North York Family Health Team

Summer Student Program for Dummies

Handbook

August 2014

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Contents

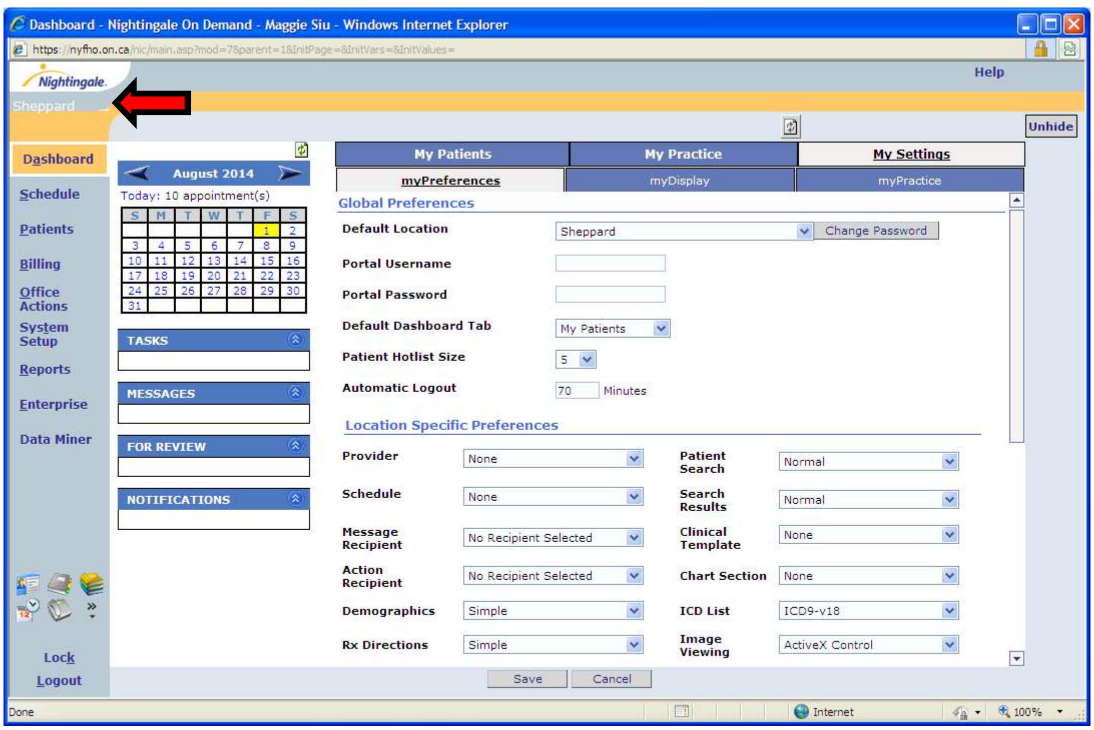
Before You Start

<u>Introduction to the North York Family Health Team (NYFHT) and its Electronic Medical Records (EMRs)</u>

The NYFHT consists of 67 family doctors[1] working out of 17 different offices across Toronto. Currently, the NYFHT uses two different EMRs: Nightingale-on-Demand (NG) and Practice Solutions (PS). Data from each doctor's EMR can be accessed locally or remotely through one of five servers. You will be given a different login for each server. To find out which server and which office each doctor belongs to, refer to the Physician Directory.[2]

<u>Nightingale-on-Demand (NG)</u>

NG uses Internet Explorer (note: be careful not to update the version of IE that is currently installed!) After you log in, you will be taken to the Dashboard. On the left-hand side, click on the button above "Dashboard" to select an office; click on the buttons below "Dashboard" to open a new window, depending on what you need to do.



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[1] As of the summer of 2014.

[2] Within the Family Health Team (FHT), the doctors belong to different Family Health Organizations (FHOs) or Family Health Networks (FHNs). You will rarely come across these terms, but don't let them confuse you - they just represent how the team is organized and managed. Bottom line is, sometimes you will be asked to do a specific task only for the "local FHO" - don't get this confused with the local server, since some doctors using that server are not in the FHO. Again, just refer back to the Physician Directory if you are unsure.

Practice Solutions (PS)

PS uses a Java program (you should be able to find it on your desktop). After you log in, you will be taken to the Dashboard. Choose a doctor by clicking on "Settings" in the menu bar, then "Change Supervising Doctor", then typing in the doctor's name. Click on the buttons below the menu bar to open a new window, depending on what you need to do.

Dropbox

You will be given access to a shared Dropbox folder called "Summer Student Program". In it, you will find instructions/work-plans, pre-made Cover Letters, archives of what we did in previous years, and importantly, a file called **"[year] TASK LIST"**. The Task List is used to keep track of everything you have done, and everything you still need to do this summer. Remember to update it as you go along.

Note: take care **not to put any files that contain patient information** into the Dropbox folder!

Roster Management

Objective: To have an accurate record of which patients are rostered within the EMR, and to invite unrostered patients to join the NYFHT. Rostering identifies a patient as part of the NYFHT's practice, making them eligible for such things as reminders for preventive testing, educational services, and access to dietitians and social workers. Doctors need to know who their patients are in order to better manage their health!

1. Identify and manage discrepancies between the Ministry of Health and the EMR

a) Send lists of discrepancies to physicians

- The Data Manager will give you a list of discrepancies between roster lists from the Ministry of Health and from the Electronic Medical Record
- Copy and paste the patient names and health card numbers into two tables with the following headings for each physician:

"**Rostered in the EMR but NOT in the Ministry**"

Last Name	First Name	Health Card Number	De-roster in EMR?	Add "Sign FHO" Alert?	Other

"**Rostered in the Ministry but NOT in the EMR**"

Last Name	First Name	Health Card Number	Roster in EMR?	Send de-roster form to Ministry?	Other

- Attach a "Roster Clean-Up" Cover Letter to each list and send to physician (remember to keep a copy of the sent lists, electronic or paper)

b) Update discrepancies according to physicians' instructions

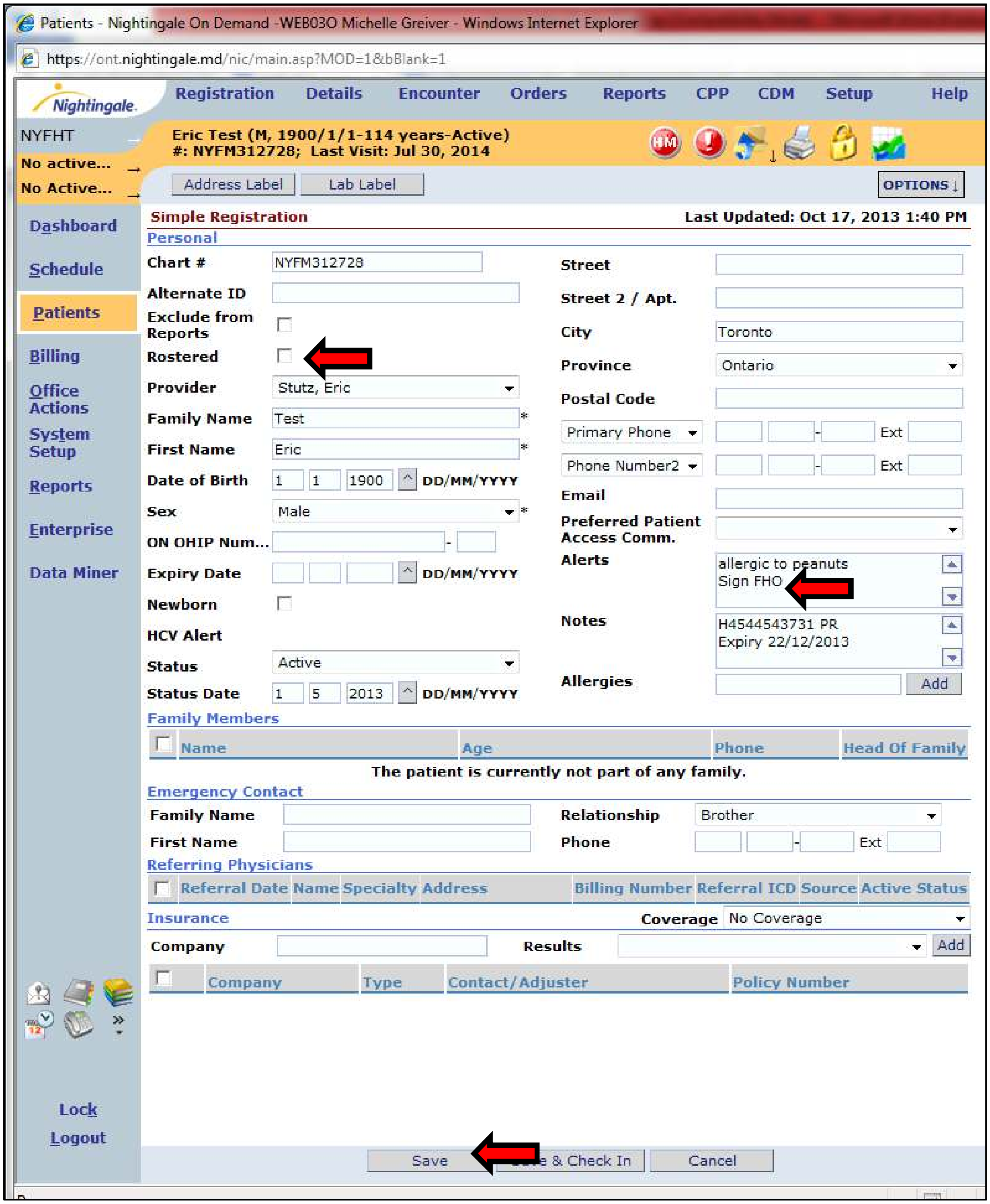
Process for Nightingale On Demand

To de-roster a patient from the EMR:

- Select a specific office, and enter into Patient Records by clicking the "**Patients**" button located on the left-hand side of the screen
- Search for the patient (See APPENDIX A)
- Go to the patient's "Demographics" page (if not there by default, roll your mouse over the "Details" button at the top of the page, and click on "Demographics")
- Click on the checked box beside "Rostered"
- If the physician wants a "Sign FHO" alert added to the chart, type in "Sign FHO" under the "Alerts" box on this page
- Click "save" at the bottom of the page
- Leave the "Roster Termination Date" as today's date, and leave the reason for termination as "none selected"

To roster a patient in the EMR:

- Select a specific office, and enter into patient records by clicking the "**Patients**" button located on the left-hand side of the screen
- Search for the patient (See APPENDIX A)
- Go to the patient's "Demographics" page (if not there by default, roll your mouse over the "Details" button at the top of the page, and click on "Demographics")
- Click on the empty box beside "Rostered"
- If the patient has a "Sign FHO" alert, delete "Sign FHO" from the "Alerts" box on this page
- Click "save" at the bottom of the page


Patients - Nightingale On Demand -WEB03O Michelle Greiver - Windows Internet Explorer
https://ont.nightingale.md/nic/main.asp?MOD=1&bBlank=1
Nightingale
Registration
Details
Encounter
Orders
Reports
CPP
CDM
Setup
Help
NYFHT
No active...
No Active...
Eric Test (M, 1900/1/1-114 years-Active)
#: NYFM312728; Last Visit: Jul 30, 2014
Address Label
Lab Label
OPTIONS
Dashboard
Schedule
Patients
Billing
Office Actions
System Setup
Reports
Enterprise
Data Miner
Simple Registration
Last Updated: Oct 17, 2013 1:40 PM
Personal
Chart #
NYFM312728
Alternate ID
Exclude from Reports
Rostered
Provider
Stutz, Eric
Family Name
Test
First Name
Eric
Date of Birth
1
1
1900
DD/MM/YYYY
Sex
Male
ON OHIP Num...
Expiry Date
DD/MM/YYYY
Newborn
HCV Alert
Status
Active
Status Date
1
5
2013
DD/MM/YYYY
Street
Street 2 / Apt.
City
Toronto
Province
Ontario
Postal Code
Primary Phone
Ext
Phone Number2
Ext
Email
Preferred Patient Access Comm.
Alerts
allergic to peanuts
Sign FHO
Notes
H4544543731 PR
Expiry 22/12/2013
Allergies
Add
Family Members
Name
Age
Phone
Head Of Family
The patient is currently not part of any family.
Emergency Contact
Family Name
First Name
Relationship
Brother
Phone
Ext
Referring Physicians
Referral Date
Name
Specialty
Address
Billing Number
Referral ICD
Source
Active Status
Insurance
Coverage
No Coverage
Company
Results
Add
Company
Type
Contact/Adjuster
Policy Number
Lock
Logout
Save
& Check In
Cancel

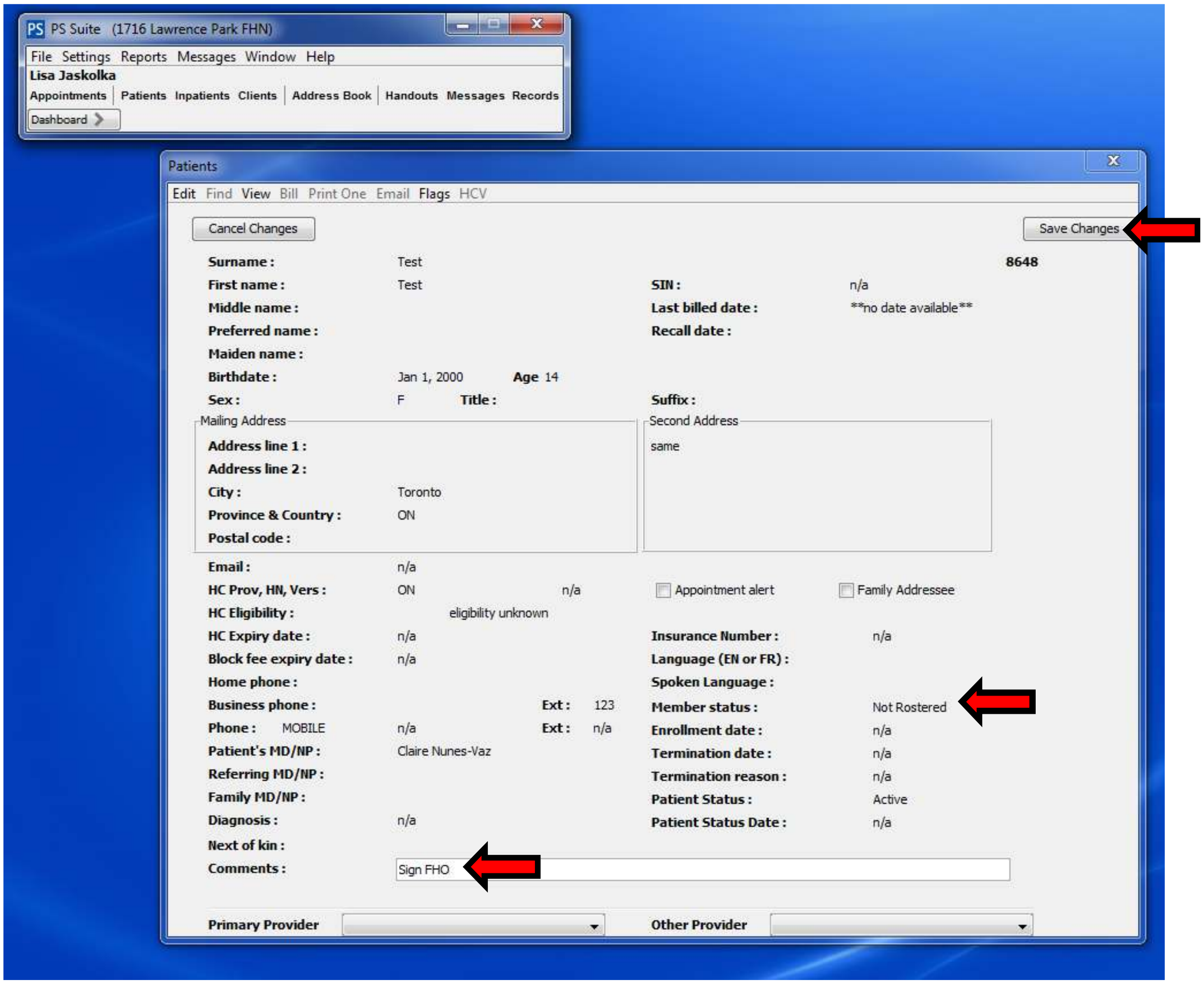
Process for Practice Solutions

To de-roster a patient in the EMR:

- Click on “**Patients**” to bring up the Patient Demographics Window
- Type “Ctrl-F” to search for the patient (See APPENDIX A)
- Under “Member Status”, select “Not Rostered”
- If the physician wants a “Sign FHO” alert added to the chart, type in “Sign FHO” into the “Comments” section near the bottom of the page
- Click “save changes”

To roster a patient in the EMR:

- Click on “**Patients**” to bring up the Patient Demographics Window
- Type “Ctrl-F” to search for the patient (See APPENDIX A)
- Under “Member Status”, select “FHO Enrolled”, or “FHN Enrolled” (depending on the physician)
- If the patient has a “Sign FHO” alert, delete “Sign FHO” from the “Comments” section near the bottom of the page
- Click “save changes”


PS Suite (1716 Lawrence Park FHN)
File Settings Reports Messages Window Help
Lisa Jaskolka
Appointments Patients Inpatients Clients Address Book Handouts Messages Records
Dashboard
Patients
Edit Find View Bill Print One Email Flags HCV
Cancel Changes
Save Changes
Surname : Test
8648
First name : Test
SIN : n/a
Middle name :
Last billed date : **no date available**
Preferred name :
Recall date :
Maiden name :
Birthdate : Jan 1, 2000 Age 14
Sex : F Title :
Suffix :
Mailing Address
Second Address
same
Address line 1 :
Address line 2 :
City : Toronto
Province & Country : ON
Postal code :
Email : n/a
HC Prov, HN, Vers : ON n/a
Appointment alert
Family Addressee
HC Eligibility : eligibility unknown
HC Expiry date : n/a
Insurance Number : n/a
Block fee expiry date : n/a
Language (EN or FR) :
Home phone :
Spoken Language :
Business phone : Ext : 123
Member status : Not Rostered
Phone : MOBILE n/a Ext : n/a
Enrollment date : n/a
Patient's MD/NP : Claire Nunes-Vaz
Termination date : n/a
Referring MD/NP :
Termination reason : n/a
Family MD/NP :
Patient Status : Active
Diagnosis : n/a
Patient Status Date : n/a
Next of kin :
Comments : Sign FHO
Primary Provider
Other Provider

2. Inactivate patients without billing for >3 years (only done for Nightingale)

Note: do this only after managing Ministry of Health discrepancies

For each doctor:

- Select a specific office, and enter into Office Actions by clicking the "**Office Actions**" button located on the left-hand side of the screen
- Once in Office Actions, roll mouse over the "Administration" button on the top of the screen, then over "Work Queue", then select "Deactivate Charts"
- You will see a "No bills 3 years" query. Click the "Run" button on the right.
- Select all patients and deactivate them.

