



# 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:

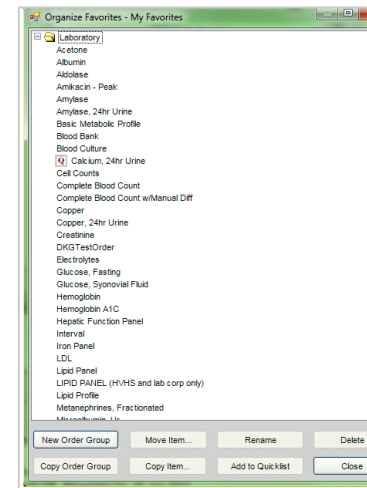
- Ordering
- Documentation
- Support Deficiencies

## Order Groups

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

Example of good use of order groups

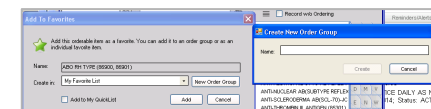
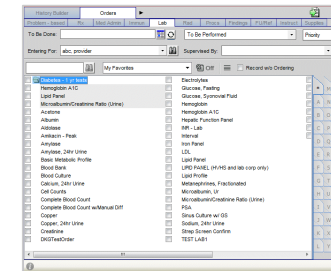
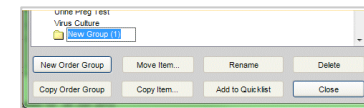
- For a FM/IM provider
  - Create folders for most commonly diagnosed problems and add common orderables for those diagnoses. For example make a folder for “New Diabetic” and “Diabetic FU” and add the appropriate orders
  - Immunization folder
    - Create folders per age group and add immunizations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



## 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.



## 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

## 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.

^ Urgent Care Custom Chief Complaint (Diagnoses) HPI

HPI Elements: Location, Quality, Severity, Duration, Timing, Context,  
Modifying Factors, Associated Signs / Symptoms.

|  |   |
|--|---|
| <b>Cough (Acute Bronchitis)</b> ◊        | <b>Vomiting (Viral Gastroenteritis)</b> ◊ |
| <b>Dysuria (Acute Cystitis)</b> ◊        |   |
| <b>Fever (Influenza)</b> ◊               |   |
| <b>Nasal Symptoms (Sinusitis)</b> ◊      |   |
| <b>Sore Throat (Acute Pharyngitis)</b> ◊ |   |

# 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.

UC Cough (Acute Bronchitis) All Normal Previous Exam

HPI Elements are identified by: **\*\*Double Asterisk**  
**\*\*Location, Severity, Quality, Timing, Duration, Context, Modifying Factors, Associated Signs/Symptoms**  
 HPI - EM 99203/99214 or lower requires at least 1 item in at least 4 elements.

^ Typical Cough (Acute Bronchitis):

Chief Complaint:  Cough

\*\*Severity: (Severity)  Moderate

\*\*Timing: (Onset Mode)  Gradual

\*\*Duration: (Onset Time) #  Time

(Episode Timing)  Frequent  Intermittent  Occasional

(Episode Timing)  Daytime  Nocturnal  Morning

\*\*Quality: (Character) Fever  T max

Barky  Loose  Tight

Hacking  Dry  Moist

Wheezy  Non - Productive  Productive

(Clinical Progress)  Worsening

\*\*Modifying Factors: (Makes Better)  Sitting Up  Cough Medicine

(Makes Worse)  Inhaled Bronchodilator Use

Lying Down Makes Worse

\*\*Associated Symptoms: (Associated Symptoms)  Postnasal Drainage  Pleuritic Pain With Cough

^ Cough (Acute Bronchitis):

HPI Element: \*\*Severity: Severity:  Mild  Moderate  Severe

HPI Element: \*\*Timing: Onset Mode:  Gradual  Sudden

Symptom/Episode Timing:  Frequent  Intermittent  Occasional

Daytime  Nocturnal  Morning

# 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.

The screenshot shows a software window titled "Urgent Care Custom ROS" and a "Details" window for "Cough (Acute Bronchitis)". The "Details" window contains a list of symptoms with radio buttons for selection. A note at the top states "ROS - CPT 99203 / 99214 requires at least 1 item in at least 2 body systems." Several options are highlighted in blue: "Typical Cough (Acute Bronchitis)", "Fever 100.5° F or less", "Feeling Poorly", "No Earache", "Feeling Tired", "Feeling Tired", "Sore Throat", "No Earache", "Recent Weight Gain", "Recent Weight Loss", "No Earache", "Nosebleeds", "No Sore Throat", "Loss of Hearing", "Nasal Discharge", "Hoarseness", "Post Nasal Drip", "Sneezing", and "Nasal Stuffiness".

