

CLUE Minutes –November 14, 2006

Attendees: Judy Tucker, Karen Watson, Barbara Williamson, Melissa Smith, Mary Schiller, Cyncere Neal, Karen Allen, Donna Boykin, Beverly Cratch, Lisa Brantley, Dana Mosier, Pam Adams, Margie Agnew, Judy Cartwright, Betty Ridenhour, Mary Thompson, and Faye Tripp

Clinical Content Info

New Clinical Content:

- **Work Absence Medical Report:** Form to document and report return to work information. The form may be generated as an Encounter Type and printed separately or included with an update and a letter generated while the update is in progress. Users are encouraged not to disclose medical information to employers via this form unless absolutely necessary. (See attached). **Effective date: 11/27/2006**

Revised Clinical Content:

- **Pediatric Sports Medical History and Adolescent Physical Exam:** Adolescent Well Child template is now used for children between 11-18 years and the Well Child template for 3-12 years is now 3-10 years. The Peds/Adolescent History and ROS/Care is revised to include a question about school sports participation. In addition, a new 'Adolescent Sports History' form may be inserted to document specific sports related history as needed. The Peds/Adolescent Physical Exam is also expanded. The previous 'Pediatric Sports Participation' forms and template are deleted (See attached) **Effective date: 10/30/2006**
- **Adult Immunization:** Zostavax for shingles has been added to the Adult Immunization Administration and Imm Hx forms. (See attached). **Effective date: 11/16/2006**
- **ADL Assessment Revision:** The Activities of Daily Living Assessment form is revised to display the value and date for the previously entered assessment. The user may enter a current assessment or enter the previously entered values as current assessments and edit as needed. (See attached). **Effective date: 11/16/2006**
- **FM HPI Geriatrics:** The previous HPI no longer automatically displays but may be entered via button. **Effective date: 11/16/2006**

Other

- **New and Revised VIS:** Several new and revised VIS dates are changed on the Pediatric, Adult and Student Health Immunization forms. These include: FLU – 6/30/06, Rotavirus – 4/12/06, Tdap – 7/12/06 and HPV – 9/5/06. **Effective date: 11/16/2006**

Tips of the Month and other Reminders

- **RECORD Immunizations:** Please remember to click the yellow 'Record' or 'Commit to flowsheet' button to document all immunizations given to adults and documented on the Adult Intake, Adult Immunization, or the Imm Hx form. Reports have recently been forwarded to clinical area where lot numbers and manufacturers were entered with a date of administration.
- **Cleaning Keyboards:** Keyboards may be wiped/cleaned with disinfecting disposable cloths such as Sani-cloth and Clorox Disinfecting Wipes. These products have been shown to be effective in keeping bacteria from re-growing for two or more days.
- **Mammogram:** Mammograms from Eastern Radiology now include an OBS entry for 'Mammogram' on flowsheet when the result is scanned into Centricity. Providers are reminded to review the entry to ensure the entry matches the result. Documents with errors may be routed to 'Manager, Medical Records' or by speaking with Mary Pippen at 744-3763.
- **Release of Information:** Written requests for patients' records should be completed in HISS and not by clinic staff. Copies of test results recently reported and documents recently created may be mailed to or given to patients by the provider ordering the test or composing the document. **All other requests for patient documents should be forwarded to Release of Information or other HISS staff member unless there is an emergent situation. When records are released by staff a 'MR Release of Information' must be completed by the staff person releasing the record.**
- **Wrong chart entries:** DO NOT SIGN WRONG CHART ENTRIES! When an entire signed document is in error, the document must be appended by the user to explain the error and then routed to 'Manager, Medical Records' to be filed in error. The document will need to be reentered correctly. When most of the data is correct with some entry errors, please contact 744-2030, for specific instructions and assistance to correct.

Other Issues, Questions and Discussion

- **Quarterly update:** New and deleted problems and medications reference lists from GE Medical were imported into Centricity in October. Annual revised ICD codes are released in October. Custom Problems lists were distributed to departmental chairmen and administrators for review and revision.
- **Unplanned Downtime:** Clinic onsite mock 'downtime' drill is scheduled for November or December 2006 as a part of our Business Continuity Plan annual review.

Where we're going...

- **'View Only' training via on-line Camtasia**
- **Participation in/Interface with North Carolina State Immunization Registry**
- **Eastern Radiology: pursuing access to images and reports via internet link**
- **Planning rollout of CCC software**
- **Pilot billing project in process at FM**
- **Review of Centricity 2005**

Next meeting: 8:00 am, Tuesday, December 12, Brody 2E100.

Work Absence Medical Report

The 'Work Absence Medical Report' form component, found in the Adult General Forms folder and is also an Encounter Type, is used to report return to work information especially when restrictions are required. Users are encouraged to create a separate document for information entry so that the document may be printed and provided to the employer. Each field on the form is linked to an Observation term (OBS) or saved data field so that a letter may also be generated as needed especially when this form is added to a document for another purpose. The 'Work Absence Medical Report' letter, found in the ECU/General folder is best generated while in the update with the form.