- Once done, you need to ***reactivate patients who are still rostered***
- To find these patients, enter into Office Actions, roll mouse over "Administration", then over "Work Queue", then select "Health Maintenance"
    - Make sure the doctor you are working on is selected at the top of the page
    - Click on "New"
    - Under "Report Name", type "Rostered Inactive [year]"
    - Under "Profile", select "rostered, inactive" (if this is not there, See APPENDIX B)
    - Click on "Save"
    - The new report should now appear at the top of the Health Maintenance page, click on "Results" on the right to see the list of patients who need to be reactivated
- To reactivate patients,
    - Click on "**Patients**" on the left hand side of the page
    - Search for the inactive patient by typing in the name, clicking on "Advanced", then clicking on "search inactive"
    - Simply opening the patient's chart will change the patient's status on their Demographics page from "inactive" to "active"

3. De-roster deceased (only done for Nightingale)

Note: do this only after managing Ministry of Health discrepancies

- Select a specific office, and enter into Office Actions by clicking the "**Office Actions**" button located on the left-hand side of the screen
- Once in Office Actions, roll mouse over the "Administration" button on the top of the screen, then over "Work Queue", then select "Health Maintenance"
- To generate a list of patients who are deceased but still rostered,
    - Make sure the doctor you are working on is selected at the top of the page
    - Click on "New"
    - Under "Report Name", type "Rostered, Deceased [year]"
    - Under "Profile", select "rostered, deceased" (if this is not there, SEE APPENDIX B)
    - Click "save"
    - The new report should now appear at the top of the Health Maintenance page, click on "Results" on the right to see the results
- De-roster all patients found
    - Click on "Patients" on the left hand side of the page
    - Search for the patient
    - Under "Demographics" change patient "status" from "active" to "deceased"
    - Click "save"

4. Send roster invitations to patients

Process for Nightingale on Demand

a) Send list of patients to physicians for verification

- ***Generate a list of patients*** who are active and seen in the past 3 years, but not rostered
    - Select a specific office
    - Click on "**Reports**" located on the left-hand side of the screen
    - Roll your mouse over "Operational", then "Patient Roster", click on "Roster Invitation"
    - Select a physician's name
    - Click on "Generate Report"
    - Click on "Export Excel" to export the information into an excel file
    - Open the excel file
    - Delete names of patients without an address or primary phone number
    - Delete names of patients whom we have already mailed a roster invitation letter to
    - Print off remaining names
- Print off a ***sample letter*** for the doctor to look over
    - Click on "**System Setup**" located on the left-hand side of the screen
    - Roll mouse over "Templates", then over "Documents", then click on "Manage Letters"
    - Find and click on "Roster Invitation" (you can use Ctrl-F if the list is too long!)
    - Click on "Modify Template Content"
    - Click on "Edit" beside "Sender Address"
    - Under "default provider", select the doctor you are working on
    - Click on "Preview" at the bottom of the page
    - Print the page
    - Click "Cancel" to exit the page (**not** "save"!)
- Attach the "Roster Invites" Cover Letter, to the sample letter and the list of patient names
- ***Send to physician***, asking them to cross off the names of any patients who should not be receiving a roster invitation letter
- ****Remember to keep a copy of the list you sent (either electronic or paper)****

b) Print and mail roster invite letters to patients

- After the doctors reply with the names of patients who should be receiving a letter, generate the Roster Invitation report again (Go to **Reports**, roll mouse over "Operational", then "Patient Roster", then click on "Roster invitation; select physician's name; click on "Generate Report")
- Click on the box beside the names of patients who should be receiving a letter
- Click "Generate Letters"
- Under "template", select "Roster Invitation"
- Click "print letter"
- Give all letters to the Office Manager, who will mail them out along with a Roster Form from the Ministry
- ****Remember to keep track of the number of letters you printed for each physician****

Process for Practice Solutions

a) Send list of patients to physicians for verification

- ***Generate a list of patients*** who are active and seen in the past 3 years, but not rostered
    - From the Dashboard, click on "**Records**"
    - Click on "Patient", then "Search…"
    - In the list on the left, find and click "SSP - Roster invitation, not rostered and seen in past 3 years"
    - Make sure that within the search query box, in the line that says "Progress Note occurrence date is later than Jan 1, [year]", the year is 3 years before the current year (if not, click on "Edit Searches", double click on that line and change the year, and click on "Perform Search")
    - Click on "Uncheck All Doctors" and only select the one you are working on
    - Under "Title", where it says "Roster invitation, not rostered and seen since Jan 1 [year]", make sure the year is 3 years before current year (if not, change it)
    - Click on "Search"; a new window will appear with your search results
    - Click on "Surname" to organize the list alphabetically by surname
    - Click on "Report", then "Print" (or type in Ctrl-P)[3]
- Print off a ***sample letter*** for the doctor to look over
    - Back in the **Records** window, type Ctrl-F, and type in "test" to open up a test patient's chart
    - Type in Ctrl-N, Ctrl-L to write a new letter[4]
    - Address the letter to "This Patient" and click "OK"
    - Type in Ctrl-I to insert a stamp
    - Find and click "rosterinvitationletter", click "please select a stamp or keyword"
    - Type in Ctrl-P to print the letter
- Attach the "Roster Invites" Cover Letter, to the sample letter and the list of patient names
- Send to physician, asking them to cross off the names of any patients who should not be receiving a roster invitation letter
- ****Remember to keep a copy of the list you sent (either electronic or paper)****

b) Print and mail roster invite letters to patients

- The process is similar to that of printing a sample letter (you will have to generate and print the letters one by one...)
- From the Dashboard, click on "**Records**"; type Ctrl-F, and search for the patient
- Type in Ctrl-N, Ctrl-L to write a new letter[5]

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[3] If you plan on keeping electronic copies only, print to "Adobe PDF" or "Microsoft Document Writer", and save to a new folder on your desktop

[4] If you didn't select a supervising doctor earlier, it will ask you "Does your name go in the letterhead, or someone else's?", click "Choose a Letterhead Person", type in the doctor you're working on. To save yourself this step, always choose a supervising doctor before doing anything else in PS.

- Address the letter to “This Patient” and click “OK”
- Type in Ctrl-I to insert a stamp
- Find and click “rosterinvitationletter”, click “please select a stamp or keyword”
- Type in Ctrl-P to print the letter
- Give all letters to Office Manager, who will mail them out along with a Roster Form from the Ministry
- ****Remember to keep track of the number of letters you printed for each physician****

[5] If you didn’t select a supervising doctor earlier, it will ask you “Does your name go in the letterhead, or someone else’s?”, click “Choose a Letterhead Person”, type in the doctor you’re working on. To save yourself this step, always choose a supervising doctor before doing anything else in PS.

Risk Factor Standardization

Tobacco Management

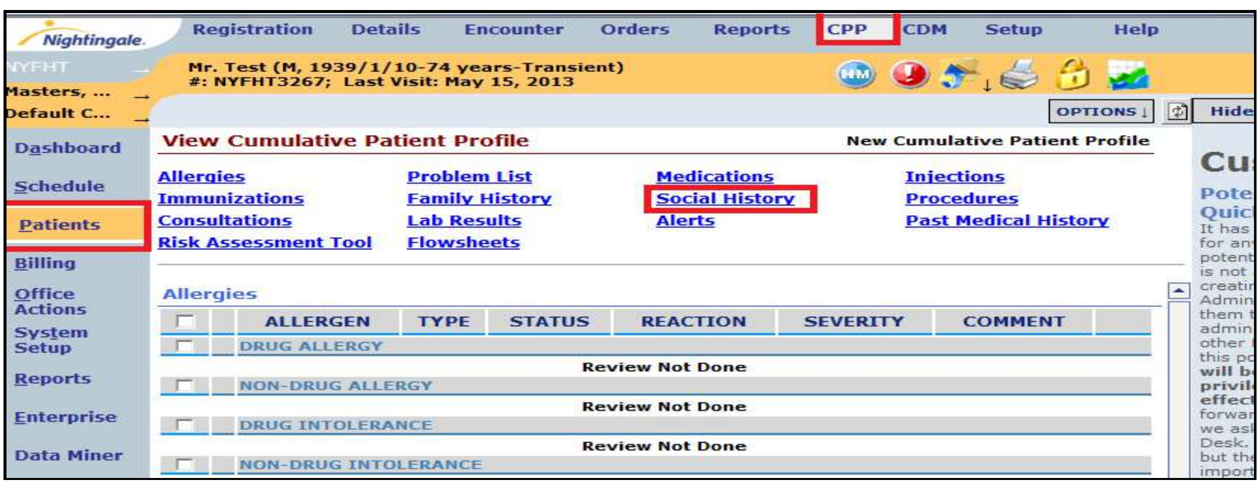
1. Update Tobacco Categories

***Objective**:* To standardize patients' smoking statuses in simple, functional groups

- Three categories are used: Current Smoker, Ex-Smoker, Never Smoked
- You will receive a list from the Data Manager containing names of patients who do not have a smoking status recorded under these three categories in their EMR
- For each patient on the list, you will have to determine whether they would fall into the category of Current Smoker, Ex-Smoker or Never Smoked, by looking for free text in their EMR

Process For Nightingale On Demand:

- The list of patients from the Data Manager will include information that will help you determine which of the three categories each patient belongs to
- Select the office you are updating, and then select the physician
- From the dashboard, click on "**Patients**"
- Search for the patients on your list one at a time. For each patient:
  - Click on "CPP" from the top menu
  - Click on "Social History"



- IF a "Tobacco" category exists:
  - Click on the "Tobacco" category
  - Select the "Item" dropdown menu and update the smoker status as Current Smoker, Ex-Smoker or Never Smoked. Then click "Save" at the bottom.
  - If these options are not present in the dropdown menu then make sure you have the correct physician selected in the top-right corner. If the options are still not present then create a new "Tobacco" category using the steps provided for when a "Tobacco" category does not exist.

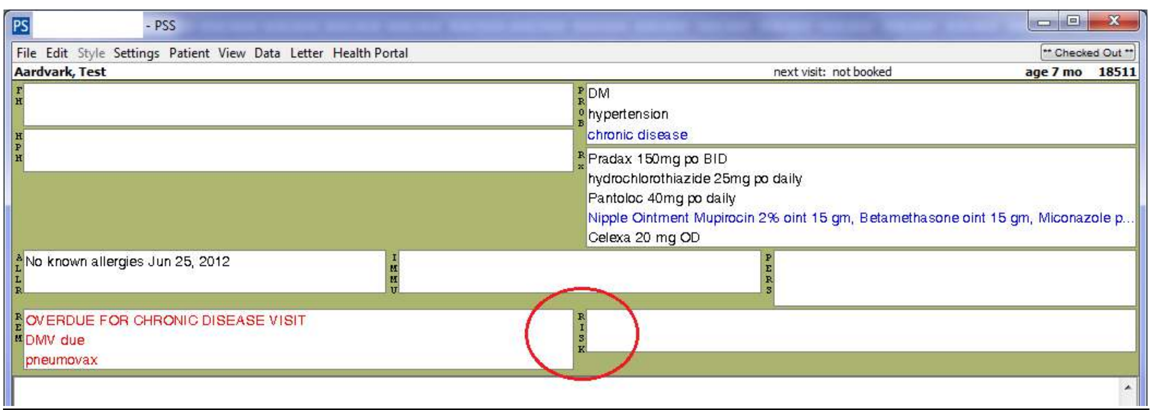
  - Once you have made a new category, copy and paste the "Comments" from the old "Tobacco" category to the new one. Then check off the old "Tobacco" category and select "Move Social History to Past History" at the top.
- IF a "Tobacco" category does NOT exist:
  - Click "New Social History"
  - Update the "Category" in the dropdown menu to "Tobacco"
  - Select the "Item" dropdown menu and update it to Current Smoker, Ex-Smoker or Never Smoked.
  - Click "Save" at the bottom
- Click "Registration" at the top to search for the next patient
- ****Repeat this process for every patient on the list obtained from the data manager****

Process for Practice Solutions

- The list of patients from the Data Manager will not include information that will help you determine which of the three categories each patient belongs to; you will have to look through the patients' charts manually for information

<u>a) Check the patients' charts for information on tobacco use, and update accordingly</u>

- Go to each patient's chart by clicking on "**Records**", then typing in Ctrl-F to search for the patient



- ***Check the "Risk" section of the patient's profile for free text on tobacco use*** that can clearly be categorized (current smoker, ex-smoker, never smoked)
  - If this exists, add the appropriate radio button
    - Double click on the text
    - Click on the "Tobacco" tab, if not already there
    - Select one of the three categories at the top
    - Copy and paste additional information into the "Details" section at the bottom
    - Click on "Save All Changes"
  - If you are unsure of category (example, patient is "non-smoker", which does not tell us if ex or never smoked), then do not update

- If there is no entry on tobacco in the Risk section, ***look for free text related to smoke or tobacco in clinical encounters***. Please do the following:
    - Type in "Ctrl-3 " to bring the search box to search for tobacco free text
    - In the search box type in "smok" to capture possible variations of the word (smoke)
    - Look only at notes that were entered in **2012 or LATER**
    - If your search does not find any relevant text, then try typing "tobacco" in the search box. If you still get no result, please move to the next patient
    - If your search finds any clear indication of smoking status, meaning if the text clearly states that the patient smokes, or never smoked or quit smoking, then update the "Risk Factor" in CPP accordingly. Use the latest encounter.
        - Double click on the "Risk" section of the CPP
        - Click on the "Tobacco" tab, if not already there
        - Select one of the three categories at the top
        - Copy and paste additional information into the "Details" section at the bottom
        - Click on "Save All Changes"
    - If the free text is NOT clear regarding the smoking status, please do not update and move to the next patient.

b) Send list of patients without a smoking status to physicians

- Enter the names of all the patients you did not update to an Excel file, and add the following columns for physicians to verify and classify patients accordingly

