

Quillen Quick Notes



Page 1

- Surgery Go-Live
- Which Quillen Sites Are Live Now?

Page 2

- Surgery (cont'd)

Page 3

- JCIM Planning and Training
- Directions to Downtown Center

Page 4

- Developer Zone

Page 5

- Visit Our Website

Page 6

- EHR Challenge
- Help Desk Support

Page 7

- Are you a Meaningful User?

Surgery Department Go-Live

Although **Surgery** began their EHR Go-Live on Monday, April 2, the journey actually began months ago. System modifications began early, as **Surgery Management** took advantage of the months prior to implementation. Once the EHR Support Team had successfully upgraded the EHR system in early March, Surgery Staff became even more engaged. Building and planning meetings occurred almost daily, whether by telephone or in person. Also, the office took it upon themselves to stage a "Mock Go-Live." All of these elements played together immensely leading up to the "Big Day."



Carolyn Hopson & Monaco Briggs during Go-Live

Surgery Department staff arrived early for Go-Live Day, and the **Green Team** and **IT Support** were present, too.



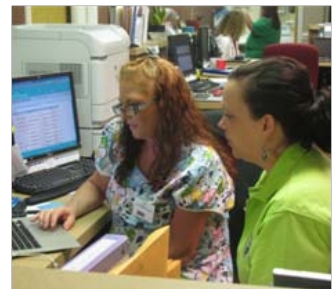
Green Team ready for action!

Carolyn Hopson, Surgery Administrator, had an excellent plan for Go-Live week. Each **Green Team** member was assigned to specific departments or providers. For example, Tracy started Go-Live Day working closely with the **Front Desk** staff. Each user logged into the EHR, and Tracy remained present to provide support and answer questions throughout that day.



Kathy Hughes (green shirt) working with Front Desk staff.

Another example of the team assignments is Michelle (green shirt below) working closely with the nursing team on Go-Live Day .



We are very proud to say that Surgery Go-Live Day was quite a success! It felt extremely rewarding as we saw smiling faces

Continued on Page 2

Which Quillen Physicians Sites Are Live Now?

- Johnson City Family Medicine
- Kingsport Family Medicine
- Bristol Family Medicine
- Quillen ETSU OB/GYN
- Kingsport Internal Medicine
- Quillen ETSU Surgery

Surgery (continued)

as staff exited the clinic. We heard positive, enthusiastic remarks like “We did it!” and “I knew we could do this!”

Monaco Briggs and team worked diligently with users throughout the week, as well as making system modifications behind the scenes:

- Websites were added to Homebase.
- Chief Complaints were updated to include items specific to surgery.
- Follow-up visit types were updated with more choices.
- Worklists were built and rebuilt as needed.
- Note forms were updated.
- ...and many, many more.



Jane Deakins, Beverly Ford,
Dr. Diane Cobble, and Nikki Peters

All-in-all, the entire Go-Live week went surprisingly well. There were, of course, problems that had to be ironed out—as

with any Go-Live. This will be an ongoing work-in-progress.

How did the providers do?

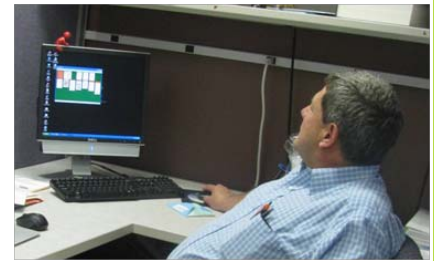
The surgery physicians have “raised the bar”—they are the first clinic to complete and sign every encounter note on a daily basis from the very start.



Dr. Ryan Chatelain and nurse Beverly Ford

Even with the schedule increased following Go-Live, the providers are completing and signing all notes within the required 48-hour time frame—usually within the first day.

As many of you know, this is not an easy task with a newly implemented site. It takes time—sometimes months—to get note forms designed to meet the provider’s specific needs. Also, it usually takes four to six weeks for providers to adapt to the EHR system and the new workflows that come along with it. We applaud surgery physicians!



Dr. Carlos Floresguerra charted so well in the EHR that he had time for a break.

This is the sixth QETSU clinic site to Go-Live, but it is the first surgery site. We knew to expect new challenges with the new “territory”—but we have to say, this was the smoothest implementation we have experienced so far.

