

CLUE Minutes –October 10, 2006

Attendees: Judy Tucker, Jennifer Vaughan, Geri Wright, Joanie Tyson, Bobbie Bonnet, Nancy Yoder, Mary Phippen, Ann Butler, Michelle Evans, Karen Watson, Barbara Williamson, Tracy Carawan, Nan'Et Charles, Melissa Smith, Mary Schiller, Cyncere Neal, Val George, Karen Allen, Lisa Brantley, Michelle Lang, Wanda Goodson, Mary Thompson, Keith Nelson, and Roy Newton

Clinical Content Info

New Clinical Content:

- **REI Med Orders:** Form to add commonly prescribed medications in REI to the med list and generates a prescription.
Effective date: 10/09/2006

Revised Clinical Content:

- **Pediatric Well Child Screen:** Result fields for serum Lead values added. (See attached) **Effective date: 10/11/2006**

Other

- **Quest Diagnostics/lab orders:** Quest labs orders may be entered in and printed from Centricity. Prompting for lab service based on insurance provider is effective with this change. The prompt for patients with certain managed care coverage the option of either Lab Corps or Quest. **Effective September 13, 2006**
- **New Manufacturer for FLU vax:** Novartis has been added to the dropdown lists for manufacturer of the Fluvax on the Pediatric and Adult vaccine.
- **CCC-Medicare ABN:** Two options for printing are available for selection: legal and letter. When letter is selected and more than one test is listed, two pages for the letter size may be printed.
- **Immunization Report date:** The current date of report for Immunizations is 9/18/06.

Tips of the Month and other Reminders

- **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 Phippen at 744-3763.
- **Route or Reassign?** The 'Provider' field entry should be changed to the name of the user responsible for the document and signature. This change may be accomplished while on the 'End Update' window or on any 'Change Properties' option windows. A document will always return to the desktop of the person whose name appears as the responsible provider. When a document is to be viewed (FYI) or countersigned, the document may be routed rather than reassigned.
- **Reset Warning Prompts:** Click on 'Options'; then select 'Display'; check box to 'Restore Warning Message Dialogs' and finally click 'OK'
- **ECU Physicians/PCMH Unapproved Abbreviations and Dose Expressions:** PCMH has requested that unapproved abbreviations not be used in transcription or other documents that would be filed into their medical record. A copy of the list is attached for reference.
- **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.**
- **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 will be imported into Centricity in the near future. Annual revised ICD codes are released in October. Custom Problems lists will be reviewed and distributed to each clinic/specialty for review and revision.
- **Unplanned Downtime:** Clinic onsite mock 'downtime' drill is scheduled for October or November 2006 as a part of our Business Continuity Plan annual review. A copy of Downtime Procedure/Preparation for clinical sites is attached for review/implementation in each clinic.
- **Camtasia On line resource for Centricity training:** A voice activated program with screen prints allows users to access specific training and workflow modules for Centricity. Users may use the program to enhance orientation training or refresh knowledge as needed. A survey is attached for users to provide feedback and request additional modules.
- **'My Folder' issue:** There has been no communication from GE Medical regarding the periodic emptying of 'My Folder' contents. Users are continuing to have this issue. Jay Davis to follow-up for updated information from the company.

Where we're going...

- **Eastern Radiology: pursuing access to images and reports via internet link**
- **Pilot billing project in process at FM**
- **Revised IDX/Centricity Interface**
- **Review of Centricity 2005**

Next meeting: 8:00 am, Tuesday, November 14, Brody 2E100.

Pediatric Well Child Screen Revision

The Pediatric Well Child Screen is revised to include a field to record serum Lead values. The lab result and date of testing is entered before clicking the yellow 'Record' button to populate the flowsheet.

Well Child Screen: Hilary Abigail Thurston

Well Child Screen | Peds Flowsheet

Well Child Screen
Screening Labs

Newborn Screen: drawn at birth-pending (04/21/2006 9:04:4E) **HB Screen:**

Previous Hct: *Hct at 9-12 months, during adolescence, and as indicated.*

Prev Lead Screen: **Lead Screen:**

Prev Lead value: *Lead screen per risk assessment at 12 & 24 months*

Lead value (ug/dL): **Date:**

Urinalysis *Screen at age 4-6 and as indicated*

Glucose: Bilirubin: Color: *(yel, straw)*

Appearance: *(clear)*



YOU CAN PREVENT AN ERROR

Do Not Use Unapproved Abbreviations

Unsafe Expression (Intended Meaning)	Safe Practice Write out...
U (unit)	unit
IU (international unit)	unit
MgSO ₄ (magnesium sulfate)	magnesium sulfate
MSO ₄ (morphine sulfate)	morphine
MS (morphine sulfate) (magnesium sulfate)	morphine or magnesium sulfate
q.d. or QD (daily)	daily
q.o.d. or QOD (every other day)	every other day
µg (microgram)	mcg
SC or SQ (subcutaneous)	sub-Q, subQ, subcut, or subcutaneously
AS, AD, AU (left ear, right ear, both ears)	left ear; right ear; both ears
OS, OD, OU (left eye, right eye, both eyes)	left eye; right eye; both eyes
Trailing zero (1.0 mg)	Do not use terminal zeros. Correct: 1 mg
No Leading zero (.5 mg)	Use a zero before a decimal. Correct: 0.5 mg
D/C (for discharge)	"discharge"
cc (for cubic centimeter)	"ml"

ECU Physicians Electronic Medical Record (EMR) Downtime Procedures/Preparation – Fall 2006 Update

Practice Management System (IDX) Downtime

- If IDX is down, clinics may rely on existing patient appointment and demographics information that resides in Centricity
- It is reasonable to expect that clinic sites may call on HIS/S for assistance in printing provider/clinic schedules from within Centricity
- Clinics will not update appointment or demographic information directly in Centricity
- New patient EMR charts will be created manually by HIS/S personnel

Scheduled EMR Maintenance/Upgrades

- All scheduled maintenance will occur outside of normal clinic operating hours.
- Centricity will be made available in READ-ONLY mode, via Citrix, for providers who require 24/7 access due to special patient populations (e.g., OB/Labor and Delivery, Transplant, etc.)

