Volume 2, Number 9
September 2012

Quillen Quick Notes

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A "Special" Go-Live *for* CEB II Specialists

One of the last offices to Go-Live, the specialty practices at CEB II (Cardiology, Gastroenterology, and Endocrinology) were well-prepared for their adoption of Allscripts EHR. On day one, the **Green Team** was welcomed with banners, balloons, and a friendly "Welcome" sign, and the clinic break room was transformed into the **EHR Command Center.**

*Pictured below are the **CEB II Green Team** consisting of the Quillen EHR Staff, Consultants, and the CEB II Superusers. From left to right, Bridget Garland, Dr. Vijay Ramu, Marilyn Stockfelt, Jennifer Logan, Cherity Bennett, Jenny Sarigan, Monaco Briggs, Michelle Fisher, and Tracy Jones.*

The clinic schedule was appropriately reduced so physicians and staff could adjust to all the changes to take place. As with other clinics, **Green Team** members were assigned to each working location — Front Desk, Phone Room, Nursing, and Providers. Encounter note building and modification became a number-one priority along with staff and physician support.

As many already know, this transition is challenging. Every single workflow is affected, and the first and second days are typically the most difficult; however, by the third and fourth day of Go-Live, many of the kinks had been worked out.

Of course, there are still items left to be tweaked. Note customization is an ongoing work-in-progress. We continue to refine note templates for all sites, even sites that have been Live for over a year.

Pictured above, are Hrak Chemchirion (left) and Kais Al Balbissi (right) documenting an encounter in the EHR system.

The nursing staff did a great job during Go-Live week. Patient histories were pre-loaded in the system prior to the encounter whenever possible, which was one of the best strategies for getting through the first few weeks smoothly. Nursing staff started notes for the physicians and collected the reason-for-visit.

Pictured above are Suzanne Hammonds, Amber Arsenault, Jackie Poole, Phyllis Boone, Jessica Maxin, Danita Corby, and Dawn Arapakos.

Great job, everyone!

CEB II Go-Live Activity

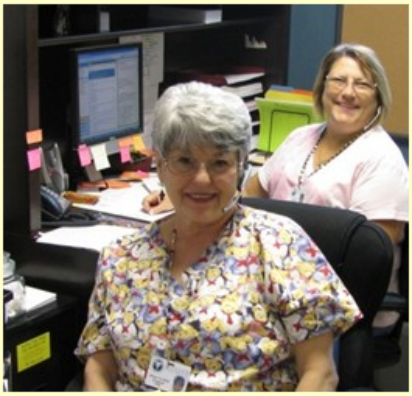
Marilyn Stockfelt, Office Manager & Amber Arsenault, Nurse Practitioner

Front Desk Staff

Theresa Wilson, Rochelle Foster, & Rhonda Summie

Monaco Briggs presents Dr. Al Balbissi with his shirt: "It's Not a Glitch; It's a FEATURE!"

Dr. Philip Henry and Dr. Pablo Lopez



Phone Room

Johnnie Lee-Smith and Connie Bailey

Superuser Dr. Vijay Ramu

Marci Ray — scanning incoming paper-work into the Electronic Health Record

Achieving Excellence when Ordering Labs

Scheduling & Rescheduling Lab Orders

1. Providers **must** order labs in the system before the patient goes to the lab; otherwise, the lab will not be able to perform the lab.
2. Be sure to select an appropriate diagnosis code to link to the lab order. Overuse of the Health Maintenance Code (V70.0) will result in additional charges for either the patient or the clinic.
3. Make sure the **To Be Done** date is the correct date, whether the lab is to be done that day or in the future.
4. If your office schedules labs, after the lab order has been placed in Allscripts, mark on the **Encounter Sheet** when the lab needs to be done (if applicable).
5. When labs are scheduled, instruct the patient to stop by the lab or front desk (depending on who schedules the appointment), before checking out of the office.

