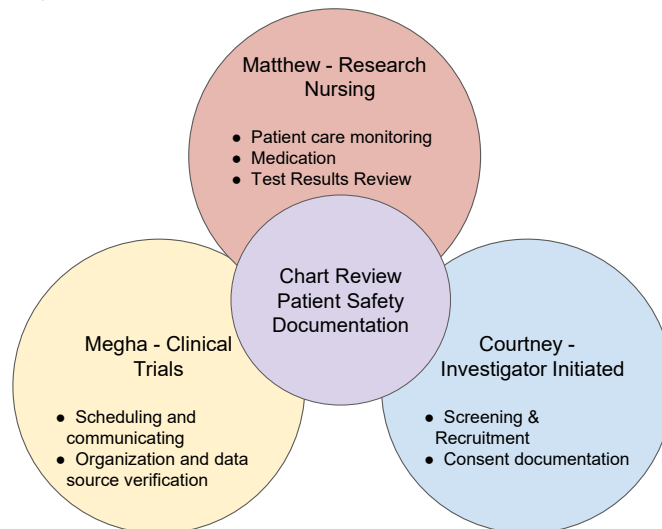


What we use Epic  
for

The slide features a solid tan background. In the top-left corner, there are three parallel dark blue diagonal lines. In the bottom-right corner, there are three parallel gold diagonal lines. The text "What we use Epic for" is centered in a dark blue, sans-serif font.

4

## Shared Epic Workflows



5

## What we will cover

- Scheduling appointments
- Communicating with the care team
- Patient list creation
- Viewing treatment plan
- Drug administration details
- Lab results
- Medication review
- SmartPhrases and documentation workflows

6

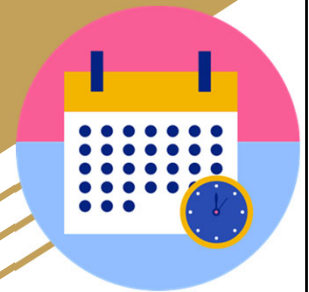
## Question

- Background of audience
  - Research Nurse
  - Billing
  - Coordinator/Study team
  - Investigator
- What's your biggest frustration with EPIC? → Free text option or chat

7

## Scheduling Appointments

Prevents delays and supports smooth patient flow



8

## Considerations

- Not everyone will have the authority to schedule appointments
- Some institutes need the scheduler to link the appointment with a specific research study to ensure proper billing
- Please understand your institution requirements before scheduling any appointments

## Applications

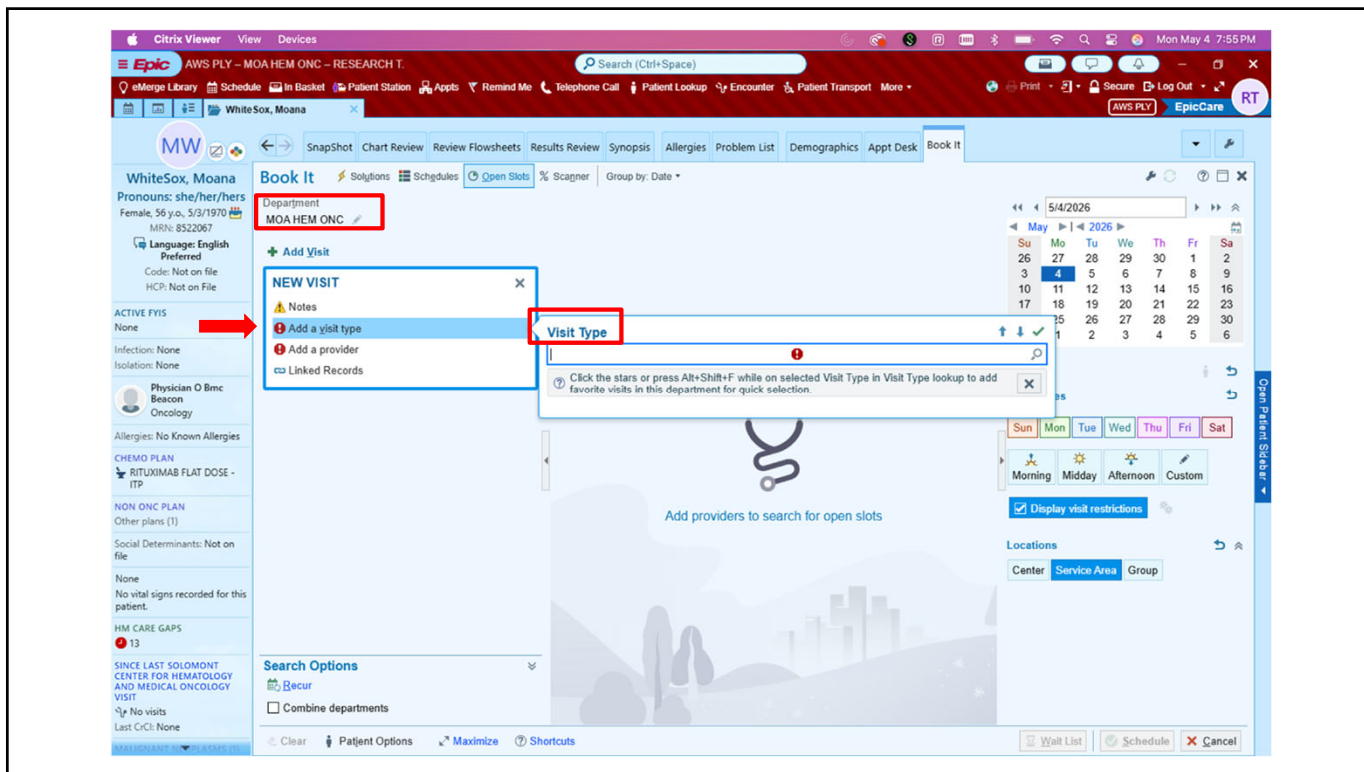
- Coordinate appointments across multiple departments when needed
- Improve workflow planning for complex study schedules

9

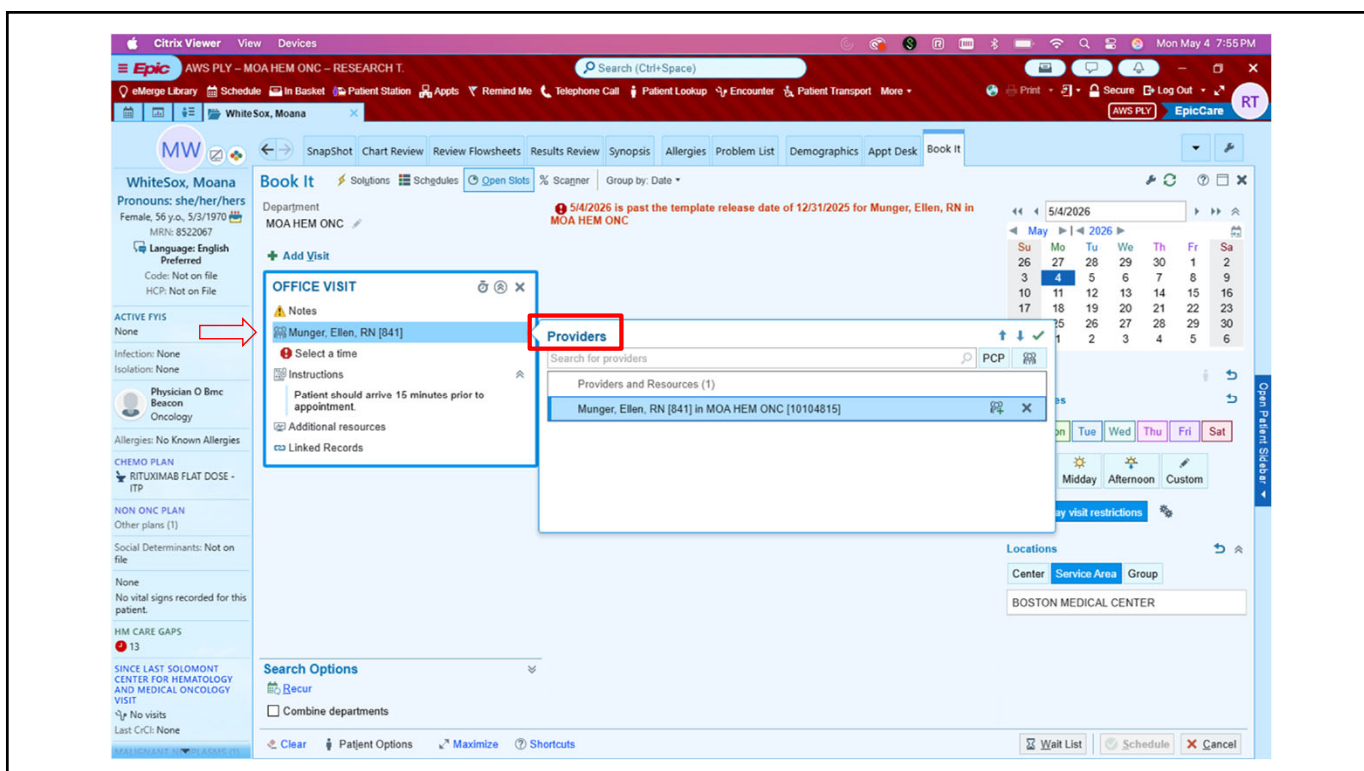
The screenshot displays the Epic Appointment Desk for patient WhiteSox, Moana. The top navigation bar includes tabs for Snapshot, Chart Review, Review Flowsheets, Results Review, Synopsis, Allergies, Problem List, Demographics, and Appt Desk (highlighted). The patient summary shows WhiteSox, Moana (56 yrs), DOB 5/3/1970, and a scheduled appointment on 5/4/2026 at 7:30 AM. A table of future appointments is visible below.

| CSN    | Encounter Date | Time    | Status  | Appt Len | Visit Type | Appt Provider                 | Department                 | Appt Notes | Or... | Tech... | R |
|--------|----------------|---------|---------|----------|------------|-------------------------------|----------------------------|------------|-------|---------|---|
| 105442 | 5/4/2026 Mon   | 7:30 AM | Arrived | 150      | CHEMO 150  | Nancy E Garner<br>CHEMO BAY 1 | MOA HEM ONC<br>MOA HEM ONC |            |       |         |   |