The EHR Support Team had the pleasure of “Go-Live #6” with Office Staff, Nursing Staff, and Physicians with positive attitudes and smiles. Way to go, Surgery!



Group photo of the Green Team on the last day of Go-Live Week: FR: Jenny Sarigan, Mindy Fleishour, Monaco Briggs, Nikki Peters, and Kathy Hughes. BR: Dr. Daniel Haynes, Bridget Garland, Dina Schliecker, Michelle Fischer, Tracy Jones, and Carolyn Hopson. Not pictured: Dr. Joseph Lee and Dr. Diane Cobble

Johnson City Internal Medicine

The next site on the Go-Live Schedule is **Johnson City Internal Medicine (JCIM)**. Internal Medicine and Infectious Disease providers will turn in their paper charts for electronic ones beginning May 7th. The past few weeks have been devoted to



Drs. Myers and Ibrahim practice using the EHR system during their first session training with trainer Dina Schliecker.



EHR Team Member Mindy Fleishour and Trainer Michelle Fischer talk with Lori Francis.

preparation for the big day.

Building (notes, task lists, work lists, etc.), training (residents, providers, and staff), and importing information (such as labs and charts) have kept the clinic staff and EHR Team busy. Good luck, JCIM. We're sure that your hard work will make for a smooth transition.

Directions to the Downtown Center

The **Downtown Center** is accessed from the **Downtown Square** — just off of West State of Franklin between South Roan Street and Spring Street. The entrance to our building is accessed from the Downtown Square parking lot, not from Main Street.



If using your GPS,
get directions to:
22 Downtown Square
Johnson City, TN
37604-5738

From I-26, take the E. Market St. exit (0.2 mi), then turn left onto S. Roan Street. Go 0.1 mile, and turn right onto W. State of Franklin Rd. Turn right into Downtown Square.



From the Developer Zone



Ordering and Recording Immunizations

Meaningful use requires that we demonstrate the capability to submit electronic data to immunization registries. Allscripts has the ability to submit clinical data, and this requires the consent of the patient.

Step-by-step:

- Click on the **Add New Order** button on the **Clinical Toolbar**, and select **Immunizations**.
- Search for and select an immunization. The **Immunization Details** page displays. Complete the appropriate order details for the immunization in the **Order Entry** section.
- Complete the order and “Commit” it for the nurse. He/she will open the order from the **Immunization Admin Worklist**.
- Navigate to the **Record Administration** tab, and enter the appropriate data in the **Administration Details** section.
- Next, go to the **Clinical Questions** section, and complete the three required fields—Mother’s Maiden Name, VFC Eligibility Status, and Patient Consent to Transmit to Registry.
- It is important to complete all three required fields. The order cannot be completed without patient consent, and the order will go into an **On Hold** status, if Mother’s Maiden Name or VFC Eligibility Status are not addressed.



Order Entry Record Administration Record w/o Ordering

IPV

To Be Done: 19Apr2012 Status: Active

Administration Details:

Series: Route: Intramuscular Date/Time: 19Apr2012 01:47PM

Dose: 1 Site: Left Forearm Admin By: Jones, Tracy

Manufacturer: Pharmacia NDC: 9999999999

Lot: E0330-1 Exp: 17Apr2012

Consent Obtained with this Administration Previously Obtained:

Vaccine Information Statement (VIS)

IPV

Clinical Questions

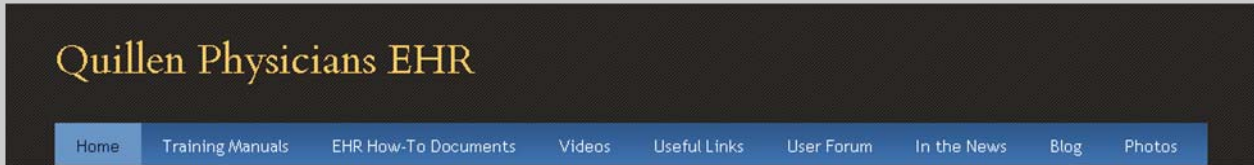
Mother's name: maiden

VFC Eligibility Status

Patient Consent to Transmit to Registry

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.



For example, look at all the how-to documents that have been created. Anytime you need a quick refresher or simply a guide to assure you are following the correct steps, just click on the link provided within the website.