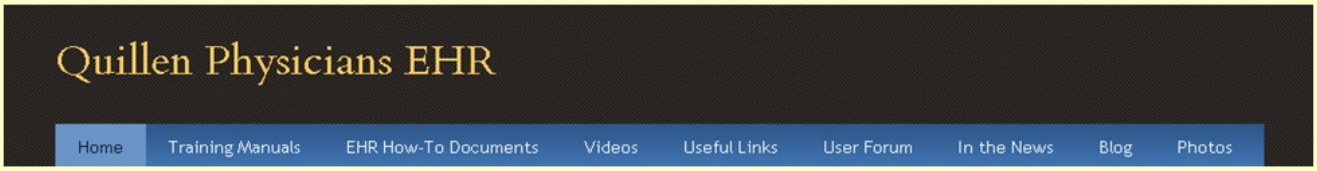
6. **When labs have to be rescheduled (for instance, the patient missed an appointment), the original lab order must be "Entered in Error." DO NOT EDIT. Re-order the lab in Allscripts reflecting the new appointment date.**
7. **Sending Instructions to the Lab:** On occasion, a provider may want to send instructions to the lab along with the order. These instructions should be entered in the **Comments to Performing Location** section located above the ordering provider name. **The BEST WAY to assure the lab receives your instructions is to call the lab.**
8. **Lab Order Clean-up:** For patient no-shows, permanently defer the order, rather than Enter-in-Error.

   Right-click on the lab order and select **Edit.**

   Click on the **Status** button, and the **Change Status** window will open.. Select **Permanent Deferral**.

9. **Future Orders:** drop into the lab system 14 days before the order date. Instruct your patient NOT to come before the 2 week window.

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:

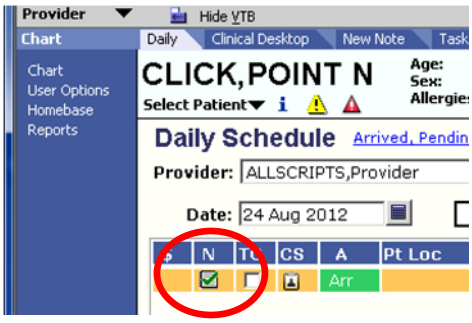
http://quillenphysiciansehr.weebly.com/

From the Developer Zone

Reviewing Finalized Notes

Occasionally, finalized notes are being re-opened and edited <u>in error.</u> We believe this occurs when physicians or nurses want to review the note, and accidently open the note for editing.

****DO NOT RE-OPEN FINALIZED NOTES IN THE EDIT MODE.****



A green checkmark on the note icon on the Daily Schedule indicates the note is finalized.

If users re-open the note from the schedule, it will open in the "Edit" mode. If changes are saved, the note will be updated. Altering finalized notes is a serious concern and has been occurring frequently.

If you need to review any previous note, navigate to the Clinical Desktop and double-click on the appropriate note on the Notes or Chart tab. This will open the note for viewing without editing.

New & Improved Clinical Summary

We have created a new Clinical Summary document. The summary will generate as an output from the office note, making it possible for providers to view the summary before it is provided to the patient. The new summary also has a separate section titled "New Orders and New Medications," which we hope will be less confusing to the patient. Clinics will receive education for the new document in the near future.


(Evaluate:25Jan2013); Last Rx:02Aug2012
3. Gas Free Extra Strength 125 MG Oral Capsule; TAKE 1 CAPSULE 4 TIMES DAILY; Therapy: 23Aug2012 to (Evaluate:31Aug2012); Last Rx:23Aug2012; Status: ACTIVE - Retrospective Authorization
4. PEG-3350/Electrolytes 236 GM Oral Solution Reconstituted; TAKE AS DIRECTED; Therapy: 01Aug2012 to (Evaluate:12Aug2012); Last Rx:01Aug2012

New Orders and New Medications

Medication Changes and /or Instructions: No changes in medication this visit. Education about medication given.

