

Sign In, Check In, and Check Out Setup and Support Guide

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Your Responsibilities for Safe Use

This documentation will help guide you through the available software configuration options so you can decide the right configuration for your organization. Of course, safe and compliant use of the software in any configuration requires you and your users to use good judgment and perform certain responsibilities, including each of the following: enter and read information accurately and completely; be responsible for configuration decisions; ensure compliance with laws and regulations relevant for your organization; confirm the accuracy of critically important medical information (e.g., allergies, medications, results), just as you would with paper records; actively report suspected errors in the software to both Epic and affected personnel; thoroughly test the software to ensure it's accurate before using it; and use the software only according to standards of good medical practice. You also are responsible for training your personnel and other users to perform these responsibilities. Not performing any of these responsibilities may compromise patient safety or your compliance with applicable requirements.

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Sign In, Check In, and Check Out Setup and Support Guide

The sign in, check in, and check out workflows give front desk staff the opportunity to collect important information from patients before and after they're seen for their appointments. For example, staff performing these workflows might verify and update demographics, collect insurance and billing information, obtain patient signatures on HIPAA consent forms, and collect copay payments for appointments.

- The sign in workflow is designed for larger clinics or hospitals that have a central area where patients initially stop upon their arrival. At minimum, staff can use this workflow to greet patients and give them directions to their appointments. By marking patients as present in Hyperspace, the front desk staff alert other staff in the building that the patients have arrived.
- The check in workflow occurs when the patient arrives at the appointment department. Staff can also use the check in workflow to verify and collect information and copays. By checking in the patient, clinicians are alerted that the patient is ready to be seen.
- The check out workflow occurs after the patient has been seen for his appointment. Staff can use this workflow as needed; for example, to schedule a follow-up appointment, collect payments, or schedule orders placed by the appointment provider.
- The single-user visit workflow is used most often at organizations with a tight focus on providing a particular type of care. For example, clinics in retail pharmacies often have the same person check a patient in, room the patient, conduct the exam, place any necessary orders, and check the patient out.

This guide provides you with the information you need to set up and configure these workflows based on your organization's physical layout and unique needs.

Across your organization

While the sign in, check in, and check out workflows are primarily owned by the Cadence project team, these workflows affect and are affected by a number of other Epic applications. A successful implementation of these workflows depends on close collaboration and cooperation among the Cadence project team and the project teams for the following areas:

- Prelude: Front desk staff performing these workflows can also be responsible for collecting and verifying patient, guarantor account, hospital account, and coverage information. Cadence relies on Prelude's confirmation records to alert users about what information to collect and when. Front desk staff verifying or collecting this information routinely use Prelude's registration workflows. Prelude also controls whether front desk staff see the Medicare Secondary Payor Questionnaire during sign in, check in, or check out.
- Resolute Professional Billing and Resolute Hospital Billing: The sign in, check in, and check out workflows give front desk staff the opportunity to collect payments from patients, whether it's in the form of copays or payments for outstanding account balances. These workflows can function both within an outpatient or inpatient setting so that staff can post payments to guarantor accounts, hospital accounts, or both using Enterprise Billing.
- Referrals: The Referrals system definitions determine whether users are prompted about required referrals, unauthorized referrals, appointments with out-of-network providers, or non-covered services before check in or sign in.
- Benefits Engine: You can use Benefits Engine to calculate patient copays and can determine whether certain visits require referrals.
- Radiant and OpTime: Radiant and OpTime share functionality with Cadence, including the ability to check in or check out patients for their appointments or procedures.
- EpicCare Ambulatory: Front desk staff can trigger orders to be generated when checking in or checking out appointments for certain visit types.

In the Foundation System

The sign in, check in, and check out workflows are fully configured in the Foundation System. Go to the Foundation Hosted environment to try out these workflows.

How It Works

The sign in, check in, and check out workflows are flexible enough to account for differences among organizations with regards to whether they verify or collect information in one workflow or another. The following scenarios describe how the workflows can accommodate different situations.

Sign In

Whether you use the sign in workflow activity might depend on the physical layout of your building and where registration/check in desks are located. When front desk staff sign a patient in for an appointment, the appointment status is changed from Scheduled to Present. This alerts medical staff that the patient is in the building. It is also a great tool for larger facilities that have centralized registration or sign in desks where copays and consents are collected in one place. Look at the following scenarios to see why sign in was used:

- Patient Marcus Baley has an appointment in the Sleep Lab at the Memorial Hospital. He enters through the main entrance and follows the signs to the registration desk. There, Registrar Winifred pulls up Marcus'

patient record and signs him in for the appointment. She also collects an outstanding account balance and has him sign a HIPAA Acknowledgement form. Registrar Winifred then sends Marcus up to the Sleep Lab department to check in.

- Patient Ronnie Fasching presents to the Downtown Medical Office Building. Front desk staff member Marta uses the Department Appointments report to sign Ronnie in for his appointment. Ronnie sits in the wait area until he is called back to the registration station. After a few minutes, Registrar Elisa checks Ronnie in for his appointment. At the end of the month, Medical Office Building supervisor Aurora reviews the average wait time.

Check In

The check in workflow allows organizations to record and track accurate statistics concerning patient show rates and the amount of wait time patients experience prior to being roomed. When a front desk person checks in a patient, the appointment status is changed to Arrived, indicating that the patient has arrived in the department. Appointments with a status of Arrived appear on the Arrival List, a report used by clinicians to room patients in a timely fashion.

- Patient Bill Ketterman has an appointment in Minor Surgery today. He heads up the elevator to the Minor Surgery department, where Patient Service Associate Brittney checks Bill in for his appointment. Nurse Oscar is monitoring the Arrival List from the nurses station and sees Bill appear on the list. Oscar walks up to the waiting room and calls Bill back to Exam Room 2. Oscar logs in to Hyperspace from the exam room, removes Bill from the Arrival List, and begins recording Bill's vitals.

Check Out

The check out workflow is an optional process that might include several functions. For example, front desk staff can schedule follow-up appointments, collect payments for services, or provide printouts for patients. Checking a patient out changes the status from Arrived to Completed. Note, however, that you can configure End of Day (EOD) Processing to automatically change appointment statuses.

- Dr. Omar has ordered a series of physical therapy visits for during patient Calvin Piotrowski's appointment. The order prints at the front desk. On his way out of the department, Patient Service Associate Lloyd checks Calvin's appointment out, schedules 10 of the visits and prints out the Future Appointments report for Lloyd to post on his refrigerator.
- Patient Warren Esquelin just finished his Acupuncture treatment in Complementary Medicine. He stops at the Complementary Medicine desk, checks out, and pays for the treatment because it is an elective treatment.
- Dr. Tignor has ordered an MRI for Medicare patient Aimee Leger. During the ordering process, Dr. Tignor is alerted that the MRI is not covered by Medicare. When Aimee checks out from her appointment, Patient Reception Assistant Fern asks Aimee to sign an Advance Beneficiary Notice waiver for the MRI. Fern then scans the document.

Single-User Visit

This streamlined workflow is designed for a model of care in which a single user performs tasks that might be spread across several users at a different organization. Typically, this is useful in retail clinics and pharmacies. Here's how it's designed to work:

1. A user opens a patient's appointment from the schedule, and the Check In activity opens.
2. When the user finishes checking the patient in, the clinical encounter workspace opens.
3. When the user closes the clinical encounter, the Check Out activity opens.
4. When the user finishes checking the patient out, she is returned to the schedule.

To accommodate appointments that don't fit this scenario exactly, we've also built in the following variations:

- If a patient's identity hasn't already been confirmed during the scheduling process, a list of potential matches appears when the user opens the appointment. The user can select one of those matches as the patient she's seeing, or she can specify that it's a new patient. If she selects a match, the system merges the new record into the existing one, and the user can continue her workflow when the merge is complete.
- If a patient requires authorization before a user can request the patient's outside records through Care Everywhere, the user is prompted to collect that authorization during check in.
- If a patient has already been checked in when a user opens the appointment from the schedule, the workflow begins with step 2 in the clinical encounter workspace.

Users can have workspaces open for multiple patients at the same time.

Sign In, Check In, and Check Out Setup: Essentials

In this section, we'll cover everything that you need to do to start using sign in, check in, and check out. This includes what you need to do to make sign in, check in, and check out available to your users and how to configure sign in, check in, and check out to match our recommendations.

If you're interested in configuring your system to support a streamlined single-user workflow, typically used in retail clinics and pharmacies, refer to the [Configure a Streamlined Workflow for Single-User Visits](#) topic.

Define Work Lists for Your Sign In, Check In, and Check Out Users

Schedulers rely on the following work lists to help them manage the incoming appointments for a given day. The following table indicates the appropriate work list for a given set of users:

Users	Recommended work list
A centralized group of users who manage both appointments and admissions.	Today's Patients report
A centralized group of users who manage appointments for multiple departments	Combined Department Appointments report
A decentralized group of users who manage appointments for a given department	Department Appointments report (for users' log-in departments)
A group of users who exclusively manage inpatient appointments.	Department Inpatient Appointments report
A group of users who manage both schedulable orders and appointments	Front Desk
Nurses who keep track of patients who have arrived and can be roomed for their appointments	Arrival List

Configure the Department Appointments Report

Front desk staff use the Department Appointments report to perform several appointment-related actions, including sign in, check in, and check out.

The Department Appointments report is flexible in terms of what information appears and how it appears. As with other Hyperspace reports that use the Report Settings window, you can specify criteria that determine which appointments appear and specify report columns that determine what information appears for the appointments displayed by the report.

Refer to the [Department Appointments Report Setup and Support Guide](#) for more information about setting up the report.

Also, refer to the [Department Appointments Report](#) topic for more information about the report.

Configure the Front Desk

Front desk users in departments that frequently schedule orders and check in appointments can use the

scheduling Front Desk activity to see schedulable orders and scheduled appointments in one place. The Front Desk is useful for departments like lab departments and hospital outpatient departments (HODs).

The Front Desk activity uses two sets of report settings: one to display scheduled orders and one to display scheduled appointments.

In the Foundation System, report settings for the scheduled orders section are set up for each specialty department while one saved report settings record is set up for the appointments section.

For information about how to configure the Front Desk activity, refer to the [Help Schedulers Manage Orders and Appointments with the Front Desk Activity](#) topic.

Configure the Today's Patients Report

The Today's Patients report helps front desk staff track and access patients with appointments, surgeries, admissions, and orders in a selected department for a specific date.

You can customize the Today's Patients Report to appear according to your needs using the Report Settings window:

- Limit the display to patients in your login department, or view patients across multiple service areas.
- Restrict the report display to any combination of the available encounter types.
- Limit what demographic information appears in the report. To hide the patient address or the emergency contacts for a patient, add Shared security point 20080-Hide TPR Patient Address or 20081-Hide TPR Emergency contact to a user's Shared security class.
- Starting in November 2024, save staff time by including patients' self-pay data in the report so users don't have to open Payment Collection or Registration separately.

Because this report includes all appointments, admissions, surgeries, and orders for a list of departments, or even entire service areas, the potential exists for the report to be very large. To help reduce the waiting time when loading the report, much of the data is retrieved by a background process, which can be scheduled to run at intervals throughout the day. When the report is refreshed, the activity title will display the date and time of the last refresh.

Note: The background process must be running to use the Today's Patients Report and you must also have a regularly scheduled bed census batch job using the 8020-ADT Bed Census template.

Configure the Today's Patients Report Background Process

1. Open a Text session and access the Shared Configuration (HDF) master file in Chronicles.
2. Go to Enter Data > Create/Edit Configuration, then enter 1 at the configuration prompt.
3. Go to the Today's Patients Report Scheduling screen.
4. Enter a value in the Time between report runs field. This value represents the number of minutes the background process waits before it automatically refreshes. Note: The background process only updates the saved reports you enter in step 6 below. This process is designed to decrease loading time when you run the Today's Patients Report in Hyperspace.
5. Enter a value in the Days to look back for orders field. This value represents the number of days in the past that patients with orders should appear on the Today's Patients Report. This setting acts as a default value; however, you can override this setting by entering a value in the Today's Patients Report Settings window.
6. In the Allow report to be run within how many days of today? field, specify the number of days from the current date to which you can look back or forward in the report. If this field is left blank, seven days is

used.

7. Enter the saved reports that you want to regularly refresh using the background process. All public reports should be entered in this setting. You can also enter a start and end time if you want the report to be updated within a specific time range. If you want the report to run only on weekdays, you must specify that in the Weekdays Only field.
8. Go to the Today's Patients Report Settings screen.
9. In the Cached Fields field, enter the Census Field (PAF) master file records that you want the Today's Patients Report to cache. These fields will load faster when you access the report.
10. If you use a column other than default name matching column 20803-TPR Patient Name or a copy of it, in the Name Fields field, add the name column you use instead.
11. Go to the Today's Patients Report Display Fields screen. You can use this screen to specify additional column records for each type of encounter that appears on the Today's Patients Report. For each type (admission, appointment, order, and surgery), you can configure whether the existing default column records are hidden so that you can specify different records in the Hide default X fields, where "X" is the type of encounter. You can specify alternate records in the Display Fields list for each type of encounter.
12. Starting in November 2024, add the following columns to Appointment and Admission Display Fields to show self-pay data for appointment and admission encounters in the Today's Patients Report:
 - a. 1228-Payment Remaining
 - b. 42888-Prepay Due Now
 - c. 76117-Payment Due Status
 - d. 76287-Visit Auto Pay Status
 - e. 76309-Visit Auto Pay Amount
13. Press F6 to view the Today's Patients Report Manager screen. Press "S" to start the background process. Press Q to exit.
14. Exit the Shared Configuration (HDF) master file.
15. Add Shared security point 20078-May Access Today's Patients Report to your Shared security classification so you can access the Today's Patients Report from the Registration/ADT menu in Hyperspace.

Configure the Today's Patients Report Settings

1. In Hyperspace, follow the path Epic button > Registration/ADT > Today's Patients. The Today's Patients report opens.
2. Click Settings on the toolbar. The Today's Patients Report Settings window opens.
3. On the Criteria tab, select the encounter types that you want to include in the report.
 - a. Choose which encounter types to include using the Appointments, Admissions, Cases, and Orders tabs.
 - b. In the Find patients with section on the Appointments, Admissions, and Cases tabs, choose whether you want to see that encounter type for your login department, certain other departments, certain service areas or locations, or not at all.
 - c. In the Right Pane Settings section, select the "Only show encounters/orders that meet above criteria" check box to limit the report results to encounters that meet all conditions. To further filter the results, enter an extension record in the Additional encounter/order filter field.
 - d. Go to the Orders tab. Select the "Use orders to find patients" check box to include orders. Enter the

ordering locations, schedule groupers, and order types that you want to include on the report.

Enter the number of days in the past the report should use to look back for orders.

- e. If you'd like to use Wait Time Tracking go to the Wait Times tab and select the Wait Time Tracking mode check box. For more information about Wait Time Tracking, refer to the [Track Registration and Admission Wait Times](#) topic.

4. Continue configuring the Today's Patients report's display and appearance on the Display and Appearance tabs.
5. When you have finished configuring the Today's Patient report settings, click General and enter a name for your report. Save the report as public.

Enable Similar Name Highlighting for Over 2,000 Patients

February 2022 and Earlier

Starting in May 2022, similar name highlighting is always enabled and this setup is not needed.

Similar name highlighting is enabled only if there are fewer than 2,000 patients in the Today's Patients Report. If your organization wants to enable similar name highlighting when there are more than 2,000 patients, complete the below steps. Epic recommends against enabling similar name highlighting for more than 2,000 patients due to performance concerns.

1. In Clinical Administration, follow the path Management Options > Complete Configuration (HDF) and open your compiled configuration.
2. Go to the Customer Specific Install Mnemonics Screen and enter
`SET_MAX_REPORT_SIZE_FOR_SIMILAR_NAME_HIGHLIGHTING` in the Mnemonic column. In the Value column, enter the upper limit for the number of patients when you want similar name highlighting to occur. For example, if you enter 3000, similar name highlighting is enabled if there are fewer than 3,000 patients in the Today's Patients Report and disabled if there are more than 3,000 patients. Don't include a comma when entering this value.

Configuring How Patients Appear in the Today's Patients Report

Starting in May 2022

Search-first mode in the Today Patient's report requires a user to search for a patient first in order for the patient to be listed on the report. By default, when the number of patients on the report is over 1000, the report uses search-first mode. You can set your Today's Patients report to always use search-first mode, regardless of the number of patients. We recommend doing this if the number of patients in the report is typically near the patient threshold, so users have a consistent experience when the number of patients is above the threshold one day and below it the next day. To change the 1000 patient threshold:

1. In Clinical Administration in text, follow the path Management Options > Complete Configuration (HDF) and open your compiled configuration.
2. Go to the Customer Specific Install Mnemonics Screen and enter `SET_THRESHOLD_TPR_OPTIMIZED_MODE` in the Mnemonic column. In the Value column, enter the number of patients that you want to enable search first-mode. For example, set the value to 500 if you want the Today's Patients Report to run in search-first mode when the report has 500 or more patients. Don't include a comma when entering this value.

If your organization wants a report to always use search first mode, complete these steps:

1. In Hyperspace, open Today's Patients and select the report you want to change.

2. In the Additional Settings section, check the box to always run in search-first mode.

Enable Break the Glass for Today's Patients Report

By default, patients in departments, locations, or service areas that normally require the user to break the glass do not appear in the Today's Patients report. You can adjust this setting in Grand Central Text:

1. In Grand Central Text, go to Service Areas (EAF), select your service area, and go to the ADT Service Area Settings screen.
2. In the Show BTG patients in the TPR? (I EAF 71060) field, enter Yes to show patients that require breaking the glass in the report. Enter No if you do not want to include patients who require you to break the glass. If the field is left blank, patients who require breaking the glass do not appear in the report.

Configure the Arrival List

After front desk staff check in a patient for their appointment, the appointment status changes to Arrived and the appointment appears on the Arrival List. Nurses and other clinicians use the Arrival List to see which patients have arrived for their appointments. As nurses room patients, they remove appointments from the Arrival List.

You can use the following columns in the Arrival List to show the patient's appointment time and when the patient arrived:

- 1001-Appointment Time
- 1803-Appointment Time with Time Zone - Shows the appointment time and time zone for the appointment's department.
- 1019-Appt Arrival Time
- 5014-Appt Arrival Time with Time Zone - Shows the arrival time and time zone for the appointment's department.

In the Foundation System, report settings 1217-Arrival List is configured to display all arrived appointments for the user's login department.

Refer to the [Arrival List Report](#) topic for more information about the report.

Set Up Sign In, Check In, and Check Out Advantage Activities

Cadence advantage activities allow you to control which navigator sections or forms schedulers see when they complete certain scheduling workflows. There are five primary types of advantage activities, and each one is built a bit differently. In this section, we cover Check In/Check Out/Sign In advantage activities. For information about setting up Patient Demographics, Appointment Demographics, Before Appointment Entry, and After Appointment Entry advantage activities, refer to the [Set Up Cadence Advantage Activities](#) topic.

Check In/Check Out/Sign In advantage activities appear when front desk staff sign in, check in, or check out appointments from the Department Appointments report or the Appointment Desk. The [standard](#) and [Foundation System](#) Check In/Check Out/Sign In advantage activities meet the needs of most organizations, but you can customize them if needed. Refer to the [Create a Custom Navigator-Based Sign In, Check In, or Check Out Advantage Activity](#) topic or the [Create a Custom Menu-Based Sign In, Check In, or Check Out Advantage Activity](#) topic for additional information. After you determine which advantage activity you want to use, you need to add it to Cadence System Definitions or your department records. Refer to the following topics for additional information:

- [Enable Sign In](#)
- [Specify a Check In Workflow](#)
- [Enable Check Out](#)

Starting in November 2021, there are several different ways that you can configure advantages activities for the Sign In, Check In, and Check Out activities: silent, express, or detailed.

Silent

With silent sign-in, check-in, and check-out, a user clicks Sign In, Check In, or Check Out from the Department Appointments report or the Appointment Desk and a message appears to notify users that the appointment has been signed in, checked in, or checked out. The Sign In, Check In, or Check Out activity does not appear, but the appointment status is changed.

Starting in May 2024, sign in, check in, and check out advantage activities are silent by default if there are no errors or warnings identified by the confirmation records entered in the Workflow Completion Confirmation Record (I HAA 300) field in the advantage activity or the Registration Workflow Action Confirmation Record (I HFL 145) in the workflow record. This behavior reduces clicks for front desk staff by not opening the sign in, check in, or check out navigator unless there are items that need to be resolved.

Starting in August 2024 and in May 2024 with SU E10905650, sign in, check in, and check out doesn't occur silently if there is a questionnaire attached to the appointment. This behavior is meant to prevent questions from being left unanswered during sign in, check in or check out.

Starting in November 2024 and in August 2024 with SU E11102622 or May 2024 with SU E10908304, the new Enable Full Check In/Sign In/Check Out Buttons? (I SDF 14020) setting in Cadence System Definitions allows users to launch the full navigator for sign in, check in, and check out. This setting controls whether dropdown toolbar buttons bypass silent evaluations and always launch the navigator. These buttons will only appear on the Appointment Desk and the DAR.

Starting in November 2024, the Auto Charge MyChart Pre-Auth Copay for Silent Workflows? (I SDF 8307) setting in Cadence System Definitions determines whether front desk staff see the Collect Copay window during silent check in. By default, the Collect Copay window does not appear, and any copayment amount authorized by a patient through MyChart before their appointment is automatically charged during the silent workflow.

You can use Foundation System advantage activity record 1170000001-ES Blank Check In/Out for silent sign-in, check-in, and check-out.

To configure an advantage activity to use silent check-in:

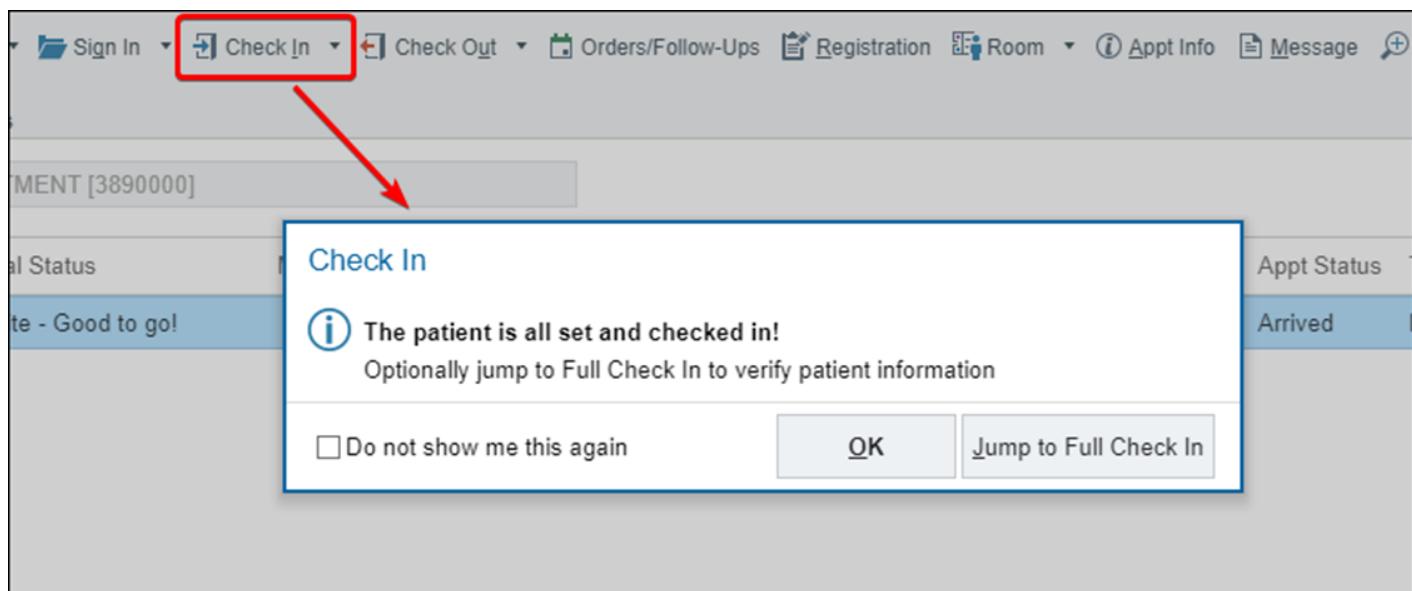
1. Open the Advantage Activity (HAA) in Hyperspace (search: Advantage Activity).
2. Create a new check-in advantage activity or open an existing one.
3. In February 2024 and earlier, make sure the Navigator Template to Use (I HAA 1102) field is left blank and the When to Launch Registration (I HAA 400) field is set to 3-Don't Launch if you never want the Sign In, Check In, or Check Out navigators to open during these workflows.
4. Starting in May 2024, enter one of the following options in the Perform Silently Unless (I HAA 403) field. This setting is respected even if the advantage activity has a navigator template set in the Navigator Template to Use field. To configure different behavior for inpatient appointments, set the Different Settings for Inpatient Appointments (I HAA 250) field to Yes, and enter one of the following values in the Perform Silently Unless (Inpatient) (I HAA 408) field:
 - Warnings or Errors: Silently complete the workflow unless there are warnings or errors in the

checklist. These warnings or errors are generated by the confirmation record entered in the Workflow Completion Confirmation Record (I HAA 300) and Registration Workflow Action Confirmation Record (I HFL 145) items. This is the default behavior when this field is left blank.

- Errors: Silently complete the workflow unless there are errors in the checklist. These errors are generated by the confirmation record entered in the Workflow Completion Confirmation Record (I HAA 300) and Registration Workflow Action Confirmation Record (I HFL 145) items. If you select this option, the check in navigator only appears if there are errors to resolve in the checklist. The purpose of this option is to make check-in more efficient by only launching the navigator if there are required hard-stops to complete before the appointment can be checked in. If only warnings are present in the confirmation record, check-in will be silent. Users can still review any warnings associated with the appointment by opening registration for the appointment, which can be accessed from the silent check-in confirmation message.
- Enter Never Perform Silently: Never perform silent sign in, check in, or check out. If there is no template set in the Navigator Template to Use (I HAA 1102), the workflow is still performed silently. We do not recommend this option because it can add unnecessary clicks to users' workflows.



If you choose to use silent check-in for imaging appointments and your imaging technologists need to print control sheets at check-in, refer to the [Automatically Print Control Sheets at Check In](#) topic for information about how to automatically print control sheets with silent check-in. With silent check-in, the Check In activity doesn't appear, so imaging technologists can't use the Print section to print control sheets.



Express

The Express option gives front desk staff a quick way to sign-in, check-in, or check-out appointments when registration isn't needed. This configuration option allows you to show the Express Sign In, Express Check In, and Express Check Out activities to users when a patient's registration is complete according to the confirmation record you specify in the advantage activity. By default, users see only the navigator sections from the navigator template you specify for the sign-in, check-in, or check-out advantage activity. If they need to edit a patient's registration details, they can click Show More to additionally load the navigator sections from the navigator template specified in the Pre-Sign In, Pre-Check In, or Pre-Check Out workflow record. If a patient's registration is

incomplete, the detailed Sign In, Check In, or Check Out activity appears instead of the Express Sign In, Express Check In, or Express Check Out activity.

The following Foundation System advantage activity records are express sign-in, check-in, and check-out activities:

- 100029-ES_AR_PAYMENT_CONFIRM_RECORD
- 115332-ES_HAR_CHECKIN/OUT_HB_COPAY
- 115333-ES_HAR_CHECKIN/OUT_PB_COPAY
- 165115332-TXP_ES_CHECKIN/OUT
- 1171153321-ES_WISDOM_HB_COPAY_WITH_TMT_LINK
- 11710002901-ES_WISDOM_AR_COPAY_CONFIRM_RECORD_WITH_TMT_LINK

To configure an advantage activity to use Express Check-In:

1. Open the Advantage Activity (HAA) in Hyperspace (search: Advantage Activity).
2. Create a new check-in advantage activity or open an existing one.
3. Set the Navigator Template to Use (I HAA 1102) field to the navigator template you'd like to use.
4. Set When to Launch Registration (I HAA 400) to 3-Don't Launch. Alternatively, this can be set to 2-Only with Warnings, provided that the confirmation record (HCF) set in Workflow Completion Confirmation Record (I HAA 300) does not return any warnings. See the [Confirmation Records Setup and Support Guide](#) for more information on configuring warnings for confirmation records.



The Express Sign In, Express Check In, and Express Check Out activities lock a patient's registration record. Imaging technologists cannot check in a patient's appointment from the add-on workflow while a front desk user has the Express Sign In, Express Check In, or Express Check Out activity open for the same patient. Silent check-in doesn't require the registration lock, so consider implementing silent check-in for imaging appointments to avoid creating delays for imaging technologists.

