# Quillen Quick Notes

## Live Quillen Sites

Johnson City Family Medicine

Kingsport Family Medicine

Bristol Family Medicine

Quillen ETSU OB/GYN

Kingsport Internal Medicine

Quillen ETSU Surgery

Johnson City Internal Medicine

Quillen ETSU Pediatrics

# EHR Progress and Goals — 2012

**2012** has been a busy year for the Quillen **EHR Team.** We had a system upgrade that required building and testing from January through March (planning actually began the previous November). We resumed roll-out of the EHR in April with **Surgery**, followed in May with **Johnson City Internal Medicine**, and then **Pediatrics** in June. July has been a period of transition as the graduating residents departed and the incoming residents had to be set up and trained in the EHR.



## Who's next?

- The next site to go live will be **CEB II, which includes Cardiology, Endocrinology, and Gastroenterology.** Training has already occurred, and the Go-Live date is **August 6.**

- **Quillen Psychiatry** and the **Osteoporosis Center** are both going live in September—on the 10th, the first Monday after Labor Day.

- **The St. Jude Tri-Cities Affiliate** will be taking the plunge this fall on October 1.

- The final Quillen locations scheduled during 2012 are **BucSports** and **Quillen Fertility and Women's Services.** The Go-Live date will be November 5.

## And then what?

This has been a challenging journey, and it is one that some physician practices have not even begun.

The motivation behind the drive for Electronic Health Records comes largely from the Medicare and Medicaid EHR Incentive Programs. The government will provide incentive payments to eligible organizations as they adopt, implement, upgrade, or demonstrate meaningful use of certified EHR technology. These dollars help cover ongoing costs related to the EHR.

As of this fall, we will have met all requirements except for the last one—demonstrate meaningful use.

**Meaningful Use** requires reporting a variety of data, such as the following:

- **Medication Status** documentation
- **Medication** reconciliation
- **Allergy Status** documentation
- **Allergy** reconciliation
- **Height/Weight** documentation
- **Blood Pressure** documentation
- **Smoking Status** compliance
- **Clinical Summary** documentation
- **Patient Reminder** documentation
- **Patient-specific** reports by specific conditions

As the EHR Team continues to support the system, we will also be collecting and reporting data. Additionally, we will work closely with everyone to assure proper documentation happens in the EHR.

# Bristol Family Medicine—One Year Later

**What was it like?**

[It was] a little scary leading up to it, but to be honest, it's hard to remember not having EHR on most days. No one likes change, but to move forward and grow is a great change.

Anticipation of Go-Live was exciting and scary at the same time, but surprisingly went very smoothly. There was a lot of "scrambling" when it came to getting charts scanned and entered into EHR before patient visits.

**What progress has been made?**

Our old chart room looks so professional now with our front office ladies working in that space. We don't have to spend hours looking for a chart, it's always there at our fingertips. As I mentioned, moving forward and growing is great, and I think we have blossomed!

All in all, it has been a work in progress, and is going well. Much, much better than paper charts!

**What would you do differently?**



BFM Chart Room before EHR

More training. I think if we had trained longer, it would have taken more of the fear away. It would be nice if we all did things the same way. More training would have made everyone feel more secure.

One thing I did notice that has somewhat caused us confusion was that it seemed each person on the Green Team had their own way of doing things. Therefore, we each had a different "avenue" to get to the same destination. It would have helpful if we all learned the same way to do things.

**What workflows have been affected?**

Most every workflow has been affected in one way or another, and for the most part in a positive way.

Many, many workflows have changed, but it is an ongoing process to "smooth" things out so it is more user-friendly for our docs and nurses.

**What EHR-related goals do you have for the next 12 months?**

To continue to learn and apply the knowledge to how we do our jobs so we can be even more efficient in taking care of our patients.

To continue to make this better, not only for the docs and nurses, but in how it will help the patient.

# CEB II — Quillen ETSU Physicians

## Cardiology, Endocrinology, and Gastroenterology

**The next Quillen ETSU Physician Site to Go Live will be CEB II — Cardiology, Endocrinology, and Gastroenterology in Johnson City.**

Training began on July 31, and the **Go Live** will be August 6.



*Day One Provider Training*





*(Above) Becky Killion and Phyllis Boone ,*
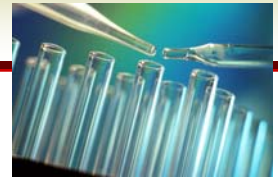*(Right) Day Two Provider Training*

# Visit the QETSU EHR Website



The Quillen Physicians EHR website is a tremendous resource at your fingertips.

You can easily access the Training Manuals, How-To Documents, Training Videos, and more.

This link takes you to the website:

http://quillenphysiciansehr.weebly.com/

# From the Developer Zone

## Topic: Ordering Multiple Future Labs



It is very easy to schedule recurring lab orders.