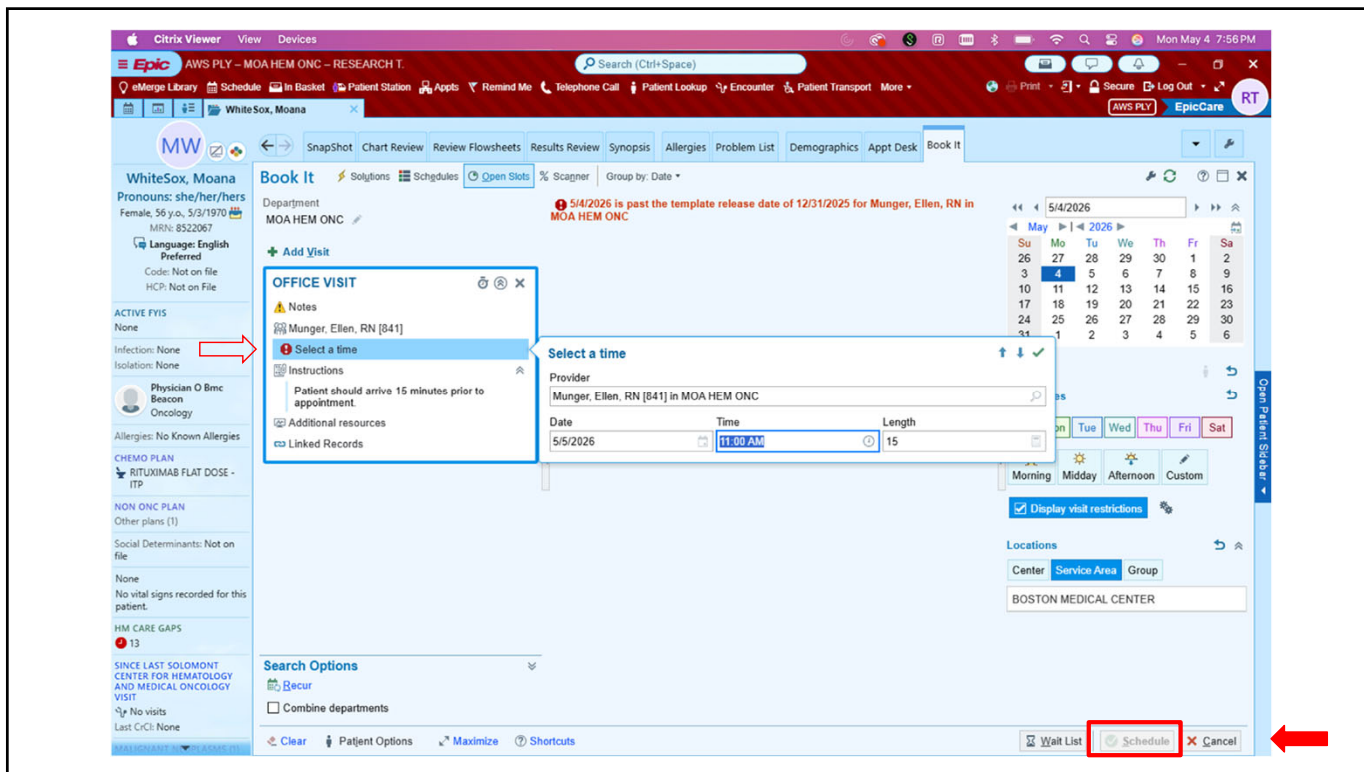
10



11



12



13

# Communicating with the care team

Improves coordination and reduces missed information

The slide features a large, stylized background graphic with diagonal lines. The title 'Communicating with the care team' is prominently displayed in a large, dark font. Below the title, the text 'Improves coordination and reduces missed information' is written in a smaller font. In the bottom right corner, there is an icon depicting a group of people with speech bubbles, symbolizing communication.

14

## Considerations

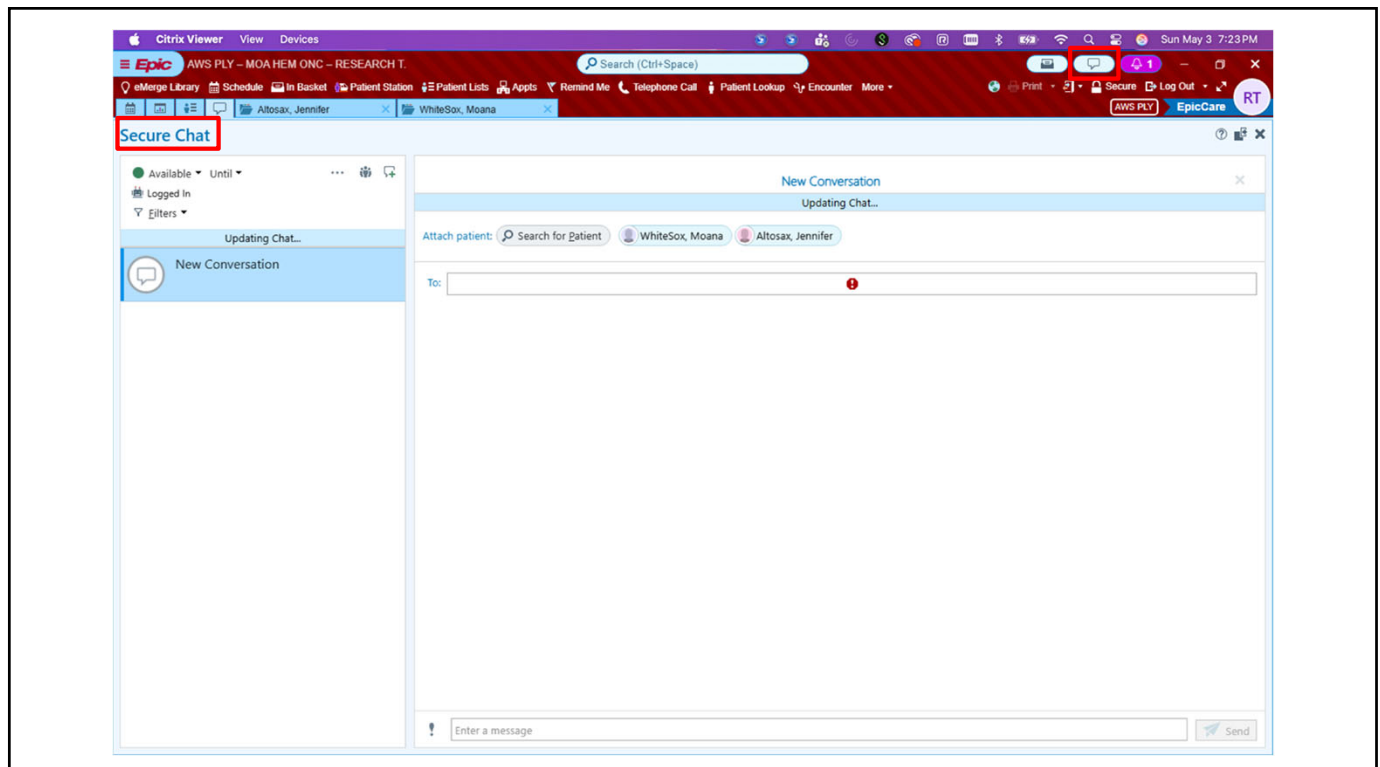
- Ensure messages are concise and actionable
- Ensure any important detail is also recorded on a different platform as the secure chat messages get deleted after a week

## Applications

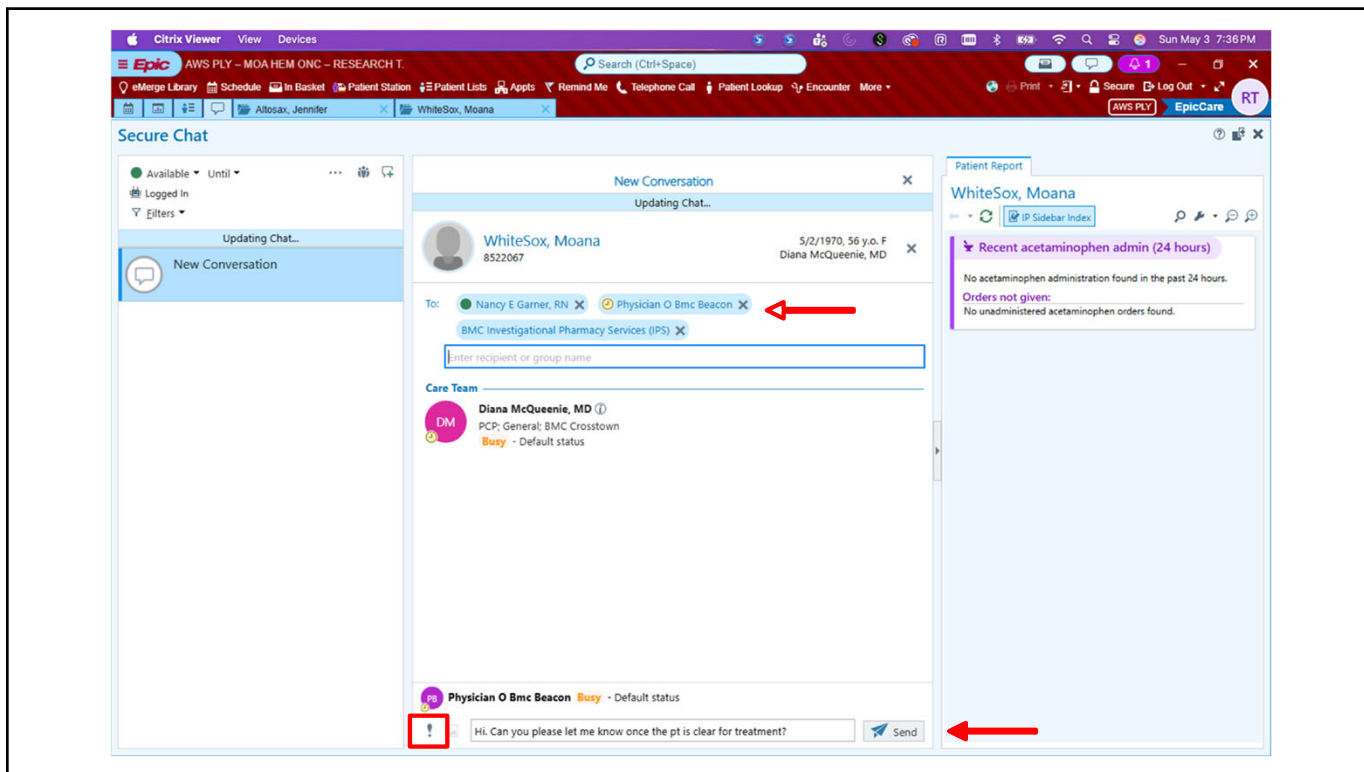
- Include appropriate recipients to ensure the entire clinical team receives updates in real time

Example- Include the investigative pharmacy team to inform them about treatment clearance to ensure smooth release of investigational products