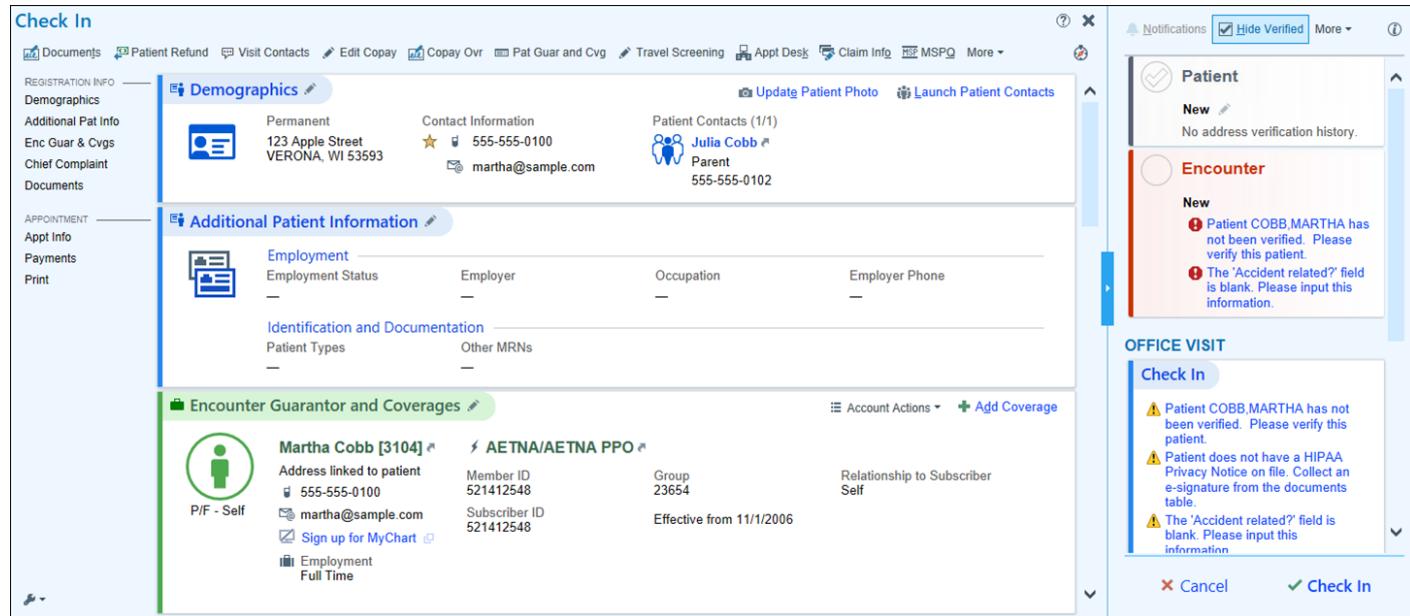
The screenshot shows the 'Express Check In' screen in the Hyperspace application. The left sidebar lists navigation options: Documents, LCD/ABN, New Recall, Patient Refund, Assign Pager, Room, Visit Contacts, Edit Copay, Copay Ovr, Pat Guar and Cvg, More, Show More, Express Check In, Demographics, Appt Info, Payments, Print, Recalls, Admin Details, Px/Dx, Care Teams. The main area displays patient information: Demographics (Permanent, 123 Apple Street, VERONA, WI 53593), Contact Information (555-555-0100, melanie@example.com), Patient Contacts (1/1) (David Elliott, Partner, 555-555-0100). Below this is the 'Appointment Information' section, which shows an 'OFFICE VISIT at 0830 (15 min)' on Monday September 13, 2021, at EMC FAMILY MEDICINE, Arrival Location: EMC South Check-In Desk, Check In Time: 1221. It also includes fields for Appointment Type (Outpatient), Accident Related? (No), Private Encounter, and Appointment Notes (cough). The 'Payments' section indicates 'Copay Due' and 'No Payment Needed'. At the bottom right, there are 'Collect Payment' and 'Payment Options' buttons, along with 'Cancel' and 'Check In' buttons. A large green checkmark icon with the text 'Everything checks out!' is prominently displayed on the right side of the screen.

Detailed

Detailed sign-in, check-in, and check-out refers to the Sign In, Check In, and Check Out activities that include scheduling and registration navigator sections, as opposed to the Express Sign In, Express Check In, and Express Check Out activities that including only scheduling navigator sections and are described in the next section. Users see the navigator sections from the navigator template you specify for the sign-in, check-in, or check-out advantage activity and the navigator sections from the navigator template specified in the Pre-Sign In, Pre-Check In, or Pre-Check Out workflow record. Any navigator sections that are in both templates appear only once in the activity.

The following Foundation System advantage activity records are detailed sign-in, check-in, and check-out activities:

- 212100029-ES_AP_AR_COPAY
- 11710002902-ES_AR COPAY RETAIL CLINIC_CHECKIN



Create a Custom Navigator-Based Sign In, Check In, or Check Out Advantage Activity

⌚ Starting in November 2021

The navigator sections that you want to show in the Sign In, Check In, or Check Out activity need to be listed in a navigator template, which you specify in your Check In/Check Out/Sign In advantage activity. Refer to the [Cadence Navigator Templates](#) topic for information about Epic-released navigator templates that you can use. If you want to customize an Epic-released navigator template or create your own, refer to the [Collect Sections into Topics](#) and [Collect Topics into a Template](#) topics. Refer to the [Cadence Navigator Sections](#) topic for information about Epic-released navigator sections that you can use.

To add your navigator template to an advantage activity record:

1. In Hyperspace, create an advantage activity record (search: Advantage Activity).
2. In the Subtype (I HAA 55) field, enter Check In/Check Out/Sign In.
3. Select the Check In/Check Out/Sign In form.
4. Select the access points (I HAA 50) that you want to use this advantage activity for.
5. By default, the settings in your advantage activity record apply to both outpatient and inpatient

appointments. If you want to specify different settings for inpatient appointments, select Yes for the Different Settings for Inpatient Appointments? (I HAA 250) setting.

6. In the Navigator Template to Use (I HAA 1001) field, enter the navigator template to show in the Sign In, Check In, or Check Out activity.
7. Work with your Prelude team and refer to the [Combine the Registration and Check In Workflows](#) topic for information about completing the remaining settings needed to include registration navigator sections for detailed and express sign-in, check-in, and check-out:
 - When to Launch Registration (I HAA 400)
 - Confirmation Record to Launch Registration (I HAA 402)
 - Suppress Display of Warnings? (I HAA 401)
8. Refer to the following topics for information about how to add your advantage activity to Cadence System Definitions or your department records:
 - [Enable Sign In](#)
 - [Specify a Check In Workflow](#)
 - [Enable Check Out](#)

Pick the Configuration to Use When There Are Duplicate Sections in Detailed Sign In, Check In, and Check Out

 Starting in November 2021

In detailed Sign In, Check In, and Check Out, sections from the navigator template specified in the advantage activity (I HAA 1001) and the navigator template specified in the Pre-Sign In, Pre-Check In, or Pre-Check Out workflow record (I HFL 60) appear together. Any sections that appear in both templates appear only once in the Check In activity. If the navigator templates use different configurations for the same section, you can specify which configuration to use in detailed Sign In, Check In, and Check Out. By default, the configuration for the template in the Pre-Sign In, Pre-Check In, or Pre-Check Out workflow record is used.

1. In Hyperspace, open your advantage activity record for detailed Check In (search: Advantage Activities).
2. Select the Check In/Check Out/Sign In form.
3. Add rows to the Duplicate Sections in Detailed Check In table:
 - Section (I HAA 1010). Enter the section that appears in both navigator templates.
 - Use Configuration From (I HAA 1011). Enter Advantage Activity to use the configuration from the template specified in the advantage activity record. Enter Registration Workflow to use the configuration from the template specified in the Pre-Sign In, Pre-Check In, or Pre-Check Out workflow record. The default value is Registration Workflow.

Create a Custom Menu-Based Sign In, Check In, or Check Out Advantage Activity

 August 2021 and Earlier

Instead of creating menus and advantage activities from scratch, we recommend copying standard records and customizing them. Refer to the [Standard Check In/Check Out/Sign In Advantage Activities](#) and [Foundation System Check In/Check Out/Sign In Advantage Activities](#) topics for information about advantage activity records you can copy.

1. In Chronicles, access the Advantage Activity (HAA) master file.
2. Select Enter Data > Duplicate Adv Activity and copy an Epic-released advantage activity.
3. In your copied record, go to the Tree Nodes screen.
4. In the Node (I HAA 200) list, enter the forms you want to show in the activity. Refer to the [Cadence Standard Menu-Based Forms](#) topic for information about the available forms.
5. In the corresponding Type of node (I HAA 210) list, enter the type of node for a particular form. Refer to the table at the end of these steps for information about which forms need to have a node type specified.
6. By default, the settings in your advantage activity record apply to both outpatient and inpatient appointments. If you want to specify different settings for inpatient appointments, enter Yes in the Use different nodes for inpatient? (I HAA 250) field and fill out the Node (I HAA 220) and Type of node (I HAA 230) fields.

Menus That Need Node Types Specified	Node Type to Use
ES_SN_CHKIN_DEMOGRAPHICS	Demographics
ES_SN_CHKIN_PAYMENTS ES_SN_CHKIN_POSCOPAY ES_SN_CHKIN_ARCOPAY ES_SN_CHKIN_REGCOPAY REG_TR_HAR_CHECKIN_COPAY REG_TR_HAR_CHECKIN2_COPAY REG_TR_HAR_CHECKIN_COPAY_HB_REC REG_TR_HAR_CHECKIN2_COPAY_REC_PB	Copay
ES_SN_CHKIN_OPTIONS	Options
ES_ND_CLININFO_ORDERS	Orders

Combine the Registration and Check In Workflows

If you use Prelude and Cadence and your front desk staff are responsible for collecting registration information during sign in or check in, you can combine the two workflows for users.

You can set up your Cadence advantage activities to show navigator sections from both the advantage activity record and the registration workflow record defined by Prelude. You can choose to always include the registration sections, which is known as detailed sign-in, check-in, or check-out, or you can specify a confirmation record to conditionally include the registration navigator sections only if certain information is missing for the patient. If no registration information is missing, the Express Sign In, Express Check In, or Express Check Out activity opens and shows only the sections from the advantage activity. Users can click Show More to load the registration sections if needed.

In the Foundation System, most check in activities use a confirmation record to determine when to open registration. Refer to the [Cadence Foundation System Advantage Activity Records](#) topic for details about which records open registration and the confirmation records they use to open registration.

Considerations

If a combined registration-check in workflow represents a departure from your organization's previous workflows, you must be careful to provide adequate training to those users whose job roles are changing (for example, front desk staff without previous registration experience might need training about the insurance industry as it relates to their new roles).

We recommend that you consider implementing a large change like this prior to your go-live, which gives users time to adopt to their new workflows before they also learn a new system.

Specify Pre-Sign In, Pre-Check In, and Pre-Check Out Registration Workflow Records

Work with your Prelude team to identify the workflow records to use for registration before sign-in, check-in, and check-out. You can specify these records at the facility, service area, location, or department level. The Foundation System is configured to use workflow 2040000007-Reg EMC Check In Registration workflow. Refer to the [Create and Edit Workflows](#) topic for information about workflow records.

Facility or Service Area

1. In Hyperspace, go to Epic button > Admin > Registration/ADT Admin > System Definitions and open your facility or service area record.
2. Select the Workflow Definitions form.
3. Add a row to the Jump to Registration Settings table:
 - From (I EAF 63790). Enter Pre-Sign In, Pre-Check In, or Pre-Check Out.
 - Override Workflow (I EAF 63791). Enter the workflow record you identified with your Prelude team.

Location

1. In Prelude Text, go to Administrator's Menu > Location System Defs Edit and open your location record.
2. Select GUI Location Options.
3. Page down to the Location Workflow Definitions screen.
4. Add a row to the table:
 - From (I EAF 63790). Enter Pre-Sign In, Pre-Check In, or Pre-Check Out.
 - Override Workflow (I EAF 63791). Enter the workflow record you identified with your Prelude team.

Department

1. In Hyperspace, go to Epic button > Admin > Schedule Admin > Master File Edit > Department and open your department record.
2. Select the Workflow Definitions > Registration form.
3. Add a row to the Department Workflow Definitions table:
 - From (I DEP 21401). Enter Pre-Sign In, Pre-Check In, or Pre-Check Out.
 - Override Workflow (I DEP 21402). Enter the workflow record you identified with your Prelude team.

Identify or Create Confirmation Records

Starting in November 2021, your advantage activity can use a confirmation record to determine whether to open the express activities or the detailed activities, depending on whether certain registration information is missing for an appointment. In August 2021 and earlier, your advantage activity can use a confirmation record to open the Registration activity only when certain registration information is missing for an appointment. In all versions,

you can also choose to show the confirmation record error and warning messages to users. Work with your Prelude team to identify or create a confirmation record that checks for the registration information that you want front desk staff to complete at sign-in, check-in, or check-out. Refer to the [Confirmation Records Setup and Support Guide](#) for additional information about confirmation records. If you always want front desk to complete registration at sign-in, check-in, or check-out, you do not need to identify a confirmation record to use.

Configure Registration Behavior for a Navigator-Based Advantage Activity

Starting in November 2021

After you've specified the Pre-Sign In, Pre-Check In, and Pre-Check Out registration workflows and identified or created the confirmation record used to check registration information before sign-in, check-in, or check-out, you can add the confirmation record to your advantage activity and define when to include the navigator sections from the registration workflow in the Sign In, Check In, or Check Out activity.

1. In Hyperspace, open your advantage activity for sign-in, check-in, or check-out (search: Advantage Activity).
2. Select the Check In/Check Out/Sign In form.
3. In the When to Launch Registration (I HAA 400) field, choose one of the following options:
 - 1-Always Launch. Select this option if you want to use detailed sign-in, check-in, and check-out and always include the navigator sections from the registration workflow in the Sign In, Check In, or Check Out activity. If you select this option, you do not need to complete steps 4 and 5.
 - 2-Only If Warnings. Select this option if want to use Express Sign In, Express Check In, or Express Check Out when no registration information is missing for an appointment. If you select this option, continue with steps 4 and 5.
4. If you selected Only If Warnings, enter your confirmation record in the Confirmation Record to Launch Registration (I HAA 402) field.
5. If you entered a confirmation record but do not want to show the error and warning messages from the confirmation record to users, select Yes for the Suppress Display of Warnings? (I HAA 401) setting. If the Pre-Sign In, Pre-Check In, and Pre-Check Out registration workflow has a confirmation record, error and warning messages from that record still appear when appropriate.
6. If you want to specify different behavior for inpatient appointments, select Yes for the Different Settings for Inpatient Appointments? (I HAA 25) setting and repeat steps 3-5 for the inpatient settings.

Confirm Patient Information During Sign In, Check In, or Check Out

During sign in, check in, and check out workflows, confirmation records can present users with warning messages about missing or invalid information that should be addressed prior to checking in a patient's appointment. Confirmation records can also be specified in your registration workflows. Here's how the two confirmation records work together:

- Starting in November 2021 with navigator-based advantage activities and workflows, the error and warning messages that users see depend on the type of advantage activity you're using.
 - With Express Sign In, Check In, and Check Out, users see only the errors and warning messages from the confirmation record you specify in the advantage activity (I HAA 300).
 - With registration-only check-in, users see only the error and warning messages from the confirmation record you specify in the registration workflow record (I HFL 145).
 - With detailed Sign In, Check In, and Check Out, users see the error and warning messages from the confirmation that is specified in the advantage activity (I HAA 300) and the registration workflow record (I HFL 145). If there are duplicate error or warning messages, only one is shown to the user.

- In August 2021 and earlier with menu-based advantage activities and form-based workflows, users see the error and warning messages from the advantage activity confirmation record (I HAA 300) in Sign In, Check In, and Check Out. They see the error and warning messages from the registration workflow record (I HFL 145) in Registration.

Identify or Create a Confirmation Record

Work with your Prelude team to identify or create a confirmation record that checks for the registration information that you want front desk staff to complete before they finish signing in, checking in, or checking out an appointment. Refer to the [Confirmation Records Setup and Support Guide](#) for additional information about confirmation records.

Add Your Confirmation Record to an Advantage Activity

Starting in November 2021 for a navigator-based advantage activity:

1. In Hyperspace, open the advantage activity record (search: Advantage Activity).
2. Select the Check In/Check Out/Sign In form.
3. Enter the confirmation record in the Workflow Completion Confirmation Record (I HAA 300) field.

In August 2021 and earlier for a menu-based advantage activity:

1. In text, access Chronicles and open the Advantage Activity (HAA) master file.
2. Follow the path Enter Data > Create/Edit Adv Activity.
3. Open your advantage activity record.
4. Enter the confirmation record in the Sign In/Check In/Check Out Confirm Record (I HAA 300) field.

Use a Registration Workflow for Sign In, Check In, and Check Out

If your organization uses Prelude with Cadence, you can choose to launch a registration workflow (HFL) record in the Sign In, Check In, and Check Out activities instead of specifying navigator sections or forms to use in an advantage activity (HAA) record. You can use advantage activity 40-ES CheckIn/Out Via Reg Workflow, which opens the registration workflow for the 52-Registration Check In, 54-Registration Sign In, or 55-Registration Check Out jump locations.

This build option is useful if you always want front desk staff to complete registration at sign-in, check-in, or check-out because it is easier to maintain than separate workflows and advantage activities that each have their own navigator sections or forms. Hospital outpatient departments (HODs) are a good example of a type of department that can take advantage of this feature. This can also be useful at sign-in desks where the staff's main task is to verify registration and note that the patient is present. In the Foundation System, this feature is used at sign in for hospital outpatient departments like 10101105-EMH Gastroenterology. Refer to the [Foundation Hosted environment](#) to view this feature.

Here are some examples:

- Derek goes to his family clinic for an appointment. This location has a registration desk where Derek signs in, verifies his insurance and his address, and pays his copay for the appointment. The receptionist does this in one activity, the Sign In activity, which loads the registration workflow for the 54-Registration Sign In jump location. His appointment is now signed in.
 - When Derek reaches the department for his appointment, the front desk staff checks him in using a full check in workflow, where they collect his referral information, collect additional payments and copays, and print the necessary documents from the Cadence Check In activity.

- Sasha has a physical therapy appointment in an HOD clinic. The front desk staff uses the Check In activity, which loads the registration workflow for the 52-Registration Check In jump location, to verify her registration information, assign the hospital account to the appointment, and collect her copay. Her appointment is now checked in.

This feature and associated records are configured for use during Sign In and Check In; however, you can also configure them for use during Check Out.

Starting in November 2021, using a registration workflow for sign in, check in, and check out supports all Cadence sign-in, check-in, and check-out features. In August 2021 and earlier, when you set up a registration workflow for sign in, check in, and check out, you can't use some features of Cadence's usual workflows, such as the Orders, Other Appointments, and Questionnaires forms and collection of some payments. The Point of Service Warnings, Referral Warnings, and Network Warnings forms aren't included in the Sign In, Check In, or Check Out activity, but the warnings are incorporated into confirmation record 10-Reg Check In Action, which is included in the standard registration check-in workflows. You need to review your system configurations and department needs carefully when considering this feature, to make sure these other forms and actions are not needed.

To use registration workflows in the Sign In, Check In, or Check Out activity, you must specify the registration workflow and the advantage activity in your department or system settings.

There are two standard registration workflows that you can use. Both of these workflows have an additional copay component so users can collect a copay:

- 100-SC Reg Check In HSD: Workflow for hospital outpatient departments. This form allows staff to assign hospital accounts to the appointment and collect copays for hospital accounts.
- 110-SC Reg Check In with PB Copay: Workflow for departments in which guarantor accounts are assigned and professional billing copays are collected. This is the default workflow for departments that are configured to use a registration workflow in the Check In activity.

The standard advantage activity to use is 40-ES CheckIn/Out Via Reg Workflow.

Associate the Registration Workflow with an Advantage Activity for a Department

1. In Hyperspace, go to Epic button > Admin > Schedule Admin > Master File Edit > Department and open your department record.
2. Select the Workflow Definitions > Adv Activities Core form.
3. Enter advantage activity 40-ES CheckIn/Out Via Reg Workflow in one or more of the following fields to enable registration-only sign-in, check-in, and check-out:
 - Sign in (I DEP 1414)
 - Check in (I DEP 1404)
 - Check out (I DEP 1405)
4. Select the Workflow Definitions > Registration form.
5. Add a row to the Department Workflow Definitions table:
 - From (I DEP 21401). Enter 52-Registration Check In. If you want to set this up for Sign In or Check Out, select 54-Registration Sign In or 55-Registration Check Out
 - Override Workflow (I DEP 21402). Enter 100-SC Reg Check In HSD if you're setting up this feature for a hospital outpatient department. Enter 110-SC Reg Check In with PB Copay if you're setting up this feature for a department that collects professional billing copays.

Configure a Streamlined Workflow for Single-User Visits

Starting in November 2020, you can configure your system to better support visits that are completed by one person by having the system automatically open Check In, encounters, and Check Out. This creates a faster and easier workflow because users no longer need to open those activities manually. If you want to use this workflow only in certain situations, you can build CER rules to have the system open an activity only when the rule evaluates as true. In August 2020 and earlier versions, you need to work with your Epic representative to configure your system for this workflow. To do so, contact your Epic representative and mention parent SLG 1925376.

Complete the following steps to set this up:

1. In Clinical Administration, go to Management Options > Profiles (LPR), and open a profile.
2. Go to Schedule, Chart Request > Single-user Workflow Configuration screen.
3. In the Open Check In for scheduled appointments? (I LPR 1252) field, enter Yes to have the system automatically open Check In when a user double-clicks an appointment on the Schedule that has not been checked in yet.
 - In the Only when (I LPR 1254) field, optionally enter a rule such that the system opens the associated activity only when the rule evaluates as true. Any rule specified here must also verify that the appointment status is set to Scheduled in order for the feature to function correctly (refer to rule 19785-MR Appt Status Is Scheduled as an example).
4. In the Auto-launch encounter on patient check-in? (I LPR 1256) field, enter Yes to have the system close the Check In activity and open the encounter when a user accepts the check-in.
 - In the Only when (I LPR 1258) field, optionally enter a rule such that the system opens the associated activity only when the rule evaluates as true. Any rule specified here must also verify that the appointment status is set to arrived in order for the feature to function correctly (refer to rule 19786-MR Appt Status Is Arrived as an example).
5. In the Auto-launch Check Out on sign visit? (I LPR 1262) field, enter Yes to have the system close the encounter workspace and open the Check Out activity when a user signs a visit. Setting this field to Yes also has the system open the Check Out activity when a user double-clicks an appointment on the Schedule with an encounter that has already been signed.
 - In the Only when (I LPR 1264) field, optionally enter a rule such that the system opens the associated activity only when the rule evaluates as true. Any rule specified here must also verify that the encounter is closed in order for the feature to function correctly (refer to rule 19787-MR Encounter Is Closed as an example).

Determine Whether Forms Print During Silent Check In Workflows

 Starting in February 2025

 In November 2024 with SU E11200503/C11200503

 In August 2024 with SU E11106287/C11106287

 In May 2024 with SU E10911332/C10911332

When your check in workflow is configured to be silent, as described in the above sections, any forms configured to print for your department print automatically when check in is complete. This behavior might not be appropriate for some workflows that commonly use silent check in, such as inpatient appointments. You can

configure your Advantage Activity (HAA) to skip printing forms when the check in workflow is silent. To complete this setup:

1. In Hyperspace, open your check-in Advantage Activity (search: Advantage Activity).
2. Set Skip Printing When Silent? (I HAA 409) to Yes to skip printing if the check in workflow is performed silently. Set to No or leave blank to maintain current printing behavior.

To configure different printing settings for inpatient appointments:

1. In the Advantage Activity, set Different Settings for Inpatient Appointments? (I HAA 250) to Yes.
2. Set Skip Printing When Silent? (Inpatient) (I HAA 411) to Yes to skip printing during silent check-in for inpatient appointments.

Control Payment Collection from Sign In, Check In, and Check Out

Point-of-service (POS) payments are payments collected while a patient is present at the hospital or clinic.

When you create advantage activities for your sign-in, check-in, and check-out workflows, you can include navigator sections or menu-based forms so that front desk staff can collect payments for hospital charges, professional charges, or both.

The following tasks describe additional system configuration options that affect how front desk users collect payments and reprint receipts from these workflows.

Determine How Copays Are Calculated

Several settings in Cadence System Definitions determine how copays are calculated:

1. In Hyperspace, open Cadence System Definitions (search: Cadence System Definitions).
2. Select the Check In/Sign In > General form.
3. Specify the following settings:
 - Copay type (I SDF 8284). Choose from the following options to indicate how the system calculates copays.
 - 1-Point of Service Basic. If you do not have Resolute installed and are not using Benefits Engine, select this option. Patients' copays are determined by the Self-Pay Responsibility by Department Specialty and Copay Category screen in the Benefit Plan master file.
 - 2-Benefit Engine. Select this option to have patients' copays determined by your Benefit Engine build.
 - 3-Custom Function. Select this option to determine patients' copays on the basis of a custom function.
 - Custom copay PP (I SDF 8287). If you've chosen a copay type of Custom Function, work with your Epic representative to create a function that determines patients' copays. Starting in Epic 2018, you need Shared security point 199-Access Code to Execute to edit this field.
 - Max or sum copay (I SDF 8288). If using the Point of Service Basic copay type, indicate how the system calculates copays for patients with multiple appointments on the same day.
 - Individual: The system uses the copay for the patient's primary appointment.
 - Sum: The system uses the sum of the appointment copays.

- Max: The system uses the largest copay amount for the appointments.
- Allow coverage copay info edit? (I SDF 8296). Enter Yes to allow users to edit patients' coverage-level copays during account selection, check in, and check out. If Resolute is installed, you must also set the Use Coverage Copay Info setting to Yes in the Prelude service area system definitions.
- Max copay amount allowed (I SDF 8271). Specify the maximum copay amount that staff can collect during check in or check out.
- Edit copay for MC Coverage (I SDF 8246). Enter Yes to allow users to edit patients' coverage-level copays for managed care coverage during check in and registration workflows. Because coverage-level copay information is typically relevant only to indemnity coverages, this is off by default. This setting is available starting in Epic 2018.

These settings are configured in the Foundation System as follows:

Copay Calculation			
Copay type:	<input type="text" value="Benefits Engine"/>	Custom copay PP:	<input type="text"/>
Enable self-pay calculation?	<input type="text" value="No"/>	Max or sum copay:	<input type="text" value="Maximum [1]"/>
Allow coverage copay info edit?	<input type="text" value="Yes"/>	Max copay amount allowed:	<input type="text" value="100.00"/>
Edit copay for MC coverage:	<input type="text" value="No"/>		

Collect Both Professional and Hospital Billing Copays for Hospital Outpatient Visits with Cadence

You can collect copays for both Resolute Professional Billing and Resolute Hospital Billing simultaneously during check in for a Cadence appointment at hospital outpatient departments. You can use an extension to calculate both copays, collect a single payment, and then distribute that copay between Resolute Professional Billing and Resolute Hospital Billing charges.

1. In Resolute Professional Billing Text, go to Master File Maintenance > Department > Enterprise POS Payment Posting Settings and verify that the Send copays and pre-payments to field is set to Professional Billing.
2. Go to Category List Maintenance in Hyperspace:
 - Search: Category List Maintenance
 - Path: Epic button > Admin > General Admin > Category List Maintenance
3. If you don't have a Professional Billing benefit grouping, open the Benefit Grouping (I PRC 1550) category list and create a category item for Professional Billing. Refer to the [Modify a Category List's Values](#) topic for more information.
4. In Category List Maintenance, create an item from an unused category report grouper item (I PRC 4505-4519) for the visit type you are collecting multiple copays for using the Add/Edit category field. In the Create a New Category section, give your new item a title and abbreviation.
5. Open a visit type for which two copays should be collected:
 - Search: Visit Type
 - Path: Epic button > Admin > Master File Edit > Visit Type
6. On the General form, enter the Professional Billing benefit grouping from step 3. If you have an existing Professional Billing grouping, verify that it appears here.

7. On the Report Groupers form, enter the Hospital Billing benefit grouping in the grouper field for the category you edited in step 4.
8. Set up your benefit package so that the Professional Billing benefit grouping is directed to a Professional Billing copay amount, and the Hospital Billing benefit grouping to a Hospital Billing copay amount. For more information, refer to the [Benefits Engine Setup and Support Guide](#).
9. Create a rule for which patients must qualify to have their copays calculated. Refer to the [Create or Edit a Rule](#) topic for more information.
 - Search: Rule Editor
 - Path: Epic button > Tools > Rule Editor Tools > Rule Editor
10. In Chronicles, access the Extension (LPP) master file and copy extension 74780-ADT Collect PB/HB Copays in One Encounter. This extension calculates the copays. Configure the parameters as follows:
 - Patient Rule: The rule you made in step 9
 - PB benefit grouping item: 1550
 - HB benefit grouping item: The item from step 4
11. To apply your copay calculation extension, go to Epic button > Admin > Registration/ADT Admin > System Definitions and open your service area profile.
12. On the ADT Copay Benefit Grouping Mapping form, enter your copy of extension 74780-ADT Collect PB/HB Copays in One from step 10 in the Deposit override programming point field.
13. The copay computation function must also be set in Professional Billing. Contact your Epic representative to set the Copay computation function (I EAF 5499) field. In November 2021 and later versions, this field is hidden in text. Reference SLG 6288870.

Determine Whether the Payment Collection Activity Opens Before or After Express Sign In, Check In, and Check Out

 Starting in November 2021

During [Express Sign In, Check In, and Check Out](#), front desk staff probably don't need to fill out much registration or appointment information, but they might still need to collect a payment for the patient's visit if your [Opportunity to Collect](#) settings indicate that the patient needs to make a payment and there isn't already a reason entered about why the payment cannot be collected. To help front desk staff remember to collect the payment, the Payment Collection activity automatically opens before the Express Sign In, Check In, or Check Out activity when a payment is needed. If instead you want to open the Payment Collection activity after the Express Sign In, Check In, or Check Out activity, you can modify settings in Cadence System Definitions or your department records.

