Providers Course 2 Participant Guide Med Reconciliation & Discharge Process







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1. Enhanced Medication Reconciliation

Introduction

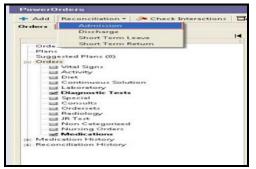
Enhanced Medication Reconciliation is the process of identifying the list of medications the patient is taking and using this list to provide correct medications at admission, transfer and discharge within PowerChart.

The components include:

- Documented Medications by History
- Admission Medication Reconciliation
- Transfer Medication Reconciliation
- Discharge Medication Reconciliation
- Convert to Inpatient action
- Convert to Prescription action
- Therapeutic Alternatives Selection
- PowerPlan functionality

Admission Medication Reconciliation

1. To perform **Admission Medication Reconciliation**, click the **Reconciliation** button in the profile of the Medication List or the PowerOrders component. Select **Admission** from the list.

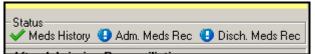


2. The Order Reconciliation: Admission window will open.

	RESTRAINT 18/2011 11:03 - <no -="" discharge<="" th=""><th></th><th>e:12 years B:5/16/1999</th><th></th><th>6ex:Male MRN:1009876990</th><th></th><th>Loc:2WS; 4013; 01 Account #190303458</th><th></th><th>lot Recorded *</th></no>		e:12 years B:5/16/1999		6ex:Male MRN:1009876990		Loc:2WS; 4013; 01 Account #190303458		lot Recorded *
Add 📘	Manage Plans						Sta	itus Meds History 🙂 Adm. Meds Re	.c. 🕒 Disch. Meds
	Medication	s Prior to Admission Reconcilia	tion				Medications After Admissio	n Reconciliation	
B} ₹	7 Order Name	Details	Status	Dontinue	Continue	B} ₹	Order Name	Details	Status
🗄 Media	cations								
୍କ କୁ 🗧	atorvastatin (Lipitor 10 mg oral tablet)	10 mg, 1 tablet, ORAL, Daily	Documented	0	0				
୍ଷି 🕻		10 mg, 1 tablet, ORAL, TID (3 time	Documented	0	0				
୍କ 🖓 🗧	3 fluoxetine (Prozac 20 mg oral caps		Documented	0	0				
J 6		20 mg, 1 tablet, ORAL, BID (2 time		0	0				
୍ ୍ ତ୍		50 mg, ORAL, BID (2 times a day)	Documented	<u> </u>	0				
J 6	potassium chloride (potassium chlo	10 mEq, 1 capsule, ORAL, BID (2	Documented	0	0				
The Detail	8								



3. The **Status** indicates whether the **mediation history** has been completed. A **green** check means there are documented meds.



4. This section contains medications listed prior to Admission Reconciliation.

+	Ado	H (e Mar	nage Plans							Status ✓ Meds History	🕒 Adm. Meds Rec 😲 I	Disch. Meds Rec	
	Г			Medications Pr	ior to Admission Recon	ciliation	Medications After Admission Reconciliation							
		🖙 🏹 Order Name Details Status					Direction Continue	Continue		7	Order Name	Details	Status	
	Β	Me	dical	tions										
	Г	J.	3	atorvastatin (Lipitor 10 mg	10 mg, 1 tablet, ORAL, D	Documented	0	0						
		3	8	diazepam (Valium 10 mg	10 mg, 1 tablet, ORAL, TI	Documented	0	0						
		4	8	fluoxetine (Prozac 20 mg	20 mg, 1 capsule, ORAL,	Documented	0	0						
		J.	8	furosemide (Lasix 20 mg	20 mg, 1 tablet, ORAL, Bl	Documented	0	0						
		J.	3	metoprolol	50 mg, ORAL, BID (2 tim	Documented	0	0						
		P	8	potassium chloride (potas	10 mEq, 1 capsule, ORA	Documented	0	0						
		-												

- 5. Orders may be grouped together. An **order group** consists of orders created by converting, copying, or reordering another order in the group. Each **order group** displays only one set of reconciliation options.
 - If an **order group** contains multiple inpatient and or outpatient orders, the reconciliation options are based on the inpatient order with the most recent start date and time.
 - If the **order group** contains no inpatient orders, the reconciliation options are based on the outpatient order with the most recent start date and time.

			medication	s i noi to Admission Lieconemati	on		
	₽?	٣	Order Name	Details	Status) Continue	Continue
Β	Me	dica	tions				
			ampicillin	2 gm, IV PIGGYBACK, q6h	Ordered	۲	0
	 8	*	ampicillin (ampicillin 250 mg oral ca	250 mg, 1 capsule, ORAL, QID (4 t	Ordered	0	0
	۵.	3	atorvastatin (Lipitor 10 mg oral tablet)	20 mg, 2 tablet, ORAL, Daily, 30 ta	Ordered	0	0
	P		atorvastatin (Linitor 10 mg oral tablet).	10 mg 1 tablet OBAL Daily	Discontinued	\bigcirc	\bigcirc
	٠	8	diazepam (Valium) (diazepam 5 mg	10 mg, 2 tablet, ORAL, TID (3 time	Ordered		0
	J.		diazepam (Valium 10 mg oral tablet)	10 mg, 1 tablet, ORAL, TID (3 time	Documented	\lor	\smile
	R		fluoxetine (Prozac 20 mg oral caps	20 mg, 1 capsule, ORAL, Daily	Documented	(\bullet)	0

- 6. This section provides an option for each medication.
 - **Continue**
 - Do Not Continue

+	Add Manage Plans Medications Prior to Admission Reconciliation								Status Meds History (2) Adm. Meds Rec (2) Disch. Meds Rec Medications After Admission Reconciliation					
					Details	Status	Direction Continue	Do Not Continue	E	3	🕅 Order Name	Details	Status	
	Β	Me	dica	itions										
		J.	0	atorvastatin (Lipitor 10 mg	10 mg, 1 tablet, ORAL, D	Documented	0	0						
		2	8	diazepam (Valium 10 mg	10 mg, 1 tablet, ORAL, TI	Documented	0	0						
		J.	8	fluoxetine (Prozac 20 mg	20 mg, 1 capsule, ORAL,	Documented	0	0						
		J.	₿	furosemide (Lasix 20 mg	20 mg, 1 tablet, ORAL, Bl	Documented	0	0						
		J.	0	metoprolol	50 mg, ORAL, BID (2 tim	Documented	0	0						
		J.	8	potassium chloride (potas	10 mEq, 1 capsule, ORA	Documented	0	0						



7. This section contains medications listed for the patient After Admission Reconciliation.

+	🕂 Add 🛛 📴 Manage Plans										Status				
	Medications Prior to Admission Reconciliation								м	ed	ications After Admis:	ion Reconciliation			
	□ □ ♥ Drder Name Details Status Do Not Continue Do Not Contin								s,	Ŷ	Order Name	Details	Status		
	😑 Me	edica	itions												
	3	' 🕄	atorvastatin (Lipitor 10 mg	10 mg, 1 tablet, ORAL, D	Documented	0	0								
	3	' 🚱	diazepam (Valium 10 mg	10 mg, 1 tablet, ORAL, TI	Documented	0	0								
	4	' 🝪	fluoxetine (Prozac 20 mg	20 mg, 1 capsule, ORAL,	Documented	0	0								
	4	' 😪	furosemide (Lasix 20 mg	20 mg, 1 tablet, ORAL, Bl	Documented	0	0								
	4	' 🕄	metoprolol	50 mg, ORAL, BID (2 tim	Documented	0	0								
	4	' 🕄	potassium chloride (potas	10 mEq, 1 capsule, ORA	Documented	0	0								

8. The Scroll icon indicates Medications Documented by Hx. A Pill Bottle 🔤 icon represents prescriptions written in Cerner/PowerChart.

	Medications Prior to Admission Reconciliation										
	s,	8	Order Name	Details	Status						
B	Medications										
	🔄 🔐 😳 atorvastatin (Lipitor 10 mg 10 mg, 1 tablet, ORAL, D Documented										
	2	3	diazepam (Valium 10 mg 1								
-	flu	oxetir	ne (Prozac 20 mg oral capsule	mg, 1 capsule, ORAL,	Documented						
		pe:		mg, 1 tablet, ORAL, Bl	Documented						
			umented Medication by Hx	mg, ORAL, BID (2 tim	Documented						
			potassium chionue (potas	ro mEq, 1 capsule, ORA	Documented						

9. The Orange Star icon indicates the medication has not yet been reconciled.

		Medications Pr	ior to Admissior	Recond	iliation
¤?	٣	Order Name		Status	
Me	dica	tions			
4	0	atorvastatin (Lipitor 10 mg	10 mg, 1 tablet, 0	RAL, D	Documented
S	dia	zepam (Valium 10 mg oral tab	olet)	RAL, TI	Documented
J.	10	mg, 1 tablet, ORAL, TID (3 ti	mes a dauì tablet	ORAL,	Documented
Solution		cumented	піса а адуј, (аріск	RAL, BI	Documented
A	8	This order has not yet been	reconciled.) (2 tim	Documented
J°	*	potassium chloride (potas	10 mEq, 1 capsul	e, ORA	Documented

- 10. Select to **Continue** or **Do Not Continue** for each medication.
 - The Continue option will Convert to Inpatient
 - The **Do Not Continue** option will **suspend** the medication during admission medication reconciliation. These medications will be addressed at discharged.
 - To discontinue a home medication, select "Do Not Continue" by selecting the radio button for that home medication. **Suspend** should not be used for discontinuing a home medication while the patient is hospitalized.



			Medications Pr	rior to Admission Recond	ciliation			Medications After Admission Reconciliation					
		5	🕅 Order Name	Details	Status	Direction Direct	Continue		\$	Ÿ	Order Name	Details	Status
E	Medications												
	4	8	atorvastatin (Lipitor 10 mg	10 mg, 1 tablet, ORAL, D	Suspend	۲	0		8		atorvastatin (Lipitor)	10 mg, ORAL, Daily	Order
	9	8	diazepam (Valium 10 mg	10 mg, 1 tablet, ORAL, TI	Suspend	0	۲						
	4	8	fluoxetine (Prozac 20 mg	20 mg, 1 capsule, ORAL,	Suspend	۲	0		8		fluoxetine (Prozac)	20 mg, ORAL, Daily	Order
	8	8	furosemide (Lasix 20 mg	20 mg, 1 tablet, ORAL, Bl	Suspend	0	۲						
	4	8	metoprolol	50 mg, ORAL, BID (2 tim	Suspend	۲	0		٥	×	metoprolol	50 mg, ORAL, BID (2 tim	Order
	8	8	potassium chloride (potas	10 mEq, 1 capsule, ORA	Suspend	0	۲						

11. Address required fields indicated by the icon. Required fields will be highlighted in yellow. Order details can be modified as necessary.

9	metoprolol	50 mg, ORAL, BID (2 tim	Suspend	0	0	ه 🗈	netoprolol	50 mg, ORAL	, BID (2 tim	Order
± D	etails for metoprolol									
	🔀 Details 🕼 Order Comme	nts								
+	∎ ¶in. ↓ ¥						Remaining Administr	ations: 29 Stop	: 7/4/2011	23:14:00 ED1
	Comment Text:					Freetext do	se:			
	*Strength dose:	50			*Streng	jth dose ur	it: mg		·	
	*Drug Form:		*		*Route of a	dministratio	n: ORAL	\ \	·	
	*Frequency:	BID (2 times a day)	*			PF	N: 🔿 Yes 🔘 No			
	PRN reason:		~		Pharma	cy order prio	ity: Routine	`	·	
۳R	equested start date and time:	6/20/2011 23:15 EDT	*		Next dose	e date and ti	ne: 6/20/2011 23:15 ED	T N	·	
	Duration:	14				Duration u	nit: day(s)	`	•	
	Stop data and time:	07/04/2011	2214	EDT		مناصبعا المنع				-

12. Medications that are converted to an inpatient medication will display the Inpatient icon.

		Medications After Admission	Reconciliation	
₽?	٣	Order Name	Details	Status
_				
<u>ه،</u>		atorvastatin (Lipitor)	10 mg, ORAL, Daily	Order
B		fluoxetine (Prozac)	20 mg, ORAL, Daily	Order
me	topro	olol (Converted from: metoprolol)	50 mg, ORAL, BID (2 times	a day) Order
1	•	···· (··· -···- ···· ····- ·····,		
Tyr		atient	à	

13. Once all medications have been addressed, select the Reconcile and Sign icon



			Medications Pr	rior to Admission Recond	ciliation	Medications After Admission Reconciliation									
	s,	٣	Order Name	Details	Status	Dentinue	Continue		3 5	♥ Order Name Details		Status			
В	Me	dica	tions												
	J.		atorvastatin (Lipitor 10 mg	10 mg, 1 tablet, ORAL, D	Suspend	۲	0	f	6	atorvastatin (Lipitor)	10 mg, ORAL, Daily	Order			
	J.		diazepam (Valium 10 mg	10 mg, 1 tablet, ORAL, TI	Suspend	0	۲								
	J.		fluoxetine (Prozac 20 mg	20 mg, 1 capsule, ORAL,	Suspend	۲	0	f	þ	fluoxetine (Prozac)	20 mg, ORAL, Daily	Order			
	J.		furosemide (Lasix 20 mg	20 mg, 1 tablet, ORAL, Bl	Suspend	0	۲								
	J.		metoprolol	50 mg, ORAL, BID (2 tim	Suspend	۲	0	f	6	metoprolol	50 mg, ORAL, BID (2 tim	Order			
	J.		potassium chloride (potas	10 mEq, 1 capsule, ORA	Suspend	Ó	۲								
	Det	ails													

- The **Status** is updated indicating the **Adm Med Rec** is complete.
- The Admission Reconciliation History is updated with the date/time and user that performed the reconciliation.
- The **Orders Profile** is updated with the new inpatient medications.

 	8	Order Name	Status	l etails
				Lotais
		atorvastatin (Lipitor)	Ordered	10 mg per Tablet ORAL Daily, Routine, 06/21/11 9:00:00 EDT, 14 day(s), Stop d
		fluoxetine (Prozac) (fluoxetine 20 mg Capsule)	Ordered	20 mg per 1 capsule Capsule ORAL Daily, Routine, 06/21/11 9:00:00 EDT, 14 da
			Ordered	50 mg per 1 tablet Tablet ORAL BID (2 times a day), Routine, 06/20/11 23:15:00
		atorvastatin (Lipitor 10 mg oral tablet)	Suspended	10 mg per 1 tablet, ORAL, Daily, 0 Refill(s)
		diazepam (Valium 10 mg oral tablet)	Suspended	10 mg per 1 tablet, ORAL, TID (3 times a day), tablet, 0 Refill(s)
				20 mg per 1 capsule, ORAL, Daily, 0 Refill(s)
		furosemide (Lasix 20 mg oral tablet)	Suspended	20 mg per 1 tablet, ORAL, BID (2 times a day), 0 Refill(s)
		potassium chloride (potassium chloride 10 mEq oral cap	Suspended	10 mEq per 1 capsule, ORAL, BID (2 times a day), 0 Refill(s)
		metoprolol	Suspended	50 mg per, ORAL, BID (2 times a day), 0 Refill(s)
		₩ ½ 66'		

Admission Medication Reconciliation-Misc Med

- When performing medication reconciliation on admission, a scenario may arise when a home medication or prescription needs to be continued and the particular drug is not stocked at the facility. In this case, a therapeutic alternative needs to be ordered.
- Providers, who are unsure as to the appropriate alternative medication and dosage, can follow the steps below in order to have pharmacy identify and order the appropriate substitute.
- 1. After selecting "Continue", select "misc medication" in the Non Formulary Alternatives section.



1-2222PTI 51.0115 Sex:Female MRN:189 Age:32 years DOB:5/28/1979 Loc:CLIN Doc Nsg Unit: 020 - Allergies -ZZZPTEST, CLINTRANS Inpatient (5/5/2011 11:35 · (No · Disch rge date> Account #:408 Status Meds History 3 Adm. Meds Rec V Disch. Meds Rec + Manage Plans Medi s Prior to Ac on Be . 5 8 0 며 I Corder Name Details Do Not Co 1 tablet, ORAL, QID (4 tim Ser N. RAL, OID (4 times a day) PBN for Suggested Alternatives: No Available Alternatives Other Alternatives: dphenoxylate-atropine ormulary Alt sycin in(ADD) 2,000 mg, 2000 mL/hr, IV PIGGYBACK, On . nycin (va . Reconcile And Sign Cancel Chart Su CMC-R M 120 mg per 1.5 tablet Chewable Tablet ORAL Once, Routine, 09/23/11 14:00:00 EDT, Stop date 09/23/11 14:00:0 eleted EasyScrip 20 mg per 1 tablet, ORAL, Daily, 30 tablet, 0 Refill(s), Pharmacy: CarePlus CVS pharmacy #2752 dered Order Ac 90% Orc 1000 IU, ORAL, Daily, 30 caplet, 0 Refill(s), Pharmacy: CarePlus CVS pharmacy #2752 . 10 mL, Injection, IV PUSH, g8h, Routine, 09/22/11 14.00.00 EDT, 14 day(s), Stop date 10/06/11 13:59:00 EDT, Fk adaptor caps. Use volume per unit policy if different than 10 mL Misc, MISCELLANEOUS, Daily, Routine, 09/22/11 12:13:00 EDT ED Snap: ZZZPTEST, CLINTRANS - 189 Cancel

2. Select the "Convert Existing SIG" option in the order sentence window.

rder sentences for: misc medication	
None)	
Convert Existing SIG	

3. In most cases, the order details will be carried over from the home medication or prescription to the inpatient order – fill out any missing order details and sign the order.

ent [5/5/2011 11:35 - <no -="" date="" discharge="">]</no>		2 years /28/1979		Sex:Female MRN:189		Account #:4	ic Nsg Unit; 020)8	- Allergies -				
d 📴 Manage Plans							5	atus 'Meds History 🕒 Adm. Meds Rec 🛩	Disch. Meds			
Medicat	ons Prior to Admission Reconciliation					Medications A	fter Admission Reco	ion Reconciliation				
다. 또 Order Name	Details	Status	Continue	Do Not Continue	□ ~ ~ C)rder Name	Deta	ils	Status			
diphenoxylate-atropine (Lomotil oral tablet)	1 tablet, ORAL, QID (4 times a day), tablet,	Suspend	۲	0	1 1	nisc medication (Lomotil or	al tablet) 1 tat	let, ORAL, QID (4 times a day), PRN, A	Order			
diphenoxylate-atropine (Lomotil)	1 tablet, ORAL, QID (4 times a day)	Discontinued	0	•								
ergocalciferol (Vitamin D2 50,000 intl units o		Discontinued	0	۲								
🚽 😳 fluticasone (fluticasone 100 mcg inhalation p		Documented	0	0								
🛅e 😳 furosemide (Lasix 20 mg oral tablet)	20 mg, 1 tablet, OBAL, Daily, 30 tablet	Ordered	0	0								
🚭 😳 furosemide (Lasix 20 mg oral tablet)	1 tablet, OBAL, Daily, 30 tablet, PBN: swelli.	. Documented	<u> </u>	0								
्र 😳 furosemide (Lasix 80 mg oral tablet)	80 mg, 1 tablet, ORAL, Daily	Documented	0	<u>Q</u>								
्यु° 😳 furosemide (Lasix 80 mg oral tablet)	80 mg, 1 tablet, ORAL, Daily	Documented	0	0								
Details Drder Comments Diagno	N. N.						Remaining Administ	rations: (PRN) Stop: 10/14/2011				
*Freetext Description: Lomotil oral tablet			Dose:	1 tablet	~	*Drug Form:	Tablet	~	15:29:00 E			
*Freetext Description: Lomotil oral tablet									15:29:00 E			
*Freetext Description: Lomotil oral tablet	· ·		*Frequency:	🛄 QID (4 times a day)	· ·		Tablet	× ×	15:29:00 E			
*Freetext Description: Lomotil oral tablet			*Frequency:				Agitation		15:29:00 E			
*Freetext Description: Lomotil oral tablet *Route of administration: Pharmacy order priority: Routine		quested start da	*Frequency:	🛄 QID (4 times a day)		*PBN:	Agitation	~	15:29:00 E			

CANPPJ ELECTRONIC MEDICAL RECORDS

Actions On Medications From The Right-Click Menu

During the **Admission, Transfer or Discharge** reconciliation process the following actions on medications may be available from the right-click menu:

- **Renew:** The Renew action is initiated on the originating prescription to allow for renewal.
- **Modify without Resend:** The Modify action on the prescription allows you to select and alter details from the prescription and resend electronically.
- **Modify:** The system initiates a Modify action on the medication and you can select or alter details.
- **Copy:** The system generates the new (copy) order on a separate row from the originating order.
- **Cancel and Reorder**: The Cancel or Discontinue action is initiated on the originating medication. The Continue with Changes option is the default option. The system generates the new (copy) prescription on the same row as the originating medication.
- **Suspend:** The system initiates a Suspend action on the originating medication.
- **Resume:** The system initiates a Resume action on the medication and you can select or alter details.
- **Complete:** The system initiates a complete action on the originating medication.
- **Cancel/Discontinue:** The system initiates a Cancel or Discontinue action on the originating medication.
- **Delete:** The system initiates a Void action on the originating prescription and complete removes it from the system.
- **Convert to Inpatient:** This action converts a documented medication to an inpatient medication. This action is not available from the Discharge Medication Reconciliation window.
- **Convert to Prescription:** The system generates the new (convert) prescription on the same row as the originating medication.

Medicatio	ons Prior to Admission Reconciliat	ion
🖙 🕅 Order Name	Details	Status
Medications		
Second Seco	For well without Resending Modify without Resending Suspend Activate Complete Cancel/DC Delete Convert to Inpatient Order Resend Add/Modify Compliance Order Information Comments Print Disable Order Information Hyperlink	Currente ocumente ocumente ocumente dered ocumente

Right click functionality on Admission for Prescription

Right Click functionality on Admission for Documented Med by Hx



			1	Medications Prior to Admission F	leconcilia	tion
	5	٣	Order Name	Details		Status
B	Me	dica	tions			
	۰.	8	ciprofloxacin (Cipro 500	mg oral tab 500 mg, 1 tablet, ORAL,	q12h, 14 t	. Ordered
	En En En En En En		diazepam (Valium 10 m fluoxetine (Prozac) furosemide (Lasix) metoprolol oxycodone-acetaminor potassium chloride (pol	Renew Modify Suspend Complete Cancel/DC Delete Convert to Inpatient Order Add/Modify Compliance Order Information Comments	, PR	Documented Documented Documented Documented
				Reference Information Print Disable Order Information Hyperlink	•	

Adding Orders

New medication orders can be added within the enhanced med reconciliation conversation as well.

- The +Add button opens the Add Order window to allow searching for medication orders.
- The Manage Plans button allows the management of **PowerPlans** that have been ordered.

+	Add	🕞	Эма	nage Plans									
				Medications Pr	ns Prior to Admission Reconciliation								
		₽\$	\$	Order Name	Details	Status							
		Med	dica	tions									
(_	3	atorvastatin (Lipitor 10 mg	10 mg, 1 tablet, ORAL, D	Documented							
[_	3	diazepam (Valium 10 mg	10 mg, 1 tablet, ORAL, TI	Documented							
[1	3	fluoxetine (Prozac 20 mg	20 mg, 1 capsule, ORAL,	Documented							
[Image of the second seco	63	furosemide (Lasix 20 mg	20 mg, 1 tablet, ORAL, Bl	Documented							
		ŝ	3	metoprolol	50 mg, ORAL, BID (2 tim	Documented							
			0	potassium chloride (potas	10 mEq, 1 capsule, ORA	Documented							

Transfer Medication Reconciliation

1. To perform **Transfer Medication Reconciliation**, click the **Reconciliation** button in the profile of the Medication List or the PowerOrders component. Select **Transfer** from the list.



2. The Order Reconciliation: Transfer window will open. Inpatient medication will automatically default to continue.

CANOPS ELECTRONIC MEDICAL RECORDS

	1		Medications I	Prior to Transfer Reconc	iliation	-			Me	edications After Transfer	Reconciliation	1
	5	Ÿ	Order Name	Details	Status	Dontinue D	Do Not Continue	5	17	Order Name	Details	Status
8		dica	itions									
	1		atorvastatin (Lipitor)	10 mg, ORAL, Daily	Ordered	۲		- 📵	,	atorvastatin (Lipitor)	10 mg, ORAL, Daily	Ordered
	J,			. 10 mg, 1 tablet, ORAL, D		-	~					
	3	8		10 mg, 1 tablet, ORAL, TI		0	0					
	1			. 20 mg, 1 capsule, ORAL,		۲		•	,	fluoxetine (Prozac) (fluoxe	. 20 mg, 1 capsule, ORAL,	Ordered
	J.			20 mg, 1 capsule, ORAL,								
	J.	8		20 mg, 1 tablet, ORAL, Bl		0	0					
	1			50 mg, 1 tablet, ORAL, Bl		۲		- 🔁	,	metoprolol (metoprolol tart	. 50 mg, 1 tablet, ORAL, Bl	Ordered
	J.	_	metoprolol	50 mg, ORAL, BID (2 tim		-	~					
	J.	3	potassium chloride (potas	10 mEq, 1 capsule, ORA	Suspended	0	0					

3. Orders may be grouped together. An **order group** consists of orders created by converting, copying, or reordering another order in the group. Each **order group** displays only one set of reconciliation options.

				Medications F	Prior to Transfer Reconc	iliation	Medications After Transfer Reconciliation								
	1	₿.				Status) Continue	Continue	C	3	🕅 Order Name	Details	Status		
E	Medications							· · ·							
	ł	•		atorvastatin (Lipitor)	10 mg, ORAL, Daily	Ordered	۲		(þ	atorvastatin (Lipitor)	10 mg, ORAL, Daily	Ordered		
	(P		atorvastatin (Lipitor 10 mg	10 mg, 1 tablet, ORAL, D	Suspended	۲								
	(d,	*	diazepam (Valium 10 mg	10 mg, 1 tablet, ORAL, TI	Suspended	0	0							
	fluoxetine (Prozac) (fluoxe 20 mg, 1 capsule, ORAL,		Ordered	۲	0	ĺ	þ	fluoxetine (Prozac) (fluoxe	. 20 mg, 1 capsule, ORAL,	Ordered					
	Iluoxetine (Prozac 20 mg 20 mg, 1 capsule, ORAL, Susper				Suspended	V									

- If an **order group** contains multiple inpatient and or outpatient orders, the reconciliation options are based on the inpatient order with the most recent start date and time.
- If the **order group** contains no inpatient orders, the reconciliation options are based on the outpatient order with the most recent start date and time.
- 4. Select **Continue** or **Do Not Continue** for each order or order group. Address order details as needed.

		Medication	ns Prior to Transfer Reconciliati	on	Medications After Transfer Reconciliation						
	₽, 17	Order Name	Details	Status	Dontinue	Do Not Continue	5	\$	Order Name	Details	Status
Ξ	Medic	ations									
	9	atorvastatin (Lipitor)	10 mg, ORAL, Daily	Ordered	۲	0	()		atorvastatin (Lipitor)	10 mg, ORAL, Daily	Ordered
	<i>a</i>	atorvastatin (Lipitor 10 mg oral tablet)	10 mg, 1 tablet, ORAL, Daily	Suspended	U U	\cup					
	3	diazepam (Valium 10 mg oral tablet)	10 mg, 1 tablet, ORAL, TID (3 time	Suspended	۲	0	()		diazepam (Valium)	10 mg, ORAL, TID (3 times a day)	Order
	8	fluoxetine (Prozac) (fluoxetine 20 m	20 mg, 1 capsule, ORAL, Daily	Ordered	۲	0	- 🕀		fluoxetine (Prozac) (fluoxetine 20 m	. 20 mg, 1 capsule, ORAL, Daily	Ordered
	J	fluoxetine (Prozac 20 mg oral caps	20 mg, 1 capsule, ORAL, Daily	Suspended	U U	\cup					
	4	furosemide (Lasix 20 mg oral tablet)	20 mg, 1 tablet, ORAL, BID (2 time	Suspended	۲	0	- A		furosemide (Lasix)	20 mg, ORAL, BID (2 times a day)	Order
	e	metoprolol (metoprolol tartrate 50 m	50 mg, 1 tablet, ORAL, BID (2 time	Ordered	۲	0	- A		metoprolol (metoprolol tartrate 50 m	50 mg, 1 tablet, ORAL, BID (2 time	. Ordered
	J.	metoprolol	50 mg, ORAL, BID (2 times a day)	Suspended	•	0					
	3	potassium chloride (potassium chlor	10 mEq, 1 capsule, ORAL, BID (2 t	Suspended	0	۲					

- 5. Once all medications have been addressed, select the Reconcile and Sign icon.
- Reconcile And Sign
- 6. The **Orders Profile** and the **Reconciliation History** will update.



Orders Medication List							
let in the second se	Display	ed: All Activ	e Ord	ers I All	Inactive Orders All Medications (All Statuses)		Show More Orders
View		\$ \$		~	Order Name	Status	Details
Orders for Signature		edications	_		order Maille	Status	Decaus
Medication List	- ·	redications		200	atorvastatin (Lipitor)	Ordered	10 mg per Tablet ORAL Daily, Routine, 06/21/11 9:00:00 EDT, 14 day(s), Stop date 0
– 🛄 Patient Status					diazepam (Valium) (diazepam 5 mg Tablet)	Ordered	10 mg per 1 ablet ORAL Daily, Holdine, 06/21/11 3:00:00 ED1, 14 day(s), 3:00 bale 0
- 🔲 Condition/Precaution						Ordered	
🛄 Vital Signs					fluoxetine (Prozac) (fluoxetine 20 mg Capsule)		20 mg per 1 capsule Capsule ORAL Daily, Routine, 06/21/11 9:00:00 EDT, 14 day(s),
- 🛄 Activity					furosemide (Lasix) (furosemide 20 mg Tablet)	Ordered	20 mg per 1 tablet Tablet ORAL BID (2 times a day), Routine, 06/21/11 0:05:00 EDT,
- 🔜 Patient Care			\sim	<u> 8</u> 66	metoprolol (metoprolol tartrate 50 mg Tablet)	Ordered	50 mg per 1 tablet Tablet ORAL BID (2 times a day), Routine, 06/20/11 23:15:00 EDT,
- 🛄 Diet					atorvastatin (Lipitor 10 mg oral tablet)	Suspended	10 mg per 1 tablet, ORAL, Daily, 0 Refill(s)
Medications					diazepam (Valium 10 mg oral tablet)	Suspended	10 mg per 1 tablet, ORAL, TID (3 times a day), tablet, 0 Refill(s)
IV Solutions					fluoxetine (Prozac 20 mg oral capsule)	Suspended	20 mg per 1 capsule, ORAL, Daily, 0 Refill(s)
- 🛄 Laboratory					furosemide (Lasix 20 mg oral tablet)	Suspended	20 mg per 1 tablet, ORAL, BID (2 times a day), 0 Refill(s)
- 🔤 Radiology					potassium chloride (potassium chloride 10 mEq oral cap	Suspended	10 mEq per 1 capsule, ORAL, BID (2 times a day), 0 Refill(s)
- 🛄 Diagnostic Tests					metoprolol	Suspended	50 mg per, ORAL, BID (2 times a day), 0 Refill(s)
- 🛄 Special							
- 🔲 Consults							
- 🛄 Therapy Departments							
- 🔜 Bed Management							
Medical Equip and Supplies							
- 🔲 Physician Consults							
B Medication History							
Reconciliation History							
Admission							
6/20/2011 23:33 (TESTEP2 , PROVIDER IP) EDT							
🖶 Transfer							
- 6/21/2011 0:09 (TESTEP2 , PROVIDER_IP) EDT		_					
Discharge							

Discharge Medication Reconciliation

1. To perform **Discharge Medication Reconciliation**, click the **Reconciliation** button in the profile of the Medication List or the PowerOrders component. Select **Discharge** from the list.



- 2. The enhanced **Discharge Medication Reconciliation** can retrieve the following types of orders:
 - Active prescriptions across all encounters
 - Prescriptions inactivated within the past 24 hours from across all encounters
 - Active documented medications from across all encounters
 - Documented medications inactivated within the past 24 hours from across all encounters
 - Active ambulatory pharmacy orders from across all encounters
 - Ambulatory pharmacy orders inactivated within the past 24 hours from all encounters
 - Active inpatient pharmacy orders
- 3. The **Order Reconciliation: Discharge** window will open. Orders are grouped in the following categories:
 - Home Medications (prescriptions and documented medications),
 - **Continued Home Medications** (documented medications continued on admission)
 - Medications (inpatient medication orders, ambulatory medication orders, intermittent orders, compound orders),
 - **IV Solutions** (continuous infusion orders such as titrateable infusions).



1			Medi	cations Prior to Discharge	Reconciliat	ion		Me	dical	tions	After Discharge	Reconci	liation	əm	ow Formulary.
		3 6	Order Name	Details	Status	Continue After Discharge	Create New Rx	Do Not Continue After Disch	×,	Ÿ	Order Name		Details		Status
Ε	ΞH	ome I	edications												
	- 4	7 🕄	potassium chloride (potassiu	10 mEq, 1 capsule, ORAL,	Suspended	0	0	0							
E	3 C	ontinu	ed Home Medications												
	- 4		atorvastatin (Lipitor 10 mg or	10 mg, 1 tablet, ORAL, Daily	Suspended	0	0	0							
	ŧ	la 🕄	atorvastatin (Lipitor)	10 mg, ORAL, Daily	Ordered	0	0	0							
	6		diazepam (Valium 10 mg oral	. 10 mg, 1 tablet, ORAL, TID	Suspended	0	0	0							
	ŧ	þ 设	diazepam (Valium) (diazepa	10 mg, 2 tablet, ORAL, TID	Ordered	0	0	0							
	- 4		fluoxetine (Prozac 20 mg ora	. 20 mg, 1 capsule, ORAL, D	Suspended	0	0	0							
	ŧ	þ 设	fluoxetine (Prozac) (fluoxetin	20 mg, 1 capsule, ORAL, D	Ordered	0	0	0							
	4		furosemide (Lasix 20 mg oral	20 mg, 1 tablet, ORAL, BID	Suspended	0	0	0							
	ŧ	þ 设	furosemide (Lasix) (furosemi	20 mg, 1 tablet, ORAL, BID	Ordered	0	0	0							
	4		metoprolol	50 mg, ORAL, BID (2 times		0	0	0							
	ŧ	þ 设	metoprolol (metoprolol tartrat	50 mg, 1 tablet, ORAL, BID	Ordered	0	0	0							
B		edica	tions												
	đ	<u> </u>	ampicilin	2 gm, IV PIGGYBACK, q6h	Ordered	0	0	0							
E		/ Solu	tions												
	ŧ	þ	Dextrose 5% in 1/2 Normal	75 mL/hr, IV (INTRAVENO	Ordered										
-	-	_													

- 4. This section provides an option for each medication. Inpatient medications will default to **Do Not Continue**. Historical medication will default to **Continue after discharge**. This will allow the physicians to focus on addressing discharge medications that need to be created and/or modifying current prescriptions.
 - **Continue**
 - Create New Rx
 - Do Not Continue

		Medi	cations Prior to Discharge	Reconciliat	on		Med	icati	ons After Discharge R	econciliation	
1	亭 🌾 Order Name		Details	Status	Continue After Discharge	Create New Rx	Do Not Continue After Disch	Ŗ	🏹 Order Name	Details	Status
Ľ,	Iome Medications				e of the office						
(📱 😳 potassium ch	oride (potassiu	10 mEq, 1 capsule, ORAL,	Suspended	0	0	0				
	Continued Home M	edications									
(ipitor 10 mg or	10 mg, 1 tablet, ORAL, Daily	Suspended	0	Ó	0				
1	🚹 设 atorvastatin (l	ipitor)	10 mg, ORAL, Daily	Ordered	0	Ó	0				
(ium 10 mg oral	. 10 mg, 1 tablet, ORAL, TID	Suspended	Ó	Ó	0				
			10 mg, 2 tablet, ORAL, TID		0	0	0				
(zac 20 mg ora	20 mg, 1 capsule, ORAL, D	Suspended	0	0	0				
1	😼 😳 fluoxetine (Pr	zac) (fluoxetin	20 mg, 1 capsule, ORAL, D	Ordered	0	0	0				
(· · ·	asix 20 mg oral	20 mg, 1 tablet, ORAL, BID	Suspended	0	0	0				
1			20 mg, 1 tablet, ORAL, BID		0	0	0				
(🔐 设 metoprolol		50 mg, ORAL, BID (2 times	Suspended	0	0	0				
	<u> </u>	toprolol tartrat	50 mg, 1 tablet, ORAL, BID	Ordered	0	0					
_	edications										
1	🗄 😳 ampicillin		2 gm, IV PIGGYBACK, q6h	Ordered	Ó	Ó	0				
_	V Solutions										
1	Dextrose 5%	n 1/2 Normal	75 mL/hr, IV (INTRAVENO	Ordered							



- 5. Select the appropriate action for each medication. Medications will now display in the **Medication after Discharge Reconciliation**.
 - New prescriptions will be indicated by the **Pill Bottle** icon.
 - Home medications that are continued will display with the **Scroll** icon.

