



Quillen Quick Notes

2012 In Retrospect: The Timeline

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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

Quillen ETSU Cardiology, Endocrinology, & Gastroenterology

Quillen ETSU Psychiatry

Quillen Osteoporosis Center

As an EHR Team, we are really excited about the progress made during 2011—five Quillen ETSU practice sites successfully implemented the Allscripts Enterprise EHR system, and we were equally excited to continue the journey in 2012. As we reflect back, do you recall some of these events?

Jan 2012 through Feb 2012: EHR system upgrade building and testing to the Meaningful Use version of Allscripts. Education provided to the live Quillen sites for the upgrade.

Mar 2012: Successful system upgrade weekend of March 9. Training began for the next Go-Live—Surgery!

Apr 2012: Surgery implemented—a new specialty for Quillen EHR. Training began for Johnson City Internal Medicine (JCIM). Johnson City Family Medicine celebrates one full year of electronic medical record use.

May 2012: JCIM implementation success. Pediatrics training. OB/GYN marks their EHR one-year anniversary.

Jun 2012: Pediatrics Go-Live—another new specialty for implementation. Kingsport Family Medicine celebrates one-year live on the EHR.

Jul 2012: Transition time for residents. New resident EHR education. Kingsport Internal Medicine proudly reflects on 12 months with the EHR. CEB II training began.



Aug 2012: CEB II implements the EHR system adding additional specialties. Bristol Family Medicine celebrates a full year on EMR. Preparation and education for Meaningful Use compliance. EHR training provided to the Psychiatry and Osteoporosis clinics.



Sep 2012: Psychiatry successfully implements the EHR. Preparation for Osteo Go-Live. Meaningful Use (MU) education scheduled and provided to clinics.

Oct 2012: Osteoporosis Go-Live. MU data collection begins. First MU reports generated. Ongoing MU education provided to clinics.

Nov 2012: Increased feedback and education for MU compliance. EHR Team began making “Circle-Back” visits to all live clinics—providing on-site re-education and assistance for better system use and MU compliance.



Dec 2012: Last month to collect data for 2012 MU attestation. More “Circle-Back’s.” **Holiday Break!**

November EHR Challenge Winner

Last month's challenge asked:

When sending a note, referral, question, etc. to an INTERNAL provider, how should it be sent?

The answer is **TASK IT**. There is no need to use paper and time by faxing.

This month's winner is **Dee Dee Kennon**, nurse with Quillen ETSU OB/GYN. She received a prize pack from the EHR Team. **Way to go, Dee Dee!**



Dee Dee posing with her prize pack.

December Challenge

Question: Where should you go in the EHR to properly document Patient Education?

TASK your answer to the **Allscripts Help Team**.



The winner will be chosen by drawing from all correct answers submitted.

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/>

Quillen Physicians EHR

- Home
- Training Manuals
- EHR How-To Documents
- Videos
- Useful Links
- User Forum
- In the News
- Blog
- Photos

Transitioning a Diagnosis

Transitioning Initial to Final Diagnosis
Download File

To Stop a Deferred Item
Download File

Temporary Deferrals for Follow-Up Orders
Download File

Printing Scheduled Rx's Prior to Preceptor Authorization

Printing Scheduled Rx's
Download File

Ordering a Follow Up
Download File

Handling Rx Renew Request Tasks that lack a patient name

Labs

Ordering Labs
Download File

Rx Renew Request without a Name
Download File

Cleaning Up Lab Orders
Download File

Adding Items to a Pre-existing Flowsheet

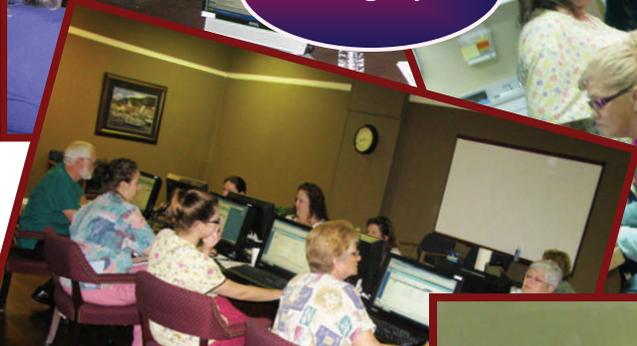
Adding Items to a Pre-existing Flowsheet
Download File

