

December 2013

Quillen Quick Notes

# Quillen Quick Notes



## The New Citrix

Over the past few weeks, the Quillen ETSU Information Systems team has been rolling out new access to Citrix, hosted on new servers to help speed up the log-in process to the EHR, as well as the overall performance of the EHR system.

### What is CITRIX?

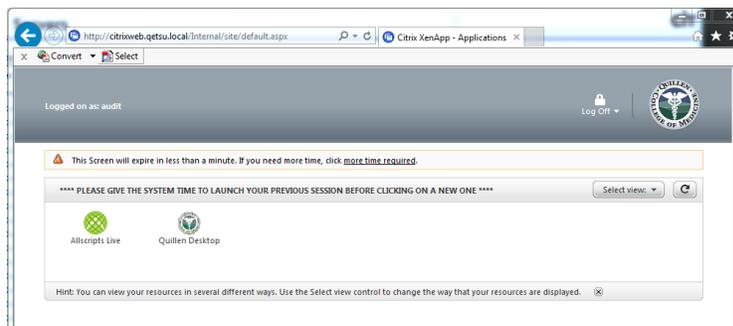
The EHR team refers to Citrix quite often, but have you ever wondered what it is or why you have to use it in the first place? Citrix is actually a useful tool implemented across industries, not just healthcare.

Many schools and businesses use it because it enables any Windows® application to be “virtualized, centralized and managed” by the IT staff and instantly delivered as a service to users anywhere on any device. For example, imagine that Allscripts (an application)

needs a software update. Without having it hosted on Citrix, the IT staff would have to go to each individual user’s computer or device and update the software on that particular device. Additionally, Citrix is what gives users the ability to securely access the software on any device we choose, whether at home or at work. That means physicians can check a patient’s chart at the hospital or at home and not have to go into the clinic to use a computer there.

### Logging into the new Citrix

At each of our Quillen ETSU clinics, a new Citrix



icon should be located on each user’s desktop. Clicking on the icon opens up the Citrix log-on screen, or the Quillen Citrix Portal. Users should enter their Citrix Username and Password to launch the next screen, where users can choose which application they would like to launch.

Most users will choose either Allscripts Live or the Quillen Desktop. Which one should you choose? If you only use Allscripts (not other applications such as Experior or Context on your computer), then choose Allscripts Live, which will only launch that program. If you use other programs while work-

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# The New Citrix *continued*

ing in clinic, then click on the Quillen Desktop, which will give you access to other programs and will prevent a pop-up from launching while you are using a different program.

No matter what you choose, the next screen to launch will provide you with access to Allscripts.

