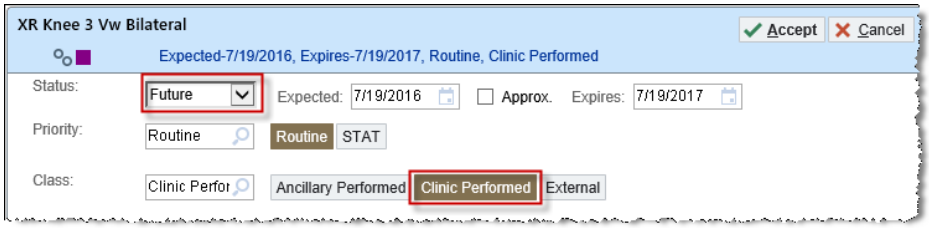
July 19 Ambulatory Go-Live | July 20, 2016

Badge Tap to Log In/Secure Your Workstation

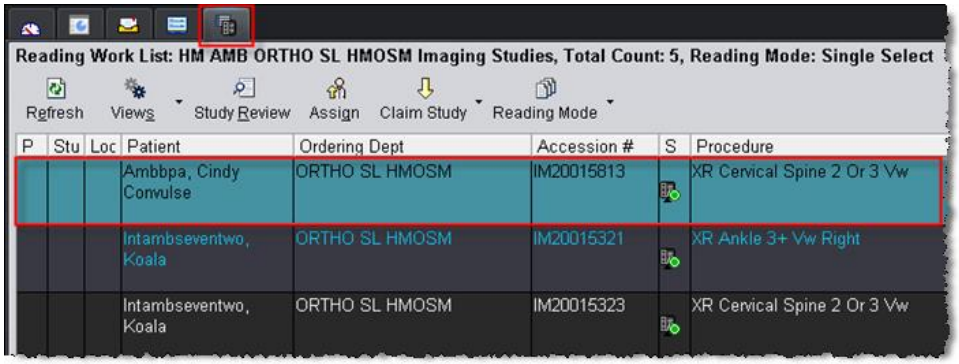
- In exam rooms and select workstations in your clinic, you can badge tap to log in to the workstation and badge tap out to secure the workstation (e.g., you're leaving the exam room and want to leave the encounter open on the workstation for your MA to continue documenting on the same chart)
- On badge tap workstations, there is no **Secure** button – you must badge out when you're finished documenting
- On workstations without badge tap access, click the **Secure** button in the upper right corner to leave your Epic session

Back Office Imaging Reminders/Updates

- Be sure to place imaging orders from your **Preference List**; if you don't see the order you're looking for, reach out to your at-the-elbow (ATE) support
- If you're placing an imaging order, the order **Status** should *always* be set to **Future** to ensure the study routes through the appropriate radiology workflow and displays on the technologist's **Work List**
- If the imaging study will be performed in your clinic, the order **Class** should be set to **Clinic Performed**, as shown below
- ***Note:*** *If you can't perform the imaging study in your clinic, the order* ***Class*** *should be set to* ***Ancillary Performed***



- To document your interpretation, log in to Epic on a PACS diagnostic reading workstation and select your **Reading Work List** home workspace tab. *Double*-click on the desired study or select a study and click **Study Review** (see image below). The image displays and you can document your interpretation in Epic on the **Result** tab. Click **Sign** when you're finished.
- To pull the imaging report you dictated/documented into your progress note, use the following SmartLink: **.IMGBOITHISVISIT**



Procedure Documentation ("ProcDoc") Reminders/Updates

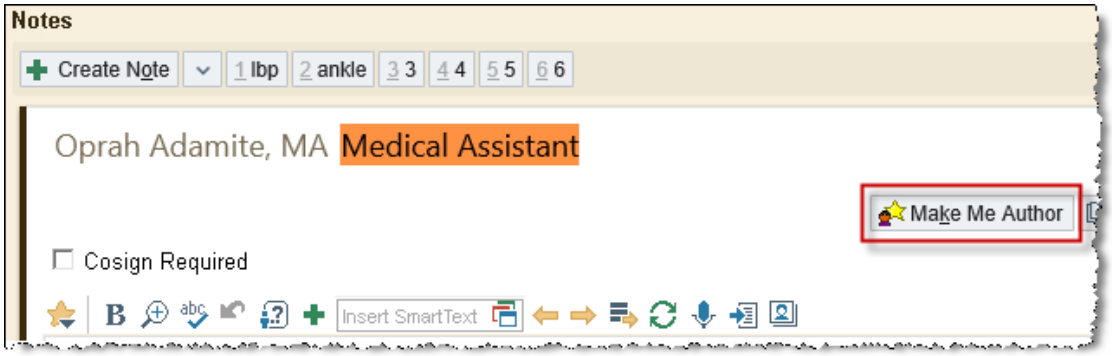
- If you're documenting a procedure-only visit, select the **Procedure Note NoteWriter** template, click the **Procedures** button and select the desired procedure to begin documenting
- If you're adding on a procedure to an office visit, enter the **.PROCDOC SmartBlock** into your note to pull in the **Procedure Note NoteWriter** template
- If you don't see an appropriate medication dosage as you complete your procedure documentation in **NoteWriter**:
    - Notify your ATE immediately and hold off on completing your documentation
    - Your ATE will submit a high-priority ticket to the IT Help Desk and your issue will be quickly resolved
    - Complete your documentation once the issue is corrected