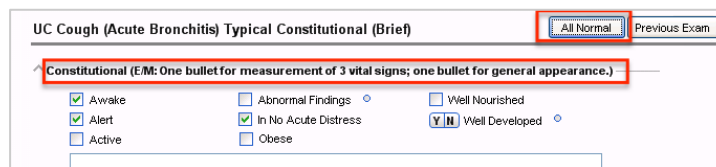
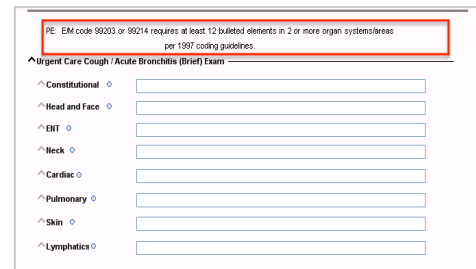


# Physical Exam

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.



# 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.

^ Urgent Care Custom Impression

|  |   |
|--|---|
| <p>Cough (Acute Bronchitis) <input type="radio"/></p> <p>Dysuria (Acute Cystitis) <input type="radio"/></p> <p>Fever (Influenza) <input type="radio"/></p> <p>Nasal symptoms (Sinusitis) <input type="radio"/></p> <p><b>Sore Throat (Acute Pharyngitis) <input type="radio"/></b></p> | <p>Vomiting (Viral Gastroenteritis) <input type="radio"/></p> |
|--|---|

**Modified Centor Criteria for Pharyngitis and Tonsillitis:**

(+1) Patient Age Range 3 - 14 years old  
 (0) Patient Age Range 15 - 44 years old  
 (-1) Patient Age Greater than or equal to 45 years of age

(+1) Exudate, Erythema, or Swelling on Tonsils  
 (+1) Tender/Swollen Anterior Cervical Lymph Nodes  
 (+1) Fever (T > 38 C, 100.4 F)  
 (+1) Absence of Cough

---

Total Score

**Notes**

Score of 1: Patients with a score of 1 or less do not require further testing or treatment, although contact with a person who has documented streptococcal infection should be considered in patients with a score of 1, and testing should be performed in these cases.

Score of 2 or 3: Patients with a score of 2 or 3 should have rapid antigen detection testing and, if results are positive, should receive antibiotics.

Score of 4 or 5: Patients with a score of 4 or 5 should strongly be considered to receive antibiotics, as the risk of strep is great in that population.

The recommended first-line treatment is a 10-day course of penicillin.

IM Penicillin LA should be reserved only for someone vomiting or in a patient you do not feel is responsible enough to

## Example of Cough Impression Form:

Input:

**^1 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 expectorants, inhaled 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  |
|---|--|
| <input checked="" type="radio"/> Child 6 months up to 5 years (not including 5 year olds) | <p>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.</p> <p><input checked="" type="radio"/> No antibiotics indicated.</p> <p>If presents with abrupt onset and moderate to severe respiratory distress, typically this would be a bacterial pneumonia most frequently caused by Strep pneumoniae.</p> <p><input type="radio"/> Treat with high dose Amoxicillin (90 mg/kg/day divided bid or tid with max dose of 4 gm/day).</p> <p><input type="radio"/> If PCN allergic, use Clindamycin.</p> <p>If unable to tolerate liquids at time of presentation, <input type="checkbox"/> give single dose of Ceftriaxone 50-75 mg/kg IM before starting oral antibiotics.</p> |

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).

# 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.

|                          |   |   |
|--------------------------|---|---|
| <input type="checkbox"/> | 1 | C = Confusion (new disorientation to person, place, or time)                  |
| <input type="checkbox"/> | 1 | U = Blood Urea Nitrogen greater than 20 mg/dL                                 |
| <input type="checkbox"/> | 1 | R = Respiratory rate of 30 breaths per minute or greater                      |
| <input type="checkbox"/> | 1 | B = Low Systolic (< 90 mmHg) or Low Diastolic (< or = 60 mmHg) Blood Pressure |
| <input type="checkbox"/> | 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):1299-1308

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

## Support Deficiencies

People are not logging issues because:

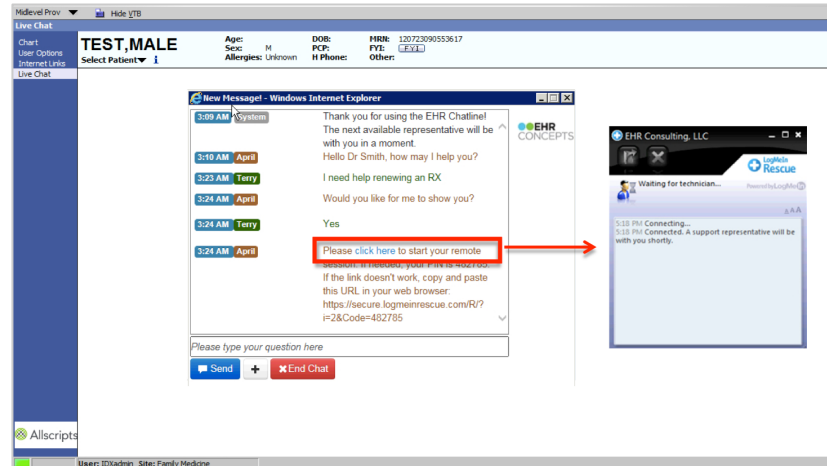
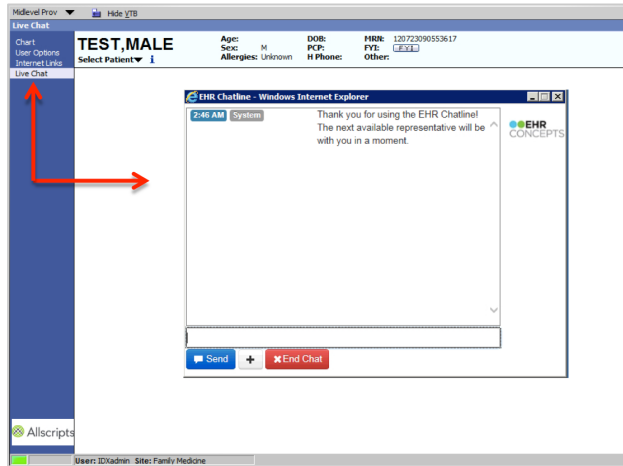
- No time to stop to call
- Waiting on hold for helpdesk
- No time to email during patient visit hours
- Time it takes to log a ticket
- Helpdesk process- no immediate answers

Not able to address unlogged issues

Limited helpdesk resources



# Solution: Live Chat™





# Live Chat™- Email Transcripts

A screenshot of the EHR Live Chat interface. The main window shows a chat transcript with the following messages:

- 3:24 AM Terry: I need help renewing an RX
- 3:24 AM April: Would you like for me to show you?
- 3:24 AM Terry: Yes
- 3:24 AM April: Please [click here](#) to start your remote session. If needed, your PIN is 482785. If the link doesn't work, copy and paste this URL in your web browser: <https://secure.loginrescue.com/R/?f=2&Code=482785>
- 3:29 AM April: Did the steps we've gone through solve your problem?
- 3:29 AM Terry: Yes, thank you
- 3:29 AM April: Would you like a transcript of our chat session sent to your email address?

Below the transcript is a text input field with the placeholder "Please type your question here" and buttons for "Send", "+", and "End Chat". A red arrow points from the "End Chat" button to the transcript. An inset window titled "EHR Chatline - Windows Internet Explorer" shows the transcript and a link to view the email transcript. The link text is: "Click here to see the chat transcript. If the link doesn't work, copy and past the following URL into your web browser: <http://localhost:1180/secureloginrescue@EHRCONCEPTS/MAIL/482785/482785/20140424032938>". Below the link is a "Thank you" message and a copyright notice: "© 2014 EHR Chatline © All Rights Reserved". The top of the interface shows patient information for "TEST, MALE" and a sidebar with "Live Chat" selected.



## Reporting Capability

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

| EHR CONCEPTS 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)             |
| <b>New World Health Average</b>            |           |             |             |             | <b>3.62</b>        |
| TouchWorks                                 | 6/10/2014 | 5:42:45 PM  | 2:21:47 PM  | 2:21:52 PM  | 0.07               |
| <b>TouchWorks Average</b>                  |           |             |             |             | <b>0.07</b>        |
| 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?

Please stop by our booth to discuss items presented today or to learn more about the consulting services we offer.

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Or call 1.888.674.0999

Making the latest technology, well... less technical.