### How does the new Citrix behave differently?

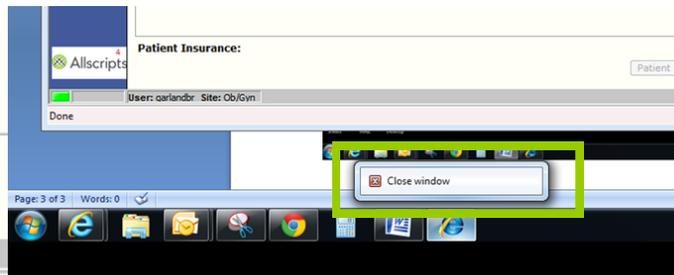
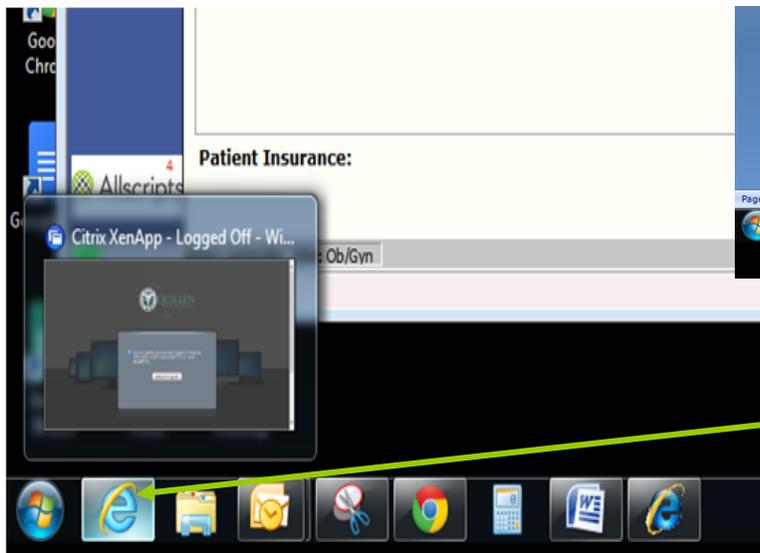
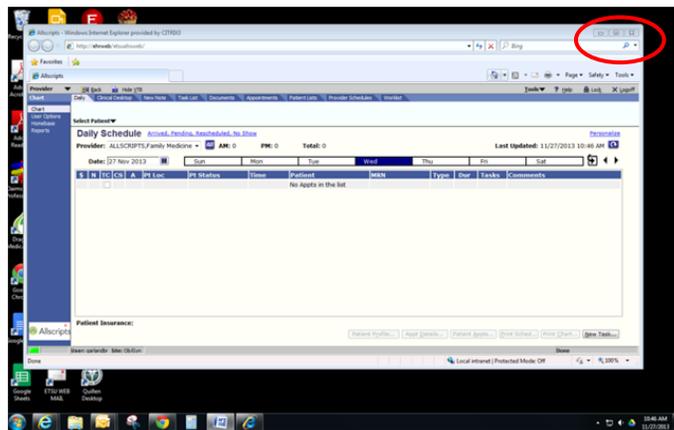
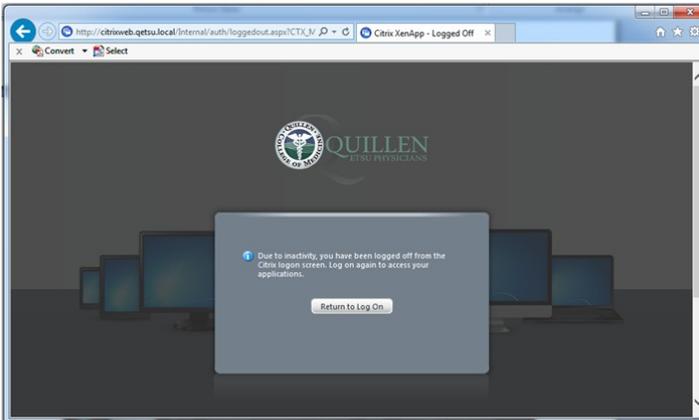
While most users won't see a difference while using the new Citrix, there are a few minor differences users should keep in mind. First, if a user is disconnected from Citrix, logging back in is a bit different. A 'Return to Log On' screen pops up on the user's browser once you have launched your application. This screen remains accessible as an Internet Explorer window, so if you are disconnected from Citrix, look for the Internet Explorer icon in your task bar to log back in. If you have been inactive for over 25 minutes (the current auto log-off setting), you will have to launch your application (ie, Allscripts) again, but if you have been disconnected for less than 25 minutes, let

your Allscripts or Quillen Desktop session pop up automatically. Although these settings are subject to change, the current inactivity settings for Citrix and Allscripts are the following:

**Disconnect from Citrix:** User has been inactive for 30 minutes

**Log off of Allscripts:** User has been inactive for 25 minutes

Another difference in navigating the new Citrix is handling freeze ups. In the old Citrix, users had access to "kill" a frozen session; however, for users who launch Allscripts Live, access to the "Kill Frozen Allscripts Session" isn't available. There are a few options that Allscripts Live users do have. First, try clicking the "X" in the Allscripts window in the top right corner of the screen. If you can't access the "X," try to right click and "Close Window(s)" on the Internet Explorer icon in the Task Bar. If all else fails, wait 25 minutes (on weekends) to be automatically logged out or call the Help Desk.