**Step 1:** Open the **ACI**, and search for your lab order.

**Step 2:** Select **Schedule** to open the **Schedule Dialog** window. There are several options available. You can select specific dates, recurring frequency, and so forth.



**Step 3:** In this example, we have chosen **Recurring** on a **Weekly** basis every **Tuesday** starting **31Aug2012** and ending after **Six** occurrences.

**Step 4:** Click **Generate** to push out the selected dates.

**Step 5:** Click **OK.**

**Step 6:** Select your lab choice like you normally would. Notice that the **Order Details** window displays the scheduled dates.
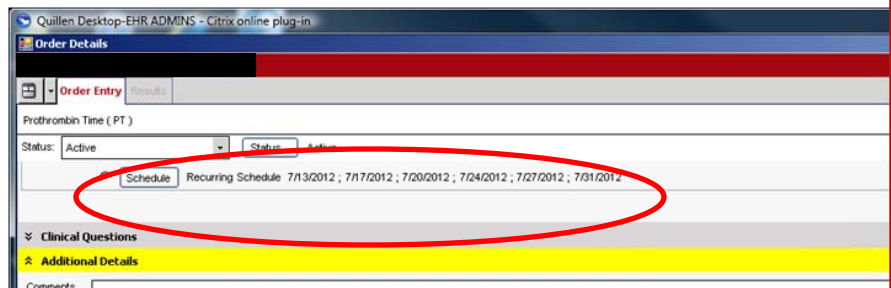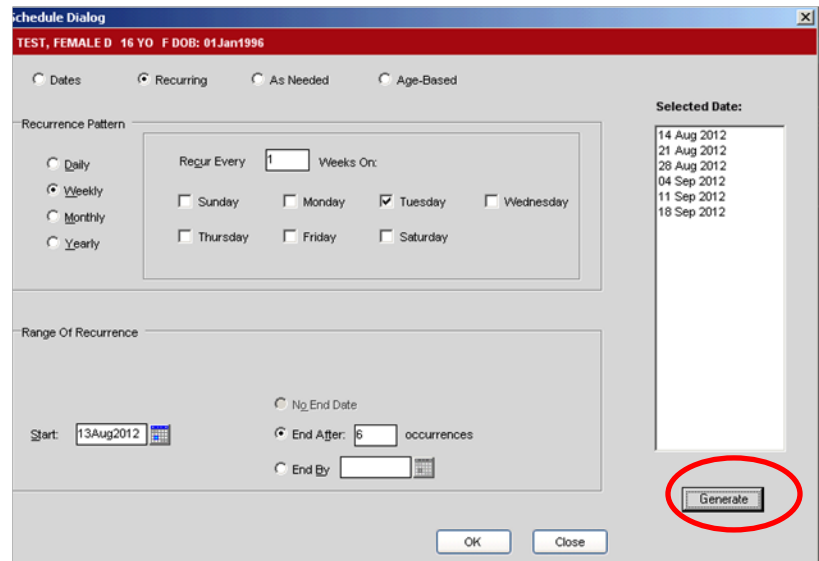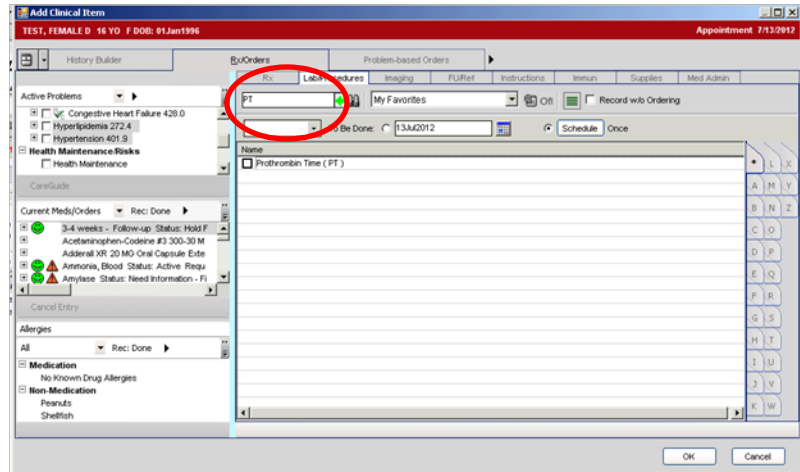
# July EHR Challenge Winner

We had an excellent response to our July Challenge, which was to name our EHR Website name and web address:

Quillen Physicians EHR

http://quillenphysiciansehr.weebly.com/

...and the winner is Leslie Paduch with Quillen ETSU Surgery. Congrats, Leslie!

*Leslie (center) hard at work during Go-Live.*

## August Challenge

Question: Name three things required to be documented for Meaningful Use.

TASK your answer to the Allscripts Help Team.

