11.4.1 Tips, Tricks, Gotcha's from Configuration to Go Live

Presenters: Crystal Vervaecke and Christy Erickson

Empowering Extraordinary Patient Care

Goal/Objectives

- **Goal:** Share information regarding all aspects of 11.4.1 upgrade from configuration to Go Live and increase success of 11.4.1 Go Live

- **Objectives:**
  - Identify 2 tasks that a client can begin prior to formal Allscripts upgrade team engagement.
  - Review key re-design changes to be considered for configuration, testing, and end user training.
  - Discuss known issues from 11.4.1 HF 1 and HF 2 testing/go live’s

Design/Configuration

Where are you today?

- Do you have a signed contract?
- Speed 2 Value or customized?
- Do you know key milestones dates or timeframes?
- Do you have it in your test system?
  - What version? Will you take more hot fixes/patches for Go live?
- Do you have documented test scripts of your workflows?
- Do you have current state test scripts?
- Do you have future state test scripts?
- Have you attended e-learning?
- Have you read resolved, known issues list, enhancement documentation?

Design/Configuration- Tips

- Ask for configuration guide/build workbook for 11.4.1 upgrade if you don't have it already
  - Pull spreadsheets from Prod to review current state, consider making changes as possible
- Begin design meetings as soon as you can
  - Document all design decisions to ease configuration
- Assign configuration tasks out to team prior to configuration week
  - Consider having the same resource who does "test" configuration perform the "Go Live" configuration
  - Have 1 owner of configuration spreadsheet
- Only load/update in SSMT what was configured for upgrade
  - Time the actual configuration time to have a baseline for go live weekend

Design/Configuration- Tricks

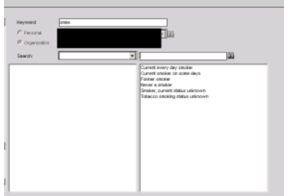
- **Preferences- find out what is new**
  - Pull an extract from Production now on current version paste on sheet 1 of the excel
  - Once you have completed the upgrade pull a fresh copy of preferences on sheet 2
  - Add a Sheet 3 and merge both sheet 1 and sheet 2
  - If you don’t have your test upgrade yet then complete the first step and use the preference guide to review the differences
  - Consider looking at the MU stage 2 Core items for preferences as well and how items need to be configured

Design/Configuration- Tricks

- **Enhancements**
  - The configuration guide supplied doesn’t include enhancement configuration steps
  - Review what you plan on using and add the steps to your configuration guide to ensure all items are captured in configuration for test and go live

Design/Configuration- Gotcha’s

- **Keywords**
  - Issue Case 05448391



Keyword: smoke

○ Personal

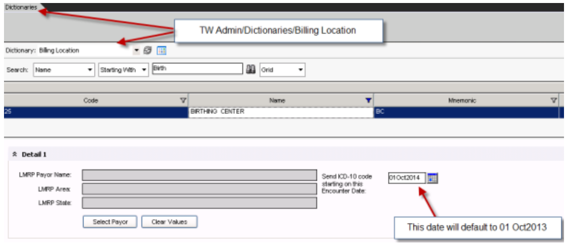
● Organization [redacted]

Search:

Current every day smoker
Current smoker on some days
Former smoker
Never a smoker
Smoker, current status unknown
Tobacco smoking status unknown

- **Order Groups- SSMT**
  - Issue Case 06818985

- **Billing Location- date will default to 2013**
  - SSMT or upgrade tech can run a script



TW Admin/Dictionaries/Billing Location

Dictionary: Billing Location

Search: Name ▾ Starting With ▾ Birth Grid ▾

Code	Name	Mnemonic
25	BIRTHING CENTER	BC

Detail 1

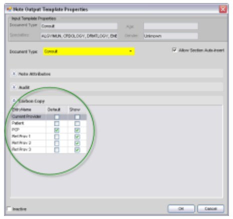
LMRP Payor Name:
LMRP Area:
LMRP State:

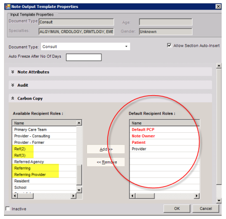
Send ICD-10 code starting on this Encounter Date: 01Oct2014

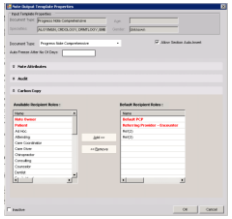
This date will default to 01 Oct2013

Design/Configuration- Gotcha’s

- **Carbon Copy- changes in Carbon Copy**
  - New defaults and different names so it won’t look exactly the same as your current version
  - Issues with Allscripts defaults pulling in and overriding current defaults (06661507)







- **Noteform Assessments**
  - Issue Case 06965924
  - Consider not using or having provider Save/Commit prior to going to the Plan section.
  - Also in building think about ICD-10 and adding specificity

Testing- Tips/Tricks

- Have a documented test plan
  - http://wiki.galenhealthcare.com/Test_Plan_Development

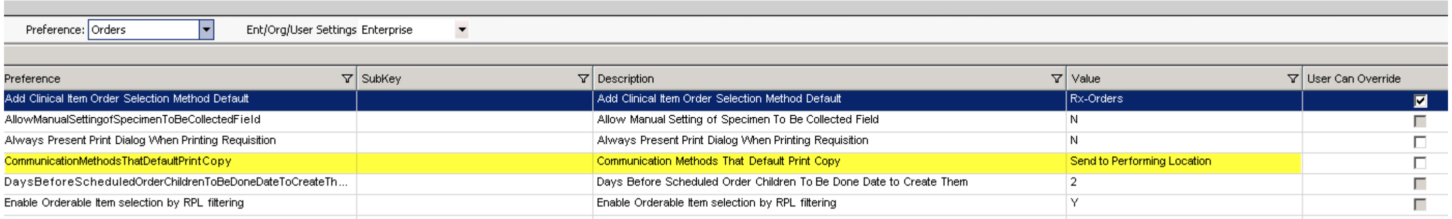
- Spend most of your time on workflow testing

- Consider using Super Users

- Test after every patch and/or Hot Fix

Testing- Gotcha’s

- Auto Print Defaults- design change
  - New preference: Communication methods that print default copy under Orders preference



Preference: Orders Ent/Org/User Settings Enterprise

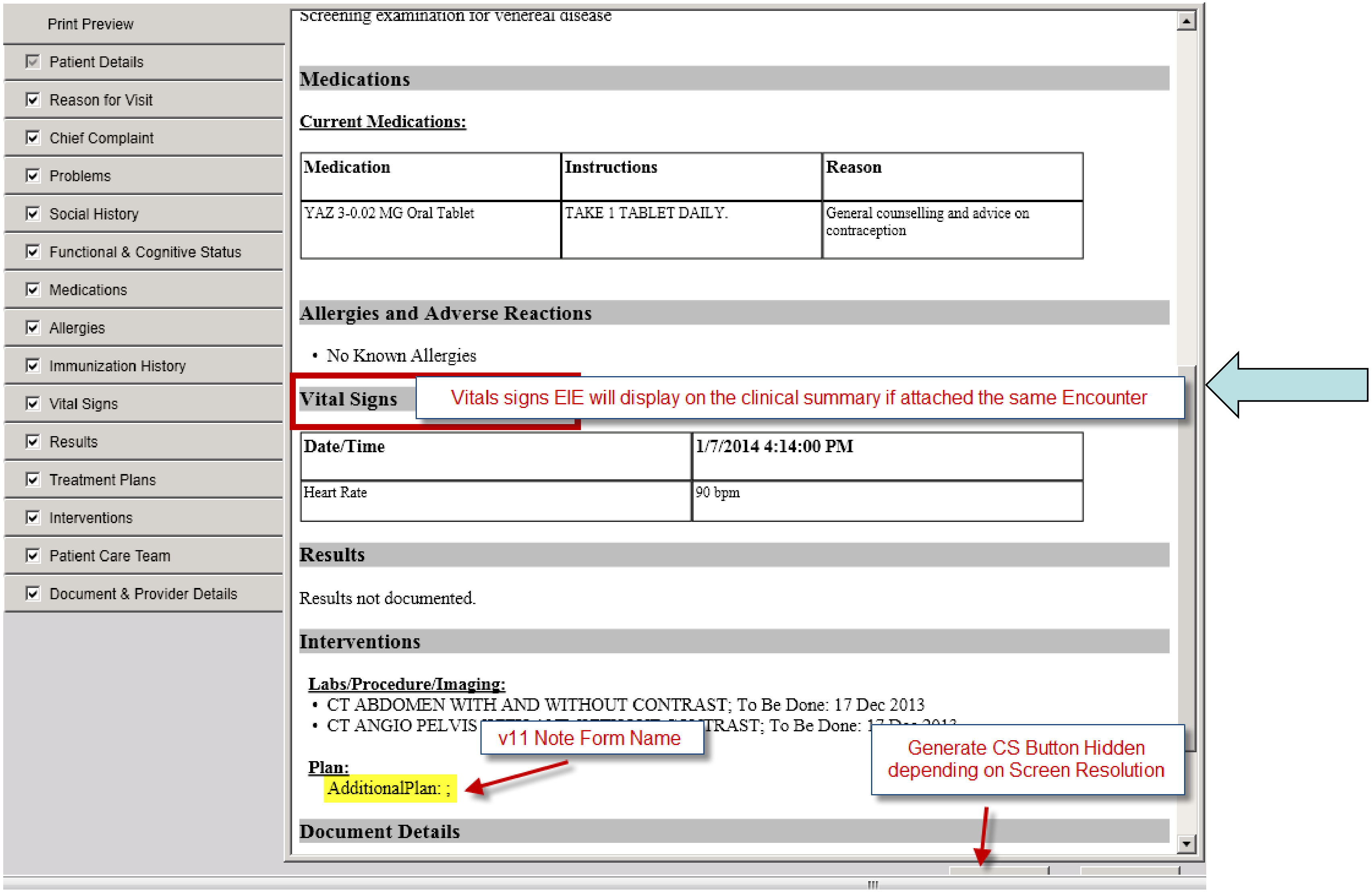
Preference	SubKey	Description	Value	User Can Override
Add Clinical Item Order Selection Method Default		Add Clinical Item Order Selection Method Default	Rx-Orders	☑
AllowManualSettingofSpecimenToBeCollectedField		Allow Manual Setting of Specimen To Be Collected Field	N	☐
Always Present Print Dialog When Printing Requisition		Always Present Print Dialog When Printing Requisition	N	☐
CommunicationMethodsThatDefaultPrintCopy		Communication Methods That Default Print Copy	Send to Performing Location	☐
DaysBeforeScheduledOrderChildrenToBeDoneDateToCreateTh...		Days Before Scheduled Order Children To Be Done Date to Create Them	2	☐
Enable Orderable Item selection by RPL filtering		Enable Orderable Item selection by RPL filtering	Y	☐

- Immunization Registry
  - Immunization History requires consent, intended design

- Rx Renew-
  - Dosage Calculator / Split Screen

- Clinical Summary
  - Vitals EIE showing
  - Plan Section- Noteform naming showing
  - Depending on screen resolution users may not be able to see the Generate CS button

Testing- Gotcha’s- Clinical Summary



Print Preview

- ☑ Patient Details
- ☑ Reason for Visit
- ☑ Chief Complaint
- ☑ Problems
- ☑ Social History
- ☑ Functional & Cognitive Status
- ☑ Medications
- ☑ Allergies
- ☑ Immunization History
- ☑ Vital Signs
- ☑ Results
- ☑ Treatment Plans
- ☑ Interventions
- ☑ Patient Care Team
- ☑ Document & Provider Details

Screening examination for venereal disease

Medications

Current Medications:

Medication	Instructions	Reason
YAZ 3-0.02 MG Oral Tablet	TAKE 1 TABLET DAILY.	General counselling and advice on contraception

Allergies and Adverse Reactions

- No Known Allergies

Vital Signs

Vitals signs EIE will display on the clinical summary if attached the same Encounter

Date/Time	1/7/2014 4:14:00 PM
Heart Rate	90 bpm

Results

Results not documented.