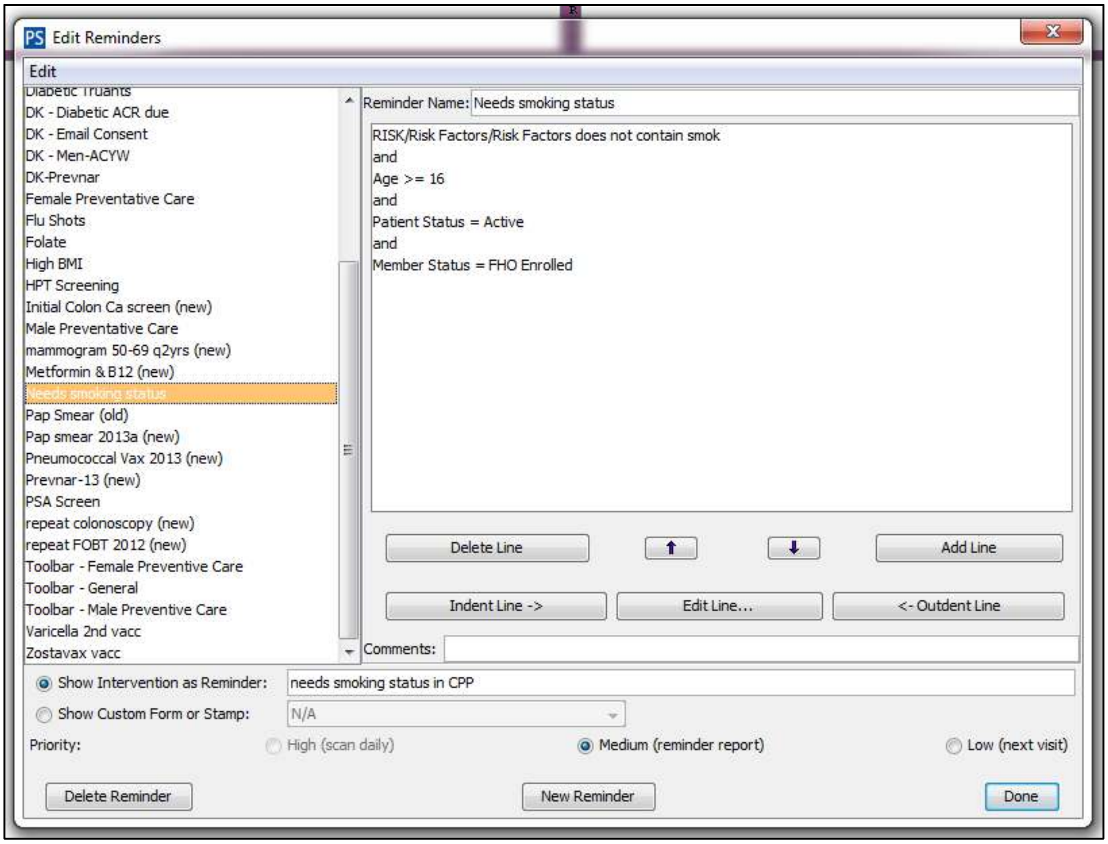
Never Smoked	Current Smoker	Ex-Smoker	Don't know	Please add reminder to the chart: "add smoking status to CPP"

- Fax the list to the offices and ask physicians to classify the patients by marking them in appropriate boxes and fax back the list

c) Add "Add smoking status to CPP" reminders to patients' charts
Note: Global reminders were added this year, so this will likely not have to be done again

- From the Dashboard, click on "**Records**"
- Click on "Settings" in the top menu, then "Edit Reminders"
- To create a new reminder, click on "New Reminder" at the bottom
- To check/update the existing reminder, look for "Needs Smoking Status" on the left-hand side
- The following was entered[6]:

[6] This searches for all active/rostered patients over the age of 16 who do not have a smoking status recorded in the Risk Factors section of their CPP, and adds "needs smoking status in CPP" to the Reminders section of their CPP. Note: in the 272 server, Member Status = FHN Enrolled (instead of FHO enrolled), and in the 1110 server, only certain doctors wanted reminders added


Edit Reminders
Edit
Diabetic Truants
DK - Diabetic ACR due
DK - Email Consent
DK - Men-ACYW
DK-Prevnar
Female Preventative Care
Flu Shots
Folate
High BMI
HPT Screening
Initial Colon Ca screen (new)
Male Preventative Care
mammogram 50-69 q2yrs (new)
Metformin & B12 (new)
Needs smoking status
Pap Smear (old)
Pap smear 2013a (new)
Pneumococcal Vax 2013 (new)
Prevnar-13 (new)
PSA Screen
repeat colonoscopy (new)
repeat FOBT 2012 (new)
Toolbar - Female Preventive Care
Toolbar - General
Toolbar - Male Preventive Care
Varicella 2nd vacc
Zostavax vacc
Reminder Name: Needs smoking status
RISK/Risk Factors/Risk Factors does not contain smok
and
Age >= 16
and
Patient Status = Active
and
Member Status = FHO Enrolled
Delete Line
Add Line
Indent Line ->
Edit Line...
<- Outdent Line
Comments:
Show Intervention as Reminder:
needs smoking status in CPP
Show Custom Form or Stamp:
N/A
Priority:
High (scan daily)
Medium (reminder report)
Low (next visit)
Delete Reminder
New Reminder
Done

2. Add smoker alerts (only done for Nightingale)

- First, verify that "current smoker" has been added to the patient's CPP:
    - (Go to CPP, click on "Social History", check for "Current smoker")

- Then, go to **Office Actions**, roll mouse over Administration, then Work Queue, then click on Health Maintenance
- Look for "Smoker ALERT", click on "Results"

- Add the patient manually but clicking "Add Patient".
- The patient's name should now show up on the list with a red asterix beside it.
- Putting the patient's name on this list will automatically add a "Smoker ALERT" to the patient's Health Maintenance Alerts. You can check this by going back into the chart and going to Details Summary.

Alcohol Management

Objective: to categorize rostered patients, aged 18 and older, into different categories based on alcohol consumption. Categories include non-drinker, low-risk drinker, high-risk drinker, and alcohol abuse.

****NOTE: this was done as a trial for only ONE practice in the NYFHO****

- Log into the correct Nightingale server, and select the correct office and supervising physician at the top left-hand side of the screen
- Once logged in to the correct office, click on "**Office Actions**" on the left-hand side of the screen
- In Office Actions, roll the mouse over "Administration">> "Work Queue", and select the "Health Maintenance" option
- Generate a report of all rostered patients over the age of 18: click the "New" button at the top left-hand side of the screen
    - Provide the title "Rostered Patients 18 and Over" to the report, and select the corresponding profile from the drop down arrow, next to the heading "Profile" (See APPENDIX B)[7]
    - Click save: Nightingale will generate a report of all patients rostered to the supervising physician, who are 18 years of age or older. Print this report by clicking "Options" and selecting "Print Queue Simple"
- Search each patient listed on the printed-out report, and enter into their CPP
- Within the patient's CPP, click the blue, hyperlinked "Social History" option
- Under "Category," look for "Alcohol": look for any free text associated with alcohol consumption and frequency
- Click on the blue, hyperlinked "Alcohol" category in order to categorize the patient into one of the 4 aforementioned groups
- Click on the drop-down arrow next to the heading "item" in order to select the correct alcohol category; click "Save" at the bottom of the screen
- ****Repeat this process for every patient listed on the report generated by Nightingale on Demand****

[7] A profile for rostered patients ages 18 and over should already be created, ready for use; however, if a profile has not yet been created, you must create one yourself. To learn how to do this, refer to Appendix B

Chronic Disease Management and Quality Improvement

Objective: To standardize how data is entered into the Cumulative Patient Profile (CPP) across the NYFHT. Data standardization helps to quickly identify groups of patients who are in need of particular services because they have or are at risk of developing certain diseases. We do so by adding codes to different diagnoses, and by making sure this information is recorded in a specific place.

Chronic Disease Management

1. Coding Chronic Diseases

This year, we looked at the 12 chronic diseases[8]. They're listed below with the ICD-9 (International Classification of Diseases) code that the doctors agreed on using for each:

- Atrial Fibrillation (427)
- Breast cancer (174)
- Colorectal cancer (153 or 154)
- COPD (496)
- Crohn's disease (555)
- Dementia (290)
- Diabetes (250)
- Heart failure (428)
- Hypertension (401)
- Osteoporosis (733)
- Ovarian cancer (183)
- Ulcerative colitis (556)

a) Send lists to physicians for verification

- You will receive a list from the Data Manager, of patients who may have a specified disease[9], but do not have the proper ICD-9 code in their CPP
- Physicians will need to verify whether or not the patient actually has the specified disease, and if so, the patient will be added to the registry[10]

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[8] Subject to change from year to year

[9] According to the CPCSSN definition - for example, the patient may be taking certain medications or have certain lab test results that indicate they have a disease

[10] This can be confusing because though we ask physicians whether or not a patient should be added to the "registry" we don't actually have a physical "registry" for all the chronic diseases we manage. All we are doing is adding codes, so that a registry can be made very easily (by searching for those codes). Some doctors also think that the lists you are sending to them are of all of their patients with a certain disease -- be ready to reassure them

- Copy and paste the patient names and health card numbers into different tables, according to disease, with the following headings for each physician:

Last Name	First Name	Add patient to registry?	Other

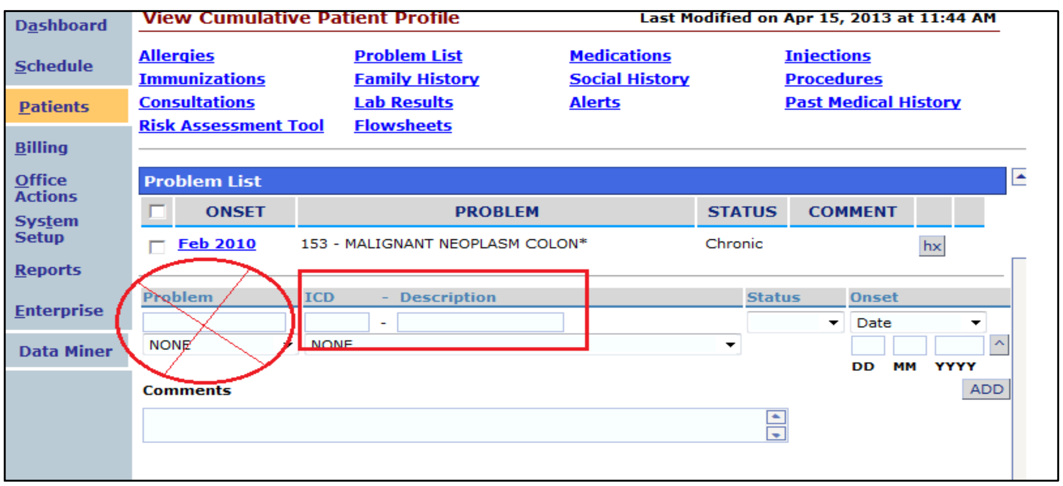
- Attach a "All Chronic Diseases" Cover Letter to the lists and send to physician (remember to keep a copy of the sent lists, electronic or paper)

<u>b) Update charts</u>

For each patient verified as having the specified chronic disease:

Process for Nightingale On Demand:

- ***Add the appropriate ICD-9 code:***
    - From the Dashboard, click on "**Patients**"
    - Search for the patient
    - Click on "CPP"; click on "Problem List"
    - Scroll down to the bottom of the problem list
    - Type in the correct ICD code, click the "Add" button



- ***Add names to the billing registry*** (for Diabetic and Heart Failure patients only)
    - Go into "**Billing**" from the dashboard, roll mouse over "Setup", then "Favorites", then click on "<u>Patient Lists</u>"
    - Click on the appropriate billing registry

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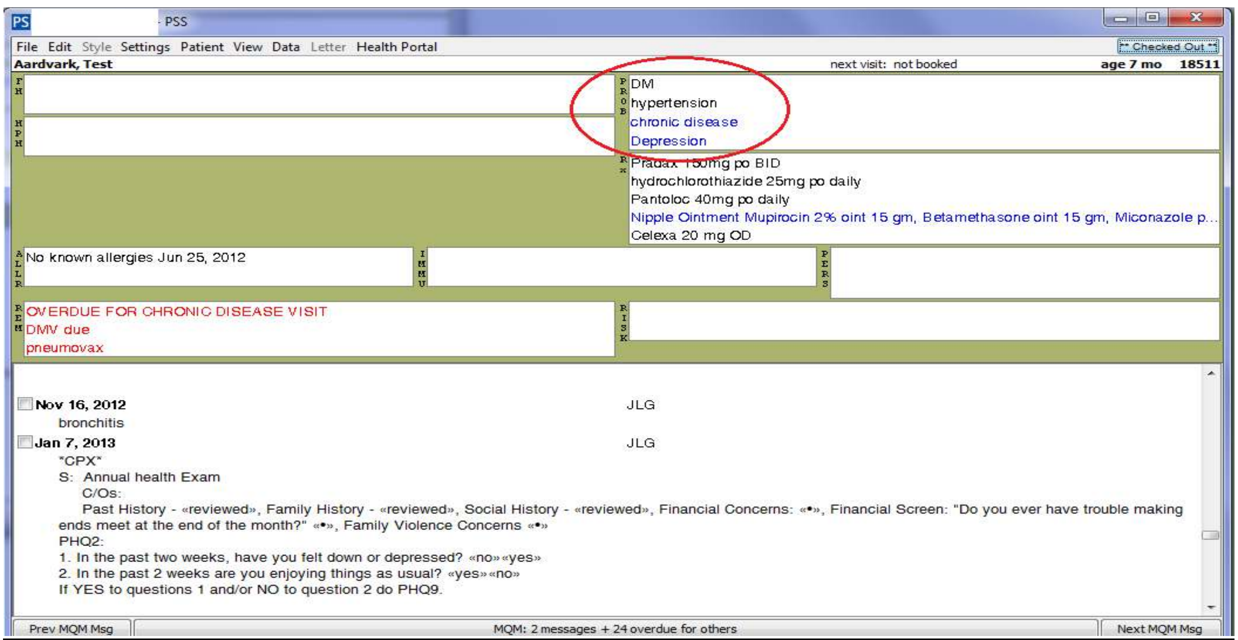
that the lists are just of those patients who may have the disease, but do not have a code. They may very well have more patients with the disease who already have a code.

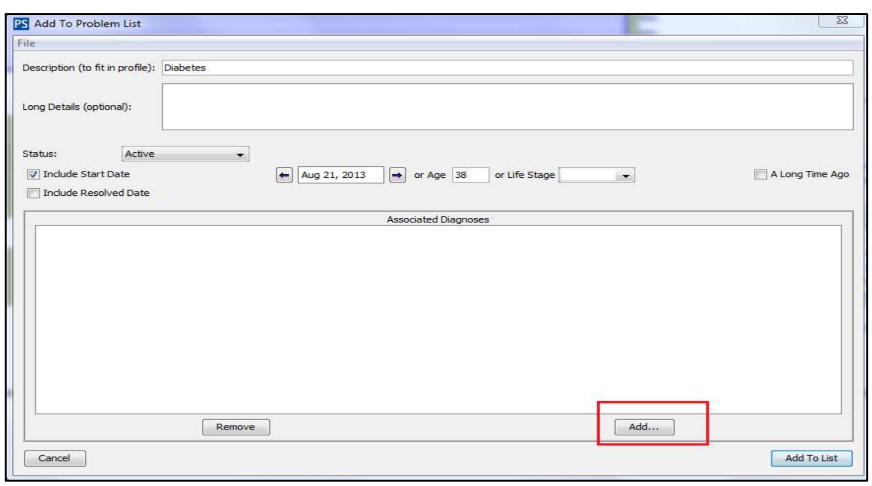
  - Click "Add Patient(s)"
  - For each patient, search their name, then click "Add →"
  - After all names have been found, click on "Add Selected Patient(s)" at the bottom of the window
  - Click "Save"
- ***Add flowsheet*** (for COPD, Diabetic, Heart Failure, and Hypertension patients in Nightingale only)
  - See APPENDIX C for adding flowsheets
  - Add the appropriate flowsheet for each disease (make sure the title of the flowsheet has "CDM" in it, i.e. the appropriate diabetic flowsheet will have a title that includes "Diabetes CDM", or some variant)
- ***Update procedures*** (for Breast Cancer, Colon Cancer, Crohn's, and Ulcerative Colitis patients in Nightingale only)
  - Breast cancer patients will need "Exclude Mammogram" added to their procedures list, while Colon Cancer, Crohn's and Ulcerative Colitis patients will need "Exclude FOBT" added to their procedures list
    - Go into the patient's CPP
    - Click on Procedures
    - Click on "New"
    - Select type: "System", and procedure "Exclude Mammogram" (or FOBT)

  - Make sure there are no Health Maintenance alerts for the specific procedure
    - Click on the HM button on the top menu
    - Click the done button beside any "Mammogram" (for Breast CA patients), or "FOBT" (for Colon CA, Crohn's or UC patients) alerts; leave the date as the current date, click "Save"

Process for Practice Solutions:

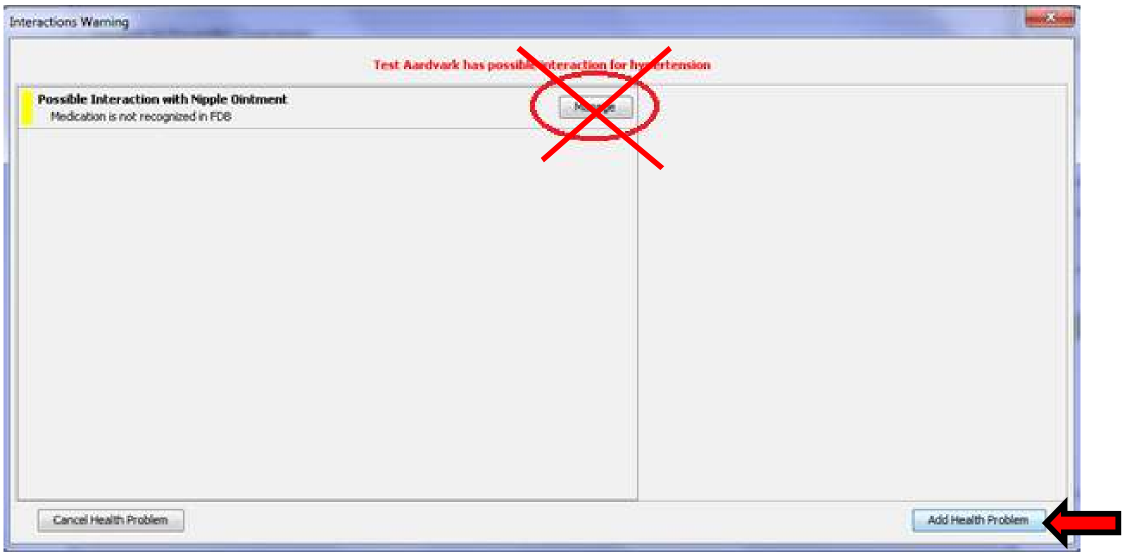
- ***Add the appropriate ICD-9 codes***
  - From the Dashboard, click on "**Records**"
  - Type in Ctrl-F to search for the patient
  - The problem list is located at the top right hand corner of the page[11]
  - Look for the disease on the list and double-click it to add a code (if the disease is not already in the list, click on the last item, press "Enter", type it in, then double-click)
  - Click "Add code"
  - Search for the code, select the code, and press "save"





[11] If you don't see the patient's CPP, type in Ctrl-W

- **Note:** Sometimes when you try to add an ICD-9 code, you will get a warning of a "***Possible Interaction***", meaning that the diagnosis may affect other areas of the patient's care
    - If the interaction is yellow, you can simply click on "Add Health Problem" on the bottom
    - If the interaction is red, the doctors will need to be notified so that they can manage the interactions themselves. Make a list of these patients (and the condition you were trying to add), and send them to the doctors.

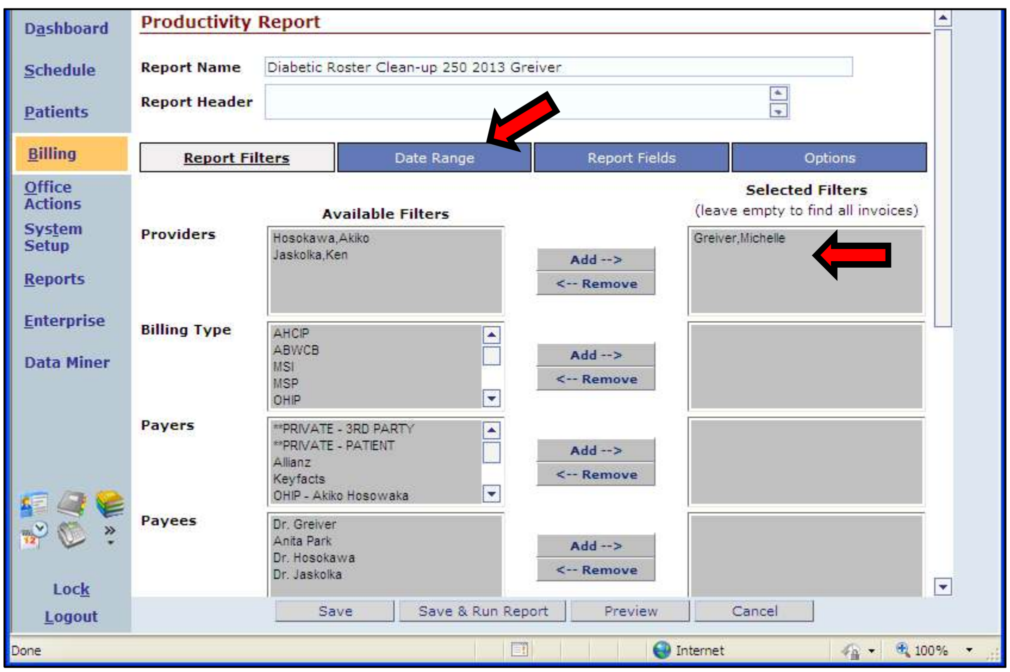


- ***Add names to the billing registry*** (for Diabetic and Heart Failure patients only)
    - From the Dashboard, click on "**Records**"
    - Click on "Settings" in the top menu, then click "Edit Cohorts"
    - Click on the appropriate billing registry from the list on the left
    - Click on "Add"
    - Search for and add each patient
    - After adding each patient, click "Save"

2. Update Diabetes and Heart Failure Billing Registries (only done for the NYFHO)

Objective: Diabetes and heart failure registries (lists of patients with each condition) have been made for billing purposes. These need to be updated each year.

- ***Access the billing registries***
  - From the Dashboard, click on "**Billing**"; go to "Setup", then "Favorites", then click on "Patient Lists"
  - Click on the appropriate list for each doctor
  - Copy the names into Excel
  - Print a copy of the registry (this will be sent to the doctors for their reference)
- ***Find patients who have been billed 250 in the past year (for DM), or billed 428 (for HF) in the past 2 years***
  - From the Dashboard, click on "**Billing**"; go to "Reports", then "Real Time", then click on "Productivity"[12]
  - Find and click on the appropriate report for a specific doctor (called "Diabetic Roster Clean-Up" or "CHF Registry Clean-Up", or some close variant)
  - In "Report Filters", under "Providers", make sure the doctor's name is listed[13]
  - Click on "Date Range", and change the year of the "Start Date" to 1 year from current year for Diabetes, or 2 years from current year for Heart Failure
  - Click "Save & Run Report"



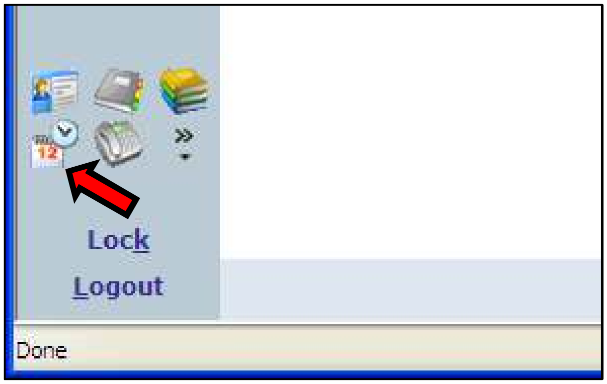
[12] If you can't access this, talk to the Office Manager for permissions

[13] If the name is not listed, talk to the Office Manager for permissions

    - This will take you back to the Productivity Reports window, and under "Status" beside the report you just ran, it should say "Submitted". Wait for this to say "Completed" (will take a couple minutes) then click on the "Hx" button
    - Open the results file and copy the names into Excel
- ***Match the two lists in Excel***
    - See APPENDIX D for how to match lists
    - Patients billed 250/428 recently but are not on the Billing Registry go into a "ADDS" list
    - Patients on the Billing Registry but have not been billed 250/428 recently go into a "DROPS" list
    - Attach these lists to a "Billing Registry" cover letter and send to the doctors for verification
- ***Update the information***
- *For all patients that doctors confirm should be added to the Registry:*
    - Make sure the 250/428 code is in the CPP (refer back to adding codes section)
    - Make sure the Diabetes/CHF flowsheet is in the chart (refer back to flowsheets section)
    - Add names to the Registry
        - Opening the Billing Registry (Billing >> Setup >> Favorites >> Patient Lists)
        - Click "Add Patient(s)"
        - For each patient, search their name, then click "Add →"
        - After all names have been found, click on "Add Selected Patient(s)" at the bottom of the window
        - Click "Save"
- *For all patients that doctors confirm should be dropped from the Registry:*
    - Delete names from the Registry
        - Open the Billing Registry (Billing > Setup > Favorites > Patient Lists) by clicking on the boxes beside the names of patients who need to be dropped
        - Click "Delete"
        - Click "Save"

3. Make recall buttons for patients on the DM or CHF Billing Registries (only done for the NYFHO)

- After auditing the DM and CHF Billing Registries, for each patient click on the "**create a new recall**" icon from the bottom left corner of the dashboard



- Search for the patient
- Click "Create New Recall/Follow-Up"
- Under "Favorites", select "diabetes" or "heart failure booklet" from dropdown list
- Insert the following information / make sure it is correct:
- For **DM** patients:
    - Favorite type: global
    - Favorites: "diabetes"
    - Reason: Diabetic; K030, bp wt check flowsheet
    - Assign to: "**No recipient Selected**"
    - Schedule in: **3 months, recurring**
        - Monthly, Day 1 of every 3 months
    - End after 3 occurrences
    - Add to "To Do" list: **0 days**
- For **HF** patients:
    - Favorite type: global
    - Favorites: "heart failure booklet"
    - Reason: Give heart failure booklet
    - Assign to: "**No recipient Selected**"
    - Schedule in: **1 day**
    - Add to "To Do" list: **0 days**
- If either "diabetes" or "heart failure booklet" is not in drop down list, put in the above information, and click "add to favorites"
- Click "Save"
- Go into the Patient's Chart to make sure the recall buttons were added properly and to click overdue recall buttons
    - From the Dashboard, click on "Patients"
    - Search for the patient (See APPENDIX A)
    - Go to "Details", then "Summary"
    - Click "Done" beside the red (overdue) diabetes and heart failure booklet recalls

4. Send overdue diabetes appointment reminders

Objective: Patients with diabetes should be seen regularly by their doctor to best manage their health. Reminders are sent to diabetic patients who have not been seen in the past 6 months to make an appointment to see their doctor.

Process for Nightingale on Demand

a) Send list of patients to physicians for verification

- ***Generate a list of patients*** who have diabetes but have not been seen in the past 6 months
    - Select a specific office
    - Click on "**Office Actions**" located on the left-hand side of the screen
    - Roll your mouse over "Administration", then "Work Queue", then click on "<u>Health Maintenance</u>"
    - Make sure the doctor you are working on is selected at the top of the page
    - Click on "New"
    - Under "Report Name", type "Diabetes Not Seen 6 Months [year]"
    - Under "Profile", select "diabetes not seen 6 months", or some variant (if this is not there, See APPENDIX B)
    - Click on "Save"
    - The new report should now appear at the top of the Health Maintenance page, click on "Results" on the right to see the results
    - Print this report by clicking "Options" and selecting "Print Queue Simple"
- Print off a ***sample letter*** for the doctor to look over
    - Click on "**System Setup**" located on the left-hand side of the screen
    - Roll mouse over "Templates", then over "Documents", then click on "<u>Manage Letters</u>"
    - Find and click on "Diabetes Overdue Appointment Letter"
    - Click on "Modify Template Content"
    - Click on "Edit" beside "Sender Address"
    - Under "default provider", select the doctor you are working on
    - Click on "Preview" at the bottom of the page
    - Print the page
    - Click "Cancel" to exit the page (**not** "save"!)
- Attach the "Overdue Diabetes Visit" Cover Letter, to the sample letter and the list of patient names
- ***Send to physician***, asking them to cross off the names of any patients who should not be receiving a diabetic visit reminder
- ****Remember to keep a copy of the list you sent (either electronic or paper)****

b) Print and mail roster invite letters to patients

- After the doctors reply with the names of patients who should be receiving a letter, go back to the results of "Diabetes Not Seen 6 Months [year]" (Go to **Office Actions**, roll mouse over "Administration", then "Work Queue", then click on "<u>Health Maintenance</u>"; make sure physician's name is selected; click on "Results" beside "Diabetes Not Seen 6 Months [year]")
- Click on the box beside the names of patients who should be receiving a letter

- Click “Generate Letters”
- Under “template”, select “Diabetes Overdue Appointment Letter”
- Click “print letter”
- Give all letters to the Office Manager, who will mail them out
- ****Remember to keep track of the number of letters you printed for each physician****

Process for Practice Solutions

a) Send list of patients to physicians for verification

- ***Generate a list of patients*** who are have diabetes, but have not been seen in the past 6 months
    - From the Dashboard, click on “**Records**”
    - Click on “Patient”, then “Search…”
    - In the list on the left, find and click “SSP – Diabetic Not Seen 6 Months”
    - Click on “Uncheck All Doctors” and only select the one you are working on
    - Click on “Search”; a new window will appear with your search results
    - Click on “Surname” to organize the list alphabetically by surname
    - Click on “Report”, then “Print” (or type in Ctrl-P)[14]
- Print off a ***sample letter*** for the doctor to look over
    - Back in the **Records** window, type Ctrl-F, and type in “test” to open up a test patient’s chart
    - Type in Ctrl-N, Ctrl-L to write a new letter[15]
    - Address the letter to “This Patient” and click “OK”
    - Type in Ctrl-I to insert a stamp
    - Find and click “diabetesoverdueletter”, click “please select a stamp or keyword”
    - Type in Ctrl-P to print the letter
- Attach the “Overdue Diabetes Visit” Cover Letter, to the sample letter and the list of patient names
- Send to physician, asking them to cross off the names of any patients who should not be receiving a roster invitation letter
- ****Remember to keep a copy of the list you sent (either electronic or paper)****

b) Print and mail roster invite letters to patients

- The process is similar to that of printing a sample letter (you will have to generate and print the letters one by one...)
- From the Dashboard, click on “**Records**”; type Ctrl-F, and search for the patient

[14] If you plan on keeping electronic copies only, print to “Adobe PDF” or “Microsoft Document Writer”, and save to a new folder on your desktop

[15] If you didn’t select a supervising doctor earlier, it will ask you “Does your name go in the letterhead, or someone else’s?”, click “Choose a Letterhead Person”, type in the doctor you’re working on. To save yourself this step, always choose a supervising doctor before doing anything else in PS.

- Type in Ctrl-N, Ctrl-L to write a new letter[16]
- Address the letter to "This Patient" and click "OK"
- Type in Ctrl-I to insert a stamp
- Find and click "diabetes", click "please select a stamp or keyword"
- Type in Ctrl-P to print the letter
- Give all letters to Office Manager, who will mail them out
- ****Remember to keep track of the number of letters you printed for each physician****

[16] If you didn't select a supervising doctor earlier, it will ask you "Does your name go in the letterhead, or someone else's?", click "Choose a Letterhead Person", type in the doctor you're working on. To save yourself this step, always choose a supervising doctor before doing anything else in PS.