**The Help Desk is available Monday through Friday from 7:30am to 6:00pm.**

When contacting the **Help Desk**, consider the nature of support needed.

If the need is **URGENT**, CALL **423-282-6122 (option 1).**

**If your question is not urgent, select from the following:**

♦ Send us a **Task** by tasking **ALLSCRIPTS HELP TEAM.**

♦ Send us an e-mail: EHRhelp@qetsu.org

♦ Open a helpdesk ticket: Click on the **QITS Help Desk** icon.

**After-Hours Support** is very limited. If you have an urgent need, you may send an e-mail with a return phone number to EHRhelp@qetsu.org. Should a member of the EHR Support Team be available, someone will get back in touch with you as soon as possible. Please note that messages left on voice-mail after hours will not reach us until the next work day.

### Calling the Help Desk Number (282-6122)

- **Option 1: All Allscripts EHR Issues**
- **Option 2: Family Medicine Hardware/IT Issues**
- **Option 3: MEAC Clinic Hardware/IT Issues**
- **Option 4: Experior Issues (Rhonda/Regina)**

# Are you a Meaningful User? *Alert Fatigue Happens*

How many times have you found yourself "clicking through" alerts in order to get through a busy clinic? Or, have you found yourself ignoring big red triangles, frowning faces, or bright yellow reminders?

Unfortunately, providers across the specialties are notorious for this behavior, relying on their own clinical judgment to deliver care and ignoring clinical alerts, such as drug-drug interactions or overdue order reminders…and why not?

### The Human Condition

That's why you have a license to practice medicine, right? But aren't we all human? We all make mistakes, forget things. EHR adoption is supposed to be an aid to help support us, to remind us when we may forget something —or even if a patient forgets. Mistakes, forgotten orders, or ignored orders were almost impossible to track on paper, or were too time consuming for those "keepers of the charts" who were responsible for tracking all the orders, medication lists, and the like.

A great example of the tracking efficiency EHR offers is the email I received the other day from my daughter's provider. "Bridget, Allscripts is telling me that Leah hasn't had the urine culture that I ordered." I hate to admit it, but he was right, and the next day I had her urine sample at the lab, along with my son, who still hadn't had his blood drawn (his doctor had sent me a reminder, too!). Although an EHR system can be cumbersome and time consuming (especially at first), the reality is that in the end, providers are delivering better care….that is, unless they start ignoring the system.

### An EHR Casualty

The phenomenon is known as "alert fatigue." Providers see so many alerts , notices, and reminders that they tend to ignore them, including alerts for meaningful use: reconciling meds, documenting smoking status, recording vitals, etc. According to *accessmedicine.com*, "Studies within and outside health care show that the beneficial effect of an alert, such as a pop-up box in a software system, is rapidly extinguished if the alert becomes a routine part of using the system. . .If a clinical decision support system provides an 'alert' to the drug-drug interaction of two medications routinely used together safely, such as enoxaparin and warfarin, in the same way as to unfamiliar but dangerous interactions, such as theophylline and fluoroquinolones, clinicians become desensitized to the alerts and dismiss critically important guidance when it does appear."

In the next few weeks, another alert will have to be implemented in order to attest to **Core Measure 11: "Implement**

**one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule."**

"Another alert?" you may be thinking. "Isn't your point that we're already tired of them?"

### Patient-Centered Data

True, you may be tired of them, but the reality is that they do improve patient care….if used correctly. CMS requires that the clinical decision support rule be based on "general and person-specific information, intelligently filtered and organized, at appropriate times, to enhance health and health care." Our system, as a certified EHR product, generates alerts based on patient-specific data. An example of this would be an alert reminding the provider to ask the patient if he/she has had his/her Pneumovax, driven by individual patient immunization status and patient demographics (such as age or problem list information). For users, this means that information needs to be entered correctly and updated regularly.

### Accurate Data

As we have been looking over charts the past few months for quality improvement, there have been numerous instances where patient records have not been updated (i.e. a patient with an active pregnancy who aborted three months previously). Using our Pneumovax example, if the administration of a previously given Pneumovax was not documented, then the number of false alerts could hinder rather than help.

### Steps to Follow

The following are some steps to help avoid alert fatigue and ensure that Meaningful Use data is reported accurately.

1. When an alert pops up, don't just click out of it. Read the alert and make sure that what is being "alerted" should be. If the alert shouldn't be generated, question why.

2. If the alert was generated based on incorrect information entered in the system, *correct that data*. For example, if medications are still on the current medication list that shouldn't be, then fix it.

3. If an alert generates that shouldn't based on information you know to be clinically incorrect, let your support team know. Alerts are supposed to generate on evidence-based medicine and the latest national standards of care.

If all of our users in our clinics work together to make sure that data is accurate in the patients' chart and that the system is functioning correctly, then the alerts that generate should be less frequent and clinically relevant.