2012 In Retrospect: EHR Photo Shots



Surgery

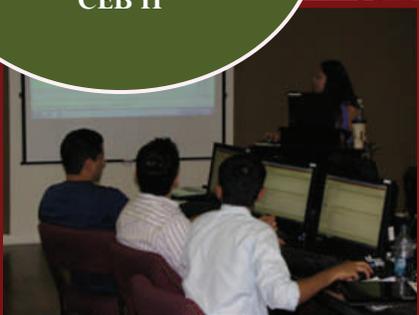
Johnson
City
Internal



Pediatrics



Cardiology
Endocrinology
Gastroenterology
CEB II



From the Developer Zone

Health Management Plan (HMP): Order Reminders

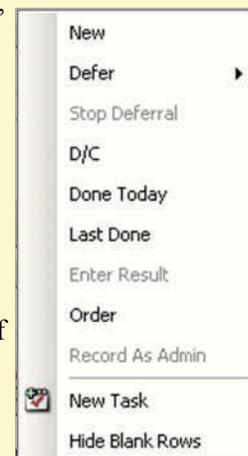
Our recent upgrade enables the EHR system to automatically generate order reminders for patients who meet certain criteria. These alerts may be viewed from the HMP flowsheet on the Clinical Desktop (or the Encounter Summary), creating a dashboard for the clinician to quickly review and act upon the treatment plan for current active problems and health maintenance issues.

Item	Schedule	Gr...	Most...	D...	5y...	To Do	Incomplete
(MU) Current Every...		<input type="checkbox"/>					
Smoking, stop	Q 2 years	<input type="checkbox"/>				▲ Due: 15Nov2012	
Type 2 Diabetes...		<input checked="" type="checkbox"/>					
Diabetic Foot Exam	Q 12 months	<input type="checkbox"/>				▲ Due: 15Nov2012	
Eye Exam	Q 12 months	<input type="checkbox"/>				▲ Due: 15Nov2012	
Other Medications		<input type="checkbox"/>					

The HMP consists of three parts – (1) Orders/Results linked to a problem, (2) Prescriptions (meds) linked to a problem, & (3) **Order Reminders**. **The general rule of thumb is to navigate the HMP from right-to-left.**

If the user needs to take action on an item and there is an entry in the **To Do** column, right-click in that cell. The menu to the right will appear.

- **New** — navigates the user to the ACI to create a new order.
- **Defer** — allows the user to either temporarily or permanently defer the item.
- **D/C** — discontinues the reminder.
- **Done Today** — will update the reminder as completed on the current date.
- **Last Done** — will allow the user to update the reminder with a specific date of completion.
- **Order** — actually navigates the user to the Order Entry screen to order a test.



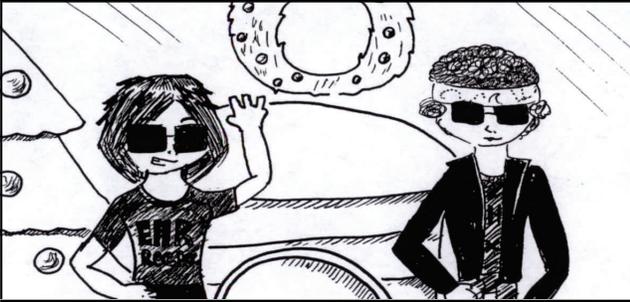
If there are specific order reminders that you would like the system to generate for a certain patient population, please contact the EHR Support Team with a request. Simply open a Help Desk ticket by sending an e-mail to

EHRhelp@getsu.org or submit a task to the Allscripts Team within the EHR .

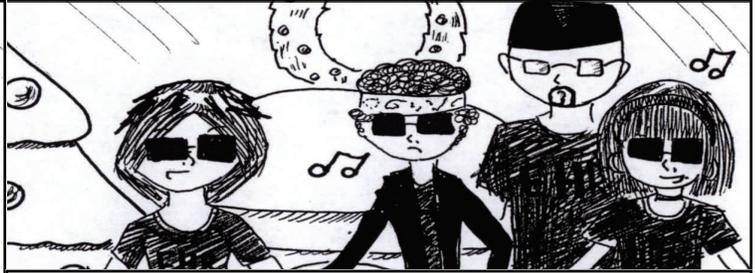


EHR ROCKZ!

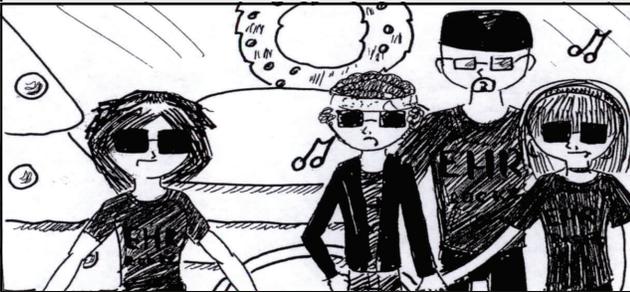
December 2012



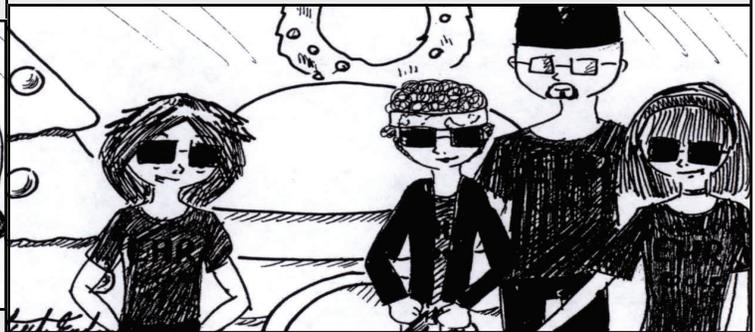
"Okay, Guys, in the tune of 'Frosty the Snowman' ..."