	Medications Prior to Discharge Reconcilia					on Medications After Discharge Reconciliation							
	C.	ş v	7 Order Name	Details	Status				©ş	Ÿ	Order Name	Details	Status
_						Continue After Discharge	Create New Rx	Do Not Continue After Disch					
-	Home Medications			0									
						۲		0	Ξ.			250 mg, 1 capsule, ORAL,	
	3	8		. 10 mEq, 1 capsule, ORAL,	Resume	۲	0	O	3		potassium chloride (potassiu	. 10 mEq, 1 capsule, ORAL,	. Resume
Β	Co	onti	inued Home Medications										
	1	8	atorvastatin (Lipitor 10 mg or	10 mg, 1 tablet, ORAL, Daily	Discontinue	Ó	Ó	0					
	0	þ	atorvastatin (Lipitor)	10 mg, ORAL, Daily	Ordered	0	۲	0	۳.		atorvastatin (Lipitor 10 mg or	. 20 mg, 2 tablet, ORAL, Daily.	Order
	4		diazepam (Valium 10 mg oral	. 10 mg, 1 tablet, ORAL, TID	Resume	۲	0	0	\$		diazepam (Valium 10 mg oral	. 10 mg, 1 tablet, ORAL, TID	Resume
	8	þ	diazepam (Valium) (diazepa	10 mg, 2 tablet, ORAL, TID	Ordered	0	0	۲					
	4			. 20 mg, 1 capsule, ORAL, D		۲	0	0	3		fluoxetine (Prozac 20 mg ora	. 20 mg, 1 capsule, ORAL, D	. Resume
	0		fluoxetine (Prozac) (fluoxetin	20 mg, 1 capsule, ORAL, D	Ordered	0	0	۲					
	9	2	furosemide (Lasix 20 mg oral	. 20 mg, 1 tablet, ORAL, BID	Resume	۲	0	0	3		furosemide (Lasix 20 mg oral.	. 20 mg, 1 tablet, ORAL, BID	Resume
	0	D	furosemide (Lasix) (furosemi	20 mg, 1 tablet, ORAL, BID	Ordered	0	0	۲					
	4		metoprolol	50 mg, ORAL, BID (2 times	Resume	۲	Ó	0	3		metoprolol	50 mg, ORAL, BID (2 times	. Resume
	0			50 mg, 1 tablet, ORAL, BID	Ordered	0	0	۲					
Β	M	edi	cations										
	8	þ	ampicilin	2 gm, IV PIGGYBACK, q6h	Ordered	0	Ó	۲					
Β	١V	So	olutions										
	0	0	Dextrose 5% in 1/2 Normal	75 mL/hr, IV (INTRAVENO	Ordered								

6. The Order Status will update according to the action that was take on the medication.

Image: Proceeding of the system Details Status Continue Alter Discharge Image: Proceeding of the system Image: Proceed		Medi	cations Prior to Discharg	je Reconciliat	iation Me				ons After Discharg	je Reconc	iliation	
Image: Second	⊐ş ·	🌾 Order Name	Details	Status	Continue After Discharge		Do Not Continue After Disch	- <u>م</u>	♥ Order Name		Details	Status
^w potastium chloride (potastiu 10 mEq. 1 capsule, ORAL, Resume ^o potastium chloride (potastiu 10 mEq. 1 capsule, ORAL,, 10 mg. 1 tablet, ORAL, Daly ^w attravestatin (Lipitor 10 mg or 10 mg. 1 tablet, ORAL, Daly ^o odicapsan (Valum 10 mg ort.l. 10 mg. 1 tablet, ORAL, Daly ^w diacepan (Valum 10 mg ort.l. 10 mg. 1 tablet, ORAL, D I) Ordered ^o odicapsan (Valum 10 mg ort.l. 10 mg. 1 tablet, ORAL, D I) ^w diacepan (Valum 10 mg ort.l. 10 mg. 1 tablet, ORAL, D I) Ordered ^o odicapsan (Valum 10 mg ort.l. 10 mg. 1 capsule, ORAL, D I) ^w diacepan (Valum 10 mg ort.l. 20 mg. 1 tablet, ORAL, D I) Ordered ^o odicapsan (Valum 10 mg ort.l. 20 mg. 1 tablet, ORAL, D II) ^w diacepan (Valum 10 mg ort.l. 20 mg. 1 tablet, ORAL, D I) Networkine (Procac 20 mg orta 20 mg. 1 tablet, ORAL, D II) Networkine (Procac 20 mg ortal 20 mg. 1 tablet, ORAL, D II) ^w ditoresmide (Lissi (Vang ortal	Home Medications											
E Continued Home Medications					۲	0	0	Ξ.	ampicillin (ampicil	lin 250 mg	. 250 mg, 1 capsule, ORAL,	Order
starvastalin (Lipitor 10 mg car., 10 mg, 1 table, DAL, Da) Dideed O O D advorsatalin (Lipitor 10 mg car., 10 mg, 1 table, DAL, Da) Dideed O O D advorsatalin (Lipitor 10 mg car., 10 mg, 1 table, DAL, Da) Dideed O O D advorsatalin (Lipitor 10 mg car., 10 mg, 1 table, DAL, Da) Dideed O O D advorsatalin (Lipitor 10 mg car., 10 mg, 1 table, DAL, Da) Dideed O O D advorsatalin (Lipitor 10 mg car., 10 mg, 1 table, DAL, Da) Dideed O O D diazepam (Valum 10 mg car., 10 mg, 1 table, DAL, TD O diazepam (Valum 10 mg car., 10 mg, 1 table, DAL, TD O D diazepam (Valum 10 mg car., 10 mg, 1 table, DAL, TD O diazepam (Valum 10 mg car., 10 mg, 1 table, DAL, TD O diazepam (Valum 10 mg car., 10 mg, 1 table, DAL, TD O diazepam (Valum 10 mg car., 20 mg, 1 table, DAL, TD O diazepam (Valum 10 mg car., 20 mg, 1 table, DAL, TD O diazepam (Valum 10 mg car., 20 mg, 1 table, DAL, TD O diazepam (Valum 10 mg car., 20 mg, 1 table, DAL, TD O diazepam (Valum 10 mg car., 20 mg, 1 table, DAL, TD O diazepam (Valum 10 mg car., 20 mg, 1 table, DAL, TD O diazepam (Valum 10 mg car., 20 mg, 1 table, DAL, TD O diazepam (Valum 10 mg car., 20 mg, 1 table, DAL, BD O diazepam (Valum 10 mg car., 20 mg, 1 table, DAL, BD D diazepam (Valum 10 mg car., 20 mg, 1 table, DAL, BD D diazepam (Valum 10 mg car., 20 mg, 1 table, DAL, BD D diazepam (Valum 10 mg car., 20 mg, 1 table, DAL, BD D diazepam (Valum 10 mg car., 20 mg, 1 table, DAL, BD D diazepam (Valum 10 mg car., 20 mg, 1 table, DAL, BD D diazepam (Valum 10 mg car., 20 mg, 1 table, DAL, BD D diazepam (Valum 10 mg car., 20 mg, 1 table, DAL, BD diazepam (Valum 10 mg car., 20 mg, 1 table, DAL, BD diazepam (Valum 10 mg car., 20 mg, 1 table, DAL, BD diazepam (Valum 10 mg car., 20 mg, 1 table, DAL, BD diazepam (Valum 10	3	potassium chloride (potassiu	10 mEq, 1 capsule, ORAL, .	. Resume	۲	0	0	C,	potassium chlorid	le (potassiu.	. 10 mEq, 1 capsule, ORAL,	Resume
	😑 Cont	tinued Home Medications										
diazepan (Valum 10 mg oral 10 mg, 1 tablet, ORAL, TID Resume O diazepan (Valum 1 (diazepa 10 mg, 2 tablet, ORAL, TID D diazepan (Valum 10 mg oral 10 mg, 1 tablet, ORAL, TID O diazepan (Valum 10 mg oral 10 mg, 2 tablet, ORAL, TID D diazepan (Valum 10 mg oral 10 mg, 2 tablet, ORAL, TID D diazepan (Valum 10 mg oral 10 mg, 2 tablet, ORAL, TID D diazepan (Valum 10 mg oral 10 mg, 2 tablet, ORAL, TID D diazepan (Valum 10 mg oral 20 mg, 1 tablet, ORAL, D Resume O diazepan (Valum 10 mg oral 20 mg, 1 capsute, ORAL, D Resume O diazepan (Valum 10 mg oral 20 mg, 1 capsute, ORAL, D Resume O diazepan (Valum 10 mg oral 20 mg, 1 capsute, ORAL, D resume diazepan (Valum 10 mg oral 20 mg, 1 capsute, ORAL, D resume O diazepan (Valum 10 mg oral 20 mg, 1 capsute, ORAL, D resume O diazepan (Valum 10 mg oral 20 mg, 1 tablet, ORAL, BD resume O diazepan (Valum 10 mg oral 20 mg, 1 tablet, ORAL, BD resume O diazepan (Valum 10 mg oral 20 mg, 1 tablet, ORAL, BD resume O diazepan (Valum 10 mg oral 20 mg, 1 tablet, ORAL, BD resume O diazepan (Valum 10 mg oral 20 mg, 1 tablet, ORAL, BD resume O diazepan (Valum 10 mg oral 20 mg, 1 tablet, ORAL, BD resume O diazepan (Valum 10 mg oral 20 mg, 1 tablet, ORAL, BD resume O diazepan (Valum 10 mg oral 20 mg, 1 tablet, ORAL, BD resume O diazepan (Valum 10 mg oral 20 mg, 1 tablet, ORAL, BD resume diazepan (Valum 10 mg oral 20 mg, 1 tablet, ORAL, BD resume diazepan (Valum 10 mg oral 20 mg, 1 tablet, ORAL, BD resume diazepan (Valum 10 mg oral 20 mg, 1 tablet, ORAL, BD resume diazepan (Valum 10 mg oral 20 mg, 1 tablet, ORAL, BD resume diazepan (Valum 10 mg oral 20 mg, 1 tablet, ORAL, BD resume diazepan (Valum 10 mg oral 20 mg, 1 tablet, ORAL, BD resu	2	atorvastatin (Lipitor 10 mg or			0	0	•					
diacepan (Valum) (dazepa 10 mg. 2 tablet, DRAL. TID Oldered diacepan (Valum) (dazepa 20 mg. 1 capute, DRAL, D) Oldered fluxowine (Proze 20 mg ora 20 mg. 1 capute, DRAL, D) Oldered fluxowine (Proze 20 mg ora 20 mg. 1 capute, DRAL, D) Oldered fluxowine (Proze 20 mg ora 20 mg. 1 capute, DRAL, D) Oldered fluxowine (Proze 20 mg ora 20 mg. 1 capute, DRAL, D) Oldered fluxowine (Proze 20 mg ora 20 mg. 1 tablet, DRAL, BD) Oldered fluxowine (Proze 20 mg ora 20 mg. 1 tablet, DRAL, BD) Oldered fluxowine (Proze 20 mg oral 20 mg. 1 tablet, DRAL, BD) Oldered fluxowine (Proze 20 mg oral 20 mg. 1 tablet, DRAL, BD) Oldered fluxowine (Proze 20 mg oral 20 mg. 1 tablet, DRAL, BD) Oldered fluxowine (Proze 20 mg oral 20 mg. 1 tablet, DRAL, BD) Oldered fluxowine (Proze 20 mg oral 20 mg. 1 tablet, DRAL, BD) Oldered fluxowine (Proze 20 mg oral 20 mg. 1 tablet, DRAL, BD) Oldered fluxowine (Proze 20 mg oral 20 mg. 1 tablet, DRAL, BD) Oldered fluxowine (Proze 20 mg oral 20 mg. 1 tablet, DRAL, BD) Oldered fluxowine (Proze 20 mg oral 20 mg. 1 tablet, DRAL, BD) Oldered fluxowine (Proze 20 mg oral 20 mg. 1 tablet, DRAL, BD) Oldered fluxowine (Proze 20 mg oral 20 mg. 1 tablet, DRAL, BD) Oldered fluxowine (Proze 20 mg oral 20 mg. 1 tablet, DRAL, BD) Oldered fluxowine (Proze 20 mg oral 20 mg. 1 tablet, DRAL, BD) Oldered fluxowine (Proze 20 mg oral 20 mg. 1 tablet, DRAL, BD) Oldered fluxowine (Proze 20 mg oral 20 mg. 1 tablet, DRAL, BD) Oldered fluxowine (Proze 20 mg oral 20 mg. 1 tablet, DRAL, BD) Oldered fluxowine (Proze 20 mg oral 20 mg. 1 tablet, DRAL, BD) Oldered fluxowine (Proze 20 mg oral 20 mg. 1 tablet, DRAL, BD) Oldered fluxowine (Proze 20 mg oral 20 mg. 1 tablet, DRAL, BD) Oldered fluxowine (Proze 20 mg oral 20 mg. 1 tablet, DRAL, BD) Oldered fluxowine (Proze 20 mg oral 20 mg. 1 tablet, DRAL, BD) Oldered fluxowine (Proze 20 mg oral.	- 🕀	atorvastatin (Lipitor)	10 mg, ORAL, Daily	Ordered	0	۲	0	12.	atorvastatin (Lipit	or 10 mg or.	20 mg, 2 tablet, ORAL, Daily.	Order
Itoxeetine (Prozec 20 mg ora 20 mg.1 capuele, DRAL, D. Resume O Itoxeetine (Prozec) (Itoxeetin 20 mg.1 capuele, DRAL, D. Itoxeetine (Prozec) (Itoxeetin 20 mg.1 tablet, DRAL, BID) Resume O Itoxeetine (Prozec) (Itoxeetin 20 mg.1 tablet, DRAL, BID) Resume O Itoxeetine (Prozec) (Itoxeetin 20 mg.1 tablet, DRAL, BID) Othered O Itoxeetine (Prozec) (Itoxeetin 20 mg.1 tablet, DRAL, BID) Othered O Itoxeetine (Prozec) (Itoxeetin 20 mg.1 tablet, DRAL, BID) Othered O Itoxeetine (Prozec) (Itoxeetin 20 mg.1 tablet, DRAL, BID) Othered O Itoxeetine (Prozec) (Itoxeetin 20 mg.1 tablet, DRAL, BID) Othered O Itoxeetine (Prozec) (Itoxeetin 20 mg.1 tablet, DRAL, BID) Othered O Itoxeetine (Prozec) (Itoxeetin 20 mg.1 tablet, DRAL, BID (2 times Itoxeetine (Prozec) (Itoxeetin 20 mg.1 tablet, DRAL, BID) Othered O Itoxeetine (Prozec) (Itoxeetin 20 mg.1 tablet, DRAL, BID (2 times Itoxeetine (Prozec) (Itoxeetin 20 mg.1 tablet, DRAL, BID (2 times Itoxeetine (Prozec) (Itoxeetin 20 mg.1 tablet, DRAL, BID (2 times Itoxeetine (Prozec) (Itoxeetin 20 mg.1 tablet, DRAL, BID (2 times Itoxeetine (Prozec) (Itoxeetin 20 mg.1 ta		diazepam (Valium 10 mg oral	10 mg, 1 tablet, ORAL, TID	Resume	۲	0	0	J.	diazepam (Valium	n 10 mg oral.	10 mg, 1 tablet, ORAL, TID	. Resume
thussetine (Prozec) (Nussetin 20 mg.1 capsule, 0RAL, D Oldered O	- 🔁				0	0	۲					
furosemide [Lasix 20 mg oral 20 mg. 1 tablet, ORAL, BID Resume O C furosemide [Lasix 20 mg oral 20 mg. 1 tablet, ORAL, BID Ordered C furosemide [Lasix 20 mg oral 20 mg. 1 tablet, ORAL, BID Ordered O C furosemide [Lasix 20 mg oral 20 mg. 1 tablet, ORAL, BID Ordered O O O					۲	0	0	J.	fluoxetine (Prozac	c 20 mg ora.	20 mg, 1 capsule, ORAL, D	Resume
turosemide [Lasia] (turosemi. 20 mg. 1 tablet. DRAL, BID . Didered	- ()	fluoxetine (Prozac) (fluoxetin	20 mg, 1 capsule, ORAL, D	. Ordered	0	0	۲					
[™] metogrolol 50 mg. DRAL. BID (2 times . Resume ○ ○ ○ ○ 0 100 metogrolol 50 mg. ORAL. BID (2 times I [™] metogrolol 1 tablet, 0 RAL, BD . Ordered ○ ○ ○ ○ ○ 0 100 mg. ORAL. BID (2 times I 100	3	furosemide (Lasix 20 mg oral	20 mg, 1 tablet, ORAL, BID	Resume	۲	0	0	J.	furosemide (Lasix	: 20 mg oral.	20 mg, 1 tablet, ORAL, BID	. Resume
Image: second later to a strain of the second later to a strain	- 🔁	furosemide (Lasix) (furosemi			0	0	۲					
Medications Operation Implementation 2 gm, IV PIGGYBACK, q6h Operation IV Solutions Operation Operation					۲	0	0	J.	metoprolol		50 mg, ORAL, BID (2 times	Resume
trend angicillin 2 gm, IV PIGGYBACK, q6h Ordered ○ ○ ⊙ ●	- ()	metoprolol (metoprolol tartrat	50 mg, 1 tablet, ORAL, BID	Ordered	\circ	0	۲					
E IV Solutions		ications										
	- ()	ampicillin	2 gm, IV PIGGYBACK, q6h	Ordered	0	0	•					
Dextrose 5% in 1/2 Normal 75 mL/hr, TV (INTRAVEND, Ordered												
	-	Dextrose 5% in 1/2 Normal	75 mL/hr, IV (INTRAVENO.	Ordered								
					•							

- 7. Upon signing the **Discharge Reconciliation**, the system commits all order and reconciliation actions to the database, updates the **Reconciliation History** with the actions taken and the date and time the user reconciled them, and updates the **Discharge Reconciliation Status** to Complete.
 - When the **Discharge Reconciliation** status is updated to Complete, it does not revert back to Incomplete if additional orders, prescriptions, or documented medications are added to the encounter.





8. Available Alternatives

On **Convert to Inpatient Administration** or **Convert to Prescription**, the system may display a list of suggested therapeutic alternatives.

- The medication or medications displayed in this list partially match the converted from synonym but do not contain all three characteristics that make a complete match (mnemonic name, dose and form). The medications in the list are in the same catalog code of the converted from synonym.
- When a therapeutic alternative is selected from the list, the system displays the new selected mnemonic, the medication order sentences, and any decision support window if applicable.
- To remove the converted from medication from the conversion conversation, right-click the medication and select Remove from Conversation.

			Medications Prior to Discharg	ge Heconciliat	ion		Me
			Details	Status	Continue After Discharge	Create New Rx	Do Not Continue After Disch
	ome l	Medications			•		
0	2 0	1 (0.1)	25 0041 0.3		, end and a second seco	\bigcirc	
	- 😡	omeprazole (Prilosec)	2.5 mg, ORAL, Daily	Documented	L X	~	
_ 🕵	Conv	ert to Prescription					
							-
)rders	to Convert			Available Alternatives		
	3 O:	der Name	Details		Possible alternatives fo	r: Prilosec	
		neprazole (Prilosec)	2.5 mg per, OBAL, Daity, O Refil(s	×	omeprazole 10 mg (omeprazole 20 mg (omeprazole 22 mg (omeprazole 20 mg (omeprazole 20 mg (omeprazole 40 mg (omeprazole 40 mg (omeprazole 40 mg (Prilosec 10 mg oral Prilosec 25 mg oral Prilosec 25 mg oral Prilosec 20 mg oral Prilosec 20 mg oral Prilosec 20 mg oral Prilosec 30 mg oral Prilosec 01 C 20 mg oral Prilosec 01 C 20 mg oral Prilosec 01 C 20 mg oral	atives oral delayed release cap- oral powder for reconstitu- oral powder for reconstitu- oral delayed release cap- oral enteric coated tablet oral powder oral delayed release cap- powder for reconstitution powder for reconstitution powder for reconstitution ad adayed release cap- oral delayed release cap- powder	ution, delayed release ution, delayed release sule , delayed release , delayed release , peule
					ACUTE,	RESTRAINT - 1009	1876990 Cancel

Discharge Process for Home, Rehab, LTAC and other Acute Facilities

Responsible Person	Tasks/Process
Provider	
Discharge To Home/Home	
Hospice/Pt Expired	



	Provider opens PowerNote – Discharge Summary EP
	1. Enter Discharge Order –select disposition
	2. Performs Medication Reconciliation from within
	PowerNote
	3. Diet
	4. Activities
	5. Wound Care
	6. Education & Follow-up
	-
	7. Discharge Diagnosis
	8. Cause of Death (if applicable)
	from Discharge Summary MPage
	9. Quality Measures – VTE and Stroke
	Provider Dictates Discharge Summary
	Provider completes components in Discharge Process
	from Discharge Summary MPage
	1. Enter Discharge Diagnosis
	2. Medication Reconciliation
	3. Follow-up
	4. Patient Education
	5. D/C Process
	6. Discharge Order – select disposition
	7. Cause of Death (if applicable)
	8. Quality Measures – VTE and Stroke
Discharge to Other Acute Facility/LTAC/Rehab Center	Same as Discharge to Home
Discharge to Skilled Nursing Facility	Same as Discharge to Home Plus
	Sign FL2 Form from CCM
Discharge to Jail	Same as Discharge to Home
Nurse	
Discharge To Home/Home Hospice/Pt	Complete Depart Process
Expired	Print Packet
	Get Signature on patient form
	Review Discharge information with Patient
Discharge to Other Acute	Same as Discharge to Home Plus
Facility/LTAC/Rehab Center	Print 72 hour Mar Summary
	Print CHS Condition/Transfer Summary
	Complete EMTALA Form – if applicable
Discharge to Skilled Nursing Facility	Same as Discharge to Home Plus
	Print 72 hour Mar Summary
	Print CHS Condition/Transfer Summary
	No signature required on the patient form
Discharge to Jail	Same as Discharge to Home Plus
	Print 72 hour Mar Summary
ССМ	
Discharge To Home/Home Hospice/Pt	Case Management completes any CCM Consults that are
Expired	required prior to discharge



Discharge to Other Acute Facility/LTAC/Rehab Center	Case Management completes any CCM Consults that are
	required prior to discharge
Discharge to Skilled Nursing Facility	1. Case Management completes any CCM Consults that
	are required prior to discharge
	2. Complete Patient Transfer Form
	3. Confirm Chart Release Components
	4. Copy of Face Sheet with family info
	5. Patient code status/Golden Rod Form/ MOST Form
Dischauss to Iail	6. Prepare FL2 Form with PASARR Number
Discharge to Jail	Case Management completes any CCM Consults that are
Medical Records	required prior to discharge
Discharge To Home/Home Hospice/Pt	No tooko
Expired	No tasks
Discharge to Other Acute	Print the following items from the chart:
Facility/LTAC/Rehab Center	Discharge Summary
	Operative Reports
	Pathology
	MD Orders
	All Labs
	All Radiology
	Orders (CPOE)
	MAR Records
	Therapy Notes
	Progress Notes
	Medication Reconciliation
	Pharmacy Notes
	Special Diagnostics
	ED Notes
	History and Physical
	Cardiac
	Nursing Notes
	Consult Reports



2. RxWriter/ePrescribe

ePrescribe

ePrescribe is a routing functionality that sends prescriptions directly to the pharmacy computer system, bypassing printing methods such as faxing to the pharmacy or printing a prescription to be delivered by the patient.

- Allows the prescriber to access the patient's **External Rx History** and the patient's **Rx Plans**.
- Provides a secure, HIPAA compliant encoded communication link to and from *participating* pharmacies.

• **ePrescribe cannot be used to prescribe controlled substances.** DEA has not certified any transmitting or receiving system as meeting these security standards. The system will provide a print option for these medications.

ePrescribe is integrated into **PowerChart** via the **Message Center** as well as **PowerOrders** and **Medication List**. Message Center will be utilized to handle routing errors.

Some of the benefits of ePrescribe include:

- Increased patient safety
- Increased efficiency for physicians and pharmacists
- Decreased wait time for patients getting a prescription filled
- Improved selection of medications due to the ability to access a patient's Rx Plans, thereby preventing prescriptions for medications not fully covered by a patient's plan
- Improved interactions checking with alerts to the prescriber using the Decision Support tool

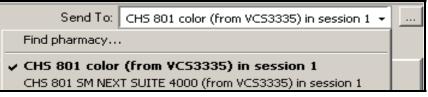
To Send A Prescription Electronically

- 1. With the prescription open, click in the Send To: field.
- 2. If the patient has a preferred pharmacy it will appear here with mouse over contact information. When completing details about a new prescription, select the drop down arrow beside the pharmacy and hover over the pharmacy name in the drop down list. A pop-up window appears that contains the address and phone/fax number of the pharmacy.

		Send To: CVS Pharmacy # 2559 (10515 MALLARD CREEK ROAD) -	
	CVS Pharmacy # 2559 - 2559	🗸 CVS Pharmacy # 2559 (10515 MALLARD CREEK ROAD)	
	10515 MALLARD CREEK ROAD CHARLOTTE, NC 28262 USA Tel: (704) 547-8916 Fax: (704) 547-1168	CutePDF Writer (from VCS3335) in session 1 CHS 801 color (from VCS3335) in session 1 CHS 801 SM NEXT SUITE 4000 (from VCS3335) in session 1 More Printers	
	Plag Form.	Do Not Send: other reason (Rx)	-
	Samples:	Do Not Send: Activate Med (Rx) Do Not Send: called to pharmacy (Rx) More "Do Not Send" Reasons	
Тy	pe Of Therapy: 💿 Acute	Other	



3. If there is no preferred pharmacy for the patient, then the pull-down menu of the Send To: field, will give a choice of Pharmacy.



- 4. Click on Find pharmacy.
- 5. The **Prescription Routing** window will open. The city and state default in to the search fields based on the patient's demographic information.

Prescription Routin	g	
*Send to: Pharmacy		
Apply to: 🔿 Selected	Pending Prescription(s)	
 All Pendir 	ng Prescriptions	
🗢 All Pendir	ng Non-Tamperproof Prescriptions	
Patient Preferred	Search	
Pharmacy Name	Pharmacy Name	Address
CVS	CVS Pharmacy # 2559 CVS Pharmacy # 7560	10515 MALLARD CI 2806 W SUGAR CR
Address	CVS Pharmacy # 7560	2806 W SUGAR CH
City		
State		
Zip Code		
28262		
Search		

- 6. Type in pharmacy name and enough information to limit your search to 50.
- 7. The search results display all pharmacies.

Rescription Routing					_		<u> </u>
*Send to: Pharmacy	-						
Apply to: O Selected Pen	to: C Selected Pending Prescription(s)						
All Pending Pi	rescriptions						
C All Pending N	on-Tamperproof Prescriptions						
Patient Preferred Sea	arch						
Pharmacy Name	Pharmacy Name	Address	City	State	Zip Code		
cvs	CVS PHARMACY # 187	14125 STEELE CREEK R	CHARLOTTE	NC	28273		
1.	CVS Pharmacy # 2326	5700 ALBEMARLE ROAD	CHARLOTTE	NC	28212		
Address	CVS Pharmacy # 2559	10515 MALLARD CREEK	CHARLOTTE	NC	28262		
	CVS Pharmacy # 2560	2035 NORTH SHARON A	CHARLOTTE	NC	28205		
City	CVS Pharmacy # 2561	4100 CARMEL ROAD	CHARLOTTE	NC	28226		
	CVS Pharmacy # 2562	115 W. ARROWOOD RD.	CHARLOTTE	NC	28217		
charlotte	CVS Pharmacy # 2571	1235 PECAN AVE.,	CHARLOTTE	NC	28205		
State	CVS Pharmacy # 2772	10730 PROVIDENCE RD.	CHARLOTTE	NC	28277		
Inc	CVS Pharmacy # 3185	1533 SOUTH BLVD	CHARLOTTE	NC	28203		
Inc	CVS Pharmacy # 3232	10223 UNIVERSITY CITY	CHARLOTTE	NC	28213		
Zip Code	CVS Pharmacy # 3319	9915 PARK CEDAR DR	CHARLOTTE	NC	28210 28217		
	CVS Pharmacy # 3526	306 EAST WOODLAWN	CHARLOTTE	NC			
	CVS Pharmacy # 3540	4351 CENTRAL AVE	CHARLOTTE	NC NC	28205 28212		
Search	CVS Pharmacy # 3694	2325 VILLAGE LAKE DR. 523 LITTLE ROCK ROAD	CHARLOTTE	NC	28212		
	CVS Pharmacy # 3896 CVS Pharmacy # 4022	231-233 N. TRYON STR	CHARLOTTE	NC	28214		
	CVS Pharmacy # 4022 CVS Pharmacy # 5264	6416 REA ROAD	CHARLOTTE	NC	28202		
	CVS Pharmacy # 5264 CVS Pharmacy # 5445	5100 BEATTIES FORD RD.	CHARLOTTE	NC	28277 28216		
	CVS Pharmacy # 5445 CVS Pharmacy # 5583	2939 THE PLAZA	CHARLOTTE	NC	28205		
	CVS Pharmacy # 5565	2115 BEATTIES FORD RD	CHARLOTTE	NC	28205		
	CVS PHARMACY # 7036	231 N. GBAHAM STREET	CHARLOTTE	NC	28202		
	CVS Pharmacy # 7090	16035 JOHNSTON RD.	CHARLOTTE	NC	28277		
	CVS Pharmacy # 7050	13845 CONLAN CIBCLE	CHARLOTTE	NC	28277	-	



8. Click on the desired pharmacy and select OK or Right click on desired pharmacy and click on Add

CVS Pharmacy # 5445	5100 BEATTIES FORD RD.	CHARLOTTE	NC	28216	
CVS Pharmacy # 5583	2939 THE PLAZA	CHABLOTTE	NC	28205	
CVS Pharmacy # 7056	2115 BEATTIES FORD RD	CHARLOTTE	NC	28216	
UVS PHARMALT # 7089	231 N. GRAHAM STREET	CHARLOTTE	NU	28202	-
CVS Pharmacy # 7090	16035 JOHNSTON RD.	CHARLOTTE	NC	28277	-1
CVS Pharmacy # 7157	13845 CONLAN CIBCLE	CHARLOTTE	NC	28277	
				<u>0</u> K	<u>C</u> ancel
				<u>0</u> K	<u>L</u> ancel
Pharmacy Na	me	Addr		<u>0</u> K	<u>U</u> ancel
Pharmacy Na		Addr		<u>0</u> K	<u>U</u> ancel
Pharmacy Na CVS PHARMA		Addr 2103		<u>0</u> K	<u>U</u> ancel
CVS PHARMA	ACY # 0681	2103		<u>D</u> K	Lancel
CVS PHARMA CVS PHARMA	ACY # 0681 ACY # 1632	2103 9628		<u> </u>	Lancel
CVS PHARMA CVS PHARMA CVS PHARMA	ACY # 0681 ACY # 1632 ACY # 1643	2103		<u>D</u> K	Lancel
CVS PHARMA CVS PHARMA CVS PHARMA	ACY # 0681 ACY # 1632 ACY # 1643	2103 9628		<u> </u>	
CVS PHARMA CVS PHARMA	ACY # 0681 ACY # 1632 ACY # 1643	2103 9628		<u> </u>	Lancel

- 9. The pharmacy will now appear and remain on the patient as a preferred pharmacy.
- 10. At this point the prescription is ready to be signed which routes the prescription to the pharmacy.

Look-Up Pharmacy from Prior Prescriptions

- The pharmacy from prior prescriptions can be viewed in at least two locations within PowerChart.
- Click the medication name and the Order Information window displays.

				Status Meds History V Adm. Meds Rec V Disc Sh	ch. Meds Rec ow.Formulary			
e	₿.	7	Order Name	Details	Status			
	The continued order status has changed since it was reconciled or replaced.							
	D •		olanzapine (Zyprexa 10 mg oral tablet)	10 mg, 1 tablet, ORAL, qHS (each night at bedti	Ordered			
	Π.		olanzapine (Zyprexa 10 mg oral tablet)	10 mg, 1 tablet, ORAL, qHS (each night at bedti	Ordered			
	Π.		olanzanine (Zunrexa 10 mg oral tablet)	10 mg, 1 tablet, ORAL, qHS (each night at bedti	Ordered			
	Ξ.		olanzapine (Zyprexa 10 mg oral tablet)	10 mg, 1 tablet, ORAL, qHS (each night at bedti	Ordered			
	10.		oxyCODONE acctaninophen (OxyCODO <mark>NE</mark> -Ac)	1 tablet, ORAL, q4-6hr, 40 tablet	Ordered			
	J.		valsartan (Diovan)	160 mg, ORAL, Daily, 90 caplet	Documented			

• Click the **Details** tab.

Original order entered by WILLIAMS,ERIC Pharmacy Department	A NP on 10/27/2011 at 16:30 EDT.
tinidazole (tinidazole 5	00 mg oral tablet)
Comments History Additional Info	Details
Details	

• If the prescription was routed to a Pharmacy, the **Requisition Routing Type** will look similar to below.



٢	Requisition Routing Type	Route to Pharmacy Electronically
	Routing Pharmacy Name	CMC RANDOLPH PHARMACY
	Routing Pharmacy Id	afc68349-0002-4df2-94e5-64e57a425f9a
	Instructions Replace Required Details	No
	Constant Indicator	No

• The pharmacy is also located in the **Prescription** section of the **Medication List.** It is located to the right of the medication **Details.**

5	Order Name 🗸	Details
	zolpidem (Ambien 10 mg oral ta	10 mg per 1 tablet, ORAL, qHS (each night at bedtime), PRN for sleep, 30 tablet, 0 Refill(s)
Ee L	📕 zolpidem (Ambien 10 mg oral ta	10 mg per 1 tablet, ORAL, qHS (each night at bedtime), PRN for sleep, 30 tablet, 0 Refill(s), Activate Med (Rx)
De L	📕 trandolapril (trandolapril 4 mg o	4 mg per 1 tablet, ORAL, Daily, 90 tablet, 0 Refill(s), Activate Med (Rx)
Ee L	📕 trandolapril (trandolapril 4 mg o	4 mg per 1 tablet, ORAL, Daily, 90 tablet, 0 Refill(s)
Ee L	torsemide (torsemide 100 mg o	100 mg per 1 tablet, ORAL, Daily, 90 tablet, 0 Refill(s), Ad <mark>iritate Mod (R.)</mark>
	🖌 tinidazole (tinidazole 500 mg or	1,000 mg per 2 tablet, ORAL, Daily, 10 tablet, 0 Refill(s), I harmacy: SURESCRIPTS FAX PHARM TEST
De L	tinidazole (tinidazole 500 mg or	1,000 mg per 2 tablet, ORAL, Daily, 5 day(s), 10 tablet, 0 Renii(s), Friaimacy. CMC NANDOLFH FRAMMACT

Patient Preferred Tab

- 1. It is the default tab when a primary pharmacy has been selected for the patient previously instead of the **Search** tab.
- 2. The most recently selected pharmacy will display at the top of the list. This same pharmacy will also default into the **Route** field of the prescription pad for future use.

	Patient Preferred	h			
	Pharmacy Name	Address	City	State	Zip Code
	CVS Pharmacy # 7056	2115 BEATTIES FOR	CHARLO	NC	28216
Ш					

3. This list is automatically updated when new prescriptions are sent

Sending To The Pharmacy Is Not An Available Option In The Following Situations:

1. Scheduled medications are excluded by DEA regulations. These prescriptions may be printed and the print option will default.

🔲 🗙 нүр	ROcodone-acetamino 1 tablet, ORAL, q4h, 180 ta Order
	Send To: Select Routing -
	Dell Color Printer 725 (from DELL-0E4985AEF1) in session 3 Microsoft XPS Document Writer
	Do Not Send: called to pharmacy (Rx) Do Not Send: Activate Med (Rx)
	Do Not Send: samples given to patient (R×) More "Do Not Send" Reasons
	Other

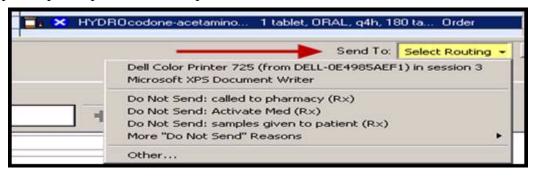
2. The ordering provider selected is not registered to send electronic prescriptions.



- 3. Critical patient demographics are missing such as last name, first name, date of birth or gender.
- 4. When entering multiple prescriptions at the same time, the Sent To: option defaults from the previous prescription for that inpatient.
- 5. If there is a mix of scheduled (controlled) medications and non-controlled medications, the non-controlled prescriptions can be sent electronically and the scheduled medications will be printed.

Printing a Prescription:

1. To print a prescription, select the printer from the menu.



2. The printer used for prescription printing will have a Secure Rx label



3. Labeled prescription printers will watermark the paper when the prescription prints

4. Provider designated computers (those with 22" monitor and Dragon Mic) will also have the **secure RX label** and will print to the labeled prescription printer.

ePrescribe Routing Errors

If the transmission of a prescription order to a pharmacy fails for any reason, a routing error message is sent to the ordering provider's Message Center.

Examples include:

- Prescription routing temporarily unavailable
- Unable to communicate with pharmacy
- Prescription too long for the pharmacy system



Within the routing error message the user can:

- 1. Click the pharmacy name hyperlink to view information about the pharmacy and the prescription to place a call to the pharmacy.
- 2. Click the Med List button to open the patient's Medication List and print the prescription to fax it to the pharmacy.
- 3. After the prescription is called or faxed to the pharmacy, a comment including the name of the prescription should be added to the message indicating what action was taken. Then the message should be saved to the patient's chart and deleted.

