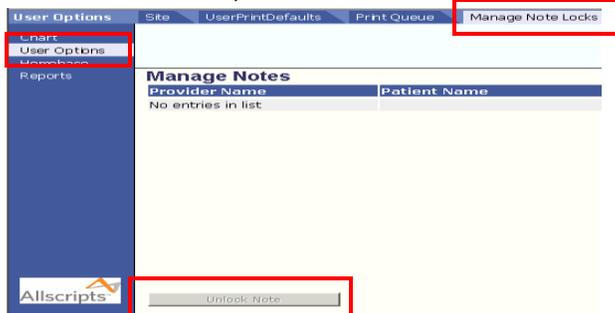


Allscripts™ Tips and Tricks

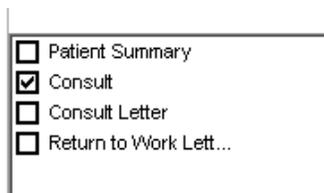
For more detailed information about a topic, such as "Transitioning an Initial Diagnosis to a Final Diagnosis," "Basic Navigation," and "e-Prescribing," please download the documents available on our blog at <http://quillenphysiciansehr.weebly.com>.

For Providers and Physicians

- Remember to check your site's **Order-Results Coverage Worklist** every couple of days. This is a good way to double check to ensure that the resident's labs are being managed.
- If you are a provider and you have **a note that is locked**, you can unlock it by going to "User Options" on the VTB, "Manage Note Locks" on the HTB, single click on the note, and then click "Unlock Note."



- **Note outputs** are generated by checking the box(es) in the lower-left corner of the note workspace. You must select the outputs *prior* to signing the note as the system will not allow selections to be made after signing the note.



- If you desire **to change the content of the output**, it may be best to create a separate note and document specifically for that item. For example, worker's comp and pain management. Create one note for worker's comp items, and then create a separate note for any other items discussed during the visit such as diabetes.

- If you need to send a **referral letter** to a pain management clinic but you don't want specific documentation included from the office visit, create a new note with a visit type of "consult" with the information you desire to include.
- If you are a **provider and will be going on vacation**, you can give another provider access to your task lists. There is no need to contact the EHR team to do this, your **office administrator or manager** has access to do this.
- If the **nurse starts a note**, the provider should NOT start a new note, but, rather, open and add to the nurse's note. If two notes are started, one must be invalidated.
- If you are **starting a note on a patient**, always pull the patient up from the **Daily Schedule**. Searching for the patient doesn't link the appointment to the note and all data can be lost.

For Clinical Staff and Providers

- When typing in one of the **free text fields in the forms** within the Note section, the text will NOT flow into the Note Accumulator at the bottom of the screen until you hit "enter" or click on another item (like clicking another radio button or in another free text field). So be sure to watch the Note Accumulator to make sure your free text has been added to your note.
- You can now search for "**hydrochlorothiazide**" using the abbreviation "HCTZ."
- When **searching for an allergy**, you will have better luck finding what you want if you search for the **singular form** of the word. For example, search for coconut not coconuts. And as always, if you cannot find something, contact the EHR team.
- When **creating a note or entering data on a patient**, always pull the patient up through the Daily tab. The only time you will search for the patient is if you are preloading information, the patient calls in, or data search.
- An **overnight pulse ox** has been added to the Labs/Procedures tab in the ACI. Also, the following items have been added to the Rx tab: **compression gloves, sleeves and stockings, and a PCA pump.**
- The **PROBLEM, MEDS/ORDER, and ALLERGY viewing panes** enable users to right-click and edit within the pane. These ACI viewing panes provide the same right-click context menu items as you have on the Clinical Desktop.

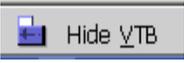
- You can now order a "**plain**" **insulin syringe** and **test strips** from the Rx tab. Make sure to check the "include Pharmacy Supplies" checkbox before you hit "search."
- You can see **future appointments** on patients by having the patient in the banner and clicking on the Appointment tab on the HTB.
- Always use **Renew with Changes** when working with meds recorded as historical entries so you can change the "action" from record to send to retail. Otherwise, the medication only saves to the record and doesn't go anywhere else.
- **Multiple medications can be renewed at the same time** by using the Shift and/or Ctrl keys on the keyboard to select multiple medications within the component on the Clinical Desktop.
- Completing the **entire intake workflow within the Add Clinical Item (ACI) page** allows you to quickly enter patient information with fewer clicks. Clicking Commit on the Clinical Toolbar saves all updated information to the patient's medical record.
- Changing the **medication status to complete WITHOUT** changing the date field from the current day prevents the script from being sent to the pharmacy. You should only change the status from "active" to "complete" if you put a future day in the date field. Otherwise, just leave the status as "active."

For All Users

- Your *login ID* and *password* ARE **case-sensitive**.
- The **Last Session feature** on your login screen is by workstation only, not by login ID.
- To recall a "**lost**" **clinical toolbar** on the Daily Schedule, click on Tools, Show/Hide Clinical Toolbar. If that doesn't work, press the Shift, Alt, Space and M keys together, then release. Use your "up" arrow key to pull the toolbar back onto the screen. If neither of those work, turn your computer off, then back on.
- If you are an employee of MEAC/Family Medicine, and you a patient of any of the physicians in the group, your records are locked down so that anyone who wants to access your record has to provide a password or "**break glass.**" We have preloaded all employees who are already patients, but ***if you are seeing a***

doctor for the first time, you will need to contact the EHR team so that we can add the security.

- When utilizing any of the **text template note types** (i.e. the Pap Smear Result Letter [OB-GYN] or the Alden/Bowers letters [JCFM]), the "Apply" button will not become active until you click in the text field within the note. Once you click in the field, as though you were going to add something to the letter template, the Apply button will become active.
- If you **receive tasks that you don't understand** (like an overdue order, for example), ***don't just remove it!*** Ask one of your superusers or call the Help Desk, and we'll help you figure out how to handle it. Tasks come in for a reason, and just ignoring them will cause problems down the road.
- If you are working on a tablet and you receive **the "low battery" warning**, you have approximately **10 minutes** to switch tablets. If you do not save and close and the tablet runs out of power, you will lose your work.
- To be able to see the **All Providers option** in the Provider drop-down list on the **Daily Schedule**, you must have at least one provider in the All Provider View in the personalize dialog.
- If you become **"frozen"** in Allscripts, you can "unfreeze" yourself by clicking on the golf-themed start button,  then all programs, then applications, and then kill frozen Allscripts session. If that doesn't "unfreeze" you, please call the Help Desk.
- Another way to **contact the EHR** team is by tasking us within Allscripts. Go to your task list tab on the HTB, select new, then assign to a team by clicking the down arrow and selecting ****Allscripts Help Team**** or by searching.
- Don't forget to **check your personal and team task lists**. Here you will find tasks on: Overdue Orders, Failed Rx, Schedule Appts, etc.
- When **viewing appointments with the All Providers option**, you will only see appointments scheduled within 30 minutes of the actual time of the visit. The patient will eventually drop off the All Provider schedule.
- **Selecting a patient from the Daily Schedule** is the recommended method for choosing a patient that is in the office for an appointment. All subsequent notes, diagnoses, and orders will be linked to the correct Encounter.

- To **hide the vertical toolbar**,  click the HIDE VTB button at the top-left of the screen (The button toggles between HIDE VTB and SHOW VTB). Choosing to hide the vertical toolbar provides you with a larger workspace, which may eliminate some horizontal scrolling.

Preparing for Go Live!

- For the offices that have not gone live yet, please **begin thinking about your workflows!** We have found that workflow issues have been the biggest challenge during Go Live week.