

A Post Clinic Assessment: Bad Habits We Need to Break

and the Solutions you can employ to fix them!

Empowering Extraordinary Patient Care

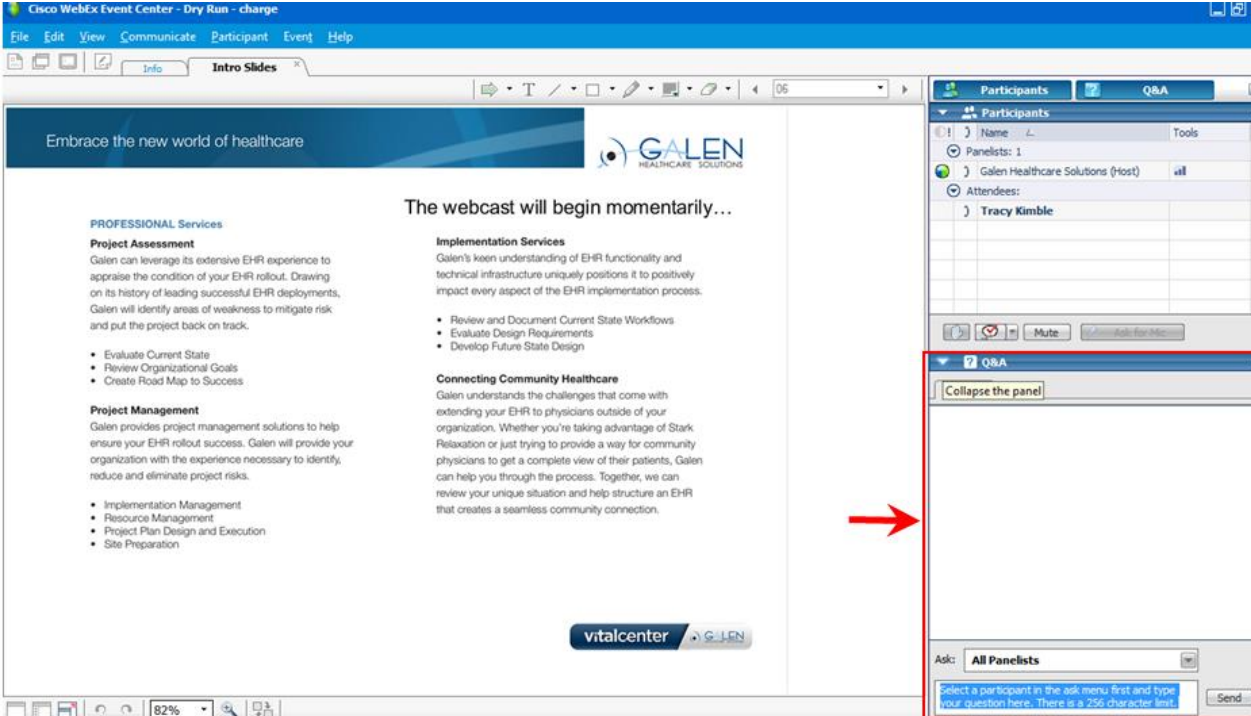


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Your phone has been automatically muted. Please use the Q&A panel to ask questions during the presentation!



The screenshot displays a Cisco WebEx Event Center window titled "Cisco WebEx Event Center - Dry Run - charge". The main content area shows a slide with the title "Embrace the new world of healthcare" and the GALEN logo. The slide content is divided into three sections: "PROFESSIONAL Services", "Implementation Services", and "Connecting Community Healthcare". The "Implementation Services" section is highlighted with a red box, and a red arrow points from it to the Q&A panel on the right. The Q&A panel is also highlighted with a red box and contains a "Collapse the panel" button. Below the Q&A panel, there is a "Send" button and a text input field with a placeholder message: "Select a participant in the ask menu first and type your question here. There is a 256 character limit."

Embrace the new world of healthcare

GALEN
HEALTHCARE SOLUTIONS

The webcast will begin momentarily...

PROFESSIONAL Services

Project Assessment

Galen can leverage its extensive EHR experience to appraise the condition of your EHR rollout. Drawing on its history of leading successful EHR deployments, Galen will identify areas of weakness to mitigate risk and put the project back on track.