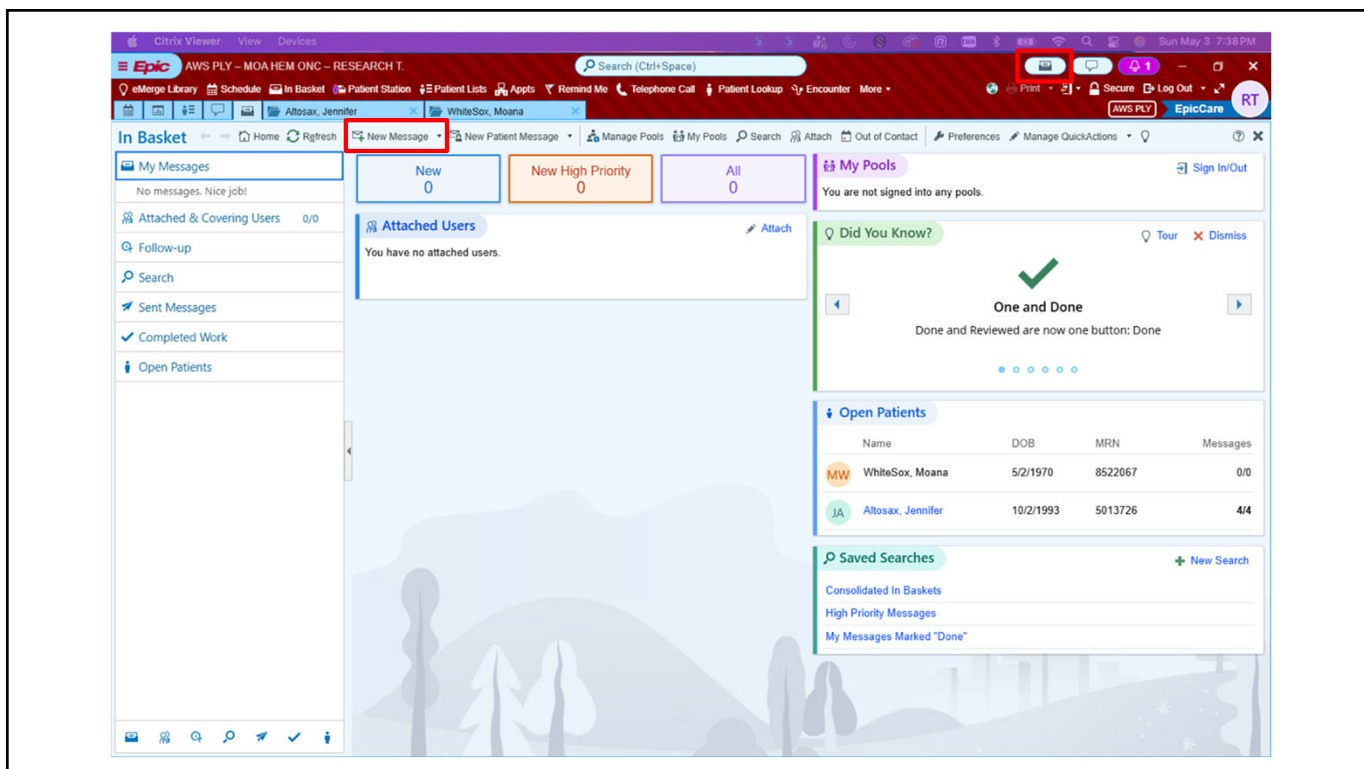
15



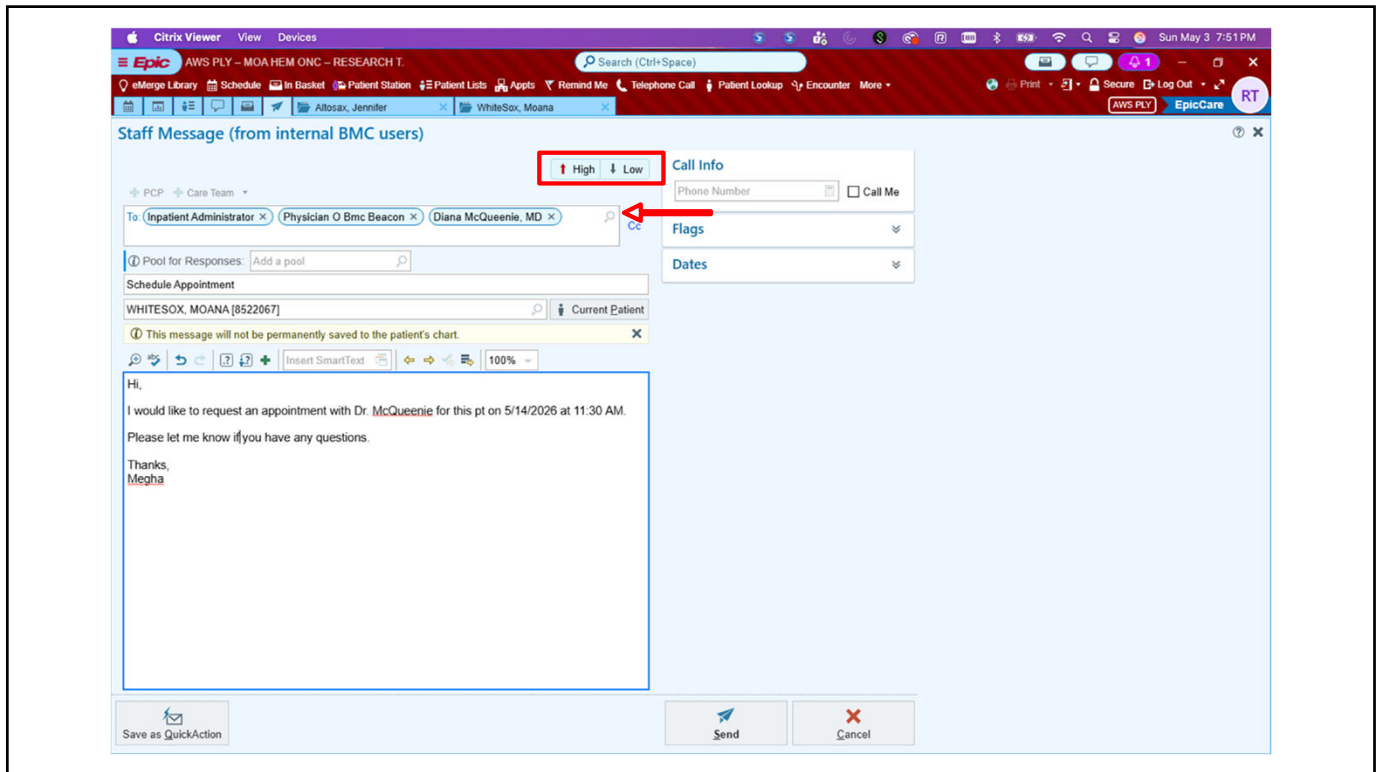
16



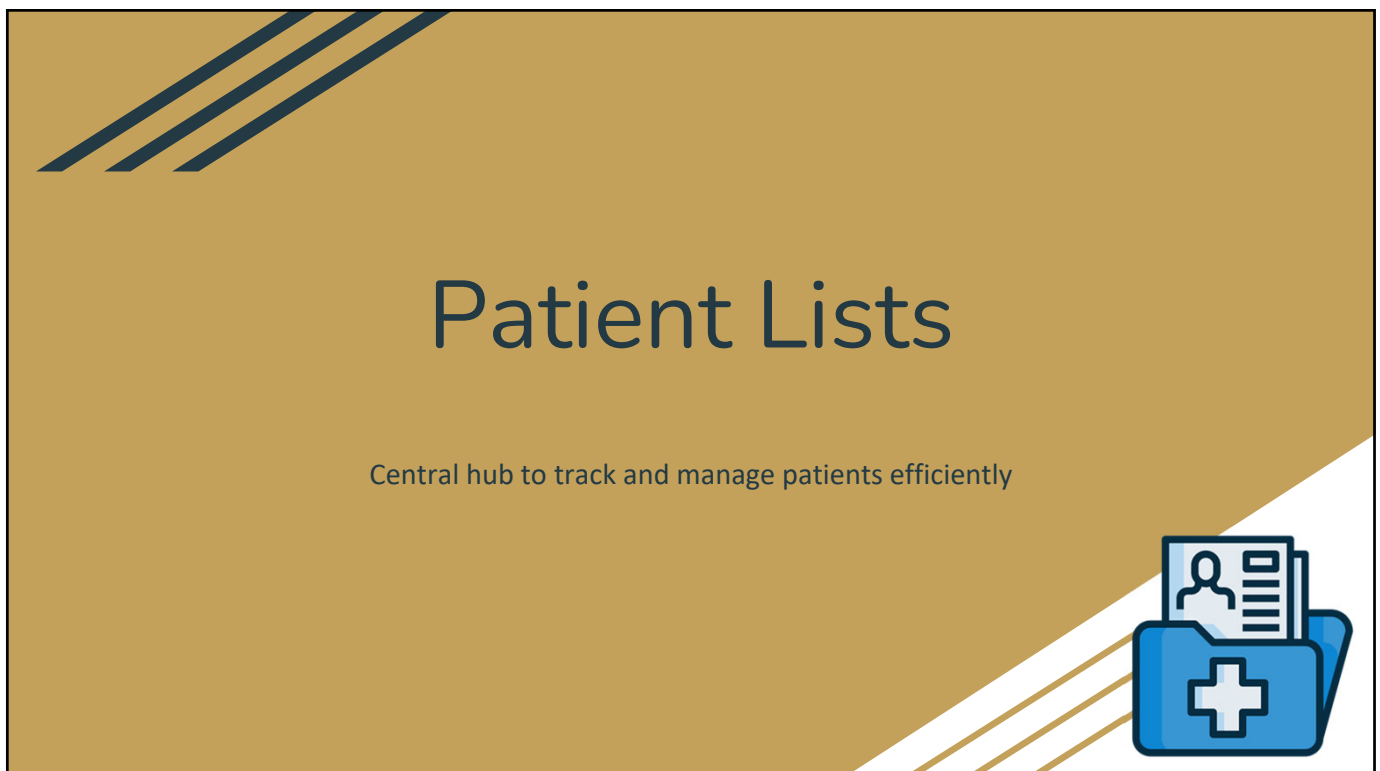
17



18



19



20

## Considerations

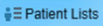
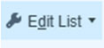
- Keep lists updated and role-specific
- Be mindful of visibility/privacy when sharing lists across teams
- Standardize naming conventions for consistency

## Applications

- Track enrolled and screened participants
- Organize patients by protocol, cohort, or treatment arm
- Support recruitment and retention workflows

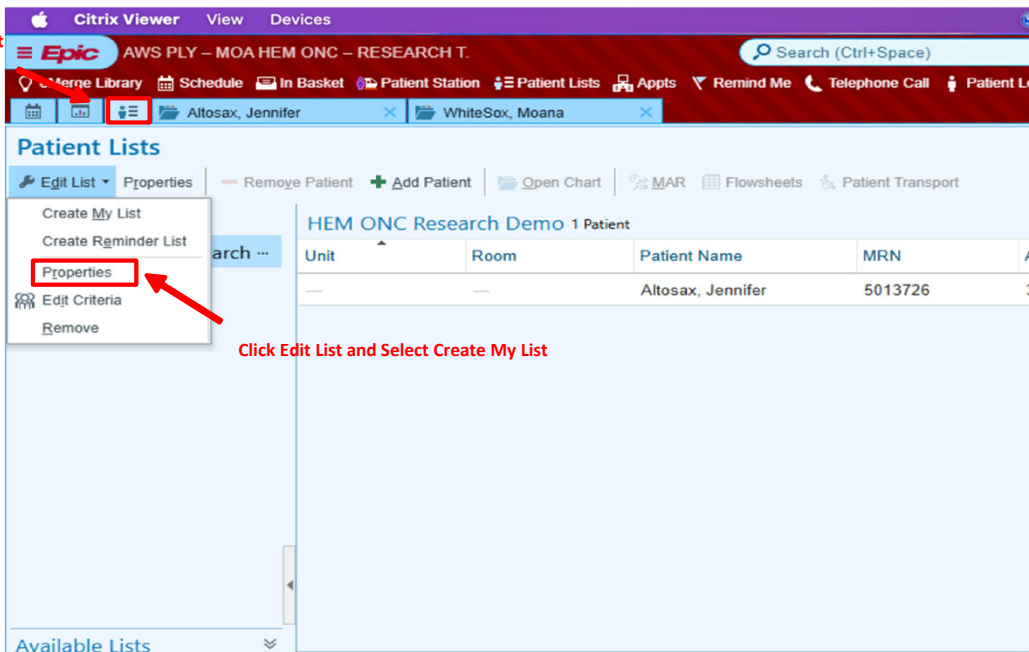
21

## How to create custom patient list

1. Open Patient List in toolbar 
2. Click arrow next to wrench icon 
3. From dropdown, select Create My List
4. Name your list
5. In search box, search for data columns you want to add (MRN, age, etc)
6. Click Add Column
  - a. You should now see the data you just selected, add to the bottom section of Selected Columns
7. Once you have added all of the columns/data of choice, click Accept