Change When the Payment Collection Activity Opens at the System Level

1. In Hyperspace, open Cadence System Definitions (search: Cadence System Definitions).
2. Select the Workflow Definitions > Adv Activities Core form.
3. To change when the Payment Collection activity opens for Express Check In, enter a value in the Collect payment during Check-In at (I SDF 10454) field:
 - Beginning. Open Payment Collection before Express Check In. This is the default value.
 - End. Open Payment Collection after Express Check In.
4. To change when the Payment Collection activity opens for Express Sign In and Express Check Out, enter a

value in the Collect payment during SI/CO at (I SDF 10459) field:

- Beginning. Open Payment Collection before Express Sign In and Express Check Out. This is the default value.
- End. Open Payment Collection after Express Sign In and Express Check Out.

Change When the Payment Collection Activity Opens at the Department Level

1. In Hyperspace, go to Epic button > Admin > Schedule Admin > Master File Edit > Department and open a department record.
2. Select the Workflow Definitions > Adv Activities Core form.
3. To change when the Payment Collection activity opens for Express Check In, enter a value in the Collect payment during Check-In at (I DEP 1154) field:
 - Beginning. Open Payment Collection before Express Check In. This is the default value.
 - End. Open Payment Collection after Express Check In.
4. To change when the Payment Collection activity opens for Express Sign In and Express Check Out, enter a value in the Collect payment during SI/CO at (I DEP 1159) field:
 - Beginning. Open Payment Collection before Express Sign In and Express Check Out. This is the default value.
 - End. Open Payment Collection after Express Sign In and Express Check Out.

Prompt Users to Collect Copays Using Confirmation Records

 **August 2021 and Earlier**

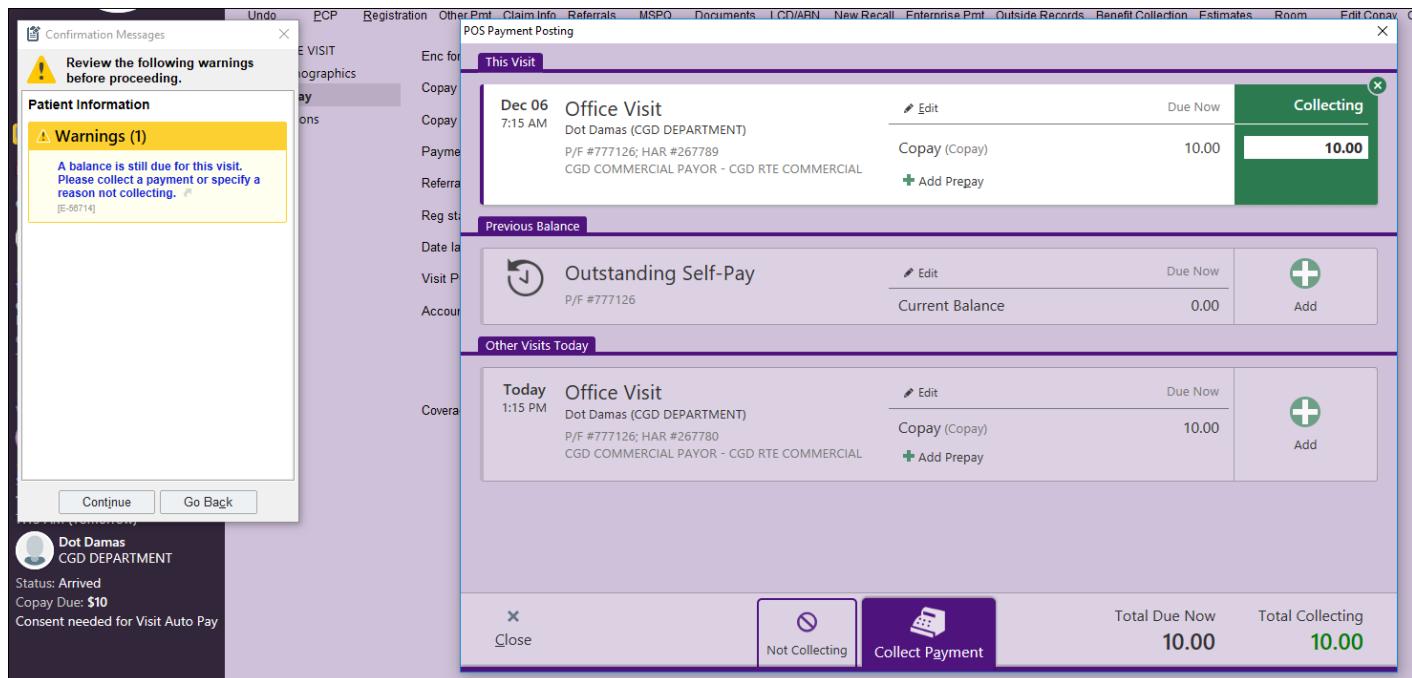
 **Starting in May 2019**

 **February 2019 by SU E8700715, C8700715-Hyperspace**

If you use a copay form other than the Enterprise Payments (ES_SN_CHKIN_PAYMENTS) form, you need to enter a confirmation record to prompt users to either collect a payment or enter a non-collection reason. Adding an automatic prompt can increase the number of copays collected at your organization and make your [opportunity to collect metrics](#) more accurate. To use a confirmation record to prompt users:

1. In Text, access Chronicles and open the Advantage Activity (HAA) master file.
2. Follow the path Enter Data > Create/Edit Adv Activity.
3. Open the advantage activity record you want to modify.
4. Check whether there is a value in the Sign In/Check In/Check Out Confirm Record (I HAA 300) field. If there is, note the record ID so you can modify that record.
5. Edit or create a new confirmation record:
 - Starting in February 2024: In Hyperspace, go to the Confirmation Editor activity and either enter the record ID you noted or create a new record.
 - November 2023 and earlier: In Prelude Text, go to the Administrator's Menu > Hyperspace Admin Menu > Confirmation (HCF) and either enter the record ID you noted or create a new record.
6. Add extension 56714-Reg HCF Check - Payment Collected for Workflow as an extension:
 - Starting in February 2024: Go to the Extensions tab and add extension 56714-Reg HCF Check - Payment Collected for Workflow as a patient extension.

- November 2023 and earlier: On the Confirmation Patient Specifications screen, enter extension 56714-Reg HCF Check - Payment Collected for Workflow in the Patient Validation Extensions (I HCF 300) field.
7. If you created a new confirmation record, follow steps 1-3 to return to the advantage activity record.
8. Enter your confirmation record in the Sign In/Check In/Check Out Confirm Record (I HAA 300) field.



Allow Schedulers to Reprint Receipts

Starting in August 2019

By default, all users who have a Cadence security class have automatic access to view and reprint receipts by clicking links in the patient sidebar, the Expand Appointment window, and in Storyboard. You can also add a Print Last Receipt right-click option or toolbar button to the Future and Past tabs of the Appointment Desk.

If you don't use the standard patient sidebar reports or if you have overrides for the HTML display that appears in the Expand Appointment window, add visit payment information and a link to view and print receipts.

Add the Print Last Receipt Option to the Future and Past Tabs of the Appointment Desk

1. In Hyperspace, open Cadence System Definitions (search: Cadence System Definitions) or go to Epic button > Admin > Schedule Admin > Master File Edit > Department and open a department record.
2. In Cadence System Definitions, select the Appointment Desk > Configuration form. In a department record, select the General > Appointment Desk form.
3. Open the report settings for the Future tab.
4. On the Criteria tab, add the Receipt option to the Appointment Right Click Actions list or the Toolbar Actions list.
5. Repeat steps 3 and 4 for the Past tab.

Add the Payment History Print Group to Your Patient Sidebar Reports

Use the Build Wizard in Hyperspace to add print group [64301-ES Sidebar Payments](#) to your custom patient sidebar reports. To get started, open the Build Wizard (search: Build Wizard) and search for feature 410073-Show Payment Information in Custom Patient Sidebar Reports and Appointment Expand Window Displays (application:

Cadence).

If you need to adjust your reports after running the Build Wizard, refer to the [Design the Patient Sidebar](#) topic.

Add the Visit Due and Payment History HTML Tables to the Expand Appointment Window

Use the Build Wizard in Hyperspace to add HTML tables 10248-EB Visit Payment History and 10249-EB Visit Due Summary to your overrides of the HTML display for the Expand Appointment window. To get started, open the Build Wizard (search: Build Wizard) and search for feature 410073-Show Payment Information in Custom Patient Sidebar Reports and Appointment Expand Window Displays (application: Cadence).

If you need to adjust your HTML displays after running the Build Wizard, refer to the [Customize the Expand Appointment Window](#) topic.

Visit Due				
Copay due:	5.00	Copay paid:	5.00	
Prepay due:	0.00	Prepay paid:	0.00	
Prepay due now:	0.00			
Comment:				

Payment History				
Date	Source	Amount	User	Additional Information
6/20/2019	Cash	5.00	JENSEN, NORA	

Enable the Medicare Secondary Payor Questionnaire

Front desk staff can use the Medicare Secondary Payor Questionnaire (MSPQ) to reliably and efficiently capture Medicare Secondary Payor data that helps the system determine the correct coverage filing orders for patients, which allows your organization to submit claims correctly.

For the entire system or for a given department, you can configure the MSPQ to appear during the sign in, check in, or check out workflows. For additional information about setting up the MSPQ, refer to the [Medicare Secondary Payor Questionnaire Setup and Support Guide](#).

1. In Hyperspace, open Cadence System Definitions or a department record.
2. Select the Workflow Definitions > Adv Activities Add'l form.
3. Select the check boxes or enter Yes for the workflows for which the MSPQ should appear. In the Foundation System, the MSPQ is enabled at the system level for sign in, check in, and check out.
 - Appt Entry (I SDF 11025 or I DEP 1125)
 - Sign In (I SDF 11026 or I DEP 1126)
 - Check In (I SDF 11027 or I DEP 1127)
 - Check Out (I SDF 11028 or I DEP 1128)

Enable Sign In

Once you have created a sign in workflow, you must perform the following tasks to enable it for your users.

- Turn it on at the system level.
- Associate the sign in advantage activity at the system level or with specific departments.
- Grant staff access to the sign in.

Considerations

The Sign In workflow is designed for areas of your organization that have a centralized greeters' station or registration area. We recommend that you use Sign In only if patients present to a different area than where they ultimately go for their appointments.

Turn On Sign In

1. In Hyperspace, open Cadence System Definitions (search: Cadence System Definitions).
2. Select the Check In/Sign In > General form. In August 2018 and earlier, select the Check In/Out form.
3. Enter Yes in the Use sign in? (I SDF 8154) field.

Specify a Sign In Workflow

You can specify the advantage activity to use for the Sign In activity at the system or department level. The department-level setting is used for appointments that are scheduled in the department.

To specify an advantage activity at the system level:

1. In Hyperspace, open Cadence System Definitions (search: Cadence System Definitions).
2. Select the Workflow Definitions > Adv Activities Core form.
3. In the Sign in (I SDF 14014) field, enter an advantage activity.

To specify an advantage activity at the department level:

1. In Hyperspace, go to Epic button > Admin > Schedule Admin > Master File Edit > Department and open a department record.
2. Select the Workflow Definitions > Adv Activities Core form.
3. In the Sign in (I DEP 1414) field, enter an advantage activity record.

Grant Users Access to Sign In

The ability to sign in patients is controlled by a user's Cadence security classification. You should limit Sign In to only those users for which it makes sense (that is, those users who work at the greeters' station or central registration area). In the Foundation System, Cadence security classification 900010-ES Sign In Only reflects a typical security configuration for a sign in user.

1. In Hyperspace, open a Cadence security classification (search: Cadence Security).
2. Select the Appointments form.
3. Enter Yes in the Sign in (I ECL 5071) field.
4. If users with this security classification should also be able to cancel sign in, enter Yes in the Cancel sign in (I ECL 5081) field.

Configure Check In

Specify a Check In Workflow

You can specify the advantage activity to use for the Check In activity at the system or department level. The department-level setting is used for appointments that are scheduled in the department.

To specify an advantage activity at the system level:

1. In Hyperspace, open Cadence System Definitions (search: Cadence System Definitions).

2. Select the Workflow Definitions > Adv Activities Core form.
3. In the Check in (I SDF 14004) field, enter a Check In advantage activity.

To specify an advantage activity at the department level:

1. In Hyperspace, go to Epic button > Admin > Schedule Admin > Master File Edit > Department and open a department record.
2. Select the Workflow Definitions > Adv Activities Core form.
3. In the Check in (I DEP 1404) field, enter a Check In advantage activity record.

Require Visit Accounts at Check In

The check in workflow provides front desk users with an opportunity to associate visit accounts with patients' appointments. You can require visit accounts to be assigned during check in by following these steps.

Considerations

The manner in which you require visit accounts during check in depends on the check-in copay form that you use.

- For check in workflows that use the AR Copay form, you can specify that visit accounts are required in the Resolute Professional Billing service area system definitions.
- For check in workflows that use the Reg, HAR w/ PB, or HAR w/ HB Copay form, you can specify that visit accounts are required in the Prelude service area system definitions.

Require Visit Accounts for Workflows Using the AR Copay Form

1. In Resolute Professional Billing Text, follow the path Administrator's Menu > Service Area Profile > Service Area Information > (enter a service area).
2. Press PAGE DOWN until you reach the screen containing Check In Options.
3. In the Account required (I EAF 5530) field, enter Yes.

Require Visit Accounts for Workflows Not Using the AR Copay Form

1. In Prelude Text, follow the path Enterprise Registration Administrator's Menu > Serv Area/Location Sys Defs Edit > (enter a service area) > General Options.
2. On the first Enterprise Registration Options screen, enter At Check-In in the Visit Account Required (I EAF 64240) field.

Prevent Check In Based on a Rule

If a user should be prevented from checking in an appointment in a certain situation, such as if the appointment is an inpatient appointment and the patient isn't admitted, you can create a rule to identify that situation and enter the rule in an extension in Cadence System Definitions. This rule then warns the user with the rule's error message why the user shouldn't complete check-in or prevents check-in entirely.

1. In Hyperspace, use the Rule Editor (search: Rule Editor) to create a Patient-context rule that identifies the situation in which check-in should be prevented. Enter an error message in the rule that explains why check-in couldn't be completed. Refer to the [Create or Edit a Rule](#) topic for more information about creating a rule.
2. In Hyperspace, open the Extension (LPP) activity and create a copy of extension 40272-ES Before Check in Rule Template.

3. Enter the rule you configured in the Rule parameter.
4. Optionally, set the Hard Stop parameter to Yes if check in should be prevented. The default value is No, which means check in is allowed, but a warning containing the error message from your rule appears in Hyperspace.
5. Access Cadence System Definitions.
6. Select the Custom Extensions/EOD > Check In/Out form.
7. Enter the extension you created in the Before check in (I SDF 20018) field.

Enable Check Out

You can specify the advantage activity to use for the Check Out activity at the system or department level. The department-level setting is used for appointments that are scheduled in the department.

To specify an advantage activity at the system level:

1. In Hyperspace, open Cadence System Definitions (search: Cadence System Definitions).
2. Select the Workflow Definitions > Adv Activities Core form.
3. In the Check out (I SDF 14005) field, enter an advantage activity.

To specify an advantage activity at the department level:

1. In Hyperspace, go to Epic button > Admin > Schedule Admin > Master File Edit > Department and open a department record.
2. Select the Workflow Definitions > Adv Activities Core form.
3. In the Check out (I DEP 1405) field, enter an advantage activity record.

Prevent Check Out Based on a Rule

If a user should be prevented from checking out an appointment in a certain situation, you can create a rule to identify that situation and enter the rule in an extension in Cadence System Definitions. This rule then warns the user with the rule's error message why the user shouldn't complete check-out or prevents check-out entirely.

Starting in February 2021, we've created a standard extension you can use to create rule-based checks to prevent check-out. In November 2020 and previous versions, you need to work with your Epic representative to create a custom extension.

1. In Hyperspace, use the Rule Editor (search: Rule Editor) to create a Patient-context rule that identifies the situation in which check-out should be prevented. Enter an error message in the rule that explains why check-out couldn't be completed. Refer to the [Create or Edit a Rule](#) topic for more information about creating a rule.
2. In Chronicles, access the Extension (LPP) master file and create a copy of extension 40447-ES Before Check out Rule Template.
3. Enter the rule you configured in the Rule parameter.
4. Optionally set the Hard Stop parameter to Yes if check-out should be prevented. The default value is No, which means check-out is allowed, but a warning containing the error message from your rule appears in Hyperspace.
5. In Hyperspace, access Cadence System Definitions (search: Cadence System Definitions).
6. Select the Custom Extensions/EOD > Check In/Out form. In August 2018 and earlier, select the

Extensions/PP > Check In/Out Ext form.

7. Enter the extension you created in the Before check out (I SDF 20019) field.

Continue to Prompt Users to Schedule Orders and Follow-Ups Before Check Out Until All Orders and Follow-Ups Are Scheduled

Starting in November 2021

Users can schedule orders and follow-up appointments for a patient during Check Out. A window appears before the Check Out activity if the patient has orders or follow-ups to schedule.

The screenshot shows a modal window titled 'Check Out – Orders and Follow-Ups'. At the top left is a circular profile picture of a patient named John Broadway, with initials 'JB'. To the right of the profile picture, the patient's name 'John Broadway' is displayed, followed by 'Male, 34 years (4/8/1987)', '1234 Broadway, MADISON WI 53703', and 'PCP: Nichole Johnston, MD'. Below this section is a heading 'Follow-Up Information'. Under 'Follow-up disposition:', it says 'Follow up in about 3 months (around 2/23/2022), or if symptoms worsen or fail to improve, for Next scheduled follow-up.' Under 'Check out comments:', it says 'Provider will contact patient within the next 31 days.' There is a checkbox labeled 'Schedule a follow-up appointment' which is unchecked. Below this is a section titled 'Orders to Schedule'. It contains a table with one row showing 'IMG CT PROCEDURES' under 'Category', 'CT abdomen w IV contrast' under 'Procedure', and 'Ancillary Performed' under 'Class'. At the bottom of the window are three buttons: 'Schedule (0)', 'Remove (0)', and 'Continue Without Scheduling'.

Starting in February 2022

You can set up the system to show the window again if the user has scheduled only some of the orders and there are more that need to be scheduled. The window continues to appear until all orders have been scheduled or the user clicks Continue Without Scheduling. After scheduling the last order associated with the appointment, Check Out opens automatically.

You can enable this behavior at the system or department level. If the items are not set at the department level, the settings in system definitions are used:

1. In Hyperspace, open Cadence System Definitions (search: Cadence System Definitions), and open a department record.
2. Select the Workflow Definitions > Adv Activities Core form.
3. In the Relaunch orders and follow-up popup? (I SDF 3910 or I DEP 3910) field, enter Yes.

Allow Users to Schedule Orders and Follow-Ups Outside of Check Out

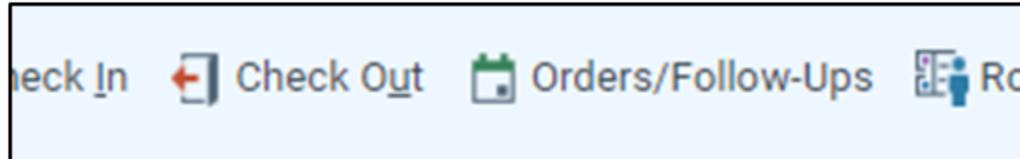
Starting in February 2022

If schedulers need to schedule orders or follow-ups from an appointment without going through the check out

workflow, you can provide several access points for the Orders and Follow-Ups activity:

- Department Appointments Report (DAR) toolbar
- Appointment Desk
- Snapboard

Starting in May 2022, the Epic-released DAR toolbar provides access to the activity in a menu next to the Check Out button:



In February 2022, it appears in a submenu under the Check Out button.

The Orders & Follow-Ups activity can also be launched from the Future and Past tabs of the Appointment Desk. To make this option available, add it to your Appointment Desk toolbar or right-click menu. See the [Design the Look and Use of the Appointment Desk Tabs](#) topic for more information on how to add this option to Appointment Desk.

To access the Orders and Follow-Ups activity from Snapboard, add it as a right-click option.

1. In Hyperspace, open Cadence System Definitions (search: Cadence System Definitions).
2. Select the Snapboard > General Form.
3. Edit the report settings for your Right-Click menu override (I SDF 10690) to include the Orders and Follow-Ups option.

Configure When the Orders and Follow-Ups Activity Appears During Check Out

Starting in November 2022

May 2022 by SU E10200667/C10200667 and E10201125

February 2022 by SU E10106715/C10106715 and E10107233

November 2021 by SU E9910675/C9910675 and SU E9911159

By default, the Orders and Follow-Ups window appears at Check Out if the appointment has any associated orders or follow-ups. You can specify when Orders and Follow-Ups appears during check out at both the department and system level. This is useful in cases where a provider does not document follow-up information in the clinical workflow, but the department still schedules a follow-up visit when the patient is checked out. You can also change the configuration to never show the window, or only show it if the associated order or follow-up information is schedulable.

To configure when the Orders and Follow-Ups window appears at check out, perform the following setup:

1. In Hyperspace, open your department or system definitions (Epic > Admin > Schedule Admin > Master File Edit > Department or Epic > Admin > Schedule Admin > Cadence System Definitions).
2. Access the Adv Activities Core form.

3. Enter one of the following options in the Launch orders and follow-up popup? (I DEP 3911 or I SDF 3911) field. If left blank, the system level setting is used. If there is no setting at the system level, the default behavior is to show the window when the appointment has any orders or follow-up information.
 - 0-Orders or follow up information exists. This option shows the window if there is any order or follow-up information associated with the appointment. This is the default behavior if the item is not set.
 - 1-Never. This option never shows the window, even if the appointment has associated orders or follow-ups.
 - 2-Always. The window always appears before check out. A simplified window appears asking if you want to schedule a follow-up if there is no associated information on the appointment.
 - 3-Schedulable orders or follow up information exists. This option shows the window if any of the associated orders or follow-ups are schedulable at the current time. This option is available starting in February 2022, and in November 2021 with special update E9912220.

Allow Front Desk Users to Print After Visit Summaries at Check Out

If your front desk or scheduling staff are responsible for printing after visit summaries (AVS) for patients, you can:

- Print a patient's AVS automatically when he is checked out of the clinic after an appointment. You can print an AVS only in certain scenarios, such as when a patient is seen in a certain department, by using rules to restrict when the AVS prints.
- Allow front desk staff to print the patient's AVS from activities such as the Department Appointments report by adding a button on the report toolbar.

Prerequisites

You need to be licensed for EpicCare Ambulatory to use these AVS features.

Also, make sure your system is configured to print after visit summary reports and that you have the appropriate AVS reports defined in your profile. Refer to the [After Visit Summary Setup and Support Guide](#) for additional information about designing and printing after visit summaries. Specifically, if you're going to set up automatic printing of the AVS at check out, you or your EpicCare Ambulatory team need to:

- Map print class 17014-MR Checkout AVS to automatically print the AVS from Cadence. Refer to the [Print the AVS from the Server](#) topic for more information.
- Add the reports you want to print automatically at check out to the Check Out screen AVS (I LPR 5020) field in your front desk staff profiles. Refer to the [Add the AVS Report to a Profile Record](#) topic for more information.

Automatically Print AVS Before or After Check Out

You can use an extension to automatically print the AVS before or after check out. You should use the after check out option if your front desk users schedule follow-up appointments at check out and you want to include these appointments on the printed AVS.

If you plan to automatically print the AVS upon check out, you can optionally restrict this printing to specific scenarios. For example, you might want to automatically print the AVS only when the patient is seen in certain departments. You can create a rule to define these scenarios.



You must map print class 17014-MR Checkout AVS to automatically print the AVS from Cadence. Refer to the [Print the AVS from the Server](#) topic for more information.

You must add the reports you want to print automatically at check out to the Check Out screen AVS (I LPR 5020) field in your front desk staff profiles. Refer to the [Add the AVS Report to a Profile Record](#) topic for more information.

Create Rules to Restrict Automatic Printing

1. In Hyperspace, follow the path Epic button > Tools > Rule Editor Tools > Rule Editor.
2. Create a rule with a context of Patient.
3. Click and drag the appropriate property or properties into the Property/Rule field, according to how you want to restrict AVS printing behavior. Then, enter an appropriate operator and value for each property. For example, to set up the example scenario mentioned above, enter the following:
 - Property/Rule: Appointment Primary Department
 - Operator: =
 - Value (or Property): <your department>
4. Click Accept.

Add Your Rule to an Extension

To use a rule to determine when to print the AVS:

1. In Chronicles, duplicate the appropriate extension.
 - Duplicate extension 42507-ES Bef Chk Out Auto Print AVS if you want to print the AVS when front desk users open the Check Out activity.
 - Duplicate extension 42508-ES After Check Out Auto Print AVS if you want to print the AVS when front desk users close the Check Out activity.
2. In your copied extension record, enter the ID of your rule record in the third parameter, CER ID.

Add Your Extension to Cadence System Definitions

1. In Hyperspace, open Cadence System Definitions (search: Cadence System Definitions).
2. Select the Custom Extensions/EOD > Check In/Out form. In August 2018 and earlier, select the Extensions/PP > Check In/Out Ext form.
3. Add the extensions to the appropriate fields based on when you want to print the AVS.
 - If you want to print the AVS when front desk users open Check Out, in the Before check out (I SDF 20019) field, enter extension 42507-ES Bef Chk Out Auto Print AVS or your copy.
 - If you want to print the AVS when front desk users close Check Out, in the After check out (I SDF 20012) field, enter extension 42508-ES After Check Out Auto Print AVS or your copy.

Allow Users to Manually Print AVS from Cadence Activities

You can allow users to print an After Visit Summary (AVS) from Cadence activities, such as the Department Appointments report or the Check Out activity.

To do this, you add the Print AVS button to the activity toolbar. This button allows users to print and preview the AVS. Users can also mark that the patient declined the AVS, if the user has Shared security point 500-Enable

Documenting Patient Refusal for AVS.

1. In Hyperspace, follow the path Epic button > Admin > Access Management > Role Editor.
2. Select the user role for users who should have access to the Print AVS button.
3. Under the Menu Information table, in the Menu to Extend field, enter the activity to which you want to add the Print AVS button.
 - To add the button to the Department Appointments report, enter ES_MT_DEP_APPTS REP.
 - To add the button to the Check In and Check Out activities, enter ES_MT_CHKINTOOLBAR.
 - To add the button to the Appointment Desk in Epic 2018 and later, enter ES_MT_WEB_APPT_DESK_TOOLBAR. In Epic 2017 and earlier, enter ES_MT_SCHEDULE.
4. In the Menu Descriptor field, enter ES_IT_PRINT_AVIS.
5. In the Override? field, enter No.

Sign In, Check In, and Check Out Setup: Bells & Whistles

Customize the Sign In, Check In, and Check Out Toolbar

You can add and remove buttons to the Sign In, Check In, and Check Out toolbar if needed.

Add Buttons

In your user role records, extend the menu ES_MT_CHECKIN_REG_NAV (starting in November 2021) or ES_MT_CHKINTOOLBAR (August 2021 and earlier). For additional information, refer to the [Add a Button or Menu to an Existing Menu or Toolbar](#) topic.

Remove Buttons

Starting in November 2021 for a navigator-based advantage activity:

1. In Hyperspace, open the advantage activity record (search: Advantage Activity).
2. Select the Check In/Check Out/Sign In form.
3. In the Menus to Remove from Toolbar (I HAA 160) field, enter the menu items for the buttons you want to remove.

In August 2021 and earlier for a menu-based advantage activity:

1. In Chronicles, access the Advantage Activity (HAA) master file.
2. Select Enter Data > Create/Edit Adv Activity and open your advantage activity record.
3. Go to the Tree Nodes screen.
4. In the Remove Menu Options (I HAA 160) field, enter the menu items for the buttons you want to remove.

Configure the Orders and Follow-Ups Display

Starting in August 2024

The Other Orders table in the Orders and Follow-Ups window can show orders that are not currently schedulable at the time of check out. You can further configure the report used by the Other Orders table to exclude certain procedures, medications, and charges.

If you do not currently have a report set in the Orders and Follow-Ups Other Orders (I SDF 4003) field, the next time a patient is checked out and the Orders and Follow-Ups window appears, a report is automatically generated to fill that field. By default, the generated report filters out medications and charges from the Other Orders table.

Configure a Report for the Other Orders Table

To determine the content that appears in the Other Orders table in the Orders and Follow-Ups window during check out, you can change the report at the department or Cadence System Definitions level.

To create a report:

1. In Hyperspace, open the Report Builder (search: Report Builder).
2. Select template 26-ES CHECK OUT ORDERS NODE TEMPLATE.
3. On the Criteria tab, set the exclusion settings:
 - a. If you want to exclude medications from the Other Orders report, check the Exclude medications (I SDF 4003) checkbox.

HRX 50010) box.

- b. If you want to exclude charges from the Other Orders report, check the Exclude charges (I HRX 50011) box.
 - c. If you want to exclude certain procedure categories from the report, list the procedure categories in the Excluded procedure categories (I HRX 50012) item. Any orders placed for procedure (EAP) records in these categories are not displayed in the report.
4. You can configure the columns that appear in the report on the Display tab.

Configure the System Override for the Other Orders Table

To configure the Other Orders table at the system level:

1. Open Cadence System Definitions (search: Cadence System Definitions).
2. Go to the Reports > Plug-Ins screen.
3. In the Orders and Follow Ups Popup Other Orders (I SDF 4003) item, enter the name of the report you created above, or select an existing report.

The user may still see these other orders in the Check Out navigator, depending on what report is set in the Check Out Other Orders (I SDF 4001) item.