- Evaluate Current State
- Review Organizational Goals
- Create Road Map to Success

Project Management

Galen provides project management solutions to help ensure your EHR rollout success. Galen will provide your organization with the experience necessary to identify, reduce and eliminate project risks.

- Implementation Management
- Resource Management
- Project Plan Design and Execution
- Site Preparation

Implementation Services

Galen's keen understanding of EHR functionality and technical infrastructure uniquely positions it to positively impact every aspect of the EHR implementation process.

- Review and Document Current State Workflows
- Evaluate Design Requirements
- Develop Future State Design

Connecting Community Healthcare

Galen understands the challenges that come with extending your EHR to physicians outside of your organization. Whether you're taking advantage of Stark Relaxation or just trying to provide a way for community physicians to get a complete view of their patients, Galen can help you through the process. Together, we can review your unique situation and help structure an EHR that creates a seamless community connection.

Participants

Name	Tools
Panelists: 1	
Galen Healthcare Solutions (Host)	
Attendees:	
Tracy Kimble	

Q&A

Collapse the panel

Ask: All Panelists

Select a participant in the ask menu first and type your question here. There is a 256 character limit.

Send

What We Will Discuss Today

- **Some of the most common bad habits that Galen Consultants have seen when performing clinic assessments and providing go-live support**
 - What causes these bad habits?
 - Why it matters.
 - What can you do about it?

Users are Removing Tasks

Why is it happening?

- Staff doesn't understand how to Complete a task
- Continuing to use email, not using reply function

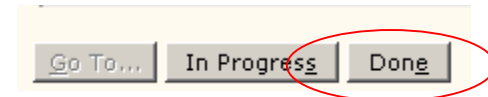


What's the impact?

- If a user removes a system generated task it will not complete the desired action
- The task will remain INCOMPLETE

What can you do?

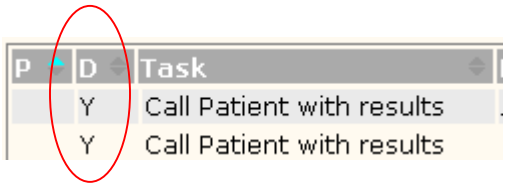
- Click the 'Done' button on user generated tasks
- Complete the desired action for system generated tasks (they will auto-complete)



Lack of Understanding Delegated Tasks

Why is it happening?

- Is not taught during training
- Task lists are not created to capture delegated tasks



P	D	Task
	Y	Call Patient with results
	Y	Call Patient with results

What's the impact?

- Staff might not complete tasks if they see the Providers name in “assigned to”
- Providers can have tasks they want there staff to work set as ‘delegated’

What can you do?

- Teach all staff about delegated tasks
- Create task views that contain the Provider(s) delegated task for the staff to work

Not Using the Copy to Note Function

Why is it happening?

- Staff unaware of the 'Copy To Note' function
- Not sure what it does



What's the impact?

- Providers generally do not review a patient's task to determine if the patient had clinical/and or vital information.
- Providers review the chart before visits

What can you do?

- Any relevant medical information contained in a task should be copied to a Note.

Referrals and F/U – Not Documenting Scheduled Appointments

Why is it happening?

- Not using the Order Requiring Follow-Up worklist
- Staff unaware of where the appointment status is located

What's the impact?

- Worklist will become un-manageable
- Staff unsure if appointment was scheduled

Appointment Status:

Date:

- Appointment Needed
- Appointment Not Needed
- Appointment Scheduled
- Patient Will Schedule

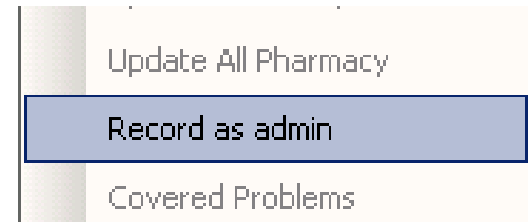
What can you do?

- All staff working these orders need the appropriate worklist
- Update order as soon as appt is scheduled

Staff Not Recording Administration Information for Meds/Immunizations

Why is it happening?

- Providers not placing orders
- Not entered in real time
- Don't know where to enter information
- Orders not captured on worklist
 - Or staff not using worklist



What's the impact?