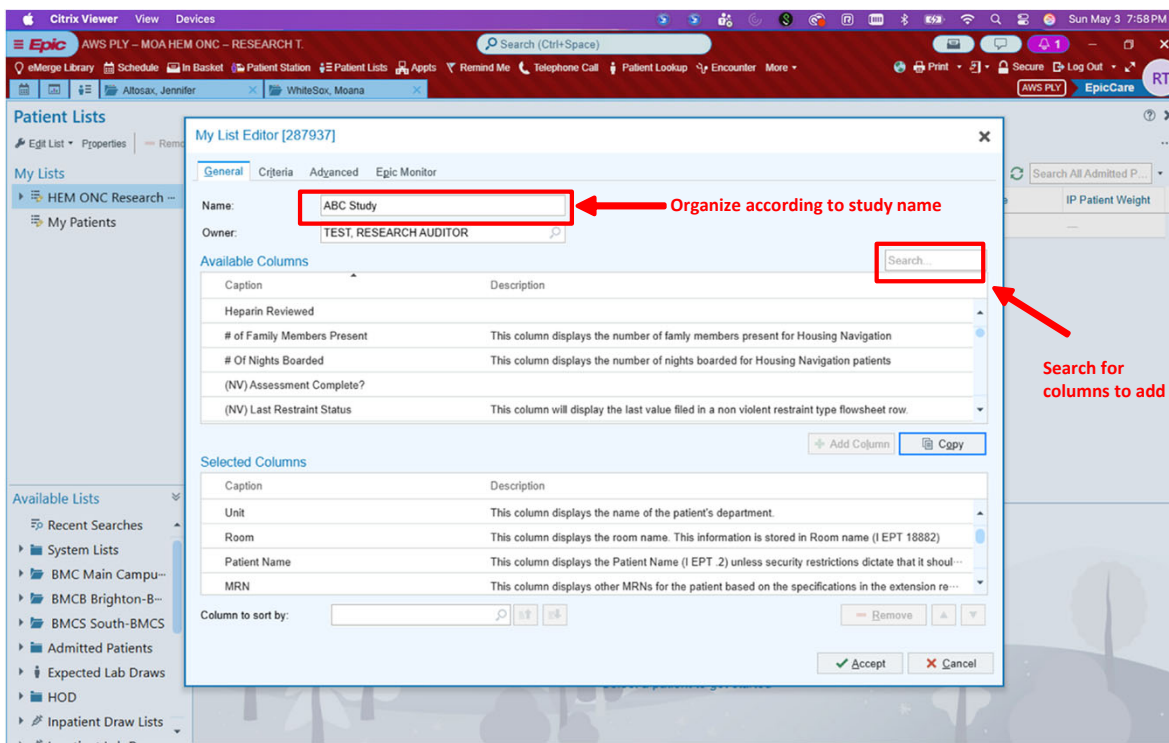
22

Click Patient List icon in toolbar

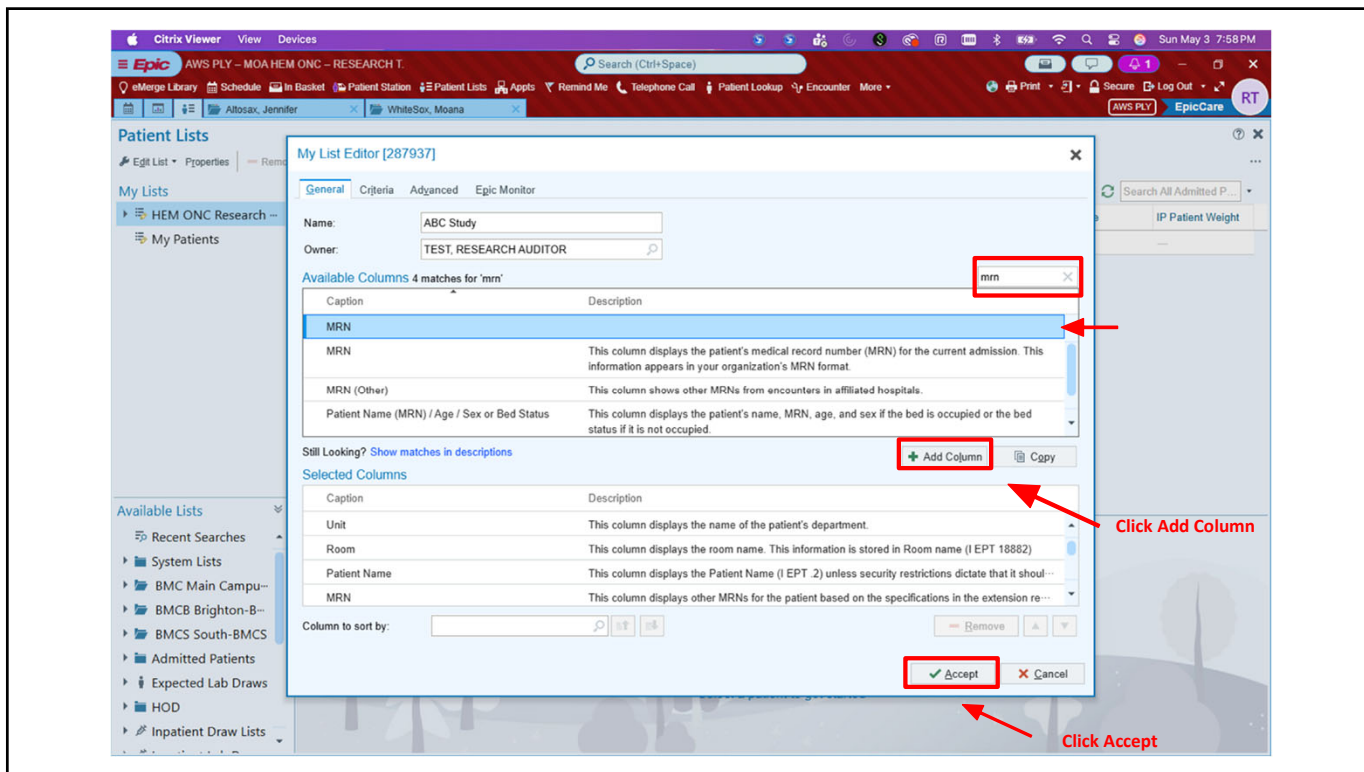


Click Edit List and Select Create My List

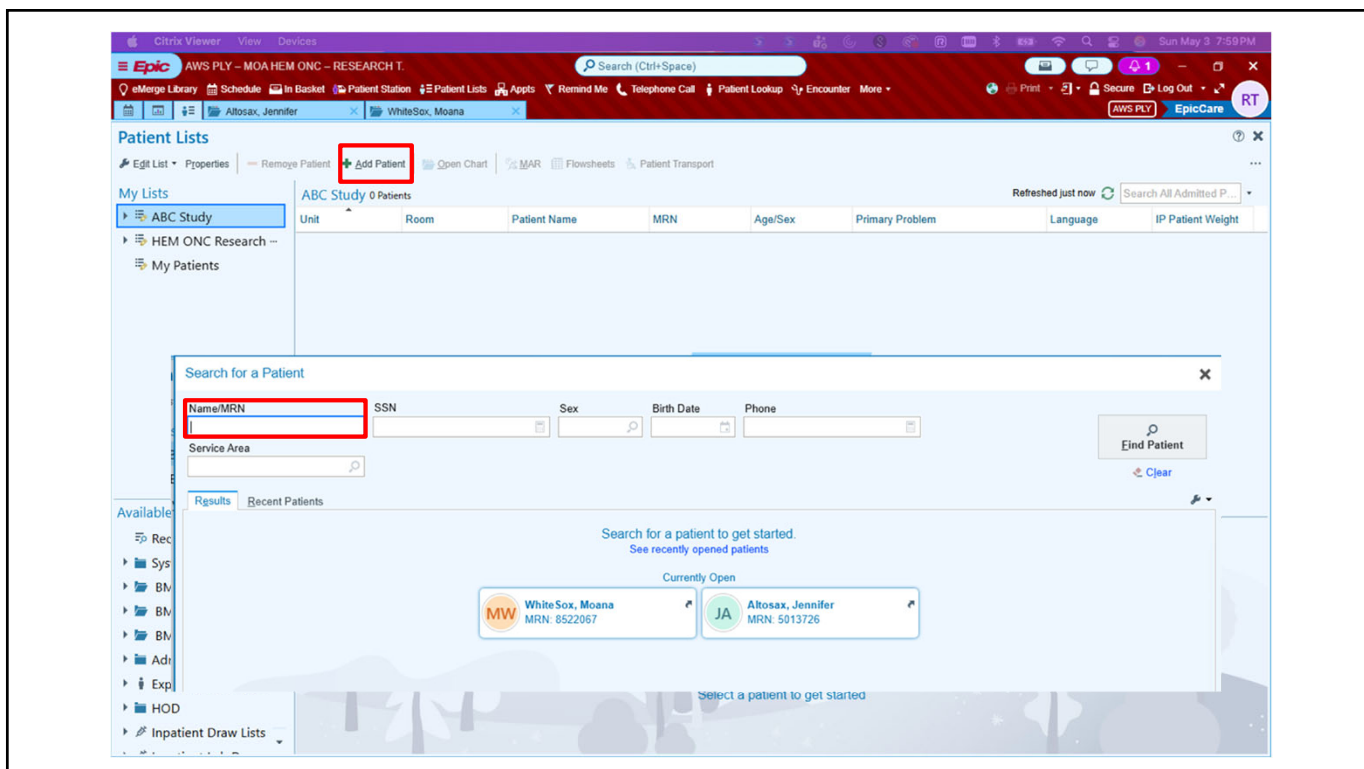
23



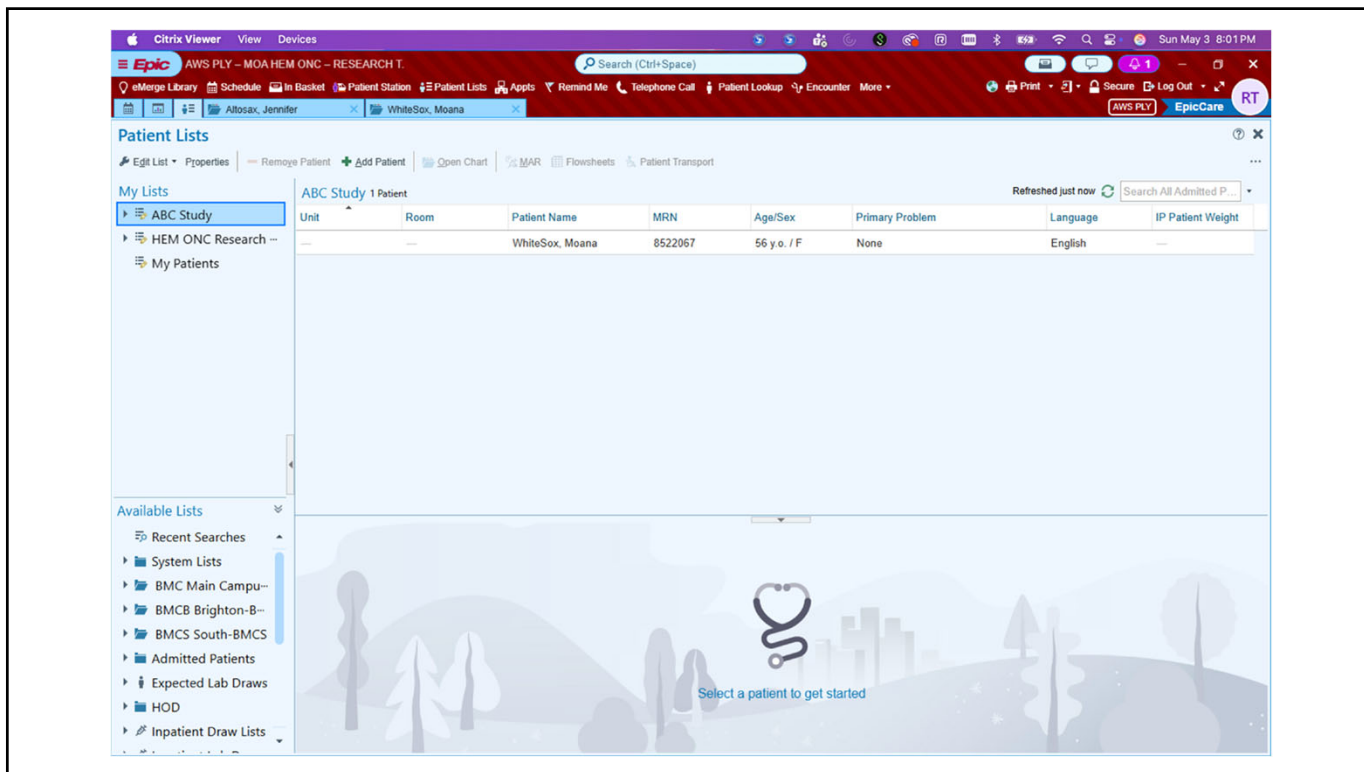
24



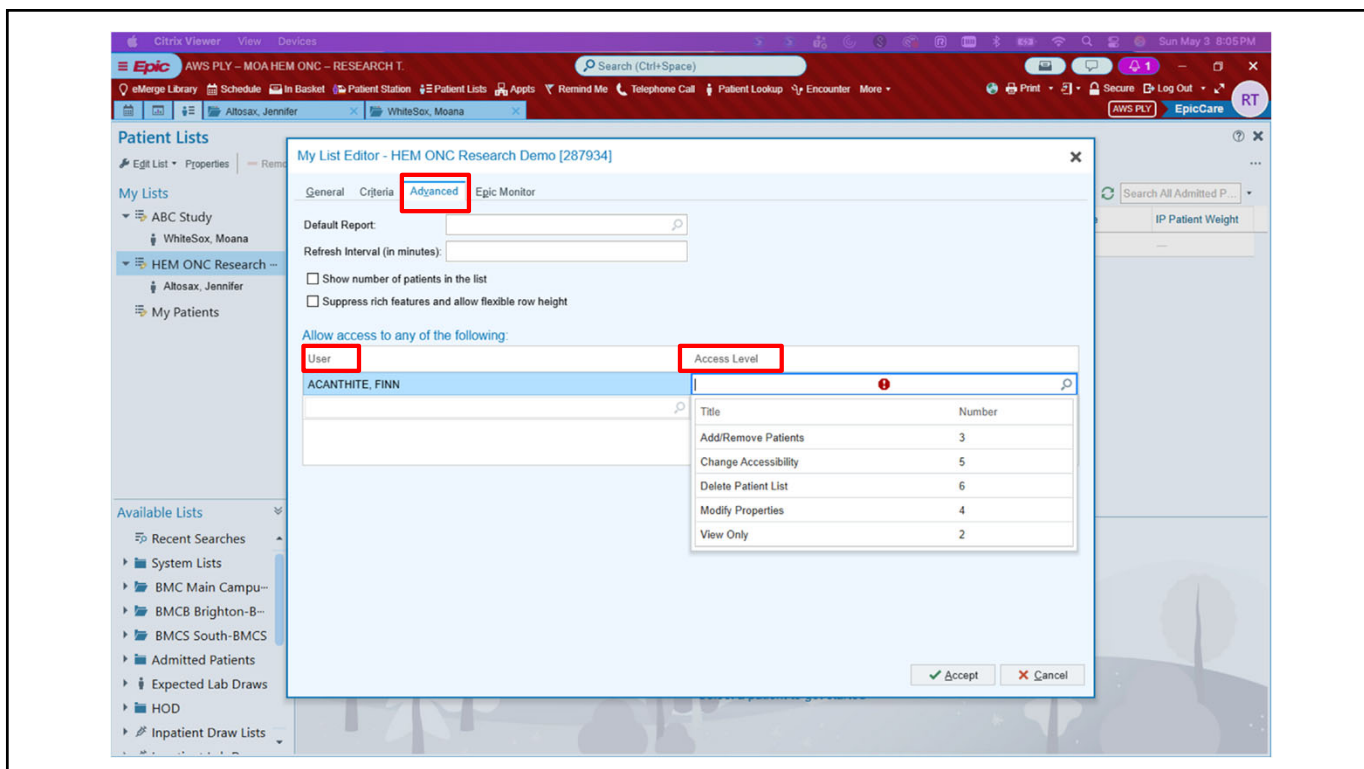
25



26

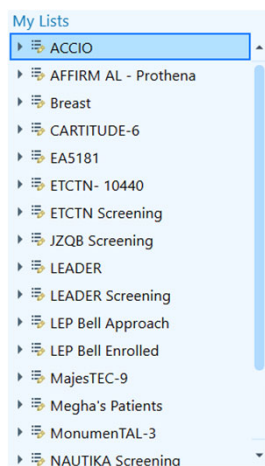
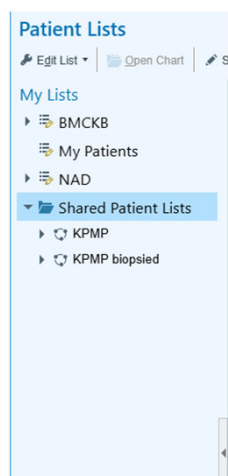


27



28

## Examples



29

## Treatment Plan

Ensures accurate coordination of care and protocol adherence



30

# Research Applications

- It helps to verify the labs ordered and the treatment given
- Critical for ensuring adherence to study protocol

31

The screenshot displays the EpicCare patient portal interface for Jennifer Altosax. The left sidebar contains patient information, including demographics (Female, 32 y.o., 10/2/1993, MRN: 5013726), active physicians (None), and allergies (Bee Pollen). The main content area is divided into several sections: Clinical Summaries (None), Demographics (Jennifer Altosax, 123 Main St, Boston MA 02118), Problem List (Malignant Neoplasms, Primary malignant neoplasm of breast with metastasis), Implants (No implants to display), Oncology History (No problem history exists), and THRIVE - Social Determinants of Health (Housing, Food, Transportation, Medications, Utilities, Social Support, all marked as 'Not on file'). The right sidebar shows Allergies (Bee Pollen, Hives), Medications (albuterol HFA, fluticasone), Current Treatment Day Dispense Tracking (PACITAXEL WEEKLY, Day 1, Cycle 1 - Planned for 5/3/2026), Preferred Pharmacies (BMC Shapiro Pharmacy), Labs (Up to 3 Results), and Survivorship (Active Problems: Primary malignant neoplasm of breast with metastasis).

32

**Treatment Plan Manager - PACLITAXEL WEEKLY (Read-only)**

TP Height: 160 cm  $\Delta +0.0\%$   $\odot$  earlier today TP Weight: 69 kg  $\Delta +0.0\%$   $\odot$  earlier today TP BSA: 1.75 m<sup>2</sup>  $\Delta +0.0\%$   $\odot$  Lifetime Dose

**PACLITAXEL WEEKLY**

Start Date: 5/3/2026, Line of Treatment: First Line, Treatment Goal: Curative, Plan Provider: Ollie-Onc Ajax

- Pre-cycle — 5/2/2026, Started
- Cycle 1 — 5/3/2026 through 5/9/2026 (7 days), Planned
- Cycle 2 — 5/10/2026 through 5/16/2026 (7 days), Planned
- Cycle 3 — 5/17/2026 through 5/23/2026 (7 days), Planned
- Cycle 4 — 5/24/2026 through 5/30/2026 (7 days), Planned
- Cycle 5 — 5/31/2026 through 6/6/2026 (7 days), Planned
- Cycle 6 — 6/7/2026 through 6/13/2026 (7 days), Planned
- Cycle 7 — 6/14/2026 through 6/20/2026 (7 days), Planned
- Cycle 8 — 6/21/2026 through 6/27/2026 (7 days), Planned
- Cycle 9 — 6/28/2026 through 7/4/2026 (7 days), Planned
- Cycle 10 — 7/5/2026 through 7/11/2026 (7 days), Planned
- Cycle 11 — 7/12/2026 through 7/18/2026 (7 days), Planned
- Cycle 12 — 7/19/2026 through 7/25/2026 (7 days), Planned

**Calendar View:**

- May 2026: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31
- June 2026: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30
- July 2026: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31
- August 2026: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31

33

**Treatment Plan Manager - PACLITAXEL WEEKLY (Read-only)**

TP Height: 160 cm  $\Delta +0.0\%$   $\odot$  earlier today TP Weight: 69 kg  $\Delta +0.0\%$   $\odot$  earlier today TP BSA: 1.75 m<sup>2</sup>  $\Delta +0.0\%$   $\odot$  Lifetime Dose

**Day 1, Cycle 1 — Planned for 5/3/2026**

Patients value greater than or equal to (PCTC); or Routine, Once, Starting when released