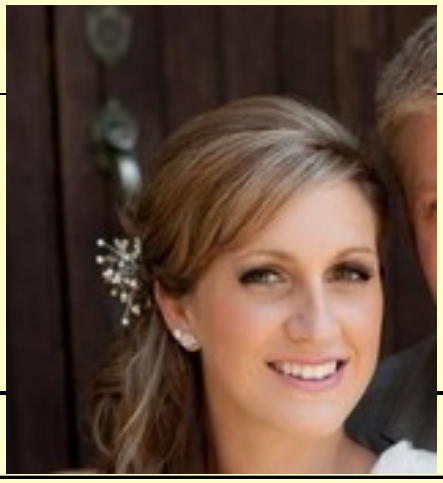
Health Management
Mammogram (Screening); Schedule; Last 30Dec2011; Next 01Jan2014; Active

Social Security Privacy

It is NOT mandatory that we provide our patients' social security numbers when we refer our patients to external providers.

When someone requests this information, inform them we neither track nor provide social security data.

August EHR Challenge Winner



It definitely pays to read the EHR newsletter and answer the challenge questions. Last month's winner was **Allison Smith Cox**, who handles the check-out desk for Johnson City Family Medicine. She will receive a $10 gift card and Allscripts prizes.

The correct answer for our August Challenge-

The three things required to be documented for Meaningful Use are: **Please see our website**

September Challenge

Question: What is the one thing you should NOT do when a lab order needs to be corrected?

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? *Resistance IS Futile*

In a recent *JAMA* issue (2012;307(23):2497-2498), author Elizabeth Toll, MD, shares a poignant patient example of the "Cost of Technology." Illustrated by a pediatric patient's colorful drawing for her doctor, the patient is on the exam table with her parent seated nearby, and the physician is pictured behind her, back toward her, and head buried in a computer.

Revealed is the fear most providers have about adopting an electronic health record (EHR)–the loss of patient interaction. Dr. Toll makes some very valid arguments in her essay: first, that the connection between and physician and his or her patient is established best by face-to-face interaction; second, "picking and clicking" has replaced internalized learning; and third, written notes are easily corrected after the patient leaves, but documenting in a computer seems more unforgiving. Thus, physicians tend to focus more on the computer than the patient in order to prevent a wrong click from becoming an irreversible mistake.

As an electronic health record analyst, I would like to disagree with Dr. Toll's points, **but I can't.** There are certainly some drawbacks to having an EHR; specifically, the loss of connection between patient and physician. However, there are numerous advantages, and as Toll goes on to write in her essay, there is no use fighting the system. In fact, she challenges her fellow physicians to "embrace technology to help us consolidate and organize data and communicate with colleagues for the benefit of patients and ourselves" (2498).

While it may seem defeating, even daunting, resistance *is* futile. Fighting a system that could (will?) eventually get better can only cause more anguish for the resistor and further delays in improving EHR design.

Toll concludes with reminders–of how lucky healthcare providers are to care for patients like the young artist and to work with physicians like the young provider she describes within her essay. Of how human we all are and how important the human connection is when facing new challenges, including the electronic health record. She states, "If we take time to connect with one another and draw strength from listening, learning, teaching, and caring we can join together to find ways to take on new challenges" (2498) Meaningful use, in theory, was put into place to help improve patient care, not deter it. Of course, it's a work in progress, and the way I see providers taking on Dr. Toll's challenge is not to refuse to participate (because patients still need care), or to complain or grumble (because complaining and grumbling makes everyone miserable), but to start voicing thoughts, ideas, and opinions on how to *improve* system.

From an analyst's perspective, we appreciate ideas and feedback. When something isn't working, tell us. When you have an idea that could make the system more user-friendly, tell us. If a meaningful use requirement doesn't really make sense for your scope of practice, get involved in government policy.

Obviously, a challenge is never easy, but if providers, administrators, analysts, and policymakers can work together, perhaps one day the EHR truly will be meaningful.