EHR CONCEPTS

healthcare IT made simple.

Helpful Techniques to Increase End-User Adoption

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EHR
CONCEPTS

Do you have click-counters?
Complaints about how long it takes to finish a simple note?
Users that don't log tickets when they have issues?

Today we will discuss these three topics.

Topics:

- Ordering
- Documentation
- Support Deficiencies

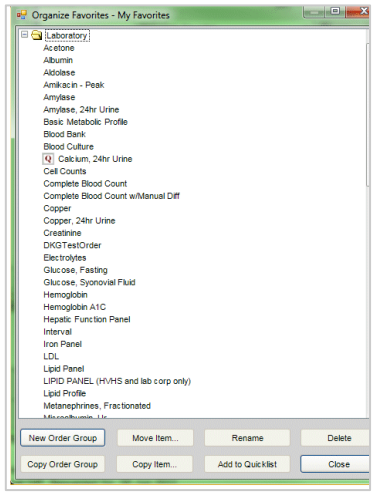
EHR CONCEPTS

Order Groups

Using order groups is a great way to make ordering more efficient for your providers

Example of good use of order groups

- For a FM/IM provider
  - Create folders for most commonly diagnosed problems and add common orderables for those diagnoses. For example make a folder for "New Diabetic" and "Diabetic FU" and add the appropriate orders
  - Immunization folder
    - Create folders per age group and add immunizations that are given at that age



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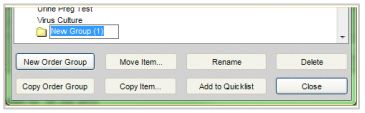
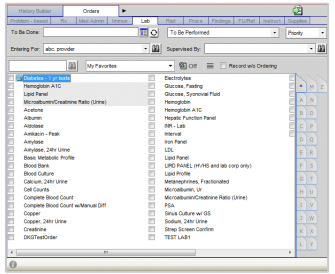
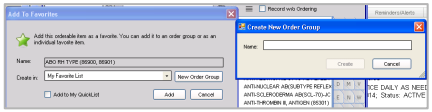
Creating Order Groups

- Log into Allscripts TouchWorks® EHR and access ACI.
- Select the appropriate tab in the ACI
- Search for orderable
- From the context (right click) menu , select **Organize Favorites**
- The **Organize Favorites** page opens
- Click **New Order Group**
- Label your new group folder
- The new order group will now display as a folder icon in **Organize Favorites**
- Now you are able to copy or move orders into this folder
    - Tip: drag and drop also works if you are moving to folder

Add to Favorites on the context (right click) menu is another, faster way to complete this.







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Making v 11 Note More Useful

Customizing v11 note could help:

- Make highly predictable visits quicker to document
- Patient care
- Improve coding
- Reduce unnecessary testing

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Typical Visits

In this example, we took the top complaints that are seen in the client's urgent care settings, and worked with their doctors to determine what the "typical" documentation would be for those visits. We then created custom HPI, ROS, PE and Impression forms for those visits.

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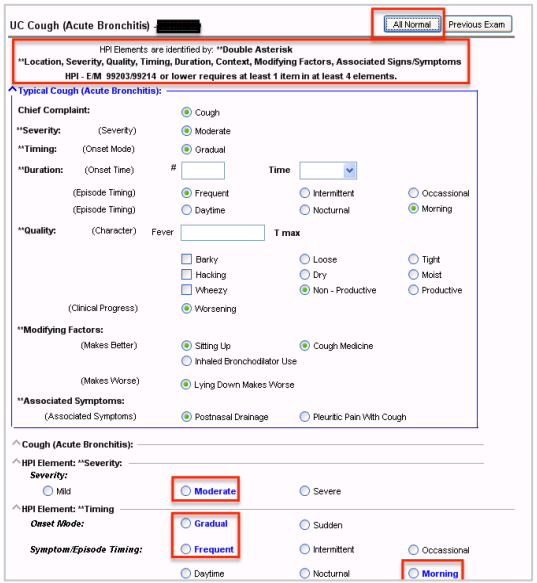
HPI

Example of a cough visit:

- The HPI forms were designed so that clicking “All Normal” renders everything seen in the blue box as normal. Below the blue box are options for visits that aren’t “typical,” and the answers that were included in the “All Normal” are highlighted in blue to make them easily distinguishable.

