

May 2013

▶ Quillen Quick Notes

# Quillen Quick Notes



## Meaningful Use Success: Clerical and Nursing Staff

Attesting for **Meaningful Use (MU)** requires more than just adopting new technology. Attestation demands a cultural change within practices, requiring that providers and staff adapt to new requirements, new workflows, new ways of relating to patients, new kinds of data, and so on. This is a sea of change that taxes patience and energy— not just for physicians, but for all clinic staff.

For this reason, it is nearly impossible for an individual provider to go at it alone. In order to attest successfully, attestation must involve multiple team members to accomplish this goal.

Since workplaces are a social construct (relying on people), our best work is done through collaboration. Quillen ETSU Clinics are made up of multidisciplinary teams of providers, clerical and administrative staff, and nurses.

It is important that we realize the contributions of everyone involved in this process. It certainly has taken careful planning and guidance from administration and the compliance department. Additionally, since technology is such a big part of this, the EHR Green Team has been greatly involved.

We want to acknowledge the experience and dedication present in each clinic, who continually make significant contributions to our ongoing success.



The process begins with the front office. **Clerical Staff** have proven themselves vital in

workflows required to comply with **MU**:

- Collecting and appropriately recording patient demographics, and
- Producing and distributing Clinical Summary documents



Both functions are essential to achieving the core measures associated with **MU**.

The attestation process also involves nursing. **Nursing Staff** have an extremely important role, and are involved in a variety of ways:

- Recording and updating patient problems and histories
- Maintaining active medication and allergy lists
- Recording vital signs
- Following up on patient orders, and
- Sustaining performance.

We have an opportunity this month to celebrate **National Nurses Week** by acknowledging the significant contributions nurses make in our clinics!

**National Nurses Week** begins each year on May 6th and ends on May 12th, Florence Nightingale's birthday. Nursing is a profession that embraces dedicated people with varied interests, strengths, and passions. **Thank a nurse today !!**

We want to show our appreciation to everyone involved as we continue to meet the requirements of **Meaningful**

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Nurse's Week May 6-12



## EHR Challenge

### April Challenge Winner

The correct answer to last month's challenge, "When ordering labs, what ICD-9 code should NOT be used as a diagnosis code?" was **V70.0**. This code is rarely recognized as a payable code.



Congratulations, **Dr. Jason Moore**, physician at Bristol Family Medicine, for being the April Challenge winner!

Dr. Moore will receive a prize pack from the EHR for his correctly answered submission.

### May Challenge

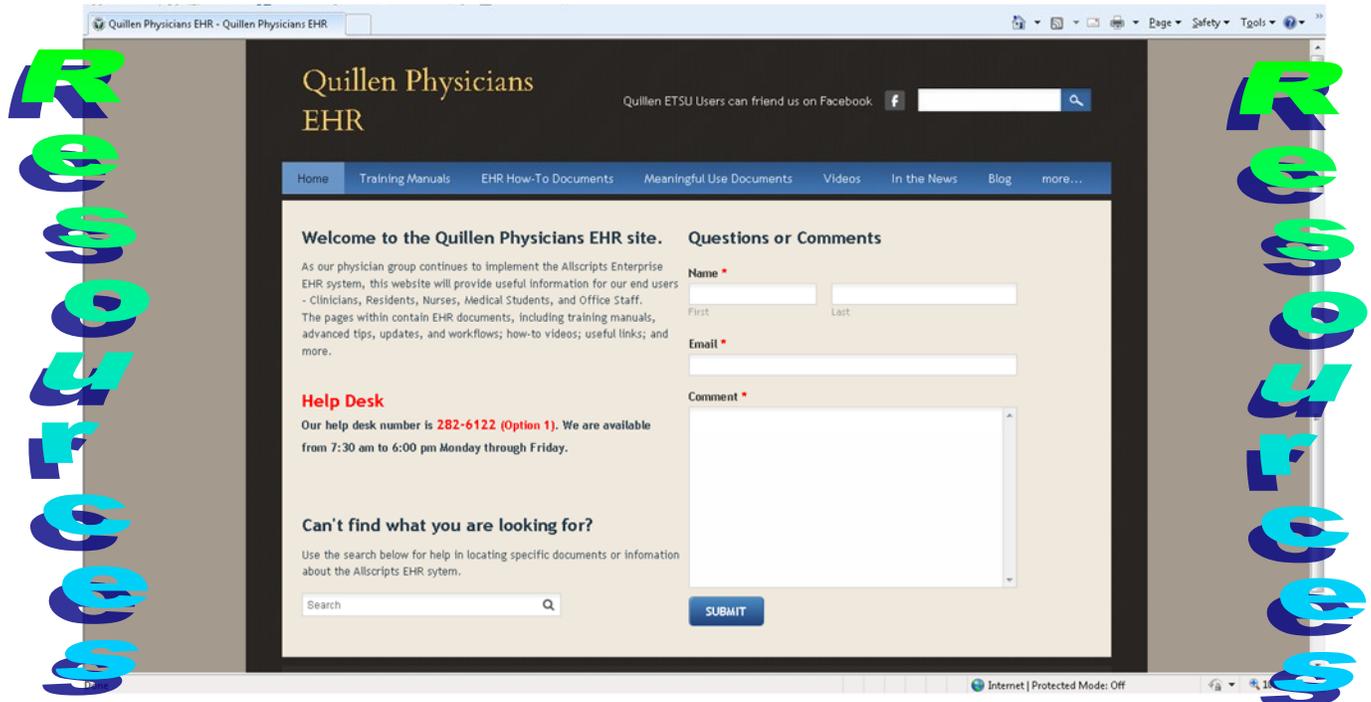
What is the one action you should never do regarding a task?