Interventions

Labs/Procedure/Imaging:
- CT ABDOMEN WITH AND WITHOUT CONTRAST; To Be Done: 17 Dec 2013
- CT ANGIO PELVIS TRAST; To Be Done: 1

Plan:
AdditionalPlan: ;

v11 Note Form Name

Generate CS Button Hidden depending on Screen Resolution

Document Details

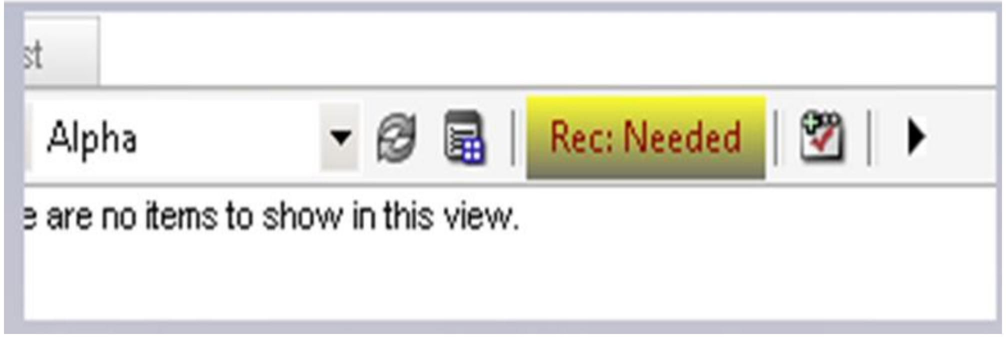
Testing- Gotcha's

- Medication Reconciliation in RED letters
  - On Medication component RED letters won't be able to reconcile, use right click Reconcile Hx as work around

- Patient Goals- type
  - Zip code showing

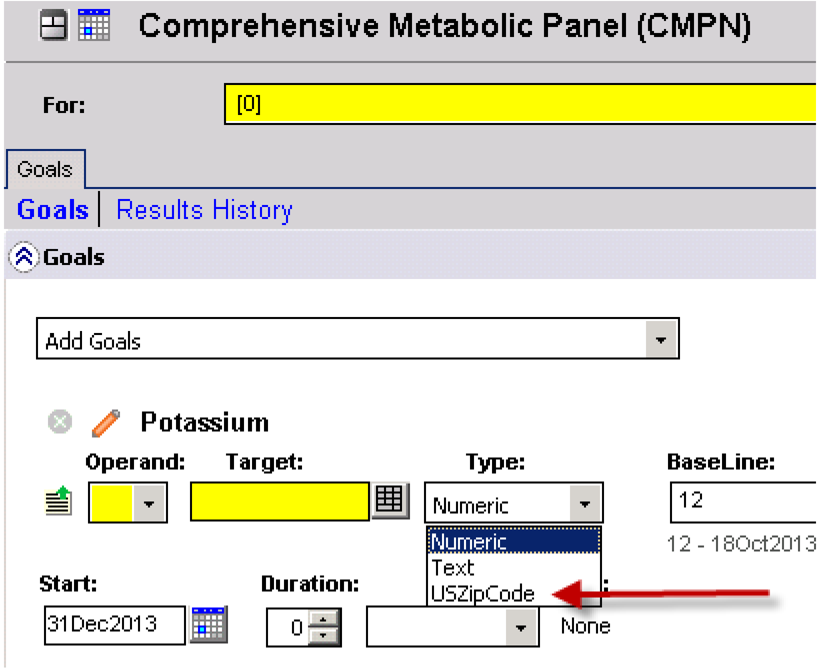
- Additional Information Questions
  - Fixed a previous issue so it may affect on how your AOE's display

Testing- Gotcha’s- Medication Reconciliation


st
Alpha
Rec: Needed

e are no items to show in this view.

Testing- Gotcha's- Patient Goals



Comprehensive Metabolic Panel (CMPN)

For: [0]

Goals
Goals | Results History
Goals
Add Goals

Potassium

Operand:

Target:

Type: Numeric

Numeric
Text
USZipCode

BaseLine: 12

12 - 18Oct2013

Start: 31Dec2013

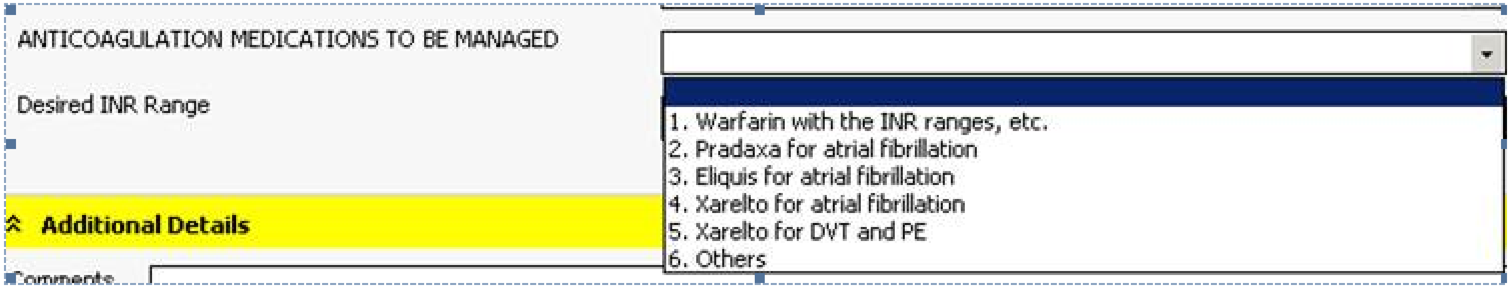
Duration: 0

None

Testing- Gotcha's- AOE's

- AOE's

PROD (v11.2.3)



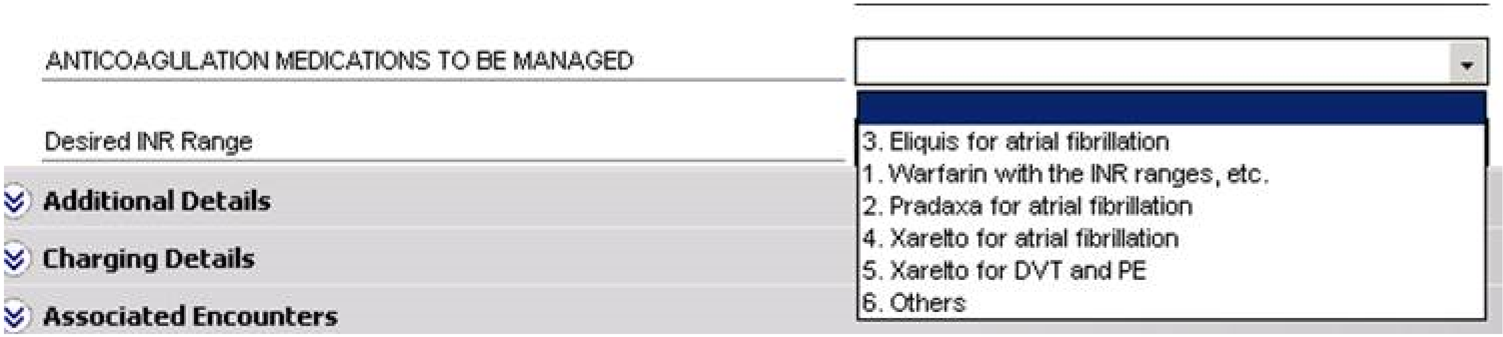
ANTICOAGULATION MEDICATIONS TO BE MANAGED

Desired INR Range

1. Warfarin with the INR ranges, etc.
2. Pradaxa for atrial fibrillation
3. Eliquis for atrial fibrillation
4. Xarelto for atrial fibrillation
5. Xarelto for DVT and PE
6. Others

Additional Details
Comments

QA (v11.4.1)



ANTICOAGULATION MEDICATIONS TO BE MANAGED

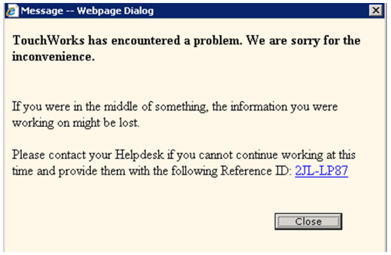
Desired INR Range

3. Eliquis for atrial fibrillation
1. Warfarin with the INR ranges, etc.
2. Pradaxa for atrial fibrillation
4. Xarelto for atrial fibrillation
5. Xarelto for DVT and PE
6. Others

Additional Details
Charging Details
Associated Encounters

Testing- Gotcha’s

- Quicksets
  - VOE error- random



TouchWorks has encountered a problem. We are sorry for the inconvenience.

If you were in the middle of something, the information you were working on might be lost.

Please contact your Helpdesk if you cannot continue working at this time and provide them with the following Reference ID: 2JL-LP87

- Order Groups
  - Ordering from RX requiring to be done date
- Education
  - Extra clicks
- Note Assessment
    - -When used in NAW can affect order entry
      - Fixed in v11.4.1 HF3

Testing- Gotcha’s

- Finding diagnosis
  - Unable to see certain diagnosis expected to find
  - If in the favorites will be able to use
- Previous Exam
  - Changed and requires the preference note auto-insert audit details to be set to Y
- Audit trail in Note Outputs
  - Showing under certain sections- vitals, allergies

Training- Tips

- Develop your training plan early
  - How will you train users, classroom/hands on, recorded, quick tip sheets?
  - What users will need to be trained?
  - How long will end user training be for each role?

- Decide on need to know versus nice to know for training
  - Have to know versus enhancement

- Train based on roles
  - Train on what that user needs, don’t waste time

Training- Tricks

- Key areas for Providers: Problem Conversion, ACI changes- Blue hyperlinks, Rx Renew, Clinical Summary editing, Note changes
  - Train Super Users, involve them and get feedback on items with highest importance

- Have Rx Renew tasks generated to simulate new design
  - Upgrade tech can run a script to populate them in your test environment

- Show Problem conversion, consider using real patients for providers for a more real scenario.
  - Copy of Production and PMT conversion running- provides a more real scenario
  - Use demoblast to arrive the appt to have for Clinical Summary editing

Training- Gotcha's

- Web controls- dedicated 11.4.1 PC's (not applicable if using Citrix
  - If having classroom training, how will users access the 11.4.1 system, controls are not backwards compatible

- PMT conversion
  - How much was mapped? Will you be able to find problems to convert?
- How will you ensure users have the knowledge prior to go live?