Notice, there is more coding information at the top of the form.



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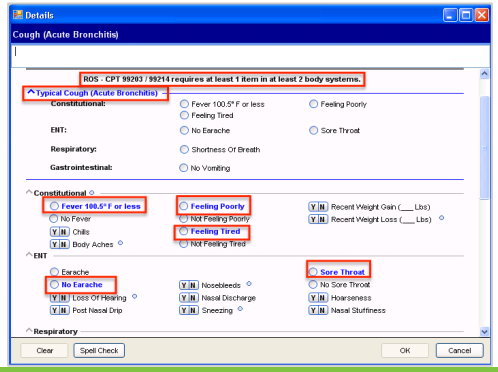
ROS

Example of ROS

- Some coding departments frown on the use of “all normal” buttons. In the example below, the decided upon “typical” responses are highlighted in blue to make them easy to distinguish in order to facilitate faster documenting.

Notice, there is once again coding information at the top of the form.



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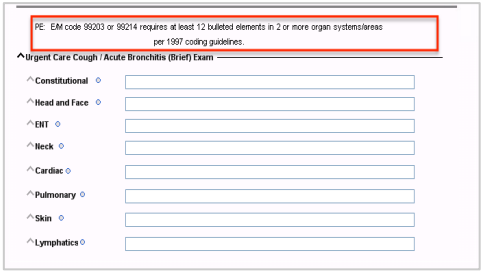
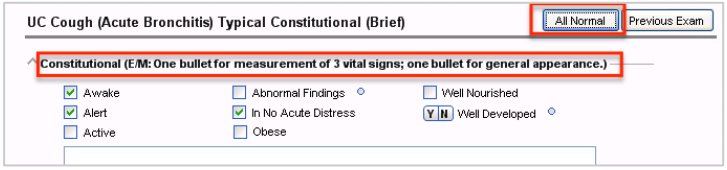
Physical Exam

Example of Physical Exam:

- Another compromise for “all normals,” is to allow them per body system, rather than for an entire exam. In this example, each body system has an “all normal” button with the agreed upon “typical” findings chosen.

Notice, there is once again coding information at the top of the form.





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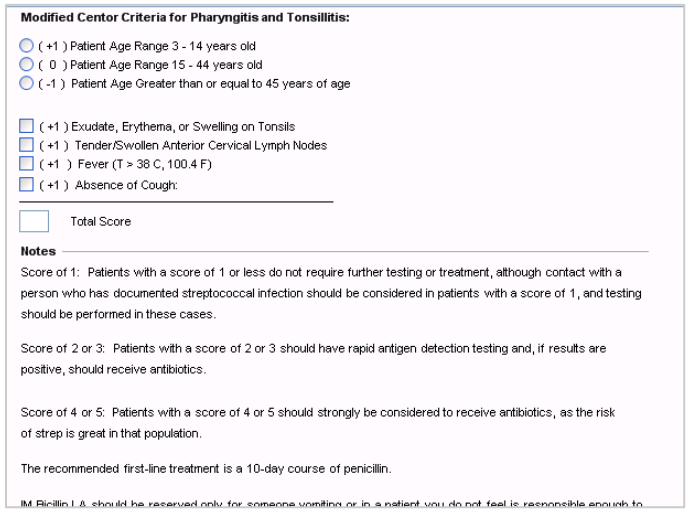
Impression

Example of Impression:

The impression forms for this client were built using evidence-based guidelines with the hopes of improving patient care and reducing unnecessary testing. As an example, unnecessary strep tests were cut in half after implementing these forms.



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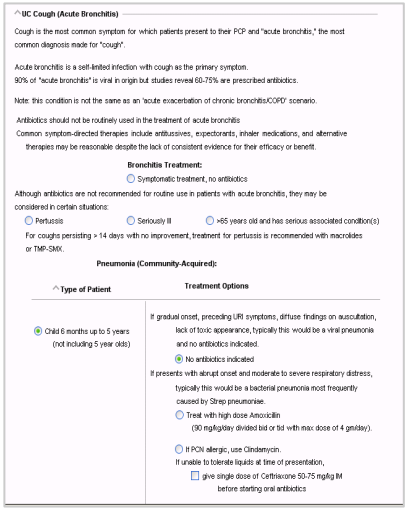
Example of Cough Impression Form:

Input:



UC Cough (Acute Bronchitis)

Cough is the most common symptom for which patients present to their PCP and "acute bronchitis," the most common diagnosis made for "cough".