Configure a Department Override for the Other Orders Table

To configure the Other Orders table at the department level:

1. In Hyperspace, open the department you want to edit (search: Department).
2. Go to the Reports > Plug-Ins screen.
3. In the Orders and Follow Ups Popup Other Orders (I DEP 3952) item, enter the name of the report you created above, or select an existing report. If left blank, the system setting (I SDF 4003) is used to determine which report to use.

Filter the Orders & Follow-Ups Tables Using a Programming Point

Both the Other Orders and Schedulable Orders reports in the Orders and Follow-Ups window can be configured to filter orders based on a rule. To configure this filter, start by creating an extension:

1. Create or reuse an Order context rule that returns false for orders you wish to filter out from the table.
2. In Hyperspace, open an extension or create a new one (search: Extension).
3. In the Extension type (I LPP 30) item, enter 52020-Report Setting Report Specific Filter.
4. In the Code to Execute (I LPP 100) item, enter \$\$Filter^S2LPP3(<"rule id">,"1",ordId,99999), replacing <"rule id"> with your rule ID.
5. In the Report Types (I LPP 310) item, enter 26-ES Check Out Orders Node.

Once you've created your extension, add it to the reports you created above:

1. Open the Report Builder (search: Report Builder) and select template 26-ES CHECK OUT ORDERS NODE TEMPLATE.
2. Select the report you want to edit from the Available Reports in the sidebar on the left.
3. Go to the General tab. Enter the extension you created above in the additional Filters (I HRX 52021) item.

Use a Rule to Hide the Advantage Activity for Sign In,

Check In, and Check Out

When you don't have front desk staff available to sign in, check in, and check out appointments, you might give clinicians access to complete these workflows in Cadence. To simplify the workflow for clinicians, you can choose to use rules to hide the advantage activities so that only a confirmation message appears after they click Sign In, Check In, or Check Out. For example, you might create a rule that identifies telehealth appointments and enter the rule in the Suppression Rule (I HAA 407) field in your check in advantage activity if clinicians are checking in telehealth appointments at your organization.

Create a Rule

In Hyperspace, create a Patient context rule to identify appointments that the Sign In, Check In, or Check Out activity should not appear for. Refer to the [Create or Edit a Rule](#) topic for additional information.

Add the Rule to Your Advantage Activity

1. In Hyperspace, open the advantage activity record (search: Advantage Activity).
2. Select the Check In/Check Out/Sign In form.
3. Enter your rule in the Rule to Suppress Workflow Launch (I HAA 407) field.

Use Text Messages with Hello Patient to Reduce Contact During Patient Arrival

You can limit contact between your front desk staff and patients as they arrive for their appointments by sending them text messages. To send text messages to patients, you need to work with a third-party SMS vendor, or, starting in February 2023, you can use the Hello World SMS gateway, which is license keys C and E for Hello World. We recommend implementing text messages with Hello Patient if your organization needs a low-contact or no-contact way to sign in or check in appointments for patients who don't use MyChart and can't use [Hello Patient or patient-initiated appointment arrival](#).

The text message is sent to the patient or their proxy. In November 2022 and earlier (without SU E10303172), front desk staff can use visit contacts to specify additional recipients.

When the patient responds, the system uses your auto-arrival build for Hello Patient to sign in or check in the appointment and send back further instructions for the patient to follow before they enter the building.

Text Message
Today 12:42 PM

Glacier Edge Clinic: Samara, reply HERE when you arrive for your appointment on 3/13/2022 at 2:30 PM at 103 S Main St Verona, WI 53593.
Reply STOP to opt out.

HERE

Glacier Edge Clinic: Samara, you're now checked in.

Sample text message exchange using released content from Hello World

Ensure That Auto-Arrival Is Turned On

Appointments are signed in or checked in according to your auto-arrival settings in Cadence System Definitions and in your department records. Auto-arrival for sign in is on by default at the system level starting in Epic 2018, so you likely already have these settings in place unless you decided to turn off Hello Patient. If you need to turn on these settings or if you want to verify that you already have them configured, refer to the following topics:

- [Make Sure Patients Can Use Hello Patient](#)
- [Determine When Arrival Through Hello Patient Is Allowed](#)
- [Set Up Patient-Initiated Appointment Arrival](#)

How It Works

Refer to the sections below for an overview of how each piece of this feature works.

Text Messaging

To send and receive text messages, you need to do one of the following:

- Set up the Hello World SMS gateway, which is available starting in February 2023. Refer to the [Hello World Setup and Support Guide](#) for additional information.
- Work with a third-party vendor. Refer to the [Set Up Outgoing and Incoming Text Messaging with a Third-Party Vendor](#) topic for additional information.

Visit Contacts

Starting in February 2023 and in November 2022 with special update E10303172, the system automatically sends patient arrival text messages to the patient or their proxies if the patient has selected the text message delivery method for the Appointment Information preference in the Communication Preferences activity (communication concept 28524-Appointment Information). Starting in February 2024, this functionality is grouped into 28502-Day-of Appointment Reminders Preference (called Cadence Quick Reminders Preference in May 2024 and earlier

versions).

In November 2022 and earlier, the system sends patient arrival text messages to the people who are set up as visit contacts for the appointment and who have chosen to receive text messages. Visit contacts are specific to a given appointment and do not carry over to subsequent appointments for the patient. Schedulers can add visit contacts to an appointment after they schedule it if they have the Visit Contacts button on the Registration toolbar or the Department Appointments report toolbar. They might already have the Visit Contacts button if you've added it for other workflows, such as [event-triggered messaging](#).

If there are no visit contacts for an appointment when it is time to send the first text message, the system copies the contact information for who should receive quick reminders for the patient from the Communication Preferences activity (communication concept 28502-Day-of Appointment Reminders Preference, called Cadence Quick Reminders in May 2024 and earlier versions) to the visit contacts for the appointment and sends messages to those contacts.

Determine Timing for Self Arrival Reminders and Quick Reminders

Starting in February 2024, the following concepts, along with Cadence Quick Reminders, are controlled by concept 28502-Day-of Appointment Reminders Preference (called Cadence Quick Reminders Preference in May 2024 and earlier versions):

- 28580-Self Arrival Reminders
- 32019-eCheck-In Manual Reminder
- 28529-ED Self Registration
- 28584-Non-Proxy ED Self-Registration

Patients must be opted in to the Day-of Appointment Reminders Communication Preference (called Cadence Quick Reminders in May 2024 and earlier versions) to receive ticklers for those concepts. The timing for Quick Reminders is determined by the Amount of time before appointments to send reminder (I OYO 5000).

The timing for concept 28580-Self Arrival Reminders is determined by the Hello Patient Window Start Offset (I DEP 3730) field in the department settings or (I SDF 3730) field in Cadence System Definitions. By default this is set to 30 minutes. Refer to the [Allow Patients to Indicate That They've Arrived in Hello Patient Earlier or Later](#) topic for additional information.

In November 2022 and earlier, the system uses your Cadence quick reminder build to send the first text message with arrival instructions before the patient's appointment. To receive quick reminders, patients need to have a mobile phone number on file and be opted in to receive quick reminders by text in the Communication Preferences activity. If you're not using quick reminders, you need to set them up as described in the [Quick Reminders and Updates](#) topic to use this feature. We also recommend that you change the default offset time for quick reminders to one hour so that text messages are sent close to the patient's appointment time. Refer to the [Change the Default Offset Time for Quick Reminders](#) topic for additional information.

Hello Patient Auto-Arrival

The system uses [Hello Patient](#) settings to determine how the patient is instructed to respond to the initial message and what happens after they do. After the patient responds, the appointment is signed in or checked in according to your auto-arrival settings in Cadence System Definitions and in your department records. Auto-arrival for sign in is on by default, so you likely already have these settings in place unless you decided to turn off Hello Patient.

Next, the system sends back further instructions to the patient, which might include telling the patient that someone will call them when it's time for them to enter the building and giving them a phone number to call if

they have questions.

- If you're using Hello World's SMS gateway, there is Epic-released content that you can use as-is or customize for your text messages at the facility, service area, location, or department level.
- If you're working with a third-party vendor, you need to create records with the content for these messages and work with your MyChart analyst to specify them in Patient Access System Definitions or your department records. In August 2023 and later, you can use communication templates for the content of your messages. In May 2023 and earlier versions, you need to create SmartText records for the message content.

Set Up Text Messaging with Hello World's SMS Gateway

Starting in February 2023

If you're using Hello World's SMS gateway you can use two-way Hello World templates and allow patients to arrive themselves for appointments. Refer to the [Hello World Setup and Support Guide](#) for additional information.

Enable and Approve Content for Text Messages Sent Through Hello World's SMS Gateway

Starting in February 2023

There are several communication templates that you need to configure for Hello Patient. The primary communication template is 60024-Appointment Arrival - 2-Way. Behind the scenes, there are additional communication templates that are used to send messages back to the patient based on how they reply.

- 60031-Appointment Arrival - Signed In
- 60033-Appointment Arrival - Checked In
- 60035-Appointment Arrival - Arrival Error
- 60036-Appointment Arrival - Signed In and eCheck-in Required

Review the released content with stakeholders at your organization and determine whether any changes are needed. Whether you use the content as released or need to make changes to it, you need to create an override of communication template 60024, which automatically creates overrides for all of the reply communication templates. The override templates are what the system uses to send messages. You can set them at different levels of your facility structure. We recommend creating overrides only for the facility level if possible. However, you can also create overrides at the service area, location, or department level. In the override record for communication template 60024, you can customize the content for the initial message and the replies if needed and then enable it for use and mark it as approved.

You need to have Hello World security as described in the [Give Hello World Security in Hyperspace](#) topic to work with communication templates. If you don't have this security, work with your Hello World team to complete these steps.

1. Ensure that Hello World's SMS gateway has been set up for your organization to send text messages to patients.
2. Review released communication template 60024-Appointment Arrival - 2-Way with stakeholders at your organization to determine whether you can use the sample content. In Hyperspace, open the base template (search: Communication Template). On the SMS Content form, you can see the initial message that is sent to patients, and you can click buttons to simulate a response from a patient.
3. Click Create New Override and create an override of communication template 60024 at the facility, service area, location, or department level. We recommend creating overrides only at the facility level if possible. You need to complete this step even if you're not planning to edit the released content. Refer to the [Create](#)

[Message Content for Two-Way Messages](#) topic for additional information about working with communication templates.

4. If you want to edit the released content, select the SMS Content form and click Edit to make your changes. To edit the released content for the replies to the patient, click the response buttons and then click Edit.
5. To enable the communication template, go to the General Settings form and select the Is Enabled? (I HST 85000) checkbox.
6. When you're ready to use the content, work with your Hello World team to approve the communication templates as described in the [Approve Message Content](#) topic so you can move them to your production environment with Data Courier.

Set Up Outgoing and Incoming Text Messaging with a Third-Party Vendor

If you're using a third-party SMS vendor, you have different options based on which version you use.

- Starting in August 2023, you can create the content for these SMS messages using one-way communication templates created in the Hello World content management framework and add them to your Patient Access System Definitions to be sent through a third party as two-way SMS messages for arrival.
- In May 2023 and earlier versions, you must use SmartTexts to set up two-way SMS messages sent through a third party for arrival workflows. You need to use the same vendor for sending and receiving text messages.

The text message includes instructions for the patient to reply with "Arrived" when they get to the clinic. If you're working with a third-party vendor that can only receive numeric responses from patients, you can exclude the "Arrived" instruction and work with your vendor to send a different instruction. When the patient responds, the system uses your auto-arrival build for Hello Patient to sign in or check in the appointment and send back further instructions for the patient to follow before they enter the building. The system sends only one quick reminder message about appointment arrival to a patient per center, per day. For example, if a patient has multiple appointments in the same center on the same day, they'll get a text message for only the first appointment.

To receive text messages, you and your vendor must implement the [ReceiveSMSResponse web service](#) through Vendor Services. For information about getting started with third-party vendors, refer to the [Third-Party Implementation Strategy Handbook](#).

If you're working with a third-party vendor that can support receiving the "Arrived" response from patients, set up the system to add the following sentence to the end of your quick reminder: When you are here for the appointment, reply 'Arrived'. The add-on sentence cannot be customized and has been translated in the system for the languages listed below. The system can accept the corresponding translations of "Arrived" to trigger the text message your organization sends back:

- Danish: Ankommet
- Dutch: Gearriveerd
- German: Eingetroffen
- Finnish: Saapunut
- French: Arrivé or Arrivée
- Norwegian: Ankommet
- Spanish: Llegado or Llegada

- Swedish: Anlänt

If your third-party vendor can receive only numeric responses from patients, do not set up the system to append the "Arrived" instruction. Instead, work with them to send a different instruction. For example, they might want patients to respond with "1" when they arrive.

You might already have the required build in place for sending text messages if you send text messages for other features in Epic, such as Cadence quick reminders or appointment notifications. For instructions refer to the [Text Messaging Setup and Support Guide](#). Starting in August 2023, if you set up content for text messages using communication templates instead of SmartTexts, you can skip the sections of the guide that describe setting up SmartText records.

Create Communication Templates for Text Messages Sent Through a Third-Party Vendor

Starting in August 2023

Create custom communication templates from communication workflow 60023-Appointment Arrival and work with your Hello World team to get your communication templates approved. There aren't Epic-released base communication templates for arrivals, so refer to the [Create Base Communication Templates](#) topic for information about creating your custom base communication templates. Each base communication template requires at least one override. Refer to the [Create Override Communication Templates](#) topic to create override templates, then work with your Hello World team to approve your communication templates as described in the [Approve Message Content](#) topic.

Specify the override communication templates you created for patient arrival in Patient Access System Definitions:

1. From the MyChart System Manager Menu, select Scheduling Configuration.
2. Access the Arrival Settings screen.
3. In the Initial SMS Instructions (SMS) (I WDF 13404) field, enter a communication template to send the initial text to the patient during a Hello Patient arrival workflow.
4. Add rows to the table to specify which communication template records are used for certain scenarios to send text messages back to the patient after they respond "Arrived" to the initial message:
 - Arrival Status (I WDF 13400). Enter the arrival status that you want to specify text message instructions for:
 - Signed-In (Default). The appointment was signed in.
 - Signed-In & eCheck-in Required. The appointment was signed in and the patient needs to complete eCheck-in.
 - Checked-In. The appointment was checked in.
 - Cannot Arrive. The appointment cannot be signed in or checked in because of its status.
 - Arrival Error. There was an error signing in or checking in because the appointment is locked.
 - Outside Arrival Window. The appointment cannot be signed in or checked in because it's too early or too late.
 - SMS Instr. Communication Template (I WDF 13403). Enter the communication template record that contains the text message content you want to send back for the selected arrival status.

When a communication template is specified in the SMS Instr. Communication Template field described above, that communication template is used for arrival messages, and any SmartText records in either the Instr. SmartText - SMS (I DEP 52402) field or the SMS Instr. SmartText (I WDF 13402) field are no longer used for arrival messages.

Create SmartText Content for Text Messages Sent Through a Third-Party Vendor

May 2023 and Earlier

Create SmartText records with functional type 931-Patient External Notification to specify the content sent to a patient after they respond with "Arrived." You can create SmartText records for the scenarios listed below. Refer to the [Create and Edit a SmartText](#) topic for detailed instructions about creating the SmartText records you need.



When you have content specified for quick reminders as described in the [Quick Reminders and Updates](#) topic and also have Hello Patient SMS enabled as described in [this](#) topic, the following logic is used to determine whether a patient receives the quick reminder content or the Hello Patient SMS content ahead of their appointment:

- If Hello Patient SMS is enabled for the appointment department or at the facility level, and if patient-initiated appointment arrival is allowed for the appointment department or at the facility level, the patient receives Hello Patient SMS content as their quick reminder. Refer to the [Set Up Patient-Initiated Appointment Arrival](#) topic for additional information about the necessary patient-initiated appointment arrival items.
- If Hello Patient SMS is not enabled or if patient-initiated appointment arrival isn't allowed, the patient receives quick reminder content as their quick reminder.

To specify SmartText content at the system level:

1. From the MyChart System Manager Menu, select Scheduling Configuration.
2. Access the Arrival Settings screen.
3. Add rows to the table to specify which SmartText records are used for certain scenarios to send text messages back to the patient after they respond "Arrived" to the initial message:
 - Arrival Status (I WDF 13400). Enter the arrival status that you want to specify text message instructions for:
 - Signed-In (Default). The appointment was signed in.
 - Signed-In & eCheck-in Required. The appointment was signed in and the patient needs to complete eCheck-in.
 - Checked-In. The appointment was checked in.
 - Cannot Arrive. The appointment cannot be signed in or checked in because of its status.
 - Arrival Error. There was an error signing in or checking in because the appointment is locked.
 - Outside Arrival Window. The appointment cannot be signed in or checked in because it's too early or too late.
 - SMS Instr. SmartText (I WDF 13402). Enter the SmartText record that contains the text message content you want to send back for the selected arrival status.

To specify SmartText content for a department:

1. From the MyChart System Manager Menu, select Master File Entry > Department and open a department

record.

2. Access the Arrival Settings screen.
3. Add rows to the table to specify which SmartText records are used for certain scenarios to send text messages back to the patient after they respond to the initial quick reminder message:
 - Arrival Status (I DEP 52400). Enter the arrival status that you want to specify text message instructions for:
 - Signed-In (Default). The appointment was signed in.
 - Signed-In & eCheck-in Required. The appointment was signed in and the patient needs to complete eCheck-in.
 - Checked-In. The appointment was checked in.
 - Cannot Arrive. The appointment cannot be signed in or checked in because of its status.
 - Arrival Error. There was an error signing in or checking in because the appointment is locked.
 - Outside Arrival Window. The appointment cannot be signed in or checked in because it's too early or too late.
 - Instr. SmartText - SMS (I DEP 52402). Enter the SmartText record that contains the text message content you want to send back for the selected arrival status.

Turn On Hello Patient for Text Messaging

Turning on Hello Patient for Third Parties or for November 2023 and Earlier

If you do not use Hello World for text messaging and instead use a third party, or you are on a version November 2023 or earlier, you need to turn on the feature in Patient Access System Definitions or your department records to text patients.

To turn on Hello Patient at the system level:

1. From the MyChart System Manager Menu, select Scheduling Configuration.
2. Access the Arrival Settings screen.
3. In the Turn on Third Party SMS Arrivals (I WDF 13410) field (called Turn on SMS Hello Patient? in November 2023 and earlier), enter one of the following values:
 - On - Append Text. This option turns on the feature and allows the system to add the following sentence to your messages: When you are here for the appointment, reply 'Arrived'. Choose this option only if you're using a third-party vendor that can support patients replying with "Arrived" or one of the translations listed above.
 - On - Do Not Append. This option turns on the feature without the system adding any text to your messages. Choose this option if you're using Hello World as your SMS gateway or if your third-party vendor cannot support patients replying with "Arrived" or one of the translations listed above.

To turn on Hello Patient for a department:

1. From the MyChart System Manager Menu, select Master File Entry > Department and open a department record.
2. Access the Arrival Settings screen.
3. In the Turn on Third Party SMS Arrivals? (I DEP 53850) field (called Turn on SMS Hello Patient? in November 2023 and earlier) enter one of the following values:

- On - Append Text. This option turns on the feature and allows the system to add the following sentence to your quick reminder text messages: When you are here for the appointment, reply 'Arrived'. Choose this option only if you're using a third-party vendor that can support patients replying with "Arrived" or one of the translations listed above.
- On - Do Not Append. This option turns on the feature without the system adding any text to your quick reminder text messages. Choose this option if you're using Hello World as your SMS gateway or if your third-party vendor cannot support patients replying with "Arrived" or one of the translations listed above.

Set Up Quick Reminders

November 2022 and Earlier

The system uses your Cadence quick reminder build to send the first text message with arrival instructions before the patient's appointment. If you're not using quick reminders, you need to set them up as described in the [Quick Reminders and Updates](#) topic to use this feature. We also recommend that you change the default offset time for quick reminders to 1 hour so that text messages are sent close to the patient's appointment time. Refer to the [Change the Default Offset Time for Quick Reminders](#) topic for additional information.

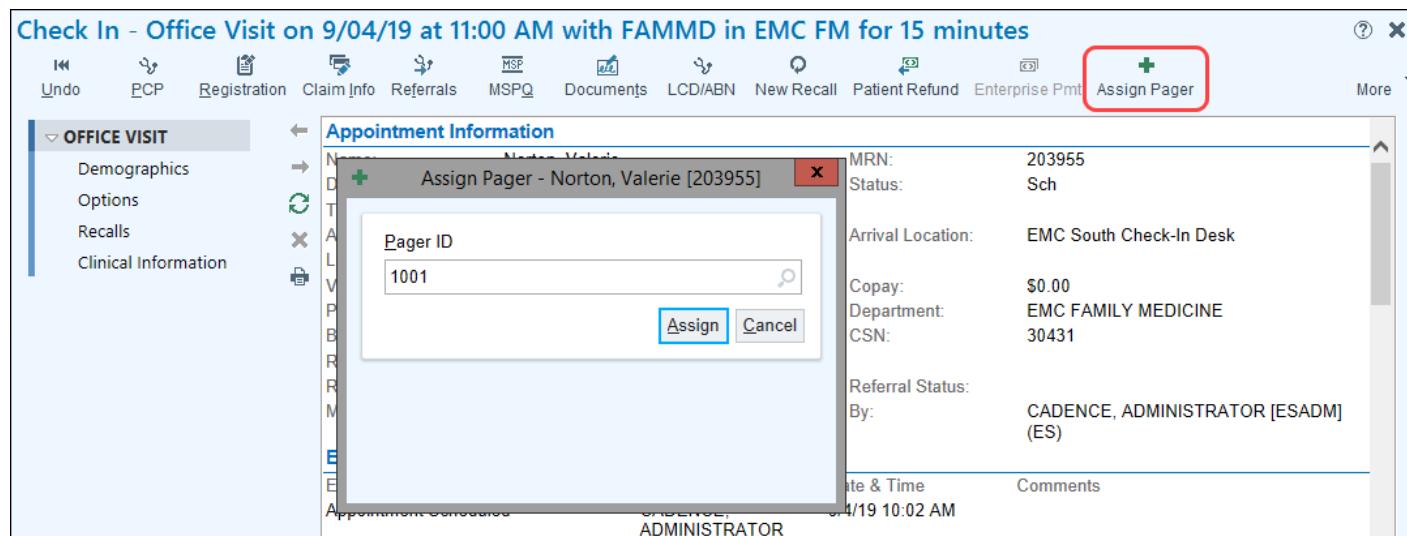
The system sends only one quick reminder message about appointment arrival to a patient per center, per day. For example, if a patient has multiple appointments in the same center on the same day, they'll get a text message for only the first appointment.

Page Patients Who Can Be Seen for Their Appointments

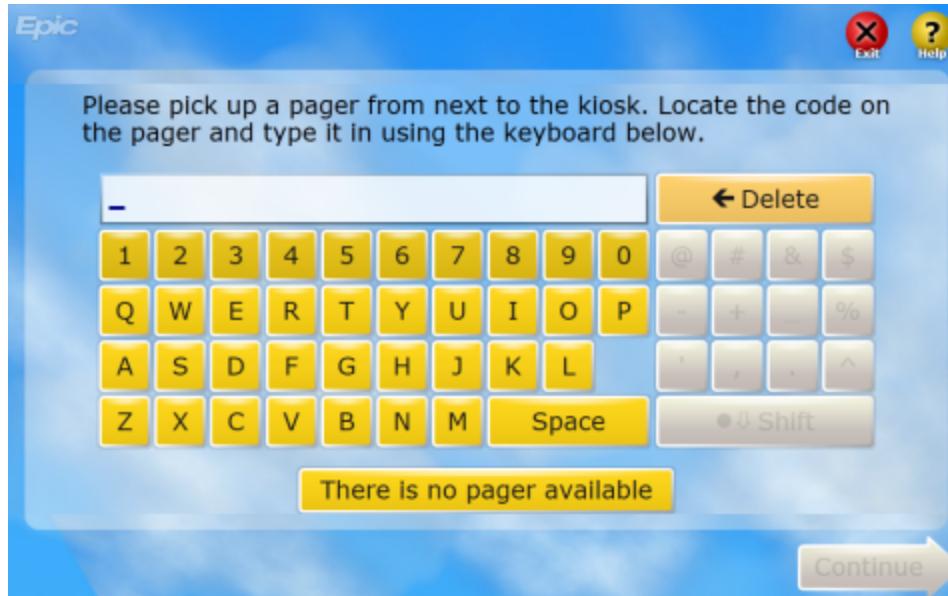
Patient paging incorporates the notification of waiting patients into your standard check-in or arrival workflows. Pagers can contribute to increased patient satisfaction. Patients know that the pager will alert them, so they can use the bathroom or wander through the waiting room. Pagers also provide privacy, because staff don't need to call patient names out loud. Pagers eliminate the need for nurses to track down patients in the waiting room, giving clinical staff more time to spend on patient care.

A patient can receive a pager at the front desk or using Welcome. For example:

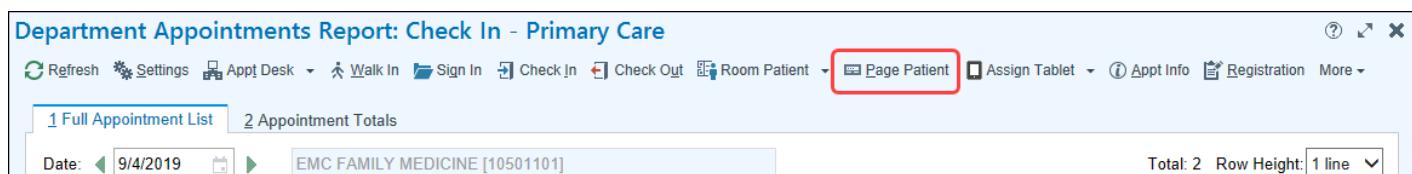
- As the front desk user checks in the patient, they assign a pager record in the system that corresponds to the pager they'll give to the patient. They finish their check in tasks and hand the pager to the patient. The patient takes the pager and goes to the waiting room.



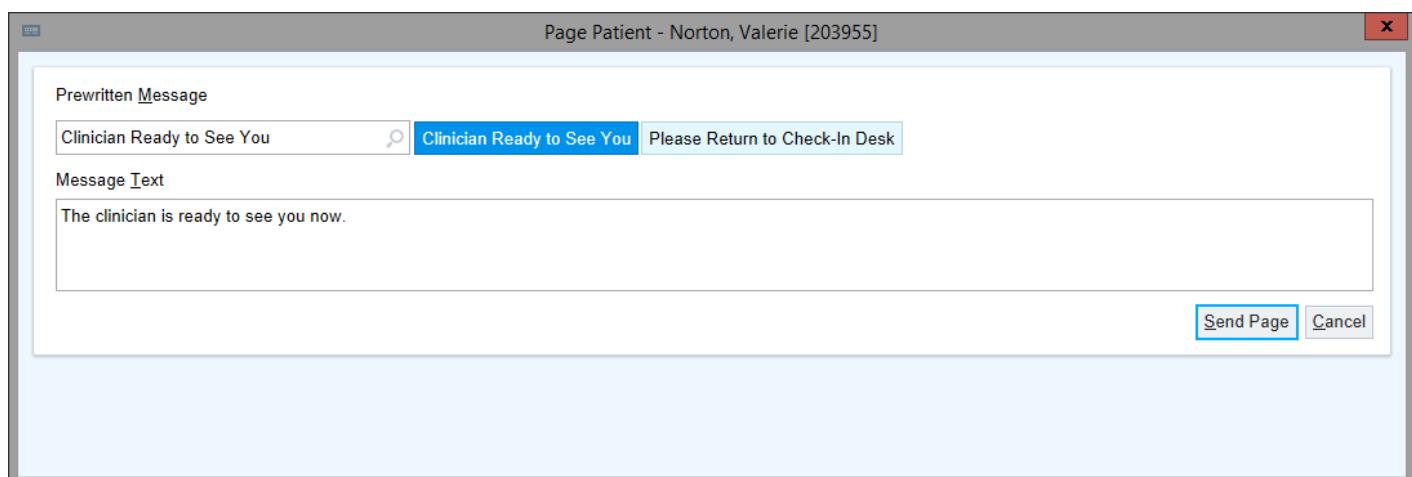
- As the patient checks in at a kiosk, they assign themselves a pager from a screen that appears before check in is complete. The patient either types the pager ID or uses a barcode scanner to enter pager information. If no pagers remain at the kiosk when the patient checks in, they click a button labeled "There is no pager available." The patient finishes checking in and follows the instructions on the kiosk screen to go to the front desk for a pager. The front desk user enters a pager ID and hands the pager to the patient. The patient finishes checking in, takes the pager, and goes to the waiting room.



When the clinician is ready, your front desk or clinical staff can page the patient. The staff member clicks the Page Patient button on the Department Appointments report or the Arrival List. They select the text of the message to send the patient, such as "Please come to the check-in desk. We are ready to see you now." The system sends the text as an e-mail to the pager. The patient receives the page and follows the instructions in the text. The nurse or front desk staff collects the pager from the patient, leaves the pager in a designated spot to be used for the next patient, and continues with the patient's appointment.



You can create the text of the pages to give patients specific instructions, such as "Please return to the front desk to complete more registration information." Staff members can also type a free-text message.



Unlike library books, pagers can't be manually checked in. This can make the pager difficult to track down if staff forget to collect it. We recommend that you train your staff to always collect the pagers and return them to a designated location.

Starting in August 2020: Every four hours, a scheduled task runs to automatically unassign any pagers that have been assigned to patients for longer than eight hours. This number of hours can be changed from Cadence System Definitions. For example, if you frequently schedule overnight appointments, a different time interval might make more sense.