Metusage Center 1	2	
Inbox Summary 0	efic Routing Drove 😒 efice Routing Errores astesterike/Hatch, Jane (0) 🗙	
Index Provies Pools	Serverd Schetz Ghitt & Select Patient @ 8 3 Herbitt	
Display Last 30 Days 💌	antesteRueA Renewal Details from Pharmacy	
Priority Rems (1)	DOC 2017/02 Pharmacy Information Pharmacy 4 Pa	
(iii Messages (1)	From: <u>4 Fbr</u> 3 344/ Address: C D, Eagle VA 2002 Phone: 333444444 Fax: 4443332222	
eRx Non-Matchesi (0) eRx Renewals (1)	Subject Prescription 1	
eRx Surpect Hotches (0)	Patient Information Patient Information Kame: zcleateRaMatch, Jane Gender: Female Addesse: 2000 Backcorek Phere Kanaas Cite, MD 54117	
🗟 Indox Items (19)	GAUTERS DOB: 3/21/1982 SSN: Phone: 816-201-1024	
Messages (4)	Prescription is long sharmacy. To min	
elix Routing Errors (2)	Prescription Renewal 1	
General Messages (1)	Comments, Drug n Drug amoscilin-clavulanate 250 mp 125 mp oral tablet	
Orders (15)	SIG 1 table, PO, gBx, Instructions. This is a test of the character levil on the special instructions field user is topics to BI the 255 character levil when putting very special trings into the precipitor. The shape and special trings.	
Results	letters a Otr 42 tobiol Dave Suzzkr 0 Patille: 0	
© Work Rems (1)	Precober: Zhethiates, Physiciana Last Red Pharmaciat Note:	
Reminders (0)		
Consults (1)		
Saved Documents		
Potalications		

Patient Pharmacy Search

- Access Patient Pharmacy Search via the Patient Pharmacy icon Patient Pharmacy on the Toolbar in the patient's chart.
- The phone number can be found in at least two locations within PowerChart.
- Before beginning Discharge Med Rec, click the "**Patient Pharmacy**" icon then hovering over the name of the pharmacy. A pop-up window appears that contains the address and phone/fax number of the pharmacy.
- If patient has a preferred pharmacy in the system it will appear on the Patient Preferred tab.
- If empty, the search tab will open. Type in pharmacy name and enough information to limit your search to 50, and Click Search for pharmacies to display

Custom Patient Prefer	red Pharmacies				
TEST, MSGCE			Loc:CLIN Doc	Allergi	es 🔭
Inpatient [3/10/2011 1:	16 PM - <no dob:<="" th=""><th>1/17/1979 MRN:56565</th><th>Account #:6565</th><th>Pharm:</th><th></th></no>	1/17/1979 MRN:56565	Account #:6565	Pharm:	
The default pharmacy i	s displayed in the Pa	tient Preferred tab with bold text.			
Patient Preferred Se	arch				
Pharmacy Name	Pharmacy Name	Address	City	State Zip	Code 🔺
CVS	CVS	9 circle dr	Bristol	RI 028	
÷	CVS	123 Main St.	Rhode Island	MA 926	
Address	CVS	One West Road	Stratham	NH 038	
	CVS # 5275	2108 Charity St	Abbeville	LA 705	
City	CVS # 5276	721 Bolton Ave	Alexandria	LA 713	
	CVS # 5277	400 Georgia Ave	Bogalusa	LA 704	
1	CVS # 5278	3459 Hwy 1 S	Donaldsonvi	LA 703	
State	CVS # 5280	2300 West Thomas St	Hammond	LA 704	
	CVS # 5281	437 Grand Caillou Rd	Houma	LA 703	
1	CVS # 5282	100 SOUTH CUSHING AVENUE	Kaplan	LA 705	
Zip Code	CVS # 5284	1910 Cameron St	Lafayette	LA 705	
	CVS # 5290	820-G E Admiral Doyle Dr	New Iberia	LA 705	
,	CVS # 5291	827 Creswell Ln	Opelousas	LA 705	
Search	CVS # 5292	1151 N Main St	Opelousas	LA 705	
	Only the first 50 matching	results are shown. If you can not find i	what you are looking fo	r, please refin	e vour s
					~
					<u>C</u> lose



4. Right click on desired pharmacy and click on Add

Pharmacy Name	Addr
CVS PHARMACY # 0681	2103
CVS PHARMACY # 1632	9628
CVS PHARMACY # 1643	2002
CVS PHARMAC Add	1671
CVS Pharmacy #	6300

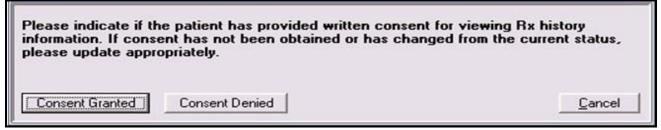
5. Pharmacy will now appear and remain on the Patient Preferred tab for access when writing electronic prescriptions.

ę	🚾 Custom Patient Preferred Pharn	nacies					
Γ	TEST, MSGCENTER Inpatient [3/10/2011 1:16 PM - <	Age:32 years No DOB:1/17/1979	Sex:Female MRN:56565		Loc:CLIN D Account #:6		•s **
	The default pharmacy is display	ed in the Patient Preferm	ed tab with bold	d text.			
L	Patient Preferred Search						1
L	Pharmacy Name Addre			State	Zip Code		
L	CVS PHARMACY # 1643 2002 Happygoluckyalwaysopense 1234	SHILOH CHURCH 5 Mountain Road Off St		NC VA	28036 22315		
L							
L							
L							
L							
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L	1						
I							
I							<u>C</u> lose

External Medication History

External Medication History is available through the Med List.

- 1. When selected it conducts a review of the patient's pharmacy events from the last 13 months of participating pharmacy prescription history for the patient.
- 2. It allows any prescriptions found to be converted to history or to prescription within PowerChart.
- 3. Click on the **External Rx History** button.
- 4. The first window that will display is the **Rx History Patient Consent** dialog box. Select Consent Granted.



- 5. Once consent is granted and documented, the message will not pop up again for that patient. The user can go through the options menu again if he/she needs to update the patient consent status from granted to denied.
- 6. The default is the last 13 months. Other options are 3, 6, 18, 24 months, or show all.
- 7. The External Rx History window displays a list of the patient's prescriptions, including the Last Fill and Quantity. Note the disclaimer that the history may be incomplete.



This is an example if no medications display.

Medication List						
🕂 Add 🛛 🖓 Document Medication by Hx	Reconciliation •	♦ Check Interactions	📕 External Rx History 🔮	Rx Plans (0): In Proces	;	
Orders Medication List						
View Orders for Signature Medication List Orders for Signature Condition/Precaution Vital Signs	history may t responsibility Rx history display:	y contains prescriptic in complete and prescriptic of the prescriber to v Last 12 Months v	scriber should not rely so alidate and verify the in The external Rx medicati been initiated, please sele	olely on this Rx history formation directly with on history retrieval from thi act refresh to initiate retriev	y data to make any clir the patient or via oth d party vendors has not ral.	er appropriate means. Show individual instances of external Rx medication history.
- Activity	\$	Drug Name	Rx Medication	Last Fill v edications to Display	Quantity	SIG
🔲 Diet			10 14			
Medications IV Solutions						
- Laboratory						
- 🔲 Radiology						
- Diagnostic Tests						
- U Special						
Consults Therapy Departments						

This is an example if medications do display.

his R						ies and pharmacy benefits managers lely on this Rx history data to make any		
linica ia oth	decisions er appropri		sibility of the prescribe	er to validate	and veri	fy the information directly with the patient or	ridual instances x medication hist	
	\$	Drug Name	Rx Medication	Last Fill 🗢	Quantity	SIG	Original Refills	F -
	OTC	Advil	Advil Cold and Sinus oral tablet	2/13/2008	40 caps	400 mg, Tab, PO, Q18H, Start date 01/30/08, 14 day(s), Stop date 02/13/08 14:59:00	6	4
⊞ (3)	Tin	Capoten	Capoten 25 mg oral tablet	2/11/2008	25 caps	PD, Q18H, Start date 01/30/08, 12 day(s), Stop date 02/11/08 12:59:00, Routine	3	2
	Prf++*	Amoxil	Amoxil 500 mg oral capsule	2/9/2008	45 caps	P0, Hybrid 10am every other, Start date 01/30/08 11:55:00, 10 day(s), Stop date 02/09/08 11:54:00	8	c
	OTCOTC	Tylenol	Tylenol 8 Hour Geltab oral tablet	2/3/2008	30 caps	150 mg, Tab-CR, PO, Q12(standard), Start date 01/30/08, Stop date 02/03/08, Here you go, here	5	2
	?		Biomox 250 mg oral capsule	1/29/2008	15 caps	250 mg, Tab-CR, PO, Q14H, Start date 01/29/08 15:00:00, Here you go, here are some order comm	2	1
田 [3]	?		sodium bicarbonate 325 mg oral tablet	1/11/2008	60 caps	See Instructions, # 30 EA, Directions would be here.	3	9
	PA*	ibuprofen	ibuprofen 800 mg oral tablet	1/11/2008	70 tab	Tab-SL, PO, SEPCH, Start date 01/11/08 14:28:00, 5 day(s), Stop date 01/11/08 14:28.00, 3, Patient		5
•	T1 65	Nexium	Nexium 40 mg oral	1/2/2008	90 tab	40 mg = 1 tab, PO, QD, 90 tab, 11, 11	2	1 .
							Show I	More
							Close	



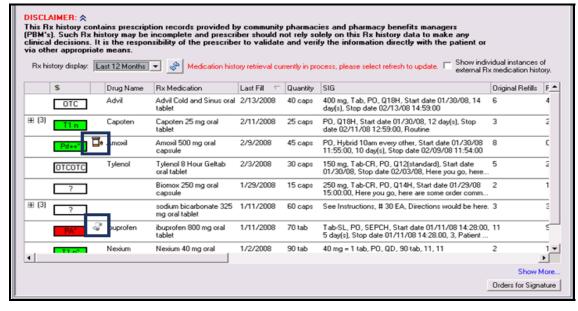
8. Right-clicking on a medication provides the option to convert external Rx history items to Prescriptions or Documented Medications.

	ner appropr	. It is the respon iate means. Last 12 Months		r to validate	and veri		vidual instances x medication hist	
	\$	Drug Name	Rx Medication	Last Fill 🗸 🗸	Quantity	SIG	Original Refills	F
	OTC	Advil	Advil Cold and Sinus oral tablet	2/13/2008	40 caps	400 mg, Tab, PO, Q18H, Start date 01/30/08, 14 day(s), Stop date 02/13/08 14:59:00	6	4
⊞ (3)	T1n	Capoten	Capoten 25 mg oral tablet	2/11/2008	25 caps	P0, Q18H, Start date 01/30/08, 12 day(s), Stop date 02/11/08 12:59:00, Routine	3	2
	Prf++*	Amoxil	Amovil 500 mg oral capsule	2/9/2008	45 caps	PD_Hubrid 10am evenu other_Start date 01/30/08 Convert to Prescription 54:00	8	C
	OTCOTC	Tylenol	Tylenol 8 Hour Geltab oral tablet	2/3/2008	30 caps	Convert to Documented Medication ate 01/30/08, Stop date 02/03/08, Here you go, here	5	2
	?		Biomox 250 mg oral capsule	1/29/2008	15 caps	250 mg, Tab-CR, PO, Q14H, Start date 01/29/08 15:00:00, Here you go, here are some order comm	2	1
⊞ (3)	?		sodium bicarbonate 325 mg oral tablet	1/11/2008	60 caps	See Instructions, # 30 EA, Directions would be here	. 3	9
	PA*	ibuprofen	ibuprofen 800 mg oral tablet	1/11/2008	70 tab	Tab-SL, PD, SEPCH, Start date 01/11/08 14:28:00, 5 day(s), Stop date 01/11/08 14:28:00, 3, Patient		ę
•	Tist	Nexium	Nexium 40 mg oral	1/2/2008	90 tab	40 mg = 1 tab, PO, QD, 90 tab, 11, 11	2	1

9. **Convert to Prescription** opens the Rx Writer module and allows a prescription to be written by selecting an order sentence, modifying details, etc.

10. **Convert to Documented Medication** immediately adds the medication to the Medication List in a Documented Status.

11. Items that have been marked for converting will display the appropriate icon next to the medication name.



12. The user clicks the Orders for Signature button at the bottom to sign the orders and complete the process.



Eligibility

The Rx Plans feature allows the user to perform Rx benefit eligibility checking and determine the coverage for the desired medication (formulary checking).

1. Once the eligibility checking has been performed, click on the **Rx Plans** control to pen the Eligibility Details dialog.

Menu	4	PowerOrders	🗧 0 minutes ago
MAR	^	💠 Add 🚭 Document Medication by Hx Reconciliation - 🔗 Check Interactions 📑 R: Medication Hx R: Plans (0): No Benefit Found	·
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Intake and Output		All Orders (All Statuses)	ustomize View
Form Browser		View	
Patient Information		Orders for Signature Signa	Status [
Clinical Notes		E Orders	
Documentation		Tital Signs Activity	
Problems and Diagnos			
Overview		Continuous Solution	
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Task List		- Diagnostic Tests	
Form Browser		- Special	
Allergies		- I Cronsults I Cronsults I Cronsults	
Discern Report			
MAR		JR Test	
Medication List		Non Categorized	•
EasyScript		- Condition	
PowerOrders		C Decare C D	More Orders
Medication List	~		For Signature
< >			

2. Eligible plans and details are displayed. If multiple plans are returned, the user can select the appropriate plan.

Orders for Signature Document In Plan	•• Statemal Rx Heatry Rx Plans (1): VHE • Display: All Active Orders Customere V * * Order Name Status Details * Medications Status Details
Orders Medication List Document In Plan View 4 View 4 Notes for Signature Nocument In Plan	Display: All Active Orders Customers V (st. 0.1) V [Order Name Status Details
View View Plans	\$ C3 12 Order Name Status Details
Groupset Generation Gen	Concerned PM, Age 51 yea, MPN 00-9, T Altergi, MINO 2002 The PM of the State of Parties 0 Concerned PM of the State of Parties Concerned PM of the State of Par
	Tex Denses
Diagnoses & Problems Related Results	Dx Table Orders for None Review Orders for None Review

3. If there is no eligible health plan returned, the user has the ability to confirm that the patient does not have any pharmacy benefits if that is the case.

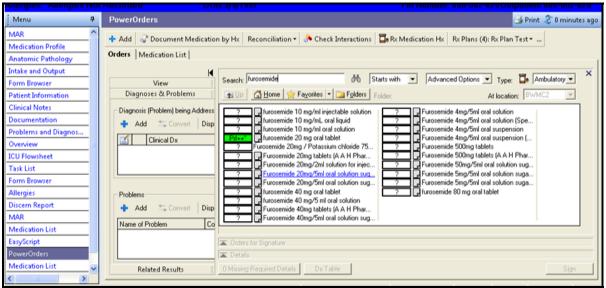
; menu - Aa		PowerOrders	- Shart - C	0 minutes ago
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MAR Summary		Orders for Signature	Ric Benefit Eligibility Verified 6/23/2008 3.42 PM	
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Microbiology Results		- 🔛 Vital Signs		
DCU Flowsheet		- III Activity - III Diet	Validate patient has no pharmacy benefits.	
DC Flowsheet		Gontinuous Solution		
Flowsheet		- III Laboratory		
CV Flowsheet	_	Diagnostic Tests		
Flowsheet		- III Special - III Consults		
Health Maintenance		- III Ordersets		
Immunization Schedule		- El Radiology		
Advanced Growth Chart		- III JR Test - III Non Categorized		
	Add	- I Condition		
Allergies	Add 1	- Ell Nursing Orders		
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Document Viewing	+ Add			
Pregnancy	Add			
Histories			E Detais	
Record Locator			Displayed: All Active Orders All Inactive Orders Show Mo	ore Orders
DC Flowsheet	~	Related Results	Ordens For Conignature Ordens for Nurse Review Ordens For	Signature
<	>			



Benefits

Formulary status provides information around the level of coverage for a specific drug.

- Level of preferences
- Copay
- Restrictions
- Alternatives
- Additional Reference Links
- 1. Formulary status icons will display for prescriptions and home medications on the order profile, and within the order search.



2. The color (green vs. red) and text within the icon provide the most critical information. Hover the mouse pointer over the icon for additional information, or click the icon to see the full formulary details.

	Cllar	ide 466 Sash	end to charges ap	charge chuy De calcu	ator Adrioc a Pivi Conversatio		Communicate - A rate	ic Education	2
Matters.Joan. X			📒 Formulary Details			8	👂 🔯 Recent 🔹 🕅 Name		• 两
Matters, Joanne F Allergies Allergies No		corded	Selected spironolactone 2 Generic product	5 mg oral tablet		î	Loceton 10-002-520 Outpatient	000-002-	6.2.0
Menu 7	P	owerOrd	Content Provider: The currently select	ed plan is: Rx Plan Test.			🎿 Print -	2 18 minut	es ago
MAR	-4	Add		tion was obtained on: 6/13/2008 12	00 AM.		Plans (3): Rx Plan Test •		
Medication Profile		rders Me		Substitution Allowed (SA)	Dispense As Written (DAW)				
Anatomic Pathology	0	rders Me	Status	Prf++*	Pif++*				1
Intake and Output		N				-			×
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Problems and Diagnos		2	Step sequence: 1						
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MAR		<u> </u>	_spironolactone 25mg	omi orai suspension (
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EasyScript		Cirders	for Signature						
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Medication List		0 Mission	Required Details	Dis Table					11
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3. Selecting the formulary details will also allow you to search for alternatives for non-formulary items.

Menu - All	PowerOrders			SPARE 2 1 MALARS NO
Patient Information		sons 🛅 Rix Medication His – Rix Plans (4): Rix Plan Test +		
Overview		Ine Laks Pedcason Ps; RX Pane (4): RX Pan Test *		
PowerOrders Add	Orders Medication List	Formulary Details	1991	
Task List		Cer Formulary Defense		× ×
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MAR Summary	Diagnoses & Problems	Bland people 1	At location: ITV/HC2	24
Interactive View	Diagnosis (Phoblem) being Addressed this V	Conteril Provider: The currently selected plan is: Rx Plan Test		
Advanced Graphing	Add Scorent Display. Act	The eligibility information was obtained on: 6/13/2008 12:00 AM.		
Microbiology Results		Substitution Allowed (SA) Dispense As Written (DAW)		
ICU Flowsheet	Cirical De C	Status	-	
DC Flowsheet		Status		
Flowsheet		Explanation Nonformulary Nonformulary		
CV Flowsheet				
Flowsheet		Alternatives		
Health Maintenance		Pager specified alternatives:		
Immunication Schedule		(" \$20" Ioxapine 25 mg oral capsule		
Advanced Growth Chart		110 p* haloperidol 5 mg oral tablet		
Clinical Notes + Add		C Plat Zyprexa 10 mg oral tablet		
Allerges 🌩 Add	Problems		1	
Medication List 🏾 🕈 Add	Add Connet Display: All	OK Care	and the second sec	
Chart Summary Screen	Name of Problem Code 4	Long Car		
Form Browser	Contrast			
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Document Viewing 🏾 🌩 Add				
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4. The formulary status icon will update if necessary based on the Dispense as Written (DAW) selection.



3. Message Center

Message Center Overview

- The Message Center is a notification component of PowerChart that is used primarily by providers. Other clinicians using Message Center to communicate with providers includes: Nurses for certain renewal orders, Clinical Case Management, Wound Care, and Clinical Nutrition.
- For some providers Message Center is the default window when logging into PowerChart.
- The Message Center icon is located on the Toolbar ^{Message Center}. Selecting it while in a patient's chart or anywhere else in PowerChart will take you to the Message Center. It contains all the folders available to the user. The number of folders will vary by user, as dictated by job function.

New Folders Message Center

Priority Items

<u>eRx Routing Errors</u> – Any ePrescribe routing errors will be located in this folder. Examples: Prescription routing temporarily unavailable; Unable to communicate with Pharmacy; Prescription too long for the pharmacy system.

Inbox Items

- Messages General messaging allows clinicians to communicate with the provider. Functions are similar to an e-mail. Clinical Case Management (CCM) can send template messages regarding CCM Discharge Plan Notification, CDMP Severity Complexity, and Physician Advisory Form. These messages are replacing CCM documentation on the paper progress note.
- Med Student Orders Medical Student PowerPlan and Ad hoc orders will route to this folder for supervising provider co-signature. These orders are inactive until signed by the provider.
- <u>Renewals</u> A notification will display so the provider is aware that a medication or restrictive restraint order is up for renewal. Triggers for renewals include: Stop Type, Stop Duration and Notification Period.
- Proposed Orders Proposed Orders from Pharmacists, Nursing (Continue Urinary Catheter & Remove Urinary Catheter orders only), Wound Care, Clinical Case Management and Clinical Nutrition will route to this folder. The provider will have the option to Accept, Reject, or Accept with Modify a proposed order. The order is in a Proposed status (Not Activated) until the provider Accept or Accept with Modify and Sign the order. When signed by the provider, the order status changes to Ordered. At this time the order is activated. Reject and Sign will remove the order from the Order Profile in PowerChart.
- Orders to Approve Orders placed with a designated communication type to be flagged/routed for co-signature. Example: CPOE Verbal, CPOE Phone, and CPOE Standing Orders. These orders are activated when entered by the clinician.

Work Items

Saved Documents – Save PowerNotes or other documents that need to be completed and signed.



eRx Routing Errors

There are three common eRx Routing Errors Messages:

- "Prescription routing temporarily unavailable", Connectivity, Communication Issues (usually with a particular pharmacy system)
- "Unable to communicate with the pharmacy". Freestanding errors generated by pharmacies for a new prescription
- "Prescription too long for the pharmacy system" Special Instructions/SIG is too long. The maximum character length of a prescription is 350 characters.

Open the Message

1. Select eRx Routing Errors menu under Priority Items on the Inbox tab. The eRx Routing Errors folder opens.

Message Center								🗿 Print 💸 42 minutes ago
Inbox Summary 7	eRx Ro	outing Errors X						4 Þ
Inbox Proxies Pools	Comm	nunicate 🔹 📴 Open 🕰 Rep	ily 🙈 F	Reply All 🖾 Forward 🎽 Delete 📓 Message Jo	ournal 🝌 Select I	Patient 🗮 Select All	A Patient Match	
Display Last 90 Days 💌	Prio F	Patient Name	From	Subject 🛆	Status	Due Date	Create Date	Туре
Priority Items (3)		MED REC, TEST ONE ACUTETEST, NURSE REVIEW 3		Prescription routing temporarily unavailable Unable to communicate with pharmacy	Opened Opened			eRx Routing Errors eRx Routing Errors
Messages (3/15)	1 1	AMPVLTWO, ONE		Unable to communicate with pharmacy	Opened		6/16/2011 11:3	eRx Routing Errors
General Messages (0/2)	1 1	AMPVLTWO, ONE		Unable to communicate with pharmacy	Opened		6/16/2011 11:3	eRx Routing Errors
	1 4	AMP¥LTWO, ONE		Unable to communicate with pharmacy	Pending		6/16/2011 11	eRx Routing Errors
eRx Routing Errors (3/13)	1 1	AMPVLTWO, ONE		Unable to communicate with pharmacy	Opened		6/16/2011 11:3	eRx Routing Errors

- 2. There are 2 ways to open a message:
 - a. Double click on a message.
 - b. Highlight a message and Click the Open folder icon is on the Message Options Bar.

Message Center								🍊 Print. 🛷 10 minutes
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Inbox Proxies Pools	1 20	ommunicate + 📴 Open 🕞 Re	ply 🏨	Reply All 🖾 Forward 🎽 Delete 📲 Message 3d	urnal 🤽 Sele	ct Patient 🖳 Select	All 🔥 Patient Match	
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	1	MED REC, TEST ONE		Prescription routing temporarily unavailable	Opened		6/22/2011 9:22	eRx: Routing Errors
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t or the oce o oceanones to segri (of a		UTEIGHTYEIGHT, TEST		Unable to communicate with pharmacy	Pending		6/15/2011 7:	eRx Routing Errors

c. Right click on the highlighted message and Select Open from the drop-down menu.

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TSPN TWO, TWENTY Unable to communicate with pharmacy Opened 6/15/2011 11:2 UTEIGHTYEIGHT, TEST Unable to communicate with pharmacy Opened 6/15/2011 71:S UTEIGHTYEIGHT, TEST Unable to communicate with pharmacy Opened 6/15/2011 71:S CSPVLTWO, RABY I GIRL Unable to communicate with pharmacy Opened 6/15/2011 72:S CSPVLTWO, RHEE Unable to communicate with pharmacy Opened 6/15/2011 12:1 CSPVLTWO, THREE Unable to communicate with pharmacy Opened 6/15/2011 12:1 CSPVLTWO, THREE Unable to communicate with pharmacy Opened 6/15/2011 12:1 CSPVLTWO, THREE Unable to communicate with pharmacy Opened 6/15/2011 12:1 CSPVLTWO, THREE Unable to communicate with pharmacy Opened 6/15/2011 12:1 Communicate Opened 6/15/2011 12:1 0/15/2011 12:1 Communicate Opened 6/15/2011 12:1 0/15/2011 12:1 Message Journal Resply Opened 6/15/2011 11:1 0/15/2011 12:1	?	AMPVLTWO, ONE		Unable to communicate with pharmacy	Opened		6/16/2011 11:3	e
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UTEGRITYECRIT, FST Unable to communicate with pharmacy Pending 6/15/2011 72 CSPVLTWO, BR8Y I GIRL Unable to communicate with pharmacy Opened 6/15/2011 12:1 CSPVLTWO, THREE Unable to communicate with pharmacy Opened 6/15/2011 12:1 CSPVLTWO, THREE Unable to communicate with pharmacy Opened 6/15/2011 12:1 ACUTETEST, NURSE REV Opened 6/15/2011 12:1 6/15/2011 12:1 Communicate Communicate with pharmacy Opened 6/15/2011 12:1 ACUTETEST, NURSE REV Opened 6/15/2011 12:1 Provide Provide 6/15/2011 12:1 Communicate With pharmacy Opened 6/15/2011 12:1 Provide Provide 6/15/2011 12:1 6/13/2011 12:1 Communicate Provide 6/13/2011 12:1 6/13/2011 12:1 Communicate Provide 6/13/2011 12:1 6/13/2011 12:1	?	TSPVLTWO, TWENTY		Unable to communicate with pharmacy	Opened		6/16/2011 11:2	e
CSPVLTWO, BABY 1 GIRL Unable to communicate with pharmacy Opened 6/15/2011 12:4 CSPVLTWO, THREE Unable to communicate with pharmacy Opened 6/15/2011 12:1 CSPVLTWO, THREE Unable to communicate with pharmacy Opened 6/15/2011 12:1 ACUTETEST, NURSE REVENUE Communicate with pharmacy Opened 6/13/2011 12:1 Phase Revenue Communicate with pharmacy Opened 6/13/2011 12:1	!	UTEIGHTYEIGHT, TEST		Unable to communicate with pharmacy	Opened		6/15/2011 7:15	e
CSPULTWO, THREE Unable to communicate with pharmacy Opened 6/(15/2011 12:1 CSPULTWO, THREE Unable to communicate with pharmacy Opened 6/(15/2011 12:1 ACUTETEST, NURSE REV (autors) (Open Communicate (Missage Dournal Repty (Missage Dourna) Repty (Missage Dournal Repty (Missage Dourna) Repty	?	UTEIGHTYEIGHT, TEST		Unable to communicate with pharmac	/ Pending		6/15/2011 7:	e
CSPVLTWO, THREE Unable to communicate with pharmacy Opened 6/15/2011 12:1 ACUTETEST, NURSE REWORD Open Communicate Message Journal Reply	!	CSPVLTWO, BABY 1 GIRL		Unable to communicate with pharmacy	Opened		6/15/2011 12:4	e
ACUTETEST, NURSE REWEING Open Communicate with pharmacy Communicate with	!	CSPVLTWO, THREE		Unable to communicate with pharmacy	Opened		6/15/2011 12:1	e
Open Communicate Message Journal Reply	<u>!</u>							
Communicate Message Journal Repp/	<u> </u>	ACUTETEST, NURSE REV	inen internet	Unable to communicate with pharmacy	Opened		6/13/2011 1:12	е
Reply								
		M	lessage Journal					
Reply All		R	eply					
		R	eply All					
		P	rint					

Contents of the Message

1. The eRX Routing Error message.



😂 Forward 🎽 Delete 🛛 🚭 Print 👚 🐥 🛛 🚯 👘 Med List				
IED REC, TEST ONE	Age:56 years DOB:6/12/1955	Gender:Male	EMR:2903579034 FN#:0053453454	LOC:ICS; 2013; 01 Inpatient [6/21/2011 9:19 A
From: HappygoluckwalwaysopenservesaliFix 7039212121 Subject: Prescription routing temporarily unavailable Follow Additional Details Response		Caller: Action: Due:		
CAdd Text> The system is currently not able to route this prescrip to the intended pharmacy. Sender ID not on file. Comments: Sender ID not on file.	tion to the pharmacy. Ple	ase use another means to c	ommunicate this prescription]

2. The Pharmacy hyperlink with the Pharmacy Information, Patient Information and Order/Prescription Details.

eRx Routing E	rrors 🗙 eRx Routing	Errors: MED REC, TEST	ONE (0) ×				4
🛋 Forward 🎽	🛾 Delete 🛛 🎯 Print 🛭 😭 🤸	🐣 🜖 Med List					
MED REC	, TEST ONE		Age:56 years DOB:6/12/1955	Gender:Male		2903579034 0053453454	LOC:ICS; 2013; 01 Inpatient [6/21/2011 9:19 A
	vgoluckvalwavsopenserves 72272011 9:22:28 AM ED T			Caller: Action:			
Subject: Presc Show Addit Request <add text=""></add>	Pharmacy Information Pharmacy: He Address: 12		rvesallRx andria, VA 22315 Fax:	216444380			-
The system to the intend Comments:	Address: 80 DOB: 6/	ED REC, TEST ONE 11 McDowell Charlotte 12/1955 90) 485-7890	Giender: .NC 28226 SSN:	Male		his prescription	
	Order: na SIG: 22 Qt	3472129 proxen sodium 220 ma ora	Sant: I tablet - Substitutions allowed 1990, 40 tablet (J Rollig), Pharm Days Supply: 0 blands Pharmacy Tech:	acy: Happygoluckyalwaysopens Refils: 0	ervesallR× Close		

Responding to the eRx Routing Error Message

Resending the script back to the pharmacy will resolve the issue in many cases. However, if the second attempt results in another error, contact the pharmacy.

1. Identify the prescription from the order details (Refer to above screenshot: naproxen sodium 220 mg per 1 tablet, oral, 20 tablets, refills 0.)

eRx Routing Errors × eRx Routing Errors: MED REC, TES	T ONE (0) ×			4
🖙 Forward 🎦 Delete 🛛 🚭 Print 👚 🐥 🜖 🛛 Med List				
MED REC, TEST ONE	Age:56 years DOB:6/12/1955	Gender:Male	EMR:2903579034 FN#:0053453454	LOC:ICS; 2013; 01 Inpatient [6/21/2011 9:19 A.
From: <u>HappygoluckyalwaysopenservesallRx</u> 7039212121 Sent: § 6/22/2011 9:22:28 AM EDT		Caller: Action:		
Subject: Prescription routing temporarily unavailable Show Additional Details		Due:		

The system is currently not able to route this prescription to the pharmacy. Please use another means to communicate this prescription

2.

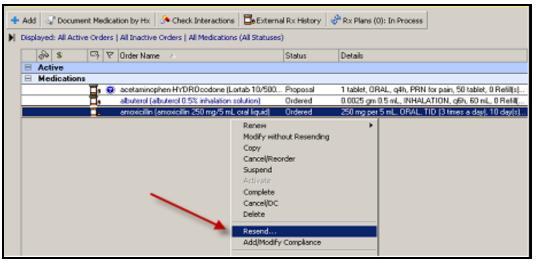
4

•



ELECTRONIC MEDICAL RECORDS

3. Right-click on the Order and Select "Resend". This will open the "Prescription Routing" window.



4. Change the Routing Option from "Pharmacy" to "Printer".

Securition Routing			<u>_ 🗆 ×</u>
Apply to: C Selected Pending Prescription(s C All Pending Prescriptions C All Pending Non-Tamperproof P Patient Preferred Search			Pharmacy Do Not Send Printer Pharmacy
Pharmacy Name	Address	City	State Zip Code
CVS	123 Main St.	Rhode Island	MA 92639

- 5. Print to:
 - a. A designated Rx Tray Printer added as a favorite Prints on Secure Paper
 - b. A Window default printer Prints on plain paper.
- 6. Manually fax printed prescription to pharmacy.
- 7. When appropriate, it is also acceptable to call the script into the pharmacy in place of a manual fax. Please document the method used to communicate the script information to the pharmacy and Save to patient'

Completing the Message

After the prescription is called or faxed to the pharmacy.

1. Highlight <Add Text> and free-text method of sending prescription to pharmacy (Call or Fax). Include the prescription details in the documentation

CANPPS ELECTRONIC MEDICAL RECORDS

Messages × eRx Routing Errors: WALKER, PATRICIA (0) ×
S Forward S Delete G Print 😭 😽 🚯 Med List
From: DVS 555551212
Sent: 2 10/11/2010 3:04:40 PM EDT
Subject: Prescription routing temporarily unavailable
▶ Show Additional Details
Request Response
<add text=""></add>
Click in Add Text area to add free text
The system is currently not able to route this prescription to the pharmacy. Please use another means to communicate this prescription
to the intended pharmacy. The 'State' element is invalid - The value """ is invalid a
Comments: The 'State' element is invalid - The value """ is invalid a

Prevente Implementation Prevente Age 150 years Does of 12/1955 Does of 12/1955 </th <th>ED REC, TEST ONE (0) × 4 P</th>	ED REC, TEST ONE (0) × 4 P
DOB (p/12/1955 FN# 0053453454 Inpatient (5/21/2011 1) From: Happyoluckus/waviopenixetv/sattlag 703921213 Caller: Subject 9 / 22/2011 9:22:23 AM EDT Action: Subject Proceiption called to pharmacy: Action: Request Response Proceiption called to pharmacy: Name: Proceiption called to pharmacy: Name: Proceiption called to pharmacy: Name: The system is currently not able to movie this prescription to the pharmacy. Please use another means to communicate this prescription	Med List
Serie 1 6/22/2011 9:22/80 AM EDT Action: Subject: Proception colling temporary unavailable Due: Proception called to pharmacy: Naproxen 220 mg tablets, 1 tablet g8hrs, quality 40 tabs with no refills Proception called to pharmacy: Naproxen 220 mg tablets, 1 tablet g8hrs, quality 40 tabs with no refills The system is currently not able to involve this prescription to the pharmacy. Please use another means to communicate this prescription to the intended pharmacy Sender ID not on files	
Precription called to pharmacy: Naproxen 220 mg tablets, 1 tablet q8hrs, quality 40 tabs with no refills The system is currently not able to route this prescription to the pharmacy. Please use another means to communicate this prescription to the intended pharmacy. Sender ID not on file.	Action:
	a prescription to the pharmacy. Please use another means to communicate this prescription
😋 🙀 Save 💐 Jave to Chart 🔗 Reject All 🕤 Accept All 🕥 Accept All	📰 Save 🗟 Save to Chart 🧭 Reject All 🚱 Accept All 🚯 🐄 Accept All and Next

2. Then the message can be saved to the patient's chart.

Saving Prescription Message to Chart

To save these actions to the patient's chart:

1. Click on "Show Additional Details" found under the Subject of the message.

eRx Routing Errors × eRx Routing Errors: MED REC, T	ST ONE (0) ×			4 Þ
🖾 Forward 🎦 Delete 🍜 Print 👚 🐥 🜖 🛛 Med List				
MED REC, TEST ONE	Age:56 years	Gender:Male	EMR:2903579034	LOC:ICS; 2013; 01
	DOB:6/12/1955		FN#:0053453454	Inpatient [6/21/2011 9:19 A
From: <u>HappygoluckyalwaysopenservesallRx</u> 7039212121		Caller:		
Sent: 🥊 6/22/2011 9:22:28 AM EDT		Action:		
Subject: Prescription routing temporarily unavailable Show Additional Details Request: Response		Due:		
Precription called to pharmacy: Naproxen 220 mg ta	blets, 1 tablet q8hrs, qual	ity 40 tabs with no refills		<u> </u>
The system is currently not able to route this prescrip to the intended pharmacy. Sender ID not on file.	tion to the pharmacy. Pl	ease use another means to co	ommunicate this prescription	
Comments: Sender ID not on file.				



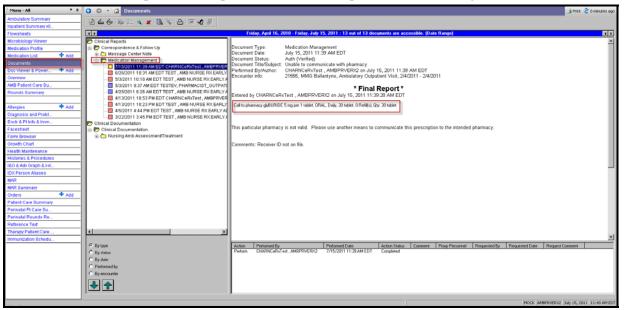
2. This will open addition details: Click the drop-down arrow to the right of "Target Document Type" and Select "Medication Management".