Acute bronchitis is a self-limited infection with cough as the primary symptom.
90% of "acute bronchitis" is viral in origin but studies reveal 60-75% are prescribed antibiotics.

Note: this condition is not the same as an 'acute exacerbation of chronic bronchitis/COPD' scenario.

Antibiotics should not be routinely used in the treatment of acute bronchitis
Common symptom-directed therapies include antitussives, expectorants, inhaler medications, and alternative therapies may be reasonable despite the lack of consistent evidence for their efficacy or benefit.

Bronchitis Treatment:

- ○ Symptomatic treatment, no antibiotics

Although antibiotics are not recommended for routine use in patients with acute bronchitis, they may be considered in certain situations:

- ○ Pertussis
- ○ Seriously Ill
- ○ >65 years old and has serious associated condition(s)

For coughs persisting > 14 days with no improvement, treatment for pertussis is recommended with macrolides or TMP-SMX.

Pneumonia (Community-Acquired):

Type of Patient	Treatment Options
◉ Child 6 months up to 5 years (not including 5 year olds)	If gradual onset, preceding URI symptoms, diffuse findings on auscultation, lack of toxic appearance, typically this would be a viral pneumonia and no antibiotics indicated. ◉ No antibiotics indicated If presents with abrupt onset and moderate to severe respiratory distress, typically this would be a bacterial pneumonia most frequently caused by Strep pneumoniae. ○ Treat with high dose Amoxicillin (90 mg/kg/day divided bid or tid with max dose of 4 gm/day). ○ If PCN allergic, use Clindamycin. If unable to tolerate liquids at time of presentation, ☐ give single dose of Ceftriaxone 50-75 mg/kg IM before starting oral antibiotics

Output:

Impression

Cough (Acute Bronchitis) This child is 6 months up to 5 years old and who presents with abrupt onset and moderate to severe respiratory distress, typically this would be a bacterial pneumonia most frequently caused by Strep pneumoniae. I plan to treat with high dose Amoxicillin (90 mg/kg/day divided bid or tid with max dose of 4 gm/day).

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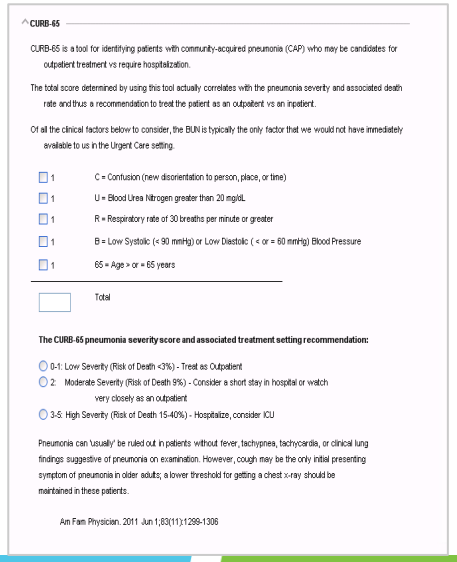
Example of CURB- 65

Input:



CURB-65

CURB-65 is a tool for identifying patients with community-acquired pneumonia (CAP) who may be candidates for outpatient treatment vs require hospitalization.

The total score determined by using this tool actually correlates with the pneumonia severity and associated death rate and thus a recommendation to treat the patient as an outpatient vs an inpatient.

Of all the clinical factors below to consider, the BUN is typically the only factor that we would not have immediately available to us in the Urgent Care setting.