*Hint: See [page 3!](#)*

Task your answer to the Allscripts Help Team. This month's individual challenge will be awarded by random drawing from all correctly submitted answers.



Don't forget, our team challenge will be awarded quarterly, and will focus on **patient education**. Look for more information next month.



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



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

Focus on ... Tasking

Do **Not** Remove Tasks

A Task is a message to perform an action or supply information.

- Manual tasks are sent by one user to another. Once completed, click the [Done](#) button in the left-lower section of the screen. The task will go away.



**Task List**

View: Current Patient - Active | View Desc... | Show: 25

Total Active Tasks: 0  
Last Updated: 04/17/2013 3:38 PM

P	D	Task	Patient	Assigned To	Created By	Created On	Status	ID	Due	MRN
Y		Overdue Order	TEST,TRACY	Cesare,Charles	System	02/22/2013 01:00	Active	1121890		001000651939101

Just "Done" the Task, or double-click to complete the action.

**Never remove a task.**

Call the Help Desk at 282-6122, option 1, if you are not sure.

**Comments:**  
Jones,Tracy - 17 Apr 2013 3:38 PM  
TASK REASSIGNED: Previously Assigned To Jones,Tracy  
Jones,Tracy - 17 Apr 2013 3:38 PM  
TASK CREATED

**Task About:**  
No information available.

Buttons: Go To... In Progress Done New... Reply... Reason... Remove... Copy Note Undelegate Details... Original Print List... Print Task...

- System-Generated Tasks are generated by the EHR and are based on specific workflows. System-generated tasks typically drop off the task list automatically once the user completes the action specified by the task. Either **double-click** the task, or click the **Go To** button in the left-lower section of the screen, and the system will navigate you in the EHR to the item requiring action.

Avoid the **Remove** button in the right-lower quadrant of the screen.



- System-generated tasks are associated with a required action.
- If the task is removed, the action is not performed.
- Do not remove; complete the action.**

# SUPPORT



# HELP DESK

The Help Desk is available Monday through Friday, 7:30 am until 6:00 pm.

When contacting the **Help Desk**, consider the nature of support needed. For **urgent needs** (such as inability to log in or perform your job duties), **Call 282-6122 (option 1)**.

For non-urgent requests, select from the following:

- Task the Allscripts Help Team
- E-mail: [EHRhelp@qetsu.org](mailto:EHRhelp@qetsu.org)
- Open a Help Desk Ticket by clicking on the QITS Help Desk icon on your desktop.



After-hours support is very limited. If you should have an urgent need, send an e-mail with a return phone number to [EHRhelp@qetsu.org](mailto: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.

## EHR ROCKZ

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"This one goes out to a special group of people we all need to be thanking this week, and all year long. And a 1, and a 2, and a ...They perform the orders, Time after time..."



"They take the blame, But committed no crime./ Even give shot—or maybe a few./ They've had a computer slammed in their face, but they still come through."



"And need I go on and on, and on, and on,/ Nurses are the champions, my friends,/And they'll keep on charting 'til the end,/ Nurses are the champions..."



"Nurses are the champions./ No time for freeze ups. /Cause nurses are the champions."

## OBSTETRICS/GYNECOLOGY — Happy 2nd Birthday

Guess who just turned two-years-old in the EHR world? **Quillen ETSU OB/GYN.**

This was the very first MEAC clinic to implement the EHR System, and the second site to be implemented on the ETSU Allscripts system .

We have all learned a lot since May 2011—both the Green Team and the physicians and staff. We continue to feel appreciation for the sites who bravely took this step early in our EHR Journey.

OB-GYN did well during the Go Live, but not without just a little bit of apprehension from the Green Team—this clinic does over twice the volume of the first and only other site we had implemented at that time. But as everyone should know by now, OB/GYN did great!