For areas that use check out, pagers are unassigned from patient records immediately after check out if the patient has no more appointments scheduled for the day.

Prerequisites

This feature is designed for pagers that are capable of receiving and displaying e-mail as a text page. You should select and purchase pagers that are capable of receiving text pages.

A Simple Mail Transfer Protocol (SMTP) server must be set up to receive and send the e-mails from your pagers. If your organization uses pagers to page clinicians, you have likely completed this already.

If you also use Welcome, we recommend that you use barcode scanners with the pagers because it minimizes manual data entry and errors. If you plan to use scanners at the Welcome kiosk where these pagers are assigned, be sure to barcode the ID on the pager.

Considerations

There are several decisions you need to make before setting up this feature.

- Determine the departments in which you'll use paging and the locations in which to use it. Paging at the check in desk is most common. You also might want to set up patient paging for the emergency department, lab, or operating room.
- Determine how many pagers you'll need to purchase. Think about the number of patients who are typically waiting in your chosen departments.
- Determine an ID numbering convention for the pagers. You might want to include a prefix that identifies the department.
- Determine if you will use a barcode scanner to identify the pagers as they are assigned in Welcome. Purchasing scanners increases cost but reduces the data entry and time needed to track pagers.
- Determine a physical location to which users will return the pagers. Cadence doesn't check in and check out the pagers like library books, so you'll need to train users to always collect the pager from the patient and return it to a designated spot.
- Determine the time offset for automatic pager unassignment if you want it to be something other than the default value of eight hours.
- Determine who will page patients. Front desk users might page patients from the Department Appointments report, and nurses might page patients from the Arrival List.
- Determine the most common messages needed for paging patients and build these in the system. For example, you might build a message such as "Please come to the check in desk. We are ready to see you now."
- Establish guidelines for which messages users should send in certain situations.

Add Pagers to the System

1. In Hyperspace, open Cadence System Definitions.
2. Select the Communications > Paging form. In August 2018 and earlier, select the Patient Paging form.
3. In the Assign text pagers to patients? (I SDF 1600) field, enter Yes.
4. In the first table, enter an ID for a particular pager (I SDF 1601) and the email address associated with this pager (I SDF 1602). Do this for all your pagers.
5. In the second table, create a prewritten message for your end users to choose when paging patients. Starting in November 2019, the first three messages that you list are used as quick buttons in the Page Patient window.
 - In the Message Title (I SDF 1603) field, enter the title of the message. This is the text that end users see when choosing a message to send.
 - In the Message Text (I SDF 1604) field, enter the text of the message. This is the text that the patient sees on the pager.
6. In the Outgoing page email address (I SDF 1605) field, enter the email address that is associated with outgoing pages from the system.
7. In the Subject line for patient pages (I SDF 1606) field, enter the subject line for the emails that are sent to the pagers from the system.

Disable Paging for Certain Departments

You can turn the text paging feature off for certain departments. To do this, open your department record in Hyperspace and on the General > Settings form, in the Assign text pagers to patients? (I DEP 1690) field, enter No.

Enable Front Desk Users to Identify Assigned Pagers on Reports

You can add report column 1505-Patient Pager to the Department Appointments report or the Arrival List so users can quickly see that a waiting room pager is assigned to each patient.

1. In Hyperspace, open the Report Settings for the Department Appointments report or the Arrival List and select a saved report.
2. On the Display tab, add column 1505-Patient Pager to the report.
3. Save the report settings.

Configure the Number of Hours Before Pager Unassignment

 Starting in August 2020

A scheduled task runs every four hours to automatically unassign pagers that have been assigned to patients for longer than eight hours. If a length of time other than eight hours would make more sense for your organization, you can change this value in Cadence System Definitions.

For areas that use check out, pagers are unassigned from patient records immediately after check out if the patient has no more appointments scheduled for the day. This behavior cannot be turned off.

To change the number of hours that pass before pagers are unassigned:

1. In Hyperspace, open Cadence System Definitions.
2. Select the Communications>Paging form.
3. In the Time offset for unassignment (I SDF 1607) field, enter your chosen number of hours. The scheduled task unassigns any pagers that have been assigned to patient records for longer than this number of hours. Enter 0 to turn off the scheduled task that automatically unassigns pagers. Pagers are still unassigned after check out if the patient doesn't have any more appointments scheduled for the day.

Page Clinicians When a Patient Checks In for an Appointment

Pagers help clinicians optimize their time in-office because they can work on other duties and be notified when they're needed. After a patient checks in, the system sends a page in the form of an email to the clinician's pager. Paging is especially useful for clinicians who have rounds or move between departments during the day.

To set up paging, you can create a rule if you do not want to trigger a page for every checked in appointment. You also need to specify either a free text subject or create a SmartText for the subject of your page email as well as create a SmartText for the body of your page email. Then, set up an after check in extension to add to Cadence System Definitions for the system to evaluate whenever schedulers check in appointments.

Prerequisites

This feature is designed for pagers that are capable of receiving and showing email as a text page, so select and purchase pagers that are capable of receiving text pages.

A Simple Mail Transfer Protocol (SMTP) server must be set up to receive and send the emails from your pagers.

The system sends the page to the pager number of the appointment provider, first using the Pager Number (I SER 1220) item in the provider's record, then using the Pager ID (I EMP 20220) field in the provider's user record. Make sure you have a pager number in email format entered in one of these fields for providers you intend to page.

Considerations

There are several decisions you need to make before setting up this feature:

- Determine the departments and clinicians for which you'll use paging. Paging at the check-in desk is most common.
- Determine how many pagers you need to purchase. Think about the number of clinicians who need to use the pagers.
- Determine an ID numbering convention for the pagers. You might want to include a prefix that identifies the department.
- Determine the text of the email needed for paging clinicians. For example, you might want a message such as "Patient X has checked in and is in the waiting room."

Create a Rule to Determine When Pages Are Sent

When you set up clinician paging, the system sends pages for all checked in appointments by default. If you want to limit when pages are sent, you can create a Patient context rule to identify appointments for which a page should be sent. For example, you might want to send pages only to certain clinicians who have asked to receive pages or for appointments in certain departments. Refer to the [Create or Edit a Rule](#) topic for more information about creating rules.

In the example below, a rule is set up to send a page when the primary provider for an appointment is Dr. Rachel Garza.

EMC Page Provider 716286

Describe what this rule is meant to do.

Evaluation logic: And Or Custom:

Show Parameter Values

#	Property/Rule	Operator	Value (or Property)	X
1	Patient »	=	GARZA, RACHEL [5671]	
	Appointment Primary Provider			

Create SmartTexts to Send to Pagers

By default, emails are sent with the subject "(Patient Name) Arrived." You need to specify body text for the email using a SmartText record that includes the text and SmartLinks you want to appear for clinicians. If you want to customize the subject using SmartText (you could alternately specify free text in the extension you'll create in the next task), create another SmartText record for the subject. Use SmartText instead of free text for the subject when you want to include dynamic information about the appointment, such as the patient's name or appointment department.

1. In Hyperspace, open the SmartText Editor:
 - Search: SmartText
 - Path: Epic button > Tools > SmartTool Editors > SmartText
2. Create a SmartText record with the functional type 5-MR Letter or 3000-Cadence Letter Template for the body. You can use SmartLinks to automatically fill in information such as the patient's name or the appointment time.
3. If you want to customize the subject using SmartText, create another SmartText record that contains the text and SmartLinks you want to appear in the subject.

The screenshot shows the ES Letter Template Editor interface. It consists of two main sections: 'TDW PAGE PROVIDER SUBJECT [19850]' at the top and 'TDW PAGE PROVIDER BODY [19851]' below it.

TDW PAGE PROVIDER SUBJECT [19850]:

- Name: TDW PAGE PROVIDER SUBJECT
- Buttons: General, Restrictions, Used By, Synonyms, Languages & Overrides.
- Toolbar icons: Star, Bold, Magnifying glass, ABC, User, Question mark, Plus, Insert SmartText, and a clipboard icon.
- Text area: '@PATIENTNAME@ is here'.

TDW PAGE PROVIDER BODY [19851]:

- Name: TDW PAGE PROVIDER BODY
- Buttons: General, Restrictions, Used By, Synonyms, Languages & Overrides.
- Toolbar icons: Star, Bold, Magnifying glass, ABC, User, Question mark, Plus, Insert SmartText, and a clipboard icon.
- Text area: 'Appointment at @APPTTIMEWITHTIMEZONE@'.

Create an After Check In Extension and Add It to Cadence System Definitions

You must create an after check in extension that sends the email to the clinician's pager after check-in:

1. In Chronicles, access the Extension (LPP) master file and duplicate an extension:
 - Starting in Epic 2018, duplicate extension 42515-ES Aft Chk In Email (Template).
 - In Epic 2017 and earlier versions, duplicate any after check in extension, such as extension 42503-ES Aft Chk In WQ Eval.
2. If you copied an extension other than 42515, clear the Code Template field and enter the following in the Code field: sendEMK^SXLOOPER3C(ptId,ptDat,etxID,cerID,fmEmail,toEmail,sbjETX,emlInfo)
3. Set the parameters for your extension as follows:
 - INI ID (ptID). Do not modify this parameter.
 - INI DAT (ptDat). Do not modify this parameter.
 - Email Body (etxID). Enter the ID number of the SmartText you built for the body of your email/page.
 - Filter Rule (cerID). Enter the ID number of a Patient context rule to evaluate if you want to limit paging to certain clinicians and situations. If you want every check in to trigger a page, leave this parameter blank ("").
 - From Email Address (fmEmail). Enter the email address that pages should come from. Leave this parameter blank ("") to use the email address (I EMP 150) specified for the user entered in the Appointment notification sending user (I SDF 8185) field on Communications > Appt Notification form in Cadence System Definitions.
 - To Email Address (toEmail). Leave this parameter blank to send the email to the appointment provider's pager.
 - Subject (sbjETX). Enter free text or the ID number of the SmartText you built for the body of your email/page. Leave this parameter blank to use the default subject line of "<Patient Name> Arrived."

- Email to Pager Service (emlInfo). If the pager numbers specified in your provider or user records do not include the at (@) symbol and domain name of your organization's email addresses, enter the domain name here to convert the pager number into an email address. You enter it as follows: "@<domain name>.<extension>," such as "@epic.com."
4. In Hyperspace, open Cadence System Definitions (search: Cadence System Definitions).
 5. Select the Custom Extensions/EOD > Check In/Out form. In August 2018 and earlier, select the Extensions/PP > Check In/Out Ext form.
 6. Enter your extension in the After check in (I SDF 20016) field.

Allow Clinicians to Arrive Appointments from the Patient's Chart

When you don't have front desk staff available to check in patients for their appointments, you can allow clinicians to change the appointment status from Scheduled to Arrived.

Starting in February 2025, we recommend that you set up a rule to check the patient in when a clinician clicks Check In and Start the Visit in the Pre-Charting workspace.

In November 2024 and earlier versions, you can use an OurPractice Advisory to allow clinicians to check in the patient. The advisory appears when the clinician opens the encounter for an appointment that has a status of Scheduled. After the patient has joined the visit, the clinician clicks Accept in the advisory and the appointment status is changed to Arrived. We also recommend that you create close visit validation checks to remind the clinician to check in the appointment or remind them to remove pending charges if they did not interact with the patient. To set up the OurPractice Advisory, you need to create an extension that changes the appointment status and work with your decision support team to create the advisory. The steps for creating the advisory differ based on your version. You also need to create close visit validation extensions and add them to clinician profiles.

When clinicians cannot reach the patient for an appointment, consider canceling the appointment so that the patient is not charged for a no-show. We have not built this in the Foundation System, but some organizations might choose to do this. You can add the Cancel button to the Schedule activity toolbar so that clinicians can cancel appointments, or you can configure Cadence End of Day processing to automatically cancel the appointments.

Considerations

Clinicians must have the Cadence security point Check in (I ECL 5067) set to Yes to check in appointments from a patients chart.

Epic recommends using this workflow only when both of the following are true:

- No copay is required for the appointments clinicians are checking in.
- You have registration staff who are using workqueues to collect missing registration information either before or after the appointments.

If a patient preauthorizes a payment method during eCheck-in, the system attempts to charge that payment method for any copay associated with the appointment checked in by the clinician. This ability to charge a copay means that you can use this check-in option with appointments for which copay is required.

If a verbal consent is needed you can add the Consents section to the navigator. Refer to the [Collect E-Signatures for Consent Forms](#) topic for additional information.

Create a Patient Context Rule to Change the Appointment Status after Pre-Charting

⌚ Starting in February 2025

1. In Hyperspace, create a patient context rule (search: Rule Editor).
2. Add properties so that the rule returns true when a clinician is responsible for checking in the patient. For example, add the Appointment Visit Type property, select the Equal To operator, and then enter the visit types for which you want to change the appointment status to Arrived when the clinician clicks Check In and Start the Visit.
3. In Clinical Administration, select Management Options > Profiles (LPR) and open the profile record that you want to modify.
4. Select Encounter, Episode.
5. Go to the Pre-Charting screen.
6. Add your patient context rule to the Rule to enable check-in with Start the Visit (I LPR 24817) field.
7. Configure the following parameters if needed:
 - a. Skip pre-check in LPPs. Enter Yes if you want to skip pre-check in extensions. The default value is No. For additional information about before check-in extensions, refer to the [Prevent Check In Based on a Rule](#) topic.
 - b. Auto assign visit account at check-in. Enter Yes to automatically assign a hospital account to the encounter during the arrival process if one is not already assigned. Note that this does not assign a visit coverage unless you set the default account routine to a routine that would also assign a visit coverage. The default value is No.

Create an OurPractice Advisory Action Extension to Change the Appointment Status

⌚ November 2024 and Earlier

1. In Hyperspace, create an extension (search: Extension).
2. Give your extension a descriptive and user-friendly name.
3. In the Type field, enter 168-OurPractice Advisory Action.
4. In the Code template field, enter 421008-ES Check In Patient Appointment.
5. Configure the following parameters if needed:
 - Skip Pre-Check In LPPs. Optional. Enter Yes if you want do not want to run your before check-in extensions when clinicians check in appointments using this extension. The default value is No. For additional information about before check-in extensions, refer to the [Prevent Check In Based on a Rule](#) topic.
 - Exclusion Rule. Optional. Enter a Patient context rule that identifies appointments that do not need to be checked in. By default, all appointments that qualify for the OurPractice Advisory are checked in. We recommend using a Patient OurPractice Advisory rule in your OurPractice Advisory to identify appointments rather than specifying a Patient rule here.
 - Auto Assign Visit Account. Optional. Enter Yes to automatically assign a hospital account to the encounter during the arrival process if one is not already assigned. Note that this will not assign a visit coverage, unless you set the default account routine to a routine that would also assign a visit coverage. This parameter applies only under the following conditions:
 - The Automatically select visit account? (I SDF 10440) field is set to Yes in Cadence System Definitions (search: Cadence System Definitions > Check In/Out form).

- The Auto Assign Visit Account (I DEP 21212) field is set to Yes or left blank in the department record (Prelude Text > Administrator's Menu > Master Files > Department/Unit Entry > Visit Account Related Settings screen).
- If the Auto Assign Visit Account field is blank in the department record, the Auto Assign Visit Account (I EAF 64100) field must be set to Yes or left blank in Service Area System Definitions (Prelude Text > Administrator's Menu > Service Area System Defs Edit > General Options > Enterprise Registration Options screen).

The screenshot shows a 'BestPractice Advisories' interface with a yellow header bar. The bar contains the title 'BestPractice Advisories' and a refresh icon. Below the bar, a message box displays 'Important (1)' and a message: '⚠ Check In needed! Click Accept when the patient joins.' with a 'Accept (1)' button. The main content area is titled 'Extension - ES Check In Patient Appointment [222076]' and includes fields for Name, Type, Code, Comments, and Code template. A 'Parameters' table lists various configuration options like Patient ID, Patient Contact, Audit Source, etc. At the bottom are buttons for Open, Accept & Stay, Accept, and Cancel.

Important (1)

⚠ Check In needed! Click Accept when the patient joins. Accept (1)

Extension - ES Check In Patient Appointment [222076]

Audit Trail

Name: ES Check In Patient Appointment

Type: BPA Action [168]

Code: \$\$\$BasicCheckIn\$SUCHKIN(PatId,PatDat,"2","","",.%errorMsg,"")

Comments:

Extension records of the type 168-BPA Action are triggered when a user triggers a BPA.
This extension record attempts to check in the patient appointment after doing some basic checks and record locking.

Code template: ES CHECK IN PATIENT APPOINTMENT [421008]

Parameters:

Name	Value
Patient ID	PatId
Patient Contact	PatDat
Audit Source	2
Skip Pre-Check In LPPs	
Exclusion Rule	
Error Message	.%errorMsg
Auto Assign Visit Account	

Open Accept & Stay Accept Cancel

Create an OurPractice Advisory for Clinicians to Change the Appointment Status

⌚ November 2024 and Earlier

1. In Hyperspace, open the OurPractice Advisory editor (search: OurPractice Advisory).
2. Create a record with a record type of Criteria.
3. Click Add Criteria Type and select Rule.

4. Create a Patient OurPractice Advisory context rule.
5. Add the Appointment Visit Type property and enter the visit types that you want to show the OurPractice Advisory for.
6. Add the Appointment Status property and enter Scheduled so that the OurPractice Advisory appears for appointments that have not been checked in.
7. Click Accept and go back to your OurPractice Advisory.
8. Enter your new rule in the Rule field.
9. Select the Released check box and click Save.
10. Create another record with a record type of Base.
11. Click Criteria and enter the criteria record you created.
12. Click Triggers and enter General navigator section in the Trigger field.
13. If you want the advisory to appear in a separate window when a clinician opens the patient's chart, also enter Open Patient Encounter (November 2023 and earlier: Open Patient Chart) in the Trigger field.
14. Click Add Action Type and select Extensions.
15. Enter your OurPractice Advisory Action extension in the Extension field.
16. Click Display and enter the following text or something similar in the Unformatted Display Text field: Check In needed! Click Accept when the patient joins.
17. In the Importance Level field, enter Important.
18. Select the Released check box and click Save. The summary of your base record should look similar to this:

Record Summary for BestPractice Advisory: ES CHECK IN [2589]			
General Information			
Contact released?: Yes	Contact date: 4/15/20	Contact: 1	Type: Base
Display			
Importance level:	Important [3]	Display text:	Check In needed! Click Accept when the patient joins.
Criteria			
1. ENOUNTERS FOR SIMPLE CHECK IN [2588]			
Triggers			
Potential triggering actions:	<ul style="list-style-type: none"> General BPA section 		
Extensions			
Extension	Frequency		
ES Check In Patient Appointment [102079]	Manually Once		

Create a Close Visit Validation Check for Appointments That Haven't Been Checked In

🕒 November 2024 and Earlier

1. In Hyperspace, create a Patient context rule (search: Rule Editor).
2. Add the Appointment Visit Type property, select the Equal To operator, and enter the visit types that you want to show the validation check for.
3. Add the Appointment Status property, select the Equal To operator, and enter Scheduled so that the validation check appears for appointments that have not been checked in.

4. In Chronicles, access the Extension (LPP) master file.
5. Go to Enter Data > Duplicate Extension and create a copy of extension 34373-Rule Based Close Visit Validation.
6. In Hyperspace, open your copy of extension 34373 (search: Extension).
7. Configure the following parameters as follows:
 - Patient Rule. Enter the Patient context rule you created.
 - Display Message. Enter the following text or something similar: Patient not checked in. Click Accept if the patient arrived.
 - Jump Mnemonic. Enter OURPRACTICE.

Create a Close Visit Validation Check for Appointments That Have Pending Charges

⌚ November 2024 and Earlier

1. In Hyperspace, create a Universal Charge Line context rule (search: Rule Editor).
2. Add the Status property, select the Equal To operator, and enter Pending so that the validation check appears for appointments that have pending charges.
3. In the Error message field, enter the following text or something similar: Check in the patient or remove the pending charges.
4. In Chronicles, access the Extension (LPP) master file.
5. Go to Enter Data > Duplicate Extension and create a copy of extension 12730-MR Close Encounter UCL Rule Evaluation.
6. In Hyperspace, open your copy of extension 12730 (search: Extension).
7. Configure the parameters as follows:
 - UCL Rule. Enter the Universal Charge Line rule you created.
 - Hyperlink Mnemonic. Enter CHG_CAP.
 - Hide Duplicate Errors? Enter Yes.

Add the Close Visit Validation Checks to Clinician Profiles

⌚ November 2024 and Earlier

1. In Clinical Administration, select Management Options > Profiles (LPR) and open the profile record that you want to modify.
2. Select Encounter, Episode.
3. Go to the Close Encounter Requirements screen.
4. Add two rows to the table as shown below.

Encounter Type (I LPR 820)	Close Validation Ext (I LPR 825)	Close (I LPR 823)
Telephone Visit	Your copy of extension 34373	Yes
Telephone Visit	Your copy of extension 12730	No

Optional: Add the Cancel Button to the Schedule Activity Toolbar

⌚ November 2024 and Earlier

You can allow clinicians to cancel appointments when they cannot reach the patient by adding the Cancel button to the Schedule activity toolbar. This is an optional step. Clinicians can leave the appointments at a status of

Scheduled and you can configure Cadence End of Day processing to automatically cancel the appointments, as described in the next section.

1. In Hyperspace, open the user role that you want to modify (search: Role Editor).
2. Add a new row to the Menu Information table:
 - Menu to Extend. Enter MR_MT_MULTI_PROV_SCHEDULE.
 - Menu Descriptor. Enter ES_IT_CANCEL_APPT.
 - Override? Enter No.

Optional: Configure Cadence End of Day Processing to Cancel Appointments That Were Not Checked In

November 2024 and Earlier

So that patients are not charged for a no-show when clinicians cannot reach them, you can configure Cadence End of Day processed to change the appointment status from Scheduled to Canceled.

1. In Chronicles, access the Extension (LPP) master file.
2. Go to Enter Data > Duplicate Extension and create a copy of extension 42131-ES EOD Appt Status Override (Template).
3. In Hyperspace, edit your copy of extension 42131 (search: Extension).
4. Set the parameters as follows:
 - Current Appt Status. Enter Scheduled.
 - Rule Record. Enter the Patient context rule you created for the close visit validation extension that checks whether an appointment was checked in.
 - New Appointment Status. Enter Canceled.
5. Open Cadence System Definitions.
6. Select the Custom Extensions/EOD > Appointment Status form.
7. In the EOD appt status override extension (I SDF 8459) field, add your copy of extension 42131.
8. Look for Foundation System extension 1174213101-ES EOD Appt Status Override – Scheduled to Complete If Charges in the EOD appt status override extension field and remove it if it is there.

Let Clinicians Check In Patients



We expect this task to take an analyst a few days to complete. The build complexity is moderate.

You can configure clinician-based check-ins for areas with no registration support staff such as a retail clinic. This abbreviated workflow automatically creates a personal family guarantor account for patients and shows all relevant registration information in linked forms on the Interactive Face Sheet. This new clinician check-in workflow means fewer clicks to reach the clinical screens for patient care and also allows clinicians to confirm billing and registration information at a glance.

To create this new workflow, you need to customize the Interactive Face Sheet, create a new form to store this custom face sheet, and add a new extension that automatically creates the guarantor for the user. Below are the steps to complete this process and the records you can use as a model in the Foundation System Hosted environment.

Create a New Interactive Face Sheet Display Configuration

Create a new Interactive Face Sheet display configuration. A display configuration is a record that determines which HTML display appears in a given location (for example, registration header) and at a given level (for example, West Service Area). In the Foundation System, the new display configuration is 100118-Retail IFS/Checklist Appointment Information.

To do this, modify the HTML display configuration 40000-Reg:I IFS/Checklist: Registration at the department level.

1. In Hyperspace, open the HTML Display Configuration activity.
 - Search: HTML Display Configuration
 - Path: Epic button > Admin > General Admin > HTML Display Configuration
2. Enter HTML display configuration 40000-Reg:I IFS/Checklist: Registration. In the Level field, enter Department. In the Department field, enter the department where you want to use this new face sheet.
3. Click Accept.
4. In the HTML Tables column, enter the following Interface (GDI) records:
 - 2048020001-REG IFS/Checklist Patient Demographics
 - 80204-REG IFS/Checklist Patient Contacts
 - 80203-REG IFS/Checklist Patient Subtype Verification
 - 80203-REG IFS/Checklist Patient Verification
 - 80201-REG IFS/Checklist Section Divider
 - 80214-REG IFS/Checklist Guarantor and Coverage Header
 - 2048020201-REG IFS/Checklist Guarantor and Its Coverages Section
 - 80201-REG IFS/Checklist Section Divider
 - 100118-RETAIL IFS/Checklist Appointment Information
 - 80205-REG IFS/Checklist Documents
 - 80212-REG IFS/Checklist Encounter Verification

Create a Form to Collect Visit and Patient Information

Create a form based on Foundation System form 90819463-Retail Clinic Encounter Info. To add the appropriate subcomponents to the form, complete the following steps:

1. Open the Form Editor.
 - Search: Form Editor
 - Path: Epic button > Admin > Registration/ADT Admin > Form Editor
2. Click Create a new record. Enter a display name for your form. In the Select the form you would like to copy from field, enter 90819463-Retail Clinic Encounter Info and click Accept.
3. In the Form name field, enter a unique title for your form. Click Accept.
4. Verify that your form has the following subcomponents:

Name	Height	Min Height
Visit Info	375	375
Prelude Patient Additional Items	850	450
Prelude Patient Visit Acct/Cvg/Claim	3225	3225

Note that if you need to move the form to another environment, the form key is stored in the Key category list (I HFL 210) and the form is stored in the Node Name category list (I HFL 240).

Create an Extension to Launch the Face Sheet

You also need an extension to launch the new form. In the Foundation System, this is extension 100128-Retail Clinic IFS Encounter Info Form Popup Link.

1. In Hyperspace, open the Extension activity.
 - Search: Extension
 - Path: Epic button > Admin > Master File Edit > Extension
2. Create a new extension. Configure your extension to match the image below. Make sure your code reads `$$popupGenForm^PSIFSLPP2("XXX","EPT","Visit Info","","0","")`, where XXX is the ID of the form you created in the Create a Form to Collect Visit and Patient Information section.

The screenshot shows the configuration of extension 100128. The 'Name' field contains 'Retail Clinic IFS Encounter Info Form Popup Link'. The 'Type' field is set to 'Html Table Info [10000]'. The 'Code' field contains the code `$$popupGenForm^PSIFSLPP2("90819463","EPT","Visit Info","","0","")`. The 'Comments' section includes two paragraphs: 'Extension records of the type 10000 - HTML Table Info are triggered when a user opens an HTML display.' and 'This extension provides a link to launch a subcomponentized form with the'. The 'Code template' field is set to 'REG IFS GENERIC FORM POPUP LINK [310137]'. The 'Parameters' section lists several fields: SC FORM ID (value: 'Retail Clinic Encounter Info'), INI (value: 'EPT'), LABEL (value: 'Visit Info'), CAPTION, USE PULL INFO? (checkbox checked, value: 'No'), and Truncation Length. At the bottom, there is an 'Open' button and 'Edit' and 'Close' buttons.

3. Click Close.

Create a New Workflow In Which Your New Face Sheet Appears

To ensure that clinicians don't see anything other than your customized Face Sheet, create a new workflow and add it to your retail clinic department and any other departments where you want to use clinician check in. Restricting the workflow to specific departments ensures that only the appropriate areas have the custom Face Sheet. In the Foundation System, we created workflow 2040000020-Retail Clinic Registration.

First, create your workflow.

1. Open the Workflow Editor:

- Search: Workflow Editor
 - Path: Epic button > Admin > Registration/ADT Admin > Workflow Editor
2. Select Create a new record.
 3. Enter a name and ID for your workflow. Model your workflow on Foundation System workflow 2040000020-Retail Clinic Registration.

Then, add the workflow to department definitions for your retail clinic and any other departments you plan to use the workflow in.

1. Open the department record:
 - Search: Department
 - Path: Epic button > Admin > Schedule Admin > Master File Edit > Department.
2. Go to the Workflow Definitions > Registration form.
3. In the Override Workflow field, enter your workflow record.

Create Confirmation Records

Create confirmation (HCF) records to show clinicians errors and warnings for data not filled out in check in and check in cancellation. Include rules specific to data elements your clinician should be responsible for entering before providing care for the patient.

In the Foundation System, the action confirmation record for check in is 2040000020-Retail Clinic Registration.

For information on creating a confirmation record, refer to the [Customize Confirmation Records to Suit Your Organization](#) topic.

Build New Advantage Activities to Update the Encounter Provider

Build new advantage activities to automatically update the encounter provider to be the clinician who checks in the visit. In this workflow, the patient is still scheduled with a generic provider, but that the ambulatory encounter provider is updated to be the clinician who checked in the patient. The new advantage activities allow you to track which clinician sees which patient, even when your clinic uses a generic schedule.

1. Create a confirmation record to use in your advantage activity. Copy confirmation record 11710002902-ES Retail Clinic Checkout from the Foundation System.
2. Open a confirmation record:
 - Starting February 2024: In Hyperspace, open the Confirmation Editor activity, by searching for Confirmation Editor.
 - November 2023 and earlier: Open the Confirmation (HCF) master file by going to ADT Text > Master File Maintenance > Confirmation Records (HCF).
3. Create a new confirmation record based off of 11710002902-ES Retail Clinic Checkout:
 - Starting February 2024: Click Create a New Record. Enter a name for the record and enter 11710002902-ES Retail Clinic Checkout in the Copy From field.
 - November 2023 and earlier: Enter a unique ID for the confirmation record you are creating:
 - i. Enter a name for the record. Press Enter. When you see a prompt asking if you want to copy from an existing confirmation record, verify that Yes appears and press Enter.
 - ii. At the Confirmation Record to copy prompt, enter 11710002902-ES Retail Clinic Checkout.
4. In Chronicles, create a copy of your AR Copay_Confirm Record advantage activity. In the Foundation

System, this is advantage activity 100029-ES_AR_Copay_Confirm Record.