EMR Failover Process

- HIS/S will coordinate with ITCS to determine cause and possible resolutions for EMR outages
- HIS/S will make the decision on whether or not to return the primary EMR server to operation or failover to the standby server
 - Up to one hour of downtime may be required to perform the failover, once the decision is made
 - Up to five minutes of clinical data may be lost between the primary and failover servers
- HIS/S will coordinate with clinic sites on the problem, course of action, and anticipated duration of downtime

Clinic Needs during Downtime

(each clinic/dept should ensure that these are available BEFORE a downtime situation occurs)

- Prescription Pads
- Order Forms (PCMH lab/path/cyt/rad; LabCorp; Quest; any others used at the clinic site)
- Essential Pt Educational materials that are normally printed from Centricity
- Hard copy list (or access to list) of local pharmacies and their phone numbers
- Paper Forms to be used for handwritten documentation during the downtime
 - HIS/S encourages the use of the generic 'Downtime' template found in the 'Letters/ECU/General' folder. These should be printed in advance using the letter head of each clinic.
 - Templates from Centricity specific to each clinic may also be printed (clinic's discretion). Clinics who plan to use these should coordinate with HIS/S prior to downtime situation to get appropriate templates printed
 - Consent forms or other handouts generally printed from Centricity
- Instruction Cards for use of the external transcription system
 - Clinic/Dept discretion on whether providers may dictate during downtime, or should handwrite notes instead
 - HIS/S has a supply of Transcription system access instructions—clinics/departments may get these ahead of time if desired
- HIS/S recommends that clinic print chart summaries and/or other pertinent information on scheduled patients prior to the beginning of the clinic session
 - Printed info would be used as a reference tool in the event of unexpected downtime
- If the EMR outage is not system-wide, clinics may call on HIS/S and/or other staff to assist in providing printed information from the EMR

Clinic Procedures during Downtime

- During any period of downtime, clinics will document all care on paper
- **If downtime is one hour or less**
 - All documentation will be entered into the EMR via the normal means once the EMR is operational—handwritten notes will be destroyed (not filed or scanned)
 - Stat or panic results would be sent to each clinic via the established method
- **If downtime is more than one hour**
 - Handwritten documentation may be scanned into the EMR once it is operational
 - Providers may dictate notes even if they do not typically dictate (clinic/dept discretion)
 - Each clinic/dept will determine what data elements are critical for tracking and follow-up, and therefore should be entered into the EMR

Considerations—things you need to think about now

- How will downtime notification be received and communicated in my clinic site?
- Do I have the paper forms the clinic would need if the EMR is down? (Prescription pads, order forms, forms/paper for visit notes and phone notes, etc.)
 - Does staff know where they are?
- Do I want my providers to dictate notes (vs. handwrite) if the EMR is down for >1 hour?
 - If so, do I have copies of the instructions for accessing the *Meditext* system?
- What are the key data elements that my clinic needs to be able to see in flowsheets, encounter forms, etc. (i.e., what data elements should my staff manually enter into the EMR when it becomes available again—even if the encounter note is scanned or transcribed?). Think about:
 - Immunization Records
 - Meds/Injections administered on-site
 - Clinic testing performed on-site (TB test, audiology, pulmonary testing, etc.)
 - Lab testing performed on site or at external facilities that are not interfaced
 - Certain data elements collected during prenatal care (especially for high-risk patients)
 - Other data elements that are tracked and displayed as reminders/protocols for certain patient populations
 - Diabetes therapy/medication changes
 - Medication List changes and prescriptions
 - Problem List changes
 - Allergy List changes
 - Directives changes
 - Chemotherapy orders and treatments
 - Selected vital signs, if critical to the monitoring and care of the patient
- If the EMR, or inbound interfaces to the EMR, are down for >1 hour, how would I want to receive lab results (fax, phone, etc.)?

Online Training Modules Survey

Clue members....

Have you had the opportunity to explore HIS/S new Online Training Services? If not, please take a moment of your time to visit our website @ www.ecu.edu/hiss. Under the Online Training Modules link you will find 8 completed training modules. This voice activated program with screen prints allows user to access specific training and workflow modules for Centricity. Users may use the program to enhance orientation training or refresh knowledge as needed.

How did we do?	Disagree	1	2	3	4	Strongly Agree	5
Training modules focused on information and objectives useful in my job	1	2	3	4	5		
Was the right length of time for what was covered	1	2	3	4	5		
Training modules were accurate, up-to-date, well organized and easy to follow	1	2	3	4	5		
Training modules were easy to understand	1	2	3	4	5		
Training modules helped me to learn Centricity better	1	2	3	4	5		
More training modules would benefit users	1	2	3	4	5		

What are the most frequent questions asked by new users when first becoming acquainted with Centricity?

What other training modules would be helpful for new users: _____

What would help new users feel more prepared with using Centricity in your clinic? _____

Thank you for taking the time to complete this survey. Your responses will help us to provide better training for new centricity users.

Upon completion, please interoffice mail to:

Tracy Carawan

Lakeside Annex #1

Office #11

Or fax to 744-5504 Attention: Tracy Carawan