EHR adoption is a journey. You plan for months, you prepare the providers and staff, and then you take off. This road isn't always easy, but the process is definitely worth it.

We received excellent feedback from the clinic as we moved forward, and modifications were made frequently. The EHR Support Team kept abreast of needed changes, and we made every effort to improve the system.

We are very happy that this location has successfully used the EHR system for over two years, and we look forward to serving OB/GYN as the journey continues.



### Are You a Meaningful User?

We've recently presented several of our providers with their Successful Attestation of Meaningful Use certificates, but you may feel a little like you did the day after you graduated from high school...here's your diploma, good job, now what?

Don't let the certificate fool you...you may be done with the first year, but just like high school (or more like medical school plus your internship), Meaningful Use isn't completed in one year...try [six](#).

If you have successfully completed your first year (which was a 3-month reporting period), you are now working on your second year. The requirements are the same, but this time we will be reporting on a full year rather than just a 3-month time span.

As we have explained previously, every person in the office has their role in achieving meaningful use, so it is essential that everyone keep up with their responsibilities.

If you are **clerical staff**, remember to

- Enter the demographic information into Experior.
- Ask the patient if they would like a copy of their Clinical Summary.

If you are **clinical staff**,

- Document the vitals at each visit.
- Document if the patient is provided patient education at the visit.

### Successful Attestation...Now What?

- Make sure to update the medication and allergy list (if this is your office's workflow).
- Document smoking status on patients 13 yrs or up (if this is the office workflow).

If you are a **provider**,

- Document Active Problems and keep it up-to-date at each visit.
- Send any permissible medications you order electronically. Don't duplicate effort by writing the script out and having someone else record it in the system.
- Make sure to update the medication and allergy list (if this is your office's workflow).
- Document smoking status on patients 13 yrs or up (if this is the office workflow).
- Document if the patient is provided patient education at the visit.
- Ask your office manager how you are doing!



## Are You a Meaningful User?

I've never been a huge rap music fan. Some of it I like, especially the "old-school" hits from my high school days, but for the most part, I can't really name that many hits...or tell you much about one of the most well-known rappers—Notorious B.I.G.—whose murder in 1997 still has L.A. police stumped.



As little as I know about him, there are many times I think about him...or at least make an association with his name. A matter of fact, it happens more often than I like, or any of us using our EHR. It's that moment ... when our patients are filling the lobby... and exam rooms...and backing up at the check out line. It's the exact moment when we are about to click the yellow COMMIT button ....and then—NOTHING.

The system has frozen up , maybe an hour glass is staring you in the face. And you feel helpless, stuck, and above all—FRUSTRATED.

On my end, it's the constant ringing of the phone, the rush to contact our system support at Blue Ridge, and the back log of Help Desk tickets notifying us that the system is locked.

It's that moment I think of Notorious...more specifically, the Notorious E.H.R.

But maybe we should all take a moment to reflect (and I include myself here) on life before the Notorious E.H.R. I would love to see a report on how many hours each of our offices spent tracking down paper charts for the next day's clinic (especially the "lost" ones), and how many times we got frustrated trying to dig through especially

## Notorious E.H.R.

large paper charts looking for the last year's lab results. Or perhaps the hours spent dictating, transcribing, and faxing referral letters...and the money spent doing so. And have you ever tried to gather data tracked on paper? I'm sure the manpower, time, and money spent on major research projects was barely covered by the grant money applied for by the office staff. I don't think any of you will be rapping a verse from Notorious B.I.G.'s track "Want That Old Thing Back."

I say all of this because, as I read through the piles of literature on Meaningful Use, and as I hear the woes of so many Notorious E.H.R. users, and as I try to brainstorm better ways to support our excellent providers and clinic staff, I realize that we have come a long way. . . .and didn't mama say "they'll be days like this"? (Okay, so that's not a Notorious B.I.G. song, but I'm sure his mama probably told him the same thing.)

Just the other day, one of my son's teachers, after noticing my name badge, said to me, "I never thought I'd say 'I love my doctors', but I really do love my doctors." She was referring to our providers at OB/GYN. She didn't complain about the wait, she didn't complain about the computers....all she saw was a great group of physicians providing the best of care.

So the next time the system freezes up, or the computer crashes, or whatever may bring to mind that Notorious E.H.R., try taking a deep breath, and maybe even rap a tune:

*Sky is the limit and you know that you keep on/  
Just keep on pressin on*

(Notorious B.I.G. , 1997)

### Erratum

In last month's issue of *Quillen Quick Notes*, we mistakenly listed the year 2013 for ICD10 implementation. The correct mandatory date for ICD implementation is October 1, 2014. Our source was a document from the CMS website, and have informed CMS of the outdated information. We apologize for this oversight.