Coding Family History

Objective: This year, we coded for 3 cancers that are often prominent in patient family histories: breast cancer, ovarian cancer, and colorectal cancer. Coding for these cancers not only aids in standardizing the way in which such data is entered into the EMR, but can also improve quality of care by allowing physicians to quickly identify groups of patients who are in need of particular services because they are at risk of developing certain diseases. The ICD-9 codes for the 3 cancers are listed below:

- Breast Cancer: 174
- Ovarian Cancer: 183
- Colorectal Cancer: 153 (colon cancer) or 154 (rectal cancer)

Process for Nightingale

- Obtain a list from the Data Manager containing patient names who are have free text indicating the presence of breast cancer, ovarian cancer, or colorectal cancer, in their family histories[17]
- Filter the list by physician: log in to the correct Nightingale server, and select the correct office and supervising physician from the top left-hand side of the window
- Search for each patient on the list obtained from the data manager (See APPENDIX A)
- Once inside the correct patient's chart, enter into their CPP, by selecting the "CPP" button at the top of the screen
- Inside the patient's CPP, click on the blue hyperlink entitled "Family History", and look for free text that is indicative of breast cancer, ovarian cancer, or colorectal cancer[18]
- Once you have identified the free text that is indicative of one of the 3 cancers, click on the family member who has one of the 3 cancers in their diagnosis
- A new page will appear: click on the button "Find ICD" to add the correct code to the patient's family history: a new window will appear
    - Click on the "options" button at the top right of the new window, and select "Search for ICD code in Full ICD Lists"
    - Click on the drop-down arrow next to the heading "Diagnosis Code", and select the ICD(ONT) option
    - In the search bar next to the heading "Diagnosis Code" search for the appropriate code, based on the cancer in question (174 for breast, 183 for ovarian, 153 or 154 for colorectal)
    - Once you have found the correct ICD code corresponding to the correct cancer, click the "add" button directly to the right of the code, and press "save"
- ****Repeat this process for every patient listed, for each cancer, for each physician****

[17] You will receive 3 lists from the data manager, corresponding to the 3 different cancers being coded for: breast, ovarian, and colorectal cancer

[18] Examples of free text include "[breast, ovarian, colon, or bowel] ca", located under the "diagnosis" column

Process for Practice Solutions

- Obtain a list from the Data Manager containing patient names who have free text indicating the presence of breast cancer, ovarian cancer, or colorectal cancer, in their family histories[19]
- Filter the list by physician: log in to the correct PS server, and select the correct supervising physician by clicking settings>> change supervising doctor, and typing in the name of the physician you are working for
- Search for each patient on the list obtained from the data manager (See APPENDIX A)
- Once inside the correct patient's chart, look in the box at the top left-hand side of the screen, entitled "FH" (family history)
- Within the FH box, look to see if there is any free text indicating the presence of either breast, ovarian, or colorectal cancer in the patient's family history
- Once you have identified the free text that is indicative of one of the 3 cancers, double-click on the family member who has the cancer: a new window will appear
    - Click on the "Add…" button at the bottom of the new window to add the correct ICD code
    - A new window will appear. In the search bar entitled "Diagnosis contains," type in the correct ICD code corresponding to the cancer in question, and press "Search"
    - Select the correct ICD code from the list of codes[20] and press "choose" at the bottom of the screen
    - Click "save changes"
- ****Repeat this process for every patient listed, for each cancer, for each physician****

[19] You will receive 3 lists from the data manager, corresponding to the 3 different cancers being coded for: breast, ovarian, and colorectal cancer

[20] Breast Cancer= 174, Colorectal Cancer= 153 or 154, Ovarian Cancer= 183.0

Procedures Cleaning (only done for Nightingale)

Objective: To update and clean free-text located in patient procedures within the EMR

- Obtain a list from the Data Manager containing patient names that are to be excluded from receiving a mammogram, Pap smear, or FOBT/Colonoscopy
    - Filter each list by physician
- Log in to the correct Nightingale server, and select the correct office and supervising physician from the top left-hand side of the screen
- Once in the correct office, enter into the chart of each patient on the list obtained from the data manager
- Within the patient's chart, enter into their CPP, and click on the blue, hyperlinked "procedures" button at the top of the screen
- Ensure that under the procedures section, the patient is excluded from the service in question (mammogram, Pap smear, FOBT/Colonoscopy)
    - If the patient does not have the exclusion procedure in their procedures section, type the name of the missing service in the bar directly underneath the list of the patient's procedures, beginning with the word "exclude"
        - For mammograms, enter the procedure "exclude mammogram"
        - For Pap smears, enter the procedure "exclude Pap smear"
        - For FOBTs/Colonoscopies, enter the procedure "exclude FOBT"
    - Click "Add" to add the procedure to the patient's CPP
- ****Repeat this process for every patient listed, for every service, for every physician****

Preventive Services Management

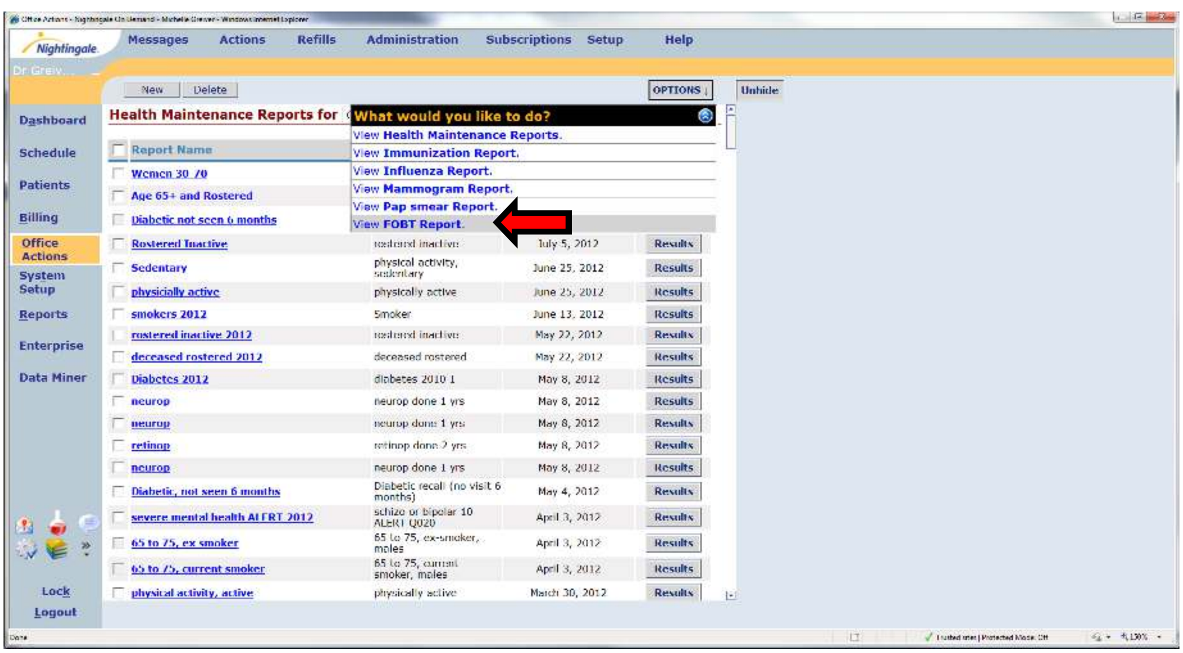
Preventive service audit and reminder management

Objective: To identify patients who are overdue for preventive services including mammograms, pap smears, FOBTs (Fecal Occult Blood Tests), and to remind such patients that they are, in fact, overdue. These services help to detect breast, cervical and colorectal cancer, respectively, at an early stage, leading to earlier and more successful treatment. Mammograms need to be done every 2 years, pap smears every 3 years, and FOBTs every 2 years (instead of FOBTs, a patient can also have a colonoscopy done every 10 years).

Process for Nightingale

<u>a) Generate a Health Maintenance List for Each Preventive Service</u>

- Enter into Nightingale, select a specific office, and enter into office actions by clicking the "**Office Actions**" button located on the left-hand side of the screen
- In Office Actions, roll the mouse over the "Administration" option at the top of the screen
- Roll the mouse over the "Work Queue" option, and select the "<u>Health Maintenance</u>" button
- Select a specific physician by clicking the drop down arrow to the right of the title "Health Maintenance Reports for"
- At the top right of the screen, click on the "Options" button, and select either "View Mammogram Report," "View Pap smear Report," or "View FOBT Report"
- Depending on the service selected, a report will appear entitled "Patients Matching Profile [service selected]", comprised of patients who are overdue for the service; select the "options" button at the top right of the screen, and click "print queue simple"



b) Audit Charts

- Enter into Nightingale, select a specific office, and enter into each patient's chart, as listed on the Health Maintenance report, by selecting the "Patients" button on the left-hand side of the screen, selecting a physician, and entering a patient's last name, first name, or health card number (See APPENDIX A)

For Mammograms

- Once in a patient's chart, select the "CPP" button at the top of the screen
- Within CPP, click on the "procedures" button at the top of the screen, and check to see if "mammogram" is listed under the procedures list[21]
- Alternatively, or if the service is not listed under the patient's procedures, roll the mouse over the "Reports" button at the top of the screen, and select the "DI Reports" option to see if the service has been listed there[22]
- If the service is listed under either procedures or DI reports, check the date on which the service was performed

NOTE: Mammograms are to be performed **every 2 years**; therefore, if the date of the most recent mammogram has occurred within 2 years of the current date, the patient is not yet overdue for this service. However, if the date of the most recent mammogram occurred over 2 years ago from the current date, the patient is overdue for a mammogram.

- If the date of the most recent mammogram took place **within 2 years** of the current date, select the "HM" button at the top of the screen. A new window will appear with a section entitled "Health Maintenance Alerts". Within this section, the service "Mammogram" will be present, as well as a "Done" button
    - Click the "Done" button, and enter the date on which the most recent mammogram was performed
    - Cross the patient off of the printed "Health Maintenance Report", and manually mark down the date of the most recent mammogram
- If the date of the most recent mammogram took place **over 2 years** ago from the current date, the patient is in fact overdue for a mammogram. Do not click the done button; proceed to audit the next patient's chart, as listed on the printed "Health Maintenance Report"
- ****Repeat this process for very patient listed on the Health Maintenance Report****

For Pap Smears

- Once in a patient's chart, select the "CPP" button at the top of the screen

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[21] If multiple mammograms are listed, look for the most recent mammogram

[22] Ibid.

- Within CPP, click on the "procedures" button at the top of the screen, and check to see if "pap smear" is listed under the procedures list[23]
- Alternatively, or if the service is not listed under the patient's procedures, roll the mouse over the "Reports" button at the top of the screen, and select the "Lab Reports" option to see if the service has been listed there[24],[25]
- If the service is listed under either procedures or lab reports, check the date on which the service was performed

NOTE: Pap Smears are to be performed **every 3 years**; therefore, if the date of the most recent pap smear has occurred within 3 years of the current date, the patient is not yet overdue for this service. However, if the date of the most recent pap smear occurred over 3 years ago from the current date, the patient is overdue for a pap smear.

- If the date of the most recent pap smear took place **<u>within 3 years</u>** of the current date, select the "HM" button at the top of the screen. A new window will appear with a section entitled "Health Maintenance Alerts". Within this section, the service "pap smear" will be present, as well as a "Done" button
    - Click the "Done" button, and enter the date on which the most recent pap smear was performed
    - Cross the patient off of the printed "Health Maintenance Report", and manually mark down the date of the most recent pap smear
- If the date of the most recent pap smear took place **<u>over 3 years ago</u>** from the current date, the patient is in fact overdue for a pap smear. Do not click the done button; proceed to audit the next patient's chart, as listed on the printed "Health Maintenance Report"
- ******Repeat this process for very patient listed on the Health Maintenance Report******

For FOBTs

- Once in a patient's chart, select the "CPP" button at the top of the screen
- Within CPP, click on the "procedures" button at the top of the screen, and check to see if "FOBT" is listed under the procedures list[26]
- Alternatively, or if the service is not listed under the patient's procedures, roll the mouse over the "Reports" button at the top of the screen, and select the "Lab Reports" option to see if the service has been listed there[27]

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[23] If multiple pap smears are listed, look for the most recent pap smear

[24] Ibid.

[25] In Lab Reports, the service may be called "Cytology"; check the comments to verify that the procedure is a pap smear

[26] If multiple FOBTs are listed, look for the most recent FOBT

[27] Ibid.

- If the service is listed under either procedures or lab reports, check the date on which the service was performed

NOTE: FOBTs are to be performed **every 2 years**; therefore, if the date of the most recent FOBT has occurred within 2 years of the current date, the patient is not yet overdue for this service. However, if the date of the most recent FOBT occurred over 2 years ago from the current date, the patient is overdue for a FOBT.

- If the date of the most recent FOBT took place **within 2 years** of the current date, select the "HM" button at the top of the screen. A new window will appear with a section entitled "Health Maintenance Alerts". Within this section, the service "FOBT" will be present, as well as a "Done" button
    - Click the "Done" button, and enter the date on which the most recent FOBT was performed
    - Cross the patient off of the printed "Health Maintenance Report", and manually mark down the date of the most recent FOBT
- If the date of the most recent FOBT took place **over 2 years** ago from the current date, the patient is in fact overdue for a FOBT. Do not click the done button; proceed to audit the next patient's chart, as listed on the printed "Health Maintenance Report"
- *****Repeat this process for very patient listed on the Health Maintenance Report*****

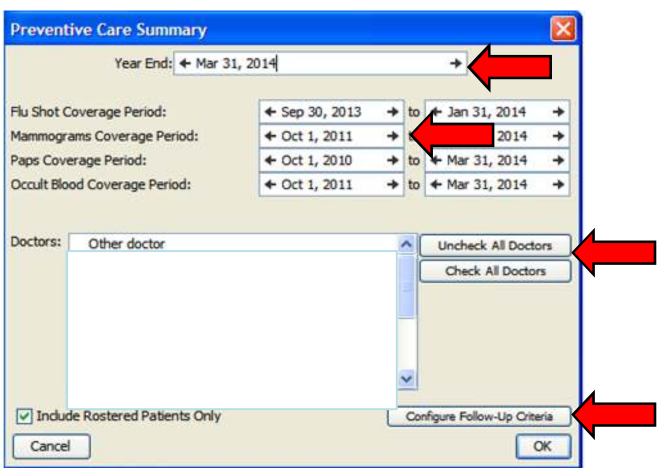
ALSO NOTE: Colonoscopies also test for colorectal cancer. If a patient has had a **colonoscopy performed within the past 10 years**, they will not have to do a FOBT.

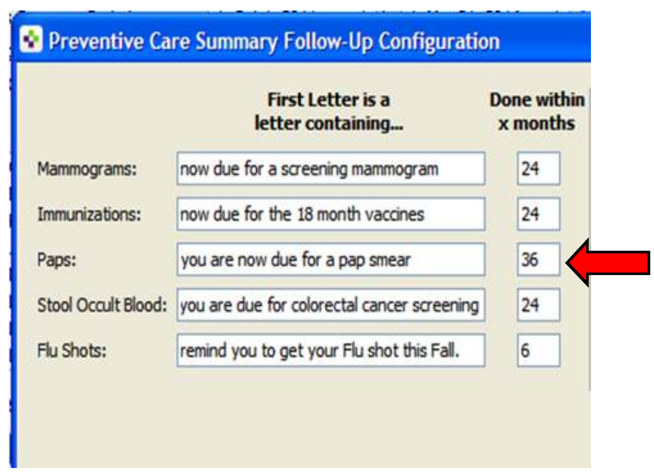
- If the date of the most recent colonoscopy took place **within 10 years** of the current date, select the "HM" button at the top of the screen. A new window will appear with a section entitled "Health Maintenance Alerts". Within this section, the service "FOBT" will be present, as well as a "Done" button
    - Click the "Done" button
        - If the most recent colonoscopy was performed within the past 2 years, enter the date on which it was performed
        - If the most recent colonoscopy was performed over 2 years ago, leave the date as the current date[28]
    - Cross the patient off of the printed "Health Maintenance Report", and manually mark down the date of the most recent colonoscopy

[28] Health Maintenance Alerts for FOBTs are programmed to appear 2 years after the previous date entered. They do not discern between colonoscopies and FOBTs. So, if a colonoscopy was done within the past 10 years, but over 2 years ago, and you enter the date of the colonoscopy when clicking the "Done" button, the program will still think that the patient is overdue for an FOBT, even though they are not.

