

Quillen Quick Notes



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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 Pediatrics Go-Live

Congratulations to **Pediatrics** on a successful Go-Live experience. Their first live day was June 4, 2012.

A lot of preparation took place before this Go-Live. User training occurred during May, and the EHR Team performed a “Mock Go-Live” from May 29 until June 1.

During Mock Go-Live, providers were asked to document at least one patient encounter within the EHR system. All patients were arrived and roomed in the EHR, and all patients were processed at check-out in the system as well.

Several benefits came from the Mock Go-Live. Providers and nurses got to experience a “sampling” of what to expect, and provided input for workflow and system building prior to the actual implementation. Additionally, the entire office was able to experience the system in action in a less stressful environment.



Dr. Mohon discusses a chart with a resident.

Overall, Quillen Pediatrics did well. The entire “Green Team” was present for the week of Go-Live, and the EHR Support

Team maintained a presence in the clinic for the next two weeks.

We faced some new challenges with this practice—including defining an efficient workflow for administering immunizations during clinic. Allscripts will not permit multiple users to commit data while the provider is documenting in the note. Someone will lose data. Peds had to define a workflow so the nurses would know when the provider was ready for them to do their part. Another challenge for the EHR Team was to quickly revise existing note templates to meet the provider’s documentation needs while, at the same time, begin developing note templates for the pediatric specialists.



Left to right above, Melissa Sells, Dina Schliecker, Dr. Rajani Anand, Dr. George Abraham, Monaco Briggs, and Amber Collins during Go-Live week.

We appreciate the combined efforts of the entire Pediatric Staff, as they successfully implemented the EHR system. As many of you already know, this is a huge undertaking.

Great job everyone!

Kingsport Internal Medicine...One Year on EHR

What was it like?

“We knew this was going to be a revolutionary change in the way we practice, so as soon as the test environment was available, we started exploring. We had weekly faculty meetings and would spend 10 minutes or so each week demonstrating one part or another of the system. Once the live system was available, we started ‘preloading.’ By the time we went live, most of the patients had basic information loaded.”—*Dr. Jeffrey Summers*



“We have been live with Allscripts for one year now, and looking back, I see what a huge task it was to get where we are today. I can honestly say that I would never want

to go back to paper charts. I remember how terrified we all were to make the transition. The fear of the unknown was the biggest thing.”—*Tina Church, Office Manager*

“As far as Go-Live or the anticipation of Go-Live, I think that working “live” before we were live really helped us. For the most part, we knew what to expect, and what we didn’t know did not scare us to death.”—

Pam Wiggins, Nursing Manager



“I think overall it was a smooth transition.”—*Office and Nursing Staff*

“I was a little anxious, because I had only been here about a month and a half. It seemed overwhelming the first two/three days, but became easier with each task.”—*Office and Nursing Staff*

What progress has been made?

“No more misfiled charts! Greatly reduced storage cost! Greatly reduced transcription cost! Facility—room in the clinic that was previously used to keep charts, filing cabinets, and shelving can now be utilized into more useful spaces. No more filing stacks that are waiting for charts to be returned so the filing can be done. No more copying records. Patient notes are done in a more timely manner.”—*Tina Church*

Part of the original chart room at KIM before the EHR.



What would you do differently?

“We would push harder for all physicians to be live at the same time. Mixing modalities has been very difficult.”—*Dr. Summers*

I feel we were prepared for the go-live date with the exception of not having our charts scanned in advance.”—*Tina Church*



(continued on page 3)

Kingsport Internal Medicine...One Year on EHR

What workflows have been affected?