Subject: Prescription routing temporarily unavailable	Due:	
➡ Hide Additional Details		
To: CHARNCeRxTest, AMBPRVERX	Target Document Type: Message Center Note	▼
Request Response	Correspondence - Sca Did Not Keep Appt Re	port
<add text=""></add>	Medication Manageme Message Center Note	ent
	Result Review	

3. Use the "Save to Chart" action available at the bottom of the message.

Save Save to Chart Reject All Cacept All Cacept All Cacept All And Next

4. The Message is saved under the Documents Menu in the "Medication Management" folder in PowerChart. Documents>Clinical Reports>Correspondence & Follow-up>Medication Management



Messages

- General messaging allows clinicians to communicate with the provider.
- Functions are similar to an e-mail.
- Messages will replace several paper forms including
 - 1. "CCM Discharge Planning Notification" messages,
 - 2. "CDMP Severity-Complex Worksheet" (CCM CDI Audits)
 - 3. "Physician Advisory Form" messages to Dr. Fanning,



View General Messages

1. In the Message Center, click on the Message menu item under Inbox Items, and click General Messages.



2. In the content pane, **Double-click** on a **message** to open it. (Bolded messages indicate they haven't been viewed yet.)

Communical	e 🕶 🎒 Open 😂 Repl	y 🖨 Reply All 🙈 Forward 🎽 De	elete 🔰 Message Journ	al 🛛 🍋 Select Patient 🚟	Select All	
Priority	Patient Name	Create Date V	Subject		Status	Due D
	CSPVLONE, THREE	5/23/2011 4:22:08 PM EDT	General Message		Pendina	
	TEST, LINCOLN	5/9/2011 9:26:01 AM EDT	General Message		Pending	
a Reply a Reply	× / General Messagesi TEST, All ા 아ward 초gelete ය Porward	rint 🐨 🐣 🛛 Inbox View Summary View 🔄				
EST, ADAI	M	Age:30 years DOB:4/12/1981	Gender:Female	EMR:0008000626 FN#:1100500005	LOC:4TC; 49 Inpatient [1/5	
	R , UTIL MGT EP2			H (704) 999-8745, B () ×-2322		
Sent: 6/23/2011 Subject: General M	10:48:40 AM EDT		Action: Due:			
🛨 Hide Additional I	Details					
To: TESTEP2	AMBPRVERX; TESTEP2 ,PROVIDE	B_IP	Target Document Type: Mess	age Center Note		
To: TESTEP2 .	ER, UTIL MGT EP2 AMEPRVERX, TESTEP2 10:48:41 AMEDT al Message	2, provider_ip;				
AT THIS TIME. F	E MANAGEMENT DISCHAR BASED ON THE INPUT FROM SCHARGE PLAN:	GE PLAN NOTIFICATION	ASE MANAGEMENT HAS	ESTABLISHED THE		
	ntified. Please consult CCM if n	eeded.				
2. Home Health	1					
3. DME						
4. Acute Inpati	ent Rehab					
	ing Facility					
5. Skilled Nurs						
	ing					
5. Skilled Nurs 6. Assisted Liv	ing PLAN, PLEASE COMPLETE 7	THE FOLLOWING:				
5. Skilled Nurs 6. Assisted Liv BASED ON THIS	PLAN, PLEASE COMPLETE 1	THE FOLLOWING: ications with dose and frequency. (Include o	onfirmation # in progress not	e á)		
5. Skilled Nurs 6. Assisted Liv BASED ON THIS 1. Dictate d/c su	PLAN, PLEASE COMPLETE 1		confirmation # in progress not	10 A		

Reply or Forward a Message

1. Click the Reply icon or Forward icon Forward at the top of the message, click in the message area and free text message.

2. To Search for provider: In the "To" box, enter the last name of the person that the message is being sent to and click on the **binoculars** on the right of the field.



ſ	🥸 FW: Ger	neral Message	- Message							_	
l	<u>T</u> ask <u>E</u> o	dit									
I	🧜 High 🕴	📞 Notify 🛛 📓 Me	essage Journal							🕣 Me	ed List
	Patient:	TEST, ADAM		尚 Calle	TEST, ADAM			Caller #:	H (704) 999-	3745, B () X-232	22
	To:	Testep2							岗	🔲 Include me	
ľ	CC:								ňů	9	
	Subject:	FW: General M	lessage			•	🔲 Save to Chart	As:	Message Center	Note	
	Message										

3. This will open the address book and then the correct name can be chosen. **Click** on the name and move them to the "Send to" window on the right of the screen. Click OK.

Address Book	<u>×</u>
Type a name or select from list:	Show names from
testep2	Global Address Book
Right click to add/remove a name in the personal address book	Send to
TESTEP2. ED PHYSICIAN EP: TESTEP2. ED SEC TECH EP2 TESTEP2. ED UNIT SECRETA TESTEP2. EPACT COORDINA TESTEP2. INPATIENT_NURS TESTEP2. INPATIENT_NURS TESTEP2. PHARMACY MANA TESTEP2. PHARMACY TECH TESTEP2. PHOVIDER_IP TESTEP2. RESIDENT EP2 TESTEP2. RESIDENT EP2	
More	DK Cancel
Send	

4. Click the Send button **Latter bottom** of the message when message is complete.

Deleting Messages

Messages can only be deleted within the **Message Center Messages section**. To delete a message, click on the message and click on the Delete button. Once items are deleted from Message Center Messages, these items are stored in the Trash folder. Messages are not permanently deleted until they are deleted from the Trash. The system will automatically purge deleted messages over 30 days old.

Communicate •	Open AReply Reply	Al 🗳 Forward	X Delete	Message	Journal 🕼 Se	
Patient Name	Subject	From	Due D	ste	Create Date	Notifications Sent Items
BEOLEU LE	General Message	TESTEV, AM			3/24/2009 12	Trash Notify Receipts (1)

Proposed Orders

- Proposed Orders from Pharmacists, Nursing (Continue Urinary Catheter & Remove Urinary Catheter orders only), Wound Care, Clinical Case Management and Clinical Nutrition will route to this folder.
- The provider will have the option to Accept, Reject, or Accept with Modify a proposed order.



- The order is in a Proposed status (Not Activated) until the provider Accept or Accept with Modify and Sign the order. When signed by the provider, the order status changes to Ordered. At this time the order is activated.
- Reject and Sign will remove the order from the Order Profile in PowerChart.

View Proposed Orders

1. Click the Proposed Order under the Orders menu in Inbox Items.



2. In the content pane, **Double-click** on the **order** to open it.

Proposed Orders X 4 b							
🖭 Communicate 🗸 📸 Open 🐮 Message Journal 🕼 Forward Only 🛯 🔩 Select Patient 🊟 Select All							
Patient Name	Originator Name	Order Name					
TSPVLTWO, TWENTY							

oposed Orders 🛛 🗙 🗡 Order Proposal: T				
Forward Only 弥 Select Patient 👚 🐣				
PVLTWO, TWENTY	Age:35 years DOB:4/16/1976	Gender:Female	EMR:0008260286 FN#:1116500008	LOC:ICS; 4000; 01 Inpatient [6/15/2011
	008.4/16/19/6		PIN#:1118500008	inpatient [evi sysor
On hold pending signature **				~
oposed New Order: Continue Urinary				0
etails: 6/16/2011 11:16 AM EDT qHS (ea	ch night at bedtime) Does no	ot meet criteria 24 hr(s) 6/17.	/2011 11:15 AM EDT Hard	Stop Δ
omments:				
ID TEATERS INPATIENT NU	DOC 500			1
oposed By: TESTEP2.INPATIENT_NU	HSE_EP2			



To Accept or Accept with Modify a Proposed Order

The Accept and Accept with Modify functionality are the same.

1. Click the Accept icon \bigcirc or the Accept Modify icon \triangle

🔏 Forward Only 🤹 Select Patient 🔮 👶			
CUTE, RENEWAL ORDER Age.31 years DOB:7/19/19/19/1	Gender Female	EMP:1000500505 FN#:1007888999	LOC:2WS: 4011; 01 Inpatient (5/18/201
* On hold pending signature **			0
Proposed New Order: Continue Urinary Catheter			0
	to using a start even 1-2 h	a 24 hdal 6/16/2011 9/09 A	MEDT Hard Stop A
Details: 6/15/2011 9.10 AM EDT gHS (each night at bedtime) Monitorin	ng urinary output every 1-2 h	ns 24 hr(s) 6/16/2011 9:09 A	M EDT Hard Stop
Details: 5/15/2011 9:10 AM EDT qHS (each night at bedime) Monitoir Comments:	ng uninary output every 1-2 h	o 24 ht[s] 6/16/2011 9:09 A	M EDT Hard Stop Δ

/ Proposed Orders 🛛 📯 Order Proposal: ACUTE, RENEWAL O			4 12
📑 Forward Only 🦣 Select Patient 🍲 🧶			
ACUTE, RENEWAL ORDER Age:31 year DOB:7/19/1	rs Gender:Female 979	EMR:1000500505 FN#:1007888999	LOC:2VVS: 4011: 01 Inpatient [5/18/2011
On hold pending signature Proposed New Order: Continue Uninary Catheter Details: 6/15/2011 9:10 AM EDT aHS (each night at bedtime) M	tonitoring urinary output every 1⊰	2 hrs 24 hr(s) 6/16/2011 9:09 A	M EDT Hard Stop
Comments: Proposed By: ORDERMGMT , CRYSTAL WEIR			
		🥪 Reject All and Next	🁟 Accept All and Next

2. Enter Comments if needed, and click the Sign button.

×		
GenderFemale	EMPL1000500505 FN#1007888999	Inpatient (\$/18/2011
		00
of causily proble avery 1.2 is	te 24 hejej ter herzon til alleren	STEDT Had shop 2
		Sign Cancel
	Gender Pemale	Gender.Female EME:1000500505

3. The Order's Detail window opens in PowerChart. Modify order if needed and Click Sign. Once signed, the order goes to an ordered status.

ACUTE, RENEWAL ORD	Discharge date>1 DOB:7/19/1979 MRN:1000500505 Account #:1007888999	** No Known Allergies ** 9 Pharm:
🔸 Add 🖨 Document Medication by Hx F	teconciliation = 🕐 Check Interactions 🛛 🛅 External Rx History 🛛 Rx Plans (0): Error = 💦 Status 🕘 Meds History 🔹 A	Ndm. Meds Rec. 💶 Disch. Meds Rec.
E I	Orders for Signature	
View	合い本 (の P) Y Order Name Status Start Details	
Orders for Signature	E 2WS: 4011: 01 Account #:1007888999 Admit: 5/18/2011 10:28 AM EDT	
Medication List	Patient Care	
- 🛄 Patient Status	Continue Uninary Catheter Accepted 6/15/2011 10:02 A 6/15/2011 9:10 AM EE	T qHS (each night at bedtime) Monitori
- I Condition/Precaution		
- Utal Signi - U Activity		
Patient Care	* [•
🔟 Diet		
- Medications	z Details for Continue Urinary Catheter	
IV Solutions	TT Details Order Comments	
- Laboratory	() () () () () () () () () ()	1
- Diagnostic Tests		
- I Special		
- 🖽 Consults	"Requested Start Date/Time: 06/15/2011 💽 💌 1002 😴 EDT	
- III Therapy Departments	*Frequency: aHS (each night at bedtime) ~	
Bed Management Medical Equip and Supplies		
Physician Consults	*Urinary Catheter Necessity Verification_CPOE: Monitoring urinary output every 1 V	
III Medication History		
Reconciliation History		
Diagnoses & Problems		
Related Results		
Formulary Details	O'Missing Required Details	Sjgn <u>C</u> ancel



To Reject A Proposed Order

1. To Reject the proposed order, click the Reject icon and then click the Sign button.

	Proposed Orders × Order Proposal: TSPVLTWO, TWENTY ×						
📝 Forward Only 弥 Select Patient 👔 🐣							
TSPVLTWO, TWENTY	Age:35 years DOB:4/16/1976	Gender:Female	EMR:0008260286 FN#:1116500008	LOC:ICS; Inpatient	4000; 01 [6/15/2011		
** On hold pending signature ** Proposed New Order: Continue Urinary Catheter Details: 6/16/2011 11:15 AM EDT qHS (each night at bedtime) Does not meet criteria 24 hr(s) 6/17/2011 11:15 AM EDT Hard Stop							
Comments:	25.502						

2. A Reject Reason is required. You can pick a reason from the Reject reason drop-down menu or free text a reject reason. Click Sign and the proposed order will be removed from the order's profile.

Proposed Orders × Order Propose	I: ACUTE, RENEWAL ORDER	×		4 Þ
🛛 💦 Forward Only 🐁 Select Patient 👚				
ACUTE, RENEWAL OR	DER Age:31 years DOB:7/19/1979	Gender:Female	EMR:1000500505 FN#:1007888999	LOC:2VVS; 4011; 01 Inpatient [5/18/2011
** On hold pending signature **				9
Proposed New Order: Continue Uri	hary Catheter			0
Details: 6/15/2011 9:10 AM EDT qHS (each night at bedtime) Monitoring	urinary output every 1-2 hr	s 24 hr(s) 6/16/2011 9:09 Al	M EDT Hard Stop 📐
Comments:				
Proposed By: ORDERMGMT, CRYST. *Reject reason Aready done/handwritten Assign 05. Dictation Issue Dictation Issue Did not to dea this patient Not my patient Other/Need to discuss further Report does not belong to this patient Report to dictated Wrong deficiency/analysis error	AL WEIR		0	Sign Cancel
			🤣 Reject All and Next	S Accept All and Next

Forward Only Select Patient Forward Only Select Patient Forward Only Select Patient Only Select Patie	
DOB:7/19/1979 FN#:1007888999 Inpatient [5/18/ ** On hold pending signature ** Proposed New Order: Continue Urinary Catheter Control of the second seco	
Proposed New Order: Continue Urinary Catheter Details: 6/15/2011 9:10 AM EDT qHS (each night at bedtime) Monitoring urinary output every 1-2 hrs 24 hr(s) 6/15/2011 9:09 AM EDT Hard Stop Comments Proposed By: ORDERMGMT , CRYSTAL WEIR Reject reason Tenterst reason	
Proposed By: ORDERMGMT , CRYSTAL WEIR Reject reason	
Reject reason	
This is a test	
🛷 Reject All and Next 🛛 🏀 Accept All and	Ne×t



Med Student Orders

- Medical Student PowerPlan and Ad hoc orders will route to the Med Student Orders folder for supervising provider co-signature.
- These orders are inactive until signed by the provider.

Managing Med Student Orders In Message Center

1. Click the Med Student Orders under the Inbox Items.



2. Select the med student order to review.

nbos Summary 0	Pind Student Or	rders 36						4
Induce Provins Pools	Commandate .	Open : 18 Me	samage Journal Menward Only	Soloct Patient "Solect Ak			-12	
Ender (Last 400 Cases) Example 2 Eventry Learner (S) Eventry Learner (S)	Palard Hame PARSTEST, PARSTEST, WASTEST, PARSTEST, PARSTEST, PARSTEST,	Crigonator James TESTEP2, ME TESTEP2, MC TESTEP2, MCD TESTEP2, MCD TESTEP2, ME		Ortalia 07/13/11 9:34:00 EDT Emergena 07/13/11 9:34:00 EDT Roukine P 97/13/11 9:34:00 EDT Roukine P	In the event	Create Date: 1 7/13/2011 9h- 7/13/2011 9h- 7/13/2011 9h- 7/13/2011 9h- 7/13/2011 9h- 7/13/2011 9h-	Pending Pending Pending Pending Pending	1
Saved Documents								
Addé Alfreights Trach Bark Hann								

3. Double click the med student order to open the Action Pane. The Approve radio button is defaulted in. Click OK or OK & Next to approve and activate the order.

Image: Section Park Park Park Park Park Park Park Park	/ Med Student Orders × / M	MED STUDENT ORDERS: PAXSTES	T, RESULTSFYLG ×			4 Þ
Decision EPV # 110750001 Repaired (3/16/2011 2 / 3/3/4/ED) Decision Interview Interview Interview						
Base Indexemption of the second of the secon	PAXSTEST, RES	SULTSFYI 6		Gender:Female		
Outling Additional finds History Comments Validation		EP2 . MED STUDENT EP2 on 7/13. AMBPRVERX2 for activation.	2011 at 9:33 AM EDT.			
Action Pane Constant Action Pane February	Nursing Misc C	ommunication				
Processed Stat Delot Tue 7/13/2011 3/24 AM EDT Special Instructions Consider Lines Special Instructions Treaspecial Physician Ibs. accepted line a admission holding/transition orders as verbal orders from the admitting physician (the emergency physician is not the admitting physician (the emergency	Details Additional Info	History Comments Validation				
Constant Indicator Constant Indicator Action Pane Action Pane Preface Preface	Details Requested Start Date/Time	7/13/2011 9:34 AM EDT				
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	(Limit 120):					
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4. Click the Modify Order Details icon to open the order detail window. Modify details as needed and Click Sign to activate the order.

Med Student Orders × MED STUDENT ORDERS: PAXSTES	r, RESULTSFYI 6 ×			4 Þ
🔀 Forward Only 📝 Modify Order Details 🥋 Select Patient 🍲	Summary View			
PAXSTEST, RESULTSFYI 6	Age:55 years DOB:12/18/1955	Gender:Female	EMR:0008245686 FN#:1107500001	LOC:4TC: 4915; 01 Inpatient [3/16/2011 7:55 A
Original order entered by TESTEP2, MED STUDENT EP2 on 7/13/ Routed to CHARNCeRXTest, AMBPRVERX2 for activation. Nutrition Services Department Regular Diet	2011 at 9:33 AM EDT.			
Details Additional Info History Comments Validation	1			
Details Cristant Date/Time 7/13/2011 5:34 AM EDT Constant Indicator Yes Common Common Distary cut off times: CMC 0445/0930:1430 CRMC 0630:1000:153	0 CIR 0445:0900-1400 All other fac	lites 0445 1000 1500		
Action Pane				7
Approve (No dose range) C Refuse		-		
Comments: (Limit 120):				
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PAXSTEST, RESULTSPYL 6				
PAXSTEST, RESULTSFYI 6 Inpatient [3/16/2011 7:55 AM - <no -="" date="" discharge="">]</no>	Age:55 years DOB:12/18/1955	Sex:Female MRN:0008245686	Loc:4TC: 4915; 01 Account #1107500001	Allergies Not Recorded ** Pharm:
	uplay Hyper Ink		Status O Meda H	atory • Adm Meds Rec • Disch Meds Rec Show More Orders.
Determine for Stagnade	Detach for ED Admission Hold Detack	dang/T Modig 2/13/2011 950 /	Central M - 07/13/11 9:3400E01	Show Hore Coder.
Casgroses & Problems				



5. Click the Refuse radio button to refuse the med student order, and Select a reason for refusing the order by clicking the dropdown arrow to the right of "Reason" (required field). On the patient's Orders Profile, the order status shows

splayed: All Activ	e Orders Al	ll Inactive Orders All Orde	rs 5 Days Back	
& \$	8	Order Name	Status	Details
Vital Signs				
	66 🛃	Pulse Oximetry (Nsg)	Completed	07/13/11 9:34:00 EDT Routine Per Protocol with vital signs
	<u> </u>	Vital Signs	Deleted	07/13/11 9:34:00 EDT Routine Per Protocol (Temp, Pulse, BP, and Resp Rate)
	\checkmark	Vital Signs POC	Ordered	03/16/11 8:04:00 EDT Routine Daily PRN
Patient Care				
efuse fron		Notify Provider	On Hold, Med Student (On Hold)	07/13/11 9:34:00 EDT Routine Notify the Admitting Physician (or Resident team) of any significant change in vital signs, or
essage		Nursing Mise Communic	On Hold, Med Student (On Hold)	07/13/11 9:34:00 EDT Emergency Physician has accepted these admission holding/transition orders as verbal orders from
	🖊 🛒 🕞	Nursing Misc Communication	On Hold, Med Student (On Hold)	07/13/11 9:34:00 EDT These temporary holding orders are only in effect until the admitting physician (or resident team) pr
enter				In the event the admitting physician has not initiated admission orders to replace these holding orders within 1 (one) hour o
	M 44	Weekly Weight Update	Ordered	03/23/11 7:00:00 EDT Routine Weekly (q 7 days Interval) Ordered by EKS rule: CHSNSG_WEIGHT_UPDT
		CHC Numine Channel	Ordered	03/16/11 8:04:00 EDT Routine Constant Indicator
	v	CMC Nursing Charges	Urdered	Placed by Discern Expert Rules CHSADT_NURSING_CHARGES
	\checkmark	Education Teaching	Ordered	03/16/11 8:03:59 EDT Routine Constant Indicator
		Education Leaching Record	Ordered	Order placed automatically by system at admission
	\checkmark	Interdisciplinary Plan of	Ordered	03/16/11 8:03:58 EDT Routine Constant Indicator
		Care	ordered	Order placed automatically by system at admission
Diet				ones proced attentiatedly by offern at damation
Dict		Regular Diet	Ordered	07/13/11 10:01:07 EDT Constant Indicator
		riogala biot	0100100	Dietary cut off times: CMC 0445:0930:1430 CRMC 0630:1000:1530 CIR 0445:0900:1400 All other facilities 0445:1000:15
Medications				
		LORazepam (Ativan)	Proposal	1 mg per Tablet ORAL BID (2 times a day) PRN Anxiety, Routine, 07/13/11 9:30:00 EDT, 14 day(s), Stop date 07/27/11
		° cephalexin (Keflex) (cep	Ordered	500 mg per 1 capsule Capsule ORAL g6h, Routine, 07/13/11 12:00:00 EDT, 14 day(s), Stop date 07/27/11 11:59:00 ED
Bed Manage				
	📄 📚 📭	ED Admission Holding/T	. On Hold, Med Student (On Hold)	07/13/11 9:34:00 EDT
Details Dx Table				. Orders For Signat
Details Dx Table				
	vider			Dideas For Signal MOCK AMBERVERX2 (July 15, 2011 [1:2

Select All

Click the Select All icon to highlight all Med Student orders, Right-click and Select Approve (no dose range checking) or Refuse to approve or refuse all med student orders within the window. 6. Click the Select All

NOTE: THIS FUNCTIONALITY IS NOT A RECOMMENDED.

Med Student Orders X								
Communicate 🗸 🚔 Open 📓 Message Journal 🔏 Forward Only	Select Patient							
Patient Name Originator Name Order Name	Details Order Comment	Create Date 🔻 Status						
PAXSTEST, TESTEP2 , ME Nursing Misc Communica	07/13/11 9:34:00 EDT Emergen	7/13/2011 9: Pending						
PAXSTEST, TESTEP2 , ME Pulse Oximetry (Nsg)	07/13/11 9:34:00 EDT Routine P	7/13/2011 9: Pending						
PAXSTEST, R TESTEP2 , MED ED Admission Holding/Transiti		2/13/2011 9:35 Pending						
PAXSTEST, TESTEP2 , ME Nursing Misc Communica	07/13/11 9:34:00 Forward Only	'13/2011 9: Pending						
PAXSTEST, TESTEP2 , ME Notify Provider	07/13/11 9:34:00 Approve (no dose range checking)	(13/2011 9: Pending						
PAXSTEST, TESTEP2 , ME Regular Diet	07/13/11 9:34:00 Refuse	(13/2011 9: Pending						
PAXSTEST, TESTEP2 , ME Vital Signs	07/13/11 9:34:00							
	Assign Item							
	Unassign Item							



Managing Med Student Orders In PowerChart:

1. Click the drop down arrow to the right of the patient name above the message, and Select "Orders" from the dropdown menu.

Mensage Conter / Mel Studio Colory PLO STLEENT ORDER FANSITST, RESATSTYS & Indem Symmetry PLOTED TO COLOR STATES FANSITST, RESATSTYS & Indem Symmetry PLOTED TO COLOR STATES FANSITST, RESATSTYS & Indem Symmetry PLOTED TO COLOR STATES FANSITST, RESATSTYS & Indem Symmetry PLOTEST, RESALTSTYS & Context Formation	Anholatory Summary 02a Brigationt Summary V02a Piscolaets 1 Microbiology Verver
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Connected Linear 1201	Next Of OSS Rent
· · · · · · · · · · · · · · · · · · ·	MOCK AMBROVERICE 34/2 13, 2011 (9:42 AM ET

2. The patient's Orders Profile window opens in PowerChart. The Med Student orders can be identified by the Med Student order icon and an "On Hold Med Student" order Status.

C O Medication List		
		🍊 Print 🍣 1 minutes ago
Add Occument Medication by Hx Check Interactions		
Orders Medication List		
View		atus Details
in Orders for Signature	ED Admission Holding/Transition Orders (Initiated)	
ED Admission Holding/Transition Orders (Initiated)	Last updated on: 7/13/2011 9:35 AM EDT by: TESTEP2 , MED STUDEN Alerts last checked on 7/13/2011 9:33 AM EDT by: TESTEP2, MED STUD	IT EP2 ENT EP2
- Suggested Plans (0) B-Orders	Patient Status Provide the second s	Hold, Med Student (
- I Patient Status - I Condition/Precaution		Hold, Med Student [07/13/11 9:34:00 EDT
Vital Signs	🔲 🧟 📴 Vital Signs 🛛 🛛 🗠	Hold, Med Student [07/13/11 9:34:00 EDT R
Patient Care	Patient Care	Hold, Med Student (07/13/11 9:34:00 EDT R
- Medications	Miscellaneous Nursing Orders On	Hold, Med Student (07/13/11 9:34:00 EDT R
- UV Solutions - Laboratory	Diet	Hold, Med Student (07/13/11 9:34:00 EDT T
- 🔟 Radiology - 🔟 Diagnostic Tests		Hold, Med Student (07/13/11 9:34:00 EDT C
- I Special		
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B-Medication History		
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	3/2011 9:34 AM EDT - Stop: 17/13/2011 10:04 AM EDT	
	3/2011 9:34 AM EDT Stop: 7/13/2011 10:04 AM EDT	
S P Component	Status	Details
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Image: System 2 Component ED Admission Holding/Transition Orders Last updated on: 7/13/2011 9:35 AM ED	(Initiated)	
Image: System 2 Component ED Admission Holding/Transition Orders Last updated on: 7/13/2011 9:35 AM ED	Status [Initiated] T by: TESTEP2 , MED STUDENT EP2	
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- 3. Right click on the On Hold Med Student order. From the menu:
 - a. Select "Cosign (No DoseRange Checking)" to Approve and Activate the order.

Add 🔄 Document Medication by Hx Reconciliation * 🍊 Check	Interactions De External Rx Hist	ory dP Rx Plans (0): In	Process			O Meds History O Adm. Meds Rec. O Duch. Meds Re
rders Medication List						
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View Orders for Signature Plans B Medical ED Admission Holding/Transition Orders (Completed)	Vital Signs	Order Name Pulse Oximetry (Nag) Web Scryp	Completed On Hold	07/1	1 /11 3 34.00 EDT Routine Per Protocol with	vial som p Police BP, and Resp Rate)
Dogram Scholars (Compared) Dogram Scholars (Compared) Dogram (Compared) La Patient Status La Constance Prevailation Model Addres M	Patient Care	Wall Signs PDC Noting Phonder Naring Mice Communic. Naring Mice Communication Weekly Weight Update CHC Nuring Charges Education Teaching Record Interdiscipliney Plan of Care	On Hold, On Hold, On Hold, Ordered Ordered Ordered Ordered	03/1 07/1 07/1 07/1 03/2 03/2 03/1 03/1 03/1 03/1	Nody Construction Construction Internet Construction Cons	Physician (a filesident head) of any logicitized change is shall again, or if there is a change in the Physician (a data in the back) of any logicitized change is shall again, or if there is a change physician the start and end with the shalling physician (a matched the back) provide a data and a data and end with the shalling physician (a matched the back) provide a data and a data and end with the shalling physician (a matched the back) physician of a data and end with the shalling physician (a matched the back) physician (a matched the and the shall be a shall be a shall be a shall be a data and the shall be a shall be a data and the shall be a shall be a data and a d
u Goniai u Consult d Charlangement d Del Management d Del Mana	Medications	Regular Diet LDRazepam (Ativan) cephalexin (Kellex) (cep ED Admission Holding/T	Proposal Ordered	07/1 Diet: 1 mg 500	Results:: Second Second Rens Customice Verv Enable Edit on the Line Plasble Order Information Hyperink	000 100 150 DR 045 000 140 Al offer facilies 045 100 1500 elig, Rusen, 07/35/1 9 3000 EDT. 14 deg(). Eligi des 07/27/1 9 29/00 EDT 07/37/1 3 20/00 EDT. 14 deg(). Sep des 07/27/1 11 50/00 EDT
Diagnosas & Problems Perated Results Formular Details	Details:					

b. Select "Modify" to open the order detail window make modifications and sign to activate the order.

Quick Orders				
💠 Add 🛫 Document Medication by Hill Reconciliation * 🌧 Check	Interactions 🛛 🖬 External Rx History 🔗 Rx Pb	lans (0): In Process		O Meds History O Adm. Meds Rec. O Disch. Meds Rec.
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Orders for Bignature	Vital Signs Vital Signs		2/11 9:34.00 EDT Routine Per Protocol with v	
ED Admission Holding/Transition Orders (Completed) Suggested Plans (0)	Patient Care		Modify	s, Putre, GP, and Resp Rate)
Condition Condition Vital Signs	Reality Provider Reality Provider	Commune: On Hold, 07/1 On Hold, 07/1 n Med Stude In th	e controllor e las	p Physician (or Resident teem) of any significant change in vital signs, or if these is a change in t., organized these admission holding/hamilian orders as verbal orders have the admitting physician, ders are only in effect until the admitting physician (or resident teem) pairvaler admission orders. J admission collects to replace these todding orders within 1 (north hour of atmixed to the mussing un
- ad Vrian Signis - un Activity - ad Patient Care - ad Diet	Sig* Weekly Weight CMC Nursing C	Orde Charges Ordered 03/1	Care Print. Delete	nter-al)
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- i Consults - i Therapy Departments	ele' 🕒 Regular Diet	Ordered 07/1 Diete	Reference Information	0530 1000 1530 CIR 0445 0900 1400 All other facilities 0445 1000 1500
Med Management Medical Equip and Supplies	LDR azepam (A			sety. Routine. 07/13/11 9:30:00 EDT, 14 day(s). Stop date 07/27/11 9:29:00 EDT 07/13/11 12:00:00 EDT, 14 day(s). Stop date 07/27/11 11:59:00 EDT
Physician Consults Medication History Reconciliation History	ED Admission	Holding/T On Hold,	 Disable Order Information Hyperlink. 	
Diagnoses & Problems Related Results	Tottails.			
Formulary Details	0871846			Content For English an

c. Select "Delete" to Refuse/Delete order and sign. The order status will change to deleted.

Quick Orders					
+ Add Document Medication by Hx Reconciliation - Check In	teractions DeExternal	Rx History Rx Plans (0): No Be	enefit Found +		Status O Meds History O Adm. Meds Rec. O Disch. Meds Rec.
Orders Medication List					
	Displayed: All Active Orde	rs All Inactive Orders All Orde	rs 5 Days Back		Downtow Orders.
Vew Orders for signature ⇒ Medial ⇒ Medial ⇒ Medial ⇒ Medial ⇒ Medial ⇒ Wat Sign → With Sign → With Sign → With Sign → Wat	Vial Signa Vial Signa Vial Signa Patient Care Vial Diet Medications Medications Medications	℃ Order Name Viai Director Density (Fing) Viai Syme Trobe Viai Symmetry Symmetry Symmetry Viai Symmetry	Status Correlated Deleted Ordered Modify Codece Codece Results. Advance Custome Results.	027671 8 04 00 EDT Room	ne Pet Potocol with vital lights ne Pet Potocol (Temp, Fulze, BP, and Resp Rate)
Diagnoses & Problems Related Results Formulary Details	Details DrTables				Dises For Grandware -



\$ \$	~	Order Name	Status	Details
Vital Signs		Terder Hame	S.G.G.	e vone
		Pulse Oximetry (Nsg)	Completed	07/13/11 9:34:00 EDT Boutine Per Protocol with vital signs
		Vital Signs	Deleted	07/13/11 9:34:00 EDT Routine Per Protocol (Temp, Pulse, BP, and Resp Rate)
	~	Vital Signs PBC	Ordered	03/16/11 8:04:00 EDT Boutine Daily PBN
Patient Car	e	Ē		
	📃 📚 🔛	Notify Provider	On Hold,	07/13/11 9:34:00 EDT Routine Notify the Admitting Physician (or Resident team) of any significant change in vital signs, or if there is a change in
		Nursing Misc Communic	On Hold,	07/13/11 9:34:00 EDT Emergency Physician has accepted these admission holding/transition orders as verbal orders from the admitting physician
	🔲 🏩 🖬	Nursing Misc Communication	On Hold, Med Stude	07/13/11 9:34:00 EDT These temporary holding orders are only in effect until the admitting physician (or resident team) provides admission orders. In the event the admitting physician has not initiated admission orders to replace these holding orders within 1 (one) hour of arrival to the nursing un
	🗹 66	Weekly Weight Update	Ordered	03/23/11 7:00:00 EDT Routine Weekly (q 7 days Interval) Ordered by EKS rule: CHSNSG_WEIGHT_UPDT
	\checkmark	CMC Nursing Charges	Ordered	03/16/11 8:04:00 EDT Routine Constant Indicator Placed by Discern Expert Rules CHSADT_NURSING_CHARGES
	\checkmark	Education Teaching Record	Ordered	03/16/11 8:03:59 EDT Routine Constant Indicator Order placed automatically by system at admission
		Interdisciplinary Plan of Care	Ordered	03/16/11 8:03:58 EDT Routine Constant Indicator Order placed automatically by system at admission
🖯 Diet				
		Regular Diet	Ordered	07/13/11 10:01:07 EDT Constant Indicator Dietary cut off times: CMC 0445:0930:1430 CRMC 0630:1000:1530 CIR 0445:0900:1400 All other facilities 0445:1000:1500
Medication:				
		LORazepam (Ativan)	Proposal	1 mg per Tablet ORAL BID (2 times a day) PRN Anxiety, Routine, 07/13/11 9:30:00 EDT, 14 day(s), Stop date 07/27/11 9:29:00 EDT
		[^] cephalexin (Keflex) (cep	Ordered	500 mg per 1 capsule Capsule ORAL q6h, Routine, 07/13/11 12:00:00 EDT, 14 day(s), Stop date 07/27/11 11:59:00 EDT
Bed Manag				
		ED Admission Holding/T	. On Hold,	07/13/11 9:34:00 EDT
Details				

Renewals

- 4. A notification will display so the provider is aware that a medication or restrictive restraint order is up for renewal.
- 5. Triggers for renewals include: Stop Type, Stop Duration and Notification Period.

Note: Suspended orders will not route for renewal and will discontinue at hard stop time/date.

1. Click on Renewal Orders under the Inbox Items.



2. Select the renewal order to review order information.

Renewal Orders ×			4
- Communicate + 😂 Open	Message Journal 📑 Forward Only	Select Patient Select Al	
atienit Name	Originator Name	Order Name	
BSPVLTWO, TWO	TESTEP2, PROVIDER_IP	Restrictive Intervention for Violent/Self Destructive < 9yrs	
ACUTE, RENEWAL ORDER	ORDERMGMT, CRYSTAL	Restrictive Intervention for Violent/Self Destructive < 9yrs	
RXSTEST, RXRETREAT3	TESTEP2, PROVIDER_IP	hydrALAZINE 40 mg + Sodium Chloride 0.9% 100 mL	
Commerts History Addition Details Requested Start Date-Time	ention for Violent/Self	Destructive < 9yrs	
Comments History Addition Details Requested Start Date-Time Restrictive Intervention Device Reason for Restraint	6/15/2011 3:15 AM EDT 4 Side Rail: Pr angy	Destructive < 9yrs	
Commercial History Addition Details Requested Start Date-Time Restrictive Intervention Device Reason for Restaint PRN Instructions	6/15/2011 9:16 AM EDT	Destructive < 9yrs	
Comment: History Addition Details Requested Start Date-Time Restrictive Intervention Device Reason for Restraint	6/15/2011 3:15 AM EDT 4 Side Rail: Pr angy	Destructive < 9yrs	-
Commercia History Addition Details Requested Start Date-Time Restscilve Intervention Device Reason for Restsaint PRN Instructions	Er/15/2011 9 16 AM EDT 4 Side Ralit P1 argy For Patient Care	Destructive < 9yrs	
Commenta History Addition Commenta History Addition Details Requested Start Date-Time Restrictive Intervention Device Reason for Resituant PRN Instructions Duration	Errs/2011 9:16 AM EDT 4 Side Rale Prange For Patient Case 61	Destructive < 9yrs	
Commenta History Addiso Details Requested Start Date-Time Restrictive Intervention: Device Reason for Restriation PRN Instructions Duration Duration Unit	ed Info Details	Destructive < 9yrs	



3. Double click the renewal order to open the Action Pane. The Approve radio button is defaulted in. Click OK or OK & Next to renew the order.