Process for Practice Solutions

- Log into the correct PS server, and selecting a supervising physician by clicking "Settings">> "Change Supervising Doctor" and entering the name of the physician you are working for
- Select "**Records**" at the top of the screen: a new window will appear
- Highlight the "Patient" options at the top of the screen, and select "Preventive Care Summary Report"
    - Change the "Year End" date to the current date
    - Change the "Mammograms Coverage Period" start date to the current day and month, but change the year to 2 years before the current year (IE: if the current year is 2015, change the start year of the mammograms coverage period to 2013)
    - Change the "Paps Coverage Period" start date to the current day and month, but change the year to 3 years before the current year (IE: if the current year is 2015, change the start year of the mammograms coverage period to 2012)
    - Change the Occult Blood Coverage Period" start date to the current day and month, but change the year to 2 years before the current year (IE: if the current year is 2015, change the start year of the mammograms coverage period to 2013)
    - Click "Uncheck All Doctors," and the select the doctor you are currently working for
    - Click "Configure Follow-Up Criteria" and ensure that under the column, "First Letter is a letter containing," in the "Paps" row, the number 36 is entered for "Done within x months"



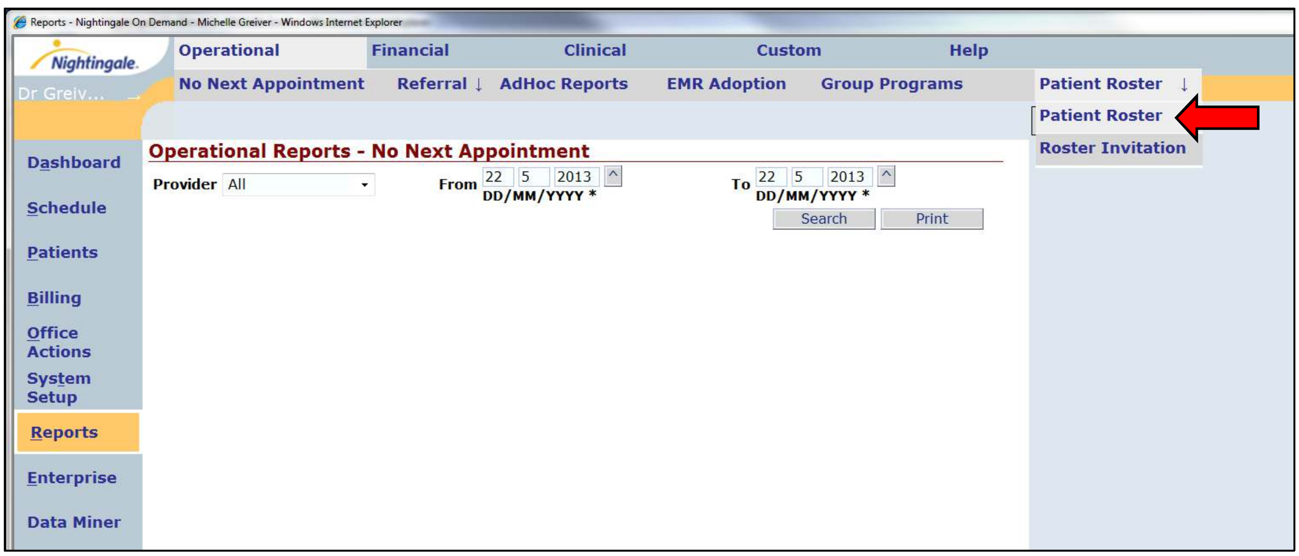


- Click OK; PS will generate a report of all patients who are overdue for a mammogram, pap smear, and FOBT
- Click on the number under "Needs First Letter" for either mammograms, paps, or stool occult blood: this will open up a list of patients who are in need of their first reminder letter for either of these 3 services
    - Enter into each patient chart by double-clicking on the patient's name in the list, and add a new letter
    - Hit the Ctrl-N keys, followed by Ctrl-L to insert a new letter; hit Ctrl-I to insert content, and select the appropriate content to add
- ****Repeat this process for each service, and every patient listed under "Needs First Letter" and "Needs Seconds Letter"****

Standardized periodic health screening reminders (BETTER project) (only done for Nightingale)

Objective: Essentially, all you are doing is adding a Flowsheet to all rostered patients who are over the age of 40. This flowsheet keeps track of information on certain risk factors over time, including blood pressure, BMI, height, weight, waist circumference, fasting blood glucose, LDL cholesterol and HbA1c, allowing doctors to better manage their patients' health.

- Generate a list of all patients who were rostered within the past year[29]
    - Enter into "**Reports**" by clicking the button on the left-hand side of the screen
    - Roll mouse over "Operational", then "Patient Roster", then click on "Patient Roster"
    - Select a doctor, under "Provider"
    - Change the "From" date to Aug 1 of the previous year; by default the "To" date should be set to the current date
    - Click "Search"



- Search for each patient and check to see if they are over 40 years old
    - Enter into "**Patients**" and type in a patient's name
    - Click on "Details" to check the patient's date of birth
    - Note: All names followed by * on the list are no longer rostered patients; you can skip these names

[29] Since we do this every year, patients who were rostered before that should already have a Flowsheet

- If the patient is over 40 years old,
  - Open the chart and add the "Screening for low risk patients over 40" Flowsheet (See APPENDIX C)

Referral Management (only done for the NYFHO)

Objective: to ensure that every referral sent out has been received, and is matched with an incoming report

- Enter into Nightingale, select a specific office, and enter into office actions by clicking the "office actions" button located on the left-hand side of the screen
- Once in Office Actions, roll mouse over the "administration" button on the top of the screen, and highlight the "outstanding reports" button
- After highlighting the "outstanding reports" button, a drop-down list of several options will appear: select the "correspondence" button
- A screen containing patient names, date of referrals, name of the referred physician, and referral status will appear for each physician from the office selected; select the appropriate physician from the drop-down arrow at the top of the screen
- In another internet window, open Nightingale and select the same office
- For each patient listed on the "correspondence list", search for the patient in the new internet window, and enter into the patient's chart (See APPENDIX A)
- Once in the patient chart, highlight the "reports" button on the top of the screen, followed by the "correspondence" button; click on the "incoming" button to go to the patient's "incoming correspondence page" in order to review the correspondence reports that have been sent by specialists and received by the physician's office[30]
- Within the patient's incoming correspondence page, identify if a report has been received by the physician's office that is from the specialist listed in the "correspondence" list generated from office actions[31],[32]
    - If a correspondence report has been received for a patient in question (as verified by comparing the office actions correspondence list to the incoming correspondence page), click the box beside the patient's name on the office actions correspondence list, followed by the "received" button on the top left-hand side of the page
    - If a correspondence report has **not** been received for a patient in question (as verified by comparing the office actions correspondence list to the incoming correspondence page), click on the patient's name within the office actions correspondence list, and print the letter that appears

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[30] We will now call this page the "Incoming Correspondence Page"

[31] In order to identify who sent the correspondence report, look at the "sent by" column on the top of the incoming correspondence page

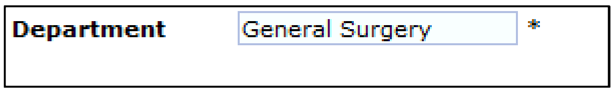
[32] To verify that the correspondence report matches the referral from the "office actions" list, look at the "date of visit column" on the top left-hand side of the incoming correspondence page. This date should be close to the date listed on the "office actions" page

Phonebook cleaning and update

Objective: To create consistency within the phonebook and ensure that specialty designations are correct

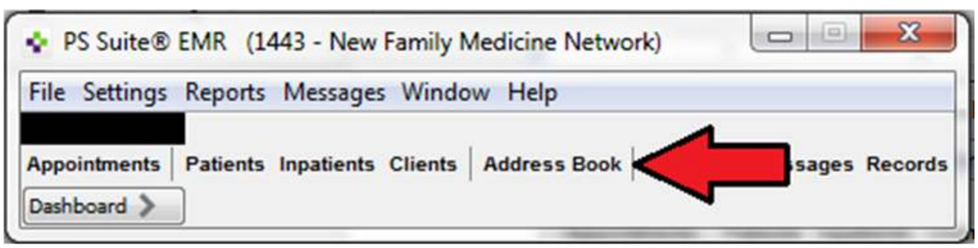
Process for Nightingale

- Pick "address book"
- Make sure that the "Department" section matches physician specialty exactly as found in CPSO

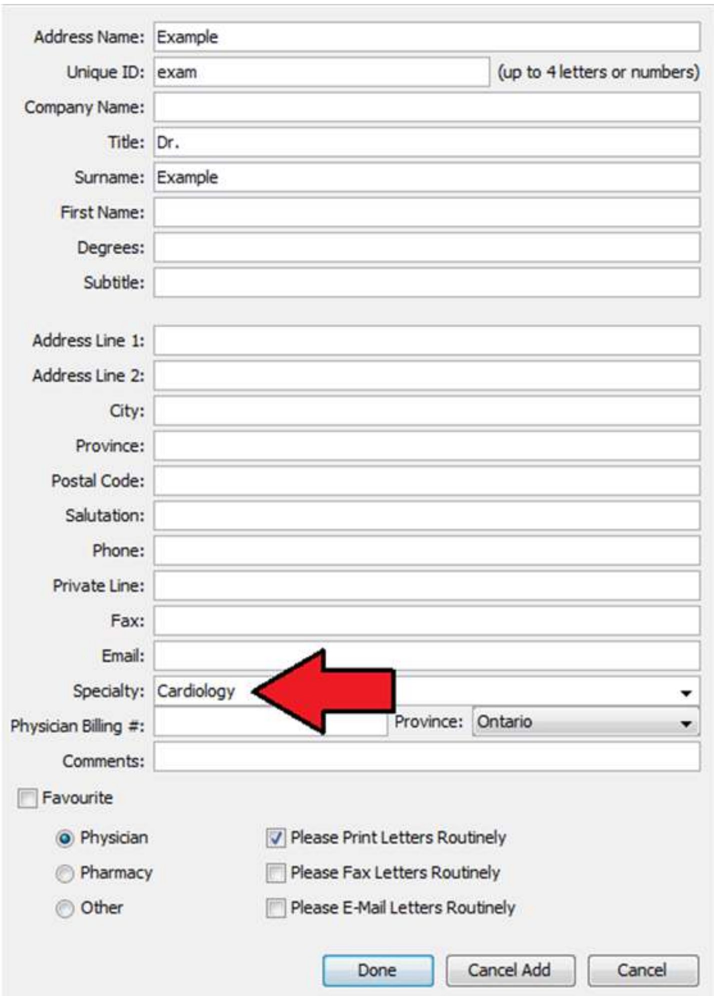


Process for Practice Solutions

- Log into PS
- Click on "address book"



- Select each entry and make sure that the "specialty" section matches an entry on the drop down menu exactly (eg. Cardiologist -> Cardiology)



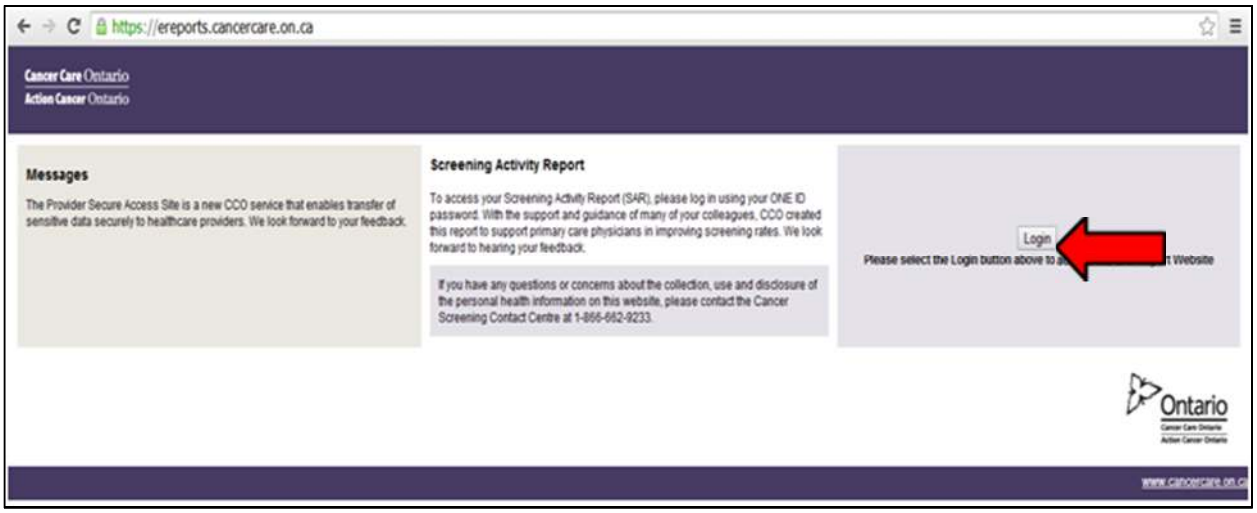
- If you are unsure what to select as a physician's specialty refer to www.cpso.on.ca
    - Go to the "Public Register Info" drop down menu and select "All Doctors Search"
    - Use the search feature to find the physician, then refer to "Specialties" on the physician's summary

Using Data from Cancer Care Ontario

Objective: to ensure all data within the EMR is up to date and accurate, and is consistent with data listed in the Screening Activity Reports by Cancer Care Ontario (CCO)

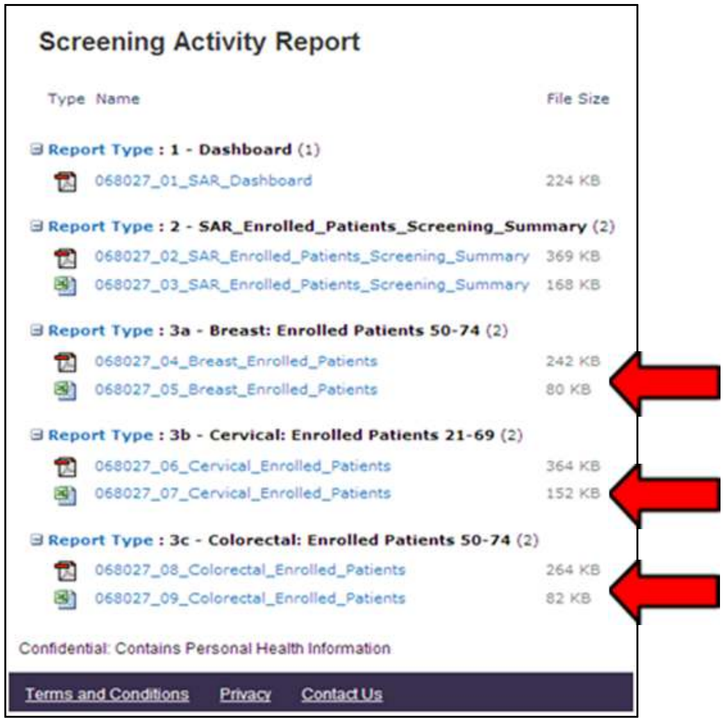
Update greens, and click done buttons

- Log into the CCO website by entering "https://ereports.cancercare.on.ca/" in the search bar in internet explorer (NOTE: this website should be saved under the *favorites* tab as "eReports")
- On the right hand side of the screen, click the Login button, and enter the required login information[33]



- Once logged in, select a physician from the drop-down bar on the top right of the screen
- Open each "report type" individually as an excel document, for **breast enrolled patients**, **cervical enrolled patients**, and **colorectal enrolled patients**

[33] Ask the office manager for the required login information for the CCO website

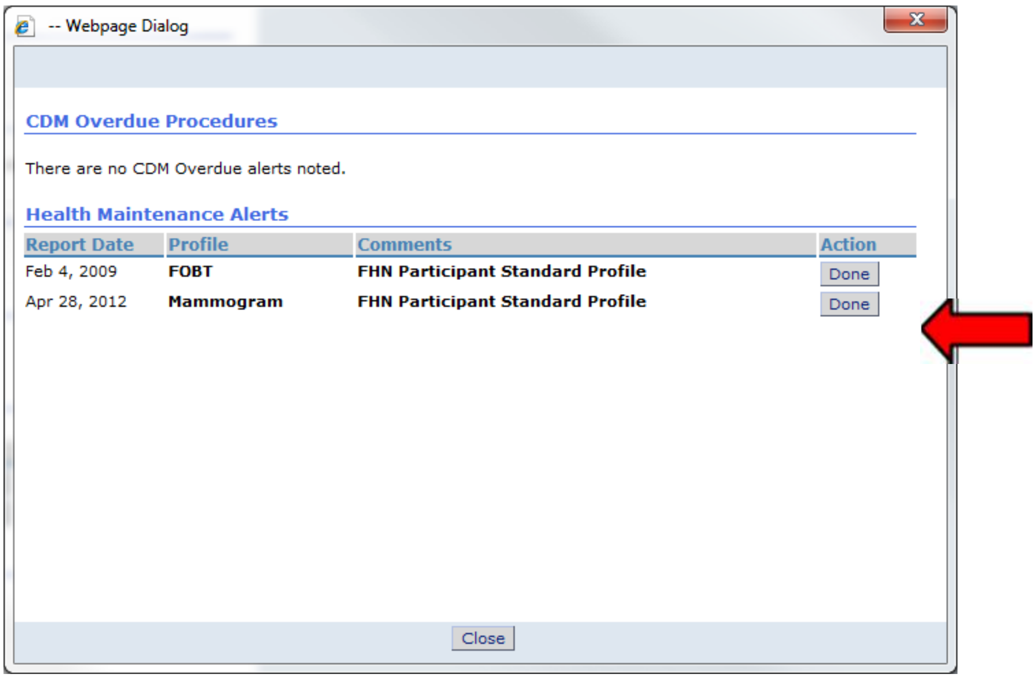


- In the excel document, filter the "screening status" column by the color green[34]
  - All patients who appear on the screen once the document has been filtered by green are those who have received a certain preventive health care service, and are not yet overdue for this service
- Keeping the excel document open, log in to the EMR and select the office corresponding to the doctor selected in CCO
- Using the filtered excel document, search each patient individually, and enter in the patient's CPP (See APPENDIX A)
- Once inside the CPP, select the "procedures" button at the top of the screen to ensure that the service listed in the CCO excel document is consistent with the patient's procedures
  - If the procedure is NOT present in the patient's CPP under "procedures", type the name of the missing service in the bar directly underneath the list of the patient's procedures
  - Enter the date of the procedure, as noted in the CCO excel document
  - In the "comments" box, type in "as per CCO" to indicate the source of the data
  - Press the "ADD" button to the right of the comments box to add this procedure to the patient's CPP
- After adding the procedure to the patient's CPP, or, if the procedure is already present in the patient's CPP, select the "HM" button at the top of the screen in NG: a smaller screen will

