



# 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 Cardiology, Endocrinology, & Gastroenterology

Quillen ETSU Psychiatry

## **Psychiatry is Live !**

In the psychiatric and behavioral health specialties, the needs are different. Patient privacy and confidentiality are a primary concern. Putting confidential information into an EHR can be like putting it up on a bulletin board, if it is not handled correctly.

The EHR Team has worked diligently with the Psychiatric Department to assure patient privacy. Psychiatric notes are locked down, and only visible to the author and the other providers in the department. Additionally, extra precautions are being taken to guard against the display of sensitive diagnoses and histories.



*Dr. Steven Shulruff worked closely with the EHR Team as we made changes to improve and enhance the system during Go-Live.*

Much preparation had taken place before the actual Go-Live on Monday, September 10:

- Hardware purchase and installation
- Paper chart scanning
- Planning meetings for workflow and note building, and
- Provider and staff training

The front office staff did great. The patients were arrived and checked out in the EHR without a single hitch. Telephone messages were entered into the EHR as necessary. Task lists and worklists were also monitored properly.



*Mabel Yates, Office Manager, worked alongside the front office staff all week to assure a successful Go-Live.*

The biggest problem we experienced during Go-Live was difficulty with our wireless connection for the physicians' laptops. Connections are a challenge whenever our systems have to work in coordination with an outside network, such as the ETSU network on the VA Campus. The first day began with some frustration as the physicians were unable to use the laptop computers to document their visit. Our IT department was very responsive, and Shaun Copas came right over to resolve the issue. We appreciate his hard work!

Overall, the week was a huge success. And we have to say, this was the most "therapeutic" Go-Live week we have ever experienced. The physicians and staff were all very patient and cooperative, even during such a stressful period.

**Congratulations ,**

**Everyone !!**



# Psychiatry Go-Live Activity



Heather Moore, Psychiatry Front Desk



Phil Steffey, LCSW, working with Tracy Jones during Psychiatry Go-Live



Dr. Joel Chisholm during Psychiatry Go-Live



Tiffany Hall and Kristie Turbyfill — Psychiatry Front Desk Staff

## Visit the QETSU EHR Website

### Quillen Physicians EHR

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

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/>

# From the Developer Zone

## Communication — Clinic to Clinic

One of the many advantages of having an Electronic Health Record is the portability of data. Quillen ETSU clinics can now view shared data seamlessly in a controlled, secure environment. What does this mean exactly?

For one thing, it means two clinics can both see the same patient and have the complete patient record available to everyone with the required security privileges, whether the patient goes to Family Medicine, Pediatrics, Internal Medicine, or OB/GYN. Patient care is enhanced with the ability to share data — patient safety improves, duplication of tests is reduced, and providers save time by not having to enter all the histories in each individual clinic.

Another benefit surfaces when we refer our patients to other Quillen Clinics. The original order can be viewed by the receiving clinic, and the consult documentation can be viewed by the referring clinic. Tasks can be used to prompt the appropriate staff. No longer do we need to fax documents from clinic to clinic.

## Quick Sets

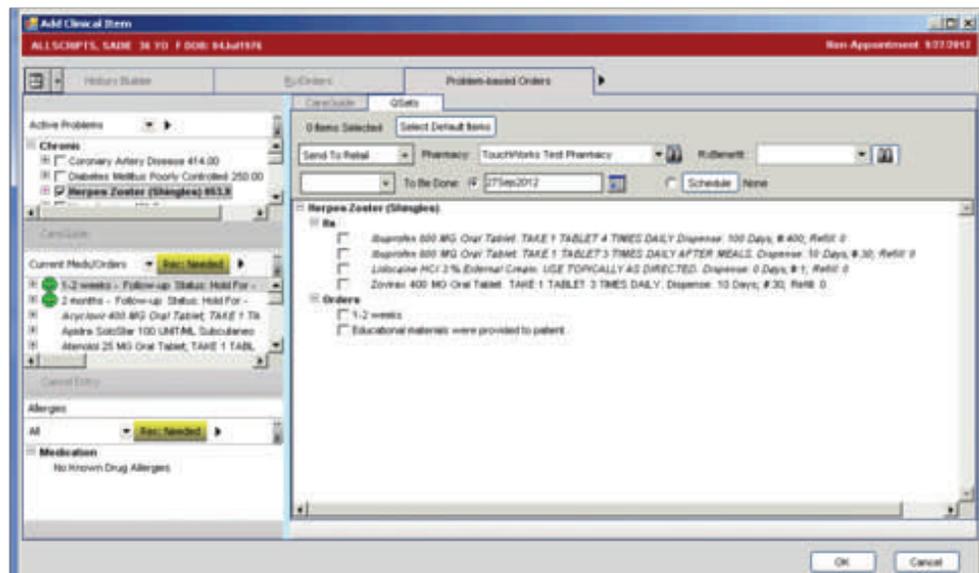
Allscripts provides a convenient way to recall and order items previously ordered based on the Active Problems.