5. In the Sign In/Check In/Check Out Confirm Record field, add the confirmation record you created in step 1.
6. On the Tree Nodes screen, in the Node field, update the nodes to be appropriate for clinicians. In the Foundation System, this advantage activity includes the following nodes:
 - ES_SN_CHKIN_DEMOG
 - ES_SN_CHKIN_ARCOPAY
 - ES_SN_CHKIN_ORDERS
 - ES_SN_CHKIN_OPTIONS
7. In Hyperspace, open the department record for your retail department:
 - Search: Department
 - Path: Epic button > Admin > Schedule Admin > Master File Edit > Department
8. Go to Workflow Definitions > Adv Activities Core. In August 2018 and earlier, go to Advantage Activities > Adv Activities 1.
9. In the Check out (I DEP 1405) field, enter your new advantage activity.

Enable Automatic Guarantor Creation

Create a new extension, rule, and action, then add them to your service area to enable guarantor accounts to be created automatically during the clinician check in workflow.

Create an Extension for Automatic Guarantor Creation

Create a new extension. In the Foundation System, this is extension 100154-Reg Retail Clinic Auto Create Guarantor of type HAL [90] using code template 310310.

1. In Hyperspace, open the Extension activity.
 - Search: Extension
 - Path: Epic button > Admin > Master File Edit > Extension
2. Enter a name for your extension and click Create.
3. In the Type field, enter 90-HAL Action List.
4. In the Code template field, enter code template 310310.
5. Confirm that your extension matches the following image and click Accept.

Extension - REG Retail Clinic Auto Create Guarantor [100154]

Audit Trail

Name:	REG Retail Clinic Auto Create Guarantor														
Type:	HAL Action List [90]														
Code:	d autoEAR^PSREGOPEN(epID,epDAT,sa,"1","1","0")														
Comments:	Extension records of type 90-HAL Action List are triggered when the corresponding action list is triggered. This extension can be used with rules-based Prelude Reg Open functionality														
Code template:	REG OPEN AUTO GUARANTOR [310310]														
Parameters:	<table border="1"> <tr> <th>Name</th> <th>Value</th> </tr> <tr> <td>Patient ID</td> <td>epID</td> </tr> <tr> <td>Patient DAT</td> <td>epIDAT</td> </tr> <tr> <td>Service Area</td> <td>sa</td> </tr> <tr> <td>Account Type</td> <td>Personal/Family</td> </tr> <tr> <td>Auto-Assign?</td> <td>Yes</td> </tr> <tr> <td>Auto-Deactivate?</td> <td>No</td> </tr> </table>	Name	Value	Patient ID	epID	Patient DAT	epIDAT	Service Area	sa	Account Type	Personal/Family	Auto-Assign?	Yes	Auto-Deactivate?	No
Name	Value														
Patient ID	epID														
Patient DAT	epIDAT														
Service Area	sa														
Account Type	Personal/Family														
Auto-Assign?	Yes														
Auto-Deactivate?	No														

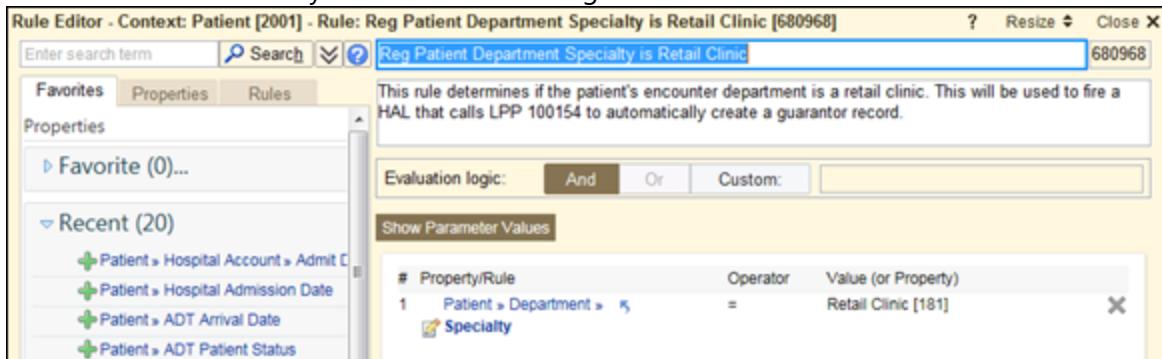
Action Buttons

Open Accept & Stay Accept Cancel

Create a Rule

Create a rule with a context of patient that identifies departments or areas you'd like to automatically create a guarantor account when a clinician checks in a patient. In the Foundation System, this is rule 680968-Reg Patient Department Specialty is Retail Clinic.

1. In Hyperspace, open the Rule Editor and create a rule.
 - Search: Rule Editor
 - Path: Epic button > Tools > Rule Editor Tools > Rule Editor
2. In the Evaluation Logic field, select And.
3. Add property 1503-Specialty.
 - a. In the Operator field for the property, enter Equal to (=).
 - b. In the Value field, enter Retail Clinic, or any other department you chose to use this workflow in.
4. Fill out the Rule summary as shown in this image:



5. In the Error message field, enter "The patient's encounter department specialty is XXX," and replace XXX with the department you are using the workflow in.

Create an Action

Create an action (HAL) of type Auto Eligibility Actions that is used by Registration. In the Foundation System, this

action is 20410015401-Reg Autocreate Guarantor.

1. In Chronicles, open the Action List (HAL) master file and go to Enter Data > Create/Edit Action List.
2. Enter a name for your Action List. At the Would you like to create a new Action List? prompt, enter Yes.
3. On the Action List Entry screen, in the Type of action field, enter Auto Eligibility Actions.
4. On the Action List Entry screen, in the Used by Products field, enter Registration.
5. In the Actions field, enter the extension you created in the [Create an Extension for Automatic Guarantor Creation](#) task.

ADMINISTRATOR CADENCE EMC FAMILY MEDICINE	EHS SERVICE AREA Action Lists	Date: 8/29/2018 Time: 3:22 PM
Action List Entry		
Name: REG AUTOCREATE GUARANTOR		ID: 20410015401
Used by Products: 1. Registration	Actions: 1. 100154-REG Retail Clinic Auto Create *	

Add the Rule and Action to Your Service Area

Add the rule (CER) and the action (HAL) you created to your service area.

1. In Prelude Text, open your facility record.
2. Go to the RTE Auto-Trigger upon Reg Open Rules screen.
3. In the Auto-Verification Rule (I EAF 60598) column, enter the rule you created in the [Create a Rule](#) task.
4. In the Actions to Perform (I EAF 60599) column, enter the action you created in the [Create an Action](#) task.

ADMINISTRATOR CADENCE EMC FAMILY MEDICINE	EHS SERVICE AREA	Date: 8/29/2018
RTE Auto-Trigger upon Reg Open Rules		
<u>Auto-Verification Rule</u>	<u>Actions to Perform</u>	
1. 105703-RTE AUTO QUERY FOR ED AN*	20410000014-REG ELIG AUTO QUERY	
2. 680968-Reg Patient Department S*	20410015401-REG AUTOCREATE GUARANT*	
3. 681734-REG Patient has HRA	2045651001-REG TRIGGER HRA BALANCE*	

Create a One-Click Appointment

Clinicians can use a one-click appointment to quickly create an encounter for a patient. Use Foundation System one-click 38-Retail Clinic Walk In as a model.

1. Open the Search Algorithms activity.
 - Search: Search Algorithms
 - Path: Epic button > Admin > Schedule Admin > Master File Edit > Search Algorithms
2. Select Create and enter a name for your one-click search.
3. In the Departments field, enter the departments where you are using the clinician check in workflow.
4. In the Visit Type field, enter Office Visit.
5. In the Display Options section, select the following check boxes:

- Special instructions
 - General provider messages
 - Visit type instructions
6. Go to the Search Definition tab and configure it to match the following image:

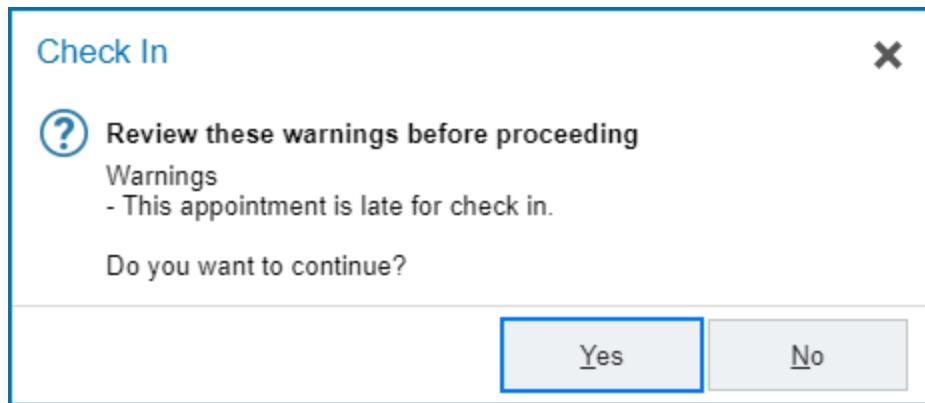
#	Type	Selection	Start (t+?)	End (t+?)
1	Provider	RETAIL CLINIC SCHEDULE in EMC RETAIL CLINIC	0	0

7. On the Additional Info tab, enter Active in the Status field.

8. Click Accept.

Notify Staff About Late Check Ins

If your organization has policies regarding patients who check in late for appointments, you can configure a warning message to appear when front desk staff check in late appointments to ensure they follow your late check in policies.



To set up this functionality, you specify an extension in Cadence System Definitions. The extension checks to see whether the check in time is later than the appointment start time and if it is, a warning appears. The warning does not prevent front desk staff from continuing to check in the appointment, but it notifies them that the appointment is late and allows them to take the necessary action.

1. In Chronicles, access the Extension (LPP) master file.
2. Select Enter Data > Create/Edit Extension and create a new extension.
3. In the Type field, enter 10829-ES Before Check In.
4. In the Code Template field, enter 421015-ES Before Check In Late Check In.
5. Configure the optional parameters as needed:
 - Message: Enter a message to appear in the warning. This is a good place to put instructions for staff to follow when checking in a late appointment. If this parameter is left blank, the following

message is used: This appointment is late for check in.

- Leeway (Minutes): Enter the number of minutes the appointment is late before the warning appears. If this parameter is left blank, 0 is used.
 - Check arrived/completed appointment: Enter 1 if you want the warning to appear when the appointment is already checked in and staff check it in a second time. If you enter 0 or leave this parameter blank, the warning does not appear in this situation.
 - Leeway department Overrides: These parameters work together to configure a different leeway time for certain departments.
 - In Departments, enter a caret-delimited string of department IDs for which to specify a different leeway time.
 - In Integer, enter the number of minutes the appointment is late before the warning appears for the listed departments.
 - Departments the warnings apply to: Enter which departments the warnings apply to. Enter 0 for all departments, 1 for only the departments listed in the Department override parameter, or 2 for all departments except the departments listed without an override. If this parameter is left blank, 0 is used.
 - Check all appointment departments: Enter 0 to check only the first department for the appointment or 1 to check all departments. If this parameter is left blank, 0 is used.
6. In Hyperspace, open Cadence System Definitions and select the Check In/Out PP form.
 7. Enter the extension you created in the Before check in (I SDF 20018) field.

Limit Which Visit Accounts and Coverages Can Be Selected for a Department

Based on a department's specialty, you might want only certain types of guarantor accounts and coverages to be assigned to visits in that department.

These instructions explain how to limit account and coverage selection on the basis of a department's specialty.

1. In Prelude Text, from the Enterprise Registration Administrator's Menu, follow the path Serv Area/Location Sys Defs Edit > enter your service area > Registration GUI Options.
2. In the Visit Acct Selection Programming Points screen's Visit Acct Selection Header Routine field, enter ActHdr1^PSVISIT3.
3. In the Visit Acct Selection Display Routine field, enter
ActDsp1^PSVISIT3(epId,epDat,sa,dte,IVactAlwd,CvgDspRou,"","","");
 - In the seventh parameter, enter a caret-delimited list of department specialty category values for which you want to limit account selection.
 - In the eighth parameter, enter a caret-delimited list of account type category values for which you want to limit account selection.
4. From the Prelude Registration Administrator's Main Menu, select the Facility System Defs Edit option.
5. In the Facility Level Enterprise Registration Options-1 screen's Visit Cvg Selection Hdr Rtn field, enter CvgHdr1^PSVISIT3.
6. In the Visit Cvg Selection Disp Rtn field, enter CvgDsp1^PSVISIT3(epId,epDat,earld,dte,"","","");
 - In the fifth parameter, enter the same caret-delimited list of department specialties that you entered

in step 3.

- In the sixth parameter, enter a caret-delimited list of coverage financial class category values for which you want to limit coverage selection.

Allow Multiple Appointments to Be Checked In at a Time

If a patient has multiple appointments on the same day, you can allow front desk users to check in all the appointments at one time. The Related Appointments section shows the patient's other appointments on that day. Front desk staff can select the appointments that they want to check in with the current appointment. For information on how to add the Related Appointments section ([ES_CHECKIN RELATED_APPTS](#)) to your check in navigator, see the [Create a Custom Navigator-Based Sign In, Check In, or Check Out Advantage Activity](#) topic, or reference the [Cadence Standard Navigator Records](#) topic for a list of Epic-released navigator records to use.

Considerations

We don't recommend checking in multiple appointments at once in most areas, for a few reasons:

- The Payment Collection ([REG_PAYMENT_COLLECTION_SECTION](#)) and Copay ([ES_POS_COPAY_SECTION](#)) sections display the payment for only the first visit. The front desk user won't see the section for each visit and won't be able to collect copays for each visit. Also, the information the user collects in the section applies to only the first visit.
- Checking in appointments in multiple departments could be confusing for front desk users. For example, if the patient has one appointment in radiology and then another appointment in internal medicine, if a user checks in both appointments, it looks as though the patient has arrived in both departments at the same time.
- Checking in multiple appointments in HODs could result in missed conversions, redirections, or admission upgrades. Starting in November 2022, you can't check in multiple appointments in Hospital Outpatient Departments (HODs) at the same time to ensure that appointments are upgraded to an admission correctly.

You might be able to safely and effectively check in multiple appointments in areas that schedule a lot of panels or sequential appointments.

The screenshot shows the Epic Check In interface. On the left, there is a vertical navigation bar with links like 'Documents', 'LCD/ABN', 'New Recall', 'Patient Refund', 'Assign Pager', 'Room', 'Visit Contacts', 'Edit Copay', 'Copay Ovr', 'Pat Guar and Cvg', 'More', 'Appt Info', 'Demographics', 'Additional Pat Info', 'Enc Guar & Cvgs', 'Payments', 'Px/Dx', 'Documents', 'Benefit Info', 'Research Assoc...', 'Client Billing', 'Enc Bndl Episodes', 'Print', 'Recalls', 'Adm Details', 'Care Teams', and 'Related Apps'. The 'Related Apps' link is highlighted with a blue bar at the bottom. The main area is titled 'Related Appointments' and contains a table with the following data:

Date, Time, and Duration	Status	Visit Type	Providers and Departments	Warnings
Sat 9/4 0800 (15 min)	Scheduled	OFFICE VISIT	Nichole Johnston, MD in EMC F...	- This patient has incomplete qu...
Sat 9/4 0945 (15 min)	Scheduled	FOLLOW UP	Nichole Johnston, MD in EMC F...	- This patient has incomplete qu...

At the bottom right of the table are 'Previous' and 'Next' buttons.

The Related Appointments section

You have three options for configuring multiple appointment check in:

- You can prevent all areas from checking in multiple appointments.
- You can allow certain areas to check in multiple appointments.
- You can allow all areas to check in multiple appointments.

Prevent All Areas from Checking In Multiple Appointments

1. In Hyperspace, open Cadence System Definitions (search: Cadence System Definitions).
2. Select the Custom Extensions/EOD > Check In/Out form.
3. In the Check in multiple appts (I SDF 20017) field, enter extension 43123-ES Check In Do Not Allow Multiple Appts.

Allow Specific Areas to Check In Multiple Appointments

1. Using the Rule Builder in Hyperspace, create a rule with a context of Patient to identify the areas in which checking in multiple appointments is allowed. For example, you could create a rule to identify certain departments. Refer to the [Create or Edit a Rule](#) topic for more information on creating rules.
2. In Chronicles, copy extension 43124-ES Check In Rule Based Allow Multiple Appts (Template). In the copied record, enter your rule in the first parameter. Refer to the [Duplicate and Modify an Extension](#) topic for more information on copying extensions.
3. Optionally configure the following parameters in your copy of the extension:
 - Check All Appts? Enter Yes to evaluate all appointments against your rule in the first parameter.
 - Same Dept? Enter Yes to restrict multiple check in to appointments in the same department. This parameter is used only if the Check All Appts? parameter is set to Yes.
4. In Hyperspace, open Cadence System Definitions (search: Cadence System Definitions).
5. Select the Custom Extensions/EOD > Check In/Out form.
6. In the Check in multiple appts (I SDF 20017) field, enter your copied extension.

Allow All Areas to Check In Multiple Appointments

1. In Hyperspace, open Cadence System Definitions (search: Cadence System Definitions).
2. Select the Custom Extensions/EOD > Check In/Out form.
3. In the Check in multiple appts (I SDF 20017) field, enter extension 43122-ES Check In Allow Multiple Appts.

Generate Orders at Check In

You can configure your system to automatically generate orders during check in. This task is especially helpful in areas that use hospital outpatient visits (HOVs).

For more information and setup instructions, refer to the [Generate Orders for a Third-Party System](#) and [Automatically Generate Orders for Appointments](#) topics.

Automatically Check Out Appointment When Exam Is Ended

If you use procedural applications such as Radiant, Cupid, or Kaleidoscope, you can help streamline imaging

workflows by making it easy for technologists to check out an appointment. You can configure your system to automatically check out an appointment when the associated exam has ended.

1. In Radiant or Cupid text, follow the path Master File Maintenance. Starting in August 2024, go to Visit Types (PRC) (in May 2024 and earlier versions: Visit Type).
2. Go to the Imaging Information screen (in August 2024 and earlier: Radiology/Cardiology Information). In the After End Exam field, enter extension record 56445-Img Auto Checkout After End Exam.

Warn Users a Merge is Incomplete

If there is an unconfirmed patient, a user can select an existing patient record as a match and the system merges the records. A scheduling user can't continue with her workflow during the merge.

To notify users that the merge isn't complete, make sure the status window is configured to appear:

1. Open the HDF master file and open your compiled configuration record.
2. Go to the Patient Merge Setup screen.
3. Make sure that the Skip merge status? field is set to No.
4. In the Unconfirmed patient merge wait time field, enter the number of seconds the system should wait for the merge to complete before allowing the user to click Continue and exit the window. For example, you might set this field to 60 to allow a user to exit the merge status window if the merge isn't completed in one minute. This setting is only used in the rare case that a merge is taking a long time to complete. Most merges take only a few seconds.

Make Check-in Easier for Follow-up Appointments Linked to Follow-up ED Encounters

For organizations where medical secretaries schedule follow-up ED visits for patients who originally arrived in the ED for unplanned visits, the follow-up appointment and follow-up ED encounter are linked automatically. This process reduces double documentation because the medical secretary only needs to check in the follow-up appointment rather than both check in the follow-up appointment and arrive the patient in the ED.

To make this process even easier for medical secretaries, you can configure the system to open the ED Arrival activity during check-in. First, you need to set an item in your hospital outpatient department (HOD) record that links your ED to that HOD. You then need to modify your check-in advantage activity to ensure the ED Arrival activity opens only during check in for follow-up ED encounters.

Patients can also check in follow-up appointments for follow-up ED encounters in Welcome. You can optionally configure the following settings related to Welcome check-ins:

- Specify a before check-in confirmation record that can prevent patients from using Welcome to check in. For example, if a patient checking in for a follow-up ED encounter needs to fill out documentation at the front desk, you can configure the confirmation record to prevent check-in using Welcome in that situation.
- Specify an after check-in confirmation record that can update values on the ED encounter after the patient completes check-in using Welcome. For example, you might want to specify a confirmation record that updates the status of the encounter from ED Expected to ED Roomed after the patient completes check-in using Welcome.

Configure the ED Arrival Activity to Open During Check-in

To link an ED to an HOD:

1. In Clinical Administration, follow the path Facility Structure > Departments/Units and open the record of your HOD department in which follow-up ED visits are scheduled.
2. In the Default ED for Arrival after Upgrade field, enter the emergency department where the unplanned visits occur.

To configure your advantage activity:

1. In Hyperspace, follow the path Epic button > Tools > Rule Editor Tools > Rule Editor. Create a new rule with a context of PATIENT.
2. Configure the rule so that it evaluates to True if and only if a patient had an unplanned ED visit and is being scheduled for a follow-up ED visit.
3. In Chronicles, open the Advantage Activity (HAA) master file and open the advantage activity used by your medical secretary for check-in.
4. Access the Post HAA Activity screen and enter a new row as follows:
 - o Rule: the rule you created in steps 1-2.
 - o Access Point: Appt Checkin
 - o Activity: ED Arrival

Configure Confirmation Records for Welcome Check-ins

First, configure confirmation records as necessary. For example, as the after check-in confirmation record, you might use a copy of confirmation record 2015-ADT ED Arrival Confirmation, which updates the status of the encounter from ED Expected to ED Roomed after check-in is complete. Refer to the [Customize Confirmation Records to Suit Your Organization](#) topic for more information about creating and modifying confirmation records.

Then, assign the confirmation records to a kiosk or department record:

1. In Hyperspace, open a kiosk or department record:
 - o Kiosk: Epic button > Admin > > Welcome Admin > Master File Edit > Kiosk > Check in/Arrival form > Rules form
 - o Department: Epic button > Admin > Master File Edit > Department > Kiosk form > Check in form
2. In the Before check in confirmation record field, enter the confirmation record you configured to apply to Welcome check-ins before they begin.
3. In the After check in confirmation record field, enter the confirmation record you configured to apply to Welcome check-ins after they're complete.

Collect Patient Payments at Check Out

If your organization wants to collect patient payments at check out, you can use the Checkout Visit Payment Due (I SSD 566) setting in the Enterprise Billing Profile to configure how payment collection appears:

- Copay/Prepay. This mode presents the visit copay or prepay due amount. This is consistent with how payment collection works during check-in and registration. This is the default value if the setting is left blank. Previous balances are shown and able to be collected on at check out as well.
- PB Orders Table. This mode calculates patient responsibility for certain services performed and charges generated during the visit, which can also be found in the "Other Orders" check out report that appears in the [Orders and Follow-up navigator section](#). This feature only supports professional charges and certain straightforward charging setups. Work with your Epic representative before enabling this mode to determine if it is a good fit for your organization. Starting in February 2024, previous balances are also

shown at check out with the PB Orders Table enabled. For more information on opportunity to collect with the PB Orders Table, refer to the [Set Expected Minimum Payment Amounts](#) topic.

Follow these steps to configure payment collection at check out:

1. Open the Enterprise Billing Profile (search: Enterprise Billing Profile) and go to the Payment Collection form.
2. Select either Copay/Prepay or PB Orders Table for Checkout Visit Payment Due (I SSD 566).

Apply Estimate Pricing at Check Out

⌚ Starting in November 2022

If your organization is using the PB Orders Table for check-out payments, there are two options for how charges are priced:

- Charge Entry Pricing. By default, charges are priced the way they would be if they were entered in PB Charge Entry. For patients with insurance, patient responsibility is calculated using the benefit package applicable for the patient's coverage.
- Estimates Pricing. The system can apply the same pricing engine used by the estimates module without creating an estimate record. This is similar to Charge Entry pricing, but allows you to take advantage of current patient benefits filed in Benefit Collection rather than relying on Benefits Engine adjudication. Estimates pricing also supports additional features, such as non-covered rules. For more information on how estimate pricing works, see the [Estimate Setup and Support Guide](#).

We recommend new organizations implementing this feature use estimates pricing. Follow these steps to enable estimate pricing for the PB orders table:

1. Open the Enterprise Billing Profile (search: Enterprise Billing Profile) and go to the Estimates form.
2. Select Yes in the Use estimate pricing for PB orders table (I SSD 2113) field.

Exclude Orders from Appearing at Check Out

⌚ Starting in November 2022

In the Enterprise Billing Profile, you can enter a rule to exclude certain orders from appearing in the Orders and Follow-up navigator section and payment collection. This rule both hides qualifying orders and prevents those orders from affecting the pricing of other orders and charges on the visit. If you use estimate pricing as described in the above Apply Estimate Pricing at Check Out section, you will likely be applying patient deductibles and out of pocket remaining amounts. Excluding orders that you don't intend to collect on can help ensure that benefits are applied as accurately as possible.

1. In Hyperspace, open the Rule Editor.
2. Create a new Order-context rule. For more information about creating rules, see the [Rule Editor Setup and Support Guide](#).
3. Open the Enterprise Billing Profile (search: Enterprise Billing Profile) and go to the Estimates form.
4. Add the rule you created in the Order exclusion rule for PB orders table (I SSD 2114) field.

Create a Batch Job to Automatically Check In Inpatient Rehab Appointments

⌚ Starting in November 2023

Therapists often work from patient lists and document their appointments at the end of the day. You can run a batch job to automatically check in all rehab appointments in a rehab department for that day to save users from manually checking in all of their appointments individually. See the [Create a Batch Job to Automatically Check In Inpatient Rehab Appointments](#) topic in the Rehab Clinical Setup and Support Guide for more information.

Sign In Bells and Whistles

Indicate How End of Day Processing Affects Signed-In Appointments

Cadence's End of Day processing automatically converts appointment statuses, which can help your organization keep accurate appointment statistics.

By default, End of Day processing changes signed-in appointments (that is, appointments with a status of Present) to a status of Arrived.

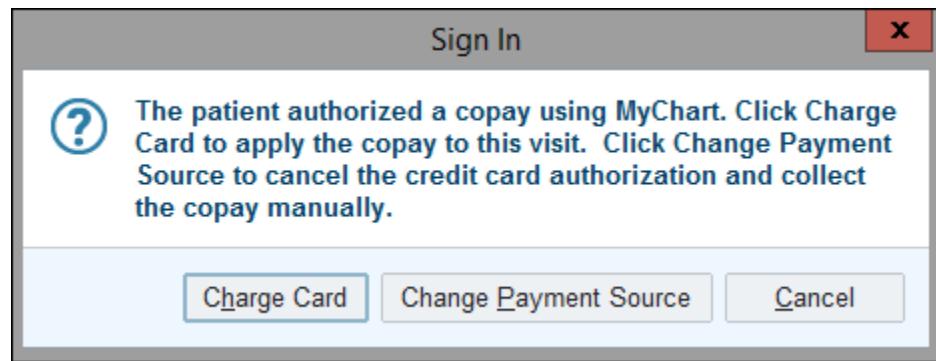
However, we recommend that these appointments get changed to a status of Left Without Being Seen to indicate that, while the patient was present in the building, she was never checked in for her appointment.

Refer to the [Enable the Appointment Status Settings for End of Day Processing](#) topic.

Apply Copay Payments to Visits During Sign-In

If you allow patients to make copay payments in MyChart, the system prompts users to charges the patient's credit card and assign the payment to the visit during check-in. If you use sign-in and collect payments during sign-in instead of during check-in, you can set up the system to prompt users during sign-in so that check-in staff who do not collect payments are not prompted with this message during check-in.

1. In Hyperspace, open your advantage activity for sign-in (search: Advantage Activity).
2. Select the Check In/Check Out/Sign In form.
3. For the Prompt for Authorized Payments During Sign In? (I HAA 410) setting, select Yes.



Create and Track Events for Appointments

In Cadence, you can log events for appointments. Appointment-related events can help you identify and track appointment happenings that occur outside the system. For example, you can track additional times in the patient appointment cycle such as multi-disciplinary appointments, or registration or sign-in related events.

Create Event Templates for Appointments

Users log an event in Epic when the actual event occurs. Event template records define the general event options that users can choose from, and the system creates event records to correspond with the actual events.

You can create one-time event templates (the system tracks just one time stamp for the event) or multi-time

event templates (the system tracks multiple time stamps for the event). Epic recommends using one-time event templates whenever possible, because events with a single time stamp are easier to report on.

1. In Hyperspace, open the Event Template Editor.
2. Create a new record and enter a name for the record.
3. In the Event Name (I LEV 8) field, enter a name for the event.
4. In the Event Abbreviation (November 2023 and earlier, Display abbreviation) (I LEV 7) field, enter an abbreviation.
5. In the Event Class (November 2023 and earlier, Template class) (I LEV 50) field, select Appointment Event.
6. Select a value for the One-Time Event (I LEV 80) field.
 - Enter "Yes, update the time stamp" to track one time stamp for the event, for the most recent time it is recorded.
 - Enter "Yes, do not update the time stamp" to track one time stamp for the event, for the first time it is recorded.
 - Enter "No" to track multiple time stamps for the event.

Block Event Creation for Patients Who Meet Certain Rules

You might not want to log certain events for some patients. To block appointment event records for specific patients, you can use a rule to identify the patients and an extension record to apply the rule when the event template is used.