[34] In excel: highlight the row of headings that contains the heading to be filtered>>select the "data" option at the top of the page>>select the "filter" option>>click on the drop down arrow that appears on the heading to be filtered>>select the option "filter by color">>select the color green

appear, containing headings such as “CDM Overdue Procedures” and “Health Maintenance Alerts”

- Under the “Health Maintenance Alerts” heading, check to see if the service you have just entered into the patient’s CPP is present. If YES, click the “done” button” directly to the right of the service, and enter the date that the service was provided, as per the CCO excel document when prompted; click “Save”



- If the service is NOT present, the done button has already been updated, and you can proceed to repeat the above process for the other patients listed in the filtered excel document

- **Repeat this process for all patients listed in the filtered excel document**

NOTE: for the “breast enrolled patients”, the service you will be looking for in the patient’s CPP will be a mammogram; in the CCO excel document, look under the heading “Most Recent Mammogram” when comparing the data in NG or PS to CCO

NOTE: for the “cervical enrolled patients”, the service you will be looking for in the patient’s CPP will be a pap smear; in the CCO excel document, look under the heading “Most Recent Pap” when comparing the data in NG or PS to CCO

NOTE: for the “colorectal enrolled patients”, the service you will be looking for in the patient’s CPP will be a colonoscopy; in the CCO excel document, look under the heading “Most Recent Colonoscopy” when comparing the data in NG or PS to CCO

Update greys (exclusions)

- Log into the CCO website by entering "https://ereports.cancercare.on.ca/" in the search bar in internet explorer (NOTE: this website should be saved under the *favorites* tab as "eReports")
- On the right hand side of the screen, click the Login button, and enter the required login information
- Once logged in, select a physician from the drop-down bar on the top right of the screen
- Open each "report type" individually as an excel document, for **breast enrolled patients**, **cervical enrolled patients**, and **colorectal enrolled patients**
- In the excel document, filter the "screening status" column by the color grey[35]
    - All patients who appear on the screen once the document has been filtered by grey are those who are to be excluded from receiving a service
- Keeping the excel document open, log in to the EMR (NG or PS, depending on the physician selected and the corresponding server), and select the office corresponding to the doctor selected in CCO
- Using the filtered excel document, search each patient individually, and enter in the patient's CPP (See APPENDIX A); select the "procedures" button at the top of the screen

For "Breast Enrolled Patients"

- Within the patient's procedures, check to see if the patient has a procedure called "exclude mammogram"
- If the procedure is NOT present in the patient's CPP under "procedures", type the name of the missing service in the bar directly underneath the list of the patient's procedures, beginning with the word "exclude"
- Enter the exclusion date, as listed under the "Exclusions" heading in the CCO excel document
- Within the excel document for "breast enrolled patients", the "Exclusions" heading has 2 sub-headings, "Breast Cancer" and "Mastectomy". A date will be listed under one of these two headings. In the comments box in NG, within the patient's CPP, specify whether the patient has breast cancer or has had a mastectomy by writing "breast cancer" or "mastectomy" as indicated by the CCO excel document, followed by "as per CCO"

For "Cervical Enrolled Patients"

- Within the patient's procedures, check to see if the patient has a procedure called "exclude pap smear"
- If the procedure is NOT present in the patient's CPP under "procedures", type the name of the missing service in the bar directly underneath the list of the patient's procedures, beginning with the word "exclude"
- Enter the exclusion date, as listed under the "Exclusions" heading in the CCO excel document

[35] In excel: highlight the row of headings that contains the heading to be filtered>>select the "data" option at the top of the page>>select the "filter" option>>click on the drop down arrow that appears on the heading to be filtered>>select the option "filter by color">>select the color grey

- Within the excel document for “cervical enrolled patients”, the “Exclusions” heading has 2 sub-headings, “Cervical Cancer” and “Hysterectomy”. A date will be listed under one of these two headings. In the comments box in NG, within the patient’s CPP, specify whether the patient has cervical cancer or has had a hysterectomy by writing “cervical cancer” or “hysterectomy” as indicated by the CCO excel document, followed by “as per CCO”

For “Colorectal Enrolled Patients”

- Within the patient’s procedures, check to see if the patient has a procedure called “exclude FOBT”
- If the procedure is NOT present in the patient’s CPP under “procedures”, type the name of the missing service in the bar directly underneath the list of the patient’s procedures, beginning with the word “exclude”
- Enter the exclusion date, as listed under the “Exclusions” heading in the CCO excel document
- Within the excel document for “colorectal enrolled patients”, the “Exclusions” heading has 2 sub-headings, “Colorectal Cancer” and “Total Colectomy”. A date will be listed under one of these two headings. In the comments box in NG, within the patient’s CPP, specify whether the patient has cervical cancer or has had a hysterectomy by writing “colorectal cancer” or “total colectomy” as indicated by the CCO excel document, followed by “as per CCO”

Repeat this process for all patients listed in the filtered excel document

NOTE: for the “breast enrolled patients”, the service you will be looking for in the patient’s CPP will be “exclude mammogram”; in the CCO excel document, look under the heading “Exclusions” when comparing the data in NG or PS to CCO

NOTE: for the “cervical enrolled patients”, the service you will be looking for in the patient’s CPP will be “exclude pap smear”; in the CCO excel document, look under the heading “Exclusions” when comparing the data in NG or PS to CCO

NOTE: for the “colorectal enrolled patients”, the service you will be looking for in the patient’s CPP will be “exclude FOBT; in the CCO excel document, look under the heading “Exclusions” when comparing the data in NG or PS to CCO

Update colonoscopies

Objective: Often, the Summer Student may find that the data listed in the SAR report is more accurate than the data entered in the EMR. One of the most common inaccuracies between the EMR data at the SAR data exists for the recording of colonoscopies in patient charts. The Summer Student will use the SAR report, specifically the "**colorectal patients enrolled**" report, to update and enter colonoscopy procedures in patient charts within the EMR.

- Log into the CCO website by entering "https://ereports.cancercare.on.ca/" in the search bar in internet explorer (NOTE: this website should be saved under the *favorites* tab as "eReports")
- Once logged in, select a physician from the drop-down bar on the top right of the screen
- Open the report entitled "**colorectal enrolled patients**" as an excel document
- In the excel document, filter the "Most Recent Colonoscopy" column, and uncheck the "blanks" checkbox; this will ensure that the excel document only shows patients who have received colonoscopies, according to data obtained by Cancer Care Ontario[36]
- Keeping the excel document open, log in to the EMR and select the office corresponding to the doctor selected in CCO
- Using the filtered excel document, search each patient individually, and enter in the patient's CPP (See APPENDIX A)
- Once inside the CPP, select the "procedures" button at the top of the screen, and check to see if there is a "colonoscopy" procedure listed with the same date as noted in the SAR report
    - If a "colonoscopy" procedure is not listed in the patient's CPP under "procedures", type "colonoscopy" (the name of the missing service) in the bar directly underneath the list of the patient's procedures
    - Enter the date of the colonoscopy, as listed in the SAR report
    - In the "comments" box, type in "as per CCO" to indicate the source of the data
    - Press the "ADD" button to the right of the comments box to add this procedure to the patient's CPP
- If the most recent colonoscopy was done within the past 10 years, check to make sure the patient does not have any outstanding Health Maintenance Alerts for FOBT
    - Select the "HM" button at the top of the screen
    - Under the "Health Maintenance Alerts" heading, check to see an FOBT alert is present. If YES, click the "done" button" directly to the right of the service
        - If the colonoscopy was done within the past 2 years, enter the date on which it was performed; If the colonoscopy was done over 2 years ago, leave the date as the current date
    - Click "Save"

****Repeat this process for all patients listed in the filtered excel document****

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[36] In excel: highlight the row of headings that contains the heading to be filtered>>select the "data" option at the top of the page>>select the "filter" option>>click on the drop down arrow that appears on the heading to be filtered>>uncheck the "blanks" box

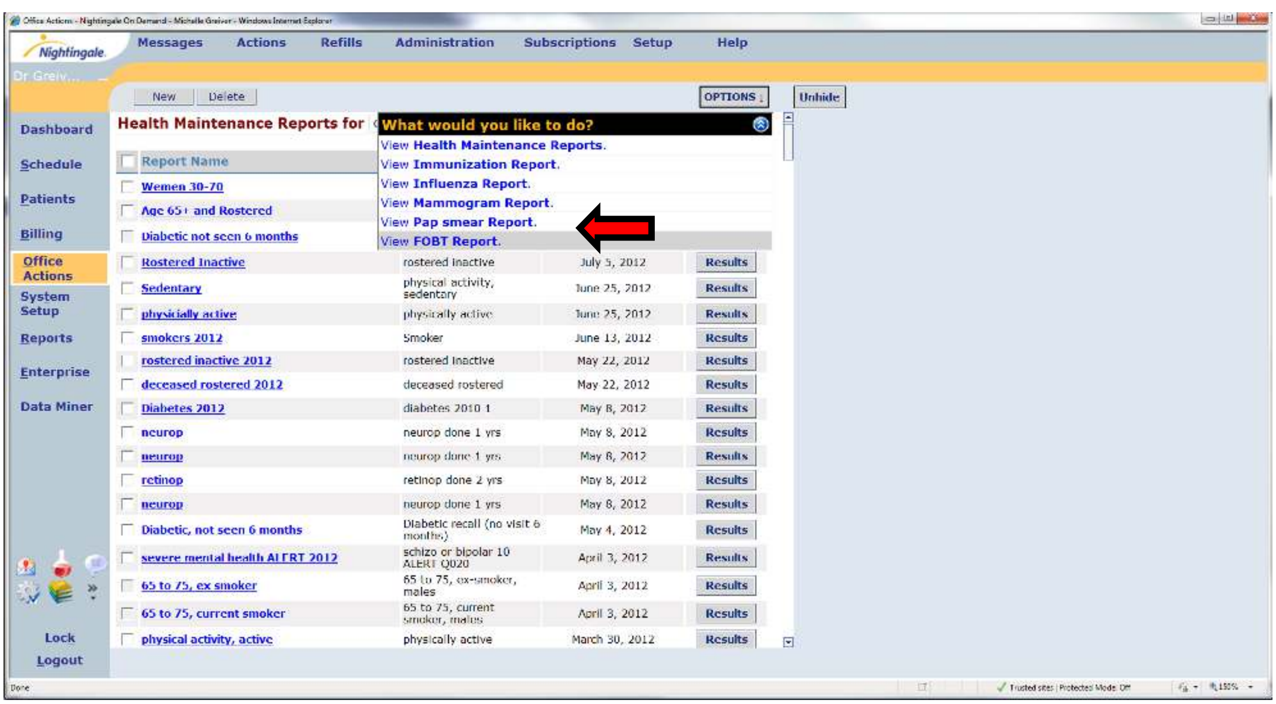
Match reds (overdue)

Objective: To identify and manage any discrepancies between the lists of patients overdue for a preventive health care service, as reported by the EMR and the SAR report. Often, the Summer Student may find that the data listed in the SAR report is more accurate than the data entered in the EMR; the student may find that a patient listed in the EMR as overdue for a preventive health care service has, in fact, received the service and is no longer overdue, according to the data listed in the SAR report. Managing these discrepancies will prevent patients from getting unnecessary (erroneous) reminders.

Note: to make things easier for yourself, do this after updating all greens, greys and colonoscopies. This reduces redundancy in what you have to do greatly.

<u>a) Generate the list of Overdue Patients in the EMR</u>

- Enter into Nightingale, select a specific office, and enter into office actions by clicking the "**Office Actions**" button located on the left-hand side of the screen
- In Office Actions, roll the mouse over the "Administration" option at the top of the screen
- Roll the mouse over the "Work Queue" option, and select the "<u>Health Maintenance</u>" button
- Select a specific physician by clicking the drop down arrow to the right of the title "Health Maintenance Reports for"
- At the top right of the screen, click on the "Options" button, and select either "View Mammogram Report," "View Pap smear Report," or "View FOBT Report"
- Copy and paste all the names into an Excel document



b) Generate the list of Overdue Patients from the SARs

- Log into the CCO website by entering "https://ereports.cancercare.on.ca/" in the search bar in internet explorer (NOTE: this website should be saved under the *favorites* tab as "eReports")
- On the right hand side of the screen, click the Login button, and enter the required login information
- Once logged in, select a physician from the drop-down bar on the top right of the screen
- Open each "report type" individually as an excel document, for **breast enrolled patients**, **cervical enrolled patients**, and **colorectal enrolled patients**
- In the excel document, filter the "screening status" column by the color red[37]
- Copy and paste these names into the Excel document you were working on

c) Match the two lists

- Make a list of all patients who appear on the EMR's Overdue List, but not on the SAR's Overdue List (See APPENDIX D)

d) Update the discrepancies

- For all patients who appear on the EMR, but not the SAR list, go back into the CCO SAR, search for the patient (use Ctrl-F) and update the information accordingly (see "Update greens and click done buttons", and "Update greys" above)
    - If the patient status is yellow[38] (i.e. they have had the preventive service performed recently, but it was abnormal, or needed further follow-up), update the information as if the status was green

[37] In excel: highlight the row of headings that contains the heading to be filtered>>select the "data" option at the top of the page>>select the "filter" option>>click on the drop down arrow that appears on the heading to be filtered>>select the option "filter by color">>select the color red

[38] This will generally be the case if you have already updated all greens and greys

Send a List of "Abnormals" to Physicians

Objective: At times, preventive health care services may yield abnormal test results that require follow up by physicians. In order to notify physicians of any abnormal test results, the Summer Student will use the SAR report, provided by Cancer Care Ontario, to identify patients that may require follow-up activity.

For "Breast Enrolled Patients"

- Delete all columns **except for** "Surname", "Given Name", "HIN", "Sub-Status", "Most Recent Mammogram" (Date and Result), and "Most Recent Follow-up/Diagnostic Activity" (Date, Type, and Final Result)
- Filter the "Sub-Status" column by "Follow-up pending"
- Filter the "Result" column, under the "Most Recent Mammogram" heading, by "Abnormal"
- Filter the "Final Result" column, under the "Most Recent Follow-up/Diagnostic Activity" heading, by "In Progress"
- Copy and Paste this list to a new excel document, print, and send to the selected physician

For "Cervical Enrolled Patients"

- Delete all columns **except for** "Surname", "Given Name", "HIN", "Sub-Status", "Most Recent Abnormal PAP" (Date and Result), and "Most Recent Follow-up/Diagnostic Activity" (Date and Type)
  - Add a column under the heading "Most Recent Follow-up/Diagnostic Activity" called "Result", beside the "Date" and "Type" columns
- Filter the "Sub-Status" column by "Abnormal" **and** "Follow-up pending"
- Copy and Paste this list to a new excel document, print, and send to the selected physician

For "Colorectal Enrolled Patients"

- Delete all columns **except for** "Surname", "Given Name", "HIN", "Sub-Status", "Most Recent Positive FOBT" (Date and Result), and "Most Recent Follow-up/Diagnostic Activity" (Date and Type)
  - Add a column under the heading "Most Recent Follow-up/Diagnostic Activity" called "Result", beside the "Date" and "Type" columns
- Filter the "Sub-Status" column by "Follow-up pending"
- Filter the "Result" column, under the "Most Recent Positive FOBT" Heading by "Abnormal"
- Copy and Paste this list to a new excel document, print, and send to the selected physician

Connecting us across the FHT

Update Logos

Objective: to update letterhead logos to the most current version for all letters of all physicians part of the North York Family Health Team

Process for Nightingale

- Enter into Nightingale, select a specific office, and enter into "system setup" by clicking the "system setup" button located on the left-hand side of the screen
- Roll mouse over the "templates" button located at the top of the screen; roll mouse over the "documents" button at the top of the screen
- Select the "manage letters" button from the drop down list, to reveal an active template list and an inactive template list[39]
- For each letter listed, click on the blue, hyperlinked letter title, as listed under the "template name" column
- Once the letter has been opened, click on the "modify template content" button, followed by the "edit" button listed to the right of "sender address"
- A blank bar will be present on the screen, with a "browse" button located directly to its right. Click on the "browse" button in order to search for the correct logo to add to the letter, and select the appropriate file containing the most current logo[40]
- After selecting the file, click the "Add Logo/Image" button located directly underneath the "browse" button, in order to add the updated logo to the letterhead
- Directly under the "Add Logo/Image" button is a button entitled "Layout". Click this button: a smaller screen will appear, and will contain another button entitled "generate layout". Click on this button, and press save
- Click on the "preview" button located at the bottom of the screen in order to verify that the letter's layout is correct
    - If the layout is correct, click the "save" button at the bottom the screen
- **Repeat this process for every letter listed on the "active template list"**