- Incomplete chart
- Charges not linked to Appointment Encounter
- \$\$ - Missed revenue

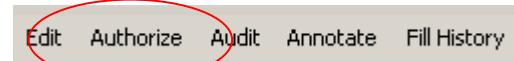
What can you do?

- Establish workflow for staff to work these orders from worklist
- Enter details at the time of administration

Providers are Not Authorizing Orders and Medications

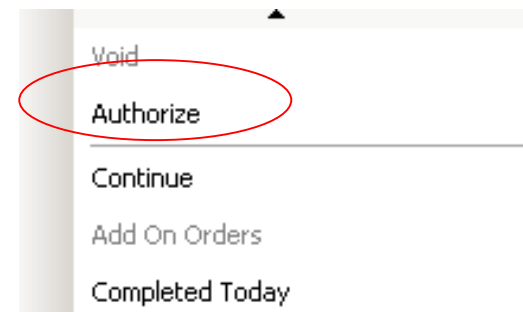
Why is it happening?

- Not knowing they have orders to authorize
- Not having the correct worklists set up
- Not paying attention to their task list



What's the impact?

- If they do not authorize Prospective Orders they will not be sent out
- Electronic Results will not file back into AEEHR
- Staff cannot result in office orders



What can you do?

- Make sure Providers are staying up-to-date on Task List
- Providers should monitor their worklist(s)
- Practice manager oversees site coverage worklist and/or task list

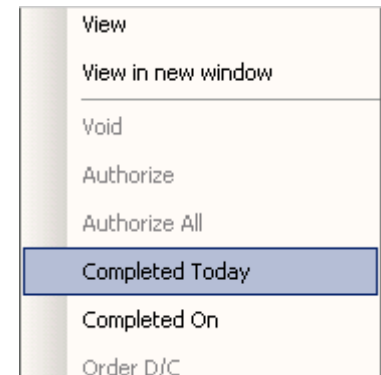
Users are Not Completing Orders

Why is it happening?

- Orders are not authorized by the Ordering Provider
- Staff is not entering results for in-office tests
- Staff is unaware of who should complete orders after scanning a result

What's the impact?

- In-Office results are not being tied to the order in the AEEHR
- Orders that have already been done are become overdue
- It will only get worse



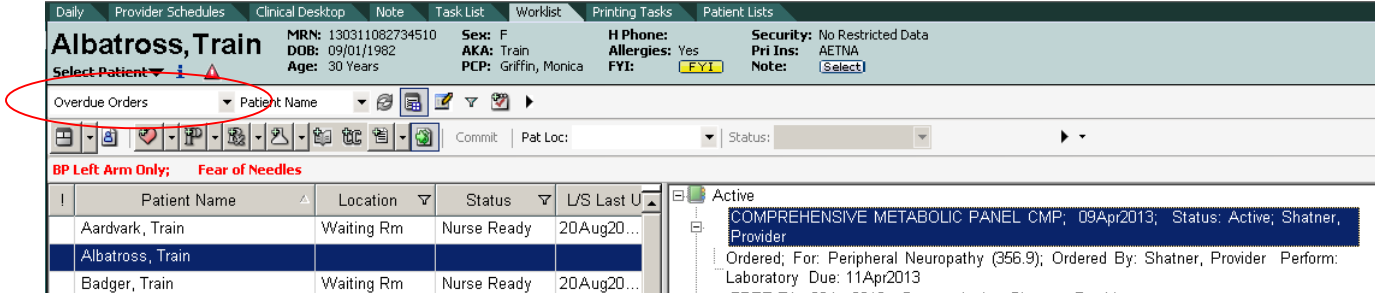
What can you do?

- Workflow for who will complete an order when a result is scanned
- Create a worklist for staff to monitor all orders that need manually entered results
- Make sure the Providers are authorizing all orders entered by their staff

Not Utilizing Overdue Orders Worklists

Why is it happening?

- Organization not using the Overdue Orders worklist
- Worklist not being monitored by the staff



The screenshot displays the 'Overdue Orders' worklist in a healthcare system. The patient selection dropdown is circled in red. The table below shows the list of overdue orders:

Patient Name	Location	Status	L/S Last U
Aardvark, Train	Waiting Rm	Nurse Ready	20Aug20...
Albatross, Train			
Badger, Train	Waiting Rm	Nurse Ready	20Aug20...