**Lab Orders to Release**

- Lab Communication
  - Routine, Once, Starting when released
  - Release Instrument Granulocyte Count (Includes CBC and Diff), Comprehensive Metabolic and Magnesium Lab tests from Order Review.

**Pre-Medication Orders**

- famotidine tablet 20 mg
  - 20 mg, Oral, Once, Starting at treatment start time, For 1 dose
- diphenhydramine capsule 25 mg
  - 25 mg, Oral, Once, Starting at treatment start time, For 1 dose
  - Okay to open capsule and administer contents per JT or NG tube if ordered as such.
- dexamethasone tablet 12 mg
  - 12 mg, Oral, Once, Starting at treatment start time, For 1 dose

**Chemotherapy**

- PACLITAXEL (TAXOL) 141 mg in sodium chloride 0.9 % 250 mL chemo infusion
  - 141 mg (rounded from 140 mg = 80 mg/m<sup>2</sup> × 1.75 m<sup>2</sup> Treatment Plan BSA from Recorded weight), Intravenous, Once, Starting when released, For 1 dose
  - VEESICANT drug. Administer through non-PCV tubing with 0.22 micron filter. Physician must be available.

**Infusion Reaction Management**

- dexamethasone injection 8 mg
  - 8 mg, Intravenous, Once as needed, Infusion reaction, Starting when released, Until Discontinued
- acetaminophen tablet 650 mg
  - 650 mg, Oral, Once as needed, Infusion reaction, Starting when released, Until Discontinued
  - Give together with PRN opioid if ordered for same pain level and acetaminophen NOT given within the last 4 hours.
- diphenhydramine injection 25-50 mg
  - 25-50 mg (original dose 25-50 mg), Intravenous, Once as needed, Infusion reaction, Starting when released, Until Discontinued
  - Slow IV push as needed. May repeat once for total of 50mg.
- famotidine (PF) injection 20 mg

34

# Drug Administration Information

Critical for verifying treatment delivery and documentation



35

## Dual verification

- 2 RNs verify label on bag and EPIC order
- Administration information can be found within the order (Converts dose to mL)
- Adds layer of safety for Investigational Products

36

**White Sox, Moana**  
Pronouns: she/her/hers  
Female, 56 y.o., 5/2/1970  
MRN: 8522067  
Language: English Preferred  
Code: Not on file  
HCP: Not on file

**Springboard Report**

**Flowsheets**

**RITUXIMAB FLAT DOSE - ITP**

**View:** Current Day | Current Day ± 1 Day | **Current Cycle** | Current Cycle ± 1 Cycle | Plan | Date Range

**Day 1, Cycle 1 (29-day cycle) (Current Day)**

Released on 5/2/2026 4:24 PM; Originally planned for 5/3/2026 R

**Other**

- ✓ **CARBOplatin 773 mg in sodium chloride 0.9% 250 mL chemo infusion**  
773 mg (Target AUC = 6), Intravenous, Administer over 30 minutes, Once, On Sat 5/2/26 at 1830, For 1 dose  
IRRITANT. Administer over 30 minutes. Carboplatin may decrease phenytoin concentrations. Do NOT use needles or IV tubing with aluminum parts to mix or administer.  
Action: Order Dose Modified  
Details: New value: 773 mg  
User: Physician O Bmc Beacon  
Time: 5/2/2026 5:40 PM
- ✗ **CARBOplatin 773 mg in sodium chloride 0.9% 250 mL chemo infusion (Discontinued)**  
773 mg (Target AUC = 6), Intravenous, Once, On Sun 5/3/26 at 0730, For 1 dose  
IRRITANT. Administer over 30 minutes. Carboplatin may decrease phenytoin concentrations. Do NOT use needles or IV tubing with aluminum parts to mix or administer.  
Action: Order Dose Modified  
Details: New value: 773 mg  
User: Physician O Bmc Beacon  
Time: 5/2/2026 4:26 PM

**Lab Orders to Release**

- Lab Communication**  
Routine, Once (Unit Collect)  
Release Instrument Granulocyte Count (CBC with Diff) and Comprehensive Metabolic Panel Lab tests from Order Review.