"Allscripts rocks because of no lost charts. Easier updated problem list and automated reminders!"



"Better documentation of communication with patients, e-prescribing, less misfiling, no more sticky notes!"



"Just a little more practice, and we'll have it! Now let's hit the eggnog!"



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

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

If the need is **URGENT** (i.e. inability to log in, inability to document), 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 voicemail 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? Patient Education

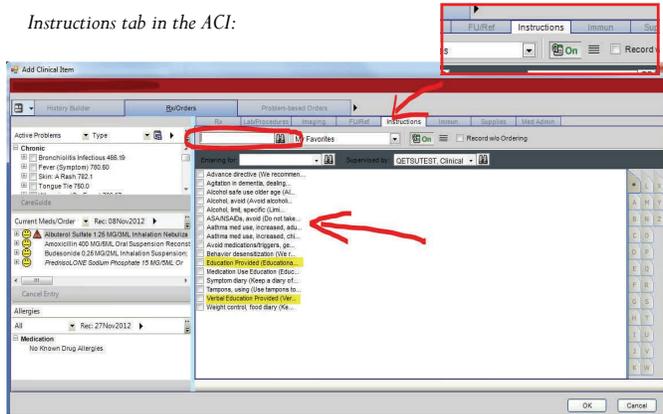
Documenting Patient Education

More often than not, providers are educating patients at each office visit, whether it's through verbal instructions or an educational handout. For diabetics, it may be nutritional information, for pediatric patients, information about an immunization, for smokers, and admonishment to stop smoking. And, more often than not, this education gets documented in the note. For these reasons, Menu Measure #6 for Meaningful Use is "Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate (must be more than 10%)."

Simple enough, right? You are already providing the education, so this one should be a breeze, but, unfortunately, this measure's percentage has been a struggle to meet for many providers. The problem seems to be remembering to "order" the education from the Instructions tab in the ACI. (And, yes, it is an extra click.) The system can only track the education when it is ordered from this tab.

To make it as easy as possible, we have added two general education orders: 1) **Education Provided** and 2) **Verbal Education Provided**. Both of these are set as Quick List items and when ordered, show up in the note under the Plan section.

Instructions tab in the ACI:



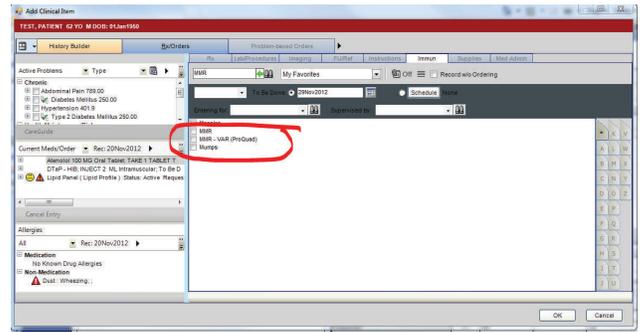
The education order shows up in the Plan section of the Note:



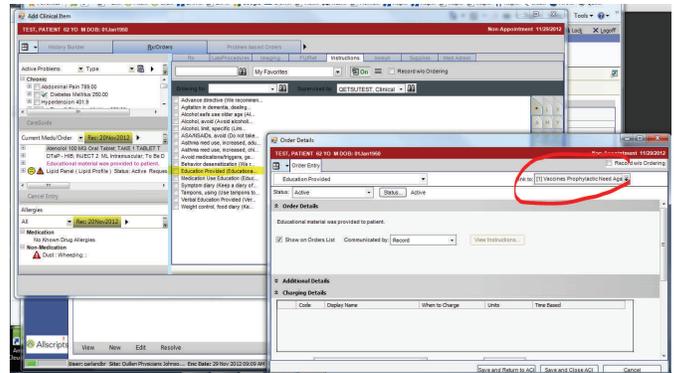
Another suggestion for documenting patient education is to have the nursing staff document when immunization and medication administration education is provided to the patient. For instance, when an MMR is ordered for the patient, the nurse typically provides the patient with printed educational material regarding the immunization.

When the nurse goes into the EHR to document the administration, he or she can also go to the Instructions tab to document that the education was given to the patient.