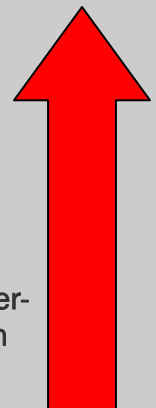
This link takes you to the website:

<http://quillenphysiciansehr.weebly.com/>

Do you have new staff?

Do you have users with questions?

Has it been a while since you performed a certain function within the EHR?



<http://quillenphysiciansehr.weebly.com/>

April EHR Challenge Winner !!

We had several correct responses to the April challenge, and the winner was **Jennifer McCracken**, a nurse at Quillen ETSU Surgery. Jennifer will receive a prize pack from the EHR Green Team, which includes a \$10 gift card.



April Challenge

Which Quillen Physician site is the next to Go-Live? (Hint: May 7th is the big day!)

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

Help Desk Support. . .

When contacting the Help Desk, consider the nature of the support you need:

If your need is URGENT, call 423-282-6122.

If you have a question or message that does not need to be answered immediately, choose one of the following:

- 1. Click on the QITS Help Icon on the desktop and open a ticket**
- 2. Send an e-mail to EHRhelp@qetsu.org**
- 3. Send us a task from your task list; choose "Allscripts Help."**



Remember, the Help Desk is open from 8 to 5, M-F.

After-Hours Support: After-hours support is not available—due to the size of the EHR team. However, if you have an urgent need, you may send an e-mail with a return phone number to EHRhelp@qetsu.org. If a member of the team is available, we 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 IV

Producing the Clinical Summary

"**We have to do what?**" This is the response we have heard quite often over the past few months when our team has updated our clinics on **Meaningful Use Core Set #13**: "Provide clinical summaries for patients for each office visit within 3 business days." The responses of disbelief are understandable. For clinics that have never had to provide patients with an after-visit summary of care, the concept is daunting. Not only is the cost associated with paper, printing, and postage a burden, but the completion of charting before the patient leaves the office is also overwhelming.

To help alleviate some of the unknown surrounding this requirement, here are some tips on developing an office workflow for providing clinical summaries:

1. Keep in mind, paper clinical summaries will not have to be provided forever. Eventually, patients will be able to view their clinical summaries from a patient portal (in which they are provided log-in information and can have access to much of their healthcare record).
2. Until the patient portal is ready, paper summaries are the only option. Although clinics have three business days to provide the summary, to curb postage costs, we recommend offering the clinical summary when a patient checks out. The check-out staff can ask the patient if he/she would like a summary of the day's visit, and if he/she indicates 'yes', then the summary can be printed from the Daily Schedule. If the patient does not want the summary, then the staff member can record in the electronic chart that the summary was declined by the patient (for Allscripts Enterprise users, click on the blue "i" icon in the patient banner).
3. Providers are often discouraged by the requirement, not because they are opposed to the patient receiving the summary, but they want to finish documenting the visit before the patient receives the summary. If the patient is offered the summary at check out, the provider feels rushed. Here's what we suggest: document the essentials, namely the Plan and Active Problems (diagnoses), and finish

the details when time allows. Much of the Clinical Summary is populated by information that the staff and nurses input (Vitals; Medical, Family, Social Histories; Demographics), so if the provider can get the Plan completed (Orders for Meds, Labs, Imaging, Referrals, Follow Ups, etc.), then the patient will receive the required documentation. Typically, the Plan is necessary for completing despite the clinical summary requirement, so this workflow shouldn't be much of a stretch for most providers.

4. Some providers have asked about how the clinical summary is populated (what sections are pulled in from the note versus the chart). For Allscripts Enterprise 11.2 users, the following sections of the note populate the summary: Chief Complaint, Reason for Visit, and HPI. From the chart, Active Problems, Medical Histories, Vitals, Immunizations, Allergies, and Orders populate the summary.
5. Keep in mind that for Stage One Meaningful Use reporting, the requirement for providing the clinical summary is only 50% of patient visits. This lenient percentage gives clinics a little wiggle room - time to adjust to the workflow, budget in the costs, and practice documenting differently, if needed. We recommend that clinic managers and administrators look over the Daily Schedule regularly, and if clinical summaries are not being produced (or documented as "denied"), the providers and staff are made aware of the issue.

Remember, change can be tough, but often, change can improve patient care. The ultimate goal of providing the clinical summary is to improve communication between provider and patient, which is **good** for everyone!