To return to your Citrix log-on screen, locate the **Internet Explorer** icon in the Task Bar and click on the Citrix XenApp window. Click **Return to Log On**.

## EHR Challenge

### November Challenge

Our November Challenge winner is **Dr. Jeffrey Summers** at Kingsport Internal Medicine. Dr. Summers submitted an original composition for our song parody challenge from last's month issue of *Quillen Quick Notes*. His lyrics are printed below, but make sure to listen to the song on our [website](#).

Honorable mention goes to **Melissa Abram**, who works in Surgery. She submitted a humorous parody of "What Does the Fox Say." Check out her lyrics on [page 4](#) and sing along!

**Both winners will be receiving a prize pack from the EHR team.**

### December Challenge

**Which one of our test patients has an allergy to buckwheat?**

**Task** your answer to the Allscripts Help Team for your chance to win. The winner will be randomly selected from all correct answers properly submitted.

**Happy Hunting and Good Luck!**

## EHR Challenge Winner

## EHR Viagra

This month's challenge winner, Dr. Jeffrey Summers, submitted this hilarious song that most of our users will find sounds all too familiar:

### EHR Viagra

Verse 1:

Seeing my first patient  
Fire up the EHR  
Paper just seems so ancient  
Like an old Model T Ford Car  
Read the last note, start the new  
Check all the boxes till I thought I was through  
But then the window pops up to say I've lost it all

Chorus:

I need some EHR Viagra  
'Cause we've got to get the system back up  
EHR Viagra  
'Cause without it we're out of luck  
Can't write my notes or prescribe my meds  
Might as well just be home in bed  
Without EHR Viagra  
'Cause we've got to get the system back up.

Verse 2:

Half way done with patients  
Looks like quarter to noon

Notes, tasks, lots of results  
Got a meeting and I've got to go soon  
Clear out the tasks, check the labs  
But then a box pops up and makes me sad  
Hope they didn't hear me cursing down the hall

-Chorus-

Verse 3:

The day has finally ended  
Just a few things finishing up  
Got a date with the wife at 7  
Reservations we got by luck  
Just about dead send the last script  
Then shut it down but the breaker tripped  
Help desk please, hurry take my call

-Chorus-



# EHR Challenge Honorable Mention

# What Does the EHR Say?

Our Honorable Mention for the November Challenge was the following parody of "What Does the Fox Say?" submitted by Melissa Abram. See if it gets stuck in your head like it did ours!

## What Does the EHR Say?

Phone goes ring  
Tracy goes hello  
and the staff goes hold.

Monaco says Help!  
and Allscripts goes black  
and the computer goes hmm hmmm hmm hmmm.

But there's one sound  
That no one knows:  
What does the EHR say?

Ring-ding-ding-ding-dingeringeding!  
Gering-ding-ding-ding-dingeringeding!  
Gering-ding-ding-ding-dingeringeding!  
What does the EHR say?

DO-DO-DO-DO-DO-Da-DONE!  
DO-DO-DO-DO-DO-Da-DONE!  
DO-DO-DO-DO-DO-Da-DONE!  
What does the EHR say?

OHHHHH-OHHHHH-OHHHHH-No!  
OHHHHH-OHHHHH-OHHHHH-No!  
OHHHHH-OHHHHH-OHHHHH-No!  
What does the EHR say?

Joff-tchoff-tchoffo-tchoffo-tchoff!  
Tchoff-tchoff-tchoffo-tchoffo-tchoff!  
Joff-tchoff-tchoffo-tchoffo-tchoff!  
What does the EHR say?

Big, blue screen  
Pointy finger  
Chasing Rhonda  
and freezing up.