Open the ACI, and navigate to the third main tab—Problem-based Orders.

Select the secondary tab—QSets. Place a checkmark in the box

beside an Active Problem. The screen will display every order you have associated with that Active Problem.

In the above example, we have chosen the diagnosis of “Shingles,” and the screen displays my choices from the past. Simply check the box(es) beside what you would like to order today, and these will be added to your plan. A big timesaver is the fact that we are able to conveniently select different order types from one location.

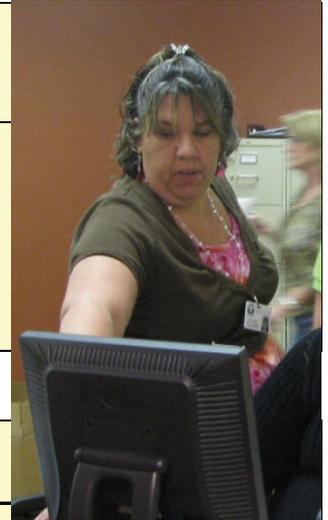


## September EHR Challenge Winner

Last month's challenge asked what shouldn't be done to a lab order. The answer was "DO NOT EDIT."

We received several correct answers and the winner is **Jackie Collins** from Johnson City Internal Medicine. Jackie will receive an Allscripts prize pack with a \$10 gift card. Congratulations, Jackie!

*Pictured left, Jackie working at the JCIIM Go-Live in May.*



## October Challenge

**Question:** This month, create a list of all the things you LOVE about Allscripts (and no sarcasm, please). Whoever correctly submits the longest list wins.

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

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** (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@getsu.org](mailto:EHRhelp@getsu.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@getsu.org](mailto:EHRhelp@getsu.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 af-

### 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? *The Anatomy of a Clinical Summary*

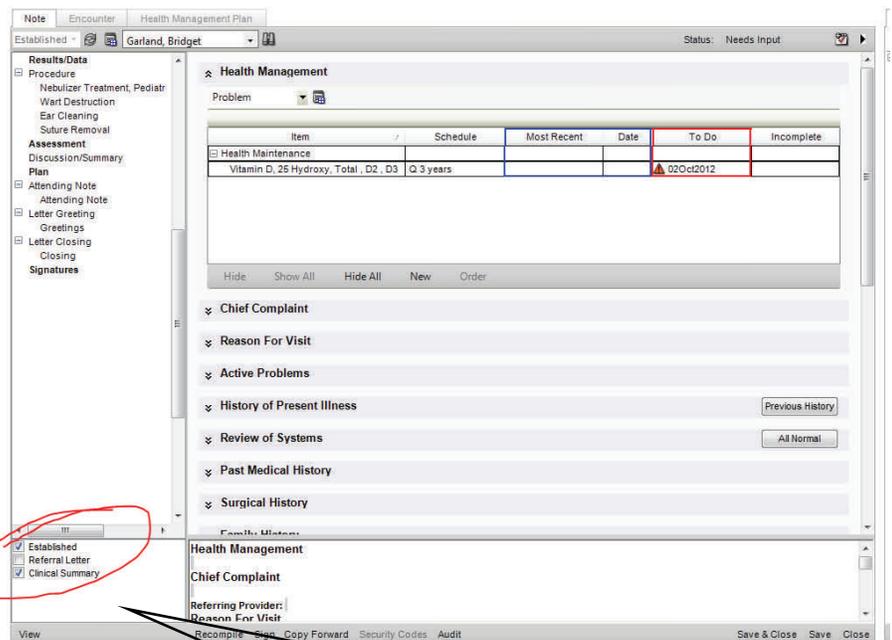
- Health Management**
  - Chief Complaint**
    - Referring Provider
  - Reason For Visit**
    - Pediatrics Reason For Visit
  - Active Problems**
  - History of Present Illness**
    - Diaper Rash
    - Rash
  - Review of Systems**
    - Complete-Female Pre-Adole
  - Past Medical History**
    - No new statement - PMH
  - Surgical History**
    - No new statement - Surgical
  - Family History**
    - No new statement - FH
  - Social History**
    - Pets
    - No new statement - SH
  - Current Meds**
  - Allergies**
  - Immunizations**
  - Vitals**
    - Growth Percentiles
  - Physical Exam**
    - Pre-Adolescent Complete M
  - Results/Data**
  - Procedure**
    - Nebulizer Treatment, Pediatr
    - Wart Destruction
    - Ear Cleaning
    - Suture Removal
- Assessment**
  - Discussion/Summary**
  - Plan**
  - Attending Note
    - Attending Note
  - Letter Greeting
    - Greetings
  - Letter Closing
    - Closing
  - Signatures

We are now using a Clinical Summary produced from the encounter's note, rather than the Allscripts delivered summary.

