**Ayesha Khan**

**ND617 - Clinical Nutrition Supervised Experiential Learning**

**Competency Activities**

1.13 Demonstrates computer skills and uses nutrition informatics in the decision

making process (D)

2.1\* Applies a framework to assess, develop, implement and evaluate products,

programs and services. (D)

**Activities**

Utilized and evaluated EPIC as an electronic health record to conduct community needs assessment

**Reflection**

When I first started my clinical rotation, my preceptor told me that all the St. Luke’s campuses use the EPIC electronic health record software. Everyday I screened for different triggers that warrants nutrition services to see those patients. Some triggers are as follows,

* If patient are on NPO/liquid diet > 3 days
* Patients with hemoglobin A1c > 7.9
* If there are patients with new tube feed or TPN orders
* Speech therapy or wound care consult

This allows me to use computer skills and nutrition informatics in the decision making process to determine which patients I should do a nutrition assessment on. Afterwards, I collect the relevant data on the patients I need to see. This includes the anthropometrics, past medical history, ED provider notes, and laboratory values. Then I go see the patient and interview them, to get a better understanding of their nutrition-related situation. Sometimes I adjust supplements on EPIC for different patients if they request it.

After using the EPIC software program, I realized how efficient it is. EPIC helps automate tasks and centralizes patient information, leading to better data access and potentially faster diagnosis and treatment plans. There is a learning curve to efficiently navigate this software and even after my training, I still sometimes feel lost. However, my efficiency in managing this EHR has certainly improved.

There is room for improvement, which I’ve recently noticed due to charting data for several patients. We often have to fill lab values and medications for several patients, which is cumbersome, when that information is already visible on the patient’s chart. This information should be directly pulled from their chart and auto-filled when we are completing the Nutrition Care Plan. The interface can sometimes be weird to navigate as well. I know the Dietitians in the various St. Luke’s campuses want an improvement in these areas as well as a few others. Hopefully something can be done to make the navigating and charting process smoother.