- What if an error pops up during training?
  - Utilize this opportunity to show users what they need to send to team for issue reporting, include in training documentation if not classroom

Go Live- Tips

- Consider a mock Go Live
- Assign out configuration prior to go live weekend
- Have all configuration spreadsheets ready by Friday of Go Live
- Have succinct test plans for testers
- Test high risk items first
- Test reported issues that got resolved during upgrade project
- Validate web controls/scan push if possible

Go Live- Tricks

- Test Rx Renews on a real patient with a real provider
- Do you have any sites open on go live weekend, consider releasing system to them prior to Monday if possible
- Identify Go Live Blocking Issues when reporting cases on Go Live weekend
- Involve third party vendors as appropriate to validate all interfaces/ test all integration points
- Notify users and/or Super Users of any issues
- Have a central command/activation center

Go Live- Gotcha’s

- Parallel Upgrade- firewall/IP issues
- Free text Preference- Order Status Reason- Free text required
- Rx Renew tasks not coming in
- Web controls
- Issue Reporting/ Communication back to end users
- Change Management

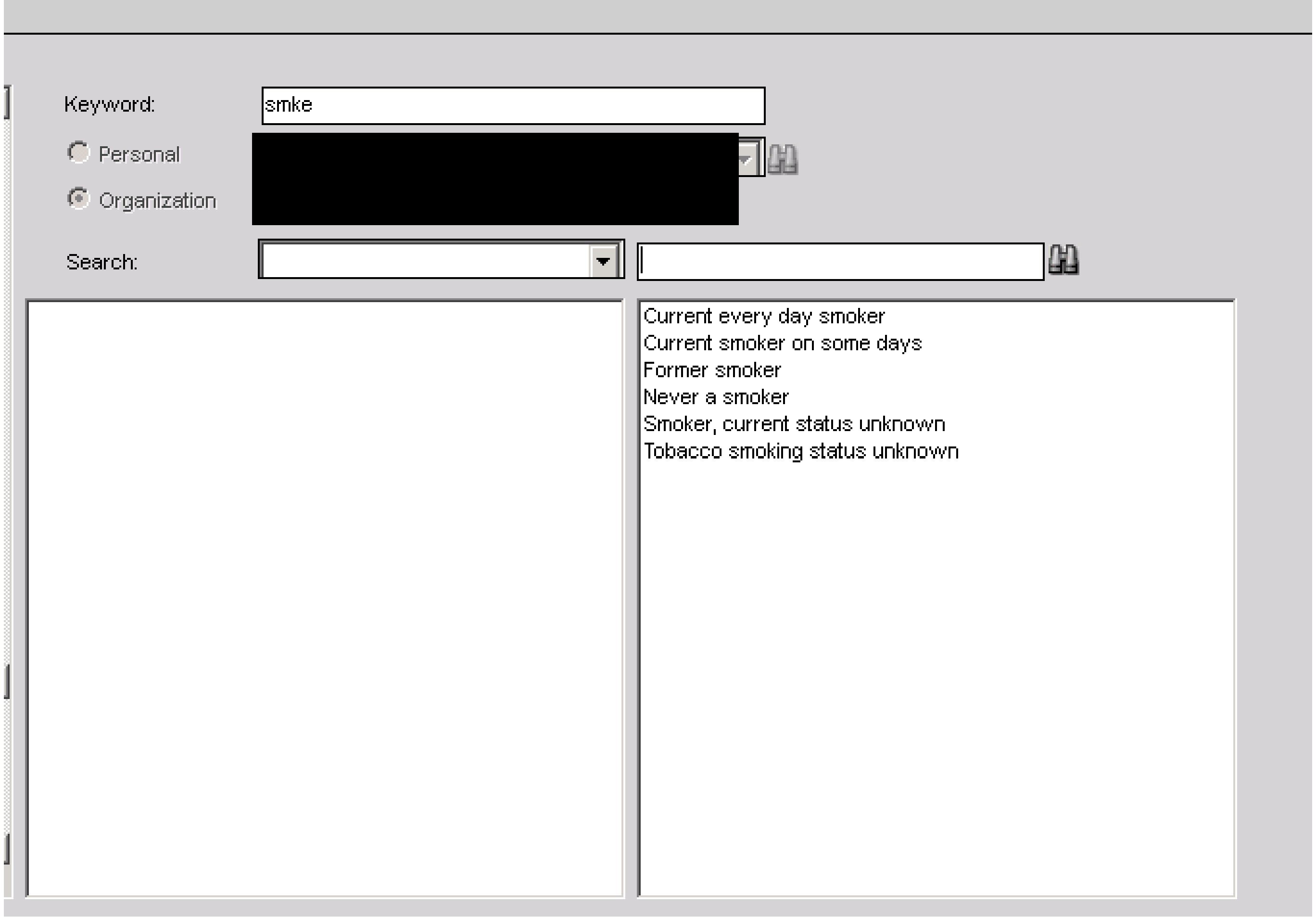
Suggestions/Questions

- **Client Connect**
- **Local Regional User Group Involvement**
- **Share Information!**

Need Help/Have More Question?

- **Contact: sales@galenhealthcare.com**

Keywords



Keyword: smke

○ Personal

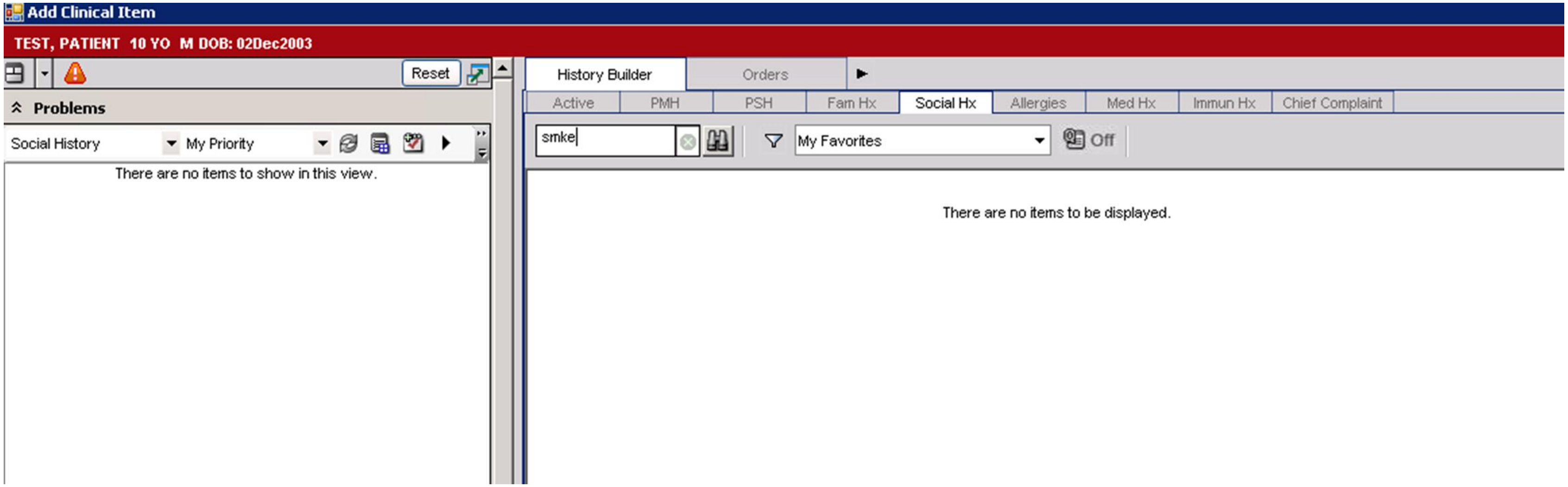
● Organization

[redacted]

Search:

- Current every day smoker
- Current smoker on some days
- Former smoker
- Never a smoker
- Smoker, current status unknown
- Tobacco smoking status unknown

Keyword Search in ACI



Add Clinical Item

TEST, PATIENT 10 YO M DOB: 02Dec2003

Problems

Social History | My Priority

There are no items to show in this view.

History Builder | Orders

Social Hx

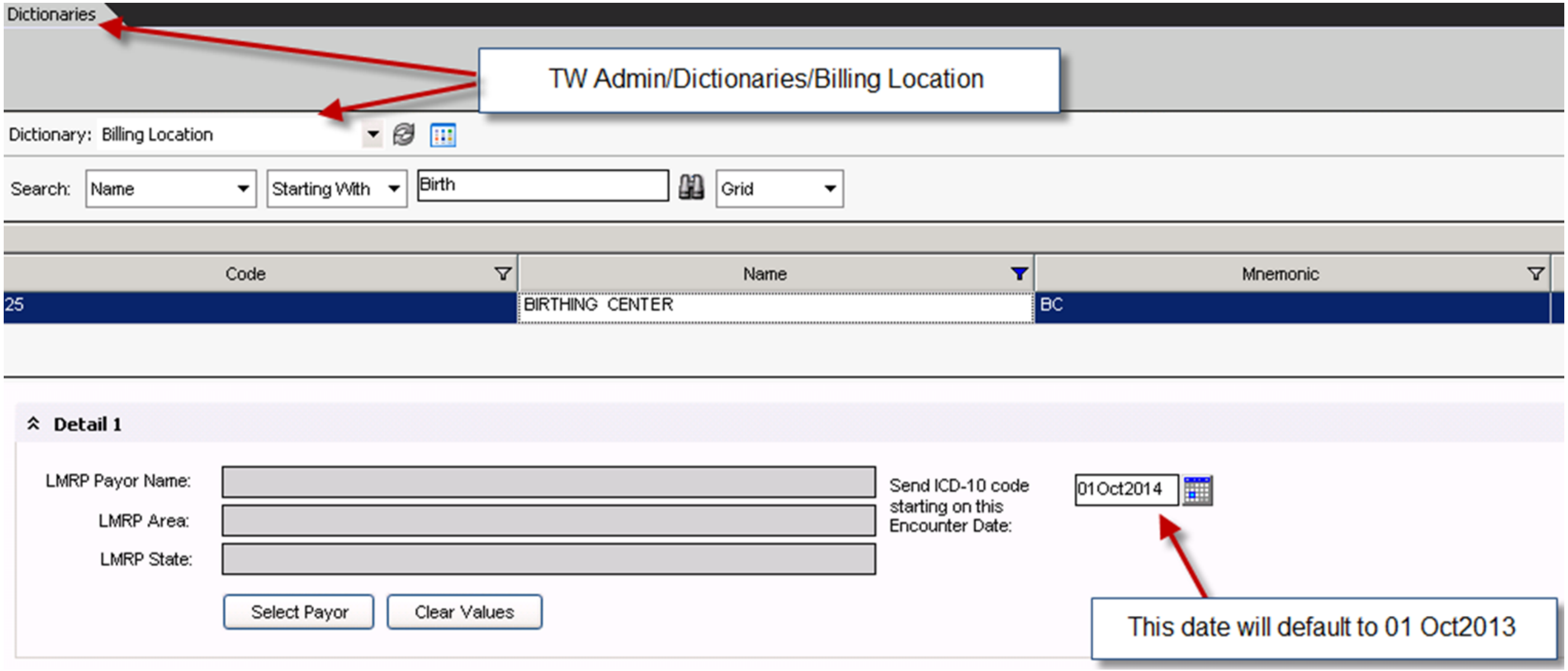
smke

My Favorites

There are no items to be displayed.