Age:40 years DOB:12/20/1970 Gender:Female EMP:0008260305 EMP:0008260305 LOC:2WS: 2233:01 Inpatient (6/15/2011 at start care Department ENX:1116600001 Inpatient (6/15/2011 at start care Department Comments History Additional Info Details Dotails Extended by T55/2011 9:42 AM EDT Requested Start Date-Time E/5/2011 9:42 AM EDT Restrictive Intervention Device Wistor Waist Restrictive Intervention Eor Patient Care Duration Unit minute(s) Stop Date/Time E/15/201110.42 AM EDT Stop Type Hard Stop Constant Indicator Yes	🕻 Forward Only 😭 🐣				
Details Estrictive Intervention for Violent/Self Destructive < 9yrs	SPVLTWO, TWO Health: No		Gender:Female		LOC:2WS; 2233; 01 Inpatient [6/15/2011
Details Fequested Start Date-Time 6/15/2011 9.42 AM EDT Requested Start Date-Time 6/15/2011 9.42 AM EDT Reason for Restraint angy PRIN Instructions For Patient Care Duration 61 Duration Unit minute(s) Stop Date/Time E/15/2011 10.42 AM EDT Stop Type Hard Stop	atient Care Department	-		ðyrs	
Requested Start Date-Time 6/15/2011 9.42 AM EDT Restrictive Intervention Device Virist to Waist Reason for Restraint anguy PRN Instructions For Patient Care Duration 61 Duration Unit minute(a) Stop Date/Time E5/72011 10.42 AM EDT Stop Type Hard Stop	Comments History Additional Info De	stails			
	Requested Start Date-Time 6/15/2011 Restinitive Intervention Device Virist to Va Reason for Restraint angy PRN Instructions For Patient (Duration 51 Duration Unit minute(s) Stop Date/Time 6/15/2011 Stop Type Hard Stop	Care			

4. A Right-Click on the renewal order opens a drop-down menu with the options below.

Renewal Orders ×	4 Þ
🎦 Communicate 👻 📴 Open 🛛 Message Journal 📝 Forward Only 📔	🐅 Select Patient 🚟 Select All
Patient Name Originator Name	Order Name
ACUTE, RENEWAL ORDER TESTEP2 , INPATIENT_N	Copen Communicate Message Journal Item Information Forward Only
Commente History Additional Info Details	Assign Item
Details 6/16/2011 5.02 PM EDT Resulte Intervention Device [Ankle Locking/Xinyl/Xelcro Both] Reason for Restraint test PRN Instructions [For Patient Care] Duration [61] Duration Unit [minute(s)] Stop Date/Time [6/16/2011 6.02 PM EDT] Stop Type [Hard Stop] Constant Indicator [Yes]	

5. Renewal orders that are not addressed will automatically discontinue at the order's hard stop time/date.

Orders To Approve

- Orders placed with a designated communication type to be flagged/routed for co-signature.
- Example: CPOE Verbal, CPOE Phone, and CPOE Standing Orders.
- These orders are activated when entered by the clinician.
- 1. Click on the Orders to Approve item under the Inbox Items.





2. Double click the order to open the order detail window with Action Pane defaulted to Approve.

Orders to Approve X 4 b					
Communicate 🔹 🚔 Open 📲 Mes	sage Journal 🔀 Forward Only	Select Patient IIII Select All			
Patient Name	Originator Name	Order Name			
CSPVLTWO, THREE	TESTEP2, INPATIENT_N	Yital Signs			
CSPVLTWO, THREE	TESTEP2, INPATIENT_N	Lactated Ringers 1,000 mL 1,000 mL			
CSPVLTWO, THREE	TESTEP2, INPATIENT_N	Peripheral IV Insertion			
CSPVLTWO, THREE	TESTEP2, INPATIENT_N	Notify Provider Abnormal Output			
CSPVLTWO, THREE	TESTEP2, INPATIENT_N	Notify Provider Vital Signs			
CSPVLTWO, THREE	TESTEP2, INPATIENT_N	In and Out Cath			
CSPVLTWO, THREE	TESTEP2 , INPATIENT_N	Notify Provider Vital Signs			
CSPVLTWO, THREE	TESTEP2, INPATIENT_N	Athrombics (SCD's)			
CSPVLTWO, THREE	TESTEP2, INPATIENT_N	tetanus/diphtheria/pertussis, acel (Tdap) (TDaP Adult Vaccine Inj 0			
CSPVLTWO, THREE	TESTEP2 , INPATIENT_N	Oxytocin 30 units in Lactated Ringers 500 mL 10 units			
CSPVLTWO, THREE	TESTEP2 , INPATIENT_N	Breast Pump			
CSPVLTWO, THREE	TESTEP2 , INPATIENT_N	Oxytocin Drip 20 units in Normal Saline (0.9%) 1000 mL inj. 20 units			
CSPVLTWO, THREE	TESTEP2, INPATIENT_N	lanolin topical (Lansinoh for Breast Feeding Mothers topical ointmer			

3. To Cosign the Order, click OK or OK & Next (if you have other orders to cosign).

Orders to Approve 🛛 🗙 Cosign Orders:	CSPVLTWO, THREE 🗙			4 Þ
📑 Forward Only 🛼 Select Patient 🛭 👚 🗏	-			
CSPVLTWO, THREE	Age:25 years DOB:9/24/1985	Gender:Female	EMR:0008260287 FN#:1116500002	LOC:MCS; 1506; 01 Inpatient [6/14/2011
Original order entered by TESTEP2 , INPATIE CPOE VERBAL order by TESTEP2 , PROVIDI Patient Care Department Vital Signs	NT_NURSE_EP2 on 6/14/20 ER_IP	011 at 10:12 AM EDT.		
Comments History Additional Info I	Details			
Details Ev14/2011 Requested Start Date/Time Ev14/2011 Priority Routine Frequency q1hr PRN No Duration 4 Duration unit Inf(s) Stop Date/Time Ev14/20113 Constant Indicator No	1:12AM EDT			<u>م</u>
Action Pane Approve (No dose range)	C Refuse	Beason		т. Т
Comments: (Limit 120):				
			Ne <u>x</u> t C	K OK&Next
			STAGE PRVIPER	2 June 16, 2011 5:11 PM EDT

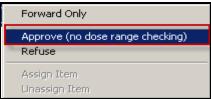
4. To Refuse a cosign order, Click the Refuse radio button and select a required reason for refusing to cosign the order. Freetext comments if needed. The refused cosign order is routed to medical records.



Orders to Approve \times	Cosign Orders:	CSPVLTWO, THREE ×			4 ⊳
📝 Forward Only 🐁 Selec	t Patient 🔺 🤚	,			
CSPVLTWO, TH	IREE	Age:25 years DOB:9/24/1985	Gender:Female	EMR:0008260287 FN#:1116500002	LOC:MCS; 1506; 01 Inpatient [6/14/2011
Original order entered by TES CPOE VERBAL order by TES Patient Care Department Vital Signs	STEP2 , INPATIE STEP2 , PROVID	NT_NURSE_EP2 on 6/14/20 ER_IP	011 at 10:12 AM EDT.		
Comments History A	dditional Info	Details			
Requested Start Date/Tim Priority Frequency PRN Duration Duration unit Stop Date/Time Constant Indicator	e 6/14/2011 Routine g1hr No 4 hr(s) 6/14/2011 No	11:12AM EDT			
Action Pane Approve (No dose range	e)	Refuse	Reason Not my pe	atient	- -
Comments: (Limit 120):					

🛄 Select All 5. Select All is not recommended. Highlight the first order. Click the Select All button Right click and 🎅 4 minutes ago to remove orders from folder.

select Approve (no dose range) from drop-down menu. Click Refresh



Radiology Orders In Inbox

 Physicians will see Radiology orders requiring co-signature in the message center under a new communication type "CPOE Rad Replace". This communication type will be used to allow for physician sign off on orders that have been changed by a Radiology Technologist. Radiology Technologists will be canceling and entering new orders for order placement issues that fall within the "Radiology Test Design" (i.e. DX Chest 1 View replaced with DX Chest 2 Views)

Any questions regarding this can be directed to the radiology departments at

Rad Dept. Contact Information: Pineville....704-667-1200 Mercy....704-304-5860

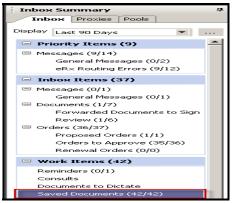


Preserthart Organizer for TESTEV , a	AMOPERT				Lex X
Ink Edt You Batert Quet 1	Leks Huthcature Sebor Heb				
🕼 Home 🖾 Message Center 🍦 Patien	et List: 🔐 Rounds List: 🍚 CCAT 👫 Discharge Readness 🏗 Quality Measures Sureway	ESA Electronic Signature 🔍 Physi	ian Quick Links 🔍 Referral Portal 🔍 Sterior 1	Q, UpToDate Online	
Etayof East Store #	Superior 🕫 Egit 📑 Calculator 🎬 Adrice 🌲 PM Conversation + 🛶 Consumate +	🚯 Explorer Menu 👶 Encounter Location	fectory Verver 😒 gen State 19 💷	witter 🕼 Depart 💰 Patient Sharmacy 📗	
Sa BETI & DOCI II					
LABTEST, MERCY X				.10	IT, RADCANOPY + BRANNE + Torre + M
Message Center					(di eren 2 i navatan ago
Inbox Summary	Orders R Cosign Orders TEST, RADCANDRY X				0
Induse Provides Pools	Forward Only & Select Patient @ . Debter View Summary Very				
Deplay Last 90 Days		Age 33 years	GenderFemale	EM61.0005709632	LOCMADM
	TEST, RECENTOR I	DOB3/6/1978		P144 1132600002	Emergency [11/22/2011 8:36 - 4No - DL
🖙 Priority Benns (0)	Diginal order entered and electronically signed by TESTEP2 . RADIOLOGY on 11/22/ OPDE RAD Replace order by CI2CID . GRADL02	ST1 # 3.44 EST.			
🗟 Inhos Items (22)	Radologi Departnerk				
Hessages	DX Chest PA and Lat				
III Results (13)(19) Abnormal (32) Orikal (12)) Other (15)(15) Documents Context (214) Context to Approve (3/4) Results P(1)	Datab Additional Info History Comments Validation				
	Details				
	Requested Stat Date/Term 11/25/2011 9 44 EST				
	Picity Rovine				
	Frequency Discs				
	Stop Date/Time 11/22/2011 9 44 EST				
Work Berns (0)	Putida Even?				
Renanders	Peaum for exam Transport mode Andvägte				
Consults	Required radiology order formal field [Flast Type				
Documents to Dictute	Preprocessing Solpt [DE_DEFAULT_WIGH_FORM]				
Saved Documents					
Relifications					
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Sent Items					
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	F Approve Bio done sarge) C Reluxe	en 14			
	Consents:				
	plane 1200				
					Negt OE OK & Steel
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Contrasto					

Saved Documents

Save PowerNotes or other documents that need to be completed and signed routes to the Save Documents folder.

1. Click on the Saved Documents item under Work Items.





2. Double click the document to open.

Saved Documents X							
Communicate 👻 🎬 Open 🔰 Message Journal 😰 Forward Only 🏊 Select Patient 🊟 Select All							
Patient Name	Subject	Create Date 🛛 🗸	Status	Location	Patient In 🔺		
UTSIXTYFOUR, TEST	Pre-Eclampsia Pre Csection Discharge	6/15/2011 7:	Pending	OUS	Admit D		
UTTHIRTYFIVE, TEST	Immediate Postoperative Note	6/15/2011 7:	Pending	OUS	Admit D		
UTEIGHTYEIGHT, TEST	General Progress Notem - Pneumonia	6/15/2011 7:	Pending	2 ₩5	Admit D		
BETSYSTAGE, USABILIT	General Progress Note	6/15/2011 11	Pending	2 ₩5	Admit D		
UTTHIRTYSIX, TEST	Immediate Postoperative Note	6/14/2011 7:	Pending	OUS	Admit D		
UTTHIRTYEIGHT, TEST	Discharge Summary, Kate's Hyperten	6/14/2011 7:	Pending	OUS	Admit D		
UTTWENTYTHREE, TEST	General Progress Note	6/14/2011 5:	Pending	OUS	Admit D		



3. To Modify/Complete the PowerNote, click the Modify icon at the top of the document to open PowerNote. You can Forward a Saved Document by clicking the Forware Only button.

Saved Docu	Saved Documents X SAVED_DOC: BETSYSTAGE, USABILITYII X 4							
Forward 🔀	Only 🎯 Print 🞓 🐣 📑	🖹 🛆 🏇 🛛 🗶 🛸	2 🔳 #					
BETSY	STAGE, USABIL	TYII Age:54 years	Gender:Fem	ale EMR:3748371487	LOC:2WS; 4020; 01			
IQHealth: N	0	DOB:6/21/1956		FN#:1238709812	Inpatient [6/14/2011			
Result Da Result Sta Result Titl Performed	Result Type: Physician Progress Note Result Date: June 15, 2011 10:44 AM EDT Result Status: In Progress Result Title: General Progress Note Performed By: TESTEP2, PROVIDER IP on June 15, 2011 11:14 AM EDT Encounter info: 1238709812, CMC-P. IP - Inpatient Admission, 6/14/2011 -							
	* Preliminary Report * General Progress Note Patient: BETSYSTAGE, USABILITYII MRN: 3748371487 FIN: 1238709812 Age: 54 years Sex: Female DOB: 6/21/1956							
Action Perform Sign	Performed By TESTEP2, PROVIDER_IP TESTEP2, PROVIDER_IP	Performed Date 6/15/2011 11:14 AM EDT	Action Status Completed Pending	Comment Proxy Personnel	Requested By Reque			
Action Pa	ne							
 Sign 			Reason		~			
Forward		To: (Limit 5)		<u>م</u> م				
Comments: (Limit 120):								
				Ne <u>x</u> t	OK & Next			

4. The PowerNote can be modified/completed by using the Navigation Pane. The check marks indicates areas of previous documentation.

General Programs Note Generat Programs Note Generat Information Review of System Hotoles Hotoles Hotoles Review / Management Impression and Plan	Patient: BETSYSTAGE USABLETMI MRN: 3748371407 FIN: 1238709812 Associated Diagnoses: None Associated Diagnoses: None Associated Diagnoses: None None None Basic Information <shows structure=""> <use free="" text=""> None None Plot: 4420, XVS None None None</use></shows>
	Service: CAR- Cardiology Attending: TEST, BETH TEST Reason For Admission: Check pain Date of Admission: Check pain Postoperative Day: Reveal: Gait: Subjective <hide structure=""> <use free="" text=""></use></hide>
	Problem* M Patient states Better / Worse / No change / Eating well / Passing fatus / Ambulating / OTHER
	Chief complaint Chief complaint
	Chief complaint Include CC from nursing intake / OTHER
	Additional info OTHER
	Review of Systems <show structure=""> <use free="" text=""> Health Status <show structure=""> <use free="" text=""> Health Status <show structure=""> <use free="" text=""> Allergies Allergies Problem Structure> Status (All) Problem Structure Structure> (All Problems Problem Int. All Problems Prostate cancer / ICD-9-CM 185 / Confirmed</use></show></use></show></use></show>
	Historries <show structure=""> <use free="" text=""> Past Medical History No active or resolved past medical history items have been selected or recorded. Family History:</use></show>



5. The PowerNote can be signed/finalized from this view. Click Documentation on the Menu Bar and Select Sign. You can also Save as Precompleted Note.

See Doc	umentation		⊔ ×
<u>T</u> ask	Documentation Term Tools Edit View		
	Documentation Term Tools Edit View		
		Subjective <hide structure=""> <use free="" text=""> Problem* M Patient states Better / Worse / No change / Eating well / Passing flatus / Ambulating / OTHER</use></hide>]

1. To close the document, click the Exit icon



2. Once the PowerNote is Signed, the Prelimiary Report becomes Final Report.

/ Baved Documents × SAVED_DOC: BETSYSTAGE, USABILITYI ×				
Aroward Only Brink 2 5 10 6 for 2 10, 15 20	जिस क्र	to the second		the second second second second
BETSYSTAGE, USABILITYII	Age 54 years DOB:6/21/1956	Gender Female	EMP: 3748371487 FN#:1238709812	LOC 2WS, 4020, 01 Inpatient [6/14/2011 10:56 AM - 4No - C
Read Type Read Type	11921 404 EDT Report	seen for Administer. Chertpan		
Ministrik Orania Action Performed By Performed Date Act	on Status Comment Proce Personnel	Requested By Requested Date Reque	eit Compete	
Perform TESTEP2_PROVIDER_IP 6/15/2011 11 14 AM EDT Con Sign TESTEP2_PROVIDER_IP 6/17/2011 9 21 AM EDT Con	gleted gleted gleted			
l Action Pane तः त्युत	ALLEY			
E Destand	<i>d</i> %			
Conservation 1200				
				Negt Dis Link from
				STAGE PRVIPEP2 Dune 17, 2011 9:22 A

3. The Saved Powernote can be reviewed and signed without modifying. After reviewing the Saved Documents, if no modifications are needed Click OK.

Saved Documents × SAVED_DOC: UTTW	ENTYTHREE, TEST \times					⊲ ⊳
📝 Forward Only 🎯 Print 🞓 🐣 🏻 🖀	占 🍻 🗶 🗟 🌂	: 🛆 🗃 🖉				
UTTWENTYTHREE, TEST	Age:40 years DOB:5/9/1971	Gender:Mal		R:0000110722 :0963852832	LOC:OUS; 10 Inpatient [6/13	
Result Type: Physician Program Result Date: June 14, 2011 Result Status: In Progress Result Title: General Program Performed By: TESTEP2, PI Encounter info: 0963852832,	4:57 PM EDT	e 14, 2011 5:44 t Admission, 6/1:	PM EDT 3/2011 - 6/15/2	2011		*
General Progress Note	* Pre	liminary Ro	eport *			
Patient: UTTWENTYTHREE, TEST Age: 40 years Sex: Male DOB:	MRN: 0000110 5/9/1971	722 FIN:	0963852832			ت ا
	erformed Date	Action Status	Comment F	Proxy Personnel		
Perform TESTEP2, PROVIDER_IP 6	/14/2011 5:44 PM EDT	Completed Pending	Comment	-roxy Personnel	Requested By	Reques
Sign TESTEP2, PROVIDER_IP		Pending				F
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- Additional	To: (Limit 5)	Heason				
Forward Action:	(Limit 5)		1	ታሻ		
Comments: (Limit 120):				6		
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4. To forward a Saved Document for Sign or Review, click the box next to "Additional Forward Action" in the Action Pane. Select Sign or Review and Search for the person by entering a few characters of the last name and Click the binoculars. Click OK to Send.

Saved Documents × SAVED_DOC: BETSYSTAGE, USABILITYII ×	4 ⊳
🕼 Forward Only 🎯 Print 🞓 🐥 🆀 🖆 🌰 🍻 🗶 🗟 🚎 🖉	
DETOTOTALE, ODADIETTIT	48371487 LOC:2WS; 4020; 01 88709812 Inpatient [6/14/2011
Result Type: Physician Progress Note Result Date: June 15, 2011 10:44 AM EDT Result Status: In Progress Result Title: General Progress Note Performed By: TESTEP2 , PROVIDER IP on June 15, 2011 11:14 AM EDT Encounter info: 1238709812, CMC-P, IP - Inpatient Admission, 6/14/2011 -	
* Preliminary Report *	
General Progress Note Patient: BETSYSTAGE, USABILITYII MRN: 3748371487 Fin: 1238709812 Age: 54 years Sex: Female DOB: 6/21/1956	
Action Performed By Performed Date Action Status Comment Pros Perform TESTEP2.PROVIDER_IP 6/15/2011 11:14 AM EDT Completed Pending Image: I	xy Personnel Requested By Reque
Action Pane Sign Reason	џ ~
Additional To: Forward Action: Limit 5] Comments: Sign Limit 120: Flavrew	
Negt	OK & Next
/ Bared Decuments >C SAVED_DOC/UTTHRTYSIC TEST X \	3.9
Jroned or / コロイ タ き き 合 合 タ 目 4 、 白 / メ 日 UTTHEFTYSIX, TEST DOB SK/1975 Gender Mele PARC000111 DOB SK/1975 Gender Mele PARC000111	0735 LOC OUB: 0106 NAS Inpetient [6/14/2011 9:24 AM - 6/15/201
	845 Inpresent [6/14/2011 9:24 AM - 6/15/201
Besuit Type Intransperature Summary (RCIS) Besuit Date Junit 42, 301 7-47 PM E01 Besuit Title Immediate Fostignerature Rote Resuit Title Impediate Rote	
* Preliminary Report *	
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And State And St	•
Conservation File	Negl OC. DC. 1997

Key Notifications Toolbar

- The Key Notifications Toolbar alerts the provider when specific notifications are received in their Message Center Inbox.
- A maximum of three notifications can be displayed
- Key Notifications are beneficial in notifying providers of information that is time-sensitive in nature and/or actions that need to be taken.
- For CPOE, notifying providers of <u>order-related clinical activities</u> is key, as CHS will be rolling-out:
 - **Renewal Orders** Time-Sensitive Orders Regarding Violent and/or Non Violent Restrictive Interventions, Urinary Catheter, that Must Be Reviewed & Signed in 24 Hours or Less (Depending on Clinical Situation)
 - **Proposed Orders** Time-Sensitive Proposed Orders Request from Supporting Clinical Departments, Medical Students and/or Ambulatory Clinical Staff to a Supervising Physician (Before the Order Can Become Active for Clinical Activities)



- Orders for Signature Time-Sensitive Orders That Must Be Signed within 48 Hours to Meet CMS and JCAHO Regulations.
- Med Student Orders—Time-Sensitive Orders That Are Not Active Until Signed by Supervising Provider.
- The Key Notification Toolbar displays on every patient chart.

eRx R.: 0 Resul.: 0 Order.: 0 For Acute Care Providers the Key Notifications Toolbar includes: eRx Routing Errors Results Orders DOC: 1 DICT: 0 CRIT: 0 For Ambulatory/Acute (Hybrid) Provider the Key Notifications Toolbar includes Documents to Sign Critical Results, Documents to Dictate ORDER: 323 SIGN: 0 DICT: 0 • For the ED Provider the Key Notifications Toolbar includes: o Documents to Sign o Orders o Document to Dictate

Message Center Inbox Proxy

- Granting proxy authorization enables another user or users to access your Inbox messages and review, sign, refuse, or forward messages as needed. When granting proxy authorization, specific Inbox folders can be selected for the proxy to view, and date ranges defined.
- Setting the **Proxy List Given by Me** is used to give permissions for others to see this PowerChart Message Center.
- 1. From the **Message Center**, click the **Proxies** tab, then click the **Manage** button.

Messa	age Center		
Inbox	Summary		р
Inbo	Proxies Pools		_
Proxy:	-	Manage	3
Display		•	-1

2. When the Setup dialogue box opens, the Manage Proxy tab should be active. Select the Add button.



Setup for TESTEP2, PROVIDER_IP			×
Configuration Behavior Prefs Manage Pools	Manage Proxy F	YI Result Subscriptions	
Proxies Given by Me			Proxies Taken from Me
User Begin Date End Date			New User Begin Date End Date
			II. I I I I I I I I I I I I I I I I I I
Details Add Remove			Details Add Remove
Given Received			
,,,,,,,			
			OK Cancel

3. Type the last name of the provider to proxy to in the **User** field and click the lookup button (binoculars icon).

Configuration Behavior Prefs Manage Pools Manage Proxy FYI Result Subscriptions	
Given	
Proxies Given by Me	Proxies Taken from Me
User Begin Date End Date	New User Begin Date End Date
Details Add Bemove	Details Add Bemove
Given Received	
New Given Proxy	
User Available Items	Granted Items
testep2 «Multiple Matches»	
Additional Users CC Messages	Grant All ->>
- Consumer Messages	
	Girant ->
eBx Bouting Errors	<- Revoke
07/14/2011 T 1540	<<- Bevoke All
End Date Orders	
08/14/2011 : V 1540 : Med Student Orders	
	Accept & Next Cancel
μ	
	OK Cancel

4. The Provider Selection window displays. Click the desired provider to highlight, and click the OK button.

Configuration Behavior Prefs Manage Po	ools Manage Proxy FYI	Result Subscripti	ons				
Given	n Provider Selection					1	
Proxies Given by Me	Last <u>N</u> ame: <u>E</u> i	irst Name:	Suffi <u>x</u> :		Search [
User Begin Date End Date	testep2			-	New Provider		
		lias:	Alias Type:	=	Preview		
				-			
Details Add Hemove	Limit by group Limit by organization Limit by position		No data filt	ering	<u>C</u> lear		
Given Received	☐ ⊻iew physicians only						
New Given Proxy	Name TESTEP2 , AMB NURSE		Irganizations	Services	Aliase 🔺		
User [estep2 #h Additional Users Begin Date 107/14/2011 * 1540 End Date 08/14/2011 * 1540	TESTEP2 ANUSPEVER TESTEP2 ANUSPEVER TESTEP2 CLANE STHESI TESTEP2 CLANE STHESI TESTEP2 CRANDAP TESTEP2 CRANDAP TESTEP2 ED NUPSE TESTEP2 ED NUPSE	ACCOGIST E AX PILOT DENT PEP2 PEP2 CTECH EP2 NP IGMT EP2 V/DOC EP2 V/DOC MR	4		Abatr STAF IDX C STAF STAF		
			ОК		Cancel	Accept & Next	Cancel
1							OK Cancel

5. To add additional provider(s) click the green down arrow. This moves the selected provider to the Additional User field. Follow the steps outlined in **3 and 4** for each additional provider.



Given Received	
New Given Proxy	
User	
TESTEP2, AMBPRVERX	
Additional Users	
Begin Date	
07/14/2011 1540	
End Date	
08/14/2011 🗧 💌 1540	

NOTE: Do not move the last user to the Additional Users field. The last user **must** remain in the User field in order for the Accept & Next button to remain active to complete the process (See Step 7)

6. Select the Inbox items to Proxy. Grant the folder you want to proxy. If you want a colleague to be able to approve orders, choose your "Orders to Approve" folder. In this example, we will choose to proxy "Orders to Approve" for a Mid-Level provider. Under "Work Items" Click and highlight on "Documents to Dictate" then click the Grant - >> button. Set the End Date Time filed

Note: Set the least 10 years into the future for continuing access. Residents and Fellows set for just for the coverage time needed.

Setup for TESTEP2, PROVIDER_IP			<u>×</u>
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Given			
Proxies Given by Me		Proxies Taken from Me	
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Details Add Economy			
Details Add Remove		Details Add Remove	
Given Received			
New Given Proxy			
User	Available Items	Granted Items	-
TESTEP2, RESIDENT EP2	K × Benewal Requests	Orders to Approv	re (Orders)
Additional Users	Bx Non-Matches	Grant All ->>	
TESTEP2 , AMBPRVERX	eRx Renewals	2	
4	Orders	Girant ->	
Begin Date	- Orders to Approve	<- Bevoke	
07/14/2011 🗧 🖵 1540	Renewal Orders Proposed Orders	<<- Bevoke All	
End Date	Documents		
08/14/2011 🗧 🔽 1540	Forwarded Documents to Review	· ·	
			Accept & Next Cancel
			OK Cancel

7. To complete the process, click the Accept & Next button. Then click the OK button to acknowledge the update.

Setup for TESTEP2 , PROVIDER_IP		<u>×</u>
Configuration Behavior Prefs Manage Pools Man	age Proxy FYI Result Subscriptions	
Given		
Proxies Given by Me		Proxies Taken from Me
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Details Add Remove		Details Add Remove
Given Received		
New Given Proxy		
User	Available Items	Granted Items
TESTEP2, RESIDENT EP2 🦛 🦊 🗡	- Renewal Requests	Orders to Approve (Orders)
Additional Users	eRx Routing Errors eRx Non-Matches	Grant All ->>
TESTEP2 , AMBPRVERX	eRx Renewals	Grant ->
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07/14/2011	Orders to Approve Renewal Orders	<- Revoke
End Date	Proposed Orders	< Revoke All
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		Accept & Next Cancel
		OK Cancel



Setup for TESTEP2 , PROVIDER_IP		×
Configuration Behavior Prefs Manage Pools Manage	Proxy FYI Result Subscriptions	
Given		
Proxies Given by Me		Proxies Taken from Me
	End Date	New User Begin Date End Date
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12312F2 ; MMBFHVENX 7714720FF3.40.00FM EDT	0/14/2011 3:40:00 FM ED1	
	Commit Progress	
	Settings save	ed successfully.
		OK 1
Details Add Bemove		Details Add Bemove
Given Received		
		OK Cancel

- 8. The user who was granted access will now have an entry in their Proxy list
- 9. Remove/Update Proxies Given by Me:
- 8. From the Message Center, click the Proxies tab, then click the Manage button.



- 9. When the Setup dialogue box opens, the Manage Proxy tab should be active.
- 10. Select the User to remove
- 11. Click the Remove button and OK to acknowledge the updates.



4. Problem List and Diagnosis

Introduction

- The Diagnoses List is specific to an encounter. A provider can add a clinical diagnosis to the list. The Diagnosis list is encounter level information.
- The Problem List is patient level information viewable across all facilities and can be added by the provider and Infection Control.

Entering A Diagnosis

1. Open a patient chart.

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Patient Care Summary											
Perinatal Patient Car	Loading										
Perinatal Rounds Re	Orders				-						-

From the Navigator, select Diagnosis and Problems to open the Diagnosis and Problem entry window. Click the Add icon to add a diagnosis (Problem being addressed this visit).

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3. Begin typing in the diagnosis and click the Search button.

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Perinatal Patient Car 📴 'Reason for Visit				
Perinatal Rounds Re				<u>×</u>
				STAGE PRVIPEP2 June 10, 2011 10:18 AM EDT

3. A nomenclature window will open. Select the diagnosis that is being addressed this visit.

Diagnosis Search			×
*Search: stomach	ന്പ് Contains	▼ Within:	Terminology 💌
 Hide Advanced Options 			
Search by: Name Code			
Terminology:			

4. Using the drop down menus, further define the diagnosis as appropriate. When details are complete, click OK. Click OK to Add the diagnosis or OK & Add to add another diagnosis

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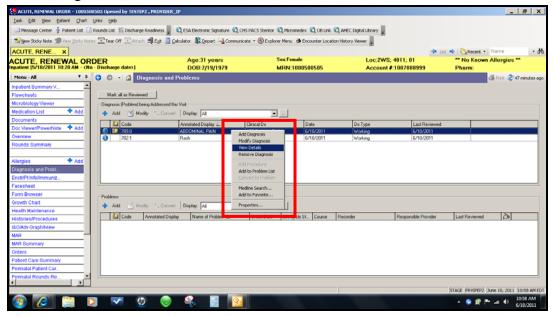
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5. The primary diagnosis is charted and another entry can be entered.

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Perinatal Patient Car	Common Diagnosis (ICD9)				
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6. Right clicking on a diagnosis will open a menu that will enable options for additional activities within the Diagnosis list.



7. This is the view that opens when View Details is selected. If Modify is selected, fields are available to be changed.

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8. The Modify button can also be used to open the Modify window. The Mark as reviewed will record that the diagnosis was reviewed by the user.

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Diagnosis Search by Code

- If a user is familiar with diagnosis coding, a diagnosis can also be located using the diagnosis code. All codes containing the code number search criteria will display, in the same order the numbers were typed. Care must be taken to select the correct code.
- The decimal point must be used if the code number contains more than three numbers.
- 1. Complete all the previous steps as defined when searching by name, except click the Search by: **Code** radio button. **Note:** Click on the **Hide Advanced Options** to display the "Code" field





2. Continue adding the Diagnosis by after finding the code by click OK in the Diagnosis Search window and again in the final view.



Creating Diagnosis Favorite Folders

- A Provider or Clinician can create a personal diagnosis folder to contain frequently used diagnoses to speed in diagnosis selection. More than one folder can be created, but each must have a unique folder name.
- 1. Click the Add button as if you were going to add a new diagnosis. Click the Favorites button
- 2. In the white space at the bottom, right-click and select Organize Favorites.

SUp 🚮 Home 🔆 Favori	es 🔹 🔁 Folders 🔗 Pr	revious Diagnosis Fold	ler: Favo	orites	
New Folder				emove	
			0	et as Home Folder Irganize Favorites	

3. Click the Create Folder button, name your folder, and press enter on the keyboard.

Folder Maintenance		×
To create a new folder, click Create Folder. To delete a folder, select an item and click Remove. To rename a folder, select the folder and click Rename. To move an item to a folder, select the item and click Move to Folder.	Folder Type: Problem Favorites	
Create Folder Rename		- -
Move to rolder		
	Sort Favorites Alphabetically Clo	se

4. Click **Close**. The personal folder is now created.



Adding Diagnosis To Favorite Folder

1. **Open the Diagnosis Search dialog** box by click the Add + Add button in the diagnosis pane and then clicking the binoculars in the search view.

- 2. Perform either a Diagnosis Search by Text (Name) or Diagnosis Search by Code to locate a diagnosis.
- 3. Once the diagnosis has been located and highlighted, click the Add to Favorites button.

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Anterior wall of lower third of vagina	1180015	SNOMED CT	Body structure
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4. Select the folder to add the diagnosis to and click **OK**.

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Moving A Diagnosis To The Problem List

1. Right-click on the diagnosis that is to become a new Problem, and select Add to Problem List from the dropdown menu.

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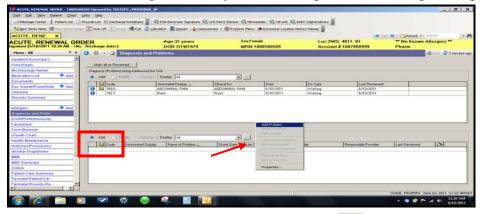
- 2. The Diagnosis will now be displayed in the Problem list.
- Drag and Drop can be used to move a Diagnosis to the Problem list 3.



Entering A Problem

The functionality of the problem list is similar to the diagnosis list. The problem list will be used to enter chronic conditions.

1. Click the Add button or right click anywhere in the problem list to open the problem window.



2. Begin typing in the Problem and click the Search binoculars

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3. A nomenclature window will open. Select the problem that is being addressed this visit. Click OK.

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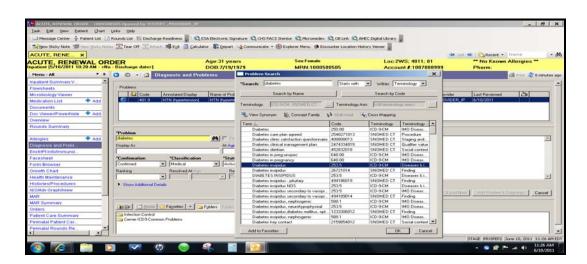


4. There are two unique fields for the problem list; At Age and Onset Date.

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5. Complete details, and click OK. If another problem needs to be documented click the OK & Add New button, and the search window to open again

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6. Historical problems can be added and document Status as resolved.

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Activating/Inactivating Problem

- Users can activate/inactivate a person's problem if the problem comes out of remission. To activate the problem complete the following steps.
- 1. *Right click* the problem and select **Modify Problem** from the menu.

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- 2. In the Status drop down select Activate or Inactivate.
- 3. Click OK. The problem is displayed in Problem Profile with the updated status.

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Adding Comment To Problems

• If there is information about the person's problem that cannot be organized within Problem List's structured format, you can enter the information as a comment.

1. To add a comment from the Modify Problem or Add New Problem dialog box, enter comment information in the Comment field.

2. Enter the description or comment in the text box, and click **OK**.

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Adding Problems To My Favorite Folder

Users must first create a folder under My Favorites. In the Add Problem window, click the Favorites button Favorites, and then *right click* in the white space and select Organize Favorites.

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2. Highlight the favorite folder and click the Create Folder button.

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- 3. Name the folder.
- 4. Next, after searching for the Problem, click and highlight the problem and then click the **Add to Favorites** button.
- 5. Select the folder to add the problem to and click OK.



5. Discharge Mpage and House Wide Depart Process

Introduction

Recognizing the challenges of discharge readiness and ensuring all items for discharge have been addressed and completed prior patient discharge, Cerner has developed two new *MPages* for improved visibility to readiness for discharge that work in conjunction with the Depart Process. The two new *MPages* are

- The Discharge Readiness Dashboard
- The Discharge Summary.

These *MPages* leverage current capabilities within PowerChart to better manage the items needed for discharge and provide face-visibility to key indicators throughout the process.

- The Discharge Readiness Dashboard is accessed from the Organizer level of *PowerChart*, and it provides a population-based view of key discharge activities, which allows clinicians to get a quick view of their patient's progress toward discharge.
- The Discharge Summary is accessed from a navigator tab within *PowerChart*, and it provides a patient-specific view of detailed information regarding the components pertinent to discharge.

The *House Wide Depart Process* organizes pertinent discharge instructions in one location of the record. The *MPAGES* are used to update the information that ultimately populates the discharge instructions that are created for the patient and other providers in the Depart Process. The Nurse will complete the Discharge worksheets, review and sign the discharge instructions by launching the Depart Process.

Learning Objectives

At the end of this course, you will be able to perform the following tasks.

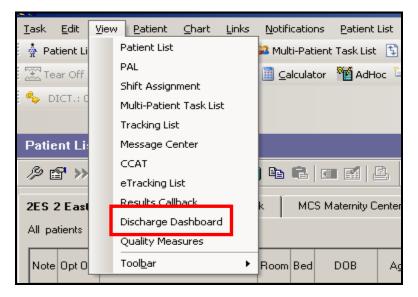
- Understand and review the Discharge Readiness MPAGE
- Understand and review the Discharge Summary MPAGE
- Understand and complete the House Wide Depart Process to discharge a patient from the hospital
- Understand other clinicians roles in Depart Process
- Understand how the patient receives the printed discharge instructions

Discharge Readiness MPAGE

The Discharge Readiness Dashboard is accessed from the Organizer level of *PowerChart*. It provides a population-based view of key discharge activities, which allows providers and clinicians to get a quick view of their patient's progress toward discharge.



- 1. To access the Discharge Readiness MPAGE
 - Open PowerChart
 - On the tool bar, click on View
 - Select Discharge Dashboard.