“Every workflow in the site has been affected.”—*Dr. Summers*

“We found that Team Nursing worked for us. We have messages sent to teams instead of nurses individually. This helps when employees are out—someone is still able to work the tasks.”—*Tina Church*

“Now that all our charts are scanned, we have had the EHR Team build us “File Cabinets” [within the EHR system] which has enabled us to scan our encounter forms, daily cash sheets, and hospital-only patient records. This enabled us to eliminate a total of 8 filing cabinets as well as storage cost for things we would have normally had to send out to be kept off site.”—*Tina Church*

“I think that for the majority, we have become comfortable with our computers and Allscripts.”—*Pam Wiggins*

“Adding to a previous message is handy.”

“The ability to see previous and upcoming appointments helps when sending messages.”—*Office and Nursing Staff*



The Last Chart Rack at KIM

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

“We hope to implement the copying of records onto CD. This will help with the cost of mailing as well as be a great time saver.”—*Tina Church*

“I feel our main goal in Kingsport is to have unanimous physician participation. EHR is a work in progress, but for the most part, it is well worth the headaches we have experienced.”—*Pam Wiggins*

Dr. Quill Needs A Chill Pill



Dr. Quill is a very good doctor, and his patients love him!



Dr. Quill became a doctor a long time ago—and he really knows his stuff!



One day, his office implemented the EHR—a huge challenge.



Dr. Quill didn't like the EHR one bit, and he made it clear to all.



Being a grump is contagious—spreading to other staff and even patients!



Dr. Quill made up his mind to give EHR another try, and with determination and a smile, he made it work after all!

From the Developer Zone

Encounter Notes: Copy Forward

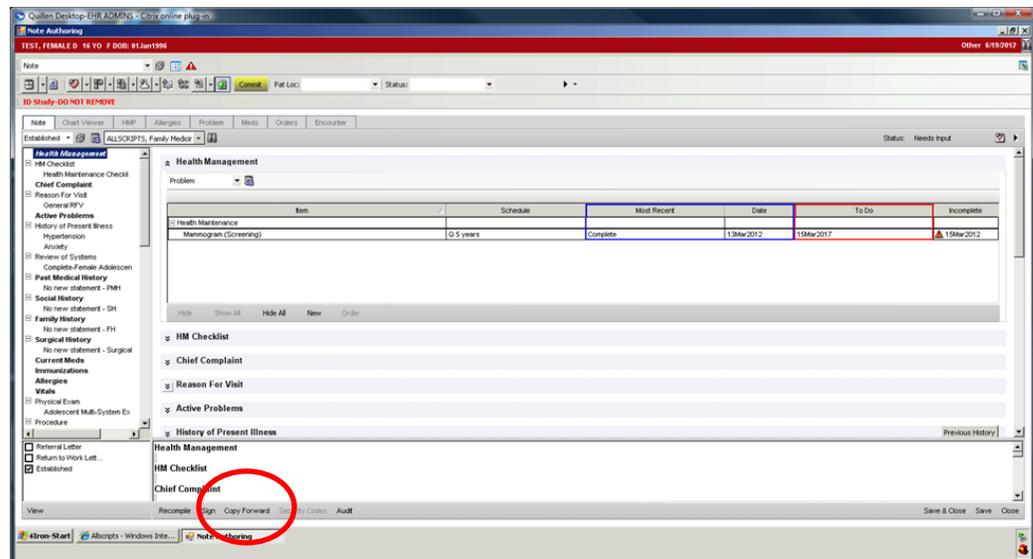
Did you know that you can copy data from previous encounter notes? Allscripts users have the ability to copy notes or selected sections from existing notes into a new note—a definite time-saving feature.

Step 1:

Start a New Note.

Step 2:

Select Copy Forward from the toolbar along the bottom of the note authoring workspace.