Below the table, a detailed view of a specific order is shown:

BP Left Arm Only; Fear of Needles

Ordered; For: Peripheral Neuropathy (356.9); Ordered By: Shatner, Provider Perform: Laboratory Due: 11Apr2013

What's the impact?

- Incomplete chart
- Orders not being completed

What can you do?

- Use the Overdue Orders worklist / teach staff how to use it
- Establish who is responsible for monitoring the worklist

Batches Not Sorted To Chart

Why is it happening?

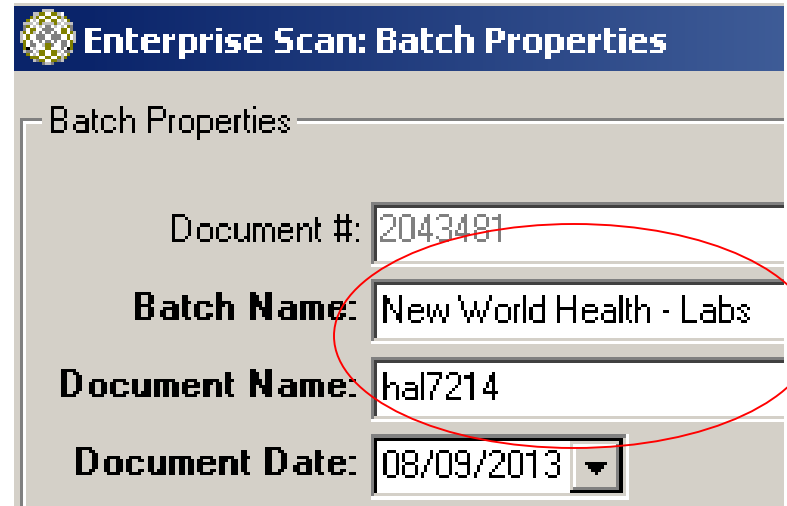
- Batches not labeled correctly
- Staff not sorting on the same day as scan

What's the impact?

- Incomplete chart / information missing
- Orders not being completed
- Results not filed into chart

What can you do?

- Enforce a “sort-by” date.
- Established standard naming convention



Enterprise Scan: Batch Properties

Batch Properties

Document #: 2043481

Batch Name: New World Health - Labs

Document Name: hal7214

Document Date: 08/09/2013 ▼

Incorrect Encounter Selected When Entering Med Admins or In House Results

Why is it happening?

- Staff is linking the documentation to a new encounter instead of linking the information back to the associated appointment

Existing Encounters:

Date	Provider	Type
23 Aug 2013	Stewart, Provider	Appointment
05 Aug 2013	Unassociated	Chart Update
31 Jul 2013	Stewart, Provider	Result Charge

Select Existing Encounter

What's the impact?

- Charge will not drop to the right encounter form
- Provider will have to manually enter charge
- Duplicate encounters
- Additional tasks created

What can you do?

- Staff should select patient from schedule or select the correct appointment encounter when prompted

Race/Ethnicity/Language Not Documented

Why is it happening?

- Not being entered at Check-in
- Entered in the PMS, not the AEEHR

What's the impact?

- MU Requirement (race, ethnicity, and preferred language)
- Will not receive \$\$ for MU (50% of unique visits)
- Penalties will be imposed starting 2015

What can you do?

- Include in the check-in process
- Provide staff with standard dialog

Clinical Summaries Not Being Provided

Why is it happening?

- Staff unaware they need to provide the Clinical Summary
- Provider is not finished with their Plan before patient leaves

Clinical Summary:

What's the impact?

- Meaningful Use:
 - Stage 1 – Provide CS within 3 business days
 - Stage 2 – Provide CS within 1 business day

Date: 06 Aug 2013

\$	N	TC	CS	A	Pt Loc
		<input checked="" type="checkbox"/>		Arr	
\$		<input type="checkbox"/>		Arr	
\$		<input type="checkbox"/>	N/A	Arr	
\$		<input type="checkbox"/>	N/A	Arr	

What can you do?

- Provide Clinical Summary when the patient checks out
- Document Decline in the Clinical Summary section when appropriate
- Provider insures the appropriate sections of the visit are entered before the patient leaves.
- Provider can write personal instructions in the accumulator of Note.