Tiny problems  
All the time  
Suddenly you're standing still.

Your face is red  
So angry it's  
Like an angel in disguise.

But if you meet  
A friendly computer  
Will you communicate by  
mo-o-o-o-orse?  
mo-o-o-o-orse?  
mo-o-o-o-orse?  
How will you speak to that  
com-com-com-com-puter?  
com-com-com-com-puter?  
com-com-com-com-puter?  
What does the EHR say?

Jacha-chacha-chacha-chow!  
Chacha-chacha-chacha-chow!

Chacha-chacha-chacha-chow!  
What does the EHR say?

Fraka-kaka-kaka-kaka-kow!  
Fraka-kaka-kaka-kaka-kow!  
Fraka-kaka-kaka-kaka-kow!  
What does the EHR say?

FIXED-FIXED -FIXED -pow!  
FIXED-FIXED -FIXED -pow!  
FIXED-FIXED -FIXED -pow!  
What does the EHR say?

A-oo-oo-oo-ooo!  
Woo-oo-oo-ooo!  
What does the EHR say?

The secret of EHR  
Ancient mystery  
Somewhere deep inside downtown  
I know you're hiding  
What is your sound?  
Will we ever know?  
Will it always be a mystery  
What do you say?  
You're my guardian angel  
Hiding in the computer  
What is your sound?

(EHR Sings)  
Wa-wa-way-do Wub-wid-bid-dum-way-do Wa-wa-way-do

Will we ever know?

(EHR Sings)  
Bay-budabud-dum-bam

I want to

(EHR sings)  
Mama-dum-day-do

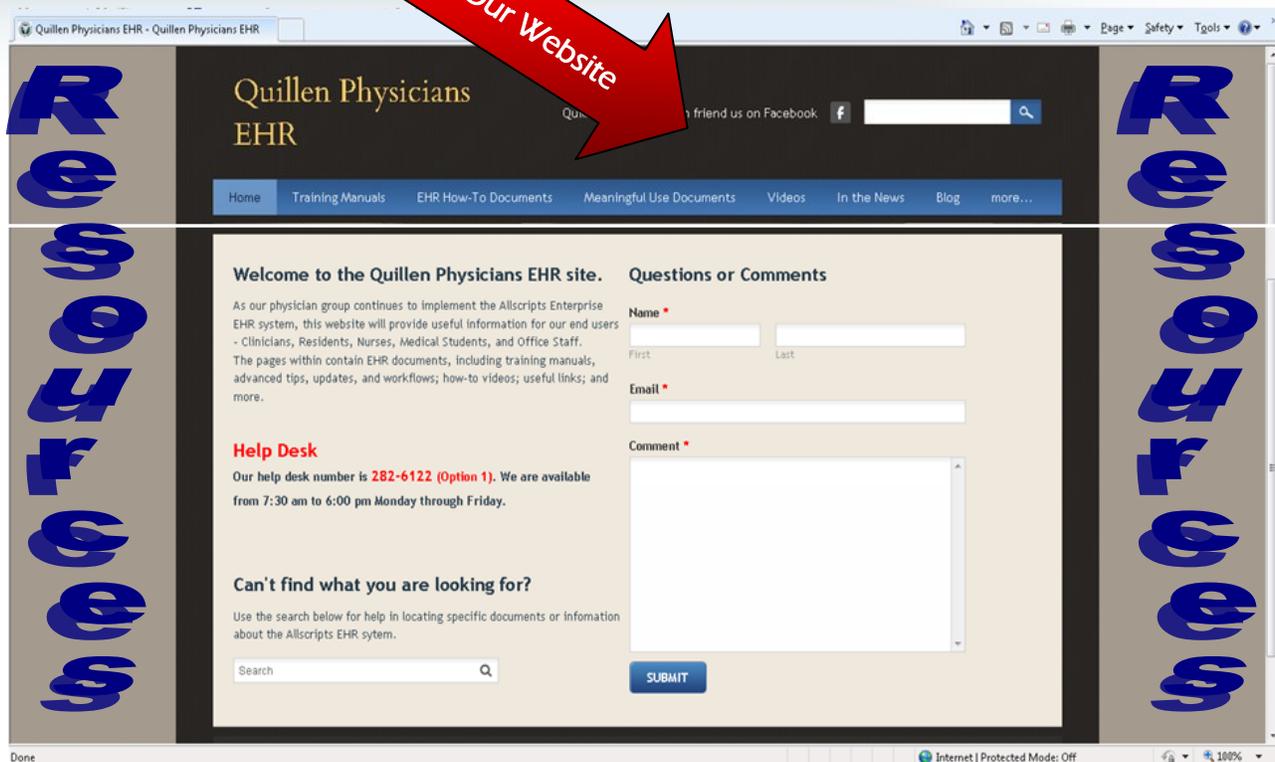
I want to  
I want to know!