Reset
Active
PMH
PSH
Fam Hx
Allergies
Med Hx
Immun Hx
Chief Complaint
Off

Billing Location Dictionary



TW Admin/Dictionaries/Billing Location

Dictionaries

Dictionary: Billing Location

Search: Name, Starting With, Birth, Grid

Code	Name	Mnemonic
25	BIRTHING CENTER	BC

Detail 1

LMRP Payor Name:

LMRP Area:

LMRP State:

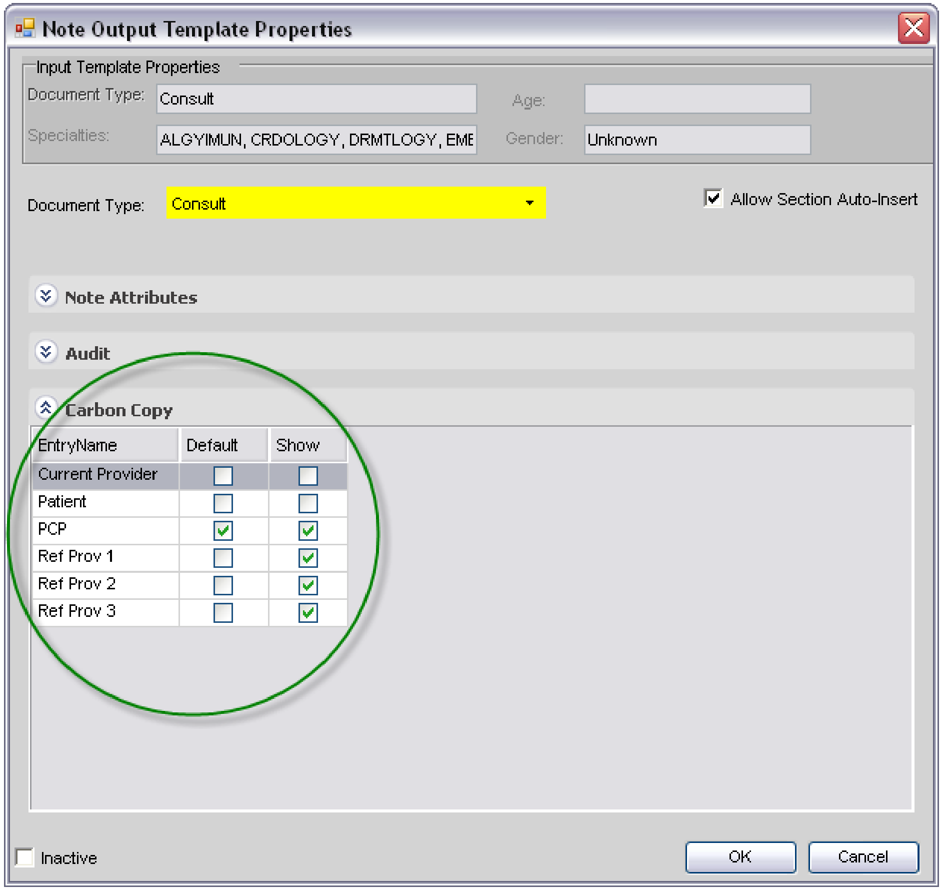
Select Payor
Clear Values

Send ICD-10 code starting on this Encounter Date: 01Oct2014

This date will default to 01 Oct2013

Carbon Copy Change

V11.2.3



Note Output Template Properties

Input Template Properties

Document Type: Consult

Age:

Specialties: ALGYIMUN, CRDOLOGY, DRMTLOGY, EME

Gender: Unknown

Document Type: Consult

☑ Allow Section Auto-Insert

Note Attributes

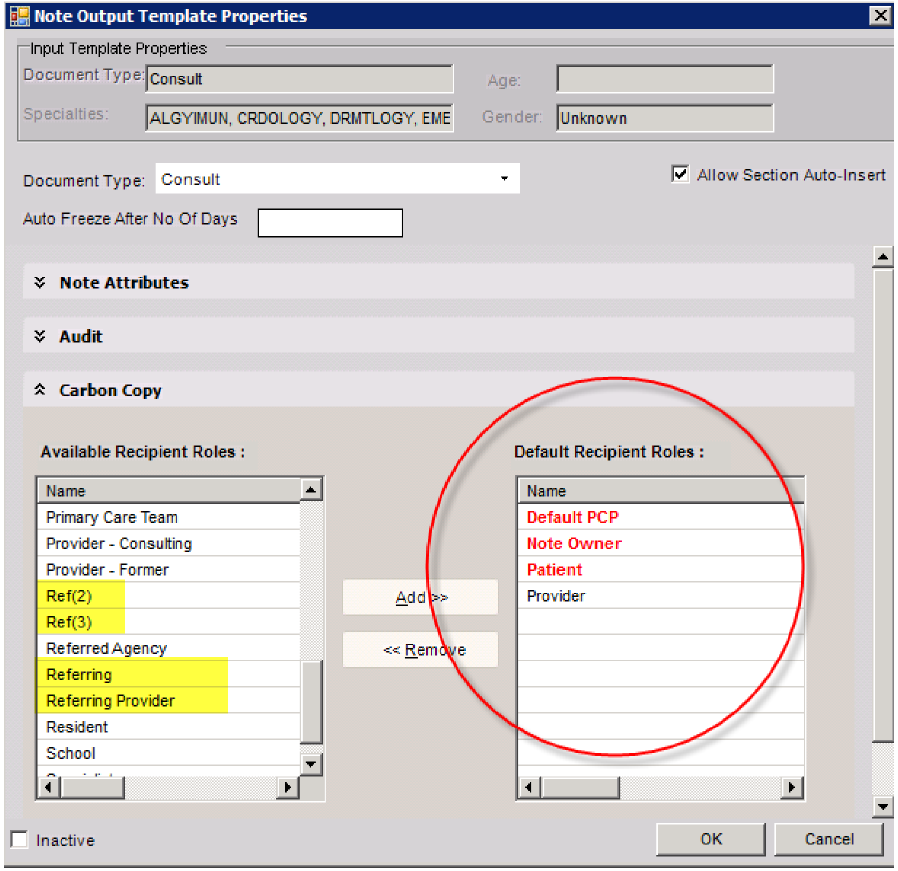
Audit

Carbon Copy

EntryName	Default	Show
Current Provider	☐	☐
Patient	☐	☐
PCP	☑	☑
Ref Prov 1	☐	☑
Ref Prov 2	☐	☑
Ref Prov 3	☐	☑

☐ Inactive

V11.4.1+



Note Output Template Properties

Input Template Properties

Document Type: Consult

Age:

Specialties: ALGYIMUN, CRDOLOGY, DRMTLOGY, EME

Gender: Unknown

Document Type: Consult

☑ Allow Section Auto-Insert

Auto Freeze After No Of Days

Note Attributes

Audit

Carbon Copy

Available Recipient Roles :

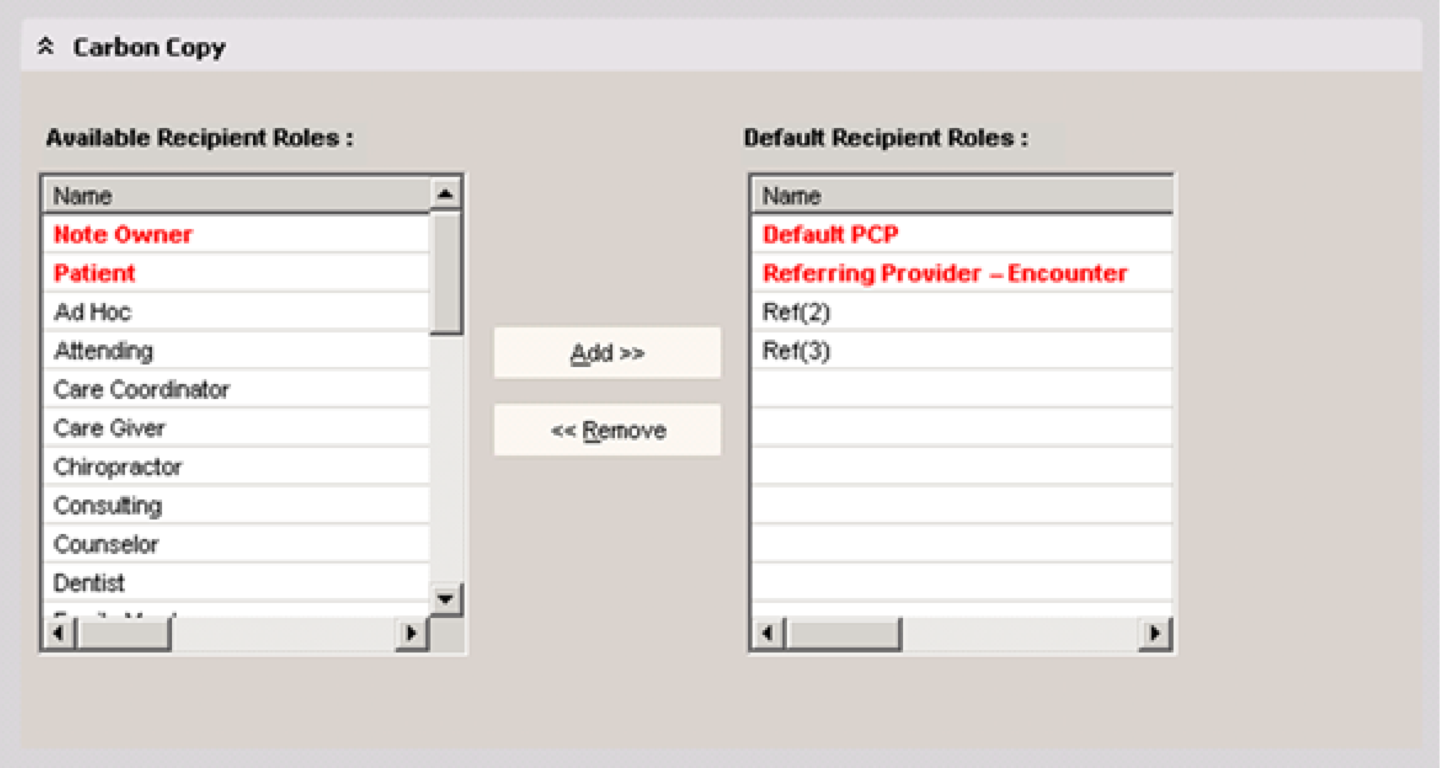
Name
Primary Care Team
Provider - Consulting
Provider - Former
Ref(2)
Ref(3)
Referred Agency
Referring
Referring Provider
Resident
School

Default Recipient Roles :