Transitions of Care Appointments Not Flagged as “TC”

Why is it happening?

- Not sure what the TC column is
- Users not understanding the meaning of TC

What's the impact?

- Meaningful Use
 - 50% of TC patients

Date: 06 Aug 2013

\$	N	TC	CS	A	Pt Loc
		<input checked="" type="checkbox"/>		Arr	
\$		<input type="checkbox"/>		Arr	
\$		<input type="checkbox"/>	N/A	Arr	
\$		<input type="checkbox"/>	N/A	Arr	

What can you do?

- Transition of Care can be checked manually on the Daily Schedule or Encounter Summary by any staff or providers.
- Default the checkbox for certain visit types

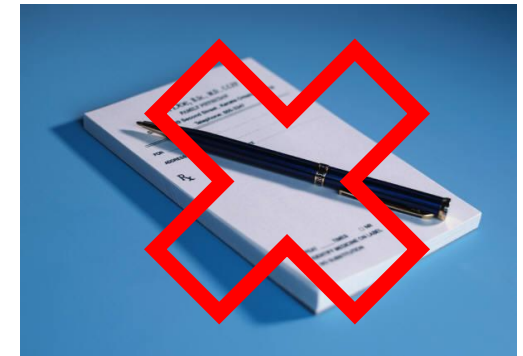
Hand-Writing Scripts Instead of ePrescribing

Why is it happening?

- Uncomfortable using the system
- Front desk staff not entering the preferred Pharmacy

What's the impact?

- Meaningful Use: prescriptions should be e-prescribed
 - Cannot transmit schedule II meds electronically
- Incomplete chart / meds not up-to-date



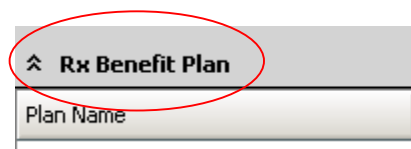
What can you do?

- Enter prescriptions in the AEEHR
- Hide the prescription pad
- Practice, practice, practice
- Enter/update pharmacy information at check-in

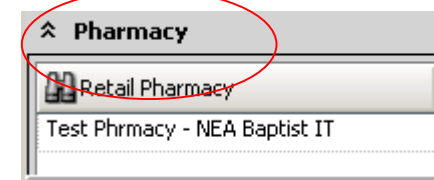
Rx Benefit and Pharmacy Info Not Entered at Check-In/Intake

Why is it happening?

- Front desk or intake staff is not entering during the check-in/intake process
- Unsure who's job it is / how to



A screenshot of a software form titled "Rx Benefit Plan". The title is circled in red. Below the title is a text input field labeled "Plan Name".



A screenshot of a software form titled "Pharmacy". The title is circled in red. Below the title is a dropdown menu labeled "Retail Pharmacy" with the text "Test Pharmacy - NEA Baptist IT" selected.

What's the impact?

- Adding the Rx benefit information will display preferred medications
- If the pharmacy is not entered the Provider is less likely to ePrescribe

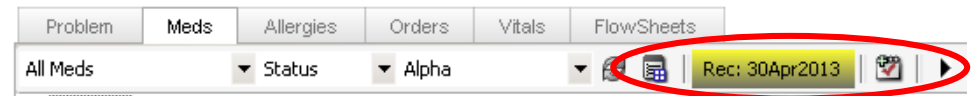
What can you do?

- To help the provider to meet the ePrescribe Meaningful Use requirements, it is important to add the pharmacy benefit information and the retail or mail order pharmacy choice for the patient.
- Teach staff and include during check-in process

Med and Allergy lists are Not Consistently Reconciled

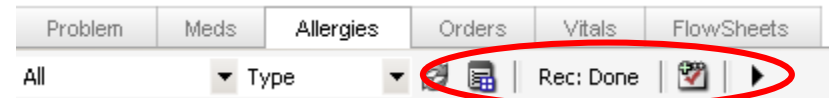
Why is it happening?

- Staff unaware they need to do it
- Not sure where/how to do it
- Not checking MU alerts



What's the impact?

- Meaningful Use
- Chart not up-to-date



What can you do?