On the left is the Table of Contents of a typical note. **Highlighted** are the sections that will show up in the Clinical Summary if any items are populated in those sections.

Note that the HPI, History Sections, ROS, and Physical Exam are **NOT** populated in the Clinical Summary.

If a note has not been opened for the visit, the Allscripts summary will generate by default.



Note that the Clinical Summary output is checked by default.

## Are you a Meaningful User? *The Anatomy of a Clinical Summary*

TEST, STACY 9 YO F DOB: 03Mar2003

Clinical Summary ▾ Owner: Garland, Bridget Status: Needs Input

All Established Clinical Summary

**Symptoms**  
1. Rash

**Reason For Visit**  
Acute exacerbation.  
History reported by the mother.  
Patient accompanied to visit by mother.

**Active Problems**  
1. Diaper Rash 691.0

**Medications**  
1. No Reported Medications

**Allergies**  
1. No Known Drug Allergies

**Immunizations**

|              | 1                | 2              |
|--------------|------------------|----------------|
| DTP/DTaP     | Approx 18Mar2005 |                |
| Hepatitis B  | Approx 27Jun2012 |                |
| HPV          | 23Nov2011 (8Y)   |                |
| Influenza    | 19Oct2011 (8Y)   | 25Jun2012 (9Y) |
| Pneumococcal | Approx 2010      |                |
| Tetanus      | Mar 2008 (5Y)    |                |

**Vitals**

|             |                   |
|-------------|-------------------|
|             | 02Oct2012 06:56AM |
| Temperature | 98.6 F            |
| Systolic    | 120               |
| Diastolic   | 80                |
| Weight      | 65 lb             |

Weight percentile is 15%.  
Height percentile is 15%.  
Head circumference percentile is 30%.

**Results**  
Cortisol AM Serum 15Sep2010 08:42AM Herrell, Howard

| Test Name         | Result    | Flag | Reference      |
|-------------------|-----------|------|----------------|
| Cortisol Baseline | 5.0 uq/dL |      | 3.0-21.0 uq/dL |

**Procedures**  
of 5  
The procedure's risks were discussed with the patient.  
Wart treatment included Liquid Nitrogen and 1% Lidocaine.

**Summary**  
Today we discussed the benefits of .....

**New Medications and New Orders**  
1. Vitamin D, 25 Hydroxy, Total , D2 , D3 ; every 3 years; Next 02Oct2012; Status:Active

**Health Management Reminders**  
Vitamin D, 25 Hydroxy, Total , D2 , D3; every 3 years; Next 02Oct2012; Overdue

To **view** the Clinical Summary, click on View in the bottom left corner and then click on the Clinical Summary tab at the top of the page.

Note that we have renamed some of the sections of the summary using terminology more familiar to most patients.

**Chief Complaint** >  
Symptoms

**Current Medications** >  
Medications

**Results/Data** > Results

**Plan** > New Medications and New Orders

We recommend that providers finish their plan before the patient leaves so that the patient does have new medications, follow ups, etc. on the document. The note does NOT have to be complete to be printed for the patient.

### Signing

When signing the note, sign from the **All tab (see above)** when viewing the note so that both the note and clinical summary are signed at the same time. Please be aware that two sign note tasks do generate, but both will automatically complete if the note is signed from the **All** tab.

## Are you a Meaningful User? ETSU Top Users

We officially started our Meaningful Use 90-day reporting period this month. From now until the end of the year, the EHR team will be running regular reports on each eligible provider to ensure that measures are being met successfully. So who are the top meaningful users so far? Based on the initial reports (for the span of July 3rd-October 1st), the providers listed on the left have the highest average percentage combining the measures. As we begin to run reports covering current dates, we hope to see providers improve their percentages.

So far, the areas we see that need the most improvement across the practices are (1) providing clinical summaries to patients and (2) documenting patient education. Visit our website at [QuillenPhysiciansEHR.weebly.com](http://QuillenPhysiciansEHR.weebly.com) for how-to documents on these two measures.



### MEAC Providers

1. Kais Al Balbissi (CEB II)
2. Deidre Pierce (KIM)
3. Gene LeSage (CEB II)
4. Kailash Bajaj (KIM)
5. Vijay Ramu (CEB II)
6. Dima Youssef (ID)
7. Charles Stuart (CEB II)
8. Steven Smith (CEB II)
9. James Meyers (ID)
10. Philip Henry (CEB II)

### Family Medicine

1. Diana Heiman (JCFM)
2. John Franko (JCFM)
3. Allan Garrett (JCFM)
4. Thomas Avonda (JCFM)
5. James Holt (JCFM)
6. Fereshteh Gerayli (JCFM)
7. Joe Florence (JCFM)
8. Thomas Townsend (BFM)
9. Fred Tudiver (KFM)
10. Patricia Conner (BFM)