(EHR sings)  
Than-than-than-thanks-bye!

What does the EHR say?



The Quillen Physicians EHR website is a tremendous resource at your fingertips. You can easily access our Training Modules, How-To Documents, Manuals, Videos, and more.



## STAY INFORMED

## MEAC GOLD ALERTS

Have you signed up for the MEAC Gold Alerts? To get signed up for a text/email alert for any weather-related closings or Allscripts alerts, you can now register using your ETSU email address. Go to <https://www.getrave.com/login/etsu> and click on the "Register Now" link in the lower left-hand corner. Follow the instructions to register. Once you have registered, Rave will send an email to your etsu.edu email address. You will also receive a text message on your cell phone with a 4-digit code. To complete your registration, enter the 4-digit code in the space provided in the email and click send. Stay safe tomorrow, everyone!

## NEED EHR HELP?

### EHR Help Desk

- ◆ Call 282-6122, *option 1*
- ◆ **Task:** *Allscripts Help Team*
- ◆ **E-Mail:** [EHRhelp@etsu.org](mailto:EHRhelp@etsu.org)

### HELP DESK SUPPORT

7:30AM TO 6:00PM  
MONDAY *through* FRIDAY

## Are You a Meaningful User?

In a recent [Medscape Family Medicine article by Brandon Cohen](#), "Making EHRs Less Intrusive and Annoying for Patients," Cohen points out an all too obvious fact, that some physicians see electronic health records (EHRs) as "a giant headache" and "a barrier to good relationships with patients." Cohen adds, however, that other providers see the EHR as a valuable tool that helps with "efficiency and accuracy" and doesn't have to impede the doctor/patient relationship. Some of the comments shared by frustrated physician EHR users may be echoed in your office:

- "EHR has turned us from MDs into data entry clerks! We have gone from being a medical practice to an IT firm."
- "I feel less satisfied at the end of the day now. When patients are all gone, I'm typing, spell-checking, and doing autocorrections."
- "The measures of quality [in EHR] are based on checked boxes, not real outcomes. They have to be, or it fails. Simple is always better!"
- "The most important keystroke is to push the PC aside and face the patient directly."
- "I live in a town that has passed legislation criminalizing texting and driving. A driver is more impaired and distracted when texting than when intoxicated. EHRs and the practice of medicine should be no different. Do you really believe that your physician is actually concentrating on the patient in front of them while their attention is primarily focused on entering data in a computer?"
- "It's time to tell the practice managers, insurance companies, and efficiency consultants that patients expect and deserve a real physician who is a caring human being and is able to take the time and provide the human element that is a major dimension of healing."

These sentiments of frustration are obviously felt nationwide, but what makes the difference for those physicians who appreciate having an EHR? Is it a different generation of users or a different specialty? Could it be the difference in the EHR system or the workflow set up? It may be that all of these factors affect attitudes, but Cohen shares some suggestions

from other physicians for making EHR more patient friendly, and, to that end, more tolerable.