- Click the reconcile button after reviewing medications/allergies for each appointment
- Always address MU alerts

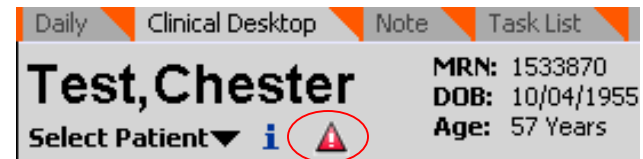
Not Using Meaningful Use Alerts

Why is it happening?

- Staff/Providers do not have a thorough understand of Meaningful Use
- Not aware of where the icons are located

What's the impact?

- Meaningful Use... need I say more?
 - record vitals
 - place electronic orders
 - reconcile the medication and allergy lists
 - record the smoking status for patients 13 and older.



My Alerts

- MU** Med allergy status is not documented
- MU** Meds list is not reconciled for encounter

What can you do?

- Show all staff where the Meaningful Use alerts are located
- Explain MU to all staff, not just the Providers
- Always review MU Alerts on Encounter Summary


Unfinalized/Unsigned Provider Notes


Why is it happening?

- Provider not comfortable using AEEHR in exam rooms
- Provider waits until the next day/week to finish notes and forgets to sign
- Staff are viewing notes in edit mode and choosing save and close.

What's the impact?

- Lost revenue
- Frustrated Providers and Coders

Date: 06 Aug 2013 

\$	N	TC	CS	A	Pt Loc
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Arr	
\$	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Arr	
\$	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Arr	
\$	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Arr	

What can you do?

- Provider should monitor unfinished Notes from the daily schedule
- Make sure task list is addressed by the end of each day
- Establish the best workflow for each individual Provider

Unsigned Nurses Notes

Why is it happening?

- Nurses and staff not opening the correct note type
- Saving the note, not signing it (Are the clinical staff required to sign)

 **Nurses Notes**

 Nurses Note (Nurses Note) - Allscripts, Provider, Enc: 14Aug2013 -

What's the impact?

- Task lists become overwhelming
- The provider will lose any documented information if they change the note type during the visit.

What can you do?

- Create a grid to help staff understand what kind of Note should be created for each scenario.

Scenario	Authority Level
Phone Conversation	Clinical Staff
Appointment	Provider
Nurse Visit	Nurse
Work/School Excuse	Clerical/Clinical Staff

Over-Reliance on the E/M Coder

Why is it happening?

- Providers using the E/M Coder to determine visit charge... and not reviewing on the Encounter Form



Recompile Sign E/M Copy Forward S

What's the impact?

- E/M coder is over/under charging
- It does not take Note free text into account
- Is only a tool, Providers should always review the information to warrant appropriate charges are submitted

What can you do?

- Disable in the event it is being used incorrectly
- Make sure to review the visit charge on the Encounter Form and make corrections if necessary
- Have the biller task Providers when they have billed incorrectly.

Failure to Document Chief Complaint/Reason for Visit Details

Why is it happening?

- Staff not sure how
- Not starting Note or skipping Note section



What's the impact?

- Provider unsure why patient is there
- Staff entering Active problems
- Not coding compliant
- Incomplete Note

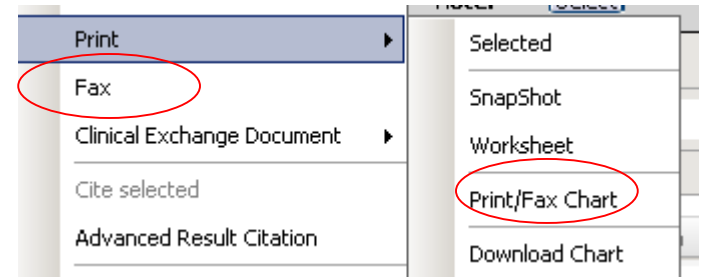
What can you do?

- Staff enter as part of intake process
- Create Note form to simplify documentation

Printing Document and Faxing from Fax Machine

Why is it happening?

- Staff unaware they can fax from AEEHR

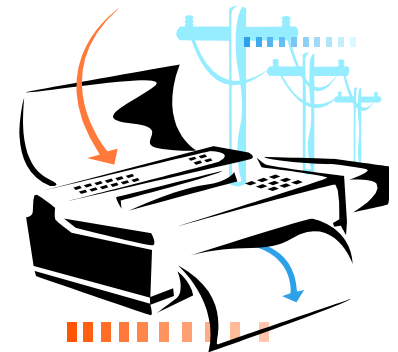


What's the impact?