- 2. The Discharge Readiness MPAGE leverages Patients Lists that are created in PowerChart such as:
 - Assignment
 - Location
 - Provider Group
 - Custom
 - Care Team
 - Medical Service



3. The MPAGE will always default to most recently used patient list.

Discharge Readiness										3 1	Print 🍣 1 minute:
A 🗟 🖨 🕞 🔍 🔍 150%	- • • 🟠										
Discharge Readiness											
Patient List: 2ES 2 East ACC	-										
Patient Name	Length of stay (DD:HH:MM)	Estimated Discharge Date	Discharge Order & CCM Consult	Diagnoses	Patient Education	Follow-up	Medication Reconciliation	Documents	Discharge Process	Quality Measures	Results
TEST, MARY Female 43 Years 2131/01	00:00:17		0	•	•	•	0	0	0	0	
ACUTETEST, NURSE REVIEW 3 Male 34 Years 2144/01	03:03:51		•	0	0	0	0	•	0	0	
DEMODEPART, ANDREA Female 24 Years 2130/01	03:23:15		0	0	0	0	0	0	•	0	
DEMODEPART, BILLY Male 37 Years 2135/01	05:00:41		0	0	0	0	0	0	•	0	
UPDATE, PROVATIONELEVEN Male 37 Years 2120/01	10:04:45		0	0	0	0	0	0	0	0	
ACUTETEST, PRVDEMO PNVLDEPART Female 51 Years 2121/01	11:00:07		0	0	•	0	•	•	•	0	
TEAMDEMO, DEPART Male 61 Years 2128/01	11:05:57		•	•	•	•	0	0	•	0	
ORDERSTEST, REAL MM Male 20 Years 2120/01	12:00:51		0	0	0	0	0	0	0	0	

- Blue Circles that are empty indicate no activity has occurred in this section
- Blue Circles partially colored in indicate activity has occurred in this section but it does not mean it is necessarily completed.
- Blue Circles fully colored in indicate all activity for this component has been completed by all disciplines.
- Keep in Mind the Discharge Readiness MPAGE is a view only MPAGE.

Discharge Summary MPAGE

The Discharge Summary MPAGE can be accessed from the Discharge Readiness MPAGE or via Navigator Tab within *PowerChart*, It provides a patient-specific view of detailed information regarding the components pertinent to discharge. The Discharge Summary MPAGE is a location of discharge information and not for the Dictated Discharge Summary.

1. To access the Discharge Summary MPAGE from the Discharge Readiness MPAGE, **Double-click** on the patient's name.

Discharge Readine	55											
Patient List: 2ES 2 East A	NCC 💌											
		Length of stay (DD:HH:MM)	Estimated Discharge Date	Discharge Order & CCM Consult	Diagnoses	Patient Education	Follow-up	Medication Reconciliation	Documents	Discharge Process	Quality Measures	Result
TEST. MARY Female 43 Years		00:00:17	(44)	0	•	•	•	0	0	0	0	
2131/01	Name											
ACUTETEST, NURSERI Maio 34 Years			p	0	0	0	•	0	0			
2144/01	MEN:											
DEMODEPART, ANDRE 0008260281 fomale 24 Yoars DCB.				p	0	0	0	0	•	0	-	
DEMODEPART, BILLY 01/25/1968 Male 37 Years Location:		/25/1968			þ	0	0	0	0	•	0	
UPDATE FROVATIONE 25/2131/01					b	0	0	0	0	0	0	



2. To access the Discharge Summary MPAGE from a tab within *PowerChart*, Click on Discharge Summary Tab within the patients Chart

Menu	_
Allergies	- Ado
Perinatal Rounds Report	
Rounds Summary	
Flowsheets	
Microbiology Viewer	
MAR	
Med Request Hx	
Form Browser	
Documents	
Doc Viewer/PowerNote	🕂 Ade
Patient Info/Immunizati	
Task List	
Medication List	- 🕂 Ade
Patient Care Summary	
Perinatal Pt Care Summary	
BH Patient Care Summary	
I-View I&O Adv Graph	
Reference Text	
Generic CCL Spreadsheet	
Generic View	
MAR Summary	
Acquired Data	
Med Task Review RT	
CCM Pain Management	
Advanced Graphing	
Diagnosis and Problems	
Growth Chart	
Histories & Procedures	
Health Maintenance	
Depot Medication Hx	
Pathways	
ED Snapshot	
Discharge Summary	

3. The Discharge Summary MPAGE opens

🗚 🖻 🖶 🕞 🔍 🔍	150% +	•	🗢 🖾						
Discharge Summar	y					Discharge Pro	cess Expand All	Customize Help	0
TESTDEPART, JON Ma This page is not a complete source			05/17/1982 M	MRN : 8978978978 FIN : 9879879879 Isolation : Visit Reason	n:tes	ting			
Discharge Readiness I	Dashboard								+
						1			
Patient Information			-	Step 1 Diagnoses (0)	- 5	tep 5 Patient E	ducation (if app	icable) (1)	- 1
Primary Physician:	No results f	ound		Selected visit		Add			
Admitting Physician:	No results f	ound		No results found	S	elected visit			
Advance Directive :	Yes			Step 2 Medication Reconciliation (2)	- 0	HEST PAIN, NonCa	rdiac	07/22/11	
Last Visit:	No results f	brund		Selected visit				09:31	
Code Status:	No results		well.	New (2)	- 6		ts (if applicable)		
	Noresults	- Ocari		acetaminophen (Tylenol Arthritis Extended Release 650 mg	g 🟅	elected visit	ts (ir applicable)	(1) * Add *	
Pending Orders (5)			-	oral tablet, extended release) 1 tablet, by mouth, every 8			Author	Date/Time	
Selected visit	Statu		Ordered	hours, (do not crush or chew), Refills: 0	E	D Physician	TESTEP2 , ED	08/04/11	
Modified Barium Swallow			08/03/11	eptifibatide (eptifibatide 0.75 mg/mL intravenous solution)	, D	ocumentation	MLP EP2 NP	15:05	
(S)	opeeur orde		16:29	See Instructions, 2, Refills: 0					
Speech Treatment Session	n (S) Orde		08/03/11	Continue (0)	- 5	elected visit	easures (if appli	cable) (0)	
Speech freathent Session	n (s) orde		16:29	No results found		No results found			
Wound Care Follow Up	Orde		08/03/11	Continue with changes (0)	-	No results round			
would care Follow op	Orde		16:29	No results found	S	tep 8 Cause of	Death (if applica	ible) (1) 🕇 Add	a — 1
All should be a first and the should be	ns Orde		08/03/11	No longer taking (0) No results found	- 2	-			
Nutrition Special Instruction	ns Orde		16:29	Contact physician prior to taking (8)		elected visit ause of Death			
CN Follow Up			08/03/11	No results found					
CN Follow Up	Orde		16:29	No results lourid		07/22/11 09:07			
			16:29			09:07			
Results (0)			-	Selected visit					
Last 24 hours for the select	ed visit			Follow up with 08/11/11 13:11:00					
No results found				primary care					
				provider					
				Step 4 Discharge PowerPlan (0)	-				
				Selected visit					
				No results found					
1									

- 4. The Discharge Readiness Dashboard and the Discharge Summary MPAGES consists of the following components:
 - Patient Information (Review Information)
 - Pending Orders (Review Information)
 - Results (Review Information)
 - Diagnoses (Step 1 of the Discharge MPAGE that must be completed)
 - Medication Reconciliation (Step 2 of the Discharge MPAGE that must be completed)
 - Follow Up (Step 3 of the Discharge MPAGE that must be completed)
 - Discharge PowerPlan (Step 4 of the Discharge MPAGE that must be completed)
 - Patient Education (Step 5 of the Discharge MPAGE to be completed if applicable)
 - Documents (Step 6 of the Discharge MPAGE to be completed if applicable)
 - Quality Measures (Step 7 of the Discharge MPAGE to be completed if applicable)
 - Cause of Death (Step 8 of the Discharge MPAGE to be completed if applicable)

•



 The Discharge Summary MPAGE is actionable and provides more information and results as defined in each component. Some components provide the Provider the ability to complete the components from the Discharge Summary MPAGE.

Patient Information Component

- 1. This component displays basic patient information such as
 - Primary Care Physician
 - Admitting Physician
 - Code Status
 - Advance Directive, etc.

Patient Information	-
Primary Physician:	TEST , CMC MD
Admitting Physician:	TEST , DOCTOR EIGHTEEN MD
Advance Directive:	Yes
Last Visit:	No results found
Code Status:	Full Code Blue

Pending Orders

The Pending Orders component provides visibility to provider and clinicians of any outstanding non-med orders such as Lab, Radiology, Consults, etc...

Pending Orders (3) Selected visit		-
	Status	Ordered
Culture Sputum	Ordered	06/13/11 14:59
CXR	Ordered	06/13/11 14:58
CBC With Diff	Ordered	06/13/11 14:58

Results

The Results component provides visibility to any Labs, Radiology or Cardiology results returned in last 24 hours (i.e., is physician aware of any critical results and should it impact physicians decision to discharge patient).



Results Last 24 hrs

-No Critical Results Found-

• Clicking on the word "Results" will launch into the "Flowsheets" Tab" in PowerChart.

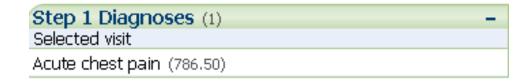
hi 🛄					
cent Results	Vitals View Lab	Radiology Assessments TF/TPN	IPOC/ETR Adm Hx BH Plan of Car	re/ETR BH Plan of Care/ETR	
owsheet: Quick	k View	Level:	More	C Table C Group C List	
Þ		June 11, 2011 4:27 I	PM EDT - June 14, 2011 4:27 PM ED1	(Clinical Range)	
Navigator	×		No Pends For	nd	

Diagnosis Component

This component displays discharge diagnoses. If a Discharge Diagnosis has been entered, it will display within this component. If a Discharge Diagnosis has not been entered, the component will be blank. This is a required field.

To add a Diagnosis,

- click on the word "Diagnoses"
- this will launch to the Diagnosis and Problem window within PowerChart





1. Click "Add" in the Diagnosis control box to enter the Discharge Diagnosis.

	22 Classification Medical	Dx Type Discharge	Confirmed	Clinical Dx Chest pain	Banking Primary	Clinical Se Non-Spec			
	Medical	Discharge	Conlined	Chest pain	Primacy	Non-Spec	fied 6/13/2011		
letini									
Add	Modily - Co	EC.							
				Onset Date	Life Cycle St.	Course	Recorder	Responsible Provider	Last Reviewed
	Code Annotated	Display Name	e of Problem ∠	Grine Sole					Carlo Contractore
	Code Annotated 786.50 Chest pain	Display Name Chest	e of Problem 🔔 t pain	Grade Date	Active		HWDEPART, BILLY		6/13/2011

2. The Diagnosis Box then opens

linghouis		AL C Free Test	Responsible Provis		Converts			
play Are		*Christal Servi	• Date					
pe	*Confirmation	*Classification						
How Addressed D	and the second se	There's		1000	1			
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General Surgery J Internal Medicine	Aniti Aniti	lere 🛫 Previous Diago	on Tom Fab	**				
General Surgery A Internal Medicine Tileaton for Visit ED PEMA	Anib L Anib	ava 🔐 Previous Diago	one] viene i Paas					
Denieral Surgery A Internal Medicine Theason for Volt ED PEMA Theason for Volt 1 Convert Dispres	Amb Amb BHC on ICD10	ave 💇 Previous Diago	om Tone Fakk					
Bite Comment Demonst Surgery A Internal Heddorer Thesaron Ins Visit ED FEMA Thesaron To Visit Common Disgree ED Common Disgree ED Common Disg	Amb Amb BHC on ICD10	ters 🖅 Previous Quogo	oon Torres Fada					
General Surgery A Internal Medicine Theaton for Vial ED PEMA Theaton for Vial Common Diagnos ED Common Diagnos ED Common Diag	Ando • Ando 6HC es (ICD19) groces	ana 🥶 Previous Quign	oon room room					
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General Surgery / Internal Medicine Theaton for Vial ED PEMA Theaton for Vial I Common Diagnos ED Common Diagnos ED Common Diagnos	Ando • Ando 6HC es (ICD19) groces	tera 🥂 Previous Diago	sse Yome Padd	878				

- 3. Type the name of the diagnosis in the Diagnosis field
- 4. Click the binoculars icon

G	Θ	- 🖾	Dia	gnosis and	Problems							🍊 Print 🍣 3 minutes ago
	Diagnos	is (Proble	em) bei	ng Addressed ti	his Visit							
	•	: 🛄		assification	Dx Type			Banking	Clinical Service	Date		
	3		M	edical	Discharge	Confirmed	Chest pain	Primary	Non-Specified	6/13/2011		
*1	Diagnos	is				B	esponsible Provider	r i	Comments			
12	allstone				44			<i>4</i> 4				<u>^</u>
						Non-Specified	*Date • 06/13/20	11 🕂 🗖				
	уре			*Confirm		Classification	Banking					
11	√orking			Complain	t of 💌	Medical	-	-				<u>*</u>
,	Show	Addition	al Deta	ils						OK	OK & Add New Add P	roblem & Diagnosis Cancel
	р∐р	<u>Hor</u>	ne 🔀	Fa <u>v</u> orites -	Folders 😭	Previous <u>D</u> iagnosis	Folder: Folders					
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		on Diag										
	ED BI	HC	-									
	2 Derm	Amb Sp	ecialty									



5. Search Results Return

Search by Name		Search by Code	9
erminology: ICD-9-CM	Terminology Axis:	<all axes="" terminology=""></all>	
🖬 View Synonym 🙀 Concept Family 🐞 Multi Axial 🛛	Cross Mapping		
Term ∠	Code	Terminology	Terminology Axis
Family history of gallstones	V18.59	ICD-9-CM	IMO Suppl class infl hlth.
FH: gallstones	V18.59	ICD-9-CM	IMO Suppl class infl hlth.
FHx: gallstones	V18.59	ICD-9-CM	IMO Suppl class infl hlth.
Gallstones	574.20	ICD-9-CM	IMO Disease & Injuries
Gallstones and inflammation of gallbladder with obstruction	574.11	ICD-9-CM	IMO Disease & Injuries
Gallstones and inflammation of gallbladder without obstru	574.00	ICD-9-CM	IMO Disease & Injuries
Gallstones with obstruction of gallbladder	574.21	ICD-9-CM	IMO Disease & Injuries
Gallstones without obstruction of gallbladder	574.20	ICD-9-CM	IMO Disease & Injuries
Gallstones, common bile duct	574.50	ICD-9-CM	IMO Disease & Injuries
History of gallstones	V12.79	ICD-9-CM	IMO Suppl class infl hlth.
Maternal Gallstones	646.80	ICD-9-CM	IMO Disease & Injuries
Personal history of gallstones	V12.79	ICD-9-CM	IMO Suppl class infl hlth.
Retained gallstones following laparoscopic cholecystect	997.4	ICD-9-CM	IMO Disease & Injuries
Retained gallstones following open cholecystectomy	997.4	ICD-9-CM	IMO Disease & Injuries
Retained gallstones following open cholecystectomy	997.4	ICD-9-CM	IMO Disease & Injuries

6. Click on appropriate choice and then click "ok" in the lower right hand corner

Search by Name		Search by Code	
rminology: ICD-9-CM	Terminology Axis:	All terminology axes>	
g View Synonym 👔 Concept Family 🏾 🕍 Multi Axial 🛛	Cross Mapping		
ferm ∠	Code	Terminology	Terminology Axis
Family history of gallstones	V18.59	ICD-9-CM	IMO Suppl class infl hlth
FH: gallstones	V18.59	ICD-9-CM	IMO Suppl class infl hith
FHx: gallstones	V18.59	ICD-9-CM	IMO Suppl class infl hlth
Gallstones	574.20	ICD-9-CM	IMO Disease & Injuries
Gallstones and inflammation of gallbladder with obstruction	574.11	ICD-9-CM	IMO Disease & Injuries
Gallstones and inflammation of gallbladder without obstru	574.00	ICD-9-CM	IMO Disease & Injuries
Gallstones with obstruction of gallbladder	574.21	ICD-9-CM	IMO Disease & Injuries
Gallstones without obstruction of gallbladder	574.20	ICD-9-CM	IMO Disease & Injuries
Gallstones, common bile duct	574.50	ICD-9-CM	IMO Disease & Injuries
History of gallstones	V12.79	ICD-9-CM	IMO Suppl class infl hlth
Maternal Gallstones	646.80	ICD-9-CM	IMO Disease & Injuries
Personal history of gallstones	V12.79	ICD-9-CM	IMO Suppl class infl hlth
Retained gallstones following laparoscopic cholecystect	997.4	ICD-9-CM	IMO Disease & Injuries
Retained gallstones following open cholecystectomy	997.4	ICD-9-CM	IMO Disease & Injuries



7. Complete the remainder fields and Choose Diagnosis Type of "Discharge"

G	Θ	•	👌 Diag	nosis and	l Problems						🗿 Print 💸 5 minutes
	-			Addressed t	-	1		1	1	1	
	•	\$ 😃	🕺 Clas		Dx Type	Confirmation	Clinical Dx	Ranking	Clinical Service	Date	
	3	_	Med		Discharge	Confirmed	Chest pain	Primary	Non-Specified	6/13/2011	
ľ	3		Mec	ical	Working	Complaint of	Gallstones		Non-Specified	6/13/2011	
L											
-											
	iagno						Responsible Provide		Comments		
Ga	allstone	is .			<u>44</u>	Free Text		<u>đ</u> h			-
Dis	play A:	s				*Clinical Service					
Ga	allstone	s				Non-Specified	• 06/13/20	011 🕂 🗸			
*T	уре			*Confirm	nation	*Classification	Ranking				
	orking			Complair	nt of 💌	Medical	-	-			
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Pr	incipal ovision	al									
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I Re	eferring conda	rv		<u> </u>		• 0		3			
Sι	iggeste	ed billin	g								
W	orking										
											OK Cance

8. The Diagnosis now displays in the Diagnosis Box

prosis (Problem) being Addressed His Visit Add Modify Convert Display All Confirmation Chrical Dx Ranking Chrical Service Date Confirmed Discharge Confirmed Christ Dx Ranking Chrical Service Date Confirmed Discharge Complement of Gallatones Norr/Specified E/13/2011 Nedical Discharge Complement of Gallatones Norr/Specified E/13/2011 Medical Discharge Complement of Gallatones Norr/Spe	Mark all	l as Review	wed									
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786.50 Uhest pain Unest pain Active Inworken Folder Involution	Add	Code	Annotated Displ	lay Name of	of Problem ∠		Life Cycle St			Responsible Provider	Last Reviewed	
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	Add		Annotated Displ	lay Name of	of Problem ∠		Life Cycle St			Responsible Provider		
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	Add	Code	Annotated Displ	lay Name of	of Problem ∠		Life Cycle St			Responsible Provider		
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	Add	Code	Annotated Displ	lay Name of	of Problem ∠		Life Cycle St			Responsible Provider		
	Add	Code	Annotated Displ	lay Name of	of Problem ∠		Life Cycle St			Responsible Provider		

You can enter multiple discharge diagnoses. Follow steps outlined above to enter additional diagnosis.



Medication Reconciliation

The Medication Reconciliation component is a prompt for discharge reconciliation completion and provides visibility to medications on discharge. If medication reconciliation has occurred, information will be displayed and the Blue Circle will be fully colored in to indicate all activity for this component has been completed. If Medication Reconciliation has not been completed, it will be blank. This is a required field.

Step 2 Medication Reconciliation (2) -
Selected visit
New (2) -
acetaminophen (Tylenol Arthritis Extended Release 650 mg oral tablet, extended release) 1 tablet, by mouth, every 8
hours, (do not crush or chew), Refills: 0
eptifibatide (eptifibatide 0.75 mg/mL intravenous solution) ,
See Instructions, 2, Refills: 0
Continue (0) -
No results found
Continue with changes (0) -
No results found
No longer taking (0) -
No results found
Contact physician prior to taking (0) -
No results found

• Clicking on the title "Medication Reconciliation" will open the Medication Reconciliation window where you can complete this component.

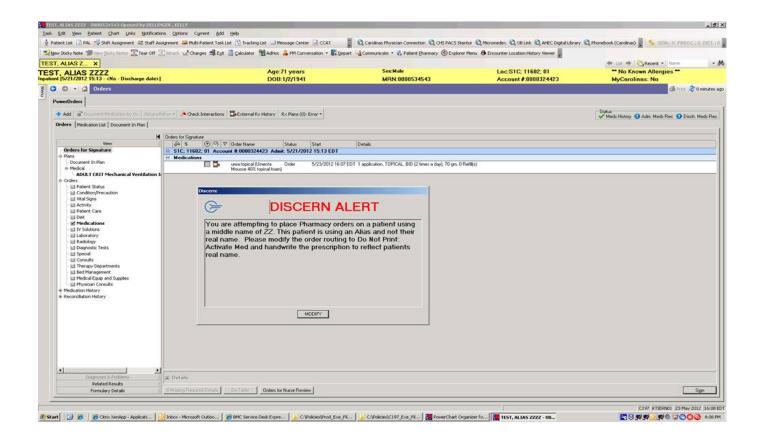
	Medicali	ions Prior to Discharge F	leconciliati	ion		H	edical	tior	ns After Discharge Reco	onciliation	
-	Order Name	Details	Status	Continue Alter Disc	Create New Rx	Do Not Continue Al	9	4	Order Name	Details	Status
Home	Medications			Contraction of the second			100.0				
12	acetaminophen (acetami	1 300 mg. 2 tablet, DRAL	Resume	0	0	0	12		acetaminophen (acetami	1.300 mg. 2 tablet, ORAL	Repur
			-	•	0	0	ă.		atencial (Tenomin 50 mg	See Instructions, 1 tablet	Orden
12.00	Med List Status - Updated	Mary Jones, RN	Resume		0	0	12		Med List Status - Updated	Mary Jones, RN	Resun
Contin	wed Home Medications					1 2 3 1	100				
26	dextromethorphan-guate	5 mL ORAL, gRNWA (ev.	Resume	0	0	0	12.1	8	deutione/hophan-guale	5 niL, ORAL, ofNWA (ev	Result
8	dextromethorphan-gualle	5 mL ORAL g4HwA (ev	Ordered	0	0	0		-			
2	polpidem (Ambien)	10 mg, ORAL, gHS (each.	Resume	•	0	0	14		zolpidem (Anbien)	10 mg, ORAL, gHS (each.	Retur
0	solpidem (Ambier) (solpid	10 mg. 2 tablet. ORAL. g.	Ordered	0	0	0					
Medic											
0	atorvastatin (Lipitor) (ator	20 mg, 1 tablet, ORAL, D	Ordered	0	0	0					
@ @	nhoglycein (nhoglycein	0.4 mg. 1 spray. SUBLIN	Ovdered	0	0						
A 18	oodum chloride (Normal	3 mL, IV (INTRAVENOU.	Ordered	0	0	0					



Discharge Medication Reconciliation: Alias status

Prescriptions for Patients with Alias status

• If a provider attempts to e-prescribe or print a prescription for a patient with an Alias status, the provider will receive a discern alert as indicated in the screen shot below:



- Select the modify option to alter details for the orderable. In the "Send to" field, select "Do Not Send: Activate Rx"
- After completing the electronic discharge med reconciliation in Canopy following the above instructions, complete handwritten prescription(s)
- Note: The electronic discharge med reconciliation and handwritten prescriptions are required to complete this process.



Follow-Up

The Follow-Up component provides visibility of Follow-Up information entered for the patient. If other providers or clinicians have entered Follow-Up appointments and information it will display within the component. If no information has been entered, there will be no information displayed. The Follow-Up instructions action is intended for follow-up information that is scheduled for the patent within the organization or is non-specific. This is a required field.

1. To add Follow-Up Information, click on the +Add



2. The Follow-Up Information window opens.

Instructions Follow Up						
Who	When					
Provider Search	Within: Only if Needed On: Wreeker					
C Organization/Clinic Search						
C Free-text Follow Up	In: X Clear At: X					
Provider:	Where					
6	Follow up Address Address Phone Add Address					
	Save as Default					
Quick Picks:						
CMC Randolph Outpatient Commitment						
Follow up with primary care provider Follow-up with provider in brochure						
Follow-up with your dentist as soon as possible						
No PCP or Dentist - See Clinic List Return to Emergency Department	Comment Predefined Comments Edit Comments					
return to Emergency Department	Appointment Made for Patient					
	Follow up with PCP as needed					
	Follow-Up with your doctor at home Return immediately if symptoms worsen					
	Return to ED for recheck					
	Return to ED for suture/staple removal					
1						
Selected Follow up						
Who Wł	en Where Comments					
1						
	Sign Cancel					
	ogn const					



3. To select a Quick Picks, double-click the appropriate choice from the Quick Picks list.

1	Quick Picks:
	CMC Randolph Outpatient Commitment Follow up with primary care provider Follow-up with provider in brochure
	Follow-up with your dentist as soon as possible
	Return to Emergency Department

4. To select a follow-up Provider: Type the first few letters of the provider's last name and click the **Find** (**Binoculars**) button to the right of the Provider box to open the **Provider Selection** dialog box.

Who	Provider Selection			- 🗆 🗵
Provider Search	Last <u>N</u> ame:	<u>F</u> irst Name:	Suffi <u>x</u> :	Search
Provider Search Organization/Clinic Search	test		•	
C Free-text Follow Up	Title:	Alias:	Alias Type:	New <u>Provider</u>
Provider:		- -		Previe <u>w</u>
test MA	[`			<u>C</u> lear
	Limit by group Limit by organization Limit by position Limit by relationship	No data fil No data fil No data fil No data fil No data fil	tering	
Quick Picks:				
CMC Randolph Outpatient Commitment Follow up with primary care provider	✓ View physicians only			
Follow-up with provider in brochure Follow-up with your dentist as soon as possible	Name Or TEST .AMBULATORY	ganizations Services	Aliases	Positions
No PCP or Dentist - as sour as possible No PCP or Dentist - See Clinic List Return to Emergency Department	TEST, BETH TEST TEST, BHCH MD TEST, BHCK MD TEST, BHCM MD TEST, BHCM MD 94368-TEST, BUILD C 55555-TEST, CHIN		STAR Community Dr N. STAR Community Dr N.	Provider IP Provider IP N0 MC Provider IP N0 MC Provider IP N0 MC Provider IP N0 MC
	TEST, CMC MD TEST, CRMC MD TEST, CRYSTAL D TEST, DAWNE RESID 11144 -TEST, DEE 1 TEST, DICO TEST, EPACT ONE		STAR Community Dr N. STAR Community Dr N.	. Provider IP NO MC
Selected Follow up	TEST, EPACTONE		STAR Community DEN.	
Who When	More Matches Exist	4	4	
			OK	Cancel



5. The **Provider Selection** box displays a list of Providers that you can double click on the name that you would like to select or click once to highlight the name and then **OK** to return to the **Follow-up** window.

Provider Selection				
Last <u>N</u> ame: test title:	Eirst Name:	Suffig: Alias Type	2	Search New <u>Provider</u> Preview
Limit by group		No data filtering		<u>C</u> lear
Limit by organization	Y	No data filtering		
Limit by relationship	Y	No data filtering		
₩ View physicians only		1 - ·	1	
TEST, AMBULATORY TEST, BHCH MD TEST, BHCH MD TEST, BHCK MD TEST, BHCM MD 94368 -TEST, BUILD C 55555 -TEST, CHIN TEST, CMC MD TEST, CMC MD TEST, CRYSTAL D TEST, CAYSTAL D TEST, DAWNE RESID 11144 -TEST, DEE 1 TEST, EPACT DNE	Organizations	Services	Aliases STAR Community Dr N STAR Community Dr N	Provider IP N0 MC Provider IP N0 MC Provider IP N0 MC
More Matches Exist		♦ ♦	ок	Cancel

6. The provider's address will display in the **Where** box and **Selected Follow-Up** box at the bottom of the screen. The business address will default in; you can make modifications as needed. If the physician's address is incorrect in the Follow-Up Section, please let a Canopy representative know or you may contact the Support Center at 704-446-6161 option 5.

Where Follow up Address				
Address			Phone	Add Address
business (1) 1199 TEST ROAD SHELBY, NC 28150				✓ Save as Default
Selected Follow up				
Who DETH TEOT	When	Where	Comments	
BETH TEST		1199 TEST ROAD SHELBY, NC 28150		
				Sign Cancel

7. If a business address for the selected provider or organization is saved in the system, the address will be displayed automatically in the **Follow-Up Address** box.

#here				
Follow up Address				
Address		Phone		Add Address
business (1) 1199 TEST ROAD SHELBY, NC 28150	8	9	•	Save as Default

8. To modify a follow-up address, double-click the Follow-Up Address box and edit the information.



9. To modify a phone number, single-click in the **Phone** box and edit the information.

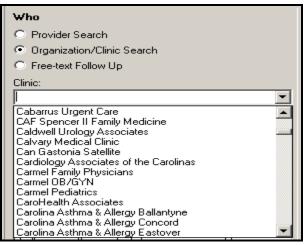
Modify Address	<u>></u>
Street 1: 1199 TEST ROAD	
Street 2:	
Street 3:	
Street 4:	
City: SHELBY	State: Zip: NC 28150
	OK Cancel

	Phone	
		I
	T	I
μ		4

10. To add a new follow-up address for the instructions, click **Add Address** and type (Remember to uncheck the old address that is defaulted in)

Where Follow up	o Address				
Ade	dress		Phone		Add Address
Magenta Shi	iness (1) 9 TEST ROAD ELBY, NC 28150			-	Save as Default
	Add Address	_	×		
	Street 1:				
	Street 2:				
Comme					
Appoir	Street 3:				
Follow	1				
Follov. Return	Street 4:				
Return					
Return	City:	State: Z	lip:		
	1				
		ок	Cancel		

11. To select a follow-up organization or clinic instead of a follow-up provider, select **Organization/Clinic Search**. Select the clinic name from the Clinic menu.



12. To enter **Free-text follow-up** instructions for providers or clinics not currently saved to the system, select **Free-Text Follow-Up**. Type the correct follow-up information, and click the **Add** button.



-
<u> </u>
_
<u>~</u>
Add

13. Use the **When** box to specify the time frame for the follow-up appointment. The **In** and **on** boxes allow selection of a specific date for the patient's follow-up appointment.

When			
Within:		💌 🔲 Only if Needed	On: 06/17/2011 🗦 💌
In:	3 🚽 Days	💌 🔀 Clear	At:

14. To set a time frame instead of a specific date for a follow-up appointment, select a date range from the **within** list. The option next to **only if needed** will add the text to the Follow-Up Information section if selected.

When		
Within: 2-3 days	Only if Needed On:	**/**/***
In:	Clear At:	÷
Calastad Fallow up		

	Selected Follow up					
I	Who	When		Where		
I	💥 🛛 BETH TEST	Within 2-3 day	s, only if needed		AD SHELBY, NC 28150	

15. Add predefined follow-up comments by double-clicking a selection from the **Predefined Comments** list or typing comments into the **Edit Comments** box.

Comment Predefined Comments	Edit Comments
Predefined Comments Appointment Made for Patient Follow up with PCP as needed Follow-Up with your doctor at home Return immediately if symptoms worsen Return to ED for recheck Return to ED for suture/staple removal	Edit Comments Make appointment before patient is discharged
Follow up with PCP as needed Follow-Up with your doctor at home Return immediately if symptoms worsen Return to ED for recheck	

16. A summary of all follow-up instructions will display in the **Selected Follow up** window. Use the **red X** icon to delete any follow-up instructions that are no longer needed.



Selected Follow up Who When Comments			
BETH TEST Carolina Cardiology Carolina Heart	Within 2-3 days, only if need In 3 days 6/17/2011 6/29/2011 9:00:00 AM	1199 TEST ROAD SHELBY, NC 28150 1435 Ebenezer Road Rock Hill, SC 29732 1029 W Meeting Street Lancaster, SC 29720	Make appointment before patient is discharged Bring all medication Aurive 15 minutes early
<u>-</u>			Sign Cancel

17. Click **Sign** to save your changes to the depart process.

Patient Education				
Task Launch Help				
a 🗨 🕑 🥹				
npatient [2/1/2011 9:32 AM - <no -="" date="" discharge="">]</no>	Age:60 years DOB:12/13/1950	Sex:Female MRN:0000923293	Loc:2ES; 2107; 01 Account #:0003843943	Allergies Not Record
Instructions Follow Up				
Provider Search Organization/Clinic Search Free-test Follow Up	When Writes In Control View Control View Address Address		Dr. Proce	Add Add ms Save as Detail
Follow-up with your dentist as soon as possible	Comment Predefined Connents Appointment Made for Patient Follow-Up with PCP as needed Follow-Up with your doctor al hom Refuen to ED for inchesk. Return to ED for inchesk.	orsen		
Selected Follow up				
Who When	Where		Comments	
		r Road Rock Hill, SC 29732 ing Street Lancaster, SC 29720 DAD SHELBY, NC 28150	Bring all medica Antive 15 minut Make appointm	
		-		Sign

Discharge PowerPlan

The Discharge PowerPlans Component provides visibility to the provider as to whether or not the discharge orders have been placed. This provides visibility to all other clinicians as to whether or not the patient's discharge is imminent. This is a required field.

1. If Discharge PowerPlan has been placed, the orders from the PowerPlan will appear within this component. If there is no information it will return with "No results found".

Step 4 Discharge PowerPlan (0) -
Selected visit
No results found

2. If the provider needs to place orders for discharge, clicking on the Title "Step 4 Discharge PowerPlan". This will open to the PowerOrders Tab.

Step 4 Discharge PowerPlan (0)	-
Selected visit	
No results found	

3. When the PowerOrders Tab opens, click on "+Add and search for Discharge".



lers Medication List					
	K Display: All Order	s (All Stati	uses) 💌	1	Customize Vi
View		12	Order Name	Status	Details
Orders for Signature	B Patient Car		Order Name	Jidius	
Plans Orders		, M	Invasive Tracking	Ordered	06/02/11 8:00:00 EDT Routine Daily (Clinical)
Patient Status		~	CMC Pineville Nursing	Ordered	06/01/11 14:21:53 EDT Routine Constant Indicator
Condition/Precaution		•	Charges	Urdered	Placed by Discern Expert Rules CHSADT_NURSING_CHARGES
Vital Signs		~	Education Teaching	Ordered	06/01/11 14:21:52 EDT Boutine Constant Indicator
Activity		•	Becord	olueleu	Order placed automatically by system at admission
Patient Care		\checkmark	Interdisciplinary Plan of	Ordered	06/01/11 14:21:52 EDT Boutine Constant Indicator
Diet		•	Care	ordered	Order placed automatically by system at admission
- Medications		-	Transport Mode Order	Completed	06/01/11 14:21:52 EDT Routine Once Stop: 06/01/11 14:21:52 EDT
IV Solutions			Detail	completeu	Placed by Discern Expert Rules on Admission.
Laboratory		\checkmark	Transport Mode Order	Ordered	06/01/11 14:21:52 EDT Routine Daily-0100
🗹 Radiology		•	Detail Daily	oldeled	Placed by Discern Expert Rules on Admission.
Diagnostic Tests		\checkmark	Events/Procedures/Notifi	0.44	06/01/11 14:21:51 EDT Routine Constant Indicator
- 🔲 Special			cations	ordered	00/01/11 14.21.31 ED1 Houtine constant maidator
- 🔲 Consults			Perform PN / Flu	Completed	06/01/11 14:21:51 EDT Routine Stop: 06/01/11 14:21:51 EDT
- 🛄 Therapy Departments			Immunization Screen	Completeu	06/01/11 14.21.31 ED1 Houtine Stop. 06/01/11 14.21.31 ED1
🔟 Bed Management			Medication List	Completed	06/01/11 14:21:50 EDT Routine Stop: 06/01/11 14:21:50 EDT
Medical Equip and Supplies			Initial Admission	Completed	06/01/11 14:21:30 EDT Houtine Stop: 06/01/11 14:21:30 EDT
🔤 🖬 Physician Consults			Information	completeu	00/01/11 14.21.43 ED1 11000ile 3(0p. 00/01/11 14.21.43 ED1
Medication History	B Radiology				
Reconciliation History	- Hadiology	60	[•] DX Chest 1 View	Ordered	06/01/11 14:28:00 EDT Routine, Once, 06/01/11 14:28:00 EDT, Reason: headache Transport Mode: Crib IV, Rad Type

🚝 TESTDEPART, JUN - Add Urder					<u> – U ×</u>
	rigo.co youro	Sex:Male MRN:8978978978	Loc:2ES; 2101; 01 Account #:9879879	** Allergies ** 1879	
Diagnosis (Problem) being Addressed this Visit	<u>Find:</u> discharge		Type: 🚯 Acute Care F	Facility	•
Add 1 Convert Display: All	💽 💿 🖾 😒 🖬 F	older: Sear	ch <u>w</u> ithin: All	At location: CMC-P	7
Clinical Dx Code	Discharge				

4. Select the Discharge PowerPlan ICON Poischarge and complete the order details as applicable. When the discharge order is placed the Nurse and Unit Secretary will receive tasks on their tasks list to complete their portions of the Depart Process for non-expired patients.

owerOrders			
Add Tocument Medication by Hx Reconciliat	ation - 📏 Check Interactions	Status Meds History Adm. Meds	Rec ✔ Disch. Meds Rec
Drders Medication List Document In Plan			
	Add to Phase Check Alerts Statt: Now D Component Discharge Planned Pending) Patient Status O O Discharge O O Discharge O Discharge O Diving Restrictions at Discharge O O Discharge O	Duration: None	vol for: 1
Add de Document Medication by Hz Reconcilei Drders Medication List Document In Plan View - Orders for Signature - Plans - Document In Plan - Medical - Discharge (Planned Pending) - Orders - Condition/Precoution - Medical - Medical - Medicalions - M		Meds History Adm. Meds Dutation: None Status Details T.N. Driving permittee Hours T.N. T.N T	Dider Comme d after: 24 structions

Patient Education

The Patient Education component provides visibility of patient education materials provided to patient. If no information has been entered, there will be no information displayed. Patient Education serves as a one-stop



repository for patient education instructions such as discharge guidelines, specific disease process handouts, procedures, diet directives, and equipment information. Use Patient Education to select, view and save personalized patient education instructions. These instructions can then be saved to the patient's chart and imbedded automatically and printed upon discharge.