Work Absence Medical Report: Hilary Abigail Thurston

Work Absence Medical Report *Complete only the fields as needed below*

Type of work: Date last worked:

Last evaluation date: Diagnosis:

Diagnosis related to: injury Surgery OB Hospitalization

Date of injury: Length of hospitalization:

Patient may return to work? yes no Return date: Approximate

Work restrictions needed? yes no *If "yes", please specify:*

No lifting greater than: lbs No pushing/pulling greater than lbs

No bending or stooping Sitting work only

No extended walking. May walk: min/hr May only work: hr/day

Other restrictions:

Restrictions end date: Approximate

When this form is added to an update or a letter format is desired:

1. Complete this form and close
2. With update OPEN, click 'Print' button and then 'Letters'
3. Open ECU folder, then 'General Clinic' folder, and select 'Work Absence Medical Report' letter
4. Check box to 'Save as document in chart'
5. Review and customize letter as needed
6. Print, save, and sign letter
7. Continue with update and sign when complete

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) Close

Sports Medical History and Adolescent Physical Exam

The Well Adolescent Visit will now include ages 11-18 and the Well Child Visit is changed to include ages 3-10. Pediatrics/Adolescent 'Peds Hx and ROS/Care' is revised to include ages 11-18 and a question about school sports participation. If yes, an 'Adolescent Sports History' form, found in the 'Adolescent' folder is inserted (using the 'Add Sports Hx' button) and opened for completion as needed. A radio button allows the user to document recommendation status of the school form completed.

Education	
School:	Grade:
Concerns about school:	
Plans to participate or currently participates in school sports?	<input checked="" type="radio"/> yes <input type="radio"/> no Add Sports Hx
School forms completed with participation recommendation status:	<input checked="" type="radio"/> approved <input type="radio"/> not approved
Activities/Sports:	

Adolescent Sports History: Hilary Abigail Thurston		
Adolescent Sports History		All 'No'
Ever hospitalized?	<input type="radio"/> yes <input type="radio"/> no	
Had surgery?	<input type="radio"/> yes <input type="radio"/> no	
Takes meds?	<input type="radio"/> yes <input type="radio"/> no	
Allergies?	<input type="radio"/> yes <input type="radio"/> no	
During or after exercise has patient		
passed out?	<input type="radio"/> yes <input type="radio"/> no	
felt dizzy?	<input type="radio"/> yes <input type="radio"/> no	
had chest pain?	<input type="radio"/> yes <input type="radio"/> no	
Had high blood pressure?	<input type="radio"/> yes <input type="radio"/> no	
Heart murmur?	<input type="radio"/> yes <input type="radio"/> no	
Racing heart or skipped heartbeats?	<input type="radio"/> yes <input type="radio"/> no	
Family death of heart prb/suddenly before 50?	<input type="radio"/> yes <input type="radio"/> no	
Skin problems?	<input type="radio"/> yes <input type="radio"/> no	
Head injury?	<input type="radio"/> yes <input type="radio"/> no	
Knocked out/unconscious?	<input type="radio"/> yes <input type="radio"/> no	
Seizures?	<input type="radio"/> yes <input type="radio"/> no	
Stinger, burner, or pinched nerve?	<input type="radio"/> yes <input type="radio"/> no	
Heat or muscle cramps?	<input type="radio"/> yes <input type="radio"/> no	
Passed out or dizzy from heat?	<input type="radio"/> yes <input type="radio"/> no	
Trouble breathing/cough during/after activity?	<input type="radio"/> yes <input type="radio"/> no	
Use of special equipment?	<input type="radio"/> yes <input type="radio"/> no	
Problem with eyes/vision?	<input type="radio"/> yes <input type="radio"/> no	
Bone or joint injuries?	<input type="radio"/> yes <input type="radio"/> no	
		<i>(Sprains, strains, dislocations, fractures, or repeated swelling- specify location)</i>
Eating disorder/concerns about weight?	<input type="radio"/> yes <input type="radio"/> no	
Chronic medical illnesses?	<input type="radio"/> yes <input type="radio"/> no	
Changes in medical hx since last visit?	<input type="radio"/> yes <input type="radio"/> no	
Take supplements (if yes, list)?	<input type="radio"/> yes <input type="radio"/> no	
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The Adolescent Physical Exam now includes expand areas of documentation for cardiovascular, musculoskeletal, and neurological exams.