- Takes more time to print and then fax = double work
- Wasting paper = losing money

What can you do?

- Right-click on document in chart viewer and select print/fax
- Fax the chart
 - Limit page number?
 - Limit users?.





Galen Resources

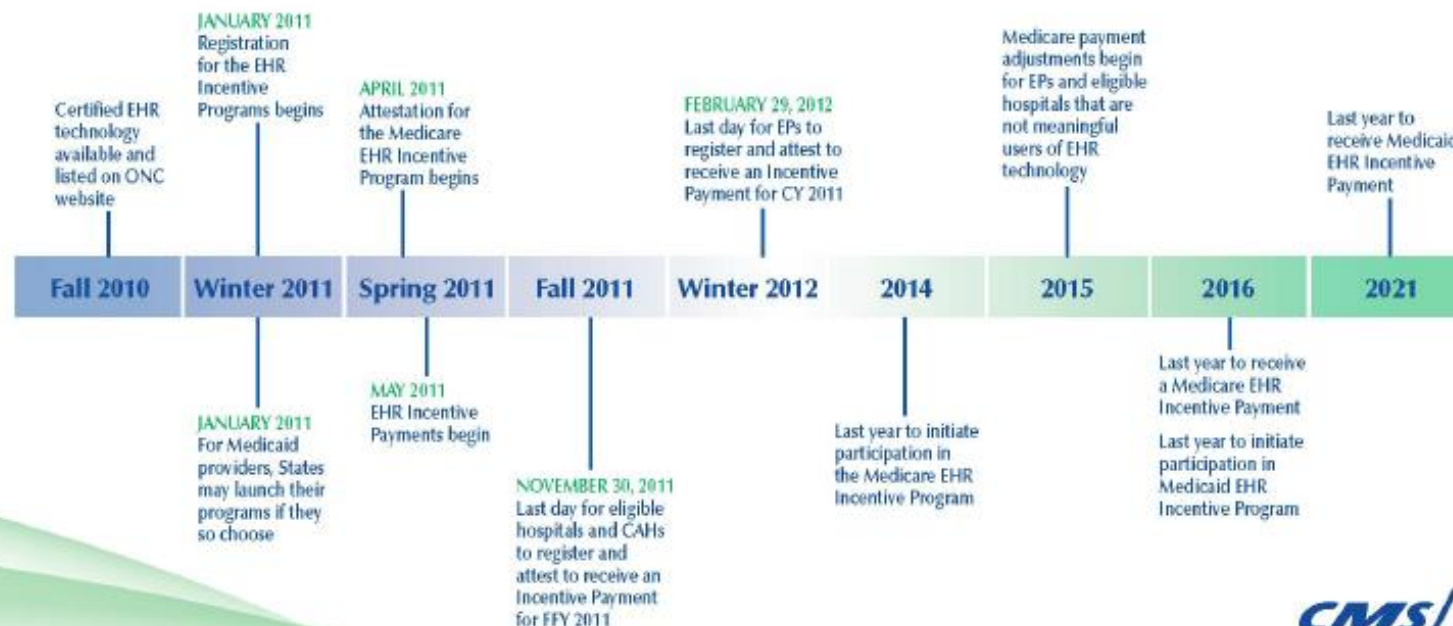
- If you have any questions regarding this webcast or any other educational materials from Galen, please e-mail education@galenhealthcare.com
- Visit galenhealthcare.com to check out our wiki, blogs, and services/products



Wiki.galenhealthcare.com/webcasts



CMS Medicare and Medicaid EHR Incentive Programs Milestone Timeline



Resources:

- **Clinical Summaries**
- http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/13_Clinical_Summaries.pdf
- **Race, Language, Ethnicity**
- http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/7_Record_Demographics.pdf
- **Gude To Understanding MU**
- http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/beginners_guide.pdf
- **Payment/Adjustment Tip Sheet**
- http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/PaymentAdj_HardshipExcepTipSheetforEP.pdf
- [http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/8_Transition of Care Summary.pdf](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/8_Transition_of_Care_Summary.pdf)