- ☐ 1 C = Confusion (new disorientation to person, place, or time)
- ☐ 1 U = Blood Urea Nitrogen greater than 20 mg/dL
- ☐ 1 R = Respiratory rate of 30 breaths per minute or greater
- ☐ 1 B = Low Systolic (< 90 mmHg) or Low Diastolic (< or = 60 mmHg) Blood Pressure
- ☐ 1 65 = Age > or = 65 years

☐ Total

The CURB-65 pneumonia severity score and associated treatment setting recommendation:

- ○ 0-1: Low Severity (Risk of Death <3%) - Treat as Outpatient
- ○ 2: Moderate Severity (Risk of Death 9%) - Consider a short stay in hospital or watch very closely as an outpatient
- ○ 3-5: High Severity (Risk of Death 15-40%) - Hospitalize, consider ICU

Pneumonia can 'usually' be ruled out in patients without fever, tachypnea, tachycardia, or clinical lung findings suggestive of pneumonia on examination. However, cough may be the only initial presenting symptom of pneumonia in older adults; a lower threshold for getting a chest x-ray should be maintained in these patients.

Am Fam Physician. 2011 Jun 1;83(11):1299-1306

Output:

CURB-65
+1 point: Confusion (new disorientation to person, place, or time)
+1 point: Respiratory rate of 30 breaths per minute or greater
+1 point: Age = or > 65 years
3 **Total**
The CURB-65 pneumonia severity score and associated treatment setting recommendation:
3-5: High Severity - Hospitalize, consider ICU

EHR CONCEPTS

Support Deficiencies

People are not logging issues because:

- No time to stop to call
- Waiting on hold for helpdesk
- No time to email during patient visit hours
- Time it takes to log a ticket
- Helpdesk process- no immediate answers

Not able to address unlogged issues

Limited helpdesk resources

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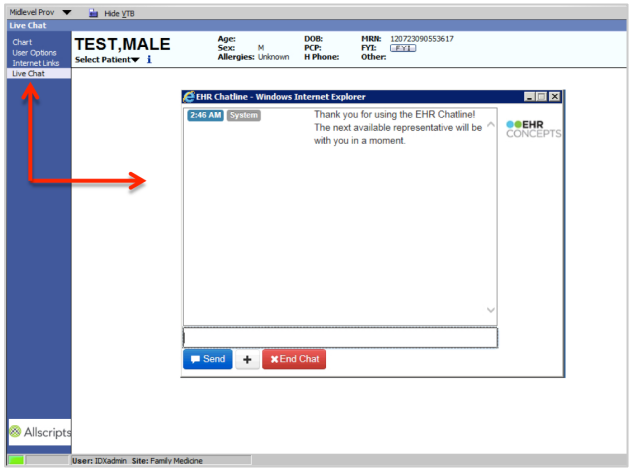
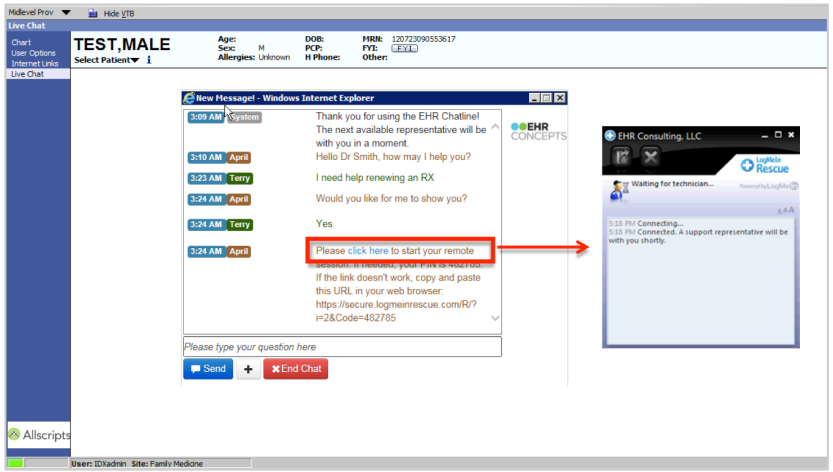
Solution: Live Chat™