Physical Exam - Peds Adoles: Hilary Abigail Thurston

Adolescent Exam | Exam cont

Physical Exam All bold items Normal

Growth %: Height %: Weight %: BMI %:

Current Values *HT (cm):* *WT (kg):* *BMI:*

Growth: Normal

Gen appearance: Normal

HEENT: Normal

Ophthalmoscopic: Normal

Otoscopic: Normal

Nasal: Normal

Pharynx: Normal

Neck: Normal

Thyroid: Normal

Chest exam: Normal

Breast inspection: Normal

Breast palpation: Normal

Tanner Stage:

Lungs: Normal

Heart: Normal

Femoral arteries: Normal

Periph. circulation: Normal

Abdomen: Normal

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Physical Exam - Peds Adoles: Hilary Abigail Thurston

Adolescent Exam | **Exam con't**

Genitourinary All bold items Normal

External genitalia: Normal

Scrotum: Normal

Penis: Normal

Tanner Stage:

Skin: Normal

Head and neck: Normal

Spine, pelvis, hips: Normal

Gait and station: Normal

Joints: Normal

Extremities: Normal

RUE: Normal | LUE: Normal

RLE: Normal | LLE: Normal

Musculoskeletal: Normal

Cranial nerves: Normal

Reflexes: Normal

Sensation: Normal

Mental State: Normal

PE Comments:

Adult Immunization Revised for Zostavax

The Adult Immunization form, found in the Immunization folder, is revised to include the Zostavax for shingles. The 'Record' button must be clicked once the date of administration is entered to have the data appear on the flowsheet. This vaccine has also been added to the IMM Hx form.

The VIS dates for Tdap and HPV have also been revised.

IMM Adult: Shiela P. Mateo

Adult Immunizations | Other Vaccines | Flowsheet

Immunization Administration Record

Record the REQUIRED information for EACH immunization given. Click the 'Record' button for each date entered to populate the flowsheet.

Immunization History

Immunization	Zostavax Dose: 0.65 ml
<input type="radio"/> HEP B#1	Zostavax Rte & Site: SQ Rt. Upper Outer Arm
<input type="radio"/> HEP B#2	Zostavax given by: Judy H Tucker RN
<input type="radio"/> HEP B#3	Zostavax Date given: 11/13/2006 Record
<input type="radio"/> HEP B#4	Zostavax Lot No: 542389
<input type="radio"/> Hep A#1	Zostavax Mfr: Merck
<input type="radio"/> Hep A#2	<input checked="" type="checkbox"/> Zostavax VIS Dated: 9-11-06 given
<input type="radio"/> Twinrix #1	Other Information: <input checked="" type="checkbox"/> Screened for sensitivities
<input type="radio"/> Twinrix #2	<input checked="" type="checkbox"/> Consent signed
<input type="radio"/> Twinrix #3	
<input type="radio"/> TD BOOSTER	
<input type="radio"/> Tdap	
<input type="radio"/> FLUVAX	
<input type="radio"/> PNEUMOVAX	
<input type="radio"/> MMR Booster	
<input type="radio"/> Menactra	
<input type="radio"/> Meningoc Vac	
<input type="radio"/> HPV #1	
<input type="radio"/> HPV #2	
<input type="radio"/> HPV #3	
<input type="radio"/> HemInfB #5	
<input checked="" type="radio"/> Zostavax	

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ADL Assessment Revision

The 'Activities of Daily Living' form, found in the Assessments folder, is revised to include a display of the previous ADL and IADL assessments with dates of entry for each on the left side of the window. This display will not appear in the note until the 'Add to note' box is checked.

A 'Current Assessment' (new or revised) may be entered on the right side. Click the 'All previous' button to re-enter the previously entered values into the current edit fields. Once entered, any of the individual fields may be edited.

Activities of Daily Living: Paula S. Psai

Activities of Daily Living

Previous Assessment Add to note

Ambulation: independent (11/08/2005 2:17:23 PM)
Transfer: independent (11/08/2005 2:17:23 PM)
Continence: independent (11/08/2005 2:17:23 PM)
Dressing: independent (11/08/2005 2:17:23 PM)
Bathing: independent (11/08/2005 2:17:23 PM)
Eating: independent (11/08/2005 2:17:23 PM)

Functional status: needs assistance (10/26/2006 1:

Comments:

Current Assessment All 'previous'

Ambulation:
Transfer:
Continence:
Dressing:
Bathing:
Eating:

Functional status:

Comments:

Instrumental Activities of Daily Living

Previous Assessment Add to note

Cleaning: needs assistance (11/08/2005 2:17:23 PM)
Meal Preparation: independent (11/08/2005 2:17:23 PM)
Laundry: needs assistance (11/08/2005 2:17:23 PM)
Shopping: independent (11/08/2005 2:17:23 PM)
Self Medication: independent (11/08/2005 2:17:23 PM)
Phone usage: independent (11/08/2005 2:17:23 PM)
Finances: needs assistance (11/08/2005 2:17:23 PM)
Travel: independent (11/08/2005 2:17:23 PM)

IADL score: dependent (10/26/2006 1:40:21 PM

Comments:

Current Assessment: All 'previous'

Cleaning:
Meal Preparation:
Laundry:
Shopping:
Self Medication:
Phone usage:
Finances:
Travel:

IADL Score:

Comments:

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