How to Open A Patient Education Module

1. To add patient education documents click on "+Add" to open the Patient Education Module.

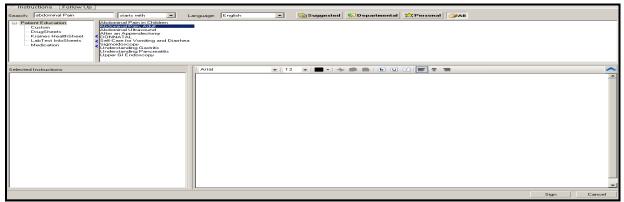
Patient Education (2) + Add	-
Selected visit	
AMOXICILLIN	08/02/10 09:54
ABDOMINAL PAIN, Unknown Cause, (Female)	08/02/10 09:54

2. The Patient Education Information window opens

Selected Instructions Attail Attail Attail	Instructions Follow Up				
Custom Custom		nguage: English	🐚 Suggested 🛛 🐝 Departmental 💋	Personal	
	Custom DrugSheets A Sample Walking Program DrugSheets Kames HealthSheet Labr ast InrdSheet Medication Medication Medication Medication	rial Disease (PAD) ne. ZDV			
	Selected Instructions	Arial 🚽 12		F 7	~

How To Add and Remove Patient Education

1. Type the diagnosis or condition in the **Search** field. The search results will begin to display in the results window. Type enough information to find the correct education documents. Select English or Spanish in the **Language** field.





2. **Double-click** the instruction in the top right window to add it to the **Selected Instructions** list; the content displays in the viewer to the right. This is what will be saved to the patients discharge instructions. Multiple instructions can be added.

iearch: abdominal Pain starts with	Language: English V Suggested Departmental CPersonal All
Painet Education Custom Custom	d Dianhea
elected Instructions	Verdana • 6 • □ • + ■ ■ 6 및 7 = Ξ Ξ
🗱 Abdominal Pain, Adult	Abdominal Pain Abdominal Pain Abdominal pain is pain in the stomach or intestinal area. Everyone has this pain from time to time. In many cases it goes away on its own. But abdominal pain can sometimes be due to a serious problem, such as appendicitis. So it's important to know when to seek help. Causes of Abdominal Pain There are many possible causes of abdominal pain. Common causes in adults include: Causes of Abdominal Pain There are many possible causes of abdominal pain. Common causes in adults include: Causes of Abdominal Pain There are many possible causes of abdominal pain. Common causes in adults include: Causes of Abdominal Pain There are many possible causes of abdominal pain. Common causes in adults include: Causes of constpation, darchea, orgat Cause of the store in the lining of the stomach or small intestine) That matrix of the gallbladder or pancreas Callstones or kidney stones Thermia (bulging of an internal organ through a muscle or other tissue) Thinary tract infections The values of Abdominal Pain Diagnosing the Cause of Abdominal Pain Torus healthcare provider will examine you healt find the cause of your pain. Enceded tests will be ordered. Because

3. To remove an instruction click the **red X** button in the **Selected Instructions** box. You will receive a message box to confirm: Click **yes** to remove the instruction.

Remove	Remove Instruction?									
2	Are you sure you want to remove the instruction, Understanding Gastritis?									

Modifying Discharge Instructions

The ability to modify standard patient education instructions to match patient needs is available in the Patient Education window. To edit patient education instructions, complete the following steps:

1. Select an instruction topic from the instruction list by selecting the instruction or search for a new instruction and add it to the selected list. The selected instruction should display to the right in the Text Editor.

Instructions Follow Up					
Search: under	starts with	Language: English	Suggested	Separtmental Personal	j ≫All
Patient Education Custom DrugSheets Krames HealthSheet LabTest InfoSheets Medication	 Understanding Fertility Pre- Understanding Fertility Pre- Understanding Fertility Pre- Understanding Fertility Pre- Understanding Fertility Pre- 	re bblems: Assisted Reproduction bblems: Improving Ovulation with M bblems: Improving Your Chances bblems: Destacles to Pregnancy bblems: Destacles to Pregnancy bblems: Treatments for Women	edication Understanding H. Pylor Understanding Hemori Understanding Hepatiti Understanding Hepatiti	s AS HWDP (ADILLIGTDP) ri and Ulcers in Children hoids re bes V) Papillomavirus (HPV) and Genital Warts Papillomavirus (HPV) and Genital Warts	Understanding Latex Allergies Understanding Latex Allergies Understanding Lag Amputation: Surgery A Understanding Later Understanding Myramid: The 2005 UST Understanding Osteoarthritis Understanding Osteoarthritis Understanding Thickened Nalis Understanding Abdominal Aortic Aneuryer
1					
Selected Instructions		Verdana	• 6 • 🗖 • 📥		~
Understanding Gastritis			nd is an imaging test tha	t uses sound waves to form pic Istones, kidney stones, or liver	ctures of your abdominal organs.
					Sign Cancel



- 2. **Modify, add, or delete** text using the text editor. Normal word processing functions are available including copy, paste, cut, bold, italicize, and so on.
- 3. To Save the modify instructions as custom you can right click on the **Selected Instructions** and click on "**Save as Personal Custom Instruction**" Enter the name of the custom instruction and click **OK**.

Selected Instructions Abdominal Ultrasound	Verdana • 6 • • • • • • • • • • • • • • • • •
Understanding Gestrifis Add to Personal Favorites Remove from Personal Favorites	Common Symptoms
Add to Departmental Favorites Remove from Departmental Favorites Save as Personal Custom Instruction Save as Public Custom Instruction Print Single Instruction	 This is a test to modify and save as a custom favorite. With gastritis, you may notice one or more of the following: A burning feeling in your upper abdomen Pain that occurs after eating certain foods Gas or a bloated feeling in your stomach Frequent belching Nausea with or without vomiting 2000-2009 The StarWell Company, 780 Township Line Road, Yardley, PA 19067. All rights reserved. This information is not intended as a substitute for professional medical care. Always follow your healthcare professionals instructions.
	Sign Cancel

Note: Modifying the instructions in the text editor does not make permanent changes to the instruction. The modified instructions will only display within this patient's chart.

Saving and Deleting Personal Favorites

- 1. To add an instruction topic to the Personal Favorites:
 - Right-click the instruction in the results window. Click on Add to Personal Favorites in the right click menu.

C Mobulatory Instructions Follow Up	Age:47 years	Sex:Male	Loc:MBA	** Allergies **
	DOB:10/10/1963	MRN:9761683	Account #:	Pharm:CVS CLT Mallar
Cuitom ASTIMBA, Acu Diagnotis (ASTIMA, Acu DrugSheets ASTIMA, Acu Forms ASTIMATIC B LabTest InfoSheets	Add to Personal Favorites Remove from Personal Favorites Remove from Departmental Favorites Remove from Departmental Favorites Delete Crustom Induntifies	▼ Suggested	😡 Departmental 🕅 🍂 Personal	

- 2. To remove an instruction topic from the Personal Favorites
 - Right-click the instruction. This can be done in the Instruction List window or in the Selected Instructions window.
 - Select Remove from Personal Favorites.



3. To view Personal Favorites

• Click on **Personal** and it will display your favorites.

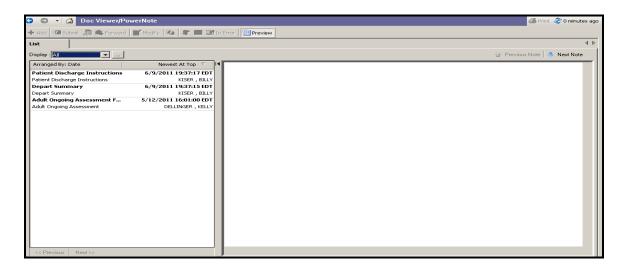
Instructions Follow Up							_
Search: abdominal	starts with	🗾 Langua	ge: English	•	Suggested	S Departmental	oral 🎯All
■ Patient Education Krames HealthSheet	Understanding Gastritis						

Documents

The Documents Component provides visibility to completed Physician Documentation Powernotes such as: Cardiology Reports, History and Physical, Physician Progress Notes, etc.

Documents (1) + Add			-
	Author	Date	
Admission Note - Physician	Kern, Tony	12/09/09	

• Clicking on the Title "**Documents**" launches to the Document Viewer/PowerNote Window. Providers can access PowerNotes to Complete or View.





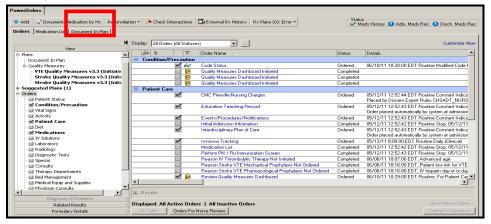
Quality Measures

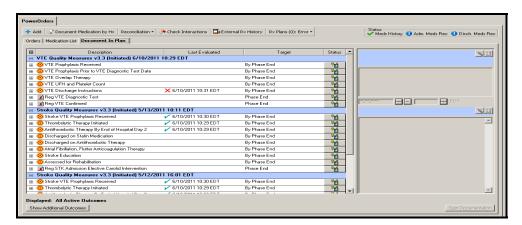
The Quality Measures component provides visibility to quality measures documented. If Quality Measures results have been documented, they will display within the component. If there is no information it will be blank. Currently we have two conditions available for viewing at CHS: Stroke and VTE.

1. Clicking on the title "Quality Measures" will launch into the Orders Profile.

Selected visit		
Condition:	All 🔽	-
Incomplete (1	All	
Assessed for	Stroke on	
Assessed for	v i E	
Atrial Fibrillat	ion, Flutter Anticoagulation Therapy	
Atrial Fibrillat	ion, Flutter Anticoagulation Therapy	
Discharged or	n Antithrombotic Therapy	
Discharged or	n Antithrombotic Therapy	
Discharged or	n Statin Medication	
Discharged or	n Statin Medication	

2. To view the Quality Measures PowerPlan, Click on "Document In Plan" Subtab



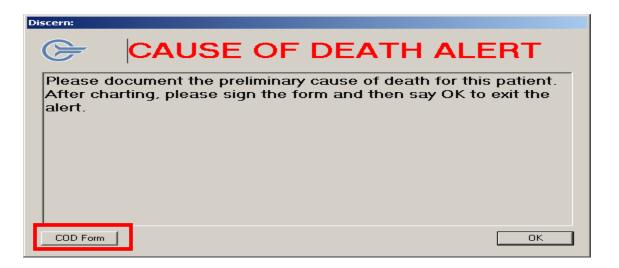




Cause of Death

1. If the patient expires during the course of hospitalization and the Discharge Disposition entered is "Expired" an alert will fire to remind the Provider to complete the Cause of Death Powerform.

▼ Details for Discharge	
Details Drder Comments	
*Requested Start Date/Time: **/**/***	
*Discharge Disposition:	
Special Instructions: 01 - Home/Self Care 02 - Other Acute General Hospital 02 - Chile Athuring Facility 20 - Expired 23 - Expired 24 - Expired 25 - Expired 26 - Expired 27 - Expired 28 - Police Custody/Jail	
2 Missing Required Details Orders For Nurse Review	Sign





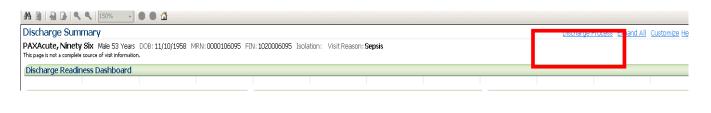
2. The provider will click on the "Death Form" in the alert, which will open the Form. The Provider will click on the response for the preliminary cause of death and click the Green Checkmark to sign the form.

Image of Death - RXSTEST, PP11 Image of Death - RXSTEST, PP11 Image of Death Image of Death Image of Death	EDT		By: TESTI	EP2 , INPATIENT_NURSE_EP2
	Preliminary Cause of Death Acide Respiratory Folue Acide Respiratory Folue Acide Carlosis of Liver Ania Fibrilation Brain Damage, Amois Brain Damage, Amois Brain Damage, Amois Brain Damage, Anois Brain Damage, Stabus Datator, Ac/CHR Brain Damage, Stabus And Market Brain Damage, Stabus And Market Brain Damage, Stabus Andona Brain Damage, Stabus Anois Brain Damane, Stabus Anois Brain Damanage	Hypettensive Kidney Dis NOS w CR KID V Hypotension NOS Interinal Obstruction NOS Interinal Obstruction NOS Internet Myelich Acute, w/o Achv Rmm Laug Cancer (MAL NEO BRONCH/LUNG NOS) Methicillin Stesstart Peumonia Staph Methicillin Stesspatibe Staph Aur Sept Myocardial Infraction Anterior Wall int Myocardial Infraction Anterior Wall int Myocardial Infraction Subendo Neoglam Related Pain Occlusion of Carolid Artey w Infret Other Sequelee of Chronic Liver Disease Pheumonia Pheumonia Infret NEC Respiratory Arest Respiratory Palue, Acute and Chronic Septicemia, Anaerobic Septicemia, NEC	-	

Discharge Summary

The Discharge Summary component provides visibility to the provider and other clinician's documentation that has been completed from the Discharge Summary MPAGE and the Worksheets in the Depart Process. If information has been entered via Depart process, the information will display. If no information has been entered, there will be no information displayed.

1. To launch the Depart Process, click on the "Discharge Summary" hyperlink in the upper right hand corner of the screen.



To launch the Depart Process, you can also click on the Depart Icon in the toolbar.
 The Depart Process Window will then display.



Depar	t Process							
	DEPART, JON [7/22/2011 9:02 - <no -="" discharg<="" th=""><th>ge date>]</th><th>Age:29 years DOB:5/17/1982</th><th>Sex:Male MRN:897897</th><th></th><th>:S; 2101; 01 nt #:9879879879</th><th>** Allergies **</th><th></th></no>	ge date>]	Age:29 years DOB:5/17/1982	Sex:Male MRN:897897		:S; 2101; 01 nt #:9879879879	** Allergies **	
Templates	General DC Instructions		Patient Summary Clinical Summary					
0	**************************************	2		Carolinas Heal Carolinas Medica 10628 Pa	l Center Pineville			2
0	DC Worksheet Newborn	2		Charlotte, 1	NC 28210			
\bigcirc	DC Worksheet OB	2		CHS General Disch	arge Instructions			-
\bigcirc	DC Worksheet Peds/NICU	2						
Θ	DC Worksheet Outpatient	2	Name: TESTDEPART, JON	MRN: 8978978978	DOB: 05/17/1982	Admitting Physician:		
	Patient Education previously selected	2		Admit Date: 07/22/2011 09:02:00	Discharged From: 2ES 2 East ACC			
•	Follow-up Date	2		09:02:00				
	previously selected							
	Medication Reconciliation	2						
			Diet: I understand that a d good health.	iet low in choleste	rol, fat, and sodium	is recommended f	or	
			Discharge Diet: Consistent C Consistent Carb Calories Ma		Calories			
			Activity Restrictions					
			Activity Level: No lifting mor	e than 5 pounds				
			Driving Restrictions					
			Driving permitted after: 24	Hours				
			Work/School/Daycare Res	trictions				
			No work or school for: 1 da	У				

Patient Summary

The Patient Summary tab is the section that will be populated as items are completed from the Discharge Summary MPAGE as well as the Discharge Worksheet in the Navigator sections. The nurse will print the Patient Summary to give to the patient upon discharge.



Patient Summary Clinical Summary				
	Carolinas Healt Carolinas Medical 10628 Pa Charlotte, 1	l C enter Pineville rk Road		2
	CHS General Disch	arge Instructions		_
Name: TESTDEPART, JON	MRN: 8978978978	DOB: 05/17/1982	Admitting Physician:	
	Admit Date: 07/22/2011 09:02:00	Discharged From: 2ES 2 East ACC		
Diet: I understand that a d good health.	iet low in choleste	rol, fat, and sodium	is recommended for	_
Discharge Diet: Consistent C Consistent Carb Calories Me		Calories		
Activity Restrictions				-
Activity Level: No lifting more	e than 5 pounds			
Driving Restrictions				
Driving permitted after: 24	Hours			
Work/School/Daycare Res	trictions			
No work or school for: 1 day	У			

Clinical Summary

The Clinical Summary tab is the section that will be populated as items are completed from the Discharge Summary MPAGE as well as the D/C Worksheets in the Navigator sections. The Provider may instruct the nurse to forward the Clinical Summary to another Providers Inbox in Message Center once all items have been completed (i.e. the Patient's Primary Care Physician, Referring Physicians, etc)



Carolinas HealthCare System Carolinas Medical Center Pineville 10628 Park Road Charlotte, NC 28210					
	CHS Clinical Discha	arge Information			
Name: TESTDEPART, JON	MRN: 8978978978	DOB: 05/17/1982	Admitting Physician:		
Discharge Diagnosis: Acute chest pain	Admit Date: 07/22/2011 09:02:00	Discharged From: 2ES 2 East ACC	- Thysician		
Dear Follow-Up Provider: The following is a summary of of discharge.	the care and dischar	ge instructions your pa	tient was given at the time		
The following is a summary of	the care and dischar	rge instructions your pa	tient was given at the time		
The following is a summary of of discharge. Allergy Information aspirin	l Arthritis Extende	d Releæe 650 mg or	al tablet, extended		
The following is a summary of of discharge. Allergy Information aspirin Medication Summary acetaminophen (Tyleno	I Arthritis Extende h, every 8 hours, (do	d Release 650 mg or 5 not crush or chew), R	al tablet, extended efilis: 0		
The following is a summary of of discharge. Allergy Information aspirin Medication Summary acetaminophen (Tyleno release) 1 tablet, by mout eptifibatide (eptifibatid	I Arthritis Extende h, every 8 hours, (do	d Release 650 mg or 5 not crush or chew), R	al tablet, extended efilis: 0		

Completion of the HWDP

- 1. The nurse will review the entire HWDP and complete the remaining Actions including:
 - Discharge Worksheet
 - Follow Up Appointment Date and Times
- Additional Patient Education
- 2. They will confirm all items that were entered in both the Discharge Summary MPAGE and DC Worksheets from the Depart process display in the patient instructions template. They will then Print and Sign the Discharge Instructions.
- 3. Upon review of the instructions with the patient/caregiver, the nurse will place a check mark in the statement
 - Patient Requested Electronic Copy of Discharge Instructions (if patient requested)
 - Request Sent to Medical Records for Processing (if patient requested)
 - "Patient has received and verbalized an understanding of all discharge instructions given after review with the patient/caregiver(s)."

Γ	Patient Requested Electronic Copy of Discharge Instructions
Γ	Request Sent to Medical Records for Processing
	Patient/Caregiver received and verbalized understanding of the Discharge Instructions at time of Discharge.

• If all information has been entered and ready for the patient, the Nurse will click the **Print at D/C** button to print the discharge instructions and then click **Sign** to give to the patient upon discharge.





6. Social History

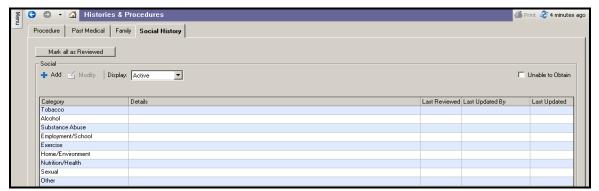
Social History

Patient social history information can be accessed via the Menu in the Organizer View. At this point, social history information can be:

- added (if the patient does not currently have social history information in the EMR),
- reviewed (if no social history information has changed), or
- modified (if information has changed since the patient's last visit).

Accessing Social History

1. Open your patient's chart and select Histories & Procedures from the Menu. Click the Social History Tab to view social history information for this patient.



Note: This patient currently has no recorded social history information.

If you are unable to obtain information you can select the **Unable to Obtain** checkbox. The meaningful use requirement to assess the smoking status of this patient will NOT be met if this box is checked. This box is only available if there is no social history information charted for the patient.

2. Adding new social history information:

 Click the ^{+ Add} button and the social history control will open in the add mode. Tobacco, Alcohol, and Substance Abuse sections will default open.

E Tobacco				Ê
*Smoking Status:	C Current every day smoker C Current some day smoker C Former smoker	Frequency	×.	
	Never smoker Smoker, current status unknown Unknown if ever smoked Other:	Last Use	×	
Туре	Cigarettes Cigars Oral Proc Other:	Exposure to Tobacco Smoke	Hone environment Social environment Work environment	
Cigarette Use Packs/Day	× *	Comment:	×	Ţ



• The remaining categories will display collapsed. These categories can be opened as needed by clicking the plus sign:

Employment/School

• Chart social history information as appropriate and click the OK button to sign.

V

Note: The **Add** mode should ONLY be used when nothing has been charted. If social history information is already present and you need to add to or change the existing data, use **Modify** (see step 4 below).



Note: The **Smoking Status** question appears bold and is preceded by an asterisk to indicate that it is a required field. Until this field is addressed, you will not be able to sign the social history section and the OK button will be dithered as in the screen shot above. Recording smoking status for patients 13 years or older is a meaningful use requirement.

3. Reviewing Social History Information

This patient has been admitted to the hospital, and social history information was already captured at a previous visit. Upon review with the patient, no information has changed. In this case, click the

		-		
Mark all as Reviewed				
Social				
👍 Add 🏹 Modify 🛛 Display:	Active			🔲 Unable to Obtain
Category	Details	Last Reviewed	Last Updated By	Last Updated
Tobacco	Smoking Status: Current every day smoker. Type: Cigarettes, Cigars. Cigarette use packs/day: 2. Frequency: Daily. Last use: Yesterday. Exposure to Tobacco Smoke: Home environment, Social environment.	6/20/2011	PADGITT , VICKI K	6/20/2011 16:23
Alcohol				
Substance Abuse	Type: Ecstasy, LSD, Methamphetamines. Route: Intravenous, Subcutaneous. Frequency: Daily. Comment(s): afo - 5/26/2011 13:40:20 EDT - TESTEP2 , AMBPRVERX	6/15/2011	TESTEP2, AMBPRVERX	5/26/2011 13:40
Employment/School				
Exercise				
Home/Environment				
Nutrition/Health				
Sexual	Sexually active: Yes. Sexually active at age 16 Years. Number of current partners 3. Sexual orientation: Heterosexual. Uses condoms: Yes. Other contraceptive use: test. History of sexual abuse: No.	6/15/2011	TESTEP2, AMBPRVERX	5/26/2011 14:04
Other				

Mark all as Reviewed button, and the Last Reviewed column will update with today's date.

4. Updating Social History Information

When social history information is already present but the information requires updating, it is important that you modify the existing information. You can modify by:

- Right-click the category you want to update and select Modify _____ History....
- Click to highlight the category you want to update and click the Modify button.

Mark all as Reviewed Social Add Modify Display. Active Unable to Obtain								
Category	Details			Last Reviewed	Last Updated By	Last Updated		
Tobacco	Smoking Status: Current every day smoker. Daily. Last use: Yesterday. Exposure to T		e use packs/day: 2. Frequency: . Social environment.	6/20/2011	PADGITT , VICKI K	6/20/2011 16:23		
Alcohol		Modify Tobacco History						
Substance Abuse	Type: Ecstasy, LSD, Methamphetamines. Comment(s): afo - 5/26/2011 13:40:20 ED	Remove Tobacco History View Tobacco History	Frequency: Daily.	6/15/2011	TESTEP2, AMBPRVERX	5/26/2011 13:40		
Employment/School								
Exercise		Properties						
Home/Environment								
Nutrition/Health								
Sexual	Sexually active: Yes, Sexually active at age Heterosexual, Uses condoms: Yes, Other (6/15/2011	TESTEP2, AMBPRVERX	5/26/2011 14:04		
Other								



5. Removing (uncharting) Social History Information

To remove information erroneously charted right-click the category you want to remove and select **Remove** _____ **History...** The information will now appear as strike-through text as in the screen shot below:

	Mark all as Reviewed				
	🕂 Add 🗹 Modify Display	Inactive			🗖 Unable to Obtain
I	Category	Details	Last Reviewed	Last Updated By	Last Updated
	Tobacco	Smoking Status: Formar smokar. Has patient ever used lobacco2 Paul. Exposure to Tobacco3 Smoka: Homa- environment. Chewing Tobacco Usa: Current. Chewing Tobacco Frequency: ayluisarki guit 5/26 Comment(a): Comment: regarding tobacco usa - 5/26/2011 3:40:50 EDT - TESTEP2 - /MDPRVERX	6/20/2011	PADGITT, VICKI K	6/20/2011 16:22

The information is now inactive, and can be viewed by changing the Display to **Inactive**. Inactive information can also be displayed by right-clicking on a category and selecting **View** _____ **History...**.

6. Viewing History

The social history control captures a full audit trail of changes and additions. To access history, rightclick and select **View** _____ **History...**

٤	🚑 View Tobacco History						
	Inactivated by PADGITT , VICKI K on 6/20/2011 16:22						
	- Modified by TESTEP2 , AMBPRVERX on 5/26/2011 14:14						
	Smoking Status: Former smoker						
	Has Patient Ever Used Tobacco? Past						
	Exposure to Tobacco Smoke Home environment						
	Chewing Tobacco Use Current						
	Chewing Tobacco Frequency aytiuaerkjquit 5/26						
	Modified by TESTEP2 , AMBPRVERX on 5/26/2011 14:05						
	Modified by TESTEP2 , AMBPRVERX on 5/26/2011 13:40						
	⊡ Created by TESTEP2 , AMBPRVERX on 5/26/2011 13:40						

7. Pulling Social History into PowerNotes

Previously charted Social History information can be pulled into PowerNotes as text.

Note: Social history can be modified from within the note, but changes will NOT write back to the Social History control and will ONLY be visible from within that note.



7. Quality Measures

Quality Measures is integrated into the provider or clinician's daily workflow to reduce time reworking and documenting required measures retrospectively. The Quality Measures tool uses concurrent patient lists and pulls in clinical documentation from various aspects of the Electronic Health Record to assist with patient care management decisions to maximize real-time clinical effectiveness.

Benefits

- Provider or Clinician can navigate to the Quality Measures Summary (mPage) for a concurrent snapshot and status of quality measures outcomes/goals.
- The goal is that the Quality Measures Dashboard will be automatically initiated when the Provider places the patient on the appropriate Evidence-Based Care PowerPlan.
- Alerts the Provider or Clinician when patients are identified as possible candidates for Quality Measures based on qualifiers such as relevant diagnoses, lab and radiology orders and results, medications, patient care orders, and clinical documentation.
- Time-sensitive Quality Measures are identified with a red alarm clock icon.
- Pulls in the most recent documentation from throughout the patient's Electronic Medical Record, reducing the need to navigate and search for documented Quality Measures data.
- Alerts the Provider or Clinician to measures that have not been completed on an identified Quality Measure patient.
- Quality Measures goals for Discharge display on the Provider's Discharge mPage, easing the discharge care management process.
- Reduces the instances of Providers and Clinicians having to notify patients of modified care plans post discharge.
- Reduces the Provider's need for dictating Addendums of required documentation after the patient has been discharged.
- Reduces the number of messages the Provider will receive in Message Center requesting additional documentation on patient records.
- Will be updated as new guidelines are adopted for appropriate care management.

Quality Measures Summary

The **Quality Measures Summary** is an mPage designed to assist care providers with monitoring and maintenance of specific Quality Measure sets. The view is executed from the Organizer level in PowerChart by clicking on the Quality Measures icon from the tool bar. Once selected, all patients on the default or selected Patient List (or unit census) will be displayed.



	Iask Edit Vjew Patient Chart Links Navigation Help							
E Tear C	Off 🛣 Attach 👦 Charges 🛨	Exit IIIII Medication Administratio	on 🛍 AdHoc 🔺 Co	nversation Launcher	🕀 Explorer Menu	☐ Calculator	🕭 Encounter L	ocation History Viewe
							C R	ecent - Name
Quality	Measures							🕌 Print 🤞
AA 🗎	🔒 🕒 🔍 🔍 150%	- • • 🗳						
List: 2	WS 2 West ACC 🔽 Loa	ding VTE 🧨	Page 1 of 1	Previous	Next			Expand all Co
		Patient Demographics				-	Stroke	
L L L CLITI	Name E MEDSREC 2, TEST 2	Date Of Birth 02/05/1977	MRN 5633563	Room Bed 2216/01	ED	Inpatient	Discharge	<u>Status</u> Initiated
							0	
	E MEDSREC, TEST	03/04/1964	3465	2202/01	0	0	0	Assess
[+] <u>DEMO</u>	, PATIENT 1	02/02/1949	3565656898	2208/01	© O	0	0	Initiated
[+] RXDT	EST, PEDSTEST1	03/14/2011	5489016878	2205/01	N/A	N/A	N/A	
[+] RXDT	EST, RXOO	01/15/1988	33355577	2207/	N/A	N/A	N/A	
[+] <u>STRO</u>	KE, APATIENT	01/01/1935	340948	2206/01	© -	•	$\overline{\mathbf{Q}}$	Initiated
[+] <u>STRO</u>	KE, BPATIENT	01/01/1935	9473094	2207/01	0	0	0	Assess
[+] STRO	KE, CPATIENT	01/01/1935	39409348	2209/01	N/A	N/A	N/A	

• The default is defined based on the location from where the list is being accessed. For example, a nurse accessing the Quality Measures Summary from a computer on the unit will see the Patient List (unit census) for only that unit. If multiple Patient Lists have been defined for the user, the **List** drop down menu on the Quality Measures Summary can be utilized to select the desired unit.

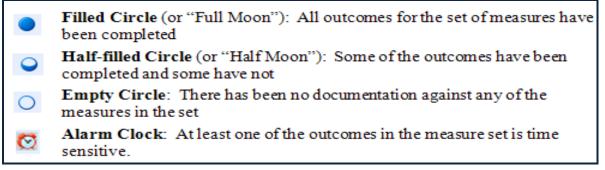
Qualit	ty Measures								🛃 Print
A I	🔒 🕞 🔍 🔍 150	% *	•• 4						
List:	2WS 2 West ACC 💌			Page 1 of 1	Previous	<u>Next</u>		[Expand all Co
	2WS 2 West ACC	P	atient Demographics				- 9	Stroke	
	2ES 2 East ACC		Date Of Birth	MRN	Room Bed	ED	Inpatient	Discharge	<u>Status</u>
[+] <u>ACL</u>	ICS Intensive Care		02/05/1977	5633563	2216/01	N/A	N/A	N/A	
(+1 ACI			03/04/1964	3465	2202/01	N/A	N/A	N/A	
[+] <u>DEN</u>			02/02/1949	3565656898	2208/01	ØO	0	0	Initiated
[+] RXC			03/14/2011	5489016878	2205/01	N/A	N/A	N/A	

• From the Quality Measures Summary screen, clicking on the patient's name in the Name column will take you directly to that patient's chart.

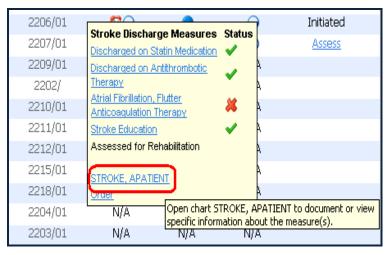
STROKE, APATIENT	01/01/1935	340948	2206/01
STROKE, BPATIENT	01/01/1935	9473094	2207/01
STROKE, CPATIENT	01/01/1935	39409348	2209/01
TESTING, ACUTE	07/11/1974	454611	2202/
ZZZACUTETEST, ANDREA1	09/09/1980	333411	2210/01
ZZZACUTETEST, ANDREA2	09/09/1979	344440000	2211/01



• Icons are used on the Quality Measures Summary to indicate the status of the individual measure or the group of measures in the set.



• **Hover** functionality allows you to view more specific information about the measure set by placing or "hovering" the mouse pointer over a specific item on the screen. In the screen print below, hovering over the half-filled circle in the ED column shows a list of criteria, the status (whether or not it has been met) and also provides a link to the patient's chart.



• A red alarm clock beside the status icon indicates that one of the measures is time sensitive and has not yet been completed. Hovering over the alarm clock icon will display exactly which one(s). Once all time sensitive measures have been completed, the alarm clock will no longer be displayed.

5633	<u>RN</u> 1563	Room Bed 2216/01	ED	Inpatient
340	65	2202/01	0	0
35656		2208/01		0
54890			tus I/A	N/A
3335		<u>EProphylaxis Received</u> 🧭	I/A	N/A
340	Inromboly	tic Therapy Initiated 🛛 🚫		
9473	DEMO, PA	FIENT 1	0	0
3940	<u>Order</u>		I/A	N/A



• Clicking the + sign beside the patient's name will open a view of the patient demographic information, which includes the

[+] RXDTEST, RX00	01/15/1988	33355577	2207/
[+] STROKE, APATIENT	01/01/1935	340948	2206/01
[+] STROKE, BPATIENT	01/01/1935	9473094	2207/01
[+] STROKE, CPATIENT	01/01/1935	39409348	2209/01
[+] TESTING, ACUTE	07/11/1974	454611	2202/

1	-] <u>STROKE, APATIENT</u>	(01/01/1935	340948	2206/01
	Age: Room/Bed: Location: 76 2206/01 2WS Years	Attending Patient Physician: Arrival TEST, Date/Time: BETH 05/12/2011 TEST 09:50			
	Reason for Visit: STROKE				J
	+] <u>STROKE, BPATIENT</u>	(01/01/1935	9473094	2207/01
[+] <u>STROKE, CPATIENT</u>	(01/01/1935	39409348	2209/01

Assess Functionality

The **Assess** functionality on the Quality Measures Summary acts as a safety net to identify patients who might qualify for having a Quality Measures Dashboard (or Outcomes PowerPlan) initiated based on the direction of care and patient results.

- Assess functionality can be triggered based on the existence of specific criteria, such as:
 - Qualifying Problems or Diagnoses (example: CVA, Stroke)
 - Lab results (example: elevated troponin)
 - Clinical results (example: documented administration of warfarin)
 - Orders (example: Athrombics)
- Clicking on **Assess** in the **Status** column will open the Quality Measures Assessment window, where the qualifying criteria will be listed for review.

	Page 1 of 1 <u>Previous</u> <u>Next</u>	<u>Expand all</u> <u>Co</u>
Patient Demograph Date Of Birth 02/05/1977	Quality Measures Assessment - STROKE, BPATIENT	ge <u>Status</u>
03/04/1964	Please assess initiation of Stroke Quality Measures v3.3 PowerPlan based 📃 N/A	
02/02/1949	on the following information:	Initiated
03/14/2011	Diagnosis: Stroke	
01/15/1988	N/A	
01/01/1935	Assessed, initiate PowerPlan	Initiated
01/01/1935	0	Assess
01/01/1935	Assessed for Reg STK Remove Assess, do not initiate PowerPlan	
07/11/1974		
09/09/1980	333411 2210/01 N/A N/A N/A	

• Patients who may have met specific clinical criteria for a quality measure but do not have the Quality Measures Dashboard (or Outcomes PowerPlan) initiated for them are also identified.



Quality Measures Dashboard (or Outcomes PowerPlan)

The **Quality Measures Dashboard** is initiated by entering the appropriate Quality Measures Outcomes PowerPlan. Once the Quality Measures Dashboard has been initiated, it will be displayed in the Navigator on the left side of the Orders screen in bold type under **Plans** > **Quality Measures** (as shown below).

PowerOrders										
🕂 Add 🛛 🖓 Document Medication by Hx 🛛 Reconciliation 🕶	Check Interactions 🛛 🔂 External Rx History 🛛 Rx Pla	ans (0): Error 🗸 Status (1) Meds History (1) Adm. Meds Rec (1) Disch								
Orders Medication List Document In Plan	Orders Medication List Document In Plan									
View	K 🐶 🛇 🕂 Add to Phase - Start: 6/27/2011 10:00 AM EDT Stop: None									
E-Plans	🔊 \$ 🛛 🕅 Component	Status Details								
- Document In Plan	Stroke Quality Measures v3.3 (Initiated)									
-Quality Measures	Last updated on: 6/27/2011 10:00 AM EDT by: HOBAN , ALICIA									
Stroke Quality Measures v3.3 (Initiated)	🍊 ***EMERGENCY DEPA	ARTMENT or DIRECT ADMISSION PHASE***								
Saggested Plans (0)	🧿 Stroke VTE Prophylaxis	s Received Activated, By Pha								
⊨-Orders	🧿 Thrombolytic Therapy I	nitiated Activated, By Pha								
🔲 Patient Status	🍊 ***INPATIENT CARE F	HASE***								
🛛 🗹 Condition/Precaution	🧿 Antithrombotic Therapy	By End of Hospital Day 2 Activated, By Pha								
🔲 Vital Signs	🐣 ***DISCHARGE PHASI	Exxx								
🛄 Activity	🧿 Discharged on Statin M	fedication Activated, By Pha								
🛛 🗹 Patient Care 🦳	🧿 Discharged on Antithro	mbotic Therapy Activated, By Pha								
- Diet	 Atrial Fibrillation, Flutter 	Anticoagulation Therapy Activated, By Pha								
- Medications	O Stroke Education	Activated, By Pha								
- IV Solutions	Assessed for Rehabilita	-								
- Laboratory	🔲 💆 Quality Measures Dash	· · ·								

Dashboard Component Overview

When the Quality Measures Dashboard is selected in the Navigator, the Dashboard components will be displayed in the Order profile area on the right side of the screen. If the Quality Measures Dashboard has been activated and charted on, the profile will display the patient's status for meeting the quality measures for that particular condition.