**Pre-Medication Orders**

- diphenhydramine capsule 50 mg**  
50 mg, Oral, Once, Starting at treatment start time  
Administer 15 minutes prior to Infliximab infusion. Okay to open capsule and administer contents per JT or NG tube if ordered as such.
- acetaminophen tablet 325 mg**  
325 mg, Oral, Once, Starting at treatment start time  
Give together with PRN opioid if ordered for same pain level and acetaminophen NOT given within the last 4 hours.
- dexAMETHasone tablet 4 mg**  
4 mg, Oral, Daily, First dose at treatment start time, Until Discontinued

37

**White Sox, Moana**  
Pronouns: she/her/hers  
Female, 56 y.o., 5/2/1970  
MRN: 8522067  
Language: English Preferred  
Code: Not on file  
HCP: Not on file

**Springboard Report**

**Flowsheets**

**RITUXIMAB FLAT DOSE - ITP**

**View:** Current Day | Current Day ± 1 Day | **Current Cycle** | Current Cycle ± 1 Cycle | Plan | Date Range

**Day 1, Cycle 1 (29-day cycle) (Current Day)**

Released on 5/2/2026 4:24 PM; Originally planned for 5/3/2026 R

**Other**

- ✗ **CARBOplatin 773 mg in sodium chloride 0.9% 250 mL chemo infusion (Discontinued)**  
773 mg (Target AUC = 6), Intravenous, Once, On Sun 5/3/26 at 0730, For 1 dose  
IRRITANT. Administer over 30 minutes. Carboplatin may decrease phenytoin concentrations. Do NOT use needles or IV tubing with aluminum parts to mix or administer.  
Action: Order Dose Modified  
Details: New value: 773 mg  
User: Physician O Bmc Beacon  
Time: 5/2/2026 4:26 PM

**Lab Orders to Release**

- Lab Communication**  
Routine, Once (Unit Collect)  
Release Instrument Granulocyte Count (CBC with Diff) and Comprehensive Metabolic Panel Lab tests from Order Review.

**Pre-Medication Orders**

- diphenhydramine capsule 50 mg**  
50 mg, Oral, Once, Starting at treatment start time  
Administer 15 minutes prior to Infliximab infusion. Okay to open capsule and administer contents per JT or NG tube if ordered as such.
- acetaminophen tablet 325 mg**  
325 mg, Oral, Once, Starting at treatment start time  
Give together with PRN opioid if ordered for same pain level and acetaminophen NOT given within the last 4 hours.
- dexAMETHasone tablet 4 mg**  
4 mg, Oral, Daily, First dose at treatment start time, Until Discontinued

**Chemotherapy**

- ✓ **RITUXIMAB-ibb (RITUXIMA) 1,000 mg in sodium chloride 0.9% 250 mL infusion**  
1,000 mg, Intravenous, Once, On Sun 5/3/26 at 0730, For 1 dose  
Initiate infusion at 50 mg/hr. Titrate by 50 mg/hr every 30 minutes, if no reaction, to maximum rate of 400 mg/hr. Assess for hypotension, bronchospasm, and/or angioedema. If reaction, stop infusion and manage symptoms. If symptoms not severe, resume infusion at 50% rate. Premedicate prior to next infusion. Have anaphylaxis kit available. If no complications after first infusion, may infuse subsequent doses over 90 minutes.

**Infusion Reaction Management**

- dexAMETHasone injection 8 mg**  
8 mg, Intravenous, Once as needed, shortness of breath, respiratory distress, or wheezing, Starting at treatment start time, Until Discontinued

38

**Springboard Report**

**rituximab-abbs (TRUXIMA) 1,000 mg in sodium chloride 0.9% 250 mL infusion [409846]**

Ordered Dose: **1,000 mg** Route: **Intravenous** Frequency: **Once**  
 Duration: **1 days** Dispense As Written: **No**  
 Volume: **250 mL** Stability: **24 Hours**  
 Volume with Overfill: **275 mL**  
 Scheduled Start Date/Time: **05/03/26 0730** End Date/Time: **No end date specified (ordered for 1 doses)**

Admin Instructions:  
 Initiate infusion at 50 mg/hr. Titrate by 50 mg/hr every 30 minutes, if no reaction, to maximum rate of 400 mg/hr. Assess for hypotension, bronchospasm, and/or angioedema. If reaction, stop infusion and manage symptoms. If symptoms not severe, resume infusion at 50% rate. Premedicate prior to next infusion. Have anaphylaxis kit available. If no complications after first infusion, may infuse subsequent doses over 90 minutes.

Titration schedule (ADULT):  
 Start rate at 24.6 mL/hr for 30 minutes.  
 Increase rate to 49.3 mL/hr for 30 minutes.  
 Increase rate to 73.9 mL/hr for 30 minutes.  
 Increase rate to 98.6 mL/hr for 30 minutes.  
 Increase rate to 123.2 mL/hr for 30 minutes.  
 Increase rate to 147.9 mL/hr for 30 minutes.  
 Increase rate to 172.5 mL/hr until completion.

Associated Diagnoses: CLL (chronic lymphocytic leukemia) [C91.10]  
 Order Status: **Active**  
 Ordering User: **Physician O Bmc Beacon**  
 Ordering Provider: **Physician O Bmc Beacon**  
 Ordering Date/Time: **Sat May 2, 2026 1624**  
 Authorizing Provider: **Physician O Bmc Beacon**

**Components**

| Component                    | Order Dose | Admin Dose |
|------------------------------|------------|------------|
| rituximab-abbs 10 mg/mL Soln | 1,000 mg   | 1,000 mg   |
| sodium chloride 0.9% Solp    | 250 mL     | 250 mL     |

**Treatment Plan Order Signing Info**

Electronically signed by **Physician O Bmc Beacon** on **5/2/2026 4:22 PM**  
 Released by **Physician O Bmc Beacon** on **5/2/2026 4:24 PM**

39

**Chart Review**

**Encounters** Surgeries Anesthesia Notes Labs Imaging Cardiology Procedures Consents Meds Media Letters Episodes Referrals Other Orders

Refresh Route Synopsis Preview More Epcounter

Filters ☒ Hide Admin Encls ☐ Me ☐ Hematology and Oncol... ☐ Solomont Center for ... ☐ Admissions ☐ ED ☐ Outpatient ☐ Phone

When Type Visit Type With

Today Today Infusion CHEMO 150 Hem Onc - Garner, N

**BOSTON MEDICAL CENTER**

**WhiteSox, Moana #8522067 (Acct #105456) (DOB:05/02/1970 56 y.o. F)**

**Infusion** Open

Solomont Center for Hematology and Medical Oncology 5/3/2026

**Nancy E Garner, RN** **CLL (chronic lymphocytic leukemia)**  
 Oncology Dx

**Communications**  
 View All Conversations on this Encounter

**Additional Documentation**  
 Vitals: LMP 07/24/2002 (Exact Date)  
 Encounter Info: History, Allergies, Detailed Report, Billing Info, Telemed SmartForms: Audit Trail, Pedi Growth Info

**Level of Service**  
 Not recorded

**BestPractice Advisories**

40

# Lab Results

Supports clinical decisions and protocol monitoring



41

## Clinical and research application

- Eligibility review
- Longitudinal tracking
- Extracting laboratory values for data entry/eCRFs
- Patient safety monitoring

42

**Chart Review**

**Recent**

| Date/Time        | Test                   | Status                | Encounter Type  | Pat |
|------------------|------------------------|-----------------------|-----------------|-----|
| 04/23/2026 08:55 | CBC and differential   | Needs to be Collected | Initial consult | Not |
| 04/23/2026       | CBC auto differential  | Final result          | Initial consult | Not |
| 04/23/2026       | Hepatic function panel | Final result          | Initial consult | Not |
| 04/23/2026       | Basic metabolic panel  | Final result          | Initial consult | Not |

**CBC auto differential** Order: 201467 - Part of Panel Order 201463

Status: Final result Next appt: None  
Dx: Abnormal finding on mammography  
Test Result Released: No

**0 Result Notes**

Component Ref Range & Units (hover)

|                         |        |
|-------------------------|--------|
| WBC                     | 11.4 ! |
| RBC                     | 4.70   |
| Hemoglobin              | 10.8 ! |
| Hematocrit              | 38     |
| Platelets               | 420 !  |
| Absolute Lymph          | 0.80 ! |
| Eosinophil Count, Nasal | 0.46   |
| Neutrophils Absolute    | 3      |

Specimen Collected: 04/23/26 Last Resulted: 04/23/26 09:01

Links: Lab Flowsheet, Order Details, View Encounter, Lab and Collection Details, Routing, Result History

43

**Results Review**

**All Results**

**Search**

**2026**

**4/23/26 00:00** **3/24/26 06:48**

**MAAMMOGRAPHY**

BI Mamm Diagnostic Bilateral

**CBC**

|            |        |
|------------|--------|
| WBC        | 11.4 ! |
| RBC        | 4.70   |
| Hemoglobin | 10.8 ! |
| Hematocrit | 38     |
| Platelets  | 420 !  |

**DIFFERENTIAL**

|                |        |
|----------------|--------|
| Absolute Lymph | 0.80 ! |
|----------------|--------|

**CHEM PANELS**

|                        |       |
|------------------------|-------|
| Sodium                 | 138   |
| Potassium              | 4.5   |
| Chloride               | 100   |
| Urea Nitrogen (BUN)    | 7     |
| Creatinine             | 1.3 ! |
| GLUCOSE                | 116   |
| Protein, Total (Serum) | 6.5   |
| Albumin                | 3.6   |
| Total Bilirubin        | 0.9   |
| AST                    | 25    |

**CHEMISTRY (ALL)**

|                        |     |
|------------------------|-----|
| Hematocrit             | 38  |
| Protein, Total (Serum) | 6.5 |
| Total Bilirubin        | 0.9 |

**PROTEIN ELECTROP...**

|         |     |
|---------|-----|
| Albumin | 3.6 |
|---------|-----|

**BLOOD GASES - VE...**

|              |    |
|--------------|----|
| HCO3, Venous | 25 |
|--------------|----|

**BLOOD GASES W/...**

**Expand** **Collapse All**

**All collected orders have been resulted.**

**You're viewing all available results.**

44

The screenshot shows the Epic Results Review interface. On the left, patient information for Aeneas, Kristen-ONC is displayed, including MRN 5015118, date of birth 9/25/1993, and various clinical details. The main area shows a list of test results under the 'Results Review' tab. A red box highlights the 'User Settings' icon in the top right corner of the interface.

45

The screenshot shows the Epic Results Review interface with the 'User Settings' dialog box open. The dialog box contains several sections: 'Display' with options for Font Size (Small, Medium, Large, Extra Large) and Cell Spacing (Compact, Normal); 'New Results Highlighting' with a toggle for 'On' or 'Off'; 'Newest Data' with options for 'On Left' or 'On Right'; and 'Time' with a 'Default Time Filter' section. The 'Default Time Filter' section includes a dropdown menu with options: 'All Results', 'Since Time Mark', 'Current Hospitalization', 'Since Last Encounter', 'Today', '3 Days', and '1 Month'. There are also buttons for 'Accept' and 'Cancel' at the bottom of the dialog box.

