

## healthcare IT made simple.

## Build Tip: Changing or Entering Text for a Group of Findings



### President's Corner

In this industry, change is rapid and relentless. Do you find it overwhelming to keep up with everything? ICD10, upgrades, attestation, HIE's, ACO's...the list goes on and on.

Here at EHR Concepts we are working around the clock to make sure that we are your one stop shop for Did you know that you do not have to open each properties box just to change or enter text for a group of findings?

In the example below, each section is linked to its own heading on the left, but the Display Name and Positive/Negative text of the findings are the same. Instead of opening and closing each individual finding and correcting the text, you can open the Form Bulk Properties screen and correct them all from there. You have the option to type each one individually, or type the first section and then copy and paste the text into the others. You would copy the text from each field in the red boxes into the corresponding field in the green circles.

Dorsiflexion	(A) deg	YN Pain
Plantar Flexion	(A) deg	YN Pain
Inversion	(A) deg	YN Pain
Eversion	(A) deg	YN Pain

knowledge and expertise. Please call us anytime for advice, guidance and recommendations.

It is our pleasure to help you and your organization.

# - April Cleek, President & CEO

#### Highlight: Live Chat

With EHR Live Chat Support, help is at your fingertips. Let Live Chat assist your EHR users immediately via remote chat sessions, right on the user's computer screen. EHR users can chat with helpdesk staff, instead of submitting a support ticket. Also, to help them resolve similar issues in the future, users can access recorded Live Chat transcripts for reference. Help is just a keystroke away.

Type	Group Name	Original Text	Display Name	Positive Text	Negative Text
Heading	Dorsiflexion_7	Dorsiflex	DUISINEX	Dorsiflexion: ~M	
Medcin/Text	ROM DF L	Ankle Active Dorsiflex.	(A) deg	active range of motion to ~V	
Medcin/Text	ROM DF L	Ankle Pain Elicit	Pain	with pain	without pain
Medcin/Text	ROM DF L	Ankle Pasz usiti	(P) deg	passive range of motion to ~	and a straight a second straight for a secon
Heading	Plantar Flexion_8	Plant Fl	Plant Flex	Plantar flexion: ~M	
Medcin/Text	ROM PF L	Ankle Active Plantar	(A) deg	restricted active range of mo	normal active ROM
Medcin/Text	ROM PF L	Ankle Fain Elicited By	Pain	painful	not painful
Medcin/Text	ROM PF L	Ankle Passive Plantar	(P)Abril_deg	passive range of motion ~V	normal passive ROM
Heading	Inversion_9	Inversion	inversion	Inversion-M	
Medcin/Text	ROM INV L	Ankle Active	(A) deg	restricted active range of mo	normal active ROM
Medcin/Text	ROM INV L	Ankle Pain Elicitee .	Pain	painful	not painful
Medcin/Text	ROM INV L	Ankle Passive Inversi	(P)Abnldeg	passive range of motion ~V	normal passive ROM
Heading	Eversion_10	Eversion	Eversion	Exersion: ~M	
Medcin/Text	ROM EV L	Ankle Active Eversion	(A) deg	restricted active range of mo	normal active ROM

# Meaningful Use: Patient Education

Providing patient education is now a core measure for MU2. So what options do you have? You actually have quite a few!

Included as part of the MU Package is the Info Button functionality which gives you access to education from Medline Plus within the application. You can also use instructions or precautions, but they **must be** ordered from Careguides, Quick Sets or Order Groups in order to count toward this measure. Drug Ed and Careguide monographs are still available and they both count toward this as well. Lastly, you can check "Vaccine Information Statement Provided..." when administering vaccines to get credit for this measure.

In order to ensure that you meet the threshold, figure out which of the options above would be most intuitive to your current workflows, and start training your users now! You can also help your users by adding commonly used

instructions to Order Groups or Careguides to ensure they will count toward the measure.

## Interface Tip: Re-bundling Messages

Recently, we helped a client who had an issue with "re-bundling" messages from their lab system. The client would receive a lab, the provider would verify it, and then the lab would re-bundle that result with a new one. This forced the provider to re-verify the message, ultimately duplicating work. We came up with a simple script using the Clinical date, OrderCode, Result Code, ResultStage, the actual result answer, as well as patient matching criteria, to determine if the result was part of a re-bundled message or a new result. If your providers are consistently duplicating work by re-verifying previously verified results, please contact us for assistance.