Name
Default PCP
Note Owner
Patient
Provider

☐ Inactive

Carbon Copy after running new script



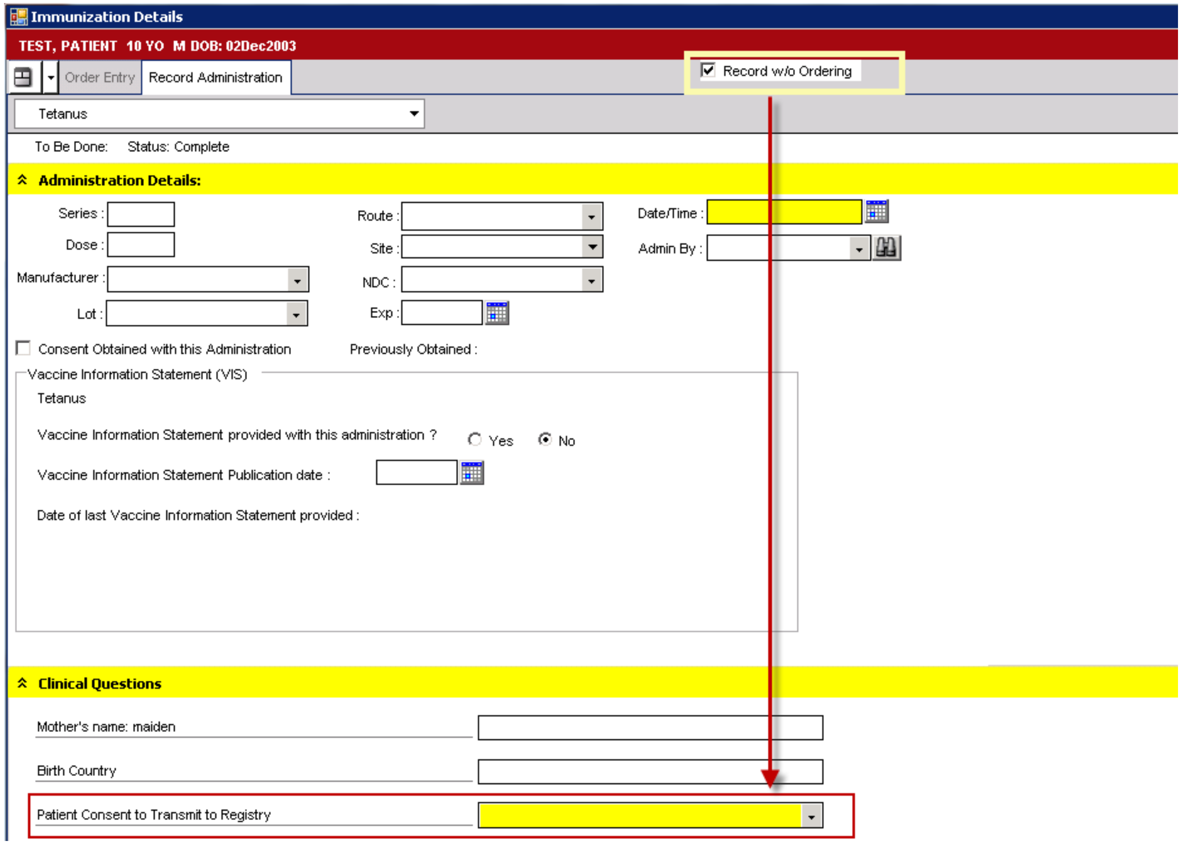
Available Recipient Roles :

Name
Note Owner
Patient
Ad Hoc
Attending
Care Coordinator
Care Giver
Chiropractor
Consulting
Counselor
Dentist

Default Recipient Roles :

Name
Default PCP
Referring Provider – Encounter
Ref(2)
Ref(3)

Immunization History- New Required AOE



Immunization Details

TEST, PATIENT 10 YO M DOB: 02Dec2003

☑ Record w/o Ordering

Tetanus

To Be Done: Status: Complete

Administration Details:

Series :
Dose :
Manufacturer :
Lot :
Route :
Site :
NDC :
Exp :
Date/Time :
Admin By :

☐ Consent Obtained with this Administration

Previously Obtained :

Vaccine Information Statement (VIS)

Tetanus

Vaccine Information Statement provided with this administration ? ○ Yes ● No

Vaccine Information Statement Publication date :

Date of last Vaccine Information Statement provided :

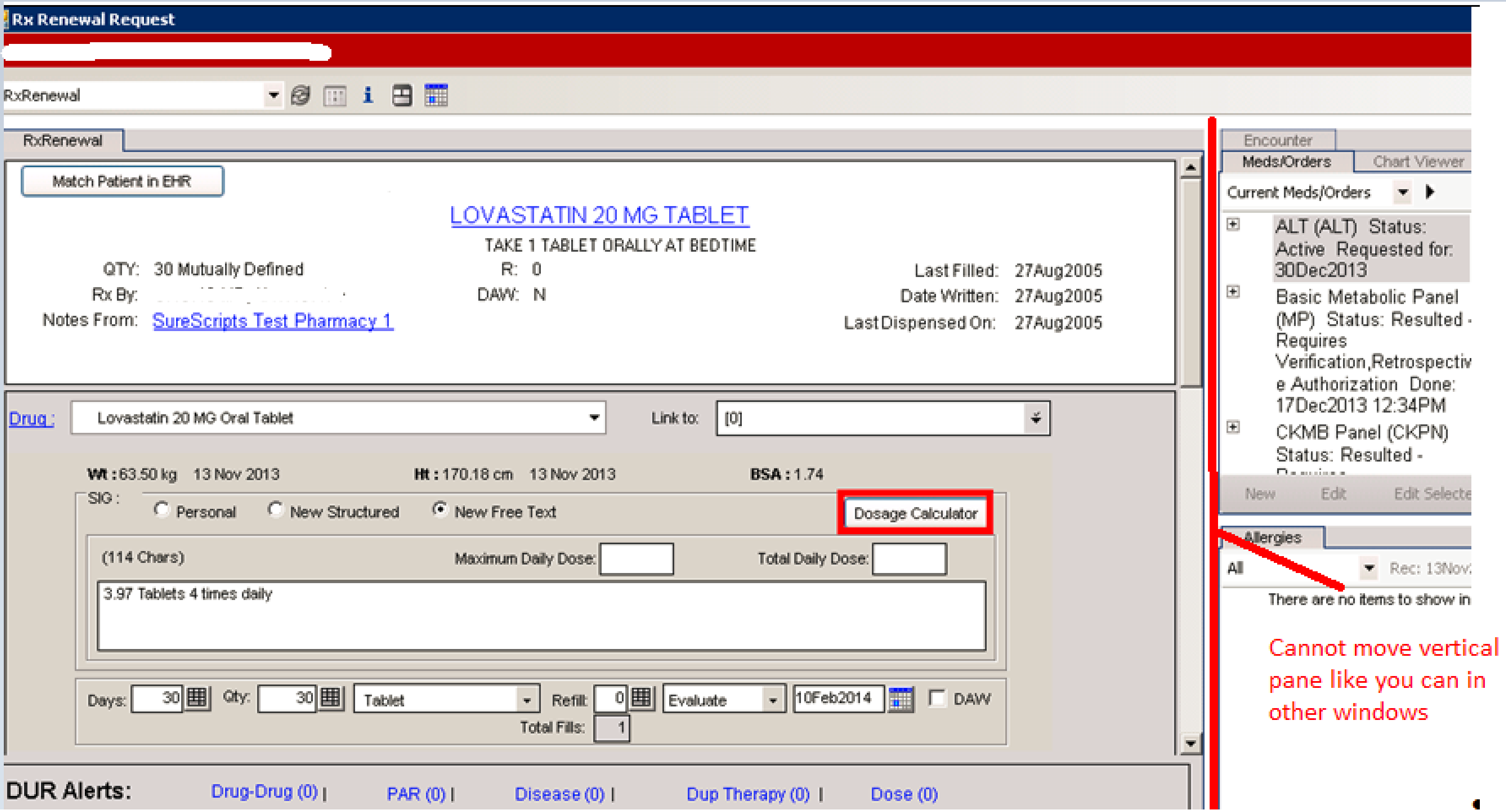
Clinical Questions

Mother's name: maiden

Birth Country

Patient Consent to Transmit to Registry

RX Renewal Dosage Calculator / Spilt Screen



Rx Renewal Request
RxRenewal
RxRenewal
Match Patient in EHR
Encounter
Meds/Orders
Chart Viewer
New
Edit
Edit Selecte
Allergies
Dosage Calculator

[redacted]

LOVASTATIN 20 MG TABLET

TAKE 1 TABLET ORALLY AT BEDTIME

QTY: 30 Mutually Defined

R: 0

DAW: N

Rx By: [redacted]

Notes From: SureScripts Test Pharmacy 1

Last Filled: 27Aug2005

Date Written: 27Aug2005

Last Dispensed On: 27Aug2005

Drug: Lovastatin 20 MG Oral Tablet

Link to: [0]

Wt : 63.50 kg 13 Nov 2013

Ht : 170.18 cm 13 Nov 2013

BSA : 1.74

SIG: ○ Personal ○ New Structured ● New Free Text

(114 Chars)

Maximum Daily Dose:

Total Daily Dose:

3.97 Tablets 4 times daily

Days: 30 Qty: 30 Tablet Refill: 0 Evaluate 10Feb2014 ☐ DAW

Total Fills: 1

DUR Alerts: Drug-Drug (0) | PAR (0) | Disease (0) | Dup Therapy (0) | Dose (0)

Current Meds/Orders

ALT (ALT) Status: Active Requested for: 30Dec2013

Basic Metabolic Panel (MP) Status: Resulted - Requires Verification,Retrospective Authorization Done: 17Dec2013 12:34PM