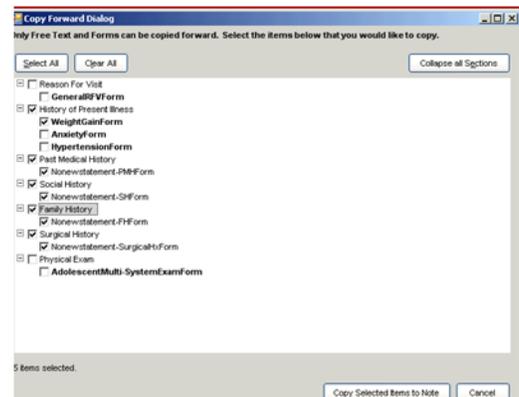


Step 3:

Select the existing note to copy from, and “Copy All” to copy all the available contents, or “Copy Select” to mark specific sections of the existing note you would like to copy forward.

Step 4:

Click “Copy Selected Items to Note.”

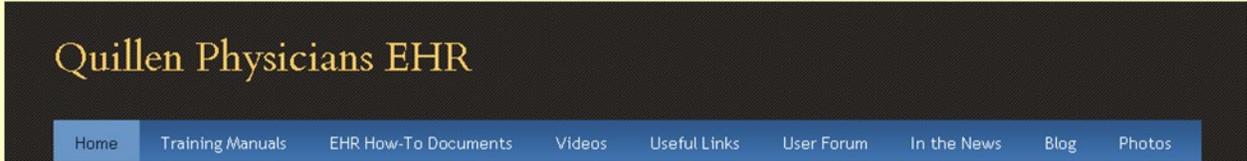


Step 5:

The selected items populate in the New Note, and you can resume documentation as usual.

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 Pediatrics Go-Live

Dr. Wattad being promoted to Green Shirt status by Monaco.



Dr. David Chastain gets a surprise from some of his patients—a “This Doc Rocks the EHR” shirt!



Pediatrics Department meeting with the Green Team to discuss progress and make suggestions during Go-Live.



Peds EHR Cookie



Janet Robins is all smiles, even during a Go-Live!

The Pediatrics Green Team:

Tracy Jones, Bridget Garland, Michelle Fisher, Dina Schliecker, Mindy Fleishour, Monaco Briggs, and Jenny Sarigan.



June EHR Challenge Winner

We only had one response to the June EHR Challenge, and sadly, that employee is no longer with us. We hope for more responses in July. Everyone is invited to participate.

The correct answer for our June Challenge—

The newest tab added to the Clinical Desktop is **Procedures**.



Not an actual employee, but cute!

July Challenge

Question: What is the name and web address of our website?

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

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



helpdesk

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.

If your question is non-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.

Are you a Meaningful User? — Part VI

The Lists

I have a “To Do” list of EHR requests, as well as a “To Do” list for all the stuff that needs to be done at home (and both lists can get quite long—with approximately 1200 EHR users and three busy kids!). I’m sure that you also have similar lists.

So, when it comes time to maintain more lists (problem lists, allergy lists, medication lists, etc), I can imagine your response is less than enthusiastic. But lists tend to be generated for a purpose. I know without mine, I would forget many of the things I put on them (and my kids would probably go hungry because I would forget to pay their lunch money). Lists in the EHR, obviously, help us keep up with our patients’ current diagnoses, medical histories, medications, and allergies. With the patient volume many of our clinics handle, keeping lists is essential for providing quality patient care.

That’s why maintaining and reconciling lists is part of the core objectives for Meaningful Use.

- Maintain an up-to-date problem list of current and active diagnoses.
- Maintain active medication list.
- Maintain active medication allergy list.

According to the TennCare website, the up-to-date problem list measure requires that “MORE THAN 80 percent of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient as structured data.” So what exactly does this mean? Simply



put, active problems need to be entered on the Clinical Desktop for your patients, and if by chance they have no active problems? That needs to be recorded as well (‘No Active Problems’ should be a quick list item in the ACI). And take note of the word CURRENT. If the patient comes back to see you for a follow up or office visit, if the rash associated with poison ivy from the last visit is still listed as an active problem, then resolve it. If the patient is pregnant—and delivers—then resolve it. (See the “Helpful Hint” on page 8 for a timing-saving tip.)

Additionally, “more than 80 percent of all unique patients seen by the EP must have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.” The same requirement is true for allergies.