7	Component	Status	Details	Evaluation						
Stroke Qua	ality Measures v3.3 (Initiated)									
Last updated on: 4/21/2011 8:55 PM CDT by: Holmes , Michael										
	A ****EMERGENCY DEPARTMENT or DIRECT ADMISSION PHASE ***									
Ħ	🧿 Stroke VTE Prophylaxis Received	Activated	By Phase End	🗙 5/3/2011 6:22 PM						
Ħ	🧿 Thrombolytic Therapy Initiated	Activated	By Phase End	🗙 5/3/2011 6:23 PM						
	S ***INPATIENT CARE PHASE***									
Ħ	O Antithrombotic Therapy By End of Hospital Day 2	Activated	By Phase End	🖌 5/3/2011 6:24 PM						
	🍊 ***DISCHARGE PHASE***									
Ħ	🧿 Discharged on Statin Medication	Activated	By Phase End	🗙 5/3/2011 6:25 PM						
Ħ	🧿 Discharged on Antithrombotic Therapy	Activated	By Phase End	🖌 5/3/2011 6:25 PM						
Ħ	O Atrial Fibrillation, Flutter Anticoagulation Therapy	Activated	By Phase End	🖌 5/3/2011 6:25 PM						
Ħ	🧿 Stroke Education	Activated	By Phase End	🖌 5/3/2011 6:26 PM						
	O Assessed for Rehabilitation	Activated	By Phase End							
	🔭 Quality Measures Dashboard Initiated	Completed	04/21/11 20:55:00 CDT							
	REQUIRED DATA ELEMENTS DOCUMENTED									
	Reg STK Admission Elective Carotid Intervention	Activated	4/21/2011 8:55 PM CDT - Phase End							

Plan buttons and icons are located in various places on the screen and provide easy access to Plan/Phase functions. Toolbar buttons access additional functionality.

Goal; Goal Chart In Plan. This icon denotes an outcome of the type Goal or Goal Chart In Plan.



Ordering the Quality Measures Outcomes PowerPlan

There are presently two Quality Measures Outcomes PowerPlans available:

- VTE Quality Measures v3.3
- Stroke Quality Measures v3.3

The Quality Measures Dashboard (or Outcomes PowerPlan) can be manually entered just as any other PowerPlan by using the +Add order functionality in PowerOrders.

- 1. Search for the appropriate plan. (NOTE: You can also locate by changing "Starts with" to "Contains" and entering the word "Quality".)
- 2. Once entered, the Quality Measures Dashboard components will display; click Orders for Signature.

	S	\$	7		Component	Status	
Str	oke	Quality	y Mea	sure	s v3.3 (Initiated Pending)		
				- 🍣	***EMERGENCY DEPARTMENT or DIRECT ADMISSION PH	ASE***	
₽				0	Stroke VTE Prophylaxis Received		
◙				0	Thrombolytic Therapy Initiated		
				- 🕱	***INPATIENT CARE PHASE***		
₹				0	Antithrombotic Therapy By End of Hospital Day 2		
				- 🕱	***DISCHARGE PHASE***		
₽				O	Discharged on Statin Medication		
₽				0	Discharged on Antithrombotic Therapy		-
•						•	
	Deta	nils					
[Dx Ta	able	Ord	ers F	or Nurse Review Save as My Favorite	Orders For Signatu	IIE

3. The Quality Measures Dashboard Initiated and Review Quality Measures Dashboard orders will display in the Order Profile. Complete any order details, then click Sign.

& \$? 🖻 Y	Order Name	Status	Start	Details
I		Stroke Quality Measures v3.3	Initiated Pending		placing 2 order(s)
2WS; 2204	4; 01 Accour	nt #:0015151515 Admi	t: 4/12/2011	8:59 AM EDT	
Condition/	Precaution				
	f 🗈	Quality Measures Dashboard Initiated	Order		
Patient Ca	re				
	f 🗈	Review Quality Measures Dashboard	Order	6/27/2011 1:07 PM EDT	6/27/2011 1:07 PM EDT Routine, For Patient Ca
Details					
lissing Requi	red Details	Dx Table Orders Fo	r Nurse Reviev	~	Sign
6		es ago			

Refresh button to refresh. The name of the Quality Measures Dashboard now appears in bold text in the Navigator pane under **Plans** > **Quality Measures**.



PowerOrders								
🕂 Add 🛛 🖓 Document Medication by Hx 🛛 Reconciliat	on 🔹 🐎 Check Interactions 🛛 🔀 External Rx History 🛛 Rx Plans (0): Error 🔹 🔂 Meds History 😗 /	Adm. Meds F						
Orders Medication List Document In Plan	Orders Medication List Document In Plan							
None								
View	Status	Details						
Plans	Stroke Quality Measures v3.3 (Initiated)							
- Document In Plan	Last updated on: 6/27/2011 10:00 AM EDT by: HOBAN , ALICIA							
É-Quality Measures	***EMERGENCY DEPARTMENT or DIRECT ADMISSION PHASE***							
Stroke Quality Measures v3.3 (Initia	O Stroke VTE Prophylaxis Received	Activated						
Suggested Plans (0)	O Thrombolytic Therapy Initiated	Activated						
e-Orders	***INPATIENT CARE PHASE***							
- 🔲 Patient Status	Antithrombotic Therapy By End of Hospital Day 2	Activated						
Condition/Precaution	A ***DISCHARGE PHASE***							
- 🔲 Vital Signs	O Discharged on Statin Medication	Activated						
- 🖬 Activity	Discharged on Antithrombotic Therapy	Activated						
Patient Care	 Atrial Fibrillation, Flutter Anticoagulation Therapy 	Activated						

4. A task (shown below) is also created for nursing as a reminder to review the Quality Measures Dashboard.

😮 💿 🚽 🚮 Task List							
Monday, June 27, 2011 7:00:00 AM EDT - Mond	lay, June 27, 2011 7:00:00 PM EDT						
Scheduled Patient Care All PRN Tasks All Continuous Tasks	Scheduled Patient Care All PRN Tasks All Continuous Tasks						
Task retrieval completed							
Task Status Scheduled Date and Time Task Description	Order Details						
Pending 6/27/2011 1:07 PM EDT Review Quality Measure Dashboard	06/27/11 13:07:00 EDT Routine, For Patient Care						

5. The Quality Measures Outcomes PowerPlan can also be entered via the Suggested plan link, which will display as a result of a qualifying Problem or a Diagnosis having been documented. The qualifying diagnosis will display as a blue hyperlink in the diagnosis pane on the +Add orders window. Clicking the link will display the suggested plans in the order panel to the right and the plan can be ordered by clicking to select it.

-Diag	Inosis	(Problem) being Addressed this	Visit	<u>F</u> ind: ውሳት	Contains
÷	Ado	t 😳 Convert Display: 🛛		💿 🙆 😒 🖬 Folder:	Sear
		Clinical Dx	Code	Suggested	
		Stomatitis and mucositis (ulc	528.0		
		Suppurative hidradenitis	705.83	PVTE Quality Measures v3.3	
⊣		PNEUMONIA DUE TO ADE	480.0	Y	
		VTE (venous thromboemboli	453.9		
-					

Accessing PowerForms from the Quality Measures Dashboard

Each of the outcomes within the Quality Measures Outcomes PowerPlan has an associated PowerForm that collects data documented within PowerChart (the forms can also be documented on directly, if needed). These PowerForms are accessed from the Quality Measures Dashboard.



1. To view the Quality Open the **Document in Plan** view by selecting the tab for Document in Plan

Power	Orders				
🕂 A	d 🧊	Document	Medication by Hx	Reco	nciliation 🕶 💧
Orde	rs Medi	cation List	Document In P	'lan	

2. After opening the Document in Plan view, the profile will appear as follows:

Orde	Orders Medication List Document In Plan									
	Description Last Evaluated Target Status									
E										
E	O Thrombolytic Therapy Initiated		By Phase End							
H	🧿 Antithrombotic Therapy By End of Hospital Day 2		By Phase End	*						
H	🧿 Discharged on Statin Medication		By Phase End	*						
Ħ	🧿 Discharged on Antithrombotic Therapy		By Phase End	*						
H	🧿 Atrial Fibrillation, Flutter Anticoagulation Therapy		By Phase End	*						
Ħ	🧿 Stroke Education		By Phase End	*						
Ħ	O Assessed for Rehabilitation		By Phase End	*						
Ħ	Reg STK Admission Elective Carotid Intervention		Phase End	*						

3. Clicking the Charting icon in the **Status** column to the right of the outcome/goal (see above) will open the associated PowerForm. Any qualifying data that has been documented on the chart will populate the form and the last charted value icon will display (see below).

Kee QM STK-1 VTE Prophylaxis v3.3 - ACUTETEST, MEDREC2		
🗸 🖬 🛇 🖄 💏 🛧 🔸 💷 🖽 🗎		
"Performed on: 07/20/2011 🗮 🔽 1234 📑 EDT		
VTE Prophylaxis	Str What VTE Prophylaxis was Received the day of or the day After Hospital Admission? None Factor Xa inhibitor Cow molecular weight heparin (LDUH) Watarin Graduated compression stockings (GCS) Intermittent pneumatic compression device (IPC) Venous foot pump (VFP)	what was the Initial Date that VTE Prophylaxis was Administered or Applied? Image: Comparing all means of the initial VTE prophylaxis administrations with the pharmacological VTE prophylaxis administrations
	What is the Documented Reason Pharmacological VTE Prophylaxis was not Received? No documented reason Continuous IV heparin therapy day of or day after admission Patient is ambulatory Patient is ambulatory Patient for With for VTE Patient/Family refused Warfarin therapy prior to admission: on hold due to high INR	What is the Documented Reason Mechanical VTE Prophylaxis was not Received?

4. As outcomes/goals are met, the Quality Measures Dashboard will be updated with a green check. If an outcome/goal is not met, a red X will display.



Description	Last Evaluated	Target	Status
😑 Stroke Quality Measures v3.3 (Initiated	7/20/2011 12:58 PM EDT		
표 🧿 Stroke VTE Prophylaxis Received	🖌 7/20/2011 12:58 PM EDT	By Phase End	* 4
표 🧿 Thrombolytic Therapy Initiated		By Phase End	°4
🗄 🧿 Antithrombotic Therapy By End of Hospital Day 2 🖌 7/20/2011 12:58 PM EDT 🛛 By Phase End 📑		°4	
표 🧿 Discharged on Statin Medication By Phase End 🦻			°4
🗄 🧿 Discharged on Antithrombotic Therapy By Phase End		*4	
⊞ 🧿 Atrial Fibrillation, Flutter Anticoagulation Therapy 🛛 🗙 7/20/2011 1:03 PM EDT By Phase End		°4	
🖽 🧿 Stroke Education By Phase End 🍣		° <u>4</u>	
🗄 🧿 Assessed for Rehabilitation By Phase End		*4	
🎛 📑 Reg STK Admission Elective Carotid Interve	ntion	Phase End	

Discontinuing a Quality Measures Dashboard

If necessary, just as any other PowerPlan the Quality Measures Dashboard can be discontinued after it has been placed. For example, you may need to discontinue the Quality Measures Dashboard if it is determined that the patient does not meet the criteria for inclusion in the Quality Measure.

1. From the Navigator pane on the Orders tab, right-click on the appropriate Quality Measures Outcomes Plan and select **Discontinue**.

Orders	Medication List	Document In Plan							
			14	_					
		iew	N	8	0	🕂 Add	to Ph	iase 🔻	Start: 7
- Order	's for Signature	677			S	\$		8	Compor
⊟-Plans	-			Str	oke	Quality M	leas	ures	v3.3 (Initia
- Do	cument In Plan			Las	st up	dated or	n: 77	20/20	011 12:58
i (⊡-Qu	uality Measures							<	😚 ***EMEI
	Stroke Quality	/ Measures v3.3 (I	Dian	ontinu				(🧿 Stroke V
B Suga	ested Plans (1)	Disc	onana	Je		$\boldsymbol{ u}$		🧿 Thromb
i ⊟-Order	'S		Plan	Infor	mati	on		<	篣 ***INPA
	Patient Status							(Antithro

2. The Discontinue Dialog will appear. Select the appropriate Discontinue Reason from the drop down menu.

🍓 Discontinue - Stroke Qu	ality Me	asures v3.3		×
Discontinue Reason	_			
Canceled by provider	<u> </u>	Status	Order Details	_
Duplicate Order Left AMA Order entry error	axis atient	Activated	By Phase End	
Other	ure .			
Patient Condition Changed	. ч	Activated	By Phase End	
Patient Discharged Patient Expired	ent ure			
Patient Transferred		Activated	By Phase End	

3. Click OK; and on the next two windows click Orders For Signature, then Sign.

Quality Measures View Flowsheet

Results documented for the Quality Measures Outcomes PowerPlan can be viewed from the Flowsheets menu, by selecting Quality Measures View from the Flowsheet drop down menu.



Recent Results		Vitals View	Lab	Radiology	As
Flowsheet:	Quality	Measure Vie	w	•	
	Proced Proced	al Therapy Vi lure Assessm lure/OBS/Ou	ent View Itpatient As	sessment	ıly 18
Navigato	PT Inte Duality Duick \	erventions Flo Measure Vie View	wsheet Vie w	W	ty Me Stro
Quality	Skin To Speecl	est Record V h/Language	iew Pathology \	√iew	agula

Recent Results Vitals View	Lab Radiology Assessments TF/TPN IP(DC & ETR Pharmaci	st View		
Flowsheet: Quality Measure View					
	May 12, 2011 9:50 AM EDT - July 20, 2011 1:57 PM EDT (Admit to Current Date)				
Navigator X	Quality Measure View		/12/2011 5/12/2011 57 PM EDT 3:56 PM ED	5/12/2011 T 3:55 PM EDT	5/12/2011 2:18 PM EDT
Quality Measure Stroke Interv Quality Measure VTE Interve	Quality Measure VTE Interventions VTE Warfarin Admin Dt Tm		5/12/2011 3:5	5 F	
	VTE Warfarin Administration VTE Prophylaxis Received vB		Yes farin, Graduate Warfarin, Grad	ual	Graduated compr
	VTE Prophylaxis Initial Rovd Dt Tm	[Mu	tiple] [Multiple]		<u> </u>



8. Downtime Process

Downtime Process

- Scheduled Downtimes will be announced via a Newsflash posted on the Physician Connection Page and within the Cerner Announcement Screen when Logging into the Application
- Unscheduled Downtimes will be notified via the Canopy Status Stoplight on the Synapse Intranet site and via an overhead page of a Computer Conference

Downtime Toolkit

1. Each Nursing Unit will be stocked with a downtime toolkit. In the event of a downtime the provider should contact the Unit Secretary or Nurse for needed information.

Paper Items located in the toolkit include

- Paper Progress Notes
- Single Order sheets
- Post Procedure Notes
- Medication Reconciliation Forms
- Discharge Forms
- Prescription Pads
- Restraint Order Documentation
- 2. Electronic tools available to assist are
 - Past results and charting can be viewed via the Cerner 24/7 View Only Database
 - Evidence Based Ordersets can be printed from the CareLine link located off of Synapse the CHS Intranet.
- 3. During the Downtime Unit Secretaries will fax the written Pharmacy Orders to the Pharmacy and direct the other written orders to the appropriate departments.
- 4. Paper MARS will be available.
- 5. Once the downtime is completed an overhead page will occur indicating the computer conference is completed. All orders which have not been completed or are in the future status will be entered into the system. Pharmacy will enter all pharmacy orders and Unit Secretaries will enter all other orders. The orders will not be entered as PowerPlans but as individual orders. The orders should be entered with a communication type of "Written" and no co-signature request should be generated to the ordering providers.



9. Addendum

ED to Acute Transfer Process

Clinician Responsible for Task	Task/Process
ED Provider	Determines if patient qualifies for possible admission and contacts the Admitting Provider.
	Enters electronically <i>Admit/Change Patient Status</i> order.
	The Admit/Change Patient Status order will include the admitting provider, location, accommodation code, etc.
Inpatient Provider	Makes decision to admit patient
Registration or Secretary	Change the patient type to IP/OBS and place in ED Virtual Holding Unit in STAR. If patient going to surgery change the patient type to OPP place in the surgery unit.
	Note: The ED Snapshot MPage will stop collecting ED orders and data once the patient is changed to an IP patient type.
	Registration will complete the admission paperwork and change the patient armband. If working from a MPTL, complete the task.
ED Provider and Inpatient Provider	Verify location change in patient's banner bar.



ED RN	Contacts Bed Management / House Supervisor to find inpatient bed for patient. Receives room assignment from bed management / house supervisor and places info in the comments field on the tracking board.
Clinician Responsible for Task	Task/Process



Admitting MD	Orders and PowerPlans should be entered when the patient arrives on the correct inpatient unit or placed in the correct inpatient bed.
	Place orders in a " <i>planned</i> " status unless must be " <i>initiated</i> " now.
	Able to enter inpatient orders while the patient is being held in the ED if the patient is in the ED Virtual Holding Unit.
	Use Merge View functionality when placing inpatient admit PowerPlans to display PowerPlan components with those already ordered for the patient and active on the Orders Profile.
	Enter Order Details for orders.
	Discontinue orders as needed.
	Cancel/Reorder any orders required for transfer of care which gives the user the ability to cancel an order and replace it with one that can contain the same order details or be modified. This allows the new admitting provider to be the ordering provider. The old order remains on the profile under a new status as well as the new.
	Use Add Orders to Phase (these orders will become part of the Powerplan).
	Able to perform Admission Medication Reconciliation .
	ED MD also has ability to enter ED Holding/Admit Orders PowerPlan. Must change the Provider on each order to the correct Admitting Provider. These orders will expire after 2 hours and should only be used if the IP provider is not available at all to give orders.



ED RN	Performs any pertinent orders in the ED while awaiting transfer. Completes documentation, enters and administers any stat/now admission med orders or stat/now orders. Completes patient care orders performed by right- clicking on the order and selecting complete.
ED RN	Gives report to receiving unit; completes Admit Conversation on Depart Process when patient leaves the ED.
Clinician Responsible for Task	Task/Process
Registration or Secretary	Transfers patient in STAR to the correct IP/OBS bed.
Admitting Provider	Initiate PowerPlans when patient arrives on IP unit if they are planned and have not been initiated. Perform Admission Medication Reconciliation if not yet completed.
Receiving Inpatient Nurse	Review patient's chart: Orders Profile, MAR Summary, ED Snapshot MPage and Inpatient Summary MPage. Initiates "planned" Admission PowerPlans not initiated by the provider Perform Orders for Nurse Review.
	Continue with Inpatient Admission Process.



Clinician Responsible for Task	Task/Process
Registration or Secretary	Transfers patient in STAR to the correct IP/OBS bed.
Admitting Provider	<i>Initiate</i> PowerPlans when patient arrives on IP unit if they are planned and have not been initiated.Perform Admission Medication Reconciliation if not yet completed.
Receiving Inpatient Nurse	 Review patient's chart: Orders Profile, MAR Summary, ED Snapshot MPage and Inpatient Summary MPage. <i>Initiates</i> "planned" Admission PowerPlans not initiated by the provider Perform Orders for Nurse Review. Continue with Inpatient Admission Process.

Surgery/PACU Transfer Process

Responsible Person	Tasks/Process
Attending	Enter General Patient Orders
Surgeon	 Enter PreOp Phase of Multi-Phase Operative PowerPlan When the surgeon enters the Pre-Op PowerPlan details, the future date/time or use of "offset" functionality can be used if the default of T;N is not appropriate PowerPlan can be <i>planned</i> by the Surgeon and <i>initiated</i> by the Nurse at the appropriate time. Use <i>Add to Phase</i> functionality If the provider is planning an outpatient procedure or wished to enter Pre-Op Orders prior to the patient's admission, the provider can call the Pre-Admit Hotline for a registered patient encounter. Once the patient encounter has been created the provider can enter the pre-op orders on the patient. These should be <i>planned</i> and <i>initiated</i> when the patient arrives for the outpatient procedure. When the patient departs the unit for surgery cancel/dc orders as needed.
Anesthesia	Enter Pre-Op Anesthesia orders.



Nurse	When the patient departs the unit for surgery cancel/dc orders indicated by the provider.
	Patient arrives in Pre-Op Area
Pre-Op Nurse	When the patient departs the PreOp Holding area the Pre-Op Nurse will cancel/dc the Pre-Op Phase of the Multi-Phase Operative PowerPlan (except for the pre-op antibiotic if to be given while in the OR).

Responsible Person	Tasks/Process									
	Patient in the OR for surgery									
Anesthesia	Enter PACU Anesthesia (pain management) orders and initiate the PowerPlan									
PACU Nurse	Enter orders and able to initiate PACU PowerPlans (includes vitals, patient care orders, etc. commonly ordered in the PACU).									
	 PACU: ADULT Post Anesthesia Care Unit PACU: ADULT ORTH Post Anesthesia Care Unit PACU: PEDS Post Anesthesia Care Unit 									
	Use <i>Add to Phase</i> functionality to indicate any Post-Op orders the provider would like to be fulfilled while the patient is in the PACU.									
PACU Nurse	When the patient departs the PACU, cancel/dc the PACU Orders/PowerPlans.									
	• A communication order within the PowerPlan will indicate to the nurse when it is appropriate for the PowerPlan to be canceled/dc'd.									
Anesthesia	When the patient departs the PACU, cancel/dc the PACU Phase of the Anesthesia PowerPlan and orders.									



SurgeonAble to place the Post-Op Phase of the Multiphase Operartive Power in a <i>planned</i> status prior to surgery. Surgeon will <i>initiate</i> this phase the plan when the patient arrives on the inpatient unit.•Nursing can <i>initiate</i> this phase of the PowePlan when the patient									
	• Nursing can <i>initiate</i> this phase of the PowePlan when the patient arrives on the unit per instructions from the Surgeon or per hospital policy.								
	Address Medication Reconciliation post-operatively. <u>All</u> medication must be addressed during the Transfer Med Rec process.								
Patient arrives on Nursing Unit									
Nurse	Patient Care continues for Post-Op patient.								
	Nurse <i>initiates</i> PowerPlans not initiated by the provider								
	Reviews chart in PowerChart								
	Performs Orders for Nurse Review								

Case Management Message Templates

Phase II Case Management Message Templates

Messages will replace several paper forms including

- 1. "CCM Discharge Planning Notification" messages,
- 2. "CDMP Severity-Complex Worksheet" (CCM CDI Audits)
- 3. "Physician Advisory Form" messages to Dr. Fanning,

Templates have been made available to make it easier to document these.

1. <u>CCM Discharge Plan Notification (blue sheet)</u> – This is an FYI to the provider and will no longer be charted on paper.

CLINICAL CASE MANAGEMENT DISCHARGE PLAN NOTIFICATION

AT THIS TIME, BASED ON THE INPUT FROM THE INTERDISCIPLINARY TEAMS, CASE MANAGEMENT HAS ESTABLISHED THE FOLLOWING DISCHARGE PLAN:

- _ 1. No needs identified. Please consult CCM if needed.
- _ 2. Home Health
- _ 3. DME
- _ 4. Acute Inpatient Rehab
- _ 5. Skilled Nursing Facility
- _ 6. Assisted Living

BASED ON THIS PLAN, PLEASE COMPLETE THE FOLLOWING:



_ 1. Dictate d/c summary on Stat line. Include medications with dose and frequency. (Include confirmation # in progress notes)

- _ 2. Sign FL2 (placed in progress notes)
- _ 3. Sign Golden Rod (placed in progress notes)
- _ 4. Sign Wound Vac form (placed in progress notes)

_ Comments

When creating a new message, change the subject to "CCM Discharge Plan Notification" and the template will automatically insert into the message's body. Also notice the "As:" field automatically changes to "Clinical Care Management". This message will be saved as that Note Type instead of "Message Center Note" which is the default for blank messages.

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New Message							
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atient:	ල්ත් Caller:		Cal	er #:			
0:					<i>d</i> %	T Include	me
C:					- M		
ubject: CCM Discharge Plan Notifica	tion		Seve to Chart	As: Clinica	Care Mana	gement	· •
lessage							
					- C L		
Times New Roman 💌 🚺	Concentration of the second second second second second		5 1 3		1 8		
LINICAL CASE MANAGEME	NT DISCHARGE PLAN NOTIFI	ICATION					-
 No needs identified. Please co Home Health DME Acute Inpatient Rehab Skilled Nursing Facility 	izai CCM ir needed.						-
ctions		Remind on:		1.100			
Call the patient					-/		- 3
On call follow up		Due on:			- /		-
Patient in waiting room							
Schedule appointment							
					Serve	e 11 - 4	Cancel
					-		

Remember to check "Save to Chart".

If necessary you can set a reminder and/or a due date and you can use the Notify button to receive a notification either when the message is Opened or when it is overdue and not opened.

New M	essage											_ _ _ >
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? High	C Notify J Messe	lernuqt nge									3	Med List
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To:										đ	h 🗖 Indu	ide me
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Message												
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6. As	astedLiving					12	~ . ~ .					-1
C.												
BASED	ON THIS PLAN, F	LEASE CO	MPLET	E THE FOLLO	OWING:							
1. Dict	ate d/c summary or	n Statline. In	clude m	edications with	h dose and frequer	ev (Include	confirm	ation # in ;	progress no	tes)		
_2 Sign	FL2 (placed in pro	ogress notes)	10 C									
3. Sign	Golden Rod(place	d in progres	s notes)									
-												
_ 4. Sign	Wound Vac Iorm	(placed in pr	ogressi	uates)								
Comm	ents											
												-1
Actions												
Call the	patient					Remino	I on:		-		BRI	
Contac	t Provider					Den	on:	_			and bread a	1. Contraction 1. Con
	follow up						Cont.		-			
	in waiting room le appointment											
Schedu	e appointment											
											- 27	
											Send	Cancel



2. <u>CCM CDI Audits (CDMP Severity Complexity)</u> - The form currently prints from CDMP but staff still have to type out the entire question. Staff can send the provider a message with this information, the provider will enter the information into the PowerNote or update their dictated report and the staff can view the documents or powernotes as well as audit their sent messages to follow up with providers. Providers will be trained to respond "entered in PowerNote".

Please clarify if the patient has _

Please document the diagnosis in the Progress Note and Discharge Summary.

Thank you.

New Message											
Iask Edit											
? High 🕻 Notify 🋲 🗠	essage Journal									0	Med List
Patient:			🔥 Calle	e: [Caller	#:		-	
To:				, i					<i>6</i> %	T Include me	
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Subject: Physician Quer	V - CCM				- 1	Seve to Ch	art A	R Clinical C	1.000	unnersent.	¥.
1						a pare to car		I porteors	201 (211-201)	nggonnon n.	
Message											
Times New Roman	• 10	- 😌	RR	× 3 6 ×	B 型 2	5	£ 3	≗ ⊙ { 	0		
Please clarify the diagno	osis for this pati	ient with									-
states and the strategy strategy and											
_ [Give Indicators] [trea	tment]										
Please clarify the diagno	as for the abo	ve clinical in	dicators an	d treatment in the H	rogressnote	s and Discha	rge summ	ary as well	as if it w	vas present on	
admission.											
2.0											
Thank you											
1982											
											_
											-
Actions											
Call the patient					Remind o	n:		• • /**/	****	8.	- 8
Contact Provider					Due o			100			10120454
On call follow up					0000	···		• • / • /			÷
Patient in waiting room											
Schedule appointment											
14 F										12.11	
									Ser	d Ca	ncel
									6464		1940 P.M.



You need to enter the indications and treatments in the message where indicated.

New Message								_ _ ×
Task Edit High Motify J Message Journal Patient: TEST, ACUTETRANSFER 14	み Caller:	TEST, ACUTET	RANSFER 14	_	Caller #:	H (369) 852-1	470	Med List
To: CC: CS: Subject: Physician Query - CCM subject: Physician Query - CCM			: বা 💌	Save to Chart	As: C	ග්රී රජී Inical Care Man	Include r	me 💌
Times New Roman Please clarify the diagnosis for this patient High Blood Pressure receiving an EKG Please clarify the diagnosis for the above c admission. Thank you.	Notify Notify when Opened Notify: IF Me Notification Priority:	Overdue not ope I I I I I I I I I I I I I I I I I I I	ened Clear	ርancel		b∰ ∰ <u>B</u>	vas present o	n
Actions Call the patient Contact Provider On call follow up Patient in waiting room Schedule appointment			Remind on: Due on:	1 week		08/01/2011 08/08/2011		

3. Physician Advisor form – indicates patient to be admitted as inpatient or observation patient. Currently Dr. Fanning signs all of these and manually faxes back for CMC, Mercy, Pineville, university and some at NorthEast. May be able to use a template in Message Center for him to electronically sign.

Utilization Review Determination Form

Case Management Committee

MEDICARE ONLY

Section 1:

Reason for Physician Advisor Referral:

_ Does not meet screening criteria for admission. Date:

_ Does not meet screening criteria for continued stay. Dates:

_ Does not meet discharge screening criteria. Date:

Additional information:

-

Based on InterQual screening criteria, the patient's status meets: _ Inpatient _ Outpatient _ Observation status

I have reviewed this case with the patient's treating physician, Dr. _ and the physician

_ agrees _ disagrees with this change in status. _ He/she is aware of the referral to the Physician Advisor and has been notified to contact the Case Management Department.

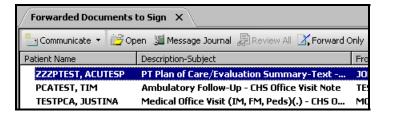


Rehab Plan of Care Review & Approval for Inpatient Medicare Observation Patients

• This process will enable physicians to electronically approve and sign the inpatient Medicare Observation Plan of Care certifications by using Message Center.

Inbox Summary 7	Documents X	
Inbox Proxies Pools	Communicate 👻 💕 Open 💥 Mes	sage Journal 🐊 Review All 🔐 Forward Only 🦕 Select Pabent 🖷
Display Last 90 Days	Patient Name	Description-Subject N
⊖ Priority Items (0)	ZZZPTEST, IMSBABY	PT Plan of Care/Evaluation Summary-Tex
😑 Inbox Items (2)		
Messages		
Documents (1/1)		

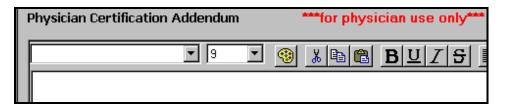
• PT, OT and Speech **Plan of Care** Certifications can be reviewed and signed through message center. These certifications will be in the **Forwarded Documents to Sign** folder.



- If modifications to the **Plan of Care** are **not** necessary then, -Sign and forward back to the therapist.
- If modifications to the Plan of Care are necessary then,
 - -Right click within the document and select modify.
 - -The Plan of Care PowerForm will open in modification mode.
 - -Click on the Medicare Certification section.

Medicare Certification Required

• Enter any modifications in the Physician Certification Addendum box



- Choose the green checkmark to sign the form.
- Forward document back to the therapist.



Section 11:

As a physician advisor of the Case Management Committee, I _ have/have not discussed this case with the treating physician and determined that the patient status should be: _ Inpatient _ Outpatient _ Inpatient -bill Part B only _ Observation status.

Additional information:

_

A second physician advisor is required only if the treating physician does not agree with the initial Physician Advisors determination.

As a physician advisor of the Case Management Committee, I _ have/have not discussed this case with the treating physician and determined that the patient status should be: _ Inpatient _ Outpatient _ Inpatient-bill Part B only _ Observation status.

Section 111: (patient notification is required only if the status is changed while an inpatient)

The patient has been notified on _ of any change in level of care.

New Message												
Task Edit			_									
High 🕻 Notify 🛲 Messar	je Journal										0	Med List
Patient:			Caller	r: [Caller #:				
To:									110	<i>6</i> %	[Include	e me
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Message												
Times New Roman	• 10	- 🕲		× 100 00 %	BU	7 5	EI	3	1014	1 01	8	
Utilization Review Determin Case Management Committe Section 1: Reason for Physician Advise Does not meet screening of Does not meet discharge s Additional information: Based on InterQual screenin	ee or Referral: riteria for adm riteria for cont creening criter	ission. Da imued stay. ia. Date:	Dates:		Dutpatient _	Observat	ion status	ŧ				
Actions												
Call the patient Contact Provider On call follow up Patient in waiting room Schedule appointment					Remin Du	don: [eon: [- [-		• •			
										Se	nd	Cancel



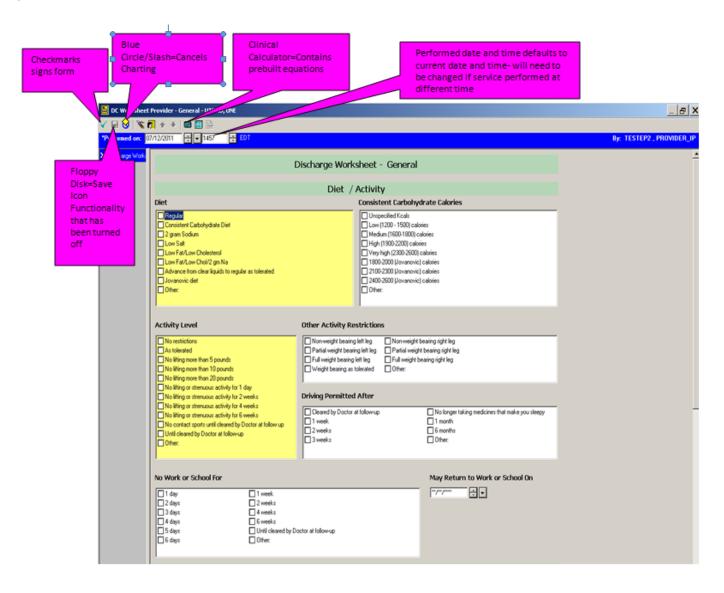
New Message	_IO ×
Iask Edit	
🕴 High 💪 Notify 📠 Message Journal	Med List
Patient: M Caller:	Caller #:
To:	💑 🗖 Include me
cc:	M
Subject: Physician Advisor Form-	Sove to Chart As: Clinical Care Management
Message	
Times New Roman 💌 10 💌 🎯 🗨 🔍 🔊 🖻 📽	BUISEE3 & M 4 9
Based on InterQual screening criteria, the patient's status meets _ Inpatient _	
I have reviewed this case with the patient's treating physician, Dr and the ph _ agrees _ disagrees with this change in status _ He/she is aware of the referra Management Department.	
Section 11:	
As a physician advisor of the Case Management Committee, I _ have/have not patient status should be: _ Inpatient _ Outpatient _ Inpatientbill Part B only _	
Additional information:	
A second physician advisor is required only if the treating physician does not a	agree with the initial Physician Advisors determination.
Actions	

New Message	c												-IIX
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Anatomy of a PowerForm

The PowerForm is comprised of a list of sections on the left side of the screen and the documentation fields on the right.





Fields on the PowerForm

- The format of a field contains clues about the kind of information that can be charted.
 - Date/time fields

A calendar is available for all date fields. Use the 🔽 to display the pop up calendar.

Can enter "T" (Today) to default to today's date in date field.

Can enter "N" (Now) to default to the current time in the time field.

- Alpha fields (single-select pick lists): Have a radio button next to each pick list item Only one option can be selected
 May have an "other" response option that will open a free text dialog box. (These allow a 255 character free text entry)
- **Multi-alpha fields** (multi-select pick lists)

Have a check box next to each pick list item

Multiple options can usually be selected

In some cases, if the first item is selected, no other available options can be selected (e.g., if "WNL" is the first item, a non-normal description cannot also be selected).

May have an "other" response option that will open a free text dialog box. These allow a 255 character free text entry.

• Free text fields

Blank box for entering text; has a 255 character limit.

• Rich text fields

Blank box for entering text; has no character limitations

• Required fields

Will show as yellow until a result or answer is entered.

Date/time, Multi-Alpha, Required Fields



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"Rich-Text Fields and "Other" Fields on Multi-alpha Responses

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Last Charted Value fields

Some fields may be set-up as "Last Charted Value". This means that information will be pulled forward from previous documentation.

If a value has been pulled forward from previous charting, it will show a tab icon to the right of the field.

Comments



Comments may be added to any field *that has a result charted* by right-clicking and selecting "Comment". Comments never pull forward to a new instance of a form.

When a completed form is viewed in Form Browser, a green pushpin icon will display beside fields with comments. Click on this icon to view the comment.

Last Charted Values and Adding Comments

Diet Present Carbohydrate Diet Consistent Carbohydrate Diet 2 gram Sodium Low Salt Low Fat/Low Cholesterol Low Fat/Low Chol/2 gm Na Advance from clear liquids to regular as tolerated Jovanovic diet Other:	Consistent Ca	1800) calories 00) calories 0-2600) calories vanovic) calories vanovic) calories
Activity Level No restrictions As tolerated No lifting more than 5 pounds No lifting more than 10 pounds No lifting more than 20 pounds No lifting or strenuous activity for 1 day No lifting or strenuous activity for 2 weeks No lifting or strenuous activity for 4 weeks No lifting or strenuous activity for 6 weeks No lifting or strenuous activity for 6 weeks No contact sports until cleared by Doctor at follow Until cleared by Doctor at follow-up Other:	Other Activity Restr Other Activity Restr Partial weight bearing left Partial weight bearing left Full weight bearing as toler	leg Non-weight bearing right leg eft leg Partial weight bearing right leg leg Full weight bearing right leg ated Quber Right Click to add comment to charting on field-remember, you must already have a result charted to add a comment.