Reminders for Providers Utilizing Scribes

- Scribes must attend Houston Methodist Epic training before receiving system access
- They can enter a chief complaint, past medical/surgical/family/social history, visit diagnoses and create progress notes
- They can't enter/pend orders or close encounters
- If you have customized your own **SmartPhrases** or **Macros**, be sure to share them with your scribe

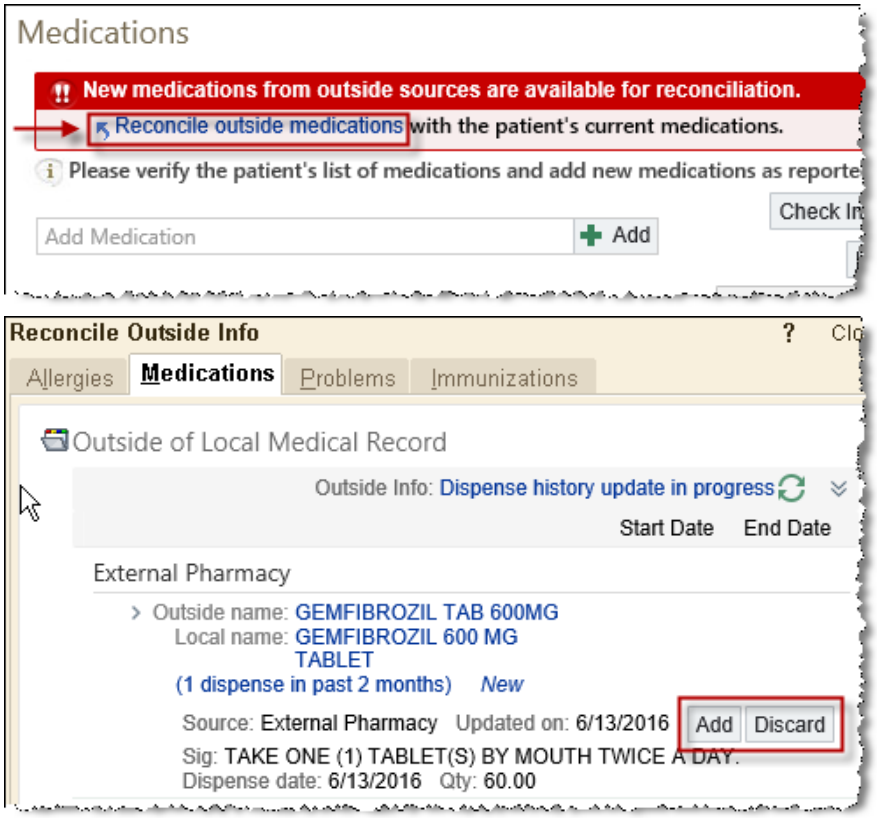
Taking Ownership of a Note Started by Support Staff

- To take over authorship of a note your MA or scribe started, access the note and click **Make Me Author**
- Mid-level providers can take ownership of a note started by support staff, and attending physicians can take ownership of this same note if desired



Reconciling Outside Medications from Surescripts

- Surescripts is queried prior to each patient's visit to determine if outside medications are available for review/reconciliation
- The Surescripts download at the time of the patient's initial visit after Go-Live is the intended source/starting point for the active medication list in Epic
- If the Surescripts query returns outside medications for reconciliation, a red banner displays at the top of the **Rooming** > **Medications** section
- Click the **Reconcile outside medications** link to review the medications; click **Add** and enter the medication details or click **Discard** as appropriate



Viewing Historical Data: Key Reminders

- To ensure you have the data you need for continuity of care, the following types of historical clinical data are available to you (refer to the table below)
- To view past progress notes, refer to the paper chart or Athena (available in read-only mode)
- There may be some variation across departments in the data elements abstracted; if you have specific questions, contact your administrator

Data	Where to Access It
Past ambulatory progress notes	Paper chart or via Athena (Read-Only)
Active medication list	Rooming > Medications *(Surescripts download allows you to reconcile outside meds, serving as initial source for active med list)*
Past histories (medical, surgical, family, social)	*Abstraction into Epic varies by department* Chart Review > History
21 years of shell encounters from HIS (search for patient visit or admission)	Chart Review > Encounters
Seven years of radiology reports/image links and mammography results	Chart Review > Imaging *(Within Imaging tab, select filter to view desired result types)*
Five years of advance directive links from MPF (formerly HPF)	Chart Review > Media *(Clicking link will launch an external viewer for MPF)*
Two years of clinical document links from MPF (formerly HPF)	Chart Review > Media *(Clicking link will launch an external viewer for MPF)*
Two years of transcription	Chart Review > Notes
Two years of POC results from Athena	Chart Review > Labs

Two years of lab results from Houston Methodist SoftLab	Chart Review > Labs
Allergies and problems abstracted from CCD	Available in corresponding activities within patient's chart for patients who had an Athena chart *(Allergies, Problem List)*

Tip Sheets Available for Your Reference

- Back Office Imaging Workflow for Ob/Gyn
- Back Office Imaging Workflow for Ortho
- Accessing Imaging Studies (on reading/regular workstations and historical images)
- ProcDoc Workflow

Questions?

- Ask your onsite ATE support
- Contact the IT Help Desk Physician's Line at 832.667.5555, option 1

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