46

# Medications

Supports medication reconciliation and data abstraction

47

## Medication Reconciliation

- Familiarizing yourself with participant medications can aid in preparing for possible reactions or understanding participant baseline
  - Example: Participant on beta blocker with baseline low blood pressure
- Best place to be found in chart review/overview
- Helps with big picture of participant status

48

## Current medications visible on Chart Overview

**Chart Overview - Janet Arnosky**

**Medications:**

- amLODIPine (Norvasc) 5 MG tablet
- atorvastatin (Lipitor) 20 MG tablet
- esomeprazole (Nexium) 20 MG packet (expired)
- Fish Oil-Cholecalciferol (FISH OIL + D3 PO)
- metFORMIN (Glucophage) 500 MG tablet
- Multiple Vitamin (multivitamin) tablet

**Clinical Summaries:**

- Allergies: Bee Sting, K9, Hives, Penicillins, Rash
- Immunizations: ONLY THE LAST 3 DOSES ARE SHOWN

49

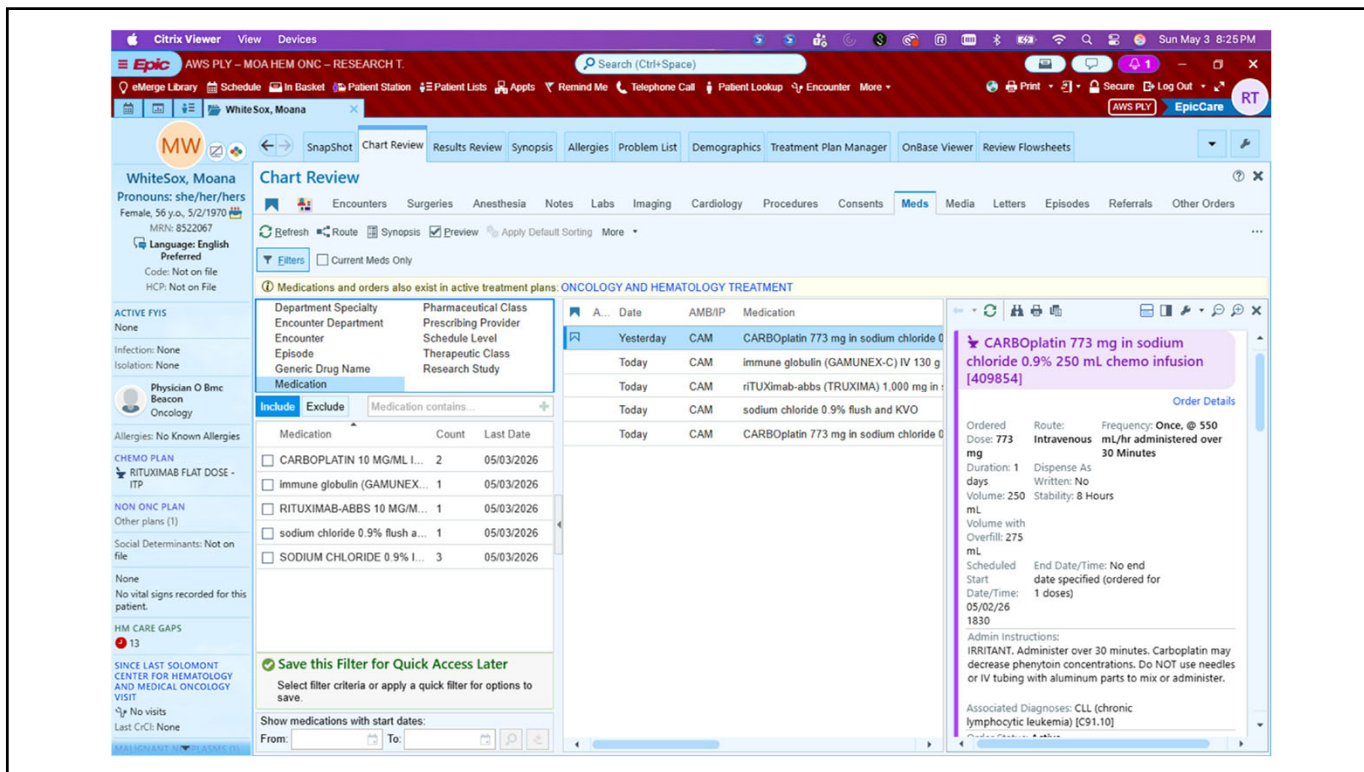
## Using Medications Tab for Expanded History

**Medications History - Janet Arnosky**

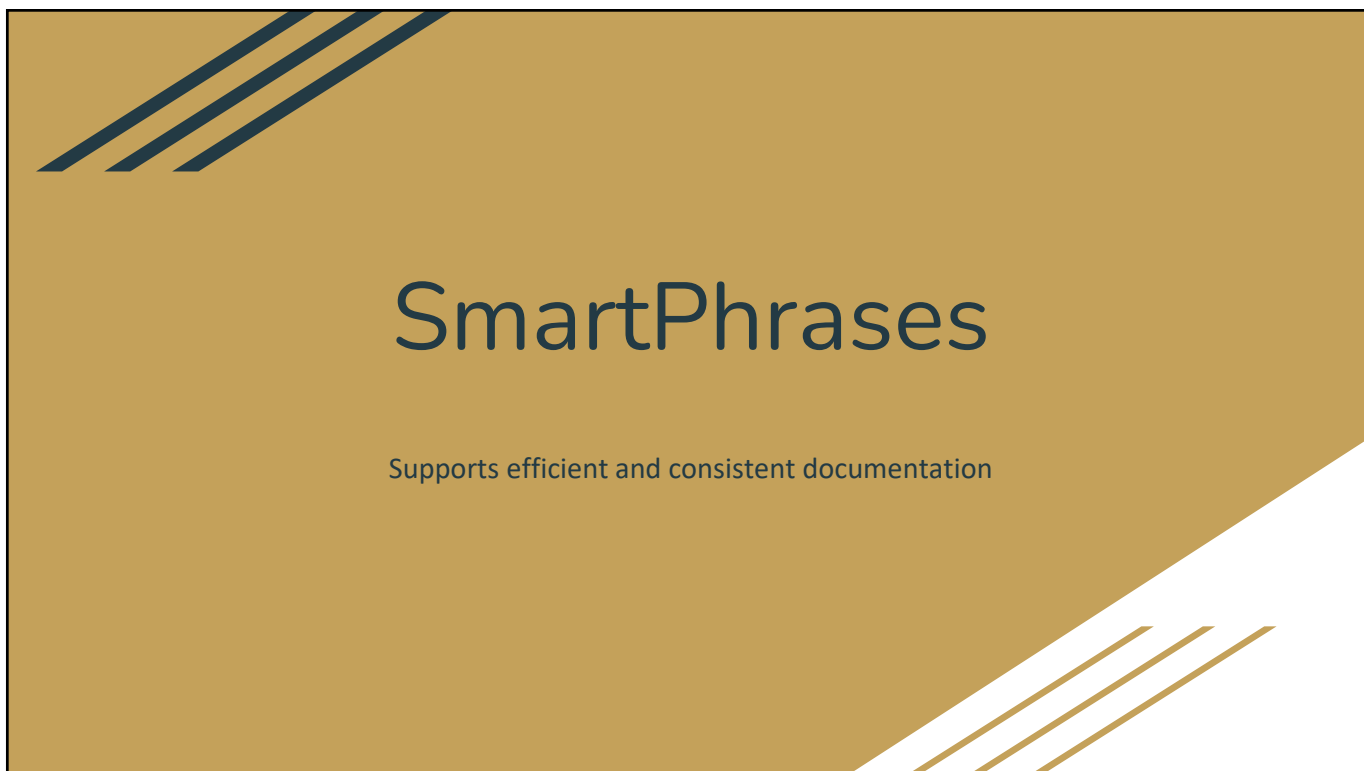
| Date       | Medication                                  | Dose | Route    | Order Detail                                    | Provider            | End Date   | D/C Reason |
|------------|---------------------------------------------|------|----------|-------------------------------------------------|---------------------|------------|------------|
| 08/10/2025 | amLODIPine (Norvasc) 5 MG tablet            | 5    | Oral     | Take 1 tablet (5 mg) by mouth in the morning    | Diana McQueenie, MD |            |            |
| 08/10/2025 | atorvastatin (Lipitor) 20 MG tablet         | 11   | Oral     | Take 1 tablet (20 mg) by mouth in the morning   | Diana McQueenie, MD |            |            |
| 04/02/2026 | esomeprazole (Nexium) 20 MG packet          | 0    | Oral     | Take 20 mg by mouth in the morning. Take be...  | Diana McQueenie, MD | 05/02/2026 |            |
|            | Fish Oil-Cholecalciferol (FISH OIL + D3 PO) |      | Oral     | Take by mouth                                   | Walt Whitecoat, MD  |            |            |
| Tomorrow   | ketorolac injection 30 mg                   |      | Intra... | 30 mg Once                                      | Walt Whitecoat, MD  | Tomorrow   |            |
| 08/10/2025 | metFORMIN (Glucophage) 500 MG tablet        | 11   | Oral     | Take 1 tablet (500 mg) by mouth in the morni... | Diana McQueenie, MD |            |            |
|            | Multiple Vitamin (multivitamin) tablet      |      | Oral     | Take 1 tablet by mouth in the morning           | Walt Whitecoat, MD  |            |            |

**Filter:** 08/10/2025 to 08/10/2025

50



51



52

## What is a SmartPhrase

- SmartPhrase = reusable template with autofill
- Helps standardize and streamline documentation
- Useful for research notes, documentation, and repetitive workflows
- Wildcard: “\*\*\*\*” Placeholder
  - Use F2 to jump between wildcards

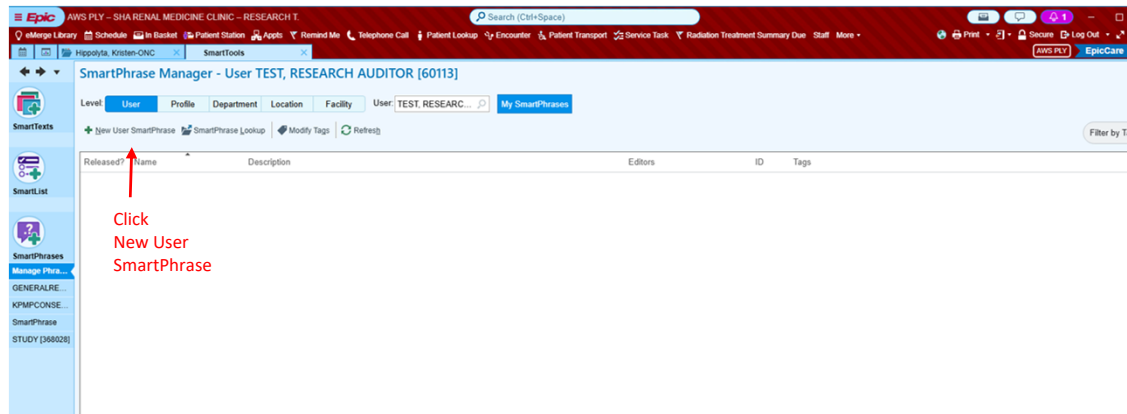
53

## Can't find in toolbar? Search “SmartPhrase”

OR

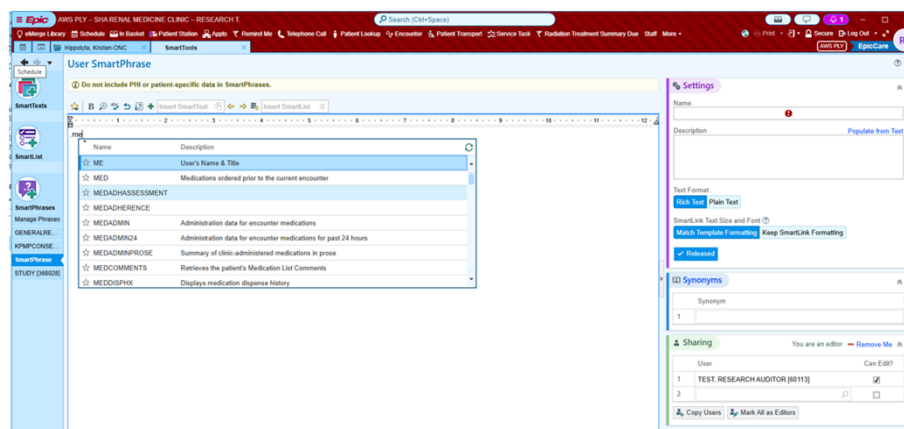
54

# Creating SmartPhrases



55

# Activate: Type “.” followed by keyword



56

## Can use for consent documentation

The screenshot shows the Epic SmartPhrase editor for a template named 'GENERALRESEARCHCONSENT'. The main text area contains the following text:

STUDY TITLE: \*\*\*  
 IRB # H-\*\*\*  
 PI: \*\*\*  
 COORDINATORS: \*\*\*

Below this is the 'Informed Consent Documentation' section, which includes a paragraph of text and a SmartPhrase insertion point marked with '@ME@' and '@TODAYDATE@'. Red arrows point to these elements with the following labels:

- 'Asterisks = Placeholders' points to the asterisks in the study title and IRB/PI/Coordinator fields.
- 'SmartPhrase inserted' points to the '@ME@' and '@TODAYDATE@' markers.
- 'Name SmartPhrase' points to the 'GENERALRESEARCHCONSENT' title in the settings panel.