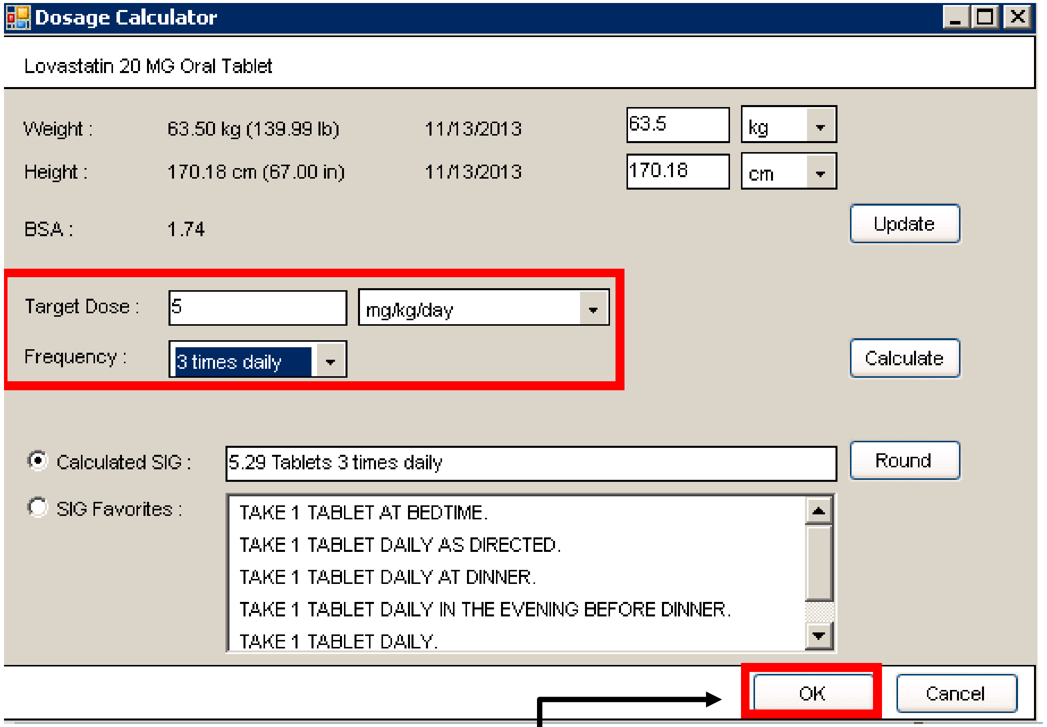
CKMB Panel (CKPN) Status: Resulted -

All Rec: 13Nov

There are no items to show in

Cannot move vertical pane like you can in other windows

Dosage Calculator



Dosage Calculator

Lovastatin 20 MG Oral Tablet

Weight : 63.50 kg (139.99 lb) 11/13/2013 63.5 kg

Height : 170.18 cm (67.00 in) 11/13/2013 170.18 cm

BSA : 1.74

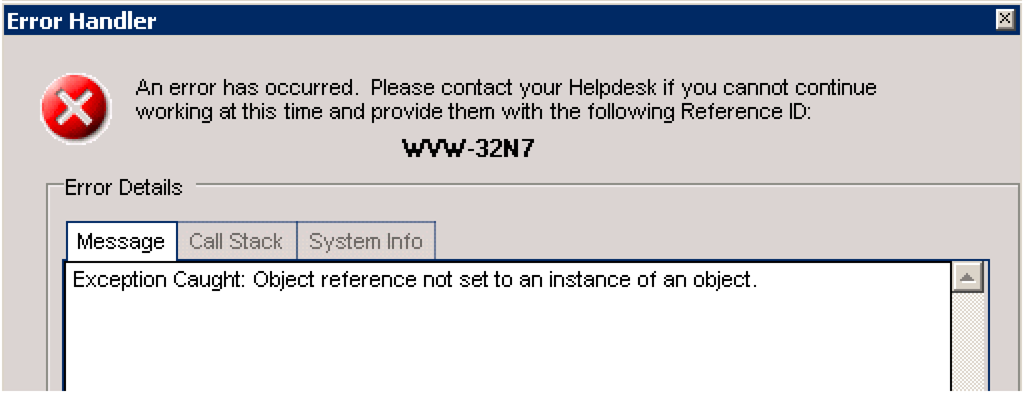
Target Dose : 5 mg/kg/day

Frequency : 3 times daily

● Calculated SIG : 5.29 Tablets 3 times daily

○ SIG Favorites :

TAKE 1 TABLET AT BEDTIME.
TAKE 1 TABLET DAILY AS DIRECTED.
TAKE 1 TABLET DAILY AT DINNER.
TAKE 1 TABLET DAILY IN THE EVENING BEFORE DINNER.
TAKE 1 TABLET DAILY.



Error Handler

An error has occurred. Please contact your Helpdesk if you cannot continue working at this time and provide them with the following Reference ID:

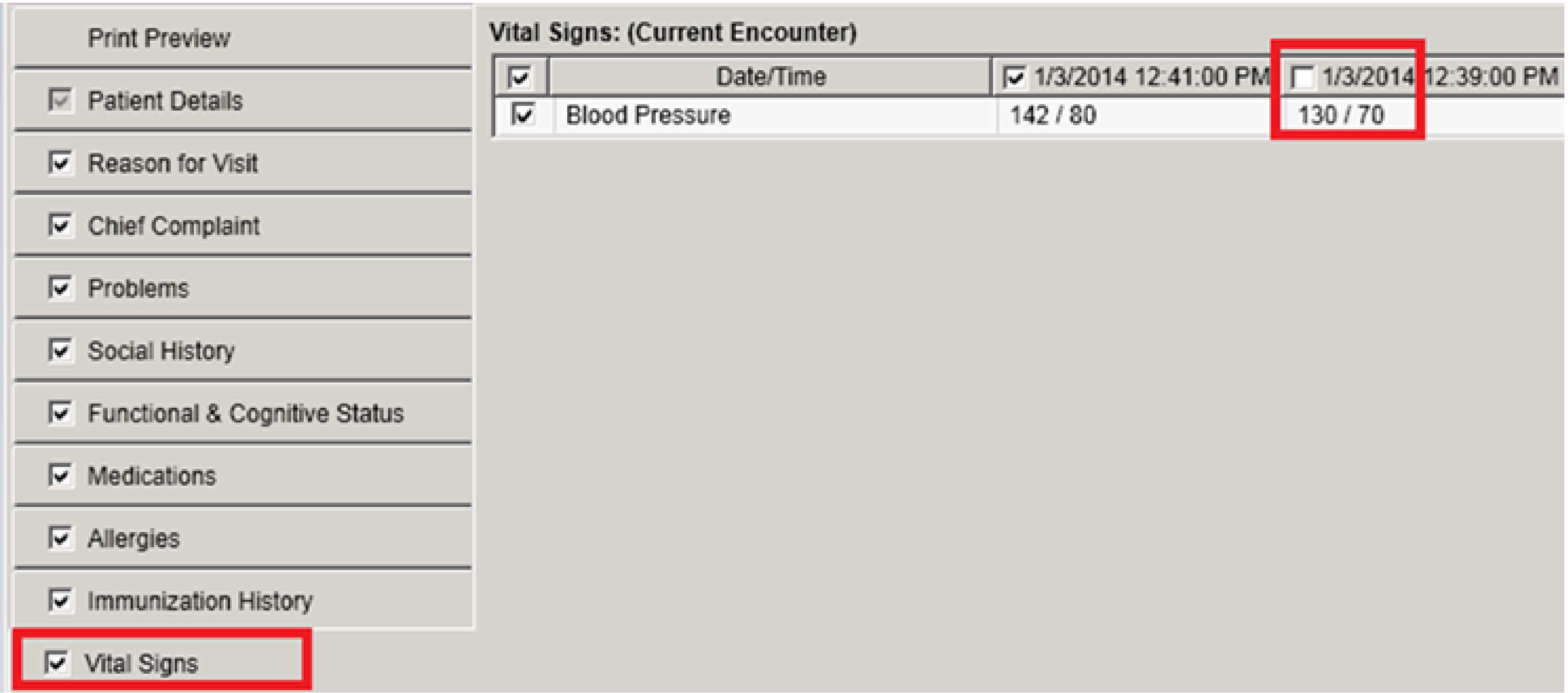
WVW-32N7

Error Details

Exception Caught: Object reference not set to an instance of an object.

[Next Slide]

Clinical Summary Issues



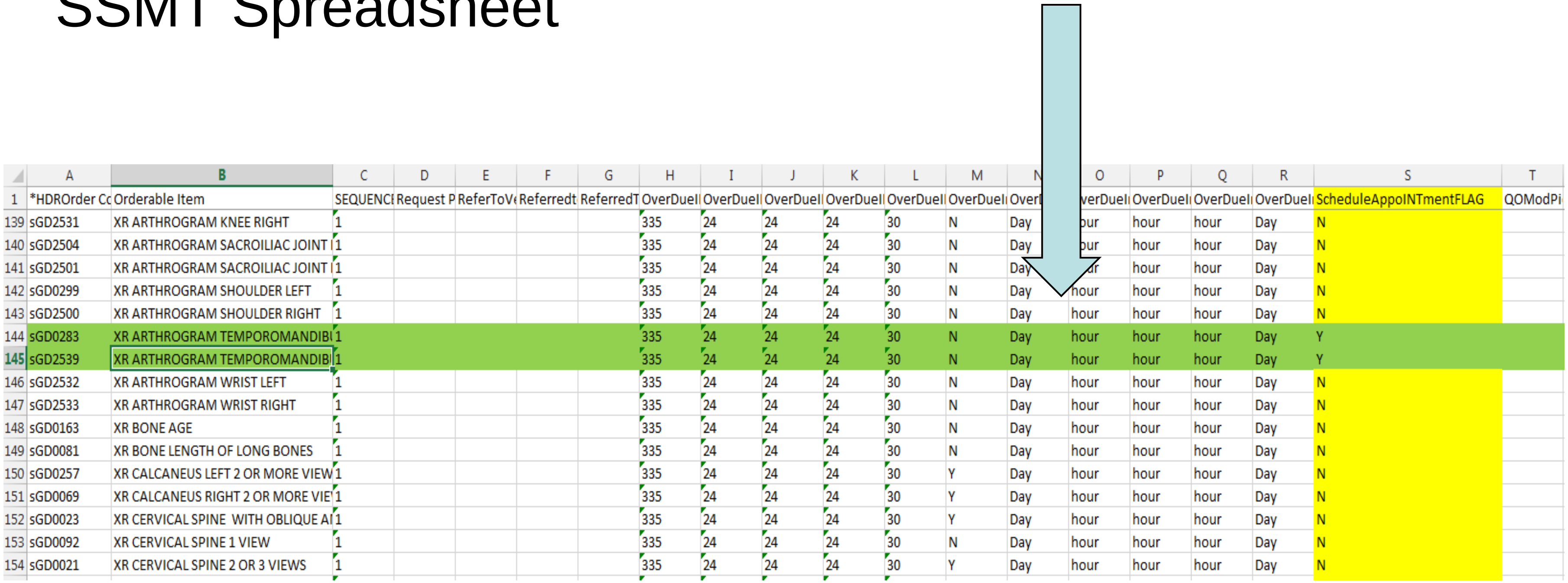
Print Preview

- ☑ Patient Details
- ☑ Reason for Visit
- ☑ Chief Complaint
- ☑ Problems
- ☑ Social History
- ☑ Functional & Cognitive Status
- ☑ Medications
- ☑ Allergies
- ☑ Immunization History
- ☑ Vital Signs

Vital Signs: (Current Encounter)

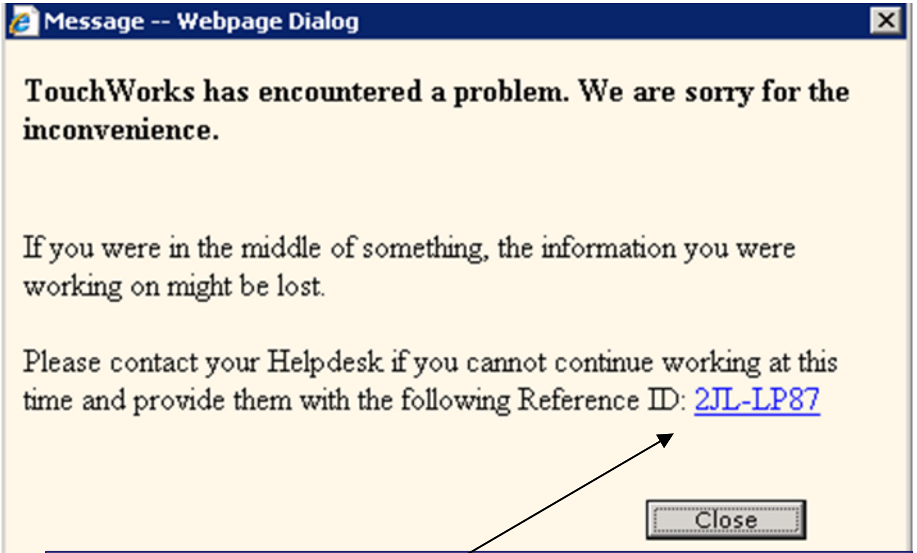
☑	Date/Time	☑ 1/3/2014 12:41:00 PM	☐ 1/3/2014 12:39:00 PM
☑	Blood Pressure	142 / 80	130 / 70