### Improving the EHR Experience

Doctors who have found satisfaction with their EHR product offered suggestions to their frustrated colleagues for making the EHR less intrusive.

#### Let the patient interact with the computer, too.

"[Older] patients feel much more comfortable with the computer when I pull up their actual scans on the monitor and use them to explain their disease...For many patients, the computer is not only an accepted but welcome presence." (*Oncology*)

**Identify the benefits of using an EHR and what works well.** "I have a lot of stuff in the current note that used to be buried in the chart (or omitted). Every patient gets a printout of today's interim history and the proposed plan, as well as a list of meds and diagnoses." (*Psychiatry*)

Dr. Jones took "Identify the benefits of using an EHR" a little too far.



"Yeah, Mrs. Smith, I've decided to see all of my patients from the beach. No need for either of us to bother going to the office. Your test results look great, by the way. I think you'll be back to work in no time!"

## Are You a Meaningful User? *continued*

**Bigger might be better.** "I have a 32-inch monitor screen on the wall and wireless keyboard and mouse. It sucks the patient into their record and is unmatched for patient education." (*Primary Care*)

**Switch the workflow and take notes.** "I leave the computer out of the exam room and take notes as necessary, then complete the EHR after the interview, while my assistant is performing her tasks with the patient." (*Gastroenterology*)

**Enter what's necessary first, then use pen and paper.** "I inform the new patient, 'I'm just going to get some background information, and then I will talk to you about why you are here.' Once the database is completed, I print off the sheets and conduct the history and physical in the same manner I have done for the past 38 years." (*Internal Medicine*)

**Learn to touch-type.** "I touch-type, which I highly recommend learning. I can maintain eye contact while entering their history." (*Internal Medicine*)

Cohen noted that most physicians are not completely satisfied with current EHR technology, but many users are hopeful about what the future will bring to healthcare technology, especially as improvements are made to free up the physician to interact with patients.

Of course, as one physician pointed out, there is one generation of patients that probably aren't bothered at all by the presence of the computer:

"They [teenagers] won't notice you looking at a screen because their peripheral vision isn't that good, and they never break their texting trance. ...This EHR [problem] may be a transient issue; it certainly doesn't bother the younger generation."

Perhaps the issue is transient, as the provider above suggests, especially as computers and other technologies saturate our society and lives, but insights from successful users may be beneficial as we transition to this new way of medical record keeping and documentation.

### Focus on...

As the move toward ICD-10 quickly approaches and encounter forms will soon disappear, providers will need to adjust their workflow to alert check-out staff when the patient is due for a follow up so that the appointment gets scheduled before the patient leaves. Without an encounter form, the check-out staff will be totally dependent on what their work list tells them to schedule (or not schedule, ie, PRN follow ups).

The following are some tips for improving your workflow so that follow ups don't get overlooked:

- **Don't be afraid to skip around in the note.** Whoever said that the physical exam or HPI or history items need to be documented before the follow up is ordered? Document what is necessary for the diagnosis, and then put in the orders. You can finish the note later, perhaps while the nurse is administering medications or after the visit, in between patients.

### Follow-Up Workflow

- **Use Quicklists and Favorites so that orders aren't difficult to find.** Most providers order the same type of follow ups over and over again. Save these items to your quicklist (top 10-20 items) and add other follow ups that aren't as common as favorite items. If you don't know how to do this, search for quicklist on our [website](#) for a brief how-to.
- **Don't forget to "Commit" your follow up after you have ordered it.** Nothing is more frustrating than losing orders that you have put in. If you don't click "Commit," your order has not been saved.
- **Check with your office regarding what to order for in-house referrals.** For some offices, referrals made to providers in the same office should be ordered as a follow up so that the visit gets scheduled before the patient leaves. Other offices have a different workflow for in-house referrals. If in doubt, ask your office manager or administrator.