The right-hand 'Settings' panel shows the template name, description, text format (Rich Text), and a sharing table:

| User                             | Can Edit?                           |
|----------------------------------|-------------------------------------|
| 1 TEST, RESEARCH AUDITOR [60113] | <input checked="" type="checkbox"/> |
| 2                                | <input type="checkbox"/>            |

57

## Using SmartPhrases for Study Heading

The screenshot shows the Epic SmartPhrase editor for a template named 'NADHEADINGONLY [523939]'. The main text area contains the following text:

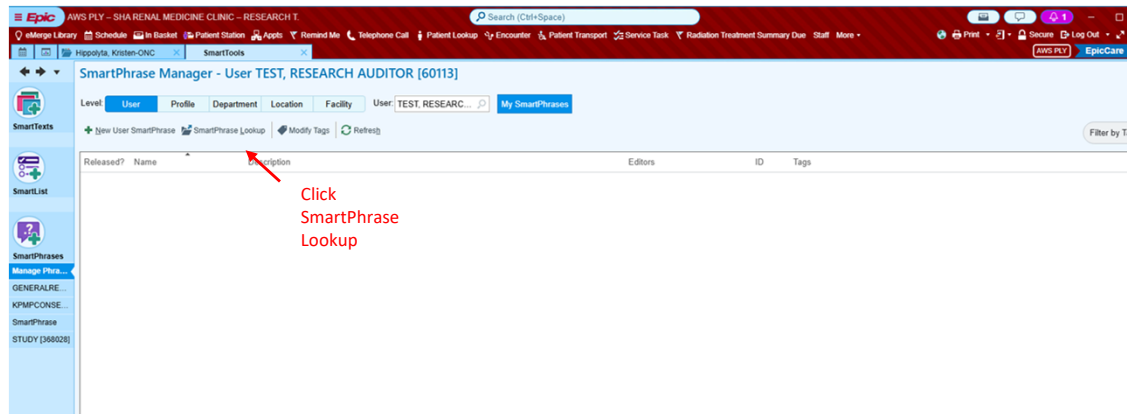
STUDY TITLE: NAD Augmentation to Treat Diabetic Kidney Disease: A Randomized Controlled Trial  
 IRB # 14-43333  
 PI: Sudhakar S. Walker, MD, MPH  
 Coordinators: Astrid Larson, Courtney Hyatt, Marie Caliste  
 Study Telephone Number: 1-877-638-7342

The right-hand 'Settings' panel shows the template name, description, text format (Rich Text), and a sharing table:

| User                     | Can Edit?                           |
|--------------------------|-------------------------------------|
| 1 LARSON, ASTRID [1684]  | <input checked="" type="checkbox"/> |
| 2 CALISTE, MARIE [1645]  | <input checked="" type="checkbox"/> |
| 3 HYATT, COURTNEY [4257] | <input checked="" type="checkbox"/> |
| 4 ROSAN, SOPHIA [6112]   | <input checked="" type="checkbox"/> |
| 5                        | <input type="checkbox"/>            |

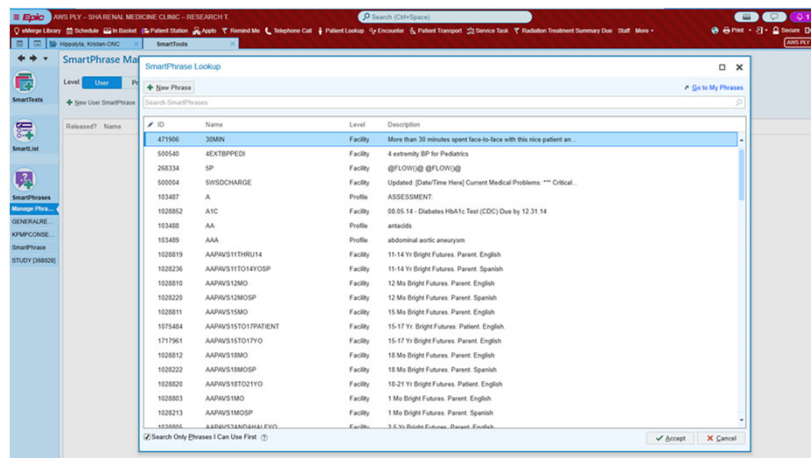
58

# Customize Existing Smartphrases



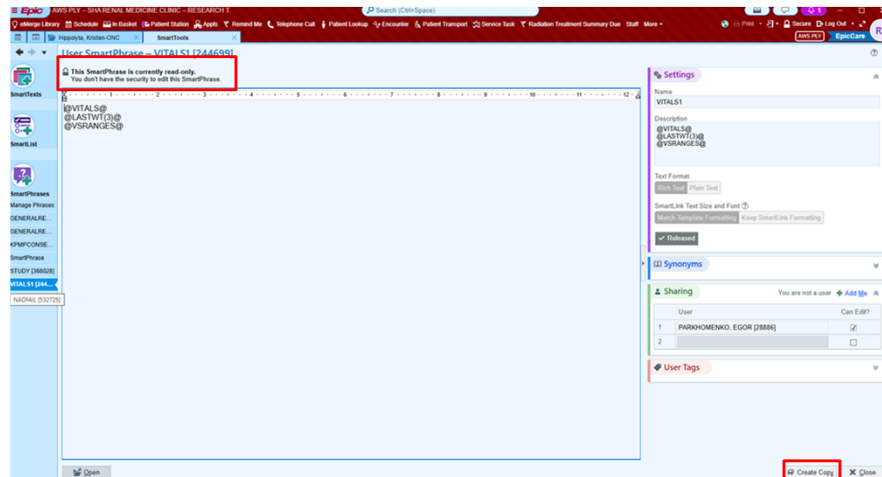
59

# Search keywords



60

## Create a copy of SmartPhrase to customize



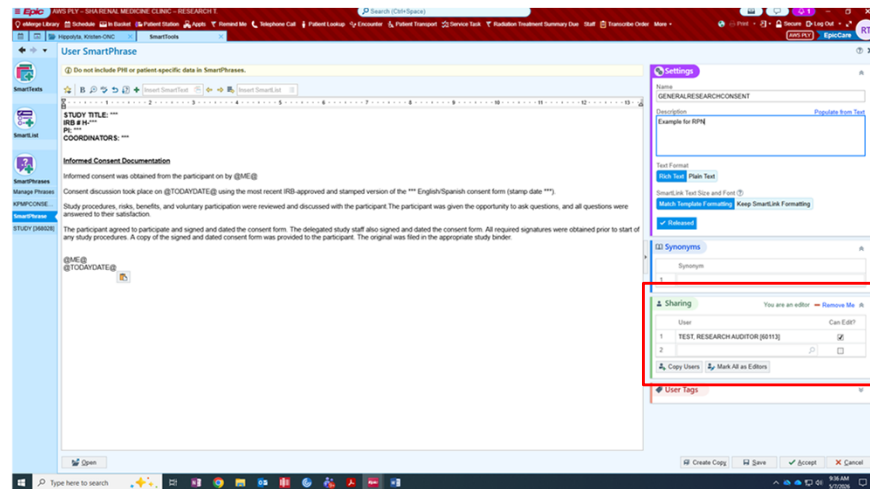
61

## Common dot phrases (Examples may vary)

| Example     | Purpose            |
|-------------|--------------------|
| .todaysdate | Current date       |
| .me         | Name and signature |
| .now        | Current date/time  |
| .mrn        | Patient MRN        |
| .vs         | Vitals             |
| .name       | Patient name       |

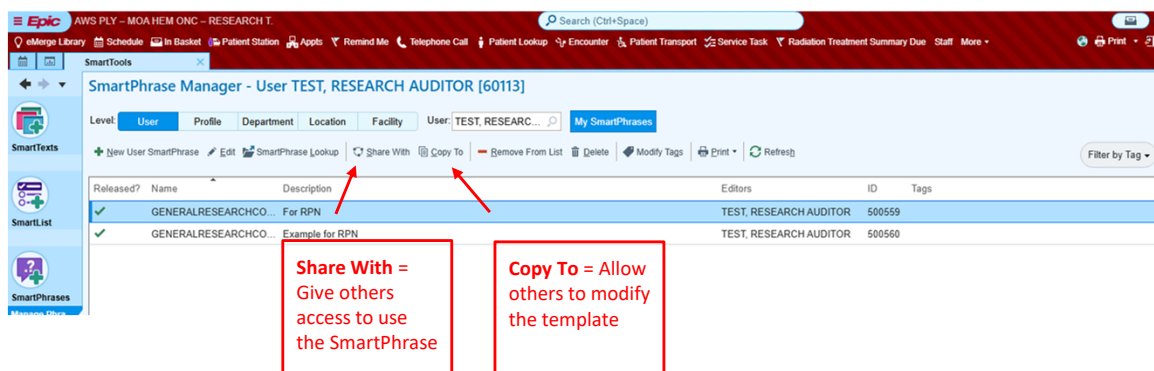
62

# Sharing SmartPhrases



63

# Sharing SmartPhrase vs Copying to User



64

## Sharing SmartPhrases

The screenshot shows the EPIC SmartPhrases interface. On the left, a 'User SmartPhrase' is displayed with fields for 'STUDY TITLE', 'IRB # H', and 'COORDINATORS'. Below this is a section for 'Informed Consent Documentation'. On the right, a 'Settings' panel is visible, and a 'Sharing' table is highlighted with a red box. The 'Sharing' table has columns for 'User' and 'Can Edit?'. It lists two users: 'TEST RESEARCH AUDITOR (88113)' and 'TEST RESEARCH AUDITOR (88113)'. The first user has a checked 'Can Edit?' box, and the second user has an unchecked 'Can Edit?' box.

| User                          | Can Edit?                           |
|-------------------------------|-------------------------------------|
| TEST RESEARCH AUDITOR (88113) | <input checked="" type="checkbox"/> |
| TEST RESEARCH AUDITOR (88113) | <input type="checkbox"/>            |

**Why Share SmartPhrases?**

- Save time
- Improve documentation consistency
- Helpful for onboarding and standardized workflows

65

What's one EPIC feature you'll start using tomorrow?

66