Process for Practice Solutions Suite

- In order to update logos for letterheads in Practice Solutions Suite, administrative access is required; speak to the data manager

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[39] Only **<u>active</u>** templates will be modified and updated to have the most current logo

[40] The correct, current logo will be available from the dropbox application, or will be saved onto the desktop

Appendices

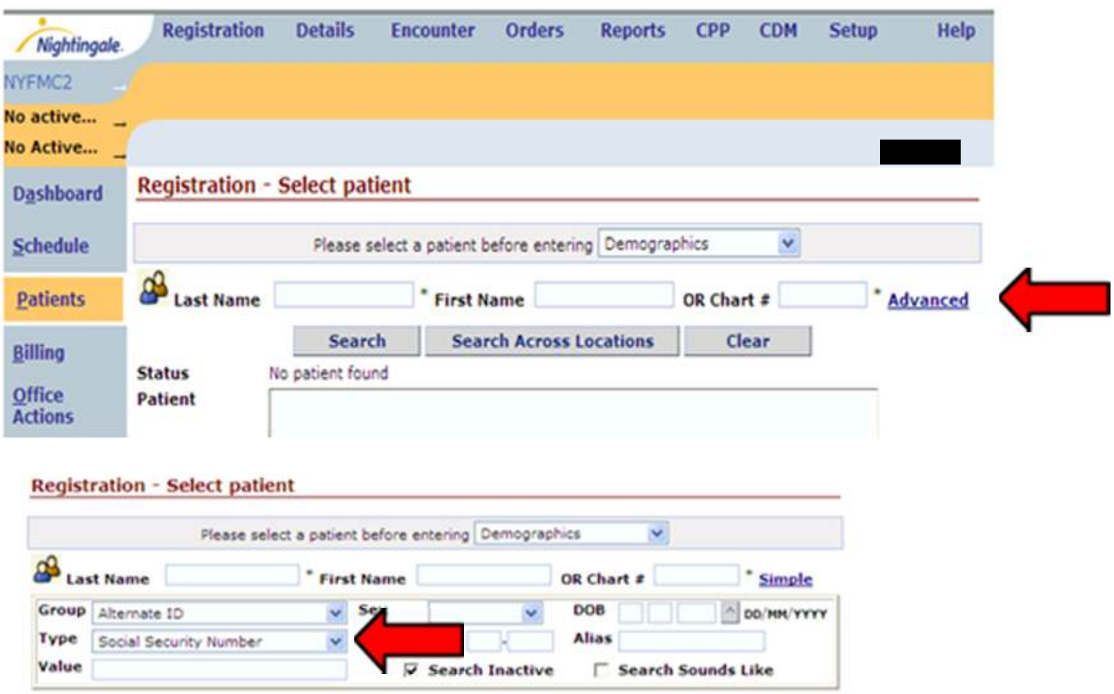
Appendix A: Searching for Patients

Searching for a patient in Nightingale-on-Demand (NG)

When searching for a patient in NG, it is possible that the summer student may not be able to find the desired patient at first. This may be attributed to several factors, such as a patient being rostered as “inactive”, a patient being listed with a different name in the EMR than in actuality, or a patient being rostered to a different physician’s office than the one selected. In order to successfully search for a patient in NG, select the appropriate physician’s office at the top left of the screen, and begin with entering the desired patient’s last name and first name, and pressing “Search”

- If a patient name appears in the search box, highlight the patient name and click “details” at the bottom right of the search box in order to view more specific information about that patient, including their health card number, address, and birthdate
- If the patient name that appears is in fact the desired patient, click on the patient’s name to enter into their chart

If a patient name does not appear in the search box, it is possible that the desired patient may be rostered as inactive; the patient search in NG will only list active patients unless specified otherwise. An alternate method for searching patients in NG is to thus troubleshoot for the potential issue of a patient being listed as inactive by entering the desired patient's last name and first name, and then clicking on the "advanced" button at the far right side of the page. Select the box entitled "search inactive". By advising NG to "search inactive", the patient search will now provide names of all patients that match the name entered in the search bar, that are both active and inactive



- If a patient name appears in the search box, highlight the patient name and click "details" at the bottom right of the search box in order to view more specific information about that patient, including their health card number, address, and birthdate
- If the patient name that appears is in fact the desired patient, click on the patient's name to enter into their chart

*****NOTE: if the desired patient is, in fact, listed as inactive, opening the patient's chart will automatically reactivate the patient. It is imperative that this patient's status should be reverted to "inactive". To do so, highlight the "Details" button at the top of the screen, once in the patient's chart. From the list of available options, select the "Demographics" button. Once inside this patient's demographic details, click on the drop-down arrow beside the heading "Status", and select "inactive". Click the "save" button at the bottom of the screen to save the patient's details*****

If a patient's name still does not appear in the search box, it is possible that the patient may be listed under a different name within the EMR. An alternate method of searching for patients in NG is to enter the patient's health card number, rather than their name. To search for a patient by health card number, click on the "advanced" button at the far right side of the page, and select the drop-down arrow beside the heading "Group". From the available options, select "Canada Health Care Number". Directly below the heading "Group", there is a heading entitled "Type": ensure that the option "ON OHIP Number" is selected in the "Type" bar. Enter the desired patient's health card number in the bar beside the heading "Value", and click "Search"

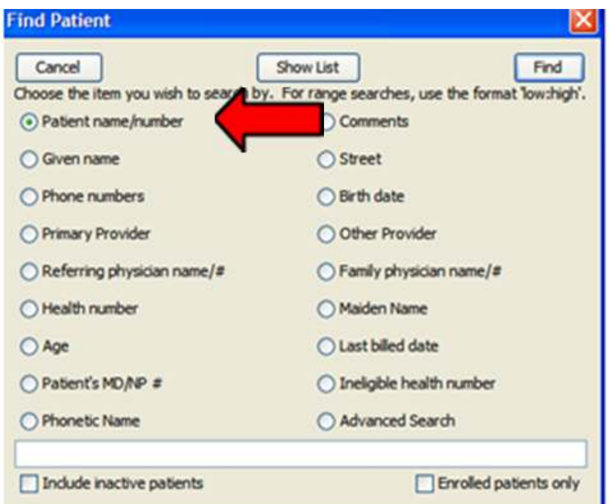
- If a patient name appears in the search box, highlight the patient name and click "details" at the bottom right of the search box in order to view more specific information about that patient, including their health card number, address, and birthdate
    - If the patient name that appears is in fact the desired patient, click on the patient's name to enter into their chart
- If a patient name does not appear in the search box, it is possible that the patient may be inactive: select the "search inactive" checkbox to troubleshoot for this issue, as instructed above, and save the patient as "inactive" when finished
    - If a patient name appears in the search box, highlight the patient name and click "details" at the bottom right of the search box in order to view more specific information about that patient, including their health card number, address, and birthdate
    - If the patient name that appears is in fact the desired patient, click on the patient's name to enter into their chart

If the desired patient still does not appear, it may be possible that they are rostered to a different physician's office than the one selected. To troubleshoot for this issue, click on the "search across locations" button after entering either the last name and first name or health card number

- If a patient name appears in the search box, highlight the patient name and click "details" at the bottom right of the search box in order to view more specific information about that patient, including their health card number, address, and birthdate
    - If the patient name that appears is in fact the desired patient, click on the patient's name to enter into their chart
- If a patient name does not appear in the search box, it is possible that the patient may be inactive: select the "search inactive" checkbox to troubleshoot for this issue, as instructed above, and save the patient as "inactive" when finished
    - If a patient name appears in the search box, highlight the patient name and click "details" at the bottom right of the search box in order to view more specific information about that patient, including their health card number, address, and birthdate
    - If the patient name that appears is in fact the desired patient, click on the patient's name to enter into their chart

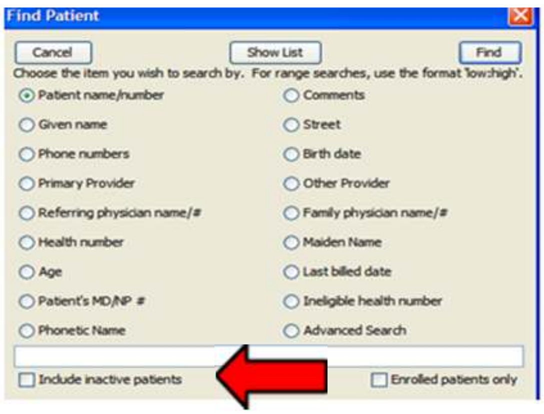
<u>Searching for a Patient in Practice Solutions (PS)</u>

When searching for a patient in PS, it is possible that the summer student may not be able to find the desired patient at first. This may be attributed to several factors, such as a patient being rostered as "inactive", or a patient being listed with a different name in the EMR than in actuality. In order to successfully search for a patient in PS, begin with logging into the correct physician's office, and selecting the desired patient's physician by highlighting the "Settings" tab, and selecting "Change Supervising Doctor" option, followed by entering the physician's first and last name. Once this has been completed, a new window will appear. Click the "Ctrl F" keys, or highlight the "Patient" tab at the top of the screen, and select the "Find" option. A smaller screen will appear with several options of how to search for the desired patient: select the "Patient name/number" option, and enter the desired patient's last name into the search bar. Several names will appear in a search box once PS has completed searching for the desired patient[41]. The search box will also contain detailed information including the patient's name, health card number, physician, and address: this information should be used to verify that the patient selected is, in fact, the patient desired.



[41] If no other patient in the entire system has the same last name as the desired patient, PS will take automatically open the patient's chart

If the desired patient does not appear, it is possible that the desired patient may be rostered as inactive; the patient search in PS will only list active patients unless specified otherwise. An alternate method for searching patients in PS is to thus troubleshoot for the potential issue of a patient being listed as inactive by selecting the “Patient name/number” option in the search window, entering the desired patient’s last name, and selecting the box entitled “include inactive patients”. By advising PS to “include inactive patients”, the patient search will now provide names of all patients that match the name entered in the search bar, that are both active and inactive. Several names will appear in a search box once PS has completed searching for the desired patient. The search box will also contain detailed information including the patient’s name, health card number, physician, and address: this information should be used to verify that the patient selected is, in fact, the patient desired.



If a patient’s name still does not appear in the search box, it is possible that the patient may be listed under a different name within the EMR; therefore, an alternate method of searching for patients in PS is to enter the patient’s health card number, rather than their name. To search for a patient by health card number, click on the “health number” option, rather than the “Patient name/number” option in the search window. Enter the desired patient’s health card number in the search bar. This health card number should only correspond to one patient; therefore, PS will automatically open the patient’s chart

- If a patient name does not appear in the search box, it is possible that the patient may be inactive: select the “include inactive patients” checkbox to troubleshoot for this issue

Appendix B: Creating A Profile and Generating A Report in Nightingale On Demand

In Nightingale On Demand, profiles can be created in order to generate specific reports based on certain criteria; for example, it is possible to create a profile that generates a report of only active, rostered, diabetic patients of any age, who have not been seen in the physician's office in over 6 months. Creating profiles and generating reports are extremely useful, as they provide a clean, filtered list of only those patients who meet a desired criteria.

Often, a profile will have already been created and thus the only task required of the Summer Student would be to generate the corresponding report. However, if a profile has not yet been created, or a profile must be updated prior to generating a report, begin by logging into the correct NG server. Once logged in, select the correct physician office at the top-left hand side of the screen. After selecting the office of your choice, select the "Office Actions" option located on the column on the left-hand side of the screen. In office actions, highlight the "Setup" option at the top of the screen, and highlight the "Health Maintenance" option; select "Profiles". In profiles, select the physician you are creating a profile for by clicking on the drop-down arrow at the top of the screen, directly next to "Health Maintenance Profiles for". In order to create a new profile, click on the "New" button at the top-left of the screen. Provide a title for the profile by entering it into the bar next to "Profile Name", as well as a description for the profile, such as "Diabetic Recall (No Visit 6 Months)" in the box entitled "Profile Description". In order to add specific details to the profile, review the available options listed under "Patient Demographics", where you have the option to select the sex of the patients you are interested in searching for, the desired patient status (including inactive, deceased, and active), and the age (or age range) of desired patients. Moreover, you will also have the option to select a "Rostered" check-box, depending on whether you are interested in searching for rostered or de-rostered patients. In addition to creating a specific profile based on patient demographics, it is also possible to narrow the search through selecting certain parameters. Parameters act as filters; in NG, specific parameters include, but are not limited to, the presence of allergies, family histories of certain diseases, procedures done, or specific patient activity. Parameters can be added by selecting the "New Parameter" button at the top left of the screen. After correctly creating the profile with all of the necessary parameters, click the "Save" button at the bottom of the screen. You may always go back into that profile to add any changes or remove any mistakes by clicking the blue, hyperlinked name of the desired profile, located in a list under Office Action>>Setup>>Health Maintenance>>Profiles>>Health Maintenance Profiles for [select physician].

Generating a report based on a profile gathers all patients belonging to a certain physician that meet the criteria of the selected profile. In order to run a report based on a certain profile, begin by logging into the correct NG server. Once logged in, select the correct physician office at the top-left hand side of the screen. After selecting the office of your choice, select the "Office Actions" option located on the column on the left-hand side of the screen. In office actions, highlight the “Administration” option at the top of the screen, and highlight the “Work Queue” option; select “Health Maintenance”. In health maintenance, select the physician you are generating a report for by clicking on the drop-down arrow at the top of the screen, directly next to “Health Maintenance Reports for”. Click the “New” button at the top left of the screen: this will take you to a new page, where you must enter a report name, and select a profile to generate a report for. Select the profile you wish to generate a report for by clicking the drop-down arrow located beside “Profile:”, and clicking the profile of your choice. The name of the report should be the same as the profile you have selected; for example, if the profile you have selected is titled “Diabetics Not Seen 6 Months 2014,” the report should therefore be named “Diabetics Not Seen 6 Months 2014”. Once you have named the report and selected a profile, save the report by clicking the “Save” button at the bottom of the screen. After saving, NG will run the report: a new screen will appear with a list of patients that fit the criteria of the profile. At any time, you will be able to access that report by clicking the blue, hyperlinked name of the desired report, located in a list under Office Action>>Administration>>Work Queue>>Health Maintenance>>Health Maintenance Reports for [select physician].

Appendix C: Adding Flowsheets to Patient Charts

Objective: to extract specific information from patient charts, in order to chart that information over time and ultimately improve patient care

- Enter into Nightingale, select a specific office, and enter into a patient's chart by selecting the "Patients" button on the left-hand side of the screen, selecting a physician, and entering a patient's last name, first name, or health card number (See APPENDIX A)

- Once in a patient's chart, select the "CPP" button at the top of the screen

- In the CPP, click the blue, hyperlinked button entitled "flowsheets", located at the top left-hand side of the screen

- Click the "Add" button at the top left-hand side of the screen and select the appropriate flowsheet from the list of available options, by selecting the checkbox beside the desired flowsheet

- Once the flowsheet has been selected, click the "Add" button located at the top left-hand side of the screen

- A small screen will appear: press the "Save" button at the bottom of this screen to save the flowsheet to the patient's CPP

Appendix D: Matching Lists in Excel

Objective: To find all items that appear in one list, but not in another

There are many ways of doing this. This video gives a great overview of 3 different techniques:

1) =MATCH() function
2) =VLOOKUP() function
3) Pivot table

https://www.youtube.com/watch?v=pnjcMksnU9U

Some tips:

- **Health card numbers or patient IDs** are much easier and reliable to match than patient names
    - Remember though if you are using these numbers to match, make sure the information is stored as a number, not as text, in each cell
        - Highlight the cells >> right-click >> format cells >> click on "Number" in the left menu, reduce the number of decimal places to "0" >> click "OK"
        - Excel will usually alert you when it finds numbers stored as text. This alert will appear as a small green triangle at the top left-hand corner of the cell. When you click on the cell, a yellow icon with a "!" will appear. Click on the drop down menu, one of the options should be "convert to number".
- If you are using patient names to match, VLOOKUP will work better because it is not case sensitive
- When you are copying and pasting information from the EMR into Excel, using "**Paste Special**" (and then selecting "Values" only) is an easy way of generating data that is easy to match. You can also use the "Sort" function to move all empty cells to the bottom.

Alternatively, if the lists are not too long, you can print them out and match them manually.