Create a Rule Record to Identify Patients Who Shouldn't Have Events Created

Create a [patient rule](#) to identify patients for whom you don't want to log events.

Create an Extension Record to Block Events for Certain Situations

1. In Chronicles, enter LPP at the Database Initials prompt to access the Extension master file.
2. Follow the path Enter Data > Create/Edit Extension and create an extension record.
3. Enter a type of 89052-Event Validation and then enter the standard code template 420026-ES Event Tracking - Rule Validation.
4. Access the Parameters screen. Use the arrow keys to navigate to a parameter that you need to modify. Enter the appropriate value for the parameter in the Value column.
 - If you want to see the help text or allowed category values for a parameter, press Shift+F5. When you've finished reading the help text, press Enter.
5. Repeat step 4 until all parameters are configured as needed, and then exit the extension record.

Add Extension Records to an Event Template

1. In Hyperspace, open the Event Template Editor and select the event template to update.
2. Enter your extension record in the Validation Extensions (I LEV 110) field. You can enter multiple extension records. When the rule returns a value of True, the system blocks events for the patient.
 - If the rule uses a hard stop, the system doesn't log the event.
 - If the rule uses a soft-stop or no warning, the system prompts the user about creating the event.

Organize Appointment Event Templates into Groups

You organize appointment event templates into groups so that users can easily find and log the correct event for

an appointment. Each event group appears under the Events button.

Prerequisites

You need EpicCare security point 400-Event Edit Group to access Event Groups.

1. In Hyperspace, access the Event Group activity.
 - o Path: Epic button > Admin > Schedule Admin > Master File Edit > Event Group
 - o Search: Event Group
2. Create an event group for your events.
3. On the General form, add your event templates to the event group. For each event in the group, decide whether users should see the template form for the event. The order of the events in the table is the order in which they will appear to users on the activities you specify.
4. Add the activities for the group, depending on where you want the group to be available. For example, you might add one of the following activities:
 - o Department Appointments report
 - o Front Desk activity (Cadence)
 - o Schedule
 - o Snapboard

Event Group - Family Medicine Events [2869]

Edit **Read-Only**

General

Linked Departments

General

Display Name
Visit Events

Activities

Department Appointments Report
 Front Desk
 Multiple Provider Schedule
 Snapboard

Events

MR AT DIAGNOSTIC TESTING

Event Template	Show Form?
MR IN WITH SUPPORT STAFF ↗	<input type="checkbox"/>
MR AT DIAGNOSTIC TESTING ↗	<input type="checkbox"/>
MR WITH RESIDENT/FELLOW ↗	<input type="checkbox"/>
MR READY FOR PHYSICIAN ↗	<input type="checkbox"/>
MR VISIT COMPLETE ↗	<input type="checkbox"/>

Enable Event Templates for Your Department

After you have created and grouped your appointment event templates, determine which departments can use each event template.

Considerations

Completing these steps makes the Event button appear on the Department Appointments report and the Schedule activity for the department. You must make sure the Events button (menu record ES_IT_EVENT_TRACK_PLACEHOLDER) is included on toolbars where you want the Events button to appear. Refer to the [Add a Button or Menu to an Existing Menu or Toolbar](#) topic for more information on editing menus.

You can add the event group to your department through two different activities.

Event Group activity:

1. In Hyperspace access the Event Group activity:
 - Path: Epic button > Admin > Schedule Admin > Master File Edit > Event Group
 - Search: Event Group
2. Select the event group record.
3. On the Linked Department form, add a department to the table.

Department Edit activity:

1. In Hyperspace access the Department Edit activity:
 - Path: Epic button > Admin > Schedule Admin > Master File Edit > Department
 - Search: Department
2. Select your department record.
3. On the Event Tracking form, select an event group.

Event Tracking

Event Groups

1	eCheck-In
2	Wait Time Tracking
3	Video Visits
4	Family Medicine Events
5	

 [Edit Event Group](#)

Allow Users to Create and Edit Events

Users need Cadence security to log events from the Department Appointments report or the Schedule activity. Without this security, users don't see the Events button on the report or Schedule.

1. In Hyperspace, open a Cadence security classification.
2. On the Appointments form, in the Event logging field, determine what kind of access users with this security classification have for events.
 - Select None to restrict users from seeing the Events button.
 - Select Create to allow users to log events and undo events, but not access the Event Log.
 - Select Create + Event Log without Delete to allow users to log events, undo events, and access the Event Log, but not delete events from the Event Log.
 - Select Create + Event Log with Delete to allow users to log events, undo events, access the Event Log, and delete events from the Event Log.

Show Users Event Information in Report Columns

You can help users monitor events for appointments by creating report columns that show event-related information. For example, staff might want to see the most recent event for an appointment or how much time passed between the last two events. You can add the following columns to the Department Appointments report or Status Board:

- 16391-Wait Times - Wait Time in Current Event
- 16392-Wait Times - Wait Time Since First Event
- 16393-Wait Times - Event Time
- 16394-Wait Times - First Event Time
- 16395-Wait Times - Seconds in Current Event
- 16396-Wait Times - Seconds Since First Event
- 16397-Wait Times - Wait Time Event

By default, these columns show event information from the following event templates:

- 57001-Reg - Walked In
- 57010-ES - Arrived at Registration
- 57011-ES - Registration Started
- 57012-ES - Registration On Hold
- 57013-ES - Registration Complete
- 57020-ES - Arrived at Department
- 57021-ES - Department Check In Start
- 57022-ES - Dept Check In On Hold
- 600-ES - Dept Check In Complete
- 57040-ES - Ready for Check Out
- 57041-ES - Check Out Started
- 57042-ES - Check Out On Hold
- 57043-ES - Checked Out

If you want to use different event templates or event groups with these columns, you can create copies of the extensions for these columns, modify the extensions, and then add the extensions to copies of the standard columns.

Customize Extensions for Event Columns

Perform these steps for each extension you want to customize.

1. In Chronicles, access the Extension (LPP) master file.
2. Select Enter Data > Duplicate Extension.
3. Duplicate the extension you want to use in a column:
 - 16391-Wait Times - Wait Time in Current Event
 - 16392-Wait Times - Wait Time Since First Event
 - 16393-Wait Times - Event Time
 - 16394-Wait Times - First Event Time
 - 16395-Wait Times - Seconds in Current Event
 - 16396-Wait Times - Seconds Since First Event
 - 16397-Wait Times - Wait Time Event
4. On the Parameters screen for copies of extension 16391, 16392, 16395, or 16396, customize the following parameters as needed:
 - Event Templates. Enter the event templates to show. Either this parameter or the Event Groups parameter must be set.
 - Event Groups. Enter the event groups to show. Either this parameter or the Event Templates parameter must be set.
 - Time Duration Format. Choose how times are formatted. If you leave this parameter blank, times are formatted as mm:ss if less than one hour and H:mm:ss if more than one hour.
 - Earliest or Most Recent. Enter 1 to show the time for the most recent event, or enter 2 to show the time for the earliest event.
 - Ignore Formatting? Enter 1 to show time in seconds and ignore the Time Duration Format parameter. This can make it easier to configure row color and font overrides based on times in report settings.
 - Stop Events. Enter one or more events to indicate that wait time should no longer be displayed after the event has been logged for an appointment.
5. On the Parameters screen for copies of extension 16393 or 16394, customize the following parameters as needed:
 - Event Templates. Enter the event templates to show. Either this parameter or the Event Groups parameter must be set.
 - Event Groups. Enter the event groups to show. Either this parameter or the Event Templates parameter must be set.
 - Date Format. Choose how dates are formatted. Leave this parameter blank to not show dates. If this parameter and the Time Format parameter are blank, the raw instant of the event appears.
 - Time Format. Choose how times are formatted. Leave this parameter blank to not show times. If this parameter and the Date Format parameter are blank, the raw instant of the event appears.
 - Earliest or Most Recent. Enter 1 to show the time for the most recent event, or enter 2 to show the time for the earliest event.
6. On the Parameters screen for copies of extension 16397, customize the following parameters as needed:

- Event Template Class. Enter the class of event templates to show, such as 30-Appointment Events
- Event Templates. Enter the event templates to show. If this parameter is set, the Event Template Class parameter is ignored.
- Event Groups. Enter the event groups to show. If this parameter is set, the Event Template Class and Event Templates parameters are ignored.

Create Report Columns to Display Event Information

If you customized an extension for an event column, you need to create a custom copy of the column and replace the standard extension with your copy.

1. In Hyperspace, open the Column Editor (search: Column Editor).
2. Look up one of the following columns and click Copy:
 - 16391-Wait Times - Wait Time in Current Event
 - 16392-Wait Times - Wait Time Since First Event
 - 16393-Wait Times - Event Time
 - 16394-Wait Times - First Event Time
 - 16395-Wait Times - Seconds in Current Event
 - 16396-Wait Times - Seconds Since First Event
 - 16397-Wait Times - Wait Time Event
3. In the Text Ext field, replace the standard extension with your copy.

Add Report Columns to the Department Appointments Report or Status Board

Refer to the following topics for instructions to add event columns to the Department Appointments report or Status Board:

- [Design Department Appointments Reports](#)
- [Specify Column Appearance on the Status Board](#)

Notify Waiting Patients When You Are Ready to See Them

When you have patients waiting to be seen, you can use various messaging tools to let them know when you are ready to see them.

Messaging Considerations

Before using email notifications, you must ensure your environment is configured to send them. Refer to the [Do Your Facility's Technical Setup to Send Email Messages](#) topic for more information. You must also make sure you have an email address specified in the E-mail Source Address (I EAF 15305) field in your service area record, as described in the [Send Quick Reminders and Updates by Email](#) topic.

To send an On My Way visit confirmation text message to patients, certain additional prerequisites might apply.

- Starting in February 2023, if you are licensed for Hello World's SMS gateway, which is license key C of the Hello World license, a third-party communication vendor or SMTP configuration is not required to send text messages. If you're not sure whether you have this license, contact your Epic representative and mention parent SLG 3550868.
- In earlier versions, or if you do not have this Hello World license key, a third-party communication vendor or SMTP configuration is required to send text messages. Refer to the [Set Up Outgoing Text Messages](#)

topic for more information.

Sign Patients Up to Receive Notifications Through eCheck-In in MyChart

During the eCheck-in workflow, a patient or proxy can enter a mobile phone number and email address and choose whether to receive text and email notifications about their visit.

- Starting in August 2024 and May 2024 with special updates E10902244, E10903608, E10903609, E10905135, C10900439-MyChart, C10900439-Welcome Web, C10900439-MyChartClassic, E10908861, and E10908971, they do this in the Visit Notifications step of the eCheck-In workflow.
- In May 2024 without the special updates and in February 2024 and earlier, they do this in the "How can we contact you for this visit?" section of the Personal Information step of the eCheck-In workflow.

For more information, refer to the [Collect Visit Contact Information from Patients During eCheck-In](#) topic.

Sign Patients Up to Receive Notifications Through On My Way

When patients use On My Way to let you know they're coming for a visit, they can sign up for text messages about their visit in MyChart. For more information, refer to the [Allow Patients to Sign Up for Text Messages Regarding Their Visits Through On My Way](#) topic.

Sign Patients Up to Receive Notifications Through Welcome

When a patient checks in, they can sign up for notifications at the Welcome kiosk. For more information, refer to the [Let Patients Sign Up for Text Notifications in Welcome](#) topic.

Choose When to Send Patient Notifications

After you have selected the notification method that you are going to use and have configured the visit contacts activity, you must choose when patients are notified. You can [send notifications automatically](#) based on encounter events or have [users manually message patients](#). For both messaging options, you need to choose which events cause notifications to be sent. In either case, users must collect visit contact information before messages are sent. To configure patient notifications in your department, refer to the [Trigger Patient Messages from Events](#) topic.

Message Patients Automatically

When you configure the system to send notifications automatically, users do not have to create or send appointment updates in real time. Consider using automatic messaging if you have fewer users at your location or if your organization does not monitor the department appointment report and multiple provider schedule closely in all areas.

Automatic messages can be triggered based on encounter events such as Check-In or Rooming. In addition to encounter events, you can configure the system to message patients based on their position in the waiting room queue. For more information on this set up, see [Configure the Patient Notification Extension](#).

Note that automatic messaging works best when [encounter cycle events](#) occur in order. If a department deviates from Epic's standard order of cycle time events, notifications might be sent before or after you intended. Automatic messaging also only works when configured for at the department level and cannot message individual providers' next-in-line.

Message Patients Manually

Manually messaging patients requires users to send messages at specific points in a workflow. Consider using manual messaging when users are monitoring the DAR/MPS frequently. You can also audit when and which messages are sent to patients when manually sent from a report.

A user can send a message from a report based on the events listed on the Event-Triggered Patient Messaging form. Use an event template to represent each message. For more information, refer to the [Create and Track Events for Appointments](#) topic.

If sending text (SMS) messages, [add those events to an event group](#) and [make that group available to the necessary departments](#).

In imaging departments, technologists might need to send a message to the patient when it is time for their exam to begin. The Visit Contact form can be added to a node in the Check-In Advantage activity to collect visit contact information to enable messages to be sent to the patient. As with messaging from DAR/MPS, you can use a SmartText to notify patients. When the technologist has prepped the room for the imaging exam and is ready for the patient to enter, they can click the Exam Ready to Begin button on the Technologist Worklist toolbar. This button sends a message to the patient telling them that they can enter the clinic or hospital for their exam.

We built the Technologist Worklist toolbar workflow in the Foundation System, and, to make it easy for you to get this content, we've created a Turbocharger package. Starting in August 2019, if your organization is in the United States and a member of your EpicConnect team has completed the necessary EpicConnect setup, this Turbocharger package is available for download on the Available Packages tab of the Turbocharger activity (search: Turbocharger), or starting in August 2020, you can download it from this topic. If your organization is outside the United States or you don't have automatic package delivery set up, contact your Epic representative and mention project 225263 to get the package. For information about mapping and importing the package, refer to the [225263-Contact Patients When Exams Are Ready to Begin](#) topic.

Additionally, you can add the Visit Notifications form to Radiant Technologist worklists. When the technologist clicks the Visit Notifications button in their worklist, she can select the SmartText to send to the patient.

You can also send appointment updates using free-text entry if you need to send a notification for a situation your SmartText does not cover. For more information about appointment updates, refer to the [Quick Reminders and Updates](#) topic.

Message Patients Without Visit Contact Information

Message Patients Based on Their Communication Preferences

You can notify patients waiting to be seen without collecting Visit Contact information by using extensions to send emails or text messages. You do not need to use the Event-Triggered Patient Messaging table if doing so. For help setting this functionality up, contact your Epic representative and mention SLG 2874470.

Note that patients can opt to not receive messages.

Use SmartTexts to Edit Patient Message Dynamic Information

You can use SmartText records to pull information into patient messages that you send by text message or email when a specific event is logged for a patient.



This messaging method does not respect patient Communication Preferences.
Any patient filters must be included in the validation extension defined in the event.

Prerequisites

To send text messages, you need to use Hello World's SMS gateway or work with a third-party SMS vendor. Refer to the [Hello World Setup and Support Guide](#) for information about Hello World. Refer to the [Text Messaging Setup and Support Guide](#) for information about working with a third-party SMS vendor.

1. Create an extension to determine how the message is sent by text message or email. Refer to the sections below and the [Create an Extension \(LPP\) Record](#) topic for details.
2. Create another extension so your event template can run your first extension.
 - Type: 24005-ED Event Change
 - Code: d ExecLPP^HUWPLPP6(lppID)
 - lppID. Required. Enter the ID number for the extension you created in step 1.
3. Add the extension you created in step 2 as a filing extension in your event template.
 - a. In Hyperspace, open the Event Template Editor and select your event template.
 - b. Add your second extension to the Filing Extensions (I LEV 100) field.

Extension Details for Sending Text Messages with Hello World

Starting in February 2023

- Type: 24005-ED Event Change
- Code: \$\$sendSMSECS^SXLOOPER5(epID,epDAT,commHST,recipientsOptions,createCAL,empID,context)
 - epID. Required. Do not modify this parameter.
 - epDAT. Required. Do not modify this parameter.
 - commHST. Required. Enter the Hello World communication template to use as the content for text messages. Refer to the [Create Message Content](#) topic for additional information.
 - recipientsOptions. Optional. By default, text messages are sent only to patients. Set this parameter to 2-Send to proxies to send text messages only to proxies. Set this parameter to 3-Send to visit contacts to send text messages only to the visit contacts for an appointment.
 - createCAL. Optional. Enter 1 to create communication tracking (CAL) records and link them to the appointments that text messages are sent for. When this parameter is blank or set to 0, communication tracking records are not created.
 - empID. Optional. Applies only when the createCAL parameter is set to 1. Enter the user ID to associate with the communication tracking records that the extension creates.
 - context. Optional. Applies only when the createCAL parameter is set to 1. By default, the extension sets the type (I CAL 1020) to 48-Cadence Batch Notifications for communication tracking records it creates. If you want to set a different type, enter that here. For example, you might specify a different value here so that you can filter contacts as described in the [Filter Unnecessary Contacts from the Call Navigator and Print Groups](#) topic.

Extension Details for Sending Text Messages with a Third-Party Vendor

- Type: 24005-ED Event Change
- Code:
\$\$sendSMS^SXLOOPER5(epID,epDAT,etxID,createCAL,e0aOvr,lppID,empID,phnTypeList,context,commHST,recipientsOptions,supportECS)

- eptID. Required. Do not modify this parameter.
- eptDAT. Required. Do not modify this parameter.
- etxID. Optional. Enter the ID of the SmartText you created for the text body
- createCAL. Optional. Enter 1-Create CAL Record to create communication tracking (CAL) records and link them to the appointments that reminders are sent for. When this parameter is blank or set to 0-Do Not Create CAL Record, communication tracking records are not created.
- e0aOvr. Optional. When this parameter is blank, the extension uses the external endpoint for your third-party SMS vendor that's specified in the SMS Vendor Server (I EAF 15005) field for your facility or service area. If you want to use a different external endpoint with this extension, enter the endpoint record ID here.
- lppID. Optional. Applies only when the e0aOvr parameter is set. Enter the vendor-specific extension to use with the external endpoint you specified. Refer to the [Set Up Epic to Communicate with Your Vendor](#) topic for information about the available extensions.
- empID. Optional. Applies only when the createCAL parameter is set to 1. Enter the user ID to associate with the communication tracking records that the extension creates.
- phnTypeList. Optional. By default, the system sends text messages to a patient's mobile phone number, which is the phone number of type 1-Mobile from the Phone Types (I EPT 94) category list. If you use a different value for mobile phone numbers, enter that value here.
- context. Optional. Available starting in February 2023. Applies only when the createCAL parameter is set to 1. By default, the extension sets the type (I CAL 1020) to 48-Cadence Batch Notifications for communication tracking records it creates. If you want to set a different type, enter that here. For example, you might specify a different value here so that you can filter contacts as described in the [Filter Unnecessary Contacts from the Call Navigator and Print Groups](#) topic.
- commHST. Optional. Available starting in February 2023. Enter the Hello World communication template to use as the content for text messages. Refer to the [Create Message Content](#) topic for additional information. When you enter a value for this parameter, the etxID parameter is ignored.
- recipientsOptions. Optional. Available starting in February 2023. By default, text messages are sent only to patients. Set this parameter to 2-Send to proxies to send text messages only to proxies. Set this parameter to 3-Send to visit contacts to send text messages only to the visit contacts for an appointment.
- supportECS. Optional. Available starting in February 2023. When set to 1, the system sends a text message using Hello World instead of your third-party vendor. If you're using Hello World as your SMS gateway, we recommend using the extension code for Hello World (\$\$sendSMSECS^SXLOOPER5) instead of the code for third-party vendors (\$\$sendSMS^SXLOOPER5).

Extension Details for Sending Emails

- Type: 24005-ED Event Change
- Code: \$\$wpSendEmailBasic^WPOPNSCH2(eptID,eptDAT,subj,etxID,options,smtpCode,err,type,locale)
 - eptID. Required. Do not modify this parameter.
 - eptDAT. Required. Do not modify this parameter.
 - subj. Required. Enter the text for the email subject in quotation marks.
 - etxID. Required. Enter the SmartText record ID to use for the email body.

- options. Optional. Do not modify this parameter.
- smtpCode. Optional. Do not modify this parameter.
- err. Optional. Do not modify this parameter.
- type. Optional. Enter the type of email being sent. Choose from options in the MyChart SMTP Message Type Information (I EPT 28943) category list.
- locale. Optional. Do not modify this parameter.

Message Patients When They are Added to a Room

Beyond notifying a patient that they are ready to be seen, patient messages can also include information about where she will be seen. To add rooming information to a message:

1. In Hyperspace, open the room record you want to add an event to (search: Patient Location Builder).
2. Add the event you want to trigger a message to the Arrival events (I PLF 510) table.

Trigger Patient Messages from Events

During a patient's visit at your clinic, you can automatically send messages to the patient and their designated contacts as they move through the care process. Epic recommends configuring notifications for key events during the patient's stay so you can help patients feel more informed and at ease.

Prerequisites

Before you can send messages, you need to verify that you have the following prerequisites set up. It's likely you already have these in place, but it's important to check because patient messaging won't work without them.

- Your service area must be set up to send email and text messages, as described in the [Set Up Your Service Area to Send Email and Text Messages](#) topic.
- Your system must be set up to send text messages for SMS notifications.
 - Starting in February 2023, if you are licensed for Hello World's SMS gateway, which is license key C of the Hello World license, you need to have your sender profile setup, as described in the [SMS Gateway Pre-work](#) topic. For more information about Hello World licensing, contact your Epic representative and mention parent SLG 3550868.
 - In November 2022 and earlier versions, or if you don't use Hello World's SMS gateway, you need a third-party communication vendor to send text messages, as described in the [Set Up Outgoing Text Messages](#) topic.

When a patient checks in to your clinic, they can sign up for notifications at the Welcome kiosk. Alternatively, the registrar or triage nurse can use the Visit Contacts activity or navigator section to sign the patient or other contacts, such as family members or friends, up for email, text, or both types of notifications for the visit. Epic recommends that users always get the patient's consent and verify the contact information before signing anyone up for notifications.

To set up automatic notifications for patients, you need to:

- Give administrators security to set up notifications, and give users security to use the Visit Contacts activity. You can use the Build Wizard to complete this step. Refer to the [Add Patient Messaging Security Points](#) topic for setup instructions.
- Add the Visit Contacts activity to users' workspaces to make it easy to determine who should receive

messages for the current encounter. Refer to the [Add Patient Message Activities to Users' Workspaces](#) topic for setup instructions.

- Create messages to send, as described in the [Build Content for Automated Messages](#) topic.
- Determine which events trigger messages and configure department settings to send messages based on events. You can also indicate which message should be sent to the patient and which should be sent to the patient's contacts for each event. Refer to the [Configure Automatic Notifications for a Department](#) topic for setup instructions.

Optionally, you can also:

- Determine which patients get messages on a more granular level by setting up rules. For example, only patients who are leaving with an AVS should receive the notification that a nurse will be in to review it. For instructions on creating a rule, refer to the [Create or Edit a Rule](#) topic.
- Send custom sign-up confirmation messages to let recipients know that they have been successfully signed up by setting a custom sign-up confirmation message in the appropriate profiles. Refer to the [Customize the Sign-Up Confirmation Message](#) topic.

Set Up Your Service Area to Send Email and Text Messages

Verify that your service area is set up for email and text messages to be sent. These settings are shared with Cadence appointment updates, so it's likely you've already completed this setup, but it's important to check because sending messages won't work without it.

1. In Cadence Text, follow the path Cadence Management Menu > Service Area, open your service area, and go to the Patient Appointment Updates and Quick Reminders screen.
2. In the Delivery Types Allowed (I EAF 15302) field, make sure there's a value of either 1-E-mails Only or 2- Both Text Messages and E-mails.
3. In the E-mail Source Address (I EAF 15305) field, make sure that there's an email address to send emails to recipients.
4. When recipients sign up to receive messages, a sign-up confirmation message is sent to them. The default message is "You are signed up to receive patient update messages." In November 2022 and earlier, the default message is "You are signed up to receive patient update messages. Please do not reply to these messages." To customize the confirmation email message, in the Sign-up Confirmation Msg (I EAF 15310) field, enter a SmartText message with a Context (I ETX 30) of 931-Patient External Notification. How you customize the confirmation text message depends on whether you use Hello World's content management framework:
 - If you use Hello World, you can customize the content in your override communication template for base communication template 15310-Visit Messaging Sign-Up Confirmation - SMS - Broadcast (in August 2024 and earlier, named Visit Messaging Sign-Up Confirmation), as described in the [Create Override Communication Templates](#) topic. Then work with your Hello World team to approve your communication template, as described in the [Approve Message Content](#) topic.
 - If you don't use Hello World, the SmartText you specified in the Sign-up Confirmation Msg field is used for both the email and text sign-up confirmation message.

Add Patient Messaging Security Points

You need security to configure patient messaging, and you'll also need to give users security to use the Visit Contacts activity.



Use the Build Wizard in Hyperspace both to give yourself the necessary security and to give users security for the Visit Contacts activity. To get started, open the Build Wizard (search: Build Wizard) and search for feature 490003-Event-Triggered Patient Messaging Security (application: Emergency Department).

To edit your settings after using the Build Wizard or to manually assign security points, refer to the steps below.

To allow access to configure patient messaging and the text for the messages:

1. In Hyperspace, open the Security Class Editor (search: Security Class Editor).
2. Open the EpicCare security class if you want to configure patient messaging.
3. Add security point 600-Event-Triggered Patient Messaging Admin Access.
4. Open the Shared security class, if you want to configure SmartTexts and SmartLinks for messages.
5. Add security point 365-Edit External Notification SmartTexts and SmartLinks.
6. Starting in February 2023, work with your Hello World team to get the appropriate security to manage message content, as described in the [Give Users Hello World Security](#) topic.

To allow users access to the Visit Contacts activity:

1. In Hyperspace, open the Security Class Editor (search: Security Class Editor).
2. Open the EpicCare security class.
3. Add security point 605-Update Visit Contacts to the list.

Add Patient Message Activities to Users' Workspaces

Add patient message activities to users' workspaces, so they can sign people up for automatic notifications, update contact information, and view message history.

Add Visit Contacts Activity or Navigator Section

Add the Visit Contacts activity or navigator section to a user's workspace to let them enable patients and their companions to receive messages.

- If you want to add the activity, add 49878-VISIT_CONTACTS_POPUP to the menu of your choice by referring to the directions in the [Group Activities Into Menus](#) topic.
- If you want to add the navigator section, add section 53200-SEC_VISIT_CONTACTS to the navigator of your choice by referring to the directions in the [Build Your Navigators](#) topic.

Add Reports or Visit Messaging Activity

Users can view message history in the following activities:

- Released navigator section 49870-SEC_VISIT_CONTACTS_REPORT. For instructions on adding a section to your navigator, refer to the [Build Your Navigators](#) topic.
- Released print group [75870-ED Event-Triggered Message Details](#). To add the print group to an existing report for users:
 - In Clinical Administration, go to Reports, Print Groups > Reports (LRP) and open your report.
 - Go to the second Report Definition screen.
 - Add print group 75870 to the report

Build Content for Automated Messages

Before configuring the department settings for patient notifications, you need to create the message content.

Starting in February 2023, you can use Hello World for text messages. In earlier versions, for other types of messages, or if you aren't licensed for Hello World, you can use SmartTexts.

Build Content Using Hello World

Starting in February 2023, follow the steps in the [Manage Message Content](#) topic to create communication templates for text messages. Starting in November 2024, you also need to create communication topics. Use these settings as you create your records:

- In all versions, messages must support SmartTool Context 931-Patient External Notification.
- Starting in November 2024, don't enter anything in the Experience Type (I HST 85541) or Channel (I HST 85542) fields on the communication topic.

Then work with your Hello World team to approve the message content as described in the [Approve Message Content](#) topic.

Build Content Using SmartTexts

To send email notifications to patients, you need to create SmartTexts for the message content. These SmartTexts are also used for text messages if you are not licensed for Hello World. You can also create a SmartText for the email subject line. If you don't use a SmartText for the subject line, the system sends all emails with "Patient Update" as the subject line.

Follow these steps to create each SmartText for patient messaging:

1. In Hyperspace, open the SmartText Editor (search: SmartText).
2. In the Restrictions card, enter 931-Patient External Notification in the Context (I ETX 30) field (in February 2024 and earlier called the Functional Type field).
3. Enter the text you want to use for your email subject or message body in the editing pane (starting in May 2024) or the General form (in February 2024 and earlier). Email subjects are limited to 150 characters, and message bodies are limited to 1,000 characters.
4. Release and accept your SmartText.

For additional information about building SmartTexts, refer to the [SmartTexts](#) topic.

Configure Automatic Message Notifications for a Department

Configure which events generate messages for patients and their contacts. You can also use rules to further include or exclude patients from receiving messages.

Starting in November 2024, follow these steps to set up automatic text and email messages:

1. In Hyperspace, open Event-Triggered Patient Messaging Settings (search: ETPM).
2. In the Department-Wide Exclusion Rule (I DEP 49878) field, enter a rule that identifies patients and their contacts to exclude from receiving messages. A patient and their contacts are automatically excluded if the patient is marked deceased, discharged, or the encounter has been closed, regardless of whether you enter a rule here.
3. In the Subject for Email Messages (I DEP 49879) field, enter a SmartText to use as the subject line for email messages. If this field is blank, "Patient Update" is used as the subject line.
4. In the Triggering Event (I DEP 49870) column, enter an event that prompts the system to send a message to the patient and their contacts when the event is filed.