The Allscripts system makes it easy enough to reconcile these lists, but when you click on Reconcile, remember that you are stamping the list as up-to-date. You must take the time to review the lists with the patient and make sure that all medications and allergies are accurate. Otherwise, when you click on reconcile and you have not truly “reconciled” it, you are falsely documenting in the chart. We have seen time and time again where duplicate meds and expired meds are still on a list that has been stamped as reconciled.

As I mentioned in my last post, clinics must work on office workflows to ensure that someone is going over these lists with the patient at each visit, whether it’s the nurse or the provider. We encourage spot checking daily schedules and lists to ensure accuracy. And if you can’t remember this recommendation, how about adding it to your “To-Do” list?

New, Extended Help Desk Hours

Help Desk support is now available Monday through Friday

7:30 a.m. until 6:00 p.m.

Call 423-282-6122 for assistance during these hours.



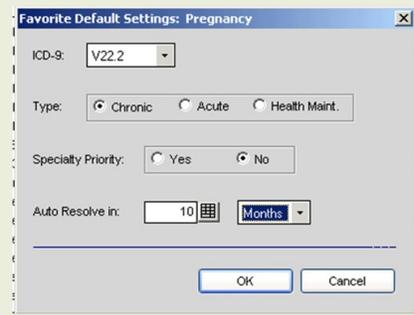
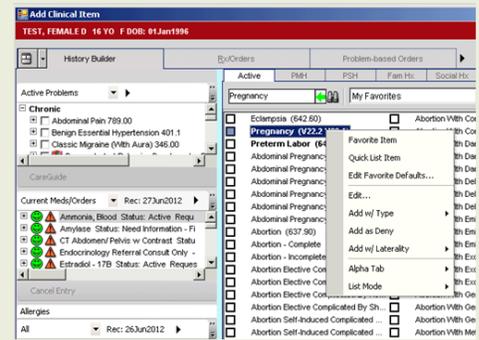
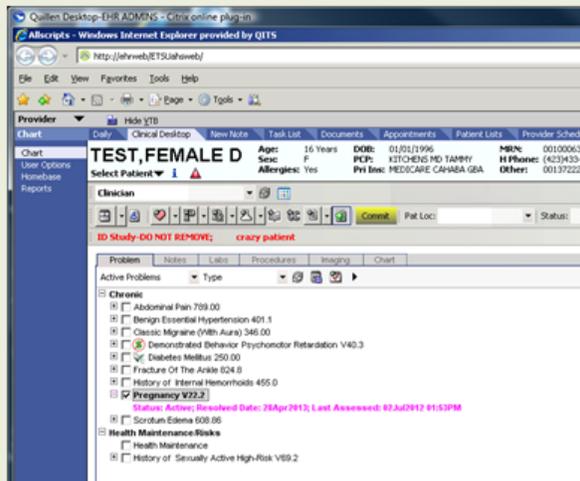
helpdesk

Helpful Hint:

Customize an Active Problem to Automatically Resolve

Search for an active problem such as **Pregnancy**. Right-click on the item in the **ACI** and click **Edit Favorite Defaults...**

Select the time frame for the diagnosis to **Auto Resolve**. In this example, we have chosen **10 Months** as an acceptable range.



Notice that the **Clinical Desktop** now displays **Pregnancy** with an **Active Status** and a future **Resolve Date**.

WELCOME

The EHR Team is excited to welcome back **Jennifer Logan**.

Jennifer has returned after a brief absence and is catching up on all of the changes since our upgrade in March. For those of you who have worked with Jennifer previously, you'll recognize a familiar voice when you call the Help Desk. For those of you who have not had the opportunity to meet her, then introduce yourself the next time you see her.



We have to say farewell to some great friends...

Both Mindy Fleishour and Dina Schliecker have left the EHR Green Team to pursue other endeavors. They will both be missed, but we wish them the best of luck!