SSMT Spreadsheet



	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	*HDROrder C	Orderable Item	SEQUENC	Request P	ReferToV	Referredt	ReferredT	OverDueI	OverDueI	OverDueI	OverDueI	OverDueI	OverDueI	Over	verDueI	OverDueI	OverDueI	OverDueI	ScheduleAppoINTmentFLAG	QOModP
139	sGD2531	XR ARTHROGRAM KNEE RIGHT	1					335	24	24	24	30	N	Day	our	hour	hour	Day	N	
140	sGD2504	XR ARTHROGRAM SACROILIAC JOINT	1					335	24	24	24	30	N	Day	our	hour	hour	Day	N	
141	sGD2501	XR ARTHROGRAM SACROILIAC JOINT	1					335	24	24	24	30	N	Day	ur	hour	hour	Day	N	
142	sGD0299	XR ARTHROGRAM SHOULDER LEFT	1					335	24	24	24	30	N	Day	hour	hour	hour	Day	N	
143	sGD2500	XR ARTHROGRAM SHOULDER RIGHT	1					335	24	24	24	30	N	Day	hour	hour	hour	Day	N	
144	sGD0283	XR ARTHROGRAM TEMPOROMANDIB	1					335	24	24	24	30	N	Day	hour	hour	hour	Day	Y	
145	sGD2539	XR ARTHROGRAM TEMPOROMANDIB	1					335	24	24	24	30	N	Day	hour	hour	hour	Day	Y	
146	sGD2532	XR ARTHROGRAM WRIST LEFT	1					335	24	24	24	30	N	Day	hour	hour	hour	Day	N	
147	sGD2533	XR ARTHROGRAM WRIST RIGHT	1					335	24	24	24	30	N	Day	hour	hour	hour	Day	N	
148	sGD0163	XR BONE AGE	1					335	24	24	24	30	N	Day	hour	hour	hour	Day	N	
149	sGD0081	XR BONE LENGTH OF LONG BONES	1					335	24	24	24	30	N	Day	hour	hour	hour	Day	N	
150	sGD0257	XR CALCANEUS LEFT 2 OR MORE VIEW	1					335	24	24	24	30	Y	Day	hour	hour	hour	Day	N	
151	sGD0069	XR CALCANEUS RIGHT 2 OR MORE VIE	1					335	24	24	24	30	Y	Day	hour	hour	hour	Day	N	
152	sGD0023	XR CERVICAL SPINE WITH OBLIQUE A	1					335	24	24	24	30	Y	Day	hour	hour	hour	Day	N	
153	sGD0092	XR CERVICAL SPINE 1 VIEW	1					335	24	24	24	30	N	Day	hour	hour	hour	Day	N	
154	sGD0021	XR CERVICAL SPINE 2 OR 3 VIEWS	1					335	24	24	24	30	Y	Day	hour	hour	hour	Day	N	

Quicksets- VOE Errors

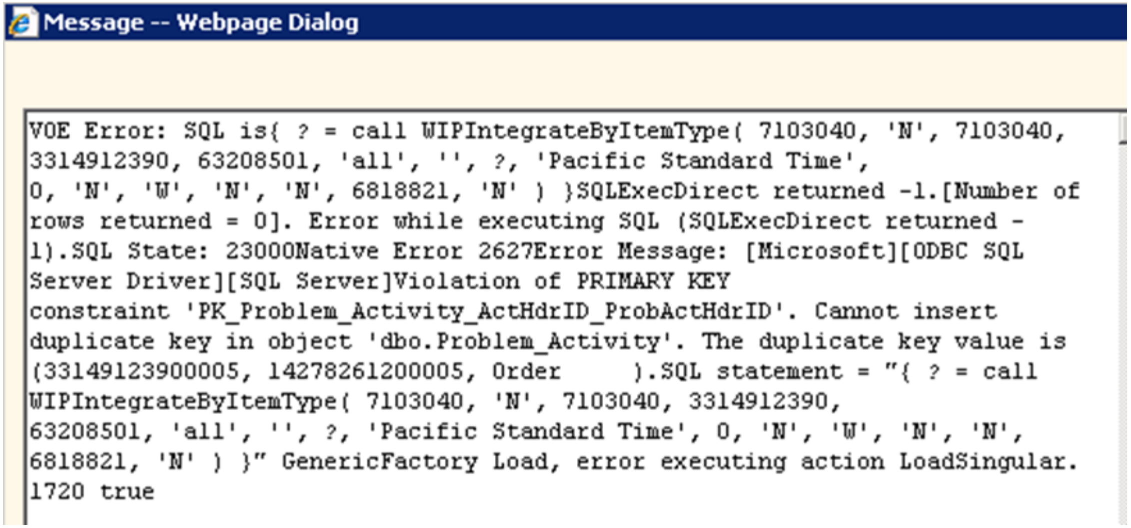


TouchWorks has encountered a problem. We are sorry for the inconvenience.

If you were in the middle of something, the information you were working on might be lost.

Please contact your Helpdesk if you cannot continue working at this time and provide them with the following Reference ID: 2JL-LP87

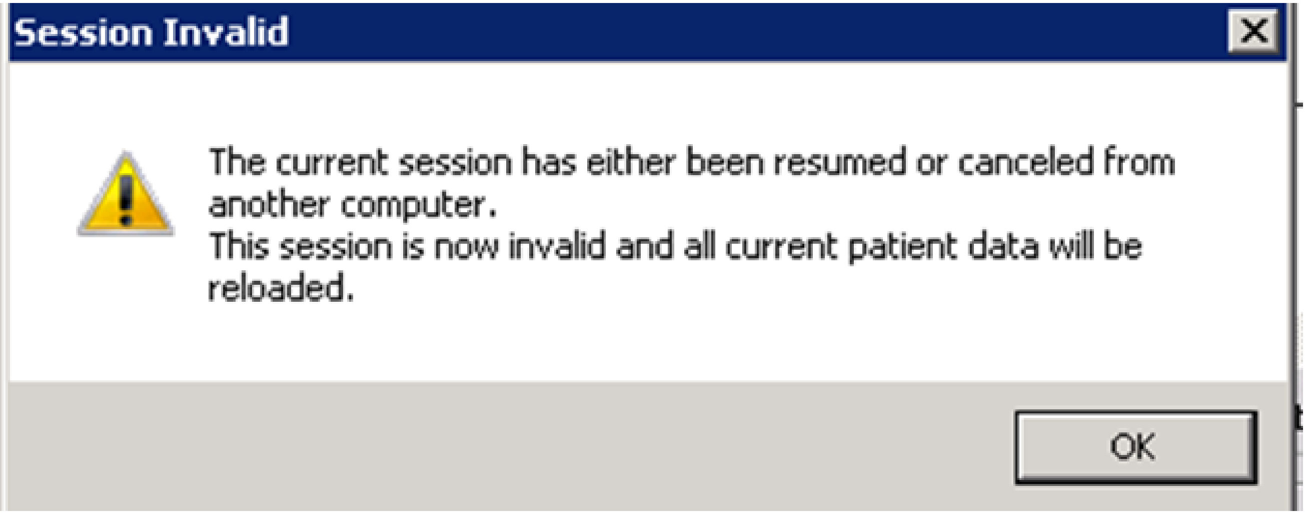
Click on the Blue Hyperlink to see Error details



```
VOE Error: SQL is{ ? = call WIPIntegrateByItemType( 7103040, 'N', 7103040,
3314912390, 63208501, 'all', '', ?, 'Pacific Standard Time',
0, 'N', 'W', 'N', 'N', 6818821, 'N' ) }SQLExecDirect returned -1.[Number of
rows returned = 0]. Error while executing SQL (SQLExecDirect returned -
1).SQL State: 23000Native Error 2627Error Message: [Microsoft][ODBC SQL
Server Driver][SQL Server]Violation of PRIMARY KEY
constraint 'PK_Problem_Activity_ActHdrID_ProbActHdrID'. Cannot insert
duplicate key in object 'dbo.Problem_Activity'. The duplicate key value is
(33149123900005, 14278261200005, Order      ).SQL statement = "{ ? = call
WIPIntegrateByItemType( 7103040, 'N', 7103040, 3314912390,
63208501, 'all', '', ?, 'Pacific Standard Time', 0, 'N', 'W', 'N', 'N',
6818821, 'N' ) }" GenericFactory Load, error executing action LoadSingular.
1720 true
```

The only way to get out of this screen is to Delete Unsaved material and this pop up

VOE Pop up



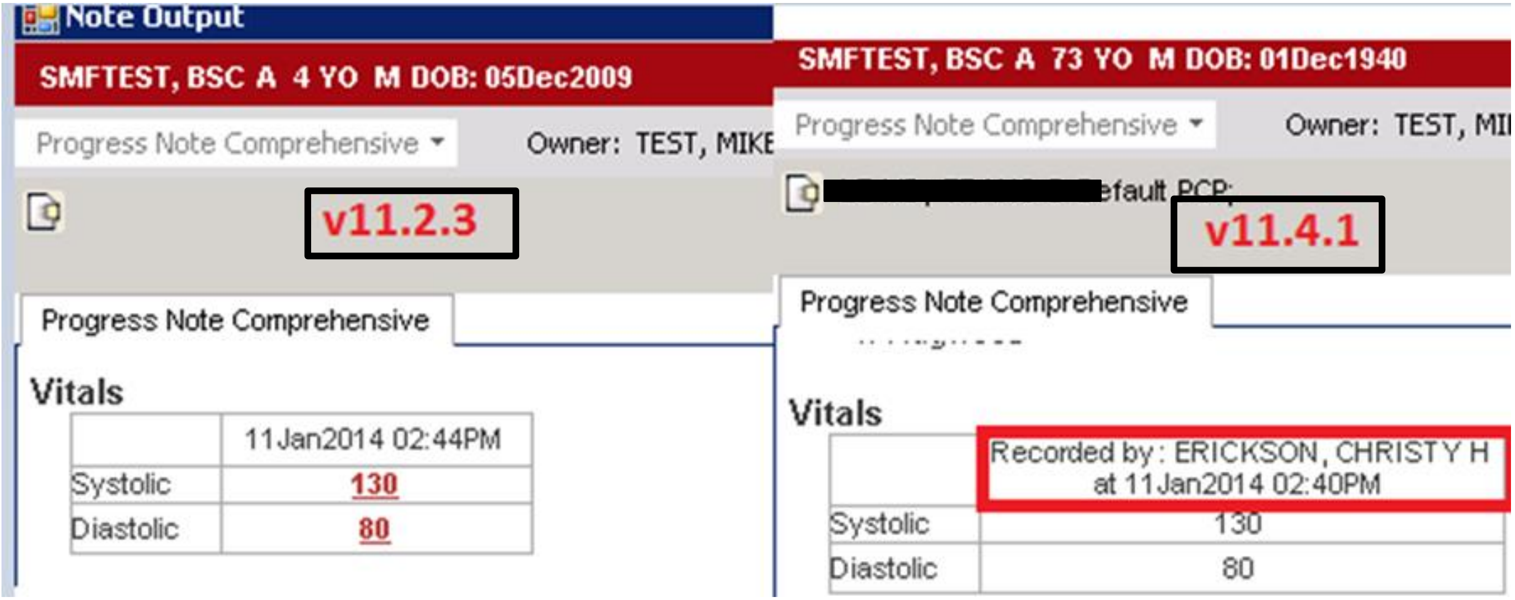
Session Invalid

The current session has either been resumed or canceled from another computer.
This session is now invalid and all current patient data will be reloaded.

Work around: Users can place the order in the ACI under the appropriate tab such as Lab, Rad, F/U and not use quicksets and no VOE error will occur.