5. In the Inclusion Rule (I DEP 49872) column, enter a rule that identifies patients to send a message to when the event is filed. If this field is blank, all patients are included. This rule applies only to the patient that the event was triggered for, and this field doesn't apply to patients returned by the extension in the Recipient Extension (I DEP 49876) field, which is described below.
6. If you want to send emails, in the SmartText Message columns, enter the SmartTexts to be sent in an email message to the patient and other contacts, such as family members or friends, when the event is filed. The SmartText must have a SmartTool Context of 931-Patient External Notification, even if the SmartText is enabled for all contexts.
 - The SmartText in the SmartText Message - Patient column (I DEP 49874) is sent to the patient.
 - The SmartText in the SmartText Message - Other column (I DEP 49875) is sent to other contacts.
7. In the Communication Topic (I DEP 49882) column, enter the communication topic you set up for text messages to the patient and other contacts, such as family members or friends, when the triggering event is filed. The message content is the same or different for the patient and other contacts depending on the allowed recipient content types (I HST 85503) you entered in the communication topic, as described in the [Create Communication Topics](#) topic. The communication topic or associated communication workflow must have a SmartTool Context of 931-Patient External Notification.
8. In the Recipient Extension (I DEP 49876) column, enter an extension that returns the patient ID and encounter to send a message to based on their position in the waiting room queue. Refer to the [Configure the Patient Notification Extension](#) topic for instructions on setting up messages for the waiting room.
9. In the Delay (I DEP 49877) column, enter the number of minutes to wait before sending a message after the event is filed. For example, you might add a three-minute delay for the Print the AVS event, so nurses have enough time to complete printing before alerting the patient. If this column is blank, the message is sent at the time of the event.

In August 2024 and earlier versions, follow these steps to set up automatic text and email messages:

1. Open Clinical Administration, go to Facility Structure > Departments/Units, and open your emergency department record. Go to the Event-Triggered Patient Messaging screen.
2. In the Department-wide Exclusion Rule (I DEP 49878) field, enter a rule that identifies patients and their contacts to exclude from receiving messages. A patient and their contacts are automatically excluded if the patient is marked deceased, discharged, or the encounter has been closed, regardless of whether you enter a rule here.
3. In the Subject for email messages (I DEP 49879) field, enter a SmartText that to use as the subject line for email messages. If this field is blank, "Patient Update" is used as the subject line.
4. In the Triggering Event (I DEP 49870) column, enter an event that prompts the system to send a message to the patient and their contacts when the event is filed.
5. In the Inclusion Rule (I DEP 49872) column, enter a rule that identifies patients to send a message to when the event is filed. If this field is blank, all patients are included. This rule applies only to the patient that the event was triggered for, and this field doesn't apply to patients returned by the extension in the Recipient Extension (I DEP 49876) field, which is described below.
6. In the SmartText Messages columns, enter the SmartTexts to be sent in an email message to the patient and other contacts, such as family members or friends, when the event is filed. The SmartText must have a SmartTool Context of 931-Patient External Notification, even if the SmartText is enabled for all contexts.
 - The SmartText in the SmartText Message - Patient column (I DEP 49874) is sent to the patient.
 - The SmartText in the SmartText Message - Other column (I DEP 49875) is sent to other contacts.

7. Starting in February 2023, if you are using Hello World for text messages, in the Communication Template columns, enter the base communication templates to be sent in a text message to the patient and other contacts, such as family members or friends.
 - The communication template in the Patient Communication Template (I DEP 49880) column is sent to the patient.
 - The communication template in the Other Contacts Communication Template (I DEP 49881) column is sent to other contacts.
8. In the Recipient Extension (I DEP 49876) column, enter an extension that returns the patient ID and encounter to send a message to based on their position in the waiting room queue. Refer to the [Configure the Patient Notification Extension](#) topic for instructions on setting up messages for the waiting room.
9. In the Delay (I DEP 49877) column, enter the number of minutes to wait before sending a message after the event is filed. For example, you might add a three-minute delay for the Print the AVS event, so nurses have enough time to complete printing before alerting the patient. If this column is blank, the message is sent at the time of the event.

For each encounter, users in your department must add contact information in the Visit Contacts activity and specify whether text messages or emails should be used before any messages can be sent. This must be done for every encounter, so users can verify who should receive messages for each visit. Refer to the [Add Patient Message Activities to Users' Workspaces](#) topic for more information about giving users access to the Visit Contacts activity.

Customize the Sign-Up Confirmation Message

When patients or their contacts sign up to receive text or email messages, they receive a sign-up confirmation message letting them know that they successfully signed up to receive notifications.

How you create the content of these messages is different depending on several factors. Starting in February 2023, you can use Hello World for text messages. For more information on Hello World licensing, contact your Epic representative and mention parent SLG 3550868.

In earlier versions, for other types of messages, or if you don't have the standard Hello World license, you can use SmartTexts.

For Hello World, you can use the released base communication template 15310-Visit Messaging Sign-Up Confirmation. Starting in November 2024, use the released communication topic 15311-Visit Messaging Sign-Up Confirmation. The default Hello World message is "You are signed up to receive patient update messages." To send the default message or a custom message, you need to create and enable an override communication template, as described in the [Create Message Content](#) topic. Then work with your Hello World team to approve your communication template, as described in the [Approve Message Content](#) topic.

In November 2022 and earlier versions, the default message is "You are signed up to receive patient update messages. Please do not reply to these messages." If you want to use a custom message, follow the steps in the [Build Content for Automated Messages](#) topic to create your SmartText. Then follow these steps to configure the SmartText in your service area record for both text and email messaging:

1. In Cadence text, follow the path Cadence Management > Service Area and open your service area.
2. On the Patient Appointment Updates and Quick Reminders screen, enter your custom sign-up SmartText in the Sign-up Confirmation Msg (I EAF 15310) field.

Configure the Patient Notification Extension

Configure an extension to send a message to patients based on their position in the waiting room queue. If you plan to send patients messages for multiple positions in the queue, such as a message when they are third in line and another when they are next to be seen, repeat these steps to create an extension for each position.

1. In Chronicles, open the Extension (LPP) master file and duplicate extension 40260-ES Get Next Patient Notification Recipient.
2. Open your duplicate extension. Configure the parameters as needed:
 - In the Where to Find Appointment parameter, determine which location is used to find appointments based on the appointment that triggered the notification
 - In the Department List parameter, enter the additional departments in which to search for appointments
 - In the Place In Line parameter, enter the position in line for the recipient who you want to send a message. For example, if you want to alert patients when they are second in line, enter 2
 - In the Sort Order parameter, enter the order in which to sort appointments when choosing the next patient to notify.
 - In the Max Lookahead Minutes parameter, enter the maximum number of minutes to search for future appointments.
 - In the First Appointment Only parameter, determine whether patients with multiple appointments receive a message for only the first scheduled appointment
 - In the Patient Inclusion Rule parameter, enter a rule to evaluate whether a patient receives a notification.
 - In the Include Scheduled Appointments parameter, determine whether patients need to be checked in to receive a notification.

Customize Cadence Workflows with SmartForms

You can use SmartForm records to create custom navigator sections or forms for Cadence advantage activities. This allows schedulers and front desk staff to collect custom patient and clinical data during their usual scheduling and patient arrival workflows.

Prerequisites

You need Shared security point 140-SmartForm Design to access the SmartForm Designer.

Considerations

When developing a SmartForm for Cadence, certain kinds of components require that you link them to an item in the Patient (EPT) master file. Care must be taken in deciding which items should connect to the component.

- It's very easy to use the SmartForm Designer to link a field to an incorrect item, which can result in data loss or corruption.
- Some standard items require special handling and should not be used in SmartForm records.
- Custom items can be used to store data.

You should consult with your Epic representative before developing your SmartForm.

For additional information about creating SmartForm records, refer to [SmartForms Setup and Support Guide](#).

Build a SmartForm Record

1. In Hyperspace, open the SmartForm Designer (search: SmartForm Designer).
2. In the Form Selection window, select Create New and then select Advanced Mode.
3. In the Type field, enter 200-Cadence Advantage Activity.
4. In the Name field, enter for the form.
5. Click Create a Blank Form and configure the SmartForm record as needed. Make sure to set it to release.

Refer to the [Cadence Advantage Activity Classification SmartForms](#) topic for additional information about creating SmartForms for Cadence advantage activities.

Add the SmartForm to a Navigator-Based Advantage Activity

You need to specify your SmartForm in a navigator configuration record, add navigator section 85100-SEC_ACCESS_SMARTFORM_EPT to your navigator topic or template, and then apply your navigator configuration record to the section. If you don't already have a custom navigator topic or template for the advantage activity that you want to add a SmartForm to, refer to the topics listed below to get started. After you have your navigator topic or template, come back to these steps to add your SmartForm to it.

- [Set Up Patient Demographics Advantage Activities](#)
- [Set Up Appointment Demographics Advantage Activities](#)
- [Set Up After Appointment Entry Advantage Activities](#)
- [Set Up Sign In, Check In, and Check Out Advantage Activities](#)

To add your SmartForm to the navigator topic or template for an advantage activity:

1. In Cadence Text, go to Cadence Management > Navigators > Duplicate Configuration and create a copy of configuration record 85100-Access EPT SmartForm Section.
2. Edit your copy of configuration record 85100.
3. On the Parameters screen, fill out the following parameters:
 - Section Title. Enter the title for your navigator section.
 - Patient SmartForms. Press F6 and then Tab to enter the Cadence Advantage Activity SmartForm records that you want to appear in the section.
 - Patient Additional Items. Press F6 and then Tab to enter additional patient (EPT) items to appear in

the navigator section after the SmartForm.

4. In Hyperspace, open your navigator topic or template (search: Navigator Template).
5. Add section 85100 to a topic.
6. Click Edit config > Edit topic-level config and select the configuration record you created for your SmartForm.

Ensure That Users Check In Inpatients Before Starting or Ending Exams

Though the check in workflow is often used for outpatient visits, checking in inpatients is also important because it provides a way to verify a patient's hospital account before an exam begins. When inpatients aren't checked in, billing staff often need to do extra work to manually reconcile exam charges with the correct hospital account.

To help ensure that front desk users check patients in for exams every time, you can add extension records to the visit type records you use for inpatient exams. These extension records cause an error message to appear if a technologist clicks Begin Exam or End exam before a front desk user has checked in an appointment.

1. Open the visit type record you want to make sure front desk users always check in.
2. Go to the Radiology/Cardiology Options screen. In the Extension section, enter extension record 52039- Imaging - Prevent Begin Exam w/o Checkin in the Before Begin field.
3. In the Before End Exam field, enter extension record 52038-Imaging - Prevent End Exam w/o Checkin to also prevent users from clicking End Exam for appointments that haven't been checked in.

Track Registration and Admission Wait Times

Registrars can see, in Epic, how long patients have been waiting to register so that those who have been waiting longest can be registered as soon as possible. The system can also track how long patients wait before admission or check in and how long it takes the registrar to complete either of these tasks. You can integrate Wait Time Tracking with existing arrival workflows so registrars and front desk staff can see the amount of time that's passed since the patient arrived right on the Department Appointments report or the Today's Patients report. This can help identify high-volume periods and bottlenecks and pinpoint departments that need additional staffing or training.

Refer to [Wait Time Tracking Setup and Support Guide](#) for setup information.

Prerequisites

To implement Wait Time Tracking at your organization, you must use Prelude for registration, Grand Central for admission, and Cadence for check in.

Prelude and Cadence administrators need to spend one or two days:

- Analyzing facility, service area, and department needs and enabling Wait Time Tracking.
- Creating an event group for Wait Time Tracking events and updating event names.
- Configuring the Today's Patients and Department Appointment reports to show Wait Time Tracking information.
- Configuring Wait Time Tracking reports to identify high-volume periods and potential bottlenecks.

Considerations

- Wait Time Tracking is integrated with existing arrival workflows across your organization. It's important to plan and execute this project with members of following teams:
 - Prelude
 - Grand Central
 - Cadence
 - Welcome
- Wait Time Tracking is not designed to be a report card for individual users but instead provide a high-level overview of wait times at your organization. Also keep in mind that Wait Time Tracking is not designed for surgeries, L&D encounters, ED encounters, or scheduled orders.

Enable Front Desk Staff to See and Update Dots from Multiple Provider Schedule

If you use EpicCare Ambulatory, you are most likely familiar with the colored flags or dots on the Multiple

Provider Schedule. On the Multiple Provider Schedule, clinicians use these dots to communicate important information throughout the course of a visit workflow, such as indicating that a certain medication needs to be administered to a patient.

You can show these dots on the Department Appointments report with a report column, and you can automatically update the dots based on front desk actions. You can also enable front desk users to manually update the dots based on patient events. However, we recommend that you use Patient Status to communicate information that is specific to the status of an appointment.

For more information about Patient Status, refer to the [Use Color Coding to Indicate Patient Status](#) topic.

Show Colored Flags on the Department Appointments Report

Show Colored Flags on the Department Appointments Report

You can use a report column to show the color flags on the Department Appointments report so front desk users can have access to the information that the flags represent.

Considerations

Front desk users need to wait for the report to refresh or manually refresh the report to see updated flags in the column.

Also, too many icon-based columns might slow the performance of the Department Appointments report, so consider your current use of icon-based columns before you decide to add this column.

The screenshot shows the 'Department Appointments Report: Temporary Report' interface. At the top right, there is a 'Color' button with a red box drawn around it. Below the report title, there are two tabs: '1 Full Appointment List' and '2 Appointment T'. A date range is set from '11/25/2024' to 'BPE DEP'. The main table lists four appointments for '11/25/2024' at 5:00 PM, 5:30 PM, 6:00 PM, and 7:30 PM. To the right of the table, a context menu is open for the appointment at 5:00 PM, belonging to 'Esper, Justinian'. The menu items are: Running late (red circle), Mask required (orange circle), Needs crutches (yellow circle), Needs translator (green circle), New Patient (blue circle), Remove Color (red X), and Edit Color Options. To the right of the menu, a list of patients is shown: Ms. Patient Esper, Justinian, Esper, Hadrien, Esper, Felicity, and Esper, Reed M.

To add a color flags column to the Department Appointments Report:

1. In Hyperspace, open the Report Settings for the Department Appointments report and select a saved report.
2. On the Display tab, add one of the following columns to the report:
 - 65274-Color Flag (named MPS Color Flags in November 2024 and earlier)

- 65275-Color Flag Text (available starting in February 2025)
 - 1476-Color Flag Icon (available starting in February 2025)
3. Save the report settings.

Starting in February 2025, you can allow clinicians to set color flags for appointments from the Department Appointment Report. Color flags can have labels associated with the department they are scheduled in.

To add the Color Flag Selection menu to an activity toolbar:

1. In Hyperspace, go to the Role Editor activity and open the role of the users who should have access to the button.
2. Add the desired activity toolbar menu record1046-ES_MT_DEP_APPTS REP, to the Menu to Extend (I E2R 40) field.
3. Add menu 23314-MR_IT_COLOR to the Menu Descriptor (I E2R 45) field.
4. Set the Override? (I E2R 50) field to No.

For more information on adding menus to toolbars, refer to the [Modify a User's Options on an Existing Menu or Toolbar](#) topic.

Automatically Update Dots After Sign In or Check In

You can configure the flags to be automatically updated after sign in or check in to help ensure that the patient's status is up to date on the Multiple Provider Schedule and reduce work for front desk staff.

Customize Extensions to Set Specific Colors

1. In Chronicles, open the Extensions (LPP) master file.
2. Duplicate the appropriate extension:
 - To update the flags after check in, duplicate extension 42343-ES MPS Colored Dot Checkin Template.
 - To update the flags after sign in, duplicate extension 42344-ES MPS Colored Dot Signin Template.
 - To update the flags after a canceled check in, duplicate extension 42341-ES MPS Colored Dot After Cancel Check In.
3. On the Parameters screen of your copied extension, set the Color parameter to the color you want the flags to change to when the patient is signed in or checked in. You don't need to configure the other parameters in these extensions.

Add Extensions to Cadence System Definitions

1. In Hyperspace, open Cadence System Definitions.
2. Select the Custom Extensions/EOD > Check In/Out form.
3. Add extensions to the appropriate fields:
 - To update the flags after check in, enter your copy of extension 42343 in the After check in (I SDF 20016) field.
 - To update the flags after sign in, enter your copy of extension 42344 in the After sign in (I SDF 20015) field.
 - To update the flags after a canceled check in, enter your copy of extension 42341 in the After cancel check in (I SDF 20013) field.
 - To clear the flags after a canceled check in, enter extension 42341-ES MPS Colored Dot After Cancel

Check In in the After cancel check in (I SDF 20013) field. If you leave the Color parameter blank in extension 42341, which is the default configuration, the extension clears the flags from the Multiple Provider Schedule after check in is canceled.

Enable Users to Manually Update Dots Using Events

If you want to update the Color Flags based on patient actions other than check in or sign in, or if you want to allow front desk users to manually update the flags from their activities, you can use event records to change the flags. When front desk users create an event from activities such as the Department Appointments report, the flags change the selected color.

Duplicate and Configure Extension Record

1. In Chronicles, open the Extensions (LPP) master file.
2. Duplicate extension 42340-ES MPS Colored Dot Event Template
3. Open your copied extension. On the Parameters screen, set the parameters as needed.
 - In the ICON KEY parameter, choose which color you want the flag to change to when a user creates the applicable event.
 - You don't need to configure the other parameters in this extension.

Create and Setup Event Record

In Hyperspace, add your copied extension record to the Filing Extension field in an event template. Make sure that event template is added to an event group and that the event group is available in the appropriate departments.

To learn more about events, including how to create event templates and how to make them available in your departments, refer to the [Create and Track Events for Appointments](#) topic.

Admit Patients Directly from Check-In

To help front desk staff make the right decisions about admitting patients after check-in, you can configure the system to open the Admission activity immediately after a user checks in an appointment.

This feature is useful if certain types of appointments at your organization are frequently converted to admissions, such as biopsy procedures that are performed in a hybrid lab department. In that scenario, this feature prevents front desk users from needing to remember to go to Patient Station to admit these patients immediately after completing check-in.

Create a Rule to Identify Appointments

You need to create a Patient context rule that identifies the appointments for which the Admission activity is opened after the Check In activity. For example, if all patients with appointments in a certain department should be admitted after check-in, the rule should identify patients with appointments in that department. For details about creating rules, refer to the [Create or Edit a Rule](#) topic.

Configure the Rule at the Facility, Service Area, Location, or Department Level



To specify a rule at the facility, service area, or location level:

1. In Grand Central Text, open the facility record or your service area or location record and go to the HOD Appointments Need Admission Settings screen.

2. In the Launch Admission at Check-in Rule (I EAF 74630) field, enter your rule.

To specify a rule at the department level:

1. In Grand Central Text, open your department and go to the HOD Appointments Need Admission Settings screen.
2. In the Launch Admission at Check-in Rule (I DEP 7250) field, enter your rule.

Add the Rule to Your Navigator-Based Advantage Activity

 November 2024 and Earlier

1. In Hyperspace, open your advantage activity for check-in (search: Advantage Activity).
2. Select the Post HAA Activity form.
3. Add a row to the Post Advantage Activity Launch table:
 - Rule (I HAA 2000). Enter the Patient context rule you created.
 - Access Point (I HAA 2001). Enter 5-Appt Checkin.
 - Activity (I HAA 2002). Enter 1-Admit.

Automatically Print a Receipt When a Copay Is Charged to a Credit Card Authorized in MyChart

Patients can use MyChart to authorize a credit card to pay for copays, as described in the [Authorization Only Credit Card Workflows in MyChart](#) topic. To help you ensure that the patient knows when this card has been used to pay a copay, you can configure the system to automatically print a receipt in this situation. After you implement this feature, the system prints a receipt when the registrar clicks Charge Card in the window authorizing usage of the patient's credit card.

1. In Hyperspace, access Cadence System Definitions (search: Cadence System Definitions) or a department record (Epic button > Admin > Schedule Admin > Master File Edit > Department).
 - In Cadence System Definitions, go to the Communications > Reminder/Add'l Forms form.
 - In a department record, go to the Communications > Other Forms form.
2. Enter Yes in the Print receipt after card charged? (I SDF 8363/I DEP 3090) field. Note that department-level configuration takes precedence over the Cadence System Definitions configuration.

Convert Appointments When Patients Check In

Appointments are normally converted into office visits or another encounter type when a clinician documents in the patient's chart, as described in the [Determine How Encounters Are Converted](#) topic. However, you might need the encounter conversion process to occur regardless of whether a clinician documents in the chart. For example, you might have a workflow where an encounter is needed for billing purposes, but providers don't do any clinical documentation on the encounter that causes the appointment to convert. For cases like this, you can have the system convert appointments to a specified encounter type, or use the [standard encounter conversion table](#) when patients check in.

To convert appointments when patients check in, you first need to build a patient-context rule such that when the conditions of the rule are met, the encounter conversion process occurs with check in. For example, you might want this conversion to occur only for appointments in certain departments. For more information about building rules, refer to the [Create or Edit a Rule](#) topic.

After you build your rule, you need to add it to Cadence System Definitions using a copy of extension 12033-MR Converter Encounter on Check-In to add your rule.

In the Foundation System, appointments made for the following visit types are converted to either Lab or Procedure encounters upon check in.

Visit Type in Foundation System	Encounter Type to be Converted to Upon Check In
1023 - Lab	Lab
4 - Barium	Procedure
96 - Urology Procedure	
1081 - Injection	
1084 - Hearing Test	
1018 - Electromyograph	
1030 - PAP Smear	
1042 - Procedure	
1060 - Thyroid Biopsy	
1100 - Neurolytic Agent/Botox	
1107 - Gastrostomy Tube Placement	
1109 - Multiple Sleep Latency Test	
1110 - Maintenance Wakefulness Test	
1111 - Polysomnography 4+ Parameters	
1112 - Reduced Polysomnography 4+	
1115 - Diagnostic Sleep Assessment	
1116 - PFT	
1119 - Cast	
1123 - Hemoperfusion	
1124 - Stem Cell Collection	
1125 - Ultrafiltration	
1128 - Renal Biopsy	
1199 - Biometric	
10005 - EEG	
15124 - Barium Enema	
17101 - Surgery	
17102 - Cleft	
17104 - Laser	
17111 - ECT w/ Sedation	
33014 - Radiation Therapy	

To build this yourself:

1. In Chronicles, open the Extension (LPP) master file and duplicate extension 12033.
2. In Hyperspace, open your copy for editing (search: Extension).
3. In the CER Rule ID parameter, enter the patient-context rule you created.
4. Set the parameter for the kind of encounter conversion you want to use.
 - a. To convert encounters to a single specified encounter type (I EPT 30), specify the type in the Encounter Type parameter.
 - b. Starting in August 2023, you can use the encounter conversion table to determine how to convert encounters on check in rather than convert to a specific type. To do this, set the Use Encounter Conversion Table parameter to Yes.
5. Open Cadence System Definitions (search: Cadence System Definitions).
6. Go to the Custom Extensions/EOD > Check In/Out form.
7. In the After check in (I SDF 20016) field, enter your copy of extension 12033. If there is already a custom extension in this field that's used for converting appointments to a specified encounter type, you can replace it with your copy of extension 12033.
8. Click Accept.

Discharge Patients Directly from Check Out

Starting in February 2025

To help front desk staff make the right decisions about discharging patients after check out, you can configure the system to open the Discharge activity immediately after a user checks out an appointment.

This feature is useful if certain types of appointments at your organization are frequently converted to admissions and then discharged at the time of check out, such as infusion or dialysis day admissions. In that scenario, this feature prevents front desk users from needing to remember to go to Patient Station to discharge these patients immediately after completing check out.

Create a Rule to Identify Appointments

You need to create a Patient context rule that identifies the appointments for which the Discharge activity is opened after the Check Out activity. For example, if all patients with appointments in a certain department should be admitted after check in, the rule should identify patients with appointments in that department that also need to be discharged after check out. For details about creating rules, refer to the [Create or Edit a Rule](#) topic.

Add the Rule to Your Navigator-Based Advantage Activity

1. In Hyperspace, open your advantage activity for check out (search: Advantage Activity).
2. Select the Post HAA Activity form.
3. Add a row to the Post Advantage Activity Launch table:
 - Rule (I HAA 2000). Enter the Patient context rule you created.
 - Access Point (I HAA 2001). Enter 6-Appt Checkout.
 - Activity (I HAA 2002). Enter 4-Discharge.

Configure Guardrails for Check In

Starting in February 2025

If your organization uses standard conversion/redirection logic for appointments in HODs, as described in the [Set](#)

Up Inpatient/Outpatient Flag-Based Redirection topic, you can configure the system to prevent users from checking in appointments that might be flagged incorrectly. This can reduce the chance of an appointment converting when it should instead be redirected. These settings can be enabled in Cadence System Definitions or at the department level.

Set Up an Outpatient Guardrail

This guardrail applies when checking in an outpatient appointment for an admitted patient. If this setting is enabled, users are given the option to change the appointment flag to inpatient or continue checking in as a separate visit, depending on your configuration.

To enable the guardrail in Cadence System Definitions:

1. In Hyperspace, access Cadence System Definitions (search: Cadence System Definitions).
2. Go to the HOD Settings form.
3. Enter one of the following in the Setting (I SDF 7260) field under Outpatient Guardrail:
 - 0-Off.
 - 1-Question. Users can either change the flag to inpatient and associate the appointment with a patient's admitted encounter, or they can check in the appointment as a separate visit.
 - 2-Warning. Users can change the flag to inpatient and associate the appointment with a patient's admitted encounter, but they are prevented from checking in outpatient appointments for admitted patients.

To configure the guardrail at the department level:

1. In Text, open a department record.
2. Go to the HOD Check In Guardrail Settings screen.
3. Enter one of the following in the Outpatient Guardrail (I DEP 7260) field:
 - 0-Off.
 - 1-Question. Users can either change the flag to inpatient and associate the appointment with a patient's admitted encounter, or they can check in the appointment as a separate visit.
 - 2-Warning. Users can change the flag to inpatient and associate the appointment with a patient's admitted encounter, but they are prevented from checking in outpatient appointments for admitted patients.

Set Up an Inpatient Guardrail

This guardrail applies when checking in an inpatient appointment for a patient without an admission. If this setting is enabled, users are prompted to change the appointment flag to outpatient and finish checking in the appointment.

To enable the guardrail in Cadence System Definitions:

1. In Hyperspace, access Cadence System Definitions (search: Cadence System Definitions).
2. Go to the HOD Settings form.
3. Enter 2-Warning in the Setting (I SDF 7261) field under Inpatient Guardrail.

To enable the guardrail at the department level:

1. In Grand Central Text, open a department record.

2. Go to the HOD Check In Guardrail Settings screen.
3. Enter 2-Warning in the Inpatient Guardrail (I DEP 7261) field.

Set Up the Day Admission Overstay Guardrail



This topic applies only to organizations located outside the United States.



You must have configured day admission overstays for this guardrail to work. For more information about configuring day admission overstays, refer to the [Configure Day Admission Overstays](#) topic.

This guardrail applies when checking in an appointment for an admitted patient whose length of stay has exceeded the value set in the Day Admission Maximum Length in Hours (I EAF 74651) item for the encounter's patient class. If this setting is enabled, the system prompts users to resolve the overstay admission by either discharging the encounter or updating the patient class.

To enable the guardrail in Cadence System Definitions:

1. In Hyperspace, access Cadence System Definitions (search: Cadence System Definitions).
2. Go to the HOD Settings form.
3. Enter 2-Warning in the Setting (I SDF 7262) field under Day Admission Overstay Guardrail.

To enable the guardrail at the department level:

1. In Grand Central Text, open a department record.
2. Go to the HOD Check In Guardrail Settings screen.
3. Enter 2-Warning in the Day Admission Overstay Guardrail (I DEP 7262) field.

Configure Help for Check-In Guardrails

Starting in February 2025

If you have areas that have historically struggled with flag-based redirection or have specific requirements for when redirection is required, you can add a SmartText to the check in redirection window to guide staff through the redirection workflow. For general information on creating SmartTexts, refer to the [Create and Edit a SmartText](#) topic.

1. In Hyperspace, create a SmartText (search: SmartText).
2. In the Restrictions section, enter 3044-Cadence Check In Help Text in the Context (I ETX 30) field.
3. Enter the text you want to appear when users access the help text in the main text box.

Add Your SmartText to Check-In Guardrails

To enable a SmartText in Cadence System Definitions:

1. In Hyperspace, access Cadence System Definitions (search: Cadence System Definitions).
2. Go to the HOD Settings form.
3. Enter your SmartText in the Help SmartText field associated with the guardrail for which you created the SmartText.

To enable a SmartText at the department level:

1. In Grand Central Text, open a department record.
2. Go to the HOD Check In Guardrail Settings screen.
3. Enter your SmartText in one of the following fields:
 - Outpatient Guardrail Help Text (I DEP 7280)
 - Inpatient Guardrail Help Text (I DEP 7281)
 - Day Admission Overstay Guardrail Help Text (I DEP 7282)

Sign In, Check In, and Check Out Support: Common Issues

This section describes a common issue you might encounter when working with Sign In, Check In, and Check Out, along with a possible solution for addressing the issue.

I've collected a copay and now I can't change the visit account.

Solution

Follow these steps to change the visit guarantor account after you've collected a copay:

1. Open Check In for the patient's visit and click Visit Acct/Cvg on the activity toolbar. The Visit Account and Coverage Change Utility opens.
2. Select the appropriate account and coverage.
3. Refund the copay if necessary and click Accept.

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