Order/Document the Immunization as usual:



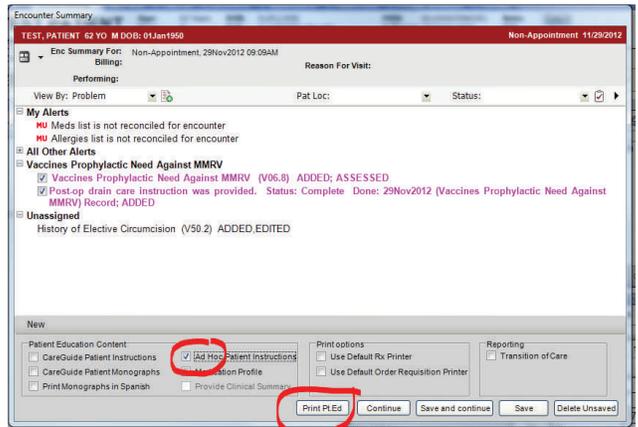
Go the Instructions tab and order Education Provided. You can link it to the need for the Vaccination.



Tip: Make sure to always access the patient through the Daily Schedule. If the Order is not associated with the Appointment, the education and medication administration will not be documented properly.

In addition to the general education tabs that we have created for quick documentation, there are **hundreds of other instructions** in the system that can be ordered. Take a few minutes to search for common instructions, such as diet, tobacco use, exercise, medication education, etc. and set these up as **Quick List** items.

You can also **print** these instructions for the patient. After ordering, click on Commit. From the Encounter Summary, click on Ad Hoc and then Print Pt. Ed. (See below.)



Are you a Meaningful User? Survey Says....

A recent [survey](#) conducted for the [American College of Physicians and Doctors Helping Doctors Transform Health Care](#) (published October 2012) in collaboration with the Bipartisan Policy Center (BPC) revealed some interesting findings concerning physician views about the adoption of electronic health records (EHR).

One of the most encouraging findings is that 80% of physicians surveyed believe that the adoption of EHR is having a positive impact on the quality of patient care. Additionally,

- 80% see EHR as improving the ability to coordinate care;
- 69% believe EHR is improving efficiencies in their practice setting; and
- 57 % see EHR as reducing health care costs.

The same survey was fielded by the [American Academy of Pediatrics](#) in September 2012 with similar results. A majority (80 percent) of those surveyed believed that the electronic exchange of health information across care settings will have a positive impact on improving the quality of patient care as well as the ability to coordinate care.

While these percentages suggest an optimistic attitude about the EHR implementation, other findings reveal that there are still areas that need improvement, namely in the ability to exchange patient information among providers. 71% of the physicians surveyed said that the inability of the EHR to communicate electronically with other systems (or lack of interoperability) was a major barrier pre-

venting them from exchanging information, as well as the lack of an exchange infrastructure (71%) and the cost associated with exchanging information (69%).

Fortunately, Stage One of Meaningful Use includes measures for tracking transition of care information exchange, and Stage Two emphasizes the clinical exchange of information electronically. According to [CMS](#), “the Stage 2 criteria place an emphasis on health information exchange between providers to improve care coordination for patients. One of the core objectives for both EPs ... requires providers who transition or refer a patient to another setting of care or provider of care to provide a summary of care record for more than 50% of those transitions of care and referrals.”

Other changes to Stage 2 that demonstrate this objective include:

- EPs that transition or refer their patient to another setting of care or provider of care must provide a summary of care record *electronically* (>10%)
- EPs that transition care must either a) conduct one or more *successful* electronic exchanges of a summary of care record with a recipient using technology that was designed by a *different* EHR developer than the sender's, or b) conduct one or more successful tests with the CMS-designated Test System during the EHR reporting period.

Although the extra documentation may seem time consuming at first, the more familiar systems become and with more feedback from users and providers, the future of EHR looks promising.

Are you a Meaningful User? ETSU Top Users

Family Medicine

- | | |
|----------------------|------|
| 1. Greg Clarity | BFM |
| 2. Beth Ann Fox | KFM |
| 3. Thomas Avonda | JCFM |
| 4. James Holt | JCFM |
| 5. Diana Heiman | JCFM |
| 6. Doug Rose | KFM |
| 7. Fereshteh Gerayli | JCFM |
| 8. Joe Florence | JCFM |
| 9. Fred Tudiver | JCFM |
| 10. Thomas Townsend | BFM |

MEAC

- | | |
|---------------------|---------|
| 1. Jonathan Moorman | ID |
| 2. Parasbhai Patel | ID |
| 3. Dima Youssef | ID |
| 4. Ryan Chatelain | Surgery |
| 5. Phillip Riley | Surgery |
| 6. Rakesh Patel | JCIM |
| 7. Ricky Mohon | Peds |
| 8. Lamis Ibrahim | ID |
| 9. Kais Al Balbissi | Heart |
| 10. Wael Shams | ID |

Reporting period of
10/1 through 11/25