Next

Note Audit- Outputs including the Allergy Section still show the audit section and the Hide Format Option button to unselect is grayed out.



Note Output

SMFTEST, BSC A 4 YO M DOB: 05Dec2009

Progress Note Comprehensive

Owner: TEST, MIKE

v11.2.3

Progress Note Comprehensive

Vitals

	11Jan2014 02:44PM
Systolic	130
Diastolic	80

SMFTEST, BSC A 73 YO M DOB: 01Dec1940

Progress Note Comprehensive

Owner: TEST, MI

[redacted]efault PCP:

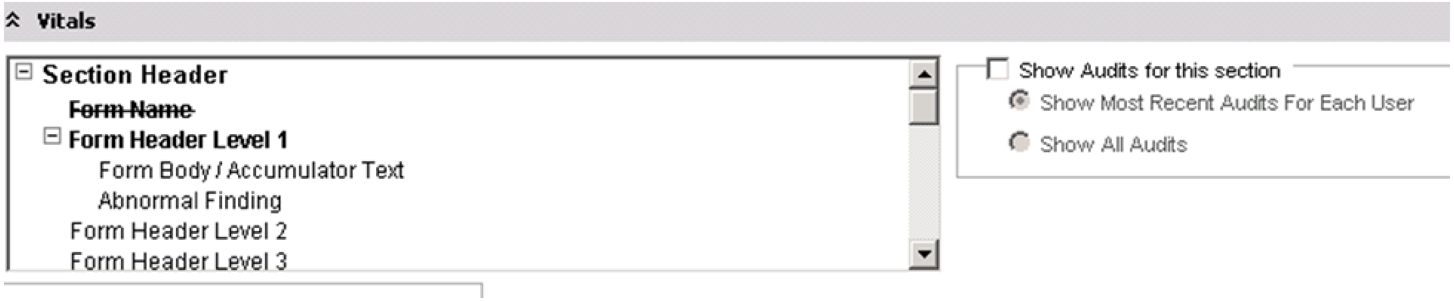
v11.4.1

Progress Note Comprehensive

Vitals

	Recorded by: ERICKSON, CHRISTY H at 11Jan2014 02:40PM
Systolic	130
Diastolic	80

Note Output Example



Vitals

- Section Header
  - ~~Form Name~~
  - Form Header Level 1
    - Form Body / Accumulator Text
    - Abnormal Finding
  - Form Header Level 2
  - Form Header Level 3

☐ Show Audits for this section

● Show Most Recent Audits For Each User

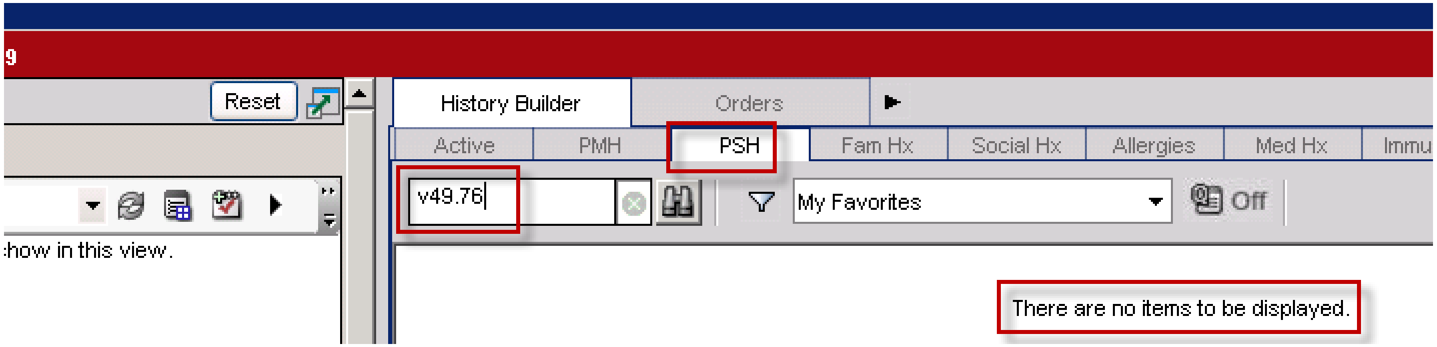
○ Show All Audits

Note Template build example

Next Slide

Missing Diagnosis

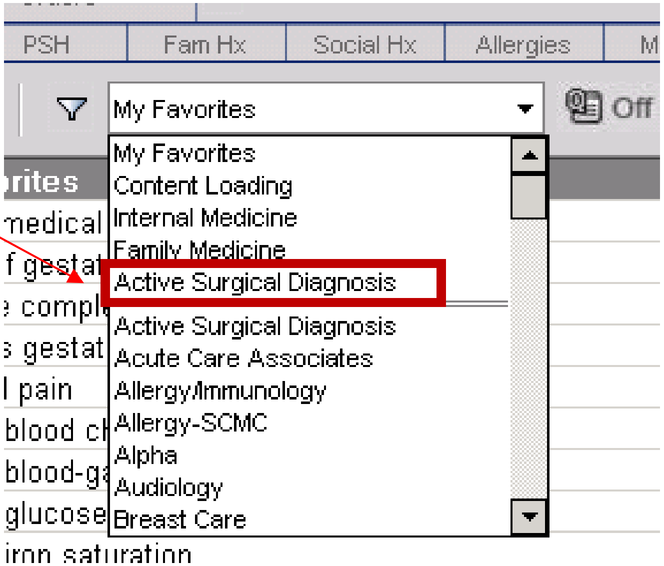
Example Search


Reset
History Builder
Orders
Active
PMH
PSH
Fam Hx
Social Hx
Allergies
Med Hx
Immu
My Favorites
Off
show in this view.

v49.76

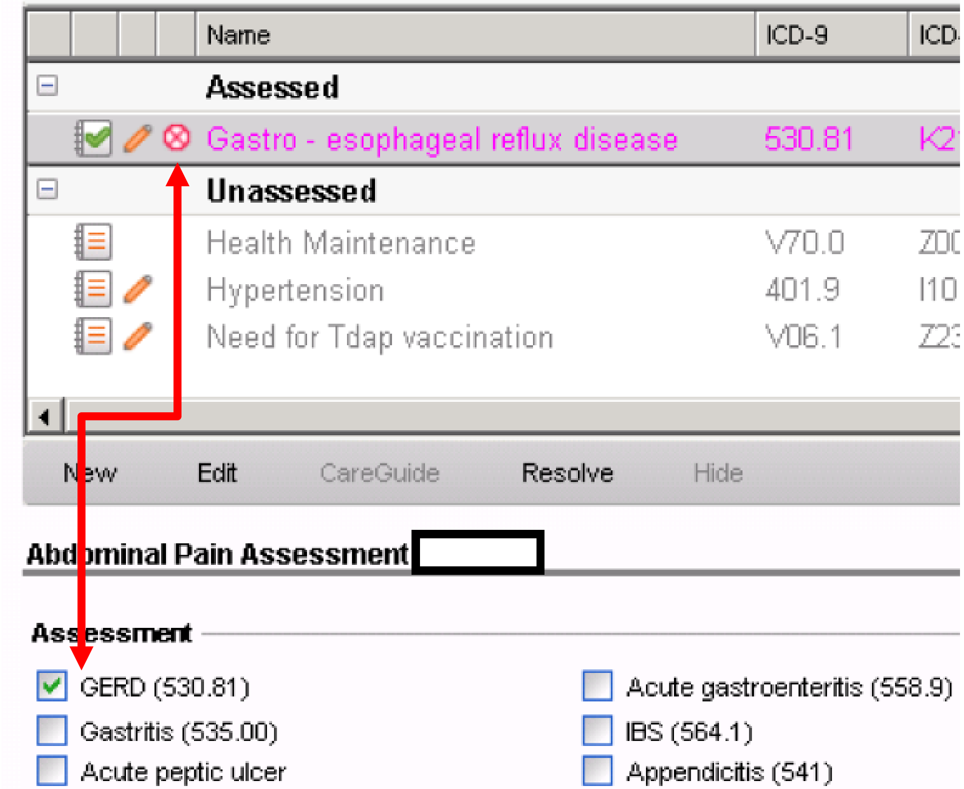
There are no items to be displayed.

Work around


PSH
Fam Hx
Social Hx
Allergies
M
My Favorites
Off
My Favorites
Content Loading
Internal Medicine
Family Medicine
Active Surgical Diagnosis
Active Surgical Diagnosis
Acute Care Associates
Allergy/Immunology
Allergy-SCMC
Alpha
Audiology
Breast Care
rites
medical
f gestat
e compl
s gestat
l pain
blood ch
blood-ga
glucose
iron saturation

Next Slide

Note Assessment

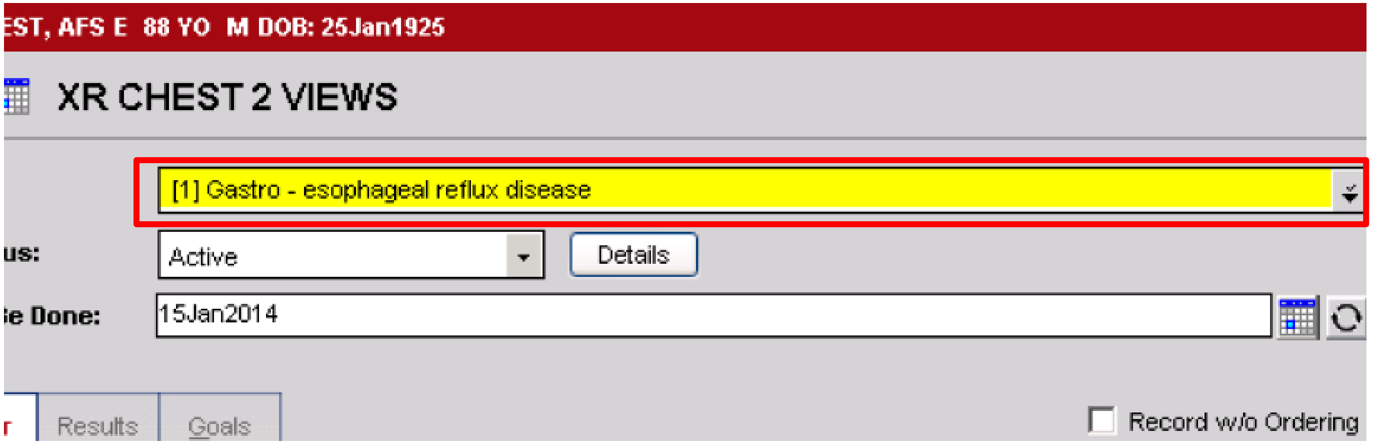


Name	ICD-9	ICD-
Assessed		
Gastro - esophageal reflux disease	530.81	K2
Unassessed		
Health Maintenance	V70.0	Z0
Hypertension	401.9	I10
Need for Tdap vaccination	V06.1	Z2

Abdominal Pain Assessment

Assessment

☑ GERD (530.81)
☐ Gastritis (535.00)
☐ Acute peptic ulcer
☐ Acute gastroenteritis (558.9)
☐ IBS (564.1)
☐ Appendicitis (541)



EST, AFS E 88 YO M DOB: 25Jan1925

XR CHEST 2 VIEWS

[1] Gastro - esophageal reflux disease

us: Active

e Done: 15Jan2014

☐ Record w/o Ordering

Next Slide