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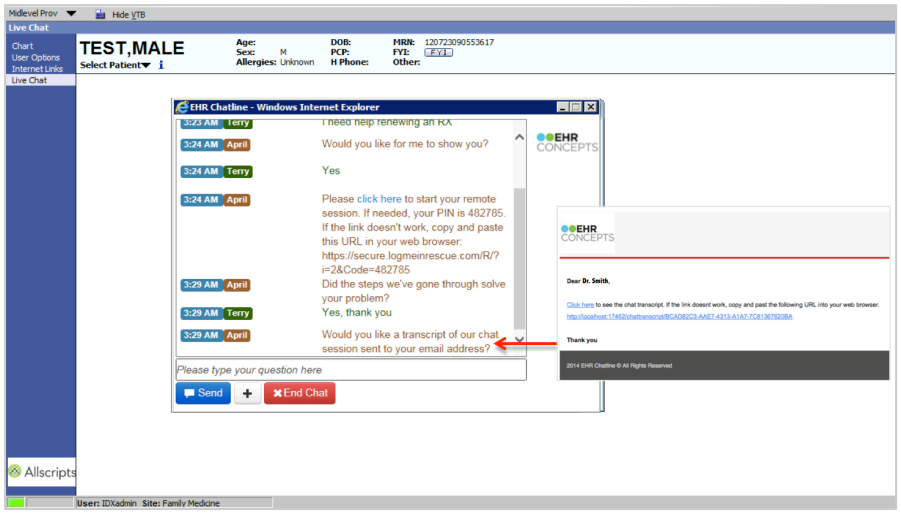
Live Chat™- Email Transcripts



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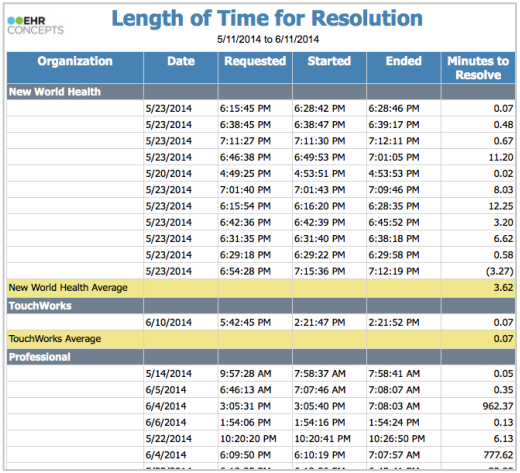
Reporting Capability

- User Ping Count
- Chat Count by Date
- Client Survey Results
- Type of Issues
- Length of Time for Resolution



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Length of Time for Resolution

5/11/2014 to 6/11/2014

Organization	Date	Requested	Started	Ended	Minutes to Resolve
New World Health					
	5/23/2014	6:15:45 PM	6:28:42 PM	6:28:46 PM	0.07
	5/23/2014	6:38:45 PM	6:38:47 PM	6:39:17 PM	0.48
	5/23/2014	7:11:27 PM	7:11:30 PM	7:12:11 PM	0.67
	5/23/2014	6:46:38 PM	6:49:53 PM	7:01:05 PM	11.20
	5/20/2014	4:49:25 PM	4:53:51 PM	4:53:53 PM	0.02
	5/23/2014	7:01:40 PM	7:01:43 PM	7:09:46 PM	8.03
	5/23/2014	6:15:54 PM	6:16:20 PM	6:28:35 PM	12.25
	5/23/2014	6:42:36 PM	6:42:39 PM	6:45:52 PM	3.20
	5/23/2014	6:31:35 PM	6:31:40 PM	6:38:18 PM	6.62
	5/23/2014	6:29:18 PM	6:29:22 PM	6:29:58 PM	0.58
	5/23/2014	6:54:28 PM	7:15:36 PM	7:12:19 PM	(3.27)
New World Health Average					3.62
TouchWorks					
	6/10/2014	5:42:45 PM	2:21:47 PM	2:21:52 PM	0.07
TouchWorks Average					0.07
Professional					
	5/14/2014	9:57:28 AM	7:58:37 AM	7:58:41 AM	0.05
	6/5/2014	6:46:13 AM	7:07:46 AM	7:08:07 AM	0.35
	6/4/2014	3:05:31 PM	3:05:40 PM	7:08:03 AM	962.37
	6/6/2014	1:54:06 PM	1:54:16 PM	1:54:24 PM	0.13
	5/22/2014	10:20:20 PM	10:20:41 PM	10:26:50 PM	6.13
	6/4/2014	6:09:50 PM	6:10:19 PM	7:07:57 AM	777.62

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Questions?

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